Health

Annual Report

2018–2019

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Province of New Brunswick
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Transmittal Letters

From the Minister to the Lieutenant-Governor

The Honourable Brenda Louise Murphy
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, 2018, to March 31, 2019.

Respectfully submitted,

Honourable Hugh J. Flemming, Q.C.
Minister

From the Deputy Minister to the Minister

Honourable Hugh J. Flemming, Q.C.
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, 2018, to March 31, 2019.

Gérald Richard
Deputy Minister

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Minister's message

This year, New Brunswickers opened a new era by electing a legislature with a diversity of parties and views. We heard New Brunswickers and understood their priorities are: jobs, health care and education.

During 2018-2019, the Department of Health committed to providing New Brunswickers with accessible and dependable public health care. Through innovation, strategic planning and collaborations with our federal and provincial stakeholders and partners, the department has continued to move our health-care system forward while addressing various issues within the system.

We heard New Brunswickers and their concerns around ambulance and paramedic services within the province. Though there is more work to be done, the department established a dedicated non-emergency system, a rapid response pilot program and established the advance care paramedic pilot program to a permanent service.

With an aging populations and human resources shortages in the health-care system, our government remains committed to New Brunswickers to providing high quality availability and delivery of health-care services and fostering a healthy and strong quality of life for the people of our province.

Hon. Hugh J. Flemming, Q.C.
Minister

Deputy Minister's message

The Department of Health's mandate is to continuously improve the delivery of health-care services by planning, funding and monitoring the delivery of health-care services in New Brunswick. This year's annual report summarizes our department's activities under our mandate in the 2018-2019 fiscal year, evaluates our performance and highlights the successes we have achieved in our effort to ensure New Brunswickers have a safe and sustainable health-care system that provides quality health-care services to all our residents.

With an aging population it presents an ever-increasing demand for access to quality health-care services. This challenge, combined with the fiscal and human resource realities facing our 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.

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

We will continue to work with our stakeholders to support a healthier population and provide efficient and effective health-care services.

Gérald Richard
Deputy Minister

Top Government Priorities

Strategy and Operations 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 our governments roadmap for the future of New Brunswick that focuses on key priorities and the importance of public accountability

Our Top Priorities:

Affordable and Responsive Government

Getting our financial house in order will make it possible for government to be responsive and provide sustainable high-quality public services for all New Brunswickers.

Dependable Public Health Care

New Brunswickers deserve a sustainable, high-quality health-care system where they are able to access the services they need when they need them.

World-class Education

New Brunswick's young people need access to a world-class education, so they can make the most of their lives and compete in future job markets.

Energized Private Sector

All New Brunswickers benefit from a thriving private sector. Increasing private sector investment, growing our labour force and being home to successful businesses of all sizes is good for our province.

Vibrant and Sustainable Communities

Vibrant communities are places people want to call home. More vibrant and sustainable communities make for a more resilient province.

High-performing Organization

All New Brunswickers benefit when engaged and empowered civil servants use their talents and skills to make our province a better place.

Highlights

During the 2018-2019 fiscal year, the Department of Health focused on these strategic priorities through:

- The Department began implementing the Public Health Information Solution that aims to improve the management of vaccines, immunizations and potential disease outbreaks.
- A dedicated non-emergency transfer service for hospital patients was announced that will help improve ambulance response times in emergency situations.
- A rapid response unit pilot program was introduced to improve access to emergency medical care in rural areas.
- More than $6 million was invested to expand the Flexible Assertive Community Treatment teams provincewide, improving access to care and support for those with significant mental illness.
- The colon cancer screening program was implemented provincewide.
- The provincial and federal governments have signed a bilateral agreement worth more than $7 million to help address opioid abuse.
- The advanced care paramedic pilot program was made permanent and an additional site added in Fredericton.

Performance measures

World-class Education	Measures
Improve education outcomes	Participation rate for Healthy Toddlers.
Dependable Public Health Care	**Measures**
Improve access to health care	Ambulatory Care Sensitive Conditions (ACSC) hospitalization rate.
	Percentage of residents on the Patient Connect NB waiting list for more than 12 months.
Build a safe, sustainable health-care system	Percentage of less urgent emergency department visits (triage Level 4 and Level 5) in regional hospitals.
	Percentage of conservable and ALC days.
Affordable and Responsive Government	**Measures**
Eliminate deficits and reduce debt	Ratio of actual to budgeted expenditures.

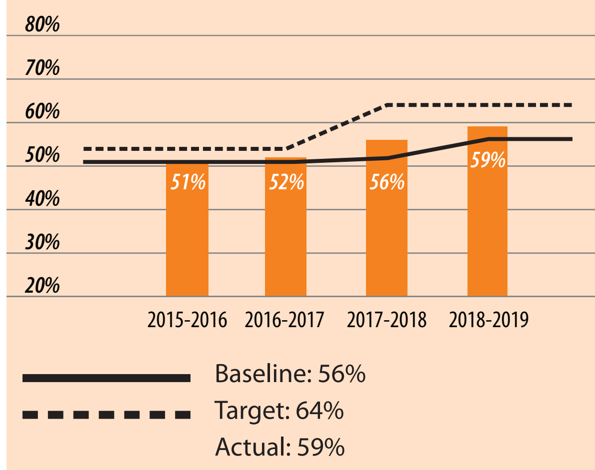
World-class education

Objective of the measure
Improve education outcomes

Measure
Participation rate for Healthy Toddler Assessment

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 toddler assessment completed.

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



Baseline: 56%
Target: 64%
Actual: 59%

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 continued to address barriers to participation identified through a root cause analysis using Lean Six Sigma methodology.

Dependable public health care

Objective of the measure

Improve access to health care

Measure

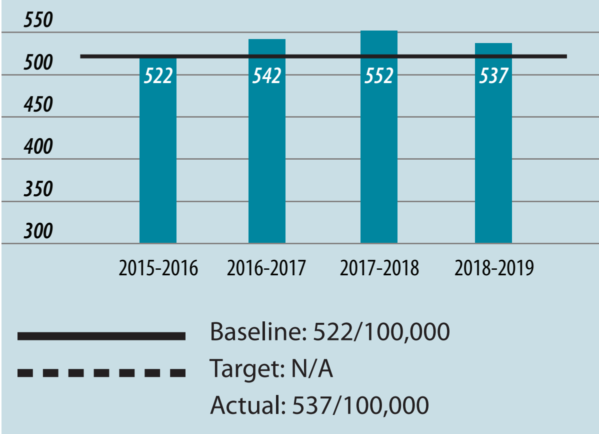
Ambulatory Care Sensitive Conditions (ACSC) hospitalization rate (crude rate).

Description of measure

The measure tracks acute care hospitalizations (crude rate) for conditions were 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.

Overall performance

The measure showed weak performance with the hospitalization rate increasing once again in 2018-2019. 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.



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 2018-2019, 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, 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.

Dependable public health care

Objective of the measure

Improve access to health care

Measure

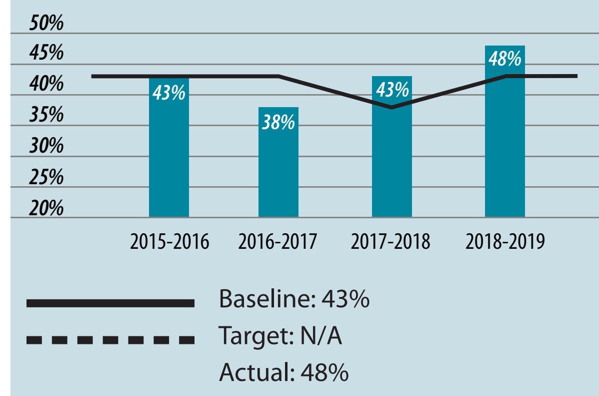
Percentage of New Brunswickers on the Patient Connect NB waiting list for more than 12 months.

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.

Overall performance

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



Baseline: 43%
Target: N/A
Actual: 48%

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 2018-2019, 36 new Family Medicine New Brunswick practices were established, creating a new, collaborative way of practicing that will improve the recruitment of young family doctors. The department also began an initiative to better differentiate patients on the wait list without a primary care provider from those who are seeking a different provider.

Dependable public health care

Objective of the measure

Build a safe, sustainable health-care system

Measure

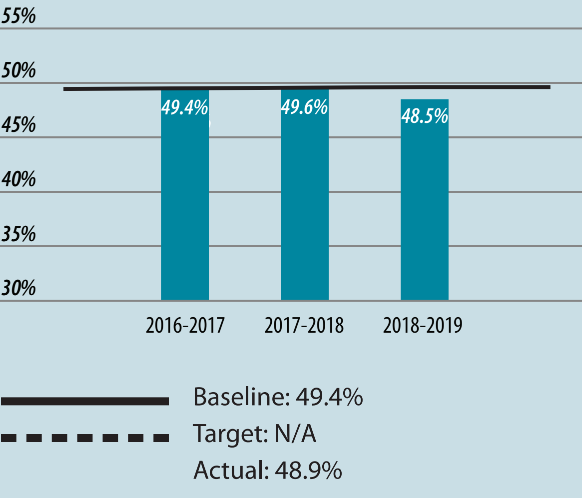
Percentage of less urgent emergency department visits (triage Level 4 and Level 5) in regional hospitals.

Description of measure

This indicator is measured to track the percentage of less urgent visits in regional 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 the availability of 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.

Overall performance

The measure continues to show good performance as the percentage of less urgent emergency department visits continues its gradual decline. In 2018-2019, the department began reporting the percentage of less urgent visits to regional hospitals rather than all hospitals since family doctors in more rural communities provide ED coverage, reducing their ability to provide primary care in their offices. The percentage of less urgent visits in non-regional hospitals was 70.5 per cent in 2018-2019.



Why do we measure this?

This information is helpful to contributing to understanding the use of the ED in regional hospitals 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.

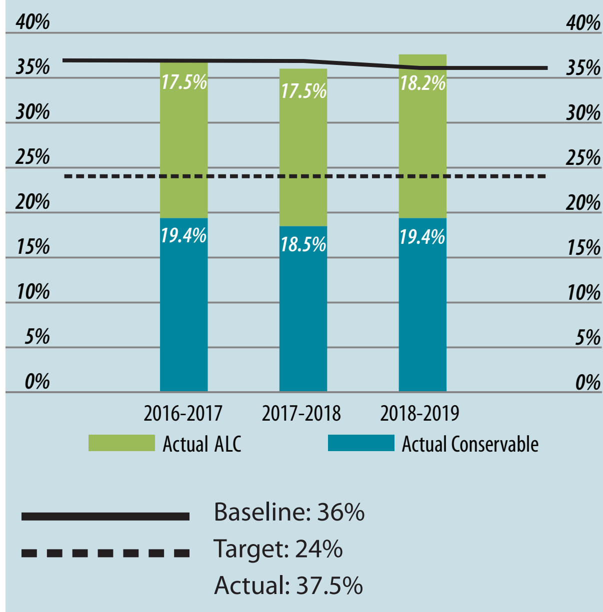
Dependable public health care

Objective of the measure
Build a safe, sustainable health-care system

Measure
Percentage of conservable and ALC days

Description of measure
This measure tracks the percentage of acute care hospital days beyond the expected length of stay, for a variety of reasons, as well as the percentage of acute care hospital days being utilized by patients who no longer require acute care but are waiting to be discharged to an alternative setting more appropriate to their needs. The vast majority of ALC days are associated with elderly patients.

Overall performance
This measure did not perform well in the current year as New Brunswick's aging population is compounding the complexity of reducing this number.



Baseline: 36%
Target: 24%
Actual: 37.5%

Why do we measure this?
New Brunswick has one of the highest rates of conservable and 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. In 2018-2019, the department began reporting the percentage of both conservable and ALC bed days as both are a measure of efficiency of bed use within the hospitals.

What initiatives or projects were undertaken in the reporting year to achieve the outcome?
The department continued to collaborate with Social Development to reduce ALC days, including work on the Home First initiative which will increase the number of seniors receiving services in their own homes, a special care home pilot and efforts to reduce the wait time to access long-term care services.

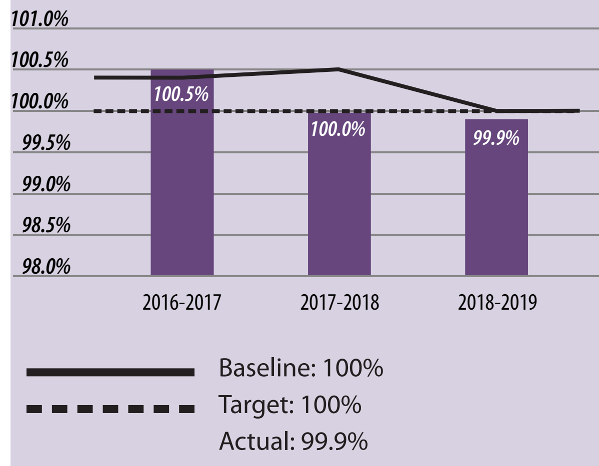
Affordable and responsive government

Objective of the measure
Eliminate deficits and reduce debt

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 performed well in 2018-2019, and its expenditures were slightly under-budget.



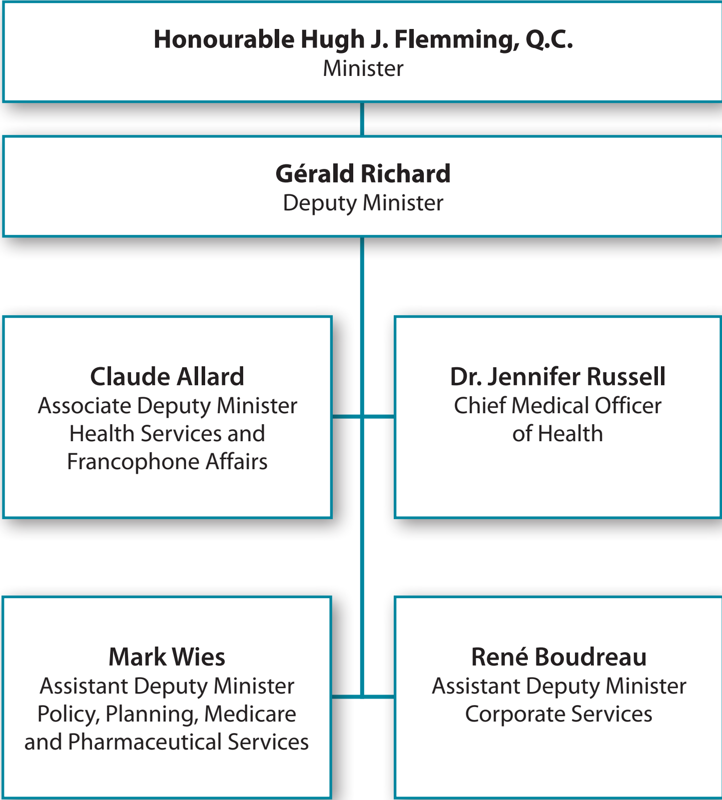
Why do we measure this?
This indicator measures the department's ability to manage its overall expenses as compared to budget. The department must ensure that expenses are managed in accordance with the budget and be prepared to take corrective action if expenses are projected to be over budget during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

Financial Information -
Health Services and Francophone Affairs

Budget	$1,724,790,000
Actual expenditures	$1,720,890,600

Highlights

- The **Acute Care Branch**, in partnership with the two RHAs, continued to focus on reducing wait times for hip and knee total joint replacement surgery. Ongoing work in the Moncton area resulted in a 58 per cent decrease in the number of patients waiting longer than 12 months for this surgery. The branch also introduced an eConsult initiative which enabled primary care physicians to consult electronically with specialists. As a result, many patients did not require a face-to-face visit with the specialist.

- The **New Brunswick Cancer Network** continued to make a significant impact on the lives of New Brunswick residents through the New Brunswick Colon Cancer Screening program. By the end of the fiscal year, the program detected 247 early stage cancers in asymptomatic individuals, while 2,575 persons had polyps removed, thereby preventing colon cancer from developing. The branch also continued to lead efforts towards the coordinated implementation of a provincial Palliative Care Strategy.

- Ambulance New Brunswick and the Extra-Mural program were integrated into a new Part 3 entity, EM/ANB Inc., to build capacity and optimize the delivery of these primary health-care services so that patients can be better supported in their homes and communities. Medavie Health Services New Brunswick manages these services on behalf of EM/ANB Inc. through a performance-based contract.

- The **Psychiatric Patient Advocate Services Branch** co-ordinated 86 review board hearings for Supervised Community Care Plans for individuals who have a serious mental illness.

Office of the Chief Medical Officer of Health

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 regional health authorities 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.

OCMOH has the mandate and legislative responsibilities of the office while some of the daily operations fall under the purview of other provincial departments and the RHAs. These departments support OCMOH operations through memorandums of understanding, service level agreements and work plan agreements as relevant

Financial Information -
Office of the Chief Medical Officer of Health

Budget	$40,337,700
Actual expenditures	$41,283,700

Highlights

In 2018-2019 the Office of the Chief Medical Officer of Health:

- Hosted a provincial cannabis symposium to increase awareness among people working in the school system about its impact on youth. The symposium provided an overview of cannabis legalization, the adverse health effects of cannabis use and knowledge on available tools and best practices on prevention.

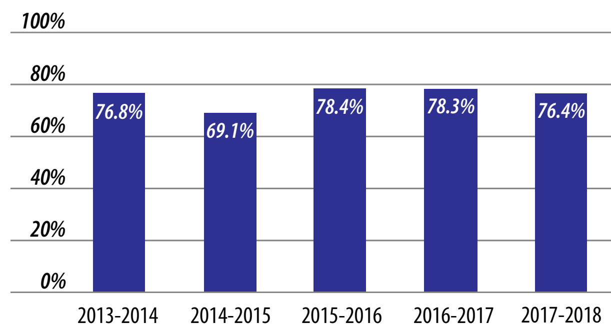
- Delivered five training sessions to the Department of Public Safety – Health Protection Services Division to build consistency in the way the Food Premises Standard Operational Procedures and the completion of the food inspection form.

- Expanded water quality monitoring to all provincial parks including Mactaquac, Mount Carleton, Oak Bay, New River Beach, Miscou and Val-Comeau in Summer 2018. The monitoring is done in accordance with the *Guidelines for Canadian Recreational Water Quality*.

Key Performance Indicators

Percentage of children with all vaccines at school entry

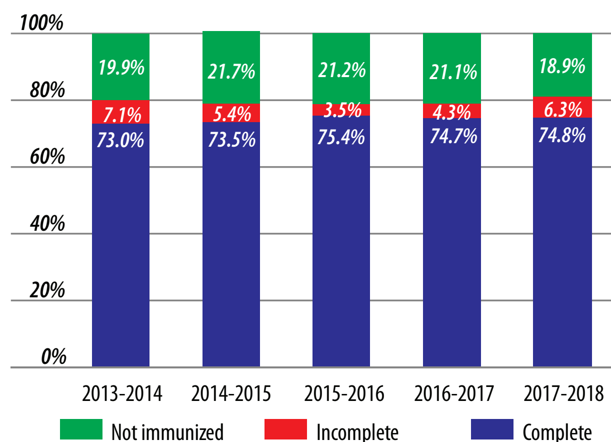
Adequate pre-school immunization decreases the risk of contracted communicable diseases, which protects population health and reduces health-care costs.



2018-19 school year data were not available at time of publication.

Grade 7 female students HPV vaccination rate

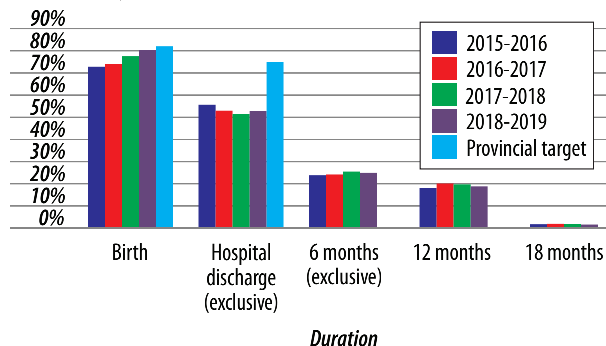
Administering this vaccine to female students in Grade 7 provides them with protection from HPV, which will lead to fewer women in the future being diagnosed with cervical cancer and genital warts.



2018-19 school year data were not available at time of publication.

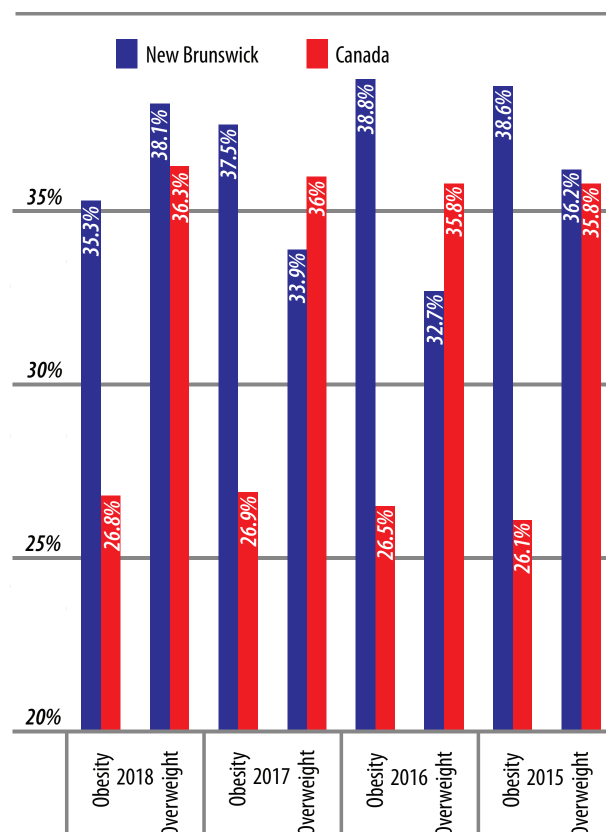
Breastfeeding initiation and duration rates

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 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.



* 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. Health characteristics, annual estimates.

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 **Innovation and eHealth Branch**, the **Financial Services Branch**, the **Health Analytics Branch**, the **Corporate Support Services Branch**, the **Emergency Preparedness and Response Branch**, the **Construction Services Branch,** and the **Planning, Performance and Alignment Branch**.

The **Innovation and eHealth 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 **Planning, Performance and Alignment Branch** is responsible for co-ordinating the management of a multi-year integrated planning process (or health system planning cycle) for the department. This includes all activities related to priority setting, such as the provincial health plan, program planning, performance targets, monitoring and evaluation. Performance Excellence process is a key part of this work and that of the branch's Continuous Improvement team, which conducts process improvement activities and provides project management support.

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 improvements. The branch achieves this by coordinating and supporting provincial approaches for standardized data collection and reporting. It acts as a 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, internal communications, Records and Information Management, departmental library, translation and interpretation, telephones, 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	$19,724,000
Actual expenditures	$20,408,700

Highlights

- The **Continuous Improvement** team began training Yellow and Silver belts in Lean methodology. At the end of the fiscal year, 44 belts were trained, and 61 projects were completed.
- The **Innovation and eHealth Branch** continued work on a community eHealth platform that will improve the efficiency of services being offered in the community, starting with providing 400 Extra-Mural Program clinicians with real-time, mobile access to electronic health record and other critical patient information.

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 Program, 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.

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 **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 **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	$960,908,700
Actual expenditures	$960,883,400

Highlights

- The **Health Workforce Planning Branch** led efforts towards the development of a provincial psychologists' resources strategy. The branch also led the process to develop a bridging program for internationally educated nurses (IEN) to address the nursing shortage including partnering on the development of an IEN navigation service to help IENs navigate the different pathways to becoming registered in the province. The Branch developed a fee-for-service locum program for nurse practitioners who would replace family physicians for up to six months. The Branch is leading the development of a physician resources strategy.
- The **Policy and Legislation Branch** led amendments to two pieces of legislation. These changes improve the Department's ability to manage immunization programs and respond to disease outbreaks, enable the Department of Education and Early Childhood Development to improve the collection and management of immunization data for school entry, and streamline the process for the Midwifery Council of New Brunswick, which regulates the midwifery profession, to modify its standards of practice in accordance with advancements in best practice and technology.

Medicare payments by practitioner payment modality, number of practitioners and average remuneration by speciality, 2018-2019							
Report Specialty	Number of physicians	Fee-for-service	Salary	Sessional & Alternate Funding Plans	Benefits	Total All Payments	Average Earnings *
Ophthalmology	36	$23,954,069	$0	$0	$379,673	$24,333,741	$804,187
Diagnostic Radiology	129	$50,415,069	$0	$0	$595,420	$51,010,489	$750,903
Nuclear Medicine	10	$3,982,121	$0	$0	$104,478	$4,086,599	$679,786
Neurosurgery	13	$295,702	$0	$5,125,432	$181,386	$5,602,520	$667,367
Gastroenterology	20	$10,174,411	$0	$95,141	$230,427	$10,499,980	$615,407
Nephrology	17	$7,934,481	$0	$85,720	$83,560	$8,103,760	$605,800
Cardiology	29	$14,248,230	$937,920	$660,134	$223,565	$16,069,849	$573,921
Otol-Head & Neck Surgery	21	$8,262,916	$278,957	$420	$203,589	$8,745,883	$546,785
Urology	27	$10,641,764	$519,966	$33,878	$273,950	$11,469,557	$537,488
Vascular Surgery	10	$3,914,723	$0	$172,800	$97,525	$4,185,048	$519,461
Respirology	16	$3,604,172	$1,690,388	$949,262	$77,344	$6,321,166	$484,116
General Surgery	82	$17,851,385	$1,553,404	$3,045,083	$619,076	$23,068,949	$457,011
Dermatology	14	$5,168,893	$0	$0	$96,068	$5,264,961	$455,888
Radiation Oncology	12	$1,117,257	$3,366,157	$0	$48,222	$4,531,636	$442,878
Plastic Surgery	18	$6,451,672	$0	$420	$183,037	$6,635,129	$440,415
General Internal Medicine	33	$7,975,014	$2,112,710	$1,847,582	$290,943	$12,226,249	$419,046
Obstetrics & Gynecology	69	$14,409,939	$2,344,984	$357,214	$1,443,027	$18,555,164	$403,164
Orthopedic Surgery	57	$16,160,569	$184,115	$11,461	$782,184	$17,138,328	$402,073
Anesthesiology	109	$20,817,427	$4,367,343	$3,676,416	$893,720	$29,754,907	$385,922
General Pathology	12	$132,127	$4,092,499	$0	$69,843	$4,294,469	$357,872
Physical Medicine & Rehab	13	$1,936,810	$1,273,830	$984,270	$88,953	$4,283,863	$357,005
Neurology	23	$4,092,738	$3,248,807	$1,714	$179,075	$7,522,334	$356,909
Psychiatry	102	$11,100,987	$18,604,544	$275,981	$598,502	$30,580,014	$353,367
Anatomical Pathology	43	$344,485	$12,079,511	$0	$218,875	$12,642,871	$353,197
Internal Medicine	18	$1,691,734	$1,111,534	$895,547	$208,022	$3,906,838	$343,354
Pediatrics	79	$6,222,551	$9,859,748	$140,996	$530,876	$16,754,171	$335,235
Emergency Medicine	15	$177,871	$0	$3,415,609	$71,769	$3,665,249	$331,227
Medical Oncology	16	$263,340	$4,560,071	$0	$70,852	$4,894,263	$326,267
Endocrinology & Metabolism	10	$337,241	$1,868,988	$169,470	$46,065	$2,421,765	$302,586
Geriatric Medicine	13	$140,936	$3,619,189	$60,128	$38,352	$3,858,605	$296,816
General Practice	1032	$141,191,911	$25,136,833	$66,950,352	$9,641,196	$242,920,292	$290,001
Rheumatology	16	$1,659,398	$1,892,846	$7,264	$73,897	$3,633,405	$255,623
Other Specialties **	80	$3,578,147	$12,585,163	$8,959,380	$478,358	$25,601,048	$393,137
Grand Total	**2194**	**$400,250,092**	**$117,289,508**	**$97,921,676**	**$19,121,827**	**$634,583,102**	**$373,062**

* Only practitioners with $100,000 or more in earnings are included.

** Other specialties are all specialties with fewer than 10 practitioners.

Financial information

Financial information		
Primary	**Budget ($000)**	**Actuals ($000)**
Status Report by Primary Personal Services	$23,696.5	$25,195.2
Other Services	$35,086.3	$32,012.1
Materials and Supplies	$9,481.1	$24,784.4
Property and Equipment	$1,510.9	$7,174.7
Contributions and Grants	$2,685,981.6	$2,662,947.9
Debt and Other Charges	$-	$352.1
Grand Total	**$2,755,756.4**	**$2,752,466.4**
Program	**Budget ($000)**	**Actuals ($000)**
Status Report by Program Corporate and Other Health Services	$160,624.0	$ 155,075.1
Medicare	$665,229.0	$ 666,605.6
Drug Programs	$ 203,876.0	$ 202,943.8
Regional Health Authorities	$1,726,027.4	$1,727,841.8
Grand Total	**$2,755,756.4**	**$2,752,466.4**

The expenditures of the Department of Health were lower than budget mainly due to timing of project initiatives.

Summary of staffing activity

Operational and transactional human resources services are delivered by Service New Brunswick to 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 2018-2019 for the department is presented below. (April 1, 2018 - March 31, 2019).

Number of permanent and temporary employees as of Dec. 31 of each year			
Employee type	2016	2017	2018
Permanent	307	296	238
Temporary	18	34	41
TOTAL	**325**	**330**	**279**

The department advertised 71 competitions; including 49 open (public) competitions and 22 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)	1
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)	1
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)	4
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
17	An *Act to Amend the Midwifery Act* https://www.gnb.ca/legis/bill/pdf/59/2/Bill-17.pdf	June 14, 2019	The amendments at the *Midwifery Act* make it easier for the Midwifery Council of New Brunswick, which regulates the midwifery profession, to modify its standards of practice in accordance with advancements in best practice and technology. Rather than having to seek Cabinet approval for an amendment to the General Regulation – Midwifery Act, the Council now has authority to establish the standards of practice itself, as is the case in most other regulated professions.
33	An *Act Respecting the Public Health Information Solution* https://www.gnb.ca/legis/bill/pdf/59/2/Bill-33.pdf	June 14, 2019	The amendments to the *Public Health Act*, the Reporting and Diseases Regulation – *Public Health Act* and the *Personal Health Information Privacy and Access Act* strengthen and clarify the authority of the Department of Health to create immunization and notifiable disease repositories which will form part of the Public Health Information Solution. The amendments also clarify the authority of the Department of Health and the Department of Education and Early Childhood Development to collect, use and disclose personal information and personal health information to improve the collection and management of immunization data for school entry and outbreak management.

The acts for which the department was responsible in 2018-2019 may be found at:
http://laws.gnb.ca/en/deplinks?subjectnumber=10

Summary of Official Languages activities

Introduction

The department continues to recognize its obligations under the *Official Languages Act* and is committed to delivering services in both Official Languages.

Focus 1

Ensure access to service of equal quality in English and French throughout the province:

- The department continues to ensure new employees are oriented on the Language of Service policy and guidelines at the time of hire.
- Linguistic profiles are updated and reviewed as changes occur in the organization to ensure the department maintains its ability to provide services in both Official Languages.

Focus 2

An environment and climate that encourages, for all employees, the use of the Official Language of their choice in the workplace:

- The department continues to ensure new employees are oriented on the Language of Work policy and guidelines at the time of hire.

Focus 3

Ensure that new and revised government programs and policies took into account the realities of the province's Official Language communities:

- The department continues to provide correspondence and information to the public in the Official Language of their choice and ensures new program and policy information is communicated in both Official Languages.

Focus 4

Ensure public service employees have a thorough knowledge and understanding of the *Official Languages Act*, relevant policies, regulations, and the province's obligations with respect to Official Languages:

- New employees are required to complete the Language of Service and Language of Work eLearning modules.
- Employees are required to review the Language of Service and Language of Work policies and guidelines as part of the annual performance management process.

Conclusion

The department continues to work on meeting its obligations under the *Official Languages Act* and related policies and to ensure its ability to provide services to the public in both Official Languages.

Summary of recommendations from the Office of the Auditor General

Section 1 – Includes the current reporting year and the previous year.

Name and year of audit area with link to online document	Recommendations
	Total
Addiction and Mental Health Services in Provincial Adult Correctional Institutions	14

Adopted Recommendations	Actions Taken
Paragraph 3.58 – We recommend the Department of Health provide clear direction to legislation and regulation as to who is responsible for health services, including addiction and mental health services in provincial institutions.	A comprehensive review and identification of legislative options and barriers was conducted by a working committee comprised of representatives from the Departments of Health and Justice and Public Safety (JPS) and the Regional Health Authorities (RHAs). It was determined that to meet the needs of incarcerated persons, the full scope of health services should be considered, and not addiction and mental health services in isolation. The submission date for the working committee's final report was moved to November 30, 2019.
Paragraph 3.67 – We recommend the Department of Health, in consultation with the Department of Justice and Public Safety and other relevant parties, complete an integrated service delivery model for addictions and mental health services in New Brunswick correctional institutions. Existing agreements should be redrafted to meet the requirements of this service delivery model.	The working committee explored options for an integrated model of care, however further work is required to determine resource requirements. The submission date for the working committee's final report was moved to November 30, 2019.
Paragraph 3.72 – We recommend the Department of Health and the Department of Justice and Public Safety collaborate to capture and share addiction and mental health data. This data should be used to identify addiction and mental health needs in New Brunswick correctional institutions and develop strategic service delivery plans.	A comprehensive process mapping exercise was completed by DH in collaboration with DPS and the RHAs.
3.84 – We recommend the Department of Justice and Public Safety (New Brunswick Corrections), in consultation with the Department of Health, implement a recognized mental health screening tool in the admissions process.	A demonstration of a screening tool was implemented in one facility and addiction and mental health data was captured by the nursing staff over a three-month period.

3.9 – We recommend the Department of Health, in co-ordination with the Department of Justice and Public Safety, provide training on mental health screening to nursing staff and admission officers	Training to use the screening tool was provided in November 2018 to the nursing staff in the facility where the tool was demonstrated.
3.93 – We recommend the Department of Health ensure nursing staff within a correctional institution receive access to, or notification of, client records in the Client Service Delivery System (CSDS). This will allow validation of treatment history and treatment options.	DH and JPS are conducting a privacy review of the impacts of allowing nursing staffing within a correctional institution access to CSDS and DH is developing a training package for the nursing staff.
3.105 – We recommend the Department of Health and the Department of Justice and Public Safety ensure inmates flagged from the screening protocol be referred to a qualified mental health professional for a comprehensive mental health assessment to develop a treatment plan.	Through oversight by the Joint Standing Committee on Forensic Services, DH, JPS and the RHAs have been working together to ensure continuity of care for existing clients of Addiction and Mental Health Services while completing their provincially mandated sentence. The working committee's report will provide comprehensive solutions to Recommendation 3.105. The submission date for the working committee's final report was moved to November 30, 2019.
3.117 – We recommend the Department of Health and the Department of Justice and Public Safety collaborate to ensure addiction and mental health counselling and therapy treatment options are available for inmates in provincial correctional institutions.	The working committee's report will provide comprehensive solutions to Recommendation 3.177. The submission date for the working committee's final report was moved to November 30, 2019.
3.118 – We recommend the Department of Health and the Department of Justice and Public Safety use integrated clinical teams for assisting adults in custody, similar to the approach taken in the youth facility.	The working committee's mandate includes a review of best practices and an assessment of opportunities to enhance care for offenders requiring addiction and/or mental health services. The submission date for the working committee's final report was moved to November 30, 2019.
3.119 – We recommend the Department of Health and the Department of Justice and Public Safety support community-based addiction and mental health programs to treat inmates inside the correctional institution due to the logistical and security challenges of bringing inmates to community treatment centres.	The working committee's mandate includes a review of best practices and an assessment of opportunities to enhance care to all offenders identified as experiencing an addiction and/or mental health problem. Technical solutions such as telehealth have been explored and equipment is in place to facilitate this. The submission date for the working committee's final report was moved to November 30, 2019.

3.124 – We recommend the Department of Health ensure addiction treatment services are made available to inmates in provincial correctional institutions.	The working committee's mandate includes a review of best practices and an assessment of opportunities to enhance care to all offenders identified as experiencing an addiction and/or mental health problem. The submission date for the working committee's final report was moved to November 30, 2019.
3.130 – We recommend the Department of Justice and Public Safety and the Department of Health ensure all provincial correctional institutions have continuous access to emergency mental health services.	The working committee's mandate includes examining options for a formulary, specifically psychiatric and opioid replacement therapy medications, that is consistent with provincial practices. The working committee will also evaluate the Introduction of Clinical Services of the Adult Institutional Policy to assist in ensuring desired consistency. The submission date for the working committee's final report was moved to November 30, 2019.
3.151 – We recommend the Department of Health and the Department of Justice and Public Safety map out all of the services currently available to clients with addiction and mental health issues who are also involved in the criminal justice system. This information should then be used when developing the integrated service delivery model.	The working committee is exploring all existing work and resources related to community mapping. The submission date for the working committee's final report was moved to November 30, 2019.
3.152 – We recommend the Department of Health and the Department of Justice and Public Safety develop appropriate protocols to ensure continued services for addiction and mental health clients who are placed in custody in provincial correctional institutions.	The mandate of the working committee includes defining protocols to ensure continued services for incarcerated Addiction and Mental Health clients. The submission date for the working committee's final report was moved to November 30, 2019.

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.	OCMOH sent a memo to staff in November 2016 reminding them to ensure all required documentation is submitted. In January 2018, the Standard Operational Procedures (SOP) used by regional Health Protection Services staff was updated and now includes an Appendix called "New Food Premises Checklist", which details all the required documentation. 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, a revised SOP was finalized which included clarifications on the role of the 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 "Regional Director Annual File Review Checklist". The checklist includes verification of the appropriate Food Premises Licence Class and the fee collected.
Paragraph 2.69 We recommend the Department of Health fully implement its risk-based inspection strategy by ensuring staff follow the documented standard operational procedures (SOP) and properly complete a risk assessment, and update it annually, to determine the proper inspection frequency for food premises.	A memo was sent to Health Protection Services in November 2016 reminding staff of the risk assessment process. 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 SOPs and properly conduct inspections to monitor operators' compliance with the food premises standards.	In January 2018, the revised SOP was finalized which includes a new appendix, "Regional Director Annual File Review Checklist". Part of the file review checklist requires regional directors ensure inspection reports are completed appropriately. This was reinforced in a training webinar for staff in February 2018. In April 2018, workshops were held that included scenario-based training to help build consistency in the application of the inspection standard and the completion of the inspection form.

Paragraph 2.76 - We recommend the Department of Health properly document all inspections by accurately and neatly completing the Food Premises Inspection Form.	A memo was sent to Health Protection Services staff in November 2016 reminding staff to neatly and accurately complete inspection forms. In April 2018, workshops were held that included scenario-based training to help build consistency in the application of the inspection standard and the completion of the inspection form.
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 new provincial tracking sheet has been developed and implemented to help identify the inspections that are overdue. In January 2018, the revised SOP was finalized and now includes a requirement for administrative support to report to regional directors which inspections are overdue and for regional directors to follow up with public health inspectors on overdue inspections. 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.	See above comment (Paragraph 2.77)
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 Health Protection Services 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 April 2018, workshops were held that addressed many of these issues. Regional directors can also review inspection reports to ensure these criteria are noted on the inspection form, as part of the regional director file audits. The January 2018 SOP explains that public health inspectors are responsible for ensuring a complete inspection.

Paragraph 2.87 – We recommend the Department of Health encourage consistency between inspectors through such means as: • providing refresher training on the SOPs; • monitoring compliance with the SOPs; and • -having regular meetings to discuss violations and food premises standards using professional judgment.	In February 2018, a webinar was provided to Health Protection Services staff to advise employees of the updates. In addition, workshops were held in April 2018 that included scenario-based training to help build consistency in the application of the inspection standard and the completion of the inspection form. The revised SOP includes language regarding the responsibility of staff to use the SOP as part of their day-to-day functions. Regional directors and regional medical officers of health regularly refer to the SOPs and ensure their staff do so as well. Once the memorandum of understanding between the DH and JPS is finalized, consideration will be given to auditing the programs delivered by that department on DH's behalf.
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.)	Six months of data has been accumulated. In 2019, the data was reviewed to identify trends and determine next steps.
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 to add clarity and build some consistency in the SOP regarding licencing revocation. Updates were included in the revised SOP in 2018. Both the February 2018 webinar and the April 2018 training workshops included information and training on these 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-compliant operators has been strengthened in the revised SOP finalized in January 2018. DH will consider future legislative opportunities.
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.	As of January 2019, all food premises inspection reports are being posted, excepting public market, temporary event and dairy plant licences, which are exempted from the requirement due to technology limitations and challenges. This will be reconsidered when an IT system is available. Abattoirs are also currently excluded from posting until privacy questions can be addressed.

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 SOPs, 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 has been developed and includes the data outlined in the recommendation. This data has been entered into the system since April 2017. The SOP explains that the regional directors are responsible to monitor the information in the spreadsheet.
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.	JPS (Health Protection Services) now holds responsibility for operations and the delivery of inspection services for the food premises inspection program. It is researching options for an automated inspection system and is consulting with other jurisdictions regarding systems currently in use in North America. 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.	The January 2018 SOP explains the regional director's responsibility in food premises file reviews, using the "Regional Director Annual File Review Checklist". The Department of Health's responsibility for reporting/auditing will be further outlined one year after the signing of the memorandum of understanding between the Department of Health and the Department of 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 SOPs.	The January 2018 SOP includes a policy directive on the rotation of food premises.
Paragraph 2.127 – We recommend the Department of Health calibrate equipment regularly as required by the SOPs.	A memo was sent to staff in November 2016 reminding them to calibrate the equipment. The January 2018 SOP includes calibration as a function and responsibility of public health inspectors and includes direction 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 SOPs to determine if they are practical. Attention should be given to identify SOPs 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 SOPs be revised as needed.	Staff were consulted in 2017 and over 300 comments were received, resulting in a revised SOP. The review included amending the number of file reviews required. Following feedback from the training conducted in February and March 2018 training and the transfer of Public Health inspectors to JPS, further edits occurred to address the concerns noted in the recommendation and a revised version of the SOP was released in 2019.
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 it's findings.	The status of the assessments is as follows: 1. Uninspected meat – Pending; 2. Training for Class 5 operators --Noted on a list of potential proposed amendments to the regulation; 3. Abattoirs – Public health inspectors are now assisting agri-food inspectors at abattoirs that also do processing; 4. Community suppers -- Noted on a list of potential proposed amendments to the regulation; 5. Updating regulation -- A list of potential proposed amendments to the regulation is in development.
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.	The SOP was updated and implemented in 2018. Following the implementation, additional edits were completed and a revised 2019 version was released. A list of potential proposed amendments to the regulation is in development.

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 2018-2019 fiscal year.