

2018-2019
EM/ANB
Annual Report



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Message from the Chair

The 2018-19 EM/ANB annual report reflects the first full year of integration between Ambulance New Brunswick and the Extra-Mural Program.

The Government of New Brunswick created EM/ANB through the integration of the Extra-Mural Program and Ambulance New Brunswick. Extra Mural continues to deliver healthcare to New Brunswickers in their homes, while Ambulance New Brunswick continues to provide emergency ambulance services to New Brunswickers wherever it is needed.

Together, there are synergies created that will improve the quality and sustainability of community health care in New Brunswick at a time when such care has never been so critical to the overall quality of life and status of individuals' health in our province. In the last year, EM/ANB has met its objectives with respect to ambulance response times and delivered improvements in four out of the five key indicators related to the Extra Mural Program.

While operations of the publicly funded provincial programs are managed by Medavie Health Services New Brunswick, the Department of Health remains responsible for the overall direction of EM/ANB. As such, this public body is governed by a board comprised of government representatives from the Department of Health and one representative each from the two provincial Health Authorities, Horizon and Vitalité. Over the past year, the work of our board has included quality improvement initiatives for governance. I am pleased to have the opportunity to serve as chair of this board.

EM/ANB's first full year also saw the provincial government provide direction on several important initiatives that will strengthen the organization and guide its future.

The Government of New Brunswick directed ANB to implement a dedicated non-emergency patient transfer system to address our human resource challenges while respecting official languages legislation and contributing to improved emergency response times. It also directed a floater system be implemented in order to create better working conditions for casual/part-time paramedics who were able to secure permanent/full-time status. Government also provided direction for the creation of a public facing accountability webpage which provides detailed information on the performance of our ambulance system in an effort to increase openness and transparency for our citizens.

I look forward to EM/ANB's continued contribution to improving our health system in years to come.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'René Boudreau', written in a cursive style.

René Boudreau
Chair EM/ANB Board of Directors



Message from the CEO

I am pleased to present the EM/ANB Annual Report for 2018-2019.

This report provides an overview of our organization: our operations, accomplishments, contributions and financial results for the period of April 1, 2018 to March 31, 2019.

This was the first full year of integration of Ambulance New Brunswick and the Extra Mural Program and we marked the one-year anniversary of this innovative approach to community health care in January.

We are a model that is looked to throughout the country. This was recognized this year when Medavie Health Services was selected as one of five finalists in the 2019 PwC Vision to Reality Awards – which recognize the work of innovative and forward thinking organizations across the country – for the creation of this first-of-its-kind integrated primary health care model.

That model – EM/ANB – brings together the two pillars of community care in the province. Extra Mural and ANB provided excellent service to New Brunswick in the past. Joining them together is unleashing the potential to provide levels and aspects of community health care that have never been seen before in this province or, indeed, in this country.

This has been another year of exciting innovation. We introduced Rapid Response Units to five rural communities to enhance service in those areas, we developed a dedicated transfer unit to handle transfers of ambulance patients between facilities, strengthening service to both our emergency and non-emergency clients, we received exemplary status accreditation for the Extra Mural Program at the former Horizon sites and for ANB, and we developed a clinical practice leadership structure at EMP that will ensure the high quality of extra mural care we provide is delivered consistently across the province.

We work in a challenging field at a challenging time. And in that environment, we exceeded our response time mandates at ANB, ambulance service recorded a satisfaction rate of over 94 per cent, while more than 95 per cent of patients using extra mural reported satisfaction.

In its 2018 survey, the New Brunswick Health Council found the two most trusted health services in the province were EMP and ANB.

This is primarily thanks to the people delivering those services and our employees supporting those on the front lines. Our success is due to your skill, professionalism, engagement and care. Together, we make a difference in the lives of New Brunswickers every day. I hope you recognize how important the work we do here is. And I hope you take as much pride in that work and the outcomes it achieves as I do.

Respectfully submitted,

Richard Losier
CEO - EM/ANB

Governance

As of January 1, 2018, New Brunswick's Extra-Mural Program (EMP) and Ambulance New Brunswick (ANB) services have been delivered by a Part III entity EM/ ANB, governed by a Board of Directors.

The Board is responsible to contract and govern the EM/ANB administration for the provision of Extra-Mural and Ambulance New Brunswick through the management of key performance indicators and adherence to provincial policies, legislative acts and associated regulation which support the direction for the delivery of services.

EM/ANB Board has a contract with Medavie Health Services New Brunswick to manage operations of the services.

The primary purpose of EM/ANB is:

Plan and manage EMP and ANB while ensuring that home healthcare services and ambulance services are delivered according to established policies and standards.

The Extra-Mural Program (EMP) provides provincial home healthcare services to individuals in their homes and/or communities. The program provides acute, support maintenance, palliative and care coordination services that:

- Reduce/prevent unnecessary hospital/nursing home admissions
- Facilitate appropriate discharge of clients from hospitals, and
- Assist individuals to live as independently as possible

ANB provides comprehensive, province-wide ambulance services to the citizens, residents and visitors of New Brunswick. These services include:

- Air and land ambulance services, all in accordance with applicable provincial legislation and policy direction
- Providing the communication and dispatch systems necessary to meet the standards developed for ANB

EM/ANB is tasked with:

- Entering into performance-based contracts with third-party service providers for the management and delivery of the ambulance service at the discretion of the Board of Directors
- Being accountable to the Minister of Health through a Board with an accountability framework that includes performance metrics; and
- Doing such things that, in the opinion of the Board of Directors, are or may be necessary to develop, foster, enhance, assist or otherwise contribute to the provision of ambulance services and the Extra-Mural Program

In order to fulfill its mandate, EM/ANB entered into performance-based contracts for a period of 10 years with Medavie Health Services New Brunswick to provide management of delivery of the province's Extra-Mural Program and ambulance service. As a result of those contracts, the President of MHSNB is also the CEO of EM/ANB. The CEO reports to the Board of Directors, whose members are appointed by the Department of Health and are employees of the Government of New Brunswick (GNB). The Board members as of March 31, 2019, are:

René Boudreau *Chair*
Assistant Deputy Minister
Corporate Services, Department of Health

John Estey *Vice Chair*
Director
Emergency Health Services,
Department of Health

Patsy MacKinnon *Secretary-Treasurer*
Executive Director
Financial Services, Department of Health

Claude Allard
Associate Deputy Minister
Health Services and Francophone Affairs,
Department of Health

Dan Coulombe
Executive Director
Acute Care, Department of Health

Jean Daigle
VP Community
Horizon Health Network

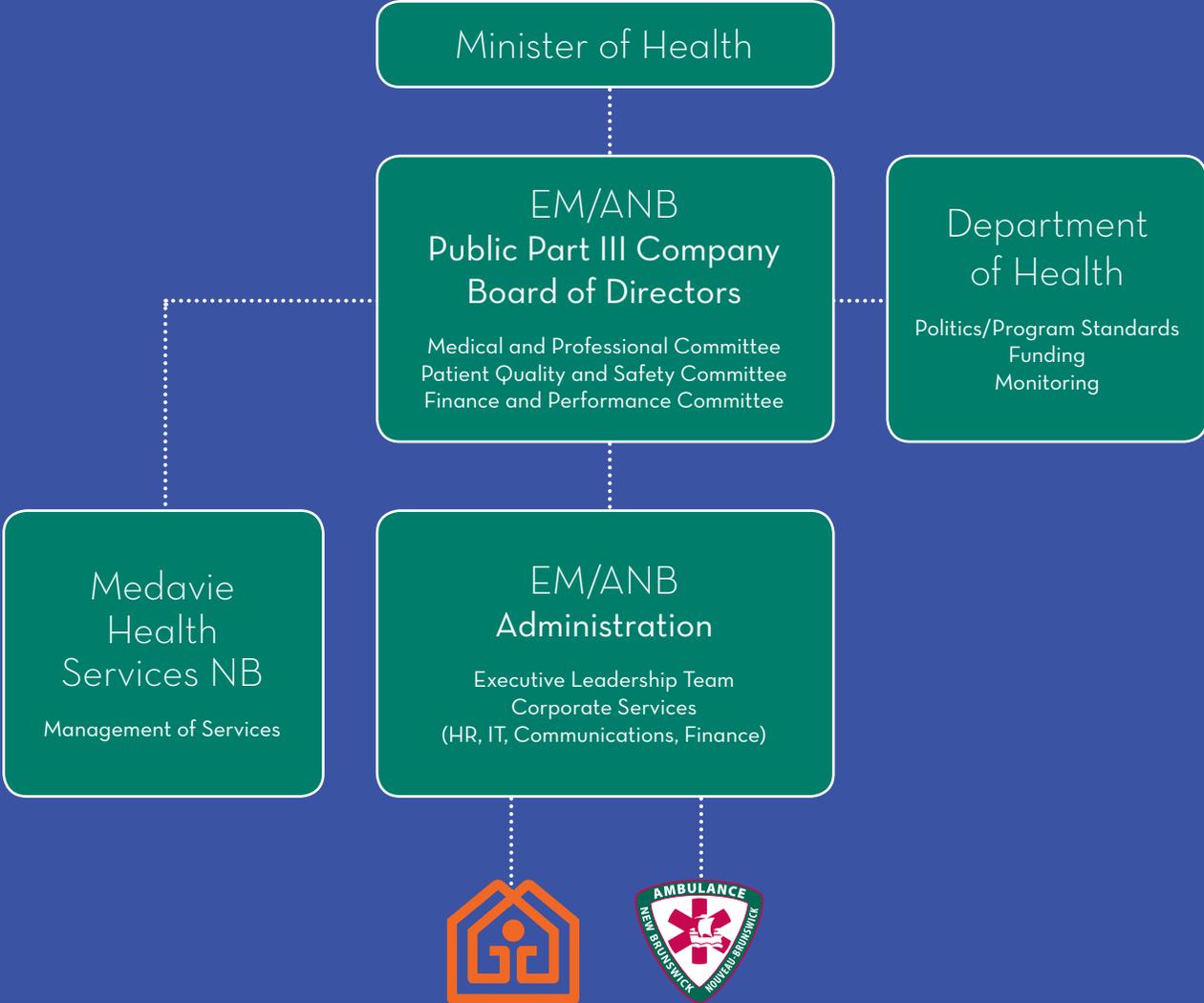
Jennifer Elliott
Director
Home Care Unit, Department of Health

Stéphane Legacy
VP, Outpatient and Professional Services
Vitalité Health Network

Heidi Liston
Executive Director
Primary Health Care,
Department of Health

Mark Thompson
Director
Corporate Support Services,
Department of Health

Governance Structure



EM/ANB Initiatives in 2018-19

- Rapid Response Units
- Transfer System
- Accreditation
- EMP Fleet Renewal
- Clinical Practice Leadership Council

Rapid Response Pilot Project

Rapid response units (RRUs) were introduced to five rural communities in New Brunswick as a two-year pilot project in November, 2018.

Rapid response units do not replace ambulances. Rather, the smaller vehicle staffed with one paramedic is intended to strengthen emergency response capability by providing an immediate response to calls and commencement of patient treatment until a transporting ambulance unit arrives. Once the transporting ambulance arrives and takes

over care, the RRU is available to respond to the next call in that area.

In a traditional model, the transport of patients can take the ambulance away from their local areas. Because RRUs will not be involved in the transport of patients, they are on deck to respond to the next call, provide paramedic level care and begin treatment of patients prior to the arrival of the transporting ambulance. Not transporting patients ensures the unit becomes available sooner and remains in that geographic area.

The purpose of this two-year project was to develop a framework whereby solo paramedics would carry out their duties within and complementary to the already-established emergency response function.

The Rapid Response Unit (RRU) pilot project has allowed ANB Paramedics to be deployed and provide coverage in Grand Bay-Westfield, St. Quentin, Shippagan, Blackville and Minto. These areas were selected due to not always having a primary resource available which caused periods of increased response times. As these units are not for patient transport, they generally remain in the assigned areas, thereby available for the next request for service.

It has strengthened and complemented the pre-hospital services already provided by Ambulance New Brunswick. Currently these units are available for duty 12 hours per day, seven days per week.

CALL VOLUME BY RRU RESPONSE AREA

Years	Response Date	North - RRU01		North - RRU02		West - RRU04			South - RRU05		Grand Total
		Kedgwick	St. Quentin	Lameque	Shippagan	Blackville	Minto	Chipman	Saint John	Westfield	
2018	November	3	0	0	2	0	2	0	0	0	7
	December	2	2	4	14	7	29	0	2	18	78
2019	January	1	8	15	16	4	23	0	1	22	90
	February	2	5	15	7	7	27	0	2	14	79
	March	4	2	11	23	6	26	0	0	24	96
Grand Total		12	17	45	62	24	107	0	5	78	350



CALL VOLUME BY RRU RESPONSE AREA

Site	Call Volume	Average Response Time
RRU01 St Quentin/Kedgwick	29	04:44
RRU02 Shippagan/Lameque	107	07:52
RRU03 Blackville/Miramichi	24	09:44
RRU04 Minto/Chipman	107	06:45
RRU05 Westfield/Saint John	83	08:19
Overall	350	07:30

Dedicated Patient Transfer Unit System

A new dedicated transfer system was introduced by ANB in March of this year.

Transfers made up 26.3 percent of the system's call volume in 2018-19. Separating the transfer requests out from the 911 emergency response improves the co-ordination and reduces delays on both the transfer and 911 response sides of the operation.

A total of 24 units are now dedicated exclusively to transfers. Because the transfer ambulance is booked in advance, the language of choice of the patient can be identified in advance and the unit staffed accordingly. As a result, some 50 unilingual positions were filled when posted - 38 unilingual English and 12 unilingual French.

In total there are 120 positions on the Patient

Transfer Units (PTUs) and 27 new positions created. There is also a separate call taking unit in MCMC to book transfers, so the transfer calls are answered by a dedicated team separate from the team answering the 911 calls.

Accreditation

Accreditation Canada is a not-for-profit organization that works closely with health and social services organizations in Canada and abroad to develop a sustainable culture of improvement that betters safety and efficiency, working to save and improve lives. More than 1,000 health and social service organizations and 7,000 sites in Canada and around the world have been accredited through its objective and outcome-oriented assessment programs based on the best global standards.

Both ANB and the EMP sites that operated previously under the Horizon Health Authority were accredited with Exemplary Status by Accreditation Canada in 2018.



In our first full year of operation as part of the integrated EM/ANB, the current EMP operation that previously worked under the Horizon Health Authority was assessed with Exemplary Status in this year's Accreditation Canada survey.

The survey report identified:

- A cohesive interdisciplinary team that assessors said could be a model for other jurisdictions in Canada
- A strong focus on patient-centered care
- High satisfaction from patients and families regarding service
- A leadership team committed to leading the organization through its transition

For ANB, Accreditation Canada's surveyor team evaluated the quality and safety of our programs and services. This included a comprehensive review of the processes and

policies that guide our actions, and included aspects such as:

- Planning and service design
- Integrated quality management
- Emergency preparedness
- Medical devices and equipment
- Infection prevention and control

As a result of our efforts and commitment to the accreditation process, ANB earned Accredited with Exemplary Standing in 2018, making it the first and only EMS organization in Canada to earn this designation from Accreditation Canada.

These third-party assessments reaffirm that quality improvement is engrained in our organization's culture, and validate the continuous efforts we have made -- over the last 10 years at ANB and since integration with EMP -- to improve the quality and safety of our services.

Clinical Practice Leadership Structure

In May, the Clinical Practice Leadership groups kicked off their work to ensure EMP provision of care is grounded in best evidence and reflects the experience of home health care staff.

Each of the professions within the EMP team have a Clinical Practice Leads (CPL) group with membership representing each Region. These CPL groups focus on developing standards of practice that will be distributed to all the EMP units to ensure that all New Brunswickers receive the same consistent quality EMP service no matter where they live. Having consistent services also positively impacts our EMP staff who can expect to be able to move across EMP Units and be engaged in similar work and have similar tools and support needed to provide quality of care to their patients. As the Clinical Practice Leads groups evolve, they will focus on emerging trends and opportunities for

building capacity for sustainable care.

When care practices involve multiple professions, the Interdisciplinary Clinical Practice Leads, chosen from each of the Clinical Practice Leads groups, will gather to develop standards for interdisciplinary care. The first practices that will be developed are regarding Skin & Wound care, a large component of our EMP care.

All of this work is to ensure the highest quality services and promote EMP as a Leader in delivering home health care.

EMP Fleet Renewal

We recognize that patients in urban and rural New Brunswick rely on Extra Mural staff to travel to their homes for care in all types of weather. The Maritimes can be unpredictable, and often road conditions are unfavorable or even treacherous.

Provision of care in the Extra Mural setting requires a vehicle with safe, secure storage for equipment, medical supplies and bags allowing for easy stowing and retrieval. The EMP fleet specifications have been updated to include safety features such as all-wheel drive, hatchback, and a higher ground clearance. We are happy to report that 153 vehicles of the total fleet of 520 vehicles were updated to meet the revised specification through lease renewal.



Ambulance New Brunswick

Any time someone in New Brunswick dials 911 because a patient needs medical help, it is ANB's dedicated paramedics who provide care, compassion and safe transport to hospital.

Each ambulance is staffed with two paramedics. When a crew is dispatched to a call, the paramedics work together to formulate a treatment plan while en route to the scene. They do this using information relayed to them in real time from their dispatcher (remember: while a call-taker is getting information from the 911 caller, the dispatcher is sharing the pertinent details with the responding paramedic crew and providing life-saving information).

Ambulance New Brunswick's paramedics practice at the PCP scope. PCP stands for Primary Care Paramedics, and ours are some of the most skilled in the country. In delivering medical care, our paramedics follow national guidelines, called the National Occupational Competency Profile, and they practice at the highest level of the PCP guidelines. Their scope of practice includes advanced airway techniques, IV therapy and other interventions, as well as the administration of various medications. As of March 31, 2019 there was 991 Primary Care Paramedics and 41 Advanced Care Paramedics (including full time, part time and casual employees) working for ANB.



ANB 2018-19 Performance Overview

Official Languages

Providing services in both official languages is a cornerstone of our organization. Abiding by the Official Languages Act, the Language of Service and Language of Work policies allows us to ensure that we are servicing all of our clients in the language of their choice.

During 2018-2019, we presented a revised version of the ANB Strategic Language Plan which will allow us to continue focus on increasing our bilingual staff complement and assisting our current unilingual staff to pursue becoming bilingual. The Plan also promotes the importance of making the active offer to every patient, every time.

Our ANB staff continue to enroll regularly with our various language training providers as they see the value of being able to provide the language of choice to their clients. They are very engaged in this regard. As a result, we are pleased to report that 34.25 per cent of all ANB paramedics have qualified as bilingual by the Province of New Brunswick (PNB) through Service New Brunswick. This is an increase of 1.14 per cent from 2017-2018. To qualify as bilingual, employees must achieve a minimum level of Intermediate plus (level 2+) in a 20-40 minute phone evaluation that determines what functions/tasks they are able to perform in English or in French, how accurately they are able to

convey a message, and their ability to express themselves fluently in the given content area.

We will continue to focus on attracting bilingual employees to the profession, educating and supporting our current employees and looking for ways to better serve our patients. At the end of 2018-19, we had 59 full-time permanent bilingual positions vacant, along with 45 part-time permanent bilingual positions vacant.

For 2018-19, Ambulance New Brunswick received no official language complaints.

On active offer of service in the official language of their choice – according to the MQO (the independent third-party company that conducts semi-annual patient satisfaction surveys for EM/ANB) report of January 2019 – 58 per cent of clients said yes, which was on par with the previous years. A total of eight per cent said they were not offered the choice and 34 per cent reported they either did not know or were not sure (compared to the 30% in 2017).

Medical Communications Management Centre (MCMC)

Our MCMC answers 911 ambulance calls for help and since September 2019 has coordinated inter-facility patient transfers, 12 hours per day, five days per week.

With a complement of up to 12 employees a shift, ANB employs 51 professionals as Emergency Medical Dispatchers (EMDs) and Critical Care Transport Coordinators (CCTCs). Every employee who works at MCMC is bilingual.

Additionally, we have an operations manager on duty around the clock, overseeing this key aspect of our operations and supporting the EMDs and field operations who do their part to provide care and support to our patients, co-responders and the public at large.

This year, MCMC earned its 3rd Re-Accreditation as the world's 175th Center of Excellence from the International Academy of Emergency Dispatch. Our center is part of a growing number of Accredited Centers of Excellence who provide superior, up-to-date public care and efficient resource utilization to achieve maximum results in emergency situations and the accreditation recognizes those efforts.

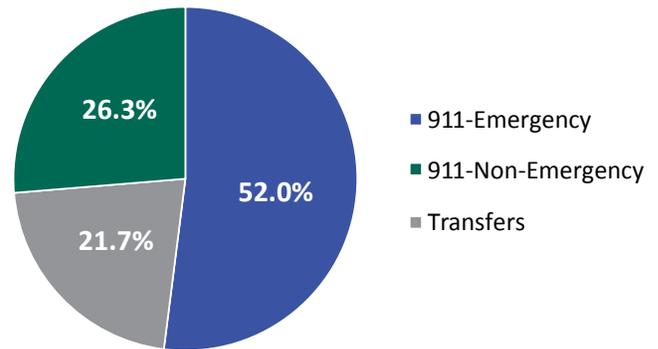
remaining were patient transfers between hospitals and other facilities.

The total land call volume for both 911 calls and interfacility transfers for the 2018-2019 fiscal year was 111,807. This represents a slight decrease of 366 calls from the 2017-2018 fiscal year, although still reflective of a significant increase over the past five years.

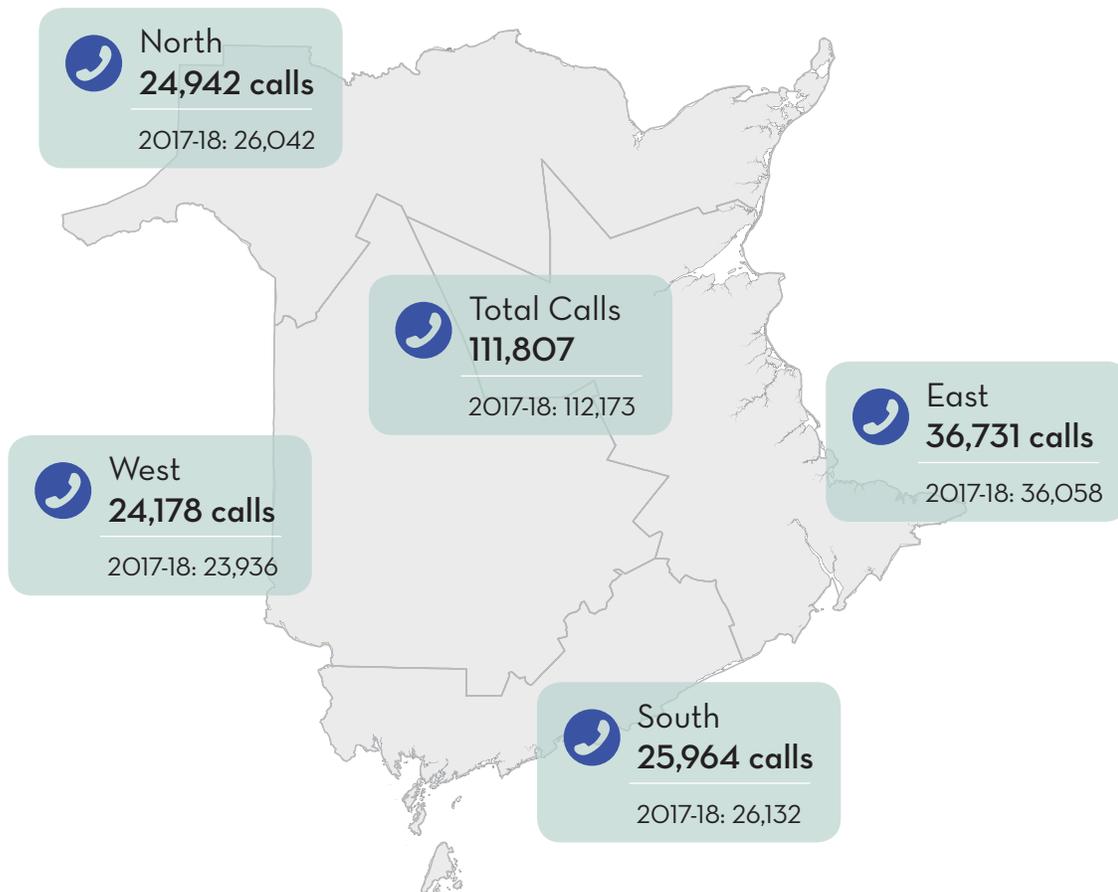
Land Ambulance System

911 emergency calls, amounted to approximately half of our overall call volume. 911 non-emergency calls – where there is no perceived threat to life or limb – accounted for another approximately 25 per cent of calls, for a total 911 volume of approximately 75 per cent. The roughly one-quarter of calls

2018-19 Call Types



ANNUAL VOLUME OF CALLS



Performance Compliance Requirements

As part of its contract, MHSNB, the private-sector company charged with managing the delivery of the provincial ambulance service on behalf of the Government of New Brunswick, has specific performance objectives it must meet. Those objectives relate to our core business of dispatching and ambulance response, as well as to aspects such as customer service and data entry.

MHSNB met all the operational performance requirements set out in its contract for land ambulance for the year ending March 31, 2019. The following table illustrates the performance for the period:



DISTRIBUTION OF CALLS

	Region	Apr-May-Jun		Jul-Aug-Sep		Oct-Nov-Dec		Jan-Feb-Mar	
		Obligation	Performance	Obligation	Performance	Obligation	Performance	Obligation	Performance
Emergency	North	90%	92.78%	90%	91.13%	90%	93.43%	90%	93.09%
	South	90%	94.18%	90%	92.53%	90%	92.91%	90%	92.92%
	East	90%	93.10%	90%	92.61%	90%	92.39%	90%	92.62%
	West	90%	93.78%	90%	93.34%	90%	94.14%	90%	93.79%
911 Non-Emergency	Province	90%	95.49%	90%	94.98%	90%	95.35%	90%	94.04%
Scheduled Transfers	Province	90%	94.79%	90%	92.87%	90%	94.12%	90%	85.45%
Non-Scheduled Transfers	Province	90%	96.97%	90%	96.29%	90%	95.91%	90%	93.53%
Call Processing Time	Province	90%	96.81%	90%	96.44%	90%	96.95%	90%	97.49%
Data Entry	Province	90%	99.31%	90%	98.69%	90%	97.84%	90%	96.13%
Documentation	Province	90%	90.63%	90%	90.96%	90%	90.58%	90%	91.20%
Customer Service*	Province	90%	94.9%	90%	N/A	90%	94.1%	90%	N/A
Reporting	Province	100%	100%	100%	100%	100%	100%	100%	100%
Official Languages*	Province	95%	98%	95%	N/A	95%	96%	95%	N/A

* Satisfaction survey results are compiled on a semi-annual basis

** Performance includes exemptions such as delays attributed to adverse weather and road closures

Fleet Report

Ambulance New Brunswick operates a fleet of ambulances (136) to provide ambulance services in New Brunswick. Ambulances are built in New Brunswick by Malley Industries and obtained through a four (4) year lease program. We also have (4) Clinical Support Units (CSU's) for the Provincial ACP program and 5 Rapid Response Units (RRU). Additionally, Fleet Services operates two (2) Fleet Support Units (FSU's) each of which are located at the fleet centers in Fredericton and Moncton.

This year, Ambulance New Brunswick's fleet continued with the replacement of the Ford E350 chassis with the Dodge Promaster chassis as the Ford E350 was discontinued in 2015. We took delivery of 27 Dodge Promasters within the last fiscal year, making our entire fleet the Promaster model. Also this year, we have added 5 Rapid Response Units within the province which assist in response in more rural settings.

The 2018-2019 fiscal year was a busy year for Fleet operations. Fleet manages the deep cleaning, servicing and maintenance of the Ambulance New Brunswick fleet of ambulances and support units. During the year, ambulances accumulated 10.5 million kilometres and completed 111,807 calls. Each ambulance travelled, on average, 6,500 kilometres per month.

Approximately 5,600 work orders were opened to support and maintain the fleet and ambulances were in for service under the Preventative Maintenance Program (8,000k & 10,000k) intervals approximately 1,300 times, including scheduled maintenance and De-Con (deep cleaning / decontamination) service. Other work orders opened were related to repairs and maintenance of the Toughbook computers, safe driving monitoring devices, cell phones, defibrillators, stretchers, Winter and Summer tire installs, new wiper blade installs, and other equipment or mechanical issues that required prompt Fleet attention.

During the course of the year, paramedics are dispatched at all hours of the day and night and during all types of weather. During the winter months, unfavorable weather conditions increase the risk of ambulance collisions and incidents. There were a total of 103 collisions during the fiscal year that resulted in both major and minor damages including one total write off in 2018-2019.

Fleet Vehicle Replacement Plan

Over the course of the year, 25 units were removed from service, including one vehicle written off from a collision, and 27 new units entered service (2 additional units added to fleet for new total of 136).

Vehicles will be replaced with new ambulances as the leases expire, scheduled as follows:



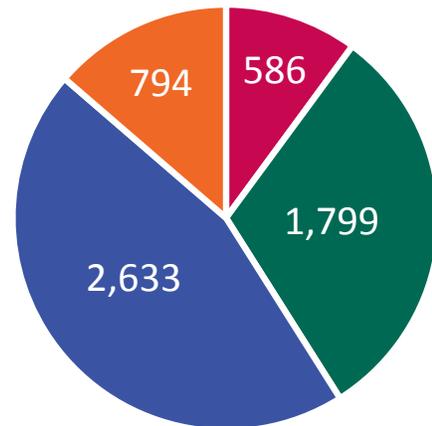
All newly signed leases have a standard 4-year term.

Advanced Care Paramedics

Advanced Care Paramedics (ACPs) are operating in Saint John, Moncton, Bathurst and Fredericton by providing advanced care interventions as co-responders to ambulances on the most critical of 911 activations. In addition to advanced airway management, electrical therapy for cardiac arrhythmia and other interventions, ACPs are able to administer a number of extra medications such as opiates, sedatives, antiarrhythmics and cardiac pressers.

Although there was no expansion of the ACP project this year, our comprehensive data-gathering and quality assurance process remains in place. Overall the ACPs maintain a very high clinical compliance on audit - 97%. They remain busy in the four sites attending to nearly 6,000 patients this year where they administered 1,658 ACP medications and performed 199 ACP interventions.

NUMBER OF ACP RESPONSES



■ Bathurst ■ Saint John ■ Moncton ■ Fredericton



Air Ambulance Operations

For the 2018-2019 fiscal year, our air ambulance operation transferred 481 patients.

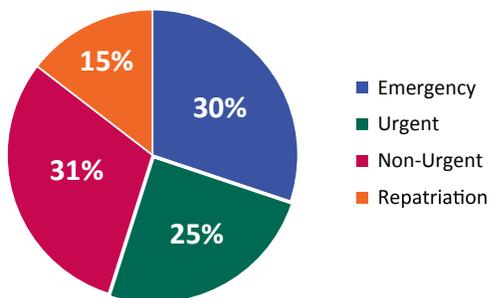
Of those patients, nearly 55 per cent were urgent/critical. The remaining 45 per cent were non-urgent flights where the patient required care beyond the scope of a Primary Care Paramedic as staffed in a land ambulance or needed to be transported long distances.

As of March 31, 2019 our air ambulance operation employed 16 flight nurses -- seven full-time, four part-time and five casual.

Our nurses receive initial and ongoing training to maintain a high degree of clinical competence. They hold current certifications in Basic Cardiac Life Support, Advanced Cardiac Life Support, Pediatric Advanced Life Support, and Trauma Nursing Core Course. They also receive additional training including aircraft safety, advanced airway management (which includes mechanical ventilation and endotracheal intubation), flight physiology/ barophysiology, as well as land and water survival.

This year also saw the addition of seven casual Advanced Care Paramedics to our ranks.

2018-2019 CALL TYPES



	Volume	Percent
Critical (Priority 1)	145	30.1%
Urgent (Priority 2)	119	24.7%
Non-Urgent (Priority 3)	147	30.6%
Repatriation (Priority 4)	70	14.6%
Total	481	100%



Billing

Transportation by ambulance is not an insured service under the Canada Health Act. As a result, fees are charged to partially offset the cost of delivering this service. New Brunswick residents are charged a fee of \$130.60 to assist in off-setting the cost of ambulance service.

During the 2018-2019 fiscal year, 32,857 bills were issued to both residents and non-residents, resulting in \$3,809,272.36 in revenue.

Clinical Care Auditing

Continuous Quality Improvement is ongoing and evolves with the various processes in the delivery of pre-hospital care. Clinical care auditing is completed on a daily basis and reporting is done on a monthly basis. Any clinical issues – matters identified by management that need some improvement but can be resolved through fairly easy

and immediate communication -- identified through the auditing process are reviewed and remediated as necessary. As well, occurrences – matters that will require some escalation in the investigation to resolve – can be identified from concerns received from paramedics, patients and families, other healthcare or emergency providers, or members of the public.

The classification of “Clinical Service Inquiries” is reserved for the most significant occurrences involving a more in-depth review and collaboration with the Office of the Provincial Medical Director.

During the fiscal period 2018-2019, the Clinical Quality Coordinators have reviewed 98 clinical occurrences, one of which was classified as a Clinical Service Inquiry.

Outcomes from Clinical Service Inquiries and other clinical occurrences may include remedial training, changes to policies or protocols, and systemic process improvements as deemed appropriate. In applicable cases, closure with the complainant is a final step.

Controlled Drug Report

EM/ANB Inc. takes reasonable steps to protect controlled medications from loss or theft and informs the Provincial Medical Director (practitioner of medicine) without delay of any loss or theft of controlled

medications. Collectively, these processes meet the requirements of the Controlled Drugs and Substances Act and more specifically, the Benzodiazepines and Other Targeted Substances Regulations.

LAND AMBULANCE

Advanced Care Paramedics have been utilizing controlled pharmaceuticals in three locations (Saint John, Moncton, and Bathurst) since April, 2017 and in Fredericton since July, 2018. There were zero reported incidents for that fiscal year.

Currently – and similarly to the Air Ambulance program – the ACP program uses the services of Ford’s Family Pharmacy and Wellness Centre to supply medications and monitor usage and accountability for these controlled medications requiring a prescription from the Provincial Medical Director. The medications are retrieved from Ford’s and secured in a controlled-access alarmed box. From there, authorized staff distribute the medications to the four ACP sites where they are locked in controlled-access alarmed boxes.

All controlled medications are counted at least once per shift and each administration, breakage, loss or transfer to another location is documented and collected/stored monthly.

AIR AMBULANCE

The Air Ambulance program uses a greater variety of controlled pharmaceuticals, reflecting the need for more advanced treatments during flights. These medications are primarily directed at easing the pain and anxiety patients are experiencing, as well as maintaining sedation during transport. The Air Ambulance program works with the pharmaceutical supplier, Ford’s Pharmacy and Wellness Centre to monitor usage and accountability for these controlled medications.

There were zero reported incidents for the year.



Safety Program

The Safety Program ensures that we put the safety of our employees, patients, hospital care teams, and the general public first as we go about our work. The Program's team of ten safety coaches, who are also paramedics, promote vehicle safety and take part in orientation sessions for new employees, educational initiatives, and mentoring programs.

SAFE VEHICLE OPERATIONS

Our paramedics spend a lot of time on New Brunswick roads, which is why safe driving is central to our operations. In 2018-2019, our ambulances traveled over 10 million kilometres on the province's roads. That's why Ambulance New Brunswick uses advanced technology to monitor fleet operations.

Each ambulance is equipped with a Ferno AceTech system that provides paramedics with feedback on their driving while they're at the wheel. The system alerts drivers when they go over the speed limit, take turns too tightly, or back up unsafely. The system also provides the management team with data on paramedics' driving and on idling time, fuel consumption, speed, and trips for each ambulance in the province.

MOTOR VEHICLE COLLISIONS INVOLVING AMBULANCES

Paramedics have to drive in all types of weather throughout the year. During the 2018-2019 fiscal year, there were a total of 103 collisions that caused minor or major damage to the ambulance fleet. That's five (5) additional collisions compared to the previous year (98 collisions). Sixty (60) percent of the collisions involving our ambulances occurred while the vehicles were stopped or moving at 10 km/h or less. Twelve (12) percent of the collisions occurred when the vehicles had been assigned to a 911 call and fifteen (15) percent of the collisions involved wildlife. Patients were aboard the ambulances in 25 of these collisions, but none were injured during these incidents.

Following a collision, various elements such as collision and incident reports, photos of the accident site and damage, and telemetry data are analyzed. Following his investigation, the coordinator, Safety Program completes a report and sends it to the operations manager of the employee concerned so they can take any necessary measures to lower the risk of further collisions.

In 2018-2019, several communications were sent to paramedics to inform them of the high number of collisions that occur when they back up unsafely, the high risk of collisions with wildlife on New Brunswick roads and ways to prevent avoidable collisions.



2018-2019 Motor Vehicle Collisions Involving Ambulances



103
collisions

60%
<10km/h

12%
911 assigned

Clinical Education Report

One of the ways we work to ensure ANB provides the highest standard of service and care to our patients and their loved ones is through continuous learning. Employees complete several required education sessions each year, both in classroom settings and electronically via our e-Learning platform, EducationANB. These sessions are led by dedicated clinical education coordinators in our Training and Quality Assurance Department, who are paramedics themselves.

ANB paramedics attended face-to-face in-services and ten e-Learning (EL) courses during this fiscal period as continuing medical education. The spring in-services in 2018 began earlier than normal based on the implementation dates of some of the material being delivered. This caused an overlap in fiscal periods. The following components were included as part of in-service delivery:

Spring 2018:

- Annual CPR recertification
- Annual E-skills recertification
- Spring in-service 2018 was started in March 2018 and was completed in early May 2018:
 - Stryker stretcher training
 - Safe patient movement
 - Death notification and communication
 - Clinical updates - interfacility transfer scope, carbon monoxide poisoning, pediatric sepsis, ECG pre-alert to hospitals & standardized reporting, off-load delays, EMP referral program, risk assessment tool, documentation (dangerous abbreviations), communicating with a patient with dementia, thermometry, ACP program

Spring 2018:

- The second ACP orientation took place beginning on June 4 and ending on June 15, 2018. This orientation was held for 15 ACPs who began work in July following a period of mentorship. At this time, Moncton and Saint John sites became 24/7 and Fredericton was opened up as a new site (12-hour day shifts)

Fall 2018:

- The fall 2018 in-service began in October 2018 and was completed in early December 2018:
 - Pediatric Assessment
 - Pharmacology - Introduced acetaminophen, ibuprofen and atrovent
 - Clinical updates - i-Gel airway device, medications tetracaine and D10w, trauma team activation, safe driving, handwashing, 60-cycle electrical interference, T-POD pelvic binder, EMP referral program, stroke line, Point Lepreau personal protective equipment

E-Learning:

- To be complementary to our fall pediatric in-service, all paramedics completed 10 pediatric e-Learning initiatives with topics including: cardiovascular (and other) medical emergencies, child development, child maltreatment, obstetrics, respiratory emergencies, SIDS, special healthcare needs, toxic exposure and trauma

Emergency Preparedness

EM/ANB is committed to emergency management by delivering health care services and programs that are sustainable and resilient to the full range of potentially dangerous and disruptive events that could affect the population of New Brunswick. Its emergency management mission is to develop, implement, execute and maintain a dynamic emergency management program to mitigate hazards, develop response plans, enact emergency procedures and coordinate recovery activities throughout all its facilities and programs in cooperation with health care partners.

The following captures some significant events experienced within the reporting period and presents how EM/ANB was able to manage impacts sustained.

EXERCISE ACTIVITIES

2018 was the year scheduled for the all-of-government nuclear exercise held in conjunction with officials at the Point Lepreau Nuclear Generating Station. EM/ANB participated in this large, full-scale, multi-agency, two-day exercise that focused on response operations the first day and recovery operations the second day. The recovery portion of this exercise was a first for provincial agencies to participate in and concentrated on issues surrounding ongoing evacuations, remediation of the restricted areas, and ongoing pressures placed upon the EM/ANB system. In general, EM/ANB's plans were validated as being effective in navigating the problems arising with some areas of improvement being identified regarding staffing of various locations and potential better coordination of resource placements in future iterations.

HISTORIC FLOOD OF ST. JOHN RIVER

The province of New Brunswick sustained a historical flood in 2018, with some measured water-levels reaching the highest point ever recorded. The flood ended up isolating pockets of the population throughout the St. John River basin, from Fredericton through to Saint John. The community of Chipman became an island for a number of days and the Trans-Canada Highway was closed to traffic in the Jemseg area for one week. These challenges were met with innovative solutions to continue delivering 911 services to local residents who remained in their homes. Some solutions ANB accessed included use of an extensive network of boat resources assigned to support the emergency and use of a 'train-bus' for transport of patients from the Chipman side to an awaiting ambulance, and staffing ambulance locations from adjacent districts instead of using their normal complement; a significant benefit in having a provincial system with provincial resources that can be used in response operations.

Facilities

Currently ANB has 67 stations and 13 Posts in the province.

A station is a building that houses paramedics in various communities across New Brunswick and usually consists of garage(s), storage room for medical supplies, locker room section, living room, kitchen, office(s), and parking. A post is a location that replaces a Road Side post for paramedics. Instead of paramedics sitting for hours between communities, they can use one of our 13 posts across the province. Our posts are a much smaller version of our stations and are usually only comprised of a small living area, kitchenette and bathroom and a place to park the ambulance outside.

Since inception in 2007, ANB has built 51 new stations. Some were older buildings renovated to suit our needs, others were new construction.

In 2018/19 ANB had 3 new station constructions – St. Quentin, Perth-Andover, Hillsborough. Approximately 12 more builds required to complete all new stations throughout the province. There are 5 new builds planned 2019/20, and 7 planned for 2020/21.



Extra-Mural Program

The New Brunswick Extra-Mural Program (EMP) provides inclusive home health care services to New Brunswickers' in their homes (personal residence, special care home, nursing home) and/or communities for the purpose of promoting, maintaining and restoring health and supporting quality of life for individuals with progressive life threatening illnesses.

Since 1981 the Extra-Mural Program has evolved into a publically funded program providing comprehensive home healthcare services to New Brunswickers of all ages. The program has a mandate to: Provide an alternative to hospital admissions,

facilitate early discharge from hospitals and provide an alternative to or postponement of admissions to long-term care facilities. The program anticipates and responds to changes in home healthcare needs, consistently provides services in the best possible way to achieve the desired outcomes for patients with the most cost-effective use of resources. It also promotes the integration of healthcare services in order to ensure the sustainability of the New Brunswick healthcare system.



On January 1, 2018, Responsibility for the Extra-Mural Program was transferred to EM/ANB, a public Part III entity governed by a board of directors. EM/ANB then entered into a service agreement with MHSNB for the management of these services. This is providing an opportunity to leverage ANB, EMP and 811 to increase the capacity within the Primary Health Care system to help address current challenges. This will enable an innovative platform that can support anticipated demands in the future. The future state will positively impact the key challenges while aligning with the Triple Aim goals of: improving the patient experience; improving population health outcomes; and reducing the cost of health care delivery.

In our first full year of operation we have already seen very positive results and projects are underway that will transform the way we deliver community care in New Brunswick.

The EMP nursing services are provided 24 hours a day, seven days a week. Other EMP professional services are available seven days a week as required to meet the patient's home healthcare needs.

Short-term personal support services are provided by the EMP on a limited, purchased service basis.

The EMP interdisciplinary health care professionals (service providers) are specialists in the delivery of home care services. The interdisciplinary team services include:

- Registered nursing
- Licensed practical nursing
- Occupational therapy
- Physiotherapy
- Clinical nutrition
- Respiratory therapy
- Social work counselling
- Speech-language therapy
- Rehabilitation services

The EM/ANB Administration is responsible to plan and manage the EMP and services while ensuring that home healthcare services

are available and delivered according to established policies and standards.

The New Brunswick Department of Health is responsible to set the provincial EMP policies in consultation with the Regional Health Authorities, the NB EMP Medical Advisory Committee and other stakeholders.

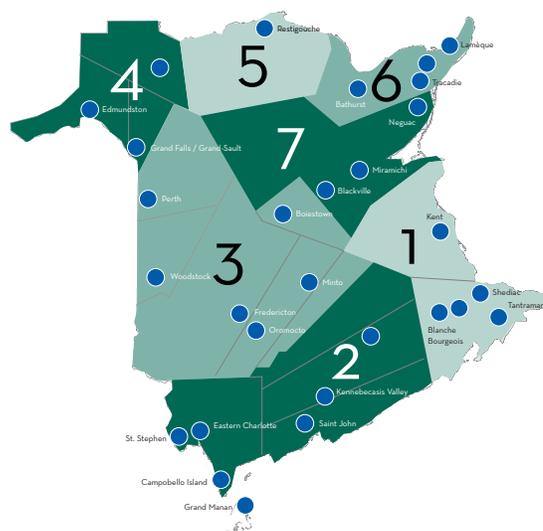
EMP Service Delivery Units

The Service Delivery Unit (SDU) is the principle location from which service is provided to a defined geographical territory. Units are established to facilitate efficient coverage of the geographical territory. EMP management staff, administrative support staff and professional staff are assigned to SDUs.

A satellite unit is staffed by a group of nurses who remain directly responsible to the Unit Management staff of a Service Delivery Unit. Satellites serve smaller aggregations of population and geographical territories.

Zone	Unit
1A	Driscoll (Moncton), Tantramar
1B	Shediac, Kent, Blanche-Bourgeois (Dieppe)
2	Sussex, Kennebecasis Valley, Saint John, St. Stephen, Campobello/Deer Island*, Eastern Charlotte-Saint George, Grand Manan*
3	Oromocto, Minto*, Fredericton, Boiestown*, Woodstock, Perth
4	Grand Falls, Edmundston, Kedgwick
5	Restigouche
6	Bathurst, Tracadie, Caraquet, Lamèque
7	Miramichi, Neguac*, Blackville*

* Satellite Unit



EMP 2018-19 Performance Overview



The New Brunswick Department of Health has developed an accountability and monitoring framework for EMP. It provides standardized definitions of the program and its Key Performance Indicators (33 indicators) intended to support the strategic planning, continuous quality improvement, and financial management of the program. It is designed to support safe, coordinated, and standardized provincial home healthcare practices

As part of the contract, MHSNB's management of EMP is judged by five key indicators from the 33 Key Performance Indicators, which are also subject to incentives and penalties to encourage performance.

The 5 key indicators:

1. Reduce number of days it takes for a patient to begin receiving a visit after referral
2. Reduce ratio of ED visits per EMP patient
3. Maintain high patient satisfaction results
4. Increase percentage of referrals to EMP from Primary Care
5. Increase visits by EMP staff to patients

Performance on the 5 key indicators:

1. Referral to care - This indicator measures the length of time (in days) from when referrals are received to the first visit by an EMP professional. We measure both the median and the 90th percentile for this. The median gives us a good idea of what most patients would experience, and the 90th percentile allows us to monitor cases that are perhaps taking a bit longer.

Year	Median (days)	90 th percentile (days)
2014/2015	3	43
2015/2016	3	40
2016/2017	3	33
2017/2018	3	34
2018/2019	2	29

Our target for the median is one day - down from three before integration. For 90th percentile it is 10 days, down from 33. The average number of days between referral to actually receiving care had been trending upwards in the recent years before integration. There was an immediate decrease with the referral to care time 3 months after integration, to two days between referral and care, from three. We are well on the way to our goal of one day. We are also heading in the right

direction on referral to care time for 90th percentile patients, down to 29 days from 33.

2. ED visits – We look at this particular measure to determine whether patients are receiving appropriate care at home, under the assumption that regular and appropriate care at home will reduce ED visits. There has been considerable improvement in number of visits at Emergency Departments per EMP patient. In the first year the ratio had dropped from nearly 0.59 visits per patient to around 0.54, a nine per cent improvement. This has a positive impact on the health system by ensuring appropriate care at the right setting.

EMERGENCY DEPARTMENT VISITS

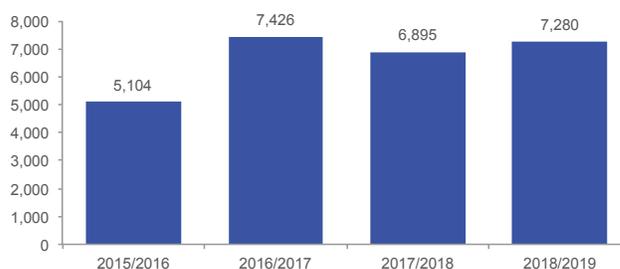
Year	Ratio	ED Visits
2014/2015	0.50	16,105
2015/2016	0.50	16,680
2016/2017	0.60	18,069
2017/2018	0.59	17,787
2018/2019	0.54	15,454

3. Maintain high patient satisfaction survey results – Has been maintained through the transition, with a slight uptick to 95.3 per cent from 95.1 per cent.

The ‘Patient Experience’ indicator looks at the overall level of satisfaction that patients have with EMP services. We are measuring this as a way of making sure that the care provided is patient-centered and meets the needs of patients. The baseline has been taken from the 2015 New Brunswick Health Council Survey where 95% of patients reported that they were satisfied with EMP services. The New Brunswick Health Council Survey is conducted every three years and the 2018 survey found a satisfaction rate of 95.3 per cent.

4. Number of referrals from primary care – This was not a priority focus in our first year, but we still saw a positive trend with referrals going up to 7,280 from 6,895. We worked with family practice in some areas to identify vulnerable patients with complex needs who would benefit from home care support. We are also reaching out to primary care providers to ensure awareness of EMP across the province. This indicator will increase as a result of these efforts.

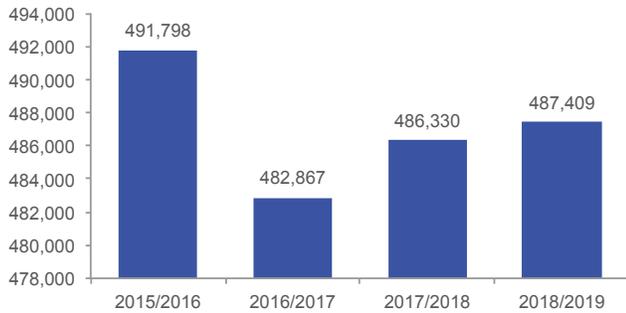
PRIMARY CARE REFERRALS



5. Increase visits by EMP staff to patients – This is also trending in the right direction, with visits up to 487,409 from 486,330 in the first year. We continue to optimize our resources so staff can spend more time with patients and less on administrative tasks. A robust recruitment and retention program will also continue to ensure we have the capacity to serve the patients who require our services.



EMP VISITS



Practice Area	Patient Visits	Telephone Contacts
Nursing	334,732	98,841
Occupational Therapy	29,749	14,307
Speech Language	7,842	2,223
Clinical Nutrition	16,069	6,926
Physiotherapy	37,209	10,320
Respiratory Therapy	33,643	12,384
Social Work	10,671	7,253
Rehab Assistance	17,494	3,246
Total	487,409	155,500

Staff vacancies have also dramatically decreased, by 75 per cent, from 90 vacancies to 22.9, and anecdotal reports say staff ‘wouldn’t want to go back to the previous structure.’

2018 EMP Education Report

This year was focused on assessing the educational practices that were in place throughout the Extra-Mural Program, supporting their continuation through resource allocation and coordination, and building a foundation of continuity and guiding principles. In preparation for future program evolutions, it was critical that ongoing educational needs were inventoried, avenues for learning were developed, and priority needs were assessed.

E-LEARNING PLATFORM

One major focus was the development of an online learning platform that will be used by all EMP staff. It will serve as an information source for new employees, a professional development tracking tool for leadership teams, and a regular hub of learning activities and resource materials for frontline staff. Building a new site that will function smoothly and intuitively for all employees while providing all the tools and resources needed to support the program’s culture of continuous improvement was a major undertaking. The result is, and will continue to be, a major success that is responsive to the needs of the program and its stakeholders.



This platform will also allow for the extraction of vital learner-interaction data. This information will support real-time progress management, knowledge transfer evaluation, and systemic participation reporting.

EDUCATION COORDINATION

Certain learning priorities are identified as needing routine review, such as Basic Life Support and CPR, Infection Prevention and Control, Patient Safety, and Defensive Driving. Supporting the ongoing access to these important educational initiatives during EMP's management transition phase was an essential objective of the leadership team. It was also critical that new employees receive a comprehensive orientation to their roles and responsibilities. Resources were coordinated from the Ambulance New Brunswick team, as well as both Regional Health Authorities to collaboratively support the seamless, ongoing education of frontline staff. The avoidance of interruption was another major success.

Ultimately, all pre-existing learning requirements for new and existing employees were met.

FRAMEWORK DEVELOPMENT

To support future growth, an Educational Framework went through many phases of development in an effort to create a document that outlines the guiding principles and strategic priorities for education, all focused around the core vision of safe, patient-centric home healthcare. In addition to the guiding principles and priorities, this exercise resulted in the culmination of core learning objectives, past, present and future; the definition of oversight and support responsibilities; and the creation of development guidelines for future educational initiatives.

LOOKING FORWARD

The next year will see an increased self-sufficiency for EMP Education Programs, as the online learning platform sees systemic

adoption and other learning plans move from a development phase into an implementation phase. Many initiatives are underway across EMP to improve consistency and effectiveness, and our new focus is on supporting those initiatives as we plan for information-dissemination. As opportunities for learning are identified, we are now in a position to develop strategies, implement solutions, and evaluate results.

Facilities

Currently EMP has approximately 29 facilities in New Brunswick. All facilities are jointly managed by MHSNB and DTI and all leases are currently signed by DTI. There are approximately 5 leases coming up for renewal within the next fiscal year. Planning and development will be done jointly with MHSNB and DTI.



EM/ANB Inc. Human Resources

During 2018, we saw the addition of the Extra-Mural program to our organization. This increased our employee count to close to 1,900 employees. In addition to our three career paths with Ambulance New Brunswick - paramedics, emergency medical dispatchers and flight nurses, we now have a new suite of clinical professionals such as occupational therapists, physiotherapists, dieticians, licensed practical nurses and nurses, among others, all being serviced by the dynamic HR team at EM/ANB.

These practitioners at both ANB and EMP continue with their daily mandate to provide the best care to the citizens of the province of New Brunswick. Our employees go above and beyond in the care they provide to their patients. Whether it is in a home-based setting or on a side of a road, our practitioners bring professionalism at all times. We employ some of the most highly trained and respected medical professionals in the province.

EM/ANB is supported in its daily operations by a team of over 150 support employees at MHSNB ensuring our employees have all they need to make their work easier. As an organization, we are committed to providing meaningful supports to our employees today, while working hard to recruit the right kind of practitioners to join our ranks.

In 2018-19, Human Resources focused on several actions to assist our employees whether on the job or away from the job:

- Recruit skilled practitioners for all our employment classifications
- Continue to engage our employees in their daily work so they see the value of their contribution in the work they do
- Increase our supports in the area of mental health and wellness not just at work but at home with our families as well; and
- Create a culture at EM/ANB that our employees can be proud to represent

Recruitment

We continue to be faced with recruitment challenges related to hiring clinical professionals, in particular paramedics. This is a trend that all health care organizations are faced with and has become the new norm.

In response a committee was formed in 2018, consisting of front line staff, managers and Human Resources, to develop a Strategic



Recruitment & Retention Program. A significant amount of valuable work and effort on the part of the committee went into creating a program to improve our recruitment results. As part of the new program, and to emphasize the importance of recruitment and retention, Human Resources created and hired for a new position of recruitment consultant who will lead the implementation of the program. This will ensure that as a leading healthcare organization we will have more visibility on social media, at job fairs, in the community, across the province and the nation.

During 2018-2019, we conducted three new employee orientations successfully recruiting 55 new paramedics, 14 of whom are bilingual. We also conducted three new employee orientations for emergency medical dispatchers during the same time frame. At EMP, we hired 188 new clinicians continuing to ensure we have the proper complement of employees to maintain our “hospital without walls.”



EM/ANB Inc.

Financial Statements

March 31, 2019

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Independent auditor's report

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To the Board of Directors of EM/ANB Inc.

Opinion

We have audited the financial statements of EM/ANB Inc. ("the Entity"), which comprise the statement of financial position as at March 31, 2019, and the statements of operations, change in net debt and cash flow for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly in all material respects, the financial position of EM/ANB Inc. as at March 31, 2019, and its results of operations, its changes in its net debt, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to a going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

The logo for Grant Thornton LLP, featuring the company name in a stylized, cursive script font.

Moncton, Canada
June 19, 2019

Chartered Professional Accountants

EM/ANB Inc.**Statement of Operations and Surplus**Year Ended March 31 **Budget** **2019** **2018**

Revenue

Province of New Brunswick Funding Grant	\$ 185,151,413	\$193,488,467	\$129,502,838
Billing ambulance/EM services (Note 3)	3,800,000	3,772,431	3,879,254
Capital asset funding (Note 2)	-	4,438,254	877,362
	<u>188,951,413</u>	<u>201,699,152</u>	<u>134,259,454</u>

Expenditures

Administration and other support services	17,840,684	18,742,140	9,612,098
Fleet	8,376,607	9,202,980	6,081,370
Facilities	8,052,224	7,902,896	5,763,054
Amortization expense	4,362,852	4,963,731	4,877,531
Interest expense	-	206,666	200,043
Communication, Air and Land ambulance	87,105,737	87,038,712	85,120,871
Clinical Care Services	59,413,309	59,705,193	15,189,868
Incentives fees	-	5,318,953	2,821,519
	<u>185,151,413</u>	<u>193,081,271</u>	<u>129,666,354</u>

Annual operating surplus **3,800,000** **8,617,881** 4,593,100Net obligations on transfer of services - - (9,576,028)Annual surplus (deficit) **\$ 3,800,000** **\$ 8,617,881** **\$ (4,982,928)**

(Deficit) Surplus, beginning of year \$ - \$ **(5,274,082)** \$ 4,759,619Appropriation of surplus, billing revenue **(3,800,000)** **(3,772,431)** (3,879,254)Appropriation of surplus - **(1,694,207)** (1,171,519)Annual surplus (deficit) **3,800,000** **8,617,881** (4,982,928)(Deficit), end of year **\$ -** **\$ (2,122,839)** \$ (5,274,082)

See accompanying notes to the financial statements.

EM/ANB Inc.

Statement of Financial Position

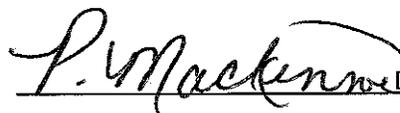
March 31 2019 2018

Assets		
Cash and cash equivalents	\$ 15,956,948	\$ 12,325,425
Accounts receivable	2,194,556	2,927,950
Due from Province of New Brunswick	8,895,094	12,826,322
Receivable from Asset Replacement and System Enhancement Fund (Note 2)	<u>2,306,670</u>	<u>5,693,297</u>
	<u>29,353,268</u>	<u>33,772,994</u>
 Liabilities		
Payables and accruals (Note 5)	18,395,062	21,447,249
Sick pay obligation (Note 6)	5,768,100	5,905,700
Due to Medavie Health Services NB Inc.	3,464,438	4,787,887
Due to Province of New Brunswick	6,290,072	8,207,500
Unearned revenue (Note 2)	5,349,769	5,693,297
Capital lease obligation (Note 7)	<u>6,878,103</u>	<u>7,643,992</u>
	<u>46,145,544</u>	<u>53,685,625</u>
 Net debt	 <u>16,792,276</u>	 <u>19,912,631</u>
 Non-financial assets		
Tangible capital assets (Note 4)	14,621,717	12,236,366
Prepaid expenses	<u>47,720</u>	<u>2,402,183</u>
	<u>14,669,437</u>	<u>14,638,549</u>
 Accumulated (Deficit)	 <u>\$ (2,122,839)</u>	 <u>\$ (5,274,082)</u>

Commitments (Note 8)

On behalf of the Board

 Director

 Director

See accompanying notes to the financial statements.

EM/ANB Inc.
Statement of Changes in Net Debt

Year Ended March 31

2019

2018

Annual surplus (deficit)	\$ 8,617,881	\$ (4,982,928)
Appropriation of surplus, billing revenue	(3,772,431)	(3,879,254)
Appropriation of surplus	(1,694,207)	(1,171,519)
Acquisition of tangible capital assets	(7,349,084)	(5,153,683)
Amortization of tangible capital assets	<u>4,963,731</u>	<u>4,877,531</u>
	765,890	(10,309,853)
Decrease (Increase) in prepaid expenses	<u>2,354,465</u>	<u>(2,401,971)</u>
Decrease (Increase) in net debt	3,120,355	(12,711,824)
Net debt at beginning of year	<u>(19,912,631)</u>	<u>(7,200,807)</u>
Net debt at end of year	<u>\$(16,792,276)</u>	<u>\$(19,912,631)</u>

See accompanying notes to the financial statements.

EM/ANB Inc.

Statement of Cash Flows

Year Ended March 31

2019

2018

Increase (decrease) in cash and cash equivalents

Operating		
Annual surplus (deficit)	\$ 8,617,881	\$ (4,982,928)
Appropriation of surplus, billing revenue	(3,772,431)	(3,879,254)
Appropriation of surplus	(1,694,207)	(1,171,519)
Amortization expense net of gain/loss	4,963,731	4,877,531
Change in sick pay liability	(137,600)	-
Net liabilities transferred	-	9,576,028
	<u>7,977,374</u>	<u>4,419,858</u>
Change in non-cash operating working capital		
Accounts receivable	733,394	(743,018)
Receivable from Asset Replacement and System Enhancement Fund	3,386,626	(106,499)
Due from Province of New Brunswick	3,931,227	(11,811,131)
Due to Medavie Health Services NB Inc.	(1,323,450)	1,899,263
Due to Province of New Brunswick	(1,917,428)	3,267,742
Prepaid expenses	2,354,464	(2,401,971)
Payables and accruals	(3,052,183)	10,112,834
Unearned revenue	(343,528)	106,499
	<u>11,746,496</u>	<u>4,743,577</u>
Capital		
Net (decrease) increase in capital lease obligation	(765,889)	443,397
Purchase of tangible capital assets	(7,349,084)	(4,843,878)
	<u>(8,114,973)</u>	<u>(4,400,481)</u>
Net increase in cash and cash equivalents	3,631,523	343,096
Cash and cash equivalents, beginning of year	<u>12,325,425</u>	<u>11,982,329</u>
Cash and cash equivalents, end of year	<u>\$ 15,956,948</u>	<u>\$ 12,325,425</u>

See accompanying notes to the financial statements.

EM/ANB Inc.

Notes to the Financial Statements

March 31, 2019

1. Nature of operations

EM/ANB Inc. (“EM/ANB” or the “Company”) is the Company that has been granted the license and authority by the New Brunswick Department of Health to provide ambulance service and the Extra-Mural Program Services in New Brunswick.

EM/ANB is managed by a Board of Directors. The Directors are employees of the Province of New Brunswick.

EM/ANB Inc. has entered into contracts with Medavie Health Services New Brunswick Inc. for the management and delivery of services related to the Ambulance Services and the Extra-mural Program. EM/ANB Inc. have performance measures in the contracts related to the service/performance requirements.

2. Summary of significant accounting policies

These financial statements are prepared in accordance with Canadian generally accepted accounting principles for the public sector, as recommended by the Public Sector Accounting Board (PSAB) of the Canadian Professional Accountants (CPA).

These financial statements have been prepared using the following significant accounting policies:

Revenue

Funding grant

Annual funding under the terms of the contract is recognized as revenue as the services are made available and are measurable.

User fees

Revenues from the delivery of services are recognized when the price is fixed or determinable; collectability is reasonably assured and acceptance by the customer.

Expenses

The accrual basis of accounting is used. The accrual basis of accounting recognizes expenditures as they are incurred and measurable as a result of legal obligation to pay.

Cash and cash equivalents

Cash and cash equivalents include cash on hand, balances with banks, and short-term deposits. Bank borrowings are considered to be financing activities.

Asset Replacement and System Enhancement Fund

The Company has established an Asset Replacement and System Enhancement Fund for ambulance operations which is managed by Medavie Health Services New Brunswick Inc. This trust fund is being funded by annual payments from the Company to the trust fund. The unexpended balance in the trust fund is recorded in the accounts of the Company as a receivable from the Asset Replacement and System Enhancement Fund and unearned revenue.

EM/ANB Inc.

Notes to the Financial Statements

March 31, 2019

2. Summary of significant accounting policies (continued)

Grants from the Province of New Brunswick with respect to the funding of this trust fund are deferred until the related capital expenditure is incurred by the trust fund at which time the capital expenditure is recorded as a tangible capital asset and the related funding is recorded as revenue. The opening balance in the Asset Replacement and System Enhancement Fund was \$5,693,297 (2018 - \$5,586,798) plus current year contributions of \$731,000 (2018 - \$731,000), proceeds on sale of assets \$155,845 (2018 - \$189,735) and interest earned during the year of \$70,442 (2018 - \$63,126), less purchase of assets/new scope items \$4,343,914 (2018 - \$877,362) for an ending balance of \$2,306,670 (2018 - \$5,693,297).

During the year, Extra-Mural operations was funded \$94,340 to purchase capital equipment.

Unearned Revenue

The Company has unearned revenue of \$5,349,769 which consists of the Asset Replacement Fund balance from the ambulance operations of \$2,306,670 and clinical cost reinvestment of \$3,043,099 for the Extra-Mural operations.

Prepaid expenses

Prepaid expenses are cash disbursements for goods or services, of which some or all will provide economic benefits in one or more future periods. The prepaid amount is recognized as an expense in the year the goods or services are used or consumed

Non-financial assets

Non-financial assets are not available to discharge existing liabilities and are held for use in the provision of services. They have useful lives extending beyond the current year and are not intended for sale in the normal course of operations. The change in non-financial assets during the year, together with the excess of revenues over expenses, provides the change in net financial assets for the year.

Tangible capital assets

Tangible capital assets having useful lives extending beyond the accounting period are held for use in the operation of the Company and are not intended for sale in the ordinary course of operations. Tangible capital assets are recorded at net historical cost and include all costs directly attributable to the acquisition, construction, development and installation of the capital asset. Tangible capital assets include leasehold improvements, vehicles and equipment.

Some of the tangible capital assets have been acquired by a third party management company on behalf of the Company. These assets have been recorded in the accounts of the Company as the Company has funded the acquisitions, the risks and rewards of ownership accrue to the Company, and the Company acquires ownership of the tangible capital assets for \$1 upon termination of the third party contract.

Amortization applied to write-off the cost of capital assets over their estimated useful life is as follows:

Vehicles under capital lease	4 years, straight-line
Leasehold improvements	over the term of the lease
Computer equipment	as per contract
Computer software	as per contract
Furniture and fixtures	as per contract
Equipment	as per contract

EM/ANB Inc.

Notes to the Financial Statements

March 31, 2019

2. Summary of significant accounting policies (continued)

Leases

Leases are classified as finance leases when the terms of the lease transfer all or substantially all the risks and rewards of ownership to the lessee. All other leases are classified as operating leases with payments charged to the statement of operations on a straight-line basis over the term of the lease. Assets under finance leases are recognized as assets at their fair value or, if lower, at the present value of the minimum lease payments, each determined at inception of the lease. The corresponding liability is included as a finance lease obligation on the statement of financial position. Lease payments are split between finance cost and reduction of the lease obligation and charged to the statement of operations.

Use of estimates

In preparing the financial statements, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, and the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from these estimates. Areas of significant estimates include, but are not limited to, the useful lives of tangible capital assets, sick leave obligations and allowance for doubtful accounts related to user fees.

Employee future benefits

Under the contracts with the Province of New Brunswick, unused sick benefits accumulate but are non-vesting. The costs of these benefits are actuarially determined based on service and best estimate of retirement ages and expected future salary increases. The obligation under these benefit plans are accrued based on projected benefits as the employees render services necessary to earn the future benefits.

3. Billing for ambulance/extra mural services

The Company has billed residents and non-residents of New Brunswick ambulance user fees in the amount of \$5,248,322 (2018 - \$5,044,207). The Company has increased its allowance for uncollectible user fees in the amount of \$1,439,840 and during the year written off as uncollectible \$1,126,816 for a total allowance of \$2,467,418 (2018 - \$2,154,394) based on management's best estimates of collectability. The Company collected \$3,769,556 (2018 - \$3,879,254) net of transactions cost.

The Company has also billed residents and non-residents of New Brunswick extra mural fees in the amount of \$32,275 (2018 - \$0). The Company has increased its allowance for uncollectible user fees in the amount of \$29,500 for a total allowance of \$29,500 (2018 - \$0). The Company collected \$2,875 (2018 - \$0) net of transaction cost.

EM/ANB Inc.

Notes to the Financial Statements

March 31, 2019

4. Tangible capital assets

	Ambulances under capital lease	Leasehold improvements	Computer software	Computer equipment	Furniture and Fixtures	Equipment	Vehicles	Total	
								2019	2018
Cost									
Opening cost	\$ 14,292,406	\$ 819,233	\$ 1,635,480	\$ 3,642,172	\$ 1,899,958	\$10,544,891	\$ 59,880	\$ 32,894,020	\$ 31,505,140
Additions	2,910,830	-	76,044	385,873	54,516	3,921,821	-	7,349,084	5,153,683
Adjustments	-	-	-	-	-	-	-	-	-
Retirements	(2,594,311)	-	-	-	-	(107,746)	-	(2,702,057)	(3,764,803)
Closing cost	\$ 14,608,925	\$ 819,233	\$ 1,711,524	\$ 4,028,045	\$ 1,954,474	\$ 14,358,966	\$ 59,880	\$ 37,541,047	\$ 32,894,020
Accumulated amortization									
Opening accumulated amortization	\$ 6,714,459	\$ 819,233	\$ 1,562,718	\$ 3,208,343	\$ 1,623,363	\$ 6,669,658	\$ 59,880	\$ 20,657,654	\$ 19,544,926
Amortization	3,687,476	-	40,544	221,307	87,217	893,971	-	4,930,515	4,877,531
Retirements	(2,594,311)	-	-	-	-	(74,528)	-	(2,668,839)	(3,764,803)
Closing accumulated amortization	\$ 7,807,624	\$ 819,233	\$ 1,603,262	\$ 3,429,650	\$ 1,710,580	\$ 7,489,101	\$ 59,880	\$ 22,919,330	\$ 20,657,654
Net book value	\$ 6,801,301	\$ -	\$ 108,262	\$ 598,395	\$ 243,894	\$ 6,869,865	\$ -	\$ 14,621,717	\$ 12,236,366

5. Payables and accruals

	2019	2018
Accounts payable and other accrued liabilities	\$ 3,667,223	\$ 6,268,471
Salaries and benefits	6,777,482	7,592,994
Accrued vacation pay	7,950,357	7,585,784
	\$18,395,062	\$ 21,447,249

6. Sick pay obligation

EM/ANB provides various groups of employees in accordance with applicable collective agreements the ability to accumulate non vesting sick bank benefits.

	2019	2018
Accrued employee benefit obligation	\$ 5,768,100	\$ 5,905,700

Non vested benefits represent the Company's estimated liability of future costs related to benefits that are conditional on his or her future employment.

The actuarial method used was the projected accrued benefit method prorated on service to calculate the accrued benefit obligation. The valuation was based on a number of assumptions about future events, such as interest rates, wage and salary increases, usage of sick time, and employee turnover and retirement. The assumptions used reflect the Company's best estimates.

as interest rates, wage and salary increases, usage of sick time, and employee turnover and retirement. The assumptions used reflect the Company's best estimates.

EM/ANB Inc.

Notes to the Financial Statements

March 31, 2019

6. Sick pay obligation (continued)

The following summarizes the major assumptions in the valuation:

- annual salary increase range of 1.5% - 2.20%;
- the discount rate used to determine the accrued benefit obligation is 3.19%;
- retirement age is 60; and
- estimated net excess utilization of rate of sick leave varies with age.

The sick leave is an unfunded benefit. Benefits are paid out of the annual funding based on usage in accordance with the contracts and funding requirements.

7. Capital lease obligation

	<u>2019</u>	<u>2018</u>
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Capital leases payable in monthly instalments ranging from \$2,206 to \$2,489 including interest at various rates, amortized to and maturing in various periods ending March 2023. As security, the Company has assigned specific vehicles.

	<u>\$ 6,878,103</u>	<u>\$ 7,643,992</u>
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Future lease payments, net of HST, together with the balance of the obligation under capital lease due are as follows:

2019	\$ 3,247,145
2020	2,233,438
2021	1,289,160
2022	<u>382,270</u>
	7,152,013
Amount representing interest	<u>(273,910)</u>
	<u>\$ 6,878,103</u>

8. Commitments

The Company has entered into a nine and a half year contract with Medavie Health Services New Brunswick Inc. for the management of the Company's ambulance services in New Brunswick commencing on October 1, 2017. This contract terminates on March 31, 2027. The contract commits the Company to payments for the costs incurred by Medavie Health Services New Brunswick Inc. in managing the ambulance service, a remuneration for Key Performance Indicators and an annual payment to the Asset Replacement and System Enhancement Fund. The payments required are subject to adjustment as per the contract. The total amount over the next year is estimated to be \$31,175,000. The total annual payments for the remaining contract term have not yet been finalized.

EM/ANB Inc.**Notes to the Financial Statements**March 31, 2019

8. Commitments (continued)

The Company has entered into a ten year contract with Medavie Health Services New Brunswick Inc. for the management of the Company's Extra-Mural Program in New Brunswick commencing on January 1, 2018. This contract terminates on December 31, 2027. The contract commits the Company to payments for the costs incurred by Medavie Health Services New Brunswick Inc. in managing the Extra-Mural Program with an administration fees and a remuneration for Key Performance Indicators. The payments required are subject to adjustment as per the contract. The total amount over the next year is estimated to be \$2,807,600. The total annual payments for the remaining contract term have not yet been finalized.

9. Pension plan

The Company's staff are members of a pension plan established by the Province of New Brunswick pursuant to the *New Brunswick Pension Benefits Act*. The Province of New Brunswick is responsible for funding this plan and accordingly no provision is included in the Company's financial statements for the related pension amounts.

10. Comparative figures

Certain comparative figures have been reclassified to conform with the presentation used in the current year.

EM/ANB Inc.
Ambulance New Brunswick
Statement of Operations and Surplus

Year Ended March 31 **Budget** **2019** **2018**

Revenue			
Province of New Brunswick Funding Grant	\$ 107,220,702	\$113,380,725	\$ 109,289,608
Billing for ambulance services (Note 3)	3,800,000	3,769,556	3,879,254
Capital asset funding (Note 2)	<u>-</u>	<u>4,343,914</u>	<u>877,362</u>
	<u>111,020,702</u>	<u>121,494,195</u>	<u>114,046,224</u>
Expenditures			
Administration and other support services	5,222,421	5,980,716	5,561,607
Fleet	5,121,609	5,975,003	5,241,561
Facilities	5,408,084	5,252,655	5,049,126
Amortization expense	4,362,852	4,890,977	4,858,397
Interest expense	-	206,666	200,043
Air medical	7,051,037	7,620,739	7,455,185
Call taking and dispatch	3,195,224	4,045,395	4,002,745
Land ambulance	76,859,475	75,372,578	73,662,941
Administrative fees	-	-	850,000
Incentives fees	<u>-</u>	<u>3,800,000</u>	<u>2,571,519</u>
	<u>107,220,702</u>	<u>113,144,729</u>	<u>109,453,124</u>
Annual operating surplus	<u>3,800,000</u>	<u>8,349,466</u>	<u>4,593,100</u>
Sick leave benefits (Note 2)	<u>-</u>	<u>-</u>	<u>(700,000)</u>
Annual surplus	<u>\$ 3,800,000</u>	<u>\$ 8,349,466</u>	<u>\$ 3,893,100</u>
<hr/>			
Surplus, beginning of year	\$ -	\$ 3,601,946	\$ 4,759,619
Appropriation of surplus, billing revenue	(3,800,000)	(3,769,556)	(3,879,254)
Appropriation of surplus	-	(1,450,253)	(1,171,519)
Annual surplus	<u>3,800,000</u>	<u>8,349,466</u>	<u>3,893,100</u>
Surplus, end of year	<u>\$ -</u>	<u>\$ 6,731,603</u>	<u>\$ 3,601,946</u>

EM/ANB Inc.
Extra-Mural Program
Statement of Operations and Surplus

Year Ended March 31	Budget	2019	2018
Revenue			
Province of New Brunswick Funding Grant	\$ 77,930,711	\$ 80,107,742	\$ 20,213,230
Billing for extra mural services (Note 3)	-	2,875	-
Capital asset funding (Note 2)	-	94,340	-
	<u>77,930,711</u>	<u>80,204,957</u>	<u>20,213,230</u>
Expenditures			
Administration and other support services	9,981,863	10,274,179	2,550,491
Fleet	3,254,998	3,227,977	839,809
Facilities	2,644,140	2,650,241	713,928
Amortization expense	-	72,754	19,134
Admission / Discharge	1,968,569	978,390	271,401
Rehab Assistant	528,948	914,546	210,702
Nursing	37,444,962	38,872,246	9,818,325
Respiratory Therapy	4,510,652	4,653,590	1,133,737
Clinical Nutrition	2,172,306	2,004,918	506,904
Physiotherapy	3,844,644	3,905,609	984,121
Occupational Therapy	4,817,812	4,752,259	1,189,367
Speech Language	1,100,209	1,013,967	250,418
Social Work	1,756,279	1,508,460	407,712
Personal Care Services	1,268,929	1,101,208	417,181
Administrative fees	2,636,400	2,487,245	650,000
Incentives fees	-	1,518,953	250,000
	<u>77,930,711</u>	<u>79,936,542</u>	<u>20,213,230</u>
Annual operating surplus (deficit)	-	268,415	-
Loss on transfer of services	-	-	(8,876,028)
Annual surplus (deficit)	\$ -	\$ 268,415	\$ (8,876,028)
Deficit (Surplus), beginning of year			
	\$ -	\$ (8,876,028)	\$ -
Appropriation of surplus, billing revenue			
	-	(2,875)	-
Appropriation of surplus			
	-	(243,954)	-
Annual Surplus (Deficit)	-	268,415	(8,876,028)
(Deficit), end of year	\$ -	\$ (8,854,442)	\$ (8,876,028)

