



Accountability Report 2022–23

Health & Wellness



Department of Health and Wellness

2022-23 Priority Results in Support of Government's Accountability Report

Contents

Introduction	2
Accountability Statement	2
Measuring Performance	3
Improving Access to Primary Health Providers and Specialists	3
Better Managing Chronic Illness	3
Expanding Telehealth/Virtual Care	3
Focusing on Recruitment and Retention	4
Addressing Surgical Wait Times	5
Reviewing Prescription Drug Coverage	5
Optimizing the Administration of the Health System	5
Supporting Greater Equity Across the Health System	5
Implementing a QEI Command Centre	6
Advancing Strategic Health Infrastructure Projects	6
Expanding Public Health Capacity	7
Supporting Federal, Provincial and Territorial Relations	7
Accountability and Performance.....	8
Financial Summary and Variance Explanation.....	9
<i>Public Interest Disclosure of Wrongdoing Act</i>	11

Introduction

On April 22, 2022, the Government introduced a comprehensive multi-year plan, Action for Health, focused on transforming the health system for Nova Scotians. Over the course of 2022-23, the Department of Health and Wellness made strategic investments and introduced innovative programs in key areas of the healthcare system to support and advance the six overarching core solutions of the Action for Health plan. This report highlights the activities in a number of areas including improving access to primary care, expanding care options for the public, improving equity across the health care system and more. This is the first accountability report under the new Action for Health plan and work continues to provide more care, faster to Nova Scotians from one end of the province to the other.

Accountability Statement

The Accountability Report of the Department of Health and Wellness for the year ended March 31, 2023, is prepared pursuant to the *Finance Act* and government policies and guidelines. The reporting of the Department of Health and Wellness outcomes necessarily include 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 2022-23 Business Plan.

Original signed by
Honourable Michelle Thompson
Minister

Original signed by
Jeannine Lagassé
Deputy Minister

Measuring Performance

Improving Access to Primary Health Providers and Specialists

Currently, virtual care is available to all patients waiting for a family physician through the Need a Family Practice Registry, and walk-in clinics can offer virtual care. This year, the hours for VirtualCareNS were expanded to include evenings and weekends.

Virtual care has been expanded to include some consultations with specialists, so patient travel can be reduced. Nova Scotia Health Authority (NSHA) has launched a six-month pilot program with Virtual Hallway, a Nova Scotian company that connects primary care providers with specialists to improve patient access to specialist care. By the end of 2022-23, more than 3,000 consults had been completed, and the pilot has been extended by an additional 12 months given successes and 83% referral reduction rate. Expanded specialties were also onboarded to the platform.

DHW, working with NSHA and the Izaak Walton Killam Health Centre (IWK), established standards and guidance for local zone health services planning. Operational planning for each zone is proceeding with local leadership, and the IWK is working with zones for services focused on children, youth, women, and families.

In addition, DHW has improved access to non-emergency care through new:

- pharmacy primary care clinics,
- mobile primary care clinics,
- After Hours Clinics,
- Urgent Care Centres, and
- Urgent Treatment Centres.

Better Managing Chronic Illness

DHW has been planning the expansion of the INSPIRED treatment model for chronic obstructive pulmonary disease (COPD) patients, and recruitment has begun. A further proof of concept geared towards upstream identification and diagnosis of COPD patients to begin appropriate treatment is underway. Building on learnings from INSPIRED, VirtualCareNS is being leveraged as a patient-facing solution with early COPD patients.

The Chronic Disease Management strategy has been completed, and building on the strategy, DHW will work with NSHA on developing a policy framework to support an Integrated Chronic Illness Treatment and Prevention Program across the province.

Expanding Telehealth/Virtual Care

Virtual Care Emergency NS (VENS) launched in May 2022 to help alleviate the pressures in emergency departments and ensure patients see the most appropriate healthcare provider. Three hospitals have piloted VENS – Colchester East Hants Health Centre in Truro, Strait Richmond, and

Yarmouth. There were over 1,200 completed visits, over 1,000 requisitions issued, and over 1,000 prescriptions issued over the three locations by the end of 2022-23. At these sites, patients with less urgent needs can now see a doctor virtually, with a paramedic or nurse on-site. NSHA and Emergency Health Services (EHS) are partnering to provide virtual physician support to some rural emergency departments.

A 10-year agreement has been finalised with Oracle Cerner for the One Person, One Record (OPOR) solution. The new clinical information system will replace or connect more than 80 systems healthcare professionals use daily to record and view patient information. OPOR will start rolling out at hospitals and mental health and addiction facilities in two years.

Focusing on Recruitment and Retention

DHW has worked with the Office of Healthcare Professionals Recruitment on multi-year strategies to improve the recruitment and retention of healthcare professionals. For more information on the work of that Office, please refer to their Public Accountability Report for 2022-23.

In 2022-23, DHW announced the addition of 200 new nursing seats across the province, and a new Practical Nursing program at Nova Scotia Community College (NSCC) that will be open to 30 L'nu students. The Practical Nursing Stream Re-entry Program at the NSCC resumed in fall 2022, with 20 seats. NSHA's Learning Institute for Healthcare Professionals has implemented an Orientation to the Canadian Healthcare System program to support internationally educated health care providers, while pathways for internationally trained Nurse Practitioners and Licensed Practical Nurses are being identified.

A new physician funding model pilot (Blended Capitation) was tried to encourage more team-based care, and to make it easier for patients to get the care they need, when and where they need it. Further, the scope of practice is being expanded for other healthcare professionals to support team-based care and reduce the burden traditionally placed on physicians. New collaborative care teams, where physicians are joined by nurses, nurse practitioners and allied health professionals in a collaborative care setting, are forming in 14 communities. An additional 37 teams are getting funding to help them see more patients.

The number of residency seats, targeted to areas of specialty and need across the province, such as child psychologists, has increased. Ten new residency seats were created in family medicine across the province for 2023, five undergraduate medicine seats have been added to Cape Breton University, and four psychology residency positions have been added between NSHA and the IWK.

DHW has continued to support the Atlantic Health Care Accord of Guiding Principles, in collaboration with Atlantic colleagues. In February 2023, Premiers announced they were working closely with the Registrars of the Atlantic colleges of physicians and surgeons to improve physician mobility within the region as a first step toward broader health care workforce mobility improvement and multi-jurisdictional licensing. This will be implemented through an Atlantic Physician Register.

Addressing Surgical Wait Times

DHW worked with the NSHA and IWK to improve surgical wait times, ensuring all opportunities to expand surgical capacity were maximized. Along with a new endoscopy room that has opened at Dartmouth General, the East Coast MediCentre was purchased to allow for more day surgeries, and Halifax Vision was expanded, creating more operating room opportunities.

By the end of 2022-23, a centralized booking system was in place at three hospitals across the province, and an electronic referral solution has been procured and implementation has started.

Increased capacity, more surgical resources, and improved scheduling have contributed to reductions in the surgical waitlist over 2022-23. Over 6,700 additional procedures were performed in 2022-23 compared to the baseline year, and over 4,000 individuals were removed from the surgery waitlist.

Reviewing Prescription Drug Coverage

DHW has completed a review of the Nova Scotia Formulary, including comparison to other jurisdictions, and made changes to the formulary. This has resulted in products being moved to full benefit status, changes to Exception Status Drug processes, and updated policies and procedures as examples. These changes will result in improved access and help streamline the ongoing maintenance of the formulary.

Optimizing the Administration of the Health System

An initial series of public indicators to track improvements in health system performance has been published through the Action for Health website. This first set of indicators has been updated every quarter and continues to be enhanced as more data becomes available.

The Health Authorities, DHW, and the Department of Seniors and Long-Term Care have finalized 3-year performance agreements for 2022-23 to 2024-25. The system outcomes addressed in the performance agreements also form the basis for a long-term accountability framework, enabling short and long-term monitoring of performance and results. This framework has been drafted and is under review for cross-government endorsement.

Supporting Greater Equity Across the Health System

The Fair Care Project launched on October 25, 2022, and by the end of 2022-23 close to 80,000 Nova Scotians had provided their racial and linguistic identifiers. Work is underway with community partners to develop a data governance framework to ensure the newly captured race-based data is used and reported in a culturally appropriate manner.

Work is underway on a Health Equity Framework, required by the Dismantling Racism and Hate Act, that will guide targeted approaches aimed at improving experiences and outcomes for various equity populations.

Nova Scotia's health system partners adopted and are currently implementing 10 Anti-Racism and Anti Oppression (ARAO) principles. The principles will improve equity policies, strategies, and operations within the health system, including equity staff retention, pathways to leadership, increasing sense of belonging, and improving complaints systems.

An initiative assessing the capacity, gaps and needs of community organizations and groups serving equity populations within the health sector has been launched. This will guide government's efforts to improve services provided to equity populations within the health sector.

The Immunization Partnership Fund (IPF) on COVID-19 engagement and evaluation in African Nova Scotians and People of African Descent communities was completed. Evaluation findings will further support better immunization strategies within these communities in relation to all infectious diseases requiring immunization.

DHW hired a dedicated African Nova Scotian Health Equity Advisor, supporting partners to implement the Health Strategy for People of African Descent in Nova Scotia.

Tajikeimik and DHW co-lead the Tajikeimik Strategic Health Partnership Committee to create opportunities for collaboration and coordination between Tajikeimik, the Province, and other partners to inform and influence provincial health planning, decision-making, policy, legislation and regulations, service delivery, and funding processes affecting the Mi'kmaq of Nova Scotia.

Implementing a QEII Command Centre

By the end of 2022-23, the Care Coordination Centre (C3) was fully launched at the QEII Health Sciences Centre and work is underway to expand to hospital sites across the province. Overall, the project is ahead of schedule and now moving to provincial expansion. This advanced technology will build upon new and existing processes, clinical pathways, operational routines, and accountabilities. The new technology, processes and team will help improve the access and flow of patients through the system and improve the quality of patient care delivered.

Other initiatives to improve patient flow include implementing Flow Lead and Offload Assessment Teams (FLOAT) at five sites, expansion of interprofessional teams to provide care, implementing new protocols in eight hospital units to prevent delays in discharge and free up staff time, and other new roles in emergency departments.

Advancing Strategic Health Infrastructure Projects

DHW is working closely with the Department of Public Works, BuildNS and the Health Authorities to ensure our healthcare infrastructure provides the environment and equipment our health system requires. More, Faster: The Action for Health Build was announced in December 2022, breaking project elements into more manageable pieces to deliver results sooner.

The Nova Scotia Healthcare System Infrastructure and Capital Investment Strategy has been developed to guide priorities and investments over the medium and longer-term. The first Annual Plan, detailing all current projects, was released in 2022-23.

The health infrastructure projects completed 2022-23 included:

- The Halifax Infirmary Emergency Department Administration project, which provided 14,000 square feet for an office, learning, and lounge space for emergency department physicians and staff.
- The Halifax Infirmary 3rd and 5th floor renovations, including the first hybrid operating room in Atlantic Canada, renovation of the diagnostic imaging area, creation of a patient/family waiting

room, a family consultation room, and a new isolation room, as well as renovation of the existing isolation room and upgrades to the satellite Medical Device Reprocessing unit.

- The Summer Street Parkade, a new multi-level parkade with 512 parking spaces, connected to the Summer Street entrance of the Halifax Infirmary via a pedway.
- The Dartmouth General Hospital Expansion and Renovation, with four new operating rooms, a new intensive care unit, state-of-the-art medical equipment cleaning and sterilization, a pharmacy, six additional dialysis stations, and expanded, more accessible parking.

Work is progressing on the first wave of the Halifax Infirmary Expansion project and Cape Breton Regional Municipality projects at Cape Breton Regional Hospital, and in Glace Bay, Northside, and New Waterford. Redevelopment projects at South Shore Regional Health Centre, IWK Emergency Department, and North Cumberland Health Centre are all progressing on schedule, as are the design projects for the emergency departments at Yarmouth Regional Hospital and Cumberland Regional Health Centre.

Expanding Public Health Capacity

Work is ongoing to ensure Public Health is resourced to deliver core functions across the province. This includes the establishment of Public Health Emergency Preparedness teams at both DHW and NSH Public Health, along with implementation of a three-year investment to enhance capacity across the core functions of Public Health.

New investments will support enhanced resources for children, youth, and families. For example, in addition to funding provided through the existing Canada-NS Home and Community Care and Mental Health and Addictions bilateral agreement, the annual investment in Youth Health Centres has been increased by \$900,000 to support upcoming expansion of Youth Health Centres. Funding for the Enhanced Home Visiting program which supports families with young children was also increased in 2022-23. Part of this enhancement includes working with Tajiƙeimik to increase early years supports and services to Mi'kmaw Communities.

Throughout 2022-23, Public Health began resuming services that had been suspended due to COVID-19 response. Services have returned to normal operations, while Public Health teams continue to respond to COVID-19 outbreaks in congregate living settings and manage the publicly funded immunization program.

Supporting Federal, Provincial and Territorial Relations

In 2022-23, DHW contributed to and benefited from strong collaboration with the federal government and other provinces and territories. Key initiatives included:

- Participating and active engagement on health human resources, mental health and addictions, digital health and virtual care, critical drug supply, dental programming, and public health priorities.
- Supporting trilateral discussions between the federal government, the Province, and Nova Scotia's Mi'kmaq Chiefs for the development of Tajiƙeimik. These discussions are part of a

continued process to ultimately transform the design and delivery of health services for Mi'kmaw throughout the Province.

- Supporting discussions on federal funding for continued investments through bilateral negotiations on existing agreements, including a one-year renewal (2022-23) of the Canada-Nova Scotia Home and Community Care and Mental Health and Addictions Services Funding Agreement (HCCMHA). Additionally, DHW supported the successful negotiation of a bilateral agreement with the Government of Canada to receive \$14.4M through the federal COVID-19 Proof of Vaccination Fund.
- Providing support to the Department of Intergovernmental Affairs as they advised the Premier on discussions for the Canada Health Transfer. An Agreement in Principle was signed on February 23rd, 2023 which announced a shared plan that will invest \$4.81 billion in federal funding over 10 years in Nova Scotia, including \$1.01 billion for a new bilateral agreement focusing on the shared health care priorities, and \$52 million through the immediate, one-time CHT top-up to address urgent needs, especially in pediatric hospitals and emergency rooms, and long wait times for surgeries.

Accountability and Performance

Action for Health is Nova Scotia's four-year strategic plan describing the actions and solutions to transform healthcare in the province. Transparent measurement of success is an important component to ensuring accountability.

Key Performance Indicators to track shorter term outcomes 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).

Financial Summary and Variance Explanation

Departmental Expenses Summary			
(\$ thousands)			
Programs and Services	2022-2023 Estimate	2022-2023 Actuals	2022-2023 Variance
General Administration	2,539	2,916	377
<u>Strategic Direction and Accountability</u>			
Public Health	6,818	5,786	(1,032)
System Integration	3,735	3,106	(629)
EHS, Benefit Programs and Eligibility	4,862	4,200	(662)
Strategy, Performance and Partnerships	18,825	15,817	(3,008)
Health Transformation	—	1,110	1,110
Physician Services	2,110	2,016	(94)
<u>Service Delivery and Supports</u>			
Physician Services	1,038,560	1,046,720	8,160
Pharmaceutical Services and Extended Benefits	373,715	362,842	(10,873)
Emergency Health Services	180,674	188,889	8,215
Other Programs	305,672	358,234	52,562
<u>Health Authorities</u>			
Nova Scotia Health Authority	1,913,522	2,107,200	193,678
IWK Health Centre	211,294	228,249	16,955
<u>Capital Grants and Healthcare Capital Amortization</u>			
Capital Grants and Healthcare Capital Amortization	204,000	156,579	(47,421)
Total - Departmental Expenses	4,266,326	4,483,664	217,338
Additional Information:			
Ordinary Revenues	79,189	91,558	12,369
Fees and Other Charges	14,873	14,485	(388)
Ordinary Recoveries	104,794	161,963	57,169
Total: Revenue, Fees and Recoveries	198,856	268,006	69,150
TCA Purchase Requirements	435,846	171,683	(264,163)
<u>Funded Staff (# of FTEs)</u>			
Department Funded Staff	253.5	209.4	(44.1)
<u>Departmental Expenses Variance Explanation:</u>			

DHW expenses were \$217.3 million or 5.1 percent higher than estimate primarily due to \$139.7 million due to healthcare retention incentives, \$42.6 million for NSHA operating costs driven by inflationary pressures and additional staffing, \$47.0 million for COVID-19 related costs mainly rapid test kits and extension of the testing strategy, \$27.9 million related to Action for Health initiatives and emergency department response measures, \$10.2 million for various Information Technology (IT) related initiatives mainly One Person One Record (OPOR), and \$8.2 million increase for Physician Services. These increases were partially offset by \$47.4 million decrease in capital grants for NSHA infrastructure due to a shift of cashflows, and \$10.9 million in Pharmaceutical Services mainly insured and extended benefits.

Revenue, Fees and Recoveries Variance Explanation:

Ordinary Revenue was \$12.4 million higher than budget primarily due to \$10.2 million in ICIP unbudgeted revenue and a \$1.8 million federal agreement carryover.

Ordinary recoveries were \$46.7 million higher than budget primarily due to federal donations for Rapid Test Kits and Personal Protective Equipment (PPE).

TCA Purchase Requirements Variance Explanation:

TCA Purchase Requirements were \$264.2 million underspent primarily due to the Halifax Infirmary project not going forward as originally envisioned.

Provincial Funded Staff (FTEs) Variance Explanation:

DHW is reporting a variance of 44.1 FTEs under budget due to temporary vacancies.

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 Labor 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 counselling someone to commit a wrongdoing.

The following is a summary of disclosures received by (*Department/Public Service Offices/ Governmental Unit including Crown Corporations and Agencies*):

Information Required under Section 18 of the Act	Fiscal Year 2022-2023
The number of disclosures received	None
The number of findings of wrongdoing	None
Details of each wrongdoing (Insert separate row for each wrongdoing)	
Recommendations and actions taken on each wrongdoing. (Insert separate row for each wrongdoing)	