

**Department of Health**

**2007-2008 Business Plan**



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Cheryl A. Doiron, Deputy Minister

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## Message from the Minister of Health

As Minister of Health, I am pleased to table the Department of Health's Business Plan for 2007-08.

Setting forth an aggressive yet manageable budget is a difficult task in today's health care environment. The pressures facing health care systems across the country are immense. Rising drug costs, increasing competition for skilled health care workers, and increasing rates of chronic disease are but three of the critical issues our Department is facing in developing services and programs to help make and keep our citizens healthy. These realities are putting pressure on families, workplaces, volunteer organizations, our hospitals, and the overall health system.



That's why our business plan includes key initiatives to help take us in the right direction to affect change. These include:

- expanding our primary health care services for Nova Scotians.
- investing in new technology and systems that allow us to be more responsive and efficient.
- maintaining a world class ambulance system as a key component of our health system
- improving access to mental health services, particularly for children and youth
- strengthening and expanding services for seniors, in large part through the ongoing implementation of our Continuing Care Strategy
- enhancing services for cancer patients and their families
- ensuring districts have the right mix of health care providers in place to serve the needs of their communities

At the Department of Health this year, as in year's past, the majority of our \$2,959,112 billion budget goes directly or indirectly to our nine District Health Authorities and the IWK Health Centre to pay for the delivery of programs and services for Nova Scotians. This investment in health care represents the single greatest expenditure for this government, and yet we know it will not be enough to address all of the pressures we face.

Which is why we are also taking steps to ensure we are spending wisely and trying to do more with the resources we have. This year we will receive a report on the first province-wide health services operational audit. This information will help us understand and build upon what we are doing well, and will help us understand where and how we need to make improvement.

We remain committed to delivering the best quality care for Nova Scotians at the least expense. We intend to ensure that our health system continues to evolve to meet the needs of the people of this province, for now, and for years to come.

A handwritten signature in blue ink, appearing to read "Chris". The signature is written in a cursive, flowing style.

The Honorable Chris d'Entremont  
Minister of Health

## 1. Mission

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

The Department of Health is committed to the ongoing improvement of the health care system through planning, legislation, resource allocation, policy and standards development, monitoring and evaluation, and information management. Accordingly, the Department:

- sets strategic direction and standards for health services
- ensures availability of quality health care
- monitors, evaluates and reports on performance and outcomes
- funds health services

The Department of Health has reaffirmed three "critical to mission" criteria against which all program proposals and existing programs and services are evaluated.

The mission requires that health care and services in Nova Scotia are:

### **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 assures input by communities in planning and identifying strategies and services to improve the health 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.

## 1.1 Corporate Path

### The Government's Corporate Path Direction and Priorities

The Vision of the new Corporate Path for Nova Scotia is:

#### **Building for Families, Building for the Future**

During 2007-2008, the Department of Health will continue with priority areas that help to secure Nova Scotia's future through smart investing, fiscal responsibility, competitive business climate and social programs.

#### **Creating Winning Conditions**

- Contributing to a *Globally Competitive Business Climate*, the department will focus on attracting and retaining quality health professionals through:
  - Alternative Funding Plans (AFPs) and Comprehensive Care Alternative Payment Plans (APPs) (for Family Physicians) to create alternative funding arrangements that provide incentives to physicians to practice in the province, particularly in rural and isolated areas.
  - Nursing recruitment and retention initiatives provide incentives to practice in the province. Conducting job fairs outside the province increases competitiveness.
  - Internationally Educated Health Professionals initiative (IEHP) to increase the capacity of IEHP's in Atlantic Canada.
- Creating a *Globally Competitive Workforce*, the department will continue to support access to high quality education for health care professionals through:
  - Work with education providers to ensure high quality programs.
  - Simulation laboratory introduction to enhance clinical placements.
  - Increased number of seats for health care professionals' education and training programs.

#### **Seizing New Economic Opportunities**

- As a *Leader in Information Technology [as an enabler of innovation]*, the department is engaged in a range of innovative activities that will strengthen the ability to provide high quality health care services including:
  - Electronic patient record system to support primary health care delivery and improve access and safety for patients.
  - Telecare services that will improve timely access to health care information.
  - New client information system for addiction services.
  - Phase 1 of client registry, provider registry and portal (viewer) and data registry.
  - Improve wait times data collection through standardized processes and technology.

- Implement operating room system, emergency department system, Picture Archive and Communications System (PACS), mammography and decision support systems.
  - Support Health Information Technology Services (HITS) initiatives.
  - Invest in Health Administrative Systems Project (HASP).
- The department is moving in a direction as a *Leader in Clean & Green Economy* through facility planning and design that focuses on sustainability with efforts such as:
- Picture Archive and Communications System (PACS) – replacing the need for diagnostic imaging film.
  - Conversion of health care facilities to natural gas.

### **Building for Individuals, Families and Communities**

- Striving to improve the health status of the population, the department supports initiatives that contribute to *Healthy, Active Nova Scotians* including:
- A drug program for working families that will ensure people with lower incomes have access to the medications they need to stay healthy.
  - Chronic disease management strategy to focus on improving access to the range of services needed to manage specific chronic diseases.
  - Improvement in the quality and effectiveness of services to marginalized populations.
  - Improvement in access to quality mental health and addiction services.
  - New mental health initiatives to better meet the needs of children and youth.
  - Strengthened home care and long term care services closer to home.
  - Quality and patient safety initiatives aimed at continually improving the quality of health care delivery services and reducing adverse events.
- *Accessible Services* continues to be a priority with improving timely access to services across the continuum by:
- Making primary care services more responsive and accessible and encompass a wider range of service in the community.
  - Improving access to quality mental health and addiction services.
  - Developing new mental health initiatives to better meet the needs of children and youth.
  - Increasing access to mental health, addiction, primary health care and continuing care services in communities.
  - Expansion of the Halifax Infirmity Emergency Department.
  - Upgrade to IWK Health Center, Children's Site.
  - Expansion of the Cape Breton Emergency Department.
  - Expansion of the Inverness Consolidated Memorial Hospital.
  - Replacement of the Colchester Regional Hospital.
  - Twenty one bed expansion at Valley Regional Hospital.
  - Collaboration with primary health care (Lillian Fraser Memorial Hospital, Queens General Hospital).

