

2016-2017 Annual Report

New Brunswick Health Council
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July 4, 2017

The Honourable Victor Boudreau
Minister of Health
Province of New Brunswick

Dear Minister:

It is my privilege to submit the annual report on behalf of the New Brunswick Health Council for our ninth fiscal year beginning April 1, 2016 and ending March 31, 2017.

Respectfully submitted,



Jean-Claude Pelletier
Chair

July 4, 2017

Mr. Jean-Claude Pelletier
Chair
New Brunswick Health Council
Moncton, New Brunswick

Dear Mr. Pelletier:

I am pleased to be able to present the annual report describing the operations of the New Brunswick Health Council for its ninth fiscal year, 2016-2017.

Respectfully submitted,



Stéphane Robichaud
Chief Executive Officer

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From the Chair and the Chief Executive Officer

In 2016-2017, it continued to be evident that New Brunswickers highly value their publicly funded health services, particularly to meet their needs or those of their loved ones. Citizens have contributed to health service quality improvement efforts by sharing their experiences through NBHC surveys and other citizen engagement opportunities. Citizen experiences help to shift the focus from diseases, facilities, programs and health professionals to citizen-centered services and quality care experiences.

The NBHC has developed a three-year survey cycle for its health services experience surveys. The first survey of the cycle targets citizens who had been hospitalized and benefited from acute care services in New Brunswick. Regional Health Authorities were engaged in the development of the initial survey. Since then, they have leveraged these survey results in communications within their respective organizations.

In 2016-2017, the NBHC released the results of its third acute care survey. This enables health service managers to compare the 2010, 2013 and 2016 survey results to identify priority areas and to provide a comparison with their own smaller surveys developed to monitor potential progress within each year. This enables RHAs to gauge the effectiveness of their efforts and compare their own results with the NBHC survey results every three years.

For the 2016 survey, there have been several interactions between the RHAs and the NBHC, both prior and following the public release. Increasingly, health services professionals, managers and front-line delivery, are leveraging experiences shared by citizens as part of information to guide their efforts in health service quality improvement. These RHA leaders deserve much credit for these efforts. Often, their

innovative efforts lack sustained support from senior management. This should be expected given the current prevailing management culture is dominated by the day-to-day operational realities that consume executives' time.

It has been approximately two decades since provinces have shifted from multiple individual hospital corporations to a smaller number of regional health authorities. The last decade has emphasized the belief that the key opportunity for improvement was to further reduce the number of regional health authorities. The rationale for the shift to regional health authorities was to support a population health focus, by developing an approach to health services beyond the walls of hospitals. There would be much benefit in discussing why this approach is so slow to materialize. What are RHAs missing? Is there something preventing them from fully assuming their responsibilities?

In line with its mandate, the NBHC measures health system performance from the perspective of citizens, concentrating on health service quality indicators pertaining to accessibility, appropriateness, effectiveness, efficiency, equity and safety. Since 2008 there has been much progress in organizing indicators for understanding population health trends and health service quality results. In comparison with previous discussions, it is clear that current health system discussions are benefitting greatly from improved decision support information.

Through either surveys or citizen engagement initiatives, the population of New Brunswick has responded generously to opportunities for sharing their perspectives. This represents a valuable contribution to improving health service quality. As

part of the provincial health system, the NBHC is concerned with how to improve our accountability to citizens so they may appreciate the impact of their contribution. All health system organizations have a role to play on this front. As for the NBHC, it continues its efforts in improving how information is prepared and communicated.

On behalf of Council members and staff, thank you to all stakeholders for their assistance throughout the

year. In particular, thank you to all citizens for sharing their perspective and contributing to having a citizen-centered health system.

Chair



Jean-Claude Pelletier

Chief Executive Officer





Stéphane Robichaud


Executive Summary

During the 2016-2017 fiscal year, the New Brunswick Health Council established three main goals by leveraging the four responsibilities of the NBHC (engage, evaluate, inform, recommend). **These provided clear outcomes aligned with our dual mandate** to report publicly on the performance of the provincial health system and to engage citizens in the improvement of health services quality. These goals are:



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


Informed, engaged and healthy New Brunswickers

Deliverable	Done	Comments
<p>Update community profiles indicators – On-going The collection and updating of the indicators for the 33 “My community at a glance” documents will begin in April of 2016. This work will continue throughout the 2016-2017 fiscal year. The 2017 version of these community profiles will be made publicly available in the spring of 2017.</p>		In progress.
<p>Youth Health Report: Five year in review – 3rd quarter The accumulation of youth health indicators provides an opportunity to conduct a multi-year evaluation on the state of youth health. The focus for this year’s evaluation efforts will be to have a five year review that will provide an appreciation of trends pertaining to youth health.</p>		The report titled <i>Children and Youth in NB: Looking back to Look Forward</i> was released on December 6.
<p>School wellness surveys Grades 6 to 12 survey report – 3rd quarter: The grade 6 to 12 survey was conducted during the 2015-2016 school year. Therefore, the focus will turn to the evaluation work on these results and the preparation of reports for schools, districts and the provincial level. Kindergarten to grade 5 survey – on-going: Students from kindergarten to grade 5 will be surveyed during the 2016-2017 school year. Efforts have been undertaken to ensure that all schools participate. Monitoring the participation levels and following-up with non-participants is part of managing the survey process.</p>		<p>School and district reports have been completed and distributed to all schools.</p> <p>The survey is ongoing, taking place from November to May.</p>
<p>Population Health Report: lessons learned from community needs assessments – 4th quarter Community needs assessments are the responsibility of the Regional Health Authorities (RHAs). Both RHAs have undertaken a</p>		The report will be finalized and released in the fall, after a final round of validation discussions with the senior management




<p>number of assessments in recent years aimed at identifying priority health trends, health service quality gaps and opportunities for resource maximization. The proposed topic for the next population health brief is to undertake an evaluation of the work associated with the completed community needs assessments.</p>		<p>teams of Vitalité, Horizon and the Department of Health.</p>
<p>Enhanced Communications – On-going Focused segmentation: Work was done on clarifying key audiences regarding the information produced by the NBHC. This work will be leveraged in order to better understand the needs of these audiences and how best to reach them. Enhanced scope of tools: Media, presentations and the NBHC web site have been the main approaches used to date. Armed with a new communications strategy, we will strengthen or implement other approaches, such as enhancing use of social media. Accountability framework: How do we know if we are doing a good job in engaging and informing the public? We have started to monitor indicators such as web visits and download. This year, we expect to have an accountability framework that will be reflective of the new communications strategy.</p>		<p>Each of this year’s reports were leveraged to improve the capture of key messages and to develop associated tools and strategies for reaching targeted audiences.</p> <p>Work has been initiated on improving the current website and numbers pertaining to the website and social media are reviewed on a regular basis.</p>

