

# Health

Annual Report  
**2015–2016**

**Health**  
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Province of New Brunswick  
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## **Transmittal letters**

### **From the Minister to the Lieutenant-Governor**

The Honourable Jocelyne Roy Vienneau  
Lieutenant-Governor of New Brunswick

May it please Your Honour:

It is my privilege to submit the Annual Report of the Department of Health, Province of New Brunswick, for the fiscal year April 1, 2015, to March 31, 2016.

Respectfully submitted,



Honourable Victor Boudreau  
Minister

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### **From the Deputy Minister to the Minister**

Honourable Victor Boudreau  
Minister of Health

Sir:

I am pleased to be able to present the Annual Report describing operations of the Department of Health for the fiscal year April 1, 2015, to March 31, 2016.

Respectfully submitted,



Tom Maston  
Deputy Minister

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# Minister's message

Our government is continuing its work to create jobs, improve our province's fiscal situation and make life better for New Brunswick families. This effort encompasses all departments, including the Department of Health.

During 2015-2016, the department made progress on improving access to community-based health care, as evidenced by reductions in hospitalizations for ambulatory care sensitive conditions and the number of less urgent visits to hospitals. Important amendments were made to legislation that will reduce the public's exposure to smoking and make it less attractive to youth, and investments were made to keep our hospitals viable and efficient. New Brunswick's health-care system is extremely important to the people it serves and the Department of Health is focused on making it more efficient and effective in the face of the significant fiscal and demographic challenges our province is facing. Responding to this need will require innovation, a commitment to excellence, and evidence-based decision-making. During 2015-2016, the department took significant steps in this regard, and we will continue to work with our health-system partners to achieve success in the coming year.



Honourable Victor Boudreau  
Minister of Health

# Deputy Minister's message

The Department of Health's mandate is to plan, fund and monitor the delivery of health-care services in New Brunswick. This year's annual report summarizes our department's activities under our mandate in the 2015-2016 fiscal year, evaluates our performance, and highlights the successes we have achieved in our effort to ensure New Brunswickers have a safe and sustainable health-care system that provides quality health-care services to all the residents of this province.

During the fiscal year in question the department continued to work with our partners in health care and other departments to find innovative solutions to the economic and demographic challenges the system is facing while providing effective, affordable community-based care that keeps New Brunswick families healthy.

We will continue to work with our stakeholders to support a healthier population and the provision of efficient and effective health-care services.



Tom Maston  
Deputy Minister

# Strategic priorities

## Strategy management

The **Government of New Brunswick (GNB)** uses a formal management system built on leading business practices to develop, communicate and review strategy. This process provides the public service with a proven methodology to execute strategy and continuously drive improvement.

The development of the strategy, using the formal management system, starts with a strategic vision of *Moving New Brunswick Forward*. This vision is anchored in four strategic themes which include:

1. **More jobs** – Creating the best environment for jobs to be generated by New Brunswickers, by businesses, by their ideas, by their entrepreneurial spirit, and by their hard work. This includes providing seamless support to businesses, leveraging new technologies and innovation by supporting research and development, and developing a skilled workforce by improving literacy and education.
2. **Fiscal responsibility** – Getting New Brunswick’s fiscal house in order through a balanced approach to decrease costs and increase revenues.
3. **Best place to raise a family** – Designing social programs to make life more affordable and make New Brunswick the best place to raise family.
4. **Smarter government** – Providing taxpayers with better value for their money by transforming the culture of government by eliminating waste and duplication, adopting new innovations in technology to improve services and savings and improving accountability measures.

# Highlights

During the 2015-2016 fiscal year the Department of Health focused on the following strategic priorities:

A new rehabilitation and re-ablement pilot project was launched with the Department of Social Development to help seniors leave the hospital sooner, or avoid hospitalization altogether.

\*

An Alternative Level of Care (ALC) action plan was developed and an ALC Collaborative Working Group was established with representation from the regional health authorities (RHAs) and the Department of Social Development.

\*

Amendments to the *Smoke-free Places Act* were introduced to ban smoking in outdoor public places frequented by children.

\*

Amendments to the *Tobacco Sales Act* were introduced to ban the sale of flavoured tobacco, including menthol, and prohibit the sale of e-cigarettes and their juices to persons younger than 19 years of age.

\*

A front-line medical advisory committee was created to provide advice and perspective on a variety of health-care topics.

\*

A task force was established to develop a community support order model that will help support those most affected from serious mental illness.

\*

The new Breast Health Centre officially opened at the Dr. Georges-L.-Dumont University Hospital Centre to offer collaborative and better co-ordinated care to patients.

\*

Four nurse practitioner positions were added in Fredericton and Saint John to help reduce the number of New Brunswickers without a primary health-care provider.

\*

A new addictions services facility was officially opened in Edmundston.

\*

The provincial government invested \$1.3 million in capital improvements at the Miramichi Regional Hospital and about \$530,000 in a capital improvement project at the Saint John Regional Hospital.

\*

A new co-ordinated physician recruitment approach was established.

\*

Up to \$10 million was invested in the construction of a five-storey addition at the Chaleur Regional Hospital.

\*

A report identifying health inequities in New Brunswick was released by the Office of the Chief Medical Officer of Health.

\*

The New Brunswick Cancer Network partnered with Horizon Health Network to implement sustainable smoking cessation practices as a standard of care for cancer patients.

# Performance measures

Fiscal responsibility	Measures
Achieve a sustainable budget.	Ratio of actual to budgeted expenditures Cost of department/capital
Best place to raise a family	Measures
Improve health care.	Ambulatory Care Sensitive Conditions (ACSC) hospitalization rate Percentage of less urgent emergency department visits (triage level 4 and 5) Percentage of Alternate Level of Care (ALC) days Percentage of residents on the Patient Connect NB waiting list for more than 12 months
Smarter Government	Measures
Enhance employee involvement, commitment and productivity.	Total number of sick leave days Percentage of performance reviews (fully) completed – Part 1
Eliminate waste and duplication.	Positions reduced and savings achieved – Part 1

## Fiscal responsibility

### Objective of the measure

**Achieve a sustainable budget.**

### Measure

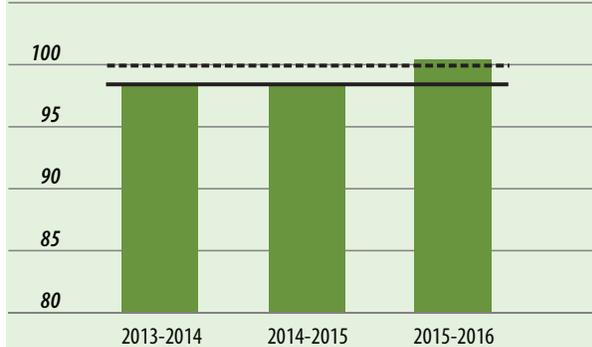
**Ratio of actual to budgeted expenditures.**

### Description of measure

The ratio measures whether the department is over or under budget. The ratio will exceed 100 per cent when spending is over-budget and be less than 100 per cent when spending is under-budget.

#### Ratio of actual to budgeted expenditures

105



### Overall performance

The department was slightly higher than the target.

— Baseline: 98.5%  
- - - Target: 100%  
Actual: 100.4%

### Why do we measure this?

This indicator measures the department's ability to manage its overall expenses as compared to budget. The department must ensure that expenses are managed in accordance with the budget and be prepared to take corrective action if expenses are projected to be over-budget during the year.

### What initiatives or projects were undertaken in the reporting year to achieve the outcome?

The department undertook significant effort with health-care partners to maintain the costs of health care without compromising patient care. The department incurred increased costs due to volume and inflation in the drug programs and renewed remuneration contracts with physicians and bargaining groups. The department continued to explore and implement opportunities for process improvement, standardization and increased efficiency with the regional health authorities (RHAs).

## Fiscal responsibility

### Objective of the measure

**Achieve a sustainable budget.**

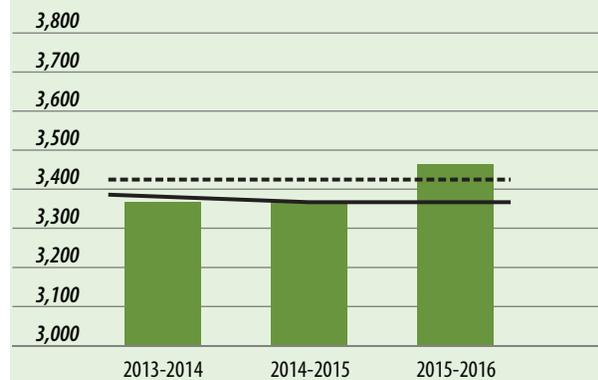
### Measure

**Cost of department/capita.**

### Description of measure

This measure expresses the cost of New Brunswick's largest department per New Brunswicker.

*Cost of department/capita.*



### Overall performance

The cost per capita was expected to show modest growth, putting upward pressure on GNB resources. Due to increased costs associated with wage contracts, increased volume in the drug programs, and out-of-province hospital payments, the cost per capita increased above the targeted amount.

— Baseline: \$3,367  
- - - Target: \$3,424  
Actual: \$3,463

### Why do we measure this?

The department is working to minimize the growth of the cost of health care to make the system more effective and efficient. This indicator measures the department's progress.

### What initiatives or projects were undertaken in the reporting year to achieve the outcome?

The department undertook significant effort with health-care partners to maintain the costs of healthcare without compromising patient care. The department incurred increased costs due to volume and inflation in the drug programs and renewed remuneration contracts with physicians and bargaining groups. The department continued to explore and implement opportunities for process improvement, standardization and increased efficiency with the RHAs.

## Best place to raise a family

### Objective of the measure

*Improve health care.*

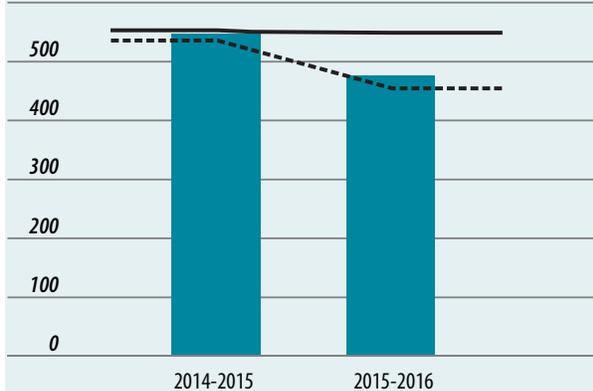
### Measure

*Ambulatory Care Sensitive Conditions (ACSC) hospitalization rate (crude rate).*

### Description of measure

The measure tracks acute care hospitalizations (crude rate) for conditions where appropriate ambulatory care would prevent or reduce the need for admission to hospital. The measure tracks the number of hospitalizations per 100,000 population for individuals younger than age 75.

*Ambulatory Care Sensitive Conditions hospitalization rate (crude rate)*  
600



### Overall performance

The performance on this measure showed improvement compared with the prior fiscal year.

————— Baseline: 548/100,000  
- - - - - Target: 454/100,000  
Actual: 477/100,000

### Why do we measure this?

Reductions in ACSC admissions will indicate the effectiveness of community-focused interventions, and assist in ensuring that hospital resources are utilised for less preventable, acute conditions.

### What initiatives or projects were undertaken in the reporting year to achieve the outcome?

Initiatives included a series of primary health care focused actions such as the implementation of activities associated with Year 5 of the diabetes strategy, the development of a draft framework for the improved prevention and management of Chronic Obstructive Pulmonary Disease (COPD) and the expansion of the Extra-Mural Tele-homecare Monitoring Program.

## Best place to raise a family

### Objective of the measure

*Improve health care.*

### Measure

*Percentage of less urgent emergency room (ER) visits (triage levels 4 and 5)*

### Description of measure

This indicator is being measured to track the percentage of less urgent visits in hospitals; i.e., level 4 (less urgent) and level 5 (non-urgent). This information is helpful to contribute to understanding the utilization of the ER as well as primary health-care options. This measure should help determine if efforts to increase access to more appropriate and cost-effective primary care options outside of a hospital setting are successful.

*Percentage of less urgent emergency room visits (Triage 4 and 5)*  
70



### Overall performance

This measure showed strong performance.

— Baseline: 61.3%  
- - - Target: 60.3%  
Actual: 60.2%

### Why do we measure this?

This information is helpful to contribute to understanding the use of the ER as well as primary health-care options. This measure should help determine if the department's efforts to increase access to more appropriate and cost effective primary care options outside of a hospital setting are successful.

### What initiatives or projects were undertaken in the reporting year to achieve the outcome?

The introduction of integrated after hours support by Telecare-811 to more than 50 primary care providers offices in the province to enable improved access to same day/next day appointments for appropriate health problems and to reduce ER visits.

## Best place to raise a family

### Objective of the measure

*Improve health care.*

### Measure

*Percentage of Alternative Level of Care (ALC) days.*

### Description of measure

The percentage of acute care hospital days used by patients who no longer require acute care but are waiting to be discharged to a setting more appropriate to their needs. The vast majority of ALC days are associated with elderly patients.

*Percentage of Alternative Level of Care (ALC) days*



### Overall performance

This measure showed weak performance. Status quo was not able to be maintained due to lack of alternate care capacity outside the hospital. Joint initiatives between the departments of Health and Social Development are underway to mitigate.

— Baseline: 24.4%  
- - - Target: 24.4%  
Actual: 26.1%

### Why do we measure this?

New Brunswick has the highest ALC days in the country. This reflects poor use of hospital beds which have significant negative impacts to both the patient and the hospital system. This includes a deterioration of health status for patients with longer length of stay, reduced availability of acute care beds resulting in overcrowding of emergency rooms and longer surgical wait times.

### What initiatives or projects were undertaken in the reporting year to achieve the outcome?

An ALC summit with more than 100 stakeholders was held in October 2015. The outcome informed the development of an ALC action plan, and six priority initiatives were identified for completion during the next 12 to 24 months.

## Best place to raise a family

### Objective of the measure

*Improve health care.*

### Measure

*Percentage of New Brunswickers on the Patient Connect NB waiting list for more than 12 months.*

### Description of measure

Patient Connect NB is a provincially managed, bilingual patient registry for New Brunswickers searching for a family physician. The objective is to work with the RHAs and provider offices to match patients to primary care providers.

*Percentage of New Brunswickers on Patient Connect NB waiting list for more than 12 months*



### Overall performance

This measure showed a very strong performance.

— Baseline: 54.0%  
- - - Target: 51.5%  
Actual: 40.0%

### Why do we measure this?

GNB is strongly committed to ensuring access to a family physician.

### What initiatives or projects were undertaken in the reporting year to achieve the outcome?

A data quality improvement project was undertaken in 2015-2016 to clean up the list and verify those that had found a physician or were still waiting.

## Smarter government

### Objective of the measure

**Enhance employee involvement, commitment and productivity.**

### Measure

**Total number of sick leave days.**

### Description of measure

This measure shows the total number of sick leave days taken by Part 1 employees in the Department of Health.

Total number of sick leave days - Part 1



### Overall performance

Sick leave was effectively maintained at previous year level. The department continued to strongly outperform the targets established by GNB.

— Baseline: 2,790  
- - - Target: 3,366  
Actual: 2,800

### Why do we measure this?

Lower absenteeism, and in particular sick leave usage, will result in significant savings for government and will help reduce costs associated with lost productivity as well as staff replacement costs.

### What initiatives or projects were undertaken in the reporting year to achieve the outcome?

The department continued to use GNB's recently introduced Attendance Management program and tracked performance via quarterly reporting.

## Smarter government

### Objective of the measure

**Enhance employee involvement, commitment and productivity.**

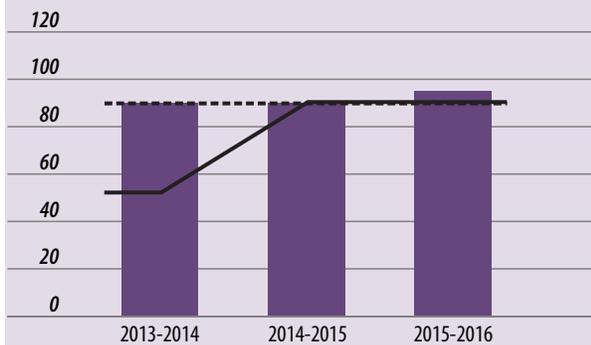
### Measure

**Percentage of performance reviews fully completed.**

### Description of measure

This measure tracks the number of performance reviews completed, divided by the total number of reviews planned.

*Percentage of employee performance reviews fully completed - Part 1*



### Overall performance

The department's continued emphasis on ensuring managers completed employee performance reviews confirmed the prior year's remarkable gains, with a performance of 95 per cent.

— Baseline: 90%  
- - - Target: 90%  
Actual: 95%

### Why do we measure this?

Each year all employees must receive an evaluation of their performance based on pre-established goals, standards and performance objectives. This indicator also supports the GNB Strategy and Performance Excellence process by aligning and cascading goals throughout the organization.

### What initiatives or projects were undertaken in the reporting year to achieve the outcome?

The Human Resources Branch used a reporting system to monitor completion rates and notify managers when performance reviews are not completed on time.

## Smarter government

### Objective of the measure

***Eliminate waste and duplication.***

### Measure

***Positions reduced and savings achieved – Part 1.***

### Description of measure

The ratio measures the number of positions reduced and the savings achieved as part of an overall effort to reduce the size and cost of the Public Service.

*Positions reduced and savings achieved - Part 1 (%)*

120

100

80

60

40

20

0

2014-2015

2015-2016

### Overall performance

The department met its target, saving \$425,000.

————— Baseline: 100%

- - - - - Target: 100%

Actual: 100%

### Why do we measure this?

As an element of a broader strategy to improve the civil service's efficiency, GNB set expenditure reduction targets for each department that were intended to be achieved by reducing the size of the Civil Service through attrition. The measure illustrates what proportion of these savings was attained.

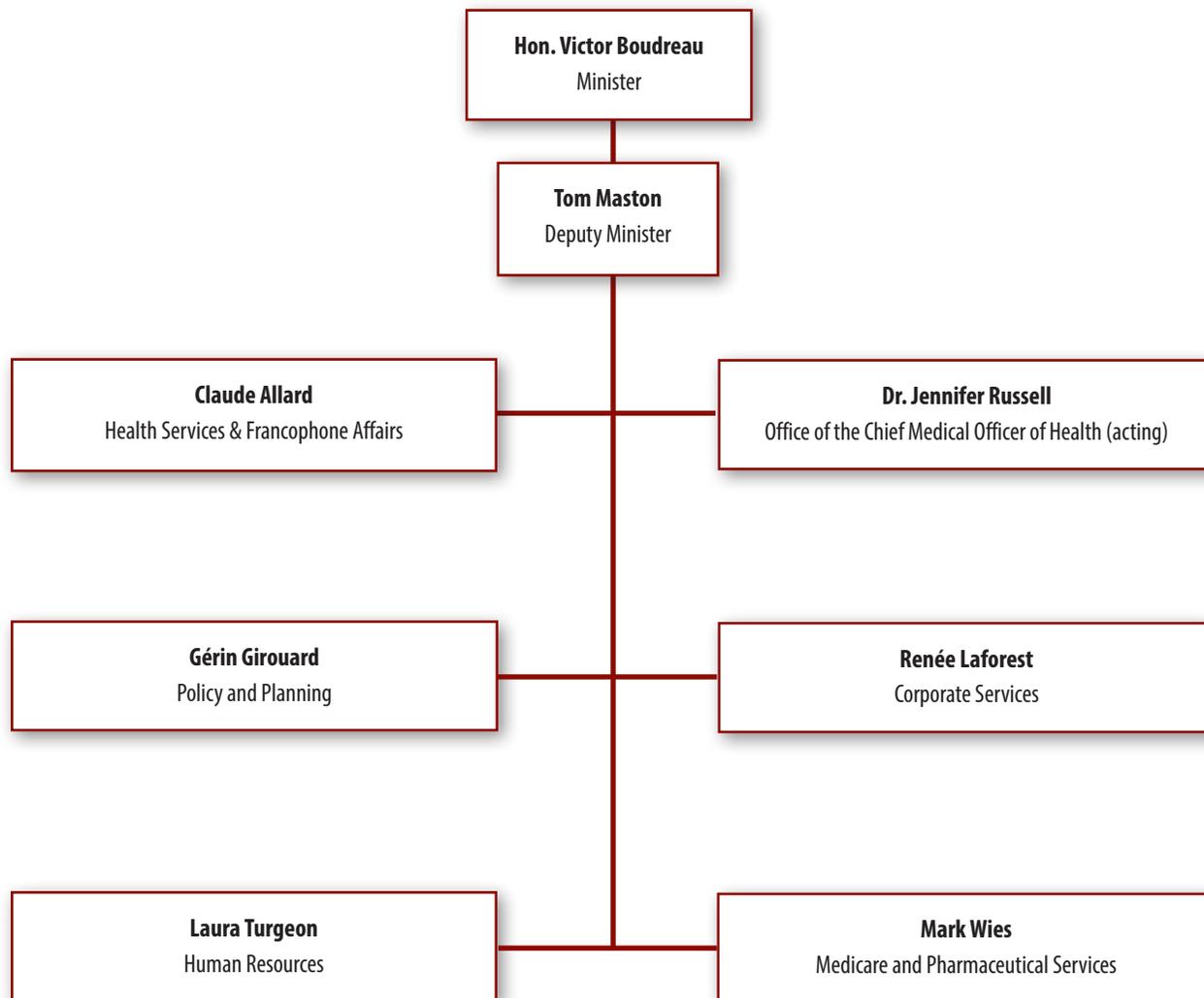
### What initiatives or projects were undertaken in the reporting year to achieve the outcome?

Vacancies were reviewed and as employees retired or left the department for other reasons, these positions were also reviewed. Savings were achieved through finding opportunities to combine or re-allocate functions, or improve processes.

# Overview of departmental operations

The Department of Health oversees New Brunswick's health-care system, leading and enabling a sustainable system through planning funding, monitoring and strategic service delivery.

## High-level organizational chart



# Division overview and highlights

## Office of the Associate Deputy Minister of Health Services and Francophone Affairs

The **Office of the Associate Deputy Minister of Health Services and Francophone Affairs** has oversight of most health-care programs and services that touch patients across the continuum of care within the two RHAs. The division has four branches: Addiction and Mental Health Services, Primary Health Care, Acute Care and the New Brunswick Cancer Network. The division has oversight responsibility of the *Action Plan for the Equitable Distribution of Health Services*.

The **Addiction and Mental Health Services Branch** oversees the delivery of the following services through the RHAs: addiction services (short- and long-term rehabilitation services, outpatient services and methadone clinics); community mental health centres (prevention, intervention and post-vention services); and in-patient psychiatric care (in-patient and day hospital services through the psychiatric units of regional hospitals and the province's two psychiatric hospitals).

The **Primary Health Care Branch** is responsible for the following four units: Emergency Health Services, Community Health Services, Chronic Disease Management and Prevention, and Home Care. It is the focus point for community and home-based initiatives with a strong emphasis on chronic disease prevention, management and primary health-care renewal.

The **Acute Care Branch** provides support and collaborative work efforts with the RHAs and Service New Brunswick to meet health renewal objectives and achieve GNB's goals.

The **New Brunswick Cancer Network** is responsible for the development and implementation of an evidence-based provincial strategy for all elements of cancer care, including prevention, screening, treatment, follow-up care, palliative care, education and research.

## HIGHLIGHTS

- ◆ *In response to the Action Plan for Mental Health in New Brunswick, 2011-18, the Addiction and Mental Health Services Branch worked collaboratively with the RHAs to develop an implementation strategy for Flexible Assertive Community Treatment to better meet the needs of those suffering from serious mental illness. A formal governance structure was developed for the Network of Excellence in Support of Children and Youth with Complex Mental Health Needs, involving government and RHA partners, representation for families, First Nations and youth. This network is guiding the development of New Brunswick's Centre of Excellence for Children and Youth with Complex Needs through various youth and stakeholder engagement sessions which inform various decisions from facility functionality to service delivery.*
- ◆ *Within the Primary Health Care Branch, further initiatives to improve diabetes prevention and management were introduced and significant work was undertaken to develop a draft framework in collaboration with the RHAs and other stakeholders for the improved prevention and management of Chronic Obstructive Pulmonary Disease (COPD).*
- ◆ *The Acute Care Branch was involved in the continued development of expansion projects for the Chaleur Regional Hospital and the Dr. Georges-L.-Dumont University Hospital Centre. As well, the branch led the efforts with both RHAs toward the establishment of a provincial approach for the use of molecular genetics testing (next generation sequencing) technologies.*
- ◆ *The New Brunswick Cancer Network provided leadership for the successful phased-in implementation of the New Brunswick Colon Cancer Screening Program. In 2015-2016, the program expanded to health zones 4 (Edmundston area) and 5 (Campbellton area), which combined with already implemented health zone 2 (Saint John area) provided access to 33 per cent of the provincial target population. The program detected 25 early cancers in asymptomatic individuals, while 231 persons had polyps that were removed, preventing colon cancer from developing.*

## Key Performance Indicators (KPIs)

### Percentage of children/youth receiving mental health services within 30 days of referral

The Action Plan for Mental Health in New Brunswick 2011-18 has identified commitments to improving access to mental health services for youth.

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Percentage receiving services within 30 days	44.8	39.5	48	50	51.4

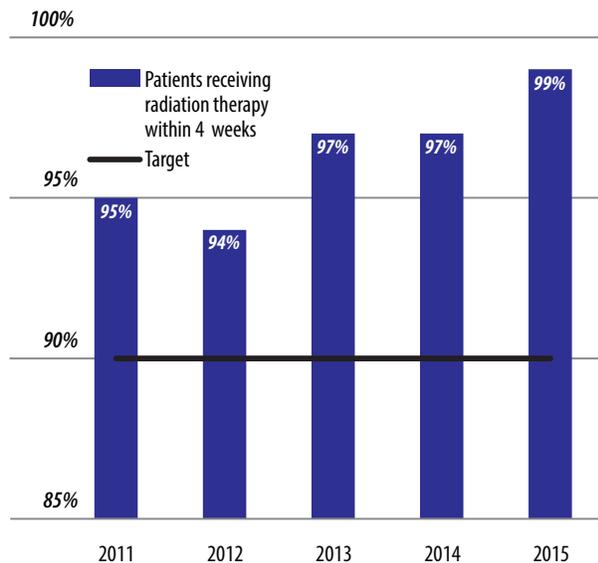
### Number of New Brunswickers with diabetes in control

A diagnosis of diabetes is a significant life-long cost burden for those living with diabetes. Diabetes, and the complications resulting from diabetes, is also responsible for significant costs within the health care system. The burden of this disease can be lessened significantly through improved support and care offered to people earlier in the management of their disease.

	2011-2012		2012-2013		2013-2014		2014-2015		2015-2016	
New Brunswickers	Number	%								
Glycemic (A1C) Outcome of < 7%	26,543	48.1	28,850	50.5	30,324	51.2	29,187	47.7	29,896	47.1

#### Radiation therapy wait times

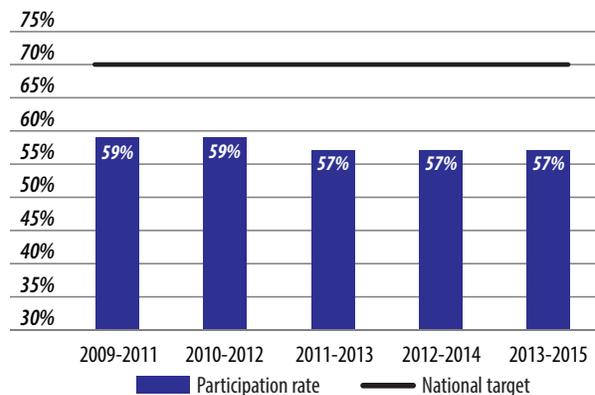
The radiation therapy wait time performance indicator is reported as the percentage of patients receiving their first radiation treatment for cancer within four weeks of being ready to treat. The radiation therapy wait time target is 90 per cent, which was exceeded by nine per cent in 2015.



The New Brunswick Cancer Network reports these and other performance indicators on the Department of Health website, allowing the public to learn more about the quality of cancer control in New Brunswick.

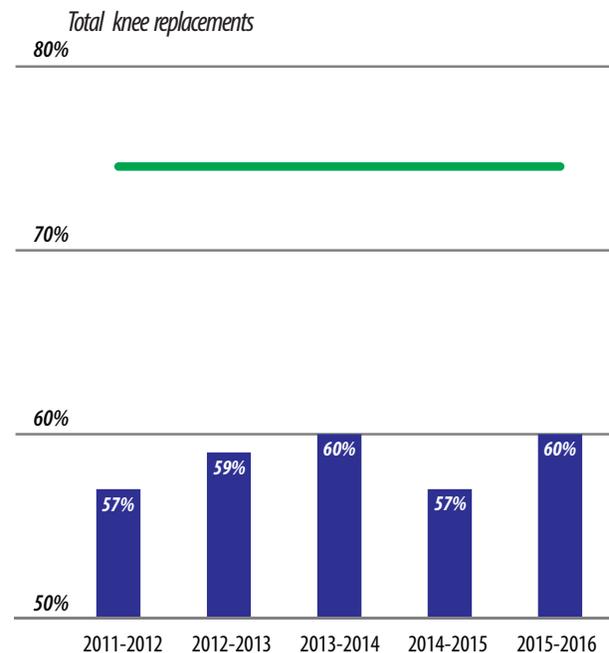
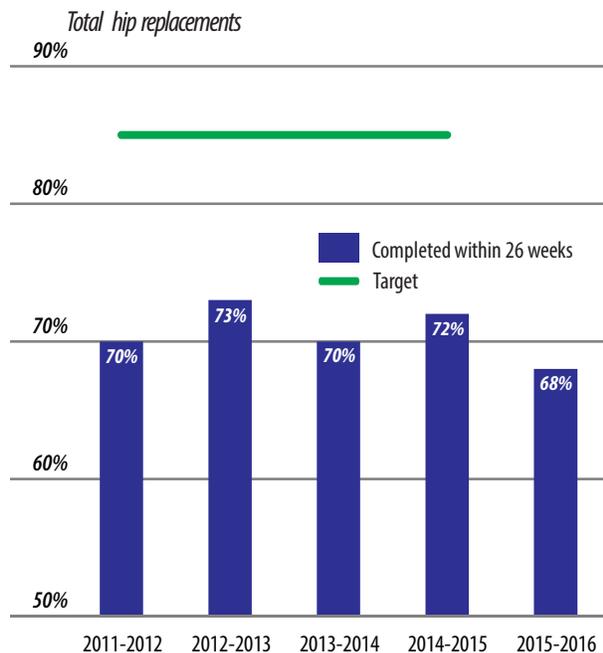
#### New Brunswick Breast Cancer screening services participation rate

The New Brunswick Breast cancer screening services participation rate measures the number of asymptomatic women aged 50 to 69 who received at least one screening program mammogram within 24 months. It should be noted that the national target of 70 per cent of all eligible women has not been met by any province and New Brunswick has one of the highest participation rates in the country.



## Hip and knee replacements

Hip and knee replacement surgery wait time is available as a direct result of the Surgical Access Initiative. The measure used is from the time the OR booking package is received to the date the surgery occurs. New Brunswick's health-care system targets having total hip replacements completed within 26 weeks 85 per cent of the time. Total knee replacements are to be completed within 26 weeks 75 per cent of the time.



The Surgery New Brunswick website is a public website that allows visitors to learn more about New Brunswick wait times for all surgeries.

## Public Health Division

The mission of the **Office of the Chief Medical Officer of Health** is to improve, promote and protect the health of the people of New Brunswick. It is responsible for the overall direction of public health programs in the province and works collaboratively with Public Health staff in the RHAs and other government and non-government health-care providers.

Its core functions of health protection, disease and injury prevention, surveillance and monitoring, health promotion, public health emergency preparedness and response and population health assessment are delivered by four branches: Health Protection (regional offices), Communicable Disease Control, Public Health Practice and Population Health, and Healthy Environments.

The **Health Protection Branch** is responsible for the implementation of the public health programs and is supported by four regional offices that are each led by a medical officer of health. The branch is responsible for health protection through environmental health promo-

tion and education, licensing, inspection, enforcement and investigation of potential and reported environmental health hazards and communicable diseases.

The **Communicable Disease Control Branch** is responsible for provincial level surveillance, policy and program development, leading risk assessments, as well as managing situations that require provincial support and/or response. The branch also manages the New Brunswick Immunization Program, which provides a wide range of publicly funded vaccines through the routine childhood and adult schedules, targeted programs for high-risk individuals and for communicable disease follow-up.

The **Public Health Practice and Population Health Branch** is responsible for three essential areas of public health activity: public health practice, population health surveillance and population health. Public health practice includes such diverse activities as development of public health policy and standards, ongoing enhancement of professional public health skills and facilitating communication and collaboration with stakeholders within and outside the GNB. Population health surveillance includes collecting data, conducting analyses and reporting trends

concerning population health topics in New Brunswick to support evidence-informed decision-making. Population health strategies and activities include planning and monitoring public health programs and activities aimed at improving the health of New Brunswickers, reducing health inequities among population groups and mitigating the effects of inequities on individuals.

The **Healthy Environments Branch** develops the environmental public health programs and policy and provides scientific, toxicological, medical and engineering support to the regional staff and medical officers of health; collaborates with stakeholders on environmental public health issues; and assesses new and emerging environmental health hazards as they apply to New Brunswick. The branch works closely with the health protection regions to meet the regulatory responsibilities through an integrated mix of programs that are intended to anticipate, prevent and control adverse health effects from exposure to environmental health hazards. These hazards can be chemical, biological radiological or nuclear in nature and are found in food (i.e., restaurants), water (i.e., drinking water), soil (i.e., radon, arsenic) or air (i.e., heat, pollution) or through a combination of exposures resulting from the built environment in which New Brunswickers live, work and play. The branch is also responsible for the Agri-food Program, including the inspections of farms, food processors, abattoirs and dairy-related operations.

## HIGHLIGHTS

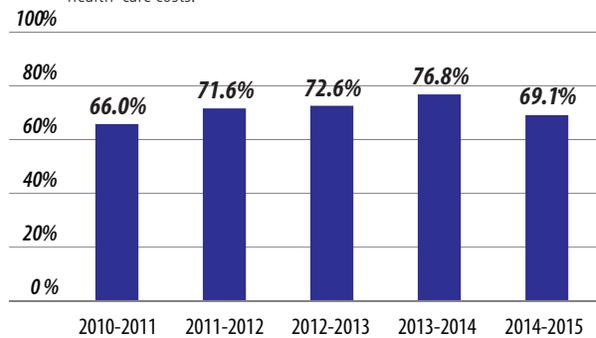
- ◆ Completed a review of the New Brunswick Immunization Program.
- ◆ Published new surveillance reports under the Communicable Disease Control Branch.
- ◆ Collaborated with other GNB departments and partners on the rabies oral bait program to manage rabies disease incursion in the province
- ◆ Released the Health Inequities in New Brunswick report and co-hosted two interdepartmental events to facilitate understanding and collaboration around health inequities

- ◆ Launched new guides for both the Healthy Learners in Schools and the Sexual Health programs. The guides included indicators and methods for monitoring the implementation of each program; and
- ◆ Began implementing the Public Health Nutrition Framework for Action evaluation and monitoring plans.

## Key Performance Indicators (KPIs)

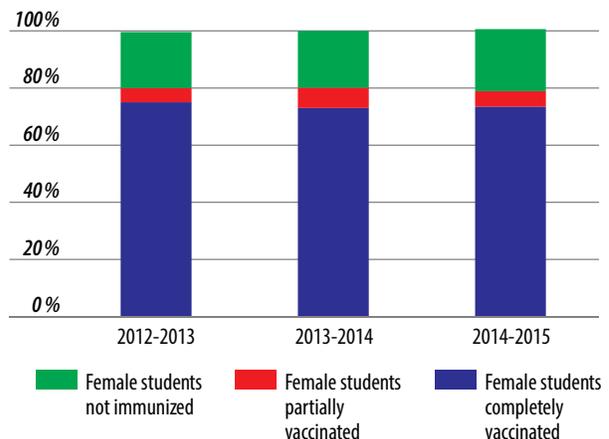
### Percentage of children with all vaccines at school entry

Adequate pre-school immunization decreases the risk of contracted communicable diseases, which protects population health and reduces health-care costs.



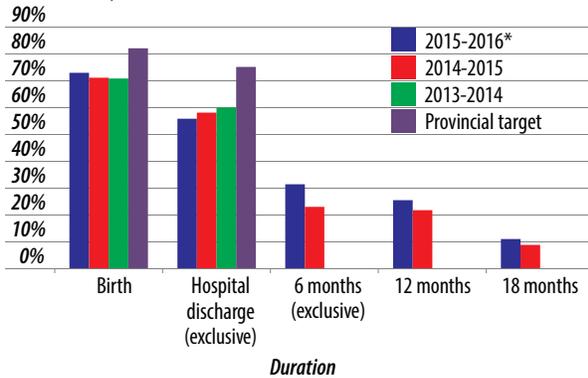
### Grade 7 female students HPV vaccination rate

Administering this vaccine to female students in grade 7 provides them with protection from HPV, which will lead to fewer women in the future being diagnosed with cervical cancer and genital warts.



### Breastfeeding initiation and duration rates

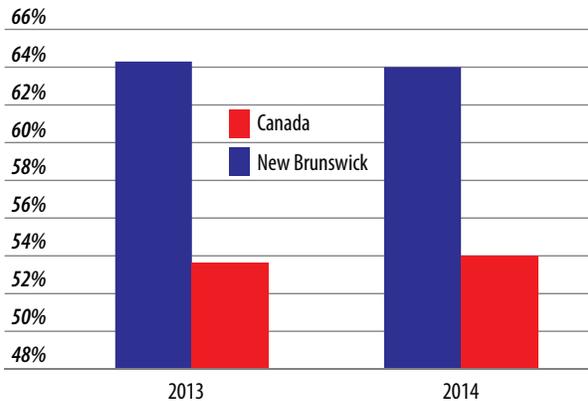
Breastfeeding is the normal, safest and healthiest way to feed a baby. There are many protective health benefits for mother and baby associated with exclusivity and duration of breastfeeding. Health Canada and the Department of Health recommend that infants be exclusively breastfed for the first six months with continued breastfeeding for up to two years and beyond.



\*Incomplete data available at end of fiscal.

### Percentage of New Brunswick adults (18 years and older), overweight or obese

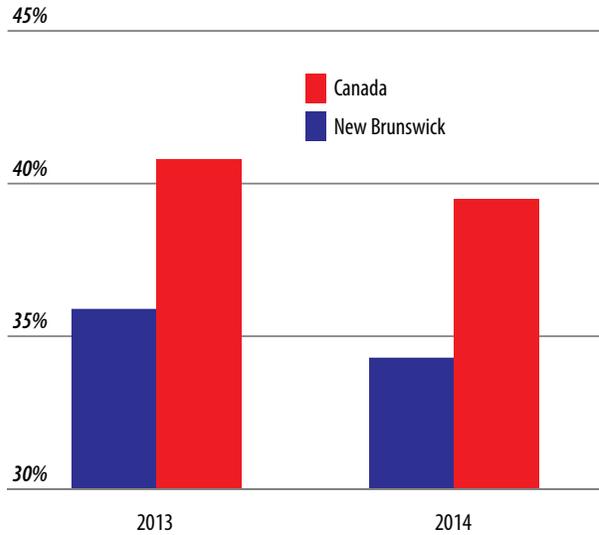
Overweight and obesity are risk factors for many diseases including diabetes, cardiovascular disease and cancer and are important contributors to increased morbidity and mortality.



Source: Statistics Canada, Canadian Community Health Survey (CCHS). CANSIM. Table 105-0501 Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2013 boundaries) and peer groups, occasional.

### Percentage of New Brunswick adults consuming fruit and vegetables five times per day or more

Vegetables and fruit are an important part of a healthy diet and increased intake has the potential to bring important health benefits. Low intake is associated with overweight and obesity and diseases such as



Source: Statistics Canada, Canadian Community Health Survey (CCHS). CANSIM. Table 105-0501 Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2013 boundaries) and peer groups, occasional.

## Corporate Services Division

The **Corporate Services Division** provides advice, support and direction on administrative related issues, specifically financial services, analytical services, contract management, corporate support services and information technology services. It is also responsible for the management of health-related capital construction projects and capital equipment acquisitions, and for emergency preparedness.

The division consists of the Health Business and Technology Solutions Branch, Financial Services Branch, Health Analytics Branch, Corporate Support Services Branch, the Emergency Preparedness and Response Branch, and the Construction Services Branch.

Through its **Health Business and Technology Solutions Branch**, the division designs, implements and oversees corporate system-wide technology solutions for the health system including the Electronic Health Record, the Diagnostic Imaging Repository and the Client Registry. It provides services to program and services in the area

of project management, application support and maintenance and information services.

The **Financial Services Branch** reviews budget proposals and decisions, forecasts expenditures and revenues, prepares budget submissions and quarterly statements, ensures expenditures and revenues are properly recorded, and carries out other financial analysis and processes.

The **Health Analytics Branch** supports the department in enhancing the use of analytic tools, methods and metrics to plan, implement and measure improvements in patient care experiences, population health and focused health system investments. The branch achieves this by coordinating and supporting provincial approaches for standardized data collection and reporting. It acts as provincial lead regarding collaboration and liaison with key health information stakeholders, and it develops procedures for the production of data sets to support health research and open data.

The **Corporate Support Services Branch** is responsible for directing and coordinating the delivery of all essential auxiliary services to the department. These services include: facilities management, strategic procurement, contract management, internal communications, records and information management, departmental library, translation and interpretation, telephones, vehicle management, identification cards, mailroom, security and parking. The branch is responsible for managing the Third Party Liability Unit, which recovers health-care costs associated with personal injury claims caused by a negligent act.

The **Emergency Preparedness and Response Branch** leads and coordinates efforts to ensure the province's health-care system maintains a level of readiness to enable it to respond quickly and effectively to all health and medical emergencies.

The **Construction Services Branch** oversees the architectural planning and design of additions, expansions and renovations to New Brunswick's health establishments. It also oversees infrastructure upgrading projects.

