DEPARTMENT OF HEALTH

ANNUAL ACCOUNTABILITY REPORT
FOR THE FISCAL YEAR 2007-2008

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Annual Accountability Report for the Year 2007-2008

Department of Health

Accountability Statement

The accountability report of the Department of Health for the year ended March 31, 2008, is prepared pursuant to the Provincial Financial Act and government policy and guidelines. These authorities require the reporting of outcomes against the Department of Health's business plan information for the fiscal year 2007-2008. The reporting of Department outcomes necessarily includes estimates, judgments and opinions by Department management.

We acknowledge that this accountability report is the responsibility of Department management. The report is, to the extent possible, a complete and accurate representation of outcomes relative to the goals and priorities set out in the Department's business plan for the year.

The Honourable Chris d'Entremont
Minister of Health

Cheryl A. Doiron
Deputy Minister of Health

Message from the Minister of Health

It gives me great pleasure to present the Accountability Report for the Department of Health for 2007-2008.

Without a doubt, the highlight of this past year was the release of the Provincial Health System Operational Review, and our promise to address all 103 recommendations coming out of that report. Our commitment to transform Nova Scotia's provincial health care system, is absolutely vital, if we are to ensure health services remain accessible and available for generations to come.

Consistent with our new transformation mandate, we continued to focus our efforts this past year on expanding health care services at the community level. This included the development of more interdisciplinary teams involving nurse practitioners, expanding the Electronic Patient Records system to more doctors' offices, and establishing permanent Primary Health Care support positions in district health authorities.

We also continued to introduce and expand more community-based services for seniors with the ongoing roll out of the Continuing Care Strategy. This past year we awarded contracts to build and operate more than 600 new long-term care beds in dozens of communities across the province. We also offered dialysis treatments to patients in their homes

We continued to make access to health services easier to access closer to home. We invested in three new digital mammography units, three new bone density machines, and six new MRI units. We also put new tools and software in all provincial ambulances to improve paramedics' abilities to access and track patient information faster and more accurately in medical emergencies.

At the same time that all these advancements have taken place, we still face many challenges. Like every other province in the country, we are working hard to retain and recruit health professionals, and we are constantly working to improve access and wait times.

Nova Scotia will continue to make progress on all of our health care challenges as we focus on system transformation. While incremental improvements are important and have proved beneficial, it's now time to take our actions to a higher level.

As we begin this long journey of transformation, we will continue to ensure that safe, quality, appropriate health care services will continue to be accessible to the citizens who have made this great province their home.

Introduction

This Annual Accountability Report for the Department of Health is based on the goals and priorities set out in the Department's Business Plan for the 2007-2008 fiscal year. This report should be read in conjunction with the 2007-2008 Business Plan (available on the Department of Health web site at http://www.gov.ns.ca/health/).

The report is structured in tandem with the Business Plan and details key departmental and health system accomplishments for 2007-2008, financial performance, and health system performance measures and outcomes.

The Department established six strategic priorities in 2007-2008 (in consultation with DHAs) that would assist in accomplishing the Departmental Vision and Mission while contributing to the provincial government's goal of a New Nova Scotia

The following outlines these priorities and how they link to the province's vision of a New Nova Scotia:

Creating Winning Conditions

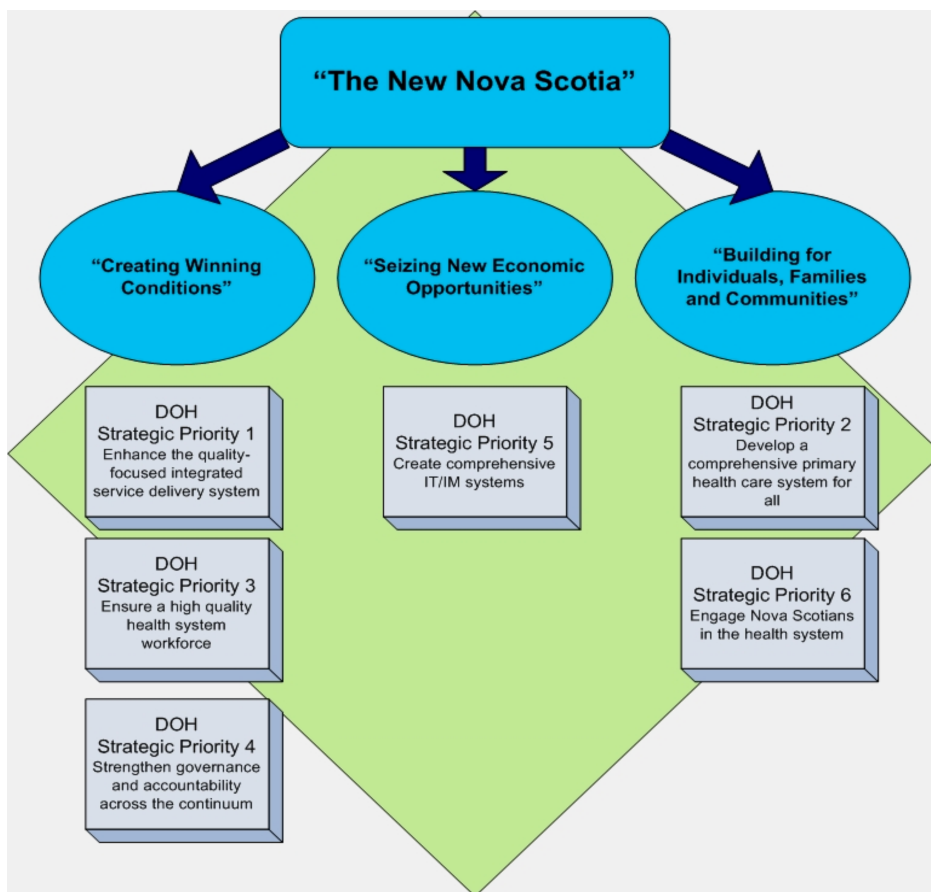
- **Priority 1**: Enhance the quality-focused integrated service delivery system
- **Priority 3:** High quality health system workforce
- **Priority 4:** Strengthen governance and accountability across the continuum

Seizing New Economic Opportunities

- **Priority 5:** Create comprehensive Information technology and Information Management systems

Building for Individuals, Families and Communities

- **Priority 2**: Develop a comprehensive primary health care system for all
- **Priority 6:** Engage Nova Scotians in the health system



Through leadership and collaboration, ensure an appropriate, effective and sustainable health system that promotes, maintains and improves the health of Nova Scotians.

This was the Mission of the Department of Health in 2007-2008. The Department is committed to the ongoing improvement of the health care system through system planning, legislation, resource allocation, policy and standards development, monitoring and evaluation, and information management. Accordingly, the Department fulfilled its mission by:

- *Setting the strategic direction for the health care system and developing provincial plans, policy and standards which enable accountability and support that direction;*
- *Providing funding to health authorities, physicians and other health service providers in the provincial health system;*
- *Monitoring, evaluating and reporting on performance and outcomes across the health system; and*
- *Ensuring quality health services are available for Nova Scotians.*

The Department of Health identified three "critical to mission" criteria against which all proposals for new and expanded programs and all existing programs and services were evaluated.

Our Mission required that all health care and services be:

- **Integrated**
  An integrated health system ensures the coordination of services and allows providers to work together to improve the health status of the population.

- **Community-Based**
  A community-based health system ensures input by communities in planning and identifying strategies and services to improve the health status of the population and ensures that teams of providers participate in carrying out these strategies and services.

- **Sustainable**
  A sustainable health system is one that is accountable for providing quality services to the population it serves and is affordable in the long term.

The Nova Scotia Government's vision of the New Nova Scotia is supported by carefully developed economic and social plans leading to 2020. The following table shows a representation of the planning context for the New Nova Scotia: The Path to 2020. It is categorized into three ***Corporate Path*** *'Pillars'*. For key strategic priorities stated in the business plan, an example of how the priority aligns with a Corporate Path Pillar is given.

Planning Context

Government Path: The New Nova Scotia

(1) Creating Winning Conditions	(2) Seizing New Economic Opportunities	(3) Building for Individuals, Families and Communities
1.1 Globally Competitive Business Climate	2.1 Leader in Information Technology [as an enabler of innovation]	3.1 Healthy, Active Nova Scotians
1.2 Globally Competitive Workforce	2.2 Leader in R&D and Innovation	3.2 Accessible Services
1.3 Globally Competitive Connections [infrastructure]	2.3 Leader in Clean & Green Economy	3.3 Safe Communities 3.4 Vibrant Communities

Core Business Areas

The Department of Health has the following key areas of care and service delivery: Acute and Tertiary Care, Continuing Care, Mental Health, Children's Services and Addiction Treatment, Primary Health Care and Emergency Health Services, Physician Services and Pharmaceutical Services. These business areas are delivered to Nova Scotians by health professionals and health care provider organizations and overseen by divisions in the Department. These service delivery business areas are supported corporately and administratively by the: Financial and Administration Services, Policy and Planning (including Intergovernmental Affairs), Legislation, Human Resources, Health Human Resources, and Information Standards, Solutions and Services (IS3), Program Delivery, Nursing Advisory, Wait Times Improvement, Legal Services, and Communications branches and the Office of the Physician Advisor, the Office of the Minister and the Office of the Deputy Minister. The Department works closely with DHAs, nursing homes and many other partners.

Priorities, Strategic Actions and Accomplishments for 2007-2008

Primary Health Care

Priorities and Strategic Actions	Accomplishments
Priority: Strengthen primary health care information management and technology to support the provision of high quality care to Nova Scotians. *This aligns with the **Corporate Path** Pillar of Seizing New Economic Opportunities by:* *Being a Leader in Information Technology -- Nova Scotia is the first province to have an e-lab that facilitates information sharing and convergence into an electronic health record for each Nova Scotian.* *This aligns with the **Corporate Path** Pillar of Building for Individuals, Families and Communities by:* *Providing Accessible Services -- Telecare, A 24-hour nurse line enables Nova Scotians with access to medical consultations any time, anywhere.* **Strategic Actions:**	
► Continue to provide resources to sustain Electronic Patient Record operations. and ► Utilize the Primary Health Care Information Management (PHIM) program processes for the transition to and implementation of an electronic patient record.	Funds were provided in order to maintain the PHIM program activities and services including software development, change management services, strategic planning, and limited adoption. As of March 2008 there were 93 Clinics live and 40 Clinics in planning which covered 32% of General Practice & Family Physicians. The PHIM program manages the use of the Electronic Health Record.
► Pending funding from Canada Health Infoway, develop a business plan in consultation with stakeholders to support implementation of Telecare Services in Nova Scotia.	A business plan was developed in consultation with stakeholders to support implementation of Telecare in Nova Scotia. The government accepted the business case and approved the budget for the planning and implementation of

Priorities and Strategic Actions	Accomplishments
Telecare is a toll-free line that will provide health advice and information (by registered nurses) to Nova Scotians 24 hours a day thereby reducing burdens on hospitals and emergency rooms.	Telecare in 2008-2009.
Priority: Make primary care services more responsive and accessible and encompass a wider range of services in the community. **Strategic Actions:**	
► Assist communities and District Health Authorities (DHAs) in preparation of initiatives that are relevant locally. Proposals will include a program evaluation component, communication plan and a gender-based analysis of the plan.	Templates were produced to guide the DHAs through the preparation of proposals for new initiatives. Proposals were required to: include evaluation plans to inform provincial assessment of program and initiative outcomes; and specify how they would address inequalities.
► Prioritize and implement guidelines that will improve the quality and effectiveness of services to marginalized populations in Nova Scotia.	All proposals for Primary Health Care (PHC) funding were required to demonstrate how the initiative will improve the quality and effectiveness of services to marginalized populations in Nova Scotia.
► Ensure a connection between the Cultural Competence Guidelines, educational resources and other outcomes of the Diversity and Social Inclusion in Primary Health Care Initiative with the Department of Health's Strategic Directions and Diversity approaches. *Diversity and Social Inclusion funding supports Cultural Competence initiatives. Diversity and Social Inclusion in Primary Health Care is an initiative to raise awareness of diversity and social inclusion issues across a broad range of stakeholders within the primary health care system.*	PHC worked with the Health Policy Advisor, Diversity and Social Inclusion, to ensure uptake of PHC Cultural Competence guidelines during 2007-2008. Educational resources were developed and funding allocated to specific province-wide initiatives to address the specific Cultural Competence Guidelines relating to screening populations who have historically faced barriers including race, ethnicity, language and culture.
► Develop interdisciplinary teams, which can include nurses, nurse practitioners (NP), and other health professionals as a key pillar of an integrated and comprehensive primary health care system. and ► Assist in developing networks in the Districts to	DoH continued to work with DHAs to promote and support the formation and implementation of interdisciplinary teams of primary health care providers. While some positions remain unfilled, funding was approved for several new interdisciplinary positions: Nurses (Clinical,

Priorities and Strategic Actions	Accomplishments
support transition in the primary health care delivery system, including hiring coordinators, managers and support staff.	Family Practice, and Community Health), NPs, a Health Motivator; a Dietitian and a Phlebotomist. 20 proposals for 2008-2009 funding were submitted and subjected to a rigorous evaluation process that involved representation from DoH branches and the Department of Health Promotion and Protection. A coordinator for the Pride Health initiative of Capital Health was hired. Approval was obtained for two NPs in South West Nova DHA.
► Develop draft regulations to support the Midwifery Act passed in 2006. The legislature will proclaim once the regulations are approved. *Expanding primary health care teams to include such disciplines as Midwifery provides flexibility for teams to change composition and services in anticipation of the needs of communities .*	The Midwifery Regulation Committee was formed to develop draft regulations/drafting instructions and by-laws pursuant to the *Midwifery Act*. An Implementation Committee was formed to make recommendations regarding the numbers of midwives, places of work, and timing of implementation, and integration of midwives into the health system. Midwives were added to primary maternity care teams; three sites were the first in Nova Scotia to add professional midwives to already established primary maternity care teams and three DHAs responded to indicate their readiness. DHAs established permanent positions to support Primary Health Care. Targeted funding for physician engagement supported the continuing work required to prepare for and support primary maternity care teams.
Priority: Achieve improved chronic disease management resulting in better health outcomes for Nova Scotians. *Preparatory work was done to support care providers to provide chronic disease management*	

Priorities and Strategic Actions	Accomplishments
and support the patients taking an active role in caring for themselves. An inventory of Clinical Practice Guidelines related to chronic disease management was started, and mechanisms for web-based access were explored. The Physician Master Agreement was signed which provides incentives and support for doctors who participate in the use of best practices and guidelines and other innovative practices in chronic disease management.	
Strategic Actions:	
► Support a representative working group to develop the strategy.	A CDM retreat was held and strategic actions were identified.
► Identify target areas for improvement for measurable outcomes.	The following target areas were identified: self-management, decision support and integration and coordination.
► Identify priority actions under each pillar of the expanded chronic care model.	The priority actions identified for health care givers were to: develop tools/strategies; identify, develop and provide learning opportunities; and enhance self-management support education.
► Implement the Stanford Self Management Program.	DoH purchased the license for a peer-led-self-management education program developed at Stanford University for patients to teach skills in coping with living with a chronic disease.
► Explore the implementation of the Institute for Healthcare Improvement (IHI) Collaboratives for Chronic Disease Management (CDM), as well as the Stanford model of Self Care, to support quality improvement in primary health care.	A stakeholder working group drafted a plan for implementing the Stanford Self-Management Program over a period of three years with implementation to begin in 2008-2009.
► Explore partnerships with industry to help achieve goals.	In 2007-2008, there was a Stanford Self-Management Training Session that trained 16 lay-leaders from Annapolis Valley and Colchester East Hants DHAs.

Priorities and Strategic Actions	Accomplishments
An Initiative Not Stated in the 2007-2008 Business Plan under Primary Health Care Strategic Actions	
► **Secure** ***the Aboriginal Health Transition Fund***	The contribution agreement for the Aboriginal Health Transition Fund Adaptation Plan was signed between the Federal government and the provincial government.

Emergency Health Services

Priorities and Strategic Actions	Accomplishments
Priority: **Implement the Recommendations resulting from a review of Lifeflight as presented in the Fitch Report** **Strategic Action:**	
► As per Ministerial direction, implementation of the three major recommendations will continue through 2007-2008. Recommendations will form the basis of programming over the next five years.	The three major recommendations being implemented are: 1. The RFP for a management company to take over EHS LifeFlight operations was released. Emergency Medical Care (EMC) was the successful vendor. Negotiations took place and drafting of the contract continued. 2. Preparations for a business case began for contracting dedicated fixed wing aircraft services for presentation to Government for 2009-2010. 3. EHS LifeFlight Medical Directors continued to revise the clinical matrix.
Priority: **Develop EHS - Ground Ambulance Contract.** **Strategic Action:**	
► Develop a Request for Proposal (RFP) to develop the new ground ambulance contract that will map out the next 10 years of ground ambulance service.	Negotiations for the new ground ambulance contract commenced with Emergency Medical Care in November/2007. The contract will be signed during the 2008-2009 fiscal year.

Mental Health, Children's Services & Addiction Treatment

Priorities and Strategic Actions	Accomplishments
Priority: **Improve access to quality mental health services across the lifespan.** **Strategic Actions:**	
► Continue implementation of the mental health standards.	A best practice review is in process as provincial standards reach the five year approval date.
► Develop funding mechanisms for DHAs and the IWK to meet standards by reducing gaps in mental health services. and ► Enhance services for children and youth, community supports and emergency crisis services. These have been identified as priorities by the government and several mental health initiatives are focused on addressing these through enhancing services across the age continuum.	A 24/7 mobile crisis service , which is a partnership between the Capital DHA Mental Health Program, the IWK Health Centre, Mental Health and Addictions Program, Emergency Health Services (EHS) and the Halifax Regional Police, was introduced in Capital DHA. This service was provided across the life span and for the severe and persistently mentally ill. The service showed good outcomes. Enlargement of the catchment area was considered. Implementation of the Depression Strategy with a focus on men and the workplace continued.
Priority: **Implement Involuntary Psychiatric Treatment Act.** **Strategic Actions:**	
► Develop regulations for the Act.	Regulations were developed and received government approval.
► Proclaim the Act.	The Involuntary Psychiatric Treatment Act was proclaimed.
► Educate people about the Act.	Education sessions were held for all DHAs and the IWK. Additional sessions were offered for various stakeholder groups - e.g. - Criminal Code Review Board, Review Board (formerly Psychiatric Facilities Review Board), and Dalhousie Department of Psychiatry.

Priorities and Strategic Actions	Accomplishments
► Implement the Patients Right Advisor Service.	The Patient Rights Advisor Service was implemented and a contract awarded to "The Empowerment Connection".
Priority: **Develop Mental Health initiatives to better meet the needs of children and youth** **Strategic Action:** ► Identify and develop innovative programs such as Family Help (home-based mentoring and coaching to address parenting, behavior management and anxiety issues to reduce the likelihood of these developing into more serious mental health issues later in life).	The Autism Treatment Program for children not yet in school diagnosed with autistic spectrum disorder has now been implemented across the province in eight DHAs and the IWK. As of the end of March 2008, 116 have received this program. The Family Help Program, servicing 100 families who are experiencing mild to moderate behavioral difficulties with their children, was expanded to Cape Breton DHA.
Priority: **Meet the recommendations of the Nunn Commission as they apply to the Department of Health.** **Strategic Actions:** ► Collaborate with the Departments of Community Services, Education, Health Promotion and Protection, and Justice to improve services for children and youth and Partner with the Department of Justice to increase access to mental health services for youth involved with the law by funding a Mental Health Team at the Halifax Attendance Centre. and ► Complete mental health court ordered assessments within the timelines set out by the court.	A mental health team consisting of a clinical social worker and a psychologist was established at the Halifax Youth Attendance Centre (HYAC). Since the team began in October of 2007, 15 young people involved with the Centre received mental health services from the team. The Youth Justice Assessment Services within the IWK Mental Health and Addictions Program was enhanced by several mental health professionals who complete the specialized mental health assessments for the youth justice court. As a result, there are currently no delays in completing these assessments.
Priority: Implement Addiction Services Client information system for Addiction Services.	

Priorities and Strategic Actions	Accomplishments
Strategic Actions: ► Continue implementation of a provincial client information system for Addiction Services. *The added functionality of the new information system will enhance the ability to measure service standards and provide reporting for federal recoveries and other accountabilities.*	A major enhancement to the functionality of the Addiction Services Statistical Information System Technology (ASSIST) was completed in 2008.
► Work with DHAs and the IWK Health Centre to implement the system.	All DHAs and the IWK implemented ASSIST. This collaborative effort between DoH and DHAs will provide both with addiction-specific data.

Continuing Care

Priorities and Strategic Actions	Accomplishments
Continuing Care has developed a 10-year strategy outlining the direction government will take to achieve its vision of "Every Nova Scotian living well in a place they can call home". ***Priority:* Strengthen Home Care Services** *This aligns with the **Corporate Path** Pillar of Building for Individuals, Families and Communities and Seizing New Economic Opportunities by:* *Providing Accessible Services to Nova Scotians -- Continuing Care services must meet a range of needs by providing expanded choice and options. A decreased reliance on facility care and a move towards promoting wellness and self-care in the community requires a substantial investment in home-based services.* **Strategic Actions:**	
► Support the Home Repair/Adaptation Program.	The DoH transferred $4 million to the Department of Community Services (DCS) to assist six housing programs currently offered. A 20-25% increase in case load is expected.
► Implement the Home Care in Schools Project in South Shore DHA.	Evaluation commenced on the South Shore DHA pilot program to inform future planning for a provincial program.
► Complete a joint proposal for submission to the Aboriginal Health Transition Fund with First Nations communities and Health Canada to address home care services on reserves.	Funding was received from Health Canada through the Aboriginal Health Transition Fund for a 2 year project. Evaluation of the discharge planning model started.
► Expand the Home Oxygen Program to include portable oxygen to increase mobility and independence.	DoH began funding the provision of portable in-home oxygen concentrators and related supplies through oxygen vendors.
► Expand respite programs to provide relief to caregivers enabling them to continue to provide care.	A comprehensive review of respite beds has been completed and the full project will continue in 2008/09. In the meantime, the focus is on interim

Priorities and Strategic Actions	Accomplishments
	measures to provide immediate relief to health system pressures.
► Develop a Provincial Adult Day Program that will enable caregivers to continue caring for family members and others at home.	Research began on best practices for the provision of Adult Day programs. Plans were made to open new spaces in Spring/Summer 2008 as part of the interim measures. Work continued on developing a provincial approach to adult day services.
► Identify information systems to aid research, data collection, analysis and evaluation to support evidence-based decisions.	Redesigned the existing SEAscape Case Management application and infrastructure with a new web hosted environment including a web-enabled automated case management tool.
An Initiative Not Stated in the 2007-2008 Business Plan:	
► Introduce a number of interim projects designed to alleviate pressures within acute care and the community.	Through consultation with DHAs, nine interim projects were identified. These measures are expected to be in place over the next 3-5 years while new LTC beds are built and new home care services are developed or enhanced.
***Priority:* Strengthen Long Term Care** *This aligns with the **Corporate Path** Pillar of Building for Individuals, Families and Communities by;* *Providing Accessible Services to Nova Scotians -- Timely access to appropriate services is a key indicator of delivering effective services. A lack of capacity in part of the service system will result in inappropriate use of services and create waitlists.* *Continuing Care has committed to building 1320 new long term care beds by the year 2015. We also continue to seek new integrated models of service delivery such as physician leaders, telehealth and a new comprehensive Challenging Behavior Program supporting responsive, and client-centered services.*	

Priorities and Strategic Actions	Accomplishments
Strategic Actions:	
► Plan and issue requests for proposals (RFPs) to create 832 new long term care beds and work with service providers to replace 721 beds in aging facilities.	Awards were announced for 722 of the 804 beds in a RFP, leaving 82 beds still to be awarded. DoH team is working closely with the Service Providers to have all beds open by 2010.
► Expand the Challenging Behaviors Program.	DoH continued to work with DHAs to implement the Challenging Behavior Resource Team in 2008-2009.
► Improve access to primary health care in long term care facilities;	
a) Establish continuing care physician leader positions in NS *The physician leader is responsible for the coordination, collaboration and communication with continuing care facilities.*	a) Memorandums of Agreement were signed in 2007 between DoH and each DHA to implement a physician leader position. SouthWest Nova implemented the physician leader role while others work through the process to implement these positions.
b) Establish a Nurse Practitioner in long term care services at Northwood Nursing Home.	b) A Nurse Practitioner was established to provide care to approximately 200 residents. Ethics approval was been received and planning began.
c) Establish a full-time physician to provide care in Oceanview Manor.	c) Planning for the evaluation of this pilot program began.
d) Implement Telehealth technology.	d) Telehealth equipment was installed in three pilot sites: Sydney, Chester and St. Peter's.

Acute and Tertiary Care

Priorities and Strategic Actions	Accomplishments
Priority:* Improve the timeliness of the acute and tertiary care system performance in Nova Scotia through the development and implementation of an overall strategy on integrative planning and accountability in system performance.** *This aligns with the* ***Corporate Path *Pillar of Building for Individuals, Families and Communities by:* *Providing Accessible Services -- Implementing a Wait Time Strategy, providing additional Services, with the addition of new digital mammography, bone densitometry and MRI units, and performing evaluations on possible enhancements to services result in Nova Scotians getting access to the services they need sooner and closer to home.* **Strategic Actions:**	
► Begin implementation of the Timely Access to Healthcare: Improving Wait Times strategy for Nova Scotia, expected to be released March 2007.	These actions are associated with the WAIT TIME initiative, and therefore are no longer reported under the Acute and Tertiary Care section.
► Lead implementation of enhancing and expanding existing secondary and tertiary pain management services.	New chronic pain services were implemented and existing services expanded to include additional multidisciplinary supports. The wait list at the Pain Management Unit was redistributed to provide services to patients sooner and closer to home where appropriate. The reporting and evaluation component of the program was developed.
► Monitor and evaluate the impact of 4 additional Magnetic Resonance Imaging (MRI) units (New Glasgow, Antigonish, Kentville and Yarmouth) on timely access.	Review of MRI access for Family Practitioner ordering was completed with expansion to include General Practitioners and Sports Medicine diploma only.
► Monitor and evaluate effectiveness of expansion and new model of dialysis services in Antigonish.	During 2007-2008 year priorities for the renewal of existing dialysis satellites to meet demand and

Priorities and Strategic Actions	Accomplishments
	upgrade to meet current standards were identified. Evaluation of the satellite service delivery model was highlighted as favorable.
► Request funding for additional capacity in bone densitometry testing to improve access.	The department was successful in facilitating the implementation of Bone Densitometry Units at Annapolis Valley DHA, Capital Health DHA and the IWK.
► Evaluate the efficiency and effectiveness of mobile and fixed digital mammography units to demonstrate the need to move to digital mammography across the province.	The pilot phase of the digital mammography project was completed in 2007 with three full field digital mammography units installed, and an implementation plan and interface with the PACS system developed. The initiative's pilot phase was successful and five new digital mammography units were purchased in 2007 and were installed in Kentville, Cape Breton and Halifax.
► Create innovative partnerships between the IWK Health Centre and Capital Health to improve the timeliness of access to surgical intervention in Capital District Health Authority for women with Breast Cancer.	Breast surgeries were transferred to IWK. Wait times for breast surgery have decreased from 41 to 34 days.
► Develop a transition plan to enhance care capacity for alternate level of care clients in Acute Care in partnership with Continuing Care.	Additional Alternative Level of Care (ALC) beds have been assigned to the DHAs. Additional progression/time is required prior to DoH's evaluation of the outcomes. Evaluation is pending. Collaborative work between DoH's Continuing Care and Acute & Tertiary Care branches will continue.
► Complete implementation of the province-wide organ and tissue donation program.	The implementation was completed.
► Evaluate the impact of select initiatives in improving access to Hearing and Speech rehabilitation services for children.	The Sound Start Program was approved during the 2007-2008 fiscal year. There is now one Audiology Technician in each of the birthing sites in Nova Scotia to evaluate children's hearing at birth to establish a baseline.

Priorities and Strategic Actions	Accomplishments
Priority: **Increase the ability to meet and exceed building standards and address the changing demand for services provided through health care facilities.** **Strategic Actions:** ► Continue to monitor and evaluate progress of infrastructure projects to enhance capacity:	
a) Expand the Halifax Infirmary Emergency Department.	a) Required funding was provided to meet budget overruns. The expected opening date is 2009.
b) Upgrade the IWK Health Centre, Children's Site.	b) All phases of the project (except Phase D2- 6 & seven North Children's inpatient units) commenced or were completed.
c) Expand the Cape Breton Emergency Department.	c) Expansion continued to move forward on schedule.
d) Expand the Inverness Consolidated Memorial Hospital.	d) Infrastructure Management was assigned this responsibility.
e) Replace the Colchester Regional Hospital.	e) Design documents were reviewed and approved. The project moved to the construction process.
f) 21 bed expansion at Valley Regional Hospital.	f) 99% of Phase 1B of the 21-Bed Expansion was completed.
g) Collaborate with primary health care (Lillian Fraser Memorial Hospital, Queens General Hospital).	g) Lillian Fraser Memorial Hospital – Funding was approved for primary healthcare redevelopment. Queens General Hospital – Primary Healthcare planning continued. Project planning expanded to include renovations of the inpatient medical unit. The Master and Functional Plans were submitted to the department for review and approval.
h) Evaluation of impact of third operating room (Cumberland) and of the New Cobequid Centre.	h) The room is operational and being fully utilized in support of the residents of Cumberland DHA.

Priorities and Strategic Actions	Accomplishments
► In collaboration with the DHAs and the IWK Health Centre, identify performance targets for select priority surgical procedures.	Targets were identified and provided for bone density testing due to long waits in Capital DHA.
Priority: **Enhance oncology services offered to Nova Scotians in response to changing demographics and projected demands.** **Strategic Actions:** ► Implement and monitor the expansion of new medical oncology satellite clinics in Kentville and Antigonish.	The Implementation was completed.
► Establish and monitor consistent policies, standards and protocols in all satellite clinics (Yarmouth, Kentville, New Glasgow and Antigonish).	An evaluation and a report on clinics commenced.
► Explore feasibility of implementing a colorectal screening program for Nova Scotians.	The implementation strategy was received with the Cancer Care Nova Scotia (CCNS) Business Plan. Recommendations were made based on consultations with stakeholders, an environmental scan, review of other colorectal cancer screening programs both nationally and internationally, and a scientific literature review.
► Review the implications of human papillomavirus (HPV) vaccine for the prevention of cervical cancer with the Department of Health Promotion and Protection.	Program initiation was led by Health Protection and Promotion with federal funding.
► Determine requirements to address the Oncology Patient Information System (OPIS) for the province in collaboration with the Information Standards, Solutions and Services (IS3) Branch.	This action is deferred until resources are available to secure a coordinator for this project.
► Develop a plan for renewal of the role of the Commissioner of Cancer and the mandate of Cancer Care Nova.	A Commissioner role review was completed and investigation of replacement strategies began. There was an Interim Medical Advisor for medical oversight of the program.
► Complete the transition process of the Boarding	The transition process was completed in 2007.

Priorities and Strategic Actions	Accomplishments
Transportation and Ostomy Program from Department of Health and the Cancer Society to Medavie.	
Priority: **Develop and implement the strategic plan for the Acute and Tertiary Care component of the Nova Scotia Health Care System.** **Strategic Actions:**	
► Complete the Provincial Health Services Operational Review (PHSOR) of the DHA and IWK Health Centre delivery system and provincial acute and tertiary care programs.	The Provincial Health Services Operational Review (PSHOR) Report was released January 17th, 2008. An implementation strategy began.
► Develop a strategic implementation plan for the PHSOR in collaboration with other branches, the government, provincial programs, the DHAs and the IWK Health Centre.	An implementation strategy (in cooperation with DHAs and the IWK) including a communication approach began.
► Implement the Provincial Infection Control Strategy.	The concept of a health system framework was approved. A budget to support the concept for a Centre for Infection Prevention and Control across the continuum was developed. The need for a comprehensive strategy to support infection prevention and control was demonstrated
► Complete the Acute and Tertiary health care system components of the Pandemic Plan.	System components were completed. Acute and Tertiary Care continued to participate in Pandemic planning through the Pandemic Leads Committee.
► Develop next steps in the comprehensive provincial strategy for stroke care in the province.	A timeline was developed and the process commenced. A draft operational plan was distributed to the DHAs and consultation was completed. A budget was submitted as part of the 2008-2009 Business Planning Process. District proposals were received.
► Implement the Nova Scotia Health Ethics Network (NSHEN) in collaboration with the DHAs and the IWK Health Centre.	NSHEN became operational in 2008 to support to health system partners under the guidance of an Advisory Council.

Pharmaceutical Services

Priorities and Strategic Actions	Accomplishments
Priority: Implement a Drug Program for Working Families.	
Strategic Actions:	
► Design a program to ensure that uninsured residents of Nova Scotia have affordable access to prescription drugs.	The Department announced the Nova Scotia Family Pharmacare Program aimed to help Nova Scotians with the costs of drugs.
► Implement a drug program for working families (pending approval of design).	The Family Pharmacare Program was implemented in March 2008.
► Design and Implement a communications plan for the public.	Family Pharmacare was introduced to the public through newspaper and television advertisements. A post card promoting Family Pharmacare was dropped in every mail box in Nova Scotia. In addition, material was placed in physicians' offices, pharmacies, and offices of health charities. Program information and application forms are on the Pharmacare website at www.nspharmacare.ca
Priority: Promote Best Practices in Pharmaceuticals	
Strategic Actions:	
► Work with Drug Evaluation Alliance of Nova Scotia (DEANS).	DEANS funded researchers to provide a qualitative perspective on the Pharmacare Programs' prior authorization process to gain insight from physicians and pharmacists on how the process could be improved. The study generated recommendations for improvement, which were implemented. DEANS coordinated the province-wide implementation of the multi-faceted, interprofessional educational intervention on the management of chronic non-cancer pain. DEANS funded a multi-faceted, province-wide educational intervention to increase

Priorities and Strategic Actions	Accomplishments
	immunization rates among pregnant women and children aged 6 to 23 months.
► Work with Academic Detailing Service and Canadian Optimal Medication Prescribing and Utilization Service (COMPUS); Chronic non-malignant Pain, Diabetes and Proton Pump Inhibitors. *COMPUS strengthens DEANS' ability to collaborate with other best practice groups across Canada and internationally, and supports federal, provincial, and territorial (F/P/T) jurisdictions in promoting best practices for drug prescribing and utilization.*	Through the Academic Detailing Service, family physicians across Nova Scotia received educational visits on the diagnosis and prevention of type 2 diabetes, including an update on the safety of thiazolidinediones. The key COMPUS messages focused on proton pump inhibitors (PPIs), as well as the role of histamine-2 receptor blockers (H2Ras) in gastrointestinal disorders.
Priority: Support Implementation of the National Pharmaceutical Strategy. **Strategic Action:** ► Participate in the long term National Strategy Where Federal/Provincial Territorial Task Groups exist for each priority. The task force was asked to focus on issues related to five national priority areas: • Catastrophic drug coverage (CDC) • Expensive drugs for rare diseases (EDRD) • Pricing and purchasing of drugs • Real world safety and effectiveness of drugs • Common national formulary	The Department contributed to the work of the National Pharmaceutical Strategy through participation in all of the Federal/Provincial/ Territorial (F/P/T) Task Groups. The future of the National Pharmaceutical Strategy is uncertain as the role of the Federal Government needs to be clarified.

Physician Services

Priorities and Strategic Actions	Accomplishments
Priority: **Alternative Funding Plans (AFP) and Alternative Payment Plan (APP) implementation, management and evaluation.** *This aligns with the **Corporate Path** Pillar of Building for Individuals, Families and Communities by:* *Encouraging Healthy, Active Nova Scotians -- Establishing and measuring outcomes identifies areas for improvement and ultimately improves the health of Nova Scotians.* *Approximately 40 % of physicians are remunerated through some form of alternative to traditional "fee-for-services" funding. An audit of the largest academic alternative funding plan demonstrated the benefit of alternative funding.* **Strategic Actions:**	
► Design a framework that links physician compensation and performance to health and health care outcomes.	Performance contracts for the new Alternative Funding Framework were developed. Regular performance management meetings involving the key stakeholders including Dalhousie Faculty of Medicine, CDHA, the IWK, the relevant physician departments, Doctors Nova Scotia, and the Department of Health were held.
► Finalize and seek formal endorsement of terms of reference and establish an Alternative Funding Plan/Alternative Payment Plan (AFP/APP) provincial advisory committee.	Terms of Reference and an APP Provincial advisory committee were drafted but not finalized due to a realignment of strategic priorities and renewal of the Master Agreement. The advisory role may be within the Master Agreement Steering Group structure.
► Establish a formal partnership of key AFP stakeholders and identify resources to support this partnership.	A formal partnership of key AFP stakeholders was developed and supporting resources were identified.

Priorities and Strategic Actions	Accomplishments
► Develop a comprehensive plan to measure health and health care outcomes related to physician payment and performance.	All contracts that were negotiated and received in the new framework included measurable deliverables.
Priority: **Implement the provincial Foundational Service Policy to facilitate the sustainability of a minimum number of medical specialists in three foundational service areas, in designated secondary hospital sites through a new alternative funding program.** **Strategic Actions:**	
► Engage DHAs and provide sufficient funding levels to attract and retain an appropriate number of physicians to balance clinical and service call requirements.	In collaboration with the DHAs and Doctors Nova Scotia, a new group APP for Internal Medicine Doctors and Specialists practicing in regional hospitals was created.
► Encourage physician group funding self-management.	Group funding self-management is done through the new group APP.
► Ensure compliance with the 13B provision of *Health Services and Insurance Act.*	DOH did not report on this strategic action as 13B is a provision that pertains to the DHAs.
Priority: **Develop and implement comprehensive care Alternative Payment Plan (APP).** **Strategic Actions:**	
► Complete the APP framework for Department of Health Senior Leadership Team approval for implementation.	In collaboration with key stakeholders, Physician Services continued to refine the APP Framework with one new AFP developed (Department of Emergency Medicine at CDHA and IWK) and two existing AFPs were converted to the new framework.
► Make APPs available to upcoming graduates from Family Medicine at Dalhousie University.	Issues regarding the availability of APPs were addressed in the new proposed Physician Master Agreement.

Information Standards, Services and Solutions

Priorities and Strategic Actions	Accomplishments
Priority: Implementation of the Electronic Health Record (EHR). *The Department of Health continues to move ahead in support of information management initiatives that speed up the development of electronic health information systems to improve access to health-related services for patients, families, and health-care professionals.* *The Electronic Health Record will advance the quality of healthcare through improved access, quality of care and coordination among health care providers and recipients.* **Strategic Actions:**	
► Assist in the implementation of the Nova Scotia PHIM program. *IS3 continues to support the ongoing implementation, support and adoption of the Primary Healthcare Information Management program implementation of EMR systems for Primary Care Physician Practices.*	PHIM – As of March 2008 there were 93 Clinics live and 40 Clinics in the planning stages which covered 32% of General Practice & Family Physicians. Lab and Diagnostic Imaging reports were delivered electronically through eResults.
► Develop Phase One of the Electronic Health Record (EHR) project to provide building blocks for Client Registry, Provider Registry and Portal (Viewer) and Data Registry. *Implementation of the NS Electronic Health Record (EHR) project continued which includes the provincial Provider Registry, Client Registry and the Interoperable Electronic Health Record foundation components.*	A Project Management Office was established in late 2007 and the Implementation/Integration Team was secured through an RFP process. Contracts were signed for Client and Provider Registry Software, Implementation Services, Portal and Repository products and Implementation Services. Contract negotiations with other Software Component vendors continued. Hardware was purchased, installed and configured.
► Match $9M provided by Canada Health Infoway for the EHR project.	Funding for this $28M project was secured. Canada Health Infoway contributed $17.8M and Nova Scotia agreed to fund the balance.

Priorities and Strategic Actions	Accomplishments
Priority*: Support access to care initiatives.*	
This aligns with the ***Corporate Path*** *Pillar of Seizing New Economic Opportunities by:*	
Being a leader in Information Technology -- Nova Scotia is providing standard provincial system solutions to all DHAs. This enables future integration to the EHR.	
Strategic Actions:	
► Standardize data collection across the province. and ► Secure the funding to move this project forward.	These actions are associated with the WAIT TIME initiative, and therefore are no longer reported under the IS3 section. See http://www.gov.ns.ca/health/waittimes/wt_treatment_service/treatment/joints.htm
► Invest in the following areas: Operating Room System, Emergency Department System, PACS, Mammography and Decision Support Systems (DSS).	**Investment in DHA Systems:** • Investment for Operating Room Systems will be addressed by the Wait Times Initiative. • Emergency Department solutions were moved to 2008-2009. • Investment continued in PACS by adding new modalities such as a cardiology component in DHA9. • Investment in a DHA Health Records Imaging Project was provided. • Investment to assess the impact of the Meditech implementation in a DHA was provided. • DSS initiatives were moved to 2008-2009 due to HR capacity.
Other Initiatives Not Stated in the 2007-2008 Business Plan:	
Public Health Surveillance (Panorama) - Continue to participate in Canadian public health surveillance projects to be implemented by all Canadian jurisdictions over the next several years.	**Public Health Surveillance (Panorama)** – The Phase 1 Planning project was completed and preparations began for the implementation project.
Drug Information System - Plan for the	**Drug Information System** - Work started on the

Priorities and Strategic Actions	Accomplishments
implementation of a Drug Information System.	planning phase for a Provincial Drug Information System, a joint project with New Brunswick.
Health Information Legislation - An internal DoH work team is researching and preparing the background for a health information legislation proposal.	**Health Information Legislation** – Stakeholder / public consultation documents were completed with input from government stakeholders. The Minster approved a request to seek permission from cabinet for stakeholder / public consultation.
Upgrade to the Seascape System – Install the technical components for upgrading the Continuing Care Case Management System platform with new infrastructure and a web-enabled application.	**Upgrade to the Seascape System -** The technical upgrade continued and the upgrade, roll-out and schedule were planned with a completion date to be in 2008.
MedicAlert - IS3 is participating in a national MedicAlert Project in partnership with EHS. Our role will be to provide access to the MedicAlert System via the Electronic Health Record Portal.	**MedicAlert** – Progress continued.
eLearning - A Provincial eLearning Solution is underway to meet the educational requirements of the province's 7300 RN's and LPN's using the Medworxx Learning Management Solution.	**eLearning -** A pilot of this project was planned for the Summer 2008 with a roll-out strategy to follow.
Telehealth – We continue to promote and support increased use of our Telehealth network and services.	**Telehealth** – We continued to promote and support increased use of our Telehealth network and services by expanding services to congestive heart failure patients and First Nations Communities, upgrading equipment; expanding the Network to three Long Term Care Facilities and implementing web based scheduling.
TeleCare – An initiative to implement a 1-800 number for nursing inquiries.	**Telecare –** A 1-800 nursing advice line was approved for implementation.
Priority*: Health Information Technology Service (HITS)* *Put in place in 2006-2007, this support structure is responsible for operational support for provincial IT systems such as the NS Hospital Information System (NSHIS), PACS, Primary Healthcare IT Component, Continuing Care Single Entry Access*	

Priorities and Strategic Actions	Accomplishments
(SEAscape) and Telehealth. HITS will also be responsible for the operational support of all future provincial health initiatives such as client and provider registries and interoperability projects.	
Strategic Actions:	
► Support HITS and its various initiatives.	HITS reached its full compliment of 110 FTEs and moved forward on a number of initiatives including: MEDITECH rollout continuation, e-mail services, office space, consolidation of the provincial infrastructure, review of the e-results initiative, the Decision Support Strategy, Panorama, WINS and EHR Projects
► Ensure continuity of the HITS service by developing a mitigation strategy.	DoH ensured sustainability of the organization HITS as it pertains to ensuring continued funding to support the services HITS delivers to the DHAs and the IWK.
Priority*: Health Administrative Systems Project (HASP).* *The Health Administrative Systems Project (HASP) will improve the effectiveness of administrative systems, facilitate implementation of standards and adoption of best business practices, increase financial accountability and improve planning through evidence-based decisions making. Financial accountability and reporting will be standardized while providing a consistent foundation in core systems such as human resources, payroll, budgeting, procurement, and inventory management.*	
Strategic Action:	
► Invest in HASP so that the DHAs will align with the government vision of SAP as the application solution for the Municipal Academic School and Health Care Agencies (MASH) sector.	DoH aligned the stakeholders within the DHA/IWK SAP Governance Model to the recommended Leading Practice governance processes, and prepared the final draft of the model. HASP will implement all systems in 2009.

Nursing Advisory Services

Priorities and Strategic Actions	Accomplishments
Priority: **Renewal and Retention of the Nursing Workforce.** **Strategic Actions:**	
► Continue with the rural nursing initiatives, work with nurses within facilities to support quality practice environments, and promote nurses working to full scope of practice across the province.	The Support for Quality Work Environments Program provided funds to support nurses and employers in creating healthy work environments in facilities in remote and rural areas. Five out of five applications were funded in 2007-2008.
► Collaborate with education providers to ensure relevant, accessible education for RNs and LPNs. and ► Continue the investment in orientation and continuing education programs for RNs and LPNs.	Nursing Advisory Services collaborated with the Model of Care Initiative to develop an inter - professional collaborative care model in which health professionals will be working to their full scope of practice The 2008 Annual Leadership conference had full attendance with a waiting list. DoH designed the e-learning initiative to provide consistent opportunities for professional development and continuing education to nurses across the province. The initiative was planned to pilot test in one district, with roll out to all DHAs later in the year, and more learning modules to be added. This was funded through the Rural and Remote Strategy for Nursing. A professional development program for RNs in rural and remote areas was offered for the first time in 2007-2008 through the Registered Nurses Professional Development Centre, via distance learning. This was funded through the Rural and Remote Strategy for Nursing.
Priority: **Increase Recruitment into the Nursing Workforce.**	

Priorities and Strategic Actions	Accomplishments
Strategic Actions:	
► Conduct Job Fairs.	Job Fairs were held in 2007-2008: Three were held in Nova Scotia (St. FX, CBU, and Marskell in Halifax) DHAs, long term care and VON participated. Three were held out of province (CNSA Atlantic, CNSA National, and Opportunities Nova Scotia held in both Ontario and Alberta).
► Develop a Health Human Resources (HHR) Website devoted to RNs and LPNs.	The HHR website for Health professionals including RNs and LPNs was established. See www.healthteamnovascotia.ca
► Increase the hourly rate for nursing students in the Cooperative Learning Experience Program.	The hourly rate for nursing students in the Cooperative Learning Experience Program increased from $12.00 to $14.30.
► Increase the number of nursing students' co-op seats from 120 to 180.	In 2007, the funding increased to full funding, which means that the Nursing Strategy would fund all students identified and placed by the universities/DHAs. DoH funded 160 seats in 2007, which was the full number of students participating. In 2006, DoH committed to funding 120 seats, and funded 165 (165 being full complement).
► Continue to implement relocation, re-entry and fourth year student bursary programs.	Funding continued for this initiative.
► Work with DHAs and IWK Health Centre and the communities to identify other sources of bursaries.	A French Language Nursing Bursary Program for RNs was established in 2007. In 2007, three bursaries were awarded to RNs (These were approved in 2006-2007, but claimed/paid in 2007-2008).
***Priority:* RN nursing seat expansion at St. FX and Cape Breton Universities and continued support for the Nurse Practitioner Program.**	
Strategic Actions:	
► Continue to fund the St. Francis Xavier	Funding continued for this initiative.

Priorities and Strategic Actions	Accomplishments
University and Cape Breton University initiatives. ► Support the introduction of a simulation lab at St. Francis Xavier University to enhance clinical placements.	 Due to a realignment of priorities, funding for this initiative was not provided.
Other Initiatives Not Stated in the 2007-2008 Business Plan: **Strategic Actions:** ► Nurse Practitioner Implementation Committee. ► HHR Pandemic Planning.	 This committee was established to address system barriers that hamper NP practice and to create alignment with the RN Act 2006 when it comes into effect. A competency based assessment tool was developed for the care of patients during a pandemic.

Health Human Resources

Priorities and Strategic Actions	Accomplishments
The following three priorities align with the ***Corporate Path*** *Pillar of Creating Winning Conditions by:* *Creating a Globally competitive Workforce -- Providing safe and supportive workplaces to assist in the recruitment and retention of health care providers encourages a healthy and encouraging environment, making health-related careers attractive to the public workforce.* **Priority: Improve capacity to plan for the optimal number, mix, and distribution of health care providers based on system design, service delivery models and population health needs** **Strategic Actions:**	
► Implement a trial simulation project to assist the HHR Branch in developing policy decisions to direct future strategy.	A tool used to develop policies for RNs, family practitioners and medical radiological technologists was developed and a project to develop a tool for MRT assistants was funded.
► Complete a needs assessment with Acute Care (Francophone services) to assist in ensuring there are enough francophone health care providers to meet the needs of the francophone population.	A project proposal was completed which examined the number of francophone health care providers in place to meet the needs of the francophone community. All ten DHAs and the IWK have submitted their French Language Services Plan.
► Develop a work plan for Provider Registry Enhancements registry in partnership with regulatory bodies and professional associations to assist in provincial health human resources planning.	A Health Human Resource Information System (HHRIS) Committee was developed. A Statement of Work was created to begin work in defining data elements and requirements.
► Develop a health human resources plan for Allied Health Professionals to begin implementation of the strategy.	The final draft of the HHR action plan developed. A number of health profession requirements will be addressed to include nurses, physicians and

Priorities and Strategic Actions	Accomplishments
	Allied Health Professionals. Initiation will target professionals in critical shortages.
► Continue support for clinical placements for Medical Laboratory Technologists in the community.	This initiative was a collaboration with Nova Scotia and New Brunswick. It has been replaced with a Nova Scotia solution which was the establishment of the Nova Scotia Community College two year MLT program.
Priority: **Enhance Nova Scotia's capacity to work closely with employers and the education system to develop a health workforce that has the skills and competencies to provide safe, high quality care and work in innovative environments that will respond to changing healthy care systems and population health needs.** **Strategic Actions:**	
► Design and launch Health Human Resources (HHR) Website to provide timely access to information to the public regarding the work in health human resources planning as well as links to other important health human resources sites.	The HHR website for Health professionals was established. See www.healthteamnovascotia.ca
► Support implementation of the HSPnet web based clinical placement tool. Implementation will be supported for provincial use through the Academic Health Council of Nova Scotia.	The Academic Health Council of Nova Scotia was involved with the implementation plans and will assist Nova Scotia with funding.
Priority: **Deploy the health care workforce in service industry delivery models that make full use of their skills.** **Strategic Action:**	
► Partner with Health Canada PEI, and NB in sharing federal allocation to implement a number of projects to increase the capacity of International Educated Health Professionals (IEHP's) in Atlantic Canada.	HHR continued to participate in federal committees and contributed to ongoing development of the HHR Framework and the PAN-CANADIAN HHR Framework - a framework for collaborative HHR planning.

Priorities and Strategic Actions	Accomplishments
The following priority was under the Human Resources Section of the 2007-2008 Business Plan but it is a Health Human Resources Priority: **Priority: Earn the reputation of being an excellent place to work.** **Strategic Actions:**	
► Develop a recruitment strategy to attract excellent applicants.	Part of the Continuing Care Strategy involves building 1,320 new long-term care beds and replacing 1,616 beds by 2015/2016. The HHR division commenced planning activities and strategies to proactively enable accessibility to appropriate staffing complements in 2008-2009. Development was done on an HHR Action Plan and consultations. DoH funded a recruitment campaign, including multimedia materials which targeted the continuing care assistants and others.
► Ensure each employee owns and is supported in their own health, safety and wellness.	A safety association began development in conjunction with Worker's Compensation Board (WCB) to address issues of increased premiums in the province for WCB.
Other Initiatives Not Stated in the 2007-2008 Business Plan:	
► Continue with Regional HHR work. *HHR co-leads the Atlantic Advisory Committee for HHR (AACHHR).*	AACHR was involved with increasing the capacity of Health Human Resources across the Atlantic Region.
► Establish a Diversity and Social Inclusion Health Policy Advisor. *The Diversity and Social Inclusion Health Policy Advisor works to attract, recruit, train, support and promote a diverse and representative health workforce and health system, builds systemic cultural competence and facilitates the improved heath status of populations.*	A Diversity and Social Inclusion Health Advisor was established.

Human Resources

Priorities and Strategic Actions	Accomplishments
In December, 2007, The Human Resources branch began reporting to the Public Services Commission. *These are priorities that were identified by DoH.* **Priority: Cultivate the development of a performance driven culture (in alignment with the Corporate Human Resource Goal 1).** **Strategic Actions:**	
► Improve the leadership measure on the How's Work Employee Survey. *In order to respond to the How's Work Employee Survey, a Senior Leadership/HR Advisory Committee was established to impact and connect with departmental committees in order to advance and encourage initiatives related to a healthy work environment.*	The Advisory Committee used the three areas under the National Quality Institute model: **Workplace Culture & Supportive Environment** An extensive review of the leadership measures in the How's Work Employee Survey was undertaken by a consultant and results were shared with the Senior Leadership Team. An internal Diversity Committee was formed and the Employee Recognition Committee, along with the Deputy, organized the 2nd annual Service Awards. . **Health & Lifestyle Practices and Physical Environment &OHS** The first annual Wellness Fair was launched and a departmental OHS strategy was developed.
► Fully operationalize the performance management system.	A Performance Management Strategy was reviewed with the Senior Leadership Team. Priorities of the Strategy accomplished for 2007-2008 were communication and compliance.

Priorities and Strategic Actions	Accomplishments
Priority: Strengthen capacity to achieve and sustain performance Excellence (in alignment with Corporate Human Resource Goals 1 and 5) **Strategic Actions:**	
► Implement the succession planning process.	As part of the succession planning process, the development of a welcoming, well-organized and relevant departmental orientation program began in 2007-2008. A New Employee First Day Manual, an in-depth intranet site as well as managerial tools were created.
► Implement a talent management process.	Talent Management process is part of an overall succession planning initiative and was moved to a second phase after completion of the orientation project.
► Create a focused management development strategy.	A draft "Leadership Development Strategy" was created, outlining a variety of learning interventions.
Priority: Optimize the quality, effectiveness, and efficiency of our HR processes (in alignment with Corporate Human Resource Goal 1). **Strategic Actions:**	
► Obtain training in quality management for the Human Resources Central Service Unit (CSU).	A consultant was procured to review the HR-CSU operational processes.
► Identify which HR processes to review for quality, effectiveness and efficiency. and ► Improve the effectiveness of expenditures on training.	Strengths and process efficiency challenges were identified and recommendations for improvement were made.
► Enhance a customer service approach. and ► Create a structure for improving how to deal with Public Service Commission PSC programs and corporate initiatives.	As well, a corporate HR renewal initiative was developed to re-organize of the HR delivery model and change how government manages its people.

Health System-Wide Priorities

Strategic Actions	Accomplishments
Priority: Health Care Safety	
Strategic Actions:	
► Develop a provincial policy requiring disclosure of adverse events in the continuing care sector.	Work continued on developing a policy for the disclosure of adverse events in the continuing care section.
► Complete a framework for conducting quality review, applicable to DHAs and the IWK	A framework for conducting quality review, applicable to DHAs and the IWK Health Centre was completed by the provincial Quality Review Working Group, and a revision of the framework will be completed.
► Establish a lead for the Atlantic Quality Council.	Nova Scotia was approached to be the lead for development of the Atlantic Quality Council with assistance from the Canadian Patient Safety Institute.
► Support the development of an external Patient Safety Advisory Council.	On-going support continued for an external Safety Advisory Council.
Priority: Wait Times	
Strategic Actions:	
► Establish a lead for Wait Time Improvement.	A Chief Executive Wait Time Improvement was hired to implement the 2007 – 2010 Access Strategy including system-wide wait time improvement initiatives.
► Establish a Radiation Therapy Guarantee.	An agreement was signed and work began to establish a guarantee of 8 weeks to treatment for radiation therapy for cancer patients.
► Commence Diagnostic Imaging and Surgery Pilot Projects.	Projects commenced utilizing $8 million funding from Health Canada to implement access, process, and complete data improvements for Diagnostic

Strategic Actions	Accomplishments
	Imaging and Surgery.
► Define, gather and report wait-time information from DHAs/IWK.	Work was performed with DHAs/IWK to refine wait time data collection and use processes.
► Enhance wait time components of the Department of Health website.	DoH revised and expanded the data reported on the Health website.
Priority: Health Transformation **Strategic Actions:**	
► Respond to the Provincial Health Services Operational Review (PHSOR) Report, now termed as the Health Transformation Report.	In January, 2007, the PHSOR Report was officially released. 103 Recommendations came out of the report in order to transform Nova Scotia's health care system, making it more effective, efficient, and sustainable for all Nova Scotians now and in the future. The Government supported all 103 recommendations and released a response document which outlined the Government's commitment to Health Transformation.
► Establish Task Groups for various initiatives.	Task Groups for the Model of Care and the Health Human Resources Strategy were established and significant work was accomplished. A new model of care will be established in 2008-2009.
► Develop a strategy to implement the recommendations from the PHSOR report.	Implementation plans and a structure for implementing the recommendations were developed. Timelines for the Task groups were also developed.
► Move forward in finding leadership for the Health Transformation Initiative.	A search for an Executive Director for Health Transformation began.

Government-Wide Initiatives

Strategic Actions	Accomplishments
Priority: Bilingual/French Language Services **Strategic Actions:** French-Language Health Services Coordinator will:	
► Review internal policies and practices to identify areas where changes could be made to support French language health services	The internal practice of accepting requests for exceptions to the First Available Bed Policy for French-speaking Nova Scotians to wait for placement in the most suitable long-term care facility rather than being required to accept the first available bed continued.
► Continue to consult and partner with Réseau Santé – Nouvelle-Écosse on issues related to the health needs of the Acadian and francophone population	The French-language services coordinator participated in provincial conferences in Acadian and francophone communities and attended the Réseau Santé Annual Forum and Board of Directors meetings.
► Develop a strategy to ensure that more public information is available in both French and English	A strategy was developed and included: translating and printing key mental Health documents; actively promoting the Bonjour campaign to Continuing Care Staff and posting new bilingual resources to the DOH website.
► Take steps to ensure that the public is more aware of the approach being taken by government to provide French-language services	Media releases were issued, public presentations were given, participation in Public Health Forums were conducted and approximately 1700 Bonjour materials were distributed to DHAs regarding the approach to provide French language services.
► Include the development of plans and strategies for increasing access to French language health services as part of the annual planning process	French Language Services partnered with core program areas to continue to incorporate French language services. Work continued in partnership with the Department of Education on the French Language Medical Seats file.
► Ensure that the plans to increase access to French language health services correspond to the objectives outlined in the Global Development Plan for the Acadian and francophone community as well as the priorities identified by Réseau Santé.	The DOH French Language Services Plan outlines the objectives set out by Réseau Santé and the Global Development Plan.

