

NOVA SCOTIA HEALTH AUTHORITY BUSINESS PLAN

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2015-16 BUSINESS PLAN

This document contains the business plan for Nova Scotia Health Authority (NSHA) for 2015-16. This business plan will build on the foundation established in the newly amended *Health Authorities Act*. The Act provides for a new health system structure to create a foundation for better health care. This new structure was launched on April 1, 2015.

*"Nova Scotians told us they wanted a strong, unified health care system. They want us to spend less on administration and focus on front-line care," said Premier Stephen McNeil. "Most of all they want to know that the health care system puts their needs first.
That's what this act will allow."*

Under this new structure, nine district health authorities have been consolidated into one unified provincial authority, which will work with the IWK Health Centre.

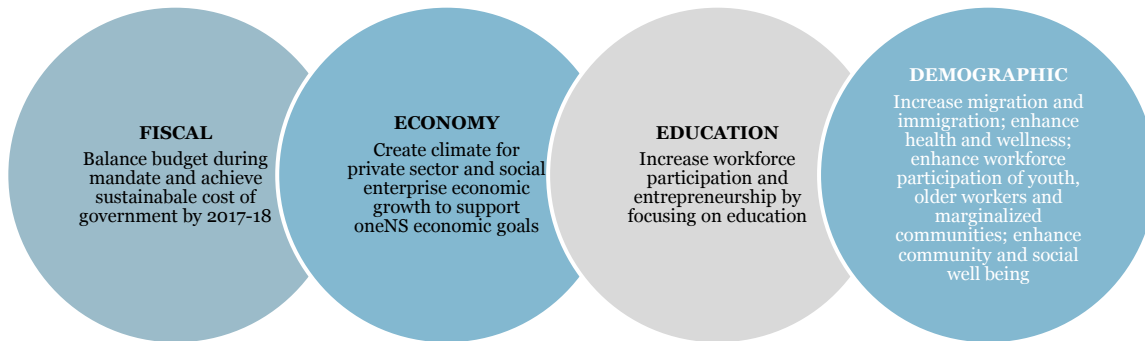
The creation of NSHA will allow the health system to work together in a way that will achieve excellence in health, healing and learning.

The change will result in enhanced patient care and safety and more timely and consistent access to care. Ultimately, it will allow us to be more connected in the sharing of expertise, experience and resources.

The new structure will build on the strength of local leadership teams in four zones: Western Nova Scotia, Eastern Nova Scotia, Northern Nova Scotia and Central Nova Scotia. In addition, community health boards will continue on with an enhanced role.

This business plan reiterates the roles of the Department of Health and Wellness (DHW), NSHA and IWK in achieving the strategic priorities of the health system. This plan also establishes the budget for NSHA.

Government Priorities



The Department of Health and Wellness contributes to the Government's strategic priorities in many ways.

- **Fiscal**—The consolidation of nine district health authorities into one provincial health authority enables a more streamlined, cost-effective system that produces better patient outcomes by focusing on provincial approaches to care and distribution of resources (human and capital).
- **Economy**—DHW contributes to the economy through investment in innovation in the health system. DHW is currently developing a Nova Scotia Health Innovation Strategy, which will aim to reduce the growth in health care spending, leverage opportunities for economic growth and improve health outcomes in Nova Scotia. This initiative supports the One Nova Scotia report by leveraging the health sector as an economic driver through the development of partnerships and leveraging private enterprise ventures.
- **Education**—DHW's strategic focus on having the best, most cost-effective providers providing care will involve investment in different models of care, focusing in areas like access to primary care and optimizing and expanding scopes of practice for health professions, including physicians, pharmacists and nurse practitioners, for example. These efforts will require a focus on education of current and future health professionals.
- **Demographic**—DHW is committed to enhancing the health of Nova Scotians, especially in the areas of primary care, mental health and chronic disease prevention and management. Better health outcomes for Nova Scotians will enhance community and social well-being and assist Nova Scotians in engaging or re-engaging in the workforce.

