



**New Brunswick  
Health Council**

**Conseil de la santé  
du Nouveau-Brunswick**

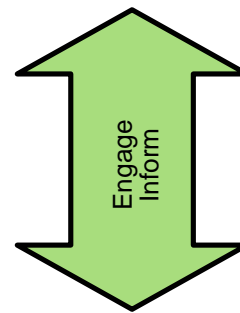
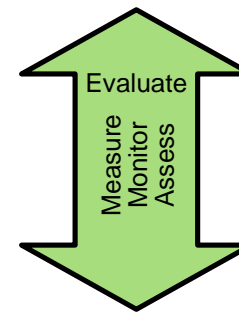
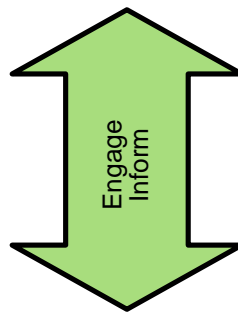
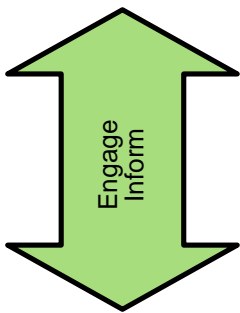
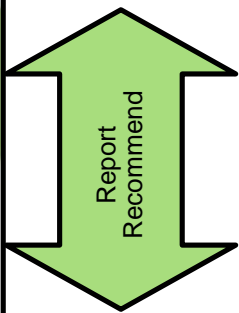
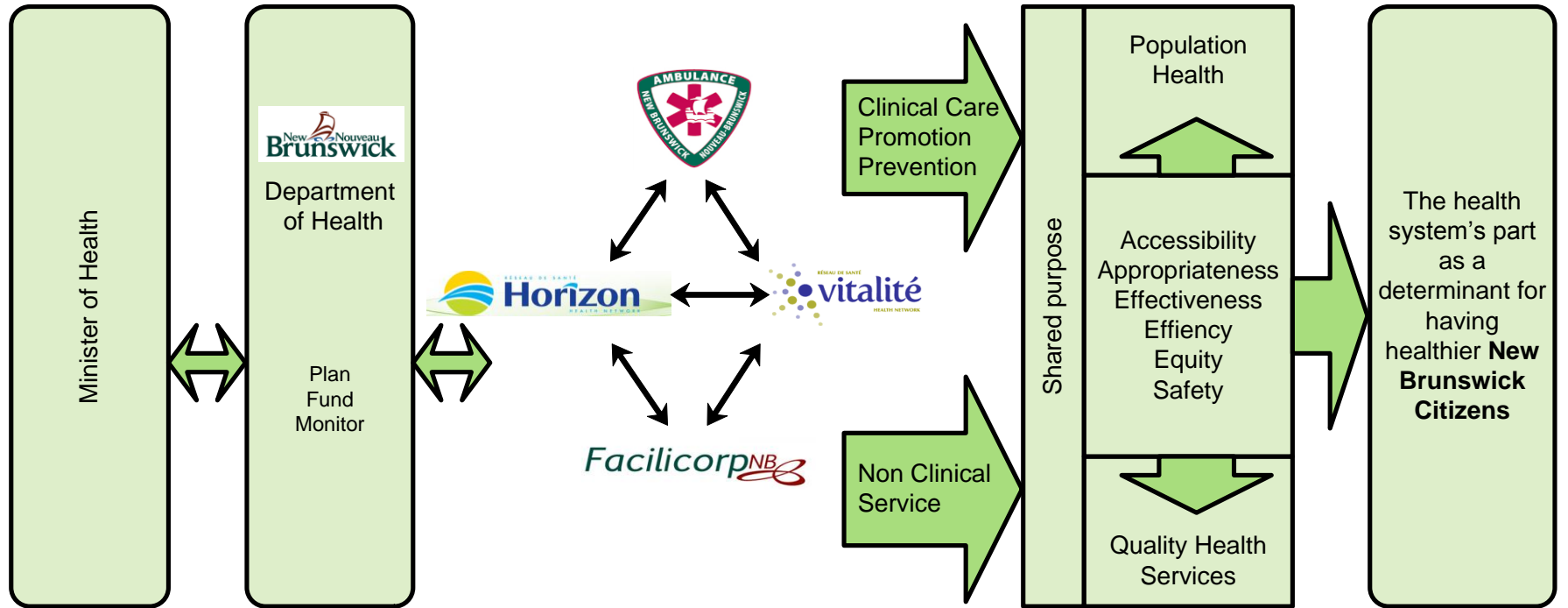
Engage. Evaluate. Inform. Recommend.  
Engager. Évaluer. Informer. Recommander.

