



**New Brunswick  
Health Council**

Engage. Evaluate. Inform. Recommend.

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## **2018-2019 Proposed Business Plan**

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**Presented to the Minister of Health  
March 29, 2018**

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## 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 2018-2019**

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 has been how 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.

The positive impact of the population health and health service quality information prepared by the NBHC on the evolution of the planning and management of health services is undeniable. Meanwhile, much 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 the achievement of three main aims for the provincial health system;

- Informed, engaged and healthy New Brunswickers.
- 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 should contribute positively to these goals.

In this proposed business plan, we have structured our work in five key areas: 1) Surveys, 2) Health Service Quality Reporting, 3) Population Health Reporting,

4) Provincial Health Plan Preparations and 5) Recommendations to the Minister of Health.

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

## 1) Surveys

The NBHC work pertaining to surveys is grouped in 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 surveys are delivered on a three-year cycle and, combined, represent approximately 100,000 respondents.

### Care Experience Surveys

#### a) Acute Care 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. The 2019 edition of the survey will be the fourth time the survey will be conducted.

- i. Previous Survey Learnings – 2<sup>nd</sup> quarter  
In preparation for this survey, there is an opportunity to review survey questions, findings and methodology from the previous acute care survey.
- ii. Stakeholder Engagement – 3<sup>rd</sup> 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 (RFP) – 2<sup>nd</sup> 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. Administration – 4<sup>th</sup> 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.

**b) Primary Health Survey**

The NBHC's primary health survey is the most detailed health services survey of 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, in 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 from this survey, this year's focus will be in highlighting additional key observations.

i. Webinars – 1<sup>st</sup> Quarter

Webinars are planned in English and French. They will be aimed at increasing the number of people that are aware of the survey results, how to access these results and offer an overview of key findings.

ii. Key observations by community – 1<sup>st</sup> quarter

This material, which will be made available through the NBHC web site, will provide community by community insight regarding key risk factors associated to a number of chronic conditions.

iii. Risk factors by population groups – Ongoing

A number of population groups will be identified and, through an analysis of associated behaviours, there will be public reporting on key observations pertaining to the level to which each group is at risk for developing chronic conditions.

**c) 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. The results of this survey will be shared with the public, and will help identify what is being done well and what could be done better.

i. Administration – 1<sup>st</sup> 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.

- ii. Result Analysis – 3<sup>rd</sup> 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 – 4<sup>th</sup> 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 6 to 12**

- i. Previous survey learnings – 1<sup>st</sup> 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 – 1<sup>st</sup> 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 – 1<sup>st</sup> 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. CSTADS Contract – 1<sup>st</sup> quarter  
In this edition of the student wellness survey, we have the opportunity to include questionnaires for the Canadian Students Tobacco Alcohol and Drugs Survey. This initiative enables cross-Canada comparisons for a number of indicators. Accordingly, associated contracts must be developed and signed.
- v. Administration – 4<sup>th</sup> 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.

**b) Kindergarten to grade 5**

i. Previous survey learnings – 4<sup>th</sup> quarter

In preparation for the following year student wellness survey, there is an opportunity to review survey questions, findings and methodology from the previous student wellness survey.

## **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) Web site information page – 1<sup>st</sup> quarter**

As part of launching our new web site, information pages will be prepared which will enable users to select from a group of indicators and be able to compare communities of their choosing.

**b) Data files – 3<sup>rd</sup> quarter**

With the aim of maximizing the capabilities of the new web site, health service quality indicator files will be developed.

**c) Report card web page – 3<sup>rd</sup> quarter**

In accordance with the associated data files, we will be working on improvements to the web site report card function.

**d) Communication strategy – 3<sup>rd</sup> quarter**

We will develop a communication strategy to raise awareness among the public on the data files, with associated key observations, and the report card function of the web site.

## **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 file – 2<sup>nd</sup> quarter**

Focus will be on the development of a data file pertaining to determinants of health-related indicators as an added source of indicators for the new web site reporting capabilities.

**b) Population health web page – 3<sup>rd</sup> quarter**

The web site capabilities for enabling the access and representation of population health indicators will be developed.

**c) Youth – 3<sup>rd</sup> quarter**

Work will be focused on leveraging the analysis work undertaken pertaining to two areas: the effectiveness of school wellness grants and marijuana use among youths. In the first half of the year, the focus will be on isolating the key observations in developing a communication strategy for public reporting.

**d) First Nations – Ongoing**

Work is being completed on a first phase of work which has been financed by Health Canada for improving the availability and use of indicators for first nations health service quality planning and delivery. A report is expected by July of 2018. There are indications of interest in further pursuing this collaboration with Health Canada and this should be confirmed by the summer of 2018.

## **4) Provincial Health Plan Preparations**

In preparation for the last Provincial Health Plan (PHP), the NBHC was mandated by the Minister of Health to facilitate public consultations. As the expiration of the last PHP is approaching, there is an opportunity for health system stakeholders to work on a proposed approach for effective public involvement related to the next PHP. Given its past role, the NBHC will be engaging health system stakeholders in discussions in order to identify optimal strategic options for the next PHP. The Public Involvement Continuum (Appendix 3) will serve as reference in our deliberations on proposed approaches.



**a) Stakeholder engagement – Ongoing**

Following the next provincial election, the new government will be expected to deliver a new Provincial Health Plan. The NBHC was asked to manage the public consultations for the last provincial health plan, in addition to providing support in meeting the associated legislative requirements. In preparation for this, the NBHC will be consulting with key stakeholders in order to determine how best to contribute to this upcoming initiative.

## **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 – 4<sup>th</sup> quarter**

Starting in the 2017-2018 fiscal year, the NBHC has committed to an annual approach for presenting recommendations to the Minister of Health. This year's work will include identifying the focus area for the recommendations, undertaking the required analysis and stakeholder engagement, and preparing the report for the Minister.

# Appendix 1

## New Brunswick Health System Report Card



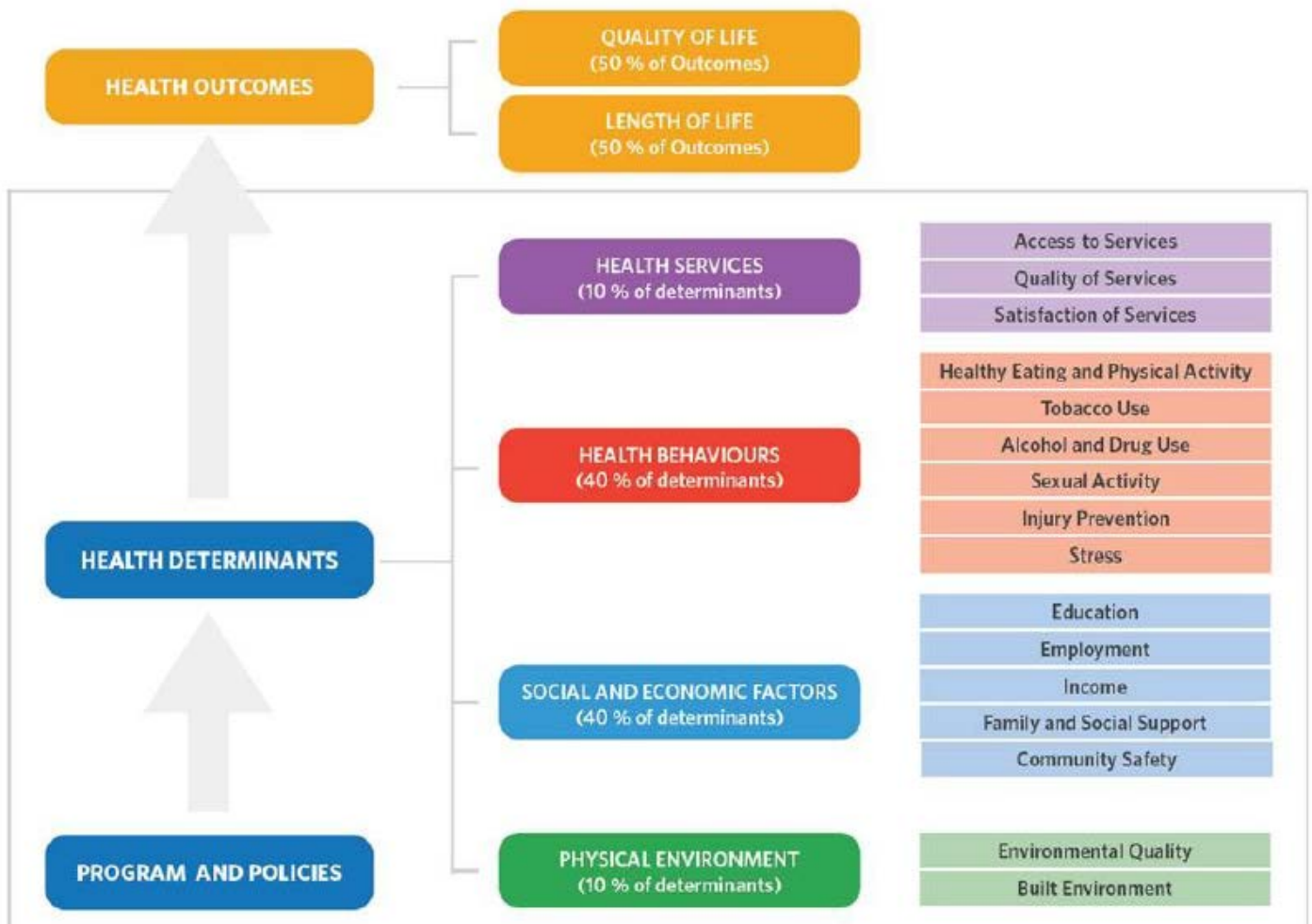
Quality Dimensions	<b>Accessibility</b>		Providing timely services	
	<b>Appropriateness</b>		Relevant and evidence based	
	<b>Effectiveness</b>	Doing what is required to achieve the best possible results		
	<b>Efficiency</b>	Making the best use of the resources		
	<b>Safety</b>		Keeping people safe	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

## Appendix 2

### Population Health Snapshot – The model

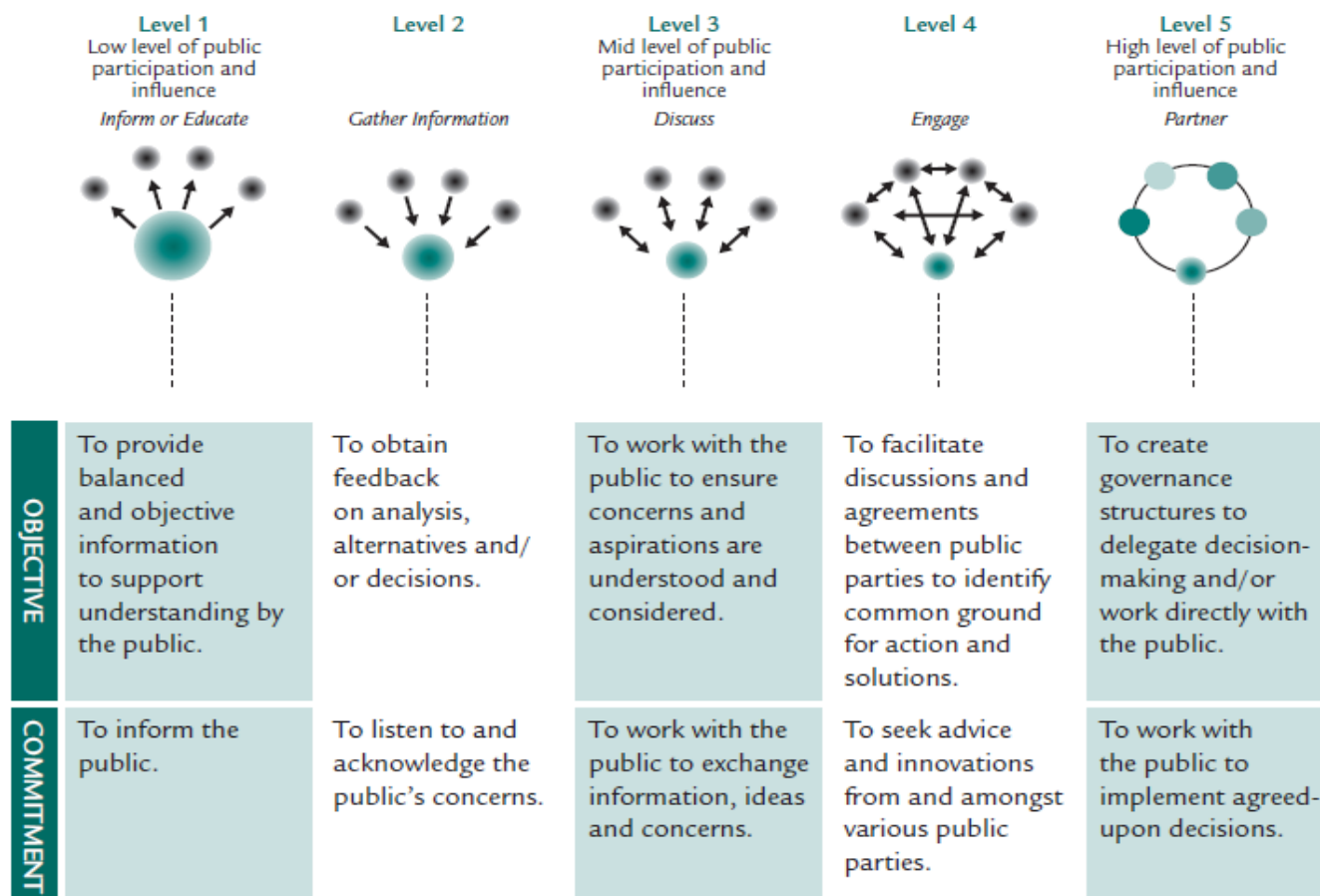
The model we have chosen to represent Population Health in New Brunswick has been adapted from various population health models such as the University of Wisconsin *Population Health Institute – Wisconsin County Health Rankings* and modified to fit our needs. We have also kept a Canadian perspective 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:



## Appendix 3

### Public Involvement Continuum



Source: Adapted from Health Canada. Policy Toolkit for Public Involvement in Decision Making (2000) and the Public Participation: Principles and Best Practices from British Columbia (2008).