- The department contributes to creating *Safe Communities* through:
  - Emergency preparedness planning.
  - Maintaining a world-class ambulance response system province-wide.
  - Participation in cross-departmental initiatives such as family violence prevention.
  
- *Vibrant Communities* are key in improving the health status of the population. The department is committed to contributing to vibrant communities through:
  - Continued support for the Community Health Board and District Health Authority delivery structure.
  - Participation in the cross-departmental work facilitating implementation of the government's community development policy.

## 2. Planning Context

### 2.1 Introduction

The Government vision is *Building for families, building for the future*. Through its corporate path, business plans and budget, the Government of Nova Scotia has articulated a policy direction that provides an important context for the mission, strategic priorities and core business areas of the Department of Health.

This business plan integrates the budget of the Department of Health with its priorities for health care service delivery, human resource planning and management, communications, information management and outcomes achievement. The business plan spans the entire provincial health system but priorities relate to those components that are the direct responsibility of the Department of Health.

### 2.2 Structure and Function of the Nova Scotia Health System

The *Health Authorities Act* established the province's nine District Health Authorities (DHAs) and their community-based supports, Community Health Boards (CHBs). DHAs are responsible for governing, planning, managing, delivering, monitoring and funding health services within each District and for providing planning support to their respective CHBs. Services delivered by the DHAs include acute and tertiary care, mental health, and addictions. The province's thirty-seven CHBs develop community health plans with primary health care and health promotion as their foundation. Their community health plans are part of the DHAs' annual business planning process. In addition to the nine DHAs, the IWK Health Centre has a separate board and administrative and service delivery structures.

### 2.3 Health Cost Drivers

Nova Scotia's population is aging. Currently, 14.3%<sup>1</sup> of the Nova Scotia population is sixty-five or over. This figure is expected to nearly double by 2026. Aging

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<sup>1</sup> Nova Scotia Community Counts, 2005

populations increase the pressure to expand the basket of publicly insured services to include home care, long-term care, and enhanced pharmaceutical coverage.

In comparison to other provinces, Nova Scotia has the:

- third lowest life expectancy (79.1 years of life)<sup>2</sup>
- second highest rate of lung cancer mortality per 100,000 population (57.3)<sup>3</sup>
- highest rate of breast cancer mortality per 100,000 population (32.0)<sup>4</sup>
- second highest rate of all primary site cancer incidence per 100,000 population (429.6)<sup>5</sup>
- highest percentage of the population reporting probable depression (7.8%)<sup>6</sup>
- second highest prevalence of diabetes (6.5%)<sup>7</sup>
- second highest percentage of the population reporting their health as only fair or as poor (14.2%)<sup>8</sup>

## 2.4 Health Care Spending

For 2006-2007, Nova Scotia was forecast to spend an average of \$3,021 in health care services per capita.<sup>9</sup> Approximately 48% of provincial government program spending will be for health care services. This is an increase from 37% in 1996-97.<sup>10</sup>

The three areas with the largest funding commitments are hospitals, physicians and long-term care. These are also the areas that have seen the largest increase in new funding over the last five years. Prevention efforts through public health continue to receive the lowest per capita spending in the country.

Health care spending has grown at an annual average of 9.7% per year since 2000-2001. This compares with an annual growth in revenue of 6.4% over the same period.<sup>11</sup> With health spending exceeding revenue growth, resources need to come from other areas to cover increasing costs.

## 2.5 Federal Funding for Health

Almost one-quarter of the Department of Health's spending is financed by federal cash transfers for health, primarily the Canada Health Transfer (CHT).

Federal legislation (the *Canada Health Act*) specifies conditions that provincial health care insurance plans must meet in order for the province to qualify for its full share of CHT funding. These conditions relate mainly to the five pillars of Canada's medicare

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<sup>2</sup> National 80.2 – Stats Can, 2004, life expectancy at birth

<sup>3</sup> National 47.0 – Stats Can, 2003, age standardized, including cancer of trachea, bronchus and lung

<sup>4</sup> National 24.1 – Stats Can, 2003, age standardized, female population only

<sup>5</sup> National 388.9 – Stats Can, 2003, age standardized

<sup>6</sup> National 5.2 – Stats Can, CCHS 2005, age 12+, self-reported, among reported provinces, data not available for Newfoundland, New Brunswick, Ontario and Manitoba

<sup>7</sup> National 4.9 – Stats Can, CCHS 2005, age 12+, self-reported

<sup>8</sup> National 11.2 – Stats Can, CCHS 2005, age 12+, self-reported

<sup>9</sup> National Health Expenditure Trends Data Tables, Canadian Institute of Health Information (CIHI)

<sup>10</sup> Nova Scotia Department of Finance – Budget Estimates 2006-07

<sup>11</sup> Nova Scotia Department of Finance – Budget Estimates 2006-07



system, as enunciated in the *Canada Health Act*: public administration, comprehensiveness, universality, portability and accessibility.

In September 2004, Canada's First Ministers agreed to a new *10-Year Plan to Strengthen Health Care (2004-2014)*. This accord codifies expected levels of federal health transfers to the provinces/territories over this period and contains agreements and commitments regarding the following:

- Reducing wait times for, and improving access to, diagnostic and treatment services
- Development of a national pharmaceuticals strategy
- Action plans for the training, recruitment and retention of health professionals
- Expansion of home care services
- Primary care reform, including access to multidisciplinary teams of health professionals and development of electronic health records
- Development of a pan-Canadian public health strategy, including measures to address common risk factors such as physical inactivity

A separate First Ministers' accord in September 2004 addressed the health of Aboriginal peoples.

### 3. **Strategic Directions**

The four strategic directions of the Department of Health are:

- Advance the integrated, community-based health system
- Support and promote an efficient, accountable and quality health system
- Further develop strategies and services which support and promote healthy communities
- Enhance and maintain a culture of enquiry and supportive work environments

### 4. **Core Business Areas**

The Department of Health's Core Business Areas are:

- Primary Health Care/Emergency Health Services
- Mental Health, Children's Services and Addiction Treatment
- Continuing Care Services
- Acute and Tertiary Care
- Physician Services/Pharmaceutical Services

These core businesses are delivered to Nova Scotians by health professionals and health care provider organizations and overseen by divisions in the Department of Health. Administrative support to these departmental functions is provided in the following areas:

- Information Standards, Solutions and Services (IS3)
- Health Human Resources
- Nursing Advisory Services

- Human Resources
- Financial Services
- Quality Division
- Policy and Planning
- Communications
- Legislation
- Legal Services
- Intergovernmental Affairs

## **5. Core Businesses, Goals, Strategies and Performance Measures**

### **5.1 Core Business One: Primary Health Care/ Emergency Health Services**

#### **Primary Health Care**

Primary Health Care includes primary care, the first point of contact individuals have with the health care system and the first element of a continuum of care process. Primary health includes prevention, diagnosis and treatment of common illness or injury, support for emotional and mental health, ongoing management of chronic conditions, advice on self-care, ensuring healthy environments and communities, and coordination for access to other services and providers.

