

ANNUAL REPORT 2018-19

Health and Community Services





Message from the Minister

I am pleased to present the 2018-19 Annual Performance Report for the Department of Health and Community Services in accordance with its requirements as a category one entity under the **Transparency and Accountability Act**. This report outlines the accomplishments achieved in the second year of the three-year reporting cycle for the department's 2017-20 Strategic Plan. As Minister of Health and Community Services, I acknowledge my accountability for the preparation of this report, the accomplishments, and any variances contained herein.

The work of the Department of Health and Community Services is guided by the Triple Aim, which is a framework that simultaneously aims for better health, better care, and better value. This year we have seen tremendous progress in achieving the Triple Aim by improving efficiencies and enhancing quality of care across all of our priority areas including mental health and addictions, primary health care, community supports, and eHealth. As well, we have introduced new foundational legislation to govern public health and emergency health services. These accomplishments are thanks to the support and partnership of our many stakeholders across the province that share our dedication to achieving better health and better care for better value.

While there is much work ahead of us, we can see transformation taking place across the province and the benefits for the residents of Newfoundland and Labrador. I look forward to working with my colleagues and our partners in health care as we continue to build a sustainable health care system that meets the needs of individuals, families and communities.

A handwritten signature in black ink that reads "John Haggie". The signature is stylized and includes a large, sweeping initial "J".

Honourable John Haggie
Minister of Health and Community Services

Table of Contents

Departmental Overview	1
Staff and Budget.....	3
Highlights and Partnerships	4
Report on Performance	6
Opportunities and Challenges	24
Financial Statements	27
List of Acronyms	28

Departmental Overview

The Department of Health and Community Services is responsible for setting the overall strategic direction and priorities for the health and community services system throughout Newfoundland and Labrador.

In keeping with its mandate, the department works to provide leadership, coordination, monitoring and support to the regional health authorities (RHAs) and other entities that deliver programs and services; ensure the quality, efficiency and effectiveness of the health care system; and effectively administer and provide funding for insured medical and hospital services, dental and pharmaceutical services, and the purchase of seats and bursary programs for students in select professional or technical fields.

As of March 31, 2019, the department employed 210 staff in four locations across the province: Confederation Building (West Block) and Major's Path in St. John's, Grand Falls-Windsor and Stephenville.

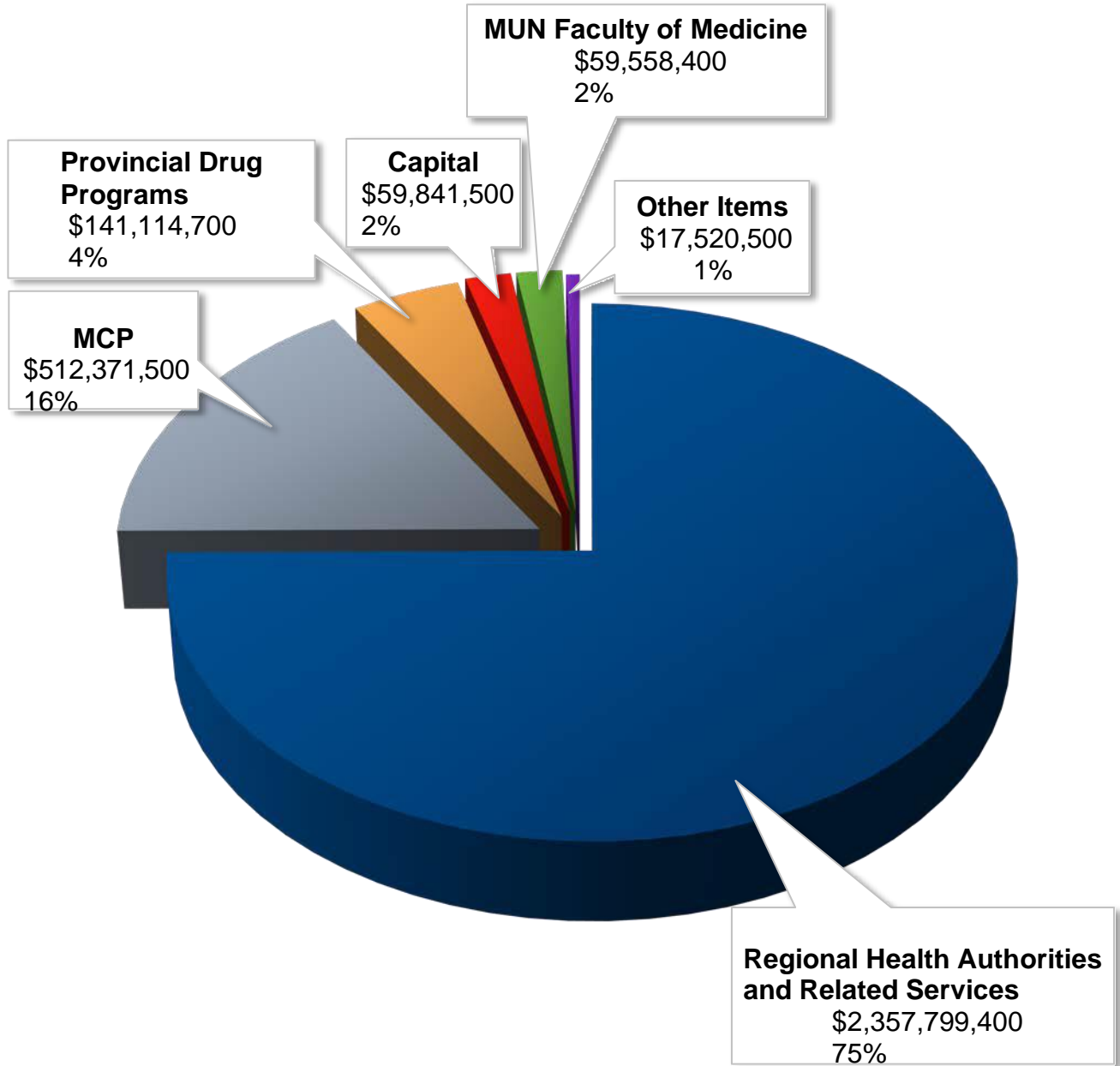
Information on the department's mandate, lines of business and branches and divisions can be found at:

<http://www.health.gov.nl.ca/health/department/index.html>

Please see page 28 for a list of acronyms that may assist you in reading this report.

Where Health Dollars are Spent

2017-18 Actual Expenditures



Total = \$3,148,206,000

(Note: Amounts are rounded to the nearest \$100)

Annual Report 2018-19

Staff and Budget

Division	# of Employees				Budget
	Male	Female	Vacant	Total	
Minister's Office	2	2	0	4	\$284,100
Executive Support	3	6	1	10	\$994,500
Communications	2	0	0	2	\$175,400
Financial Services	6	5	1	12	\$539,800
Administrative Support	0	0	0	0	\$674,700
Information Management	6	2	1	9	\$851,400
Insured Services	8	16	3	27	\$1,452,700
MCP St. John's	2	4	0	6	\$297,400
MCP Grand Falls-Windsor	2	23	2	27	\$1,566,600
Audit Services	5	7	0	12	\$805,400
Pharmaceutical Services	3	15	2	20	\$1,518,300
NLPDP Assessment Office	4	7	1	12	\$598,200
Physician Services	5	4	0	9	\$1,005,400
Regional Services	0	12	1	13	\$1,372,900
Provincial Blood Coordinating Program	0	3	0	3	\$275,500
Infrastructure Management	1	0	0	1	\$103,300
Public Health	3	6	0	9	\$943,300
Mental Health and Addictions	2	10	1	13	\$1,293,800
Primary Health Care	3	2	2	7	\$642,600
Policy, Planning and Evaluation	3	5	2	10	\$1,415,100
Health Workforce Planning	1	2	1	4	\$363,100
Total	61	131	18	210	\$17,173,500

Highlights and Partnerships

During 2018-19, the department advanced a number of initiatives, including those in partnership with federal/provincial/territorial committees and organizations, other Provincial Government departments and agencies, RHAs, municipalities, educational institutions, and community based groups. Below are some highlights of the work completed in 2018-19.

New Public Health Legislation

In 2018-19, the department developed new public health legislation in consultation with the RHAs, the Public Health Agency of Canada, other stakeholders, community partners, and the public. The **Public Health Protection and Promotion Act** replaces legislation that was 50 years old. It will support population health and the well-being of people living in communities throughout Newfoundland and Labrador.

New Emergency Health and Paramedicine Legislation

This year, the House of Assembly passed the first piece of legislation dedicated to the emergency health and paramedicine sector in the province. The **Emergency Health and Paramedicine Services Act** provides a modern framework for the provision of high-quality ambulance and paramedicine services throughout the province. The act brings Newfoundland and Labrador in line with other jurisdictions in Canada and clearly outlines operator responsibilities while strengthening both government and operator accountability to support patient safety and program sustainability. Furthermore, the act better positions the department to make improvements to the ambulance program and explore emerging areas of the emergency health and paramedicine sector.

Expansion of e-Mental Health Services

The department has made significant strides in increasing access to mental health services through eHealth initiatives, including the MindWell-U 30 Day Mindfulness Challenge, I CAN, and Therapy Assistance Online.

In May 2018, Newfoundland and Labrador became the first province in Canada to launch the MindWell-U 30 Day Mindfulness Challenge, an eHealth technology to support mental health. It is an online program available in English and French specializing in mindfulness training.

In October 2018, the Provincial Government, in partnership with the Strongest Families Institute, launched I CAN (Conquer Anxiety and Nervousness), an eMental health program designed to support young adults ages 18-30 with anxiety.

Therapy Assistance Online (TAO) is now available province-wide in both English and French. This service combines online education materials with brief clinical support with

a counsellor by phone, chat or video-conferencing and is available for people aged 16 and over. TAO is a clinically-proven, cutting-edge technology that increases access to services when and where people need them, including in their own homes.

Finalized Agreement with Government of Canada to Fund Innovative Treatment Options for Problematic Substance Use

In June 2018, the Government of Newfoundland and Labrador announced that it was the first province to sign a bilateral agreement under the Government of Canada's new Emergency Treatment Fund. This agreement resulted in an investment of more than \$4 million – \$2.7 million from the province and \$1.6 million from the Government of Canada in 2018-19 – to improve access to opioid dependency treatment (ODT) in the province. Using multi-disciplinary teams, case managers, primary health care providers and telemedicine, the province has established ODT hubs in St. John's, Gander, and Corner Brook. Additional hubs are planned for Grand Falls-Windsor, Stephenville and Happy Valley-Goose Bay.

Procurement of a New Adult Mental Health and Addictions Facility

The procurement of a new 102-bed mental health and addictions facility to replace the Waterford Hospital began in November 2018 with the release of a Request for Qualifications (RFQ) to establish an industry short list of businesses interested in designing, building, financing and maintaining the new facility. A short list of proponents will receive the Request for Proposals (RFP) in summer 2019.

Launch of Code Stroke and Stroke Public Awareness Campaign

In 2018-19, the department worked in partnership with the RHAs, Memorial University's Quality of Care Program, and the Heart and Stroke Foundation towards improved access to stroke thrombolysis (tPA) in Newfoundland and Labrador. The focus of this quality improvement initiative was the provincial implementation of CODE STROKE, a standard protocol used to coordinate hyper-acute care to increase access to stroke tPA. This took place in parallel with a multi-media, multi-stakeholder awareness campaign featuring high-quality, locally created television spots and social media materials. Since the initiation of CODE STROKE, access to stroke tPA is increasing. In the first target area, Labrador-Grenfell Health, the tPA access rate has already climbed from an average of 4.3 per cent from 2013-2017, to 17.5 per cent in 2018-19.

New Financial Assessment Process for Long-Term Care and Community Support Services

This year, the department introduced a new and improved financial assessment process for the long-term care and community support services system. In short, liquid assets will no longer be considered in the financial assessment process. Eligibility for all long-term care and community support services offered by the RHAs is

now determined through an Income Test, which uses net income from the Canada Revenue Agency Notice of Assessment.

Expanded 811 HealthLine to Include Dietitian Services

In April 2018, as part of the Provincial Government's Chronic Disease Action Plan, Dial-a-Dietitian was introduced as a service available through the provincial 811 HealthLine. The purpose of Dial-a-Dietitian is to encourage people to make healthier, more informed food choices and to provide helpful information on healthy eating and nutrition. The service is available to all residents in the province and provides free, confidential, and easy access to the trusted advice of a registered dietitian.

Universal Coverage for Mifegymiso

As of September 1, 2018, Mifegymiso, more commonly known as the abortion pill, became available at no cost to all individuals in the province with a valid MCP card and a prescription. Mifegymiso is an alternative to surgically induced abortions and can be used for medical termination of pregnancy up to nine weeks gestation age.

Report on Performance

In consideration of the Triple Aim approach of better health, better care, and better value, the department's mandate, commitments in **The Way Forward**, and available financial resources, five key priorities were identified for the 2017-20 planning cycle:

1. Community supports and capacity building
2. Primary health care
3. Mental health and addictions
4. eHealth technology and evidence to improve health care delivery
5. Modernize and streamline the delivery of services

Within each priority area, a three-year goal along with annual objectives and indicators were identified. This report includes progress and results toward the 2018-19 objectives.

Issue One: Community Supports and Capacity Building

Strong community supports are necessary to ensure residents of the province are able to live safely in their own homes as they age, recover from illness and injury, or live with a disability. Individuals who do not have appropriate supports to meet their health care needs at home often stay in the hospital longer after illness or injury, or require long-term care in a health care facility. Without appropriate supports in the community, patients wait extended periods of time in hospitals for transfer to a more appropriate setting. That is known as Alternative Level of Care (ALC¹). As a result, other patients are unable to access hospital beds resulting in longer wait times in emergency departments and decreased access to elective surgeries. Strong community supports can help reduce the burden on the acute care system through less emergency department visits, shorter length of stay, and lower readmission rates, while helping individuals access appropriate levels of care in their homes or in the community.

In 2018-19, the department committed to enhancing the capacity of community support systems to provide the appropriate level of care for individuals in the community through the Home First Initiative². Through Home First, individuals receive the necessary supports to return home after hospitalization. Clients from all regions of the province can access Home First supports through an integrated network of professionals that use an intensive case management model to ensure a person receives the right care, at the right time, from the right provider, and at the right cost. The department has committed to continue implementation of the initiative with a focus on increasing access to those living with dementia and in receipt of palliative care. Government has pledged to improve service delivery of the Home Support Program, which supports people to live independently at home for as long as possible, and to enhance community supports for individuals with disabilities.

Goal: By March 31, 2020, the Department of Health and Community Services will have achieved a higher quality of care and better value in the health care system by providing necessary supports to individuals within the community.

Objective 2: By March 31, 2019, the Department of Health and Community Services will have enhanced community supports.

Planned	Actual
Continued implementation of the Home First initiative in each region with a focus on increasing access to Dementia and Palliative Care.	In 2018-19, approximately 1,000 clients from all RHAs have accessed Home First supports through the Home First Integrated Network. Further completed initiatives

¹ ALC is a clinical designation for when a patient has been medically discharged but remains in hospital while awaiting the availability of an appropriate form of care such as a long-term care home.

² The Home First Initiative is a program designed to provide the necessary supports to individuals so they can return home after hospitalizations to avoid ALC, to stay in their home as long as possible and potentially even prevent admission to long-term care.

Annual Report 2018-19

	<p>included expansion of Telehealth for people living at home with dementia, and implementation of a screening tool to determine eligibility for community based services.</p> <p>The department provided over \$1.7 million over a three-year period for the Home Dementia Care Program, which will support individuals living at home with moderate to advanced dementia and their families. The program has begun to accept clients.</p> <p>In 2018-19, the department provided \$47,000 in funding to the RHAs for staff to complete the Learning Essential Approaches to Palliative Care (LEAP) Program, a specialized training program in palliative care.</p>
<p>Improved service delivery of the Home Support Program.</p>	<p>The department, in collaboration with the RHAs and the Home Care Association of Newfoundland and Labrador, developed a Service Level Agreement to clearly outline service expectations and to improve accountability of the Home Support Program. The RHAs and home care agencies will be party to these agreements, which are anticipated to be signed in fall 2019.</p> <p>A draft of the revised Provincial Home Care Agency Operational Standards was also developed in 2018-19.</p>
<p>Implemented and evaluated the Healthy Living Assessment for Seniors at one demonstration site to inform further roll-out.</p>	<p>Healthy Living Assessments for Seniors were not implemented in 2018-19. Implementation has taken longer than anticipated as the department is examining additional model options for a Healthy Living Assessment. This will ensure the service is delivered in a way that helps seniors live healthier lives, and supports them to live in their homes longer. The department remains committed to establishing approaches to support seniors</p>

Annual Report 2018-19

	<p>within their communities and their own homes.</p>
<p>Enhanced community supports for individuals with disabilities.</p>	<p>The Provincial Autism Action Plan was developed in 2018-19. The action plan aims to improve supports and services for people living with Autism Spectrum Disorder across the life span.</p> <p>RHAs continue to implement the Support Plan Policy for all clients receiving home support services. Currently, only clients with complex care needs have Support Plans developed. The RHAs are working on expanding implementation to all clients.</p> <p>Progress has been made on developing an Individualized Funding Policy Model on behalf of the Inter-departmental Oversight Committee to the Minister of Children, Seniors and Social Development.</p> <p>The Long-term Care and Community Supports Services Division formed its Individualized Funding Model Demonstration Project Steering Committee and developed its terms of reference. The Committee is drafting a policy framework and implementation guidelines and expects to begin training the RHAs staff and recruiting clients to test the model later in 2019.</p>
<p>Developed and administered a tool to measure patient/client satisfaction with community based services.</p>	<p>Surveys available in multiple formats (i.e. paper, online, etc.) were developed and approved for various community based supports and services in 2018-19. A satisfaction survey for residents of personal care homes was administered in spring 2018. The Newfoundland and Labrador Centre for Health Information (NLCHI) provided the department with a summary report of the findings in fall 2018. The administration date for the remaining surveys is yet to be determined.</p>

Discussion of Results

During 2018-19, the department was successful in meeting key objectives in the area of community supports and capacity building through achievement of most of the indicators set out for the reporting period. Community supports were enhanced by continued implementation of the Home First Initiative. Provincial Telehealth services and video-conferencing technology linking patients and health care providers were expanded to include dementia patients. A Service Level Agreement was developed to clearly outline the service expectations for the Home Support Program and to improve accountability. The Provincial Autism Action Plan was developed, while the Individualized Funding Policy model is nearing completion. Moreover, a survey was developed to measure patient/client satisfaction with community based services and is ready for deployment. The implementation of Healthy Living Assessments for Seniors at one demonstration site has taken longer than anticipated as the department examines additional models. The department remains committed to establishing ways to support seniors within their communities and their own homes.

Objective 3: By March 31, 2020, the Department of Health and Community Services will have expanded community based services commonly provided within acute care.

Indicators

- Continued focus on enhancing Dementia and Palliative Care in the community through the Home First Initiative.
- Implemented and evaluated the Healthy Living Assessment for Seniors at one demonstration site to inform further roll-out.
- Improved service delivery of the Community Support Program.
- Increased access to community based services for people with Autism Spectrum Disorder.
- Improved patient/client satisfaction with community based services.

Issue Two: Primary Health Care

Primary health care is typically a person's first point of contact with the health care system and is essential for the prevention and treatment of illnesses and diseases. It encompasses a range of community based services that are essential to maintaining and improving health and well-being and may include visits with a family doctor, nurse practitioner, community health nurse, physiotherapist, or pharmacist. Primary health care is typically more convenient, located closer to home, and significantly less costly than treating people in an acute care setting. Effective primary health care has been proven to keep individuals and communities healthy and to increase access to acute care services for those who truly need them. In **The Way Forward**, the department committed to improving access to primary health care supports by expanding the number of primary health care teams throughout the province, facilitating cross-disciplinary collaboration, and increasing the use of technology to improve the delivery of health care services.

Goal: By March 31, 2020, individuals in the province will have increased access to primary health care services and timely access to health and community based services.

Annual Report 2018-19

Objective 2: By March 31, 2019, the Department of Health and Community Services will have increased access to primary health care and community based services through enhanced use of technology.

Planned	Actual
Number of active Electronic Medical Record (EMR) users.	<p>eDOCSNL³ enrollment and use has been increasing during 2018-19 with a 78 per cent increase in the number of users between March 2018 and March 2019.</p> <ul style="list-style-type: none"> • On March 31, 2018 there were 173 users live: 116 fee-for-service (FFS) family physicians and 28 FFS specialists, 18 salaried family physicians and 6 salaried specialists, and 5 nurse practitioners. • On March 31, 2019 there were 308 users live: 198 FFS family physicians and 57 FFS specialists, 32 salaried family physicians, 4 salaried specialists, and 17 nurse practitioners.
Number of unique patient records contained within Primary Health Care (RHA) stream of the provincial EMR.	As of March 31, 2019, there were 266,327 unique patient records in the Primary Health Care stream of the EMR, compared to 120,000 in 2017-18.
Number of patients with documented attachment to a primary provider using EMR.	The department currently does not have a mechanism for tracking patient-provider attachment using the EMR and is continuing to explore options.
Number of Telehealth appointments conducted.	<p>From April 1, 2018 to March 31, 2019 there were 21,688 clinical appointments in 110 Telehealth sites across the province. This represents a 2.8 per cent increase compared to the 2017-18 period, when there were 21,095 appointments.</p> <ul style="list-style-type: none"> • Expansion of Telehealth in the following primary health care sites was implemented in January 2019: <ul style="list-style-type: none"> ○ Piccadilly Community Health

³ eDOCSNL is the provincial electronic medical record (EMR) program jointly governed by the NLMA, the department, and NLCHI. This is an application that is used by primary care providers and other health care professionals, primarily in clinic settings. A stream of the EMR has been deployed to support interprofessional collaboration within community based primary health care teams.

Annual Report 2018-19

Planned	Actual
	<ul style="list-style-type: none"> ○ Cow Head Community Health ○ Bonavista Primary Health Care Site ○ Major's Path Clinic ○ New World Island Community Health ○ Central Health Rehab Services ○ Cartwright Community Health ○ Black Tickle Community Health ○ Port Hope Simpson Community Health <ul style="list-style-type: none"> ● The installation of new infrastructure and equipment to support the Telehealth expansion was completed on March 31, 2019. New infrastructure installed in 2018-19 included certain Cisco equipment and software, Jabber, and the Avizia Mobile Carts and Peripheral devices. ● Service expansion for At-Home Telehealth began its pilot and proof of concept in February 2019, with evaluation expected to occur later in 2019.
<p>Number of individuals enrolled in Remote Patient Monitoring program.</p>	<p>In 2018-19, the Remote Patient Monitoring Program was expanded to include patients from all RHAs.</p> <ul style="list-style-type: none"> ● As of March 31, 2019, 1,697 patients were enrolled primarily in Eastern Health and Labrador, including patients from the pre-cardiac surgery program province-wide. This is an increase of 689 patients compared to 2017-18, when 1,008 patients were enrolled in the program as of March 31, 2018. ● Work continues on expanding the Remote Patient Monitoring Program to include a home dialysis program and clinical integration with diabetes, Chronic Obstructive Pulmonary

Planned	Actual
	Disease (COPD) and congestive heart failure services.

Discussion of Results

The Department of Health and Community Services was successful in increasing access to primary health care and community based services through the enhanced use of technology. The use of EMR rose sharply throughout the year with a 78 per cent increase in the total number of users (from 173 to 308) and a 71 per cent increase in the number of FFS family physician users. This surpasses the target of having 300 physicians registered in the EMR by 2020.

At present, approximately half of the population (266,327 unique patient records) of Newfoundland and Labrador has a medical record in the Primary Health Care stream of the EMR. This is an increase compared to 2017-18. There was a 2.8 per cent increase since 2017-18 in Telehealth appointments (from 21,095 to 21,688). Telehealth services were expanded into primary health care sites in January 2019 and installation of new infrastructure and equipment to support the Telehealth expansion was completed in March 2019. Access to the Remote Patient Monitoring Program has also expanded from Eastern Health to all RHAs and, as of fiscal year-end, 1,697 patients were enrolled in the program, an increase compared to 2017-18.

One indicator that the Department of Health and Community Services is not yet able to track is the number of patients with documented attachment to a primary provider using EMR. Given the scope of EMR deployment and increased use of the system among primary health care physicians, it is likely that the number of patients with attachment to a primary provider using EMR has also increased. However, since the department does not have a mechanism to measure patient-provider attachment, this cannot be confirmed.

Objective 3: By March 31, 2020, the Department of Health and Community Services will have shifted services from the emergency and acute care settings to primary health care and community based services to meet the needs of the population.

Indicators

- Continued expansion of primary health care services and interdisciplinary teams across the province.
- Reduced emergency department volume of CTAS-4 and CTAS-5 cases⁴ in communities with primary health care interdisciplinary teams.

⁴ Canadian Triage and Acuity Scale (CTAS) is a tool used to allow emergency departments and their staff to prioritize patient care requirements. CTAS-4 and CTAS-5 are classification levels used for “less urgent” and “non-urgent” cases.

Annual Report 2018-19

- Increased use of eHealth tools and infrastructure for prevention and management of chronic disease.
- Increased access to comprehensive primary health care including after-hours care, same-day appointments, group appointments, and telehealth appointments.
- Growth in use of a single integrated patient record through adoption of the primary health care stream of the provincial Electronic Medical Record (EMR).

Issue Three: Mental Health and Addictions

In March 2017, the All-Party Committee on Mental Health and Addictions released a report, which identified a number of gaps in the mental health and addictions system and proposed 54 recommendations to address them. In order to guide the implementation of the recommendations and to transform the way mental health and addictions services are delivered, the department developed and released “Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador”. As part of the transformation of the mental health and addictions system, the department has committed to implementing a Stepped Care Model for the mental health and addictions system. This approach matches an individual’s needs to the appropriate level of care by providing the least intrusive treatment with the greatest likelihood of improvement. The department is working with the RHAs, community groups and other government departments to create a comprehensive, evidence-based, integrated and person-centered system that provides the right care, at the right time and in the right place.

Goal: By March 31, 2020, the Department of Health and Community Services will have achieved a mental health and addictions system that provides the appropriate level of service to individuals when and where they need it.

Objective 2: By March 31, 2019, the Department of Health and Community Services will have begun the implementation of a stepped care model and will have continued the implementation of select community supportive services in mental health and addictions.

Planned	Actual
<p>Implemented new community based supportive services in mental health and addictions.</p>	<p>Implementation of the Hub and Spoke model of care for opioid dependence treatment (ODT) is ongoing with the four RHAs. The Centre of Excellence for Opioid Dependence Treatment was established in St. John’s in February 2019. The Centre will provide support to establish best practices and build capacity in the province by increasing the number of health care providers involved in ODT.</p> <p>The RHAs are hiring staff for their Hubs, including nurse practitioners, addictions</p>

Annual Report 2018-19

Planned	Actual
	<p>counsellors, licensed practical nurses and administration staff. The regions are assessing their existing capacity. Four Hubs have been established in the RHAs with offices in St. John's, Gander, Grand Falls-Windsor, Corner Brook, Stephenville and Happy Valley-Goose Bay.</p> <p>Government has introduced new Flexible Assertive Community Treatment (FACT) teams throughout the province that will provide intensive community services and supports. Work is continuing to make the teams operational.</p> <p>A needs assessment for community crisis stabilization services has been completed by Lennika Consulting. Community crisis stabilization beds are anticipated to be in place by end of 2020-21.</p>
<p>Expanded access to existing programs and services.</p>	<p>In 2018-19, Doorways walk-in counselling services was expanded to include services in an additional 20 communities, making the service available in over 50 communities. Doorways is also now available in all correctional settings province-wide.</p> <p>Mental health workers and police officers are working together as Mobile Crisis Response (MCR) teams to respond to people experiencing a mental health crisis. MCR teams were implemented in 2018-19 in partnership with the Royal Newfoundland Constabulary (RNC) in St. John's and Labrador City. Plans were made to introduce an additional MCR team in Corner Brook in April 2019.</p> <p>This year, the department provided funding to CHANNAL to double the capacity of the Warm Line, a non-emergency, non-crisis telephone support and referral service.</p>

Annual Report 2018-19

Planned	Actual
<p>Expanded e-mental health solutions for new stepped care model.</p>	<p>Therapy Assistance Online (TAO) was expanded province-wide on November 26, 2018, and is now available in both French and English. There were 458 unique users for TAO (317 for counsellor-assisted TAO and 141 for self-directed TAO) during the 2018-19 fiscal year.</p> <p>In 2018-19, Strongest Families, a unique distance-coaching program for children, youth, and families seeking help for mental health and/or behavioural issues, has doubled its capacity compared to previous years to approximately 500 families.</p> <p>A new e-mental health program, I CAN (Conquer Anxiety and Nervousness) designed to support young adults (aged 18-30) with anxiety, was launched on October 12, 2018 in partnership with the Strongest Families Institute.</p> <p>Mindwell-U's 30-Day mindfulness challenge launched in May 2018. Over 2,000 individuals in the province have taken the challenge in its first year.</p>
<p>Finalized intake model for stepped care.</p>	<p>The department held a workshop with local and national partners in January 2019 to build a roadmap for Bridge the gApp (BTG) with the purpose of supporting online intake as a key access point to care. During the 2018-19 year, there were more than 28,000 users of BTG.</p> <p>A draft stepped care model was developed and shared across the governance structure of Towards Recovery in February and March 2019 for feedback and input. The model was also presented to the Advisory Council, Recovery Council, Implementation Team and Provincial Service Redesign Team by end of fiscal year. Additional feedback from family physicians is being</p>

Planned	Actual
	sought before finalizing the model for testing in spring/summer 2019.
Continued implementation of the Towards Recovery Action Plan.	Of the 54 recommendations in Towards Recovery, 29 have been completed to date, nine of which were completed in 2018-19.

Discussion of Results

The department was successful in meeting its objective in the area of mental health and addictions for the 2018-19 reporting period. The Centre of Excellence for ODT aimed at establishing best practices in the province has been operational since February 2019. Government has introduced new FACT teams that will provide intensive community services and supports throughout the province. A needs assessment for community crisis stabilization services was completed and community crisis stabilization beds are anticipated to be in place by end of 2020-21. MCR teams that involve a mental health worker and a police officer working together in the community were launched in St. John's and Labrador City. Access to mental health and addictions programs and services has been enhanced by increasing the capacity of programs like Doorways and the Warm Line. TAO was expanded province-wide in both French and English. Strongest Families has doubled its capacity to approximately 500 families, while a new e-mental health program I CAN was launched to support young adults with anxiety. Moreover, MindWell-U's 30-Day mindfulness challenge was made available in May 2018 and has had over 2,000 individuals take the challenge in its first year. Finally, a draft Stepped Care Model that includes Bridge the gApp as a key access point was developed in collaboration with local and national partners.

Overall, 29 of the 54 recommendations in Towards Recovery are complete to date.

While significant progress has been made in enhancing the Newfoundland and Labrador mental health and addiction system over the last few years, there are still further improvements required to ensure the needs of those living with mental health and addictions issues are fully met.

Objective 3: By March 31, 2020, the Department of Health and Community Services will have continued the implementation of a stepped care model and will have implemented further community supportive services in mental health and addictions.

Indicators

- Developed administrative tool to measure public and provider satisfaction with mental health services.
- Continued implementation of community based supportive services in mental health and addictions.
- Continued implementation of intake model for stepped care.

- Increased use of e-mental health solutions.
- Continued implementation of the Towards Recovery Action Plan.

Issue Four: Using eHealth Technology and Evidence to Improve Health Care

Utilization of eHealth technology⁵ can improve overall quality, safety and efficiency of care, while also collating health information to inform health planning and policy development. Through **The Way Forward**, government has committed to enhancing the use of technology in the delivery of quality health care. As such, the department is working to extend and advance the use of eHealth technology and evidence derived from the health care system to improve health care delivery in the province. The implementation of eDOCSNL and HEALTHe NL Viewer⁶ brings together all the paper and film aspects of medical records into the digital world. As a result, it allows health care providers to access patients’ complete medical history, benefitting both patients and the health care system through better clinical decision-making and patient safety. Additionally, it reduces duplicate tests, improves chronic disease management, increases communication among providers and also supports research and evaluation aimed at improving health care policies and services. eHealth technology also increases patient access to health services through the use of Telehealth videoconference technology, and Remote Patient Monitoring, allowing patients to access services from the comfort of their own communities and homes.

Goal: By March 31 2020, the Department of Health and Community Services will have improved patient care through seamless, secure and timely sharing of accurate health information by electronic means.

Objective 2: By March 31, 2019, the Department of Health and Community Services will have advanced additional opportunities to increase the utilization of the EHR and expand the use of technology in the delivery of health care.

Planned	Actual
<p>Continued to increase adoption of the HEALTHe NL Viewer to authorized and appropriate users.</p>	<p>Between March 2018 and March 2019:</p> <ul style="list-style-type: none"> • The total number of registered users increased by almost half, from 5,590 to 8,358. • The number of active users rose by 71 per cent, from 2,543 to 4,337. • The proportion of active users to all users increased by seven per cent, from 45 per cent to 52 per cent.

⁵ eHealth or digital health refers to the use of electronic information communications technology, services, and processes to deliver health care services or to facilitate better health care.

⁶ HEALTHe NL Viewer is the provincial electronic health record (EHR) program governed by NLCHI.

Annual Report 2018-19

Planned	Actual
<p>Continued to increase adoption of eDOCSNL.</p>	<p>Between March 2018 and March 2019:</p> <ul style="list-style-type: none"> • The total number of all users rose by 78 per cent, from 173 users to 308 users. • The number of family physicians using eDOCSNL increased by 72 per cent from 134 to 230. <p>An additional 49 physicians have scheduled dates for onboarding or are waiting to be scheduled, while 108 physicians have submitted an Expression of Interest.</p>
<p>Investigated opportunities for implementation of Personal Health Records.</p>	<p>NLCHI is leading the planning for Personal Health Records with Canada Health Infoway and the Maritime provinces as part of the Access Atlantic project. Departmental officials are engaged in this process to provide policy direction. In March 2019, NLCHI was successful in securing \$1 million in funding from Canada Health Infoway for 2019-20. This will allow NLCHI to allocate the necessary resources to identify potential future endeavours that align with the initiatives and goals of the Access Atlantic project.</p>
<p>Implemented components of a Health Data Warehouse to enable opportunities to use health data for research.</p>	<p>The Provincial Health Data Lab is a virtual, secure space hosted by NLCHI where stakeholders can access health data, without taking possession of it. The first phase of the Provincial Health Data Lab has achieved all its milestones for the 2018-19 year. This includes establishing critical infrastructure for the Data Lab and starting the early development of a searchable data sets catalogue.</p> <p>The second phase focuses on exploring the development of a developer-specific environment, offering advanced health analytic tools for health administrators and further developing opportunities to collaborate with health researchers.</p>

Planned	Actual
Advanced the standardization of provincial health data across the Regional Health Authorities.	As part of the provincial eHealth shared services initiative, NLCHI is leading the provincial health data standardization process. Work is ongoing. Recruitment of senior management and director level positions was completed in 2018-19. Recruitment of management level positions for frontline staff is currently in progress. Once this is complete, as per the new eHealth shared service model, it is anticipated that NLCHI will be able to further advance the standardization work.
Investigated the implementation of the National Ambulatory Care Reporting System (NACRS).	NLCHI completed a readiness assessment for potentially implementing NACRS within the province. The review assessed emergency departments across all RHAs to determine their ability to implement NACRS. The assessment is currently under consideration for potential implementation.
Continued the development and implementation of the provincial public health information system (SEINET).	SEINET has two components, a vaccine management module and a communicable disease module. The vaccine module was completed in 2018-19 and is being used by all RHAs. Work on the communicable disease module has started with an anticipated completion date of June 2020.

Discussion of Results

For 2018-19, the department was successful in achieving all objectives in the area of using eHealth technology and evidence to continuously improve health care. Adoption of both HEALTHe NL Viewer and eDOCSNL has been dynamic and increased significantly. There were 2,768 new registered users of HEALTHe NL, nearly a 50 per cent annual increase, and 1,794 new active users, which represents a 71 per cent annual increase. For eDOCSNL there were 135 new users, a 78 per cent annual increase, and 82 new FFS family physicians, a 72 per cent increase.

The Provincial Health Data Lab is being implemented with all phase one milestones achieved and work continuing toward the second phase of the project. The first module of the provincial publichealth information system (SEINET) was completed and the work is continuing toward completion of the second module. Planning towards implementation

of Personal Health Records is ongoing, as NLCHI is exploring options to secure resources for the project through its collaboration with Canada Health Infoway and the Maritime provinces. An assessment of options to implement NACRS was presented to the department by NLCHI and is currently under consideration. Finally, the work towards standardization of the provincial health data across RHAs is being continued by NLCHI, and is expected to be further advanced once NLCHI management is restructured.

Objective 3: By March 31, 2020, the Department of Health and Community Services will have advanced further opportunities in the area of EHR and continued to expand the use of technology in health care delivery.

Indicators

- Continued expansion and increased adoption of Electronic Health Records System.
- Continued increased adoption of Electronic Medical Records.
- Continued expansion and increased use of Telehealth Services.
- Continued to implement components of a Health Data Warehouse to further expand opportunities to use health data.
- Continued collaboration with other stakeholders toward identifying opportunities for implementation of Personal Health Records and Health Service Portal.
- Began phased implementation of NACRS.
- Continued advancing the standardization of provincial health data across regional health authorities.

Issue Five: Modernize and Streamline the Delivery of Services

The Provincial Government is committed to streamlining and modernizing health care services by centralizing administrative services, and coordinating clinical resources more effectively to reduce duplication and maximize the value of health care resources. By modernizing and streamlining the delivery of health care services, government can maximize health care spending, enhance quality of care, and improve health outcomes.

In 2018-19, the department continued working toward creation of a province-wide shared services model for health care supply chain, finance and payroll, human resources and eHealth. Additionally, work continued toward implementing a provincial model for the delivery of select clinical programs, pathology and laboratory medicine, and medical imaging.

Goal: By March 31, 2020, the Department of Health and Community Services will have achieved more efficient health care spending through modernizing and streamlining the delivery of services.

Objective 2: By March 31, 2019, the Department of Health and Community Services will have continued the implementation of select shared services and implemented additional initiatives toward more coordinated clinical services.

Planned	Actual
<p>Continued implementation of a provincial model for select administrative functions.</p>	<p>Implementation of provincial models for supply chain, finance and payroll, human resources and eHealth services is ongoing.</p> <p>Supply Chain</p> <p>A leadership team was put in place in November 2018 and is currently in the process of finalizing agreements with the RHAs and NLCHI to delegate purchasing authority to Central Health. Strategies are being developed for the transition of unionized employees, the implementation of a supply chain activity-based transition plan, and the evaluation of submissions to a Request for Proposals for a Source to Settle solution.</p> <p>Finance and Payroll</p> <p>An Accounts Payable Lead was recruited in February 2019 and a provincial Accounts Payable model will be developed and implemented in parallel with the Source to Settle system. The remainder of the Finance and Payroll provincial model that is not associated with Accounts Payable has a business case completed and a high-level implementation plan being drafted.</p> <p>Human Resources</p> <p>An individual was recruited in October 2018 to assess the potential of a human resource shared services model. Analysis of collected data, best practices, benchmarks and stakeholder needs is in progress with recommendations expected in the near term.</p> <p>eHealth</p> <p>Governance committees for the eHealth shared services model have been established. Work on Service Level Agreements has been initiated. While the RHAs remain responsible for frontline service delivery for all eHealth services, a process for project intake is being implemented. NLCHI is working with the four RHAs and the department to transition the 2019-20 budget for eHealth to</p>

Annual Report 2018-19

Planned	Actual
	<p>NLCHI. The executive and director-level structures have been established and positions filled. NLCHI has started the strategic planning process for the provincial eHealth Strategic Plan 2020-22 and has been in regular contact with all key stakeholders.</p>
<p>Continued implementation of a provincial model for delivery of services for the provincial health care system.</p>	<p>The department and the RHAs are in the planning process to implement a provincial model for the following clinical programs: cardiology, pharmacy, psychiatry, and pain management.</p> <p>Evaluation surveys to collect baseline data for pathology and laboratory medicine were designed and distributed in 2018-19.</p> <p>Recommendations from the “Medical Imaging Current State Assessment Report” are being implemented. There are a total of 16 recommendations for program redesign in this report, three of which were implemented by year-end.</p> <p>Branding of the imaging programs at all sites province-wide are in the process of being changed to the “Medical Imaging Program”.</p> <p>Expansion of the Automated Notification System (ANS) to include standardized automated (phone, text or e-mail) reminders for appointments in endoscopy, rheumatology, diagnostic imaging, endoscopy, cardiopulmonary, respiratory, and cardiology services continued in 2018-19. An evaluation carried out by NLCHI showed a 30 per cent reduction in no-shows with ANS implementation in endoscopy.</p>
<p>Implementation of a Centralized Medical Dispatch Centre (CMDCC).</p>	<p>Eastern Health has moved into the new dispatch facility and completed installation of the new computer-aided dispatch system. The department is exploring options to expand this service to other RHAs.</p>

Planned	Actual
Reduced expenditures on administrative and related operations.	\$14.2 million in expenditure reduction related to administrative and related operations was achieved in 2018-19.

Discussion of Results

For 2018-19, the department was successful in achieving most of its indicators towards modernizing and streamlining the delivery of services. Implementation of provincial models for supply chain, finance and payroll, human resources and eHealth services is ongoing. Leadership is in place for supply chain and eHealth, and a consultant was hired to complete a detailed plan that will need to be approved for human resources. Provincial models for clinical programs, pathology and laboratory medicine, and medical imaging are in the planning processes, with re-branding and the implementation of recommendations ongoing. Work continues towards implementing a Centralized Medical Dispatch Centre. During the 2018-19 fiscal year, \$14.2 million in expenditure reduction was achieved in all areas of RHA operations.

