



**New Brunswick
Health Council**

Engage. Evaluate. Inform. Recommend.

2011-2012

Annual Report

New Brunswick Health Council

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The Honourable Madeleine Dubé
Minister of Health
Province of New Brunswick

Dear Minister,

It is my privilege to submit the Annual Report on behalf of the New Brunswick Health Council for our fourth fiscal year beginning April 1, 2011 and ending March 31, 2012.

Respectfully Submitted,



Jean-Claude Pelletier
Chair of the Council

Mr. Jean-Claude Pelletier
Chair of the Council
New Brunswick Health Council
Moncton, New Brunswick

Sir,

I am pleased to be able to present the Annual Report describing the operations of the New Brunswick Health Council for its fourth fiscal year, 2011-2012.

Respectfully Submitted,



Stéphane Robichaud
Chief Executive Officer

Table of Contents

From the Chair of the Council and the Chief Executive Officer	6
Executive Summary	8
Sustainability	10
Care Experience	12
Citizen Engagement	16
Population Health	18
New Brunswick Health Council Mandate	20
New Brunswick Health Council Members	21
New Brunswick Health Council Staff	22
APPENDIX A: Executive Committee and Working Groups	23
APPENDIX B: NBHC 2012-2013 Business Plan	25
APPENDIX C: 2010-2011 Annual Financial Report	33
APPENDIX D: Annual Report Pursuant to the <i>Public Interest Disclosure Act</i>	43

From the Chair of the Council and the Chief Executive Officer

As we maintain our efforts to measure, monitor and evaluate population health, health service quality and the long term sustainability of our provincially funded health services, the New Brunswick Health Council (NBHC) benefits from constructive relationships with health system organizations, various health professionals and other organizations. The NBHC mandate also includes the development and implementation of mechanisms to engage citizens in the improvement of health services. Citizens always respond generously to our calls for assistance, whether for responding to our care experience surveys or for public dialogue sessions.

The NBHC greatly values its relationships with its partners, citizens and various stakeholders alike. With each new report, we are better equipped to inform our partners on the state of our health, the quality of our health services and/or the long term sustainability of our health services. As more people are informed, new opportunities are also identified in order to improve our reports. This synergy is motivated by a general absence of standardized province-wide information. As more information becomes available, the demand for this information and requests for assistance in understanding what to do with the information is also growing.

This year's dialogue sessions with citizens, whether university students or community leaders, have served as reminders of the keen interest of citizens in better understanding the state of our population health, health service quality and how we compare regarding health service resources. Citizens frequently indicate that their own perceptions of our provincial health system have significantly changed after hearing a NBHC presentation. They also indicate that more citizens should be aware.

The NBHC population health snapshot has served as a backdrop for presentations to groups where a number of stakeholders had come together to have a common understanding regarding their community. These presentations have demonstrated the value of equipping communities with information about how their strengths and weaknesses compare with others. It helps them identify the areas that require attention. The demand for community level information is growing quickly and the NBHC will be considering this opportunity for the next annual cycle of reporting.

The Primary Health Care Survey results in 2011 received a lot of attention. The fact that the provincial government held a Primary Care Summit in the fall of 2011 provided a great opportunity to show-case the results. More importantly, with over 14,000 New Brunswickers who agreed to participate in the survey, the NBHC was able to develop 28 valuable community profiles for the whole province. These survey results will serve as a base for additional reports over the next few years. Each new survey is also an opportunity for new indicators in our health system report card. This year's results helped highlight opportunities for improvement in providing standardized quality care across New Brunswick.

The NBHC is gaining a unique perspective pertaining to the health of New Brunswickers and the evolution of our provincially funded health services. Armed with what we have learned from citizens and health system stakeholders, we presented our first recommendations to the Minister of Health entitled "*Moving towards a planned and citizen-centered publicly-funded provincial health care system*". Later in the year, the NBHC wrote to the Minister of Health to offer an update on the sustainability of our health care system. NBHC members have put a lot of thought in the preparation of these documents and will be monitoring the response that they receive.

Our various interactions with citizens and various stakeholders also serve to remind us of how much we all value our health services in New Brunswick. Members of the NBHC and its employees share a

sense of pride in the work that has been accomplished to date. We feel privileged to have the opportunity to contribute to such a highly valued sector and we remain committed to having healthier engaged citizens, improved health services and a sustainable publicly funded health care system. We look forward to another productive year in 2012-13.

Chair of the Council



Jean-Claude Pelletier

Chief Executive Officer



Stéphane Robichaud

Executive Summary

During the 2011-2012 fiscal year, the New Brunswick Health Council (NBHC) maintained its focus on improving how we report on population health, health service quality, satisfaction with health service and the sustainability of our provincial health system.

The NBHC was able to update the information provided by its tools, to pursue further engagements initiatives, to expand its work in population health and care experience, and to publish recommendations regarding sustainability.

Addressing the Health System Sustainability Challenge

This year, the NBHC has addressed its first recommendations to the New Brunswick Minister of Health in a report entitled *Moving towards a planned and citizen-centered publicly-funded provincial health care system*. These three recommendations are based on the NBHC's measure of health care performance in the province, on input from citizens and on discussions held with stakeholders over the past 2 years.

A fourth recommendation followed at the beginning of 2012 and was presented to the Minister of Health regarding the sustainability challenge in the form of a letter. Approximately one year after the original recommendations, the NBHC will follow-up with the Minister of Health to determine what impact the recommendations will have had on the system since their publication.

Surveying Citizen Care Experience

The NBHC developed a survey to measure citizens' satisfaction pertaining to the primary health care they receive from all sources. These results can help decision-makers and planners improve how they manage health services and provide them with the needed benchmarks to flag gaps and highlight accomplishments.

In addition, the NBHC has updated its Health System Report Card in collaboration with the New Brunswick Department of Health and both regional health authorities. This report is used to measure, monitor, and evaluate the quality of health services and patients' satisfaction with them. Its objective is to inform provincial health administrators on the quality of health services and the areas of the health system that require special attention.

