



Accountability Report

2023–24

Health and Wellness



© Crown copyright, Province of Nova Scotia, July 2024

Accountability Report 2023–2024

ISBN 978-1-77448-663-4

Contents

Introduction	2
Accountability Statement	2
Measuring Performance.....	3
Surgical Access Improvements	3
Cancer Care Improvements	3
Improving Patient Movement through the Health System.....	4
Emergency Health Services.....	5
Workforce Strategy	5
Primary Health Care.....	5
Infrastructure.....	6
Prescription Drug Coverage	6
Health Equity	7
Public Health	7
Digital Solutions	8
Financial Summary and Variance Explanation	9
<i>Public Interest Disclosure of Wrongdoing Act</i>	11

Introduction

On April 22, 2022, the Government introduced a comprehensive multi-year plan, Action for Health, focused on transforming the health system for Nova Scotians. Over the course of 2023-24, the Department of Health and Wellness (DHW) made strategic investments and introduced innovative programs in key areas of the healthcare system to support and advance the six overarching core solutions of the Action for Health plan. This report highlights the activities in a number of areas, including improving access to primary care, expanding care options for the public, improving equity across the health care system, and more. This is the second accountability report under the Action for Health plan, and work continues to provide more care, faster to Nova Scotians from one end of the province to the other.

Accountability Statement

The Accountability Report of the Department of Health and Wellness for the year ended March 31, 2024, is prepared pursuant to the *Finance Act* and government policies and guidelines. The reporting of the Department of Health and Wellness outcomes necessarily include estimates, judgments, and opinions by the Department of Health and Wellness management.

We acknowledge that this Accountability Report is the responsibility of the Department of Health and Wellness management. The report is, to the extent possible, a complete and accurate representation of outcomes relative to the goals and priorities set out in the Department of Health and Wellness 2023-24 Business Plan.

Original signed by
Hon. Michelle Thompson
Minister

Original signed by
Dana MacKenzie
Deputy Minister

Measuring Performance

Surgical Access Improvements

In 2023-24, DHW implemented new initiatives and focused on increasing access to surgeries and reducing wait times for diagnostics services across the province.

DHW implemented the Care Coordination Centre (C3) Surgical Flow Tile at QEII, which now provides a 14-day overview of booked surgeries to optimize operating room time, highlight pressure points, and enable improved resource allocation. DHW also expanded the surgical capacity and access to care in a number of areas. For example, the Halifax Vision Surgical Centre and Lasik MD now complete up to 6,000 cataract surgeries per fiscal year to Nova Scotia Health Authority (NSHA) patients.

In partnership with Atlantic Centre for Ambulatory Services – ACAS (formally known as Scotia Surgery), a new surgical payment initiative (premium billing) for physicians facilitated more evening and weekend surgeries at NSHA and IWK. Increased access to diagnostic imaging tests such as Medical Resonance Imaging (MRI), Computed Tomography (CT) scans and Ultrasounds resulted in more than 18,000 CT scans and 8,000 more ultrasounds performed compared to the same period in 2022-23.

Efficiency and coordination initiatives were also established. Moving from paper-based referrals to a new electronic referral process for surgical, MRI, and ultrasound referrals has helped better manage and coordinate these referrals, prevent lost and misdirected referrals, improve communication with patients and providers and gain better information to support planning. The ongoing use and expansion of this tool to other services will ultimately help reduce wait times and improve patient experiencing by helping match patients with the fastest and most appropriate options.

To improve the patient and provider experience, NSHA continues to work with surgeons and primary care providers across the province to provide training on how to receive and manage referrals using the new Oceans platform. When the patient's primary care provider uses Ocean e-referral to submit surgical or diagnostic imaging referrals, patients who provide their email address will automatically receive updates on the status of their referral.

Cancer Care Improvements

DHW has improved access to cancer care services, increased the focus on prevention, and stabilized cancer care resources, all to improve the health outcomes of Nova Scotians.

In January 2024, DHW launched the Lung Cancer Early Detection Screening Program in Central Zone. There were close to 1,000 referrals as of the end of 2023-24, and approximately 80% were self-referrals (not dependent on primary care). This program led to 10 positive lung CT scans patients referred to thoracic surgery, 77 referrals sent to Tobacco Free Nova Scotia, and 83 people eligible/signed up for free Nicotine Replacement therapy since the soft launch in July, 2023.

In 2023-24, DHW opened a new thoracic clinic at the Cape Breton Cancer Centre to improve outcomes for lung and related cancer patients through shorter wait times, faster diagnosis, and treatment options closer to home.

In June 2023, electronic patient scheduling for cancer care was enabled across the province on ARIA (an oncology information system). Patients can now access their cancer appointments and schedules and set appointment reminders on their mobile device. The implementation of full functionality of ARIA was completed in Truro and is ongoing in other parts of the province. Patient visits in the community for chemotherapy and/or immunotherapy increased by 5,000 between 2020 and 2024, meaning in 2023-24, more cancer patients who needed these treatments were receiving their care closer to home.

A new General Practice Oncologist (GPO) clinic opened in April 2023 at Cumberland Regional Health Care Centre. This includes an evolution of the model of care, with expanded use of extender roles (e.g. nurse practitioners, associate oncologists, general practice oncologists) to provide patients with adequate support and safe care close to home whenever possible.

In January 2024, cancer care patients in Nova Scotia started receiving care on the first-in-the-world Ethos radiotherapy system with HyperSight imaging. Ethos is an AI-driven treatment platform allowing adaptive radiotherapy, which tailors patient treatment plans daily based on HyperSight cone-beam CT imaging, achieving increased precision by accounting for changes in anatomy.

Over 2023-24, approximately 180 cancer care providers were hired at cancer centres and community cancer clinics across the province, helping ensure patients receive timely care as close to home as is safely possible.

A new Referral Cancer Patient Navigator role was developed, and five referral navigators have been hired. This role helps patients navigate the cancer system before their first visit to the QEII Cancer Centre. Additionally, five-day-a-week GPO/ Nurse Practitioner (NP) coverage for chemo reactions was established.

Improving Patient Movement through the Health System

To improve the patient experience by providing care in the right location and safely supporting people to go home sooner, DHW expanded the use of the C3 to improve flow by providing real-time capacity views of the system. As discharges are predicted and occur, flow teams are alerted to make use of the available spaces. The C3 enhances communication across multi-disciplinary teams and provides a list of tasks requiring completion to accelerate discharge.

The C3 Emergency Expediter Tile is now live at Halifax Infirmery and Cobequid Emergency Departments. This provides a real-time overview and alerts to areas of pressure in the departments. For example, as an ambulance offload time approaches a threshold, the ED team is notified to enable action.

DHW expanded the use of licensed healthcare professionals (e.g., physiotherapists, occupational therapists) to provide care from five to seven days a week in hospital. This enhances patient support earlier and reduces the demand for nurses and physicians.

Emergency Health Services

In 2023-24, DHW invested in non-emergency transport capacity-improving initiatives to free up local ambulances for emergency response. Examples include the support of a community shuttle network in Queen's County and Chéticamp, the use of Emergency Health Services (EHS) medical transport shuttle to transport ambulatory patients, the addition of a Clinical Transport Operator role to transport stretcher patients, and the use of the Air Medical Transport Service to move patient from Sydney and Yarmouth to Halifax.

DHW continues to focus on matching the right resource with patient needs, and using different technologies to support 911 calls. For example, the Medical Communication Centre nurse program (MCCP) was used to triage and provide help to low acuity patients, a single responder's unit program was used to assign patients who may not need an ambulance and to develop care plan with the MCCP, and the use of GoodSAM technology to help diagnosis and treat patients remotely.

New initiatives were initiated or enhanced to strengthen the workforce, through increased training and expanded scopes of practice. The Medical Communication Centre (MCC) Clinical Team enabled more clinicians to be involved in the clinical programs of the MCC. It implemented Video Consultation Service for clinicians to collaborate with both on-scene providers and patients, and novel collaborative care programs between EHS and NSHA with respect to after-hours care. DHW provided ongoing Continuing Medical Education for all EHS clinicians, utilizing evidence-based practice protocols as evaluated by the EHS Evidence-Based Practice Program. Additionally, a Critical Care Response Unit was implemented, and the scope and role of the Emergency Preparedness and Special Operations (EPSO) in the first responder model was expanded.

