



DEPARTMENT OF HEALTH

ANNUAL ACCOUNTABILITY REPORT FOR THE FISCAL YEAR 2008-2009

TABLE OF CONTENTS

Accountability Statement	3
Message from the Minister of Health.....	4
Introduction	5
Priorities and Departmental Accomplishments	7
Priority 1: Enhance the quality-focused integrated services delivery system:	
Reducing Wait Times.....	7
Progress on Continuing Care.....	8
Safer and Healthier Communities through Mental Health & Addiction Treatment Services.....	8
Priority 2: Develop a comprehensive primary health care system for all:	
Supporting Individuals and Families through Primary Health.....	9
Priority 3: Ensure a high quality health system work force:	
Strengthening Health Human Resources.....	11
Nursing Strategy.....	11
Collaboration with Physicians.....	12
Priority 4: Strengthen governance and accountability across the continuum:	
Provincial Health Services Operational Review (PHSOR) – Implementation	12
Priority 5: Create comprehensive Information technology and Electronic Health Record	13
Priority 6: Engage Nova Scotians in the health system:	
Provincial Health Services Operational Review (PHSOR) – Citizen Engagement	13
Corporate Support:	
Human Resources Corporate Service Unit – Public Service Commission	14
Financial Results	16
Performance Measures/Outcomes	18

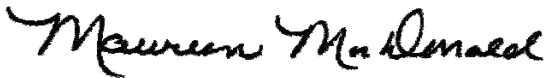
Annual Accountability Report for the Year 2008 - 2009

Department of Health

Accountability Statement

The accountability report of the Department of Health for the year ended March 31, 2009, 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 2008-2009. 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 Maureen MacDonald
Minister of Health



Kevin McNamara
Deputy Minister of Health (Acting)

Message from the Minister of Health

It gives me great pleasure to present the Accountability Report for the Department of Health for 2008-09.

During this first year under Health Transformation – the implementation of the recommendations of the Public Health Services Operational Review report – much activity in the department related directly or indirectly to the 103 Corpus Sanchez recommendations, all of which the government accepted.

Improving the system's timeliness in responding to Nova Scotians' health care needs strongly motivates Health Transformation. An orthopedic assessment clinic at Capital Health that increased the numbers of hip and knee replacements by 16% and 23% over last year is one example of successful innovative change.

Innovative projects demonstrated the department's commitment to providing services in communities, including introducing new professionals to primary health care teams and implementing two projects aimed at helping children and youth experiencing mental health difficulties. The Your Way to Wellness Program, a peer-led self-management program for people with chronic disease, was also launched across the province with more than 200 participants during the year. We are on track to open Debert Court this Spring in Colchester County, the first of 11 new long-term care facilities announced by the province in December 2007.

Support to families this year took a significant step forward with the contracting of an operator for the provincial telecare service, HealthLink 811, that begins in 2009. The service will provide 24/7 access to a nurse who can provide health care advice.

Highly qualified and satisfied human resources are fundamental to delivering health care. The Five-Year Physician Master Agreement finalized this year will help to ensure Nova Scotia continues to have one of Canada's highest ratios of doctors to citizens. Investments in human resources for continuing care and for interdisciplinary teams and support positions also took place. The province added educational seats for RNs, practical nurses, medical laboratory technicians and other health care professionals and support team members.

Our health system faces many of the challenges faced by other provinces and even other countries: all are competing for health professionals, all are working to improve access to care and to improve efficiency. But in Nova Scotia, we are succeeding at finding ways to support health care and allied professionals, to provide the right service in the right place and to give Nova Scotians the health care they need and deserve.

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 2008-2009 fiscal year. This report should be read in conjunction with the 2008-2009 Business Plan (available on the Department of Health's web site at <http://www.gov.ns.ca/health/>).

The report is structured in tandem with the Business Plan and states key departmental and health system accomplishments for 2008-2009, financial performance; and health system performance measures and outcomes.

The Department established six strategic priorities in 2007-2008 (in conjunction with District Health Authorities or DHAs) that would assist in accomplishing the Departmental Vision and Mission. These six strategies still remained the focus for the 2008-2009 year.

Priority 1: Enhance the quality-focused integrated service delivery system

Priority 2: Develop a comprehensive primary health care system for all

Priority 3: High quality health system workforce

Priority 4: Strengthen governance and accountability across the continuum

Priority 5: Create comprehensive Information technology and Information Management systems

Priority 6: Engage Nova Scotians in the health system

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

This was the Mission of the Department of Health in 2008-2009. 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:

- providing strategic leadership, direction, and standards for health services
- ensuring availability of quality health care
- monitoring, evaluating, and reporting on performance and outcomes
- funding health services

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 Strategy, Standards, Solutions and Services (IS4), (the newly expanded office from IS3 in 2008-2009), Program Delivery, Office of the Nursing Advisor, 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 2008-2009

Priority 1: Enhance the quality-focused integrated service delivery system

Strategic Actions	Accomplishments
<p><i>Reducing Wait Times</i></p> <ul style="list-style-type: none"> ➤ Increase spending on colorectal cancer screening in an effort to reduce wait times. <p><i>Generally it takes several years to see the benefits of a population based health screening program. However the expected outcome is a decrease in mortality and a reduction of newly diagnosed cases once the program is fully implemented across the province.</i></p> <ul style="list-style-type: none"> ➤ Make new investments to reduce wait times for mental health and addictions services, particularly for children and youth. ➤ Treat more orthopedic patients through the demonstration project with Capital Health and Scotia Surgery Inc. ➤ Work with the Bone and Joint Decade Initiative by establishing an assessment clinic to increase access for orthopedic patients with a goal to reach nationally accepted wait time standards. ➤ Continue to increase investment in health professionals, equipment, technology, and information 	<p>On March 25, 2009 Cancer Care Nova Scotia launched the first phase of the Colon Cancer Prevention Program in GASHA, South Shore Health, and Cape Breton District Health Authority. Currently screening kits are being mailed to persons between the age of 50 and 74 in these DHAs.</p> <p>A number of new initiatives have been implemented including the Family Help Program in Cape Breton DHA and the Child Welfare Mental Health Project. Two mental health clinicians have been funded to provide more timely access to service for children and youth involved with the child welfare system who experience mental health difficulties.</p> <p>A total of 485 minor orthopedic procedures were performed for patients at Scotia Surgery, in the process freeing up OR time for more complex procedures like hip and knee procedures in Capital Health. This pilot project has been funded for an additional year (2009/10).</p> <p>The Orthopedic Assessment Clinic was established at Capital Health, acting as a central intake for referrals for all patients needing orthopaedic assessment or consultation. An additional 134 hip replacements were completed during 2008/09 over 2007/08, an increase of 16%. 245 additional knee replacements were completed during 2008/09 over 2007/08, an increase of 23%.</p> <p>Recruitment and retention initiatives are ongoing, and in addition to major investments in Diagnostic Imaging capacity over the past number of years,</p>

Strategic Actions	Accomplishments
<p>management to reduce wait times now and in the future.</p>	<p>Nova Scotia is implementing the Patient Access Registry (PAR NS) which will provide complete information about surgeon waitlists and patient wait times, DHAs, and family physicians. PAR NS will be implemented by July 2010.</p>
<p><i>Progress on Continuing Care</i></p> <ul style="list-style-type: none"> ➤ Continue to expand capacity in programs such as respite, dementia, home repair/adaptation. <p><i>The increase in the number of Respite Days and Adult Day Spaces across the province will allow family caregivers to take more time away while their loved ones are given quality care in a safe environment.</i></p> <ul style="list-style-type: none"> ➤ Develop innovative service models for occupational therapy/physiotherapy in the home and Adult Day Services ➤ Implement a provincial Caregiver Strategy 	<p>Respite care in a long-term care facility was increased from 28 days to 60 days per year; 11 Challenging Behaviour Resource Consultants were filled and 10 are implemented; P.I.E.C.E.S (Physical, Intellectual, Emotional, Capabilities, Environment, Social) education programs are now being delivered with NS resources,; \$3.5 million in funding was allocated to DCS to assist with housing adaptation and repair programs targeted to seniors. Canadian Red Cross expanded the specialized bed loan program</p> <p>As part of interim measures identified through consultation with DHAs, \$2 million was budgeted to open 397 new Adult Day spaces in Spring and Summer 2008; research & analysis continue to developing a provincial approach to Adult Day Services.</p> <p>Similarly, \$3.2 million was budgeted for delivery of occupational/physiotherapy. Funding was provided to the DHA's to allow for flexible, innovative programming at the community level. This is an interim project and we are working in parallel to develop a provincial program which will incorporate accountability measures.</p> <p>Although a Provincial Caregiver Strategy has not yet been released, Continuing Care remains committed to developing such a strategy. will continue to meet to identify components that would best responds to the needs of caregivers in NS.</p>
<p><i>Safer and Healthier Communities through mental health and addiction treatment services</i></p> <ul style="list-style-type: none"> ➤ Support Nunn Commission recommendations through two pilot projects: Family Help and Child 	

Strategic Actions	Accomplishments
<p>Welfare Mental Health.</p> <p><i>The Family Help Program in the Cape Breton DHA (CBDHA) is servicing families who are experiencing mild to moderate behavioral difficulties with their children</i></p> <p><i>The Child Welfare Mental Health Project is a partnership between the IWK Mental Health and Addictions Program, and Central Region Child Welfare Services.</i></p> <ul style="list-style-type: none"> ➤ Invest to increase access to quality methadone maintenance treatment services and support for enhanced services for the rural women and youth initiative <p><i>This program will contribute to; increased health for opiate dependent clients; decreased harms associated with opiate use; a reduction of needle usage, a reduction of illegal substance use; an increase of treatment options for those who have not accessed Addictions Services previously.</i></p> <ul style="list-style-type: none"> ➤ Develop a comprehensive child and youth strategy which focuses on early intervention, supports for families and support to youth at risk. 	<p>Families have received timely, appropriate service contributing to a reduction in regular referrals numbers. An evaluation report is anticipated in Spring 2009.</p> <p>Two mental health clinicians have been funded to provide more timely access to service for children and youth involved with the child welfare system who experience mental health difficulties.</p> <p>A methadone maintenance treatment program was developed for Truro. Targeted to begin service in September, 2009.</p> <p>The Department continues to work in collaboration with Community Services, Health, Education, Health Promotion and Protection, and Justice to improve services for children and youth.</p>

Priority 2: Develop a comprehensive primary health care system for all

Strategic Actions	Accomplishments
<p><i>Supporting Individuals and families through primary health</i></p> <ul style="list-style-type: none"> ➤ Expand the Community Paramedicine Model. 	<p>The department continued to examine underlining principles of community paramedicine and identify communities that would benefit from the model. In 2009-2010, collaboration with DHAs to plan and</p>

Strategic Actions	Accomplishments
<p>➤ Create a Nurse Call-Line (Telecare) – a toll-free line that will provide health advice and information (by registered nurses) to Nova Scotians 24 hours a day</p> <p><i>Results of these accomplishments will ensure that Nova Scotians are aware of the opportunity for improved access to Primary Health Care.</i></p> <p>➤ Continue work on the development of population needs-based planning methodologies.</p> <p>➤ Expand and support primary health care teams to include a variety of health disciplines.</p> <p>➤ Implement a peer-led self-management program for individuals with chronic disease.</p> <p>➤ Develop tools to support primary health care providers in adhering to best practices.</p>	<p>introduce the deployment of these models in other communities based on population need, readiness and resources will take place.</p> <p>McKesson Canada was contracted in March 2009 through an RFP process as the Operator for the provincial Telecare service, HealthLink 811.</p> <p>HealthLink 811 will begin on July 29, 2009.</p> <p>A mapping process, taking into account social and health status indicators, was developed to help identify areas within the province in need of additional primary health care service provisions.</p> <p>Funding was approved in 2008/09, with a number of new positions being filled for interdisciplinary team and support positions, including nurse practitioners, midwives, registered nurses, a social worker, dietitians, a physiotherapist, and an occupational therapist.</p> <p>Department of Health also supported clinical education days for collaborative interdisciplinary teams across the province, and began the process of updating a series of education modules for interdisciplinary teams.</p> <p>The <i>Your Way to Wellness Program</i> was launched province-wide with 25 sessions of over 200 participants. Program coordinators have been established in each of the DHAs.</p> <p>An inventory of existing provincial clinical practice guidelines was completed. A website to support easy access to these guidelines for health providers will be launched in 2009.</p> <p>A scan of self-management education programs for health providers was completed.</p>

Strategic Actions	Accomplishments
<ul style="list-style-type: none"> ➤ Provide resources to increase the number of practices using the EMR over the next three years. ➤ Lead the development of an Aboriginal Health Policy Framework. 	<p>In collaboration with Physician Services, physician incentives to support CDM best-practice for post Myocardial Infarction and Diabetes were developed.</p> <p>Support for the adoption of province’s Electronic Medical Record program through provincial and Master Physician Agreement funding has continued.</p> <p>An Advisory Committee was established and a Project Coordinator and Evaluator have been contracted to proceed with the development of the Aboriginal Health Policy Framework.</p> <p>In addition, work continues on a number of Health Canada funded multi-year Aboriginal Health Transition Fund projects.</p>

Priority 3: Ensure a high quality health system work force

Strategic Actions	Accomplishments
<p><i>Strengthening Health Human Resources</i></p> <ul style="list-style-type: none"> ➤ Implement funding to recruit, train, and retain health care workers to staff greatly expanded home-care and long-term care services. ➤ Provide funding to develop more nursing seats and support allied healthcare professionals in disciplines of serious need, such as medical laboratory technologists and medical radiological technologists. 	<p>The department has invested approximately 9 million dollars to ensure the right number and mix of health human resources is available to meet the needs of the Continuing Care population in Nova Scotia.</p> <p>Approximately 70 additional nursing seats have been funded as well as 210 Practical Nursing seats (one time only). NSCC has graduated its first class of MLT students. MRT seats are full and a standardized Medical Imaging Assistant will be trained and piloted in the Spring of 2010.</p>
<p><i>Nursing Strategy</i></p> <ul style="list-style-type: none"> ➤ Enter into Phase 2 of the Nursing Strategy initiative. <p><i>This will identify additional ways to create positive settings for nurses to</i></p>	<p>Through The Canadian Federation of Nurses Unions, Nova Scotia obtained funding from Health Canada that is financing a 2 year project focusing on the recruitment and retention of new grads, both LPN and RN and the retention of late career nurses.</p>

Strategic Actions	Accomplishments
<p><i>enable them to deliver quality care now and in the future while attaining professional satisfaction.</i></p>	<p>Respect and civility in the workplace (IWK, Annapolis Valley and Colchester districts) are being addressed through a nationally funded study.</p> <p>A series of assemblies were held to address these issues from the perspective of Nursing Practice Education, that included participants from all DHAs, universities, and NSCC. A plan is being developed based on this work.</p>
<p><i>Collaboration with Physicians</i></p> <ul style="list-style-type: none"> ➤ Collaborate with physicians to optimize the role of physicians in primary care, support practices, improve information technology and management, retain and recruit physicians, and to look at innovative approaches to care and funding. 	<p>The implementation of the new Five-Year Physician Master Agreement has enabled progress to be made in the areas of primary health care, (ie comprehensive patient care incentives and other incentives,) information technology (Electronic Health Record), recruitment and retention (enhanced regional contract rates and rural specialist retention incentives), and innovative funding models.</p>

