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# Department of Health

**ANNUAL REPORT**  
2021-2022

# **Department of Health**

ANNUAL REPORT 2021-2022

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

ISBN: Bilingual Print: 978-1-4605-3290-4

ISBN: PDF English: 978-1-4605-3292-8

ISBN: PDF French: 978-1-4605-3291-1

22-00118 | 2022.011 | printed in New Brunswick

# Transmittal letters

**FROM THE MINISTER TO THE  
LIEUTENANT-GOVERNOR**

**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, 2021, to March 31, 2022.

Respectfully submitted,

A handwritten signature in black ink, reading "Bruce Fitch". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Honourable Bruce Fitch  
Minister of Health

# Transmittal letters

**FROM THE DEPUTY MINISTER  
TO THE MINISTER**

**Honourable Bruce Fitch  
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, 2021, to March 31, 2022.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'E. Beaulieu', is positioned above the printed name.

Eric Beaulieu  
Deputy Minister

# Contents

Minister's Message	1
Deputy Minister's Message	2
Government Priorities	3
Performance Outcomes	7
Overview of Departmental Operations	12
Financial Statements	24
Summary of Staffing Activity	25
Summary of Legislation and Legislative Activity	26
Summary of Official Languages Activities	27
Summary of Recommendations From the Office of the Auditor General	28
Report on the <i>Public Interest Disclosure Act</i>	38

# Minister's Message

I am very pleased to present the 2021-2022 Annual Report for the Department of Health.

It's my honour – and a great privilege – to serve as New Brunswick's health minister. I joined the department in July 2022, and I am honoured every day to work with such an enthusiastic team. I am thankful to the former minister, Dorothy Shephard. Her work and dedication are evident in the pages of this report.

The 2021-2022 fiscal year saw us continue to battle against the COVID-19 pandemic with our vaccine program. Throughout these difficult times, I commend our front-line health care workers for their dedication and resiliency in caring for New Brunswickers.

Aside from the ongoing pandemic, we know there are many other health care challenges facing New Brunswick – and this country – and it's our duty to tackle them here with urgency and innovation. We have a responsibility to the citizens of this province, and we take that responsibility seriously.

We are taking action through our provincial health plan, Stabilizing Health Care: An Urgent Call to Action. It outlines a path forward and is intended to stabilize and rebuild New Brunswick's health care system to be more citizen-focused, accessible, accountable, inclusive, and service-oriented.

We have expanded options for community health care, diverting non-urgent patients out of emergency rooms to other services, expanded the advanced care paramedic program, and funded mental health initiatives.

The government is now covering the costs for pharmacists to renew prescriptions for people who do not have a primary care provider or who are in an urgent situation and cannot access their provider.

We entered into 10-year funding agreements with the University of New Brunswick and Université de Moncton to target nursing shortages and are partnering with UNB to add a mental health specialization to its Bachelor of Nursing program and double the number of seats in the nurse practitioner program.

More substantial changes are coming to stabilize and rebuild the health care system, aligned with the five action areas of the provincial health plan: access to primary health care, access to surgery, creating a connected system, access to addiction and mental health services, and supporting seniors to age in place.

We must continue working together. We know collective action is required to improve the health care system in New Brunswick.

I am grateful to departmental staff and staff at both regional health authorities and EM/ANB Inc. for all their efforts in fulfilling the important mandate and objectives of the Department of Health.



Honourable Bruce Fitch

# Deputy Minister's Message

On behalf of the Department of Health, I am pleased to present this year's annual report for the 2021-2022 fiscal year ending March 31, 2022. It summarizes our department's activities, outlines our challenges, and highlights our successes.

I arrived in Health in July 2022 from the Department of Social Development. It's an honour to be tasked with my new position in the Department of Health. I am incredibly proud of what the department accomplished during the 2021-2022 fiscal year.

The past year saw New Brunswick release its provincial health plan, Stabilizing Health Care: An Urgent Call to Action. The plan identifies specific action areas and timelines for improvements, focusing first on the most pressing challenges facing our system. Collaboration between government departments, the regional health authorities, and EM/ANB Inc. is evident in the pages of the plan.

We know further action is required. New Brunswick's health care system is under immense pressure, but we're all committed to making improvements. The Department of Health is focused on making it more efficient and effective in the face of the significant challenges our province is facing. Continuing our work over the last year, work this year will support the provincial health plan's goals and objectives to the benefit of all New Brunswickers.

This annual report reflects the diligent efforts of staff in the Department of Health, and I thank all employees for their service. As Deputy Minister, I am honoured to be part of a team of dedicated and professional individuals.

Moving forward, we will continue to demonstrate our passion to New Brunswickers by working hard, evaluating our opportunities, and building on our accomplishments.



Eric Beaulieu  
Deputy Minister of Health

# Government Priorities

## *Delivering for New Brunswickers*

### **ONE TEAM ONE GNB**

*One Team One GNB* is our vision as an organization and a collaborative approach to how we operate. It is our path forward, and it represents a civil service that is working collectively across departments, professions, and sectors. Together, we are learning, growing, and adapting, and discovering new and innovative ways of doing business. It is enabling us to achieve the outcomes needed for New Brunswickers, and we are working more efficiently and effectively than ever before.

As *One Team One GNB*, we are improving the way government departments:

- communicate with one another,
- work side-by-side on important projects, and
- drive focus and accountability.

### **STRATEGY AND OPERATIONS 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 our government's roadmap for the future of New Brunswick that focuses on key priorities and the importance of public accountability.

### **GOVERNMENT PRIORITIES**

Our vision for 2021-2022 is a vibrant and sustainable New Brunswick. To make progress towards this vision, we must focus on our government's priorities.

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

### **COVID-19 PANDEMIC RESPONSE**

As part of GNB's priorities this past year, responding to the COVID-19 pandemic was at the forefront. Our department supported GNB in responding to the pandemic by continuing its work with partners and communities in New Brunswick. These efforts involved measures to mitigate the COVID-19 pandemic's impacts and focused on protecting the health care system from being overburdened. This work involved the integration of several unprecedented activities that developed in response to continually evolving challenges associated with multiple waves of the pandemic.



# Highlights

During the 2021-2022 fiscal year, the Department of Health focused on the following strategic priorities:

- The provincial health plan, Stabilizing Health Care: An Urgent Call to Action was released in November 2021. The plan provided a framework to expand new options for community health care including:
  - Enhancements to Tele-Care 811 referral services. This service is available any time of day or night in non-emergency situations to provide support from a nurse and referrals to additional services.
  - Virtual care is now available through eVisitNB without charge for those with a Medicare card.
  - In many instances, pharmacists can now renew prescriptions without requiring a visit to a family doctor.
- As a result of the 2021 Interdepartmental Addiction and Mental Health Action Plan, addiction and mental health adult service teams implemented One-at-a-Time Therapy (OAAT) services in clinics throughout New Brunswick in the fall of 2021. Twenty-four new full-time clinicians were added to its existing workforce and over 330 clinicians were trained in Stepped Care and OAAT. An Overdose Prevention Site was opened in November 2021 in the Moncton area.
- As part of the Psychologists' Resource Strategy led by the Health Workforce Planning Branch, six recommendations were approved to address challenges in recruiting and retaining psychologists in the public sector. These recommendations will be developed and implemented over the next fiscal year with the continued collaboration of our stakeholders.
- Establishment of the new Public Health Laboratory at the Dr. Georges-L. Dumont University Hospital Centre was announced.
- The New Brunswick Cancer Network (NBCN) continued to provide leadership for promotion and management of the provincial colon cancer screening program. As of March 2022, the program detected 494 cancers and pre-cancers in previously asymptomatic individuals while 5,113 persons had polyps removed, preventing cancer from developing. NBCN, in collaboration with RHAs, launched a provincial, community-oriented Cancer Patient Navigation Program. The new program provides support and assistance to patients and their families throughout the cancer care continuum, especially in the pre-diagnostic and post-treatment transition to cancer survivorship.
- The Critical Care Nursing Deployment Initiative (CCNDI) provided much-needed critical care/intensive care/emergency room nurses during the fifth wave of COVID-19, to ICU and ER patients.
- Under the Nursing Resource Strategy's Innovation in Nursing Initiative, funding was provided for a two-day summit held in November 2021, titled "Creating a 2+2 educational pathway for mental health nursing in New Brunswick."
- The University of New Brunswick's faculty of nursing in Fredericton is introducing a mental health specialization starting in September 2022.
- An Internationally Educated Nurse (IEN) Unit was created to increase capacity to recruit IENs for New Brunswick's nursing workforce. The 2021 target to recruit was 70, which was achieved. The 2022 target of 150 is on track.
- In March 2022, a new Physician Services Master Agreement was signed between the Department of Health and the New Brunswick Medical Society. The five-year agreement is effective from April 1, 2020, to March 31, 2025.
- The number of data assets maintained in the Data Sharing Platform has increased from 10 to 55. This expansion in high-quality data has led to an increase in the efficiency and timeliness of analyses and evaluations conducted by Health Analytics, resulting in a more comprehensive and integrated view of health care services.
- Midwifery services continue to be offered at the Fredericton Midwifery Clinic. Between October 2017 and the beginning of March 2022, there were 402 families in midwifery care in the Fredericton area

and 318 midwifery assisted births (237 in hospital and 81 at home). An independent third-party evaluation has been completed and will provide evidence-based recommendations to inform the future of midwifery services in New Brunswick.

- On February 11, 2022, Department of Health, EM/ ANB Inc. and Medavie signed a memorandum of understanding to improve access to primary care with the creation of a Primary Care Network Program. This program will provide access to timely, coordinated care to New Brunswick residents who do not have a primary care provider until they are permanently matched to a provider.
- The Primary Health Care Branch worked with EM/ ANB Inc. and the Department of Social Development to implement a project to provide enhanced clinical supports for residents of adult residential facilities. This project is part of the provincial health plan under the Support Seniors to Age in Place pillar.
- In July 2021, the Primary Health Care branch worked in collaboration with Hospice South East NB (HSENB), the Extra-Mural Program, and both regional health authorities to initiate an integrated residential hospice model in health zone 1. HSENB opened its 10-bed residential hospice to provide integrated palliative hospice care for the south-eastern population of New Brunswick.
- The New Brunswick Insulin Pump Program (NBIPP) assisted 237 children, youth and adults under 26 years of age who are medically eligible to access insulin pump therapy to obtain fair and affordable access to insulin pumps and supplies.
- The Patient Connect NB Orphan Reduction Project began in December 2020. The goal was to reduce the number of individuals on the PCNB list by 50 per cent (21,000) by April 2021. Automated calls and a letter mail-out were conducted to reach patients on the list. Through matching with providers and administrative efforts, this goal was exceeded with 23,786 clients removed from the list as of June 15, 2021.
- The COVID-19 pandemic has enabled the establishment of an emergency stockpile of materials including personal protective equipment, sanitizing supplies, test kits and supplies for mass vaccination. As of March 31, 2022, the value of the inventory was \$61.3M. Where possible, plans have been made to manage and rotate the inventory to prevent items in the stockpile from expiring.
- Throughout 2021-2022 Public Health continued to work closely with internal and external partners to develop and advise on public health measures and to prevent the hospital system from becoming overwhelmed. Between December 2021 and March 2022, additional Public Health staff were reassigned from their regular work to support the COVID-19 response. As outbreaks evolved, new evidence emerged, and epidemiology changed, focused strategies were developed with priority populations to support those more likely to experience severe illness.
- In October 2021, a free high-dose flu shot was introduced for all New Brunswickers 65 years and over.
- In November 2021, the first overdose prevention site (OPS) opened at Ensemble Moncton. Initial data demonstrated success, with 1,380 injections at the site and 1,377 of them without incident. Three overdoses occurred and were successfully reversed on site by the OPS team with Naloxone and CPR. There were no deaths. Other initial successes include client reports of using less product, increased knowledge, and use of harm reduction practices with nine per cent entering recovery programs.
- Naloxone kits continue to be provided free of charge to all New Brunswickers through community organizations across the province and through regional health authority detoxification centres, correctional facilities, and hospital pharmacies. This fiscal year there was an increase of 50 per cent in funding to the program. In 2021, 1,443 kits were distributed. The average monthly demand for kits increased in 2021 compared with the monthly averages from 2018 to 2020.
- In September 2021, the *Tobacco and Electronic Cigarette Sales Act* was amended to ban the sale of all flavoured vaping products. This initiative was brought forward as one action to help reduce the availability of attractive and addictive nicotine products and to help reduce vaping initiation among youth.

- In 2021, Public Health conducted a months-long investigation into a potential neurological syndrome of unknown cause that was suspected of affecting some residents of New Brunswick. An oversight committee, co-chaired by the regional health authorities and consisting of five independent neurologists, reviewed the case files of all 48 of the potential cases found that the patients didn't have symptoms in common or a shared common illness. This work was supported and facilitated by a Medical Officer of Health and the Priority Initiatives Unit. A separate in-depth epidemiological investigation, led by the Epidemiology and Surveillance units, concluded the patients did not have any common behaviours, foods or environmental exposures. Following the release of the reports from these two groups, all the patients were excluded from the cluster and the Minister of Health has accepted the conclusion that no such neurological syndrome of unknown cause exists in New Brunswick. The Public Health Agency of Canada supported the results of New Brunswick's investigation.
- The priority initiative unit supported the Public Health Network Council (PHNC) with the Chief Medical Officer of Health's role as the co-chair and the Deputy Minister's role as deputy minister liaison between the PHNC and the Conference of Deputy Ministers of Health.

# Performance Outcomes

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

## *Outcome #1*

### **TACKLING THE COVID-19 PANDEMIC**

Throughout 2021-2022, Public Health continued to work closely with internal and external partners to develop and advise on public health strategies with the goal of minimizing disruption to citizens' lives while mitigating the impacts to the health care system and other critical infrastructure. With a focus on vaccinating the eligible populations, frequent public communications, and continued public health measures across sectors, New Brunswickers had increased protection from severe outcomes of COVID-19.

In response, a number of unprecedented activities resulted in several significant achievements and developments that mitigated the impact of the pandemic and established approaches and processes that will continue to support New Brunswickers across the province. The efforts of the department assisted in preventing the hospital system from becoming overwhelmed and supported priority populations that were more likely to experience severe illness.

#### **Importance of the Priority**

The ongoing response to the COVID-19 pandemic required unprecedented efforts from the department and various partners, and cooperation from New Brunswickers across the province. This work also caused the rapid deployment and development of new approaches and assisted in the development and use of telehealth applications in the delivery of health care including MyHealthNB, eVisitNB and Tele-Care 811. Between December 2021 and March 2022, additional Public Health staff were reassigned from their regular work to support COVID-19 response.

#### **Overall performance**

From April 1, 2021, to March 31, 2022, 1.61 million doses of COVID-19 vaccine were administered in the province, with 597,815 individuals having received the vaccine.

Over 11 million point-of-care tests were distributed to New Brunswickers through assessment centres, community distribution sites and employment programs.

Across New Brunswick, 479,945 polymerase chain reaction (PCR) tests were performed.

In response to the Omicron variant, referrals for essential primary care services were directed through Tele-Care 811 to hubs set up within each regional health authority. From January 17 to March 31, 2022, 1,146 referrals were sent to Horizon Health Network and 437 were sent to Vitalité Health Network.

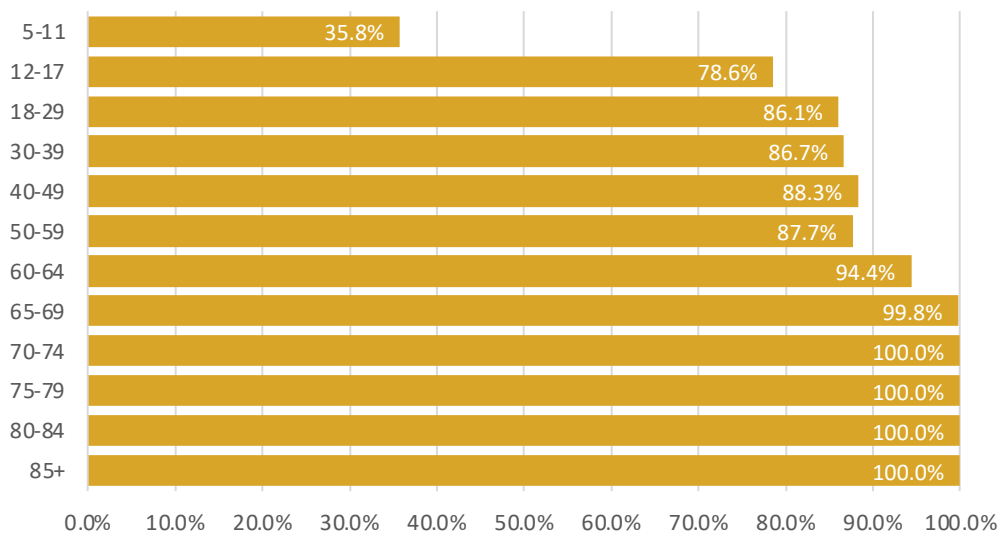
New Brunswickers' cooperation and high rates of vaccination enabled the reduction of COVID-19 measures in March of 2022. Easing measures helped to minimize societal disruption and helped New Brunswickers recover from the prolonged pandemic experience.

#### **What initiatives were undertaken to achieve the outcome?**

- As outbreaks evolved, new evidence emerged, and epidemiology changed, focused strategies were developed with priority populations to support those more likely to experience severe illness
- The point of care testing (POCT) strategy was expanded to all symptomatic New Brunswickers.

- The province’s testing strategy became a key component in controlling COVID-19 and was critical to informing decisions. Laboratory services continued the exceptional work to meet the high COVID-19 testing demands during the Delta and Omicron waves and deliver test results within 24 to 48 hours. The work of the provincial virology lab at the Dr. Georges-L. Dumont University Hospital Centre, in collaboration with Horizon Health Network, continued to be fundamental to the success of the effort and in identifying the arrival of new genetic variants within Atlantic Canada.
- The COVID-19 vaccine roll-out was complicated by limitations on transportation, storage, and handling. To ensure a high standard of competency in the administration of the vaccines, as well as safe and consistent practice across the province, extensive educational tools were developed. This includes the COVID-19 Vaccine Guide and an enhanced AEFI (Adverse Event Following Immunization) system.
- Nurse practitioners emerged as an important resource for the response during the Omicron wave by assisting with vaccination clinics and seeing referrals from Tele-Care 811 for essential primary care through the RHA hubs.
- The Provincial Outreach Management Response Teams (PROMT) under EM/ANB, Inc. supported the clinical care of COVID-19 positive individuals within vulnerable settings such the long-term care sector, shelters and transition homes, correctional facilities and First Nations communities. PROMT has been recognized as a leading practice by Accreditation Canada.
- The Acute Care Branch worked collaboratively with the two regional health authorities and EM/ANB Inc. on planning for hospital services during the Delta and Omicron waves of the COVID-19 pandemic.
- The Emergency Health Services Branch worked with EM/ANB Inc. to implement enhanced pandemic support for Adult Residential Facilities as well as COVID-19 swabbing across various settings in community.
- In August 2021, at the direction of the COVID-19 Pandemic Taskforce, EMP partnered with Public Health and the Department of Health to implement an evidenced based care approach for home oximetry monitoring to support people with mild to moderate COVID-19, prioritizing populations most at risk of deterioration and poor outcomes.
- A screening program for Paxlovid antiviral treatment became available to eligible New Brunswickers who were at high risk of progressing to serious disease, including hospitalization or death. Due to limited supply and many potential drug contraindications, 286 doses were dispensed from the date it became available in January 2022 to March 2022.

Eligible population with at least two doses by age demographic



## Outcome #2

### EXPANDING OPTIONS FOR COMMUNITY HEALTH CARE

During the year we were able to undertake several initiatives to make our health care system more citizen-focused, accessible, accountable, inclusive, and service-oriented for all New Brunswickers.

#### Importance of the Priority

The New Brunswick Health Plan, Stabilizing Health Care: An Urgent Call to Action, focused attention on stabilizing and rebuilding New Brunswick's health care system to be more citizen-focused, efficient, accountable, inclusive, and service-oriented.

#### Overall Performance

Nurse practitioner-led clinics in Moncton, Fredericton and Saint John continued to onboard patients from the Patient Connect NB registry for a total of 6,983 patients as of March 2022. An additional nurse practitioner was added to provide services in Keswick

The Primary Health Care branch worked with Pharmaceutical Services to implement a program to reimburse pharmacist service fees for some services normally delivered by primary care providers. On October 1, 2021, the Department of Health began reimbursing pharmacists for renewing prescriptions and assessing and prescribing for uncomplicated urinary tract infections (UTIs). As of March 31, 2022, 90 per cent of pharmacies had participated in this program and pharmacists had provided 62,700 prescription renewal services and 3,300 UTI assessments.

Beginning in January 2022, New Brunswickers with a valid Medicare card were able to access virtual essential primary care services through eVisitNB at no charge. From January 17 to March 31, 2022, there were 14,634 appointments through eVisitNB and an additional 1,290 referred from Tele-Care 811 for a total of 15,924 clients seen. A contract was signed with eVisitNB to continue to provide primary care services at no cost to New Brunswickers until March 31, 2023.

Developments with the MyHealthNB app helped enable over half of New Brunswickers to establish and access their personal health records (including parental access to dependents' records). More than 42 per cent of New Brunswickers currently have verified digital identities allowing secure access to their health records.

#### What initiatives were undertaken 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 care.

#### Strengthening the health care team

Efforts to extend the services of the nurse practitioner clinics in Moncton, Fredericton and Saint John to rural communities continued.

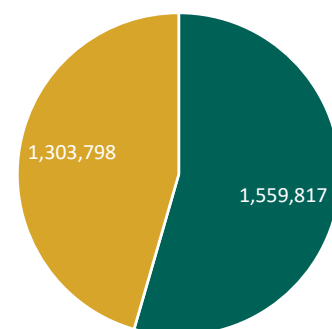
In an effort to increase primary health care access and reduce demand on physician office hours, walk-in clinics and ERs, pharmacists can be consulted about prescription refill needs for guidance. They are also able to assess and prescribe for uncomplicated urinary tract infections.

#### Further development of telehealth applications

eVisitNB was implemented without charge for those with a Medicare card and is a helpful option for many New Brunswickers. This online service provides a new option to reach a doctor or nurse practitioner.

More than one half of all primary care visits were delivered virtually and are one indicator that access to health services are evolving towards new approaches.

Virtual Care Visits Delivered by Primary Care Physicians Fiscal 2021



■ # Office Visits ■ # Virtual Visits

## *Outcome #3*

### **EXPANSION OF ADDICTION AND MENTAL HEALTH SUPPORTS**

The Interdepartmental Addiction and Mental Health Action Plan 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

The establishment of One-at-a-Time Therapy, overdose prevention sites and continued focus on increasing awareness and promotion of the Bridge the gap website ([www.nb.bridgethegap.ca](http://www.nb.bridgethegap.ca)) were examples of important addiction and mental health initiatives during 2021-2022 that are resulting in the reduction of wait times, more consultations and improved care.

#### **Importance of the Priority**

The 2021 Interdepartmental 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 (nine 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 as a result of the unprecedented COVID-19 pandemic, suggests that there is a need for services.

#### **Overall Performance**

The improvement in access associated with One-at-a-Time Therapy (OAAT) services led to a dramatic decrease (62 per cent) in the number of New Brunswickers waiting for services province-wide. Ninety-two per cent of surveyed individuals who accessed OAAT reported feeling satisfied or very satisfied that the session helped them develop a plan to address their issues. Equally important, most individuals felt less worried or upset after an OAAT session than they did before. Prior to an OAAT session, 78 per cent of individuals reported feeling worried/upset or very worried/upset compared to 18 per cent reporting feeling worried/upset or very

worried/upset after the OAAT session. Job satisfaction among adult services addiction and mental health clinicians improved during this system change. They reported feeling relieved at seeing individuals being helped immediately and feeling better about their work while seeing the effectiveness of OAAT.

As of March 2022, there were 128 individuals registered (30 per cent female, 70 per cent male) and 1,380 safe injections completed at overdose prevention sites, of which 1,377 were without incident and 3 overdoses were successfully reversed on site with Naloxone and CPR. There were zero deaths.

In 2021-2022, Mobile Crisis Services received over 13,430 calls provincially, which is an increase of 41 per cent compared to the previous year. 1,908 interventions were conducted in partnership with police with an average of 83 per cent of the crisis calls being managed in the community, thus preventing an emergency department visit or a police apprehension.

#### **What initiatives were undertaken to achieve the outcome?**

**Operationalization of One-at-a-Time Therapy** in adult services: Addiction and Mental Health adult service teams implemented OAAT services by walk-in or by rapid access appointment in mental health clinics throughout New Brunswick in fall 2021. Twenty-six new full-time clinicians were added to its existing workforce and over 850 clinicians were trained in Stepped Care and OAAT.

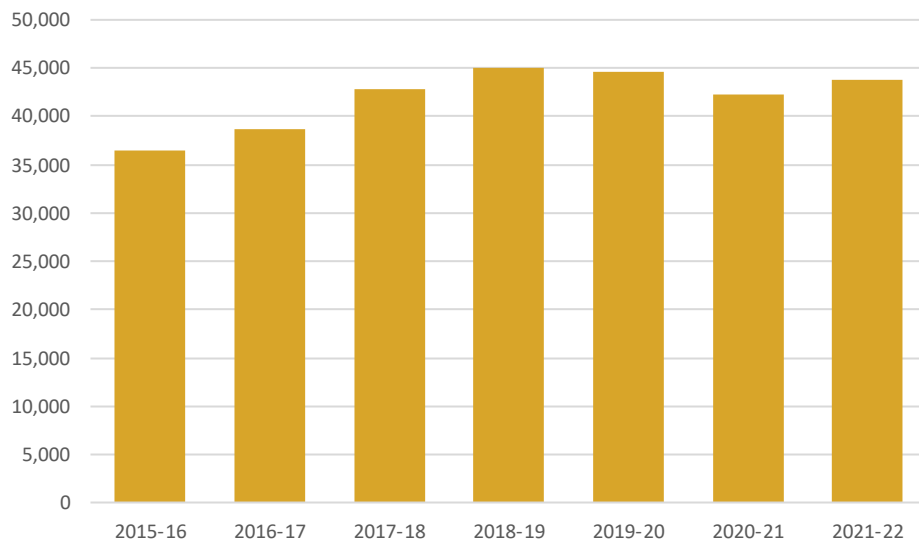
**Overdose Prevention Site:** An overdose prevention site (OPS) was opened on November 25, 2021, in the Moncton area. Ensemble Greater Moncton began to offer services based on harm reduction principles and at-risk substance use by young people, particularly for those who are precariously housed or homeless. The purpose of the site is to provide space for people who use substances where an overdose can be responded to immediately and to reduce the harms associated with substance use (e.g., discarded needles, public substance use, incarceration) that can negatively impact communities.

**Partnerships between Mobile Crisis Services and**

**police:** Partnerships are in development across many regions of the province. The main goals are to enhance mobile crisis services through a coordinated effort of rapid response to mental health crisis in the community, to redirect individuals away from lengthy and resource-intensive hospital emergency services, to reduce the number of *Mental Health Act* apprehensions by police, and to reduce wait times for police in emergency departments.

**Bridge the gapp:** The Department of Health continued its focus on increasing awareness and promoting the use of the website Bridge the gapp as a mental health and addiction resource to help New Brunswickers access services, gain information, and navigate the system. Users can sign up for online programming, find various self-help tools and resources, locate local services, and even share with others what has helped them. A structured promotional campaign is planned for 2022-2023.

### Distinct Individual Case & Situations

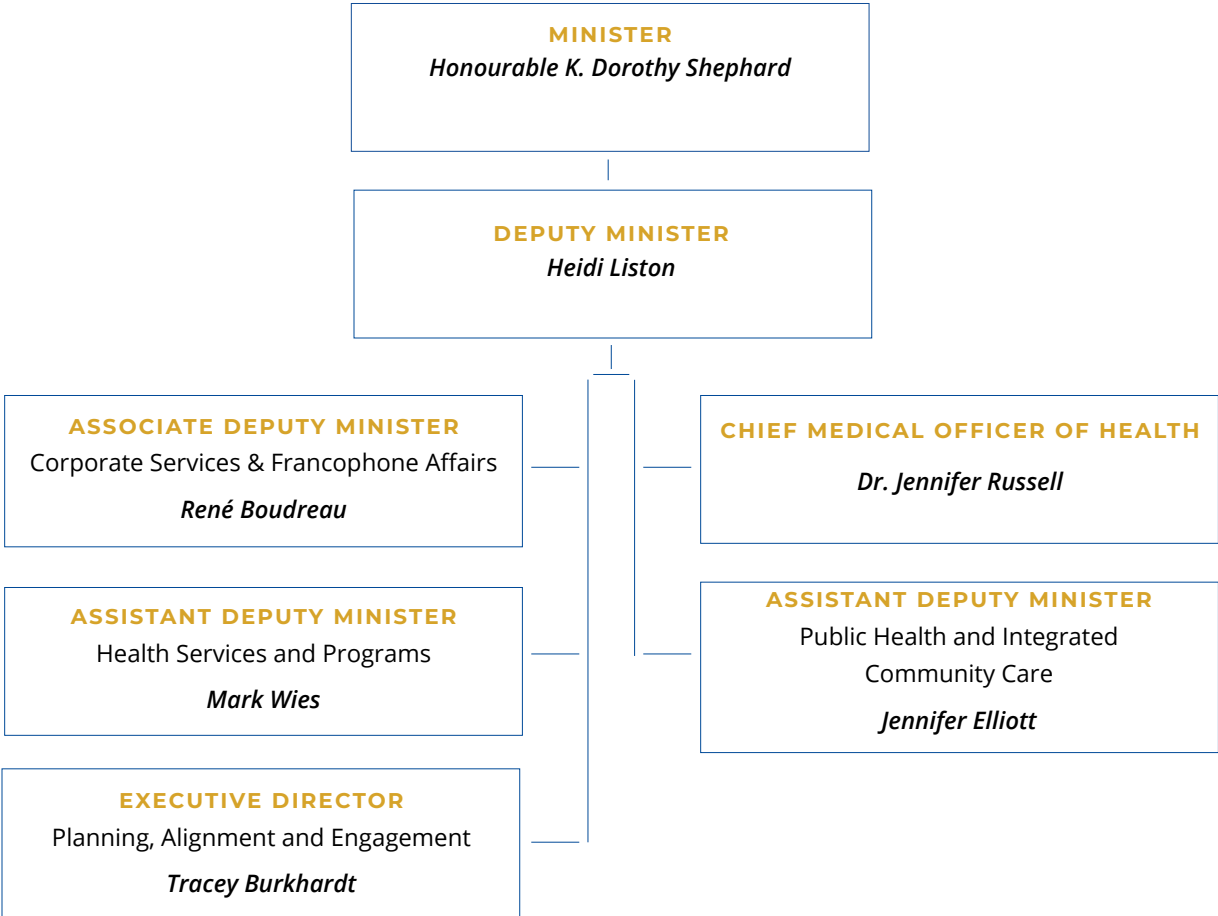




# Overview of Departmental Operations

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



# Corporate Services and Francophone Affairs

The **Corporate Services and Francophone Affairs Division** provides advice, support and direction on administrative-related issues, specifically financial 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 oversees the following branches: Corporate Support and Infrastructure; Corporate Privacy; Health Facility Planning; Emergency Preparedness and Response, Financial Services; Medicare and Physician Services; Policy and Legislation; Federal-Provincial-Territorial Relations and Atlantic Collaboration, and Innovation and eHealth. The division also ensures the delivery of quality health services in both official languages to all New Brunswickers.

The **Corporate Support and Infrastructure Branch** is responsible for facilities management, strategic procurement, contract management, vehicle management, identification cards, security, parking, and telephones. It is also responsible for internal communications, records and information management, the departmental library, the mailroom, translation and interpretation services, and for managing the Third-Party Liability Unit, which recovers health care costs associated with personal injury claims caused by negligent acts.

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 EM/ ANB Inc.

The **Health Facility Planning Branch** oversees the planning and design of additions, expansions, and renovations to New Brunswick's health establishments.

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 emergencies that have the potential to impact health 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 **Medicare and Physician Services Branch** plans, develops, implements, and oversees activities related to Medicare Eligibility and Claims, Medicare Insured Services, and Physician Remuneration.

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, administers the *Cemetery Companies Act*, and prepares the majority of the minister's correspondence. Finally, the branch coordinates all requests for legal opinions and acts as the 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.

The **Innovation and eHealth Branch** designs, implements, and oversees corporate system-wide digital solutions supporting the health system, including the Electronic Health Record, the Diagnostic Imaging Repository, Client Registry, the Public Health Information Solution and MyHealthNB. The branch focuses on health business solutions while providing services to programs in the areas of strategy and planning, project management, change management, application support and maintenance as well as information services.

# Financial Information

	BUDGET	ACTUAL EXPENDITURES
Corporate Services and Francophone Affairs (\$000)	\$ 826,585.5	\$ 782,491.1

## MEDICARE PAYMENTS BY PRACTITIONER PAYMENT MODALITY AND AVERAGE REMUNERATION BY SPECIALTY, 2021-2022

SPECIALTY	FEE-FOR-SERVICE PAYMENTS	CAPITATION PAYMENTS	SALARY	SESSIONAL OR ALTERNATIVE PAYMENTS	BENEFITS	TOTAL PAYMENTS	AVERAGE REMUNERATION*
Anatomical Pathology	\$612,127	\$0	\$9,886,824	\$3,065,603	\$127,531	\$13,692,086	\$378,289
Anesthesiology	\$23,501,958	\$0	\$4,447,924	\$2,856,791	\$395,550	\$31,202,223	\$392,566
Cardiology	\$13,736,629	\$0	\$656,620	\$1,123,931	\$114,129	\$15,631,310	\$533,900
Dermatology	\$5,788,868	\$0	\$0	\$38,840	\$31,438	\$5,859,146	\$524,369
Diagnostic Radiology	\$52,963,898	\$0	\$0	\$14,265	\$279,178	\$53,257,341	\$785,928
Emergency Medicine	\$223,939	\$0	\$0	\$2,435,000	\$63,661	\$2,722,599	\$322,686
Endocrinology & Metabolism	\$284,171	\$0	\$1,749,321	\$97,541	\$18,598	\$2,149,631	\$337,282
Gastroenterology	\$10,810,137	\$0	\$0	\$113,561	\$70,259	\$10,993,957	\$646,232
General Internal Medicine	\$7,118,740	\$0	\$2,197,536	\$2,353,120	\$127,291	\$11,796,687	\$389,285
General Pathology	\$145,238	\$0	\$2,591,882	\$879,201	\$37,146	\$3,653,467	\$390,861
General Practice / Family Medicine	\$154,604,003	\$4,694,909	\$24,565,735	\$69,545,774	\$5,287,942	\$258,698,363	\$300,837
General Surgery	\$18,645,989	\$0	\$1,458,266	\$2,964,724	\$378,079	\$23,447,058	\$503,559
Geriatric Medicine	\$139,190	\$0	\$3,287,732	\$48,108	\$23,026	\$3,498,057	\$308,224
Infectious Diseases	\$221,088	\$0	\$1,898,815	\$92,461	\$9,428	\$2,221,792	\$350,579
Internal Medicine	\$2,137,303	\$0	\$3,055,497	\$1,427,734	\$68,020	\$6,688,554	\$327,717
Medical Oncology	\$466,114	\$0	\$5,714,353	\$35,400	\$54,116	\$6,269,984	\$368,823
Nephrology	\$8,629,882	\$0	\$0	\$126,356	\$29,581	\$8,785,819	\$666,200
Neurology	\$3,998,282	\$0	\$3,769,187	\$62,832	\$149,164	\$7,979,465	\$393,670
Neurosurgery	\$277,165	\$0	\$0	\$5,097,443	\$108,805	\$5,483,413	\$676,434
Obstetrics & Gynecology	\$15,372,559	\$0	\$2,536,560	\$103,192	\$1,094,354	\$19,106,665	\$430,177

SPECIALTY	FEE-FOR-SERVICE PAYMENTS	CAPITATION PAYMENTS	SALARY	SESSIONAL OR ALTERNATIVE PAYMENTS	BENEFITS	TOTAL PAYMENTS	AVERAGE REMUNERATION*
Ophthalmology	\$25,360,889	\$0	\$0	\$41,026	\$168,990	\$25,570,906	\$870,332
Orthopedic Surgery	\$17,927,201	\$0	\$0	\$39,302	\$615,295	\$18,581,798	\$446,577
Otolaryngology (Head & Neck Surgery)	\$10,411,576	\$0	\$0	\$60,903	\$134,307	\$10,606,786	\$546,183
Pediatrics	\$6,177,672	\$0	\$10,278,072	\$70,329	\$231,829	\$16,757,902	\$328,655
Physical Medicine & Rehabilitation	\$2,730,874	\$0	\$1,450,478	\$1,096,256	\$35,812	\$5,313,420	\$374,322
Plastic Surgery	\$6,915,981	\$0	\$0	\$58,691	\$110,135	\$7,084,808	\$470,068
Psychiatry	\$13,236,874	\$0	\$17,112,574	\$203,247	\$261,483	\$30,814,179	\$349,941
Radiation Oncology	\$1,238,539	\$0	\$3,374,532	\$0	\$21,849	\$4,634,920	\$463,266
Respirology	\$4,961,293	\$0	\$1,443,162	\$1,004,717	\$44,538	\$7,453,709	\$525,400
Rheumatology	\$3,126,168	\$0	\$1,741,819	\$23,742	\$31,792	\$4,923,521	\$376,389
Urology	\$11,392,201	\$0	\$425,878	\$84,893	\$254,168	\$12,157,140	\$572,016
Vascular Surgery	\$4,374,088	\$0	\$0	\$18,664	\$48,102	\$4,440,854	\$555,168
Other Specialties**	\$9,133,458	\$0	\$12,606,808	\$9,614,090	\$326,721	\$31,681,078	\$409,299
<b>Total</b>	<b>\$436,664,096</b>	<b>\$4,694,909</b>	<b>\$116,249,576</b>	<b>\$104,797,738</b>	<b>\$10,752,318</b>	<b>\$673,158,637</b>	<b>\$386,282</b>

\* 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, 2020	MARCH 31, 2021	MARCH 31, 2022
Anatomical Pathology	31	32	34
Anesthesiology	76	76	80
Cardiac Electrophysiology	2	2	2
Cardiac Surgery	7	7	7
Cardiology	28	29	28
Child & Adolescent Psychiatry	3	3	3
Clinical Immunology & Allergy	1	1	-
Colorectal Surgery	1	1	1
Critical Care Medicine	4	3	3
Dermatology	14	13	13
Diagnostic Radiology	61	63	67
Emergency Medicine	9	10	10
Endocrinology & Metabolism	8	8	7
Forensic Pathology	2	2	1
Forensic Psychiatry	1	1	1
Gastroenterology	18	18	16
General Internal Medicine	29	29	30
General Pathology	11	10	9
General Practice / Family Medicine	864	875	906
General Surgery	43	44	44
Geriatric Medicine	13	12	13
Geriatric Psychiatry	2	2	2
Gynecologic Oncology	3	4	4
Hematological Pathology	3	3	2
Hematology	7	9	8
Infectious Diseases	6	5	7
Internal Medicine	12	17	21
Interventional Cardiology	1	1	1
Maternal-Fetal Medicine	7	8	8
Medical Biochemistry	2	2	2

SPECIALTY	NUMBER OF PHYSICIANS		
	MARCH 31, 2020	MARCH 31, 2021	MARCH 31, 2022
Medical Genetics and Genomics	2	2	2
Medical Microbiology	8	8	8
Medical Oncology	16	17	17
Neonatal-Perinatal Medicine	3	2	7
Nephrology	13	13	13
Neurology	20	21	22
Neuropathology	1	1	1
Neurosurgery	11	10	10
Nuclear Medicine	6	5	5
Obstetrics & Gynecology	45	43	46
Ophthalmology	29	31	29
Orthopedic Surgery	47	47	45
Otolaryngology (Head & Neck Surgery)	16	18	20
Palliative Medicine	7	7	7
Pediatrics	55	57	56
Physical Medicine & Rehabilitation	14	15	15
Plastic Surgery	17	17	18
Psychiatry	94	94	93
Public Health & Preventive Medicine	6	4	4
Radiation Oncology	11	11	11
Respirology	14	14	15
Rheumatology	14	14	14
Thoracic Surgery	4	4	4
Urology	23	21	22
Vascular Surgery	7	7	8
<b>General Practice / Family Medicine</b>	<b>864</b>	<b>875</b>	<b>906</b>
<b>Specialists</b>	<b>888</b>	<b>898</b>	<b>916</b>
<b>Total</b>	<b>1,752</b>	<b>1,773</b>	<b>1,822</b>

Data Source: Medicare Decision Support System (MDSS)

## COUNT OF REGISTERED NURSES (RNS) & LICENSED PRACTICAL NURSES (LPNS), BY EMPLOYMENT STATUS ON MARCH 31ST

REGISTERED NURSES <sup>1</sup>	2020	2021	2022
Full-Time	4,367	4,369	4,195
Part-Time	1,676	1,588	1,537
Casual	784	1,002	1,289
<b>Total RNs</b>	<b>6,827</b>	<b>6,959</b>	<b>7,021</b>
LICENSED PRACTICAL NURSES <sup>2</sup>	2020	2021	2022
Full-Time	1,064	1,103	1,102
Part-Time	637	605	589
Casual	298	282	371
<b>Total LPNs</b>	<b>1,999</b>	<b>1,990</b>	<b>2,062</b>

<sup>1</sup> Employed by the Regional Health Authorities or EM/ANB Inc.

<sup>2</sup> Employed by the Regional Health Authorities

Data Source: Human Resources Database (HRDB)



# Health Services and Programs

The **Health Services and Programs Division** has oversight of health care programs and services that touch patients across the continuum of care within the two regional health authorities and EM/ANB Inc. The division also has oversight responsibility of the Action Plan for the Equitable Distribution of Health Services. It likewise oversees activities related to pharmaceutical services, health human resources and eHealth.

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. It is responsible for the New Brunswick Cancer Network (NBCN) and the Ambulance and Transport Services Planning Branch. NBCN is responsible for the oversight of the New Brunswick Cancer Network which manages 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 legislated under the *Mental Health Act* to offer advice and assistance to persons who are detained involuntary due to serious mental illness. Their responsibilities

include informing 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 are always respected.

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

# Financial Information

	BUDGET	ACTUAL EXPENDITURES
Health Services and Programs (\$000)	\$ 2,092,348.9	\$ 2,038,020.7

# Public Health and Integrated Community Care

The **Addiction and Mental Health Services Branch** oversees the delivery of the following services through the RHAs: addiction services (withdrawal management services, concurrent disorder live-in program, intensive day treatment, screening, assessment and treatment in community and opioid replacement clinics); community mental health centres (prevention, intervention and postvention 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 three units: Community Health and Chronic Disease Management, Home Care, and Healthy Aging. 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 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.

COVID-19 Response Team: The COVID-19 Response Team is responsible for supporting the provincial Public Health COVID-19 response by developing and defining public health measures to minimize the spread and negative impacts of COVID-19 and supporting the development of policy and programs with GNB and external stakeholders.

Prevention and Control Unit: 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 GNB 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.

Well-being, Legislation and Standards Unit: 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.

Preventative Medicine Branch: The Chief Medical Officer of Health oversees the Preventative Medicine Branch. It consists of three units. The Chief Epidemiologist Unit (responsible for epidemiology and surveillance), the Deputy Chief Medical Officer of Health Unit, and the Priority Initiative Lead Unit. This branch supports creating a healthy, resilient, and flourishing population in New Brunswick through monitoring the trends in vaccination and diseases reportable under the *Public Health Act*; supporting response to disease outbreaks; and providing subject matter expertise to the Prevention and Control unit and the Well-being, Legislation and Standards unit to support planning, development and evaluation of public health programs and services.

# Financial Information

	BUDGET	ACTUAL EXPENDITURES
Public Health and Integrated Community Care (\$000)	\$ 373,421.9	\$ 492,298.9

COVID-19 (\$000)	ACTUAL EXPENDITURES
Administration, Analytics, Communications, IT solutions, Tele-Care	\$ 13,825.0
Public Health - Covid Response team	\$ 4,382.4
Vaccination Campaign & POCT tests	\$ 112,389.4
Mental Health	\$ 1,121.2
RHA & EM/ANB Inc- triage, assessment, testing, PROMT	\$ 104,568.7
<b>Total</b>	<b>\$ 236,286.7</b>

# Planning, Alignment, and Engagement

The **Planning, Alignment, and Engagement Division** supports strategic planning and alignment within the department and across the health system. It also leads the implementation and management of the department’s formal management system, including continuous improvement initiatives using Lean Six Sigma processes. Within this branch, efforts to build community at the Department of Health created connections among staff and partners and empowered people to succeed. Branches of the department were supported in their efforts to engage health system stakeholders and First Nations in the work of the department. The branch also leads employee engagement efforts through communication and events.

The **Health Analytics Branch** supports the New Brunswick health care system in achieving its 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 health care algorithms. These actions foster evidence-based decision-making in the planning, management, and accountability of the health care system.

The **Continuous Improvement Branch** supports strategic planning and alignment within the department and across the health system. It also leads the implementation and management of the department’s formal management system.

## Financial information

	BUDGET	ACTUAL EXPENDITURES
Planning, Alignment and Engagement (\$000)	\$ 3,170.0	\$ 3,395.9

# Financial Statements

2021 - 2022

PRIMRY	BUDGET (\$000)	ACTUALS (\$000)
<b>Status Report by Primary</b>		
Compensation and Benefits	\$32,049.2	\$31,201.7
Other Services	\$1,160,500.7	\$1,079,621.6
Materials and Supplies	\$290,431.6	\$341,410.4
Property and Equipment	\$1,193.10	\$4,120.4
Contributions and Grants	\$1,811,351.7	\$1,853,305.4
Debt and Other Charges	\$0	\$6,547.0
<b>Grand Total</b>	<b>\$ 3,295,526.4</b>	<b>\$ 3,316,206.6</b>

PROGRAM	BUDGET (\$000)	ACTUALS (\$000)
<b>Status Report by Program</b>		
Corporate and Other Health Services	\$192,370.7	\$150,775.9
Medicare	\$730,415.6	\$707,637.3
Drug Programs	\$233,450.1	\$209,226.3
Regional Health Authorities	\$2,044,508.8	\$2,012,280.4
COVID-19	\$94,781.0	\$236,286.7
<b>Grand Total</b>	<b>\$3,295,526.4</b>	<b>\$3,316,206.6</b>

The expenditures of the Department of Health were higher than budget mainly due to COVID-19 pandemic program costs for immunization delivery and uptake, as well as testing and contact tracing, including the purchase of Point of Care Tests.

# 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. The table below summarizes the staffing activity for 2021-2022 for the Department of Health.

NUMBER OF PERMANENT AND TEMPORARY EMPLOYEES AS OF DECEMBER 31 OF EACH YEAR					
Employee Type	2017	2018	2019	2020	2021
Permanent	296	238	251	264	266
Temporary	34	41	41	70	107
<b>TOTAL</b>	<b>330</b>	<b>279</b>	<b>292</b>	<b>334</b>	<b>373</b>

The department advertised 92 competitions, including 67 open (public) competitions and 25 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	BUDGET (\$000)	SECTION OF THE CIVIL SERVICE ACT	NUMBER
Specialized Professional, Scientific or Technical	An appointment may be made without competition when a position requires: <ul style="list-style-type: none"> <li>a high degree of expertise and training</li> <li>a high degree of technical skill</li> <li>recognized experts in their field</li> </ul>	15(1)	0
Equal Employment Opportunity Program	Provides Aboriginals, persons with disabilities and members of a visible minority group with equal access to employment, training and advancement opportunities.	16(1)(a)	5
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)	4
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)	11
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)	3
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	NUMBER
42	<p><i>Miscellaneous Statutes Amendment Act</i></p> <p><a href="https://www2.gnb.ca/content/dam/gnb/Departments/ag-pg/PDF/ActsLois/2021/Chap-16.pdf">https://www2.gnb.ca/content/dam/gnb/Departments/ag-pg/PDF/ActsLois/2021/Chap-16.pdf</a></p>	June 11, 2021	<p>The amendments were of a housekeeping nature. They corrected references to the names of two organizations:</p> <ul style="list-style-type: none"> <li>the New Brunswick College of Pharmacists, and</li> <li>the New Brunswick Pharmacists' Association.</li> </ul> <p>These changes did not affect pharmacists or their practice; rather, they corrected legislation and reduced the potential for confusion of the two organizations' names.</p> <p>Changes were made to the following Acts and Regulations:</p> <ul style="list-style-type: none"> <li><i>Prescription Monitoring Act</i>,</li> <li><i>Midwifery Act</i>,</li> <li><i>General Regulation – Midwifery Act</i>,</li> <li><i>Days of Rest Act</i>, and</li> <li><i>Prescription Drug Regulation – Prescription Drug Payment Act</i>.</li> </ul>
55	<p><i>An Act to Amend the Tobacco and Electronic Cigarette Sales Act</i></p> <p><a href="https://www2.gnb.ca/content/dam/gnb/Departments/ag-pg/PDF/ActsLois/2021/Chap-27.pdf">https://www2.gnb.ca/content/dam/gnb/Departments/ag-pg/PDF/ActsLois/2021/Chap-27.pdf</a></p>	June 11, 2021	<p>The amendments to the <i>Tobacco and Electronic Cigarette Sales Act</i> created the obligation for a person wanting to operate a vapour shop to obtain a licence. This enables the Province to gather a complete list of vaping businesses, which enables inspections, provides greater opportunity for retailer education, increases retailer accountability, and improves communication with owners in the event of a health emergency such as a product recall.</p>
56	<p><i>An Act to Amend the Medical Consent of Minors Act</i></p> <p><a href="https://www2.gnb.ca/content/dam/gnb/Departments/ag-pg/PDF/ActsLois/2021/Chap-28.pdf">https://www2.gnb.ca/content/dam/gnb/Departments/ag-pg/PDF/ActsLois/2021/Chap-28.pdf</a></p>	June 11, 2021	<p>The amendments to the <i>Medical Consent of Minors Act</i> established the authority of licensed practical nurses to obtain consent from minors for medical treatment and determine if consent is not required in an emergency situation.</p>

The acts for which the department was responsible in 2021-2022 may be found at: <http://laws.gnb.ca/en/deplinks?subjectnumber=10>

# 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 continues to use simultaneous interpretation and/or bilingual presentations for larger departmental meetings.

### Focus 3

Ensure that new and revised government programs and policies take 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
<a href="#">Electronic Medical Records Program - 2020</a>	7

RECOMMENDATIONS	ACTIONS TAKEN
<p>2.41 - We recommend that the Department of Health:</p> <ul style="list-style-type: none"> <li>structure contracts to maintain oversight and hold parties receiving public funds accountable; and</li> <li>if complex structures can not be avoided, the Department needs to build in adequate controls to manage the risks and protect public funds.</li> </ul>	<p><b>Salaried Physicians</b> – A contract for RHA Managed EMRs was signed in December 2020 between the Department of Health, Intrahealth and the RHAs. This contract has defined Service Level Agreements and a governance structure. A monthly Governance meeting exists to monitor the vendor’s performance against the SLAs.</p> <p><b>Open Market</b></p> <ul style="list-style-type: none"> <li><b>EMR Certification:</b> GNB has signed a contract with OntarioMD to provide EMR Certification Services.</li> <li><b>EMR Vendors:</b> GNB holds an Integration Access Agreement with each certified vendor, outlining the vendor’s obligations and acceptable use agreement relative to eHealthNB integrations.</li> <li><b>Fee for Service Physicians</b> are signing and managing their individual contracts and relationship with their preferred certified vendor.</li> <li><b>Financial Incentives</b> specific to EMR adoption of certified EMRs are currently in place and managed by NBMS. The criteria for financial incentives are clearly defined and incentive reconciliation is being defined between NBMS and DH.</li> </ul> <p><b>Status:</b> The majority of the recommendation has been completed</p> <p>Outstanding work – finalize the annual reconciliation report for funding incentives monitoring between NBMS and DH. The first round of incentives is being closing on January 2022</p>

RECOMMENDATIONS	ACTIONS TAKEN
<p>2.44 - We recommend the Department of Health as part of granting program funding:</p> <ul style="list-style-type: none"> <li>• assess the financial health of third-party funding recipients and their ability to achieve the desired results within agreed funding levels; and</li> <li>• exercise periodic reviews of records as per the terms of funding agreements.</li> </ul>	<p>The following contracts have been established to support the EMR Program. Each of the contracts has a governance structure:</p> <ul style="list-style-type: none"> <li>• EMR Certification Program <ul style="list-style-type: none"> <li>• 3rd Party – OntarioMD</li> <li>• Governance model – monthly governance structure to review the performance of the contract against its metrics</li> </ul> </li> <li>• Electronic Lab Delivery <ul style="list-style-type: none"> <li>• 3rd Party – Excelleris/LifeLabs</li> <li>• Governance model – monthly governance structure to review the performance of the contract against contractual SLAs</li> </ul> </li> <li>• Certified EMR Vendors <ul style="list-style-type: none"> <li>• 3rd Party – Certified EMR Vendors</li> <li>• Governance model – OntarioMD has been engaged as part of the EMR Certification Program to ensure vendors meet their Vendor Certification Agreement. A Vendor Management Framework exists between the vendors and OntarioMD, with monthly reports to the NB Provincial EMR Program.</li> </ul> </li> </ul> <p><b>Status:</b> The majority of the recommendation has been completed. Some of the reports are currently being finalized.</p>
<p>2.46 - We recommend the Department of Health intervene and take timely corrective action when there are indicators of program failure such as:</p> <ul style="list-style-type: none"> <li>• not achieving project deliverables</li> <li>• missing key deadlines; and</li> <li>• incurring funding shortfalls.</li> </ul>	<p>See answer to recommendations above.</p> <ul style="list-style-type: none"> <li>• The governance structure has been simplified, and the department holds clear contracts with OntarioMD, Excelleris for electronic lab delivery, and Certified Vendors for acceptable use of integrations.</li> <li>• FFS physicians sign contracts directly with Certified EMR vendors and are responsible to hold the vendors accountable for their delivery</li> <li>• OntarioMD certified vendors and is accountable for ensuring vendors meet certification requirements.</li> </ul> <p><b>Status:</b> Completed.</p>
<p>2.51 - We recommend the Department of Health, for future programs:</p> <ul style="list-style-type: none"> <li>• develop measurable performance criteria to monitor program outcomes, and</li> <li>• use regular progress reports to monitor program implementations.</li> </ul>	<p>The Department is currently in the process of creating a NB EMR Program Strategic and Operational plan, outlining the key objectives and metrics for the program.</p> <p><b>Status:</b> This activity has been delayed by COVID-19. The focus on the transition program has been on transitioning contractual and operational activities and ensuring continuity of service for clinicians during the transition period.</p>

RECOMMENDATIONS	ACTIONS TAKEN
<p>2.61 - We recommend the Department of Health ensure regular audits are carried out on future programs to evaluate achievement of program outcomes and funding recipients' compliance with funding terms.</p>	<p>The Department is currently in the process of creating a NB EMR Program Strategic and Operational plan, outlining the key objectives and metrics for the program, as well as reporting against these metrics.</p> <p><b>Status:</b> This activity has been delayed by COVID-19. The focus on the transition program has been on transitioning contractual and operational activities and ensuring continuity of service for clinicians during the transition period.</p>
<p>2.77 - We recommend the Department of Health stipulate, in future funding agreements, withholding of final payment until all agreement terms are satisfied.</p>	<p>The Department will consider this in conjunction with governance structures and regular auditing of performance. Several of the deliverable based contracts the department currently has in place stipulates withholding roughly 10% of the deliverable/unit price until all activities are identified and approved as being complete. We will continue to consider such measures where appropriate.</p> <p><b>Status:</b> Work is ongoing.</p>
<p>2.109 - For all future EMR solutions, we recommend the Department of Health:</p> <ul style="list-style-type: none"> <li>• identify and prioritize all data integration requirements.</li> <li>• clearly define responsibilities of all parties involved in integration; and</li> <li>• ensure implementation timelines are met.</li> </ul>	<p>The target implementation date for this recommendation is December 2021. As part of the move to the Open Market, the department is reviewing and reprioritizing the EMR Program goals and all data integrations.</p> <p>The reprioritization will take into consideration:</p> <ul style="list-style-type: none"> <li>• Cross-jurisdictional EMR learnings from the last 10 years pertaining to feasibility of data integrations</li> <li>• Value of data integrations to all stakeholders given the current adoption rates</li> <li>• Value to of data integrations to the health system and the clinician.</li> </ul> <p>Given the low adoption rates the initial Open Market phase will focus on increasing adoption of Certified EMRs, including restructuring and adoption of existing integrations (MCE Billing, Client Registry, Labs, EHR Clinical Viewer).</p> <p>Implementation of future integrations (Immunizations, Encounters, ePrescribing, etc.) will be prioritized and undertaken once proper analysis is completed, including identifying sufficient funding and resourcing from the department, clarifying responsibilities for all parties, and defining a business case and clear value to stakeholders given the levels of adoption at the time of implementation.</p> <p>Based on cross-jurisdictional analysis it is evident that implementation of data integrations by vendors requires provincial financial support. The Department of Health is aligning its Provincial EMR Program strategy with other jurisdictions, such as OntarioMD, to ensure that integrations align with other jurisdictions making more feasible for vendors and financially viable for the province. Funding of such integrations will follow the AG recommendations of clearly defining responsibilities, including penalties for missing timelines, and withholding final payments until all agreement terms are satisfied.</p> <p><b>Status:</b> No new integrations have been developed since the transition to an open market, however adoption of existing integrations by newly certified vendors as well as transitional contracts to support the existing integrations are following the AG recommendation of clearly defining responsibilities and penalties associated with missed SLAs.</p>

NAME AND YEAR OF AUDIT AREA WITH LINK TO ONLINE DOCUMENT	RECOMMENDATIONS
	TOTAL
<a href="#">Ambulance Services - 2020</a>	20

RECOMMENDATIONS	ACTIONS TAKEN
3.51 The Department formalize the mandate governance for EM/ANB in legislation and provide mandate letters to EM/ANB with the annual budget approval.	The Department of Health issued mandate letters for 2021-22, 2022-23 and will do so in subsequent years. The formalization of mandate and governance in legislation remains under consideration.
3.56 The board by-laws be amended to change the composition of the board to include members independent of the Department.	The bylaws currently allow the appointment of members independent of the Department of Health. The board composition has expanded beyond the Department of Health and the regional health authorities to include representation from Social Development.
3.61 The board enforce its conflict-of-interest policy and periodically review the effectiveness of the policy in mitigating conflict of interest risk.	The Board and its committees continue to have Declaration of Conflict of Interest as a standing agenda item for all meetings and document same within meeting notes. A schedule has been developed for ongoing review of all board policies. The conflict of interest policy was reviewed in 2019 and is slated for review again in 2022.
3.70 EM/ANB enabling legislation to strengthen and clarify board authority with respect to hiring, compensation, performance and termination of the CEO.	The issue of legislation remains under consideration by the Department of Health. Under the contract, it is the responsibility of MHSNB to establish the management function for EM/ANB Inc., including the CEO. While there have been no contract amendments or renegotiations to date, it is anticipated formal discussions between the parties, which were delayed due to focus on the pandemic, will be initiated in 2022-23.
3.71 The board hire an independent CEO upon future contractual amendment or renegotiation.	In September 2021, EM/ANB notified MHSNB of its desire to open contractual negotiations. While delayed to focus on pandemic response, it is anticipated formal discussions between the parties will be initiated in 2022-23.
3.77 The board evaluate EM/ANB's annual corporate plans as part of its review of the CEO and MHSNB's performance and compare them to EM/ANB's annual report and obligations to the Department.	The Board continues to review EM/ANB's annual corporate plan and receives quarterly reports from the CEO. Efforts continue to improve documentation of Board activities.

RECOMMENDATIONS	ACTIONS TAKEN
3.78 The board establish a performance management framework for EM/ANB and evaluate its performance annually.	While delayed due to focus on pandemic response, work to better document and define a performance management framework will continue in 2022-23.
3.94 The terms of reference of each standing committee require an annual written report to the Board of Directors to demonstrate the sub-committees are operating as intended.	The standing board committees currently meet on a quarterly basis and submit written reports to the Board.  Terms of reference for these committees have been revised to reflect submission of annual reports in accordance with the Auditor General's recommendation and committees have begun submitting annual reports.
3.95 The board improve its recording of minutes to increase transparency.	Both the Board and its committees have undertaken efforts and improved the recording of minutes and will continue to do so.
3.103 EM/ANB calculate budget surplus payments based on flexible budget amounts which reflect the anticipated spending for the fiscal year.	While there have been no contract amendments or renegotiations to date, it is anticipated that formal discussions between the parties will be initiated in 2021-22.
3.108 The board define restrictions around budget surplus payments to exclude circumstances which may decrease the quality of the delivery of ambulance services.	While there have been no contract amendments or renegotiations to date, it is anticipated that formal discussions between the parties will be initiated in 2022-23.
3.113 The board ensure EM/ANB or MHSNB substantiate how savings are achieved to demonstrate the value provided through cost savings claimed under the contract for ambulance services.	The Board continues to receive financial reports denoting variances of expenditure from budget and seeks further information as warranted.
3.135 EM/ANB introduce a more balanced suite of key performance indicators as the basis for performance- based payments to incentivize MHSNB toward high performance in all New Brunswick communities.	While there have been no contract amendments or renegotiations to date, it is anticipated that formal discussions between the parties will be initiated in 2022-23.
3.152 The Department and EM/ANB introduce controls to minimize the frequency of use of full deployment exemptions or discontinue the use of exemptions.	While there have been no contract amendments or renegotiations to date, it is anticipated that formal discussions between the parties will be initiated in 2022-23.

RECOMMENDATIONS	ACTIONS TAKEN
3.153 The EM/ANB board require MHSNB revise the System Status Plan to update the detailed specifications as to the ambulances, facilities and human resources required to be deployed to achieve performance standards.	Ongoing monitoring of ambulance system performance continues. Recognizing the system status plan and performance standards are embedded within the contract, they would fall within formal discussions in 2022-23.
3.163 The Department and EM/ANB revise the exemption approval guide to prevent the invalid use of full deployment exemptions or discontinue.	The Department of Health will address the issue of exemptions within the contract.  It is anticipated that formal discussions between the parties will be initiated in 2022-23.
3.191 The board implement progressive performance targets to incentivize MHSNB to achieve continuous improvement for the duration of the contract.	While there have been no contract amendments or renegotiations to date, it is anticipated that formal discussions between the parties will be initiated in 2022-23.
3.192 EM/ANB improve tracking, and follow-up of strategic and corporate initiatives and include measurable outcomes in its plans.	The Board continues to receive updates on strategic and corporate initiatives on a quarterly basis.
3.193 The board expand key performance indicators for performance-based payments to include all areas of operations, such as human resources, fleet and official languages.	While there have been no contract amendments or renegotiations to date, it is anticipated that formal discussions between the parties will be initiated in 2022-23.
3.194 The Department coordinate with the regional health authorities and EM/ANB to implement solutions to reduce the impact of off-load delays.	The Board continues to receive quarterly reporting on off-load delays.  The Department initiated meetings with the regional health authorities and provided direction to regional health authorities, which have identified and implemented initiatives to address off-loads delays.

NAME AND YEAR OF AUDIT AREA WITH LINK TO ONLINE DOCUMENT	RECOMMENDATIONS
	TOTAL
<a href="#">Medicare Cards - 2019</a>	16

RECOMMENDATIONS	ACTIONS TAKEN
Paragraph 2.37 - We recommend Medicare develop an online application process similar to other provinces to allow individuals to apply directly to Medicare for a Medicare card.	Active in MHNB PHN and Portal projects with initial release by December 2022. The team experienced additional delays due to COVID-19 proof of vaccination and increased operational support needs. The project had originally considered leveraging the same functionality as the SNB address change form however due to a delay in addressing privacy concerns, it has yet to be implemented. The team is in discussions with the vendor on the MyHealthNB Portal project as the platform has the capability to implement a solution that allows citizens to confirm their information and renew their Medicare securely online. A draft of the Online PHN Enrollment Process (which includes Medicare application) has been drafted and is currently in review.
Paragraph 2.38 - We recommend Medicare work with the Government of Canada to expedite the receipt of documentation required to process applications for a Medicare card for new immigrants residing in New Brunswick.	Unsuccessful attempts persist but the Department continues to address this issue with the Government of Canada. At a Provincial and Territorial Eligibility meeting last year, an IRCC representative committed to providing us with a direct contact. We still have not received that contact information.
Paragraph 2.45 - We recommend Medicare analyze whether it would achieve a positive payback by investing additional resources in identifying individuals with a NB Medicare card who have become ineligible. If Medicare determines there are benefits to doing more in this area, it should enhance its processes for monitoring the continued eligibility of cardholders.	Delayed by COVID-19.
Paragraph 2.58 -We recommend Medicare determine if the anticipated cost savings from moving to an automatic Medicare card renewal process were achieved, and whether those cost savings are sufficient to offset the additional risk associated with adopting that process.	Medicare has determined that the automatic renewal process did not achieve the expected savings. The savings gained in automation probably resulted in additional costs for returned cards.
Paragraph 2.59 -We further recommend if the savings achieved by the change were not sufficient to offset the additional risks it has taken on, Medicare reverse the automatic renewal process	Active in MHNB PHN and Portal projects with initial release by December 2022. The team experienced additional delays due to COVID-19 proof of vaccination and increased operational support needs. The renewal process will be addressed with PHN project. The team is currently in discussions with the vendor on the MyHealthNB Portal project to provide the capability for citizens to confirm their information and renew their Medicare securely online.

RECOMMENDATIONS	ACTIONS TAKEN
<p>Paragraph 2.60 - Regardless of the renewal process it employs, we recommend Medicare develop procedures to verify mailing addresses before sending out renewal documents in the future.</p>	<p>Implemented May 2022. The short-term mitigation includes four data quality reports that identify individuals with an active Medicare, that are likely ineligible for Medicare services by validating their information before their Medicare is auto-renewed. The reports have been developed and the Medicare team is working to implement a business process to prevent the auto-renewal for ineligible individuals. Active in MHNB PHN and Portal projects with initial release by December 2022. The PHN and MHNB Portal projects will provide a long-term solution. See 2.59</p>



RECOMMENDATIONS	ACTIONS TAKEN
<p>Paragraph 2.66 - We recommend Medicare evaluate associated risks as well as the necessity of having two private organizations contracted to produce and distribute Medicare Cards instead of one.</p>	<p>DH will evaluate the associated risks during the renewal of the contract in June 2022.</p>
<p>Paragraph 2.67 -We recommend Medicare obtain a CSAE 3416 report on controls annually from Medavie/CPI in connection with the card production and distribution services provided by the two third party providers.</p>	<p>The Contractor shall provide an audit report completed by an independent third party annually to the Minister. This audit shall provide an opinion regarding the effectiveness of the controls utilized by the contractor/subcontractor to ensure the integrity of data and other processes during card production and distribution services.</p>
<p>Paragraph 2.75 - We recommend Medicare, as a minimum, add photo identification to NB Medicare cards to enhance card security.</p>	<p>The Department agrees with the intent of the recommendation. A cost-benefit analysis will be undertaken with consideration given to other government initiatives such as digital ID as part of the identity verification component of the Personal Health Number project.</p>
<p>Paragraph 2.76 - We recommend Medicare provide information on its website as to the circumstances in which the public should report suspected cases of inappropriate use of Medicare cards, and how that reporting should be done. Fully addressing this area would likely require Medicare to develop and promote a direct tip line.</p>	<p>Delayed due to COVID-19. Medicare will implement a tip line.</p>
<p>Paragraph 2.77 - We further recommend Medicare assign responsibility for following up on any tips received.</p>	<p>A tip line will be assigned to the Client Advocate Role.</p>
<p>Paragraph 2.82 - We recommend that Medicare upgrade their registration system to reduce the number of manual procedures required to administer the registration process.</p>	<p>This will be part of the Personal Health Number Project and Portal projects with initial release by December 2022. See 2.37.</p>
<p>Paragraph 2.88 - We recommend Medicare negotiate a reciprocal billing arrangement with the Province of Quebec, based upon the arrangements now in place between New Brunswick and other provinces.</p>	<p>The Department agrees with this recommendation in principle. However, the Province of Quebec operates under their own parameters in regards to their out-of-province billings. The Department will review and consider the potential of this and approach the Province of Quebec if it is deemed to be a net benefit to New Brunswick to negotiate a reciprocal arrangement.</p>

RECOMMENDATIONS	ACTIONS TAKEN
Paragraph 2.91 - We recommend Medicare's contracts with Service New Brunswick and Medavie Blue Cross be amended to include performance metrics and related reporting requirements.	Delayed due to COVID-19. The parties will be approached, and performance metrics determined.
Paragraph 2.96 - We recommend that Medicare prepare a staffing plan to help it develop the capacity to implement necessary changes to the Medicare card program while maintaining current operations at an acceptable level.	<p>The Personal Health Number project has identified the Medicare resource needs to support the definition of future state changes that address the recommendations specifically tied to the PHN project. This should allow Medicare to prepare a staffing plan to ensure operations are maintained at an acceptable level during the initial phase of the project and ongoing needs will be reassessed as an outcome of future state definition.</p> <p>Note: this doesn't address the staffing plans needed to address actions associated to the other recommendations.</p>
<p>Paragraph 2.99 - We recommend Medicare:</p> <ul style="list-style-type: none"> <li>• develop key performance indicators to allow assessment of Medicare performance.</li> <li>• set performance targets and measure actual results against those targets; and publicly report the results on an annual basis.</li> </ul>	Delayed due to COVID-19.

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

NAME AND YEAR OF AUDIT AREA	RECOMMENDATIONS	
	TOTAL	IMPLEMENTED
<a href="#">Addiction and Mental Health Services in Provincial Adult Correctional Institutions - 2018</a>	17	14
<a href="#">Meat Safety – Food Premises Program, 2016</a>	23	19

# 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 2021-2022 fiscal year.