#### **Primary Health Care Goal for 2007-2008**

*Establish a renewed primary health care system that is community-based, responsive, accessible, integrated, and accountable.*

**Priority: Strengthen primary health care information management and technology to support the provision of high quality care to Nova Scotians.**

#### **Strategic Actions:**

- Continue to provide resources to sustain Electronic Patient Record operations.
- Utilize the Primary Health Care Information Management (PHIM) program processes for the transition to and implementation of an electronic patient record.
- Pending funding from Canada Health Infoway, develop a business plan in consultation with stakeholders to support implementation of Telecare Services in Nova Scotia.

**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 initiative proposals relevant locally. Proposals will include a program evaluation component, communication plan and a gender-based analysis of the plan.
- Prioritize and implement guidelines that 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.
- Develop draft regulations to support the Midwifery Act passed in November 2006. The legislation will be proclaimed once regulations are approved.
- Assist in developing networks in the Districts to support transition in the primary health care delivery system, including hiring coordinators, managers and support staff.
- Develop interdisciplinary teams as a key pillar of a comprehensive and integrated primary health care system.

**Priority: Achieve improved chronic disease management resulting in better health outcomes for Nova Scotians.**

**Strategic Actions:**

- Support a representative working group to develop the strategy.
- Identify target areas for improvement with measurable outcomes.
- Identify priority actions under each pillar of the expanded chronic care model.
- Implement the Stanford Self Management Program.
- 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.
- Explore partnerships with industry to help achieve goals.

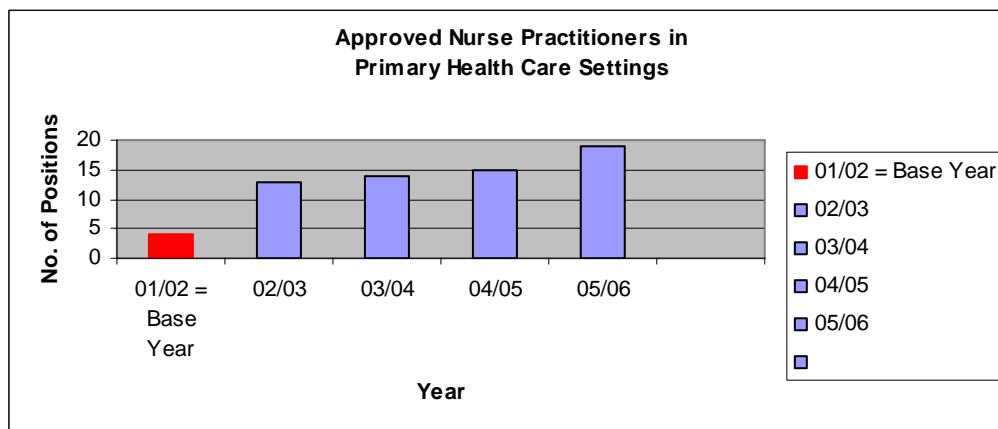
**Performance Measures for Primary Health Care**

**Outcome 1:** Have an integrated Primary Health Care Information Management system to support the provision of high quality care to Nova Scotians.

- **Measure:** The number of family physicians subscribing to the Primary Health Care Information Management (PHIM) program
- **Base Year Data (2005-2006):** 135 family physicians registered (15%)
- **Target for 2007-2008:** 270 family physicians registered (31%)
- **Ultimate Target:** 100% of family physicians in Nova Scotia. The current number of family physicians is 882

**Outcome 2:** Improved access to teams of primary care providers.

- **Measure:** The number of approved nurse practitioner positions in primary health care settings
- **Base Year Data (2001-2002):** 4 positions
- **Target for 2007-2008:** 25 positions



### **Emergency Health Services**

Emergency Health Services (EHS) is responsible for the continual development, implementation, monitoring, and evaluation of pre-hospital emergency health services for the province. The main components of EHS are an internationally accredited communications centre and ground ambulance system, EHS LifeFlight (an internationally accredited air medical transport program), a nationally accredited provincial trauma program, a medical first responder program, and the EHS Atlantic Health Training and Simulation Centre. All system components are supported 24 hours per day, seven days per week by physicians specially trained in emergency and critical care.

### **Emergency Health Services Goal for 2007-2008**

*Establish a renewed primary health care system that is community-based, responsive, accessible, integrated, and accountable.*

**Priority: Implement the Recommendations resulting from a review of Lifeflight as presented in the Fitch Report**

#### **Strategic Actions:**

- 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.

**Priority: Develop EHS - Ground Ambulance Contract**

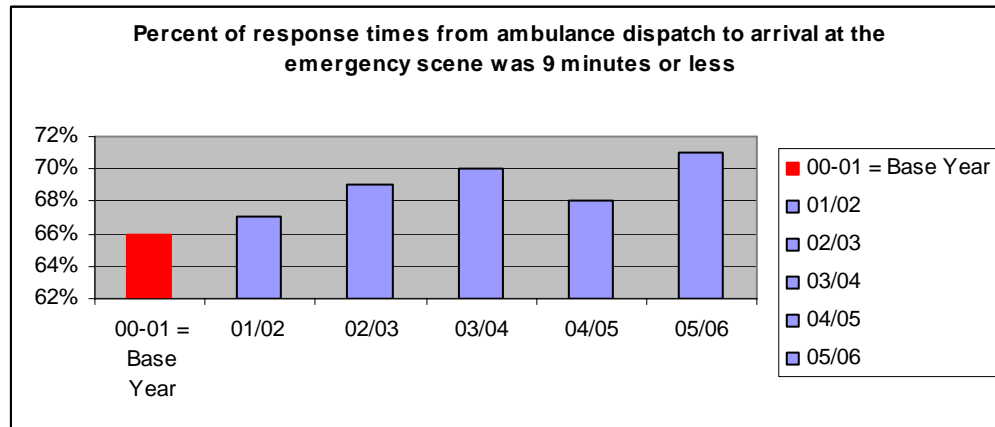
#### **Strategic Action:**

- 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. The current contract is due to expire in 2009.

