

**Health care sector - SUPPORTIVE/SPECIALTY:**

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.

Indicators	NB Value	Canadian Value	NB Performance Index Score	NB Performance Index Grade	Source
<b>Quality Dimension - ACCESSIBILITY:</b>					
The ability of patients/clients to obtain care/service at the right place and the right time, based on respective needs, in the official language of their choice.					
Family physicians and general practitioners with access to a psychiatrist for their patients (% good, very good, or excellent)	36.0% (2007)	31.1%	116	A	National Physician Survey <a href="http://www.nationalphysiciansurvey.ca/nps">http://www.nationalphysiciansurvey.ca/nps</a>
Wait time for selected diagnostic tests: Magnetic Resonance Imaging (MRI), CAT (CT) scan, angiography (within 1 month)	49.3% (2007)	55.4%	89	D	Statistics Canada Table 105-3004 <a href="http://www.statcan.gc.ca">http://www.statcan.gc.ca</a>
Residents over 75 years of age that have access to long-term care beds	8.2% (2007-2008)	7.5%**	109	B	NB Department of Social Development – 2007-2008 Annual report <a href="http://www.gnb.ca/0017/publications/AnnualReport0708.pdf">http://www.gnb.ca/0017/publications/AnnualReport0708.pdf</a> Statistics Canada – Online catalogue 92-591-XWE <a href="http://www.statcan.gc.ca">http://www.statcan.gc.ca</a>
Wait time for specialist visits for a new illness or condition (within 1 month)	44.3% (2007)	45.6%	97	C	Statistics Canada Table 105-3002 <a href="http://www.statcan.gc.ca">http://www.statcan.gc.ca</a>
<b>Quality Dimension – APPROPRIATENESS:</b>					
Care/service provided is relevant to the patients'/clients' needs and based on established standards.					
<b>Indicators not available at the moment</b>	--	--	--	--	--
<b>Quality Dimension – EFFECTIVENESS:</b>					
The care/service, intervention or action achieves the desired results.					
Intentional self-harm (suicide) age-standardized mortality rate (per 100,000)	12.6 (2005)	10.9	87	D	Statistics Canada Table 102-0552 <a href="http://www.statcan.gc.ca">http://www.statcan.gc.ca</a>
1-Year acute care hospital readmission rate for individuals diagnosed with a mental illness (per 100)	24.6 (2005-2006)	22.9	93	D	Canadian Institute for Health Information – Hospital Mental Health Services 2005-2006 <a href="http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=AR_364_E">http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=AR_364_E</a>
<b>Quality Dimension – EFFICIENCY:</b>					
Achieving the desired results with the most cost-effective use of resources.					
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>Quality Dimension – EQUITY:</b> Providing quality care to all, regardless of individual characteristics and circumstances, such as race, color, creed, national origin, ancestry, place of origin, language, age, physical disability, mental disability, marital status, family status, sexual orientation, sex, social status or belief or political activity.					
<b>Indicators not available at the moment</b>	--	--	--	--	--
<b>Quality Dimension – SAFETY:</b> Potential risks of an intervention or the environment are avoided or minimized.					
<b>Indicators not available at the moment</b>	--	--	--	--	--
<b>Overall Performance Index</b>			<b>108</b>	<b>B</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.

\*\*= Provincial benchmark with estimates based on residents actually in nursing homes and residents on waiting lists

It is also important to note that the data for the *supportive/specialty sector* must be reviewed with caution due to the fact that more indicators would have produced a better representation of this sector.