

# Accountability Report

2016–2017

Department of Health and Wellness  
July 2017

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# Annual Accountability Report for the Year 2016 - 2017

## Department of Health and Wellness

### Accountability Statement

The Accountability Report of the Department of Health and Wellness (DHW) for the year ended March 31, 2017, is prepared pursuant to the *Finance Act* and government policies and guidelines. These authorities require the reporting of outcomes against the DHW Business Plan for the fiscal year 2016-2017. The reporting of the DHW outcomes necessarily includes estimates, judgments and opinions by DHW management.

We acknowledge that this accountability report is the responsibility of the DHW 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 DHW 2016--2017 Business Plan.

Original signed by

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The Honourable Randy Delorey  
Minister of Health and Wellness

Original signed by

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Denise Perret, Q.C.  
Deputy Minister of Health and Wellness

## Message from the Minister of Health and Wellness

I am pleased to present the 2016-17 Accountability Report for the Department of Health and Wellness. The department continues to work on multiple initiatives to support quality health care in the province, and this report highlights last year's progress in meeting the priorities of the Government of Nova Scotia.

In 2015, we saw the creation of the Nova Scotia Health Authority (NSHA) and this year we implemented a new organizational structure at the Department of Health and Wellness. The new structure will provide policy direction and health system oversight to ensure that Nova Scotians have access to high quality health services.

The department works closely with the NSHA and IWK. Together, we are improving primary health care access for Nova Scotians by building collaborative primary health care teams. By the end of March, there were upwards of 50 new or expanded interprofessional teams being organized. In the fall of 2016, \$3.6 million was committed to these teams, which included hiring 13 nurse practitioners and 9 family practice nurses. This is expected to improve access to primary health care for 14,000 Nova Scotians.

Health prevention and promotion extends to both physical and mental health. The department and the health authorities are working with the Department of Education and Early Childhood Development to improve access to mental health clinicians in schools, and with the Department of Community Services to improve access to safe, affordable, supported housing for mental health clients.

The department is addressing challenges in health care through innovation and strategic investments. This past year we launched MyHealthNS, a web-based health tool that allows patients to access their health information. As of March, we now have integration between hospital information systems and MyHealthNS across all four management zones. This means clinicians and patients from across the province can now register to use MyHealthNS. MyHealthNS allows patients to receive, view and manage their personal health information electronically, making it more convenient, and in some cases saving them a visit to the clinic to get information like normal test results. It will also mean more appointments available to be booked for those who need to see a doctor in person.

Innovative thinking and strategic planning have contributed to a reduction in wait lists for home support and long-term care. This year, the department reduced the wait list for home support by 92 per cent. The wait list for long-term care has been reduced by 54 per cent since 2015. This means more Nova Scotians across the province receive care where they have said they want to be.

Our dedicated staff continue to work diligently to improve access to health care services, promote healthy, active lifestyles, and provide innovative solutions for complex problems. They are committed to making sure programs and services are responsive to the needs of Nova Scotians.

Our department looks forward to another successful year working on behalf of Nova Scotians.

Original signed by

Minister, Health and Wellness  
Randy Delorey

## 2016-2017 Financial Table and Variance Explanation (\$ thousands)

	2016-2017 Estimate	2016-2017 Actuals	2016-2017 Variance
<b>Programs and Services</b>			
General Administration	2,425	2,089	(336)
<b>Strategic Direction and Accountability</b>			
Chief Medical Officer of Health	3,018	2,291	(727)
Client Service and Contract Administration	5,405	5,131	(274)
Corporate Service and Asset Management	15,772	12,253	(3,519)
Investment Decision Support	5,292	3,979	(1,313)
System Strategy and Performance	7,295	5,746	(1,549)
<b>Service Delivery &amp; Supports</b>			
Physician Services	808,465	806,993	(1,472)
Pharmaceutical Services and Extended Benefits	297,793	293,923	(3,870)
Emergency Health Services	139,137	138,417	(720)
Continuing Care	823,276	815,788	(7,488)
Other Programs	170,290	170,835	545
<b>Health Authorities</b>			
Nova Scotia Health Authority	1,568,605	1,574,614	6,009
IWK Health Centre	212,998	215,812	2,814
Capital Grants & Healthcare Capital Amortization	72,438	56,746	(15,692)
<b>Total - Departmental Expenses</b>	<b>4,132,209</b>	<b>4,104,617</b>	<b>(27,592)</b>
<b>Additional Information:</b>			
Ordinary Revenue	(57,200)	(58,187)	(987)
Fees and Other Charges	(13,668)	(13,680)	(12)
Ordinary Recoveries	(114,220)	(122,494)	(8,274)
<b>Total: Revenue, Fees and Recoveries</b>	<b>(185,088)</b>	<b>(194,361)</b>	<b>(9,273)</b>
TCA Purchase Requirements	5,725	4,080	(1,645)
Total Funded Staff (FTEs)	303.4	254.3	(49.1)
Staff Funded by External Agencies	(6.0)	(5.1)	0.9
<b>Provincial Funded Staff (FTEs)</b>	<b>297.4</b>	<b>249.2</b>	<b>(48.2)</b>

**Departmental Expenses Variance Explanation:**

The Department of Health and Wellness expenses were \$27.6 million or 0.7 per cent lower than estimate, primarily due to: a net underspend of \$15.7 million in capital grants and amortization as a result of project delays and changes in cash flow requirements; \$7.7 million in salaries and administrative reductions; \$6.1 million decrease caused by delays in information technology projects; \$4.6 million in home care savings associated with lower than expected utilization and net savings of \$8.0 million in various other program budgets.

These underspends were partially offset by \$8.8 million in additional funding to the health authorities for health care services and an increase of \$5.7 million for Canadian Blood Services due to growing utilization.

**Revenue, Fees and Recoveries Variance Explanation:**

Department of Health and Wellness revenue, fees, and recoveries were \$9.3 million or 5.0 per cent higher than estimate, primarily due to \$8.3 million increase in recoveries for physician reciprocal billings, auto levy charges, and insurance recoveries from other provinces for treatment of out-of-province patients, as well as other increases in revenue.

## 2016-2017 Department of Health and Wellness Performance Measures/Outcomes

In 2016-17, the Department of Health and Wellness reorganized, in response to the implementation of the new *Health Authorities Act* and the creation of the Nova Scotia Health Authority. New roles and responsibilities for the Department and the health authorities are defined in the Act.

The Department is responsible for:

- providing leadership for the health system by setting the strategic policy direction, priorities and standards for the health system; and
- ensuring accountability for funding and for the measuring and monitoring of health-system performance.

NSHA & IWK are responsible for:

- Governing, managing and providing health services\* in the Province and implementing the strategic direction set by the department; and
- Engaging with the communities they serve, through the community health boards.

*\*Health Services are defined in the Act as "services related to the prevention of illness or injury, the promotion or maintenance of health or the care and treatment of sick, infirm or injured persons, and includes services provided in the Province through hospitals and other health-care institutions, public-health services, addiction services, emergency services, mental-health services, home-care services, long-term care services, primary-care services and such other services as may be prescribed by the regulations"*

Each year, performance measures and outcomes are reviewed during the development of the Department's Business Plan. The annual accountability frameworks between the Department and the health authorities, includes a series of key performance indicators that enable the department to monitor overall system performance.

This report reflects on the outcomes achieved by the DHW, in relation to the goals and priorities established in the 2016-17 Business Plan. The NSHA and IWK report on annual progress on their business plans in reports to the Minister. This report includes highlights from those reports.

**Goal 1: DHW is structured to effectively focus on governance of and drive performance in the health system in Nova Scotia.**

**Goal 2: DHW oversees and supports planning for health services by the NSHA and IWK that delivers effective, appropriate, sustainable programs and services**

### Where are we now?

DHW has implemented a new organizational structure aligned with its role and responsibilities set out in the *Health Authorities Act*. The Department is organized into five divisions:

- System Strategy and Performance
- Investment Decision and Support
- Corporate Services and Asset Management
- Client Services and Contract Management
- Office of the Chief Medical Officer of Health

Within the new mandate of the Department, these teams work together to develop evidence informed health system strategy; plan for appropriate and adequate health human resources; and provide effective contract management.

The Department redesign was focused on ensuring accountability mechanisms are in place for the two health authorities. The Minister had an annual accountability agreement with each Board Chair. The Minister and Board Chairs of each authority met quarterly to review progress on the performance measures contained in these agreements. To ensure the Department and health authorities are well connected on health system strategy and services, the Executive teams of the Department and each authority also met regularly. Appendix B contains examples of measures the health authorities have reported on in 2016-17.

### Where do we want to be in the future?

The Department of Health and Wellness is developing a performance framework, focused on short and longer term outcomes, to measure health system performance relative to strategic priorities. We will continue to develop and refine key performance indicators to enhance accountability for the delivery and management of health services in the province, with a goal of improving the health of the population, enhancing the care experience, and improving resource stewardship.



### Goal 3: DHW positively impacts health status by working across government on the social determinants of health.

Evidence shows that approximately 25% of a person's health status is related to health programs and services. While the health system plays an important role, other factors outside of the health system have the largest impact on the health of the population. This includes: the environment, income, housing and food security (these are often referred to as the *social determinants of health*). To improve the overall health status of the population, initiatives are also required in areas such as education, housing, and food and income security.

#### Where are we now?

DHW is working with our partners, inside and outside of government, to promote and support factors that can improve the health status of Nova Scotians. The Department supports the Social Ministers table which focuses on issues that cross multiple departments such as Department of Education and Early Childhood Development (DEECD), Department of Justice (DoJ) and Department of Community Services (DCS).

Some key initiatives in this area include:

#### Positive Mental Health

The Department and health authorities are working with other social departments, such as DEECD, DCS, DoJ and others, to address the root causes of poor mental health and to enhance mental health and addictions services in the province. Initiatives in this area include:

- Improving access to mental health clinicians in schools to provide for the early detection of conditions such as anxiety and depression and to address the complex needs of children in our schools. These clinicians improve access to supports, counselling and referrals for specialty services;
- Implementing recommendations from the Ministerial Advisory Panel on Innovation in Mental Health and Addictions, including the establishment of a central intake process for Nova Scotians who need to access mental health services and developing an integrated model for mental health and health care delivery for the youth population, building on the success of SchoolsPlus and Youth Health Centres;
- Working with DCS to improve access to safe, affordable, supported housing in the community for mental health clients; and
- Supporting communities, like North End Dartmouth through the Inspiring Communities initiative which aims to enable communities to build on their assets to address areas where they are struggling.

#### Cannabis Legalization

In anticipation of the federal government introducing legislation to legalize the recreational use of cannabis in Canada, the Department was one of four provincial departments and agencies (along with DoJ, Finance & Treasury Board and Service Nova Scotia) leading Nova Scotia's response to cannabis legalization. This work will be to ensure health and safety of Nova Scotians, especially children and youth, is a top priority in any regulatory framework.

## Opioid Overdose Response Plan

The use and misuse of opioids is a serious issue throughout the country. For the past decade, Nova Scotia (NS) has averaged 60 acute opioid overdose deaths per year, from OxyContin alone or in combination with alcohol, benzodiazepines and other prescription and/or street drugs. Data from the Medical Examiner indicates there were 54 acute opioid overdose deaths in 2016, 2 involving illicit fentanyl. In addition, illicit fentanyl has been identified on multiple occasions in 2016 by police in NS. The availability of illicit fentanyl is expected to increase in NS. Working with our partners in the health system, law enforcement and local government, we have, to date, put in place several harm reduction and prevention initiatives associated with opioid misuse:

- Developing the ability to monitor overdose deaths and link to police information on drug seizures.
- All Emergency Health Services crews and Emergency Departments have naloxone, plus we have two initiatives in Halifax and Cape Breton to provide naloxone to opioid drug users.
- Municipal police departments and RCMP are providing naloxone to frontline members
- Provincial correctional facilities have access to naloxone, plus are giving naloxone kits to appropriate offenders upon discharge.
- In 2016/17, Government invested \$559,000 to support three community-based harm reduction organizations in 2017/18:
  - \$160,000 in new funding to Northern Healthy Connections Society, Truro
  - an increase of \$152,000 to Sharp Advice Needle Exchange, Sydney
  - an increase of \$247,000 to Mainline Needle Exchange, Halifax. Mainline site is open seven days a week.

## Where do we want to be in the future?

The Department will continue to collaborate with partners in Government and the community to enhance the health of the population. The following are planned investments for 2017-18 to enable this continued collaboration:

- In 2017/18, the DHW will work with the NSHA and IWK to improve access to mental health services in the community as well as in the health system. The Department is planning to invest over \$3.2 million to enhance community based supports for mental health and to expand available crisis services.
- As part of the opioid use and overdose framework, the DHW is planning to:
  - spend \$504,000 to expand access to naloxone, a medication that blocks the effect of opioids and can reverse an overdose and \$60,000 to strengthen the areas of surveillance, data collection and monitoring.
  - expand access to opioid use disorder treatment and support a reduction in the use of prescribed opioids through primary care practices and specialized Nova Scotia Health Authority services
  - launch a new youth-focused public education and awareness initiative on opioid use and overdose
  - develop monthly public reporting on opioid-related overdose deaths

- By 2019-20, in conjunction with Department of Education and Early Childhood Development, plans are to add an additional \$4.4 million as a permanent investment in SchoolsPlus to extend it to all schools in the province. This will result in establishing a combination of approximately 51 new mental health clinicians, SchoolsPlus facilitators and Community Outreach Workers.

**Goal 4: The NSHA and IWK have the resources needed to deliver quality, appropriate, sustainable programs and services.**

The Department sets strategic direction for the health system, establishes accountability frameworks for the health authorities, determines the health services to be provided by health authorities and administers the allocation of available resources for the provision of these health services by the health authorities. This involves planning for innovative, quality, appropriate, and sustainable services across the “continuum of care” (from prevention and primary health care to acute care, continuing care and end-of-life care).

**Where are we now?**

Below are some highlights of key initiatives in this area for 2016-17:

**Collaborative Primary Health Care Teams**

- Collaborative primary health care involves healthcare providers working together to meet the needs of the populations they serve, ensuring patients get the care they need, when they need it. Teams are made up of nurse practitioners, family practice nurses, dietitians, social workers, physicians, paramedics and others working in a coordinated way, with the needs of the patient at the centre of their work. The combinations of providers within each team is determined by the needs of the community. The goal is to improve the health status of the population through care delivered by teams of health care providers working to their optimal scope of practice, ensuring that Nova Scotians receive the right care from the right provider at the right time.
- In 2016/17, NSHA used the Collaborative Care Framework (developed by the Department) for planning collaborative primary health care teams in NS. With the \$3.6 Million announced in the fall of 2016 for collaborative team enhancements, team expansions occurred in Digby, Shelburne, Windsor, Spryfield, Dartmouth, Musquodoboit Harbour, Truro, Westville, Port Hawkesbury, Cheticamp, Eskasoni and Sydney. Team enhancements included 13 nurse practitioners (NPs) and 9 family practice nurses (FPNs) for a total of 22 new team members in these areas of greatest need. This will help approximately 14,000 more Nova Scotians access primary care.

**Access to a Primary Care Provider**

- An initiative to address primary care access for those Nova Scotians who are seeking a primary care provider began in Fall 2016. NSHA, in partnership with 811, initiated a single registry for those Nova Scotians seeking a primary care provider. As of June 1, 2017, there were 31,484 on the registry.
- The Department and the health authorities are also focused on increasing physician recruitment to deal with this issue. In 2016, 125 physician positions were approved to be filled (68 family medicine

and 57 specialists). The Department continues to work with the health authorities to provide the right number, mix, and distribution of doctors.

### Mental Health and Addictions

In 2016-17, the Minister convened a panel of mental health experts to develop recommendations on how to strengthen mental health and addictions programs and services in the province. These recommendations include developing a central intake process to enhance access to services and enhancing access to youth mental health services. Implementation of these recommendations is underway.

### Continuing Care Strategy

The Department and the NSHA continued to make advancements in home care in 2016-17. In 2016-17, the number of individuals waiting for home support services was reduced by 92%. The Department will build on these successes in the development of a new Continuing Care Strategy. The strategy will outline Government’s vision for system modernization, quality and sustainability that will serve as a strong foundation for the next five years and beyond.

### Orthopedic Surgery Wait Times

There are several factors driving the demand for orthopedic surgery in Nova Scotia, including population health (such as higher rates of chronic disease and obesity) and an aging population. Orthopedic wait times vary across the province. This variation is due to differences in patient volumes, complexity, and the availability of services and equipment.

In 2016-17, the Department made continued investments to enable increased numbers of hip and knee surgeries within the NSHA and pediatric spine surgeries at the IWK. The Department also announced a \$3.8 million renovation for the Hants Community hospital to enhance operating room capacity. This expansion creates the potential of having orthopedic surgeries at this location in the future.

With these investments, improvements have been made in wait times for hips and knee surgeries in the province. While national wait times have risen slightly since 2012, Nova Scotia wait times for hips and knees have improved.

	Canada		Nova Scotia	
	2012	2016	2012	2016
Percentage of hip surgeries meeting national benchmarks	81%	79%	76%	73%
Percentage of knee surgeries meeting national benchmarks	47%	56%	33%	38%

## **QEII Health Sciences Redevelopment Project**

A key infrastructure project initiated in 2016-17 is the redevelopment of the QEII Health Sciences Centre. The QEII serves all of Atlantic Canada and houses our most complicated and specialized services. The redevelopment focuses on: transferring the most complex and specialized care from the aging VG site to the Halifax Infirmary site; creating a specialized outpatient centre for specialized day surgeries and other ambulatory care; creating a community outpatient centre for services that do not need to be delivered in a hospital setting; creating additional surgical capacity in Dartmouth General and Hants Community Hospital.

## **One Patient One Record (OPOR)**

In 2016-17, the Department began work on a significant IT/IM project to create one health care record for each individual, system-wide. In collaboration with Internal Services, Nova Scotia Health Authority and IWK, this initiative will result in a modern, fully integrated health information system that provides timely and accurate information for health practitioners and administrators across the health care system.

## **Panorama**

In 2016-17, the Department announced the implementation of an electronic public health information system called Panorama. Panorama is a communicable disease case management and surveillance system that will allow public health practitioners to manage notifiable disease case investigations, outbreaks, and the publicly-funded immunization program with 21st century tools replacing outdated paper processes. The project includes two phases: Phase 1 includes establishing an Inventory and Immunization Management system (Jan 2017 – Nov 2017); Phase 2 includes establishing an Investigation and Outbreak Management system (Dec 2017 – Nov 2018).

## **Where do we want to be in the future?**

- The addition (and optimization) of inter-professional team members to primary care practices that work with family physicians in team based care models allows for care that is provided by the right provider, at the right time, based on patient need. This can lead to improved primary health care system capacity, improved coordination and continuity of care, better recruitment and retention of providers and better work life balance for providers. Continued investment in 2017/18, will enable DHW to work with NSHA and IWK on identifying areas of greatest need for collaborative PHC team enhancements (using a population based planning approach).
- Work is underway to manage the 811 list and reduce wait-times for unattached patients to access a regular primary care provider.
- The Department plans to invest \$2.7 million to complete an additional 400 orthopedic surgeries in 2017-18, and an additional \$1 million to enhance pre-habilitation in the province.
- The Department plans to continue to invest in innovative solutions to support care in the province, including One Person One Record, MyHealthNS and Panorama.

## Appendix A

### Annual Report under Section 18 of the *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 counseling someone to commit a wrongdoing.

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

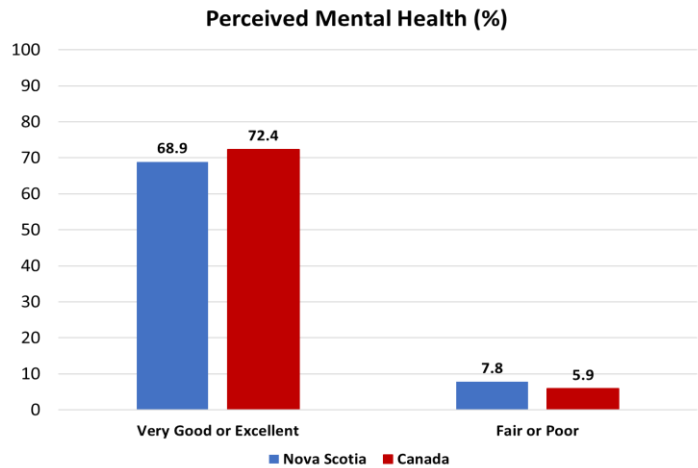
Information Required under Section 18 of the Act	Fiscal Year 2016-2017
The number of disclosures received	0
The number of findings of wrongdoing	0
Details of each wrongdoing (insert separate row for each wrongdoing)	Not Applicable
Recommendations and actions taken on each wrongdoing (insert separate row for each wrongdoing)	Not Applicable

## Appendix B: Highlights of Health Authority Performance for 2016-17

### Measure: Perceived Mental Health

Positive mental health is a state of well-being that allows us to “feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face” (Public Health Agency of Canada). Understanding how Nova Scotians perceive their mental health status will assess performance on this priority area of focus.

Almost 7 in 10 Nova Scotians rate their mental health status as very good or excellent (68.9). There is room for improvement, however, as a significantly higher proportion of Nova Scotians rate their mental health as fair or poor compared to the rest of Canada (7.8% versus 5.9%).

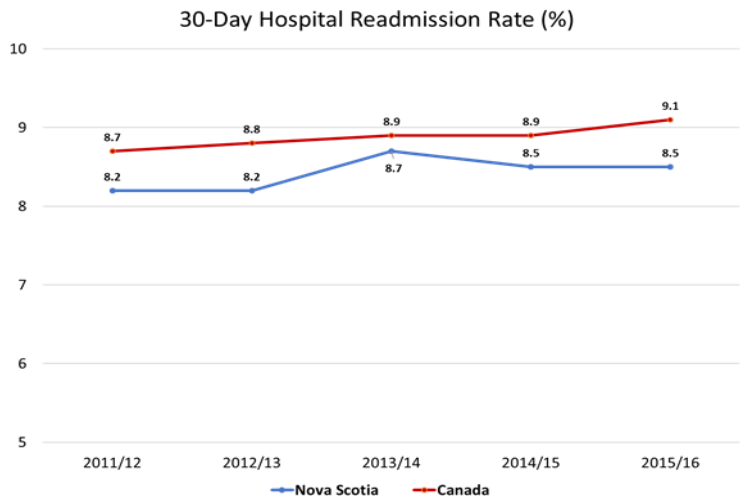


Source: Canadian Community Health Survey, 2015

### Measure: 30-Day Hospital Readmission Rate

Returning to hospital is not only difficult for patients and their families, it can also be costly for the health system. This indicator describes the percentage of patients readmitted to hospital within 30 days of their initial discharge. A low rate of readmission can be an indication of better follow-up and coordination of care for patients after discharge. (CIHI)

30-day readmission rates in Nova Scotia have been consistently lower than the national average for the past five years. In 2015/16 Nova Scotia was ranked number one, having the lowest readmission rate compared with other provinces across Canada.



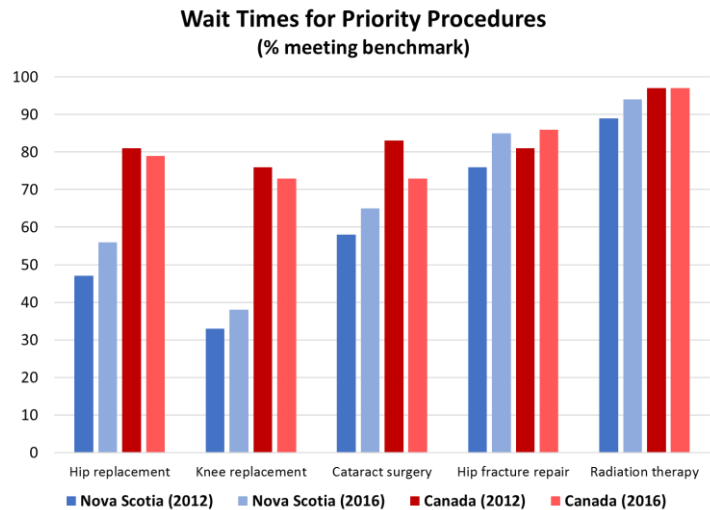
Source: CIHI

### Measure: Wait Times for Priority Procedures

Efforts to improve timely access to care continues to be a priority in Nova Scotia. Ongoing monitoring of the percentage of Nova Scotians receiving care within a clinically appropriate benchmark will allow for assessment of policies and initiatives aimed at reducing wait times in the province.

Since 2012, Nova Scotia has shown improvement in wait times for all five priority areas, indicating a higher percentage of patients are having procedures performed within the medically acceptable time frame.

Waits are still longer than Canadian average, particularly for hip and knee replacements.

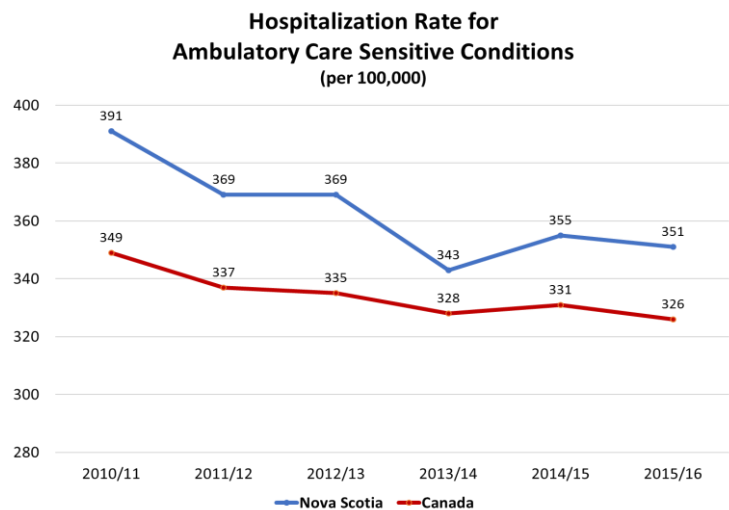


Source: CIHI

### Measure: Hospitalization Rate for Ambulatory Care Sensitive Conditions

This indicator looks at the acute care hospitalization rate for conditions that could be prevented or reduced if appropriate ambulatory care is provided, such as diabetes or asthma. High rates of this indicator could reflect problems in obtaining access to appropriate primary care. (CIHI)

Hospitalizations for ambulatory care sensitive conditions has continued to decline since 2010. Rates in Nova Scotia remain significantly higher than the Canadian average.



Source: CIHI

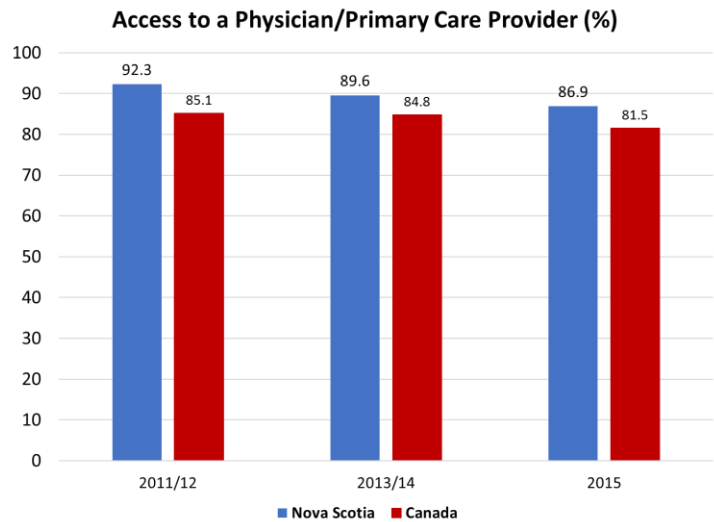


### Measure: Access to a Physician/Primary Care Provider

Access to primary care providers is a priority for Nova Scotia. This indicator looks at how many residents (age 12 and older) have a regular primary care physician or provider. Having access to a regular provider is important for screening, prevention and treatment of medical conditions.

In 2015, 87% of Nova Scotians reported having access to a regular provider compared to the national average of 81%. The percentage of Nova Scotians who report having a regular provider has decreased over time, a trend seen in most provinces.

Nova Scotia's rate is among the highest provincial rates, and is significantly higher than Quebec (regularly below 70%) and Alberta (regularly below 80%).



Source: Canadian Community Health Survey, 2015