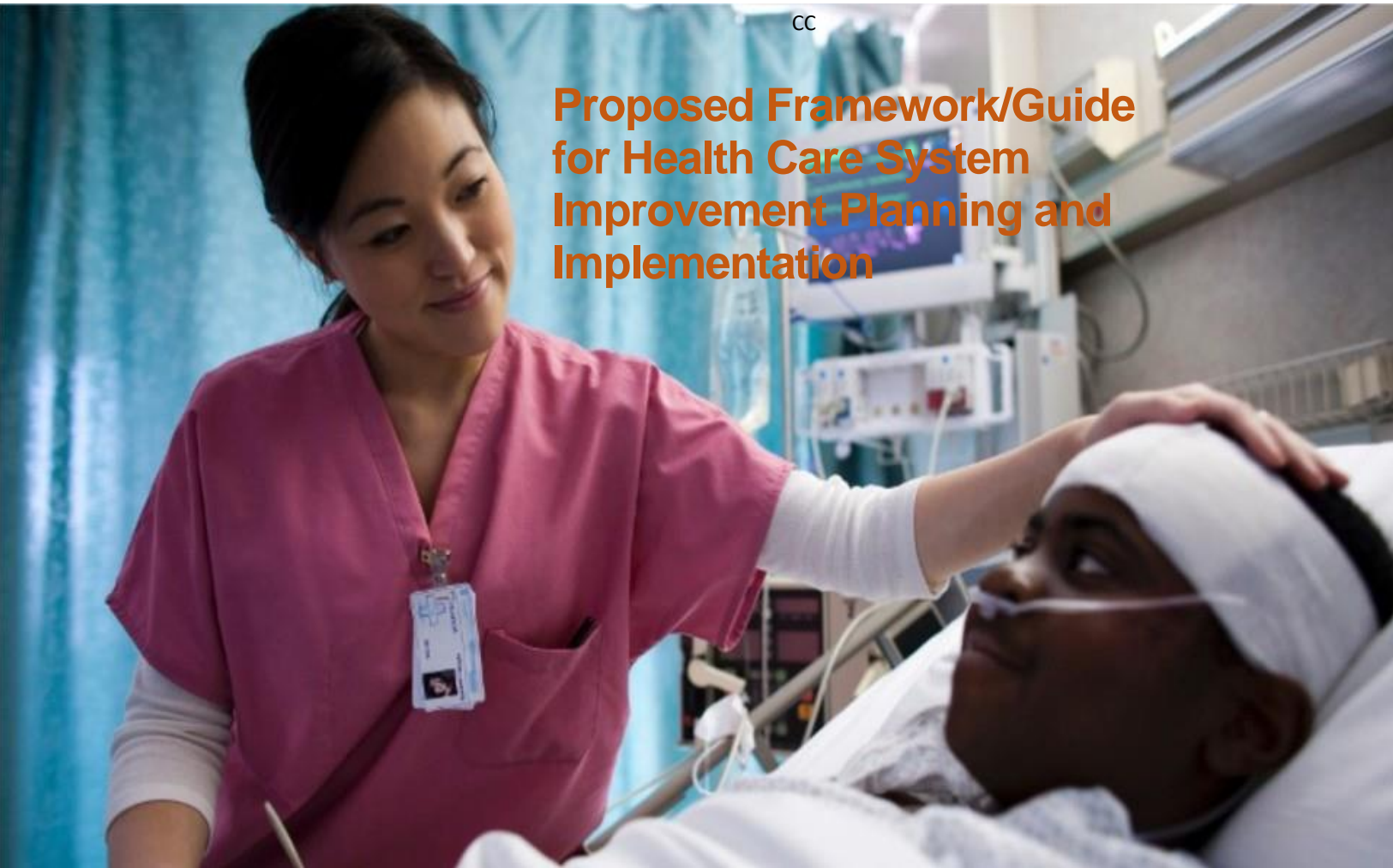


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# Proposed Framework/Guide for Health Care System Improvement Planning and Implementation



February 28, 2022

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COALITION OF CONCERNED CITIZENS

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## HEALTH CARE SYSTEM CONTEXT

While the health care system is complex and costly, it is only one of the factors that affect human health and longevity; others include genetics, environment, lifestyle, education, income, and these factors must also be addressed. As well, ongoing clinical and technological advances create an ever-increasing ability to detect, diagnose and treat health problems and manage chronic conditions.

To initiate and sustain a concerted effort to improve the province's health care system, the first step is to establish a sound, timeless framework and guide – a clear target that serves as a tool to: 1) ensure coherence/consistency, 2) organize, and 3) coordinate --- all the various actions the provincial government identified in 2021 reform plan, along with any others needed to achieve the desired result, which is...

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### HEALTH CARE SYSTEM VISION

A RELIABLE, SEAMLESS NETWORK OF PRIMARY, SECONDARY AND TERTIARY LEVEL SERVICES THAT RESPONDS EFFECTIVELY TO THE HEALTH CARE NEEDS OF N.B. RESIDENTS IN A TIMELY MANNER AND MAKES EFFICIENT USE OF ALL IT'S RESOURCES.

#### System Values/Principles

- 1) System governance - a clear and logical allocation of responsibility, authority and accountability for system design, operation, monitoring, and funding, coupled with stated output and outcome objectives, and regular public reporting.
- 2) Timely access to reliably available, appropriately located, quality, effective, and efficiently organized and operated services.
- 3) System design and patient care decision-making (regarding what, where, when, how, by whom) based on best evidence of timeliness, efficacy, effectiveness, and safety.
- 4) Protection/privacy of personal information within the context of needed Health Care Provider (HCP) information, i.e. Electronic Health Record (EHR) accessible for clinical service provision.
- 5) Respect for differences in language, gender, culture, sexual identity, age and ability.

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## System Design and Operational Features

*Ensuring the right care, in the right place, by the right personnel, at the right time:*

Encompasses physical, mental, and psychosocial health, and includes all service categories: prevention, detection and diagnosis, treatment, rehabilitation, long term and chronic disease prevention and management, palliative care, as well as other vital services, such as ambulance (EMT), prescription drugs, telecare, Public Health, addiction services, population and individual health promotion.

Ensures appropriate use of available delivery methods: in-patient, out-patient/ambulatory, residential, day service, in-home, remote/on-line consultation, e-diagnosis and monitoring (tele-health). Makes full use of available onsite and remote consultation diagnosis and treatment technologies, including comprehensive, integrated clinical and management information/communication systems with an electronic health record (EHR).

Ensures collaboration and coordination between horizontal and vertical components of the service network to assure continuity of quality care.

Responds to needs of both urban and rural residents, the elderly and other populations.


Ensures all health care personnel are able to function at their full scope of practice to achieve optimal use of all available human resources.

Includes a health personnel supply, recruitment, and retention plan for each key service provider group.


Provides readily accessible public information regarding what services are available and how to access them, as well as population health status and trends and system performance, with the latter two functions provided by the NB Health Council.

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## *Future System Characteristics...*




**Primary Health Care:** Organized and managed primary health care services emphasizing ongoing transformation to multi-disciplinary collaborative practices with MDs, NPs, Nursing, professional therapists, and other HCPs, as needed by the community served. Rostering of patients and a variety of recruiting and remuneration methods gradually introduced with sufficient flexibility to facilitate successful implementation and on-going operation. Smaller hospitals and existing health centres may be developed into Comprehensive Community Health Centres that effectively meet an area's variety of primary health care needs.




**Secondary and Tertiary Services:** Secondary and tertiary services (personnel, equipment, supplies, facilities) located in designated hospitals to ensure sufficient and sustained service volume; maintain specialized HCPs with advanced skills; provide quality, safe, standardized patient care; and attract needed additional professional talent. Centres of expertise would be identified for highly specialized clinical services as provincial volume warrants.

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**Urgent Care Units** established and operated by the Health Authorities located within or associated with designated hospitals to address time sensitive non-emergency conditions, thus allowing emergency departments to deal with true emergencies. Urgent care units would be staffed by physicians, nurse practitioners, and other nursing staff. After hours and walk-in clinics could continue functioning subject to meeting certain operational requirements.



**Long-Term Care (LTC) System** with 1) regulated, regularly inspected and predominantly not-for-profit residential and day service nursing homes, 2) regulated and regularly inspected for-profit special care homes. The 'Service Campus' concept should be used where feasible. Contracted administrative and clinical services provided by larger nursing homes to smaller homes would be encouraged to promote consistency and efficient resource use. A limited number of for-profit facilities would permit regular quality and efficiency comparisons. Availability of in-home services would be increased and enhanced in coordination with other LTC services. LTC facilities would be separate from the two health authorities but with coordinated discharge planning for timely placement of alternate level of care (ALC) individuals who are in hospital.

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## How to get There from Here

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**Legislated leadership** for system design, funding, output and outcome expectations, and performance monitoring functions, as well as a sustained system improvement process, logically belongs with the M/DOH. **One lead organization** that oversees and works with other system components, including contracted agents, **is essential** to ensure a coherent, consistent, coordinated, and efficient service network.

1. The Minister/DOH and the Task Force (TF), with regular advisory input from the CCC and other relevant stakeholders, develop a planning and implementation framework/guide based on the key system features and parameters (e.g., as presented here), identifying priority items and needed concurrent and/or consecutive actions.

2. The TF, with input from external sources and using the framework/guide, steers the overall system improvement process under the M/DOH's oversight.

In this context, there would be on-going liaison with the HAs, NBMS, NANB/ALPN and other organizations, as appropriate, regarding relevant topics to assure sustained progress.

3. The two HAs mandated to plan, organize, implement, and manage all aspects of service delivery, either directly or indirectly through contracted agents such as Blue Cross/Medavie, in accordance with the DOH framework/guide and any more detailed DOH parameters that may subsequently be needed.