

Regional **Health** and **Business** Plan

2024-2027

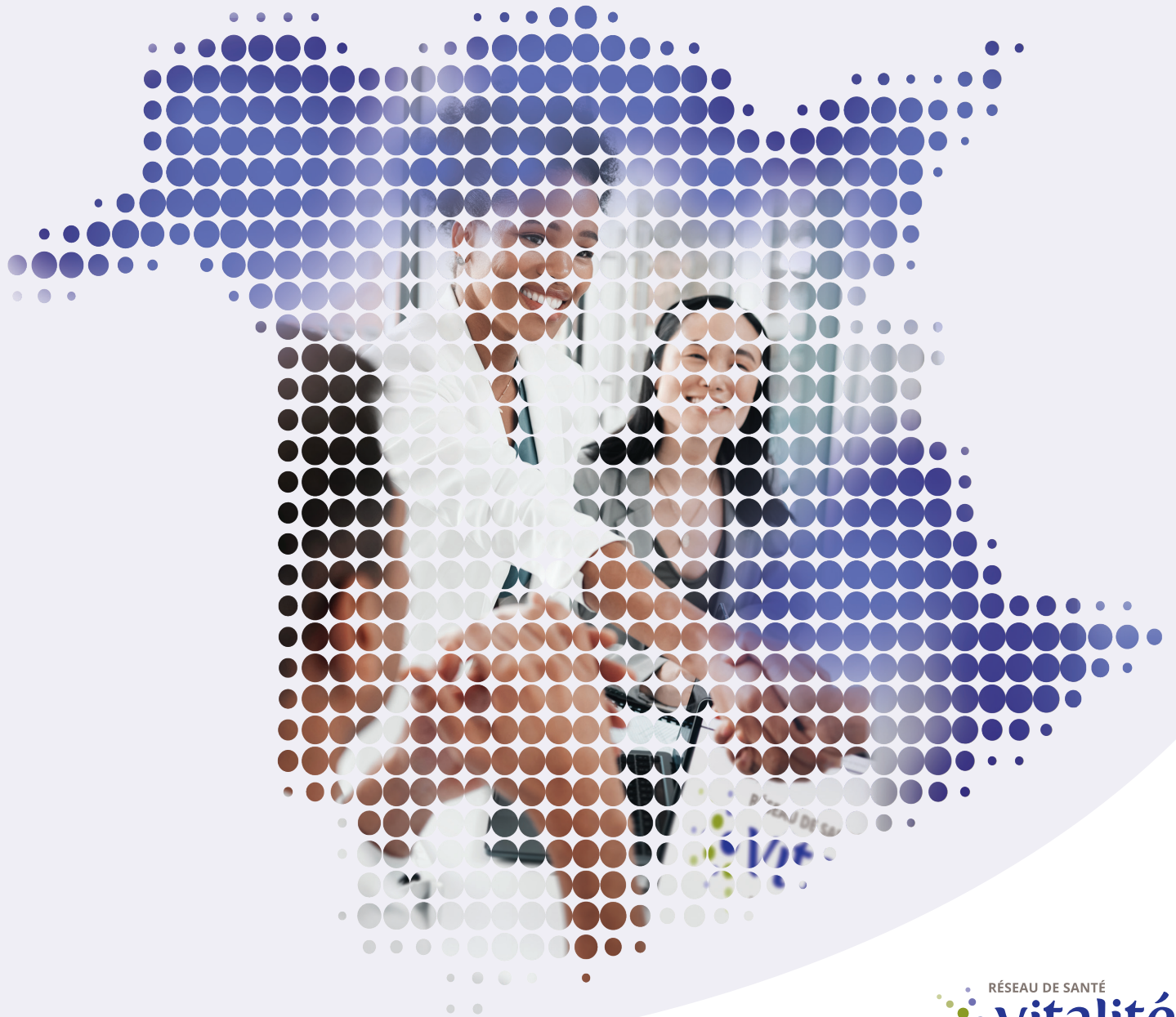


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Message from the President and Chief Executive Officer

Honourable Bruce Fitch,
Minister of Health

I am pleased to present the Network's priorities for the next three years, as set out in our 2024–2027 Regional Health and Business Plan (RHBP). In accordance with the *Regional Health Authorities Act*, we ensure the delivery of health services in the patient's language of choice. To this end, we have meticulously identified the needs of our population, defined our priorities and allocated the necessary resources to deploy initiatives designed to ensure the smooth operation of patient services.

During this period, our strategic priorities are:

- to improve access to primary health care by setting up integrated community-based services;
- to optimize patient flow and hospital performance by enhancing the patient experience, introducing innovative systems and modernizing laboratory services and the clinical information system.

We have adopted a learning approach to constantly improve the quality of our services, based on evidence, research and innovation. We have also strengthened our commitment to quality and patient safety by integrating specialized resources and empowering every member of our organization.

By generating and transmitting knowledge to enhance the quality of care, the university mission is crucial to the continued transformation of our Network into a learning organization.

We are focusing on strengthening our collaboration with universities and stepping up our international recruitment efforts. We have introduced initiatives to enhance the employee experience, improve attendance and promote psychological safety in the workplace.

We are committed to meeting the needs of our patients and communities through strategic management, innovative initiatives and a learning organizational culture. Together, we will make Vitalité Health Network a benchmark in quality and safety of care for the New Brunswickers we serve.

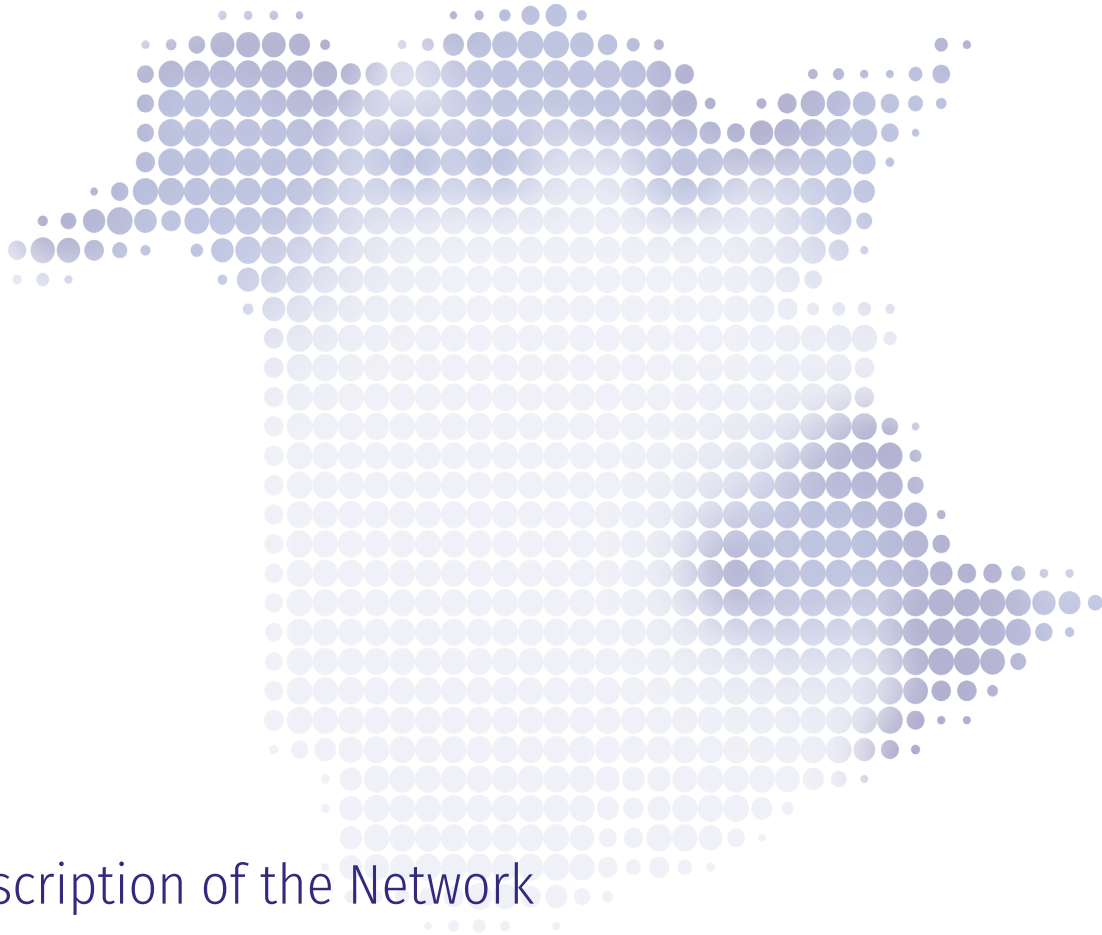
Thank you for your ongoing engagement and collaboration.

Sincerely,



Dr. France Desrosiers

President and CEO of Vitalité Health Network



Description of the Network

Vitalité Health Network, with its Francophone identity, delivers and manages health care and services in the patient's language of choice through its **57 points of service**, spread across **four health regions** (see list of points of service in Appendix A). These health regions are designated as follows: Zone 1B (Beauséjour), Zone 4 (Northwest), Zone 5 (Restigouche) and Zone 6 (Acadie-Bathurst).

The range of services offered by the Network includes acute hospital care, community health centres and clinics, public health, mental health care, addiction services, long-term care for veterans as well as training and research. The Network also provides a wide range of services to the various First Nations communities in New Brunswick (see the activity volume and bed distribution in Appendix B).

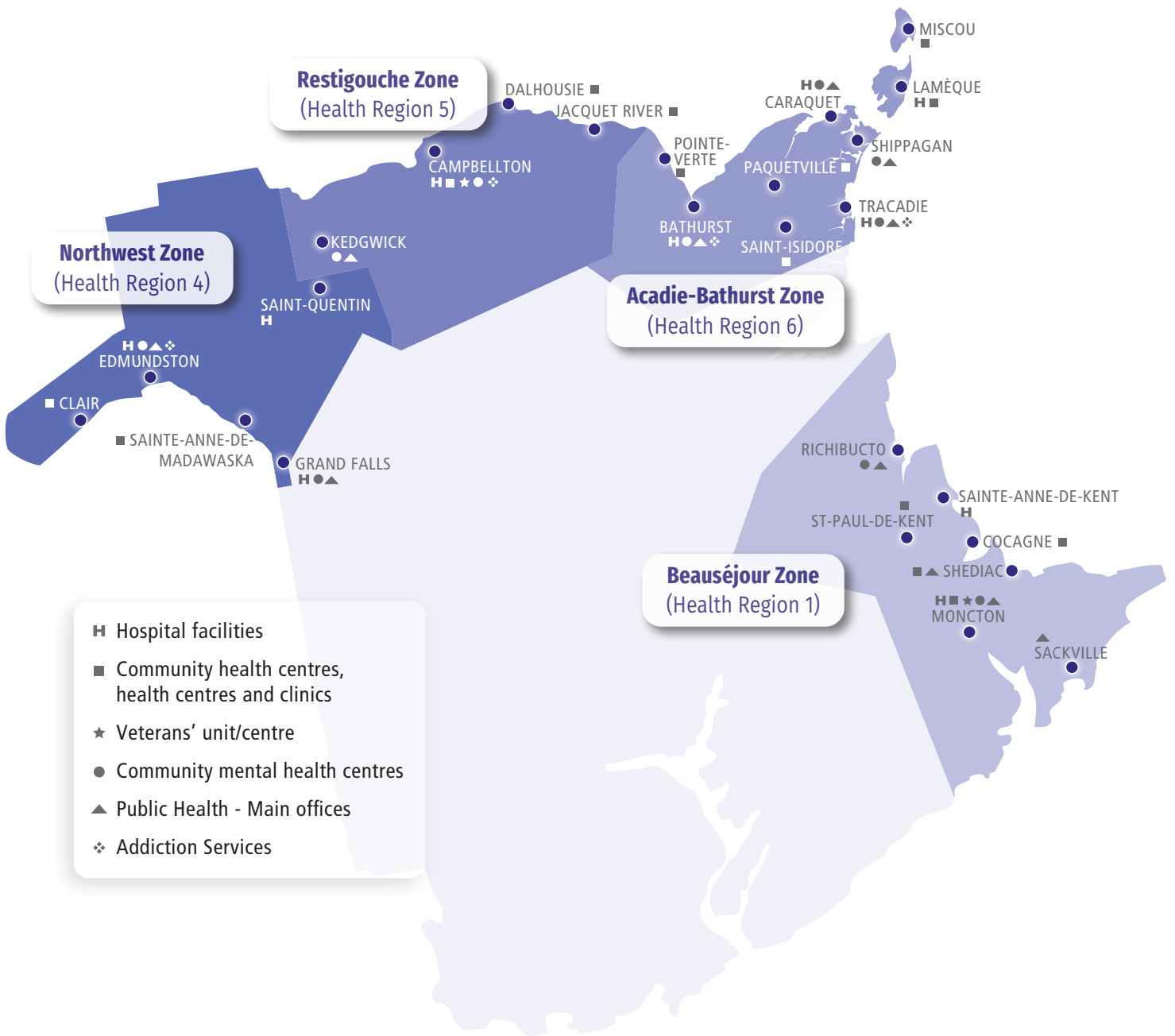
The Network has a budget of approximately **\$897 million**¹ to serve a **population of 247,878**². The Network relies on a committed team of over **8,269 employees, 530 physicians** and **572 volunteers** to deliver its services (see human resources profile in Appendix C).

The Network is also supported by **ten foundations**. Their significant contributions make it possible to fund several initiatives and projects for our patients. The close and special ties linking our foundations to our facilities and programs help improve the health and wellness of the public.

1 including depreciation but excluding Medicare

2 2021 Census – Statistics Canada

Graphic Representation of the Network



Background

Vitalité Health Network is one of the two regional health authorities in New Brunswick established under the *Regional Health Authorities Act*. Its legal mandate confers on it a dual responsibility for the delivery and administration of health services across its designated territories in the official language of the patient's choice.

To this end, the Network must determine the health needs of the population it serves, determine the priorities in the delivery of health services to this population, and allocate the necessary resources according to its Regional Health and Business Plan (RHBP). The RHBP is developed each year in accordance with Section 32 of the Act³. It contains the strategic and operational priorities that the Network will adopt for the next three years and outlines how human and physical resources will be allocated.

In line with our major strategic directions - patient experience, employee experience and building closer ties with communities - we have targeted a number of initiatives for the next three years. These initiatives have been developed following an extensive process of consultation and reflection, and take into account the health needs of our communities, financial challenges and alignment with the Provincial Health Plan.

In addition, indicators are continuously monitored in our organizational performance report card (indicators are presented in the *Initiatives for the period 2024-2027* section on page 10). This performance report includes 13 indicators based on our organizational priorities, enabling our teams to observe and measure their implementation on a regular basis.

The 2024-2027 RHBP presents our infrastructure projects and our financial planning for the next three years.

³ *Regional Health Authorities Act*

Basic Principles of Service Delivery

Accountability Framework

The *Regional Health Authorities Act* provides an accountability framework between the partners in New Brunswick's health care system (section 7(1)). The Network's responsibilities to its partners in the provincial health care system are defined within this accountability framework.

Health System Strategy Map

In addition to the accountability framework, the government of New Brunswick has set out its priorities in its health plan entitled "Stabilizing health care: An urgent call to action"⁴. This health plan includes the priority action areas shared by the partners involved (Figure 1). The Network has reviewed this document carefully to ensure that its priorities and initiatives are aligned with those of the health plan for the coming years.

Network's Strategy Map

The Network's strategy map takes into account the health care system strategy map and the Network's directions and priorities (Figure 2).

4 [Stabilizing-Health-Care.pdf \(gnb.ca\)](#)

Figure 1.
 Strategy Map from “Stabilizing Health Care: An Urgent Call to Action”

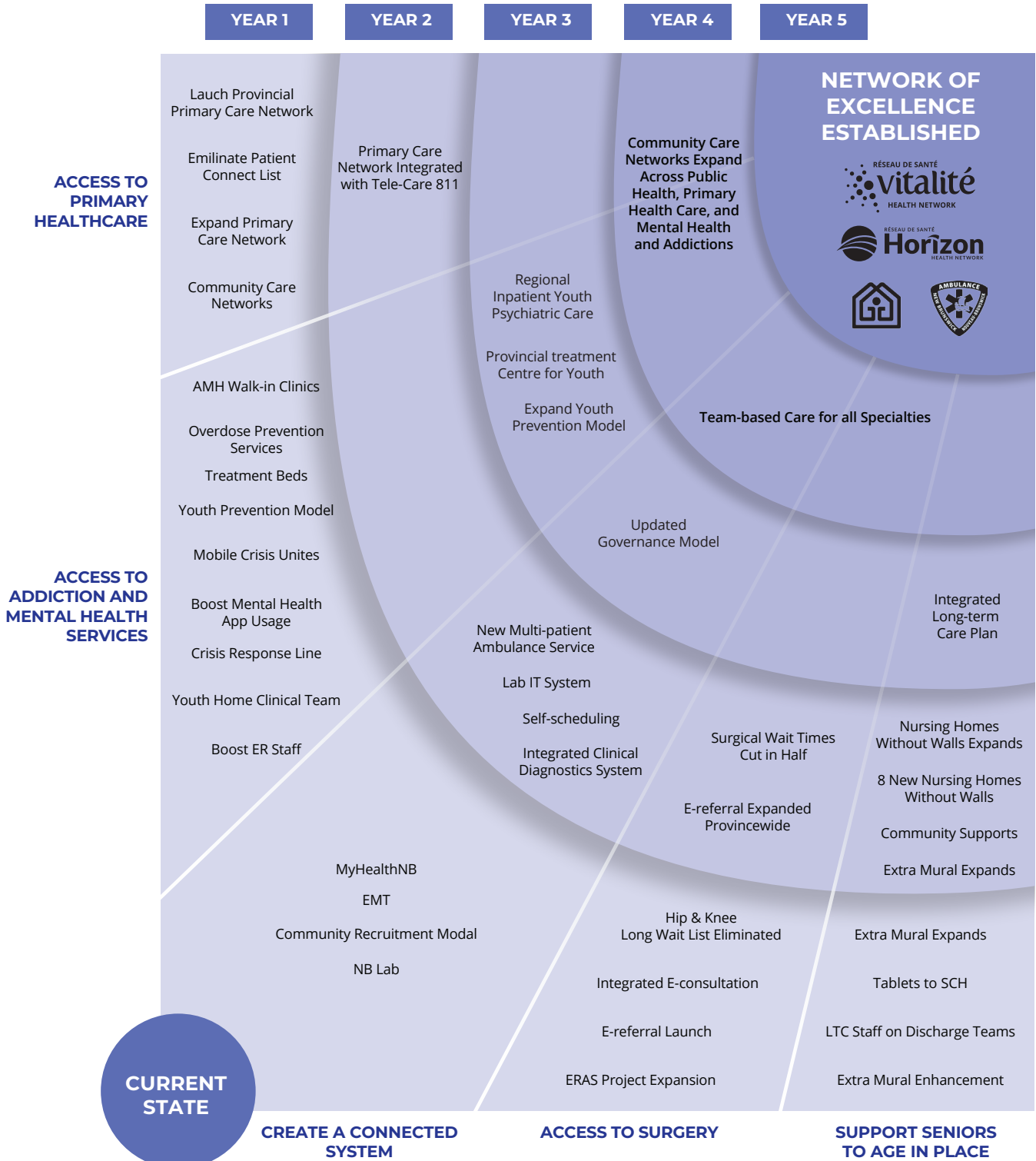


Figure 2.
Vitalité Health Network's Strategy Map



Priorities for 2024-2027

1. Organizational Priorities

To ensure the health of its patients and communities, the Network has targeted six initiatives for the coming years that stem from its three major directions - patient experience, employee experience and building closer ties with communities - and are aligned with the Provincial Health Plan.

This section helps illustrate the initiatives prioritized in relation to the strategic directions as well as the budgetary impact associated with the objectives for 2024-2027.

Initiatives for the period 2024-2027

The 2024-2027 RHBP is organized according to our three major strategic directions: employee experience, patient experience and building closer ties with communities. The Network also aligns its major directions with three priorities, namely improving access to primary health care, improving patient flow and hospital performance, and supporting the Network in achieving its organizational objectives. These three priorities are achieved through the following objectives and initiatives.



Improving access to primary health care

Objective

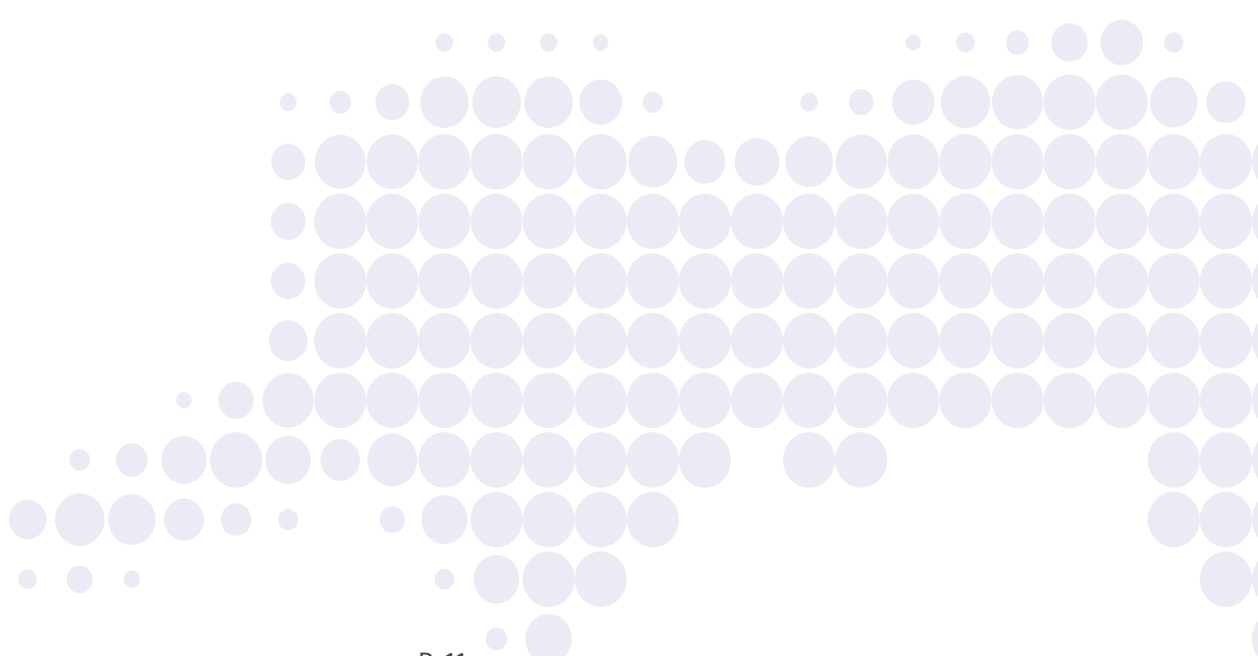
- Improving access to primary health care

Initiatives

- Implement the integrated primary health care model


Measures

- Percentage of level 4 and 5 visits to Emergency
- Rate of repeat hospitalizations for mental illness
- Ambulatory care sensitive conditions (hospitalizations per 100,000 residents)



Improving patient flow and hospital performance

Objectives

- Optimize the surgical experience (**\$616,285**) 
- Optimize patient flow within hospitals (**\$4,651,610**)

Initiatives

- Set up the structure and command centre for patient flow
- Relocating outpatient procedures to the former surgical suite at the Dr. Georges-L.-Dumont UHC

Measures

- Percentage of hip and knee surgeries performed within 182 days
- Percentage of hip and knee surgeries waiting > 365 days
- Percentage of surgeries waiting > 365 days
- Percentage of level 4 and 5 visits to Emergency
- Percentage of ALC patients in acute care
- Actual versus CIHI expected length of stay ratio
- Overall hospital readmission rate
- Improvement rate
- Difference between actual expenses and operating budget

Support the Network in achieving its organizational objectives through the involvement of enabling crosscutting sectors

Objectives

- Develop and implement an integrated human resources strategy that factors in recruitment, retention, succession planning and organizational priorities (**\$2,779 678**)
- Optimize the Network's sectors to support organizational priorities (**\$620,000**)

Initiatives

- Develop the Communications Department
- Review and optimize processes within the Human Resources Department
- Recruit internationally

Measures

- Turnover rate
- Average number of paid sick days per employee
- Work accident rate with lost time
- Percentage of vacant positions
- Improvement rate
- Difference between actual expenses and operating budget

2. Learning planning and organizational performance

As a learning organization, the Network has taken the liberty of reviewing and improving the way projects are prioritized and executed by adopting a strategic management and rapid execution approach. As a result of its major directions and priorities, several improvement projects have been targeted and prioritized. First carried out on a smaller scale, some of these projects have then been rolled out across the Network.

Over the past year, to implement its continuous learning-based strategic planning approach, the Network has developed a learning client program approach. Nine learning client programs have been developed: surgical, emergency, intensive care and internal medicine, nephrology, oncology, seniors' health, mental health and addiction services, primary health care and the palliative approach, and the mother-child-youth program. These nine learning client programs are supported by crosscutting clinical and catalyst sectors, enabling them to achieve their strategic objectives and priorities, and thus offer better care and services adapted to the population they serve.

To successfully align their sector's priorities with organizational priorities, programs and sectors have various tools at their disposal, including performance reports, population projections and modelling, risk assessments, team engagement, community health needs assessments, health innovations and trends, and the priorities of partners involved in the delivery of health care and services.

3. Quality and patient safety

The Network is committed to turning its vision around, not only in the areas of quality and patient safety, but also in the patient experience, and is continuing its efforts in this direction, gradually moving to a more advanced level of integrated management at all levels of the organization.

Integrated quality and patient safety management is an overall management approach in which each person in an organization is responsible for, and actively involved in, the quality improvement process, with this process being integrated into all of the organization's activities, both clinical and administrative. Furthermore, it institutes a continuous, proactive and systematic process to comprehend, manage and integrate the various quality processes within the organization. According to this approach, quality is the driving force, the sine qua non, of clinical, medical or administrative performance.

In concrete terms, the application of integrated quality management involves:

- an integrated quality management framework that takes into account the just culture and builds on the Network's continuous learning-based strategic planning approach;
- support for learning client programs and other crosscutting clinical and non-clinical sectors, enabling us to tailor our approach and support to the realities, needs and context of each sector, to specialize the consultants assigned to them, and to build and consolidate a relationship based on trust;
- integration of quality and patient safety recommendations and actions into management roadmaps to ensure sequencing and follow-up;
- cross-trend analyses, highlighting a variety of data related to quality, patient safety, patient experience and organizational risks, to support decision-makers in making decisions and setting priorities;

- better alignment between systemic quality and the quality of the professional act, to ensure a collaborative space where shared vision and priorities converge;
- clarification of the roles and responsibilities of the various supervisory and operational bodies with regard to quality of care and patient safety.

Begun in 2022-2023, the implementation of integrated quality and patient safety management will continue over the next few years.

4. University mission and learning approach of the Network

In its strategic planning, the Network identified organizational culture as an important catalyst for achieving its strategic objectives. For this reason, it chose to build on the adoption of a learning approach to enrich its organizational culture of continuous quality improvement and to promote the importance of integrating research, evaluation and evidence at all levels of the organization.

The Network also plans to continue integrating the learning approach across the organization by incorporating it into its health care and services planning exercise. The goal is to establish priorities based on the needs of patients and communities as well as the system, guided by empirical evidence, firm data, patient experience, clinical knowledge and the strategic priorities of the Network. We will draw inspiration from the experience gained in the development of the clinical learning units to introduce the learning approach on a wider scale.

The Network's university mission is defined as follows:

*Vitalité Health Network's University Mission aims to develop knowledge, to support governance decision-making and to acquire, maintain and develop clinical expertise, including leading practices, through **research, evaluation, training the next generation, knowledge translation, and integration of the learning approach.***

a. Research and health evaluation

The Network emphasizes the importance of integrating research, evaluation and evidence at all levels of the organization to ensure the Network's transformation into a learning organization. The research sector is an important catalyst for learning client programs, generating, acquiring and transmitting new knowledge to enhance the quality of care and services, and the health of our population.

The mandate of the Network's Health Research and Evaluation Sector is to promote the development of a research culture and the integration of research and evaluation activities within the Network, with a view to advancing knowledge, improving practices, services and care, and supporting decision-making.

The sector's three priorities are:

- a) ensure the development of research initiatives to acquire new knowledge or answer a clinical question;
- b) evaluate the implementation and/or effectiveness of new programs and services; and
- c) promote and optimize the transfer of knowledge developed through our research and evaluation initiatives.

More specifically, the sector will be promoting the following initiatives over the next few years:

- resume clinical trials;
- increase and optimize knowledge transfer activities;
- increase integration of research and evaluation into the Network's strategic planning and priority projects.

b. Training and teaching partnerships

Creating an environment conducive to learning is all the more important, given that the new Provincial Health Plan calls for the creation of innovative and adapted training programs that will require increased collaboration between the Network and educational institutions. As a result, a new directorate, dedicated to training and teaching partnerships and reporting to the Senior Vice-President, University Mission, Performance and Strategy, was created in 2022. The creation of a team dedicated to training and teaching partnerships will enable the Network to better position itself to meet the growing demand.

The mandate of the training and teaching partnerships sector is to develop partnerships and affiliation agreements with post-secondary institutions in order to meet the demand for student internships at Vitalité Health Network.

The sector's three priorities are:

- c. to develop partnerships with post-secondary institutions;
- d. to develop and update affiliation agreements with post-secondary institutions;
- e. to fill student internship placement requests at Vitalité Health Network.

More specifically, the sector will be promoting the following initiatives over the next few years:

- the capacity of our facilities to accommodate students;
- incentives for preceptors and internship supervisors;
- negotiating new agreements and maintaining and optimizing existing ones.

5. Commercial agreements

The Network collaborates with many partners, such as the Atlantic Cancer Research Institute, Université de Moncton and Université de Sherbrooke. In addition, the Network has an agreement with the Ministère de la Santé du Québec to deliver services to the residents of Avignon.

6. Human capital

Human Resources (HR) Department priorities align with the Network's strategic priorities. Priorities of the HR Department include improving recruitment performance and enhancing the employee experience for retention.

6.1 Recruitment

The Network has a shortfall equivalent to approximately 10% of its workforce. Added to this is a projected annual turnover rate of between 5% and 7% over the next few years. Firstly, the HR Department is reaching out to universities and colleges to establish closer relationships with students and professors in order to increase and optimize its breakthrough rate among graduates. However, the cohorts of graduates from health care training programs will not be enough to meet the needs of the future. Although the HR Department is also setting targets to increase hiring within the domestic market, the key to making up the shortfall will be international recruitment. The Network has resumed its international recruitment efforts since May 2022 with a focus on nursing. As a result, over 100 international nurses joined the Network in 2023 (working as health care attendants while awaiting their registration), and we expect this number to increase in 2024. International recruitment efforts will need to continue for several more years to help meet the needs.

6.2 Employee experience and retention

Employee experience is key to retention and reducing recruitment needs. The HR Department has a number of projects on its roadmap to improve the work experience, including better attendance management, reducing workplace accidents, implementing the standard for psychological safety in the workplace, implementing a new leadership competency framework for Network managers, and improving recognition culture and practices. The HR Department has also set up a team of professionals to support the occupational health physician.

We will also be introducing a new quarterly survey this year, which will enable us to measure employee experience more often and prioritize this indicator with Network managers.

The HR Department is also setting up an operational scorecard to better assess its own performance and identify priority areas for improvement.

7. Information Technology

The five-year Information Technology (IT) Strategic Plan continues with significant advances this year. Efforts were particularly focused on upgrading the skills of the resources making up the digital health team, carrying out projects in line with the Network's major priorities, establishing a governance framework, and improving data access and quality. We also completed the transition to a modern platform for virtual care, and worked to make the IT environment more secure.

This strategic plan addresses the Network's current IT priorities and challenges, and provides direction for the Network to manage and use IT as a strategic asset in innovative ways to improve clinical and administrative service delivery. More specifically, the plan aims to:

- enhance the user experience with better services and cutting-edge technologies;
- provide the public with better access to information;
- optimize the time of clinical and administrative teams, particularly in a context of labour shortages;
- facilitate decision-making based on valid, factual data;
- monitor the Network's performance.

The ongoing transformation of IT is a cornerstone in the development of innovative and digital projects. IT strategic plan recommendations align with the Network's priorities and the new Provincial Health Plan.

8. The Network's Financial Statement

As part of the budget development process, various factors were taken into consideration when preparing budgets for the 2024–2025 fiscal year. The overall increase in core funding received from the Department of Health represents an increase of 8.3%. This increase includes:

- salary increases, in line with current collective agreements;
- inflation;
- a budget envelope of \$8.4 million for new initiatives under the Regional Health and Business Plan (RHBP);
- compensation for the withdrawal of \$2.2 million in Veterans Affairs funding.

This budget includes the reimbursement of expenses that the Department of Health committed to honour through budget amendments for the initiatives granted as part of the budget process. It also includes \$20 million in funding for the expansion of the primary health care improvement program. This amount is to be divided between the two health authorities on the recommendation of the primary health care steering committee.

The tables in Appendix E (1 and 2) present the main categories of revenues and expenses for the next three years as well as the summary of expenses by program. The budgets for the 2025–2026 and 2026–2027 fiscal years use budget assumptions. These budgets include a 2.5% increase in revenues from the Department and a 1.5% increase from Medicare (recoveries for salaried physicians), as well as the resolution of reductions occurring in the first year of the Plan. The budget envelope increase was allocated to the categories of expenses to maintain current operations and the initiatives already approved by the Department. Please note that new initiatives that have not been approved by the Department are not included in the budget presented in Appendix H.

It should be noted that the Network has identified financial risks based, on the one hand, on commitments that were incurred in previous years and that will continue in fiscal 2024–2025, and on the other hand, on new commitments in connection with the primary health care program that will be accomplished during the year and for which confirmed funding is estimated to be insufficient.

9. Infrastructure and Capital Projects

The Network has 57 facilities. The challenges of maintaining and developing physical spaces and medical equipment should not be underestimated. In fact, despite the major projects underway, the lack of maintenance and deterioration in the quality of facilities is worsening year after year due to the gap between the budgets required and those actually allocated.

Pending project transfer from the Department of Transport and Infrastructure, the Network will commit to:

1. Complete the missing components of the Chaleur Regional Hospital expansion (contract 4 of 5: \$217 million). Given the differences in deliverables between the Department of Transport and Infrastructure and the contractor, the new spaces should only be delivered at the beginning of 2025, and the renovation of the existing part (contract 5) will start in 2025 and finish in 2032.
2. Construction of a new public health laboratory at the Dr. Georges-L.-Dumont UHC is scheduled to begin in 2024, with possible completion in the fall of 2026.
3. Construction of the new central pharmacy at the Dr. Georges-L.-Dumont UHC will begin in 2024 and could be completed in the spring of 2026.

The Network wishes to establish a coherent vision for the development of its facilities in parallel with its service offering. To achieve this goal, it is implementing Clinical and Infrastructure Master Plans to improve facilities where functional and obsolescence needs have been prioritized.

In 2018, the Dr. Georges-L.-Dumont UHC has been identified as a priority. Currently, the planning work recommended by the 2019 Clinical and Infrastructure Master Plan is underway. They involve:

- Redeveloping the space vacated by the old surgical suite to create a new endoscopic suite. Plans and specifications are underway for the 2023–2024 period. To accomplish this, we are awaiting a budget request from the Department in excess of \$18 million.
- Major emergency room renovation needed at Dr. Georges-L.-Dumont UHC.

For the Edmundston Regional Hospital, a master plan and infrastructure master program (IMP) have been drawn up and submitted to the Department of Health in October 2023. Probable construction costs for all the projects proposed in this plan are estimated at nearly \$400 million.

A master plan and infrastructure master program for the Stella-Maris de Kent Hospital will also be drawn up in 2024 for submission to the Department of Health in October 2024.

In addition to these major projects, it remains imperative to plan and carry out various maintenance, upgrading and modernization work on existing infrastructures in all Network zones. As facilities age, there is a greater need to ensure that they meet the quality standards demanded by new practices, new standards, and legal and regulatory updates concerning the safety of buildings where health care is delivered.

In addition, it is crucial to meet the additional space requirements associated with the creation of certain community-based clinical programs. It should be noted that in most zones, expansion of existing facilities is no longer possible without undertaking extension work or leasing additional premises. These space requirements are well documented and currently exceed 70,000 square feet. Needs continue to grow and, in some cases, hinder the optimization of clinical services, the development of which has been approved and prioritized.

The Network is currently reviewing its five-year infrastructure plan that includes specialized medical equipment. For 2023–2024, total funding of \$20.6 million has been allocated for capital equipment replacement. This amount includes a regular budget of \$3.8 million for the replacement of medical equipment costing between \$5,000 and \$100,000, as well as a budget of \$16.8 million for the replacement of equipment costing \$100,000 or more. For the year 2024–2025, the Department of Health has already confirmed a capital equipment budget of \$11.869 million in addition to a special budget of \$600,000 for food service capital equipment upgrades.

With regard to facilities, the Network has received a capital improvement budget of \$11.2 million for the year 2023–2024. This amount is earmarked exclusively for the replacement of architectural, mechanical, electrical and telecommunications components that have reached or are approaching the end of their useful life. For 2024–2025, the Department of Health has already confirmed a budget of \$12.5 million. It is important to note that the complexity of projects and the new challenges related to manufacturing and transportation lead times are forcing us more and more to plan these projects over two fiscal years.

In addition, for the year 2024–2025, a budget of \$2.8 million has been allocated for a number of special projects.

Please refer to Appendix F (1 to 7) for details of the Department of Health’s capital and major projects investment budget for the period 2024–2025, as well as projections of capital improvement project requests for the next five years as part of the five-year plan.



Appendices

APPENDIX A

Points of service (2023-2024)

Points of service	Beauséjour Zone	Northwest Zone	Restigouche Zone	Acadie-Bathurst Zone	Network
Number of hospitals	2	3	2	4	11
Number of veterans' units/centres	1	0	1	0	1
Number of community health centres	0	0	1	2	3
Number of health centres	1	1	1	3	6
Number of health clinics	3	2	1	0	6
Number of community mental health centres and points of service	2	3	2	4	11
Number of public health offices and points of service	4	3	3	4	14
Number of addiction services centres	0	1	1	2	4
Number of Extra-Mural Program offices	0	0	0	0	0
Total number of points of service	13	13	12	19	56

APPENDIX B-1

Activity Volume (2023-2024)

Volumes and activities	Beauséjour Zone	Northwest Zone	Restigouche Zone	Acadie-Bathurst Zone	Network
Number of admissions (excluding newborns)	7,913	5,760	3,415	6,625	23,713
Number of admissions - veterans	15	0	0	0	15
Number of admissions - Restigouche Hospital Centre	0	0	291	0	291
Number of newborns	815	315	0	435	1,565
Number of patient days (excluding newborns)	105,097	62,265	46,000	89,457	302,819
Number of patient days - veterans	13,760	0	0	0	13,760
Number of patient days - Restigouche Hospital Centre	0	0	31,473	0	31,473
Number of emergency room visits	54,402	54,476	19,290	55,428	183,596
Number of ambulatory care visits	137,655	68,985	20,824	91,768	319,232
Number of surgical cases	7,338	2,885	2,928	4,265	17,416
Number of dialysis treatments	42,017	4,776	2,777	15,157	64,727
Number of oncology clinic treatments (chemo - excluding bedside treatments)	4,624	1,725	994	2,999	10,342
Number of attendance days - radiation therapy	20,805	0	0	0	20,805
Number of laboratory procedures	5,655,806	1,027,095	1,016,730	2,513,154	10,212,785
Number of medical imaging procedures	144,719	68,863	52,336	115,599	381,517
Number of attendance days - respiratory therapy and pulmonary clinic	16,878	9,658	9,295	12,765	48,596
Number of attendance days - rehabilitation services (audiology, occupational therapy, physiotherapy, speech-language pathology, recreation therapy)	71,937	34,247	38,908	46,920	192,012
Number of attendance days - therapeutic services	23,620	15,524	8,859	15,130	63,133
Number of consultations scheduled in community health centres	s.o.	s.o.	8,320	29,147	37,467
Percentage of children vaccinated in schools - Tdap	75%	72%	74%	73%	74%
Percentage of children vaccinated in schools - HPV	72%	64%	69%	71%	71%
Percentage of children vaccinated in schools - varicella	s.o.	s.o.	s.o.	s.o.	s.o.
Percentage of children vaccinated in schools - meningococcus	73%	59%	63%	67%	70%
Number of admissions to the Healthy Families, Healthy Babies Program	184	89	33	64	370
Number of healthy toddler assessments	1,181	255	179	347	1,962
Number of internal admissions to addiction services	s.o.	390	174	302	866
Number of visits in health centres	47,415	6,937	3,170	20,111	77,633

APPENDIX B-2

Number of Beds

Facility	Beds open at April 1, 2023	Acute care	Rehabilitation care	Chronic care
Dr. Georges-L.-Dumont UHC	302	227	25	50
Stella-Maris-de-Kent Hospital	20	20	0	0
Total Zone 1B	322	247	25	50
Hôtel-Dieu Saint-Joseph de Saint-Quentin	6	6	0	0
Grand Falls General Hospital	20	20	0	0
Edmundston Regional Hospital	169	113	0	56
Total Zone 4	195	139	0	56
Campbellton Regional Hospital	146	121	0	25
Total Zone 5	146	121	0	25
Lamèque Hospital	12	12	0	0
Tracadie Hospital	59	59	0	0
Enfant-Jésus RHSJ† Hospital (Caraquet)	12	12	0	0
Chaleur Regional Hospital	215	171	0	44
Total Zone 6	298	254	0	44
Total	961	761	25	175

APPENDIX C

Human Resources Profile

Network Profile	Beauséjour Zone	Northwest Zone	Restigouche Zone	Acadie-Bathurst Zone	Network
Number of male employees	573	249	356	380	1558
Number of female employees	2440	1286	1046	1937	6709
Number of X employees	1	0	0	1	2
Number of full-time employees	2130	1071	992	1445	5638
Number of part-time employees	325	223	134	472	1154
Total number of employees (March 2024) (all statuses)	3014	1535	1402	2318	8269
Number of family physicians	128	47	17	81	273
Number of medical specialists	129	35	30	63	257
Total number of physicians⁵ (March 2024)	257	82	47	144	530
Number of nurse practitioners	19	6	12	12	49
Number of volunteers ⁶ (March 2024)	301	45	55	169	572
Number of vacant permanent positions	335	138	170	147	790
Number of vacant family/ER physician positions	9	10,5	14,5	12	46
Number of vacant medical specialist positions	23	8	11	19	61
Total number of vacant medical positions (March 2024)	32	18.5	25.5	31	107
Number of retirements	28	17	32	37	114
Number of physician retirements	1	0	1	1	3
Total number of retirements (March 2024)	29	17	33	38	117
Number of departures 2023–2024 (retirements + other) (all statuses)	291	127	171	239	828
Number of physician departures (retirements + other)	9	2	1	4	16
Total number of departures (retirements + other)	300	129	172	243	844
Number of staff members hired	573	303	276	354	1506
Number of physicians hired	23	3	6	13	45
Average age of staff	40.8	40.8	42.4	42.8	41.6
Average age of medical staff	45.7	48.8	50.8	45.5	47.7

5 Department of Health – New Brunswick Medicare (excluding out-of-province consulting physicians)

6 Volunteer Services

APPENDIX D-1

Operating Budget for 2024-2027

Revenues	2024-2025	2025-2026	2026-2027
Products	848,622,164	867,703,647	887,262,167
Department of Health*	763,259,321	782,340,804	801,899,324
Recoveries and other	85,362,843	85,362,843	85,362,843
Salaried physician recoveries	88,927,629	90,261,543	91,615,466
Medical education	6,389,547	6,389,547	6,389,547
Other programs	6,432,296	6,432,296	6,432,296
Veterans	5,776,017	5,776,017	5,776,017
Health Canada	156,279	156,279	156,279
Donations from foundations	500,000	500,000	500,000
Total revenues	\$950,371,636	\$970,787,033	\$991,699,476
Expenses	2024-2025	2025-2026	2026-2027
Salaries	523,444,737	535,222,244	543,250,577
Benefits	65,376,910	66,847,890	67,850,609
Physician salaries	89,833,225	91,180,723	92,548,434
Medical and surgical supplies	44,433,189	45,099,687	45,776,182
Medications	54,984,618	56,084,310	57,205,997
Other expenses	172,298,957	176,352,178	185,067,677
Total expenses	\$950,371,636	\$970,787,033	\$991,699,476
Operating surplus (deficit)	0	0	0
Capital revenues	27,804,075	30,000,000	30,000,000
Amortization of capital assets	(35,000,000)	(35,000,000)	(35,000,000)
Provision for sick pay obligation	(750,000)	(750,000)	(750,000)
Surplus (deficit)	\$(7,945,925)	\$(5,750,000)	\$(5,750,000)

* Includes patient revenue.

APPENDIX D-2

Expenses per Program for 2024-2027

Expenses per program	2024-2025	2025-2026	2026-2027
Clinical programs	\$527,872,848	\$539,564,637	\$551,548,701
Inpatient services	178,446,443	182,395,606	186,443,423
Ambulatory services	110,546,163	112,995,656	115,506,404
Diagnostic and therapeutic services	159,784,294	163,324,810	166,953,865
Tertiary services	75,489,022	77,161,715	78,876,238
Training	3,606,927	3,686,849	3,768,771
Administrative and support services	\$217,661,982	\$222,484,958	\$227,428,544
Support services	180,457,874	184,456,478	188,555,076
Administration and others	37,204,108	38,028,480	38,873,468
Salaried physicians	\$89,152,625	\$90,489,914	\$91,847,263
Other Department of Health programs	\$95,235,931	\$97,346,178	\$99,509,197
Mental health - Restigouche	14,818,452	15,146,801	15,483,361
Mental health - hospitals	17,478,326	17,865,612	18,262,584
Addiction services	10,101,746	10,325,582	10,555,015
Public Health	15,895,109	16,247,314	16,608,328
Community Mental Health	36,942,297	37,760,868	38,599,910
Research	\$6,318,007	\$6,458,002	\$6,601,498
Medical education	\$7,597,405	\$7,765,749	\$7,938,303
Other	\$6,532,839	\$6,677,594	\$6,825,969
Miscellaneous	192	196	201
Donations/foundations	827,437	845,771	864,564
Veterans	5,340,915	5,459,260	5,580,564
Health Canada	364,295	372,367	380,641
Total expenses per program	\$950,371,636	\$970,787,033	\$991,699,476

APPENDIX E-1

Capital Budget Authorized for 2024-2025

Capital Budget		Subtotal	Total
Equipment budget	Under \$100,000 \$ - Operating	\$3,800,000	\$16,269,075
	\$100,000 and over - Capital	\$11,869,075	
	Special - Food service equipment replacement	\$600,000	
Chaleur Regional Hospital major project capital equipment budget			\$3,800,00
Total budget for equipment and major renovation work			\$20,069,075

APPENDIX E-2

Major Projects Authorized for 2024-2025

Facility	Project description	Approved projects/ Budget approved for 2024-2025
Chaleur Regional Hospital	Expansion (210,000 sq. ft.) – total of \$217 million	\$12,750,000
Dr. Georges-L.-Dumont UHC	Development of the New Brunswick Public Health Laboratory – total of \$20 million	\$9,340,000
Network – Zone 1B	Centre of Excellence for Youth Mental Health in Moncton – total of \$29.4 million	\$12,550,000
Network	Pharmacy upgrades – total of \$32.7 million – upgrade of the Dr. Georges-L.-Dumont UHC central pharmacy in 2023-2024 and other	\$11,330,000
Dr. Georges-L.-Dumont UHC	Redesign of the expansion functional plan for emergency and outpatient departments	0
Total		\$49,970,000

APPENDIX E-2A

Special Projects Authorized for 2024-2025

Facility	Project description	Approved projects/ Estimated costs
Centre for Hope and Harmony in Campbellton	Construction of garage, wood shed, sweat lodge shelter and repairs to link	\$300,000
Enfant-Jésus RHSJ† Hospital (Caraquet)	Renovation of level 2 to add 12 patient rooms	\$2,500,000
Total		\$2,800,000

APPENDIX E-3

Equipment \$100,000 and Over Authorized for 2024-2025
(letter from the Department)

Zone	Prioritized equipment for 2024-2025	Budget Price
0	Renovations linked to the installation of new equipment	1,665,000
1B	Angiography room	1,333,493
6	Gamma camera	1,400,000
1B	CT-SIM replacement	708,500
1B	Linear accelerator (radiation oncology)	1,055,000
1B	Dishwasher	2,800,000
5	Canon Ultimax-I multifunction fluoroscopy room	987,822
1B	Digital radiography	751,712
0	Contingency fund	1,167,548
Subtotal - Equipment		\$11,869,075
4	Heated base for cart	15,000
4	Dishwasher booster	25,000
6	Oven	33,000
1B	Range (two burners - hot plate)	8,580
4	Refrigerated display	25,000
1B	40-gallon kettle (wall-mounted)	19,459
4	Double-wall steam kettle	34,300
1B	20-gallon kettle	15,852
4	Heated display	12,500
1B	Heated service counter with three wells	21,000
4	Refrigerated deli table	12,600
5	Single-section refrigerator	6,000
5	Single-section freezer	6,000
4	Plate warmer	15,400
4	Delivery cart for trays	16,400
4	Rapid cooler	50,000
6	Stove	18,000
6	Two-burner stove	10,000
6	Steam stove	16,000
6	Heating base	30,000
6	Plate warmer	7,000
6	Tray cart	12,000
6	Heated service counter with three wells	28,000
4	G-Leam tray system	117,000
4	Dishwasher booster	37,500
1B	Single-section freezer	6,000
All zones	Contingency fund	2,409
Subtotal - Food Services		\$11,869,075
Total equipment prioritized for 2024-2025		\$12,469,075

APPENDIX E-4

Equipment \$100,000 and Over, Planned for 2025-2029

Zone	Equipment planned for 2025-2026	Budget price
4	PACMED / Packaging / Automated drug packaging and dispensing system	250,000
0	Traceability code system	600,000
6	Vitros biochemistry analyzer 1	125,000
6	Vitros biochemistry analyzer 2	125,000
6	Auto-embedding system	240,000
6	Barcoding system - pathology	450,000
5	Bone densitometer	100,000
5	Mobile C-ARM fluoroscopy unit	197,138
6	C-Arm	240,000
1B	DGLDUHC BO C-Arm	240,000
1B	Tissue processor	125,000
4	CT scanner (submitted to the DH in 2025-2026)	2,100,000
5	CT scanner (submitted to the DH in 2025-2026)	2,100,000
5	Mobile DR	220,000
4	Vivid E95	200,000
1B	Fluoroscopy unit - urology (Room 4)	600,000
1B	CO ₂ Laser	225,000
5	Intellijoint system	250,800
1B	CO ₂ Laser (Gynecology)	225,000
6	Liquid-based cytology unit	110,000
1B	NGS platform update	900,000
4	Pac Vision	400,000
1B	TEP / TDM	3,300,000
1B	Cytogenetics platform	400,000
1B	Portable ultrasound (2)	120,000
1B	Reverse osmosis system for Hemo 1 (2004)	280,000
1B	Reverse osmosis system for Hemo 2 (2002)	280,000
1B	Reverse osmosis system for Hemo 3 (2005)	280,000
4	General digital radiography (DR) room	1,030,000
5	General digital radiography (DR) (Room 7)	1,030,000
4	General surgical table (orthopedics?)	185,000
5	General surgical table (orthopedics?)	185,000
6	General surgical table (orthopedics?)	185,000
5	Orthopedics table	277,314
Total equipment planned for 2025-2026		\$17,575,251

Zone	Equipment planned for 2026-2027	Budget price
4	Novus Spectra Laser replacement	120,000
1B	Pac Vision	424,000
1B	Vitros 4600 biochemistry analyzer	400,000
1B	Vitros 4600 biochemistry analyzer #1	400,000
1B	Vitros 4600 biochemistry analyzer #2	400,000
1B	Automated hematology unit	125,000
1B	Hydrosurgery device (submitted to DH in 2025-2026)	120,000
4	Mobile C-ARM fluoroscopy unit	240,000
6	CT scanner (submitted to the DH in 2025-2026)	2,100,000
1B	CT scanner (Room 1)	2,100,000
0	Endoscopic image processor	350,000
1B	enGen automation system	1,100,000
6	Gamma camera for cardiac imaging	2,100,000
1B	Mammography 2 of 2 EOL June 2023 submitted to DH in 2025-2026	650,000
6	Ophthalmology, Clarion OCT replacement	120,000
1B	PACMED / Packaging / Automated drug packaging and dispensing system	250,000
1B	Reverse osmosis system for the lab	280,000
4	Reverse osmosis system (2006)	225,000
6	Main reverse osmosis system (2006)	230,000
5	Reverse osmosis system (2006)	130,000
5	Reverse osmosis system (2006)	130,000
5	General digital radiography (DR) (Room 2)	1,100,000
5	Cardiac ultrasound	215,000
1B	Diagnostic ultrasound	200,000
1B	Diagnostic ultrasound	215,000
1B	Diagnostic ultrasound	190,000
5	ABUS 3D breast ultrasound (automated breast ultrasound)	250,000
6	Ultrasound for OBS	200,000
5	Urology/Cystography unit	550,000
4	WRO 102H(P) reverse osmosis system (2006)	210,000
1B	C-Arm	240,000
4	Biochemistry analyzer	120,000
Total equipment planned for 2026-2027		\$15,484,000

Zone	Equipment planned for 2027-2028	Budget price
1B	BD Totalys multiprocessor	350,000
6	CT Scanner	2,100,000
1B	DNA sequencer	220,000
6	WRO ROHH 131 reverse osmosis system for intensive care (2013)	224,000
1B	Integrated power console	120,000
1B	Integrated power console	120,000
6	Mammography unit	620,000
4	Navigator 2.0 control unit	109,884
1B	Lauer reverse osmosis system (2008)	164,000
1B	General digital radiography (DR) (Room 1)	1,030,000
4	General digital radiography (DR) (Room 2)	1,100,000
1B	General digital radiography (DR) (Room A)	1,030,000
1B	General digital radiography (DR) (Room B)	1,030,000
1B	General digital radiography (DR) (Room D)	1,030,000
4	General digital radiography (DR) (Room 1)	1,100,000
5	ENT microscope	200,000
1B	Diagnostic ultrasound	160,000
4	WRO 101H reverse osmosis system (2008)	210,000
4	WRO 102S reverse osmosis system (2006)	210,000
Total equipment planned for 2027-2028		\$11,127,884

Zone	Equipment planned for 2028-2029	Budget Price
4	C-Arm	240,000
5	Vitros 5600 biochemistry analyzer #1	125,000
5	Vitros 5600 biochemistry analyzer #2	125,000
4	BACTEC FX microbiology analyzer	500,000
1B	Autostainer XL staining system	133,461
1B	C-Arm	240,000
1B	DNA sequencer	220,000
4	Mobile DR	220,000
6	Mobile DR	220,000
6	Mobile DR	220,000
6	Canon Aplio i700 general ultrasound unit	920,000
6	Canon Aplio i700 general ultrasound unit (#1)	230,000
6	Canon Aplio i700 general ultrasound unit (#2)	230,000
4	Gamma camera #2	1,700,000
1B	Stationary MRI	1,850,000
6	CO2 Laser	400,000
1B	Non-magnetic vital-parameter monitors (MR400 replacement)	121,000
1B	Nucleic acid purification system	180,000
6	pH meter	100,000
1B	Replacement of Voluson S10 BT16 ultrasound scanner	160,000
6	General digital radiography (DR) room	1,100,000
6	Diagnostic ultrasound	200,000
1B	EBUS Ultrasound	180,000
1B	Vivid E95-4D (X1)	200,000
Total equipment planned for 2028-2029		\$9,814,461

APPENDIX E-5

Building Improvement Projects Authorized for 2024-2025

Order	Facility	Project description	Approved projects/ Estimated costs
Building improvements authorized for 2024–2025 by letter from the Department of Health			
1	Lamèque Hospital	Addition of a ventilation system - project postponed from 2023–2024	1,200,000
2	Campbellton Regional Hospital	Replacement of existing pneumatic control system with DDC system – phase 1 of 3 - project postponed from 2023–2024	1,900,000
3	Tracadie Hospital	Replacement of generator and main transformer - project postponed from 2023–2024	1,500,000
4	Stella-Maris-de-Kent Hospital	Replacement of a ventilation unit (laundry and kitchen) - project postponed from 2023–2024	810,000
5	Hôtel-Dieu St-Joseph de Saint-Quentin	Generator replacement - phase 1 - project postponed from 2023–2024	650,000
6	Tracadie Hospital	Replacement of fire alarm system controls - project postponed from 2023–2024	350,000
7	Hôpital de Saint-Quentin	Elevator replacement - project postponed from 2023–2024	500,000
8	Grand Falls General Hospital	Chimney repair - project postponed from 2023–2024	250,000
9	Dr. Georges-L.-Dumont UHC	Addition of nightlights in elevators 7 to 10	150,000
10	Edmundston Regional Hospital	Replacement of the surgical suite chiller	350,000
11	Edmundston Regional Hospital	Replacement of the laundry chiller	350,000
12	Edmundston Regional Hospital	Replacement of window lintel coverings	200,000
13	Hôpital Enfant-Jésus de Caraquet	Chimney repair	300,000
14	Chaleur Regional Hospital	Chiller replacement (MRI and mammography room)	350,000
15	Edmundston Regional Hospital	MRI chiller replacement	350,000
16	Dr. Georges-L.-Dumont UHC	MRI chiller replacement	350,000
17	Dr. Georges-L.-Dumont UHC	Upgrading of elevators 4, 5, 6, 9 and 10	1,500,000
18	Edmundston Regional Hospital	Laundry room heat recovery system update	475,000
19	All facilities	Roof repair program	1,000,000
Total for 2023-2025			\$12,534,999

APPENDIX E-6

Building Improvements Planned for 2025-2029

Order	Facility	Project description	Approved projects/ Estimated costs
Building improvements requested for 2024-2025, but not approved and will have to be postponed to 2025-2026			
1	Edmundston Regional Hospital	Fire alarm panel replacement	2,200,000
2	Campbellton Regional Hospital	Fire alarm panel replacement	2,200,000
3	Dr. Georges-L.-Dumont UHC (Hôtel-Dieu)	Addition of a public announcement system	350,000
4	Hôtel-Dieu St-Joseph de Saint-Quentin	Replace the nurse call bell system	700,000
5	Stella-Maris-de-Kent Hospital	Replacement of ventilation systems - phase 1 of 2	1,500,000
6	Dr. Georges-L.-Dumont UHC	Retrofit of elevator 14	900,000
7	Chaleur Regional Hospital	Replace two ventilation units	1,500,000
8	Edmundston Regional Hospital	Replacement of refrigeration and freezing chambers	2,200,000
9	Dr. Georges-L.-Dumont UHC	Changing power system priorities	450,000
10	Edmundston Regional Hospital	Replacement of 4 transfer switches	600,000
11	Edmundston Regional Hospital	Upgrade 2 electric substations	500,000
12	Dr. Georges-L.-Dumont UHC	Sanitary sewer line replacement	100,000
13	Edmundston Regional Hospital	Construction of a maintenance garage	500,000
14	Hôtel-Dieu St-Joseph de Saint-Quentin	Cap sheet replacement on roofs 2, 3, 5 and 6	250,000
15	Grand Falls General Hospital	Cap sheet replacement on roofs 1, 2, 3, 4, 6, 8, 9 and 18	500,000
16	Hôtel-Dieu St-Joseph de Saint-Quentin	Replacement of a ventilation and air-conditioning unit	750,000
17	Dr. Georges-L.-Dumont UHC	Replacement of recovery system - C-section room 3B	200,000
18	Dr. Georges-L.-Dumont UHC	Replacement of chilled water return circuit	250,000
19	Stella-Maris-de-Kent Hospital	Replace roof 1	400,000
20	Campbellton Regional Hospital	Link roof replacement, sections 12, 13, 14, 15	150,000
21	Zone 1B - Beauséjour	Building and system condition assessments	500,000
22	Stella-Maris-de-Kent Hospital	Master plan	200,000
23	Grand Falls General Hospital	Master plan	200,000
24	Public Health and Mental Health	Master plan	350,000
Total not approved for 2024-2025			\$17,449,998

Buiding improvements planned for 2025-2026			
1	Campbellton Regional Hospital	Replacement of existing pneumatic control system with DDC system – phase 2 of 3	3,000,000
2	Hôtel-Dieu St-Joseph de Saint-Quentin	Generator replacement - phase 2 - project postponed from 2024–2025	350,000
3	Stella-Maris-de-Kent Hospital	Replacement of ventilation systems - phase 2 of 2	2,000,000
4	Dr. Georges-L.-Dumont UHC	Upgrading of elevators 4, 5, 6, 9 and 10	750,000
5	Enfant-Jésus RHSJ+ Hospital (Caraquet)	Generator and tank replacement	1,500,000
6	Lamèque Hospital	Generator and tank replacement	1,500,000
7	Hôtel-Dieu St-Joseph de Saint-Quentin	Replacement of a ventilation and air-conditioning unit – phase 2	750,000
8	Chaleur Regional Hospital	Replace cooling tower and chiller	2,500,000
9	Edmundston Regional Hospital	Replacement of the control system in each room - phase 3	1,000,000
10	Enfant-Jésus RHSJ+ Hospital (Caraquet)	Replacement of windows	250,000
11	Chaleur Regional Hospital	Replace roofs 16 and 19	375,000
12	Campbellton Regional Hospital	Replacement of refrigeration and freezer rooms	2,200,000
13	Dr. Georges-L.-Dumont UHC (Oncology Centre)	Addition of elevator emergency power	200,000
14	Grand Falls General Hospital	Replacement of a transfer switch	125,000
15	Hôtel-Dieu St-Joseph de Saint-Quentin	Replacement of a transfer switch	125,000
16	Edmundston Regional Hospital	Replace roof 3	900,000
17	Edmundston Regional Hospital	Addition of an air-conditioning unit (chiller)	1,000,000
18	Edmundston Regional Hospital	Replacement of the scavenging system	350,000
19	CHU Dr. Georges-L.-Dumont	Rectification of fire separations and smoke dampers	1,000,000
20	Edmundston Regional Hospital	Replacement of the underground oil tank	350,000
21	Dr. Georges-L.-Dumont UHC	Replacement of pipes and valves	100,000
22	Lamèque Hospital	Chimney repair	100,000
23	Grand Falls General Hospital	Replace the boiler control system	100,000
24	Edmundston Regional Hospital	Replace roof 7	500,000
25	St-Joseph Community Health Centre (Dalhousie)	Fire alarm system replacement	500,000
26	Campbellton Regional Hospital	Replacement of outdoor signs	250,000
27	Zone 4 – Northwest	Building and system condition assessments	500,000
28	Campbellton Regional Hospital	Master plan	500,000
Total for 2025-2026			\$22,775,000

Buiding improvements planned for 2026-2027			
1	Campbellton Regional Hospital	Replacement of existing pneumatic control system with DDC system – phase 3 of 3	1,000,000
2	Edmundston Regional Hospital	Replacement of the control system in each room - phase 3 – part 2	3,000,000
3	Dr. Georges-L.-Dumont UHC	Enhancement of elevators 7 and 8	1,000,000
4	Campbellton Regional Hospital	Replace two chillers and refrigeration towers	2,500,000
5	Enfant-Jésus RHSJ† Hospital (Caraquet)	Replacement of a ventilation and air-conditioning system	900,000
6	Tracadie Hospital	Replacement of a ventilation and air-conditioning system	900,000
7	Grand Falls General Hospital	Enhancement of elevator 2	400,000
8	Grand Falls General Hospital	Flooring replacement – old section	300,000
9	Edmundston Regional Hospital	Asphalt - access road and visitor parking	1,000,000
10	Campbellton Regional Hospital	Asphalt - access road	650,000
11	Dr. Georges-L.-Dumont UHC	Replace roofs – phase 1: replace roofs 29, 41, 42, 43 and 44, and cap sheet on roofs 58, 59, 74, 75, 76, 77 and 78	750,000
12	Edmundston Regional Hospital	Replace roof 2	1,000,000
13	Tracadie Hospital	Replacement - tower and air-conditioning system (chiller)	2,000,000
14	Lamèque Hospital	Boiler and oil tank replacement	1,000,000
15	Zone 5 - Restigouche	Building and system condition assessments	500,000
16	Tracadie Hospital	Master plan	400,000
Total for 2026-2027			\$17,299,999

Buiding improvements planned for 2027-2028			
1	Edmundston Regional Hospital	Replacement of the control system in each room - phase 3	2,000,000
2	Edmundston Regional Hospital	Addition of a negative pressure isolation room in the emergency department	400,000
3	Campbellton Regional Hospital	Upgrading of isolation rooms - phase 1	950,000
4	Edmundston Regional Hospital	Upgrading of isolation rooms - phase 1	950,000
5	Grand Falls General Hospital	Replacement of the underground oil tank	350,000
6	Hôtel-Dieu St-Joseph de Saint-Quentin	Replacement of the underground oil tank	350,000
7	Chaleur Regional Hospital	Replacement of ventilation unit 5	950,000
8	Lamèque Hospital	Replacement of the central fire protection system	350,000
9	Enfant-Jésus RHSJ† Hospital (Caraquet)	Replacement of the central fire protection system	500,000
10	Dr. Georges-L.-Dumont UHC	Replace roofs – phase 2: replace roofs 19, 20, 22, 24, 25, 26, 27, 28 and 30	750,000
11	Edmundston Regional Hospital	Replace roof 16	1,000,000
12	Enfant-Jésus RHSJ† Hospital (Caraquet)	Replace roofs	1,500,000
13	Lamèque Hospital	Boiler and oil tank replacement – part 2	1,000,000
14	Zone 6 – Acadie-Bathurst	Building and system condition assessments	500,000
15	Enfant-Jésus RHSJ† Hospital (Caraquet)	Master plan	200,000
16	Hôtel-Dieu St-Joseph de Saint-Quentin	Master plan	200,000
Total for 2027-2028			\$11,949,999

Buiding improvements planned for 2028-2029			
1	Tracadie Hospital	Boiler repairs	2,500,000
2	Grand Falls General Hospital	Replacement of the building control system	1,000,000
3	Hôtel-Dieu St-Joseph de Saint-Quentin	Replacement of the building control system	750,000
4	Campbellton Regional Hospital	Replacement of boiler condensate tank	800,000
5	Tracadie Hospital	Addition of an emergency generator	1,200,000
6	Dr. Georges-L.-Dumont UHC	Replace roofs – phase 2: replace roof 23	750,000
7	Edmundston Regional Hospital	Replace roof 3	500,000
8	Edmundston Regional Hospital	Replace roof 4	400,000
9	Lamèque Hospital	Replace roof	1,000,000
10	Enfant-Jésus RHSJ+ Hospital (Caraquet)	Replace boilers	1,000,000
11	Lamèque Hospital	Replace the nurse call bell system	750,000
12	Chaleur Regional Hospital	Replace roofs	1,500,000
13	Stella-Maris-de-Kent Hospital	Replace roofs – phase 2: replace roofs 1, 14, 15, 16 and 17	450,000
14	Grand Falls General Hospital	Replace roof 14	400,000
15	Hôtel-Dieu St-Joseph de Saint-Quentin	Replace roof 1	350,000
16	Lamèque Hospital	Master plan	150,000
17	Hôtel-Dieu Saint-Joseph de Saint-Quentin	Master plan	150,000
Total			\$13,649,999

NOTE: Additional projects will be added to the fiscal year 2027–2028 and 2028–2029 lists during the year, in anticipation of the filing of the fiscal year 2025–2026 building project request in September 2024. At present, our master list includes over 200 projects, totalling more than \$140 million.

APPENDIX E-7

Major Projects Requested for 2024-2025

Order	Facility	Project description	Total estimated project cost	Budget requested in 2024-2025 (master plan, plans and specifications or realization)
1	Chaleur Regional Hospital	Construction of an extension and major renovation	301,000,000	14 000,000
2	Youth Centre in Moncton	Construction of a new building	29,000,000	8,600,000
3	Dr. Georges-L.-Dumont UHC	Development of a public health laboratory	20,000,000	14,300,000
4	Centre hospitalier Restigouche	Development of a youth unit at B-1	3,500,000	2,000,000
5	Dr. Georges-L.-Dumont UHC	Phase A of the master plan - construction of a new emergency room, outpatient clinics and underground parking facilities	315,000,000	5,000,000
6	Dr. Georges-L.-Dumont UHC	Building of a new endoscopy suite in the old surgical suite	15,000,000	6,000,000
7	Dr. Georges-L.-Dumont UHC	Renovation of the child psychiatry unit	1,500,000	1,500,000
8	Dr. Georges-L.-Dumont UHC	Renovation of the psychiatry unit	5,000,000	250,000
9	Edmundston Regional Hospital	Renovation of the gyneco-obstetrics unit to create a mother-child unit	6,000,000	3,000,000
10	Dr. Georges-L.-Dumont UHC	Renovation of the central pharmacy	8,000,000	3,500,000
11	Campbellton Regional Hospital	Replacement of the mobile MRI unit with a stationary MRI unit	5,000,000	3,500,000
12	Dr. Georges-L.-Dumont UHC	Renovation of the gyneco-obstetrics unit to create a mother-child unit	6,000,000	
13	Edmundston Regional Hospital	All master plan projects	400,000,000	500,000
14	Stella-Maris-de-Kent Hospital	Emergency room expansion and renovation	50,000,000	250,000
15	Campbellton Regional Hospital	Creation of a geriatric day unit	4,000,000	2,000,000
16	Chaleur Regional Hospital	Renovation of the psychiatry and child psychiatry unit	5,000,000	1,500,000
17	Campbellton Regional Hospital	Renovation of the psychiatry and child psychiatry unit	5,000,000	250,000
18	Restigouche Hospital Centre	Replacement of doors	9,000,000	3,000,000

19	250 Université Avenue	Setting up outpatient clinics and administrative offices	60,000,000	500,000
20	Campbellton Regional Hospital	Renovation of the central pharmacy	5,000,000	250,000
21	Dr. Georges-L.-Dumont UHC	Reorganization of the coronary care unit	6,000,000	
22	Edmundston Regional Hospital	Renovation of the psychiatry and child psychiatry unit	5,000,000	
23	Dr. Georges-L.-Dumont UHC	Renovation of oncology basement	2,500,000	
24	Dr. Georges-L.-Dumont UHC	Installation of a goods receiving dock in the surgical suite	5,000,000	
25	Dr. Georges-L.-Dumont UHC	Renovation of oncology satellite pharmacy	3,000,000	
26	Chaleur Regional Hospital	Renovation of the central pharmacy	5,000,000	
27	Enfant-Jésus RHSJ† Hospital (Caraquet)	Renovation of the central pharmacy	2,500,000	
28	Stella-Maris-de-Kent Hospital	Redevelopment of the space currently occupied by the Extra-Mural Program	5,000,000	
29	Dr. Georges-L.-Dumont UHC	Creating a parking lot behind the energy centre	1,500,000	
30	Dr. Georges-L.-Dumont UHC	Redesign of main entrance and addition of staircase	1,000,000	
31	Former Campbellton addiction services centre	Redevelopment for change of vocation	10,000,000	
32	Dr. Georges-L.-Dumont UHC	Phase B of the master plan	160,000,000	
33	Dr. Georges-L.-Dumont UHC	Phase C of the master plan	275,000,000	
Total			\$1,734,500,000	\$69,899,999

