

Health

Annual Report
2014–2015

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Province of New Brunswick
PO 6000, Fredericton NB E3B 5H1 CANADA

www.gnb.ca

ISBN 978-1-4605-0973-9 (Bilingual print edition)
ISBN 978-1-4605-0974-6 (PDF: English edition)

ISSN 1449-4704 (Bilingual print edition)
ISSN 1449-4704 (PDF: English edition)

10397 | 2015.10 | Printed in New Brunswick

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, 2014, to March 31, 2015.

Respectfully submitted,



Honourable Victor Boudreau
Minister

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 2014-2015.



Tom Maston
Deputy Minister

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Minister's message

Our government is committed to moving New Brunswick forward by creating more jobs, being fiscally responsible and building our province into the best place in which to raise a family.

During 2014-2015, the Department of Health made important contributions to this effort. We worked hard with our partners in the regional health authorities and FacilicorpNB to renew our health-care system to make it more efficient and effective. We performed strongly in our work to be fiscally responsible, finishing the year slightly under-budget and holding the line on the per capita cost of health care. We began work to develop meaningful key performance indicators for the department and look forward to improvements in that area during the coming years.

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 2014-2015, 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 2014-2015 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, the department continued to work with our partners in health care to find innovative solutions to the economic and demographic challenges the system is facing without compromising the quality of the care the regional health authorities and primary health-care practitioners provide to New Brunswickers.

We will continue to work with our stakeholders to support a healthier population and provide 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 2014-2015 fiscal year, the Department of Health focused on these strategic priorities through:

The department began a comprehensive review of the New Brunswick Drug Plan and the mandatory requirement for New Brunswickers to have prescription drug coverage was removed.



Changes were made to the way Medicare cards are renewed to make the process more efficient and cost-effective.



The department continues to reduce its drug costs through its participation in the Council of the Federation's pan-Canadian Competitive Value Price Initiative for Generic Drugs. Four commonly used generic drugs have been added to the list of six that were already included in this initiative.



The department led a process to ensure all of New Brunswick's health-system partners were prepared to contain and treat any potential or confirmed case of Ebola and participated in a joint planning exercise with the Public Health Agency of Canada to test the province's response to a potential Ebola case within its borders.



A review of the *Personal Health Information Protection and Access Act* was launched to determine how well the legislation is working and what can be improved.



The province was recognized nationally for its chronic disease prevention efforts, especially with respect to the management and prevention of diabetes.



Changes to the health card benefit program saved more than \$1.5 million while enabling more clients to qualify for access to blood glucose test strips.



The percentage of persons waiting for a family doctor for longer than one year has dropped from 70 per cent to 44 per cent since the implementation of Patient Connect NB.



Prescription smoking cessation therapies were added to the New Brunswick Drug Plan and the New Brunswick Prescription Drug Program.



Newborn screening for cystic fibrosis and sickle cell anemia was introduced province-wide in collaboration with the IWK Health Centre.



The first New Brunswick pharmacy was connected to the electronic health record and began sharing prescription information as part of the provincial drug information system, which will enable better decision-making by health professionals.



The New Brunswick Drug Plan for Rare Diseases, covering five rare diseases, was established to help patients who face extraordinarily high drug costs.



Screening for cervical cancer and colon cancer was improved through the launch of two new population-based screening programs.

Performance measures

Fiscal responsibility	Measures
Achieve a sustainable budget	Ratio of actual to budgeted expenditures
	Cost of department/capita
Best place to raise a family	Measures
Improve health care	Ambulatory Care Sensitive Conditions (ACSC) hospitalization rate
	Percentage of key third-party health-service providers meeting contracted delivery standards
Smarter government	Measures
Enhance employee involvement, commitment and productivity	Average 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

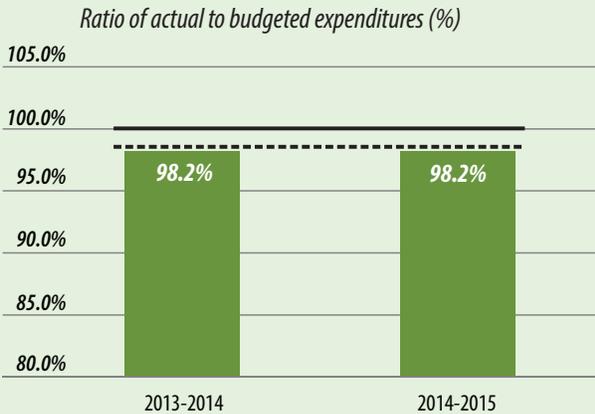
Achieve a sustainable budget.

expenditure measure

Ratio of actual to budgeted expenditures.

Description of the measure

The ratio measures whether the department is over-budget 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.



Overall performance

The department performed strongly, exceeding its target for this measure.

- Baseline: 98.5%
- - - - - Target: 100%
- Actual: 98.2%

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?

To achieve this target the department undertook significant effort with health-care partners to renew health care and make it more efficient and effective without compromising patient care such as replacing contracted information technology consultants with employees in permanent positions, improved management of information technology contracts, pan-Canadian procurement of pharmaceuticals, changes to generic drug pricing, and exploring opportunities for process improvement, standardization and increased efficiency with the regional health authorities.

Fiscal responsibility

Objective of the measure

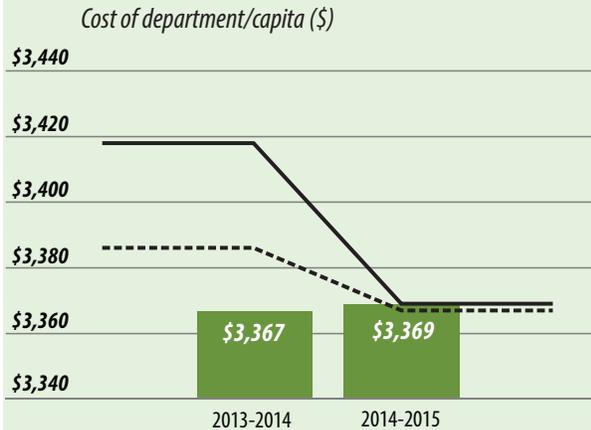
Achieve a sustainable budget.

Measure

Cost of department/capita.

Description of measure

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



Overall performance

The cost per capita was expected to show modest growth, putting upward pressure on GNB resources. In contrast, the department was able to hold the cost per capita essentially unchanged.

- Baseline: \$3,367
- - - Target: \$3,424
- Actual: \$3,369

Why do we measure this?

The department is working to reduce 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?

To achieve this target, the department undertook significant effort with health-care partners to renew health care and make it more efficient and effective without compromising patient care such as replacing contracted information technology consultants with employees in permanent positions, improved management of information technology contracts, pan-Canadian procurement of pharmaceuticals, changes to generic drug pricing, and exploring opportunities for process improvement, standardization and increased efficiency with the regional health authorities.

Best place to raise a family

Objective of the measure

Improve health care.

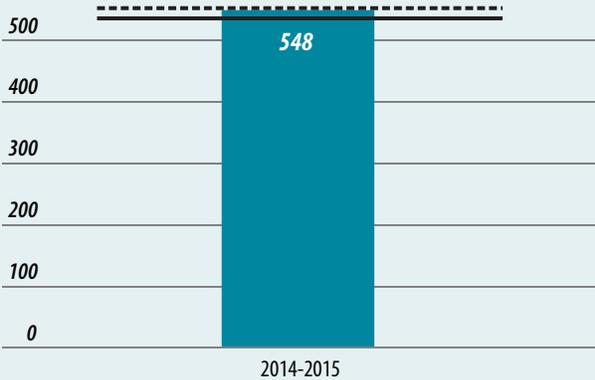
Measure

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 Condition hospitalization rate (number of hospitalizations/100,000)



Overall performance

The performance on this measure showed slight improvement compared with the prior fiscal year. It is notable that this was achieved even during a time of significant change and budget constraints throughout the health-care system.

- Baseline: 552/100,000
- - - Target: 535/100,000
- Actual: 548/100,000

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 improved use of Tele-Care 811 and telemedicine and the implementation of activities associated with Year 4 of the diabetes strategy.

Best place to raise a family

Objective of the measure

Improve health care.

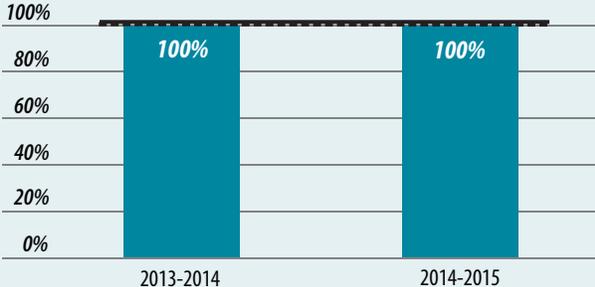
Measure

Percentage of key third-party health-service providers meeting contracted delivery standards.

Description of measure

The measure tracks specific programs delivered by third parties under contract, to determine the percentage of these which meet key performance indicators identified under their contract provisions.

Percentage of key third-party health-service providers meeting contracted delivery standards



Overall performance

This measure showed strong performance.

- Baseline: 100%
- - - Target: 100%
- Actual: 100%

Why do we measure this?

Services provided by third parties must meet the established performance standards in their contracts to ensure that New Brunswickers receive high quality and strong value.

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

The program areas have a history of meeting or exceeding present contract standards; ongoing management practices are sufficient to ensure this quality of service.

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 health-care system.

Total number of sick leave days - Part 1



Overall performance

While sick leave increased from year-to-year, the department continued to strongly outperform the targets established by GNB.

- Baseline: 2,348
- - - Target: 3,366
- Actual: 2,790

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.

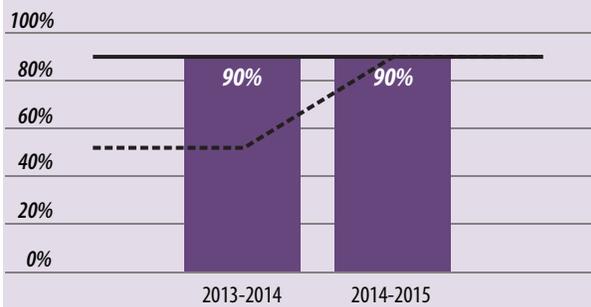
Measure

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 90 per cent.

— Baseline: 90.1%
- - - Target: 90%
Actual: 90%

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.

