2013-14 Statement of Mandate

April 2013

NOVA SCOTIA
Health and Wellness

Table of Contents

1.0 Message from the Minister and Deputy Minister

The year ahead will present many opportunities for innovation and change in the health care system. We would like to highlight some of the positive changes underway, and our plans to continue to strengthen health care delivery in 2013-14.

Nova Scotians need a health-care system that is well planned and managed. Health and Wellness, along with the DHAs and the IWK are working to find innovative ways to offer health services at a decreased cost. Our goal is to protect patient care while reducing health administration costs. Last year, we reduced the number of FTEs by 38 in administration and support services, and found $3.7 million in savings, which is being reinvested into patient care.

In 2013-14, we will continue to implement *Better Care Sooner*, a plan to improve emergency care in Nova Scotia. The Department has opened Collaborative Emergency Centres (CECs) in six (6) communities including: Parrsboro, Springhill, Tatamagouche, Annapolis Royal, Pugwash and Musquodoboit Harbour, with more CECs opening this year.

Under *Better Care Sooner,* the Department is also working to enhance the quality of care to all hospitals with new Emergency Department standards and will do more work in establishing these standards over the coming year.

Nova Scotia continues to pursue innovation within its healthcare system. Last year, we joined our fellow provinces and territories to do more innovative work on a national level, through the Health Care Innovation Working Group, led by Canada's Premiers. The working group facilitates a collaborative process for transformation and innovation, to help ensure the sustainable delivery of our health care services.

As part of this initiative, Nova Scotia is co-leading the efforts on the pan-Canadian pricing alliance for brand name drugs. The working group also celebrated Nova Scotia's Collaborative Emergency Centres, which continue to receive interest from jurisdictions that are exploring the feasibility of these models.

In addition, our Long and Brier Island community paramedic programs were recognized by the working group for their innovative approaches to emergency service access in rural communities. Health Ministers met with Health Care Innovation Working Group Co-Chair Premiers on March 14th, 2013 to discuss the progress achieved, and identify the future direction of this work and report to Premiers for their next Council of the Federation meeting.

The province also continues to help make life better for seniors. We are pleased to report that seniors in Canada are healthier than ever. We know from talking with seniors and their families that people want to stay at home as long as possible to receive care. It only makes sense therefore, that we invest in providing these supports. The result is better for the person and better for our health care system overall. Last year, the province announced a $22 million investment to improve and expand home care services for Nova Scotian seniors.

In 2013-14, Health and Wellness will work to ensure that more of our province's seniors are aware of the wide array of services offered to them, so that they can stay in their homes longer and maintain their independence.

The Department continues to work hard on Thrive! A Plan for a Healthier Nova Scotia. This plan encompasses many initiatives to create healthy public policy and government action to reshape our physical and social environments. This will make it easier for Nova Scotians in all of our diversity to eat better and move more -- aligning with the *Early Years* and *Better Care Sooner strategies.* Over the coming year, more action will be taken on Thrive!

In May of 2012, the Department launched Nova Scotia's first mental health and addictions strategy called *Together We Can.* This strategy will give Nova Scotians more access to mental health and addictions services, and children and youth will get help sooner for mental health concerns in their schools. Over the past year, the province has celebrated many key milestones under *Together We Can.* We've added four (4) health counselors and two (2) mental health clinicians to every junior and senior high school in the South Shore board, we've expanded the Strongest Families program province-wide; we've expanded the mental health crisis line across the province to ensure that people with mental health concerns can talk to someone immediately, and gave over $140,000 in consumer-led grants for mental health projects.

This year, we will continue to implement elements of *Together We Can.*

These are but a few initiatives happening at the Department of Health and Wellness. We are anxious to implement more programs and initiatives that benefit Nova Scotians, as the resources allow. We look forward to your support as we work together to help make our health care system innovative and sustainable

Honourable Minister David A. Wilson

Deputy Minister Kevin McNamara

2.0 Mandate, Vision, and Mission of the Department of Health and Wellness

2.1 *Mandate*

The health and wellness system includes the delivery of health care as well as the prevention of disease and injury and the promotion of health and healthy living.

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

The Department is responsible for the following core program areas: mental health and addiction services; partnerships and physician services; pharmaceutical programs; primary health care; emergency health services; continuing care; acute and tertiary care; healthcare quality, safety and wait time improvement; public health; and physical activity, sport, and recreation.