Improved health service quality

Deliverable	Done	Comments
<p>Acute Care Survey Report – 4th quarter When we will have received all survey results, the evaluation process will be initiated in the first quarter. There will be debriefing sessions with the RHAs regarding the new results and how best to support health service quality improvement. Results are expected to be publicly released in the fourth quarter.</p>		<p>The results were released publicly on February 21st. The survey results generated many media interviews. Topics like the privatization of food services were linked at times with the survey results, but this was never promoted from the NBHC perspective. Overall, each acute care survey is proving to strengthen the use of these indicators for health service quality improvement efforts in both RHAs.</p>
<p>Primary Health Services Survey – 4th quarter From the first quarter, primary health services stakeholders will be engaged in the preparations for this next provincial survey. Primary health services represent the most important sector for improving health service quality and for having an impact on the long term sustainability of the provincial health system. Properly engaging stakeholders can greatly influence the impact of the survey results on</p>		<p>The calls for the survey are currently underway. There are ongoing communications between the survey firm and the NBHC for monitoring how the survey process is progressing. When parts of the province are identified has potentially challenging for achieving the targeted response rate, communication</p>

<p>improving health service quality.</p>		<p>strategies are deployed for these communities to help with achieving the target response rate.</p>
<p>Health Service Quality Report: Impact of poor primary health services – 2nd quarter The aim of the report is to highlight opportunities for improved health services planning and management, by leveraging indicators from the six quality dimensions; accessibility, appropriateness, effectiveness, efficiency, equity and safety. The report will outline performance outcomes that could serve as priority areas for the health system.</p>		<p>The report titled <i>Chronic Conditions and Health Service Quality: Are we meeting the need?</i> was released in the week following the Council meeting and received some media coverage.</p> <p>The Health System Report Card indicators were made public on November 22nd and the content was covered by most media outlets.</p>

Sustainable, publicly funded, health services

Deliverable	Done	Comments
<p>Sustainability Report: Cost implications of not being citizen centered – 1st quarter By focusing on a specific group of health services clients, for example those suffering from chronic obstructive pulmonary disease, the sustainability brief will outline the potential financial impact of improved chronic conditions management. The report will put in context the population health, the opportunities for improvement from a health services quality perspective and the potential impact in reduced usage of health services.</p>		<p>The report titled <i>The Cost of Chronic Conditions to New Brunswick</i> was publicly released in July and was well received.</p>
<p>Enhance publicly available health system resource information – Ongoing Although there is a growing recognition of the health system sustainability challenge, there is still much opportunity in enhancing the collective understanding of this challenge. Whether in human resources, spending or infrastructure, enhanced accessibility to credible local information is proving to be very valuable in explaining the imperative need for change at the local level. Efforts at improving the availability of local resources information will continue throughout the year.</p>		<p>The ability to increase the amount of information publicly available is directly linked to the availability and validation of the information within the health system. We hope to be able to take advantage of the renewed efforts towards health system planning in order to increase publicly available info pertaining to spending and resource levels provincially and within the province.</p>
<p>2017 recommendations to the Minister of Health – 4th quarter It has been five years since the first recommendations to the Minister of Health have been made public. In the fourth quarter, there will be an update on these recommendations and new recommendations will be presented to the Minister of Health.</p>		<p>Discussions have led to the conclusion that recommendations to the Minister should occur on an annual basis. The 2017-2018 Business Plan includes a theme to be used as focus for the year.</p>

Activities of the NBHC

Informed, engaged and healthy New Brunswickers

The recent emphasis on the close links between citizen engagement and communications has allowed steady, incremental improvement of enhanced communications this year. This facilitated the inclusion of an engagement component in each of the NBHC's ongoing projects. The information in each of the year's reports was leveraged to improve the capture of key messages and the development of associated tools and strategies (infographics, social media, etc.) for reaching targeted audiences. In 2016-2017, several initiatives enabled the NBHC to enhance its communications and these efforts have greatly influenced the development of the 2017-2018 Business Plan.

In previous years, the primary channels used to engage citizens were via the media, in-person presentations using Powerpoint and the NBHC website. Leveraging the information in the NBHC's new multiyear Communications Strategy, work began on improvements to our website, media efforts generated more coverage and better use was made of social media. We have made regular efforts to monitor indicators such as web visits, numbers of social media shares and number of media outlets publishing NBHC content. Work is continuing on developing the best measures and metrics to evaluate the effectiveness of our engagement and communication activities. An accountability framework that will be reflective of the new communications strategy will be developed as we proceed with our new website. However, work on the

public reporting tool has identified a number of challenges related to how data is managed and organized within the NBHC; data management has been identified as a new priority for the NBHC and will be addressed over the next three years. Implementation of a public reporting tool will take place in parallel with our improvements to data management. The website work, which began in February 2017 is expected to complete its preliminary phase in the Fall of 2017.

The NBHC published a youth health report in December, which generated an unprecedented amount (50+ media outlets publishing articles or audio/video content) of national web media coverage. The accumulation of youth health indicators by the NBHC over time offered an opportunity to conduct a five year review of the state of youth health, which provided an appreciation of trends pertaining to youth health. The lack of sleep by youth and its consequences on their physical and mental health garnered the most attention (see Appendix E). Beyond this initial focus, additional interviews and articles used results from the report to raise the profile of issues pertaining to mental health, obesity, injuries and smoking. There is ongoing use of this information by a number of government and not-for-profit stakeholders.

The New Brunswick Student Wellness Survey was conducted with students in grades 6 to 12, during the 2015-2016 school year. Evaluation work on these results was completed in 2016-2017, as well as the preparation of reports for schools, districts and the provincial level. The response rate went up, with 93% of eligible schools have participated in 2015-2016, compared to 89% in 2012-2013. In total, 183 schools participated in 2015-2016, with over 38,000 students providing survey responses for the evaluation work in 2016-2017.

The survey was administered to students from Kindergarten to grade 5, during the 2016-2017 school year and so it is ongoing at the time of publication. Efforts have been undertaken to ensure that all schools participate, with all school invited to take part between November and May. Monitoring the participation levels and following-up with non-participants is part of managing the survey process.

