

Department of Health and Wellness

Provincial Programs

Cancer Care Nova Scotia
Cardiovascular Health Nova Scotia
Diabetes Care Program of Nova Scotia
Legacy of Life
Nova Scotia Breast Screening Program
Nova Scotia Hearing and Speech Centres
Nova Scotia Provincial Blood Coordinating Program
Nova Scotia Renal Program
Reproductive Care Program of Nova Scotia

Department of Health and Wellness

Provincial Programs

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Minister's Message

The ongoing improvement and enhancement of healthcare services across the province is a priority of the Nova Scotia Department of Health and Wellness.

We continue to provide quality care for Nova Scotians through policy planning, legislation, proper allocation of resources, standards development and monitoring and evaluation.


The department also funds nine provincial programs, each with a different focus to improve health and health outcomes in the province. These program areas are:

- Cancer Care Nova Scotia (CCNS)
- Cardiovascular Health Nova Scotia (CVHNS)
- Diabetes Care Program of Nova Scotia (DCPNS)
- Legacy of Life (LOL)
- Nova Scotia Breast Screening Program (NSBSP)
- Nova Scotia Hearing and Speech Centres (NSHSC)
- Nova Scotia Provincial Blood Coordinating Program (NSPBCP)
- Nova Scotia Renal Program (NSRP)
- Reproductive Care Program of Nova Scotia (RCPNS)

Each of the nine provincial programs focus on the health of, and health care for, a specific population of Nova Scotians. Provincial Program leaders and staff routinely reach out to key stakeholders on issues of mutual concern and /or to pursue opportunities for shared action.

These programs work with each other and with a range of partners including health professionals across the system, decision/policy makers within the Department of Health and Wellness and other government departments, the Nova Scotia Health Authority, and the IWK; other provinces and territories; community-based programs and services; and not-for-profit organizations. Engaging patients and families, whose insights are important to improving the health system, is an important component of this work

It is with pleasure that I present the 2014-2015 Provincial Programs Highlights.



Honourable Leo A. Glavine

Cancer Care Nova Scotia (CCNS)



Mission

Cancer Care Nova Scotia (CCNS) works collaboratively to enhance the performance of the provincial health system in order to improve cancer-related outcomes.

Core Activities

Supporting the achievement of excellence in cancer prevention, early detection, patient navigation, treatment, psychosocial and supportive care and research through:

- standards development and implementation
- health professional & patient education
- patient engagement
- surveillance & evaluation
- screening programs
- multi-sector and multi-level collaboration to advance evidence-based cancer prevention and enable healthy lifestyle choices
- national & regional partnerships, funded by the Canadian Partnership Against Cancer (CPAC)

Program Manager

Chris Collier, Interim Chief Operating Officer

Clinical Advisor

(April – June 2014)
Dr. Carman Giacomantonio,
Chief Medical Director

www.cancercare.ns.ca

Over the last year Cancer Care Nova Scotia (CCNS) has continued its work with district health authorities (DHAs), community partners, patients and families to improve cancer experiences and outcomes. Highlights for 2014-15 include:

Standards, Guidelines and Policy Development

- shared approved guidelines: thyroid cancer, malignant melanoma & cancer-related distress
- developed standards for oral chemotherapy
- invited cancer patient / survivor feedback on draft standards for diagnosis and referral of patients with symptoms suspicious of colorectal cancer
- conducted an impact assessment – proposed rectal standards with DHAs & surgeons re: gaps between the standard & current practice
- implemented guidelines for the management of oncologic (cancer) emergencies
- established working groups to develop recommendations for diagnosing & referring patients with possible lung cancer symptoms; & to collect/act on evidence re: benefits of physical activity & exercise for cancer survivors

Impact: Improved standardized treatment & person-centred prevention & care; improved patient safety; better supports for health professionals = better patient care

Surveillance and Evaluation

- continued to enhance our ability to collect & analyze data to support health care planning
- examples include linking to other information systems such as synoptic reporting for surgery and pathology
- partnered with other provinces to acquire national funding for developing linkages to electronic chemotherapy and radiation medical records
- analyzed cancer data to provide information for: provincial and DHA cancer statistics; cancer system performance reports; research studies; & other requests

Impact: Increased ability to monitor & evaluate the cancer system & support health services & epidemiology-based research, which leads to improved cancer programs/services & enhanced care

Primary Prevention and Screening

- implemented Sun Safety at Work Canada in 5 NS work sites; enabled adoption of sun safety policy in municipal recreation programs
- engaged with NS school boards on Healthy Eating & Physical Activity = A+ campaign
- worked with partners on the feasibility of high risk lung cancer screening program
- enhanced communication between colon cancer prevention program & family doctors
- developed new cervical cancer screening report card for doctors, making it easier for them to monitor their performance

Impact: Increased supports in the community to reduce cancer risk through healthy public policy/programs; safe, effective & appropriate population-based cancer screening for NS

Education / Public Engagement

- hosted 2 Provincial Cancer Network workshops, involving 252 participants
- established a working group (public advisors & health professionals) to develop Blue Ribbon (education) Kit for colorectal cancer patients
- developed 19 patient education materials
- developed oral chemotherapy tool kits for community pharmacists, non-oncology nurses
- held 15 education sessions re: oncology emergency guidelines;
- provided 52 clinical consultations with health professionals in regional hospitals
- worked with provincial library to place six new book titles on coping with cancer in 79 NS libraries
- developed public engagement policies & held a focus group with public advisors to strengthen public engagement at CCNS

Impact: Increasing number of health professionals have necessary supports to meet standards, provide evidence-informed care, and quality patient education; strengthened involvement of patients, families and communities in improving the cancer system

Cardiovascular Health Nova Scotia (CVHNS)



Mission

Improving the cardiovascular health and care of Nova Scotians.

Core Activities

Facilitates and supports provincial approaches to cardiovascular and stroke health and care by:

- Developing and implementing evidence-based guidelines, standards and service delivery models
- Monitoring, surveillance, and reporting on AMI, stroke, heart failure, and unstable angina
- Driving quality improvement using provincial and local data
- Knowledge translation through networking, decision support, and inter-professional education

Program Manager

Neala Gill

Clinical Advisors

Dr. Jafna Cox
Dr. Michael Love
Dr. Stephen Phillips

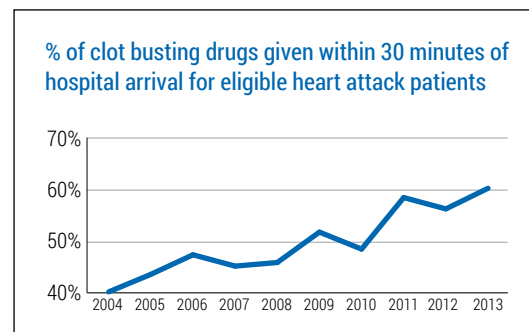
novascotia.ca/health/cvhns

Updates to the Nova Scotia Guidelines for Acute Coronary Syndromes

In an effort to keep health professionals updated on the latest evidence related to antiplatelet use and diabetes care for patients with acute coronary syndromes, focused updates to the 2008 guidelines were released in 2014 for ST-elevation myocardial infarction and non-ST elevation acute coronary syndromes. The updates are available on our website novascotia.ca/DHW/cvhns/publications.asp.

Better Understanding Transitions to Stroke Rehabilitation

The wait for rehabilitation following the acute phase of stroke care is reported to be long and access to rehabilitation services and team members varies across sites. CVHNS is completing a number of initiatives to better understand access to, and wait times for, stroke rehabilitation in various settings. These include: interviewing stroke patients following discharge to better understand their experience with transitions, prospective collection of information on transitions to rehabilitation for stroke patients, linking CVHNS's dataset to the Discharge Abstract Database and National Rehabilitation Reporting System to understand access and flow. The overall findings will be used to inform stroke rehabilitation in the province.

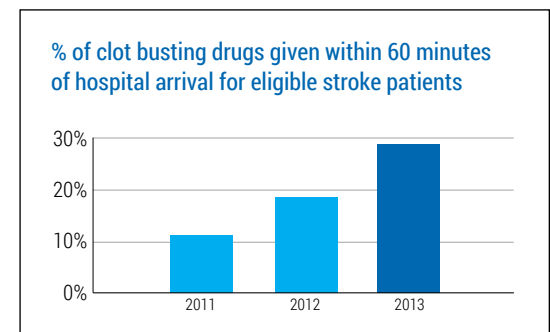


Improving Timeliness of Clot Busting Drugs (lytics) for Stroke and ST-elevation Myocardial Infarction

Timely administration of lytics for appropriate stroke and heart attack patients saves brain and heart function. Approximately 80% of lytics for heart attacks are provided in Nova Scotia Emergency Departments. Since 2011, CVHNS has been working in partnership with providers throughout Nova Scotia in a provincial approach to improving timeliness of lytics administration for both stroke and heart attack. While there is still room for improvement, there have been significant improvements in the percentage who receive lytics within the national benchmarks (see charts below).

New, PHIA-Compliant, Web-based Registry

In March, the new CVHNS Registry went live, using the CAISIS platform. This provides a PHIA-compliant, user-friendly, web-based system for ongoing monitoring and surveillance of key process and outcome of care indicators for heart attack, unstable angina and heart failure. The second phase is underway – to transition stroke monitoring and surveillance to the CAISIS platform.



Diabetes Care Program of Nova Scotia (DCPNS)

20¹⁷³ Partnerships, Quality, and Innovation (since 1991)
 over Diabetes Care Program of Nova Scotia

Mission

To improve, through leadership and partnerships, the health of Nova Scotians living with, affected by, or at risk of developing diabetes.

Core Activities

Established in 1991, the DCPNS works closely with all Diabetes Centres, other diabetes care providers, leaders in diabetes clinical practice, and those interested in chronic disease prevention and management. To...

- Increase use of complete, accurate data in decision-making and to improve diabetes outcomes.
- Create & share Knowledge through development, implementation and evaluation of standards & guidelines.
- Lead development of an integrated system of diabetes management aimed at reducing/delaying diabetes complications.
- Work collaboratively across Provincial Programs, i.e., CVHNS and NSRP and others to support prevention & management of diabetes and other chronic diseases.

Program Manager

Peggy Dunbar
 peggy.dunbar@dcpns.nshealth.ca

Clinical Advisors

Dr. Lynne Harrigan
 Dr. Beth Cummings

diabetescare.nshealth.ca

Strategic Plan (2014–2019)

- Priorities within the plan have been identified for next 5-year period.
- In 2015/16, these priorities include, among others, reinstating our earlier work on referral pathways; facilitating up-stream adoption of the DCPNS Long-Term Care guidelines in transitional care units/beds; joint work with CVHNS to produce provider tools to better support acute coronary syndrome in patients within the acute care sector; monitoring and reporting on specific diabetes indicators and established targets; supporting Registry users through new reporting tools and education focused on the use of data in local decision making; refinement of a referring physician diabetes process & outcomes report inclusive of provincial comparators; and production of key Nova Scotia Insulin Pump Program (NSIPP), Lower Extremity Amputation (LEA), and Diabetes and Eye Disease reports.

Transition Initiatives (focus on preparation for & transfer to adult care)

In January 2015, the DCPNS hired a part-time Transition Project Coordinator to focus on uptake of the *Moving on...with Diabetes* resources (both provider and patient) and to enhance the transfer experiences for emerging adults and their families. This initiative is in partnership with DHW Primary Care Branch and the CDM target-setting initiative.

Transition events are being held in various parts of NS to better prepare youth/young adults for adult care services and to address issues of living with Type 1 diabetes.

An evaluation framework has been established and the program continues to move toward the specified deliverables.

DCPNS Pregnancy and Diabetes Guidelines: Approaches to Practice (2014)

This resource has been the focus of education sessions offered in various parts of the province, with the assistance and support of the Reproductive Care Program of Nova Scotia. By focusing the spotlight on this high-risk population, we will influence the health outcomes

of current and future generations through preconception care and planning for women with pre-existing diabetes as well as the early screening for, identification, and appropriate management of gestational diabetes.

Nova Scotia Insulin Pump Program (NSIPP)

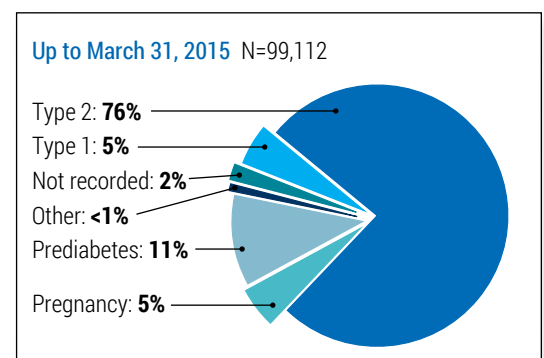
The DCPNS, in partnership with the Acute and Tertiary Care Branch, DHW, and the IWK, worked to make the expansion of NSIPP to those up to and including age 25 a reality. In April of 2015, insulin pumps, in addition to pump supplies, were made part of the program for those age 19-25 years.

- Forms and policies were revised and the website updated.
- All nine of the NSIPP-approved Diabetes Centres met the criteria for continued approval status.
- Our first Pump Education day (attended by DC staff and specialist physicians from across Nova Scotia) was delivered in Nov. 2014.
- The process evaluation was completed and the outcomes evaluation is underway.

DCPNS Information Management System (Registry)

The new Registry built using the CAISIS platform, went live July 2014. Users are pleased with the look and feel and DCPNS ITIM staff continues to make improvements based on feedback.

To the end of March 2015, there are close to 100,000 cases included in the DCPNS Registry. Over 4,000 new cases are added every year. The figure below indicates type of diabetes for cumulative Registry cases.



Source: DCPNS Registry, September 2015

Legacy of Life (LOL)



Mission

To encourage and promote organ and tissue donations and optimal care for all potential donors and families throughout Nova Scotia.

Core Activities

- Plan strategically with stakeholders, including the Critical Care Organ Donation Program, Regional Tissue Bank, Multi-Organ Transplant Program, Medical Examiner Service, Emergency Health Services, and health charities.
- Provide professional education
- Conduct chart audits to monitor missed referrals
- Provide support through District Resource Nurses
- Promote public awareness

Program Manager

Marina Hamilton

Clinical Advisor

Dr. Stephen Beed

www.legacyoflife.ns.ca

Provincial Policy for Referral

Legacy of Life led the development of a provincial policy for Organ and Tissue Donation referral focused on ensuring that every potential donor is identified and referred to donation programs. The single policy has been approved by both NSHA and the IWK Health Centre.

Provincial Learning Module for Organ and Tissue Donation

A learning module for Organ and Tissue Donation was developed and activated on the Provincial Learning Management System. The module provides an overview of HOTDA and informs health care professionals on how to identify and screen, refer, and document the donation process.

Donation Physician Pilot Project

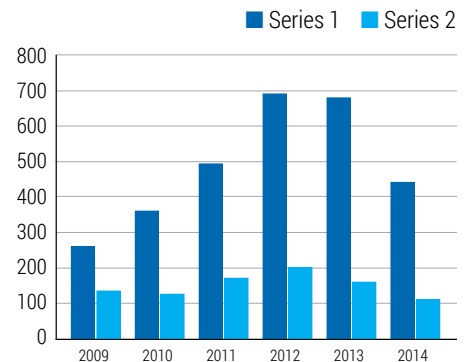
In August 2014, Legacy of Life began piloting a Donation Physician position at the Valley Regional Hospital and Cape Breton Regional Hospital. The purpose of the project is to strengthen Nova Scotia's donation programs by implementing a best practice approach (donation physician) to promote professional education and accountability, and to ensure that Nova Scotia maximizes its OTD potential, including donation after circulatory

death in addition to neurological determination of death.

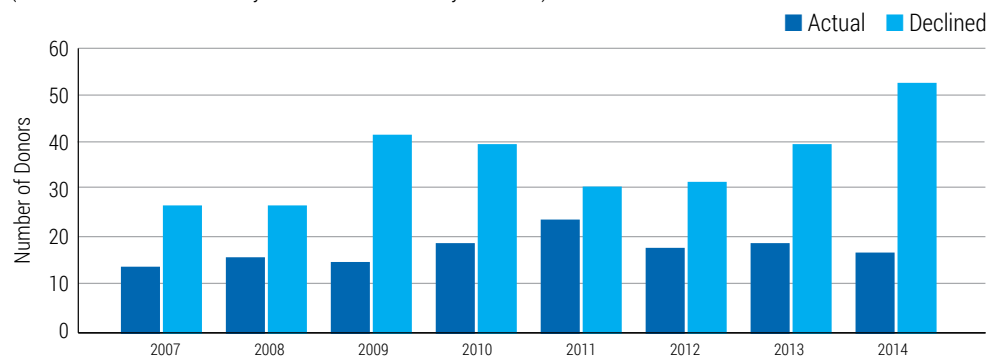
Access to Living Organ Donor Reimbursement Policy

Between April 2014 and March, 2015 8 people applied for and received reimbursement of eligible expenses related to being a living donor. The administration of the policy is a joint effort between the Multi-Organ Transplant Program, the IWK Health Centre and Legacy of Life.

Tissue donation referrals and actual donors 2009 - 2014



Deceased organ donation actual and declined organ donors (declined includes medically unsuitable and family declined)



Nova Scotia Breast Screening Program (NSBSP)



Mission

To provide quality standardized screening mammography access and timely patient navigation and program assessment. This will assure appropriate follow-up for women who have an abnormal mammogram on screening through diagnostic work-ups in accredited work-up centers before consideration of surgical alternatives.

Established: 1991

Screening Sites: 11

Diagnostic Sites: 9

Digital Mobile Stops: 30

1991-2014

Women Screened: 203,441

of Screens: 993,465

Cancers: 4460

2014

Screens: 65,128

Abnormal Rate: 6.0%

Cancers: 365

Medical Director

Dr. Judy Caines

Program Manager

Theresa Foley (Acting)

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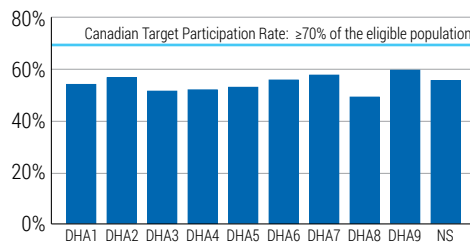
www.breastscreening.nshealth.ca

Highlights

- All breast imaging in Nova Scotia, screening and diagnostic, is achieved collaboratively through guidelines established by the NSBSP. Nova Scotia is the only province to have eliminated **opportunistic screening** (i.e. Screening through the diagnostic sector) in Canada, systematically reducing wait times and making the process cost-effective.
- Nova Scotia remains the only province to have implemented a provincial standard for the booking and delivery of all breast imaging, supported by the NS Breast Screening Program (NSBSP). **Centralized booking** of all screening and diagnostic breast imaging enables careful management of wait times and optimal use of resources.
- Nova Scotia has the lowest number of benign: malignant surgeries/1000 screens in Canada thanks to needle core biopsy (a procedure perfected in Nova Scotia in 1991 when the NSBSP formed).
- All breast imaging sites, with the exception of Kentville, Truro & Antigonish, report diagnostic breast imaging results in the Diagnostic Reporting System (DRS). The system guarantees that radiologists make clear recommendations on follow-ups and that those recommendations are proactively tracked and booked, ensuring no one is left behind. It is anticipated these three sites will implement this system within the year.

Breast Screening 30-Month Participation Rate,

Women Aged 50-69, July 1 2012 to Dec 31 2014, by District Health Authorities



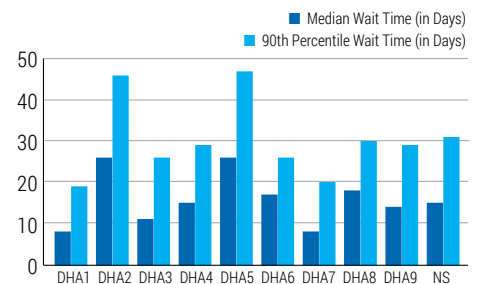
Mobile Mammography

NSBSP completed its 2nd full cycle of the restructured mobile breast screening service in 2014. A Capital Clinical Request in 2015 funded wireless capacity for the mobile van. The mobile van can now wirelessly connect to the NSHealth.ca network at 8 facilities, allowing mammogram images to be uploaded to PACS automatically, eliminating the manual transfer of images and resulting in time savings in the image transfer process.

Reducing Wait Times

The NSBSP continues to report extensively on all aspects of wait times for breast imaging. Nine discrete wait-time indicators are reported to each breast-imaging site on a quarterly basis. Being able to identify bottlenecks in the system has allowed each site to focus on needed improvements. The NSBSP is set to work with the Department of Health & Wellness Wait Times Office over the next year to increase the frequency of wait time reporting for screening mammography to a monthly interval to provide more timely information to the public.

Core Biopsy Wait Times, by District Health Authorities, 2015 Q2



Cost Effective

A direct result of eliminating opportunistic screening is ensuring that the billing of all screens and diagnostics are appropriate and consistent. As a result, in 2014 the NSBSP saved the province \$1.43 million in radiologist billing fees.

Nova Scotia Hearing and Speech Centres (NSHSC)



Vision

Every person deserves a voice. Every voice deserves to be heard.

Mission

To provide the best Audiology and Speech-Language Pathology services to Nova Scotians.

Core Activities

- High quality identification, diagnostic, prevention-promotion, and treatment services.
- Education of clients, students, care providers, stakeholders, and communities.
- Provincial standard setting, evaluation, and improvement in concert with our partners.

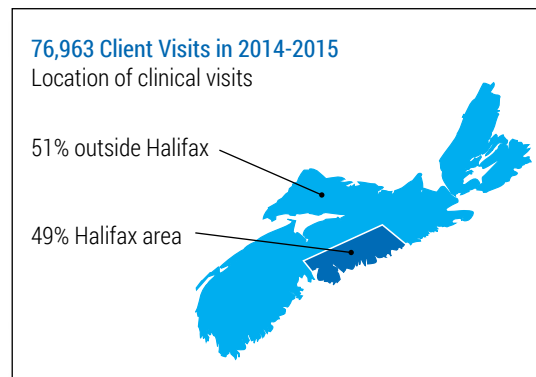
CEO

Anne Mason-Browne

www.nshsc.nshealth.ca

Nova Scotia Hearing and Speech Centres (NSHSC) is responsible for providing audiology services to Nova Scotians of all ages, and speech-language pathology (SLP) services to preschool children, home schooled children, and adults. NSHSC delivers integrated and standardized provincial services across 33 clinic sites, located in 24 communities. Nationally certified Audiologists and Speech-Language Pathologists with support from Communication Disorder Technicians, provide direct care (prevention, diagnosis, and treatment), develop and monitor provincial standards of clinical practice, and collaborate with community partners to deliver special programs (e.g. Autism, Stroke, Cochlear Implant).

In 2014-2015 NSHSC staff of 150 responded to 26,000 referrals for speech-language pathology or audiology (hearing) services, and provided for approximately 77,000 clinical visits, 59% of which were for children aged 16 years or younger, and 41% provided to adults. NSHSC also collaborated with multiple community and government partners to advance objectives in **three strategic areas**.



Supporting clients' families, caregivers, and communities. NSHSC provided additional high quality community based training workshops and client centered collaborative consultation services with two special initiatives this year. The first, a collaboration with NSHSC audiology and speech-language pathology staff and health care staff at Shannex Parkland at the Gardens (Halifax), was a demonstration project providing training for seniors and their caregivers in three key areas: effective communication with seniors suffering from dementia, supporting seniors with swallowing disorders, and supporting seniors who wear

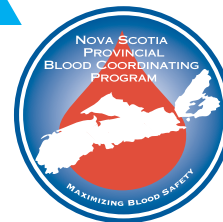
hearing aids. The second initiative was a series of projects with Early Years Centres and First Nations Communities (in Sydney Mines, Rockingstone Heights, Indian Brook, Yarmouth, and Eskasoni). These projects involved Early Childhood Educators, Early Interventionists, and health care providers to promote early identification of hearing loss and foster healthy speech-language development in young children.

Access to quality, evidence based collaborative care.

Nova Scotia is now the only province monitoring the effectiveness of preschool speech language pathology (SLP) treatment province wide through standardized implementation of an evidence based, client/family centered clinical outcome measure. The measure, Focus on the Outcomes of Communication Under Six or FOCUS[®], is an evaluation of changes in preschool children's daily communication skills following SLP treatment. Working in partnership with the Department of Health and Wellness (DHW) and the Department of Education and Early Childhood Development (DEECD), NSHSC is developing feasible and sustainable strategies to increase families' access to preschool speech-language and hearing services.

Adult out-patient speech-language services was improved by innovations in a client directed service delivery model at 6 NSHSC sites across NS; and increased efficiencies in identification and follow up of hospitalized stroke patients with swallowing disorders was achieved through collaboration with regional stroke teams.

Innovations in resource efficiencies. Enhancing and maintaining provincial quality clinical care was supported through a number of initiatives this year. Standard referral intake protocols were modified in consultation with community stakeholders to increase efficiencies in access of NSHSC speech, language and hearing services. NSHSC Audiology staff conducted demonstrations in the expanded use of distance technology for clinicians located at different clinical sites to collaborate in 'real time' during advanced audiology assessments. Finally, NSHSC Speech-Language Pathologists established provincial protocols for using distance technology to provide clinical and caseload management strategies across communities.



Nova Scotia Provincial Blood Coordinating Program (NSPBCP)

Mission

Promoting excellence in transfusion medicine.

Core Activities

Created in 2003, the Nova Scotia Provincial Blood Coordinating Program (NSPBCP) provides the leadership to collaborate with health care providers across the province and Canadian Blood Services to maximize the safe and appropriate management of blood and related products received by patients in Nova Scotia through utilization, surveillance, quality assurance and communication and coordination.

Program Manager

Marina Hamilton

Clinical Advisor

Dr. Sudeep Shivakumar

novascotia.ca/health/nspbcpc

Red Blood Cells – Inventory Management and CMV irradiated

The NSPBCP reviewed the use of red blood cells in the NSHA and IWK against current inventory level and presented data to hospitals. A review of transfusion requirements for neonates also contributed to the reduction. Hospital inventory levels decreased by 1307 units per year. At a cost of \$425 per unit this is a cost avoidance of \$555,475 annually.

Red Blood Cells – Avoiding Unnecessary Transfusion

The NSPBCP has developed a Red Blood Cell Transfusion pathway which promotes patient safety by preventing unnecessary transfusions. The pathway discourages transfusions if hgb greater than 80g/L and supports the transfusion of one unit RBC at a time. This strategy is in accordance with the Choosing Wisely campaign in Canada, which recommends transfusing only the minimum number of units required instead of a liberal transfusion strategy. This strategy is expected to prevent unnecessary transfusions with resultant cost avoidance.

Rh Testing Guidelines

In collaboration with transfusion services within the NSHA and IWK, and the Rh Program, the Nova Scotia Provincial Blood Coordinating Program (NSPBCP) facilitated the development of a provincially standardized approach to Rh testing, reporting and interpretation of results. There will be no additional cost to the system to implement this approach to testing. The benefits to this approach include standardization across the province, less WinRho being administered to pregnant women with a corresponding costs savings and reduced risk. Standardizing testing throughout Nova Scotia ensures similar results and similar treatment throughout the province.

Standardized Platelet Selection Criteria

The Nova Scotia Provincial Blood Coordinating Program (NSPBCP) developed provincial guidance regarding the transfusion of platelets which are group compatible in non urgent situations. This approach decreases the potential of intravascular hemolysis in the patient as well as increases platelet survivability post transfusion.

Atlantic savings from dosing of Intravenous Immune Globulin (IVIG) using Dosing Body Weight

The Nova Scotia Provincial Blood Coordinating Program (NSPBCP) leads the Atlantic Blood Utilization Strategy (ABUS) which optimizes the utilization of blood and blood products in the Atlantic Provinces.

Dosing IVIG based on the adjusted body weight instead of actual weight of the patient was implemented in the Atlantic provinces upon the recommendation from ABUS. Actual body weight (which includes the weight of fat tissues of the patient) is used for calculating the dose of fat soluble drugs. As immunoglobulin is not lipid soluble an adjusted body weight is appropriate to use for dosing. This strategy has been associated with an estimated cost avoidance of \$3,406,967 for the Atlantic region in 2013-2014 and \$1,008,630 in Nova Scotia for the same fiscal year. NSPBCP monitors the utilization of all IVIG used in the Atlantic provinces. IVIG is broadly used in immunodeficiency conditions and autoimmune diseases. Numerous clinical conditions are included under these two categories. In 2014-2015, 97% use was for appropriate indications.

Tissue and Organ Surveillance – Partnership

The NSPBCP conducts surveillance on adverse reactions to tissues and organs. While the Regional Tissue Bank provides 70% of the tissues used in the hospital setting, the amount of tissue used by dentists is currently unknown. A survey was conducted with all 555 licensed dentists in the province, with a 54.7% (n = 304) response rate. Of the respondents, 12% (n=35) indicate they are users of human allograft tissue in practice. A partnership was established with the Provincial Dental Board of Nova Scotia to identify these products and support adverse reaction reporting form this group through the identification of allograft users as part of the annual licensing requirement effective fall 2015, ongoing educational support, and eventually the creation of a database to capture data on allograft usage.

Nova Scotia Renal Program (NSRP)



Mission

To improve renal health and care for all Nova Scotians.

Vision

All Nova Scotians achieving optimal renal health.

Core Activities

- Provincial standards and guidelines development
- Service delivery planning recommendations
- Quality improvement, evaluation, monitoring and surveillance of renal health and care
- Knowledge exchange and transfer through networking, decision support, and education

These activities support the lifecycle of renal health and care from prevention to early detection and management, to end-stage kidney disease management and end-of-life care.

Program Manager

Susan MacNeil

Clinical Advisors

Dr. Christine Dipchand
Dr. Tom Hewlett

www.nsrp.gov.ns.ca

Public Awareness

One in ten Canadians has kidney disease and many don't know they have it, so public awareness is critical. A public awareness campaign targeting Nova Scotians at increased risk of developing kidney disease was conducted in partnership with the Kidney Foundation of Canada. Public service announcements that highlight common risk factors were featured as TV and cinema advertisements throughout the province in March 2014. A new brochure "Do You Know Your Risk" was developed and disseminated to Primary Healthcare, Community Health Boards and other key stakeholders.

Chronic Kidney Disease Prevention and Early Detection

The Nova Scotia Renal Program is in the process of implementing new national and international guidelines for the evaluation and management of chronic kidney disease in Nova Scotia. Clinical stakeholders are involved in the development of a new algorithm to guide primary healthcare practice, which will be released in late 2015. Laboratory stakeholders are working with the Nova Scotia Renal Program to plan laboratory information system changes to implement automated reporting of eGFR (estimated glomerular filtration rate) on all outpatient Creatinine results using formulas recommended in the guidelines. Additional work is underway to standardize the reporting of Albumin to Creatinine Ratio (ACR) in all Nova Scotia labs to support recommendations in the guideline. Knowledge translation initiatives have been developed and are being provided to educate primary healthcare, laboratory and other key stakeholders on the new guidelines.

Provincial standardized external quality monitoring on Creatinine and eGFR is coordinated by the Nova Scotia Renal Program in collaboration with laboratory services in the NSHA and IWK. The Nova Scotia Renal Program is working with the NSHA to transition the external quality monitoring component to the newly formed NSHA provincial lab quality committee.

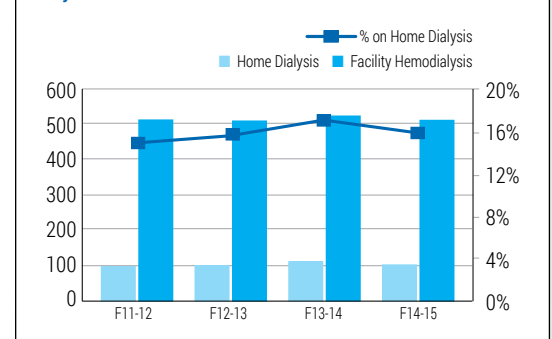
Service Delivery Planning

The Nova Scotia Renal Program facilitates ongoing health system planning through the Provincial Dialysis Services Review Committee to review dialysis services priorities and make recommendations to the Deputy Minister. The provincial dialysis services plan addresses health system needs for hemodialysis, satellite dialysis, home dialysis and chronic kidney disease clinics in the province. The Minister of Health and Wellness requested the NSRP and the Dialysis Services Review Committee to complete a satellite dialysis review for the Hants area. The review was completed and a report with recommendations provided in 2014. The program continued to support the design process for a Kentville satellite dialysis unit and expansion of the Dartmouth dialysis unit. Criteria for establishment of Chronic Kidney Disease (CKD) clinics were developed by the Service Delivery Committee and will guide future planning for these services.

Home Dialysis

The Nova Scotia Renal Program continues to work with key Nova Scotia Health Authority stakeholders to increase utilization of home dialysis in Nova Scotia. Home dialysis rates continue to be monitored, although progress towards achieving the 20% prevalence target is slow. The program is completing a readiness to support home dialysis assessment and continues to analyze the barriers, to develop new strategies to promote home dialysis, and to support patients on home dialysis.

Provincial Prevalent Home Dialysis Rate by Fiscal Year



Reproductive Care Program of Nova Scotia (RCP)



Mission

To promote and advocate for excellence in reproductive, perinatal, and newborn health, as well as in evidence-informed practice. We provide leadership and support through practice guidelines and standards, education, research, and high quality data collection and analysis.

Core Activities

- Offer RCP-facilitated mortality and morbidity reviews linked to facility quality assurance processes
- Conduct quality assessment reviews exploring topical clinical and system-wide issues
- Develop clinical documentation tools that guide standards of care
- Deliver inter-professional education programs in a variety of formats
- Disseminate key indicator reports for facilities and the province
- Provide data for program planning, evaluation, and for approved research projects

Program Manager

Rebecca Attenborough

Clinical Advisors

Dr. Alfred Bent (Acting)
Dr. Heather Scott
Dr. Dora Stinson (Acting)
Dr. Krista Jangaard

rcp.nshealth.ca

Promoting Perinatal Health

Provincial Symposium 'Weight Times in Perinatal Health': One hundred and twenty-nine Nova Scotia care providers attended sessions focused on food security, gestational weight gain and the clinical implications of obesity for maternal and infant health and health care. All presentations and materials are posted on the RCP website.

Surveillance of Congenital Anomalies in Nova Scotia (SCA-NS): The goal is to strengthen congenital anomaly surveillance provincially and nationally. As the provincial lead RCP has re-designed two clinical databases to facilitate addition to SCA-NS. Nova Scotia made its first contribution to the Canadian Congenital Anomalies Surveillance System in 2014.

Access to Quality Maternal and Infant Care

Transition of new families from hospital to home: RCP completed the last of nine area-specific quality assessment reviews focused on clinical and system strengths and opportunities to improve care and supports across the continuum. Health leaders and clinicians were provided with observations and recommendations for their area.

Baby-Friendly Initiative (BFI): NS is committed to BFI as a vehicle for improving maternal and infant outcomes and normalizing breastfeeding. In partnership with DHW Public Health, RCP leads provincial initiatives that focus on increasing exclusive breastfeeding, enhancing community capacity to provide post-discharge support and monitoring breastfeeding rates.

Contributing to a Competent and Collaborative Workforce

Advances in Labour & Risk Management (ALARM™): As of 2014 ALARM, managed by Society of Obstetricians & Gynaecologists of Canada, is the only accredited birth emergencies course recognized in Canada. To address participant costs and accessibility, RCP supported staff to obtain instructor status and has approval to organize and offer a local course in 2015.

Revised Well Baby and Maternal EMR templates:

In collaboration with DHW Primary Healthcare Information Management and others, RCP developed and piloted 17 templates for use in the Nightingale™ EMR. The well baby/child templates are based on the 2014 Rourke Baby Record™ and incorporate NS key messages.

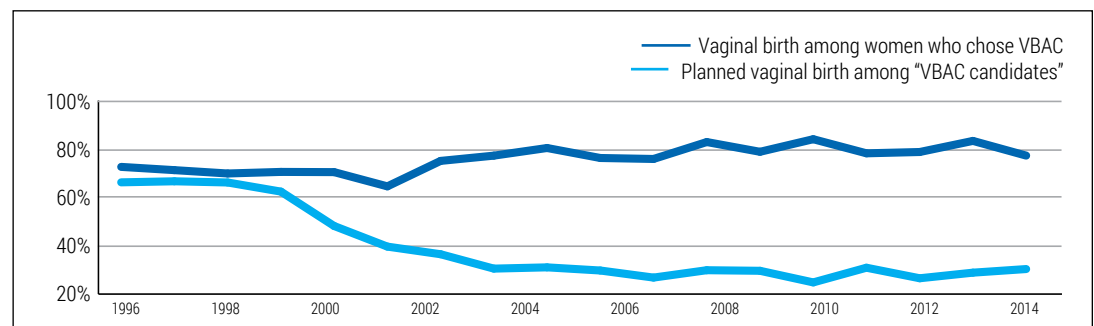
Effective Use of Resources

Best Practices in the Use of Cesarean Section:

Building on a series of quality reviews and a systematic approach to perinatal audit, RCP released a clinical guideline and counseling tool focused on consistent messages about vaginal birth after cesarean section (VBAC). "Discussing Birth Options Following Cesarean Section in Nova Scotia" is based on current literature and includes NS outcomes.

Preventing Infant Complications from Respiratory Syncytial Virus (RSV):

The NS Palivizumab (Pz) Working Group makes provincial recommendations for administration of Pz in high-risk groups. The group has undertaken a comprehensive data linkage project with the goal of reducing the population that receives Pz while ensuring good outcomes for vulnerable infants.



Consistent prenatal counseling will support a decision to plan vaginal birth after cesarean for many women. Most women who plan a vaginal birth after cesarean are successful.

Provincial Programs, Key Partnerships 2014-2015

Provincial Programs work closely with health professionals and administrators, patients and families, other government departments, educational institutions, local, regional and national organizations to meet shared goals and facilitate health system improvement in Nova Scotia in each of the nine areas of focus below.

Cancer Care Nova Scotia (CCNS)

In addition to health and education partners, CCNS collaborates with not-for-profit organizations such as the Canadian Cancer Society, the Nova Scotia (NS) Hospice Palliative Care Association, and the Canadian Hospice Palliative Care Association.

Nationally, the program works with the Canadian Partnership Against Cancer (CPAC) on interprovincial projects. Highlights during 2014-15 include: Sun Safety at Work Canada, Paramedics Providing Palliative Care at Home, expansion of Screening for Distress Program, and enhancing the patient experience. CCNS and the British Columbia Cancer Agency (CPAC project) are developing a Transition Volunteer position for patients who have completed active treatment. CCNS also contributes to national system performance reporting, surgical synoptic reporting, adoption of cancer information system best practices, and the implementation of screening for distress as a standard of care. The program also supports research-based projects/questions to gain new knowledge.

Primary prevention work is collaborative and includes participating on the Sun Safe Nova Scotia coalition, Smoke Free Nova Scotia, and the Alliance for Healthy Eating and Physical Activity.

Diabetes Care Program of Nova Scotia (DCPNS)

DCPNS, in partnership with the Department's Business Intelligence Analytics and Privacy (BIAP), continues to contribute diabetes data to the Canadian Chronic Disease Surveillance System, and through this, provides expertise in refining case definitions for the under age 20 population. This age group, primarily children with a diagnosis of type 1 diabetes (and growing numbers of type 2 diabetes), represents a truly unique population for both reporting purposes and in the early appearance of diabetes complications.

In partnership with Acadia University and Kinduct Technologies, the DCPNS is supporting work to enable patient self-assessment of safety and readiness to engage in physical activity/exercise. Building on earlier successes from the DCPNS Physical Activity and Exercise Toolkit, this work will assist providers in assessment and early educational interventions.

Nova Scotia Breast Screening Program (NSBSP)

The NSBSP collaborates with the IWK Breast Health Centre to provide timely, patient-centered, interdisciplinary and coordinated clinical care to patients diagnosed with breast cancer. The NSBSP promotes breast screening in hard to reach populations by working with the Breast Cancer Action Network and the North End Community Health Centre as well as by providing mobile services for this population. NSBSP continues to work with Canadian Breast Cancer Foundation Atlantic Region (CBCF-A) to provide Pink Rose Kits for newly diagnosed breast cancer patients, helping them make an informed treatment decision. NSBSP worked with CBCF-A on the Pink Tour public education campaign and CIBC's Run for the Cure, encouraging women in communities across NS to participate in breast screening. NSBSP contributed provincial breast screening data to CPAC's 2015 Cancer System Performance Report.

Nova Scotia Hearing and Speech Centres (NSHSC)

Nova Scotia Hearing and Speech Centres, working with other Department of Health and Wellness (DHW) branches and the Department of Education and Early Childhood Development, continued to develop feasible and sustainable strategies to increase families' access to early identification and treatment of preschool speech, language, and hearing disorders. This year, standard referral intake protocols were modified in consultation with community partners, health care workers, and educators as part of the NS "18-month screening" project. NSHSC also worked with families of preschool children, Early Childhood Educators, and Early Interventionists from Early Years Centres, Health Clinics, and Family Resource centres to promote early identification of hearing loss and to increase use of effective techniques to foster healthy speech and language development.

NSHSC expanded its Modified Barium Swallow services to include Dartmouth General, South Shore Regional and Valley Regional hospitals. With these additional sites, outpatients in these areas are afforded easier access to instrumental swallowing assessments. In an effort to increase the amount of speech-language resources available for direct patient care, NSHSC and CVHNS are working with stroke teams across the province to pilot strategies to refine the referral process for stroke inpatient communication assessments.

This year, 47 individuals (26 Nova Scotians and 21 out of province clients) received cochlear implants. The Cochlear Implant Program is delivered in partnership with Nova Scotia Health Authority, IWK and NSHSC, with ENT physicians, Audiologists, a Speech Language Pathologist, and supportive personnel contributing to the program.

Reproductive Care Program of Nova Scotia (RCPNS)

RCP is one of the DHW representatives on several provincial and national initiatives related to maternal and infant health. Groups led by the Early Years Branch are a collaboration of key government Departments and other sectors. Areas of focus include introducing standardized developmental assessments at 18 months and at school entry, with referral for additional supports as required. The Intergovernmental Working Group on Newborn Screening is developing national recommendations for a core screening panel and parameters for the retention and secondary use of blood spot samples. NS is leading the latter project. RCP is working with the Public Health Agency of Canada on the Surveillance of Congenital Anomalies in NS to strengthen surveillance at provincial and national levels. The Program has re-designed two clinical databases to improve the comprehensiveness of provincial data and has transmitted NS's first contribution to the Canadian Congenital Anomalies Surveillance System.

RCP and DHW Public Health co-lead the Provincial Postpartum & Postnatal Guidelines Revisions Working Group and the Provincial Breastfeeding Steering Committee (PBSC). The PBSC promotes and monitors progress towards achieving Baby-Friendly Initiative™ goals, an action named in the THRIVE! strategy. To support uptake of provincial and national guidelines for postpartum and postnatal care, RCP worked with the DHW Primary Health Care Information Management team to develop and pilot 17 well baby and maternal care templates in the Nightingale™ EMR.

RCP is working with the Mental Health & Addictions Branch to test a screening, brief intervention and referral approach (SBIR) in primary maternity care settings, focusing on substance use and mental health issues. Training sessions for care providers have been developed and community-based services have been identified. The project will be implemented and evaluated in 2015-16.

Cross Provincial Program Initiatives, Highlights 2014-2015

Provincial Blood Coordinating and Rh (RCPNS) Programs

The Blood Coordinating Program facilitated development of a provincial approach to Rh testing, reporting and interpretation of results, in collaboration with transfusion services at the NSHA, IWK, and the Rh Program. Pregnant women, who are Rh negative, need to receive Rho (D) immune globulin to prevent hemolytic disease in the newborn. The Rh status for some women is only determined with additional testing. This testing is now standardized across the NS, avoiding retesting and the potential for some women to receive unnecessary prophylaxis.

Nova Scotia Breast Screening Program (NSBSP), Cancer Care Nova Scotia (CCNS), Cardiovascular Health Nova Scotia (CVHNS), Diabetes Care Program Nova Scotia (DCPNS), Reproductive Care Program Nova Scotia (RCPNS) and Nova Scotia Renal Program (NSRP) – Nova Scotia First Nations Client Registry Project

Six provincial programs from DHW's Acute & Tertiary Branch, Public Health and Mental Health, Addictions & Children's Services, BIAP and the Trauma Program are collaborating with NS's First Nations to create health indicator reports for the Mi'kmaq population and 11 participating communities. Health indicator reports will allow First Nations to compare data, track changes, see progress and identify areas for improvement. This year's focus was to identify and refine indicators for each health issue or population. The 'Strength in Numbers' project builds on the earlier success of the 'Telling our Stories' project, a partnership established in 2012 with the five Cape Breton First Nations.

CVHNS and NSRP – Cardiac Catheterization in Patients with Renal Impairment

An audit showed that impaired renal status was one of the key reasons that patients were not referred for cardiac catheterization. CVHNS and the Nova Scotia Renal Program (NSRP) developed a protocol for preparation and follow up of this population. The final protocol was disseminated in the spring of 2015 is available on both the CVHNS and NSRP websites.

DCPNS, CVHNS, and NSRP

The "Come on Nova Scotia ... Check it!" Blood Pressure Challenge has just completed its fourth successful year with over 100 awareness events and 4,200 blood pressures screened across NS in May 2014. Since 2012, over 13,500 blood pressures have been measured. This number grows every year thanks to health sector participants, community partners, businesses and education facilities across NS.

In Fall 2014, the three programs collaborated with DHW's Primary Health Care (PHC) Branch, Dalhousie University's Department of Continuing Medical Education and the Registered Nurses Professional Development Centre, Nova Scotia Health Authority to design and deliver professional development for PHC Collaborative Team Day events. Ninety participants, representing many disciplines participated in the three-hour, CME accredited program. It included an update on hypertension targets, a review of pharmacological treatment and nutrition management/counseling across multiple morbidities and introduced basic quality improvement techniques to use at the practice level.

DCPNS and RCPNS

Diabetes and RCP partnered to standardize the approach to screening for gestational diabetes and to plan and deliver Diabetes in Pregnancy sessions and symposia. Standardized materials about diabetes screening during and after pregnancy were prepared for patients and health care providers. This included preparing for the oral glucose tolerance test (OGTT).

All Provincial Programs – Strategy for Patient-Oriented Research (SPOR)

All provincial programs are participating in SPOR. Led by the Canadian Institutes of Health Research (CIHR), the focus is on integrating health research into care. There are SUPPORT (Support for People and Patient-Oriented Research and Trials) Units across Canada, including the Maritime SPOR SUPPORT Unit. Participants include patients and caregivers, researchers, health practitioners, policy makers, health authorities, academic institutions, non-profit organizations, and the pharmaceutical sector. CCNS, DCPNS, Legacy of Life, and RCPNS are represented on one of the advisory committees for the Maritime SPOR SUPPORT Unit. An epidemiologist, who works across several provincial programs, co-chairs the Data Access Privacy Advisory Committee.

