

Advancing health care by putting patients first.

*Transforming New Brunswick's
Health-care System:*

The Provincial Health Plan 2008-2012

Major Initiatives



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Major Initiatives

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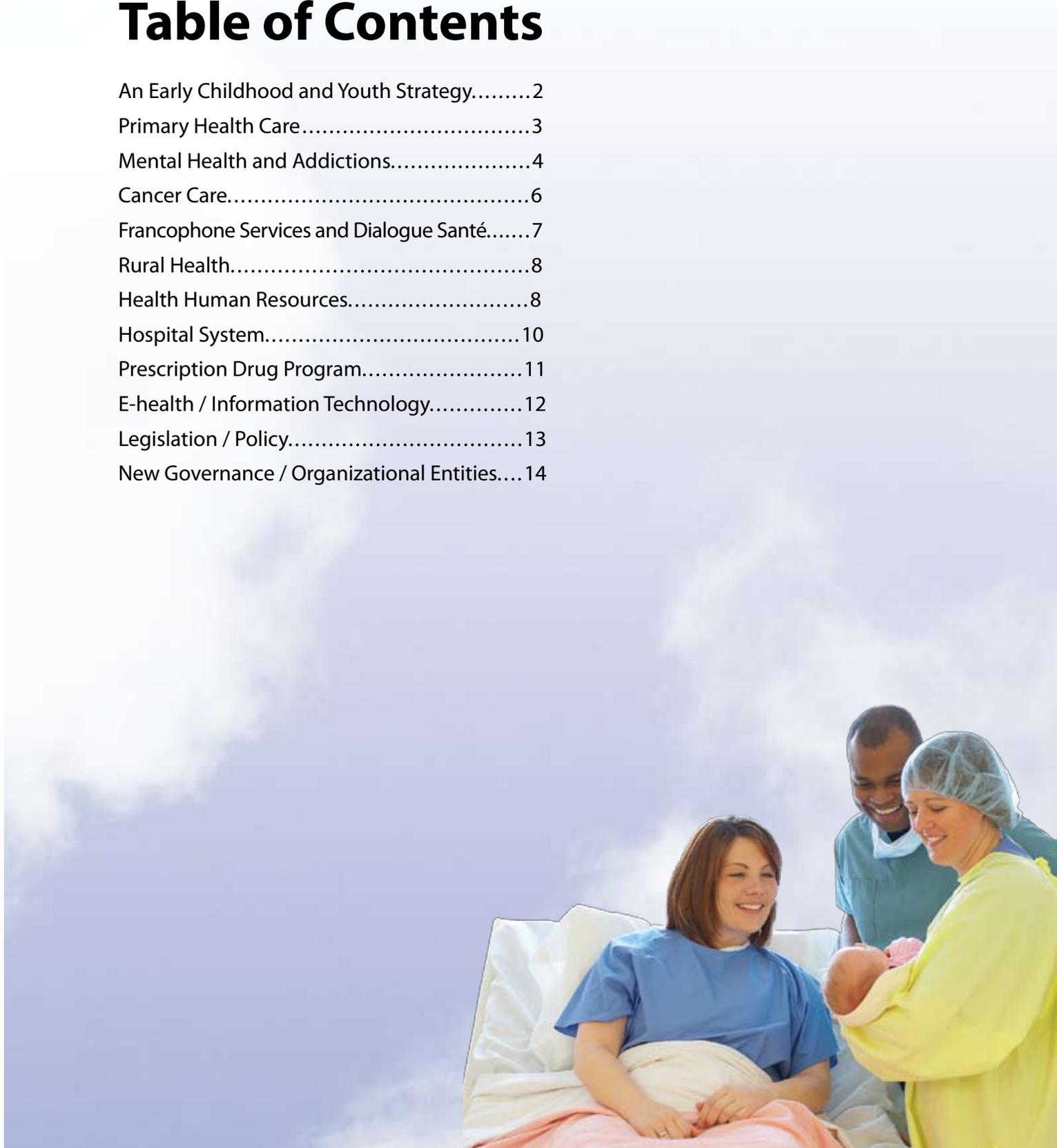
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An Early Childhood and Youth Strategy

Cabinet Committee on Early Childhood Development: Government has created a Cabinet Committee on Early Childhood Development with a focus on children up to the age of six. The Committee will direct and ensure the development of an integrated, co-ordinated and comprehensive early childhood development strategy. It will include Ministers of Social Development (lead); Education; Health; Wellness, Culture and Sport; and the Minister responsible for the Non-profit Sector.

The Department of Health will be responsible for developing an integrated, co-ordinated and comprehensive health strategy for children and youth that will support and facilitate the direction set forth by the Cabinet Committee on Early Childhood Development and Care. In collaboration with other government departments and community agencies, the Department of Health will provide early childhood programs and services in a centralized way that support New Brunswick families and their children. The focus of this work will be on the promotion of health for all children and youth along with early identification and intervention for those facing challenges in their development.

The comprehensive health strategy will include a New Beginnings Program that will focus on reproductive care initiatives designed to foster the health and wellbeing of expectant mothers, newborns and their families. It will build on partnerships with other stakeholders to enhance and better integrate services currently available under the Early Childhood Initiatives Program (ECI) and incorporate improved mental health programs and services for youth. The overall aim of this work will be to promote the health of all children and youth along with early identification and intervention for those facing challenges in their development. In partnership with other stakeholders, the Department will develop a reproductive care program to improve the co-ordination of maternal and newborn care in New Brunswick.

Program enhancements will include:

- Public awareness and education strategies to promote knowledge related to healthy lifestyles and healthy nutrition practices prior to conception.
- Expansion of the prenatal component of ECI to include the screening of all first-time mothers, providing referrals and relevant services.
- Promotion, protection and support strategies to assist all mothers in their infant feeding choices with special attention to and promotion of the Baby-friendly Initiative (BFI) strategy developed by the World Health Organization and UNICEF.
- Development of information and support strategies to reduce stigma around postpartum depression, to screen women during the vulnerable period and to facilitate access to services
- Development of information and prevention strategies and services required for children diagnosed with Fetal Alcohol Spectrum Disorder (FASD).
- Provision of frequent check-in points for parents and children - organized with other government departments and organizations - to better co-ordinate early childhood development screening, assessment, referral and resource access opportunities.
- Development of strategies to enhance parenting capacity and provide opportunities for children to learn and develop.

Youth Information Network: Developmental work will be undertaken to link information from multiple databases ranging from health/prenatal to justice in order to provide better information to inform policy and program management decisions concerning health and social programs for youth.

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Primary Health Care

The Government of New Brunswick recognizes the importance of a strong foundation in primary health care in the development of a self-sufficient and sustainable health-care system for New Brunswickers. In developing a strategy for primary health care, focus will be on the provision of high-quality, patient-centred care particularly in the areas of disease and injury prevention, early disease detection and chronic disease management.

The Primary Health Care Strategy will be based on the nationally recognized four pillars of primary health care. The Department will engage its stakeholders in the development of this framework. The four pillars are:

- **Teams:** Teams of health care providers working with individuals to improve care.
- **Information:** Information is co-ordinated between health care providers.
- **Access:** Access is provided to the right care at the right time.
- **Healthy Living:** A focus on prevention and self-care to assist New Brunswickers in maintaining wellness through healthy living.

Other activities will include:

- **Primary Health Care Access:** Six new Community Health Centres (CHC) will be established. These include two new rural Community Health Centres in Rexton and Haut Madawaska; one new urban CHC in Fredericton; three new CHC satellite services (Centre communautaire Sainte-Anne in partnership with the new CHC in Fredericton; Centre Samuel de Champlain partnering with St. Joseph's CHC in Saint John; and Saint-Isidore partnering with the CHC in Caraquet).
- **Improved Access to 24/7 Care:** Additional operational funding will be provided as determined by need to allow Community Health Centres to expand their hours of service in communities where 24/7 services are not available.

- **Injury Prevention:** A provincial injury prevention framework and a workplace health and wellness framework will be developed in consultation and collaboration with stakeholders, followed by its implementation.
 - The injury prevention framework will look at preventing injury within communities across all stages of life – from infants to seniors, as well as in all settings (home, work and play) as a means of controlling health care costs and increasing the province's self-sufficiency.
- **Primary Health Care Team Pilot:** A pilot program will be pursued to establish primary health care teams to enhance collaborative service delivery in community-based physician practices. This will enable physicians to provide multidisciplinary support to their patients.
- **Chronic Disease Self-management Program (CDSMP):** A new program involving lay facilitators and education of health-care providers will be implemented to improve patients' access to education and support regarding problems and concerns commonly experienced by people coping with chronic illness.
- **Knowledge Mobilization and Information Transfer:** A variety of primary health care education strategies, including an annual chronic disease prevention and management symposium, web-based training registry and development of new training resources, will be implemented to co-ordinate and leverage education opportunities for patients and families, community groups and health-care providers.
- **Working with Non-governmental Organizations (NGOs):**
 - To share funding with a coalition of health-related organizations involved with chronic diseases for an initiative to provide mobile screening and education in rural communities.
 - To facilitate provincial networking meetings among NGOs and government.
 - Provision of financial support to RHAs and NGOs for innovative initiatives in chronic disease and injury prevention.

- **Wellness, Culture and Sport:** The Department of Health and the Department of Wellness, Culture and Sport will collaborate in a variety of areas focused on promoting healthy lifestyle changes and building community capacity for wellness. This will include healthy eating, tobacco use reduction, physical activity, school health and healthy communities' initiatives.
- **Workplace Health, Safety and Compensation Commission (WHSCC):** In collaboration with WHSCC, the Department of Health will build on the initiatives that WHSCC has undertaken with the Regional Health Authorities with respect to injury prevention.
- **First Nations Health:** The Department of Health will partner with New Brunswick's First Nations communities, aboriginal organizations, Regional Health Authorities and the federal government on initiatives to improve aboriginal health while respecting the knowledge and traditions of aboriginal people. Actions over the course of the Provincial Health Plan will:
 - Look at ways to address health inequalities with a focus on building on existing community initiatives.
 - Develop culturally sensitive mental health and addictions services.
 - Address barriers impeding access to health services.
 - Ensure First Nations participation in federal and provincial health policy and program planning processes to identify gaps in health services and concrete strategies to address them.
- **Public Health Laboratories:** A strategic plan will be developed to ensure that public health laboratory services in New Brunswick meet the core functions of Canadian public health laboratories, as articulated by the Canadian Public Health Laboratory Network.

Extra-Mural Enhancements

- **Enhanced Access to Home Health Care Services:** Additional Licensed Practical Nurses and rehabilitation support personnel will be added throughout the province and a pharmacist demonstration project will be implemented in one region to enhance access to home health care services.
- **Supporting Vulnerable Seniors to Remain Home Safely, Supported and Secure:** Eight additional full-time Extra-Mural Program nursing resources will be deployed to assist clients in meeting their health needs in the community. They will also work within hospital emergency departments to assess seniors presenting themselves to the emergency department in order to prevent unnecessary hospitalization or nursing home admission through the identification of appropriate community-based services.

Mental Health and Addictions

The Department of Health will review current mental health services to examine its strengths and gaps. A public consultation process supported by expert thinkers on mental health will provide guidance in determining strategic priorities to renew mental health services. Results from this review will then be the basis for developing a provincial mental health strategy.

In the meantime, other activities will include:

- **Early Psychosis Intervention:** Psychosis frequently develops during adolescence or early adulthood. Early, timely intervention leads to significantly improved outcomes in treating mental illness. Currently, only Fredericton offers this program. Clinical teams will be established in the Moncton, Saint John and Bathurst areas.



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- **Youth Concurrent Disorder Teams:** Concurrent disorders refers to the presence of more than one disorder simultaneously. For example, mental illness and addiction/gambling problems. Concurrent disorder treatment teams provide integrated and collaborative mental health and substance abuse treatment services. Teams will be established in each Regional Health Authority.
- **Mobile Crisis Response Teams:** Mobile crisis response teams for persons with mental illnesses resolve crises by using community treatment services in order to prevent people from requiring inpatient hospitalization. Programs currently exist in Moncton, Saint John, Fredericton and Bathurst. New programs will be added for Edmundston, Campbellton and Miramichi.
- **Assertive Community Treatment (ACT) Pilot:** A pilot project will be implemented in Saint John to assess the effectiveness of using assertive community treatment (ACT) teams to improve the quality of care and support available to people with severe and persistent mental illnesses and to reduce the demands on the acute-care and crisis systems by providing intensive, home-based mental health case management and intervention.
- **BUILT Network:** Sponsor provision of the National Network for Mental Health's BUILT (Building Up Individuals through Learning and Teamwork) customer service program to afford persons with disabilities the opportunity to come together as a team to increase workplace skills and employability. This service targets people with mental illness and equips them with the skills to compete for employment and eventually compete to re-enter the job market.
- **Activity Centres:** Provide increased financial support for a network of 24 activity centres that provide social support, organized activities, volunteer services, vocational services and assist vulnerable members of society in accessing or dealing with government programs and maximizing involvement in their communities.
- **Changing Minds:** Provide opportunities province-wide for front-line responders such as police and correctional workers and health-care professionals

to attend the Canadian Mental Health Association's Changing Minds two-day workshop on mental health, mental illness and stigma reduction.

- **Strengthening Families:** Additional resources to offer this national education program developed by the Schizophrenia Society of Canada to provide family members and friends with information that will enable them to better support individuals with serious and persistent mental illnesses

Addictions Strategy:

Subsequent to consultations with Regional Health Authorities and stakeholders, the Department of Health will develop a comprehensive Addictions Strategy. This strategy will incorporate linkages between Addictions and Mental Health Services, including the establishment of concurrent disorder teams for youth. Initiatives include:

Addictions: Drugs

- **Methadone Treatment – Rural:** A total of six FTEs will be added to allow methadone treatment to be provided through existing addictions services programs. Two FTEs in St. Stephen, one FTE each in Edmundston and Campbellton and two FTEs in Bathurst.

Addictions: Alcohol

- **Addictions Strategy:** The Department of Health will engage stakeholders in reviewing a discussion paper on an Addictions Strategy for New Brunswick. In addition, initiatives will be undertaken to address the current wait times demand for detoxification and outpatient counseling.
- **Alcohol – Enhanced In-patient Detoxification Services:** An additional staff resource will be added to the in-patient detoxification services in both Moncton and Saint John to better meet the increasingly complex needs of patients suffering from multiple (i.e. alcohol, drugs, gambling, personality disorders, depression) dependencies.

- **Alcohol – Enhanced Outpatient Counselling Services:** An additional staff resource will be added to both Moncton and Fredericton Addiction Services to provide enhanced outpatient services to clients when they have completed in-patient treatment.
- **Alcohol – Tertiary Long-term Rehabilitation Facility for Women (Study):** A study/consultation will be undertaken with key stakeholders to determine needs of women for in-patient treatment of severe addiction problems.

Addictions: Gambling

- **Gambling - Residential Treatment:** A residential gambling treatment program will be established in Campbellton for persons unable to change their behaviour with the support of community-based services.
- **Gambling - Crisis Line:** To better meet the expressed needs of persons experiencing problem gambling, a helpline will provide crisis intervention.

Miscellaneous

- **Social Marketing Campaign (Addictions):** An innovative, evidence-based social marketing campaign will be undertaken to better educate individuals and prevent them from ever needing to access specialized addictions services.
- **Youth Forums:** Provision of support (co-ordinator, expenses, promotions, travel) for youth-led community forums to identify challenges and solutions related to youth problems, including addictions.
- **Health Education Enforcement Partnership:** Provision of support for a network of community-based committees to promote community mobilization and multi-agency collaboration for prevention and health promotion initiatives.
- **Mental Health Professionals Training:** Mental health professionals will be given a variety of training opportunities to enhance their skills, including cross-training for addiction and mental health workers, brief intervention training and cultural competencies.
 - Additionally, workers within Addictions Services will

receive training on Stop and Think, a therapeutic intervention aimed at changing the way that problem gamblers think about video lottery terminals (VLTs) and the associated odds of winning.

- **Drug Court Pilot:** A pilot project will be undertaken to examine the benefits of establishing a drug court to co-ordinate intervention from the criminal justice system, treatment system and non-governmental organization partners to reduce substance misuse, abuse and criminality in cases involving drug-using offenders.

Cancer Care

- **Cervical Cancer Prevention:** Public Health and the New Brunswick Cancer Network (NBCN) will introduce a provincial Cervical Cancer Prevention and Screening program that will include a publicly funded school-based human papillomavirus (HPV) immunization program for young females and an organized, population-based cervical cancer screening and prevention program.
- **Integrated Cancer Screening:** The NBCN will evaluate and make recommendations for approaches to institute integrated, evidence-based provincial screening programs for breast, cervical and colorectal cancers.
- **Radiation Therapy:** In agreement with the Government of Canada, New Brunswick will establish a radiation therapy wait-time guarantee of eight weeks by March 2010.
 - Aging linear accelerators will be replaced and one new accelerator will be commissioned.
 - The Government of New Brunswick will review, develop and apply strategic processes for supply-and-demand projections in order to ensure that the patient wait time guarantee is met.
- **Pediatric Oncology:** New Brunswick will establish and implement a framework for a province-wide, co-ordinated approach to enhancing pediatric oncology services. This will include strengthening partnerships with tertiary pediatric oncology centres in Nova Scotia and Quebec.

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– Two pediatric oncology patient navigators will be recruited to help patients and families access necessary services as easily and quickly as possible.

- **Adult Oncology:** New Brunswick will also recruit the services of eight cancer patient navigators to help adult patients effectively and efficiently manage their cancer journey through the health-care system.

Francophone Services and Dialogue Santé

Francophone Health-care Services

- Through the Associate Deputy Minister of Health, the Government of New Brunswick will enhance access to French primary health-care services in English-speaking regions. Satellite Community Health Centres will be established at the Centre communautaire Saint-Anne in Fredericton and at the Centre scolaire-communautaire Samuel-de-Champlain in Saint John. These will be affiliated with CHCs in the two cities that offer a broader range of services.
- A new Community Health Centre satellite that will be associated with the Caraquet hospital will be established in Saint-Isidore with health services offered by a nurse practitioner.
- Work with Regional Health Authority B and Carrefour Beausoleil to enhance French-language health services to the French-speaking communities in the Miramichi region.

- Work with the Fredericton, Miramichi and Saint John French-speaking communities and RHA B to continue developing strategies to ensure francophones in these regions have access to health services in their language of choice.
- Work with the Centre de formation médicale du Nouveau-Brunswick and RHA B to facilitate new French-language medical education training opportunities in Fredericton and Saint John.
- Work with Regional Health Authorities and continue to collaborate with Société Santé et Mieux-Être en français du Nouveau-Brunswick and other non-governmental organizations to develop and enhance service delivery models that meet the needs of francophone communities.
- Support Société Santé en français in its effort to secure funding from the federal government.

Dialogue Santé

The Government of New Brunswick is committed to rural health and will restore certain services to specific areas, including the Acadian Peninsula. These include:

- 24/7 medical coverage at the hospital in Caraquet and the clinic in Lamèque.
- Expansion of the emergency department at the hospital in Tracadie-Sheila, including funding for the hiring of additional nurses and other ER staff.
- Opening of eight family medicine beds in the Caraquet hospital.
- Establishment of a medical training unit on the Acadian Peninsula associated with the medical training program for francophone students in Moncton.
- Establishment of an obstetrical clinic in the Peninsula that will offer prenatal and postnatal services to pregnant women, new mothers and newborns by means of an interdisciplinary team.
- Establishment of an orthopedics clinic and an ear, nose and throat clinic.
- Funding for a nurse practitioner to work in the field of mental health - a new area of practice for nurse practitioners in the province.



Rural Health

- A variety of strategies and initiatives, including primary health care, chronic disease management, tele-health and e-health clinical program design, will be pursued to improve the health of rural New Brunswickers and their access to health-care services.
- The Department of Health will work in collaboration with the Regional Health Authorities and other stakeholders to ensure recruitment and retention of rural health providers.
 - A new rural locum support program will be introduced to assist rural physicians to recruit doctors to provide coverage in their absence.
 - A rural practice enhancement training program will assist rural physicians in maintaining their critical-care skills.
 - Training sites for medical students will be developed in Caraquet, Miramichi and Waterville.
- The Department of Health, in collaboration with the Regional Health Authorities and other stakeholders, will hold an annual Rural Health Week to promote and celebrate rural health in New Brunswick and engage stakeholders in finding opportunities to provide health services in rural areas.
- The Department of Health will organize a national rural health conference.
- A rural health research institute will be established under the auspices of the New Brunswick Health Research and Innovation Council.
- The Department of Health and RHAs will engage rural participants as part of the committees and working groups.

Health Human Resources

Premier's Role in Recruitment and Retention

The Premier will take a direct role in recruiting health-care professionals to work in the New Brunswick.

- The Premier will tour educational institutions and meet with students to encourage them to return to or stay in New Brunswick.
- The Premier will work with our stakeholders to ensure that we retain our current workforce. He will hold the first Roundtable on Recruitment and Retention to discuss current issues and identify possible solutions.

Health Human Resources Study

In collaboration with our stakeholders, the Department will update the Health Human Resources Supply and Demand Study. This will provide government with projections on future health human resources needs in New Brunswick.

Peri-operative Roles Review

In an effort to best meet the goals of the Surgical Access Project, the utilization of the human resources within the peri-operative (operating room) sector will be reviewed for efficiency. The workload and workforce supply related to anesthesia and surgical assistance will be assessed.

Allied Health Care Professionals

- The Department of Health will introduce a mentorship program for newly recruited allied health professionals, similar to what currently exists for new nurses. The primary intent of this program will be to facilitate a seamless integration of new health professionals into the health-care team and foster a positive first impression of the workplace thus contributing to both the recruitment and retention of specialized health professionals.

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- Enhanced funding will be provided for the New Brunswick Health Bursaries Program, which targets harder-to-recruit health-care professionals in the public sector.
- A new provincial initiative focused on using the right mix of pharmacists, pharmacy technicians, pharmacy workers and technology will be undertaken to ensure that scarce pharmacist resources are used as effectively as possible in hospital settings.

Nursing

- The optimization of the roles of nursing care providers will continue with a focus on the registered nurse. In collaboration with stakeholders, a review of nurse utilization will be initiated to ensure RNs are utilized to their full potential in every sector of the health-care system.
- In collaboration with RHAs and stakeholders, the Department will also establish a Quality Work Life and Attendance Management Committee to identify ways for employees to achieve and maintain regular attendance within a supportive work environment. The Committee's work will begin with a focus on the nursing group.
- In collaboration with educational institutions, a subsidy program will be developed for nursing faculty members to pursue graduate studies. Bursaries of \$10,000 will be offered each year.
- The Department of Health will work with the New Brunswick Nurses Union and appropriate stakeholders to develop a student loan forgiveness program for student nurses in the final year of their nursing program.

- A bursary program will be developed for student practical nurses in their final year at New Brunswick Community College. Licensed practical nurses who remain in the employment of a New Brunswick public employer will be able to apply for a bursary.
- A summer employment program for student practical nurses will be put in place in co-operation with Regional Health Authorities and nursing homes. Summer employment provides transition from being a student to the employee status, thus improving job readiness.

- A total of 75 new seats over the next three years will be added to licensed practical nurse programs in New Brunswick Community Colleges as a means to increase future supply. These additional seats will be added at campuses serving francophone and anglophone students.
- Primary health care nurse practitioner positions will be increased by 40 new positions over the next four years.
- In an effort to utilize our nursing resources to their full potential, the Department of Health will offer replacement cost and reimbursement of tuition fees for licensed practical nurses to complete medication administration programs.
- The Department will collaborate with Regional Health Authorities, educational institutions and other stakeholders to assess learning needs and provide educational/professional development opportunities for nurses.

Physicians

- The current \$15,000 business grant for family practitioners will be extended to designated specialists who establish a practice in a community 40 kilometres outside Moncton, Fredericton and Saint John.
- The current grant of \$40,000 aimed at designated specialists who establish a practice in New Brunswick will be increased to \$50,000.
- A new bursary program will be introduced and will provide 40 residents in designated specialties with a \$6,000 bursary in return for agreeing to practice in designated areas. The program will target residents in their early years of residencies.
- A student loan forgiveness program will be offered to recent New Brunswick medical graduates who establish their practice in the province. The program will provide a one-time payment of \$25,000.
- A new location grant program of \$25,000 will be introduced for family physicians who establish a full-time community based practice in urban areas.
- A minimum of 100 billing numbers for physicians will be added over the next four years.

- A \$75,000 locum support program for rural areas will be introduced to allow physicians to recruit locums (temporary replacement doctors) to provide coverage in their absence.
- A rural practice enhancement training program of \$50,000 will be established to assist physicians in rural areas to obtain critical care skills training.

Medical Education

- Rural training sites will be developed in Miramichi, Caraquet and the Upper St. John River Valley to allow medical students and residents to receive training in rural areas and therefore improve recruitment opportunities for rural communities. The sites will be associated with Memorial University, Dalhousie University and the Centre de formation médicale du Nouveau-Brunswick
- The Department of Health will work with the Centre de formation médicale du Nouveau-Brunswick and Regional Health Authorities to facilitate new francophone medical education training opportunities in Fredericton and Saint John.
- The Department of Health will be working with the Regional Health Authorities in recognizing the role of teaching hospitals within New Brunswick.

Hospital System

- **Provincial Trauma System:** The New Brunswick Trauma System Advisory Committee will develop a provincial trauma system.
 - As a first step, each hospital facility will be assigned a role and responsibilities for trauma in accordance with Trauma Association of Canada guidelines. Each hospital facility, in turn, will know where to refer those cases whose needs exceed their capacity and will be guaranteed acceptance of such transfers.
 - A toll-free line will be established for physicians so that they will have access to expert advice to determine the need for transfer, the care or treatments to be provided prior to or during transfer and the patient's final destination.
- Additional resources - human and financial - will be identified by the advisory committee and added to establish new roles for overall management of the trauma system (i.e., medical director, administrative director and data analyst) as well as to supplement current capacity to deal with trauma victims.
- Best practices protocols will be adopted and professionals around the province involved in trauma care will be trained in their use.
- A trauma registry will be developed to gather information related to trauma cases in New Brunswick hospitals to support planning, continuing education, resource allocation, protocol development, system management, research and evaluation.
- **Patient Safety:** The Department of Health and RHAs will implement a framework for patient safety that will include:
 - Conducting a safety culture assessment in each RHA.
 - Developing a policy on disclosure of adverse events.
 - Participating in the development and monitoring of indicators of patient safety, including hospital standardized mortality rates.
- **Surgical Access Wait Times:**
 - A surgical patient registry will provide real-time information on the status of surgical wait times in the RHAs.
 - Additional human resources, equipment, instruments, improved governance and management processes will be put in place to allow more surgeries to be performed within the current infrastructure.
 - Starting in the first quarter of fiscal 2008-09, SurgeryNewBrunswick.ca, the website designed to inform New Brunswickers about wait times for surgery, will begin providing detailed quarterly information about wait times for surgery in the various facilities in the province.
 - Starting in the first quarter of fiscal 2008-09, access managers in the RHAs will be able to provide individual patients with accurate information about how long they can expect to wait for surgery, given their priority level. Patients and their family physicians will know with greater certainty the expected wait

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time and may choose to have their surgery in a facility where the wait time is shorter.

- A provincial pre-surgical screening service will be implemented throughout the province. This service will ensure that the diagnostics tests, patient education and preparation immediately preceding a surgery will be standardized and based on best practices.
 - A new operating room management system will be implemented to improve scheduling and utilization of surgical equipment.
 - A new instrument tracking system will be implemented.
 - A new capacity modeling program will be developed to help determine how surgical resources, including operating suites that may be operating below capacity in some areas, can be better utilized to shorten wait times across the province.
 - Lack of capacity will be addressed by adding human and financial resources and, if necessary, by adding new types of professionals or infrastructure. Excess capacity will be used first to further reduce wait times for New Brunswickers. A number of approaches can be used such as a demonstration project that would offer more options to citizens. Should we have more capacity than required to meet the needs of New Brunswickers, we may consider offering those services to neighbouring jurisdictions.
 - By the end of the 2008-09 fiscal year, targets for wait times for all types of surgery will be established.
- **Utilization Management:** Implementation and refinement of a standardized system for monitoring the utilization of hospital beds will continued to ensure that costly in-patient resources are not tied up when patients could be served in alternate, less intensive care settings.
 - **Workload Measurement:** A new workload measurement system will be deployed on a province-wide basis to allow for more accurate and comparable monitoring of the level and mix of human resources required to deliver hospital based health-care services.
 - **Long-term Care:** The Department of Health and the Department of Social Development will work together to support a renewed long-term care system and ensure a smooth transition for citizens who move between the acute and long-term care sectors.

- **Restigouche Hospital Reconstruction:** A new psychiatric hospital will be constructed on the site of the Campbellton Regional Hospital / Restigouche Hospital Centre complex to replace the current Restigouche Hospital constructed in the early 1950s.
- **Cardiac Catheterization Laboratory** – The Department of Health will continue to monitor the need for a fourth cardiac catheterization laboratory and recommend a fourth lab when needed.

Prescription Drug Program

- **Common Drug Review:** Participate with common drug review initiatives and programs that help streamline the approval process for new drugs, including:
 - The national Common Drug Review (CDR), which conducts objective, rigorous reviews of the clinical and cost-effectiveness of drugs and provides formulary listing recommendations to the participating publicly funded drug plans in Canada.
 - The Atlantic CDR, which reviews drugs for the Atlantic provincial drug plans that do not fall under the CRD mandate.
 - Joint Oncology Drug Review (JODR), which is an interim process that uses Ontario's existing review process for oncology drugs and makes listing recommendations to participating drug plans for these drugs.
- **New Brunswick Prescription Drug Program Review (NBPDP):** A review of the NBPDP will be conducted with a view to help families facing financial hardship because of the high cost of prescription drugs. Consistent with the work done under the National Pharmaceuticals Strategy on catastrophic drug coverage, the review will focus on program enhancement based on ability to pay rather than on age or disease.
- **New Brunswick Prescription Drug Program Income Ceiling Test for Seniors:** The income level to qualify for access to the government-funded prescription drug program for seniors will be indexed (or revised annually). Initially, this will allow up to 2,200 more low-income seniors to qualify for the program.

- **Prescription Monitoring Program:** The Department will establish a prescription monitoring program (PMP) to create safer communities by reducing the harms associated with the non-medical use and abuse of prescription drugs. The PMP will initially focus on the non-medical use of narcotics and controlled drugs dispensed by community pharmacies. Community pharmacists will be able to view a patient's history of narcotics and controlled drugs in real-time prior to dispensing a prescription for a monitored drug. The PMP will also provide information to prescribers to assist in patient care decision-making.

- **Medication Review Program:** A program will be developed to encourage community pharmacists to review with patients who are NBPDP beneficiaries their medications and work with them to help them better understand their drugs and ensure they are being taken as intended.

- **Promoting Optimal Prescribing and Utilization of Drugs:** Efforts will be undertaken to improve prescribing practices with respect to both over-prescribed and under-prescribed medications, as well as to enhance patient understanding and appropriate use of prescribed medications.

E-health / Information Technology

- **E-health / One Patient One Record (OPOR):** Initiatives are under way to develop and implement elements of an electronic patient record that will eventually allow information from hospitals, doctors' offices, Public Health, Mental Health, pharmacies, laboratories and diagnostic imaging to be linked together and accessed by authorized care providers anywhere in the health-care system. The first components to be implemented include an interoperable electronic health record repository, a patient registry, a provider registry, a diagnostic imaging

archive, a full drug information system and a pan-Canadian health surveillance system as well as selected tele-health initiatives. These systems are the key building blocks in our vision of One Patient One Record.

- **Enhanced Access to Quality Health-care Services Across New Brunswick Using Tele-health:** This will be accomplished through the planning and implementation of a provincial scheduling and videoconferencing bridge for tele-health.

- **Electronic Patient Self-management Support (Pilot Project):** A pilot project will be undertaken to provide participants with web-based access to a personal health and wellness record in order to support self-management of health problems. These records will have the capacity to store personal health management information such as medications, clinical lab results and other self-monitoring results such as blood pressure or blood sugars.

- **Extra-Mural, Point-of-care Integrated Information and Communication Technology System:** A new clinical information and remote monitoring system will be implemented to capture point-of-care information inputted from service providers or the client. This technology will be used to support the delivery of quality home health-care services as well as promoting client self-management. This will provide patients at home with monitoring equipment that will capture basic vitals like blood pressure and oxygen levels, as well as a health information system that Extra-Mural Program staff can use in the patient's home.



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- **Decision Support Environmental Scan:** A review of existing decision support tools such as electronic documentation templates, reminders, etc., will be undertaken to identify potential resources for integrating best practice guidelines in day-to-day primary health care settings.
- **Advanced Health-care Directives (Living Wills) Legislation:** This legislation will enable New Brunswickers to set out in a living will their instructions regarding their health care and other matters, including the appointment of another person to make decisions on their behalf when they are no longer competent or able to make decisions themselves. Knowing in advance an individual's wishes regarding their health care can remove from families and love ones the often difficult task of making life or death decisions for the individual during emergencies. Living wills also allow New Brunswickers to exercise greater control and influence over their own health care.

Legislation / Policy

- **Regional Health Authorities:** Amendments to the Regional Health Authorities Act to establish two new Regional Health Authorities with a modified board structure and chief executive officer reporting relationship.
- **New Brunswick Health Council:** Introduction of legislation to establish the New Brunswick Health Council as an independent agency that will foster quality improvement and accountability in the health-care system through citizen engagement and health system performance measurement.
- **Midwives:** The Department will introduce legislation, in consultation with midwives and other stakeholders, to regulate the practice of midwifery in New Brunswick. It will develop an implementation plan to bring midwives into the public health-care system, as well as a strategy to recruit and retain midwives in our province. In 2009, it is anticipated that eight midwives will be introduced, followed by four per year afterwards according to identified needs in various regions.
- **Pharmacist Prescribing:** Amendments by the New Brunswick Pharmaceutical Society to the Pharmacy Act to enable pharmacists to prescribe certain drugs.
- **Personal Health Information Legislation:** This is new legislation to regulate the collection, use and disclosure of personal health information to ensure that this information is protected against improper use and disclosure but yet available when needed for purposes of providing health care and other valid purposes. New, modernized personal health information legislation will give New Brunswickers the confidence they need and deserve that their health information will be safeguarded in an era where more and more information is stored, accessible and shared in an electronic format.
- **Tobacco Sales Act:** Amendments to the Tobacco Sales Act to restrict advertising practices, such as the use of "power board" displays, which target youth.
- **Public Health Act:** Proclamation of the Public Health Act and regulations to facilitate improvements in public health inspection practices and provide modern-day regulatory tools and approaches to allow the public health system to respond rapidly to new or emerging diseases such as SARS.
- **Travel Assistance Program:** The Department recommends study on the various elements of a travel assistance program for patients including, but not limited to, travel distances, location of services and income. Upon completion of this review, the Department will put forward a more comprehensive program proposal for consideration.

Department of Social Development Policies

- **Diabetes:** The Department of Health and the Department of Social Development will collaborate on revision of current guidelines and eligibility criteria associated with health cards to:
 - Provide additional coverage for blood glucose monitoring strips and supplies for individuals covered by health cards.
 - Exclude the universal child benefit and child tax benefit from the income assessment process for citizens applying for a health card.
 - Provide coverage for insulin pumps and supplies for children and youth aged 18 and under who have diabetes and who do not have private insurance coverage.
- Health and Social Development will collaborate on a public awareness strategy for families experiencing hardship due to health-care costs.

New Governance / Organizational Entities

- **Regional Health Authorities Consolidation:** New Brunswick has had eight Regional Health Authorities (RHAs) for a population of 728,000. As a result, the province had eight separate regional health systems as opposed to one efficient provincial integrated system. The standard of care available to New Brunswickers could differ depending on where they live. To promote improved integration, consistency and efficiency in the overall health-care system, the current Regional Health Authority structure is transitioning to two Regional Health Authorities. This will be completed by Sept. 1, 2008.
- **Non-clinical:** The consolidation of the delivery of certain RHA non-clinical services under one new public sector organization will be carried out in order to gain efficiencies and significantly reduce the cost of delivery. Efficiencies and savings will come from consolidating the management of these services, standardizing processes and products, and leveraging greater critical mass. The new public-sector company is being created to provide consistent and efficient services province-wide. This will enable the RHAs to focus on their core mandate of high-quality health programs and services and patient care.
- **New Brunswick Health Council:** A new organization will be established to provide a more effective mechanism for citizen involvement in health-care system planning, monitoring and accountability. The Health Council will ensure accountability by directly engaging citizens in the process of monitoring and reporting on the performance of the health-care system, and in the development of advice and recommendations to the Minister of Health on steps that can be taken to improve the quality, effectiveness and efficiency of the health-care system. It will be established by Sept. 1, 2008
- **NB Health Research and Innovation Council:** A new stand-alone organization will be established to direct, promote and support health research in New Brunswick. A rural health research institute, a clinical trials management strategy and a cancer research strategy will be developed as part of this initiative.

