



Accountability Report 2021–22

Health & Wellness


NOVA SCOTIA

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Accountability Report 2021–2022

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Contents

Accountability Statement.....	2
Message from the Minister of Health and Wellness	3
Financial Table and Variance Explanation	4
Department of Health and Wellness	4
Office of Healthcare Professionals Recruitment	6
Section 1: Mandate, Vision, Mission, and Principles	7
Section 2: Health System Leadership in Unprecedented Times: Responding to and Living with COVID-19	8
Section 3: Departmental Priorities and Actions.....	9
Appendices	17
Appendix A: Public Interest Disclosure of Wrongdoing Act.....	17
Appendix B: Health Outcome Measures	17

Accountability Statement

The Accountability Report of the *Department of Health and Wellness* for the year ended March 31, 2022, is prepared pursuant to the *Finance Act* and government policies and guidelines. These authorities require the reporting of outcomes against the *Department of Health and Wellness Business Plan* for the fiscal year just ended. The reporting of the *Department of Health and Wellness* outcomes necessarily includes estimates, judgments and opinions by *Department of Health and Wellness* management.

We acknowledge that this Accountability Report is the responsibility of *Department of Health and Wellness* management. The report is, to the extent possible, a complete and accurate representation of outcomes relative to the goals and priorities set out in the *Department of Health and Wellness 2021-2022 Business Plan*.

Original signed by:

Honourable Michelle Thompson
Minister, Health and Wellness

Original signed by:

Jeannine Lagasse
Deputy Minister, Health and Wellness

Message from the Minister of Health and Wellness

I'm pleased to present the Department of Health and Wellness's 2021-22 Accountability Report. This report highlights various initiatives the Department of Health and Wellness has supported over the last year and the progress we are making on government's priorities. It also addresses far-reaching impacts the COVID-19 pandemic has had on the province's health system.

Important work has been ongoing to improve the healthcare system, increase access to primary health providers and enhance the quality of life for all Nova Scotians. Through a collaborative effort with government departments and our partners we have been focusing on innovation and strategies that are reflective of the demographic, cultural and ethnic diversities that make up our province.

Throughout the pandemic, the Department of Health and Wellness, and particularly the dedicated Public Health team, has made decisions with one goal: to protect the health and wellbeing of Nova Scotians. In 2021-22, our health system worked with community partners to develop and maintain important services, such as the implementation of a responsive testing strategy and a provincewide vaccine rollout.

Last year we established the new Office of Healthcare Professionals Recruitment to ensure the Province recruits and retains enough doctors, nurses and other healthcare professionals for Nova Scotians to get the care they need. I'm delighted to say more than 160 physicians were recruited and started working across the province between April 2021 and March 2022.

Government announced an initial \$1.3 million investment so Nova Scotia Health could expand the VirtualCareNS pilot program to Central and Eastern zones. This allows every person on the waitlist for a family practice to access primary healthcare while recruitment efforts are enhanced.

Nova Scotia was the first province to introduce a refundable tax credit equal to 40 per cent of the cost of fertility treatments provided by a Nova Scotia-licensed medical practitioner or infertility treatment clinic and for surrogacy-related medical expenses.

Thank you to our dedicated staff, who have worked diligently to make sure programs and services are responsive to the needs of Nova Scotians. It is because of your commitment and hard work that the department has accomplished so much.

We look forward to another successful year of delivering the healthcare Nova Scotians need and finding innovative ways to transform and improve them.

Financial Table and Variance Explanation

Department of Health and Wellness

	(in \$000s)		
	2021-22 Estimate	2021-22 Actuals	2021-22 Variance
Programs and Services			
General Administration	2,485	2,678	193
Strategic Direction and Accountability			
Chief Medical Officer of Health	6,229	5,762	(467)
Client Service and Contract Administration	4,718	4,371	(347)
Corporate and Physician Services	13,626	10,864	(2,762)
Digital Health, Analytics & Privacy	7,788	5,415	(2,373)
System Strategy and Performance	2,557	2,304	(253)
Quality Patient Safety	877	522	(355)
Service Delivery & Supports			
Physician Services	1,003,386	996,985	(6,401)
Pharmaceutical Services and Extended Benefits	355,304	355,362	58
Emergency Health Services	168,721	177,386	8,665
Other Programs	287,096	479,683	192,587
Health Authorities			
Nova Scotia Health	1,812,811	1,794,046	(18,765)
IWK Health Centre	204,751	205,233	482
Capital Grants & Healthcare Capital Amortization	155,556	87,999	(67,557)
Total – Departmental Expenses	4,025,905	4,128,610	102,705
Ordinary Revenue	(103,768)	(93,240)	10,528
Fees and Other Charges	(14,873)	(13,805)	1,068
Ordinary Recoveries	(113,220)	(221,060)	(107,840)
Total – Revenue, Fees, and Recoveries	(231,861)	(328,105)	(96,244)
TCA Purchase Requirements	160,600	118,799	(41,801)
Total Funded Staff (FTEs)	265	237	(28)
Staff Funded by External Agencies	(11)	(11)	-
Provincial Funded Staff (FTEs)	254	226	(28)

Departmental Expenses Variance Explanation:

Department of Health and Wellness expenses were \$102.7 million, or 2.6 per cent, higher than estimate, primarily due to \$147.2 million in additional funding to support COVID-19 response efforts. These expenses included, but were not limited to, the following:

- \$76.4 million for Rapid Tests and Personal Protective Equipment;
- \$63.5 million for additional testing; and
- \$29.5 million for immunization costs.

Other non-COVID-19 related increases included \$11.4 million in Physician Services, mainly related to Alternative Payment Plan contracts.

These increases were partially offset by the following:

- \$59.3 million decrease in capital grants for NSHA infrastructure due to a shift of cashflows in 2022-23; and
- \$12.9 million decrease in NSH operating costs, mainly due to project delays at the Dartmouth General Hospital.

Revenue, Fees and Recoveries Variance Explanation:

DHW revenue, fees and recoveries were \$96.2 million, or 42 per cent higher than budgeted, primarily due to \$96.6 million in donated COVID-19 rapid tests.

TCA Purchase Requirements Variance Explanation:

DHW TCA purchase requirements were \$6.1 million, or 4 per cent lower than Budgeted, due to shifts in cashflows related to delays in the Cape Breton and QEII Redevelopment projects.

Provincial Funded Staff (FTEs) Variance Explanation:

Hiring delays are largely due to COVID-19.

Office of Healthcare Professionals Recruitment

	(in \$000s)		
	2021-22 Estimate	2021-22 Actuals	2021-22 Variance
Departmental Expenses			
Salaries and Employee Benefits	-	771	771
Operating Costs	-	241	241
Total – Departmental Expenses	-	1,012	1,012
Total Funded Staff (FTEs)	-	5	5
Staff Funded by External Agencies	-	-	-
Provincial Funded Staff (FTEs)	-	5	5

Departmental Expenses Variance Explanation:

The Office of Healthcare Professionals Recruitment (OHPR) was created during the 2021-22 fiscal year. The Office was not part of the 2021-22 budget planning process.

Section 1: Mandate, Vision, Mission, and Principles

Mandate

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

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

DHW is currently responsible for:

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

NSHA and IWK are currently responsible for:

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

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

Vision

Healthy Nova Scotians

Mission

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

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

As Nova Scotians learn to live with COVID-19, DHW has continued to work with health system partners to ensure the needs of Nova Scotians are met. The effort and resilience demonstrated by staff throughout the pandemic has been invaluable. Maintaining the health and wellbeing of Nova Scotians has been at the forefront of our efforts.

Despite the ongoing challenges of the pandemic, DHW, NSH, and the IWK have worked closely with community partners to advance health priorities including primary care, continuing care, public health, and mental health and addictions.

This accountability report will highlight the system-wide dedication to innovation as Nova Scotia learns to live with COVID-19.

The following points highlight focus areas of Public Health's response to the pandemic in 2021-22.

Implementation of Necessary Public Health Measures

- Over the past year, several key policies were put in place to protect the health of Nova Scotians at higher risk from COVID-19. These include that:
 - proof of full vaccination was required for Nova Scotians age 12 and over to participate in discretionary activities that facilitate gathering. Some examples included dining out, going to a fitness facility, or going to a movie, theatre performance, concert, or sporting event. This policy was lifted on February 28, 2022.
 - Nova Scotians working within specific sectors and settings were required to be fully vaccinated to protect members of the public who are most at risk from COVID-19. This includes NSH, IWK, Long-term Care, Public Schools and Daycares, and several other sectors.

Rollout of the COVID-19 Immunization Program

- The province's COVID-19 immunization program continued to evolve and respond to changes in the status of the pandemic, available vaccines, and human resources. Pharmacies were the main vaccine distribution venue, along with family physician practices, NSH Collaborative Care Clinics, and congregate living settings such as Long-Term Care facilities.
- As of March 31, 2022, 92.4% of the population had 1 dose, 87.4% had 2 doses, and 52.6% received a booster
- Some highlights of the past year for the COVID-19 immunization program include:

- Standing up and winding down mass immunization clinics in response to the pandemic's Omicron wave.
- Delivering immunization clinics for vulnerable or marginalized populations in Nova Scotia, including:
 - For First Nations – community-led sites at existing health clinics.
 - For African Nova Scotians – phone outreach from Social Workers in particular communities, along with a dedicated booking page.
 - For newcomers – partnership with ISANS to communicate and promote existing delivery system.
 - For shelters – deployment of Public Health Mobile Outreach Clinics.

Continued Robust Testing and Monitoring

- The Province's testing strategy has also evolved over the course of the past year. Testing was still readily accessible through 38 community testing centres, but the type depended on individual risk factors – PCR for individuals at highest risk of severe disease, rapid testing for others.
- Some of the key elements of our approach to testing have included:
 - The workplace rapid testing program was paused for low-risk workplaces given a need to have rapid tests available for people in high-risk workplaces (e.g., long-term care, congregate living facilities).
 - Distribution of rapid and take-home PCR tests at airports was ceased in January 2022.
 - An online reporting portal was launched in December 2021 to report positive rapid test results to Public Health. The primary purpose of this portal is to link to screening for candidates for early therapeutic treatments. This, and other strategic digital health projects related to the COVID-19 pandemic are discussed further below.

Section 3: Departmental Priorities and Actions

Expanded Public Health Capacity

Throughout the pandemic, DHW worked to ensure that threats to public health were identified and addressed. Currently, structural work is underway to enable transformation of these services in the province.

Public Health is an integral part of a robust and sustainable health system with a focus on health promotion, health protection, environmental health, population health assessment and surveillance, and emergency management.

To ensure the health system is adequately resourced to deliver on these core functions, government is incrementally increasing its overall Public Health investment by

\$13,964,000 between 2021-22 and 2023-24. This investment improved and expanded Public Health services for Nova Scotians, particularly children, families, and youth, by hiring additional Health Promoters, Public Health Nurses, and other service providers; these positions support the resumption of important programs like Enhanced Home Visiting for new parents and Youth Health Centres in schools.

Supporting Greater Health Equity

The priority for DHW is ensuring lived-experiences, strategic partnerships, and public engagement continue to inform and shape the government's vision for a more equitable health system for Nova Scotians.

Over the past year, various equity and inclusion initiatives have been implemented. A Director of Equity and Engagement was also hired to provide strategic direction to the department and key community health partners.

Work is currently underway to collect data for health equity reporting and monitoring, with an update expected by September 2022. Development of a Health Equity Framework is also in progress as legislated in [Bill 96](#): Dismantling Racism and Hate Act, with completion date set for July 2023.

Key equity and engagement initiatives included:

- Establishing new ways of working with Tajiikeimik to support Mi'kmaw-led health priorities and improved health outcomes for Mi'kmaq, including working towards a tripartite Memorandum of Agreement (MOU) between Tajiikeimik, Canada and Nova Scotia in support of health transformation and the creation of Tajiikeimik as a Mi'kmaw health and wellness organization.
 - In March 2022 DHW established the Tajiikeimik Strategic Health Partnership Committee, co-chaired by senior leadership in DHW and Tajiikeimik, to action the MOU, and work to improve health outcomes for Indigenous people in the province.
 - This Committee will convene as health leaders to openly and honestly share opportunities, challenges, and needs related to health services for Mi'kmaq people in Nova Scotia. This Committee will take collective action and shared responsibility for commonly agreed-upon solutions to improve health outcomes for the Mi'kmaq of Nova Scotia.
- Investing in organizations working to advance health in diverse populations, such as African Nova Scotian, racialized and 2SLGBTIQ+ communities.
- Launching the MSI Race-Based Data Initiative, including engagement with key stakeholders to ensure race data informs and improves health outcomes.
- Completing an Equity Strategy & Action Plan and an Employee Engagement Strategy for DHW staff.

- Establishing a Health Equity Partnership table, involving equity staff leads from DHW, Nova Scotia Health and IWK Health to improve shared understanding and collective accountability on health equity.
- Establishing a Public Engagement Community of Practice, involving staff from DHW, the Office of Addictions and Mental Health (OAMH), OHPR, the Department of Seniors and Long-term Care (DSLTC) and Nova Scotia Health to improve engagement outcomes for Nova Scotians regardless of where they live in the province.
- Forming the French Language Services Advisory Committee to support better equity engagement with Acadian and Francophone communities.

Strategic Digital Health Projects

COVID-19 pandemic response continued as a primary focus for Digital Health initiatives. In 2021-22, DHW, in collaboration with its partners across the health system, implemented key initiatives in digital health, including:

- Support for adoption of Virtual Care tools and policies to ensure access to primary and specialist care in alignment with social distancing requirements. Currently, virtual care is available to all patients waiting for a family physician through the Need a Family Practice Registry.
 - Continued availability of province-wide videoconferencing through the Nova Scotia Health Virtual Care program, enabling physicians and other care providers to offer services virtually.
 - Implementation and expansion of Virtual Care Nova Scotia availability for those in need of a primary care provider.
 - Evaluation of the impacts of virtual visits (using telephone, or video conferencing) on patient and provider experience, to assess quality of care and inform policy development.
 - Implementation of pilot projects to test digital solutions focused on virtual consults between primary care providers and specialists.
 - Funding the kick-off of the province's first health care command centre within Nova Scotia Health to improve inpatient bed availability and patient service requirements.
- Ongoing focus on Public Health pandemic response, with evolving case management, testing, and immunizations systems. New digital services include expanded proof of vaccine capabilities.
 - Continued support for QMatic online booking for COVID testing, as well as blood and routine test scheduling, and distribution of COVID test e-results, saving manual effort, and improving turnaround time to Nova Scotians.

- Ongoing management of the customized CANImmunize ClinicFlow service to support public health's mass immunization of Nova Scotians, including multiple vaccine options, as well as booster notification campaigns.
- Launched new capabilities to provide standardized proof of vaccination to support opening up the province, and to comply with federal requirements for international travel. Deployed the VaxCheckNS service, a tool for restaurants, facilities, and other business to confidently confirm vaccination status through a phone app.

Infrastructure Projects (Redevelopments and Renewals)

Infrastructure and capital equipment play critical roles in delivering of safe and quality health care service to patients, in attracting world class health professionals, and in retaining our front-line workers. Working collaboratively with the Health Authorities, other government departments and our academic partners, our healthcare infrastructure has implemented innovative solutions, which will lead to better outcomes for Nova Scotians.

Nova Scotia is currently undertaking the largest health infrastructure projects in the province's history. QEII New Generation Project and Cape Breton Regional Municipality Redevelopment are our two cornerstone healthcare projects. Throughout the province, major clinical capital infrastructure projects are in construction or at various stages of design and/or development, including North Cumberland Health Centre in Pugwash, South Shore Regional Hospital Redevelopment in Bridgewater and redevelopment of Emergency Departments at the IWK, Yarmouth Regional Hospital and Cumberland Regional Health Centre in Amherst.

Initiatives that were underway over 2021-22 include:

- Dartmouth General Hospital renovations and Halifax Infirmary 3rd and 5th floor renovations were completed as part of the QE II redevelopment.
- Summer Street Parkade will be finished this fall and renovations on Summer Street and Robie Street Entrances along with the Halifax Infirmary Emergency Department Administrative area will be completed this year. Additional renal dialysis stations will also be complete and ready for operation this year.
- Bayers Lake Community Outpatient Centre has made significant progress and is on track for operational opening in 2023/24.
- In Cape Breton, the Energy Centre and Cancer Centre are under construction at the Cape Breton Regional Hospital site and are expected to be complete in 2024. The Clinical Services Building design is complete with construction starting on site in this fall.
- As part of the Cape Breton Redevelopment, in Glace Bay, the design for the new Emergency Department is complete and construction will begin shortly, while the work at North Side is already underway. New Waterford's sports field is finished along with the design for the Health Centre and Long Term Care Centre.

- Infrastructure and equipment annual funding for the Health Authorities was increased.
- Efficiency was improved by reducing administrative oversight through the streamlining of approval process.
- Implementation of a Long-Term Care infrastructure rebuilding plan, which was subsequently transitioned to the Department of Seniors and Long-Term Care.

Recent innovations include:

- Introduction of surgical robots for surgical procedures.
- Use of a highly adaptive technological support for cancer treatments.
- Piloting new building methods for increased efficiency and quality construction.
- Adopting new procurement options including leasing of capital medical equipment to ensure Nova Scotians have access to up-to-date treatment options.

In addition, DHW is tackling green house gas emissions in the health care portfolio of facilities. DHW strives to reduce greenhouse gas emissions through fuel switching, electrification, and energy efficiency. Working with stakeholders throughout government and with our healthcare providers, different solutions have been reviewed and incorporated into the health infrastructure plan for new and existing facilities. Not only does this work reduce our carbon footprint, it reduces operational costs, providing savings to Nova Scotians.

This builds on the work that Nova Scotia Health has undertaken over the last 6 years. More than 150 projects have been primarily focused on reducing the consumption of energy. These projects have resulted in ongoing savings of \$5.19 million per year by reducing the consumption of electricity, natural gas, fuel oil, and water, and represent more than 30,000 tons of CO2 equivalent that will not be emitted into the atmosphere each year. Projects completed last year included: heat recovery, pumping retrofits, solar PV, lighting retrofits, Building automation system commissioning, and air handling unit upgrades. This work was focused in 4 facilities: Yarmouth Regional Hospital, Cumberland Regional Healthcare Centre, All Saints Springhill, and Colchester East Hants Health Centre.

DHW, with support from our partners and stakeholders, also delivered the first annual infrastructure plan that identifies, in one document, all the projects that are underway in 2022-23. In addition, collaboration continues on a broader multiyear strategic plan to help set healthcare system infrastructure and equipment priorities in both the medium- and long-range timeframes.

These infrastructure and capital medical equipment projects all contribute to a resilient, sustainable healthcare system that's inviting for our healthcare providers and supports the needs of Nova Scotians.

Expansion of Services and Supports

Ensuring the healthcare services and supports required by Nova Scotians are accessible is an ongoing area of focus for DHW. Given the devastating impacts of the COVID-19 pandemic on the health system, rebuilding our capacity to provide world-class care requires innovative solutions. DHW has been working to improve availability of virtual care, while recruiting health professionals and ensuring opportunities for specialized training for Nova Scotians wanting to work in healthcare.

In the 2021-22 year, DHW has furthered:

- Development of a Clinical Health Services Plan to ensure an integrated approach is taken to healthcare planning with a focus on change and risk management.
- Development of a Clinical Associate program.
- Investment to support pharmacist delivered clinical services.
- Investment to increase the number of permanent nurse practitioner, BScN, and LPN seats at Dalhousie University by 25, 80, and 120 respectively.
- Discussions for training of specialized healthcare professionals through the Michener Institute of Education.
- Creation of two new incentive programs for physicians (Family Physician Incentive program and Specialist Physician Incentive program).
- Development of a Blended Capitation Pilot, which is a new model for physician payment.
- Worked with partners to confirm funding for new physician positions in the province (13.8 FTEs).
- Developing an accountability framework for Alternative Payment Plans.

Office of Healthcare Professionals Recruitment (OHPR)

Ensuring Nova Scotia attracts and retains sufficient healthcare professionals is an important area of focus to maintain the healthcare system's ability to meet the care needs of our population. In Fall 2021, the Office of Healthcare Professionals Recruitment (OHPR) was established to focus on creating and leading a culture and environment that supports the successful recruitment and retention of healthcare professionals in Nova Scotia.

The Office works collaboratively with its colleagues at DHW and other key health system partners and stakeholders to ensure optimized results and the establishment of a robust and sustainable healthcare workforce in communities across the province. In addition to working closely with DHW on the new physician incentive programs, the Office has worked collaboratively with system partners to advance key initiatives, including:

- Increased wages for CCAs.
- Standing job offers for nurse graduates.
- A new temporary license for graduating paramedics.

The Office will continue this important work in collaboration with partners, stakeholders and communities – developing out-of-the box solutions to our challenges and comprehensive strategies and plans at both provincial and regional levels.

Other Important Areas of Work

Emergency Health Services Improvements

Many recommendations from the Fitch & Associates report have been implemented, with other recommendations currently in progress:

- Optimization of EHS Systems to ensure paramedics are focused on emergency response, including increasing transfer capacity and splitting out response functions and increasing Single Paramedic response units.
- Expansion of the community paramedicine program in HRM and CBRM
- Increased utilization of Medical Transport Service including expanded routes and increased capacity, which will free up paramedics to focus on emergency response.
- Funding has been allocated for acquiring power stretchers and loaders, which help improve patient safety and reduce paramedic injury, with a target to have the entire fleet completed by the end of 2022.
- Establishment of a temporary licencing policy for graduates through the College which allows graduate paramedics to start working sooner.
- Establishment of a Paramedic workforce planning group to help formulate solutions to the national paramedic shortage.

Specialist and Surgical Wait Times

Nova Scotia Health and IWK continue to refine their multi-year strategy to expand surgical capacity, improve quality and outcomes of care, allow predictable, reliable access to surgical beds and ORs, and create transformational plans for e-referral, centralized booking, and other perioperative efficiency projects for improved coordination and scheduling of surgeries to reduce surgical backlogs (exacerbated by COVID-19), better manage wait lists, and achieve surgical wait time targets to align with the national benchmarks.

With the support of the Department, the IWK has leveraged clinic and OR capacity at Scotia Surgery and increased the number of non-complex pediatric surgeries completed in 2021-22.

NSH continues to partner with various vision centres throughout the province to help reduce the back log of non-complex cataract surgeries.

The Department continues to invest in improving the efficiency and effectiveness of orthopedic (arthroplasty) surgeries to better align with the six-month national wait time benchmark for joint replacement surgery. In late November 2021, the NSH surgical team completed the first robotics-assisted orthopedic procedure that enables surgeons to achieve implant placement accuracy, reduce the number of revisions, improve patient satisfaction with surgical outcomes and enable patients to return to activities of daily living sooner.

Quality and Patient Safety

A commitment to quality is crucial to ensuring improvement across the health system and providing better care for Nova Scotians. Excellence across the health system also supports the recruitment and retention of health professionals.

This year DHW engaged with stakeholders to set improvement priorities, and a Quality and Patient Safety Framework was developed to guide the collaborative work between DHW, NSH, and the IWK. Throughout 2021-22, quarterly patient safety indicators from NSH and the IWK were released by DHW, allowing for comparison to both national benchmarks and historical trends.

Federal, Provincial and Territorial (FPT) Relations

In 2021-22 DHW contributed to and benefited from strong collaboration with the federal government and other provinces and territories. Key initiatives included:

- Participation and active engagement on files related to the COVID-19 response, critical drug supply, health human resources, mental health and addictions, digital health and virtual care, and public health priorities.
- Previously mentioned activities supported by the Canada-Nova Scotia Bilateral Agreement for Pan-Canadian Virtual Care Priorities in response to COVID-19.
- Supporting the Council of Atlantic Premiers (CAP) Atlantic Health Care Accord of Guiding Principles.
- The successful negotiation of the Safe Long-term Care Fund amendment to the Home and Community Care Mental Health and Addictions (HCCMHA) bilateral agreement.
- One year renewal of HCCMHA bilateral agreement (2022-23).

Appendices

Appendix A: Public Interest Disclosure of Wrongdoing Act

The Public Interest Disclosure of Wrongdoing Act was proclaimed into law on December 20, 2011.

The Act provides for government employees to be able to come forward if they reasonably believe that a wrongdoing has been committed or is about to be committed and they are acting in good faith. The Act also protects employees who do disclose from reprisals, by enabling them to lay a complaint of reprisal with the Labour Board.

A wrongdoing for the purposes of the Act is:

- a) a contravention of provincial or federal laws or regulations
- b) a misuse or gross mismanagement of public funds or assets
- c) an act or omission that creates an imminent risk of a substantial and specific danger to the life, health or safety of persons or the environment, or
- d) directing or counseling someone to commit a wrongdoing.

The following is a summary of disclosures received by the Department of Health and Wellness:

Information Required under Section 18 of the Act	Fiscal Year 2021-22
The number of disclosures received	None
The number of findings of wrongdoing	None
Details of each wrongdoing	
Recommendations and actions taken on each wrongdoing	

Appendix B: Health Outcome Measures

Action for Health is Nova Scotia's four-year strategic plan that describes the actions and solutions to transform healthcare in the province. Transparently measuring success is an important component to ensuring accountability.

Key Performance Indicators to track the immediate effects of changes to the health system, as well as daily reporting on health system metrics, can be found at: [Action for Health \(novascotia.ca\)](https://www.novascotia.ca/actionforhealth)