



**New Brunswick
Health Council**

Engage. Evaluate. Inform. Recommend.

2022-2023 Proposed Business Plan

**Presented to the Minister of Health
March 1, 2022**

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 2022-2023

The NBHC has a dual mandate: to report publicly on the performance of the provincial health system and to 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 greatly influenced the work we had to undertake. 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 service 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 indicators they can use for financial assistance and for monitoring the impact of their initiatives. As an example, United Way has been promoting the use of our community-level information to those requesting financial support. The NBHC regularly receives request from community groups seeking to better understand the health status of their population and to have a positive impact on trends.

However, much more change is needed in how health service planning and management are undertaken by publicly funded health service organizations. 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. These changes are about being citizen-centred and identifying opportunities for improved value from the citizen's perspective. This includes regular and ongoing communication with communities so that all may be exposed to what is being learned.

Although the NBHC has no responsibility for programs or services, its public performance reporting and public participation activities can contribute positively to the situation.

This coming year, the work of the NBHC will be influenced by the provincial health plan *Stabilizing Health Care: An Urgent Call to Action* which was released by the government in November 2021. In this plan, the NBHC has been linked to initiatives on governance, such as providing quarterly reports on the health system's progress and establishing a Patient Voices Network.

Additionally, the NBHC has recently finalized its Strategic Plan 2022-2025, which helped establish four priorities to guide our work in the next three years: our value proposition, the sustainability of our organization, our communications work, and our stakeholder relations. These priorities are also reflected in our list of proposed deliverables this year.

In this proposed business plan, we have structured our work in 7 key areas:

- A. Data Collection
- B. Health Service Quality
- C. Population Health
- D. Public Participation
- E. Communications
- F. First Nations project
- G. Recommendations to the Minister of Health

Timeline for deliverables are presented by quarter:

- Q1 – April to June 2022
- Q2 – July to September 2022
- Q3 – October to December 2022
- Q4 – January to March 2023

A. Data Collection (NBHC surveys and external sources)

The NBHC collects data by conducting its own surveys as well as by compiling existing indicators from third-party sources. This year, the NBHC has ongoing work on all four of its surveys - the Primary Health Survey, the Acute Care Survey, the Home Care Survey and the New Brunswick Student Wellness Survey – as well as on regularly collecting, calculating, organizing and storing indicators from external sources (federal, provincial, regional and local). We will also continue to improve processes to enhance the efficiency and effectiveness of the management of our data holdings. We will also develop *an approach and criteria for strategic performance measurement* to improve* our timely, efficient, and effective public reporting efforts.

PRIMARY HEALTH SURVEY

The Primary Health Survey is the most detailed health service survey in New Brunswick history. The survey was previously conducted in 2011, 2014, 2017 and 2020. Each time, over 13,500 citizens from all areas of the province responded. The aim of the survey is to understand and report on New Brunswickers’ experiences with primary health services, more specifically at the community level.

This year, we are conducting the fifth edition of our survey. Collecting data about primary health services in 2022 will help inform the provincial health plan key action area “Access to primary health care”. Specific deliverables are the following:

2022 edition of Primary Health Survey

1. Survey technical preparation We will amend the questionnaire based on recommendations received following a review exercise in 2021-2022. We will also prepare all the necessary information needed for the administration of the survey.	Q1-Q2
2. Survey administration We will work with a firm to conduct the 2022 edition of the survey.	Q2-Q4
3. Begin result analysis We will begin the analysis of the survey results. This work will continue in fiscal year 2023-2024.	Q4

ACUTE CARE SURVEY

The NBHC conducts the Acute Care Survey (also called the New Brunswick Hospital Patient Care Experience Survey) to evaluate the quality of hospital care provided to New Brunswick patients. The survey was previously conducted in 2010, 2013, 2016 and 2019. Its 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 year, we are preparing for the administration of the next survey that will take place in fiscal year 2023-2024. Specific deliverables are the following:

2023-2024 edition of Acute Care Survey

4. Survey technical preparation	We will consult with the two RHAs on the survey approach and to consolidate the preparations for the survey.	Q1
5. Preparations for survey administration	We will review the questionnaire used for the Acute Care Survey to ensure it covers the appropriate areas of care.	Q4
5. Preparations for survey administration	We will select the firm that will conduct the survey on our behalf, and work with hospitals and RHAs to prepare for the survey in 2023-2024.	Q4

HOME CARE SURVEY

This province-wide survey evaluates 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. It was previously conducted in 2012, 2015, 2018 and 2021. In 2022-2023, we will release the findings from the 2021 edition, and we will start preparations for the 2024 edition. Public reporting of information from the Home Care Survey in 2022 will help inform the provincial health plan key action area “Support seniors to age in place”. Specific deliverables are the following:

2021 edition of Home Care Survey

6. Continue standardization and documentation of indicators	In the past few years, we implemented a standardized approach to how indicators are organized to make it easier to transfer data from our internal databases to our public website. In 2022-2023, we will complete the standardization work for all Home Care Survey indicators.	Q1
7. Public reporting	We will report the results and key observations noted from the survey conducted in 2021.	Q1

NEW BRUNSWICK STUDENT WELLNESS SURVEY

Until last year, the New Brunswick Student Wellness Survey (NBSWS) had followed a 3-year cycle, with paper-based surveys and two surveys conducted in separate years: the first for students of grades 6 to 12, and the second for students in grades 4 to 5 and parents of students from kindergarten to grade 5.

In 2021-2022, we transitioned to online data collection for grades 6 to 12, integrated data collection with the Anglophone sector from the Department of Education and Early Childhood Development (EECD) for those grades, and redesigned the questionnaire to improve questions and student experience.

This year, we will transition towards a full K to 12 online survey on an annual basis. We will also initiate the process of integrating data collection from the Francophone sector. Specific deliverables are the following:

2021 edition of New Brunswick Student Wellness Survey – Grades 6 to 12

8. Public reporting

We will send survey reports to the schools that participated in the 2021 edition of our survey. We will also publicly report provincial-level results. Q1

2022 edition of New Brunswick Student Wellness Survey – Grades K to 12

9. Survey technical preparation

We will consult with stakeholders in the education system (including schools, districts, and sectors) to prepare for the full transition towards the annual cycle of data collection from all grades. Discussions with the Francophone sector in EECD will explore the opportunity and logistics of integrating the NBSWS with other surveys they conduct. We will review the questionnaire(s) for kindergarten to grade 5. Q1

10. Survey administration

We will administer the 2022 edition of our survey. This edition will be the first where we target all grades (from K to 12) in the same year. Q2-Q3

11. Public reporting

We will send survey reports to the schools that participated in the 2022 edition of our survey. We will also publicly report provincial-level results. Q4

OVERALL SURVEYING APPROACH

Parallel to our ongoing surveying work described above, we will begin a multi-year review and evaluation of our surveys that will take until 2025. This will leverage lessons learned from a decade of surveying as well as from consultations with stakeholders. Specific deliverables are the following:

12. Evaluation of survey design, methods and cycles

A scoping exercise will be conducted with the support of expertise in statistics and survey methods to develop a clear plan and timelines and to identify the necessary resources over the next three years.

Ongoing

EXTERNAL INDICATORS

The NBHC collects, calculates, organizes and stores more than 250 indicators from external sources (federal, provincial, regional and local) to support its public reporting efforts at the provincial, zone and community levels. Building on the work we did in 2021-2022 to standardize and streamline data management processes, we will continue to improve processes to enhance access to and management of data from all external sources.

Besides the regular data captured from federal sources, a process is to be developed for regular data collection from provincial sources and RHAs. *This will enable the council to actively fulfil the role identified in the provincial health plan. It will also respond to the NBHC strategic goal around “Value Proposition”.* Specific deliverables are the following:

13. Develop and propose stakeholder network concept to steering group to obtain buy-in

To initiate and coordinate the establishment of core measures for public reporting on health service quality and population health, we will propose a network of stakeholders to the steering group tasked to oversee the provincial health plan. This will ensure alignment and commitment to timely access to the data NBHC requires for public reporting.

Q1-Q2

14. Develop value-based selection criteria

Propose and consult to arrive at agreed criteria to guide the strategic selection of indicators aligned with NBHC’s strategic direction and the provincial health plan

Q2

15. Establish and improve data management processes and documentation of indicators

Review current documentation for external indicators and create reference documents for all areas of calculating indicators and making them accessible through our website.

Ongoing
Q1-Q4

B. Health Service Quality

Public reporting on health service quality has evolved with the availability of standardized indicators at the provincial, zone and institutional levels. We will continue to improve our public reporting tools for health service quality to be strategic, more citizen-centered* and interactive, and will leverage the opportunity for alignment with provincial health plan action areas.

HEALTH SERVICE QUALITY REPORT CARD

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.

In 2021, we released a new interactive Power BI dashboard that presented the framework of the Health Service Quality Report Card in an interactive way, enhanced access to the information, and provided a base tool to support the review process we initiated for the tool.

In 2022-2023, we will continue the review process to improve our public reporting efforts. Specific deliverables are the following:

16. Review the Health Service Quality Report Card In 2021-2022, we began reviewing the methodology of the Health Service Quality Report Card but had to put the exercise on hold as stakeholders who were needed for the review were busy with pandemic-related challenges. In 2022-2023, we will resume this methodology review which is aimed at ensuring that the tool uses the best available indicators and that they are organized in a way that maximizes their use for health service quality improvement. <i>This will build on value-based selection criteria* and consulting with a relevant stakeholder network.</i>	Q1-Q3
17. Publicly release updated version of Health Service Quality Report Card After the methodology review is completed, we will ensure the collection of the necessary data and indicators and will release an updated version of the tool.	Q1 and Q4

SURGICAL WAIT TIMES

In 2021-2022, we gave particular attention to the quality dimension of accessibility - in particular, timely access to surgeries. We successfully initiated with stakeholders (the Surgical Access registry at DOH) a regular process of collecting quarterly measures about access to major surgical procedures by zone.

This year, we will build on the accessed information to *publicly report on a quarterly basis citizen-centered information**. *This will help inform the provincial health plan's strategic action area "Access to surgery"*. Specific deliverables are the following:

18. Report on surgical wait times

We will develop a tool to publicly present and share indicators on access to surgical procedures on a quarterly basis. Key observations will be highlighted accordingly.

Each
quarter

ADDICTIONS AND MENTAL HEALTH SERVICES

The NBHC has frequently informed on the evolving population health needs related to addictions and mental health services for youth and adults. Our reports have contributed to the development of the Inter-departmental Action plan for Addictions and mental health services, and our indicators were integrated in the measurement framework proposed to monitor the implementation of the action plan.

This year, we will compile a core set of measures and indicators about the need for and quality of addictions and mental health services and develop an approach to publicly report on those measures on a regular basis, leveraging the internal and external sources of indicators we organize. *This will help inform the provincial health plan's action area "Access to addiction and mental health services".* Specific deliverables are the following:

19. Report on access to addictions and mental health

We will develop a tool to publicly present and share indicators on the need for and quality of addictions and mental health services

Each
quarter

RESOURCES

There are many opinions regarding the current challenges facing 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 better understanding where resources are practicing. *The provincial health plan identified resources (people, technology and funding) as key enablers.* Specific deliverables are the following:

20. Report on the levels of resources in primary health

We will establish a working group comprised of indicator providers and subject matter experts in the field of primary health resources. We will compile comparable indicators, and identify variabilities and assist with setting priorities. We will enhance regular public access to information, creating a section on the NBHC website dedicated to primary health services resource allocation and utilization, where indicators will be regularly updated.

Q3

21. Report on health system resources (spending and health workforce)

At the provincial level, we will facilitate access to annual data reported federally about New Brunswick's health workforce and spending Q3

C. Population Health

Public reporting on population health was initiated early on 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.

In 2022-2023, we will continue to improve our public reporting of population health indicators to be more strategic, citizen-centered and interactive. *We will also leverage the opportunity for alignment with the provincial health plan and equip health system stakeholders to better understand the local and regional population health needs and plan services accordingly.* Specific deliverables are the following:

22. Publicly release community-level observations

In 2021-2022, we developed observations for each of the NBHC's 33 communities. In 2022-2023, we will make these observations public, aimed at those who are working on improving population health in their communities. Q2

23. Review population health indicators used at zone and community levels

Build on the new revamped and improved tool developed for the population health snapshots that presents annual population health measures at the zone level to establish in consultation with stakeholders *a core set of indicators to understand population health needs* at zone and community level. *This will build on a value-based selection criteria and consulting with a relevant stakeholder network* Q2-Q3

24. Publicly release updated version of Population Health Snapshot

We will ensure the collection of the necessary data and indicators and will release an updated version of the tool. Q4

25. Publicly release updated community data

We will ensure the collection of the necessary data and indicators and will release an updated version of the data tables. Q4

D. Public Participation

Developing and implementing mechanisms to engage citizens for the purpose of improving health service quality is part of the legislated mandate of the NBHC. Informed and engaged citizens are required for achieving optimal quality in community health services. For this year's annual business plan, the NBHC will leverage two key opportunities from the recently released provincial health plan.

26. Initiate the establishment of the Patient Voices Network

In collaboration with health service organisations, the NBHC will work on identifying citizens willing to share their experiences with health services for the purpose of quality improvement. These efforts will also aim to improve the use of the unsolicited experiences shared by citizens with patient advocates and quality assurance representatives of publicly funded health service organisations.

Q1-Q2

27. Contribute to initiatives for the participation of community leaders in the reorganization of community health services

In collaboration with health system stakeholders, the NBHC will work on the production of information and mechanisms aimed at effectively engaging community stakeholders in the planning and monitoring of health services.

Q3-Q4

E. Communications

Over the years, the NBHC has produced a large amount of data and information on health service quality, population health and the performance of the health system. As with all information, its potential value and usage is linked to how effectively it is communicated to citizens and the various stakeholders we interact with. In 2022-2023, we will work on putting together a strategic framework to better structure and guide our communications activities. We will also publish regular articles on our website to increase our output of analysis.

28. Initiate work on a Strategic Communications Framework*

Improving communications is one of four strategic priorities identified in our Strategic Plan 2022-2025. The first part of improving communications will be developing a framework that provides the structure and guidance for all NBHC communications activities. Our framework will be inspired by the WHO Strategic Communications Framework for effective communications.

Q2-Q4

29. Publish articles on our website on a regular basis

We will regularly write and publish articles on our website, focusing on explaining key findings related to health service quality and population health. We will promote these articles on social media.

Q1-Q4

F. First Nations health project

The NBHC manages a project financed by the Department of Indigenous Services Canada aimed at the implementation of a collaborative approach to strengthen First Nations' control of health data in New Brunswick.

30. Improving access to data The project has helped create a network of health service 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. We will also leverage opportunities for knowledge production from our survey data about the Indigenous populations.	Ongoing
31. Community engagement 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 becomes possible.	Ongoing
32. Capacity building Those involved in First Nations 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 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.	Ongoing

G. Recommendations to the Minister of Health

Formulating recommendations to the Minister of Health, based on lessons learned through its work, is part of the NBHC legislated mandate. Over the years, having an approach that would ensure an effective response to the NBHC recommendations has been a challenge. The recently released provincial health plan, which recognises a role for the NBHC regarding quarterly accountability, represents an opportunity to strengthen this important part of the NBHC mandate.

33. Provincial Health Plan accountability Leveraging the provincial health plan's quarterly accountability requirements, the NBHC will have the opportunity to share its observations and recommendations with the Minister of Health. The plan deliverables are scheduled for two consecutive fiscal years. Accordingly, the NBHC will be able to also consider year-end recommendations for each year.	Ongoing
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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:

