



# Department of Health and Community Services

Annual Performance Report

2014-2015





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## Minister's Message



As Minister of the Department of Health and Community Services, I am pleased to present the 2014-2015 Annual Report. This report outlines departmental accomplishments and activities that occurred during the past fiscal year (April 1, 2014 to March 31, 2015) and is the first to report on progress of the Department's Strategic Plan 2014-2017. I, as Minister, am accountable for the actual results reported.

Over the last year, the Department continued to advance initiatives in many areas across the health care system in line with the Strategic Directions of Government (Population Health, Access and An Accountable, Sustainable, Quality Health and Community Services System). For example, because of changes made to the influenza immunization program and the introduction of new pharmacy regulations to expand the scope of practice of pharmacists, the influenza vaccine is now more easily accessible and available to more people than ever before.

Furthermore, in 2014-15, during an outbreak of Ebola in West Africa, the Department of Health and Community Services responded by taking measures to ensure Newfoundland and Labrador was adequately prepared should the virus reach our province. The Population Health Branch led the initiative by bringing together key stakeholders from government and the regional health authorities.

These projects, and the many other initiatives identified throughout this report, represent just some of the work undertaken by the Department throughout 2014-15 to improve our health and community services system. The Department remains committed in 2015-16 to working with our partners to build a better health and community services system to serve the people of our province.

Finally, I would like to thank employees in the Department, the public and our partners for the significant progress and efforts made this past fiscal year and I look forward to continuing our work towards helping individuals, families and communities achieve optimal health and well-being in the years to come.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Steve Kent', written in a cursive style.

Honourable Steve Kent  
Deputy Premier  
MHA, Mount Pearl North  
Minister of Health and Community Services

# Departmental Overview

The Department of Health and Community Services is responsible for setting the overall strategic directions and priorities for the health and community services system throughout Newfoundland and Labrador. In 2014, the Department of Seniors, Wellness and Social Development was created. As a result, the responsibility for the Healthy Living Division and the Office of Aging and Seniors has moved to the new department. This resulted in a slight change in the lines of business for the Department of Health and Community Services with the removal of the following divisions: 1) Health Promotion and Wellness; 2) Healthy Aging and Seniors; and 3) Support to Community Agencies. Appendix A contains a complete description of the Department's mandate. As well, Appendix B contains a listing of the entities that report to the Minister of Health and Community Services.

## Vision

The vision of the Department of Health and Community Services is for individuals, families and communities to achieve optimal health and well-being.

## Mission

By March 31, 2017, the Department of Health and Community Services will have provided leadership to support an enhanced health care system that effectively serves the people of the province and helps them achieve optimal health and well-being.

## Departmental Values

- Transparency and Accountability
- Collaboration
- Innovation
- Privacy
- Excellence

## Lines of Business

### 1. Policy, Planning, Program Development, Support and Monitoring

The Department provides leadership, coordination, monitoring and support to the Regional Health Authorities (RHAs) and other entities who deliver programs and services ensuring quality, efficiency and effectiveness in the following areas:

- Access and Clinical Efficiency;
- Accountability and Oversight for RHAs;
- Adverse Health Events (including the Clinical Safety and Reporting System);
- Ambulance Services;
- Capital Facilities and Equipment;
- Chronic Disease and Cancer Control Management and Prevention Programs (including the Provincial Kidney Program);
- Disabilities Services;
- Disease and Infection Prevention and Control (Monitoring, Surveillance, Immunization, Distribution and Storage of Vaccines);
- Emergency Preparedness;
- Environmental Public Health;
- Facility-Based Services for Seniors (Personal Care Homes, Long-Term Care Facilities);
- Health Research;
- Health Workforce Modeling and Planning;
- Home Support;
- Mental Health and Addictions;
- Pathology and Laboratory Services;
- Provincial Blood Coordinating Program;
- Provincial Health Information Line; and the
- Special Assistance Program.

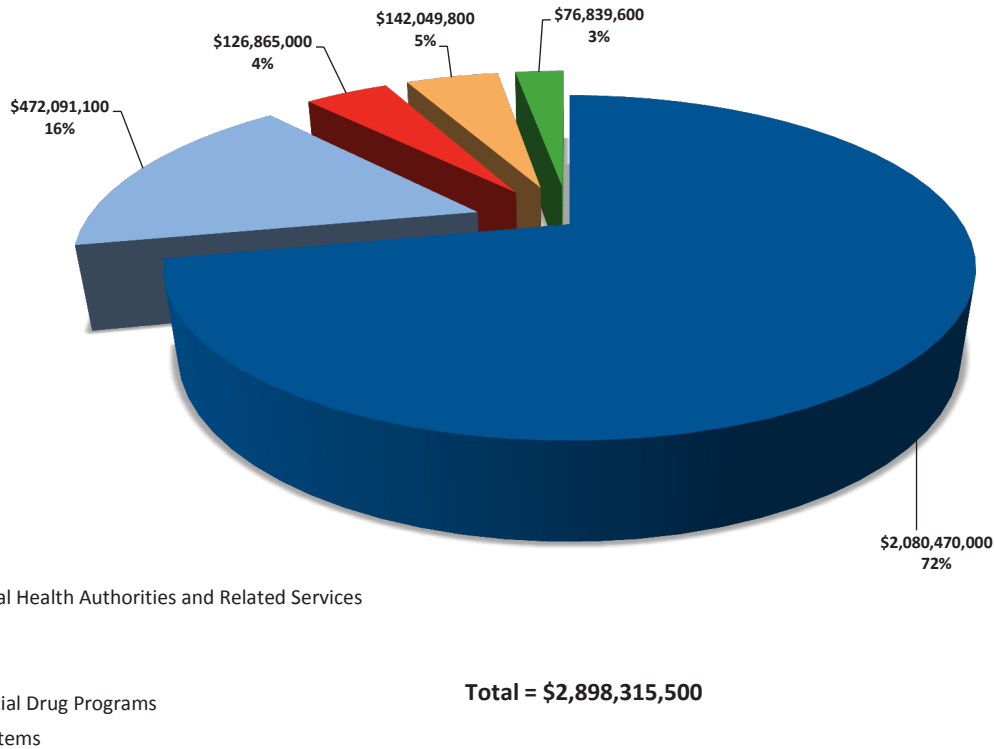
### 2. Provincial Public Programs and Services Administration

The Department administers and provides funding for the following:

- Medical Care Plan (Fee-for-Service Physicians and Salaried Physicians);
- Dental Health Plan (Children, Youth and Adult Dental Programs);
- Surgical Dental Program;
- Newfoundland and Labrador Prescription Drug Program (Foundation Plan, 65 Plus Plan, Select Needs Plan, Access Plan and Assurance Plan);
- Newfoundland and Labrador Interchangeable Drug Products Formulary;
- Health Workforce Recruitment and Retention; and the
- Medical Transportation Assistance Program.

# Where Health Dollars are Spent

**Where Health Dollars are Spent**  
2014-15 Actual Expenditures



# Departmental Structure

As of March 31, 2015, the Department of Health and Community Services had a total of 195 employees (139 females and 56 males) in four locations across the province: Confederation Building (West Block) and Major’s Path in St. John’s; Grand Falls-Windsor; and Stephenville. The Department is organized as follows:

Branch	Female	Male	Total
Executive Branch	11	4	15
Minister's Office	3	4	7
Corporate Services	61	23	84
Professional Services	32	11	43
Regional Services	9	4	13
Policy and Planning	10	5	15
Population Health	13	5	18
<b>Total</b>	<b>139</b>	<b>56</b>	<b>195</b>



There has been a slight change to the departmental structure as identified in the *2014-17 Strategic Plan*. As noted previously, responsibility for the Healthy Living Division and the Office for Aging and Seniors has moved from the Population Health Branch within the Department of Health and Community Services to the Department of Seniors, Wellness and Social Development.

The revised Departmental structure is as follows:

### **Executive Branch**

- Deputy Minister
- Assistant Deputy Ministers
- Legislative Consultant
- Communications
- Medical Consultant

### **Corporate Services Branch**

- Audit and Claims Integrity
- Financial Services
- Information Management

### **Professional Services Branch**

- Dental Services
- Pharmaceutical Services
- Health Workforce Planning

### **Regional Services Branch**

- Acute Health Services, Emergency Response and Nursing Policy
- Infrastructure Management
- Long-Term Care and Community Supports

### **Policy and Planning Branch**

- Office of Adverse Health Events
- Policy and Legislation
- Planning and Evaluation

### **Population Health Branch**

- Public Health/Chief Medical Officer of Health
- Communicable Disease Control
- Environmental Public Health
- Mental Health and Addictions

### **Physician Services**

- Physician Services
- Pathology and Laboratory Services

Other information about the Department of Health and Community Services, including the various strategies and frameworks referenced in this report are available on the Department's website at [www.health.gov.nl.ca/health](http://www.health.gov.nl.ca/health).

## Shared Partnerships

During 2014-15, the Department continued to partner with a variety of federal/provincial/territorial committees and organizations, with other provincial government departments and agencies, RHAs, municipalities, educational institutions, unions, associations, regulatory bodies, community-based groups and individuals. Collaboration between the Department and its partners is critical in working towards the achievement of the strategic goals as identified in the Department's 2014-17 Strategic Plan and in advancing the strategic directions as set by the Provincial Government in the areas of health and community services; population health; access; and an accountable, sustainable, quality health and community services system. Below are some examples of new initiatives the Department undertook with its partners in 2014-15.



Community Partner: Choices for Youth

## Population Health

### New Radiation Treatment Technology

On December 12, 2014, the Department of Health and Community Services officially launched a new radiation treatment suite for cancer patients. The suite, part of the Dr. H. Bliss Murphy Cancer Centre, houses a TrueBeam STx Radiation Therapy System which is a powerful radiotherapy technology that aids in the treatment and delivery of cancer care. The TrueBeam STx Radiation Therapy System offers patients a new cancer treatment option which has a shorter treatment time frame and provides better patient comfort and increased accuracy with minimal side effects. The total cost of implementing TrueBeam STx was \$6.1 million, with contributions from the Provincial Government, Husky Energy, Suncor Energy, Newfoundland Power and other private donors. Through this improved technology comes the ability to better target higher doses of radiation to smaller parts of the body.

## Access

### Mental Health and Addictions

The Department, in collaboration with the Newfoundland and Labrador Medical Association, implemented a telepsychiatry project in 2014-15. This project, funded through the Clinical Stabilization Fund, involved hiring a lead psychiatrist to visit each RHA to explore challenges and opportunities related to telehealth use for psychiatry services and to champion the use of the technology. This project is now concluding and a final report of the findings/outcomes and future considerations will be completed in the near future.

### Advanced Clinical Access (ACA)

Advanced Clinical Access (ACA), also known as Advanced Access Scheduling (AAS) or Open Access Scheduling (OAS), is an initiative to reduce wait times and improve access to quality health care. The ultimate goal is for every patient to be able to obtain medical care when needed, at a time and in a setting that is clinically appropriate and convenient for the patient. ACA aims to increase practice efficiency and improve both patient access and satisfaction, without increasing the number of physicians and/or other healthcare providers in the practice. In 2014-15, work began in collaboration with the Newfoundland and Labrador Medical Association to pursue the ACA to improve timely access to family physicians. It is expected that patients will benefit significantly from this initiative as wait times to see a family physician will be reduced.

## An Accountable, Sustainable, Quality Health and Community Services System

### Translational and Personalized Medicine Initiative

On November 27, 2014, the Government of Newfoundland and Labrador joined with funding partners IBM and the Government of Canada to launch the Translational and Personalized Medicine Initiative (TPMI). Led by Memorial University, TPMI will allow patients to benefit from the latest and most innovative discoveries in health research designed to improve their specific health outcomes.

The objective of the TPMI is to utilize advanced computer infrastructure to integrate electronic health information and genetic research into clinical practice so that patient care is guided by a person's unique information including their genetic make-up. This model of care is based on preventive health planning and allows for care that is more predictive and efficient than traditional approaches that tend to be more reactive in nature.

Approximately \$50 million will be invested in this program over the next five years. This initiative contributes to the strategic direction of Government *An Accountable, Sustainable, Quality Health and Community Services System*, particularly as it relates to the focus area of evidence-informed research in health and other related areas.

# Highlights and Accomplishments

A key focus of the Department in 2014-15 was to enhance programs and services to ensure that residents across the province have timely access to appropriate programs and services that help individuals, families and communities achieve optimal health and well-being. The following highlights and accomplishments reflect just some of the achievements the Department made over the past year:

## Population Health

### Two New Services Support Individuals Diagnosed with a Chronic Illness

The Department of Health and Community Services is committed to strengthening the health of our population and helping residents lead healthy lifestyles. Chronic disease management is a focus area of Government's strategic direction of Population Health. On July 15, 2014, clients of the Newfoundland and Labrador Prescription Drug Program (NLPDP) who have been diagnosed with a chronic illness began benefiting from two new services provided by pharmacists in the province. These two new services are also directly related to the strategic direction of Access, in that they are examples of how the Department is aiming to improve accessibility to programs and services specifically through enhancements to Pharmacare initiatives – NLPDP Plans.

The first new initiative provides one-on-one medication management services for NLPDP clients over the age of 65. Specifically, clients who have been diagnosed with a chronic illness and are taking three or more prescription medications, now benefit under the expanded Medication Review Program. The program is a patient-care service whereby a pharmacist meets individually with the client to review their medication regime. The pharmacist assesses all available medications to identify and resolve drug-related problems, where necessary.

The second new initiative provides enhanced services for NLPDP clients with Chronic Obstructive Pulmonary Disease (COPD). The new Medication Adherence Program assists clients diagnosed with COPD who have been prescribed new medication(s) to treat the disease. Pharmacists provide an initial consultation, as well as two follow-up appointments with the beneficiary, to monitor the acceptance and use of the medication.

## Access

### Smoking Cessation Program

Tobacco use is a major risk factor for many chronic diseases including cancer and heart disease, and places significant costs on our health care system. The number of people smoking in this province remains high. On October 1, 2014, a new Provincial Smoking Cessation Program for people with low income was launched.

The new Smoking Cessation Program is available to individuals 18 years and older who are eligible under the Access, Foundation, or 65Plus plans of the NLPDP. It provides access to up to 12 continuous weeks of smoking cessation medication once every 12 months with a co-pay arrangement. Clients are encouraged to contact the Smokers' Helpline for cessation counselling in combination with using the medication.

Statistics show that two thirds of smokers want to quit smoking and this new program is a step in the right direction towards helping individuals achieve that goal through "Improved accessibility to programs and services meeting the current and future needs of individuals, families and communities, particularly those most vulnerable;" a strategic outcome of Government. This initiative is another example of enhancements in the area of Pharmacare Initiatives –NLPDP Plans.

### Echocardiogram Services Extended to Labrador and the Northern Peninsula

The Department of Health and Community Services announced that effective June 4, 2014, residents in Labrador and on the Northern Peninsula would have access to echocardiogram services which will reduce the amount of travel outside the region for this diagnostic test. A full-time Echocardiography Technologist is now based in St. Anthony and travels on a regular basis to Labrador City and Happy Valley-Goose Bay to provide services to clients in the Labrador-Grenfell Health region. Echocardiograms are widely used diagnostic tests for cardiology services used to diagnose and manage patients with heart disease. Heart disease is a significant issue in the province and the extension of this service is a direct benefit for residents of Labrador and the Northern Peninsula.

## Infrastructure Achievements

The following are examples of infrastructure achievements during 2014-15, a focus area under the strategic direction of Access:

### New Labrador West Health Centre

On February 4, 2015, the new Labrador West Health Centre was officially opened. This state-of-the-art facility represents an investment of approximately \$90 million by the Provincial Government and replaces the Captain William Jackman Memorial Hospital which served the people of Labrador West since 1965. The new 9,500 square metre facility has 14 acute care and 14 long-term care beds, two main operating rooms, diagnostic services including a core laboratory, two X-ray machines, a CT scanner, ultrasound and bone density machines, dialysis services and various special function rooms. The health centre provides emergency, outpatient, surgical, obstetrical, pediatric, respite, palliative care, physiotherapy, oncology/chemotherapy and mental health and addictions services.

## Long-Term Care Facility

In 2014, a new long-term care facility was opened in St. John's. This facility accommodates approximately 460 beds and includes space for recreation therapy, physiotherapy, occupational therapy and spirituality. The facility also contains protective care units for individuals with dementia; dedicated beds for bariatric care; enhanced short stay services such as respite and convalescence care; and specialized behavioural services for seniors. The new long-term care facility is large and modern and will provide both a high quality of life for residents and an improved working environment for employees.

## New Protective Community Care Residence in Bonavista

On November 12, 2014, a new 12-bed protective community care residence officially opened in Bonavista. Through an investment of approximately \$2.6 million, local residents now have increased access to specialized care to meet the unique needs of individuals with dementia. The protective community care residence was designed to provide a home-like environment, supported by specially trained staff, for individuals with dementia. The facility includes an on site residential style kitchen, dining facilities, lounge and recreation areas. The philosophy of protective community care residences is to provide a comfortable social environment that enables residents to function to their fullest capabilities. The focus of the care provided is on quality of life rather than rehabilitative care, and aims to provide normal living experiences together with 24-hour supervision.

## Two New Youth Treatment Centres

During 2014-15, two new youth treatment centres opened in the province – one for youth with addictions opened in Grand Falls-Windsor and one for youth with complex mental health issues opened in Paradise. Both centres can accommodate up to twelve youth ages 12 to 18 and provide a safe environment for young people with structure and routine, incorporating everyday life experiences as a guide to daily living and coping skills. The treatment program offered at the centres includes individual, group and family counselling. Youth will engage in therapeutic recreation, art, music therapy and attend school on site with learning goals based on their individual needs.



The Tuckamore Centre (Youth Treatment Centre, Paradise)

# An Accountable, Sustainable, Quality Health and Community Services System

## Emergency Preparedness: Ebola

Being prepared as a province for the unexpected and being able to effectively and efficiently manage health emergencies as they arise is an essential component of the strategic direction of An Accountable, Sustainable, Quality Health and Community Services System. On October 21, 2014, the Department of Health and Community Services announced preparations to enhance readiness in the event of a suspected case of Ebola in Newfoundland and Labrador. The Provincial Government put a number of measures in place to prepare for an Ebola response such as the implementation of an oversight committee to oversee provincial preparation, chaired by the Deputy Minister of Health and Community Services, with representation from the four RHAs and the Department of Health and Community Services. Furthermore, the Department established two expert teams to support the appropriate management of a suspected case from identification through treatment and discharge and provided mandatory training for health care workers in the RHAs.



# Report on Performance 2014-15

In the Department's 2014-17 Strategic Plan, Population Health, Access to Priority Services and Quality of Care and Efficiency were identified as areas that needed to be addressed in order to advance progress in achieving the strategic directions of the Provincial Government. To address these issues, three-year goals, with corresponding annual objectives, were developed. This year, the Department is reporting on its success in achieving the 2014-15 objectives towards the 2014-17 goals as identified in the Strategic Plan.

## Strategic Issue #1: Population Health

There are many factors that impact the health of the population and an individual's overall health. Being free from illness is just one indicator. By providing services and supports across the life course and across all areas of health care (from prevention and promotion to health protection, diagnosis, treatment and care) the Department aims to influence the social, economic, physical and environmental conditions that shape the health of the population and help individuals achieve optimal health and well-being.

Over the three years covered by the Department's 2014-17 Strategic Plan, the Department is committed to building capacity within identified areas to enable government to better respond and contribute to positive health outcomes for the population where they live, work and play.

As a first step towards this goal, during 2014-15, the Department of Health and Community Services assessed its current capacity in select areas of population health. For example, in addition to a review of current health promotion and wellness policies, programs and services, the Department led an extensive consultation process to assess the Department's and the provincial health care system's current capacity to deliver primary health care services within the province. This process will inform the development of a Primary Health Care Framework during 2015-2016. Work in this area, as well as the results identified below, supported the strategic direction of Government in the area of "**Population Health - Strengthened Population Health and Healthy Living**", particularly in the focus area of healthy living.

## Performance Reporting

**Goal:** By **March 31, 2017**, the Department of Health and Community Services will have improved its capacity to contribute to positive health outcomes for the people of the province.

**Objective 1:** By **March 31, 2015**, the Department of Health and Community Services will have assessed the Department's current capacity in select areas of population health.

**Measure:** Assessed the Department's current capacity in select areas of population health.



**STRATEGIC ISSUE #1: POPULATION HEALTH**

<b>Planned</b>	<b>Actual (2014-15)</b>
<p>Reviewed current health promotion and wellness policies, programs and services</p>	<p>In 2014-15 a review of the system for the delivery of health promotion and wellness policies, programs and services was completed. The purpose of the wellness review was to better understand the current state of health promotion and wellness service delivery in NL (i.e., map the current system); identify how other jurisdictions successfully deliver health promotion and wellness programs and services; and define/propose models for improved functioning and outcomes of NL’s health promotion and wellness system. The Newfoundland and Labrador Centre for Health Information, with guidance from the Healthy Living Division within the Department of Health and Community Services completed the review in June 2014.</p> <p>On September 30, 2014, the Department of Seniors, Wellness and Social Development was created which now includes the Healthy Living Division. The mandate of Seniors, Wellness and Social Development is to support people to live well. This new Department will continue to implement initiatives identified in the Provincial Wellness Plan in such areas as healthy eating, physical activity and tobacco control, as well as continue follow up and implementation of recommendations of the wellness review.</p>
<p>Identified areas to support improved development and delivery of health promotion in the province</p>	<p>Throughout 2014-15, through means such as stakeholder consultation, review of evidence-based research and jurisdictional scans, the Department identified areas to support improved development and delivery of health promotion in the province. Two such areas identified were mental health and addictions and the immunization program.</p> <p>In the area of mental health and addictions, the province has embarked on the expansion of Eastern Health’s Bridge the gAPP service for youth and the development of a new website and app for adults. Both apps will offer brief mental health promotion information and build connections to services locally through a service directory.</p> <p>In addition, the province will be the first early adopter in Canada to use the BreathingRoom program which is an online self-management program that gives young people between the ages of 13 and 24 the tools to manage stress, depression and anxiety. The BreathingRoom program is endorsed by the Mental Health Commission of Canada and empowers youth with tools to help them take control of their own well-being.</p>

STRATEGIC ISSUE #1: POPULATION HEALTH	
Planned	Actual (2014-15)
	<p>Over the next year, the Government of NL will work with stakeholders all across the province to promote the use and integration of this service in primary health care, education and community settings.</p> <p>In October 2014, the Department announced an expanded seasonal influenza vaccine for all residents of the province. The provincial seasonal influenza vaccine program is now available free of charge to all residents age six months and older through physician and public health clinics.</p> <p>The Department also announced new regulations under the <i>Pharmacy Act, 2012</i> which expanded the scope of practice of pharmacists in Newfoundland and Labrador. The new regulations allow pharmacists to administer medication by inhalation and injection, including influenza vaccines. Pharmacists are now permitted to provide vaccinations to the general public for a fee determined by the pharmacy. However, in addition to physician offices and public health clinics, clients of the NLPDP will have access to the influenza vaccine free of charge at pharmacies. These changes will make the influenza vaccine available and accessible to more people than ever before. Combined with hand-washing, the vaccine is the most effective defense against influenza viruses.</p>
Identified areas for increased collaboration and stakeholder engagement to advance and inform initiatives in key areas of population health	<p>During 2014-15, through ongoing stakeholder consultation and the policy analysis process, the Department of Health and Community Services identified areas for increased collaboration and stakeholder engagement to advance and inform initiatives in key areas of population health.</p> <p>For example, in the area of mental health and addictions, on March 23, 2015, the Department announced a partnership between Strongest Families Institute (SFI) and the RHAs. SFI will offer telephone and online coaching services to families who are currently wait-listed for mental health services. The SFI program will reduce wait times for mild to moderate mental health and behavioural issues and act as an early intervention to support mental well-being.</p> <p>Part of the mandate of the All-Party Committee on Mental Health and Addictions is to “conduct province-wide consultations”. The Department identified this as an opportunity to collaborate with the All-Party Committee in</p>

STRATEGIC ISSUE #1: POPULATION HEALTH	
Planned	Actual (2014-15)
	<p>2015-16 as it engages stakeholders across the province and receives expert testimony on best practices in mental health care delivery. The results of this engagement process will be reviewed and the findings will inform the development of a new Mental Health and Addictions Policy Framework, with the goal of improving mental health programs and services to better serve the needs of the people of Newfoundland and Labrador.</p>
Initiated renewal of select policy frameworks	<p>In 2003, Government released a primary health care framework and a number of initiatives were implemented as a result. To revitalize primary health care in this province, during 2014-15, the Department initiated the renewal of a Primary Health Care Framework. To inform the framework, the Department led, in collaboration with the Office of Public Engagement, an extensive consultation process to assess the Department's and the provincial health care system's current capacity to deliver primary health care services in the Province.</p> <p>The consultation process, which included two months of in-person and online consultations across the province, culminated in the Premier's Summit on Health Care held on January 14, 2015. At the Summit, over 275 health care professionals, stakeholder groups and residents gathered in St. John's to discuss important topics related to the delivery of primary health care in Newfoundland and Labrador. During the event, the Department released a "What We Heard" document outlining the results of the 13 regional consultation sessions, as well as numerous email and written submissions which were received since the launch of the consultations in November 2014.</p> <p>An Advisory Committee on Primary Health Care, consisting of key stakeholders across the provincial health care system, has also been established to inform the development of the framework.</p> <p>The Department also initiated renewal of a provincial Mental Health and Addictions Policy Framework with ongoing consultations across the province led by the All-Party Committee.</p>

The following indicators have been identified for the 2015-16 objective:

**Objective 2:** By **March 31, 2016**, the Department of Health and Community Services will have implemented initiatives that contribute to positive health outcomes.

**Measure:** Implemented initiatives that contribute to positive health outcomes.

**Indicators:**

- Implemented select components of a Primary Health Care Framework/Action Plan
- Implemented components of a new Mental Health and Addictions policy framework
- Expanded the Childhood Immunization Program



## Strategic Issue #2: Access to Priority Services

Access to services is not only about increasing the number of services available but also improving existing services to ensure they are meeting the needs of patients and clients. It is about assessing existing programs, policies and services and taking action to ensure they are adequately servicing the people they are meant to serve.

Throughout 2014-15, the Department of Health and Community Services implemented various initiatives towards improving access to priority services. This included improving kidney dialysis services in the central region by enhancing kidney dialysis treatment on Fogo Island. Residents who are medically suited can now access dialysis treatment on Fogo Island with the option of transitioning to home-based treatment. Over time, patients who meet the criteria, will have the option to transition to assisted or home-based care, providing a more cost-effective dialysis service for patients who would otherwise incur time and travel costs to receive care.

As well, to improve access to dental care for those with low incomes, the Department increased the cap for basic dental services under the Adult Dental Program from \$150 to \$200. These initiatives as well as the ones identified below, all contributed to the strategic direction of Government, **“Access - Improved accessibility to programs and services meeting the current and future needs of individuals, families and communities, particularly those most vulnerable”**, particularly in the areas of long-term care and community supports, mental health and addictions, rural health and wait times.

The success of the 2014-15 objective and associated indicators is further evidenced by the results provided below.

### Performance Reporting

- Goal:** By March 31, 2017, the Department of Health and Community Services will have improved access to priority health and community services.
- Objective 1:** By March 31, 2015, the Department of Health and Community Services will have implemented initiatives aimed at improving access to priority health and community services.
- Measure:** Implemented initiatives aimed at improving access to priority health and community services.

**STRATEGIC ISSUE #2: ACCESS TO PRIORITY SERVICES**

<b>Planned</b>	<b>Actual (2014-15)</b>
<p>Implemented various initiatives towards enhancing long-term care and community support services</p>	<p>Throughout 2014-15, the Department implemented various initiatives towards enhancing long-term care and community support services. For example:</p> <p>The establishment of Community Rapid Response Teams within the province is an initiative that was implemented in four areas beginning in October 2014-15 (St. Clare’s Mercy Hospital, Health Sciences Centre, Central Newfoundland Regional Health Centre and Western Memorial Regional Hospital). These teams of health professionals assess patients at emergency departments to determine if medically stable patients can return home safely with enhanced community-based health services, thereby avoiding admission to the hospital. While the primary target group for this initiative is seniors, this service is available to all adults. It is anticipated that these teams will have a positive impact on emergency room and acute care inpatient bed utilization as clients are provided with effective and efficient care in their own home.</p> <p>Regular review of policies and legislative requirements ensures that the system is operating in the best interest of individuals and that it is changed as necessary. In 2014-15, the Department issued a Request for Proposals to seek a vendor that will undertake a comprehensive review of the Provincial Home Support Program. This review will occur during 2015-16 and will provide recommendations to ensure the program is working as effectively and efficiently as possible.</p>
<p>Identified initiatives to reduce wait times in services for children with developmental disabilities</p>	<p>In order to meet the demand for services and reduce wait times for children with developmental disabilities, the Department identified a need for new positions within the RHAs. Through an investment of \$2 million in 2014-15, annualizing to \$3.9 million in 2015-16, the Department committed to increasing access to assessment and treatment for children with autism and other developmental conditions. To increase the capacity to assess and reduce wait times for children and families, the Department committed to providing funds for the addition of 22 positions in the RHAs, increasing to 30 positions in 2015-16. These new positions include a developmental pediatrician at the Janeway, new occupational therapists and new speech language pathologists.</p>

**STRATEGIC ISSUE #2: ACCESS TO PRIORITY SERVICES**

Planned	Actual (2014-15)
<p>Implemented initiatives to reduce wait times in endoscopy services, orthopedic surgery and emergency departments</p>	<p><b>Endoscopy Wait Time Strategy</b>                      In 2014-15, the Department continued to implement initiatives to reduce wait times and enhance quality in endoscopy services. For example:</p> <ul style="list-style-type: none"> <li>• All RHAs completed the Canadian Association of Gastroenterology (CAG) Global Rating Scale – Canadian – (GRS-C) twice in 2014-15. The GRS-C is a web-based tool that allows endoscopy units to self-assess the quality of service they provide and prepare action plans to identify areas for future quality improvement initiatives over time. CAG has recognized that NL is the first and only province to achieve 100% participation as all 12 endoscopy sites in this province are participating in the GRS-C.</li> <li>• Wait lists are now audited by RHAs and patients who have been waiting the longest for a colonoscopy are being contacted to schedule an appointment.</li> <li>• The first CAG Skills Enhancement for Endoscopy® (CAG-SEE®) course was offered at the St. Clare’s Mercy Hospital in October 2014 and the second course in February 2015. Given the tremendous success and positive feedback from physicians on this course, Eastern Health intends to host three or four sessions annually and have partnered with CAG to become a CAG SEE® Certified Training Centre.</li> </ul> <p><b>Hip and Knee Joint Replacement Wait Time Strategy</b>                      In 2014-15, the Department continued to implement initiatives under the strategy to help reduce wait times in orthopedic surgery. For example, eight permanent positions were created at the Orthopedic and Rheumatology Central Intake Clinics at Eastern Health.</p> <p><b>Emergency Department (ED) Wait Time Strategy</b>                      Newfoundland and Labrador is continuously improving Emergency Departments to ensure there are shorter wait times and patients are assessed and treated in a timely manner.</p> <p>Accomplishments during 2014-15 include:</p> <ul style="list-style-type: none"> <li>• Reviews of Category A emergency departments began in 2014 at the following four emergency facilities: Sir Thomas Roddick Hospital, Burin Peninsula Health Care Centre, Carbonear General Hospital and the Dr. G.B. Cross Memorial Hospital.</li> </ul>

**STRATEGIC ISSUE #2: ACCESS TO PRIORITY SERVICES**

Planned	Actual (2014-15)
	<ul style="list-style-type: none"> <li>• Physician, nurse practitioner and registered nursing hours are better aligned to coincide with peak patient arrival patterns at the James Paton Memorial Hospital.</li> <li>• Fast Track Units, where staff are dedicated to seeing patients with minor illnesses in order to reduce emergency department overcrowding, were established at the James Paton Memorial Regional Health Centre, Carbonear General Hospital and Dr. G.B. Cross Memorial Hospital, resulting in reductions in wait times for low acuity patients for initial physician/nurse practitioner assessment, as well as reductions in the number of patients who left without being seen. Two permanent nursing positions were created to implement the Fast Track Unit at the James Paton Memorial Regional Health Centre.</li> <li>• A Rapid Assessment Zone (RAZ) was created at the Health Sciences Centre emergency department to improve physician initial assessment for urgent (Canadian Triage and Acuity Scale Level 3) patients requiring diagnostic testing and treatment. Two permanent nursing positions were created to implement RAZ.</li> </ul>
<p>Completed Phase 2 of an anti-stigma awareness campaign for mental health and addictions</p>	<p>Phase two of year one of the <i>Understanding Changes Everything</i> anti-stigma awareness campaign was launched in October 2014, which included new TV commercials and new videos featuring individuals and families with lived experience of mental illness and/or addiction. To learn more about the campaign and to view the videos, please visit <a href="http://www.understandnow.ca">www.understandnow.ca</a>.</p>



The following indicators have been identified for the 2015-16 Objective:

**Objective 2:** By **March 31, 2016**, the Department of Health and Community Services will have continued to implement changes and enhancements towards improving access to priority health and community services.

**Measure:** Continued to implement changes and enhancements towards improving access to priority health and community services.

- Indicators:**
- Explored options to enhance services of the HealthLine
  - Implemented further initiatives to improve access to long-term care and community supports
  - Implemented initiatives to improve access and enhance mental health and addictions services within the province
  - Implemented components of the Emergency Department Wait Time Strategy



**SHE'S MORE THAN  
JUST A PERSON  
WITH BIPOLAR  
DISORDER.**

**MENTAL ILLNESS  
& ADDICTION**

Newfoundland  
Labrador



**HE'S MORE THAN  
JUST A PERSON  
RECOVERING FROM  
ALCOHOLISM.**

**MENTAL ILLNESS  
& ADDICTION**

Newfoundland  
Labrador

## Strategic Issue #3: Quality of Care and Efficiency

Quality of care and efficiency are inter-connected. Efficiency can mean more streamlined processes resulting in improved patient care and cost-savings. Throughout 2014-15, the Department began implementation of systems and processes towards improved quality of care within the provincial health and community services system. For example, the Department began the implementation of several recommendations from the Provincial Road Ambulance Review towards ensuring the processes within the ambulance system are operating as efficiently and effectively as possible while providing high-quality and safe services to the people of the province.

One of the main components of a high-quality and safe health care system is having qualified professionals. As such, during 2014-2015, the Department developed a Strategic Health Workforce Plan 2015-2018. This plan is expected to support the enhancement of the health workforce and the services provided to the people of the province. Implementation of the plan will begin in 2015-16.

The Department did not develop the implementation plan for the Electronic Medical Record during 2014-15 as committed. However, the Department was successful in achieving all other indicators associated with this objective as identified below. Work will continue towards the implementation of a Provincial Electronic Medical Record during 2015-16.

Work carried out during this fiscal year in relation to this issue contributed to the strategic direction of Government “**An Accountable, Sustainable, Quality Health and Community Services System**”, particularly in the areas of clinical efficiency review and quality and safety.

### Performance Reporting

**Goal:** By **March 31, 2017**, the Department of Health and Community Services will have improved capacity to strengthen quality of care and achieved efficiencies in the provincial health and community services system.

**Objective 1:** By **March 31, 2015**, the Department of Health and Community Services will have initiated implementation of systems and processes towards improved quality of care and provincial health and community services system.

**Measure:** Initiated implementation of systems and processes towards improved efficiency and quality of care within the health and community services system.

**STRATEGIC ISSUE #3: QUALITY OF CARE AND EFFICIENCY**

Planned	Actual (2014-15)
<p>Implemented select recommendations from the ambulance review implementation plan</p>	<p>In 2014-15, the Department commenced implementation of select recommendations from the Provincial Road Ambulance Review. The following recommendations have been initiated and are at various stages of implementation:</p> <ul style="list-style-type: none"> <li>• Transition from the current ambulance operational model based on “level of effort” (i.e., volume of transports) to contracts that are tied to specific performance objectives. This recommendation is being initiated through ongoing negotiations with ambulance operators, however, it will not be fully implemented until the proposed Central Medical Dispatch Centre is operational. Clarification of ambulance operator roles, responsibilities and rights in relation to service area exclusivity (i.e., ambulance operators assigned service coverage areas) is ongoing to support the implementation of this recommendation.</li> <li>• Implementation of ambulance dispatch and management system (ADAMS) which is now operational at Western Health and Central Health.</li> <li>• Establishment and implementation of a plan to address human resource issues raised by stakeholders including recruitment, retention, pay, benefits, quality of work life, training program access and accreditation of ambulance professionals.</li> </ul>
<p>Developed the implementation plan for the Electronic Medical Record (EMR)</p>	<p>In 2014-15, approval was given to the Department to authorize the Newfoundland and Labrador Centre for Health Information to issue a request for proposals to procure software, equipment and professional services necessary to create the provincial EMR. The request for proposals process has taken longer than anticipated and therefore, the implementation plan has not yet been developed. It is anticipated that the implementation plan will be developed during 2015-16.</p>
<p>Worked with RHAs to review and identify improvements in clinical service delivery to optimize patient care and resource efficiency</p>	<p>A clinical efficiency review analyzes the population being admitted to hospital, the nature/quality of health care services that patients receive while in hospital, and the organization of overall care provided. Throughout 2014-15, the Department continued to work with RHAs to review and identify improvements in clinical service delivery to optimize patient care and resource efficiency. A clinical efficiency review took place at Eastern Health in 2013. Based on this work, improvements were identified and implementation commenced in 2014-15. For example, work is underway to implement patient order sets at the RHAs. Order sets are</p>

**STRATEGIC ISSUE #3: QUALITY OF CARE AND EFFICIENCY**

Planned	Actual (2014-15)
	<p>sophisticated evidence-based checklists used by clinicians to ensure that patients get the appropriate treatment. There is a growing body of literature demonstrating that hospitals that implement a comprehensive order set strategy see a significant improvement in patient safety; optimize use of physician time and improve and streamline work processes for clinicians.</p> <p>The immunization programs were reviewed to ensure that required vaccines were administered as efficiently as possible and in keeping with the National Advisory Committee on Immunizations (NACI) recommendations. In 2014-15 there was a reduction in the number of doses required for hepatitis B from three to two doses for grade six students, and one less needle at 12 months of age when measles, mumps, rubella and chickenpox were combined as one immunization.</p>
<p>Established consistent performance indicator reporting, in select areas, from RHAs towards improved data quality</p>	<p>In 2014-15, the Department established consistent performance indicator reporting from the RHAs in the area of mental health and addictions towards improved data quality.</p> <p>In partnership with the Newfoundland and Labrador Centre for Health Information and the RHAs, the first ever performance measurement report related to mental health and addictions services has been developed. This report will address current accountability and monitoring needs of the RHAs and the Department. The report will support program/service planning and delivery, resource allocation and evaluation of efficiency and effectiveness. In particular, the report will become a tool that will enable the Department to regularly monitor indicators such as repeat hospitalizations, flag areas that require further analysis of contributing factors, ensure best practices are being used and that there is equitable access to effective treatment.</p> <p>Work will continue in 2015-16 to identify consistent performance indicator reporting in other areas within the health and community services system to work towards improved data quality (e.g., primary health care, population health).</p>
<p>Identified initiatives to enhance patient safety</p>	<p>The Department continuously works with and seeks input from key stakeholders to identify and advance various improvements within the health and community services system. This work is done through various mechanisms such as participation on committees like the Provincial Safety and Quality Committee.</p>

**STRATEGIC ISSUE #3: QUALITY OF CARE AND EFFICIENCY**

<b>Planned</b>	<b>Actual (2014-15)</b>
	<p>This committee has representation from the Department and the RHAs and assists the Department in identifying initiatives to enhance patient safety. In March 2015, the Department of Health and Community Services committed to drafting new patient safety legislation. This legislation will ensure that the policies and procedures adopted in the area of quality assurance are enforced by law. It will also support the quality assurance initiatives being undertaken by the RHAs and the Department. The new legislation will set out standardized requirements for reporting, conducting quality assurance activities and for disclosure.</p> <p>The new legislation will address several recommendations from the Cameron Inquiry Report and the Task Force on Adverse Health Events. The intent of both the Task Force and Cameron Inquiry Report recommendations is to address the current legislative ambiguities respecting access to information, ensure access to pertinent information for the safety of patients and the broader health system, and ensure that the work of peer review and quality assurance reviews are not impeded.</p> <p>Furthermore, in 2014-15, the provincial healthcare-associated infection surveillance program provided critical data to measure the burden of disease from methicillin resistant <i>Staphylococcus aureus</i> and <i>Clostridium difficile</i> infections. This data has provided evidence for the implementation of targeted infection prevention and control practices that aim to provide a safer healthcare environment for patients.</p>

The following indicators have been identified for the 2015-16 reporting year:

**Objective 2:** By **March 31, 2016**, the Department of Health and Community Services will have continued monitoring and implementing systems towards improved quality and efficiency.

**Measure:** Continued monitoring and implementing systems towards improved quality and efficiency.

**Indicator:**

- Explored the area of health analytics towards improved quality and efficiency through evidence based decision making
- Continued to implement recommendations of the Provincial Road Ambulance Review towards enhancing the road ambulance system within the province
- Provided oversight and monitored the implementation of a shared services organization
- Implemented components of the Strategic Health Workforce Plan
- Implemented initiatives towards enhanced patient safety (e.g., prevention of health care associated infections through hand hygiene evaluation, initiated the development of patient safety legislation)
- Monitored the performance of select departmental programs towards ensuring existing programs are efficient and achieving the outcomes they were set up to achieve



## Opportunities and Challenges Ahead

Health care accounts for approximately 40% of the provincial budget and costs continue to rise with new equipment and new treatments. Without a change in approach, health care will continue to consume a greater proportion of the provincial budget. For this reason, it is essential that the Department continues to seek new and innovative high-quality approaches to delivering health and community services to the people of the province. Striking the right balance between fiscal realities and planning for equitable access is the key challenge.

When residents of Newfoundland and Labrador need health care they most often turn to primary health care. With a renewed focus on primary health care and the development of a framework/action plan, the Department of Health and Community Services will look at opportunities in which the existing primary health care system can be improved and existing challenges can be addressed. There is strong evidence to suggest that an efficient primary health care system is a key contributor to overall health system efficiency and has the potential to keep people healthy and improve the health of the population.

The challenge of increasing health care costs is not only an issue in this province. Across the country, governments continue to strategically address this challenge. Through the implementation of shared services, governments have experienced success in greater system integration and a shared approach to delivery of services, thereby reducing duplication, improving the quality and consistency of services and reducing costs.

Budget 2015-16 announced the establishment of a shared services organization that would bring together the functions of the Newfoundland and Labrador Centre for Health Information with a number of the administrative functions of the RHAs. Consistency and better alignment of these functions will support the transformation of the health care system and support RHAs in strengthening their focus on patient care. The creation of a new shared services organization will present challenges in that it will be a highly coordinated process whereby successful completion of one activity impacts the timeliness and quality of the remaining activities. Building a consensus around the vision and objectives of a new shared services organization will require engagement and collaboration with many stakeholders. With strong leadership the creation of a new shared services organization will achieve the same positive outcomes in this province as in others.

By continuing to focus on collaboration, innovation and best practices, health and community services will become more efficient. Improved efficiency means sustainable costs over the long-term and the delivery of quality services in a more effective manner to better meet the needs of individuals, families and communities.

# Financial Information

## Department of Health and Community Services

2014-15 Fiscal Year

Based on the Program Expenditures and Revenues of the Consolidated Revenue Fund  
for the Fiscal Year Ended March 31, 2015

	2014-15		
	Actual Expenditure	Amended Budget	Original Budget
<b>CURRENT</b>			
Minister's Office (1.1.01)	\$467,493	\$485,100	\$485,100
General Administration (1.2.01 to 1.2.06)	\$16,708,751	\$19,550,600	\$22,271,800
Memorial University Faculty of Medicine (2.1.01)	\$57,480,359	\$58,227,500	\$57,871,000
Drug Subsidization (2.2.01)	\$142,049,818	\$149,408,700	\$149,408,700
Medical Care Plan (2.3.01 to 2.3.02)	\$472,091,074	\$483,087,000	\$483,087,000
Regional Integrated Health Authorities and Related Services (3.1.01 to 3.1.02)	\$2,073,765,375	\$2,085,399,600	\$2,061,597,200
<b>TOTAL CURRENT</b>	<b>\$2,762,562,870</b>	<b>\$2,796,158,500</b>	<b>\$2,774,720,800</b>
<b>CAPITAL</b>			
Furnishings and Equipment (3.2.01)	\$54,388,000	\$61,432,500	\$61,432,500
Health Care Facilities (3.2.02)	\$72,477,046	\$117,660,200	\$117,660,200
<b>TOTAL CAPITAL</b>	<b>\$126,865,046</b>	<b>\$179,092,700</b>	<b>\$179,092,700</b>
<b>Total Department</b>	<b>\$2,889,427,916</b>	<b>\$2,975,251,200</b>	<b>\$2,953,813,500</b>



# Appendix A: Mandate

The following mandate describes the responsibilities of the Department of Health and Community Services:

1. To provide leadership, coordination, monitoring and support to the regional health authorities and other entities who deliver programs and services ensuring quality, efficiency and effectiveness in the following areas:
  - The preservation and promotion of health
  - The prevention and control of disease
  - Public health and the enforcement of public health standards
  - The administration of health care facilities
  - Access and clinical efficiency
  - Programs for seniors, persons with disabilities and persons with mental health and addictions issues as well as long-term care and community support services
  - Health professional education and training programs
  - The control, possession, handling, keeping and sale of food and drugs.
  
2. To effectively administer and provide funding for the following:
  - Insured medical and hospital services
  - Dental and pharmaceutical services for eligible individuals
  - Seat purchase and bursary programs for students in select professional or technical fields connected with health and community services.

## Appendix B: Entities Reporting to the Minister

The following Provincial Government entities report to the Minister of Health and Community Services and prepare plans and annual reports in keeping with the Strategic Directions of Government and their categorization under that *Transparency and Accountability Act*:

1. Eastern Health Authority
2. Central Health Authority
3. Western Health Authority
4. Labrador-Grenfell Health Authority
5. Newfoundland and Labrador Centre for Health Information
6. Medical Consultants' Committee
7. Mental Health Care and Treatment Review Board
8. Health Research Ethics Authority
9. Provincial Mental Health and Addictions Advisory Council
10. Provincial Cancer Control Advisory Committee



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**Health and Community Services**