

Nova Scotia Department of Health

2010-11 Statement of Mandate



**Health
Santé**

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Message from the Minister of Health

It is my pleasure to present the Department of Health Statement of Mandate for 2010-11.

Timely access to health care is important to Nova Scotia families. A publicly funded health system that puts quality and patient safety first is better managed, more effective, and more attractive to health care providers. That means better care and more jobs; two important priorities for Nova Scotians today.

We have much to be proud of in Nova Scotia. We have a robust and responsive health care system. At the same time, we know there is much more to be done if we are to keep up with demand and the needs of our population.

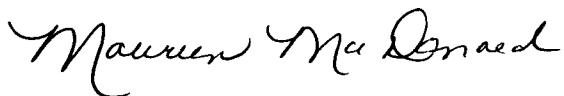
We will make investments this year, but not before ensuring that our decisions are sound – based on solid evidence, good planning, and most of all, ensuring they provide the greatest benefit for patients and their families.

We will make improvements this year, but not before consulting with health care workers, partners, stakeholders, and Nova Scotians. Our improvements will build on the successes we already enjoy, in areas like health information systems and primary health care.

This year, we will follow through on the commitments this government has made to improve access to emergency care, reduce wait times, and make life better for our seniors.

We will continue to work with our partners in the health care system to maintain, improve, and expand initiatives that will make our health care system safer, stronger, and more affordable.

None of this will be easy, at a time when we also have to make difficult decisions, in order to live within our means. But it will be rewarding, knowing that we are keeping our promises, and providing public services and care that make a difference in people's lives across this province every day.



The Honorable Maureen MacDonald
Minister of Health

2. Mandate

The Department of Health is committed to the ongoing improvement of the health care system through setting strategic direction through provincial policy to ensure services are accessible and timely; developing standards related to delivery of health care; monitoring, measuring and evaluating quality; conducting financial and human resources planning; administering the allocation of resources; and establishing requirements for information systems.

The Department provides funding for the health care system to the District Health Authorities (DHAs) and the Izaak Walton Killam (IWK) who are responsible for service delivery and resource management. The Department is responsible for Physician Services, Pharmaceutical Programs and Emergency Health Services. During 2010/11 the integration of Continuing Care in the DHAs will be completed.

Vision

Generations of Nova Scotians living well.

Mission

Working together to empower individuals, families, partners, and communities to promote, improve, and maintain the health of Nova Scotians through a proactive and sustainable health care system.

3. Performance Measures

GOAL 1: TIMELY ACCESS AND HIGH QUALITY, SAFER HEALTH CARE FOR NOVA SCOTIANS

Outcome	Measure	Base Year	Target	Strategies to achieve target
Improve patient care through reduction in surgical waiting time	Percentage of patients who receive hip replacement within national benchmark of 26 weeks	2009/10 51% within target for hip replacement	Increase percentage to more than 51% who receive hip replacement surgery within 26 weeks	Implement pre-habilitation teams Surgical Care Network to develop improvements to increase efficiencies
	Percentage of patients who receive knee replacement within national benchmark of 26 weeks	47% within target for knee replacement	Increase percentage to more than 47% who receive knee replacement surgery within 26 weeks	

Outcome	Measure	Base Year	Target	Strategies to achieve target
Maintain timely access to radiation therapy	Access to radiation therapy is within 8 weeks	2009/10	100% of patients assessed within 8 weeks	Signed MOU with Atlantic province partners which enables inter-provincial transfer of patients to access timely treatment Infrastructure enhanced through construction projects at Capital District Health Authority and Cape Breton District Health Authority

Outcome	Performance Measure	Base Year	Target	Strategies to achieve target
High quality facilities and reduced waiting time for admission	Number of long-term care beds opened	2010/11	360 additional beds opened	Monitor standards for new and replacement facilities. Targeted human resource strategies to recruit and retain continuing care staff

Outcome	Performance Measure	Base Year	Target	Strategies to achieve target
Francophone communities receive health care services in language of choice	Inventory of services identified through French language services plans completed by DHAs and IWK to establish baseline measure	2010/11	Baseline inventory developed	Support DHAs / IWK to identify needs and priorities and develop initiatives and resources

Outcome	Performance Measure	Base Year	Target	Strategies to achieve target
Comprehensive system that ensures high quality care is delivered throughout Nova Scotia	Number of hospitals implementing the Safe Surgery Saves Lives checklist	2010/11	Develop a system to monitor medical errors and infection rates 75% of hospitals implement the Safe Surgery Aves Lives checklist	Design comprehensive occurrence reporting approach Implement Quality Advisory Council Partner with Safer Healthcare Now and Surgical Care Network to

				enhance uptake of Safe Surgery Saves Lives checklist
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Outcome	Performance Measure	Base Year	Target	Strategies to achieve target
Improve emergency health services including appropriateness, access, and patient flow	Plan to address concerns about access and quality	2010/11	Plan implemented	<p>Develop emergency care standards regarding access, triage, staffing, equipment, quality, and funding</p> <p>Utilize emergency department protection fund</p> <p>Establish rapid assessment unit</p>

GOAL 2: PROVIDE VALUE FOR MONEY THROUGH EFFECTIVE AND EFFICIENT USE OF PUBLIC RESOURCES

Outcome	Performance Measure	Base Year	Target	Strategies to achieve target
Comprehensive patient information is accessible to health care providers.	<p>Number of physicians using electronic health record</p> <p>Number of physicians using electronic medical record</p>	<p>2009/10:</p> <p>336 Health Care Providers using the EMR in their daily practice</p>	466 health care providers using the EMR in their daily practice	<p>Collaborate with Canada Health Infoway</p> <p>Link hospital and physician information systems</p> <p>Implement provincial client and provider</p>

				registries Implement SHARE Provider Viewer and Clinical Repository
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Outcome	Performance Measure	Base Year	Target	Strategies to achieve target
Performance measurement framework that specifies expectations for the NS health system	Develop indicators to measure system-wide performance	2010/11	Framework developed	Implement Service Agreements between DHAs and Continuing Care service providers Consult with system stakeholders regarding feasibility and capacity to report on selected indicators

Outcome	Performance Measure	Base Year	Target	Strategies to achieve target
Accountability framework that specifies roles resulting in improved governance of NS health care	Redesign orientation content for DHA / IWK boards that clearly defines roles and expectations Develop board self-evaluation for DHA / IWK boards	2010/11	All DHA / IWK boards performing self-evaluation	Implement Continuing Care accountability framework Consultation with key stakeholders to develop orientation and evaluation tools

Outcome	Performance Measure	Base Year	Target	Strategies to achieve target
Sustainable, high performing nursing workforce	Retention rate for nurses graduating from NS universities	2010/11	80% retention of new nursing graduates in 2010/11	Work with DHAs/IWK and relevant partners to enhance retention through initiatives outlined in the provincial Nursing Strategy

Outcome	Performance Measure	Base Year	Target	Strategies to achieve target
Enhance mental health services	Wait time measures for mental health	2010/11	Develop plan to measure wait times	Continue to implement collaborative primary health teams providing targeted services to mental health patients Host an Atlantic Mental Health summit to consider collaborative policy initiatives among key stakeholders

Outcome	Performance Measure	Base Year	Target	Strategies to achieve target
Reduce doctors' paperwork	Increase uptake of electronic health records	2010/11	Increase uptake by 130 physicians during 2010/11	Continue implementing electronic health record

Outcome	Performance Measure	Base Year	Target	Strategies to achieve target
Responsibility for Continuing Care is transferred to the DHAs	Regulations developed Accountability framework and service level agreements	2010/11	Finalize integration	Complete integration strategy with 9 DHAs

Outcome	Performance Measure	Base Year	Target	Strategies to achieve target
Improve drug programs for seniors	Conduct a review of Seniors' Pharmacare Program	2010/11	Program revision completed by 2010/11	Liaison with key stakeholders to determine improvements

Outcome	Performance Measure	Base Year	Target	Strategies to achieve target
Care delivery processes within acute care are enhanced through Model of Care	Expand Model of care	2010/11	25 additional sites added during 2010/11	Continue expanding Model of Care Initiative

Outcome	Performance Measure	Base Year	Target	Strategies to achieve target
Comprehensive Pandemic Plan for Nova Scotia	Respond to recommendations in the Auditor General Report on Pandemic Planning	2010/11	Release updated Pandemic Plan	Conduct review to document lessons learned

GOAL 3: IMPROVED HEALTH STATUS OF NOVA SCOTIANS

Outcome	Performance Measure	Base Year	Target	Strategies to achieve target
Public is aware of how to	Number of calls received	2009/10: Healthlink	2010/11:	

appropriately access primary health care	by Healthlink	established in July 2009	168,750 calls	Invest in promotion of Healthlink, people and technology
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Outcome	Performance Measure	Base Year	Target	Strategies to achieve target
Health status is improved through access to Primary Health Care (PHC) teams	Percent of population receiving care from a PHC team	2010/11	21% of population has access to PHC teams for 2010/11 Train 30 Family Practice nurses	Family practice nurses are introduced 4 Nurse Practitioners (NP) are added to existing PHC teams Announce new NP recruitment and retention program Develop new Community Paramedicine site Establish one new PHC team for identified population currently underserved Collaborative care training for PHC team members

Outcome	Performance Measure	Base Year	Target	Strategies to achieve target
Health status is enhanced through emphasizing	Expand Chronic Disease Self-Management	2010/11	Introduce new programs	CDSM Support program

personal responsibility	(CDSM) Program Number of PHC providers who have undergone advanced training			for PHC providers is developed and initiated Provide increased capacity in DHAs to offer provincial Self-Management program Launch Peer-to-Peer Leadership program to Support new quality processes in chronic disease management
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Outcome	Performance Measure	Base Year	Target	Strategies to achieve target
Early detection of colon cancer	Participation rate in screening program for specified population in selected DHAs.	2010/11	Increase screening participation rate to 30% of population invited to participate	Promote availability of screening through DHAs

Outcome	Performance Measure	Base Year	Target	Strategies to achieve target
Increase options to maximize support for senior citizens	Number of clients with self-managed care allowances	2010/11	Introduce program enhancements to self-managed care allowance	Expand self-managed care allowance to include third party management Develop options to support community-based care for individuals residing in their homes including personal alert programs

Outcome	Performance Measure	Base Year	Target	Strategies to achieve target
Enhance culturally safe health care services across the health care system for Aboriginal patients	Develop Aboriginal health framework Implement adapted cultural safety guidelines	2010/11	Adapt existing cultural competency guidelines	Continue to work with key stakeholders to adapt services to reflect cultural traditions and values

Outcome	Performance Measure	Base Year	Target	Strategies to achieve target
Comprehensive provincial approach to services and supports for victims and perpetrators of Domestic Violence	Develop action plan following analysis of recommendations from the Domestic violence Prevention Committee Report	2010/11	Complete analysis and plan	Establish Domestic violence working group Consultation with key stakeholders as required

Outcome	Performance Measure	Base Year (08/09)	Target	Strategies to achieve target
Improve care and support for Nova Scotians affected by stroke	Reorganize health services	2010/11	DHAs have access to re-organized and enhanced services	Work with key stakeholders to improve stroke care

Outcome	Performance Measure	Base Year	Target	Strategies to achieve target
Maintain timely access to emergency health services	Achieve or exceed all applicable response time standards	New EHS contract established in 2009	On time performance for all call classifications including emergency, urgent, and transfer calls	Monitor the contractor's performance Identify opportunities in system with stakeholders for improvements and

				<p>efficiencies</p> <p>Work with partners to improve overall provision of EHS service to communities</p>
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Outcome	Performance measure	Base Year	Target	Strategies to achieve target
Improve on-site delivery of health care for seniors in nursing homes through nurse practitioners	Number of Nurse Practitioners in nursing homes	2010/11	Add 4 additional Nurse practitioners	DHAs to recruit nurse practitioner to augment care provided in nursing homes

4. Financial Context and Budget – 2010/11

<i>Item</i>	<i>2009/2010 Budget (\$ thousands)</i>	<i>2009/2010 Forecast (\$ thousands)</i>	<i>2010/2011 Budget (\$ thousands)</i>
<i>Executive Administration</i>	54,688	51,222	52,028
<i>Medical Payments</i>	622,168	626,933	699,314
<i>Pharmaceutical Services</i>	241,321	240,179	254,979
<i>Insured Services</i>	31,641	31,470	31,191
<i>Emergency Health Services</i>	98,537	97,693	105,724
<i>Other Health Initiatives/Other Programs</i>	197,649	188,423	203,162
<i>District Health Authorities</i>	1,520,213	1,537,833	1,551,606
<i>Home Care Services</i>	156,695	155,389	168,609
<i>Long-Term Care Program</i>	411,485	398,012	472,113
<i>Capital Grants</i>	87,879	71,915	96,209
<i>Total</i>	3,422,276	3,399,069	3,634,935