## HIGHLIGHTS

- ♦ *The Emergency Preparedness and Response Branch led the department's participation in a full-scale nuclear emergency response exercise undertaken by GNB and NB Power. This exercise was designed to test and validate the response capabilities and competencies of 30 organizations, involving more than 1,500 players who had a role in responding to a nuclear emergency involving a simulated incident at the Point Lepreau Generating Station. The department, along with its health partners, was able to demonstrate an effective, well-integrated and coordinated response during this exercise in keeping with its ongoing commitment to ensure emergency preparedness and response capability for the health-care system.*
- ♦ *The new Health Analytics Branch was formed by combining two branches to better leverage resources and move toward predictive analytics in planning for future health-care needs.*

## Medicare and Pharmaceutical Services

### Overview

The Division plays a key role in providing advice and health-care policy development in areas related to Medicare services and pharmaceutical services.

The division plans, develops, implements and oversees activities related to Medicare eligibility and claims, Medicare insured services and physician remuneration. It is also responsible for the management of New Brunswick's two publicly funded drug plans: the New Brunswick Prescription Drug Program and the New Brunswick Drug Plan.

### HIGHLIGHTS

- ◆ *The Medicare – Eligibility and Claims Branch completed the implementation of the electronic radiology billing system for fee-for-service radiologists, and is therefore in a position to review all fee-for-services billings and apply billing rules. The action plan resulting from the process improvement review to improve the Medicare notice of expiry process has been completed and resulting changes fully implemented. A project was initiated to replace physician billing software with a more modern system. It is expected to be completed for the summer of 2016.*

The **Pharmaceutical Services Branch** led amendments to the New Brunswick Drug Plan so that:

- it is not mandatory for New Brunswickers to have prescription drug insurance;
- the cost of the plan was reduced for low-income earners;
- private group drug plans are not required to cover, at a minimum, the same drugs as the New Brunswick Drug Plan; and
- employers are not required to contribute financially to the plan if they do not offer a private plan.

## Policy, Planning and Intergovernmental Relations Division

The **Policy and Planning and Intergovernmental Relations Division** is responsible for corporate strategic planning, policy development, legislative development, research, federal/provincial relations, Aboriginal health, statistical information and data gathering instruments and accountability tools.

The division consists of the Policy and Legislation Branch, the Corporate Privacy Office, which oversees the department's management of personal information and personal health information, the Office of Performance Excellence, the Psychiatric Patient Advocate Services Branch and the Federal-Provincial-Territorial Relations and Atlantic Collaboration Branch.

The **Policy and Legislation Branch** serves as a support for the department in developing the public policies that underpin programs and operations. The coordination and development of public legislation related to health is also the responsibility of the branch. In addition, the branch is tasked with coordinating responses to requests under the *Right to Information and Protection of Privacy Act*, as well as the coordination of appointments to the various agencies, boards and commissions within the responsibility of the department. The branch supports the Minister in respect of his legislative oversight of private health profession legislation.

The **Corporate Privacy Office** is mandated to provide policy direction for the department's management of personal information and personal health information as governed by the *Right to Information and Protection of Privacy Act* and the *Personal Health Information Privacy and Access Act*. The office works cooperatively with departmental business owners and health partners to support a consistent approach to the protection of privacy in New Brunswick. One key forum is the Chief Privacy Officers' Working Group, which consists of the chief privacy officers from the department, the RHAs, FacilicorpNB and Ambulance New Brunswick.

The **Office of Performance Excellence** provides support for driving Formal Management practices within the department with a focus on core services, accountability and continuous improvement. The office coordinates

and manages corporate use of several proven principles, methods and tools, including Strategy Management, Initiative Management, Process Management and Daily Management to promote smarter government and foster a culture of Performance Excellence.

The **Psychiatric Patient Advocate Services Branch** is responsible to inform patients of their rights, to represent them at tribunal and/or review board hearings and to ensure that the *Mental Health Act* and the rights of patients be respected at all times.

The **Federal-Provincial-Territorial Relations and Atlantic Collaboration Branch** is the department's lead for intergovernmental relations with the federal government and other provinces and territories. The branch supports the Minister and Deputy Minister in advancing New Brunswick's priorities at health ministers' meetings and council of deputy ministers' meetings. The branch also collaborates with Atlantic colleagues to identify potential opportunities for the advancement of Atlantic priorities as identified by ministers and deputy ministers. The branch is also responsible for providing New Brunswick's input to the federal government's *Canada Health Act* annual report.

## HIGHLIGHTS

- ◆ *The Policy and Legislation Branch completed an operational review of the Personal Health Information Privacy and Access Act, participated in the development of amendments to the Smoke-free Places Act and the Tobacco and Electronic Cigarette Sales Act in support of the government's Smoke-free New Brunswick Strategy, and led the development of two new acts: the Health Quality and Patient Safety Act and the Volunteer Emergency Aid Act.*
- ◆ *The Federal-Provincial-Territorial Relations and Atlantic Collaboration Branch supported the Minister's participation in the January 2016, federal/provincial/territorial health ministers' meeting, which initiated talks on the federal government's commitment to negotiate a new health accord, and it supported the Deputy Minister in a number of subsequent health accord related federal/provincial/territorial meetings and three Atlantic deputy ministers' meetings. The branch was the point of contact with the federal government and other provinces and territories during the federal*

*government's consultations related to the federal medical aid in dying legislation.*

- ◆ *The Corporate Privacy Office delivered in-person training to employees on the newly published Privacy Tool Kit comprising the revised Department of Health Corporate Privacy Policy, a privacy and security guide, and privacy protocols.*
- ◆ *The Office of Performance Excellence engaged the RHAs and other health-care system partners in the development of an integrated planning and monitoring framework. This joint framework will allow for the identification of priorities for the health-care system which is rooted in an evidence-based process. The framework will also ensure health-care partners can track progress and hold themselves accountable for their respective performance in addressing these system priorities in the year ahead.*

## Human Resources Branch

The **Human Resources Branch** supports the strategic and operational objectives of the department by attracting and recruiting quality employees. The branch helps develop them through policies and programs that enable employees to realize their potential. As well as providing basic personnel services, the branch provides leadership in all issues relating to human resource management.

The areas of consultation provided by the branch include: workforce/succession planning, labour/employee relations, staffing and recruitment, classification, training and development, health and safety, employee and family assistance, employee wellness, employment equity, official languages, human resources information, organizational and employee performance, and personnel records. The branch is also responsible for management and non-union classification activities, official languages, and some labour relations for Part 3 employees.

## HIGHLIGHT

- ◆ *The branch focused on improving score-card measures through Performance Management, and it assisted with the department's reorganization and attrition planning efforts to meet budget objectives.*

# Financial information

Department of Health Annual Report 2015-16		
<b>Primary</b>	<b>Budget (\$000)</b>	<b>Actuals (\$000)</b>
<i>Status Report by Primary</i>		
Personal Services	\$33,445.6	\$30,816.0
Other Services	\$32,576.0	\$28,065.7
Materials and Supplies	\$9,655.5	\$20,968.0
Property and Equipment	\$6,074.5	\$2,918.5
Contributions and Grants	\$2,526,735.2	\$2,534,081.2
Debt and Other Charges	\$-	\$797.2
<b>Grand Total</b>	<b>\$2,608,486.7</b>	<b>\$2,617,646.4</b>
<b>Program</b>	<b>Budget (\$000)</b>	<b>Actuals (\$000)</b>
<i>Status Report by Program</i>		
Corporate and Other Health Services	\$267,600.3	\$257,251.4
Medicare	\$ 601,393.2	\$615,396.1
Drug Programs	\$193,120.4	\$189,027.4
Regional Health Authorities	\$1,546,372.8	\$1,555,971.6
<b>Grand Total</b>	<b>\$2,608,486.7</b>	<b>\$2,617,646.4</b>
<p>The expenditures of the Department of Health were higher than budget mainly due to an increase in physician remuneration as a result of a new Fee-for-Service Master Agreement and unforecasted costs in the Regional Health Authorities. These costs were partially offset by lower-than-anticipated growth in drug programs and the timing of project initiatives.</p>		

# Summary of staffing activity

Pursuant to section 4 of the *Civil Service Act*, the deputy minister of the Department of Human Resources delegates staffing to each deputy head for his or her respective departments. A summary of the staffing activity for 2015-2016 for the department is presented below.