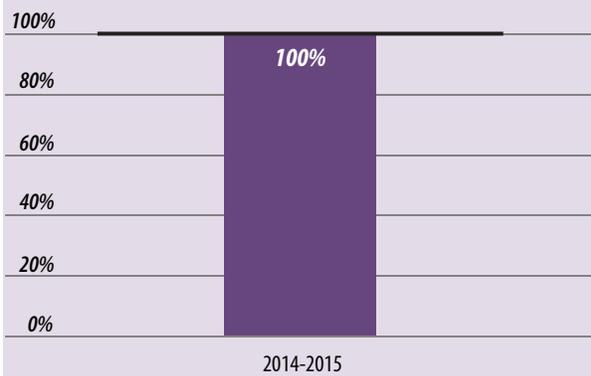
Measure

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 New Brunswick's Public Service.

Positions reduced and savings achieved -Part 1 (%)



Overall performance

The department met its target, saving \$900,000.

- Baseline: n/a
- - - - - 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 were attained.

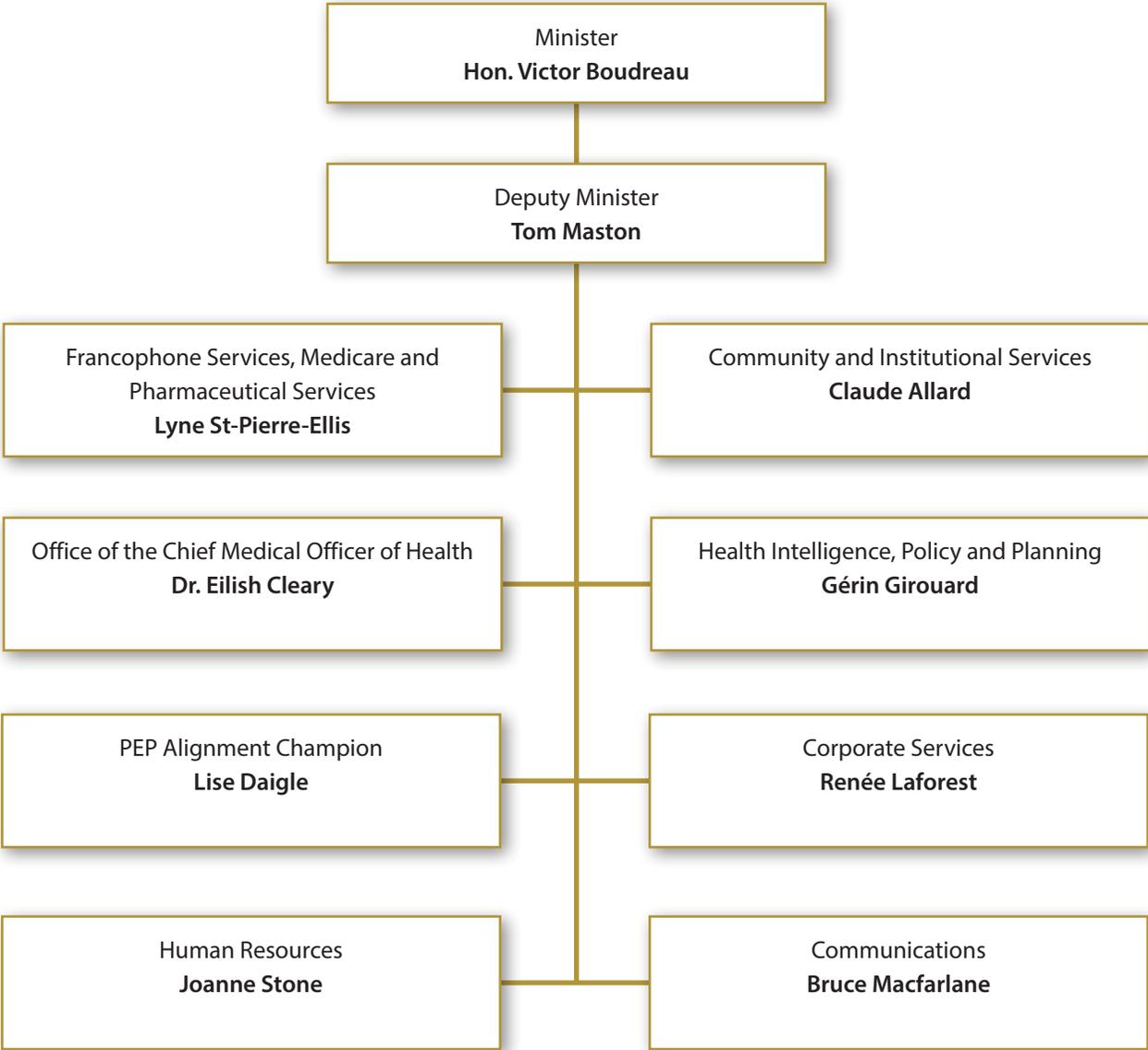
What initiatives or projects were undertaken in the reporting year to achieve the outcome?

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 health system through planning, funding, monitoring and strategic service delivery.

High-level organizational chart



Office of the Associate Deputy Minister of Health

Overview

The **Office of the Associate Deputy Minister** plays a key role in providing advice and health-care policy development in areas related to Medicare services; pharmaceutical services; health workforce information, analysis and planning; and health service delivery in francophone communities.

It is responsible for assuring the delivery of quality health services in both Official Languages to all New Brunswickers.

The division plans, develops, implements and oversees activities related to Medicare eligibility and claims, Medicare insured service and physician remuneration, health human resources planning, and medical education programs at the post-graduate and undergraduate levels in collaboration with the Department of Post-Secondary Education, Training and Labour.

It is also responsible for measuring the impact of new and proposed health professionals, and providing advice on issues ranging from Medicare utilization to human resources workforce requirements to meet health system needs and design, including monitoring the supply and demand of the health workforce.

Highlights

The **Medicare – Insured Services and Physician Remuneration Branch** supported the department in negotiations which led to an agreement with the New Brunswick Medical Society for a two-year contract for fee-for-service physicians.

The **Medicare – Eligibility and Claims Branch** began implementing an electronic radiology billing system for fee-for-service radiologists so that it will be able to review all fee-for-service billings. A project was initiated to develop software to replace the current Telemed billing software with implementation scheduled for the Fall of 2015.

The New Brunswick Critical Care Nursing Program was renegotiated for a three-year period by the **Health Workforce Planning Branch** and may be extended with two, one-year options by mutual written agreement of the parties. The Critical Care Nursing Program is a joint initiative of the department, the regional health authorities and both l'Université de Moncton and the University of New Brunswick. The program has been in place since 2002 and ensures that an adequate number of trained critical and emergency care nurses are available in the regional health authorities to meet the demand.

Key Performance Measures

Medicare card renewals

Automatically renewing Medicare cards two months prior to expiry ensures that New Brunswickers have Medicare coverage when they need it, makes it easier for physicians to claim for their services and improves processing times.

	2014-2015	2013-2014	
Number of calls/week related to expired coverage	80	240	This process improvement project has reduced the number of calls about expired coverage by 67 per cent.

Public Health

Overview

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 regional health authorities and other government and non-government health-care providers.

These programs and services fall under three broad categories: Communicable Disease Control, Public Health Practice and Population Health, and Healthy Environments. The implementation of public health programs is supported by four regional offices that are each led by a Medical Officer of Health. The regions are responsible for health protection through environmental health promotion and education, licensing, inspection, enforcement and investigation of potential and reported environmental health hazards and communicable diseases. The Office of the Chief Medical Officer of Health works closely with the regional health authorities as public health programs and services are provided by the department as well as by the regional health authorities.

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 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 both within and outside 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, medial 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 regions to meet the regulatory responsibilities through an integrated mix of programs 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.

Highlights

The **Communicable Disease Control Branch** implemented standardized processes for ordering and maintaining vaccine stock levels as part of one of the department's first two Lean Six Sigma projects and an additional 14,000 doses of influenza vaccine were purchased for the 2014-2015 influenza season to meet high demand and ensure that individuals at highest risk got priority access to available public vaccine supply.

The **Public Health Practice and Population Health Branch** continued its work to make New Brunswick more breastfeeding-friendly by partnering with public libraries and restaurants in New Brunswick. The branch developed a consistent method for monitoring population level data regarding breastfeeding exclusivity and duration as well as a set of nutrition indicators that will be used to monitor the nutritional health of New Brunswickers and identify priority areas for action. Work continued with

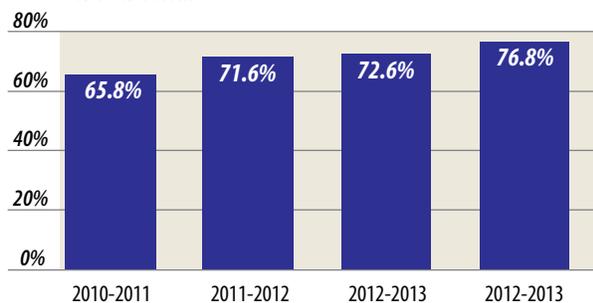
respect to energy drinks and during the year in question, the Office of the Chief Medical Officer of Health released a summary report of the New Brunswick Stakeholder Dialogue on Energy Drinks, conducted a policy analysis and action plan on energy drinks, and released a position statement on the topic that has been communicated with key partners from a variety of sectors in New Brunswick. A Memorandum of Understanding was also signed with the Atlantic Collaborative for Injury Prevention to continue regional collaboration on injury prevention initiatives of mutual interest to the four Atlantic provinces.

The **Healthy Environments Branch** developed and disseminated indoor air quality guidelines for arena operators, hosted multi-stakeholder governmental and non-governmental information sessions in support of healthy built environment and healthy environment for children and provided review and input for various projects through the Environmental Impact Assessment Regulation, including the Sisson Brook Mine and the Energy East Pipeline. The healthy built environments concept was discussed during a multi-stakeholder session with government and non-government partners whose mandates affect the built environment. Further, a partnership and working group with Healthy Eating and Physical Activity Coalition was initiated to continue this work and develop multi-stakeholder action plan for improving and promoting healthy-built environments in New Brunswick.

Key Performance Indicators

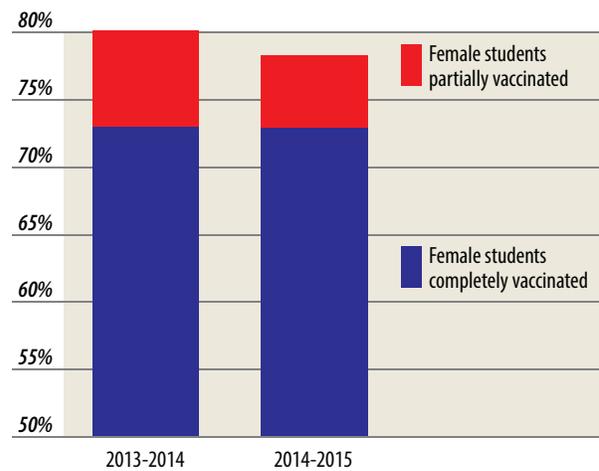
Percentage of children with all vaccines at school entry

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



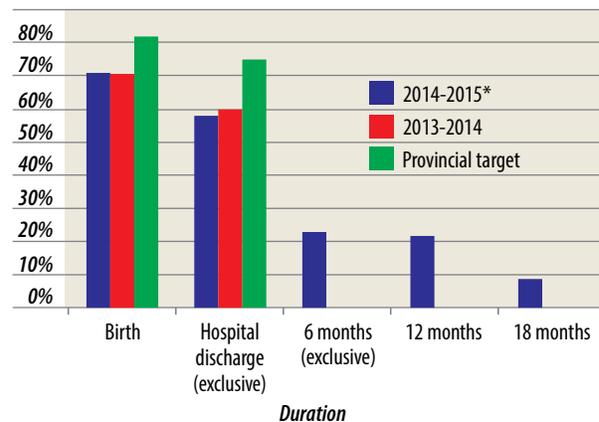
Grade 7 female students HPV vaccination rate

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



Breastfeeding initiation and duration rates

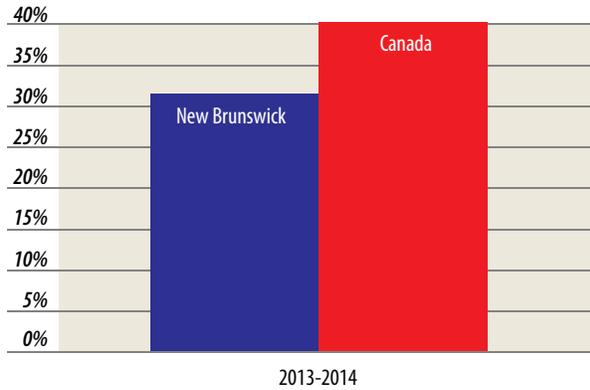
Breastfeeding is the normal, safest and healthiest way to feed a baby and there are many protective health benefits for both mother and baby associated with exclusivity and duration of breastfeeding. Health Canada and the Department of Health recommend that infants be exclusively breastfed for the first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



*Incomplete data available at end of fiscal.

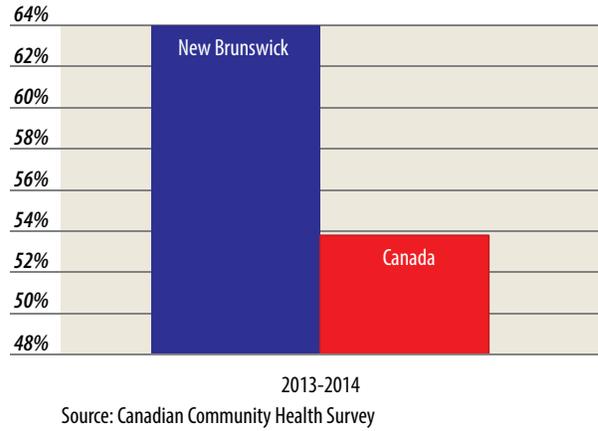
Percentage of New Brunswick adults consuming fruit and vegetables five times per day or more

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 cardiovascular disease and some cancers.



Percentage of New Brunswick adults 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.



Community and Institutional Services Division

Overview

The **Community and Institutional Services Division** has oversight of most health-care programs and services that touch patients across the continuum of care within the regional health authorities. The division has five branches: Addiction and Mental Health Services; Community Health Services; Health System Standards and Performance, Hospital Services and Operations; and the New Brunswick Cancer Network.

The **Addiction and Mental Health Services Branch** oversees the delivery of the following services through the two regional health authorities: 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 **Community Health Services Branch** is responsible for four units: Primary Health Care, Health Emergency Services, Chronic Disease Management and Prevention and the Extra Mural Program. It is the focus point for community-based initiatives with a strong emphasis on chronic disease prevention, management and primary health care renewal.

The **Hospital Services and Operations Branch** provides support and collaborative work efforts with the regional health authorities and FacilicorpNB to meet health renewal objectives and achieve GNB's goals.

The **Health System Standards and Performance Branch** supports areas from community to hospital care, and addresses issues relating to system process, standards, measures and performance reporting across the continuum of health care.

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

As part of New Brunswick's Action Plan for Mental Health, the **Addictions and Mental Health Branch** provided a grant to the Canadian Mental Health Association to deliver the Changing Minds Program to about 1,000 New Brunswickers working in the education, health and social science fields to reduce the stigma of mental illness. Funding was announced to begin construction of a centre of excellence for children and youth with complex needs. This centre will be an integral component of a network of excellence which will make it easier for children and youth to access the right care at the right time. The Victorian Order of Nurses began operating the Fetal Alcohol Spectrum Disorder Centre of Excellence, which co-ordinates comprehensive, multidisciplinary, bilingual diagnostic evaluations for children and youth 18 and younger, and ensures diagnosed individuals understand the diagnosis and are provided with interventions, supports as well as links to community resources.

Within the **Community Health Services Branch**, further initiatives to improve diabetes prevention and management were introduced. The Tele-Care 811 system began providing enhanced after-hours support for family physicians as a pilot project and made important achievements in reducing the number of New Brunswickers waiting for a family doctor. By March 2015, more than 10,000 New Brunswickers have been connected to a family doctor. The final evaluation of the New Brunswick Family Health Team pilot site was completed and work continues to develop future family health teams throughout the province. By working with community partners, especially family physicians, the Extra-Mural Program was able to increase patient referrals for palliative and chronic care at home by 69.4 per cent.

Hospital Services and Operations Branch provided oversight for the successful transfer of the New Brunswick Perinatal Health Program to Horizon Health Network. As well, the New Brunswick Newborn Screening Program

was merged into the Maritime Newborn Screening Program. The branch was also involved in the completion of functional programs for three regional hospitals.

Key Performance Indicators

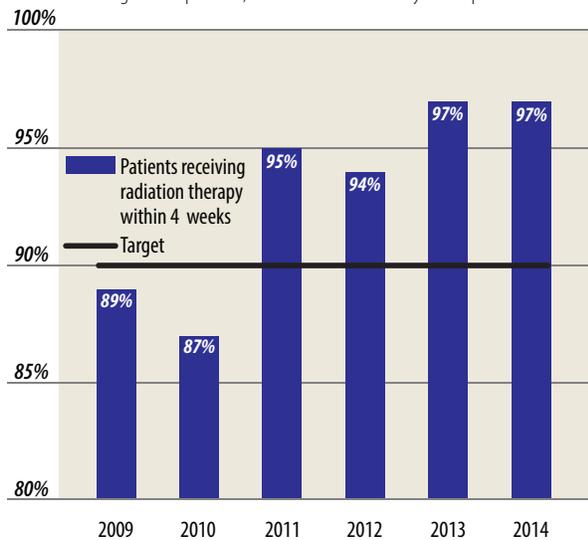
Percentage of children/youth receiving mental health services within 30 days of referral

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

	2010-11	2011-12	2012-13	2013-14	2014-15
Percentage receiving services within 30 days	41.4%	44.8%	39.5%	48%	50%

Radiation therapy wait times

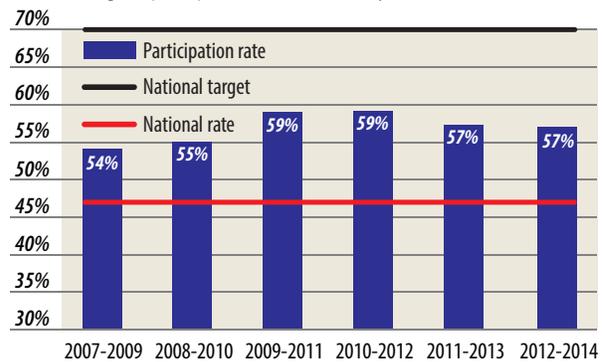
The Radiation therapy wait time performance indicator is reported as the percentage of patients receiving their first radiation treatment for cancer within four weeks of being ready-to-treat. The radiation therapy wait time target is 90 per cent, which was exceeded by seven per cent in 2014.



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.



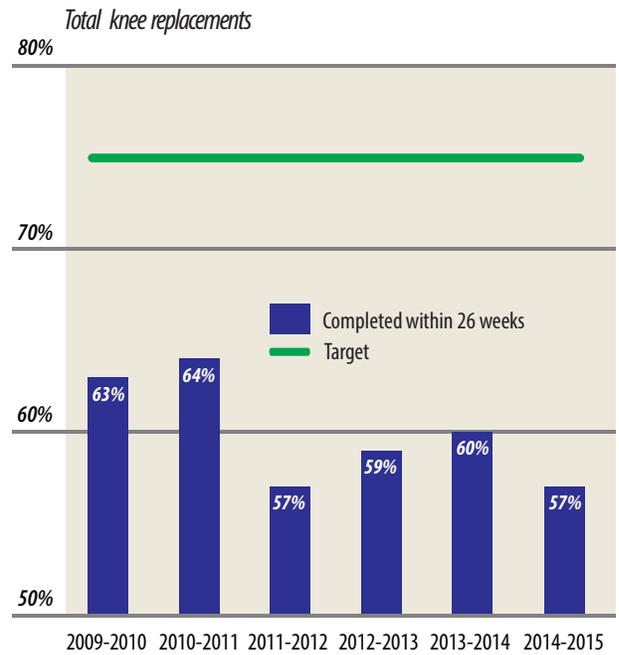
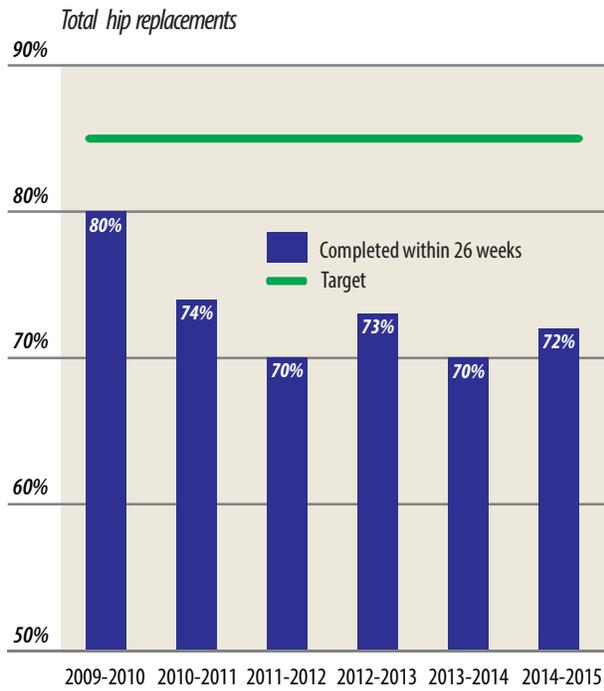
Alternate Level of Care (ALC)

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, as compared to the national average.

New Brunswick- Percentage of ALC days compared to the national average over the past 5 years	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
NB hospitals % of ALC days	22.5%	20.5%	23.0%	24.3%	25.9%
National average	14.1%	12.9%	13.6%	13.5%	14.11%

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 and 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.

Corporate Services Division

Overview

This division provides advice, support and direction on administrative related issues, specifically financial 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.

Through its **Health Business and Technology Solutions Branch**, the division designs, implements and oversees corporate and 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.

Financial Services 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.

Corporate Support Services 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, records and information management, departmental library, translation and interpretation, telephones, vehicle management, identification cards, mailroom, security and parking. The branch is also

responsible for managing the Third Party Liability Unit, which recovers healthcare costs associated with personal injury claims caused by a negligent act.

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

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

Highlights

Health Business and Technology Solutions in concert with the Health Intelligence and Planning Branch and T4G, established a Hadoop analytics proof of concept that allows department analysts to ask difficult questions of data and quickly discover answers by comparing past and real-time data. Cost and patient profile analyses are performed much faster with much less duplication of effort. The new system is powerful and flexible, allowing for deeper investigation and understanding of what is driving costs and allow for better interventions to create and deliver world-class health care.

Health Intelligence, Policy and Planning Division

Overview

The **Health Intelligence, Policy and Planning Division** is responsible for corporate strategic planning, policy development, legislative development, research, federal/provincial relations, statistical information and data gathering instruments and accountability tools. It also oversees the department's management of personal information and personal health information through its Corporate Privacy Office.

The **Health Intelligence and Planning Branch** provides data-quality, decision-support and database-management services for several large provincial health information systems; data analysis and program evaluation services; integrated planning services to support timely, evidence informed decision making in the planning and management of the health-care system; and serves as the coordinating office for the identification of health research priorities.

The **Policy, Legislation and Intergovernmental Relations 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 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 or her legislative oversight of private health profession legislation. The branch is also the department's lead for federal/provincial/territorial relations.

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 key 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, comprised of the Chief Privacy Offices from the Department, the two regional health authorities, 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.

Highlights

The **Health Intelligence and Planning Branch** coordinated and managed several major corporate information holdings, including data quality improvement activities, renewal of licensing agreements and direction of contract support resources. The division also developed health research capacity in the province through support of the New Brunswick Health Research Foundation; collaboration with the University of New Brunswick on the establishment of the Institute for Research Data and Training; and liaison with individual researchers and research organizations at the provincial and national level.

The **Policy, Legislation and Intergovernmental Relations Branch** participated in amendments to the *Prescription and Catastrophic Drug Insurance Act* to remove the mandatory requirement for New Brunswickers to have prescription drug coverage. The branch also led the development of amendments to the *Mental Health Act* and the *Medical Services Payment Act* to make them more efficient to administer. The branch supported the department's participation in nine intergovernmental Deputy Ministers' meetings and two intergovernmental Ministers' meetings, and established of a number of Atlantic working groups mandated to advance collaborative priorities.

The **Corporate Privacy Office** delivered in-person training to employees on the newly published Privacy Tool Kit, which consisted of the revised Department of Health Corporate Privacy Policy, a Privacy and Security Guide, and privacy protocols.

The **Office of Performance Excellence** coordinated several strategic and improvement initiatives. One of them was providing training to department staff in the

Lean Six Sigma Waste Walk approach to reduce expenses and enhance efficiencies. Twenty-five waste reduction projects were completed, each yielding an average of \$1,600 in savings through simple changes to work practices such as going paperless, reducing inventory, eliminating defects, and optimizing use of people's knowledge and skills.

Human Resources Branch

Overview

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 the basic personnel services for more than 400 employees, 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, and employee wellness; employment equity; official languages; human resources information; organizational and employee performance; and personnel records. The branch is responsible for management and non-union classification activities, Official Languages, and some labour relations for Part 3 employees.

Highlights

The branch supported the department's reorganization and attrition planning to meet budget objectives. Strategic initiatives also focused on improving Score Card measures through Attendance Management.

Financial information

	Budget (\$000)	Actuals (\$000)
Status report by Primary		
– Personal Services	\$33,917.5	\$31,953.1
– Other Services	\$40,263.2	\$30,385.8
– Materials and Supplies	\$9,539.5	\$17,609.1
– Property and Equipment	\$5,936.6	\$4,615.6
– Contributions and Grants	\$2,503,996.2	\$2,461,608.3
– Debt and Other Charges	\$-	\$562.8
Grand total	\$2,593,653.1	\$2,546,734.7
Status report by program		
– Corporate and Other Health Services	\$296,895.6	\$271,721.0
– Medicare	\$582,924.7	\$594,783.2
– Drug Programs	\$214,677.6	\$178,164.6
– Regional Health Authorities	\$1,499,155.2	\$1,502,065.9
Grand total	\$2,593,653.1	\$2,546,734.7
<p>Expenditures were lower than budget mainly due to a number of savings and cost containment initiatives in the health-care system, including lower-than-anticipated growth and enrolment in drug programs and timing of project initiatives. These surpluses were offset by an increase in physician remuneration as a result of a new Fee for Service master agreement.</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 2014-2015 for the Department of Health is presented below.

Number of permanent and temporary employees, as of Dec. 31 of each year		
Employee type	2014	2013
Permanent	377	371
Temporary	42	44
TOTAL	419	415

The department advertised 29 competitions, including 19 open (public) competition and 10 closed (internal) competitions.

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

Appointment type	Appointment description	Section of the <i>Civil Service Act</i>	Number
Specialized Professional, Scientific or Technical	An appointment may be made without competition when a position requires: <ul style="list-style-type: none"> • a high degree of expertise and training • a high degree of technical skill • recognized experts in their field 	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)	0
Lateral transfer	The GNB transfer process facilitates the transfer of employees from within Part 1, 2 (School Boards) and 3 (Hospital Corporations) of the Public Service.	16(1) or 16(1)(c)	9
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*, one complaint alleging favouritism was made to the Deputy Head of the Department of Health 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
34	<i>An Act to Amend the Medical Services Payment Act</i>	May 21, 2014	The amendments to the Act move forms from regulation into policy. This will make future administrative amendments to forms less time consuming, and require less staff resources.
35	<i>An Act to Amend the Mental Health Act</i>	May 21, 2014	The amendments to the Act move forms from regulation into policy. This will make future administrative amendments to forms less time consuming requiring less staff resources.
76	<i>An Act to Amend the Mental Health Services Act</i>	May 21, 2014	The amendments to the Act provide for representation of the business community and First Nations on the Mental Health Services Advisory Committee by increasing the number of “members at large” on the committee by two positions, for a maximum total of nine, and reducing the number of representatives from “mental health interest groups” by two for a total of 16.
4	<i>An Act to Amend the Prescription and Catastrophic Drug Insurance Act</i>	March 27, 2015	The amendments to the Act eliminated the April 1, 2015, mandatory requirement for New Brunswickers to have prescription drug insurance; eliminated the April 1, 2015, requirement for private group drug plans scheduled to meet minimum coverage standards; provided for the continuation of a voluntary New Brunswick Drug Plan; and addressed administrative issues identified since the introduction of the Act and its regulations.

Summary of Official Languages activities

Introduction	The Department of Health is committed to delivering services to the public in their Official Language of choice and has developed an <i>Official Languages Action Plan</i> to ensure this occurs. This plan is being implemented and includes strategic means for each of the four sectors of activity (focus) found in GNB's <i>Plan on Official Languages</i> . In addition, the department continues to make progress on the five-year <i>Action Plan for an Equitable Distribution of Health Services</i> (2013-18), representing an investment of \$10 million over five years, which was in its second year of implementation in 2014-2015.
Focus 1	Through the implementation of the five-year <i>Action Plan for an Equitable Distribution of Health Services</i> , several services were introduced in the Vitalité Health Network to improve access. New initiatives that started: the implementation of a cardiac rehabilitation program in Zone 4; the designation of the Edmundston, Campbellton and Chaleur regional hospitals as university-affiliated hospital centres; the implementation of a provincial bone bridges implant program in Zone 6; and the implementation of a sexual assault nurse examiner program. Funding was provided the Horizon Health Network to improve access to francophone services through various initiatives such as the hiring of Official Languages advisors, conducting audits of the active offer of services, development of a communication plan, second-language training and promotional activities, hiring a bilingual Internal medicine specialist in the Miramichi region and the delivery of various health programs in French.
Focus 2	The department continues its work to create an environment conducive to Part 1 employees working in their Official Language of choice.
Focus 3	The <i>Action Plan for an Equitable Distribution of Health Services</i> is intended to increase accessibility, address genuine gaps in the system and improve distribution of services to the francophone population across New Brunswick. In the future, new services will only be added to New Brunswick's health-care system if they are in keeping with the principles of financial and clinical sustainability, safety, quality, and adequate patient volumes. If a new service is added or a service is extended, it will be provided, where possible in the health authority not currently offering it.
Focus 4	The department's objectives were to raise awareness about the <i>Official Languages Act</i> and its relevant policies and regulations among employees, encourage staff to use available tools, and explain the protocol to managers. Employee orientation materials were updated to include information about the Act.
Conclusion	The Department of Health successfully met all of its objectives for Part 1 with respect to the <i>Official Languages Action Plan</i> . In addition, the continuation of the <i>Action Plan for an Equitable Distribution of Health Services</i> will ensure better access to health-care services 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
Medicare Payments to Doctors, 2012	3	2
E-Health Procurement and Conflict of Interest, 2012	5	5

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 of Health did not receive any such disclosure(s) in the 2014-2015 fiscal year.