



Accountability Report

2018–2019

Health & Wellness



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Accountability Report 2018–2019

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Table of Contents

Accountability Statement.....	3
Message from the Minister of Health and Wellness.....	4
2018-2019 Financial Table and Variance Explanation (\$ thousands).....	6
Departmental Expenses Variance Explanation.....	7
Revenue, Fees and Recoveries Variance Explanation.....	7
Additional Information about DHW.....	8
Measuring Our Performance.....	9
2018-2019 Business Plan Accomplishments.....	9
Outcome: Enhance Access to Primary Health Care.....	9
Outcome: Enhance Access to Mental Health and Addictions Care.....	10
Outcome: Invest in Continuing Care.....	11
Outcome: Improve Access to Orthopedic Surgeries.....	11
Outcome: Advance Digital Health – One Person One Record, MyHealthNS.....	12
Outcome: Continue Progress on QEII New Generation Project and IWK Emergency Department	12
Additional DHW Accomplishments.....	13
Cape Breton Regional Municipality (CBRM) Health Care Redevelopment Project.....	13
Pharmacare and Extended Health Benefits.....	13
Emergency Health Services.....	14
Appendix A: Public Interest Disclosure of Wrongdoing Act.....	15
Appendix B: Health Outcome Measures.....	16
Measure: Perceived Health.....	16
Measure: Ambulatory Care Sensitive Conditions.....	16
Measure: Access to a Regular Health Care Provider.....	17
Measure: Perceived Mental Health.....	18
Measure: Repeat Hospital Stays for Mental Illness.....	18
Measure: Hip Replacement Rate.....	19
Measure: Knee Replacement Rate.....	19

Appendix B: Health Outcome
Measures..... 16
Measure: Perceived Health 16
Measure: Ambulatory Care Sensitive Conditions 16
Measure: Access to a Regular Health Care Provider 17
Measure: Perceived Mental Health..... 18
Measure: Repeat Hospital Stays for Mental Illness 18
Measure: Hip Replacement Rate 19
Measure: Hip Replacement Rate 19

Accountability Statement

The Accountability Report of the Department of Health and Wellness (DHW) for the year ended March 31, 2019 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 2018-2019. 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 2018-2019 Business Plan.

Honourable Randy Delorey
Minister of Health and Wellness

Thomas J. Marrie, MD
Interim Deputy Minister

Message from the Minister of Health and Wellness

I am pleased to highlight the Department of Health and Wellness' activities and accomplishments over the past year. The department has continued to advance initiatives to support quality health care and improve Nova Scotians' access to primary care. The 2018-2019 accountability report outlines progress made over the last year to continue meeting Nova Scotians' health care needs.

Our top priority is improving access to primary health care, including improving collaborative care and access to doctors. Government continues to invest in enhancing and strengthening collaborative care teams across the province. A new incentive program and additional seats at Dalhousie University will help ensure Nova Scotia has the nurse practitioners it needs. A new Practice Ready Assessment (PRA) program was launched for international medical graduates, and additional family medicine and specialist residency spaces were added.

By working closely with the Nova Scotia Health Authority, government continues to improve access to hip and knee surgeries. Four new orthopedic surgeons and three anesthesiologists have been hired, and orthopedic assessment clinics were standardized and expanded to better prepare patients for surgery.

The department has continued working to improve access to mental health services and supports, including those for youth. Additional clinicians, expanded programs, new youth health centres, and a single-entry point to mental health and addictions services are all improving access for youth and adults. Work will continue to ensure Nova Scotians can access the support and services they need.

Nova Scotians have told us they want to stay in their homes for as long as possible. Targeted federal funding over the next five years will improve access to home and community care. For example, the expansion of the Caregiver Benefit program has resulted in more than 1,200 new beneficiaries. Government also continues to work with members of the Long-Term Care Expert Panel, struck to help address key concerns in the sector. Work is underway to address the Panel's recommendations.

Redevelopment projects in the province's two largest centres are an opportunity to rethink and rebuild how we deliver health care. The QEII New Generation project includes renovations and expansion at the Halifax Infirmary, Dartmouth General, and Hants Community Hospitals, and a new community outpatient centre in Bayers Lake. This will allow services to be moved out of the aging Centennial and Victoria buildings at the Victoria General site in Halifax to prepare for their eventual closure.

The Cape Breton Redevelopment project will see a major expansion of the Cape Breton Regional Hospital, an expanded emergency department at the Glace Bay Hospital, and new community health centres and long-term care facilities in North Sydney and New Waterford. A Community-Based Paramedic Program has also been launched to provide in-home patient care and follow-up visits after hospital care in Cape Breton Regional Municipality.

The progress we have made over the past year would not be possible without the expertise of many dedicated staff. The department is committed to improving access to health care and ensuring the right programs and services are in place to meet Nova Scotians' needs now and in the future.

Sincerely,

The Honourable Randy Delorey
Minister of Health and Wellness

2018-2019 Financial Table and Variance Explanation (\$ thousands)

	2018-2019 Estimate	2018-2019 Actuals	2018-2019 Variance
Programs and Services			
General Administration	2,078	1,857	(221)
Strategic Direction and Accountability			
Chief Medical Officer of Health	2,325	2,399	74
Client Service and Contract Administration	5,644	5,600	(44)
Corporate and Physician Services	11,776	11,357	(419)
Investment Decision Support	4,566	3,965	(601)
System Strategy and Performance	10,818	10,412	(406)
Service Delivery & Supports			
Physician Services	869,587	862,338	(7,249)
Pharmaceutical Services and Extended Benefits	311,230	320,613	9,383
Emergency Health Services	148,301	152,437	4,136
Continuing Care	841,881	841,861	(20)
Other Programs	177,323	181,722	4,399
Health Authorities			
Nova Scotia Health Authority	1,639,272	1,696,695	57,423
IWK Health Centre	222,940	220,486	(2,454)
Capital Grants & Healthcare Capital Amortization	119,358	102,171	(17,187)
Total - Departmental Expenses	4,367,099	4,413,913	46,814
Additional Information:			
Ordinary Revenue	(62,501)	(73,057)	(10,556)
Fees and Other Charges	(14,521)	(14,730)	(209)
Ordinary Recoveries	(125,662)	(135,916)	(10,254)
Total: Revenue, Fees and Recoveries	(202,684)	(223,703)	(21,019)
TCA Purchase Requirements	1,927	1,405	(522)
Total Funded Staff (FTEs)	301.4	263.8	(37.6)
Staff Funded by External Agencies	(6.0)	(3.0)	3.0
Provincial Funded Staff (FTEs)	295.4	260.8	(34.6)

Departmental Expenses Variance Explanation

Department of Health and Wellness expenses were \$46.8 million or 1.1 per cent higher than estimate primarily due to \$55.0 million in additional funding to the Health Authorities and a net increase of \$9.0 million for all other health programs.

These increases were partially offset by savings of \$17.2 million due to cashflow changes for major capital projects.

Revenue, Fees and Recoveries Variance Explanation

Department of Health and Wellness revenues were \$21 million or 10.4% higher than estimate primarily due to \$13.0 million in Bilateral Health Funding from the Federal Government.

Recoveries were \$10.3 million higher than estimate primarily due to \$6.8 million in increased auto levies charged to insurance companies, and \$4.4 million in increased out of province recoveries from other provinces for non-residents receiving health care services in Nova Scotia. This is partially offset by a reduction of \$2.3 million in various revenues and recoveries.

Additional Information about DHW

In 2018-2019, the Department of Health and Wellness (DHW) continued to work collaboratively with the Nova Scotia Health Authority (NSHA) and the IWK Health Centre to improve health outcomes for Nova Scotians. The roles and responsibilities for the department and the health authorities are defined in the *Health Authorities Act (HAA)*.

The department is responsible for:

- providing leadership for the health system by setting strategic policy direction, priorities and standards; and
- ensuring accountability for funding and for 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 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".*

Measuring Our Performance

2018-2019 Business Plan Accomplishments

The following describes key accomplishments against actions identified in the 2018-2019 Business Plan, as established in the context of overall outcomes the department has chosen:

Outcome: Enhance Access to Primary Health Care

- In 2018-2019 DHW worked closely with the Nova Scotia Health Authority, the IWK and other partners to enhance access to primary health care in the province by creating new collaborative care teams and strengthening existing teams.
- Twenty-six new collaborative care teams were added across the province. There are 82 NPs working in collaborative family practice teams and 81 family practice nurses, RNs and licensed practical nurses. An additional 189 family physicians have joined teams since 2015.
- During 2018-2019 fiscal year, 62,777 Nova Scotians found a primary care provider.
- Seven primary care access centres were opened across the province to provide ongoing health care until patients are transitioned to a permanent family practice. The team complement at each location varies based on the needs of communities and partnerships with local health care providers.
- An additional 25 seats were added to the Dalhousie University Nurse Practitioner (NP) program.
- The NP education incentive was introduced to cover the salaries of up to 10 Registered Nurses (RNs) while they attend the program. In 2018-2019, NSHA was successful in recruiting seven RNs to study full-time to become NPs at Dalhousie University, from communities typically considered hard-to-recruit (Digby, Shelburne, Cumberland County, Inverness, Victoria County, Cape Breton County, and Pictou County). Three of the seven graduates are expected to be available to the workforce in May 2020 and four in December 2020. They have committed to work in their home communities for five years.
- Family practice enhancements rolled out in 2018-2019 included:
 - increases to both the basic office visit fee and geriatric office visit fee
 - an enrolment incentive providing a financial payment to eligible physicians
 - a patient attachment incentive which continues to be used province-wide and has seen significant uptake since being announced
 - Electronic Medical Records (EMR) financial supports that began in April 2018 and have benefited all physicians who are currently on an EMR, both through migration and licencing fee supports
- Eligibility of financial incentives was adjusted for family physicians starting practice in Central Zone, resulting in an increase in the number of physicians participating in tuition

relief, debt assistance and family medicine bursary programs. These had previously been limited to family physicians in rural areas of the province.

- Education recruitment incentives continued to support International Medical Graduates (IMGs) on their journey to licensure in the province. Work was undertaken throughout the year to develop and launch the Practice Ready Assessment (PRA) program, including hiring staff and developing a new website (<https://www.nsprap.com/>). The first set of applicants were also pre-screened by the College of Physicians and Surgeons of Nova Scotia (CPSNS).
- In September 2018, Dalhousie and DHW announced which specialties would be allocated to residents for the 15 new specialty residency seats, beginning July 2019.
- Throughout 2018, work was undertaken to prepare for an additional 10 Family Medicine residency seats at Dalhousie (three at existing sites, six at a new North Nova site, and another position to be used for family medicine residents to gain additional clinical experience in an area that would enhance services in the community.).

Outcome: Enhance Access to Mental Health and Addictions Care

- In 2018-2019, NSHA and IWK continued foundational work to provide a single-entry point for access by implementing standardized evidence-based screening and triage processes for Mental Health and Addictions (MHA) community-based services (urgent and non-urgent). Triage processes have been streamlined across the province through a provincial, integrated central intake system and redesigned access and navigation processes.
- In 2018-2019, 10 new MHA clinicians were added by NSHA in community-based mental health and addictions clinics across the province.
- Beginning in 2018-2019, government committed to invest an additional \$1 million annually to enhance or expand four Youth Health Centres.
- In addition, NSHA collaborated with other care teams and community-based resources such as primary health care and other agencies to support care in the appropriate environment, and this work continues.
- NSHA has developed a provincial model for urgent MHA care by implementing consistent policies, protocols, and procedures, and clinical competencies for staff. This investment has improved coverage to emergency departments by crisis teams, improved response time of the provincial crisis line to meet the targeted 30-minute response and has worked to ensure access to rapid follow-up appointments.
- NSHA MHA intake and community MHA teams worked closely to support continuity of care. They also worked in partnership with provincial emergency departments to develop an MHA specific education program.
- Investment and work continued on the Opioid Use and Overdose Framework released in 2017. The framework outlines actions to better understand the issue, as well as actions related to prevention, harm reduction, treatment and prescribing practices, criminal justice and law enforcement.

- As part of harm reduction, Memorandums of Understanding (MOUs) were developed and signed between the NSHA and the three community-based organizations (Mainline Needle Exchange, Northern Healthy Connections Society and Sharp Advice Needle Exchange) that provide needle distribution and disposal services in Nova Scotia.
- New program tracking software, called neo360, is being implemented in all three community-based organizations to support program surveillance, evaluation, and service delivery. Needle distribution and disposal services are trialing expanded hours and outreach frequency to better serve their clients. 1,282,285 new syringes were distributed and 1,096,920 were collected and safely disposed.
- Approximately 4000 naloxone kits dispensed from community agencies and pharmacies with 48 reported overdose reversals.
- Over 2000 active clients were reached in five Opioid Use Disorder (OUD) treatment programs at the four health zones of the NSHA and Direction 180 (a community-based methadone clinic located in the North End of Halifax) and expanded capacity at all five sites to take on additional clients.
- Wait lists were eliminated at Direction 180 and in Eastern, Northern, and Central Zones. A small wait list still exists in Western Zone due to a staffing challenge. There are now five sustained satellite clinics in the following communities: Antigonish, New Glasgow, New Germany, Bridgewater, and Caledonia.

Outcome: Invest in Continuing Care

- The Caregiver Benefit Program was expanded in early 2018 and has resulted in more than 1200 new beneficiaries.
- Funding has also been provided to the NSHA and other key community partners, such as the Brain Injury Association of Nova Scotia, the Alzheimer Society of Nova Scotia and Caregivers Nova Scotia, to expand support for clients in their homes and communities.
- To address key concerns in the long-term care sector, government convened the Long-Term Care Expert Panel. The panel reported back to government in 2018, recommendations were supported by government and implementation is underway.
- In 2018-2019, Government provided \$2.9M to increase supports for wound care in long-term care, including providing mattresses and other equipment to better support clients, development of a wound management policy, and implementation of reporting mechanisms.
- DHW also partnered with wound care management clinicians from the sector to support and build on previous work by including home care and other mechanisms for accountability.

Outcome: Improve Access to Orthopedic Surgeries

- In 2018-2019, four new orthopedic surgeons, three anesthesiologists and over 70 healthcare providers and support staff (such as dietitians, RN first assists, NPs and physiotherapists) were added to increase capacity to provide orthopedic surgeries.
- NSHA completed 4145 hip and knee surgeries in 2018-2019, a 5.26% increase over the previous year.

- To better prepare patients for surgery, NSHA standardized the orthopedic assessment clinic services referral process, and expanded clinics in Central, Western and Northern zones.
- A new wellness model for inpatients was implemented that focusses on helping patients mobilize quickly after surgery to support their recovery and prevent complications. This model is expected to help reduce lengths of stay, helping patients to return home sooner and allowing more patients to have the surgery they need.

Outcome: Advance Digital Health – One Person One Record, MyHealthNS

- Work is underway to procure a new clinical information system, One Person One Record (OPOR) to replace the three existing hospital information systems with one integrated and modernized system that will provide enhanced functionality beyond what is in use today. This phase also supports extension into community for MHA using this new system.
- The department, in collaboration with the NSHA, the IWK, and Service Nova Scotia and Internal Services department, released a Request for Proposals (RPF) to the two proponents short-listed to undertake this work during the Request for Supplier Qualifications phase.
- Comprehensive evaluations were undertaken by over 300 participants in 2018-2019. Key elements of the evaluation included written submissions, a proof of concept, site visits, interviews and pricing.
- In 2018-2019, the department continued the province-wide roll out of MyHealthNS, a tool to provide citizens with secure online access to their health information (including eResults – lab results, imaging results, and specialist reports) and the ability to electronically communicate with their health care team. With the ability to compare past results, patients will be better informed and have greater involvement in their health care.
- In August 2018, the Department introduced a \$4.2M technology incentive for family physicians to pilot the delivery of care via phone and MyHealthNS. The aim is to improve access to primary care through tools that increase convenience for patients and efficiency for doctors.
- As of March 31, 2019, 27,398 patients signed up to use MyHealthNS.
- 212 family physicians signed up for the technology incentive in 2018-2019 with \$1.3M paid out to date.

Outcome: Continue Progress on QEII New Generation Project and IWK Emergency Department

- The QEII New Generation Project includes the expansion and renovation of the QEII to facilitate the transition of services from, and eventual replacement of, the Victoria General (VG) and Centennial buildings.
- To support major healthcare capital projects, Government launched a new operating structure for delivery of major healthcare infrastructure under Nova Scotia Lands.
- The procurement and funding model and funding for the new construction components of the QEII New Generation Project were approved and publicly announced in October 2018 to prepare for a Design Build Finance Maintain (DBFM) delivery model.

- In 2018-2019, renovations continued at Dartmouth General Hospital with the opening of the hospital's new main entrance, improving access and modernizing the registration space. Investments included \$11.47 M in equipment, furniture, information technology and lateral structural supports while also expanding parking on site.
- In December 2018, Request for Supplier Qualifications (RFSQ) were issued with a submission deadline of March 22, 2019 for the Bayer's Lake Community Outpatient Centre (COC) and April 26, 2019 for the Halifax Infirmary.
- Government and the IWK announced plans in December 2018 to double the size of the emergency department and replace an aging MRI scanner to make sure children, youth, and families continue to get safe, high-quality emergency care. The expansion will help address the increase in patients being seen at the ED and accommodate more complex cases.

Additional DHW Accomplishments

Cape Breton Regional Municipality (CBRM) Health Care Redevelopment Project

- The CBRM Health Care Redevelopment Project is a multi-year project announced in 2018 to redesign and improve health care in CBRM. It includes the renovation and expansion of the Cape Breton Regional Hospital and the Glace Bay Health Care Hospital. New community health centres and new long-term care facilities will be built in North Sydney and New Waterford to replace the New Waterford Consolidated and Northside General hospitals. The project also includes building a new laundry centre in North Sydney as well as the Community-Based Paramedicine Program, launched in December 2018.
- Over the past year, functional and master planning was undertaken with physician clinical leads and their teams, design consultants, engineering professionals and the CBRM Health Care Redevelopment team. There are also ongoing consultations with community and stakeholder groups.
- As a result of the planning process, it has been determined that there will be a new emergency department, critical care department and Cancer Care Centre at the Cape Breton Regional Hospital. These additions to the Regional Hospital are expected to cost over \$100 million.
- Planning has also determined that there will be 120 new long-term care beds, with 60-bed modern facilities in both North Sydney and New Waterford. The province will use a design-build-finance-maintain approach to build the new long-term care facilities, the new community health centres and the laundry.

Pharmacare and Extended Health Benefits

- In 2018-2019, DHW completed a comprehensive review, analysis, and report of publicly funded drug programs in Nova Scotia to inform future considerations related to program management and Atlantic Pharmacare collaboration.
- The department led the expanded work of the Drug Evaluation Alliance of Nova Scotia (DEANS) and the Prescription Monitoring Program (PMP), both of which directly support government's broader Opioid Strategy.
- DHW worked toward enhancing access to primary care by supporting opportunities for expanded pharmacy professional services.

- The department worked collaboratively with its regional and national counterparts to explore opportunities for increased consistency, efficiency and cost savings related to drug programs.
- The department also continued its work to improve access to drugs and benefits through its provincial programs, such as the Family Pharmacare and Seniors' Pharmacare programs, as well as targeted funds, such as the New Cancer Drug Fund (NCDF).

Emergency Health Services

- In January 2018, the Cape Breton Regional Municipality's Community Paramedic program was launched, serving patient and hospital needs. In the first four months, over 100 patients were seen by community paramedics and an additional 30 patients by virtual RN teleconference, helping to provide earlier discharges for patients from the Cape Breton Regional Hospital and reducing emergency department visits.
- EHS also publicly launched a provincial Automated External Defibrillator (AED) Registry, which identifies and maps AEDs in the province. This mapping is linked to EHS's Medical Communications Centre (MCC) to allow the MCC to direct bystanders to the closest AED in an emergency.
- EHS underwent a provincewide system design review at the end of 2018-2019 to provide recommendations that will ensure efficient and effective use of resources and an improved system of care for Nova Scotians.

Appendix A: 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 Labour 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:

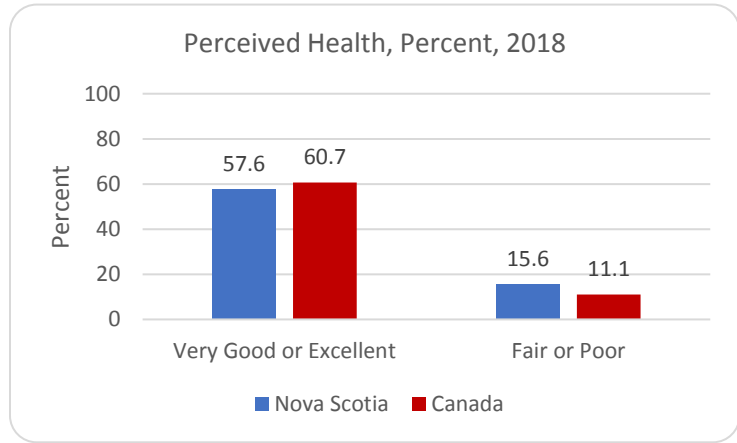
Information Required under Section 18 of the Act	Fiscal Year 2018-2019
The number of disclosures received	0
The number of findings of wrongdoing	0
Details of each wrongdoing	Not Applicable
Recommendations and actions taken on each wrongdoing	Not Applicable

Appendix B: Health Outcome Measures

Measure: Perceived Health

Good-to-excellent self-reported health status correlates with lower risk of mortality and use of health services. Self-rated health is measured on a scale from excellent to poor.

In 2018, approximately 58% of Nova Scotians perceived their health as either very good or excellent, which is significantly lower than the national average. Nearly 16% rated their health as fair or poor compared to 11% nationally. The percentage perceiving their health as fair or poor in Nova Scotia is significantly higher than the national average.

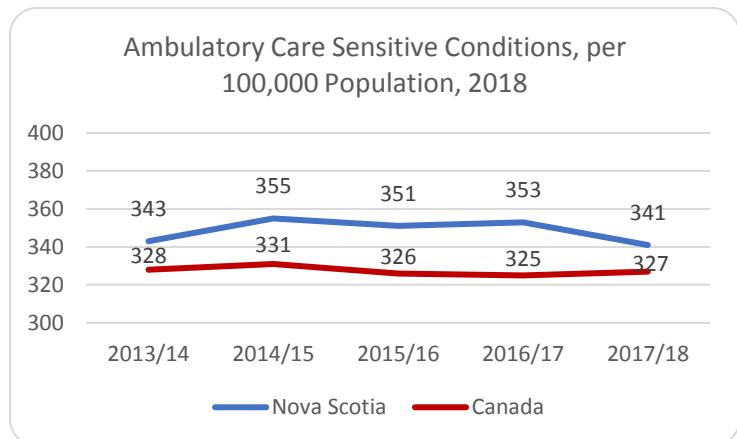


Source: Statistics Canada, Canadian Community Health Survey, 2019

Measure: Ambulatory Care Sensitive Conditions

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

In 2017/18, 341 per 100,000 population in Nova Scotia were hospitalized for ambulatory care sensitive conditions compared to 327 nationally. The rate has continued to trend downwards in recent years, although the Nova Scotia rate remains significantly higher than the Canadian average.



Source: Canadian Institute for Health Information, 2019

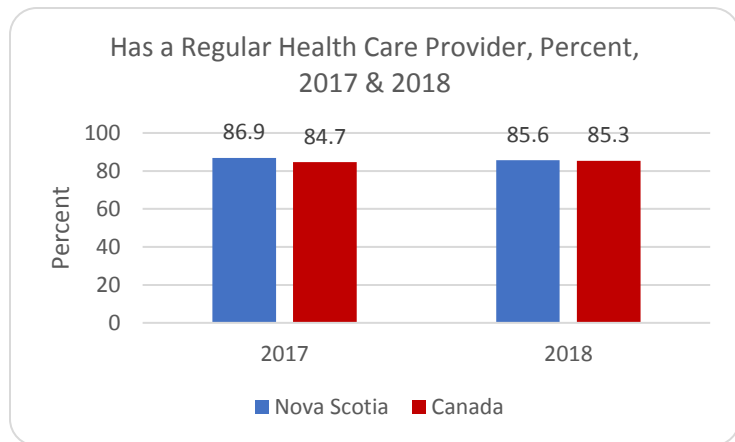
Measure: Access to a Regular Health Care Provider

Access to a regular health care provider is an important concern for the public for early screening, prevention and treatment of medical conditions and a priority for governments across Canada. This indicator looks at the percentage of Canadians age 12 and older who report having a regular health care provider. In this context, health care providers include nurse practitioners, general practitioners and/or family physicians.

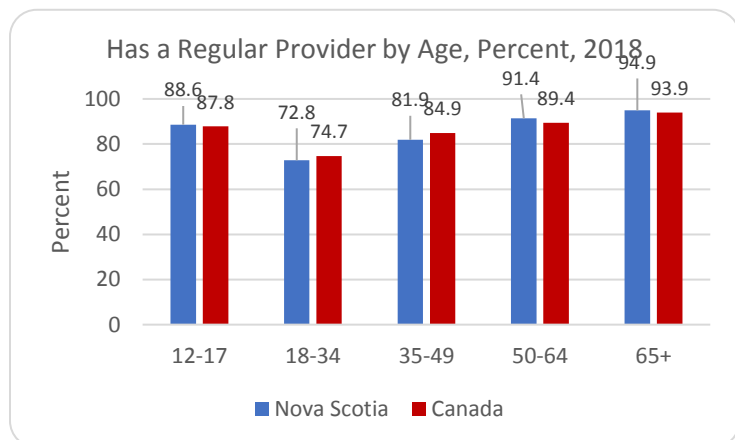
In 2018, 85.6% of Nova Scotians reported having access to a regular health care provider, which was down from 2017, but comparable to the national average of 85.3%. Nova Scotia's rate remains among the highest in Canada.

Factors affecting whether a person has a regular health care provider include age and sex. A higher percentage of Nova Scotians across all age groups indicated that they had a regular health care provider in 2018 compared to Canada overall. The youngest and oldest age groups for both Nova Scotia and Canada were more likely to have a regular health care provider. In 2018, 95% of Nova Scotians aged 65 years and over indicated that they had a regular health care provider. Rates were higher for females. The lower percentage in the 18-34 age group was consistent with other provinces and with Canada as a whole.

The most common reason respondents gave for not having a regular health care provider was that they had not looked for one or did not need one because they had a usual place of care.



Source: Statistics Canada, Canadian Community Health Survey, 2019

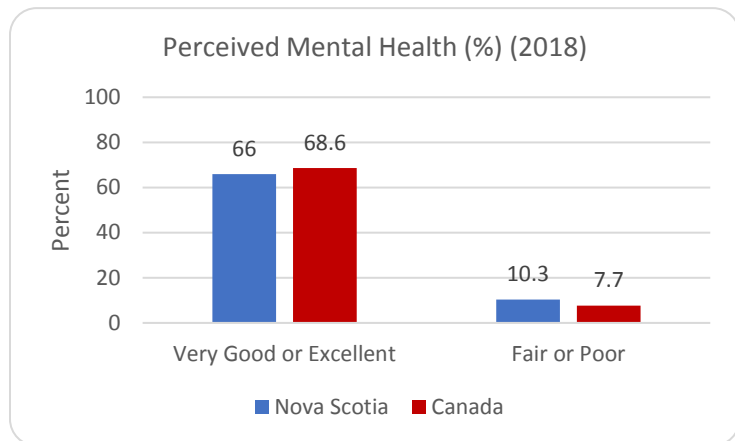


Source: Statistics Canada, Canadian Community Health Survey, 2019

Measure: Perceived Mental Health

Perceived mental health provides a general indication of the population suffering from some form of mental disorder, mental or emotional problems, or distress, not necessarily reflected in self-reported (physical) health.

In 2018, 66% of Nova Scotians perceived their mental health as either very good or excellent, which was significantly lower than Canada overall. Correspondingly, a significantly higher percentage of Nova Scotians rated their mental health as fair or poor compared to the national average, 10.3% and 7.7%, respectively.



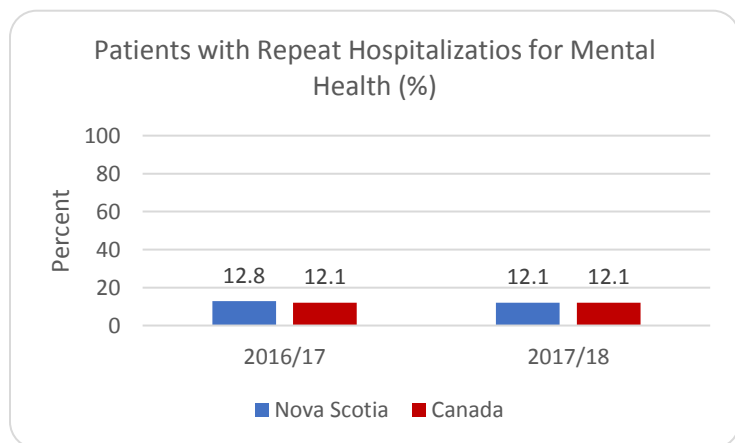
Source: Statistics Canada, Canadian Community Health Survey, 2019

Measure: Repeat Hospital Stays for Mental Illness

This indicator measures how many patients have at least 3 repeat hospital stays for a mental illness in a single year. Frequent hospitalizations may reflect challenges in getting appropriate care, medication and support in the community.

Repeat hospital stays are difficult for patients and costly for the health system. However, they do not necessarily mean that there was anything wrong with the treatment provided in the hospital. Repeat hospital stays are often thought to reflect the availability and quality of mental health care provided in the community.

In 2017/18, 12.1% of patients in Nova Scotia experienced repeat hospital stays for mental illness, which was down just slightly from the previous year. Nova Scotia's rate was equal to the national average.

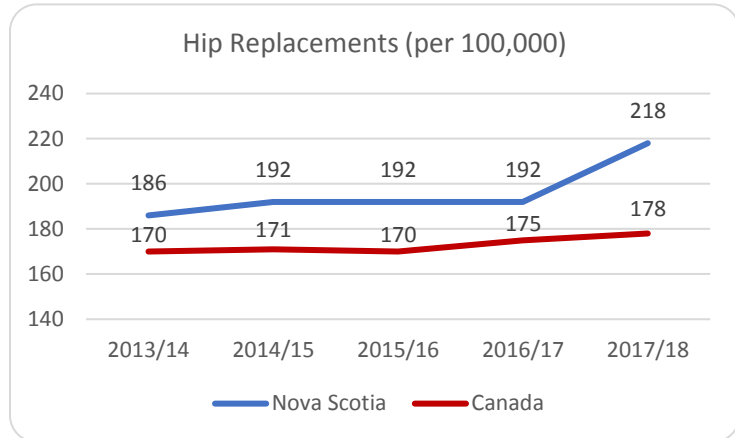


Source: Canadian Institute for Health Information, 2019

Measure: Hip Replacement Rate

This indicator measures the age-standardized hospitalization rate for hip replacement procedures performed in acute care hospitals or same-day surgery facilities per 100,000 population age 18 and older. Analysis reflects all hip replacement types: total hip replacement, monopolar/bipolar hemiarthroplasty and resurfacing procedures.

The number of hip replacements performed annually has increased over time. In 2017/18, there were 218 hip replacements per 100,000 population in Nova Scotia compared to a national average of 178. The number of hip replacements per capita in Nova Scotia has been consistently higher than the Canadian average. These differences are statistically significant.

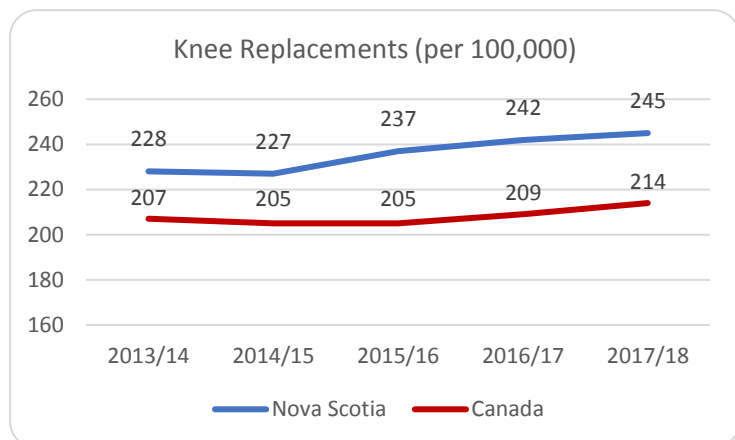


Source: Canadian Institute for Health Information, 2019

Measure: Knee Replacement Rate

This indicator measures the age-standardized hospitalization rate for all knee replacement procedures performed in acute care hospitals or same-day surgery facilities per 100,000 population age 18 and older. Analysis reflects all knee replacement types: total knee replacement, unicompartmental knee replacement (medial, lateral or patellofemoral) and patella-only procedures.

The number of knee replacements performed annually in Nova Scotia has increased over time. In 2017/18, there were 245 knee replacements per 100,000 population in Nova Scotia compared to a national average of 214. The number of knee replacements per capita in Nova Scotia has been increasing since 2014/15 and continues to be significantly higher than the Canadian average.



Source: Canadian Institute for Health Information, 2019