



**New Brunswick
Health Council**

Engage. Evaluate. Inform. Recommend.

2020-2021 Business Plan

**Presented to the Minister of Health
April 1, 2020**

I. Presentation letter to the Minister of Health



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

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

April 2, 2020

Honourable Hugh Flemming
New Brunswick Minister of Health
P.O. Box 5100
Fredericton, N.B. E3B 5G8

Subject: Submission of the New Brunswick Health Council's 2020-2021 Proposed Business Plan

Dear Minister:

At the March 27, 2020, meeting of the New Brunswick Health Council (NBHC), the Council approved the 2020-2021 Proposed Business Plan.

Pursuant to section 17(1) of the *New Brunswick Health Council Act*, please find attached to this letter a copy of the 2020-2021 Proposed Business Plan as passed by Council for your approval. I also wish to outline the NBHC contributions pertaining to your government's top priorities:

- *Affordable and responsive government:* Since 2008, the NBHC has been the only health system organization with a sustained effort to understanding the distribution of resources within the province and trends pertaining to costs. The preparation and use of this information have rarely been a priority over the past ten years for the Department of Health and the RHAs. In the next year, the NBHC aims to improve the available information for the public on its web site.
- *Dependable public health care:* The measurement tools developed by the NBHC in its first years of operation were the first to be developed in coordination with health system stakeholders. Each three-year cycle enables approximately 25,000 people to share their experience through our care experience surveys. Despite growing interest by health system professionals for these tools and their information, we have not witnessed significant improvement in organizational practices among health system organizations. Our latest indicators confirm a stagnation in performance over the past ten years.
- *World-class education:* Since 2012, the NBHC manages the administration and preparation of reports, at school, district and provincial level, of student wellness surveys in New Brunswick. This voluntary survey has been completed by nearly 75,000 students and parents in its three-year cycle. Its results are highly valued by education system stakeholders in the province.

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- Vibrant and sustainable communities: Since 2014, the NBHC has developed community profiles including approximately 300 indicators. It is by far the most popular tool produced by the NBHC and contributes to informing decisions by community stakeholders in their efforts for having resilient communities.
- High performing organizations: The work of the NBHC has led to the realization that the RHAs and the Department of Health have failed to implement an environment conducive to effective performance management in the past ten years.

As the Chair of the NBHC, I wish to reiterate that we are at your service. You can count on our support regarding all efforts aimed at improving health service quality for New Brunswickers. I look forward to receiving a written response at your earliest convenience.

Sincerely,

Roger Léger
Chair
New Brunswick Health Council

Enclosure

C.c.: Mr. Gérald Richard, Deputy Minister
Mr. Stéphane Robichaud, CEO

II. 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

III. Business plan deliverables for 2020-2021

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 lack of 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 would also lead to improved access to health system performance indicators. Over the past ten years, there has not been sufficient improvement in the proper use of generally accepted indicators.

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. The NBHC regularly receives request from community groups seeking to better understand the health status of their population and have a positive impact on trends.

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, fund, 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 six key areas: 1) Surveys, 2) Health Service Quality, 3) Population Health Reporting, 4) First Nations Initiative, 5) Recommendations to the Minister of Health, 6) Communications Strategy Update.

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 combined total of approximately 100,000 respondents.

Care Experience Surveys

a) Home Care Survey

Citizens should be given the opportunity to express their opinions about the home care services they receive in New Brunswick. In this paper survey, New Brunswickers will be asked about their experiences with several key dimensions of quality home care such as safety, provider/client communication, clients and family-centred care, overall satisfaction with services, and equity based on preferred language of service. This province-wide survey will evaluate the quality of home care provided to New Brunswickers through Extra-Mural Services and home services subsidized by the Department of Social Development. The results of this survey will be made publicly available and shared with the public organizations responsible for these services.

i. Previous Survey Learnings – 1st quarter

In preparation for the survey, there will be a review of survey questions, findings and methodology from the previous home health survey.

- ii. 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 survey service provider for the contracted work.
- iii. 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.
- iv. Administration – 4th quarter
At this point, the main goal is to maximize the response rate for the survey. In collaboration with the selected survey service 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 2021-2022.
- v. Standardization and documentation of indicators – 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.

b) 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 responded to the survey by telephone, from all areas of the province. 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. Administration – 1st quarter
Continuing from the 4th 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 – 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. Particular attention will be given to the fact that nearly 10 years have passed since the first Primary Health Survey.
- 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. Looking at the past ten years will serve as a key focus for reporting purposes.
- iv. Standardization and documentation of indicators – 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.

c) 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) Social Media Campaign – 1st quarter
A brief highlighting key results from the survey was aimed to be made public by March of 2020. With the goal of increasing awareness of the survey results and its use in improving health services quality, targeted social media content will be prepared and circulated throughout 2020-2021.
- ii) Impact of language on safety – 2nd quarter
Preliminary analysis of the survey results is showing links between a patients' inability to receive services in the official language of their choice and incidences of harm because of medical error or mistake. The evaluation focuses on validating survey responses from patients indicating they have experienced harm by linking these to administrative data.