Engaging Students and Municipalities

The NBHC gave New Brunswick university students the opportunity to express themselves in a constructive dialogue on health in order to get a sense of their personal health behaviours and service utilization patterns. During this tour, called *"Health, it's everybody's business"*, the NBHC visited 8 university campuses which resulted in many new engagement opportunities for the NBHC.

The NBHC also approached municipalities to present information to mayors and city counselors. Presentations can be tailored to include community-specific data from the Primary Health Care Survey, showcasing how communities and local governments can contribute to the health of New Brunswickers.

Population Health

This year, the NBHC was able to update the Population Health Snapshot with the most recent information available. This year's edition also includes a new section for every zone based on the demographic profile, the prevalence rates of chronic diseases, and the top 10 reasons for hospital admissions by area of residence are included for each zone.

As for the Youth Health Snapshot, it was published in a new format this year, called the *2011 Children Rights and Wellbeing Framework*. This framework appeared in the NBHC's first report published collaboratively with the Office of the Child and youth Advocate, entitled *Play Matters! 2011 State of the Child*. This report showcases an overview of children's rights, an analysis on the application of these rights in New Brunswick, and a road map to their progressive implementation. All components align with the NBHC's recommendations sent to the Minister of Health.

The NBHC's actions are guided by its strategic axes:

- To develop and implement mechanisms to engage the population as well as other interested parties.
- To measure, monitor, and evaluate the level of population health.
- To measure, monitor, and evaluate health service quality.
- To measure, monitor, and evaluate the level of population satisfaction with health services and health service quality.
- To measure, monitor, and evaluate the sustainability of health services in New Brunswick.

Sustainability

One of the strategic axes of the New Brunswick Health Council (NBHC) is to “measure, monitor, and evaluate the sustainability of health care services” in New Brunswick. The NBHC also has the responsibility of informing citizens about the long-term sustainability of public health services.

Sustainability is the backdrop for all the elements of the NBHC’s work; whether for population health reports, engagement initiatives, or reports on health service quality.

Our First Recommendations

In 2011, for the first time since its inception, the NBHC has addressed recommendations to the New Brunswick Minister of Health regarding the sustainability challenge. These three recommendations are based on the NBHC’s measure of health care performance in the province, on input from citizens and on discussions held with stakeholders over the past 2 years.

Having a sustainable health system is one of the key objectives in a report entitled *Moving towards a planned and citizen-centered publicly-funded provincial health care system*, presenting these three recommendations to the Minister of Health. These recommendations are the last element of the NBHC’s mandate. They look at the ways the province can move towards a planned and citizen-centered publicly-funded provincial health care system.

First Recommendation:

The Government of New Brunswick, through the Department of Health, take steps to develop, within the next twelve month period, a multi-year comprehensive and integrated health services plan for the province.

The plan should outline the following: measurable desired health outcomes; measurable service targets (range and volume of services); standards for the level and quality of services; financial and human resources (inputs) required to achieve service targets and

the geographical and linguistic allocation of services and resources.

Second Recommendation:

The Government of New Brunswick, through the Department of Health, review the organization and delivery of primary health care in the province with a view to maximizing the utilization of existing human and financial resources.

This review should focus on ways to improve access to care and quality of care, as well as integration with other health services programs, namely hospital services.

Third Recommendation:

The Government of New Brunswick, through the Department of Health, ensure that a concerted strategy is developed to improve health promotion and disease prevention in the province. This strategy should consider the determinants of health, and focus first on four key areas: achieving healthy weights, lowering high blood pressure rates, improving mental health and preventing injuries.

The strategy must identify the organization responsible for the coordination of the work with related stakeholders for an integrated execution of the initiatives undertaken.

A citizen-centered health care system can be achieved through improved planning that would include measurable desired health outcomes and key health indicators to gauge progress,

while respecting geographic and linguistic requirements.

At the beginning of 2012, as a follow-up to the recommendations, the NBHC also sent a letter to the Minister of Health, presenting key observations and including an additional recommendation:

The NBHC recommends that you establish a “Sustainability Working Group” comprised of representatives of each system organisation mandated with addressing the challenges we have outlined. These include defining what is to be accomplished regarding the sustainability of our health care system, clarifying the roles of system organisations, developing an accountability framework, and addressing the fact that our managers must be empowered to deliver different results.

During the next fiscal year, or approximately one year following the original recommendations, the NBHC will follow-up with the Minister of Health to determine what impact the recommendations will have had on the system since their publication.

What is sustainability?

The Department of Health recently defined sustainability as “making reasonable and informed choices for the best affordable and equitable healthcare now and in the future.”

Care Experience

The New Brunswick Health Council (NBHC) must foster the improvement of the quality of health services in the province. For this reason, the work on care experience includes citizen satisfaction surveys and a Health System Report Card.

During fiscal year 2011-2012, the NBHC published the results of an exhaustive survey evaluating citizens' experiences with primary health care services and a new Health System Report Card.

Surveying Citizen Satisfaction

A few months before the beginning of the present fiscal year, the NBHC launched the second survey of a four-year cycle to measure New Brunswickers' care experience by sector (acute care, primary care, and long-term care). This phone survey aimed to understand and report on citizens' experiences with primary health care services and reached over 14,000 citizens between February and April 2011. This provincial survey offered a unique opportunity for New Brunswickers to share their vision and to improve the quality of their primary health care.

To carry out the survey, 28 New Brunswick primary health care "communities" were created from the largest sample to provide information that will allow decision makers to respond to the needs of smaller communities. The NBHC will now be able to use these new community boundaries during the next surveys or in upcoming projects.

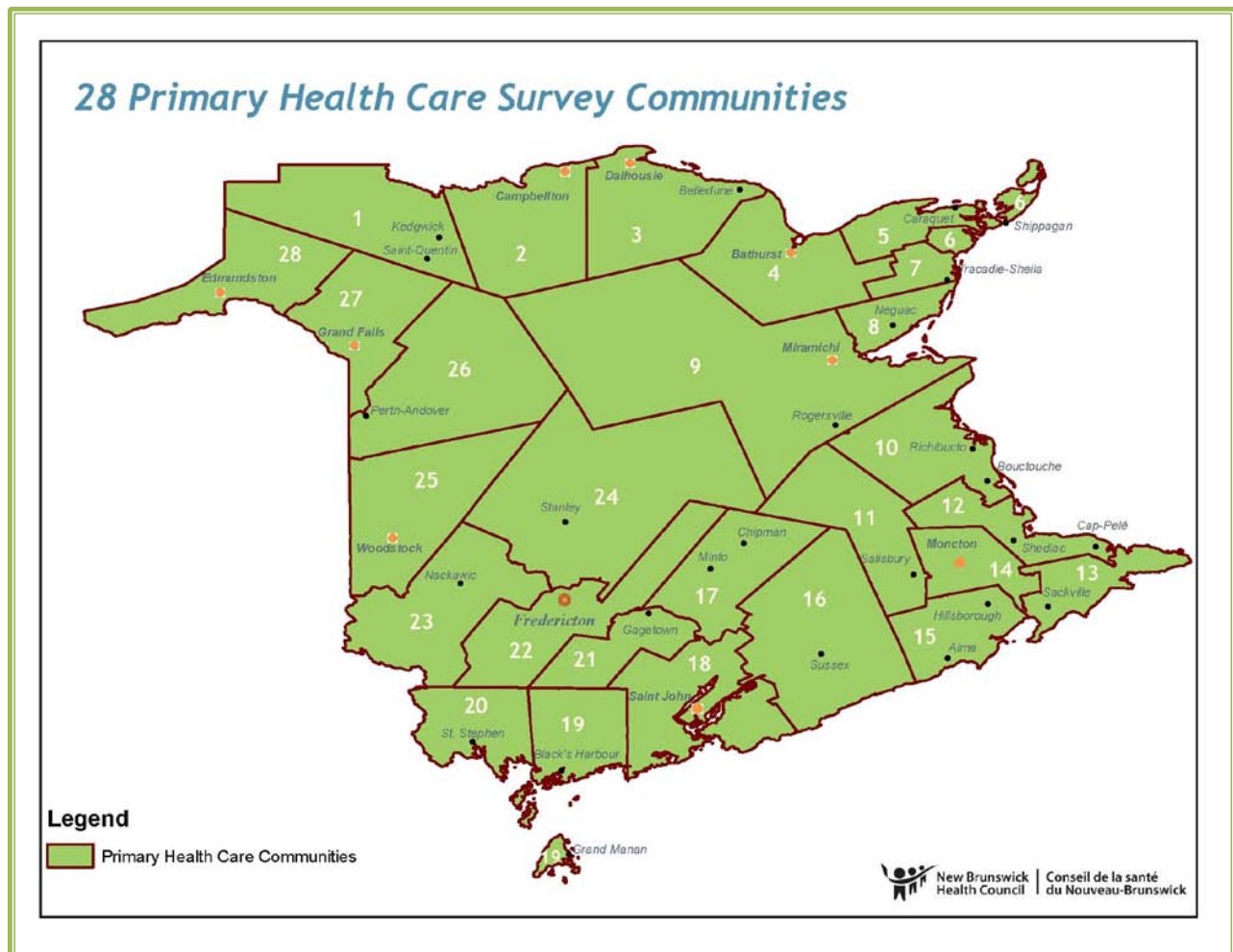
Two reports present the survey results. The first report targets key elements of primary care (e.g.: care accessibility, care continuity, care coordination, prevention, and health promotion) and focuses on patient centeredness and equity. The second report focuses on patient-provider communication, health barriers, patient safety, citizens' knowledge about health care and chronic conditions, the technical quality of clinical care (e.g.: blood pressure screening), and equity based on socio-economic status.

The survey showed, among other things, that geography does not influence overall satisfaction with health services; contrary to popular belief, there is no significant difference between urban and rural areas of the province.

General observations from our Primary Health Care Survey include:

What is primary care?

Usually the first place people go when they have health concerns, often to a personal family doctor. Primary Health Care typically includes routine care, care for urgent but minor or common health problems, mental health care, maternity and child care, psychosocial services, liaison with home care, health promotion and disease prevention, nutrition counseling, and end of life care. Primary Health Care is also an important source of chronic disease prevention and management and may include other health professionals such as nurses, nurse practitioners, dietitians, physiotherapists, and social workers.



- When comparing wait times across New Brunswick for hospital emergency departments, New Brunswickers are at par with the rest of Canada. Where there is room for improvement is that 42% of individuals in New Brunswick are visiting emergency departments in the run of a year compared to 24% in Canada. In New Brunswick, 12% of adults visit the emergency room for their regular care.
- Although 93% of New Brunswickers have a personal family doctor (compared to 86% for Canada), only 22% reported that their family doctor has an after-hour arrangement when the office is closed, and only 30% can get an appointment with their family doctor on the same day or next day when sick or in need of care.
- There is a large variation across New Brunswick communities when citizens are asked if they had screening tests or measurements in the last year such as blood pressure, cholesterol, body weight and blood sugar. Community results range from 85.5% to 98.0% for blood pressure measurement in the last year, from 70.2% to 87.4% for cholesterol, and from 55.5% to 78.9% for body weight. The largest variation was observed for blood sugar measurement, ranging from 64.9% to 94.4%.
- The survey revealed that 29 % of New Brunswickers with 3 or more chronic health conditions reported that they

“rarely or never” talk with a doctor, nurse, or other health professional about things they could do to improve their health or prevent illness.

These results served to spark discussions at an important primary health care summit held in Fredericton in October 2011, bringing together decision makers and planners from the health system. The analysis of the primary health care services offered in these 28 communities offers reference points needed to identify strength and weaknesses in the services.

