



**New Brunswick
Health Council**

Engage. Evaluate. Inform. Recommend.

2019–2020 Business Plan

**Presented to the Minister of Health
April 1, 2019**

I. Our statutory mandate

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 (NBHC) will foster this transparency, engagement, and accountability by:

- Engaging citizens in a meaningful dialogue for the purpose of improving health service quality;
- Measuring, monitoring, and evaluating population health and health service quality;
- Informing citizens on our health system's performance;
- Recommending improvements to the Minister of Health

Our mandate was inspired by the Section 3 of the *New Brunswick Health Council Act*, which defines the objects and purposes of the Council as follows:

- (a) to promote the improvement of health service quality in the Province;
- (b) 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;
- (c) to measure, monitor and assess population health and health service quality in the Province;
- (d) to identify effective practices for the improvement of health service quality in the Province;
- (e) to evaluate strategies designed to improve health service quality in the Province;
- (f) to assess citizen satisfaction with health services and health service quality in the Province;
- (g) to investigate matters respecting the health care system that are referred to it by the Minister;
- (h) to provide recommendations to the Minister with respect to any of the activities described in paragraphs (a) to (g);
- (h.1)* to take into account the particular needs of the two official linguistic communities in the exercise of the activities referred to in paragraphs (a) to (h); and
- (i) to carry out such other activities or duties as may be authorized or required by this Act or as the Lieutenant-Governor in Council may direct.

* New addition to our Act in 2010

II. Business plan deliverables for 2019–2020

The NBHC has a dual mandate; report publicly on the performance of the provincial health system and engage citizens in the improvement of health services quality.

How the NBHC goes about fulfilling this mandate has evolved significantly since 2008. The availability of generally accepted indicators pertaining to population health and health service quality has been a key influencer of how the work of the NBHC has evolved. Another key influencer is whether the health system is evolving in the planning and management of health services, which may also lead to improved access to health system performance indicators. Over the past ten years, there has not been significant change in this area.

The use of population health and health service quality information prepared by the NBHC has grown within the province. This is particularly true for community organizations in helping them identify priority areas and leveraging related indicators for financial assistance and monitoring the impact of their initiatives. As an example, the United Way has been promoting the use of our community level information by those requesting financial support.

Meanwhile, much more change is needed in how health services planning and management is undertaken by health system stakeholders. All involved, from elected government and board governance to organizational leaders and front-line professionals are called upon to accept that changes are required in how they plan, finance, manage or deliver publicly funded health services in New Brunswick.

All have a common element to serve as motivation for accepting this change, providing optimal quality health services to New Brunswickers. In particular, how improved health service quality can lead to a healthier population. This can be greatly facilitated by a commitment to an enhanced collective understanding of the opportunities and challenges for improved health service quality and for having an engaged, informed and healthier population.

The work of the NBHC should contribute to three key aims that are essential for all provincial and territorial health systems;

- Informed, engaged and healthy populations.
- Improved health service quality.
- Sustainable, publicly funded, health services.

Although the NBHC has no responsibilities for programs or services that can contribute to the above-mentioned goals, its public performance reporting and public participation activities can contribute positively to these goals.

In this proposed business plan, we have structured our work in four key areas: 1) Surveys, 2) Health Service Quality and Population Health Reporting, 3) First Nations Initiative, 4) Recommendations to the Minister of Health.

Timeline for deliverables are presented by quarter; 1st quarter (April-June), 2nd quarter (July-September), 3rd quarter (October-December), 4th quarter (January-March).

1) Surveys

The NBHC's survey work is grouped into two areas; care experience surveys which focus on citizens' experience with health services and student wellness surveys which provide insight of health determinants pertaining to New Brunswick children and youth. Both types of surveys are delivered on a three-year cycle and have a total of approximately 100,000 respondents.