### Performance Measures for Emergency Health Services

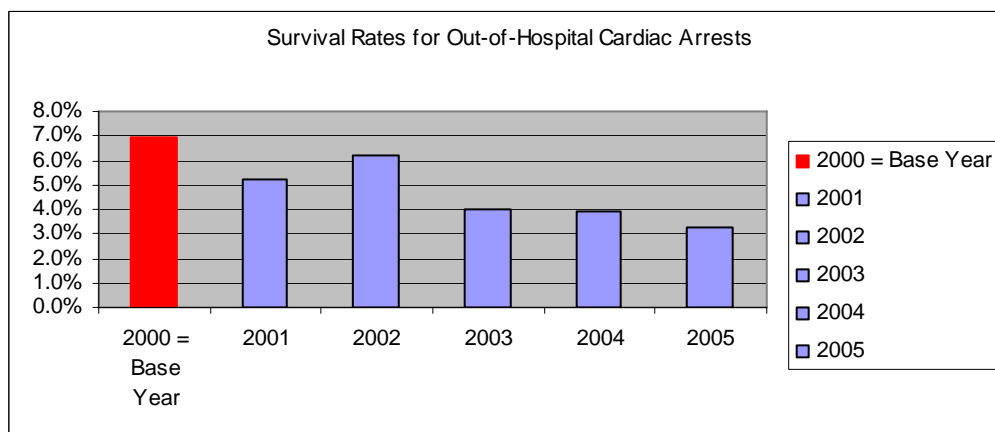
**Outcome 1:** Improved access to quality out of hospital emergency health services.

- **Measure 1:** Percent of response times from ambulance dispatch to arrival at the emergency scene was 9 minutes or less
- **Base Year Data (2000-2001):** 66%
- **Target for 2007-2008:** 68%



**Outcome 1:** Improved access to quality out of hospital emergency health services.

- **Measure 2:** Survival rates for out of hospital cardiac arrests.
- **Base Year (2000) Data:** 6.9%
- **Target for 2007-2008:** 5.5%



## 5.2 Core Business Two: Mental Health, Children's Services, And Addiction Treatment.

The Mental Health Division is responsible for the development of policies and standards, as well as monitoring and funding mental health services in Nova Scotia. Mental Health services for children, youth and adults are delivered through the province's nine DHAs and the IWK Health Centre.

Delivered across the life span, core programs include:

- Secondary prevention and promotion
- Outpatient and outreach services
- Acute, short stay and long term psychiatric in-hospital treatment
- Specialty mental health services
- Community supports for the severe and persistently mentally ill

Services are consumer and family-focused and community-based where possible. Some mental health services are delivered through a 'shared care' approach in collaboration with primary health care services.

### **Mental Health, Children's Services and Addiction treatment Goal for 2007-2008:**

*Accessible quality Addiction and Mental Health Services across the life span (children, youth and adults).*

#### **Priority: Improve access to quality mental health services across the lifespan**

##### **Strategic Actions:**

- Continue implementation of the mental health standards.
- Develop funding mechanisms to District Health Authorities and the IWK Health Centre to meet standards by reducing gaps in mental health services.
- 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.

#### **Priority: Implement Involuntary Psychiatric Treatment Act**

##### **Strategic Actions:**

- Develop regulations for the Act.
- Proclaim the Act.
- Educate people about the Act.
- Implement the Patients Right Advisor Service.

**Priority: Develop Mental Health initiatives to better meet the needs of children and youth**

**Strategic Actions:**

- 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).

**Priority: Meet the recommendations of the Nunn Commission as they apply to the Department of Health**

**Strategic Actions:**

- 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.
- Complete mental health court ordered assessments within the timelines set out by the court

**Priority: Implement Addiction Services Client Information System**

**Strategic Actions:**

- Continue implementation of the provincial client information system for Addiction Services.
- Work with District Health Authorities and the IWK Health Centre to implement the system.

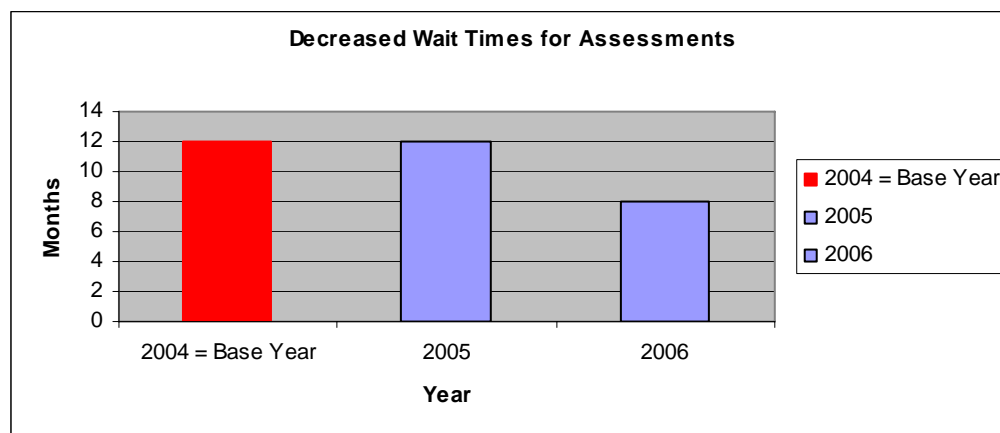
**Performance Measures for Mental Health Services**

**Outcome 1:** Implement standards for mental health that will decrease wait times and allow better accessibility for mental health patients.

- **Measure:** Initial assessment of patients within 90 days of disposition
- **Base Year Data (2006-2007):** 25% within 90 days
- **Target for 2007-2008:** 35% within 90 days
- **Ultimate Target:** 80% of the “90 days” standard are being met at any given time

**Outcome 2:** Increased access to mental health services for children and youth.

- **Measure:** Wait times for assessments
- **Base Year Data (2004):** 12 month wait for assessment
- **Target for 2007-2008:** Three to six month wait for assessment
- **Ultimate target:** Three month wait for assessment



**Outcome 3:** Increased utilization of mental health services through the new Attendance Centre (partnership with the Department of Justice) in Halifax by youth involved with the law.

- **Measure:** The number of youth who access the service
- **Base Year Data (2007-2008):** New measure

**Outcome 4:** Timely court ordered mental health assessments for youth involved with the law.

- **Measure:** The number of assessments completed within the time line set out by the court
- **Base Year Data (2005):** 3-4 month delay
- **Target for 2007-2008:** No delay

### 5.3 Core Business Three: Continuing Care

Continuing care services include home care, long-term care, adult protection, and care coordination. Continuing Care provides a range of home, community and residentially-based services to support individuals with identified health needs. In most cases, the need for care and support is for the longer term. Home care and residentially-based programs also address short-term needs.

**Continuing Care Goal for 2007-2008:**  
*Build a high quality Continuing Care System.*

**Priority: Strengthen Home Care Services**



### Strategic Actions:

- Support the Home Repair/Adaptation Program.
- Implement the Home Care in Schools Project in District Health Authority 1.
- Complete a joint proposal with First Nations communities and Health Canada to address home care services on Reserves for submission to the Aboriginal Health Transition Fund.
- Expand the Home Oxygen Program to include portable oxygen to increase mobility and independence.
- Expand Respite programs that will provide relief to caregivers enabling them to continue to provide care.
- Develop a Provincial Adult Day Program that will enable caregivers to continue caring for family members and others at home.
- Identify information systems to aid research, data collection, analysis and evaluation to support evidence-based decisions.

### Priority: Strengthen Long Term Care

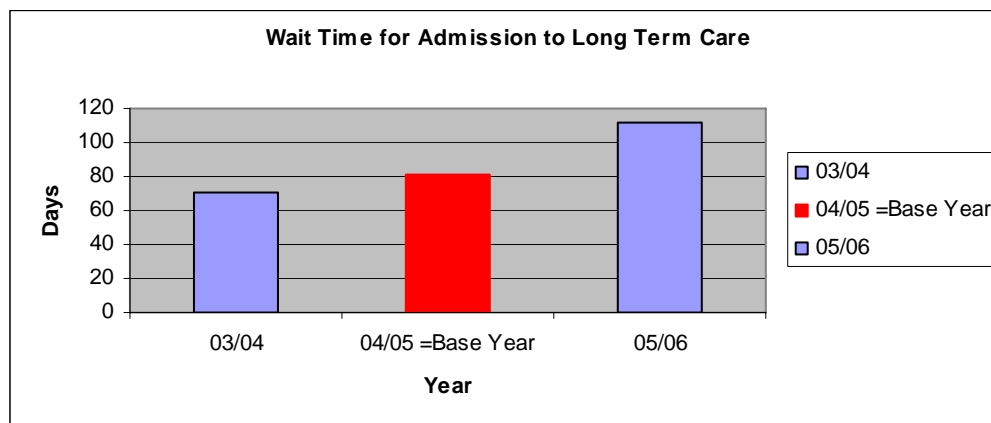
#### Strategic Actions:

- 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.
- Expand the Challenging Behaviors Program.
- Improve access to primary health care in long term care facilities (e.g. Nurse Practitioner Pilot and Physician Services Pilot).

### Performance Measures for Continuing Care Services

#### Outcome 1: Increased Access to Long-Term Care (LTC).

- **Measure:** Average Wait Time for LTC services (based on initial placements to LTC facilities for the previous fiscal year)
- **Base Year Data (2004-2005):** 81 days
- **Target for 2007-2008:** 112 days
- **Ultimate Target:** 90 days by 2011-2012



## 5.4 Core Business Four: Acute and Tertiary Care

Through collaborative relationships with the nine District Health Authorities, the IWK Health Centre, and provincial health care programs, acute care services are provided to Nova Scotians. The Department is responsible for policy development and program content. The Branch also liaises and supports the operations of provincial and ancillary programs to ensure that provincial standards for clinical care are developed, maintained and monitored across the province.<sup>12</sup> Provincial programs develop service standards, monitor their achievement, and provide advice to the Department of Health based on best practices, stakeholder input and research-based evidence.<sup>13</sup>

The Queen Elizabeth II (QEII) Health Sciences Centre and the IWK Health Centre in Halifax provide tertiary care services to patients from New Brunswick and Prince Edward Island, and select services to patients from Newfoundland. The Department also provides day-to-day management of a group of ancillary health services, including dental programs and services, prosthetic services, optometry services and interpreter services for the deaf and hard of hearing. Acute and Tertiary Care also plays a key role in the development and priority based approval of DHA role studies, and master and functional programs for facilities maintenance.

### **Acute and Tertiary goal for 2007-2008:**

*Through collaboration and support, ensure that acute and tertiary care health services/programs delivered by the District Health Authorities and the IWK Health Centre are responsive to the changing acute care health/illness needs of Nova Scotians.*

**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.**

### **Strategic Actions:**

- Begin implementation of the Timely Access to Healthcare: Improving Wait Times strategy for Nova Scotia expected to be released early March 2007.
- Lead implementation of enhancing and expanding existing secondary and tertiary pain management services.

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<sup>12</sup> Specialist services in District facilities may include cardiology, respirology, gastroenterology, obstetrics, otolaryngology, orthopaedics, ophthalmology, pathology, psychiatry, pediatrics, urology, plastic surgery, maxillofacial surgery, oncology, neurology, dermatology and endocrinology.

<sup>13</sup> Current Provincial Programs are Cancer Care Nova Scotia, Nova Scotia Diabetes Care Program, Reproductive Care of Nova Scotia, Nova Scotia Breast Screening Program, Nova Scotia Cardiac Advisory Council, Nova Scotia Provincial Blood Coordinating Program, and the Nova Scotia Hearing, Speech Program and Organ & Tissue Donation Program of Nova Scotia.

- Monitor and evaluate the impact of four (4) additional Magnetic Resonance Imaging (MRI) units (New Glasgow, Antigonish, Kentville and Yarmouth) on timely access.
- Monitor and evaluate the effectiveness of the expansion and new model of dialysis services in Antigonish.
- Request funding for additional capacity in bone densitometry testing to improve access.
- Evaluate the efficiency and effectiveness of mobile and fixed digital mammography units to demonstrate the need to move to digital mammography across the province.
- 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.
- Develop a transition plan to enhance care capacity for alternate level of care clients in Acute Care in partnership with Continuing Care.
- Complete implementation of the province-wide organ and tissue donation program.
- Evaluate the impact of select initiatives in improving access to Hearing and Speech rehabilitation services for children.

