

Quality Dimension – EFFICIENCY: Achieving the desired results with the most cost-effective use of resources.					
Indicators	NB Value	Canadian Value	NB Performance Index Score	NB Performance Index Grade	Source
<b>Health care sector - PRIMARY HEALTH:</b>					
The care a person receives upon first contact with the health system, before referral elsewhere within the system. It focuses on health promotion, illness and injury prevention, and the diagnosis and treatment of illness.					
Age-standardized acute care hospitalization rate for ambulatory care sensitive conditions (per 100,000)	576 (2007-2008)	326	57	F	Canadian Institute for Health Information - 2009 Health Indicators Report <a href="http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=PG_2150_E&amp;cw_topic=2150&amp;cw_rel=AR_152_E#full">http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=PG_2150_E&amp;cw_topic=2150&amp;cw_rel=AR_152_E#full</a>
Contact with telephone health line in the past 12 months	9.5% (2005)	10.0%	95	D	Statistics Canada Table 105-0259 <a href="http://www.statcan.gc.ca">http://www.statcan.gc.ca</a>
<b>Health care sector - ACUTE CARE:</b>					
The care provided in a hospital or a psychiatric facility.					
Percent of hospitalizations that were related to an Alternate Level of Care (ALC)	5% (2007-2008)	4.3%	86	E	Canadian Institute for Health Information – Analysis in Brief – Alternate level of care in Canada 2009 <a href="http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=PG_1751_E&amp;cw_topic=1751&amp;cw_rel=AR_2610_E">http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=PG_1751_E&amp;cw_topic=1751&amp;cw_rel=AR_2610_E</a>
Average length of stay (ALOS) (in days)	7.9 (2007-2008)	7.1	90	D	Canadian Institute for Health Information – Highlights of 2007–2008 Inpatient Hospitalizations and Emergency Department Visits <a href="http://secure.cihi.ca/cihiweb/products/Quickstats_Highlight_document_20100113_en.pdf">http://secure.cihi.ca/cihiweb/products/Quickstats_Highlight_document_20100113_en.pdf</a>
<b>Health care sector - SUPPORTIVE/SPECIALTY:</b>					
The care received in the community or as an out-patient to prevent, control, or relieve complications and/or side effects and to improve the citizen's comfort and quality of life.					
Number of exams done by CAT (CT) scanners (per 1,000 population)	176.6 (2006-2007)	103.3	171	A+	Canadian Institute for Health Information – Health Services - Diagnostic imaging <a href="http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=statistics_results_topic_medimaging_e">http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=statistics_results_topic_medimaging_e</a>
Number of exams done by Magnetic Resonance Imaging (MRI) scanners (per 1,000 population)	32.7 (2006-2007)	31.2	105	B	Canadian Institute for Health Information – Health Services - Diagnostic imaging <a href="http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=statistics_results_topic_medimaging_e">http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=statistics_results_topic_medimaging_e</a>
<b>Overall Performance Index</b>			<b>101</b>	<b>C</b>	

The Canadian value is either the national average or a nationally set benchmark.

**Letter grading methodology:** The analysis is based on the indicator data available when the report was completed. The index score is calculated in two ways, depending on the definition of the indicator. If an increase of the indicator value represents an improvement, the score is created by dividing the tabulated New Brunswick value on the specific indicator by the Canadian value. On the other hand, if a decrease of the indicator value represents an improvement, then the score is created by dividing the Canadian value on the specific indicator by the New Brunswick value. This number is then multiplied by 100 to create the New Brunswick performance index score. All numbers have been rounded up.

**Example:** If the New Brunswick performance index score is 100 ('C' grade), this means that the New Brunswick score and national score were the same.

**Scoring Grid:** A+ = >122, A = 114-122, B = 105-113, C = 96-104, D = 87-95, E = 78-86, F = <78

This scoring grid takes into account provincial and territorial comparative indicators with small and large variations from the national average.

**IMPORTANT NOTE:** A composite index grade should not be viewed in isolation from indicators on which it is based for any policy and/or planning decisions.

Please note that a grade does not equal better health results, it only speaks to the quality of services being provided when we compare New Brunswick to the rest of Canada.