



# 2019-20 EM/ANB Annual Report





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# Message from the Chair and CEO

2019-20 marked another successful year of operation for EM/ANB, and we are pleased to present this year's Annual Report.

We'd like to take this opportunity to thank all EM/ANB staff for their expertise, dedication and hard work - all of which ultimately helps to ensure that New Brunswickers continue to receive the highest quality emergency and community care every day.

This report provides an overview of the organization: its operations, accomplishments, contributions and financial results for the period of April 1, 2019 to March 31, 2020. The annual report also includes an independent audit of EM/ANB's finances, and we are pleased to report that the organization has remained within budget.

This year's annual report also features an overview of updates on initiatives related to the EM/ANB Strategic Plan 2019-2022, which was completed in 2019. Development of the plan involved extensive consultation with our stakeholders - including senior leadership, front-line staff, partner organizations, and patients and their families. The Strategic Plan defines EM/ANB's mission, vision and values, as well the strategic directions, and supporting objectives and actions that have acted as the organization's roadmap during this past fiscal year and will continue to guide EM/ANB through to 2022.

It has been just over two years since EM/ANB was first created in order to develop a new integrated model of care, bringing together the two pillars of community care in our province - Ambulance New Brunswick (ANB) and the Extra-Mural Program (EMP) - a model that has made New Brunswick a national leader in innovative community and home-based care.

Ongoing efforts to maximize collaboration between Ambulance New Brunswick and the Extra-Mural Program have continued well into 2019-20, with innovative approaches in a variety of areas that are featured in this year's report. One such example is in the field of palliative care, as paramedics begin working in tandem with EMP health-care professionals to provide safe and high quality care in patients' homes, when transport to hospital is not necessary and the patient would prefer to be treated in the comfort of their home. We look forward to many more opportunities to enable the skills and talents of both EMP and ANB to complement each other to the benefit of all New Brunswickers.

2019-20 also marked another accreditation for EM/ANB by Accreditation Canada - an independent, non-governmental, not-for-profit organization that delivers assessment programs for health and social services organizations to improve quality and safety for the public throughout Canada. Following two assessments in 2018, EM/ANB was again surveyed in February of 2020. Accreditation Canada's evaluation focused on system-wide standards

for leadership and governance, as well as service excellence standards that included home care services, infection prevention and control and medication management for community organizations. Following the completion of this survey, EM/ANB was awarded Exemplary Standing - Accreditation Canada's highest level of rating.

We are also pleased to report that during 2019-20, EM/ANB has met its objectives with respect to Ambulance New Brunswick's performance-based targets and the Extra-Mural Program has demonstrated improvement in four out of five of its key performance indicators established by the Department of Health. Patient satisfaction rates also remain high for both EMP and ANB, with patients rating their overall satisfaction at 94.1% for the Extra-Mural Program and 95% for Ambulance New Brunswick.

As 2019-20 came to a close, our attention was closely fixed on the COVID-19 global pandemic, and we'd like to commend the teams within EM/ANB for their great collaboration and hard work to ensure the health and safety of our employees and patients as we continue to navigate during this evolving situation.

EM/ANB will continue to approach both challenges and opportunities with focus, teamwork and determination - under our guiding mission of providing excellence in emergency and community care for our fellow New Brunswickers.

Respectfully submitted,



**René Boudreau**  
Chair, EM/ANB Board of Directors



**Richard Losier**  
CEO, EM/ANB



# Overview of EM/ANB

## Mandate & Governance Structure

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 Inc., 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 services 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 programs and services.

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

### **The primary purpose of EM/ANB is:**

Plan and manage EMP and ANB services while ensuring that home health-care and emergency medical services are delivered according to established policies and standards.

EMP provides provincial home health-care 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 emergency medical 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; and,
- 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 emergency medical services and EMP, 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 emergency medical services and EMP.

## BOARD OF DIRECTORS

In order to fulfill its mandate, EM/ANB entered into performance-based contracts with Medavie Health Services New Brunswick to manage the province's Extra-Mural Program and Ambulance New Brunswick services for 10-year periods respectively. 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).

EM/ANB's Board members as of March 31, 2020, included:

|  |  |
|--|--|
| <b>René Boudreau</b> <i>Chair</i><br>Assistant Deputy Minister<br>Corporate Services, Department of Health | <b>John Estey</b> <i>Vice Chair</i><br>Director<br>Emergency Health Services,<br>Department of Health        |
| <b>Dan Coulombe</b><br>Executive Director<br>Acute Care, Department of Health                              | <b>Jean Daigle</b><br>Vice President Community<br>Horizon Health Network                                     |
| <b>Jennifer Elliott</b><br>Director<br>Home Care Unit, Department of Health                                | <b>Stéphane Legacy</b><br>Vice President, Outpatient and<br>Professional Services<br>Vitalité Health Network |
| <b>Heidi Liston</b><br>Executive Director<br>Primary Health Care,<br>Department of Health                  | <b>Mark Thompson</b><br>Director<br>Corporate Support Services,<br>Department of Health                      |

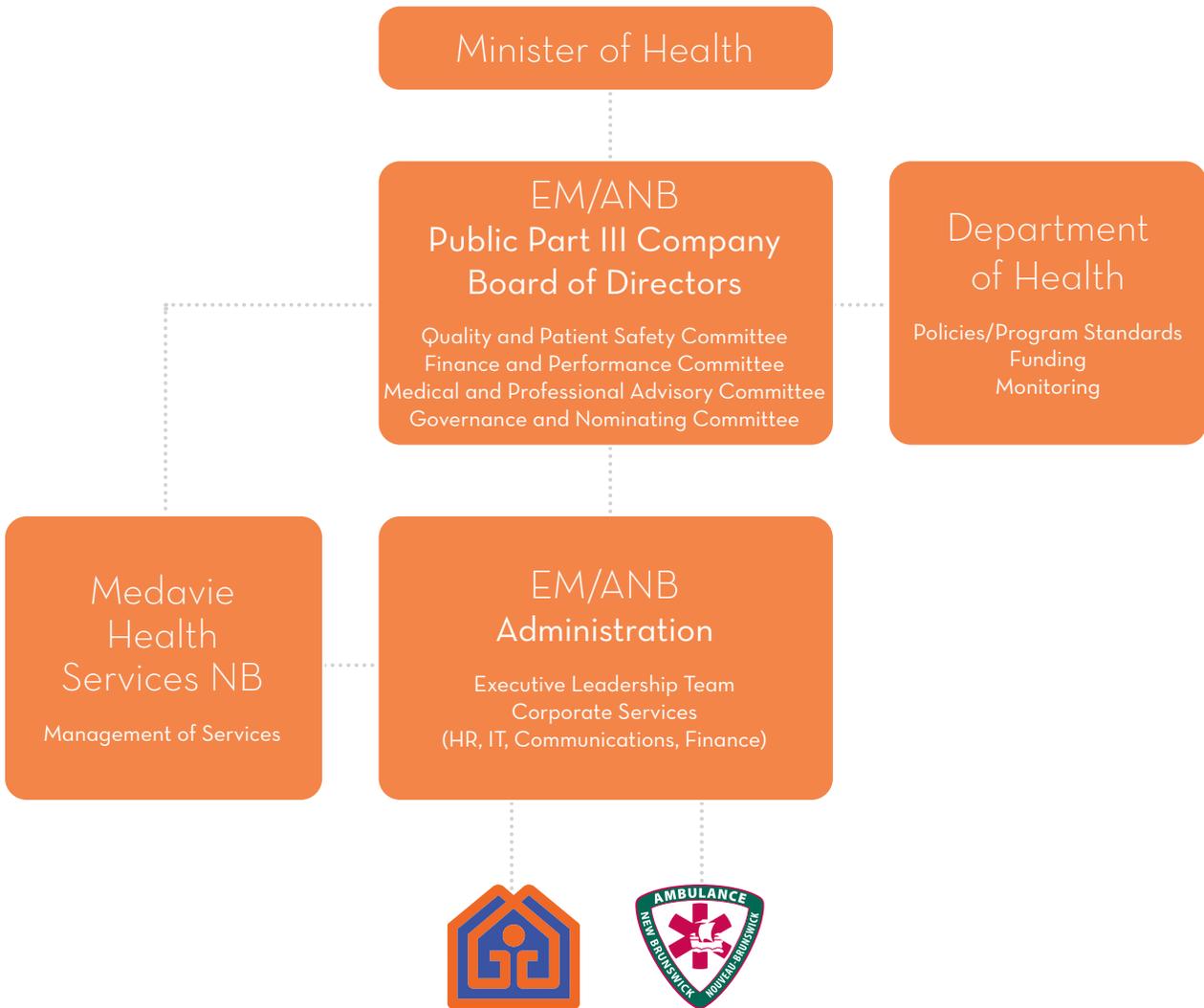
In 2019-20, the following two EM/ANB board members retired from their positions:

- **Patsy MacKinnon**, Secretary-Treasurer, Executive Director, Financial Services, Department of Health
- **Claude Allard**, Associate Deputy Minister, Health Services and Francophone Affairs, Department of Health

EM/ANB thanks Ms. MacKinnon and Mr. Allard for their time and valued contributions as board members. Their input and guidance has been deeply appreciated.

The task of filling these positions has begun and confirmations are scheduled for early in 2020-21.

# GOVERNANCE STRUCTURE CHART



# Ambulance New Brunswick Overview

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

ANB is responsible for providing land and air ambulance services for all of New Brunswick. Our team consists of more than 1,000 health-care professionals, including primary care paramedics, advanced care paramedics, emergency medical dispatchers and critical care flight nurses.

Ambulance New Brunswick's paramedics practice at the Primary Care Paramedic (PCP) and Advanced Care Paramedic (ACP) scopes. Our Primary Care Paramedics 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, intravenous (IV) therapy and other interventions, as well as the administration of various medications.

Our Advanced Care Paramedics complement the excellent care provided by our PCPs

by responding alongside them to our highest acuity calls in Fredericton, Saint John, Moncton and Bathurst. Through their education and certification, ACPs are able to provide a host of additional interventions including advanced airway management, additional options for vascular access, needle thoracotomy, and advanced electrical therapy. ACPs are equipped with an additional 19 medications crucial for treating conditions such as seizures, cardiac arrhythmias, post-partum hemorrhage, trauma and pain. ACPs have been practicing in New Brunswick since April of 2017.

As of March 31, 2020, there were 1,007 paramedics working as PCPs and 17 paramedics working as ACPs at Ambulance New Brunswick (including full time, part time and casual employees; as well as active and non-active employees).

In the following sections, we provide a closer look at our Medical Communications Management Centre, Air Ambulance, Land Ambulance, Advanced Care Paramedic and Fleet operations, as well as updates on our Rapid Response Unit Project, billing and facilities.



## MEDICAL COMMUNICATIONS MANAGEMENT CENTRE

ANB's centralized ambulance dispatch centre is called the Medical Communications Management Centre (MCMC). Working in the centre are our dedicated emergency medical dispatchers (EMDs) – all of whom are fluently bilingual. Our EMDs respond to emergency medical calls, coordinate inter-facility transfers, dispatch our emergency medical services (EMS) land and air crews, and provide moral support and life-saving advice and instruction to patients in medical distress and 911 callers.

Using high-tech dispatching technology and triaging software, greater than 90 per cent of all 911 calls are processed and dispatched within 90 seconds. Our automatic vehicle locations system pinpoints where a caller is calling from and identifies the closest available ambulance.

With a complement of up to 12 employees per shift, ANB employs 54 professionals as EMDs and Critical Care Transport Coordinators (CCTCs). 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.

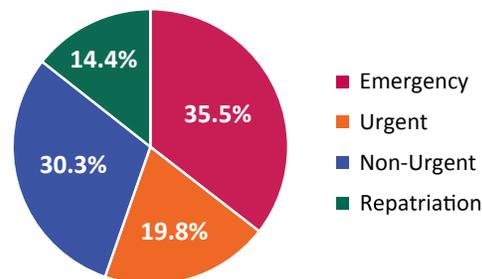


## AIR AMBULANCE OPERATIONS

During the 2019-20 fiscal year, our Air Ambulance operation transferred 459 patients.

Of those patients, nearly 55 per cent were urgent/critical. The remaining 45 per cent were non-urgent 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.

2019-20 Call Types



As of March 31, 2020, our Air Ambulance operation employed 19 flight nurses.

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 the 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.

We also maintain a complement of casual Advanced Care Paramedics within our Air Ambulance operations.

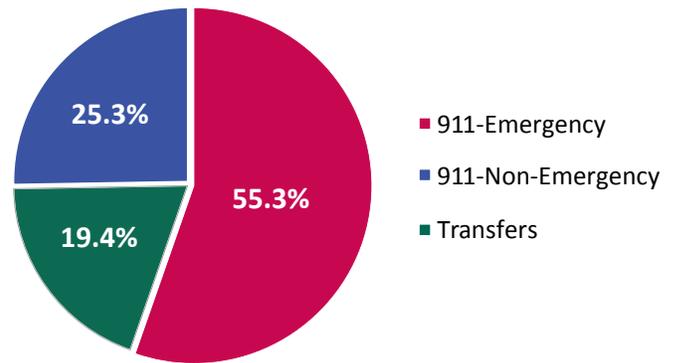


## LAND AMBULANCE SYSTEM

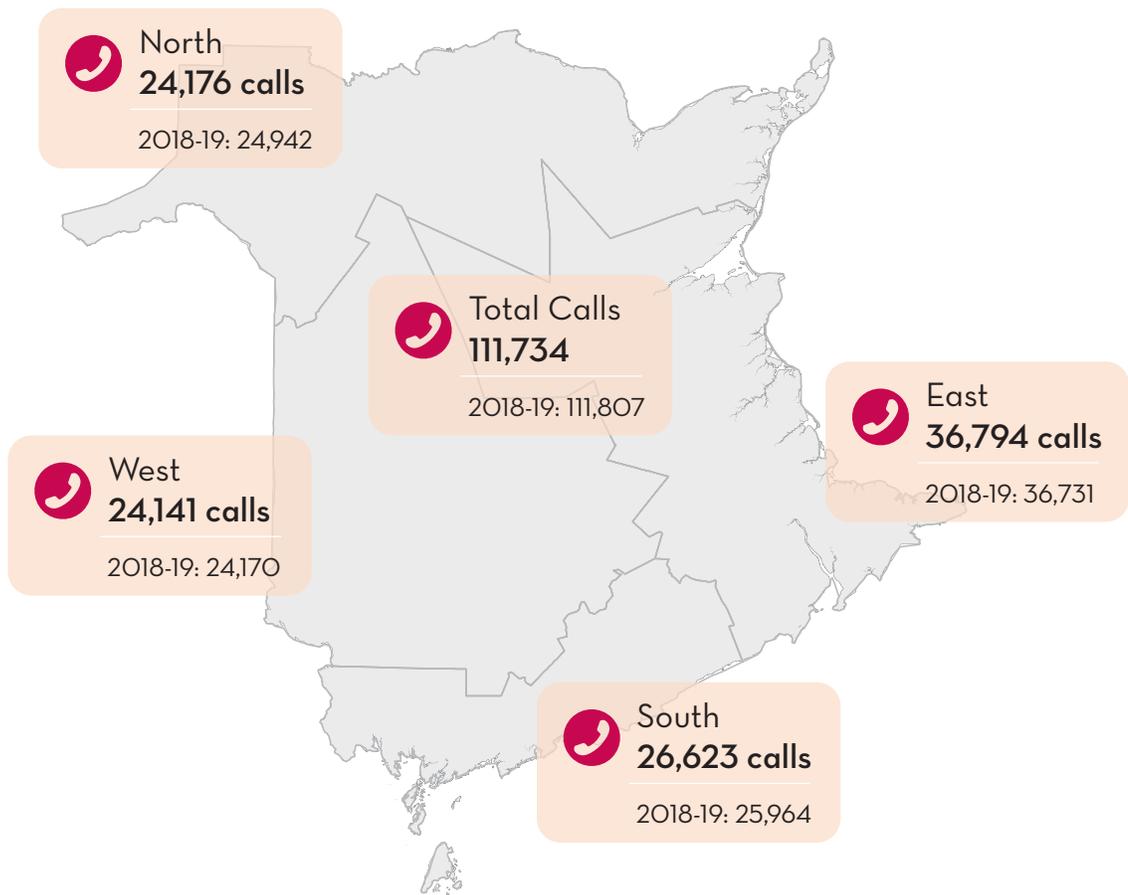
In 2019-20, 911 emergency calls amounted to slightly more than half of our overall call volume. 911 non-emergency calls - where there is no perceived threat to life or limb - accounted for another approximately 20 per cent of calls, for a total 911 volume of approximately 75 per cent. The roughly one-quarter of calls remaining were patient transfers between hospitals and other facilities.

The total land call volume for both 911 calls and transfers for the 2019-20 fiscal year was 111,734. This represents a slight decrease of 73 calls from the 2018-19 fiscal year, although it is still reflective of a significant increase over the past five years.

2019-20 Call Types



## ANNUAL VOLUME OF CALLS



## 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.

This year, we have added 12 new ACPs to the system following an orientation in July 2019. Our comprehensive data gathering and quality assurance process remains in place; and overall, the ACPs maintain a very high clinical compliance on audit - 97 per cent. They remain busy in the four sites attending to 7,389 patients this year where they administered 2,282 ACP medications and performed 274 ACP interventions.

| Area        | # of ACP Scene Responses |
|-------------|--------------------------|
| Bathurst    | 497                      |
| Saint John  | 2,494                    |
| Moncton     | 3,243                    |
| Fredericton | 1,155                    |

## RAPID RESPONSE UNIT PROJECT

Rapid Response Units (RRUs) were introduced to five rural communities in New Brunswick as a two-year pilot project in November of 2018.

In 2019-20, the pilot project received approval to continue for its second year. We continue to have a high level of interest from ANB paramedics in the project and this year we trained another 16 paramedics for the RRU program. Since they are already trained paramedics, we dedicate a day as part of their training for them to discuss as a group the difference of being a solo responder versus a pair in an ambulance.

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 Rapid Response Unit (RRU) pilot project has allowed ANB paramedics to be deployed and provide cover 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.

The program 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, 7 days per week.

| Unit                     | 2019-20 Responses |
|--------------------------|-------------------|
| St. Quentin Unit         | 77                |
| Shippagan Unit           | 379               |
| Blackville Unit          | 170               |
| Minto Unit               | 263               |
| Grand Bay-Westfield Unit | 189               |

## BILLING

Transportation by ambulance is not an insured service. 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 offsetting the cost of ambulance service.

During the 2019-20 fiscal year, 31,168 bills were issued to both residents and non-residents, resulting in collections of \$3,962,909.47.

## 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 roadside post for paramedics. Instead of paramedics sitting for hours between communities, they can use one of our 13 posts located 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 54 new stations. Some were older buildings renovated to suit our needs, while others were new construction.

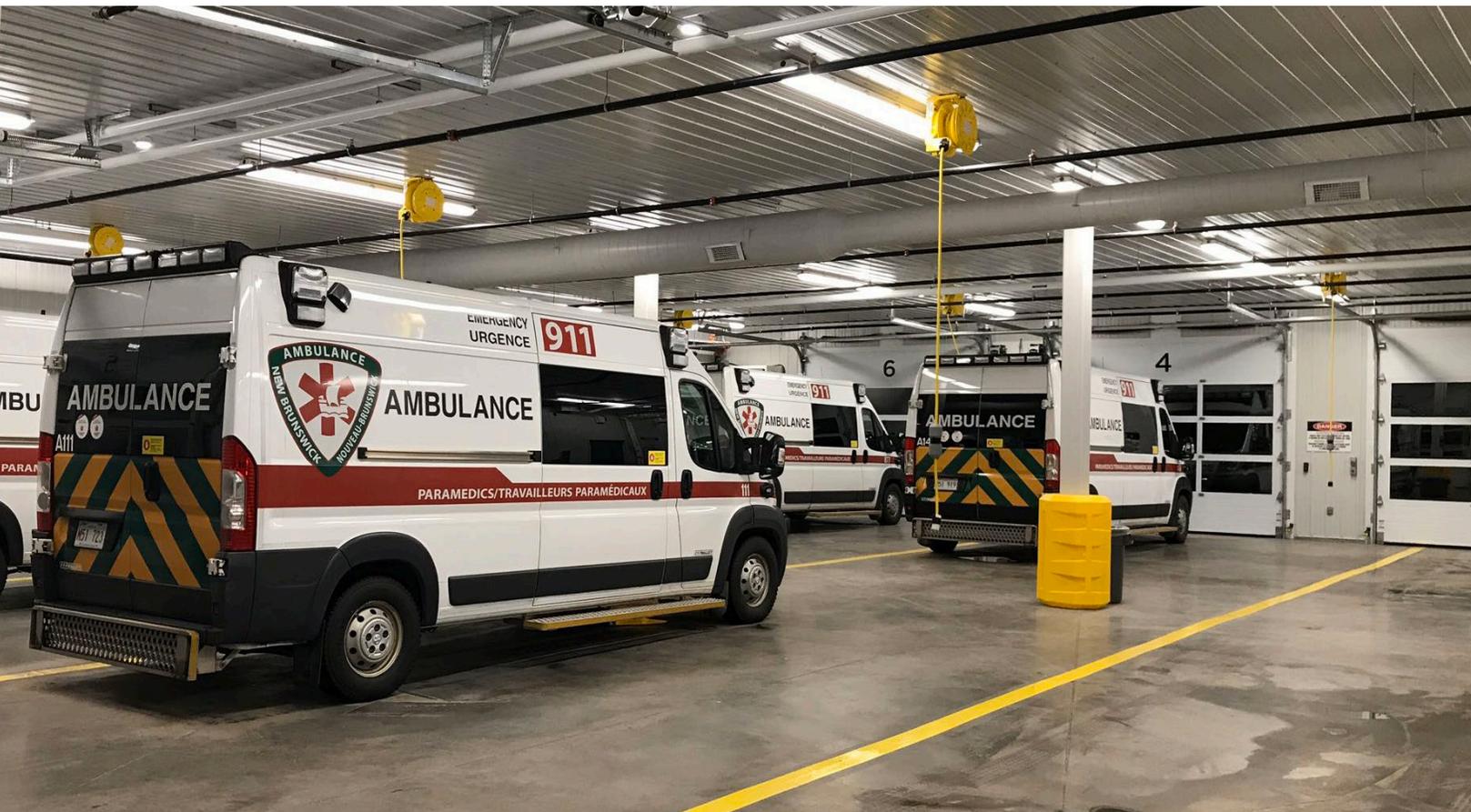
In 2019-20, ANB had three new station constructions in the following communities: Moncton (October 2019), Sackville (July 2019), and McAdam (July 2019). New constructions in Hillsborough and Tobique First Nation were well underway in 2019-20, with move-in dates scheduled for the summer of 2020.



Sackville Station



McAdam Station



Moncton Station

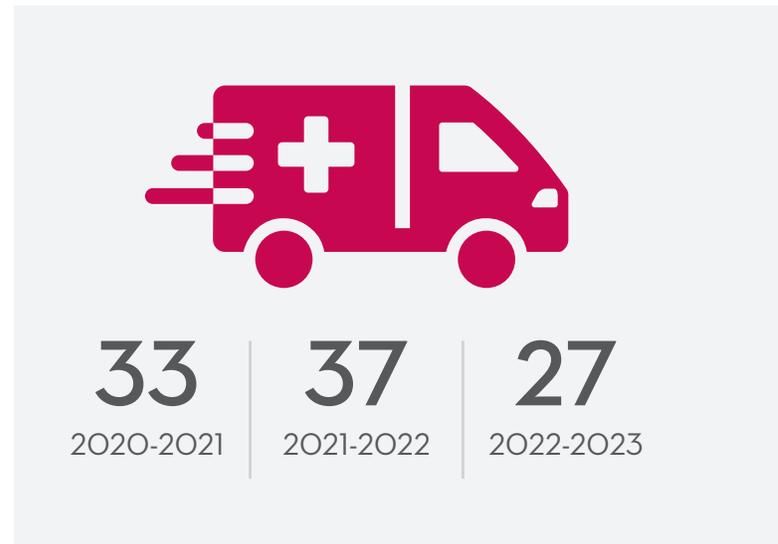
## FLEET REPORT

ANB operates a fleet of 136 ambulances in New Brunswick. Ambulances are built in New Brunswick by Malley Industries and obtained through a four-year lease program. We also have four Clinical Support Units (CSUs) for the Provincial ACP program and five Rapid Response Units (RRUs). Additionally, Fleet Services operates two Fleet Support Units (FSUs), each of which are located at the fleet centres in Fredericton and Moncton.

defibrillators, stretchers, winter and summer tire installs, new wiper blade installs, and other equipment or mechanical issues that required prompt Fleet attention.

Over the course of this fiscal year, 40 units were removed from service, including one vehicle written off from a collision, and 40 new units entered service.

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



The 2019-20 fiscal year was a busy year for fleet operations. Fleet manages the deep cleaning, servicing and maintenance of the ANB fleet of ambulances and support units. During the year, ambulances accumulated 10.7 million kilometres and completed 111,734 calls. Each ambulance travelled, on average, 6,500 kilometres per month.

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

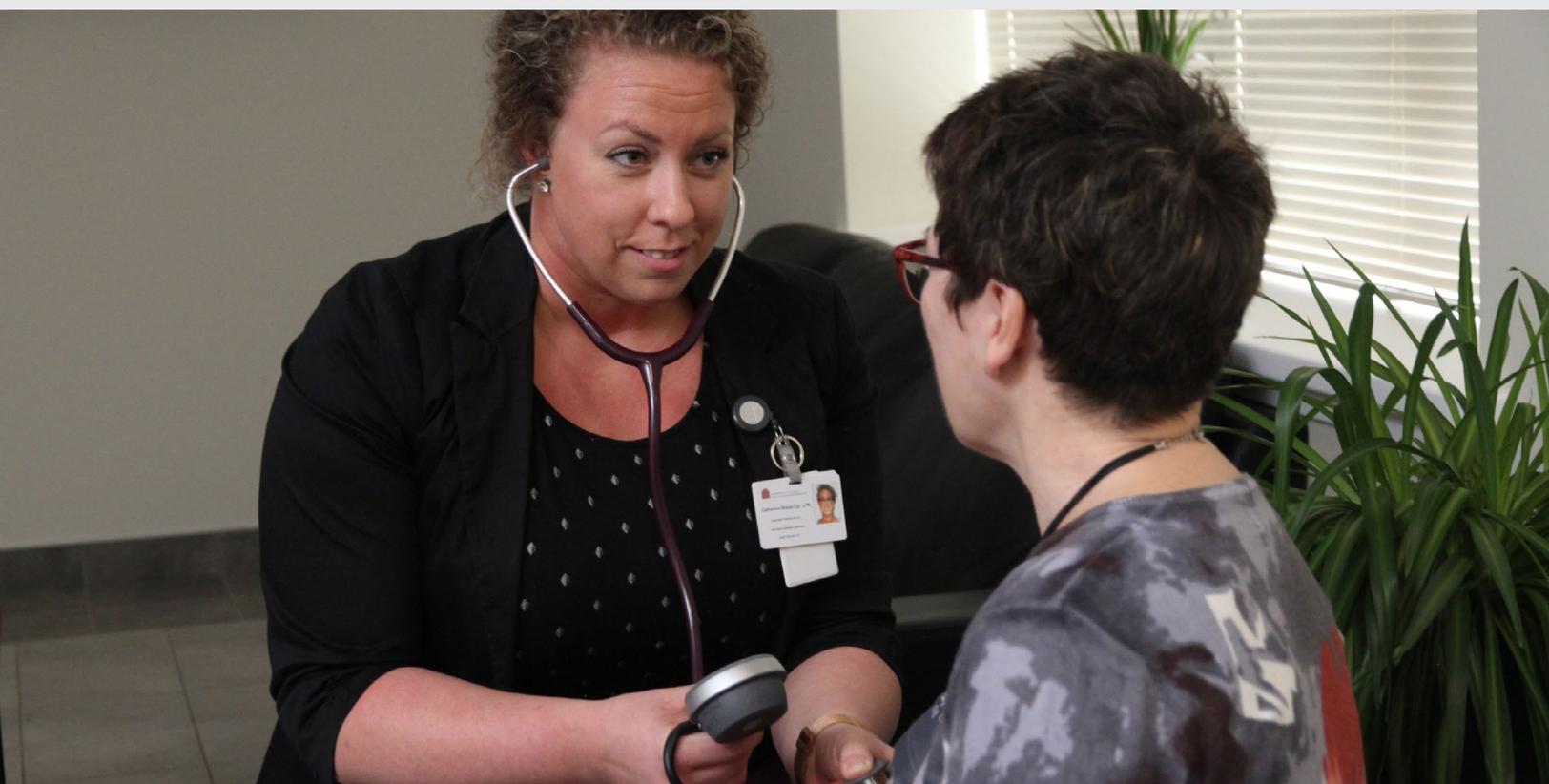
Approximately 5,800 work orders were opened to support and maintain the fleet. Ambulances were brought in for service approximately 1,300 times as part of the Preventative Maintenance Program (at 10,000 km intervals). This included scheduled maintenance and de-con (deep cleaning / decontamination) service. Other work orders opened were related to repairs and maintenance of the Toughbook computers, safe driving monitoring devices, cell phones,

## Extra-Mural Program Overview

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 publicly funded program providing comprehensive home health-care 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 health-care needs, and consistently provides services in the best possible way to achieve the desired outcomes for patients with the most cost-effective use of resources. EMP also promotes the integration of health-care services in order to ensure the sustainability of the New Brunswick health-care system.



EMP nursing services are provided 24 hours a day, 7 days a week. Other EMP professional services are available seven days a week as required to meet the patient's home health-care needs.

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

EMP interdisciplinary health-care professionals are specialists in the delivery of home health-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; and,
- Rehabilitation services.

The EM/ANB Administration is responsible to plan and manage the Extra-Mural Program and services, while ensuring that home health-care 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 New Brunswick EMP Medical Advisory Committee and other stakeholders.

## FACILITIES

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 an SDU. 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

Currently EMP has 23 units and 6 satellite units in New Brunswick. All facilities are jointly managed by Medavie Health Services New Brunswick and the Department of Transportation and Infrastructure (DTI); and all leases are currently signed by DTI.



## FLEET REPORT

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 – which can be unpredictable in the Maritimes – resulting in road conditions that are often unfavourable 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.

In the summer of 2019, 151 Ford Escape vehicles were added.



## EM/ANB Human Resources

2019 saw the creation of a three-year Human Resources Strategic Plan for the organization. The development of the HR Strategic Plan 2019-2021 was a collaborative approach involving our valued employees and stakeholders.

The HR Strategic Plan sets the direction to address trends and challenges faced by EM/ANB now and in the years to come. The plan is in alignment with EM/ANB's strategic plan and outlines the actions to be taken by the organization to reach its HR objectives. Keeping in mind a wide-ranging audience, the HR Strategic Plan has been designed most

importantly for our existing employees – of approximately 1,800 – while also considering our employees' families and other key stakeholders.

We are committed to developing and providing innovative services and solutions that are aligned with the organization's strategic goals. The HR Strategic Plan outlines the following key areas of focus for HR:

- Development of a strategic recruitment and retention program to address the shortage of staff within EMP and ANB, building capacity for the future, and assisting with the retention of employees;
- Expanding employee engagement efforts;
- Increasing our efforts in attendance management;
- Continuing to meet our requirements under the *Official Languages Act* for the Province of New Brunswick; and,
- Ensuring we address the needs of our employees' health through the development of an employee wellness strategy.

Work has been well underway during 2019-20 to reach the goals defined in the above key areas of focus, including some of the following initiatives:

- With the assistance of the Vibrant and Thriving Employee Committee, the **EM/ANB Retirement and Service Recognition Award Program** was developed.
- Our employees' continued health and safety is always at the forefront of our organization, and as part of that commitment, we expanded WorkSafeNB management through the development of an **Early & Safe Return to Work (ESRTW) Program**.
- A dedicated **Employee Health and Wellness Consultant** was added to the Human Resources team in 2019, and this position will oversee the development and implementation of our Employee Wellness Strategy in the coming year.

- EM/ANB's **Strategic Recruitment and Retention Program** was developed, and implementation activities are ongoing.

## EM/ANB Quality, Patient Safety and Education

### ANB 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 – are identified through the auditing process and reviewed/remediated as necessary. As well, occurrences (i.e., matters that will require some escalation in the investigation to resolve) can be identified from concerns received from paramedics, other health-care or emergency providers, patients and families, 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 2019-20 fiscal period, the Clinical Quality Coordinators have reviewed 64 clinical occurrences, two of which were 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 takes reasonable steps to protect controlled medications from loss or theft and has implemented processes to meet the requirements of the *Controlled Drugs and Substances Act*; and more specifically,

the *Benzodiazepines and Other Targeted Substances Regulations*. In addition, EM/ANB informs the Department of Health without delay of any loss or theft of controlled medications.

### Land Ambulance

Advanced Care Paramedics have been utilizing controlled pharmaceuticals since the program began in April 2017. There have been zero reported incidents for this fiscal year. An external audit completed by a third-party was favourable and suggestions for improvements have since been implemented.

Currently – and similarly to the Air Ambulance program – the ACP program uses the services of an approved pharmaceutical supplier to supply medications and monitor usage and accountability for the controlled medications that require a prescription from the Provincial Medical Director. The medications are ordered by Operations Managers and delivered to each site by the approved pharmaceutical supplier where they are secured in a controlled-access alarmed box. All controlled medications are counted at least once per shift and each administration, breakage, loss or transfer to another location is documented, collected/stored and reconciled 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 an approved pharmaceutical supplier to monitor usage and accountability for these controlled medications.

Just as with the Land Ambulance program, all controlled medications are counted at least once per shift and each administration, breakage, loss or transfer to another location is documented, collected/stored and reconciled monthly.

There has been zero reported incidents of loss or theft of controlled medications this fiscal year.

### ANB SAFETY PROGRAM

The ANB Safety Program continues to ensure that we put the safety of our employees, patients, hospital care teams, and the general public first. The program's team of 11 safety coaches, who are also paramedics, promote vehicle safety and take part in orientation sessions for new employees, educational initiatives, and mentoring programs.

The ANB Safety Program launched the Safe Vehicle Operation Program in April 2019. The goal of this program is to use safety coaches to meet with individual paramedics during their shift in order to review the various policies related to vehicle safety, provide vehicle safety tips and conduct driving assessments. To date, over 475 paramedics have completed the Safe Vehicle Operation Program.

### 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 2019-20, our ambulances traveled over 10 million kilometres on the province's roads, in all kinds of conditions. 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 real-time feedback on their driving. 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 idling time, fuel consumption, speed, and trips - for each ambulance in the province.

### Motor Vehicle Collisions Involving Ambulances

During the 2019-20 fiscal year, 92 collisions caused minor or major damage to the ambulance fleet. That is a nine per cent reduction in collisions compared to the previous year (103 collisions). Forty-seven per cent of the collisions involving our ambulances occurred while the vehicles were stopped or moving at 10 km/h or less. Twenty-five per cent of the collisions occurred when the vehicles had been assigned to a 911 call and 16 per cent of the collisions involved wildlife. Patients were aboard the ambulances in 26 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.

2019-2020 Motor Vehicle Collisions Involving Ambulances



|                         |                       |                            |
|-------------------------|-----------------------|----------------------------|
| <b>92</b><br>collisions | <b>47%</b><br><10km/h | <b>25%</b><br>911 assigned |
|-------------------------|-----------------------|----------------------------|

Following an investigation, a detailed report is prepared by the Coordinator, Safety Program, and shared with Operations Managers. The collision report includes findings and recommendations to mitigate future risk of further collisions. As part of EM/ANB's ongoing safety practices, several communications were sent during 2019-20 to share vehicle safety best practices with paramedics.

## ANB 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. These sessions are led by dedicated clinical education coordinators in our Training and Quality Assurance Department, who are paramedics themselves. In January of 2020, our e-Learning platform transitioned from our EducationANB site to *The Source* - a new e-Learning platform from the New Brunswick company iTacit.