The response rate for the 2014-2015 K-5 survey was 64%, and to date it has been exceeded with 92% of schools confirming they would participate in 2016-2017.

On the subject of population health, a new report has been researched in 2016-2017 regarding the Community Health Needs Assessments (CHNAs), which are the responsibility of the Regional Health Authorities (RHAs). As such, both RHAs have undertaken a number of assessments in recent years aimed at identifying priority health trends, health service quality gaps and opportunities for resource maximization. The report will be published in 2017-2018 following a final round of validation discussions with the senior management teams of the Regional Health Authorities and the Department of Health. The results of the report will be leveraged in order to improve how community needs assessments are conducted and used for planning in the future.

Finally, the collection and updating of the indicators for the 33 “My Community at a Glance” community profiles began in April of 2016 and continued throughout the fiscal year. The completed publication will be made public in the spring of 2017.

Improved health service quality

Since the inception of the NBHC in 2008, the absence of provincial standardized information regarding population health and health service quality has represented both a major challenge and strategic opportunity for the NBHC. The NBHC has produced several status reports on population health and health service quality that can support the identification of provincial health system goals, priorities and performance outcomes. With an increase in performance management practices by the health system stakeholders, there will be a greater opportunity to publicly report on health system performance.

The NBHC's methods for public reporting have included activities such as publishing reports, and tools, such as data files and infographics (see Appendix E). The Health System Report Card was released in November; it provides grades for the health system on the NBHC's six dimensions of health service quality as well as specific grades for primary, acute and specialty health services. In 2016-2017, for the first time, more detailed information on the data that is used to produce the report was made available in an Excel file on the NBHC website for stakeholders who often request this type of information. Moreover, the NBHC went beyond provincial results and also released overall grades for the province's seven health zones to permit performance comparisons between the zones. This information can help to identify variability in health service delivery across the province and provide the health system with valuable information to prioritize improvements activities.

The NBHC also reports on the performance of the system by conducting surveys about citizens' care experiences. The results of the latest Hospital Patient Care Experience survey were published in February. This report highlighted three main findings, namely: overall satisfaction has improved; cleanliness remains an area for improvement, and; more patients are receiving services in their preferred language. In 2016, 78.9% of New Brunswickers rated their hospital stay favourably, which is higher than previous survey

results in 2010 (75.9%) and 2013 (75.4%). The Hospital Patient Care Experience survey is carried out by the NBHC every three years with the aim of encouraging the use of its indicators for ongoing health service quality improvement efforts in both regional health authorities.

Another survey was initiated in February to evaluate the quality of primary health services provided to New Brunswickers. The last primary health services survey conducted by the NBHC in 2014 collected the experiences of over 13,000 New Brunswickers. This information provides New Brunswickers with an awareness of the use of their primary health services and supplies the system with information at the community level that can be used for strategic planning regarding the shift to improved primary health services. This data collection portion of the survey will continue until June 2017, supported by a province-wide awareness campaign using social media, radio and print ads. During the preparatory activities this year, the survey firm was able to identify parts of the province which might be potentially challenging for achieving the targeted response rate, so communication strategies will be deployed during the collection period to support achieving the target response rate in these communities. The results will be made available to the public on the NBHC website later in 2018.

Sustainable, publicly funded, health services

A growing recognition within the health system about the need for sustainability is providing many opportunities for the NBHC to enhance the collective understanding of sustainability and its related challenges. This need is being addressed by improving the quality and quantity of publicly available health system resource information and through some of the reports it publishes. Credible local information about human resources, spending or infrastructure is proving very valuable in explaining the need for change at the local level and throughout the health system.

NBHC is able to increase the amount of publicly available information in direct relation to the availability and validation of that information within the health system. A renewed emphasis on joint health system planning in 2016-2017 increased the system's emphasis on resource information, supporting the NBHC's efforts to share information pertaining to spending and resource levels provincially and within provincial health zones.

In June 2016, the NBHC published a brief that outlined how the sustainability of the provincial health system is impacted by chronic health conditions such as hypertension, gastric reflux or diabetes. Entitled *The Cost of Chronic Health Conditions to New Brunswick*, this brief illustrated current health system spending and resource reallocation in the province, and showed how the trend of increased chronic health conditions creates higher costs and more health system demand than cannot be effectively managed with current resources. The brief identified two priority areas for the health system, namely: reducing the incidence of new chronic health conditions in the population of New Brunswick through resource reallocation that improves illness prevention and health promotion, and; managing existing chronic health conditions by aligning health system resources to population needs with an emphasis on comprehensive primary health services and other community health services.

In conclusion, the NBHC's business plan for 2016-2017 mentioned a planned update regarding our next recommendation to the Minister of Health. It has been five years since the NBHC's first recommendations were presented. Discussions with staff and council members about recommendations progressed throughout 2016-2017, finally resulting in the conclusion that recommendations to the Minister should occur on an annual basis. Our next business plan for 2017-2018 acts on this insight and includes a theme to be used as a focus for recommendation in that year.

NBHC Recommendations to the Minister of Health 2011

Recommendation # 1: The Government of New Brunswick, through the Department of Health, take steps to develop, within the next twelve month period, a multi-year comprehensive and integrated health services plan for the province. The plan should outline the following: measurable desired health outcomes; measurable service targets (range and volume of services); standards for the level and quality of services; financial and human resources (inputs) required to achieve service targets and the geographical and linguistic allocation of services and resources.

Recommendation # 2: The Government of New Brunswick, through the Department of Health, review the organization and delivery of primary health care in the province with a view to maximizing the utilization of existing human and financial resources. This review should focus on ways to improve access to care and quality of care, as well as integration with other health services programs, namely hospital services.

Recommendation # 3: The Government of New Brunswick, through the Department of Health, ensure that a concerted strategy is developed to improve health promotion and disease prevention in the province. This strategy should consider the determinants of health, and focus first on four key areas: achieving healthy weights, lowering high blood pressure rates, improving mental health and preventing injuries. The strategy must identify the organization responsible for the coordination of the work with related stakeholders for an integrated execution of the initiatives undertaken.

Mandate

New Brunswickers have the 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 NBHC will foster this transparency, engagement and accountability by:

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

Council Members

The members are listed below and **Appendix A** outlines their responsibilities on the Executive Committee and in the four Working Groups.