Nova Scotia Health System

Vision Healthy people, healthy communities for generations

Mission Working together to achieve excellence in health, healing and learning

Strategic Priorities

	Health of the Population	• Improve health and wellness through health promotion, disease and injury prevention, primary health and chronic disease management
	Experience of Care	• Access to quality, evidence-informed, appropriate care
	Resource Stewardship	• Sustainable funding that supports learning, research, innovation and effective use of resources
	Health System Workforce	• A workplace culture that fosters leadership, competence, collaboration and engagement

Roles and Responsibilities

The *Health Authorities Act* establishes the roles and responsibilities of DHW, NSHA and IWK.

- DHW is responsible for:
 - providing leadership for the health system by setting the strategic policy direction, priorities and standards for the health system; and
 - ensuring accountability for funding and for the measuring and monitoring of health system performance.
- NSHA and IWK are responsible for:
 - determining health services priorities, through engagement with the communities they serve; and
 - delivering those health services, allocating resources appropriately..



Current state executive summary

Nova Scotia Health Authority is committed to supporting our population to be healthy and stay healthy. We will achieve this with the right services and programs in the right place and time, planned with patient and community engagement and provided by competent and caring providers. We will work with our partners to improve patient outcomes, population health and safety in our health system.

Sustainability, quality and reliability of our health services and programs are essential in creating trust of our system. We will manage our resources effectively to achieve best possible outcomes and develop an environment that promotes safety for all and that attracts and retains the best workforce. We will engage and listen to our patients about their experience. As an academic health organization, NSHA will work collaboratively with our partners in Atlantic Canada to achieve excellence in health, healing and learning. We will build on the foundation of innovation and creativity currently in our system to find the solutions needed for a healthy Nova Scotia.

Consolidation of nine authorities into one creates the challenges of significant change. This will require focused attention to change management with our employees, physicians and volunteers and with the communities we serve. With change also comes unique opportunity to refocus our system in ways that will respond to the needs of our population and communities. We will be focused on better patient outcomes and on improved population health in the long term.

NSHA begins in a climate of challenging population demographics. Nova Scotia has an aging population, especially more so in our rural communities. Our population has a heavy burden of chronic disease and our life expectancy is less than the Canadian average. We are older and less healthy than most Canadians. Additionally, our care institutions are challenged to meet local needs with high utilization rates for hospital and long-term care beds, emergency rooms and home care services. Some specialty services such as palliative care and chronic pain clinics are inconsistently provided across the province. Recruitment challenges in some parts of our system create additional burdens.

At the same time, NSHA builds on a solid foundation. This includes a history of community support through our foundations, auxiliaries and community health boards; a commitment to quality and safety as evidenced by excellent Accreditation Canada reviews of district health authorities; many leading clinical and organizational practices awards; and a commitment to and leading achievements in research, learning and knowledge translation. It also includes a legacy of collaboration resulting from the previous organizations' work together, resulting in optimistic expectation for the potential and opportunity to create needed changes that will positively impact the health of the population and the sustainability of the health system.

In this inaugural year of NSHA, much of the focus will be on ensuring a successful consolidation of the nine health authorities into one with the appropriate governance structures. Working with DHW and IWK, we will develop a provincial health plan supported by a community engagement strategy. Preparing this new organization for accreditation will begin immediately. Provincial planning for health services delivery will begin in targeted areas. Attention to our workforce development and support as well as attending to financial sustainability will be foundational to our success. Nova Scotia Health Authority will begin with an integrated focus on health, healing and learning.

Organizational overview

Following is a high level overview of the consolidated view of Nova Scotia Health Authority's management zones, followed by an overview of key statistics.



Human Resource		Resource Totals
Employees	Unionized and non-unionized	23,400 plus
Physicians*	Specialists	1,292
	Non-specialists	1,194
	Total	2,486
Medical residents		500
Learners		5,500
Volunteers		7,000

*College of Physicians and Surgeons of Nova Scotia, 2012

Hospital Type*		Bed Totals
Tertiary / specialty hospital	1 – QEII Health Sciences Centre	952
Regional hospitals	9	1,174
Community and other (including collaborative emergency centres)	35	1,072
Total	45	3,198

*Provincial MIS Database – Facility and Bed Composition

Activity*	Totals	Activity	Totals
Surgical visits	144,093	Emergency visits (face-to-face)	599,502
Outpatient visits (face-to-face) to ambulatory care clinics	1,429,297	Outpatient visits (face-to-face) to community health services	365,526
Inpatient days	969,836	Resident days (long-term care)	74,683
Average length of stay (days)	12.48	Admissions	74,445
Diagnostic imaging exams	Inpatient	Research – active projects	1,231
	Outpatient		

*Provincial MIS Database – Activity Volumes

Supporting government priorities

Nova Scotia Health Authority supports and contributes to the government’s strategic priorities in the following ways:

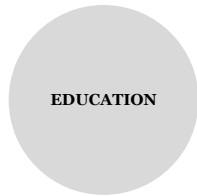
Fiscal— NSHA is committed to achieving a balanced budget as the single largest publicly funded operation in the province. We will continue with the efficiency and leaning of administrative roles within a safe care environment. We will complete a review of existing infrastructure investment to determine further opportunities to leverage existing building and equipment capacity. We will ensure a commitment to innovation so that we can achieve improved outcomes for our population, while ensuring Nova Scotia’s health system is there for generations to come.



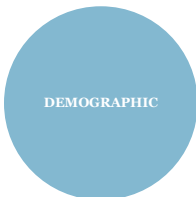
Economy— NSHA will be a major contributor to the provincial economy as a result of the size and breadth of our operations. New investment and research within the health system will enable growth and development. Supporting our 23,400 NSHA workforce and thousands of corporate partnerships will help families and companies continue to do business in Nova Scotia.



Education— NSHA provides millions of hours of classroom and direct experiential formal learning to hundreds of professions and thousands of staff in Nova Scotia. Together with our education partners in local, national and international universities, colleges and other educational programs, NSHA helps advance the learning and development of curriculum and related skill sets for our many service providers and support staff. This effort helps support the sustainability of our health system workforce now and into the future.



Demographic— NSHA is committed to enhancing the health outcomes of Nova Scotians through all services, supports and strategies we develop. A focus on service integration, population health, quality and safety, and outcome-based planning will be the underpinning of how we will strive for the optimum experience of those who rely on us for their health issues.



Supporting DHW priorities

Nova Scotia Health Authority will collaborate with the IWK Health Centre to advance the work already underway in meeting Department of Health and Wellness priorities. We will support and promote the tertiary and quaternary mandate of the QEII Health Sciences Centre with IWK and other partners, as well as the integrated planning of these services within our community programs. As NSHA moves through its first year, we will collaborate with DHW to plan and prioritize our work together to meet the health needs of Nova Scotians. With the impact of transition and resource limitation, there comes a need for prioritization of this work. The following are the areas of primary focus for NSHA during fiscal year 2015-16:

Health of the Population – Improve the health and wellness of Nova Scotians through health promotion, disease and injury prevention, improved access to primary health care and enhanced chronic disease management.

The overall health status of Nova Scotians continues to be poorer than most other provinces. DHW's Public Health program has created new standards and protocols to guide system efforts that have the potential to positively impact health status. In 2015-16, the focus will be engagement of the executive team and board of directors in health promotion and public policy approaches and to gain support to proceed. Community health boards will be supported as they create and implement community health plans. There will be a review of NSHA resources dedicated to health promotion, and incremental changes to increase capacity in public engagement and health promotion.

All Nova Scotians need and expect reasonable access to primary health care that is well integrated with specialty care, home care and community resources. NSHA will further develop community-based teams that provide ongoing chronic disease management and support the continuum of care from wellness to frailty and from birth to end of life.

Experience of Care – Ensure access to quality, evidence-informed and appropriate care through the continuum of care.