ANB paramedics attended face-to-face in-service educational sessions and a number of e-Learning courses during this fiscal period as part of their continuing medical education. The education for paramedics for this fiscal year included the following components:

### Spring 2019:

- Annual cardiopulmonary resuscitation (CPR) Recertification
- Annual E-skills Recertification

### Resuscitative Science:

- Cardiac Arrest Team Dynamics:
  - Team Integration
  - Pit Crew Mentality
- Compression Devices
- Return of Spontaneous Circulation (ROSC) Statistics
- Advanced Care Paramedic (ACP) System
- Advanced Cardiac Life Support (ACLS) Medications
- ACLS Algorithms (bradycardia/pacing; tachycardia/cardioversion)
- Symptomatic vs. Asymptomatic
- Stable vs. Unstable
- Syncope

### Clinical Updates:

- Flu Vaccination
- Cessation of Resuscitation
- 12-Lead Transmission
- Paediatric Follow-Up
- Vehicle Safety
- Proper Medication Use (one-time only use & disposal)
- Pain Management
- Field Trauma Triage Guidelines (FTTG) changes (introduction of v3.5)
- T-Pod® review

### Summer 2019:

- The third ACP orientation took place beginning on July 15 and ending on July 19. This orientation was held for 12 ACPs who began work shortly thereafter, following a period of mentorship.

### Fall 2019:

- All paramedics attended the EM/ANB-facilitated Pallium Canada Learning Essential Approaches to Palliative Care (LEAP) Paramedic program session. This course material was supplemented by additional information of an operational and logistical nature leading up to the start of our Palliative Care Project.

### E-Learning:

- As part of the Palliative Care Project, all paramedics completed six to eight hours of online learning in preparation for the in-class Pallium Canada course. Additionally, paramedics had a number of other e-Learning initiatives including:
  - Safe Driving
  - Patient Safety
  - Measles
  - Hazmat
  - Ethics Framework
  - Privacy
  - Shedding Light on Patient Safety
  - Workplace Violence and Intervention
  - Various COVID-19 videos and documents

## EMP EDUCATION REPORT

This year saw a lot of progress in the development of standardized, provincial learning resources. For example, digital resources and online learning modules were developed and implemented to facilitate learning related to the EM/ANB Ethics Code and Framework, Medication History and Reconciliation, Respectful Workplaces and Violence Prevention, and Health Information Privacy. This year also saw the provincial implementation of a standardized New Employee Orientation, which will support the onboarding of new team members through a goal-based program. As part of the Accreditation process, there were also several smaller learning initiatives carried out throughout the year to close identified knowledge gaps and make best-practice reference material available to front-line employees to support just-in-time, self-guided learning.

### Continuing Education Coordination

In addition to continuing to offer annual, on-site CPR and Basic Life Support training to all team members, we also recruited and trained internal palliative care experts to become Training Facilitators of Pallium Canada's Learning Essential Approaches to Palliative Care (LEAP) program. These educators participated in each LEAP Paramedic learning session provided to the paramedics of Ambulance New Brunswick, contributing to the education of more than 900 paramedics in the principle of palliative care. They also facilitated LEAP Core education sessions for the nursing staff of Extra-Mural and will continue to offer this training opportunity across the province so that all EMP nursing staff are consistently educated in the concepts and strategies of palliative care.

### Project-Related Learning

There were some new projects initiated this year that involved learning and development of certain team members across the organization. For example, the

Care Coordination Centre came online and involved a steep learning curve for the Liaison team who embraced the opportunity head-on. There was also some training developed to trial new approaches to complex case management within Extra-Mural and, although intended progress was stalled by the pandemic, success was already being seen by the early pilot sites.

## EM/ANB QUALITY IMPROVEMENT PLAN REPORT

EM/ANB's Quality Improvement Plan is a summary document that outlines the different plans, frameworks and initiatives within the organization that guide and support continuous quality improvement within EM/ANB. The plan was finalized in December of 2019 and provides a consolidated account of all EM/ANB's existing quality improvement activities, including:

- EM/ANB Strategic Plan
- EM/ANB Risk Management Plan
- ANB Patient Safety Plan
- EMP Patient safety plan
- EM/ANB Quality and Safety Framework
- EM/ANB Ethics Code and Framework
- Emergency and Disaster Management Plan

The Quality Improvement Plan commits to annual reporting that provides a progress summary for each component of the plan (listed above). The report is completed by the Vice President of Quality, Patient Safety and Education at the end of each fiscal year and is available in the Accountability section of our EMP and ANB websites.

The report is an important part of EM/ANB's commitment to continuous quality improvement - all of which is focussed on improving the quality of health-care services we provide to our patients and their families, and helping to ensure our mission of providing excellence in emergency and community care for New Brunswickers.



Several of the initiatives listed in EM/ANB's Quality Improvement

Plan Report are also included in the Strategic Plan Update section of this year's Annual Report, and are identified with EM/ANB's quality improvement icon for easy reference.

## 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.

Our 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 of our facilities and programs in cooperation with health-care partners.

The following captures some significant events experienced within the 2019-20 reporting period and presents how EM/ANB was able to manage impacts sustained.

### EXERCISE ACTIVITIES

A significant number of emergency exercises in 2019 involving the deployment of operational units were completed in collaboration with other first responder agencies and the aviation industry. Within the aviation regulatory framework, full-scale exercises are required on an intermittent basis and these activities provide ANB an excellent opportunity to practice Multiple Patient Management in a simulated 'live' environment.

Observations and comments from those paramedics in attendance were positive, and participants expressed a desire to participate more in these types of emergency activities going forward.

2019 also saw the second installment of an annual 'all-of-province' exercise series launched through NB-EMO. Brunswick Bravo was a provincial tabletop emergency exercise with participants from across all levels and departments of government. These events allowed for a series of isolated incidents to be managed through emergency communications channels and networks between individuals whom may not communicate on a regular basis. As a whole, emergency exercise activities are a crucial part of building robust emergency plans and networks of contacts. EM/ANB continues to participate within these events as frequently as possible throughout the year.

### HISTORIC FLOOD OF SAINT JOHN RIVER

The province of New Brunswick sustained a second historical flood in 2019, with extremely high water levels being reached once again. The flood repeated isolating population pockets throughout the Saint John River basin, with levels affecting more southerly regions. A significant impact on EM/ANB operations included another Trans-Canada Highway closure. Through assignment of resources from the integrated services model within EM/ANB, solutions to novel issues encountered the prior year were readily found. Servicing patients blocked by rising water levels using a variety of resources across EM/ANB and staffing ambulances with alternate complements from adjacent operational areas became routine responses to activate in answer to these challenges.

# COVID-19 Pandemic Response

In the later part of 2019, a new undefined illness with pneumonia-like symptoms was beginning to impact a portion of China. Efforts around the world began to mobilize resources to bring better definition to this developing outbreak and limit as best as possible global spread. EM/ANB Emergency Preparedness began briefing leadership teams in January on outbreak information and began preparations to ensure EM/ANB had a resilient workforce, should the novel coronavirus reach New Brunswick. EM/ANB's response mechanism was activated initially as an outbreak management team, but transitioned on March 12 to a 'virtual' Emergency Operations Centre activation that brought to bear the full resourcing of the organization to this emergency.

For this reporting period (up to and including March 31, 2020), EM/ANB's activities relating to the pandemic focused largely on workforce resilience; education on new skills to augment the health-care system; and based on information known, operational changes that activated business continuity plans; and providing employees with support.

**Workforce Resilience:** This activity saw the ramp up of safety precautions to better prepare EM/ANB staff for the arrival of cases in New Brunswick. These efforts included delivery and the ongoing assurance that

staff would have a secure supply of personal protective equipment to use for the various response activities. This effort expedited the cycle for N95 respirator fit-testing to ensure all staff were fitted for current inventory products. Another important segment for workforce resilience was establishing a trusted source of communication via frequent and timely information flow to staff.

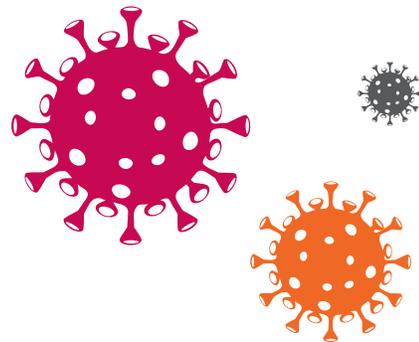
**Education:** Education activities were taken on in earnest by members of our training staff to promote an awareness of the illness. Through this venue, staff were informed of the transmissibility of the virus and the appropriate measures to take to protect themselves during patient encounters. Some changes to aerosol-based clinical procedures were implemented to continue the theme of keeping staff safe. Just-in-time education was produced to enable EM/ANB staff the ability to augment their skillset with nasopharyngeal sampling techniques, allowing them to contribute to Public Health's testing mandate in determination of the presence of COVID-19 in New Brunswick.



**Operations:** Operational changes were also necessary to maintain safety of EM/ANB staff. This included two significant alterations that were completed: the change of EMP to only offer essential services as written in EM/ANB's Pandemic Plan; and, the change of ANB from transporting all patients to a health-care facility, to triaging those who were only experiencing COVID-19 symptoms and could remain home with instructions. These operational changes provided for a safety buffer of staff enabling a transition to health-care support and keeping patients out of hospital environments whenever possible.

**Employee Support:** As a state of emergency was declared in New Brunswick on March 19, 2020, for the first time, the province ordered the shut-down of all but essential and necessary facets of society. This presented challenges for employees with family under their care, and EM/ANB's Human Resources Department provided appropriate support in response to those situations. To maintain a healthy support workforce, EM/ANB made arrangements to enable support staff to work from home using virtual workplace services.

In the initial stages of the COVID-19 pandemic, EM/ANB actions were agile and adaptive given the very dynamic situation that was developing.





# Strategic Plan Update



Following the integration of Ambulance New Brunswick and the provincial Extra-Mural Program in 2018, the newly formed EM/ANB embarked on the development of its inaugural three-year strategic plan, which was completed in 2019.

Through a collaborative and inclusive strategic planning process involving our internal and external stakeholders, EM/ANB gathered the critical information and input necessary to develop the foundation of the plan, including: an integrated mission, vision and core values; strategic directions; and supporting strategic objectives.

This plan forms the roadmap for EM/ANB over the next three years. Any new project or initiative should be in alignment with the strategic plan and contribute towards achieving our mission, vision and values.

## Overview of Mission, Vision & Values

Together, EM/ANB’s mission, vision and values are at the heart of everything we do. They guide the development of our strategy, help communicate our organization’s purpose, and inform what goals and objectives will be used to determine whether our strategy is on track.

## Overview of Strategic Directions

Through our collaborative planning approach we developed the following four strategic directions, which act as the pillars of our three-year Strategic Plan:

- **Strategic Direction #1: Ensure Operational Excellence by Delivering Quality Patient- and Family-Centred Care**
- **Strategic Direction #2: Strengthen Community Partnerships and Public Engagement**
- **Strategic Direction #3: Improve Employee Engagement, Retention & Recruitment**
- **Strategic Direction #4: Use Technology to Enhance Service Delivery and Promote Innovation**

These overarching strategic directions remind us of where we need to go as an organization. In the following pages of this report, we outline and define each of these four strategic directions, and provide updates on key initiatives in support of each strategic direction - something that we are



Providing excellence in emergency and community care.

### Mission



Improving the quality of life of New Brunswickers within their communities.

### Vision



- ✓ Patient-centered
- ✓ Safety-focused
- ✓ Accountable
- ✓ Accessible
- ✓ Innovative
- ✓ Caring
- ✓ Responsive
- ✓ Community-minded

### Values

committed to continuing to do each year in our Annual Reports.

**Strategic Direction #1:**  
**Ensure Operational Excellence by Delivering Quality Patient- and Family-Centred Care**

*EM/ANB is strongly committed to the delivery of quality services to the patients we serve. This Strategic direction aligns with EM/ANB's primary purpose and its core activities. The following strategic initiatives are in alignment with this strategic direction and contribute to ensuring that EM/ANB is delivering its services in a safe, seamless and innovative way for both practitioners and patients.*

#### **PRIVACY AND SECURITY FRAMEWORK**

The Privacy and Security Framework is a procedure document that has been created to guide the identification, management and resolution of privacy and information security incidents and breaches. The procedure document and related forms have been added to the employee intranet sites for staff review and reference.

A key part of the Privacy and Security Framework is the Privacy and Security Incident Management Standard Operating Procedure (SOP) and accompanying incident report form, which were approved by Senior Management and shared with staff in April 2019.

