

2011-12 Statement of Mandate

April 2011



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1.0 Message from the Minister and Deputy Minister

It is our pleasure to present the Department of Health and Wellness Statement of Mandate for 2011-12.

The upcoming year is starting with a positive change with the merger of the former Department of Health Promotion and Protection and the Department of Health. We are very pleased with this change and believe that working more closely together will have a positive impact on Nova Scotians. Health is a continuum that requires a focus on both prevention and treatment. Over the next year, we will be in a better position to meet the needs of Nova Scotians and improve their health in the long-term.

In order to make life better for families, we must provide better care in a well managed, planned way that leads to healthier and safer Nova Scotians. We will begin by following through on our commitments to improve access to emergency care, reduce waits and improve life for seniors.

The cornerstone to our success will be the implementation of our health care plan, Better Care Sooner. As we collaborate with our partners in health care, the District Health Authorities, the providers, and the other stakeholder groups who have a vested interest in the health of our residents, we will be addressing some of the challenges that have plagued Nova Scotia's health care system for many years. Through Better Care Sooner, we will introduce Collaborative Emergency Centres in the province so that Nova Scotians receive faster, quality care by nurses, doctors and other health-care providers, like social workers. Our goal is for these centres to enhance Primary Care access so that more and more Nova Scotians will receive same or next day appointments with the appropriate health care provider.

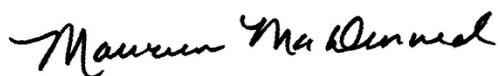
Seniors will also see their health needs met in a more holistic way. We must ensure they receive the care they need in the right place. They also need supports to allow them to remain in their homes and require trips to the emergency room, only when absolutely necessary.

We are working on a drug plan to get fair drugs prices for Nova Scotians who rely on Pharamacare for help with their prescription drug costs and to taxpayers. This will help enable Nova Scotians to afford the medications they need.

We will also focus on mental health in 2011-12 as we engage Nova Scotians in the development of a Mental Health Strategy. This strategy will help ensure timely access to quality services. It is about patient care, getting services to people and having high levels of patient satisfaction.

Nova Scotia is known for promoting active lifestyles and a key component of living well means taking steps to promote sport and physical activity throughout the province. Following a successful hosting of the 2011 Canada Games, we will build upon the momentum of recreation and physical activity to show Nova Scotians the importance of living a well-balanced, healthy and physically active lifestyle.

With the best minds and joint resources of the two former departments, we will aim to reduce chronic disease, and not just treat illness. There will be an emphasis on preventing obesity and working with leaders in the community to influence how we ensure Nova Scotians have opportunities to eat healthy and get active. We will work to make the healthy choice, the easy choice. As we move forward we want people to have every opportunity to be well and stay well so they can live longer, healthier lives.



Honourable Minister Maureen MacDonal
Department of Health and Wellness



Deputy Minister

2.0 A Transitional Year for the New Department of Health and Wellness

Health is a continuum that requires a focus on both prevention and treatment. On January 11, 2011 the former departments of Health (DOH) and Health Promotion and Protection (HPP) merged to form the new Department of Health and Wellness (DHW) to ensure better integration between the prevention and treatment sides of health care. Working more closely together will have a positive impact on Nova Scotians and provide overall better health care to Nova Scotians.

With the merger so close to the end of the 2010-11 fiscal year, the new Department's mission and vision or how the Department will measure its outcomes has not yet been established. For this reason, this Statement of Mandate presents the mandates, visions and missions of the former departments. It also combined the performance measures of the two former departments deleting some of the operational measures to reduce the large number. The integration of the former DOH and former HPP's mandate/vision/mission, priorities and operational plans will continue throughout 2011-12.

3.0 Mandate, Vision, and Mission of the Former Department of Health (DOH)

3.1 Mandate

The former DOH was committed to the ongoing improvement of the health care system through setting strategic direction through provincial policy to ensure services are accessible and timely; developing standards related to delivery of health care; monitoring, measuring and evaluating quality; conducting financial and human resources planning; administering the allocation of resources; and establishing requirements for information systems.

The former DOH provided funding for the health care system to the District Health Authorities (DHAs) and the Izaak Walton Killam (IWK) Health Centre who are responsible for service delivery and resource management. The Department was responsible for Physician Services, Pharmaceutical Programs and Emergency Health Services. Continuing Care service providers continued to report directly to and be funded directly by the former DOH, however, the integration of Continuing Care into the DHAs will be complete in 2011-12. This will result in Continuing Care services being delivered by the DHAs with DHW remaining responsible for compliance monitoring and licensing of the providers.

3.2 Vision

Generations of Nova Scotians living well.

3.3 Mission

Working together to empower individuals, families, partners, and communities to promote, improve, and maintain the health of Nova Scotians through a proactive and sustainable health system.

4.0 Mandate, Vision, and Mission of the Former Department of Health Promotion and Protection (HPP)

4.1 Mandate

HPP was responsible for promoting health among Nova Scotians, preventing disease and injury, responding to emerging public health threats and promoting health among Nova Scotians. Its role spanned all aspects of public health, physical activity, sport and recreation and addiction services.

4.2 Vision

Helping Nova Scotians to be healthier and safer.

4.3 Mission

We will lead the collaborative effort to promote and protect health, prevent illness and injury, and reduce disparities in health status.

5.0 Priorities of the New Department of Health and Wellness

This section describes how the priorities of DHW fit with government's three priorities:

1. Make health care better for you and your family
2. Create good jobs and grow the economy
3. Get back to balance and ensure government lives within its means

5.1 Make health care better for you and your family

5.1.1 Better Care Sooner:

Provincial Advisor on Emergency Care: In September 2009, Dr. John Ross was appointed as the first provincial advisor on emergency care. His resulting report: *The Patient Journey through Emergency Care in Nova Scotia* (October 2010) made 26 recommendations. The former DOH's response: *Better Care Sooner: The Plan to Improve Emergency Care* was released by the former DOH in December 2010 to respond to these recommendations.

Implementation Plan: In 2011-12 DHW will develop an integrated implementation plan for *Better Care Sooner*. Activities in 2011-12 will focus on two major priorities: improvement of emergency care and improvement of primary health care.

Emergency Care: A key component of our plan to provide "better care sooner" is to focus on improving patient flow through emergency rooms in regional and community

hospitals. An examination of processes and the role and better use of providers and technology will be part of this plan.

Nova Scotia Emergency Care Standards: In response to the Dr. Ross report, Nova Scotia became the first province in Canada to develop, with broad input from stakeholders, comprehensive minimum emergency care standards. In 2011-12, DHW will work with DHAs to develop a plan to implement these standards. Once implemented the Nova Scotia Emergency Care Standards will provide consistency and better quality emergency care in all regions of the province.

