



2019-24
Quality and Sustainability Plan
September 2019



This NSHA Quality and Sustainability Plan is the “Health Services Business Plan” as required by Section 40 of the Health Authorities Act.



Table of Contents

1	Message from the President and CEO	1
2	2019-22 Strategic Plan	2
3	Mandate	3
4	Our 2019-20 Quality and Sustainability Plan Priorities	5
	A Improve Access to Primary Health Care	6
	B Enhance Mental Health and Addictions Service Delivery	8
	C Improve Access to Surgical Services with A Focus On Orthopedics	10
	D Improve Patient Flow	11
	E Enhance and Modernize Pathology, Laboratory Medicine and Diagnostic Imaging Services	13
	F Advance System-Wide Initiatives and Major Infrastructure Projects	15
	G Health System Workforce	17
	H Improve Population Health	19
	I Advance Research and Innovation	21
5	Our Financial Strategy	22
	Financial Planning for Today and Into the Future	24



1

Message from the President and CEO



Nova Scotia Health Authority is pleased to share this **Quality and Sustainability Plan for 2019-24**. In the past, we have drafted an annual business plan intended to set our financial direction for the fiscal year. With this new format, we will demonstrate a clear link between our efforts to provide high quality and safe patient care and how we will utilize the valuable financial resources provided to us. We will also connect those financial targets and our quality improvement and safety goals with our strategic plan, *Healthier Together*, which has recently been renewed.

Expanding our financial planning to encompass a five-year strategy fits well with our health care planning efforts. A good example of this are our two major infrastructure projects – the QEII Redevelopment and the Cape Breton Health Care Redevelopment. Both of these initiatives are long term, very complex undertakings that will benefit our organization and our province well into the future. Connecting our financial projections to this work, as well as to our strategic planning, helps ensure we are making the best decisions for the continued provision of quality services.

Over the past weeks and months as we have worked with the Department of Health and Wellness on the 2019-20 budget, it was agreed

the following guiding principles would be the focus of our ongoing collective planning:

- providing for efficient and quality health services, organized around the needs of Nova Scotians;
- providing for accountable and locally responsive health services that enhance trust and confidence with Nova Scotians;
- managing the drivers that impact service utilization while, as much as possible, addressing inefficiencies and integration challenges in the acute care system;
- benchmarking services and programs to best practices; and,
- improving the satisfaction, productivity and efficiency of our workforce.

In addition to these guiding principles, we also ensure our financial planning is guided by the same benchmarks that are the foundation of our strategic plan including research, innovation and being evidence-informed and people-centred. All of these components combine to allow for informed decision-making for the expenditure of valuable health care dollars.

During the development of this plan, our vision was clearly on a future where we can effectively manage our resources – financial and human – while still providing the best possible care that is focused on the right provider, in the right place, at the right time. Over the coming months and years, it is imperative that we maintain that focus, if we hope to achieve our ultimate goal of healthy people, healthy communities – for generations.

Janet Davidson

Janet Davidson
Interim President and CEO

2

2019-22 Strategic Plan • Healthier Together

VISION

Healthy people, healthy communities
– for generations

MISSION

To achieve excellence in health,
healing and learning through
working together

VALUES

Respect is caring for each other and those we serve

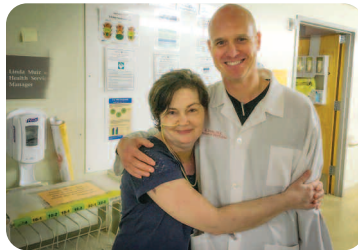
Integrity is being honest and ethical

Courage is doing what is right even when it may be difficult

Innovation is being open to change, learning new things and exploring new possibilities

Accountability is answering to the people we serve and each other for our decisions and actions

STRATEGIC DIRECTIONS



Our Services

Deliver a high-quality and sustainable health system



Our People

Strengthen and support a healthy, high-performing workforce



Our Community

Work with our communities to improve the health and wellness of Nova Scotians

Collaboration Diversity
Equity Evidence-Informed Engagement
Integration People-Centred Quality
Research Safety

3

Our Mandate

Nova Scotia Health Authority (NSHA) provides health services to Nova Scotians and a wide array of specialized services to Maritimers and Atlantic Canadians. NSHA operates hospitals, health centres and community-based programs across the province. Our team of health professionals includes employees, doctors, researchers, learners and volunteers. We work in partnership with community groups, schools, governments, foundations and auxiliaries, and community health boards.

On April 1, 2015, Nova Scotia's nine district health authorities came together as one to form Nova Scotia Health Authority (NSHA). Under the Health Authorities Act, NSHA, together with the IWK Health Centre, has a legislated responsibility to govern, manage and provide health services to Nova Scotians and to engage with the communities we serve.

NSHA is the largest health organization in Atlantic Canada — and the largest employer in Nova Scotia. We serve a population of about 957,000 Nova Scotians and provide some specialized services to Atlantic Canadians. Within our \$2.2 billion budget, we are responsible for hospital and community-based services including mental health and addictions, public health and primary health care.



Our settings range from one specialty hospital, the QEII Health Sciences Centre, to nine regional hospitals, and more than 30 community hospitals and health centres.

Within the organization, there are about:

- 23,400 employees
- 7,000 volunteers
- 5,500 learners
- 2,500 physicians and medical residents
- 160 contracted continuing care service providers
- 37 community health boards
- 41 hospital foundations
- 33 auxiliaries

3

Our Mandate



The health and wellness system in Nova Scotia is responsible for the delivery of health care as well as the prevention of disease and injury and the promotion of health and healthy living.

The roles and responsibilities of Nova Scotia Health Authority (NSHA) and the Department of Health and Wellness (DHW) are:

DHW:

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

NSHA:

- governs, manages and provides health services* in the province and implements strategic directions set out in the provincial health plan
- engages with communities served, through the community health boards

Nova Scotia Government – Department of Health and Wellness Priorities for 2019-20:

- Collaborative Primary Care
- Mental Health & Addictions
- Orthopedic Surgeries (Hip & Knee Replacements)
- Continuing Care
- Clinical Practice Standardization (*One Person, One Record*)

***Health Services** are defined in the *Health Authorities Act* as “services related to the prevention of illness or injury, the promotion or maintenance of health or the care and treatment of sick, infirm or injured persons, and includes services provided in the province through hospitals and other health-care institutions, public health services, addiction services, emergency services, mental health services, home care services, long-term care services, primary care services and such other services as may be prescribed by the regulations.”

4

Our 2019-20 Quality & Sustainability Plan Priorities

There is no doubt the health system is under intense pressure. Nova Scotia has among the highest rates of preventable chronic diseases in the country. Our population is aging and our workforce is changing too. We are spending more and more on health care which leaves less for the other services that Nova Scotians rely on – many of which have a direct or indirect impact on health and wellness. Advances in technology and research are also driving change at a rapid pace.

Our health system has not fully adapted to these realities – resulting in gaps and misalignment between the health services people need and what is available. Nova Scotians require a primary care provider or Collaborative Family Practice Team from birth to end of life and to have access to that same provider/team when they need it. Without this, citizens will seek primary care in other locations such as emergency rooms. Many Nova Scotians wait too long to see some providers for tests and procedures. Many of our hospitals are over capacity. This has a domino effect on the entire system including delays in admissions, increased wait times and cancelled surgeries.

We are working to build a health system Nova Scotians can rely on – one that supports us to be healthy and one we can depend on to access the care and support we need.

Our focus is on improving timely access to community-based care and services and realigning our resources with a focus on the right care, by the right provider, in the right place, at the right time.

This report provides an overview of our key priority areas for the 2019-20 year and provides information that will help people

better understand what we are doing and where we are going as a system.

Our 2019-20 priorities highlight where we will focus our activities and resource allocations for the coming year. They include:

- A Improve Access to Primary Health Care
- B Enhance Mental Health and Addictions Service Delivery
- C Improve Access to Surgical Services with A Focus On Orthopedics
- D Improve Patient Flow
- E Enhance and Modernize Pathology, Laboratory Medicine and Diagnostic Imaging Services
- F Advance System-Wide Initiatives and Major Infrastructure Projects
- G Health System Workforce
- H Improve Population Health
- I Advance Research and Innovation

When establishing our priorities we consider several factors including the priorities of the Nova Scotia government, the health needs of our population, the work of the 37 Community Health Boards and the recommendations in their community health plans. Most importantly we listen to what employees, physicians, learners, volunteers, patients and the public are telling us about how we are doing and whether we are moving forward towards our vision of *healthy people, healthy communities- for generations.*

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Quality & Sustainability Plan Priorities

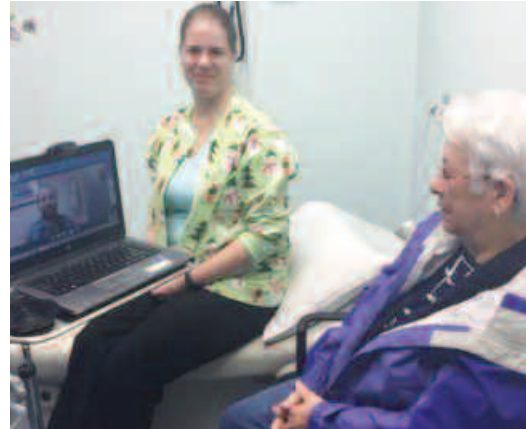
A Improve Access to Primary Health Care

Our vision for a healthier Nova Scotia is built on a strong foundation of primary health care where Nova Scotians have access to a collaborative family practice team (CFPT). Doctors, nurse practitioners, family practice nurses and other providers work together to provide a full range of ongoing care in partnership with their patients. While we continue to recruit family doctors and other primary care providers in a competitive landscape, we are also enhancing access to primary care in other ways. Team-based care is an investment in comprehensive care for patients and providers.

Improving access to primary care remains a priority of NSHA and our efforts continue to be focused on building a strong primary health care system. One of the ways in which we are doing so is by creating more and strengthening the existing collaborative family practice teams across the province and working to “join them up” through networking mechanisms to enhance sustainability. Creating more collaborative family practice teams in Nova Scotia will help us recruit and retain family physicians and other health professionals in our communities.

Primary Health Care priorities for 2019-2024:

- Create more and strengthen existing CFPTs in Nova Scotia, which will result in Nova Scotians being supported by a regular primary care provider and team who provide coordinated, continuous and comprehensive care and an accessible range of services



- Enhance the availability of primary medical care for those who do not have a regular primary care provider, including through the use of virtual care
- Work with others to support the ongoing development of the enablers of the primary health care system
- Together with communities, families and individuals, support Nova Scotians to live their healthiest life by focusing on wellness and the management of chronic conditions
- Influence and participate in the research agenda in Nova Scotia and elsewhere and embed quality and innovation into the work of PHC leadership and teams.

There will be \$22.7M invested to help move these priorities forward. This includes direct investments into collaborative family practice teams, midwifery and system supports, all to assist with improved access to comprehensive primary healthcare in our local communities.

4

Quality & Sustainability Plan Priorities

A Improve Access to Primary Health Care (Cont'd.)

