Health

Annual Report
2017–2018

New Nouveau Brunswick

Health
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Province of New Brunswick
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Transmittal letters

From the Minister to the Lieutenant-Governor

The Honourable Jocelyne Roy Vienneau
Lieutenant-Governor of New Brunswick

May it please Your Honour:

It is my privilege to submit the annual report of the Department of Health, Province of New Brunswick, for the fiscal year April 1, 2017, to March 31, 2018.

Respectfully submitted,

Honourable Benoît Bourque
Minister

From the Deputy Minister to the Minister

Honourable Benoît Bourque
Minister of Health

Sir:

I am pleased to be able to present the annual report describing operations of the Department of Health for the fiscal year April 1, 2017, to March 31, 2018.

Respectfully submitted,

Tom Maston
Deputy Minister

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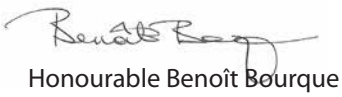
Minister's message

In 2017-2018 the Government of New Brunswick continued to pursue its focus on creating jobs, supporting economic growth, providing the best health care possible and ensuring that New Brunswick's children and youth have access to a high quality education that prepares them for their future careers.

The department was committed to creating a healthier and stronger New Brunswick by improving access to primary and acute care, providing support to those with mental health challenges and supporting wellness. New Brunswick was the first province to sign to federal funding that will provide $230 million for home and community care, as well as services for mental health and addictions. The department hosted a symposium on opioids. Progress was made with the regional health authorities to reduce the number of less urgent visits to hospitals and the number of days that patients who are waiting to be discharged to more appropriate care settings remain in hospital. The introduction of Family Medicine New Brunswick took place that sees family physicians work under a new model intended to provide patients with enhanced access to family physicians. To help manage primary health-care needs, Medavie Health Services New Brunswick started managing the operations of Ambulance New Brunswick and the Extra-Mural Program as well leveraging the services of Tele-Care 811 to improve coordination of these services.

In support of the New Brunswick Family Plan, the department will continue to ensure New Brunswick remains a place where all residents, regardless of ability, can lead healthy and productive lives, where wellness is valued and where families can thrive.



Honourable Benoît Bourque
Minister of Health

Deputy Minister's message

New Brunswick's aging population is presenting an ever-increasing demand for access to quality health-care services. This challenge, combined with the fiscal realities facing the province, requires increased collaboration with the regional health authorities, health professionals and other health-care partners. Through innovation, collaborative planning and continuous improvement, we are positioning the health-care system to be able to offer the most appropriate care at the correct time. This means ensuring better access to primary health-care providers, delivering more care in the community and at home, as well as providing better access to services that will support families in their most difficult times. This can be achieved through a more co-ordinated approach to health care that will help ensure a seamless continuum of programs and services from beginning to end of life.

In its role to plan, fund and monitor the health-care system, the Department of Health worked with the regional health authorities to reduce hospitalization rates, support better chronic disease prevention and management, and address the financial challenges presented in the current fiscal and demographic context. The department implemented a coordinated approach in primary health with the introduction of a new model through Medavie Health Services New Brunswick. This initiative enables New Brunswickers to stay in their homes as long as possible to receive greater help navigating the health-care system and experience greater continuity of care.

The Office of the Chief Medical Officer of Health continued its upstream work to prevent illness and promote safe and healthy lifestyle choices.

The department's work of the past year aligned closely with the *New Brunswick Family Plan*. Activities in the coming year will support the plan's goals and objectives to the benefit of all New Brunswickers. We look forward to continuing our work with stakeholders in support of a healthier population and the provision of efficient and effective health-care services.

Tom Maston
Deputy Minister

Strategic priorities

Strategy management

The **Government of New Brunswick (GNB)** uses a Formal Management system built on leading business practices to develop, communicate and review strategy. This process provides the Public Service with a proven methodology to execute strategy, increase accountability and continuously drive improvement.

The development of the strategy, using the Formal Management system, starts with a strategic vision to move New Brunswick forward. This vision is anchored in five priority areas:

- ***Jobs*** – Creating the best environment for jobs to be generated by New Brunswickers, by businesses, by their ideas, by their entrepreneurial spirit, and by their hard work. Growth efforts will be guided by the *New Brunswick Economic Growth Plan*, which focuses on strengthening the workforce; expanding innovation capacity; increasing the agility of government; fostering public and private investment in strategic infrastructure; and growing capital investment from the private sector.
- ***Education*** – Improving education as guided by two 10-year plans, *Everyone at Their Best* for the anglophone sector and *Donnons à nos enfants une longueur d'avance* for the francophone sector, that identify objectives for the early learning and education system and establish clear expectations for standards and performance. The areas of focus are: ensuring children and other learners develop the competencies they need to be successful in school and life; improving both literacy and numeracy skills for all learners; and working to make post-secondary education more accessible and affordable.
- ***Families*** – Creating a healthier and stronger New Brunswick by focusing on seven key areas: improving access to primary and acute care; promoting wellness; supporting those with mental health challenges; fostering healthy aging and support for seniors; advancing women's equality; reducing poverty; and providing support for persons living with a disability.
- ***Federal and Aboriginal Relations*** – Building stronger relationships with First Nations; strengthening action on climate change; and working with the federal government to maximize federal funding, including optimizing infrastructure funding and growing the workforce through immigration.
- ***Smart Province*** – Providing taxpayers with better value for their money by transforming the culture of government by eliminating duplication; adopting new innovations in technology to improve services and savings; and ensuring GNB has a ready workforce that has the skills, training, support, leadership and working environments it needs to thrive.

Highlights

During the 2017-2018 fiscal year, the Department of Health focused on these strategic priorities through:

- New Brunswick was the first province in Canada to sign a $230-million agreement with the federal government that increases funding for home and community care, as well as services for mental health and addictions.
- The services of Ambulance New Brunswick, the Extra-Mural Program and Tele-Care 811 were integrated to help manage primary health-care needs. The new Part 3 entity, EM/ANB Inc., is being managed by Medavie Health Services New Brunswick.
- Family Medicine New Brunswick, a new model for family medicine meant to provide patients with enhanced access to family physicians was established in partnership with the New Brunswick Medical Society.
- A new multi-year plan was unveiled that will invest $25 million in new initiatives to reduce wait times in New Brunswick's health-care system.
- As part of an effort to stay ahead of an impending crisis, the department continued to work with partners on initiatives to mitigate the harmful use of opioids in the province, such as a 'take home' naloxone program, hosting a successful symposium for about 100 health-care professionals from around New Brunswick, hiring an epidemiologist to closely monitor opioid use, and the development of a website.
- The insulin pump program was expanded to assist diabetics up to age 25 with the purchase of insulin pumps.
- The *Cannabis Control Act*, which will control the consumption and use of cannabis by adults, received Royal Assent in the Legislative Assembly.
- Medicare coverage was made available to international students studying full time in New Brunswick.

Performance measures

Education	Measures
Ensure all pre-school children develop the competencies they need to be successful.	Participation rate for Healthy Toddlers.

Families	Measures
Reduce hospitalization.	Ambulatory Care Sensitive Conditions (ACSC) hospitalization rate. Percentage of less urgent emergency department visits (triage Level 4 and Level 5). Percentage of Alternate Level of Care (ALC) days. Percentage of residents on the Patient Connect NB waiting list for more than 12 months.

Smart Province	Measures
Cultivate a proud, productive and professional Civil Service.	Total number of sick leave days Percentage of performance reviews (fully) completed – Part 1
Balanced budget.	Ratio of actual to budgeted expenditures.

Education

Objective of the measure

Ensure all pre-school children develop the competencies they need to be successful.

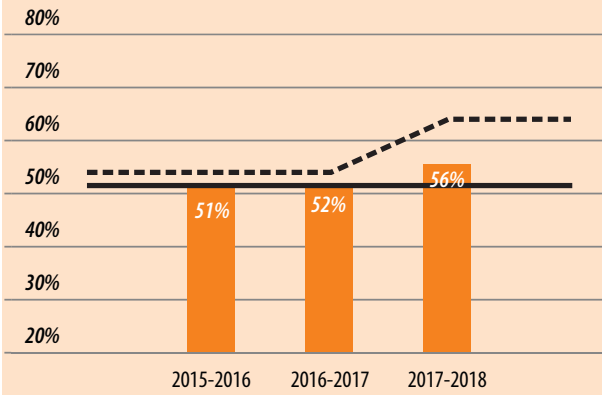
Measure

Participation rate for Healthy Toddlers.

Description of measure

The measure tracks the number of children with a completed Healthy Toddlers assessment. The rates are based on the number of eligible children who reach 24 months of age within the given year who had a Healthy Toddlers assessment completed.

Participation rate for the Healthy Toddler Assessment program



Overall performance

This indicator saw improvement over the previous year but did not meet its target

Baseline: 52%
Target: 64%
Actual: 56%

Why do we measure this?

Participation rate is the measure used to determine the proportion of children who have a Healthy Toddlers assessment. This assessment supports the healthy growth and development of young children by providing early screening and assessment, promoting healthy lifestyle practices and behaviours, identifying resources and referring to services where needed. Ultimately, the government expects that success on this measure will improve educational outcomes in early childhood as well as primary and secondary education.

What initiatives or projects were undertaken in the reporting year to achieve the outcome?

The department continued its social marketing efforts to improve participation in the program. The department also began to address barriers to participation identified through a root cause analysis using Lean Six Sigma methodology.

Families

Objective of the measure

Reduce hospitalization.

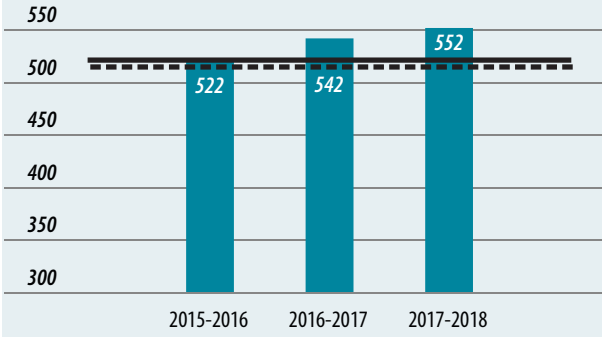
Measure

Ambulatory Care Sensitive Conditions (ACSC) hospitalization rate (crude rate).

Description of measure

The measure tracks acute care hospitalizations (crude rate) for conditions where appropriate ambulatory care would prevent or reduce the need for admission to the hospital. The ACSC indicator is multi-faceted and includes admissions for seven different chronic conditions (angina, asthma, Chronic Obstructive Pulmonary Disease (COPD), diabetes, congestive heart failure (CHF), hypertension and seizures). The measure tracks the number of hospitalizations per 100,000 population for individuals younger than 75.

Ambulatory Care Sensitive Conditions hospitalization rate (crude rate)



Overall performance

The measure showed weak performance with the hospitalization rate increasing once again in 2017-2018. This reflects the province's aging population and the prevalence of increasing numbers of residents living with multiple comorbidities. It also reaffirms the need to focus on the improved prevention and management of chronic diseases by addressing needs comprehensively early and throughout life.

Baseline: 522/100,000
Target: 516/100,000
Actual: 552/100,000

Why do we measure this?

Reductions in ACSC admissions will indicate the effectiveness of community-focused interventions and assist in ensuring that hospital resources are used for less preventable, acute conditions.

What initiatives or projects were undertaken in the reporting year to achieve the outcome?

In 2017-2018, the Department of Health undertook several initiatives to improve chronic disease management in the province. This included initiatives to improve access to primary health care, extending the insulin pump program to young adults, working in partnership with the Department of Social Development to reduce obesity and smoking, supporting the development of healthy built environments and continuing work on the Public Health Nutrition Framework for Action evaluation and monitoring plans.

Families

Objective of the measure

Reduce hospitalization.

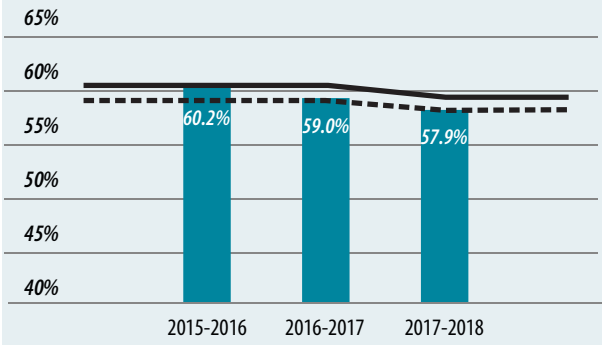
Measure

Percentage of less urgent emergency department visits (triage Level 4 and Level 5).

Description of measure

This indicator is measured to track the percentage of less urgent visits in hospitals; i.e., Level 4 (less urgent) and Level 5 (non-urgent). This information is helpful to contributing to understanding the use of the emergency room as well as primary health care options. This measure should help determine if efforts to increase access to more appropriate and cost-effective primary care options outside of a hospital setting are successful.

Percentage of less urgent emergency room visits (Triage Level 4 and Level 5)



Overall performance

The measure continues to show good performance as the percentage of less urgent emergency department visits continues its gradual decline.

Baseline: 59.2%
Target: 57.8%
Actual: 57.9%

Why do we measure this?

This information is helpful to contributing to understanding the use of the ER as well as primary health-care options. This measure should help determine if the department's efforts to increase access to more appropriate and cost-effective primary care options outside of a hospital setting are successful.

What initiatives or projects were undertaken in the reporting year to achieve the outcome?

The Department of Health, in partnership with the regional health authorities (RHAs), continued their work to improve access to primary health care through the introduction of Family Medicine New Brunswick, primary health care integration and the addition of primary health-care practitioners to the system.

Families

Objective of the measure

Reduce hospitalization.

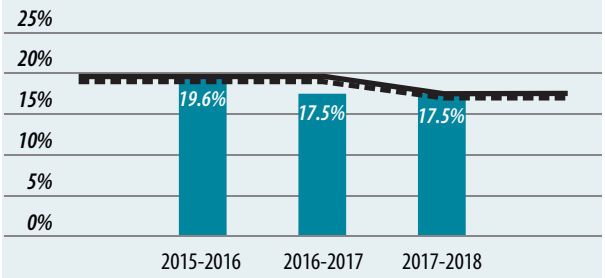
Measure

Percentage of Alternative Level of Care (ALC) days.

Description of measure

The measure tracks the percentage of acute care hospital days used by patients who no longer require acute care but are waiting to be discharged to a setting more appropriate to their needs. The vast majority of ALC days are associated with elderly patients.

Percentage of Alternative Level of Care (ALC) days



Overall performance

This measure was unchanged in the current year as New Brunswick's aging population is compounding the complexity of further reducing this number.

Baseline: 17.5%
Target: 17%
Actual: 17.5%

Why do we measure this?

New Brunswick has one of the highest rates of ALC days in the country. This reflects poor use of hospital beds, which has significant impacts to the patient and the hospital system. This includes a deterioration of health status for patients with longer length of stay and reduced availability of acute care beds, resulting in overcrowding of emergency rooms and longer surgical wait times.

What initiatives or projects were undertaken in the reporting year to achieve the outcome?

The department continued to partner with Social Development on the implementation of the Home First initiative which will increase the number of seniors receiving services in their own homes. A special care home pilot is also underway.

Families

Objective of the measure

Reduce hospitalization.

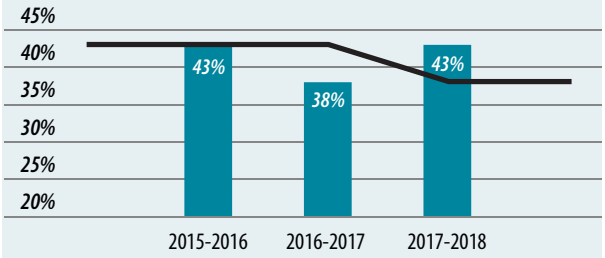
Measure

Percentage of New Brunswickers on the Patient Connect NB waiting list for more than 12 months.