Primary Health Care: The creation of Collaborative Emergency Centres (CECs) is key to enhancing primary healthcare. Access to primary health care by a team of professionals for extended hours with same day or next day appointments will be integrated into the design and development of a CEC. DHW will work with DHAs to assess district and community readiness and infrastructure requirements for CECs. Up to five CECs will be put into place by the end of 2011-12.

5.1.2 Wait Times:

In 2011-12, health care providers will use the new surgery data via the Provincial Access Registry (PAR-NS) to make improvements to surgery wait times with emphasis on knee and hip surgery. In addition, there will be research and analysis activities around utilization of key resources such as operating rooms and a costing analysis of national wait time targets.

5.1.3 Establish Acute and Chronic Disease Targets:

The Chronic Disease Management Advisory Committee (CDMAC) provides leadership in advising system wide change to strengthen chronic disease prevention and management across the continuum. In 2011-12, through the work of its members and partners, acute and chronic disease targets will be established beginning with hypertension. The committee will also establish a reporting mechanism to monitor the progress in achieving these targets.

5.1.4 Mental Health Strategy including Concurrent Disorders:

Mental Health Strategy: In the Spring 2010 Throne Speech, the intention to create a mental health strategy was announced. The strategy will help ensure timely access to quality services. In July 2010, the Nova Scotia Health Research Foundation was enlisted to oversee the research and project management of the strategy as a neutral third-party to ensure rigor and evidence integration in its development. An Advisory Committee, comprising two co-chairs and 12 members representing a broad range of expertise and experience, was established to guide the development of the strategy. Stakeholder and public consultations have begun and will continue into Spring 2011-12. The strategy will be proposed to the Minister of Health and Wellness in Fall 2011.

Concurrent Disorders: In 2011-12 DHW will develop a cost-effective and evidence-informed model for Addiction Services and Mental Health Services in the DHAs/IWK.

This model will provide a continuum of services and supports for individuals and families across the lifespan, with co-occurring mental illness and problematic substance use and/or gambling.

The Department, in partnership with the DHAs/IWK and in consultation with other key stakeholders, will reach a final recommendation on a common set of system standards, policy and guidelines. This will be for a continuum of services and supports for Nova Scotians with concurrent disorders, including their families and concerned others.

5.1.5 Cobequid Centre Enhanced Services:

Dr. John Ross's report: *The Patient Journey through Emergency Care in Nova Scotia* (2010) identified Cobequid Community Health Centre (CCHC) as a unique centre in Nova Scotia that provides a wide range of primary care and specialist care services, as well as urban emergency care. The report indicates that there may be a reasonable case for extending the hours from 7 am to 10 pm to 11 pm or midnight. In 2011-12, the Department will further analyze the various options presented by Capital District Health Authority (CDHA) as alternate proposals to enhance emergency room services to the community and move forward on the selected option.

5.1.6 Quality and Patient Safety:

In 2011-12, DHW will implement a provincial surgery checklist policy. A new Quality and Safety Committee will be implemented. In addition, there will be collaboration with DHAs to advance key performance indicators, and initiate an accountability framework. As well, in 2011-12, the plan currently in place to operationalize the Infection Control and Prevention Centre by expanding to all districts from the current three centres will be implemented.

5.1.7 Physician Resource Plan:

The development of a physician resource plan will identify an appropriate and affordable number, and equitable distribution of family physicians and specialists for the province. The provincial physician resource plan will reflect current and future needs of the population of Nova Scotia over the next ten years. The plan will be completed in 2011-12.

5.1.8 E-Health Technology Solutions:

Drug Information System (DIS): Nova Scotia has begun its DIS project, which enables health care providers to access, manage, share and safeguard patients' medication histories. This allows providers access to a more complete and comprehensive medication record of their patients which will assist in their clinical decision making process and ultimately improve patient safety. The planning phase will be underway in 2011-12.

National Ambulatory Care Reporting System (NACRS): The Canadian Institute for Health Information (CIHI) has developed the National Ambulatory Care Reporting System (NACRS) for capturing ambulatory care in Canada, including emergency

department information, clinic information and day surgery. The system now contains data from six provinces and territories, including Nova Scotia. Nova Scotia can use this data for planning and management. NACRS will be installed in 2011-12 with implementation by some DHAs.

Electronic Health Record (EHR): Since the initial rollout of Nova Scotia's EHR in September 2010, the number of healthcare providers across the province requesting access has grown steadily. Continued rollout is planned through 2011-12. Early feedback indicates that time savings and better quality care are the result of patient information, like test results and discharge summaries, being available across organizations and providers.

5.1.9 Nurse Practitioners:

In 2011-12, the Department will be funding additional nurse practitioners and other health professionals to work in community-based teams for CECs. In addition, four DHAs have added or will soon add new nurse practitioners to enhance care for residents in nursing homes. These improvements make for better care sooner in the most appropriate settings, contribute to better access to emergency care and more efficient and effective patient care in emergency rooms.

5.1.10 Every Kid Counts: This initiative consists of a number of different components:

Obesity: See 5.1.11

Youth Suicide Activities:

- **CAST and Youth Project:** DHW will continue to support the work of the Canadian Mental Health Association – Communities Addressing Suicide Together (CAST) initiative and the Youth Project which provides supports to lesbian, gay, bisexual and transgendered youth across Nova Scotia.
- **Renewed Injury Prevention Strategy:** The renewed Injury Prevention Strategy released in April 2010 has suicide prevention as one of its pillars. In 2011-12, DHW will work with stakeholders to implement this strategy.
- **Youth Health Centres (YHCs):** YHCs are often the first point of entry for young people into the health system. Youth may well present with mental health issues including stress, emotional upset, depression or suicidal thoughts etc. YHC staff provide a safe environment for young people to seek help. YHC staff in turn help youth to navigate through the health system to obtain the services and supports they may benefit from including mental health support which may require referral for assessment and treatment. In 2011-12, YHCs will continue to provide its services to young people.
- **Early Intervention - Mental Illness in Schools:** DHW is one of four government departments (DHW, Justice, Community Services and Education) working on the

implementation of the Child and Youth Strategy, *Our Kids are Worth It* (December 2007). One of the pilot projects funded through this strategy is the SchoolsPlus Program. This has been piloted in four school boards since 2008 with the intention of implementing it in the remaining school boards beginning in April 2011.

A component of this program planned for 2011-12 is to partner with local child and youth mental health services to determine how to best address identified mental health issues.

- **24/7 Mental Health Mobile Crisis Teams:** Currently there is a 24/7 Mobile Mental Health Crisis Team in the Halifax Regional Municipality (HRM) that addresses mental health emergencies across the lifespan. All other districts have a mental health emergency response. In 2011-12, mental health programs in the DHAs will document and formalize their emergency responses including how they will manage the mobile component. Based on the utilization information from the Mobile Mental Health Crisis Team in HRM and district populations there would only be a handful of people requiring the mobile component outside of HRM.
- **Autism Services:** The Early Intensive Behavioural Intervention Program (EIBI) continues to be available in eight DHAs and IWK. With the addition of \$4M in new funding over the next two years, the program will be able to serve all eligible children. Expansion of services will begin immediately.
- **Lifespan Needs for Persons with Autism Spectrum Disorder:** The Autism Management Advisory Team released its report *Lifespan Needs for Persons with Autism Spectrum Disorder* in 2010. The report contained 53 recommendations. An intergovernmental working group involving the departments of Health and Wellness, Education, Community Services and Justice, have been working collaboratively in developing a response. It is anticipated that this response will be released in Spring 2011-12.

5.1.11 Childhood Obesity Prevention Strategy:

In the March 2010 Throne Speech, the commitment to develop a childhood obesity prevention strategy was announced. Currently, 58% of adults and 32% of children are overweight or obese in Nova Scotia, increasing their risk for chronic disease and putting additional pressure on an overburdened health care system. Broad policy changes are needed to reshape our environment to make it easier for people, particularly children and families, to eat healthier and be more active in their daily lives. The strategy will take a “whole of government” approach to address the broad factors and sectors that influence the overall health of Nova Scotians.

In 2011-12, DHW will complete and launch a Childhood Obesity Prevention Strategy with input from key stakeholder groups. It is anticipated that the Strategy will be released in Winter 2012.

5.1.12 Comprehensive Tobacco Control Strategy:

Tobacco use kills 1,748 Nova Scotians every year and is an unnecessary drain on the health care system and the Nova Scotia economy in general. Over the last several years, smoking prevalence rates have plateaued at 20%, indicating a need to enhance what is currently underway and to innovate in new areas. The new five year Comprehensive Tobacco Control Strategy builds on past efforts to prevent tobacco use and help those people who are using tobacco to stop. As indicated in the Spring 2011-12 Throne Speech, this Strategy will be released in Spring 2011.

5.1.13 Nova Scotia Health System H1N1 Lessons Learned Next Steps:

The former DOH and HPP embarked on a lessons learned process to capture what went well and what areas required improvement during the 2009 H1N1 pandemic. The *Nova Scotia Health System H1N1 Lessons Learned Report* (December 2010) captured all aspects of the departments' responses to the pandemic. The lessons learned process will continue in 2011-12 to track progress of the implementation of the report's recommendations. The H1N1 Lessons Learned recommendations will be completed by 2012-13 followed up by a report.

This work is complemented by the July 2009 *Auditor General's Special Report on Pandemic Preparedness*. The former DOH and HPP began work in response to the Audit and in Fall 2011 will present a final report on progress related to the DHW Audit recommendations.

5.1.14 Regulations for Tanning Beds:

In 2011-12, DHW will establish regulations for the new *Tanning Bed Act*. These regulations will require tanning bed operators to restrict access to tanning beds for youth under 19 years of age and post signs alerting users of the risks of tanning. The regulations will be accompanied by an education and social marketing campaign intended to change attitudes and behaviours with respect to tanning. In the long term these activities are expected to result in reduced incidence of skin cancer.

5.1.15 Continuing Care:

Currently Continuing Care is the only service being delivered directly by DHW with service providers reporting directly to DHW and funded directly by DHW. For all other services, DHW provides funding to the DHAs /IWK who are responsible for service delivery and resource management. In 2011-12, Continuing Care will be integrated into the DHAs/IWK such that the DHAs/IWK will assume the responsibility of service delivery.

DHW will remain responsible for compliance monitoring and licensing of the providers according to the appropriate legislation, policies and standards.

5.1.16 Youth Forensic Unit:

DHW will support the IWK Mental Health and Addictions Program in the development of a designated Youth Forensic Unit to be relocated from the Inpatient Psychiatry Unit to the

Offender Health Unit at the Nova Scotia Youth Facility (NSYF). The current inpatient unit is the designated facility to accept court ordered remands from the justice system. This co-location of the two services is unique in Canada and inappropriate for either the remanded youth or the youth admitted to the unit with severe mental illnesses. The location in the NSYF is more appropriate given the availability of staff with the proper expertise and skill set to provide assessment and treatment, the level of security available on site, the various recreational and extra-curricular activities, schooling and support for obtaining employment once released. DHW is funding the minimal renovations required while operating costs will be provided by the IWK. The opening of the Unit is anticipated for September 2011.

A parallel process will be engaged with our Atlantic partners in determining their interest in utilizing this facility for their court ordered youth remands.

5.1.17 Psychiatric Intensive Care Unit (PICU):

It has been acknowledged in all DHAs that there are times when those patients who have been admitted involuntarily under the *Involuntary Psychiatric Treatment Act* are so ill that it is difficult to manage their symptoms on a regular psychiatric unit.

To address this challenge, the CDHA Mental Health Program has developed a six bed Psychiatric Intensive Care Unit to offer stabilization during the early stages of their treatment for this small but seriously ill subset of psychiatric patients following a suitable agreement between DHAs/IWK. The unit will be located at the East Coast Forensic Hospital in an empty wing where adequate assessment, stabilization, treatment and security can be provided by a team of mental health professionals who have the specialized training required. It is anticipated that the unit will open in April 2011.

5.1.18 Quality and Patient Safety Advisory Committee:

DHW will establish a Quality and Patient Safety Advisory Committee by April 1, 2011. This Committee will provide strategic advice to the Minister regarding the improvement of the healthcare system with respect to the quality of healthcare and the safety of patients. Current estimates are that as many as one in ten hospitalized patients experience a medical error. Nearly half of these are considered preventable. A current priority is to improve quality and safety for patients, and the Quality and Patient Safety Committee is an important component of achieving that.

5.2 Create good jobs and grow the economy

5.2.1 Provincial Workforce and Immigration Strategies:

DHW will work with other departments and stakeholders to support the development and implementation of a provincial Workforce Strategy, as well as a provincial Immigration Strategy. Attention will focus on improving health human resources information and planning to better identify the right number and mix of health care providers to meet the needs of different populations in Nova Scotia.