Financial Results 2007 - 2008

Cost Centres	2007-2008 Estimate	2007-2008 Actual	Est./Act.Variance (Increase)/Decrease
Total-Administration	45,851,500	44,108,908	1,742,592
Medical Payments	586,930,000	579,817,929	7,112,071
Pharmacare Program	180,174,000	172,930,357	7,243,643
Other Insured Programs	47,495,000	44,055,003	3,439,997
Revenue and Recovery	27,200,000	27,056,154	143,846
Emergency Health Services	94,975,400	91,427,884	3,547,516
Other Health Care Initiatives	116,674,700	117,675,967	(1,001,267)
Other Programs	11,078,400	12,088,771	(1,010,371)
Total - District Health Authorities	1,362,746,000	1,367,878,540	(5,132,540)
Care Coordination	30,179,000	29,428,021	750,979
Home Care Services	142,384,400	136,130,766	6,253,634
Long Term Care	342,862,000	354,854,283	(11,992,283)
Capital Grants – Health	57,309,000	36,449,091	20,859,909
*******Department of Health*******	**3,045,859,400**	**3,013,901,675**	**31,957,725**
Full Time Equivalents	690.8	663.2	27.6
Tangible Capital Assets	9,744,100	17,402,152	(7,658,052)

DEPARTMENT OF HEALTH
FINANCIAL RESULTS 2007 - 2008 ESTIMATE VS. ACTUAL

Estimate: **$3,045,348,859**

Actual: **$3,013,901,675**

Total Variance: **$** 31,954,725

Variance Explanations:

The Department of Health spent $32.0 million less than budget. Capital grants were lower by $21 million due to delays in completing projects. This favourable variance was partially offset in the revenue results by a reduction in related recoveries from the Federal Medical Equipment Trust funds. Pharmacare costs were lower by $7.2 million with reductions in the number of prescriptions and a slower rate of drug cost increases. Physician payments were $7.1 million less than budgeted due to reduced utilization and savings in certain contractual arrangements. Home Care spent $6.2 million less than budget due mainly to delays in implementation of new strategic framework initiatives. Emergency Health Services spent $3.5 million less than budget due mainly to a change in the accounting for HST and contract cost savings during the year which had the effect of reducing actual costs. There were also savings in a number of other program areas.

These savings were partially offset by higher spending in other areas. Long-term Care spent $12 million more including repairs ordered by the Office of the Fire Marshal and purchase of bed lifts. The District Health Authority grants increased by $5.1 million which included funding deficits in some DHAs.

2007-2008 Department of Health Outcomes Report

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

Each year, outcome measures are reviewed during the business planning process for the upcoming year. During that year, circumstances may require the development of new measures. Measures may be revised or discontinued to ensure consistency with other jurisdictions and enable cross-Canada comparisons. The following table identifies those measures which are 'new'. In other words, these measures were not used in the 2006-2007 Accountability Report, but will be reported on in this year's Accountability Report. A 'discontinued measure' means that the measure was used in the 2006-2007 Accountability Report, but is no longer reported. Complete reports on these and all other measures may be found on the pages that follow.

Outcome Measures

New/Discontinued Performance Measures

New Measures	Explanation
Primary Health Care	
Number of Family Physicians subscribing to Primary Health Care Information Management (PHIM)	DoH, through the PHIM program, promotes the use of Electronic Medical Records (EMR) to manage care delivery information, enhancing patient care. EMR systems benefit primary health care by improving the quality of care through more reliable and accessible information.
Mental Health	
Percent of Initial Assessments of Patients within 90 days of Disposition	The Provincial Standards state that regular referrals are seen for an assessment within 90 days of disposition.
Wait Times for Assessments	Wait times for the various levels of assessment are monitored to determine how closely the established provincial standards are being met.
Number of Youth Who Access the Service	The new Halifax Youth Attendance Centre was established and as the program was implemented, the number of youth accessing services through this centre was collected.
Delay in Months for Time to Complete Assessments Within the Timeline Set out by the Court	Following the initiation of the Nunn Commission the number of court ordered assessments tripled so additional resources/staff was provided and the delay in these assessments was monitored.

New Measures	Explanation
Acute and Tertiary Care	
Wait Times in Calendar Days for MRI	Pan-Canadian wait time benchmarks announced in 2005 stated diagnostic imaging as one of the top five priorities for wait times in Canada. Due to new technology and the recently established wait time benchmarks a decision to focus on MRI wait times was made.
Wait Times in Calendar Days for Cardiovascular Surgery	Pan-Canadian wait time benchmarks were announced in 2005, with coronary bypass surgery representing one of the top five priorities. Therefore a decision to use new performance measures in order to assess the provincial status with regards to wait time for cardiovascular surgery was made.
Participation in the Provincial Breast Screening Program	Diagnostic imaging is one of the five priorities appointed with pan-Canadian wait time benchmarks in 2005. Mammograms, in particular, represent a crucial diagnostic service for Nova Scotians. For these reasons, the ATC branch is interested in examining provincial screening participation and diagnostic mammography wait times.
Wait Times in Weeks for Breast Screening	
Wait Times in Weeks for Diagnostics	
Participation Rates for Breast Screening	A goal of Cancer Care Nova Scotia is to have higher participation rates so that the need to have diagnostic testing can be captured sooner.
Wait Times in Weeks for Mastectomy Surgery	Mastectomy surgery is an effective treatment for Nova Scotians diagnosed with breast cancer; therefore it was decided to examine provincial access to this important surgery.
The Number of Consults in Established Satellite Clinics	Given the recent establishment of a new medical oncology satellite clinic and expanded clinics, it was decided to assess the increase in consultations among these clinics.
Pharmacare	
Enrollment of Eligible Nova Scotians in the Family Pharmacare Program	This is a new program and it will be relevant to track its enrollment. However, the program started in March 08, therefore there is insufficient data available to report on the enrollment of the program in 2007-2008.
Physician Services	
Percentage of Vacant Positions Where Foundational Service Policy Exists	This measure was stated in the Business Plan. Although this remains a strategic direction, an approved Foundational Services Policy is yet to be approved. Therefore, this measure is not reported in this Accountability Report.
Percentage of Newly Graduating Family Physicians from Dalhousie Setting up Practice in Rural NS	Incentives to recruit physicians to these areas continue to be made available, and it is important to track whether this has affected the rural recruitment situation.

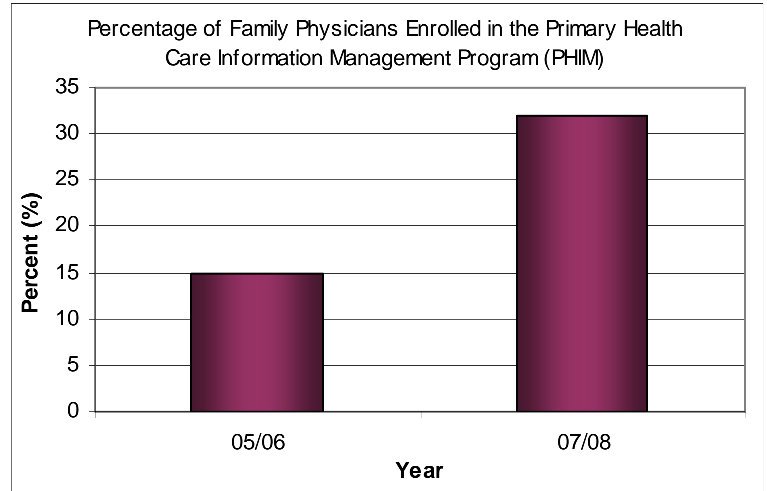
Discontinued Measures	Explanation
Acute and Tertiary Care	
Total Knee Replacement Surgeries Total Hip Replacement Surgeries	Given that these measures are now reported on the government's website, a decision to assess new measures was made to shift focus and demonstrate wait-time accountability. The website containing knee and hip replacement surgeries is: http://www.gov.ns.ca/health/waittimes/wt_treatment_service/treatment/joints.htm
Proportion of People Admitted to Hospital for Conditions Where Appropriate Outpatient Care May Prevent the Need for Hospitalization	Given that there has been a consistent decrease of ambulatory care sensitive conditions over 5 years, demonstrating a provincial trend towards more efficient use of these hospital services, another performance measure will be assessed which examines health care service utilization.
Hospitalization of People Aged 65 Years or Older for Pneumonia and Influenza	Given that there has been a consistent significant decrease of Pneumonia and Influenza-related hospitalizations over the last 5 years, demonstrating the success of provincial initiatives such as vaccination programs aimed at illness prevention, a decision to assess new measures was made to shift focus and demonstrate wait-time accountability.
Pharmacare	
Government Contributions as a Percentage of Total Drug Costs for Low Income Seniors	This is difficult to measure as government contribution will be based on individual income level making an average number difficult to accurately determine the real proportional impact of government contributions.
Annual Growth in NS Pharmacare Program Costs as Compared to Average Annual Growth in all Provincial Drug Programs in Canada	The breadth of program coverage varies by province making this measure difficult to interpret with any real meaning.
Physician Services	
Percentage of Family Physician Positions Filled in Under-Serviced Areas	A switch in focus on tracking positions where foundational policy exists and on positions in rural areas in general is critical, rather than in under-serviced areas only.
Continuing Care	
Percentage of the Population (Age 18 or Older) Receiving Homemaking, Nursing or Respite Services	This data was self-reported, capturing varying interpretations. These services are also provided privately and by other publicly funded sources (ie DCS) and this data is not captured by continuing care. In addition, this measure is limited in that it captures numbers of clients, and does not capture acuity. A more accurate measure of direct service hours will be captured in future reports.

CORE BUSINESS AREA: PRIMARY HEALTH CARE

Outcome: Improved Access to Primary Health Care

Percentage of General Practitioners Enrolled in Primary Health Care Information Management (PHIM)

One of the Department of Health's core business areas is Primary Health Care, which includes the services of many health care professionals. A desired outcome in this area is ensuring that as many family physicians as possible are enrolled in the PHIM program. The PHIM program manages the use of the Electronic Medical Record.



Source: Primary Health Care, Nova Scotia Department of Health

What Does the Measure Tell Us?
This measure is one way of showing what percentage of family physicians enrolled in the PHIM program processes for the transition to and implementation of an electronic patient record.

Where Are We Now?
In 2005-2006, the percentage of family physicians using PHIM was 15%. This percent increased to 32% by 2007-2008, exceeding the target of 31%. There has been a steady increase in the number of physicians using PHIM in primary care settings since 2005-2006.

Where Do We Want to Be in the Future?
The ultimate target is to have 100% of family physicians using PHIM.

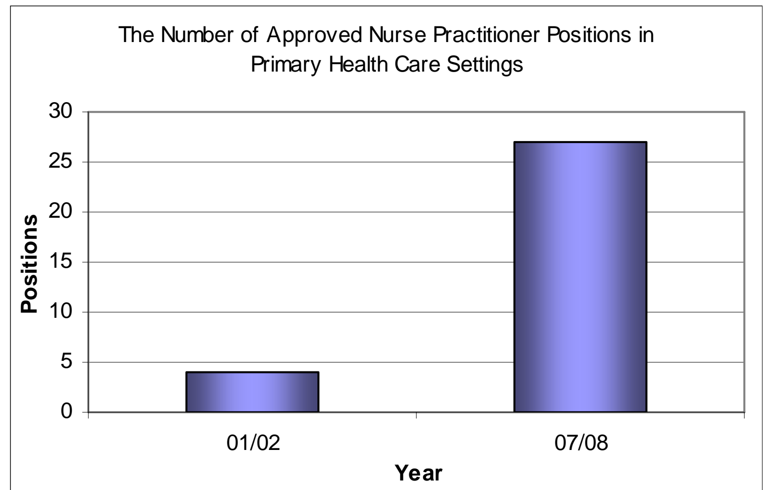
Outcome: Improved Access to Primary Health Care

Number of Approved Nurse Practitioners Working in Primary Health Care Settings

One of the Department of Health's core business areas is Primary Health Care, which includes the services of many health care professionals. A desired outcome in this area is ensuring the appropriate number and distribution of health care providers. One way to assess the supply and distribution of health care providers is by calculating the number of nurse practitioners working in primary health care settings.

What Does the Measure Tell Us?
This measure is one way of showing what type of, and how much access to Health professionals the public has at primary care sites.

Where Are We Now?
In 2007-2008, the number of approved and funded nurse practitioner positions reached 27, exceeding the target of 25. There continues to be a steady increase in the number of nurse practitioners in primary care settings since 2001-2002.



Source: Primary Health Care, Nova Scotia Department of Health

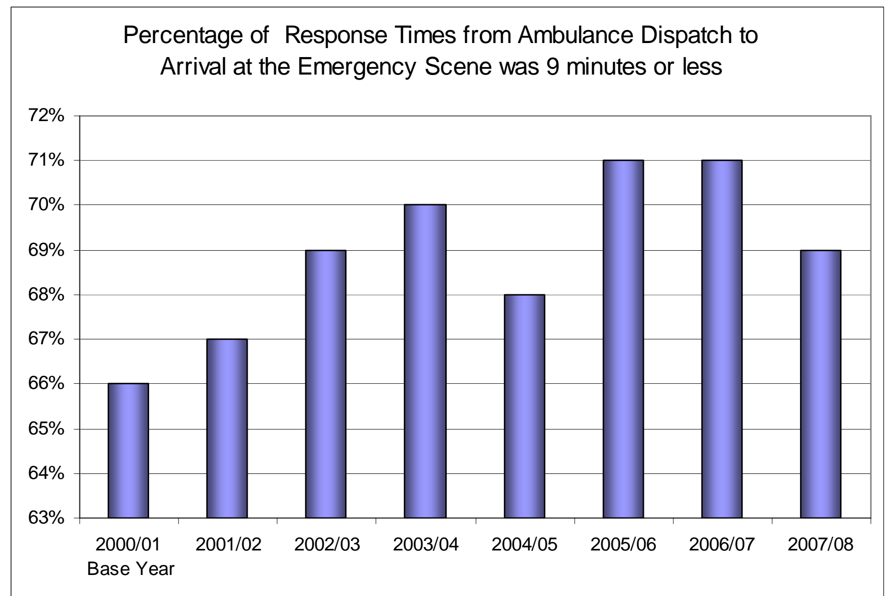
Where Do We Want to Be in the Future?
Building on progress made to date, efforts will be targeted to increase support to teams introduced through previous initiatives intended to increase the number of multi-disciplinary, collaborative teams in Nova Scotia. Although the overall goal is to continue to increase the number of collaborative teams, the aim is to increase the number of providers and practitioner types working within multi-disciplinary teams.

CORE BUSINESS AREA: EMERGENCY HEALTH SERVICES

Outcome: Access to Quality Emergency Health Services

<u>Percentage of Response Times of 9 minutes or less from Ambulance Dispatch to Arrival at Emergency Scene</u>

One of the Department of Health's core business areas is Emergency Health Services. A desired outcome in this area is timely access to quality emergency health services. One way in which this outcome may be assessed is by calculating response times from the time an emergency call is answered to arrival at the emergency scene.