Care Experience Surveys

a) Primary Health Survey

The primary health survey is the most detailed health services survey in New Brunswick's history. The first survey was conducted in 2011, the second in 2014 and the third in 2017. Each time, over 13,500 citizens from all areas of the province responded to the survey by telephone. Its aim is to understand and report on New Brunswickers' experiences with primary health services, more specifically at the community level. The initial report for the 2017 edition was released in the 2017–2018 fiscal year. Given the wealth of information captured by this survey, this year's focus will be on highlighting additional key observations.

i. Codebooks and Derived Variables—1st quarter

With the goal of improving the accessibility to NBHC indicators, each year of the survey cycle is leveraged for establishing a standardized approach to how indicators are organized. As a result, it will be easier for users to undertake comparisons between geographic locations and trending over time.

- ii. Previous Survey Learnings—2nd quarter
In preparation for the survey, there will be a review of survey questions, findings and methodology from the previous primary health survey.
- iii. Request for Proposals (RFP)—2nd quarter
Based on learnings from the previous surveys and any new realities that may need to be considered, an RFP is developed with the goal of identifying the best service provider for the contracted work.
- iv. Stakeholder Engagement—3rd quarter
Capturing stakeholders' feedback regarding the previous edition of the survey questionnaire, process and reports contributes to continuous improvement efforts for this new edition.
- v. Administration—4th quarter
At this point, the main goal is to maximize the response rate for the survey. In collaboration with the selected provider, the survey process and response rates are monitored on an ongoing basis in order to address any issue that may arise. Given the sample size, and the number of respondents to contact, the administration of the survey will continue into the first quarter of 2020–2021.

b) New Brunswick Hospital Patient Care Experience Survey

The NBHC conducts the New Brunswick Hospital Patient Care Experience Survey to evaluate the quality of hospital care provided to New Brunswick patients. The purpose is to inform citizens on the quality of hospital care in the province and to help decision makers and planners improve how they manage hospital services. This will mark the fourth edition of the survey.

- i. Administration—1st quarter
Continuing from the 4th quarter of 2018–2019, the main goal is to maximize the response rate for the survey. In collaboration with the selected provider, the survey process and response rates are monitored on an ongoing basis in order to address any issue that may arise.
- ii. Result Analysis—3rd quarter
In preparation for the public reporting of the survey results, reporting focus options are considered in light of the most recent results and trends with past surveys.
- iii. Reporting material—4th quarter
In light of the key observations stemming from the survey results, a communication strategy is developed in order to maximize public reporting

opportunities. These can include a brief on the survey results, infographics and associated data files.

Student Wellness Surveys

a) Grades kindergarten to 5

- i. Previous survey learnings—1st quarter
In preparation for this student wellness survey, there is an opportunity to review survey questions, findings and methodology from the previous survey exercise.
- ii. Stakeholder Engagement—1st quarter
Capturing stakeholders feedback about the experience with the previous edition of the survey questionnaire, process and reports contribute to continuous improvement efforts.
- iii. Request for Proposals—1st quarter
Based on learnings from the previous surveys and any new realities that may need to be considered, an RFP is developed with the goal of identifying the best service provider for the contracted work related to the student wellness survey.
- iv. Codebooks and derived variables—3rd quarter
With the goal of improving the accessibility to NBHC indicators, each year of the survey cycle is leveraged for establishing a standardized approach to how indicators are organized. As a result, it will be easier for users to undertake comparisons between geographic locations and trending over time.
- v. Administration—4th quarter
At this point, the main goal is to maximize the response rate for the survey. In collaboration with the selected provider, the survey process and response rates are monitored on an ongoing basis in order to address any issue that may arise. Given the flexibility of schools to administer the survey during whatever period of the academic year they find convenient, the administration of the survey will continue into the first half of 2020–2021.

b) Grade 6 to 12

- i. Administration—1st quarter
Continuing from the fourth quarter of 2019–2020, the main goal is to maximize the response rate for the survey. In collaboration with the selected provider, the survey process and response rates are monitored on an ongoing basis in order to address any issue that may arise.

- ii. **Result Analysis—2nd quarter**
In preparation for the public reporting of the survey results, reporting focus options are considered in light of the most recent results and trends with past surveys.
- iii. **Codebooks and derived variables—2nd quarter**
With the goal of improving the accessibility to NBHC indicators, each year of the survey cycle is leveraged for establishing a standardized approach to how indicators are organized. As a result, it will be easier for users to undertake comparisons between geographic locations and trending over time.
- iv. **Reporting Material—3rd quarter**
In light of the key observations stemming from the survey results, a communication strategy is developed in order to maximize public reporting opportunities. These can include a brief on the survey results, infographics and associated data files.

