

Health System Roles and Responsibilities

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Introduction

Section 7 of the *Regional Health Authorities Act* enacted May 13, 2011 directs that “*The Minister shall establish an accountability framework that describes the roles of the Minister and other government ministers and the regional health authorities, and that specifies the responsibilities each has towards the other within the provincial health system.*” It further directs that “*The minister shall consult with every regional health authority when establishing an accountability framework*”.

In 2012, the Office of Health System Renewal was established with a two year mandate which included objectives related to the NB Health System Organizational Structure: “*a) Confirm structure, accountability and reporting relationship of health system partners. b) Confirm roles and responsibilities for each health system partner.*” This document was developed jointly by the Department of Health and the Office of Health System Renewal, in consultation with the Réseau de Santé Vitalité, Horizon Health Network, FacilicorpNB and the NB Health Council.

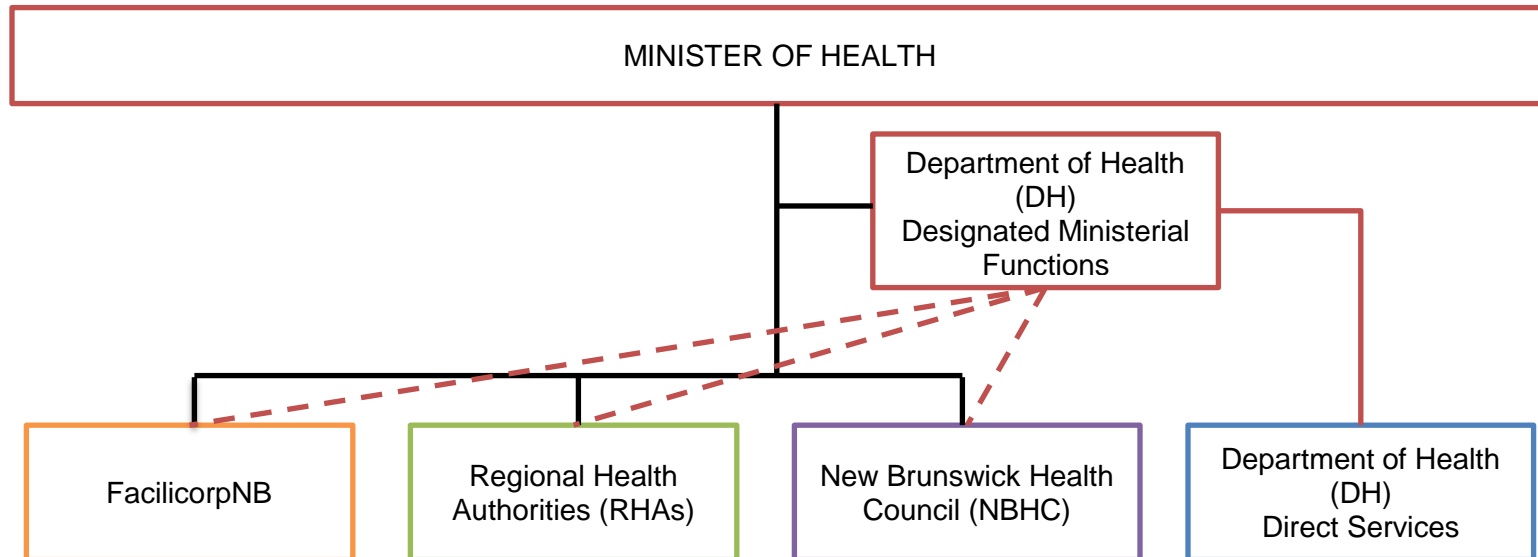
The purpose of this document is to clarify expectations for the above-named health system partners based on defined roles and responsibilities. It will also serve as a basis for monitoring performance in respect of these stated expectations.

The content of this document includes the following:

- A high level description of the major roles and responsibilities of the health system partners;
- How those roles and responsibilities intersect / overlap in core functional areas;
- Documentation of the formal reporting processes and associated timeframes that currently exist in the health system.

It should be noted that this is parallel to and does not supplant any other responsibilities, targets, or directions as set forth in any other legislation, health plan, policy or directive.

Health System Organizational Structure



Health system organizations do not report to the DH. However, on behalf of the Minister, the DH carries out many system management functions which involve the receipt of information / reports from and the provision of direction to these organizations.

Roles & Responsibilities

Minister of Health: The Minister of Health is the primary link between government and the organizational entities which make up the health care system (see Figure 1). His or her role is to ensure that the plans, priorities and actions of these organizations are consistent with government policies and perspectives. As the formal holder of legislative authority, the Minister has extensive powers and final decision making authority with respect to most aspects of the health system.

Department of Health: The Department of Health (DH) carries out the administrative and operational functions required to fulfill the obligations assigned to the Minister under numerous health related Acts and Regulations (see Table 1); and supports the Minister in his or her governmental and legislative role. Through the mechanism of designated Ministerial functions¹, the Department of Health:

- Directly manages and delivers health services such as the Prescription Drug Program, Fee-for-Service Physician Payments (Medicare), out-of-province health services payments, and some public health services, and;
- Provides coordination, direction and support to ensure that health system organizations operate as part of an integrated provincial health system. This includes strategic planning at the provincial level, monitoring the quality and effectiveness of health care services, coordinating and consolidating budgetary activities, supporting the operation of governance structures and administration of various health related acts and regulations, including the *RHA Act*.

Regional Health Authorities: The overall role of the Regional Health Authorities (RHAs) involves the planning, organization, administration and delivery of health services in designated geographic areas. This involves identifying the health needs of citizens and providing a range of services to meet those needs, in keeping with the Provincial Health Plan, Ministerial direction and approved Regional Health and Business plans.

NB Health Council: The role of the NB Health Council (NBHC) is to report publicly on health system performance and engage citizens in the improvement of health service quality by: 1) Monitoring and evaluating the health status of the New Brunswick population, the quality of health care services, population satisfaction with health services, and the sustainability of health services; 2) Developing and implementing mechanisms to engage citizens in the improvement of health services; and 3) Making recommendations to the Minister of Health.

FacilicorpNB Ltd.: The role of FacilicorpNB Ltd. is to provide non-clinical support services to the RHAs, the DH and other health care related agencies, including; laundry, information technology, internet protocol, electronic health record, procurement, information systems for accounting and human resources, bio-medical engineering, environmental audit and other services as authorized by the Minister of Health.

¹Note: In the acts and regulations cited in Table 1, the Minister is identified as being responsible for carrying numerous functions. However, since the Minister cannot personally carry out all of these legislated duties, the acts enable the Minister to designate individuals to act on his or her behalf. Through this mechanism of designated ministerial functions, the Department of Health assumes most of the day to day operational responsibilities assigned to “the Minister”. For example, under the RHA Act, the Minister is responsible for establishing performance measures and targets. Since the Minister cannot personally do this work, it is undertaken by the DH and others such as the Health Council, as a ‘designated Ministerial function’.

RHAs Core Functions and Process

RHA Annual Functions and Processes

April - July		August - November	December - January
Obtain / Analyze Gov't. Input & Direction	Determine Population Health Service Needs & Priorities in Health Services Delivery	Prepare and Approve RHBP	Obtain Ministerial / Governmental approval of RHBP
• Obtain / Review Provincial Health Plan	• Consult NBHC Report Cards & other reports	• Incorporate population needs and priorities results	• Submit RHBP in form & within time frame specifications
• Obtain / Review information on Basket of Services (clinical services plan)	• Shall have public consultations	• Comply with content specifications in RHA Act (see Table 2)	• Submit one year financial plan
• Obtain / Review information on clinical services: standards of delivery	• May have consultations with other health partners	• Incorporate HR and Material resources allocation plan	• Provide additional information / presentations as requested
• Obtain Financial Resources Allocation & Targets (Strategic Goals)	• May consult with experts	• Comply with form and time frame specifications from Minister	• Make revisions to RHBP as requested and re-submit revisions
• Obtain / review directions re: Form and time frame of RHBP		• Incorporate FacilicorpNB Plan for RHA <ul style="list-style-type: none"> – IT – Purchasing – Other, etc. 	

RHA Continuous Functions and Processes

<p>Implement (Execute) RHP</p>	<ul style="list-style-type: none"> • Deliver approved health services through employees or agreements with other government partners • Deliver health services in compliance within parameters, direction and guidelines from Minister • Deliver health services within the accountability framework issued by the Minister • Deliver health services within the performance targets issued by the Minister
<p>Measure and Report on Performance</p>	<ul style="list-style-type: none"> • Collect performance measures per RHP specifications • Report to RHA Board & Committees (Frequency at Board discretion) (Monthly, Quarterly, Yearly) • Report to DH as required (Monthly, Quarterly, Annual) • Report to Minister annually (see Table 4) • Appear before standing committee on Crown Corporations