Survey Results at a Glance

Percentage of New Brunswickers who:

Have a family doctor: 93%

Visit the emergency department once a year: 42%

Visit the emergency room for their regular care: 12%

Call Tele-Care : 10 %

Receive help from their doctor to coordinate their care: 59%

Are satisfied with their family doctor: 81%

Are generally satisfied with the care they receive: 62%

Have access to a primary health care team: 34%

Participate in decision-making when it comes to their health care: 74%

Have one or more chronic conditions: 49%

Consider themselves in good health: 53%

Health System Report Card Update

As noted in its mandate, the NBHC must report on the quality of health services and assess citizen satisfaction with health services and health service quality in the province. After issuing its first *New Brunswick Health System Report Card*, this year the NBHC published an updated version of this tool. Its goal is to

inform the public and provincial health administrators about health sectors that require attention by looking at the six dimensions of quality established by the NBHC (accessibility, appropriateness, effectiveness, efficiency, equity, and safety), while showing, in a general way, how New Brunswick fares compared to other provinces.

The second *New Brunswick Health System Report Card* has been enhanced, presenting 111 indicators, including the 48 from the previous Report Card. The results of the Primary Health Care Survey and an increased collaboration with system stakeholders have allowed us to cover more areas, which will facilitate the prioritization when it comes to improving the quality of health services. Most of the indicators are based on high-cost or high-volume program and service areas, and an increase in indicators better reflects the larger number of sectors, among which are Primary Health, Acute Care, and Supportive/Specialty (commonly known as “Continuing Care”).

Again this year, New Brunswick received “C” as an overall performance grade. On the one hand, accessibility shows an improved grade, mainly due to more family physicians and less wait time for access to specialists and diagnostic tests. On the other hand, having access to mental health services or getting an appointment with a doctor within 24 to 48 hours remains problematic. When it comes to appropriateness, which measures how well New Brunswick is performing in providing the necessary screening or preventive care, this year’s grade of “D” is lower than the previous “C” grade, indicating that we could do better when it comes to relevant or evidence-based tests (e.g.: Pap tests, blood sugar testing, cholesterol measurements and body weight measurements), which can have a significant impact on New Brunswickers’ health outcomes.

The new performance index has been modified in this report to reflect New Brunswick’s ability to achieve the highest possible value when being compared nationally and, at times, internationally (when national values are not

available). Using a performance index gives the public an overall sense of the system’s performance. Each year, the NBHC will continue to publish this measuring tool that is proving to be extremely useful to our health system.



						2010	2011
Quality Dimensions	Accessibility	Providing timely services				C	B
	Appropriateness	Relevant and evidence based				C	D
	Effectiveness	Doing what is required to achieve the best possible results				C	C
	Efficiency	Making the best use of the resources				C	C
	Equity	Aiming for equitable care and services for all				Not available	D
	Safety	Keeping people safe				A	B
Performance Index Grade (by Health Care Sector)		2010	2011				
		D	C	B	Not available		
		C	C	B	Not available		

Citizen Engagement

Citizen Engagement is one of the cornerstones of the New Brunswick Health Council's double mandate, which is to measure, monitor, and evaluate the performance of the health system and to engage citizens in the improvement of the quality of health services.

During fiscal year 2011-2012, the New Brunswick Health Council (NBHC) completed an engagement initiative targeting university students called Health, it's everybody's business, stemming directly from what we learned from Our Health. Our Perspectives. Our Solutions. A tour of New Brunswick municipalities, still ongoing, was also launched by the NBHC team.

Engaging Students

In the spring of 2010, the NBHC hosted its first citizen engagement initiative. This process highlighted what people value most with regard to the provincial health system, how the system can be strengthened and what can be done to improve provincial health outcomes. Although a wealth of information was provided by participants, it was clear the process was not conducive to youth participation. As a result, we were unable to include the youth voice in the overall findings.

In response, the NBHC launched, in the fall of 2011, a new initiative entitled "*Health, it's everybody's business*" aiming to engage students from New Brunswick's eight university campuses. The purpose of this tour was to gain a better understanding of the personal health behaviours and service utilization patterns of young adults. Also, it provided an opportunity to appreciate what is needed to better engage young adults in view of improving health service quality in New Brunswick.

Unsurprisingly, some of the students' major preoccupations were aligned with the topics mentioned in our recommendations to the Minister of Health. Among other things, they shared their wish to have more same day or next day access to primary health care services in order to avoid depending on the emergency room. In addition, they felt that re-establishing

health education, home economics, and physical education in all schools would empower youth to make healthier decisions, which in turn would lay the groundwork for a healthier adult life. Health promotion and preventive health care resonated loudly throughout these sessions. However, the most important need that came across in the discussions was a timely access to effective mental health services.

One of the most unexpected benefits of this tour is without a doubt the relationship that the NBHC has maintained with the universities since: the NBHC organized an activity to engage Nursing students at the Shippagan and Edmunston campuses of the Université de Moncton, and presented information regarding health determinants and system sustainability, twice, to Nursing students at the Fredericton campus of the University of New Brunswick.

Informing municipalities

The NBHC's first engagement initiative had brought forward another realization: health goes beyond the care that doctors or hospitals provide. Communities and local governments contribute in their own way to the health of New Brunswickers by giving citizens access to physical and social spaces.

For this reason, the NBHC has decided to present information from the document *Our Health. Our Perspectives. Our solutions.* and from the Primary Health Care Survey to local decision makers, starting with the Union of Municipalities of NB (UMNB) and the *Association francophone des municipalités du N.-B.* (AFMNB) in May 2011. Since the response was very positive, a decision was made to approach all municipalities and to continue the tour. A presentation called “A Population Approach to Local Decision Making” is the starting point of a discussion highlighting how local decisions can affect the health of

citizens. Because the NBHC can include results from the Primary Health Care Survey, presentations are tailored to include community-specific data, greatly benefiting mayors and councillors.

