



## **ANNUAL PERFORMANCE REPORT**

Department of Health and Community Services

**2013-2014**



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## Minister's Message



I am pleased to present the Annual Report of the Department of Health and Community Services. The report highlights departmental accomplishments and activities in the past fiscal year (April 1, 2013, to March 31, 2014). This is the third and final year of reporting progress on the Department's *Strategic Plan 2011-2014* and, as such, progress is also reported on achievement of 2011-14 goals. As Minister of Health and Community Services, I acknowledge my accountability for the preparation of this report and the results reported herein.

Over the last three years a wide range of initiatives have been advanced to optimize and improve the health and well-being of Newfoundlanders and Labradorians in areas such as long-term care, cancer screening, population health, healthy aging, chronic disease management and mental health. With aging demographics, the Department has strategically invested in long-term care, including construction of the new St. John's long-term care facility, and a protective care residence in Bonavista, both of which are nearing completion. In addition, various other initiatives were implemented under *Close to Home: A Strategy for Long-Term Care and Community Support Services*. Such initiatives include the Paid Family Caregiving Home Support Option that increases a client's flexibility and choice by making it easier for clients to hire a family member to provide home support. Furthermore, in promoting early detection of breast cancer, in April 2012 the Provincial Breast Screening Program policy was expanded to include women aged 40-49 years with a referral from their health care provider.

Throughout the 2011-14 planning cycle, the Department worked diligently to achieve the strategic goals in the areas of Quality and Safety, Improved Access and Increased Efficiency, Population Health and Demographics and the Delivery of Health and Community Services.

I would like to take this opportunity to thank employees in the Department, as well as the dedicated health professionals throughout the province who work tirelessly to deliver quality health care for all Newfoundlanders and Labradorians. The Provincial Government and the Department remain committed to working with our partners as we continue to enhance the health and community services system to serve the people of this province.

Sincerely,

A handwritten signature in black ink that reads "Clyde Jackman". The signature is written in a cursive, flowing style.

Honourable Clyde Jackman  
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.

The following vision and mission serve as the foundation for the Department's efforts to fulfill its mandate to: provide leadership, coordination, monitoring and support to the regional health authorities (RHAs) and other entities who deliver programs and services ensuring their quality, efficiency and effectiveness; and to effectively administer and provide funding for insured medical and hospital services, dental and pharmaceutical services, grants to community agencies in support of the Department's mandate and the purchase of seats and bursary programs for students in select professional or technical fields. Appendix A contains a complete description of the Department's mandate.

## 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.

## Lines of Business

In 2013-14, the Department of Health and Community Services was organized around two lines of business in support of its mandate:

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

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

- Health Workforce Modeling and Planning;
- Ambulance Services;
- Access and Clinical Efficiency;
- Pathology and Laboratory Services;
- Accountability and Oversight for RHAs;
- Special Assistance Program;
- Home Support;
- Disabilities Services;
- Provincial Blood Coordinating Program;
- Facility-based services for seniors (Personal Care Homes, Long-term Care Facilities);
- Mental Health and Addictions;
- Environmental Public Health;
- Health Promotion and Wellness;
- Chronic Disease and Cancer Control Management and Prevention Programs (including the Provincial Kidney Program);
- Adverse Health Events (including the Clinical Safety Reporting System);
- Disease and Infection Prevention and Control (Monitoring, surveillance, and immunization, distribution and storage of vaccines);
- Capital Facilities and Equipment;
- Health Research;
- Healthy Aging and Seniors;
- Provincial Health Information Line; and
- Emergency Preparedness.



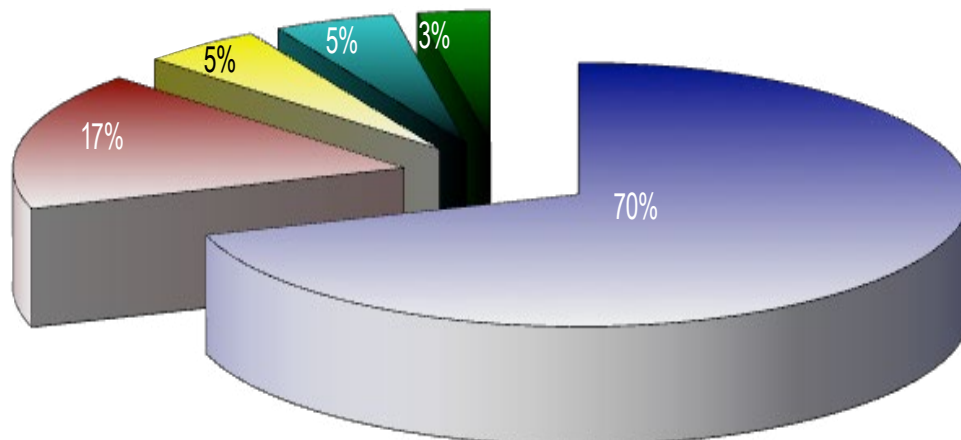
## 2. Provincial Public Programs and Services Administration

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;
- Support to Community Agencies; and
- Medical Transportation Assistance Program.