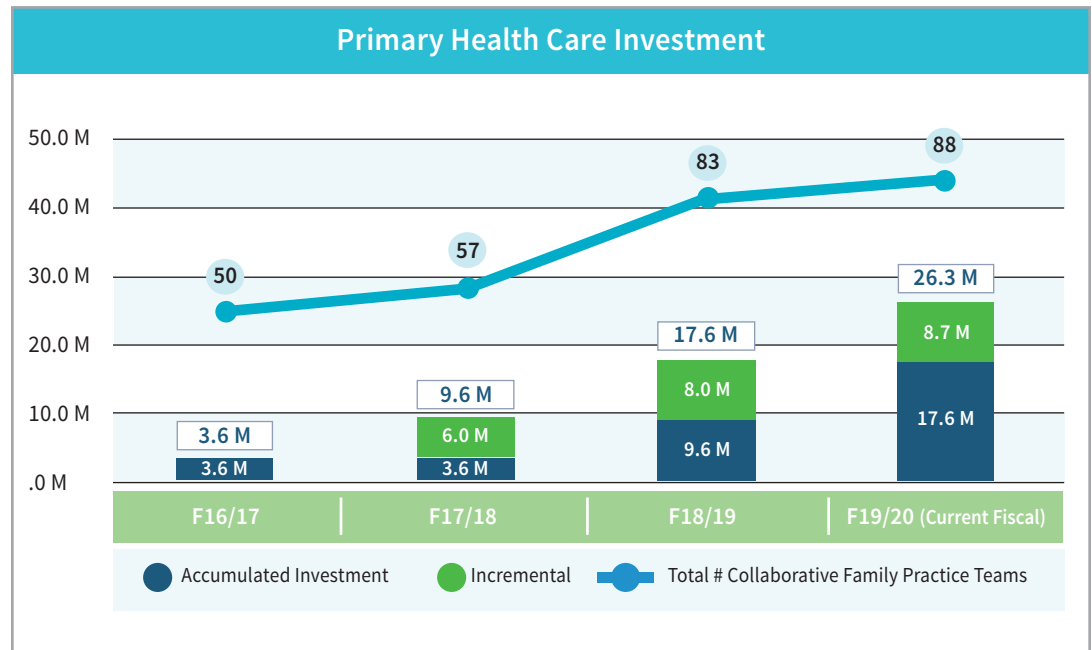
In 2019-20, Nova Scotia Health Authority will focus on:

- Increasing access to primary health care
- Creating and strengthening collaborative family practice teams
- Focusing on wellness and chronic disease management

Among the other priorities of our primary health care programs are:

- working with others to develop and roll out a virtual care strategy;
- working to enhance same day/next day access for urgent care in primary care

- building skills and enhancing confidence in our workforce;
- working with the emergency program of care to better plan the link between emergency and primary urgent care;
- working with the Continuing Care program of care to develop primary care modelling in long term care facilities; and,
- allowing for additional attention on detailed planning for wellness and chronic disease management models and strategies in the primary care system.



4

Quality & Sustainability Plan Priorities

B Enhance Mental Health and Addictions Service Delivery

Mental Health and Addictions program of care (MHA) is an integral part of NSHA's services across the province and the life span of our people. In 2017, we released a report entitled: *Milestones on Our Journey: Transforming Mental Health and Addictions in Nova Scotia – A Provincial Model for Promoting Positive Mental Health, Care and Support*. The report guides our understanding of mental health and addictions needs, services and resources.

More specifically it describes:

- The extensive research and consultation process that had been undertaken to inform MHA's health services planning process;
- The complexities of the MHA system and program of care, its interconnectedness (or not) with other parts of the care continuum, and some fairly fundamental differences in how services are delivered across NS.
- The definition of specific frameworks (the Stepped Care/Collaborative Care Framework) to ensure people are matched to the right service, in the right place, at the right time, delivered by the right person.

Since the launch of the *Milestones* document, significant progress has been made in initiating and implementing several priority initiatives. The MHA Program leadership team has also engaged in a planning process to identify a more specific direction with respect to the future state of MHA. The overall MHA program goal is to ensure people experiencing mental disorders (including addictions) are enabled to manage their conditions and work towards recovery.

In 2019-20 we will:

- Partner to increase availability of, and support access to, early/ brief intervention and self-management supports for people and their families with mild to moderate mental health/substance use problems. This includes expansion of e-Mental Health and the development of an e-consult model in collaboration with Primary Health Care.
- Increase access and availability of services targeted to those with moderate to severe mental disorders, including addictions, impacting their daily functioning. This includes improvement initiatives to enable access to community mental health and addictions clinics within provincial wait-time standards, and improvements to intake services.
- Improve value and alignment of services to meet patient and family needs through the completion of program/service reviews in key priority areas.
- Improve quality and effectiveness of mental health and addictions care through continuous quality improvement to systematically improve program processes, analyze program performance and integrate patient and family feedback.
- Increase consistency across MHA service areas by providing consistent standards of service across the province and ensuring a competent, engaged and high quality workforce.

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Quality & Sustainability Plan Priorities

B Enhance Mental Health and Addictions Service Delivery (Cont'd.)

- Foster a culture of accountability and transparency by improving capacity to measure, manage and report on performance at local, zonal, and provincial levels.

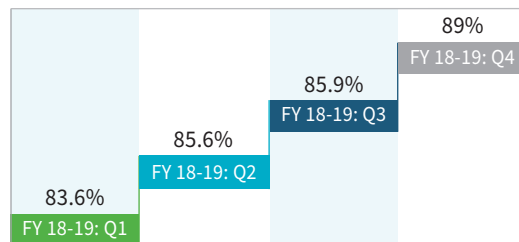


Access to community mental health & addiction clinics

The percentage of urgent cases meeting their wait time target increased slightly from **84 per cent** in the **first quarter of FY2018-19** to **86 per cent** in the **second and third quarters** and **89 per cent** in the **fourth quarter**. This is still below the target of 100 per cent, but is heading in the right direction.

The target wait time for an urgent case is seven days.

Percentage of cases meeting our target wait time



In 2018-19, we standardized the way we collect and report wait times for Community Mental Health and Addictions clinic appointments. We adopted a wait time standard of seven calendar days for individuals triaged as urgent. This represents our first year of wait time data for urgent.



4

Quality & Sustainability Plan Priorities

C Improve Access to Surgical Services with A Focus On Orthopedics

Timely access to quality, safe, surgical services is important to Nova Scotians. Within NSHA, there are more than 70,000 surgeries a year, in 17 locations, at a total cost of more than \$250 million. Under NSHA, a provincial *Perioperative (Surgical) Services Program* was formed in 2017. The program is supporting our efforts to improve care and access by helping us identify priorities and better coordinate surgical services and resources across the province.

A 2017 review of surgical wait times revealed the areas of surgery with the longest waits and several areas have been identified as priorities for initial focus. Improving access and care for orthopedics (hip and knee joint replacements) is at the top of this list, along with urology, general surgery, otolaryngology (head/neck surgery), thoracic surgery and ophthalmology.

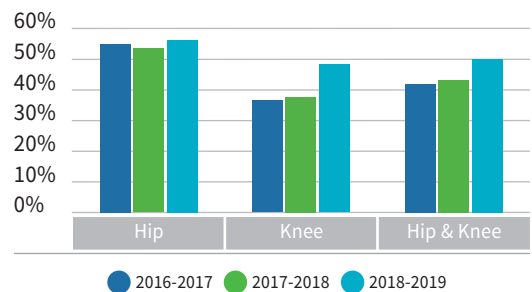
We have developed and begun implementation of a multi-year plan for orthopedics to improve the care we offer and achieve the national benchmark for total hip replacements and total knee replacements. Included in this plan is a shift in our approach from an illness model to a wellness model. We will focus more on health promotion to prevent the need for surgery, increase preparation of patients for their surgery and create opportunities for patients to have a voice in their surgical journey. We will continue to make long-term investments that will allow us to complete more cases, increase our use of technology and use evidence to improve outcomes and reduce costs.

For 2019-20, we will also continue planning a wait-time strategy with the following surgical sub-specialties:

- General Surgery
- Ear, Nose and Throat
- Thoracic Surgery
- Urology

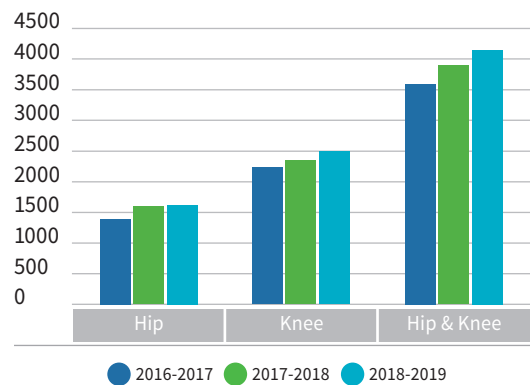
Joint Replacements % Within a 182-Day Benchmark

(Total hip/knee replacements, revisions & partial knee replacements)



Hip & Knee Replacements Total Completed Cases

(Total hip/knee replacements, revisions & partial knee replacements)



4

Quality & Sustainability Plan Priorities

D Improve Patient Flow

Our priorities for 2019-24 are:

- Implement a multi-year quality improvement plan for patient flow
- Improve ambulance offload times
- Enhance access to the appropriate care setting to match the patient's needs (acuity and complexity)
- Foster a *Home First* Philosophy
- Enhance timely access to home support services and long term care

In an increasingly complex system, patient flow has become a critical focus to ensure patients have access to the right provider, in the right place, at the right time. Within a patient's journey, inefficient flow or transition from one care environment to another creates bottlenecks and constrains the ability of clinicians to provide people-centred care in a timely and efficient manner. Hospitals in Nova Scotia are routinely at 95 per cent or above occupancy, at some hospitals ambulances are waiting too long to offload patients and rural areas are experiencing frequent emergency department closures. We know that a rate of 85 per cent occupancy is needed for more efficient patient flow and that a reliable, sustainable solution is needed.

There are many contributing factors including lack of timely access to primary care, long-term care and community-based care and supports. Patients are staying longer than needed in hospital and as many as 50 per cent of patients in acute medicine beds could be



cared for in another setting if that support was available. This includes those waiting for long-term care but also those who need medication like IV antibiotics or dressing changes or strengthening and conditioning before they can return home.

NSHA is implementing a multi-year quality improvement plan for patient flow with a system level approach that spans emergency departments, inpatient services and continuing care. This plan includes a collective focus on accountability and governance of patient flow resources by defining and implementing structures, processes, measures, policy and defined accountability for patient flow at the unit, site, zone and organizational levels. We will be revising our committee structure, escalation processes, physician accountabilities and accountable care processes. We will leverage technology and evidence to monitor inpatient bed utilization to inform planning for hospital and community resources to support timely access to care. We will focus improving ambulance offload times, timely access to inpatient beds for patients admitted in our emergency departments and on reducing surgical postponements due to an inpatient bed not being available.

4

Quality & Sustainability Plan Priorities

D Improve Patient Flow (Cont'd.)

NSHA's *home first* philosophy promotes safe and timely care, services and supports to help people live in their own homes, with as much independence and autonomy as possible, for as long as possible. When care at home is no longer possible, we strive to provide more timely access to long-term care. With the right support, people who just five years ago would have moved to a nursing home are now able to live safely and comfortably at home.

Continuing care programs include home support services, home nursing, home oxygen services, caregiver benefit program, family relief and respite, personal alert assistance program, self-managed care, community wheelchair loan program and bed loan program, as well as two levels of residential care. NSHA is responsible for intake, assessment, case management, placement and coordination of these services through private agencies and facilities. We also deliver some services directly including home nursing (approximately 50,000 visits per year) and long-term care, operating 146 long-term care beds at seven facilities. NSHA has service agreements with most home care agencies and some long term care facilities. The Department of Health and Wellness is responsible for strategic planning, program policy and standards, auditing and inspections, approving and licensing providers, and funding providers directly.

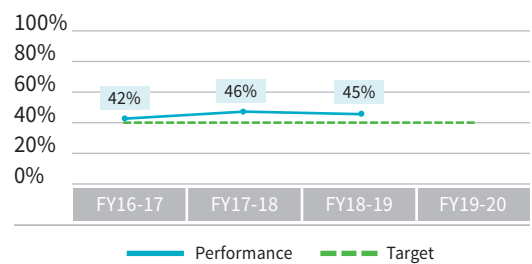
While we have seen reductions in both home support and long term care waitlists, people are still waiting too long in certain parts of the province for the continuing care they need. We will continue to work with government and service providers to reduce wait times.



In 2019-20, we aim to:

- decrease the emergency department length of stay for admitted patients
- improve ambulance offload times
- enhance people-centred care planning and discharge planning at the unit level
- design and implement consistent processes and structure to support timely care transitions and efficient patient flow
- improve access to home care and long term care by working with government and continuing care service providers

Percentage of Inpatient Acute Hospital Days Used By Patients Who Could Be Discharged Or Transferred To Another Level of Care



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Quality & Sustainability Plan Priorities

E Enhance and Modernize Pathology, Laboratory Medicine and Diagnostic Imaging Services

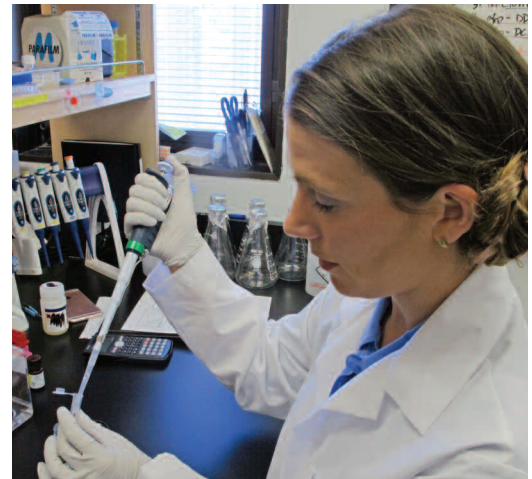
Our priorities for 2019-24:

- Continue to enhance and modernize pathology, laboratory medicine and diagnostic imaging programs

In recent years, Diagnostic Imaging (DI) and Pathology and Laboratory Medicine (PLM) have responded to a number of challenges requiring us to look differently at how we deliver high quality, sustainable services to Nova Scotians. Diagnostic services should be as responsive, accessible and sustainable as possible, while continually looking at ways to improve service as we become more aware of population needs. We also want to take advantage of new technology and apply innovative approaches to service delivery.

NSHA and IWK will both transition to an integrated, harmonized provincial service delivery model aligning to support people-centred, high quality, safe and sustainable health care. This will provide the foundation for safe, efficient and cost-effective patient care into the future.

With the advancement of new and innovative technology, including Point of Care Testing (POCT), PLM has been able to address resource challenges in a way that creates stability and sustainability within the laboratory system. In addition, enhancement and modernization of laboratory services allows PLM to pro-actively and strategically plan how high quality, safe services are delivered in a sustainable way. As one integrated organization, we now have an opportunity to better plan how we can provide safe, high quality diagnostic support for clinical services given available resources across the province.



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Quality & Sustainability Plan Priorities

E Enhance and Modernize Pathology, Laboratory Medicine and Diagnostic Imaging Services (Cont'd.)



Currently there are demand and service access pressures on MRI which have been driven by our aging population, increasing demand for services due to changing standards of care and family physicians having direct access to order MRI examinations. Utilizing minimum standardized productivity and utilization benchmarks and the Canadian Association of Radiologists (CAR) wait time target of 60 days for category 4 (routine outpatient) studies, the hours of operation of each unit across the province shall be maximized to enhance patient access. This will result in an increase in the number of MRI studies performed per day on each unit, thereby reducing the overall patient wait time for examination and maximizing the efficiency of our service.

Some of the DI/PLM 2019-20 initiatives include:

- Continue to implement Point of Care Testing – POCT is innovative technology that provides testing at or near the bedside and will continue to be implemented in rural community sites to provide testing that will support Emergency Departments. POCT has already been fully implemented in a number of sites across NSHA
- Ensure NSHA has a robust, integrated transportation system for samples
- Support an effective equipment quality control program for Diagnostic Imaging that will lead to improved image quality and ensure that radiation doses to staff and patients are as low as reasonably achievable
- Increase MRI capacity to maximize the efficiency of existing equipment and reduce patient wait times.

4

Quality & Sustainability Plan Priorities

F Advance System-Wide Initiatives and Major Infrastructure Projects

Our priorities for 2019-24:

- QEII Redevelopment
- Industrial Cape Breton Area Redevelopment
- Clinical Practice Standardization/ OPOR Readiness Activities

With more than 40 hospitals and health centres, we have a very large physical footprint - far greater and older than the national average. Many of our buildings and equipment are in need of significant repair or replacement, which represents hundreds of millions of dollars in required investment. More and more money is going into maintaining aging buildings and equipment rather than care and equally importantly, health promotion and illness prevention.

We are continuing to plan, build and invest where needed but the type of care delivered in our hospitals is evolving and we need to change the way we deliver care to reflect advances in technology, best practices and population demographics.

We cannot simply replace aging hospitals. Our approach to the redevelopment projects in Cape Breton and Halifax are examples. We are modernizing and transforming care delivery in these communities by looking at the needs of the population we are serving and then re-designing our programs and services to meet those needs.

We're investing in community-based care, maximizing our existing infrastructure and building/expanding where necessary so that

we can make the best use of our talent, expertise and resources.



Work is already underway with the QEII Redevelopment, new dialysis clinics, new locations for hospice care, and South Shore Regional redevelopment among others. In addition, planning is well underway for the Cape Breton Health Care Redevelopment. This project includes a new building at the Cape Breton Regional Hospital for a bigger emergency department as well as a new critical care unit and new cancer care centre. It will see an expanded emergency department at the Glace Bay Hospital and new community health centres and long term care facilities to replace the aging Northside General and New Waterford hospitals which will remain open until the new facilities are complete. In addition, the established community paramedicine program will continue to support the local communities.

The first design tender for the project was awarded for the expansion at the Cape Breton Regional and preliminary site preparation work is underway.

4

Quality & Sustainability Plan Priorities

F Advance System-Wide Initiatives and Major Infrastructure Projects

NSHA has been working in partnership with the Department of Health and Wellness to develop a plan that is responsive to community needs and provides safe, quality care while being sustainable for our province now and into the future.

Clinical Practice Standardization (*One Person One Record* project) will help Nova Scotia prepare for the future of our health care system by having the right information available to the right person, at the right time and place. The initial phase of this work will centralize patient hospital records by replacing three existing core hospital information systems. In partnership with the Department of Health and Wellness, our initial investments are selecting the best clinical software to support the health system and providing a strong infrastructure to support our work. For this to be successful we need a sound, stable system, supported by standardization and focused design work in place before we begin implementation.

In 2019-20 projects and initiatives will continue to move forward as we work towards our goal of having a functioning provincial system.



4

Quality & Sustainability Plan Priorities

G Health System Workforce

Our priorities for 2019-24:

- Develop and implement a people strategy for employees, physicians, volunteers, researchers, and learners.
- Effective and efficient employee recruitment
- Enhance physician recruitment.

Our people are our greatest resource. Our 30,000 employees, physicians, learners and volunteers bring the best of themselves to their work each and every day. We are fortunate to have such a skilled and compassionate workforce.

A priority for 2019-20 is for NSHA to develop and implement a People Strategy that will identify our areas of priority to make NSHA a place where people want to work, learn and volunteer.

Our ability to deliver safe, high quality care and service depends on the health and wellness of our teams. As an organization committed to helping Nova Scotians be healthy and stay healthy, we have a responsibility to protect and improve the health and safety of those who have chosen to work, practice, learn or volunteer with us. As the largest employer in Nova Scotia, we can and should be a leader in advancing this work. This means taking a broad approach that includes individual health, leadership, workplace safety, productivity and organizational effectiveness and having a broad range of programs, resources and support available in all of these areas.

To best serve Nova Scotians, we are focused on strategies to recruit and retain employees and enable them to work to optimal scope in effective, collaborative, interdisciplinary teams. Recruitment and retention happen each and every day. We are always proactively planning to meet needs created by anticipated retirements and replacements, while attracting and retaining hard-working and skilled workers to learn, work and stay in our province. Targeted strategies will be developed to address recruitment of hard-to-fill professions and recruitment to hard-to-recruit to communities. Recruitment of clinical providers to our Mental Health and Addictions Program (MHAP) team, particularly to more rural areas of the province, remains a key area of focus. We have established a working group, with support from DHW, that is developing and implementing multiple strategies such as building networks with educational institutions and undertaking targeted recruitment provincially, nationally and internationally.

We have developed provincial strategies for recruitment and retention including educational and other incentives, enhanced use of social media and advertising for targeted outreach, attendance at job fairs and conferences, leveraging professional networks, collaborating with educational institutions, linking learner placements with projected job opportunities, linking practice support and development of internal talent to projected job opportunities, and increased focus on hiring internationally educated workers.

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Quality & Sustainability Plan Priorities

G Health System Workforce (Cont'd.)



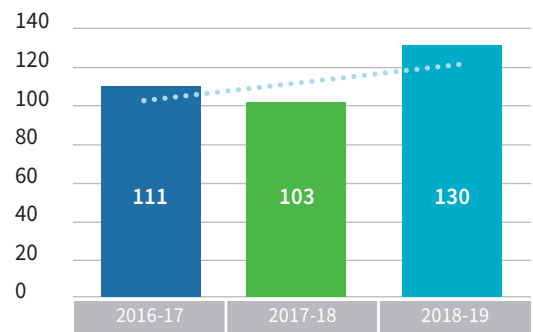
Nurses represent the largest percentage of our workforce. While we are not experiencing widespread nursing shortages, we do have recruitment challenges in some rural and more remote areas and in some services that require specialized skills, such as intensive care and emergency.

We continue to develop a learning framework aligned with practice needs and research that supports inter-professional team collaboration and our academic research mandate. Our learning strategy includes continuing education and post-entry level professional development for employees, as well as placements and supports for learners and residents within our organization. Our Registered Nursing Professional Development Centre provides post-licensure specialty education in perioperative, emergency and critical care nursing. This year we are working to permanently hire about 450 new registered nurse (RN) graduates, based on data-driven projections of our needs over the next 12 months. Recruiters visit institutions across Canada that graduate nurses, and have built a network of interest, resulting in a high number of applications for positions from across the country.

While physician payment is within the mandate of the Nova Scotia Department of Health and Wellness (DHW), primary responsibility for physician recruitment was transferred to NSHA from DHW in 2016. We implemented our first provincial recruitment strategy in 2017-18. In 2018, a new provincial advisory committee was formed to provide advice on innovative strategies for the recruitment and retention of physicians with all relevant partners at the table. NSHA played a pivotal role in collaborating on a new practice-ready assessment program for internationally-trained doctors, which was also launched in 2018.

We are working to enhance supports for newly-recruited physicians and have stepped up our presence at national and international recruitment events.

Doctors Recruited



*We only report the number of physicians who are currently hired and working

4

Quality & Sustainability Plan Priorities

H Improve Population Health

Working with our communities to improve the health and wellness of Nova Scotians is a top priority for NSHA. Taking a population health approach to our work means investing in and focusing efforts to act upon the broad range of factors and conditions that influence our health. This work requires that we recognize health as not simply the absence or treatment of disease, but as a capacity or resource to be developed and grown among our population that enables a fulfilling life. Achievement of our organizational vision, *'healthy people, healthy communities – for generations'*, requires action on the social conditions that impact health.

The need for us to focus in this way has been validated through our efforts to renew NSHA's strategic plan. Over the winter of 2019, NSHA engaged with many stakeholders including employees, physicians, patients, families, community health boards and community partners to confirm how we can work together to move toward the long term goal of improved population health. Not only was it clear through this process that Nova Scotians recognize the importance of focusing and acting on conditions that impact health, through this engagement we also identified several priority goals that will help us get there.

**Our Priority Goals include:**

- **Advancing health equity action across NSHA through organizational and system capacity building.** NSHA will focus on implementation of its diversity and inclusion framework, recognizing diversity and inclusion as a key enabler of health. Work here will include a focus on growing capacity within the organization to recognize and enact a health equity approach to our work.
- **Building and strengthening partnerships with communities to support healthy public policy, the reduction of health inequities within communities and the improvement of health outcomes.** NSHA will focus efforts to build and maintain support for community health boards through the development of knowledge translation, evaluation and implementation tools. NSHA will continue to build its partnerships within the education system in ways that support healthy school environments, providing the best opportunities for student health and education outcomes.

4

Quality & Sustainability Plan Priorities

H Improve Population Health (Cont'd.)

- **Develop, implement and champion healthy public policies that create health supportive environments, prevent injury and disease and improve health outcomes for Nova Scotians.** NSHA will focus efforts to grow capacity for a population health approach across the organization and develop policies that focus on promoting and supporting health for families.
- **Assess and report on the health of the population to support and inform actions. NSHA will focus on efforts to measure, understand and act on social determinants of health and address the capacity to do so within the organization.** Such measurement is a critical element of advancing the organizational vision, enabling evidence informed decisions about population health and ensuring health is recognized as a capacity that must grow.
- **Establish a population level approach to chronic disease management and prevention.** NSHA will create a population health network to align and leverage efforts to understand populations experiencing barriers to access, and act on those barriers by establishing policies and processes that address specific population needs.



The goals listed here complement existing efforts across NSHA to protect and promote health in ways that impact all Nova Scotians. Continued and sustained efforts to focus on a population health approach will be key enablers in achieving our vision.

4

Quality & Sustainability Plan Priorities

I Advance Research and Innovation

Research and Innovation is vital to the improvement and modernization of health care and health care delivery. At NSHA, we are driven to discover and implement new technologies, treatments and approaches to care. In addition to improving care for Nova Scotians, the opportunity to do ground-breaking research helps attract the very best clinicians.

Currently there are 1,200 research projects underway at NSHA. Research awards are trending positively with millions of dollars awarded annually to our researchers. Approximately 295 highly trained researchers and 360 staff are working on research projects.

In addition to better care, research and innovation generates spinoff companies, commercialization, patents and partnerships with local startups. Our region is experiencing a growing culture of innovation and accelerating health innovation is a key priority for the NSHA.



Research and innovation involves partnerships with patients and families, universities, foundations, government partners, private industry and investors to ensure this important work continues to grow and impact throughout the province. Partnerships allow us to make the most of our resources while making the greatest impact on clinical practice, health service delivery and health system design.

Working closely with our partners and stakeholders and understanding their goals, challenges and concerns, helps us clarify our shared priorities and align our research efforts to meet health care needs, together.

5

Our Financial Strategy

We know the first step in planning how our financial resources will be used is the identification of our priorities. As we focus on the strategies to deliver on improved health service access and outcomes for all Nova Scotians, we must do so in a fiscally responsible way. As such, our key priorities and the financial sustainability of the health system will always be important considerations in our planning processes.

Our financial strategy is an extension of our strategic plan and includes our multi-year goals, milestones and financial responsibilities.

NSHA Financial Plan Strategy

	2019-20
Revenue	\$
Regular Operating Revenue	2,143,888,000
Revenue from Rate & Uninsured Service Volume Increases	929,000
Funding for Utilization, Contractual and Statutory Increases	26,800,000
Funding for Strategic Priorities:	
QEII Redevelopment	8,416,000
Cape Breton Redevelopment	1,966,000
Improve Access to Primary Care	22,650,000
Improve Access to Surgical Services	13,718,000
Enhance Mental Health & Additions Services	21,707,000
Total Revenue	2,240,074,000
Expenses	\$
Wages and Benefits	1,624,895,000
Medical, Clinical and Surgical Supplies	173,391,000
Drugs	120,030,000
Buildings and Grounds	82,712,000
Equipment Leases and Maintenance	68,527,000
Food Services, Housekeeping, Laundry and Contracted Services	69,125,000
Other Expenses	101,394,000
Total Expenses	2,240,074,000
Surplus/(Deficit)	\$ -

5

Our Financial Strategy

NSHA Annual Budget Allocation 2019-20

	2018-19 Actual Expenses	2019-20 Budget
	\$	\$
Support Services & Administration	74,155,253	78,124,000
Facilities & Operations	317,588,945	331,247,000
Inpatient Care	518,366,977	528,026,000
Surgical Services	249,237,361	259,649,000
Ambulatory Care & Emergency Services	243,255,751	250,842,000
Diagnostic & Therapeutic Services	248,021,305	256,672,000
Other Acute Care Expenditures	39,938,200	56,026,000
Research Funds	24,513,592	24,784,000
Physician Remuneration*	118,589,671	122,821,000
Public Health	37,122,117	41,062,000
Mental Health & Addictions	171,994,153	182,680,000
Primary Health Care	51,293,048	63,368,000
Continuing Care	43,952,238	44,773,000
TOTAL	2,138,028,612	2,240,074,000

*Excludes direct physician compensation which is not included in NSHA's budget allocation and is funded through a direct relationship between the Department of Health & Wellness and the province's physicians.

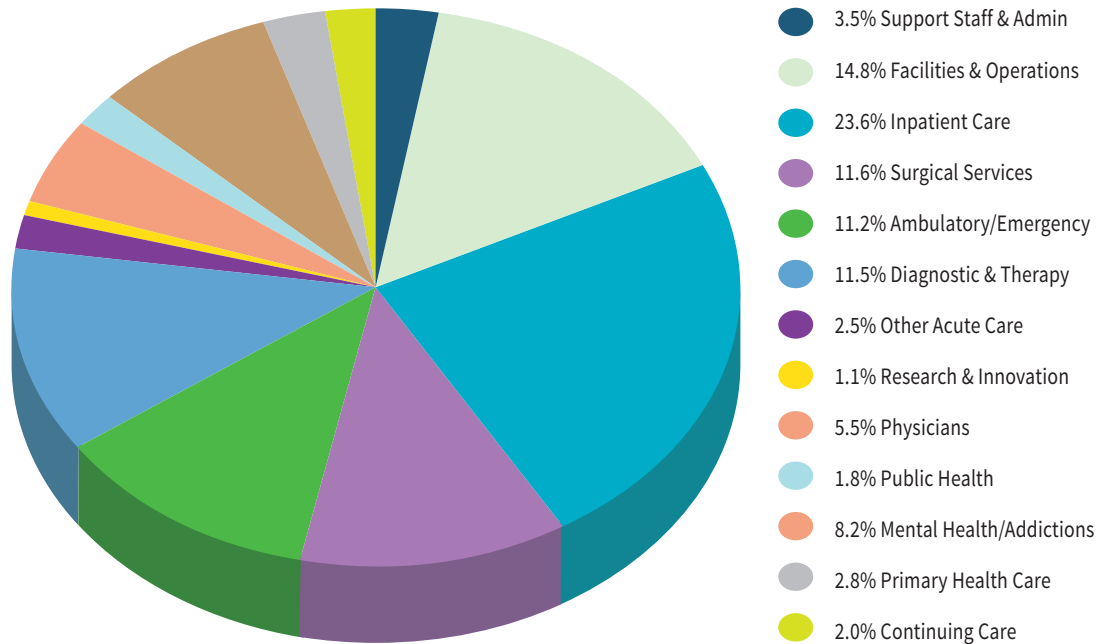
NSHA Budget for Strategic Priorities 2019-20 (Amounts are included in above totals.)

	2018-19 Actual Expenses	2019-20 Budget
	\$	\$
QEII Redevelopment	2,461,214	8,416,000
Cape Breton Redevelopment	332,779	1,966,000
Improve Access to Primary Care	12,601,491	22,650,000
Improve Access to Surgical Services	4,845,997	13,718,000
Enhance Mental Health & Addictions Service	12,144,695	21,707,000
TOTAL - STRATEGIC PRIORITIES	32,386,176	68,457,000

5

Our Financial Strategy

NSHA 2019-20 Budget by Program



Financial Planning for Today and Into the Future

The financial plan for 2019-20 allows NSHA to continue to enhance access and improve services for Nova Scotians, while ensuring we deliver services efficiently and effectively so they will be available for future generations. We continue to make investments in access, improved care outcomes and long term sustainability. We also continue to look within the organization for service change opportunities and new ways of doing things to meet evolving care models, technology and standards, and as our population needs change. We must explore all these opportunities to ensure the best use of the financial resources we have been entrusted with by the public. This 2019-20 financial plan provides NSHA with a solid foundation to continue to build on and

it will be a key tool for our organization to ensure financial sustainability, transparency and accountability into the future.

Our multi-year plan for 2019-20 and onwards will be an iterative process of working with our team leaders, government, partners and the public on additional strategies to achieve our identified priorities in a fiscally responsible manner.





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