Accountability Report 2019–20

Health and Wellness

NOVA SCOTIA

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Accountability Report 2019–2020

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Accountability Statement

The Accountability Report of the Department of Health and Wellness (DHW) for the year ended March 31, 2020 is prepared pursuant to the *Finance Act* and government policies and guidelines. These authorities require the reporting of outcomes against the DHW Business Plan for the fiscal year 2019-2020. The reporting of the DHW outcomes necessarily includes estimates, judgments and opinions by DHW management.

We acknowledge that this accountability report is the responsibility of the DHW management. The report is, to the extent possible, a complete and accurate representation of outcomes relative to the goals and priorities set out in the DHW 2019-2020 Business Plan.

Honourable Randy Delorey
Minister of Health and Wellness

Kevin G.S. Orrell M.D., FRCSC, MBA(CED)
Deputy Minister of Health and Wellness

Message from the Minister of Health and Wellness

The Department has continued to advance initiatives to meet our priorities set at the beginning of the year. These priorities will improve the quality and access of health care in Nova Scotia. The 2019-2020 accountability report outlines progress made over the last year on these priorities as government continues meeting Nova Scotians' health care needs.

The past year needs to be separated into two overlapping segments: The first is from April 2019 to February 2020, the period before the COVID-19 pandemic began in Nova Scotia, and the second is from January to March 2020.

While the pandemic did have an impact on initiatives underway or planned to begin late in fiscal 2019-2020, much progress occurred in supporting health care throughout 2019 and will continue in 2020-2021.

We are all very proud of the work done by all people in the health-care system in dealing with the pandemic. Before Nova Scotia registered its first case of COVID-19 in March, extensive preparations were undertaken by the department, the health authorities and our partners in continuing care, emergency health services and many, many others.

Health-care workers continue to work diligently to keep Nova Scotians safe and healthy during the COVID-19 pandemic by containing the spread and sometimes putting themselves at risk of infection.

I would like to thank them for their dedication to the health and welfare of Nova Scotians.

Priorities in 2019-2020 were:

- Enhance access to collaborative primary health care
- Improve access to mental health and addictions
- Invest in continuing care
- Improve access to orthopedic surgeries and specialists
- Advance digital health and data analytics, and
- Improve and modernize healthcare infrastructure.

Throughout this report, you will find details on the department's efforts to advance these priorities including: a new contract with the province's doctors that will help with access and recruitment by making family and emergency medicine doctors and anesthetists the highest paid in the region; an increase in the number of seats for nurse practitioner training and for doctor training at Dalhousie medical school; continued work on the once-in-a-generation redevelopment of health infrastructure through the Queen Elizabeth II New Generation and Cape Breton Regional Municipality Health Care Redevelopment projects; an increase in the number of mental health clinicians and expansion of youth mental health programs; and more than 200 new nursing home beds announced.

Sincerely,

The Honourable Randy Delorey
Minister of Health and Wellness

Financial Table and Variance Explanation ($ thousands)

	2019-2020 Estimate	2019-2020 Actuals	2019-2020 Variance
Programs and Services			
General Administration	2,132	2,259	**127**
Strategic Direction and Accountability			
Chief Medical Officer of Health	2,545	2,923	**378**
Client Service and Contract Administration	5,914	5,701	**(213)**
Corporate and Physician Services	12,277	13,997	**1,720**
Digital Health, Analytics & Privacy	4,819	4,530	**(289)**
System Strategy and Performance	7,521	7,022	**(499)**
Service Delivery & Supports			
Physician Services	870,839	904,237	**33,398**
Pharmaceutical Services and Extended Benefits	318,812	334,851	**16,039**
Emergency Health Services	152,759	154,023	**1,264**
Continuing Care	868,620	878,588	**9,968**
Other Programs	183,630	190,646	**7,016**
Health Authorities			
Nova Scotia Health Authority	1,759,238	1,806,582	**47,344**
IWK Health Centre	228,225	227,304	**(921)**
Capital Grants & Healthcare Capital Amortization	221,195	149,930	**(71,265)**
Total - Departmental Expenses	4,638,526	4,682,593	**44,067**
Additional Information:			
Ordinary Revenue	(97,364)	(94,450)	**2,914**
Fees and Other Charges	(14,940)	(18,447)	**(3,507)**
Ordinary Recoveries	(130,179)	(135,336)	**(5,157)**
Total: Revenue, Fees and Recoveries	(242,483)	(248,233)	**(5,750)**
TCA Purchase Requirements	**4,814**	**5,039**	**225**
Total Funded Staff (FTEs)	302.4	271.0	**(37.6)**
Staff Funded by External Agencies	(7.0)	(5.5)	**3.0**
Provincial Funded Staff (FTEs)	**295.4**	**265.5**	**(34.6)**

Departmental Expenses Variance Explanation:

Department of Health and Wellness expenses were $44.1 million or 1.0 per cent higher than estimate primarily due to $46.4 million in additional funding to the Health Authorities, $33.4 million in physician services due to the Physician Master Agreement, $19.3 million in long term care due to one-time capital grants, $16.0 million in pharmaceutical services due to Seniors and Family Pharmacare and Special Drug Programs, $9.3 million in insured services due to new cancer treatments, $9.3 million from COVID-19 pressures and an increase of $2.2 million in various other programs.

These increases were partially offset by savings of $71.3 million due to cashflow changes for major capital projects, $10.8 million in utilization savings for Canadian Blood Services and $9.7 million underspends in Home Care Services.

Revenue, Fees and Recoveries Variance Explanation:

Department of Health and Wellness revenues, fees and recoveries were $5.7 million or 2.4 per cent higher than estimate primarily due to $3.8 million in auto levies, $3.6 million in pediatric dentistry fees, $1.0 million in Seniors' Pharmacare revenue and, $1.4 million in out of province insured services and $0.5 million in various fees and revenues.

This is partially offset by a reduction of $4.6 million in Federal bilateral health funding due to funding being deferred until 2020-2021.

Additional Information about DHW

In 2019-2020, DHW continued to work collaboratively with the Nova Scotia Health Authority (NSHA), the Izaak Walton Killam Health Centre (IWK) and various government and community-based organizations and service providers to address the prevention of disease and injury, promotion of health and wellness, and delivery of health services, including emergency care, primary health care, mental health and addictions, acute care, continuing care, and end-of-life care.

The *Health Authorities Act* establishes the roles and responsibilities of DHW, NSHA, and IWK.

DHW is responsible for:

- Providing leadership by setting strategic policy direction, priorities, and standards for the health system;
- Ensuring appropriate access to quality care through the establishment of public funding for health services that are of high value to the population; and
- Ensuring accountability for funding and for the measuring and monitoring of health system performance.

NSHA and IWK are responsible for:

- Governing, managing and providing health services in the province;
- Implementing the strategic direction set by DHW; and
- Engaging with the communities they serve.

These organizations work together to coordinate planning, funding, service delivery and to improve access to health care services and patient care.

Measuring Our Performance

2019-2020 Business Plan Accomplishments

The following describes key accomplishments against actions identified in the 2019-2020 DHW Business Plan.

Outcome: Enhance Access to Collaborative Primary Health Care

- To address the needs of unattached patients, as of December 2019, 85 collaborative family practice teams are in various stages of development throughout the province. Since 2017, 70 teams are either new or were strengthened/expanded.
- The new *Nursing Act*, bringing nurse practitioners (NPs), registered nurses (RNs), and licensed practical nurses (LPNs) together under one regulatory body was proclaimed and took effect in June 2019.
- As of May 29, 2020, there were 91 NPs, 81.6 family practice nurses, 9.5 LPNs, and 16.5 social workers working in 86 collaborative teams across the province.
- The NP education incentive was introduced to cover the salaries of up to 10 RNs while they attend the program. The new NPs receiving the education incentive have signed a five-year return-of-service agreement with the NSHA in the following areas: Cape Breton County; Cumberland County (two positions); Inverness County; Town of Sheet Harbour; Victoria County; Town of Digby (two positions); Pictou County; and Town of Shelburne. Three are expected to graduate in spring 2020 (Victoria County, Cumberland County and Town of Digby); four in Fall 2020 (Cape Breton County, Inverness County, Pictou County and Town of Shelburne); and three in spring 2021 (Cumberland County, Town of Digby and Town of Sheet Harbour).
- The total number of NPs in Nova Scotia increased by 10.4% (21) from 210 in 2018 to 222 in 2019. 98.2% (218) of the NPs trained are employed in Nova Scotia.
- A virtual care pilot (including physicians, nurses and other care professionals) got underway in hard-to-recruit communities, in the Annapolis Valley and Digby County.
- The number of Nova Scotians on the Need a Family Practice Registry (NFPR) not yet placed with a provider has decreased over the 2019-2020 reporting period from 51,802 to 46,051 - an 11% decrease.
- The percentage of Nova Scotians on the NFPR up to and including March 31, 2020 was 5% of the Nova Scotian population.
- As of March 31, 2020, 152,233 Nova Scotians have found a provider (since November 2016). Of these, 87,513 patients have been placed through the NFPR. The remaining 64,720 patients have found a family practice through other routes, but their numbers have been reported to the NSHA.
- As part of the physician recruitment and retention initiative, 10 family medicine residency seats were added at Dalhousie medical school bringing the total number of annual seats to 46. The first cohort started in July 2019.
    - Among these, the North Nova Family Medicine Teaching site in Truro added six residents: two in Truro, two in New Glasgow; two in Amherst
- Ongoing financial incentives to encourage medical school graduates to remain in Nova Scotia include the physician tuition relief, family medicine bursary, and debt assistance.

- Government approved the addition of 16 new undergraduate Dalhousie medical school seats in August 2019. This will bring the total number of first year medical students to 94, by 2023-24. Four of these seats were added in August 2019, with an additional 12 being added in August 2020. To support diversity among health care professionals, these seats are designated for students from three groups: rural; African Nova Scotian; and Mi'kmaq and other Indigenous peoples.
- The Practice Ready Assessment program is underway with the first cohort of four family doctors from Nigeria ready to work in Truro, New Glasgow, Hubbards, and Glace Bay.
- The International Medical Graduate (IMG) Clerkship program is an ongoing program with two IMGs selected to enter the third year of medical school at Dalhousie, allowing them to enter the Canadian Residency Matching Service (CaRMS) matching process as Canadian Medical Graduates.
- The IMG Residency program is ongoing; four family medicine seats are designated for Canadian IMGs through the CaRMS match. This requires a three-year return-of-service after completing the residency.

Outcome: Improve Access to Mental Health and Addictions

- Centralized intake across Nova Scotia became fully operational and has improved access and ease of navigation for clients and has enhanced consistency across health management zones. It has also improved patient flow, resource utilization, and transparency through the reporting of reliable wait-times for community-based mental health and addictions (MHA) appointments.
- 25 clinical positions have been added to the MHA workforce (five at the IWK and 20 at NSHA locations). The clinicians are working in community MHA clinics to support better access to outpatient care. Staff locations have been based on need and demand to address gaps in resources across the province.
- Currently, there are 54 full-time equivalent SchoolsPlus mental health clinicians co-located in schools. They work collaboratively with guidance counselors, school psychologists, social workers, and others to meet the needs of students and families.
- The expansion of CaperBase/Adolescent Outreach Services (AOS) throughout Eastern, Northern, and Western health zones has been completed. This includes a focus on enhancing access for rural youth in grades 6-12 to early and brief intervention programs. AOS is now operating in 99 schools/communities across Nova Scotia, offering a mix of group-based programming and brief, goal-oriented one-on-one counselling for mild mental health and/or additions issues. The program also engages in screening for MHA issues and suicide risk screening for youth.
- Access to IWK's community MHA services has improved by 75% over the last four years due to new innovative services. For non-urgent care, 72% are seen within 28 days, and the average wait is 22 days.
- Wait times for children and adolescents requiring urgent care in NSHA remained at five days, below the seven day target. For adults, the wait times for urgent care in all NSHA decreased by 40% to three days in January-March 2020 from five days in the same period the year before.
- Wait times for non-urgent care of children and adolescents in NSHA decreased by 47% to 19 days in January-March 2020 from 36 days in the same period the year before. For

adults, the wait times decreased by 53% to 21 days in January-March 2020 from 45 days in the same period the year before.

- In 2019-2020 the new *Suicide Prevention and Risk Reduction Framework* was developed collaboratively with key input from the NSHA and IWK, other government departments (Education and Early Childhood Development, Community Services, Justice, Labour and Advanced Education, and Communities, Culture and Heritage), as well as cultural and community-based organizations.
- Implementation of the *Opioid Use and Overdose Framework* continued with support for surveillance, prevention, harm reduction, and treatment. Examples include the take home naloxone program and support for needle exchange programs.
- Waitlists for opioid use disorder treatment have been eliminated in most parts of the province. There are now five sustained satellite clinics in New Glasgow, Bridgewater, New Germany (Lunenburg County), Antigonish, and Caledonia (Queens County) that are running in addition to the main program sites in each of the four zones.
- Training for emergency department staff across the province has been initiated to build capacity to identify and improve overall management and referral of individuals experiencing mental health and substance use disorders, including clients experiencing opioid use disorder.

Outcome: Invest in Continuing Care

- In September 2019 a progress report card on the Long-Term Care Expert (LTC) panel recommendations was publicly released and implementation will continue in 2020-2021. More than $5 million was committed to supporting the recommendations. Key highlights of work completed include:
  - 105 Continuing Care Assistant (CCA) bursaries were awarded to students attending Nova Scotia Community College (NSCC) and Université Sainte-Anne, and the CCA curriculum is being examined
  - Starting in September 2019, nursing homes can now hire retired nurses and internationally educated nurses who meet the criteria to work as CCAs. As well, a new LTC assistant role has been created temporarily to address current CCA staffing challenges
  - The department is working with the sector and key community partners to develop innovative pilots to test new approaches that meet panel recommendations. DHW funded NSCC to explore the development of a hub model
- In April 2019 DHW funded wound care clinician resources for 12 to 18-month terms to support the wound care initiative with monthly reporting of pressure injuries. DHW has implemented public reporting of wound care data in long-term care facilities. Data indicates an overall reduction in pressure injuries (PI), including facility acquired PI. Data indicators show significantly improved outcomes specially for those complex and challenging wounds that are difficult to treat and have a long heal time.
- DHW will be extending this initiative into a longer-term investment and moving to a zonal approach to continue to build upon this support to the sector with ongoing education, training, and resources. Broader implementation is expected to be in the summer of 2020.
- The LTC sector was widely engaged in defining requirements for an interRAI application in the first quarter of 2019-2020. A request for proposal (RFP) to acquire an application provider was developed based on these requirements and released in November 2019.

- In 2019-2020 the following initiatives were undertaken to improve the occupational health and safety outcomes for workers:
  - AWARE-NS (DHW funded) is conducting safety audits with sector employers
  - AWARE-NS is providing ongoing training in safer handling and mobility (PACE), Joint Occupational Health and Safety Committee (JOHSC) effectiveness and SAFER leadership
  - The Victorian Order of Nurses is engaging with DHW, AWARE-NS, NSHA, and the Workers Compensation Board to address their accident experience
  - The Workplace Safety Action Plan includes project work regarding the provincial Workplace Violence Prevention Program, Safety Leadership Strategy, and the provincial Safe Patient Handling and Mobility (SPHM) program. The SPHM program improves safety for patients and employees by assessing patients' mobility needs and using the appropriate equipment to mitigate the risk with the handling or mobility activity
  - Funding was provided to home support agencies for equipment to support the SPHM program
  - The Health Care Human Resource Sector Council (HCHRSC) was engaged to deliver safety training to the continuing care sector throughout 2019-2020, including programs on non-violent crisis intervention and the Working Mind program
  - Additional funding was provided to HCHRSC to deliver non-violent crisis intervention training specifically to VON staff

Outcome: Improve Access to Orthopedic Surgeries and Specialists

- DHW continues to invest in infrastructure that will help the province align with the six-month national wait time benchmark for joint replacement surgery. While the program as a whole is not yet meeting the national benchmark, the eastern zone has met the targets of six months for both hip and knee replacement, and northern zone has met the target for hip replacement and is trending favorably in meeting the target for knee replacement.
- In 2019 four surgeons were hired, for a total of 8 surgeons hired, as part of the multiyear initiative to improve the efficiency and effectiveness of orthopedic surgeries.
- As of December 2019, 3,404 joint replacements had been completed compared to 3,171 completed over the same time frame in 2018, an increase of 7.3% year over year.
- Standardized orthopedic assessment clinic services have been established across the province, with an integrated care pathway and single-entry model including e-referral and centralized booking.
- A new wellness model for in-patients was implemented. The wellness model focused on helping patients mobilize quickly after surgery to support their recovery and prevent complications. The model is expected to help reduce the length of stay, helping patients return home sooner and allowing more patients to have the surgery they need.
- DHW is working collaboratively with NSHA and other system partners to develop strategies to improve the access and flow of patients and one of the strategies underway is the development of a surgical bed allocation policy for consideration to guide surgical care in some areas.
- In July 2019 DHW, working with Dalhousie University, added 15 more specialty residency seats, bringing the total number to 65 specialty positions annually. These residents will receive training in specialties such as emergency medicine, psychiatry, internal medicine, and critical care to provide services in communities across the province. Core training for all departments is in the central zone; however, Dalhousie University has committed to moving a portion of training outside of central zone when possible and dependent on the specialty and infrastructure available.

Outcome: Advance Digital Health and Data Analytics

- In 2019-2020 One Person One Record (OPOR) focused on procurement activities, which included project management and an assessment on readiness work. Readiness work involved understanding and documenting current practices and starting to map to "best practices" to be ready once the contract is signed and work begins on the solution design and build phase.
- The Electronic Medical Record (EMR) migration from Nightingale to Telus was completed. EMR migration project from Nightingale to Practimax started and 59% of Practimax physicians migrated by March 2020.
- Panorama, having met its project milestones, is an operational program implemented in 33 public health offices in Nova Scotia. It enables public health professionals to electronically manage and track: vaccine inventory, immunizations, notifiable disease cases (investigation and surveillance), and outbreaks. Panorama was used to track COVID-19 cases for public health, and it was also recognized for a Premier's award in 2019.
- Integration of the laboratory information system to the Panorama public health information system was completed at NSHA central zone (Cerner). This is the first such integration of lab and Panorama in Canada.

Outcome: Improved and Modern Healthcare Infrastructure

DHW partners with stakeholders to ensure that the following large and complex infrastructure projects achieve their milestones. DHW contributes a lead role in overseeing and ensuring the effectiveness, operability, and sustainability of these initiatives, and ensuring project outcomes are aligned with the needs of Nova Scotians and the mandate of the department.

Queen Elizabeth (QE) II New Generation:

- In April 2019 construction contracts were awarded for the relocation of the chemotherapy lab and for the Dartmouth General Hospital (DGH) parking lot, which will expand the number of parking spaces from 350 up to 500.
- In June 2019 the budget for the demolition of the Canadian Broadcasting Corporation building and a new parking strategy was approved. The new plan includes building a 500 space parking garage on the north side of the Museum of Natural History which would include a pedway over Summer Street to the hospital, and then a second larger parking garage at the corner of Bell Road and Summer Street.
- In Dec 2019 a new operating room and clinical space at DGH opened.

The ongoing QEII New Generation projects are:

- Bayers Lake Community Outpatient Center will include primary care services, clinics, 24 dialysis stations, diagnostic imaging, and blood collection services.
- The Halifax Infirmary (HI) expansion project includes the building of an inpatient centre, innovation and learning centre, a new outpatient centre, the new QEII Cancer Centre, and renovations of the HI 3rd and 5th floors.

Cape Breton Regional Municipality (CBRM) Health Care Redevelopment Project:

- Functional Planning for the CBRM redevelopment was completed which includes:
    - Expansion of the Cape Breton Regional Hospital (CBRH)
    - A new school, community health centre and LTC home in New Waterford
    - A new community health centre, LTC home and laundry centre in North Sydney, and

    - Expansion of Glace Bay emergency department and surgical services
- Design of the expansion of the CBRH was undertaken.
- In January 2020, a construction management contract for the CBRH expansion was awarded. It includes a new 190,000 square-foot building housing a new emergency department, a critical care department, and a cancer centre.

Additional DHW Accomplishments

Response to COVID -19 Pandemic (January – March 2020):

- Improvements were made to double the capacity of 811.
- A web-based 811 COVID-19 home screening tool was released.
- Testing to confirm COVID-19 was expanded to include anyone referred by 811 to an assessment centre as well as all close contacts of people who tested positive and people in the hospital that met the criteria for testing. Laboratory capacity was doubled to accommodate increased testing.
- The licence fee was waived by College of Physicians and Surgeons of Nova Scotia, to bring retired doctors back in the system. More retired nurses assisted with 811 staffing.
- A new temporary fee code was implemented for physicians providing care virtually.
- Infection control measures were enhanced at hospitals to protect health care workers and the public, including increased frequency and use of stronger cleaning products in high-risk and high-traffic areas and high-touch surfaces.
- An income stabilization program for physicians was implemented, which provided a base payment in lieu of fee for service activities impacted by cancellations and service reductions. Physicians agreed to be redeployed as necessary to areas of need during the pandemic. Implementation began April 2020-2021, retroactive to March 13, 2020.
- Virtual care was expanded (on an interim basis) for physicians, NPs, and others so they could offer appointments to patients through telephone or video.
- 5,658 one-year Zoom licenses were purchased by the department, to support virtual care for all required care providers.
- DHW`s strategic stockpile was mobilized to ensure a sufficient supply of personal protective equipment was made available to health system partners.
- Pharmacare coverage was extended for three months to ensure continued coverage during the pandemic.
- In March-April 2020 approximately 800 iPads were distributed across the province to LTC homes so residents could connect with family and friends.
- There was an initial deployment of mobile Field Assessment Units to LTC facilities upon request by Public Health, with broader roll-out occurring in 2020-2021.
- DHW supported the Managed Alcohol Programs (MAP) in Halifax Regional Municipality. MAP is a harm reduction approach aimed at preventing some of the harms of severe alcohol dependence, often for people experiencing chronic homelessness or housing instability.

Care Strategic Infrastructure - Dialysis

- In 2019 construction of the dialysis satellite units in Glace Bay, Digby, and Kentville was started. It is anticipated that the projects will be completed by Summer 2020.
- In October 2019 the budget was approved to add six dialysis chairs to DGH allowing 36 more patients to be treated per week. Dialysis patients at DGH are being accommodated

at Dickson facility to expedite work on the expanded unit at DGH. This will reduce time to completion by two years and reduce costs by over $1 million.

- In February 2020 the budget was approved to add six dialysis chairs at the Halifax Infirmary, allowing 24 more patients to be treated per week. The construction work at Halifax Infirmary will begin once the additional capacity at Kentville and Dartmouth is available.

Vaping – Youth Health Impacts

- In December 2019 regulatory changes were passed to remove the exemption for vaping products from the flavoured products ban under the *Tobacco Access Act* (TAA).
- Legislative amendments to the TAA and the *Smoke-free Places Act* were passed in March 2020 to strengthen efforts to reduce youth vaping. The following measures were included in the regulatory changes:
    - Providing regulatory authority to limit the nicotine concentration of tobacco, e-cigarettes, and other vaping products
    - Broadening the definition of tobacco in the TAA to include other types of tobacco-less nicotine products that are not currently captured in the Act; and
    - Provide authority for peace officers to require individuals to provide information and reasonable assistance and for them to confiscate and destroy e-cigarettes from youth who are underage and strengthening language regarding smoking/vaping on unlicensed patios
- In February 2020 youth were consulted on the development of a vaping prevention awareness campaign.
- Promotion of 811 “Connect to Quit” was revised in January/February 2020 to let Nova Scotians know about the various ways they could access support via phone, online or chat for any type of nicotine addiction.

Human Organ and Tissue Donation

- The *Human Organ and Tissue Donation Act* (HOTDA) was introduced on April 2, 2019 and received royal assent on April 12, 2019.
- In May 2019 the HOTDA Steering Committee, co-chaired by DHW and NSHA, was established to oversee preparation for proclamation and in-effect.
- In April 2019 the decision was made to expand the current health card registry to include opt-out decisions.
- An on-line optout registration page was developed for Nova Scotians who choose to opt-out of donation after proclamation.
- An extensive stakeholder engagement plan was developed to ensure accurate information about donation and the legislation reached as many Nova Scotians as possible. Many engagements have occurred and will be on-going through all of 2020.
- Public opinion polling was conducted to gauge Nova Scotians’ knowledge of HOTDA and support for donation. This work has informed the public communication that will accompany proclamation.
- An evaluation framework was developed that will be used to measure and report the impact of additional system supports and the legislation on donation and transplant activity.

Appendix A: Public Interest Disclosure of Wrongdoing Act

The *Public Interest Disclosure of Wrongdoing Act* was proclaimed into law on December 20, 2011.

The Act provides for government employees to be able to come forward if they reasonably believe that a wrongdoing has been committed or is about to be committed and they are acting in good faith.

The Act also protects employees who do disclose from reprisals, by enabling them to lay a complaint of reprisal with the Labour Board.

A wrongdoing for the purposes of the Act is:

a) a contravention of provincial or federal laws or regulations

b) a misuse or gross mismanagement of public funds or assets

c) an act or omission that creates an imminent risk of a substantial and specific danger to the life, health or safety of persons or the environment, or

d) directing or counseling someone to commit a wrongdoing.

The following is a summary of disclosures received by the Department of Health and Wellness:

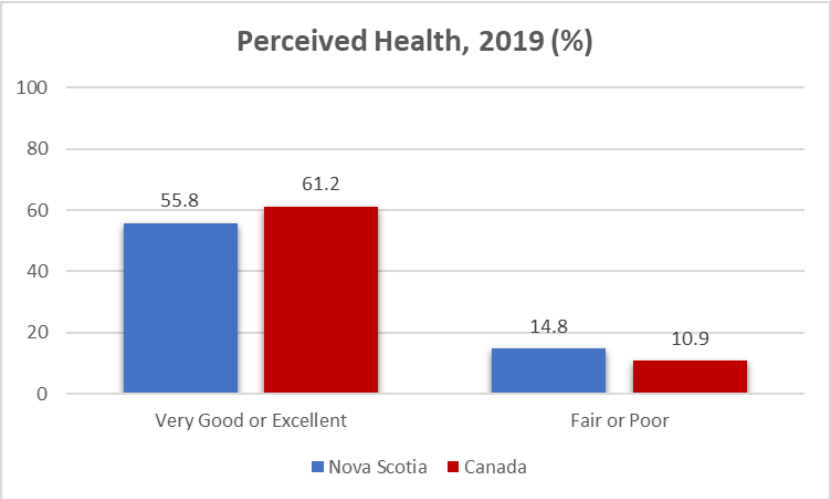
Information Required under Section 18 of the Act	**Fiscal Year 2019-2020**
The number of disclosures received	0
The number of findings of wrongdoing	0
Details of each wrongdoing	Not Applicable
Recommendations and actions taken on each wrongdoing	Not Applicable

Appendix B: Health Outcome Measures

Measure: Perceived Health

Good-to-excellent self-reported health status correlates with lower risk of mortality and use of health services. Self-rated health is measured on a scale from excellent to poor.

In 2019, approximately 56% of Nova Scotians perceived their health as either very good or excellent, which is significantly lower than the national average of 61.2%. From the opposite perspective, nearly 15% rated their health as fair or poor compared to 11% nationally. The percentage perceiving their health as fair or poor in Nova Scotia is significantly higher than the national average.

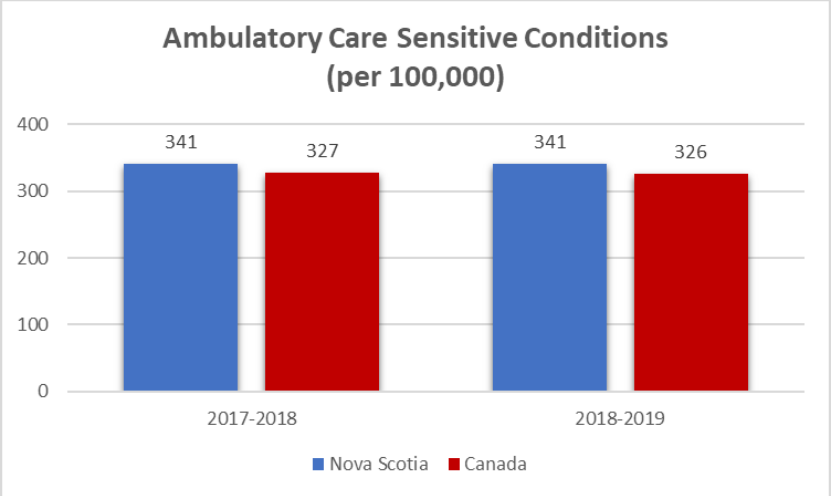


Source: Statistics Canada, Canadian Community Health Survey

Measure: Ambulatory Care Sensitive Conditions

This indicator looks at the acute care hospitalization rate for conditions that can be prevented or reduced if appropriate ambulatory care is provided, such as diabetes or asthma. High rates could reflect problems in obtaining access to appropriate primary care.

In 2018-2019, 341 per 100,000 population in Nova Scotia were hospitalized for ambulatory care sensitive conditions, the same as the previous year. Nova Scotia's rate was significantly higher than the national average of 326 per 100,000.

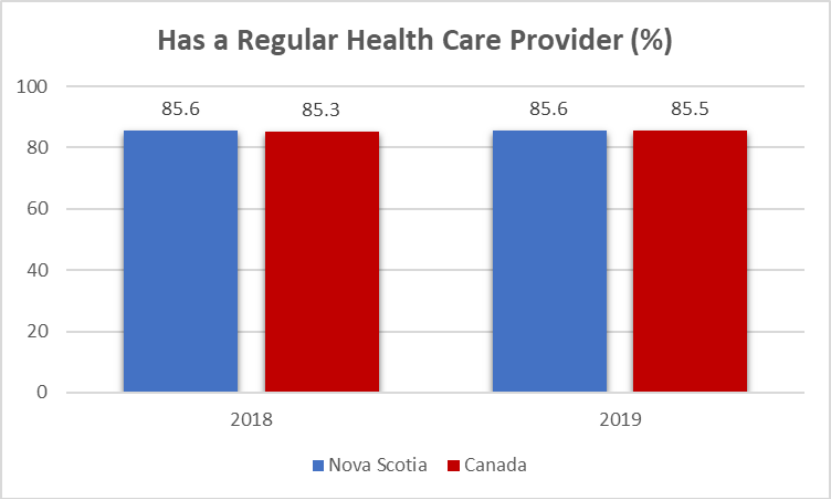


Source: Canadian Institute for Health Information

Measure: Access to a Regular Health Care Provider

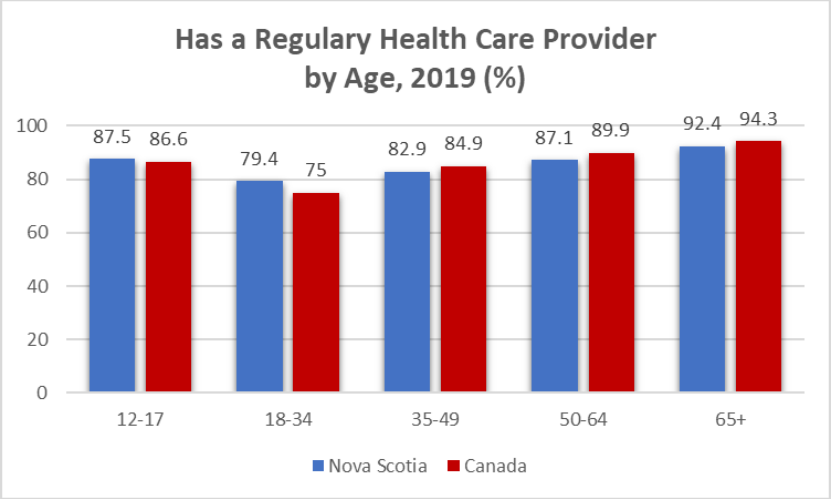
Access to a regular health care provider is an important concern for the public and a priority for governments across Canada. This indicator looks at the percentage of Canadians age 12 and older who report having a regular health care provider. In this context, health care providers include nurse practitioners, general practitioners and/or family physicians. Having a regular health care provider is important for early screening, prevention and treatment of medical conditions.

In 2019, 85.6% of Nova Scotians reported having access to a regular health care provider, which was unchanged from 2018 and comparable to the national average of 85.5%. Nova Scotia's rate remains among the highest in Canada.



Source: Statistics Canada, Canadian Community Health Survey

Age was the main factor affecting whether a person has a regular health care provider. The younger age groups in Nova Scotia were more likely to have a regular health care provider than other provinces combined. In 2019, older age groups in Nova Scotia were less likely to have a regular health care provider than for Canada overall. Just over 92% of Nova Scotians aged 65 years and over indicated that they had a regular health care provider compared to 94.3% nationally; the difference is statistically significant. A lower percentage in the 18-34 age group was consistent with other provinces and with Canada as a whole.



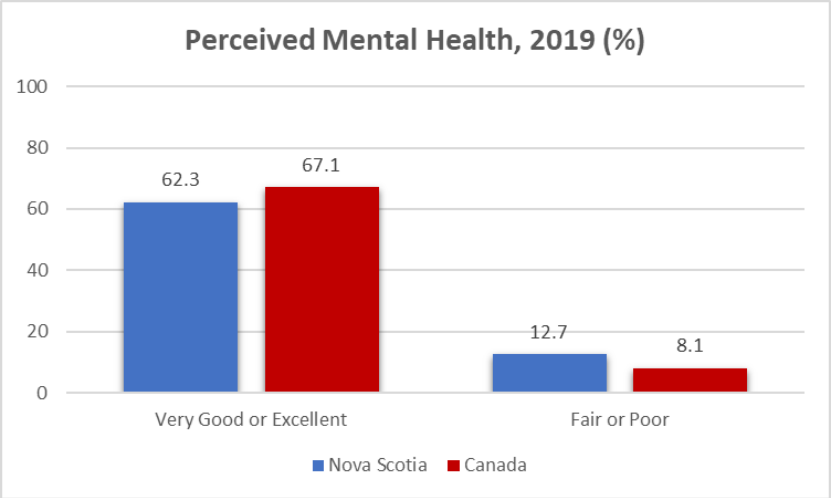
Source: Statistics Canada, Canadian Community Health Survey

The most common reason respondents gave for not having a regular health care provider was that they had not looked for one or did not need one, but that they had a usual place of care.

Measure: Perceived Mental Health

Perceived mental health provides a general indication of the population suffering from some form of mental disorder, mental or emotional problems, or distress, not necessarily reflected in self-reported (physical) health.

In 2019, approximately 62% of Nova Scotians perceived their mental health as either very good or excellent, which was significantly lower than Canada overall. Correspondingly, a significantly higher percentage of Nova Scotians rated their mental health as fair or poor compared to the national average, 12.7% and 8.1%, respectively.

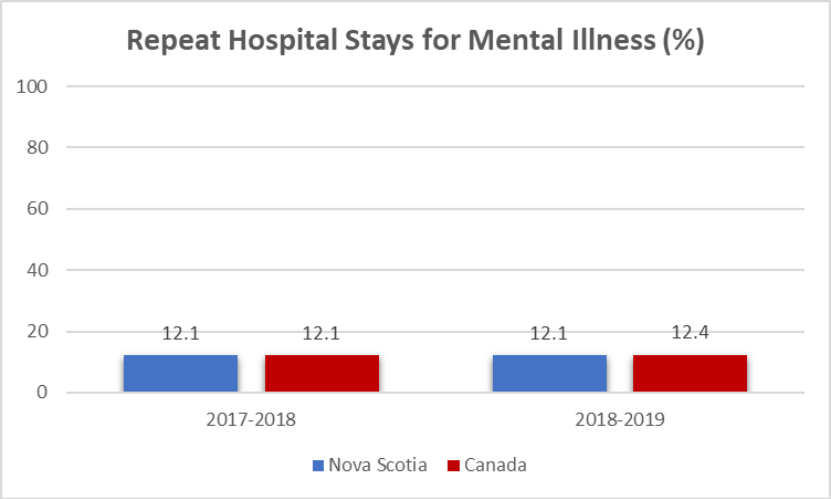


Source: Statistics Canada, Canadian Community Health Survey

Measure: Repeat Hospital Stays for Mental Illness

This indicator measures how many patients have at least 3 repeat hospital stays for a mental illness in a single year. Frequent hospitalizations may reflect challenges in getting appropriate care, medication and support in the community.

Repeat hospital stays are difficult for patients and costly for the health system. However, they do not necessarily mean that there was anything wrong with the treatment provided in the hospital. Repeat hospital stays are often thought to reflect the availability and quality of mental health care provided in the community. In 2018-19, 12.1% of patients in Nova Scotia experienced repeat hospital stays for mental illness, which was the same as the previous year. Nova Scotia's rate was statistically equal to the national average.

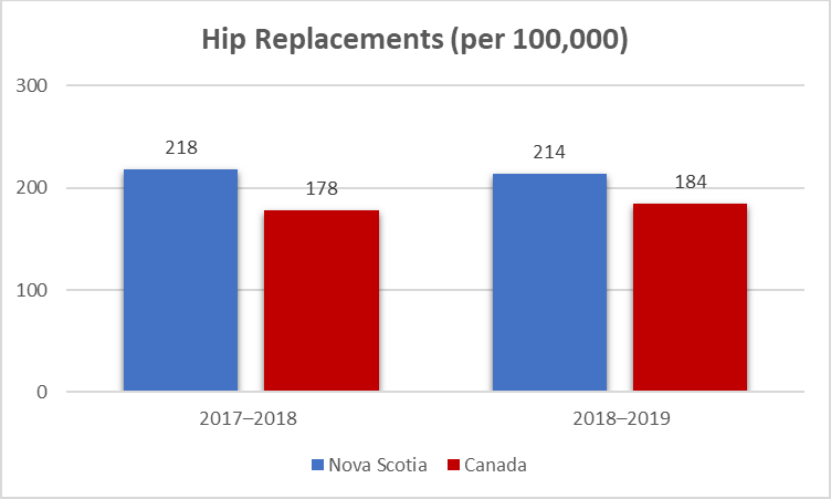


Source: Canadian Institute for Health Information

Measure: Hip Replacement Rate

This indicator measures the age-standardized hospitalization rate for hip replacement procedures performed in acute care hospitals or same-day surgery facilities per 100,000 population age 18 and older. Analysis reflects all hip replacement types: total hip replacement, monopolar/bipolar hemiarthroplasty and resurfacing procedures.

In 2018-2019, there were 214 hip replacements per 100,000 population in Nova Scotia compared to a national average of 184. The number of hip replacements per capita in Nova Scotia was down slightly over the previous year, but remained significantly higher than the Canadian average.

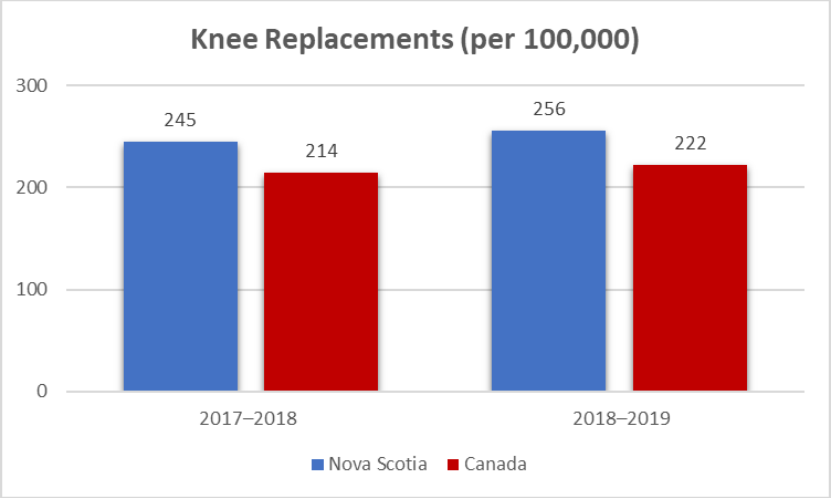


Source: Canadian Institute for Health Information

Measure: Knee Replacement Rate

This indicator measures the age-standardized hospitalization rate for all knee replacement procedures performed in acute care hospitals or same-day surgery facilities per 100,000 population age 18 and older. Analysis reflects all knee replacement types: total knee replacement, unicompartmental knee replacement (medial, lateral or patellofemoral) and patella-only procedures.

The number of knee replacements performed annually in Nova Scotia has increased over time. In 2018-2019, there were 256 knee replacements per 100,000 population in Nova Scotia, which is significantly higher than the national average of 222.



Source: Canadian Institute for Health Information