

**ANNUAL STATEMENT OF MANDATE  
FOR THE FISCAL YEAR 2014-2015**





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## 1.0 Message from the Minister and Deputy Minister

The statement of mandate outlines the Department of Health and Wellness' key actions that will ensure our health system places Nova Scotia's patients, families and individuals first.

In 2014-15, we will begin the hard work necessary to move from nine district health authorities and the IWK Health Centre to two district health authorities by 2015-16. These two authorities will be a provincial board with four regional management zones and a board for the IWK Health Centre. This work is necessary to streamline administration and improve community-based decision-making.

Our health system will remain innovative and responsive to the needs of all Nova Scotians. Nova Scotia is beginning to see the effects of a long-term demographic shift that will put additional pressures on our health system. Our population is aging and our province has the oldest population per capita in the country. It is projected this trend will continue for another generation. Now is the time for us to work with health care providers and Nova Scotians to turn these challenges into innovative solutions.

This year, we will meet our promise to evaluate and update the Continuing Care Strategy so it will continue to meet the needs of Nova Scotians, both at home and in facilities where our senior population is cared for. Government is also working with the Alzheimer Society of Nova Scotia to develop our first ever dementia strategy, to help us care for people with dementia and their families.

We cannot overlook the impact this demographic shift will have on the health workforce. We will review and update the Nursing Strategy with a focus on retaining graduates and experienced nurses as a greater number of retirements occur. A few months ago, the Physician Recruitment and Retention Action Team was appointed and we look forward to receiving the team's recommendations and establishing next steps. An immediate priority will be to provide a tuition relief program for medical graduates. Too many Nova Scotians are without a family doctor and we must take steps to ensure everyone has timely access to primary health care.

Government will continue its focus on helping Nova Scotians live active, healthy lives by continuing to implement the Thrive! strategy to support healthy eating and physical activity and prevent chronic disease.

Too many Nova Scotians live with preventable chronic illnesses like diabetes, hypertension and osteoporosis. We've set targets to combat our province's high rates of preventable illnesses and will begin work to achieve those goals.

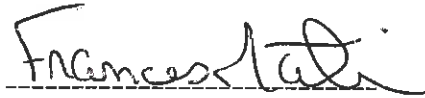
The Department of Health and Wellness is a proud partner in developing Nova Scotia's first sexual violence strategy. We will continue to address the underlying factors that contribute to sexual violence through policy work and program offerings. This work helps build healthy, safe communities for everyone.

As a province, we want to ensure we are providing the best health care possible for patients. The Department will also work to ensure we are spending Nova Scotians' healthcare dollars wisely.

The year ahead will be transformative as we work to ensure Nova Scotians get the care they need, when and where they need it. We will strive to support the needs of diverse and vulnerable populations by maintaining an efficient, responsive health system that Nova Scotians want and deserve.



Honourable Minister  
Leo A. Glavine



A/ Deputy Minister  
Frances Martin

## 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; health emergency management 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 Strategic Outcomes of the Department of Health and Wellness (DHW)

The strategic outcomes included in the 2014-15 Statement of Mandate reflect the larger goals the Department aims to achieve. A strategic outcome is a long-term and enduring benefit to Nova Scotians that stems from the Department's mandate and vision.

#### 3.1 Health of the Population - Improve the health and wellness of Nova Scotians through health promotion, disease and injury prevention, improved access to primary health care and enhanced chronic disease management

The Department is working with its partners to create environments that allow all Nova Scotians to lead healthier lives. In doing this, the Department provides leadership in the prevention and management of many diseases and injuries, and their devastating effects by addressing the root causes. This approach requires examination of a large variety of issues such as breastfeeding, fruit and vegetable consumption, food security, drug abuse, and alcoholism.

##### Thrive! A Plan for a Healthier Nova Scotia

Thrive! is an interdepartmental strategy that supports healthy eating and physical activity for all Nova Scotians where we live, learn, work, commute and play. It is working to prevent and manage chronic disease and shift the emphasis to wellness and the creation of healthy communities. Four priority areas have been identified: 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; and plan and build healthier communities.

In 2014-15, the Department will work on key actions including the development of policies for food in publically funded institutions; leadership for physical activity in Mi'kmaq communities and municipalities; development of a statement of provincial interest for healthy communities; and ongoing implementation of the Nova Scotia breastfeeding policy.

##### Tobacco Control Strategy

Actions to reduce tobacco use in Nova Scotia are guided by the *Comprehensive Tobacco Control Strategy*.

##### Tobacco Manufacturing Licensing Fee

Nova Scotia currently spends approximately \$2.8 million on the Tobacco Control Strategy. The recommended level of funding is \$5 million. Currently, the tobacco companies are not financially accountable or responsible for addressing the impact of their products on the health and well-being of Nova Scotians. Research and consultation with Smoke-Free Nova Scotia has proposed that a manufacturers' license fee is fully within the province's authority and is a feasible mechanism to pay for the costs of implementing the Strategy.

In 2014-15, the Department will review the Smoke Free Nova Scotia's proposal for a tobacco manufacturers' licensing fee.

## Prescription Drug Abuse

### Opioid Education in Middle and Junior High Schools

As part of continuing to implement the integrated healthy living curriculum, in 2014-15, the Department along with the Department of Education and Early Childhood Development will work together to develop, within a comprehensive approach to dealing with prescription drugs, school-based educational resources to enhance students' abilities to understand the negative consequences of prescription drug abuse. As well, new resources will be developed in order to help families understand what they can do to protect their children and safeguard against prescription drug abuse.

### Federal/Provincial/Territorial (FPT) Prescription Drug Abuse

Nova Scotia is co-leading an FPT initiative on Prescription Drug Abuse with Health Canada. For 2014-15, Nova Scotia will focus on enhanced collection and monitoring of data to inform government decisions on priorities related to prescription drug-related harms; sharing of best practices and appropriate use of prescription drugs through the establishment of a Prescription Monitoring Program network; and coordination of efforts on prescriber education. In concert with this work, Nova Scotia will continue to appropriately implement recommendations coming out of the *First Do No Harm: Responding to Canada's Prescription Drug Crisis* report.

## Responsible Gaming Strategy

The province's Responsible Gaming Strategy is focused on protecting the health and well-being of Nova Scotians and improving the regulation of gaming. In 2014-15, the Department will work with others to develop prevention and health promotion strategies to address youth and at-risk gambling; and support the development of services and supports to address at risk and problem gambling.

## Responsible Alcohol Consumption

In 2014-15, the Department will continue to provide funding to Municipal Alcohol Projects (MAPs) through the Mental Health and Addictions Strategy. Now in the third year of this project, MAP is a partnership between the Department, municipalities, District Health Authorities, community organizations and the Union of Nova Scotia Municipalities. The purpose of the project is to determine ways in which to improve the well-being of the province through addressing community-level harms (such as violence, illness and crime) influenced by problematic alcohol use. As many as thirty communities have participated in MAP related work to date.

## Collaborative Care Framework for Interdisciplinary Primary Health Care Teams

The Collaborative Care Framework will help to operationalize the overall policy goal in Primary Health Care, which is to support the improved health of generations of Nova Scotians through a patient-centered primary health care system that engages patients in the management of their own health and maximizes the contributions of all providers and staff. In 2014-15, the Department will work with its system partners to develop a set of potential requirements for inter-disciplinary teams, the supports and tools necessary to achieve success and the monitoring and accountability mechanisms that can track progress over time.

## Clinical Practice Guidelines

In 2014-15, the Department will continue its progressive work with the Pan-Canadian Health Care Innovation Working Group to towards implementing two Clinical Practice Guidelines: C-CHANGE<sup>1</sup> for Cardiovascular Disease; and the Registered Nurses' Association of Ontario Assessment and Management of Foot Ulcers for People with Diabetes. This project builds on the ongoing work in Nova Scotia to ensure individuals and families benefit from current, evidence-informed treatments and screening practices.

## Acute and Chronic Disease Target Project

The Department, with input from system stakeholders, has established targets for three (3) conditions: diabetes, hypertension and osteoporosis. Indicators for measurement, potential intervention options to help achieve the targets and associated resource requirements have been identified. Next steps for 2014-15 are to continue towards phased implementation of intervention options. To help address the burden of chronic disease in this province we will invest up to \$300,000 in projects that incent new behaviours and changes in lifestyles. Community Health Boards will be able to apply to the fund for projects that are innovative, practical and achievable.

## Boarding, Transportation, and Ostomy (BTO) program

Income is one of the social determinants of health. A patient's ability to afford healthcare can significantly influence their ability to effective access to care. In response to this, one of the ways the Department assists patients is through funding of a Boarding, Transportation, and Ostomy (BTO) program. This program provides services for low-income cancer patients who require assistance travelling away from home for treatment, as well as ostomy supplies. The income threshold for the program (\$15,720) has not been increased since 1994. The Department has increased the threshold in 2014-15 to \$25,500 to provide more Nova Scotians with better access to the care they need.

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1. C-CHANGE – Canadian Cardiovascular Harmonization of National Guidelines Endeavour

## **Sex Reassignment Surgery**

On April 1<sup>st</sup>, 2014, sex reassignment surgery will be an insured service in Nova Scotia. This is an important step forward for the transgender community. In 2014-15, the Department will work with members of the transgender community advocacy and support groups like the Rainbow Action Project and Pride Health to analyze and address continued barriers to access to these surgeries.

## **Newborn Screening**

Newborn screening provides expanded screening and early identification of babies with treatable medical conditions to prevent death and serious disability. In 2014-15, the panel of screening tests for newborns in Nova Scotia will be expanded to screen for three new priority conditions - cystic fibrosis, thalassemia and sickle cell. Expanded screening is targeted to begin in spring 2014 and will facilitate screening of additional conditions in the future.

## **Sexual Violence Strategy**

The Nova Scotia Government has committed to the development of a multi-year sexual violence strategy. The Department of Community Services will lead the development of the strategy on behalf of Government. In line with the strategy development, the Department will continue its public health approach to sexual violence prevention to support the development of policies, programs and strategies that address the underlying factors that contribute to sexual violence and that build healthy, safe and resilient communities.

### 3.2 Experience of Care – Access to quality, evidence-informed, and appropriate care through the continuum of care

It is the responsibility of the Government of Nova Scotia to ensure that Nova Scotians have access to a responsive, quality and evidence-informed health system. The Department supports the development of comprehensive, patient-centered strategies spanning all levels of care. Its leadership is demonstrated in a number of areas including: continuing care, mental health and addictions, and adverse event reporting.

#### Clinical Service Planning Framework

The Department is collaborating with stakeholders in a provincial approach to planning and modelling of clinical service delivery. A provincial steering committee is guiding work for three specialized clinical services - Surgery (Orthopedic and Colorectal), Critical Care, and End of Life (or Palliative) Care - to enable consistent quality of care and patient outcomes and if possible realize any potential reduction of costs. Clinical services planning will also align with other provincial initiatives such as physician resource planning, long-term capital planning, restructuring of District Health Authorities, and the diagnostic imaging, pathology and laboratory medicine initiative (DIPLMI).

#### Diagnosis Imaging, Pathology and Laboratory Medicine Initiative

Nova Scotia is facing a significant health human resource challenge within Diagnostic Imaging (DI), Pathology and Laboratory Medicine (PLM) services. Work has begun to bring District Health Authorities/IWK planning for DI and PLM services together to develop an integrated, sustainable and patient-centered framework for the provision of safe, high quality services. In 2014-15, the Department will continue to work on behalf of the District Health Authorities/IWK to improve the sustainability and consistency of services across the province.

#### Continuing Care Strategy

Nova Scotia has the oldest population per capita in Canada which highlights the need to review and refocus the Continuing Care Strategy. As the Continuing Care Strategy is entering its ninth year of implementation, the Department will complete a targeted evaluation of the strategy with areas of focus on home care, long term care and supports to caregivers. Actions related to the renewal of the Continuing Care Strategy include:

#### Wait Times – Home Care and Long Term Care

One of the pieces of information that will inform the evaluation of the Continuing Care Strategy is wait times for home care and long term care placements. In 2014-15, the Department will continue to monitor and report on these wait times to help assess if patients are getting the supports they need when they need them.

## **Dementia Strategy**

The Department and the Alzheimer Society of Nova Scotia are co-leading an advisory committee that will guide the development of a provincial dementia strategy. The goal of the strategy is to enhance delivery of dementia care and treatment ensuring people living with dementia, as well as their families or care partners, are well supported. By the end of 2014-15, the Department will have completed the development of the Nova Scotia Dementia Strategy and Action Plan to support implementation of the strategy.

## **Continuing Care/Services for Persons with Disabilities**

The Department is collaborating with the Department of Community Services to modernize and improve services and supports to seniors and persons with disabilities, so that they can live with optimal independence, choice and dignity. In 2014-15, the Department will focus on the following: improving access to services and supports; providing families with more flexible housing and funding options; and planning for new legislation to replace the *Homes for Special Care Act*.

## **Senior Abuse**

In 2014-15, the Department will collaborate with the Department of Seniors to prioritize and plan for continued progress in the awareness of seniors abuse and its prevention.

## **Mental Health and Addictions Strategy - Together We Can!**

*Together We Can: The plan to improve mental health and addictions care for Nova Scotians* was launched in 2012 and identified five key priority areas: Intervening and Treating Early for Better Results; Shorter Waits; Better Care; Aboriginal and Diverse Communities; Working Together Differently; and Reducing Stigma.

The Strategy is a five year plan with 33 action items. The plan is currently in year two, with twenty-four of the thirty-three actions having been initiated or completed. All relevant stakeholder groups from within government and in the community have been engaged in the implementation of these action items. Feedback to date from individuals living with mental illness and/or addiction, their families, advocacy groups, communities and mental health professionals continues to be very positive. In 2014-15, the Department will continue to work with its partners to improve access and care for Nova Scotians with mental health and addictions.

## **Students with Special Needs and Early Intervention Program**

One priority area in the province's Mental Health and Addictions Strategy is intervening and treating early for better results. This highlights the fact that 70% of mental illnesses develop before the age of 25 and that the earlier the intervention, the more positive the outcome. In 2014-15, the Department will work with its partners to implement a number of actions to support children and youth including: the ongoing implementation of an 18 month developmental screening tool for all children for early identification of

development problems; a translation of the Strongest Families Program in French to better support Acadian and francophone families; and the expansion of the number of mental health clinicians in the School Plus/École Plus program.