# Canada's Virtual Forum on Patient Safety and Quality Improvement

## New Brunswick Health Council Priorities

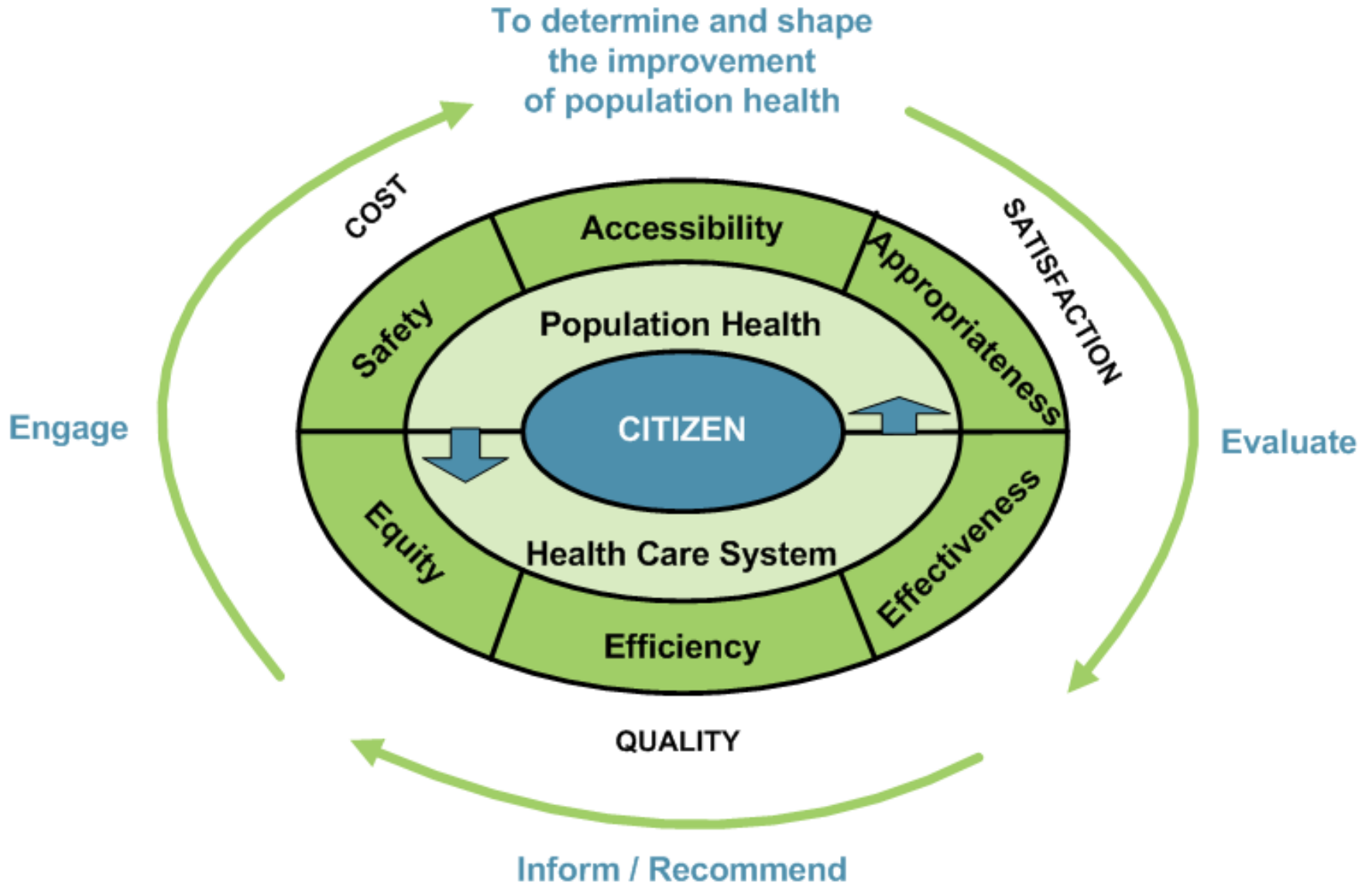
November 4<sup>th</sup>, 2011

# The New Brunswick health care system





# Our mandate





## Strategic Axes

1. Develop and implement mechanisms to **engage the population** as well as other interested parties
2. To measure, monitor and assess the level of **population health**
3. To measure, monitor and assess **health service quality**
4. To measure, monitor and assess the level of **population satisfaction with health services and health service quality**
5. To measure, monitor and evaluate the **sustainability** of health services in New Brunswick



# There are four sectors of care which make up the Health Care System



## Primary Health

• **PRIMARY HEALTH** is the care a person receives upon first contact with the health system. It focuses on health promotion, illness and injury prevention, and the diagnosis and treatment of illness.

• Some programs and services included in Primary Health are: Public Health, Ambulance services, Community Health Centre, Family Physicians, Emergency Rooms, and Wellness.



## Acute Care

• **ACUTE CARE** is the care provided in a hospital or a psychiatric facility.

• Some of the programs and services included in Acute Care are: Hospital Services, Cardiac Care Program, Ambulatory Care Clinics, Organ and Tissue procurement, Safer Health Care Now initiatives, and Psychiatric facilities.



## Supportive / Specialty

• **SUPPORTIVE/SPECIALTY** is the care received in the community or as an outpatient to prevent, control, or relieve complications and/or side effects and to improve the citizen's comfort and/or quality of life.

• Some of the programs and services included in Supportive/Specialty are: Community Mental Health Programs and Services, Extra-Mural Programs, Rehabilitation Services (Stan Cassidy Centre), Addictions Services, Social Development-Long Term Care.



## Palliative and End-of-life Care

• **PALLIATIVE and END-OF-LIFE CARE** is for anyone facing a life-threatening illness. It provides physical, emotional and spiritual care and support for individuals and their loved ones.

• Most palliative programs and services are given either in the hospital (Acute Care) setting, at home through the Extra-Mural Programs or in a long term care facility.