**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) Halifax Infirmity Emergency Department Expansion.
  - b) Upgrade to IWK Health Center, Children's Site.
  - c) Cape Breton Emergency Department Expansion.
  - d) Inverness Consolidated Memorial Hospital Expansion.
  - e) Colchester Regional Hospital replacement.
  - f) Twenty-one bed expansion at Valley Regional Hospital.
  - g) Collaboration with primary health care (Lillian Fraser Memorial Hospital, Queens General Hospital).
  - h) Evaluation of impact of third operating room (Cumberland) and New Cobequid Centre.
- In collaboration with the District Health Authorities and the IWK Health Centre, identify performance targets for select priority surgical procedures.

**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.

- Establish and monitor consistent policies, standards and protocols in all satellite clinics (Yarmouth, Kentville, New Glasgow and Antigonish).
- Explore feasibility to support implementation of a colorectal screening program for Nova Scotians.
- Review the implications of human papillomavirus (HPV) vaccine for the prevention of cervical cancer with the Department of Health Promotion and Protection.
- Determine requirements to address the Oncology Patient Information System (OPIS) for the province in collaboration with the Information Standards, Solutions and Services (IS3) Branch.
- Develop a plan for renewal of the role and mandate of Cancer Care Nova Scotia based on the reports and vacancy of the Commissioner of Cancer Care.
- Complete the transition process of the Boarding Transportation and Ostomy Program from Department of Health and the Cancer Society to Medavie.

**Priority: Develop and implement a 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 District Health Authority and IWK Health Centre delivery system and provincial programs of acute and tertiary care.
- Develop a strategic implementation plan for the PHSOR in collaboration with other branches, the government, provincial programs, the District Health Authorities and the IWK Health Centre.
- Implement the Provincial Infection Control Strategy.
- Complete the Acute and Tertiary health care system components of the Pandemic Plan.
- Develop next steps in the comprehensive provincial strategy for stroke care in the province.
- Implement the Nova Scotia Health Ethics network in collaboration with the District Health Authorities and the IWK Health Centre.

**Performance Measures for Acute and Tertiary Care**

**Outcome 1:** Nova Scotians will have improved timely access to select acute and tertiary health care services/programs: MRI.

- **Measure 1:** Wait times as calendar days for MRI
- **Base Year Data (February 2007):** Range from 35 to 112 days
- **Target for 2007-2008:** 20% reduction in calendar days

**Outcome 1:** Nova Scotians will have improved timely access to select acute and tertiary health care services/programs: Cardiovascular surgery.

- **Measure 2:** Wait times in calendar days for Cardiovascular Surgery
- **Base Year Data (2006-2007):** Range from 1 to 132 days depending on severity
- **Target for 2007-2008:** Meet agreed upon targets as identified: urgent within 7 days; semi-urgent A within 28 days; semi-urgent B within 56 days; and elective surgery within 84 days

**Outcome 1:** Nova Scotians will have improved timely access to select acute and tertiary health care services/programs: Breast Screening /Diagnostic/ Surgical Intervention.

- **Measure 3:** Wait times in weeks for breast screening
- **Base Year Data (2006-07):** Range from 6 days to 44 weeks, varies across the province
- **Target for 2007-2008:** Screening within 12 weeks

**Outcome 1:** Nova Scotians will have improved timely access to select acute and tertiary health care services/programs: Breast Screening /Diagnostic/ Surgical Intervention.

- **Measure 4:** Wait times in weeks for diagnostics
- **Base Year Data (2006-07):** Range from 2 days and 11 weeks. (Note: targets are generally met for cases identified as urgent throughout the province)
- **Target for 2007-2008:** Urgent within 2 days; semi-urgent in 2 weeks; and non urgent in 2 months

**Outcome 1:** Nova Scotians will have improved timely access to select acute and tertiary health care services/programs: Breast Screening/ Diagnostic/ Surgical Intervention.

- **Measure 5:** Wait times in weeks for surgery
- **Base Year Data (2005):** 31% of patients within 7 weeks
- **Target for 2007-2008:** Surgery within 7 weeks

**Outcome 2:** High quality, standardized cancer care for Nova Scotians will be delivered as close to home as possible.

- **Measure:** the number of consults seen in the established satellite clinics; patient/family satisfaction survey
- **Base Year (2004-2005) Data: New Measure (current information:** Yarmouth 115 consults, Kentville 0 consults, Antigonish 15 consults, New Glasgow 14 consults
- **Target for 2007-2008:** Yarmouth 134 consults, Kentville 190 consults, Antigonish 95 consults, New Glasgow 103 consults

## 5.5 Core Business Five: Physician and Pharmaceutical Services

### Physician Services

The Department of Health funds medical or physician services for Nova Scotians under the terms of the *Canada Health Act* and the provincial *Health Services and Insurance Act*. Under the legislation, insured physician services are those that a qualified and licensed physician deems medically necessary to diagnose, treat, rehabilitate or otherwise alter a disease pattern. Physician Services is responsible for the leadership and management oversight of physician services including resource planning, recruiting and locum services. Physician Services is also responsible for the policy development, negotiation, implementation, and monitoring of various payment and funding arrangements for physicians across the province.

### Physician Services Goal for 2007-2008

*Further refine and implement a consistent, sustainable and accountable funding framework which will facilitate stable physician resources throughout the province.*

### **Priority: Alternative Funding Plans (AFP) and Alternative Payment Plan (APP) implementation, management and evaluation**

#### **Strategic Actions:**

- Design a framework that links physician compensation and performance to health and health care outcomes.
- Finalize and seek formal endorsement of terms of reference and establish an Alternative Funding Plan/Alternative Payment Plan (AFP/APP) provincial advisory committee.
- Establish a formal partnership of key AFP stakeholders and identify resources to support this partnership.
- Develop a comprehensive plan to measure health and health care outcomes related to physician payment and performance.

**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 District Health Authorities and provide sufficient funding levels to attract and retain an appropriate number of physicians to balance clinical and service call requirements.
- Encourage physician group funding self-management.
- Ensure compliance with the 13B provision of *Health Services and Insurance Act*.

