



Healthier Together 2016-19
Measuring our progress

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.



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Introduction

On April 1, 2015, Nova Scotia's nine district health authorities came together as one to form Nova Scotia Health Authority (NSHA). Under *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



Introduction

Following the creation of NSHA, our initial focus was on bringing those nine organizations together as one - putting the people, processes and structures in place to support a new province-wide organization, as well as building relationships, setting priorities and planning.

NSHA's first strategic plan, *Healthier Together 2016-2019*, was launched in April 2016. It provided a roadmap to build, grow and shape the organization by defining our priorities and helping ensure we are moving in a consistent direction. The priorities were established based on what we knew about the health needs of our population, our legislative requirements and the goals established for the health system by the Department of Health and Wellness, national standards and what Nova Scotians told us was important to them. Staff, physicians, learners, volunteers and key partners provided feedback on key elements of the plan, including the values, strategic directions, goals and measures.

The strategic plan guided our decision-making and helped us focus our energy and resources toward achieving common goals over the past three years, with specific focus on:

- improving access to primary health care
- enhancing mental health and addictions services
- increasing access to key diagnostic and surgical services
- renewing the continuing care strategy
- improving patient flow

We monitor and evaluate our progress regularly. We use this information to drive improvement at the system and local levels. Our goal is to sustain and build on areas where we are seeing improvement, while addressing areas we know need attention. Our data shows that we can move the mark and make a difference when we put focused effort, energy and resources towards a common priority.

There is no doubt the 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 changes at a rapid pace.

Our health system has not fully adapted for these realities – resulting in gaps and misalignment between what health services people need and what is available. Many Nova Scotians wait too long to see some providers and for some 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.

Introduction

Some people who should be in a medical bed are receiving their care in emergency departments instead, while a high number of patients who are in hospital beds could be better cared for in another setting if that care was available. These issues are what make our efforts to create a more responsive and sustainable health system so important.

There are bright spots, too. We consistently meet or exceed targets for safe care indicators such as hand hygiene rates and hospital-associated infections. We have also made significant strides in reducing the time it takes for an individual experiencing a stroke to receive lifesaving thrombolytic therapy (tPA). Readmission rates are better than the national average for medical, surgical and obstetrical patients. We continually exceed our target for lost-time injury rate (indicating safer working conditions, or fewer injuries), and we have consistently performed better than our target for worker absenteeism. We exceed the national target for radiation therapy wait times and also for hip fracture repairs.

Improvements are not limited to the hospital setting. The number of people on the wait list for both home care services and long-term care has decreased by about 50 per cent since 2015.

There is more to do.

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 progress in key priority areas during the life of our first strategic plan and provides information that will help people better understand what we are doing and where we are going as a system.



About the Data

Nova Scotia Health Authority monitors hundreds of performance indicators at the system and operational levels. This data is used to drive improvement and ensure we stay focused on what matters.

Data gives decision makers a shared and common understanding of the magnitude and nature of the challenges facing health care. It also gives us a foundation for communication and co-operation to support improvements that will enhance health care across Nova Scotia.

Monitoring, measuring and reporting on our priority areas allow us to identify what's working well, where we can build on our success and where we need to refocus our efforts to advance our goals.

Since the formation of NSHA in 2015, our clinical and corporate teams have been working diligently to reduce unnecessary variation in business processes related to information capture, management and reporting. The legacy of nine district health authorities has often meant streamlining nine or more different ways of doing things into one, and at the same time working to overcome the challenges of operating multiple information systems.

We have made significant progress with an ability to now collect and report much of our clinical and corporate information at the facility, zone and province-wide levels. We will continue to implement business process standardization, streamline indicator reporting processes, and enhance data source systems and integrity.

Some indicators are reported publicly. For example, patient safety indicators such as rates of hand hygiene clostridium difficile (C. diff) and MRSA bloodstream infections, as well as wait times for procedures and tests can be found on the Government of Nova Scotia's Health System Quality website.

Other performance measurements are posted on NSHA's website and all are shared with NSHA teams to support system improvement. This information is updated regularly.

The information in this report is intended to provide a glimpse into our performance based on the strategic priorities we identified in our strategic plan *Healthier Together 2016-19*.



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



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.

Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

We all want a system we can rely on – one in which we can depend on having access to a primary care provider, get a test or a medical procedure in a reasonable amount of time and in which, when we do need hospital care, a bed is available.

Improving access to quality, evidence-informed and appropriate health services including primary health care, mental health and addiction services, diagnostic and surgical services and continuing care have been identified as system priority.

We have made significant investments and have planned and continue to implement improvements that incorporate advances in science and technology, best practices based on research and the needs of the population.

Our focus is on improving access to safe, timely and appropriate care and services with a focus on providing the right care, by the right provider, in the right place, at the right time.



Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

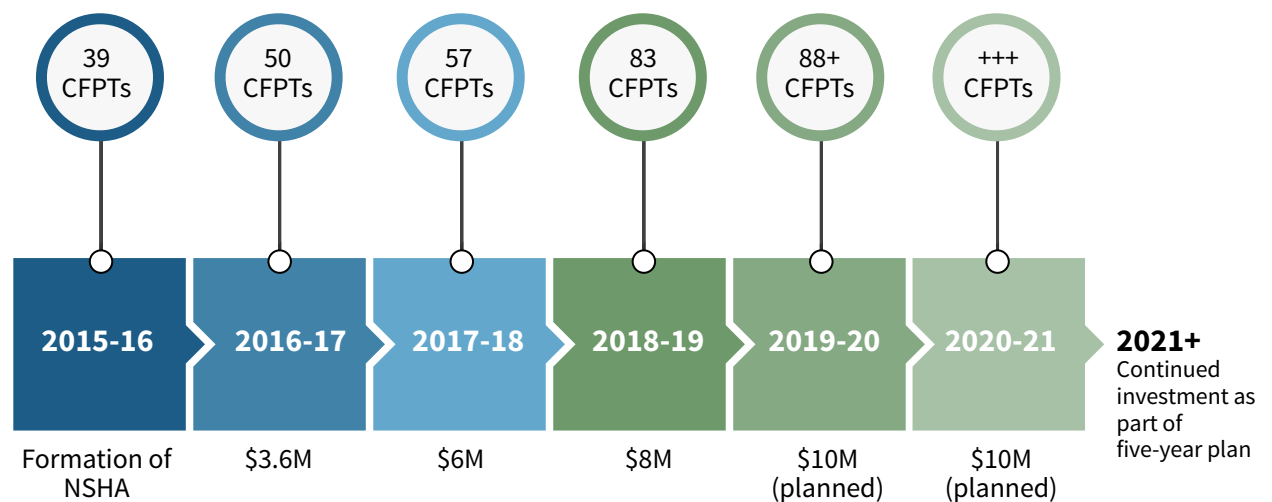
Primary Health Care

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.

Other areas that have built strong primary health care systems based on this model have healthier populations and lower rates of hospitalization. Having teams also helps us to recruit and retain health professionals in our communities. Over the past three years, our focus has been on building and strengthening collaborative family practice teams across Nova Scotia. Today, there are more than 80 teams in various stages of development.

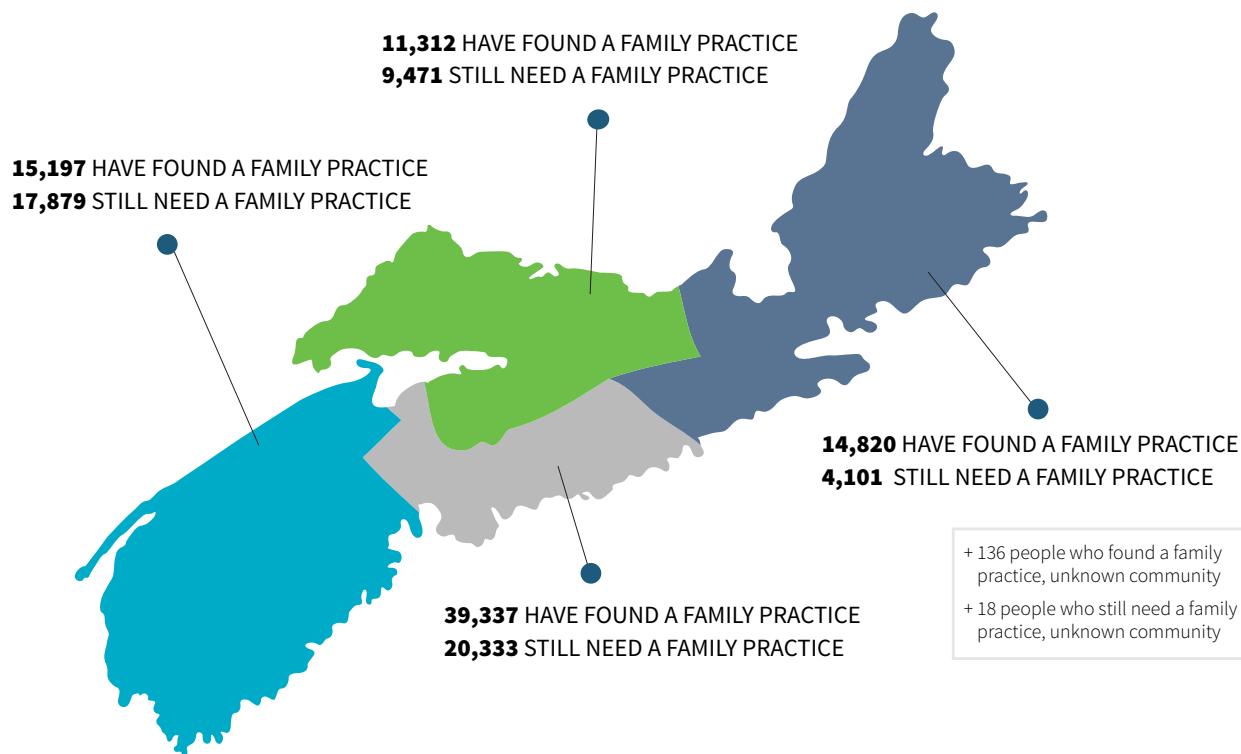
Timeline for Primary Health Care Investment in Nova Scotia



CFPT = Collaborative Family Practice Team

Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

Finding a Family Practice by Area (As of March 31, 2019)



QUICK FACTS

130 

Between March 31, 2017 and March 31, 2019, **130 new nurse practitioners, family practice nurses and other health professionals** were hired to work in collaborative family practice teams.

80K+ 

As of March 31, 2019, **more than 80,000 Nova Scotians** have found a primary care provider (registry and other routes) as tracked by NSHA since November 2016.

Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

Mental Health and Addictions

One in five Nova Scotians will be impacted by a mental illness. One in seven will experience a problem with alcohol or drug use in their lifetime. Sadly, many people who need our services are either not getting the help they need or may not seek help at all because of the pervasive stigma and discrimination that continue to exist in relation to mental disorders, substance use and/or gambling.

Milestones On Our Journey

In 2017, Mental Health and Addictions (MHA) released **Milestones On Our Journey (pdf)**, a multi-year plan that outlined strategic actions in four priority areas:

1. mobilizing leadership
2. promoting positive mental health
3. treatment and coordination and
4. advancing provincial system supports – accountability, leadership, quality and safety.

The overall goal was to plan for a continuum of services and systems supports to better meet the needs of Nova Scotians; and to provide the right care, in the right place, at the right time, delivered by the right person. The Milestones report was not intended to be a finished product but rather serve as a roadmap or framework to further guide the development and implementation of a provincial model for MHA Program of Care.

We all have a part to play in transforming mental health and addictions care and support in our province. The advances we have made so far are the result of population needs-based planning and evidence reviews, feedback from our frontline staff and managers, as well as the insight of individuals and families.

There is still a lot of work to be done; however, since the launch of the Milestones report, significant progress has been made including:

- planning and initial implementation of access and navigation:
 - service criteria for community clinics (outpatient services for adult and child)
 - standardizing scheduling and registration for community mental health and addictions clinics
 - intake service – single access point, evidence-based screening/assessment, triage acuity guidelines and standard clinical workflows
- enhancing urgent care and crisis response services
- increasing access to, and enhancement of, treatment services in community and investing in community-based treatment

Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

- investing in rural psychiatry recruitment and retention and the new clinical assistant program
- enhancing our peer support program
- strengthening our quality framework (accredited in 2017)
- incorporating e-mental health solutions into clinical processes
- investing in services for children and youth, including expansion of CaperBase/adolescent outreach services, increased school based clinicians and First Nations clinicians
- enhancing access to opioid recovery programs
- enhancing the the provincial health promotion team
- establishing decision support, data management and project infrastructure to help us improve across the Mental Health and Addictions program

MHA has been working to enhance our ability to track and measure our utilization as a provincial program. Below you will find some of the utilization statistics for the last fiscal year.

Measures for MH&A in NSHA:	FY2018-19
Inpatient Discharges (total):	4,003
• Withdrawal Management	1,244
• Mental Health	2,549
• Forensics	210
Outpatient Visits (includes Crisis, Mental Health Mobile Crisis and Psych ER)	369,515
Active Opioid Replacement Program clients	2,092
Total Unique Clients	42,998

QUICK FACTS

Since the launch of the Nova Scotia **Take Home Naloxone Program** in September 2017, over 6,300 kits have been distributed by 282 registered pharmacies and 27 other Naloxone distribution sites. There have been over 60 reported reversals, though that number is likely significantly higher due to the voluntary nature of the program.



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Provincial Crisis Telephone Line: Enhancements and Updates



Increased staffing by 2.0 FTEs starting mid-July 2017.



Updated phone system in November 2017.



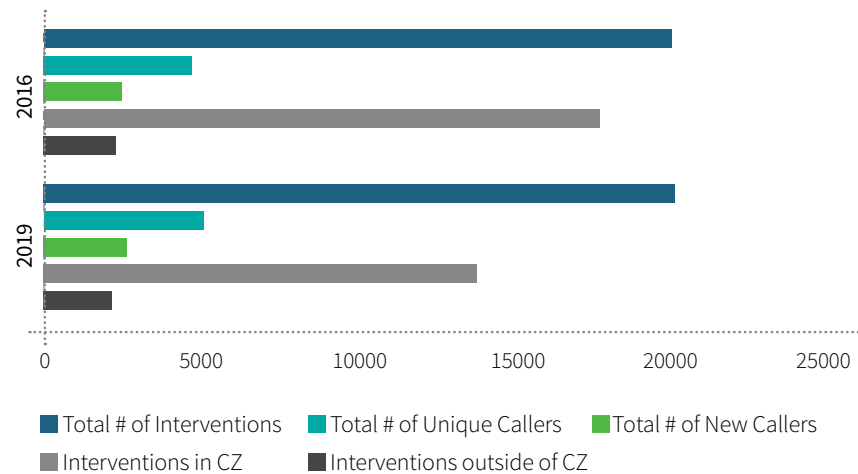
This increased staffing by **one person** per each **24 hours**.
The updated phone system means callers **remain on the line to wait for the first available clinician** rather than leave a message and wait for a call back.

CaperBase Expansion: Adolescent Outreach Model

The Adolescent Outreach Model (AOM) provides outreach services to youth who are at risk for experiencing substance use and/or mental health problems. Adolescent Outreach staff work within schools and the community to engage youth where they are comfortable.

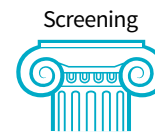
The AOM was launched in the Northern and Western Zones of NSHA in September 2018. This model is based on the success of CaperBase Outreach Services, which was implemented in 2009.

2016 vs. 2019: Statistics



11 new Adolescent Outreach Workers were hired through the expansion of CaperBase.

The Adolescent Outreach Model has four pillars:



Screening



Community Linkages



Outreach



Brief/Early Intervention

AOM by the numbers

65

schools throughout the province have access to CaperBase and Adolescent Outreach Services.

453

registered clients throughout the province.

6,698

non-registered client visits in Nova Scotia middle and high schools.

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Access to Community Mental Health and Addiction Clinics

Why is it important?

In order to support the health and wellbeing of our community, it is critical to provide timely access to supportive mental health and addictions services to those who need it. We are committed to reducing wait times and providing better health care for clients and their families. Shorter wait times are important to you and are a priority for us. Improved access to assessment, diagnosis and treatment enables health care providers to make timely decisions about care options and can make a real difference in recovery outcomes for clients.

What is measured?

Mental Health and Addiction wait times (excluding no-shows) are measured for all scheduled services:

1) Wait time from the date referral is received to date of completed intake/triage (Wait 0)

2) Wait time from the date of completed intake/triage to the date of scheduled first appointment (Wait 1)

3) Wait time from attended first appointment to attended first treatment (Wait 2)

What do we intend to achieve?

We are aiming to meet the wait-time target for urgent cases, 100 per cent of the time.

How are we doing?

The per cent of urgent cases meeting their wait-time target increased slightly from 84 per cent in the first quarter of fiscal year 2018-19 to 89 per cent in the fourth quarter. This is still below the target of 100 per cent, but it is heading in the right direction.



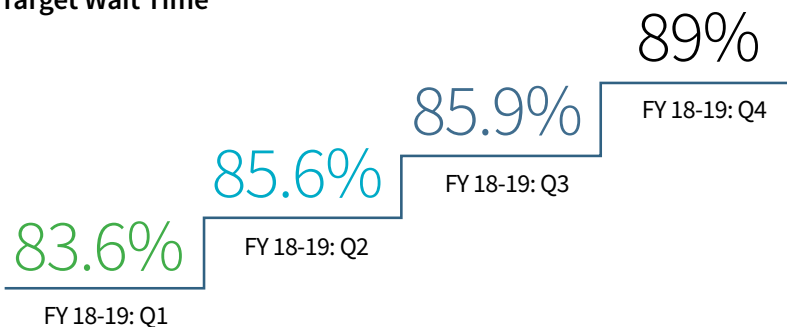
Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

Access to Community Mental Health and Addiction Clinics

The percent 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 quarter**. Most recently, the target has been met **89 per cent** in the **fourth quarter**. This is still below the target of 100 per cent, but it 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.



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Continuing Care

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 and services funded by the Government of Nova Scotia, such as home support, 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, are essential to those efforts. NSHA is responsible for intake, assessment, case management, placement and coordination of these services and contracts with private agencies and facilities, licensed and/or approved by the Department of Health and Wellness for the delivery of these services.

We also deliver some services including home nursing and long-term care, operating 146 long-term care beds at seven facilities and delivering over 50,000 nursing visits each year.

Our care coordination teams assess needs, identify the programs and services that best meet them, set up these services and work on an ongoing basis with individuals and families to ensure they receive the care they need.

There's more to do, but since March 2015, the number of people waiting for both long-term care and home support has been reduced by about 50 per cent. This has been achieved by working collaboratively with the Department of Health and Wellness, service providers, unions and employees to make changes to policy and practice.



Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

Wait Lists for Home Support and Long-Term Care

Why is it important?

Nova Scotia is an aging province, with the size of elderly cohorts increasing every year. Home Support is an invaluable service that allows Nova Scotians who require physical assistance to remain in their home for as long as is possible.

While remaining at home indefinitely is not an option for everyone, many people prefer to live in their homes for as long as they are able to. In addition to client preferences, it is often much more cost effective to provide services to clients in their own homes, as compared to when they are living in a long-term care facility.

An accurate understanding of those waiting for home support and those waiting for long-term care is essential to ensure the effective allocation of existing resources, to understand how client needs are changing over time and to aid in planning to accommodate future demand.

What is measured?

These indicators are the count of existing clients waiting for home support and long-term care.

QUICK FACTS

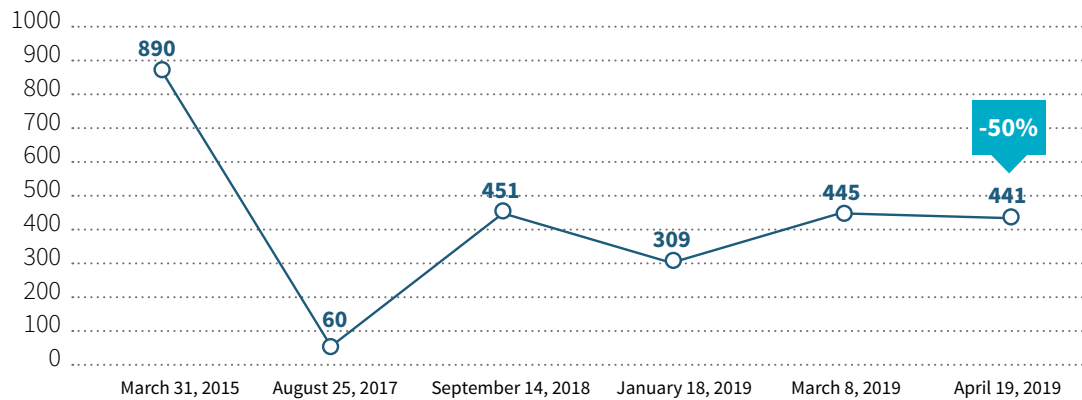
Every year, continuing care programs and services:

- serve about 40,000 clients & residents
- work with 162 service providers
- deliver 3 million home support hours
- make 1 million nursing visits

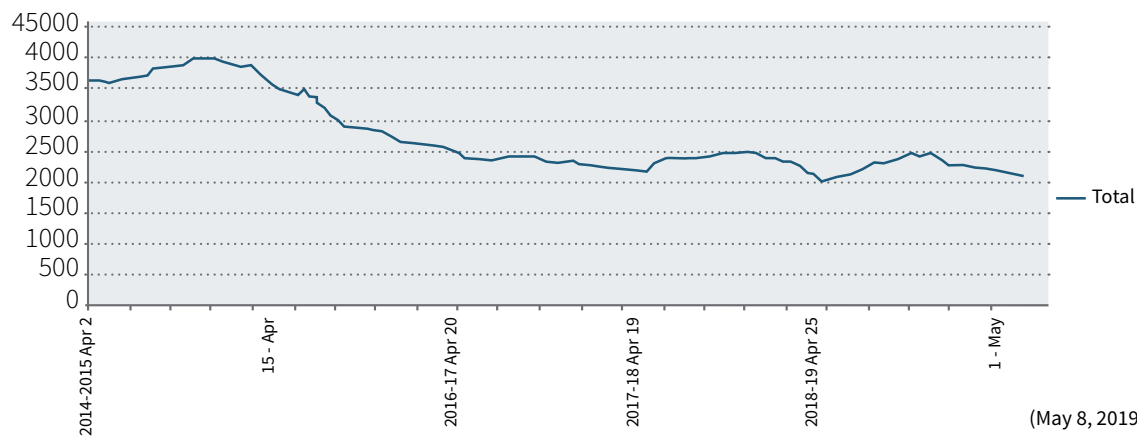


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People Waiting for Home Support Services



Long-Term Care Waitlist 2014-15 to 2018-19



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System Capacity

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 patient-centered care in a timely and efficient manner. Hospitals in Nova Scotia are routinely at 95 per cent or above occupancy. We know that a rate of 85 per cent is needed for more efficient patient flow.

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.

There are often environmental or social reasons preventing or delaying discharge from hospital. These patient flow issues create a domino effect throughout the entire system including overcrowded emergency departments, delays in admissions, hallway medicine, increased wait times and cancelled surgeries.

Understandably, this causes concern, anger and frustration among our patients and their families and can lead to patient suffering and adverse patient outcomes. For example, hospitals aren't able or equipped to provide the same level of recreation, social interaction or spiritual care as a long-term care facility. As a result, some patients who are waiting in hospital for a nursing home bed become lonely and depressed, lose strength and mobility and in some cases, end up needing hospital care because their health deteriorates.

Our staff and physicians do everything they can under very stressful circumstances to ensure the well-being of patients. However, they too are concerned and frustrated by their inability to always meet patient needs.

We know from literature and the experience of other jurisdictions that resolution to this issue requires systemic change and action. We have done a review of inpatient services and an analysis of where we stand compared with the best practices in patient flow and are making changes that will impact our performance. Over time, this will include changes to organizational practices, services offered, number of beds and how they are used.

We are focused on improving the health of Nova Scotians and the quality and efficiency of care. That work involves change not only in emergency departments but throughout hospitals and in communities, including both long-term and primary care.

Addressing this challenge requires a collective effort involving leadership; front-line staff and physicians, government; as well as external partners – to name a few – all working together to provide the right care at the right time and in the right place.

Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

A System Under Pressure, a System-Wide Response

The number of daily visitors to the Valley Regional Hospital emergency department (ED) has been climbing over the past five years. Staff and physicians have been adapting to meet that growing demand within the department.

But the number of people coming through the emergency department doors is only part of what causes the well-known problem of overcrowding in this and other emergency departments.

On March 7, 2019, the Valley ED experienced what doctors described as “an unprecedented high water mark” of overcrowding. The emergency department has 20 treatment spaces and that day housed 24 admitted patients – those are people who have received emergency care and need to move on to inpatient hospital units. Every treatment space was occupied with a person, or sometimes two, who no longer required emergency care, meaning none were left to allow for the care of newly-arriving emergency patients.

But the inpatient units those admitted patients needed to move to were also fully occupied, said Dr. Tom Goddard, who works in the Valley ED and is chief of emergency medicine in the Western Zone.

“During this tremendously difficult day, the cooperation of the different floors and teams was outstanding,” he said. “Plans were made for transferring patients. Rooms were cleaned quickly. Nurses worked together to transfer care as patients were moved from the ED to be added five to a four-bed room to try and relieve the emergency department and let it function in its role managing new emergencies.”

At the time, between Valley Regional and the two other regional hospitals in the Western Zone, more than 39 hospital beds were taken up by patients who were waiting to be placed in long-term care, but no longer needed hospital care.

Thanks to the efforts of staff and doctors throughout the hospital, the emergency department continued to be able to see new patients in 90 minutes or less.



Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

Ambulatory Care Sensitive Conditions

Why is it important?

Nova Scotians have high rates of chronic disease. This indicator helps in understanding how patients with chronic diseases access health services in Nova Scotia. Ambulatory Care Sensitive Conditions (ACSC) are chronic medical conditions that when treated effectively in community settings, should not, in most cases, lead to a hospital stay.

Managing chronic diseases effectively in the community can improve patient outcomes while using fewer hospital in-patient services.

What is being measured?

ACSC include grand mal status and other epileptic convulsions, chronic obstructive pulmonary disease, asthma, diabetes, heart failure and pulmonary edema, hypertension, and angina. This indicator represents the rate of hospitalizations for these conditions.

What do we intend to achieve?

We strive to provide timely, effective, community-based health services to patients experiencing chronic diseases. While there is no agreed-upon target for the ACSC rate, NSHA has set a goal to enhance primary care access, reduce hospitalization for chronic disease, and bring down the ACSC rate.

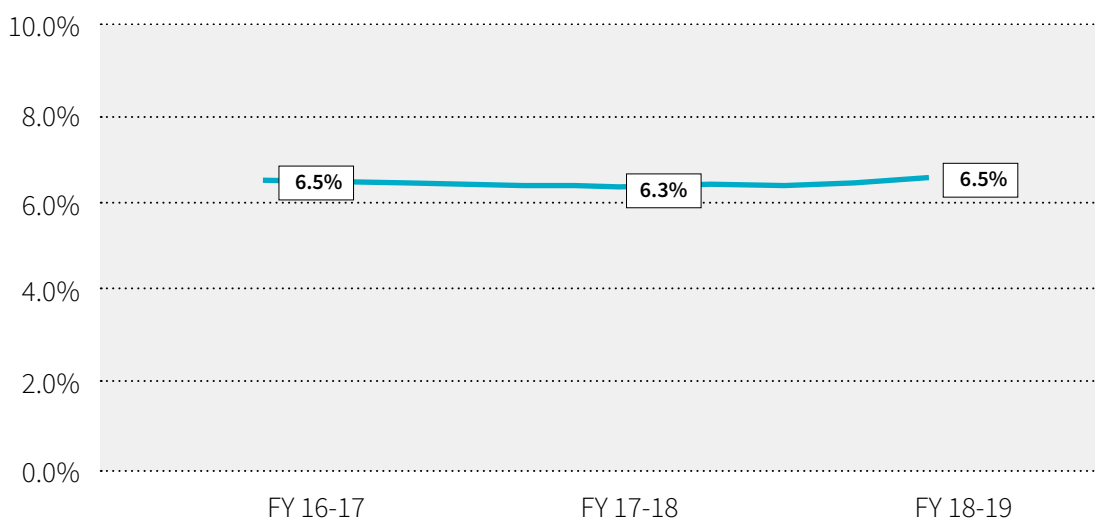
How are we doing?

There is no independently set or agreed on appropriate level of hospitalization for ACSCs. Across Canada, there are large regional variations in the rate of hospitalization for these conditions. Over the last three years, NSHA has remained at, or near six per cent of all admissions being for an ACSC. We hope to bring this down over time.



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Ambulatory Care Sensitive Conditions – Per Cent of Discharges



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The INSPIRED COPD Outreach Program

In Nova Scotia, about 33,000 people currently live with chronic obstructive pulmonary disease (COPD). COPD causes airways to become partially blocked, making it difficult to breathe. But fighting for each breath is only part of the struggle for those living with COPD.

The exhausting effort it takes to shower, get dressed, and walk down stairs causes many to become homebound, causing a major impact on their quality of life. Many sufferers are too sick to keep clinic or doctors' appointments, unable to access the care they need and often land in the emergency department with more worrisome flare-ups.

Once treated, many return home simply to wait for the next flare up with no plan or support in place to prevent or reduce the chances the patient will need to return to hospital.

There is another way. In 2010, Medical Director Dr. Graeme Rocker and his team of respiratory therapists and spiritual care practitioners in Halifax designed, implemented and tested a home care program for patients discharged from hospital after a flare-up of COPD.

The INSPIRED COPD Outreach Program brings together a team of professionals to provide home-based education and support to people with COPD. The program supports them in their homes and communities, improves the experience of living with COPD and reduces emergency department visits and admissions.

"I used to feel so alone with my illness; now people check on me and I know there's someone I can call if I'm having a problem. I would feel so much more isolated, frustrated and apprehensive without this support," said an INSPIRED program participant.

"Ten years ago, we recognized what mattered most to patients and families living with COPD and designed INSPIRED to meet those needs. We didn't know back then just how effective right care, right place, right time would be," said Dr. Rocker.

NSHA is building on the successful beginnings of the program in Central Zone, and expanding to other areas across the province.

Now it is a Cape Breton success story with more than 200 patients enrolled in the Sydney area. For the first 71 patients in Cape Breton who met strict criteria for enrolment (evidence of advanced COPD, community dwelling and alive 180 days after the program), emergency department visits decreased by 76 per cent, hospital admissions by 82 per cent, and hospital bed days by 87 per cent.

Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

At an approximate cost of \$1,000 per day for an acute care hospital bed, the resulting cost savings is more than \$1,196,000 in Cape Breton alone (January 2018-March 2019).

“Without the INSPIRED program, I would probably be back in hospital... Before I started this program, I had no idea what was going on with me physically. Now I know what’s coming and what to expect. It’s been a good program... It’s inspiring,” said David Smith, patient with COPD and INSPIRED program participant.

The vision is to expand the program across the province and beyond COPD. *“In time, we hope to repurpose INSPIRED as a ‘breathlessness’ service for other respiratory conditions and for other chronic illnesses with breathlessness as a major concern,”* said Dr. Rocker.

Measuring the impact in Cape Breton

71 patients	6 months Pre-INSPIRED	6 months Post-INSPIRED	% change
ED Visits	187	45	▼ 76%
Admissions	114	21	▼ 82%
Bed Days	1382	186	▼ 87%



Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

Overall Patient Experience

Why is it important?

Person-centred, high-quality, safe and sustainable health and wellness is at the heart of NSHA. Effective understanding of the experiences of those we serve is necessary in order to achieve this. Patient experience data can be used to improve person-centred care, increase safety, use resources more wisely, and ensure we meet the expectations of our patients and their families.

What is being measured?

This indicator measures results of patient experience surveys completed by a sample population. The questionnaires focus on assessing patient experiences or interactions with the health system. This indicator measures the percentage of positive responses related to the overall experience of health service.

What do we intend to achieve?

Patient experience and public engagement are priorities for NSHA. We have set a goal to enhance our client's experience of care and engagement in health service decision-making. NSHA has set a performance target of 90 per cent for positive responses on the overall experience of services.

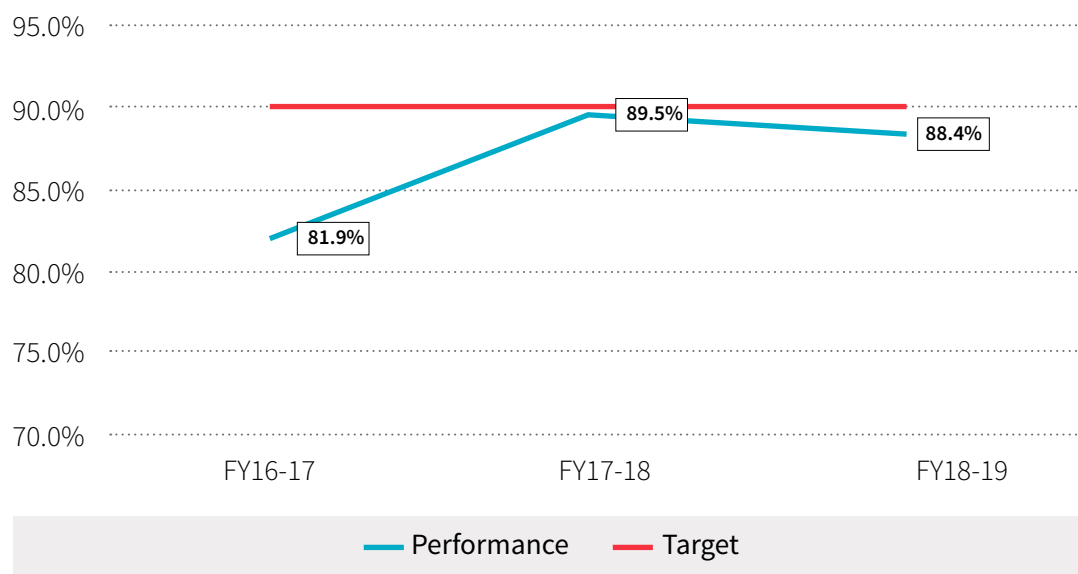
How are we doing?

Results of our surveys showed that while we are not quite meeting the 90 per cent target, patients are largely satisfied with the experience they receive in NSHA facilities.



Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

Overall Patient Experience



Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

Medical and Surgical Bed Utilization

Why is it important?

It is important to match a patient's care needs with the appropriate intensity of resources; as intensity increases or decreases, patients should often be transferred to a more appropriate care setting. It is important to understand how often a patient is in a care setting in which the intensity of resources is greater than that required for the patient's condition. The mismatch of care needs to intensity can impact the quality of care received, and also patient flow through the health system.

What are we trying to achieve?

NSHA aims to provide the right care, to the right patient, at the right time, and in the right place. We aim to have a Not Met, Ready for Discharge/Transfer rate of 40 per cent or less.

What are we measuring?

This indicator is the rate of Not Met, Ready for Discharge/Transfer status days for patients in medical and surgical beds on any given day.

How are we doing?

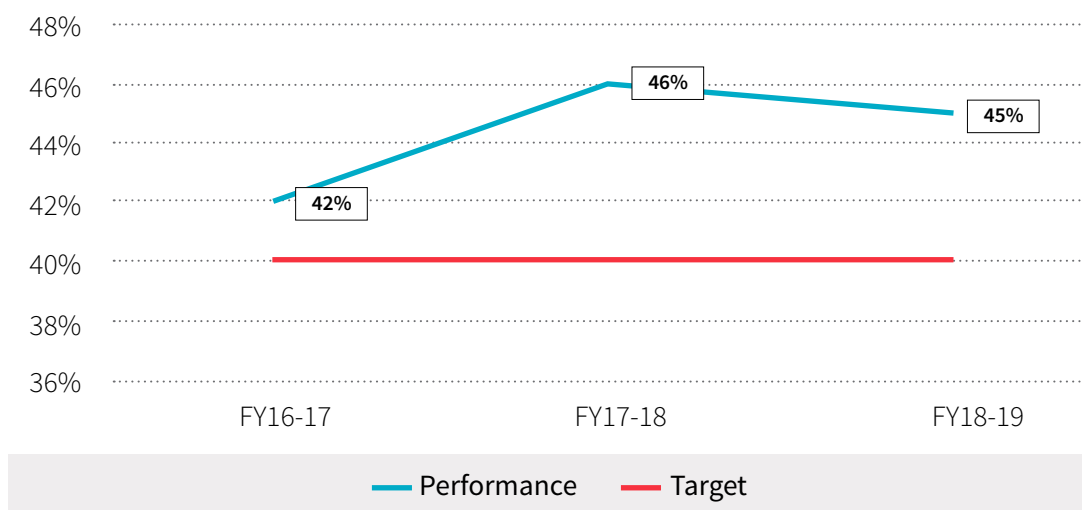
NSHA's rate of Not Met, Ready for Discharge/Transfer has remained relatively stable at ~45 per cent. This is higher than the intended target for this indicator, and is reflective of the difficulties the system has faced with patient flow throughout the spectrum of care in Nova Scotia.



Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

Medical and Surgical Bed Utilization

Ready for Discharge/Transfer Status Days (%) - Medical/Surgical Beds



Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

Surgical Services

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.

A multi-year hip and knee action plan was launched in the fall of 2017 to help improve access and care for patients with hip or knee joint arthritis. The plan is based on the earlier work of NSHA's Orthopedic Working Group, involving surgeons and other clinical and administrative leaders.



Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

A Focus on Wellness: Building Capacity and Improving Joint Replacement Care

“Perhaps by mid-summer I will be able to walk Colby Loop.”

A month after her knee replacement surgery at Dartmouth General Hospital, Eleanor Gillis is continuing to push herself and set goals for her recovery.

Gillis was up walking hours after her surgery and back in the comfort of her own home less than 24 hours later, thanks in large part to the effort she put into preparing for her joint replacement. She smiles from ear to ear as she talks about how far she has come, and getting back to the life she knew, including walking with friends and playing with her grandchildren.

Gillis is among many patients who have benefitted from new resources and a new approach to joint care being introduced as part of Nova Scotia’s Hip and Knee Action Plan, including several weeks of group pre-habilitation.

Nearly house-bound before surgery, she was initially skeptical about pre-habilitation, but soon found the personalized approach and personal connection with staff and other patients made a big difference.

“I felt good leaving every day. It gave me encouragement, and then I had exercises to do at home, and that really helped,” said Gillis.

“I was taught here (at pre-habilitation) that you have got to keep on moving. I was up an hour after my surgery and walked up and down the hallway that evening.”

Born from the need to address the province’s high wait times for joint replacements, the Hip and Knee Action Plan will help improve access and care, with the goal of achieving the national six-month benchmark. It is offering patients enhanced education and support to help them get the most from their surgery. For some, it could mean delaying or even avoiding surgery altogether.



“Perhaps by mid-summer I will be able to walk Colby Loop.”

– Eleanor Gillis, Knee replacement patient

Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

The plan includes various resources and investments including four additional surgeons and anesthesiologists, and more than 70 additional full-time equivalent (FTE) roles in nursing, physiotherapy, occupational therapy and more.

But the aim is not simply to complete more joint replacements. In fact, for teams leading the implementation of the new model, it represents a fundamental shift in how Nova Scotia thinks about and cares for joint replacement patients.

“Patients with hip or knee issues are not necessarily sick, so why treat them like they are?” said Dr. Marcy Saxe-Braithwaite, NSHA’s Senior Director, Perioperative (Surgical) Services. ***“Our model is helping us make wellness a bigger focus in the care we offer before, during and after surgery. We believe it will give patients the best chance at a successful surgery; faster, more complete recovery; and are more positive overall experience of care.”***

Past joint replacement patients have been invited into the planning process, working with the team to map their journey of care and identify opportunities for improvement.

Within the first several months of launching the action plan, clinicians adopted a new provincial clinical pathway to guide joint care and support greater consistency.

“This was an important first step,” said Dr. Michelle O’Neill, Sydney-based orthopedic surgeon and Chair of the Orthopedic Working Group. ***“Regardless of where they live, we want all of our patients to be able to rely on the same quality of care, aimed at helping them live their best, most active lives possible.”***

Rather than referring patients to individual surgeons to await a consultation, joint replacement candidates are first channeled to enhanced and expanded orthopedic assessment clinics across the province. Launched in the fall of 2018, the aim is to offer patients a timely initial assessment, by an inter-professional team that assesses their needs, readiness for surgery and connects them with the supports to optimize them for surgery, including:

- an exercise and physiotherapy program to increase their strength and mobility

- supports to achieve a healthier weight and to stop smoking if able
- advice to make their home safe and accessible (e.g. shower bars) ahead of their surgery and for their return home

In November 2018, teams began to transform the care patients receive following surgery as well.

“Mobility and recovery go hand and hand and we know movement plays a big role in reducing the risk of complications such as blood clots,” Sally Blenkhorn, Manager Rehabilitation Services and Orthopedic Assessment Clinic, Valley Regional Hospital. ***“Our wellness model emphasizes getting patients moving early and often after surgery.”***

Following surgery, patients recover in special chairs that allow them to get up and move more easily than from a hospital bed. Most patients take their first steps the day of their surgery and join a group activity class early the following day. Patients are asked to bring in running shoes, T-shirts and shorts to wear, instead of hospital gowns.

Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

According to Blenkhorn, small changes like this can help change the “I’m sick” mindset, encouraging patients and motivating them to keep moving and resume activities of daily living.

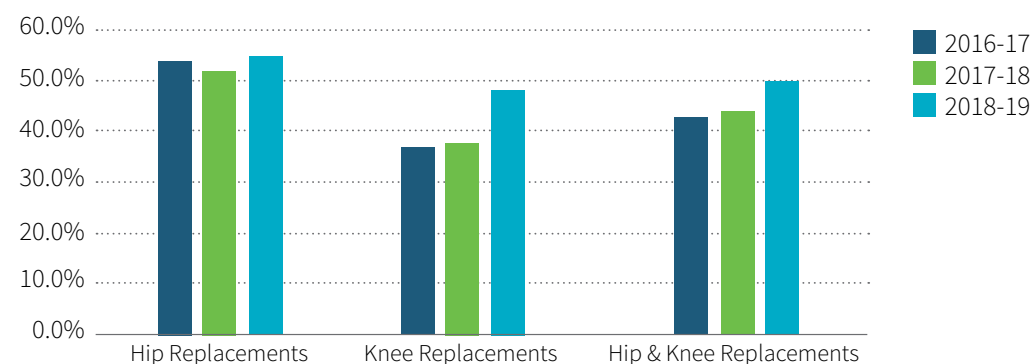
While patients have traditionally been admitted for two to three days, the goal is to move towards most patients returning home the day after surgery, with the right support, where it is safe and appropriate. Early data shows that lengths of stay are decreasing following these surgeries.

Some otherwise healthy patients may even return to the comfort of their own home the same day as their surgery. Patients with other health issues and needing extra support at home may stay longer.

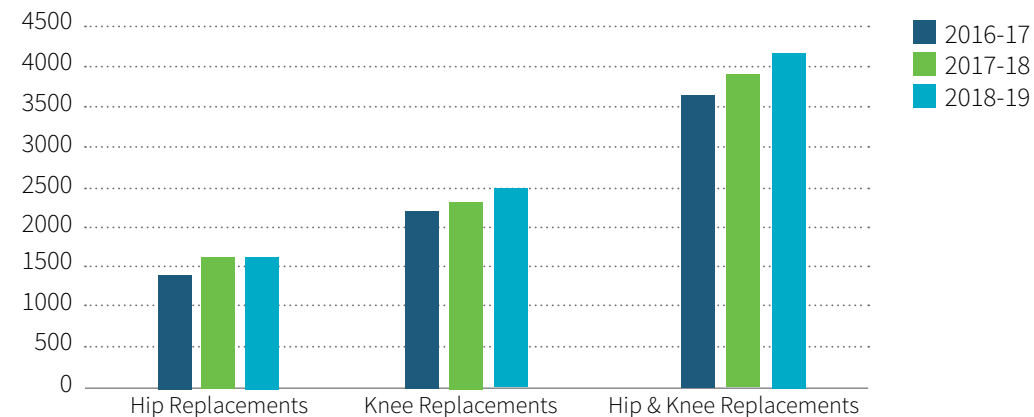
“It’s a journey, not a race, but we are excited by the early progress made possible by our teams,” said Saxe-Braithwaite. *“We are optimistic that our approach will improve the quality of care and quality of life of our patients, while helping us achieve and sustain the national benchmark.”*

Learn more about the NSHA Hip and Knee Action Plan at www.nshealth.ca/hip-and-knee.

Joint Replacements % within 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)



Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

Building for Tomorrow

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're serving and then redesigning 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.

CBRM Health Care Redevelopment

In June 2018, the Government of Nova Scotia announced plans for the CBRM Health Care Redevelopment Project, which includes:

- new community health centres to replace the aging New Waterford Consolidated and Northside General Hospitals
- new long-term care facilities in New Waterford and North Sydney
- a new laundry facility in North Sydney
- a new emergency department, critical care department and Cape Breton Cancer Centre at Cape Breton Regional Hospital in Sydney

- a new, satellite renal dialysis unit and an expanded emergency department at Glace Bay Hospital
- a community-based paramedic program

Leadership and Planning

The local leadership team was formed in the fall of 2018. Since then, physician and clinical co-leads have been identified for each functional programming team to represent services and communities involved in the project. There are teams representing renal, cancer care, surgical services, critical care, emergency services, inpatient services, primary health care and more; with physician and clinical leads from North Sydney, Sydney, New Waterford and Glace Bay. As of May 2019, the functional programming process is 95 per cent complete.

Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

Community Engagement

The team has been meeting with stakeholders, such as staff, physicians, community health boards, foundations, auxiliaries, business leaders, members of government, advocacy groups, service clubs and more. The meetings have been an opportunity to provide fact-based information, answer questions and engage with community groups. Eight patient and family advisors (PFAs) have been added to the project team. There are two PFAs from each community involved in the project (North Sydney, New Waterford and Sydney).

Cape Breton Regional Hospital

In March 2019, the Request for Proposal for the design of the new cancer centre, critical care and emergency departments was issued. The RFP closed on May 10, 2019. Initial work is scheduled to begin this summer, with full construction underway in summer 2020.

New Waterford and North Sydney

In April 2019, the government announced its approach to building the new health facilities in New Waterford and North Sydney. The buildings will be built using a P3 approach (public-private partnership). NSHA staff will continue to operate and deliver the services in the new buildings.

QEII New Generation

In 2018, the Government of Nova Scotia formally announced approval to move forward with the next stage of planning for the QEII New Generation Project, which includes:

Construction and Renovation at the Halifax Infirmary Site including:

- a new Cancer Centre
- an expanded inpatient care tower, bringing the site capacity to over 600 hospital beds, 28 operating rooms, 33 intensive care beds and a renovated 15-bed dedicated intermediate care unit

- a new outpatient centre that will bring clinics together in one location and be home to the QEII Eye Care Centre
- a new innovation and learning centre to support the QEII's academic and learning mandate.

Planning for QEII Community Outpatient Centre and Halifax Infirmary expansion

Planning for the QEII Community Outpatient Centre is targeted for completion in early summer 2019, with planning slated to begin in late spring 2019 for the Halifax Infirmary new build project.

On-going Construction

Construction is underway on the third and fifth floors of the Halifax Infirmary building. This work will support the creation of Atlantic Canada's first hybrid operating room.

Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

Dartmouth General Hospital Renovation and Expansion

The hospital's new entrance opened in December 2018, complete with covered patient drop-off area, and new patient and family waiting areas. The new three-storey addition, which had its ground-breaking in May 2017, is anticipated to open in fall 2019 and features eight operating rooms, surgical recovery rooms, a new day surgery area, medical device reprocessing, outpatient care and endoscopy. When construction is complete at Dartmouth General in 2021, the hospital will increase its surgical capacity by 3,500 cases per year and add 48 more inpatient beds.

Hants Community Hospital Completed Construction

Construction to renovate one and re-open a second operating room at Hants Community Hospital was completed in 2018 – doubling the hospital's surgical capacity and allowing more people in the community to receive their care closer to home.



Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

Research and Innovation

As a teaching and research organization we have a responsibility to explore, evaluate and implement new technologies, treatments and approaches to care.

Innovation is essential to improvements in our care and service delivery. It helps us attract and retain the best clinicians and creates jobs and opportunities in the knowledge economy.

Our researchers attract millions of dollars per year in external awards for research conducted at Nova Scotia Health Authority. At any given time, we have about 360 highly trained staff working on research projects, in addition to about 295 researchers. There are 1,200 active research projects currently underway.

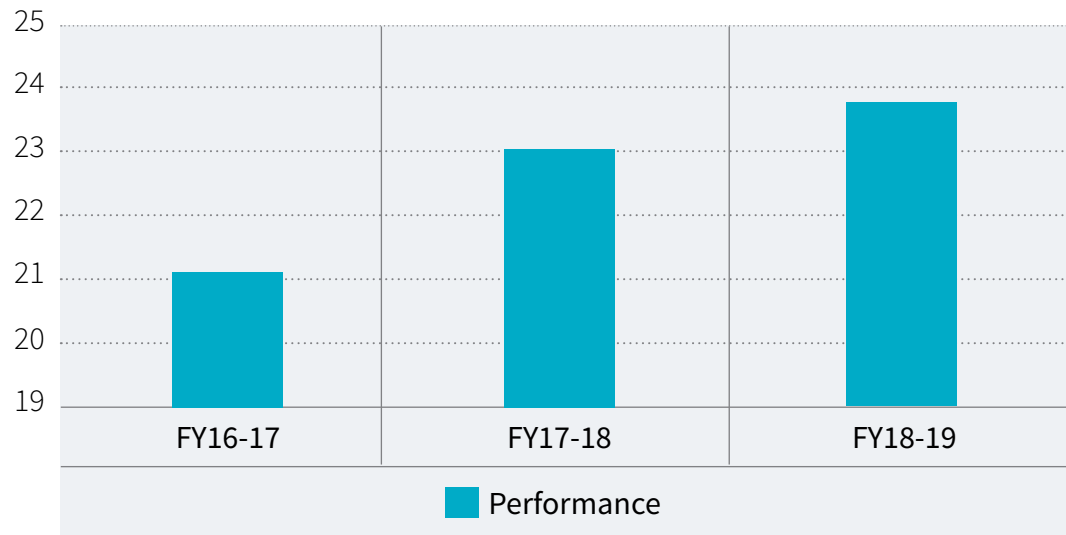
In addition to better care, research also generates spinoff companies, commercialization, patents and collaborative partnerships with local startup industries.

Expanding research capacity and activity across the province will be a significant contributor to our success.



Strategic Direction: Person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians

Research Funds Attracted (in \$ millions)



Strategic Direction: A healthy, high-performing workforce

People are NSHA's 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.

Health, Safety and Wellness

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, practise, learn or volunteer with us. As the largest employer in Nova Scotia, we can and should be a leader to advance 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.

Over the past three years we have implemented multiple initiatives such as attendance support, safe patient handling and mobility, mental health and resiliency, health assessment, radiation safety, early return to work interventions and our comprehensive violence in the workplace program. These programs are intended to foster a culture of health, safety and wellness.



Since 2016, NSHA has offered **The Working Mind**, an evidence-based intervention designed to reduce stigma and improve mental resiliency to over 890 employees and 416 leaders. As part of our continued partnership with the Mental Health Commission of Canada, we participate in ongoing study looking at the impact of **The Working Mind** on our workforce.



Strategic Direction: A healthy, high-performing workforce

QUICK FACTS

It's estimated that a health care workplace is three times more likely to experience violence than other workplaces. In 2018-19, there were 1,518 reported incidents related to workplace violence and aggression compared to 872 reported incidents in 2017-18. While this increase is believed to be largely due to improved awareness and focus on reporting incidents across NSHA, any acts or threats of violence in the workplace are unacceptable.

Over the past two years, 1,000 staff have completed general training sessions on workplace violence and 1,000 staff who provide direct patient care have completed more intensive non-violent crisis intervention training.

QUICK FACTS

Every year, NSHA welcomes more than 5,000 learners from various disciplines and educational institutions. In the past year alone, over 430 preceptors were trained. Approximately 450 managers participated in an inter-professional clinical leadership foundations program. Through our registered nurse professional development centre, we provided post-licensure specialty education to over 300 participants.



Strategic Direction: A healthy, high-performing workforce

Improving Safety in Community Emergency Departments

Anything can happen while working in an emergency department (ED).

Staff working Oct. 3, 2016 at Soldiers Memorial Hospital (SMH) in Middleton faced the unexpected when an armed man entered the ED, changing their workplace safety procedures forever.

Since then, NSHA has focused on new safety protocols for EDs across the province, starting with community EDs. SMH ED conducted courses on non-violent crisis intervention, introduced protocols to limit access to the department, added panic alarms, hired an extra security guard and is in the midst of renovations to better secure the department. This includes improving the line of sight from the nursing station to surrounding areas, the installation of lockdown doors and work on the layout and realignment of the triage room. Work is expected to wrap-up in spring 2019.

“Staff are so excited for these changes,” said Brianne Thibodeau, unit manager at SMH ED. *“It has been hard for staff living and working through the renovations but they know it will be worth it to improve safety for our patients and staff.”*

Patients and family members can arrive at any ED for many reasons. It’s crucial that staff are prepared and have the tools to stay safe in the workplace.

“Even in small communities, you don’t know everybody, you don’t know what’s in their bag, you don’t know what’s going on with them so you don’t want them to have access to your department until you know what you’re dealing with,” said Thibodeau.

While having security measures in place is key, it’s also critical for managers to create a space where staff concerns can be addressed. Thibodeau said it’s key that staff feel comfortable coming to her with concerns.

“You need to listen to your staff about their concerns,” said Thibodeau. *“You need to put yourself in their situation to understand safety concerns. If you do that and you don’t feel a situation is safe, then that’s not a safe situation for your staff.”*

Changes at SMH are just one part of creating safe work environments in EDs across the province. Safety protocols and measures are being reviewed and revised to make sure that plans and resources are in place to create a safe-for-all workplace. In February, NSHA released an update on the progress it has made on recommendations from the *Improving Workplace Safety in Nova Scotia’s Community Emergency Departments* report.

Strategic Direction: A healthy, high-performing workforce

Time-Loss Injury Rate

Why is it important?

Workplace safety incidents have significant and negative impacts on employees and also on system efficiency. They are largely preventable through an effective occupational health safety program. This Workers Compensation Board (WCB) lost-time indicator relates to workplace safety, workplace efficiency, employee health, and injury costs. Health and social services is the largest industry sector in the province and accounts for the highest volume of time-loss claims at 1,694 in 2017, which is more than twice as many as the next closest sector.

What is being measured?

The WCB lost-time frequency rate is a measure of how many injuries result in lost time (exceeding part of one normal shift) from the workplace. It is measured in the number of paid, time-lost days per 100 covered workers.

WCB lost-time frequency is reported at the NSHA level. Recurrences of previous lost time injuries are included in the definition if a new initiating event occurs.

What do we intend to achieve?

Our goal is to be a high-performing workplace with a positive, healthy, safe, and productive work culture and environment. To be high performing, NSHA intends to be among the leaders in Canada and beyond for this and other workforce wellness factors.

How are we doing?

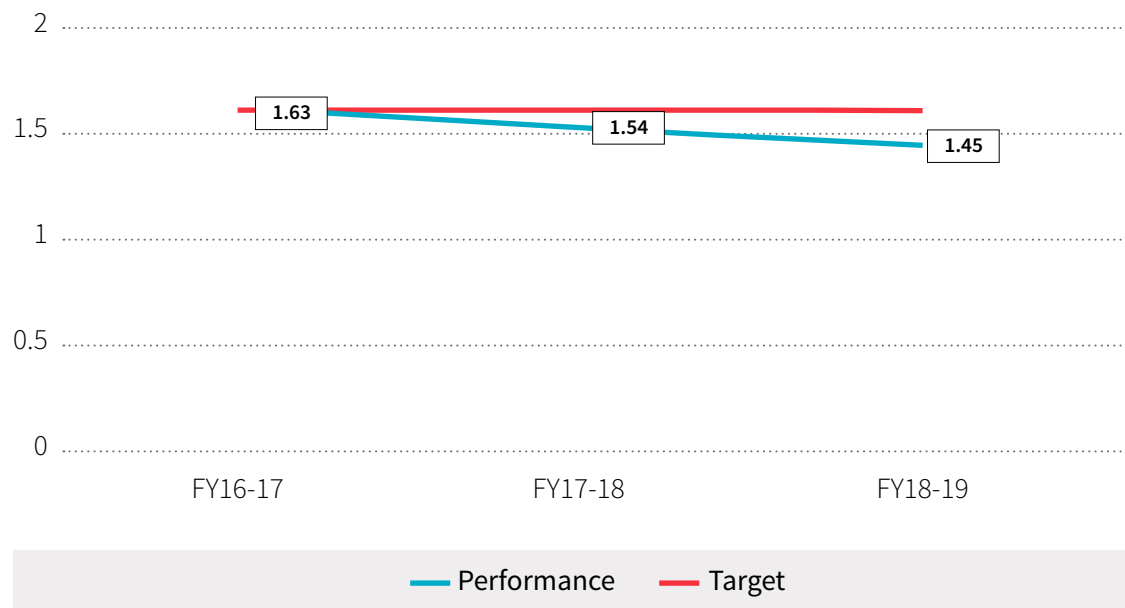
NSHA has met or exceeded the target of 1.61 for the last two years, with a favourable trend in terms of performance.

A lower time-lost injury rate signifies a smaller instance of injury in the NSHA workforce.



Strategic Direction: A healthy, high-performing workforce

Time-Loss Injury Rate



Strategic Direction: A healthy, high-performing workforce

Recruitment and Retention

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.

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.

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 remote areas and in some services that require specialized skills, such as intensive care and emergency. 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.

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.

Significant progress has been made to develop resources, programs and training for our teams. Various education and learning programs have been internally developed and delivered at both the local and provincial levels. In addition to providing opportunities for all staff to learn and develop, we have placed an organizational focus on developing our managers and building capacity of our leaders, including physicians in leadership positions.

Strategic Direction: A healthy, high-performing workforce

Total Workforce Count

	FY 2016-17	FY 2017-18	FY 2018-19
Total Employees	23,025	23,308	24,034
Active Employees	20,928	21,132	21,718
FTE	16,886	17,049	17,309

Employee counts include only employees with active status. Employees on paid or unpaid long-term disability are not included. Medical residents, students or non-employees on NSHA payroll only are also not included in these counts.

Full-time equivalents (FTE) are actual FTEs based on the hours worked by regular and temporary/casual staff. Purchased service hours are not included in these calculations.

QUICK FACTS

We have more than 7,000 postings annually and between 2,100 and 2,500 active postings at any given time.

We have significant job movement within the organization, with people changing positions and advancing in their careers. Approximately 75 per cent of our total hires are internal. This means that when we fill a vacancy with another hire, position becomes vacant, adding to the total job postings.

Strategic Direction: A healthy, high-performing workforce

Physician Recruitment and Retention

Doctors provide an important and valued service in our province. Physician recruitment and retention is a top priority. We've made significant investments and are working closely with physicians, our partners and communities to promote Nova Scotia as a great place to practise medicine and live a great life.

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.

Physicians continue to be engaged in recruitment by providing the basis for our overarching strategy, supporting work as physician ambassadors and attending events to help recruit their peers. We have held several focus groups with physicians in various stages of their careers to ensure their needs are reflected in our evolving strategy.

Our physician workforce is changing and retirement numbers will soon peak. The way doctors are trained and practise is changing. New doctors are trained in team-based care. Many of our current doctors provide care in emergency departments, nursing homes, and inpatient units, in addition to their office-based practices. While Nova Scotia has the highest number of physicians per capita in Canada, distribution of these physician resources and vacancies presents challenges.

We are a learning organization with an important role in welcoming and training medical students and residents in partnership with Dalhousie Medical School. Our organization provides sites for family medicine residency training programs which are one of our best sources for new recruits. We know that physicians who are trained here are more likely to stay and this year we welcome a new residency training site in Northern Zone which will have residents working in Truro, Amherst and New Glasgow. In addition to adding 10 family medicine residency spaces, we worked with the Department of Health and Wellness to create 15 specialist residency spaces in the province.

Strategic Direction: A healthy, high-performing workforce

It takes an entire community to recruit and retain a physician and their family. Many communities have taken an active role in supporting physician recruitment by contributing in only the way they can: showcasing their strengths as a place to live, providing a warm welcome to health providers and their families and ensuring they integrate into the community by providing support with housing, employment, social and cultural connections. In June 2018, we established a project team to work with communities, foundations, and auxiliaries to define roles and supports for a collaborative approach to recruitment. In the past year, we met with communities that have organized to support recruitment in their area and to share best practices with others looking to be more involved. This project is ongoing but will strengthen community participation and provide a provincial resource (toolkit) to support physician recruitment activities.

Doctors Recruited*

	Family Doctors	Specialists	Total
2016-17	43	68	111
2017-18	38	65	103
2018-19	58	72	130
Total	139	205	344

*We only report physicians who are currently hired and working.

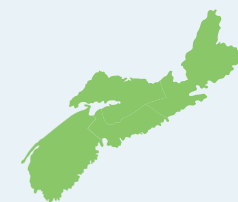
QUICK FACTS

Physician vacancies are tracked monthly. **On April 1, 2019, the following positions remained vacant**

91 
Family Physicians

97 
Specialists

Physicians who train here are more likely to stay here



32 of 51
family medicine residents who trained at rural sites stayed in Nova Scotia (2016-19).

Strategic Direction: Engagement with Nova Scotians to create a healthier future

Engagement with Nova Scotians to Create a Healthier Future

We believe the key to long-term improvement of our province's health status and health system lies in a collective dialogue with all Nova Scotians. The complex challenges we face are not issues that either individuals or the health system alone can address. We want to promote and support a shared accountability for health and improvement in health status. Listening together and learning from each other creates the best environment to prepare and create change.

How NSHA learns from patients, communities and others results from our ability to gather good feedback, work directly with others to consistently understand concerns and aspirations and involve and partner with others on actions, as well as decisions.

Our focus is on:

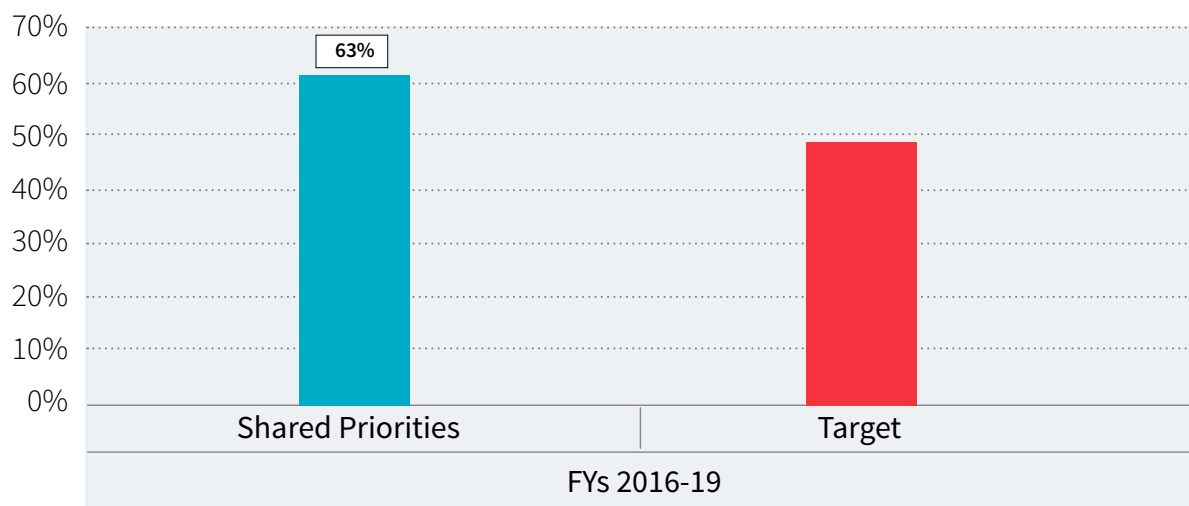
- engaging within NSHA, with partners including foundations, auxiliaries and community health boards (CHBs) and the public to create a vision for the future health status of Nova Scotians and how to achieve the vision
- engaging the public and key stakeholders to collectively understand the population of Nova Scotia as it relates to health services and supports required. (There will be consultation on proposed service plans to ensure patient and community perspective is reflected)
- defining and developing the CHB community engagement role in collaboration with Nova Scotia's 37 CHBs so they have the capacity and support to fulfill their community engagement role

We are committed to listening and learning as we build a stronger, more responsive system together.



Strategic Direction: Engagement with Nova Scotians to create a healthier future

CHB Shared Priorities (%)

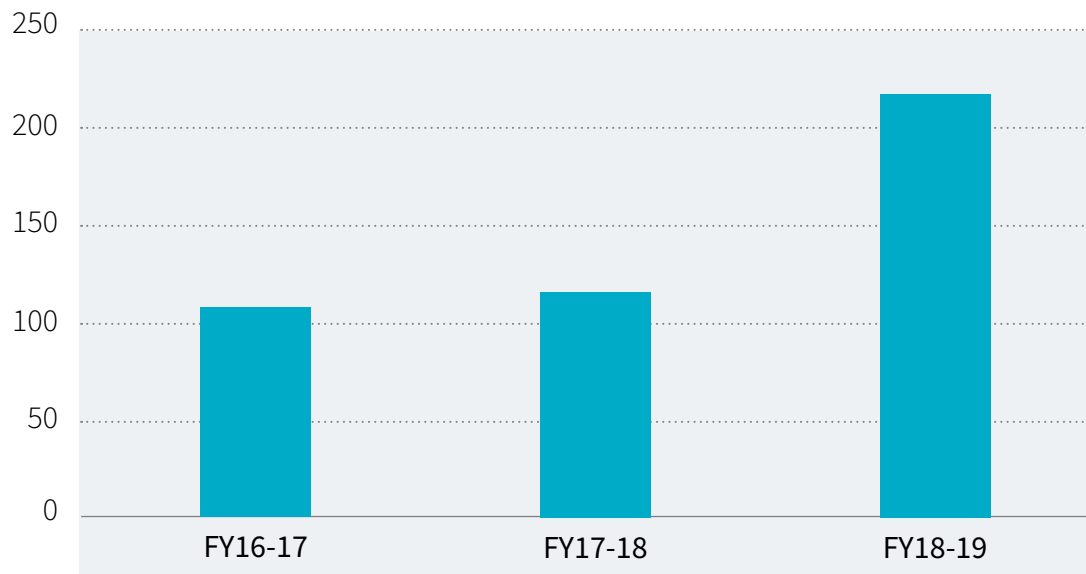


Nova Scotia's 37 Community Health Boards (CHBs) help build healthier communities by promoting and supporting action on initiatives that make a difference for the health and wellness of residents. Through community health planning, CHBs identify community health issues or trends and provide ideas and strategies for improving the overall health of the communities. Collaboration is an important factor in improving health status. Between 2016 and 2019, 63 per cent of CHB recommendations and priorities focused on shared priorities – partnering or collaborating with NSHA programs, other government departments or agencies, with external community partners and organizations, or all three. This exceeds the 50 per cent target.



Strategic Direction: Engagement with Nova Scotians to create a healthier future

Patient/Family Advisors



Nova Scotia Health Authority is committed to involving citizens in setting priorities and making decisions that matter to them, impacting their lives, our community and the whole health care system. One way we do this is by including patients, their family members and/or caregivers to volunteer as active members of our quality and patient safety teams.

*PFA tracking records have significantly improved over the past few years. At first, only PFAs on Quality Improvement & Safety (QIS) teams were tracked. Now, PFAs on QIS teams and Planning/Advisory teams are tracked.



Strategic Direction: Engagement with Nova Scotians to create a healthier future

Community Conversations about Collaborative Family Practice Teams

In 2018, we hosted 25 community conversations about collaborative family practice teams. A collaborative family practice team includes family doctors, nurse practitioners, family practice nurses, and other health professionals working together to provide comprehensive care for patients. More than 600 Nova Scotians attended these conversations, and another 165 people participated online.

“We moved here from Ontario. They never had community meetings about health care there,” said one participant. *“I really like that you are doing this.”*

The purpose of the community conversations was to hear from Nova Scotians about what they think about collaborative family practice teams as we create more and strengthen existing teams in the province. Currently, there are more than 80 collaborative family practice teams in Nova Scotia, in various stages of development.

We also wanted to find out what we needed to know to help support these teams to be successful, for the benefit of patients.

In small groups, participants discussed what they liked about teams, what concerns they had, and shared information about their community regarding access to primary care.

Participants said that collaborative family practice teams make sense, as patients of teams have access to a number of different types of health care providers, and can see the right provider for their health care needs.

“This sounds like the most efficient use of doctors’ and nurses’ time. This will help with reducing physician burnout” said another participant.

Participants said health care providers would have a greater sense of job satisfaction when working as part of a team and providing support to each other. Many agreed that this should help with recruitment and retention, and stability of the practice over time.

“The family practice becomes an anchor for its patients, (as) individual practitioners come and go,” said one participant. *“I have confidence in the future of teams.”*

There was also a lot of interest in electronic medical records that are used by teams, and how all the team members that a patient has appointments with will know their health information and be up to date on their care.

We consistently heard concerns about recruitment and retention of family doctors, and about our province’s ability to attract the family doctors that we need.

“Where do we get more providers to fill all the vacancies? We need more doctors and nurses” said another participant.

Many participants did not have a good understanding about collaborative care until they participated in a community conversation. Participants told us that there needs to be more public education on collaborative family practice teams, the roles of different providers, and to learn more about the advantages of being a patient of a team.

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“More education is needed for people to understand who they might see as a patient of one of these teams, and that they can ask to see the nurse for some things.”

As a result, we are exploring the option of a public education campaign to increase understanding of collaborative family practice teams and explain what to expect from the various providers as a patient of a team.

Participants expressed concerns about how long it will take to set up collaborative family practice teams in various communities, and how much it costs to create teams.

Participants told us that collaborative family practice teams should promote wellness, and consider all the various factors that impact health, such as age, income and social supports available in communities. We also heard that teams need to be flexible, collaborate with existing services, and understand community needs, including geography and available transportation, which has an impact on access to care.

We appreciate all the feedback we received about collaborative family practice teams, and are incorporating what we have heard as we continue to create more and strengthen existing teams. For more information, read the summary report of what we heard during these conversations, available at talkaboutfamilypracticeteams.ca.





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