Description of measure

The measure tracks the percentage of patients subscribed to Patient Connect NB waiting for a primary health-care provider for more than 12 months. Patient Connect NB is a provincially managed bilingual patient registry that includes both orphan patients and patients seeking a change in primary health-care provider. The objective is to work with the RHAs and provider offices to match patients to primary care providers.

Percentage of New Brunswickers on Patient Connect NB waiting list for more than 12 months



Overall performance

This measure showed weak performance with wait times returning to 2015-2016 levels.

Baseline: 43%
Actual: 38%

Why do we measure this?

GNB is strongly committed to ensuring access to a primary health-care provider for all citizens.

What initiatives or projects were undertaken in the reporting year to achieve the outcome?

In 2017-2018, the department worked in partnership with the New Brunswick Medical Society to establish Family Medicine New Brunswick a new, collaborative way of practicing that will improve the recruitment of young family doctors. Twenty-five new physicians and six nurse practitioners are also being recruited to reduce the wait list.

Smart Province

Objective of the measure

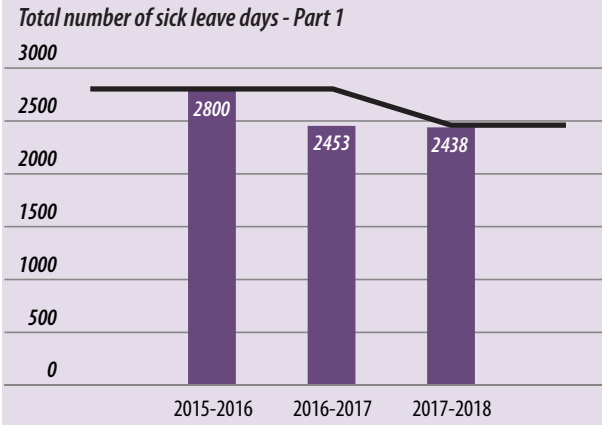
Cultivate a proud, productive and professional Civil Service.

Measure

Total number of sick days.

Description of measure

This measure shows the total number of sick leave days taken by Part I employees in the department.



Overall performance

There was little change in the number of sick days from the year previous.

Baseline: 2,453
Actual: 2,438

Why do we measure this?

Absenteeism can be used as a proxy for engagement and the existence of a healthy work place. Also, absenteeism, and sick leave usage, creates additional costs for government.

What initiatives or projects were undertaken in the reporting year to achieve the outcome?

The department continued to use GNB's Attendance Management program.

Objective of the measure

Cultivate a proud, productive and professional civil service.

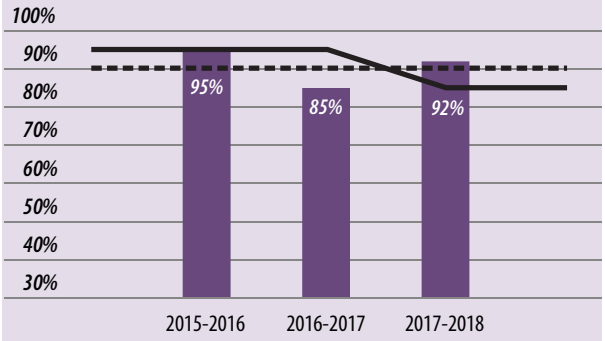
Measure

Percentage of performance agreements reviewed.

Description of measure

This measure tracks the number of performance agreements reviewed, divided by the total number of agreements developed.

Percentage of employee performance reviews fully completed - Part 1



Overall performance

This measure showed strong performance with the number of performance agreements being reviewed exceeding the target.

Baseline: 85%
Target: 90%
Actual: 92%

Why do we measure this?

Each year all employees receive a review of their performance agreement, based on pre-established goals, standards and performance objectives. This indicator also supports the GNB Strategy and Performance Excellence process by aligning and cascading goals throughout the organization.

What initiatives or projects were undertaken in the reporting year to achieve the outcome?

Human Resources used a reporting system to monitor completion rates and notified managers when performance agreements were not reviewed on time.

Objective of the measure

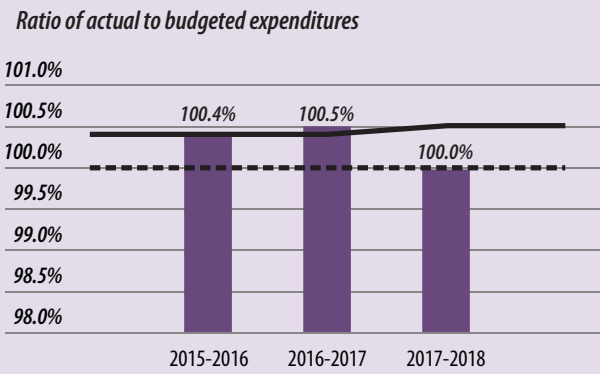
Balanced budget.

Measure

Ratio of actual to budgeted expenditures.

Description of measure

This ratio measures whether the department is over- or under-budget. This ratio will exceed 100 per cent when spending is over-budget and be less than 100 per cent when spending is under-budget.



Overall performance

The department's performance was on target.

Baseline: 100.5%
Target: 100%
Actual: 100%

Why do we measure this?

This indicator measures the department's ability to manage its overall expenses as compared to budget. The department must ensure that expenses are managed in accordance with the budget and be prepared to take corrective action if expenses are projected to be over budget during the year.

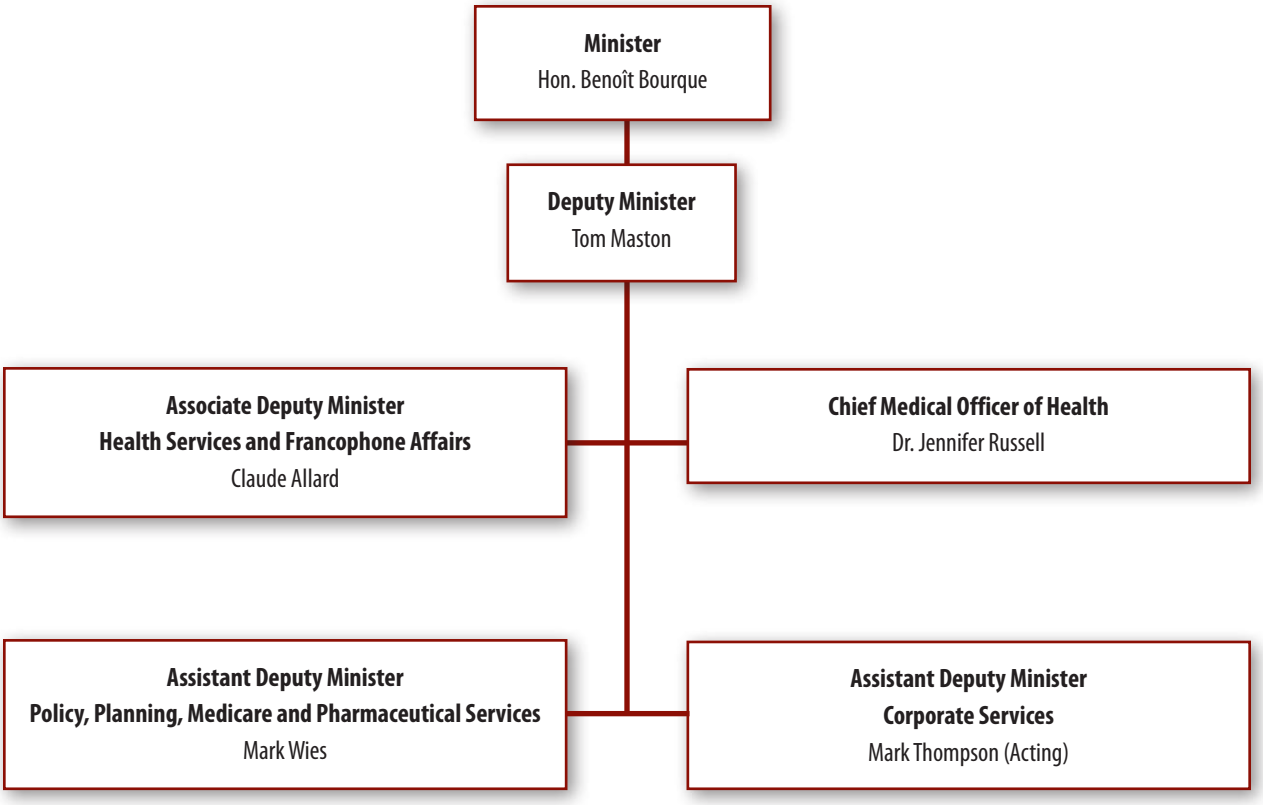
What initiatives or projects were undertaken in the reporting year to achieve the outcome?

The department works closely with health-care partners to maintain the cost of health care within budgeted parameters.

Overview of departmental operations

The Department of Health oversees New Brunswick's health-care system, leading and enabling a sustainable system through planning, funding, monitoring and strategic service delivery.

High-level organizational chart



Division overview and highlights

Office of the Associate Deputy Minister of Health Services and Francophone Affairs

The Office of the Associate Deputy Minister of Health Services and Francophone Affairs has oversight over most health-care programs and services that touch patients across the continuum of care within the two regional health authorities and EM/ANB. The division also has oversight responsibility of the Action Plan for the Equitable Distribution of Health Services.

The division consists of the Addiction and Mental Health Services Branch, the Primary Health Care Branch, the Acute Care Branch, the New Brunswick Cancer Network, and the Psychiatric Patient Advocate Services Branch.

The Addiction and Mental Health Services Branch oversees the delivery of the following services through the RHAs: addiction services (withdrawal management services, short- and long-term rehabilitation services, outpatient services and opioid replacement clinics); community mental health centres (prevention, intervention and post-vention services); and in-patient psychiatric care (in-patient and day hospital services through the psychiatric units of regional hospitals and the province's two psychiatric hospitals).

The Primary Health Care Branch is responsible for the following four units: Emergency Health Services, Community Health & Chronic Disease Management, Home Care and Healthy Aging. It is the focus point for community and home-based initiatives with a strong emphasis on chronic disease prevention, management and primary health-care renewal.

The Acute Care Branch provides oversight of hospital operations and works with the RHAs on the planning and delivery of hospital-based services and provincial programs.

The New Brunswick Cancer Network is responsible for the development and implementation of an evidence-based provincial strategy for all elements of cancer care, including prevention, screening, treatment, follow-up care, palliative care, education and research.

The Psychiatric Patient Advocate Services Branch is responsible to inform patients of their rights, to represent them at tribunal and/or review board hearings and to ensure that the *Mental Health Act* and the rights of patients are respected at all times.

Financial Information -

Health Services and Francophone Affairs

Budget	$ 1,679,288,200
Actual expenditures	$ 1,666,508,400

HIGHLIGHTS

- *The Addictions and Mental Health Services Branch planned and oversaw the provincial implementation of services in support of New Brunswick's supervised community care legislation ensuring access to community-based services for those suffering from serious mental illness. The branch also worked in partnership with the RHAs and other departments on the provincial implementation of Integrated Service Delivery ensuring coordinated services for children and youth struggling with complex emotional and behavioural needs.*
- *An initiative led by the Acute Care Branch in partnership with the two RHAs reduced the number of patients waiting longer than 12 months for health and knee total joint replacements in the Moncton area by 15 per cent and reduced the backlog of orthopaedic patients in that area by 31 per cent.*
- *The New Brunswick Cancer Network continued to lead the coordination and implement of the New Brunswick Colon Cancer Screening program. By the end of the fiscal year, the program had detected 141 early-stage cancers in asymptomatic individuals, while 1,422 people had polyps removed, thus preventing colon cancer from developing.*
- *The Psychiatric Patient Advocate Services Branch saw a substantive increase in the number of review board hearings it was required to co-ordinate because of the introduction of supervised community care. Thirty-eight hearings were required to hear applications for supervised community care.*

Office of the Chief Medical Officer of Health

Public Health

Overview

The mission of the Office of the Chief Medical Officer of Health (OCMOH) is to improve, promote and protect the health of the people of New Brunswick. It is responsible for the overall direction of public health programs in the province and works collaboratively with the RHAs and other government and non-government providers. Its core functions are: health protection, disease and injury prevention, surveillance and monitoring, health promotion, public health emergency preparedness and response, and population health assessment.

On Aug. 31, 2017, GNB announced organizational changes to OCMOH confirming that the existing mandate and legislative responsibilities of the office would remain the same while some of the daily operations would fall under the purview of other provincial departments. The restructuring pooled together similar professional sets of expertise within government.

Public health inspectors and agri-food inspectors were transferred to the Department of Justice and Public Safety on Dec. 4, 2017. Some functions of the Public Health Practice and Population Health Branch were transferred to the Department of Social Development in September 2017. Most functions of the Healthy Environments Branch were transferred to the Department of Environment and Local Government in September 2017. OCMOH staff who moved to new departments continue to support the operations of the OCMOH through the development of annual work plan agreements, memorandums of understanding and service level agreements as relevant.

Financial Information

Office of the Chief Medical Officer of Health

Budget	$45,172,100
Actual expenditures	$45,295,100

HIGHLIGHTS

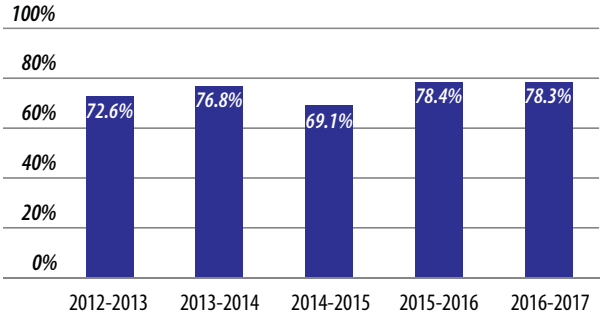
In 2017-2018, the Office of the Chief Medical Officer of Health:

- *Monitored water quality at Parlee Beach and Murray Beach provincial parks in accordance with the Guidelines for Canadian Recreational Water Quality and planned an expansion to other provincial parks, including Mactaquac, Mount Carleton, Oak Bay, New River Beach, Miscou and Val-Comeau during Summer 2018.*
- *Played a significant role in developing the provincial government's legislative framework for recreational cannabis, participated on provincial and national workgroups regarding the opportunities and challenges associated with the legalization of cannabis in New Brunswick.*
- *Enhanced the routine childhood immunization program to provide rotavirus vaccine to infants and the human papillomavirus (HPV) vaccine to Grade 7 males. The HPV vaccine was also switched to a 9-valent vaccine, giving protection against five more virus strains;*
- *Hosted a regional conference as part of the Atlantic Collaborative for Injury Prevention.*

Key Performance Indicators

Percentage of children with all vaccines at school entry

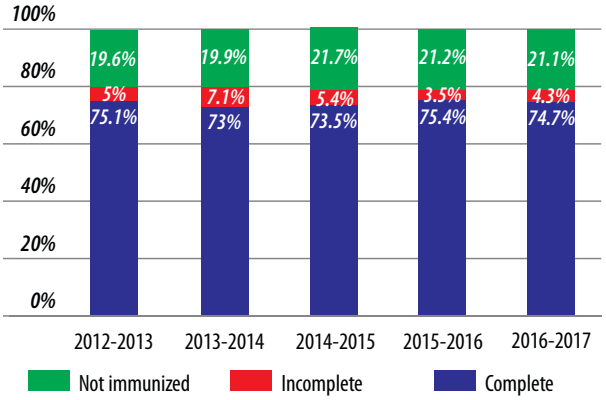
Adequate pre-school immunization decreases the risk of contracted communicable diseases, which protects population health and reduces health-care costs.



2017-2018 school year data was unavailable at the time of publication.

Grade 7 female students HPV vaccination rate

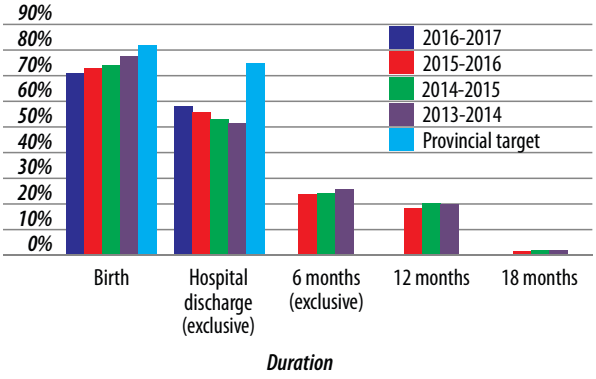
Administering this vaccine to female students in Grade 7 provides them with protection from HPV, which will lead to fewer women in the future being diagnosed with cervical cancer and genital warts.



2017-2018 school year data was unavailable at the time of publication.

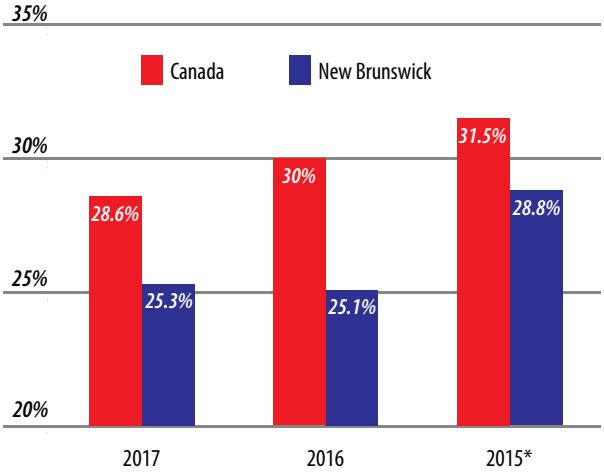
Breastfeeding initiation and duration rates

Breastfeeding is the normal, safest and healthiest way to feed a baby. There are many protective health benefits for mother and baby associated with exclusivity and duration of breastfeeding. Health Canada and the Department of Health recommend that infants be exclusively breastfed for the first six months with continued breastfeeding for up to two years and beyond.



Percentage of New Brunswickers 12 years and over consuming fruit and vegetables five times or more per day

Vegetables and fruit are an important part of a healthy diet and increased intake has the potential to bring important health benefits. Low intake is associated with overweight and obesity and diseases such as cardiovascular disease and some cancers.

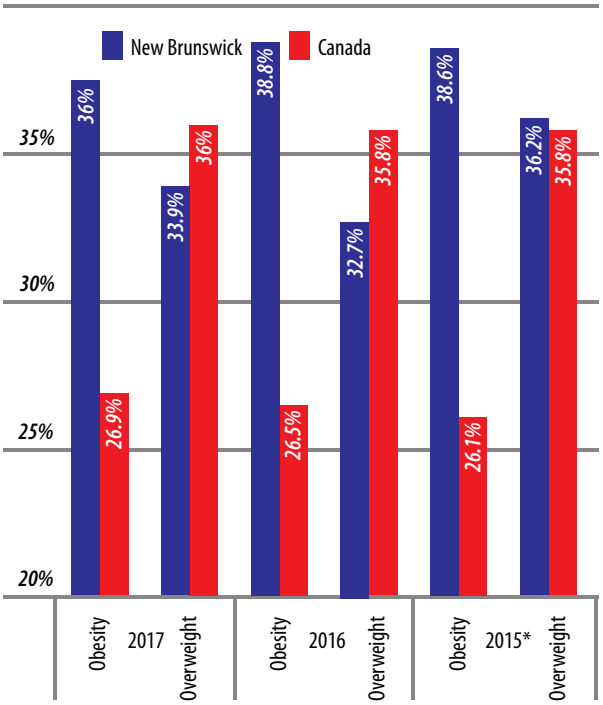


* In 2015 there was a redesign of the Canadian Community Health Survey. Comparisons to previous years are to be used with caution.

Source: Statistics Canada, Canadian Community Health Survey. Table: 13-10-0096-01. Canadian health characteristics, annual estimates, Canada (excluding territories) and New Brunswick.

Percentage of New Brunswick adults (18 years and older), overweight or obese

Overweight and obesity are risk factors for many diseases including diabetes, cardiovascular disease and cancer and are important contributors to increased morbidity and mortality.



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Source: Statistics Canada, Canadian Community Health Survey. Table: 13-10-0096-01. Canadian health characteristics, annual estimates, Canada (excluding territories) and New Brunswick.

Corporate Services Division

The Corporate Services Division provides advice, support and direction on administrative-related issues, specifically financial services, analytical services, contract management, corporate support services and information technology services. It is responsible for the management of health-related capital construction projects; capital equipment acquisitions; and emergency preparedness.

The division consists of the Health Business and Technology Solutions Branch, the Financial Services Branch, the Health Analytics Branch, the Corporate Support Services Branch, the Emergency Preparedness and Response Branch, and the Health Facilitites Planning Branch.

The Health Business and Technology Solutions Branch designs, implements and oversees corporate system-wide technology solutions for the health system, including the electronic health record, the diagnostic imaging repository and the client registry. The branch focuses on health business solutions while providing services to programs in the areas of strategy and planning, project management, application support and maintenance as well as information services.

The Financial Services Branch reviews budget proposals and decisions, forecasts expenditures and revenues, prepares budget submissions and quarterly statements, ensures expenditures and revenues are properly recorded, and carries out other financial analysis and processes.

The Health Analytics Branch supports the department in enhancing the use of analytic tools, methods and metrics to plan, implement and measure improvements in patient care experiences, population health and focused health system investments. The branch achieves this by coordinating and supporting provincial approaches for standardized data collection and reporting. It acts as provincial lead regarding collaboration and liaison with health information stakeholders, and it develops procedures to produce data sets to support health research and open data.

The Corporate Support Services Branch is responsible for directing and coordinating the delivery of all essential auxiliary services to the department. These services include: facilities management, strategic procurement, contract management, records and information management, departmental library, translation and interpretation, telephones, internal communications, vehicle management, identification cards, mailroom, security and parking. The branch is responsible for managing the third party liability unit, which recovers health-care costs associated with personal injury claims caused by a negligent act.

The Emergency Preparedness and Response Branch leads and coordinates efforts to ensure the province's health-care system maintains a level of readiness to enable it to respond quickly and effectively to all health and medical emergencies.

The Health Facility Planning Branch oversees the architectural planning and design of additions, expansions and renovations to New Brunswick's health-care establishments. It also oversees infrastructure upgrading projects.

Financial Information

Corporate Services

Budget	$18,575,600
Actual expenditures	$13,604,600

Policy, Planning, Medicare and Pharmaceutical Services

The Policy, Planning, Medicare and Pharmaceutical Services Division is responsible for overall health system governance planning, including the research and development of innovative concepts and projects leading to the long-term sustainability of the health-care system. It plans, develops, implements and oversees activities related to medicare eligibility and claims, medicare insured services, and physician remuneration, while operating and coordinating pharmaceutical policies, programs and services related to the New Brunswick Drug Plan, the Prescription Monitoring Program and the drug information system.

The division is responsible for policy and legislative development, research and evaluation, and federal/provincial relations. It oversees the department's management of personal information and personal health information through its Corporate Privacy Office, and it assures the department's participation in GNB's Performance Excellence Process.

The division is responsible for health human resources planning and the medical education programs at the post-graduate and undergraduate levels in collaboration with the Department of Post-Secondary Education, Training and Labour.

The division consists of the Policy and Legislation Branch, the Federal-Provincial-Territorial Relations and Atlantic Collaboration Branch, the Health Workforce Planning Branch, the Program Alignment and Performance Branch, the Corporate Privacy Office, the Medicare and Physician Services Branch and the Pharmaceutical Services Branch.

The Policy and Legislation Branch serves as a support for the department in developing the public policies that underpin programs and operations. The coordination and development of public legislation related to health is also the responsibility of the branch. The branch coordinates responses to requests under the *Right to Information and Protection of Privacy Act* and coordinates appointments to the agencies, boards and commissions within the responsibility of the department. The branch supports the Minister in respect of his legislative oversight of private health profession legislation.

The Federal-Provincial-Territorial Relations and Atlantic Collaboration Branch is the department's lead for intergovernmental relations with the federal government and other provinces and territories. The branch supports the Minister and Deputy Minister in advancing New Brunswick's priorities at health ministers' meetings and council of deputy ministers' meetings. The branch collaborates with Atlantic colleagues to identify potential opportunities for the advancement of Atlantic priorities as identified by ministers and deputy ministers. The branch is responsible for providing New Brunswick's input to the federal government's *Canada Health Act* annual report.

The Health Workforce Planning Branch is responsible for the planning of an integrated human resources workforce that is responsive to the health system's needs and designs. This includes monitoring the supply and demand of the health workforce and identifying trends; ensuring the utilization of full scope of practice and the right skill mix for all professions; developing and implementing recruitment and retention strategies for health-care professionals; and ensuring training requirements and needs are met, including continuing professional development.

The Program Alignment and Performance Branch is responsible for all activities related to the Performance Excellence process, which includes the department's strategy map, balanced scorecard, SOMIA, quarterly reporting process and Process Improvement initiatives. It is responsible for coordinating the development and management of an integrated planning process (or health system planning cycle) to move the department from reactive to proactive multi-year integrated planning. This includes activities related to priority setting, the provincial health plan, program planning, performance targets, monitoring and evaluation.

The Corporate Privacy Office provides policy direction for the department's management of personal information and personal health information as governed by the *Right to Information and Protection of Privacy Act* and the *Personal Health Information Privacy and Access Act*. The office works with departmental business owners and health partners to support a consistent approach to the protection of privacy in New Brunswick. One key forum is the Chief Privacy Officers' Working Group, which consists of the chief privacy officers from the department, the RHAs, Service New Brunswick, the New Brunswick Health Council and Ambulance New Brunswick.

The Medicare and Physician Services Branch is responsible for planning, developing, implementing and overseeing activities related to Medicare eligibility and claims, Medicare insured services and physician remuneration.

The Pharmaceutical Services Branch manages two publicly funded drug programs: the New Brunswick Prescription Drug Program and the New Brunswick Drug Plan.

Financial Information

Policy, Planning, Medicare and Pharmaceutical Services	
Budget	$933,857,500
Actual expenditures	$951,024,200

HIGHLIGHTS

- *The Policy and Legislation Branch led amendments to several pieces of legislation. These changes will better support efforts to conduct research while also protecting patient privacy, simplify and strengthen processes for the protection of personal health information, modernize the* Public Health Act *and provide for the independence of medical officers of health, and clarify the roles of the RHAs and EM/ANB with respect to extra-mural services.*
- *The Health Workforce Planning Branch led efforts towards the development of a provincial nursing resources strategy and contributed to the implementation of policies to allow nurse practitioners to admit patients to EM/ANB. The branch supported the integration of peer support workers, a new service provider within Mental Health Community Centers. Other initiatives included collaborating with RHAs' executive leadership teams to enhance clinical education capacity as a sustainable provincial health workforce strategy and the development of a physician recruitment and retention strategy.*
- *The Corporate Privacy Office worked with the health partners to develop and launch a system-wide policy for information sharing between the health partners, as permitted by law and in accordance with privacy best practices.*
- *A four-year physician services master agreement contract was signed on June 22, 2017 for the period from April 1, 2016 to March 31, 2020. For the first time, negotiations included both fee-for-service and salaried physicians at the same table.*
- *The Pharmaceutical Services Branch developed the Medical Abortion Program, making New Brunswick the first province in Canada to provide universal coverage for the drug Mifegymiso. The branch also represents New Brunswick in the pan-Canadian Pharmaceutical Alliance (pCPA) which conducts joint negotiations with drug manufacturers to achieve greater value for publicly funded drug plans. The pCPA capitalizes on the combined negotiating power of provinces, territories and federal drug plans to increase access to drug treatment options, achieve lower drug costs and consistent pricing, and improve consistency of coverage across Canada. As of March 31, 2018, the pCPA had completed 207 joint negotiations on brand name drugs and price reductions on 18 generic drugs.*

Medicare payments by practitioner payment modality, number of practitioners and average remuneration by speciality, 2017-2018							
Specialty	Number of practitioners	Fee-for-service	Salary	Sessional or alternative payments	Benefits	Total payments	Average remuneration*
Ophthalmology	36	$22,387,067	$0	$0	$281,381	$22,668,447	$831,692
Diagnostic Radiology	109	$45,353,933	$0	$0	$518,400	$45,872,333	$747,096
Gastroenterology	17	$9,818,171	$0	$94,053	$138,129	$10,050,353	$669,801
Nephrology	16	$7,151,897	$0	$65,876	$101,268	$7,319,041	$640,017
Neurosurgery	11	$261,954	$0	$4,086,764	$266,059	$4,614,777	$622,445
Cardiology	27	$13,139,276	$937,019	$554,949	$138,973	$14,770,216	$567,920
Otolaryngology- Head & Neck Surgery	17	$7,106,461	$331,643	$0	$136,484	$7,574,588	$541,222
Radiation Oncology	11	$1,201,434	$2,813,749	$0	$42,803	$4,057,987	$504,389
Respiratory Medicine	15	$3,132,782	$1,878,762	$880,271	$88,100	$5,979,915	$494,943
Vascular Surgery	11	$3,840,904	$0	$0	$112,270	$3,953,174	$488,383
Urology	27	$10,245,084	$595,563	$0	$179,043	$11,019,689	$476,089
Dermatology	12	$4,937,656	$0	$0	$55,379	$4,993,035	$446,599
Plastic Surgery	16	$6,305,816	$0	$0	$207,607	$6,513,423	$433,638
General Surgery	71	$15,140,474	$1,526,973	$3,094,302	$532,396	$20,294,145	$421,786
Orthopedic Surgery	57	$15,733,714	$304,047	$8,415	$544,990	$16,591,166	$418,564
Obstetrics & Gynecology	67	$13,628,020	$2,264,244	$16,845	$1,370,092	$17,279,201	$418,312
Physical Medicine & Rehabilitation	13	$2,007,196	$1,622,277	$680,523	$51,333	$4,361,329	$396,562
General Internal Medicine	31	$6,854,880	$1,958,350	$1,278,022	$339,237	$10,430,489	$395,289
Neurology	21	$3,793,751	$3,530,490	$1,786	$153,879	$7,479,906	$390,942
General Pathology	11	$137,453	$3,696,456	$0	$72,812	$3,906,721	$390,604
Medical Oncology	11	$241,113	$3,949,117	$0	$39,407	$4,229,637	$384,512
Anatomical Pathology	38	$322,934	$11,076,011	$0	$200,550	$11,599,496	$381,692
Anesthesiology	99	$18,344,413	$4,511,406	$3,248,570	$640,653	$26,745,043	$365,229
Hematology	10	$734,206	$1,951,786	$53,747	$46,931	$2,786,670	$348,244
Emergency Medicine	14	$87,926	$0	$3,109,963	$72,494	$3,270,384	$340,970
Internal Medicine	16	$1,488,369	$1,151,158	$716,297	$77,228	$3,433,051	$340,602
Psychiatry	98	$10,602,845	$17,314,156	$279,163	$440,028	$28,636,191	$336,133
Pediatrics	72	$5,583,807	$8,726,145	$85,354	$297,961	$14,693,267	$324,405
Geriatric Medicine	10	$90,620	$2,641,433	$27,730	$35,080	$2,794,864	$310,372
General Practice	928	$135,974,053	$24,067,779	$58,799,625	$7,096,327	$225,937,784	$293,847
Rheumatology	14	$1,115,102	$1,980,925	$10,796	$66,182	$3,173,005	$264,429
Other Specialties **	92	$6,003,717	$11,355,861	$5,602,955	$392,830	$23,355,362	$391,051
Total	**1,998**	**$372,767,030**	**$110,185,351**	**$82,696,004**	**$14,736,305**	**$580,384,690**	**$373,057**

* - only practitioners with $100,000 or more in earnings are included
** - Other specialties are all specialties with fewer than 10 practitioners

Financial information		
Primary	**Budget ($000)**	**Actuals ($000)**
Status Report by Primary		
Personal Services	$28,127	$27,060
Other Services	$32,462	$29,343
Materials and Supplies	$8,986	$18,582
Property and Equipment	$1,516	$2,337
Contributions and Grants	$2,606,802	$2,599,019
Debt and Other Charges	$-	$87
Grand Total	**$2,676.893**	**$2,676,432**
Program	**Budget ($000)**	**Actuals ($000)**
Status Report by Program		
Corporate and Other Health Services	$ 261,797	$ 252,703
Medicare	$ 629,834	$ 652,769
Drug Programs	$ 203,872	$ 202,522
Regional Health Authorities	$1,581,391	$1,568,439
Grand Total	**$2,676.893**	**$2,676,432**

Summary of staffing activity

As of Oct. 1, 2016, the delivery of operational and transactional human resources services was transferred to Service New Brunswick from Part 1 departments and agencies.