The Department also provides funding to the District Health Authorities (DHAs) and the Izaak Walton Killam (IWK) Health Centre who are responsible for service delivery and resource management of the health and wellness system.

2.2 *Vision*

An innovative and sustainable health system for generations of healthy Nova Scotians.

2.3 *Mission*

Providing leadership to the health system for the delivery of care and treatment, prevention of illness and injury, promotion of health and healthy living.

3.0 Priorities of the Department of Health and Wellness (DHW)

This section describes how the priorities of DHW fit within government's four (4) 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
4. Make Life More Affordable and Break the Poverty Cycle

3.1 Make Health Care Better for You and Your Family

3.1.1 An Emphasis on Prevention and Primary Care

The two (2) foundations of a health care system, that provides the best care for the most people and is financially sustainable, are a) accessible, multi-disciplinary, collaborative primary care and b) a strong focus on prevention.

Placing a greater emphasis on the promotion of health and the prevention of disease and injury is a vital part of creating a sustainable health system. Informing the public on healthy lifestyles choices and clinical prevention interventions is important, however, working across government and across society to develop environments and policies to promote and protect health and support healthier choices will see the greatest effects on improving health.

In 2013-14, the Department will focus on:

Implementing, along with other government departments, initiatives that support physical activity and healthy eating as identified in Thrive!; further implementing the renewed Tobacco Control Strategy; and developing frameworks for universities and municipalities to decease the harmful use of alcohol. As a member of the Early Years Project Team, the Department is bringing a health promotion and prevention lens to the development of an Early Years policy framework for Nova Scotia.

3.1.2 Better Care Sooner (BCS)

Better Care Sooner is the province's plan to improve primary and emergency health care services across Nova Scotia. The plan contains thirty-two (32) action items to be implemented from 2011 to 2014. Since January 2011, much progress has been made in implementing some of the actions in the plan.

In 2013-14, the Department will focus on the following:

Opening additional Collaborative Emergency Centres (CECs) and evaluating those already open; working with the District Health Authorities (DHAs) on the implementation of the new Emergency Care Standards including a baseline measure of current performance against the standards; focusing on the needs of seniors in the emergency care system; and using IT to track and improve the patient experience.

The Department will also focus on communication to the public to increase the understanding of health services available to them and of the providers that work in the health system.

In addition, in 2013-14, the province will establish new and/or augment existing Collaborative Primary Care Teams through the addition of new providers. This will further enhance access for patients within those practices. The augmentation of teams will be accomplished on an incremental basis, consistent with the Physician Resource Plan and informed by population based data and district readiness.

3.1.3 Continuing Care

As our population ages, the province is making significant investments to help people receive the care and services they need to stay in their own homes and communities. We continue to see increased demand for home care services. We are working to improve access to long-term care and home care, including the development and implementation of a comprehensive communications strategy to ensure individuals, families, caregivers and health professionals know about all the continuing care programs and services available to them and how to access them.

In 2013-14, Government intends to extend its focus to build more home and community care supports through an expansion of current services and some new offerings. Continuing Care services planning will continue to plan for the demand for long-term care beds and home care services in Nova Scotia and, through a separate but related process, determine the facilities requiring replacement or renovation. Additionally, the Department is working with Veterans Affairs Canada (VAC) and the District Health Authorities to plan for the future use of VAC beds as the need for these beds by Veterans diminishes.

Finally in an effort to increase accountability, the Department will be working towards a new legislative framework to bring many of the services that exist under law, policy or practice together under one (1) piece of legislation. A discussion document will be released and consultations conducted over the coming months.

3.1.4 Wait Times

In 2013-14, the DHW will collaborate with DHAs on a provincial initiative to improve quality and access to Diagnostic Imaging services.

Using the provincial Patient Access Registry Nova Scotia (PAR NS), the DHW will work with DHA clinical and administrative leadership to implement strategies for addressing long waiting patients in Nova Scotia and developing improvements to accessing orthopaedic surgery in Nova Scotia.

Health care providers and District Health Authorities will continue to use wait list data from PAR NS to manage surgical wait lists and operating room resources.

