

Health

Annual Report
2016–2017

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Province of New Brunswick
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Transmittal letters


From the Minister to the Lieutenant-Governor

The Honourable Jocelyne Roy Vienneau
Lieutenant-Governor of New Brunswick

May it please Your Honour:

It is my privilege to submit the annual report of the Department of Health, Province of New Brunswick, for the fiscal year April 1, 2016, to March 31, 2017.

Respectfully submitted,



Honourable Benoit Bourque
Minister

From the Deputy Minister to the Minister

Honourable Benoit Bourque
Minister of Health

Sir:

I am pleased to be able to present the annual report describing operations of the Department of Health, Province of New Brunswick, for the fiscal year April 1, 2016, to March 31, 2017.

Respectfully submitted,



Tom Maston
Deputy Minister

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Minister's message

In 2016-2017, our government continued to pursue its focus on creating jobs, supporting economic growth, providing the best health care possible and ensuring that New Brunswick's children and youth have access to a high quality education that prepares them for their future careers.

The department was committed to creating a healthier and stronger New Brunswick by improving access to primary and acute care, providing support to those with mental health challenges and supporting wellness. New Brunswick was the first province to agree to federal funding that will provide \$230 million for home care and mental health. The department hosted two Family Plan summits on primary and acute care and supporting those with mental health challenges. We worked with families, health-care providers and persons with lived experience to introduce community support orders into the province's mental health continuum of care. Progress was made with the regional health authorities to reduce the number of less urgent visits to hospitals and the number of days that patients who are waiting to be discharged to more appropriate care settings remain in hospital. The number of people waiting more than 12 months for a family doctor decreased. The participation rate for the Healthy Toddler assessment program increased by three per cent.

In support of the New Brunswick Family Plan, the department will continue to ensure New Brunswick remains a place where all residents, regardless of ability, can lead healthy and productive lives, where wellness is valued and where families can thrive.



Honourable Benoît Bourque
Minister of Health

Deputy Minister's message

New Brunswick's aging population is presenting an ever-increasing demand for access to quality health-care services. This challenge, combined with the fiscal realities facing the province, requires increased collaboration with the regional health authorities, health professionals and other health-care partners. Through innovation, collaborative planning and Performance Excellence, we are positioning the health-care system to be able to offer the most appropriate care at the correct time. This means providing better access to primary health-care providers, providing more care in the community and at home, as well as providing better access to services that will support families in their most difficult times. This can be achieved through a more co-ordinated approach to health care that will help ensure a seamless continuum of programs and services from beginning to end of life.

In its role to plan, fund and monitor the health-care system, the Department of Health worked with the regional health authorities to reduce hospitalization rates, support better chronic disease prevention and management, and address the financial challenges presented in the current fiscal and demographic context. The department was engaged in discussions with health professional associations to improve access to primary and acute care services. It provided support to the Minister in the negotiation of a new federal funding agreement. The Office of the Chief Medical Officer of Health continued its upstream work to prevent illness and promote safe and healthy lifestyle choices.

The department's work of the past year aligned closely with the *New Brunswick Family Plan*. Activities in the coming year will support the plan's goals and objectives to the benefit of all New Brunswickers. We look forward to continuing our work with stakeholders in support of a healthier population and the provision of efficient and effective health-care services.



Tom Maston
Deputy Minister

Strategic priorities

Strategy management

The **Government of New Brunswick (GNB)** uses a Formal Management system built on leading business practices to develop, communicate and review strategy. This process provides the Public Service with a proven methodology to execute strategy, increase accountability and continuously drive improvement.

The development of the strategy, using the Formal Management system, starts with a strategic vision to move New Brunswick forward. This vision is anchored in five priority areas:

- **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. Growth efforts will be guided by the *New Brunswick Economic Growth Plan*, which focuses on strengthening the workforce; expanding innovation capacity; increasing the agility of government; fostering public and private investment in strategic infrastructure; and growing capital investment from the private sector.
- **Education** – Improving education as guided by two 10-year plans, *Everyone at Their Best* for the anglophone sector and *Donnons à nos enfants une longueur d'avance* for the francophone sector, that identify objectives for the early learning and education system and establish clear expectations for standards and performance. The areas of focus for the first year are: ensuring children and other learners develop the competencies they need to be successful in school and life, improving both literacy and numeracy skills for all learners, and working to make post-secondary education more accessible and affordable.
- **Families** – Creating a healthier and stronger New Brunswick by focusing on seven key areas: improving access to primary and acute care; promoting wellness; supporting those with mental health challenges; fostering healthy aging and support for seniors; advancing women's equality; reducing poverty; and providing support for persons living with a disability.
- **Federal and Aboriginal Relations** – Building stronger relationships with First Nations; strengthening action on climate change; and working with the federal government to maximize federal funding including optimizing infrastructure funding and growing the workforce through immigration.
- **Smart Province** – Providing taxpayers with better value for their money by transforming the culture of government by eliminating duplication; adopting new innovations in technology to improve services and savings; and ensuring GNB has a ready workforce that has the skills, training, support, leadership and working environments it needs to thrive.

Highlights

During the 2016-2017 fiscal year, the Department of Health focused on the following strategic priorities:

- GNB and the federal government signed a 10-year agreement that will provide \$230 million for home care and mental health, and increase annual Canada Health Transfer payments to the province by three per cent per year or the rate of national GDP growth, whichever is higher.
- The department hosted two Family Plan summits on primary and acute care and on supporting those with mental health challenges to assist in the development of the *New Brunswick Family Plan*.
- Legislative amendments were introduced to integrate community support orders into the province's mental health continuum of care.
- The advanced care paramedic pilot project was successfully launched.
- Authorized prescribers and pharmacists can now access Prescription Monitoring Program information to help make safe, more informed decisions. For example, they can use information related to dispensed monitored drug prescriptions and identify the following for a patient: drug quantity and dose, number of prescriptions, potential risky combinations of monitored drugs, and pharmacies where prescriptions have been dispensed.
- Substantial capital investments were made in New Brunswick's major hospitals, including nearly \$21.3 million to continue work on the addition of the new surgical suite at the Dr. Georges-L.-Dumont University Hospital Centre in Moncton; about \$35 million to help build separate units for neonatal intensive care, maternity and newborns at the Moncton Hospital as well as to relocate and improve the hospital's cardiac care areas; about \$4.4 million to continue design and engineering work on a \$200-million addition to the Dr. Everett Chalmers Regional Hospital in Fredericton; and about \$2.5 million to further a \$90-million project to redesign and redevelop the intensive care, surgical and oncology units at the Saint John Regional Hospital.
- Construction began on the new \$14.4-million Provincial Centre of Excellence for Youth in Campbellton.
- Fredericton became the demonstration site for introducing midwives into the health-care system.

Performance measures

Education	Measures
Ensure all pre-school children develop the competencies they need to be successful.	Participation rate for the Healthy Toddler assessment program.
Families	Measures
Reduce hospitalization.	Ambulatory Care Sensitive Conditions (ACSC) hospitalization rate. Percentage of less urgent emergency department visits (triage Level 4 and Level 5). Percentage of Alternate Level of Care (ALC) days. Percentage of residents on the Patient Connect NB waiting list for more than 12 months.
Smart Province	Measures
Cultivate a proud, productive and professional Civil Service.	Total number of sick leave days Percentage of performance reviews (fully) completed – Part 1
Balance budget.	Ratio of actual to budgeted expenditures. Per capita cost for the department. Positions reduced and savings achieved – Part 1.

Education

Objective of the measure

Ensure all pre-school children develop the competencies they need to be successful.

