

REPORT OF THE

Auditor General of New Brunswick

Volume I
Performance Audit

2023

AUDITOR GENERAL
OF NEW BRUNSWICK



VÉRIFICATEUR GÉNÉRAL
DU NOUVEAU-BRUNSWICK

Published by:
Office of the Auditor General
Province of New Brunswick

September 2023

ISSN 0382-1420



Speaker of the Legislative Assembly
Province of New Brunswick

Sir

As required under Section 15(1) of the *Auditor General Act* I am submitting Volume I of my Office's 2023 Report to the Legislative Assembly.

Respectfully submitted,

A handwritten signature in black ink that reads "Paul Martin". The signature is written in a cursive, flowing style.

Paul Martin, FCPA, FCA
Auditor General

Fredericton, N. B.
September 2023

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Chapter 1

Key Messages from the Auditor General

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Performance Audit

Key Messages from the Auditor General

Introduction to our COVID-19 Response Work

- 1.1 In the spring of 2022, our Office was informed that the Legislative Assembly had passed a motion urging the government to request our Office perform work regarding the government's response to the COVID-19 pandemic. The content of this current volume is our Office's first report related to this request.
- 1.2 The chapters in this volume include performance audits on COVID-19 Pandemic Response – Oversight and Pandemic Preparedness and Response in Nursing Homes.
- 1.3 As background information for the work, findings, and recommendations contained in this report, it is important to first put into context the situation and unforeseen environment that front-line workers, public servants and their leadership were asked to persevere through during the COVID-19 pandemic.
- 1.4 The pandemic brought forward a series of firsts for the Province, including:
 - a state of emergency being declared for the first time in our province's history
 - the closure of schools and businesses for extended periods of time as a measure of protection for residents.


All efforts were aimed at safety of all while minimizing disruption to the lives of New Brunswickers. As was often heard during government press conferences, these were unprecedented times.

- 1.5 We recognize the uniquely challenging environment facing the Province during its response to the pandemic, an environment where public servants were facing many urgent, competing priorities, with a rapidly changing emergency situation, which resulted in the

creation of some accelerated decision-making processes.

- 1.6** For instance, we heard from auditees that saving lives and keeping individuals as safe and as comfortable as possible was top priority. Record-keeping or traditional bureaucratic administration may not always have been front-of-mind given other priority areas. In the early stage of the pandemic response where collaborative and rapid decision-making was critical, government's priority was to expedite care and resources to those in need, as opposed to exercising traditional government process and documentation standards.
- 1.7** The Province reacted quickly with unprecedented measures aimed at saving lives when the COVID-19 pandemic arrived in New Brunswick. Difficult choices were made to protect New Brunswickers, requiring the Province to constantly pivot as the pandemic evolved.
- 1.8** Among government's key responsibilities were to:
- minimize and prevent serious illness and overall deaths
 - protect the vulnerable populations
 - stabilize the Province's health care system
 - minimize societal impacts and minimize economic disruption.
- 1.9** Many of our findings and conclusions must be kept in context of the pandemic reality and are unique to pandemic situations. Our objective of these audits is to identify improvement opportunities for the future. While some issues highlighted in our audit work may have existed before the pandemic, the recommendations based on our findings and conclusions are intended to complement ongoing and future efforts to address issues.
- 1.10** As a result of the forward-looking approach of our work, an underlying theme of our chapters in this report is preparedness. We urge government to exercise continued diligence to ensure learnings from the COVID-19 pandemic experience contribute to lessons learned and future preparedness planning in the event of another pandemic.

- 1.11** Most importantly, we want to commend the substantial efforts made by the many front-line workers and Department officials who worked long hours to help protect New Brunswickers and keep us all safe. This report is not meant to criticize those efforts, but rather to highlight opportunities for improvements as we look towards the future.
- COVID-19 Work Update** **1.12** At this time, we have completed two chapters on government’s response to the COVID-19 pandemic. We plan to release the results of our remaining work in the December 2023 release of the Auditor General’s Report.
- Acknowledgements** **1.13** Staff in our Office worked very hard in carrying out the work reported in this volume of our report. The individual chapters of this report reflect their level of commitment, professionalism and diligence. I would like to express my appreciation for their contributions and continuing dedication to fulfilling the mandate of the Auditor General of New Brunswick.


Paul Martin, FCPA, FCA
Auditor General

Chapter 2

COVID-19 Pandemic Response: Oversight Executive Council Office

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COVID-19 Pandemic Response: Oversight- Executive Council Office

Report of the Auditor General – Volume I, Chapter 2 - September 2023

Why Is This Important?

- COVID-19 pandemic impacted the lives of all New Brunswickers
- The government had to make difficult choices, including the curtailment of individual freedoms, the closure and reopening of public spaces, schools, and businesses, among many other measures to ensure the safety of New Brunswickers
- Effective oversight supports sound decision-making, policy and strategy implementation, risk mitigation and performance management

Overall Conclusions

- The Province reacted quickly with unprecedented measures aimed at saving lives
- The structures and processes established by the Province for the COVID-19 response set a framework for effective oversight
- There are opportunities to improve oversight to be better prepared for a future pandemic

What We Found

Responsibilities of Executive Committees

- No formal documents exist that define the purpose, expectations, and roles and responsibilities of COVID Core, the group of senior officials who supported Cabinet Committee on COVID-19
- COVID Core did not maintain records of its meetings
- Roles of the Deputy Ministers' Security and Emergency Committee and Assistant Deputy Ministers' Security and Emergency Committee in the pandemic response were not clearly defined

Documentation Supporting Public Health Measures

- Public Health measures at times were supported only by verbal updates from Department of Health, especially in the early stages of the pandemic
- One Mandatory Order was revised the next day after decision-makers asserted that it did not reflect the intended decision
- Documentation of Department of Health recommendations improved over time

Level of Preparedness

- Prior to the COVID-19 pandemic lessons learned from the H1N1 experience were not incorporated into an updated provincial pandemic plan
- The Province created new committee structures and processes in March 2020

Pandemic Preparedness Going Forward

- Province needs to incorporate lessons learned from COVID-19 pandemic into an updated provincial pandemic emergency plan and communication plan

Mandatory Order Process

- Justice and Public Safety did not always have time to seek Public Health feedback on draft Mandatory Order requirements
- The short time between the announcement of the Mandatory Order and when it became effective was challenging

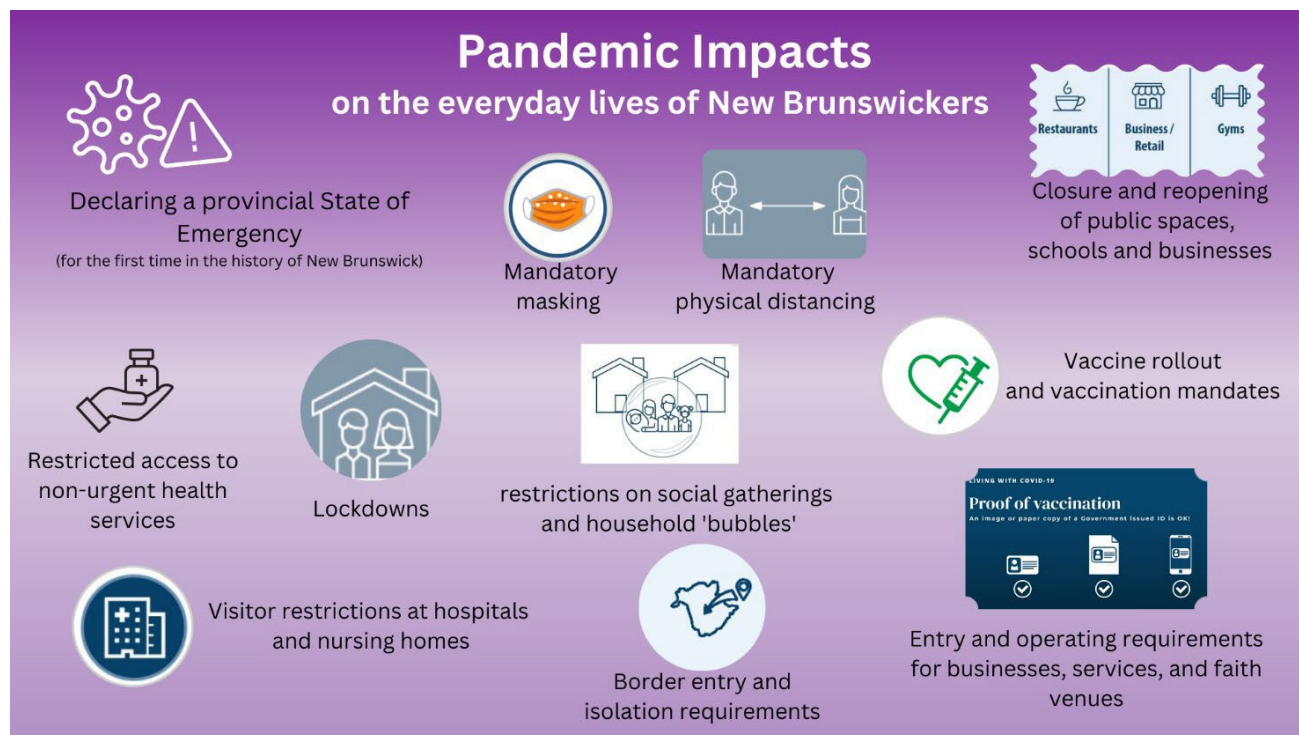
Audit Introduction

- 2.1** The public health threat posed by the COVID-19 pandemic led the Province to make difficult decisions and take unprecedented measures to help slow the spread of COVID-19, to minimize and prevent serious illness and overall deaths, minimize societal impacts and to minimize economic disruption¹. Decisions were made quickly in a context of considerable uncertainty, as knowledge about COVID-19 and the impact of these unprecedented measures rapidly evolved.²
- 2.2** The COVID-19 pandemic impacted the lives of all New Brunswickers. Examples of decisions made by the Province included:
- declaring a provincial state of emergency for the first time in the history of New Brunswick
 - closure and reopening of public spaces, schools, and businesses
 - lockdowns
 - mandatory masking and physical distancing
 - restricted access to non-emergency health services
 - border entry and isolation requirements
 - vaccine rollout and vaccination mandates
 - entry and operating requirements for businesses, services, and faith venues
 - restrictions on social gatherings and household “bubbles”
 - visitor restrictions at hospitals and nursing homes.

¹ *New Brunswick Provincial Pandemic Coordination Plan* (March 2020)

² *Public Health Ethics Framework: A Guide for Use in Response to the COVID-19 Pandemic in Canada* (2022)

Exhibit 2.1 - Examples of decisions made by the Province



Source: Prepared by Office of the Auditor General of New Brunswick

2.3 Oversight is a critical function to ensure that:

- due diligence is taking place before key decisions are made
- policies and strategies are being implemented as intended
- key risks are managed
- activities comply with policies, laws, and regulations
- corrective actions are taken when needed, and continuous improvement is taking place.³

³ Canadian Audit & Accountability Foundation – Practice Guide to Auditing Oversight

- 2.4** Executive Council Office provides secretariat and administrative services for Executive Council and is responsible to monitor the ongoing progress in achieving government objectives. According to the *New Brunswick Provincial Pandemic Coordination Plan*, the Province’s overall goal of the pandemic response was to:
- “minimize and prevent serious illness and overall deaths
 - prevent serious illnesses
 - minimize societal impacts
 - minimize economic disruption.”⁴
- Why we chose this topic** **2.5** We chose to audit oversight of the Province’s response to the COVID-19 pandemic for the following reasons:
- the COVID-19 pandemic impacted the lives of all New Brunswickers
 - the Legislative Assembly passed a motion on March 31, 2022, requesting that the Auditor General undertake a review of the response by the provincial government to the COVID-19 pandemic.
- Audit Objective** **2.6** The objective of this audit was to determine whether the structures and processes established by the Province of New Brunswick for the COVID-19 pandemic response set a framework for effective oversight.
- Audit Scope** **2.7** The scope of the audit included organization structure, roles and responsibilities, decision-making, communication, monitoring, and corrective actions.
- 2.8** Our auditee was Executive Council Office. We collected audit evidence from Department of Health and Department of Justice and Public Safety when deemed necessary.

⁴ *New Brunswick Provincial Pandemic Coordination Plan* (March 2020)

2.9 The audit covered the period between March 11, 2020 (the date the World Health Organization declared COVID-19 outbreak a global pandemic) to March 14, 2022 (the date the Province of New Brunswick lifted restrictions for the second time). This is the period to which the audit conclusion applies. Where relevant, we considered documentation and events prior to, and after, this period.

2.10 More details on the audit objectives, criteria, scope, and approach we used in completing our audit can be found in Appendix V and Appendix VI.

Conclusions

2.11 We concluded:

- the Province reacted quickly to the COVID-19 pandemic and introduced unprecedented measures aimed at saving lives as a matter of priority
- the Province established new structures and processes to oversee its response to COVID-19
- in general, the structures and processes established by the Province of New Brunswick for the COVID-19 pandemic response set a framework for effective oversight. We found opportunities for improvement such as:
 - improving clarity and documentation of roles and responsibilities of executive committees involved in the response; and
 - incorporating lessons learned from the COVID-19 pandemic into an updated provincial pandemic emergency plan.

2.12 We believe improvements in the above areas would help the Province be better prepared for a future pandemic.

Background Information

2.13 Prior to the COVID-19 pandemic, New Brunswick Emergency Measures Organization recognized that a

pandemic would likely occur and that its impacts would be severe.⁵

- 2.14** The *Province of New Brunswick Emergency Measures Plan (Provincial All-Hazards Plan)* states, “As a pandemic outbreak is likely to be widespread, a provincial whole-of-government response must be anticipated to maintain the continuity of government and other critical services and infrastructure impacted due to a pandemic event.”⁶
- 2.15** On December 31, 2019, reports emerged of a cluster of cases of viral pneumonia in Wuhan, China. A new coronavirus was identified to cause the disease, later named coronavirus disease (COVID-19) by the World Health Organization.⁷
- 2.16** As part of New Brunswick Emergency Measures Organization’s normal duties, events; both local and worldwide are monitored.⁸ On February 4, 2020, the Acting Director of Emergency Measures Organization initiated the provincial response to the pandemic by activating the Provincial Emergency Operations Centre⁹ to enhanced monitoring.
- 2.17** On March 11, 2020, the World Health Organization made the assessment that COVID-19 could be characterized as a pandemic and called for countries to take a whole-of-government, whole-of-society approach, built around a comprehensive strategy to prevent infections, save lives, and minimize

⁵ The 2009 *New Brunswick Provincial Contingency Plan for Pandemic H1N1 Influenza* and the 2006 *Pandemic Influenza Planning Guide for Municipalities*

⁶ *Province of New Brunswick Emergency Measures Plan* (Revised June 2017)

⁷ Office of the Auditor General of Canada. (2021). (rep.). *Report 8- Pandemic Preparedness, Surveillance, and Border Control Measures* (p. 1).

⁸ *Province of New Brunswick Emergency Measures Plan (Provincial All-Hazards Plan)* (Revised June 2017)

⁹ The Province Emergency Operations Centre, according to the 2017 *Province of New Brunswick Emergency Measures Plan*, is located in Fredericton and “consists of an operations room, a communications room, radio room, situation room and an administration area. It contains the necessary staff, working accommodation and communications for the coordination and control of the provincial emergency response.”

impact.¹⁰ On the same day, New Brunswick had its first presumptive case detected.

- 2.18** The World Health Organization in 2009 highlighted the need for pandemic planning beyond the health care sector which addresses a “Whole-of-Society Approach”. Noting “the economic and social consequences of the pandemic will be greater if governments, businesses, and civil society have not developed plans as to how they can continue to deliver key services in a pandemic. That is why all sectors of society should be involved in pandemic preparedness and response.¹¹”
- 2.19** Government recognized that difficult decisions would need to be made in a context of considerable uncertainty to respond to the pandemic and needed a process to combine the expertise in Public Health with the authority of the Minister of Public Safety. Government also recognized hard decisions of this magnitude should not be made by one or two officials alone.
- 2.20** On March 12, 2020, the Cabinet Committee on COVID-19 was formed with Executive Council Office assigned as secretariat. The mandate of the Cabinet Committee on COVID-19 was to:
- “Support efforts to ensure a coordinated, collaborative citizen-centric response and receive information from government departments and agencies in relation to COVID-19
 - ensure decision-makers and influencers have access to up to date, fact-based information regularly and have the opportunity to ask questions of officials.¹²”

¹⁰ World Health Organization. (n.d.). *Timeline: WHO's COVID-19 response*. World Health Organization. Retrieved March 16, 2023, from <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline>

¹¹ World Health Organization. (2009). (rep.). *Whole-Of-Society Pandemic Readiness - WHO guidelines for pandemic preparedness and response in the non-health sector*. Retrieved May 17, 2023, from https://cdn.who.int/media/docs/default-source/inaugural-who-partners-forum/2009-0808_wos_pandemic_readiness_final7e244f53-ec76-420d-836e-758c25e2ddf5.pdf?sfvrsn=3b2fe69d_1&download=true.

¹² Cabinet Committee on COVID-19 Terms of Reference (March 2020)

- 2.21** We were informed that government decided “that the Minister of Public Safety, in considering how best to use his responsibility and authority, would benefit from experts in public health and other fields, and from recommendations from the Cabinet Committee on COVID-19 and decisions of the Cabinet.”
- 2.22** On March 19, 2020, the Province of New Brunswick declared a provincial state of emergency under section 12 of the *Emergency Measures Act*. This was the first provincial state of emergency issued in the history of New Brunswick. Under section 12 of the *Emergency Measures Act*, the Minister of Justice and Public Safety¹³ has the authority to “do everything necessary for the protection of property, the environment and the health or safety of persons therein¹⁴” on a state of emergency being declared.
- 2.23** The state of emergency was renewed by the Minister with the approval of the Lieutenant-Governor in Council for subsequent 14-day periods, until it came to an end on July 30, 2021, when the Province lifted all restrictions. It was subsequently reinstated on September 24, 2021, and continued to be renewed for additional 14-day periods until it was ended for the second time on March 14, 2022.
- 2.24** During the state of emergency there were 112 Mandatory Orders. Mandatory Orders detailed requirements such as the closure of businesses and schools, imposed travel restrictions, prohibited gatherings, mandatory masking, venue requirements for proof of vaccination, among many others.

¹³ Until September 29, 2020, it was the Minister of Public Safety who had the authority (Justice and Public Safety departments and ministerial responsibilities merged)

¹⁴ Emergency Measures Act (R.S.N.B. 2011,c.147)

Exhibit 2.2 - Examples of New Brunswick's colour-coded public health alert levels (which included lockdown, red, orange, yellow)

Updated January 17, 2021

	Red	Orange	Yellow
Bubble	Single household bubble - includes a caregiver or individual needing support	Single household bubble - includes a caregiver or individual needing support	Steady20 - a consistent list of 20 social contacts or less
Masks	Masks mandatory in indoor public places. Masks required in outdoor public spaces when physical distancing cannot be maintained.	Masks mandatory in indoor public places. Masks required in outdoor public spaces when physical distancing cannot be maintained.	Masks mandatory in indoor public places
Social Gatherings	Indoor - Your household bubble Outdoor - 5 people or less with masks and physical distancing	Indoor - Your household bubble Outdoor - Outdoor gatherings with physical distancing of 2.5 people or fewer are permitted	Indoor - Your Steady20 Outdoor - 10 or less with physical distancing
Restaurants	Drive-thru, takeout and delivery only	Patrons must remain seated You can only dine with your bubble	Patrons must remain seated
Business / Retail	Open with a COVID-19 operational plan	Open with a COVID-19 operational plan	Open with a COVID-19 operational plan
Gyms	Closed	Closed	Closed
Spas / Salons	Closed	Closed	Closed

Updated January 29th, 2021

	lockdown	Red	Orange	Yellow
Bubble	A one household bubble includes the people you live with. Can be extended to caregivers, an immediate family member who needs support and one other person	A one household bubble includes the people you live with. Can be extended to caregivers, an immediate family member who needs support and one other person	A one household bubble includes the people you live with. Can be extended to caregivers, an immediate family member who needs support and one other person	A one household bubble includes the people you live with. Can be extended to caregivers, an immediate family member who needs support and one other person
Masks	Masks mandatory in indoor public places. Masks required in outdoor public spaces when physical distancing cannot be maintained.	Masks mandatory in indoor public places. Masks required in outdoor public spaces when physical distancing cannot be maintained.	Masks mandatory in indoor public places. Masks required in outdoor public spaces when physical distancing cannot be maintained.	Masks mandatory in indoor public places
Social Gatherings	Indoor - Your household bubble Outdoor - no informal or formal gatherings	Indoor - Your household bubble Outdoor - 5 people or less with masks and physical distancing	Indoor - Your household bubble Outdoor - 10 or less with physical distancing	Indoor - Your household bubble Outdoor - Steady 20 with physical distancing
Restaurants	Drive-thru, takeout and delivery only	Drive-thru, takeout and delivery only	Patrons may dine and dine with	Patrons may dine and dine with
Business / Retail	Public-facing stores that provide access to necessities and are permitted to operate (i.e. food, fuel, medications, etc.) are only permitted to sell essential items.	Open with a COVID-19 operational plan	Open with a COVID-19 operational plan	Open with a COVID-19 operational plan
Gyms	Closed	Closed	Closed	Closed
Schools, colleges, universities and	Closed	Closed	6-12 schools open with additional	6-12 schools open with additional

Updated January 29th, 2021

	lockdown	Red	Orange	Yellow
Bubble	A one household bubble includes the people you live with. Can be extended to caregivers, an immediate family member who needs support and one other person	A one household bubble includes the people you live with. Can be extended to caregivers, an immediate family member who needs support and one other person	A one household bubble includes the people you live with. Can be extended to caregivers, an immediate family member who needs support and one other person	A one household bubble includes the people you live with. Can be extended to caregivers, an immediate family member who needs support and one other person
Masks	Masks mandatory in indoor public places. Masks required in outdoor public spaces when physical distancing cannot be maintained.	Masks mandatory in indoor public places. Masks required in outdoor public spaces when physical distancing cannot be maintained.	Masks mandatory in indoor public places. Masks required in outdoor public spaces when physical distancing cannot be maintained.	Masks mandatory in indoor public places
Social Gatherings	Indoor - Your household bubble Outdoor - no informal or formal gatherings	Indoor - Your household bubble Outdoor - 5 people or less with masks and physical distancing	Indoor - Your household bubble Outdoor - 10 or less with physical distancing	Indoor - Your household bubble Outdoor - Steady 20 with physical distancing
Restaurants	Drive-thru, takeout and delivery only	Drive-thru, takeout and delivery only	Patrons may dine and dine with	Patrons may dine and dine with
Business / Retail	Public-facing stores that provide access to necessities and are permitted to operate (i.e. food, fuel, medications, etc.) are only permitted to sell essential items.	Open with a COVID-19 operational plan	Open with a COVID-19 operational plan	Open with a COVID-19 operational plan
Gyms	Closed	Closed	Closed	Closed

Updated January 29th, 2021

COVID-19 Circuit Breaker - Zone 1
The municipalities of Moncton, Dieppe and Riverview
Effective 6 p.m. Friday, November 12

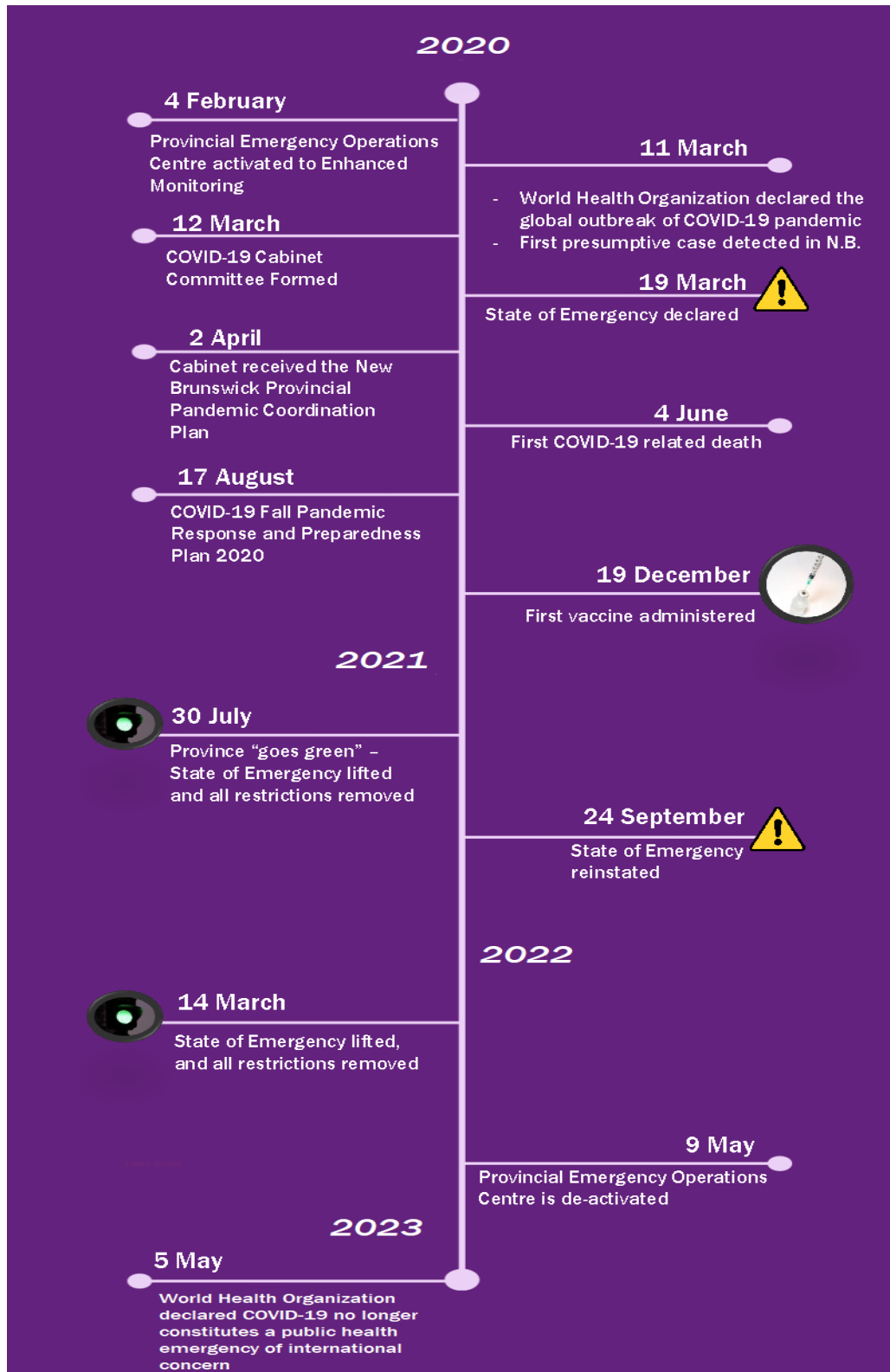
Zone 4
2021 - 04 - 15

Source: Government of New Brunswick Website

- 2.25** On April 2, 2020, two weeks after the state of emergency was first declared, Cabinet received for information purposes the revised March 2020 *New Brunswick Provincial Pandemic Coordination Plan* describing the Province’s coordinated approach for responding to public health events that are pandemic in nature. The coordination plan was approved by the Deputy Minister of Department of Health and the Deputy Minister of Public Safety.
- 2.26** On August 17, 2020, the Province of New Brunswick issued the *COVID-19 Fall Pandemic Response and Preparedness Plan 2020*. The plan noted, “NB is in the fortunate position to proactively plan and strategize a whole-of-society approach before a second wave of COVID-19. Planning and preparedness work across key private and public sectors continues, and the lessons learned from the first wave have been applied to an updated approach.¹⁵”
- 2.27** Exhibit 2.3 shows significant events in the Province’s response to COVID-19.

¹⁵ Province of New Brunswick – *COVID-19 Fall Pandemic Response and Preparedness Plan 2020* (August 17, 2020)

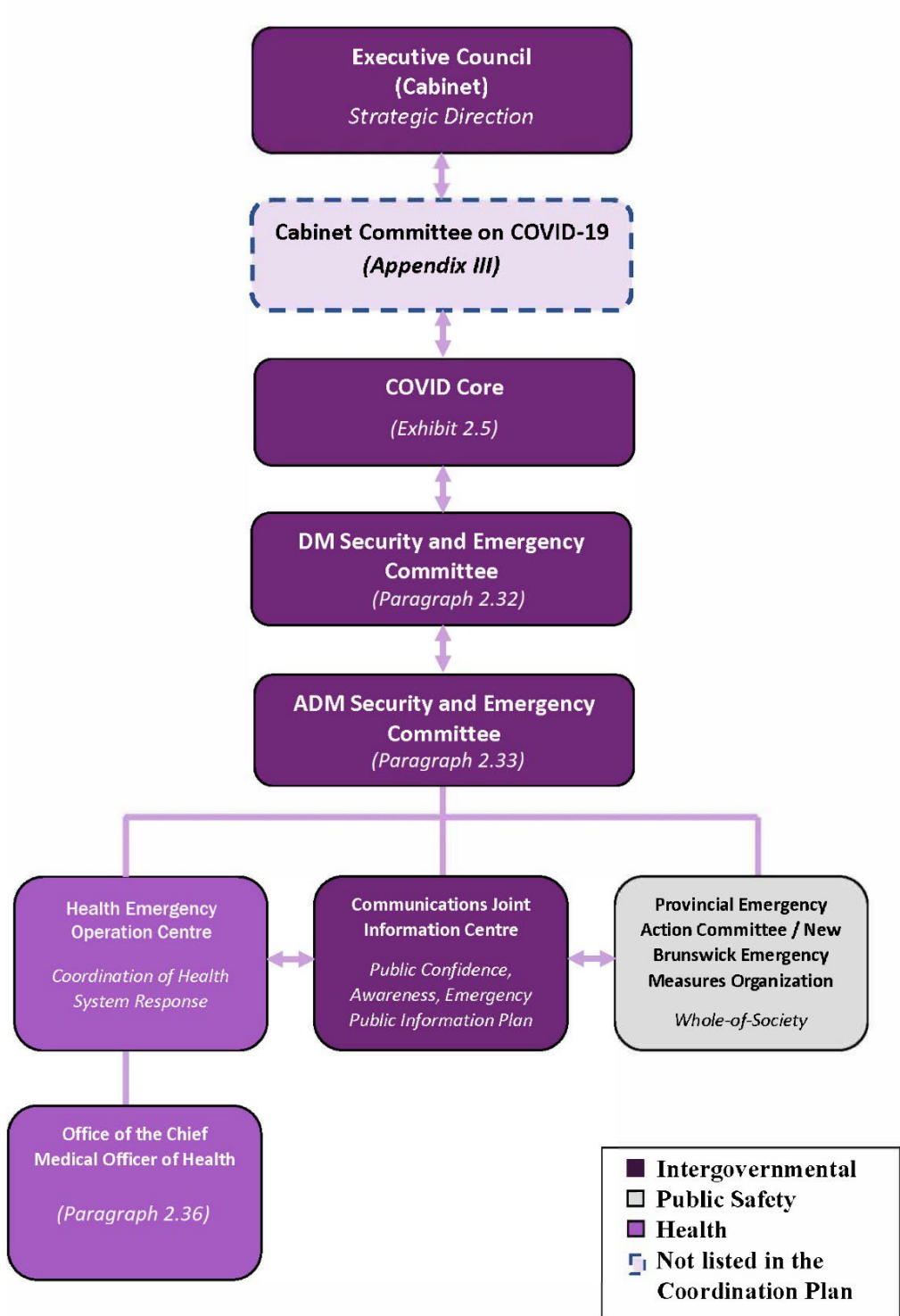
Exhibit 2.3 - Significant events in the Province’s Response to COVID-19



Source: Prepared by Office of the Auditor General of New Brunswick

- 2.28** The response to the COVID-19 pandemic was overseen by Executive Council (Cabinet) with Cabinet Committee on COVID-19 and multiple executive committees involved in the oversight process. Pandemic-related decisions were made at the Executive Council level. Exhibit 2.4 displays the top levels of the Province’s decision-making hierarchy.

Exhibit 2.4 - GNB COVID-19 Decision-Making Hierarchy



Source: Adapted from the New Brunswick Provincial Pandemic Coordination Plan (unaudited). Refer to Appendix II for the complete Organizational Chart depicted in the New Brunswick Provincial Pandemic Coordination Plan.

- 2.29** Executive Council (Cabinet) was responsible for approving pandemic-related decisions brought forward by the Cabinet Committee on COVID-19.
- 2.30** The Cabinet Committee on COVID-19 received departmental submissions after they had typically gone through COVID Core and made recommendations to Cabinet for pandemic related decisions. The Committee had no decision-making authority. All recommendations of the Committee were made for the consideration of Cabinet.¹⁶ Refer to Appendix III for the list of the Cabinet Committee on COVID-19 membership throughout the pandemic response.
- 2.31** COVID Core was a group of senior government officials including the Clerk of Executive Council and the Deputy Minister of Justice and Public Safety¹⁷. See Exhibit 2.5 for the list of COVID Core Membership.

¹⁶ Terms of Reference – Cabinet Committee on COVID-19 revised October 2020 – Appendix D General Rules of Order

¹⁷ Until September 29, 2020, was Deputy Minister of Public Safety (Justice and Public Safety departments and ministerial responsibilities merged)

Exhibit 2.5 - Members of COVID Core Committee

<i>Members of COVID Core Committee</i>
Clerk of Executive Council (ECO)
Deputy Minister of Justice and Public Safety ¹⁸
Deputy Minister of Health
Deputy Minister of Corporate Communications (ECO)
Deputy Chief Operating Officer (ECO)
Provincial Security Advisor - Justice and Public Safety ¹⁹
Assistant Deputy Minister of Public Health

Source: Prepared by AGNB based on information provided by Executive Council Office (ECO)

¹⁸ Until September 29, 2020, was Deputy Minister of Public Safety (Justice and Public Safety departments and ministerial responsibilities merged)

¹⁹ Until September 29, 2020, was Provincial Security Advisor - Public Safety (Justice and Public Safety departments and ministerial responsibilities merged)

- 2.32** The Deputy Ministers’ Security and Emergency Committee was listed in the *New Brunswick Provincial Pandemic Coordination Plan* as responsible for executive strategic direction and advice to government.
- 2.33** The Assistant Deputy Ministers’ Security and Emergency Committee was listed in the *New Brunswick Provincial Pandemic Coordination Plan* as responsible to confirm priorities and scenarios, ensure resources and support response.
- 2.34** The *New Brunswick Provincial Pandemic Coordination Plan* notes the Health Emergency Operation Centre provides the streamlined process for various partners to work together in response to an event. Members represent all units with the Department of Health, the Office of the Chief Medical Officer of Health and integrates the Regional Health Authorities, Service New Brunswick Health Services and Extra Mural and Ambulance New Brunswick.
- 2.35** The Health Emergency Operation Centre, according to the 2018 *New Brunswick Health Emergency Management Plan Parts I & II*, is the “strategic headquarters responsible for planning, directing, coordinating, and aligning the Health System’s emergency response and recovery actions to emergencies. Its role is:
- maximizing the resources of the Health System;
 - developing and maintaining situational awareness across the complete Health System; and
 - identifying and resolving emerging issues early.²⁰

²⁰ Department of Health. (2018). (publication). *New Brunswick Health Emergency Management Plan Parts I & II Version 2.1* (p. 5).

- 2.36** The Office of the Chief Medical Officer of Health’s role is to ensure Public Health authorities conduct and manage responses to public health events, including:
- monitoring and surveillance activities;
 - risk assessment;
 - public health measures; and
 - evidence-informed recommendations²¹.
- 2.37** Corporate Communications and Public Relations Division of Executive Council Office is responsible for providing strategic communications planning to Executive Council Office and serves as a liaison between department communication units across government. In the *New Brunswick Provincial Pandemic Coordination Plan*, Corporate Communications is responsible for public awareness and the Joint Information Centre²².
- 2.38** The *New Brunswick Provincial Pandemic Coordination Plan* states “Once activated, the Joint Information Centre²³ will coordinate the development and approval of all pandemic-related internal and external communications materials.²⁴”
- 2.39** The Provincial Emergency Action Committee and New Brunswick Emergency Measures Organization were listed in the *New Brunswick Provincial Pandemic Coordination Plan* as responsible for whole-of-society response. The plan specifically notes all impacts outside the healthcare sector will be coordinated by the New Brunswick Emergency Measures Organization.

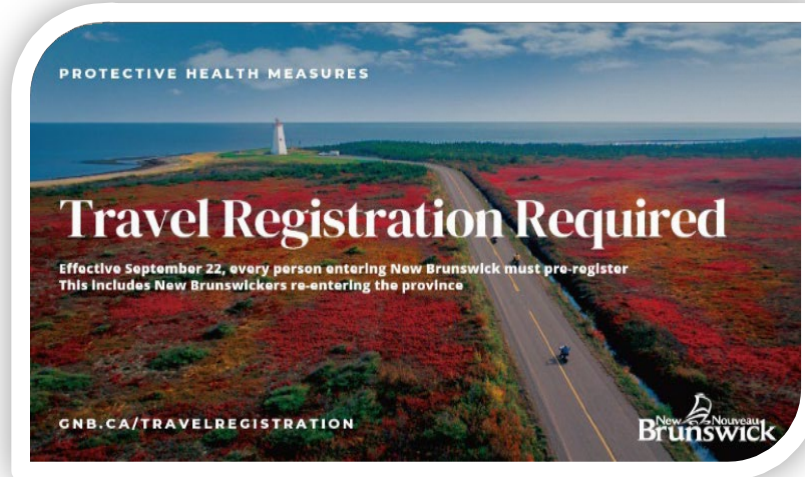
²¹ *New Brunswick Provincial Pandemic Coordination Plan* (March 2020)

²² The Joint Information Centre is located in the Victoria Health Centre in Fredericton (functions performed virtually in times of pandemic)

²³ *ibid*

²⁴ *New Brunswick Provincial Pandemic Coordination Plan* (March 2020)

Exhibit 2.6 - Example of a Mandatory Order measure introduced by the Province to control the spread of COVID-19: all persons intending to enter New Brunswick must pre-register their travel with the New Brunswick Travel Registration Program.



Source: Government of New Brunswick Website

- 2.40** In March 2020, the Province engaged leaders from National Preparedness Leadership Institute, an initiative of the Harvard Kennedy School and the Harvard T.H. Chan School of Public Health. Their primary lesson for New Brunswick senior leaders was to adopt the “swarm leadership²⁵” model to manage their response to the COVID-19 emergency.
- 2.41** We were informed COVID Core, members of the Cabinet Committee on COVID-19 and other senior officials incorporated principles of swarm leadership which encourages unity of mission, no ego and no blame, generosity of spirit and action, staying in one’s lane and a foundation of trust-based relationships into the pandemic response. Appendix IV outlines the five principles of swarm leadership.
- 2.42** An example of the use of swarm leadership was the unprecedented cooperation and collaboration of members of the Cabinet Committee on COVID-19 to help achieve a safe outcome for New Brunswickers.
- 2.43** A process was created whereby the Department of Health would bring forward advice to COVID Core who would then review, challenge, and provide strategic thought around the information. Department of Health advice would then proceed to the Cabinet Committee on COVID-19 and on to Cabinet. The Minister of Justice and Public Safety²⁶ would then issue Mandatory Orders under the *Emergency Measures Act* informed by advice from the Department of Health.

²⁵ Richard Kelly’s article in the Business Ivey Journal, “*Teaching Your Company to Swarm*” describes how bees and other creatures work together to achieve a shared goal and how “swarm theory has been linked to management and leadership models where centralized control gives way to self-organizing, decentralized agents within complex adaptive systems.”

²⁶ Until September 29, 2020, it was the Minister of Public Safety (Justice and Public Safety departments and ministerial responsibilities merged)

Level of Preparedness

H1N1 review identified gaps in policy and accountability and lack of business continuity plans

- 2.44** The coordination plan for a provincial emergency response to pandemic influenza in place prior to the onset of the COVID-19 pandemic was the *2009 New Brunswick Provincial Contingency Plan for Pandemic H1N1 Influenza*²⁷.
- 2.45** Following the 2009 H1N1 pandemic, a review of the Government of New Brunswick response was conducted in two phases: phase one concentrated on the Health Care System, and phase two, conducted under the direction of the Department of Public Safety, focused on the overall government management of the response²⁸.
- 2.46** The review identified key findings for the government to address which included:

 - “There is a policy and accountability gap. The Government of New Brunswick does not have a whole of government pandemic influenza plan; therefore the required policy and accountability framework to support the desired “whole -of -government” response to emergency events, including pandemic influenza is not in place”; and
 - “The required business continuity and pandemic influenza plans are not complete. A common theme throughout the GNB and municipalities was that planning is ongoing and the formal plans are not complete.”²⁹”
- 2.47** The *Emergency Management Framework for Canada* highlights the need for continuous improvement. “After emergencies or disasters occur, a systematic approach is used to learn lessons

²⁷ Province of New Brunswick *Emergency Measures Plan (Provincial All-Hazards Plan)* (Revised June 2017) noted “Provincial Contingency Plan for a Pandemic Event was developed in 2009 for the H1N1 Influenza and is under revision in collaboration with the Department of Health”.

²⁸ Science Applications International Corporation Canada. (2009). (rep.). *Review of the Government of New Brunswick H1N1 Pandemic Influenza Preparedness and Response* (p. ii). Halifax, Nova Scotia.

²⁹ Science Applications International Corporation Canada. (2009). (rep.). *Review of the Government of New Brunswick H1N1 Pandemic Influenza Preparedness and Response* (p. ii). Halifax, Nova Scotia.

Prior to COVID-19, lessons learned from the H1N1 experience over nine years ago were not incorporated into an updated provincial pandemic plan

2.48 The World Health Organization declared the end of the H1N1 pandemic in August 2010³¹. There were over nine years between the end of the H1N1 pandemic and when the World Health Organization characterized the global outbreak of COVID-19 a pandemic. We found prior to the COVID-19 pandemic, the Province had not incorporated lessons learned from the H1N1 pandemic into an updated provincial pandemic plan. Some Provincial staff we interviewed told us preparing for a pandemic response was not seen as a priority:

- “it was felt we were pandemic safe”
- “it was known a pandemic could happen, but no one ever thought it would.”

The Province created new committee structures and processes in March 2020

2.49 The Province created new committee structures and processes in March 2020 (such as COVID Core and the Cabinet Committee on COVID-19) and quickly revised the *2009 New Brunswick Provincial Contingency Plan for Pandemic H1N1 Influenza* into the *New Brunswick Provincial Pandemic Coordination Plan* in March 2020. However, we found this new March 2020 plan has not been updated to reflect the structures and processes that were implemented during the provincial COVID-19 response (such as the Cabinet Committee on COVID-19).

³⁰ Canada, P. S. (2022, July 27). An emergency management framework for Canada - third edition. Public Safety Canada. <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/2017-mrgnc-mngmnt-frmwrk/index-en.aspx>

³¹ World Health Organization. (n.d.). H1N1 in Post-Pandemic Period. World Health Organization. Retrieved May 5, 2023, from <https://www.who.int/news/item/10-08-2010-h1n1-in-post-pandemic-period>

Recommendation

2.50 We recommend Executive Council Office ensure that the Province improve its emergency preparedness process by:

- preparing and keeping emergency response plans up to date for all hazards (including pandemics); and
- testing and updating plans on a regular basis according to a pre-defined schedule.

Responsibilities of Executive Committees

- 2.51** As noted in the Department of Justice and Public Safety’s *New Brunswick Emergency Measures Plan (All Hazards Plan)*³² revised in June 2017:
- “The time-tested formula for handling emergency situations is to have the right people, knowing what to do, at the right time and having the resources to do it. Achieving this is the goal of all emergency planning”; and
 - “The potential for chaos can be reduced by clearly establishing responsibilities and by the use of an accepted concept of operations.”
- 2.52** We found the executive committees involved in the COVID-19 response did not always have clear and well-documented roles and responsibilities. As shown in Exhibit 2.4, these included the COVID Core Committee, the Deputy Ministers’ Security and Emergency Committee, and the Assistant Deputy Ministers’ Security and Emergency Committee.
- 2.53** COVID Core is listed as a key committee on the organizational chart under Executive Council, however, it did not have a terms of reference, charter or other similar document which defines its purpose, expectations and roles and responsibilities of its members. According to Executive Council Office, COVID Core is a sub-committee of the Deputy Ministers’ Security and Emergency Committee. The COVID Core membership included the Assistant Deputy Minister of Public Health and the Provincial Security Advisor (see Exhibit 2.5). COVID Core was created because it was clear a whole-of-government approach was required on a sustained basis.
- Roles and responsibilities of executive committees were not clearly defined or documented*
- There are no formal documents that define the purpose, expectations, and roles and responsibilities of COVID Core*

³² The *Province of New Brunswick Emergency Measures Plan (Provincial All-Hazards Plan)* “is designed to provide direction and guidance for dealing with emergencies ranging from a single provincial departmental response up to a fully coordinated, collective response by all provincial departments and partner agencies, supported by the federal government.” Part one of this plan outlines the concepts of operations, describes the response structure, and outlines the basic emergency actions and part two of this plan consists of contingency plans. The Provincial Contingency Plan for a Pandemic Event included in part two of this plan was “under revision in collaboration with the Department of Health.”

2.54 Executive Council Office noted COVID Core was responsible for coordination, providing advice and strategic thought around the pandemic response before information was presented to decision-makers and influencers.

2.55 We were also informed COVID Core was an internal coordinating committee that facilitated an integrated approach to supporting government's COVID-19 response; typically, everything that was submitted to Cabinet related to the pandemic went through COVID Core first. The daily work of COVID Core included:

- reviewing, challenging, providing strategic thought around information from government departments and agencies before it was provided to the Cabinet Committee on COVID-19;
- reviewing and helping to adjust the language of presentations from government departments and agencies before it was provided to the Cabinet Committee on COVID-19 so that it could be more easily understood; and
- reviewing several performance measures and statistics reported through public and internal dashboards, such as number of cases, deaths, vaccination rates, public sentiments, and economic indicators.

No records maintained by COVID Core

2.56 However, we found no records to support COVID Core meetings, such as meeting minutes, agendas, discussion notes or action items.

Roles of the Deputy Ministers' Security and Emergency Committee and the Assistant Deputy Ministers' Security and Emergency Committee were not clearly defined in the Provincial Pandemic Coordination Plan

2.57 The *New Brunswick Provincial Pandemic Coordination Plan* does not clearly describe the roles of the Deputy Ministers' Security and Emergency Committee and the Assistant Deputy Ministers' Security and Emergency Committee in the Province-wide response to the COVID-19 pandemic. The plan states the Deputy Ministers' Security and Emergency Committee was responsible for "Executive Strategic Direction, Advice to government" while the Assistant Deputy Ministers' Security and Emergency Committee was to "confirm priorities and scenarios, ensure resources, support response." It is not clear how the two committees

fulfilled these responsibilities during the COVID-19 pandemic response.

2.58 Clear roles and responsibilities contribute to improved coordination and accountability, and reduce the risk of duplication of efforts and communication breakdowns.

Recommendation

2.59 We recommend the Executive Council Office ensure:

- **the roles, responsibilities, and expectations of all executive committees involved in provincial emergency responses are clearly defined and documented; and**
- **records are maintained for all committee meetings during an emergency response.**

Pandemic Decision-Making Process

The Province made difficult decisions which significantly impacted the lives of New Brunswickers

2.60 The Province made difficult decisions during the COVID-19 pandemic which significantly impacted the lives of New Brunswickers. Difficult choices (such as the curtailment of individual freedoms and the closure and reopening of public spaces, schools, and businesses) were made in context of considerable uncertainty, as knowledge about COVID-19 and the impact of these unprecedented measures rapidly evolved³³.

Expedited processes were established to increase the speed information was brought forward for pandemic-related decisions

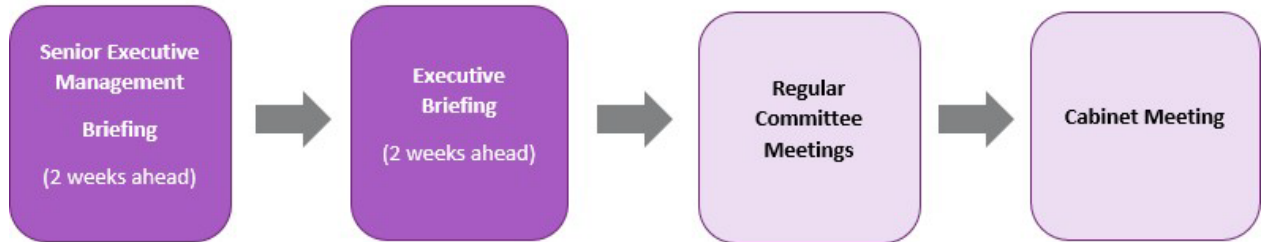
2.61 Because of the scale and rapidly evolving nature of the COVID-19 emergency, the government's typical decision-making process was not used for pandemic-related decisions. Expedited processes were established to enable the Province to collect and present information for decision makers to ensure decisions were made in time to respond to constantly changing conditions.

2.62 See Exhibit 2.7, COVID-19 Decision-Making Process Compared to the Standard Executive Council Cabinet and Committee Process.

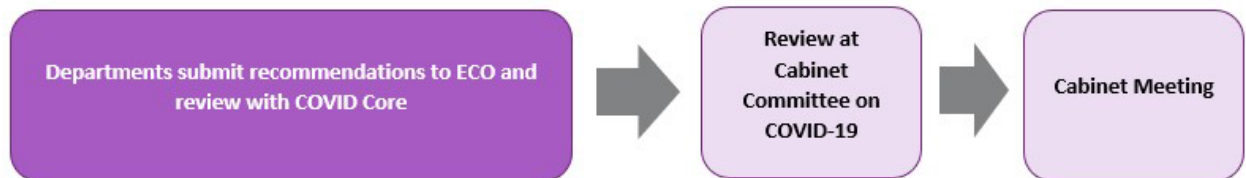
³³ *Public health ethics framework: A guide for use in response to the COVID-19 pandemic in Canada* (2022)

Exhibit 2.7 - COVID-19 Decision-Making Process Compared to the Standard Executive Council Cabinet and Committee Process

Standard Executive Council Cabinet and Committee Process:



Process used for pandemic-related decisions:



Source: Created by AGNB based on information provided by Executive Council Office (unaudited)

The time required to bring information to decision makers was expedited from weeks, to at times, just hours

2.63 Decision-making around COVID-19 included many factors such as impacts to public health, sustainability of the health system, as well as societal and economic considerations. As shown in Exhibit 2.7, the Senior Executive Management and Executive Briefing functions were assigned to COVID Core for pandemic-related decisions, thereby cutting the time required to bring information to decision makers from weeks, to at times, just hours.

2.64 The Department of Health would first bring data and information to COVID Core for discussion and review. Sometimes advice was in the form of an outcome they wanted to see achieved. Other times, updates of current data, situations, and evolving science were provided for situational awareness. COVID Core would discuss potential advice to Cabinet. COVID Core would also discuss potential Mandatory Order wording changes and how

measures would be implemented and operationalized.

2.65 COVID Core would then arrange for Department of Health to present to the Cabinet Committee on COVID-19, which replaced the functions of regular Committee meetings.

2.66 Department of Health would present to the Cabinet Committee on COVID-19 and members would pose questions or raise concerns. Advice was at times provided verbally, especially in the early stages of the pandemic. Cabinet Committee on COVID-19 would then make a recommendation to Cabinet for final decision.

2.67 Department of Health would then present to Cabinet. Similar to what took place with the Cabinet Committee on COVID-19, additional discussion would sometimes occur. Cabinet would give final approval and a Record of Decision would be drafted. The Record of Decision often did not include the specific language to be included in the Mandatory Order.

2.68 The Department of Justice and Public Safety was responsible for drafting the Mandatory Order. Once drafted, the Minister would review and sign the Mandatory Order.

Justice and Public Safety did not always have time to seek Department of Health feedback on draft Mandatory Order requirements

2.69 We were informed the Department of Justice and Public Safety³⁴ drafted the Mandatory Orders to reflect the discussion and decision of Cabinet, as well as any recommendations and information included in Department of Health documents presented to Cabinet. The Department of Justice and Public Safety sought feedback on draft Mandatory Order requirements from Department of Health in advance of the Mandatory Order becoming effective, however, a lack of time on certain occasions prevented this from being performed on a consistent basis.

2.70 The typical decision-making process involves a Memorandum to Executive Council (MEC)

³⁴ Until September 29, 2020, it was Public Safety (Justice and Public Safety departments and ministerial responsibilities merged)

document brought forward from departments and agencies for Cabinet decision making which identifies issues, recommended action, and various consultations and considerations. A condensed version of the MEC template was used, entitled: *For submissions dealing with initiatives related to the Province's response to the COVID-19 pandemic*. The template detailed the subject, issue, recommended action, background, financial implications, economic and business implications and other considerations.

Condensed Memorandum to Executive Council process not always used

2.71 At the start of the pandemic, Department of Health updates were often provided verbally to the Cabinet Committee on COVID-19 and Cabinet. We were informed that over time a standard flow of presentations was developed, starting with epidemiological trends, triggers, risk assessment, and finally the recommendations. The Department of Health felt this approach helped make the information digestible, factual, and could be turned around in a shorter amount of time.

2.72 We selected and tested a sample of Mandatory Order requirements to determine whether there was evidence of Department of Health recommendations provided to decision-makers supporting the addition or removal of public health measures. We focused our sample testing on significant public health measures introduced through Mandatory Orders. We did not evaluate the quality of Department of Health advice provided or the appropriateness of the measures.

We found six instances out of 14 sample items where public health measures were supported by verbal updates only

2.73 In our sample testing, we found six instances out of 14 sample items where Records of Decisions showed verbal updates with no supporting documentation or recommendations from Department of Health. These were significant measures instated in the early stages of the COVID-19 pandemic response.

Improvements noted in the documentation of Department of Health recommendations

2.74 We observed a Record of Decision in October 2020 in our sample where there were improvements in the documentation of Department of Health recommendations. For example, written options and recommendations were provided to decision-makers in the form of a PowerPoint presentation for the

introduction of mandatory masking in public indoor spaces. Exhibit 2.8 shows a list of significant Mandatory Order requirements and supporting documentation.

Exhibit 2.8 - Decision Support Sample – Results

Date	Mandatory Order requirement	Mandatory Order requirement #	Supported by:		
			Verbal updates only	Documented presentation	Documented recommendation
March 19, 2020	Closure of restaurants except take out	1	✓		
March 19, 2020	Closure of schools, colleges and universities	11	✓		
March 25, 2020	Self-isolation requirements (those returning from outside Canada)	13	✓		
March 25, 2020	Self isolation requirements (those entering New Brunswick)	14	✓		
March 25, 2020	Non-essential travel into New Brunswick prohibited	15	✓		
April 2, 2020	Gatherings of any size prohibited	18		✓	
April 28, 2020	Temporary foreign workers	18	✓		
June 5, 2020	Masks Mandatory to enter Public Buildings starting June 9	12		✓	
June 6, 2020	Removal of requirement of Masks Mandatory to enter Public Buildings	12		✓	
October 8, 2020	Mask use in most public spaces mandated	15		✓	✓
April 24, 2021	Hotel isolation	8		✓	✓
July 16, 2021	Mandatory Order not renewed	N/A		✓	✓
September 25, 2021	Proof of vaccination	2		✓	
March 11, 2022	Mandatory Order not renewed	N/A		✓	✓

Source: Created by AGNB based on information provided by Executive Council Office

- 2.75** We were informed that verbal briefings were necessary at the start of the emergency. At that stage, information was constantly changing, and new information would have been received from provincial and Federal partners with very little notice to prepare documentation. We were also informed that verbal briefings were used at other times during the Province’s response on occasions where time did not permit a written update or recommendations. A best practice would be to document all key decision supports as the pandemic moved from an emergency situation into a longer-term ongoing situation.
- 2.76** In our testing, we found one Mandatory Order issued that did not reflect the intent of decision makers and required immediate correction. On June 5, 2020, there was a Mandatory Order requirement effective June 9, 2020, stating: “Everyone who enters any building that is open to the general public must on entering wear a face mask covering their mouth and nose.” We were informed this requirement was removed the next day after some decision-makers asserted that the Mandatory Order did not reflect the intended decision. This instance highlights the need to document decisions to avoid misunderstandings.
- 2.77** Documented recommendations and decision supports would facilitate the capturing of lessons learned for future improvements and enhance transparency and accountability in relation to public health measures. In the early stages of urgency at the pandemic start, the priority was to save lives. As time passed, and the situation became more stable, we would have expected public health measures to be supported by documented recommendations from the Department of Health. Exhibit 2.8 indicates the passage of time may have influenced the amount of documentation supporting public health measures as the pandemic response progressed. Exhibit 2.8 also identifies important pandemic decisions which lacked decision support and documentation.
- One Mandatory Order was revised the next day after decision-makers asserted that it did not reflect the intended decision***

Recommendation

2.78 We recommend Executive Council Office ensure recommendations and decision support be documented for any similar future emergencies, as emergency situations become more stable with the passage of time.

Pandemic Communication

2.79 When faced with uncertainty and unpredictability, transparent, open, and early communication with the public and stakeholders during a pandemic is critical to build trust and to ensure the credibility of health advice.³⁵

2.80 During the state of emergency, Executive Council Office Corporate Communications was responsible for communicating decisions related to the Mandatory Order to the public. The Deputy Minister of Corporate Communications attended Cabinet meetings and shared decisions with the division responsible for communications and marketing material.

Processes were established to communicate Mandatory Order requirements

2.81 Processes were established to communicate Mandatory Order requirements which included:

- disseminating public/media information and social media messages in French and English simultaneously;
- posting the signed Mandatory Order on the government website and sharing the link in daily news releases;
- posting on government’s various social media channels;
- advertising on different platforms such as digital and social media, radio and sometimes newspapers; and
- preparing speeches and other written materials for the news conferences.

³⁵ Henry B on behalf of the Canadian Pandemic Influenza Preparedness (CPIP) Task Group. Canadian Pandemic Influenza Preparedness: Communications strategy. Can Commun Dis Rep. 2018;44(5): 106-9. <https://doi.org/10.14745/ccdr.v44i05a03>

Exhibit 2.9 - Examples of communication methods used by the Province (news conferences, advertisements, and infographics)



June 15 - Update on Path to Green



June 7 - Update on COVID-19

COVID-19 VACCINE

My child is terrified of needles, can they still get the vaccine?

Being scared of needles doesn't have to stop your child from getting vaccinated.