Source: CAD data - EMC, NS Department of Health

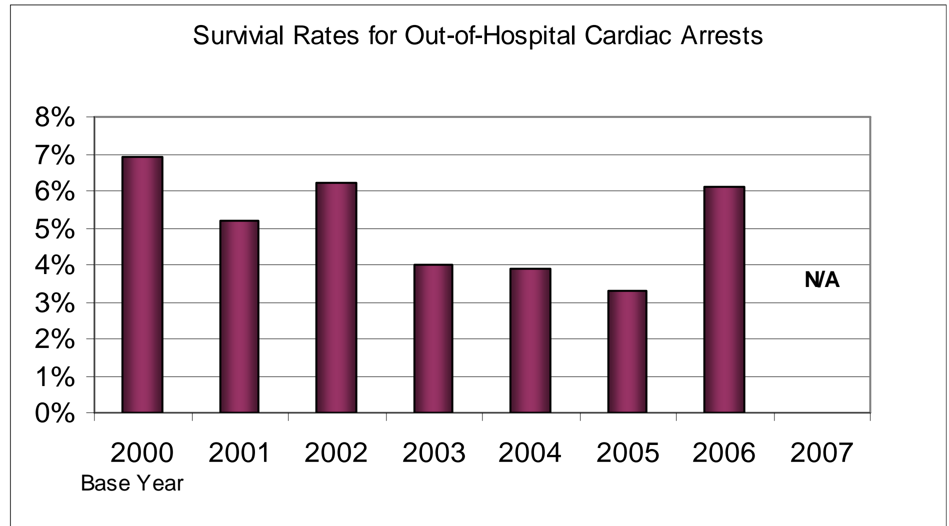
What Does the Measure Tell Us?
In urban areas, the industry standard for response time is under 9 minutes, 90% of the time. An example of the importance of this time standard is the response of paramedics to cardiac arrests. When an individual sustains a cardiac arrest, for each minute that passes the likelihood of survival reduces by 10%. Having a rapid response time of less than 9 minutes allows paramedics to provide life saving interventions such as chest compressions, early defibrillation, and other advanced care. A rapid response is also beneficial for other major diseases, injury, trauma, stroke, and respiratory illnesses. There are no standards for suburban or rural areas, however, making it difficult to compare Nova Scotia results (which are urban, suburban and rural) with EMS systems in other jurisdictions that are often urban only systems. Geography would naturally dictate that response times would be higher in suburban and rural areas than they would be in urban areas.

Where Are We Now?
In 2007-2008, the response time from the time a call was answered to arrival at the emergency scene was nine minutes or less 69 % of the time. This shows an improvement since 2000-2001 when response times of nine minutes or less occurred 66 % of the time. This surpasses the Department of Health target of 68% for 2007-2008.

Where Do We Want to Be in the Future?
The Department of Health is dedicated to continually improving response times by using methods and technology that will result in the most efficient use of ambulances.

Survival Rates for Out-of-Hospital Cardiac Arrests

One of the Department of Health's core business areas is Emergency Health Services. A desired outcome in this area is ensuring the effectiveness of Emergency Health Services in the management of out of hospital cardiac arrests.



Source: CAINT Database, NS Department of Health

What Does the Measure Tell Us?
One of the universally accepted measures of the effectiveness of emergency health services is survival from out-of-hospital cardiac arrest which can be affected by whether the arrest occurs in public, if the victim is witnessed and receives bystander CPR and the timing of defibrillation. Moreover, if a patient has 'return of spontaneous circulation' while treated by paramedics, and survive to arrival to the emergency department, outcomes are further influenced by optimizing inpatient care in the emergency department, intensive care unit, and rehabilitation centre. This reflects the 'chain of survival' and the important linkage between the pre-hospital community and the hospital.

Where Are We Now?
The provincial survival rate for out-hospital-cardiac arrests (OOHCA) was 6.1% in 2006 (Jan -Oct). The quarterly period cardiac arrest incident survival rate remained varied around 4-6% during 2007-2008, but could not be ascertained for 2007 due to database issues around implementation of the ePCR platform. For the first three quarters, data was ascertained retrospectively, and for the last quarter data was ascertained prospectively. Methodological limitations precluded the combining of data.

It is difficult to compare Nova Scotia's system with other systems because of the different mixes of urban, suburban and rural areas in the province. Most systems reporting survival rates are urban only systems. However, it is possible to compare Nova Scotia's out-of-hospital cardiac arrest survival rates over multiple years. The variation in this measure from year to year is considered to be within the normal range and is influenced by a multitude of factors (age, etiology of arrest, other comorbid medical problems, risk factors, etc).

Where Do We Want to Be in the Future?
EHS physicians are aware that a more 'systems approach' is being considered for response times and cardiac arrests. This will incorporate traditional and expanded measurements. Experts propose that EMS systems should focus on a model that encompasses a broader range of clinical situations for measuring clinical performance.

Core Business Area: Mental Health, Children's Services & Addiction Treatment

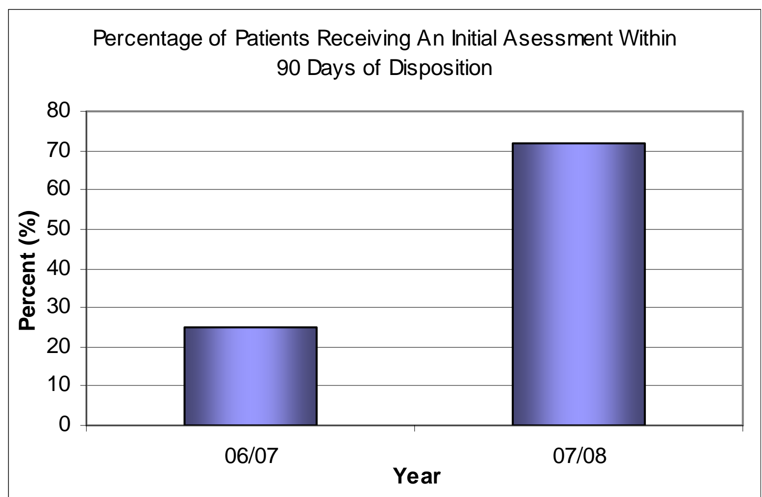
Outcome: Implement the Standards for Mental Health that will Decrease Wait Times and Allow Better Accessibility for Mental Health Patients

<u>Initial Assessment of Patients within 90 Days of Disposition</u>

One of the Department of Health's core business areas is Mental Health, Children's Services & Addiction Treatment. A desired outcome in this area is for mental health patients to have improved accessibility by having decreased wait times for initial assessments.

What Does the Measure Tell Us?
Increasing the number of patients who are seen within the established standard of 90 days for a non-urgent/regular assessment indicates wait times for accessing mental health services have decreased.

Where Are We Now?
In 2007-2008, 72% of patients had an initial assessment within 90 days of disposition. This represented an improvement of more than 45% in one year and exceeds the target of 35%. Disposition refers to the triage process of determining urgency and appropriate service necessary.



Source: Mental Health, Children's Services and Addiction Treatment, Nova Scotia Department of Health

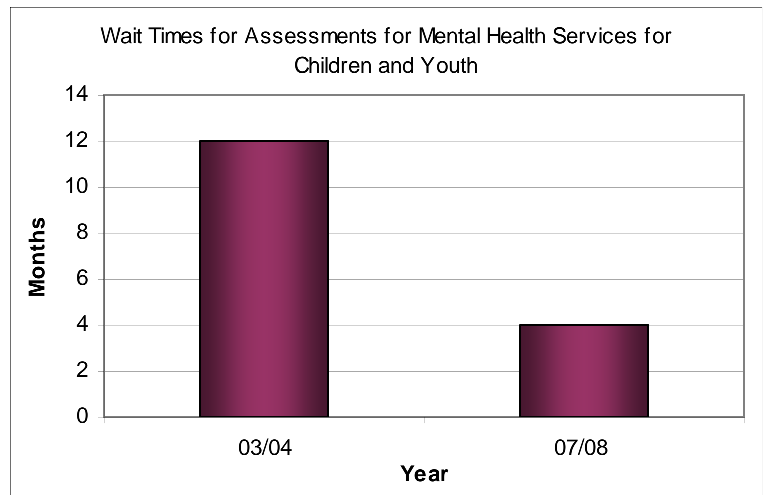
Where Do We Want to Be in the Future?
Given that families may chose not to avail themselves of mental health services (no-show) after initially making a referral or that the difficulties may settle prior to the initial assessment, the Department of Health has set a target of 80% of the "90 days" standard to be met at any given time.

Outcome: Increased Access to Mental Health Services for Children and Youth

Wait Times for Assessments

One of the Department of Health's core business areas is Mental Health, Children's Services & Addiction Treatment. A desired outcome is to have increased access to mental health services for the child and youth population.

What Does the Measure Tell Us?
Given that many mental health disorders develop in adolescence and given that early intervention at any age improves outcomes over the lifespan, it is essential that children and youth have timely access to mental health services. A way to measure improved access to mental health services for the child and youth population is to track the wait times that this population encounters for assessments.



Source: Mental Health, Children's Services and Addiction Treatment, Nova Scotia Department of Health

Where Are We Now?
In 2007-2008, there was an interim target of 3 to 6 month wait for assessment – Out of the 8 DHAs and the IWK who see children and youth, 6 were meeting this 3 to 6 month target. The remaining 3 have wait times of 7–11 months. The average wait-time for the 8 DHAs and the IWK was 4 months.

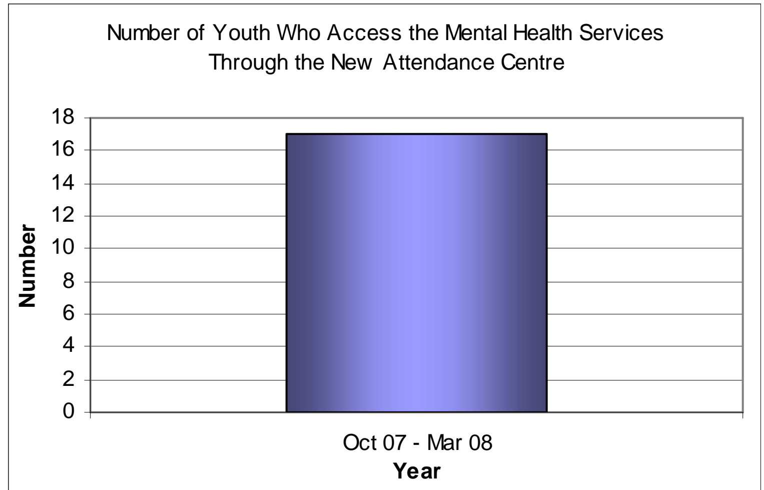
Where Do We Want to Be in the Future?
The Department of Health has set a target of 3 months wait for assessment.

Outcome: Increased Utilization of Mental Health Services Through the New Attendance Centre (partnership with the Department of Justice), by Youth Involved with the Law

The Number of Youth who Access the Service

One of the Department of Health's core business areas is Mental Health, Children's Services & Addiction Treatment. A population of youth involved with the youth justice system accessing mental health services through the Halifax Youth Attendance Centre is a desired outcome in Mental Health Services.

What Does the Measure Tell Us?
The Halifax Youth Attendance Centre was opened in October 2007. In partnership with the Department of Justice, Heath was asked to provide mental health services to this vulnerable population of youth. As the program was implemented, the number of youth accessing this team was collected.



Source: Mental Health, Children's Services and Addiction Treatment, Nova Scotia Department of Health

Where Are We Now?
Between October 2007 and March 2008, 17 youth were seen by the mental health team.

Where Do We Want to Be in the Future?
The Department of Health's goal is to continue to make available mental health services and to ensure all youth accessing the Halifax Youth Attendance Centre who require these services, receive them.

Outcome: Timely Court Ordered Mental Health Assessments for Youth Involved with the Law

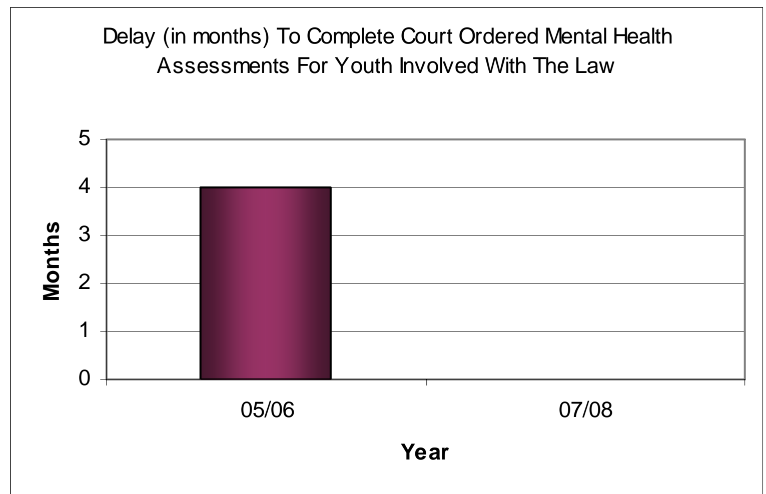
The Number of Assessments Completed within the Time Line Set Out by the Court

One of the Department of Health's core business areas is Mental Health, Children's Services & Addiction Treatment. A desired outcome in this area is to have court ordered assessments for youth involved in the youth justice system, completed within the designated timeframe.

What Does the Measure Tell Us?
This measure shows an increase in the total number of assessments that are completed within the time line set out by the court.

Where Are We Now?
With additional resources in place in 2007-2008, there was no delay in court ordered assessments. (Value is 0 in graph).

Where Do We Want to Be in the Future?
The Department of Health has set a target to maintain the status quo of no delay for the delay of court ordered assessments.



Source: Mental Health, Children's' Services and Addiction Treatment NS Dept of Health

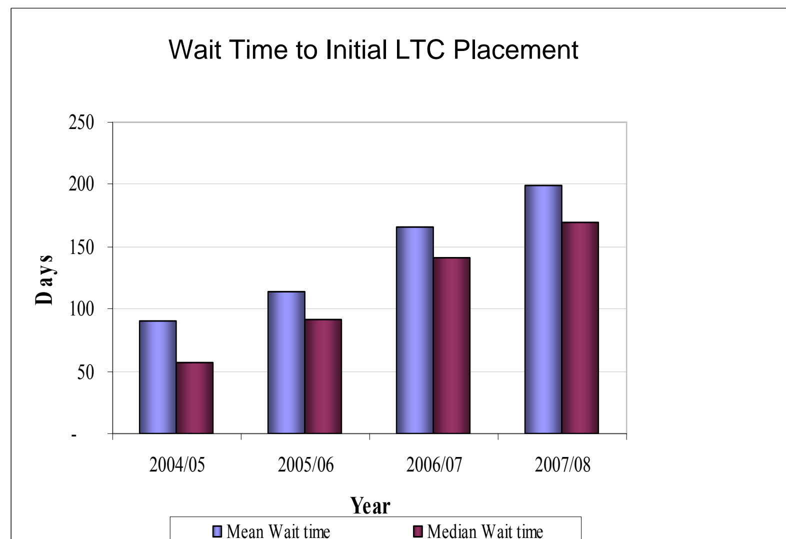
CORE BUSINESS AREA: CONTINUING CARE SERVICES

Outcome: Access to Long-Term Care Services

Amount of Time Clients Wait for Service

Wait times and access to specialized healthcare services such as long term care and homecare remains the number one barrier for older adults and their families to access appropriate care to support their needs. The DoH's Continuing Care Branch contributes to the integrated continuum of care by providing a range of settings for delivery of health services including home, community and residentially based services. Care is provided in a manner that enables the individual to live as independently as possible in the community or in a residentially based service. While the majority of clients are seniors, services are also provided to younger adults.

One way in which timeliness of these services is measured is through the collection of wait time data. Although only one element of the broader access to care issue, wait times are seen as an important measure of system efficacy and coordination.



Source: SEAscape Database, NS Dept of Health[1]

What Does the Measure Tell Us?

Reporting wait time data not only allows service providers to assess, prioritize and manage clients but also allows users to understand the timing of their care. While an efficient health care system has some level of "wait" inherent, reduced wait times are generally interpreted as reflecting improved service delivery.

Wait times for admission into a long term care facility are measured by counting the number of calendar days from the date of the completed assessment to the date of admission. We have represented the data using two different methods – mean and median wait time. The mean or average does not represent any one person's wait and may be skewed by only a few people waiting a very short time and another waiting a very long time. Unlike the average, the median is not generally influenced by one or two very unusual cases and is therefore a more appropriate statistical measure for wait time data as it shows the half-way point for the length of the wait. The median is another way of reflecting the wait time of a 'typical' client.

Where Are We Now?

Nova Scotians have consistently identified timely access to quality care as their foremost priority for healthcare improvement. Wait times to enter Long Term Care has continued to rise over the past

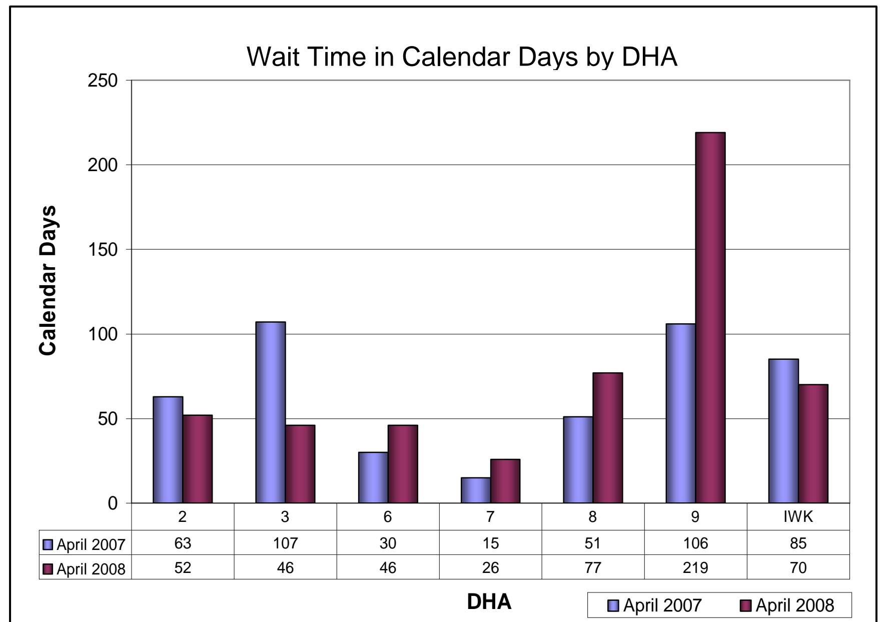
few years however; there are some areas of the province where the wait is in fact very short. In 2007-2008 the average wait time was 199 days. In 2006-2007 the average wait time was 166 days. In 2005-2006 the average wait time was 113 days. As a result of recent trends which impact the drivers of health care utilization more Nova Scotians are seeking long term care placement, resulting in longer wait times.

Where Do We Want to Be in the Future?
It is our goal to ensure that Nova Scotians have appropriate access to Home Care and Long Term Care services. As part of its Continuing Care Strategy, DoH is committed to opening new beds in a planned way across the province by 2010 and expects these wait times will improve as we implement that plan over the next few years. Our ultimate target for Wait Time to LTC is a median wait of 90 days by 2011-2012. Our strategy also includes providing enhanced support for people to stay in their homes longer and target new funds to programs and services that make the most impact in our communities.

[1] The figures for 2004-2005, 2005-2006 and 2006-2007 differ slightly from the figures in the 2006-2007 Accountability Report. A more accurate methodology is currently used and therefore the figures were re-calculated using this methodology.

CORE BUSINESS AREA: ACUTE & TERTIARY CARE

Outcome: Nova Scotians will have Improved Timely Access to Select Acute & Tertiary health care/programs



	2	3	6	7	8	9	IWK
April 2007	63	107	30	15	51	106	85
April 2008	52	46	46	26	77	219	70

Source: NS Wait Times Website data, collected monthly from Diagnostic Imaging contacts. (Prospective data collected in April 2007 and 2008).

Wait Times in Calendar Days for MRI

One of the Department of Health's core business areas is Acute and Tertiary Care. A desired outcome in this area is improved timely access to select acute & tertiary health care, with diagnostic imaging services in particular. Examining the wait time for MRI services across Nova Scotia serves as one method of monitoring progress in this core area.

What Does the Measure Tell Us?
This measure describes prospective MRI wait time in calendar days during April 2007 and April 2008, by DHA.

Where Are We Now?
Based on this data, the prospective wait time for an MRI has decreased at Yarmouth Regional Hospital, (DHA 2), Valley Regional Hospital (DHA 3), and the IWK in Halifax. In contrast, prospective wait time for an MRI has increased in Aberdeen Hospital (DHA 6), St. Martha's Regional Hospital (DHA 7), Cape Breton Regional Hospital (DHA 8), and the QEII (DHA 9).

Where Do We Want to Be in the Future?
The Department's target for fiscal year 2007-2008 was a 20% reduction in wait time for MRI. Before assessing progress towards this target, the challenges of this measure must be addressed. The available data used for this report refers to monthly prospective (forecasted) wait time, rather than actual retrospective reported wait time. Another consideration is the volume of MRI exams performed at each facility, which, if available, would provide important context for better interpretation of this data. Both retrospective wait time and volume data are being considered for further wait time reporting purposes. This in mind, DHA 3 (Annapolis Valley) demonstrates decreased wait time for MRI services at Valley Regional Hospital by over 20%, based on this data. In 2007, the addition of new MRI scanning equipment provided a ratio of one MRI to every 117,500 people. With the addition of this new technology, the Department hopes to boast improved access to these services across the province over the next few years.

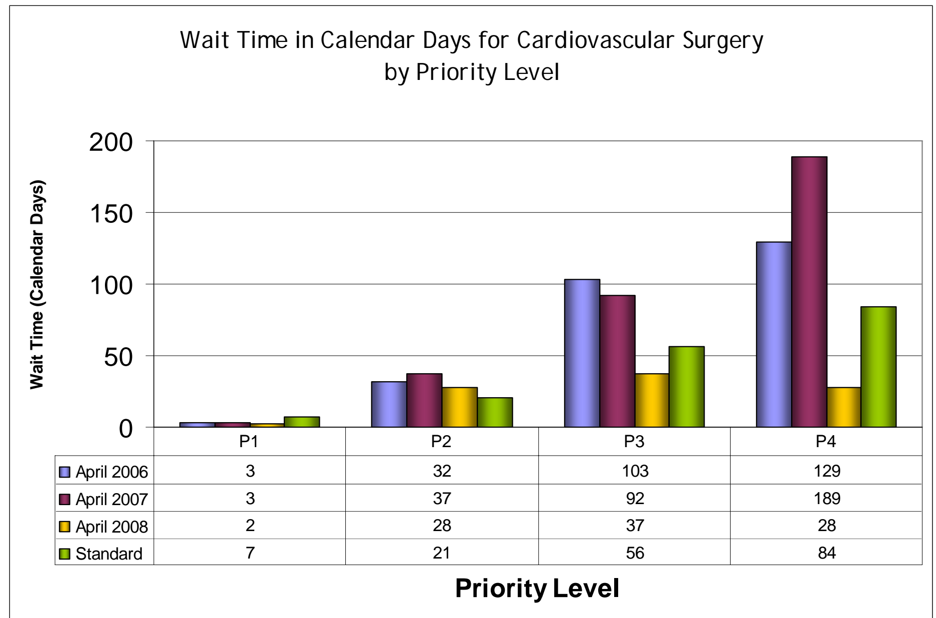
Wait Times in Calendar Days for Cardiovascular Surgery

One of the Department of Health's core business areas is Acute and Tertiary Care. A desired outcome in this area is improved timely access to select acute & tertiary health care, with surgical procedures in particular. One method of monitoring progress in this area is to examine the wait time for cardiovascular surgery.

What Does the Measure Tell Us?
This measure monitors the wait time in calendar days for cardiovascular surgery, by priority level. Specifically, this refers to non-emergency coronary artery bypass graft (CABG) surgeries and heart valve surgeries performed at Capital DHA (DHA 9) facilities, for the month of April 2006–2008. Actual wait times are compared against provincially-established standard wait times.

Where Are We Now?
DHA 9 is meeting 3 of 4 provincial wait time standards. Specifically, patients being categorized as priority levels 1, 3, and 4 are being treated within the standard time frames of 7, 56, and 84 days, respectfully. In contrast, priority level 2 patients wait approximately one week longer, on average, than the standard of 21 days.

Where Do We Want to Be in the Future?
Work has been done in this area. Efforts will continue to improve access to cardiac surgery so patients in all four priority levels will be treated well within the provincial standard wait time.



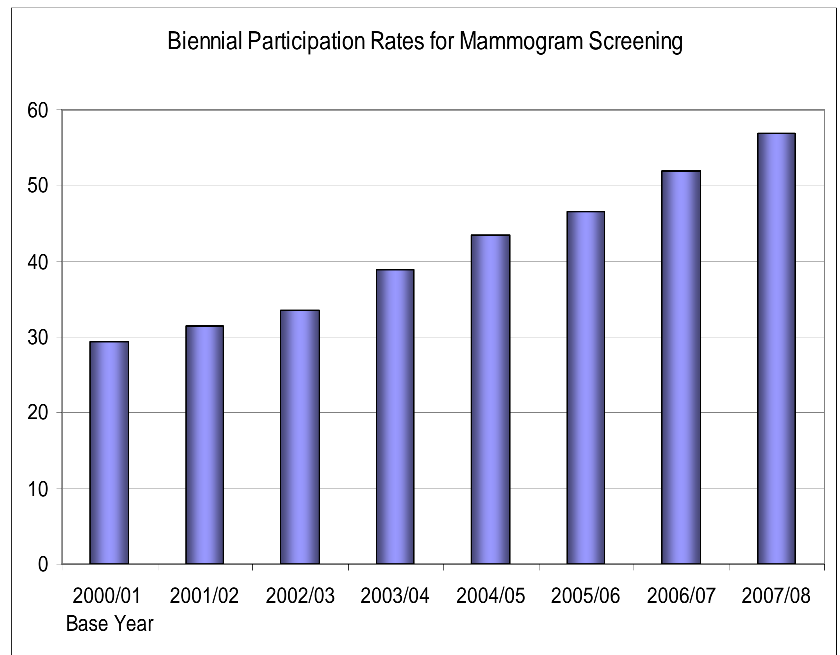
	P1	P2	P3	P4
April 2006	3	32	103	129
April 2007	3	37	92	189
April 2008	2	28	37	28
Standard	7	21	56	84

Source: NS Wait Times Website data, collected monthly from CDHA (April 2006 - 2008).

Participation in Provincial Breast Screening Program

One of the Department of Health's core business areas is Acute and Tertiary Care. A desired outcome in this area is improved timely access to select acute & tertiary health care and programs. One way in which access to services can be measured is by examining breast screening participation rates acquired from the Nova Scotia Breast Screening Program (NSBSP).

What Does the Measure Tell Us?
This measure indicates the biennial participation rate in mammogram screening (one mammogram every two years) for women aged 50-69 in Nova Scotia.



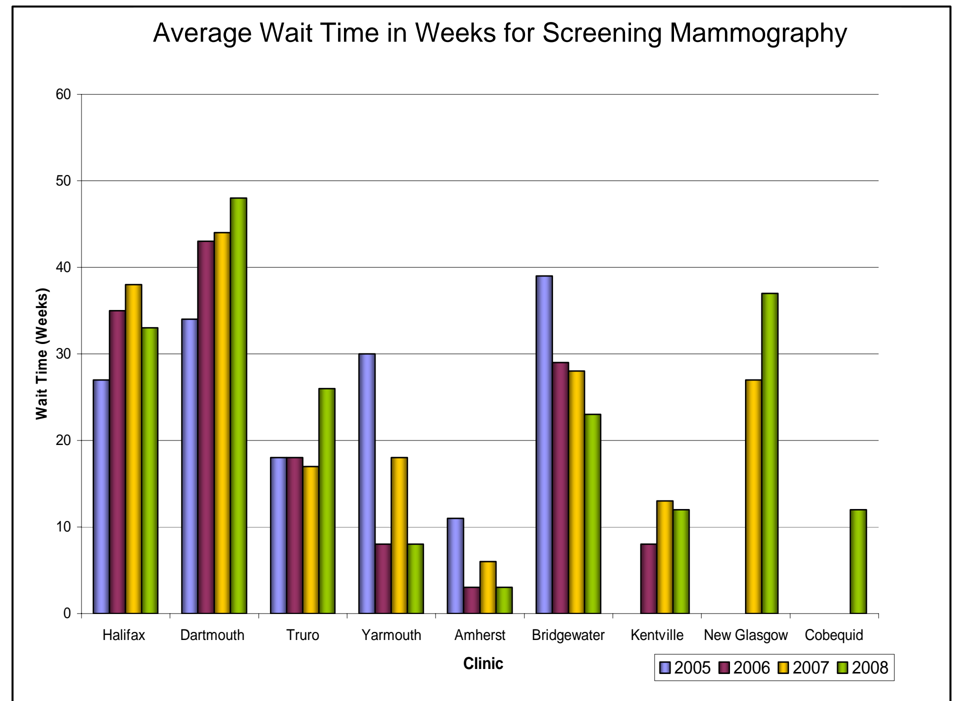
Source: Nova Scotia Breast Screening Program, 2008.

Where Are We Now?
As the graph illustrates, screening mammogram participation in the NSBSP continues to increase steadily. Specifically, over 55% of female Nova Scotians aged 50-69 received screening mammograms in 2006/2007.

Where Do We Want to Be in the Future? The national standard for screening mammography among women aged 50-69 is a 70% biennial participation rate. Women over the age of 50 are advised to obtain a screening mammogram at least once every two years. According to trending data from the NSBSP, there appears to be a gradual increase in the biennial screening mammography participation rate among women in this age group in Nova. With upwards up 55% participation at present, this goal of 70% appears tangible in the near future of the program.

Wait Times in weeks for Breast Screening

One of the Department of Health's core business areas is Acute and Tertiary Care. A desired outcome in this area is improved timely access to select acute & tertiary health care and programs. One way in which access to services can be measured is by examining average wait time for breast screening by year, acquired from the Nova Scotia Breast Screening Program (NSBSP).



Source: Nova Scotia Breast Screening Program, 2008.

What Does the Measure Tell Us?

This measure indicates the average wait time in weeks for a screening mammogram, by year in Nova Scotia.

Where Are We Now?

As the graph illustrates, certain clinics are currently experiencing a decrease in the wait time for screening mammography (Halifax, Yarmouth, Amherst, Bridgewater, and Kentville). As noted in the prior performance measure on screening mammography participation, more and more Nova Scotians are participating in this program around the province, and this increase in participation has contributed to increased wait times in Dartmouth, Truro, and New Glasgow.