Priority 4: Strengthen governance and accountability across the continuum

Strategic Actions	Accomplishments
<p><i>Provincial Health Services Operational Review (PHSOR) – Implementation</i></p> <ul style="list-style-type: none"> ➤ Review Model of Care ➤ Review Utilization Management ➤ Initiate a rural health strategy 	<p>The Model of Care initiative brought together patients, family members, and an inter-professional health team to design a different approach to patient care. This addressed people, processes, technology, and information that can contribute to the patient’s care. The new model better enables health professionals to work their full scope of practice with a better team-based approach to care. 14 showcase sites for the new model are being established throughout the province and later will be evaluated.</p> <p>Work on this initiative has been delayed until Year 3 of the initiation plan.</p> <p>Preliminary documentation and processes for approaching this work were developed for the</p>

Strategic Actions	Accomplishments
<ul style="list-style-type: none"> ➤ Deploy integration of continuing care 	<p>anticipated Fall 2009 start up.</p> <p>Significant efforts were made to ensure a smooth transition of appropriate Departmental continuing care responsibilities and staff to District Health Authorities (DHAs) in 2009. This included careful human resource planning and consultation, and clarification of the appropriate roles and responsibilities for the different partners in continuing care. This foundational work allowed for the transition of over 300 staff to the DHAs.</p>

Priority 5: Create comprehensive Information technology and Information Management Systems

Strategic Actions	Accomplishments
<p><i>Electronic Health Record</i></p> <ul style="list-style-type: none"> ➤ Make required health information readily and securely available to clinicians when and where in the province it's needed. <p><i>The Electronic Health Record will improve the delivery of health care in Nova Scotia by making it easier to share health information between health-care providers. Every Nova Scotian will have an electronic health record.</i></p>	<p>Progress on implementing the Electronic Health Record (EHR) – or the Secure Health Access Record (SHARE) has continued. The implementation phase of SHARE is scheduled to be implemented province-wide by March 2010.</p>

Priority 6: Engage Nova Scotians in the health system

Strategic Actions	Accomplishments
<p><i>Provincial Health Services Operational Review (PHSOR) – Citizen Engagement</i></p> <ul style="list-style-type: none"> ➤ Engage citizens on different issues identified in PHSOR. 	<p>The Department engaged health professionals and other citizens in task groups and consultation sessions. There has also been a website established for Health Transformation activities and a newsletter. Expanded citizen engagement is planned for 2009/10.</p>

Corporate Support

Strategic Actions	Accomplishments
<p><i>Human Resources Corporate Service Unit – Public Service Commission</i></p> <ul style="list-style-type: none"> ➤ Work with three working committees concerning Health and Lifestyle practices, Workplace Culture/Supportive Environment, and Physical Environment and Occupational Health and Safety. ➤ Implement a performance management strategy which will include a target of training all managers in Coaching for Performance and Career Planning ➤ Implement a formal succession planning process. ➤ Develop a Leadership Development Program (LDP), including accepting applications for the 2008-2009 Corporate Leadership Development Program. ➤ Occupational Health & Safety OH&S): <ul style="list-style-type: none"> - facilitate Senior Leadership Teams (SLT) to ensure full compliance, as employers - have SLT understand the foundational role and importance of OH&S within the context of a Healthy Workplace Framework - have all employees fully understand their role and responsibility with regard to OH&S. - have articulated the corporate OH&S performance measures for each client organization (for compliance). 	<p>CREW (Civility, Respect, Engagement in the Workplace), a major initiative, was brought forward where working groups identify issues, set goals for improving teamwork and evaluate. A proposal to launch the full program was approved by the Senior Leadership Team and will move forward in the next fiscal year.</p> <p>Support was given on the Performance Management and Pay for Performance processes. Process tools were added on the intranet site.</p> <p>Coaching for Performance and Career Planning was deferred to 2009-2010.</p> <p>A Talent Management pilot program with the Administrative Assistants “community” was initiated. The project will continue into 2009-2010.</p> <p>33 employees were accepted into the 2008-2009 program. Also, a Director’s Forum working group was struck to coordinate ongoing networking and learning activities for Directors in the Department.</p> <p>Development began on the CSA Z 1000 Occupational Health and Safety System allowing for clear Senior Leadership accountability and compliance as employers. Also, efforts continued to revitalize the Joint Occupational Health & Safety Committee (JOHSC).</p>

Strategic Actions	Accomplishments
<ul style="list-style-type: none"> ➤ Implement a departmental orientation program. 	<p>The full Orientation Program was developed and launched in September 2008.</p>
<ul style="list-style-type: none"> ➤ Incorporate a range of formal and informal practices in the workplace. 	<p>The Healthy Workplace successfully sponsored several wellness events such as a Summer Walking Club, Yoga Classes, and the 2nd Annual Wellness Fair.</p>
<ul style="list-style-type: none"> ➤ Assist in implementing an action plan for the Diversity Committee. 	<p>Action plans were established in May 2008 and members coordinated an “Introduction to Cultural Competency” for Continuing Care staff. An “Employment Equity and Diversity” corporate report was submitted by the prescribed deadline of August 2008.</p>
<ul style="list-style-type: none"> ➤ Implement the French-Language Services plan to contribute to the growth and preservation of the Acadian Francophone community. 	<p>The French-Language Services plan was implemented as per the French Language Services Act and Regulations. Detailed information on the plan are on the government website at http://gov.ns.ca/health/fls.</p>

Financial Results 2008 - 2009

Cost Centres	2008-2009 Estimate	2008-2009 Actual	Est./Act. Variance
	<i>(\$ thousands)</i>	<i>(\$ thousands)</i>	(Increase)/Decrease <i>(\$ thousands)</i>
Total-Administration	48,000	44,000	4,000
Medical Payments	606,000	603,000	3,000
Pharmacare Program	179,000	179,000	0
Other Insured Programs	48,000	46,000	2,000
Revenue and Recovery	31,000	30,000	1,000
Emergency Health Services	93,000	93,000	0
Other Health Care Initiatives	176,000	152,000	24,000
Other Programs	17,000	15,000	2,000
Total - District Health Authorities	1,399,000	1,406,000	(7,000)
Care Coordination	32,000	30,000	2,000
Home Care Services	151,000	148,000	3,000
Long Term Care	367,000	364,000	3,000
Capital Grants – Health	59,000	55,000	4,000
*****Department of Health*****	3,206,000	3,165,000	41,000
Full Time Equivalents	741.15	652.84	88.31
Tangible Capital Asset Acquisitions	33,000	28,000	5,000

Variance Explanations:

For 2008-2009, the Department's actual expenditures were \$41.0 million less than the original budget.

Executive Administration was under spent by \$3.9 million due to decreases in Medavie Administration caused by less volume, lower change request, and consultant and audit fees. Medical Payments was under spent by \$3.1 million due to a decrease in rural specialist vacancies and a reduction in utilization for Radiology/Pathology. Other Insured Programs was under spent by \$2.4 million due to a decrease in Diabetes Assistance Programs. Other Healthcare Initiatives was under spent by \$23.8 million due to decreases in Family Pharmacare caused by lower than anticipated household enrolments, CBS forecast reduction due to utilization in plasma protein products, decrease in CCNS for Colorectal Screening due to timing of sending out kits and performing colonoscopy's, and a decrease in Stroke Strategy due to delays in implementing a provincial model. Other Programs was under spent by \$1.7 million due to a transfer of funds to HT initiatives (Ex. Admin) and a decrease in Oncology drugs. Care Coordination was under spent by \$1.7 million due to vacancies, transfer of salaries to Executive Admin and lower than anticipated Adult Protection costs. Home Care Services was under spent by \$2.9 million due to delays in the program start date, vacancies for Community Based Initiatives and a decrease in HHR due to under spending of CCA bursaries and RN training. Long Term Care was underspent by \$3.5 million due to Strategic Framework related funding transferred to HCS. Capital Grants was underspent by \$4.3 million due to delays in purchasing equipment for the DHAs.