5% for administrative expenses

18%



D

57%



C

21%



B



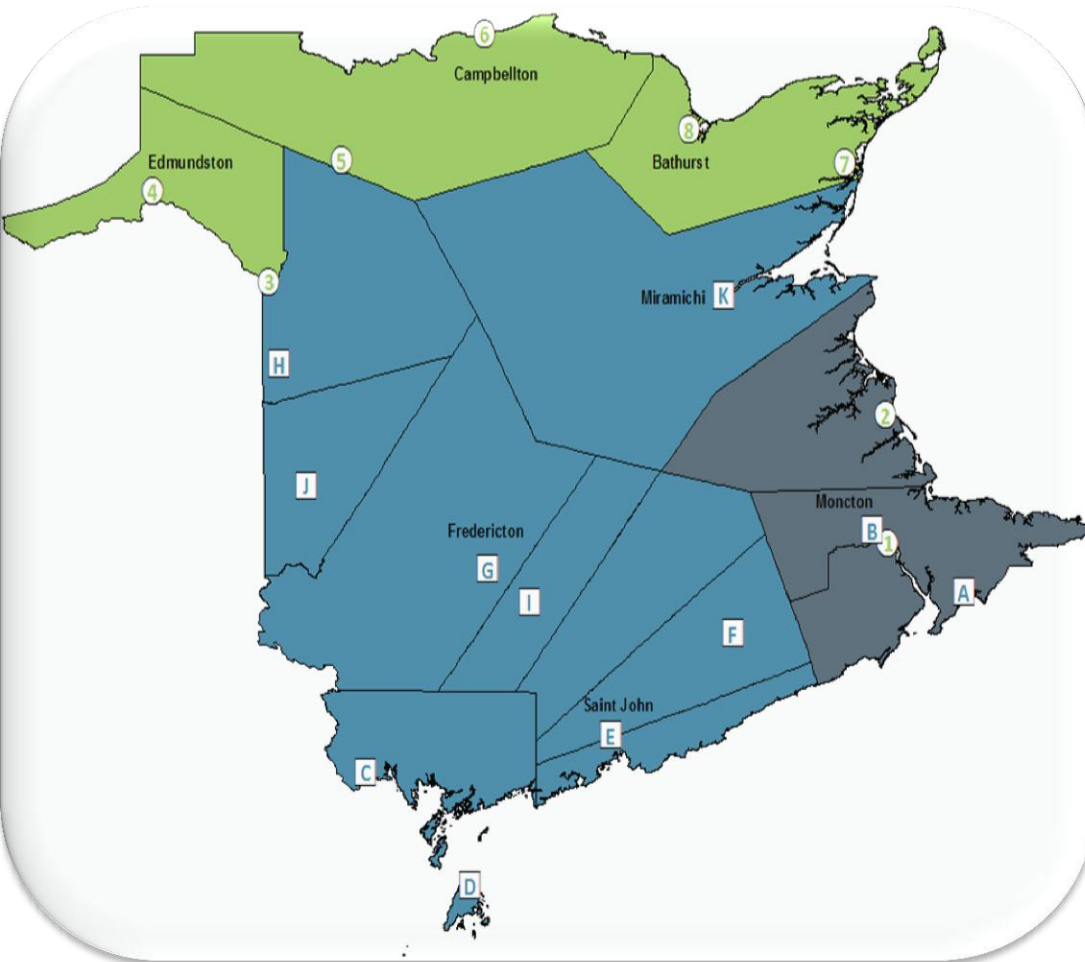
## Four Year Survey Cycle

1. Acute Care
2. Primary Health Care
3. Home Care
4. Long-term Care





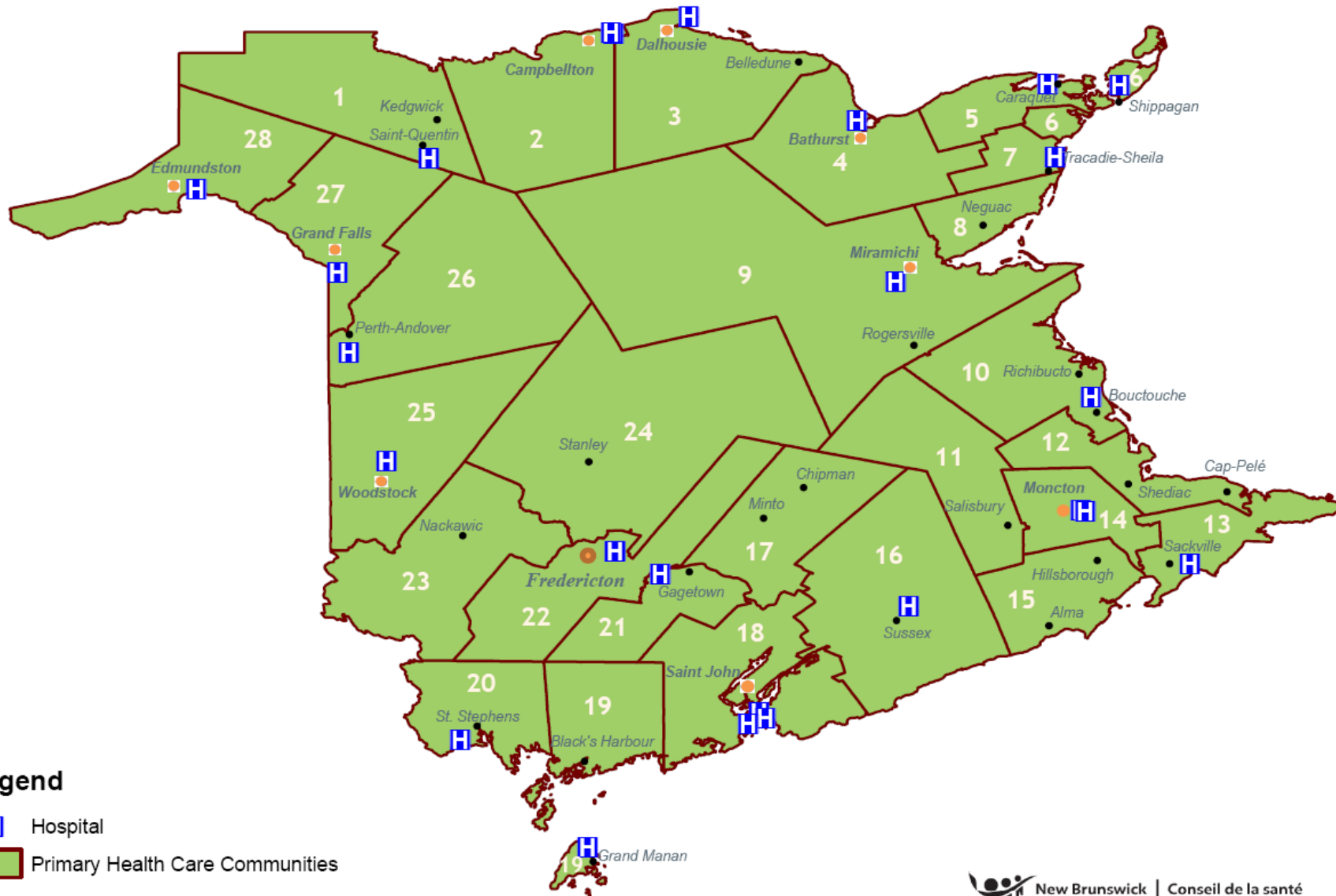
# Hospitals/facilities included in the Acute Care survey



Horizon Health Network	
A	Sackville Memorial Hospital Sackville
B	The Moncton Hospital Moncton
C	Charlotte County Hospital St. Stephen
D	Grand Manan Hospital Grand Manan
E	Saint John Regional Hospital Saint John
F	Sussex Health Centre Sussex
G	Dr. Everett Chalmers Regional Hospital Fredericton
H	Hotel-Dieu of St. Joseph Perth-Andover
I	Oromocto Public Hospital Oromocto
J	Upper River Valley Hospital Waterville
K	Miramichi Regional Hospital Miramichi

Vitalité Health Network	
1	Dr. Georges-L.-Dumont Regional Hospital Moncton
2	Stella-Maris-de-Kent Hospital Sainte-Anne-de-Kent
3	Grand Falls General Hospital Grand Falls
4	Edmundston Regional Hospital Edmundston
5	Hôtel-Dieu Saint-Joseph de Saint-Quentin Saint-Quentin
6	Campbellton Regional Hospital Campbellton
7	Tracadie-Sheila Hospital Tracadie-Sheila
8	Chaleur Regional Hospital Bathurst

# 28 Primary Health Care Survey Communities







# New Brunswick Health System Report Card

## Fiche de rendement du système de santé du Nouveau-Brunswick

Health Care Sectors / Secteurs des soins de santé



Primary Health  
Santé Primaire



Acute  
Soins aigus



Supportive/  
Specialty  
De soutien / spécialité  
d'appoint



Palliative and End-  
of-life  
Soins palliatifs



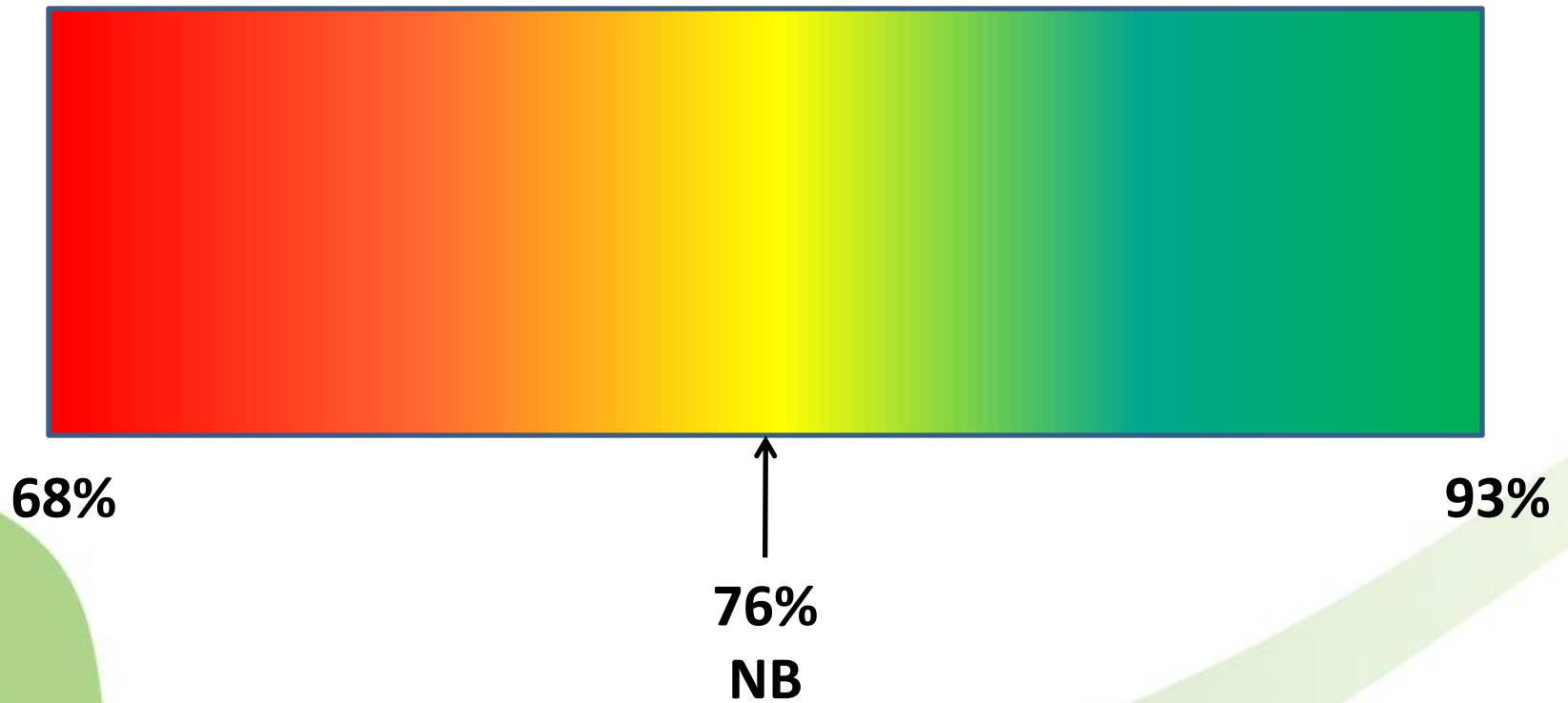
Performance Index  
Note de l'indice de  
rendement

	Primary Health Santé Primaire	Acute Soins aigus	Supportive/ Specialty De soutien / spécialité d'appoint	Palliative and End- of-life Soins palliatifs	Performance Index Note de l'indice de rendement
<b>Accessibility</b> Accessibilité	2010 - 7 2011 - 11	2010 - 6 2011 - 9	2010 - 4 2011 - 18	--	2010 - 17 2011 - 38 C
<b>Appropriateness</b> Justesse	2010 - 8 2011 - 11	2010 - 3 2011 - 5	2010 - 0 2011 - 1	--	2010 - 11 2011 - 17 C
<b>Effectiveness</b> Efficacité	2010 - 2 2011 - 7	2010 - 9 2011 - 9	2010 - 2 2011 - 7	--	2010 - 13 2011 - 23 C
<b>Efficiency</b> Rendement	2010 - 2 2011 - 3	2010 - 2 2011 - 4	2010 - 2 2011 - 4	--	2010 - 6 2011 - 11 C
<b>Equity</b> Équité	2010 - 0 2011 - 7	2010 - 0 2011 - 7	2010 - 0 2011 - 7	--	2010 - 0 2011 - 21
<b>Safety</b> Sécurité	2010 - 0 2011 - 2	2010 - 1 2011 - 18	2010 - 0 2011 - 7	--	2010 - 17 2011 - 27 A
<b>Performance Index</b> Note de l'indice de rendement	2010 - 19 2011 - 41 D	2010 - 21 2011 - 52 C	2010 - 8 2011 - 44 B	Not available Non disponible	2010 - 48 2011 - 137

Quality Dimension / Dimensions de la qualité

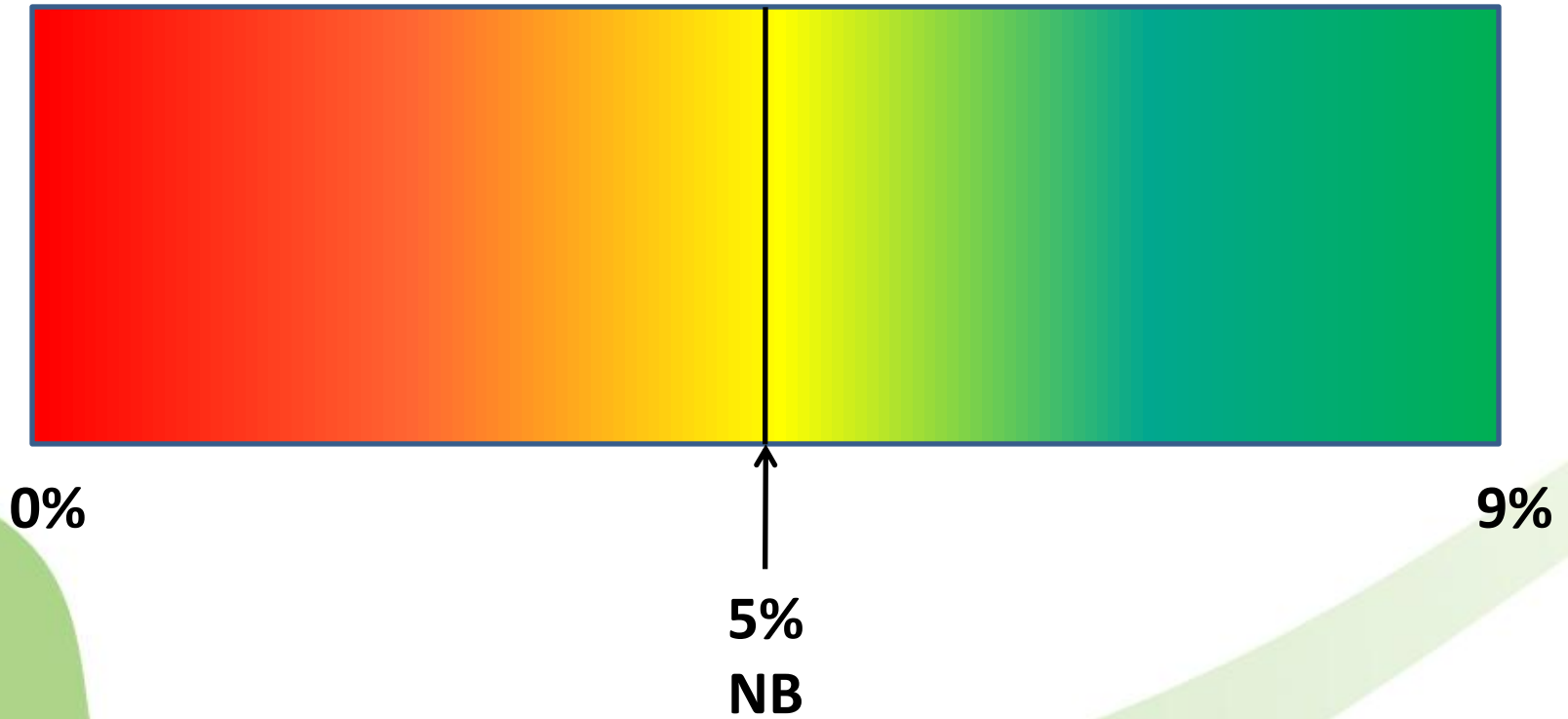


# Overall Hospital Rating (% of 8, 9, or 10)



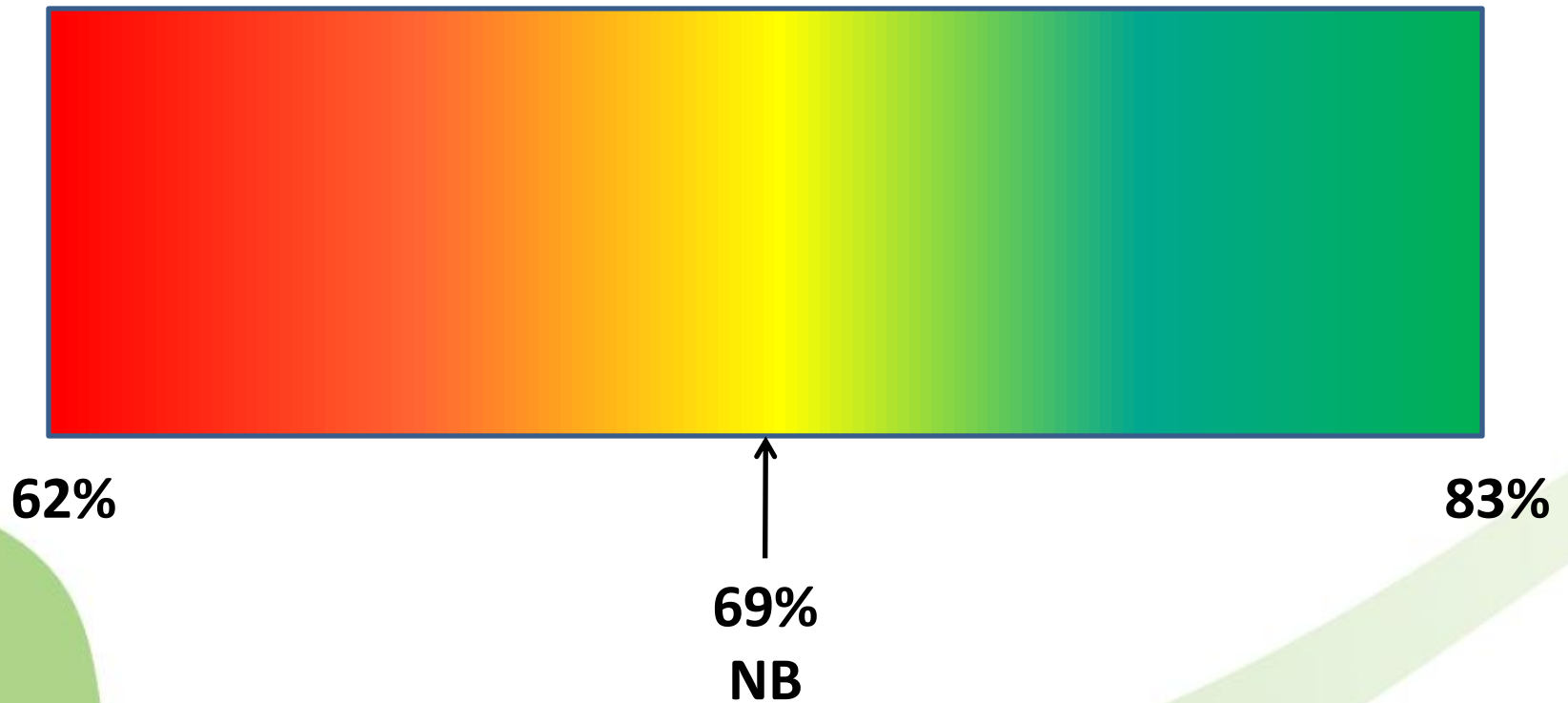


Patient Safety (*% who believed they were harmed due to a medical error or mistake*)



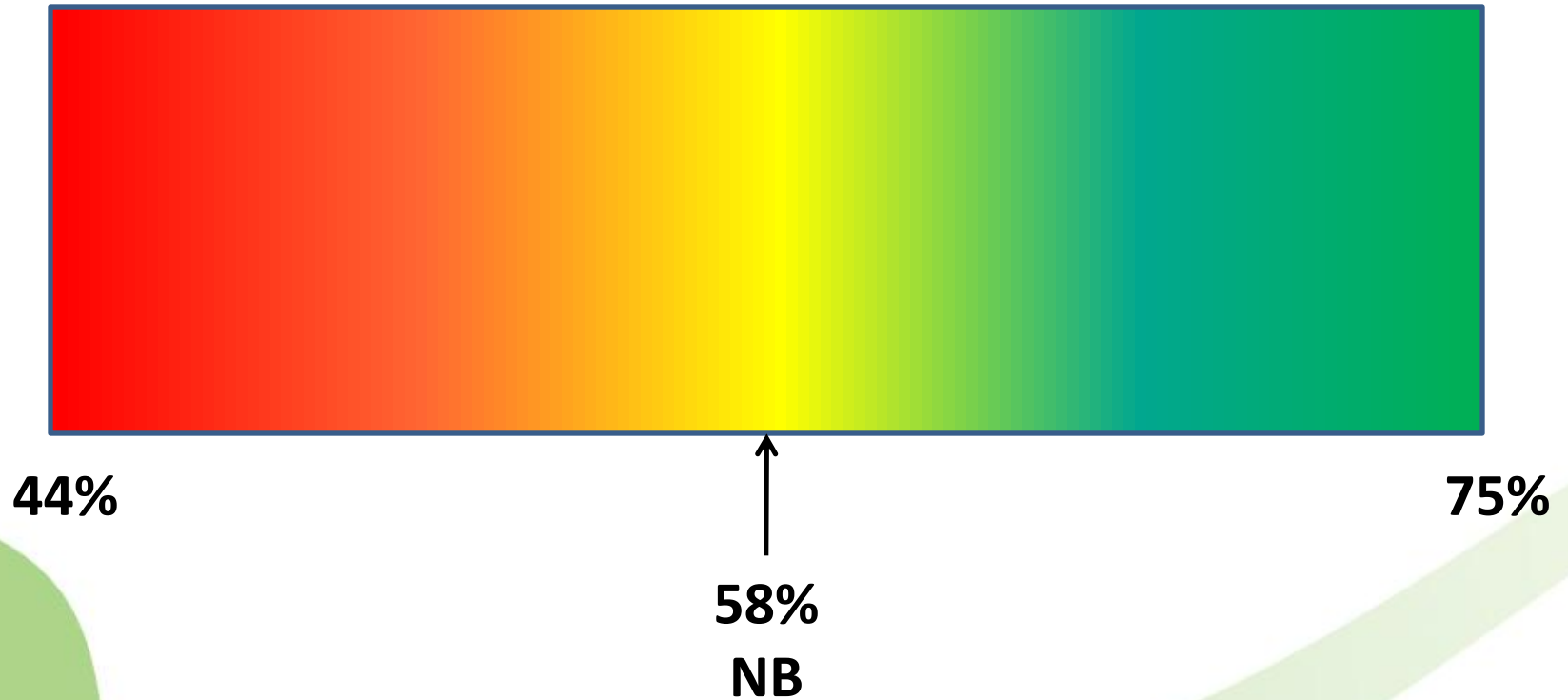


# Communication With Nurses



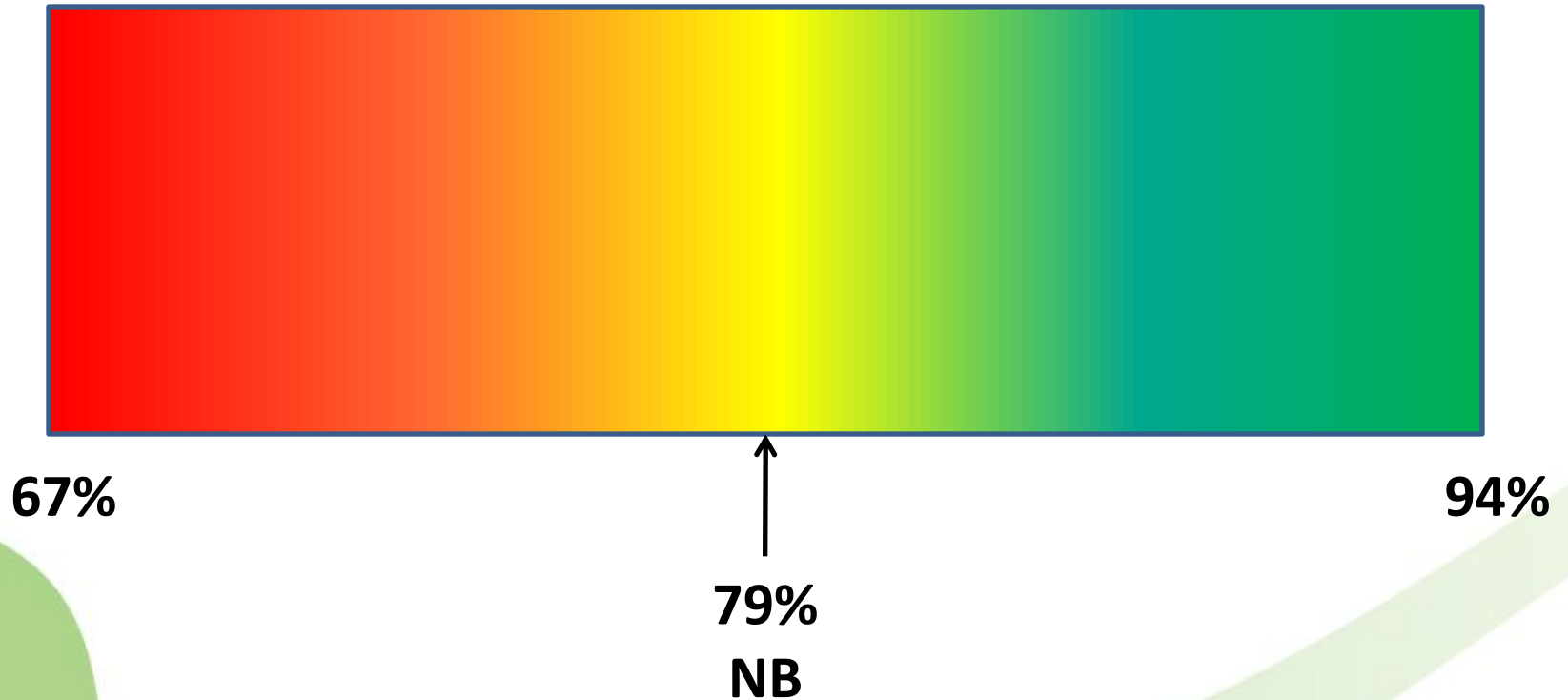


# Responsiveness of Staff





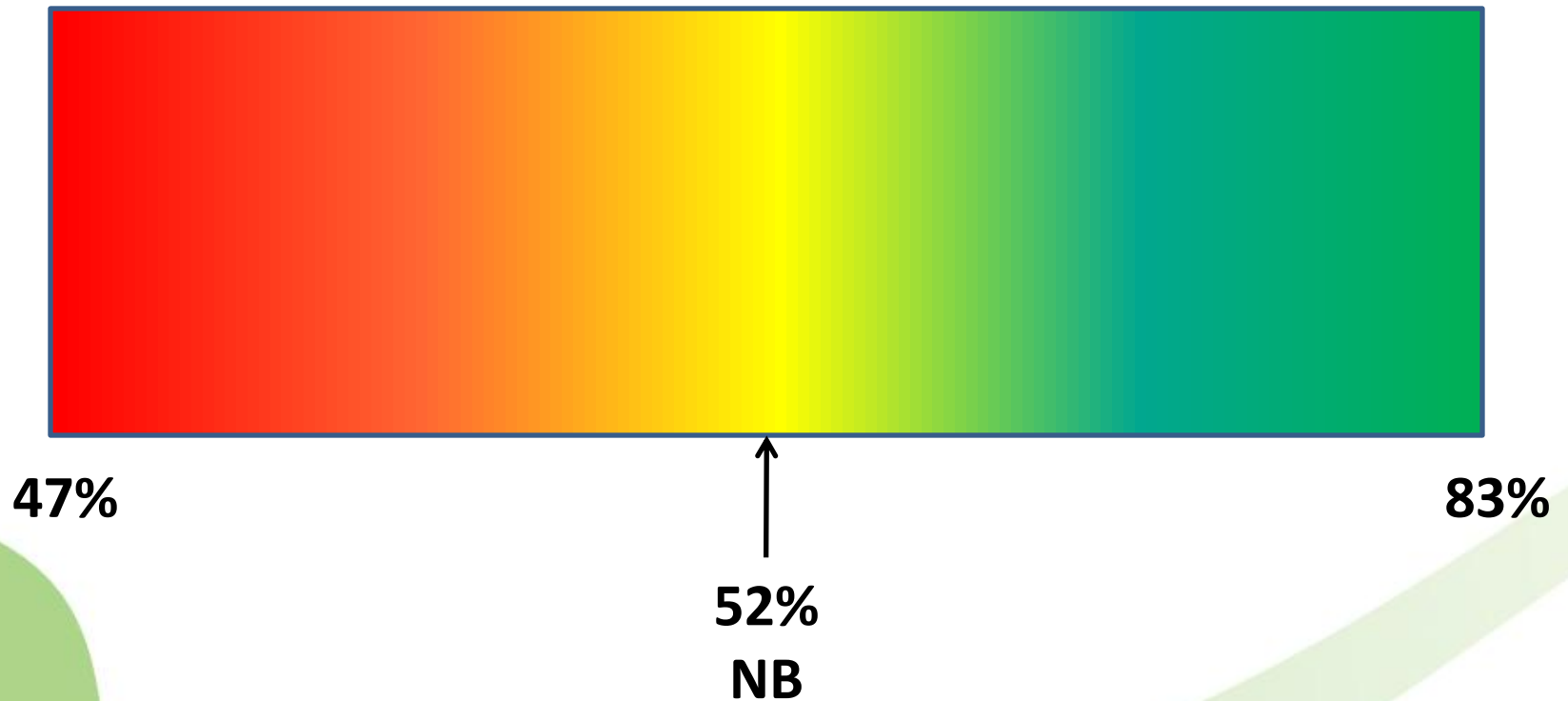
# Communication With Doctors





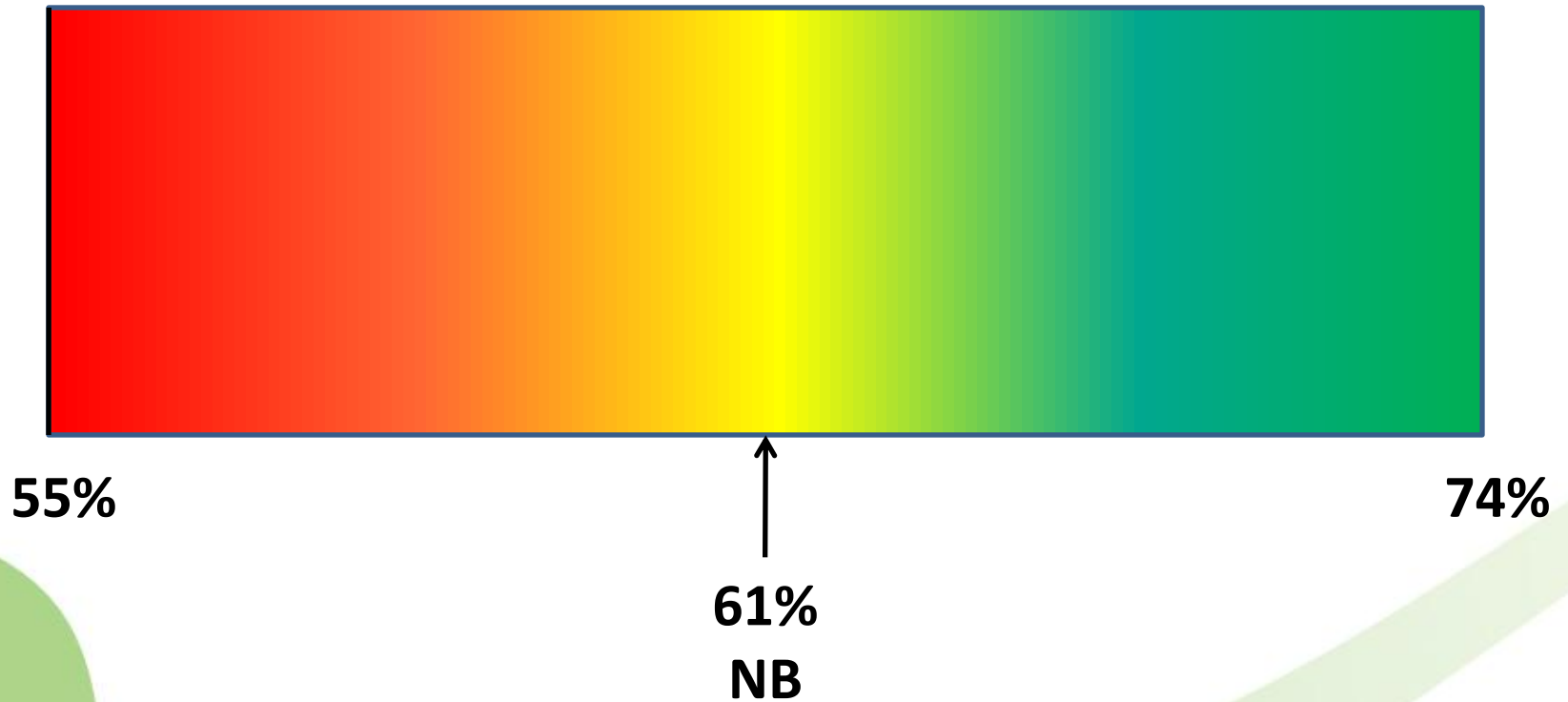


# Communication About Medicines



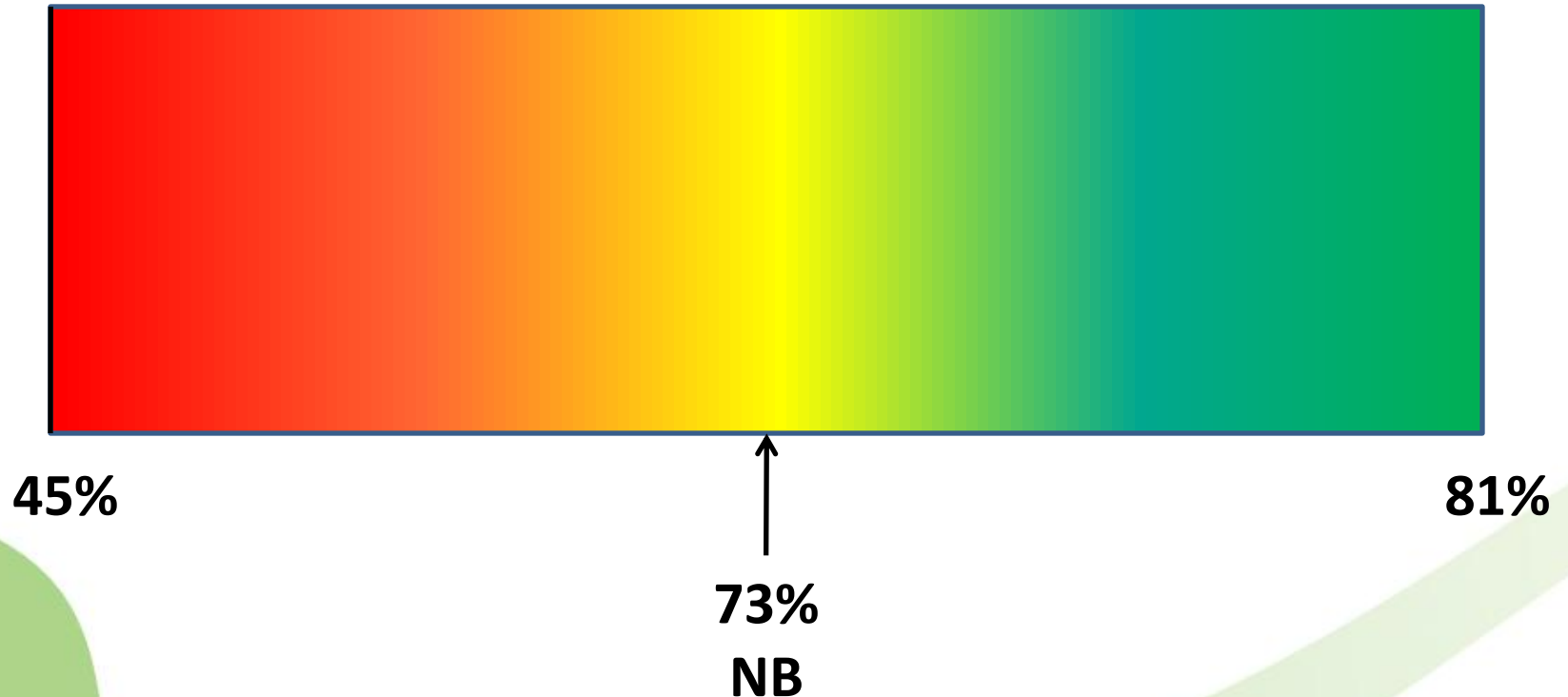


# Patient Safety Culture



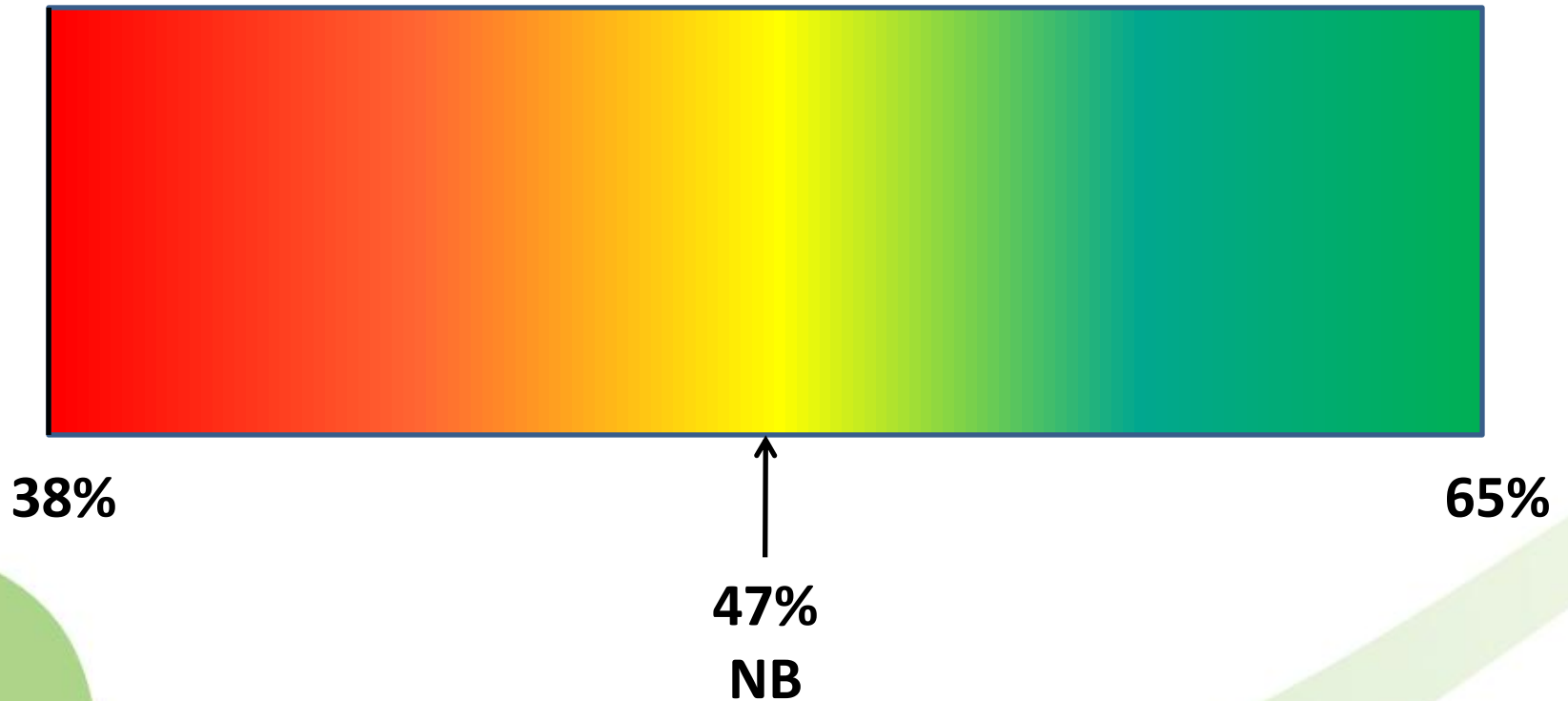


Did staff check your identification band before giving you medicines, treatments, or tests



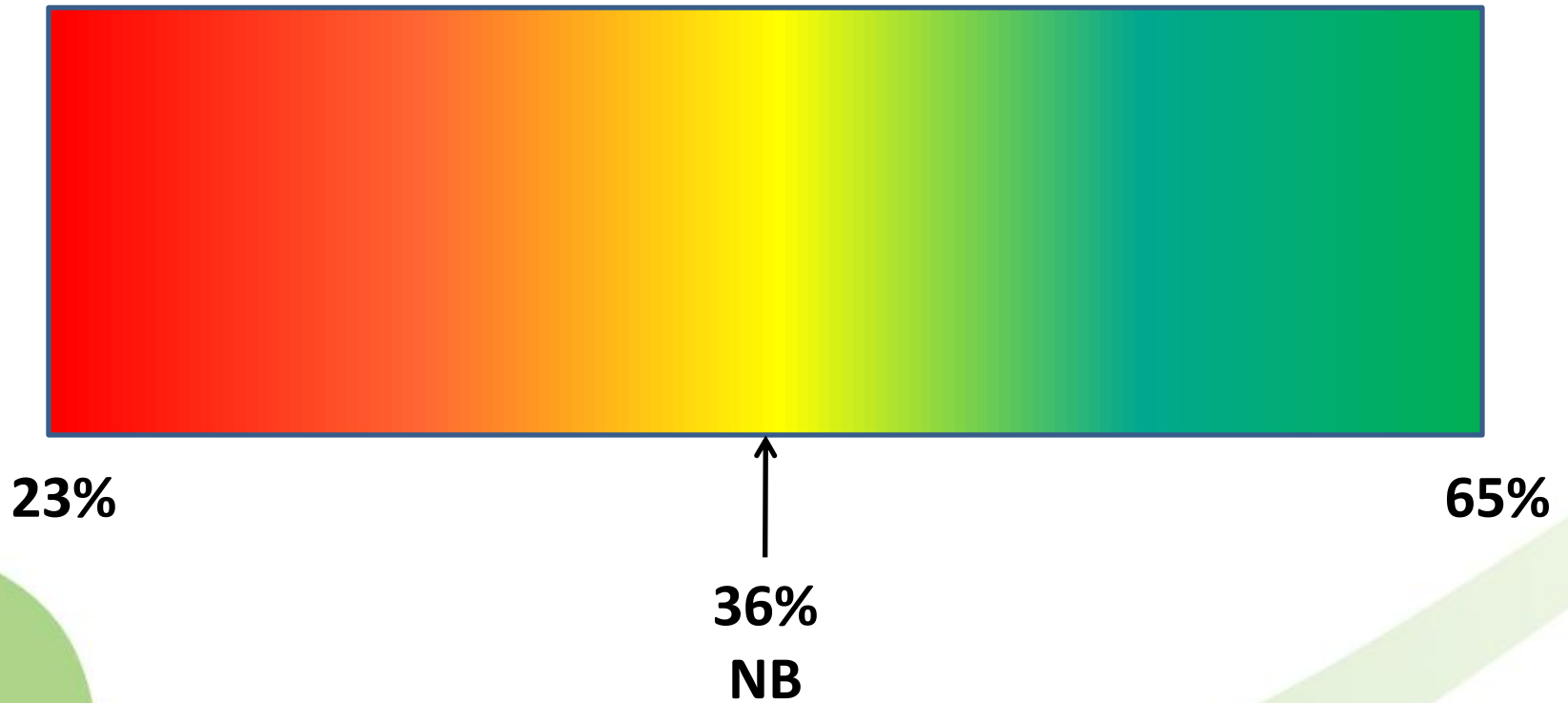


# Client and Family Centered Care





# Care Transitions Measure





Primary Care	Sources
Percent of individuals who know what their medications are for	New Brunswickers' Experiences with Primary Health Care, 2011 Survey Results (NBHC 2011)
Individuals who were injured that required hospitalization (Rate/100 000 population)	Canadian Institute for Health Information – 2011 Health Indicators Report