5.3 Get back to balance and ensure government lives within its means

5.3.1 Expenditure Management Initiative:

DHW, working with the DHAs and IWK have started several expenditure management initiatives. These initiatives were chosen because they not only address cost reductions but also support better patient care by ensuring that staff are scheduled, supplies and drugs procured, timely access to patient information ensured, and beds appropriately used, all in the most effective and efficient way possible. These initiatives will begin or continue in 2011-12 and include:

- Group Purchasing enables DHAs/IWK to bulk purchase and standardize the supplies purchased in all the hospitals across the province.
- Shared Services is examining opportunities to deliver administrative services like Finance, Human Resources and Information Technology and other non-core clinical services more efficiently and effectively.
- Staff scheduling will provide the opportunity to schedule staff efficiently as well as provide a tool to improve managing overtime costs.
- Scanning supports better patient information flow.
- Bed Utilization will ensure the right number of beds being used appropriately.
- Drug Management Policy Unit will be established to focus on improving the appropriate utilization of drugs and establishing mechanisms to realize better pricing of drugs under the Pharmacare Programs.

6.0 Performance Measures

As a transition year, the performance measures from each of the former departments were combined. Given the total of 44 performance measures, several have been removed from this Statement. Those eliminated will remain part of the new Department's operational plans to guide programming decisions. Those remaining show a broad overview of performance measures related to health outcomes for 2011-12.

In 2011-12 the new DHW will consider the full suite of performance measures and undertake a review to identify those that will continue in future Statements. This review will: seek to select the best performance measures for this particular forum; clearly identify strategic outcomes and the sources of related data, select annual and ultimate target years where possible; and establish trends. Recognizing that this is only one forum for reporting on the Department's work, other performance measures will be considered for branch operational plans. This review will result in a suite of performance measures that will attempt to remain consistent over specific time periods.

Former Department of Health

The former DOH positioned its performance measures around its three major goals: 1) Timely access and high quality, safer health care for Nova Scotians; 2) Provide value for money through effective and efficient use of public resources; and 3) Improved health status of Nova Scotians.

The measures provided an overview of important information about health services in Nova Scotia and the health of Nova Scotians. The years in which data is available vary by measure. Some federal agencies collect data based on deadlines that differ from Nova Scotia's deadlines. In addition, the data contained in this report comes from various sources. These data sources have different reporting time periods. Capacity to report on data in a timely fashion is constantly undergoing improvement. For these reasons, primarily, the availability of data will vary by measure.

Former Department of Health Promotion and Protection

The former HPP positioned its performance measures around its four strategic outcomes: 1) Improved health outcomes for children and youth; 2) More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities; 3) Safer citizens, populations and communities; and 4) Reduced health disparities. These strategic outcomes are not mutually exclusive. In some cases, it is difficult to delineate only one strategic outcome for each performance measure and in many cases, all four strategic outcomes apply to one performance measure. This approach demonstrated the integrated nature of the former Department's work.

Additionally, a number of the former HPP's performance measures have directional rather than numerical targets, provide no annual target and set the ultimate target year at 2014-15, five years out from the beginning of HPP's new business planning cycle. The reasoning for these decisions considers the following factors:

- many of the performance measures are population level outcomes which are influenced by many factors that are beyond the control of the former department and the new DHW
- rates may only change minimally each year and within the five year planning cycle

6.1. Performance Measures for the Former Department of Health

Goal 1: Timely access and high quality, safer health care for Nova Scotians					
OUTCOME	MEASURE	DATA Base Year	TARGET YEAR 2011-12	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Timely access to better care sooner	Percentage of CTAS ^{1, 2} 1-3 patients with total length of stay from triage to ED ³ departure for patients within 8 hours	Base year: 2011-12	NS aims to have an upward trend in the % age of patients	N/A	Assess ER processes and plan to streamline flow of patients
	Percentage of CTAS 4-5 patients with total length of stay from triage to ED for patients within 4 hours	Base year: 2011-12	NS aims to have an upward trend in the of 4-5 patients	N/A	Undertake a gap analysis re the ED Standards Conduct a feasibility study for an EDIS ⁴ Implement NACRS ⁵ into DHAs Promote use of 811 and 911 Enhance access to primary care Reduce occupancy of inpatient beds to allow better access to beds and flow of patients

¹ CTAS: Canadian Triage and Acuity Scale; 1=Life-or- Limb- threatening; 2=severe pain or unstable vital signs; 3=Moderate Illness that may require some tests; 4=possible bone fracture or large cuts; 5=minor injury

² This measure represents only facilities where CTAS information is collected

³ ED: Emergency Department

⁴ EDIS: Electronic Drug Information System

⁵ NACRS: National Ambulatory Care Reporting System

Goal 1: Timely access and high quality, safer health care for Nova Scotians

OUTCOME	MEASURE	DATA Base Year	TARGET YEAR 2011-12	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Timely access to better care sooner	<p>Percentage of CTAS 4-5 patients in ED</p> <p>Percentage of time that paramedics can pass responsibility of care to hospital staff within 20 minutes of arrival in ED</p>	<p>Base year: 2011-12</p> <p>Base year: 2011-12</p>	<p>NS aims to have a downward trend in the % of CTAS 4-5 patients</p> <p>NS aims to have an upward trend in the % of time</p>	<p>N/A</p> <p>N/A</p>	<p>Assess ER processes and plan to streamline flow of patients</p> <p>Undertake a gap analysis re the ED Standards</p> <p>Conduct a feasibility study for an EDIS</p> <p>Implement NACRS into DHA</p> <p>Promote use of 811 and 911</p> <p>Enhance access to primary care</p> <p>Reduce occupancy of inpatient beds to allow better access to beds and flow of patients</p>

Goal 1: Timely access and high quality, safer health care for Nova Scotians					
OUTCOME	MEASURE	DATA Base Year	TARGET 2011-12	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Improve patient care through reduction in surgical waiting time	Percentage of patients who receive hip replacement within national benchmark of 26 weeks	Base year: 2008-09 45% within target for hip replacement	NS aims to increase the percentage to more than 57% who receive hip replacement surgery within 26 weeks	2008-09: 45% 2009-10: 51% 2010-11: 57%	Implement pre-habilitation teams Surgical Care Council to develop improvements to increase efficiencies
	Percentage of patients who receive knee replacement within national benchmark of 26 weeks	Base year: 2008-09 31% within target for knee replacement	NS aims to increase the percentage to more than 47% who receive knee replacement surgery within 26 weeks	2008-09: 31% 2009-10: 47% 2010-11: 42%	

GOAL 1: Timely Access And High Quality, Safer Health Care For Nova Scotians					
OUTCOME	MEASURE	DATA Base Year	TARGET 2011-12	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Maintain timely access to radiation therapy	Percentage of patients that start radiation therapy within 8 weeks	Base Year: 2010-11 100% of patients starting treatment within 8 weeks	NS aims to maintain 100% of patients starting treatment within 8 weeks	2010-11: 100%	Signed Memorandum of Understanding (MOU) with Atlantic province partners which enables inter-provincial transfer of patients to access timely treatment Infrastructure enhanced through construction projects at Capital and Cape Breton DHAs

GOAL 1: Timely Access And High Quality, Safer Health Care For Nova Scotians					
OUTCOME	MEASURE	DATA Base Year	TARGET 2011-12	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Comprehensive system that ensures high quality care is delivered throughout Nova Scotia	Percentage of hospitals implementing the Safe Surgery Saves Lives checklist	Base Year: 2010-11 88%	NS aims to have 100% of hospitals ⁶ implement the Safe Surgery Aves Lives checklist	2010-11: 88%	<p>Develop system to monitor medical errors and infection rates</p> <p>Design comprehensive occurrence reporting approach</p> <p>Implement Quality Advisory Council</p> <p>Partner with Safer Healthcare Now and Surgical Care Council to enhance uptake of Safe Surgery Saves Lives checklist</p>

⁶ Hospitals that conduct surgeries.

GOAL 1: Timely Access And High Quality, Safer Health Care For Nova Scotians					
OUTCOME	MEASURE	DATA Base Year	TARGET YEAR 2011-12	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Acadian and Francophone communities receive health care services in language of choice	Number of health care services being offered in French	Base Year: 2011-12	NS aims to increase the number of health care services offered in French	N/A	Support DHAs / IWK to identify needs and priorities and to develop health care services In French
	Number of health and wellness documents and material published in French	Base Year: 2011-12	NS aims to increase the number of health and wellness documents and materials published in French	N/A	Continue to support branches that publish documentation in French

GOAL 1: Timely Access And High Quality, Safer Health Care For Nova Scotians					
OUTCOME	MEASURE	DATA Base Year	TARGET YEAR 2011-12	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Increased community-based home health care support enabling Nova Scotians to live well at home.	Number of clients receiving home care services ⁷	Base Year: 2007-08 21,112	NS aims to increase the number of clients receiving Home Care Services by 2% to 23,150	2007-08: 21,112 2008-09: 21,492 2009-10: 22,697	Increase awareness of home care services available
	Percentage of individuals waiting for long term care who are receiving home care	Base Year: 2009-10 27%	NS aims to increase the percentage of individuals waiting for long term care who are receiving home care by 5 %	2009-10: 27%	Encourage health care providers to urge home care first Work with DHAs and Continuing Care coordinators to encourage use of home care prior to admission to long term care

⁷ Home Care Services includes home care (nursing) home support, care giver allowances and personal alert assistance.

GOAL 2: PROVIDE VALUE FOR MONEY THROUGH EFFECTIVE AND EFFICIENT USE OF PUBLIC RESOURCES

GOAL 2: Provide Value For Money Through Effective And Efficient Use Of Public Resources					
OUTCOME	MEASURE	DATA Base Year	TARGET 2011-12	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Enhanced provision of effective and efficient primary health care by reducing doctors' paperwork through the increased use of EMR ⁸	Number of health care providers using EMR in their daily practice	Base Year: 2010-11 336 ⁹	To increase the number of health care providers using the EMR in their daily practice by 180	2010-11: 336	Continue to promote the implementation of the EMR

GOAL 2: Provide Value For Money Through Effective And Efficient Use Of Public Resources					
OUTCOME	MEASURE	DATA Base Year	TARGET 2011-12	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Sustainable, high performing nursing workforce	Retention rate for nurses graduating from Nova Scotia universities	Base year: 2010-11 80%	80% retention of new nursing graduates	2010-11: 80%	Work with DHAs/IWK and relevant partners to enhance retention through initiatives outlined in the provincial Nursing Strategy

⁸ EMR: Electronic Medical Record

⁹ This is as of April 1, 2010; this is a constantly changing number.

GOAL 2: Provide Value For Money Through Effective And Efficient Use Of Public Resources					
OUTCOME	MEASURE	DATA Base Year	TARGET 2011-12	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Enhanced access to mental health services	Percentage of adult clients seen within the provincial standard ¹⁰	Base year: 2011-12	NS aims to increase the percentage of adult clients seen within the provincial standard	N/A	Utilization of “Stronger Families” program at IWK and CBDHA
	Percentage of child/adolescent clients seen within the provincial standard	Base year: 2011-12	NS aims to increase the percentage of child/adolescent clients seen within the provincial standard	N/A	Providing parenting groups where appropriate for regular referrals to determine the need for individual treatment. Participate in the Development of the Mental Health Strategy

GOAL 2: Provide Value For Money Through Effective And Efficient Use Of Public Resources					
OUTCOME	MEASURE	DATA Base Year	TARGET 2011-12	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Protect the health of Nova Scotians from adverse events that impact the health system	Number of recommendations of the Auditor General’s Special Report on Pandemic assigned to DHW that DHW has responded to	Base year: 2009-10 ¹¹	DHW will respond to 100% of the recommendations related to DHW by 2011-12	2010-11: 70%	Conduct review and respond to recommendations from Auditor General

¹⁰ Provincial Standard: 7 days for urgent priority; 30 days for semi-urgent priority; 90 days for routine priority

¹¹ As the Auditor General’s Report was released in July 2009, work began and was in progress for the remaining of 2009-10 with DHW recommendations a work in progress.

GOAL 2: Provide Value For Money Through Effective And Efficient Use Of Public Resources					
OUTCOME	MEASURE	DATA Base Year	TARGET 2012-13	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Protect the health of Nova Scotians from adverse events that impact the health system	Number of recommendations from the H1N1 Lessons Learned Report that DHW has responded to	Base year: 2010-11 ¹²	Respond to 100% of recommendations by 2012-13	N/A	Conduct review and respond to recommendations from the H1N1 Lessons Learned Report

GOAL 2: Provide Value For Money Through Effective And Efficient Use Of Public Resources					
OUTCOME	MEASURE	DATA Base Year	TARGET 2011-12	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Comprehensive patient information is accessible to health care providers.	Number of clinicians using the EHR ¹³	Base year: 2010-11: 104	Nova Scotia aims to increase the number of clinicians using the EHR	2010-11: 104	<p>Continue to collaborate with Canada Health Infoway on EHR Project</p> <p>Continue enhanced active integration to the Client Registry</p> <p>Continue roll out of SHARE¹⁴ Provider Viewer and Clinical Repository</p>

¹² As the Lessons Learned Report was released in December 2010, work on the recommendations was in progress but none were completed in 2010-11.