Mr. Jean-Claude Pelletier Chair of the Council	Saint Léonard
Ms. Rita Labrie Vice-Chair	Caraquet
Mr. Shawn Jennings Secretary / Treasurer	Rothsay
Mr. Danny Jardine	Saint John
Ms. Eva Sock	Elsipogtog First Nation
Ms. Heather Jensen	New Denmark
Ms. Kim Nash-Mckinley	Richibucto Road
Ms. Meghan Richards	Fredericton
Mr. Michel Doiron	Campbellton
Ms. Nathalie Boivin	Bathurst
Ms. Paulette Richard	Dieppe
Ms. Peggy Doyle	Miramichi

Staff

Mr. Stéphane **Robichaud**

Chief Executive Officer

Mr. Benoit M. **Doucet**

Executive Director, Planning & Operations

Ms. Michelina **Mancuso**

Executive Director, Performance Measurement

Mr. Frank **Vandenburg**

Executive Director, Citizen Engagement

Ms. Christine **Paré**

Director of Communications

Mr. Michel **Arsenault**

Research Analyst, Performance Measurement

Ms. Rim **Fayad**

Research and Information Analyst

Ms. Karine **LeBlanc Gagnon**

Information Analyst, Health Status

Mr. Simon **Potvin**

Research Communication Specialist

Mr. Steve **Langen**

Information Analyst

Ms. Monica **Lavoie**

Research Coordinator (one year assignment)

Ms. Mariane **Cullen**

Executive Administrative Assistant

Ms. Monique **Landry Hadley**

Administrative Assistant

APPENDIX A: Executive Committee and Working Groups Structure

Executive Committee

- **Mr. Jean-Claude Pelletier, Chair**
- Ms. Rita **Labrie, Vice-Chair**
- Mr. Shawn **Jennings, Secretary-treasurer**
- Ms. Nathalie **Boivin, member**
- Mr. Danny **Jardine, member**
- Ms. Paulette **Richard, member**

Working Groups

Engage Working Group

- **Ms. Paulette Richard, Chair**
- Ms. Nathalie **Boivin, member**
- Ms. Rita **Labrie, member**
- Mr. Jean-Claude **Pelletier, member**

Inform Working Group

- **Ms. Peggy Doyle, Chair**
- Mr. Mike **Doiron, member**
- Ms. Heather **Jensen, member**
- Ms. Kim **Nash-McKinley, member**

Evaluate Working Group

- **Mr. Shawn Jennings, Chair**
- Mr. Danny **Jardine, member**
- Ms. Meghan **Richards, member**
- Ms. Eva **Sock, member**

Nomination Committee

- **Mr. Jean-Claude Pelletier, Chair**
- Mr. Danny **Jardine, member**
- Mr. Shawn **Jennings, member**
- Ms. Kim **Nash-McKinley, member**

APPENDIX B: 2016-2017 Business Plan



**New Brunswick
Health Council**

Engage. Evaluate. Inform. Recommend.

2016-2017 Business Plan

**Presented to the Minister of Health
March 23, 2016**

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 2016-2017

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.

Engaging citizens has evolved to include surveys, public involvement sessions and various forms of communication efforts, including public presentations and media interviews. Although the value of the information prepared by the NBHC is widely recognized, efforts are required to increase awareness regarding key messages and the availability of this information. Public involvement sessions represent valuable opportunities for not only gathering information, but also for informing citizens. There is great opportunity for enhancing the value of public involvement sessions with a minimal amount of coordination among health system organizations.

Efforts for publicly reporting on the performance of the provincial health system have evolved as well. "Performance management is a process that provides feedback, accountability, and documentation for performance outcomes. It helps employees to channel their talents toward organizational goals."¹ At the health system level, performance management is, at best, sporadically applied. Since 2008, this reality has represented the main challenge for effectively reporting on health system performance.

In 2008, the absence of provincial standardized information regarding population health and health service quality represented a major challenge and also a strategic opportunity for the NBHC. Since then, the NBHC has produced several status reports on population health and health service quality. These can support the identification of provincial health system goals, priorities and performance outcomes. With an increase in performance management practices at the health system level, there will be a greater ability to publicly report on health system performance.

The work of the NBHC should contribute to the achievement of three main goals;

- 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 performance reporting and public participation activities should contribute positively to these goals.

¹ <http://www.halogensoftware.com/blog/a-simple-definition-of-performance-managementand-why-everyone-plays-a-role>

By leveraging the four responsibilities of the NBHC (engage, evaluate, inform, recommend) the following sections are meant to cover the 2016-2017 proposed Business Plan deliverables. Time-line for deliverables are presented by Quarter; 1st Quarter (April-June), 2nd Quarter (July-September), 3rd Quarter (October-December), 4th Quarter (January-March).

A. Informed, Engaged and Healthy New Brunswickers

- **Update community profiles indicators – On-going**
 - The collection and updating of the indicators for the 33 “My community at a glance” documents will begin in April of 2016. This work will continue throughout the 2016-2017 fiscal year. The 2017 version of these community profiles will be made publicly available in the spring of 2017.

- **Youth Health Report: Five year in review – 3rd quarter**
 - The accumulation of youth health indicators provides an opportunity to conduct a multi-year evaluation on the state of youth health. The focus for this year’s evaluation efforts will be to have a five year review that will provide an appreciation of trends pertaining to youth health.

- **School wellness surveys**
 - Grades 6 to 12 survey report – 3rd quarter: The grade 6 to 12 survey was conducted during the 2015-2016 school year. Therefore, the focus will turn to the evaluation work on these results and the preparation of reports for schools, districts and the provincial level.

 - Kindergarten to grade 5 survey – on-going: Students from kindergarten to grade 5 will be surveyed during the 2016-2017 school year. Efforts have been undertaken to ensure that all schools participate. Monitoring the participation levels and following-up with non-participants is part of managing the survey process.

- **Population Health Report: lessons learned from community needs assessments – 4th quarter**
 - Community needs assessments are the responsibility of the Regional Health Authorities (RHAs). Both RHAs have undertaken a number of assessments in recent years aimed at identifying priority health trends, health service quality gaps and opportunities for resource maximization. The proposed topic for the next population health brief is to undertake an evaluation of the work associated with the completed community needs assessments.