Community error / harm rate (excluding hospital stay)	New Brunswickers' Experiences with Primary Health Care, 2011 Survey Results (NBHC 2011)
Rate of hip fractures in the community that required hospitalization	Canadian Insitute for Health Information – 2011 Health Indicators Report





Acute Care	Sources
Hospital Standardized Mortality Ration (HSMR)	Canadian Institute for Health Information - 2009 HSMR Results
Hospital error / harm rate	Hospital Patient Care Experience in New Brunswick, 2010 Acute Care Survey Results (NBHC 2010)
Score on the Care Transitions Measures (CTM)	Hospital Patient Care Experience in New Brunswick, 2010 Acute Care Survey Results (NBHC 2010)
Clostridium difficile rate/ 1000 admissions	Department of Health
MRSA rate OR Methicillin – resistant staphylococcus aureus rate (Infections and Colonization)/1000 admissions	Department of Health
VRE or Vancomycin resistant enterococci (Infections and Colonization)/ 1000 admissions	Department of Health



Acute Care	Sources
Hand Hygiene (as reported by patients)	Hospital Patient Care Experience in New Brunswick, 2010 Acute Care Survey Results (NBHC 2010)
Acute Care Experience Survey - % who believed that the hospital takes their safety seriously	Hospital Patient Care Experience in New Brunswick, 2010 Acute Care Survey Results (NBHC 2010)
In-hospital hip fracture rate	Canadian Institute for Health Information – 2011 Health Indicators Report



Supportive / Specialty	Sources
Suicide Rate	Vital Statistics New Brunswick

In progress for future consideration:

1. % medication reconciliation on admission
2. Falls rate
3. % surgeries using the surgical checklist



## Conclusion

- Poor quality cost money
- Know where to start
- Accountability and transparency
- Begins with leadership



Questions?

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