3.1.5 Mental Health and Addictions Strategy

In the Spring 2010 Throne Speech, the intention to create a mental health and addictions strategy was announced. In May 2012, the five (5) year strategy *Together We Can: The plan to improve mental health and addictions care for Nova Scotians* was launched. The strategy will help ensure timely access to quality services. Five (5) key priority areas were identified: intervening and treating early for better results; shortening waits and providing better care; addressing the needs of aboriginal and diverse communities; and working together differently and reducing stigma. There were thirty-two (32) action items identified to be undertaken within the next three (3) years. The eighteen (18) first year actions are currently underway. A one (1) year report will be released in May of 2013.

Through the Mental Health Strategy *Together We Can*, DHW has created 12.5 new FTEs in the DHAs and IWK for mental health clinicians to work in SchoolsPlus families of schools located in each Regional School Board (RSB). A portion of the DHA/IWK complement of clinicians is in place. Recruitment will continue in 2013-14.

3.1.6 Quality and Patient Safety

It is the responsibility of the Government of NS to ensure that the health services are delivered in a safe and effective manner. In this regard, in 2013-14, the DHW will seek approval of a provincial adverse events reporting system that will enhance the measurement of the overall safety of the system. The Department will develop an evidence-informed health indicator framework to measure, track, and evaluate key healthcare quality indicators aligning with the new QPS Quality Framework. It will implement a standardized Surgical Safety Checklist to be utilized in surgical services across the province to promote consistency in provincial surgical safety practices and allow for improved patient outcomes. It will continue to assist in implementing the strategic activities of the Quality & Patient Safety Advisory Committee to bring, promote and inform a provincially coordinated, innovative, and patient-centered approach to quality and patient safety improvement in Nova Scotia.

The Infection Prevention & Control Centre of Nova Scotia (IPCNS) under the new *Patient Safety Act* will begin to monitor healthcare-associated infection rates for *Clostridium difficile* and hand hygiene adherence rates and to report on these metrics publicly; make recommendations regarding improvements in medical device reprocessing in Nova Scotia, and enhance processes to monitor acute care facility outbreaks of communicable disease. In addition, IPCNS will implement infection prevention and control guidelines for provincial long term care facilities and the prevention and management of *Clostridium difficile* infection in health care settings.

3.1.7 Sexual Violence Framework

Sexual violence is a serious crime, public health and social justice issue. Incidents of sexual assault are under-reported and the vast majority of victims, more than 90%, do not report to the police. The rate for women is five (5) times higher than the rate for men and most victims are young with close to half being under the age of twenty-five (25). Nova Scotia lacks a coordinated response to this complex issue.

A Deputies Committee on sexual assault was established in 2010 and government efforts to address sexual violence are being led by DHW with the collaboration and support of the Departments of Justice, Education, Community Services, Labour and Advanced Education and the Nova Scotia Advisory Council on the Status of Women, as well as other key stakeholders.

Development of a framework will begin in 2013-14 to incorporate elements of prevention, intervention, enforcement and professional education and training to ensure:

- Services are available when needed for immediate care and support.
- People are supported through the entire experience after an assault has occurred.
- Creation of a coordinated, integrated, comprehensive linked system.

The Sexual Violence Strategic Framework (SVSF) will make the best use of evidence, standards and resources with measurable outcomes and create an opportunity for increased community, health and judicial responses in an integrated service delivery system.

3.1.8 E-Health Technology Solutions

1. Electronic Health Record (EHR) - Share (Secure Health Access Record) is a secure and private lifetime record of an individual's health and care history. The plan for 2013-14 is to accelerate the adoption of SHARE in the acute care, long term care and other health sectors in NS. Over the next year 600 new providers will be added.

2. Drug Information System (DIS) allows providers access to a comprehensive medication history which will assist in the clinical decision making process and ultimately improve patient safety. In 2013-14, the Department will be connecting the provincial DIS with community pharmacies and conducting preparatory work to connect other health care professions.

3. Personal Health Records (PHR) Demonstration Project is a complete or partial health record under the custodianship of a person (e.g. a patient or family member) that holds all or a portion of the relevant health information about that person over their lifetime. A PHR allows an individual to access his/her personal health information (e.g. lab and Diagnostic Imagining - DI results) 24/7, communicate on-line with his/her physicians and electronically request appointments. In addition, the person can share this information electronically with other health care providers if they wish. The plan for 2013-14 is to demonstrate the benefits of PHRs in thirty (30) family physician practices (target of 100 patients/physician). The benefits evaluation of the project will be completed by 2014.