- **Enhanced Communications – On-going**

- Focused segmentation: Work was done on clarifying key audiences regarding the information produced by the NBHC. This work will be leveraged in order to better understand the needs of these audiences and how best to reach them.
- Enhanced scope of tools: Media, presentations and the NBHC web site have been the main approaches used to date. Armed with a new communications strategy, we will strengthen or implement other approaches, such as enhancing use of social media.
- Accountability framework: How do we know if we are doing a good job in engaging and informing the public? We have started to monitor indicators such as web visits and download. This year, we expect to have an accountability framework that will be reflective of the new communications strategy.

B. Improved Health Service Quality

- **Acute Care Survey Report – 4th quarter**

- When we will have received all survey results, the evaluation process will be initiated in the first quarter. There will be debriefing sessions with the RHAs regarding the new results and how best to support health service quality improvement. Results are expected to be publicly released in the fourth quarter.

- **Primary Health Services Survey – 4th quarter**

- From the first quarter, primary health services stakeholders will be engaged in the preparations for this next provincial survey. Primary health services represent the most important sector for improving health service quality and for having an impact on the long term sustainability of the provincial health system. Properly engaging stakeholders can greatly influence the impact of the survey results on improving health service quality.

- **Health Service Quality Report: Impact of poor primary health services – 2nd quarter**

- The aim of the report is to highlight opportunities for improved health services planning and management, by leveraging indicators from the six quality dimensions; accessibility, appropriateness, effectiveness, efficiency, equity and safety. The report will outline performance outcomes that could serve as priority areas for the health system.

C. Sustainable, publicly funded, health services

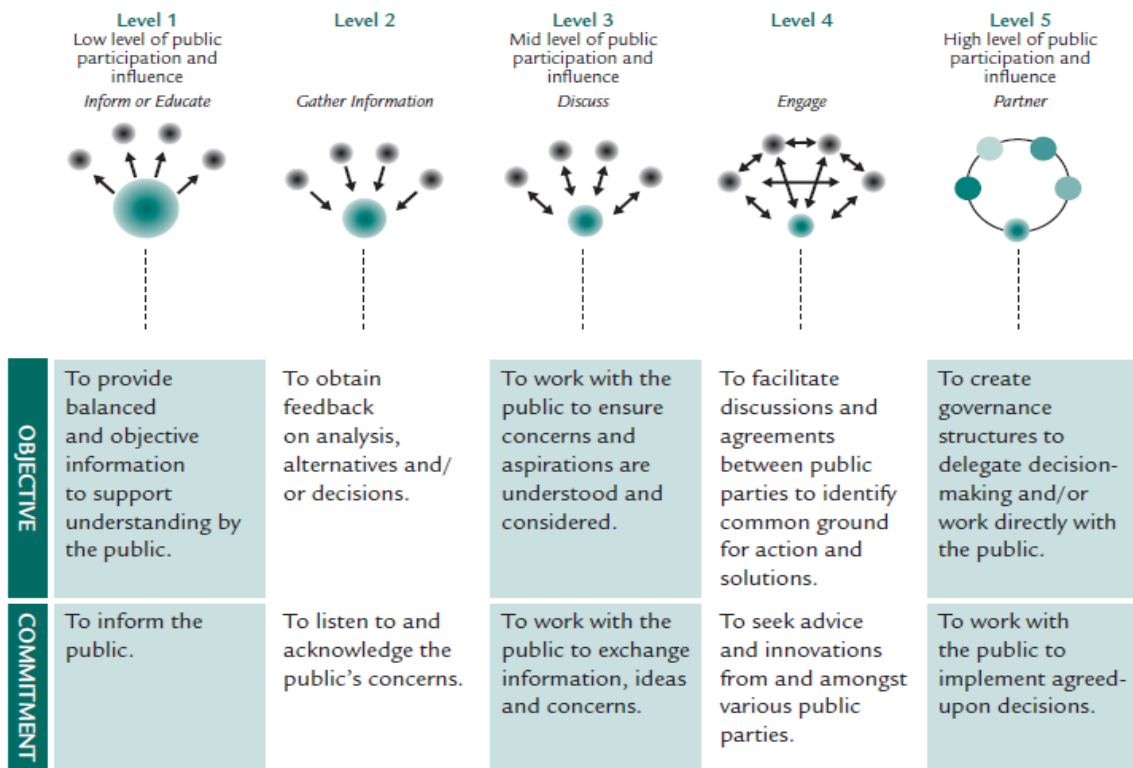
- **Sustainability Report: Cost implications of not being citizen centered – 1st quarter**
 - By focusing on a specific group of health services clients, for example those suffering from chronic obstructive pulmonary disease, the sustainability brief will outline the potential financial impact of improved chronic conditions management. The report will put in context the population health, the opportunities for improvement from a health services quality perspective and the potential impact in reduced usage of health services.

- **Enhance publicly available health system resource information – On-going**
 - Although there is a growing recognition of the health system sustainability challenge, there is still much opportunity in enhancing the collective understanding of this challenge. Whether in human resources, spending or infrastructure, enhanced accessibility to credible local information is proving to be very valuable in explaining the imperative need for change at the local level. Efforts at improving the availability of local resources information will continue throughout the year.

- **2017 recommendations to the Minister of Health – 4th quarter**
 - It has been five years since the first recommendations to the Minister of Health have been made public. In the fourth quarter, there will be an update on these recommendations and new recommendations will be presented to the Minister of Health.