These savings were partially offset by over expenditures in the District Health Authorities (\$7.3 million). The District Health Authority's over spending was caused mainly by operational issues and wage pressures.

2008-2009 Department of Health Performance Measures/Outcomes

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. In 2008-2009, the Department Business Plan had a more strategic focus as opposed to previous plans where more of an operational approach was taken. Therefore, new measures that were strategically oriented were added in the 2008-2009 Business Plan. There are also a number of measures that were discontinued from the 2007-2008 year, due to the fact that they are a measure of day-to-day operations and are not strategic in nature. There are also other measures that were discontinued for other reasons – the table below identifies these measures.

Complete reports on the measures for the 2008-2009 fiscal year can be found on the pages that follow.

New/Discontinued Performance Measures

New Measures	Rationale
Number of Direct Service Hours for Nursing	Number of Direct Service Visits for Nursing was the measure stated in the Business Plan, however, data for service hours is collected, and not service visits. Therefore, service hours will be reported in this report.
Number of Clinics Enrolled in the Primary Health Care Information Management System (PHIM)	Percentage increase in practices implementing the EMR was the measure stated in the Business Plan, however, the base number of physicians used to calculate physician EMR adoption targets shifted which distorts comparisons on targets. Actual adoption numbers (represented as number of clinics) are now used to describe progress rather than percentages for greater clarity.

Discontinued Measures	Branch
Increase the number of nursing students retained in Nova Scotia.	<p data-bbox="630 254 1146 285">Strengthening Health Human Resources</p> <p data-bbox="630 327 1446 575"><i>Note: Since the Nursing Strategy was introduced in 2001 we have been retaining 80% of the new RN graduates each year. The plan is to use 5/10 year trends and to look at how long new graduates remain in Nova Scotia. Further refinement of our methodology will allow the to capture RN retention data and trends more accurately in the near future. Therefore, this measure is not reported in this Accountability report.</i></p>
Percentage of DHAs and the IWK producing primary health care plans consistent with provincial population-based planning methods	<p data-bbox="630 585 1403 617">Develop a comprehensive primary health care system for all</p> <p data-bbox="630 659 1468 800"><i>Note: This measure was stated in the business plan. Although this remains a strategic direction, the planning methods have not yet been developed. Therefore, this measure is not reported in this Accountability report.</i></p>
Percentage of Nova Scotia residents with 24 hours a day/7 days a week access to multidisciplinary teams.	<p data-bbox="630 810 1403 842">Develop a comprehensive primary health care system for all</p> <p data-bbox="630 884 1451 1199"><i>Note: This measure was stated in the business plan. Measurement/reporting in the province is not sophisticated at this time. Ongoing work with respect to MIS data is in progress. The availability of financial resources and health human resources are also a limiting factor. The focus has now shifted to supporting teams with training, identification of best practices, promoting the benefits of teams and improved access. Therefore, this measure is not reported in this Accountability report.</i></p>

PRIORITY 1: ENHANCE THE QUALITY-FOCUSED INTEGRATED SERVICES DELIVERY SYSTEM

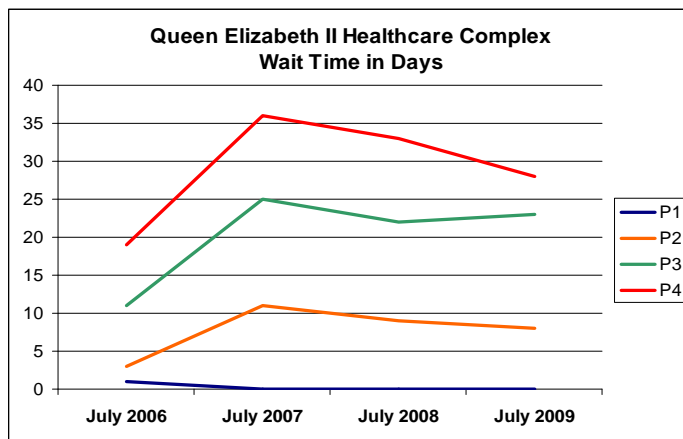
Reducing Wait Times

Nova Scotians needing Radiation Therapy will Receive it within Eight weeks of being Ready for Treatment

One of the Department of Health’s key areas is the Wait Times Improvement branch. A desired outcome in this area is to ensure that Nova Scotians needing radiation therapy will receive it within eight weeks of being ready for treatment. A chosen method to measure this is to track the Average Wait Time for Radiation Therapy.

What Does the Measure Tell Us?

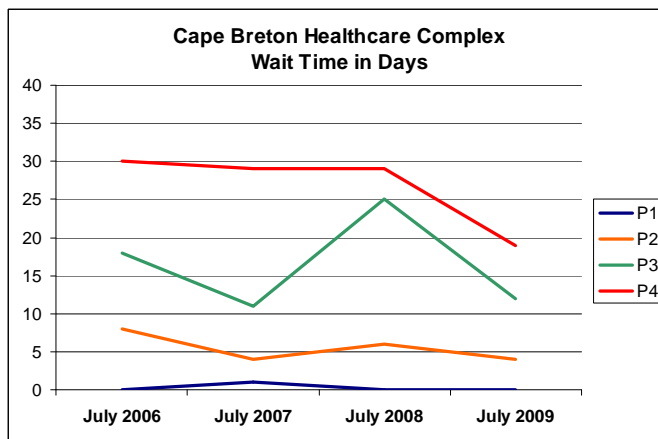
Nova Scotia has established a Wait Time Guarantee for Radiation Therapy effective March 2010. Under the Guarantee, every patient needing Radiation Therapy treatment that meets the criteria of the Wait Time Guarantee will receive treatment within 8 weeks of being ready for treatment. Patients are triaged into 4 priorities for wait times, with Priority 1 being the highest priority. The graphs are broken out into these priorities (P1 – P4).



Source: Cancer Care Nova Scotia

Where Are We Now?

While there are patients who wait longer than 8 weeks for treatment, the *AVERAGE* wait time for radiation therapy in all 4 Priority levels is currently less than 4 weeks from being ready for treatment. The ability to report the percentage of patients meeting the guarantee is under development as part of the Wait Time Guarantee for Radiation Therapy.



Source: Cancer Care Nova Scotia

Where Do We Want To Be In the Future?

Nova Scotia’s target as defined by the Wait Time Guarantee for Radiation Therapy is 100% of all eligible patients requiring radiation therapy beginning treatment within 8 weeks of being ready for treatment. The province is increasing radiation therapy capacity through the addition of 3 additional linear accelerators towards its goal of achieving this target by February 2010.