Student Wellness Surveys

a) Grades kindergarten to 5

- 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 to address any issue that may arise.
- ii. Data preparation – 3rd quarter
The student wellness survey is financed through an agreement that requires the production of reports at the school, district and provincial level. Data preparation is undertaken to meet the requirements for these various reports.
- iii. Reporting material – 3rd quarter
As previously mentioned, several reports are expected to be created with each survey cycle. We expect to have all the material finalized and distributed by the end of the third quarter.
- iv. Standardization and documentation of indicators– 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.

b) Student Wellness Survey for grade 6 to 12 – Planning next cycle

- i. Renewal of multi-year agreement – 2nd quarter
Social Development will no longer be funding the student wellness survey moving forward. A government decision was made to transfer responsibility and funding for the survey to the Department of Education and Early Childhood Development. Early in the year, discussions will be required for drafting a new agreement based on the new funding model and future opportunities.
- ii. Explore on-line options – 4th quarter
The student wellness survey results are proving to be of benefit for discussions at the district, school levels, including with parents. School principals have expressed a perceived value in having their results quicker, as well as in having an on-line option to the current paper survey. In this transition year, we will be exploring options for an on-line tool.

iii. Revision of questionnaire – 4th quarter

This transition year is also an opportunity to revisit the number and types of questions included in the surveys. As various stakeholders are using survey results to better understand wellness among their students, they see opportunities for new survey questions. We also need to consider what impact the length of the surveys could have on response rates.

iv. Standardization and documentation of indicators for the Student Wellness Survey grade 6-12 – 2nd quarter

As with all current year surveys, there are still results from previous survey years that require standardization and documentation work.

2) Health Service Quality 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 standardize local level indicators improve, either at the service organization or community level, so does the ability to appreciate variability in health service quality outcomes across the province.

a) **Data validation/update – 4th quarter**

Over the past decade, the number of validated indicators pertaining to health service quality has increased significantly. There are various sources for these indicators and the availability of updated indicators occurs at different intervals and moments in the year. Therefore, this work is undertaken throughout the year.

b) **Results analysis – 4th 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. As indicators are updated, evaluation efforts will focus on identifying key observations for public reporting.

c) **Information initiatives – 4th quarter**

Past evaluation work has enabled the identification of observations at the health zone and community levels. The focus of this year's work will be how to effectively publicly inform on these observations. Highlighting community level variability in the attainment of positive health services outcomes is the first area of focus. Secondly, we will be reviewing methodology and the reporting format of the health system report card. Thirdly, an initial set of indicators pertaining to the distribution of health services resources will be made

available on our web site and serve as a base to update and build on moving forward.

3) Population Health Reporting

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) Data validation/update – 4th quarter

As with our health service quality work, the number of validated indicators pertaining to population health has increased significantly. There are various sources for these indicators as well and the availability of updated indicators occurs at different intervals and moments in the year. Therefore, this work is undertaken throughout the year.

b) Results analysis – 4th quarter

The Primary Health Survey represents an important source of information on population health. The results of this year’s edition of the survey will offer some valuable insights on most recent trends. This work will take place throughout this fiscal year.

c) Information initiatives – 4th quarter

Recognizing the impact of zone and community level information, work will focus on zone and community level observations. Recently completed analysis of avoidable mortality will provide opportunity for communicating zone level information about top causes of death. Also, building on the success of the community level tool, My Community at a Glance, work will be aimed at improving how community level information is made accessible publicly through our web site.

4) First Nations Reporting

a) Stakeholder engagement – ongoing

The first year of this project has just been completed. Three stakeholder groups have been identified as essential for having a successful initiative; indigenous, provincial and federal. Identifying key contacts, establishing a common understanding of the project and engaging stakeholders in the

development of reporting frameworks and related indicators remains an important focus for this second year.

b) Indicator preparations – Ongoing

Support from the First Nations communities is the main priority pertaining to the development First Nation's health and health service quality indicators. Building trust with community stakeholders is essential and the initiative must be receptive to the needs of the communities. As the initial round of meetings is completed, opportunities will become clearer regarding priorities for indicator work.

5) 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 – 3rd quarter

A mandate has been identified for the NBHC pertaining to specialize clinical services. Engagement of RHA leadership has been initiated with preliminary findings expected by the end of the first quarter. The process is designed in order to share learnings with DoH and RHAs along the way. This can enable decisions by RHAs prior to the conclusion on the project. We expect to have final recommendations for the Minister by the end of the third quarter.

6) Communication Strategy Update

a) Improving effectiveness of communication efforts

The value of the information produced by the NBHC is widely recognized among health system stakeholders and community leaders. Many within non-health-related government departments also see great value in having access to NBHC indicators and related information. Meanwhile, it has also been recognized that efforts aimed at raising awareness regarding the NBHC information must be improved. There needs to be improvements in identifying target audiences and tailoring communications to their needs. We also need to have effective monitoring tools to appreciate whether efforts are delivering expected results. Through the year, work will be focused on solidifying our grasp of the current situation, defining what success would look like and confirming which strategies to prioritize.

Appendix 1

New Brunswick Health System Report Card

Health Care Sectors				
	 Primary Health <small>The care a person receives upon first contact with the health system, before referral elsewhere within the system.</small>	 Acute Care <small>Hospital based care.</small>	 Supportive/ Specialty <small>Care received in the community or as an out-patient.</small>	 Performance Index Grade <small>(by Quality Dimension)</small>
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:

