President and CEO, Executive Vice President of Medicine and Clinical Operations Executive Report, Fiscal Year 2025/26

Throughout fiscal year 2025–26, Nova Scotia Health advanced access, system performance and transformation through Operational Excellence, standardized approaches and executive accountability. Working with government, health system partners and communities, teams delivered measurable improvements while strengthening the way organizational priorities are translated into coordinated action.

Central to this approach, Strategy Deployment Reviews (SDRs) matured into broader health system management forums, linking enterprise priorities, operational performance and leadership accountability. Through these reviews, discussions shifted from reporting activity toward understanding variation, identifying root causes, spreading leading practices and escalating barriers requiring executive action. Greater leadership fluency and collaboration reinforced a more integrated provincial approach to sustained improvement. This focus on access and coordinated delivery was reflected across priority services.

- In primary care, the Need a Family Practice Registry declined to approximately 60,000 people, or 5.5% of the population. Enhanced primary care access increased by more than 103,000 appointments compared with the previous fiscal year, supported by 111 new family physicians. NSH established or strengthened 123 Health Homes to expand collaborative, team-based care.

- Access to scheduled care also improved. The surgical waitlist decreased by approximately 8,000 patients since April 2022, and surgical volumes were approximately 8,400 procedures above pre-pandemic levels. Surgeries completed within benchmark reached 65%. Approximately 1.27 million diagnostic imaging scans were completed in FY2025–26; CT, MRI and ultrasound outpatient volumes were approximately 19% above the FY2021–22 baseline, and more than 92,950 e-referrals were processed during the year.

- Within emergency and inpatient care, efforts to strengthen care coordination and patient flow helped the system manage increasing demand. The 90th percentile ambulance offload time decreased from 194 to 89 minutes, returning more than 36,000 hours of EHS capacity. Emergency department-to-inpatient bed transfer times improved by eight hours at the 90th percentile. NSH provided more than 29,000 additional inpatient days compared with the prior year while maintaining an unplanned readmission rate of 5.1%, within target.

- Improvements extended to mental health and addictions, where more than 95% of urgent wait times were within benchmark. Intake assessments completed within three days increased from 41% to 61%, while the program supported more than 417,000 visits and discharges, a 5% increase over the prior year.

- Bringing care closer to home remained another important priority. In cancer care, 96% of systemic therapy was delivered close to home, radiation therapy within benchmark reached 85%, and approximately 26% of oncology clinical and treatment visits were provided through community clinics.

Sustaining these service improvements depends on a stable workforce and the capacity to adopt new ways of delivering care. During FY2025–26, NSH welcomed 278 physicians, including 111 family physicians and 167 specialists. The overall workforce grew by approximately 1,400 employees, the vacancy rate declined to 9.2%, and more than 1,700 Nova Scotia nursing graduates were hired.

Alongside workforce growth, digital transformation remained central to building a more connected health system. Preparation for the Central Zone launch of One Person One Record (OPOR) brought the same focus on coordinated execution and accountability to a major organizational change. SDRs tracked training, data migration, integrations, construction and cutover, with increasing attention to frontline readiness and critical risks. As launch approached, daily Provincial Emergency Operations Centre coordination, escalation of critical issues, physician and peer-mentor engagement, and visible site leadership reinforced operational ownership and adoption. Following fiscal year-end, OPOR launched at NSH in May 2026, establishing a foundation for safer, more coordinated care.

Together, these service improvements and enabling investments reflect the commitment of clinicians, staff, leaders and partners across NSH. The next phase is to sustain gains during technology transition, reduce unwarranted variation and spread successful practices, while further integrating workforce, data, digital and improvement capabilities around shared outcomes. This continued focus will support better access, quality, patient experience and a more connected and sustainable health system.

Respectfully submitted,
Dr. Nicole Boutilier, CEO and President