Accountability Report 2020–21

Health and Wellness

NOVA SCOTIA

Accountability Report 2020–2021

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Accountability Statement

The Accountability Report of the *Department of Health and Wellness* for the year ended March 31, 2021, is prepared pursuant to the *Finance Act* and government policies and guidelines. These authorities require the reporting of outcomes against the Department of Health and Wellness Business Plan for the fiscal year just ended. The reporting of the *Department of Health and Wellness* outcomes necessarily includes estimates, judgments and opinions by *Department of Health and Wellness* management.

We acknowledge that this Accountability Report is the responsibility of *Department of Health and Wellness* management. The report is, to the extent possible, a complete and accurate representation of outcomes relative to the goals and priorities set out in the *Department of Health and Wellness 2020-2021 Business Plan*.

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Honourable Michelle Thompson	Jeannine Lagassé
Minister of Health and Wellness	Deputy Minister of Health and Wellness

Message from the Minister of Health and Wellness

I am pleased to present the 2020-21 Accountability Report for the Department of Health and Wellness. Despite managing the worst pandemic in a century, the department and its partners were able to implement significant improvements in the delivery of care for all Nova Scotians. I commend that effort, and thank all Nova Scotians for their perseverance, patience, and tenacity in fighting the COVID-19 pandemic.

This report recounts and highlights the work of the past year, the efforts surrounding the management of the pandemic and the protection of Nova Scotians, and the new, innovative ways of working that were implemented in order to not only survive, but thrive, during an unimaginable year.

In reflecting on the past year, it is important to recognize the efforts of all those who contributed to Nova Scotia's response to the COVID-19 pandemic. The pandemic challenged and changed the health system and exposed system weaknesses, but also remined us of the strength and resilience of Nova Scotians. The innovations and partnerships that emerged will continue to shape and support the health system moving forward.

As we look ahead, and as the health system shifts to living with COVID-19, we are more focused than ever in providing Nova Scotians with the right care, at the right time, in the right place. We are committed to transforming the system and embedding strengthened accountability and transparency to ensure best-in-class delivery of healthcare to all Nova Scotians.

Honourable Michelle Thompson
Minister, Health and Wellness

Financial Table and Variance Explanation

	2020-2021 Estimate	2020-2021 Actuals	2020-2021 Variance
Programs and Services			
General Administration	2,354	2,206	(148)
Strategic Direction and Accountability			
Chief Medical Officer of Health	2,685	3,114	429
Client Service and Contract Administration	6,221	6,089	(132)
Corporate and Physician Services	13,306	11,592	(1,714)
Digital Health, Analytics & Privacy	8,128	6,400	(1,728)
System Strategy and Performance	5,162	3,168	(1,994)
Continuing Care	2,996	2,776	(220)
Quality Patient Safety	0	480	480
Service Delivery & Supports			
Physician Services	950,474	934,034	(16,440)
Pharmaceutical Services and Extended Benefits	340,292	344,160	3,868
Emergency Health Services	147,824	147,839	15
Continuing Care	897,800	946,712	48,912
Other Programs	184,439	335,208	150,769
Office of Mental Health & Addictions	208,712	220,039	11,327
Health Authorities			
Nova Scotia Health Authority	1,718,092	1,782,832	64,740
IWK Health Centre	203,677	203,838	161
Capital Grants & Healthcare Capital Amortization	130,475	154,165	23,690
Total - Departmental Expenses	4,822,637	5,104,652	282,015
Additional Information:			
Ordinary Revenue	(96,501)	(104,194)	(7,693)
Fees and Other Charges	(15,240)	(14,465)	775
Ordinary Recoveries	(129,463)	(132,533)	(3,070)
Total: Revenue, Fees and Recoveries	(241,200)	(251,200)	(10,000)
TCA Purchase Requirements	114,453	69,085	(45,368)
Total Funded Staff (FTEs)	332	294	(38)
Staff Funded by External Agencies	(10)	(11)	(1)
Provincial Funded Staff (FTEs)	322	283	(39)

Departmental Expenses Variance Explanation:
Department of Health and Wellness expenses were $282.0 million or 5.8 per cent higher than estimate, primarily due to $288.3 million in additional funding to support the COVID-19 response effort. These expenses included but were not limited to:

- $70.7 million for Essential Workers Program;
- $72.8 million for Federal Safe Restart initiatives;
- $39.6 million for personal protective equipment (PPE);
- $38.5 million for provincial stimulus projects;
- $30.8 million for COVID related supplies including gloves, gowns, lab testing supplies and new office space needs; and
- $35.9 million in other COVID related expenses.

Other expense increases contributing to the variance included $16.6 million in licensed practical nurse (LPN) reclassification costs and $11.0 million to the Nova Scotia Health Authority for various health care services and other items.

These increases were partially offset by a $33.9 million decrease in capital grants for infrastructure due to changes in cash flows.

Revenue, Fees and Recoveries Variance Explanation:
DHW revenue, fees and recoveries were $10.0 million, or 4.1 per cent higher than budgeted, due to:

- $18.3 million in donated COVID-19 personal protective equipment (PPE);
- $6.6 million due to the dissolution of Gambling NS; and
- an increase in projected auto levies of $1.6 million.

This is partially offset by a decrease of $12.7 million in out of province insured billings and a $4.2 million decrease in physician reciprocal billings, both due to COVID-19 closures and travel restrictions.

TCA Purchase Requirements Variance Explanation:
DHW TCA Purchase Requirements were $45.4 million or 40 per cent lower than budgeted due to shifts in cashflows due to delays in the Queen Elizabeth II and Cape Breton Regional Municipality Redevelopment projects.

Provincial Funded Staff (FTEs) Variance Explanation:
Hiring delays are largely due to COVID-19. This occurred primarily in the Digital Health Analytics and Privacy and Systems Strategy divisions.

Section 1: Mandate, Vision, Mission and Principles

Mandate

Health care in Nova Scotia has been the collective responsibility of the Department of Health and Wellness (DHW), the Nova Scotia Health Authority (NSHA), and the Izaak Walton Killam Health Centre (IWK). DHW, NSHA, and IWK have worked as partners with a number of government and community-based organizations and service providers to address prevention of disease and injury, promotion of health and wellness, and delivery of health services, including emergency care, primary health care, mental health and addictions, acute care, continuing care, and end of life care.

The *Health Authorities Act* (the Act) has established the roles and responsibilities of DHW, NSHA, and IWK.

DHW is currently responsible for:

- Providing leadership by setting strategic policy direction, priorities, and standards for the health system;
- Ensuring appropriate access to quality care through the establishment of public funding for health services that are of high value to the population; and
- Ensuring accountability for funding and for the measuring and monitoring of health system performance.

NSHA and IWK are currently responsible for:

- Governing, managing and delivering health services across the province;
- Implementing the strategic direction set by DHW; and
- Engaging with the communities they serve.

These organizations have worked together to coordinate planning, funding, service delivery and to improve access to health care services and patient care, and will continue to do so alongside the Office of Mental Health and Additions, and Department of Seniors and Long-term Care.

Vision

Healthy Nova Scotians

Mission

To lead a quality, equitable and sustainable health care system that inspires and promotes the health and well-being of all people in Nova Scotia.

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Principles

- Service Excellence:
  We believe policies, programs and services should be designed around the health care needs of Nova Scotians. This means Nova Scotians have access to quality programs and services that are culturally appropriate, accessible and flexible.

- Partnerships and Collaboration:
  We understand that meeting the health care needs of Nova Scotians requires building new and strengthened relationships with citizens, communities, providers, service organizations and educators.

- Public Confidence:
  We believe all Nova Scotians should receive equitable, appropriate and quality care. This means we are transparent, open and authentic when we communicate to them about their health care system.

- Leadership and Innovation:
  We seek to include diverse perspectives, have the courage to recognize when change is needed, and are committed to creating space for new and different ways of thinking and doing.

- Accountable and High Performing:
  We enable responsible and evidence-informed decisions by having appropriate policies, standards and structures in place to monitor outcomes and measure system performance.

- Anticipation and Action:
  We anticipate long-term trends and drivers and act proactively. This means we plan for and deliver a health system that is resilient, adaptive and responsive to the changing needs of Nova Scotians. We create a system that responds to the future of health care and against which results can be measured.

Section 2: Health System Leadership in Unprecedented Times: Responding to COVID-19

The story of Nova Scotia and its health system in 2020-2021 is the story of COVID-19. It is a story of resiliency and loss. It is also a story of innovation and partnership. Coinciding with the start of the fiscal year, the health care system was challenged to mount a rapid response to the worst pandemic in 100 years, first to confront the emerging threat, then to manage and plan for subsequent waves. In real time, staff were redeployed, service delivery changes made and new services implemented, all to support and ensure an accelerated, efficient response.

As will be described throughout this report, no part of the health system was untouched, and the loss of life reminded us of the stakes. Where possible, the system was quick to innovate, expanding virtual care options, particularly in primary health care and for Nova Scotians in need of mental health and addictions support. In other cases, like for certain elective surgeries, services were redirected and took time to be restored. Although challenged by circumstance, the health system was able to continue to advance priorities as it could, particularly in primary health care, continuing care, mental health and addictions, public health, and through the implementation of continued improvements to strategic infrastructure.

Nova Scotia could not have mounted the response it did had it not rallied together and tapped into its collective resilience. In the case of the health care system, all partners had a role to play, together. DHW, NSHA and IWK worked with a network of community partners and service-providers to provide leadership during unprecedented times, all while continuing to meet the health care needs of Nova Scotians. This also involved extraordinary efforts to work both collaboratively and strategically with federal, provincial and territorial partners across numerous newly formed - as well as more frequently convened - committees and tables.

This report will highlight the scope of the system-wide effort that took place during 2020-2021 and that will continue to shape the delivery of health care for years to come. Today, the health system continues to work through the COVID-19 pandemic and deploy an accelerating immunization plan to shift the focus from pandemic response to recovery, and then onwards towards an improved health system for the province.

PRIORITY: Health System Response to COVID-19

Designing and Implementing Public Health Measures

From the outset, public health measures played an integral part in reducing the transmission of COVID-19 in Nova Scotia. A wide range of measures was put in place

throughout the pandemic, and included mask wearing, border restrictions, self-quarantine and self-isolation measures, symptomatic and asymptomatic testing, physical distancing and limiting social activities, among others. DHW provided leadership in the development of these measures, responding quickly to circumstances as they emerged. This included informing the *Health Protection Act* Order and sector-specific guidance documents.

Timely and Widely Accessible Symptomatic and Asymptomatic Testing

Testing for COVID-19 was a critical success factor in Nova Scotia's pandemic response. With a focus on widely available symptomatic and asymptomatic testing, Nova Scotia led a shift in testing strategy that was critical to tracking the virus and bringing down infections during significant outbreaks. Nova Scotia's testing strategy evolved over the course of the pandemic, with the approach shifting to respond as epidemiology and case numbers changed in and outside of the province, as testing capacity increased, and as testing methodologies evolved and emerged.

In early 2020-2021, Nova Scotia primarily focused on testing individuals with symptoms of COVID-19 and those who were close contacts of known cases. With new federal funding through the Safe Restart Agreement, the province was able to broaden its approach to testing, beginning in fall 2020, to focus on vulnerable populations and eventually provide broad community access for anyone wanting a test, whether symptomatic or asymptomatic. Nova Scotia's testing strategy included a mix of conventional lab-based polymerase chain-reaction (PCR) testing and rapid, point-of-care antigen and molecular testing.

Contact-tracing and Case Management

Contact tracing occurred for all known cases of COVID-19 in the province. Contact tracing is a tool to identify close contacts of positive cases along with potential exposure sites to slow the spread of COVID-19. Public health also provided case management support for individuals in self-isolation due to COVID-19, including active daily monitoring.

Planning and Implementing an Immunization Program

Nova Scotia's COVID-19 immunization program, as in all jurisdictions, is the largest and most complex program in our province and is unprecedented in scope. The magnitude of the task, the uncertainty of the vaccine supply and the creation of a logistical system to meet all the storage and distribution challenges was unmatched in any previous program in the history of our province.

The core principles of accessibility and equitability were foundational in the province's approach to developing the plan. The plan ensured broad access and equitable

distribution and worked with numerous stakeholders to minimize hesitancy and mistrust. The province collaborated broadly to ensure access, working closely with:

- Physicians and pharmacies;
- First Nations communities;
- African Nova Scotian communities;
- NSHA Continuing Care to vaccinate those that are homebound;
- Shelters;
- Adults with disabilities;
- The Mi'kmaw Native Friendship Centre;
- Newcomers and immigrants;
- Corrections;
- The Department of Community Services;
- Temporary foreign workers;
- Volunteers;
- NSHA mobile units to improve uptake in specific geographic areas;
- Community day programs; and
- Large employers to improve uptake.

The province took a scientific and risk-based approach to vaccine distribution. Those who were at risk to suffer the most serious consequences were prioritized for accessibility to vaccine. This approach ensured the most vulnerable, the aged and those in congregate settings, particularly long-term care homes, were provided access to the vaccine first. The province continued to apply this approach and chose an age-based vaccine roll-out.

During 2020-2021, a provincial Vaccine Expert Panel was established to advise the Chief Medical Officer of Health regarding scientific issues related to immunization and vaccine programs in Nova Scotia. The 11-member panel includes representation from DHW, NSHA, IWK, the Canadian Center for Vaccinology, Pharmacists and Family Physicians.

Following the National Advisory Committee on Immunization (NACI) guidelines, Nova Scotia determined priority populations for a phased-in approach to vaccine deployment. For the initial roll-out from December 2020 to March 2021, the immunization plan primarily focused on front-line health care workers involved in the COVID-19 response, those in long-term care homes and started with the eldest portion of the population, 80+, living in community. During this time, the province also developed plans to develop pathways for vaccine delivery.

By March 31, 2021, 106,623 vaccines were delivered. Deployment accelerated as more vaccine was made available, and on July 7, 2021, Nova Scotia was able to make two doses available to all eligible Nova Scotians, ahead of the previous schedule.

Human Resource Redeployment and Hiring

From the outset of the COVID-19 pandemic, the health care system had to pivot and quickly respond in critical areas, to implement new services and manage the infection and transmission of the virus. It required agility, innovation and, in almost every case, people.

From one day to the next, healthcare staff throughout the system were redeployed and extra health human resources recruited from a variety of sources, including retired health care workers, students in health professions and volunteers. DHW worked closely with NSHA, IWK and many other partners within and outside of government to build human resource capacity where it was needed, with a particular focus on long-term care facilities. Funding was provided to the NSHA to operate staff deployment centres to recruit, schedule and deploy new and current employees. As 811 became a central support during the pandemic, DHW funded additional phone lines and staffing, resulting in an over 200% increase in 811 staff. DHW itself redeployed staff to assist with contact tracing and other COVID-19 activities.

Physicians were an integral partner in the pandemic response. The income stabilization program helped ensure physician availability to meet the needs of the health system during Wave 1 of the pandemic. DHW, along with Doctors Nova Scotia, IWK and the NSHA, developed this voluntary program for all fee-for-services physicians, which was in effect from March to July 2020. Physicians who participated in the program were available to be deployed to help meet the needs of the system while maintaining their practices (in person or virtually) to the best of their ability. Approximately 575 physicians participated in the program.

Section 3: Maintaining the Health Care System through COVID-19

I. Managing and Responding to Change during the Pandemic

The impact of COVID-19 was profound within the health care system. It had to stand-up and respond to the most serious health crisis of our time, one that will continue to resonate for years to come. Staff were redeployed and hired, service delivery changes were required, other services were paused and new and innovative strategies were implemented as the system went to extraordinary lengths to prepare for, manage and respond to COVID-19.

PRIORITY: Increased Support and Capacity for Mental Health and Addictions

Responding to COVID-19: Extending supports for Nova Scotians in need

As the COVID-19 pandemic took hold, so did fear, stress and uncertainty. Lives were upended, jobs were lost, schools were closed and the community went into lockdown for far longer than anyone first expected. Tragic events, including the mass shooting in Nova Scotia, compounded the stress. Faced with this new reality and the loss of direct contact with family, friends and the community, stress and anxiety levels increased for everyone. Many of us needed help, and some more than others.

DHW and our partners recognized early on that additional mental health and addiction (MHA) supports were needed, delivered in new and innovative ways. Through adapting current programs and standing up new ones, DHW worked with NSHA, IWK and community partners to respond to the COVID-19 pandemic, not only for Nova Scotians in need of support but also the staff, clinicians and healthcare workers on the front-line who provided the care and continued to support people in their recovery.

Plans that were already in the works for expanded virtual care in mental health and addictions were accelerated. Within the first months of lockdown, virtual care options and on-line self-management tools were launched. In addition, staff received training and tools to deliver care virtually, including professional development, through a series of webinars delivered throughout the pandemic.

Key initiatives implemented during 2020-2021 to support the mental health of Nova Scotians related to COVID-19 include:

- Improved access through virtual care/e-health solutions at both the NSHA and IWK;
- The IWK embedded Kids Help Phone services into Intake Services, Emergency Departments and other MHA services for children and youth in need of additional support at home;

- Launched three e-mental health self-management tools and programs - Therapy Assistance Online (TAO), ICAN Conquer Anxiety and Nervousness, and Mindwell U: during the first waves of the pandemic, thousands of Nova Scotians accessed these tools; and
- Launched MHAhelpNS.ca: The site provides information about available services, including contact information, as well as links to the e-MH interventions mentioned above. Since its launch in June, there have been 44,000 users, 65,000 visits and over 200,000-page views.

Supporting Nova Scotians following the tragic events of Spring 2020

In the Spring of 2020, while coping with the first wave of the COVID-19 pandemic, Nova Scotians further endured a series of tragic events. The deadliest mass shooting in Canadian history occurred within our borders, and several Nova Scotians died in military service, both domestically, and abroad.

The mass shooting added a tragic layer to an already stressful time and tested our collective strength and resiliency. People directly affected required immediate access to grief counselling and mental health support, but so too did many people throughout Nova Scotia. Now a year later, the affected communities and province are still wrestling with the consequences and serious mental health issues that ensued.

In 2020-2021, DHW worked closely with partners to:

- Mobilize the mental health and addictions Crisis Response Team in Northern Zone to provide immediate support to families, victims and NSH staff and communicating the availability of resources;
- Extend supports to Victim Services - a Department of Justice program - and the NSHA to provide immediate and follow-up mental health support to affected Nova Scotians; and
- Support staff at the Community Support Navigator Program to ensure that direct pathways to MHA services were available to anyone who needed help.

Continuing to improve on access, treatment and coordination of mental health and addictions care

In addition to managing the mental health and addictions needs related to the pandemic, DHW and its partners worked to maintain a continuum of services. As described above, while services moved online to virtual care platforms or via telephone, many physical locations remained opened.

Building on years of sustained effort, government invested $310M in 2020-2021 to improve access, treatment and coordination of mental health and addictions care. The

investment is paying off. The workforce providing MHA services has grown, services are easier to access, and there is a focus on not only continuing to provide quality service, but also improvement and expansion through the transition to the new Department of Mental Health and Addictions. We also invested in the community sector, recognizing their important role in supporting the mental wellness of Nova Scotians.

In addition to responding to needs related to COVID-19 and the mass shooting, in 2020-2021, DHW:

- Invested $310M in mental health and addictions, representing a $35M increase in budget since 2016;
- Invested $1.6M toward the Provincial Crisis Line: Available 24/7 with an average 1.18-minute response time, the service standard was met during the pandemic as volume increased by 30%; and
- Made changes to the Opioid Treatment and Recovery Program, resulting in a substantial decrease in the number of Nova Scotians waiting for services. There is now same-day access to the program.

PRIORITY: Managing COVID-19 Infection in Continuing Care

Similar to the rest of Canada, wave one of COVID-19 in Nova Scotia had the greatest impact on older adults in long-term care (LTC). Very early in the pandemic, DHW, in collaboration with its system partners, implemented new system directives under the *Health Protection Act* Order by the Chief Medical Officer of Health. A Continuing Care (CC) Emergency Operations Centre (EOC) was established to support the sector in its response to COVID-19 and saw a number of great successes; in fact, many of the 133 LTC providers were able to keep COVID-19 out of their facilities. Sadly, however, 53 COVID-19-related deaths occurred at the province's largest LTC facility, Northwood Halifax Campus.

In June 2020, the Minister of DHW announced two key reviews to be undertaken in LTC to enable improved infection prevention and control within the sector. DHW, in collaboration with the NSHA, conducted a review of infection prevention and control (IPAC) policies, processes, practices, resources, and accountability in Nova Scotia's LTC sector to strengthen the sector's preparedness for, and response to, infectious disease outbreaks. In addition, a review of the COVID-19 response at Northwood's Halifax Campus under the *Quality-improvement Information Protection Act* took place. A total of 41 recommendations resulted from these reviews, and 35 were addressed by the end of 2020-2021. The recommendations can be found online at: https://novascotia.ca/dhw/ccs/.

DHW leveraged lessons learned from the first wave of COVID-19 to develop and implement a sector plan to prepare for future waves of COVID-19, incorporating the results of the reviews outlined above. The plan was released in October 2020 and

included increased access to PPE, additional workforce supports and prioritizing testing within the LTC population, in addition to several other initiatives intended to support the Continuing Care sector.

In 2020-2021, DHW invested over $100M to sustain operations in Continuing Care, including $88.6M in direct response to COVID-19. These investments included but were not limited to:

- The purchase and distribution of iPads across the province to ensure LTC residents were able to stay connected to their loved ones;
- Accelerating the supply of PPE and environmental supports;
- Funding the NSHA to provide a dedicated team of IPAC clinicians to support long term care and home care;
- The implementation of a comprehensive IPAC program for the continuing care sector to provide:
    - education and training;
    - resources, tools and best practices;
    - monitoring and reporting; and
    - guidance for outbreaks and surveillance.
- Supporting capital and small infrastructure projects to provide IPAC support to long-term care homes to, for example, upgrade high touch surfaces for easier sanitization, reconfigure entrances to effectively control entry to the facility and repurpose common spaces to allow for distancing;
- Interim funding to support/enhance infection control designates on-site in LTC facilities to promote infection control practices within the home;
- Interim funding to support temporary long-term care assistants, and the creation of a home support aide position to assist home support providers in better meeting client needs;
- Funding the NSHA to provide occupational health and safety support/resources for continuing care;
- Creating additional temporary long-term care beds to help address capacity issues and supporting clients waiting in hospital through Community Transition Units;
- Providing increased access to employee and family assistance programs for all staff in the Continuing Care sector; and
- The creation of Regional Care Units to cohort COVID-positive LTC residents off site to prevent the spread of COVID-19.

In addition to these investments, DHW led the creation of the ‘designated caregiver’ role for residents in LTC, which allowed loved ones to provide emotional and physical support to residents in LTC even during outbreaks. LTC facilities were also prioritized for vaccine roll-out, with residents and their designated caregivers having on-site access to vaccine clinics and staff having priority access through health care worker clinics.

In home care, DHW enhanced supports to those living at home and their caregivers through the Supportive Care and Home First programs. Additional direct benefit options were provided to those waiting to receive home support services, and PPE was made available for those clients who were accessing the direct benefits programs. DHW worked with Home Care Nurses to provide supports in LTC and expand their community-based services when needed (i.e., in-home swabbing).

The COVID-19 pandemic exposed risks and highlighted issues that will require new and innovative approaches to ensure a safe environment and quality care for individuals accessing the continuing care system. Drawing from the Minister's Expert Panel on Long-Term Care and the Workplace Safety Action Plan, in addition to the IPAC recommendations and other key learnings from the COVID-19 experience, DHW has continued to work strategically to address barriers related to choice and flexibility, develop and sustain our workforce, and achieve service excellence across the system.

PRIORITY: Access to Specialists and Orthopedic Surgeries

Almost as soon as COVID-19 reached Nova Scotia, the health system responded by shifting resources to prepare for COVID-19 patients. Non-urgent and elective procedures, including 332 knee or hip replacements, were postponed, ensuring adequate hospital capacity for wave one.

The pause did not last long. By May, using a phased-in approach, services were reintroduced as the health system went to extraordinary lengths to get back on track, this despite continuing to respond to COVID-19 and preparing for subsequent waves. The number of patients returning home the day of their surgery increased significantly in the months following the first wave of COVID-19, enabling as many joint replacements as possible when surgical volumes were otherwise limited by a lack of available inpatient beds. By July, the volume of weekly surgeries was comparable to 2019 before the pandemic erupted. The initial focus was on rebooking patients who had their scheduled surgeries postponed, and by the end of the fiscal year, well over 80% had completed their surgery.

Not unexpectedly, the number of people waiting for knee and hip surgery has increased and the multi-year strategy to address wait times is being revised to ensure Nova Scotians can access knee or hip replacement surgeries in accordance with national benchmarks.

II. Taking Advantage of Innovation and Opportunity

PRIORITY: Digital Health and Data Analytics

With communities in lockdown and infection rates soaring, the usual ways of supporting the health care needs of Nova Scotians needed to change. Rapid investments in innovative approaches to delivering health care – including digital access to services, test booking and vaccine deployment - were implemented in real time and plans for virtual care and digital health services were accelerated in a way that will have significant impact and opportunity, as they are enhanced and expanded going forward. In addition, DHW provided analytics support to help model and manage the COVID-19 pandemic, including providing forecasts of overall system usage, PPE need and immunization planning.

In 2020-2021, DHW, in collaboration with its partners, implemented key initiatives in digital health and data analytics, including:

- Expanding access to virtual care: To support the immediate care needs of patients, early in the COVID-19 pandemic, Nova Scotia rolled-out a province wide videoconferencing initiative through the NSHA Virtual Care Program. It enabled physicians and other care providers to provide primary care, acute care, mental health care, pharmaceutical care, dental care, optometry and ophthalmology services virtually;
- Offering digital access to services and booking:
    - CANImmunize Clinic Flow was customized and deployed to give public health the tools they need to efficiently run immunization clinics and to collect real-time immunization data for rapid reporting and decision-making. Nova Scotia is leading the way with this solution. It provides Nova Scotians with flexible online appointment scheduling and reminders, at the time and location of their choice, manages consent, and creates a digital COVID-19 vaccine record;
    - Starting in October, online booking for COVID-19 testing enabled timely access to the test and test results. The tool allowed Nova Scotians to select the location of their test, and the date and time of their preference; and
    - A digital online booking solution, called QMatic, allowed Nova Scotians to book blood collection and other diagnostic service appointments online, starting in July. QMatic web booking was phased in for all locations by mid-December: a total of 52 blood collection and 38 Diagnostic Imaging locations. An average of 19,450 Blood Collection appointments/week are booked province wide.
- Providing analytics support for COVID-19 response:
    - Even before COVID-19 arrived in Nova Scotia, a Joint Modelling Group was formed with NSHA & IWK to provide ongoing case forecasts,

hospitalization forecasts and overall system usage as a result of COVID-19;
- Analytical support was continually provided to the PPE table, a cross-government group formed to ensure the province was fully supplied with the necessary PPE (masks, gloves, etc.); and
- An Integrated Decision Support Tool was built to consolidate reporting from DHW and NSHA for the planning, management, and accountability of the COVID-19 Immunization Program. This automated tool ensured that timely, accurate information was always available for decision making and accountability related to the mass immunization roll-out.

III. Staying on Course: Continuing to Advance Other Priorities

From the outset, the COVID-19 pandemic had a profound impact on the delivery of health care in Nova Scotia. While other services were decreasing their operations, health care needed to pivot and quickly innovate. It also needed to continue to maintain services and, where possible, advance medium and long-term plans that were in the works before the pandemic began.

The Primary Health Care and Health Infrastructure teams were not unaffected by COVID-19. Like elsewhere, they needed to adapt to the pandemic and deliver new services in new ways. As will be described below, in both cases, they were also able to continue to advance priorities and commitments, laying the groundwork for strengthened health care as Nova Scotia emerges from lockdown.

PRIORITY: Improved Access to Primary Care

Almost as soon as the pandemic reached Nova Scotia, primary health care was rapidly reorganized to provide care virtually. Videoconferencing was rolled-out province wide to support the immediate care needs of patients and offer a new, modernized way for Nova Scotians to interact with health care providers.

At the same time as it responded to the demands of the pandemic, primary care continued with plans to improve access, especially for Nova Scotians in need of a family practice. Additional collaborative family practice teams were rolled out. Work continued to recruit doctors and nurses (nurse practitioners, licensed practical nurses, and family practice nurses) throughout the province and clinical services delivered at pharmacies were broadened, offering additional avenues for access.

DHW, in collaboration with its partners, advanced the following primary health care initiatives in 2020-2021:

- Expanded virtual care options: the COVID-19 pandemic created a need to offer services in a new way. As early as May 2020, Nova Scotians were given the

opportunity to access primary health care virtually while continuing to receive in-person access as appropriate. A policy to support and guide the provincial approach to virtual care was approved in 2020;

- Added additional collaborative health care teams: Since 2017, Government has exceeded its goal of 70 new or enhanced collaborative family practice teams. With the addition of 4 more during 2020-2021, there are currently 90 teams practicing throughout the province;
- Recruited additional health professionals: Since 2017, a total of 150 nurse practitioners, family practice nurses and other health professionals have been hired to create and strengthen collaborative family practice teams. 17 more were added in 2020-2021;
- Attached an additional 28,500 Nova Scotians to a family practice;
- Approved additional undergraduate Dalhousie medical seats: Added 12 seats in August 2020. These seats are designated for rural, African Nova Scotian, and Mi'kmaq students supporting diversity among health care professionals;
- Expanded the nurse practitioner (NP) education incentive: Covered the salaries of an additional 6 NPs to practice in rural areas of Nova Scotia while they attend Dalhousie University's two-year Master of Nursing nurse practitioner program full-time;
- Supported the Practice Ready Assessment Program for internationally trained family physicians: Physicians from the second cohort began practicing in Elmsdale, Shelburne, Glace Bay, and Port Hawkesbury;
- Continued the response to the recommendations of the Minister's Expert Panel on long-term care (LTC): This included the expanded use of NPs in LTC. Currently there are 18 NPs providing primary health care in LTC;
- Expanded the Longitudinal Integrated Clerkship Program: The Program expanded in September 2020, placing five third-year medical students on the South Shore, in Bridgewater, Liverpool, and Lunenburg; and
- Expanded midwifery services: DHW, in partnership with LAE, financially supported a mentorship opportunity for a midwifery student. A student from McMaster University interned at the Halifax and South Shore midwifery sites.

PRIORITY: Strategic Investments in Health Infrastructure

COVID-19 interrupted activity across the province and within the health care system, and the planning and implementation of health infrastructure projects was no different. Infrastructure projects, some in the works for years, were temporarily shut down or productivity reduced, forcing capital project teams to figure out the best way to move forward. Safety of project teams and crews was paramount and required infection prevention and control plans to be deployed. Work was redirected as appropriate to continue making progress where possible. Proposed infrastructure projects also had to be revisited to ensure that the intended outcome met standards for infection prevention

and control to protect patients, families and staff that would use these facilities in the future.

In 2020, the department took the initiative to create a strategic infrastructure planning branch. Since the end of April 2020, the branch has worked to quickly establish itself and embed itself in governance.

The infrastructure team was able to successfully navigate and overcome the pandemic challenges, implementing a wide range of projects that helps meet the current need while planning for the future. Successes from 2020-2021 include:

- Dialysis: Work continued on dialysis units in Glace Bay (complete and operational), Dartmouth General, Kentville (complete and operational), Digby and at the Halifax Infirmary (complete design and tendering);
- MRI: Work on a new MRI for the IWK (operational) and Dartmouth General (construction approved) continued;
- Emergency: IWK emergency department redevelopment was approved for construction (completed design and development), design work for Yarmouth and Amherst emergency departments was completed and preparations for construction tender on North Cumberland ED commenced;
- South Shore Regional Hospital: Construction for Emergency Department, endoscopy, dialysis and MRI was approved;
- Soldier's Memorial Health Centre: Completed and in operation;
- CBRM Health Care Redevelopment Project: design work underway and some renovations completed at four locations: Cape Breton Regional Hospital, Glace Bay Hospital, Northside and New Waterford;
- QEII New Generation projects: Dartmouth General Hospital Renovation and Expansion (construction phase work continued); Bayers Lake Community Outpatient Center (design development completed); Halifax Infirmary Expansion Project (RFP released for the Halifax Infirmary Expansion); Halifax Infirmary Emergency Department Administration/support area (design phase underway);
- The first phase of the Long-Term Care Infrastructure Plan was approved which will be the first steps in a significant increase in new and renovated long term care infrastructure and beds. The plan includes:
    - adding 236 new beds in Central Zone to address wait times, at facilities to be determined through the request for proposal process;
    - replacing/enhancing over 600 nursing home beds at seven facilities across the province;
    - increasing the annual budget for capital repairs and equipment upgrades for facilities by $8 million, to $10.5 million annually; and,
    - creating five, full-time positions dedicated to overseeing the plan's implementation.

Other Important Areas of Work

Human Organ and Tissue Donation Act

Nova Scotia's commitment to health and well being was enhanced by bringing into effect the *Human Organ and Tissue Donation Act* on January 18, 2021. This comprehensive legislation is the first in North America to legislate a deemed consent model for organ and tissue donation. In addition to the legislation, on-going system supports have been, and continue to be, implemented in support of ensuring that donation and transplant opportunities are not missed. Organ and tissue donation saves lives and gives hope to those waiting for life-saving and life-enhancing transplants. One donor can save or improve the lives of over 80 people.

Taking Action to Decrease Youth Vaping

Nova Scotia is a leader in addressing and preventing youth smoking and vaping. When youth vaping rates increased across North America, including in Nova Scotia, DHW, in collaboration with our partners, responded quickly.

Actions taken in 2020-2021 to protect youth and decrease youth vaping included:

- Banning the sale of flavoured vape products that are more appealing to youth;
- Protecting youth from potentially hazardous nicotine levels by creating limits on nicotine content in e-liquids of 20mg/ml;
- Running a youth vaping prevention social media campaign from August-September 2020; and
- Collaborating with the Departments of Finance and Service Nova Scotia to become the first province in Atlantic Canada to introduce a tax on vaping products and among the first in the country to require sales permits.

Establishing Capacity for Quality and Patient Safety Oversight

In 2020-2021, a Quality and Patient Safety Branch was established in the Department. Its key mandate includes:

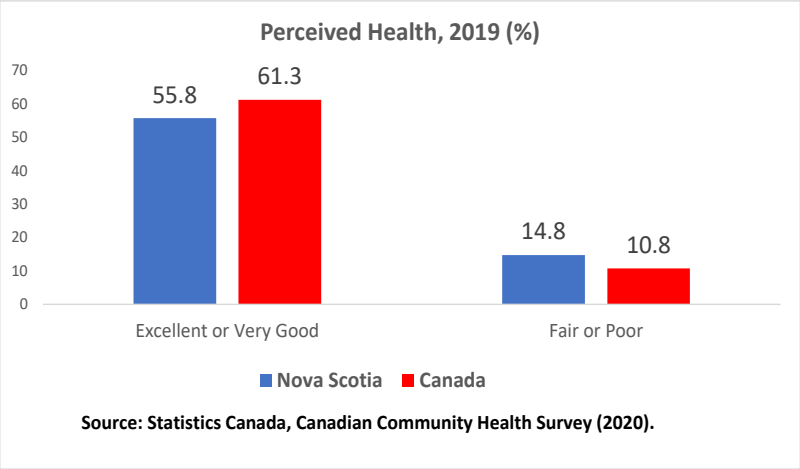
- Providing strategic advice and support to the Deputy and Minister regarding the oversight of quality and patient safety in the health care system;
- Providing leadership to guide and drive quality improvement across the health care system through policy, legislation, measurement, monitoring and reporting;
- Working with other DHW branches to establish key quality and patient safety priority areas and accountability measures; and
- Acting as quality and patient safety knowledge brokers and incorporating quality and safety principles/domains in policy development, health system planning and accountability.

Appendix A: 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.

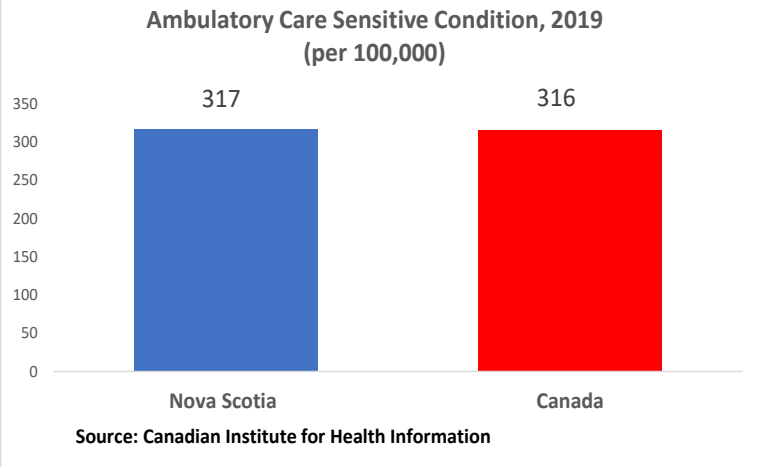
In 2019[1], approximately 56% of Nova Scotians perceived their health as either very good or excellent, which is lower than the national average of 61.3%. Nearly 15% of Nova Scotians rated their health as fair or poor, higher than the national average of 11%.



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.

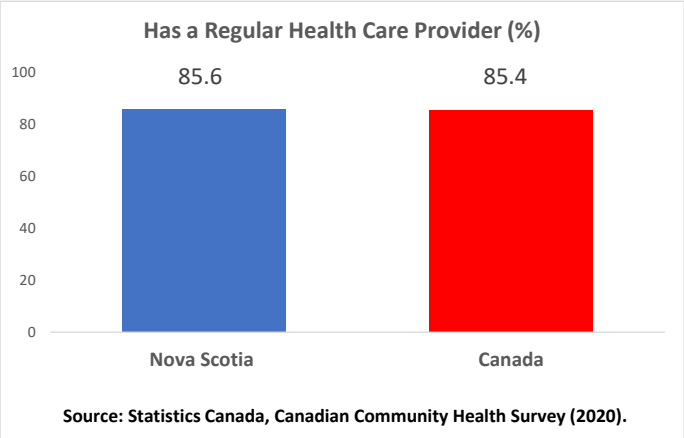
In 2019-2020, 317 per 100,000 population in Nova Scotia were hospitalized for ambulatory care sensitive conditions compared to 341 per 100,000 of the previous year. Nova Scotia's rate is similar to the national rate of 316 per 100,000.



Measure: Access to a Regular Health Care Provider

[1] At the time of publication, updated data for 2020 was unavailable from Statistics Canada.

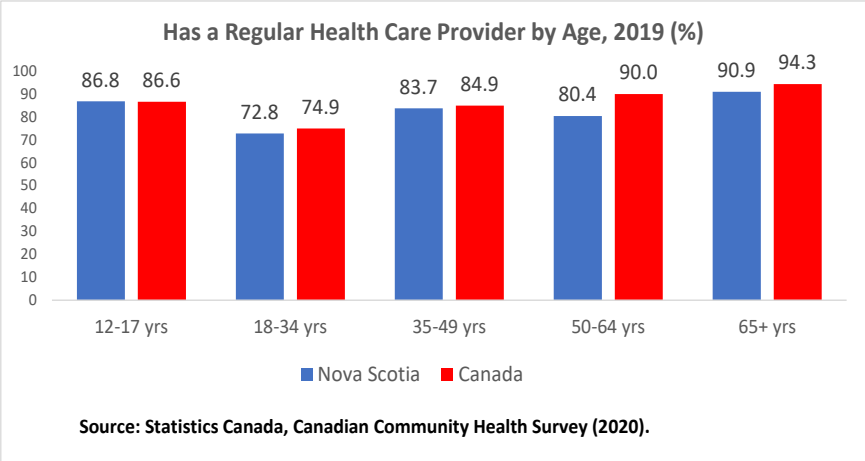
Access to a regular health care provider is an important concern for the public and a priority for governments across Canada. This indicator looks at the percentage of Canadians aged 12 and older who report having a regular health care provider. In this context, health care providers include nurse practitioners,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



Source: Statistics Canada, Canadian Community Health Survey (2020).

In 2019, 85.6% of Nova Scotians reported having access to a regular health care provider, which was comparable to the national average of 85.4%.

Factors affecting whether a person has a regular health care provider include age and sex. The youngest and oldest age groups for both Nova Scotia and Canada were more likely to have a regular health care provider. In 2019, almost 91% 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.

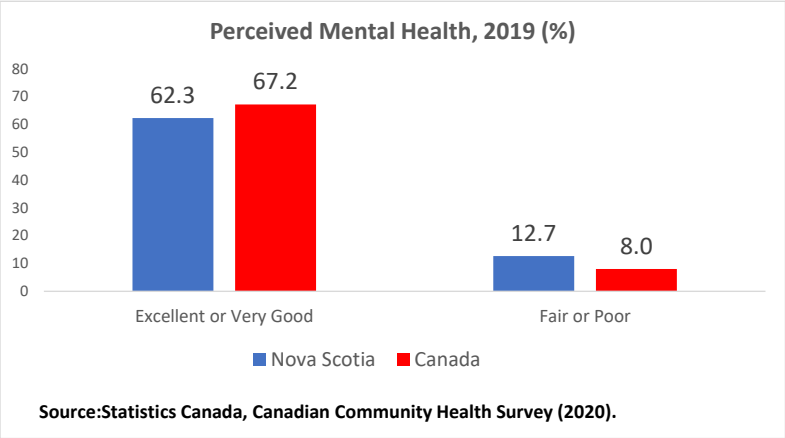


Source: Statistics Canada, Canadian Community Health Survey (2020).

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.

Measure: Perceived Mental Health

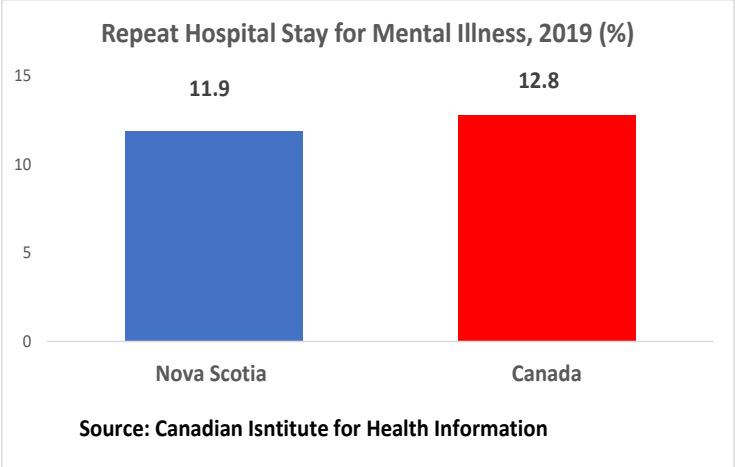
Perceived mental health provides an indication of the population with some form of mental disorder, mental or emotional problems, or distress, not necessarily reflected in self-reported (physical) health.



In 2019, 62.3% of Nova Scotians perceived their mental health as either very good or excellent, which was lower than Canada overall. Correspondingly, a higher percentage of Nova Scotians rated their mental health as fair or poor compared to the national average, 12.7% and 8.0%, respectively.

Measure: Repeat Hospital Stays for Mental Illness

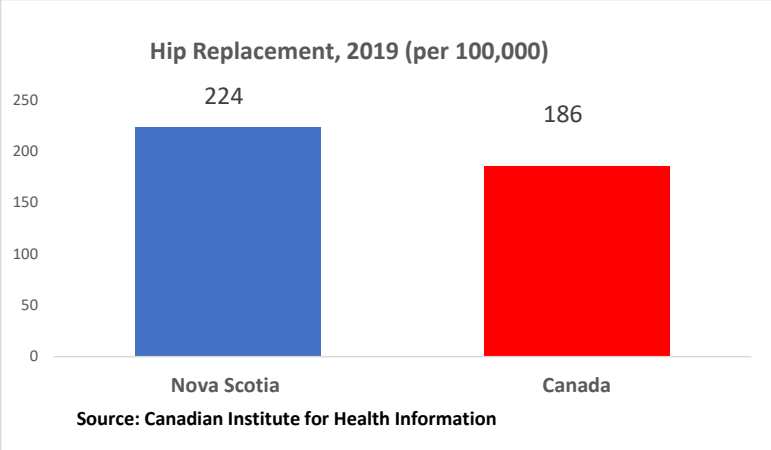
This indicator measures how many patients have at least 3 repeat hospital stays for mental illness in a single year. Frequent hospitalizations may reflect challenges in getting appropriate care, medication and support in the community.



Repeat hospital stays are difficult for patients and costly for the health system and may reflect the availability and quality of mental health care provided in the community. In 2019-2020, 11.9% of mental health patients in Nova Scotia experienced repeat hospital stays for mental illness, which was slightly lower than the previous year. Nova Scotia's rate was comparable to the national average.

Measure: Hip Replacement Rate

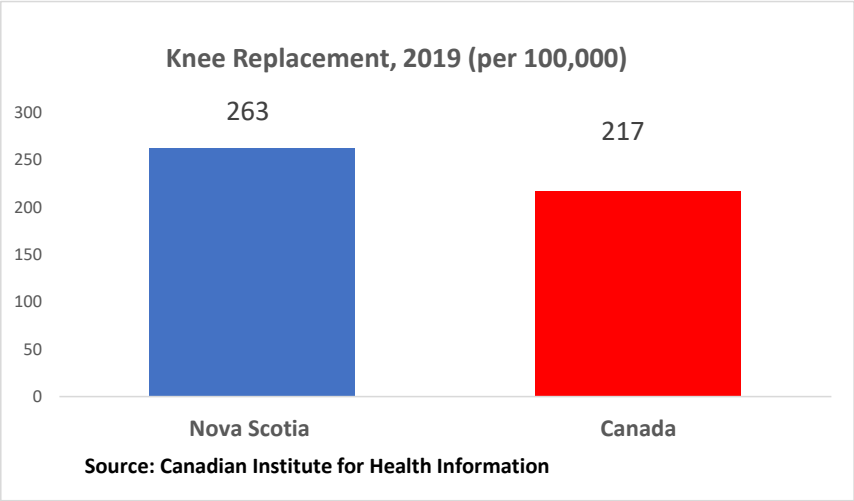
This indicator measures the age-standardized hospitalization rate for hip replacement procedures performed in hospitals or same-day surgery facilities per 100,000 population (aged 18 and older). Analysis reflects all hip replacement types: total hip replacement, monopolar/bipolar hemiarthroplasty and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



In 2019-2020, there were 224 hip replacements per 100,000 of the population in Nova Scotia. This is higher than the Canadian rate of 186 hip replacements per 100,000.

Measure: Knee Replacement Rate

This indicator measures the age-standardized hospitalization rate for all knee replacement procedures performed in hospitals or same-day surgery facilities per 100,000 of the population (aged 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 2019-2020, there were 263 knee replacements per 100,000 population in Nova Scotia, which is higher than the national average of 217 per 100,000.

Appendix B: 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 counselling someone to commit a wrongdoing

Please use the following format to satisfy the disclosure obligation:

The following is a summary of disclosures received by (*Department / Public Service Offices/Governmental Unit including Crown Corporations and Agencies)*

Information Required under Section18 of the Act	Fiscal Year 2020-2021
The number of disclosures received	None
The number of findings of wrongdoing	None
Details of each wrongdoing (insert separate row for each wrongdoing)	
Recommendations and actions taken on each wrongdoing (insert separate row for each wrongdoing)	