

Department of Health

ANNUAL REPORT

2023-2024

Department of Health

ANNUAL REPORT 2023-2024

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

ISBN 978-1-4605-3967-5 (bilingual print edition)
ISBN 978-1-4605-3968-2 (PDF: English edition)
ISSN 1914-5055 (bilingual print edition)
ISSN 2818-6508 (PDF: English edition)

24-01451 | 2024.11 | Printed in New Brunswick

TRANSMITTAL LETTERS

From the Ministers to the Lieutenant-Governor

**Her Honour The Honourable Brenda Murphy
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, 2023, to March 31, 2024.

Respectfully submitted,



Honourable Dr. John Dornan, MD, FRCP, MBA
Minister of Health

**Her Honour The Honourable Brenda Murphy
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, 2023, to March 31, 2024.

Respectfully submitted,



Honourable Robert K. McKee
Minister responsible for Addictions and Mental Health

From the Deputy Minister to the Minister

**Honourable Dr. John Dornan
Minister of Health**

Sir:

I am pleased to be able to present the annual report describing operations of the Department of Health for the fiscal year April 1, 2023, to March 31, 2024.

Respectfully submitted,



Eric Beaulieu
Deputy Minister

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MINISTER OF HEALTH'S MESSAGE

I am pleased to present the 2023-2024 Annual Report for the Department of Health.

Our government has been given a mandate to focus on creating a brighter future for our province. We heard New Brunswickers when they told us that healthcare is a priority.

Every day, staff with the Department of Health, the Vitalité and Horizon regional health authorities, EM/ANB and the other many partners in the New Brunswick health system show great commitment to providing patients with the care they need.

That means improving access to primary care and collaborative care teams. That means seeing to it that emergency departments and operating rooms are operating efficiently. That means ensuring New Brunswickers get the care they need, when they need it, and in an appropriate place.

During the 2023-24 fiscal year, the Department of Health worked to implement action items under the provincial health plan. The Department also reached an agreement with the federal government providing \$313 million to New Brunswick to support improved health care.

I remain grateful to staff with the Vitalité and Horizon health networks, EM/ANB, the Department of Health and other partners for their incredible work and dedication to New Brunswickers.

We look forward to achieving success in the coming year as we work to ensure access to care for New Brunswickers.

A handwritten signature in black ink, reading "John M. Dornan". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Honourable Dr. John Dornan, MD, FRCP, MBA
Minister of Health

MINISTER RESPONSIBLE FOR ADDICTIONS AND MENTAL HEALTH SERVICES' MESSAGE

It is a pleasure to present the 2023-2024 Annual Report for the Department of Health.

I am honoured to have been appointed Minister responsible for Addictions and Mental Health Services, as well as Minister of Justice and Attorney General.

We recognize the many frontline staff across our healthcare system who provide important services to those in need every day. For that we are thankful.

I am pleased to see that eight out of nine initiatives under the Provincial Health Plan's pillar of Access to addiction and mental health services were completed as of the end of the 2023-2024 fiscal year. We know more is needed and that is why government has committed to reduce the wait times mental health services to below the national average and increasing the number of mental health workforce.

We will build on initiatives that are helping to connect individuals with support services for addiction and mental health. For example, the Addiction and Mental Health Helpline launched in 2023-24 has received more than 20,000 calls since it was launched.

I'm thankful to the staff in the Department of Health, staff with the Vitalité and Horizon health networks and EM/ANB and the many in partners in communities across our province for their efforts in caring for New Brunswickers.



Honourable Robert K. McKee
Minister responsible for Addictions and Mental Health Services

DEPUTY MINISTER'S MESSAGE

On behalf of the Department of Health, I am pleased to present the annual report for the 2023-2024 fiscal year ending March 31, 2024. The report provides details about the work and the accomplishments that have taken place over the past year.

New Brunswick, like many jurisdictions across the country, continues to face challenges in its health care sector. We are committed to overcoming those challenges and building a health care system New Brunswickers can rely on.

The department continues to work with our partners on initiatives under the provincial health plan, Stabilizing Health Care: An Urgent Call to Action. Working together, we have made significant strides in stabilizing health care delivery, and implementing new measures that can transform the health system for the future.

We've also seen significant progress on initiatives driven by collaboration across government departments. This collaborative and coordinated approach has led to significant successes in the recruitment of physicians, nurses and allied health professionals. By working together, we can build upon best practices and get concrete results above and beyond what we can do individually.

The accomplishments in this annual report are reflective of an entire team working together, from the front lines of the health system to the management. I am encouraged by the dedication, professionalism, and commitment to service that I witness every day.

Those same qualities continue to drive us all.



Eric Beaulieu
Deputy Minister

GOVERNMENT PRIORITIES

Strategy and Operations Management

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

Government Priorities

Our vision for 2023-2024 is a vibrant and sustainable New Brunswick. To make progress towards this vision, we must focus on government's priorities:

- Energize the private sector,
- Vibrant and sustainable communities,
- Affordable, responsive and high-performing government,
- Dependable public health care,
- World-class education, and
- Environment.

HIGHLIGHTS

During the 2023-2024 fiscal year, Department of Health focused on these government priorities through:

- NB Health Link (NBHL), which provides patients without a doctor or nurse practitioner with access to primary care services, expanded to cover every health zone in the province. More than 56,000 patients had access to NBHL on March 31, 2024. NBHL replaced the Patient Connect NB list as the provincial registry for individuals waiting for permanent matching to a family doctor or nurse practitioner.
- Eight more common ailments were added to the list of services that New Brunswick pharmacists are publicly funded to treat. Over 191,000 services have been provided by pharmacists over the past fiscal year. Through a partnership with the New Brunswick College of Pharmacists, six pharmacies were selected to provide service for Group A Strep, asthma, COPD, CVD and diabetes as part of a pilot project.
- The Health Human Resources Branch led or supported eight international recruitment missions leading to over 650 job offers in acute and long-term care.
- The target of 75,000 users accessing MyHealthNB Records was reached by December 2023 (over three months early). There were over 100,000 users at the end of March 2024.
- All long waiting hip and knee surgeries were performed or scheduled as of the end of March 2024.
- The Addiction and Mental Health Helpline (1-866-355-5550) was launched and has taken more than 23,000 calls from the public. The service has provided referrals to government or community services patients who otherwise may have turned to emergency departments.
- In February 2024, Ambulance New Brunswick (ANB) – in partnership with the Department of Health and Grand Manan Village Council – announced the signing of a contract with Voyage Aviation that will see an air ambulance stationed on the island of Grand Manan in the fall of 2024.
- A campaign was launched in March 2024 to improve public awareness and understanding of the health risks of alcohol.
- The New Brunswick Cancer Network is expanding access to quality palliative care training opportunities in New Brunswick. Pallium Canada's Learning Essential Approaches to Palliative Care (LEAP) courses will be provided at no cost to health care providers in regional health authorities, EM/ANB Inc. and the Department of Social Development.
- The mobile X-ray program helped avoid over 700 trips to hospital in the Saint John area, with further expansion across New Brunswick planned in 2024-25.
- Four Healthy Seniors pilot projects that supported approximately 3,200 seniors to age in place were completed.
- An accounts receivable cleanup project resulted in almost \$4 million of old receivables collected.
- The Provincial Archiving and Communications Systems (PACS) Consolidation team launched Enterprise Imaging in Zone 6 (Acadie-Bathurst) in February, as its first consolidation (pilot) site. Primary users included radiologists,

emergency physicians, orthopedic surgeons, PACS administrators and diagnostic imaging technologists.

- The Working Together to Improve Health Care in Canada bilateral funding agreement was signed. This will see the Government of Canada providing more than \$313 million to support New Brunswick's three-year action plan to deliver improvements to its health care system.
- Amendments to the *Regional Health Authorities Act* improved the governance of the regional health authorities and established the Health System Collaboration Council to improve province-wide planning.
- The Health and Social Development analytics teams successfully merged into the Shared Analytic Branch, providing support to both departments and supporting inter-departmental analytic deliverables.
- Influenza Protection in Adult Residential Facilities (ARFs) was enhanced. 132 doses of funded Tamiflu (antiviral) were provided to residents of ARFs during influenza outbreaks. In addition, to support Provincial Rapid Outbreak Management Team (PROMT) access during a facility outbreak, funding was provided for pharmacists to assess and prescribe antiviral medication for more vulnerable residents to prevent influenza infection.
- The department provided almost \$1.5 million to community groups for harm reduction services including new supplies and Naloxone kits.
- The provincial cooling tower registry was implemented. Compliance with the registry will help reduce the risk of legionella from cooling towers and facilitate a response by Public Health New Brunswick in the event of an outbreak.
- The Health Human Resources branch continued to promote nbhealthjobs.com to build awareness of career and life opportunities in New Brunswick and support the recruitment of health care workers in New Brunswick, other parts of Canada and internationally.
- The department worked collaboratively with partners to develop an expedited registration process for Canadian trained nurses and internationally educated nurses from 14 countries.
- More than 1,900 joint interventions were conducted between Mobile Crisis Services and police throughout the province. 83 per cent of crises were managed in the community, preventing an emergency department visit or a police apprehension.
- The Clinical Information Solution Transformation, which will be responsible for the implementation of a standardized, integrated Clinical Information Solution (CIS) for New Brunswick, was established.

PERFORMANCE OUTCOMES

The information below outlines some of the Department of Health's priorities and how we measured our performance.

Outcome #1: Connecting More People with Primary Health Care

The New Brunswick Health Plan, *Stabilizing Health Care: An Urgent Call to Action*, focuses attention on stabilizing and rebuilding New Brunswick's health care system to be more citizen-focused, efficient, accountable, inclusive, and service-oriented. Strong primary health care ensures that citizens can get the health care they need when they need it and in the right place by the right provider.

Why is it important?

Many people across New Brunswick are currently waiting for access to a family doctor or nurse practitioner, which is causing strain on emergency departments and walk-in clinics while negatively impacting people's wellbeing. Access to primary health care is fundamental to helping citizens and their families better manage health conditions and to reducing pressures on more expensive and resource-intensive acute care service.

Overall Performance

In New Brunswick, 79.3 per cent of citizens have a primary care provider, either a family doctor or a nurse practitioner; and 32 per cent of citizens have access to their provider within 5 days (2023 edition of the Primary Care Survey, New Brunswick Health and Senior Care Council).

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

The Department of Health, in collaboration with health care partners and communities across the province, continued work on several initiatives to improve access to primary care with innovative new approaches.

NB Health Link

NB Health Link is the provincial wait list for New Brunswickers without a primary care provider (family doctor or nurse practitioner), replacing Patient Connect NB. It also offers people from the wait list access to a team of health care professionals who can care for them until they can secure a full-time provider. The program offers the same services as a family physician or nurse practitioner would, including treating many common medical conditions, prescribing medications, ordering tests, and making referrals for specialized care. NB Health Link clinics can be found in every zone. NB Health Link is working with the regional health authorities, the New Brunswick Medical Society, and many others in the health system to increase their capacity to offer services to all patients on the wait list. Patients who are registered with NB Health Link, as well as those who are waitlisted, are all on the list to be permanently matched with a care provider. Those registered with NB Health Link have access to the program's network of physicians and nurse practitioners while they wait to be permanently matched, while those who have been waitlisted will have access to the program's

services once registered with NB Health Link. As of March 31, 2024, 56,523 patients were registered with the NB Health Link program, with an additional 30,865 patients on the wait list. More than 6,984 patients have already been matched to a permanent doctor or nurse practitioner.

Expanded Role of Pharmacists

The Department continues to implement a program that began on October 1, 2021, where pharmacists are publicly funded to assess symptoms and prescribe medication for a variety of health conditions often referred to as common ailments. This initiative gives eligible New Brunswick residents access to treatment at participating pharmacies without needing to attend a doctor’s office or after-hours clinic. Pharmacists are now funded for 12 services and common ailments.

As of March 31, 2024, pharmacists had provided:

SERVICES/AILMENTS	2023-2024
Prescription Renewals	170,992
UTI Assessment and Prescribing	10,470
Contraception	851
Shingles (Herpes Zoster)	1,440
Cold Sores (Herpes Labialis)	2,227
Eczema Assessment	743
Dermatitis Assessment	583
Mild Acne Assessment	326
Impetigo Assessment	495
GERD Assessment	950
Lyme Disease Assessment	443
Conjunctivitis Assessment	2,427
Total	191,947
Monthly average	15,995/month

On August 1, 2023, the Department of Health, in collaboration with the New Brunswick College of Pharmacists, launched a 12-month self-funded Pharmacy Care Clinic pilot in six community pharmacies. The primary objective of the pilot project is to study the role of pharmacists in chronic disease medication management for diabetes, chronic obstructive pulmonary disease (COPD), asthma and cardiovascular disease (CVD), as well as assessing and prescribing for Group A Strep using point of care testing when needed. The Department of Health has contracted the New Brunswick Institute for Research, Data and Training at the University of New Brunswick to conduct a comprehensive, independent evaluation of the pilot. The Pharmacist Care Clinic pilot sites began offering services in August 2023.

As of March 31, 2024, the pharmacists in these clinics have provided services for the following conditions:

SERVICES/AILMENTS	2023-2024
Asthma	73
COPD	33
CVD	657
Diabetes	429
Strep A	1,922
Total	3,114

eVisitNB

Since January 2022, New Brunswickers with a valid Medicare card can access virtual primary care services through eVisitNB at no charge. 244,055 services were offered by eVisitNB in the 2023-2024 fiscal year.

Family Medicine New Brunswick

In an effort to support primary care physicians’ transfer from solo to team-based practice, funding enhancements were introduced for the Family Medicine New Brunswick (FMNB) program in July 2023, including overhead and electronic medical record support, block funding for integration of nursing and nurse practitioners, funding for allied health professionals and an after-hours premium. The new incentives led to an increase from eight teams with 48 physicians to 11 teams with 56 physicians. At the end of the 4th quarter of 2023-2024, FMNB teams cared for 53,678 patients.

The graphic below offers the number of FMNB teams per location.

LOCATION	NUMBER
Bathurst	1
Harvey	1
Miramichi	1
Oromocto	1
Woodstock	1
Edmundston	2
Fredericton	4

Recruitment of physicians

The department has stepped up recruitment efforts to increase the number of physicians recruited by approximately 20 per cent. There were 118 physicians recruited as of March 31, 2023, compared to 100 physicians at the same time in 2022.

Recruitment of nurses

The government’s efforts to support the recruitment and training of nurses included:

- Expediting the registration process for nurses working across Canada to ensure nurses working in other jurisdictions can work in our province sooner.
- Continuing to work on implementing an expedited process for the registration and licensing of internationally educated nurses.
- Establishing the *Step Up to Nursing* learning model to help produce more LPNs and RNs. The initiative is a workplace-based, wage-supported learning model where participants work part-time in the health care system while completing one of two program streams: from personal support worker (PSW) to LPN, or from LPN to RN.
- Establishing navigation services for internationally educated nurses.
- Signing 10-year performance-based agreements with l’Université de Moncton and the University of New Brunswick to increase the number of nursing graduates by 85 per year.
- Increasing the number of seats for bridging programs that help LPNs apply directly to a Bachelor of Nursing program.

- Doubling the seats in the University of New Brunswick's master's program for nurse practitioners.
- Expansion of the nurse practitioner program at the Université de Moncton from part-time to full-time and increasing the number of annual graduates from three to 12.
- Increasing educational opportunities through partnerships with Beal University in Maine and with Oulton College in Moncton.

Outcome #2: Improve Access to Addiction and Mental Health Services

As stated in the provincial health plan, the *Inter-Departmental Addiction and Mental Health Action Plan – Priority areas for 2021–2025* recognized the need for improving access and matching individuals to appropriate mental health care. This plan established a framework to guide and align initiatives and priorities, as well as to foster increased collaboration among our stakeholders and partners in the delivery of mental health services.

Why is it important?

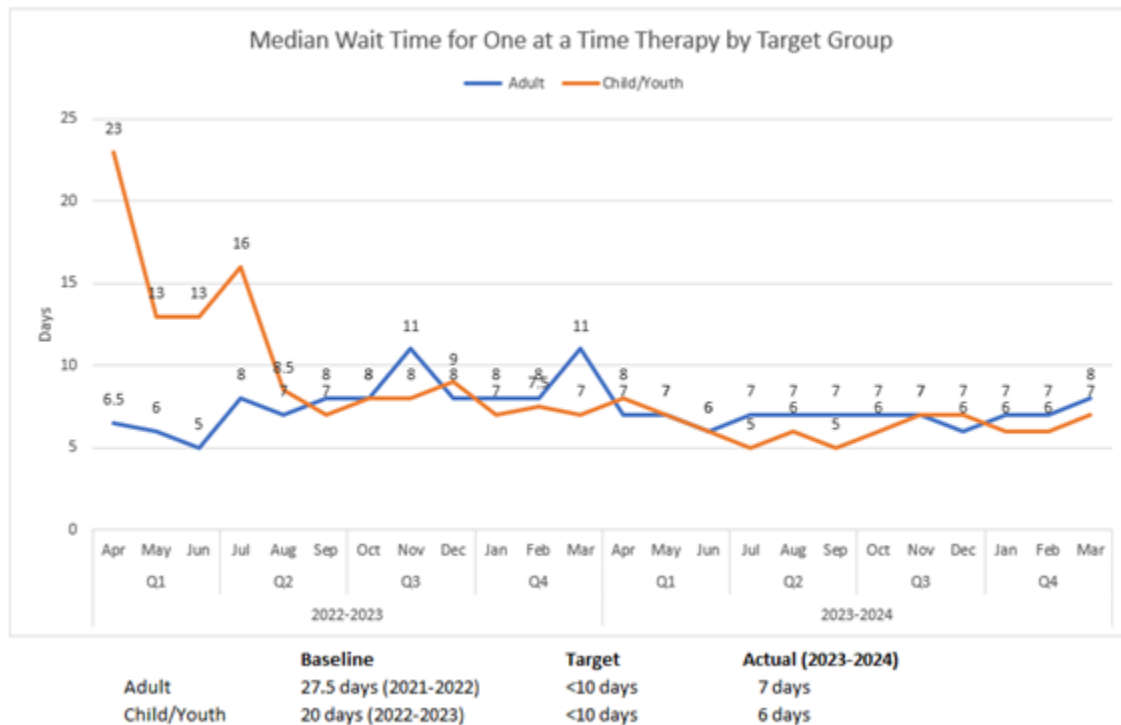
The *Inter-Departmental Addiction and Mental Health Action Plan* indicated that, over the previous five years, there was a 16 per cent increase in demand for addiction and mental health services (9 per cent for adults and 33 per cent for youth). Wait times for new high-priority addiction and mental health referrals were on the rise, with less than 50 per cent of high-priority cases receiving treatment within national benchmarks. This, coupled with an estimated 51 per cent of New Brunswickers identified as being at risk of developing negative mental health impacts because of the unprecedented COVID-19 pandemic, suggests that the need for services will continue to climb.

Overall Performance

The department introduced several resources to improve access, leading to the following results:

- The open access service of *One-at-a-Time Therapy* has significantly reduced median wait times in all community addiction and mental health settings for both adults and children/youth. As of the end of March 2023, median wait times decreased from 28 days to 11 days for adults, and from 20 days to 7 days for children and youth. By adding 16 new clinical lead positions and 36.5 new frontline providers, regional health authorities have maintained or improved access to services, achieving a median wait time of seven days for adults and six days for children and youth by the end of March 2024. *One-at-a-time Therapy* is an addition to the continuum of care as a low-barrier, on-demand service, and is designed to be available in a person's time of need.
- The NB Addiction and Mental Health Helpline, 1-866-355-5550, was officially launched in July 2023. This service provides addiction and mental health support to New Brunswickers. It has received more than 23,000 calls. Approximately 80 per cent of those calls were resolved over the phone, avoiding further intervention or hospitalizations.

- In September 2023, the Centre for Hope and Harmony, a new addiction treatment facility managed by Vitalité Health Network in Campbellton, was opened.



Integrated Youth Services

The province has established community and philanthropic partnerships for the funding, development, and implementation of NB Youth Wellness Hubs. Seen as an international promising practice model for service provision, this approach holistically provides health, social, wellbeing, educational, and cultural services in one youth friendly location. New Brunswick is part of a national federation which serves as a community of practice for all provinces and territories in support of this pan-Canadian movement. Led by the Canadian Mental Health Association of New Brunswick, foundational support teams have been established and sites and their respective partner organizations have been identified, with three initial sites scheduled to open in 2024.

First Nations Initiatives

Department of Health is partnering with other GNB departments to collaborate with all First Nations communities in the co-creation of Indigenous-led multidisciplinary teams to serve children and youth. These community-based teams are customized in composition and care model to meet the specific needs of each community. Communities are in various stages of development, with the community of Elsipogtog having implemented their specific program and commenced providing direct services in October 2023, providing culturally-based addiction and mental health services to over 50 children and youths aged five to 24. The Department of Health has also engaged the services of an Indigenous psychiatrist on a long-term basis to provide virtual psychiatry services to indigenous youth throughout the province, not only adding a cultural component, but also directly

impacting access to this service. Services commenced in June 2023 and, following a six-month period, 54 youths from across the province accessed the service.

Community Partners

The province engages many community organizations who leverage existing skills and expertise to provide a variety of services in an effort to reach the most New Brunswickers possible. Some of these include direct counselling services, Atlantic Wellness, Partners for Youth Connect, Accès Santé Jeunesse, and peer support and mentor programs such as YouTurns and Access Open Minds Elsipogtog. Establishing partnerships not only directly impacts access but also enhances the continuum of supports and services.

Planet Youth

New Brunswick has committed to implementing Planet Youth as a five-year pilot project in four initial locations: Woodstock, Saint John, Kent County, and the Acadian Peninsula. This program has helped to decrease drug and alcohol use among young people in other countries. Planet Youth's method focuses on solutions that includes a survey every two years. A first survey was administered to participating grade 10 students and action teams were formed within each pilot site with a wide variety of stakeholders.

Outcome #3: Increase Access to Surgery

Access to surgery relates to the waiting time for a surgical procedure. For procedures like hip, knee and cataract surgery, there are associated national benchmarks used to measure if surgeries are being performed within a medically accepted recommended timeframe. New Brunswick has been falling behind national timelines, particularly for hip and knee replacement surgeries.

One of the objectives is for the list of citizens waiting more than a year for hip and knee replacement surgery to be decreased by 50 per cent by June 30, 2023, and eliminated by March 31, 2024, with no one waiting more than a year for the service. Another objective is to increase by half the percentage of surgeries completed within benchmark for New Brunswick's surgical category timeframes by December 31, 2023.

Why is it important?

Access to surgeries is a key focus of the provincial health plan. New Brunswick's population is aging, with nearly 20 per cent more seniors than the rest of Canada. This gap is expected to grow and based on current projections, nearly one-third of New Brunswick's population will be over the age of 65 by the late-2030s. As citizens age, the numbers of hip replacements, knee replacements, and cataract surgeries have been on the rise.

In New Brunswick, only 34 per cent of hip replacement surgeries and 26 per cent of knee replacement surgeries were completed within the national benchmark of six months from the time the orthopedic surgeon agreed to operate. On average, 72 per cent of Canadians receive the surgery within six months of being referred.

Overall Performance

Since April 2022, there has been an increase in the number of hip and knee replacement surgeries completed, with a focus on completing those that waited longer than 365 days. This has translated into a decrease in the number of those surgeries waiting to be performed. As of March 31, 2024, the volume of long waiting hip and knee replacement surgeries had decreased from 700 to 61 patients. Efforts continue to close the gap as it relates to performing surgeries within the national benchmarks.

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

Upper River Valley Initiative

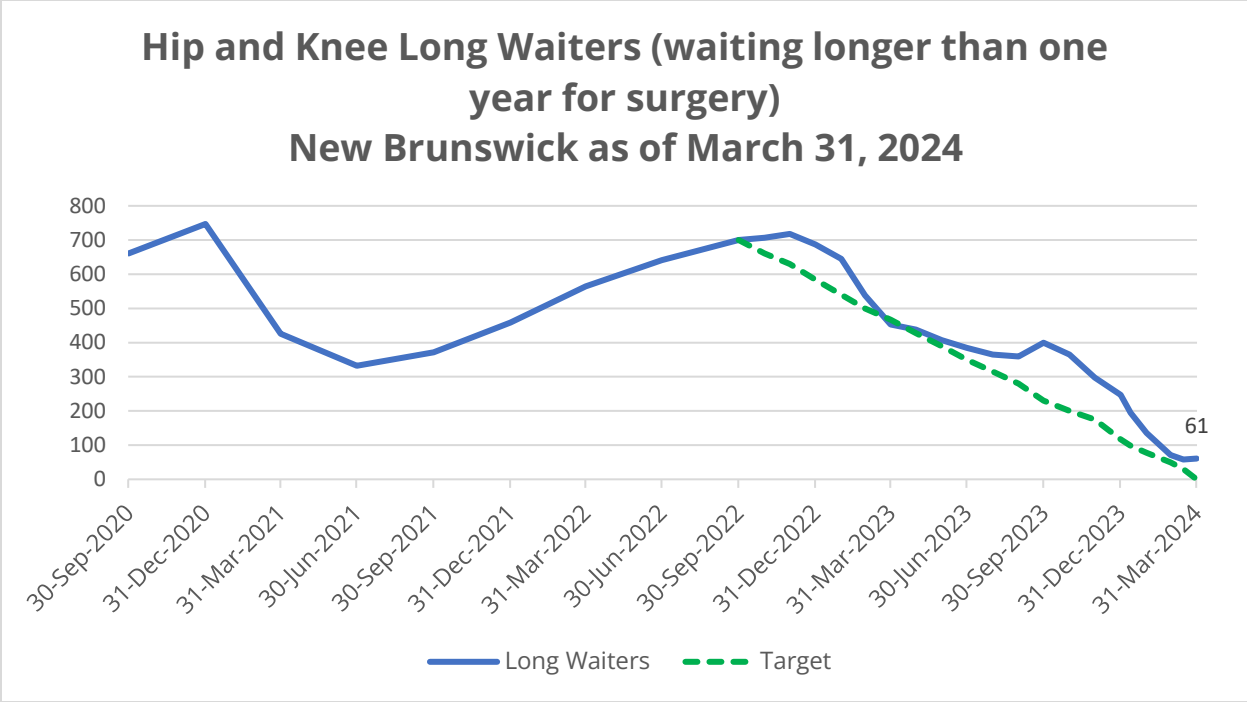
Access to knee surgeries increased in the Upper River Valley area, thanks to the collaboration between surgeons and staff in the Waterville and Fredericton hospitals. The initiative was launched on December 13, 2022, and, as of March 31, 2024, 242 knee replacements had been completed, of which 19 per cent were long waiters. Hip replacement surgery launched in the Upper River Valley area on May 24, 2023. As of March 31, 2024, 82 hip replacement surgeries were performed, of which nine per cent were long waiters.

Implementation of an Enhanced Recovery After Surgery (ERAS)

ERAS is a set of well-established best practice guidelines for patients undergoing surgery. Use of the ERAS protocol helps to shorten the length of hospital stay, decrease costs, reduce the risk of postoperative complications and readmissions, and improve the patient experience. The program has been implemented for hip and knee replacement surgery patients in Saint John Regional Hospital and St. Joseph's Hospital and for colorectal surgery patients in the following institutions:

- Chaleur Regional Hospital
- Dr. Georges-L.-Dumont University Hospital Centre
- The Moncton Hospital
- Edmundston Regional Hospital

ERAS for colorectal surgeries is being expanded to the Saint John Regional Hospital and ERAS for hip and knee replacements is being implemented at The Moncton Hospital.



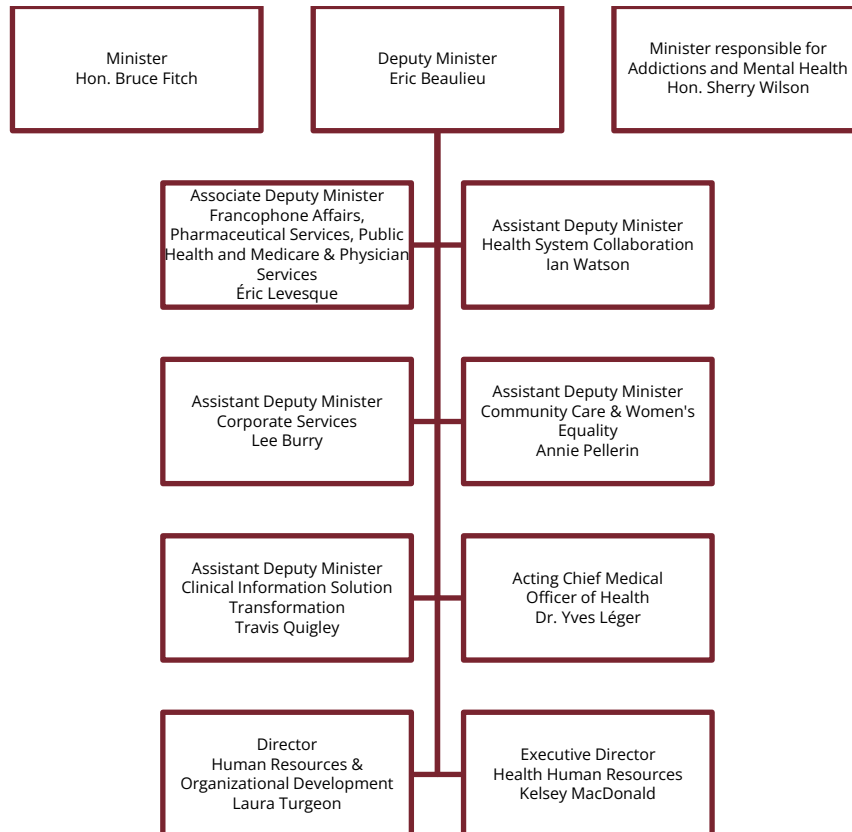
Cataract Surgery Initiative

On September 29, 2022, a two-year pilot project was launched to have cataract surgery performed at a clinic in Bathurst, with the intent to increase the number of surgeries per week from 30 to approximately 75. This initiative helped clear the backlog of patients who have been waiting over a year for this procedure. This initiative expanded to include a second site in Miramichi and a third site in Fredericton. As of March 31, 2024, there has been an 81 per cent decrease in the volume waiting in Bathurst compared to the baseline on August 31, 2022. There has been a total of 3,302 procedures completed in the Acadie-Bathurst Ophthalmology Centre. As of March 31, 2024, there have been 6,313 procedures completed between these three sites. The success observed from this initiative has resulted in the planning of future clinics in Edmundston, Moncton and Saint John.

OVERVIEW OF DEPARTMENTAL OPERATIONS

The mission of the Department of Health is to keep people healthy, prevent illness, and provide timely and appropriate health services. This is accomplished by empowering employees, health professionals, and partners to transform the system to focus on the health and well-being of New Brunswickers.

High-Level Organizational Chart



DIVISION OVERVIEW AND HIGHLIGHTS

FRANCOPHONE AFFAIRS, PHARMACEUTICAL SERVICES, PUBLIC HEALTH, AND MEDICARE & PHYSICIAN SERVICES

Overview

The **Francophone Affairs, Pharmaceutical Services, Public Health and Medicare & Physician Services Division** has oversight of public health programs and services. It likewise oversees activities related to pharmaceutical services, as well as Medicare and Physician Services. The division also ensures the delivery of quality health services in both official languages to all New Brunswickers.

The **Pharmaceutical Services Branch** manages two publicly funded drug programs: the New Brunswick Prescription Drug Program and the New Brunswick Drug Plan. It is responsible for the development and delivery of pharmaceutical policies, programs and services; sets strategic direction and policies for publicly funded drug programs and initiatives; and manages and monitors drug program-related agreements. The branch also provides consultative services to other divisions of the Department.

The **Medicare and Physician Services Branch** plans, develops, implements, and oversees activities related to Medicare Eligibility and Claims, Medicare Insured Services, and Physician Remuneration.

The mission of **Public Health** is to improve, promote and protect the health of the people of New Brunswick. Public Health is responsible for the overall direction of public health programs in the province and works collaboratively with the regional health authorities and other government and non-government health services providers. Its core functions are health protection, disease and injury prevention, surveillance and monitoring, health promotion, public health emergency preparedness and response, and population health assessment.

The **Prevention and Control Unit** supports creating a healthy, resilient, and flourishing population in New Brunswick through policy, standards, and collaboration within the department, across the government and with external partners to prevent communicable disease, non-communicable disease, injury, problematic substance use and related harm, and provide incident command for provincial outbreaks. The unit is also the business owner of the Public Health Information Solution and oversees the publicly funded vaccine supply and distribution.

The **Well-being, Legislation and Standards Unit** supports creating a healthy, resilient, and flourishing population. This work is accomplished through the development of legislation and policy, and collaboration with partners in order to protect health, promote well-being, and support actions on climate change.

The **Operations and Support Unit** supports the business operations and logistics required for the execution of the New Brunswick Immunization Program. This includes the management of the Public Health Information Solution, the Vaccine Operation Centre, and the Provincial Vaccine Scheduling System. The unit also provides health information support and program support to other Public Health units and assists in the development of policy and programs.

Highlights

The Prescription Monitoring Program (PMP), which focuses on monitored drugs such as opioids, stimulants, and sedatives, was developed in 2023-2024 and will be ready to go live with new software provincially 2024-2025. The new PMP is modern, easy to use, and loaded with many features to support clinicians at the point of care such as monitored drug alerts and dashboards, peer feedback reports, and task delegation.

Out-of-Province Medical, with the support of the Corporate Support and Infrastructure team, has hit its one-year anniversary of a paperless archiving process. With this change, Out-of-Province Medical has eliminated the need for physical paper storage and the space required, while not negatively impacting their business.

The provincial scheduling team created more than 27,000 vaccine clinics with over 733,000 appointments available for Influenza, Pneumococcal, Mpox, and COVID-19 vaccinations and POCT testing.

The Building Capacity of the Health Care Sector for Climate-Driven Tick-borne Diseases program was successfully implemented in collaboration with lab partners from the regional health authorities and the Department of Agriculture, Aquaculture and Fisheries and the epidemiology/surveillance team to deliver better tick identification.

HEALTH SYSTEM COLLABORATION

Overview

The **Health System Collaboration Division** has oversight of programs and services across the continuum of acute health care within the two regional health authorities and for services delivered by EM/ANB Inc. The division also oversees the Health Emergency Management Branch as well as the Psychiatric Patient Advocate Services Branch.

The **Acute Care Branch** provides oversight of hospital operations, working with the regional health authorities on the planning and delivery of acute health care services and related provincial programs, including Trauma NB, the NB Heart Centre and Perinatal NB. The branch is directly responsible for the New Brunswick Cancer Network, which manages an evidence-based strategy for all elements of cancer care, including prevention, screening, treatment, follow-up care, palliative care, education and research.

The **Home Care Branch** is responsible for the Extra-Mural Program (EMP) – one component of the services offered by EM/ANB Inc. EMP is a provincial home health care program with a mission to provide a comprehensive range of coordinated health care services for individuals of all ages for the purpose of promoting, maintaining or restoring health within the context of their daily lives, and to provide palliative services to support quality end of life care for individuals with progressive life-threatening illnesses. The branch also supports other out-of-hospital and home-based care programs, including residential hospice services.

The **Ambulance and Transport Services Branch** supports the delivery of safe, appropriate ambulance services by EM/ANB Inc. This is accomplished through planning, funding and monitoring of the ambulance system and includes consideration of the types and numbers of vehicles that are staffed across the province, including land and air ambulances and specialty transport and support units. The branch also sets standards, completes ambulance inspections, and provides medical direction for ambulance services.

The **Health Emergency Management Branch** ensures that the Department of Health is prepared for major events affecting the health care system, ensuring comprehensive internal preparedness, mitigation, response, and recovery efforts that are aligned and connected with emergency management activities within the health care system and with other sectors of government.

The **Psychiatric Patient Advocate Services Branch** is legislated under the *Mental Health Act* to offer advice and assistance to persons who are detained involuntarily due to serious mental illness. Responsibilities include informing patients of their rights, representing the patient's interests at tribunal and review board hearings and ensuring that the *Mental Health Act* and the rights of patients are always respected.

Highlights

New Brunswick Cancer Network expanded provincial cancer screening programs by creating a new lung cancer screening program, transitioning from Papanicolaou testing to human papillomavirus

testing for cervical cancer screening, and improving breast cancer screening services by extending self-referral access to screening mammography.

Implementation of the Cancer Patient Navigation Program, consisting of eight adult and two pediatric cancer patient navigators, has been completed. Each zone has a dedicated adult cancer patient navigator who works with patients and their families, their interdisciplinary cancer care team and community support agencies to ensure assistance and support is provided during the patient's care.

In collaboration with the New Brunswick Cancer Network and contracted hospice organizations, the Home Care Branch developed and implemented a Provincial Policy Manual for Integrated Residential Hospices in New Brunswick.

The Acute Care Branch in collaboration with the regional health authorities has developed a strategic plan for provincial surgical services and continues to work on the four priority projects for the lab modernization initiative.

Ambulance New Brunswick in partnership with the Department of Health and Grand Manan Village Council – announced the signing of a contract with Voyageur Aviation that will see an air ambulance stationed on the island of Grand Manan by September 2024.

The Health Emergency Management team represented the department in six Provincial Emergency Operations Centre activations for emergency events: the Bocabec Wildfire, Hurricane Lee, the AIM Recycling fire, the December 2023 rain/wind event, Woodstock's watermain break and the Covered Bridge Chips factory fire.

The Psychiatric Patient Advocate Services team began work to revise the process which respects the principles under the *Mental Health Act* for the least restrictive and least intrusive assessment, treatment, and transportation of seriously mentally ill individuals between facilities.

CORPORATE SERVICES

Overview

The **Corporate Services Division** is dedicated to advancing strategic priorities and operational excellence. It oversees key branches including Strategy and Priority Management, Innovation and eHealth, Shared Analytics, Corporate Support and Infrastructure, Financial Services, Policy and Legislation, and Federal-Provincial-Territorial Relations and Atlantic Collaboration. This division plays a crucial role in driving the department's mission by integrating strategic oversight, innovative solutions, and collaborative efforts across these essential areas.

The **Strategy and Priority Management Branch** supports strategic planning and alignment within the department and across the health system. It leads the implementation and management of the department's formal management system, including continuous improvement initiatives using Lean Six Sigma processes. It also leads engagement efforts among internal staff, external partners and stakeholders in the work of the department.

The **Innovation and eHealth Branch** is responsible for the overall strategic alignment, design, implementation, and support of corporate system-wide digital solutions and services to achieve optimal health system performance. The branch focuses on digital health solutions, prioritizing quality care for all citizens of New Brunswick and promoting clinical value in the delivery of eHealth solutions to citizens, clinicians and administrators within New Brunswick's health care system. The branch provides expertise in the areas of innovation, digital health strategy and planning, enterprise architecture, IT project management, change management and business solutions support, to ensure the successful delivery of digital health solutions.

The **Shared Analytics Branch** supports the Departments of Health and Social Development in achieving their strategic goals of high-quality data and data systems, conducting statistical and quantitative analyses, creating explanatory and predictive models, and evaluating machine learning and AI algorithms. These actions foster evidence-based decision-making in the planning, management, and accountability of the health care system and the Department of Social Development's operations.

The **Corporate Support and Infrastructure Branch** includes three primary functional units. The Health Facility Planning Unit is responsible for the planning and design of additions, expansions, and renovations to New Brunswick's health establishments. The Departmental Services Unit oversees departmental procurement, contract management, security, vehicle management and communication services. Lastly, the branch is also responsible for privacy, records and information management and third-party liability, which recovers health care costs associated with personal injury claims caused by negligent acts.

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 **Policy and Legislation Branch** serves as a support for the department in developing the public policies that underpin programs and operations and develops public legislation related to health. The branch prepares 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 meeting obligations to the Legislative Assembly and its committees, provides legislative oversight of private health professions,

and manages ministerial correspondence. Finally, the branch coordinates requests for legal opinions and acts as a point of contact for litigation and human rights complaints involving the department.

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.

Highlights

The MyHealthNB Mobile app was launched in January 2024 with over 30,000 downloads.

The Aging with Dignity bilateral funding agreement was signed. This will see the government of Canada providing close to \$117 million, including \$50 million directly to Department of Health, to support New Brunswick's five-year action plan to help residents age with dignity close to home, with access to home care or care in a safe long-term care facility.

A new *Health Facilities Act* enables some surgical services to take place outside of hospitals.

A priorities dashboard for tracking priority projects for the department was developed. The dashboard includes status, schedule, budget and other key elements to support project monitoring and support.

A Surgical Access Registry Data Modeling Dashboard was developed. It contains the surgical scheduling and services provided by location with wait list status and projections into the future.

COMMUNITY CARE AND WOMEN'S EQUALITY

Overview

The **Community Care and Women's Equality** division has oversight of community health care programs and services for primary health care and addictions and mental health services. The division ensures the delivery of services in community to all New Brunswickers. The Women's Equality unit falls under general government.

The **Addiction and Mental Health Services Branch** is responsible for the planning, funding and monitoring of provincial Addiction and Mental Health Services and works collaboratively with the two regional health authorities, who are responsible the operations and delivery of the services. Services are aligned on a broad continuum of substance use and mental health supports and services. The Addiction and Mental Health Services Branch also works collaboratively with a wide variety of community agencies who provide various forms of substance use and mental health supports.

The **Primary Health Care Branch** is responsible for the following three units: Community Health and Chronic Disease Management, Strategy and Innovation and Healthy Aging. It is the focus point for community-based initiatives with a strong emphasis on chronic disease prevention, management and primary health care renewal.

Women's Equality produces its own annual report, which can be found on the Government of New Brunswick's website.

Highlights

Over 237 new permanent positions were added to addiction and mental health services to support the implementation of numerous new programs and services.

Addiction and mental health wait times to access therapeutic services have been reduced from 28 days to seven days for adults and from 20 days to six days for children and youth.

The NB Insulin Pump Program was expanded to include continuous glucose monitoring sensors and remove the age cap for some citizens living with diabetes.

Midwifery has moved from a demonstration site in Fredericton to a permanent program in New Brunswick.

The Healthy Seniors Pilot Project was successfully wrapped up as of March 31, 2024. In total, 66 applied research projects were conducted to better the lives of older adults in our province.

HEALTH HUMAN RESOURCES

Overview

The **Health Human Resources Division** plays a crucial role in ensuring that New Brunswick has a resilient, empowered, and well-staffed health care workforce capable of delivering high-quality care. The division focuses on strategic health workforce planning, the recruitment and retention of health care professionals, and creating a collaborative environment with key stakeholders. Additionally, the division supports the integration of internationally educated health professionals and ensures the ongoing development and sustainability of a skilled healthcare workforce to meet the needs of all New Brunswickers.

The **Health Workforce Planning Unit** is responsible for planning an integrated human resources workforce that meets the evolving needs of the health care system. This unit monitors the supply and demand of the health workforce, identifies emerging trends, and ensures that all professions operate at their full scope of practice with the right skill mix. They develop and implement resource strategies, as well as address training requirements and continuing professional development needs.

The **Recruitment and Attraction Unit** holds a prominent provincial role in promoting, attracting, and recruiting health professionals. With a focus on coordination and collaboration across all sectors, this unit takes the lead in generating leads, creating a positive candidate experience, and establishing connections to wrap-around services and community networks. They also develop and promote a unified branding and marketing approach to showcase the health care opportunities in New Brunswick, emphasizing the province's unique value proposition.

The **International Recruitment, Services, and Programs Unit** provides comprehensive support to both internationally educated health professionals (IEHPs) and employers as they navigate the credentialing and immigration process. This unit takes a proactive role in the recruitment of IEHPs, executing and evaluating international recruitment missions. Furthermore, they oversee various programs designed to facilitate IEHPs' transition into equivalent roles within the province, ensuring their successful practice.

Highlights

In 2023-24, 118 Physicians were recruited, a net increase of 42.

569 permanent RNs were hired by the regional health authorities.

The retention rate in New Brunswick for newly hired RNs and LPNs is 93 per cent after one year.

The NB Health Jobs brand was introduced and promoted to build awareness of career and life opportunities in New Brunswick.

An international health recruitment strategy was developed with system partners.

CLINICAL INFORMATION SOLUTION

Overview

The **Clinical Information Solution Transformation Branch** oversees the comprehensive overhaul, improvement, and consolidation of clinical information solutions within hospitals. This involves enhancing data efficiency across facilities, zones, and regions by standardizing workflows, integrating new technologies, and ensuring regulatory compliance to optimize patient care and data management. The branch collaborates with clinicians, nursing, and allied health professionals, and is partnering with regional health authorities and Service New Brunswick to identify improvements and implement best practices. It focuses on standardization, change management, and continuous performance evaluation to meet the health system's evolving needs and support clinical decision-making, patient safety, and operational efficiency.

Highlights

A provincial Chief Medical Information Officer and a Chief Nursing Information Officer have been hired for the CIS Program.

OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH

Overview

The Office of the **Chief Medical Officer of Health** oversees the Preventative Medicine Branch (led by the Deputy Chief Medical Officer of Health) as well as the Epidemiology and Surveillance Branch (led by the Chief Epidemiologist). The division supports creating a healthy, resilient, and flourishing population in New Brunswick by monitoring the trends in vaccination and diseases reportable under the *Public Health Act*; supporting the identification and response to disease outbreaks as well as other issues of concern for public health; and providing subject matter expertise to Public Health New Brunswick to support planning, development and evaluation of public health programs and services.

Highlights

Wastewater surveillance was expanded to 11 sites province-wide, providing valuable information on the spread of respiratory illnesses.

New Brunswick was one of the first provinces to launch the stimulant surveillance report.

HUMAN RESOURCES AND ORGANIZATIONAL DEVELOPMENT

Overview

The **Human Resources and Organizational Development Branch** provides support and services to management and staff to increase organizational effectiveness and maximize performance through our people while supporting the strategies and goals of the department. It is responsible for workforce planning, recruitment, classification, employee and labour relations, health and safety, official languages, employee recognition, human resources strategy and programs, as well as some classification and labour relations functions in support of Part III.

Highlights

During the 2023-2024 fiscal year, the Human Resources and Organizational Development Branch focused on initiatives aimed at improving work-life balance at the department, in addition to launching a new employee orientation program to improve the employee experience for new hires to the department.

FINANCIAL INFORMATION

	BUDGET ('000)	ACTUAL EXPENDITURES ('000)
Francophone Affairs, Pharmaceutical, Physician and Community Services	1,318,241.4	1,369,919.7
Health System Collaboration	2,014,549.4	2,252,858.9
Corporate Services	83,236.3	81,833.6
Community Services and Women's Equality	200,578.7	219,273.6
Health Human Resources	9,797.1	7,886.3
Clinical Information Solution Transformation	2,400	345.4
Office of the Chief Medical Officer of Health	4,322	3,984.1
Human Resources and Organizational Development	837.6	715.3
Total	3,633,993.0	3,936,816.9

Medicare payments by practitioner payment modality and average remuneration by specialty, 2023-2024

Specialty	Fee-for-service payments	Capitation payments	Salary	Sessional or alternative payments	Benefits	Total payments	Average Remuneration*
~Other Specialties **	16,018,121	-	11,716,943	10,984,827	1,521,376	40,241,267	505,442
Anatomical Pathology	601,575	-	4,554,101	9,875,430	30,264	15,061,369	466,874
Anesthesiology	34,554,117	-	5,708,190	2,583,834	282,074	43,128,215	525,743
Cardiac Surgery	696,049	-	-	3,771,507	67,263	4,534,819	629,311
Cardiology	13,801,215	-	955,633	1,663,356	200,296	16,620,500	550,986
Dermatology	6,047,666	-	-	-	34,648	6,082,314	671,249
Diagnostic Radiology	58,967,457	-	-	-	143,188	59,110,645	809,942
Emergency Medicine	349,433	-	-	3,824,027	88,580	4,262,040	354,553
Gastroenterology	11,314,445	-	223,048	52,908	60,995	11,651,395	647,300
General Internal Medicine	8,189,191	-	3,822,945	2,453,227	388,682	14,854,044	422,497
General Pathology	139,606	-	1,201,651	2,660,382	13,427	4,015,066	497,056
General Practice	161,058,452	5,073,253	25,361,365	83,241,753	35,420,347	310,155,170	347,217
General Surgery	23,369,719	-	1,576,056	2,328,829	2,161,039	29,435,644	604,547
Geriatric Medicine	212,945	-	3,910,478	57,887	30,647	4,211,956	374,137
Hematology	331,842	-	3,356,285	12,600	266,141	3,966,867	494,465
Infectious Disease	228,223	-	2,662,970	104,325	18,403	3,013,921	334,878
Internal Medicine	2,265,018	-	3,018,907	1,969,160	1,627,655	8,880,741	365,394
Medical Oncology	320,178	-	4,545,633	1,668	4,310,242	9,177,721	744,245
Neonatal-Perinatal Medicine	812,371	-	2,706,061	-	23,746	3,542,178	348,058
Nephrology	8,711,493	-	103,074	126,235	124,707	9,065,510	533,269
Neurology	3,972,094	-	5,173,124	133,045	14,342	9,292,605	400,399
Neurosurgery	234,177	-	-	5,216,426	36,662	5,487,265	678,742
Obstetrics & Gynecology	17,929,639	-	2,643,534	67,711	705,558	21,346,441	422,106
Ophthalmology	33,467,741	-	-	-	628,131	34,095,872	946,986
Orthopedic Surgery	22,921,012	-	-	35,576	201,454	23,086,890	528,435

Specialty	Fee-for-service payments	Capitation payments	Salary	Sessional or alternative payments	Benefits	Total payments	Average Remuneration*
Otol-Head & Neck Surgery	11,978,888	-	-	-	65,049	12,043,938	676,281
Pediatrics	6,149,468	-	10,274,191	89,334	132,335	16,645,328	351,870
Physical Medicine & Rehab	3,059,403	-	1,604,845	1,979,563	51,873	6,695,684	545,067
Plastic Surgery	7,425,708	-	-	-	35,258	7,460,965	497,268
Psychiatry	13,841,520	-	24,340,065	356,735	343,422	38,881,742	460,392
Radiation Oncology	927,933	-	4,133,565	-	35,231	5,096,728	509,679
Respirology	7,360,014	-	2,044,521	1,542,584	166,980	11,114,099	614,417
Rheumatology	3,536,491	-	2,770,430	13,105	44,805	6,364,830	421,014
Urology	11,987,863	-	664,238	36,258	1,878,632	14,566,991	628,759
Total	492,781,064	5,073,253	129,071,852	135,111,140	51,153,452	813,190,762	445,984

* Only practitioners with \$100,000 or more in earnings are included in the average remuneration

** "Other Specialties" are all specialties with fewer than 10 practitioners; they include:

Cardiac Electrophysiology, Cardiac Surgery, Child & Adolescent Psychiatry, Clinical Immunology & Allergy, Colorectal Surgery, Critical Care Medicine, Forensic Pathology, Forensic Psychiatry, Geriatric Psychiatry, Gynecologic Oncology, Hematological Pathology, Hematology, Interventional Cardiology, Maternal-Fetal Medicine, Medical Biochemistry, Medical Genetics and Genomics, Medical Microbiology, Neonatal-Perinatal Medicine, Neuropathology, Nuclear Medicine, Pain Medicine, Palliative Medicine, Pathology, Public Health & Preventive Medicine, Thoracic Surgery

Data Source: Medicare Decision Support System (MDSS)

Count of physicians practising on March 31, by year, by specialty			
Specialty	Number of physicians		
	March 31, 2022	March 31, 2023	March 31, 2024
Anatomical Pathology	34	28	30
Anesthesiology	80	79	80
Cardiac Electrophysiology	2	2	2
Cardiac Surgery	7	8	8
Cardiology	28	30	32
Child & Adolescent Psychiatry	3	3	3
Clinical Immunology & Allergy	-	0	0
Colorectal Surgery	1	1	1

Critical Care Medicine	3	5	4
Dermatology	13	12	10
Diagnostic Radiology	67	62	68
Emergency Medicine	10	13	11
Endocrinology & Metabolism	7	6	8
Forensic Pathology	1	1	1
Forensic Psychiatry	1	1	1
Gastroenterology	16	16	17
General Internal Medicine	30	31	36
General Pathology	9	9	6
General Practice / Family Medicine	906	937	928
General Surgery	44	46	47
Geriatric Medicine	13	13	13
Geriatric Psychiatry	2	2	2
Gynecologic Oncology	4	4	4
Hematological Pathology	2	4	5
Hematology	8	8	8
Infectious Diseases	7	8	8
Internal Medicine	21	20	22
Interventional Cardiology	1	2	3
Maternal-Fetal Medicine	8	8	9
Medical Biochemistry	2	2	2
Medical Genetics and Genomics	2	2	2
Medical Microbiology	8	8	8
Medical Oncology	17	16	16
Neonatal-Perinatal Medicine	7	9	9
Nephrology	13	15	15
Neurology	22	23	27
Neuropathology	1	1	1
Neurosurgery	10	9	9
Nuclear Medicine	5	5	6

Obstetrics & Gynecology	46	48	47
Ophthalmology	29	34	36
Orthopedic Surgery	45	47	48
Otolaryngology (Head & Neck Surgery)	20	19	20
Palliative Medicine	7	6	8
Pathology	0	1	2
Pediatrics	56	51	52
Physical Medicine & Rehabilitation	15	15	16
Plastic Surgery	18	18	16
Psychiatry	93	89	88
Public Health & Preventive Medicine	4	4	2
Radiation Oncology	11	11	11
Respirology	15	18	19
Rheumatology	14	14	15
Thoracic Surgery	4	4	3
Urology	22	23	24
Vascular Surgery	8	9	9
General Practice / Family Medicine	906	937	928
Specialists	916	923	950
Total	1,822	1,860	1,878

Data Source: Medicare Decision Support System (MDSS)

Count of Registered Nurses (RNs) & Licensed Practical Nurses (LPNs)			
by Employment Status on March 31st			
Registered Nurses¹	2022	2023	2024
Full-Time	4,195	4,049	4,252
Part-Time	1,537	1,499	1,460
Casual	1,289	1,221	1,208
Total RNs	7,021	6,769	6,920

Licensed Practical Nurses²			
Full-Time	1,102	1,202	1,278
Part-Time	589	602	602
Casual	371	494	542
Total LPNs	2,062	2,298	2,422
1 Employed by the regional health authorities or EM/ANB Inc.			
2 Employed by the regional health authorities			
Data Source: Human Resources Database (HRDB)			

SUMMARY OF STAFFING ACTIVITY

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 department(s). Please find below a summary of the staffing activity for 2023-2024 for the Department of Health.

NUMBER OF PERMANENT AND TEMPORARY EMPLOYEES AS OF DEC. 31 OF EACH YEAR		
EMPLOYEE TYPE	2023	2022
Permanent	343	287
Temporary	74	83
TOTAL	417	370

The department advertised 94 competitions, including 80 open (public) competitions and 14 closed (internal) competitions.

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

APPOINTMENT TYPE	APPOINTMENT DESCRIPTION	SECTION OF THE CIVIL SERVICE ACT	NUMBER
Specialized Professional, Scientific or Technical	An appointment may be made without competition when a position requires: <ul style="list-style-type: none"> a high degree of expertise and training a high degree of technical skill recognized experts in their field 	15(1)	3
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)	2
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)	14

APPOINTMENT TYPE	APPOINTMENT DESCRIPTION	SECTION OF THE CIVIL SERVICE ACT	NUMBER
Lateral transfer	The GNB transfer process facilitates the transfer of employees from within Part 1, 2 (school districts) and 3 (hospital authorities) of the Public Service.	16(1) or 16(1)(c)	9
Regular appointment of casual/temporary	An individual hired on a casual or temporary basis under section 17 may be appointed without competition to a regular properly classified position within the Civil Service.	16(1)(d)(i)	19
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
39	<p data-bbox="319 443 597 548"><i>An Act Respecting the Regional Health Authorities</i></p> <p data-bbox="319 625 597 848">https://www.legnb.ca/en/legislation/bills/60/2/39/an-act-respecting-the-regional-health-authori</p>	June 16, 2023	<p data-bbox="844 443 1442 747">This Act amended the <i>Regional Health Authorities Act</i> and the <i>Board Regulation – Regional Health Authorities Act</i> to change the composition of the board of directors of each regional health authority from seven appointed members and eight elected members to up to seven members, all appointed by the Minister for a mandate of up to three years.</p> <p data-bbox="844 793 1360 863">The Act also amended the <i>Regional Health Authorities Act</i> to</p> <ul data-bbox="844 873 1442 1360" style="list-style-type: none"> • establish the Health System Collaboration Council. • strengthen and clarify the division of roles and responsibilities between the Minister of Health, the boards of directors, the chief executive officers and the regional health authorities. • strengthen and clarify the requirements of the accountability framework. • update and strengthen the official language requirements; and • update and clarify certain definitions.
40	<p data-bbox="319 1394 597 1423"><i>Health Facilities Act</i></p> <p data-bbox="319 1472 597 1619">https://www.legnb.ca/en/legislation/bills/60/2/40/health-facilities-act</p>	June 16, 2023	<p data-bbox="844 1394 1409 1541">This new Act addressed the requirements for the establishment and operation of surgical facilities that offer surgical services outside of hospitals.</p>

58	<p><i>Opioid Damages and Health Care Costs Recovery Act</i></p> <p>https://www.legnb.ca/en/legislation/bills/60/2/58/opioid-damages-and-health-care-costs-recovery</p>	June 16, 2023	This new Act addressed cost recovery for opioid damages in health care.
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The acts for which the department was responsible in 2023-2024 may be found at:
<https://laws.gnb.ca/en/bycategory/cs?categoryId=departmentId&itemId=health>

SUMMARY OF OFFICIAL LANGUAGES ACTIVITIES

Introduction

The Department of Health continues to recognize its obligations under the *Official Languages Act* and is committed to delivering services in both official languages.

Focus 1

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

- The department continues to ensure new employees are oriented on the Language of Service policy and guidelines at the time of hire.
- Linguistic profiles continue to be updated and reviewed to ensure the department maintains its ability to provide services in both official languages.

Focus 2

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

- The department continues to ensure new employees are oriented on the Language of Work policy and guidelines at the time of hire.
- The department uses simultaneous interpretation and/or bilingual presentations for larger departmental meetings.

Focus 3

Ensure that new and revised government programs and policies took into account the realities of the province's official language communities:

- The department continues to collaborate with the *Société Santé et Mieux-être en français du Nouveau-Brunswick* through their action networks which focus on the organization of services, training and research as well as community-led actions to foster healthy communities.
- The department continues to provide correspondence to the public in the official language of their choice and ensures all new program and policy information is communicated and accessible in both official languages.

Focus 4

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.

- New employees continue to be required to complete the Language of Service and Language of Work eLearning modules.
- Employees continue to be required to review the Language of Service and Language of Work policies and guidelines as part of the annual performance management process.

Conclusion

The department continues to work on meeting its obligations under the *Official Languages Act* and related policies and to ensure its ability to provide services to the public in both official languages.

SUMMARY OF RECOMMENDATIONS FROM THE OFFICE OF THE AUDITOR GENERAL

Section 1 – Includes the current reporting year and the previous year.

NAME AND YEAR OF AUDIT AREA WITH LINK TO ONLINE DOCUMENT	RECOMMENDATIONS
	TOTAL
2023-2024 – COVID-19 Pandemic Response – Department of Health	8
2022-2023 – No reports	0

IMPLEMENTED RECOMMENDATIONS	ACTIONS TAKEN
No recommendations have been implemented to date.	NA

RECOMMENDATIONS NOT IMPLEMENTED	CONSIDERATIONS
<p>Executive Council Office ensure the Department of Justice and Public Safety, in collaboration the Department of Health:</p> <ul style="list-style-type: none"> • undertake an After-Action Review to evaluate the provincial response to the COVID-19 pandemic. • incorporate lessons learned into an updated provincial pandemic emergency plan; and • create and implement a schedule to regularly test and update the provincial pandemic emergency plan. 	<p>The GNB COVID-19 after-action review is in progress. An organizational structure has been established, a vendor has been engaged and interviews and consultations are expected to be completed throughout June and July.</p>
<p>Develop, monitor, and report on established key performance indicators. Targets should be regularly reviewed for ongoing relevance and revised accordingly.</p>	<p>The Department of Health agrees with the need to monitor and report on key performance indicators.</p> <p>The Department will be participating in GNB's after-action pandemic review which will aim to update the provincial pandemic plan based on the lessons learned from the COVID-19</p>

RECOMMENDATIONS NOT IMPLEMENTED	CONSIDERATIONS
	pandemic, including recommendations from this report.
Increase data-systems capacity to adequately monitor test inventory during a pandemic to ensure supply meets demand	<p>The Department of Health agrees with the recommendation.</p> <p>The Department will be participating in GNB's after-action pandemic review which will aim to update the provincial pandemic plan based on the lessons learned from the COVID-19 pandemic, including recommendations from this report.</p>
Provide clear targets to support the decision-making process when moving between various phases of a staffing crisis action plan. This should form part of an up-to-date pandemic plan	<p>The Department of Health agrees with the recommendation.</p> <p>The Department will be participating in GNB's after-action pandemic review which will aim to update the provincial pandemic plan based on the lessons learned from the COVID-19 pandemic, including recommendations from this report.</p>
Review the efficacy of the critical care nursing initiative to determine if it accomplished its intended objectives and note any future improvements should the need arise again	The Department of Health agrees on the need to assess all programs, such as the critical care nursing initiative to ensure they meet their intended purpose.
Develop a contingency plan, as part of its business continuity planning, that outlines back-up procedures for key personnel, both at the Department and regional levels	<p>The Department of Health agrees with this recommendation.</p> <p>The Department will update the department's business continuity plan based on the lessons learned from the COVID-19 pandemic.</p>
<p>Ensure:</p> <ul style="list-style-type: none"> • decision criteria are established and consistently applied for any process which may result in exceptions for adherence to mandatory orders. • rationale used for decision-making for exemptions is well-documented 	<p>The Department of Health agrees with the recommendation.</p> <p>The Department will be participating in GNB's after-action pandemic review which will aim to update the provincial pandemic plan based on the lessons learned from the COVID-19 pandemic.</p>

RECOMMENDATIONS NOT IMPLEMENTED	CONSIDERATIONS
Ensure the development and retention of adequate documentation to substantiate public health measures	The Department of Health agrees that documentation related to meetings and decisions should be reinforced to ensure greater transparency on the decision-making process during health emergencies. The Department will ensure that enhanced record keeping practices are integrated into its health emergency operations.

Section 2 – Includes the reporting periods for years three, four and five.

NAME AND YEAR OF AUDIT AREA WITH LINK TO ONLINE DOCUMENT	RECOMMENDATIONS	
	TOTAL	IMPLEMENTED
Ambulance Services - 2020	20	6
Electronic Medical Records Program - 2020	7	5
Medicare Cards - 2019	16	8

REPORT ON THE *PUBLIC INTEREST DISCLOSURE ACT*

As provided under section 18(1) of the *Public Interest Disclosure Act*, the chief executive shall prepare a report of any disclosures of wrongdoing that have been made to a supervisor or designated officer of the portion of the public service for which the chief executive officer is responsible. The Department of Health received no disclosures of wrongdoing in the 2023-2024 fiscal year.