**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 implement.
- Make APPs available to upcoming graduates from Family Medicine at Dalhousie University.

**Performance Measures for Physician Services**

**Outcome 1:** Stable physician complements in foundational specialties at all regional hospitals: general surgery, anaesthesia, and internal medicine.

- **Measure:** Percentage of vacant positions where foundational service policy exists
- **Base Year Data:** New Measure
- **Target for 2007-2008:** 15%
- **Ultimate Target:** Maintain <5%

**Outcome 2:** Successful recruitment rates of graduating family physicians from Dalhousie University.

- **Measure:** Percentage of newly graduating family physicians from Dalhousie setting up practice in rural Nova Scotia
- **Base Year Data (2006-2007):** 7%
- **Target for 2007-2008:** 10%
- **Ultimate Target:** 30% by 2015

**Pharmaceutical Services**

Pharmaceutical Services provides drug programs, drug policy advice, and funding for education, research and evaluation to maintain and improve the health of Nova Scotians through appropriate drug use. The main program area is the Nova Scotia Seniors' Pharmacare Program which provides prescription drug insurance to

approximately 95,000 seniors in the province. Special drug programs are in place for particular patient groups and under specific terms and conditions.

**Pharmaceutical Services Goal for 2007-2008**

*Maintain and improve the health of Nova Scotians through appropriate drug coverage.*

**Priority: Design and 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.
- Implement a drug program for working families (pending approval of design).
- Implement a communications plan for the public.

**Priority: Promote Best Practices in Pharmaceuticals**

**Strategic Actions:**

- Work with the Drug Evaluation Alliance of Nova Scotia, Dalhousie University.
- Work with the Academic Detailing Service and the Canadian Optimal Medication Prescribing and Utilization Service; specifically, work on Chronic Non-malignant Pain, Diabetes and Proton Pump Inhibitors.

**Priority: Support implementation of the National Pharmaceutical Strategy**

**Strategic Actions:**

- Participate in the long term National Strategy where Federal/Provincial/Territorial Task Groups exist for each priority area.

**Performance Measures for Pharmaceutical Services**

**Outcome 1:** Uninsured residents of Nova Scotia have affordable access to prescription drugs.

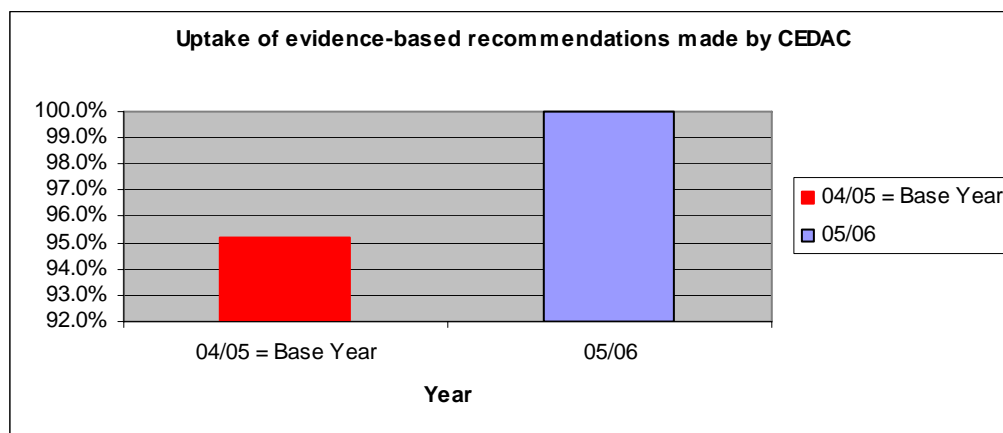
- **Measure:** Enrollment of eligible Nova Scotians
- **Base Year Data (2007-2008):** New

Note: Outcome measurement will depend on adoption of the program

**Outcome 2:** Drugs covered under Nova Scotia Pharmacare Programs are based on evaluation of best evidence.

- **Measure:** Uptake of evidence-based recommendations made by the Canadian Expert Drug Advisory Committee (CEDAC).
- **Base Year Data (2004-2005):** 95.2%
- **Target for 2007-2008:** >95%





### **Priority Support Services**

#### **5.6 Information Standards, Solutions and Services (IS3)**

Through its vision of improving access, increasing quality and productivity, IS3 ensures that information technologies across the province are standardized and efficiently support the health system. Through Electronic Health Records (EHR), authorized health professionals can access their patients' accurate lifetime health histories, which will lead to more effective diagnosis and treatment. By creating a standardized system to collect and disseminate wait time information, the department is fulfilling an agreement made by the First Ministers in 2004. IS3 is also working on other health system projects that will align all the DHAs with the government vision of the application solution for the Municipal, Academic, School and Health Care Agencies (MASH) sector. Apart from this, they also provide day-to-day support for personal computers and information systems used by the Department in carrying out daily operations.

#### **IS3 Goal for 2007-2008**

*Improve Access, Increase Quality and Increase Productivity.*

#### **Priority: Implementation of the Electronic Health Record**

##### **Strategic Actions:**

- Assist in the implementation of the Nova Scotia Primary Healthcare Information Management (PHIM) program.
- Develop Phase One of the PHIM project to provide building blocks for Client Registry, Provider Registry and Portal (Viewer) and Data Registry.
- Match \$9M provided by Canada Health Infoway for the PHIM project.

#### **Priority: Support access to care initiatives**

##### **Strategic Actions:**

- Standardize data collection across the province.
- Secure the funding to move this project forward.

- Invest in the following areas: Operating Room System, Emergency Department System, Picture Archiving and Communications System (PACS), Mammography and Decision Support Systems.

**Priority: Health Information Technology Service (HITS)**

**Strategic Actions:**

- Support HITS and its various initiatives.
- Ensure continuity of the HITS service by developing a mitigation strategy.

**Priority: Health Administrative Systems Project (HASP)**

**Strategic Actions:**

- Invest in HASP so that the District Health Authorities (DHAs) will align with the government vision of SAP as the application solution for the Municipal Academic School and Health Care Agencies (MASH) sector.

## 5.7 Health Human Resources

Health Human Resources focuses on the health workforce and promotes innovative approaches and strategies to achieve a balanced workforce to meet Nova Scotian's health needs in a fiscally sustainable manner.

**Health Human Resources Goal for 2007-2008**

*Ensure the number of health care providers in Nova Scotia meets both the system requirements and the overall health needs of the province.*

**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 trial simulation project to assist the HHR Branch in developing policy decisions to direct future strategy.
- 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.
- Develop workplan for Provider Registry Enhancements registry in partnership with regulatory bodies and professional associations to assist in provincial health human resources planning.
- Develop health human resources plan for Allied Health Professionals to begin implementation of strategy.
- Continue support for clinical placements for Medical Laboratory Technologists in the community.

**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.
- 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.

**Priority: Deploy the health care workforce in service industry delivery models that make full use of their skills.**

**Strategic Actions:**

- 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.

## 5.8 Nursing Advisory Services

The Nursing Strategy was first developed in 2001 for a five-year period. It identified three priorities – recruitment, retention and renewal of the work force. In 2006, the Nursing Strategy priorities were re-validated by the extended Provincial Nursing Network. This was done in consultation with key stakeholders with an emphasis on renewal, retention and recruitment in that order. A number of new initiatives were identified to address the issues for the next five year period of 2007 to 2012.

### **Nursing Advisory Services goal for 2007-2008**

*Ensure Nova Scotia has an adequate number of qualified Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) to meet the health system needs.*

### **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.
- Collaborate with education providers to ensure relevant, accessible education for RNs and LPNs.
- Continue the investment in orientation and continuing education programs for RNs and LPNs.

### **Priority: Increase Recruitment into the Nursing Workforce**

#### **Strategic Actions:**

- Conduct Job Fairs.
- Develop a Health Human Resources (HHR) Website devoted to RNs and LPNs.
- Increase the hourly rate for nursing students in the Cooperative Learning Experience Program.
- Increase the number of nursing students co-op seats from 120 to 180.
- Continue to implement relocation, re-entry and fourth year student bursary programs.
- Work with District Health Authorities and IWK Health Centre and the communities to identify other sources of bursaries.

### **Priority: RN nursing seat expansion at St. FX University and Cape Breton University and continued support for the Nurse Practitioner Program**

#### **Strategic Actions:**

- Continue to fund the St. Francis Xavier University and Cape Breton University initiatives.
- Support the introduction of a simulation lab at St. Francis Xavier University to enhance clinical placements.

## **5.9 French Language Services**

#### **Strategic Actions:**

- In response to the French Language Services Regulations that have been in effect since January 1, 2007, the Department of Health will:
- Review internal policies and practices to identify areas where changes could be made to support French language health services
- Continue to consult and partner with Réseau Santé – Nouvelle-Écosse on issues related to the health needs of the Acadian and francophone population
- Develop a strategy to ensure that more public information is available in both French and English
- Take steps to ensure that the public is more aware of the approach being taken by government 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
- 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.

## 6. Human Resources

Human Resources provides leadership and advice on operational and strategic directions for Human Resource management within the Department of Health. Areas of expertise included Human Resource planning, staffing, employee development, performance management, career coaching, counseling and mentoring; management and executive development; training and development; compensation, pay and benefits; and reward and recognition.

### **Human Resources Goal for 2007-2008**

*The Human Resources Branch (HR) will align with the Nova Scotia Corporate Human Resource Plan to “provide human resource leadership, advice and guidance that positions the client to achieve performance excellence.” Its aim is the sustained performance excellence of its clients.*

**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 employee satisfaction survey
- Fully operationalize the performance management system

**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
- Implement a talent management process
- Create a focused management development strategy

**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 (HR) Central Service Unit (CSU)
- Identify which HR processes to review for quality, effectiveness and efficiency
- Improve the effectiveness of expenditures on training
- Enhance a customer service approach
- Create a structure for improving how to deal with Public Service Commission PSC programs and corporate initiatives

**Priority: Earn the reputation of being an excellent place to work (in alignment with Corporate Human Resource Goals 2, 3, and 4)**

**Strategic Actions:**

- Develop a recruitment strategy to attract excellent applicants
- Ensure each employee owns and is supported in their own health, safety and wellness

## 7. Budget Context

<b><u>Program and Service Area</u></b>	<b>2006/07 Estimate</b>	<b>2006/07 Forecast</b>	<b>2007/08 Estimate</b>
	<b>(\$ thousands)</b>	<b>(\$ thousands)</b>	<b>(\$ thousands)</b>
<b>Departmental Administration</b>	<b>39,257.3</b>	<b>36,665.0</b>	<b>42,482.0</b>
<b>Emergency Health Services</b>	<b>75,104.0</b>	<b>75,336.0</b>	<b>87,077.0</b>
<b>Medical Payments</b>	<b>565,004.0</b>	<b>565,104.0</b>	<b>586,930.0</b>
<b>Pharmacare Program</b>	<b>132,867.0</b>	<b>123,665.0</b>	<b>180,174.0</b>
<b>Other Insured Programs</b>	<b>47,315.0</b>	<b>43,585.0</b>	<b>47,495.0</b>
<b>Revenue and Recovery</b>	<b>(23,338.0)</b>	<b>(23,542.0)</b>	<b>(23,800.0)</b>
<b>Other Health Initiatives/Other Programs</b>	<b>122,847.7</b>	<b>119,929.0</b>	<b>122,653.0</b>
<b>District Health Authorities</b>	<b>1,289,632.0</b>	<b>1,295,081.0</b>	<b>1,362,746.0</b>
<b>Care Coordination</b>	<b>27,766.0</b>	<b>26,387.0</b>	<b>30,179.0</b>
<b>Home Care Services</b>	<b>121,095.0</b>	<b>125,358.0</b>	<b>142,314.0</b>
<b>Long Term Care Program</b>	<b>326,929.0</b>	<b>331,079.0</b>	<b>342,862.0</b>
<b>Capital Grants</b>	<b>40,000.0</b>	<b>49,851.0</b>	<b>38,000.0</b>
<b>Total</b>	<b><u>2,764,479.0</u></b>	<b><u>2,768,498.0</u></b>	<b><u>2,959,112.0</u></b>
<b>Funded Staff DoH Staff (FTEs)</b>	<b>684.93</b>	<b>630.76</b>	<b>690.79</b>
<b>Less: Staff Funded By External Agencies</b>	<b>-8.5</b>	<b>-10.17</b>	<b>-5.6</b>
<b>Total DoH Provincially Funded Staff</b>	<b><u>676.43</u></b>	<b><u>620.59</u></b>	<b><u>685.19</u></b>