Appendix 1

Public Involvement Continuum



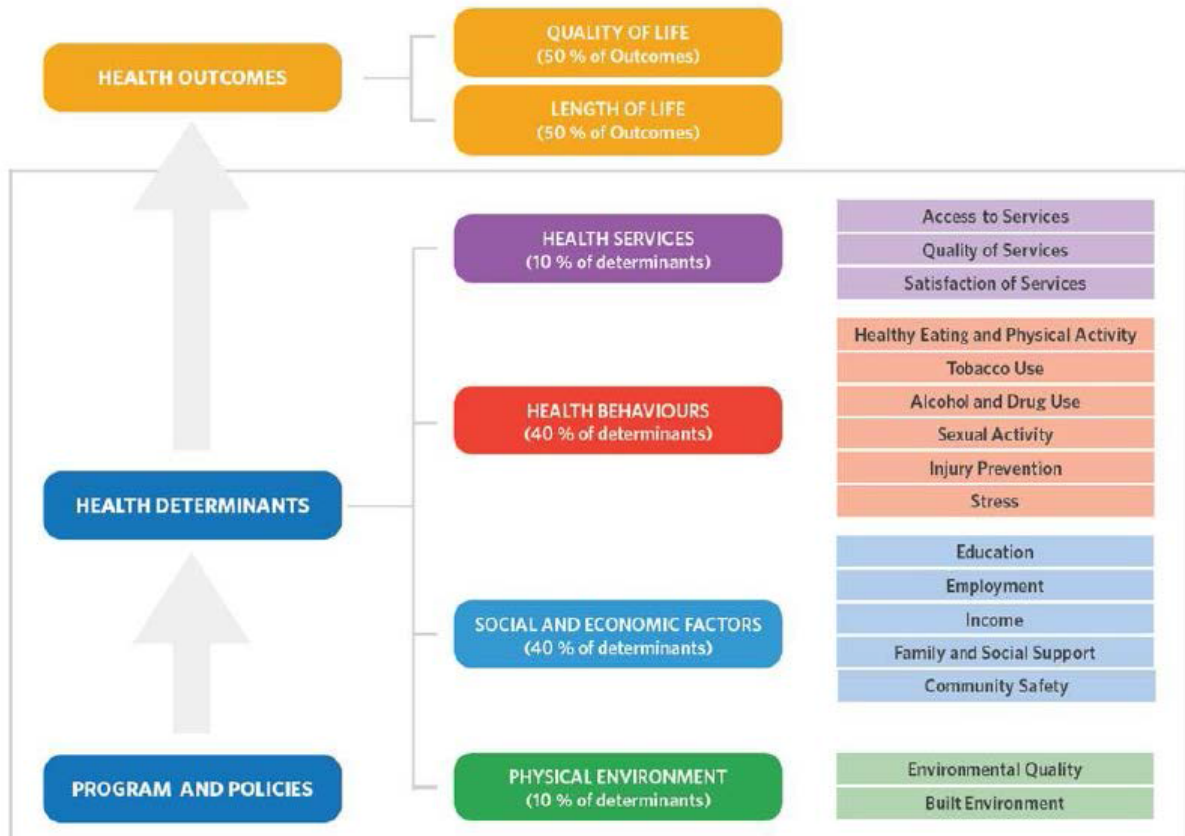
Source: Adapted from Health Canada. Policy Toolkit for Public Involvement in Decision Making (2000) and the Public Participation: Principles and Best Practices from British Columbia (2008).

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:



APPENDIX C: 2016-2017 Annual Financial Report

NEW BRUNSWICK HEALTH COUNCIL

Financial Statements

March 31, 2017



L. BOURQUE & ASSOCIATES P. C. INC.
CHARTERED PROFESSIONAL ACCOUNTANTS | COMPTABLES PROFESSIONNELS AGRÉÉS

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L. BOURQUE & ASSOCIATES P. C. INC.

CHARTERED PROFESSIONAL ACCOUNTANTS | COMPTABLES PROFESSIONNELS AGRÉÉS

INDEPENDENT AUDITORS' REPORT

To the Directors of the New Brunswick Health Council,

We have audited the accompanying financial statements of the New Brunswick Health Council, which comprise the balance sheet as at March 31, 2017, and the statement of operations for the year then ended and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the Canadian Public Sector Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatements, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the New Brunswick Health Council as at March 31, 2017, and the results of its operations for the year then ended in accordance with the Canadian Public Sector Accounting Standards.

Other Matters

The budget figures are provided for comparative purposes and have not been subject to audit or review procedures. Accordingly, we do not express any opinion regarding budget figures.

L. Bourque & Associates P.C. Inc.

Chartered Professional Accountants

June 15, 2017

Dieppe, NB

NEW BRUNSWICK HEALTH COUNCIL

Statement of Operations

Year ended March 31,

	2017 Budget (Unaudited)	2017 Actual	2016 Actual
Revenues			
Grants - New Brunswick Department of Health	\$ 1,712,297	\$ 1,841,179	\$ 1,347,574
Other revenues (Appendix A)	153,000	132,711	138,302
	<u>1,865,297</u>	<u>1,973,890</u>	<u>1,485,876</u>
Expenses			
Salaries and fringe benefits	1,128,232	1,145,060	918,501
Board of directors expenses	137,486	115,588	136,524
Administrative expenses	25,280	20,803	20,719
Operating expenses	574,299	689,333	408,633
Equipment and furniture purchases	-	3,106	1,499
	<u>1,865,297</u>	<u>1,973,890</u>	<u>1,485,876</u>
Excess of revenues over expenses	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

NEW BRUNSWICK HEALTH COUNCIL

Balance Sheet
March 31,

2017

2016

ASSETS

Current

Cash

\$ 400 \$ 400

Accounts receivable (note 3)

299,319 198,129

\$ 299,719 \$ 198,529

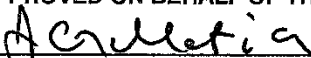
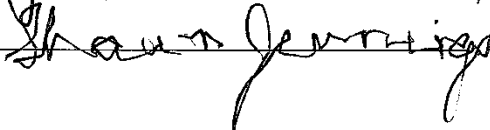
LIABILITIES

Current

Accounts payable and accrued liabilities

\$ 299,719 \$ 198,529

APPROVED ON BEHALF OF THE BOARD

 _____, Director
 _____, Director

NEW BRUNSWICK HEALTH COUNCIL

Notes to the financial statements
March 31, 2017

1. Incorporation and nature of activities

The New Brunswick Health Council (the Council) was established on September 1, 2008 under the *New Brunswick Health Council Act* and is considered a government organization. Its goals are to promote and improve the performance of the health system in New Brunswick.

2. Significant accounting policies

The financial statements are prepared by management in accordance with the Canadian Public Sector Accounting Standards for government organizations of the CPA Canada Handbook and include the following significant accounting policies:

Use of estimates

The presentation of financial statements requires management to make some estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Revenue recognition

Revenues are recorded on the accrual basis of accounting as the funded expenditures are incurred. Any amount received in excess of recorded expenditures is accounted for as deferred revenue.

Capital assets

Capital assets purchased with government funding and under a \$100,000 threshold are fully amortized in the year of acquisition in accordance with government guidelines. Capital assets over the \$100,000 threshold are capitalized and amortized based on the estimated useful life.

3. Accounts receivable

	2017	2016
Grant receivable - New Brunswick Department of Health	\$ 299,319	\$ 198,129

4. Defined benefit pension plan

The Council, through a multi-employer plan sponsored by the Province of New Brunswick, offers a defined benefit pension plan to its employees. The pension expense for the year is \$115,052 (\$87,114 in 2016).