Number of permanent and temporary employees as of December 31		
Employee type	2015	2014
Permanent	375	377
Temporary	29	42
<b>TOTAL</b>	<b>404</b>	<b>419</b>

The department advertised 37 competitions, including 23 open (public) competitions and 14 closed (internal) competitions.

Pursuant to sections 15 and 16 of the *Civil Service Act*, the department made the following appointments using processes to establish merit other than the competitive process:

Appointment type	Appointment description	Section of the Civil Service Act	Number
Specialized Professional, Scientific or Technical	An appointment may be made without competition when a position requires: <ul style="list-style-type: none"> <li>• a high degree of expertise and training</li> <li>• a high degree of technical skill</li> <li>• recognized experts in their field</li> </ul>	15(1)	0
Equal Employment Opportunity Program	Provides Aboriginals, persons with disabilities, and members of a visible minority group with equal access to employment, training and advancement opportunities.	16(1)(a)	0
Department Talent Management Program	Permanent employees identified in corporate and departmental talent pools who meet the four-point criteria for assessing talent, namely performance, readiness, willingness and criticalness.	16(1)(b)	3
Lateral transfer	The GNB transfer process facilitates the transfer of employees from within Part 1, Part 2 (school boards) and Part 3 (hospital corporations) of the Public Service.	16(1) or 16(1)(c)	0
Regular appointment of casual/temporary	An individual hired on a casual or temporary basis under section 17 may be appointed without competition to a regular properly classified position within the civil service.	16(1)(d)(i)	1
Regular appointment of students/apprentices	Summer students, university or community college co-op students or apprentices may be appointed without competition to an entry level position within the civil service.	16(1)(d)(ii)	0

Pursuant to section 33 of the *Civil Service Act*, no complaints alleging favouritism were made to the deputy head of the department, and no complaints were submitted to the Ombudsman.

# Summary of legislation and legislative activity

Bill #	Name of legislation	Date of Royal Assent	Summary of changes
44	<i>An Act to Amend the Smoke-free Places Act</i> <a href="http://www.gnb.ca/legis/bill/pdf/58/1/Bill-44.pdf">http://www.gnb.ca/legis/bill/pdf/58/1/Bill-44.pdf</a>	June 5, 2015	The amendment expanded the Act to ban smoking in public places frequented by children such as entrances to public buildings, outdoor restaurant patios, public parks and beaches, playgrounds and sports fields. The amendment also banned the use of e-cigarettes and water pipes anywhere that traditional smoking is not presently allowed.
50	<i>An Act to Amend the Medical Services Payment Act</i> <a href="http://www.gnb.ca/legis/bill/pdf/58/1/Bill-50.pdf">http://www.gnb.ca/legis/bill/pdf/58/1/Bill-50.pdf</a>	June 5, 2015	The amendment allowed for publicly reported medical practitioner remuneration by physician, remuneration type and specialty in the Unaudited Supplementary Medical Practitioner Remuneration as part of the Public Accounts of the provincial government and enabled the sharing of medical practitioner billing information with the RHAs for the efficient delivery of health-care services.
57	<i>An Act to Amend the Tobacco Sales Act</i> <a href="http://www.gnb.ca/legis/bill/pdf/58/1/Bill-57.pdf">http://www.gnb.ca/legis/bill/pdf/58/1/Bill-57.pdf</a>	June 5, 2015	The amendment prohibited the sale of e-cigarettes and e-juices to people younger than 19; prohibited the sale of flavoured tobacco in New Brunswick, including menthol; clearly defined smoking supplies such as rolling papers, blunt wraps, cigarette filters, cigarette holders, pipes; restricted their sale to minors and required they be hidden from sight; prohibited persons younger than age 19 from entering a vapour shop unless they are accompanied by an adult; and changed requirements for posting health warning signage in establishments that sell tobacco.
11	<i>An Act to Amend the Personal Health Information Privacy and Access Act</i> <a href="http://www.gnb.ca/legis/bill/pdf/58/2Bill-11.pdf">http://www.gnb.ca/legis/bill/pdf/58/2Bill-11.pdf</a>	Feb. 11, 2016	The amendment clarified an individual's right under section 9 to receive an interpretation of his or her personal health information by a physician or other health-care professional when the information in the custodian's record is not available in the individual's Official Language of choice and the custodian is a public body; confirmed the established practice for the sharing of personal health information between the Workplace Health Safety and Compensation Commission and the Workers' Compensation Appeals Tribunal for the purposes of an appeal; and further reduced barriers to research using government administrative data sets.

The acts and regulations for which the Department of Health is responsible are at:

<http://laws.gnb.ca/en/deplinks?subjectnumber=28>.

# Summary of Official Languages activities

## Introduction

The department is committed to delivering services to the public in their official language of choice and has developed an Official Languages Action Plan to ensure this occurs. This plan is being implemented and includes strategic means for each of the four sectors of activity (focus) found in the GNB's *Plan on Official Languages – Official Bilingualism: A Fundamental Value*.

### Focus 1

New employees are informed about the active offer by telephone, in person, through signage, correspondence, and electronic services as part of the new employee orientation process. New employees are provided with a link and password to iLearn and are advised to complete the mandatory module on Language of Service.

Linguistic profiles are being updated as changes happen in the organization. Ongoing discussions occur with human resources' consultants and managers to ensure linguistic profile requirements are met.

### Focus 2

The department continues its work to create an environment that is conducive to employees working in their official language of choice. Employees are advised of the need to complete the mandatory iLearn module on Language of Work during the new employee orientation process.

### Focus 3

Public consultations are carried out in both official languages with bilingual facilitators and simultaneous interpretation being used.

### Focus 4

Employees are expected to read the Language of Service and Language of Work policies each year as part of the annual performance review process. Employee orientation materials include information about the *Official Languages Act*.

## Conclusion

The department continues to work at meeting its objectives with respect to the Official Languages Action Plan and to ensure it provides quality services to its staff and clients in both official languages.

# Summary of recommendations from the Office of the Auditor General

Name and year of audit area with link to online document	Recommendations	
	Total	Adopted
Infection Prevention and Control in Hospitals, 2015	2	2
Medicare Payments to Doctors, 2012	3	1
E-Health Procurement and Conflict of Interest, 2012	6	6

# Report on the *Public Interest Disclosure Act*

As provided under section 18(1) of the *Public Interest Disclosure Act*, the chief executive shall prepare a report of any disclosures of wrongdoing that have been made to a supervisor or designated officer of the portion of the public service for which the chief executive officer is responsible. The department did not receive any disclosure of wrongdoings in the 2015-2016 fiscal year.