

**Nova Scotia Department of Health
2008-2009 Business Plan**

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Message from the Minister of Health

On behalf of the dedicated staff and system partners of the Department of Health, I am proud to table the Department's Business Plan for 2008-09.

The Department, in partnership with District Health Authorities (DHAs), the IWK Health Centre, committed health care professionals, and other system partners across the province, has achieved many successes over the past year. We have reduced wait times for diagnostic tests, established world-class ambulatory services, and have maintained our high quality health care system for the people of Nova Scotia. However, there are significant challenges facing the province, including an aging population, wait times for health care services, and the sustainability of current funding models. What is most important is that we take on these challenges now to provide sustainable, quality health care that Nova Scotians deserve and to achieve our vision of "generations of Nova Scotians living well."



This year's Business Plan sets out an ambitious agenda of change. The Department's strategic priorities are linked to the province's vision of a New Nova Scotia, and include actions to:

- Enhance the quality-focused, integrated service delivery system
- Develop a comprehensive primary health care system for all
- Ensure a high quality health system workforce
- Strengthen governance and accountability across the continuum
- Create comprehensive IT/IM systems
- Engage Nova Scotians in the health system

We are supporting these priorities through goals that are attainable and measurable. This includes real actions that will reduce wait times, supporting individuals and families through primary health care, enabling safer communities through mental health and addiction services, and educating to compete through our health human resources strategy. We will also begin implementing changes recommended through the comprehensive Provincial Health Services Operational Review; allowing us to transform Nova Scotia's health care system by making it more effective, efficient, and sustainable for Nova Scotians now and in the future.

The Department is dedicated to providing leadership that will improve the health care system. Our staff and system partners bring an expertise and a passion for health care that will be crucial for system change. Most of all, we remain focused on providing the best possible care for generations of Nova Scotians.

A handwritten signature in blue ink, appearing to read "Chris d'Entremont". The signature is written in a cursive, flowing style. It is positioned above a light blue rectangular box that serves as a placeholder for a printed name.

The Honorable Chris d'Entremont
Minister of Health

1. Planning Context

1.1 Introduction

The 2008-09 Department of Health Business Plan sets out strategic priorities and goals. These priorities and goals support provincial government priorities and commitments, relevant legislation, the Department's system partners, and the overall health of Nova Scotians.

1.2 Department of Health Vision, Mission & Mandate:

Vision: "Generations of Nova Scotians living well"

Mission: "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."

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

Accordingly, the Department:

- provides strategic leadership, 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 also oversees and directs funding for the health care system across the province; in turn the District Health Authorities (DHAs) as well as the IWK Health Centre are responsible for the governance, planning, delivery, and management within their district. The Department is also responsible for Physician and Pharmaceutical Services, Emergency Health Services and Continuing Care programs and services. Health staff retention and recruitment is also a major priority for the Department and great effort is invested to ensure there are sufficient numbers of health care professionals working in Nova Scotia.

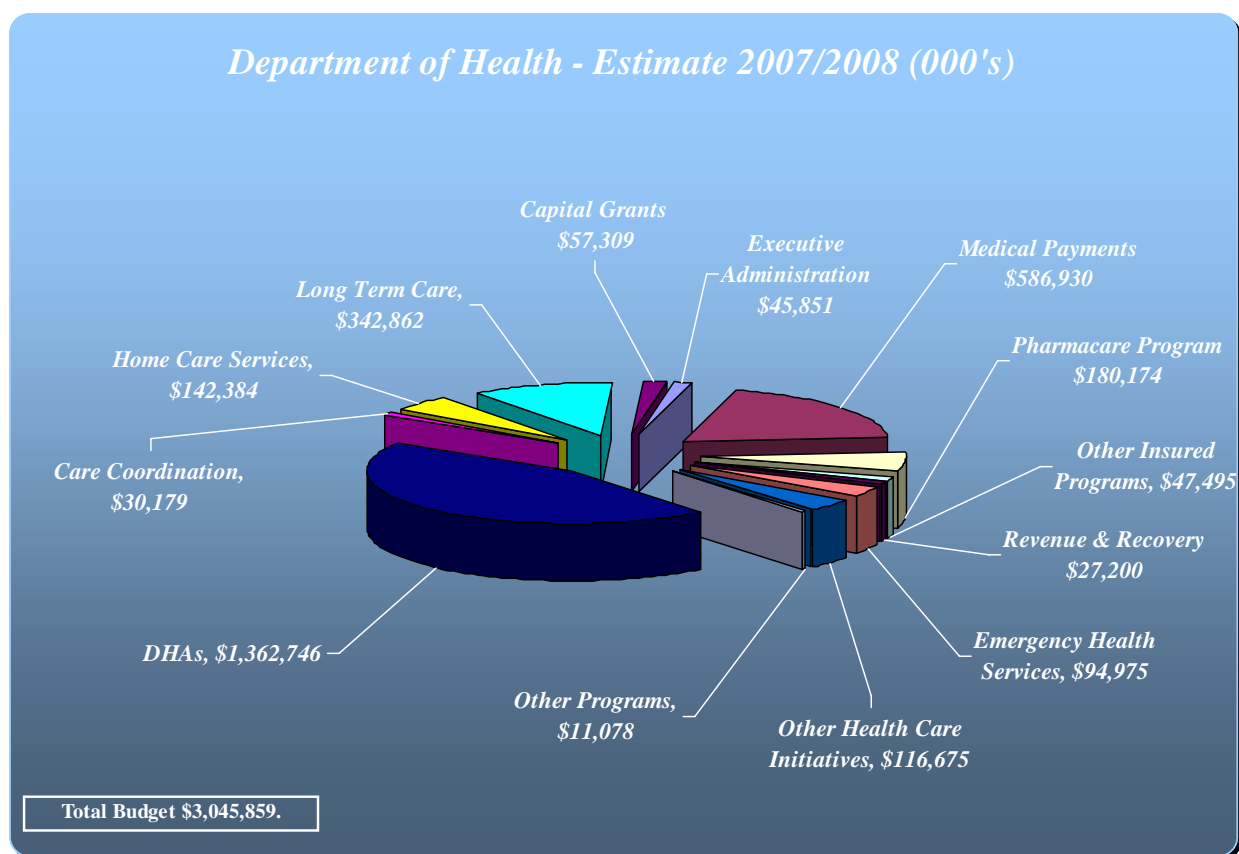
1.3 Core Business Areas

The core business areas of the Department of Health include: Acute & Tertiary Care; Continuing Care; Mental Health, Children's Services & Addiction Treatment; Primary Health Care & Emergency Health Service; and Nursing Advisory Services & Physician Services/Pharmaceutical Services. Health services 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 Financial & Administration Services; Health Human Resources; Information Standards, Solutions and Services (IS3); Policy & Planning; and Legislation branches. The Department works closely with DHAs/IWK, nursing homes and many other partners.

1.4 Structure and Function of the Nova Scotia Health System

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

The Department of Health operating budget for 2007/08 was over three billion dollars¹. The following is a breakdown of expenditures:



The largest portion (\$1.36 billion or 44%) of expenditures is allocated to DHAs/IWK to provide direct health services to Nova Scotians. The rest of the spending is needed for other programs, initiatives, administration, and grants.

¹ Nova Scotia Department of Finance, *Budget Estimates, 2007-08*

1.5 Departmental Successes

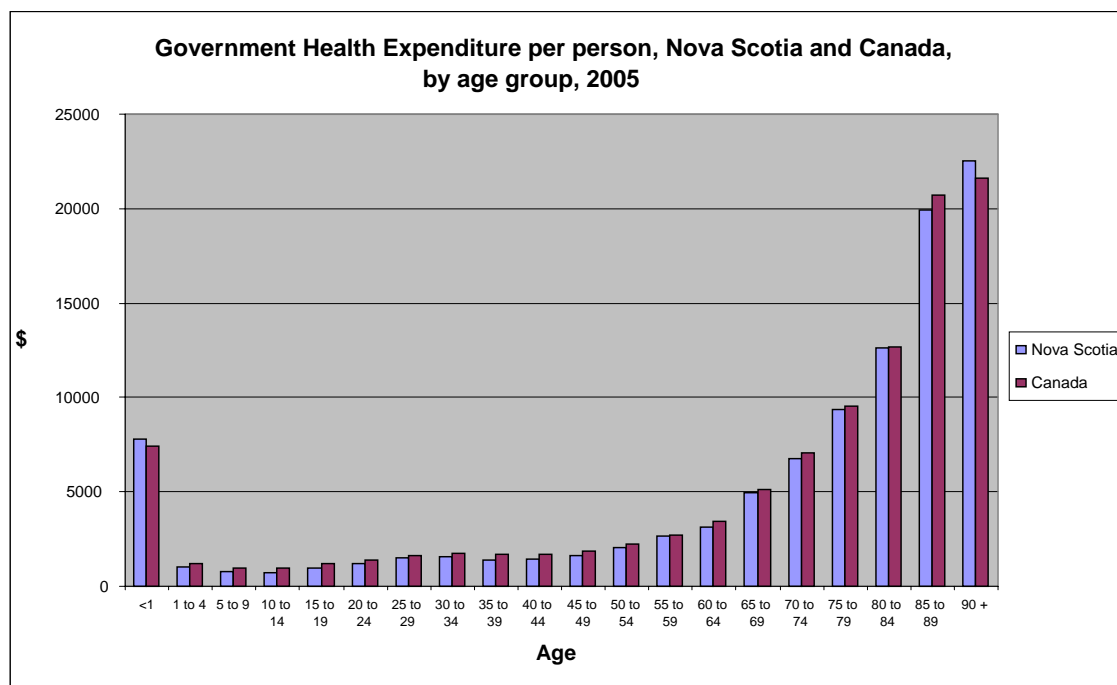
The Department of Health and system partners have achieved significant recent accomplishments, including:

- Highest breast screening rate in Canada
- National award winning Depression Strategy
- Internationally recognized Provincial Air and Ground Ambulance services
- More doctors per capita than any province in Canada.

1.6 Challenges in Health

There continues to be tremendous pressures placed on the Department to maintain a high quality health care system. These pressures include an aging population, rising costs for service delivery, and many other significant budget pressures.

Older Nova Scotians are community leaders, dedicated volunteers, knowledgeable and experienced mentors, loving and generous caregivers, and increasingly valued and productive employees. When predicting the impact that an aging population will place on health resources, an issue to consider is the increased cost of providing health services to a growing number of older Nova Scotians. By 2026 the number of individuals in Nova Scotia 65 or older will increase by 71.1%, while the number of 20-54 years olds will decrease by 17.9%². This is significant when the expenditure per person rises significantly for older individuals.



Source: Canadian Institute for Health Information (CIHI) National Health Expenditure Trends 1975-2007

There has been substantial progress made on wait times in Nova Scotia. However, there are still challenges in addressing wait times for certain areas. For example, closures to emergency rooms for even short periods of time can be difficult for individuals and families. There also continues

² Nova Scotia Department of Finance, Community Counts

to be challenges for access to procedures which can cause increased physical and emotional stress for Nova Scotians. The Department intends to address these challenges aggressively in the coming year and into the future.

Nova Scotia continues to see sharply increasing demand for high quality and accessible health services. This has caused increased pressure on health expenditures for the province. Provincial spending per capita on health in Nova Scotia now stands at \$3,144 which represents an 88.9% increase in ten years.³ That places Nova Scotia sixth out of ten provinces in per capita spending. However, Nova Scotia's total health expenditure as a percent of GDP is significantly higher than the national average (13.6% vs. 10.6%), ranking the 3rd highest among all provinces.⁴ Provincial government spending on health has been growing at almost twice the rate of provincial government revenue. The Department of Health's budget now represents approximately 46% of provincial program spending⁵. Simply put, current trends in health care spending are not sustainable.

The Department's 2008/09 Business Plan outlines priorities that integrate the need to improve current health care service delivery (such as improving wait times) while initiating systematic change to make health care more sustainable. This will include working with partners at the Department of Health Protection and Promotion, other government departments, the federal government, District Health Authorities (DHAs) and the IWK Health Centre, Community Health Boards, health care professionals, and other system partners. These partnerships will be crucial for creating the significant level of system change identified in the Provincial Health Services Operational Review (PHSOR).

1.7 Provincial Health Services Operational Review (PHSOR) and provincial response

The health system in Nova Scotia has just undergone a comprehensive review through the Provincial Health Services Operational Review (PHSOR), which included extensive consultation with thousands of professionals throughout the health care system. PHSOR provides a foundation for the Department and its partners to transform the health care system to make it more efficient, effective, and sustainable. This includes helping people stay healthy, addressing the changing needs of seniors, supporting health professionals, and investing in technology and other areas for better results. The implementation of PHSOR is a key strategic goal for the Department.

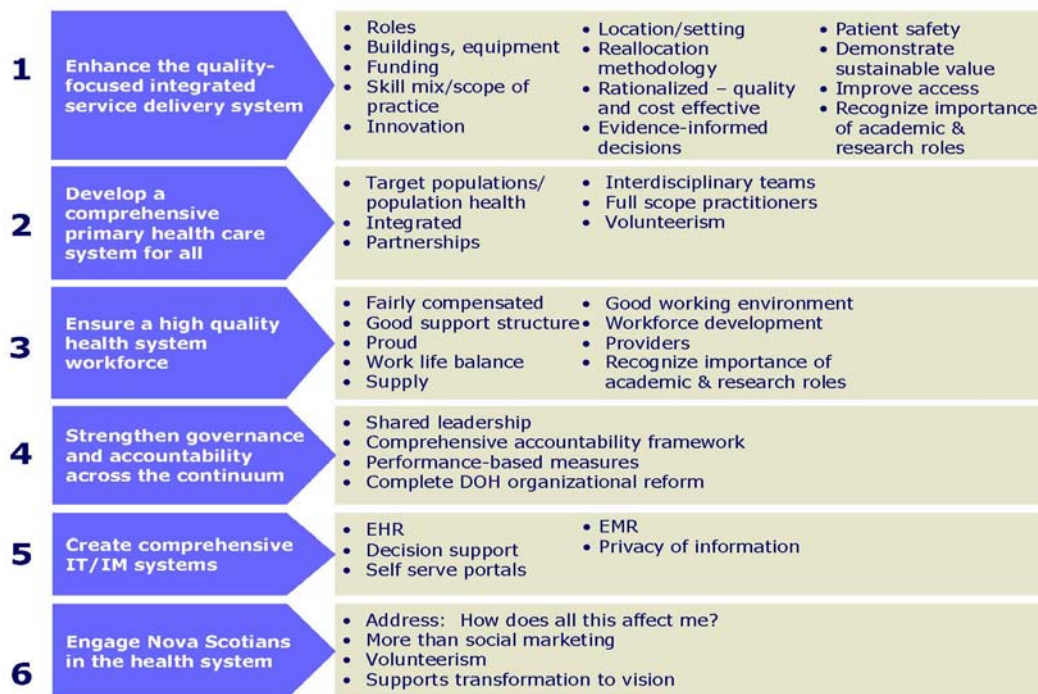
³ *CIHI National Health Expenditure Trends 1975-2007*

⁴ *CIHI National Health Expenditure Trends 1975-2007*

⁵ *Nova Scotia Department of Finance*

2. Departmental Strategic Priorities

The Department has established six strategic priorities (in consultation with system partners) that will assist in accomplishing the Department's vision and mission while contributing to the provincial government's goal of a New Nova Scotia. These priorities are not ordered by importance and will all drive the Department's activity for 2008-09 and into the future.



3. Links to the New Nova Scotia and Prosperity Frameworks

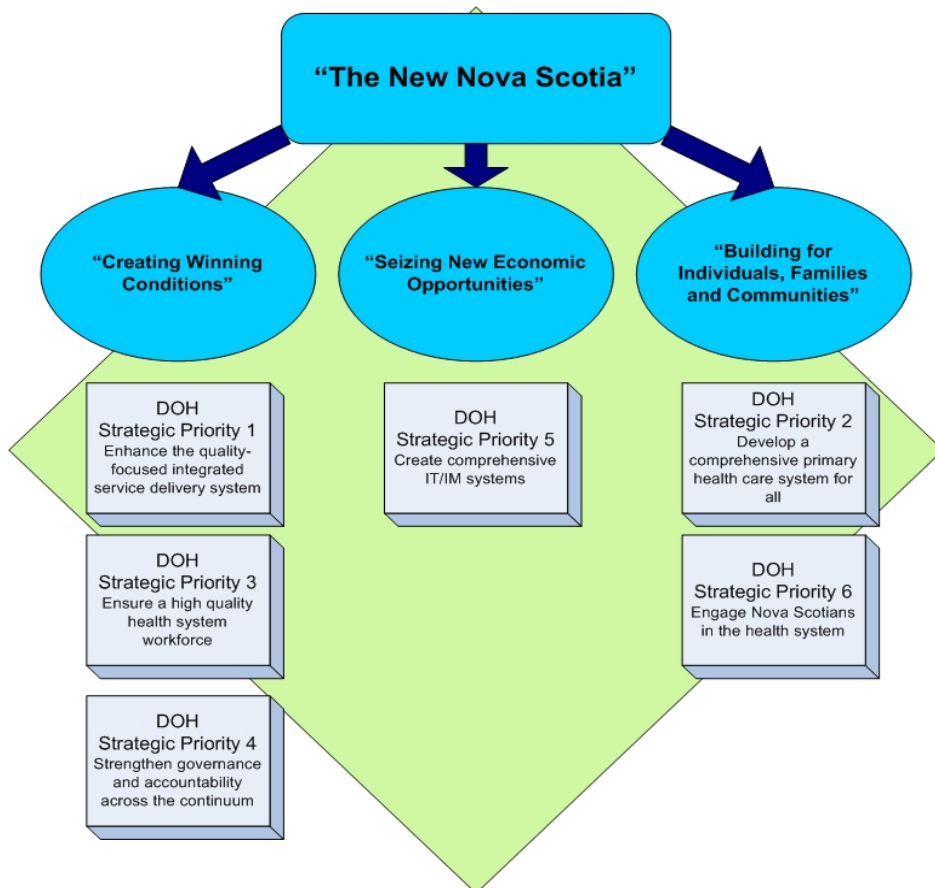
The Department of Health is committed to contributing to the New Nova Scotia by engaging in both the Opportunities for Sustainable Prosperity Framework and the Social Prosperity Framework. These strategies will allow Nova Scotia to position itself as a leader in governance by working effectively and efficiently and sharing responsibilities between individuals, communities, and government. The Department of Health will continue to support priority areas that help to secure Nova Scotia's future through fiscal responsibility and strong programs. The Department's strategic priorities connect the New Nova Scotia five immediate priorities of: Educating to Compete; Protecting our Environment; Better Roads and Infrastructure, Safer Communities, and Shorter Wait Times.

The Department's strategic priorities will provide a process of Creating Winning Conditions by providing leadership in transforming the health system to be sustainable and to better serve the population. Extensive energy is being committed to creating a Globally Competitive Workforce that will address many of the health human resource issues and contribute to reducing the wait times associated with health care services. These endeavors will contribute to increasing the retention and recruitment of trained health care professionals as well as to increase access to high quality health care education.

The Department contributes to creating Safe Communities through emergency preparedness planning, maintaining a world-class province-wide ambulance response system, and participation in cross-departmental initiatives such as family violence prevention and implementing recommendations from the Nunn Commission.

Vibrant Communities are key to 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 / IWK delivery structure and in participation in the cross-departmental work that facilitates community development.

The Department’s strategic priorities also focus on Building for Individuals, Families and Communities. By reducing wait times, increasing services, retaining and recruiting health care professionals, planning over multiple years, and acting as responsible stewards of public funds, the Department will help to offer a quality health care system that will improve the health status of generations of Nova Scotians.



4. Strategic Goals and Performance Measures

The following section outlines the strategic goals of the Department for 2008-09 and how these goals align with both the New Nova Scotia and the Department's strategic priorities.

4.1 Creating Winning Conditions

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

Priority 3: High quality health system workforce

Priority 4: Strengthen governance and accountability across the continuum

4.2 Seizing New Economic Opportunities

Priority 5: Create comprehensive Information technology and Information Management systems

4.3 Building for Individuals, Families and Communities

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

Priority 6: Engage Nova Scotians in the health system

4.1: Creating Winning Conditions

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

Reducing Wait Times

The issue of wait times is a priority for the Department of Health and is identified as an immediate priority for the New Nova Scotia. Important progress has been made on wait times through partnerships with the federal government and other health system partners.

As a province, Nova Scotia is exceeding national benchmarks for cardiac surgery, and making progress on other areas. This includes successes such as Capital Health and the Cumberland Health Authority taking a leadership role to reduce surgical wait times. The Department has secured federal funding to invest \$2.45 million on digital screening technology for increasing access to mammograms. This has resulted in the highest breast screening rate in the country. Since 2005 the capacity for diagnostic services has been doubled, including the purchase of six new MRIs scanners, equipment used to conduct testing that is crucial for identifying conditions needing further treatment. The province also partnered with the federal government to establish a wait time guarantee on radiation therapy (to take effect no later than February 2010), which was supported by \$24 million of federal funding.

The province will increase spending on colorectal cancer screening in an effort to reduce wait times. New investments will also be made to reduce wait times for mental health and addictions services, particularly for children and youth. By reallocating one million dollars in the Department's current orthopedic budget, more patients will be treated through the demonstration project with Capital Health and Scotia Surgery Inc. The Department will also 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. The newly recruited Chief Executive of Wait Time Improvements will provide further leadership in this important area, and the province will continue with its increased investment in health

professionals, equipment, technology, and information management to reduce wait times now and in the future.

Measure: Nova Scotians needing radiation therapy will receive it within eight weeks of being ready for treatment.

Target: Achieved by February 2010.

Measure: Breast cancer screening for women aged 50-69 every two years.

Target: 70% by 2010.

Measure: Increase number of patients receiving orthopaedic treatment through demonstration project with Capital Health and Scotia Surgery.

Target: 500 in 2008/09.

Progress on Continuing Care

Nova Scotia has placed considerable effort into developing and strengthening programs necessary to support the redesign of Continuing Care Services. Through initiatives like the implementation of self-managed care, expansion of home oxygen and palliative care entitlements, and development of primary care in LTC, we have begun to build the foundation for "every Nova Scotian to live well in a place they can call home." These contributions continue to be based on the 10-year *Continuing Care Strategy for Nova Scotia: Shaping the Future of Continuing Care* which was developed in consultation with key stakeholders across the province. This strategy supports the new provincial social prosperity framework, *Weaving the Threads: A Lasting Social Fabric*.

The Department works with system partners to ensure a high quality, client-centred, accessible and affordable service delivery system. The Continuing Care Division provides a comprehensive range of health services that encompasses home care, nursing and residential care and adult protection services. The goal is to offer appropriate supports to maximize clients' ability to manage independence at home with the assistance of qualified health care providers and family/friend caregivers. Achieving excellence will depend upon the ability to retain and recruit qualified, competent staff, improve service access processes and structures, resource availability, and education. A decreased reliance on facility care towards promoting wellness and self-care in the community requires a substantial investment in home-based services. These objectives are supported by continuing to expand capacity in programs such as respite, dementia, home repair / adaptation and developing innovative service models for occupational therapy / physiotherapy in the home and Adult Day Services. For clients who can no longer be supported in their homes, significant funding is being allocated to increase long-term care capacity. An additional 1,320 nursing home / residential care beds are scheduled for completion by 2015.

A provincial Caregiver Strategy will also be implemented in 2008-2009. Caregivers play an important role in the care of their loved ones at all ages and stages of life. The Departments of Community Services, Health, and Seniors have been working together to develop a Caregiver Strategy that supports caregivers across the province. Through the Caregiver Strategy, a coordinated, community-based approach will be put in place to provide caregivers with access to information, education and supports. Options for enhancing caregiver respite will be explored, as will improvements in day program offerings.

Measure: Home Care - Number of direct service hours for home support services

Target: 2008/09: 1% increase; 2009/10: 2% increase

Measure: Home Care - Number of direct service hours for nursing services

Target: 2008/09: 1% increase; 2009/10: 2% increase

Measure: New Adult Day Program spaces

Target: 400 new spaces for 2008/09

Safer and healthier communities through mental health and addiction treatment services

Safer and healthier communities, through mental health and addiction treatment services, directly supports the immediate priority of the province for “safer communities” under the New Nova Scotia. Initiatives in mental health will support Nunn Commission recommendations through two pilot projects; Family Help and Child Welfare Mental Health. These investments will make communities safer and healthier through early intervention for children and their families and through partnering with the Department of Community Services to provide mental health services for children and youth involved in the child welfare system. The IWK, Capital District Health Authority, the Halifax Regional Police and Emergency Health Services (EHS) have partnered to provide a mobile mental health crisis service in Halifax to provide crisis service and to divert clients from the emergency departments and the courts. In addition, there will be investments to increase access to quality methadone maintenance treatment services and support for enhanced services for the rural women and youth initiative.

The Mental Health, Children’s Services and Addiction Treatment Branch is responsible for the development of policies and standards, as well as monitoring and funding mental health and addiction treatment services in Nova Scotia. 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 for mental health include secondary prevention and promotion, outpatient and outreach services, acute, short stay and long term psychiatric in-hospital treatment, specialty mental health services, and community supports for the severe and persistently mentally ill. The Branch works extensively with other departments and system partners to ensure mental health services are as accessible as possible and of high quality.

The provincial government has stated its commitment to building a better Nova Scotia for individuals, families and communities, with a particular focus on children and youth. The Departments of Community Services, Health, Education, Health Promotion and Protection, and Justice are working together to improve services for children and youth through the development of a comprehensive child and youth strategy which focuses on early intervention, supports for families and support to youth at risk. Specifically, these departments have committed to partnering and coordinating responsibilities for children and youth. This strategy is part of the provincial government’s new social prosperity framework, *Weaving the Threads: A Lasting Social Fabric*, based on the principles of collaboration, coordination and shared responsibility.

Family Pharmacare

In November 2007 the Department launched the Nova Scotia Family Pharmacare Program aimed to help Nova Scotians with the costs of drugs. The program began on March 1, 2008. This investment in individuals, families, and communities is an important step toward ensuring more Nova Scotians get the drugs they need so that they can focus on getting healthier. There have been over 8,000 families enrolled in the program already. The program also supports the new provincial social prosperity framework, *Weaving the Threads: A Lasting Social Fabric* in promoting inclusiveness and promoting a better quality of life for more citizens.

Measure: Number of families enrolled in Nova Scotia Family Pharmacare Program.

Target: 20,000 families enrolled by March 2009.

Priority 3: High quality health system workforce

Strengthening Health Human Resources

The growing health care needs of Nova Scotians require high quality health care professionals with a variety of expertise. The Department works closely with DHAs/IWK and other system partners to provide learning opportunities for health care professionals, retain and recruit these individuals, and provide the best work environment possible. This includes:

Educating to Compete through Health Human Resources

The strategic goal of “Educating to Compete through Health Human Resources” directly supports the province’s immediate priority of “Educating to Compete” under the New Nova Scotia. Investments in Health Human Resources (HHR) will better position the province to compete for potential students, graduates, and health professionals. This strategy will be designed to ensure that Nova Scotia has the right supply and mix of healthcare professionals to meet the needs of the population, not just today but for the future. Nova Scotia’s HHR Action Plan will examine the creation of new and expanded healthcare roles in high need areas, developing the healthcare workforce, and better equipping the province to compete for health care professionals. Critically needed funding to recruit, train, and retain health care workers to staff greatly expanded home-care and long-term care services will be implemented to support the Continuing Care Strategy. Funding will also go to develop more nursing seats and to support allied healthcare professionals in disciplines of serious need, such as medical laboratory technologists and medical radiological technologists.

Measure: Expand number of Continuing Care Assistants (CCAs) working in the Nova Scotia health care system.

Target: 1,000 new CCAs in 2008/09.

Measure: Expand number of available nursing seats.

Target: 46 new Registered Nurse (RN) seats by 2008/09, 180 new Licensed Practical Nurse (LPN) seats by 2008/09.

Nursing Strategy

The Nova Scotia Nursing Strategy is the Department's comprehensive and coordinated approach to enhancing the quality of work life for nurses. In the last five years \$60 million has been invested in Phase 1 of the initiative, resulting in positive impacts on the recruitment, retention, and renewal of nursing throughout the province. This has included coordinated approaches to orientation, continuing education, support for recruitment initiatives, appropriate workforce utilization, and improved quality of work life. Through the hard work and continued collaboration with nurses across the province the Department will enter into Phase 2 of the initiative, which will identify additional ways to create positive settings for nurses to enable them to deliver quality care now and in the future while attaining professional satisfaction.

Measure: Increase the number of nursing students retained in Nova Scotia.

Target: Increase of 2% by 2008/09.

Collaboration with Physicians

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*. The Department works with physicians to ensure the best possible working conditions while also ensuring patients around the province receive the best possible care. The Department will be collaborating 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.

Priority 4: Strengthen governance and accountability across the continuum

Provincial Health Services Operational Review (PHSOR) – implementation

The health system in Nova Scotia has just undergone a comprehensive review through PHSOR. The Department has developed a three year implementation plan to improve the health care system now and in the future. This will include a better design of how health facilities are used, what kinds of services are needed, and reconsidering what types of health care professionals are needed to deliver services. Some significant activities concerning PHSOR will include a new Nurse Call-Line, reviewing models of care and utilization management, a rural health strategy, and the integration of continuing care to DHAs to promote an integrated continuum of care. While PHSOR outlines tremendous challenges facing the province, it also provides a timely opportunity for the Department, DHAs, the IWK, and health professionals to address substantive structural changes for the health care system.

Measure: Number of recommendations that have begun implementation.

Target: 103 (or 100%) by 2010/11.

4.2: Seizing New Economic Opportunities

Priority 5: Create comprehensive Information technology and Information Management systems

Electronic Health Record (EHR)

The ability to share detailed, up-to-date patient information is vital to improving health care delivery to Nova Scotians. Through the use of a secure health access record authorized health professionals will be able to access pertinent patient information from across the continuum of care, resulting in more effective diagnosis and treatment. Making required health information readily and securely available to clinicians when and where in the province it's needed, is the goal of Nova Scotia's Electronic Health Record (EHR). This \$28-million project will create an electronic health record for all Nova Scotians to support decision making and case management by health care professionals which will also help reduce wait times and reduce duplicate testing.

The Department has made substantive progress in the establishment of robust information technology systems across the province to better support the delivery of health care in Nova Scotia, and to provide the foundation for the development of the EHR. Significant investment has been made in developing a provincial infrastructure capable of ensuring security and supportive management through a central hosting service (HITS-NS).

Through the leadership of the Department's Information Standards, Solutions and Services (IS3) branch, and in working with system partners, the implementation of EHR will continue to be a strategic goal.

4.3: Building for Individuals, Families and Communities

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

Supporting individuals and families through primary health

The Department of Health is committed to strengthening the primary health care system. Primary health care is the foundation of any health system that supports the health and wellness of its population. Building a strong primary health care system is also one of the key strategies for sustaining health care in the future. The vision for primary health care in Nova Scotia was developed with input from health professionals, DHAs and the IWK, and other system partners. The plan for the next few years will include strategic action, investment, and collaboration with Department branches and other government departments and agencies. Work will also be done to further integrate Primary Health Care and Emergency Health Care systems to explore opportunities for innovative models of care, such as the expansion of the Community Paramedicine Model.

Major areas of activity will include:

Nurse Call Line (Selfcare/Telecare)

An exciting new initiative in primary health is the creation of a Nurse Call-Line. This toll-free line will provide health advice and information (by registered nurses) to Nova Scotians 24 hours a day thereby improving access to information that will inform better choices about our own health care and reducing the burden on hospitals and emergency rooms. The Call-Line was also identified as a key action item in the Provincial Health Services Operational Review (PHSOR) report.

Measure: Number of annual inquiries.

Target: 2008/09: start up; 2009/10: 80,000; 2010/11: 100,000.

Population-based planning

As new models of care, planning, and funding emerge, the importance of planning based on population needs (rather than custom or historical patterns) is evident. As more accurate data is being gathered, and more sophisticated information systems are being developed, planners must use all available data and skill to assess and meet population needs. Regardless of the information and delivery system model(s) eventually adopted, Nova Scotia's primary health care services need a focal point for identifying, generating, and disseminating population health information, and for ongoing province-wide population-based planning, monitoring, evaluation and coordination of services. The Primary Health Care (PHC) section of Nova Scotia's Department of Health is planning to work in partnership with provincial stakeholders, partners, and experts on the development of population needs-based planning methodologies to ensure that significant steps are taken in this direction.

Measure: % of DHAs and the IWK producing primary health care plans that are consistent with provincial population-based planning methods.

Target: 100% by 2011.

Community-based access

Interdisciplinary teams (which may include nurses, nurse practitioners, midwives and other health professionals) are a fundamental building block for strong access to community-based primary health care and delivery of comprehensive chronic disease prevention and management services. In order to provide the flexibility for teams to change composition and services in the course of anticipating and responding to the needs of the communities they serve, primary health care teams will be expanded and supported to include a variety of health disciplines.

Measure: Percentage of Nova Scotia residents with 24 hours a day/7 days a week access to multidisciplinary teams.

Target: 50% by 2011.

Chronic disease management

Chronic disease places a great burden on individuals and on the health care system. A number of initiatives will be undertaken to support individuals with chronic disease and the health care professionals who care for them. A peer-led self-management program for individuals with chronic disease will be implemented and tools to support primary health care providers in adhering to best practices will be developed.

Measure: Number of individuals enrolled in self-management educational sessions.

Target: 2008/09: 240 enrolled (20 sessions), 2009/10: 480 enrolled (40 sessions).

Electronic Medical Record (EMR)

Technology is a key enabler of primary health care. The EMR will enable primary care providers, within their offices, to electronically access their patients' records and certain external test results. Nova Scotia is a leader in transmitting diagnostic test results from hospitals to automated family practice settings. Eighty-six primary care practices in Nova Scotia have or are

in the process of implementing computerized medical records. Over the next 3 years resources will be provided to increase the number of practices using the EMR.

Measure: Percentage increase in practices implementing the EMR.

Target: 2008/09: 47 %; 2009/10: 62%; 2010/11: 77%

Aboriginal Health Transition Fund

Nova Scotia continues to work towards addressing inequities in the health status amongst its Aboriginal citizens. Through the national Aboriginal Health Transition Fund, Nova Scotia has received funding from Health Canada to support the adaptation of existing provincial health programs thereby improving access to appropriate and integrated health care services for First Nations and Aboriginal people and communities. Projects funded through this initiative include, but are not limited to, the “Aboriginal Health Awareness Project”, the “Mental Health and Addictions Prevention and Promotion Initiative”, and “The Path Less Traveled: Using navigation approaches to improve the capacity of Aboriginal patients to access the health system”. In addition, the Nova Scotia Department of Health, with meaningful input from our federal and First Nations partners and all Aboriginal communities in Nova Scotia, will lead the development of an Aboriginal Health Policy Framework.

Priority 6: Engage Nova Scotians in the health system

Provincial Health Services Operational Review (PHSOR) – citizen engagement

As mentioned earlier, the Department will be working with health system partners to begin implementing recommendations outlined in PHSOR. However, several of the recommendations require further review about how specific initiatives could affect individuals, families, and communities across the province. Citizen engagement on different issues identified in PHSOR (such as the rural health strategy) will also provide more information and clarity on health issues; especially for those citizens who are not familiar with the health care system.

5. Human Resource Strategy

The Human Resource Division (Health Corporate Service Unit) provides leadership and advice on operational and strategic directions for human resource management for the Department of Health (as well as other client departments). Areas of expertise include human resource planning, staffing, performance management, career coaching, counseling and mentoring, employee training and development, compensation, pay and benefits, occupational health & safety and labour relations. This expertise helps support the Human Resource vision of:

- Employees are confident in their knowledge, skills and abilities; recognized for their contributions; and their workplace reflects the core corporate values.
- Our government stakeholders actively seek our expertise.
- We are renowned for providing a best practice performance system through openness and collaboration.

The strategic directions for Human Resources in 2008/09 are:

- Cultivate the development of a performance driven culture

- Strengthen our clients' capacity to achieve and sustain performance excellence
- Optimize the quality, effectiveness, and efficiency of our HR processes
- Earn the reputation of being an excellent place to work

These strategic directions support the goals of the Nova Scotia Corporate Human Resource Plan, which are 1) to make a difference through a skilled, committed, and accountable workforce, 2) to be a preferred employer, 3) to be a safe and supportive workplace, 4) to be a diverse workforce, and 5) to be a learning organization.

Under the strategic directions identified by Health's CSU-HR, the priorities for Department of Health in 2008-2009 are as follows:

1. Cultivate the Development of a Performance Driven Culture (Alignment: Corporate Human Resource Goal 1)

A) Employee Survey Results: In the 2007 Nova Scotia Government Employee Survey, staff responded to a series of questions concerning their work in the Department of Health. The Department had a 40% response rate, which was higher than the government average. The Department has shown a marked improvement since the 2004 survey. While there were 15 questions in 2004 rated "moderate or clear strengths," that number jumped to 32 questions this year. (source: 2007 Employee Survey). Staff indicated strengths in communications about the Department, employees working together, and senior leadership responding to concerns. However, staff rated some areas that required further improvement, including opportunities for career advancement, staff retention, and participation in health workplace initiatives.

As a response to these concerns, the Department has developed a Healthy Workplace Framework. This framework will build on strengths and address areas that need to be improved. The Framework is based on the National Quality Institute model (see figure below), and a Senior Leadership and HR Advisory Committee will work with three working committees concerning Health and Lifestyle practices, Workplace Culture and Supportive Environment, and Physical Environment and Occupational Health and Safety.



B) Performance Management Strategy: A performance management strategy will be implemented in 2008-2009 which will include a target of training all managers in Coaching for Performance and Career Planning.

2. Strengthen Our Clients' Capacity to Achieve and Sustain Performance Excellence (Alignment: Corporate Human Resource Goals 1 and 5)

A) *Succession Planning*: Using the performance management/career development workshops as a foundation, a formal succession planning process will be implemented in 2008-2009 as part of the performance management strategy.

B) *Leadership Development Strategy*: A Leadership Development Strategy will be implemented in 2008-2009. This will include building both individual and organizational leadership, providing a variety of learning interventions to develop leadership and a culture of excellence, identifying current and future development needs, and growing and sustaining a pool of leaders. In addition, applications will be accepted in August 2008 for the 2008-2009 Corporate Leadership Development Program.

C) *Occupational Health & Safety Strategy*: Following a strategic planning session in 2007/2008 with departmental representatives, four key objectives for the OH&S function were outlined to concentrate on in 2008/2009:

- OH&S Objective 1: To facilitate Senior Leadership Teams (SLT) to ensure full compliance, as employers, within the Act & Regulations.
- OH&S Objective 2: To have each SLT understand the foundational role and importance of OH&S within the context of a Healthy Workplace Framework.
- OH&S Objective 3: To have all employees fully understand their role and responsibility with regard to OH&S.
- OH&S Objective 4: To have articulated the corporate OH&S performance measures for each client organization (for compliance).

3. *Optimize the Quality, Effectiveness, and Efficiency of our HR Processes* (Alignment: Corporate Human Resource Goal 1)

A) *HR Strategic Plan*: In August 2007, a review of the HR CSU operational processes was undertaken to identify strengths, process efficiency challenges and make recommendations for improvement. HR CSU will begin responding to the resulting 12 recommendations in 2008-2009. The resulting updated HR Strategic Plan will be mapped directly with the Public Service Commission's 2008-2009 operational plans.

B) *Human Resources Renewal Initiative*: In November 2007, a corporate HR Renewal Initiative began which will see the reorganization of the human resources delivery model and a change in how government manages its people. Recommendations from this Initiative will be implemented over the next two to four years.

4. *Earn the Reputation of Being an Excellent Place to Work* (Alignment: Corporate Human Resource Goals 2, 3, and 4)

A) *Orientation Program*: As part of an "attraction and retention" strategy, the development of a welcoming, well-organized and relevant departmental orientation program began in 2007-2008. The Department Orientation Program is intended to supplement divisional orientation plans developed or being developed and connect all divisions under this departmental orientation umbrella. The orientation program will be implemented in 2008-2009.

B) Employee Recognition Program: In order to improve employee engagement, motivation and satisfaction as well as retain and attract employees, continued support of the departmental Employee Recognition Program will be essential. Incorporating a range of formal and informal practices in the workplace, this program will support organizational values, goals, objectives and priorities through positive reinforcement of desired behaviors and performance.

C) Healthy Workplace Committee: In 2008-2009, implementation of the HWP Committee action plan will continue with specific activities such as Wellness Fairs and promotion of healthy living.

D) Diversity and Social Inclusion Plan: The Department of Health is committed to creating a respectful and diverse workforce by improving awareness of and appreciation for diversity within the department; assisting/facilitating the development of a health care system that addresses the unique and pressing needs of culturally diverse populations; and improving human resource processes and systems to impact positively on the representation of diversity within the workforce. In 2008-2009, a new employee driven Diversity Committee will assist in the implementation of an action plan. This plan will have an emphasis on employee completion of mandatory PSC diversity courses; communications and education strategies, identification of employment barriers; and workplace accommodation strategies. As well, in 2008-2009, the Department will continue to consider employment opportunities for the Corporate Career Starts Program and from the Diversity Pool.

French Language Services Plan: Through the creation of the *French Language Services Act* and the development of the French Language Services Regulations, the Department of Health has committed to increasing services in French to Nova Scotia's Acadian and francophone populations and ensuring where possible, that policies, programs and services reflect the needs of the Acadian and Francophone community of Nova Scotia through the development of a French Language Services Plan. In 2008-2009, implementation of this plan will include the following key objectives:

- I. review internal policies and practices to identify areas where changes could be made to support French language health services;
- II. consult the Acadian and francophone community;
- III. ensure that more public information is available in both French and English;
- IV. increase the awareness of employees and the public that there is an approach being taken by the government to provide French-language services; and
- V. ensure that the development of plans and strategies for increasing access to French-language health services is part of the annual planning process.

6. Budget Context – 2008/09 DoH Business Plan

<i>Item</i>	<i>2007/2008 Budget</i>	<i>2007/2008 Forecast</i>	<i>2008/2009 Budget</i>
<i>Executive Administration</i>	45,851,000	47,893,000	49,386,000
<i>Medical Payments</i>	586,930,000	584,138,000	605,623,000
<i>Pharmacare Program</i>	180,174,000	173,000,000	178,750,000
<i>Other Insured Programs</i>	47,495,000	44,536,000	48,415,000
<i>Revenue and Recovery</i>	27,200,000	27,700,000	30,891,000
<i>Emergency Health Services</i>	94,975,000	91,556,000	93,216,000
<i>Other Health Initiatives/Other Programs</i>	127,753,000	127,233,000	191,953,000
<i>District Health Authorities</i>	1,362,746,000	1,374,251,000	1,398,851,000
<i>Care Coordination</i>	30,179,000	29,805,000	31,607,000
<i>Home Care Services</i>	142,385,000	136,621,000	141,636,000
<i>Long Term Care Program</i>	342,862,000	349,285,000	376,610,000
<i>Capital Grants</i>	57,309,000	36,472,000	59,001,000
<i>Total</i>	3,045,859,000	3,022,490,000	3,205,939,000