### **Wait Times – Outpatient Mental Health and Addictions**

One of the ways to measure success of the Mental Health and Addictions Strategy is through the evaluation of mental health and addictions wait times. In 2014-15, the Department will continue to monitor and report on wait times in this area. As well, the Department is supporting the implementation of initiatives, through the Strategy, to decrease wait times. These initiatives include: provincial implementation of the Choice and Partnership Approach (CAPA) and the expansion of the Strongest Families Program and the School Plus/École Plus initiative.

### ***The Involuntary Psychiatric Treatment Act (IPTA)***

*Involuntary Psychiatric Treatment Act (IPTA)* ensures that Nova Scotians who lacks capacity to make decisions about treatment due to severe mental illness and who are at risk of harming themselves or others receive appropriate treatment. In 2014-15, the Department will begin to address the 101 recommendations for amendments to legislation, program work and policy. A number of recommendations align with ongoing and planned activity related to the Mental Health & Addictions Strategy.

### **Stroke Strategy**

In 2014-15, the Department through its Cardiovascular Health Nova Scotia program will coordinate activities to understand and develop a provincial plan to address service gaps in relation to the treatment of stroke patients including: rehabilitation services (speech-language pathology, occupational therapy and physiotherapy) across the continuum, and rapid assessment and treatment following transient ischemic attack.

### **Evaluation**

To determine its responsiveness, effectiveness and efficiency, the Department continually evaluates the health system. In 2014-15, the Department will evaluate the success of the Collaborative Emergency Centre model of care and will continue to monitor and evaluate wait times in a number of areas. A new area of evaluation the Department will be entering in 2014-15, is the monitoring and evaluation of adverse events in the health system. Below are details on these initiatives:

## Collaborative Emergency Centres Implementation and Evaluation

Collaborative Emergency Centres (CEC) is a model of care that aims to enhance access to comprehensive primary health care that is capable of dealing with unexpected illness or injury in a timely fashion. The Department, in collaboration with District Health Authorities, has opened eight Collaborative Emergency Centres (CECs) in rural communities across Nova Scotia. The centres provide same day or next day access to primary health care by a team of professionals and extended hours of primary care.

Early feedback and emergency rooms closure data suggests that the CECs have improved access to primary care with fewer visits to the emergency room. However, there is a need to formally evaluate the CEC. An evaluation plan has been developed and will begin in 2014-15.

### Wait Times

- **Wait Time Reporting**

In 2014-15, the Department will improve strategic use of wait time reporting by:

- Increasing awareness amongst physicians and the general public of the availability of wait time data, and how it may be used to help patients access care sooner.
- Regularly sharing pertinent information on wait time performance with health system leaders and planners, to inform system planning and decision making.
- Continuously improving the quality of wait time data through the adoption of relevant provincial and national health data standards, and ensuring that health service providers are observing obligations to reporting required wait time data in a timely manner.

- **Surgical**

In 2014-15, the Department will focus on improving access to orthopaedic surgery, as evidence suggests need is greatest in this surgical specialty. As part of these improvements, the Department will: hire a new orthopedic surgeon specializing in foot and ankle procedures; invest in ways to increase the amount of hip and knee replacements performed annually; continue to work with surgeons and administrators from the District Health Authorities/IWK to develop and implement a comprehensive five-year plan to consider the best use of all orthopedic services across the province; and explore ways to achieve a target of one year maximum wait time for elective surgery in Nova Scotia.

- **Magnetic Resonance Imaging (MRI)**

Starting in February 2013, all family physicians and nurse practitioners in Nova Scotia are able to request Magnetic Resonance Imaging (MRI) exams without approval from a specialist. In order to ensure that wait times continue to be manageable, the Department will work with stakeholders – such as District Health Authorities to develop a plan to address MRI wait times.



- **Gastrointestinal**

Colonoscopy is the dominant type of gastrointestinal endoscope performed in Nova Scotia due to increasing public awareness of the importance of colon cancer screening, and its common use in diagnosing other clinical indications. In 2014-15, the Department will work to expand provincial monitoring of wait times to include wait time data for gastrointestinal and bronchial endoscopes. Public reporting of wait times for these procedures will identify access challenges and opportunities for province-wide system improvement that ensure patients are appropriately triaged to quality endoscopy services, helping to ensure prompt diagnosis.

### **Adverse Event Reporting**

The Department is working with health care partners to enhance patient safety by initiating a new provincial reporting system to collect data on adverse events which will support the identification of gaps and areas for improvement. Starting in 2014-15, the Department will begin a multi-year implementation project through which each District Health Authority/IWK will eventually have an electronic system to capture and report adverse events. A provincial repository will be used by the Department to identify provincial trends in adverse events, and facilitating the sharing of lessons learned and quality improvement strategies across Nova Scotia.

### **Strategy for Patient Oriented Research (SPOR)**

SPOR is a collaboration of governmental policy makers, health practitioners, health authorities, patients, lay citizens and researchers in the Maritime Provinces. Strategy for Patient Oriented Research (SPOR) will provide the model for evidence-based health program evaluation by bringing innovative diagnostic and therapeutic approaches to the point of care, so as to ensure greater quality, accountability, and accessibility of care. The Maritime SPOR Support Unit funding is in place to support this research for the next five years.

### 3.3 Health System Workforce – A workplace culture that fosters leadership, competence, inter-professional practice and engagement.

#### Health Workforce Planning

The Department will continue to build capacity in health workforce planning to work toward a sufficient number, mix, and geographic distribution of health care providers to meet the population health needs of Nova Scotians now and into the future. Some health workforce actions for 2014-15, include:

#### Nursing Strategy

Nurses comprise the largest profession in our health workforce and one in which we are facing significant demographic challenges. The current Nursing Strategy is over ten years old. In 2014-2015, the Department will review and update the Nursing Strategy, with the Provincial Nursing Network and key stakeholders, and focus resources on a plan that will retain nursing graduates, as well as experienced nurses in Nova Scotia, as the workforce ages and greater numbers of retirements occur.

#### Nursing (RN) Education Review

A provincial review of the registered nursing (RN) undergraduate education programs delivered at St. Francis Xavier University, Cape Breton University, and Dalhousie University is currently underway. In 2014-15, a series of recommendations will be made to government on a new collaborative model of baccalaureate nursing education in Nova Scotia to improve system quality, sustainability, and accountability. The goal is to have well-prepared RN graduates who are equipped to meet the needs of the Nova Scotia health care sector across a continuum of care settings today and for the future.

#### Diversity

The Department will continue to work with health system partners and community to address minority under-representation and cultural competence development in the health workforce. This will include exploring policies to address employment equity, as well as strategies to increase the diversity of the workforce.

#### Physician Resource Planning

The Department continues to collaborate with key stakeholders on a physician planning initiative using a needs-based planning approach to help better plan and manage physician resources over the next 10 years to meet Nova Scotia's health care needs. Key partners include the Department of Labour and Advanced Education, Dalhousie University, College of Surgeons and Physicians, Doctors Nova Scotia, District Health Authorities and the IWK.

In 2014-2015, the Department will support the expansion of the family medicine residency training site in the South West Nova District Health Authority and will use updated physician resource data to continue to align adequate medical education at Dalhousie University with projected needs. Department representatives will also participate actively in national physician resource planning discussions.

### **Physician Recruitment and Retention Action Team**

The Department appointed a Physician Recruitment and Retention Action Team in January 2014. The action team will provide advice and recommendations on how to improve recruitment and retention of physicians in Nova Scotia. The action team is expected to submit a report and recommendations to the Department by April 30, 2014 to inform next steps. An immediate priority will be to develop a tuition relief program for medical graduates.

### **Provider Compensation**

Part of the analysis of determining an ideal mix of health providers, within particular health settings, is compensation for those providers. In 2014-15, the Department will be engaged in a number of initiatives focused on determining appropriate compensation for the health needs of Nova Scotians. These initiatives include the modernization of the Physician Manual and the renewal of the Master Agreement. The goal of both of these initiatives is to ensure that providers are appropriately compensated and to move more towards prevention of illness and injury and promotion of healthy living, in line with the Department's strategic goals.

### **Physicians Manual Modernization**

The Medical Services Insurance (MSI) Physicians Manual modernization project is underway. The Physicians Manual contains information about insured medical services available to Nova Scotians, provincial policies and rules, health service codes, modifiers and fee values.

### **Master Agreement Negotiations**

The Master Agreement is the formal legally binding agreement between Doctors Nova Scotia (DNS) and the Province of Nova Scotia that outlines the compensation and conditions for medical services to be provided to insured residents of Nova Scotia. The current Master Agreement will expire on March 31, 2015. Preparations are currently underway with formal negotiations with Doctors Nova Scotia expected to begin in late spring 2014.

### **Workplace Injury Prevention, Health and Safety**

The health workforce has high injury and illness rates, which not only impacts on staff health and wellness and their ability to provide care, but also results in significant overtime and other related costs. In 2014-15, the Department will continue to work with key stakeholders to support initiatives that promote safe workplace environments that contribute to overall workforce health, efficiency, and productivity. This includes supporting AWARE-NS, the health and community services safety association; and supporting the Soteria Strains Strategy, a musculoskeletal strains prevention strategy developed in partnership with the Department of Labour and Advanced Education, the Nova Scotia Health Sector Council, AWARE-NS, Workers' Compensation Board, District Health Authorities and the IWK.

### **Human Resources Strategy and Employee Engagement**

To ensure the Department is able to fulfill its leadership role in the health system, efforts must be spent on nurturing a positive and engaging workplace for its employees. In 2014-15, the Department will focus on strengthening performance management, identifying opportunities for growth for staff, engaging together in improving attendance, and identifying greater opportunities for employees to share their knowledge and innovate together.

### 3.4 Resource Stewardship – A sustainable funding model that supports learning, research, leadership, innovation and effective use of resources

The Department is committed to ongoing improvement of Nova Scotia's health system with a funding model that addresses system planning, legislation, resources allocation, policy and standards development, and information management.

#### Provincial/Territorial (PT) Health Care Innovation Working Group

As mandated by the Premiers in 2013, the Health Care Innovation Working Group will focus on Prescription Drugs (Pan-Canadian Pricing Alliance on brand name drugs and the Pan-Canadian Generic Value Price Initiative), Appropriateness and Seniors Care. Nova Scotia is co-leading, with Ontario and Saskatchewan, collaborative work on negotiating brand name drug pricing and a tiered pricing framework for generic drugs to seek better prices on brand name and generic drugs. Nova Scotia will continue to implement Health Care Innovation Working Group recommendations on diagnostic imaging procedures for low back pain, minor head trauma and uncomplicated headache to ensure appropriate use of diagnostic imaging. In 2014-15, the Department will continue collaborative efforts to prioritize innovations to help in keeping seniors at home, and share best practices to enhance dementia care.

#### eHealth Technologies

Nova Scotia is leading the way in creating a consistent, provincial eHealth system. We are sharing information across health authorities to support high quality, timely health services for Nova Scotians. Through the use of electronic health and medical records, diagnostic image archiving, telehealth, and drug information systems, we can improve health care and better manage health resources.

#### Drug Information System

In partnership with Canada Health Infoway, the Department will connect the provincial Drug Information System with community pharmacies and conduct preparatory work to connect other health care professions so they can access, manage, share and safeguard a patient's comprehensive medication profile. Providers will be able to check for allergy alerts and drug-to-drug interactions. It is expected that most community pharmacies across Nova Scotia will be connected by December 2014.

In the fall of 2014, other authorized health care providers like physicians, nurse practitioners, dentists, and optometrists in the community and hospital settings are expected to begin connecting to the Drug Information System. Provincial electronic medical record (EMR) users are expected to begin connecting in spring 2015. The Drug Information System is a part of Nova Scotia's electronic health record (EHR) system called SHARE (Secure Health Access Record).

## **Electronic Health Record (EHR) Share (Secure Health Access Record)**

SHARE is a secure and private lifetime record of an individual's health and care history as it relates to their care and treatment within Nova Scotia's hospital facilities. This sharing of health records helps give a more complete history of each person's health care, resulting in better care, faster treatment, and improved access to information and services. In 2014-15 SHARE will continue to roll out and be made available to more care providers.

## **Personal Health Records Demonstration Project**

This project is a complete or partial health record under the custodianship of a person (e.g. a patient or a family member) that holds all or a portion of the relevant health information about the person over their lifetime as it relates to their care and treatment by their family physician. A Personal Health Record allows individuals to access their personal health information (e.g. lab and Diagnosis Imaging results), anytime, communicate on-line with their physician and electronically request appointments. In addition, the person can share this information electronically with other health care providers if they wish. In 2014-15 the Department will extend the demonstration project and complete its evaluation of the project.

## **Planning for Restructuring**

Government has committed to reinvesting in front-line care by reducing the number of District Health Authorities from ten to two. The leaner structure is expected to improve patient care and delivery by allowing both cost efficiencies and increased responsiveness in province-wide initiatives. In 2014-15, the Department will continue to consult on this change with leaders in the health system and Nova Scotians. A report summarizing feedback that was provided to the Department during these consultations will be shared and a plan will be developed to enact this change.

## **System Efficiencies Initiatives**

### **Staff Scheduling**

An electronic system for staff scheduling provides the opportunity to schedule staff efficiently, saving nursing time for front line patient care. It also provides a tool to better manage overtime costs. Cumberland Health Authority, Capital Health and the IWK currently have staff scheduling in place. In 2014-15, the functionality of those existing systems will be expanded to include additional employee self-service capabilities and to apply to more nurses and nursing units. The Department will continue to investigate expansion to the remaining District Health Authorities.

### **Provincial Merged and Shared Services**

In 2014-15, the Department will continue to collaborate with the Department of Finance and Treasury Board to achieve cost savings across the District Health Authorities/IWK in the delivery of administrative services in six areas: human resources; general administration; IT & telecommunications; laundry; finance/payroll; and supply chain.

### **Scanning and Archiving**

The scanning and archiving initiative supports better patient information flow by reducing the dependency on paper records. It contributes to the electronic health record initiative, improves security and provides timely access for clinicians. Electronic forms have been implemented at the majority of the District Health Authorities/IWK and will continue to be implemented province-wide in 2014-15.

### **Bed Utilization**

To ensure Nova Scotians are receiving appropriate care, the Department monitors the use of patient beds in the province. An electronic system has been implemented in the District Health Authorities/IWK to improve patient flow and reduce wait times for acute care beds. This system will continue to be used and monitored in 2014-15.

## 4.0 Government Priorities

### Responsible fiscal management

Focusing on prevention and the promotion of healthy lifestyles will help people and communities be healthier and therefore help decrease health care utilization. Through cost avoidance, it will also allow for investment in innovative care models – such as the Collaborative Emergency Centres – and new diagnostic/therapeutic approaches within existing financial resources.

Nova Scotia's demographics show that our population is aging where approximately 17.2 per cent<sup>2</sup> of the province's total population is aged 65 and older. This will place substantial additional pressure on publicly funded health, long term and income support programs. Therefore, the Department needs to be strategic in its utilization of resources while delivering high quality of care.

The Department working with the District Health Authorities/IWK will continue to execute several expenditures management initiatives and system efficiencies such as merged services and e-health records. These initiatives were chosen because they not only address cost reductions but also support better patient care.

### Investing in student success with a renewed and strengthened education system

The Department is working in close collaboration with the Department of Education and Early Childhood Development and other partners to embed mental health clinicians in schools across the province as part of the School Plus/École Plus program. The presence of mental health clinicians in the schools facilitates rapid intervention with staff, students and families.

Under this priority, the Department will focus on the education of health providers. Initiatives under this area will include: the Nursing Education Review of the registered nursing undergraduate education programs across the province to align and improve the quality of registered nurses graduates; and the efforts of the newly appointed Physician Recruitment and Retention Action Team to develop a tuition relief program for medical graduates to help in retaining new physicians in Nova Scotia.

### Accessible, responsive healthcare

The Department supports programs and services that protect and promote health, and treat illness for Nova Scotians and their families. The Department strives for excellence and innovation in all areas of healthcare whether through its leadership within the Provincial Territorial Health Care Innovation Working Group, or the creation of a Collaborative Care Framework for Interdisciplinary Primary Health Care Team to establish common expectations and responsibilities for primary health care in Nova Scotia.

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<sup>2</sup> Statistics Canada, 2012 - Population by age and sex.



In 2014-15, the Department will pursue plans for the development and implementation of numerous strategies such as the Mental Health and Addictions Strategy, the Stroke Strategy and the Continuing Care Strategy to make health more accessible and responsive to the needs of Nova Scotians.

### **Helping all Nova Scotians meet their fullest potential by supporting vulnerable communities – seniors, disabled**

We recognize that health inequities exist and some Nova Scotians cope with disadvantages. To address this, we will work with our health system partners to respond effectively to patient needs, understanding factors such as age, education, income, race, disability, geography, language, sexual orientation, gender, gender identity and faith. Some of the most vulnerable groups we will focus on are seniors - with the development of a new Dementia Strategy and emphasis on support for home care and long term care; and at risk population - with the improvement of services for persons with disabilities and the implementation of recommendations related to the review of the *Involuntary Psychiatric Treatment Act*, to name a few.

In 2014-15, the Department will support a culturally competent health system that responds to the needs of vulnerable or underrepresented communities through, for example, the annual French-language Services Plan to address the needs of the Acadian and francophone communities and early intervention to identify students with special needs.

## 5.0 Budget Context

### Department of Health and Wellness 2014-15

	2013-14 Budget (\$ thousands)	2013-14 Forecast (\$ thousands)	2014-15 Budget (\$ thousands)
Executive Administration	62,621	62,145	64,968
Physician Services	740,713	752,334	798,896
Pharmaceutical Services	264,178	267,314	264,869
Insured Services	31,214	34,389	32,414
Emergency Health Services	119,235	119,215	124,192
Continuing Care	2,957	2,930	3,101
Home Care Services	196,146	212,196	234,864
Long Term Care Program	537,729	535,399	560,094
Mental Health and Addictions	10,358	11,054	12,396
Physical Activity, Sport and Recreation	10,625	11,200	10,563
Primary Care Program	16,148	14,960	17,331
Public Health Programs	17,306	15,719	17,459
Provincial Programs and Initiatives	127,957	123,007	133,339
Other Programs	28,194	22,852	25,745
District Health Authorities	1,660,596	1,669,157	1,710,960
Capital Grants & Healthcare Amortization	84,842	61,086	93,729
<b>Total</b>	<b>3,910,819</b>	<b>3,914,956</b>	<b>4,104,920</b>
Funded Staff (FTEs)	489	442	487
Staff Funded by External Agencies	(22)	(16)	(20)
<b>Total FTE Net</b>	<b>467</b>	<b>426</b>	<b>467</b>

## 6.0 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.

<p><b>Outcome</b></p>	<p><b>Improve the health and wellness of Nova Scotians through health promotion, disease and injury prevention, improved access to primary health care and enhanced chronic disease management</b></p> <p>Access to primary care in an appropriate setting.</p>						
<p><b>Measure</b></p>	<p>Percentage of CTAS 4-5 level patients in Emergency Departments which should be seen in a primary care setting.</p>						
<p><b>Rationale</b></p>	<p>CTAS 4-5 level patients should be seen in a primary care setting when possible.</p>						
<p><b>Target</b></p>	<p>Decrease in percentage of CTAS 4-5 level patients in Emergency Departments.</p>						
<p><b>Base Data and Trend</b></p>	<div data-bbox="341 672 1063 1270" style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>% Emergency Department CTAS 4-5 Level Patients</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Fiscal Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2011-12</td> <td>57%</td> </tr> <tr> <td>2012-13</td> <td>54%</td> </tr> </tbody> </table> <p style="text-align: center; font-size: small;">Source: Meditech, EDIS, NACRS <sup>1</sup></p> </div>	Fiscal Year	Percentage	2011-12	57%	2012-13	54%
Fiscal Year	Percentage						
2011-12	57%						
2012-13	54%						
<p><b>Strategic Actions</b></p>	<ul style="list-style-type: none"> <li>• Promote the use of 811 &amp; 911 to assist individuals with receiving care in the appropriate health care setting.</li> <li>• Open CECs to increase access to primary care and emergency care.</li> </ul>						

1. EDIS = Emergency Department Information System; NACRS = National Ambulatory Care Reporting System.

<p><b>Outcome</b></p>	<p><b>Improve the health and wellness of Nova Scotians through health promotion, disease and injury prevention, improved access to primary health care and enhanced chronic disease management</b></p> <p>Nova Scotians eating healthy.</p>														
<p><b>Measure</b></p>	<p>Percentage of Nova Scotians 12 years and older who report eating fruits and vegetables at least 5 times per day.</p>														
<p><b>Rationale</b></p>	<p>Fruits and vegetables consumption in sufficient quantity is an important part of a healthy diet.</p>														
<p><b>Target</b></p>	<p>Increase percentage of Nova Scotians 12 years and older who report eating fruits and vegetables at least 5 times per day.</p>														
<p><b>Base Data and Trend</b></p>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>Fruit and Vegetables Consumption</b> (5 times or more daily)</p> <table border="1" style="margin: 0 auto;"> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2007</td> <td>34.8%</td> </tr> <tr> <td>2008</td> <td>36.7%</td> </tr> <tr> <td>2009</td> <td>38.3%</td> </tr> <tr> <td>2010</td> <td>34.9%</td> </tr> <tr> <td>2011</td> <td>34.9%</td> </tr> <tr> <td>2012</td> <td>32.9%</td> </tr> </tbody> </table> <p style="text-align: center;"><small>Source: Canadian Community Health Survey (CCHS)</small></p> </div>	Year	Percentage	2007	34.8%	2008	36.7%	2009	38.3%	2010	34.9%	2011	34.9%	2012	32.9%
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2012	32.9%														
<p><b>Strategic Actions</b></p>	<ul style="list-style-type: none"> <li>• Implementation of the Healthy Eating Strategy.</li> <li>• Support implementation of Thrive!</li> <li>• Increase awareness and education on healthy eating with the goal that Nova Scotians will be better able to make healthy eating choices.</li> </ul>														