Reducing Wait Times

Breast Cancer Screening for Women aged 50-69 every Two years

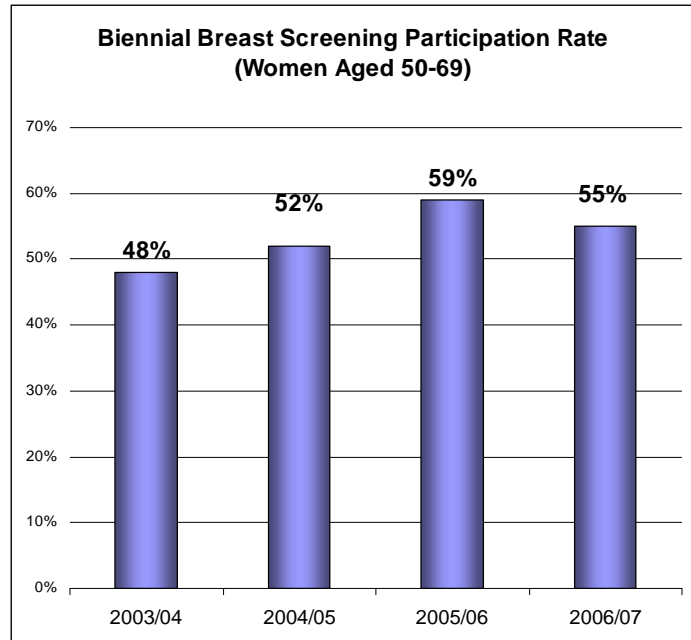
One of the Department of Health's key areas is the Wait Times Improvement branch. A desired outcome in this area is to increase breast cancer screening for women aged 50-69 every two years. A chosen method to measure this is to track the biennial participation rates for mammogram screening among women aged 50-69 years.

What Does the Measure Tell Us?

This measure indicates the proportion of all women aged 50-69 who participated in the Nova Scotia Breast Screening Program within a two-year period in Nova Scotia.

Where Are We Now?

The number of screening mammograms delivered through the Nova Scotia Breast Screening Program (NSBSP) has increased steadily over the past number of years, and more screens were performed in 2006/07 (62,739 screens) than during any previous year since the inception of the program began 1991. However, in 2006/2007, the participation rate for women aged 50-69 dropped from 59% in 2005/2006 to 55% as a result of updated Population Census data released by Statistics Canada, in which population estimates for women aged 50-69 in Nova Scotia were revised significantly upwards from 100,306 to 118,765.



Source: Nova Scotia Breast Screening Program (NSBSP)

Where Do We Want To Go/Be In the Future?

The national target for screening mammography among women aged 50-69 is a 70% biennial participation rate. Women in this age bracket are advised to obtain a screening mammogram once every two years. According to trending data from the NSBSP, there has been a gradual increase in the breast screening participation rate among women in this age group in Nova Scotia (with the exception of 2006/07), and more screens have been delivered each year than the previous year. With the current participation rate of 55%, the goal of reaching 70% of the target population appears to be a reasonable target in the near future of the program.

Reducing Wait Times

Increase Number of Patients Receiving Orthopedic Treatment through Demonstration Project with Capital Health and Scotia Surgery

One of the Department of Health's key areas is the Wait Times Improvement Branch. A desired outcome in this area is to increase the number of patients receiving orthopedic treatment. This can be achieved through the demonstration project with Capital Health and Scotia Surgery. A chosen method to measure this is to track the number of procedures performed at Scotia Surgery.

What Does the Measure Tell Us?

This measure indicates the number of additional minor orthopedic surgery procedures that were completed at an alternate facility through the Scotia Surgery Pilot Project.

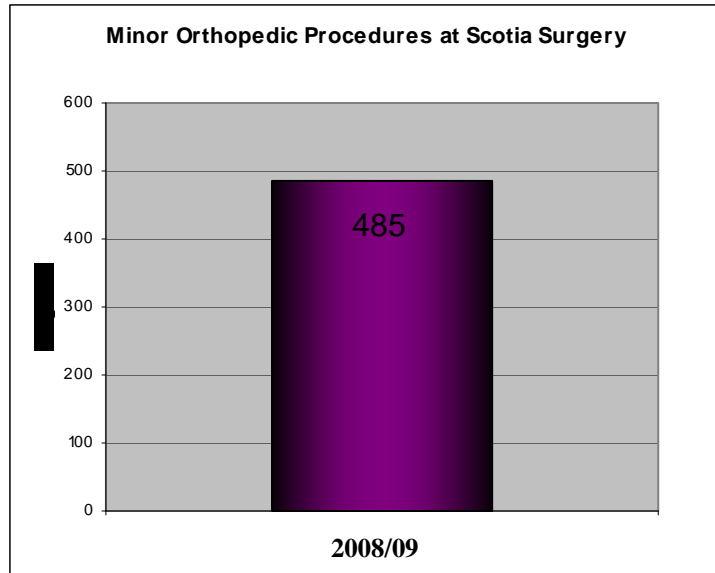
Where Are We Now?

During 2008/09, a total of 485 minor orthopedic procedures were completed through the Scotia Surgery Pilot Project.

Where Do We Want To Be In the Future?

Due to the success of the pilot in freeing up OR time for more complex procedures such as hip and knee replacements, the Scotia

Surgery Pilot Project has been renewed for an additional year (2009-2010). The facility will also be available for minor orthopedic procedures for one additional day per week.



Source: Acute Tertiary Care Branch, NS Department of Health

Progress On Continuing Care

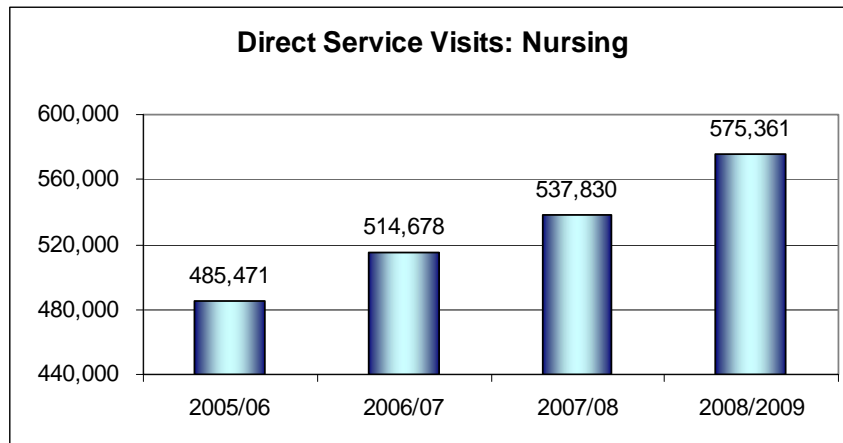
Number of Direct Service Visits for Nursing

Nursing services include both short-term (acute) and long term professional nursing care provided by registered nurses (RNs) and licensed practical nurses (LPNs) to people of all ages in their homes and communities. Examples of services include nursing assessments, teaching, pain and/or wound management, catheter care, and intravenous therapy.

What Does the Measure Tell Us?

The indicator measures the number of nursing visits made to eligible Continuing Care clients. Each visit may range from approximately 0.5 hours to 3 hours.

The number of visits is calculated based on financial data provided by the Department of Health. Understanding the characteristics and conditions responsible for clients receiving nursing visits, as well as the utilization of these services will help to better inform system planning and funding decision-making.



Source: Financial Services Branch, NS Department of Health

Where Are We Now?

Main focus of the Continuing Care Strategy is on providing programs and services to meet the needs of individuals with acute or chronic illnesses such that clients may be treated safely and effectively to attain, maintain, and restore balance within their own environment.

Direct service nursing visits have increased 6.9 % between 2007-08 and 2008-09. Where as long term care beds may take a number of years to build, home care is something we can provide to actively increase access to acute nursing support in the home resulting in decreased reliance on hospital utilization.

Where Do We Want to Be in the Future?

Our ageing population, a reduction in family/friend caregiver support, increased frailty, increased hospitalizations, and a health human resource shortage, all speak to the need to provide healthcare in a more efficient, effective, and sustainable manner. By increasing the local management of Continuing Care services, through integration to DHAs, we support the seamless delivery of care throughout the healthcare system and expect that services will continue to expand to meet the unique needs of the community.

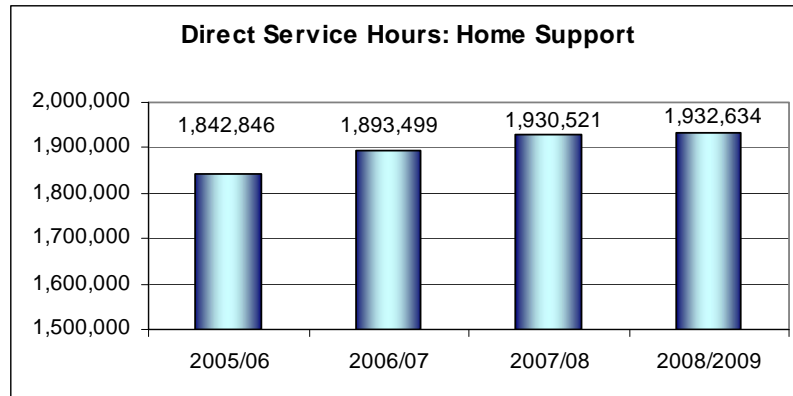
Progress On Continuing Care

Home Care - Number of Direct Service Hours for Home Support Services

Home support is defined as services that assist clients with assessed unmet need to continue to live in their own home. Services include personal care, essential housekeeping and laundry, at home respite, and meal preparation.

Services provided have the objectives of:

- Improving individual's level of functioning
- Addressing individual's unmet needs
- Delaying or preventing admission into institutions
- And/or providing family relief to the individual's formal caregivers



Source: Financial Services Branch, NS Department of Health

What Does the Measure Tell Us?

The indicator measures the time that direct care/support service providers, such as Continuing Care Assistant (CCA), Personal Care Worker (PCW), Home Support Worker (HSW), and Home Health Provider (HHP) as defined by Department of Health regulations, as well as employees in this role with on-the-job training, spend on hours of home support services delivered to eligible clients and their families.

This is the actual amount of time spent providing services across the province based on Department of Health financial payment to Home Support Agencies. It does not reflect the amount of administrative/indirect (ie. travel time) hours accrued, the authorized / entitled home support hours or clients waiting for service. Nor does it represent complexity of need, service intensity or the proportion of households receiving these services.

Where Are We Now?

There was a .1 % increase in direct home support service hours from 2007-08 to 2008-09. While the number of Continuing Care clients continually increase, the use of nursing services are increasing rather than home support services. This pattern may reflect the needs of the client and also, the limited supply of CCAs. Public perception on availability of home support services has also affected demand and public awareness activities are underway.

Where Do We Want to Be in the Future?

Our ageing population, a reduction in family/friend caregiver support, increased frailty, increased hospitalizations and a health human resource shortage all speak to the need to provide healthcare in a more efficient, effective and sustainable manner. By increasing the local management of Continuing Care services, through integration to DHAs, we support the seamless delivery of care throughout the healthcare system and expect that services will continue to expand to meet the unique needs of the community.

Progress On Continuing Care

Number of Adult Day Spaces

There are several different models of Adult Day Programs and the model often dictates the specific services/ programs available, however, the objectives are generally the same. The two types are: Caregiver: Benefits to the family; Delay LTC placement; Respite; Allow time for other activities system; and maintain function; socialization; respite; delay placement; reduce costs.

What Does the Measure Tell Us?

There is anecdotal evidence of positive outcomes for caregivers and care recipients with the increase in availability of adult day services as a form of respite. However, there is no conclusive evidence that Adult Day delays / prevents institutionalization; however, it is more cost effective than other ways of providing services and may facilitate transition to facility based care.

Where Are We Now?

Adult Day Interim Measures Summary Information

DHA	Program Location	Expansion or New For 2009-09	Spaces per week	Days per week
1	North Queens	expansion	12	2
	Lunenburg	new	45	3
2	Shelburne (Roseway Manor)	new	40	5
3	Middleton (NSCC)	new	30	3
4	Noel	new	15	1
	Colchester	new	15	1
5	Springhill	new	20	2
6	New Glasgow	new	15	2
7	Antigonish	new	20	2
8	Glace Bay	expansion/new	100	5
	Sydney Mines (Harbourview)	expansion	100-125	5
9	Fairview (Northwood)	new	100	5

* Overall, Continuing Care is supporting approximately 525 spaces

Source: Continuing Care Branch, NS Department of Health

Where Do We Want to Be in the Future?

Ongoing research is underway to examine strategic policy options and recommend a delivery model for Adult Day programs for seniors in Nova Scotia, as well as evaluation of interim programs to inform future development of provincial model.

Family Pharmacare

Number of Families Enrolled in the Nova Scotia Family Pharmacare Program

This is a measure of the family units enrolling in the Family Pharmacare program. A Statistics Canada database indicates that in recent years Atlantic Canada had the highest rates of individuals without drug coverage compared with other provincial jurisdictions across Canada. It was estimated that approximately 180,000 individuals or 90,000 family units individuals were without coverage in Nova Scotia. The Family Pharmacare program was introduced in March 2008 to provide coverage to these uninsured individuals.

What Does the Measure Tell Us?

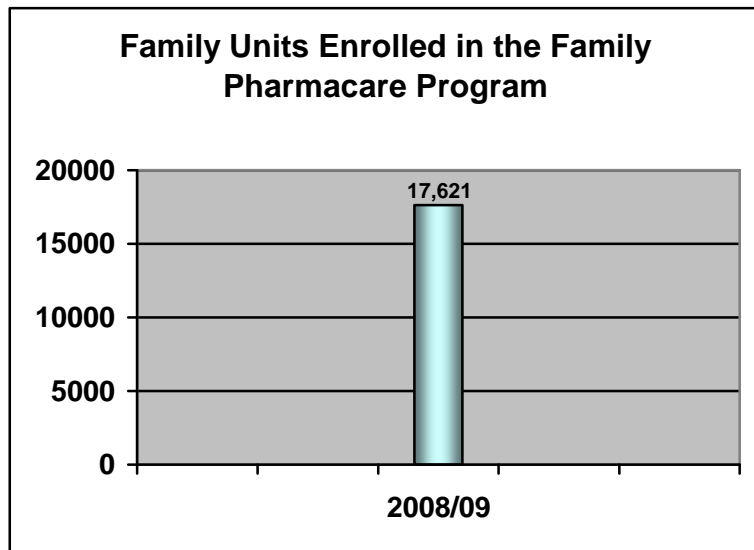
Obtaining drug coverage is one of many factors that can contribute to maintaining a healthy lifestyle. The enrollment level is the number of family units enrolled in the Family Pharmacare program.

Where Are We Now?

The family unit enrollment was 17,621 in 2008-2009.

Where do we want to go in the future?

Being uninsured by itself does not necessarily mean needing drug coverage so take up of the program will be gradual over time. The target is to increase enrollment over the next four years until 2012-2013.