Where Do We Want to Be in the Future?

In the future, to ensure timely access to screening mammography around the province, participation rates and wait times will continue to be monitored. With the recent additions of the New Glasgow and Cobequid clinics, it is hoped that wait times will, at the least, be held constant at each respective clinic.

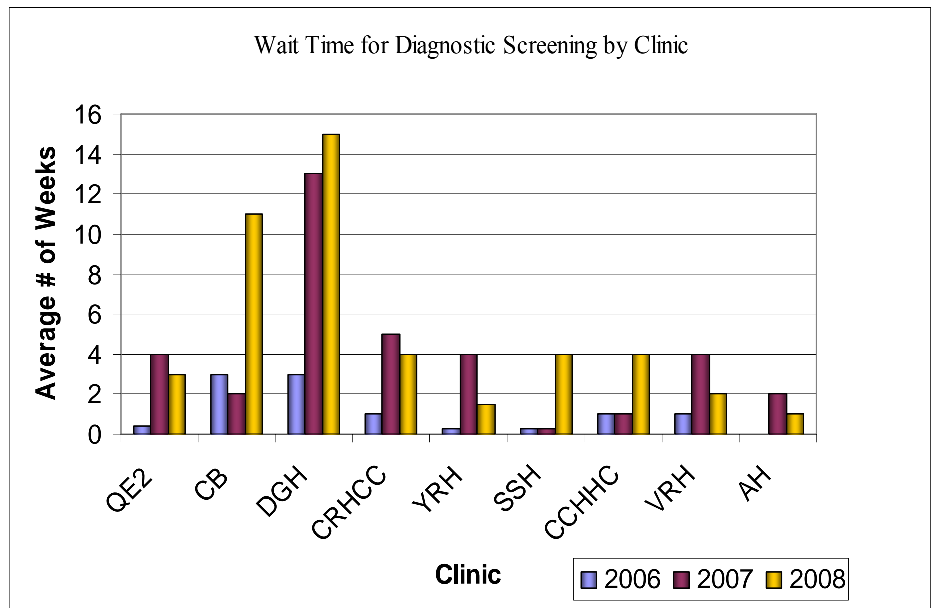
Wait Times in Weeks for Diagnostics

One of the Department of Health's core business areas is Acute and Tertiary Care. A desired outcome in this area is improved timely access to select acute & tertiary health care and programs. Monitoring the wait time for diagnostic breast screening from the Nova Scotia Breast Screening Program (NSBSP) is one means of assessing progress towards improved timely access.

What Does the Measure Tell Us?
This measure indicates the retrospective wait time for diagnostic breast screening at the nine sites across Nova Scotia.

Where Are We Now?
At present, with the exception of Cape Breton Regional and Dartmouth General Hospital, patients awaiting diagnostic breast screening wait 4 weeks or less for the procedure.

Where Do We Want to Be in the Future?
In the future, the NSBSP will continue to be the central booking system for both screening and diagnostic mammograms across the province. With increased participation in the screening mammogram program comes enhanced need for diagnostic mammograms. With this in mind, the NSBSP will work to ensure that wait times for this procedure do not increase significantly, and that access to this procedure remains stable across the province.

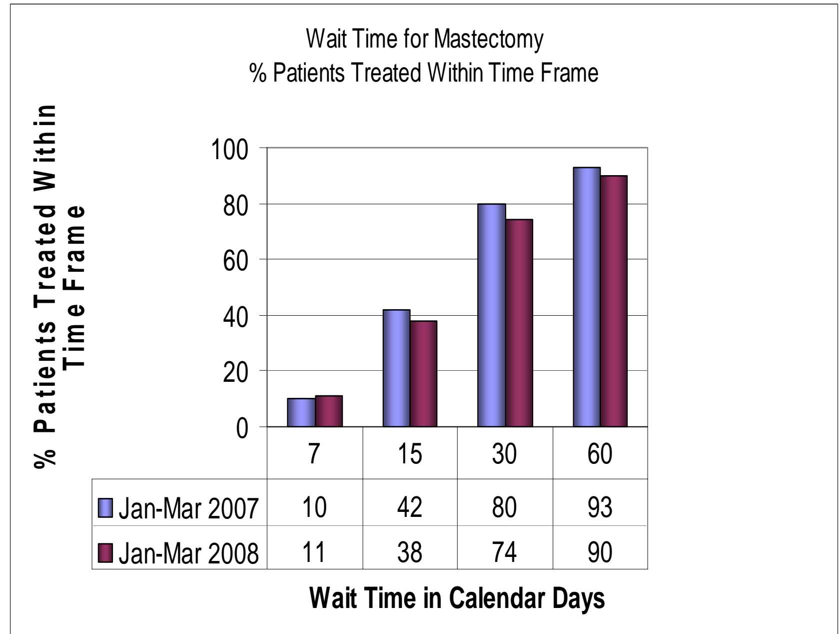


Source: Nova Scotia Breast Screening Program

Wait Times Weeks for Mastectomy Surgery

One of the Department of Health's core business areas is Acute and Tertiary Care. A desired outcome in this area is improved timely access to select acute & tertiary health care and programs, with surgical procedures in particular. One approach to evaluating progress towards this outcome is to monitor the wait time for mastectomy surgery.

What Does the Measure Tell Us?
This measure indicates the wait time in calendar days for mastectomy surgery, within defined time frames. Specifically, this refers to the percentage of mastectomy patients treated within 7, 15, 30, and 60 days, respectively.



Source: NS Wait Times Website data, collected monthly from Diagnostic Imaging contacts. (Data collected Jan-Mar 2007 and 2008).

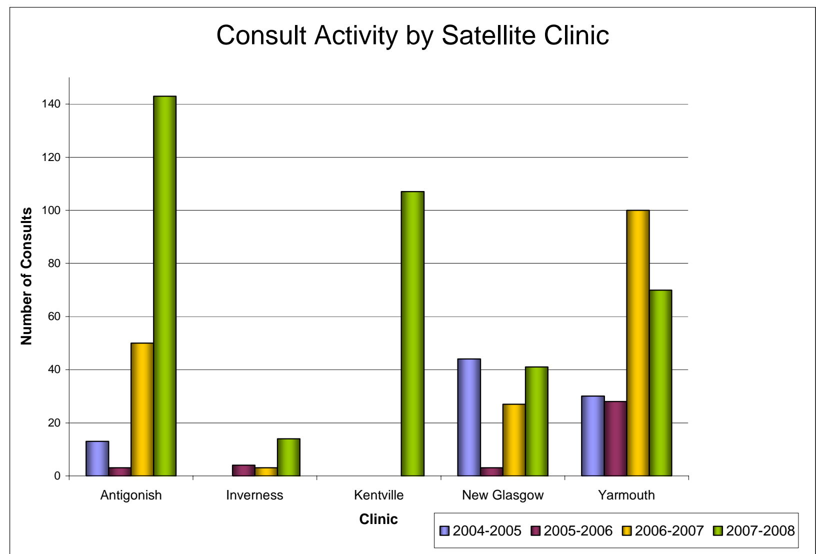
Where Are We Now?
The percentage of patients receiving their mastectomy surgery within the time frames of 1, 15, 30, and 60 days has remained relatively stable over the last year. Approximately 90% of patients are treated within 2 months.

Where Do We Want to Be in the Future?
Moving forward, the Department will continue to make wait times a priority. In particular, improving the wait time for mastectomy surgery will remain an objective, with more patients receiving their treatment faster.

Outcome: High Quality, Standardized Cancer Care for Nova Scotians will be Delivered as Close to Home as Possible

The Number of Consults Seen in the Established Satellite Clinics

One of the Department of Health's core business areas is Acute and Tertiary Care. A desired outcome in this area is delivering high quality, standardized cancer care for Nova Scotians as close to home as possible. One way to assess progress towards this goal is by monitoring participation in the five satellite oncology clinics, established by Cancer Care Nova Scotia (CCNS) across the province.



Source: Cancer Care Nova Scotia

What Does the Measure Tell Us?
This graph reflects consultation activity amongst the five established satellite medical oncology clinics across the province (Antigonish, Inverness, Kentville, New Glasgow, and Yarmouth).

Where Are We Now?
Although it should be noted that there is significant fluctuation between sites and fiscal periods, there is a general trend towards increased participation in these clinics across the province. Where data was available, all sites demonstrated significant increases in participation from 2006-2007 to 2007-2008, with the exception of Yarmouth. In addition, Kentville, the most recently established site, boasts 107 consultations in its first year of operation.

Where Do We Want to Be in the Future?
Moving forward, the Department of Health and CCNS hopes that increased participation in these clinics will continue. By supporting these clinics around the province, we are working towards the goal of having more Nova Scotians receiving enhanced cancer care closer to home.

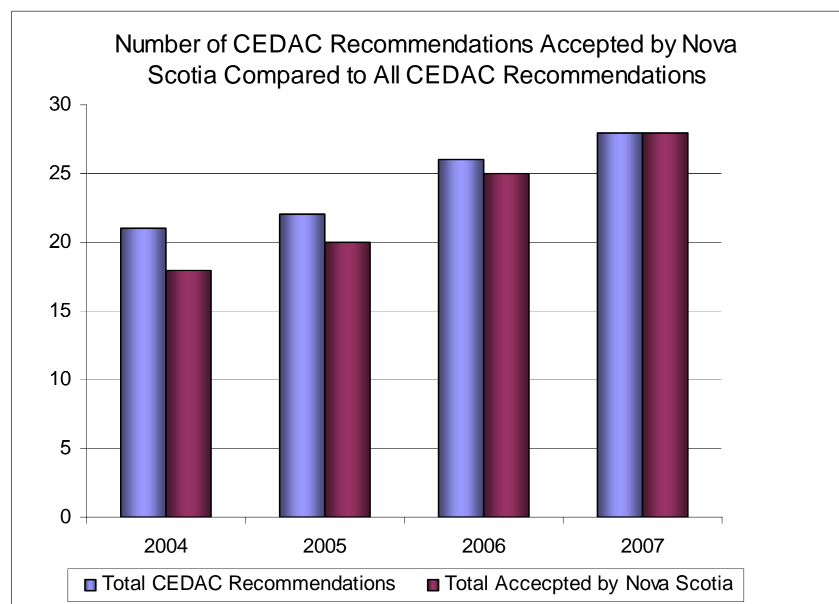
CORE BUSINESS AREA: PHARMACEUTICAL SERVICES

Outcome: Adequate Prescription Drug Coverage for All Seniors

Total number of CEDAC Recommendations Accepted by Nova Scotia Compared to All CEDAC Recommendations

One of the Department of Health's core business areas is Pharmaceutical Services. A desired outcome in this area is adequate prescription drug coverage for all seniors. One way in which adequate prescription drug coverage for all seniors can be measured is by monitoring the uptake of evidence-based recommendations by
the Canadian Expert Drug Advisory Committee (CEDAC) for drug coverage under the Pharmacare Programs.

What Does the Measure Tell Us?
The measure monitors the uptake of CEDAC recommendations for drug coverage under the Nova Scotia Pharmacare Programs.



Source: Canadian Agency for Drug Technologies in Health

Where Are We Now?
In 2007-2008 Nova Scotia reviewed 28 CEDAC recommendations and accepted all 28 recommendations, or 100%. 4 CEDAC recommendations recommendations are currently being reviewed and 1 recommendation is not applicable to the Nova Scotia Pharmacare programs.

CEDAC made recommendations on 28 drugs in 2006-2007. 2 of the 28 drugs were withdrawn from the Canadian market by their manufacturer. Of the remaining 26 recommendations, 25 were accepted by the Nova Scotia Pharmacare Programs. The remaining recommendation is on hold in all jurisdictions pending clarification of the CEDAC recommendation with respect to a patient registry. In 2004-2005, 18 of the 22 recommendations made by CEDAC were accepted in Nova Scotia and in 2005, 20 of 22 recommendations made by CEDAC were accepted in Nova Scotia.

The time interval between when the CEDAC recommendation was made and the medication was put on the Nova Scotia Formulary was 14 days faster in Nova Scotia than other Canadian jurisdictions.

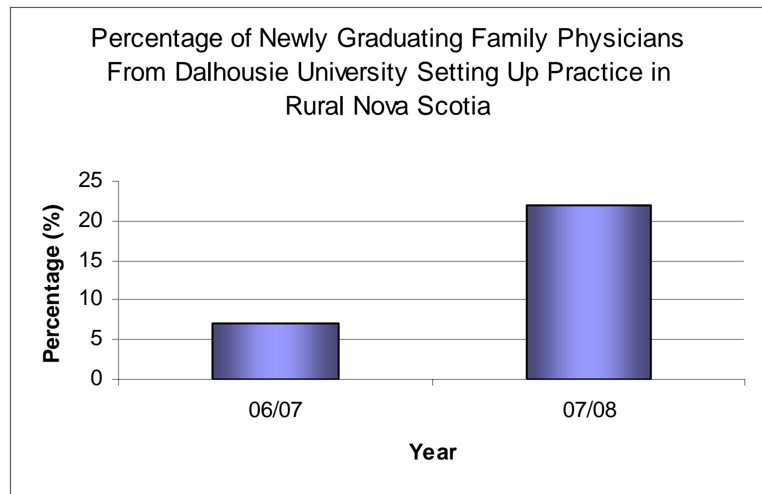
Where Do We Want to Be in the Future?
The target is to continue to accept all CEDAC recommendations unless there are valid reasons for not doing so.

CORE BUSINESS AREA: PHYSICIAN SERVICES

Outcome: Successful Recruitment Rates of Graduating Family Physicians from Dalhousie University

<u>Percentage of Newly Graduating Family Physicians from Dalhousie University Setting up Practice in Rural Nova Scotia</u>

One of the Department of Health's core business areas is Physician Services. A desired outcome in this area is access to quality health care. One way to enhance access is by increasing the percentage of newly graduating family physicians from Dalhousie University setting up practice in rural areas.



Source: Physician Database, NS Dept of Health

What Does the Measure Tell Us?
One measure of the supply and distribution of health personnel is the percentage of newly graduating family physicians from Dalhousie University setting up practice in rural Nova Scotia. The Physician Services Branch defines a rural area as any place in Nova Scotia other than Halifax, Dartmouth, Bedford or Lower Sackville.

Where Are We Now?
This is a new measure. In June 2008, 40 students graduated from Dalhousie University as family physicians with 4 of these graduates continuing further studies in sub-specialties. 16 of these physicians have established practice in NS and 8 of these 16 physicians set up practice in rural Nova Scotia. This represents 22% (8/36) of all family physician graduates from Dalhousie who set up practice in rural Nova Scotia. This surpasses the target for 2007-2008, which was to have a recruitment rate of 10%.

Where Do We Want to Be in the Future?
Nova Scotia's target is to annually recruit 30% of family physicians graduating from Dalhousie to work in Nova Scotia by 2015. The Department of Health has continued to support physician recruitment initiatives throughout the province through its Physician Recruiter and via website listings of vacancies, a recruitment guide, advertising, and incentives.