



**New Brunswick
Health Council**

Engage. Evaluate. Inform. Recommend.

2021-2022 Proposed Business Plan

**Presented to the Minister of Health
April 1, 2021**

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);
- (i) 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
- (j) 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.

II. Business plan deliverables for 2021-2022

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

How the NBHC fulfills this mandate has evolved significantly since 2008. Initially, the lack of availability of generally accepted indicators pertaining to population health and health service quality was a key influencer of how the NBHC undertook its work. Recognizing this reality led to another important conclusion; health system decisions are made in the absence of these generally accepted indicators. Significant work has since been undertaken in health services organizations to increase the presence of indicators in various reporting tools. Meanwhile, the quality of health system decisions, reflecting an understanding of the varying needs of citizens, has not improved.

The use of population health and health service quality information prepared by the NBHC has grown within the province. This is particularly true for communities and not for profit 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 service planning and management is undertaken by health system stakeholders. All involved, from elected government and board governance to organizational leaders as well as 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. These changes are about being citizen-centred and identifying opportunities for improved value from the citizen's perspective. This includes regular, ongoing, communication with communities so that all may be exposed to what is being learned.

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 responsibility 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, 4) Public Participation and Awareness, 5) First Nations Project, 6) 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 types; care experience surveys which focus on citizens' experience with health services and student wellness surveys which provide insight on health determinants pertaining to New Brunswick children and youth. Both types of surveys are delivered over 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 are asked about their experiences with several key dimensions of quality home care such as safety, provider/client communication, client 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 services provided to New Brunswickers through Extra-Mural Services and home support 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. Continuation of awareness campaign – 1st quarter
Communication efforts aimed at encouraging survey participation that began with the start of the survey in March 2021 are planned to continue until the end of June. As the response rates are monitored, targeted communications activities may be required along the way.
- ii. Administration and results analysis – 3rd quarter
Continuing from the 4th quarter of 2020-2021, 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. The administration of the survey should be completed by end of June and the results analysis should continue until December.
- iii. Standardization and documentation of indicators – 3rd quarter
With the goal of improving the accessibility to NBHC indicators, each edition 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 view indicators on our website, undertake comparisons between geographic locations and trending over time.
- iv. Reporting material – 4th quarter
Using key observations from the survey results, a communication plan will be developed in order to maximize public reporting opportunities. Materials may include infographics targeting key observations, maximizing use of new web visualization tools and associated data files.
- v. Targeted releases regarding home care indicators – 4th quarter
Based on the key observations from the analysis of the results, and the communications plan, targeted campaigns will be undertaken to highlight key findings from the survey and will also contribute to increasing awareness about the work of the NBHC and its information available on the website.

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, the third in 2017, and the fourth in 2020. 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, with an emphasis on the community level. Given the Covid-19 pandemic in 2020, the survey process and results analysis efforts were significantly impacted.

i. Result Analysis – 2nd quarter

In preparation for the public reporting of the survey results, extensive efforts were taken with the survey results in order to correct bias of surveying during the pandemic. The efforts made it possible to determine how these latest survey results could be used.

ii. Key observations – 2nd and 3rd quarter

Using the key observations from the survey results, a communication plan will be developed in order to maximize public reporting opportunities. Materials may include a summary on the survey results, infographics and associated data files.

iii. Ongoing awareness campaign – 3rd and 4th quarter

Leveraging the results of the analysis efforts and key observations, a social media campaign will be developed to increase awareness about various survey results and to increase traffic to the NBHC website.

iv. Standardization and documentation of indicators – 4th 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 fifth edition of the survey.

i) Standardization and documentation of indicators – 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 facilities and geographic locations and trending over time.

- ii) Review survey design and approach –4th quarter
A key finding of the last Hospital Patient Care Experience Survey was the overall absence of significant improvement during the past decade. During discussions with RHA leadership at the end of 2020-2021 Council members became aware that RHA support for the survey has declined. The review of the design and approach will be to ensure that citizen’s efforts in responding to the survey and their perspectives receive proper recognition.

Student Wellness Surveys

a) Grades 6 to 12

- i. Review of Student Wellness Survey approach – 1st quarter
The pandemic has pushed us to explore an on-line option for the student wellness survey. An expression of interest was initiated in 2020-2021 to examine potential options among service providers. The objective is to proceed with a request for proposal and the selection of a survey service provider by June.
- ii. Standardization and documentation of indicators – 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.
- iii. Survey administration – 4th quarter
Equipped with the new on-line option, we expect to work with school districts and schools on the administration of this edition of the survey. The on-line option may provide opportunity for quicker reporting of results as schools complete the survey.