Population Health

During fiscal year 2011-2012, the New Brunswick Health Council (NBHC) was able to update the Population Health Snapshot and has published the Youth Health Snapshot for the province under a new format, called the 2011 Child and Youth Rights and Wellbeing Framework.

Population Health Snapshot

The *Winter 2011 Population Health Snapshot* is the third of its kind published by the NBHC. Similar to our past reports, it seeks to inform individuals, communities and organizations about the health status (outcomes) of the population based on the area or zone in which they live. In addition to presenting the latest indicator data, the Snapshot includes a trending column with arrows that allow the reader to quickly see any change between this year and last year's Snapshots. The NBHC still follows its own "10-40-40-10" model used for the previous Snapshots which is based on research.

This year's Snapshot was also enhanced by including a new section for every zone—"Community Characteristics"—that builds on the demographic profile. We have included the prevalence rates of chronic diseases and the top 10 hospital admissions by area of residence.

The report also includes a section called "In Focus" that highlights ongoing programs and services to provide communities ideas for community planning.

The overall observation for this year's provincial Snapshot is that, in general health care factors show improvements regarding access and intervention care, but these factors contribute only marginally to improve population health with respect to either life expectancy or quality of life.

By looking at the list of the principal chronic conditions and causes of admissions, we can make interesting connections. For example, while breathing diseases/COPD rank in 10th place in the majority of the seven health zones, it is the number one cause of hospitalization in three of the seven zones. For this reason, in order to improve the health and well-being of the population as a whole, New Brunswicker's need to develop ways in their individual communities to address health determinants, according to the areas that have been flagged as needing attention. Establishing policies and planning around the determinants of health will be vital; it will represent great opportunities for community level action and mobilization around key priorities for community planners, social inclusion networks, and wellness networks. Joint efforts between communities and government department representatives will be

What determines a person's health?

- ***Health services*** are responsible for **10%** of a person's general health.
- ***Health behaviours*** (diet, exercise, tobacco use) are responsible for **40%**.
- ***Socioeconomic factors*** (education and income) are responsible for another **40%**.
- The remaining **10%** is related to ***physical environments*** (exposure to second-hand smoke and degree of individuals' attachment to their community).

crucial for provincial policy and planning that lead to a more engaged and healthier population.

Youth Health – A Great Collaboration

This year, the NBHC has published an update on its *2010 Youth Health Snapshot*, now entitled *2011 Children Rights and Wellbeing Framework*. This Framework, which contains regional and provincial data regarding health determinants for children and youth, served as a backdrop for the 4th annual State of the Child report, released jointly with the Office of the Child and Youth Advocate and entitled *Play Matters! 2011 State of the Child*.

The report is broadly themed after Article 31 of the UN *Convention on the Rights of the Child*: the right to rest, leisure, play, recreation, arts, and culture. It also offers an overview of children's rights, analysis on the application of these rights in New Brunswick, and a road map to their progressive implementation.

Data presented in the Framework shows some success, like the fact that last year 76% of youth in grades 6 to 12 contributed time to volunteering outside school. In addition, New Brunswick ranks 4 out of 10 provinces when it comes to the children's sense of belonging to the community. However, the data suggest that only 52% of New Brunswick youth in grades 6 to 12 report getting more than 8 hours of sleep per night, which may be caused by many factors, such as the impact of screen time usage on sleep patterns.

The report and the road map are both in line with the NBHC's recommendations to the Minister of Health, particularly when it comes to multi-year planning, collaboration between departments and integration of services to children and youth in the province.

New Brunswick Health Council Mandate

New Brunswickers have the right to be aware of the decisions being made, to be part of the decision-making process and to be aware of the outcomes delivered by the health system and its cost. The NBHC will foster this transparency, engagement and accountability by:

Engaging citizens in a meaningful dialogue.

Measuring, monitoring and **evaluating** population health and health service quality.

Informing citizens on health system's performance.

Recommending improvements to health system partners.

New Brunswick Health Council Members

The New Brunswick Health Council is made up of 16 Members from all walks of life and all parts of the province. The citizens of New Brunswick are well-served by the varied representation and talent on the NBHC.

The Council Members were selected using the partnership pentagon developed for the World Health Organization which requires the alignment of five principle partners: policy-makers, health managers, health professionals, academia and communities.

The Council Members are listed below and **Appendix A** outlines their responsibilities on the Executive Committee and explains the four Working Groups: Population Health, Sustainability, Care Experience and Engagement.

Mr. Jean-Claude Pelletier	Saint-Leonard Chair of the Council
Mrs. Norma Anne Sugden	Miramichi Secretary-Treasurer
Mrs. Pier Bouchard	Memramcook
Mrs. Gisele Daigle Michaud	Grand Falls
Mr. Randy Dickinson	Fredericton
Mrs. Chalene Hayes	Saint John
Mrs. Gwen Jones	Florenceville
Ms. Barbara Losier	Landry Office
Mr. Himanshu Kumar Mukherjee	Fredericton
Ms. Anne-Marie Picone-Ford	Moncton
Mr. Daniel George Savoie	Dieppe
Mr. Georges R. Savoie	Néguac
Mr. Wayne Spires	Moores Mills
Ms. Claudia Simon	Elsipogtog
Mr. Roy Thérien	Saint-Basile
Mr. Christopher Waldshutz	Saint John

New Brunswick Health Council Staff

Mr. Stéphane **Robichaud**
Chief Executive Officer

Mr. Benoit Marc **Doucet**
Executive Director, Planning & Operations

Ms. Michelina **Mancuso**
Executive Director, Performance Management

Mrs. Shirley A. **Smallwood**
Executive Director, Citizen Engagement

Mrs. Christine **Paré**
Director of Communications

Mr. Michel **Arsenault**
Research Analyst, Performance Management

Mr. David **Gingras**
Policy Advisor, Citizen Engagement

Mrs. Karine **LeBlanc Gagnon**
Information Analyst, Health Status

Ms. Mariane **Cullen**
Executive Administrative Assistant

Ms. Yollaine **Thériault**
Administrative Assistant

Appendix A: Executive Committee and Working Groups

Executive Committee

Mr. Jean-Claude Pelletier, President

Ms. Barbara **Losier**, Vice-President

Mrs. Norma Anne **Sugden**, Secretary-Treasurer

Mrs. Gwen **Jones**, Member

Mr. Randy **Dickinson**, Member

The composition of the four Working Groups (Population Health, Sustainability, Care Experience and Engagement) is currently under revision, since the Council has welcomed four new members in March and will welcome seven new members in September 2012.

APPENDIX B: NBHC 2012-2013 Business Plan



**New Brunswick
Health Council**

Engage. Evaluate. Inform. Recommend.

2012-2013 Business Plan

Presented to the Minister of Health

April 2nd, 2012

I. Mandate of the NBHC

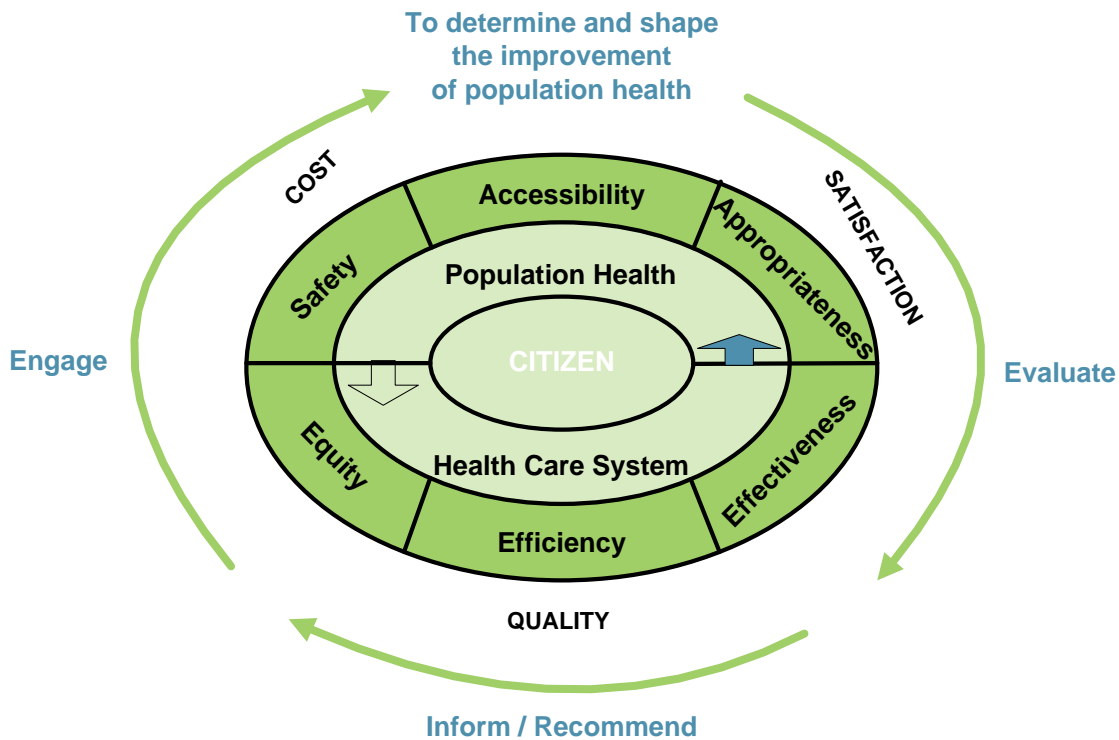
New Brunswickers have a right to be aware of the decisions being made, to be part of the decision-making process, and to be aware of the outcomes delivered by the health system and its cost. The New Brunswick Health Council will foster this transparency, engagement, and accountability by:

Engaging citizens in a meaningful dialogue.

Measuring, monitoring, and evaluating population health and health service quality.

Informing citizens on health system's performance.

Recommending improvements to health system partners.



II. 2012-2013 Proposed Business Plan

The work of the New Brunswick Health Council continues to be guided by the five strategic axes listed below. Furthermore, our Council was structured in four working groups; Engagement, Population Health, Care Experience and Sustainability.

Following are our five strategic axes with the respective working group appearing in parenthesis:

1. Develop and implement mechanisms to engage the population as well as other interested parties (*Citizen Engagement*)
2. To measure, monitor and evaluate the level of population health (*Population Health*)
3. To measure, monitor and evaluate health service quality (*Care Experience*)
4. To measure, monitor and evaluate the level of population satisfaction with health services and health service quality (*Care Experience*)
5. To measure, monitor and evaluate the sustainability of health services in New Brunswick (*Sustainability*)

While respecting our mandate and role in the health system, the nature of our work continues to evolve. We have built a constructive network of collaborators to feed the evolution and updating of our reporting tools.

Increasing the number of people who are aware of the information prepared by the NBHC remains a key challenge moving forward. Our work is perceived as essential to having healthier and engaged New Brunswickers, improved health services and a more sustainable health system. Meanwhile, we must also recognize that, for the most part, we are not equipping our managers to effectively implement the required change management initiatives. For example, citizens are not always informed of how to maintain their health when leaving the hospital or don't have access to prevention services in order to avoid being hospitalized. When they finally leave the hospital, there are important variations between health zones in the proportion of patients who know what to do when they return home.

We have communicated our observations and recommendations regarding required steps for effective change in our first recommendations to the Minister of Health in the summer of 2011. In January 2012, we also submitted to the Minister of Health a status report on sustainability. We will have the opportunity to monitor the response to these recommendations during the 2012-2013 fiscal year and report accordingly.

III. Objectives for 2012-2013

Here are observations and proposed key deliverables for each area of our work for 2012-2013:

Population Health

The NBHC is mandated to measure, monitor and evaluate the level of population health and to report publicly regarding this work. Our first task was to design a framework to measure population health followed by achieving agreement among various stakeholders regarding the frame work and best available indicators.

Our first report brought attention to the provincial obesity challenge; the second report brought attention to the importance of addressing mental health issues. The recent addition to the population health snap shot helped establish links between health status, health determinants, the prevalence of chronic illnesses and the top hospital admissions.

As our base tool continues to serve the purpose of monitoring the level of population health in order to inform citizens, other needs are being identified to help communities and related stakeholders understand where they can focus their efforts.

During the following year:

- We will be releasing our updated Population Health Snapshot in the winter of 2013;
- We will also have updated information regarding our Youth Population Health indicators in the fall of 2012.

Care Experience

The NBHC is required to report on the quality of our health services and on population satisfaction with health services and health service quality. Our Health System Report Card has helped highlight the need to focus on primary care and has also served as a reference tool for identifying performance indicators regarding our health services. In fact, the perceived value of the tool within the system helped increase the number of commonly agreed upon indicators from 48 for the first report card to 111 for the second.

In addition to the Health System Report Card, the NBHC is also developing annual care experience surveys in order to cover the full scope of services: Acute Care (2010), Primary Care (2011), Home Care (2012) and long term care (2013). Once the cycle completed, each survey will be repeated every four years.

In the coming year, we will be doing the following work:

- We will have a public release of our Home Care Experience Survey results in the fall of 2012;
- We will publicly release an update to our Health System Report Card in the winter of 2012-2013;
- We will be working on the preparation for our long term care experience survey starting in the fall of 2012.

Sustainability

As a province we compare favourably to the rest of the country when it comes to how much we spend on health care and the level of resources at our disposal. Meanwhile, we don't compare as well when it comes to the health of our population and on many quality standards regarding our health services.

The NBHC has contributed to raising awareness regarding our health system sustainability challenge, but much work is still needed by all stakeholders. There has been an increase of interest in the sustainability information prepared by the NBHC and our work continues in this area.

Although we have built base information for informing citizens and stakeholders of the sustainability challenge, our ability to report on performance is limited by what has been identified as clear system objectives. The Government Renewal initiative represents an opportunity to improve this situation. The NBHC is contributing to the health system efforts of providing the provincial government with clear targets and measures.

In 2011, the Canadian Institute of Actuaries approached the NBHC to discuss the potential for a collaboration regarding the issue of health system sustainability. As a profession, they believe that health systems would be better equipped to deal with the sustainability challenge by having an actuarial perspective. After discussions with national stakeholders, they identified the NBHC as a potential partner. This represents a valuable contribution in light of the various provincial demographic trends that can affect the distribution of health services in the future.

Therefore, here are the proposed deliverables for the coming year:

- We will be contributing to the development of common health system targets and measures in support of the current Government Renewal initiative. Work has already been initiated.
- During 2012, we will be reporting on the result of the collaboration with the Canadian Institute of Actuaries.
- We will provide a public status report regarding the response to our first recommendations to the Minister of Health in the winter of 2012.

Citizen Engagement

The NBHC is mandated “to develop and implement mechanisms to engage the citizens of New Brunswick in meaningful dialogue for the purpose of improving health service quality in the province”.

Building on our 2010 provincial citizen engagement initiative, we have held dialogue sessions with university students and local governments in 2011. We will continue reaching out to local governments in 2012 and our focus will also turn to students in our provincial community colleges. In addition to initiatives targeted towards the public, there is a growing recognition of the need to better inform those who work in our health services. We will be pursuing opportunities aimed at raising awareness regarding the information produced by the NBHC.

Healthier and engaged citizens, improved health service quality and a sustainable health system are the key drivers of NBHC’s work. Based on the results of our tools, we now have a better appreciation of areas requiring attention regarding the quality of our health services. The NBHC will be exploring how to combine the proposal of mechanism to engage citizens with the identified areas of health services that require improvements.

Keeping that in mind, we will:

- Complete presentations to local municipal networks and to the sub-groups of municipalities across New Brunswick.
- As a follow-up to the dialogue sessions held on all provincial university campuses in 2011, we will complete a tour of NBCC campuses by winter 2013.
- We will also develop mechanisms targeting health system stakeholders, including front line workers and community groups, with the goal of increasing awareness of the information prepared by the NBHC and build capacity in using this information.

In conclusion, the members of the New Brunswick Health Council and its employees are proud of the work accomplished during the 2011-2012 fiscal year. We will continue our efforts to diversify, to analyse and to promote our information regarding the health of our citizens and the performance of the New Brunswick Health System. These efforts will guide our discussions as we prepare our next recommendations for the Minister of Health.

APPENDIX C: 2011-2012 Annual Financial Report

NEW BRUNSWICK HEALTH COUNCIL

ANNUAL FINANCIAL REPORT

MARCH 31, 2012

ALLAIN & ASSOCIATES



TABLE OF CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS :	
Revenue and expenses	2
Balance sheet	3
Notes to financial statements	4 - 5

ALLAIN & ASSOCIATES





CERTIFIED GENERAL ACCOUNTANTS /
COMPTABLES GÉNÉRAUX ACCRÉDITÉS

84 Brandon Street, Moncton, N.B. E1C 7E9 (506) 382-3795 Fax : (506) 382-1438

INDEPENDENT AUDITORS' REPORT

To the Directors of the NEW BRUNSWICK HEALTH COUNCIL

We have audited the accompanying financial statements of NEW BRUNSWICK HEALTH COUNCIL, which comprise the balance sheet as at March 31, 2012 and the statements of revenue and expenses for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of NEW BRUNSWICK HEALTH COUNCIL as at March 31, 2012 and the results of its operations for the years then ended in accordance with Canadian public sector accounting standards.

Other matter

Budget figures are provided for comparative purposes and have not been subject to audit or review procedures. Accordingly, we do not express any opinion regarding budget figures.

