



**New Brunswick  
Health Council**

Engage. Evaluate. Inform. Recommend.

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## **2017-2018 Business Plan**

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**Presented to the Minister of Health  
March 31, 2017**

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## I. Our statutory mandate

New Brunswickers have a right to be aware of the decisions being made, to be part of the decision-making process, and to be aware of the outcomes delivered by the health system and its cost.

The New Brunswick Health Council (NBHC) will foster this transparency, engagement, and accountability by:

- Engaging citizens in a meaningful dialogue for the purpose of improving health service quality;
- Measuring, monitoring, and evaluating population health and health service quality;
- Informing citizens on our health system's performance;
- Recommending improvements to the Minister of Health

Our mandate was inspired by the Section 3 of the *New Brunswick Health Council Act*, which defines the objects and purposes of the Council as follows:

- (a) to promote the improvement of health service quality in the Province;
- (b) to develop and implement mechanisms to engage the citizens of New Brunswick in meaningful dialogue for the purpose of improving health service quality in the Province;
- (c) to measure, monitor and assess population health and health service quality in the Province;
- (d) to identify effective practices for the improvement of health service quality in the Province;
- (e) to evaluate strategies designed to improve health service quality in the Province;
- (f) to assess citizen satisfaction with health services and health service quality in the Province;
- (g) to investigate matters respecting the health care system that are referred to it by the Minister;
- (h) to provide recommendations to the Minister with respect to any of the activities described in paragraphs (a) to (g);
- (h.1)\* to take into account the particular needs of the two official linguistic communities in the exercise of the activities referred to in paragraphs (a) to (h); and
- (i) to carry out such other activities or duties as may be authorized or required by this Act or as the Lieutenant-Governor in Council may direct.

\* New addition to our Act in 2010

## **II. Business plan deliverables for 2017-2018**

The NBHC has a dual mandate; report publicly on the performance of the provincial health system and engage citizens in the improvement of health services quality.

How the NBHC goes about fulfilling this mandate has evolved significantly since 2008. The availability of generally accepted indicators pertaining to population health and health service quality has been a key influencer of how the work of the NBHC has evolved. Another key influencer has been how the health system is evolving in the planning and management of health services.

The positive impact of the population health and health service quality information prepared by the NBHC on the evolution of the planning and management of health services is undeniable. Meanwhile, much change is needed in how health services planning and management is undertaken by health system stakeholders. All involved, from elected government and board governance to organizational leaders and front line professionals, must accept this change will impact how they work.

All have a common element to serve as motivation for accepting this change, the citizens of New Brunswick. In particular, how improved health service quality can lead to a healthier population. This can be greatly facilitated by a commitment to an enhanced collective understanding of the opportunities and challenges for improved health service quality and for having an engaged, informed and healthier population.

The work of the NBHC should contribute to the achievement of three main aims for the provincial health system;

- Informed, engaged and healthy New Brunswickers.
- Improved health service quality.
- Sustainable, publicly funded, health services.

Although the NBHC has no responsibilities for programs or services that can contribute to the above mentioned goals, its performance reporting and public participation activities should contribute positively to these goals.

By leveraging the four responsibilities of the NBHC (engage, evaluate, inform, recommend) the following sections are meant to cover the 2017-2018 proposed business plan deliverables. Timeline for deliverables are presented by quarter; 1<sup>st</sup> quarter (April-June), 2<sup>nd</sup> quarter (July-September), 3<sup>rd</sup> quarter (October-December), 4<sup>th</sup> quarter (January-March).

## **A. Engage**

Engagement ensures the NBHC's relevance to the public and stakeholders in all areas of our work. In addition to the mechanisms that enable citizens to contribute to the improvement of health service quality, we are committed to involving stakeholders, whose efforts can also influence the improvement of health service quality. (Appendix 1)

This year, the NBHC's engagement efforts will focus on the following work areas and result in the following deliverables:

### Community information

- Validation of community data – 2<sup>nd</sup> quarter  
Validate the new peer and zone grouping templates with stakeholders and to encourage their use in creating community needs assessments. This will increase the usage and reach of NBHC community data and further demonstrate its value for health system performance improvement.

### Care experience surveys

- Home care survey preparation – 3<sup>rd</sup> and 4<sup>th</sup> quarter  
Engage with related stakeholders to validate the survey questions and request for proposals (RFP) for the upcoming home care survey. Capturing stakeholder feedback about the needs and experiences with previous editions of survey data, as well as validating the draft questionnaire will help to ensure a successful RFP process and survey. Citizens will be invited to respond to the survey in the fourth quarter.

### School surveys

- Preparation for next cycle – ongoing  
Preparations begin with achieving the required confirmations for the continuation of the school surveys project. These discussions will also address how to ensure maximum participation of schools and can include strategies aimed at improving the survey tool, such as an electronic option and/or a reduction in the number of questions (length of survey).

### Public participation initiatives

- In addition to these specific engagement activities, the NBHC will nurture our ongoing engagement with the citizens of New Brunswick

through the development of a multi-year engagement strategy. We will also engage with New-Brunswickers through our social media activities and community sessions. – ongoing

## **B. Evaluate**

The NBHC measures, monitors and assesses population health and health service quality. Effective evaluation helps to promote collective understanding by highlighting priority areas and explaining the results of assessments in appropriate ways to citizens and stakeholders. This work helps citizens and stakeholders target population health needs and identify opportunities for health service quality improvements provincially, regionally and locally. It also promotes a planned approach (establishment of benchmarks and targets) and the ability to monitor progress over time. This will contribute towards having sustainable publicly financed health programs and services that are citizen-centred and evolve in a way that is planned, integrated and publicly accountable.

This year, the NBHCs evaluation efforts will focus on the following work areas and result in the following deliverables:

### Community information

- Peer and zone grouping of key set of measures – 1<sup>st</sup> quarter  
To support the use of the “My Community at a Glance” tool, tables are prepared to facilitate the comparison between communities. A peer group consists of communities with similar type and population size such as comparing cities with cities or towns with towns. Communities are also grouped by each of the seven health zones.
- Triple-Aim (appendix 2) community level info – 1<sup>st</sup> quarter and ongoing  
To support health service quality improvement from a planning perspective, available community level indicators pertaining to population health trends, health service quality improvement opportunities and resources (costs) will be identified and validated. This work will include the preparation and organization of comparable and actionable indicators, as well as the identification and documentation of key observations.

### Care experience surveys

- Home care survey preparation – 1<sup>st</sup> quarter  
In preparation for this next care experience survey, there is an opportunity to review survey questions and methodology based on lessons learned from the previous home care survey.
- Primary health survey results reporting – 3<sup>rd</sup> quarter  
In preparation for publicly releasing the most recent indicators, previous survey results are revisited in addition to the analysis of the most recent indicators. This is part of an ongoing effort to continuously improve the impact of survey results on health service quality improvement opportunities.
- Acute care survey results follow-up – ongoing  
Following the release of the latest results, the feedback received from stakeholders leads to additional indicator analysis opportunities.

### School surveys

- Complete research and analysis for kindergarten to grade 5 school survey reports – 2<sup>nd</sup> quarter  
School surveys are conducted on a three year school cycle with grades 6 to 12 in year one and kindergarten to grade 5 in year two. The third year is used to support knowledge translation efforts as well as complete additional reports and prepare for the next cycle. The 2017-2018 school year is the third year of this cycle.

### Data management and reporting

- Updating population health reporting tools – ongoing  
The Population Health Model (appendix 3) provides an effective format for organizing and reporting population health indicators. Indicators will be updated when available. Accordingly, key observations will be assessed pertaining to their value in enhancing collective understanding and to serve in the development of related information initiatives.
- Updating health system performance reporting tools – ongoing  
The health system report card matrix (appendix 4) provides an effective format for organizing and reporting on health service quality indicators. As joint health system planning progresses, agreed upon health system indicators will be integrated for ongoing monitoring and public reporting.

- Updating youth data – ongoing  
The Population Health Model and the Child and Youth Rights and Well-being Model (appendix 5) provide the frameworks with which youth data is being organized for reporting.
- Resources and expenses information – ongoing  
Development and updating of resources and expenses information at the local and/or institutional level will contribute to enhanced community level health services planning and management. This information will be available to the public through the NBHC website.