The primary health care priorities in 2015-16 will include efforts to engage family physicians as leaders in the evolution of community health teams and primary care across the province. The rich information already gathered by district health authorities and DHW and the collaborative care framework will be used to plan models and resource needs in primary health care and effective, efficient approaches to support and monitor key indicators. Incremental work to implement the Nova Scotia palliative care strategy will continue and will include close collaboration between primary care and palliative care specialty teams.

We will maintain a continued focus on the health services planning approach and development on the first aspects of this plan, including surgery, cancer care, critical care, emergency and trauma. We will advance initiatives underway, including the mental health and addictions strategy, the diagnostic imaging and pathology/laboratory medicine project, collaborative emergency centres, improved access to services, addressing wait times (focusing on emergency departments, joint replacement and MRI) and improving the provincial long-term care placement policy. We will collaborate with DHW and other partners to implement the dementia strategy and the safety improvement and management system.

Resource Stewardship – Develop sustainable funding models that supports learning, research, leadership, innovation and effective use of resources.

NSHA will begin to develop and work on new strategic initiatives such as One Patient One Record (OPOR), as well as start to roll out other planning efforts completed and ready for implementation such as the Merged Service Nova Scotia (MSNS) initiative and Diagnostic Imaging and Pathology Laboratory Medicine (DIPLM) restructuring. We will implement the Drug Information System, continue capitalization and expansion of staff scheduling, scanning and archiving, and bed utilization systems. Efforts will also continue on the administrative streamlining of leadership roles and responsibilities in the move toward four zone structures and provincial

program-based care models.

Health System Workforce – Develop and strengthen a workplace culture that fosters leadership, competence, inter-professional practice and engagement.

NSHA will continue to collaborate in the review and implementation of the nursing strategy. We will work with our education partners and DHW on the implementation of the recommendations from the provincial review of the registered nursing undergraduate programs. We will focus on strengthening employee relations within the organization and improving our relationships with our four health care unions as we adapt to a changed labour landscape established by the Essential Health and Community Services Act.

Year 1 strategic directions

At the time of the development of this business plan, NSHA had not formed as a unified entity and, as such, did not have the structure, processes or timelines normally required as an organization to develop a formal set of strategic directions.



However, with the benefit of the transformation planning, NSHA leadership designates were able to identify some important strategic areas of focus in year one, along with some key performance indicators (KPIs) to monitor our progress.

The first year of operations will see many important initiatives developed and proposed, for which population impact and resource capacity will need to be evaluated to determine our priorities and focus. The areas and initiatives that will be reviewed and developed in year 1 include:

- 1) Health Services Planning** – the continued development and rollout of extensive efforts already underway in the reorganization of health services:

Lab and Diagnostic Imaging	Peri-Operative	Mental health & addictions
Public health & health promotion	Primary health	Diabetes education
Options for continuing care service delivery	IWK collaboration and integration	Physician procedural privileging
Critical care	Implementation of provincial medical staff structure including medical site leads, department and division heads, and a provincial medical staff association.	Community-based teams
Infrastructure utilization capacity assessment	Emergency & Collaborative Emergency Centres	Trauma
Cancer care	Palliative care strategy	Creation of a provincial credentialing office and protocol.

- 2) Corporate Services** – implementation of new integrated service models for the delivery of corporate services within the organization, establishing service relationships with the IWK Health Centre. This builds upon work initiated three years ago under the MSNS initiative:

Human resources	Finance	Information technology / Information services
Building infrastructure and asset management	Procurement	

3) Information Technology / Information Services – supporting the early stages of Nova Scotia’s major health systems technology strategy development, including:

One Patient, One Record	Clinical IT/IM strategic planning and priority setting	SAP Phases 1 & 2 rollout (Payroll & HR)
SAP Phase 3 planning (Finance)		

4) People and Organizational Design – leading and supporting the changing workforce landscape, including:

Establishing new employee relations processes to support the new labour structure created by the Health Authorities Act	Evaluating patient experience and workforce experience/satisfaction	Promoting positive organizational culture during a time of change
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5) Partnerships and Engagement – develop and continue with strategic coalitions and partnerships to support our health system agenda

IWK	Local community visibility strategy	Supporting OneNS vision and strategies
Creating strong CHB relationships	Developing public engagement strategy	Foundations and Auxiliaries
Developing NSHA brand and vision	Planning health services with partners in Atlantic provinces	

6) Quality, Performance and Risk – ensuring our focus is always on the population we serve, and that our strategies and efforts are designed to enable safe and quality care and maximizes outcomes

Implement Quality and Accountability Frameworks	Address government KPIs	Engage employees, physicians and volunteers in improving quality and safety
Implement Patient Safety reporting system - safety improvement and management system	Develop an Enterprise Risk Management Plan	

7) Governance – begin the development of the essential foundations for organizational governance and strategy, including:

Creating a strategic plan for NSHA and begin to implement certain elements	Implement governance structure and strategies
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8) Fiduciary Responsibility – ensuring the processes, people and policies are developed and put in place to enable appropriate stewardship of our sizeable financial management responsibilities.

Implementing 2015-16 business plan and meet fiscal targets	Developing a multi-year capital and equipment plan	Developing a new physician leadership funding model
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9) Research and Innovation – a focus on efforts to advance care outcomes as well as rollout research more provincially

Advancing innovation, research, education and knowledge translation throughout the NSHA’s set of programs and services
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Year 1 key performance indicators

NSHA will be governed by a System Performance and Accountability framework that sets key performance indicators at the macro (system), meso (health authority and zone) and micro (teams, clinical groups) levels. Year 1 key performance indicators have been established at the macro level and these will be the basis for assessing accountability as outlined in accountability agreements. These indicators are outlined in Appendix A, and specific targets are currently under development and will be provided to and approved by the Department of Health and Wellness.

Community engagement

The first year of Nova Scotia Health Authority will be devoted to building and strengthening relationships between NSHA leaders and community leaders. Key partners include foundations and auxiliaries, municipalities, education boards and institutions, professional associations and health charities. Many service partners will also play an important role in how we move forward as a system – everyone from law enforcement, vendors, utility providers and many more.



The 37 community health boards (CHBs) in the province are an important part of the restructured health system. These boards, led by volunteers, have a role in engaging communities in a dialogue about how we change Nova Scotians' understanding about health and health care. They are advisors for the health authority on local health issues and can be translators of complex health and system information for citizens. Considerable NSHA effort is required to support CHBs as they become familiar with the new health authority and find their voice within the organization. In 2015-16 and 2016-17, we will address the disparity in support to CHBs in different parts of the province.

In 2015-16, NSHA will develop a public engagement framework and strategy that will guide the organization in our work with the public, employees, physicians and volunteers, and partner organizations.

Academic

As an academic health organization, Nova Scotia Health Authority has a mandate to help educate the health professionals of tomorrow, in partnership with universities, colleges and private institutions locally, nationally and internationally. Our objective is to create a practice environment that supports entry to practice, as well as continuous education for our health professionals. In 2015-16, NSHA will work toward consolidating learning partnerships with our education and academic partners to ensure positive student supports between the practice and academic environments.

With more than 5,500 learners, plus 500 medical residents, and millions of hours in training and education of all health services specialties, NSHA is positioned to be one of Nova Scotia's premier settings for the training and development of professions in the health field. Supporting this important human resource will require many different learning strategies, including simulation-based skill development.

Research & Innovation



The research mandate of Nova Scotia Health Authority is to facilitate the conduct of exemplary research to enhance service provision. Its research division, integrated with IWK's research services, achieves this through contract and grant support; training and education; quality improvement initiatives; financial and people services management; research ethics review; project design; statistical analysis and data management assistance for researchers; and infrastructure support.

The research communities at NSHA and IWK maintain close ties to universities such as the Dalhousie Medical School and comprise the largest health research centre in Atlantic Canada. As NSHA begins as an organization, the research community is based mostly in the central zone, which includes:

- 280 physicians and health care professional researchers
- 350 trained research staff
- 1000-plus ongoing research projects, with 360 new projects annually in more than 30 major research areas
- a research education program attended by 900 research professionals in 2014-15
- 65,000-plus square feet of dedicated research space
- spinoff companies, commercialization, patents and partnerships with local industries
- more than \$26 million in 2014-15 in grants and contracts from outside sources (private companies, federal and provincial granting agencies and charitable organizations)

At this point in time, a comprehensive compilation of all the research activity across the former nine district health authorities has not occurred. It will be an important priority for this portfolio in year 1 of NSHA. This will be supported by many researchers including an internal fund for original research that will impact the community (the Capital Health Research Fund made 252 awards totalling \$6.8 million over the past 17 years). These funds are generated from interest on investment within the research portfolio. Also available are Translating Research Into Care (TRIC) grants funded by the QEII and IWK foundations. These grants aim to bring researchers, administrators and patients together to tackle some of the most pressing issues facing the health system. Since the start of TRIC grants in 2013, 25 teams of researchers have received amounts totalling more than \$550,000.

Research ethics review is well-positioned for alignment within NSHA with the development of the Nova Scotia District Health Authorities Multisite Research Ethics Board (MREB). This body will work with other Research Ethics Boards currently in place with the former district health authorities to create the necessary support for all research in NSHA.

NSHA will look to build research capacity throughout the province via enhanced research support systems, including:



- offering research training and education programs in all zones
- expanding the scope of the internal research fund and TRIC grants to include applicants from all zones
- using the MREB's paperless web tool to efficiently support research in all zones
- expanding the online researcher directory to include profiles of researchers from throughout NSHA

Accreditation

All nine district health authorities are currently accredited with Accreditation Canada, including some with commendation or exemplary standing. All have met Accreditation Canada's reporting requirements for ongoing accreditation status. Nova Scotia Health Authority will be surveyed for accreditation purposes in the spring of 2017. The organization will then be on a four-year cycle for Accreditation Canada surveys.

Accreditation Canada will conduct bridging surveys in the spring of 2016 for the former Annapolis Valley District Health Authority, Guysborough Antigonish Strait District Health Authority, Cape Breton District Health Authority and Colchester East Hants District Health Authority, as these four were scheduled for survey visits in late 2014 and 2015. Bridging surveys will mean that two surveyors will spend one day in each of the four districts. This will require significant time commitment from quality teams, staff, leaders and members of the board.



In addition, in fiscal year 2015-16, NSHA will be required to co-ordinate staff self-assessment questionnaires for all applicable standards, a governance survey by the board of directors, a patient experience survey, a work-life pulse employee/physician survey and a patient safety culture survey. All are in preparation for the comprehensive Accreditation Canada survey visit in 2017.

People

Nova Scotia Health Authority will be one of the largest employers in Atlantic Canada with more than 23,400 employees, about 2,500 physicians and 7,000 volunteers. In the first year of operation, we will work to develop a comprehensive human resources and people leadership plan that focuses on a positive and healthy organizational culture that supports staff, physicians and volunteers in delivering services to Nova Scotians.

This HR plan will aim to co-ordinate programs and services that will lead to a workplace that is physically and psychologically safe, respectful and inclusive. Our workplace will:

- embrace cultural diversity
- allow for opportunities for individuals to grow professionally and personally
- provide opportunities for employees to have their voices heard and ideas acted upon
- recruit and retain the best people
- provide excellent customer service
- support positive employee and labour relations
- encourage individuals to support and improve their own health and well being

In 2015-16, our people priorities will be:

Supporting staff through organizational change – Providing education, resources and supports to staff, physicians and volunteers to assist them through the transition to the new organization, as NSHA begins to transform how we deliver services to better meet the needs of the population.

Leadership – Building organizational capacity for leadership by implementing the LEADS in a Caring Environment framework as a tool for leadership and staff development.

Health human resource planning for recruitment and retention – Working closely with DHW, IWK and education partners on provincial workforce planning to identify the sufficient mix, number and distribution of health workers to deliver quality and effective health services to Nova Scotians and Atlantic Canadians. This includes monitoring workforce supply and demand factors, including trends related to new entrants and retirements, and developing strategic approaches to the recruitment and retention of health workers in hard-to-fill disciplines or in communities challenged with recruiting talent.

Organizational health, safety and wellness – Promoting and supporting the health, safety and well-being of all health team members by adopting consistent provincial approaches to health and safety policies and programs, including the Soteria Strains injury prevention program to reduce injury rates and promote wellness within the workplace, and beginning implementation of a provincial attendance management program.

Labour Relations – Work with our labour union partners on establishing harmonious relations so that staff are supported to deliver care and services to the people we serve. Collective bargaining with the four newly established Council of Unions will begin in 2015-16.

Role optimization – Working with DHW, regulatory bodies and other partners on opportunities to optimize the role of providers working to full scope within collaborative teams so that the right provider can provide the right level of care at the right time.

Medical

Nova Scotia has approximately 2,500 physicians actively working in the province. While our physician ratio per capita is the best in the country, the province has an issue with both the mix of physicians (higher number of specialists/lower number of family physicians) and the distribution of physicians (60 per cent of all physicians are in the Halifax area). The development of a comprehensive physician resource planning process, with a health services review, is essential to plan for the future needs of the population. A focus on community-based primary care is foundational.



Negotiations for both fee-for-service physicians (Master Agreement) and alternate funding plans (AFPs) for physicians will proceed in 2015. Physician payments constitute approximately 20 per cent of health care spending, and the population health needs must be considered and aligned in any negotiation process.

In 2015-16, Nova Scotia Health Authority will develop a robust provincial physician performance review process and a procedural privileging approach to reappointment, both important quality initiatives. We will also address as essential for physician engagement a provincial approach to physician leadership (both department/division heads and medical site leads) with a compensation framework that standardizes payment to physician leaders.

The office of the VP Medicine and Integrated Health Services will work closely with physician leaders to engage front-line physicians across the province to support high-quality, fiscally responsible health care consistent with goals and objectives of NSHA's strategic and business planning processes.

Finance



Nova Scotia Health Authority and its leadership understand the fiscal challenges the province faces and are committed to playing an important role in being financially responsible. We will ensure that we use taxpayers' dollars wisely while continuing to explore every opportunity to streamline and standardize where safe and possible to do so.

We will work with our internal and external partners to manage our expectations of high-quality products and services at affordable costs. As part of early efforts, we are not only redesigning administrative structure and corporate support service areas to be more lean and efficient, but we are also structuring them to be focused on functional centres of expertise with the critical mass our consolidated resources now affords. This will help to ensure all financial decision-makers can be supported with the combined talents and resources from across the province and more consistently throughout the entire system.

NSHA will also continue with the many provincial health systems initiatives already approved and underway, while also reviewing these and future strategies with a provincial system lens. This holistic view will help to ensure future initiatives are planned to maximize health services programs and within the investments already made in our provincial health system.

NSHA's consolidated budget will exceed \$1.8 billion for 2015-16. We will continue to work with the Department of Health and Wellness to ensure these resources are spent wisely and for the maximum benefits of our patients, families, communities and system we serve. See Appendix B for financial schedules.

APPENDIX A – Key Performance Indicators

KPI #	Strategic Priority	Key Performance Indicator	Safety	Population Focus	Work-life	Client Centered	Continuity of Service	Effectiveness	Accessibility	Efficiency
1	ACCESS	Ambulatory Care Sensitive Conditions					x	x	x	
2	ACCESS	Access to Primary Care					x	x	x	
3	ACCESS	Home Care Wait-time					x	x	x	
4	ACCESS	Long term Care Wait-time					x	x	x	
5	ACCESS	% placements to LTC from hospital					x	x	x	
6	ACCESS	Wait-time for first knee replacement					x	x	x	
7	ACCESS	Wait-time for first hip replacement					x	x	x	
8	ACCESS	Mental Health Wait-time to first (choice) appointment					x	x	x	
9	ACCESS	Emergency Department Length of Stay in ED for admitted patients					x	x	x	
10	SAFE CARE	Hospital Standardized Mortality Ratio	x							
11	SAFE CARE	Unplanned Readmission Rate to Hospital	x							
12	WORK-FORCE	WCB Lost Time (Frequency & Severity)	x		x					x
13	WORK-FORCE	Vacancy Rate (positions posted but not filled)			x					
14	POPULATION	Estimate Chronic Disease Incidence		x						
15	POPULATION	Immunization Rates		x						
16	EXPERIENCE	Client Experience				x	x			
17	STEWARDSHIP	Budget Variance (% & \$)						x		x
18	STEWARDSHIP	Capital Budget Variance						x		x
19	STEWARDSHIP	Administration Ratio						x		x
20	INNOVATION	Rate of Research Projects with Inter-disciplinary Involvement						x		x
21	INNOVATION	Amount of research funds attracted						x		x

APPENDIX B – Financial Schedules

Administrative and Support Mitigations

Category	Mitigation Description	Total \$\$
Staffing Resources	Salary and compensation savings related to DHA executive restructuring, i.e., CEOs, VPs, executive assistants, etc.	\$ 6,210,000
Staffing Resources	Salary and compensation savings related to administrative and support efficiencies, i.e., Finance, Human Resources, Information Technology/Information Management, Procurement, Building Infrastructure, Housekeeping, etc. Benefit cost savings related to pension plan.	\$ 4,290,000
Staffing Resources	Transfer of staff & budget to provincial government to align with government restructuring. Government will provide strategic procurement services to Nova Scotia Health Authority & IWK.	\$ 1,760,000
Attendance	Continued efforts on vacancy, overtime and sick time management.	\$ 250,000
Fees & Dues	Savings related to reductions in organizational fees, and membership resulting from going from 9 legal entities to one (consulting, Health Association Nova Scotia, insurance, auditing, Accreditation, etc.).	\$ 456,000
Revenues	General revenue increases related to inflationary increases on rates (other provinces, out of country, non-insured, parking, retail operations, etc.), improved efficiencies, and increased growth in billable services.	\$ 4,354,039
Technology	Savings related to technology opportunities (printing, communication devices, data plans, computers, etc.).	\$ 500,000
Previous Year Annualizations	Annualization of approved and implemented saving opportunities from the district health authorities' 2014-15 business plans.	\$ 400,000
LEAN, Process Efficiencies, Price	Exploring opportunities for savings in restaurant and retail services.	\$ 250,000
Price	Energy efficiencies and savings from price reductions related to oil.	\$ 1,500,000
Price	Savings related to targeted strategic procurement contracts & purchasing, i.e., better pricing, improved standardization, better utilization, etc.	\$ 10,560,000
Total Administrative & Support Savings		\$ 30,530,039
<u>Health Service & Program Mitigations</u>		
Category	Mitigation Description	Total \$\$
All Programs	System Planning – Reviewing clinical services province-wide re opportunities in capacity management, service delivery, improved utilization, management structure leaning, etc.	\$ 10,604,000
Lab	Savings related to continued implementation of Point of Care testing and other efficiencies in laboratory services.	\$ 450,000
Total Health Service/Program Savings		\$ 11,054,000
Grand Total		\$ 41,584,039

Nova Scotia Health Authority
Business Plan - For Fiscal 2015-16

	2015-16 Budget
Administration	96,850,788
Operations	285,263,510
Inpatient Services	540,807,431
Ambulatory Care Services	268,967,681
Diagnostic & Therapeutic Services	336,796,346
Other Acute Care Expenses	112,108,535
Mental Health	85,699,939
Addiction Services	33,163,082
Public Health	28,233,575
Primary Care	9,464,489
Care Coordination	20,190,672
Total	1,817,546,047

Budget F2015-16