Workforce Strategy

DHW has worked with the Office of Healthcare Professionals Recruitment on multi-year strategies to improve the recruitment and retention of healthcare professionals. For more information on the work of that Office, please refer to their Public Accountability Report for 2023-24.

Primary Health Care

DHW continued its push to provide more options for Nova Scotians to get primary care when and where they need it. In 2023-24, DHW expanded team-based care (including family doctors, nurse practitioners, social workers, and dieticians) by investing in 63 new and strengthened clinics across the province. Nova Scotia also opened more clinics to support urgent health concerns, including Mobile Primary Care Clinics at nine locations. Investments like these have added over 60,000 more primary care appointments available per month.

DHW is also investing \$6.3M over four years to help new grads and new doctors establish practices. This has started at Dalhousie Family Medicine clinics, where new doctors will gain experience working alongside other care providers.

DHW continued support for Primary Care Clinics (PCCs) to take on more patients by creating new and strengthening PCCs in operation. New initiatives like Community Pharmacy PCCs are being piloted at 31 locations.

This past year, DHW continued to support patients on the Need a Family Practice Registry, providing unlimited access to VirtualCareNS. Additionally, starting in November 2023, those attached to a provider can use the service twice per year.

Infrastructure

The delivery of the QEII New Generation vision to rethink and rebuild healthcare is ongoing. The initial phase of the Halifax Infirmary (HI) Expansion Project – Acute Care Tower is underway. This phase of the project has been focused on delivering infrastructure that will support the most urgent healthcare needs in the form of a specialized Acute Care Tower. In May, 2023, an agreement was signed to start advanced work on the HI site. Site preparations recently began onsite.

DHW continued to invest in the replacement and expansion of medical equipment to support safe, quality care, including upgrades to laboratory services, diagnostic imaging, and cardiac care. Capital grant funding included support for Capital Medical Equipment, Infrastructure Repair and Renewal, Capital Clinical Projects, and Leasing/Evergreening initiatives. In 2023-24 Capital Medical Equipment Purchases included:

- A new Fluoroscopy Unit for Cumberland Regional Health Care Center in Amherst.
- A new Digital X-Ray Unit for Roseway Hospital in Shelburne.
- Leasing arrangement for Eight C-Arms (portable x-ray machines used in operating rooms).
- Replacing Anesthesia Machines in Central Zone that were 12 to 15 years old.
- Spect CT System for the Yarmouth Regional and the Valley Regional.
- A CT Scanner for Saint Martha's Regional Hospital in Antigonish.
- A new Digital Radiography unit for the Cobequid Hospital in HRM.
- 14 ultrasound units and 1 ECHO unit arrived to replace outdated machinery at 10 facilities.

DHW focused on establishing the transition to community facilities that will free up more hospital beds for those who need them, and continues to look for opportunities where transitional care facilities support improving access and flow within the system. In March 2024, DHW announced the sale of 21 Hogan Court to Shannex. Shannex took over renovations of the existing building and committed to constructing a second adjacent building with 110 beds for 178 in total. Phase One of the transitional care facility is anticipated to open in December 2024. Phase Two will open in April 2026.

Prescription Drug Coverage

Nova Scotia completed a review of its formulary coverage relative to other jurisdictions and recommendations from expert advisory committees. Changes have been made to streamline access to coverage including providing more drugs as open benefits to beneficiaries. This process removes the restrictions for those drugs that require the prescriber to provide an application for coverage making them available without pre-approval. 37 products were moved into the open benefit category and new products continue to be added as benefits.

Health Equity

DHW worked with NSHA and the IWK to continue to deliver more services that reflect the populations they serve. Two Mi'kmaq/Indigenous Patient Navigators were hired and began working at the IWK in January 2024. NSHA hired five of the six patient navigator positions to begin work in March 2024. The Navigator position under the PrideHealth expansion was hired in October of 2023.

In July 2023, DHW launched the Equity Youth Health Experience Program (EYHEP) pilot. The EYHEP initiative saw five students from grade eleven to university hired at four community-based/health organizations. The total investment in the program was \$30,000 in 2023-24?.

The Health Equity Framework was delivered in July of 2023 and implementation is underway. The Framework was developed with input from 75 engagement sessions and contributions from over 1,275 individuals engaged via online public surveys. The Framework covers three main themes with 35 associated actions: Patient Experience (12 actions), Health Human Resources (12 actions), and Health System Policies and Practices (11 actions).

Engage4Health, an online public engagement platform for the health system to gather valuable feedback and input from Nova Scotians on health-related programs and policies, was developed and set for launch. Additionally, a comprehensive report was completed, culminating in the development of a Health System Public Engagement Framework.

Public Health

DHW moved forward with priorities that improve the health and well-being of the population, which helps reduce the burden on primary and acute care. The Nurse Family Partnership (NFP) program launched at the end of March 2024, offering appropriate support and referrals to prenatal referrals that have been screened and contacted by an Early Years Public Health Nurse.

New investments supported early years programming, enabling more families to access services. For example, DHW increased Public Health Nurse (PHN) positions in each of the health zones to support pre and postnatal program supports, including NFP, Enhanced Home Visiting and PHN core program supports. Early Years Multidisciplinary Teams were implemented in each of the health zones. Social Workers, Infant Feeding Specialists, Community Outreach Workers, and Health Promoters were added to the team to work with PHN and Community Home Visitors and enhance supports for families in the areas of mental wellness, infant feeding, community connection, and pre and postnatal health promotion. Other examples include:

- Introduction of prenatal program service pathways and enhanced postnatal service pathways, through adaptation of the Manitoba Provincial Standards for Prenatal, Postpartum and Early Childhood for Nova Scotia. Program service pathways provide Public Health nurses with standardized evidence-based guidance and resources to support their nursing assessment and intervention with families. The type of service a client might receive depends on their identified need.
- Enhancing the training and guidance for PHNs to increase the breadth of program support for families.

- Investment in resources to support evidence informed programming and comprehensive, consistent training.
- Introduction of Panorama, Family Health Module for Early Years programming to enhance clients record documentation and ease of client transfers.

In 2023-24, Public Health transitioned to a targeted fluoride varnish program delivered in schools by Public Health Dental Hygienists. Up to two additional applications of topical fluoride varnish are offered to pre-primary and elementary-aged children in 168 schools in 123 identified communities throughout the province. Two Provincial Program Specialists have been hired to support Public Health's Oral Health Program, including expansion and evaluation of the Fluoride Varnish Program.

Public Health continued to plan and prepare for potential surges in COVID-19 and other respiratory viruses. The spring 2024 COVID-19 vaccine program was implemented, and the NSHA continues to distribute vaccine to provide primary series doses.

Digital Solutions

DHW continues to invest in the digitization of the health system to improve patient and provider experiences, and create a more connected, insightful health system.

The health provider experience is being transformed with digital tools to improve their access to information, clinical standardization and significant efficiency gains within their daily work. An example of these investments includes One Person, One Record (OPOR) which will standardize NSHA and IWK provider workflows, digitize their clinical information systems, increase their access to information and promote significant efficiency gains in their daily working lives.

Investments made in digital are improving the patient experience with their health system, including more transparency, better coordination and increased access to services. Investment like YourHealthNS, an app empowering patients to access their health information and navigate the health system, and continued investment in VirtualCareNS to provide more patient centric, and increased access to care, are examples of how digitizing the health system has helped shape the future of healthcare in Nova Scotia.

Financial Summary and Variance Explanation

Departmental Expenses Summary			
(\$ thousands)			
Programs and Services	2023-2024 Estimate	2023-2024 Actuals	2023-2024 Variance
General Administration	2,637	2,926	289
<u>Strategic Direction and Accountability</u>			
Public Health Administration	6,343	6,129	(214)
System Integration	4,174	3,277	(897)
Benefit Programs and Eligibility	3,173	3,446	273
Emergency Health Services	1,720	1,725	5
Strategy, Performance and Partnerships	21,214	19,892	(1,322)
Health Transformation Administration	1,769	1,235	(534)
Physician Services Administration	2,631	2,567	(64)
<u>Service Delivery and Supports</u>			
Physician Services	1,051,055	1,140,173	89,118
Pharmaceutical Services and Extended Benefits	381,776	376,046	(5,730)
Emergency Health Services	212,158	220,265	8,107
Other Programs	301,512	307,754	6,242
<u>Health Authorities</u>			
Nova Scotia Health Authority	2,323,293	2,605,593	282,300
IWK Health Centre	244,008	254,829	10,821
<u>Capital Grants and Healthcare Capital Amortization</u>			
Capital Grants and Healthcare Capital Amortization	296,610	232,708	(63,902)
Total - Departmental Expenses	4,854,073	5,178,565	324,492
Additional Information:			
Ordinary Revenues	81,290	175,477	94,187
Fees and Other Charges	14,873	15,027	154
Ordinary Recoveries	104,928	146,315	41,387
Total: Revenue, Fees and Recoveries	201,091	336,819	135,728
TCA Purchase Requirements	253,660	224,387	(29,273)
<u>Funded Staff (# of FTEs)</u>			
Department Funded Staff	263.2	217.3	(45.9)

Departmental Expenses Variance Explanation:

Department of Health and Wellness expenses were \$324.5 million or 6.7 percent higher than estimate primarily due to \$193.8 million for NSHA operating costs driven by travel staff and inflationary pressures, \$145.1 million for the nursing union and non-union contract settlements, \$78.7 million increase for the new physician agreement, \$36.3 million for expired inventory related to infection, prevention and control. These increases were partially offset by a \$63.9 million decrease in capital grants due to a shift of cashflows, \$35.8 million decrease due to hiring challenges and program delays across multiple strategic and health transformation initiatives, \$15.1 million decrease for immunization programs due to lower utilization than anticipated, and \$14.7 million due to delays in information technology initiatives.

Revenue, Fees and Recoveries Variance Explanation:

Ordinary Revenues were \$94.2 million higher than budget primarily due to revenue received from the Working to Improve Health Care for Canadians bilateral agreement.

Ordinary recoveries were \$41.4 million higher than budget primarily due to a \$28.9 million increase in out of province recoveries, \$7.4 million increase third-party claims due to increased population, \$4.4 million increase in reciprocal billing recoveries and \$1.4 million Federal recovery for the Mass Casualty Commission.

TCA Purchase Requirements Variance Explanation:

TCA Purchase Requirements were \$24.6 million underspent due to shifts in cashflows at the QEII redevelopment project, the Cape Breton redevelopment project, and the Bayers Lake community outpatient centre.

Provincial Funded Staff (FTEs) Variance Explanation:

The Department is reporting a variance of 45.9 FTEs under budget due to temporary vacancies.

Public Interest Disclosure of Wrongdoing Act

The *Public Interest Disclosure of Wrongdoing Act* was proclaimed into law on December 20, 2011.

The Act provides for government employees to be able to come forward if they reasonably believe that a wrongdoing has been committed or is about to be committed and they are acting in good faith.

The Act also protects employees who do disclose from reprisals, by enabling them to lay a complaint of reprisal with the Labor Board.

A wrongdoing for the purposes of the Act is:

- a) a contravention of provincial or federal laws or regulations;
- b) a misuse or gross mismanagement of public funds or assets;
- c) an act or omission that creates an imminent risk of a substantial and specific danger to the life, health or safety of persons or the environment; or,
- d) directing or counselling someone to commit a wrongdoing.

The following is a summary of disclosures received by the Department of Health and Wellness:

Information Required under Section 18 of the Act	Fiscal Year 2023-24
The number of disclosures received	None
The number of findings of wrongdoing	None
Details of each wrongdoing (Insert separate row for each wrongdoing)	N/A
Recommendations and actions taken on each wrongdoing. (Insert separate row for each wrongdoing)	N/A