2) Health Service Quality

Public reporting on health service quality has evolved with the availability of standardized indicators at the provincial, zone and institutional levels. At the provincial and zone levels, 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 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) Improved Health Service Quality Report Card – 1st quarter

The NBHC developed an initial “Health System Report Card” in 2009 that provided a grade pertaining to the performance of the health system compared to the rest of Canada. The tool proved very beneficial in enabling health system leadership in the identification of priority areas of focus. An improved version of this tool is expected to be released by the end of the first quarter.

b) Standardization and documentation of indicators – 2nd quarter

With the goal of improving the accessibility to NBHC indicators, a standardized approach will be established 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) Review methodology – 4th quarter

After the new version of the report card is released, the tool will be leveraged for a review exercise aimed at ensuring that the tool benefits from the best available indicators and that they are organized in a way that maximizes their use for health service quality improvement.

d) Trends in wait times– 4th quarter

This year, particular attention will be given to the quality dimension of accessibility, in particular, timely access to surgeries. The ability to have validated and generally recognized indicators has been a challenge over the years. The main objective of this deliverable is to have a solid baseline of measures that will be regularly updated and that will provide transparency on the issue of timely access to surgical procedures. Key observations will be highlighted accordingly.

e) Resource levels in Primary Health Services – 4th quarter

There are many opinions regarding the current challenges in primary health services and there are also many solutions being proposed. Meanwhile, there is a generalized lack of understanding pertaining to actual resource levels, their usage and variation across health zones and communities. All of this underlines a need for increased resources, while there is also a general recognition that all health professionals, other than family physicians, are not able to work to their full scope of practice capabilities. During the year, as information is confirmed, information pertaining to primary health resources will be updated on our website.

3) Population Health

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) Standardization and documentation of indicators– 2nd quarter

With the goal of improving the accessibility to NBHC indicators, a standardized approach will be established 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) Population health snapshot –3rdquarter

As part of efforts to improve the ability to visualize indicators on the NBHC website, we were inspired by what was originally PDF format pages comparing NB to the Canadian averages and another version that compared NB health zones. The new web-based tools are expected to be completed by the end of the 3rd quarter.

c) Web version of the community profiles – 3rd quarter

The community profiles called “My community at a glance” were PDF based documents containing over 300 community indicators and first published in 2014. Shortly after their publication, it became evident that an on-line application would prove more user-friendly. In 2017, not having identified an on-line substitute, the 2014 PDFs were updated. This year, we expect to have an on-line version of this community level information. The on-line version will also simplify the continual updating of indicators as they become available.

d) Community highlights– 4th quarter

Our community level indicators are by far the most used of all NBHC information. In an effort to help users of this information, observations pertaining to the realities for each community will be added to the community profiles. The aim is to facilitate access to this information for all those who are working on improving population health in their communities.

4) Public Participation and Awareness

a) Website general awareness campaign – 3rd quarter

Leveraging the addition of restructured indicator results, as well as enhanced search and visualization functionality, an awareness campaign highlighting the role and mandate of the NBHC will be undertaken. The campaign will also demonstrate the improved website features as well as the broad scope of indicators now available.

5) First Nations Reporting

a) Improving access to data – ongoing

The project has helped to create a network of health services representatives from each first nations community. There is a need to improve access for these communities to indicators pertaining to the health of their people and the quality of health services received. Year-end discussions have helped identify priority areas of focus for the coming year.

b) Community engagement – ongoing

The Covid pandemic has impacted the ability for interaction with communities. Nevertheless, participation in monthly calls has remained strong. In addition to continuing calls, we will monitor the pandemic guidelines and initiate in person contact as it become possible.

c) Capacity Building– Ongoing

Those involved in first nation communities' health services are aware of the challenges in not only accessing but also in the use of indicators for improving services. Several, short- and long-term strategies are being explored in an effort to increase capacity in the use of first nations health and health service quality indicators. For example, training opportunities have been identified and their delivery will contribute to strengthening capacity.

6) 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 – 4th quarter

A new Provincial Health Plan is expected in the first half of this up-coming fiscal year. The Minister of Health has clearly articulated her intentions regarding the use of the content of the plan beyond its initial release and a commitment for

having effective community and stakeholder engagement in future decisions. This represents a significant shift from previous Provincial Health Plans and the NBHC will be closely following the related work along the way. In an effort to provide support in improving health system performance, the NBHC will make recommendations to the Minister related to the health system's response to the Provincial Health Plan.

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 talking 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:

