



2016-17 Business Plan

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Message from the President and CEO

As Nova Scotia Health Authority (NSHA) continues the process of bringing nine separate organizations together as one, we remain focused on our mission to achieve excellence in health, healing and learning through working together. Our 2016 -17 business plan outlines our high-level goals, activities and financial strategies, including operational and capital spending priorities for the year ahead. It builds on our efforts to plan, co-ordinate and organize our programs and services and resources as a provincial organization.

During NSHA's first year of operation the leadership team travelled across the province, met with managers, staff, physicians, learners, volunteers, community health boards, foundations, auxiliaries and our many stakeholders and partners. We have talked with community leaders and the recipients of our services and programs. In October, we started a conversation with Nova Scotians about health and what's needed to create a healthier future. We learned more about the opportunities created from being a provincial organization and heard about what was important for us to consider and address as we move forward. We began to put the people, processes and structures in place to support our new province-wide organization. We established priorities and charted out our next steps.

I am encouraged by the work our staff, physicians and volunteers have taken on and the accomplishments we have made together in just a few short months. In 2016-17, we will build on this work and focus on three critical areas:

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

These priorities were established based on what we know 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 consultation with our board, physicians, staff and volunteers. We will continue to work with our teams and listen to our communities as we build annual business and operating plans.

As we continue to develop our new organization, we will remain focused on supporting individuals and communities to be and stay healthy. This work requires innovation, creativity and focus as together with our many partners, we seek the progress necessary to positively influence the health of Nova Scotians. We look forward to more discussion as we shape our collective future.

Janet Knox
President & CEO

Mandate

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

NSHA is responsible for:

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

DHW is responsible for:

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

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

System Vision

NSHA is a provincial health organization, which also serves the Maritimes and all of Atlantic Canada in some program areas.

This creates an opportunity to develop a better connected, and coordinated system that delivers more consistent quality care and services in support of our vision of healthy people, healthy communities – for generations. Our vision includes:

1. The delivery of appropriate health services across our province to meet the needs of our population and in support of our Atlantic Provinces mandate. This includes a commitment to safe and effective delivery of care and services by having the right providers providing the right services, in the right places at the right time, for the sake of healthy people and healthy communities. It means engaging patients, families and communities in the decisions that affect them; drawing on the expertise of others, including those we serve, and promoting seamless, evidence based service.
2. A greater emphasis on our role as a leader and partner with Nova Scotians, communities, government and agencies in improving health status. This includes our commitment to build strong relationships across various sectors that impact the health and wellbeing of Nova Scotians; positively influencing the dialogue around our health status and building a stronger primary health care foundation.
3. A safe, healthy and productive workplace, which supports the wellness of staff, physicians, learners and volunteers.
4. A learning health system that embeds patient-centredness, quality, safety, innovation, health, healing and learning into everything it does; learns and improves with each service experience and uses research and evidence to drive quality improvements and decisions. We are an academic organization, and as such will focus on creating and expanding our environment to focus on research and learning; to strengthen where we are good; and find opportunities to collaborate with education partners to develop a distributive learning model that supports our teams. Our university partners will play a crucial role. Scientific evidence will help guide our decisions.

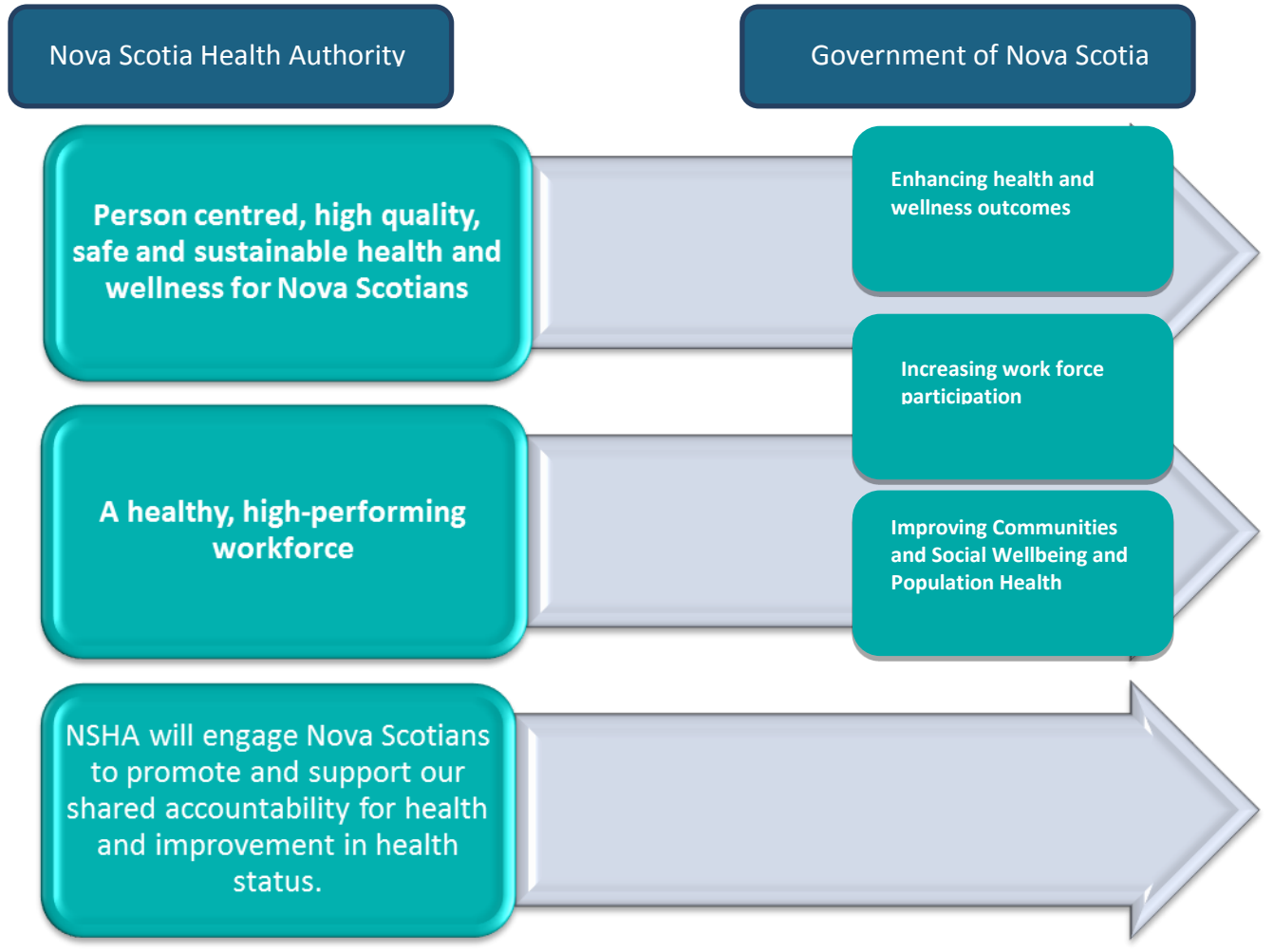
For Nova Scotians to be truly healthy, we need to think beyond hospitals and health services and think about health where we live, learn, work and play. We need to begin to think about health starting with safe, vibrant communities, a healthy environment, good education, decent housing, and employment opportunities. The health system cannot create a healthier Nova Scotia alone, but does need to make a fundamental change in scope, focus and approach to support this change.

As NSHA continues to evolve, these changes will include broadening our scope to focus more on keeping people healthy and delivering more care in the community that complements episodic care delivered in the hospital. We will take a more person-centred approach to care and support our providers in coordinating their efforts to better meet patient and community needs. And finally, there will be a stronger focus on the sustainability of the system - using our resources more effectively and efficiently with a clear target of improving health outcomes.

Provincial Health Plan and Priorities

NSHA has identified three priority areas that will ensure it is advancing as an organization towards our vision. Building from and in alignment with Government's identified goals and priorities, NSHA has completed an assessment of our legislation, our Accountability Agreement and sought feedback from our board, physicians, staff, learners, volunteers and stakeholders to ensure that these priorities align with expectations of those we serve and support. These priorities are part of and fundamental to the achievement of Government's identified priorities, which are people, innovation and education.

Alignment of Strategic Priorities



Priority 1- 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.

Through the leadership of our health care providers, the engagement of the public and system stakeholders, and our commitment to research and scientific evidence we will continue to structure the system around the needs of those we serve. Work will continue in the design and implementation of program, service and operating models in the areas of primary health care, perioperative, maternal/child care, mental health and addiction services, critical care, emergency/trauma services and cancer care. Recognizing that primary health care is the foundation of the health system, service planning that began in 2015 will start to translate into strategies to improve the network of providers within our communities. Other clinical areas, including diagnostic imaging and laboratory services, will continue to be assessed and redesigned to ensure the most effective supports are in place for the people we serve.

NSHA is committed to supporting the DHW in the development of a multi-year health plan. Both our engagement strategy and our service planning framework will ensure that patients/clients and families are involved in service planning. Outcomes of this work include the development of a system that is easier for clients to navigate, more responsive to the client's experience and improves the use of our resources and health outcomes for patients, families and communities.

To support the development of a high quality and safe system, NSHA will continue to build new collaborative partnerships and leverage existing ones, within and across professions, sectors and jurisdictions. We will continue to develop and expand our relationships with our health and education partners. Partnership opportunities with the IWK Health Centre will continue to be explored and strengthened and relationships established in 2015-16 with our Atlantic health partners will translate into priorities for joint development and implementation. NSHA will build on positive relationships with academic and learning organizations to ensure better alignment in the preparation of health providers and the practice environment, and the development of a culture of learning and inquiry within our organization.

As we continue to transition and stabilize our organization, we will look for opportunities to improve our client's transitions both within our facilities/services and from our services to those of other partners and agencies. Our goal will be to ensure there is quality service across the continuum of the healthcare journey.

Establishing a culture of safety for all, including patients, clients, staff, physicians, volunteers, families, learners and visitors will be a focal area for the coming year. Through our transition and transformation of services we will create a system focused on client involvement in care decisions, provider competency and the use of scientific evidence. Infrastructure and equipment assessments completed in 2016 will translate into short and long term strategies for ensuring access to the infrastructure, tools and resources needed to support safe, high quality care and services. We will build a culture of research and continuous learning which depends on teamwork, collaboration, and adaptability and helps us deliver better care and services every time and improve with each encounter.

Our quality and safety agenda will be advanced through our quality, safety, patient relations, risk management and performance framework. It will be supported by a foundation of innovation and a continued focus on the financial and operational sustainability of our system. Through our service and system design activities NSHA will promote the pursuit and application of leading practices and innovation. Our solutions will be thoroughly evaluated for their financial reasonableness and impact, and long term sustainability. Measurement and evaluation of performance are fundamental to monitoring our success and determining areas of work requiring more focus.

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.

Goal	Goal	Goal	Goal	Goal
Access to quality, evidence informed and appropriate health service is improved in defined priority service areas.	Experience of care and engagement in health service decision making are improved for persons who access NSHA care or service.	A sustainable health and health service system is promoted through appropriate allocation and management of resources.	Improved delivery of quality health services is enhanced through an increase in province-wide outcomes based research and interprofessional education and research opportunities.	Health service needs across populations and life spans are addressed through the development of provincial health service plans that are locally implemented.
Measures	Measures	Measures	Measures	Measures
<ul style="list-style-type: none"> ▪ Ambulatory care sensitive conditions hospitalization rate. ▪ Patients who received Total Hip Replacement and Total Knee Replacement surgery within wait time target. ▪ Wait times for placement in Long term care (LTC) ▪ Percent Placement to LTC from Hospital ▪ Emergency Department length of stay for admitted patients ▪ Mental Health and Addictions Wait-times ▪ Access to Primary Care Health Professional ▪ Percentage of patients responding positively to survey question indicating access to culturally sensitive care 	<ul style="list-style-type: none"> ▪ Percentage of patients responding positively to survey question on overall experience of care. ▪ Percentage of patients responding positively about being consulted in decision making in their care and health service 	<ul style="list-style-type: none"> ▪ Operational budget variance ▪ Capital budget variance ▪ Administrative ratio ▪ Operational budget reallocated to approved health services programs 	<ul style="list-style-type: none"> ▪ Percentage increase in annual inter-professional learner opportunities ▪ Percentage of approved research projects with interdisciplinary teams (e.g., Translating Research Into Care (TRIC) Grants) ▪ Percentage increase in total annual dollar value of secured funds for research – NSHA wide ▪ Number of interdisciplinary research and practice projects focused on patients outcomes ▪ Percentage increase in annual dollar value of secured funds for research outside Central Zone 	<ul style="list-style-type: none"> ▪ Percentage of overall Health Service Plan implemented. ▪ Percentage of key milestones, goals and targets achieved within each program of care implementation. ▪ Number of primary health care collaborative teams implemented

Priority 2 - 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.

The success of our organization is determined by the strength of our people. In this second year of operation, we will develop a human resources and people leadership plan that focuses on a positive and healthy organizational culture that supports staff, physicians, learners and volunteers in delivering health services to Nova Scotians. This people-centred plan will aim to coordinate programs and services that will lead to a workplace that is physically and psychologically safe, respectful and inclusive. Our workplace will:

- embrace diversity and inclusion
- 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 qualified people
- provide excellent customer service
- support positive employee and labour relations
- encourage individuals to support and improve their own health and well-being
- encourage inter-professional collaboration, with individuals working to optimal scope

In 2016-2017, our people priorities will be:

Organizational Development: As NSHA continues to evolve and mature as an organization, ongoing support will be provided – to support service planning and organizational redesign, and to health team members to assist them through change and transition. This will include building organizational capacity for leadership and staff development by implementing the LEADS in a Caring Environment framework.

Workforce Planning and Performance: Through effective workforce planning, performance and operations, NSHA will strengthen our capacity to proactively respond to changing workforce requirements. We will work collaboratively with the Department of Health and Wellness, the IWK Health Centre, and education/academic partners to identify the appropriate mix, number and distribution of health workers to deliver quality and effective health services to Nova Scotians and Atlantic Canadians. We will develop a quality performance indicator framework to monitor and measure our workforce performance. We will also continue with the full integration of Human Resource (HR)-related and workplace policies for NSHA.

Staffing and Recruitment: We will develop strategic approaches to the recruitment and retention of health workers in hard-to-fill disciplines and in communities facing recruitment challenges. NSHA will work 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.

Employee and Labour Relations – We will work collaboratively with our union partners so that staff is supported to deliver care and services to the people we serve. We will actively engage in collective bargaining with the four Council of Unions.

Organizational Health, Safety and Wellness – We will promote and support the health, safety and well-being of all health team members by adopting consistent provincial approaches to health and safety policies and programs. This includes programs to reduce injury rates and promote wellness within the workplace, and a provincial attendance support program to assist in reducing overtime and sick time.

Learning and Inter-professional practice - Working closely with our academic and learning institutions, NSHA will develop a more coordinated province-wide system for learner placements, with consistent policies and processes. We will improve the alignment of learner placements to our workforce needs, by encouraging clinical placements and co-ops in hard-to-recruit to communities or in hard-to-fill portfolios. Part of that work will also include increasing the opportunities for inter-professional learner placements within the workplace so that learners from various disciplines can learn together, better enabling them to practice in an interdisciplinary environment later in their professional careers. NSHA will also continue to partner with IWK Health Centre and Dalhousie University on the Simulation Education Network to enhance our ability to share resources and best practices in the education of health professionals and learners via simulation-based learning.

Our commitment to the health of Nova Scotians will be evidenced through the actions of our people.

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.

Goal	Goal	Goal
A high performing workplace is developed through enhancement of a positive, healthy, safe and productive work culture and environment.	A qualified, diverse and engaged workforce , working to optimal scope is developed to meet the health needs of Nova Scotians	Learning, leadership and inter-professional collaboration in teams is increased and enhanced.
Measures	Measures	Measures
<ul style="list-style-type: none"> ▪ Percentage of employees and physicians responding positively on overall workplace experience on the Work-life pulse survey ▪ WCB lost time frequency rate ▪ HHR flu vaccination rate ▪ Sick time and overtime trends ▪ Organizational performance on workplace pulse survey as compared to similar Accreditation Canada member organizations 	<ul style="list-style-type: none"> ▪ Overall vacancy rate and vacancy rate for hard to recruit positions ▪ Reduction in hiring processing time ▪ Turnover rate ▪ Number of programs / services that have undertaken Collaborative Care Framework implementations ▪ Percentage of employees and physicians responding positively to questions related to engagement from Work- life pulse survey ▪ Performance on survey tools designed to measure diversity in the workplace 	<ul style="list-style-type: none"> ▪ Percentage increase in annual inter-professional learner opportunities ▪ Percentage of Programs of Care that have implemented the co-leadership model (administrative and Physician) and self report effective outcomes ▪ Percentage of leaders, employees and physicians who respond positively to measures related to professional development on the Work Life Pulse Survey ▪ Percentage of leaders, employees and physicians who respond positively to measures related to leadership on the Work Life Pulse Survey

Priority 3 – 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.

The health status of a population has a direct impact on many aspects of society from the economy to the justice system and social services. For Nova Scotians to be truly healthy, we need to think beyond hospitals and health services and think about health where we live, learn, work and play. We need to think about health starting with safe communities, a healthy environment, good education, job opportunities, decent housing and other social determinants of health.

To start this shift, NSHA committed to a conversation with Nova Scotians about health, the factors that influence it and what that might mean for us as individuals, communities and as a province. In 2015, NSHA launched a multi-year strategy called *Talk about health* to involve Nova Scotians (and a broad range of partners and stakeholders) in discussions aimed at addressing the question: “What must Nova Scotians do to change the path we are on to achieve a healthier future?”

During the first phase of the strategy, NSHA:

- shared health status information
- stressed the urgency in addressing the barriers to achieving optimum health status for Nova Scotians
- listened to the public and gathered their questions and information needs, and
- provided information about the next two phases and what we hope to achieve.

In 2016-17 we will move into the second phase of the strategy, where we work with our communities to identify the health status Nova Scotians want to achieve in the future, the changes needed to achieve improved health status, opportunities and barriers and the role and actions NSHA will take into 2016-17.

Community health boards (CHBs) have been focused on this mandate for many years. We will continue to support CHBs in their work and will complement and strengthen impact through NSHA’s strategic relationships and actions. We will also continue to strengthen our relationship with the 37 CHBs, identifying and addressing gaps in how CHBs are supported and refreshing the role and mandate of CHBs as described in the *Health Authorities Act*. Individual CHB plans and priorities have been reviewed and common themes have been identified including:

- Physical Activity
- Mental Health / Wellness
- Transportation
- Safe/Appropriate use of Alcohol and Drugs
- Healthy Eating
- Access to Health Services
- Promotion of Health and Healthy Living

These themes will inform NSHA’s research, and our collaborative planning with CHBs and other partners in addressing the conditions that enable Nova Scotians to be as healthy as they can be.

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.	
Goal	Goal
Nova Scotians understanding of and engagement with activities to become healthier is enhanced through increased collaboration between NSHA and the public.	Nova Scotians shared accountability for health and improvement in health status is enhanced through increased collaboration with Community Health Boards.
Measures	Measures
<ul style="list-style-type: none"> ▪ Number of strategic relationships with stakeholders to facilitate engagement with Nova Scotians regarding health. ▪ Number of engagement sessions and community conversations per year related to health. ▪ Percentage of positive responses on Public and Patient Engagement Evaluation Tools (PPEET) related to “being heard” and “being better informed”. ▪ Percentage of positive responses on PPEET Project Evaluation Tools related to “Collaboration and Common Purpose” 	<ul style="list-style-type: none"> ▪ Percentage of CHBs priorities and recommendations that reflect a shared focus on accountability of citizens and the health system for health and health status. ▪ Percentage of shared priorities among CHBs ▪ Number of initiatives to improve health status recommended by CHBs and supported by NSHA.

Transformation Investment

System Transformation Enablement Fund

A key consideration in the amalgamation of district health authorities into NSHA was to create an environment that would facilitate the effective delivery of programs and services and streamline administrative and support costs. In the year ahead, the NSHA will be dealing with system reform. Service planning is a key element of needed system transformation. We expect the forthcoming recommendations will be complex and require time and resources to implement in order to be successful. As such, investments are required to support the transition and transformation of programs and services. This includes investments in capital infrastructure, equipment and technology, as well as operational investment in various change management and training requirements. NSHA’s ability to shift how services are delivered and create greater value for Nova Scotians will be directly linked to making these investments.

The creation of a “System Transformation Enablement Fund” would support system change recommendations. Together with government, NSHA would ensure that access to this fund aligns with approved change priorities, and accounted for in a fully transparent and criteria driven approach. We would expect the fund to be held in government, and accessed only for investments which meet appropriate criteria, and for which the NSHA has a business case with a positive return on investment.

The National Surgical Quality Improvement Program (NSQIP) developed by the American College of Surgeons will be included as part of the surgical program development. As an example, the investment required to implement the NSQIP program could be funded from the “System Transformation Enablement Fund” if deemed a priority in the NSHA’s service planning. This strategy was recommended to the Department of Health and Wellness by the Perioperative Advisory Committee. This investment would have a significant impact on the quality of surgical care provided in Nova Scotia, and could leverage substantial surgical patient and system outcomes, transformation, and reduce costs associated with complications.

OPOR and Lab/DI Initiatives

Nova Scotia's health system currently uses more than 400 clinical information technology applications to support patient care. These clinical applications are fragmented and duplicated, with only a limited number of them communicating with each another. As a result there is no single place to look for a patient's clinical information.

The One Person, One Record initiative (OPOR) is an enabler to support the delivery of high quality, consistent and efficient patient care. The NSHA will continue to support the business case development and phase zero planning on this important initiative. OPOR is a platform to support care, research and innovation and to deliver evidence informed guidelines, protocols and standards to front-line staff, regardless of where a patient presents throughout the province. Providing a single location to view all patient health information provincially is a key component of providing effective, person-centred care.

It is estimated that 70 per cent of return on investment in a clinical information system is in care transformation. There is a crucial link between the OPOR project and the success of service planning and transformation occurring within Nova Scotia today. For example, Laboratory services has presented a transformative business case to streamline and standardize lab services across the province. OPOR would enable a single lab system across the province, enhancing efficiency and continuity of services and supporting savings targets.

Operating Funding, Budget Assumptions and Projections

NSHA is committed to ensuring our health system, and the services we provide throughout the province, remain affordable and sustainable for taxpayers and future generations. We are committed to instilling a culture of strong financial management and accountability through planning processes that are broad, collaborative and transparent while working with our funders, policy and standard setters on the strategies contained within this business plan.

In the planning and development of NSHA's 2016-17 operational budget several key assumptions were made:

- no net new funding from DHW
- wage settlements will be funded by government
- DHW program mitigations (Continuing Care, EHS, Primary Health Care, etc.) will not impact NSHA's budget
- strategic investments will be funded to enable NSHA to make needed changes that support quality, safety and sustainability into the future.

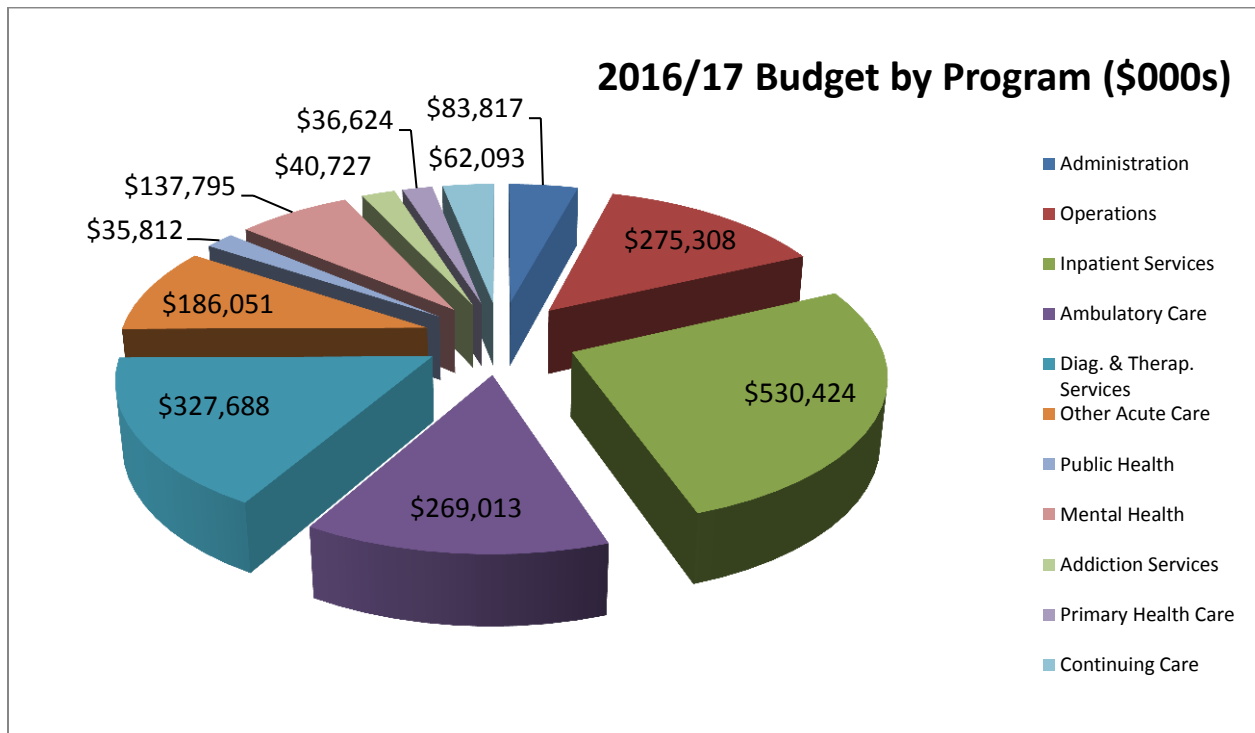
2016-17 Budget

\$1,985,351,717

Although NSHA's bottom line budget figure has changed from \$1,817,546,048 in 2015-16, to **\$1,985,351,717** in 2016-17, the pressures and strategies to address those issues are balanced. The increase in the bottom line figure is a result of an addition of pre-approved DHW named initiatives, as well as the removal of select recoveries (a net offset to expenses) in the expense category and moving them to the revenue line, hence increasing expenses as well as revenues, with a net zero impact.

Using the main categories, the 2016-17 NSHA budget is allocated as follows:

	2016-17 Budget (\$ thousands)
Administration	\$ 83,817
Operations	275,308
Inpatient Services	530,424
Ambulatory Care Services	269,013
Diagnostic & Therapeutic Services	327,688
Other Acute Care Expenses	186,051
Mental Health	137,795
Addiction Services	40,727
Public Health	35,812
Primary Care	36,624
Continuing Care	62,093
Total	\$ 1,985,352



May 12, 2016

In addition to these cost categories and relative spending, NSHA's **Administrative Ratio** continues to decline as a result of the new NSHA system restructuring. NSHA's current budgeted admin ratio is **4.7 per cent**, and with further restructuring the admin ratio will continue to decrease.

2016-17 Pressures

Pressures to NSHA's operations have been identified and include growing demands related to the needs and expectations of our population, inflationary costs associated with drugs, supplies and labour and aging buildings and equipment. Specific examples include staffing costs associated with overtime and sick time, overcapacity issues and management of challenging behaviours. NSHA estimates that the pressures that will need to be addressed in 2016-17 will amount to roughly **\$36,326,500**. These pressures are detailed as follows:

Pressure Categories		\$
Inflation and Annualization		
• Non-Compensation expenses		\$15,550,000
• Compensation Step Increases		<u>\$3,500,000</u>
		\$19,050,000
Deficit Carry Forward		
• Unmitigated pressures from 2015-16 covered one-time funding		\$15,000,000
Additional Strategic Priorities		
• Expand research capacity		\$276,500
• Service planning and support resources		<u>\$2,000,000</u>
		\$2,276,500
Total Unavoidable Pressures		\$36,326,500

Strategies & Opportunities for Balancing the Budget

NSHA has identified opportunities for offsetting cost pressures and balancing the budget by planning, coordinating and organizing our programs and services and resources as a provincial organization. Specific examples include streamlining structures and processes, standardization of products and putting a place a more consistent fee structure. NSHA will implement the following strategies for a total estimated savings of \$36,326,500.

<u>Administrative and Support Mitigations</u>		
Category	Mitigation Description	Total \$
Attendance Support	Continued efforts to reduce overtime and sick time usage through comprehensive HR strategies	\$ 8,000,000
Staffing Resources	Administrative and support efficiencies, including continued efforts to restructure corporate services	\$ 6,000,000
Revenue	General revenue increases related to inflationary rate increases for areas such as out-of-province and out-of-country billings, non-insured private pay, parking and retail, Also focus on improved efficiencies and growth in billable services and collections	\$ 4,276,500
Process Efficiencies & Price	Strategic initiatives targeting savings in specific services, processes and policies, including travel, security, telecommunications, printing, patient watch, cafeteria, etc.	\$ 2,550,000
Process Efficiencies	Improved internal management of, and compliance to, existing procurement contracts, including improved product and service standardization and utilization	\$ 2,000,000
Price	Targeting new strategic procurement contracts/RFP's with support from Internal Services Department (ISD)	\$ 6,000,000
	Total Administrative and Support Savings	\$ 28,826,500
<u>Health Service/Program Mitigations</u>		
Category	Mitigation Description	Total \$
All Programs	Savings related to health service planning, i.e. capacity management, service delivery, improved utilization.	\$ 6,000,000
All Programs	Continued implementation of effective care delivery and staffing models that optimize roles to ensure the right provider at the right time for the right service.	\$ 1,500,000
	Total Health Service/Program Savings	\$ 7,500,000
	Grand Total	\$ 36,326,500

Capital Infrastructure



With more than \$6 billion of capital assets, a comprehensive capital plan is critical to ensuring the successful delivery of health care services to Nova Scotians. The 2016-17 capital plan provides the groundwork for multi-year capital investment strategies. A multi-year plan will allow a more strategic and systematic approach to managing our infrastructure in the most efficient manner for safe patient and community care.

The foundation of NSHA’s capital infrastructure strategy rests in the ability to invest in areas that will enable future system and efficiency change. Targeted investments create value to the system – which includes quality improvement and system efficiencies/cost reductions. Examples of these investment strategies include the System Transformation Enablement Fund, Community Primary Healthcare, as well as OPOR. Information and context supporting these submissions are outlined on the following pages, with expanded details provided in separate attachments.

In conjunction with April 21st 2016 announcement – “**Connected Care for Nova Scotians Redevelopment of the QEII Health Sciences Centre**” – the NSHA will continue to work collaboratively with government leaders to effectively plan and implement the phases of this work. In order to meet patient needs – the QEII redevelopment involves moving out of the Centennial and Victoria buildings – and into different locations. These will include renovated spaces, expansions and additions. Our planning has been based on these considerations:

- the needs of our patients today and into the future
- engagement with clinical leaders & staff
- latest evidence, best practice & standards of care
- the most appropriate settings for different sorts of care
- the potential and evolution of technology

This work will be accomplished while we continue to provide the services Nova Scotians depend on. This is about the work to design a health system focusing on supporting Nova Scotians to be healthier – a system that is integrated, connected and meets the needs of Nova Scotians, and Atlantic Canadians – today and well into the future.

There are many capital projects underway across the province in varying stages of planning and design. How they will move forward will be informed by services planning.

The capital planning process included joint planning between NSHA and IWK for the system’s top medical equipment, facilities repair and maintenance, and clinical capital needs. A common database process was used to jointly rank submissions from both organizations using patient care and safety criteria. The joint NSHA and IWK submissions assumed the level of DHW funding for each category will remain the same as 2015- 16 levels as follows:

- \$10.5 million for medical equipment
- \$10.0 million for infrastructure
- \$1.0 million for clinical capital

To ensure proper management and safeguarding of this funding throughout 2016/17, the NSHA’s capital funding requests contained in this business plan represent approximately 80% of the total amount, with an assumption that roughly 20% would be held in contingency for emergencies and cost overruns.

In addition to the OPOR capital initiative, two additional IT projects are being brought forward by NSHA to support a provincial approach and more informed decision-making. A high level summary of these capital infrastructure requests are highlighted on the following pages, with detailed reports submitted as attachments.

Capital Investments

These priorities include a combination of 2016-17 as well as out-year investments as ongoing planning and analysis identifies, and as we work with our funding partners to jointly plan.

NSHA's Top 7 Capital Project Requests

1. **Queen Elizabeth II Health Sciences Centre (Victoria General Site) (\$tbd)** – strategy for immediate moving of ICU's, OR's, Dialysis from Centennial/Victoria to the Halifax Infirmary, plus the technical planning for the longer term vision for the VG site (Centennial, Victoria & Bethune buildings)
2. **One Person One Record (\$tbd)** – to support the delivery of high quality, consistent and efficient patient care. This would also address future concerns about the ability to access patient files and information (medications, test results, etc.) after the Central Zone's quaternary/tertiary centre's patient care portal is no longer supported.
3. **Diagnostic Imaging & Laboratory investment**– to enhance service delivery, support service planning and address critical Medical Lab Technologist turnover challenges. This is supported by a significant ROI business case to help with future operational costs savings
4. **System Transformation Enablement Fund** - a mid-year implemented transition fund to support and enable the implementation of system and service change recommendations. This fund would support strategic sustainability initiatives and enable significant operational savings and healthcare cost escalation management to be achieved in 2016-17 and beyond. Additional investment funding may be required for subsequent fiscal years to enable a full transformation of the Health Services System.
5. **South Shore Regional Hospital**
 - a) **Phase 1**- Elevator project to address patient safety issues
 - b) **Phase 2 - Redevelopment** to address the critical infrastructure needs associated with the hospital's Emergency and endoscopy service
 - c) **Phase 3** – to address the remaining service infrastructure needs for South Shore Regional Hospital and Fisherman's Memorial Hospital
6. **Aberdeen Hospital Sterile Processing Dept (SPD)** – significant upgrades are required. Options for renovations or alternate service delivery methods are being explored.
7. **Primary Health Care/Physician Recruitment** – in conjunction with DHW planning, this would be a reserve fund for renovations and construction for family physicians and collaborative practices in under serviced areas throughout NS to facilitate recruitment and retention of physicians and other care providers

Information Technology

Description	Estimate
Corporate IT Infrastructure – enabling the new NSHA to function electronically as one system, and avoid significant access issues currently being experienced. This would include one NSHA domain, as well as a very important patient care IT strategy in upgrading Telehealth to improve care access and avoiding	\$5,000,000

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Description	Estimate
costly travel for patients and providers.	

Clinical Capital List – 2016-17 only

Description	Capital Cost
Endoscopy - Yarmouth Regional	\$750,000

Medical Equipment List – 2016-17 only

Description	75% of total
Pyxis ES - Halifax Infirmary	\$3,017,124
MRI Chiller Upgrade – Halifax Infirmary/Victoria General/Valley Regional/Yarmouth Regional/St. Martha's Regional	\$124,983
Anesthesia Monitoring System - Victoria General/Halifax Infirmary	\$2,730,651
SPD Case Carts - Halifax Infirmary/Victoria General	\$292,268
Innovian Monitoring Hardware - Victoria General/Dartmouth General/Hants/Halifax Infirmary	\$403,791
SPD Low Temperature Sterilizer – Victoria General	\$108,062
OR Flex Focus 800 Ultrasound System - Victoria General	\$104,841

Note: Reserve of \$487,500 for Projects from prior fiscal year (for both NSHA and IWK) is not included above.

Facility Repair & Renovation List – 2016-17 only

Description	Capital Cost
Sprinkler Installation/Power Distribution Phase 1 - New Waterford Hospital	\$420,000
Transfer Switch Replacement – Nova Scotia Rehabilitation Centre	\$307,650
Oil load switch – Nova Scotia Hospital	\$205,100
Chiller Rebuild - Halifax Infirmary	\$307,650
Chiller Control/Compressor Rebuild - Centennial/Mackenzie	\$512,750
HPTA Licensing Requirements - Eastern Zone	\$102,550
Replace Heating Water Main and Riser Valves – Victoria Building	\$153,825
Fire Pump Replacement – Halifax Infirmary	\$256,375
Replace Nurse Call System Phase 1 of 3 - Halifax Infirmary	\$666,575
Relocate Domestic Water Intake - Twin Oakes Memorial Hospital	\$102,550
Window Replacement Phase 3 of 3 - Abbie J. Lane Building	\$461,475
Cooling Tower Fill Replacement - Veterans' Memorial Building	\$92,295
Ring Main Pressure Pump – Victoria General Site	\$307,650
Fire Code Issues/File Privacy Issues – Annapolis Community Health Centre	\$133,315
Condensate Tank Replacement - Halifax Infirmary and Victoria General Sites	\$92,295
Roof Replacement - Veterans' Memorial Building	\$512,750
Domestic Water Supply Upgrade, Twin Oaks Memorial Hospital	\$76,913
Absorption Chiller Upgrades- Dartmouth General Hospital	\$92,295
Medical Vacuum Replacement - New Waterford Hospital	\$153,825
Medical Vacuum Replacement - Northside General Hospital	\$174,335
Replace Section of Roof- All Saints Springhill Hospital	\$117,933
Nurse call replacement – South Shore Regional Hospital	\$470,000
Flooring (phased repairs) – Aberdeen Hospital	\$66,658

Note: Reserve of \$450,000 for projects from prior fiscal year (for both NSHA and IWK) is not included above.

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Summary of these projects and associated overall funding impacts on 2016-17 and onwards can be seen in the following set of tables:

Capital Business Plan Summary Fiscal 2016-17				
Medical Equipment/Repairs & Renovations/Clinical Projects				
Capital Category	New Submissions	Capital Budget		
		Top Ranked Priorities		Contingency
Clinical Projects	\$5.4M	\$	750,000	\$ -
Medical Equipment	\$76.5M	\$	9,619,904	\$ 2,908,470
Facility Repairs & Renovations	\$21M	\$	6,236,764	\$ 2,138,000
Totals	\$102.9M	\$	16,606,668	\$ 5,046,470
DHW Funding (100% R & R, 75% Medical Equipment)		\$	14,201,692	\$ 4,319,353
Foundation Local Share (25% Medical Equipment)		\$	2,404,976	\$ 727,118
Funding Totals		\$	16,606,668	\$ 5,046,470

Note

NSHA Capital IT and \$1M+ Construction Project Submissions not included in the above

Approved Capital Projects - Business Plan Summary Fiscal 2016-17			
2015/2016 Carry Forward Clinical Capital Projects			
	Approved Funding	Prior Years Spend including 2015/16	Carry Forward Budget F2016/17+
Capital Construction & Clinical Projects	\$ 66,640,688	\$ 37,743,742	\$ 28,896,946

Capital Construction Projects include:

Aberdeen Hospital Expansion ER & Pharmacy	Provincial Dialysis - Halifax HI & Kentville
Linear Accelerators Eastern & Central Zone	3rd & 4th floor Dartmouth General
Guysborough Memorial Hospital Reno & Addition	

Capital Construction Projects approved for Design include:

South Shore Regional Hospital Expansion	Shelburne Medical Clinic Redevelopment
Purdy Building Demolition	North Cumberland Redevelopment
NS Hospital Boiler Replacement Program	

Measuring Success – Organizational Health Indicators

Strategic Priority	Macro KPIs			
	Category	Indicator #	Indicator	
ACCESS	1	Ambulatory Care Sensitive Conditions	1.1	Ambulatory care sensitive conditions hospitalization rate
	2	Access to Primary Care	2.1	Percentage of individuals without a family doctor
			2.2	Emergency department visits for triage level 4 and 5 patients
	3	Home Care Wait Time	3.1	Average wait time for homecare services
	4	Long Term Care (LTC) Wait Time	4.1	Average wait times for placement in LTC
	5	Placements to LTC from Hospital	5.1	Percentage of patients placed into LTC from Hospital
	6	Wait time for first knee replacement	6.1	Percentage of patients waiting longer than 365 days
			6.2	Percentage of patients who received surgery within wait-time target
	7	Wait Time for First Hip Replacement	7.1	Percentage of patients waiting longer than 365 days
7.2			Percentage of patients who received surgery within wait-time target	
8	Mental Health Wait Time to first (choice) appointment	8.1	Percentage of patients who received appointment within wait time.	
9	Length of Stay in ED for admitted patients	9.1	Percentage of admitted patients with an ED length of stay less than 24 hours	
SAFE CARE	10	Hospital Standardized Mortality Ratio	10.1	Hospital standardized mortality rate (HSMR)
	11	Unplanned Readmission Rate to Hospital	11.1	30-Day overall readmission rate
WORK FORCE	12	Workers Compensation Board (WCB) Lost Time	12.1	WCB lost time frequency rate
			12.2	WCB lost time severity
	13	Vacancy Rate	13.1	Overall position vacancy rate
POPULATION	14	Chronic Disease Burden	14.1	Prevalence of patients who self report living with 5 or more chronic diseases
	15	Immunization Rates	15.1	Percentage of employees who received flu vaccine
			15.2	Percentage of population who received flu vaccine
		15.3	Percentage of grade 7 students who received Meningococcal group C	
EXPERIENCE	16	Client Experience	16.1	Percentage of patients responding positively to survey question on overall experience of care
STEWARDSHIP	17	Budget Variance	17.1	Percentage variance of total operating budget
	18	Capital Budget	18.1	Percentage of capital funding secured

Strategic Priority	Macro KPIs		
	Category	Indicator #	Indicator
	Variance		
	19 Administrative Ratio	19.1	Administration expense as a percentage of total expense
INNOVATION	20 Rate of Research Projects with Interdisciplinary Involvement	20.1	Percentage of approved interdisciplinary research projects
	21 Research Funds Attracted	21.1	Total annual dollar value of secured funds for research