

# HEALTH

# Renewal

**Health Renewal** - a discussion paper ▶



**Premier's Health Quality Council**

**H**ealth care remains a key priority for all New Brunswickers. Our current system, left unchanged, will continue to place a heavy financial burden on the province and tax payers. Sustaining our health care system for the future means renewing it for the better. Better access to services, better accountability, and a better, clearer health vision for the future.

The Premier's Health Quality Council was established in January, 2000, to examine the best way to create a more efficient and more sustainable health system for New Brunswick. The Council was given a two-year time frame and a mandate to examine a number of possibilities on renewing the health system.

We are pleased to present this initial discussion paper which outlines some of our preliminary findings and will, we hope, prompt New Brunswickers to get involved in the renewal process during an upcoming series of information and dialogue sessions to be held around the province.

We hope that through this process, we will be able to make final recommendations to government on what will work to ensure a renewed, sustainable and efficient health care system that promotes wellness and accountability, community involvement and better accessibility.

When established, Premier Bernard Lord gave the Council a very clear mandate:

- To develop an action plan to move to a health governance system of regional health authorities and regional health boards.
- To oversee the development and implementation of a new Health Care Report Card, Health Quality Standards and performance measures.
- To assist in the development of a new Patient Charter of Rights and Responsibilities.
- To provide advice on implementing the recommendations contained in the Health Services Review Report.

This was our starting point, and from here we have spent the past year examining many models and initiatives across Canada. Throughout the process we have spent a great deal of time talking with the real experts in health delivery including the front-line staff who have seen the frustrations and concerns of New Brunswickers on a daily basis. Many of the suggestions contained in this document have come as a result of these ongoing discussions.

As well, we have reviewed countless past health reforms in New Brunswick including their outcomes, strengths and weaknesses. We have researched issues such as service integration, service access, economics of public policy, measurement of outcomes and patient charter issues.

The thoughts contained in this discussion paper are preliminary and are, by no means, set in stone. While we have learned a great deal, the time has now come to ask New Brunswickers their opinions on our initial thoughts and directions. We really do want to hear what you think about New Brunswick's health system and where we could go to establish a long-term vision that will address many of the problems we currently face.

Your thoughts and comments, through the information and dialogue sessions, will form an important part of our final report and recommendations to government.

This discussion paper is the next stage in the overall process of developing a full report for government with concrete recommendations on how to renew and sustain our health care system. Throughout this document we pose a number of questions on our thinking and proposed direction. It will be these questions which form the basis for our information and dialogue sessions being scheduled around the province.

We are extremely proud of being able to be part of this process. I know I speak for all council members when I say that the work to date has been very rewarding. We are also very excited about the possibilities this initiative can produce. We are confident that as we finalize this work, with the participation of New Brunswickers, that we will be able to lay a solid foundation for meaningful, productive and long-lasting change to our health system to ensure that we can continue to offer the best possible care to New Brunswickers at a cost we can all afford.

Michel C. Leger  
*Chair - Premier's Health Quality Council*

# CONTENTS

THE HEALTH CARE SYSTEM TODAY ..... 1

A HEALTH VISION FOR NEW BRUNSWICK ... 2

A HEALTH SYSTEM FOR TOMORROW ..... 4

DELIVERING A RENEWED SYSTEM  
TO NEW BRUNSWICKERS ..... 7

COUNCIL MEMBERS ..... 12

INFORMATION AND  
DIALOGUE SESSIONS ..... 13

# THE HEALTH CARE SYSTEM TODAY

Our health care system in New Brunswick, as in many parts of the country, continues to face challenges in delivering the health services people need in an efficient and effective manner. Costs continue to rise and, despite significant increases in health care spending during the past two years, New Brunswickers still must face a system that is not meeting all New Brunswickers needs.

Questions about accessibility, accountability and roles and responsibilities plague the day-to-day business of providing the best quality care to New Brunswickers.

There is no question that fundamental change is needed to ensure our health system is truly responsive and sustainable. As a society, we know that there will never be enough money to 'fix' our health system and governments across this country are now grappling with the task of finding alternative methods and approaches to ensure a sustainable and responsive health system.

Today in New Brunswick there are literally thousands of health professionals working very hard to ensure that each New Brunswicker receives the best possible care and service available. Despite this dedication and commitment by these professionals, problems continue to arise.

Central to these problems is the lack of an overarching health vision which guides planning, priority setting and renewal. New Brunswickers have repeatedly indicated that they are hampered by a system that is burdened by problems and inefficiencies. These are difficulties in accessing the system on a timely and efficient basis, difficulties in tracking patients and their care throughout the system; and difficulties in ensuring the right care is provided by the right person in the right way. Each of these difficulties affects the quality of care and the costs of providing it.

Little focus on wellness in today's current structure has left a system more concerned over the bricks and mortar instead of the individual and the preventative aspects of primary care.

This confusion and lack of an overarching vision has led us to a system that needs to be changed. As well, we live in a time when public expectations have never been higher. Technology allows for people to become much more knowledgeable about health issues, which, in-turn, creates a greater demand for increased services. In fact, thanks to technology, service in every walk of life is getting faster and more efficient. New Brunswickers are now expecting the same from our health system, adding dramatic cost impacts as a result

To build a healthy system for the future, the realities and problems associated with our current system must be addressed. We need, more than ever, to develop a long-term vision that focuses on communities and individuals. A system that is more concerned with good health as a way of life, a system that can sustain itself to be there for New Brunswickers in the future.

# **A HEALTH VISION FOR NEW BRUNSWICK**

It is this current state of our health system that has led us and our work to this point. It is this need for a provincial health vision which has guided our efforts over the last year and it is the work towards this vision which will now take us to New Brunswickers to find out what they want from their health system.

Our work to date indicates that New Brunswickers would like to see a sustainable, community-based, citizen focused system where wellness and quality care dominate the agenda.

They would like a system where there is consistent and uniform service delivery, yet flexible enough to meet local and regional needs.

They want a system which focuses on the person as a whole and we see a system which values and practices health promotion and prevention while still ensuring the best possible care when people are ill.

They would like to see a provincial-vision where good health is a priority and a way of life. To do this, we truly believe that a healthy province is attainable by having a supportive social, economic and physical environment that enables every New Brunswicker to practice good health habits in their daily lives.

## **IS THIS THE KIND OF SYSTEM YOU WOULD LIKE TO SEE IN NEW BRUNSWICK?**

To achieve this kind of system, we feel there are a number of things that must be addressed. We think New Brunswick must ensure that:

Health is defined as a state of complete physical, mental, and social well being, not merely the absence of disease or illness.

Health services, provided by interdisciplinary teams of health professionals working as a single unit, are easily accessible.

Basic services are available at the community level. Specialized services are available in secondary and/or tertiary hospitals.

Health services are delivered in an affordable and sustainable manner.

Performance results and health outcomes are reported and help to guide system planning and service delivery.

New Brunswickers are well informed on health issues and take pride in active participation in the health system as volunteers in their communities and as members of local boards.

Professionals working in the health system are supported and valued.

Individuals are valued, involved and respected.

New Brunswickers understand the factors impacting their health and are aware of health risks and practice healthy lifestyles.

## **WHAT OTHER ISSUES MUST BE ADDRESSED TO PRODUCE A LONG-TERM VISION FOR HEALTH IN NEW BRUNSWICK?**

HEALTH

We believe that a renewed health system must be based on a series of fundamental principles. Some of these could include:

**QUALITY HEALTH**

A system where the proof is in the results. A quality health system is one that provides the right care at the right time in the right way by the right person.

**WELLNESS**

More than focusing on just illness, the health system focuses on the wellness of individuals, families and communities. New Brunswickers have access to preventative measures and programs. They also have access to health and wellness education that promotes responsible life choices and healthy, active lives.

**PATIENT FOCUSED/ RESPONSIVE TO INDIVIDUAL NEEDS**

The health system is concerned with the individual as a whole person. People are able to make informed choices and participate in decisions regarding their personal health care.

**AFFORDABLE**

A sustainable health system for the future is an affordable one. The New Brunswick health system must look at alternatives to increased spending in an attempt to renew the system. The Health system should be based on an affordable, long-term plan.

**SUSTAINABLE**

The health system will continue to be available and affordable to all New Brunswickers for many years to come. The system will continue to provide high quality service and invest in and encourage innovation and continuous improvement.

**INTEGRATED**

The health system is designed to follow the patients needs, not the other way around. Health professionals collaborate to serve the patient's individual needs. Service responsibilities and delivery are appropriately organized at each level to meet the individuals needs.

**COMMUNITY FOCUSED**

Primary health services are available at the community level. More specialized services are available within each region. New Brunswickers have equitable access to services. Each community participates in decisions affecting health services and programs.

**ACCESSIBLE**

The health system responds to family and work reality by offering flexible hours of operation based on the individual community needs. The roles and responsibilities of health providers are adaptable to patient needs.

**ACCOUNTABLE**

The health system informs New Brunswickers about what is happening and to which level health quality standards are being attained. The results of this monitoring and reporting will help to influence and direct policies and programs. The system remains accountable to those who ultimately pay for the service - the taxpayer.

**SHARED RESPONSIBILITY**

The health system is something each of us has a stake in. New Brunswickers must understand what services and results to expect of the health system. They also will understand their own personal responsibility to make healthy choices for themselves and for their communities to ensure a sustainable health system.

**RESPECTFUL OF NEW BRUNSWICK'S DIVERSITY**

The health system is structured to respect community and individual differences. New Brunswickers are treated with dignity and compassion. Cultural, lifestyle and linguistic differences are respected.

**ARE THERE OTHER PRINCIPLES WHICH SHOULD BE INCLUDED?**

# FOR THE T O M O R R O W S Y S T E M

Based on our work to date, we have come up with a number of ideas of how to renew New Brunswick's health system for today and into the future. The following outlines some of our initial thoughts and suggestions for further public dialogue on the possibilities for moving forward. We focus on three main areas for discussion; A new governance and service delivery structure, accountability and the Patient Charter of Rights and Responsibilities. As part of our mandate we have spent a great deal of time examining these three areas and the very positive change which can be made in each area to ensure an affordable, accessible and sustainable health system.

## A New Governance Structure

Currently there are eight hospital corporations in New Brunswick with other elements like public and mental health and long-term care services being provided by the Departments of Health and Wellness and Family and Community Services, at the local or regional level.

Our research has shown that this current fragmented structure has tended to promote a very isolated approach to health care and has led to many of the concerns raised earlier.

Therefore we concur with the idea of Regional Health Authorities (RHAs) in New Brunswick. Our research has shown that this type of integrated structure provides a number of advantages over our current system including:

- Adjusting services to meet local needs
- More individual and community participation
- Greater integration of services
- Sense of ownership for New Brunswickers
- More effective management
- Traditionally innovation and experimentation is promoted and encouraged
- It allows for government to better plan, fund, monitor and adapt the health system



Looking at the province in its entirety, we recommend the creation of eight (8) Regional Health Authority Boards as the governing bodies for eight (8) Regional Health Authorities. These RHAs will, with minor modifications, mirror current health region boundaries.

While in many ways these regions are only administrative boundaries, from a New Brunswickers perspective, service will be able to be accessed anywhere in the province.

Our research in other jurisdictions has also highlighted a number of things that would be essential to ensure this type of system produces the benefits it is designed to deliver. These include a close working relationship between the Regional Health Authorities and the Province to achieve an overall provincial health plan.

**WHAT TYPE OF MECHANISMS SHOULD BE PUT IN PLACE TO ENSURE THIS CLOSE WORKING RELATIONSHIP REMAINS EFFECTIVE TO ENSURE A CONTINUED VISION AND PROVINCIAL HEALTH PLAN?**

Our research also clearly indicated that, for this type of system to be most successful, each of the partners must be given clear and direct mandates. In short, the Department of Health and Wellness would have the primary responsibility of "steering" the health system while RHAs would "row." Our preliminary findings lead us to suggest that the Regional Health Authorities should be responsible for:

- Assessing the health needs of the people in the region
- Work with the Province on the development and implementation of a Provincial Health Plan
- Delivering approved health services within the region
- Development of a three-year health delivery plan for their region
- Development of a three-year expenditure proposal for their region
- Ensure adherence to provincial and national care standards
- Remain accountable to the communities they serve
- Ensure access to tertiary care or other health services not available in the region
- Cooperate with other Regional Health Authorities to ensure a continued vision and quality care for every New Brunswicker
- Ensure service provider and citizen input is taken into account

**ARE THERE OTHER AREAS THE REGIONAL HEALTH AUTHORITY SHOULD BE RESPONSIBLE FOR?**

Based on this new mandate for the Regional Health Authorities, it is also evident that the Department of Health and Wellness will need to modify its role for the future. Our preliminary findings lead us to suggest that the Department of Health and Wellness be responsible for:

- Establishing the overall direction, priorities of the health system and core programs/services – prevention/protection, promotion, Primary, Secondary and Tertiary care ( Provincial Health Plan)
- Establishing program standards and performance indicators
- Allocating funding to RHAs for implementation of an approved Regional Health Plan for core programs (all RHAs) and specific programs ( unique to an individual RHA)
- Monitoring and assessing the health of New Brunswickers
- Monitoring the performance of the health system
- Monitoring the performance of RHAs (includes establishing provincial standards for financial and clinical program management)
- Providing consultative support services to RHAs
- Establishing a mechanism to ensure cooperation and collaboration among the RHAs
- Delivering services not assigned to an RHA

**ARE THERE OTHER AREAS THE DEPARTMENT OF HEALTH AND WELLNESS OR OTHER GOVERNMENT DEPARTMENTS SHOULD BE RESPONSIBLE FOR?**



Based on our findings we suggest the appointment of interim boards by the Minister of Health and Wellness to oversee the transition to this new governance model. In terms of board composition, we recommend a board of 15 members. This initial board will be responsible for a number of significant actions, and therefore an orientation/training component will be necessary to carry out their mandate.

Following the transition period of 1 to 2 years, we would suggest Regional Health Boards consisting of five elected members chosen through the process of annual meetings, and 10 members appointed by the Minister of Health and Wellness.

The RHAs would report to the Minister of Health and Wellness. A Chief Executive officer would be appointed by and would report to the Board.

It would be recommended that each person seeking election to the Board be a resident of the defined regional health area.

It is also recommended that staff of RHAs, individuals with practicing privileges (e.g. physicians) and employees of provincial departments with whom the RHAs have a direct service relationship all be exempted from holding a Board position and avoid potential conflicts of interest. Other arrangements will be made to ensure their input is available to the Board on a regular basis

**ARE THERE OTHER CONSIDERATIONS IN THE MAKE UP AND AUTHORITY OF EACH REGIONAL BOARD?**

# DELIVERING A RENEWED SYSTEM TO NEW BRUNSWICKERS

While getting the proper governance structure in place is important, the real key to a renewed health system is delivering coordinated, connected and integrated health services to New Brunswickers.

We have reviewed the current spectrum of health care services in New Brunswick and conclude that the flow of services needs to be based on more explicit definitions of case, with roles and responsibilities of providers matched directly to the care they are expected to provide. To that end, we suggest a renewed delivery system should be based on a continuum of services which ranges from primary care to secondary care to tertiary care.

This renewed health delivery system starts with the usual first point of contact for most people in our health system: primary care.

We define primary health care as individual and community focused health care that is integrated, accessible and sustainable. Primary health care is provided by clinicians who are responsible for addressing a wide array of health-care needs and developing a long-term relationship with their patients. Changes to the delivery of primary health care will result in better, faster access to services – in the community and throughout the health system.

We suggest that in a new model of service delivery, primary health care services include:

- general family medicine
- palliative care
- physiotherapy
- respiratory therapy
- home health care
- speech language pathology
- maternal and child health
- health education
- early detection/early screening
- addiction services
- health care in nursing homes
- clinical pharmaceutical services
- audiology
- social services
- geriatric assessment/ capacity assessment
- immunization
- occupational therapy
- nutrition services & clinics
- chronic care follow-up
- long term care
- outpatient services & clinics
- mental health
- telehealth
- rehabilitation/long term care
- sexual health
- health care in special care homes
- diagnostic tools
- dental health services
- chemotherapy
- home dialysis

**ARE THERE OTHER SERVICES WHICH SHOULD BE INCLUDED UNDER THE DEFINITION OF PRIMARY CARE?**

In addition to these definitions of primary health care services, we believe that the most effective way to have an individual focused, and community based health system is by delivering these primary health services through a network of Community Health Centers. While it will take time and will be expanding on what we have today, this will be the only true method of providing a sense of ownership at the community level. To achieve this delivery model a number of things will have to change.

The development of Community Health Centers (CHCs) will necessitate health professionals playing different roles in the future to ensure better access to services is guaranteed and that all our health resources are maximized to their fullest potential. Strong technological links between doctors' offices and community health centers will be essential to provide for seamless, comprehensive care. The ultimate system would allow for a system of one electronic health record for each patient based on the most secure, private and confidential basis possible.

We see that the characteristics of CHCs would include:

- Physical hub of care in the community
- Accessible 24 hours a day, seven days a week
- Community needs determining full service hours
- Team approach to service delivery
- A large community might have more than one center
- No acute care beds ( some would have observation beds)
- Some CHCs would provide clinical/administrative support to smaller centers.
- Distance criteria: no more than approximately 50 kilometers travel distance to access service.

#### **WHAT OTHER CHARACTERISTICS WOULD BE IMPORTANT TO THE SUCCESS OF CHCs?**

Providing New Brunswickers access to health service is the objective. Health Care is service, not beds. Due to the current system of health delivery, hospitals have been asked to deal with the growing pressure of trying to deal with an increasing number of people seeking primary care services. New Brunswickers have tended, for historical and community reasons, to seek health advice and treatment at hospitals. Moreover, as access to primary health care has been eroded within many communities, people have turned to our hospitals to obtain even the most basic of services.

We truly believe that once these new CHCs are functioning properly and the new service delivery model is flowing properly, New Brunswickers will need to rely on specialized hospital sites less and less. Hospitals could, therefore, revert to their principle function of providing quality specialized, secondary and tertiary care services. This, over time, may result in the need for fewer specialized hospital sites, but more primary health care in community health center sites. As this occurs, it will be imperative to ensure adequate accessibility, clinical viability and appropriate availability of care for New Brunswickers in these communities. We will also need to provide a critical mass of specialists to provide safe, quality services to all New Brunswickers.

Next in the continuum of health services under a new delivery model is secondary and then tertiary care services. We see the following as fitting into those two categories respectively.

## **Secondary Care Services**

- emergentology
- general surgery/in-patient
- renal dialysis
- complex primary care
- pediatrics
- cardiology
- vascular surgery
- high risk obstetrics/ gynecology
- orthopedic surgery
- secondary lab services
- general internal medicine
- anesthesia
- short term psychiatric care
- chemotherapy
- geriatrics
- dermatology
- basic obstetrics/ gynecology
- ENT
- plastic surgery
- neonatal intensive care

## **Tertiary Care Services**

### **In Province**

- neurosurgery
- radiation therapy
- long term psychiatric care
- cardiac surgery
- complex (invasive) cardiac procedures
- neuro intensive care
- high risk neonatal intensive care
- tertiary rehabilitation
- trauma care
- nephrology

### **Out of Province**

- pediatric neurosurgery
- organ transplantation
- other specialized cardiology/ surgical services
- tissue transplantation
- other specialized pediatric services

**DO YOU SEE OTHER SERVICES THAT BELONG IN EITHER SECONDARY OR TERTIARY CARE?**

## **Greater Accountability in a Renewed Health System**

Consistent with a new health vision and a new governance and service delivery structure, we strongly believe that New Brunswickers must be kept informed about how well the health system is performing. Not only should this focus on the status of the health system, but also the health status of the population and the social factors which impact the health of New Brunswickers.

The accountability is extremely important if we are to truly have a quality health system.

We agree fully with the government's commitment to the implementation of a new Health Report Card. In researching similar methods of public reporting, we suggest the Report Card cover four specific dimensions:

- Performance of New Brunswick's health system
- Health Status of New Brunswick's population
- Determinants of health
- Community and health system characteristics

The report card would also inform the public on the performance of the health system in areas like acceptability, accessibility, appropriateness, competence, future readiness, effectiveness, efficiency and safety.

### **ARE THERE OTHER AREAS THAT SHOULD BE MONITORED ON THE PERFORMANCE OF THE HEALTH SYSTEM?**

The report card would inform and help to educate the public on the health status of New Brunswickers including health conditions, disabilities days and activity limitations, overall well-being and death; and would inform New Brunswickers about the factors affecting good health like health behaviors, living and working conditions, personal resources and environmental factors.

### **ARE THERE OTHER FACTORS WHICH SHOULD BE MONITORED IN POPULATION HEALTH STATUS OR SOCIAL DETERMINANTS OF HEALTH?**

HEALTH

These measurements will assist government, health system managers and health providers into developing sound health policy and service delivery decisions. This ongoing monitoring will help to clearly identify areas where improvement may be needed and will help to address these before we end up in a situation like we have today – a system where accountability continues to be questioned and pinpointing problem areas is difficult.

Finally, we see a system that provides a sense of shared responsibility between the health service providers and all New Brunswickers. Fundamentally, the rationale behind a Patient Charter is to allow New Brunswickers to know up front what they can expect from the health system. We also believe that this Charter should chart what the system can expect from the citizens.

We are all stakeholders in our health system and we all have a role to play to ensure that the vision of a sustainable, accessible and affordable health system becomes and remains a reality.

We see a Patient Charter that will:

- Address the rights and responsibilities for all partners in the health system
- Be monitored to ensure rights are being respected and that citizens are fulfilling their responsibilities in the process

Another area, which must be addressed, is the implementation and function of a patient advocate. Vulnerable citizens need to be protected or helped in the decision making while ensuring their rights are respected.

#### **WHAT OTHER ELEMENTS SHOULD BE CONSIDERED AS PART OF A PATIENT CHARTER OF RIGHTS AND RESPONSIBILITIES.**

The health system belongs to all of us. Changes being contemplated by the Premier's Health Quality Council will impact on each and every one of us.

Council will be conducting a series of information and dialogue sessions to gather input on these questions and preliminary recommendations.

As stated earlier, nothing in this report is final. While we truly believe in the direction established by government towards a renewed health system and a renewed health vision, how we get there is still very much open for discussion. The input we receive during these sessions will influence our final report and recommendations to government.

We urge all those who wish to comment on this discussion paper to either participate in one of these dialogue sessions or you can make your views known by writing us at:

Premier's Health Quality Council  
P.O. Box 6000  
Fredericton, NB  
E3B 5H1

e-mail – [phqc@gnb.ca](mailto:phqc@gnb.ca)

Or you can visit our web site at  
[www.gnb.ca/op\\_cpm/phqc](http://www.gnb.ca/op_cpm/phqc)

## COUNCIL MEMBERS

Michel C. Leger (Chair)	Shédiac	Lawyer and Beauséjour Hospital Corporation Board Member
Heather Erb Campbell	Saint John	Executive Director, Heart & Stroke Foundation of New Brunswick
Warren Davidson	Moncton	Consultant Geriatric Medicine, South East Health Care Corporation
Lynn Kelly de Groot	Dalhousie Junction	NB Physician Recruitment and Retention Officer
Barbara Gagnon-Thériault	Fredericton	Acting manager, Canada/NB Business Services Centre, consumer
Mary E. Jarratt,	Fredericton	Family Physician, member of active medical staff at Dr. Everett Chalmers Hospital
Peter Jollymore	Saint John	Retired, formerly Acting Dean, Faculty of Business, UNBSJ
Donna Johnston	Red Bank	Executive Director, V.O.N., Miramichi
Norma McGraw	Tracadie-Sheila	Director of Extra-Mural Program, Northeast Health Network
Myrna Richards	Hampton	Lawyer, volunteer director for the Dr. V.A. Snow Centre and former chair of the NB Advisory Council on the Status of Women
Nancy Roberts	Moncton	Director of Regional Pharmacy Services, South East Health Care Corporation
Gilbert St.-Onge	Edmundston	Formerly CEO, Region 4 Hospital Corporation
Michelle Tolszczuk	Edmundston	Medical Director at Fraser Papers, a member of Region 4 Hospital Corporation medical personnel
Judith Wuest	Stanley	Professor, UNB Faculty of Nursing

# HEALTH

Information and Dialogue Sessions

## **Premier's Quality Health Care Council**

<i>DATE</i>	<i>CITY/TOWN</i>	<i>LOCATION</i>
Monday May 28	Moncton	NBCC Moncton
Tuesday May 29	Moncton	NBCC Moncton
Wednesday May 30	Sussex	Sussex Middle School
Thursday May 31	Saint John	Saint John High School
Monday June 4	Inkerman	Inkerman Hall
Tuesday June 5	Bathurst	NBCC Bathurst
Wednesday June 6	Campbellton	NBCC Campbellton
Thursday June 7	Edmundston	NBCC Edmundston
Monday June 11	Miramichi	NBCC Miramichi
Tuesday June 12	St. Stephen	NBCC St. Stephen
Wednesday June 13	Woodstock	NBCC Woodstock
Thursday June 14	Fredericton	Wu Conference Center

All sessions will run from 6 pm to 9pm.

renewa



## Notes