The New Brunswick Investment Management Corporation is the investment manager for the pension assets of members of the Public Service.

NEW BRUNSWICK HEALTH COUNCIL

Notes to the financial statements

March 31, 2017

5. Cash flows

No statement of cash flows was prepared since the information on cash flows is available from other financial statements and related notes.

6. Contingency

The Council does not have any insurance coverage. Her Majesty the Queen in right of the Province has assumed responsibility for interests and risks of the Council in lieu of such insurance as permitted in the *New Brunswick Health Council Act*.

7. Economic dependence

The Council is financed almost solely by the New Brunswick Department of Health.

NEW BRUNSWICK HEALTH COUNCIL

Additional Information
Year ended March 31,

2017

2016

Appendix A - Other revenues

Department of Social Development

\$ 132,711 \$ 138,302

APPENDIX D: Annual Report Pursuant to the *Public Interest Disclosure Act*

It is my pleasure to present the Annual Report pursuant to the Public Interest Disclosure Act with regards to the activities of the New Brunswick Health Council during its ninth fiscal year, 2016-2017.

Section 3 of the Act applies to the following wrongdoings in or relating to the public service:

- (a) an act or omission constituting an offence under an Act of the Legislature or the Parliament of Canada, or a regulation made under an Act
- (b) an act or omission that creates a substantial and specific danger to the life, health or safety of persons, or to the environment, other than a danger that is inherent in the performance of the duties or functions of an employee
- (c) gross mismanagement, including of public funds or a public asset
- (d) knowingly directing or counselling a person to commit a wrongdoing described in paragraphs (a) to (c)

In accordance with Section 18, Report about Disclosures, Public Interest Disclosure Act, I confirm that the New Brunswick Health Council did not receive any disclosures regarding any wrongdoings. Hence no investigations were required.

Respectfully submitted,



Stéphane Robichaud
Chief Executive Officer

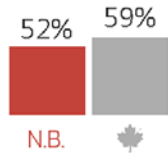
APPENDIX E: Infographics

NBHC REPORT
APRIL 2016

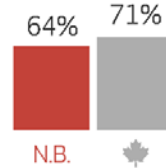
Recognizing and Focusing on Population Health Priorities

In 2016, the NBHC's work shows that **New Brunswickers are among the unhealthiest** in the country

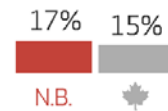
Citizens who perceive their **general health** as excellent or very good



Citizens who perceive their **mental health** as excellent or very good

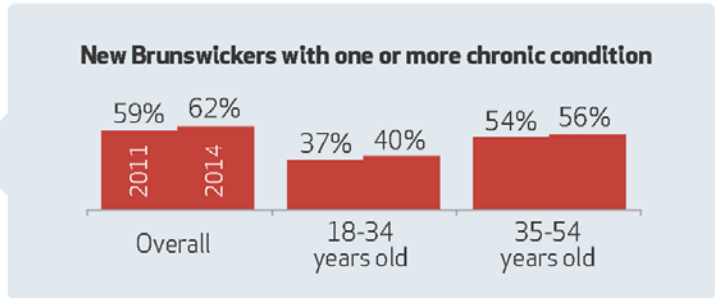


Citizens whose **daily activities are limited** by pain or soreness



Contributing factors

- ▶ Citizens engage in **unhealthy behaviours**
- ▶ More and more citizens develop **chronic health conditions at a younger age**
- ▶ The health system is **not responding sufficiently to population health needs**



Why should we be concerned?



As individuals, continuing on this same course means that many of us will have a **shorter life**, or that we will age with a **poorer quality of life**.



As a province, continuing on this same course means that **other services will be impacted** and that we will need **expensive health services**, including **long-term care**.

The **5 priorities** identified by the NBHC for improving population health are:

ACHIEVING HEALTHY WEIGHTS

LOWERING HIGH BLOOD PRESSURE RATES

IMPROVING MENTAL HEALTH

PREVENTING INJURIES

ACHIEVING TOBACCO-FREE LIVING

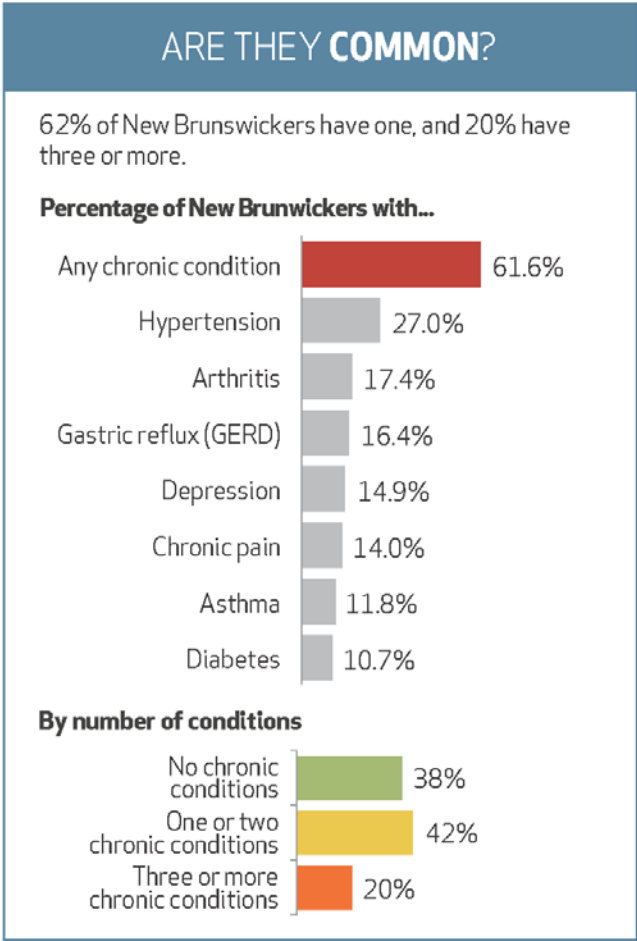
What can be done to help New Brunswickers become healthier?

By improving our **collective efforts around these priorities**, we can have significant influence on length and quality of life.

