



2020-21
EM/ANB
Annual Report



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Message from the Chair and CEO

2020-21 marked a challenging but rewarding year for EM/ANB. An unprecedented pandemic put our operations to the test, but staff members throughout our organization rose to the occasion and continued to serve New Brunswickers with the excellent care they have come to expect from the Extra-Mural Program (EMP) and Ambulance New Brunswick (ANB).

Just before the start of the 2020-21 fiscal year, the World Health Organization declared COVID-19 a global pandemic, providing EM/ANB with the important task of supporting public health efforts in the communities we serve. This involved navigating evolving guidelines to ensure the health and safety of both our staff and patients, redistributing our resources and re-assigning our EMP and ANB teams to new and unforeseen roles. These new responsibilities ranged from the development of our mobile swab teams providing COVID-19 testing to New Brunswickers and visitors throughout the province; to playing a significant role in leading and managing the responses to New Brunswick's largest COVID-19 outbreaks through the Provincial Rapid Outbreak Management Team (PROMT) initiative; or most recently, with the role that our EMP and ANB teams have played in providing COVID-19 vaccinations to the residents of New Brunswick's many adult residential facilities (ARFs) located throughout the province.

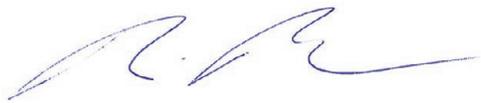
Early on during the pandemic, EM/ANB worked with the provincial government to develop and launch the innovative Provincial Rapid Outbreak Management Team (PROMT) initiative. The teams were comprised of staff from EMP and ANB, government departments, both regional health authorities, and volunteers from regulated health professions; and were deployed to respond when Public Health declared a COVID-19 outbreak in settings with vulnerable populations, such as nursing homes, or adult residential facilities. This was a unique and innovative approach within Canada, and we are immensely proud of the vital role PROMT has played as part of New Brunswick's response efforts. These teams have come to the aid of so many during extremely difficult times, and we cannot thank them enough.

In addition to important pandemic response work, EM/ANB continued to focus on our ongoing mission of providing excellence in emergency and community care to New Brunswickers throughout our province, as well as several ongoing projects that play a vital role in supporting that mission. The rollout of the Paramedics Providing Palliative Care at Home project continued to move forward with encouraging results, and recruitment and retention initiatives continued to be a priority for our organization. The challenges of the pandemic showed once more the value and importance of staffing in the health-care field. We continue to focus on recruiting more health-care professionals to take on rewarding careers with Ambulance New Brunswick and the Extra-Mural Program. We are also pleased to report that, despite the many unexpected obstacles we faced during the fiscal year, we finished 2020-21 within budget.

After a year of great challenges, we are extremely grateful for the support we received from everyone at the Extra-Mural Program, Ambulance New Brunswick, our partners at Medavie Health Services New Brunswick, the Department of Health, our many stakeholders across the province, and the patients and families we serve every day. To all the health-care professionals on our frontlines – everyone at the Extra-Mural Program, Ambulance New Brunswick, and beyond – thank you. We all owe you an immense debt of gratitude. Your commitment to your profession and to the people you serve is nothing short of inspiring, and we hope to continue to lead an organization for which you are proud to work.

With COVID-19 vaccination clinics underway across New Brunswick – clinics we are proud to play a part in – the future is beginning to look bright again for all of us. As we move forward, we are excited to continue our mission of providing New Brunswickers with the excellent care they deserve.

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.

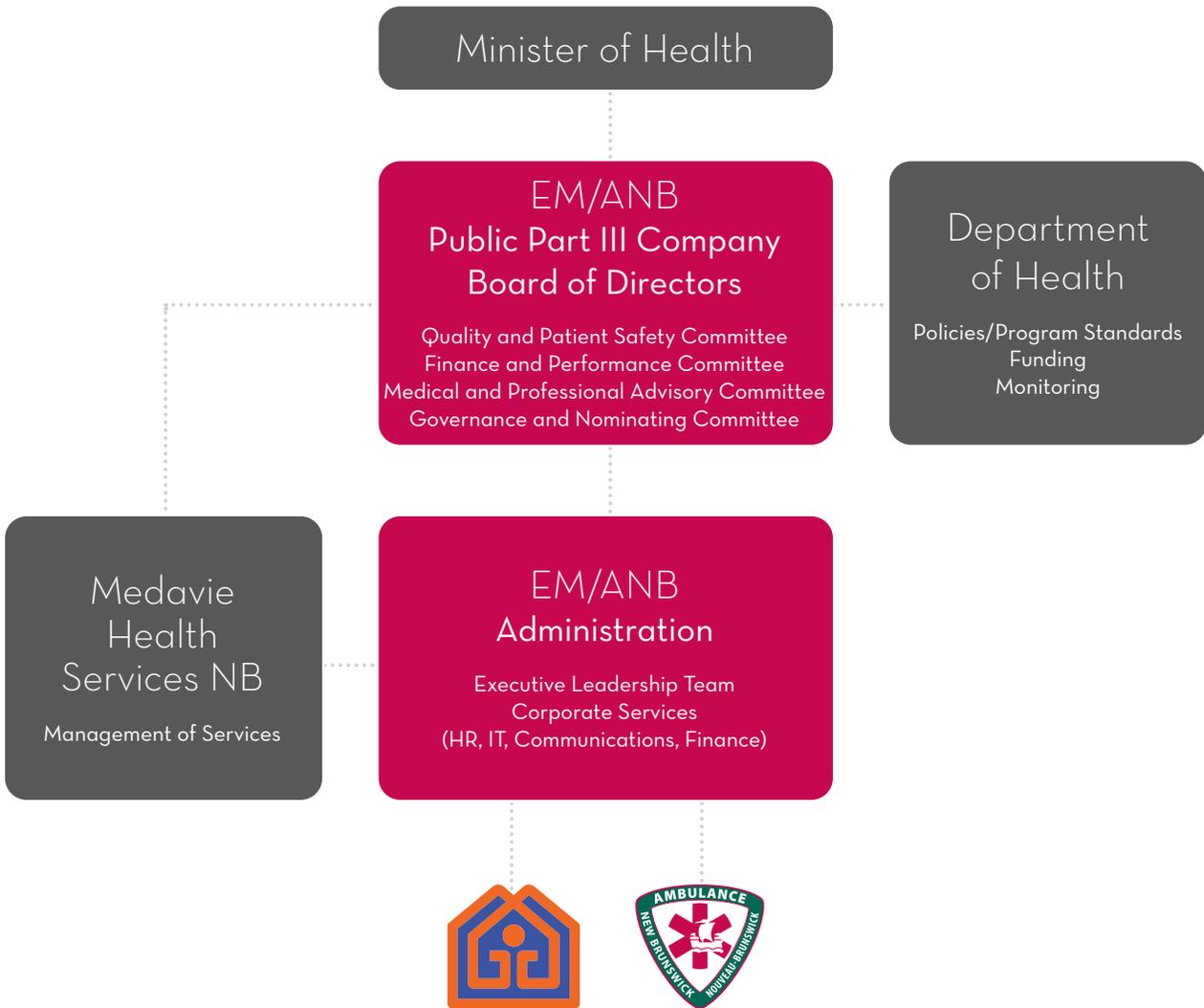
BOARD OF DIRECTORS

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, 2021, included:

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

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 15 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, 2021, there were 1,030 paramedics working as PCPs and 15 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.

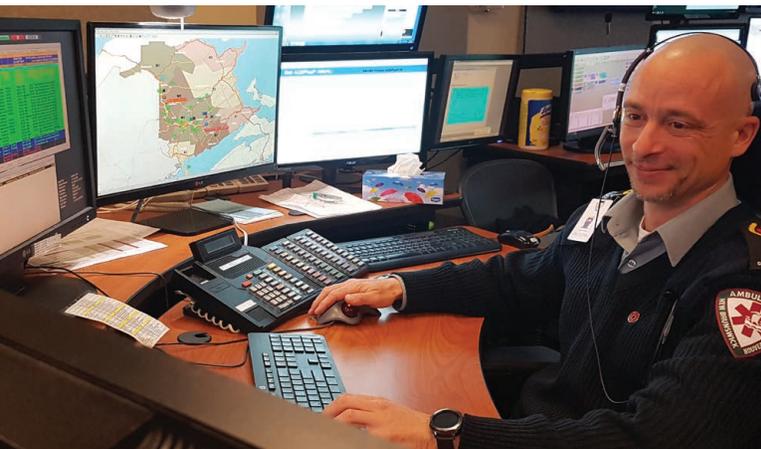


MEDICAL COMMUNICATIONS MANAGEMENT CENTRE

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 911 callers and patients in medical distress.

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 58 professionals as EMDs, EMD Coordinators and Critical Care Transport Coordinators (CCTCs) (including full time, part time and casual employees, as well as active and non-active employees, as of March 31, 2021). 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.

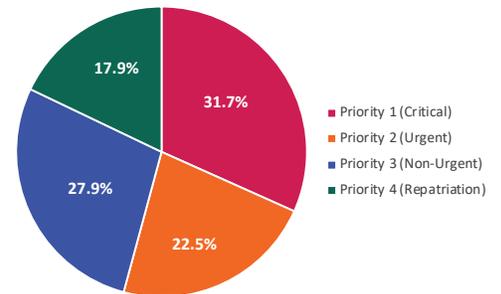


AIR AMBULANCE OPERATIONS

During the 2020-21 fiscal year, our Air Ambulance operation transferred 463 patients.

Of those patients, nearly 54 per cent were urgent/critical. The remaining 46 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.

2020-21 Call Types



As of March 31, 2021, our Air Ambulance operation employed 16 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.

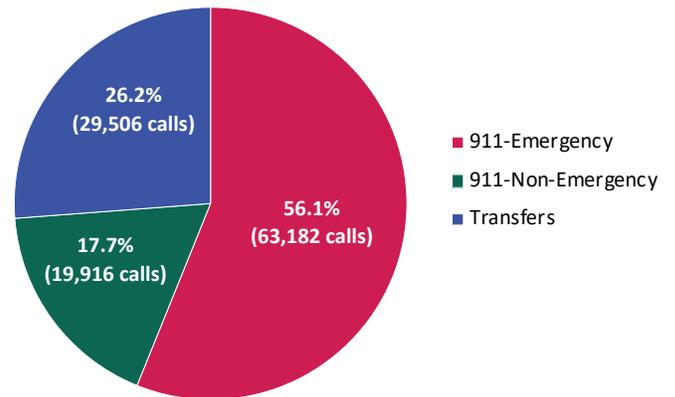


LAND AMBULANCE SYSTEM

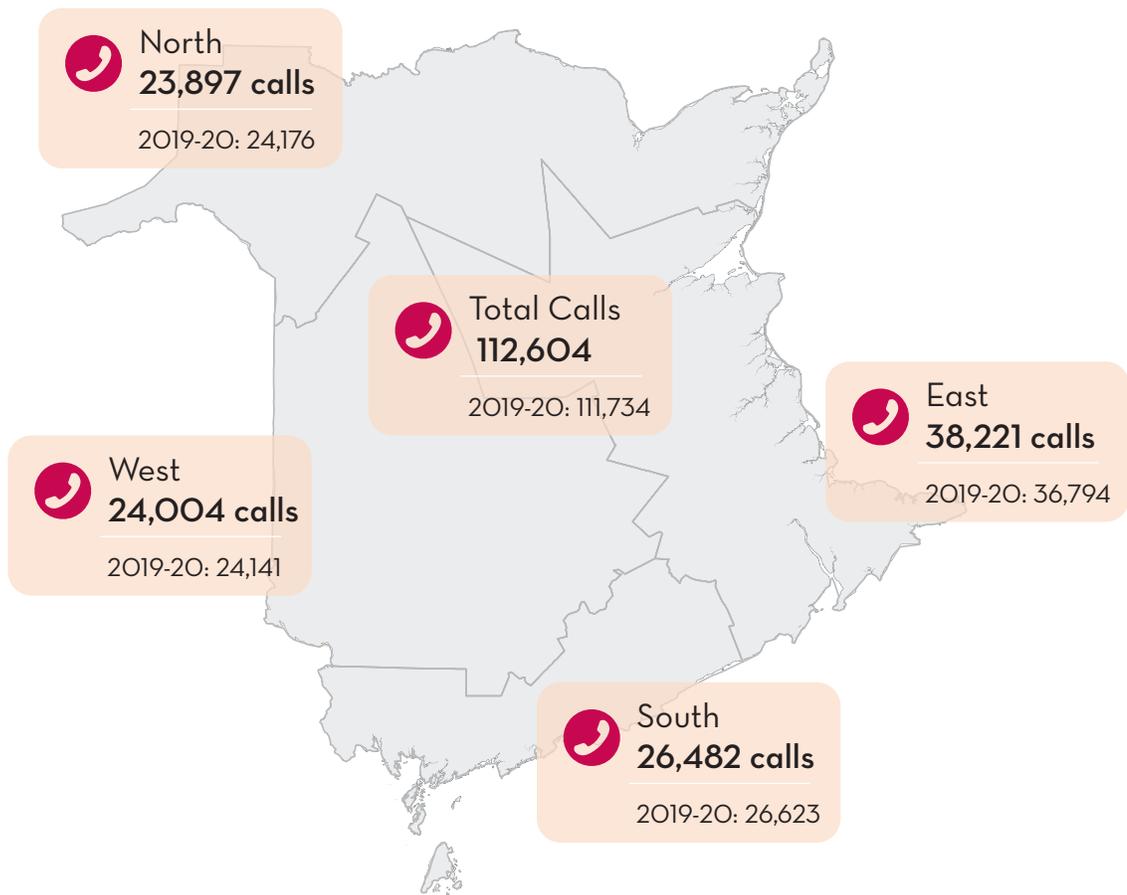
In 2020-21, 911 emergency calls accounted for more than half (56.1 per cent) of our overall call volume. 911 non-emergency calls - where there is no perceived threat to life or limb - accounted for another 17.7 per cent of calls, for a total 911 volume of 73.8 per cent. Just over one-quarter (26.2 per cent) of remaining calls were patient transfers between hospitals and other facilities.

The total land call volume for both 911 calls and transfers for the 2020-21 fiscal year was 112,604. This represents an increase of 870 calls from the previous fiscal year.

2020-21 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 six new ACPs to the system following two orientations in June and December of 2020. Our comprehensive data gathering and quality assurance process remains in place; and overall, the ACPs maintain a very high clinical competence on audit - 98 per cent. They remain busy in the four sites, responding to and assisting with 5,275 calls, and attending to 1,895 patients at the ACP level this year, where they administered 2,016 ACP medications and performed 316 ACP interventions.

Area	# of ACP Scene Responses
Bathurst	647
Saint John	1,608
Moncton	2,220
Fredericton	800

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. Since that time, the pilot project has been extended and has just completed its third year during the 2020-21 fiscal period.

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	2020-21 Responses
St. Quentin Unit	63
Shippagan Unit	302
Blackville Unit	131
Minto Unit	261
Grand Bay-Westfield Unit	160

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 2020-21 fiscal year, 32,470 bills were issued to both residents and non-residents, resulting in collections of \$2,912,793.

FACILITIES

Currently ANB has 67 stations and 14 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. 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. Instead of paramedics sitting for hours between communities, they can use one of our 14 posts located across the province, including the addition of one new post in the Fredericton area in December 2020.

Since inception in 2007, ANB has built 55 new stations. Some were older buildings renovated to suit our needs, while others were new construction.

In 2020-21, ANB had two new station constructions in the following communities: Riverside-Albert in July 2020, and Tobique First Nation (Neqotkuk) in August 2020.



Riverside-Albert Station



Tobique Station

FLEET REPORT

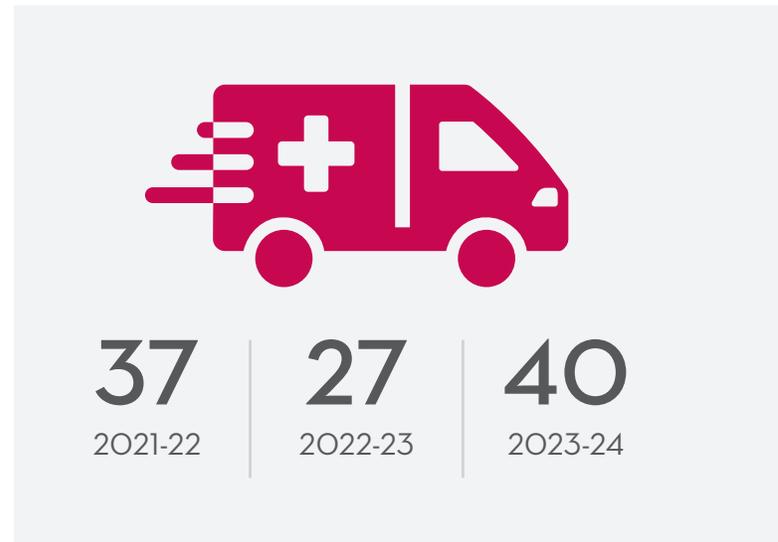
ANB operates a fleet of 136 ambulances in New Brunswick. The ambulances are built in New Brunswick by Malley Industries and obtained through a four-year lease program. We also have four Clinical Support Units (CSUs) for the Provincial ACP program and five Rapid Response Units (RRUs). Additionally, Fleet Services operates two Fleet Support Units (FSUs), each of which are located at the fleet centres in Fredericton and Moncton. In 2021, an additional vehicle was also purchased for the Community Paramedicine Program.

The 2020-21 fiscal year was another busy year for fleet operations. Fleet manages the deep cleaning, servicing and maintenance

orders opened were related to repairs and maintenance of the Toughbook computers, safe driving monitoring devices, cell phones, defibrillators, stretchers, winter and summer tire installs, new wiper blade installs, and other equipment or mechanical issues that required prompt Fleet attention.

Over the course of this fiscal year, 32 units were removed from service, and 32 new units entered service. One unit was kept in service to assist in additional coverage during the Moncton/Riverview Causeway bridge closure, which is scheduled to continue until the fall of 2021.

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



of the ANB fleet of ambulances and support units. During the year, the ANB fleet accumulated 10.7 million kilometres and completed 112,604 calls. Each ambulance travelled, on average, 6,500 kilometres per month.

Approximately 6,800 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 decon (deep cleaning / decontamination) service. Other work



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

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 includes:

- Licensed Practical Nurses;
- Nurse Practitioners;
- Occupational Therapists;
- Physiotherapists;
- Registered Dietitians;
- Registered Nurses;
- Rehabilitation Assistants;
- Respiratory Therapists;
- Speech-Language Pathologists; and,
- Social Workers.

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

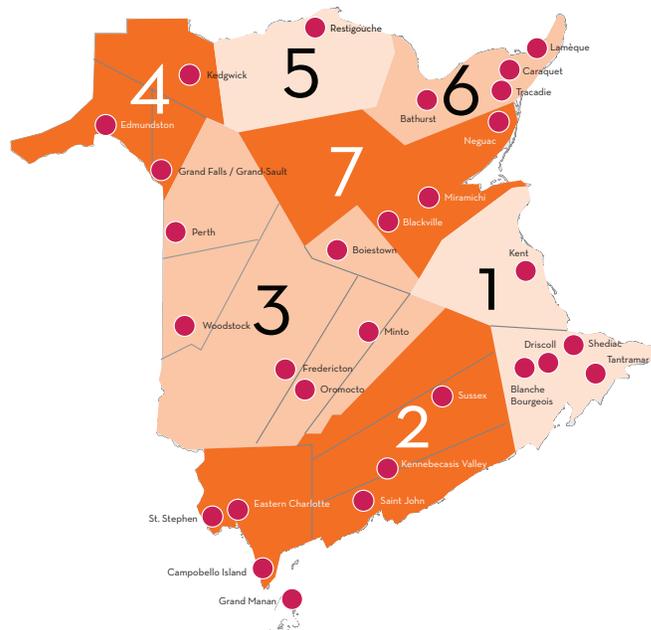
The Service Delivery Unit (SDU) is the principle location from which service is provided to a defined geographical territory. Units are established to facilitate efficient coverage of the geographical territory. EMP management staff, administrative support staff and professional staff are assigned to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

EMP operates a fleet of 520 Ford Escape and Chevrolet Trax vehicles. Every 48 months, the



entire fleet is replaced, with a certain amount of vehicles replaced on an annual basis. As part of this ongoing replacement cycle, 121 Ford Escape vehicles were replaced during the 2020-21 fiscal period. Nine additional vehicles were also added in support of the Provincial Rapid Outbreak Management Team (PROMT) initiative.

EM/ANB Human Resources

2020-21 saw Human Resources take on a much more visible role during the COVID-19 pandemic. The Human Resources team worked closely with internal and external stakeholders to ensure our employees were as safe as possible during the pandemic. The



ANB welcomes new recruits for 2020-21!

Human Resources Department was called upon many times during the pandemic to assist our operational teams with workforce planning related to work undertaken at facilities where Public Health had declared COVID-19 outbreaks. As a team, we were very proud to support the EM/ANB operations group with the creation and staffing of the Provincial Rapid Outbreak Management Teams (PROMT). We worked extremely closely with our union and Regional Health Authority partners on a daily basis to ensure consistent messaging to all staff in all Part III entities, which was an important as part of maintaining a transparent process.

COVID-19 had the Human Resources team shift gears for a good portion of 2020 with almost all efforts being directed towards everything pandemic-related. Whether it was workforce planning, launching a very new and innovative mental health program for our employees, or just listening to our employees as they faced new challenges each day - the

Human Resources team remained dedicated to ensuring the well-being of EM/ANB employees.

The HR team was also responsible for continuing to implement the EM/ANB HR Strategic Plan, which sets the direction to address trends and challenges faced by EM/ANB, and is now entering its final year. 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. Work continued throughout 2020-21 to accomplish the goals we had set initially as an organization. Some of the key initiatives achieved included:

- Hosting our first virtual **EM/ANB Retirement and Service Recognition Award Program** during the fall of 2020.
- The launch of a **new digital therapy program for employees** and their family members, called MindBeacon in early 2020.
- Our **employee and family assistance program was upgraded** to a new benefit provider through Homewood Health in August 2020.
- Development of an effective talent management program for our leaders through the launch of the **Harvard ManageMentor™ (HMM) Leadership Program**, which offers a combination of e-learning courses and live Leadership Café discussions offered in an online format.
- Continued to execute the various items within **EM/ANB's Strategic Recruitment and Retention Program**.

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 2020-21 fiscal period, the Clinical Quality Coordinators have reviewed 51 clinical occurrences; one of which was classified as a Clinical Service Inquiry.

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

CONTROLLED DRUG REPORT

EM/ANB 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.

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 13 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. Although COVID-19 has slowed the Program's progress, to date, over 532 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 2020-21, our ambulances traveled 10.7 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 2020-21 fiscal year, 73 collisions caused minor or major damage to the ambulance fleet. That is a 21 per cent reduction in collisions compared to the previous year (92 collisions). Fifty-five per cent of the collisions involving our ambulances occurred while the vehicles were stopped or moving at 10 km/h or less. Forty-one per cent of the collisions occurred when the vehicles had been assigned to a 911 call and 26 per cent of the collisions involved wildlife. Patients were aboard the ambulances in 16 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.

2020-21 Motor Vehicle Collisions Involving Ambulances



73 collisions	55% <10km/h	41% 911 assigned
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Once an investigation has been completed, a detailed report is prepared by the Safety Program Coordinator 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 2020-21 to share vehicle safety best practices with paramedics.

ANB CLINICAL EDUCATION REPORT

In many ways, the 2020-21 fiscal year was a test of our abilities to adapt to new and developing needs. When the global COVID-19 pandemic was declared on March 11, 2020, our focus changed immediately to ensure that our paramedics and patients were safe and remained so. To that end, we set aside our work on a spring 2020 in-service and worked instead to develop and educate our staff on new and revised evidence-based protocol, policy and guidelines. The development of these processes was in pace with the evolving direction from the Office of the Chief Medical Officer of Health and the New Brunswick Pandemic Task Force. Once these processes were established, our attention could shift somewhat to other educational initiatives, but the focus of the year remained largely on COVID-19 and the ongoing maintenance and dissemination of safety-focused education and processes.

Out of an abundance of caution in relation to COVID-19, the spring 2020 in-service was cancelled. This meant that our annual E-skills / CPR recertification had to be delayed until fall 2020 and most everything else needed to be accomplished through E-Learning. The education for paramedics for this fiscal year included the following components:

E-Learning:

- GNB Respectful Workplace Modules (6)
- COVID-19 Clinical Briefing (Dr. Pische video)
- COVID-19 7500 Respirator Video
- COVID-19 Specimen Collection
- COVID-19 Transport of Dangerous Goods
- Official Language Policy review
- Spring Policy Review
- HazMat
- Traumatic Cardiac Arrest
- Privacy Module #3
- Infection Prevention and Hand Hygiene
- Logis (CAD) Training
- Workplace Violence Prevention
- Safe Lifting
- COVID-19 Vaccination Education
- Diversity and Inclusion Fundamentals
- Unconscious Bias

Fall 2019 In-Service:

- 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.

EMP CLINICAL EDUCATION REPORT

The past year of learning and development had a lot of focus on pandemic response and infectious disease safety. Employees were trained to fill a variety of new roles such as: collecting, packaging, and transporting high-risk nasopharyngeal specimens; adapting personal protective equipment usage to align with evolving provincial guidelines; responding to residential facility outbreaks; and administering different COVID-19 vaccinations in a variety of settings. Due to the dynamic nature of the pandemic, it has been critical that this past year's learning initiatives were efficient and effective as health-care provider time and energy has been at a premium. For that reason, there has been a significant increase in the usage of virtual learning, allowing the Education team at EM/ANB to produce and publish over 100 different online-learning activities in the last year that were strategically targeted to specific audiences. This allowed people to have timely access to relevant information, when and where they needed it.

Provincial Rapid Outbreak Management Team (PROMT)

EMP assumed a leadership role in the design, development, and delivery of outbreak

management training for internal and external stakeholders. Through two days of virtual training, followed by onsite orientation when deployed, PROMT personnel were prepared to efficiently and effectively participate in the response and recovery phases of pandemic-related outbreaks in adult residential facilities and other long-term care facilities by fulfilling their assigned roles at a highly proficient level. This learning program was delivered to EMP and Social Development personnel who were identified as response team members. A modified version was then also delivered to Primary Care Physicians to assist them in understanding their role in supporting an outbreak response effort.

Continuous Quality Improvement

In addition to the vast array of pandemic-related learning initiatives, the Extra-Mural Program also continued to focus on developing a variety of other professional skills throughout the year.

A partnership was formed with the Canadian Centre for Diversity and Inclusion to offer a self-reflective learning program focused on growing knowledge related to Diversity, Inclusion, and Unconscious Bias to all EM/ANB employees.



PROMT response at Manoir Notre Dame, Moncton

A new Intravenous Access Learning Program was developed and implemented for all nursing staff to take them through a review of the latest best practices. This review covered a spectrum of topics from basic phlebotomy to advanced use of various implanted venous access devices.

A multi-day Case Management Learning Program was developed and delivered virtually by EMP and Ability NB to internal and external stakeholders in support of a pilot project in Northumberland County that aims to provide preventative support to vulnerable sector patients. This initiative intends to improve the health system navigation skills of health-care professionals, while also building an interdisciplinary network so frontline providers can get the right care to the right people, when and where they need it.

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 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.

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.

Our ongoing proactive approach towards Emergency Preparedness served us well throughout 2020-21 as we continued to be challenged by the ever-evolving circumstances of the COVID-19 pandemic. Rather than our usual focus of preparing, maintaining and testing our Emergency Preparedness, 2020-21 was a year that had us implementing these strategies and continuously adapting them as required. The following section of the Annual Report provides an overview of EM/ANB's roles and work in support of New Brunswick's overall pandemic response efforts.

COVID-19 Pandemic Response

Like many across the health-care sector and beyond, the COVID-19 pandemic forced many organizations to change and adapt to a rapidly evolving environment, and EM/ANB was no exception. In addition to our ongoing commitments providing ambulance and community care services to New Brunswickers, EM/ANB also rose to the occasion to help during the province's COVID-19 State of Emergency. Ambulance New Brunswick and the Extra-Mural Program played vital roles in several key initiatives that were developed during the pandemic, expanding our scope of work to assist with outbreak responses amongst vulnerable populations, swab testing across the province, and vaccinations efforts.

The following provides an overview of these initiatives led and managed by EM/ANB, which played significant roles within the Province's overall response to the COVID-19 pandemic.

Influenza Vaccinations

Even before any COVID-19 vaccines were approved or available in Canada, the Province of New Brunswick asked EM/ANB's Extra-Mural Program (EMP) to provide flu vaccinations for all EMP patients throughout the province, as well as for residents of all the province's adult residential facilities (ARFs). This work included the administration of over 8,000 flu vaccinations, which were completed in November of 2020. This initiative helped to reduce the rate of influenza in the province, and in turn, reduce pressure on the health-care system.

Provincial Rapid Outbreak Management Team (PROMT)

The Provincial Rapid Outbreak Management Team (PROMT), led and managed by staff from the Extra-Mural Program and Ambulance New Brunswick, were established to respond to outbreaks identified by the Regional Medical Officer of Health (RMOH) in a variety of vulnerable population settings, including First Nation communities, nursing homes, adult residential facilities, homeless shelters, and correctional facilities. In addition to staff from EMP and ANB, the teams were comprised of staff from government departments, both regional health authorities, and volunteers from regulated health professions. The team composition may vary depending on the setting, size and severity of the outbreak, but can include:

- Incident Commander
- Operational Lead (Op Lead)
- Facility Lead (Fac Lead)



PROMT response at Fundy Manor, Hillsborough

- Infection Prevention and Control Lead (IPC Lead)
- Regional Social Development Lead (RSD Lead)
- Physician
- Care Manager
- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Personal Support Worker
- Social Worker
- Respiratory Therapist
- Paramedics
- Administrative Support

These teams work with and support existing facility resources and plans, as well as with partners from EM/ANB, government departments and regional services in responding to an outbreak.

As of March 31, 2021, PROMT teams had been deployed to 15 outbreaks throughout the province including several adult residential facilities and nursing homes, as well as one First Nation community.

Mobile Swab Teams

The pandemic created a huge demand in testing in order to quickly identify and curb the spread and impact of COVID-19. Although the majority of COVID-19 testing in New Brunswick has been accomplished in the province's assessment centres, the need was also identified to test individuals in a variety of other locations, such as long-term care facilities, hotels, and private residences. In answer to this need, EM/ANB was asked to develop Mobile Swab Team comprised of ANB paramedics and EMP health-care



The goal of PROMT is to work with facilities as they enact their pandemic plans to ensure rapid isolation and containment at the time of the first identified case, while ensuring quality onsite resident-centred care and support to the staff.

professionals, with the purpose of providing tests in a variety of settings as required.

In addition to conducting mass testing during outbreaks in vulnerable settings such as nursing homes, the Mobile Swab Team has provided testing for individuals who are either

unable to travel to the province's assessment centres (such as people living at home with mobility issues), or individuals who are part of a group that has been identified for sentinel testing (such as international students and temporary foreign workers during their respective quarantine periods, and long-haul truck drivers travelling through New Brunswick). Team members have also assisted in mass testing events organized by the Regional Health Authorities.

During the 2020-21 fiscal period, the Mobile Swab Teams were able to offer 17,551 tests in locations throughout the province.

Adult Residential Facility (ARF) Vaccinations

Early in 2021, EM/ANB was asked to lead and manage the COVID-19 vaccination efforts for all of New Brunswick's ARFs, as well as several nursing homes. This vaccination rollout began on January 5th, and all first dose vaccination clinics had been completed by March 17th.

These vaccination clinics have been led by teams of registered nurses (RNs) from our Extra-Mural Program, with support from our Ambulance New Brunswick and Medavie Health Services New Brunswick teams as well.

On February 1st, the Paramedic Association of New Brunswick officially expanded the scope of NB paramedics to include administering vaccinations. Following this change in scope, all ANB paramedics began completing the required COVID-19 Immunization Competency - the same training program completed by our EMP health-care professionals; and as our paramedics completed this training program and related requirements, they started joining our Extra-Mural teams in administering the COVID-19 vaccine.

Second dose clinics are scheduled to begin in April 2021.







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 has formed the roadmap for EM/ANB from 2019-2022. 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.



Providing excellence in emergency and community care.

Mission



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

Vision



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

Values

**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.

CULTURAL COMPETENCY ACTION PLAN

EM/ANB is committed to supporting and promoting diversity, equity and inclusion (DEI) with our staff, volunteers, and in our service to communities as part of our organizational values, and it remains an important component of our Corporate Plan. As part of our ongoing work, the DEI Committee has continued to meet throughout the pandemic and has recommended the provision of educational resources on how to work respectfully and effectively with colleagues, patients and families with diverse cultural backgrounds, religious beliefs, and care needs.

In partnership with the Canadian Centre for Diversity and Inclusion, two online educational modules were launched on our employee learning platform, The Source, in March 2021: Diversity and Inclusion Fundamentals; and, Unconscious Bias. We hope that these modules will not only increase our understanding, but also illustrate how we can all play a role to better support diversity, equity and inclusion.

An organizational evaluation was also completed in order to identify areas of improvement and help to define action items that will be part of our work plan for the 2021-22 fiscal period.

INJURY PREVENTION PLAN

The purpose of injury prevention is to ensure employees are fully and continuously informed of and employ best practices in injury prevention and understand how to safely move patients by utilizing effective communication strategies, proper body mechanics and the various apparatuses provided. This initiative involves a number of educational strategies that will ultimately form a continuous revisiting of concepts and practical applications to ensure employees are first brought to an acceptable standard of comprehension and competency, which is then maintained through repetition.

To date, individual e-learning modules have been created and are available on The Source, including an overview of proper body mechanics as well as safe lifting techniques that provide employees with the right information and strategies to reduce risk of injury. The e-learning modules are interactive, include video demonstration, and where applicable (i.e., in modules specific to equipment), the content and curriculum respects and is in alignment with the manufacturer safety guidelines.

The correlation between various job-related tasks and injury patterns helps to inform us of the educational elements requiring the most immediate focus. In addition, the analysis of our own historical data compared to our current data demonstrates that following the completion of safety education, employees are more likely to apply safety practices in their daily work, as well as procure new equipment that aids safer practices.

EMPLOYEE DRIVING PROGRAM

In order to continually support safety processes, an expanded Employee Driving Program was launched in September 2020. This program is targeted for new employees and is completed during the New Employee Orientation program for paramedics.

The program focuses on safe driving practices with ambulances and provides additional theory and hands-on components delivered by our team of Safety Coaches.

ACCREDITATION CANADA

As part of the strategic direction to Ensure Operational Excellence by Delivering Quality Patient- and Family-Centred Care, EM/ANB continues with the Accreditation process to enhance our culture of quality improvement and demonstrate our commitment to a safe, patient-, family- and employee-focused environment.

Accreditation Canada provides health-care organizations an independent third-party assessment using hundreds of standards built on best practices used and validated by similar organizations around the world.

In the fall of 2020, EM/ANB began preparations for ANB's Accreditation Canada on-site survey visit scheduled for May 2022. A workgroup was established to prepare our organization for this evaluation of emergency medical services (EMS) and inter-facility transport standards. The workgroup is comprised of members from all aspects of ANB, including: Operations; Medical Communications Management Centre

(MCMC); Training and Quality Assurance (TQA); Fleet; Occupational Health and Safety (OHS); Human Resources (HR); Quality, Patient Safety and Education; members of our frontline staff; and, representation from our patient and family advisor group.

As part of EM/ANB's ongoing efforts to maintain the high level of Exemplary Standing, the organization continues to monitor, plan and act on identified improvement opportunities throughout the respective four-year cycles for ANB and EMP between Accreditation Canada surveys.

PERFORMANCE ON OBJECTIVES

ANB 2020-21 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. All of these metrics as well as historical data are shared publicly in the Accountability section of our website: ambulancenb.ca.



MHSNB met all the operational performance requirements set out in its contract for emergency medical services for the year ending March 31, 2021. The following table outlines the performance results for the 2020-21 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	93.33%	93.31%	94.86%	94.72%	90%	94.05%
	South	92.11%	94.65%	95.06%	94.80%	90%	94.18%
	East	92.76%	94.00%	94.14%	94.57%	90%	93.89%
	West	90.40%	92.88%	92.73%	93.99%	90%	92.73%
911 Non-Emergency*	Province	97.29%	95.89%	96.54%	96.69%	90%	96.57%
Scheduled Transfers*	Province	97.83%	96.94%	93.50%	94.40%	90%	95.51%
Non-Scheduled Transfers*	Province	99.34%	98.73%	97.68%	97.79%	90%	98.36%
Call Processing Time	Province	95.45%	96.12%	96.59%	95.52%	90%	95.93%
Data Entry**	Province	1.95%	0.53%	0.75%	60.07%	90%	83.91%
Documentation	Province	99.0%	98.9%	99.1%	98.6%	90%	98.9%
Reporting	Province	100%	100%	100%	100%	100%	100%

* 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 throughout 2020-21, with some progress made towards the end of the fiscal year. Delays incurred were communicated to the Department of Health, and an exemption was granted based on circumstances beyond the control of EM/ANB.

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	95.5%	90%	96.0%
Official Languages* Paramedics	Province	99.8%	95%	99.0%

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

EMP 2020-21 Performance Overview

Results for all five of these key performance indicators as well as historical data are also shared publically in the Accountability section of our Extra-Mural Program website: extramuralnb.ca.

Performance on the 5 Key Indicators

During the 2020-21 fiscal year, the COVID-19 pandemic had a significant impact on EM/ANB – both in terms of its mandate, as well as its performance results. In the earliest months of the pandemic, during the province’s lockdown period and in alignment with initial Public Health guidelines, the Extra-Mural Program moved from regular to essential services only. Following this earliest phase of the pandemic, the Extra-Mural Program was asked to expand its scope of work considerably in order to play a substantial role in New Brunswick’s pandemic response efforts. These factors had a significant effect on EMP performance indicators, such as referral to care time as well as the number of visits by EMP staff to patients.

The following provides a closer look at each of EMP’s key performance indicators for the 2020-21 fiscal year, as well as in recent years.

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.

Our baseline for the median is three days, and our target is one day. For 90th percentile, our baseline is 33 days, and our target is 10 days. In 2020-21, our referral to care median remained the same as that of the previous year (2 days), while there was a slight increase in our 90th percentile from 23 days to 24 days which resulted from multiple factors related to the COVID-19 pandemic.

Year	Median (days)	90 th percentile (days)
2015-16	3	40
2016-17	3	33
2017-18	3	34
2018-19	2	29
2019-20	2	23
2020-21	2*	24

*Note: Recognizing the impact of the COVID-19 pandemic on services and the leading role that EM/ANB played during outbreak responses, for the 2020-21 fiscal year, the Department of Health has replaced the median referral to care with Provincial Rapid Outbreak Management Team (PROMT) response times. The target for this new measure is a response within 24 hours, which was consistently met for each outbreak in 2020-21.

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. This has a positive impact on the health system by ensuring appropriate care in the right setting. Our two measures for this are the ratio of ED visits per patient and the overall number of ED visits for EMP patients. The baseline for the ratio is 0.60 visits per EMP patient and the target is 0.51. During the 2020-21 fiscal year, the ratio was 0.45, and the overall number of ED visits for EMP patients was 12,742.

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
2020-21	0.45	12,742

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 (NBHC) Survey where 95 per cent of patients reported that they were satisfied with EMP services. The NBHC Survey is conducted every three years, and

during the interim years in between the health council's three-year survey cycle, EM/ANB tracks patient satisfaction rates using survey data collected by an independent, third-party research organization. In 2020, the third-party survey found that patients indicated an overall satisfaction rate with EMP services of 96 per cent, up from last year's survey result 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.

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 2020-21 fiscal year, the number of referrals from primary care was 7,393 - which marks an increase of 498 patient referrals compared to our initial benchmark of 6,895 referrals in 2017-18. Our baseline for this indicator is 7,426 primary care referrals and our target is 8,911.

Year	Primary Care Referrals
2015-16	5,104
2016-17	7,426
2017-18	6,895
2018-19	7,280
2019-20	7,733
2020-21	7,393

5. Increase visits by EMP staff to patients -

Our baseline for this indicator is 497,771 EMP visits and our target is 572,437. In recent years, this metric has been trending in the right direction, with the number of visits growing from 486,330 in the first year, to 487,409 in 2018-19, and to 503,269 in 2019-20. During the most recent fiscal year, however, the number of EMP visits decreased to 492,568 due to various factors related to COVID-19, including times of reduced patient visits during the province's lockdown periods.

Year	EMP Visits
2015-16	491,798
2016-17	482,867
2017-18	486,330
2018-19	487,409
2019-20	503,269
2020-21	492,568

Practice Area	Patient Visits	Telephone Contacts
Nursing	360,660	131,467
Occupational Therapy	28,504	19,320
Speech Language	6,186	3,408
Clinical Nutrition	14,435	12,301
Physiotherapy	29,566	16,899
Respiratory Therapy	30,552	18,103
Social Work	10,285	11,218
Rehab Assistance	12,380	5,230
Total	492,568	217,946

CARE COORDINATION CENTRE

February 2021 marked the one-year anniversary of the Extra-Mural Program Care Coordination Centre (CCC). The CCC is a virtual centre where all referrals to the Extra-Mural Program - from all of the various referral sources - are sent, received and processed under the single entity of the Care Coordination Centre. This new approach to processing referrals has helped to ensure timely and equitable access for all New Brunswickers to the Extra-Mural Program. During this initial pilot year, the CCC was able to manage close to 32,000 requests for services, as well as over 3,000 COVID-19-related requests. We are very proud to see how the work of the CCC has progressed during its first demonstration year, and we will continue to build on this success moving forward.

Towards that goal, a process improvement review was conducted during the fall of 2020 to identify what has been working well during this first demonstration year, as well as which aspects of the service could possibly be improved. The review was conducted by EMP in partnership with the Department of Health, and included 29 focus groups, and feedback was received from more than 100 stakeholders - including EMP staff members, Patient and Family Advisors, hospital staff, physicians and nurse practitioners.

Following this extensive process review, the CCC project team has begun the work of developing the resulting recommendations, which are an integral step towards the permanent implementation of the Care Coordination Centre within EM/ANB. These recommendations included revised hours of operation based on utilization patterns identified during its first pilot year, a revised and shortened Request for Services form, and the development of standard operating procedures (SOPs) based on stakeholder input. Full implementation of these and other recommendations is scheduled for early in the 2021-22 fiscal period.

PALLIATIVE CARE PROJECT

2020-21 marked the third year of the initial four-year term for the Paramedics Providing Palliative Care at Home project, which is part of a national collaborative with other jurisdictions across Canada. The project has been funded by a partnership between the Canadian Partnership Against Cancer (CPAC) and Healthcare Excellence Canada (a merger of Canadian Foundation for Healthcare Improvement and the Canadian Patient Safety Institute), and sponsored by New Brunswick's Department of Health.

The goal of the project is to shift paramedic services for palliative patients from the traditional focus of transporting patients to the local emergency department, and moving towards providing supportive care at home when the situation allows.

The project saw its initial rollout on March 2, 2020, towards the end of the 2019-20 fiscal year. Since that time, many key milestones have been achieved, including the development and implementation of the EM/ANB collaborative "Model of Care", which is inclusive of both the Extra-Mural Program and Ambulance New Brunswick; completion of training in a palliative approach to care for approximately 94 per cent of ANB paramedics; and implementation of the EMP Palliative Patient Registry.

As of March 31, 2021, ANB paramedics had responded to 395 calls for palliative patients. The reasons for these calls included flu-like symptoms (due, likely, to increased vigilance regarding COVID-19), breathing problems, falls, fainting and hemorrhaging. Data shows that 67 per cent of the palliative patients who called 911 were enrolled in the EMP Palliative Patient Registry.

Early data also suggests that ANB paramedics and EMP health-care professionals are collaborating more than ever: 20 per cent through conference calls and 17 per cent through in-person consultation, for a total of 37 per cent of the time. Prior to the launch of this project, there was no mechanism for EMP and ANB to collaborate at point of care.

The project is also showing a significant change in how paramedics are spending their time on calls with palliative patients. ANB paramedics who provide a palliative approach to care at home spend, on average, a total of just over 48 minutes on task compared to an average of 1 hour and 24 minutes when they transport a palliative patient to hospital. In addition, the rate of patient transports to hospital has decreased from 89 per cent to 70 per cent during the 2020-21 fiscal period.

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.

PATIENT AND FAMILY ADVISORS

With the mission to represent the voice of the patient, family and community in partnership with EM/ANB, Patient and Family Advisors collaborate with staff to ensure patient- and family-centred care. This past year was an adjustment for EM/ANB Patient and Family Advisors as meetings and other types of collaboration had to proceed using virtual formats due to health and safety guidelines in response to the pandemic. Fortunately, the advisors embraced this change and continued to make great contributions each and every month. As of March 31, 2021, there were nine Patient and Family Advisors who participate

on a number of committees, projects and workgroups.

A notable accomplishment this past year was the creation of the EM/ANB Patient and Family Advisory Council Collaboration Stamp that can be used on documents, presentations and reports to that indicate Patient and Family Advisor involvement has been included.

PUBLIC COMMUNICATION

EM/ANB's public communication efforts throughout most of 2020-21 were focused on the COVID-19 pandemic. Our social media channels promoted a variety of Public Health messaging from hand washing and social distancing, to provincial vaccination efforts, amongst other important updates from our partners in Government. The health and safety of the public is a priority for EM/ANB and our social media channels provide a powerful and effective tool in communicating with the communities we serve.

While COVID-19 remained a focal point of our external communications on our social media feeds, we were also able to continue with our traditional communication commitments. These included sharing general health and safety tips, marking important cultural milestones, launching a campaign to recruit more Patient and Family Advisors, and celebrating the various health professions under the EM/ANB umbrella during the different recognition weeks throughout the year.

Ongoing recruitment efforts were also prominent in our social media activity, including the promotion of career opportunities with ANB and EMP and the celebration of new hires. In addition to these ongoing recruitment efforts, EM/ANB also leveraged its social media channels to recruit for new roles that emerged in support of COVID-19 response efforts. This included recruitment for PROMT positions, as well as a successful callout to retired Registered Nurses asking for their help with vaccination efforts.

In 2020-21, frontline health-care workers with ANB and EMP were also interviewed by media across the province to give their perspectives on the pandemic. EM/ANB values transparency and accountability, and making members of our team available to comment when able, and inform and educate the public, is an important part of our commitment to New Brunswickers.

EMP'S TRANSPARENCY PAGE

It is important that we continue to be transparent and accountable to the people we serve. Similar to the ANB Accountability page that was launched in 2019 on ANB's website: ambulancenb.ca, EM/ANB launched the Extra-Mural Program Accountability page in 2020. The page has been added to the Extra-Mural Program's external website: extramuralnb.ca. There, members of the public will find general statistics on the population served by EMP, as well as where EMP stands in terms of its key performance indicators – such as the number of visits by EMP staff to patients, referral to care times, and patient satisfaction rates.



The image shows a screenshot of the EMP website. At the top left is the logo for 'SERVICES DE SANTÉ MEDAVIE HEALTH SERVICES NB'. To the right of the logo are the language options 'EN / FR' and a 'Menu' button. Below the header is a photograph of an elderly woman sitting in a white chair, smiling, while a healthcare professional in a white coat and stethoscope sits beside her, touching her shoulder. Below the photograph is a blue banner with the text 'THE NEW BRUNSWICK EXTRA-MURAL PROGRAM' and two bullet points: '• We provide home and community-based health care to people of all ages across New Brunswick.' and '• Questions about EMP Services or Referrals? Contact the Care Coordination Center at 1-844-982-7367.' To the right of the text is a stylized orange house icon.

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.

WELLNESS

In April 2020, a new Fitness Membership Benefit was launched with EMP employees to match what had already been available to ANB employees, and the new EMP Fitness Membership Reimbursement Policy reflects this new alignment. The benefit program encourages employees to achieve and maintain a healthy lifestyle through physical fitness.

A new digital Cognitive Behavioural Therapy program, BEACON, was made available as well in April 2020. Cognitive Behavioural Therapy addresses mental and behavioural health, challenging life events, and mind and body connection; and this new program enables employees to access an accredited therapist for counselling and educational services.

An online employee COVID-19 screening form was developed and made available for employees to screen for COVID-19-like symptoms prior to attending work. The screening tool encourages employees to assess their health and wellness each day with instructions for symptomatic employees to request COVID-19 testing and follow up with the Employee Health and Wellness Consultant for further support and direction.

Our Employee and Family Assistance Program was upgraded to a new provider – Homewood Health Inc. – and was launched in August 2020. Homewood Health is a leader in mental health resources for employers and employees, and the new Employee and Family Assistance Program provides a variety of well-being supports comprised of counseling, life smart coaching and other online resources – including a library of crisis-related topics with a section dedicated to COVID-19. Throughout the year, employees are reminded of these and all the other various mental health supports available to them and are encouraged to access them whenever needed.

OFFICIAL LANGUAGES

English and French are the Official languages of New Brunswick and they have equal status, rights, and privileges. The New Brunswick Official Languages Act gives you the right to be served in the official language of your choice. Adhering to the Language of Service and Language of Work policies ensures communication between the caregiver and the patient results in providing the best possible care to the citizens of New Brunswick.

To help staff navigate our linguistic requirements, we provide mandatory training and education on the use of the active offer in order to provide services in the patient’s official language of choice at the first point of contact. Recruitment efforts to increase our bilingual workforce also continues to be a priority.

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 2020-21 fiscal year, 38.35 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 1.05 per cent compared to the previous fiscal year. 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 official 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 2020-21, we had 31 full-time permanent bilingual paramedic positions vacant, along with 19 part-time bilingual positions vacant.

Ambulance New Brunswick received no official language complaints during the 2020-21 fiscal year.

Based on survey results provided by an independent third-party company that conducts semi-annual patient satisfaction surveys for EM/ANB – as of January 2021, when asked if active offer of service in the official language of their choice was provided, 59 per cent of respondents said yes. A total of 8 per cent of respondents said they were not offered the choice, and 33 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 per cent) who have a language preference indicated their paramedics had spoken to them in their official language of choice.

LEADERSHIP TRAINING

A new leadership training program was offered to EM/ANB’s current and aspiring leaders in 2020-21, through Harvard ManageMentor™ (HMM). The objective of the program is to equip our people leaders with key tools to develop and reinforce their leadership skills. Leaders who have enrolled in the program complete eight modules centred on the following key leadership competencies: Leading People; Diversity; Delegating; Feedback Essentials; Difficult Interactions;

Developing Employees; Objective Setting; Team Management; and, Goal Setting. These online learning modules are also supported by four interactive Leadership café workshops hosted during the course of the program.

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.



TRANSFER BOOKING SOFTWARE

In December 2020, a new transfer booking software system was launched within EM/ANB's Medical Communications Management Centre (MCMC). The new Logis Intelligent Decision Support (IDS) Computer-Aided Dispatch software system has an automatic planning engine that relies on solid business rules. It has the ability to calculate

distance, drive time and patient care time into the assignments, and is continuously searching for the most appropriate resources to complete the tasks of the day.

In the final quarter of 2020-21, the project reached its second phase: Web Booking Application. Working with key stakeholders at both of the province's Regional Health Authorities, Horizon Health Network and Vitalité Health Network, EM/ANB has begun the rollout of this new web booking application, which is used by designated hospital staff to book ambulance transfer requests in advance, when needed. The new application facilitates the coordination of appointment scheduling to match with vehicle availability - maximizing resources, helping to avoid the need for rescheduling and reducing the incidence of missed appointments.

EMP DIGITAL PLATFORM

Work in support of the Extra-Mural Program (EMP) Digital Platform initiative, now referred to as the Community Electronic Health Platform (or Community e-Health Platform) Project, continued throughout the winter months of 2020-21. The goal of the project is to provide an electronic record that EMP providers can utilize to ensure timely access to patient information and documentation of care. A group of subject matter experts from EMP, led by EMP's Community Solutions Manager, has been working closely with project team members from both Deloitte and the Department of Health to establish the framework for the digital platform.

The EMP project team have been involving a variety of key stakeholders from our frontline staff, including the Clinical Practice Leadership Committees. Standardized care plans for our patient population are being developed based on best practices and positive patient outcomes. Strategies are also being worked on to ensure integration to eHealthNB to migrate patient/client, clinical and operational data - all of which will help lead to a final product that will be inclusive

and support frontline staff in their daily job functions.

Change Management work also continues to be an integral part of this project, which requires a steep learning curve for many staff members. The Change Management Team continues to work on initiatives that will support our staff throughout this process and help to ensure a positive end result for all.

EMP TABLET ROLLOUT

The Tablet Project was a shared initiative with the Department of Health, Service New Brunswick and the Extra-Mural Program (EMP), and it officially closed on November 30, 2020. The project, which started in March 2018, saw 778 tablets deployed to frontline EMP users. The final phase involved the deployment of 268 tablets between the months of August and October of 2020, and training was completed using an online format. This online learning is available as a

resource for all staff to access.

EMP providers are continuing to expand their use of the tablets in their daily work. New initiatives, like online hand hygiene audits, are promoting the use of the tablets. A review of the applications that different professionals use in their daily functions has been ongoing; and work to standardize the list is being completed in collaboration with the Clinical Practice Leadership Committees.

Supporting and encouraging the use of the tablets in the daily work of all EMP professionals is key to the success of the Community eHealth Platform Project. EM/ANB continues to work hard to ensure that employees are comfortable with and adept at using the tablets, the right applications are available for use, and proper support is provided in a timely manner for any employees experiencing issues or challenges.



EM/ANB Inc.

Financial Statements

March 31, 2021

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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, 2021, 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, 2021, 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 30, 2021

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

Chartered Professional Accountants

EM/ANB Inc.**Statement of Operations and Surplus**

Year Ended March 31	Budget	2021	2020
Revenue			
Province of New Brunswick Funding Grant	\$ 193,081,500	\$ 209,225,798	\$ 204,151,019
Billing ambulance/EM services (Note 4)	3,250,000	2,887,938	3,939,363
Capital asset funding (Note 2)	-	1,550,095	1,074,083
	<u>196,331,500</u>	<u>213,663,831</u>	<u>209,164,465</u>
Expenditures			
Administration and other support services	17,545,931	21,468,649	18,667,045
Fleet	8,784,235	9,113,409	9,858,373
Facilities	8,708,971	11,602,985	8,550,974
Amortization expense	4,350,000	5,768,331	5,384,221
Interest expense	-	211,545	212,487
Communication, Air and Land ambulance	92,172,830	91,297,138	90,494,069
Clinical Care Services	61,519,533	66,467,042	66,926,299
Incentives fees	-	4,356,031	4,336,269
	<u>193,081,500</u>	<u>210,285,130</u>	<u>204,429,737</u>
Annual operating surplus	<u>3,250,000</u>	<u>3,378,701</u>	<u>4,734,728</u>
Sick leave benefits (Note 7)	-	(289,600)	(388,100)
Annual surplus	<u>\$ 3,250,000</u>	<u>\$ 3,089,101</u>	<u>\$ 4,346,628</u>
<hr/>			
Deficit, beginning of year	\$ -	\$ (3,066,180)	\$ (2,122,839)
Appropriation of surplus, billing revenue	(3,250,000)	(2,887,938)	(3,939,363)
Appropriation of surplus	-	(908,381)	(1,350,606)
Annual surplus	<u>3,250,000</u>	<u>3,089,101</u>	<u>4,346,628</u>
Deficit, end of year	<u>\$ -</u>	<u>\$ (3,773,398)</u>	<u>\$ (3,066,180)</u>

See accompanying notes to the financial statements.

EM/ANB Inc.

Statement of Financial Position

March 31

2021

2020

Assets

Cash and cash equivalents	\$ 12,149,729	\$ 34,236,045
Accounts receivable	2,485,465	2,158,534
Due from Province of New Brunswick	11,343,237	13,817,951
Receivable from Asset Replacement and System Enhancement Fund (Note 2)	<u>3,889,627</u>	<u>2,389,383</u>
	<u>29,868,058</u>	<u>52,601,913</u>

Liabilities

Payables and accruals (Note 6)	23,764,727	20,324,759
Sick pay liability (Note 7)	6,445,800	6,156,200
Due to Medavie Health Services NB Inc.	1,965,117	2,648,933
Due to Province of New Brunswick	3,074,911	11,794,235
Unearned revenue (Note 2)	5,984,423	22,010,044
Capital lease obligation (Note 8)	<u>7,875,413</u>	<u>8,165,155</u>
	<u>49,110,391</u>	<u>71,099,326</u>

Net debt 19,242,333 18,497,413

Non-financial assets

Tangible capital assets (Note 5)	14,646,173	15,353,533
Prepaid expenses	<u>822,762</u>	<u>77,700</u>
	<u>15,468,935</u>	<u>15,431,233</u>

Accumulated Deficit \$ (3,773,398) \$ (3,066,180)

Commitments (Note 9)

On behalf of the Board

 Director

 Director

See accompanying notes to the financial statements.

EM/ANB Inc.
Statement of Changes in Net Debt

Year Ended March 31	2021	2020
Annual surplus	\$ 3,089,101	\$ 4,346,628
Appropriation of surplus, billing revenue	(2,887,938)	(3,939,363)
Appropriation of surplus	(908,381)	(1,350,606)
Acquisition of tangible capital assets	(5,060,972)	(6,116,025)
Amortization of tangible capital assets	<u>5,768,332</u>	<u>5,384,207</u>
	142	(1,675,159)
Decrease (Increase) in prepaid expense	<u>(745,062)</u>	<u>(29,978)</u>
Decrease (Increase) in net debt	(744,920)	(1,705,137)
Net debt at beginning of year	<u>(18,497,413)</u>	<u>(16,792,276)</u>
Net debt at end of year	<u>\$ (19,242,333)</u>	<u>\$ (18,497,413)</u>

See accompanying notes to the financial statements.

EM/ANB Inc.
Statement of Cash Flows

Year Ended March 31

2021

2020

Increase (decrease) in cash and cash equivalents

Operating		
Annual surplus	\$ 3,089,101	\$ 4,346,628
Appropriation of surplus, billing revenue	(2,887,938)	(3,939,363)
Appropriation of surplus	(908,381)	(1,350,606)
Amortization expense net of gain/loss	5,768,331	5,384,221
Change in sick pay liability	289,600	388,100
Net liabilities transferred	-	-
	<u>5,350,713</u>	<u>4,828,980</u>
Change in non-cash operating working capital		
Accounts receivable	(326,930)	36,022
Receivable from Asset Replacement and System Enhancement Fund	(687,768)	(82,713)
Due from Province of New Brunswick	2,474,714	(4,922,857)
Due to Medavie Health Services NB Inc.	(683,816)	(815,505)
Due to Province of New Brunswick	(8,719,324)	5,504,163
Prepaid expenses	(745,062)	(29,980)
Payables and accruals	3,439,968	1,929,697
Unearned revenue	(16,838,097)	16,660,275
	<u>(16,735,602)</u>	<u>23,108,082</u>
Capital		
Repayment of capital lease obligation	(3,800,618)	(3,754,901)
Acquisition of capital lease obligations	3,510,876	5,041,941
Purchase of tangible capital assets	(5,060,972)	(6,116,025)
	<u>(5,350,714)</u>	<u>(4,828,985)</u>
Net increase in cash and cash equivalents	(22,086,316)	18,279,097
Cash and cash equivalents, beginning of year	<u>34,236,045</u>	<u>15,956,948</u>
Cash and cash equivalents, end of year	<u>\$ 12,149,729</u>	<u>\$ 34,236,045</u>

See accompanying notes to the financial statements.

EM/ANB Inc.

Notes to the Financial Statements

March 31, 2021

1. Nature of operations

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

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

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

2. Summary of significant accounting policies

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

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

Revenue

Funding grant

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

User fees

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

Expenses

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

Cash and cash equivalents

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

Asset Replacement and System Enhancement Fund

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

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 \$2,389,383 (2020 - \$2,306,670) plus current year contributions of \$2,740,032 (2020 - \$731,000), proceeds on sale of assets \$237,447 (2020 - \$270,964) and interest earned during the year of \$20,360 (2020 - \$68,522), less purchase of assets/new scope items \$1,497,595 (2020 - \$987,773) for an ending balance of \$3,889,627 (2020 - \$2,389,383).

During the year, Extra-Mural operations was funded \$52,500 (2020 - \$86,310) to purchase capital equipment.

Unearned Revenue

The Company has unearned revenue of \$5,984,423 which consists of the Asset Replacement Fund balance from the ambulance operations of \$3,889,627 and clinical cost reinvestment of \$1,939,924 for the Extra-Mural operations, plus advance of \$154,872 for EMP.

EM/ANB Inc.

Notes to the Financial Statements

March 31, 2021

2. Summary of significant accounting policies (continued)

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

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.

EM/ANB Inc.

Notes to the Financial Statements

March 31, 2021

2. Summary of significant accounting policies (continued)

Incentive fees

As per the contracts entered into with Medavie Health Services New Brunswick Inc. (Note 1), there are key performance indicators related to the service performance in the contracts. The key performance indicators including supporting information are provided to the Department of Health of New Brunswick for review and approval. The key performance indicators are recorded as incentive payments in the financial statements. In addition to the incentive payments, there are also expenditures funded to Medavie Health Services New Brunswick Inc. as part of the contract (Note 9).

Appropriation of surplus

The appropriation of surplus are funds returned to the Department of Health of New Brunswick based on the approval of the Board of Directors. As part of the contract with the service provider, the service provider is responsible for billing and collecting users' fees in accordance with the contract and the policies set by the Department of Health of New Brunswick. These funds are recorded in the Statement of Operations and therefore included in the annual surplus. Since these funds are returned to the Department of Health of New Brunswick, there is also a reduction to the accumulated surplus/deficit annually for funds returned to the Department of Health. In addition to the user fees, there could be an annual operating surplus based on the contract which the Board of Directors provides approval to either return to the Department of Health of New Brunswick or reinvestment in the services.

3. General information

In early 2020, the Coronavirus ("COVID-19") was confirmed and the spread caused the World Health Organization to declare a global pandemic on March 11, 2020. The pandemic has severely impacted many local economies around the globe. In many countries, including Canada, businesses were forced to cease or limit operations for long periods of time. As a result of the continued and uncertain economic and business impact of the COVID-19 pandemic, the Company has reviewed estimates, judgements and assumptions used in the preparation of the financial statements.

EM/ANB Inc. is deemed to be an essential service and as a result, the Company is monitoring public health guidelines and implemented operational protocols in the various provincial jurisdictions that they operate in. EM/ANB Inc. has not experienced any interruption to their services, in fact it has been mandated by Department of Health to increase its scope to help manage the pandemic. The new mandate includes the creation of a PROMT team to respond and manage outbreaks in vulnerable sectors, perform swab testing in adult residential facilities and various community settings as well as facilitate vaccination clinics in long term care facilities and vulnerable sectors.

The Company has determined that there was no impact requiring additional note disclosures and no changes to the financial statements as a result of COVID-19.

4. Billing for ambulance/extra mural services

The Company has billed residents and non-residents of New Brunswick ambulance user fees in the amount of \$4,834,315 (2020 - \$4,863,178). The Company has increased its allowance for uncollectible user fees in the amount of \$1,885,647 and during the year wrote off as uncollectible \$463,963 for a total allowance of \$3,399,154 (2020 - \$1,977,469) based on management's best estimates of collectability. The Company collected \$2,878,188 (2020 - \$3,915,363) net of transactions cost.

The Company has also billed residents and non-residents of New Brunswick extra mural fees in the amount of \$9,750 (2020 - \$8,250). The Company has a total allowance of \$13,750 (2020 - \$13,750). The Company collected \$9,750 (2020 - \$24,000) net of transaction cost.

EM/ANB Inc.
Notes to the Financial Statements
 March 31, 2021

5. Tangible capital assets

	Ambulances under capital lease	Leasehold improvements	Computer software	Computer equipment	Furniture and Fixtures	Equipment	Vehicles	Total	
								2021	2020
Cost									
Opening cost	\$ 15,501,994	\$ 819,233	\$ 1,979,003	\$ 4,393,641	\$ 2,060,156	\$ 14,611,756	\$ 59,880	\$ 39,425,663	\$ 37,541,047
Additions	3,510,875	-	487,564	633,579	41,433	387,520	-	5,060,971	6,116,025
Retirements	(3,692,572)	-	-	-	-	-	-	(3,692,572)	(4,231,409)
Closing cost	\$ 15,320,297	\$ 819,233	\$ 2,466,567	\$ 5,027,220	\$ 2,101,589	\$ 14,999,276	\$ 59,880	\$ 40,794,062	\$ 39,425,663
Accumulated amortization									
Opening accumulated amortization	\$ 7,397,931	\$ 819,233	\$ 1,715,840	\$ 3,725,379	\$ 1,815,431	\$ 8,538,436	\$ 59,880	\$ 24,072,130	\$ 22,919,330
Amortization	3,878,819	-	229,052	358,703	105,138	1,196,619	-	5,768,331	5,344,232
Retirements	(3,692,572)	-	-	-	-	-	-	(3,692,572)	(4,191,432)
Closing accumulated amortization	\$ 7,584,178	\$ 819,233	\$ 1,944,892	\$ 4,084,082	\$ 1,920,569	\$ 9,735,055	\$ 59,880	\$ 26,147,889	\$ 24,072,130
Net book value	\$ 7,736,119	\$ -	\$ 521,675	\$ 943,138	\$ 181,020	\$ 5,264,221	\$ -	\$ 14,646,173	\$ 15,353,533

6. Payables and accruals

	<u>2021</u>	<u>2020</u>
Accounts payable and other accrued liabilities	\$ 4,912,439	\$ 4,634,407
Salaries and benefits	9,286,462	7,463,625
Accrued vacation pay	<u>9,565,826</u>	<u>8,226,727</u>
	\$ 23,764,727	\$ 20,324,759

7. 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

EM/ANB Inc.
Notes to the Financial Statements

March 31, 2021

7. Sick pay obligation (continued)

	<u>2021</u>	<u>2020</u>
Accrued sick pay liability, beginning of the year	\$ 6,156,200	\$ 5,768,100
Current Service Cost	992,100	975,600
Interest on Obligation	292,600	341,800
Amortization of unrecognized balances experience	423,200	468,100
Benefit Payments	<u>(1,418,300)</u>	<u>(1,397,400)</u>
	289,600	388,100
Accrued sick pay liability, end of the year	\$ 6,445,800	\$ 6,156,200

As part of the valuation there are unamortized experience losses of \$4,231,800 (2020 - \$4,655,000) which would amount to an accrued benefit obligation of \$10,677,600 (2020 - \$10,811,200).

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.

8. Capital lease obligation

	<u>2021</u>	<u>2020</u>
Capital leases payable in monthly instalments ranging from \$2,418 to \$2,578 including interest at various rates, amortized to and maturing in various periods ending March 2025. As security, the Company has assigned specific vehicles.	\$ 7,875,413	\$ 8,165,155

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

2022	\$ 3,518,194
2023	2,611,177
2024	1,554,948
2025	<u>423,870</u>
	8,108,189
Amount representing interest	<u>(232,776)</u>
	\$ 7,875,413

EM/ANB Inc.
Notes to the Financial Statements

March 31, 2021

9. 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 \$32,880,000. 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 \$2,872,200. The total annual payments for the remaining contract term have not yet been finalized.

10. 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.

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.

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

Year Ended March 31	Budget	2021	2020
Revenue			
Province of New Brunswick Funding Grant	\$ 113,210,300	\$ 116,883,400	\$ 117,204,724
Billing for ambulance services (Note 4)	3,250,000	2,878,188	3,915,363
Capital asset funding (Note 2)	-	1,497,595	987,773
	<u>116,460,300</u>	<u>121,259,183</u>	<u>122,107,860</u>
Expenditures			
Administration and other support services	5,384,425	5,725,720	6,142,300
Fleet	5,358,463	5,553,352	6,083,487
Facilities	5,944,599	5,882,574	5,733,429
Amortization expense	4,350,000	5,701,306	5,316,612
Interest expense	-	211,545	212,487
Air medical	7,652,435	6,926,045	7,573,925
Call taking and dispatch	3,354,007	4,184,557	4,206,851
Land ambulance	81,166,371	80,186,536	78,713,293
Incentives fees	-	3,599,976	3,587,500
	<u>113,210,300</u>	<u>117,971,611</u>	<u>117,569,884</u>
Annual operating surplus	<u>3,250,000</u>	<u>3,287,572</u>	<u>4,537,976</u>
Sick leave benefits (Note 7)	-	(168,000)	(209,000)
Annual surplus	<u>\$ 3,250,000</u>	<u>\$ 3,119,572</u>	<u>\$ 4,328,976</u>
Surplus, beginning of year			
	\$ -	\$ 5,948,659	\$ 6,731,603
Appropriation of surplus, billing revenue	(3,250,000)	(2,878,188)	(3,915,363)
Appropriation of surplus	-	(812,477)	(1,196,557)
Annual surplus	<u>3,250,000</u>	<u>3,119,572</u>	<u>4,328,976</u>
Surplus, end of year	<u>\$ -</u>	<u>\$ 5,377,566</u>	<u>\$ 5,948,659</u>

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

Year Ended March 31	Budget	2021	2020
Revenue			
Province of New Brunswick Funding Grant	\$ 79,871,200	\$ 92,342,398	\$ 86,946,295
Billing for extra mural services (Note 4)	-	9,750	24,000
Capital asset funding (Note 2)	-	52,500	86,310
	<u>79,871,200</u>	<u>92,404,648</u>	<u>87,056,605</u>
Expenditures			
Administration and other support services	9,289,369	13,062,538	9,675,899
Fleet	3,425,772	3,560,057	3,774,886
Facilities	2,764,372	5,720,411	2,817,545
Amortization expense	-	67,025	67,609
Admission / Discharge	2,726,043	1,627,727	1,136,856
Rehab Assistant	124,362	967,438	1,064,177
Nursing	39,769,845	44,014,818	42,038,660
Respiratory Therapy	4,544,436	4,552,722	5,256,858
Clinical Nutrition	2,232,720	2,149,920	2,430,089
Physiotherapy	3,412,175	3,961,010	4,868,350
Occupational Therapy	4,801,752	5,479,818	6,164,181
Speech Language	1,127,895	1,034,666	1,158,864
Social Work	1,836,755	1,777,278	1,944,870
Personal Care Services	943,504	901,645	863,394
Administrative fees	2,872,200	2,680,391	2,848,846
Incentives fees	-	756,055	748,769
	<u>79,871,200</u>	<u>92,313,519</u>	<u>86,859,853</u>
Annual operating surplus	-	91,129	196,752
Sick leave benefits (Note 7)	-	(121,600)	(179,100)
Annual surplus/(deficit)	\$ -	\$ (30,471)	\$ 17,652
Deficit, beginning of year			
	\$ -	\$ (9,014,839)	\$ (8,854,442)
Appropriation of surplus, billing revenue	-	(9,750)	(24,000)
Appropriation of surplus	-	(95,904)	(154,049)
Annual Surplus/(deficit)	-	(30,471)	17,652
Deficit, end of year	\$ -	\$ (9,150,964)	\$ (9,014,839)