#### Health Canada / First Nations

- Improve availability of First Nations Indicators – ongoing  
The NBHC has a history of collaborating with First Nations on population health indicators. Health Canada has recognized the value of these efforts and is willing to fund more work in this area. Our First Nations collaborators have seen this as a positive opportunity. Accordingly, the NBHC will be supervising efforts aimed at improving the availability of First Nations indicators for New Brunswick.

### **C. Inform**

Our public reporting, based on the evaluation of population health and health service quality, are first meant to enhance public accountability regarding the performance of the provincial health system. The potential impact of these evaluations is highly influenced by how they are communicated to and perceived by the public and those who can influence the improvement of health services quality.

This year, the NBHC's inform efforts will focus on the following work areas and result in the following deliverables:

#### Community information

- Promote "My Community at a Glance" – 1<sup>st</sup> quarter  
In addition to the formal launch and media promotion, the publication will be promoted to a variety of stakeholder groups through targeted communications and highlighted on the NBHC's social media channels through the promotion of several of the indicators individually.

- Inform on key observations – ongoing  
Promote the updated indicators for population health, health service quality and youth health and behaviour. We will work with media outlets and influencers to promote the availability of the updated data and to encourage its usage in media stories and stakeholder presentations. In addition specific indicators will be promoted on social media to increase awareness of the updates and encourage their use.

### Care experience surveys

- Presentation of acute care survey results to stakeholders – 1<sup>st</sup> quarter  
Support the promotion and delivery of webinars on the Hospital Patient Care Experience Survey results. This will further increase the awareness and usage of the results and permit interested parties to ask questions related to the results while minimizing the effects on NBHC staff.
- Publicity to increase primary health survey responses – 1<sup>st</sup> quarter  
Support the public awareness efforts in mass media to increase the response rate for the primary health survey. These efforts, using print, radio and social media serve to increase public awareness about the NBHC and the survey and to encourage public engagement through survey participation.
- Primary health survey report – 4<sup>th</sup> quarter  
Prepare the report for publication and ensure its communication to the media and influencers for publication in mass media and other sources. Individual indicators from the survey will also be highlighted in social media to increase awareness of the results and to encourage public discussion of the indicators.
- Publicity to increase response rate of home care survey – 4<sup>th</sup> quarter  
Inform efforts will be targeted at maximizing response rate for the home care survey that will be delivered to clients in the fourth quarter. Efforts will also be targeted at informing related health service stakeholders in order to encourage the use of the survey results.

### School surveys

Working with external service providers, the following items will be produced and distributed to the appropriate stakeholders per the NBHCs agreements with the Departments of Social Development and Education and Early Childhood Development:



- At a Glance Grades 6 to 12 results summaries and additional reports by subgroups of students: Aboriginal students, immigrants, gender, LGBTQ, Anglophone and Francophone sectors, special education need and food insecurity. – 1<sup>st</sup> quarter
- Kindergarten to grade 12 cohort analysis – 2<sup>nd</sup> quarter
- Provincial, district and school reports for kindergarten to grade 5 survey results – 3<sup>rd</sup> quarter

#### Communication strategy

- Annual report – 1<sup>st</sup> quarter  
The NBHC's annual report to government will also be completed in the 1<sup>st</sup> quarter as required legally. The annual report also represents an opportunity to further enhance the awareness of the work of the NBHC with targeted stakeholders.
- Website improvements – 2<sup>nd</sup> quarter  
In addition to these activities, the NBHC will be completing its realigned website and data portal by the end of the 2<sup>nd</sup> quarter, allowing it to more fully implement its multiyear communications strategy for the remainder of 2017-2018.

#### **D. Recommend**

The NBHC builds on the information compiled from its engagement mechanisms and its evaluation work to support the development of recommendations to the Minister of Health by the end of the 4<sup>th</sup> quarter aiming to improve health system performance in New Brunswick.

There have been many lessons learned in association with the work of the NBHC and its evolution since 2008. These learnings have not only benefited Council members and staff, but also stakeholders throughout the province with either an influence or an interest in health service quality improvement.

This year, the work associated with preparing recommendations to the Minister of Health will be guided by three valuable lessons learned:

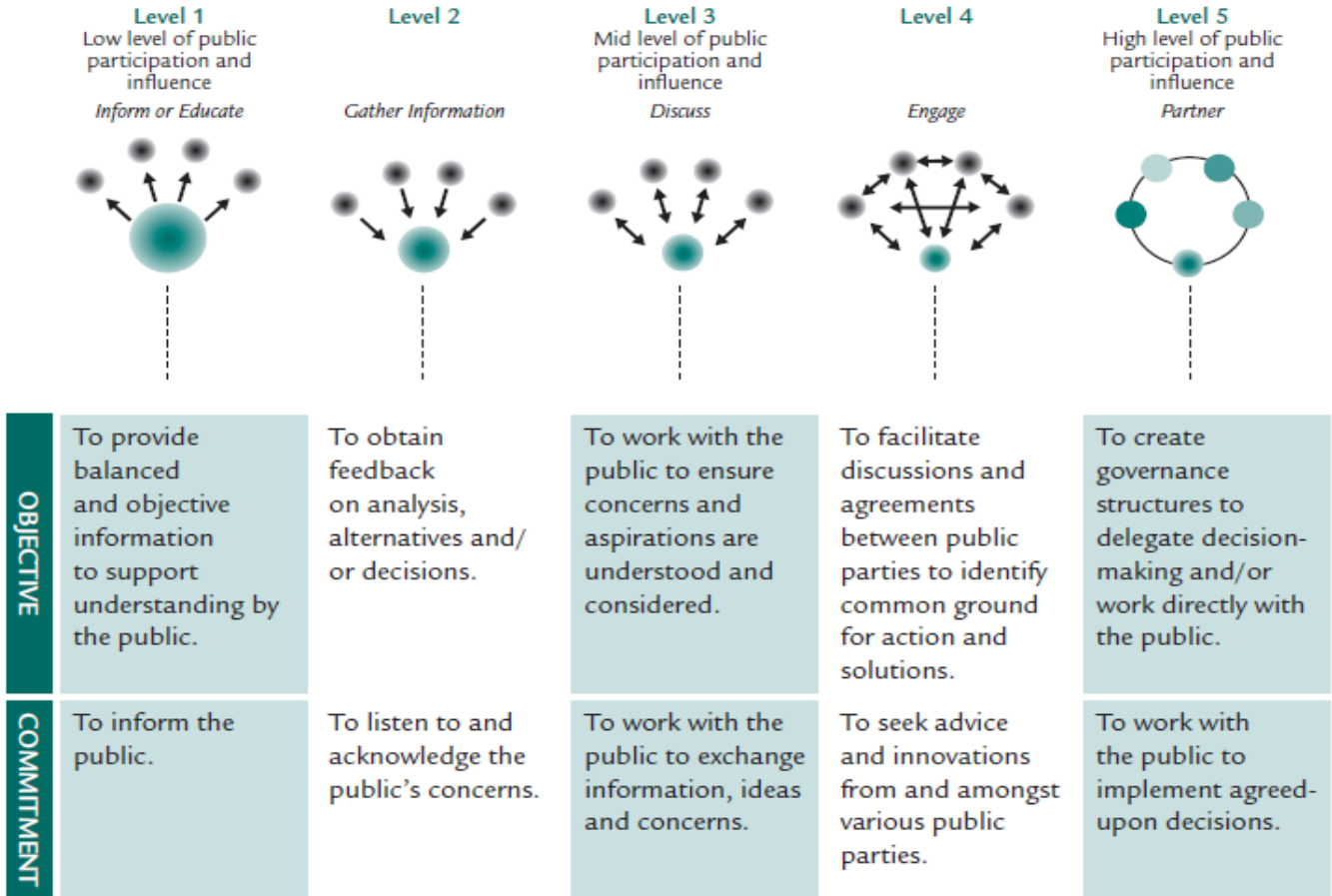
- Despite of all the new information prepared since 2008 with various stakeholders regarding the health of the population and the quality of health services in New-Brunswick, this information remains unknown by too many.

- When citizens are provided with the opportunity to understand what is now known about the health of the population and the quality of health services, there is quickly a reasonable consensus that changes in health services planning and management are needed and possible.
- When information about the health of the population and the quality of health services is available at the local level, it is more effective in motivating improvements and mobilizing resources for the improvement of health service quality.

With a focus on communities from beginning of year and efforts on Triple-Aim information at the community level, the NBHC will develop recommendations for the Minister of Health on the theme of improved health services planning and management based on the needs of the population.

## Appendix 1

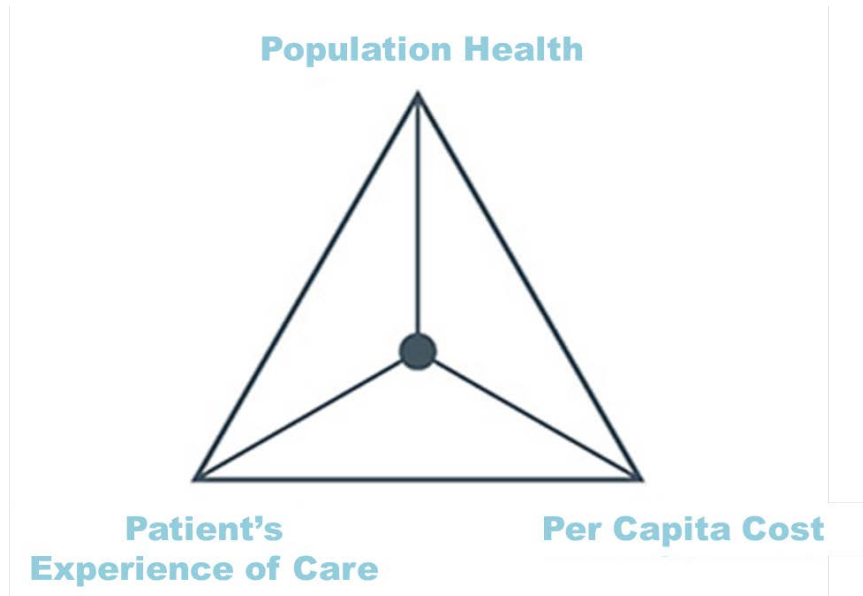
### Public Involvement Continuum



Source: Adapted from Health Canada. Policy Toolkit for Public Involvement in Decision Making (2000) and the Public Participation: Principles and Best Practices from British Columbia (2008).

## Appendix 2

### Triple Aim for Population Health



Governments and healthcare organizations around the world are striving to provide high-quality care that improves the health of the population, at a cost that is affordable. The Triple Aim – the simultaneous pursuit of better care for individuals, better health for populations, and lower per capita costs – is a leading improvement approach. Developed by the Institute for Healthcare Improvement (IHI), the Triple Aim has been piloted with over 100 organizations worldwide. A key feature of Triple Aim is to define the aims from the perspectives of those in the population you serve, taking a broader perspective on health than traditionally considered in healthcare. With that, Triple Aim is importantly grounded in a population health model to address underlying social determinants of health.

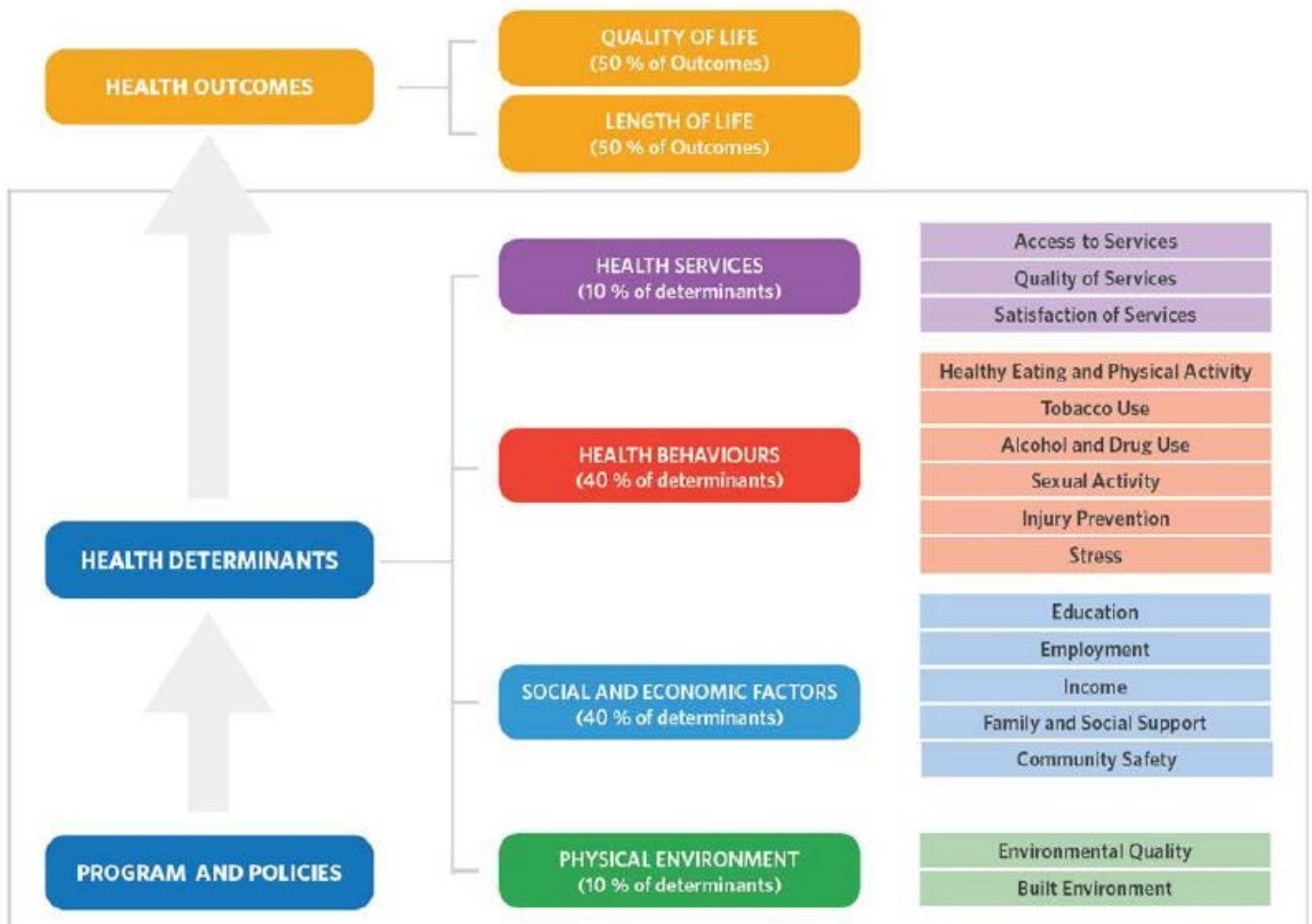
\* Source: Canadian Foundation for Healthcare Improvement: <http://www.cfhi-fcass.ca/WhatWeDo/a-z-topics/triple-aim>

## Appendix 3

### Population Health Snapshot – The model

The model we have chosen to represent Population Health in New Brunswick has been adapted from various population health models such as the University of Wisconsin *Population Health Institute – Wisconsin County Health Rankings* and modified to fit our needs. We have also kept a Canadian perspective by talking into account the determinants of health as indicated by the *Public Health Agency of Canada*.

Based upon review of the literature and expert opinions on how these determinants contribute to health and by how much, we are using the following model as a guide as to what influences our health:



## Appendix 4

### New Brunswick Health System Report Card



Quality Dimensions	<b>Accessibility</b>		Providing timely services	
	<b>Appropriateness</b>		Relevant and evidence based	
	<b>Effectiveness</b>	Doing what is required to achieve the best possible results		
	<b>Efficiency</b>	Making the best use of the resources		
	<b>Safety</b>	Keeping people safe		
	<b>Equity</b>	Aiming for equitable care and services for all		
	<b>Performance Index Grade</b> (by Health Care Sector)			

## Appendix 5

### Child and Youth – Rights and Well-being Framework