3.1.9 Thrive! A Plan for a Healthier Nova Scotia

Launched in June 2012 following an extensive consultative process, *Thrive!* provides Nova Scotians with a plan that makes health a government-wide priority. The plan focuses on healthy eating and physical activity and shifts the emphasis from weight to health and the creation of environments where all Nova Scotians have the same opportunity to be healthy. Based on a foundation of strong social policy, there are four (4) key directions which the Department will focus on in 2013-14:

- support a healthy start for children and families
- equip people with skills and knowledge for life long health
- create more opportunities to eat well and be active
- plan and build healthier communities

Multiple actions involving a number of government departments are already underway and these will continue as it takes time to have the important conversations that will change policies and reshape our environment.

3.1.10 Clinical Practice Guidelines

The Department will continue its progressive work with the pan-Canadian Health Care Innovation Working Group. For 2013-14, Nova Scotia will expand its valuable work on clinical practice guidelines to help ensure individuals and their families are able to access and benefit from the most up-to-date, evidence-informed treatments for heart disease, foot ulcers and other serious health concerns.

3.1.11 Standards for Preventive Care

To date, progress in setting Goals for Standards of Preventative Care has been incorporated into a number of departmental projects and initiatives. Integration of this work and tool development has been embedded in complimentary projects including; the Clinical Practice Guidelines Project; the Acute and Chronic Disease Reduction Target Project; Thrive; and the Mental Health and Addictions Strategy. These projects are at various stages of development. Recommendations for additional prevention tools will align with current programs and initiatives. Implementation options and engagement strategies will be developed in 2013-14.

3.1.12 Acute and Chronic Disease Targets

The Department, with input from system stakeholders, have identified targets for three (3) conditions: diabetes, hypertension and osteoporosis. The development of options and possible recommendations related to these targets with associated resource requirements to achieve the selected reduction targets will be completed by Summer 2013. Subsequent steps will be developed in partnership with District Health Authorities/IWK and system stakeholders during the 2013-14 fiscal year.

3.2 Create good jobs and grow the economy

3.2.1 Physician Resource Plan

As part of health human resources planning, the Department will continue to improve access to physicians by building upon the actions outlined in *Shaping our Physician Workforce.* Released last year, this document provides a framework to improve planning on how many and what types of physicians are required to meet the needs of Nova Scotians. The report recommends changing the mix and distribution of doctors over time to better align with population needs. In 2013-14, the Department will continue to support the districts in establishing four (4) new primary collaborative care teams introduced in 2012-13, as well as introduce new teams in areas of need and strengthen existing teams. The Department will improve its data and update information on physicians in the province to enable better planning. The DHW will review our recruitment and retention incentives and supports to strengthen efforts to recruit doctors where they are needed most and will work closely with the Dalhousie Faculty of Medicine to review the number and types of physicians being trained, and continue working with other jurisdictions on national physician resource planning.

3.2.1 Provincial Workforce and Immigration Strategies

Healthy Nova Scotians make a healthy and productive Nova Scotia.

During 2013-14, DHW will work with other departments and stakeholders to support the implementation of the provincial Workforce Strategy, as well as the provincial Immigration Strategy. This includes integrating internationally educated health professionals into the workforce, and projects related to international qualifications recognition and labour mobility. The Department will work with Labour and Advanced Education and other stakeholders on promoting healthy and safe workplaces for health care workers.

3.3 Get Back to Balance and Ensure Government Lives Within Its Means

3.3.1 Effective Management of Health Care Spending

Focusing on prevention will help people and communities be healthier and help decrease health care utilization thereby allowing a re-focusing of existing health care resources and improving care for those in need. Through cost avoidance, it will also allow for investment in innovative care models and new diagnostic/therapeutic approaches within existing financial resources.

The DHW, working with the DHAs and the IWK, will continue to execute several expenditure management initiatives. These initiatives were chosen because they not only address cost reductions but also support better patient care by ensuring staff are scheduled effectively and efficiently, improve the buying power of supplies and equipment, improve timely access to patient information by reducing paper, and improve access and management of beds. These initiatives are listed below:

Staff Scheduling provides the opportunity to schedule staff efficiently, saving nursing time for patient care, and provides a tool to better manage overtime costs. Cumberland DHA, Capital DHA and the IWK currently have staff scheduling in place, but the functionality will be expanded in 2013-14 to also include additional employee self-service capabilities. The system usage will also be expanded to more nurses and nursing units.