Source: Pharmaceutical Services Branch, NS Department of Health

PRIORITY 3: ENSURE A HIGH QUALITY HEALTH SYSTEM WORK FORCE

Strengthening Health Human Resources

Expand the Number of Continuing Care Assistants (CCAs) working in the Nova Scotia Health Care System

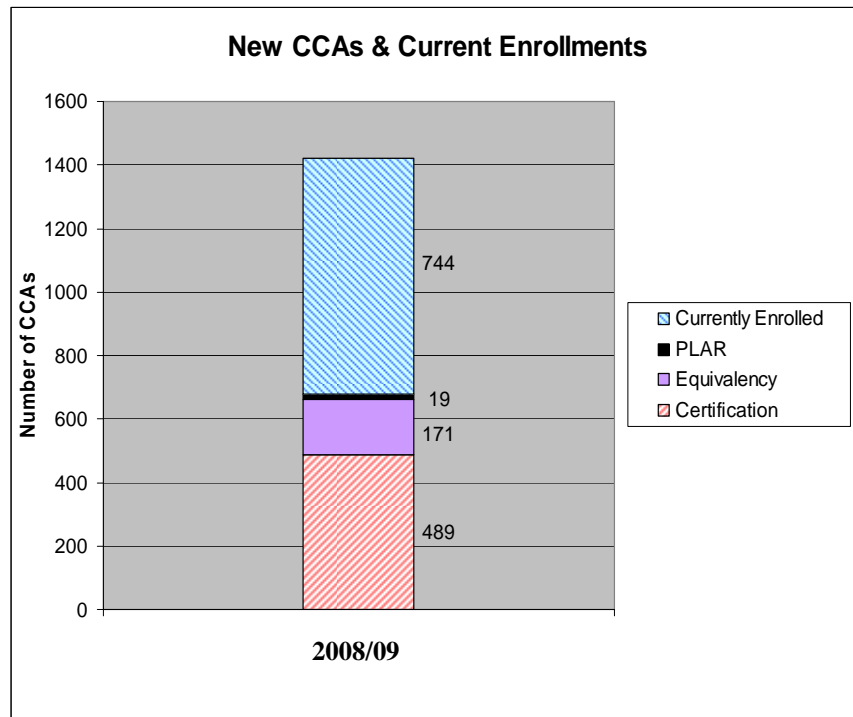
One of the Department of Health’s key support areas is Health Care, which includes the services of many health care professionals. A desired outcome in this area is ensuring that we have an adequate number of Continuing Care Assistants in the continuing care sector of the health care system.

What Does the Measure Tell Us?

This measure depicts how many new CCAs were available for work during the fiscal period and how many were currently enrolled (as of March 31/2009) in various CCA education programs across the province.

Where Are We Now?

679 new CCAs were available for employment during the year (see chart for breakdown). Another 744 were enrolled and in varying stages of their respective CCA education programs in communities across the province.



Source: Health Human Resources Branch, NS Department of Health

Where Do We Want to Be In the Future?

Currently there are approximately 6650 employees working in the capacity of a CCA within the Nova Scotia health care system. The objective is to ensure that with the opening of new and replacement long-term care beds, between now and the winter of 2011-2012, that there will be a sufficient number of CCAs working within the health system.

Nursing Strategy

Expand the Number of Available Nursing Seats

One of the Department of Health's key areas is Nursing Advisory Services. A desired outcome in this area was to expand the number of available nursing seats in Nova Scotia.

What Does the Measure Tell Us?

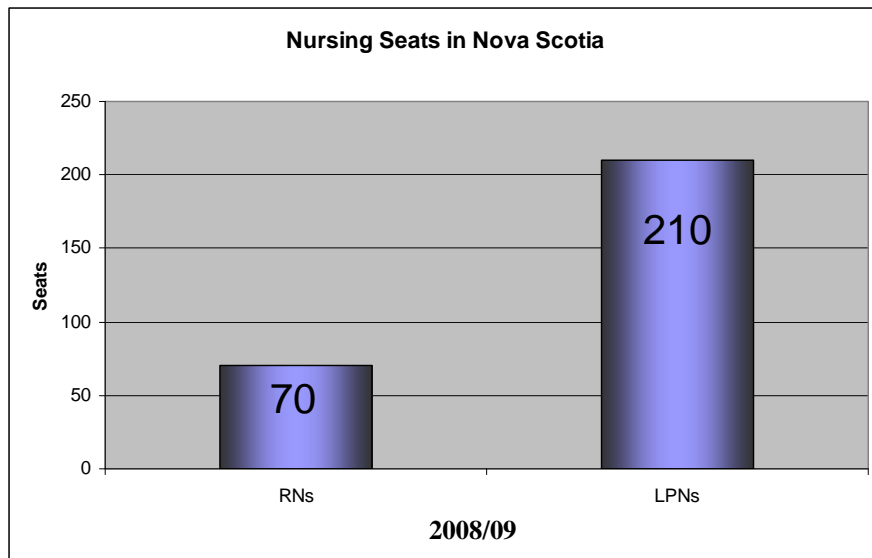
This measure is one way of showing how many nursing are being trained in the province, which ideally will lead to an increased number of nurses working in the health care system.

Where Are We Now?

The target of 46 new Registered Nurse seats and 180 new Licensed Practical Nurse (LPN) seats by 2008-2009 was exceeded with 70 RN seats and 210 LPN seats being funded in 2008-2009.

Where Do We Want to Be in the Future?

HHR will evaluate the impact of reaching this



Source: Nursing Advisory Services Branch, NS Department of Health

With the increase in the number of nursing seats and all health professionals in general, the issue of finding clinical placements for students will need to be addressed.

PRIORITY 4: STRENGTHEN GOVERNANCE AND ACCOUNTABILITY ACROSS THE CONTINUUM:

Provincial Health Services Operational Review (PHSOR) – Implementation

Number of PHSOR Recommendations that have Begun Implementation

The recommendations from the PHSOR challenge us to make the changes necessary to transform Nova Scotia’s health system to one that meets our changing health needs. The recommendations ensure the health care system will remain in place for individuals, families, and communities for generations to come.

What Does the Measure Tell Us?

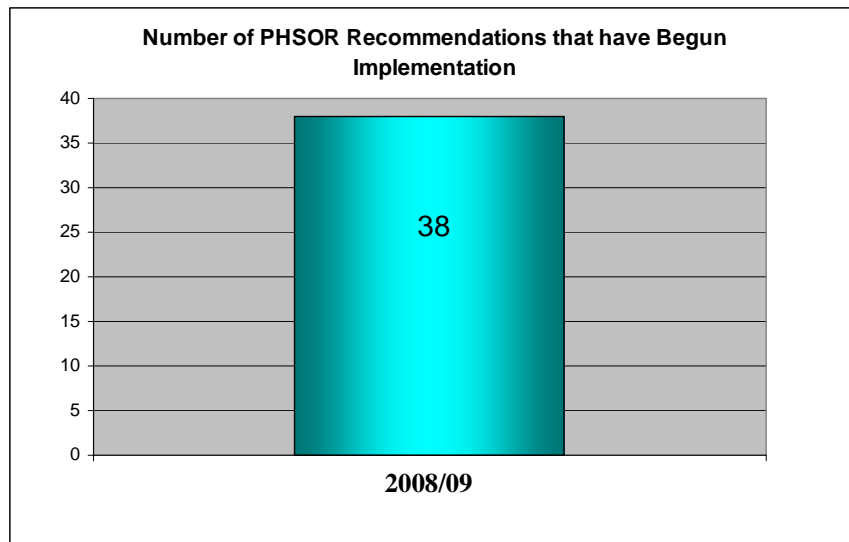
This is the number of recommendations that have been initiated since the PHSOR report was approved in January 2008.

Where Are We Now?

The 103 recommendations were grouped into 25 task groups. As of March 31st 2009, 38 of the 103 recommendations (37%) have been completed and/or are underway. There are a number of recommendations that are currently in the pre-planning stage.

Where Do We Want to Be in the Future?

There is a three year plan in place to initiate all 103 recommendations (or all 25 task groups) by 2012.