- Citizens can adopt more **healthy behaviours**
- Health services can better embed **illness prevention** and **health promotion**
- The health system can **plan** in a more proactive and **integrated** way

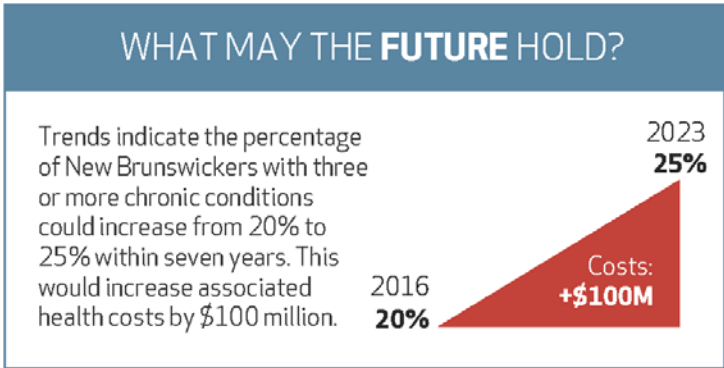
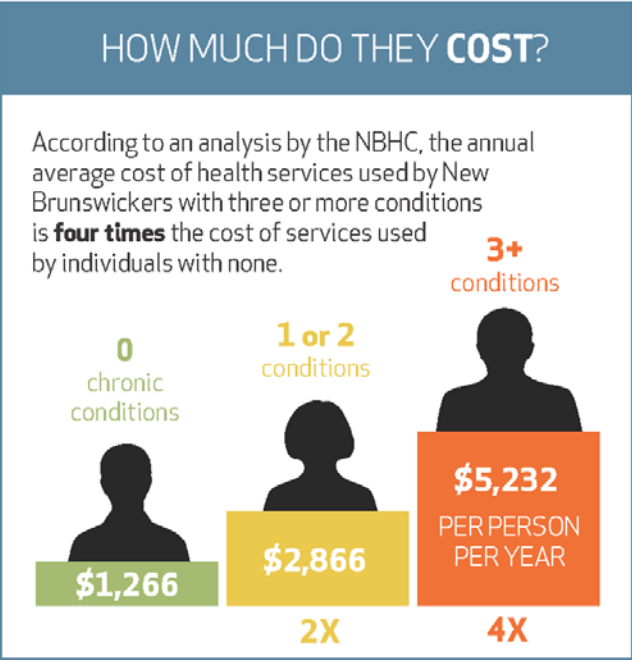
THE COST OF CHRONIC HEALTH CONDITIONS TO NEW BRUNSWICK

What are they?
 Chronic health conditions are prolonged conditions (typically 12 months or more) that generally cannot be prevented by vaccines or cured completely, and result in some limitations.



WHAT IS THEIR IMPACT?

Management of chronic health conditions can take several hours per day and may limit day-to-day activities.



TOWARD A DIFFERENT FUTURE

We can work toward a different future by:

- Reducing the incidence of new conditions in New Brunswick, by improving illness prevention and health promotion
- Managing existing conditions, by aligning health services to needs with an emphasis on comprehensive primary health services

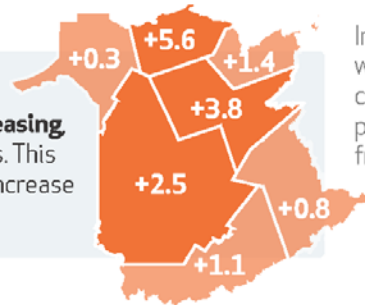
Chronic conditions and health service quality: Are we meeting the need?

October 2016

To help deal with the challenge of the rise in chronic conditions in New Brunswick, the NBHC identified two priority areas for the health system. How is the health system doing in these areas?

PRIORITY AREA 1 PREVENTION of new chronic conditions

In New Brunswick, the number of chronic conditions **keep increasing** even among younger age groups. This shows **further opportunity** to increase effectiveness of prevention.



PRIORITY AREA 2 MANAGEMENT of existing conditions



In New Brunswick, patients with 3 or more chronic conditions experience:

Elements that support optimal quality of care when treating those with three or more conditions



Timely access



Integrated and coordinated care



Supported self-management



Appropriate intensity and follow-up



Communication and support for patients

- access to primary care providers that isn't always managed according to need
- coordination of care that isn't always based on need
- less decision involvement and knowledge of medications as chronic conditions increase
- screening and follow-up that isn't always managed according to need
- more mental health support, but there is still unmet need

▶▶ NEXT STEPS

1

Implement interventions that impact early in life, target high risk populations and invest in cost-effective prevention

2

Design primary health services based on the elements of optimal quality of care and on the needs of the population served

3

Measure progress on chronic conditions and support citizens in receiving the right service in the right setting

When I don't sleep enough...



Poor mental health

I am more likely to feel **anxious** or **depressed**, to have **mood disorders**, and to recall **gloomy memories** rather than pleasant ones.

Unhealthy weights

My body experiences hormonal changes, which can contribute to **weight gain, diabetes** and **hypertension**.

Injuries

I become **less attentive and alert**, and I can be more **impulsive**. This increases my risk of **accidents** and being **injured**.

Tobacco use

I have more difficulty managing **stress**, which means I'm more likely to use **tobacco or other substances**.



In New Brunswick, **more than 6 in 10 youth** sleep less than 8 hours per night.

Recommended sleep:

Ages 5 to 13
Ages 14 to 17

9 to 11 hours
8 to 10 hours

See ParticipACTION's healthy sleep infographic at <http://bit.ly/2el2nxm>

HOSPITAL EXPERIENCE

in NEW BRUNSWICK in 2016

2016 edition of the New Brunswick Health Council's Hospital Patient Care Experience Survey

LANGUAGE OF SERVICE

Patients who **always** received services in preferred language

When English is preferred	94%
When French is preferred	84%



ADMISSION

1 in 2 Only 1 in 2 patients said they were **completely informed** about the admission process.

Communication

Communication with nurses is very closely related to patients' rating of their hospital stay.



Communication with nurses (treating patients with courtesy and respect, listening to them and explaining things) scored **72.5%** (higher than previous surveys).

STAY



Room and bathroom cleanliness

52% Only **52%** of New Brunswick patients said that their hospital room and bathroom were **always kept clean**.

Responsiveness

61% of patients said they **always got help as soon as needed** after pressing the call button.

OVERALL EXPERIENCE

- **79%** of patients **favourably rated** their hospital stay (higher than previous surveys).
- **86%** of patients **felt helped** by their hospital stay.
- **5%** of patients said they were **harmed** due to an error.



DISCHARGE

62% The percentage of patients who were **completely informed** about what to do if they had concerns after being discharged.

Keeping patients informed is key in helping them recover and in reducing readmissions.