Merged Services will continue to build collaboration and achieve cost savings across the DHAs/IWK in the delivery of administrative services in six (6) areas: Human Resources; General Administration; IT & Telecommunications; Laundry; Finance/Payroll; and Supply Chain.

Scanning and Archiving supports better patient information flow by reducing the dependency on paper records. Electronic forms, the first step, have been implemented at half the DHAs/IWK and will continue to be implemented province-wide in 2013-14. The IWK and some DHAs will implement full scanning and archiving in 2013-14, with the remainder being complete in 2014-15.

Bed Utilization ensures the right number of beds are being used appropriately across the province. The DHAs/IWK are using the system to improve patient flow and reduce wait times for acute care beds, and will continue to manage beds using this system throughout 2013-14.

Diagnostic Imaging and Pathology and Lab Medicine Initiative is advancing the level of system cooperation, collaboration and integration within the province. To ensure sustainable, high quality diagnostic imaging and pathology lab medicine services in Nova Scotia, an examination of the improvement potential for these services across all DHAs/IWK with respect to access, quality, safety, appropriateness and sustainability will be completed in 2013-14.

3.4 Make Life More Affordable and Break the Poverty Cycle

3.4.1 Fair Drug Pricing Plan

As part of a Pan-Canadian initiative, the DHW will continue to work with our counterparts in the other provinces and territories, to seek better prices of generic drugs as per the Generic Value Pricing initiative announced in January of 2013, and to establish unified Brand Product Listing agreements, to allow continued access to innovative brand drugs at better prices, at the same time keeping the public drug programs sustainable and affordable.

3.4.2 Generic Drugs

To realize better value for the important drugs Nova Scotians rely on, Nova Scotia will continue its collaborative work on generic drugs with the provincial and territorial Health Care Innovation Working Group. For 2013-14, it will move forward on its competitive value price initiative resulting in better prices for six (6) widely-used generic drugs, representing approximately 20 per cent of publicly-funded spending on generic drugs in Canada.

This joint approach will leverage combined purchasing power to obtain the lowest generic prices achieved in Canada to date and produce savings of up to $100 million for provincial and territorial drug plans. Additionally, Nova Scotia will work with the pan-Canadian Health Care Innovation Working Group on a long-term drug strategy to further improve value for Canadians.

3.4.3 Support for Persons with Disabilities

A major innovation in both long-term care and services for persons with disabilities has been the paradigm shift away from an outdated medical model in favour of services that support community inclusion and choice. The DHW is working with the Department of Community Services on an initiative to create a harmonized, accessible and person-focused system, with more focus on home/family-based programs and greater supports in the community. It will support all Nova Scotians, regardless of age, health status, or level of ability, to have better options to live where and how they choose, in inclusive and welcoming communities. Targeted community engagement activities are planned for Winter 2013, with an Action Plan coming in Spring 2013.

4.0 Performance Measures

The Department is currently reviewing the full suite of performance measure for continual improvement in order to select the best measures for system monitoring purposes. This involves identifying strategic outcomes and the sources of related data; selecting annual and ultimate target years where possible; and establishing trends.

The following performance measures align with the priorities of the department as they have been presented in this Statement of Mandate.

4.1. Performance Measures for the Department of Health and Wellness

OUTCOME	MEASURE	DATA Base Year	TARGET 2013-14	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Better access to emergency care in tertiary, regional and community emergency departments (EDs) Measured by patients seen within the standard wait time from triage to departure (discharge or admission).	Percentage of CTAS[1],[2] 1-3 patients with total length of stay from triage to ED departure for patients within 8[3] hours	2011	NS aims to have an upward trend in the percentage of patients	2011: 86% 2012 (Apr-Dec): 91%	Identify system level barriers to flow of patients through EDs Select a vendor for an Emergency Department Information System (EDIS) Implement e-triage in EDs Promote understanding of health care options (i.e. 811 and 911) Enhance access to primary care
	Percentage of CTAS 4-5 patients with total length of stay from triage to ED for patients within 4 hours Source: MediTech (DHAs 1-8, IWK, EDIS (IWK), NACRS[4] (IWK)	2011	NS aims to have an upward trend in the percentage of patients	2011: 83% 2012 (Apr-Dec): 87%	

[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] WT standards reflect the level of complexity required to provide patient care to the point where a patient is discharged from the ED

[4] National Ambulatory Care Reporting system

OUTCOME	MEASURE	DATA Base Year	TARGET 2013-14	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Access to appropriate care in CECs when needed Supported by providing 24/7 access to primary health care and emergency care 100% of the time. Measured by the amount of time that CECs are available/open – or conversely, the amount of time that CECs are unexpectedly closed.	Number of hours that CECs have unscheduled closures Source: Acute and Tertiary Care Accountability Report	2012-13	Ns aims to have 0 hours of unscheduled closures	2012/13 (April-Sept 2012): 45 hrs	Open CECs in rural communities to increase access to primary health care and emergency care

OUTCOME	MEASURE	DATA Base Year	TARGET 2013-14	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Access to primary care in an appropriate setting Measured by the number of patients who continue to go to EDs for primary care (CTAS 4-5), because they cannot get access to primary care in a primary care setting. An ED is an inappropriate health care setting for primary care delivery. CTAS 4-5 patients should be seen in a primary care setting.	Percentage of CTAS 4-5 patients in ED Source: MediTech (DHAs 1-8, IWK, EDIS (IWK), NACRS[5] (IWK)	2011	NS aims to have a downward trend in the % of CTAS 4-5 patients	2011: 57% 2012: 54% (Apr-Sept 2012)	Conduct a feasibility study for an Emergency Department Information System (EDIS) which would be used to better track the flow of patients in EDs Promote the use of 811 & 911 to assist individuals with receiving care in the appropriate health care setting Open CECs to increase access to primary care and emergency care

[5] National Ambulatory Care Reporting system

OUTCOME	MEASURE	DATA Base Year	TARGET 2013-14	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Improved mental health outcomes Supported by having more effective services by improving access to mental health services. Access is measured by the wait time for adults to be seen by a mental health professional.	Percentage of adult clients seen within the provincial standard[6] (B3.3)[7] Source: CIHI DAD	2011-12	NS aims to increase the percentage of adult clients seen within the provincial standard[8]	**2011-12:** Urgent: 77% Semi-Urgent: 65% Regular: 81% **2012-13:*** Urg: 78% S-U: 55% Reg: 83%	Further implementation of the Mental Health and Addictions Strategy "Together We Can" to address 5 key priority areas (details on pg. 7 of this document). Implementation of CAPA to ensure individuals are seen shortly after referral and subsequently seen by the most appropriate clinician Providing parenting groups where appropriate for regular referrals to determine the need for individual treatment which enables problems to be dealt with more efficiently and patients to be seen earlier.
	Percentage of child/adolescent clients seen within the provincial standard Source: CIHI DAD	2011-12	NS aims to increase the percentage of child/ adolescent clients seen within the provincial standard	**2011-12:** Urg: 57% S-U: 51% Reg: 70% **2012-13[9]:** Urg: 48% S-U: 13% Reg: 63%	

[6] This is the year-to-date figure. It may change by year-end.

[7] Standard B3.3: The triage process distinguishes between levels of need/distress and identifies procedures for response with respect to identified categories of referral. These categories … include Emergent, Urgent, Semi-Urgent and Regular referrals. This process assists in the linkage between the level of need and the therapeutic service intervention continuum…Triage category is identified on each chart and duration to treatment is documented.

[8] Due to a move to the CAPA (Choice and Partnership Approach) model, wait times may be impacted with the new model of care.

[9] Data is for April – September 2012. Excludes Capital Health (CDHA). CDHA changed their service model and therefore no longer triages patients by the provincial urgency levels, so the percent of patients within the provincial standard cannot be assessed.

OUTCOME	MEASURE	DATA Base Year	TARGET 2013-14	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Access to health information is available Health care providers are able to make better informed decisions by having better comprehensive patient information accessible to them via the EHR.	Number of clinicians using the EHR Source: HITS-NS[10]	2010-11	1600	2010-11: 104 2011-12: 448 2012-13*: 1000 *2012-13 is Year to Date (to Feb 04, 2013)	Continue to collaborate with Canada Health Infoway on EHR Project Continue enhanced active integration to the Client Registry Continue roll out of SHARE Provider Viewer and Clinical Repository

[10] Health Information Technology Services Nova Scotia

OUTCOME	MEASURE	DATA Base Year	TARGET 2014-15	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Nova Scotians eating healthy Supported by Increasing affordability, accessibility, and availability. Also supported by the consumption of fruits and vegetables for all Nova Scotians.	Percentage of NS population (12 years +) who report eating at least the recommended 5-10 servings of fruit/ vegetables per day Source: CCHS[11]	2001	NS aims to continue an upward trend	2001[12]: 32.6% 2003: 33.3% 2005: 35.0% 2007-08: 35.7% 2009-10: 36.3% 2011: 34.9% (2011-11 aggregate data not yet available)	Implementation of the Healthy Eating Strategy Support implementation of Thrive! Pending approval and funding.