The first six months of implementation were used to test the effectiveness of the SOP, with four tabletop exercises completed between May and September of 2019. These tabletops offered many lessons learned, which led to the current (version 2) of the SOP and accompanying form being finalized in late September 2019, which were then shared with staff.

E-learning modules on the application of the SOP for EM/ANB staff have been developed.

In the absence of any actual significant incidents (i.e., level 2 or 3 incidents), tabletop exercises will continue to be scheduled and executed in order to ensure EM/ANB's readiness in the event of a real, large-scale privacy or information security incident. Responsibility for oversight and reporting of privacy and information security incidents lies with the Privacy and Information Access Officer and the General Manager, Integration and Organizational Performance respectively.

#### **EMP CLINICAL CARE POLICIES AND PROCEDURES**

To support the goal of providing the right care, at the right time, at the right place, the Extra-Mural Program's Policy Review Committee applies the homecare lens to ensure that policies support evidence-based, accountable, accessible, integrated, sustainable as well as patient- and family-centred care. Using this approach, the committee has reviewed 80 per cent of the EMP Clinical Policies and Procedures (P&Ps) during the 2019-20 fiscal year. The EMP Policy Review Committee includes members who provide various perspectives throughout EMP, including patient and family advisors.

In addition to the regular review of policies, the committee has worked toward improving efficiencies and accessibility to policies. This includes having introduced a more reader-friendly policy template and improving the online access of policies through the EMP P&P intranet site. This site also provides access to a policy request process that improves tracking and allows managers easy access to submit any policy requests. A policy review process was also introduced to all EMP staff to enhance communication of policy updates through the new educational platform, *The Source*. This coming year, the committee will strive to continue its focus on the regular review of policies, improving user-friendliness of the EMP P&P intranet site, and ensuring reliable communication of updates.

## ANB POLICY REVIEW

To ensure appropriate and informative policies, the ANB Policy Review Committee meets twice a year to conduct an annual review of all operational policies and procedures. The committee consists of 20 members representing the various ANB roles and perspectives, including Advanced Care Paramedics, Air Ambulance, Quality and Risk, Medical Communications Management Centre, and patient and family advisors.

ANB policy requests are submitted to the Coordinator of Policies, Procedures and Accreditation for revisions, communication and education. All policy updates are communicated to ANB staff and acknowledgement of understandings or verification of knowledge is tracked using the online Educational platform, *The Source*.



## EM/ANB QUALITY AND SAFETY FRAMEWORK

The EM/ANB Quality and Safety Framework directs, guides and supports EM/ANB in the delivery of safe patient care by ensuring that core safety principles, concepts and risk management components are incorporated throughout the organization. The framework builds the foundation to support all patient safety activities at EM/ANB.

The Framework was approved in the fall of 2019, following final review and input provided by the EM/ANB Board of Directors. The activities outlined in the document are mostly managed by the Manager of Quality and Risk, and the Quality and Patient Safety Committee. This committee meets at least quarterly and reviews patient safety incidents and provides recommendations based on the findings resulting from this review process.

The Manager of Quality and Risk reports monthly to the Senior Leadership Team on quality and safety activities monitoring, and also reports quarterly to the EM/ANB Quality and Patient Safety Sub-Committee of the board on patient safety incidents.

## ACCREDITATION CANADA

In early 2020, EM/ANB was accorded the highest standard of performance - Exemplary Standing - by Accreditation Canada after its on-site survey of the organization.

This significant achievement came after the peer reviewers from Accreditation Canada visited EM/ANB and EMP sites to share their expertise, evaluate the extent to which EM/ANB meets national standards of excellence, and make recommendations. The evaluation focused on system-wide standards for leadership and governance, as well as service excellence standards that included home care services, infection prevention and control and medication management for community organizations.

Some of the key achievements noted by the surveyors during the assessment included:

- EM/ANB is building a new tradition of excellence in health care
- EM/ANB has created a culture of patient- and family-centred care
- Team members are strong, efficient advocates for patients
- Patients are confident in the ability and accessibility of their care providers
- Level of engagement with patient and family advisors was commended
- Work in addressing and reducing barriers to care was applauded
- Staff feel heard as their feedback is taken into consideration when decisions are made
- Partnerships with other community stakeholders are strong and effective

This standard was achieved after only two full years of integrated operation as EM/ANB, which EM/ANB CEO Richard Losier has credited to the performance of staff members and the work done in New Brunswick communities.

While this survey looked at the EMP aspect of the EM/ANB organization, ANB was also accorded Exemplary Status by Accreditation Canada in its 2018 survey.

EM/ANB has much to be proud of in terms of accomplishments to date and should work to maintain the gains achieved while continuing to address challenges and opportunities ahead. The commitment, teamwork, and dedication of your staff and community will help you as you continue in your journey of being the foundation of community health care in New Brunswick.

Accreditation Canada Surveyors

EM/ANB will continue to monitor, plan and act on identified improvement opportunities throughout the four-year cycle between Accreditation Canada surveys. EM/ANB's ongoing efforts to maintain this high level of performance are intended to ensure the organization is prepared to meet all standards during the next survey planned in 2022, and that we continue to live our mission of providing excellence in emergency and community care every day.

## EMP CLINICAL PRACTICE LEADERSHIP STRUCTURE

The Extra-Mural Program's Clinical Practice Leadership Structure has been implemented since March 2019. This structure ensures that EMP's provision of care is grounded in best evidence and experience, which are used as the foundation for effective and efficient home health-care provision and innovations through developing, applying and evaluating standards of practice within each EMP profession.

Each Clinical Practice Lead Committee (CPLC) has met 3-4 times during the past year, and contributes to sustainable care by identifying emerging trends in their respective professions and practices. This leads to the identification of opportunities, building capacity to manage change, and ensuring standardized quality patient care with a homecare lens. The CPLCs have been the driving force for policy change, including the standardization of the orientation program, as well as the standardization of certain patient assessment/screening tools.



## EM/ANB ETHICS CODE AND FRAMEWORK

The EM/ANB Ethics Code and Framework is used to guide daily decision-making as well as the development of the Organization's policies, processes, and practices. During the 2019-20 fiscal year, the EM/ANB Ethics Committee conducted five in-person meetings. A standing agenda item for each Ethics Committee meeting is a review of ethics consult summaries, for which there were a total of 13 facilitated within 2019-20.

In addition to the above, the following quality improvement activities were undertaken by the EM/ANB Ethics Committee as part of their mandate under the Framework during the past fiscal year:

- Reviewed and revised the existing Framework, and published version 1.2;
- Developed learning objectives for employees regarding the Framework, which led to the creation and release of an e-learning module;
- Reviewed and provided feedback on a draft ANB policy for multiple patient management;
- Reviewed materials and held a discussion surrounding conscientious objection and how it could affect EM/ANB employees and the organization; and,
- Developed objectives for the next education module for employees, which will focus on scenario-based learning.

## **DEDICATED PATIENT TRANSFER UNIT SYSTEM**

This year marked the first full year of the new dedicated patient transfer unit system, which was introduced by ANB in March of 2019, just before the current fiscal year began. The purpose of the new system is to have a committed amount of ambulance resources dedicated to non-urgent patient transfers, in order to mitigate delays and help ensure patients get to their scheduled appointments in a timely manner. Twenty-four units have been assigned from the overall fleet and dedicated to the patient transfer service in support of the program.

In 2019-20, transfers made up 25.3% of the system's call volume. Separating the non-urgent transfer requests out from the 911 emergency response improves the coordination and reduces delays on both the non-urgent transfer and 911 response sides of the operation.

During this fiscal period, new computer-aided dispatch (CAD) software was acquired for the transfer system which will help to automate several tasks that traditionally have required manual attention. The software manages the full operational process from call registration and triage to execution of the provided service. The software's 'planning engine' continuously evaluates the plan in response to operational conditions and applies updates if the plan can be improved. The system is designed to automatically schedule tasks on relevant resources, send tasks to vehicles, and dynamically update the entire plan upon receiving status updates from vehicles. Implementation of the new software is scheduled for the coming year.

## **EMP LIAISON PROGRAM**

Family physicians who coordinate care for their patients often face systemic barriers. The compartmentalization of the health-care system can be not only a source of hardship and frustration for patients, caregivers and families, but also a strain on caregivers.

An important feature of a successful patient-centric system is integrated and effective coordination between care providers. Lack of coordination leads to all kinds of negative impacts, including emergency services and preventable hospitalizations.

Over time, with EMP Liaisons working in 12 hospitals and EMP managers in 23 EMP units working within two Regional Health Authorities and eight zones, there had been inconsistencies in how patients qualified and were referred to EMP. The lack of a standardized approach created inequitable access to EMP services offered across the province. As well, EMP unit managers were spending a growing amount of time on processing referrals, taking focus away from the overall management of EMP service.

Under a unified provincial mandate, the objectives were to confirm a standard EMP Liaison job description, create tools to ensure consistent standards were applied no matter where the patient lived, and support managers with the referral management process by developing a virtual unit where all referrals to EMP could be managed to support consistent, holistic assessment to identify appropriate care.

The planning began in 2019, with a job description, a referral form, and a Patient Needs Assessment Tool created to be used by all. Nine Liaisons and three administrative staff were hired to manage all community referrals, while the current 23 hospital liaisons manage new referrals from hospital as well as coordinate care for EMP patients that have been hospitalized. An EMP Manager was seconded to oversee this project. Orientation and promotional activities occurred in December with the virtual EMP Care Coordination Centre being launched in February 2020. In the first two months of operation, the EMP Care Coordination Centre assessed and navigated care for 2,213 new patients.

## PERFORMANCE ON OBJECTIVES

### ANB 2019-20 Performance Overview

As part of its contract, Medavie Health Services New Brunswick (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 emergency medical services for the year ending March 31, 2020. The following table illustrates the performance for the 2019-20 fiscal period.



### ANB Performance

|                          | Region   | Apr-May-Jun | Jul-Aug-Sep | Oct-Nov-Dec | Jan-Feb-Mar | Year-End   |               |
|--------------------------|----------|-------------|-------------|-------------|-------------|------------|---------------|
|                          |          | Performance | Performance | Performance | Performance | Obligation | Performance   |
| Emergency*               | North    | 94.06%      | 93.58%      | 93.68%      | 94.05%      | 90%        | <b>93.84%</b> |
|                          | South    | 93.02%      | 93.62%      | 93.61%      | 93.42%      | 90%        | <b>93.42%</b> |
|                          | East     | 94.03%      | 93.96%      | 94.21%      | 94.53%      | 90%        | <b>94.18%</b> |
|                          | West     | 94.42%      | 93.98%      | 94.17%      | 94.38%      | 90%        | <b>94.23%</b> |
| 911 Non-Emergency*       | Province | 95.86%      | 96.03%      | 96.59%      | 96.12%      | 90%        | <b>96.15%</b> |
| Scheduled Transfers*     | Province | 95.97%      | 96.38%      | 96.23%      | 97.89%      | 90%        | <b>96.61%</b> |
| Non-Scheduled Transfers* | Province | 98.19%      | 98.10%      | 98.07%      | 98.90%      | 90%        | <b>98.31%</b> |
| Call Processing Time     | Province | 97.02%      | 97.08%      | 97.15%      | 97.43%      | 90%        | <b>98.19%</b> |
| Data Entry               | Province | 96.68%      | 96.38%      | 96.50%      | 85.74%**    | 90%        | <b>93.85%</b> |
| Documentation            | Province | 91.50%      | 93.38%      | 99.21%      | 99.39%      | 90%        | <b>95.87%</b> |
| Reporting                | Province | 100%        | 100%        | 100%        | 100%        | 100%       | <b>100%</b>   |

\* Response time performance results reflect exemptions approved by the Department of Health, such as delays attributed to adverse weather and road closures.

\*\* The COVID-19 pandemic had an impact on data processing capacity for Patient Care Records for the month of March. Delays incurred were shared with and accepted by the Department of Health.

## ANB Patient Satisfaction

The following patient satisfaction survey results are compiled on a semi-annual basis by an independent, third-party research organization.

|                                   | Region   | Mid-Year Performance | Obligation | Year-End Performance |
|-----------------------------------|----------|----------------------|------------|----------------------|
| Customer Service                  | Province | 94.3%                | 90%        | 95%                  |
| Official Languages*<br>Paramedics | Province | 99%                  | 95%        | 99%                  |

\* Measures incidence of ANB personnel speaking in the official language of the callers'/patients' choice.

## EMP 2019-20 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 in total) 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 health-care practices.

As part of the contract, MHSNB's management of EMP is measured by 5 key indicators from the 33 Key Performance Indicators, which are also subject to incentives and penalties to encourage performance.



The 5 key indicators are as follows:

1. Reduce number of days it takes for a patient to begin receiving a visit after referral
2. Reduce ratio of Emergency Department (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 <sup>th</sup> percentile (days) |
|---------|---------------|------------------------------------|
| 2015-16 | 3             | 40                                 |
| 2016-17 | 3             | 33                                 |
| 2017-18 | 3             | 34                                 |
| 2018-19 | 2             | 29                                 |
| 2019-20 | 2             | 23                                 |

Our target for the median is one day - down from three before integration. For 90<sup>th</sup> percentile, our target 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. Three months after integration, there was a significant change in the referral to care time, decreasing from three to two days between referral and care. We are well on the way to reaching our goal of one day for the median. We are also heading in the right direction on referral to care time for 90<sup>th</sup> percentile patients, which is now down to 23 days from the initial 33.

**2. Emergency Department 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 the 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, close to a nine per cent improvement. During the past year, the ratio has continued to trend in the right direction, decreasing from 0.54 visits per patient to 0.52, which is close to a 12 per cent improvement from the original ratio of 0.59. This has a positive impact on the health system by ensuring appropriate care in the right setting.

| Year    | Ratio | ED Visits |
|---------|-------|-----------|
| 2015-16 | 0.50  | 16,680    |
| 2016-17 | 0.60  | 18,069    |
| 2017-18 | 0.59  | 17,787    |
| 2018-19 | 0.54  | 15,454    |
| 2019-20 | 0.52  | 15,122    |

**3. Maintain high patient satisfaction survey results** - 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-centred and meets the needs of patients. The baseline has been taken from the 2015 New Brunswick Health Council Survey where 95 per cent 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.

During the interim years between New Brunswick Health Council's three-year survey cycle, EM/ANB tracks patient satisfaction rates using survey data collected by an independent, third-party research organization; and in 2019, the third-party survey found that patients indicated an overall satisfaction rate with EMP services of 94.1 per cent.

**4. Number of referrals from primary care** - In February 2020, we launched a new patient referral program for the Extra-Mural Program called the Care Coordination Centre (CCC) - a new virtual centre where all referrals to EMP from hospitals and the community are sent, received and processed under this single new entity. This new program is helping to ensure timely and equitable access for all New Brunswickers to the Extra-Mural Program. It also ensures a seamless transfer of care from the referral source - whether a physician, a community agency or a family member - to the appropriate community services for the patient. Although the program was launched recently, we are encouraged by its early results.

It is also important to note that this change in the approach to receiving and processing referrals allows for an increase in the number of referrals from the community versus the hospital. This change means earlier patient access to the EMP program, which will help to avoid unnecessary hospitalization and enhanced care for patients while they are home or in their community.

During the 2019-20 fiscal year, the number of referrals from primary care has grown from 7,280 to 7,733 - which marks an increase of 838 patient referrals compared to our initial benchmark of 6,895 referrals in 2017-18.

| Year    | Primary Care Referrals |
|---------|------------------------|
| 2015-16 | 5,104                  |
| 2016-17 | 7,426                  |
| 2017-18 | 6,895                  |
| 2018-19 | 7,280                  |
| 2019-20 | 7,733                  |

**5. Increase visits by EMP staff to patients** - This metric continues to trend in the right direction, with the number of visits growing from 486,330 in the first year, to 487,409 in 2018-19, and now to 503,269 in 2019-20. 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.

| Year    | EMP Visits |
|---------|------------|
| 2015-16 | 491,798    |
| 2016-17 | 482,867    |
| 2017-18 | 486,330    |
| 2018-19 | 487,409    |
| 2019-20 | 503,269    |

| Practice Area        | Patient Visits | Telephone Contacts |
|----------------------|----------------|--------------------|
| Nursing              | 346,512        | 105,295            |
| Occupational Therapy | 33,729         | 15,393             |
| Speech Language      | 7,420          | 2,191              |
| Clinical Nutrition   | 16,944         | 7,321              |
| Physiotherapy        | 36,040         | 11,129             |
| Respiratory Therapy  | 32,918         | 13,356             |
| Social Work          | 10,576         | 8,537              |
| Rehab Assistance     | 19,130         | 4,389              |
| Total                | 503,269        | 167,611            |

## PALLIATIVE CARE PROJECT

It has been an exciting year for the EM/ANB Paramedics Providing Palliative Care at Home project. It's been a year that took us from the early days of project development and planning, to the official project launch on March 2, 2020.

The Project Steering Committee established several working groups to develop and implement all aspects of this important change in ANB paramedic practice. A broad-based Stakeholder Advisory Group was also created to inform the project team regarding implementation of this important initiative. Membership included patient and family advisors, First Nations representatives, physicians and front-line providers, along with members of various other health sectors.

Through this work, a comprehensive and patient-centric 'model of care' was developed to guide the collaborative practice of ANB paramedics working alongside EMP health-care providers in providing palliative care to New Brunswick residents. In addition, over

900 ANB paramedics completed the two-day Learning Essential Approaches to Palliative Care (LEAP) Paramedic course offered by Pallium Canada, which has provided these paramedics with increased knowledge and skill in the provision of palliative care. Another important component of this project was the development of an EMP palliative patient registry that enables ANB paramedics and EMP health-care professionals to better collaborate as part of the 'circle of care' surrounding palliative patients and their families.

Paramedics began providing palliative care at home to EMP palliative patients on March 2, 2020. Although the project is just getting started, early data shows a reduced rate of palliative patients being transported to the Emergency Department. This project is important as it enables paramedics to provide a palliative approach to care at home, in conjunction with EMP health-care providers, for those palliative patients who wish to remain at home. Of course, there are always circumstances where palliative patients will need to be transported to hospital or hospice, and these patients will continue to be brought to these facilities - a process which will also be aided by a higher rate of collaboration between EMP and ANB than in the past.



Now that the project has launched, the project team will focus on monitoring project progress, obtaining stakeholder feedback, implementing continuous quality improvement activities and reporting on project outcomes.

## SHARED CARE PLAN

The Shared Care Plan (SCP) is a tool to support collaboration and teamwork amongst the patient and their family, EMP, ANB and other service providers involved in care coordination. It serves as a source for sharing information about the patient that complements each other's services. Using the SCP enhances the team's ability to work effectively with common information to provide quality, patient-centred care that is integrated and sustainable.

The information for the SCP is gathered upon admission to the Extra-Mural Program and is updated as ongoing care is provided. The patient has the option to choose whether they want to participate in the SCP program and to what extent they want to share their health information.

The SCP has been implemented in the Miramichi and Bathurst areas as a pilot, and also as part of the Palliative Care Project launched in March 2020, which introduced the practice of having paramedics deliver palliative care. For instance, as paramedics respond to a call for an EMP palliative care patient, they have access to up-to-date information on the patient and their plan of care.

### **Strategic Direction #2: Strengthen Community Partnerships and Community Engagement**

*Ensuring that the public and community partners are aware of the services offered is key to ensuring seamless care delivery. EM/ANB wants to do its part in educating the public and its partners so that patients receive the right care, at the right time, and the right place.*

## LAUNCH OF ANB'S TRANSPARENCY PAGE

It is important for us to provide accountability and transparency to New Brunswickers when it comes to the services they receive from our organization. In order to increase this level of transparency, ANB launched a performance and accountability dashboard in July 2019. On a monthly basis, data related to performance, volume of calls and patient satisfaction, amongst others, are made available on the public website: [ambulancenb.ca/en/accountability/how-we-are-doing](http://ambulancenb.ca/en/accountability/how-we-are-doing).

### **Strategic Direction #3: Improve Employee Engagement, Retention & Recruitment**

*At EM/ANB, we believe that our employees are our number one asset. We have confidence in the fact that satisfied and engaged employees have a positive affect on patient care. In an environment where health-care resources are scarce, it is important to not only recruit skilled professionals, but to create an environment where they can thrive in their profession.*

## CREATION OF VIDEO TO HIGHLIGHT INTEGRATION OF EMP & ANB

The Vibrant and Thriving Culture Workgroup has representation from EMP and ANB, with a purpose to inform the organization in ways to help create and maintain a vibrant and thriving culture in the workplace. This workgroup developed and scripted an animated video that would describe the purpose of EMP and ANB being on the same community platform. It describes how both organizations work together in the continuum of care for the benefit of optimal and coordinated health-care services for patients. The video was launched during the CEO's annual provincial staff tour in the fall of 2019 and was very well received by employees. This was a very successful accomplishment of the workgroup.

## YEARS OF SERVICE RECOGNITION PROGRAM

We understand that our employees are the heart of EM/ANB and we are committed to doing what is required to ensure they feel valued and appreciated. As a component of this recognition program, we have developed a retirement and service award program, which was approved in 2019-20. Once a year, we will host a celebration to highlight years of service and celebrate retired employees. Materials were prepared in 2019-20 with plans for an initial celebration in the spring of 2020, however, events were postponed until the fall of 2020 due to the COVID-19 pandemic. We are looking forward to the successful and meaningful implementation of this initiative.

## CORPORATE RECRUITMENT AND RETENTION PROGRAM

The purpose of the EM/ANB Strategic Recruitment and Retention Program is to develop a guide for recruitment activities during the coming years to address the shortage of skilled employees within EMP and ANB, and to build capacity for the future and assist with the retention of employees.

During 2019-20, Human Resources attended 13 job fairs and administered nine ANB new employee orientation sessions to welcome our new paramedics and emergency medical dispatchers. We continue to work closely with our educational partners to reinforce the great employment experience that EM/ANB has to offer. Our efforts allowed us to onboard 82 clinicians to ANB and 126 clinicians to EMP during the year.

## OFFICIAL LANGUAGES

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

EM/ANB continues to focus on increasing its bilingual staff complement and providing language training to employees who wish to pursue learning a second official language. Ongoing training and education is mandatory to ensure the active offer is made to every patient at the first point of contact.

We continue to offer EM/ANB employees linguistic learning opportunities with various approved institutions that offer standardized language training in both official languages. At the end of the 2019-20 fiscal year, 36.35 per cent of all ANB Primary Care Paramedics qualified as bilingual by the Province of New Brunswick through Service New Brunswick. As a result, this has increased our bilingual workforce at ANB by 2.10 per cent from 2018-19. In order to be considered a bilingual employee, ANB staff are required to do an oral proficiency evaluation, which assesses their level of communication in their second language. Employees must meet the minimum of a 2+ rating in French or English to qualify as bilingual.

We continuously strive in our efforts to recruit and retain bilingual paramedics through various recruitment initiatives to ensure the best patient care is provided to New Brunswick citizens. At the end of 2019-20, we had 35 full-time permanent bilingual paramedic positions vacant, along with 34 part-time bilingual positions vacant.

For 2019-20, Ambulance New Brunswick received no official language complaints.

Based on survey results provided by an independent third-party company that conducts semi-annual patient satisfaction surveys for EM/ANB – as of January 2020, when asked if active offer of service in the official language of their choice was provided, 58 per cent of respondents said yes. This result remains the same as the previous year. A total of 8 per cent of respondents said they were not offered the choice, and 34 per cent reported they either did not know or were not sure.

The same independent, third-party survey also measures the incidence of ANB personnel speaking in the official language of the patient's choice and virtually all respondents (99%) who have a language preference indicated their paramedics had spoken to them in their official language of choice. This result marks an increase of 3% from 96% the previous year.

#### **Strategic Direction #4: Use Technology to Enhance Service Delivery and Promote Innovation**

*We believe in using technology as a key enabler to improve efficiency and enhance care for our patients. It is important that the appropriate technology is used to facilitate our practitioners' and employees' daily navigation of the health system. We want to encourage and promote innovative thinking within the organization.*

#### **HEALTH SERVICES COORDINATION CENTRE (HSCC)**

The HSCC is designed to manage requests for health-related information and services. Each request is clinically triaged to determine which programs(s) will take the lead in coordinating care as well as determining what clinical pathway is most appropriate to serve the needs of the patient.