Pursuant to section 4 of the *Civil Service Act*, the Secretary to Treasury Board delegates staffing to each deputy head for his or her respective departments. A summary of the staffing activity for 2017-2018 for the department is presented below. (April 1, 2017- March 31, 2018).

Number of permanent and temporary employees as of Dec. 31 of each year		
Employee type	2016	2017
Permanent	307	296
Temporary	18	34
TOTAL	325	330

The department advertised 51 competitions; including 41 open (public) competitions and 10 closed (internal) competitions.

Pursuant to sections 15 and 16 of the *Civil Service Act*, the department made the following appointments using processes to establish merit other than the competitive process:

Appointment type	Appointment description	Section of the *Civil Service Act*	Number
Specialized Professional, Scientific or Technical	An appointment may be made without competition when a position requires: • a high degree of expertise and training • a high degree of technical skill • recognized experts in their field	15(1)	0
Equal Employment Opportunity Program	Provides Aboriginals, persons with disabilities and members of a visible minority group with equal access to employment, training and advancement opportunities.	16(1)(a)	0
Department Talent Management Program	Permanent employees identified in corporate and departmental talent pools, who meet the four-point criteria for assessing talent, namely performance, readiness, willingness and criticalness.	16(1)(b)	0
Lateral transfer	The GNB transfer process facilitates the transfer of employees from within Parts 1, 2 (school boards) and 3 (hospital corporations) of the Public Service.	16(1) or 16(1)(c)	1
Regular appointment of casual/ temporary	An individual hired on a casual or temporary basis under section 17 may be appointed without competition to a regular properly classified position within the Civil Service.	16(1)(d)(i)	0
Regular appointment of students/apprentices	Summer students, university or community college co-op students or apprentices may be appointed without competition to an entry level position within the Civil Service.	16(1)(d)(ii)	0

Pursuant to section 33 of the *Civil Service Act*, no complaints alleging favouritism were made to the Deputy Head of the Department of Health and no complaints were submitted to the Ombud.

Summary of legislation and legislative activity

Bill #	Name of legislation	Date of Royal Assent	Summary of changes
58	*An Act Respecting the Education Act and the Personal Health Information Privacy and Access Act* http://www.gnb.ca/legis/bill/pdf/58/3/Bill-58.pdf	May 5, 2017	A number of improvements were made to the *Personal Health Information Privacy and Access Act (PHIPAA)* including: simplifying the process for safeguarding personal health information, make *PHIPAA* easier to implement by frontline health care providers, strengthen safeguards for release of personal health information, allowing the confidential use of personal health information during quality reviews and giving authority for regulations to be made concerning the use of medicare numbers.
57	*An Act Respecting Research* http://www.gnb.ca/legis/bill/pdf/58/3/Bill-57.pdf	May 5, 2017	The amendments allow administrative data held by Government departments to be transformed into "prepared" or "faceless" data sets and stored at a research data centre for research purposes. This Bill enables data sets to be queried in a highly secure facility while protecting the privacy and security of our information. *An Act Respecting Research* expands the range of data that can be made available for research purposes to include, not only health, but social, education, environmental, immigration and transportation data.
2	*An Act to Amend the Public Health Act* http://www.gnb.ca/legis/bill/pdf/58/4/Bill-2.pdf	Dec. 20, 2017	The amendments to the *Public Health Act* addressed the modernization of public health practice regarding notifiable diseases and on-site sewage disposal systems.
5	*An Act Respecting Extra Mural Services* http://www.gnb.ca/legis/bill/pdf/58/4/Bill-5.pdf	Dec. 20, 2017	The amendment expanded the definition of "extra-mural services" in the *Regional Health Authorities Act* to define two groups of services: those prescribed by regulation, that are provided to RHA patients by RHAs at their place of residence, place of work, or other place in a community, and; those prescribed by regulation, that are provided to persons who are not RHA patients at their place of residence, place of work, or other place in a community under an agreement with the Minister by an organization other than an RHA – in practice, a new Part 3 company called EM/ANB Inc.
16	*Cannabis Control Act* http://www.gnb.ca/legis/bill/pdf/58/4/Bill-16.pdf	Mar.10, 2018	The *Cannabis Control Act* will protect the health of New Brunswickers, particularly vulnerable populations such as youth, by restricting their access to cannabis, limiting inducements to use cannabis, and enhancing public awareness about the hazards of cannabis use. The act also provides the Minister of Health with the authority to undertake a health surveillance program to monitor the impacts of cannabis use and consumption and its impact on population health. The Minister may also appoint inspectors under this Act.

The acts for which the department was responsible in 2017-2018 may be found at:
http://laws.gnb.ca/en/deplinks?subjectnumber=10

Summary of Official Languages activities

Introduction

The department is committed to delivering services to the public in the Official Language of choice and has an action plan to ensure this happens. This plan is being implemented and includes strategic means for each of the four sectors of activity (focus) in GNB's *Plan on Official Languages – Official Bilingualism: A Fundamental Value*. In addition, the department continues to make progress on the five-year *Action Plan for an Equitable Distribution of Health Services (2013-2018)*, representing an investment of $10 million over five years, which was in its fifth year of implementation in 2017-2018.

Focus 1

The department includes the active offer by telephone, in person, through signage, correspondence, and electronic services as part of orientation for new employees. New employees are provided with a link and password to the GNB Knowledge Centre by the Human Resources Services team. Linguistic profiles are being updated as changes happen in the organization and are updated on the Human Resources Information System as this occurs.

Senior management and their linguistic capacities have been verified per present linguistic teams. The linguistic profile for senior management was met.

Focus 2

The department continues its work to create an environment that is conducive to Part 1 employees working in their Official Language of choice.

New employee orientation contains the necessary information regarding Language of Work and the letter of offer has been revised to reflect it.

Focus 3

The *Action Plan for an Equitable Distribution of Health Services (2013-2018)* is intended to increase accessibility, address genuine gaps in the system and improve distribution of services to the francophone population across New Brunswick.

Focus 4

The department's objectives were to raise awareness about the *Official Languages Act* and its relevant policies and regulations among employees, encourage staff to use available tools and explain the protocol to managers. Information sessions will be delivered as the need arises.

Conclusion

The department continued to work at meeting all its objectives for Part 1 with respect to the Official Languages action plan. In addition, the continuation of the five-year *Action Plan for an Equitable Distribution of Health Services (2013-2018)* ensures better access to health-care services in both Official Languages.

Summary of recommendations from the Office of the Auditor General

Name and year of audit area with link to online document	Recommendations
	Total
Meat Safety – Food Premises Program, 2016	23

Adopted Recommendations	Actions Taken
Paragraph 2.54 – We recommend the Department of Health ensure applicants for food premises licences submit all required documentation and comply with the food premises standards prior to issuing a licence.	The Standard Operating Procedure (SOP) was finalized which included a check list. This was reinforced in a training webinar for staff in February 2018.
Paragraph 2.65 – We recommend the Department of Health implement procedures to identify illegal operators of food premises and then proceed to either license the operator or take enforcement actions to cease their operations. The procedures should be done on a regular basis and the results documented.	In January 2018, the revised SOP was finalized which included clarifications on the role of public health inspectors in finding establishments which are operating without a licence and the procedure for unlicensed operators. This was reinforced in a training webinar for staff in February 2018.
Paragraph 2.66 – We recommend the Department of Health review all food premises licences to ensure the class is correct and the proper annual fee is being collected.	The Department has developed a tracking sheet to ensure the appropriate fees are being collected. In January 2018, the revised SOP included a file review check list.
Paragraph 2.69 We recommend the Department of Health fully implement its risk-based inspection strategy by ensuring staff follow the documented standard operational procedure (SOP) and properly complete a risk assessment, and update it annually, to determine the proper inspection frequency for food premises.	In January 2018, the revised SOP was finalized, which included a revised risk categorization section. This was reinforced in a training webinar for staff in February 2018.
Paragraph 2.75 - We recommend the Department of Health follow the documented SOP and properly conduct inspections to monitor operators' compliance with the food premises standards.	In January 2018, the revised SOP was finalized which included new responsibilities to ensure reports are completed appropriately. This was reinforced in a training webinar for staff in February 2018. A comprehensive training workshop was offered to staff in March 2018.
Paragraph 2.76 - We recommend the Department of Health properly document all inspections by accurately and neatly completing the Food Premises Inspection Form.	A reminder memo was sent to staff in November 2016 and a comprehensive training workshop was offered in March 2018.

Paragraph 2.77 - We recommend the Department of Health perform the required number of routine inspections each year (which is determined by assessing the risk of the food premises).	A tracking sheet has been developed to help identify the inspections that are overdue. In January 2018, the revised SOP was finalized and this was added to the responsibilities section. This was reinforced in a training webinar for staff in February 2018.
Paragraph 2.78 – We recommend the Department of Health perform re-inspections on a timely basis to ensure violations of the food premises standards have been corrected.	A tracking sheet has been developed to help identify the inspections that are overdue. In January 2018, the revised SOP was finalized and this was added to the responsibilities section. This was reinforced in a training webinar for staff in February 2018.
Paragraph 2.85 – As part of recommendation 2.75, we recommend the Department of Health ensure all inspectors wash their hands before beginning their inspections and record all violations on the inspection report.	A reminder memo was sent to staff in November 2016. In January 2018, the revised SOP was finalized which included details regarding handwashing. This was reinforced in a training webinar for staff in February 2018.
Paragraph 2.86 – We recommend the Department of Health enhance inspections by checking temperatures, sanitising solution concentration, food safety training records, etc. and thoroughly reviewing operators' records required by the food premises standards.	In January 2018, the revised SOP was finalized which included a reference regarding the importance of complete inspections. In March 2018, a training workshop was offered to staff covering these issues.
Paragraph 2.87 – We recommend the Department of Health encourage consistency between inspectors through such means as: • providing refresher training on the SOP; • monitoring compliance with the SOP; and • having regular meetings to discuss violations and food premises standards using professional judgment.	In January 2018, the revised SOP was finalized which included details regarding hand washing. This was reinforced in a training webinar for staff in February 2018. In March 2018, a training workshop was offered to all staff where this was included. Regular discussions around the audit functions are occurring with the Department of Justice and Public Safety.
Paragraph 2.92 – We recommend the Department of Health explore the tracking and monitoring of violations of the food premises standards to identify trends and target systematic corrective efforts. (For example, one region could pilot a project where violations are recorded on a spreadsheet and then analyzed to identify trends. If the exercise proves to be beneficial, a provincial system could be implemented.)	A new provincial food premises tracking sheet has been developed and all relevant data has been entered into the system since April 1, 2017. The spreadsheet captures this data. This is reflected in the revised SOP finalized in January 2018.
Paragraph 2.95 – We recommend the Department of Health ensure proper procedures are consistently followed and documented when revoking a food premises licence.	In 2017, multiple staff consultations were held in order to add clarity and build some consistency in the SOP regarding licencing revocation. This was covered in both the February 2018 webinar and the March 2018 training workshops.

Paragraph 2.102 – There should be serious ramifications for food premises operators who repeatedly have their licence revoked. We recommend the Department of Health eliminate noncompliance by operators by implementing stronger enforcement actions, such as posting compliance status in premises' window clearly visible to the public, ticketing with fines, graduated licensing fees, etc.	The process for licence revocation and non-compliance operators has been strengthened in the revised SOP finalized in January 2018. The Department of Health recognizes and supports the recommendations regarding posting and ticketing and will consider in future legislative amendments.
Paragraph 2.110 – We recommend the Department of Health enhance its public reporting of compliance with the food premises standards by: • posting inspection reports for all food premises, and • posting results of all inspections for the past two years.	In January 2018, the revised SOP was finalized, which indicated that all food premises inspection reports are to be posted with the exception of public market, temporary event and dairy plants (these licences will be considered in the discussions of a new information technology system). Inspectors shall inform daycares, special care homes and abattoirs that effective on January 2019, food premises inspection reports will be posted online. The current IT system is not able to support posting multiple inspection reports per food premises, however, consideration is being given for the future.
Paragraph 2.114 – We recommend the Department of Health establish a standard method (to be used by all regional offices) for maintaining consistent, reliable and useful information for the food premises program including the following: • directories of licensed food premises including their class, annual fee, assigned inspector, risk category, etc.; and • information required by the SOP, such as specific information on food premises relating to their risk assessment, "major" and "critical" violations, "management and employee food safety knowledge".	The new provincial food premises tracking sheet captures this data. This is reflected in the revised SOP finalized in January 2018.
Paragraph 2.115 – The current manual inspection system does not provide information needed by the Department. We recommend the Department of Health explore what other provinces are doing in this regard and automate the inspection system.	The Department of Justice and Public Safety is currently researching options available and consulting with other jurisdictions. A business case is being developed for such a system.
Paragraph 2.125 – We recommend the Department of Health implement quality assurance practices to ensure all risk areas covered by the Food Premises Regulation are subject to quality assurance monitoring.	In January 2018, the revised SOP was finalized in which clarifications were added regarding the importance of file reviews. The Department of Health audit responsibility will be considered in collaboration with the Department of Justice and Public Safety.
Paragraph 2.126 – We recommend the Department of Health rotate food premises assigned to inspectors at least every four years as required by the SOP.	In January 2018, the new SOP was finalized, which included information on rotation of food premises.

Paragraph 2.127 – We recommend the Department of Health calibrate equipment regularly as required by the SOP.	A reminder memo was sent to staff in November 2016. In January 2018, the revised SOP was finalized which included this as a function and responsibility of Public Health inspectors and details of when calibration must occur. This was reinforced in a training webinar for staff in February 2018.
Paragraph 2.128 – We recommend the Department of Health thoroughly review all of the SOP to determine if it is practical. Attention should be given to identify steps that are not being followed. (In particular, the number of inspection files per inspector to be reviewed by the Regional Director may be excessive). We further recommend the SOP be revised as needed.	Extensive staff consultations occurred in 2017 and the revised SOP reflects their feedback. The review included amending the number of file reviews required. Given the feedback from February and March 2018 training and the transfer of Public Health inspectors to the Department of Justice and Public Safety, further edits are in progress to address this and are planned for late 2018.
Paragraph 2.154 – We recommend the Department of Health assess the public health risks related to: • uninspected meat; • class 5 operators not having food safety training; • licensing and inspecting abattoirs that are also involved with processing meat (such as making sausage, head cheese, jerky and other smoked products); and • community suppers and we recommend the Department consider updating its regulations based on their findings.	The Department of Health will assess the public health risks and ensure that appropriate regulations are updated.
Paragraph 2.155 - We recommend the Department of Health fully implement the current Food Premises Regulation or amend it to reflect the Department's present public health policy intentions.	In April 2016, the Food Premises Regulation was amended and the Department is now licensing food premises at public markets and temporary events. The Department intends to continue with the implementation of the Food Premises Regulation as intended

Section 2 – Includes the reporting periods for years three, four and five.

Name and year of audit area with link to online document	Recommendations	
	Total	Adopted
Inconsistencies within and between RHAs' Infection Prevention and Control Programs, 2015	2	2

Report on the *Public Interest Disclosure Act*

As provided under section 18(1) of the *Public Interest Disclosure Act*, the chief executive shall prepare a report of any disclosures of wrongdoing that have been made to a supervisor or designated officer of the portion of the public service for which the chief executive officer is responsible. The Department of Health received no disclosure(s) of wrongdoing in the 2017-2018 fiscal year.