



Business Plan

2020–21

Department of Health and Wellness



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Budget 2020–21: Business Plan
Finance and Treasury Board
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Health and Wellness Business Plan 2020-21

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Message from the Minister

As Minister of Health and Wellness, I often visit health care facilities across our province and hear from health care professionals, community groups and citizens. I appreciate the many ideas and experiences shared. This feedback is incredibly valuable and helps shape the decisions we make to improve health care in Nova Scotia.

Health care is constantly changing as we work to balance the needs of Nova Scotians while addressing historical system challenges. I am proud of the investments and progress we are making to address those challenges.

- There are about 20% fewer Nova Scotians registered on the Need a Family Practice list than a year ago.
- 54 family doctors and specialists and 184 continuing care assistants have been approved through targeted provincial immigration programs.
- Electronic medical record software has been successfully upgraded in primary care offices across the province.

This year's business plan builds on these successes, focusing on key priorities that support healthier communities and better access to care. Work continues on:

- Access to Primary Care
- Access to Specialists and Orthopedic Surgeries
- Continuing Care
- Mental Health and Addictions
- Digital Health and Data Analytics
- NSHA and IWK Health Centre Capital Construction

We will build on these successes as we continue our work to improve our health care system. The Department of Health and Wellness 2020-21 Business Plan outlines what is being done to continue supporting healthy Nova Scotians and communities.

Honourable Randy Delorey
Minister of Health and Wellness

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Section 1: Mandate, Vision, Mission and Principles

Mandate

Health care in Nova Scotia is 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, IWK work 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) 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
- Ensuring accountability for funding and for the measuring and monitoring of health-system performance

NSHA and IWK are responsible for:

- Governing, managing and providing health services in the province
- Implementing the strategic direction set by DHW
- Engaging with the communities they serve

These organizations work together to coordinate planning, funding, service delivery and to improve access to health care services and patient 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

Principles

- **Service Excellence:**
We believe policies, programs and services should be designed around the health care needs of Nova Scotians. This means Nova Scotians have access to programs and services that are culturally appropriate, accessible, and flexible
- **Partnerships and Collaboration:**
We understand that meeting the health care needs of Nova Scotians requires building new and strengthened relationships with citizens, communities, providers, service organizations and educators

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- **Public Confidence:**
We believe all Nova Scotians should receive equitable, appropriate and quality care. This means we are transparent, open and authentic when we communicate to them about their health care system
- **Leadership and Innovation:**
We seek to include diverse perspectives, have the courage to recognize when change is needed, and are committed to creating space for new and different ways of thinking and doing
- **Accountable and High Performing:**
We enable responsible and evidence informed decisions by having appropriate policies, standards and structures in place to monitor outcomes and measure system performance
- **Anticipation and Action:**
We anticipate long-term trends and drivers and act proactively. This means we deliver results that are resilient and adaptive to the future of health care

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Section 2: 2020-21 Departmental Priorities and Actions

Departmental Priorities

DHW is committed to promoting the health and well-being of Nova Scotians. DHW will continue to work collaboratively with its partners, NSHA and IWK, and other government departments to ensure people have access to equitable and culturally appropriate supports and services where and when they need them, to achieve better health outcomes.

In 2020-21, DHW will continue to oversee the implementation and monitor progress on actions, under the following key departmental priorities:

- Access to Primary Care
- Access to Specialists and Orthopedic Surgeries
- Continuing Care
- Mental Health and Addictions
- Digital Health and Data Analytics
- NSHA and IWK Health Centre Capital Construction

Access to Primary Care

Work will continue to recruit doctors and nurses (nurse practitioners [NPs], licensed practical nurses [LPNs], and family practice nurses [FPNs]), throughout the province. We continue to strengthen access to primary care, with more than 80 collaborative family practice teams distributed across the province. This is supported by a \$28 million investment in collaborative care this year. Another \$135 million investment over the next four years will make physician compensation more competitive, supporting recruitment and retention to improve patient access to care. Other supports include community funding for recruitment support and increase educational opportunities.

Actions

1. Implement innovative models of care that address the needs of unattached patients in hard to recruit areas of the province.
2. Continue support of collaborative primary health care teams to improve services provided to produce better health outcomes.
3. Support community-based programs (e.g. INSPIRED program for people with chronic lung conditions and the midwifery program).
4. Improve recruitment and retention of physicians and nurses, including improving educational opportunities for NPs.
5. Collaborate with the Department of Labour and Advanced Education, Dalhousie University, and other health system partners to complete the addition of 16 undergraduate medical seats for rural Nova Scotians and Nova Scotians from underrepresented groups.
6. Continue to support the practice-ready assessment program for internationally trained family physicians.
7. Continue investment in 10 additional family practice residents. A total of 46 new family medicine residents are funded to train annually at locations across Nova Scotia.
8. Place third-year medical students in rural communities for one year and continue to implement the Longitudinal Integrated Clerkship which began in September 2019 in Cape Breton and expand to the South Shore.

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9. Continue investments in the NP education program and the education incentive. The graduates from the 25 seats added to the Dalhousie NP program in 2018, and NP education incentives, will increase the number of NPs throughout communities in Nova Scotia.

Access to Specialists and Orthopedic Surgeries

Increasing the number of specialists to achieve accessible and appropriate care to surgeries is critical to the health care of Nova Scotians.

The government has a multi-year hip and knee action plan to address capacity issues related to orthopedic wait times for hip and knee arthroplasty. The activities in the plan will move the province towards the national wait time benchmark for joint replacement surgery.

Actions

1. Continue investment in 15 additional specialty residents. The total number of specialty seats funded on an ongoing basis is now 65.
2. Develop and implement a centralized intake and booking model for surgeries.
3. Establish Orthopedic Assessment Centres (OAC).
4. Recruit health care professionals (orthopedic surgeons, registered nurses first assists, anesthetists, dietitians, physiotherapist, NPs, RN, Physician Assistants), and redesign clinical processes to improve patient outcomes and increase surgical capacity.
5. Support NSHA to develop a public awareness plan to inform on access and wait times, wellness and prevention.

Continuing Care

DHW and the NSHA are working together to plan system-wide shifts in the delivery of continuing care across the province. These shifts will leverage community partnerships to redesign services that are inclusive, flexible and client centered.

The recommendations from the Minister's Expert Panel on Long-Term Care (LTC) identified evidence-based solutions that can improve quality in long term care such as placement, proper wound care, patient and worker safety and appropriate care of vulnerable persons. A progress report card was publicly released in September 2019 and implementation of the panel recommendations will continue in 2020-21.

Actions

1. Continue to make progress on the recommendations of the Minister's Expert Panel on Long-Term Care including:
 - o exploring community hubs including Centre of Rural Aging and Health (CORAH);
 - o work with stakeholders in the sector to pilot new approaches to dealing with complex cases; and,
 - o improving awareness of LTC as a career that will help facilitate collaboration with stakeholders on recruitment and retention initiatives.
2. Open 30 LTC beds that have been converted from vacant residential care facilities.
3. Continue work on and expand LTC replacements, such as Villa Acadienne (Meteghan) and Cape Breton, resulting in 132 replacement and 132 new LTC beds.

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Mental Health and Addictions

DHW, NSHA and the IWK continue to invest in improving access, treatment and coordination of mental health and addictions care in the community. Patients are receiving full crisis and urgent care across the province.

Actions

1. Establish consistency with crisis response and urgent care service delivery across the province through the implementation of standardized tools, policies and training.
2. Develop the model to connect existing crisis teams to support patients discharged from emergency departments (EDs) who require follow up more quickly than can be provided by general MHA outpatient clinics.
3. Complete the commitment to be the first province to ban all flavored e-cigarettes and juices (except tobacco flavored) as of April 1, 2020.
4. Roll out a public education campaign and implement legislation to further address vaping in Nova Scotia.
5. Continue to advance, through the Opioid Use and Overdose Framework and action plan, surveillance, prevention, harm reduction, treatment, prescribing practices, and criminal justice and law enforcement.

Digital Health and Data Analytics

DHW will focus on the development of provincial digital health and information strategies, products, and services that support a patient centric health care system that is focused on quality of care and sustainability.

Actions

1. Implement new and upgrade existing information technology, to support providers in improving population health outcomes, and help improve patient experience, and value. (One Patient One Record, InterRai LTC, migrating Practimax users to a new certified Electronic Medical Record).
2. Ensure trusted data and information are available and used by all levels of DHW to inform policy decisions and to better understand the social determinants of health.
3. Support various programs throughout the health system by conducting research and analytics while ensuring a balance between the protection of privacy and the use of data.

NSHA and IWK Health Centre Capital Construction

Work will continue at the Queen Elizabeth II New Generation, the Cape Breton Regional Municipality (CBRM) Health Care Redevelopment and the IWK Emergency Department project sites with our partners NSHA, IWK, the Departments of Transportation and Infrastructure Renewal and Service Nova Scotia and Internal Services. This work will modernize health care infrastructure to meet the needs of Nova Scotians today and into the future.

Actions

1. Move services out of the aging Victoria, Centennial and Dickson Buildings on the Victoria General site of the QEII Health Sciences Centre to other hospitals or new health care facilities being built or renovated (includes Halifax Infirmary (HI) expansion; Bayer's Lake Community Outpatient Center; and, Halifax Infirmary).
2. Design of the expansion and renovation of the Cape Breton Regional and Glace Bay Hospital and beginning of construction.

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3. Design of the new health centers and new long-term care facilities in North Sydney and New Waterford to replace the New Waterford Consolidated and Northside General hospitals.
4. Continuation of the Community-Based Paramedic Program in CBRM.
5. Build a new laundry centre in North Sydney.
6. Plan IWK emergency department expansion, including schematic design, expected to be completed in March 2023.

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Section 3: Budget

Health and Wellness Budget 2020-21			
Departmental Expenses Summary (\$ thousands)			
Programs and Services	2019-2020 Estimate	2019-2020 Forecast	2020-2021 Estimate
General Administration	2,132	2,312	2,354
Strategic Direction and Accountability			
Chief Medical Officer of Health	2,545	3,018	2,685
Client Service and Contract Administration	5,914	5,748	6,221
Corporate and Health Workforce	12,277	16,493	13,306
Digital Health, Analytics and Privacy	4,819	4,853	8,128
System Strategy and Performance	7,521	6,984	8,158
Service Delivery and Supports			
Physician Services	870,839	904,364	950,474
Pharmaceutical Services and Extended Benefits	318,812	334,655	340,292
Emergency Health Services	152,759	154,160	147,824
Continuing Care	868,620	877,628	898,310
Other Programs	183,630	183,332	179,307
Health Authorities			
Nova Scotia Health Authority	1,759,238	1,827,615	1,892,602
IWK Health Centre	228,225	228,225	242,501
Capital Grants and Healthcare Capital Amortization			
Capital Grants and Healthcare Capital Amortization	221,195	162,668	130,475
Total - Departmental Expenses	4,638,526	4,712,055	4,822,637
Ordinary Recoveries	130,179	134,119	129,463
Funded Staff (# of FTEs)	302.4	271.0	332.0
Department Funded Staff	295.4	265.5	322.2
Note:			
For Ordinary Revenues, see Estimates and Supplementary Detail Book, Chapter 2			
For TCA Purchase Requirements, see Estimates and Supplementary Detail Book, Chapter 1			