



# Business Plan

2017-18



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# Message from the President and CEO

In the second year of our inaugural strategic plan, *Healthier Together*, I am pleased to present our 2017-18 business plan. This is our operational plan to ensure we are directing resources to advance our strategic directions:

- Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians
- A healthy, high-performing workforce
- Engagement with Nova Scotians to create a healthier future together

This plan positions Nova Scotia Health Authority for success in achieving our goals and fulfilling our vision of healthier people, healthier communities for generations. It outlines our priorities in six key areas to focus our resources and ensure we are improving health and health care in our province now and into the future.

This year's business plan is presented in the context of a multi-year strategy. Our strategic agenda positions our work to support the short-term and long-term health needs of individuals, families

and communities, while managing our fiscal responsibility to Nova Scotians.

We are committed to improving the health of our population and transforming the care and service experience for the people we serve. Through this business plan, we are making decisions and taking actions that make a significant difference to the health of Nova Scotians. We are building the best possible health system by providing outstanding care, investing in our people, and constantly integrating the feedback of those we serve.

By working together with Nova Scotians and our key partners in and outside of the health system in the years ahead, we will find that doing things differently will lead to better results and better health. We are *Healthier Together*.

With that in mind, I look forward to advancing this work to support the health of our population.



**Janet Knox**

## Mandate

The health and wellness system includes the delivery of health care as well as the prevention of disease and injury and the promotion of health and healthy living. The Health Authorities Act establishes the roles and responsibilities of Nova Scotia Health Authority (NSHA) and the Department of Health and Wellness (DHW).

### NSHA is responsible for:

- governing, managing and providing health services\* in the province and implementing the strategic direction set out in the provincial health plan
- engaging with the communities they serve, through the community health boards

### DHW is responsible for:

- providing leadership for the health system by setting the 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



### DHW priorities for 2017-18:

Collaborative Primary Care, Community Care and Mental Health and Addictions.

**\*Health Services** are defined in the 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, continuing care services, primary care services and such other services as may be prescribed by the regulations.”

## Our Strategic Plan

*Healthier Together* is our strategic plan to help Nova Scotians be healthy and stay healthy. It is our road-map to build, grow and shape our organization while engaging Nova Scotians in creating a healthier future together. Our strategic plan will serve as a strong foundation and guide for all of us in achieving excellence in health, healing and learning.

### Vision

HEALTHY PEOPLE, HEALTHY  
COMMUNITIES — FOR GENERATIONS

### Mission

TO ACHIEVE EXCELLENCE IN  
HEALTH, HEALING AND LEARNING  
THROUGH WORKING TOGETHER

### Values

RESPECT, INTEGRITY, INNOVATION,  
COURAGE, ACCOUNTABILITY

## Accountability

**STRATEGIC DIRECTION:** Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

NSHA will deliver a person-centred, high-quality, safe, accessible, equitable and sustainable health and wellness system through a focus on performance, accountability, education, research and innovation.

**STRATEGIC DIRECTION:** A healthy, high-performing workforce

NSHA will create a positive and healthy organizational culture that enables employees, physicians, learners and volunteers to support the health and wellness of Nova Scotians. We will foster safety, learning, respect, leadership, accountability, inclusiveness, role optimization and collaboration among our teams.

**STRATEGIC DIRECTION:** Engagement with Nova Scotians to create a healthier future

NSHA will engage Nova Scotians to promote and support our shared accountability for health and improvement in health status

## Our 2017-18 Business Plan Priorities

This business plan is a strategic document that outlines our organization's key health and outcome priorities for Nova Scotians, and identifies how we will focus our activities and allocate our financial resources to achieve these priorities. Nova Scotia Health Authority (NSHA) is committed to providing safe and high quality services to those we serve in support of our vision of healthy people, healthy communities for generations. As part of that long-term commitment, NSHA is presenting our 2017-18 business plan in the context of multi-year planning.

Nova Scotians will benefit from this more strategic, longer-term approach to planning. Making smart and innovative investments to provide individuals, families and communities with much-needed resources and better access to quality services, while being fiscally responsible and balancing those investments over multiple years, enables needed transformation of our health system.

Our goal is to have a sustainable health system that supports people to be and stay healthy which in the long term contributes to a healthier population.

This plan also provides an overview of our priorities to begin in 2017-18 in six core areas, aligned with our vision, mission, values, and strategic directions. These include:

- stronger health networks in our communities
- reduced wait times for surgical procedures and diagnostic tests
- improved health service access and experiences for Nova Scotians in programs like mental health and addictions
- investments in health innovation
- support for our team
- enhancements in public engagement



These priorities indicate where we will strategically focus our activities and resource allocation in 2017-18 aimed at addressing the health needs of Nova Scotians across the province.

### Community

Primary Health Care is the foundation of our health system, where most people seek advice for staying healthy and receive care for their health needs. Community-based health services and collaborative practices play an essential role in helping patients and families access the services and programs they need to participate in their own continuous, coordinated and comprehensive care across their lifetime. Collaborative family practice teams are essential to this work, serving as “health homes” for Nova Scotians and their families, improving access to health services and promoting effective prevention and management of chronic conditions.

Over the next 18 months, Nova Scotians will benefit from the establishment and further strengthening of collaborative family practice teams. Nova Scotians across the province will have better access to primary care, wellness and chronic disease management in their community. They can expect better health outcomes and lower rates of hospitalization which ultimately leads to reduced health care costs.

The Department of Health and Wellness (DHW) physician resource plan is essential to meeting the acute needs of Nova Scotians who are currently without access to a physician. Based on DHW data, we know that we must recruit up to 1,000 physicians over the next 10 years. Five hundred are needed in local communities alone, as a result we project needing 50 new primary care physicians for the 2017-18 year and each year thereafter. Nova Scotians will have access to the right number, mix and geographic distribution of physicians across the province through the implementation of this resource plan over time.

### Mental Health and Addictions

Mental Health and Addictions (MHA) will continue to be a priority as Nova Scotians see improved service through implementation of a provincial model for promoting positive mental health, care and support. This full continuum of evidence-based mental health and addictions services and supports across the lifespan will be critical to the achievement of better outcomes for individuals living with mental health, substance use, or gambling problems. Vital to this will be the creation of a province-wide central intake approach to make it easier for Nova Scotians to access MHA services



when they need it. At present, decisions on who is accepted for outpatient assessment/treatment and how people are triaged varies across the province. This can be confusing for clients and time-consuming for providers and needs to be addressed.

Part of our focus will also be on technology systems that support the delivery of MHA services. This includes enhancements to existing information management systems to enable integration of electronic patient records. Making patient information available for all members of the care team will help ensure quality care and better client outcomes. Access to timely MHA care is critical for those who require services more urgently. Accordingly, we will work to expand the delivery of crisis services across the province and provide additional community-based mental health services.

These efforts and others, like building capacity within our primary care collaborative teams to support those with MHA needs and working closely with emergency departments and inpatient units, will enable us to work collectively as a health system. This will improve care, supports and overall positive mental health and recovery outcomes for individuals, their families and our communities.

## Wait Lists

Nova Scotians will have better access to needed surgical procedures such as hip and knee replacements. We are making long-term investments to complete more cases, increase our use of technology and evidence to improve outcomes for Nova Scotians and reduce costs. In 2016-17 approximately 3,340 Nova Scotians had hip and knee replacement/revisions. In the next year, we will continue to focus on reducing wait times for hip and knee surgery, cataracts, and other surgical procedures.

Nova Scotians will also have more equitable access to colonoscopies. A provincial group of physicians, health care providers and managers will review endoscopy services, establishing Nova Scotia as the first province in Canada with provincial standards on indications for a scope.

Our focus is to understand the current challenges, including physician resources and availability of scope time so we can overcome these challenges as one system.

Nova Scotians across the province can expect shorter wait times for diagnostic procedures, particularly non-urgent MRI and ultrasounds. While



we reduced wait times in Eastern Zone to the recommended standard, we must increase procedures in Western, Northern and Central zones to clear the backlog for MRI. Once that has happened, we will establish appropriate volumes in each zone to match demand going forward, meaning patients and providers will have more timely access to services.

## Access

Nova Scotians will receive care at home whenever possible, and achieve better health outcomes through population-needs-based planning. Nova Scotians will see the benefits of a single health system – with the transition to best practice service models in areas such as primary health care, mental health and addictions, cancer care, surgical services, emergency services and critical care.





By enhancing primary care and community-based services, Nova Scotians will start to experience within and across the hospital-based system, better emergency department wait times, and shorter lengths of stay when admission is required.

NSHA will review our current inpatient bed mix to ensure we have the correct number and type of beds in the right location in areas such as intermediate care, medicine and transitional care. Nova Scotians will receive better, more focused care, based on their needs.

We will also conduct a comprehensive review of our medical device reprocessing services across all sites and develop a long-term plan to implement standardized processes and quality metrics, and improve staff preparation and efficiency. Nova Scotians will be better served by province-wide systems for such things as bar coding and radio frequency identification, which tracks assets to better manage them. These technologies support evidence-informed decisions and ensure safety and financial sustainability.

### Innovation

*One Person, One Record (OPOR)* is a strategy to bring together a patient's electronic health information to ensure the right information is in front of the right care provider at the right time.

This year, we are investing in foundational IT clinical applications and infrastructure to prepare for *OPOR*, the core clinical information system project for implementation and to ensure a sound, stable system.

Nova Scotians will achieve better health outcomes through a more focused, efficient system that centres on the whole person and provides the foundation for better recognition of health problems.

We will continue to build a culture of research and continuous learning which depends on teamwork, collaboration, and adaptability. We are working to improve delivery of services and quality outcomes by increasing research opportunities and supporting innovation.

We conduct research and innovate with many partners to develop and evaluate drugs, devices and processes and to discover more about health and disease. We receive grants from agencies such as the Canadian Institutes of Health Research (CIHR), from health charities and other agencies from Canada and abroad as well as contracts from companies. The Atlantic Canada Opportunities Agency and Innovacorp support innovation and commercialization in NSHA through national and international partnerships. We have also developed mechanisms to support research and innovation

through our small grant program, the Translating Research Into Care (TRIC) grants and the Micro-Research program, with generous donors through various foundations who support our work.



### Supporting Our People

We know that our team – employees, physicians, learners and volunteers – is our greatest resource.

This is evident through the contribution of our employees and physicians, as well as the time and talent contributed by the 7,000 volunteers who provide support in our facilities and programs, 41 foundations and 33 auxiliaries, and through our 37 community health boards. Foundations and auxiliaries are key strategic partners as we advance health in our communities; they contribute millions of dollars to support our work and improve services for Nova Scotians.

Together we are working hard to build an organization that will support individuals, families and communities to be and stay healthy. We will equip our people to lead the change and innovation that are necessary across the province.

Nova Scotians will receive a higher-quality experience of care and health service, and see improvements in patient and workplace safety, through investments in our employees, physicians, learners and volunteers.

For example, we are championing workplace health, safety and wellness in Nova Scotia with other employers by supporting the Nova Scotia Health and Safety Leadership Charter. NSHA is investing in supportive stay-at-work and return-to-work initiatives, and promoting mental health and psychological safety in our workplace. We are also implementing a safe patient lift and transfer program, as well as a comprehensive violence prevention program, to reduce workplace injuries and promote wellness. We target to move our current WCB rate from \$1.67 per \$100 of assessable payroll to \$1.63 over the next three to five years.

We are developing a learning framework aligned with practice needs and research that supports interprofessional team collaboration and our academic research mandate. Our learning strategy will encompass continuing education and post-entry level professional development for employees, as well as supports for learners and residents within our organization. We are also implementing a provincial structure and processes for students and learners placements, so that transition between academic and the practice environment aligns learners with areas of greatest need.

To best serve Nova Scotians, we are focused on strategies to recruit and retain our employees and enable them to work to optimal scope in effective, collaborative, interdisciplinary teams.

The *OPOR* strategy, our services planning, and our training of the next generation of professionals are part of this effort. This is at the heart of our academic mandate, which we carry out in close consultation with our education partners, Nova Scotia Community College and universities in Nova Scotia, as we work to strengthen our ability to support health and wellness of individuals, families and communities.

### Public Engagement

The health system benefits from public engagement. Nova Scotians share personal experiences of their own health and health care, and learn about current and future system challenges.

Engagement of those we serve – community leaders, health care providers and the public – continues to be a significant focus for us, as evidenced through our Patient, Family, and Public Advisory Council. NSHA will continue to advance initiatives through its public engagement strategy, *Talk about health*.

In the next phase of *Talk about health*, learnings from community consultations will be considered with other evidence on the determinants of health in an effort to shape action plans with our partners. A copy of the *2017-18 Public Engagement Plan* is included as Appendix A.



Additional work includes training and improvements for quality teams, developing a recruitment strategy for patient-and family-centred care advisors and launching experience surveys. This work will support health services planning, the QEII redevelopment project, and refining the engagement role of CHBs.

The CHBs Fall 2016 conference has created an opportunity for these volunteers to renew their commitment and energy focused on improving health in their communities. By 2019, all CHBs will be on a uniform community health planning cycle. CHBs continue to implement their health plans at the local level. For 2017-18, our public health teams will be formally connected to both the planning and implementation of CHB health plans. The Wellness and new Chronic Disease Funds provided by government are enablers as CHBs continue to support local projects and work with community partners to build safe, vibrant, healthy communities.

## Planning Our Services

Together with the IWK Health Centre and the Department of Health and Wellness, we are leading an effort to develop and implement a multi-year plan that will result in new provincial approaches to a range of services that Nova Scotians rely on to care for them and help them be healthy.

Our focus is to continue the work on several services that have been identified as initial priorities. They are:

- primary health care – as the foundation of our health system
- mental health and addictions
- maternal/newborn health and midwifery
- critical care
- cancer care
- emergency services
- surgical services

Planning for each service requires that we develop three components: **a program or care delivery model, a service delivery model** and an **operational model**.

**Program or care delivery model** is “the what” and “the why” of the service. It is the big picture of the goals and objectives of the service, including what it intends to accomplish and what is needed to support that. At this stage of planning, it is critical to understand the health and health needs of Nova Scotians, and when they need to access services. Also occurring at this stage is an exploration of approaches used in other jurisdictions, not only those working well but those falling short. This evidence-informed approach will help determine what core services need to be made available.

**Service delivery model** defines “the where” and at what level services will be offered to meet the service’s goals. During this stage, roles and responsibilities of different health care providers and groups of providers are defined. Questions to be answered during service delivery model planning include:

- Where will services be offered and how?
- What needs to be in place for these services to be delivered safely?
- What providers should be involved in offering this care?
- How will we know that outcomes are achieved?

**Operational model** details the structure put in place to provide the service. This is the most detailed stage of planning and includes identifying leadership roles that are required to manage and oversee services. Other decisions include budgets, staffing patterns and hours of operation.

Our goal is to use the best evidence and engage Nova Scotians to create an accessible health system that offers the right care, in the right place, at the right time.

## Our Financial Strategy

NSHA must be focused on developing strategies to deliver on improved health service access and outcomes for Nova Scotians. We will do so in a fiscally responsible manner for our Nova Scotia taxpayers and other funding partners. NSHA respects that we are a major player in the fiscal mandate of the province. We are ensuring our strategies also address this important outcome for the future of our province and its residents.

The approaches taken by NSHA address this fiscal mandate through strategic long-term financial

planning for our system. Not only will this long-term planning result in enhanced care, access and outcomes, but it will also drive efficiencies in the new care delivery models being designed. An ability to plan financial strategies that realize a return on investment as these broader system strategies become implemented will free up resources over time, allowing NSHA to become sustainable over the long term.

A summary of the business plan financial strategy can be seen below.

Financial Strategy Framework	
	2017-18
<b>REVENUE</b>	
	\$
Regular operating revenue	1,979,404,331
Investments in Health Reform Strategies	9,400,000
Transformation funding for ROI business cases	3,000,000
Additional revenue opportunities	3,000,000
<b>Total Revenues</b>	<b>1,994,804,331</b>
<b>EXPENSES</b>	
	\$
Regular operating expenses	1,979,404,331
Health Strategy Priority investments	9,400,000
Business cases/(Return on investments)	3,000,000
Projected inflation and high demand pressures	13,730,000
In-Year mitigation opportunities	(10,730,000)
<b>Total Expenses</b>	<b>1,994,804,331</b>

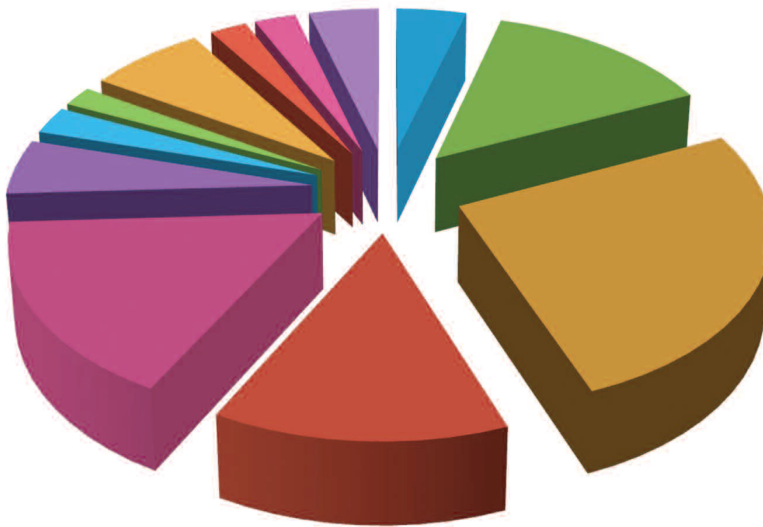
# Our Financial Strategy cont'd.

NSHA's \$2-billion annual budget will be allocated as follows in 2017-18:

2017-18 Budget		\$
Support Services & Administration		85,416,664
Operations		277,138,390
Inpatient Services		521,623,978
Ambulatory Care		266,277,628
Diagnostic & Therapeutic Services		329,787,982
Other Acute Care Expenditures		103,264,093
Research		51,858,411
Public Health		38,144,474
Mental Health		140,532,185
Addiction Services		45,127,289
Primary Health Care		50,545,519
Continuing Care		85,087,717
<b>Totals</b>		<b>\$ 1,994,804,331</b>



## 2017-18 Expenditures by Program



- 4% Support Services & Admin
- 14% Operations
- 26% Inpatient Services
- 13% Ambulatory Care
- 17% Diagnostic & Therapeutic Services
- 5% Other Acute Care Expenditures
- 3% Research
- 2% Public Health
- 7% Mental Health
- 2% Addiction Services
- 3% Primary Health Care
- 4% Continuing Care



### Planning for the Future

The financial plans for 2017-18 position NSHA to enhance access and improve services for Nova Scotians, while allowing us to free up resources in future years to pay for these priority strategies.

The planning process for future years will be an iterative one where we work with government and all our partners to continually review and update our strategic priorities, to ensure we remain on track. The planning process will also include regular evaluations of existing and new services to ensure they are meeting their expected goals and objectives. This will help ensure real progress, focused on outcomes, is being made as we transform the health system in Nova Scotia.

## Our Assets

Nova Scotia's health system is supported by a wide range of highly complex physical and information technology (IT) assets, located across 41 provincial sites. NSHA is developing a multi-year strategy for its buildings, medical equipment, IT and other assets, in alignment with our strategic directions.

This work will be essential to ensuring that NSHA's

\$6 billion in physical and IT structures support our business planning priorities: community, access, wait lists, innovation, supporting our people and public engagement.

This strategy indicates how we will allocate our resources to support structures over five major categories.

NSHA Capital Plan	
Capital Expenditure Category	Fiscal 17-18 Budget
	\$
Major Capital Projects over \$1M	46,264,000
Infrastructure Projects	8,269,927
Equipment	9,193,984
Clinical Capital Projects	650,000
Information Technology Projects	500,000
Internal Contingency/Emergency Capital	5,400,000
<b>Totals</b>	<b>70,277,911</b>

### Major Construction Initiatives

Major construction initiatives refer to partial or whole redesigns of our facilities. Nova Scotians will receive better access to essential primary health care, acute and tertiary services at the local and provincial level through these structural enhancements, with long-term improvements in wait times and community support.

The QEII's Victoria General (VG) Site initiative remains a top priority, with a focus on immediate safety remediation solutions, as well as a com-





## Our Assets cont'd.

prehensive end state vision of decanting from the Centennial, Victoria and Bethune buildings. These planning efforts are underway now.

See Appendix B.

### Infrastructure

In partnership with DHW, we are undertaking a more strategic approach to renovations and maintenance of our infrastructure including buildings. Our medical equipment needs significantly surpass the available resources for replacement. We need to make strategic and innovative investments in order to manage our limited resources while ensuring our facilities are properly maintained and equipment meets the highest standards for quality and safe patient care.

Through this strategic approach, we will maximize the benefits from facilities by ensuring repairs and renovations help create a safer, more accessible environment for all those who visit and work in our buildings. In 2017-18 we will implement a wide variety of projects including roof repairs, heating/ventilation/air conditioning (HVAC) systems, fire alarm system replacements and electrical projects.



Working with our DHW and IWK partners, we will strive to optimize the available resources to purchase new technologies and equipment to benefit Nova Scotians. NSHA invests in highly technical medical equipment to help our patients receive high-quality, safe and sustainable health care and in 2017-18, we will invest in medical equipment which includes Diagnostic Imaging elements such as a community CT scanner and MRI solutions. This means Nova Scotians will experience reduced wait times and improved access to these critical diagnostic tools.

### Clinical Renovation Projects

Investments in clinical renovation projects enhance our existing spaces and programs and increase efficiencies through better layouts and operational modifications. Nova Scotians will experience better wait times and higher-quality, accessible care through these necessary improvements.

### Information Technology Projects

Investing in information technology (IT) today helps NSHA improve care for Nova Scotians in the long term. It allows us to be more innovative in our work, with a focus on strategic, high-priority projects. Our Information Management/Information Technology team specializes in clinical applications and informatics that support transformational improvements in health care.

Through the *One Person, One Record* initiative, integrated systems across the province will support better research and measurement of outcomes, and provide consistent quality data for research studies.



Our 2017-18 investments will help us refresh and replace existing infrastructure, so we are ready to implement *OPOR* and provide better access to patient information across the continuum of care.

Nova Scotians will have better access to safe, high-quality health care, wherever they need it.

**Public Engagement Plan**

Please see separate document.

## Major Construction Initiatives 2017-18

## Initiative

**Aberdeen Expansion** – Building an addition to the existing hospital to house the Emergency Department and relocate Pharmacy Services.

**North Cumberland Hospital Redevelopment** – Replacing facility with focus on primary care.

**Purdy Building Exit** – Moving services out and decommissioning building due to age and condition of facility.

**South Shore Regional Hospital Redevelopment** – Addressing longstanding issues related to privacy, infection prevention and control, patient comfort and flow in the emergency department, endoscopy area, and related service areas.

**South Shore Regional Hospital Elevator** – Building a new elevator to help with patient flow, infection control and other issues.

**Valley Hospice (Kentville)** – Building a dedicated hospice building on the Valley Regional Hospital Site.

**NS Hospital Boilers** – Replacing the boilers to meet current and future steam loads (including the Dartmouth General Hospital Addition).

**Dialysis** – Glace Bay Hospital, Valley Regional Hospital, Dartmouth General Hospital, Digby General Hospital, and South Shore Regional Hospital.

**Primary Health Collaborative Emergency Centres** – Advancing a number of Primary Health Care initiatives to reflect the changing needs in their associated communities. The facilities include Fishermen's Memorial Hospital, Twin Oaks Memorial Hospital and New Waterford Consolidated Hospital (design).

**Enhanced Collaborative Practice Teams** – Enabling the support of collaborative practice at Soldiers Memorial Hospital (SMH) and Roseway Hospital (RH). This initiative will also support integrated wellness and chronic disease management for the population.

**Dartmouth General Hospital Addition**

**QE II Redevelopment** (Victoria General/Centennial Replacement)

**Cape Breton Regional Hospital Envelope Renewal** – Determining nature and magnitude of repairs for brickwork on façade of building due to premature deterioration (design costs).

\*\* Funding for these initiatives is provided through the Department of Health and Wellness and/or Foundations.

**Financial Strategy Framework Details**

Please see separate document.



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