Department of Health

2006-2007 Business Plan

Original signed by

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Cheryl A. Doiron, Deputy Minister

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Message from the Minister of Health

As Minister of Health, I am pleased to table the Department of Health's Business Plan for 2006-2007. The Department of Health has set forth a challenging yet manageable plan for this fiscal year.

Growing demands on our health care system present us with the opportunity to introduce modern approaches to care, such as the increased use of healthcare information management systems and collaborative practices. Many of our business plan activities for 2006-2007 are also focused on enhancing the public healthcare system through increased collaboration and teamwork.

Our business plan ensures Nova Scotians will continue to receive the services and programs they expect from their health care system, and provides for some new activities as well. Over the next year, the Department has set additional strategic priorities that will extend our work in primary health care and begin the implementation of our strategic framework for continuing care services. We will also develop a strategic plan for acute and tertiary care - which will be enabled by this year's provincial healthcare system operational review. We will support the implementation of a strengthened public health system, by working with the newly created Department of Health Promotion and Protection.

On a national front, we continue to pursue commitments agreed to by First Ministers in 2004's *10-Year Plan to Strengthen Health Care*, such as the training, recruitment, and retention of healthcare professionals and improving access and reducing wait times.

We are again increasing our budget for health care in this province – by almost $205 million this year, with approximately $79 million in new money going directly to District Health Authorities. At $2.76 billion, the Department of Health's budget is the largest of all departments in the Government of Nova Scotia. At the same time, we are not able to address all the pressures we face. Still, we continue to address priorities and achieve modest growth.

We are committed to ensure an appropriate, effective and sustainable health system that promotes, maintains and improves the health of Nova Scotians. This plan allows us to deliver on this commitment.

Original signed by

The Honourable Chris d'Entremont
Minister of Health

1. Mission

Through leadership and collaboration to ensure an appropriate, effective and sustainable health system that promotes, maintains and improves the health of Nova Scotians.

The Department of Health is committed to the ongoing improvement of the health care system through system planning, legislation, resource allocation, policy and standards development, monitoring and evaluation, and information management. Accordingly, the Department:

- sets strategic direction and standards for health services
- ensures availability of quality health care
- monitors, evaluates and reports on performance and outcomes
- funds health services

The Department of Health has reaffirmed three "critical to mission" criteria against which all program proposals and existing programs and services are evaluated.

The mission requires that health care and services in Nova Scotia are:

Integrated
An integrated health system ensures the coordination of services and allows providers to work together to improve the health status of the population.

Community-Based
A community-based health system assures input by communities in planning and identifying strategies and services to improve the health of the population and ensures that teams of providers participate in carrying out these strategies and services.

Sustainable
A sustainable health system is one that is accountable for providing quality services to the population it serves and is affordable in the long term.

The Department of Health has adopted the following corporate values for ethical decision-making for both internal management purposes and its relationship with health system partners.

1.1 Corporate Values of the Department of Health

Collaboration

- to foster a team-based working environment
- to seek a wide range of opinions to inform decision-making

Integrity
- to be open and honest
- to honour our commitments

Respect
- to value the ideas of others
- to accept and value diversity

Decisiveness
- to identify and communicate a preferred option in a timely manner

Innovation
- to be creative
- to allow learning thus enabling the emergence of improved methods of service delivery

Leadership
- to act in a manner that encourages others to adhere to corporate values of the ethical environment
- to provide 'vision'

Accountability
- to adhere to the obligation to report on defined expectations in a timely manner

2. Planning Context

2.1 Introduction

Through its corporate plan, business plans and budget, the Government of Nova Scotia has articulated a policy direction that provides an important context for the mission, strategic priorities and core business areas of the Department of Health. The Government priorities focus on health promotion and protection; families, youth and communities; community safety; energy; economic development; and infrastructure.

This business plan integrates the budget of the Department of Health with its priorities for health care service delivery, human resource planning and management, communications, information management and outcomes achievement. The business plan spans the entire provincial health system but priorities relate to those components that are the direct responsibility of the Department of Health.

2.2 Structure and Function of the Nova Scotia Health System

The *Health Authorities Act* established the province's nine District Health Authorities (DHAs) and their community-based supports, Community Health Boards (CHBs). DHAs are responsible for governing, planning, managing, delivering, monitoring and funding health services within each district and for providing planning support to the CHBs. Services delivered by the DHAs include acute and tertiary care, mental health, and addictions.

The province's thirty-seven CHBs develop community health plans with primary health care and health promotion as their foundation. DHAs draw two thirds of their board nominations from CHBs. Their community health plans are part of the DHAs annual business planning process. In addition to the nine DHAs, the IWK Health Centre continues to have separate board, administrative and service delivery structures. The Department of Health is directly responsible for physician and pharmaceutical services, emergency health, continuing care, and many other insured and publicly funded health programs and services.

The quality of the health system in Nova Scotia is at the forefront of both routine health services management and new system development. Nova Scotians, like other Canadians, expect high quality care and services delivered in a timely fashion by competent practitioners using methods that are known to produce good outcomes. The priorities outlined in this business plan will support the Department's ongoing commitment to maintaining health system quality.

2.3 *Your Health Matters*

In response to key health care and health promotion challenges, the Nova Scotia Department of Health released *Your Health Matters* in 2003. The document lays out the priorities and specific actions to guide planning. Through its commitment to invest money where it counts, *Your Health Matters* highlights five strategic areas of focus:

- Helping people stay healthy
- Training, recruiting, and keeping more doctors, nurses, and health professionals
- Shortening wait lists for tests, treatment, and care
- Caring for our seniors
- Accessing health services close to home

The Department of Health's planning for 2006-2007 reflects continued efforts in these areas. The Department will continue to provide updates on its progress.

2.4 Health Cost Drivers

Nova Scotia's population is aging. Currently, 14.1% of the Nova Scotia population is sixty-five or over and this figure is expected to nearly double by 2026. Aging populations increase the pressure to expand the basket of publicly insured services to include home care, long-term care, and enhanced pharmaceutical coverage.

In comparison to other provinces, Nova Scotia has the:

- third lowest life expectancy (79.1 years of life)[1]
- third highest rate of lung cancer mortality per 100,000 population (55.3)[2]
- second highest rate of breast cancer mortality per 100,000 population (26.2)[3]
- highest rate of all primary site cancer incidence per 100,000 population (437.4)[4]
- second highest percentage of the population reporting probable depression (8.7)[5]
- second highest prevalence of diabetes (5.5)[6]
- second highest percentage of the population reporting their health as only fair or as poor (13.8)[7]

Illness and disability are major contributors to health system cost pressures.

The health care system accounts for more than 30,000 full time equivalents (FTEs) across the province. Health care is a labour intensive service and is sensitive to fluctuations and cost pressures associated with the labour market and health professional workforce. Highly competitive labour markets continue to drive wage and incentive increases, placing additional demands on health care resources.

In their business plan submissions for 2006-2007, DHAs and the IWK Health Centre repeatedly identified cost and service volume increases in areas such as cancer chemotherapy and renal dialysis. Aging hospital and long-term care facilities infrastructure and the pressure of deferred maintenance is a particular cost pressure for 2006-2007. In addition, the emergence and acceptance of new and improving standards create cost pressures in areas such as:

[1] National 79.9 – Stats Can, 2003
[2] National 47.3 – Stats Can, 2001
[3] National 24.8 – Stats Can, 2001
[4] National 397.1 – Stats Can, 2002
[5] National 7.1 – Stats Can, CCHS 2000
[6] National 4.6 – CIHI, 2003
[7] National 11.3 – Stats Can, CCHS 2003

- blood supply management
- chronic disease management
- mental health services
- emergency preparedness
- infection control
- alternate level of care provision
- emergency room operations
- palliative care services
- diagnostic and medical equipment acquisition and maintenance

2.5 Health Care Spending

Nova Scotia now spends almost 48% of provincial government program spending on health care and related services, up from 28% in 1993-1994.

Nova Scotia's three largest categories of health-related spending are physicians (third highest per capita in Canada), hospitals (sixth highest per capita in Canada) and long-term care. However, Nova Scotia's per capita spending on public health and system administration is the lowest in the country.

The Canadian Institute for Health Information (CIHI) reports that pharmaceutical costs in Canada rose 8.8% from 2003 to 2004, making drugs the fastest growing category of health care spending. Reasons include increased utilization, ongoing substitution of newer for older drugs, and changes in health care service delivery.

3. Strategic Directions

The four strategic directions of the Department of Health are:

- Advance the integrated, community-based health system
- Support and promote an efficient, accountable and quality health system
- Further develop strategies and services which support and promote healthy communities
- Enhance and maintain a culture of enquiry and supportive work environments

4. Strategic Goals

To focus efforts on the overall directions, the five strategic goals of the Department of Health are:

- Engage and enable staff to achieve the department's strategic directions
- Develop a sustainable health system framework

- Develop a strategic plan for acute and tertiary care
- Continue primary health care renewal
- Complete and phase-in the implementation of the continuing care framework

5. Core Business Areas

The Department of Health's Core Business Areas are:

- Primary Health Care
- Mental Health and Addictions Services
- Acute and Tertiary Care
- Physician Services
- Pharmaceutical Services
- Continuing Care Services
- Emergency Health Services

These core businesses are delivered to Nova Scotians by health professionals and health care provider organizations and overseen by divisions in the Department of Health. Administrative support to these departmental functions is provided by the following branches/offices:

- Communications
- Legal Services
- Health Sector Workforce/Human Resources
- Health Human Resources Planning
- Health Information Management
- Quality and Healthcare Safety
- Federal/Provincial/Territorial Affairs
- Financial Services
- Policy and Planning
- Legislation

6. Priorities for 2006-2007

Nova Scotia can be proud of its health system, but there is always room for improvement. This principle of continuing improvement is evident in the priority statements under each of the Core Business Areas and overarching initiatives such as health human resource planning, wait time reduction for tests and treatments, accessing services closer to home, healthcare safety and public accountability reporting.

Department of Health priorities for 2006-2007 flow from the five strategic goals and are grouped by core business area. Because of an integrated, multi-disciplinary and cross-

functional approach to health service planning and service delivery, most priorities impact or flow from more than one goal and core business area.

6.1 Primary Health Care

Primary health care includes primary care, which is the first point of contact individuals have with the health care system and the first element of a continuing care process. Primary health care includes prevention, diagnosis and treatment of common illness or injury, support for emotional and mental health, ongoing management of chronic conditions, advice on self-care, ensuring healthy environments and communities and coordination for access to other services and providers.

6.1.1 Primary Health Care Administration

- Introduce legislation to regulate the practice of midwives in Fall 2006.

- Complete and disseminate the evaluation framework for Primary Health Care by March 2007.

- Implement the Diversity and Social Inclusion guidelines in the DHAs.

The provincial vision of primary health care renewal includes a system that is community-based, family-focused, person-centred, responsive, comprehensive, flexible, accessible, integrated, collaborative, innovative, accountable and sustainable. The goal of the Primary Health Care Administration is to ensure an appropriate, effective and sustainable health system that promotes, maintains and improves the health of Nova Scotians.

6.1.2 Primary Health Care Renewal

- Support the leadership infrastructure within the DHAs to change to a coordinated primary health care system. This includes program planning, development and implementation; partnership development; and, physician engagement.

- Continue to provide resources to sustain existing Electronic Patient Record (EPR) operations, including leadership for provincial coordination, decision support and data governance, training, and the development of best practice tools.

These initiatives began under the Primary Health Care Transition Fund and will be continued. Each DHA will have a leadership position dedicated to primary health care renewal. Practitioners who have adopted the EPR will continue to use this tool and its integrity will be maintained. The adoption of alternative payment plans for family physicians will continue to be facilitated.

6.1.3 Collaborative Practice Teams

Enhanced Teams and Primary Health Care Nurse Practitioner Positions

- Support increasing the number of interdisciplinary teams of primary health care providers so Nova Scotians have equitable access to high quality, comprehensive care.

- Each DHA will implement new models of care delivery that meet the needs of the defined population, and residents will have reasonable access to multidisciplinary teams.

There is a *Blueprint* commitment to support the formation of interdisciplinary teams of primary healthcare providers, including Nurse Practitioners. Evidence suggests that collaborative teams are better able to deal with the increasing complexity of care, increase focus on health promotion and disease prevention, coordinate and meet needs of the population being served in a cost effective way. DHAs have identified populations and practices that would benefit from a team approach.

6.1.4 Diversity and Social Inclusion in Primary Health Care

- Prioritize and implement the guidelines for *Diversity and Social Inclusion in Primary Health Care* in 2006-2007.

Nova Scotia's vision for primary health care recognizes the need for primary health care services that value and respond to the "cultural, racial and spiritual experiences of individuals, families and communities". It requires that equity of access be established for those who have historically faced barriers for reasons including race, ethnicity, language and culture, understanding that these and related factors affect health.

6.1.5 Continuing Professional Education for Primary Health Care Providers

- In partnership with DHAs, complete the delivery of the continuing professional education modules by September 2006 and continue to negotiate the sustainability of these modules with partner agencies such as universities.

Nova Scotia is the lead province in the collaborative Atlantic initiative *Building a Better Tomorrow* (BBT). The core of the initiative is the development and delivery of continuing professional education modules to primary health care providers in all four Atlantic Provinces. It will support providers' transition to a renewed primary health care system and complements renewal activities currently underway in the Atlantic Provinces. The education modules help primary health care providers understand primary health care concepts, team

development, conflict resolution, community development, and change management.

6.1.6 Health Literacy Awareness

- Continue intersectoral work to promote awareness and provide policy options to address the issue of low health literacy and its impact on health outcomes and quality of life.

6.1.7 Primary Health Care Transition Fund

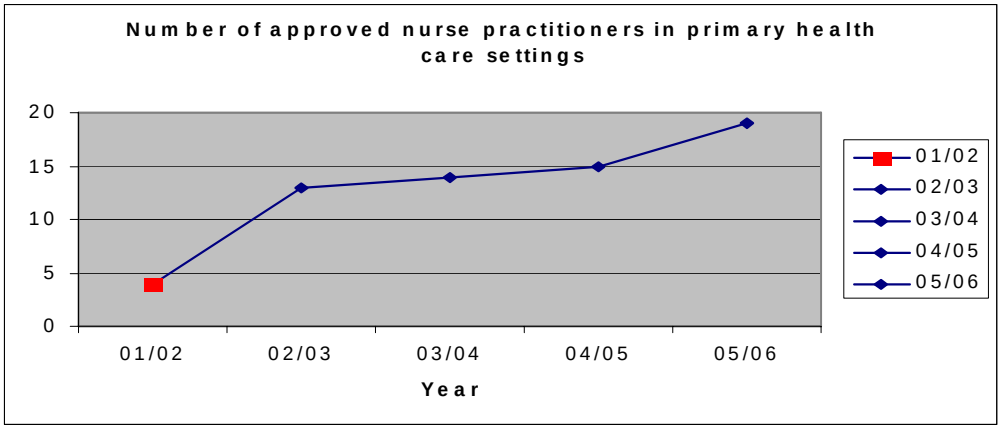
- Continue initiatives begun under the Primary Health Care Transition Fund in 2006-2007.

The Primary Health Care Transition Fund from the Federal government ends in September 2006. The Department of Health has budgeted $2,243,000 in new provincial funding to continue primary health care services throughout the province.

The Primary Health Care Transition Fund supported DHAs as they developed and implemented enhancements to primary health care services throughout the province. Priorities include the creation of new ways to develop sustainable primary health care networks/organizations; increased emphasis on health promotion, injury prevention and population health; and transitioning the primary health care system to an electronic patient record.

Performance Measures for Primary Health Care

Outcome 1: Improved access to teams of primary care providers.



- Measure: The number of approved nurse practitioner positions in primary health care settings.
  - Base Year Measure for 2001-2002 - 4

- Target 2006-2007 – 28
- Strategic Actions to Achieve Target
  - Support nurse practitioner education program.
  - Continued development of innovative primary health care organizations with the DHAs.

6.2 Mental Health and Addictions

Mental Health, Children's Services and the Addictions Treatment Branch is responsible for the development of policies and standards, funding, monitoring and the delivery of diagnostic and treatment services. Services for children, youth and adults are delivered through the province's nine DHAs and the IWK Health Centre.

Mental Health and Children's Services sections oversee core mental health programs across the life span including: secondary prevention and promotion; outpatient and outreach services; acute, short stay and long term psychiatric in-hospital treatment; specialty mental health services; and community supports. Specialty programs for adults include seniors' mental health; eating disorders; adult forensic services; sex offender treatment; early psychosis; and neuro-developmental services.

The departmental Children's Services section also provides leadership for youth forensic services, children with autistic spectrum disorder, sexually aggressive youth and complex care needs for children and youth. Horizontal relationships with the Departments of Community Services, Education and Justice are built and maintained.

Addictions Services spans the continuum from prevention, community education, early identification, referral to treatment and rehabilitation. Specific services include withdrawal management, community-based programs, community education and problem gambling services.

6.2.1 Mental Health Standards

- Continue to implement core and specialty mental health standards that will improve the quality of mental health services across the life span.

An amount of $1,000,000 will be invested in 2006-2007 to continue implementation of provincial mental health standards.

6.2.2 Improving the Quality of Mental Health Services

- Continue implementation of the 2005-2006 plan to monitor the quality, appropriateness and effectiveness of mental health services. DHA/IWK Mental Health Profiles, performance indicators for in-patient services, and

expanded technology to support the local analysis of ambulatory health care information will be used for monitoring.

- Initiate a one-year demonstration of the new approach to outcome measurement as part of this monitoring plan.

The Health of the Nations Outcome Scale (HoNOS) will provide the Department of Health and the DHAs and the IWK Health Centre with outcome measures and indicators for monitoring mental health services. The HoNOS is now a standard component of clinical practice in many parts of the United Kingdom, Europe, and Australia.

6.2.3 CHOICES Relocation

- Relocate CHOICES from Capital Health to the IWK Health Centre.

The move will align services for children and youth up to their 19th birthday with the Mental Health and Youth Forensic programs already at the IWK Health Centre. This will allow for clinical capacity building and clinical efficiencies. The relocation will also provide much improved physical plant that has been renovated to meet the needs of clients and staff.

6.2.4 Autism – Early Intensive Behavioural Intervention Treatment Program

- Recruit and train therapists to maintain standards and ensure evidence-based practices.

The implementation of the Early Intensive Behavioural Intervention Treatment program for children with autism spectrum disorder began in 2005-2006. The overall goal is to provide treatment to young children with autism through the DHAs, IWK Health Centre, and the Nova Scotia Hearing and Speech Clinic.

6.2.5 Mental Health Legislation

- Develop regulations for the new mental health act, *The Involuntary Psychiatric Treatment Act*, approved in the fall of 2005 and expected to be proclaimed in the spring of 2006.

Funding for implementation of Mental Health Standards will assist with implementation of the Assertive Community Treatment Teams (ACT Teams), as required by the new legislation.

6.2.6 Labour Market Agreement for Persons with Disabilities

- Continue to evaluate the effectiveness of Addictions Services in addressing vocational crisis and client employability.

The impact of addictions treatment on employability is well documented.

6.2.7 Methadone Maintenance Treatment

- Support Capital Health's Direction 180 methadone treatment program.

Methadone maintenance treatment is an effective strategy for reducing harms associated with opiate dependency. In 2004, *Standards for Blood Borne Pathogens Prevention Services in Nova Scotia* were published, including standards for methadone services. Direction 180 provides timely access to treatment, reduces incidences of blood borne pathogens (i.e. Hepatitis B, Hepatitis C, and HIV), and improves client safety.

6.2.8 Enhanced Addiction Services for Rural Women and Youth

- Prepare a provincial report on the impact of enhanced addiction services for women and youth.

In 2002, the Nova Scotia government allocated $1.8 million to improve health outcomes for women and youth with substance use and/or gambling problems. The bulk of the funding was used by the DHAs to dedicate staff to provide and evaluate a range of services for women and youth based on provincial standards, best practice, and cost-effectiveness.

6.2.9 Client Information System for Addiction Services

- Continue implementation of a provincial client information system for Addiction Services.

This collaborative effort between the Department of Health and the DHAs will provide both with addiction-specific data. The added functionality of the new information system will enhance the ability to measure service standards. It will also enhance reporting for federal recoveries and other accountabilities.

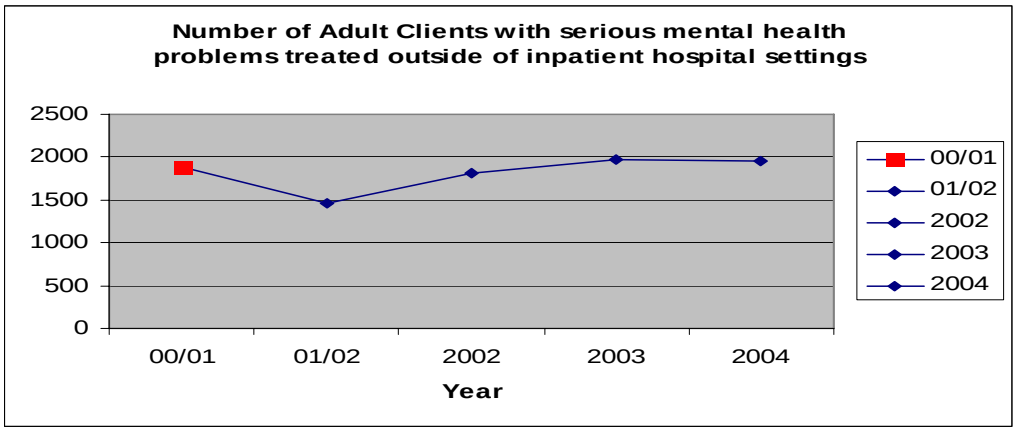
6.2.10 Youth at High Risk Initiative

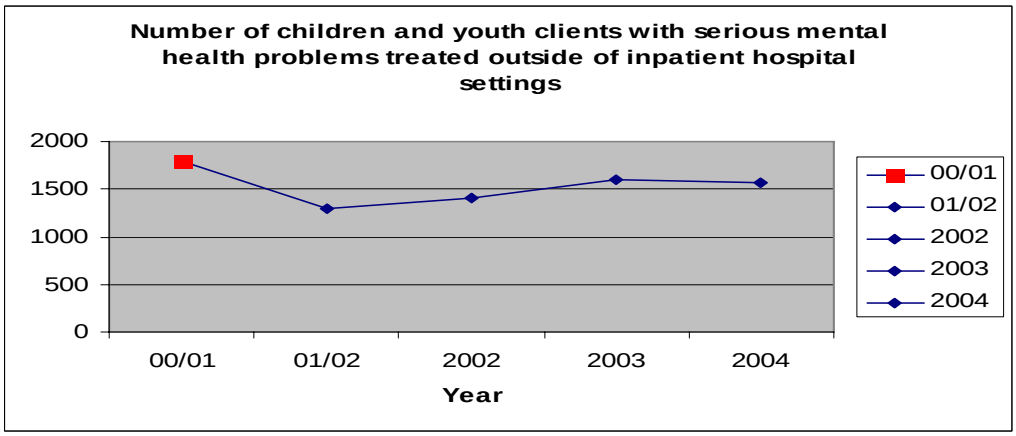
- Work collaboratively on the Youth at High Risk Initiative.

This is an initiative shared between the Departments of Health and Community Services to develop and enhance services to youth at risk and their families. This initiative will also require strong linkages with the Departments of Education and Justice, and other community stakeholders.

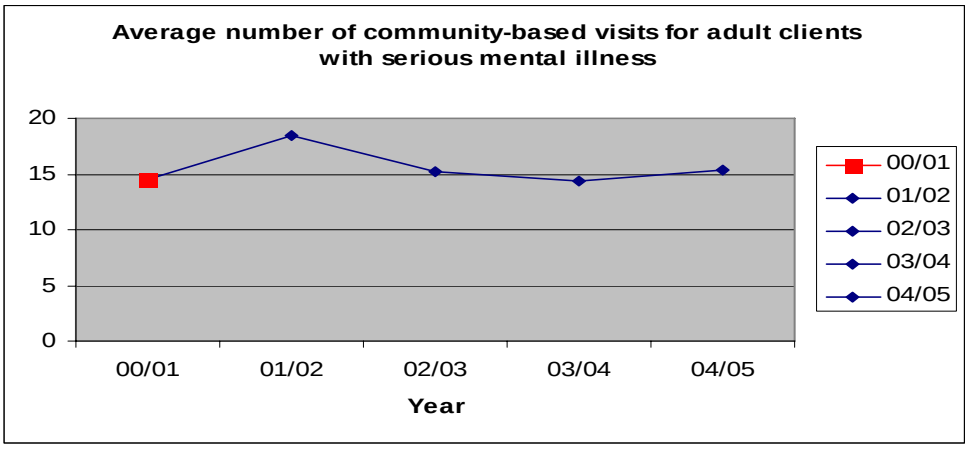
Performance Measures for Mental Health Services

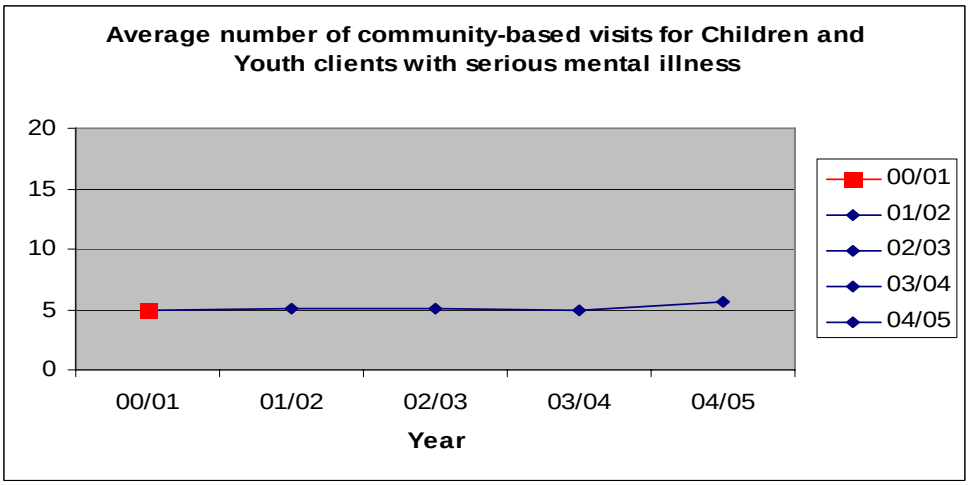
Outcome 1: Maintain persons with serious mental health problems in their communities.





- Measure: Number of clients with serious mental health problems treated outside of inpatient hospital settings.
  - Base Year Measure for 2000-2001:
    - Adults: 1,886
    - Children & Youth: 1,790
  - Target 2006-2007
    - Adults: 2,283
    - Children & Youth: to be determined
  - Strategic Actions to Achieve Target – Redirect resources to improve service availability for this target group.

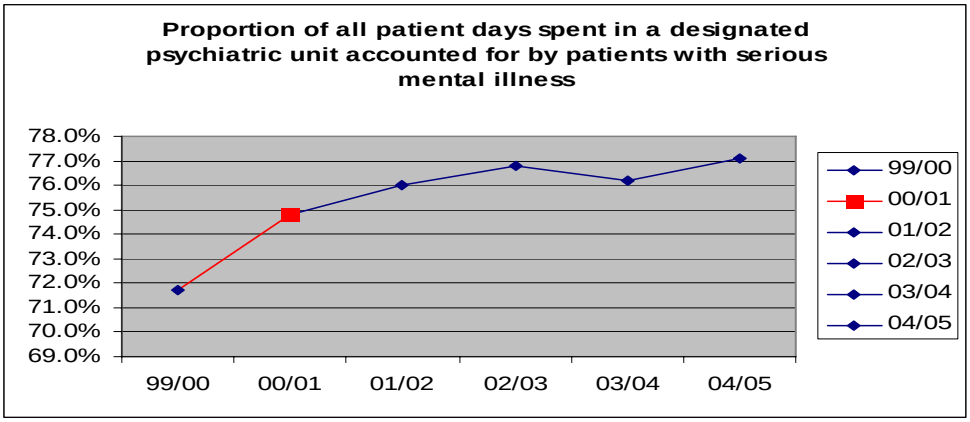




- Measure: Average number of community-based visits for clients with serious mental illness.
  - Base Year Measure for 2000-2001:
    - Adults: 14.5
    - Children & Youth: 5.0
  - Target 2006-2007
    - Adults: 15.5
    - Children & Youth, 6.0

    Strategic Actions to Achieve Target – The implementation of core program standards related to assertive community treatment and intensive case management.

Outcome 2: Responsive services to persons who require hospitalization.



- Measure: The proportion of all patient days spent in a designated psychiatric unit accounted for by patients with serious mental illness.
  - Base Year Measure for 2000-2001 – 71%
  - Target 2006-2007 – 75%
  - Strategic Actions to Achieve Target – Continue to support shifting service options from inpatient hospital care to alternate settings where appropriate.

6.3 Acute and Tertiary Care

Through collaborative relationships with the nine DHAs, the IWK Health Centre, and provincial health care programs, acute care services are provided to Nova Scotians. The Branch also liaises and supports the operations of provincial and ancillary programs to ensure that provincial standards for clinical care are developed, maintained and monitored across the province.[8] The Queen Elizabeth II (QEII) Health Sciences Centre and the IWK Health Centre in Halifax provide tertiary care services to patients from New Brunswick and Prince Edward Island, and select services to patients from Newfoundland. The Department is responsible for policy development and program content. The Department also provides day-to-day management of a group of ancillary health services, including dental programs and services, prosthetic services, optometry services and interpreter services for the deaf and hard of hearing.

Acute and Tertiary Care also plays a key role in the development and priority-based approval of DHA role studies, and master and functional programs for facilities maintenance.

[8] Specialist services in district facilities may include cardiology, respirology, gastroenterology, obstetrics, otolaryngology, orthopaedics, ophthalmology, pathology, psychiatry, pediatrics, urology, plastic surgery, maxillofacial surgery, oncology, neurology, dermatology and endocrinology.

Liaison and support to the provincial programs is provided by the Branch. These programs address issues across sectors of the health system and province-wide issues and trends that are beyond the mandate of any single DHA or health organization. Provincial programs develop service standards, monitor their achievement, and provide advice to the Department of Health based on best practices, stakeholder input and research-based evidence.[9]

6.3.1 MRI Access and Utilization

- Support the implementation of new Magnetic Resonance Imaging (MRI) scanners to four sites in rural Nova Scotia: New Glasgow, Antigonish, Kentville, and Yarmouth.

- Provide replacement scanners to the QEII Hospital in Halifax.

MRI scanners are used to detect and diagnose soft tissue tumors and disease of the brain, spinal cord, cardiac, major blood vessels and the musculoskeletal system. Beginning in June 2006, the budget for operational costs for this equipment is $3,000,000 for this fiscal year.

6.3.2 Provincial Approach to Stroke Care

- Partner with the Heart and Stroke Foundation, health providers, researchers and the DHAs to continue to plan provincial approaches to stroke and heart disease prevention and outcomes improvement.

Stroke and heart disease are the leading causes of death and disability in Canada. In 2005-2006, the Department of Health invested $500,000 to pilot the implementation of a comprehensive and integrated program of stroke prevention, emergency services, acute care and rehabilitation.

6.3.3 Dialysis Program Expansion

- Pilot a new service delivery model in Antigonish.

The model will target improved care, coordination and access to satellite dialysis services. A profile will be developed that will inform development of a provincial approach to renal care. The Provincial Dialysis Group has identified four priorities: infrastructure, satellite dialysis programming, peritoneal dialysis, and risk modification.

[9] Current Provincial Programs are Cancer Care Nova Scotia, Nova Scotia Diabetes Care Program, Reproductive Care of Nova Scotia, Nova Scotia Breast Screening Program, Nova Scotia Cardiac Advisory Council, Nova Scotia Provincial Blood Coordinating Program, and the Nova Scotia Hearing and Speech Program

6.3.4 Hospital Additions and Renovations

- Complete the Cape Breton Regional Hospital Renal Dialysis Expansion, Dartmouth General Hospitals Renal Dialysis Unit and the IWK Parkade and Research Building.

- Design work for the Queens Hospital Primary Care Building, the Halifax Infirmary Emergency Department Expansion, the replacement of Colchester Regional Hospital, and the major upgrade to the IWK Health Centre, Children's Site continues.

- Continue to build a third operating room at the Cumberland Regional Health Care Centre in Upper Nappan.

- Continue the phased renovation of the Lillian Fraser Memorial Hospital in Tatamagouche to facilitate the delivery of multidisciplinary primary health care services.

- Renovate St. Martha's Hospital by 2009.

6.3.5 Alternate Levels of Care Patients in Acute Care

- In collaboration with Continuing Care, the DHAs, and the Department of Community Services, develop and pilot innovative community-based strategies to transition acute care patients/clients to appropriate community settings.

6.3.6 Provincial Approach to the Management and Monitoring of Systemic Cancer Therapy

- Continue implementation of a coordinated provincial approach to the management and monitoring of systemic cancer therapy.

It is expected that a coordinated effort by the Department of Health, Cancer Care Nova Scotia, and the DHAs will improve the ability to anticipate cost pressures and to better manage overall costs. This committee began in June 2005.

6.3.7 Provincial Approach to Organ and Tissue Donation

- Further implement components of the provincial approach to increasing organ and tissue donation.

A QEII-based management team and a provincial steering committee have collaborated on professional education and quality improvement processes to increase family approach rates for organ and tissue donation. A provincial

approach is intended to increase available donors to support the transplant program at the QEII.

6.3.8 Physical Rehabilitation for Children with Disabilities

- Support continued implementation of physical rehabilitation services for children with disabilities, using a three-year, phased-in approach.

Provincial funding in 2006-2007 will enable the IWK Health Centre to initiate collaborative services in the DHAs. Funding for these services began in 2004-2005. The IWK has been working with the Guysborough Antigonish Strait Health Authority and, most recently, South West Health, as part of a plan to reach out to all district health authorities.

6.3.9 Centralized Intra-Venous Admixture and Unit Dose Drug Distribution at the IWK Health Centre

- Continue to implement the Unit Dose Drug Distribution System at the IWK Health Centre to address concerns raised by accreditation surveyors and third-party consultants.

The system will improve patient safety and contribute to service efficiency.

6.3.10 Sound Start for Hearing and Speech

- Extend access to universal newborn hearing screening services beyond the Halifax area to Nova Scotia Hearing and Speech Centres across the province.

There is clear evidence that early detection and treatment of hearing disorders improves the development of speech, language and literacy skills. A further $700,000 has been invested into this program this year.

6.3.11 Integration of Mammography Services

- Integrate the last two fixed breast-screening sites into the Nova Scotia Breast Screening Program.

The program provides access to mobile screening services to all residents of Nova Scotia. This will improve wait times for both screening and diagnostic testing and provide more accurate information on screening rates in the province.

6.3.12 Infection Control

- Continue to establish a provincial approach to infection control.

The provincial approach is being established through a Provincial Infection Control Consultant who will develop and implement an infection control framework. This is a three-year strategy that will be evaluated in June 2008.

6.3.13 Pain Management Strategy

- Establish a Provincial Pain Management Working Group to develop a pain Management strategy.

The Working Group will recommend a service delivery framework and an implementation plan to the department.

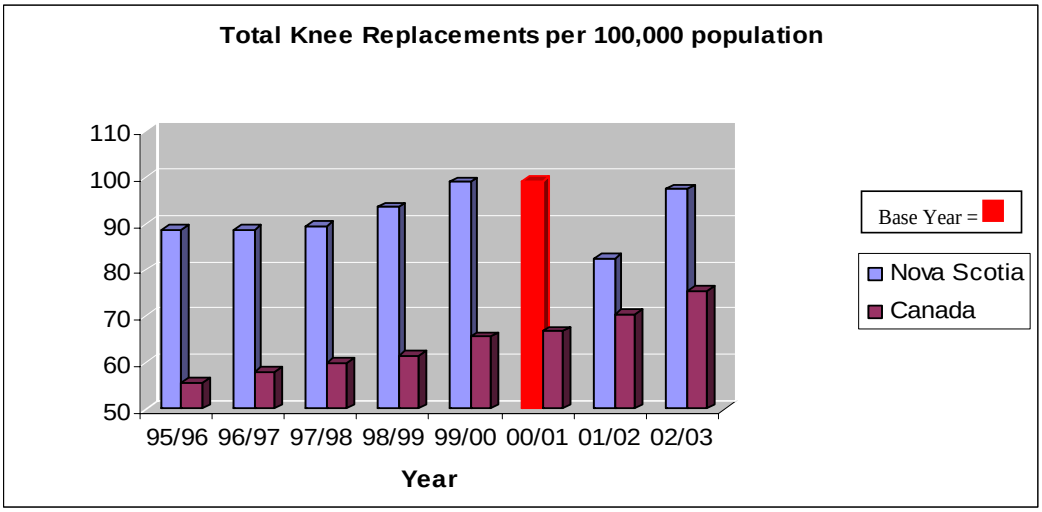
6.3.14 Provincial Health Services Operational Review

- Conduct a comprehensive provincial health services operational review of the DHA delivery system in cooperation with the DHAs and the IWK Health Centre.

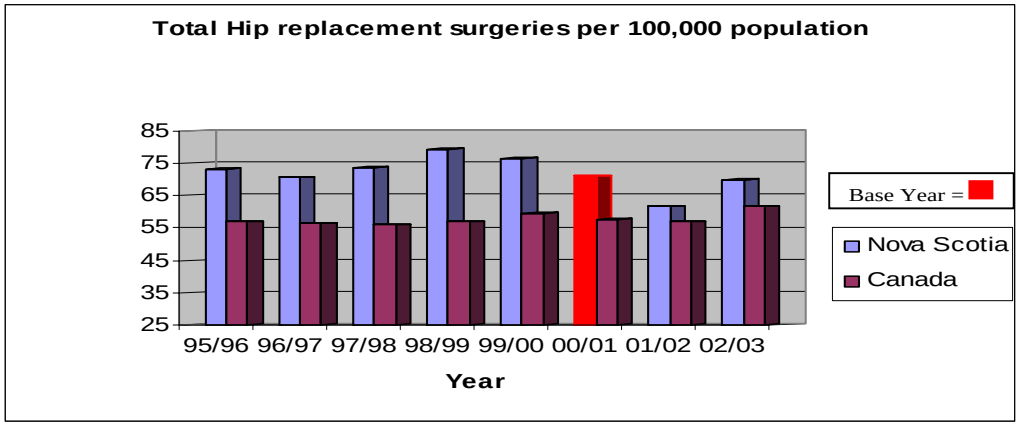
The review will provide a foundation on which to examine operational efficiencies to advance service, and to improve system access to patients. The findings will be used to develop a strategic plan for the province's acute and tertiary care system in 2007.

Performance Measures for Acute and Tertiary Care

Outcome 1: Ensuring access to quality hospital services.

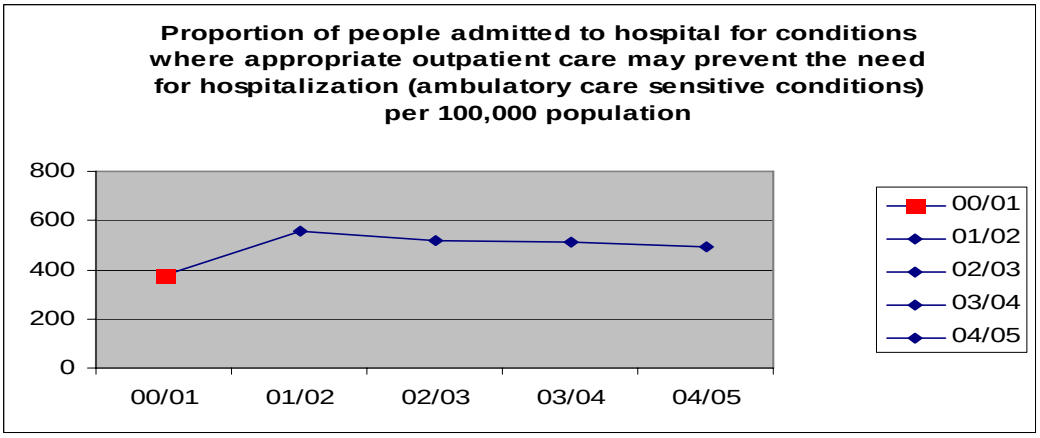


- Measure: Age standardized number of total knee replacement surgeries per 100,000 population.
  - Base Year Measure for 2000-2001 – 99/100,000
  - Target 2006-2007 - > 61/100,000 (the Canadian average in 1998/99)
  - Strategic Actions to Achieve Target - Continue to collaborate with all other provinces across Canada to track information on these procedures that have been known to substantially improve the quality of life of those receiving them.



- Measure: Age standardized number of total hip replacement surgeries per 100,000 population.
  - Base Year Measure for 2000-2001 – 71/100,000
  - Target 2006-2007 – > 57/100,000 (the Canadian average 1998/99)
  - Strategic Actions to Achieve Target – Continue to collaborate with all other provinces across Canada to track information on these procedures that have been known to substantially improve the quality of life of those receiving them.

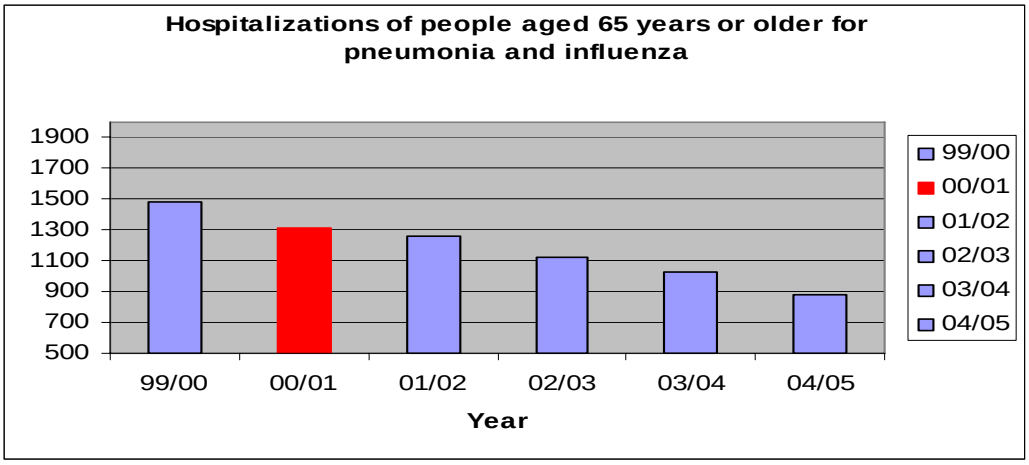
Outcome 2: Ensuring best use of inpatient hospital services.



Measure: The proportion of people admitted to hospital for conditions where appropriate outpatient care may prevent the need for hospitalization (ambulatory care sensitive conditions).

- Base Year Measure for 2000-2001 – 375/100,000
- Target 2006-2007 – No higher than 411/100,000 (Canadian average 1998/99)
- Strategic Actions to Achieve Target: Continue to monitor effective utilization of hospital beds and review alternate settings for care (including outpatient) with other health system provider organizations.

Outcome 3: Appropriate use of all health care settings



- Measure: The hospitalization of people aged 65 years or older for pneumonia and influenza.
  - Base Year Measure for 2000-2001 – 1,312/100,000
  - Target 2006-2007 - <1,273/100,000 (Canadian average 1998/99)
  - Strategic Actions to Achieve Target – Continue to work towards increased coverage of population over 65 receiving immunization against pneumonia and influenza. Review opportunities to use outpatient services whenever appropriate to treat these conditions.

6.4 Physician Services

The Department of Health funds medical or physician services for Nova Scotians under the terms of the *Canada Health Act* and the provincial *Health Services and Insurance Act.* Under the legislation, insured physician services are those services that a qualified and licensed physician deems medically necessary to diagnose, treat, rehabilitate or otherwise alter a disease pattern.

Physician Services is responsible for the leadership and management oversight of physician services including resource planning, recruiting and locum services. Physician Services is also responsible for the policy development,

negotiation, implementation, and monitoring of various payment and funding arrangements for physicians across the province.

6.4.1 Enhanced Accountability with Alternative Funding Plans

- Implement the new Alternative Funding Plan (AFP) framework to all AFP renewals and new AFPs, develop a strategy for future AFP deliverables, and ensure that all contracts have associated deliverables.

Approximately 40 per cent of physicians are remunerated through some form of alternative to traditional "fee-for-services" funding. An audit of the largest academic alternative funding plan demonstrated the benefit of alternative forms of payment, while at the same time indicating the need for enhanced accountability.

6.4.2 Physician Resource Planning

- Develop a physician resource plan for specialists and general practitioners within the context of clinical services planning.

Physician resource planning in Nova Scotia is a tool that will inform other decision-making processes from recruitment activities to training program needs.

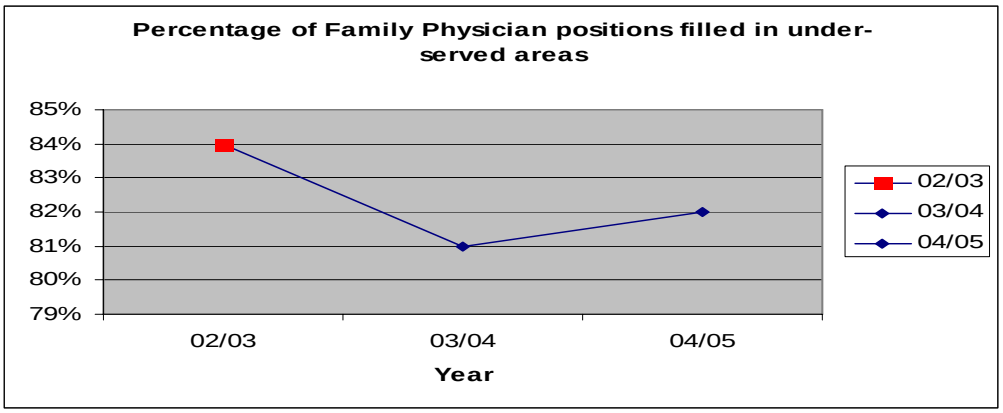
6.4.3 Physician Recruitment Strategy Development

- Develop a physician recruitment strategy to maximize physician recruitment activities for areas of need.

The Department of Health's role in physician recruitment is to inform, support, and provide districts with the tools to recruit required physicians.

Performance Measures for Insured Health Programs

Outcome 1: Access to quality health care.



- Measure: Percentage of Family Physician positions filled in under-served areas.
  - Base Year Figure for 2002 – 85%
  - Target 2006-2007 – 80% or higher
  - Strategic Actions to Achieve Target
    - Continue to support physician recruitment initiatives throughout the province by:
      - Website listing vacancies
      - Recruitment guide
      - Incentives
    - Test alternative collaborative approaches to providing primary health care in under-served areas.
    - Conduct health human resource planning that addresses supply and distribution of health care professionals and other workers.

6.5 Pharmaceutical Services

Pharmaceutical Services provides drug programs, drug policy advice, and funding for education, research and evaluation to maintain and improve the health of Nova Scotians through appropriate drug use.

The main program area is the Nova Scotia Seniors' Pharmacare Program, which provides prescription drug insurance to approximately 95,000 seniors in the province. The budget for this program has increased by $12,950,000 in 2006 – 2007. Special drug programs are in place for particular patient groups and under specific terms and conditions.

6.5.1 Prescription Monitoring Program Renewal

- Electronically link all pharmacies to the Prescription Monitoring Program (PMP) system.

Pharmacies across Nova Scotia are making changes to their pharmacy software systems to enable them to link to the PMP system. This will decrease information delays experienced with the manual PMP system that was implemented in 1992.

The *Prescription Monitoring Act* and Regulations were proclaimed in July 2005 to provide legislative authority to monitor the prescribing, dispensing and utilization of a specific list of drugs. This will improve effectiveness in dealing with drug abuse. A Prescription Monitoring Board was appointed and a computerized information system has been implemented to support the new, electronic PMP system.

6.5.2 National Common Drug Review

- Support the Common Drug Review (CDR) to provide a consistent and rigorous approach to drug reviews and evidence-based listing recommendations; reduce duplication of efforts by drug plans; maximize the use of limited resources and expertise; and, provide equal access to the same high level of evidence and expert advice.

- Continue to refocus the Atlantic Common Drug Review to provide expert advice in areas not covered by the CDR such as drug class reviews and drugs with new indications.

The CDR is a single process for reviewing new drugs and providing formulary-listing recommendations to participating publicly funded federal, provincial and territorial (F/P/T) drug benefit plans in Canada.

6.5.3 Drug Evaluation Alliance of Nova Scotia

- Lead and support the Drug Evaluation Alliance of Nova Scotia (DEANS). DEANS identifies drug utilization issues; develops targeted interventions for health care professionals and consumers; and evaluates the impact of interventions.

Areas of focus in 2006-2007 include management of chronic non-cancer pain, acute coronary syndrome and the appropriate use of proton pump inhibitors for gastrointestinal problems.

6.5.4 Canadian Optimal Medication Prescribing and Utilization Service

- Review and adopt recommendations of the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS).

COMPUS strengthens DEANS ability to collaborate with other best practice groups across Canada and internationally, and supports federal, provincial, and territorial (F/P/T) jurisdictions in promoting best practices for drug prescribing and utilization. The three initial topic areas for COMPUS include: proton pump inhibitors (for treatment of gastrointestinal problems); diabetes management; and anti-hypertensives (drugs used to lower blood pressure). COMPUS is expected to provide jurisdictions with a toolkit on the first of these priority areas (proton pump inhibitors) by mid-2006.

6.5.5 Assistance Program for Low Income Nova Scotians with Diabetes

- Provide diabetes self-management materials to clients and conduct a program evaluation.

- Continue development and introduce technology to allow electronic adjudication of claims.

During 2005-2006, an income-based program targeted to families with low incomes and no prescription drug coverage was introduced. The new program covers insulin, oral diabetic drugs, glucose test strips, syringes, needles and lancets as listed on the Nova Scotia Formulary.

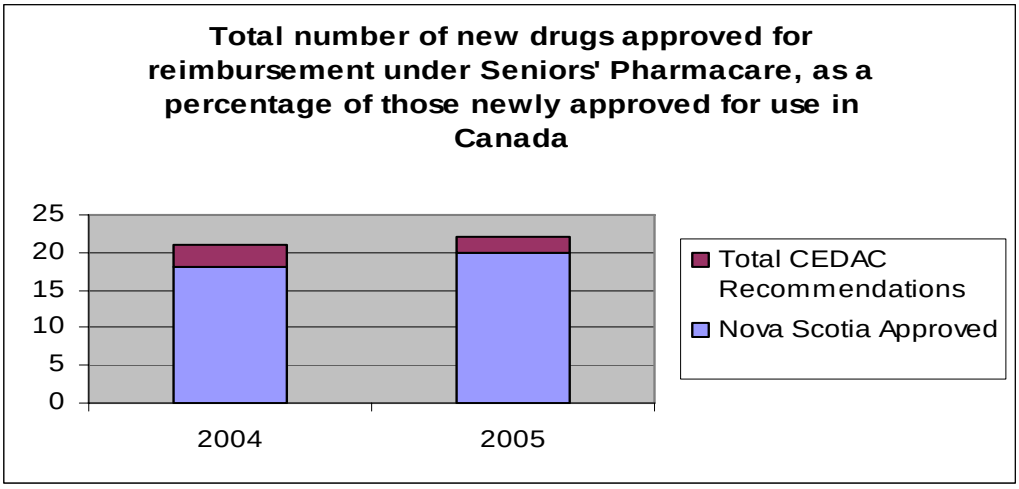
6.5.6 National Pharmaceutical Strategy

The National Pharmaceutical Strategy will be presented to the First Ministers by June 2006. This Task Force was asked to focus on issues related to five national priority areas:

- Catastrophic Drug Coverage
- Expensive Drugs for Rare Diseases
- Pricing and Purchasing of Drugs
- Real World Safety and Effectiveness of Drugs
- Common National Formulary

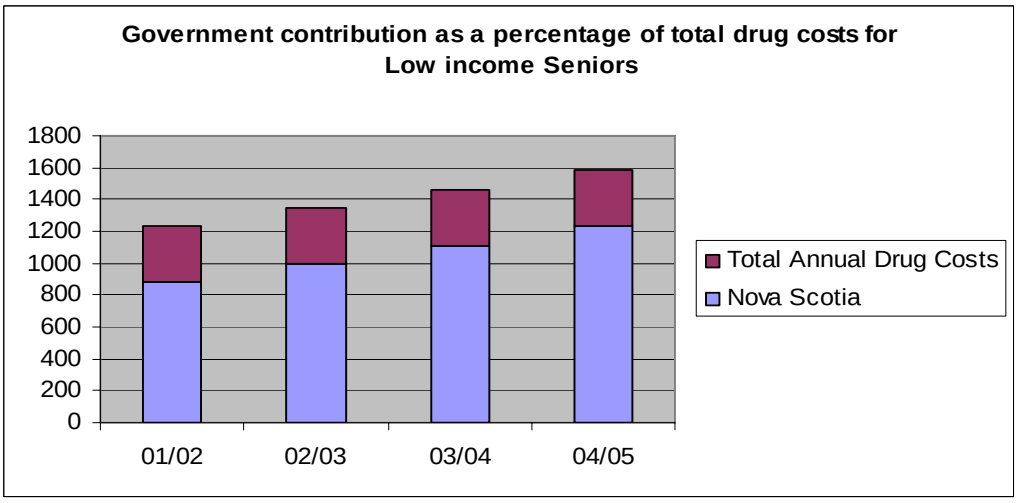
Performance Measures for Pharmaceutical Services

Outcome 1: Adequate prescription drug coverage for all seniors.



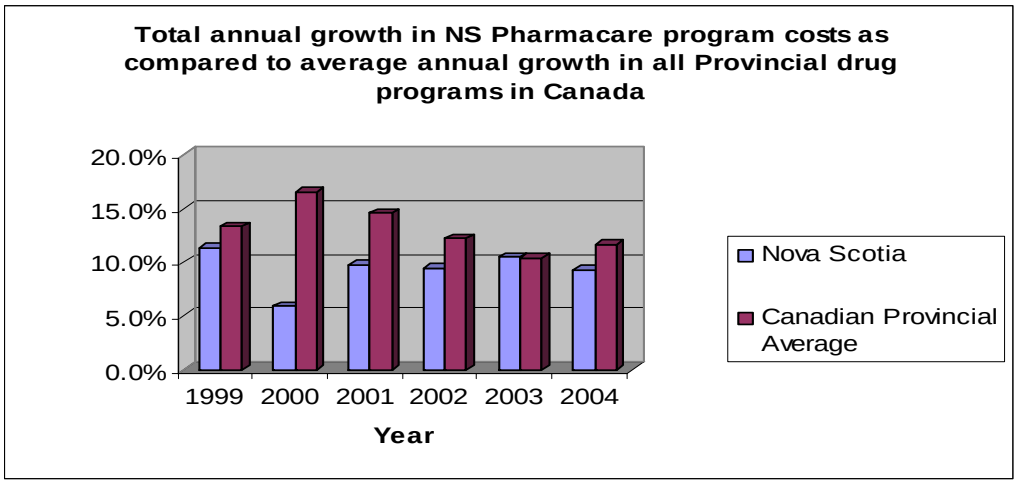
- Measure: Total number of new drugs approved for reimbursement under Seniors' Pharmacare, as a percentage of those newly approved for use in Canada.
  - Base Year Figure for 2004-2005: 81%, or 17 of 21 drugs recommended
  - Target 2006-2007 – 90%
  - Strategic Actions to Achieve Target – Assess all newly approved drug entities recommended by the Canadian Drug Advisory Committee (CEDAC) for appropriate program coverage in Nova Scotia. **CEDAC has only been in operation since April 2004 and as such only 1 year is reported.*

Outcome 2: Adequate Prescription Drug Coverage for Low Income Seniors.



- Measure: Average government contribution to annual drug costs for low income seniors as a proportion of their total drug costs.
  - Base Year Figure for 2001-2002 – 72% or $884 of the total average drug costs per person of $1,234
  - Target 2005-2006 – Minimum average government contribution for low income seniors of 72%
  - Strategic Actions to Achieve Target – As changes are considered for the provincial pharamacare program, continue to assess and mitigate the impact of cost increases on the low income seniors.

Outcome 3: Growth in Pharmacare program cost.



- Measure: Total annual growth in NS Pharmacare program costs as compared to average annual growth in all provincial drug programs in Canada.
  - Base Year Figure for 2000-2001 – 2001-2002 – 8.7%
  - Target 2005-2006 – At or below the growth rate of other similar programs in other provinces.
  - Strategic Actions to Achieve Target – The program encourages best practices in purchasing, prescribing and dispensing to ensure all prescriptions are used appropriately.

6.6 Continuing Care Services

Continuing Care provides a range of home, community and residentially based services to support individuals with identified health needs. In most cases, the need for care and support is for the longer term. However, short term needs are also addressed by both home care and residentially based programs. Continuing care services include home care, long-term care, adult protection, and care coordination. Assessment, care coordination and ongoing case management are the responsibility of the Continuing Care Branch.

Home Care Services include both short-term (acute) and longer-term professional nursing care provided by registered nurses (RNs) and licensed practical nurses (LPNs). Home support services include personal care, nutritional care, and essential housekeeping. Long-term care, residentially based programs include licensed Nursing Homes, licensed Residential Care Facilities, and a number of approved Community Based Options (CBOs). Self-managed care helps Nova Scotians with physical disabilities to increase control over their lives, by providing funds so that they may directly employ the people who provide home support and personal care needs.

Adult protection support services are extended to adults 16 years of age or older who are abused or neglected (including self-neglect and/or neglect by a caregiver) and who cannot physically or mentally protect themselves. These are provided under the authority of the *Adult Protection Act.*

6.6.1 Strategic Framework Implementation Plan

- Present final recommendations of the Strategic Planning Framework for continuing care services to the Minister and begin work on an implementation plan.

Work began on the Strategic Planning Framework in 2005-2006 to enable the Department to validate current services, identify and examine service delivery alternatives, and develop appropriate legislation accordingly.

6.6.2 Information Management Strategic Plan

- Continue to develop a strategic plan for continuing care information management.

Evidenced-based decision-making for health policies and programs requires data collection and analysis of pertinent information. Currently, the Department of Health collects data from several sources, though information system differences limit its use for decision-making.

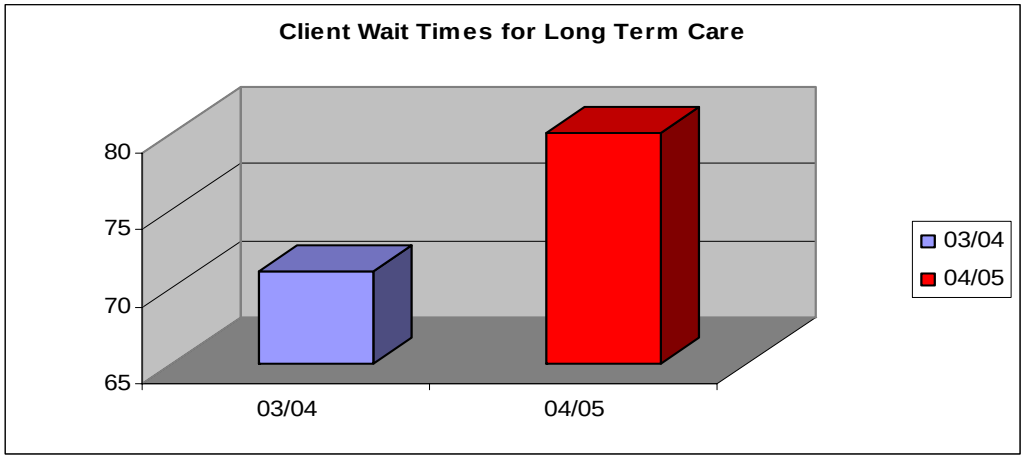
6.6.3 Continuing Care Assistant (CCA) Recruitment Strategy

- Provide a concentrated and coordinated approach for the recruitment of Continuing Care Assistants (CCAs) in collaboration with partners.

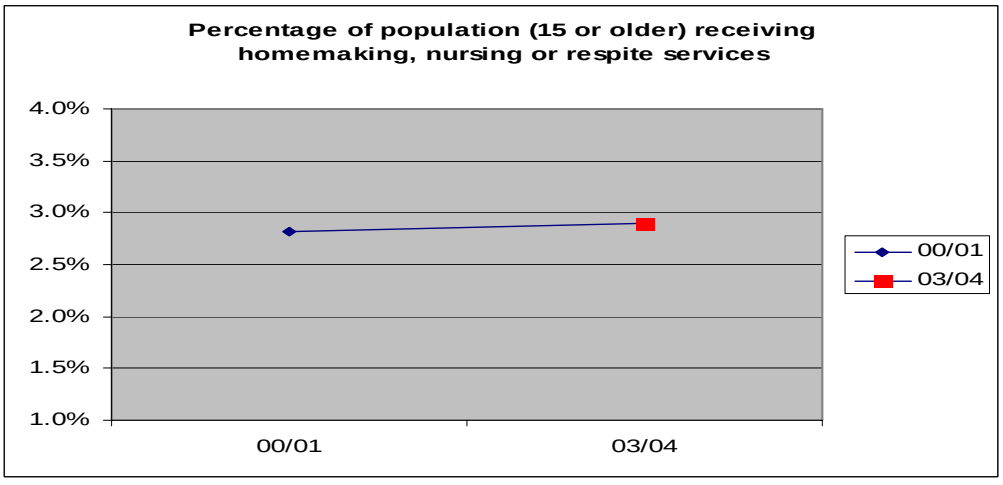
The demand for CCAs to assist in meeting the health care needs of Nova Scotians has increased significantly in recent years.

Performance Measures for Continuing Care Services

Outcome 1: Ensuring access to quality home care and long-term care services.



- Measure: Client wait times for Long Term Care. Wait time represents a period, in days, from the point of assessment until initial admission.
  - Base Year Figure – 2004-05 - 80 days
  - Target 2006-2007 – 88 days - based on increased admissions to LTC
  - Strategic Actions to Achieve Target – review and revise Single Entry Access Nova Scotia including the continued development of strategies and policies for:
    - Human resources
    - Financial management
    - Policy and standards development and review
    - Documentation, data collection & standards



- Measure: Percentage of the population (age 15 or older) receiving homemaking, nursing or respite services.

- Base Year Figure – 2003-2004 - 2.9%.
- Target 2005-2006 – 3%
- Strategic Actions to Achieve Target – to increase service allocations and authorization, based on Strategic Framework.

6.7 Emergency Health Services

Emergency Health Services (EHS) is responsible for the continual development, implementation, monitoring, and evaluation of pre-hospital emergency health services for the province. The main components of EHS are an internationally accredited communications centre, an internationally accredited ground ambulance system, EHS LifeFlight (an internationally accredited air medical transport program), a nationally accredited provincial trauma program, a medical first responder program, the EHS Atlantic Health Training and Simulation Centre. All system components are supported 24 hours per day/seven days per week by physicians specially trained in emergency and critical care.

6.7.1 Emergency Pre-Hospital Services

- Provide emergency out-of-hospital services across the province, including: communications/dispatch, ground ambulance, air medical transport, medical oversight, trauma, medical first response and emergency preparedness.

Pre-hospital services will be delivered to meet targets set out in legislation and contracts governing the delivery of emergency health services.

6.7.2 Emergency Preparedness and Response

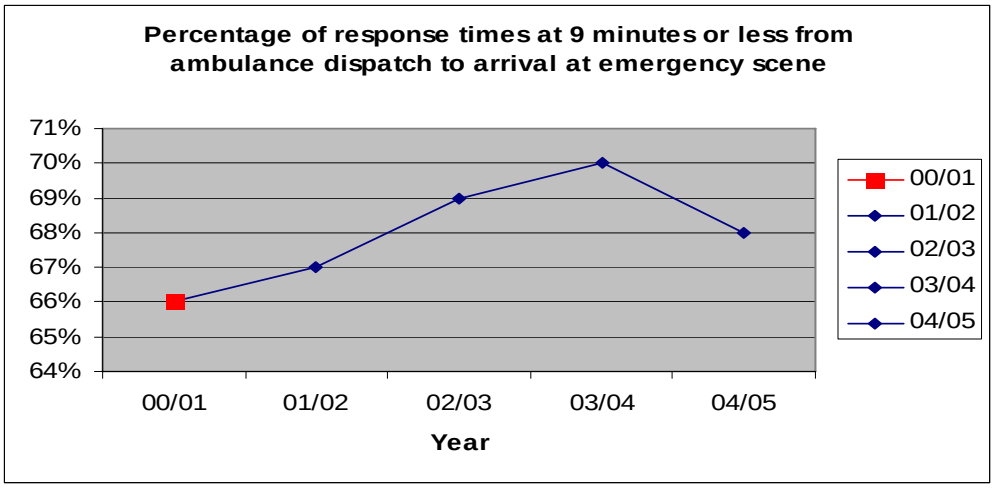
- Continue developing plans for a comprehensive emergency preparedness response across the Nova Scotia Health Sector.

Plans will focus on an "all hazards" approach to address threats of CBRNET (chemical, biological, radiological, nuclear, explosive and terrorist), world economic uncertainty, weather-related and other natural disasters and infectious diseases (e.g. SARS, BSE, WNV[10], pandemic influenza, etc.). The Department of Health's emergency preparedness and response planning spans the health sector and integrates with plans in health service delivery organizations (DHAs, the IWK Health Centre and long-term care facilities), the provincial Emergency Management Office (EMO), Health Canada, and other provincial government departments.

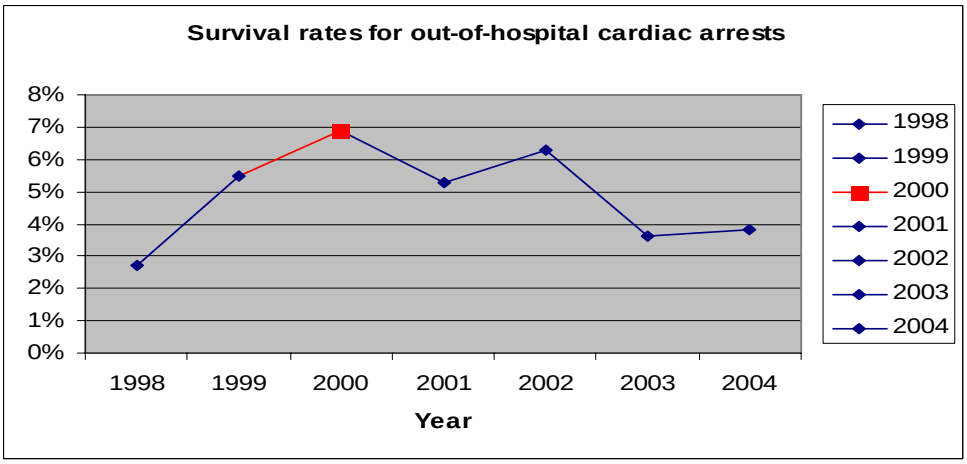
[10] Severe Acute Respiratory Syndrome, Bovine Spongiform Encephalopathy, West Nile Virus

Performance Measures for Emergency Health Services

Outcome 1: Ensuring effectiveness of emergency health services.



- Measure: Percentage of response times at 9 minutes or less from ambulance dispatch to arrival at emergency scene.
  - Base Year Figure for 2000-2001 – 66%
  - Target 2006-2007 – 68%
  - Strategic Actions to Achieve Target – Continue to improve monitoring and feedback to staff for the purposes of refining processes.



- Measure: Survival rates for out-of-hospital cardiac arrests.
  - Base Year Figure – 6.9% for 2000
  - Target 2006-2007 – 6.9%
  - Strategic Actions to Achieve Target – Maintain training and ongoing procedural review and development. Explore development of a bystander care initiative.

6.8 Health Information Management Services

Information Management Services provides the vision and sets the standards for health systems technology across the province that support the goal of creating an Electronic Health Record for Nova Scotians; funding for provincial information systems implementation, expansion and ongoing support; policies to ensure privacy and security of patient information; and information management reporting to assist the Department in gathering and evaluating information required to monitor, assess, support research and improve the delivery of health care to Nova Scotians. The Information Technology Group provides day to day support for personal computers and information systems that are used by the Department of Health in carrying out its daily operations.

6.8.1 Health Information Management

- Continue to implement and support systems that move Nova Scotia closer to the vision of an Electronic Health Record. Develop a Long Term Strategic Plan for Information Technology and Information Management to establish long term objectives.

- Pursue short term opportunities with Canada Health Infoway to support funding of initiatives, and pursue collaborative opportunities with Health Infostructure Atlantic (HIA).

6.8.2 Canada Health Infoway Initiatives

- Pursue every opportunity to move forward in support of Canada Health Infoway (CHI) initiatives that foster and accelerate the development and adoption of electronic health information systems.

- Participate in the Health Infostructure Atlantic (HIA) project to identify collaboration opportunities for a Provider Registry among the four Atlantic provinces.

- Continue to participate in the pan-Canadian and HIA Public Health Surveillance projects that are planned to be implemented by all Canadian jurisdictions over the next two to three years.

The HIA planning process will determine the costs, schedule, scope and approaches to implementing the modules of the Pan-Canadian Public Health Surveillance Systems in Atlantic Canada. The project will produce a detailed set of implementation plans and budgets that will allow implementation to proceed in Atlantic Canada.

- Begin the planning process for implementing Drug Information Systems.

CHI's Drug Information Systems Program is focused on creating an interoperable drug information system that will carry all data concerning a patient's medication history. These systems provide physicians and pharmacists with data to support appropriate and accurate prescribing and dispensing, thereby avoiding adverse drug interactions and possible related deaths. The department is working with CHI to cover the costs of the exercise.

- Complete the Nova Scotia Picture Archiving and Communications System (NS PACS) project.

PACS is a high-speed, graphical, computer system that stores, retrieves and displays diagnostic images. Several DHAs have already implemented PACS technology through previously provincially funded projects. A province-wide network has been established for storing and viewing these images. The NS PACS Project will expand current installations and implement PACS in all remaining diagnostic imaging facilities in DHAs throughout the province.

6.8.3 **Nova Scotia Telehealth Network (NSTHN)**

- Continue to work in partnership with the Department of Health Programs, DHAs and the IWK Health Centre to expand the clinical capability of the Nova Scotia Telehealth Network.

This will include implementing new telehealth endpoints throughout the province, increasing clinical usage, the introduction of new technology infrastructure and pursuit of joint projects with Canada Health Infoway. The Nova Scotia Telehealth Network (NSTHN) is a video-conferencing communications network that connects healthcare focused facilities throughout Nova Scotia. The NSTHN uses videoconferencing technologies to improve access to health related services for patients, families and healthcare professionals.

6.8.4 **Privacy and Access**

- Develop and consult on health information legislation to protect the privacy of personal health information while ensuring appropriate access to health information for health care delivery, planning and administration.

New legislation is required to provide clear, consistent rules for the protection of and access to personal health information.

- Ensure the Department of Health meets its obligations under the new Privacy Impact Assessment (PIA) policy.

This policy requires that a PIA be completed on new or significantly changed programs or projects that collect, use, or disclose personal information.

6.8.5 Decision Support and Information for Management

- Expand the range of products provided to support the development of integrated information and evidence-based decision-making in the Department, programs, and within the DHAs and IWK Health Centre.

- Continue to work closely with the Canadian Institute for Health Information (CIHI) and Canada Health Infoway to develop national data standards.

- Continue to develop, monitor and enhance information and data standards.

6.8.6 Wait Times Monitoring Project

- Begin collecting wait time data for specialty consults on a voluntary basis from specialists' offices.

- Continue working with the DHAs and the IWK Health Centre to define, gather and report wait time information for diagnostic and surgical services.

New systems such as Operating Room Systems, Emergency Department Systems and Knowledge Management Systems will all be investigated as options in support of Wait Times Monitoring.

In the Ten Year Plan, First Ministers committed to the objectives of better management of wait times and the measurable reduction of wait times in five priority areas (cancer, heart, diagnostic imaging, joint replacements and sight restoration). Governments committed to establishing comparable indicators and evidence-based benchmarks for wait times by December 31, 2005, and multi-year targets to achieve priority benchmarks by December 31, 2007. Work will continue in this area.

6.8.7 Health Administration Systems Project (HASP)

- The Health Administrative Systems Project (HASP) is in the project preparation stage with detail system design to be completed by the end of 2006.

The project will improve the effectiveness of administrative systems, facilitate implementation of standards and adoption of best business practices, increase financial accountability and improve planning through evidenced-based decision making. Financial accountability and reporting will be standardized, while providing a consistent foundation in core systems such as human resources, payroll, budgeting, procurement, and inventory management.

6.8.8 Health Information Technology Services - Nova Scotia (HITS-NS)

- Health Information Technology Services – Nova Scotia (HITS-NS) will be put in place in 2006-2007.

HITS-NS has been operational since the appointment of the Executive Director on January 3, 2006 and is in the process of finalizing its organizational structure and securing the proper financing for full operations.

Considerable investment has been made in Information Technology (IT) projects that support the delivery of healthcare to Nova Scotians. This new support structure will be responsible for the operational support for provincial IT systems such as the Nova Scotia Hospital Information System (NSHIS), Picture Archiving and Communication System (PACS), Primary Healthcare IT Component, Continuing Care Single Entry Access (SEAScape) and Telehealth. HITS-NS will also be responsible for the operational support of all future provincial health initiatives such as client and provider registries and interoperability projects.

6.8.9 Primary Health Care Information Management

- Continue to implement the Primary Health Care Information Management (PHIM) project.

Implementation of the PHIM project started in 2005-2006, with the adoption of the program into a number of Primary Healthcare Clinics. Information technology is improving the way health information is stored, used and disclosed by health providers. A one-time injection of Health Transition Funds and sustaining funding through the Nova Scotia Department of Health has enabled Nova Scotia to launch the innovative Primary Healthcare Information Management (PHIM) program to improve the management of health care information.

Twenty-five percent of existing primary health care physicians will be enrolled in the PHIM program by September 2006.

6.9 Health Human Resources

Health Human Resources develops health human resource strategies involving collaborative and comprehensive research, consultation with partners, training, and recruitment and retention.

6.9.1 Health Human Resource Planning

- Continue to build a solid plan for Health Human Resources (HHR) that will support the health system’s current and future needs.

Responding to priorities identified in the First Ministers Accords in both 2003 and 2004, Nova Scotia is developing an HHR framework that will be used for further planning.

Immediate priorities include:

- encouraging young people to choose health-related careers
- training tomorrow's health professionals
- ensuring that the training meets community health needs
- collecting the information needed to help forecast future HHR needs

6.9.2 Nursing Strategy

- Support the initiatives in the Nursing Strategy.

- Review the outcomes of the current Nursing Strategy from the last five years and plan for a new nursing strategy.

- Provide funds to expand the nursing seats at St. Francis Xavier and Cape Breton universities and the Nurse Practitioner Program at Dalhousie University.

The Nursing Strategy targets recruitment, retention and renewal of the nursing work force, including both Registered Nurses (RNs) and Licensed Practical Nurses (LPNs). Priorities include rural nursing, cooperative student employment, new graduate bursaries, relocation allowances, re-entry support and orientation for new graduates to transition to the work setting, and support for continuing education to ensure ongoing competence of the workforce. Other strategies include incremental seat increase, initiatives to support late career nurses remaining in the workforce and focus on quality practice environments.

6.9.3 Medical Laboratory Technologists

- Fund the joint initiative between the New Brunswick Community College and Nova Scotia Community College to train Medical Laboratory Technologists.

Nova Scotia will offer students bursaries of $4,000 in each year of the two-year program of studies and in exchange, these students will commit to working in the Nova Scotia health care system for a two-year period. In order to avoid a gap in Medical Laboratory Technologist graduates, a group of 22 students will be supported for training at New Brunswick Community College and will graduate in 2008. This will align with Nova Scotia's new Medical Laboratory Technologist program, which will graduate its first class of 24 students in 2009.

6.9.4 International Educated Health Professionals Initiative

- Accelerate and expand the assessment and integration of International Educated Health Professionals (IEHPs) to contribute to the First Ministers' Ten-Year Plan (September 2004) to reduce wait times and increase the number of health care professionals.

Regulatory barriers and inadequate assessment and educational opportunities have contributed to a significant pool of IEHPs who are either underemployed in their chosen profession or unable to work in their profession in Atlantic Canada. There are also Canadian residents who attend health education institutions outside of Canada who plan to return to Canada upon graduation.

To address the capacity building needs of IEHP's, the Atlantic provinces have collaborated on projects. These projects have been sent to Health Canada to be considered for funding through the IEHP Initiative. The projects will require partnership with key stakeholders such as the Atlantic Advisory Committee for Health Human Resources (AACHHR).

6.9.5 HSPnet - Clinical Placement Web Based Tool

- Discuss implementation of a pilot project to test HSP*net*.

HSP*net* is a web-enabled system that coordinates student placements in all health sciences disciplines across a practice education jurisdiction (typically a province). Planning for the pilot project has been underway since December 2005.
Implementing HSP*net* across District Health Authorities will provide considerable short-term benefits including:

- improved communication and information exchange among schools and agencies that accept students throughout the placement process
- reduced handling of paper
- improved turnaround on placement requests
- productivity tools
- an enhanced ability to plan and build capacity

6.9.6 International Medical Graduates

- Evaluate the effectiveness of the Clinical Assessment for Practice Program (CAPP) initiative.

In December 2005, Health Canada accepted the joint proposal from the Department of Health and the College of Physicians and Surgeons of Nova

Scotia to provide funds for the evaluation. Recruitment of International Medical Graduates continues to be a priority for the Department.

6.10 Health System-Wide Priorities

6.10.1 Health Care Safety

In 2005 the Department of Health initiated a provincial Healthcare Safety Advisory Committee to provide leadership in advancing client safety practices and a culture of safety across the continuum of Nova Scotia's health care services. The committee will take action to increase awareness about the culture required to support safety. The committee will also identify practices that could be adopted by Nova Scotia's health system to improve safety. An inventory of activity at national and local levels will be maintained and shared through a stakeholder communication network. This network will also serve to synchronize safety recommendations and activity across the national, provincial and local levels. An example of this activity is the national *Safer Healthcare Now* campaign. This campaign, led by the Canadian Patient Safety Institute, is promoting the implementation of six targeted, evidence-based interventions in patient care during 2006-2007. All hospitals in Nova Scotia are participating in the initiative, with support from professional bodies, the Department of Health and other sponsoring agencies.

Work will commence to develop a provincial policy on disclosure of adverse events in the continuing care sector. A framework for conducting quality review, applicable to District Health Authorities and the IWK Health Centre will be completed by the provincial Quality Review Working Group. Opportunities will be explored to expand relevant quality review mechanisms to other sectors of the health system. In addition, mechanisms to support receipt and handling of hazard alerts within continuing care will be pursued.

- Opportunities to participate in a pilot of the new national Canadian Medication Incident Reporting and Prevention System will be promoted.

Many initiatives that will contribute to improvement of safety and quality are included in other sections of the business plan.

6.10.2 Wait Time Advisory Committee

- Develop the wait time strategy, *The Nova Scotia Strategic Plan for Improving Timely Access to Health Care Services*, by the end of December 2006.

- Work with Health Canada to obtain funding to develop and implement the Canadian Association of Radiologists demonstration project to improve the appropriateness of test ordering for diagnostic imaging.

- The Wait Time Advisory Committee will continue its work in March 2006.

The purpose of the committee is to advise the Minister on wait time issues; on the development and implementation of a province wide strategy to collect standardized wait time information on all health care services; on the publication of wait time information for the public and on ways to shorten wait times. The chair of the advisory committee will continue to communicate with the public and providers on wait time issues.

6.10.3 **Chronic Disease Management**

- Complementing the efforts of the Department of Health Promotion and Protection, the Department of Health will work with service providers in primary care, acute care and other settings to improve self-care and promote effective multidisciplinary patient management practices.

The management of chronic disease and the burden of illness of our aging population is a growing challenge for the Nova Scotia health system. Efforts will focus on improving care coordination and service integration.

6.10.4 **Blueprint for Aboriginal Health**

- Canada's First Ministers and Aboriginal Leaders will continue to work together to develop a blueprint to improve the health status of, and health services for, Aboriginal peoples. This blueprint is to include concrete initiatives for:

  - improved delivery of and access to health services to meet the needs of all Aboriginal peoples through better integration and adaptation of all health systems
  - the development of measures to ensure that Aboriginal peoples benefit fully from improvements to Canadian health systems
  - a forward looking agenda of prevention, health promotion and other upstream investments for Aboriginal peoples

Federal/Provincial/Territorial Ministers responsible for Health and Aboriginal Affairs have been tasked to work in partnership with Aboriginal Leaders to develop this blueprint, and report back to First Ministers and Aboriginal Leaders.

6.11 Government-Wide Initiatives

6.11.1 Human Resources Plan

- Implement the Department of Health's Human Resources Plan.

The Human Resources Plan sets out the values and principles that will guide decision making and actions to support the continuous development and availability of skilled, diverse, responsive and dedicated employees. The plan is aligned with the Corporate Human Resources Plan for the Nova Scotia Provincial Government. The five goals and related strategies within the plan are as follows:

- To be a preferred employer:
  - increase internal communications and information dissemination
  - develop an employee recognition program
  - identify and integrate human resources best practices into the strategic
  - and operational areas of the department
  - promote employment at the Department of Health

- To be a learning organization:
  - develop a comprehensive orientation program for new employees
  - provide professional development education and support to all employees

- To make a difference through a skilled, committed and accountable public service:
  - develop a succession management plan
  - educate managers and employees on performance management tools and resources

- To be a safe and supportive workplace:
  - establish and educate employees on Respectful Workplace Guidelines
  - identify specific wellness initiatives to be considered for implementation
  - establish a Joint Occupational Health and Safety (JOHS) Committee from the nine DHAs to provide advice and recommendations to management on workplace health and safety issues
  - collaborate with the NSAHO on their efforts of a healthy workplace policy

- To be a diverse workforce:
  - ensure all employees complete the Public Service Commission's Diversity Program in their first year of employment

- analyze and maintain Affirmative Action data on the representation of designated groups within the department
- utilize and increase awareness of the Public Service Commission's Diversity Inventory and Career Starts Program
- expand job advertisement practices in conjunction with the Public Service Commission
- integrate the principles of social inclusion into departmental operations

6.11.2 **Bilingual/French Language Services**

The Coordinator of French-Language Health Services will:

- consult and collaborate with the DHAs and other stakeholders to determine the present state of health services in French in the province
- participate in departmental, interdepartmental and provincial planning to ensure delivery of French language health services is incorporated into the planning process
- provide advice and feedback to the Department of Health and DHAs on the implementation of new initiatives to enhance access and availability of services within the health system

The Department of Health is committed to improving access and availability of French-language health services through partnerships with DHAs, the IWK Health Centre and members/organizations in the Acadian and Francophone community.

Budget Context

Program and Service Area	**2005/06 Estimate**	**2005/06 Forecast**	**2006/07 Estimate**
	($ thousands)	**($ thousands)**	**($ thousands)**
Departmental Administration	**37,793.0**	**36,076.0**	**39,195.0**
Emergency Health Services	**71,949.0**	**74,086.0**	**75,104.0**
Medical Payments	**525,314.0**	**528,713.0**	**565,004.0**
Pharmacare Program	**119,917.0**	**117,495.0**	**132,867.0**
Other Insured Programs	**42,995.0**	**38,284.0**	**47,315.0**
Revenue and Recovery	**-23,338.0**	**-22,625.0**	**-23,338.0**
Other Health Initiatives/Other Programs	**112,223.0**	**103,835.0**	**122,910.0**
District Health Authorities	**1,210,681.0**	**1,222,746.0**	**1,289,632.0**
Care Coordination	**28,294.0**	**26,746.0**	**27,766.0**
Home Care Services	**100,189.0**	**105,938.0**	**121,095.0**
Long Term Care Program	**295,723.0**	**304,058.0**	**326,929.0**
Capital Grants	**38,000.0**	**38,000.0**	**40,000.0**
Total Net Program Expenses	**2,559,740.0**	**2,573,352.0**	**2,764,479.0**
Funded Staff DoH Staff (FTEs)	**695.0**	**632.9**	**684.9**
Less: Staff Funded By External Agencies	**-10.8**	**-12.1**	**-8.5**
Total DoH Provincially Funded Staff	**684.2**	**620.8**	**676.4**
Tangible Capital Assets (TCA)	**14,985**	**14,462**	**11,744**