Objective 3: By March 31, 2020, the Department of Health and Community Services will have implemented shared services in additional areas within the health care system and implemented further initiatives toward more coordinated clinical services.

Indicators

- Continued implementation of a provincial model for select administrative functions.
- Continued implementation of a provincial model for delivery of services for the provincial health care system.
- Identified additional clinical program areas that may benefit from a provincial model for delivery of services.

Opportunities and Challenges

In 2018-19, the department worked diligently, using the Triple Aim approach, to achieve better health for the population, better care for individuals, and better value for health care spending. As the department develops and implements new, more efficient methods of service delivery, a myriad of health challenges still exist, including low performance on health status indicators, an aging population, reduced access to health services in rural and remote communities, and high costs to deliver services. However, these challenges present novel opportunities to be innovative in the way health care services are delivered throughout the province. In this regard, major efforts are underway to improve community supports, primary health care, and mental health and addictions services, while using eHealth technology and streamlining the delivery of services to improve the quality of health care.

Through ongoing work to improve home and community supports for individuals in need of health care services, including those with mental health and addictions issues, the department aims to alleviate pressure on the acute care system and emergency departments. By enhancing community services through the Home First Initiative, Home Support Program, TAO, Doorways, and MCR Teams, and focusing on prevention through initiatives like the Building on Existing Tools To Improve Chronic Disease Prevention and Screening in Primary Care (BETTER) program for chronic disease prevention and screening and the 811 HealthLine, individuals are expected to have better access to appropriate levels of care.

The department continues to increase access to community based health care services by expanding the number of primary health care teams and primary health care practitioners throughout the province. This collaborative approach to improving primary health care is already showing promising signs of reducing emergency department use for non-urgent care, reducing wait times for mental health and addictions services, and improving health outcomes. The **Emergency Health and Paramedicine Services Act** will compliment community supports by providing oversight to the ambulance program province-wide.

The department recognizes that in order to improve health outcomes for the long-term, a renewed focus on population health is needed. This year, the department has made significant strides towards enhancing our focus on population health, particularly through the new **Public Health Protection and Promotion Act** and the creation of a new Population Health branch. Together, these initiatives have heightened the department's emphasis on long-term, upstream thinking and policy development that considers the population health implications in all decision-making.

The use of technology in the delivery of health care services in the province provides a unique opportunity to increase access and enhance efficiency. Technology allows individuals living in rural and remote areas to access the services they need, when they need it, from the comfort of home. The expansion of the Remote Patient Monitoring and Telehealth programs, increased use of Electronic Medical Records and Electronic Health Records, expansion of the Automated Notification System, and the Access Atlantic Project, will improve patient and provider access to health care services and personal health information. Enhancing the use of health data in research and decision-making through the Provincial Data Lab will foster research and innovation opportunities in the province, all while protecting the privacy and security of personal health information.

Building on the momentum of recent investments in eHealth infrastructure in this province, **The Way Forward** committed to launch a Health Innovation Action Plan, which is currently under development. This action plan will mobilize key stakeholders to improve partnerships and to strengthen innovation. By promoting the use of new processes and technologies, the Health Innovation Action Plan will improve service quality and delivery, all while enhancing patient experience and, most importantly, health outcomes.

Annual Report 2018-19

Additionally, the department has undergone structural and administrative changes to implement provincial models for the delivery of certain administrative and clinical services. Not only does this provide opportunities to reduce expenditures and redundancies, but it also improves the overall quality of health care services. Streamlining and modernizing services reduces duplication while maximizing the value of health care resources and services.

By continuing its focus on home and community supports, primary health care, mental health and addictions, technology and streamlining services, the Department of Health and Community Services will improve health outcomes and create a more sustainable health care system.

Financial Statements

Department of Health and Community Services 2018-19 Fiscal Year Based on the Program Expenditures and Revenues of the Consolidated Revenue Fund for the Fiscal Year Ended March 31, 2019			
	2018-19		
	Actual Expenditure	Operating Budget	Original Budget
CURRENT			
Minister's Office	\$270,667	\$284,100	\$284,100
General Administration	\$17,249,796	\$17,127,000	\$16,917,000
Memorial University Faculty of Medicine	\$59,558,396	\$59,558,400	\$54,858,400
Drug Subsidization	\$141,114,699	\$145,687,700	\$143,087,700
Medical Care Plan	\$512,371,519	\$511,432,700	\$502,905,000
Regional Integrated Health Authorities and Related Services	\$2,357,799,446	\$2,353,704,900	\$2,211,245,200
TOTAL CURRENT	\$3,088,364,523	\$3,087,794,800	\$2,929,297,400
CAPITAL			
Furnishings and Equipment	\$33,917,800	\$33,917,800	\$35,700,000
Health Care Facilities	\$25,923,689	\$29,381,700	\$47,577,200
TOTAL CAPITAL	\$59,841,489	\$63,299,500	\$83,277,200
Total Department	\$3,148,206,012	\$3,151,094,300	\$3,012,574,600

List of Acronyms

Government – The Government of Newfoundland and Labrador
the department – The Department of Health and Community Services

ALC – Alternative Level of Care

ANS – Automated Notification System

BETTER - Building on Existing Tools To Improve Chronic Disease Prevention and Screening in Primary Care

BTG – Bridge the gApp

CHANNAL – Consumers' Health Awareness Network of Newfoundland and Labrador

COPD – Chronic Obstructive Pulmonary Disease

CTAS – Canadian Triage and Acuity Scale

EHR – Electronic Health Records

EMR – Electronic Medical Records

FFS – Fee-for-service

LEAP – Learning Essential Approaches to Palliative Care

MCP – Medical Care Plan

MCR – Mobile Crisis Response Teams

NLCHI – Newfoundland and Labrador Centre for Health Information

NACRS – National Ambulatory Care Reporting System

NLMA – Newfoundland and Labrador Medical Association

ODT – Opioid Dependence Treatment

RCMP – Royal Canadian Mounted Police

RFP – Request for Proposal

RFQ – Request for Quotation

RHA – Regional Health Authority

RNC – Royal Newfoundland Constabulary

TAO – Therapy Assistance Online