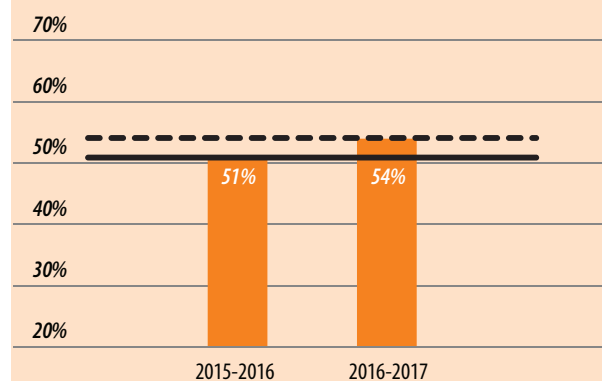
Measure

Participation rate for the Healthy Toddler assessment program.

Description of measure

The measure tracks the number of children with a completed Healthy Toddler assessment versus the number of children eligible to receive a Healthy Toddler assessment by year of date of birth.

Participation rate for the Healthy Toddler assessment program



Overall performance

The performance on this indicator was good. The participation rate increased as projected.

— Baseline (2015-2016): 51%
- - - Target (2016-2017): 54%
Actual: (2016-2017): 54%

Why do we measure this?

Participation rate is the measure used to determine the proportion of children who have been assessed with the Healthy Toddler assessment program. This assessment supports the healthy growth and development of young children by providing early screening and assessment, promoting healthy lifestyle practices and behaviours, identifying resources and referring to services where needed. Ultimately, the government expects that success on this measure will improve educational outcomes in early childhood as well as primary and secondary education.

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

A social marketing campaign was implemented in the winter of 2016 through different channels as well as the GNB website. A survey of parents was completed to understand and identify barriers to participation. The Define, Measure, Analyze, Improve, Control (DMAIC) methodology of Lean Six Sigma was used to identify improvement strategies. Key Performance Indicators were identified to measure progress toward targets.

Families

Objective of the measure

Reduce hospitalization.

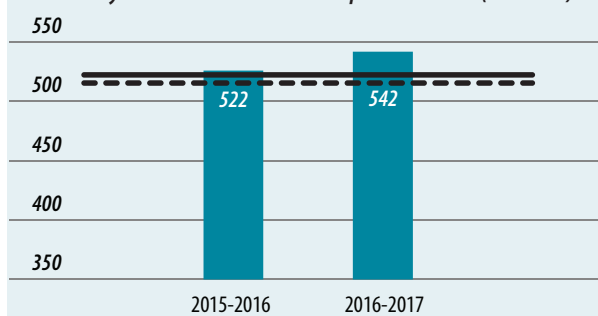
Measure

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 ACSC indicator is multi-faceted and includes admissions for seven different chronic conditions (angina, asthma, Chronic Obstructive Pulmonary Disease [COPD], diabetes, congestive heart failure [CHF], hypertension and seizures). The measure tracks the number of hospitalizations per 100,000 population for individuals younger than 75.

Ambulatory Care Sensitive Conditions hospitalization rate (crude rate)



Overall performance

The measure showed weak performance with hospitalization rising significantly. Age-adjusted rates have been improving during the past years; however, this is not reflected in the crude rate. This reflects the aging population of the province and the prevalence of increasing numbers of residents living with multiple comorbidities. It also reaffirms the need to focus on the improved prevention and management of chronic diseases by addressing needs comprehensively early and throughout the life course.

— Baseline: 522/100,000
- - - Target: 516/100,000
Actual: 542/100,000

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 used for less preventable, acute conditions.

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

From a condition-specific perspective, the department made significant provincial investments in the areas of diabetes and COPD care. The Extra-Mural program's tele-homecare program was scaled up within the Vitalité Health Network to support further reductions in COPD and CHF hospitalizations. The continued roll-out of the Rehab and Reablement Program (under Home First) should contribute to a future reduction in ACSC admissions.

Families

Objective of the measure

Reduce hospitalization.

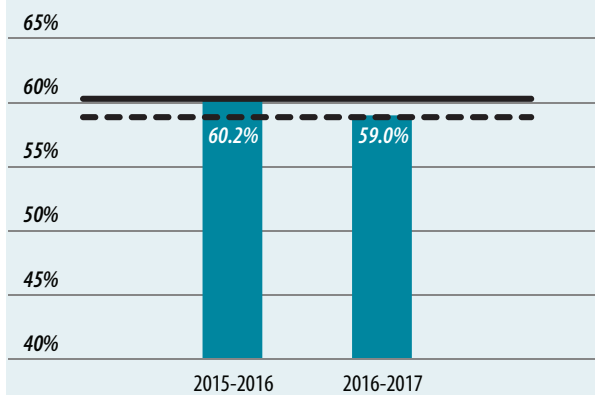
Measure

Percentage of less urgent emergency department visits (triage Level 4 and Level 5).

Description of measure

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

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



Overall performance

This measure showed a good performance once again this year.

— Baseline: 60.2%
- - - Target: 58.8%
Actual: 59.0%

Why do we measure this?

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

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

The department, in partnership with the regional health authorities (RHAs), continued to work to improve access to primary health-care providers such as family physicians and nurse practitioners. RHAs initiated pilot projects seeking to redirect patients from emergency rooms to more appropriate points of care.

Families

Objective of the measure

Reduce hospitalization.

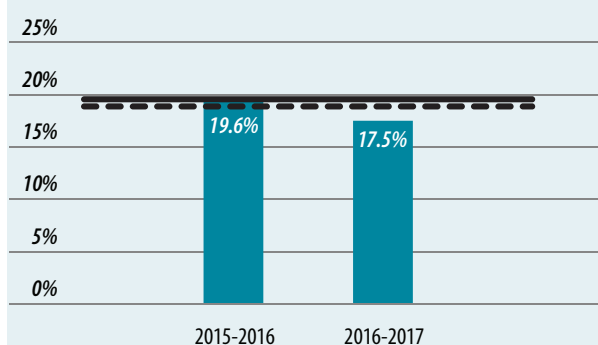
Measure

Percentage of Alternative Level of Care (ALC) days.

Description of measure

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

Percentage of Alternative Level of Care (ALC) days



Overall performance

This measure showed a strong performance against the target. However, performance issues remained in some areas of the province. Efforts continued to decrease this measure.

— Baseline: 19.6%
- - - Target: 19.0%
Actual: 17.5%

Why do we measure this?

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

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

An ALC Collaborative Committee was established with key partners including the department, the Department of Social Development and both RHAs. Priority strategic initiatives were identified and implemented based on the results of the ALC profile the committee had completed at the onset of its work.

The following initiatives took place during the fiscal year:

- Improved access to residential facilities through projects such as: specialized care bed demonstration project, and repurposing specialized care beds to nursing home beds;
- Improved processes that impact the transition to appropriate care such as: ALC integrated committees and Improve Access to the New Brunswick Health Card.

Related initiatives (i.e., implementation of Home First, 132 new nursing home beds in Woodstock/Neguac/Saint John), in the departments of Health and Social Development and the RHAs, also had a positive impact on the ALC rate.

Families

Objective of the measure

Reduce hospitalization.

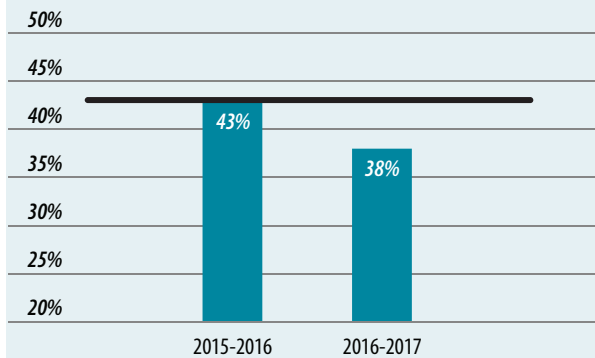
Measure

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

Description of measure

The measure tracks the percentage of patients subscribed to Patient Connect NB waiting for a primary health-care provider for more than 12 months. Patient Connect is a provincially managed, bilingual patient registry for New Brunswickers searching for a family physician. The objective is to work with the RHAs and provider offices to match patients to primary care providers.

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



Patient Connect results for the 2015-2016 fiscal year have been revised from 40% to 43%.

Overall performance

This measure showed a good performance.

— Baseline: 43.0%
- - - Target: N/A
Actual: 38.0%

Why do we measure this?

GNB is strongly committed to ensuring access to a primary health-care provider for all citizens.

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

A quarterly review of Medicare billings to the wait list allowed the program to maintain better data quality. Links were established to Health Workforce Planning and Recruiting to ensure better alignment with community needs.

Smart Province

Objective of the measure

Cultivate a proud, productive and professional Civil Service.

Measure

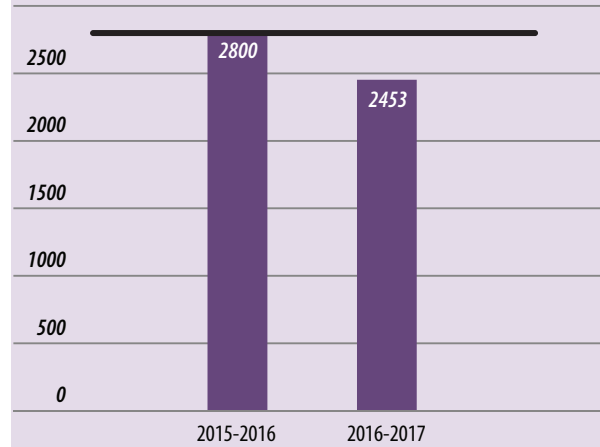
Total number of sick days.

Description of measure

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

Total number of sick leave days - Part 1

3000



Overall performance

Sick leave usage decreased by 13 per cent from the previous year.

— Baseline: 2,800

- - - Target: N/A

Actual: 2,453

Why do we measure this?

Absenteeism can be used as a proxy for engagement and the existence of a healthy work place. Also, absenteeism, and in particular sick leave usage, creates additional costs for government.

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

The department continued to use GNB's Attendance Management program.

Smart Province

Objective of the measure

Cultivate a proud, productive and professional Civil Service.

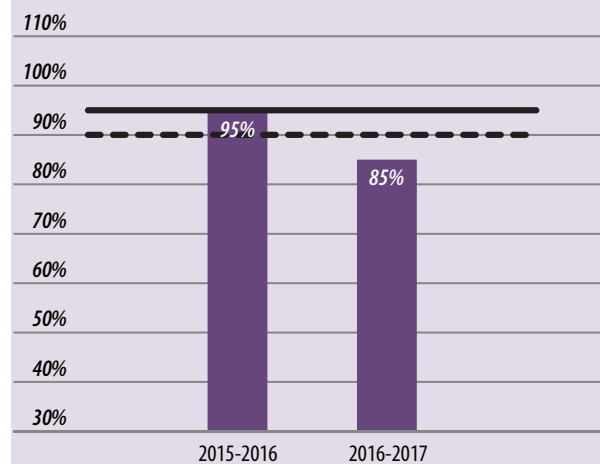
Measure

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

Fewer performance reviews were completed fully in 2016-2017 (85 per cent) compared to 2015-2016 (95 per cent). In the coming year, the department will enhance its communications to managers and tracking of completed reviews to increase completion rates.

— Baseline: 95%
- - - Target: 90%
Actual: 85%

Why do we measure this?

Each year all employees 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 notified managers when performance reviews were not completed on time.

Smart Province

Objective of the measure

Balanced budget.

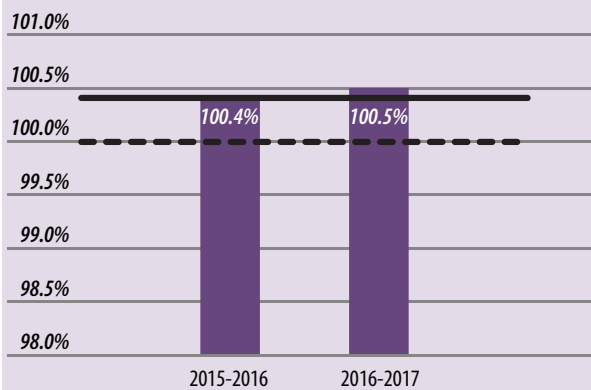
Measure

Ratio of actual to budgeted expenditures.

Description of measure

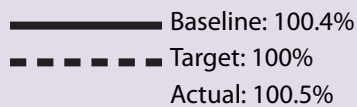
The ratio measures whether the department is over- or under-budget. The ratio will exceed 100 per cent when spending is over-budget and be less than 100 per cent when spending is under-budget.

Ratio of actual to budgeted expenditures



Overall performance

The department was slightly higher than the target.



Why do we measure this?

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

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

The department made significant efforts with health-care partners to maintain the costs of health care without compromising patient care. It incurred increased costs due to volume and inflation in the drug programs, and it renewed remuneration contracts with physicians and bargaining groups. It continued to explore and implement opportunities for Process Improvement, standardization and increased efficiency with the RHAs.

Smart Province

Objective of the measure

Balanced budget.

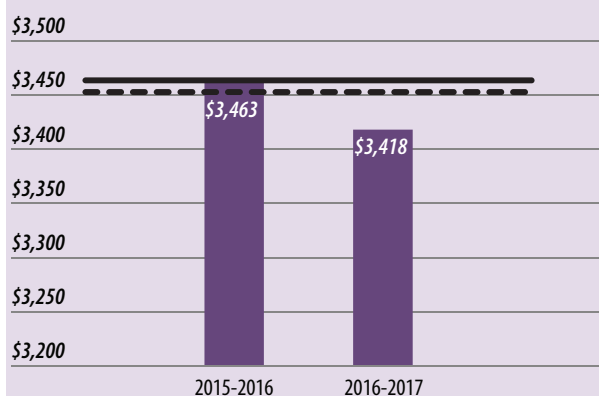
Measure

Cost of department per capita.

Description of measure

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

Cost of Department/Capita



Overall performance

The cost per capita was expected to show modest growth, putting upward pressure on GNB resources. However, it decreased slightly. This was mainly due to the transfer of FacilicorpNB and associated costs to Service New Brunswick. Remaining costs such as wage contracts, physician payments, out-of-province hospital payments and volume in the drug programs increased.

————— Baseline: \$3,463
- - - - - Target: \$3,453
Actual: \$3,418

Why do we measure this?

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

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

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

Smart Province

Objective of the measure

Balanced budget.

Measure

Positions reduced and savings achieved – Part 1.

Description of measure

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

Positions reduced and savings achieved – Part 1



Overall performance

The department met its target, saving \$480,000.

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

Why do we measure this?

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

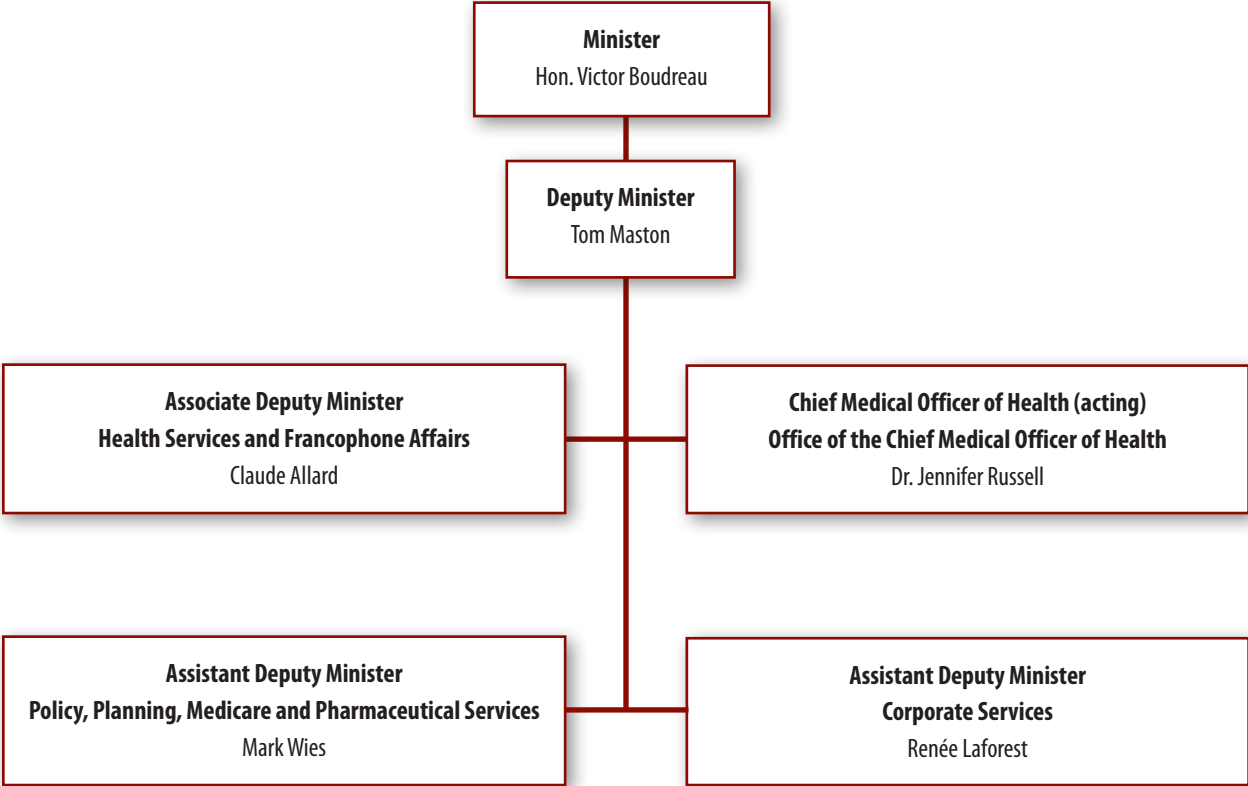
What initiatives or projects were undertaken in the reporting year to achieve the outcome?

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

Overview of departmental operations

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

High-level organizational chart



Division overview and highlights

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

The **Office of the Associate Deputy Minister of Health Services and Francophone Affairs** has oversight over most health-care programs and services that touch patients across the continuum of care within the two RHAs. The division also has oversight responsibility of the *Action Plan for the Equitable Distribution of Health Services*.

The division consists of the Addiction and Mental Health Services Branch, the Primary Health Care Branch, the Acute Care Branch, the New Brunswick Cancer Network, and the Psychiatric Patient Advocate Services Branch.

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

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

The **Acute Care Branch** provides oversight of hospital operations and works with the RHAs on the planning and delivery of hospital-based services and provincial programs.

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.

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

HIGHLIGHTS

- ◆ *The Addiction and Mental Health Services Branch oversaw the development of Supervised Community Care legislation ensuring access to community based services for those suffering from serious mental health conditions. Addiction and Mental Health Services worked with the RHAs and partnered departments in the continued transformation of services and programs delivered to children and youth with complex emotional and behavioural needs, including the planning for province-wide implementation of the Integrated Service Delivery Initiative and the Youth Engagement Initiative*
- ◆ *Within the Primary Health Care Branch, a full evaluation of the five-year Comprehensive Diabetes Strategy was completed. Activities within the unit included ongoing work to improve data collection for outreach case managers and high-risk foot clinics. Investments were made in the RHAs for additional social workers to support patients with diabetes and other complex needs.*
- ◆ *One-time funding for Chronic Obstructive Pulmonary Disease (COPD) was provided to the RHAs to create a public awareness campaign and scale up screening and detection activities. In partnership with the University of New Brunswick's Institute for Research Data and Training, funding was secured from pharmaceutical partners to create a COPD health information platform.*
- ◆ *A major initiative within the Emergency Health Services unit included continued planning for a pilot project to implement Advanced Care Paramedics, specifically the finalization of a deployment model, clinical guidelines and content for orientation.*

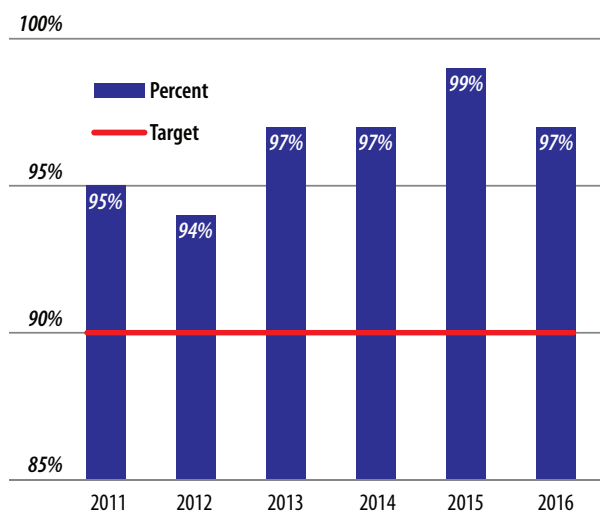
- ◆ *Integrated Intensive Rehabilitation and Reablement Services were initiated in Horizon Health Network, zone 3 (Fredericton) and Vitalité Health Network – zone 1 (Moncton) in April, and in Horizon Health Network – zone 2 (Saint John) and Vitalité Health Network – zone 6 (Bathurst) in October 2016.*
- ◆ *The Acute Care Branch continued to lead efforts with both RHAs toward the establishment of a provincial approach for the use of molecular genetics testing (next generation sequencing) technologies.*
- ◆ *The New Brunswick Cancer Network provided leadership for the continued-in implementation of the New Brunswick Colon Cancer Screening Program. About 60 per cent of the provincial target population of 50 to 74 years of age now had access to the program. So far, the program detected 68 early stage cancers in asymptomatic individuals, while 546 persons had polyps that were removed, thus preventing colon cancer from developing.*

Key Performance Indicators (KPIs)

Percentage of children/youth receiving mental health services within 30 days of referral					
The Action Plan for Mental Health in New Brunswick 2011-18 has identified commitments to improving access to mental health services for youth.					
	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Percentage receiving services within 30 days	39.5	48	50	51.4	53.3

Radiation therapy wait times

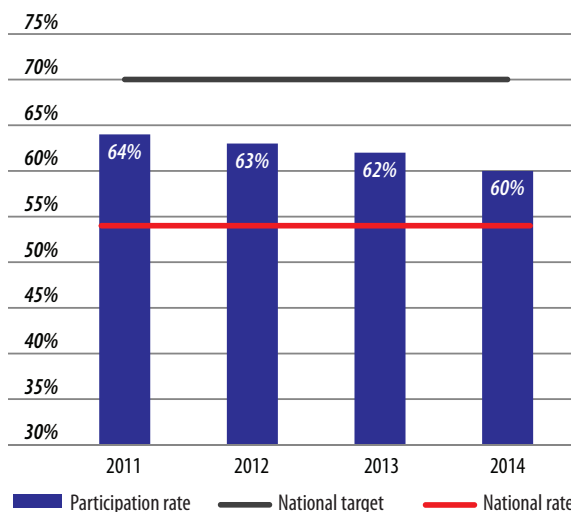
The radiation therapy wait time performance indicator is reported as the percentage of patients receiving their first radiation treatment for cancer within four weeks of being ready to treat. The national radiation therapy wait time target is 90 per cent, which was exceeded by seven per cent in 2016.



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

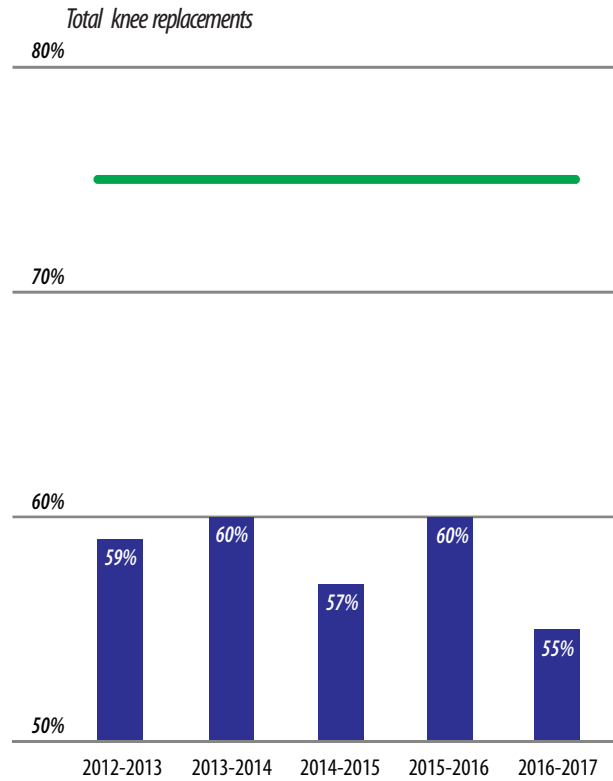
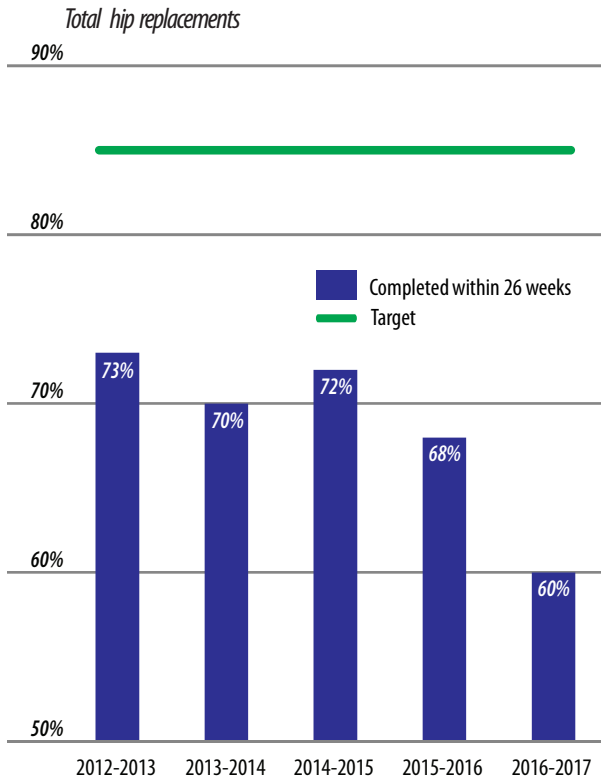
The New Brunswick breast cancer screening services participation rate measures the number of asymptomatic women 50 to 69 who received at least one screening program mammogram within a 30-month period. It should be noted that the national target of 70 per cent of all eligible women has not been met by any province. New Brunswick has one of the highest participation rates in the country.



Note: Rate for 2011 includes screens in the 30-month period July 1, 2009–December 31, 2011; rate for 2012 includes screens in the 30-month period July 1, 2010–December 31, 2012 and so on.

Hip and knee replacements

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



The surgical wait time website allows visitors to learn more about New Brunswick wait times for all surgeries.

Office of the Chief Medical Officer of Health

The mission of the **Office of the Chief Medical Officer of Health** is to improve, promote and protect the health of the people of New Brunswick. It is responsible for the overall direction of public health programs in the province and works collaboratively with public health staff in the RHAs and other government and non-government health-care providers. Its core functions of health protection, disease and injury prevention, surveillance and monitoring, health promotion, public health emergency preparedness and response, and population health assessment are delivered by four branches.

The division consists of the Health Protection Branch (regional offices), the Communicable Disease Control Branch, the Public Health Practice and Population Health Branch, and the Healthy Environments Branch.

The **Health Protection Branch** is responsible for the implementation of the Public Health programs and is supported by four regional offices that are each led by a medical officer of health. The branch is responsible for health protection through environmental health promotion and education, licensing, inspection, enforcement and investigation of potential and reported environmental health hazards and communicable diseases.

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

The **Public Health Practice and Population Health Branch** is responsible for three essential areas of Public Health activity: Public Health practice, population health surveillance and population health. Public Health practice includes such diverse activities as development of Public Health policy and standards, ongoing enhancement of professional Public Health skills and facilitating communication and collaboration with stakeholders within and outside the GNB. Population health surveillance includes collecting data, conducting analyses and reporting trends concerning population health topics in New Brunswick to support evidence-informed decision-making. Population health strategies and activities include planning and monitoring Public Health programs and activities aimed at improving the health of New Brunswickers, reducing health inequities among population groups and mitigating the effects of inequities on individuals.

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

responsible for the Agri-food Program, including the inspections of farms, food processors, abattoirs and dairy-related operations.

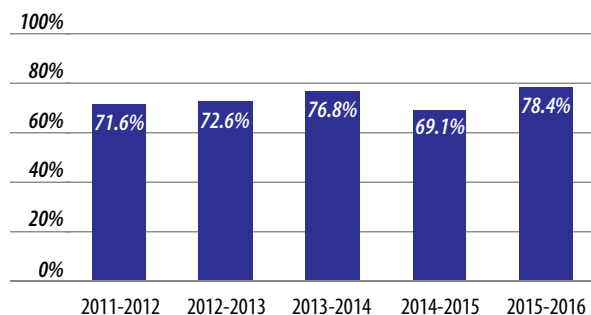
HIGHLIGHTS

- ◆ *The Memorandum of Understanding with the Atlantic Collaborative for Injury Prevention was renewed for another five years.*
- ◆ *The Public Health Nutrition Framework for Action was renewed for another three years.*
- ◆ *Work continued with partners to advocate for and contribute to identifying ways to reduce obesity in New Brunswick.*
- ◆ *The sexual health program was expanded to include all New Brunswickers. Before this expansion, services under this program were only available to those 19 and younger.*
- ◆ *Completed and launched a Lyme Disease strategy.*
- ◆ *Implemented a new streamlined process for obtaining vaccines for patients at high risk of vaccine preventable diseases.*
- ◆ *Released a public report on glyphosate.*
- ◆ *Presented the public health effects of climate change to the legislature's Select Committee on Climate Change. This resulted in six commitments included within the New Brunswick Climate Change Action Plan.*
- ◆ *Expanded the Heat Alert and Response System (HARS) from New Brunswick cities to include various communities across New Brunswick. HARS provides a system to alert people when weather forecasts indicate high heat and humidity that can cause heat-related illness and provides advice on how to protect them and their families.*

Key Performance Indicators (KPIs)

Percentage of children with all vaccines at school entry

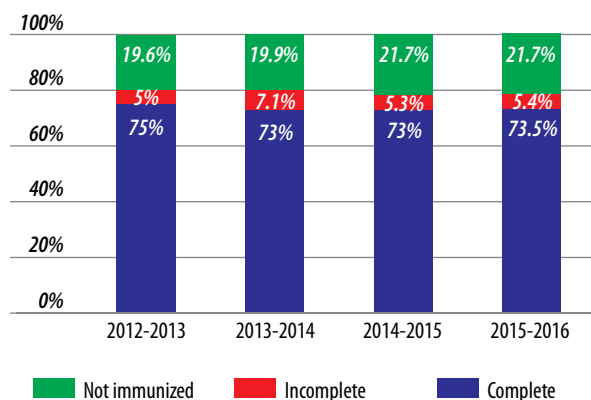
Adequate pre-school immunization decreases the risk of contracted communicable diseases, which protects population health and reduces health-care costs.



2016-2017 school year data was unavailable at the time of publication

Grade 7 female students HPV vaccination rate

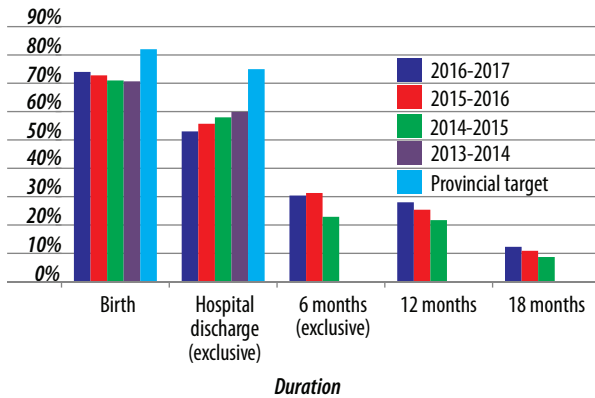
Administering this vaccine to girls in Grade 7 provides them with protection from HPV, which will lead to fewer women in the future being diagnosed with cervical cancer and genital warts.



2016-2017 school year data was unavailable at the time of publication

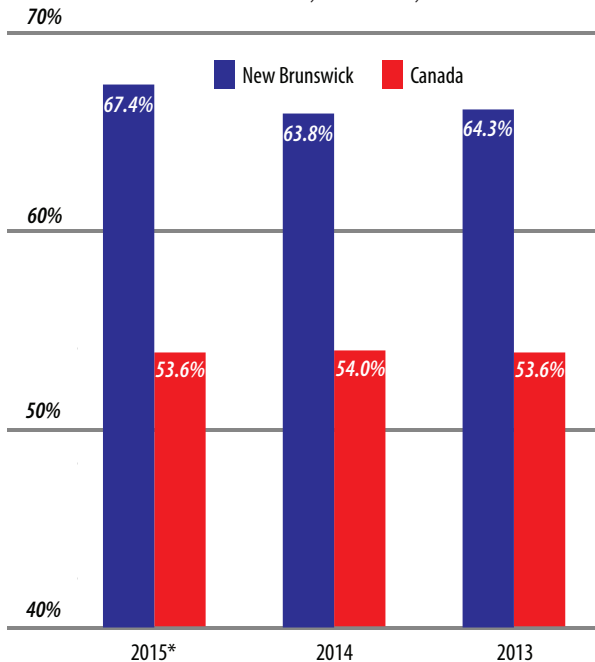
Breastfeeding initiation and duration rates

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



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

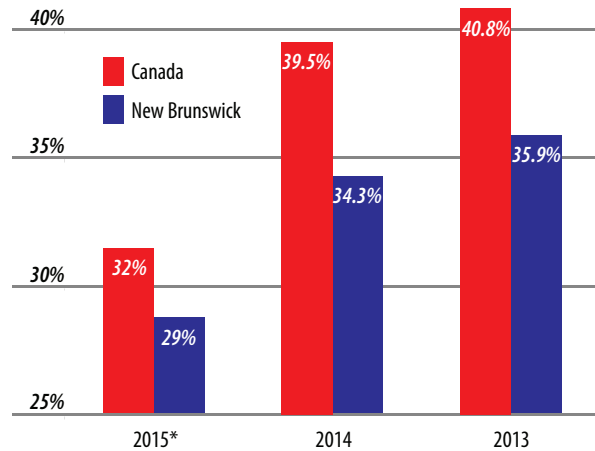
Overweight and obesity are risk factors for many diseases including diabetes, cardiovascular disease and cancer and are important contributors to increased morbidity and mortality.



* In 2015 there was a redesign of the Canadian Community Health Survey. Comparisons to previous years are to be used with caution.
Source: Statistics Canada, Canadian Community Health Survey (CCHS). CANSIM. Table 105-0508 Canadian health characteristics, annual estimates, by age group and sex, Canada (excluding territories) and provinces occasional.

Percentage of New Brunswickers 12 years and over consuming fruit and vegetables five times or more per day

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.



* In 2015 there was a redesign of the Canadian Community Health Survey. Comparisons to previous years are to be used with caution.
Source: Statistics Canada, Canadian Community Health Survey (CCHS). CANSIM. Table 105-0508 Canadian health characteristics, annual estimates, by age group and sex, Canada (excluding territories) and provinces occasional.

Corporate Services Division

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

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

The **Health Business and Technology Solutions Branch** designs, implements and oversees corporate system-wide technology solutions for the health system, including the Electronic Health Record, the Diagnostic Imaging Repository and the Client Registry. The branch focuses on health business solutions while providing services to programs in the areas of strategy and planning, Project Management, application support and maintenance as well as information services.

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

The **Health Analytics Branch** supports the department in enhancing the use of analytic tools, methods and metrics to plan, implement and measure improvements in

patient care experiences, population health and focused health system investments. The branch achieves this by coordinating and supporting provincial approaches for standardized data collection and reporting. It acts as provincial lead regarding collaboration and liaison with health information stakeholders, and it develops procedures for the production of data sets to support health research and open data.

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

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

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

Policy, Planning, Medicare and Pharmaceutical Services Division

The **Policy, Planning, Medicare and Pharmaceutical Services Division** is responsible for overall health system governance planning, including the research and development of innovative concepts and projects leading to the long-term sustainability of the health-care system. It plans, develops, implements and oversees activities related to Medicare Eligibility and Claims, Medicare Insured Services, and Physician Remuneration, while operating and coordinating pharmaceutical policies, programs and services related to the New Brunswick Drug Program, the Prescription Monitoring Program and the Drug Information System.

The division is responsible for policy and legislative development, research and evaluation, and federal/provincial relations. It oversees the department's management of personal information and personal health information through its Corporate Privacy Office, and it assures the department's participation in GNB's Performance Excellence Process.

The division is responsible for health human resources planning and the medical education programs at the post-graduate and undergraduate levels in collaboration with the Department of Post-Secondary Education, Training and Labour.

The division consists of the Policy and Legislation Branch, the Federal-Provincial-Territorial Relations and Atlantic Collaboration Branch, the Health Workforce Planning Branch, the Program Alignment and Performance Branch, the Corporate Privacy Office, the Medicare – Insured Services and Physician Remuneration Branch, the Medicare – Eligibility and Claims Branch, and the Pharmaceutical Services Branch.

The **Policy and Legislation Branch** serves as a support for the department in developing the public policies that underpin programs and operations. The coordination and development of public legislation related to health is also the responsibility of the branch. The branch coordinates responses to requests under the *Right to Information and Protection of Privacy Act* and coordinates appointments

to the agencies, boards and commissions within the responsibility of the department. The branch supports the Minister in respect of his legislative oversight of private health profession legislation.

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

The **Health Workforce Planning Branch** is responsible for the planning of an integrated human resources workforce that is responsive to the health system's needs and designs. This includes monitoring the supply and demand of the health workforce and identifying trends; ensuring the utilization of full scope of practice and the right skill mix for all professions; developing and implementing recruitment and retention strategies for health-care professionals; and ensuring training requirements and needs are met, including continuing professional development.

The **Program Alignment and Performance Branch** is responsible for all activities related to the Performance Excellence process, which includes the department's strategy map, balanced scorecard, SOMIA, quarterly reporting process and Process Improvement initiatives. It is responsible for coordinating the development and management of an integrated planning process (or health system planning cycle) to move the department from reactive to proactive multi-year integrated planning. This includes activities related to priority setting, the provincial health plan, program planning, performance targets, monitoring and evaluation.

The **Corporate Privacy Office** provides 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 with departmental business owners and health partners to support a consistent approach to the protection of privacy in New Brunswick. One key forum is the Chief Privacy Officers' Working Group, which consists of the chief privacy officers from the department, the RHAs, Service New Brunswick, the New Brunswick Health Council and Ambulance New Brunswick.

The **Medicare - Insured Services and Physician Remuneration Branch** and the **Medicare - Eligibility and Claims Branch** are responsible for planning, developing, implementing and overseeing activities related to Medicare eligibility and claims, Medicare insured services and physician remuneration.

The **Pharmaceutical Services Branch** manages two publicly funded drug programs: the New Brunswick Prescription Drug Program and the New Brunswick Drug Plan.

HIGHLIGHTS

- ◆ *The Policy and Legislation Branch led the development of the Advance Health Care Directives Act and led GNB's work to prepare the health-system for the introduction of federal medical assistance in dying legislation.*
- ◆ *The Federal-Provincial-Territorial Relations and Atlantic Collaboration Branch provided support on a number of pan-Canadian priorities, including cannabis legislation and regulation, Indigenous engagement, medical assistance in dying and the opioid overdose crisis.*
- ◆ *The Corporate Privacy Office assisted in the development of amendments to the Personal Health Information Privacy and Access Act and the Right to Information and Protection of Privacy Act, further to the legislated review of each act completed in 2015. The office launched a new foundational privacy training program for all departmental employees and piloted a new approach to privacy impact assessments.*
- ◆ *The Program Alignment and Performance Branch supported executive teams from the department, the RHAs and other health-care partners in the development of a health system strategic map, Balanced Scorecard and list of joint priority initiatives. This collaboration led to the creation of standing committees between the Minister and RHA leadership as well as the executive teams of each of the partners. These structures seek to ensure an ongoing and structured dialogue with respect to the performance of the health-care system and to foster consensus on recommendations to improve health outcomes for citizens.*
- ◆ *The Pharmaceutical Service Branch represented New Brunswick as an active participant in the pan-Canadian Pharmaceutical Alliance (pCPA), which conducts joint negotiations with manufacturers to achieve greater value for publicly funded drug plans. The pCPA capitalizes on the combined negotiating power of provinces, territories and federal drug plans to increase access to drug treatment options, achieve lower drug costs and consistent pricing, and improve consistency of coverage across Canada. As of March 31, 2017, the pCPA had completed 148 joint negotiations on brand name drugs and price reductions on 18 generic drugs.*
- ◆ *The Medicare – Insured Services and Physician Remuneration Branch and the New Brunswick Medical Society reached a tentative new physician services master agreement for fee-for-service and salaried physicians. GNB approved the agreement, which was ratified by the New Brunswick Medical Society in November 2016.*
- ◆ *GNB, Dalhousie University and the University of New Brunswick renewed an agreement allow Dalhousie Medicine New Brunswick to continue delivering its four-year undergraduate medical program in Saint John.*

Medicare payments by practitioner payment modality, number of practitioners and average remuneration by speciality, 2016-2017

Specialty	Number of practitioners	Fee-for-service	Salary	Sessional or alternative payments	Benefits	Total payments	Average remuneration*
Ophthalmology	31	\$21,435,653	\$0	\$0	\$193,543	\$21,629,196	\$769,761
Diagnostic Radiology	107	\$47,009,824	\$0	\$0	\$359,101	\$47,368,926	\$697,775
Gastroenterology	17	\$8,780,572	\$0	\$63,815	\$84,314	\$8,928,701	\$635,019
Nephrology	16	\$7,663,630	\$0	\$57,054	\$57,459	\$7,778,142	\$627,620
Neurosurgery	13	\$269,454	\$0	\$5,922,133	\$253,383	\$6,444,970	\$625,321
Cardiology	28	\$13,328,676	\$1,300,075	\$322,642	\$115,798	\$15,067,191	\$557,456
Dermatology	11	\$5,002,055	\$0	\$0	\$39,722	\$5,041,777	\$496,540
Otol-Head and Neck Surgery	20	\$6,944,494	\$617,073	\$0	\$129,565	\$7,691,132	\$470,317
Urology	27	\$10,132,101	\$596,529	\$0	\$241,708	\$10,970,338	\$453,283
General surgery	75	\$17,446,405	\$1,458,288	\$2,735,226	\$492,783	\$22,132,702	\$445,870
Respirology	13	\$2,935,520	\$1,657,109	\$1,022,360	\$37,899	\$5,652,888	\$434,838
Plastic Surgery	16	\$6,124,840	\$0	\$0	\$149,561	\$6,274,401	\$417,736
Obstetrics and Gynecology	63	\$13,929,644	\$2,529,755	\$9,308	\$1,009,841	\$17,478,547	\$411,100
Orthopedic surgery	59	\$16,059,987	\$307,473	\$10,854	\$435,856	\$16,814,169	\$405,117
Neurology	22	\$3,597,052	\$3,322,717	\$2,233	\$98,217	\$7,020,218	\$387,811
General Internal Medicine	30	\$6,856,597	\$1,761,595	\$1,174,913	\$163,977	\$9,957,081	\$377,516
General Pathology	16	\$139,489	\$4,395,972	\$0	\$65,679	\$4,601,140	\$376,049
Anatomical Pathology	42	\$286,901	\$11,451,503	\$0	\$174,675	\$11,913,079	\$375,862
Medical Oncology	13	\$242,345	\$4,176,794	\$0	\$28,662	\$4,447,801	\$370,651
Pediatrics	72	\$7,450,868	\$9,774,869	\$100,707	\$284,795	\$17,611,239	\$355,424
Anesthesiology	101	\$19,170,190	\$4,784,638	\$3,755,597	\$522,777	\$28,233,202	\$350,640
Internal Medicine	21	\$1,778,684	\$1,194,149	\$636,362	\$59,422	\$3,668,618	\$343,312
Psychiatry	96	\$9,741,239	\$18,647,414	\$317,881	\$267,915	\$28,974,449	\$339,895
Physical Medicine and Rehabilitation	13	\$1,691,477	\$1,982,761	\$16,556	\$24,558	\$3,715,352	\$335,936
Emergency Medicine	13	\$18,972	\$0	\$3,636,826	\$54,434	\$3,710,231	\$333,468
Endocrinology and Metabolism	10	\$374,702	\$2,362,980	\$216,120	\$44,817	\$2,998,620	\$299,862
General Practice	925	\$135,470,094	\$25,016,016	\$66,096,111	\$4,420,749	\$231,002,970	\$289,190
Rheumatology	13	\$1,376,254	\$1,643,933	\$7,820	\$28,622	\$3,056,628	\$277,780
Other specialties **	97	\$11,456,431	\$19,394,027	\$4,774,752	\$495,939	\$36,121,149	\$435,517
Total	1996	\$377,075,707	\$118,537,203	\$90,881,259	\$10,348,427	\$596,842,596	\$367,260
* - only practitioners with \$100,000 or more in earnings are included							
** - Other specialties are all specialties with fewer than 10 practitioners							

Human Resources Branch

Overview

As of Oct. 1, 2016, the delivery of operational and transactional human resources services was transferred to Service New Brunswick from Part 1 departments and agencies.

The Human Resources Client Services Team supports the strategic and operational objectives of the department by attracting and recruiting quality employees. The team helps develop them through policies and programs that enable employees to realize their potential. As well as

providing basic personnel services, the team provides leadership in all issues relating to Human Resources Management.

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

Financial information		
Primary	Budget (\$000)	Actuals (\$000)
Status Report by Primary		
Personal Services	\$29,566.9	\$27,805.3
Other Services	\$40,312.6	\$38,396.9
Materials and Supplies	\$8,906.6	\$15,935.2
Property and Equipment	\$1,959.4	\$4,397.3
Contributions and Grants	\$2,515,093.0	\$2,521,599.8
Debt and Other Charges	\$-	\$279.3
Grand Total	\$2,595,838.5	\$2,608,413.8
Program	Budget (\$000)	Actuals (\$000)
Status Report by Program		
Corporate and Other Health Services	\$ 268,001.1	\$ 265,177.5
Medicare	\$ 607,940.3	\$ 635,698.1
Drug Programs	\$ 198,935.0	\$ 197,027.3
Regional Health Authorities	\$1,520,962.1	\$1,510,510.9
Grand Total	\$2,595,838.5	\$2,608,413.8

The expenditures of the Department of Health were higher than budgeted mainly due to an increase in physician remuneration as a result of a new Fee-for-Service Master Agreement. These costs were partially offset by lower-than-anticipated growth in drug programs and the timing of project initiatives in the RHAs.

Summary of staffing activity

As of Oct. 1, 2016, the delivery of operational and transactional human resources services was transferred to Service New Brunswick from Part 1 departments and agencies.

Pursuant to section 4 of the *Civil Service Act*, the Secretary to Treasury Board delegates staffing to each deputy head for his or her respective departments. A summary of the staffing activity for 2016-2017 for the department is presented below.

Number of permanent and temporary employees as of Dec. 31 of each year		
Employee type	2016	2015
Permanent	307	375
Temporary	18	15
TOTAL	325	390

The department advertised 39 competitions, including 28 open (public) competitions and 11 closed (internal) competitions.

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

Appointment type	Appointment description	Section of the <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)	2
Lateral transfer	The GNB transfer process facilitates the transfer of employees from within Parts 1, 2 (school boards) and 3 (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)	0
Regular appointment of students/apprentices	Summer students, university or community college co-op students or apprentices may be appointed without competition to an entry level position within the Civil Service.	16(1)(d)(ii)	0

Pursuant to section 33 of the *Civil Service Act*, no complaints alleging favouritism were made to the Deputy Head of the Department of Health and no complaints were submitted to the Ombud.

Summary of legislation and legislative activity

Bill #	Name of legislation	Date of Royal Assent	Summary of changes
35	<i>Health Quality and Patient Safety Act</i> http://www.gnb.ca/legis/bill/pdf/58/2/Bill-35.pdf	June 28, 2016	The Act required health-care organizations to establish quality of care and safety of patients committees that will conduct quality reviews of patient safety incidents, protect the information collected in these reviews from public disclosure, require patients be notified when they are impacted by patient safety incidents and provide apology protection for health-care workers.
13	<i>Advance Health Care Directives Act</i> http://www.gnb.ca/legis/bill/pdf/58/3/Bill-13.pdf	Dec. 12, 2016	The Act enabled New Brunswickers to express their wishes regarding health care decisions, appoint a proxy to make such decisions on their behalf, or both.
18	<i>An Act to Amend the Smoke-free Places Act</i> http://www.gnb.ca/legis/bill/pdf/58/3/Bill-18.pdf	Dec. 12, 2016	The amendment expanded the definition of smoke to prohibit the smoking of any substance where tobacco or electronic cigarettes were prohibited, and it included RHA grounds in the list of places where smoking is prohibited.
19	<i>An Act Respecting Nurse Practitioners</i> http://www.gnb.ca/legis/bill/pdf/58/3/Bill-19.pdf	Dec. 12, 2016	The amendment provided nurse practitioners with the ability to complete and sign the medical certificate of cause of death portion of the death registration form.
41	<i>An Act Respecting the Mental Health Act</i> http://www.gnb.ca/legis/bill/pdf/58/3/Bill-41.pdf	March 31, 2017	The amendment allowed for the introduction of community support orders in New Brunswick.
52	<i>An Act to Amend the Ambulance Services Act</i> http://www.gnb.ca/legis/bill/pdf/58/3/Bill-52.pdf	March 31, 2017	The amendment enabled the use of lights, sirens and hand-held radios in the vehicles used by advanced-care paramedics, removed references to two defunct committees and carried out other housekeeping amendments to better reflect the modern ambulance system.

The acts and regulations for which the department is responsible are at:
<http://laws.gnb.ca/en/deplinks?subjectnumber=28>.

Summary of Official Languages activities

Introduction

The department is committed to delivering services to the public in the Official Language of choice and has developed an action plan to ensure this happens. This plan is being implemented and includes strategic means for each of the four sectors of activity (focus) in GNB's *Plan on Official Languages – Official Bilingualism: A Fundamental Value*. In addition, the department continues to make progress on the five-year *Action Plan for an Equitable Distribution of Health Services* (2013-2018), representing an investment of \$10 million over five years, which was in its fourth year of implementation in 2016-2017.

Focus 1

The department includes the active offer by telephone, in person, through signage, correspondence, and electronic services as part of orientation for new employees. New employees are provided with a link and password to iLearn by the Human Resources Branch. Most current employees have already completed the iLearn module. Linguistic profiles are being updated as changes happen in the organization and are updated on the Human Resources Information System as this occurs.

Senior management and their linguistic capacities have been verified per present linguistic teams. The linguistic profile for senior management was met.

Focus 2

The department continues its work to create an environment that is conducive to Part 1 employees working in their Official Language of choice.

New employee orientation contains the necessary information regarding Language of Work and the letter of offers has been revised to reflect it.

Focus 3

The *Action Plan for an Equitable Distribution of Health Services* (2013-2018) is intended to increase accessibility, address genuine gaps in the system and improve distribution of services to the francophone population across New Brunswick.

Focus 4

The department's objectives were to raise awareness about the *Official Languages Act* and its relevant policies and regulations among employees, encourage staff to use available tools and explain the protocol to managers. Information sessions will be delivered as the need arises.

Conclusion

The department continued to work at meeting all of its objectives for Part 1 with respect to the Official Languages action plan. In addition, the continuation of the five-year *Action Plan for an Equitable Distribution of Health Services* (2013-2018) 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
Infection Prevention and Control in Hospitals, 2015	2	2
Medicare Payments to Doctors, 2012	3	2
E-Health Procurement and Conflict of Interest, 2012	6	6

Report on the *Public Interest Disclosure Act*

As provided under subsection 18(1) of the *Public Interest Disclosure Act*, the chief executive shall prepare a report of any disclosures of wrongdoing that have been made to a supervisor or designated officer of the portion of the public service for which the chief executive officer is responsible. The department did not receive any disclosure(s) of wrongdoing in the 2016-2017 fiscal year.