Recovery Level Comparison
Updated January 13, 2021

	Red	Orange	Yellow
Mobile	Stay at home, avoid all non-essential travel, avoid all non-essential gatherings.	Stay at home, avoid all non-essential travel, avoid all non-essential gatherings.	Stay at home, avoid all non-essential travel, avoid all non-essential gatherings.
Meet	Meet only with household members, avoid all other gatherings.	Meet only with household members, avoid all other gatherings.	Meet only with household members, avoid all other gatherings.
Local Activities	Attend only essential services, avoid all other activities.	Attend only essential services, avoid all other activities.	Attend only essential services, avoid all other activities.
Workplaces	Work only if essential, avoid all other workplaces.	Work only if essential, avoid all other workplaces.	Work only if essential, avoid all other workplaces.
Businesses	Open only essential services, avoid all other businesses.	Open only essential services, avoid all other businesses.	Open only essential services, avoid all other businesses.
Open	Open only essential services, avoid all other open spaces.	Open only essential services, avoid all other open spaces.	Open only essential services, avoid all other open spaces.
Open Activities	Open only essential services, avoid all other open activities.	Open only essential services, avoid all other open activities.	Open only essential services, avoid all other open activities.
Schools	Attend only essential services, avoid all other schools.	Attend only essential services, avoid all other schools.	Attend only essential services, avoid all other schools.
Recreation	Attend only essential services, avoid all other recreation.	Attend only essential services, avoid all other recreation.	Attend only essential services, avoid all other recreation.
Events	Attend only essential services, avoid all other events.	Attend only essential services, avoid all other events.	Attend only essential services, avoid all other events.
Transportation	Attend only essential services, avoid all other transportation.	Attend only essential services, avoid all other transportation.	Attend only essential services, avoid all other transportation.
Health Services	Attend only essential services, avoid all other health services.	Attend only essential services, avoid all other health services.	Attend only essential services, avoid all other health services.
Businesses	Attend only essential services, avoid all other businesses.	Attend only essential services, avoid all other businesses.	Attend only essential services, avoid all other businesses.
Open	Attend only essential services, avoid all other open spaces.	Attend only essential services, avoid all other open spaces.	Attend only essential services, avoid all other open spaces.

www.gnb.ca/coronavirus

COVID-19 TESTING

Register your positive rapid test result online.

If you test positive on a rapid point-of-care test, register your results online.

CNB.CA/POSITIVERESULT

Source: Government of New Brunswick Website

Team debriefing exercises identified areas for improved communication

- 2.82** Certain COVID-19 teams identified areas for improved communication as part of their debriefing exercises, which included:
- communication should be provided in plain language³⁶;
 - the need for careful considerations of the impact and intent of messages given to the public³⁷;
 - the need for clear guidelines about public resources for specific information about COVID-19³⁸;
 - there was a need for a sole IT infrastructure for information and COVID-19 updates³⁹;
 - the need to establish an Information Management Unit to run updates on the website⁴⁰; and
 - the need for consistent communication between WorkSafe, Red Cross, Health and all other institutions involved in the response⁴¹.

2.83 Executive Council Office has advised that these areas identified above have been addressed.

The short time between the announcement of the Mandatory Order and when it became effective created challenges

2.84 There was a short time between the announcement of the Mandatory Order and when it became effective. This at times created challenges for New Brunswickers, businesses, hospitals, schools, and other organizations as well as for provincial government staff. For example, requirements in the first Mandatory Order on March 19, 2020, were announced the same day and effective immediately. In this case, all food and beverage-serving businesses were required to move to take-out and delivery services only.

³⁶ Hot wash output- NB Travel Registration Team, Justice and Public Safety

³⁷ Hot wash output- Call Back Team, Justice and Public Safety

³⁸ Hot wash output- Call Back Team, Justice and Public Safety

³⁹ Hot wash output- Order Interpretation Team, Justice and Public Safety

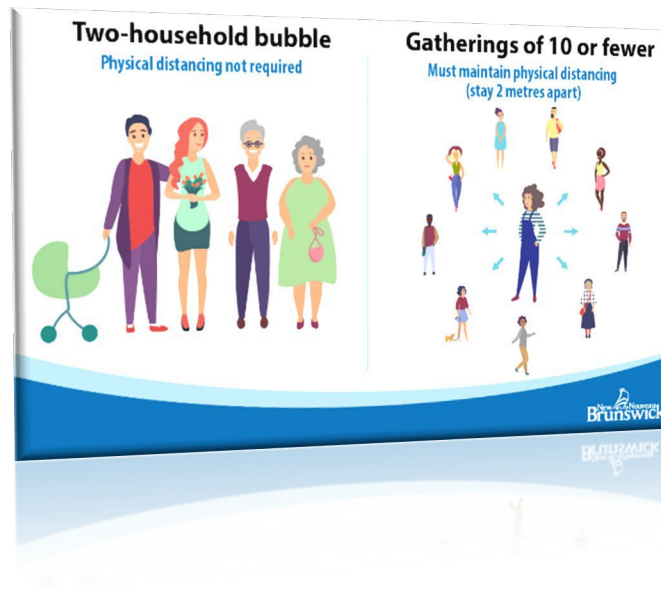
⁴⁰ Hot wash output- Order Interpretation Team, Justice and Public Safety

⁴¹ Hot wash output- NB Travel Registration Team, Justice and Public Safety

- 2.85** Executive Council Office noted:
- “Because the science was rapidly changing, the Province had to consistently pivot to ensure the safety of New Brunswickers”; and
 - “Decisions could not be delayed as New Brunswicker’s lives were at stake.”
- 2.86** When reviewing COVID-19 teams’ debriefing exercises, we learned some changes made to Mandatory Orders created confusion amongst the public and government staff. Challenges noted included:
- frontline staff felt the strongest impact on small changes made to Mandatory Orders;
 - small changes to Mandatory Orders increased business and consumer uncertainty;
 - constant changes to Mandatory Orders made enforcement challenging; and
 - small and constant changes increased COVID-19 fatigue with staff and New Brunswickers⁴².

⁴² Hot wash output- Order Interpretation Team, Justice and Public Safety

Exhibit 2.10 - Example of an infographic used by the Province to communicate COVID-19 restrictions (two-household bubble and gatherings of 10 or fewer)



Source: Government of New Brunswick Website

2.87 The *New Brunswick Provincial Pandemic Coordination Plan* states that Executive Council Office Corporate Communications is responsible for implementing the *New Brunswick Emergency Public Information Plan* (the provincial policy for the coordination of government communications in times of crisis or emergency) to support the provincial emergency management structure⁴³.

2.88 The *New Brunswick Emergency Public Information Plan* is governed by the principles of process, coordination, partnership with media and precedence. A description of each of the principles is outlined below:

- “Process – It is essential that the audiences, key messages and process for communicating with the public be determined as quickly as possible, and a daily business cycle be established to manage the process of preparing and

⁴³ *New Brunswick Provincial Pandemic Coordination Plan* (March 2020)

disseminating public safety advice and information.”

- “Co-ordination – All organizations involved in an emergency operation will co-ordinate their public information activities through the Provincial Emergency Operations Centre in Fredericton. This ensures a consistent flow of accurate and timely information between all partners and to the public.”
- “Partnership with Media – During an emergency, the media are an excellent source of real-time information, and help to get safety messages out to the public. They help to ensure that people have the information they need to be safe. Our process must accommodate media needs and deadlines wherever possible.”
- “Precedence – During the impact phase of an emergency, public safety messages generally take precedence over all other messages. When corporate messages are required, they should be co-ordinated through the Provincial Emergency Operations Centre. This ensures that corporate messages are consistent with public safety messages.⁴⁴”

The New Brunswick Emergency Public Information Plan does not appear to consider long-term emergencies

2.89 We found, the *New Brunswick Emergency Public Information Plan* does not appear to consider long-term emergencies (the phases and levels of the response in the plan “covers the several hours or days during which the event is brought under control).⁴⁵”

No post-operation report provided to New Brunswick Emergency Measures Organization nor debriefing session completed as required by the New Brunswick Emergency Public Information Plan

2.90 We found Executive Council Office Corporate Communications did not provide a post-operation report to New Brunswick Emergency Measures Organization. We also found no debriefing session was held. The *New Brunswick Emergency Public Information Plan* outlines various responsibilities of the Director Emergency Public Information Services including providing a post-operation report within 30 days of termination of the emergency. The post-operations report is to include the following:

- conduct of operations;

⁴⁴ *New Brunswick Emergency Public Information Plan* (2017)

⁴⁵ *ibid*

- lessons learned; and
- recommendations for improvements.

- 2.91** The *New Brunswick Emergency Public Information Plan* notes that within 14 days of the termination of operations, New Brunswick Emergency Measures Organization, with support from Executive Council Office, will hold a debriefing session (“Hot Wash” exercise) to be attended by all Emergency Public Information Service staff who responded to the event. New Brunswick Emergency Measures Organization was unable to provide a reason the post-pandemic debriefing session had not occurred or a reason they did not request a post-operations report.
- 2.92** The Deputy Minister of Corporate Communications, who performed the role of the Director of Emergency Public Information Services, noted there was “nothing initiated from Emergency Measures Organization to Executive Council Office communications, however, although the Mandatory Order may have ended, the issue of COVID-19 has continued to current day and as such communications have continued in this regard.” The Deputy Minister further noted: “This was not the same as a flood or emergency situation where a hot wash would have been conducted at the end. Changes were made all along the way as required since the crisis was so prolonged.”
- 2.93** Post-reporting and debriefing helps capture good communication practices and lessons learned from the COVID-19 pandemic. Once captured, this feedback should be incorporated into an updated emergency communication plan.

Recommendation

- 2.94** **We recommend Executive Council Office, in collaboration with New Brunswick Emergency Measures Organization, undertake a post-operation review and incorporate communication lessons learned into an updated *New Brunswick Emergency Public Information Plan*.**

Pandemic Preparedness Going Forward

- 2.95** On May 9, 2022, the Director of New Brunswick Emergency Measures Organization de-activated the Provincial Emergency Operations Centre⁴⁶. This meant that provincial assistance, direction, and coordination were no longer required, the COVID-19 operation was terminated, and the Provincial Emergency Operations Centre reverted to routine monitoring.
- 2.96** The state of emergency due to the presence of COVID-19 and its risks to the health and safety of New Brunswickers lasted over 650 days. During this period, various levels of government collaborated to respond to the pandemic and gained valuable experiences that can be used to better prepare the Province for any future pandemic emergencies.
- 2.97** We noted some of the teams supporting government’s response to the pandemic completed debriefing exercises. In addition, we noted Department of Health completed an After -Action Review of the Department of Health’s response to COVID-19 for the period January 2020 to May 22, 2020. However, we noted the Province has not initiated an overall After Action Review of the Province’s response to the COVID-19 pandemic. We were informed the Province is awaiting the conclusion of our COVID-19 audit work to initiate an After Action Review and plans to use our audit work to inform an effort to update the *New Brunswick Provincial Pandemic Coordination Plan*.
- 2.98** The *Province of New Brunswick Emergency Measures Plan*⁴⁷ (*Provincial All-Hazard Plan*), which provides the basis for the provincial response
- The Province needs to incorporate lessons learned from the COVID-19 pandemic into an updated provincial pandemic emergency plan*

⁴⁶ The Province Emergency Operations Centre, according to the 2017 *Province of New Brunswick Emergency Measures Plan*, is located in Fredericton and “consists of an operations room, a communications room, radio room, situation room and an administration area. It contains the necessary staff, working accommodation and communications for the coordination and control of the provincial emergency response.”

⁴⁷ The *Province of New Brunswick Emergency Measures Plan (Provincial All-Hazards Plan)* “is designed to provide direction and guidance for dealing with emergencies ranging from a single provincial

to any emergency in New Brunswick, states, “The provincial emergency response will continue until provincial assistance, direction and coordination are no longer required and the operation is terminated. The plan further stipulates, “An After Action Review to evaluate the effectiveness of the emergency response will be conducted within 14 days of the termination of the emergency... The preparation of a provincial report will be coordinated by NB EMO with the involved departments and submitted to the Minister/Deputy Minister (of Justice and Public Safety) within 60 days of the termination of the emergency.”

2.99 We also noted that certain key personnel involved with the Province’s response have moved on to other positions or are no longer employed with the Province. This increases the risk of loss of knowledge and lessons learned from the provincial response to COVID-19. Concern has been expressed by some of the staff we interviewed that this knowledge and experience has not been captured.

Recommendation

2.100 We recommend Executive Council Office ensure the Department of Justice and Public Safety, in collaboration the Department of Health:

- undertake an After Action Review to evaluate the provincial response to the COVID-19 pandemic;
- incorporate lessons learned into an updated provincial pandemic emergency plan; and
- create and implement a schedule to regularly test and update the provincial pandemic emergency plan.

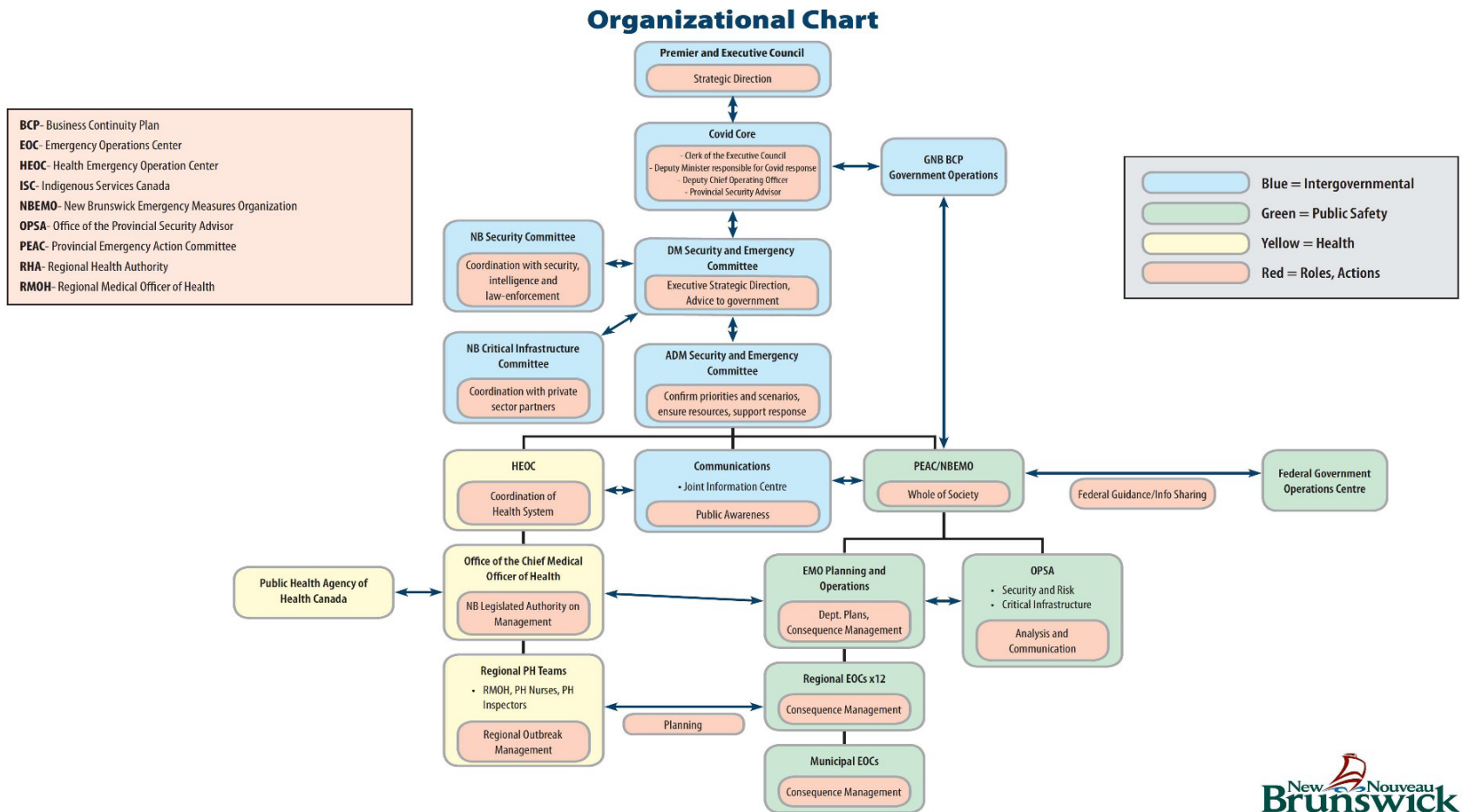
departmental response up to a fully coordinated, collective response by all provincial departments and partner agencies, supported by the federal government.”

Appendix I – Recommendations and Responses

Recommendation	Department's response	Target date for implementation
We recommend:		
<p>2.50 Executive Council Office ensure that the Province improve its emergency preparedness process by:</p> <ul style="list-style-type: none"> • preparing and keeping emergency response plans up to date for all hazards (including pandemics); and • testing and updating plans on a regular basis according to a pre-defined schedule. 	<p><i>Agree. Beginning in 2013, the Province made successive improvements to its plans related to emergency management, following events in 2013, 2014, 2017 and 2018. This work is ongoing, and we will revisit plans and processes following the finalized report from the Auditor General's Office.</i></p>	<p><i>A plan will be in place by end of 2023-2024 fiscal year.</i></p>
<p>2.59 Executive Council Office ensure:</p> <ul style="list-style-type: none"> • the roles, responsibilities, and expectations of all executive committees involved in provincial emergency responses are clearly defined and documented; and • records are maintained for all committee meetings during an emergency response. 	<p><i>Agree. There was only one governance and oversight committee that did not have formal documentation around roles and responsibilities (COVID Core).</i></p> <p><i>COVID-19 Cabinet and Cabinet maintained records for each meeting. COVID Core was not a formal decision-making body. Therefore, records were not created/required. PEOC produced daily situation reports that were shared with COVID Core for information.</i></p>	<p><i>Implemented immediately and actioned in advance of the next event, where operationally feasible.</i></p>

Recommendation	Department’s response	Target date for implementation
We recommend:		
<p>2.78 Executive Council Office ensure recommendations and decision support be documented for any similar future emergencies, as emergency situations become more stable with the passage of time.</p>	<p><i>Agree. As situation stabilizes, decision support will be documented.</i></p> <p><i>First and foremost, the Province is committed to the health and safety of New Brunswickers.</i></p>	<p><i>Implemented immediately and actioned in advance of the next event, where operationally feasible.</i></p>
<p>2.94 Executive Council Office, in collaboration with New Brunswick Emergency Measures Organization, undertake a post-operation review and incorporate communication lessons learned into an updated <i>New Brunswick Emergency Public Information Plan</i>.</p>	<p><i>Agree. See 2.50</i></p>	<p><i>July 2024</i></p>
<p>2.100 Executive Council Office ensure the Department of Justice and Public Safety, in collaboration the Department of Health:</p> <ul style="list-style-type: none"> • undertake an After Action Review to evaluate the provincial response to the COVID-19 pandemic; • incorporate lessons learned into an updated provincial pandemic emergency plan; and • create and implement a schedule to regularly test and update the provincial pandemic emergency plan. 	<p><i>Agree. This is the normal process, and an after action review will be conducted using the findings of the Auditor General’s Report on COVID-19 Pandemic Response: Oversight.</i></p>	<p><i>July 2024</i></p>

Appendix II – NB Provincial Pandemic Coordination Plan: Organizational Chart



Source: New Brunswick Provincial Pandemic Coordination Plan (March 2020)



Appendix III – Cabinet Committee on COVID-19 Membership

Date	Members
<i>March 13, 2020</i>	Hon. Blaine Higgs Hon. Dorothy Shephard Hon. Carl Urquhart Hon. Hugh J. Flemming Hon. Dominic Cardy Kevin Vickers David Coon Kris Austin
<i>October 1, 2020</i>	Hon. Blaine Higgs Hon. Dorothy Shephard Hon. Carl Urquhart Hon. Hugh J. Flemming Hon. Dominic Cardy Roger Melanson David Coon Kris Austin
<i>October 8, 2020</i>	Hon. Blaine Higgs Hon. Dorothy Shephard Hon. Hugh J. Flemming Hon. Dominic Cardy Roger Melanson David Coon Kris Austin
<i>November 5, 2021</i>	Hon. Blaine Higgs Hon. Dorothy Shephard Hon. Hugh J. Flemming Hon. Dominic Cardy Kris Austin This membership remained in place until February 2022.

Officials with authority to attend Cabinet Committee on COVID-19 on a regular basis: Chief of Staff, Premier’s Office, Deputy Chief of Staff, Chief Operating Officer, Deputy Minister of Health, Assistant Deputy Minister, Public Health, Chief Medical Officer of Health, Deputy Minister of Corporate Communications, and Deputy Minister, Justice and Public Safety. *Additional Ministers invited to attend on an as-required basis.

Source: Prepared by AGNB based on information provided by Executive Council Office and Terms of Reference – Cabinet Committee on COVID-19 (updated October 2020) (unaudited)

Appendix IV – Principles of Swarm Leadership



Source: Prepared by AGNB based on information in You're It: Crisis, Change, and How to Lead When It Matters Most (pg.18), Marcus, L. J., McNulty, E. J., Henderson, J. M., & Dorn, B. C., *Public Affairs* (2021).

Appendix V – Audit Objective and Criteria

The objective and criteria for our audit of COVID-19 Pandemic Response: Oversight are presented below. Executive Council Office (ECO) reviewed and agreed with the objective and associated criteria.

Objective	To determine whether the structures and processes established by the Province of New Brunswick for the COVID-19 pandemic response set a framework for effective oversight.
Criterion 1	The executive committees involved in oversight of the Province’s COVID-19 pandemic response should have clearly defined and documented oversight roles and responsibilities.
Criterion 2	Processes should be in place to effectively monitor the COVID-19 pandemic response to ensure corrective actions are taken in a timely manner.
Criterion 3	Due diligence procedures should be in place to ensure recommendations from Public Health are received by Cabinet for decision-making.
Criterion 4	Processes should be in place to effectively communicate Mandatory Order requirements.

Source of Criteria: Developed by AGNB based on:

- Canadian Audit and Accountability Foundation *Practice Guide to Auditing Oversight*
 - *New Brunswick Provincial Pandemic Coordination Plan* (March 2020)
 - Government of Canada’s *Public Health Ethics Framework: A guide for use in response to the COVID-19 Pandemic in Canada* (2022)
 - *Canadian Pandemic Influenza Preparedness: Communications Strategy* (2018)
 - Relevant audit reports of other Canadian Legislative Audit Offices
-

Appendix VI – About the Audit

This independent assurance report was prepared by the Office of the Auditor General of New Brunswick on the Executive Council Office COVID-19 Pandemic Response: Oversight. Our responsibility was to provide objective information, advice, and assurance to assist the Legislative Assembly in its scrutiny of the Province of New Brunswick's oversight of the COVID-19 Pandemic Response.

All work in this audit was performed to a reasonable level of assurance in accordance with the Canadian Standard on Assurance Engagements (CSAE) 3001 – Direct Engagements, set out by the Chartered Professional Accountants of Canada (CPA Canada) in the CPA Canada Handbook – Assurance.

AGNB applies the Canadian Standard on Quality Management 1- Quality Management for Firms That Perform Audits or Review of Financial Statements, or Other Assurance or Related Services Engagements. This standard requires our office to design, implement, and operate a system of quality management, including policies or procedures regarding compliance with ethical requirements, professional standards, and applicable legal and regulatory requirements.

In conducting the audit work, we have complied with the independence and other ethical requirements of the Rules of Professional Conduct of Chartered Professional Accountants of New Brunswick and the Code Professional Conduct of the Office of the Auditor General of New Brunswick. Both the Rules of Professional Conduct and the Code are founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality, and professional behaviour.

In accordance with our regular audit process, we obtained the following from management:

- confirmation of management's responsibility for the subject under audit;
- acknowledgement of the suitability of the criteria used in the audit;
- confirmation that all known information that has been requested, or that could affect the findings or audit conclusion, has been provided; and
- confirmation that the findings in this report are factually based.

Period covered by the audit:

The audit covered the period between March 11, 2020 and March 14, 2022. This is the period to which the audit conclusion applies. However, to gain a more complete understanding of the subject matter of the audit, we also examined certain matters that preceded the starting date of the audit. We have also noted where significant, or noteworthy, events or actions took place after this period.

Date of the report:

We obtained sufficient and appropriate audit evidence on which to base our conclusion on September 1, 2023, in Fredericton, New Brunswick.

Chapter 3

Pandemic Preparedness and Response in Nursing Homes

Department of Social Development

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Pandemic Preparedness and Response in Nursing Homes – Department of Social Development

Report of the Auditor General – Volume I, Chapter 3 – September 2023

Why Is This Important?

- Nursing homes provide care for one of New Brunswick’s most vulnerable populations
- 1,955 nursing home residents and 2,036 staff in New Brunswick had been infected with COVID-19 as of March 31, 2022
- Of the 358 New Brunswickers who lost their lives to COVID-19 as of April 2022, 90 were residents of nursing homes

Overall Conclusions

- The Department of Social Development (Department) did not ensure that nursing homes were prepared for a potential pandemic
- The Department provided support, guidance, and personal protective equipment (PPE) to nursing homes in response to the pandemic. However, we noted areas for improvement for responding to future pandemics

What We Found

Pre-Existing Systemic Challenges Contributed to the Impact of the Pandemic

- Clinical staff shortages existed prior to the pandemic
- There was a lack of access to infection prevention and control expertise
- The Department did not have a capital or risk management plan to address deficiencies in nursing home design
- The Department was aware of several areas of non-compliance as noted during inspections; however, enforcement options are limited

The Department and Nursing Homes were Unprepared for the Pandemic

- The Department did not have an updated pandemic plan
- The Department did not provide nursing homes with financial resources for pre-pandemic planning

Improvements Required for Future Pandemic Responses

- The Department should work with nursing homes to address key inspection non-compliance areas, notably in the area of adequate numbers of care staff
- The Department should ensure timely access to infection prevention and control specialists

**Audit
Introduction**

3.1 The Department of Social Development is responsible for funding, inspecting and licensing nursing homes. The Department sets the requirements for program delivery and ensures that all nursing homes comply with the *Nursing Homes Act*, regulations and departmental standards.

3.2 On March 19, 2020, the Province of New Brunswick (Province) declared a provincial state of emergency under the *Emergency Measures Act*. The declaration was renewed for additional 14-day periods, until July 30, 2021, when all restrictions were lifted. The declaration was subsequently reinstated on September 24, 2021, and continued to be renewed for additional 14-day periods until March 14, 2022.

Why we chose this topic

3.3 We chose to audit the Department’s pandemic preparedness and response to COVID-19 in nursing homes for the following reasons:

- the Legislative Assembly passed a motion on March 25, 2022, proposing the Auditor General undertake a review of the response by the provincial government to the COVID-19 pandemic
- nursing homes residents are a vulnerable population greatly impacted by the pandemic

Audit Objective

3.4 The objective of this audit was to determine if the Department of Social Development:

- ensured nursing homes were prepared for a potential pandemic
- responded effectively to the COVID-19 pandemic

Audit Scope

3.5 The majority of our audit conclusions are related to the period April 1, 2019 - March 31, 2022. However, for the emergency management elements of prevention and mitigation, the audit period includes calendar years 2018-2022.

3.6 Key elements of emergency management used for this audit were:

- prevention and mitigation
- preparedness
- response

- 3.7** Our audit recommendations and departmental responses are in Appendix I.
- 3.8** Appendix II contains a glossary of terms used in this chapter.
- 3.9** Details pertaining to audit objectives, criteria, scope and approach can be found in Appendix III and IV.
- 3.10** The COVID-19 pandemic created unprecedented challenges to the Department, boards of directors of nursing homes, staff, residents, and families. We recognize and commend substantial efforts made by many to assist, care for, and help protect the nursing home population during this very challenging time. The findings and recommendations presented here are intended to assist government in future pandemic preparation and response as well as to promote improvement of services to nursing home residents in the Province.
- 3.11** We would like to express our thanks and appreciation to all those who openly shared information with us in an honest and transparent manner.
- 3.12** Our audit has concluded that the Department did not ensure nursing homes were prepared for a potential pandemic. While there were significant efforts made to provide an effective response to the pandemic, we have noted several areas for future improvements.

Conclusion

Background Information

Capacity of nursing homes ranges from 13-218 beds

- 3.13** Nursing home services are intended for individuals who are medically stable but require 24-hour nursing care and supervision. Services in nursing homes focus on the resident's physical, social and psychological independence.
- 3.14** Clinical care staff in nursing homes include:
 - registered nurses (RN)
 - licensed practical nurses (LPN)
 - resident attendants (RA)
- 3.15** Other support staff include dieticians, and those responsible for laundry, kitchen, activation, rehabilitation, maintenance, and administration services.
- 3.16** Nursing home services are provided throughout New Brunswick’s 71 licensed nursing homes, ranging in capacity from 13-218 beds. Sixty-one homes are not for profit and governed by an independent board of directors. The remaining 10 are for profit and operated privately.
- 3.17** Exhibit 3.1 details that as of March 31, 2022, there were a total of 4,953 licensed nursing home beds in the Province.

Exhibit 3.1 - Nursing homes network (March 31, 2022)

Nursing Home Type	Number of Homes	Number of Beds
Not for profit	61	4,177
Private for profit	10	776
Total	71	4,953

Source: Prepared by AGNB based on information provided by the Department (unaudited)

- 3.18** Appendix V contains a listing of nursing homes and number of beds by zone throughout the province.
- 3.19** Departmental inspectors annually evaluate nursing home compliance with legislation, regulation and

departmental standards and inspections include the following key steps:

- identification of non-compliance areas and setting target dates for corrective action
- determining if corrective action was taken
- assigning level of licence renewal

3.20 Additionally, the *Nursing Homes Act* provides the Lieutenant Governor in Council authority to appoint a trustee over a nursing home.

3.21 Appendix VI contains a detailed description of the Department's oversight framework for nursing home services.

3.22 Exhibit 3.2 details the responsibilities of the Department and nursing home boards (or operators).

Exhibit 3.2 - Department and Nursing Home Boards/Operators Responsibilities

Department	Nursing Home Board of Directors/Operators
<ul style="list-style-type: none"> • administration of the <i>Nursing Homes Act</i> • development of nursing home standards • inspection, enforcement, licensing • funding nursing homes 	<ul style="list-style-type: none"> • management and operations • ensuring compliance with legislation, regulation and departmental standards including staffing levels, training, fire safety and disaster plans, and building maintenance

Source: Prepared by AGNB based on information provided by the Department

3.23 Exhibit 3.3 provides an analysis of the Department’s annual expenditures in Nursing Homes Services for fiscal years ending March 31, 2019-2022.

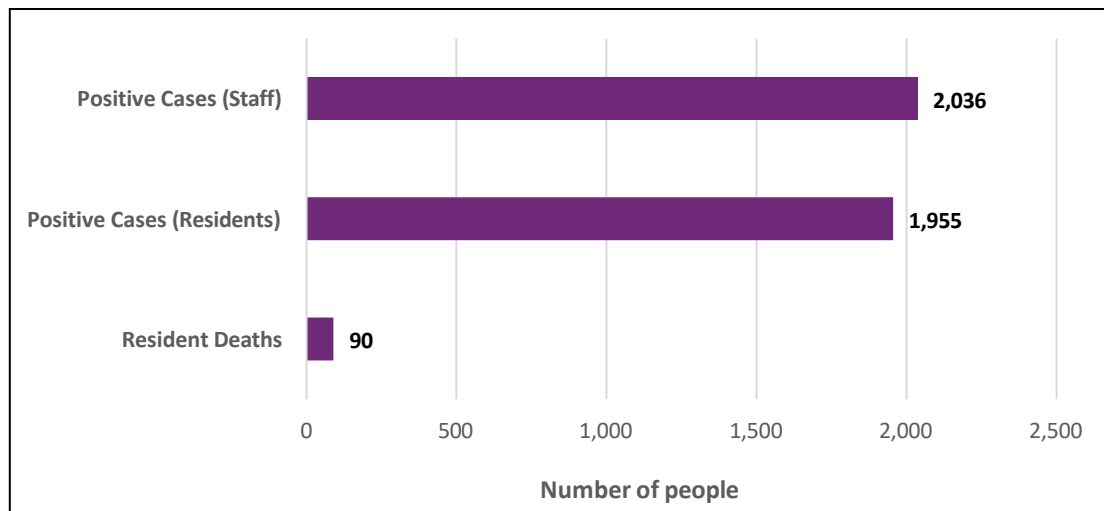
Exhibit 3.3 - The Department’s Annual Expenditures in Nursing Home Services and Total Number of Licensed Beds (fiscal years ending 2019-2022)

Program Areas	Fiscal Year (\$ Millions)			
	2018-19	2019-20	2020-21	2021-22
Nursing Home Services	\$ 354.1	\$ 374.9	\$ 389.6	\$ 398.3
Nursing Home – Capital Program	\$ 10.3	\$ 11.7	\$ 9.9	\$ 8.9
Total Expenditures	\$ 364.4	\$ 386.6	\$ 399.5	\$ 407.2
Total Number of Nursing Home Beds	4,766	4,778	4,925	4,953

Source: Prepared by AGNB based on information provided by the Department (unaudited)

3.24 The first COVID-19 outbreak in nursing homes was in November 2020. Exhibit 3.4 illustrates the number of positive cases and resident deaths as of March 31, 2022.

Exhibit 3.4 - Number of COVID-19 Positive Cases and Deaths in Nursing Home Residents and Staff to March 31, 2022



Source: Prepared by AGNB based on information and data provided by the Department (unaudited)

1,955 nursing home residents and 2,036 staff tested positive

3.25

As of March 31, 2022:

- 1,955 nursing home residents tested positive for COVID-19
- 2,036 nursing home staff tested positive for COVID-19
- there were 90 resident deaths
- there was one staff death
- all regions within the province were impacted

Systemic Challenges in the Nursing Home System

Pre-existing issues impacted readiness of nursing homes for the COVID-19 pandemic

3.26 The Department was aware of systemic issues facing nursing homes well before the pandemic. The following issues compromised the ability of the Department and nursing homes to prepare and respond to the COVID-19 pandemic:

- clinical staffing challenges
- lack of access to infection prevention and control experts
- nursing home infrastructure issues
- inspection and enforcement weaknesses

Clinical staffing challenges

The Department was aware staff shortages existed prior to the pandemic

3.27 The annual inspection process had identified ongoing clinical staffing shortages in nursing homes, however the Department did not take action to address the issue.

Staffing levels were in non-compliance with regulation

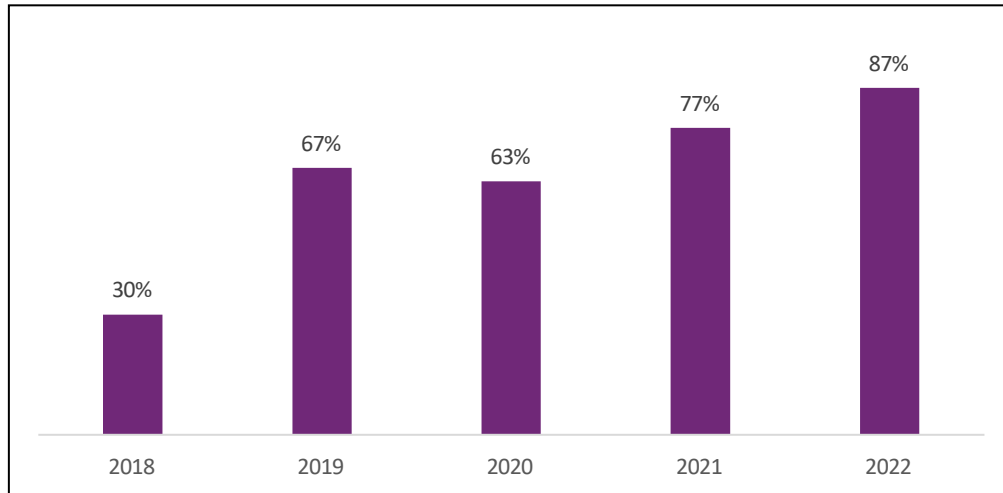
3.28 Two key requirements for staffing as per the *Nursing Homes Act, Regulation 85-187* are:

- maintain appropriate staffing ratios (defined in departmental standards) as follows:
 - RN 15%
 - LPN 20%
 - RA 65%
- ensure a registered nurse is on duty at all times

3.29 We reviewed inspection results for a sample of 30 nursing homes and noted:

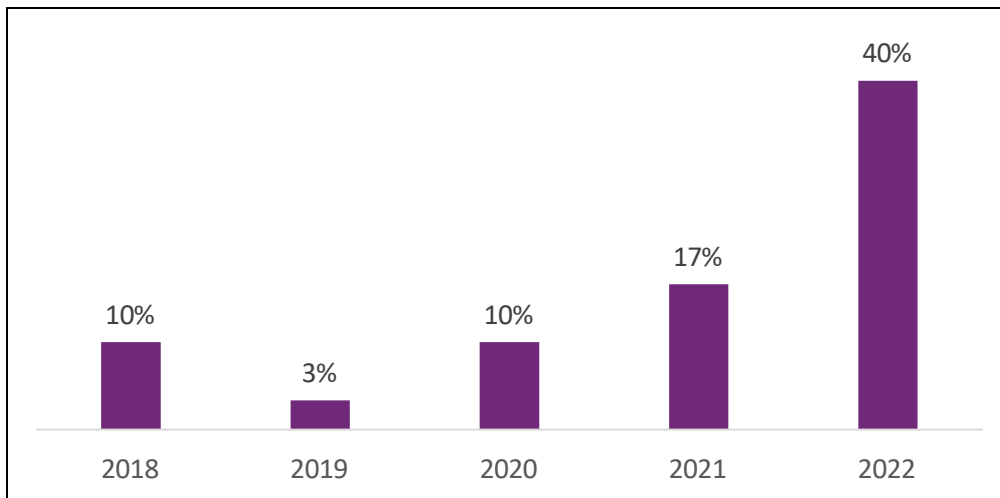
- non-compliance with appropriate care staff ratios rose from 30% to 87% between the years 2018 and 2022 (Exhibit 3.5)
- non-compliance with the requirement for a full-time registered nurse at all times rose from 10% to 40% between the years 2018 and 2022 (Exhibit 3.6)

Exhibit 3.5 - Percentage of Homes Non-Compliant with Staff Ratio Requirements



Source: Prepared by AGNB based on information provided by the Department (unaudited)

Exhibit 3.6 - Percentage of Homes Non-Compliant with Registered Nurse On Duty



Source: Prepared by AGNB based on information provided by the Department (unaudited)

3.30 Departmental staff and other stakeholders reported the following as contributing factors to staff shortages:

- competition with other nursing homes for RNs and LPNs
- financial incentives offered by Regional Health Authorities
- inability of small homes to guarantee scheduled work hours

<i>Lack of formalized recruitment strategy</i>	<ul style="list-style-type: none"> • national / international labour market challenges 	
	<p>3.31 Nursing homes compete with the private sector, Regional Health Authorities (RHAs), and other jurisdictions for the same limited pool of staff.</p>	
	<p>3.32 Despite the fact the Department informed us they were aware of the shortage of clinical staff in Canada and internationally, they have not developed an active recruitment strategy for nursing homes.</p>	
<i>Recommendation</i>	<p>3.33 We recommend the Department of Social Development work with nursing homes to develop and implement a recruitment strategy for nursing home clinical care staff.</p>	
<i>Lack of access to infection prevention and control experts</i>	<i>Inadequate Infection Prevention and Control Measures</i>	<p>3.34 Infection Prevention and Control (IPAC) Canada advocates for the best practices in infection prevention and control in all settings. IPAC Canada recommends an infection prevention and control program include as a minimum one full time infection prevention and control (IPC) professional per 150-200 beds depending on acuity levels.</p>
		<p>3.35 We found that the Department hired two IPC specialists to guide nursing homes on minimizing spread of COVID-19. According to the Department, the specialists made efforts to work with each home in outbreak, but with the number of nursing homes experiencing outbreaks they were unable to visit every home in person.</p>
		<p>3.36 The Department has two standards and one guideline on infection prevention and control (see Exhibit 3.7).</p>

Exhibit 3.7 - Nursing Home Services Standards Pertaining to Infection Prevention Pre- and Post-Pandemic

Section	Standard / Guideline	Pre-pandemic version	Post-pandemic version (January 2023) Last Modification
C-II-1	There is in-service training	2016	October 2022
D-I-2	There is an organized infection prevention and control program	2016	September 2022
D-I-2 G	Infection Control Resources Guideline <i>Note: Guidelines are reference materials that provide information relevant to nursing homes.</i>	2019	September 2022

Source: Prepared by AGNB based on Nursing Home Services Standards

Departmental standards for infection prevention and control were below best practices

3.37 By not requiring an IPC specialist per 150 to 200 beds (depending on acuity), departmental standards for infection prevention and control were lower than what is recommended by IPAC Canada. This left nursing homes with a lack of access to infection prevention and control specialists during the pandemic.

3.38 We commend the Department for revising and expanding IPC-related standards after the pandemic. However, the revisions failed to address the requirement for availability of full-time dedicated infection prevention and control experts.

Recommendation

3.39 **We recommend that the Department of Social Development update the infection prevention and control requirements in Nursing Home Standards to align with IPAC Canada best practice by providing access to a dedicated infection prevention and control professional per 150-200 beds depending on acuity levels.**

Nursing Home Infrastructure Issues

The Department had documented design standards

3.40 The 2010 Nursing Home Design Standards developed by the former Department of Supply and Services had specific requirements to meet residents' need for private space and to enhance infection control. The Department of Transportation and Infrastructure updated design standards in 2015 to support single resident room accommodations complete with ensuite washroom facilities for infection prevention and control measures. Additionally, the Department dictates nursing homes ensure that at least 80% of their resident rooms be private.

3.41 In 2017, The Department of Transportation and Infrastructure completed a nursing home facilities assessment that referred to lack of space as the top area of concern, stating, *"The foremost challenge being faced by the homes is the lack of space... Homes that do not have sufficient space for operational requirements are more likely to have cleaning and maintenance challenges and are more likely to be storing materials in services spaces against code regulations."* The assessment also recommended converting some double rooms into single occupancy rooms.

73% of nursing homes do not meet design standards

3.42 Departmental staff informed us that 73% of nursing homes were built prior to 2011 and would not meet 2010 or 2015 design standards. Additionally, we determined that only 58% of non-profit homes meet the departmental requirement for numbers of private rooms.

3.43 Departmental staff informed us they believe a contributing factor to COVID-19 outbreaks was that older home layouts were not adequate to deal with airborne and communicable disease.

Lack of a formalized plan to address design standard gaps

3.44 The Department indicated that there is no formalized plan to bring nursing homes up to the design standards or convert double occupancy rooms into single rooms. The Department indicated the conversion would:

- have a significant financial impact
- cause patient backlog in hospitals

3.45 While we acknowledge the noted challenges, the Department should plan, over time, for nursing homes to either meet design standards or have a risk management strategy for effective protection from communicable diseases.

Recommendation

3.46 **We recommend the Department of Social Development implement a formalized risk management strategy detailing sufficient procedures that reflect infection prevention and control best practices until a capital improvement plan can be developed.**

Inspection and enforcement weaknesses

Departmental inspection process lacks enforcement mechanism

3.47 While the Department has processes in place for annual inspection, they lack adequate enforcement mechanisms. The current repercussions for non-compliance are limited to issuing a modified licence, revoke licence or trusteeship.

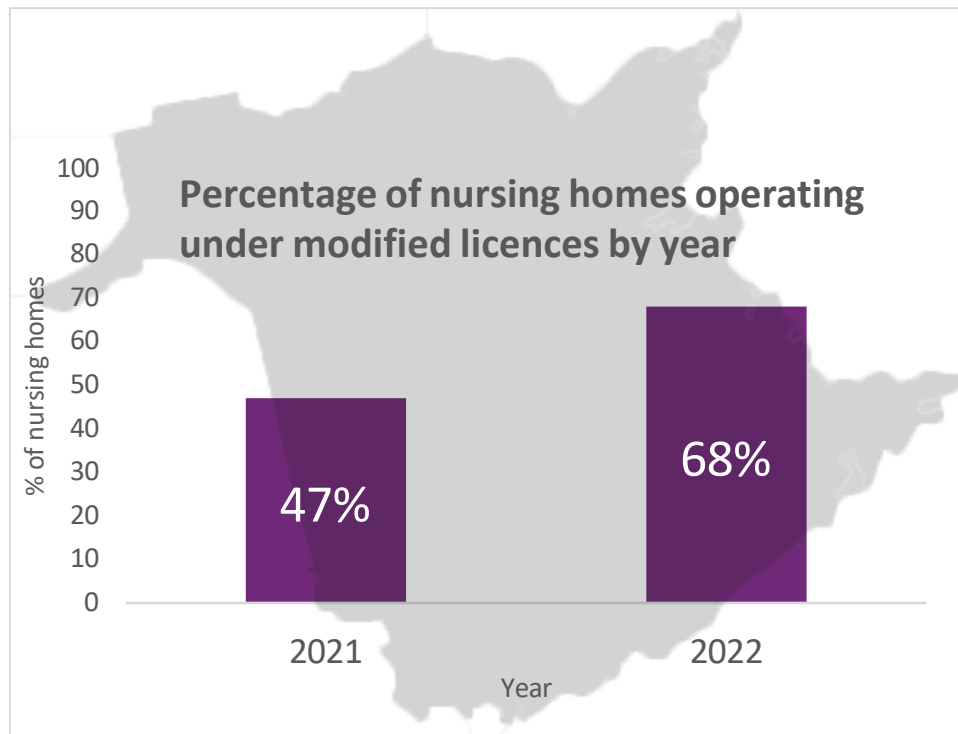
3.48 Recognizing the hardship for nursing home residents, the Department has been hesitant to revoke licences or invoke trusteeship. Modified licences have been the primary enforcement mechanism and it has not proven to be an effective one.

3.49 Several nursing homes operate under a modified licence. Exhibit 3.8 details percentages of homes on modified licences for years 2021 and 2022.

Status of licensing is not publicly available online

3.50 While nursing home inspection reports are available on the departmental website, the status of the home's licence is not. This is important information for residents and their families to assist in their decision-making processes.

Exhibit 3.8 - Percentage of Nursing Homes with Modified Licence by Year



Source: Prepared by AGNB based on information provided by the Department (unaudited)

Non-compliance issues existed well before the pandemic

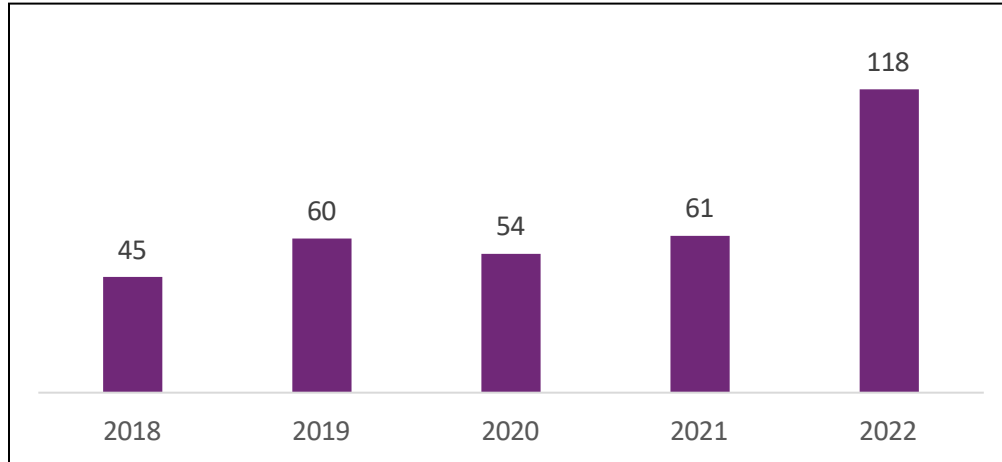
3.51 We reviewed 13 inspection criteria pertaining to 30 nursing homes between 2018 and 2022. The selected criteria assessed compliance in the following areas:

- quality of resident care
- adequacy of staffing levels
- infection prevention and control

3.52 As demonstrated in Exhibit 3.9, total infractions increased from 45 in 2018 to 118 in 2022.

3.53 Additional information on the tested inspection criteria can be found in Appendix VII.

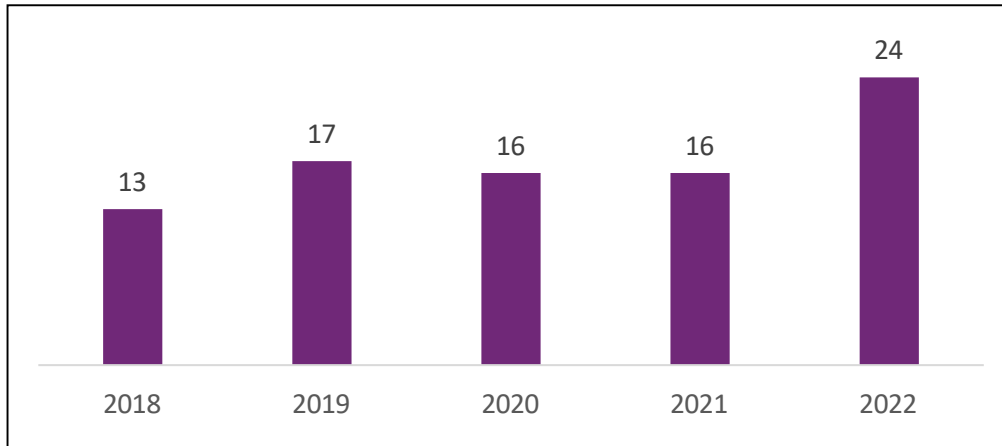
Exhibit 3.9 - Total Infractions By Year – Sample of 30 Nursing Homes



Source: Prepared by AGNB based on information provided by the Department (unaudited)

3.54 Exhibit 3.10 details the number of homes with two or more infractions (out of a possible 13) for the period 2018 to 2022.

Exhibit 3.10 - Nursing Homes With Two or More Infractions By Year - Sample of 30 Nursing Homes



Source: Prepared by AGNB based on information provided by the Department (unaudited)

Recommendation

3.55 We recommend the Department develop adequate enforcement mechanisms to support compliance with legislation, regulations and standards.

Recommendation

3.56 We recommend the Department of Social Development publicly report the licence status of nursing homes online.

Pandemic Preparedness

- | | | |
|---|-------------|---|
| | 3.57 | Pandemic preparedness is an important aspect of risk management both at the departmental and nursing home level. |
| <i>Department did not have an updated pandemic plan before the COVID-19 pandemic</i> | 3.58 | However, we found that prior to the pandemic, the Department did not have an updated pandemic plan and had not provided nursing homes with additional funding to undertake pandemic planning. |
| | 3.59 | In May 2020, the Department of Social Development and the Department of Health developed a New Brunswick COVID-19 Management Plan for long-term care facilities. The purpose of the plan was to keep residents of New Brunswick’s nursing homes as safe as possible during the pandemic. |
| | 3.60 | The Department participated in the establishment of the Provincial Rapid Outbreak Management Team (PROMT). PROMT was created in August 2020 to coordinate efforts of multiple departments in management of COVID-19. Departmental staff and volunteers joined regional PROMT teams ready to be deployed to nursing homes during outbreaks. |
| <i>Department actively worked with nursing homes to assess pandemic readiness</i> | 3.61 | In October 2020, the Pandemic Task Force created the Provincial COVID-19 Long-term Care Facility Management Steering Committee. The Committee members included representatives from the Department and nursing homes. The objective of this committee was to define, measure, monitor, and support readiness amongst nursing homes, adult residential facilities, and other vulnerable sectors. The Committee’s mandate was to provide recommendations to, and receive direction from, the Pandemic Task Force to ensure facilities would be ready for a second wave of COVID-19. |
| | 3.62 | We noted the Department actively worked with nursing homes to assess risk areas and identify resources needed. However, Department’s actions were delayed due to poor pre-pandemic planning and |

dependence on other departments for pandemic-specific expertise and enforcement power.

- 3.63** For the first 12 months after the Province declared the state of emergency, the Department worked in conjunction with nursing homes and other government entities to assess pandemic preparedness. Exhibit 3.11 provides an overview of the assessments conducted in nursing homes between March 2020 and August 2021.

Exhibit 3.11 - Nursing Home Readiness Assessments 2020-2021

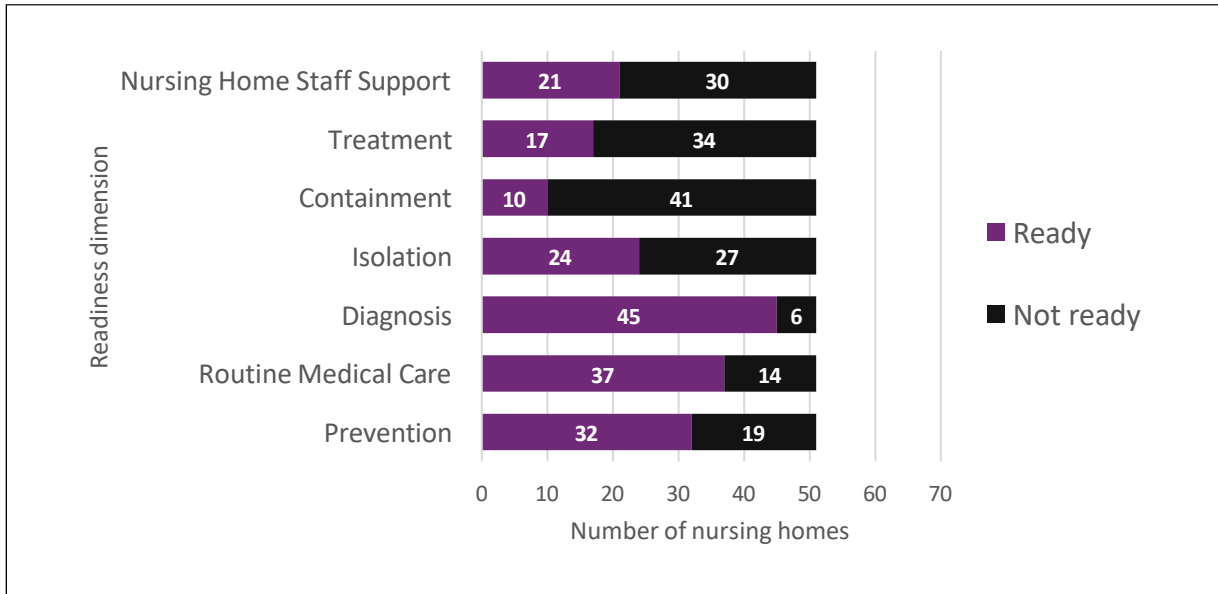
Period	Assessor	Coverage
Spring – Summer 2020	Nursing home self-assessments	51 homes
Summer – Fall 2020	IPC audits (Regional Health Authorities)	55 homes
Fall 2020	WorkSafeNB inspections	10 homes
Fall 2020 – Spring 2021	Justice and Public Safety inspections	39 homes
Spring – Summer 2021	Department readiness teams	70 homes

Source: AGNB using Department information and data (unaudited data)

Only 10 nursing homes reported readiness to contain potential COVID-19 outbreak

- 3.64** As shown in Exhibit 3.12, only 10/51 homes reviewed in the nursing homes self assessment exercise reported acceptable levels of readiness to contain an outbreak.

Exhibit 3.12 - Pandemic Readiness in Nursing Homes by Dimension (Self-Assessment)

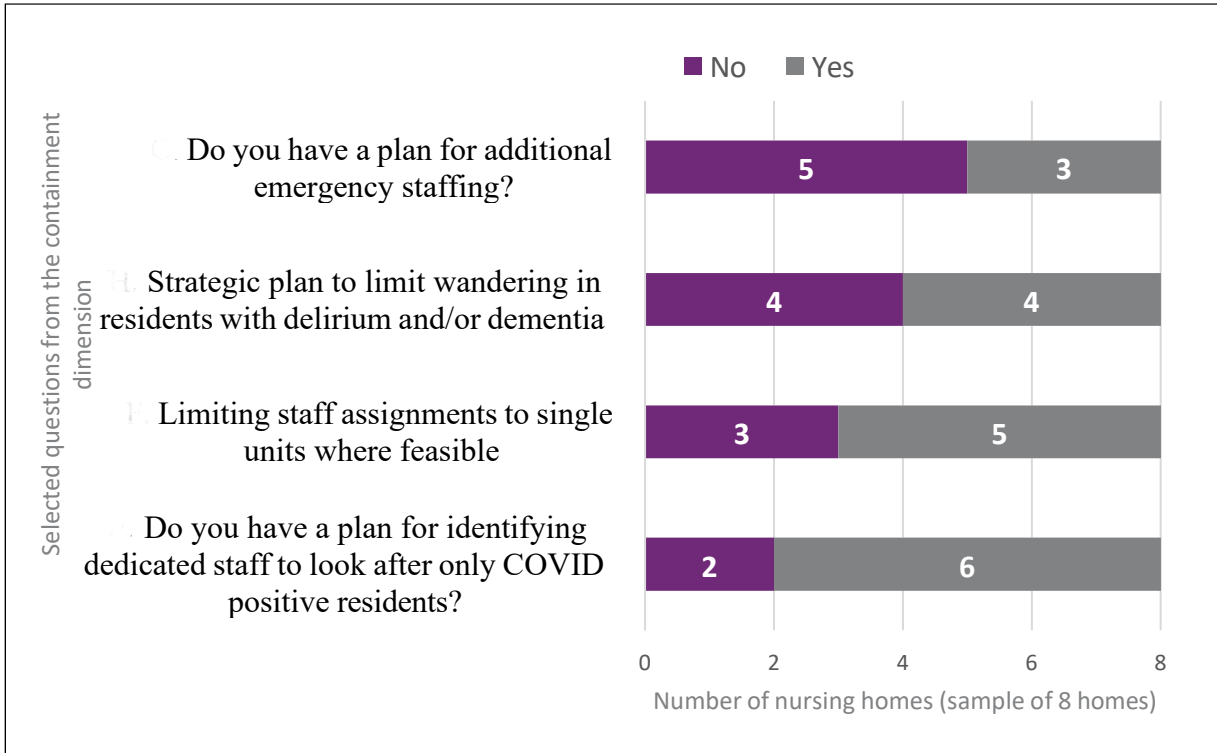


Source: Created by AGNB with Department data and information (unaudited)

Nursing homes reported lack of staff contingency plans

3.65 We selected a sample of self-assessment reports from eight nursing homes and conducted a detailed review of their responses in the containment dimension. Significant gaps were noted in staff contingency planning and the risk pertaining to residents with dementia (Exhibit 3.13).

Exhibit 3.13 - Most Common Risks Reported in the Containment Dimension



Source: AGNB created with Department information and data

3.66 While staffing is the responsibility of each nursing home board or operator, departmental staff informed us they assisted by leveraging staff between the nursing homes and using students from nursing schools to assist homes in critical shortages.

Staff reported vacant rooms were not used to separate residents

3.67 Staff informed us that while there were vacant rooms in nursing homes that could have been used to separate double rooms, Regional Health Authorities (RHAs) were requesting no reduction to the number of nursing home beds to support moving alternative care residents from hospitals to nursing homes.

with the Public Health orders under the Emergency Mandatory Order.

3.74 WorkSafeNB reviewed 10 nursing homes as prioritized by the Department, noting deficiencies in five homes that were subsequently addressed.

3.75 JPS inspected 39 homes, and no non-compliance orders were issued.

The Department's readiness teams were deployed 11 months into the pandemic

3.76 In parallel with the above assessment processes, the Department created its own readiness team. Beginning the summer of 2020, the team worked closely with the Department of Health. Subsequently, four regional readiness teams were created, fully staffed and trained by the end of January 2021.

3.77 The readiness teams worked with nursing homes to identify readiness gaps and support nursing home operators in creating a plan to address them.

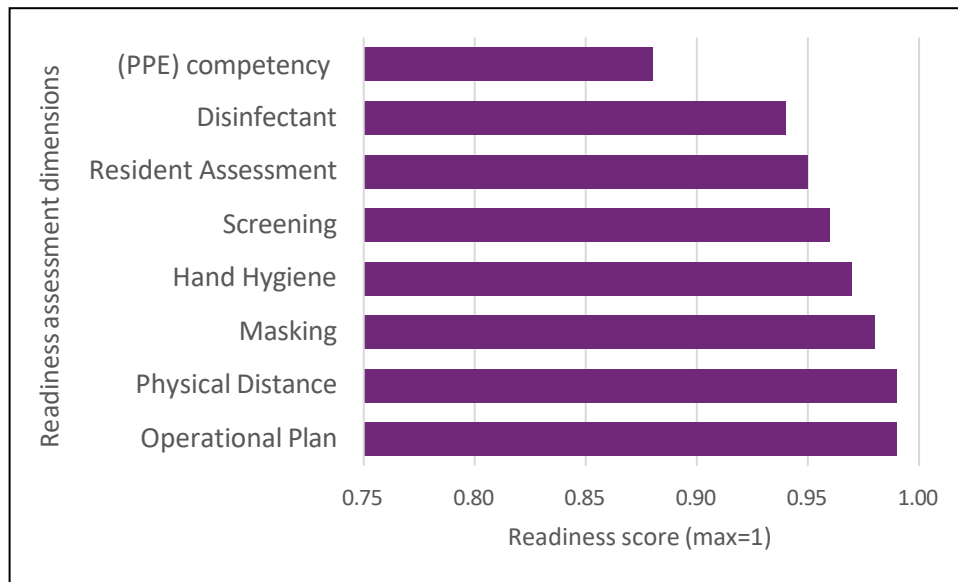
3.78 The readiness teams assessed all but one nursing home between February 2021 and August 2021. These assessments were completed in-person, starting with nursing homes that were at a higher risk for a COVID-19 outbreak. The readiness teams remained operational until August 2021, at which point they were dismantled when the province removed all COVID-19 restrictions (green phase).

The Department's readiness teams could not realistically mitigate risks related to containment of COVID-19 outbreaks in nursing homes

3.79 The readiness teams did not use the same readiness dimensions as nursing home self-assessments. Public Health and the Department collectively determined the assessment questions. Questions pertaining to containment (the area with the lowest readiness score from the nursing home self-assessments) were removed. The Department acknowledged that containment is important, but the focus remained on what could be realistically accomplished.

3.80 Exhibit 3.15 provides detail of the readiness scores by dimension.

Exhibit 3.15 - Average Readiness Score in Nursing Homes by Dimension



Source: Prepared by AGNB based on the information provided by the Department (unaudited)

PPE competency readiness score was low 3.81 Nursing home readiness scores were the lowest in personal protective equipment (PPE) competency. The Department contracted a third-party service provider in December 2020 to provide nursing homes with virtual and, where possible, in person training on IPC and the use of PPE.

3.82 According to the third-party service provider report, online training started in February 2021 and ended in September 2022.

Reported challenges with virtual training 3.83 One Director of Nursing in a nursing home indicated that education on PPE and IPC was not sufficient; and reading a memo or watching a video does not help with practical questions staff had. An IPC specialist we interviewed indicated “It is critical to provide IPC training in-person. It gives [nursing home] staff opportunity to ask questions and feel safe when they go into an outbreak...”

- Staff had concerns about PPE competency*** **3.84** Departmental staff informed us the risk of contamination was high in nursing homes due to a lack of conformity with IPC measures and poor PPE competency among nursing home staff. While these issues may not have existed in all nursing homes, specific examples included:
- some COVID units not utilizing PPE or full PPE not being worn within COVID units
 - no change of PPE coming in or out of units
 - PPE donning and doffing procedures not mastered by staff
 - insufficient cleaning practices
- 3.85** We understand that the Department was dealing with very difficult situations and acknowledge their efforts in contracting training services during a pandemic. By building in-house IPC capacity and expertise in nursing homes, the overall nursing home network will be better equipped to ensure safety of the residents.
- Recommendation*** **3.86** **We recommend the Department of Social Development regularly assess training needs of nursing homes and provide funding accordingly. Ongoing training should include infection prevention and control measures based on best practices.**

Response to Pandemic

- | | |
|--|---|
| <i>Support provided to nursing homes</i> | <p>3.87 The Department received an additional \$22.1 million starting in fiscal 2021-2022 from the Federal Safe Long-Term Care Fund which was distributed and continues to be across the nursing home and adult residential facility networks in the Province. Additionally, the Department distributed almost 54 million personal protective equipment items (gloves, hand sanitizer, masks, etc.) to nursing homes for COVID-19. They also contracted travelling nurses and cleaning services for various homes, and increased funding for several nursing home positions. Efforts made throughout the pandemic should be acknowledged and lessons learned from these challenges should be included in forward planning processes and the Department’s oversight function.</p> |
| <i>Many nursing homes were unable to control the spread of COVID-19</i> | <p>3.88 Due to various challenges, including pre-existing systemic issues, many nursing homes were unable to control the spread of COVID-19. The Department actively supported nursing homes facing unprecedented staffing shortages during the outbreaks to maintain provision of nursing home services.</p> |
| <i>Department assisted with outbreak response as part of the Provincial Response Outbreak Management Team (PROMT).</i> | <p>3.89 As part of the Provincial Response Outbreak Management Team (PROMT), the Department helped coordinate outbreak response in nursing homes and adult residential facilities. Departmental staff provided non-clinical support including communication with the resident’s families, emotional support to residents, palliative care, garbage removal, provision of PPE and other supplies. We found evidence of departmental staff working extra hours to support nursing homes during outbreaks.</p> |

The Department established COVID response teams to provide outbreak management support

3.90 The Province reinstated the emergency order on September 24, 2021 in response to an increase in COVID-19 cases.

3.91 In October 2021, the Department began establishing its COVID response teams. The teams were in place and trained by November 2021. The outbreak response process included:

24 hours	<ul style="list-style-type: none"> • Determine home’s immediate need (PPE, non-clinical and clinical needs, other) • Assist in securing of immediate needs
48 hours	<ul style="list-style-type: none"> • Conduct IPC walk through and identify changes necessary to support containment of virus
On going	<ul style="list-style-type: none"> • Communication with Public Health on testing • Follow-up on the IPC recommendations • Regular updates with home and Public Health • Regular updates on home’s needs for supplies

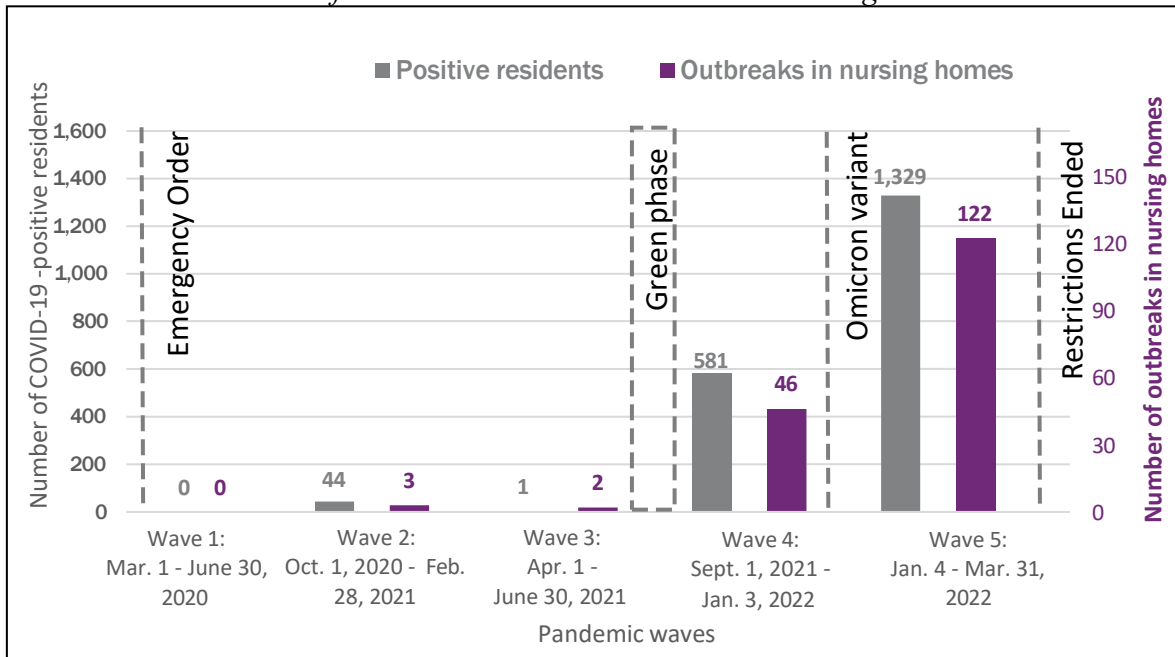
COVID-19 outbreaks in January-March 2022 created unprecedented staff challenges

3.92 With the arrival of the Omicron variant, the number of outbreaks, positive cases among residents and staff were higher than in previous waves (Exhibit 3.16). In December 2021, PROMT no longer had the capacity to respond to all outbreaks in a reasonable timeframe. PROMT’s focus shifted to adult residential facilities who lacked clinical capacity. In January 2022, the COVID Response Team assumed all support for nursing homes.

Five homes reported critical staffing levels

3.93 As the number of outbreaks peaked between December 2021 and March 2022 (Exhibit 3.16), the Department started to collect information on staffing levels in nursing homes to assess the impact on the resident care.

Exhibit 3.16 - Timeline of Positive Cases and Outbreaks in Nursing Homes

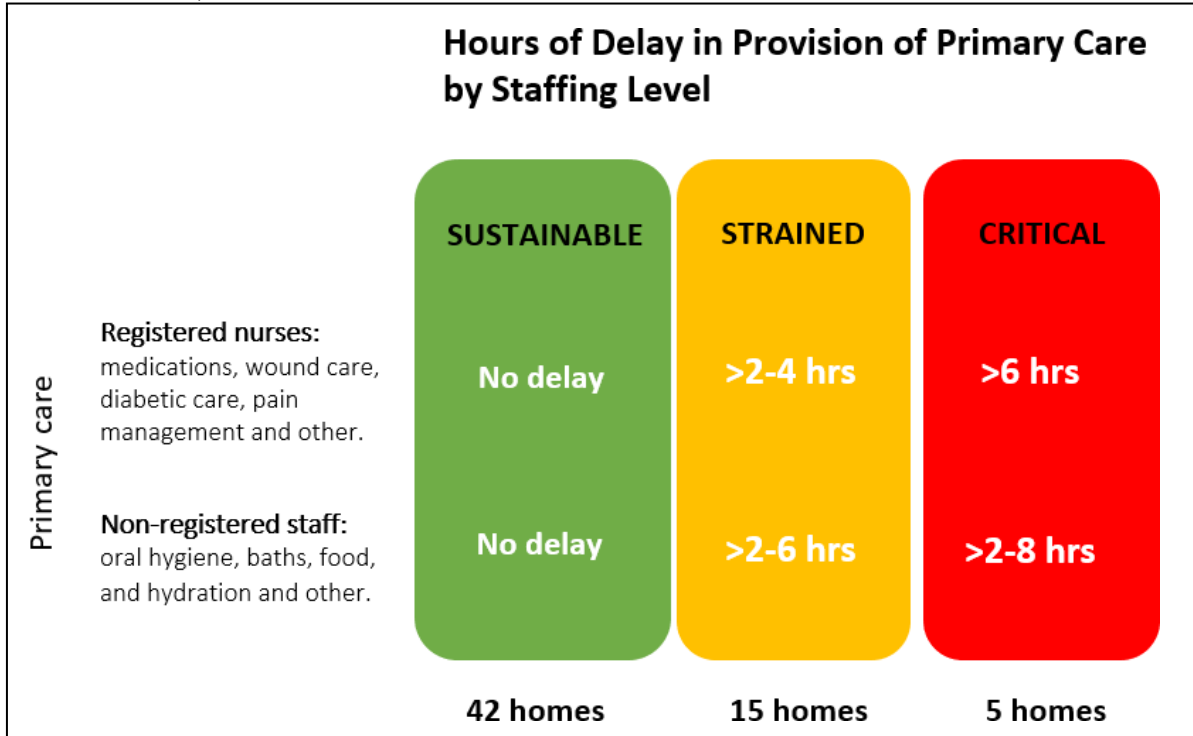


Source: Prepared by AGNB based on information and data provided by the Department (unaudited). Department noted the dates provided for the different waves are not official.

3.94 Exhibit 3.17 provides a high-level description of the staffing level by hours of delay in addressing residents’ primary care needs. According to the data provided by the Department for 62 nursing homes:

- 68% reported sustainable staffing levels (42)
- 24% reported strained staffing levels (15)
- 8% reported critical staffing levels (5)

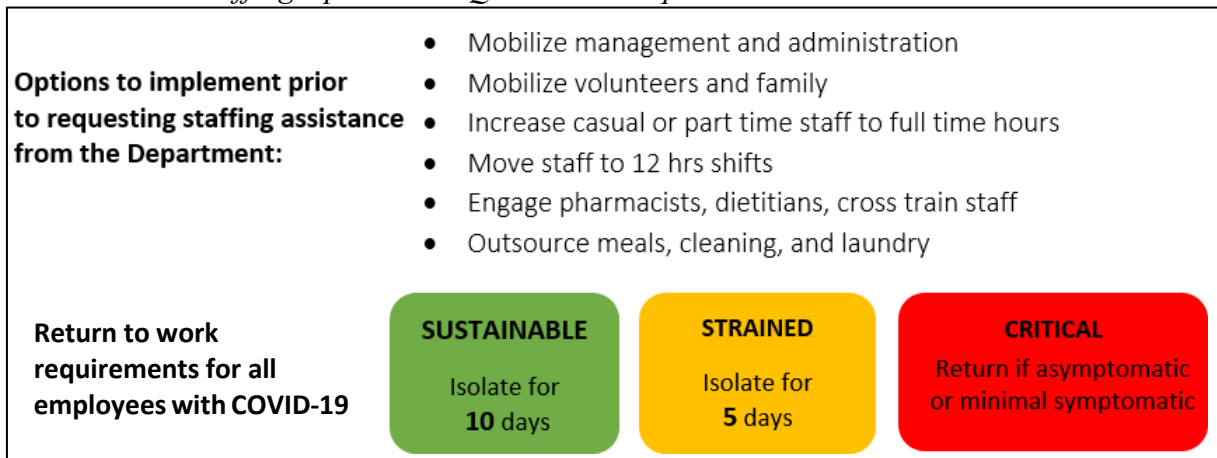
Exhibit 3.17 - Impact of the Staffing Level on Resident’s Primary Care (December 2021 – March 2022)



Source: Prepared by AGNB based on information and data provided by the Department (unaudited).

3.95 In collaboration with the Department of Health, the Department provided nursing homes with actions to consider before requesting departmental assistance. Additionally, Public Health modified staff quarantine requirements depending on the staffing levels. Exhibit 3.18 provides a summary of the staffing options and quarantine requirements.

Exhibit 3.18 - Staffing Options and Quarantine Requirements



Source: Prepared by AGNB based on information and data provided by the Department (unaudited).

- The Department assisted with the provision of non-clinical services*** **3.96** The Department contracted non-clinical support services, including cleaning, garbage removal, and provision of meals for nursing homes in need between January and March 2022. These services totalled \$736,844.
- Recommendation*** **3.97** **We recommend the Department of Social Development work with nursing homes and the Department of Health to develop outbreak management plans and procedures.**
- 3.98** Significant challenges were faced by government, the Department, and the nursing home sector during the pandemic. However, many issues existed well before 2020 and were exacerbated during the COVID-19 pandemic. These issues will continue to weaken the system of care for residents in nursing homes across the province until adequately addressed.

Appendix I – Recommendations and Responses

Recommendation	Department's response	Target date for implementation
Systemic Challenges in the Nursing Home System		
We recommend the Department of Social Development:		
3.33 work with nursing homes to develop and implement a recruitment strategy for nursing home clinical care staff.	<i>We agree with this recommendation. The department is currently involved in the People Pillar work under the Provincial Health Plan but believe that a focus on long term care is necessary, especially for the nursing home sector. To this end, the department has already spearheaded a Recruitment and Retention Task Force to establish a recruitment and retention strategy.</i>	<i>Underway. First Meeting August 23, 2023</i>
3.39 update the infection prevention and control requirements in Nursing Home Standards to align with IPAC Canada best practice by providing access to a dedicated prevention and control professional per 150-200 beds depending on acuity levels.	<i>Updated Standards and Guidelines have been developed. We agree with a further evolution of the program based on IPAC best practices. This will require significant investment and therefore will require government approval. Additionally, a support structure with appropriate expertise is required either within the department or with partners to ensure accountability and oversight.</i>	<i>Proposal to be developed and presented to government early 2024</i>
3.46 implement a formalized risk management strategy detailing sufficient procedures that reflect infection prevention and control best practices until a capital improvement plan can be developed.	<i>We agree with this recommendation. The department will be completing an updated Facility Condition Assessment to inform the development of future capital improvement plans including</i>	<i>Facility condition assessment to begin Fall of 2023 with a goal</i>

Recommendation	Department’s response	Target date for implementation
	<i>proposed replacement and spatial renovation projects to address aging infrastructure. Any new construction will adhere to applicable nursing home design standards. These infrastructure plans will require significant investment and government approval.</i>	<i>to develop plan for presentation to government in 2024.</i>
3.55 develop adequate enforcement mechanisms to support compliance with legislation, regulations and standards.	<i>We agree with this recommendation. The department is beginning its work on the development of comprehensive Long Term Care and Adult Protection Acts and in addition to developing a robust compliance framework. It is noted that the updated legislation and compliance mechanisms will require significant investment and government approval.</i>	<i>Work is currently underway with a goal to introduce the Bills in Fall of 2024.</i>
3.56 publicly report the licence status of nursing homes online.	<i>We agree with this recommendation. While the licence status is posted on the doors of the nursing homes, it should be reported in an aggregate format that is readily accessible to the public and stakeholders.</i>	<i>Winter 2024</i>
Pandemic Preparedness		
We recommend the Department of Social Development:		
3.71 ensure corrective actions as noted in IPC audits have been implemented to support ongoing/future infection prevention and control risks.	<i>We agree with this recommendation, however, it is dependent on the approval of an enhanced IPC program and appropriate resourcing (as noted above).</i>	<i>Depends on approval of resourcing for IPC program.</i>

Recommendation	Department’s response	Target date for implementation
<p>3.86 regularly assess training needs of nursing homes and provide funding accordingly. Ongoing training should include infection prevention and control measures based on best practices.</p>	<p><i>We agree with this recommendation. Subject to federal funding approvals, the department will be developing a training plan which will consider an IPC component. On-going training needs would be part of the IPC program and is dependent on the approval of the program and resourcing.</i></p>	<p><i>Depends on approval of federal funding and approval of resourcing for IPC program.</i></p>
Response to Pandemic		
We recommend the Department of Social Development:		
<p>3.97 work with nursing homes and the Department of Health to develop outbreak management plans and procedures.</p>	<p><i>We agree with this recommendation. We have current plans for COVID as well as Influenza, but we recognize the need to look at all infectious disease to create a comprehensive guidance for outbreak management</i></p>	<p><i>Spring 2024</i></p>

Appendix II – Glossary of Terms

Glossary of Terms	
Term	Definition
Adult Residential Facilities (ARF)	Adult Residential Facilities (ARFs) include special care, community residences, memory care and generalist care.
AGNB	The office of the Auditor General of New Brunswick.
Annual Inspection of Nursing Homes	Inspections are conducted to ensure the nursing homes comply with regulatory requirements. Nursing homes are inspected every year by the Regional Liaison Officers who are employees of the Department of Social Development. These inspections are unannounced and usually take two days to complete.
Communicable Diseases	An infectious disease (such as cholera, hepatitis, influenza, malaria, measles, or tuberculosis) that is transmissible by contact with infected individuals or their bodily discharges or fluids (such as respiratory droplets, blood, or semen), by contact with contaminated surfaces or objects, by ingestion of contaminated food or water, or by direct or indirect contact with disease vectors (such as mosquitoes, fleas, or mice).
Director of Nursing (DON)	“Director” means the director responsible for nursing home services appointed under section 2 of the New Brunswick <i>Nursing Homes Act</i> .
Infection Control Professional (ICP)	An Infection Prevention and Control Professional (ICP) is an individual who is employed with the primary responsibility for development, implementation, evaluation, and education related to policies, procedures, and practices that impact the prevention of infections.
Infection Prevention and Control (IPC)	IPC refers to evidence-based practices and procedures that, when applied consistently in health care settings, can prevent or reduce the risk of transmission of microorganisms to health care providers, clients, patients, residents and visitors.
IPAC Canada	Infection Prevention and Control Canada (IPAC Canada) is a multidisciplinary member-based association committed to public wellness and safety by advocating for best practices in infection prevention and control in all settings.
Licence	“Licence” means a licence issued under section 4 and includes a renewal of a licence. [As per the <i>Nursing Homes Act</i>]
Nursing Home (NH)	“Nursing home” means a residential facility operated, whether for profit or not, for the purpose of supervisory, personal or nursing care for seven or more persons who are

Glossary of Terms	
Term	Definition
	not related by blood or marriage to the operator of the home and who by reason of age, infirmity or mental or physical disability are not fully able to care for themselves but does not include an institution operated under the <i>Mental Health Act</i> , the <i>Hospital Services Act</i> , the <i>Hospital Act</i> or the <i>Family Services Act</i> .
Operator	“Operator” means a person who, by themselves or through their agent, operates a nursing home and includes a partnership registered under the <i>Partnerships and Business Names Registration Act</i> , a limited partnership, a corporation or an association.
Outbreak (April 14, 2020)	Definition of a COVID-19 outbreak in a LTCF: In the context of the COVID-19 pandemic, a single laboratory-confirmed case of COVID-19 in a resident or staff member.
Outbreak (March 14, 2022)	COVID-19 outbreaks are defined as 2 laboratory confirmed cases in either staff or resident where transmission on site has not been ruled out. Outbreaks are declared by Medical Officers of Health.
Personal Protective Equipment (PPE)	Personal protective equipment, commonly referred to as "PPE", is equipment worn to minimize exposure to hazards that can lead to illnesses caused by transmittable diseases, such as COVID-19. It includes items such as gloves, gowns, goggles and face masks.
Primary Care - Registered Staff (regulated)	Medications, wound care, tracheostomy care/suctioning, catheter care, diabetic care, tube feed, pain management, palliative care, dialysis, incontinence management
Primary Care - Unregistered Staff (unregulated)	Nail care, oral hygiene, baths, food and hydration, repositioning, incontinence support
Resident	“Resident” means a person admitted to and residing in a nursing home.

Appendix III – Audit Objectives and Criteria

The objective and criteria for our audit of the Department of Social Development are presented below. The Department of Social Development reviewed the objective and acknowledged the suitability of the associated criteria.

Objective 1	To determine if the Department of Social Development: <ul style="list-style-type: none">• ensured nursing homes were prepared for a potential pandemic; and• responded effectively to the COVID-19 pandemic.
Criterion 1	The Department of Social Development should have exercised effective oversight to identify and mitigate pandemic related risks for the continuation of nursing home services.
Criterion 2	The Department of Social Development should have taken actions to ensure that nursing homes were ready to respond to the COVID-19 pandemic.
Criterion 3	The Department of Social Development should have taken actions to ensure the safety of nursing home residents and continuation of nursing home services during COVID-19 outbreaks.

Source of Criteria: Developed by AGNB based on reviews of legislation, best practices and reports by other jurisdictions' Auditors General.

Appendix IV – About the Audit

This independent assurance report was prepared by the Office of the Auditor General of New Brunswick. Our responsibility was to provide objective information, advice, and assurance to assist the Legislative Assembly in its scrutiny of the Department of Social Development regarding its Pandemic Preparedness and Response in Nursing Homes.

All work in this audit was performed to a reasonable level of assurance in accordance with the Canadian Standard on Assurance Engagements (CSAE) 3001 – Direct Engagements set out by the Chartered Professional Accountants of Canada (CPA Canada) in the CPA Canada Handbook – Assurance.

AGNB applies the Canadian Standard on Quality Management 1- Quality Management for Firms That Perform Audits or Review of Financial Statements, or Other Assurance or Related Services Engagements. This standard requires our office to design, implement, and operate a system of quality management, including policies or procedures regarding compliance with ethical requirements, professional standards, and applicable legal and regulatory requirements.

In conducting the audit work, we have complied with the independence and other ethical requirements of the Rules of Professional Conduct of Chartered Professional Accountants of New Brunswick and the Code of Professional Conduct of the Office of the Auditor General of New Brunswick. Both the Rules of Professional Conduct and the Code are founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality, and professional behaviour.

In accordance with our regular audit process, we obtained the following from management:

- confirmation of management’s responsibility for the subject under audit;
- acknowledgement of the suitability of the criteria used in the audit;
- confirmation that all known information that has been requested, or that could affect the findings or audit conclusion, has been provided; and
- confirmation that the findings in this report are factually based.

Period covered by the audit:

The audit covered the period between April 1, 2019, and March 31, 2022. This is the period to which the audit conclusion applies. However, to gain a more complete understanding of the subject matter of the audit, we also examined certain matters that preceded the starting date of the audit.

Date of the report:

We obtained sufficient and appropriate audit evidence on which to base our conclusion on September 1, 2023, in Fredericton, New Brunswick.

Appendix V – Nursing Homes by Zone

Nursing Homes and Number of Beds by Zone	
Zone	Nursing Home and Number of Beds
<p>Central (includes former Regions 3 & 7)</p> <p>Communities in the Zone:</p> <ul style="list-style-type: none"> • Douglas; • Florenceville/Bristol; • Fredericton; • Minto; • Miramichi; • Nackawic; • Neguac; • New Maryland; and • Perth-Andover. <p>Total Beds = 1,353</p>	<ol style="list-style-type: none"> 1. Carleton Manor Inc. (110) 2. Central Carleton Nursing Home Inc. (30) 3. Central New Brunswick Nursing Home Inc. (30) 4. Complexe Rendez-Vous Inc. (30) 5. Foyer Assomption (50) 6. Mill Cove Nursing Home Inc. (65) 7. Nashwaak Villa Inc. (30) 8. Orchard View (40) 9. Pine Grove (70) 10. River View Manor Inc. (40) 11. Shannex - Bridgeview Hall (81) 12. Shannex - Frederick Hall (36) 13. Shannex - Losier Hall (161) 14. Shannex - Thomas Hall (72) 15. Shannex - Neil Hall (64) 16. Tabusintac Nursing Home (30) 17. Tobique Valley Manor Inc. (30) 18. Victoria Glen Manor Inc. (60) 19. W.G. Bishop Nursing Home (30) 20. Wauklehegan Manor Inc. (36) 21. White Rapids Manor Inc. (40) 22. York Care Centre (218)
<p>Northern (includes former Regions 4, 5, 6, & 8)</p> <p>Communities in the Zone:</p> <ul style="list-style-type: none"> • Bathurst; • Campbellton; • Caraquet; • Dalhousie; • Edmundston; • Grand-Falls; • Kedgwick; • Shippagan; and • Tracadie-Sheila. <p>Total Beds = 1,118</p>	<ol style="list-style-type: none"> 23. Campbellton Nursing Home Inc. (85) 24. Dalhousie Nursing Home Inc. (Villa Renaissance) (90) 25. Foyer Notre-Dame de Lourdes Inc. (130) 26. Foyer Notre-Dame de Saint Léonard Inc. (45) 27. Foyer Ste. Elizabeth Inc. (50) 28. Les Résidences Jodin Inc. (180) 29. Grand Falls Manor Inc. – Villa des Chutes (69) 30. Manoir Edith B. Pinet Inc. (30) 31. Résidences Inkerman Inc. (30) 32. Résidences Lucien Saindon Inc. (54) 33. Résidences Mgr. Melanson Inc. (42) 34. Résidences Mgr. Chiasson Inc. (85) 35. Robert I. Knowles Veterans Unit (Villa Chaleur Inc.) (13) 36. Villa Beauséjour Inc. (80) 37. Villa Saint-Joseph Inc. (74) 38. Villa Sormany Inc. (61)

Nursing Homes and Number of Beds by Zone	
Zone	Nursing Home and Number of Beds
<p>Southeast (includes former Region 1)</p> <p>Communities in the Zone:</p> <ul style="list-style-type: none"> • Bouctouche; • Dieppe; • Hillsborough; • Moncton; • Riverview; • Sackville; • Salisbury; and • Shediac. <p>Total Beds = 1,278</p>	<p>39. Forest Dale Home Inc. (50)</p> <p>40. Foyer Notre Dame du Sacré-Cœur (20)</p> <p>41. Foyer St. Thomas de la Vallée de Memramcook Inc. (30)</p> <p>42. Foyer St-Antoine (30)</p> <p>43. Jordan Lifecare Center Inc. (50)</p> <p>44. Manoir Saint Jean Baptiste Inc. (50)</p> <p>45. Rexton Lions Nursing Home Inc. (30)</p> <p>46. Shannex - Monarch Hall (72)</p> <p>47. Shannex - Pavillon Landry (64)</p> <p>48. Shannex - Pavillon Richard (64)</p> <p>49. The Kenneth E. Spencer Nursing Home Inc. (200)</p> <p>50. The Salvation Army Lakeview Manor (50)</p> <p>51. The United Church Home for Senior Citizens - Drew Nursing Home (118)</p> <p>52. Villa du Repos Inc. (186)</p> <p>53. Villa Maria Inc. (60)</p> <p>54. Villa Providence Shediac Inc. (174)</p> <p>55. Westford Nursing Home (30)</p>
<p>Southwest (includes former Region 2)</p> <p>Communities in the Zone:</p> <ul style="list-style-type: none"> • Grand Bay – Westfield; • Quispamsis; • Saint John; • St. George; • St. Stephen; and • Sussex. <p>Total Beds =1,204</p>	<p>56. Campobello Lodge (30)</p> <p>57. Carleton Kirk Lodge (70)</p> <p>58. Church of St. John and St. Stephen Home Inc. (80)</p> <p>59. Dr. V.A. Snow Centre Inc. (50)</p> <p>60. Fundy Nursing Home (27)</p> <p>61. Grand Manan Nursing Home Inc. (30)</p> <p>62. Kennebec Manor (70)</p> <p>63. Kings Way Care Centre Inc. (75)</p> <p>64. Kiwanis Nursing Home Inc. (100)</p> <p>65. Lincourt Manor Inc. (60)</p> <p>66. Loch Lomond Villa Inc. (190)</p> <p>67. Passamaquoddy Lodge Inc. (60)</p> <p>68. Rocmaura Inc. (150)</p> <p>69. Shannex - Embassy Hall (72)</p> <p>70. Shannex - Tucker Hall (90)</p> <p>71. Turnbull Nursing Home Inc. (50)</p>

Source: Prepared by AGNB based on information provided by the Department (unaudited)

Appendix VI – The Department of Social Development’s Oversight Framework for Nursing Home Services

The Department of Social Development’s oversight of nursing home services is enforced through the annual nursing home licensing process. According to the section 3(2) of the *Nursing Homes Act*: “No person shall establish, operate or maintain a nursing home unless the person holds a licence.”

All nursing homes must have a current licence in order to operate. Nursing homes have to re-apply for their licence annually and renewal of the licence is subject to addressing identified areas of non-compliance. The purpose of the inspection is to ensure that nursing homes are operating in accordance with Nursing Home Standards (available online) developed by the Department in accordance with the *Nursing Homes Act* and its regulations. Inspections of the nursing homes are completed by the Department’s Regional Liaison Officers and are unannounced.

After each inspection is completed, the Regional Liaison Officer provides the nursing home with an Inspection Report. The Inspection Report identifies areas of non-compliance with the Nursing Home Standards. Nursing homes are then required to respond to the identified areas of non-compliance by the date specified.

Nursing homes must submit corrective actions to the Regional Liaison Officer within a specified timeframe. The *Nursing Home Standards Manual* sets requirements for the corrective actions. Additionally, it requires the nursing home indicate what measures are put into place to ensure that non-compliance will not reoccur. The Regional Liaison Officer verifies these measures are in place.

Based on the extent a nursing home has corrected the identified area of non-compliance, the Department can renew, modify, revoke, or refuse to renew a licence.

Renewal of Licence - The Department may renew a nursing home licence if the nursing home does not have any outstanding areas of non-compliance.

Modified Licence - The Department may issue a modified licence to a nursing home if:

- an infraction from the previous year is found by the current inspection
- the nursing home has not implemented corrective actions in all areas of non-compliance by the target date indicated in the initial inspection report

A modified licence can be issued for a minimum period of three months. The Nursing Home Standards Manual has no maximum cap for how long a nursing home can operate under a modified licence.

Revoke Licence - The Minister may revoke a nursing home licence, or impose trusteeship, if a non-compliance finding is not resolved by the specified date, and the nursing home:

- has caused harm to the residents and/or staff
- has the potential to cause harm to the residents and/or staff
- has the potential to cause the organization to become insolvent

Appendix VII – Annual Inspection Criteria Used for Analysis

Part A: Administration			
6. Resident Record			
6.1	<p>There is a complete and up-to-date record for each resident from the time of admission to the time of discharge. This record includes the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> a comprehensive care plan [NHA s. 14(1)(c)] <input type="checkbox"/> physician’s, pharmacist’s, nurse practitioner’s and dentist’s notes and orders [NHA s. 14(1)(d)] <input type="checkbox"/> medication and treatment sheets <input type="checkbox"/> activation and rehabilitation program progress reports and attendance records [NHA s. 14(1)(g)] <input type="checkbox"/> special dietary requirements or problems 		
6.2	<p>The medical record of each resident contains the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> the date, time and findings of an examination and treatment [Reg.85-187 s. 22(a)] <input type="checkbox"/> confirmation in writing of all verbal orders for treatment, medications or other medical procedures. 		
Part B: Resident Services			
1. Care Staff			
1.2	At least one registered nurse is on duty on the premises at all times.		
1.3	In addition to the registered nurse referred to in Reg.85-187 s. 18(a), care staff is in attendance at all time in appropriate ratios.		
2. Comprehensive Care Plan			
2.1	<p>A comprehensive care plan is</p> <ul style="list-style-type: none"> <input type="checkbox"/> developed for each resident upon admission, <input type="checkbox"/> reviewed at least annually, <input type="checkbox"/> evaluated every three months 		
2.4	<p>Individual comprehensive care plan include an integrated program of actions to meet:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> the medical needs of the resident <input type="checkbox"/> the dietary needs of the resident <input type="checkbox"/> the rehabilitation needs of the resident <input type="checkbox"/> the spiritual needs of the resident, and </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> the nursing needs of the resident <input type="checkbox"/> the activation needs of the resident <input type="checkbox"/> the psycho-social needs of the resident <input type="checkbox"/> the accommodation needs of the resident </td> </tr> </table>	<ul style="list-style-type: none"> <input type="checkbox"/> the medical needs of the resident <input type="checkbox"/> the dietary needs of the resident <input type="checkbox"/> the rehabilitation needs of the resident <input type="checkbox"/> the spiritual needs of the resident, and 	<ul style="list-style-type: none"> <input type="checkbox"/> the nursing needs of the resident <input type="checkbox"/> the activation needs of the resident <input type="checkbox"/> the psycho-social needs of the resident <input type="checkbox"/> the accommodation needs of the resident
<ul style="list-style-type: none"> <input type="checkbox"/> the medical needs of the resident <input type="checkbox"/> the dietary needs of the resident <input type="checkbox"/> the rehabilitation needs of the resident <input type="checkbox"/> the spiritual needs of the resident, and 	<ul style="list-style-type: none"> <input type="checkbox"/> the nursing needs of the resident <input type="checkbox"/> the activation needs of the resident <input type="checkbox"/> the psycho-social needs of the resident <input type="checkbox"/> the accommodation needs of the resident 		
3. Resident Care			
3.1	Care audit demonstrates that the resident(s) receive adequate care to meet their needs in regards to their over-all health and well-being.		
3.2	<p>The nursing home ensures that residents are receiving adequate care. Therefore:</p> <ul style="list-style-type: none"> <input type="checkbox"/> enough trained and experienced staff is maintained to meet the needs of residents. All employees meet basic health and competency standards and are able to carry out their duties effectively. <input type="checkbox"/> the rights of the residents are met. Those rights include their entitlement to feel safe, and to live in an environment where they are protected from assault, neglect, exploitation or any other form of abuse. 		
Part C: Human Resources			
1. Nursing Home Employees			
1.4	Staff qualifications are consistent with the Department directives. [Reg.85-187 s. 18, Management Directives		
1.5	There is a sufficient number of qualified and appropriately prepared staff to provide the services and programs offered by the nursing home.		
2. Employee Orientation and In-Service Training			
2.3	<p>There is in-service training for staff which includes but not limited to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> infection control 		
Part D: Environment			
1. Buildings, Equipment and Surroundings			
1.6	Infection control procedures are established in accordance with NHA s. 7(1)(e), Reg.85-187 s. 11, Standard D-I-2, and Guideline D-I-2 G.		
1.7	<p>There is an organized infection control program, which includes at least the following elements:</p> <ul style="list-style-type: none"> <input type="checkbox"/> includes all departments <input type="checkbox"/> specific departmental policies, procedures, and practices relating to the prevention and control of nosocomial infections <input type="checkbox"/> a process which uses research, evidence, and best practice information to improve infection prevention and control. <input type="checkbox"/> a process that verifies ongoing education and training to all staff, service providers and volunteers, as it relates to the prevention and control of infection <input type="checkbox"/> a process that ensures the education of the residents and families about their role in preventing and controlling infection <input type="checkbox"/> an ongoing program of surveillance for infections <input type="checkbox"/> a contingency plan, as well as policies and procedures that can be implemented in the event of a health hazard or suspected outbreak <input type="checkbox"/> a process in place to facilitate early communication of an outbreak within the facility and to external agencies <input type="checkbox"/> a hand hygiene policy and procedure that enforces strict hand washing or hand sanitization between resident care and within all departments <input type="checkbox"/> defined roles and responsibilities for cleaning and disinfecting the physical environment <input type="checkbox"/> specific procedures for handling contaminated materials, equipment and devices <input type="checkbox"/> manufacturer’s recommendations and accepted standards of practice to clean and reprocess reusable medical devices. 		

Source: Prepared by AGNB based on information provided by the Department