Source: Health Transformation Office, NS Department of Health

PRIORITY 5: CREATE COMPREHENSIVE INFORMATION TECHNOLOGY AND INFORMATION MANAGEMENT SYSTEMS

Electronic Health Record (EHR)

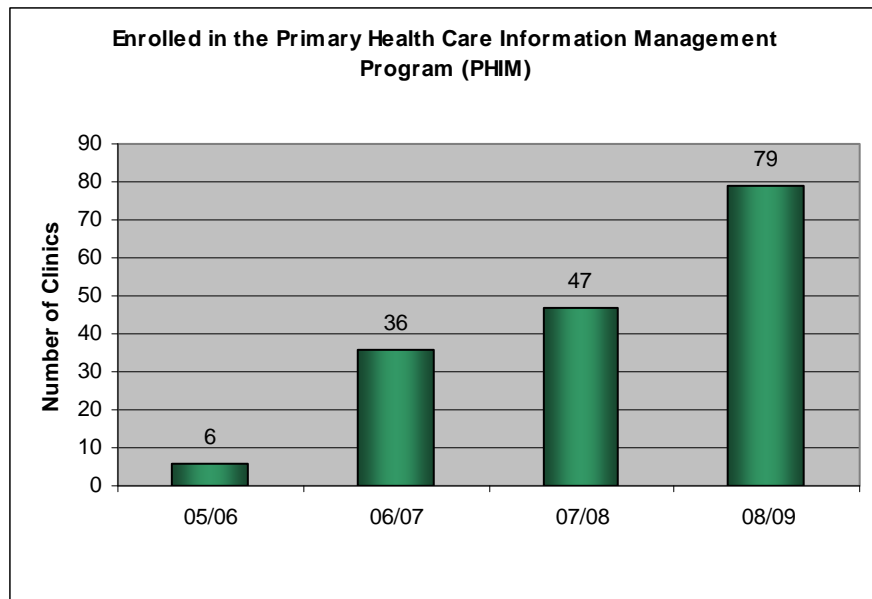
Number of Clinics Enrolled in Primary Health Care Information Management (PHIM)

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 clinics as possible are enrolled in the PHIM program. The PHIM program manages the use of the Electronic Medical Record.

What Does the Measure Tell Us?

This measure is one way of showing how many clinics are enrolled in the PHIM program processes for the transition to and implementation of an

electronic patient record. The base number of physicians used to calculate physician EMR adoption targets shifted which distorts comparisons on targets. Actual adoption numbers are now used to describe progress rather than percentages for greater clarity.



Source: Primary Health Care Branch, NS Department of Health

Where Are We Now?

By March 2006, 6 clinics were actively using the system with 51 other clinics in varying degrees of preparing to participate in the program. In March 2007, 36 clinics were actively using the system with 22 other clinics preparing to participate in the program. 47 clinics were using the EMR as of March 2008 and there were 79 clinics using the EMR by March 2009 and 72 additional clinics have expressed interest in or are in the process of implementing the provincial EMR.

Where Do We Want to Be in the Future?

An updated provincial EMR strategy is expected to be released in 2009-10. It is anticipated that adoption rates will improve once the province's position on the number of supported EMR vendors is confirmed and communicated. The province has established a goal of 85% adoption of family physicians using the provincial EMR by 2012. However, with the stall on announcements on federal EMR funding and the hold on provincial budget and provincial TCA requests we have not been able to initiate the rapid EMR adoption strategy that the 85% rate was based on.

PRIORITY 2: DEVELOP A COMPREHENSIVE PRIMARY HEALTH CARE SYSTEM FOR ALL

Supporting Individuals and Families through Primary Health

Number of Annual Telecare Inquiries

A Telecare service called HealthLink 811 will provide Nova Scotians with access to Registered Nurses 24 hours a day, 7 days a week. Nurses will provide health advice and health information over the phone. Callers can also receive advice on whether or not they should seek another level of care. The benefits of Telecare services include: helping individuals with self-care; having a reliable source of health related information; reducing the need for travel for basic primary health-care advice; being prepared with information during outbreaks and events; and most importantly, improving access to primary health-care services. This service will also increase Nova Scotia's capacity to respond to adverse community events, contribute to the collection of population health data, and will be a source of information for health services available in communities throughout the province.

What Does the Measure Tell Us?

This measure is one way of assessing access to primary health care services in Nova Scotia. The measure will demonstrate the success of the Telecare marketing approach and support future planning for marketing and communication.

Where Are We Now?

As articulated in the Business Plan, start up processes took place (ie working with providers, initiation, social marketing, distributing materials, and the approval by Executive Council for the service.)

Where Do We Want to Be in the Future?

Identification of future targets presents a challenge until we have more experience with Telecare in Nova Scotia. Ultimately, the future would realize an increase in individuals equipped with the information and support to self-care, a decrease in unnecessary visits to emergency departments and an increase in number of individuals seeking health information from locally accepted health information sources. Projected targets for the next two years are: 2009-2010: 80,000; 2010-2011: 100,000.

Supporting Individuals and Families through Primary Health

Number of Individuals Enrolled in Self-Management Education Sessions

One of the Department of Health's strategic priorities for 2008/2009 is to develop a comprehensive primary health care system for all. One of the desired outcomes is to provide opportunities for those living with chronic disease(s)/condition(s) to gain skills and confidence in managing their conditions to help maintain an active and fulfilling life. Nova Scotia is supporting this measure by implementing the Your Way to Wellness Program (Stanford Chronic Disease Self-Management Program).

What Does the Measure Tell us?

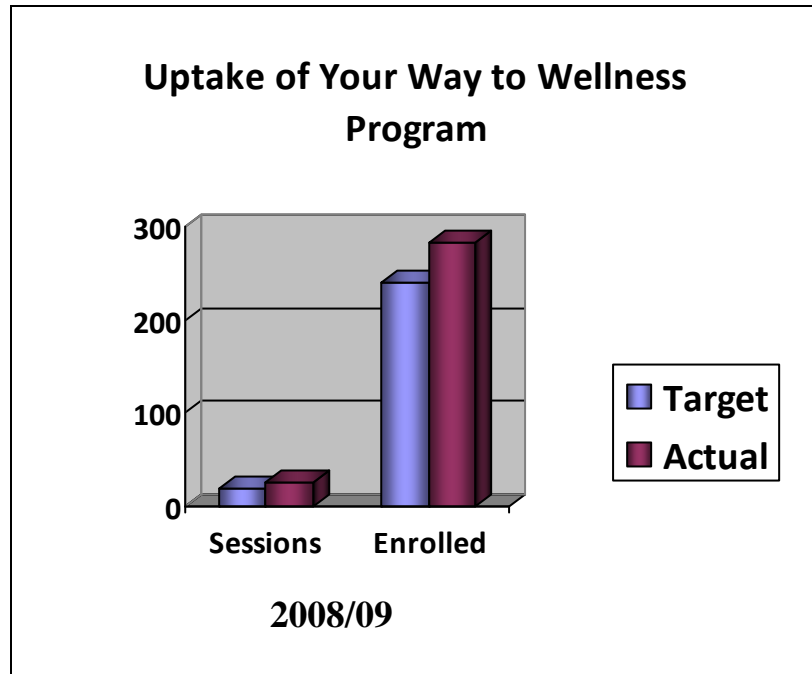
This measure is one way of showing us how many people living with and/or supporting someone with a chronic disease(s)/condition(s) have enrolled in the Your Way to Wellness Program and how many sessions have been offered throughout the province.

Where Are We Now?

The target was to have 240 people enrolled with 20 sessions. Nova Scotia exceeded this target by providing 25 sessions with over 240 participants enrolled.

Where Do We Want to Be in the Future?

The target for 2009/10 is to double our previous target, meaning 480 enrolled (40 sessions). The overall goal is to make the Your Way to Wellness Program sustainable long term as a resource for those living with and caring for those living with chronic disease/conditions.



Source: Primary Health Care Branch, NS Department of Health