2) Health Service Quality and Population Health Reporting

Public reporting on health service quality has evolved with the availability of standardized indicators at the provincial, zones and institutional level. At the provincial and zone level, the report card framework (Appendix 1) has proven to be an effective tool for identifying priority areas for health service quality improvement. As the access to standardized local level indicators improves, either at the service organization or community level, so does the ability to appreciate variability in health service quality outcomes across the province.

Public reporting on Population Health was initiated with a framework to guide the identification of related indicators (Appendix 2). Hundreds of stakeholders were consulted in confirming a “determinants of health” approach to measuring population health. This population health framework has facilitated the identification of provincial level priorities, as well as the identification of indicators at the “health zone” and community level. Local level indicators appear to have a much stronger influence on generating population health improvement initiatives.

a) Avoidable Mortality—1st quarter

It has been five years since we first validated indicators for avoidable mortality in New Brunswick. Considering deaths that occur before the age of 75, we have learned that there can be variations depending on geographic or demographic groups.

b) Equity Within NB—2nd quarter

As the availability of indicators for public reporting has improved, the ability to identify variabilities by population groups and geographic locations has been enhanced. Leveraging recently completed evaluation efforts, there will be an effort to inform the public and stakeholders on the availability of this information and key observations.

c) Resiliency in Youth—3rd quarter

Past evaluation work on youth health indicators has helped identify key areas of focus. There are many factors which can contribute to a supportive environment for youth. Focusing on recognized resiliency factors, this work will update past evaluation efforts and also any new elements to consider since our last report. We will also aim for a release of this information in the fall of 2019.

d) Data Update —3rd quarter

Population health and health service quality indicators come from many common sources. A standardized approach is being applied to data that is being leveraged for our various reporting tools.

e) Web Content—4th quarter

Updated indicators are added in the web site reporting tools which contain population health and health service quality information. Having recently begun to standardize the storage of indicators, each year of the current survey cycle is leveraged to work on the current and past years.

3) First Nations Reporting

a) Stakeholder engagement—Ongoing

This is the first year of this project. Three stakeholder groups have been identified as essential for having a successful initiative; indigenous, provincial and federal. This year's activities will consist of identifying key contacts, establishing a common understanding of the project and engaging stakeholders in the development of reporting frameworks and related indicators.

b) Indicator Preparations—Ongoing

There is reference material within the work undertaken by the NBHC regarding indigenous populations since 2008. Currently available indicators will be leveraged as part of proposed material for interacting with the various stakeholder groups.

4) Recommendations to the Minister of Health

As part of its legislated mandate, the NBHC is to provide recommendations to the Minister with respect to lessons learned from its work.

a) Present recommendations to the Minister of Health—2nd quarter

Leveraging lessons learned from its engagement and performance evaluation work, the NBHC will be developing new recommendations for the Minister of Health. Through ongoing discussions with the Minister, efforts will be aimed at identifying recommendations that are both strategic for health system performance improvement and coincide with the current government's priorities for the health system.

Appendix 1

New Brunswick Health System Report Card



Quality Dimensions 	Accessibility	Providing timely services		
	Appropriateness	Relevant and evidence based		
	Effectiveness	Doing what is required to achieve the best possible results		
	Efficiency	Making the best use of the resources		
	Safety	Keeping people safe		
	Equity	Aiming for equitable care and services for all		
	Performance Index Grade (by Health Care Sector)			

Appendix 2

Population Health Snapshot — The model

The model we have chosen to represent Population Health in New Brunswick has been adapted from various population health models such as the University of Wisconsin *Population Health Institute—Wisconsin County Health Rankings* and modified to fit our needs. We have also kept a Canadian perspective by taking into account the determinants of health as indicated by the *Public Health Agency of Canada*.

Based upon review of the literature and expert opinions on how these determinants contribute to health and by how much, we are using the following model as a guide as to what influences our health:

