

Nova Scotia Department of Health 2009-10 Business Plan



Health
Santé

Table of Contents

Message from the Minister	i
1. Introduction	
1.1 Department of Health Vision, Mission, and Mandate	1
1.2 Core Businesses Areas	1
1.3 Structure and Function of the Nova Scotia Health System	1
2. Planning Context	
2.1 Health System Successes	2
2.2 Case for Change	3
2.3 Responding to Change through Health Transformation	6
3. Departmental Strategic Priorities	6
4. Strategic Priorities, Goals, and Performance Measures	
Lead Health Transformation	6
Priority 1: Enhance the quality-focused integrated service delivery system	7
Priority 2: Develop a comprehensive primary health care system for all	14
Priority 3: Ensure a high quality health system workforce	18
Priority 4: Strengthen governance and accountability across the continuum	19
Priority 5: Create comprehensive Information Technology and Information Management Systems	20
Priority 6: Engage Nova Scotians in the health system	22
5. Human Resource Strategy	22
6. Budget Context	24

Message from the Minister of Health

It is my pleasure to present the Department of Health Business Plan for 2009-10. This Plan outlines the Department's vision, mission, and strategic priorities for the fiscal year.

An effective and accessible health care system is important to Nova Scotians. We know that access to care is crucial to families and their communities. However, our population health challenges and economic realities put tremendous strain on the capacity of our health care system. The H1N1 pandemic has also increased the pressure on our health care facilities and staff. These pressures cannot be addressed by simply adding more resources to the existing system, but rather by rethinking the way we deliver care and making the right investments that will deliver results.

In 2009-10 we will show leadership to address health challenges facing families and communities in Nova Scotia. We will strengthen our pandemic preparedness to ensure the appropriate resources are available to health facilities, health care providers, and citizens. We will be addressing issues around wait times, including access to emergency services, to ensure Nova Scotians have access to quality care. We will improve access to out-of-province medical services. The launch of Healthlink 811 will better enable Nova Scotians to access medical information and advice 24 hours a day, seven days a week. Investments in information technology such as the Health Administrative Systems Project (HASP) and the Secure Health Access Record (SHARE) will improve patient care while improving system efficiency. We will be establishing sites to utilize a new model of care to better serve patients and their families. We will be opening the first of 1,300 new long-term care beds to serve populations in need. And, we will begin construction of new community living bungalows in Dartmouth for mental health clients.

We recognize that an important part of our role is to help Nova Scotians *stay* healthy. In 2009-10 this will include increased screening for colorectal cancer, increased use of population-based planning, chronic disease management, and better supporting our Aboriginal citizens.

Throughout this year we will continue to work with our partners in the District Health Authorities and the IWK Health Centre to support and advance initiatives to transform Nova Scotia's health system. This will include discussions with citizens in their communities to ensure they are part of this transformation. These initiatives (such as a clinical services review and a rural health review) are crucial to ensure that health care is effective and efficient over the long term; always guided by the goal of having the healthiest population possible.

Our province faces many challenges and as Minister of Health I look forward to working with health authorities, health professionals, and citizens to build a safer and healthier Nova Scotia.



The Honorable Maureen MacDonald
Minister of Health

1. Introduction

1.1 Department of Health Vision, Mission, and 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, leadership, monitoring and evaluation, accountability, and information management.

The Department oversees and directs funding for the health care system across the province; in turn the District Health Authorities (or DHAs), as well as the Izaak Walton Killam (IWK) Health Centre, are responsible for service delivery and resource management. The Department is also responsible for Physician and Pharmaceutical Services, Emergency Health Services, and Continuing Care programs and services (though this is currently being integrated into DHA service delivery.) Health staff retention and recruitment is a major priority for the Department and great effort is made to ensure there are sufficient numbers of health care professionals working in Nova Scotia.

1.2 Core Business Areas

The core business areas of the Department include: Acute and Tertiary Care; Mental Health, Children's Services and Addiction Treatment; Primary Health Care and Emergency Health Services; Physician Services and Pharmaceutical Services; and Continuing Care. Other areas of focus include Health Human Resources, Health Services Emergency Management, Nursing Advisory Services, Wait Time Improvement, Health Transformation, and Physician Advisory Services. These business areas are supported corporately by: Financial Services, Policy and Planning (including Intergovernmental Affairs), Legislative Policy, Labour Relations, Human Resources, Information Strategy, Standards, Solutions and Services (IS4), Legal Services, Communications, Office of the Chief of Program Delivery, Office of the Deputy Minister, and Office of the Minister.

1.3 Structure and Function of the Nova Scotia Health System

District Health Authorities and Community Health Boards

The *Health Authorities Act* established the province's nine District Health Authorities (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. CHBs strive to improve population health through the development of community health plans with a

foundation of primary health care and health promotion. In addition to the nine DHAs, the IWK Health Centre has a separate board and administrative and service delivery structure.

Provincial Programs

Provincial Programs develop service standards, monitor achievement, and provide advice to the Department based on best practices, stakeholder input, and research-based evidence. Programs develop planning documents, such as the *Diabetes Care Program of Nova Scotia (DCPNS) Strategic Plan 2008-12*, to better strategically address issues of care.

Current Provincial Programs include:

- Nova Scotia Breast Screening Program
- Cancer Care Nova Scotia
- Diabetes Care Program of Nova Scotia
- Nova Scotia Hearing & Speech Centres
- Reproductive Care Program of Nova Scotia
- Cardiovascular Health Nova Scotia
- Legacy of Life (Organ & Tissue Donation)
- Nova Scotia Provincial Blood Coordinating Program
- Nova Scotia Renal Program

Health Promotion and Protection / Health – Two Departments, One System

In 2006, the Province announced the establishment of the Department of Health Promotion and Protection (HPP). This Department was given a mandate of responding to emerging public health threats, preventing chronic disease and injury, and promoting health among Nova Scotians. However, it was essential as part of the development of the new Department to have a strong collaborative approach to health care with the Department of Health. This Business Plan references HPP through many initiatives and partnerships. HPP representatives sit on the Department of Health's Senior Leadership Team and participate in strategic initiatives. They work with Health representatives to collaborate with DHAs and other health system stakeholders. They play a key role in the development of Health Transformation activities. There is also a joint responsibility for the Health Services Emergency Management office which focuses on public health mitigation, prevention, and response / recovery to natural and man-made events. Most importantly, the Department of Health and HPP work together to help create a healthier and safer Nova Scotia. This integrated, collaborative approach has at its core the view of "one system" for health care and the best possible health for Nova Scotians.

2. Planning Context

2.1 Health System Successes

The Department of Health and system partners can be proud of many recent accomplishments, including:

- Initiating the new Orthopedic Assessment Clinic at the QE II Health Sciences Centre
- Highest number of physicians per capita of any Canadian province

- Successful partnership with Scotia Surgery to reduce wait times for orthopedic treatments
- Highest number of MRI machines per capita in Canada (1 per 117,000 Nova Scotians)
- Reduced wait times in several key areas, including continuing care, chronic pain, cardiovascular surgery, screening procedures such as mammograms, bone density tests, and mental health services for adolescents
- Meeting or exceeding the Wait Times national benchmarks for 4 out of 5 areas
- Provincial networks (through the leadership of Provincial Programs) that focus on improving care, patient / family support, and integrating efforts across Programs
- Establishing the Family Help program in Cape Breton
- Significant improvements in access to Bone Mineral Density Testing with eight units now available across the province
- New Provincial Chronic Pain services with six new service access sites
- Establishing the Canadian Paediatric Surgical Project which improves clinical prioritization of all paediatric surgeries
- Increased nursing student enrollment and nursing graduates through the Nursing Strategy
- First province in Canada to have all radiology images available province-wide
- Winning a gold medal at the National Government Technology Distinction Awards for the Primary Healthcare Information Management System
- Cultural Competence Guideline Integration which ensures health care workers have the awareness, knowledge, skills, and policies required to meet the needs of the diverse populations.

2.2 Case for Change

While the Department and its system partners have had many successes, there are still tremendous challenges meeting the health care needs of Nova Scotians. The Provincial Health Services Operational Review (PHSOR) confirmed for many working inside (and outside) the health system that change is needed to ensure health care is effective and sustainable. The current economic difficulties, which have created decreased government revenue, increase the pressure for change.

Some of the key drivers for change include:

Population Health Status

The population health status of Nova Scotians is an important factor driving the need for system change. The increasing health needs of the Nova Scotia population continue to challenge the capacity of the province's hospitals and other health facilities and services. While there have been some improvements in addressing population health, there still remain important issues that impact the health care system.

In comparison to other provinces, Nova Scotia has the:

- Second highest rate of primary site cancer incidence for males (560) and the highest rate for females (393) per 100,000 population¹

¹ Canadian Cancer Care Statistics 2009 Report

- Highest prevalence of diabetes (5.7)²
- Second highest percentage of the population reporting their health as only fair or as poor (14)³
- Second highest rate of colorectal cancer mortality for males (33) and the third highest rate for females (21) per 100,000 population⁴
- Third highest rate of breast cancer mortality (25) per 100,000 population⁵
- Third highest percentage of the population reporting their mental health as only fair or poor (5.4)⁶

The distribution of services across the province remains a challenge and forces the province to look at new ways to deliver care. Nova Scotia has a higher proportion of seniors (aged 65 and older) than any other province in Canada which poses unique system challenges for continuing care and other services⁷. The model of health care in the province has not been significantly changed for many years and change is needed to deliver optimal care in a modern health system.

Health Human Resources

The health care system accounts for more than 33,900 positions across the province. Health care is a labour intensive service and is sensitive to fluctuations and cost pressures associated with the labour market and health professional workforce. Highly competitive labour markets continue to drive wage and incentive increases, placing additional demands on health care resources. The lack of health human resources also affects service delivery, such as limiting hours for emergency rooms due to lack of staff. The distribution of staff to rural areas presents challenges for providing high-quality care. As noted in the PHSOR Report⁸, data from the NSAHO Pension Plan database shows that of the 11,068 staff in key professional groups today, 2,158 or 20% will be eligible for retirement in 2010. By 2015, that number increases to 4,834 or 44%. Continuing with the same approach to health workforce planning and system delivery is not sustainable and requires a new, more collaborative approach.

Budget Pressures

The Department of Health operating budget for 2008/09 was \$3.2 billion, which represents 43% of provincial program spending.⁹

² Diabetes in Canada: Highlights from the NDSS Report, Public Health Agency of Canada, 2008 (Note: Nova Scotia tied with New Brunswick for highest prevalence)

³ Canadian Community Health Survey, 2007

⁴ Canadian Cancer Care Statistics, 2009

⁵ Canadian Cancer Care Statistics, 2009

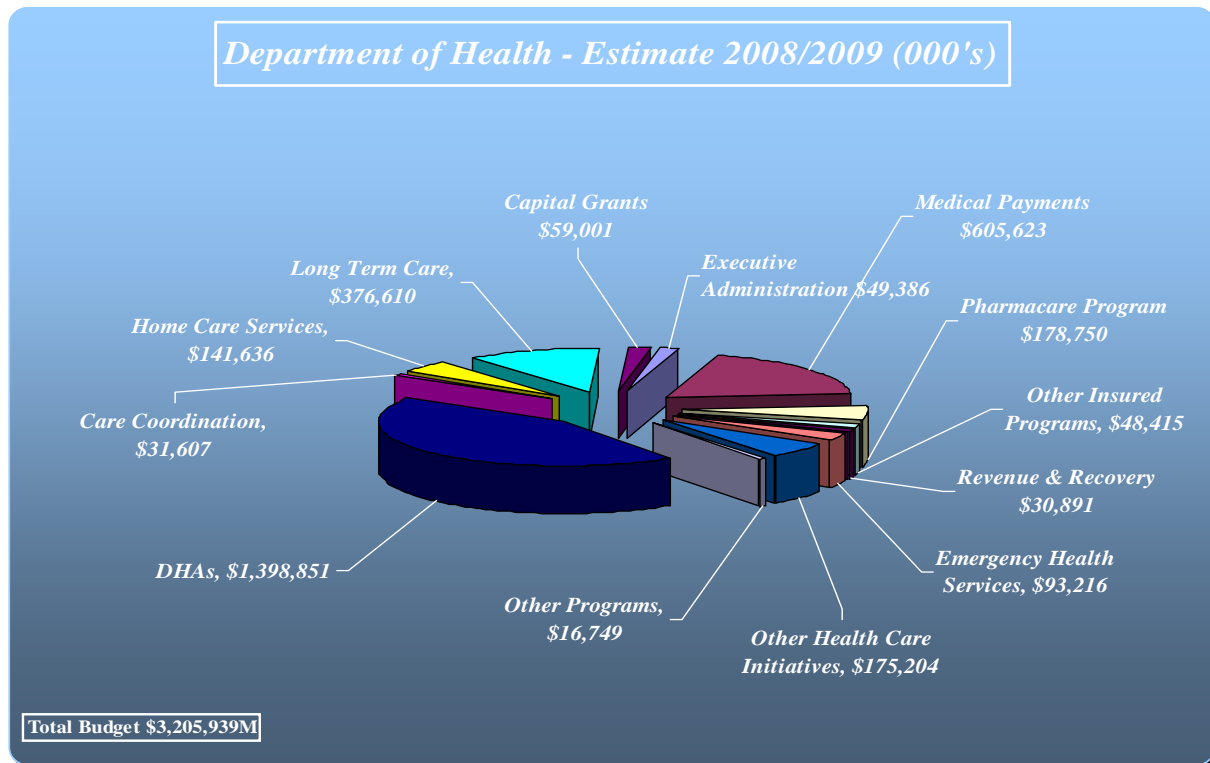
⁶ Canadian Community Health Survey, 2007

⁷ Statistics Canada, *Canada's Population by Age and Sex*, January 2009

⁸ PHSOR Report, 2009

⁹ Nova Scotia Department of Finance, Budget Estimates, 2008-09

The following is a breakdown of expenditures:



The largest portion (\$1.398 billion or 44%) of expenditures is allocated to DHAs/IWK to provide health services to Nova Scotians. The rest of the spending is needed for other programs, initiatives, administration, and grants.

The Department of Health is the largest department of government in terms of budget and operations. The growth in health spending comes largely from labour costs, the introduction of new technologies (such as new drugs and medical procedures), capital, and related operational costs. While new technology is beneficial, it has an impact on the cost to the health care system.

Spending on health care in Nova Scotia (and Canada) has seen significant growth in the past decade. Public expenditure per capita on health in Nova Scotia now stands at \$3,866 which represents a 102% increase in ten years.¹⁰ That places Nova Scotia fifth out of ten provinces in per capita spending. While health spending has increased the province has not seen the desired outcomes of improving population health. The recent economic downturn across the country and worldwide forces government to deal with short term funding challenges while looking at longer term structural changes to make health care spending sustainable and effective.

¹⁰ CIHI National Health Expenditure Trends 1975-2008. Note: CIHI reports “public” expenditures as funds coming from provincial, federal, and municipal governments, along with social security fund programs.

2.3 Responding to Change through Health Transformation

The Department and its many stakeholders recognize the need for change. Through the health care system's response to PHSOR, *Transforming the Health Care System in Nova Scotia*, system partners are attempting to address the many issues raised in the report. This will mean empowering communities to deliver services that best meet their needs, empowering health professionals to be more productive, and building more efficiency in the system. The Department, and system partners, have committed to health transformation to enable better care for generations of Nova Scotians.

3. Departmental Strategic Priorities

The Department, DHAs, and the IWK have jointly developed and endorsed six strategic priorities that will assist in supporting the vision and mission of the health care system. The priority named *Lead Health Transformation* was established by the Department to focus more specifically on the role of the Department in health transformation. It will ensure the Department of Health is solidly positioned to support the other strategic priorities.

These priorities are not ordered by importance and will all drive the Department's activity for 2009-10 and into the future.

- Lead Health Transformation
- 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

4. Strategic Priorities, Goals, and Performance Measures

Strategic Priority: Lead Health Transformation

Nova Scotia's health care system must change to meet the needs of the province now and in the future. The province must look at how services are being delivered, how to empower health professionals to deliver the best care possible, and how to empower individuals to lead healthier lives. The Department has developed a three year initiation plan to address the various recommendations of the Provincial Health Services Operational Review (PHSOR) under the theme of *Health Transformation*. Branches within the Department and health system partners have committed to supporting the various initiatives under health transformation.

The Department has established dedicated resources to support transformation work and to involve system stakeholders in the transformation process. Some current activities include:

- Development of Healthlink 811, a new call-line providing access to trained nurses
- Development of a Collaborative Care Model, where health professionals work to their full scope of practice (and in teams) to deliver better care
- The integration of continuing care to DHAs to promote an integrated continuum of care
- Developing a more comprehensive approach to health human resources.

The priority *Lead Health Transformation* has been created to focus more specifically on the role of the Department in health transformation. It forms a foundation for the Department to support the other health system priorities. The Department will be working with staff to further develop leadership excellence at all levels, establishing a culture that enables a high quality, effective, diverse workforce and models a healthy workplace, develop and implement an accountability and performance management system, ensure integration of work initiatives across branches, and establish a change management culture to enable positive health transformation.

Future activities will include a clinical services review, rural health review, primary health care initiatives, the development of an accountability framework, mental health and addictions review, and efforts to ensure business office services are efficient and effective. The Department will continue to partner with HPP, DHAs/IWK, and other stakeholders in the health system to support moving forward with health transformation. Departmental staff and system partners have shown tremendous commitment and passion for this initiative to ensure the province has “generations of Nova Scotians living well.”

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

Goal: Leadership in Pandemic Planning

H1N1 (Human Swine Influenza) is a new strain of influenza that is spreading around the world. Sadly this has resulted in some fatalities but the majority of cases have been relatively mild. It is very possible that H1N1 will become much more severe over the next six to twelve months. Therefore, Nova Scotia’s health system needs to continue its response to the H1N1 situation and optimize its pandemic preparedness.

The Department of Health and HPP have been leading the process to optimize the health system’s preparedness. This planning is based on the national and provincial pandemic planning frameworks and lessons learned during the response to the initial appearance of H1N1. Planning will involve staff from both Departments and will be done in close collaboration with the Emergency Management Office, DHAs/IWK, as well as other provincial and federal partners. DHA/IWK pandemic plans will be reviewed to ensure they are as complete as possible. Physicians, nurses, and other health providers will be updated regularly with information and support concerning H1N1. The Department of Health and HPP will also work closely with system partners to ensure there is an adequate supply of human resources and supplies to effectively deal with the H1N1 pandemic. Information will continue to be updated for the general public concerning this important issue. The Department is also committed to addressing the recommendations of the Auditor General’s Special Report to the House of Assembly on Pandemic Preparedness (released in July 2009) to help strengthen the pandemic plan and planning process.

Surveillance of H1N1 activity will be critical over the next six to twelve months. Public Health is enhancing the sentinel physician network to monitor influenza-like illness (ILI) trends. ILI clusters will continue to be monitored and investigated in schools, long-term care facilities, and hospitals. There will also be close tracking of ILI emergency room visits and hospitalizations to detect any increase in H1N1 severity to enable the health system to respond appropriately.

Goal: Addressing Emergency Care Services

Strong, functioning services are crucial to the Nova Scotia health care system. Families and communities need to know that quality care, including emergency care, is accessible. The Department will recruit a provincial advisor on emergency care to review current systems and facilities to help establish the right approach to emergency care for the province. The clinical services review and rural health review conducted through the Health Transformation initiative will also address access to care, including emergency care.

Goal: Reducing Wait Times through Improving Access

The issue of wait times is really about *access*; access to the right care by the right provider at the right time. The Department engages system partners to improve access by using evidence, focusing on quality improvement, using an integrated system approach, communicating with partners and the public, and supporting health transformation in the province.

Providing medical equipment and funding has enabled Nova Scotians to have access to more healthcare services in their own communities. The capability to complete MRI testing is now available in four additional DHAs. Nova Scotia now has the highest number of MRI machines per capita in Canada. Through a pilot project, Nova Scotians living with chronic pain can now access treatment services in more communities. Six new community-based clinics have been opened to provide a variety of pain management services. Three new Bone Density machines have been added to the system with the potential to double previous testing capacity. Three new digital mammography units, including the first mobile unit in Canada has enabled Nova Scotia to have one of the highest breast cancer screening participation rates in the country.

The Department is working to reduce wait times through several activities:

National Benchmark Reporting

Average wait times in Nova Scotia are within the national benchmarks for four out of five national priority areas. These include:

- Radiation therapy within 4 weeks (except for patients at Level 4, which is the lowest level of acuity, with the average wait time being 4.5 weeks)
- Cataract surgery within 16 weeks for high risk patients
- Cardiac wait time for Level 1 patients within 2 weeks, Level 2 patients within 6 weeks, and Level 3 patients within 26 weeks
- Breast cancer screening for women aged 50-69 every 2 years and cervical cancer screening for women aged 18-69 every 3 years.

While hip and knee replacement surgery is not yet being completed within the benchmark of 26 weeks, numerous initiatives are in place to bring Nova Scotia in line with the target timeframe.

These initiatives include:

- Orthopedic Assessment Clinic – A collaborative effort between the Department of Health and Capital District Health Authority (CDHA) to streamline the process and reduce the time between referral to an orthopedic surgeon and completing the consultation
- Scotia Surgery – An initiative that has enabled CDHA surgeons to complete 500 procedures at an alternate facility and free up time at CDHA hospitals to complete more complex surgeries. This contract was renewed by the previous government for one year but will be reviewed prior to any further extensions.
- Stadacona – Capital Health and Canadian Forces Base Halifax (Stadacona) have entered into a longer term relationship which allows regular use of Stadacona's operating room facilities, in order to carry out publicly insured minor surgical procedures.

Outcome	Measure	Base Year (Jul – Sept 2008)	Target	Strategic Actions (09/10)
Reduce wait times for joint replacement services	Number of weeks waiting for hip and knee replacements	45% within target for hip replacement	Hip replacements within 26 weeks	- Orthopedic Assessment Clinic, Scotia Surgery, Stadacona, Surgical Services Project
		31% within target for knee replacement	Knee replacements within 26 weeks	

Radiation Therapy Wait Time Guarantee

Nova Scotia has signed an agreement with the federal government to guarantee that (by February 2010) cancer patients requiring radiation therapy will start their treatment no later than 8 weeks from being ready to treat (the National Benchmark for Radiation Therapy is a wait time of 4 weeks to start of treatment). Additional equipment and resources are being added to the cancer centres in Cape Breton and Halifax to increase the capacity to provide services that Nova Scotians will require.

Colorectal Cancer Prevention Program (CRCPP)

The CRCPP will be launched in three DHAs to address the high incidence of colon cancer in Nova Scotia. The average number of new cases identified per year is 960 in Nova Scotia which drives the need for action. The screening program will use a population-based approach of Nova Scotians aged 50-74 years of age. The screening test will be able to detect pre cancer and prevent its development or detect asymptomatic cancer, as well as enhance the probability of complete cure and reduce the overall mortality rate. The Department plans to pursue broadening this program in the future.

Outcome	Measure	Base Year	Target	Strategic Actions
Early detection and treatment of colon cancer	Participation rate in screening program for specified population in selected DHAs.	2008/09	30% participation rate of screening population in 09/10	- Increased access to screening tests in selected DHAs.

Out of Province Travel and Accommodation

Nova Scotians can face health challenges that require medically insured services that are not available in the province. In 2009/10 the Department will develop a new out-of-province travel and accommodation policy to help support individuals needing access to care outside of Nova Scotia.

Diagnostic Imaging Pilot Project

A pilot project will be completed in March 2010 and will evaluate the impact of process change and technology implementation on access to diagnostic imaging services. The three project streams will provide valuable information and recommendations regarding appropriateness, efficiency, and patient choice.

Surgical Services Project

Nova Scotians need improved access to surgical services. The Nova Scotia Surgical Care Network (NSSCN) has been formed to oversee implementation of processes and technology that will improve timely access to surgical services throughout the province. The implementation of the Patient Access Registry for Nova Scotia (PAR NS) will enable DHAs and surgeons to utilize complete and accurate information about patients waiting for surgery to better manage available resources. Implementation of automated Operating Room Management (ORM) systems throughout the province will assist with standardizing and simplifying the way that surgery programs document and report the care that has been provided. Information for PAR NS will come directly and electronically from the ORM in each DHA. These systems will provide a standardized way of assessing the acuity of a patient's condition and will improve communication to patients about when they are likely to receive their surgery. PAR NS is currently being implemented and will be in place across the province by July 2010.

Nova Scotia Stroke Strategy

Providing better support to Nova Scotians affected by strokes requires a strategic, team-based approach. Cardiovascular Health Nova Scotia (CVHNS) will continue to provide leadership and support for the implementation of the Nova Scotia Stroke Strategy in 2009-10. Stroke Coordinators will be hired in all Districts to support implementation of best practice guidelines. This will be an important focus for the District Health Authorities as they begin to re-organize local services for stroke care as recommended in the stroke strategy and operational plan. CVHNS will support professional education for stroke teams using a variety of venues, tools, and partnerships. CVHNS will lead the development of an ongoing surveillance and monitoring system to track outcomes of the enhanced stroke services. By the end of 2010, all Districts should have more access to re-organized and enhanced stroke services.

Wait Times Website

Challenges with collecting data from multiple systems throughout the province (that were not designed to provide wait time information) are being addressed through multiple initiatives involving DoH and DHA stakeholders. Each initiative is focused on gathering data that will provide decision-makers with the information they need to provide the best healthcare programs for Nova Scotians. The intent is to share this information with Nova Scotians through posting on the Wait Time Data section of the DoH website.

Collaboration on Access

Nova Scotia is working with partners across Canada and with the Canadian Institute for Health Information to agree on ways to standardize wait time measures. As well, in the coming year the Department will be bringing together senior officials from Atlantic provinces to address wait time issues. This will include a two day forum to discuss opportunities for collaboration, creating efficiencies, and building on successes to improve access to care.

Goal: 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 access to health services for French speaking minority communities. This includes addressing the needs of the Acadian and Francophone communities of Nova Scotia through the development of a French Language Services Plan.

In 2009-10, implementation of this Plan will include the following key objectives:

Framework and Policy

- Review internal policies and practices to identify areas where changes could be made to support French language health services.
- Continue to implement guidelines regarding written correspondence and verbal communication.

Enabling French-language Services

- Consult and partner with Réseau Santé Nouvelle-Écosse on issues related to the health needs of the Acadian and francophone population.
- Provide French language services for identified public consultations
- Develop a collaborative approach for French-language health training initiatives.
- Increase awareness of French-language services and materials
- Develop a strategy to ensure public health information material is available in French.
- Provide Departmental staff with learning opportunities, tools and resources for French-language skills development, maintenance and growth.

Community Development and Capacity-Building

- Ensure that the development of plans and strategies for increasing access to French-language health services is part of the annual planning process.
- Ensure that the plan to increase access to French-language health services correspond to the objectives outlined in the Global Development plan for the Acadian and francophone communities as well as the priorities identified by Réseau Santé Nouvelle-Écosse.

Goal: Progress on Continuing Care

The Department of Health is committed to responding to the changing needs of the growing senior population so that they can remain in the home and community setting. In this, the fourth year of the 10-year *Continuing Care Strategy*, the Department will continue to develop a range

of flexible and responsive programs to assist clients in their own home, including strategies to support caregivers.

The *Strategy* has delivered tremendous benefits to the citizens of Nova Scotia. To date this has included:

- Over 400 new Adult Day spaces funded by DoH through the DHAs
- Eight new physician leaders hired by DHAs
- Over 100 clients participating in Self-Managed Care Program
- Purchase of an additional 758 hospital beds for Nova Scotians to use in their homes
- Demonstration projects to improve access to primary health in long-term care, such as:
 - Three Telehealth sites in long-term care facilities to provide better access to health information
 - Evaluation a full-time physician in Oceanview Manor to provide appropriate levels of medical care to meet the needs of the patients
- Eight long-term care facilities offering Peritoneal Dialysis to support kidney treatment
- 605 Continuing Care Assistant (CCA) bursaries for CCA programs (08/09).

For those Nova Scotians whose condition requires a higher level of care, 804 new long-term care beds are in development and there will be 673 net new long-term care beds opening by March 2010.

Outcome	Measure	Base Year	Target (09/10)	Strategic Actions
Better access to higher levels of care	Increased number of long-term care beds	2008/09	673	- Working with developers and communities with site development, monitoring, and standards for new facilities.

Outcome	Measure	Base Year	Target (09/10)	Strategic Actions
More home support services and nursing services	Increased number of direct service hours	2008/09	2% increase for home support 2% increase for nursing services	- Work with communities and stakeholders to develop more service hours

Coordinated and comprehensive care is necessary to ensure access to appropriate services. To support a full continuum of care, there will be an increasing level of local management of continuing care services by integrating service delivery into existing District Health Authorities. This move will better provide for the unique needs of the community, avoid duplication of services, and better allocate resources. This integration of services is also a key initiative as part of Health Transformation.

Goal: Healthier Communities through Mental Health and Addiction Services

Key concepts driving the Department in providing mental health services include investment in good mental health, partnering with stakeholders for more effective service, and helping individuals with mental illness across the lifespan. The Mental Health, Children’s Services, and Addiction Treatment branch of the Department works closely with many different stakeholders across the province to enhance service delivery and provides leadership in fostering good mental health. Nova Scotia has seen improvements in services, such as reducing wait times for mental health services for adolescents, the development of the Family Help program in Cape Breton, and programming for new mothers in partnership with the IWK. New infrastructure has been initiated including community-living bungalows in Dartmouth for mental health clients. The first mental health court will open in Fall 2009 to assist individuals in getting the help they need.

Partnerships continue to foster better mental health and to ensure efficient and effective investments for services. The Department has partnered with HPP and the Departments of Education and Community Services on early intervention and prevention through early childhood programs and youth health centres. Greater awareness of mental health and addictions issues have also been achieved through the award winning Depression Strategy. The Department also continues to develop integrated services with the Departments of Community Services, Education, HPP, and Justice through the comprehensive Child and Youth Strategy. The Department also fosters citizen engagement with the Consumer, Family, and Community Involvement Working Group. This engagement by individuals, groups, and organizations is recognized annually through the Meaningful Involvement Consumer Awards (MICA).

As in the rest of Canada, challenges of access to (and distribution of) mental health and addictions services continue to exist for patients, families, and communities. As part of Health Transformation, the Department will engage in a Mental Health and Addictions review by working with system partners to develop the most appropriate mental health and addictions services for communities across the province.

Outcome	Measure	Base Year	Target	Strategic Actions
Better approach to mental health and addictions services	Review of mental health and addictions services	2008/09	Completed by 2009/10	- Develop review team - Consultation with stakeholders - Finalize review

Goal: Leadership in Drug Programs and Strategy

The Department provides leadership by administering drug programs to maintain and improve the health of Nova Scotians. This includes providing prescription drug insurance to seniors under the Seniors’ Pharmacare Program as well as many other residents under Family Pharmacare and disease specific pharmacare programs. Along with drug programs, the Department has established expertise in drug policy development and conducts research and evaluation. This evidence-based and consultative process enables the Department to properly assess the most appropriate, cost-effective drug coverage. The Department also works closely with the

Department of Community Services in relation to Nova Scotians who receive Pharmacare benefits through their programs.

On March 1, 2008 the Department implemented the Nova Scotia Family Pharmacare Program to assist Nova Scotians with the costs of prescription drugs. 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. As of February 1, 2009 there are approximately 17,000 families enrolled in the program covering approximately 29,000 individuals. Over the next year an evaluation of the Family Pharmacare Program will be conducted to review its effectiveness and how it is supporting Nova Scotians.

Outcome	Measure	Base Year (08/09)	Target (09/10)	Strategic Actions
More access to drug coverage	Increase the number of families enrolled in the Family Pharmacare Program	17,000 families enrolled	35,000 families enrolled	- Increased promotion, awareness of program

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

Goal: *Supporting Individuals and Families through Primary Health*

Primary health care is the foundation of any health system that supports the health and wellness of the population. Building a strong primary health care system is a key strategy for sustaining health care in the future. The vision for primary health care in Nova Scotia was developed with comprehensive input from health professionals, District Health Authorities, the IWK and other system partners. Efforts over the next few years continue to include strategic action, investment, and collaboration with Department branches and other government departments, partners, and agencies.

The major areas of leadership and activity for primary health care for the Department in the 2009-10 will include Healthlink 811, Electronic Medical Record, Population-based Planning, Chronic Disease Management, Community-based Access, Midwifery, the Aboriginal Health Transition Fund, and Building Cultural Safety in the Health Care System. Details on each are listed below:

HealthLink 811

Recommendation # 46 of the Provincial Health Services Operational Review identified the implementation of a nurse call-line as a key priority for health system transformation. This nurse call line, known as Healthlink 811, is a service where callers can access health information and advice regarding self care provided by a registered nurse 24 hours a day, 7 days per week, 365 days per year.

Outcome	Measure	Base Year	Target	Strategic Actions
Better access to the most appropriate care	Number of calls received	2009/10: Line established on July 29, 2009	2009: 93,750 2010: 143,750 2011: 168,750	- Invest in people and technology

Electronic Medical Record

The Electronic Medical Record enables 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. Forty percent of primary care physicians in Nova Scotia have or are in the process of implementing computerized medical records.

Outcome	Measure	Base Year	Target	Strategic Actions
Improved access to health information by those providing care	Percentage increase in practices implementing Electronic Medical Record	2008/09	2010: 47 % 2011: 62% 2012: 77%	- Expand system functionality and integration - Strengthen and expand program supports and services - Support peer-to-peer network

Population-Based Planning

As new models of care, planning, and funding emerge, the importance of focusing on population needs rather than custom or historical patterns is evident. The Primary Health Care section of Nova Scotia's Department of Health will work in partnership with provincial stakeholders and experts on the development of population needs-based planning methodologies to enable better allocation of resources to care for those in the communities we serve.

Outcome	Measure	Base Year	Target	Strategic Actions
Better population-based planning	Population-based needs assessed for 100% of new or enhanced Primary Health Care initiatives	2008/09	March 2010	- Partner with stakeholders across the system to identify existing capacity and create new and appropriate system wide capacity

Chronic Disease Management

Building on the Primary Health Care Action Plan for Chronic Disease Management and the Provincial Health Services Operational Review, Primary Health Care provides leadership to the

collaborative approach for Chronic Disease Management. Working with our health partners, Primary Health Care continues to advance the objectives in guideline based care, self management implementation, physician incentives, and the Provincial Chronic Disease Management Advisory Committee. By March 2010, the province will develop a Provincial Chronic Disease Management Strategy.

Outcome	Measure	Base Year	Target	Strategic Actions
Improved access to Chronic Disease Self Management programs.	Support training of lay leaders and master trainers to meet the identified needs in the Districts for self management program delivery.	2008/09	All DHAs by 2010	- Develop tools to support self-management programs for communities, including change management, and professional development for health providers.
	Support the development of a Chronic Disease Self Management Program for children and youth.		By 2010	- In collaboration with key stakeholders, develop a strategy for the delivery of self management programs for the pediatric population.

Community-based Access

Interdisciplinary teams are a fundamental building block for access to community-based primary health care and delivery of comprehensive chronic disease prevention and management services. In order to optimize the effectiveness of existing teams to respond to the needs of the communities they serve, primary health care will work with the Districts and the IWK to evaluate existing teams to ensure they continue to meet the needs they were established to fulfill, identify best and promising practices, and determine strategies to support team collaboration and development. Collaborative Team Days will be offered to all DHAs and the IWK during 2009/10.

Midwifery

The addition of Midwives to existing Maternity Care Teams will provide cost effective, quality, maternity services to both rural and urban settings. This is an innovative approach to build maternity care access. Primary Health Care has taken the lead on the implementation and integration of Midwives into the Maternity Care teams, which includes 3 model sites; Guysborough Antigonish Strait Health Authority, the IWK Health Centre, and South Shore District Health Authority. The Midwifery Evaluation Framework will be used to inform the future direction for Midwives in the Primary Health Care context.

Outcome	Measure	Base Year	Target	Strategic Actions
Enhanced access to Maternity Care Services	Number of mothers and families supported through prenatal, antenatal, and post partum care period per full-time equivalent	2008/09	2009/10: 30 births per full time equivalent	- Midwifery services will offer prenatal, antenatal, and post partum care

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 (AHTF) Adaptation Envelope, Nova Scotia has received funding from Health Canada to implement the Adaptation Plan. The Adaptation Envelope supports and facilitates the adaptation of existing provincial health programs and services to improve access to appropriate and integrated health care services for First Nations and Aboriginal people and communities in Nova Scotia. This will include conducting a health needs assessment of off reserve Aboriginal people, adapt existing Mental Health and Addictions prevention and promotion materials to include a First Nations perspective, adapting Cancer Care patient navigation tools and approaches to support Aboriginal patients with cancer, and engaging First Nations and Aboriginal partners and communities in the development of an Aboriginal Health Policy Framework.

Building Cultural Safety in the Health Care System

Primary Health Care is committed to providing culturally safe care for all Nova Scotians. During this coming year the Department, with meaningful input from federal and First Nations partners and all Aboriginal communities in Nova Scotia, will lead the initiative “Transforming How We Deliver Care: Building Cultural Safety in the Health Care System” which entails adapting existing cultural competence guidelines to reflect Mi’kmaq culture and traditions.

Outcome	Measure	Base Year	Target	Strategic Actions
Improve delivery of culturally safe health care services across the health care system to First Nations and Aboriginal patients	Implementation of adapted Cultural safety guidelines	2008/09	2011	- Adapt existing cultural competency guidelines to reflect the cultural traditions and values of the Mi’kmaq People

Goal: Strengthening Emergency Health Systems

Emergency Health Systems (EHS) will continue to work on improved access to quality out-of-hospital emergency health services. Development continues on further integrating 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. During 2008/09, performance based contracts were finalized for Emergency Medical Care Inc (EMC) to continue as the ground ambulance service provider in Nova Scotia as well as for EMC to assume management responsibility for EHS LifeFlight.

The new ground ambulance contract maintains the key components from the 1999 Agreement, including contractor response time standards. Having a rapid response to patients allows paramedics to provide life saving interventions such as chest compressions, early defibrillation, and other advanced care. A rapid response is also beneficial for other major diseases, injuries, traumas, strokes, and respiratory illnesses. The contract also includes additional provisions such as new clinical performance measures in order to ensure that there is continued excellence in Nova Scotia's out-of-hospital system.

Outcome	Measure	Base Year	Target	Strategic Actions
Timely access to emergency health services for Nova Scotians	Achieve or exceed all applicable response time standards	New contract established in 2009	On time performance for all call classifications (e.g. emergency, urgent, and transfer calls) by 2009/10	<ul style="list-style-type: none">- Monitor the contractor's performance- Identify opportunities in system with stakeholders for improvements and efficiencies- Work with partners to improve overall provision of EHS service to communities

Strategic Priority 3: Ensure a high quality health system workforce

Goal: Strengthening Health Human Resources

Health care professionals play a unique role in the lives of Nova Scotians. The Department wants to ensure they have the opportunity to provide the best possible care as part of a system-wide model of care. The Department works closely with DHAs/IWK and other system partners to provide high-quality learning opportunities for health care professionals, to recruit and retain a diverse and representative health workforce, and to provide the best work environment possible. This includes taking action to build a health care workforce that reflects those populations that are under-represented in the health system. It also includes action to build systemic, cultural competence so that health care professionals and organizations have the awareness, knowledge, skills, and policies required to meet the needs of the diverse populations.

The Department's approach to health workforce planning focuses on consistency, collaboration, supporting positive work environments, and providing better care for the province's diverse

communities. An example of this approach includes the Model of Care initiative in which a new provincial Collaborative Care Model was designed. This new model was founded on the premise that all care starts with the patient and family. Through the leadership of the Department and through collaboration with patients, family members, and an inter-professional health team, this initiative focuses on people, processes, technology, and information that contribute to the patient's care. Health professionals will better work to their full scope, approach care as teams, and ensure safe and optimal health outcomes. Sites for the new Collaborative Care Model are being established and the model is a key initiative under Health Transformation.

This collaborative approach to health workforce planning has taken various forms with various health professionals. The Nova Scotia Nursing Strategy is the Department's comprehensive and coordinated approach to enhancing the quality of work life for nurses. It has resulted in positive impacts on the recruitment, retention, and renewal of nurses across the province. The Department has collaborated with physicians to develop a new Physician Master Agreement. Partners to the Agreement developed initiatives to help optimize the role of physicians, including areas of primary care, supporting practices, improving information technology and management, retaining and recruiting physicians, and establishing innovative approaches to care and funding. This approach will enhance the safety and satisfaction of patients, physicians, staff, and support Health Transformation. The Department has worked with system partners to develop an action plan that addresses a critical need to recruit, train, and retain health care professionals to staff expanded services through the Continuing Care Strategy. Other health professional workforce initiatives are underway through partnerships with Mental Health, Children's Services and Addiction Treatment branch, Acute and Tertiary Care branch, the Department of Justice, Department of Community Services, and HPP.

Outcome	Measure	Base Year	Target	Strategic Actions
Better access to nursing services in Nova Scotia	Retain new nursing graduates	2008/09	2011: 80% retention	- Working on retention strategies with partners through the Nursing Strategy

Another important development for health human resource (HHR) planning in Nova Scotia is the establishment of an HHR Work Group through the Health Transformation initiative. Co-leads from the Department of Health and the HHR community will work with stakeholders to refine and implement a Health Human Resources Strategy that will support health care providers using their full scope of practice and support a culturally competent health care system that will respond effectively to the diversity of Nova Scotians. HHR is an integrated component for Health Transformation initiatives and other Departmental activities.

Strategic Priority 4: Strengthen governance and accountability across the continuum

Goal: Building a Culture of Quality and Patient Safety

The PHSOR report highlighted quality and patient safety as critical to addressing system pressures and creating an effective, efficient and sustainable healthcare system. Building a culture of quality and patient safety means:

- Shifting from a fragmented, provider-focused healthcare system to a patient-centred approach to care
- Encouraging a proactive approach that integrates safe care practices
- Encouraging an approach to adverse events that supports reporting both adverse events and near-misses, as well as continually learning and making changes to improve quality and patient safety.

The Department will continue to work with DHAs/ IWK, healthcare professionals, and quality and patient safety organizations to build a culture of quality and patient safety.

Outcome	Measure	Base Year	Target	Strategic Actions
Safer patient care	Facilities with operating rooms that implement a surgery checklist	2008/09	75% by 2010/11	- Support local implementation of national quality and patient safety initiatives such as Safer Healthcare Now and the Safe Surgery Saves Lives campaign

Goal: Atlantic Leadership in Intergovernmental Affairs (IGA)

The Department has developed strong relationships with our fellow provinces/territories and the federal government. More specifically, in 2008 the Department took the lead role in establishing the Atlantic Health Ministers’ Forum. The Forum provides a collaborative mechanism for the Atlantic region to discuss and share issues of mutual interest and concern. In 2009-10 this will include priority areas such as the Radiation Therapy Wait Time Guarantee Recourse Agreement; a joint memorandum of understanding which will allow for better access to radiation therapy services. It will also include Atlantic collaboration on generic drug pricing where there are opportunities to realize savings for the Atlantic Provinces around generic pricing of pharmaceuticals.

Strategic Priority 5: Create comprehensive Information Technology and Information Management systems

The ability to share detailed and up-to-date patient information is vital to improving health care delivery to Nova Scotians in the years ahead. Therefore, the Department of Health continues to move forward implementing information systems to support better health care for Nova Scotians. These e-health systems support improved sharing of information among health providers, more timely access to patient information and improved information for health administrators to plan for health services in the future. The goal of implementing e-health solutions is to support the health system in providing high quality and timely health care to Nova Scotians.

Current initiatives include:

- Implementation of a provincial **Electronic Health Record (EHR)**, known as SHARE (Secure Health Access Record), which will allow authorized healthcare professionals to quickly access patients' health records regardless of the locations of care. The province is contributing \$9 million over three years (with Canada Health Infoway contributing over

\$17 million) for this initiative, which is expected to be implemented province-wide in 2010.

Outcome	Measure	Base Year	Target	Strategic Actions
Healthcare Provider timely access to comprehensive patient healthcare information	Implementation of the SHARE	2007/08	Implemented by 2010 and system usage measured	<ul style="list-style-type: none"> - Collaboration with Canada Health Infoway - Linking hospital information systems - Implementing provincial client and provider registries - Implementing SHARE Provider Viewer and Clinical Repository

- Continued implementation of the **Primary Healthcare Information Management (PHIM) Program**, which allows health care providers to easily look through their patients' medical history improving the quality and safety of patient care.

- Partnership with **Medic Alert** that supports linkages with paramedics, physicians, hospitals, schools, and adult patients facilitating the flow of relevant patient information during medical emergencies. The first module of this project will provide direct wireless access into the electronic MedicAlert emergency health record by the NS Emergency Health Services paramedics and air medical transport staff.

- The development of the Nova Scotia **Telehealth Network (NSTHN)**, which is a video conferencing communications network that connects healthcare facilities across Nova Scotia to improve access to services for patients, families and healthcare professionals.

- Implementation of **Health Administrative Systems Project (HASP)** will provide integrated administrative systems for the provincial health care sector (all DHAs & IWK) and result in the standardization of financial accountability and reporting, and the adoption of standards and best business practices for Finance, Human Resources, and Materials Management and improved access to information for health systems planning. Implementation has begun and will be completed by 2009/10.

Outcome	Measure	Base Year	Target	Strategic Actions
Better integrated administrative services	Implementation of HASP	2007/08	Implementation completed by 2009/10	<ul style="list-style-type: none"> - Working with DHA partners to implement system changes.

- 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. Significant investment has been made in developing a provincial infrastructure capable

of ensuring security and supportive management through a central hosting service, **Health Information Technology Services (HITS-NS)**. This organization has created more than 130 jobs in Nova Scotia and continues to grow.

Through the leadership of the Department's Information Strategy, Standards, Solutions and Services (IS4) branch, and in working with system partners, the implementation of electronic health systems will continue to be a strategic goal.

Strategic Priority 6: Engage Nova Scotians in the health system

The Department has been engaging health system stakeholders (including health professionals, administrators, community board members, and other stakeholders) in transforming the health care system. This has included task groups, open forums, and regular communication on health issues. One example of this engagement is the Collaborative Care Model which was created with direct input from health professionals, patients, and their families. Several other exciting activities around public engagement are underway, including the award winning Open Doors initiative created by the Capital Health District Authority which uses forums for citizens and information sharing to increase the public's awareness of health issues, along with getting citizen input for decision-makers. The Department will explore using citizen engagement in 2009-10 on different health care issues.

5. Human Resource Strategy

The Human Resources Corporate Service Unit (HR CSU) for Health provides leadership and advice on operational and strategic directions for human resource management for several client departments (Department of Health, Department of Health Promotion and Protection, Department of Seniors and Human Rights Commission). Areas of expertise include recruitment and staffing, staff relations, organizational and employee development, occupational health & wellness, and payroll and benefits.

HR CSU's Strategic Directions:

- Cultivate the development of a performance driven culture
- Strengthen our clients' capacity to achieve and sustain performance excellence

Priority 1: Clients have access to quality, effective, efficient and consistent HR services.

- **Respond to internal Deloitte Review**
HR Processes have been reviewed and will be re-structured to optimize quality, effectiveness, and efficiency and reduce silos of work.
- **Establish a culture that enables a high quality, effective, diverse workforce that models work-life balance**
Strategies will be implemented in 2009-10 to create culture changing conditions in the workplace. This will include:
 - **Attraction Strategy** - Attracting new employees by partnering with other government organizations, developing an Outreach Marketing/Ambassador Program and investigating job exchange opportunities

- **Retention Strategy** - Internal programs/initiatives will continue to be developed that encourage retention of current employees, such as a Talent Review pilot program
- **Recruitment & Selection Strategy** - The full recruitment and selection process has been reviewed and will be re-structured to ensure consistency and quality, and that new hires are representative of the diverse community served. Internal training programs will be developed, in conjunction with current corporate training, and delivered to our clients.
- **Healthy Workplace Framework** - All committees will be supported and informed by HR of corporate and other best practice developments.
- **Diversity and Employment Equity** - The departmental Diversity Committee will continue to build on provincial work including the first provincial Primary Health Cultural Competence Guidelines in Canada, groundbreaking provincial work on GBLTI (Gay, Bi-Sexual, Lesbian, Transgendered and Intersex) health programs and developing work on Cultural Safety. Specifically all departmental staff will be offered the Introduction to Cultural Competency workshop.

Communications

The Communications Strategy will ensure communication to our clients is clear, consistent, enables employees to be knowledgeable on timely subjects, and enables us to improve processes with their feedback. Quarterly Director Updates through email as well as updating the HR information on the intranet will be two vehicles we will focus on.

Priority 2: Executive and Senior Leadership have confidence in HR's ability to support significant organizational transformation.

- **Implement Occupational Health & Safety (OHS) Strategy**

Senior Leadership Teams will be working with the HR CSU to continue with their foundational role in OH&S within the context of a Healthy Workplace Framework. This will enable all staff to understand and own their role and responsibility with regard to OH&S. We will ensure there is a clear understanding of the *leadership, guidance and advice* which the HR CSU offers.

- **Enhance Transformational Leadership**

A "Transformational Leadership" Competency Framework will be researched, developed and designed, and understood and accepted by key decision makers.

Priority 3: Managers have confidence and competence in their ability to effectively manage their human resources.

- **Ensure "Middle Managers" are linked to transformational leadership initiatives**

Middle Managers will be connected to key departmental issues and general "Transformational Leadership" competencies, through Leaders Forums, and other development opportunities.

- **Develop Manager's HR Skills**

Skill development "Workshops" will be delivered to all managers. Workshops will include Recruitment and Selection, OHS, Respectful Workplace, Performance Management and Career Development Planning.

6. Budget Context – 2009/10 DoH Business Plan

<i>Item</i>	<i>2008/2009 Budget (\$ thousands)</i>	<i>2008/2009 Actuals (\$ thousands)</i>	<i>2009/2010 Budget (\$ thousands)</i>
<i>Executive Administration</i>	48,360	44,482	50,166
<i>Medical Payments</i>	605,623	602,536	622,168
<i>Pharmacare Program</i>	178,750	179,322	184,125
<i>Other Insured Programs</i>	48,415	46,030	44,368
<i>Insured Services</i>	30,891	30,060	31,641
<i>Emergency Health Services</i>	93,216	93,309	98,537
<i>Other Health Initiatives/Other Programs</i>	192,979	167,542	210,477
<i>District Health Authorities</i>	1,398,851	1,406,146	1,492,330
<i>Care Coordination</i>	31,607	29,876	32,405
<i>Home Care Services</i>	150,947	148,062	156,695
<i>Long Term Care Program</i>	367,299	363,766	411,485
<i>Capital Grants</i>	59,001	54,675	87,879
<i>Total</i>	3,205,939	3,165,806	3,422,276