



# Department of Health

Annual Report  
2013-2014



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Published by:

Department of Health  
Province of New Brunswick  
P.O. Box 5100  
Fredericton, New Brunswick  
E3B 5G8  
Canada

Printed in New Brunswick

ISBN: 978-1-4605-0742-1  
ISSN: 1449-4704

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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, 2013, to March 31 2014.

Respectfully submitted,



Hon. Victor Boudreau

Minister

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The 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 2013-2014.

Respectfully submitted,



Tom Maston

Deputy Minister

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# Minister's Message

A leading-edge, accessible health-care system will be important as we strive to move New Brunswick forward and build a stronger province.

New Brunswickers want and deserve a health-care system that is responsive to their needs. With the vision of making our province the best place to raise a family, our government's goal is to provide New Brunswickers with the tools they need to improve their health and prevent illness.

The mandate of the Department of Health is to plan, fund and monitor the health care system. This new annual report format presents the department's overall performance during the last year in a transparent way that allows the public to see the progress that has been made in key areas.

I look forward to working with the dedicated professionals within our health-care sector to achieve success in the coming year.

Hon. Victor Boudreau  
Department of Health

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# 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. Given the province's financial challenges and the fact that the Department of Health's budget represents more than 30 per cent of the province's budget, the department has been tasked with changing the way it does business by using existing resources to move towards sustainable health care. Fiscal year 2013-2014 was a year of progress on that front.

The year began with an historic zero-growth budget for health-care and ended with the department coming in under budget for the second consecutive year. During the year, the department also adopted government's formal management system and developed a strategy map and a balanced scorecard with the goal of using existing resources more effectively to achieve better results within the department and the health-care system as a whole.

This responsible fiscal management made it possible to make significant investments in many areas of health care, including:

- The introduction of the New Brunswick Drug Plan which is helping New Brunswickers avoid catastrophic drug costs and ensure prescription drug coverage is available to everyone;
- Further implementation of the strategies set out in A Primary Health Care Framework for New Brunswick including the implementation of primary health care teams and conducting community health needs assessments around the province;
- Implementing additional strategies in support of the Action Plan for Mental Health in New Brunswick 2011-2018 such as establishing Assertive Community Treatment teams and Flexible Assertive Community Treatment teams in each health zone to provide community interventions to those suffering from severe mental illness and expanding the youth engagement initiative throughout the province to mobilize communities and build community capacity to support youth mental health;
- Supporting initiatives under the Action Plan for Equitable Distribution of Health Services such as establishing a new rheumatology clinic at the Edmundston Regional Hospital, designating the Dr. Georges-L. Dumont University Hospital Centre as the second provincial site for bariatric surgery and improving access to services and programs for francophones using the Horizon Health Network in the Saint John, Fredericton and Miramichi regions.

In addition to investing in health-care, the department also released Rebuilding Health Care Together: The Provincial Health Plan 2013-2018 which provides strategic guidance for the planning, governance and delivery of health care. The health plan is used to manage existing services and resources, develop new programs and policies and make financial decisions based on seven key design principles: access, appropriate range of services, effective, efficient, equitable, safe and clinically sustainable.

During 2013-2014, the Department of Health made significant progress. The department will continue to build upon that progress as we move toward more sustainable, effective health care for New Brunswickers.

Tom Maston  
Department of Health

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# Highlights

Major efforts to make New Brunswick's health-care system more efficient, effective and sustainable were undertaken by all of the province's health-care partners. By the end of the year, the Department's \$2.6-billion budget was \$45 million under budget.

\*

The New Brunswick Drug Plan was created to help New Brunswickers avoid catastrophic drug costs and ensure that prescription drug insurance is available to all residents of the province.

\*

Rebuilding Health Care Together: The Provincial Health Plan 2013-2018 was released.

\*

A two-year agreement was reached with the New Brunswick Medical Society with regard to fee-for-service physicians.

\*

Patient Connect NB, a new provincially managed patient registry for New Brunswickers without a family physician was created. Patient Connect NB matched 6,200 patients with primary health care providers in its first year of operation.

\*

Community health needs assessments were conducted in the Edmundston region, the Restigouche region, Bathurst, Moncton, Saint John, Petitcodiac, St. Stephen, Fredericton and Oromocto.

\*

A new provincial perinatal program designed to improve care for expectant mothers and babies was launched.

\*

Six new video vignettes were created and released to promote breastfeeding and support New Brunswick mothers.

\*

The target age group for routine breast cancer screening was expanded for average-risk women to ages 50-74.

\*

A new automated system to support the monitoring of accountability benchmarks for salaried physicians was developed and enhanced.

\*

A progress report on the Action Plan for Mental Health in New Brunswick 2011-18 was released.

\*

The New Brunswick Student Drug Use Survey Report 2012 was released.

\*

The provincial government entered into a new partnership with McKesson Canada to introduce a new pharmaceutical supply chain model in hospitals that will increase patient safety.

\*

A health intelligence road map was developed to guide the establishment of formal, integrated processes and associated structures.



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# Strategic Priorities

## Strategy Management

The Government of New Brunswick (GNB) has implemented 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 in both public and private sectors to execute strategy.

The formal management system starts with a strategic vision. The government expresses its vision through the themes for a stronger economy and an enhanced quality of life while living within our means. This strategic vision is articulated through the strategy map, which is a tool to provide focus and overall direction for improvement.

## The Perspectives of the Strategy Map

The strategy map focuses on what's important to citizens: stimulating job creation and getting more people working; access to necessary programs and services; and providing value for their tax dollars.

The financial perspective addresses the financial requirements needed to sustainably support the commitment to citizens, stretching across all three themes of the vision. The financial perspective focuses on supporting the private sector to stimulate growth, ensuring the government lives within its means by achieving a sustainable budget, and funding priority programs to contribute to an enhanced quality of life.

The internal processes are government's direct role in achieving the vision. They are the strategic improvements government needs to successfully implement to achieve the vision. Each department sets its own goals and priorities within the strategic themes to match its programs and specialized needs.

The enablers ensure that GNB is ready to execute the strategy through internal processes. Leaders and employees need to develop and demonstrate behaviours that engage others to ensure the success of strategic projects. Leaders need the right information at the right time to make strategic decisions, and the culture must align and recognize those who contribute to achievement of the strategy.

## Departmental Strategy Map

Due to the complexity of New Brunswick's health-care system and its direct impact upon New Brunswickers, the Department of Health began to implement a formal management system in advance of its scheduled participation date of 2014-15.

A strategy map was developed to help guide strategic planning and program delivery in 2013-14. As health care does not have a direct role in economic development, no objectives or measures were developed for the Government of New Brunswick's Stronger Economy strategic theme.

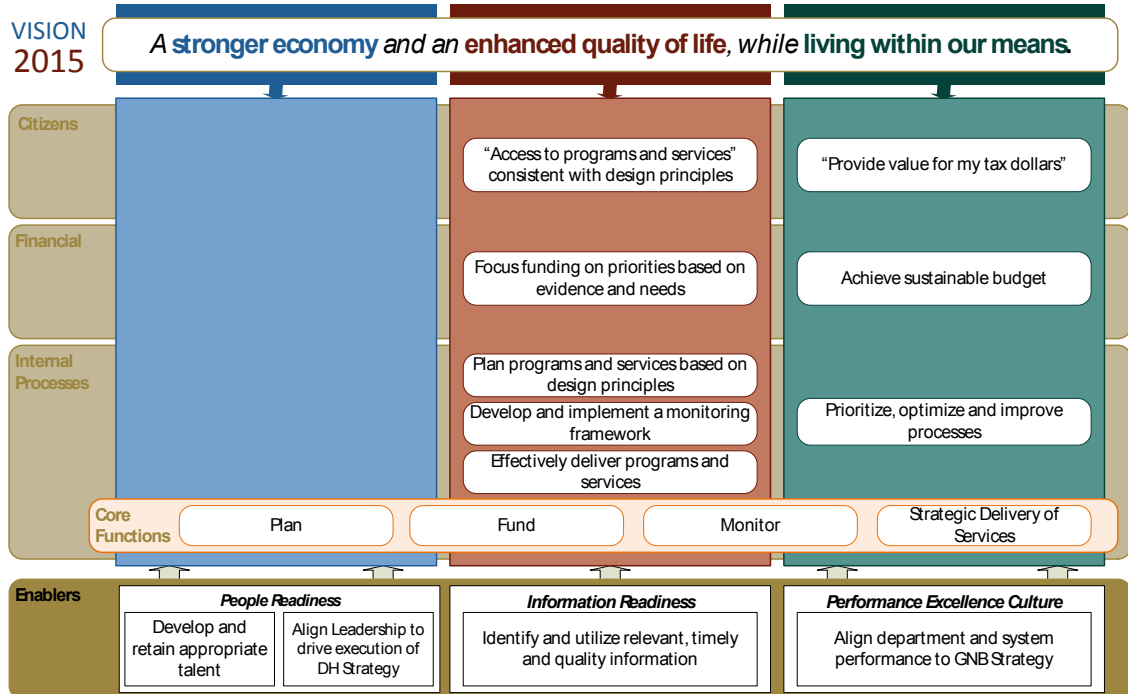


## Department of Health

Strategy Map  
2013-2014

**GNB Mission:** Providing quality services to support a prosperous, fair and just society for New Brunswick

**Health Mission:** We provide oversight; leading and enabling a Sustainable Health System through planning, funding, monitoring and strategic service delivery



**Values:** Competence - Impartiality - Integrity - Respect - Service

**Design Principles to guide development of programs and services:** Access - Appropriate Range of Services - Effective - Efficient - Equitable - Safe - Clinically Sustainable

# Performance Measures

Strategic Theme: Enhanced Quality of Life	Measures
"Access to programs and services" consistent with design principles	Milestones per quarter for the New Brunswick Drug Plan  Patients assigned from patient registry to a family physician or nurse practitioner
Focus funding on priorities based on evidence and needs	% of 2013-14 Provincial Health Plan initiatives implemented by due date
Develop and implement a monitoring framework	Monitoring framework elements in use
Effectively deliver programs and services	Reduce number of outstanding unpaid Medicare claims
Strategic Theme: Living Within Our Means	Measures
"Provide value for my tax dollars"	Cost of department/capita
Achieve a sustainable budget	Ratio of actual to budgeted expenditures  Ratio of actual to budgeted revenue
Prioritize, optimize and improve processes	Positions reduced and savings achieved – Part 1
Enablers (HR, IT, Performance Excellence Culture)	Measures
Align department and system performance to GNB strategy.	Average number of sick leave days – Part 1  % of performance reviews (fully) completed – Part 1

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## Enhanced Quality of Life: “Access to programs and services” consistent with design principles

### Measure:

Milestones per quarter for the New Brunswick Drug Plan

### Description of measure:

This indicator monitors progress towards the implementation of the New Brunswick Drug Plan

### Overall performance:

Phase 1 of the New Brunswick Drug Plan came into effect April 1, 2014.

**Baseline:** n/a

**Target:** 6

**Actual:** 6

### Why do we measure this?

The New Brunswick Drug Plan can help New Brunswickers avoid catastrophic drug costs and ensure that prescription drug insurance is available to every New Brunswicker. Affordable access to prescription medications can contribute to a patient’s overall health and reduce costs to the health-care system. Its implementation was also a commitment of Overcoming Poverty Together: New Brunswick’s Economic and Social Inclusion Plan.

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

To achieve this target, the Department of Health met the following milestones:

- A stakeholder engagement process
- The Prescription and Catastrophic Drug Act received Royal Assent on March 26, 2014.
- Regulations supporting the Act took effect on April 1, 2014.
- A stakeholder engagement process was undertaken, including a year-long consultation process on business contribution to the drug plan.
- A formal agreement was signed with the plan administrator.
- Public communications/marketing strategy launched as planned.

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# Enhanced Quality of Life: “Access to programs and services” consistent with design principles

**Measure:**

Patients assigned from patient registry to a family physician or nurse practitioner

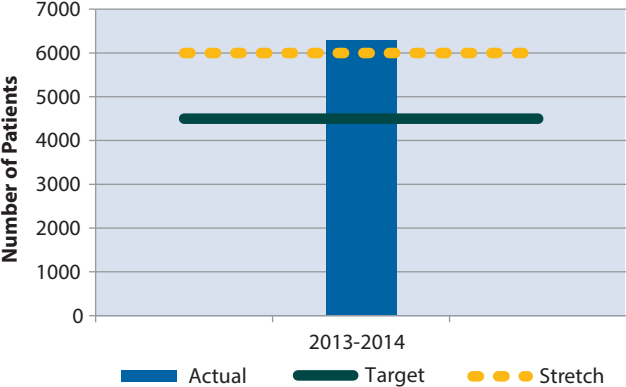
**Description of measure:**

This measure tracks the number of New Brunswickers who, were assigned to a family doctor or nurse practitioner through Patient Connect NB.

**Overall performance:**

The department exceeded its full year target by 2,286 patients.

- Baseline:** n/a
- Target:** 4,500/year
- Actual:** 6,286



**Why do we measure this?**

Access to a primary health-care provider is a top priority for New Brunswickers and is an important factor in a patient’s overall health. It also reduces pressure on emergency departments and after-hours clinics.

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

Patient Connect NB, New Brunswick’s first managed registry for patients without a primary health-care provider was launched in May 2013. In its first year of operation, nearly 6,300 New Brunswickers were matched with a family doctor or nurse practitioner.

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## Enhanced Quality of Life: Focus funding on priorities based on evidence and needs

### Measure:

% of 2013-14 Provincial Health Plan initiatives implemented by due date

### Description of measure:

New Brunswick's Provincial Health Plan includes a list of initiatives that is updated each fiscal year. This indicator tracks progress in their implementation.

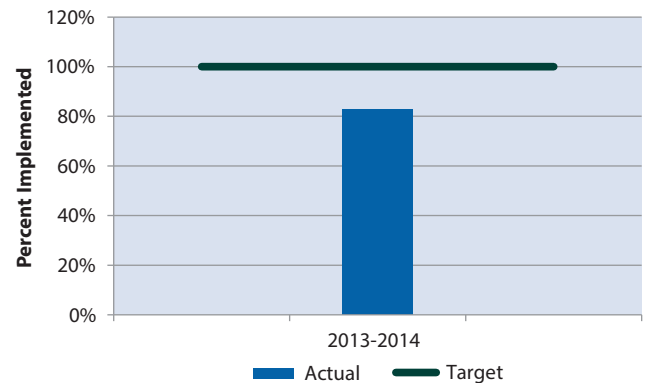
### Overall performance:

Of the 24 initiatives contained in the health plan, 14 were assigned to the Department of Health and 10 were assigned to the regional health authorities. Only one of the department's initiatives was slightly off track at the end of the fiscal year. Horizon Health Network had completed two of its nine initiatives, five were on track and two were slightly off track. All 10 of the Vitalité Health Network's initiatives were on track.

**Baseline:** n/a

**Target:** 100%

**Actual:** 83%



### Why do we measure this?

The provincial health plan is designed to give health-care professionals and system administrators the strategic guidance and direction they need for the planning, governance and delivery of health care in New Brunswick. It included a list of initiatives that were to be carried out during its first year as part of an overall effort to renew New Brunswick's health-care system.

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

A total of 24 initiatives were identified specifically in as part of the first year of implementation of the Health Plan. Details of these initiatives are available on the Department of Health's web site.

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# Enhanced Quality of Life: Develop and implement a monitoring framework

**Measure:**

Monitoring framework elements in use

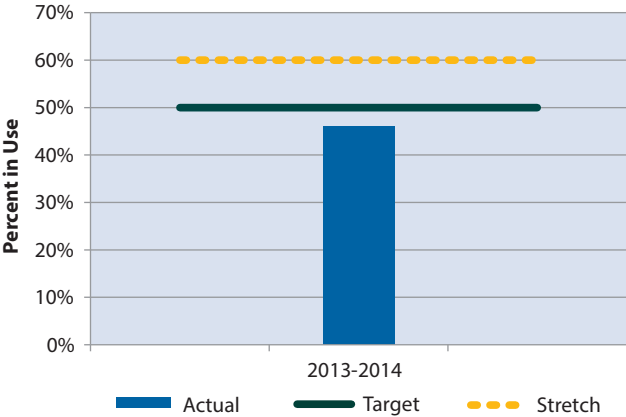
**Description of measure:**

This measure tracks the department’s progress in developing and implementing a monitoring framework to support the department’s role in monitoring the health-care system’s effectiveness and efficiency.

**Overall performance:**

The progress in this work meets the established target.

- Baseline:** n/a
- Target:** 50%
- Actual:** 46%



**Why do we measure this?**

One of the Department’s key responsibilities is to monitor the health-care system’s performance. However, it is difficult for senior managers to have timely access to key indicators that would easily measure this. A monitoring framework will improve the department’s ability to conduct this work.

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

In 2013-14, a department-level dashboard was developed and work is ongoing to cascade dashboards to the divisional level.

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## Enhanced Quality of Life: Effectively deliver programs and services

### Measure:

Reduce the number of outstanding unpaid Medicare claims

### Description of measure:

This indicator measures the number of Medicare claims that have not been paid to physicians.

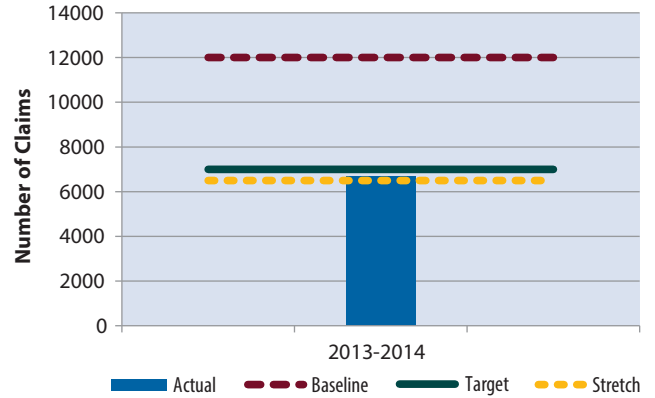
### Overall performance:

In 2013-14, the Department exceeded its target, reducing the number of unpaid Medicare claims from 12,000 to 6,704

**Baseline:** 12,000

**Target:** 7,000

**Actual:** 6,704



### Why do we measure this?

Unpaid Medicare claims are typically claims for payment for services provided by fee-for-service physicians that must be assessed and processed manually for a variety of reasons. A reduction in the number of unpaid claims is an indicator of more efficient internal processes and results in greater satisfaction for physicians.

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

This target has been achieved through minor modifications to data systems and policies.