[11] 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 2009-10.

[12] 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.

OUTCOME	MEASURE	DATA Base Year	TARGET 2014-15	TREND	STRATEGIC ACTIONS TO ACHIEVE TARGET
Nova Scotians eating healthy Supported by improving access to healthy foods for all Nova Scotians by reducing the number of food insecure households.	Percentage of food insecure households Source: CCHS[13]	2005	NS aims to have a downward trend	2005[14]: 7.7% 2007/08: 7.7% 2009/10: 10.0% 2011/12: Not yet available. Not reported on a yearly basis	Continue to support implementation of the provincial *Healthy Eating Nova Scotia* 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 Support implementation of Thrive!

[13] 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 2009-10.
[14] CCHS questions related to food insecurity changed in 2005, therefore, 2005 is the base year.

OUTCOME	MEASURE	DATA Base Year	TARGET 2014-15	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Healthy, active youth Supported by having healthy, active youth in the female population	Percentage of junior high school girls active enough for health benefits : accumulating at least 60 minutes of moderate to vigorous physical activity 5 days per week Source: HPP: Keeping Pace surveillance[15]	2009-10	NS aims to have an upward trend	2009-10[16]: 13.2% Next survey is due to be done in 2013/2014	Continue to support Active Kids Healthy Kids Strategy Implement physical activity interventions within Thrive!

[15] Data are only collected by DHW (formerly HPP) every four (4) years.

[16] 2009-10 was selected as base year as it will be year with most current data from which to develop a realistic target.

OUTCOME	MEASURE	DATA Base Year	TARGET 2015	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Individuals with gambling problems get better Supported by increasing the number of adults with gambling problems who seek professional gambling treatment services in NS	Prevalence of 18 years and older who are at risk for or have gambling problems and seek treatment services Source: 2007 NS Adult Gambling Surveillance[17]	2007	Prevalence of 10% of individuals at risk for or with gambling problems will seek professional gambling treatment services	2007: 7% (data will not be available until end of 12-13 fiscal)	Implementation of the 2011 NS Responsible Gaming Strategy

[17] This is the latest surveillance data available (from the 2007 NS Adult Gambling Prevalence Study) before the implementation of the 2011 NS Responsible Gaming Strategy and is selected as a base

OUTCOME	MEASURE	DATA BASE YEAR	TARGET 2015	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Improve the health status of mothers and babies Supported by increasing breastfeeding initiation and duration in Nova Scotia.	Breastfeeding initiation rate: percentage of infants receiving breast milk and / or who had early breast contact. Source: Nova Scotia Atlee Perinatal Database[18]	2006	NS aims to continue an upward trend	2006: 72.7% 2007: 73.3% 2008: 75.0% 2009: 76.3% 2010: 77.9% 2011: Not yet available	Implement and monitor the Provincial Breastfeeding Policy directives Support implementation of the Baby-Friendly Initiative Capacity building for promotion, support and protection of breastfeeding through the DHAs, the IWK Health Centre, family resource centres and other community organizations Support implementation of the recommendations related to Breastfeeding in Thrive!
	Breastfeeding duration rate: Percentage of Women Who Exclusively Breastfeed For At Least Six (6) Months (Duration) Source: CCHS[19]	Base year: 2003: 16.3%	NS aims to continue an upward trend	2005:18.8% 2007/08: 16% 2009/10: 18.0% [20] 2011/12: (2011/2012 not yet available)	

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

[19] Canadian Community Health Survey

[20] Data related to this measure were collected every two years until 2007 when the data were collected annually. In order to be comparable to previous CCHS cycles, the yearly data were combined over two years. The latest CCHS data for breastfeeding duration are for 2009-10; and according to Statistics Canada Guidelines, these data have a high degree of sampling variability, and although they can be used, they should be used with caution.

OUTCOME	MEASURE	DATA Base Year	TARGET 2015	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Decrease the number of people who gamble Supported by decreasing the number of adolescents between the ages of 13-18 who are currently engaging in organized forms of gambling	Prevalence of adolescents aged 13-18 years who engage in organized forms of gambling Source: 2011 Adolescent Gambling Surveillance Report [21]	2011	NS aims to achieve a 50% prevalence rate of adolescents between the ages of 13 and 18 years who engage in organized forms of gambling	2011: 54.4% 2012: Not yet available	Implementation of the 2011 NS Responsible Gaming Strategy

[21] This is selected as the base year as the impact of the 2011 NS Responsible Gaming Strategy will begin when implemented in 2012

OUTCOME	MEASURE	DATA Base Year	TARGET 2015	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
An increase in the percentage of low risk alcohol drinkers in Nova Scotia Supported by the increasing the percentage of the Nova Scotians aged 15 years and older who drink within what is defined as low risk chronic[22] and low risk acute[23] (based on the national low risk drinking guidelines). This in effect will reduce the number of Nova Scotians aged 15 years who are heavy drinkers	Percentage of the Nova Scotia population aged 15 years and older who drink within what is defined as low risk chronic and low risk acute (based on the national low risk drinking guidelines). Source: CTADS[24]	2011	NS aims to increase the percentage of the Nova Scotia population aged 15 years and older who drink within the chronic and acute low risk drinking guidelines - so that NS is at or below the national percentage of the population aged 15 years and older	2011/12: Not yet available The new national drinking guidelines were released in November 2011. Baseline will start with data from the 2011-2012 fiscal period.	Continue to focus on reducing the percentage of heavy drinkers in NS by: Heighten profile of alcohol as critical public ealth/safety issue Develop/implement programs that address high-risk drinking behaviours and contexts Continue to conduct/monitor research on links between supply of alcohol and alcohol-related problems.

[22] Low risk chronic: Males - up to 15 drinks per week or no more than 3 per day most days. Females - up to 10 drinks per week and no more than 2 per day most days.
[23] Low risk acute: Males - no more than 4 drinks on any single occasion. (and stay within the maximum of 15 per week). Females - no more than 3 drinks on any single occasion (and stay within the maximum of 10 per week).
[24] Canadian Tobacco and Drug Survey. Data is available starting 2012-12.

OUTCOME	MEASURE	DATA Base Year	TARGET 2015	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Reduce tobacco use Supported by reducing tobacco use among young adults	Percentage of 15- 19 year olds who smoke	2009	10%	2009: 14% 2010: 16% 2011: 12%	Implementation of the renewed comprehensive tobacco control strategy
	Percentage of 20-24 year olds who smoke	2009	20%	2009: 30% 2010: 29% 2011: 29%	
	Percentage of 25 + year olds who smoke Source: CTUMS[25]	2009	15%	2009: 19% 2010: 21% 2011: 18%	

[25] Canadian Tobacco Use Monitoring Survey

5.0 Budget Context

Department of Health and Wellness 2013-14

	2012/2013 Budget ($ thousands)	*2012/2013 Forecast ($ thousands)*	*2013/2014 Budget ($ thousands)*
Executive Administration	66,058	62,637	62,621
Physician Services	727,661	746,843	740,713
Pharmaceutical Services	265,905	264,262	264,178
Insured Services	31,254	34,712	31,214
Emergency Health Services	116,317	114,539	119,235
Continuing Care	2,949	2,900	2,957
Home Care Services	194,153	194,168	196,146
Long Term Care Program	529,430	521,456	537,729
Addictions & Mental Health Program	6,923	6,505	10,358
Physical Activity, Sport and Recreation	27,057	27,248	10,625
Primay Care Program	17,347	14,559	16,148
Public Health Programs	15,285	16,245	17,306
Provincial Programs and Initiatives	131,893	131,656	127,957
Other Programs	20,172	20,532	28,194
District Health Authorities	1,606,920	1,610,366	1,660,596
Capital Grants & Healthcare Amortization	102,190	91,095	84,842
Total	**3,861,513**	**3,859,723**	**3,910,819**

Funded Staff (FTEs)	494	445	489
Staff Funded by External Agencies	(29)	(23)	(22)
Total FTE Net	**465**	**422**	**467**