DH Core Functions and Processes

DH Multi-year Functions and Processes

<p>Develop Provincial Health Plan (see Table 3) <i>Once every 4-5 years</i></p>	<ul style="list-style-type: none"> Consult with RHAs (Board and Management) 	<ul style="list-style-type: none"> Consult with other health system partners 	<ul style="list-style-type: none"> May consult public May consult experts May consult major stakeholder groups 	<ul style="list-style-type: none"> Obtain Ministerial / Governmental approval of PHP Produce and disseminate PHP
<p>Develop Accountability Framework <i>Once, with periodic reviews and update of major component content</i></p>	<ul style="list-style-type: none"> Consult with RHAs (Board and Management) 	<ul style="list-style-type: none"> Consult with other health system partners 	<ul style="list-style-type: none"> May consult experts May consult major stakeholder groups 	<ul style="list-style-type: none"> Obtain Ministerial approval of AF Produce and disseminate AF document
<p>Develop Basket of Services / Clinical Services Plan</p>	<ul style="list-style-type: none"> Compile clinical services plan including requirements for changes to existing services to meet clinical and financial sustainability objectives. 	<ul style="list-style-type: none"> Consult RHAs Consult other health system partners May consult experts May consult major stakeholder 	<ul style="list-style-type: none"> Develop implementation options /strategy for clinical services plan including options to address financial, clinical and access implications 	<ul style="list-style-type: none"> Obtain Ministerial / Governmental approval and direction with respect to CSP. Communicate direction with respect to CSP
<p>Negotiate Physician payment agreement</p>				

DH Annual Functions and Processes

	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March
Facilitate RHP Approval	<ul style="list-style-type: none"> • Provide RHAs with information / updates / direction as necessary re: <ul style="list-style-type: none"> – Form, content and timing of RHBPs – PHP revisions – Basket of Services / Clinical Services Plan – Performance targets and standards 			<ul style="list-style-type: none"> • Provide RHAs with financial targets • Provide RHAs with government direction re: health services priorities • Assist RHAs re: health needs assessment as requested <ul style="list-style-type: none"> – Minister may assist with / participate in public consultations 			<ul style="list-style-type: none"> • Assist RHAs with preparation of RHBPs as requested <ul style="list-style-type: none"> – May involve consultation with Dept. of Finance – May involve consultation with other government departments – May involve consultation with Minister and government 			<ul style="list-style-type: none"> • Assist / support RHAs in obtaining Ministerial / Governmental approval of RHBPs <ul style="list-style-type: none"> – Review RHBPs for content and completeness – Provide Minister with analysis / assessment of RHBPs – Provide Minister with recommendations re: approval or modifications 		
Prepare Health System Budget	<ul style="list-style-type: none"> • Provide health system partners with approved budget for current year • Analyze expenditures from previous year and identify budget requirements for upcoming year <ul style="list-style-type: none"> – Will involve consultation and receipt of budget requests from health system partners – Will involve identification of budget requirements for direct DH services (PDP, Medicare, Public Health, Central office services, etc.) – Will involve consultation with Dept. of Finance 						<ul style="list-style-type: none"> • Assemble DH budget package and advice to government <ul style="list-style-type: none"> – Will involve consultation with Dept. of Finance – May involve further consultation with health system partners 			<ul style="list-style-type: none"> • Support / facilitate government review and approval of budget package <ul style="list-style-type: none"> – Main estimates • Provide health system partners with 'tentative / draft' budgets for upcoming year 		

DH Continuous Functions and Processes

Development of Performance Standards and Targets	<ul style="list-style-type: none"> • Identify requirements for new performance standards or targets and develop as necessary • Review and update existing performance standards and targets as necessary <ul style="list-style-type: none"> – Will involve consultation with health system partners • Obtain Ministerial approval of performance standards and targets • Ensure appropriate dissemination of performance standards and targets <ul style="list-style-type: none"> – May involve consultation with experts – May involve consultation with major stakeholder groups. – Will involve consultation / briefing of RHAs – May consultation / briefing of other health system partners involve
Health Legislation (public and private)	<ul style="list-style-type: none"> • Assess requests / need for legislation or legislative changes (including Regulations) <ul style="list-style-type: none"> – Consult with partners / stakeholders re: legislative changes • Provide direction / advice to legislative drafters • Facilitate process of Ministerial / Governmental approval of new or amended legislation <ul style="list-style-type: none"> – BN's; MEC's; etc. • Perform functions assigned to the Minister in legislation as required
Monitoring and Reporting on Performance	<ul style="list-style-type: none"> • Collect and analyze health system performance information from various sources • Provide advice to Minister/Government re: health system performance results • Coordinate / manage development and operation of systems for collecting and reporting performance data (e.g., CIHI, wait time reporting, etc.) • Report regularly on performance <ul style="list-style-type: none"> – Quarterly: Dept. of Finance – Quarterly: Government Balanced scorecard – Annually - DH annual report • Appear before Standing Committee on Public Accounts & participate in Auditor General reviews as necessary
Direct Service Provision	<ul style="list-style-type: none"> • Public Health (surveillance, education, enforcement) • Physician Services (payments, Medicare registration, Out of province) • Prescription Drugs (program management) • NB Cancer Network (Professional development)
System Coordination and Direction	<ul style="list-style-type: none"> • Ensure appropriate communication of Ministerial / government direction to health partners • Provide advice to Minister / Government re: activities of or requests from health system partners • Plan, fund and monitor development and implementation of major provincial health strategies (e.g., Primary Care, Diabetes, Mental Health, etc.) • Monitor compliance with Ministerial / Governmental policies, direction and guidelines, etc.
Ministerial Support	<ul style="list-style-type: none"> • Provide advice and support re: Minister's health system leadership role • Provide advice and support re: Minister's governmental role • Provide advice and support re: Public relations / consultation

New Brunswick Health Council Core Functions and Processes

NBHC Annual Functions and Processes

April - July	August – November	December - January	
Obtain / Analyze Gov't. Input & Direction	Prepare and Submit Business Plan and Budget Requirements		Provide Recommendations to Minister
<ul style="list-style-type: none"> • Obtain / Review Ministerial direction regarding: <ul style="list-style-type: none"> – Special Reports – Specific activities or duties 	<ul style="list-style-type: none"> • Submit business plan for current year to Minister for approval (by April 1st of each year) 	<ul style="list-style-type: none"> • Submit proposed budget for following year (by October 31st) 	<ul style="list-style-type: none"> • As per business plan or request by Minister

NBHC Continuous Functions and Processes

Execute Business Plan (on-going)	<ul style="list-style-type: none"> • Engage citizens in improvement of health services • As per business plan or request by Minister
Measure, monitor, assess and publicly report (As per business plan)	<ul style="list-style-type: none"> • On population health • On health service quality • On citizen satisfaction • On sustainability of health system
Request information to support HC mandate (To be provided within 30 days) Unless prohibited by law	<ul style="list-style-type: none"> • From the Minister of Health • From Government Agency (Department of Health) • From RHAs • From FacilicorpNB

FacilicorpNB Ltd. Core Functions and Processes

FacilicorpNB Annual Functions and Processes

April - July	August – November		December - January
Obtain / Analyze Government Input & Direction (by July 30 th)	Develop FacilicorpNB plan including RHAs & other partners (customers)		Obtain Approval of three year strategic plan (by Jan. 31 st)
<ul style="list-style-type: none"> • Obtain / Review Ministerial direction regarding: <ul style="list-style-type: none"> – Provincial Health Plan – Basket of Services (clinical services plan) – Clinical services: standards of delivery – Financial Resources: Allocation & Targets – Form and time frame of strategic plan (if applicable) 	<ul style="list-style-type: none"> • Consult with other health partners / Government services (by Sept 30th) <ul style="list-style-type: none"> – Review master service agreements – Review and revise service level agreements – IT – Purchasing – Laundry – Clinical engineering – Project management – Business case development 	<ul style="list-style-type: none"> • Prepare and Submit Three Year Strategic Plan (by Nov. 30th) <p>Business Plan Content:</p> <ul style="list-style-type: none"> – Principles – Objectives – Priorities – HR resource allocation plan – Material resource allocation plan – Measures of performance – Commercial arrangements and ventures – Statement of how to reduce or eliminate deficit – Details of investment – Financial plan (operational and capital budget) 	<ul style="list-style-type: none"> • Ministerial review and approval of plan <ul style="list-style-type: none"> – Approval of plan as submitted on condition that financial plan is approve for one year or – Plan referred back FCNB for further action according to Ministerial direction

FacilicorpNB Continuous Functions and Processes

<p>Implement (Execute) Strategic Plan</p>	<ul style="list-style-type: none"> • Services delivered through its employees or agreements with Government or other persons • Services delivered in agreement with Provincial Standards, parameters, direction and guidelines issued by the Minister • Services delivered within the Accountability Framework issued by the Minister • Services delivered within the parameters and performance targets of the Master Service Agreement and Service Level Agreements
<p>Measure Performance and Report through scorecard</p>	<ul style="list-style-type: none"> • RHAs meetings, Quarterly • Board & Committees (Frequency at Board discretion) Monthly, Quarterly, Yearly • Annual report to Minister (June 30th) • Reports to DH (Monthly, Quarterly, Annually)

Table 1 Health Related Statutes

<p>STATUTES UNDER THE JURISDICTION OF THE MINISTER OF HEALTH AND ADMINISTERED BY THE DEPARTMENT OF HEALTH January 1st, 2013</p>	<p>STATUTES UNDER THE JURISDICTION OF THE MINISTER OF HEALTH AND ADMINISTERED BY A BOARD, COMMISSION, COUNCIL OR OTHER BODY</p>	
	<p>Statute</p>	<p>Administering Body</p>
<p>Ambulance Services Anatomy Automated Defibrillator Cemetery Companies Clean Air (paragraph 8(2)(a) and subsection 8(4)) Clean Water (subsections 10(1), 12(3), 13(2), 13(3), (4), (5), (6) and (7) and 13.1(1), (3), (4), (9), (10) and (11)) Health Services Hospital (except section 21) Hospital Services Human Tissue Gift Insurance (sections 242.1 to 242.4) Liquor Control (clause 69(1)(c)(i)(A)) Medical Consent of Minors Medical Services Payment Mental Health Mental Health Services Motor Vehicle (paragraphs 84(12)(a) and 84(12.01)(b) and subsection 301(2)) Municipalities (subsection 125(1)) Personal Health Information Privacy and Access Pesticides Control (paragraph 8(1)(b)) Prescription Drug Payment *Prescription Monitoring Public Health Regional Health Authorities Smoke-free Places Tobacco Sales Tobacco Damages and Health Care Costs Recovery</p>	<p>Hospital (section 21) Midwifery New Brunswick Health Council</p>	<p>Department of Social Development Midwifery Council of New Brunswick New Brunswick Health Council</p>

Table 2 RHA Business Plan Content

Section 32: Regional Health and Business Plan Content

A regional health authority shall prepare and submit to the Minister, within the time and in the form specified by the Minister, a proposed regional health and business plan that, having regard to the provincial health plan, includes:

- a) The Principles on which the provision of health services by the regional health authority are to be based,
- b) The objectives and priorities of the regional health authority for the provision of health services to meet the health needs in the health region and, when applicable, to meet the health needs of persons in other parts of the Province,
- c) The health service to be delivered and administered by the regional health authority and where the services are to be provided,
- d) The nature and scope of any basic or applied research initiatives in relation to health care and health services,
- e) The programs for training of persons in the medical and other health professions, including practice settings for the training of health professionals,
- f) The means by which persons outside the region will be able to access the provincial programs for the provision of health services that are delivered by the authority,
- g) The methods by which it will measure its performance in the delivery and administration of health services,
- h) The initiatives respecting the delivery of services that will involve the spending of money derived from foundations, trusts or other funds over which the regional health authority exercises powers and discharges responsibilities of a fiduciary or other nature,
- i) Any commercial arrangements or ventures in which the regional health authority participates or proposed to participate,
- j) A comprehensive financial plan, which shall include
 - i. A statement of how human and material resources, including financial resources, will be allocated to meet the objectives and priorities of the regional health authority
 - ii. A statement of how the authority proposes to eliminate or reduce a deficit, if it has one, and
 - iii. The details of all investments held by the authority or on its behalf, and
- k) Any other matter prescribed by regulation.

Table 3 Provincial Health Plan Content

Section 6: Provincial Health Plan Content

The Minister shall establish, and may amend, a provincial health plan, which shall include:

- a) The principles on which the provision of health services in the Province are to be based,
- b) The objectives and priorities for the provision of health services in the Province or areas of the Province.
- c) The health services to be provided or made available by a regional health authority within its region and, if applicable outside of its region,
- d) The health services to be acquired by the Minister from outside the Province,
- e) The provincial programs for the provision of health services in the Province,
- f) The nature and scope of basic and applied research initiatives that are to be conducted in relation to health care and health services
- g) The programs for training of persons in the medical and other health professions, including practice settings for the training of health professionals,
- h) The policy framework, parameter and standards for the consolidation of clinical and non-clinical services provided by regional health authorities,
- i) A comprehensive financial plan that includes a statement of how material and human resources, are to be allocated to meet the provincial health plan
- j) Any other matter prescribed by regulation.

Table 4 RHA Annual Report Content

Section 57(4): RHA Annual Report Content

The annual report shall contain, in relation to the regional health and business plans

- a) A report on the activities of the regional health authority,
- b) A report on the performance of the authority in relation to the performance targets set by the Minister under section 9,
- c) A summary of the audited financial statements of the regional health authority,
- d) A summary of the budgeted and actual revenues and the anticipated and actual expenditures of the regional health authority,
- e) A report on the salaries paid to senior management of the regional health authority and
- f) Any other information prescribed by the regulations.