Moncton, NB

June 12, 2012



ALLAIN & ASSOCIATES
CERTIFIED GENERAL ACCOUNTANTS

An Independent Member Firm of EPR Canada Group Inc. / Un cabinet indépendant membre du groupe EPR Canada Inc.

ALLAIN & ASSOCIATES



Page 1

NEW BRUNSWICK HEALTH COUNCIL

REVENUE AND EXPENSES

FOR THE YEAR ENDED MARCH 31, 2012

	<u>Budget</u> <u>2012</u>	<u>Actual</u> <u>2012</u>	<u>Actual</u> <u>2011</u>
REVENUE			
Grant - New Brunswick Department of Health	2,022,502 \$	1,361,948 \$	1,938,543 \$
Other revenue	-	-	1,215
	<u>2,022,502</u>	<u>1,361,948</u>	<u>1,939,758</u>
EXPENSES			
Salaries and fringe benefits	871,131	858,230	878,933
Board of directors expenses	161,000	135,874	123,826
Administrative expenses	64,936	32,656	32,709
Operating expenses	925,435	335,188	904,290
	<u>2,022,502</u>	<u>1,361,948</u>	<u>1,939,758</u>
EXCESS OF REVENUE OVER EXPENSES	<u>-</u> \$	<u>-</u> \$	<u>-</u> \$



NEW BRUNSWICK HEALTH COUNCIL

BALANCE SHEET

AS AT MARCH 31, 2012

	<u>2012</u>	<u>2011</u>
ASSETS		
CURRENT ASSETS		
Cash	400 \$	400 \$
Accounts receivable (note 3)	111 429	526 923
Prepaid expenses	<u>1 044</u>	<u>24 502</u>
	<u>112 873 \$</u>	<u>551 825 \$</u>
 LIABILITIES		
CURRENT LIABILITIES		
Accounts payable	111 429 \$	526 923 \$
Deferred revenue	<u>1 444</u>	<u>24 902</u>
	<u>112 873 \$</u>	<u>551 825 \$</u>
 CONTINGENCY (note 5)		

APPROVED ON BEHALF OF THE BOARD

JCP Martin
..... Director

Norma A. Sugden
..... Director

ALLAIN & ASSOCIATES



NEW BRUNSWICK HEALTH COUNCIL

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2012

1. STATUTES OF INCORPORATION AND NATURE OF ACTIVITIES

The New Brunswick Health Council (the Council) was established September 1, 2008 under the New Brunswick Health Council Act and is considered a government organization. Its goals are to promote and improve the performance of the health system in New Brunswick.

2. SIGNIFICANT ACCOUNTING POLICIES

The financial statements are prepared by management in accordance with Canadian public sector accounting standards for government organizations, as recommended by the Public Sector Accounting Board (PSAB) of the Canadian Institute of Chartered Accountants (CICA).

Use of estimates

The presentation of financial statements requires management to make some estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Revenue recognition

Revenue are recorded on the accrual basis of accounting as the funded expenditures are incurred. Any grant amount received in excess of recorded expenditures is accounted for as deferred revenue.

Capital assets

Capital asset purchased with government funding and under a \$100,000 threshold are fully amortized in the year of acquisition in accordance with government guidelines. Capital assets over the \$100,000 threshold are capitalized and amortized based on their estimated useful life.

3. ACCOUNTS RECEIVABLE

	<u>2012</u>	<u>2011</u>
Grant receivable - New Brunswick Department of Health	111,429 \$	525,708 \$
Other	-	1,215
	<u>111,429 \$</u>	<u>526,923 \$</u>

4. DEFINED BENEFIT PENSION PLAN

The Council, through a multiemployer plan sponsored by the Province of New Brunswick, offers a defined benefit pension plan to its employees. The pension expense for the year is \$69,677 (\$56,343 in 2011).

The New Brunswick Investment Management Corporation acts as trustee and investment manager for the pension assets of members of the Public Service.

ALLAIN & ASSOCIATES



NEW BRUNSWICK HEALTH COUNCIL

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2012

5. CONTINGENCY

The Council does not have any insurance coverage. Her Majesty the Queen in right of the Province has assumed responsibility for interests and risks of the Council in lieu of such insurance as permitted in the New Brunswick Health Council Act.

6. ECONOMIC DEPENDENCE

The Council is financed almost solely by the New Brunswick Department of Health.

7. CASH FLOWS

No statement of cash flows was prepared since the information on cash flows is available from other financial statements and related notes.

8. COMPARATIVE FIGURES

The 2011 comparative figures were not reviewed by Allain & Associates and are simply used for comparison.

**APPENDIX D: Annual Report Pursuant to the
*Public Interest Disclosure Act***



New Brunswick
Health Council

Engage. Evaluate. Inform. Recommend.

Annual Report Pursuant to the *Public Interest Disclosure Act*

March 31, 2012

Annual Report Pursuant to the *Public Interest Disclosure Act*

It is my pleasure to present the Annual Report pursuant to the *Public Interest Disclosure Act* with regards to the activities of the New Brunswick Health Council during its fourth fiscal year, 2011-2012.

Section 3 of the *Act* applies to the following wrongdoings in or relating to the public service:

- (a) an act or omission constituting an offence under an Act of the Legislature or the Parliament of Canada, or a regulation made under an *Act*
- (b) an act or omission that creates a substantial and specific danger to the life, health or safety of persons, or to the environment, other than a danger that is inherent in the performance of the duties or functions of an employee
- (c) gross mismanagement, including of public funds or a public asset; and
- (d) knowingly directing or counselling a person to commit a wrongdoing described in paragraphs (a) to (c).

In accordance with Section 18, Report about Disclosures, *Public Interest Disclosure Act*, I confirm that the New Brunswick Health Council did not receive any disclosures regarding any wrongdoings. Hence no investigations were required.

Respectfully Submitted,



Stéphane Robichaud
Chief Executive Officer



New Brunswick Health Council | Conseil de la santé du Nouveau-Brunswick

Engage. Evaluate. Inform. Recommend.
Engager. Évaluer. Informer. Recommander.

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