# Living Within Our Means: “Provide Value for my Tax Dollars”

**Measure:**

Cost of department/capita

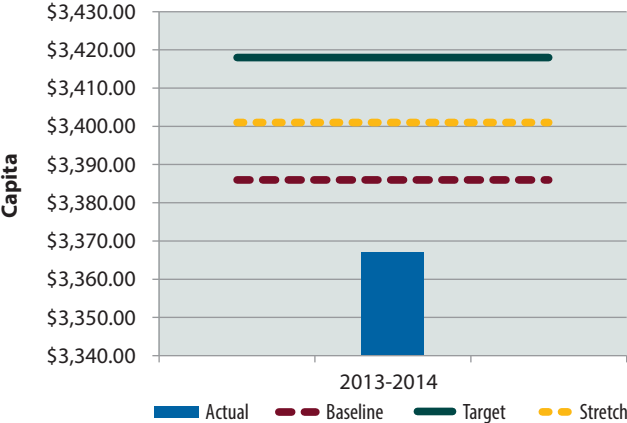
**Description of measure:**

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

**Overall performance:**

In 2013-14, the cost to operate the Department was \$3,386 for each New Brunswicker. By the end of the fiscal year, this cost had been reduced to \$3,357.

- Baseline:** \$3,386
- Target:** \$3,418
- Actual:** \$3,357



**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 projects were undertaken in the reporting year to achieve the outcome?**

To achieve this target the department undertook extensive efforts to renew the province’s health-care system and developed monthly financial reporting tools as a pilot project for GNB. Remedial action was initiated as required.

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## Living Within Our Means: 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

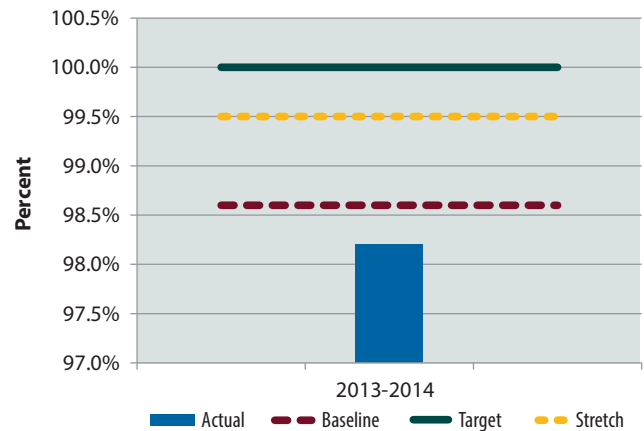
### Overall performance:

The Department of Health's budget for 2013-14 was \$2.5 billion. Through close monitoring of its expenditures and work with key partners such as the regional health authorities and FacilioCorpNB, the department finished the year \$45 million under budget.

**Baseline:** 98.6%

**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 projects were undertaken in the reporting year to achieve the outcome?

To achieve this target, the department undertook a significant effort with health-care partners to renew health-care and make it more efficient and effective without compromising patient care. Initiatives undertaken by the department to achieve the target included introducing a frequency of dispensing policy, and reducing the price of generic drugs.

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# Living Within Our Means: Prioritize, optimize and improve processes

**Measure:**

Positions reduced and savings achieved – Part 1

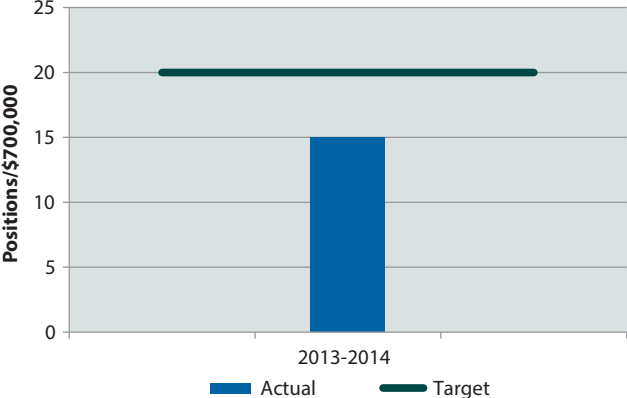
**Description of measure:**

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.

**Overall performance:**

The department exceeded its target in 2013-14, reducing its workforce by 15 positions and saving \$700,000.

- Baseline:** n/a
- Target:** 20 positions/\$700,000
- Actual:** 15 positions/\$700,000



**Why do we measure this?**

Government is working to reduce size of the public service by taking advantage of retirements and natural attrition to achieve savings.

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

As part of the department’s human resources plan, the Human Resources Branch worked with assistant deputy ministers and managers to identify positions which could be targeted for elimination through attrition.

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## Enablers: Align department and system performance to GNB strategy

### Measure:

Percentage of employee performance reviews fully completed

### Description of measure:

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

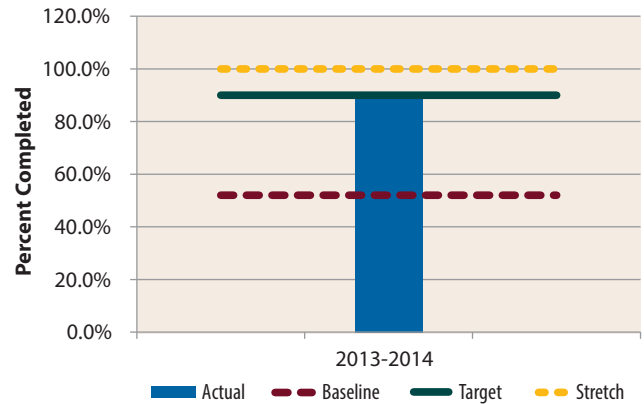
### Overall performance:

In 2013-14, the Department placed increased emphasis on ensuring managers completed employee performance reviews and increased its results by nearly 40%.

**Baseline:** 52%

**Target:** 90%

**Actual:** 90.1%



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

In 2013-14, the Human Resources Branch implemented a reporting system to monitor completion rates and notify managers when performance reviews are not completed on time.

# Enablers: Align department and system performance to GNB strategy

### Measure:

Average number of sick leave days

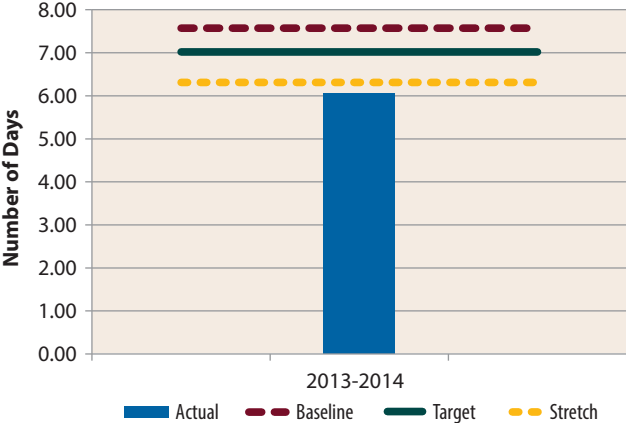
### Description of measure:

This measure shows how many sick leave days were taken, on average, per full-time employee.

### Overall performance:

At the end of 2013-14, the Department reduced its average paid sick leave days per employee from 7.57 to 6.05.

- Baseline:** 7.57
- Target:** 7.02
- Actual:** 6.05



### 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 loss productivity, as well as staff replacement costs.

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

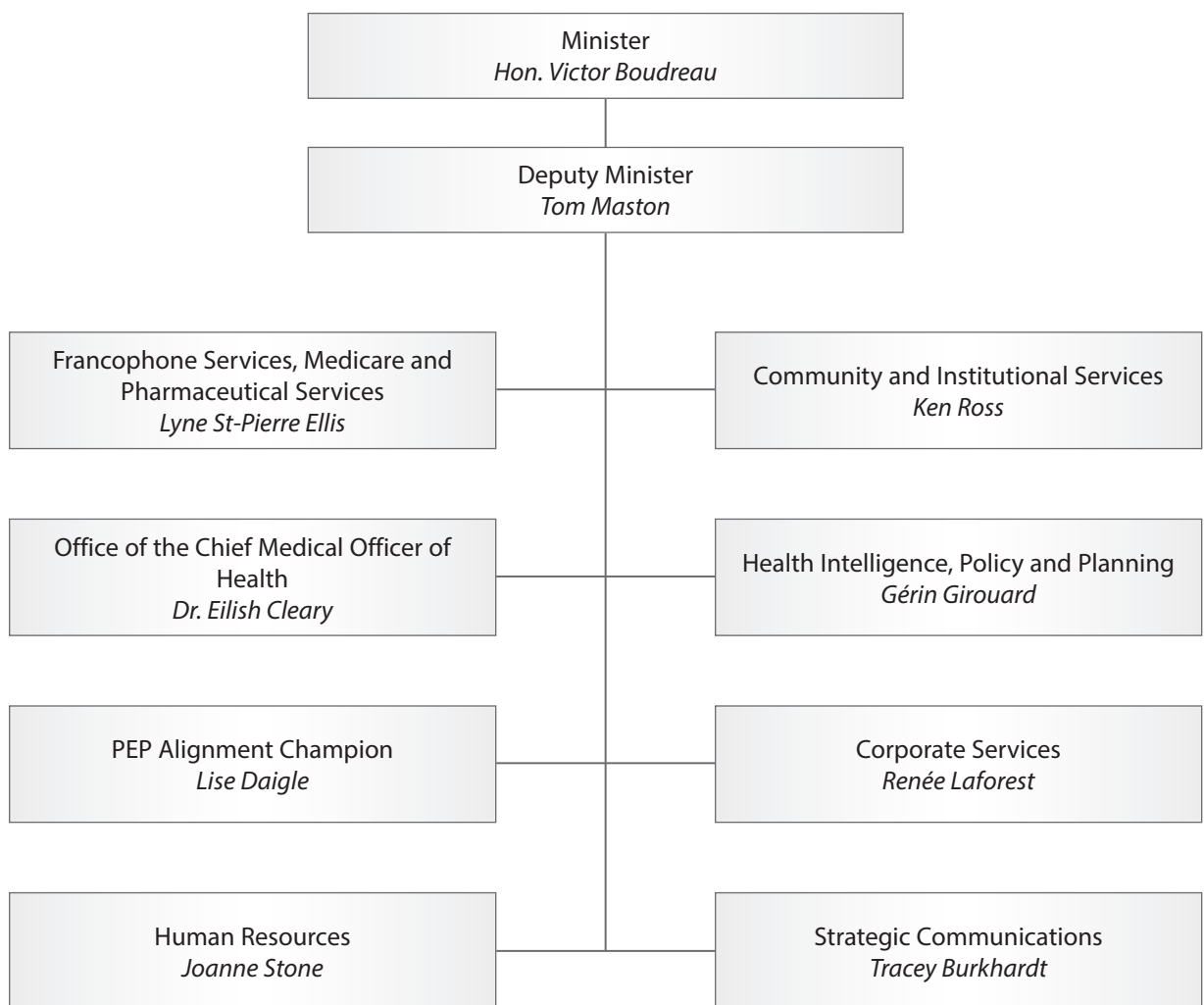
In 2013-14, the department implemented government’s new attendance management program, and provided attendance management training to all managers. Quarterly reporting was also introduced.

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# Overview of Departmental Operations

The New Brunswick 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



(As of March 31, 2014)

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## Division Overview And Highlights

### Office of the Associate Deputy Minister of Health

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 services and physician remuneration, health human resources planning, 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 to provide 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.

Finally, the division operates and co-ordinates pharmaceutical policies, programs and services in the following areas: New Brunswick Prescription Drug Program, the New Brunswick Drug Plan, the prescription monitoring program and the drug information system.

### Highlights

The **Medicare Services Branch** implemented a risk-based audit process as well as an electronic radiology billing system for fee-for-service radiologists. A process improvement project was undertaken to improve the Medicare notice of expiry process. The results of this effort will be implemented effective August 1, 2014. An agreement was reached with the NB Medical Society for two-year contract for fee-for-service physicians.

Along with its successful efforts to introduce the New Brunswick Drug Plan, the **Pharmaceutical Services Branch** also revised and expanded New Brunswick's generic drug pricing policies. The price of generic drugs reimbursed by the New Brunswick Prescription Drug Program was reduced from 35 per cent of the brand drug price to 25 per cent of the brand drug price, effective June 1, 2013.

Through the Council of the Federation's pan-Canadian Competitive Value Price Initiative for Generic Drugs, the prices of six widely used generic drugs were set at 18 per cent of the brand drug price, effective April 1, 2013.

The New Brunswick Perinatal Health Care Program was created following recommendations made to the Minister of Health by a multi-stakeholder working group. The provincial program will provide leadership and advocacy as well as evidence informed policy and practice for excellence in maternal and newborn health in New Brunswick.

The first year of the Action Plan for an Equitable Distribution of Health Services (2013-2018), was implemented which included an investment of \$2 million.

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## Office of the Chief Medical Officer of Health

The **Office of the Chief Medical Officer of Health's** mission 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.

Public Health programs and services are provided by the department as well as by the regional health authorities. These programs and services fall under three broad categories: (1) Communicable Disease Control, (2) Public Health Practice and Population Health, and (3) Health Protection and Healthy Environments.

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 NB 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 both within and outside the NB government. Population health surveillance includes collecting data, conducting analyses, and reporting trends concerning population health topics in NB 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 **Health Protection and Healthy Environments Branches** have responsibilities under the *Public Health Act, Smoke Free Places Act, Cemetery Companies Act, Clean Water Act, Natural Products Act*. They work together 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 we live, work and play.

The **Health Protection Branch** implements the environmental public health programs and requirements of the Acts and associated Regulations through environmental health promotion and education, licensing, inspection, enforcement, and investigation of potential and reported environmental health hazards and communicable diseases.

The **Healthy Environments Branch** develops the environmental public health programs and policy and provides scientific, toxicological, medical and engineering support to the regional Health Protection Branch 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.



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## Highlights

In 2013-14, the Office of the Chief Medical Officer of Health continued with its ongoing main functions:

- Preventing and controlling communicable diseases; efficient and effective management of sporadic cases and of outbreaks, including pandemics.
- Developing publicly funded vaccine programs for routine immunization, high risk targeted population and response to outbreaks such as meningitis.
- Providing leadership in public health emergency situations including planning and responding to health hazards that pose a risk to public health and safety e.g., food, water, air contamination; health risks such as arsenic, radon, etc.
- Monitoring risk factors, preventative measures and disease incidence and prevalence of communicable and non-communicable diseases. Examples include influenza, meningitis, diabetes, heart disease, immunization, and unintentional injuries.
- Providing expert advice on health promotion and disease prevention; recommending and developing public health policy
- Primary, “upstream”, prevention of disease and conditions associated with poor health; accomplished through law, policy, health education, and empowerment e.g., tobacco legislation, healthy child development, injury prevention, and development of public health practice.

### **The main highlights are as follows:**

- Developed the Reportable Disease and Events Guide for public health practitioners.
- Developed a surveillance system and public reporting for healthcare acquired infections and serious illness resulting from influenza.
- Published annual Communicable Diseases and Immunization reports.
- Reported on provincial outbreaks.
- Undertook a “Lean Six Sigma” project to find efficiencies in the vaccine program. The target was to reduce product losses, which will ultimately contribute to increased access to safe and available products for New Brunswick’s population. The results of the project will be implemented in the next fiscal year.
- An additional 23,000 doses of influenza vaccine were purchased for the 2013-14 influenza season to meet high demand and ensure that individuals at highest risk get priority access to available public vaccine supply.
- Six new video vignettes were created and released to promote breastfeeding and support New Brunswick mothers.
- Launched the first edition of Lien Nutrition Link newsletter, a collaborative effort between the Office of the Chief Medical Officer of Health, Vitalité Health Network and Horizon Health Network. The goal of the newsletter is to provide bi-annual updates on nutrition initiatives, activities and successes occurring across the Public Health system.
- Released a report on the State of Public Health in New Brunswick 2013: Heart Health.
- Released the NB Student Drug Use Survey Report 2012.
- Held a NB Stakeholder Dialogue on Energy Drinks in Fredericton.
- Published an issue of “New Brunswick Health Indicators” reporting on student consumption of Energy Drinks as reported in the 2012 New Brunswick Student Drug Use Survey.

A new *Artificial Tanning Act* was proclaimed, based partly on the results of the verification of compliance.

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## Community and Institutional Services Division

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); Adult Community Mental Health Services (short- and long-term interventions to adults); 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 the following 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** provide support and collaborative work efforts with the regional health authorities and FacilicorpNB to meet health renewal objectives and achieve Government of New Brunswick 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 (NBCN)** 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

The **Addictions and Mental Health Services Branch** developed an awareness campaign: "Even in your darkest hour...there is always hope". This campaign targets individuals struggling with addiction, problem gambling; and promotes suicide prevention.

Major efforts to implement the Mental Health Action Plan 2011 – 2018 were also undertaken including 70 education sessions attended by almost 1,200 people about the province's new recovery approach. Eighty-nine young people benefited from Early Psychosis programs implemented throughout the province providing a continuous, coordinated, comprehensive service to both affected youth and caregivers. Work continued with other departments on the development and implementation of the integrated service delivery model for New Brunswick children and youth.

In partnership the Department of Social Development, the **Community Health Services Branch** saved more than \$500,000 while enabling more clients to qualify for access to test strips through changes to the health card benefit program. Nine community health needs assessments were undertaken to be used as a planning tool for regional health authorities and support the development of family health teams. The scope of practice for New Brunswick's primary care paramedics was expanded to include advanced airway management for children as well as the use of a gastric tube (with an advanced airway in place) for patients in cardiac arrest.

The **Health System Standards and Performance Branch** sponsored the 2013 Atlantic Quality and Patient Safety Learning Exchange which brought together Atlantic health-care leaders and frontline providers to learn about and share the latest efforts and activities surrounding patient safety and quality improvement.

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Provincial Disclosure Guidelines Related to Patient Safety Incidents were also released. This document will assist NB health-care organizations in developing policies regarding the disclosure of safety incidents (adverse events) to patients.

The **Hospital Services and Operations Branch** supported New Brunswick's hospital laboratories as they successfully completed the rigorous Ontario Laboratory Accreditation (OLA) process. N.B. laboratories are now accredited to the highest standards of OLA 15189Plus™. N.B. began serving as the Canadian Blood Services lead province on April 1, 2013 and the branch has primary responsibility for this work, which will continue until March 31, 2015.

The **New Brunswick Cancer Network (NBCN)** issued its first-ever report on cancer system performance, covering the years 2006-2012. The NBCN also released its first-ever report on the performance of New Brunswick's breast cancer screening services program, which was established in 1996. The report covered the period of 1996-2009.

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## Corporate Services Division

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 province's 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

**Financial Services Branch** successfully established a monthly accrual reporting process to allow for improved reporting to central government. This is the first the department in the Province of New Brunswick to do this.

The **Health Business and Technology Solutions Branch** successfully rolled out an electronic medical record solution for physicians' offices that is integrated with the provincial electronic health record. The Department of Health partnered with the New Brunswick Medical Society to offer this software to physicians across the province.

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## Health Intelligence, Policy and Planning Division

The **Health Intelligence, Policy and Planning 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. 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 of Health. The branch supports the minister in respect of his/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 oversee the department's management of personal information and of 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 Corporate Privacy Office works cooperatively with key health partners under the guise of the Chief Privacy Officer's Working Group to support a consistent approach to the protection of privacy in New Brunswick. The group is comprised of the Corporate Privacy Offices from the department, the two regional health authorities, FacilicorpNB and Ambulance New Brunswick.

## 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.

In 2013-14, the **Policy, Legislation and Intergovernmental Relations Branch** provided support and advice to self-regulated professions in the introduction, review, amendment and modernization of private legislation including the introduction of a new *Pharmacy Act*, of *An Act to incorporate the College of Massage Therapists of New Brunswick* as well as amendments to *An Act Respecting the New Brunswick Medical Society and the College of Physicians and Surgeons of New Brunswick*.

The **Corporate Privacy Office** published a revised Department of Health Corporate Privacy Policy, a Privacy and Security Guide, and several privacy protocols for assessing privacy risks related to various activities.

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## Human Resources Branch

The **Human Resources Branch** supports the strategic and operational objectives of the Department of Health by attracting and recruiting quality employees. The branch helps develop them through policies and programs that enable employees to realize their full potential. As well as providing the basic personnel services for over 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. Human Resources are responsible for management and non-union classification activities, official languages, and some labour relations for Part III employees.

## Highlights

The Human Resources 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 and Turnaround Interview Training, performance management reporting and implementing our action plan to improve employee engagement and wellness.

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## Strategic Communications Branch

The **Strategic Communications Branch** communicates the programs, policies and activities of the Department of Health through strategic communications planning and support. It includes three streams of activities which are: public affairs and media relations; production services; and internal communications and web services.

The branch's public affairs and media relations team develops communications plans, provides advice and support to the minister and senior managers; conducts media relations, plans announcements and news conferences; and prepares communications documents such as speeches, news releases and correspondence. The production services team works with other branches in the department to develop and disseminate public education materials that promote a healthier public. The internal communications and web services team is responsible for the department's website and its intranet site for health employees, as well as for employee engagement. It also provides editorial and technical support in the development of materials related to special departmental initiatives.

## Highlights

The **Strategic Communications Branch** provided advice and support for several departmental initiatives in 2013-14 including the launch of the New Brunswick Drug Plan, the release of the Provincial Health Plan and the department's work to adopt the government's formal management system.

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# Financial Information

## Department of Health Annual Report 2013-14

### *Status Report by Primary*

<b>Primary</b>	<b>Budget (\$000)</b>	<b>Actuals (\$000)</b>
Personal Services	\$32,992.9	\$31,771.3
Other Services	\$35,718.3	\$26,556.6
Materials and Supplies	\$9,996.3	\$14,559.3
Property and Equipment	\$5,680.3	\$5,151.0
Contributions and Grants	\$2,499,427.2	\$2,458,784.8
Debt and Other Charges	\$-	\$1,607.2
<b>Grand Total</b>	<b>\$2,583,815.0</b>	<b>\$2,538,430.2</b>

### *Status Report by Program*

<b>Program</b>	<b>Budget (\$000)</b>	<b>Actuals (\$000)</b>
Corporate and Other Health Services	\$291,299.0	\$275,981.2
Medicare	\$581,565.0	\$578,450.8
Prescription Drug Program	\$187,303.0	\$171,622.8
Regional Health Authorities	\$1,523,652.0	\$1,512,375.4
<b>Grand Total</b>	<b>\$2,583,815.0</b>	<b>\$2,538,430.2</b>

The expenditures of the department of Health were lower than budget by \$45 million. This is mainly due to a number of savings and cost containment initiatives in the health care system, including lower than budgeted costs in the prescription drug program, benchmarking initiatives in the Regional Health Authorities, lower than expected costs for blood products and IT related expenditure reductions.



# 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 their respective departments. Please find below a summary of the staffing activity for 2013-2014 for the Department of Health.

The department advertised 45 competitions, including 22 open competitions and 23 closed 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"> <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)	1
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)	2
Lateral transfer	The GNB transfer process facilitates the transfer of employees from within Part I, II (School Boards) and III (Hospital Corporations) of the Public Service.	16(1) or 16(1)(c)	2
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

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# Summary of Legislation And Legislative Activity

Bill #	Name of legislation	Date of Royal Assent	Link to Legislation
54	<i>Artificial Tanning Act</i>	June 21, 2013	<a href="http://laws.gnb.ca/en/showfulldoc/cs/2013-c.21//20140808">http://laws.gnb.ca/en/showfulldoc/cs/2013-c.21//20140808</a>
20	<i>An Act to Amend the Medical Services Payment Act</i>	December 13, 2013	<a href="http://www.gnb.ca/legis/bill/pdf/57/4/Bill-20.pdf">http://www.gnb.ca/legis/bill/pdf/57/4/Bill-20.pdf</a>
27	<i>Prescription and Catastrophic Drug Insurance Act</i>	March 26, 2014	<a href="http://www.gnb.ca/legis/bill/pdf/57/4/Bill-27.pdf">http://www.gnb.ca/legis/bill/pdf/57/4/Bill-27.pdf</a>

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# Summary of Official Languages Activities

The Department of Health is committed to delivering services to the public in their Official Language of choice has developed an Official Languages Action Plan to ensure this occurs. This plan is being progressively implemented and includes strategic means for each of the four sectors of activity (focus) found in the Government Plan on Official Languages 2011-2014. In addition, the Department released a five-year Action Plan for the Equitable Distribution of Health Services and 2013-14 represented its first year of implementation.

Ensure access to service of equal quality in English and French throughout the province:

- In 2013-14, an audit was performed within the department to ensure that all aspects of the language of service policy were being respected and found that services were provided by departmental staff in both official languages at all times. Branches and units were contacted using an external line to ensure that the active offer was made when answering. Recorded voice mail messages were also checked to ensure they were in accordance with government policies. The active offer was also verified the in-person, as well as signage, correspondence, and electronic services.
- Through the implementation of the five-year Action Plan for the Equitable Distribution of Health Services, several services were introduced in the Vitalité Health Network to improve access, such as the establishment of a rheumatology clinic in Edmundston, improved child psychiatric services throughout the RHA, development of a sleep lab at the Dr. Georges-L. Dumont University Hospital Centre. Funding of \$150,000 was also provided to the Horizon Health Network to improve access to francophone services in that RHA.

An environment and climate that encourages, for all employees, the use of the official language of their choice in their workplace:

- The department continues its work to create an environment that is conducive to Part 1 employees working in their language of choice. In 2013-14, the Deputy Minister sent a memo encouraging employees to work in their language of choice and French Fridays were held to support employees in speaking their language.

In the case of new health services or the extension of services that are slated to be offered at more than one institution in the province, the Government undertakes to consult the health authority where the service does not exist, in order to give it the opportunity to provide it in its network on a priority basis. The principle of “equitable distribution” is part of a catch-up strategy, and its objective is to provide, where possible, a second point of service or extension of service in the health authority not currently offering it.

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Ensure public service employees have a thorough knowledge and understanding of the *Official Languages Act*, relevant policies, regulations, and the province's obligations with respect to official languages:

- In 2013-14, the department's objectives were to raise awareness of the *Act* and its relevant policies and regulations among employees, encourage staff to use available tools, and explain the protocol to managers.
- Activities undertaken to support this objectives include:
  - Information and awareness-raising sessions were held in English and in French and will now be offered yearly.
  - Information and tools were posted to the department's intranet with links to related subjects.
  - A memo from Deputy Minister was sent encouraging staff to use the tools.
  - The Human Resources Branch has incorporated official languages in performance management process.
  - Managers and all staff have been informed of the protocol for official languages.

The Department of Health successfully met all of its objectives for Part 1 with respect to the Official Languages Action Plan. In addition, the introduction of the five-year Action Plan for the Equitable Distribution of Health Services will ensure better access to health-care services in both official languages.

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# 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	3	2
E-health – procurement and conflict of interest	5	5



## Public Interest Disclosure

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 disclosure of wrongdoings in the 2013-14 fiscal year.

# Key Performance Indicators

## Hip & Knee Replacement Surgery

Hip and knee replacement surgery wait time is available as a direct result of the Surgical Access Initiative. The measurement used is from the time the OR booking package is received to the date the surgery occurs.

<p><b>Hip Replacement Surgery Target</b> 85% of hip replacement surgeries to be completed within 26 weeks (6 months)</p>	 <p>The percentage of hip replacement surgeries performed within the benchmark of 26 weeks during 2013-14 was 70%, <b>15% below the target.</b></p>
<p><b>Knee Replacement Surgery Target</b> 75% of knee replacement surgeries to be completed within 26 weeks (6 months)</p>	 <p>The percentage of knee replacement surgeries performed within the benchmark of 26 weeks during 2013-14 was 60%, <b>15% below the target.</b></p>

Percent of surgeries completed within timeframe	2009-10	2010-11	2011-12	2012-13	2013-14
Total hip replacement (within 26 weeks)	80%	74%	70%	73%	70%
Total knee replacement (within 26 weeks)	63%	64%	57%	59%	60%

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

## 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.

<p><b>ALC target</b> The percentage of ALC days is at or under the national average</p>	 <p>The percentage of ALC days for 2013-2014 is above the national average by 10.8%</p>
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NB- % of ALC days compared to the national average over the past 5 years	2009-10	2010-11	2011-12	2012-13	2013-14
NB Hospitals % of ALC Days	20.70%	22.5%	20.5%	23%	24.3%
National Average	13.7%	14.1%	12.9%	13.6%	13.5%

Source: Canadian Institute for Health Information

## Hospital Standardized Mortality Ratio (HSMR)

The ratio of the actual number of in-hospital deaths in a region or hospital to the number that would have been expected based on the types of patients a region or hospital treats.

### NB-HSMR Target

The ratio is below the national



The ratio is observed deaths / expected deaths

Hospital Mortality Ratio over the past 5 years	2009-10	2010-11	2011-12	2012-13	2013-14
NB Hospital Ratio	96	88	89	92	88
National Average	100	96	91	89	85

Source: Canadian Institute for Health Information (CIHI)

## Radiation Therapy Wait Time

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.

### Radiation Therapy Wait Time Target

90% or more patients to receive first radiation treatment within 4 weeks (28 days) of being ready-to-treat)



The percentage of patients who received the first radiation treatment within 4 weeks (28 days) during calendar year 2013 was 97%, **7% above the target**

Cancer indicators over years	2009	2010	2011	2012	2013
Radiation Therapy Wait Times	89%	87%	95%	94%	97%

The New Brunswick Cancer Network (NBCN) reports these and other performance indicators at the website [www2.gnb.ca](http://www2.gnb.ca). allowing public to learn more about the quality of cancer control in NB.

## NB Breast Cancer Screening Services (NB BCSS) - Participation Rate

Participation Rate is a key performance indicator for organized provincial breast cancer screening programs in Canada.

### NB BCSS Participation Rate Target

70% of asymptomatic women from 50 to 69 years of age who received at least one screening program mammogram within 24 months (biennial)



The biennial Participation Rate for breast cancer screening for the fiscal year period 2011-13 (most currently available data) was 57.3%, **18.1% below the target**. It should be noted that the 70% target has not been attained by any province and NB has one of the highest participation rates in the country.

NB BCSS Biennial Participation Rates	2007-09	2008-10	2009-11	2010-12	2011-13
	54.1%	55%	59%	59.1%	57.3%

## Improved access to Tele-Care 811 services

	2012-13	2013-14
<b>Percent of calls answered in 60 seconds</b>	94%	97%



The percentage of calls to Tele-Care 811 answered by a live agent in less than 60 seconds target of 85% **exceeded by 9%**.

## Ambulance Response Times

Ambulance Response Times are achieved through a System Status Plan that is population-based. The measurement used is the actual elapsed time between the time the call is received and the actual times the ambulance arrives at the requested location. For Inter-Facility Transfers the response time is based on the mutually agreed upon pick-up time.

### 911 – Emergency Response Time

Arrives at scene within established response time standards 90% of the time



The percentage of calls meeting or exceeding the Response Time was 96%

### Non-Emergency and Inter-Facility Transfers

Arrives at scene within established response time standards 90% of the time



The percentage of calls meeting or exceeding the Response Time was 98%.