¹³ EHR: Electronic Health Record

¹⁴ SHARE: Secure Health Access Record

GOAL 3: IMPROVED HEALTH STATUS OF NOVA SCOTIANS

GOAL 3: Improved Health Status Of Nova Scotians					
OUTCOME	MEASURE	DATA Base Year	TARGET 2011-12	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Public is aware of how to appropriately access HealthLink 811 ¹⁵	Number of calls received by Healthlink	Base Year: 2010-11: 143,750 calls	NS aims to have 168,670 calls	2010-11: 143,750	Invest in promotion of Healthlink, people and technology

GOAL 3: Improved Health Status Of Nova Scotians					
OUTCOME	MEASURE	DATA Base Year	TARGET 2011-12	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Nova Scotians are encouraged and supported to be an active partner in their care	Number of PHC providers who have undergone advanced training	2011-12	10 PHC teams to undergo training in self- management program	N/A	Develop a self management support module as a component of the BBTT program that can be delivered by facilitators.

¹⁵ HealthLink 811 was established July 2009

GOAL 3: Improved Health Status Of Nova Scotians					
OUTCOME	MEASURE	DATA Base Year	TARGET 2011-12	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Greater patient access to PHC ¹⁶ teams	Number of PHC ¹⁷ teams in Nova Scotia	Base year: 2010-11: 117 PHC teams	10-20 new PHC teams in the province	2010-11: 117	<p>Train additional 30 family practice nurses</p> <p>Introduce 9-10 new providers into the PHC system</p> <p>Implement new nurse practitioner recruitment and retention program</p> <p>Develop new community paramedicine site</p>

¹⁶ Primary Healthcare

¹⁷ Health care providers and primary health care teams: physicians, nurse practitioners, family practice nurses, and other allied health professionals.

GOAL 3: Improved Health Status Of Nova Scotians					
OUTCOME	MEASURE	DATA Base Year	TARGET 2011-12	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Nova Scotians are encouraged and supported to be an active partner in their care	Number of Chronic Disease Self-Management Program sessions	Base Year: 2010-11 75 self management sessions offered throughout the province	Conduct 50 additional self management sessions throughout the province.	2010-11: 75	Provide increased capacity in DHAs to offer the provincial self-management program Introduce a pediatric self management program.

GOAL 3: Improved Health Status Of Nova Scotians					
OUTCOME	MEASURE	DATA Base Year	TARGET 2011-12	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Patients are able to access their primary care provider when they need to.	Number of PHC teams offering advanced access (same day/next day access)	2010-11: 5 teams offering advanced access	5 new PHC teams introducing advanced access	N/A	Partnership between DHW, DHAs, and DNS ¹⁸ to develop an advanced access toolkit, change management process and implementation strategy to support PHC teams to introduce advanced access. Education for collaborative teams is provided through BBTT ¹⁹ .

GOAL 3: Improved Health Status Of Nova Scotians					
OUTCOME	MEASURE	DATA Base Year	TARGET 2011-12	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Early detection of colon cancer	Participation rate (%) in screening program for specified population in selected DHAs.	2010-11: 30%	2011-12 Maintain screening participation rate at 30% of population invited to participate	2010-11: 30%	Promote availability of screening through DHAs

¹⁸ DNS: Doctors Nova Scotia

¹⁹ Building a Better Tomorrow Together program

GOAL 3: Improved Health Status Of Nova Scotians					
OUTCOME	MEASURE	DATA Base Year: 2009-10	TARGET 2011-12	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
High quality evidence based on pre-hospital care provided to Nova Scotians	Percentage of applicable response time standards ²⁰ met or exceeded	Base year: 2009-10: 100% 2010-11: 100%	NS aims to remain at 100% of applicable response time standards met or exceeded	2009-10: 100% 2010-11: 100% ²¹	Continued monitoring of the EHS ²² system performance Identify opportunities in system with stakeholders for improvements and efficiencies
	Percentage of service inquiries investigated and closed within 10 days	Base year: 2009-10: 90% 2010-11:	NS aims for 95% of service inquiries be investigated and closed within 10 days	2009-10: 90%	Identify the role of EHS in Better Care Sooner and implement changes and programs necessary to meet this role. Continue to provide a service inquiry process addressing customer concerns

GOAL 3: Improved Health Status Of Nova Scotians					
OUTCOME	MEASURE	DATA Base Year	TARGET 2011-12	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Integrated health equity objectives across the health care system	Number of cultural competency guidelines that are implemented	2010-11:	Nova Scotia aims to increase the number of cultural competency guidelines that are implemented	N/A	Continue to work with key stakeholders to adapt services to reflect cultural traditions and values

²⁰ Includes emergency, urgent and transfer calls

²¹ The DHW service provider is required to meet the standards which are time frames (minutes) in which an ambulance must respond to a call. These time frames are different based on the level of emergency and the community it comes from. The response is at 100% for 2010-11 because to not meet the standards, would be a breach of contract by the service provider.

²² EHS: Emergency Health Services

6.2 Performance Measures for the Former Department of Health Promotion and Protection

<p>HPP Strategic Outcome (s): Improved health outcomes for children and youth. More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities. Safer citizens, populations and communities. Reduced health disparities.</p>					
OUTCOME	MEASURE	DATA BASE YEAR	TARGET YEAR 2015	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
<p>Improve the health status of mothers and babies by increasing breastfeeding initiation in Nova Scotia.</p> <p>Support the implementation of the Baby Friendly Initiative.</p>	<p>Breastfeeding initiation rate: percentage of infants receiving breast milk and / or who had early breast contact.</p> <p>Source: Nova Scotia Atlee Perinatal Database²³</p>	<p>Base year: 2006²⁴: 72.7%</p>	<p>NS aims to continue an upward trend</p>	<p>2007: 73.3% 2008: 75.0%²⁵</p>	<p>Implementation and monitoring of the Provincial Breastfeeding Policy directives.</p>

²³ Nova Scotia Atlee Perinatal Database is a provincial database administered by the Reproductive Care Program, Department of Health. It is selected as it captures information on almost 100% of births in Nova Scotia whereas CCHS looks only at a sample of Nova Scotian women.

²⁴ January 2006 was the first time that the Atlee database began using breastfeeding and early breast contact measurements to determine breastfeeding initiation rates and for this reason 2006 is selected as the base year.

²⁵ There is a time lag in data availability. 2009 data is not available until mid 2010.

<p>HPP Strategic Outcome (s): Improved health outcomes for children and youth. More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities. Safer citizens, populations and communities. Reduced health disparities.</p>					
OUTCOME	MEASURE	DATA Base Year	TARGET YEAR 2014-15	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Increased affordability, accessibility, availability and consumption of fruits and vegetables for all Nova Scotians.	Percentage of NS population (12 yrs +) who report eating at least the recommended 5-10 servings of fruit/vegetables per day Source: CCHS ²⁶	Baseline 2001 ²⁷ : 32.6%	NS aims to continue an upward trend	2003: 33.3% 2005: 35.0% 2007-08: 35.7%	Implementation of the Healthy Eating Strategy

²⁶ CCHS data are based on the calendar year. Prior to 2007, CCHS core content data was collected every two years. Beginning in 2007, these data are now collected annually. In order to be comparable to previous CCHS cycles, the yearly data are combined every two years. The latest combined year cycle is 2007-08.

²⁷ The base year is set at 2001 because this is a population outcome that will take time to see significant shifts and it predates the release of the Healthy Eating Nova Scotia Strategy.

<p>HPP Strategic Outcome (s): Improved health outcomes for children and youth. More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities. Safer citizens, populations and communities. Reduced health disparities.</p>					
OUTCOME	MEASURE	DATA Base Year	TARGET YEAR 2014-15	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Improve access to healthy foods for all Nova Scotians by reducing the number of food insecure households.	Percentage of food insecure households Source: CCHS ²⁸	Base Year: 2005 ²⁹ : 7.7%	NS aims to continue a downward trend	2007-08: 6.8%	Continue to support implementation of the provincial <i>Healthy Eating Nova Scotia</i> strategy Continue to work in partnership with the Nova Scotia Food Security Network and others interested in promoting and supporting food security Continue to monitor income-related food insecurity

²⁸ CCHS data are based on the calendar year. Prior to 2007, CCHS core content data was collected every two years. Beginning in 2007, these data are now collected annually. In order to be comparable to previous CCHS cycles, the yearly data are combined every two years. The latest combined year cycle is 2007-08.

²⁹ CCHS questions related to food insecurity changed in 2005, therefore, 2005 is the base year.

<p>HPP Strategic Outcome (s): Improved health outcomes for children and youth. More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities. Safer citizens, populations and communities. Reduced health disparities.</p>					
OUTCOME	MEASURE	DATA Base Year	TARGET YEAR 2015	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Reduce tobacco use among young adults	Percentage of 20-24 year olds who smoke Source: CTUMS ³⁰	Base year: 2009: 30% ³¹	NS aims to achieve a 20% smoking rate for 20 to 24 year olds.	N/A	Implementation of the renewed comprehensive tobacco control strategy

<p>HPP Strategic Outcome (s): Improved health outcomes for children and youth. More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities. Safer citizens, populations and communities. Reduced health disparities.</p>					
OUTCOME	MEASURE	DATA Base Year	TARGET YEAR 2015	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Reduce tobacco use rates for 25 years and older	Percentage of 25 years and older who smoke Source: CTUMS ³²	Base year: 2009 ³³ : 19%	NS aims to achieve a 15% smoking prevalence rate for 25 years and older	N/A	Implementation of the renewed comprehensive tobacco control strategy

³⁰ CTUMS data are based on the calendar year.

³¹ 2009 is selected as the base year as the impact of the renewed comprehensive tobacco control strategy will begin when implemented in 2011.

³² CTUMS data are based on the calendar year.

³³ 2009 is selected as the base year as the impact of the renewed comprehensive tobacco control strategy will begin when implemented in 2011.

<p>HPP Strategic Outcome (s): Improved health outcomes for children and youth. More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities. Safer citizens, populations and communities. Reduced health disparities.</p>					
OUTCOME	MEASURE	DATA Base Year	TARGET YEAR 2015	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Reduction in injury-related mortality across all ages	Rate of injury-related mortality for Nova Scotia ³⁴ Source: Vital Statistics ³⁵	(per 100,000) Base year: 2004 ³⁶ : 44.3	NS aims for a downward trend	(per 100,000) 2005: 45.4 2006: 48.0 2007: 51.5 2008: 53.8	Implementation of the Nova Scotia Injury Prevention Strategy

³⁴ Data collected can be more than one year behind the reporting period as data are dependent on cleaning and release by Vital Statistics. The most current data is shown above.

³⁵ Data are collected through Vital Statistics and analyzed by the DHW based on the calendar year.

³⁶ The base year is selected as it was the start of the original Nova Scotia Injury Prevention Strategy.

HPP Strategic Outcome (s): More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities.					
OUTCOME	MEASURE	DATA Base Year	TARGET YEAR 2014-15	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Improved physical activity rates for the adult population	Percentage of adults (20 years and older) active enough for health benefits. Source: CCHS ³⁷	Base year: 2007-08 ³⁸ : 46%	NS aims for 51%	N/A	Maintain and expand the Municipal Physical Activity Leadership Program Develop and disseminate a resource document on physical activity interventions for municipal governments " Develop a strategy to improve walking, biking, and the built environment Develop a provincial recreational policy

³⁷ CCHS data are based on the calendar year. CCHS self-reported data were originally collected every two years then annually as of 2007. However, for comparability, 2007 and 2008 data are combined.

³⁸ 2007-08 was selected as base year as it is the year with most current data from which to develop a realistic target. 2009-10 data are not yet available as 2010 must be collected and combined with 2009 data. Statistics Canada has not undertaken this analysis to date.

HPP Strategic Outcome (s): Improved health outcomes for children and youth Reduced health disparities					
OUTCOME	MEASURE	DATA Base Year	TARGET YEAR 2014-15	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Reduced disparity in physical activity levels between girls and boys	Percentage of junior high school girls active enough for health benefits Source: HPP: Keeping Pace surveillance ³⁹	Base year: 2009-10 ⁴⁰ Baseline data is collected in 2009-10 school year but not yet available ⁴¹	To be determined based on baseline data	N/A	Continue to support Active Kids Healthy Kids Strategy Develop physical activity interventions within the provincial Childhood Obesity Prevention strategy Continue to work with the Department of Education on curriculum and non-curriculum actions

³⁹ Data are only collected by HPP every four years.

⁴⁰ 2009-10 was selected as base year as it will be year with most current data from which to develop a realistic target.

⁴¹ Data are collected from October 2009 to June 2010. Analysis may take up to a year.

HPP Strategic Outcome (s): Improved health outcomes for children and youth. More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities. Safer citizens, populations and communities. Reduced health disparities.					
OUTCOME	MEASURE	DATA Base Year	TARGET YEAR 2015	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
A reduction in the percentage of the Nova Scotia population aged 19 years and older identified as at-risk and problem gamblers	Percentage of Nova Scotia population aged 19 years and older identified as at-risk and problem gamblers using the CPGI ⁴² Source: Provincial Prevalence Studies	Base year: 2003 ⁴³ NS: 6.9% Atlantic Ave (NB): 8.1%	NS aims to be at or below the four year floating average of the percentages of Atlantic provinces ⁴⁴ (excluding Nova Scotia)	2007: NS: 6.1% Atlantic Ave (PEI, NL): 6.2%	Conduct or participate in research related to clarifying the socioeconomic costs and benefits of gambling Conduct and monitor research on the links between the supply of gambling opportunities and associated gambling problems and the impact of existing provincial supply reduction measures Study factors contributing to gambling problems in populations found to be at greater risk.

⁴² Canadian Problem Gambling Index (CPGI) is a self-report survey used in provincial prevalence studies to determine non-gamblers, non-problem gamblers, at-risk gamblers or problem gamblers. It is a reliable and valid measure for measuring gambling prevalence in the general population. Based on a series of questions, the CPGI classifies the survey respondent as non-gambler, non-problem gambler, at-risk gambler or problem gambler. Those scoring "1" or higher on the scale are considered to be at risk gamblers. Those scoring "3" or higher are considered to be problem gamblers. Those at risk and problem gamblers are considered to be experiencing adverse consequences from their gambling.

⁴³ This base year was chosen as it was the first year the Nova Scotia Prevalence Study was produced.

⁴⁴ Other provinces conduct prevalence studies, but at different points of time than Nova Scotia. A floating average within four years of Nova Scotia's prevalence study will make comparison more meaningful by minimizing possible time effects. An Atlantic average rather than a national average will be used as there is greater similarity in gambling related options and activities among Atlantic provinces. Including other jurisdictions where the culture of gambling is different from that of Nova Scotia would preclude any meaningful comparison.

<p>HPP Strategic Outcome (s): Improved health outcomes for children and youth. More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities. Safer citizens, populations and communities. Reduced health disparities.</p>					
OUTCOME	MEASURE	DATA Base Year	TARGET YEAR 2015	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
A reduction in the percentage of the Nova Scotia population aged 15 years and older currently experiencing harms from their drinking	Percentage of the Nova Scotia population aged 15 years and older currently experiencing harms from their drinking Source: CADUMS ⁴⁵	Base year: 2008: NS: 7.0% Canada: 6.8%	NS aims to decrease the percentage of the Nova Scotia population aged 15 years and older and currently experiencing harms from their drinking to be at or below the national percentage of the population aged 15 years and older	2009: NS: 6.8% Canada: 6.5%	<p>Conduct/participate in research related to social and economic costs of alcohol use especially for high risk or hazardous drinkers.</p> <p>Heighten profile of alcohol as critical public health/safety issue</p> <p>Develop/implement programs that address high-risk drinking behaviours and contexts.</p> <p>Continue to conduct/monitor research on links between supply of alcohol and alcohol-related problems.</p>

⁴⁵ Canadian Alcohol and Drug Use Monitoring Survey is produced annually with data collection in June/July and data availability in June/July the following year.

HPP Strategic Outcome (s): More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities. Safer citizens, populations and communities. Reduced health disparities.					
OUTCOME	MEASURE	DATA Base Year	TARGET Year 2014-15	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Contribution to the protection of the Nova Scotia Grade 7 female student population through disease prevention	Vaccine coverage rate: percentage of school-based female population vaccinated with HPV vaccine Source: HPP Population Health Assessment and Surveillance	Base year: 2010-11 ^{46, 47} 2010-11 data available December 2011	NS aims to maintain a vaccine coverage rate at or above 80%	N/A	Provide vaccine to district public health to deliver school-based vaccine program Prepare vaccine coverage reports to inform school-based vaccine programs

⁴⁶ 2010-2011 is selected as the base year as it is the beginning of this new business planning cycle of 2010-11 to 2014-15.

⁴⁷ All data are based on a September – June school year and available the following December annually.

7.0 Budget Context

Effective January 2011, the departments of Health and Health Promotion and Protection were formally merged to form the Department of Health and Wellness. The two departments reported separately for 2010-11. In 2011-12, the budget context is for DHW.

Department of Health Promotion and Protection Budget Context: 2010-11

Business Plan Elements	2010-11 Estimate (\$thousands)	2010-11 Forecast (\$thousands)	2011-12 Estimate (\$thousands)
Gross Program Expenses:			
Executive Administration	3,318	3,050	
Addictions Services	3,732	3,679	
Corporate Services	3,157	2,837	
Chronic Disease and Injury Prevention	3,037	3,015	
Communicable Disease Prevention & Control	11,930	11,798	
Environmental Health	633	676	
Healthy Development	5,147	4,890	
Health Services Emergency Management	223	198	
Physical Activity, Sport and Recreation	19,917	37,138	
Population Health Assessment and Surveillance	1,382	1,231	
Volunteerism	408	408	
DHAs Funding	35,499	35,618	
Total Gross Program Expenses	88,383	104,538	N/A
TCA Cost Shared Revenue	0	0	
Funded Staff (FTEs)	148	136	
Staff Funded by External Agencies	(11)	(9)	
Total FTE Net	137	127	

Department of Health Budget Context: 2010-11

Item	2010/2011 Budget (\$ thousands)	2010/2011 Forecast (\$ thousands)	2011/2012 Budget (\$ thousands)
Executive Administration	52,698	50,915	
Medical Payments	700,982	697,323	
Pharmaceutical Services	265,073	259,571	
Insured Services	31,191	28,141	
Emergency Health Services	105,724	103,654	
Home Care Services	168,609	165,326	
Long-Term Care Program	472,113	466,591	
Addiction Services	0	0	
Physical Activity, Sports and Recreation	0	0	
Public Health Programs	0	0	
Provincial Programs and Initiatives	126,762	120,737	
Other Programs	19,816	19,300	
Other District Health Authority Initiatives	24,339	20,683	
District Health Authorities	1,551,606	1,558,367	
Capital Grants & Healthcare Amortization	116,023	107,118	
Total	3,634,935	3,597,726	N/A
Funded Staff (FTEs)	404.49	341.01	
Staff Funded by External Agencies	(7.58)	(7.13)	
Total FTE Net	396.91	333.88	

Department of Health and Wellness Budget Context 2011-12

Item	2010/2011 Budget (\$ thousands)	2010/2011 Forecast (\$ thousands)	2011/2012 Budget (\$ thousands)
Executive Administration			71,760
Medical Payments			721,872
Pharmaceutical Services			258,620
Insured Services			31,133
Emergency Health Services			108,515
Home Care Services			174,153
Long-Term Care Program			514,886
Addiction Services			835
Physical Activity, Sports and Recreation			16,408
Public Health Programs			14,119
Provincial Programs and Initiatives			127,781
Other Programs			19,494
Other District Health Authority Initiatives			24,927
District Health Authorities			1,591,136
Capital Grants & Healthcare Amortization			92,620
Total			3,768,259
Funded Staff (FTEs)			526.21
Staff Funded by External Agencies			(20.83)
Total FTE Net			505.38