<p><b>Outcome</b></p>	<p><b>Improve the health and wellness of Nova Scotians through health promotion, disease and injury prevention, improved access to primary health care and enhanced chronic disease management</b></p> <p>Access to healthy food choices.</p>															
<p><b>Measure</b></p>	<p>Percentage of food insecure households.</p>															
<p><b>Rationale</b></p>	<p>Food security, the ability to obtain sufficient food for a healthy lifestyle, is an important component to leading a healthy lifestyle.</p>															
<p><b>Target</b></p>	<p>Decreasing percentage of food insecure households.</p>															
<p><b>Base Data and Trend</b></p>	<div data-bbox="345 621 1206 1226" style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>% Food Insecure Households</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Calendar Year</th> <th>Moderate (%)</th> <th>Severe (%)</th> </tr> </thead> <tbody> <tr> <td>2005</td> <td>6.0%</td> <td>3.9%</td> </tr> <tr> <td>2007-08</td> <td>6.6%</td> <td>2.7%</td> </tr> <tr> <td>2009-10</td> <td>6.6%</td> <td>3.3%</td> </tr> <tr> <td>2011-12</td> <td>7.0%</td> <td>3.5%</td> </tr> </tbody> </table> <p style="text-align: center; font-size: small;">Source: Canadian Community Health Survey (CCHS)<sup>1</sup></p> </div>	Calendar Year	Moderate (%)	Severe (%)	2005	6.0%	3.9%	2007-08	6.6%	2.7%	2009-10	6.6%	3.3%	2011-12	7.0%	3.5%
Calendar Year	Moderate (%)	Severe (%)														
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2011-12	7.0%	3.5%														
<p><b>Strategic Actions</b></p>	<ul style="list-style-type: none"> <li>• Continue to support implementation of the provincial Healthy Eating Nova Scotia strategy.</li> <li>• Support implementation of Thrive!</li> <li>• Continue to work in partnership with the Nova Scotia Food Security Network and others interested in promoting and supporting food security.</li> <li>• Continue to monitor income-related food insecurity for possible opportunities to provide support within the demands of mandate and budget, and in conjunction with other Departments/Agencies.</li> </ul>															

1. Some questions in the CCHS are only statistically reliable if results from surveys over two years are combined for larger sample size. The 2005 results were reliable because in 2005, the survey was done biannually, at sample sizes double the current annual size surveys, making them statistically equivalent to current combination of two years' surveys.

<b>Outcome</b>	<p><b>Improve the health and wellness of Nova Scotians through health promotion, disease and injury prevention, improved access to primary health care and enhanced chronic disease management</b></p> <p>Improve the health status of mothers and babies.</p>																						
<b>Measure</b>	<p>Rates of breastfeeding initiation and exclusive breastfeeding for at least 6 months.</p>																						
<b>Rationale</b>	<p>Breastfeeding of infants is recognized to be beneficial to their health.</p>																						
<b>Target</b>	<p>Increased percentage of mothers initiating breastfeeding of their infants, as well as exclusively breastfeeding their infants for at least 6 months.</p>																						
<b>Base Data and Trend</b>	<div data-bbox="451 716 1146 1234"> <p style="text-align: center;"><b>Breastfeeding Initiation Rate</b></p> <table border="1"> <thead> <tr> <th>Calendar Year</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>75.0%</td> </tr> <tr> <td>2009</td> <td>76.3%</td> </tr> <tr> <td>2010</td> <td>77.9%</td> </tr> <tr> <td>2011</td> <td>79.6%</td> </tr> <tr> <td>2012</td> <td>81.0%</td> </tr> </tbody> </table> <p style="text-align: center;"><i>Source: Atlee Database, Reproductive Care Program of NS<sup>1</sup></i></p> </div> <div data-bbox="451 1283 1146 1833"> <p style="text-align: center;"><b>Exclusive Breastfeeding for 6+ Months</b></p> <table border="1"> <thead> <tr> <th>Calendar Years</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td>2005</td> <td>18.8%</td> </tr> <tr> <td>2007-08</td> <td>16.0%</td> </tr> <tr> <td>2009-10</td> <td>18.0%</td> </tr> <tr> <td>2011-12</td> <td>22.2%</td> </tr> </tbody> </table> <p style="text-align: center;"><i>Source: Canadian Community Health Survey (CCHS)<sup>2</sup></i></p> </div>	Calendar Year	Percent	2008	75.0%	2009	76.3%	2010	77.9%	2011	79.6%	2012	81.0%	Calendar Years	Percent	2005	18.8%	2007-08	16.0%	2009-10	18.0%	2011-12	22.2%
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**Strategic  
Actions**

- Implement and monitor the Provincial Breastfeeding Policy directives.
- 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!
- To increase breastfeeding initiation and duration.

1. 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.
2. 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.



<b>Outcome</b>	<b>Improve the health and wellness of Nova Scotians through health promotion, disease and injury prevention, improved access to primary health care and enhanced chronic disease management</b>  Healthy active youths.
<b>Measure</b>	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.
<b>Rationale</b>	Physical activity is important to a healthy lifestyle.
<b>Target</b>	Increasing percentage of junior high school girls active enough for health benefits in next survey (planned for fiscal year 2014-15).
<b>Base Data and Trend</b>	<b>Percent of Junior High Girls Active Enough for Health Benefits</b> <b>13%</b>  Fiscal Year 2009-10 (only year data available)
<b>Strategic Actions</b>	<ul style="list-style-type: none"> <li>• Continue to support Active Kids Healthy Kids Strategy.</li> <li>• Implement physical activity interventions within Thrive!</li> <li>• To increase awareness of the importance of physical activity, especially with youth.</li> </ul>

1. Data is only collected by DHW (formerly Health Protection and Promotion) every four years. 2009-10 was the first and only year this data has been collected.

<p><b>Outcome</b></p>	<p><b>Improve the health and wellness of Nova Scotians through health promotion, disease and injury prevention, improved access to primary health care and enhanced chronic disease management</b></p> <p>Reduce tobacco use.</p>																				
<p><b>Measure</b></p>	<p>Percentage of people who smoke, monitored in different age categories</p> <ul style="list-style-type: none"> <li>• 15-19 year olds</li> <li>• 20-24 year olds</li> <li>• 15 years and older</li> </ul>																				
<p><b>Rationale</b></p>	<p>Tobacco use is associated with many health risks.</p>																				
<p><b>Target</b></p>	<ul style="list-style-type: none"> <li>• 10% for ages 15-19 by 2015-16</li> <li>• 20% for ages 20-24 by 2015-16</li> <li>• 15% for 15 years and older by 2015-16</li> </ul>																				
<p><b>Base Data and Trend</b></p>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>Tobacco Use Among Nova Scotians by Age Category</b></p> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <thead> <tr> <th>Year</th> <th>15-19</th> <th>20-24</th> <th>15+</th> </tr> </thead> <tbody> <tr> <td>2009</td> <td>14%</td> <td>30%</td> <td>20%</td> </tr> <tr> <td>2010</td> <td>16%</td> <td>24%</td> <td>21%</td> </tr> <tr> <td>2011</td> <td>12%</td> <td>29%</td> <td>18%</td> </tr> <tr> <td>2012</td> <td>11%</td> <td>21%</td> <td>16%</td> </tr> </tbody> </table> <p style="text-align: center; font-size: small;">Source: Canadian Tobacco Use Monitoring Survey (CTUMS)</p> </div>	Year	15-19	20-24	15+	2009	14%	30%	20%	2010	16%	24%	21%	2011	12%	29%	18%	2012	11%	21%	16%
Year	15-19	20-24	15+																		
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2011	12%	29%	18%																		
2012	11%	21%	16%																		
<p><b>Strategic Actions</b></p>	<ul style="list-style-type: none"> <li>• Implementation of the renewed comprehensive Tobacco Control Strategy.</li> </ul>																				

<b>Outcome</b>	<p><b>Improve the health and wellness of Nova Scotians through health promotion, disease and injury prevention, improved access to primary health care and enhanced chronic disease management</b></p> <p>Reduce high risk alcohol consumption.</p>									
<b>Measure</b>	<p>Percentage of Nova Scotians 15 years and older<sup>1</sup> who drink in excess of national low risk chronic<sup>2</sup> and low risk acute<sup>3</sup> guidelines.</p>									
<b>Rationale</b>	<p>Acute and chronic health risks increase with excessive alcohol consumption.</p>									
<b>Target</b>	<p>Reduction in percentage of Nova Scotians 15 years and older who drink in excess of national low risk chronic and acute guideline thresholds.</p>									
<b>Base Data and Trend</b>	<div data-bbox="440 722 1276 1325" style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>% Nova Scotians Drinking in Excess of Low Risk Acute and Chronic Guidelines (15 years or older)</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Year</th> <th>Low Risk Acute (%)</th> <th>Low Risk Chronic (%)</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>11.4%</td> <td>16.3%</td> </tr> <tr> <td>2012</td> <td>10.1%</td> <td>13.0%</td> </tr> </tbody> </table> <p style="text-align: center; font-size: small;">Source: Canadian Alcohol and Drug Use Monitoring Survey (CADUMS)<sup>4</sup></p> </div>	Year	Low Risk Acute (%)	Low Risk Chronic (%)	2011	11.4%	16.3%	2012	10.1%	13.0%
Year	Low Risk Acute (%)	Low Risk Chronic (%)								
2011	11.4%	16.3%								
2012	10.1%	13.0%								
<b>Strategic Actions</b>	<ul style="list-style-type: none"> <li>Continue to focus on reducing the percentage of heavy drinkers in NS.</li> </ul>									

1. The legal drinking age in Nova Scotia is 19. This measure is intended to reduce both legal and underage drinking.
2. 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.
3. 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).
4. CADUMS is based on the calendar year, conducted annually, and provides directly comparable national and provincial data.

<b>Outcome</b>	<p><b>Improve the health and wellness of Nova Scotians through health promotion, disease and injury prevention, improved access to primary health care and enhanced chronic disease management</b></p> <p>Reduce harmful involvement in gambling.</p>
<b>Measure</b>	Percentage of gamblers who are harmfully involved in gambling <sup>1</sup> and access formal treatment for gambling-related issues through Addiction Services.
<b>Rationale</b>	Excessive gambling can be harmful.
<b>Target</b>	Increase in the percentage of people who seek formal treatment services to address their harmful involvement in gambling.
<b>Base Data and Trend</b>	<p><b>Percent of People Involved in Gambling Seeking Formal Treatment Services</b></p> <p><b>2%</b></p> <p>Fiscal Year 2012-13 (only year data available)</p>
<b>Strategic Actions</b>	<ul style="list-style-type: none"> <li>• Implementation of the 2011 Nova Scotia Responsible Gaming Strategy.</li> </ul>

1. People identified as being harmfully involved in gambling are those who score >1 during the Department of Health and Wellness surveys using the Canadian Problem Gambling Index (CPGI). The CPGI is used in most gambling prevalence studies conducted by the Provinces across Canada.

<b>Outcome</b>	<p><b>Access to quality, evidence-informed and appropriate care through the continuum of care</b></p> <p>Better access to emergency care in tertiary, regional and community hospital emergency departments (EDs).</p>									
<b>Measure</b>	<p>Percentage of Canadian Triage and Acuity Scale (CTAS<sup>1</sup>) patients with total length of stay from triage to ED departure within Nova Scotia standards<sup>2</sup>:</p> <ul style="list-style-type: none"> <li>• Within 8 hours for CTAS 1-3 patients</li> <li>• Within 4 hours for CTAS 4-5 patients</li> </ul>									
<b>Rationale</b>	<p>The Government of Nova Scotia has determined acceptable time frames from triage to ED departure by CTAS score to improve the efficiency of the EDs<sup>3</sup>.</p>									
<b>Target</b>	<p>Increase percentages of patients meeting emergency time frame standards.</p>									
<b>Base Data and Trend</b>	<div data-bbox="451 810 1161 1381" style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>% Patients in Acceptable Time</b> (CTAS 1-3 &lt; 8 hours, CTAS 4-5 &lt; 4 hours)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Fiscal Year</th> <th>CTAS 1-3 (%)</th> <th>CTAS 4-5 (%)</th> </tr> </thead> <tbody> <tr> <td>2011-12</td> <td>86%</td> <td>83%</td> </tr> <tr> <td>2012-13</td> <td>87%</td> <td>83%</td> </tr> </tbody> </table> <p style="text-align: center; font-size: small;">Source: Meditech, EDIS, NACRS<sup>4</sup></p> </div>	Fiscal Year	CTAS 1-3 (%)	CTAS 4-5 (%)	2011-12	86%	83%	2012-13	87%	83%
Fiscal Year	CTAS 1-3 (%)	CTAS 4-5 (%)								
2011-12	86%	83%								
2012-13	87%	83%								
<b>Strategic Actions</b>	<ul style="list-style-type: none"> <li>• Identify system level barriers to flow of patients through EDs.</li> <li>• Implement e-triage in EDs to make ED visits more efficient.</li> <li>• Promote understanding of health care options (i.e. 811 and 911) to alleviate concerns on whether an ED visit is warranted.</li> <li>• Enhance access to primary care to reduce unnecessary ED visits.</li> </ul>									

1. 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. Wait times standards reflect the level of complexity required to provide patient care to the point where a patient is discharged from the ED, and was determined by the Government of Nova Scotia.

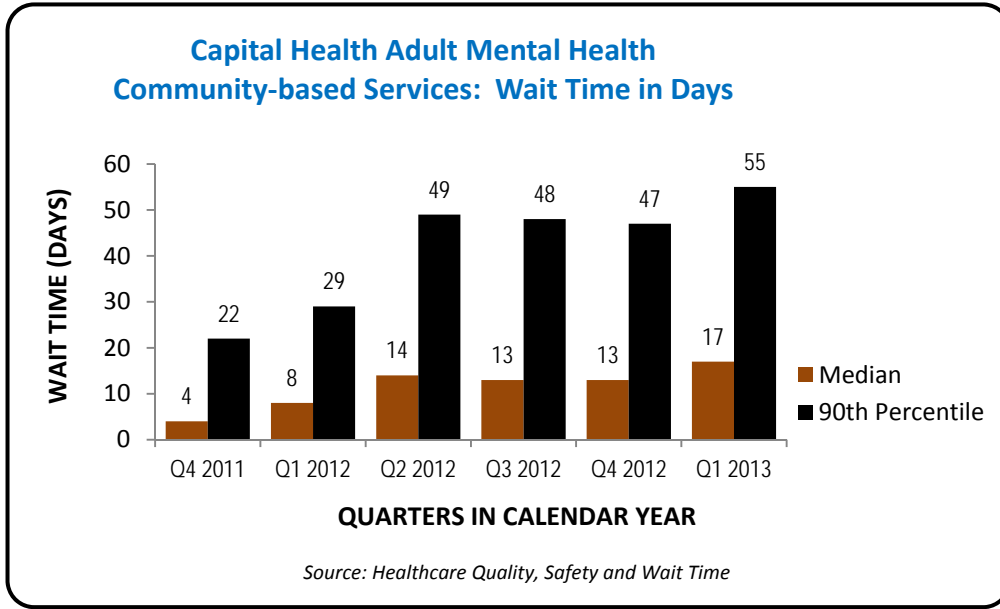
4. EDIS = Emergency Department Information System; NACRS = National Ambulatory Care Reporting System.

<b>Outcome</b>	<p><b>Access to quality, evidence-informed and appropriate care through the continuum of care</b></p> <p>Access to appropriate care in Collaborative Emergency Centres (CECs) when needed.</p>
<b>Measure</b>	Number of unscheduled closure hours by CECs.
<b>Rationale</b>	Unscheduled closure hours means that CECs are not open to provide care.
<b>Target</b>	Zero unscheduled closure hours.
<b>Base Data and Trend</b>	<p><b>Total CEC Unscheduled Closure Hours<sup>1</sup></b></p> <p><b>219 hours out of 31,800 of eligible time (days opened as CECs X 24 hours, minus scheduled closures) or 0.69%</b></p> <p>Fiscal Year 2012-13 (only year data available)</p>
<b>Strategic Actions</b>	<ul style="list-style-type: none"> <li>Open CECs in rural communities to increase access to primary care and emergency care.</li> </ul>

1. Four CECs were open for all or part of fiscal year 2012-13.

<p><b>Outcome</b></p>	<p><b>Access to quality, evidence-informed and appropriate care through the continuum of care</b></p> <p>Improved mental health outcomes.</p>																																
<p><b>Measure</b></p>	<ul style="list-style-type: none"> <li>Percentage of clients seen within provincial standards<sup>1</sup> for adults and child/adolescents outside of Capital District Health Authority (CDHA).</li> <li>Median and 90<sup>th</sup> percentile wait times for mental health services in CHDA, where patients are not triaged into priority levels<sup>2</sup>.</li> </ul>																																
<p><b>Rationale</b></p>	<p>Getting access to timely mental health services is the key determinant to improving mental health outcomes.</p>																																
<p><b>Target</b></p>	<p>Increase in percentage of clients seen with the appropriate level of care<sup>3</sup>.</p>																																
<p><b>Base Data and Trend</b></p>	<div data-bbox="440 747 1414 1266"> <p><b>Adult Mental Health Clients Seen Within Standards</b> (all DHAs except Capital Health)</p> <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Urgent (7 days)</th> <th>Semi-Urgent (30 days)</th> <th>Regular (90 days)</th> </tr> </thead> <tbody> <tr> <td>2010-11</td> <td>74%</td> <td>65%</td> <td>85%</td> </tr> <tr> <td>2011-12</td> <td>75%</td> <td>69%</td> <td>84%</td> </tr> <tr> <td>2012-13</td> <td>78%</td> <td>54%</td> <td>83%</td> </tr> </tbody> </table> <p>Source: Healthcare Quality, Safety and Wait Time</p> </div> <div data-bbox="440 1318 1414 1875"> <p><b>Child/Adolescent Mental Health Clients Seen Within Standards</b></p> <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Urgent (7 days)</th> <th>Semi-Urgent (30 days)</th> <th>Regular (90 days)</th> </tr> </thead> <tbody> <tr> <td>2010-11</td> <td>57%</td> <td>51%</td> <td>70%</td> </tr> <tr> <td>2011-12</td> <td>59%</td> <td>42%</td> <td>63%</td> </tr> <tr> <td>2012-13</td> <td>50%</td> <td>15%</td> <td>71%</td> </tr> </tbody> </table> <p>Source: Healthcare Quality, Safety and Wait Time</p> </div>	Fiscal Year	Urgent (7 days)	Semi-Urgent (30 days)	Regular (90 days)	2010-11	74%	65%	85%	2011-12	75%	69%	84%	2012-13	78%	54%	83%	Fiscal Year	Urgent (7 days)	Semi-Urgent (30 days)	Regular (90 days)	2010-11	57%	51%	70%	2011-12	59%	42%	63%	2012-13	50%	15%	71%
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**Base Data and Trend**



**Strategic Actions**

- Further implementation of the Mental Health and Addictions Strategy “Together We Can” to address 5 key priority areas.
- Implementation of Choice and Partnership Approach (CAPA) to ensure individuals are seen shortly after referral and subsequently seen by the most appropriate clinician in order for clients to get appropriate care in a timely manner.
- 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.

1. The provincial standard is 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.
2. 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.
3. Due to a move to the CAPA model, wait times may be impacted with the new model of care.



<b>Outcome</b>	<p><b>A sustainable funding model that supports learning, research, leadership, innovation and effective use of resources</b></p> <p>Access to health information is available.</p>									
<b>Measure</b>	<p>Number of clinicians using the Electronic Health Record (EHR).</p>									
<b>Rationale</b>	<p>Health care providers are able to make better informed decisions by having better comprehensive patient information accessible to them via the EHR.</p>									
<b>Target</b>	<p>1600 clinicians using the EHR.</p>									
<b>Base Data and Trend</b>	<div data-bbox="440 604 1154 1205" style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>Clinicians Using EHR</b></p> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <thead> <tr> <th>Fiscal Year</th> <th>New</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>2011-12</td> <td>325</td> <td>475</td> </tr> <tr> <td>2012-13</td> <td>817</td> <td>1,292</td> </tr> </tbody> </table> <p style="text-align: center; font-size: small;"><i>Source: Department of Health and Wellness</i></p> </div>	Fiscal Year	New	Total	2011-12	325	475	2012-13	817	1,292
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<b>Strategic Actions</b>	<ul style="list-style-type: none"> <li>• Continue to collaborate with Canada Health Infoway on EHR Project to ensure continuity and provide good service to clinicians.</li> <li>• Continue enhanced active integration to the Client Registry for EHR scope and quality.</li> <li>• Continue roll out of SHARE Provider Viewer and Clinical Repository to increase awareness and buy-in of EHR to ultimately improve access to information for clinical decision-making.</li> </ul>									