The HSCC is composed of many different components, such as the Medical Communication Management Centre (MCMC) and the Care Coordination Centre (CCC).

The Care Coordination Centre was launched in early 2020. The purpose of the CCC is to accept all requests for service for the EMP program and triage them accordingly. This helps to ensure a consistent approach to admission of EMP patients within the province. No longer will physicians, nurse practitioners, community services and agencies, and patients and their families have to reach out directly to one of the 27 EMP

units across the province to access a referral to EMP. Now, all referrals to EMP from hospitals and the community are sent, received and processed under this single new virtual centre – helping to ensure timely and equitable access for all New Brunswickers to the Extra-Mural Program. The new system also helps to ensure a seamless transfer of care from the referral source – whether a physician, a community agency or a family member – to the appropriate community services for the patient.

#### **LEARNING MANAGEMENT SYSTEM - THE SOURCE**

After consulting with leaders and front-line providers from across the organization last year, EM/ANB partnered with a Maritime Tech company called iTacit to implement a new online learning platform that we have named, *The Source*.

On January 6, we launched this new website to all members of the Extra-Mural Program and Ambulance New Brunswick teams. This new cloud-based software facilitates easy access to learning activities, reference material, and two-way communication. EM/ANB entered into this initiative with the primary goal of creating a positive and intuitive user experience for staff. That's why this new platform is accessible from any device with an internet connection and also has a fully functional mobile app, offering people access to an online learning environment that fits their preference and schedule. With over 70 unique learning activities and 40 reference documents already published this year, the ability to target every item to a specific group or audience means that employees can efficiently see what is relevant to them, when it is relevant to them. We are really looking forward to maximizing the potential of this tool to support the important work of our team going forward.



# EM/ANB Inc.

## Financial Statements

March 31, 2020

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## Independent auditor's report

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, 2020, 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, 2020, 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.

Moncton, Canada  
June 24, 2020



Chartered Professional Accountants

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**EM/ANB Inc.****Statement of Operations and Surplus**Year Ended March 31 **Budget** **2020** 2019

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## Revenue

|   |                           |                           |                    |
|---|---------------------------|---------------------------|--------------------|
| Province of New Brunswick Funding Grant | <b>\$ 191,397,911</b>     | <b>\$204,151,019</b>      | \$193,488,467      |
| Billing ambulance/EM services (Note 3)  | <b>3,900,000</b>          | <b>3,939,363</b>          | 3,772,431          |
| Capital asset funding (Note 2)          | <b>-</b>                  | <b>1,074,083</b>          | 4,438,254          |
|   | <b><u>195,297,911</u></b> | <b><u>209,164,465</u></b> | <u>201,699,152</u> |

## Expenditures

|   |                           |                           |                    |
|---|---------------------------|---------------------------|--------------------|
| Administration and other support services | <b>25,675,983</b>         | <b>18,667,045</b>         | 18,742,140         |
| Fleet                                     | <b>8,670,843</b>          | <b>9,858,373</b>          | 9,202,980          |
| Facilities                                | <b>8,213,165</b>          | <b>8,550,974</b>          | 7,902,896          |
| Amortization expense                      | <b>4,350,000</b>          | <b>5,384,221</b>          | 4,963,731          |
| Interest expense                          | <b>-</b>                  | <b>212,487</b>            | 206,666            |
| Communication, Air and Land ambulance     | <b>83,982,157</b>         | <b>90,494,069</b>         | 87,038,712         |
| Clinical Care Services                    | <b>60,505,763</b>         | <b>66,926,299</b>         | 59,842,793         |
| Incentives fees                           | <b>-</b>                  | <b>4,336,269</b>          | 5,318,953          |
|   | <b><u>191,397,911</u></b> | <b><u>204,429,737</u></b> | <u>192,218,871</u> |

## Annual operating surplus

**3,900,000** **4,734,728** 8,480,281

## Sick leave benefits (Note 6)

**-** **(388,100)** 137,600

## Annual surplus

**\$ 3,900,000** **\$ 4,346,628** **\$ 8,617,881**

---

## Deficit, beginning of year

**\$ -** **\$ (2,122,839)** \$ (5,274,082)

## Appropriation of surplus, billing revenue

**(3,900,000)** **(3,939,363)** (3,772,431)

## Appropriation of surplus

**-** **(1,350,606)** (1,694,207)

## Annual surplus

**3,900,000** **4,346,628** 8,617,881

## Deficit, end of year

**\$ -** **\$ (3,066,180)** **\$ (2,122,839)**

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See accompanying notes to the financial statements.

# EM/ANB Inc.

## Statement of Financial Position

March 31

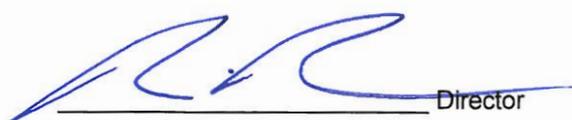
2020

2019

|   | 2020                  | 2019                  |
|---|-----------------------|-----------------------|
| <b>Assets</b>   |                       |                       |
| Cash and cash equivalents   | \$ 34,236,045         | \$ 15,956,948         |
| Accounts receivable   | 2,158,534             | 2,194,556             |
| Due from Province of New Brunswick  | 13,817,951            | 8,895,094             |
| Receivable from Asset Replacement<br>and System Enhancement Fund (Note 2) | <u>2,389,383</u>      | <u>2,306,670</u>      |
|   | <u>52,601,913</u>     | <u>29,353,268</u>     |
| <b>Liabilities</b>  |                       |                       |
| Payables and accruals (Note 5)  | 20,324,759            | 18,395,062            |
| Sick pay liability (Note 6)   | 6,156,200             | 5,768,100             |
| Due to Medavie Health Services NB Inc.                                    | 2,648,933             | 3,464,438             |
| Due to Province of New Brunswick  | 11,794,235            | 6,290,072             |
| Unearned revenue (Note 2)   | 22,010,044            | 5,349,769             |
| Capital lease obligation (Note 7)   | <u>8,165,155</u>      | <u>6,878,103</u>      |
|   | <u>71,099,326</u>     | <u>46,145,544</u>     |
| Net debt  | <u>18,497,413</u>     | <u>16,792,276</u>     |
| <b>Non-financial assets</b>   |                       |                       |
| Tangible capital assets (Note 4)  | 15,353,533            | 14,621,717            |
| Prepaid expenses  | <u>77,700</u>         | <u>47,720</u>         |
|   | <u>15,431,233</u>     | <u>14,669,437</u>     |
| Accumulated Deficit   | <u>\$ (3,066,180)</u> | <u>\$ (2,122,839)</u> |

Commitments (Note 8)  
Subsequent events (Note 12)

On behalf of the Board

  
Director

  
Director

See accompanying notes to the financial statements.

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**EM/ANB Inc.**  
**Statement of Changes in Net Debt**

| Year Ended March 31                       | 2020                         | 2019                         |
|---|------------------------------|------------------------------|
| Annual surplus                            | \$ 4,346,628                 | \$ 8,617,881                 |
| Appropriation of surplus, billing revenue | (3,939,363)                  | (3,772,431)                  |
| Appropriation of surplus                  | (1,350,606)                  | (1,694,207)                  |
| Acquisition of tangible capital assets    | (6,116,025)                  | (7,349,084)                  |
| Amortization of tangible capital assets   | <u>5,384,207</u>             | <u>4,963,731</u>             |
|   | (1,675,159)                  | 765,890                      |
| Decrease (Increase) in prepaid expense    | <u>(29,978)</u>              | <u>2,354,465</u>             |
| Decrease (Increase) in net debt           | (1,705,137)                  | 3,120,355                    |
| Net debt at beginning of year             | <u>(16,792,276)</u>          | <u>(19,912,631)</u>          |
| Net debt at end of year                   | <u><b>\$(18,497,413)</b></u> | <u><b>\$(16,792,276)</b></u> |

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See accompanying notes to the financial statements.

# EM/ANB Inc.

## Statement of Cash Flows

Year Ended March 31

2020

2019

Increase (decrease) in cash and cash equivalents

|  |                      |                      |
|--|----------------------|----------------------|
| <b>Operating</b>   |                      |                      |
| Annual surplus   | \$ 4,346,628         | \$ 8,617,881         |
| Appropriation of surplus, billing revenue                        | (3,939,363)          | (3,772,431)          |
| Appropriation of surplus   | (1,350,606)          | (1,694,207)          |
| Amortization expense net of gain/loss                            | 5,384,221            | 4,963,731            |
| Change in sick pay liability                                     | 388,100              | (137,600)            |
| Net liabilities transferred                                      | -                    | -                    |
|  | <u>4,828,980</u>     | <u>7,977,374</u>     |
| Change in non-cash operating working capital                     |                      |                      |
| Accounts receivable  | 36,022               | 733,394              |
| Receivable from Asset Replacement<br>and System Enhancement Fund | (82,713)             | 3,386,626            |
| Due from Province of New Brunswick                               | (4,922,857)          | 3,931,227            |
| Due to Medavie Health Services NB Inc.                           | (815,505)            | (1,323,450)          |
| Due to Province of New Brunswick                                 | 5,504,163            | (1,917,428)          |
| Prepaid expenses   | (29,980)             | 2,354,464            |
| Payables and accruals  | 1,929,697            | (3,052,183)          |
| Unearned revenue   | <u>16,660,275</u>    | <u>(343,528)</u>     |
|  | <u>23,108,082</u>    | <u>11,746,496</u>    |
| <b>Capital</b>   |                      |                      |
| Repayment of capital lease obligation                            | (3,754,901)          | (3,676,719)          |
| Acquisition of capital lease obligations                         | 5,041,941            | 2,910,830            |
| Purchase of tangible capital assets                              | <u>(6,116,025)</u>   | <u>(7,349,084)</u>   |
|  | <u>(4,828,985)</u>   | <u>(8,114,973)</u>   |
| Net increase in cash and cash equivalents                        | 18,279,097           | 3,631,523            |
| Cash and cash equivalents, beginning of year                     | <u>15,956,948</u>    | <u>12,325,425</u>    |
| Cash and cash equivalents, end of year                           | <u>\$ 34,236,045</u> | <u>\$ 15,956,948</u> |

See accompanying notes to the financial statements.

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# **EM/ANB Inc.**

## **Notes to the Financial Statements**

March 31, 2020

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### **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.

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### **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.

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# EM/ANB Inc.

## Notes to the Financial Statements

March 31, 2020

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### 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 \$2,306,670 (2019 - \$5,693,297) plus current year contributions of \$731,000 (2019 - \$731,000), proceeds on sale of assets \$270,964 (2019 - \$155,845) and interest earned during the year of \$68,522 (2019 - \$70,442), less purchase of assets/new scope items \$987,773 (2019 - \$4,343,914) for an ending balance of \$2,389,383 (2019 - \$2,306,670).

During the year, Extra-Mural operations was funded \$86,310 (2019 - \$94,340) to purchase capital equipment.

#### Unearned Revenue

The Company has unearned revenue of \$22,010,044 which consists of the Asset Replacement Fund balance from the ambulance operations of \$2,389,383 and clinical cost reinvestment of \$3,766,712 for the Extra-Mural operations, plus revenue advance of \$9,323,458 for ANB and \$6,530,491 for EMP.

#### 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            |

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# **EM/ANB Inc.**

## **Notes to the Financial Statements**

March 31, 2020

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### **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.

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### **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 \$4,863,178 (2019 - \$5,248,322). The Company has increased its allowance for uncollectible user fees in the amount of \$900,268 and during the year wrote off as uncollectible \$1,390,216 for a total allowance of \$1,977,469 (2019 - \$2,467,418) based on management's best estimates of collectability. The Company collected \$3,915,363 (2019 - \$3,769,556) net of transactions cost.

The Company has also billed residents and non-residents of New Brunswick extra mural fees in the amount of \$8,250 (2019 - \$32,275). The Company has decreased its allowance for uncollectible user fees in the amount of \$15,750 for a total allowance of \$13,750 (2019 - \$29,500). The Company collected \$24,000 (2019 - \$2,875) net of transaction cost.

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# EM/ANB Inc.

## Notes to the Financial Statements

March 31, 2020

### 4. Tangible capital assets

|   | Ambulances under<br>capital lease | Leasehold<br>improvements | Computer<br>software | Computer<br>equipment | Furniture<br>and<br>Fixtures | Equipment            | Vehicles         | Total                |                      |
|---|-----------------------------------|---------------------------|----------------------|-----------------------|------------------------------|----------------------|------------------|----------------------|----------------------|
|   |                                   |                           |                      |                       |                              |                      |                  | 2020                 | 2019                 |
| <b>Cost</b>                             |                                   |                           |                      |                       |                              |                      |                  |                      |                      |
| Opening 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        |
| Additions                               | 5,041,941                         | -                         | 267,479              | 365,596               | 105,682                      | 335,327              | -                | 6,116,025            | 7,349,084            |
| Adjustments                             | -                                 | -                         | -                    | -                     | -                            | -                    | -                | -                    | -                    |
| Retirements                             | (4,148,872)                       | -                         | -                    | -                     | -                            | (82,537)             | -                | (4,231,409)          | (2,702,057)          |
| <b>Closing cost</b>                     | <b>\$ 15,501,994</b>              | <b>\$ 819,233</b>         | <b>\$ 1,979,003</b>  | <b>\$ 4,393,641</b>   | <b>\$ 2,060,156</b>          | <b>\$ 14,611,756</b> | <b>\$ 59,880</b> | <b>\$ 39,425,663</b> | <b>\$ 37,541,047</b> |
| <b>Accumulated amortization</b>         |                                   |                           |                      |                       |                              |                      |                  |                      |                      |
| Opening 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        |
| Amortization                            | 3,739,192                         | -                         | 112,578              | 295,729               | 104,851                      | 1,091,882            | -                | 5,344,232            | 4,930,515            |
| Adjustments                             | -                                 | -                         | -                    | -                     | -                            | -                    | -                | -                    | -                    |
| Retirements                             | (4,148,885)                       | -                         | -                    | -                     | -                            | (42,547)             | -                | (4,191,432)          | (2,668,839)          |
| <b>Closing accumulated amortization</b> | <b>\$ 7,397,931</b>               | <b>\$ 819,233</b>         | <b>\$ 1,715,840</b>  | <b>\$ 3,725,379</b>   | <b>\$ 1,815,431</b>          | <b>\$ 8,538,436</b>  | <b>\$ 59,880</b> | <b>\$ 24,072,130</b> | <b>\$ 22,919,330</b> |
| <b>Net book value</b>                   | <b>\$ 8,104,063</b>               | <b>\$ -</b>               | <b>\$ 263,163</b>    | <b>\$ 668,262</b>     | <b>\$ 244,725</b>            | <b>\$ 6,073,320</b>  | <b>\$ -</b>      | <b>\$ 15,353,533</b> | <b>\$ 14,621,717</b> |

### 5. Payables and accruals

|  | <u>2020</u>         | <u>2019</u>          |
|--|---------------------|----------------------|
| Accounts payable and other accrued liabilities | \$ 4,634,407        | \$ 3,667,223         |
| Salaries and benefits                          | 7,463,625           | 6,777,482            |
| Accrued vacation pay                           | <u>8,226,727</u>    | <u>7,950,357</u>     |
|  | <b>\$20,324,759</b> | <b>\$ 18,395,062</b> |

### 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. An actuarial estimate for this future liability has been completed and forms the basis for the estimated liability reported in these financial statements.

The following summarizes the major assumptions in the valuation:

- Annual salary increase of 1.8%;
- Discount rate used to determine the accrued benefit obligation is 2.76%;
- Retirement age of 60 for EMP and 52 for ANB; and
- Estimated net excess utilization of rate of sick leave varies with age

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# EM/ANB Inc.

## Notes to the Financial Statements

March 31, 2020

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### 6. Sick pay obligation (continued)

|  | <u>2020</u>                | <u>2019</u>                |
|--|----------------------------|----------------------------|
| <b>Accrued sick pay liability, beginning of the year</b> | <b>\$ 5,768,100</b>        | <b>\$ 5,905,700</b>        |
| Current Service Cost                                     | 975,600                    | 358,600                    |
| Interest on Obligation                                   | 341,800                    | 162,100                    |
| Amortization of unrecognized balances experience         | 468,100                    | 1,900                      |
| Benefit Payments   | <u>(1,397,400)</u>         | <u>(660,200)</u>           |
|  | <b>388,100</b>             | <b>(137,600)</b>           |
| <b>Accrued sick pay liability, end of the year</b>       | <b><u>\$ 6,156,200</u></b> | <b><u>\$ 5,768,100</u></b> |

As part of the valuation there are unamortized experience losses of \$4,655,000 (2019 - \$26,500) which would amount to an accrued benefit obligation of \$10,811,200 (2019 - \$5,794,600).

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.

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

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| 7. Capital lease obligation   | <u>2020</u>                | <u>2019</u>                |
|---|----------------------------|----------------------------|
| Capital leases payable in monthly instalments ranging from \$2,354 to \$2,572 including interest at various rates, amortized to and maturing in various periods ending March 2024. As security, the Company has assigned specific vehicles. | <b><u>\$ 8,165,155</u></b> | <b><u>\$ 6,878,103</u></b> |

Future lease payments, net of HST, together with the balance of the obligation under capital lease due are as follows:

|                              |                            |
|------------------------------|----------------------------|
| 2021                         | \$ 3,526,265               |
| 2022                         | 2,613,371                  |
| 2023                         | 1,711,323                  |
| 2024                         | <u>650,163</u>             |
|                              | 8,501,122                  |
| Amount representing interest | <u>(335,967)</u>           |
|                              | <b><u>\$ 8,165,155</u></b> |

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# EM/ANB Inc.

## Notes to the Financial Statements

March 31, 2020

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### 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 \$32,700,000. The total annual payments for the remaining contract term have not yet been finalized.

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 \$2,872,100. The total annual payments for the remaining contract term have not yet been finalized.

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### 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.

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### 10. Comparative figures

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

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### 11. Liability for Injured Workers

The Province provides workers' compensation benefits on a self-insured basis. WorkSafeNB administers the claims on the Province's behalf and charges a fee for this service. The liability for injured workers is determined using a number of methods to estimate future payments including: the annuity method, the loss development method, and the aggregate claims method. Future payments are then discounted to determine the present value. Annual claim payments are expensed by each department and are reported in the functional expense area related to the program in which the employee worked. The net change in the liability, excluding actual claims costs, is reported under central government.

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### 12. Subsequent Events

Since early 2020, the spread of COVID-19 has severely impacted many local economies around the globe. The Company is currently following operational safety guidelines provided by the department of health and has not experienced any interruptions in service but has experienced some additional operational costs. The Company has determined that these events are adjusting events for the financial statements as of and for the year ended March 31, 2020, and no adjustments have been deemed necessary. The duration and impact of the COVID-19 pandemic remains unclear at this time. It is not possible to reliably estimate the duration and severity of the impact the pandemic will have on the financial position and results of the Company for future periods.

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

| Year Ended March 31                       | Budget              | 2020                | 2019                |
|---|---------------------|---------------------|---------------------|
| <b>Revenue</b>                            |                     |                     |                     |
| Province of New Brunswick Funding Grant   | \$ 111,881,500      | \$117,204,724       | \$ 113,380,725      |
| Billing for ambulance services (Note 3)   | 3,900,000           | 3,915,363           | 3,769,556           |
| Capital asset funding (Note 2)            | -                   | 987,773             | 4,343,914           |
|   | <u>115,781,500</u>  | <u>122,107,860</u>  | <u>121,494,195</u>  |
| <b>Expenditures</b>                       |                     |                     |                     |
| Administration and other support services | 12,738,383          | 6,142,300           | 5,980,716           |
| Fleet                                     | 5,310,487           | 6,083,487           | 5,975,003           |
| Facilities                                | 5,500,473           | 5,733,429           | 5,252,655           |
| Amortization expense                      | 4,350,000           | 5,316,612           | 4,890,977           |
| Interest expense                          | -                   | 212,487             | 206,666             |
| Air medical                               | 7,270,920           | 7,573,925           | 7,620,739           |
| Call taking and dispatch                  | 3,332,611           | 4,206,851           | 4,045,395           |
| Land ambulance                            | 73,378,626          | 78,713,293          | 75,372,578          |
| Incentives fees                           | -                   | 3,587,500           | 3,800,000           |
|   | <u>111,881,500</u>  | <u>117,569,884</u>  | <u>113,144,729</u>  |
| Annual operating surplus                  | <u>3,900,000</u>    | <u>4,537,976</u>    | <u>8,349,466</u>    |
| Sick leave benefits (Note 2)              | -                   | (209,000)           | -                   |
| Annual surplus                            | <u>\$ 3,900,000</u> | <u>\$ 4,328,976</u> | <u>\$ 8,349,466</u> |
| <b>Surplus, beginning of year</b>         |                     |                     |                     |
|   | \$ -                | \$ 6,731,603        | \$ 3,601,946        |
| Appropriation of surplus, billing revenue | (3,900,000)         | (3,915,363)         | (3,769,556)         |
| Appropriation of surplus                  | -                   | (1,196,557)         | (1,450,253)         |
| Annual surplus                            | <u>3,900,000</u>    | <u>4,328,976</u>    | <u>8,349,466</u>    |
| Surplus, end of year                      | <u>\$ -</u>         | <u>\$ 5,948,659</u> | <u>\$ 6,731,603</u> |

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

| Year Ended March 31                              | Budget            | 2020              | 2019              |
|--|-------------------|-------------------|-------------------|
| <b>Revenue</b>                                   |                   |                   |                   |
| Province of New Brunswick Funding Grant          | \$ 79,516,411     | \$ 86,946,295     | \$ 80,107,742     |
| Billing for extra mural services (Note 3)        | -                 | 24,000            | 2,875             |
| Capital asset funding (Note 2)                   | -                 | 86,310            | 94,340            |
|  | <u>79,516,411</u> | <u>87,056,605</u> | <u>80,204,957</u> |
| <b>Expenditures</b>                              |                   |                   |                   |
| Administration and other support services        | 10,130,018        | 9,675,899         | 10,274,179        |
| Fleet  | 3,360,356         | 3,774,886         | 3,227,977         |
| Facilities                                       | 2,712,692         | 2,817,545         | 2,650,241         |
| Amortization expense                             | -                 | 67,609            | 72,754            |
| Admission / Discharge                            | 2,009,038         | 1,136,856         | 978,390           |
| Rehab Assistant                                  | 124,362           | 1,064,177         | 914,546           |
| Nursing  | 39,475,053        | 42,038,660        | 39,009,846        |
| Respiratory Therapy                              | 4,544,299         | 5,256,858         | 4,653,590         |
| Clinical Nutrition                               | 2,247,162         | 2,430,089         | 2,004,918         |
| Physiotherapy                                    | 3,421,635         | 4,868,350         | 3,905,609         |
| Occupational Therapy                             | 4,804,133         | 6,164,181         | 4,752,259         |
| Speech Language                                  | 1,108,917         | 1,158,864         | 1,013,967         |
| Social Work                                      | 1,779,614         | 1,944,870         | 1,508,460         |
| Personal Care Services                           | 991,549           | 863,394           | 1,101,208         |
| Administrative fees                              | 2,807,583         | 2,848,846         | 2,487,245         |
| Incentives fees                                  | -                 | 748,769           | 1,518,953         |
|  | <u>79,516,411</u> | <u>86,859,853</u> | <u>80,074,142</u> |
| Annual operating surplus                         | -                 | 196,752           | 130,815           |
| Sick leave benefits (Note 6)                     | -                 | (179,100)         | 137,600           |
| Annual surplus                                   | \$ -              | \$ 17,652         | \$ 268,415        |
| <b>Deficit, beginning of year</b>                |                   |                   |                   |
|  | \$ -              | \$ (8,854,442)    | \$ (8,876,028)    |
| <b>Appropriation of surplus, billing revenue</b> |                   |                   |                   |
|  | -                 | (24,000)          | (2,875)           |
| <b>Appropriation of surplus</b>                  |                   |                   |                   |
|  | -                 | (154,049)         | (243,954)         |
| <b>Annual Surplus</b>                            |                   |                   |                   |
|  | -                 | 17,652            | 268,415           |
| <b>Deficit, end of year</b>                      |                   |                   |                   |
|  | \$ -              | \$ (9,014,839)    | \$ (8,854,442)    |

