



Business Plan

2019–20

Department of Health and Wellness



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Budget 2019-20: Business Plan
March 2019
ISBN: 978-1-55457-936-5

Health and Wellness Business Plan 2019-20

Table of Contents

Message from the Minister	2
Section 1 - Mandate.....	3
Section 2 - 2019-2020 Department Initiatives.....	4
Collaborative Primary Care	4
Continuing Care.....	5
Mental Health and Addictions.....	5
Specialist and Surgical Wait Times.....	6
Digitalization and Data Analytics.....	6
QEII /Cape Breton Regional Municipality (CBRM) Redevelopment.....	7
Section 3-Budget.....	9

Health and Wellness Business Plan 2019-20

Message from the Minister

For the past year and a half, I have served Nova Scotians as the Minister of Health and Wellness - a role that I consider both an incredible privilege and a great responsibility. No department touches more people or has the potential to have as much impact on both individual Nova Scotians and the overall health of our province.

As Minister, I hear from Nova Scotians who share their concerns and personal struggles, as well as their ideas and positive experiences. I also hear from dedicated care providers and community leaders who reach out to the department because they want the very best for their communities. This input is valued and considered as we balance the needs of all Nova Scotians and the constraints of a complex and constantly evolving health care system with our fiscal reality.

Health care is important to all of us and the needs of Nova Scotians today are very different than they were even a decade ago. The way we deliver health care has to change too. We work closely with our service delivery partners, at the Nova Scotia Health Authority and the IWK Health Centre, to ensure that we continue to make forward-looking, evidence-based decisions that will improve health outcomes for Nova Scotians.

This year's business plan is focused on key priorities that support healthier communities and improved access to healthcare when it is needed. Work continues with investment in:

- recruitment and retention of health professionals
- collaborative primary health care
- orthopedic surgeries
- improved supports for mental health and addictions
- improved access to quality long term care and home care
- digital health
- capital infrastructure that will benefit Nova Scotians well into the future

We still have a lot of work ahead of us, but positive change is happening. I hope you take some time to read the Department of Health and Wellness Business Plan 2019-20 to learn about the important work being done in Nova Scotia to better support healthy citizens and communities.

Honourable Randy Delorey
Minister of Health and Wellness

Health and Wellness Business Plan 2019-20

Section 1- Mandate

Health care in Nova Scotia is the collective responsibility of the Department of Health and Wellness, the Nova Scotia Health Authority (NSHA), and the IWK Health Centre. The department and health authorities work with a number of government and community-based organizations and service providers to address prevention of disease and injury, promotion of health and wellness, and delivery of health services including primary health care, mental health and addictions, acute care, continuing care and end of life care.

The *Health Authorities Act* (the Act) establishes the roles and responsibilities of the department, NSHA, and IWK.

The department is responsible for:

- providing leadership by setting the 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
- 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 and implementing the strategic direction set by the department
- engaging with the communities they serve

These organizations work together to coordinate planning, funding, service delivery and making improvements to access and patient care.

Health and Wellness Business Plan 2019-20

Section 2- 2019-2020 Department Initiatives

For the 2019-20 fiscal year, the Department of Health and Wellness has identified the following key priorities:

- Collaborative Primary Health Care
- Continuing Care
- Mental Health and Addictions
- Orthopedic Surgeries
- Digitalization and Data Analytics
- QEII New Generation/Cape Breton Regional Municipality (CBRM) Redevelopment

Collaborative Primary Health Care

The department, the NSHA and the IWK have made significant strides to increase access to primary health care. Primary health care is a patient's first point of contact with the health-care system. For many people, that contact is with a family doctor, but there are other ways to access care. By increasing access to collaborative teams of healthcare providers, which could include doctors, nurses, social workers, mental health professionals and others, patients can see the right health professionals at the right time.

A more collaborative approach is not only better for patients, but also for doctors who will have more support and balance, and for nurses and other health care professionals to allow them to work to their optimal scope of practice in an environment that connects them more easily with other health professionals.

In 2019-20, the department, working with the NSHA and IWK, will build on the base of existing collaborative primary care teams to:

- increase the number of patients attached to teams
- prioritize new resources to areas of highest need, such as difficult-to-serve communities, to provide services to residents and support health system planning
- improve accountability and overall value for Nova Scotians
- better connect those on the Need a Family Practice Registry (NFPR) with providers
- establish a Strategic Clinical Network for Collaborative Care that connects providers, improves knowledge exchange, and accelerates innovation

Our focus will remain on recruiting and retaining physicians and nurses, including improving educational opportunities for physicians and nurse practitioners. Ten more family medicine residents at Dalhousie University will begin their residency in new and existing sites across the province in July 2019, bringing the total to 48 family residencies.

Health and Wellness Business Plan 2019-20

Continuing Care

The department established a Long-Term Care Expert Advisory Panel in 2018 to identify solutions to improve quality of care in long-term care facilities. Government received the panel's report in late December and accepted the intent of all recommendations. Work is underway to improve wound care and expand access to nurses and allied care providers. The department will continue to work with its partners to implement these recommendations and improve the quality of care provided in long term care facilities.

Implementation of an electronic International Resident Assessment Instrument (InterRAI) in long term care will allow health professionals to complete standardized assessments of residents in long-term care with the objective of enhancing the quality of care in facilities across the province. An implementation project team has been procured and work has begun.

The InterRAI data will be used to: improve reporting for enhanced wound care; improve workplace safety; and inform long-term care infrastructure planning. Existing InterRAI data on home care and home support services is being used to inform the provincial health workforce plan for the continuing care sector.

The department, together with its partners, is developing an implementation plan to address the recommendations in the *Workplace Safety Report and Recommendations*. In 2019-20, work will continue with community partners to deliver a Program of All-inclusive Care for the Elderly (PACE), non-violent crisis intervention programs, and The Working Mind program.

Mental Health & Addictions

The department is working closely with our service delivery partners, NSHA and IWK - as well as community partners - to ensure we have a coordinated mental health and addictions system that aligns services with the needs of Nova Scotians. This approach includes investments in health promotion and prevention, early intervention, and acute/emergency care.

In 2019-20, we will continue to support improved access to community-based care by increasing the number of mental health clinicians in the community. Work also continues with NSHA and IWK to review residency spaces for psychologists in hard to recruit areas of the province, as experience has shown that physicians who complete residencies in a community are more likely to remain there. The suicide prevention framework implementation will continue into fiscal 2019-20.

In response to the ongoing national crisis of opioid overuse and overdose, implementation of the 2017 Opioid Use and Overdose Framework and action plan continues, focusing on the five key elements of the framework: understanding the issue; prevention; harm reduction; treatment and prescribing practice; and criminal justice and law enforcement.

Health and Wellness Business Plan 2019-20

Specialist and Surgical Wait Times

Government continues to invest in improving efficiency and effectiveness of orthopedic surgeries to better align with the six-month national wait time benchmark for joint replacement surgery. The multi year initiative was approved in the fall of 2017 with an action plan that has yearly indicators and goals to achieve. Work in 2019-20 on this multi-year initiative for hip and knee surgeries includes:

- hiring another surgeon for a total of eight new physician specialists
- securing locations for orthopedic assessment centres
- continuing to decrease length of stay in hospital after surgery from five to two days through improved pre- and post-surgical support
- identifying opportunities to increase operating room efficiency and capacity

The Department is working with Dalhousie University to add 15 more spaces to its specialty residency program. Work is underway to train these residents in specialties such as emergency medicine, psychiatry, internal medicine and critical care to provide services in communities across the province. This will bring the total number of provincially funded specialist residency spaces to 65.

Digitalization and Data Analytics

Nova Scotia's digital health system is being modernized to better serve Nova Scotians – and better support the way care is being delivered today by a range of healthcare professionals. At the core of the strategy is One Person One Record (OPOR), Nova Scotia's plan for ensuring the right information for the right person is available when and where care is needed. The first step toward OPOR is replacing three older hospital information systems with a modern, integrated clinical information system. In 2019, the department will complete the procurement process and initiate the project.

Electronic Medical Record (EMR) systems will continue to support the unique needs of family doctors, specialists and other care providers such as nurse practitioners who work primarily in community settings. EMRs enhance quality of care and improve practice efficiency. Through the EMR Migration Project and incentives, the department is supporting physicians as they migrate to a modern, certified EMR solution.

Panorama enables public health professionals within Health and Wellness and the Nova Scotia Health Authority to electronically manage and track public health immunization programs, manage notifiable diseases and respond to outbreaks of diseases like measles, meningitis, mumps and the flu. The project is almost complete and will be transitioning to an operational program by the end of June.

These investments support the goals of a high-performing health care system that delivers enhanced care, improved health outcomes, and greater efficiency through better use of data and analytics to inform decisions.

Health and Wellness Business Plan 2019-20

QEII New Generation and CBRM Redevelopment

The department is working with NSHA, IWK and the departments of Transportation and Infrastructure Renewal and Internal Services to ensure our health care infrastructure meets the needs of Nova Scotians today and into the future. Two key initiatives that demonstrate this vision are the QEII New Generation and the CBRM Health Care Redevelopment projects.

QEII New Generation is the redevelopment of the QEII Health Sciences Centre. It's a once in a generation opportunity to rethink and rebuild the way we deliver health care. It is a large, complex, multi-year project that is laying out how we'll meet the health care needs of Nova Scotians for the next 50 years.

The work is in progress and includes transferring the most complex and specialized care from the aging Victoria General site to the Halifax Infirmary and Dartmouth General Hospital sites. A new, specialized outpatient center for day surgeries and other ambulatory care for services that do not need to be delivered in a hospital setting will also be built. The plan includes additional surgical capacity in Dartmouth General and Hants Community hospital.

The QEII Cancer Centre, which is currently located at the VG site, will be moved to the Halifax Infirmary site. Construction of the new centre will allow all cancer care to be offered in one location. It will also enhance the centre's teaching and research mandate. The Infirmary's third and fifth floors will be renovated to include Atlantic Canada's first hybrid operating room. This operating room will be equipped with advanced imaging equipment used during the most complex surgeries. Renovations to the third floor include making room for two new interventional suites, allowing for less invasive image-guided surgeries and treatments. The Dartmouth General Hospital Expansion and Redevelopment project includes renovations and expansion of the hospital as well as the creation of a new surgical tower.

The CBRM Health Care Redevelopment project will address aging infrastructure and frequent emergency closures in CBRM. The plan includes expanding and renovating the Cape Breton Regional Hospital and Glace Bay Hospital and doubling the Cancer Care Centre. Government will also build new community health centres and new long-term care facilities in North Sydney and New Waterford to replace the aged New Waterford Consolidated and Northside General hospitals.

A Volunteer Advisory Council is being established with representatives from Sydney, Glace Bay, New Waterford, and North Sydney to provide input on the project moving forward.

Meetings to inform functional programming continue with design consultants, engineering professionals and clinicians to help determine next steps and timelines. The functional programming process will identify the amount of space needed, projections on patient needs, and the scope and role of services that have been identified as part of both the hospital expansions and the new community health centres. The functional plan will be used as the basis for design work.

Health and Wellness Business Plan 2019-20

As part of the CBRM Health Care Redevelopment project, a new Community-Based Paramedic Program is helping patients avoid hospital stays after discharge from the emergency department, reducing return visits and pressure on emergency departments. The program was piloted at CBRH in December 2018 and - subject to an evaluation – may be expanded to other sites.

Health and Wellness Business Plan 2019-20

Section 3- Budget

Health and Wellness Budget 2019-20			
Departmental Expenses Summary (\$ thousands)			
Programs and Services	2018-2019 Estimate	2018-2019 Forecast	2019-2020 Estimate
General Administration	2,078	1,996	2,132
Strategic Direction and Accountability			
Chief Medical Officer of Health	2,325	2,465	2,270
Client Service and Contract Administration	5,644	5,665	5,914
Corporate and Physician Services	11,776	11,457	11,398
Investment Decision Support	4,566	4,061	4,819
System Strategy and Performance	10,818	10,354	11,132
Service Delivery and Supports			
Physician Services	869,587	860,800	870,839
Pharmaceutical Services and Extended Benefits	311,230	318,997	318,812
Emergency Health Services	148,301	152,402	152,759
Continuing Care	841,881	851,383	868,620
Other Programs	177,323	182,710	181,173
Health Authorities			
Nova Scotia Health Authority	1,639,272	1,704,704	1,759,238
IWK Health Centre	222,940	222,059	228,225
Capital Grants and Healthcare Capital Amortization			
Capital Grants and Healthcare Capital Amortization	119,358	117,880	221,195
Total - Departmental Expenses	4,367,099	4,446,933	4,638,526
Ordinary Recoveries	125,662	135,897	130,179
Funded Staff (# of FTEs)	301.4	263.8	302.4
Department Funded Staff	295.4	260.8	295.4
Note:			
For Ordinary Revenues, see Estimates and Supplementary Detail Book, Chapter 2			
For TCA Purchase Requirements, see Estimates and Supplementary Detail Book, Chapter 1			

