



BUSINESS PLAN

2024-25

Health and Wellness

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2024-25 Priority Actions in Support of Government's Business Plan

Health care in Nova Scotia is the collective responsibility of the Department of Health and Wellness (DHW), the Office of Addictions and Mental Health (OAMH), the Office of Healthcare Professionals Recruitment (OHPR), the Department of Seniors and Long-Term Care (SLTC), the Nova Scotia Health Authority (NSHA), and the Izaak Walton Killam Health Centre (IWK).

DHW works with these partners, and with other government and community-based organizations and service providers, to address prevention of disease and injury, promotion of health and wellness, and delivery of health services, including emergency care, primary health care, addictions and mental health, acute care, continuing care, and end of life care.

The *Health Authorities Act* establishes the roles and responsibilities of DHW, NSHA, and IWK.

DHW is responsible for:

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

NSHA and IWK are responsible for:

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

Health system transformation is the priority of the Department of Health and Wellness (DHW) in this fiscal year. Through [Action for Health \(novascotia.ca\)](https://novascotia.ca/actionforhealth) government has articulated a multi-year (2022-2026) roadmap to transform the health system to provide more care, faster.

- Action for Health provides the strategic framework, identifying the priorities, in partnership with the OAMH, the OHPR, the NSHA and the IWK; and
- Outlines solutions for creating a world-class health system where Nova Scotians can access the care they need, when and where they need it.

A whole-of-government approach is being taken to deliver Action for Health and it requires integrated, system-wide solutions and investments to change the trajectory of our health system in Nova Scotia. Action for Health focuses on innovation and finding new ways to address long-standing generational issues within the health system to transform our system into the one Nova Scotians deserve.

Some residents of Nova Scotia continue to experience barriers to accessible, appropriate, and safe health services related to race, culture, gender, sexual orientation, religious association, disability, and

language. System-level work is underway to create a safe, equitable health system for all Nova Scotians.

A transparent accountability system has been implemented to monitor progress on Action for Health and key performance indicators are available to the public at <https://actionforhealth.novascotia.ca/>. Strategic and strengthened intergovernmental relations with federal, provincial and territorial, and Mi'kmaw partners will be advanced through existing, extended and new funding agreements, and work towards development of an Agreement in Principle with Taji'keimik and Indigenous Services Canada, will be key priorities.

2024-25 Priority Actions

The 2024-25 fiscal year will see progress in the following priority areas of Action for Health.

Surgical Access and Diagnostic Imaging Improvements: The following initiatives will increase access to surgeries and reduce wait times for diagnostic services across the province.

- Increasing the available capacity province-wide to do more surgeries and continue to address the surgical backlog and the waitlist for orthopedics, ophthalmology, and general surgery and other surgeries. This includes increasing the number of surgeons, anesthetists, and surgical support staff to maximize Operating Room (OR) capacity and moving certain procedures out of the OR to create additional OR capacity.
- Increasing access to diagnostic imaging tests such as Medical Resonance Imaging (MRI), Computed Tomography (CT) scans and Ultrasounds.
- Replacing Diagnostic Imaging equipment (e.g., MRI, CT) at/nearing end of operational life.
- Replacing Medical Device sterilization equipment at/nearing end of life and enhancing training for affiliated staff.
- Moving from paper-based surgical referrals to an electronic referral system and a centralized booking system for both surgery and diagnostic procedures.

Cancer Care Improvements: The following priorities will improve access to cancer care services, provide an increased focus on prevention, stabilize cancer care resources, and improve health outcomes.

- Increasing funding to strengthen the specialized services at QEII and Cape Breton Cancer Centres.
- Investing in cancer care services in community to allow care closer to home and shorten patient wait and consultation times.
- Implementing a prevention and early detection of lung cancer program with improved access for vulnerable populations.
- Introducing an integrated, province-wide Cancer Information System.
- Testing new models of care.
- Investing in additional Ethos therapy systems, which allow care teams to target tumour sites while protecting surrounding organs from potential damage.

Improving Patient Movement through the Health System: The following priorities will improve the patient experience by providing care in the right location and safely supporting people to go home sooner.

- Expansion of modern technology and processes to better move patients in and out of hospital beds across hospital sites and ensure they have timely access to services while in hospital.
- Hiring additional licensed healthcare professionals (e.g., physiotherapists, occupational therapists) to expand mobilization teams and to provide care seven days a week in hospital (from five days per week) to enhance patient support and reduce demand for nurses.
- Expand acute care capacity and open a Transition to Community Facility (Hogan Court) to provide an appropriate care environment and services for people that no longer require acute care but still require support to transition to home or another care environment.
- Enhance local Precision Medicine infrastructure to transform the delivery of genetics and genome services to all Nova Scotians (pediatric and adult).

Emergency Health Services (EHS) and Emergency Departments: The following priorities will improve emergency care by using the right resource at the right time and changing how EHS responds to non-emergency calls.

- Building capacity and improving response times in the EHS system by creating the Emergency Medical Responder role to support paramedics.
- Encouraging enrollment in Primary Care Paramedic and Emergency Medical Responder programs by offering bursaries towards tuition.
- Increase non-emergency transport capacity to free up local ambulances for emergency response.
- Match the right resource with patient needs, using different technologies to support 911 calls.
- Strengthen workforce through increased training, including upskilling clinical transport operators to work as primary care paramedics.
- Reconfiguring spaces, improving processes, adding staff, and extending hours in certain emergency departments so that patients can move more quickly to the level of care they need.

Workforce Strategy: DHW will support the OHPR, the OAMH and the health authorities in their efforts to recruit and retain much-needed healthcare professionals.

This will include efforts to expand recruitment in target markets, continue integration of physician extenders (e.g. clinical associates) within health care delivery and the ongoing efforts to reduce administrative burden. In 2024-25, DHW and its partners will continue to plan for, and welcome, Internationally Educated Healthcare Professionals to Nova Scotia. DHW will also partner with the Department of Education and Early Childhood Development to develop a plan to establish daycare sites adjacent to hospitals and prioritize spaces for children of healthcare professionals.

Moreover, DHW will begin implementation of the *Regulated Health Professions Act*, that by 2026 will replace 21 Acts in place for self-regulated healthcare professions.

Primary Care: The following priorities will provide more options for Nova Scotians to get primary care when and where they need it.

- Establishing new and strengthening existing family practice teams/primary care clinics (including family doctors, nurse practitioners, social workers, and dieticians).
- Supporting existing and potentially new pharmacy-based primary care clinics in communities.
- Strengthening wellness and chronic disease prevention/management programs, resources and services.
- Expanding the INSPIRED Outreach Program and other chronic disease management programs, to provide education and support to people with chronic disease.

Health Equity: The following priorities will improve the experience and outcomes of historically marginalized populations, including Indigenous, 2SLGBTQIA+, African Nova Scotians, racialized communities and other health equity groups who present as patients or who work in the health care system.

- Continue to implement the Health Equity Framework by creating positions in the health authorities focused on equity and belonging, leadership, accessibility, and develop respectful workplace tools and resources.
- Launch an African Nova Scotian patient navigator program.
- Launch a health system public engagement strategy, including online, virtual and in-person engagement opportunities to ensure all residents can inform key health initiatives, regardless of where they live.

Public Health: The following priorities will reduce the burden on primary and acute care by improving health and well-being.

- Strengthen data collection and analysis to better understand the health of Nova Scotians and to inform health system planning and partnerships.
- Increase investments in existing early years programming so more families can access services.
- Facilitate increased access to publicly-funded immunization programs– particularly for underserved, underrepresented populations or populations experiencing barriers to accessing programs/services.
- Expand the Topical Fluoride Varnish Program to increase access to preventative oral health care.
- Work closely with health system and community partners to prevent, mitigate, respond, and recover from public health emergencies.
- Work with partners to implement actions that support Solution 6 in Action for Health to address the factors affecting health and well-being.

Digital Solutions: The following priorities will meet the needs and expectations of providers and patients to deliver world-class healthcare.

- One Person One Record (OPOR) will enable a digitally supported patient centered health system, which will allow patients and providers to have seamless access to the information and care processes they need, no matter where care is given or received.

- Continue to invest in and expand virtual care options for Nova Scotians.
- Develop a cloud-based data and analytics platform to provide high quality, trusted data to inform evidence-based decisions.
- Enhance the patient and provider experience and reduce administrative burden through collaboration and digital-era solutions.

Financial Summary

Departmental Expenses Summary			
(\$ thousands)			
<u>Programs and Services</u>	<u>2023 -2024</u> <u>Estimate</u>	<u>2023-2024</u> <u>Forecast</u>	<u>2024-2025</u> <u>Estimate</u>
General Administration	2,637	3,139	2,363
Strategic Direction and			
Accountability:			
Public Health	6,343	6,005	6,976
System Integration	4,174	2,935	4,325
Benefit Programs and Eligibility	3,173	3,401	3,681
Emergency Health Services	1,720	1,559	1,715
Strategy, Performance and	21,214	23,215	21,997
Partnerships			
Health Transformation	1,769	1,607	1,553
Administration			
Physician Services	2,631	2,922	3,282
Administration			
Service Delivery and Supports:			
Physician Services	1,051,055	1,147,586	1,240,624
Pharmaceutical Services and	381,776	379,479	399,902
Extended Benefits			
Emergency Health Services	212,158	219,831	223,651
Other Programs	301,512	317,769	267,371
Health Authorities:			
Nova Scotia Health Authority	2,323,293	2,616,009	2,781,009
IWK Health Centre	244,008	260,278	269,431
Capital Grants and Healthcare			
Capital Amortization:			
Capital Grants and Healthcare	296,610	246,194	309,018
Capital Amortization			
Total – Departmental Expenses	4,854,073	5,231,929	5,536,898
Ordinary Recoveries	104,928	135,963	132,311
<u>Funded Staff (# of FTEs)</u>			
Department Funded Staff	263.2	217.3	266.1
Note:			
For Ordinary Revenues, see Estimates and Supplementary Detail Book, Chapter 2			
For TCA Purchase Requirements, see Estimates and Supplementary Detail Book, Chapter 1			