## Where Health Dollars Are Spent

(2013-14 Actual Expenditures)



■ Health Authorities and Related Services (\$2,000,518,600)

■ MCP (\$468,734,700)

■ Capital (\$146,579,000)

■ Provincial Drug Programs (\$144,135,400)

■ Other (\$78,004,800)

**Total = \$2,837,972,500**

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

## Departmental Structure

As of March 31, 2014, the Department of Health and Community Services had a total of 204 employees (158 females and 46 males) located throughout four locations across the province; Confederation Building (130) and Major's Path (28) in St. John's; Grand Falls-Windsor (32) and Stephenville (14). The Department is organized as follows:

### Department of Health and Community Services Employees by Branch

| Branch                | Female | Male | Total |
|-----------------------|--------|------|-------|
| Executive Branch      | 12     | 2    | 14    |
| Minister's Office     | 6      | 1    | 7     |
| Corporate Services    | 62     | 22   | 84    |
| Professional Services | 34     | 11   | 45    |
| Regional Services     | 10     | 4    | 14    |
| Policy and Planning   | 11     | 1    | 12    |
| Population Health     | 23     | 5    | 28    |
| Total                 | 158    | 46   | 204   |



## The Departmental Structure is as Follows:

### Executive Branch

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

### Corporate Services Branch

- Audit and Claims Integrity
- Financial Services
- Information Management

### Professional Services Branch

- Physician Services
- Dental Services
- Pharmaceutical Services
- Pathology and Laboratory Services
- Health Workforce Planning

### Regional Services Branch

- Acute Health Services, Emergency Response and Chief Nurse
- 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
- Healthy Living
- Office for Aging and Seniors
- Mental Health and Addictions



# Shared Partnerships

During 2013-14, the Department continued to foster partnerships 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 was essential throughout 2013-14 in achieving the strategic goals as identified in the Department's *2011-14 Strategic Plan* and in advancing the strategic directions as set by the Provincial Government in the areas of population health, access to priority services and accountability and stability of health and community services. Below are some specific examples of how the Department worked with partners to advance strategic priorities throughout 2013-14.

## Mental Health and Addictions

In partnership with the Newfoundland and Labrador Centre for Health Information and the RHAs, the development and creation of a performance measurement report related to Mental Health and Addictions Services was initiated. 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. The Newfoundland and Labrador Centre for Health Information will develop the report, in consultation with the Department and RHAs. Existing clinical, administrative and costing data sources will be used to populate select indicators used in current national, provincial and regional reports. Work in this area further demonstrates the Department's commitment to the strategic direction of accountability and stability of health and community services, specifically in the focus area of performance measurement/monitoring.

Throughout 2013-14, the Department also collaborated with an extensive range of national organizations. The research, knowledge and information these organizations generated in areas such as information management, population health assessment, health surveillance, health research, health promotion and health protection was used locally, provincially and nationally to build capacity and contributed to evidence-based decision making. One example of such national collaboration was the implementation of the InterRAI standardized mental health assessment tools. This initiative was completed in collaboration with the Canadian Institute for Health Information. InterRAI tools provide standardized, electronic assessment tools that provide value for clinical point of care decision making as well as facility/program and system level monitoring and decision making.

## Healthy Aging

The demographics of Newfoundland and Labrador are changing. The biggest change is our aging population. By 2017, 20 per cent of our population will be 65 years of age or older. To address violence experienced by our older adults, the Department, through the Office for Aging and Seniors, collaborated with the Women's Policy Office to develop the Respect Aging: Preventing Violence Against Older Persons education and training materials. The training program was unveiled in March 2014, and is used to train various target audiences to recognize, prevent and intervene in violence against older persons. This initiative further demonstrates the Department's commitment in the area of changing demographics and the delivery of health and community services, a strategic issue identified in the *2011-14 Strategic Plan*.

## Community Grants

The Department's commitment to community organizations throughout Newfoundland and Labrador is exhibited in the strength and breadth of the relationships it has established and the support it provides, including financial support. The Department is committed to financially supporting many organizations and community groups whose programs and services advance the mandate of the Department and are within the fiscal resources of the Provincial Government.

The Provincial Health and Wellness Grants support projects which align with improved population health particularly in the areas of healthy living and wellness (i.e. healthy eating, physical activity, tobacco control) and the Age-Friendly Grants support projects which align with the Department's healthy aging policy framework. In 2013-14, the Department provided \$5.5 million in core operating funding to community organizations. An additional \$700,000 was provided to 100 community organizations and agencies through the Provincial Health and Wellness Grants and Age-Friendly Grants, further contributing to improved population health, a strategic direction of the Provincial Government.

## Health Care Innovation Working Group

The Health Care Innovation Working Group (HCIWG) was established in 2012 and is composed of provincial and territorial Ministers of Health. The HCIWG focuses on innovation to enhance provincial and territorial capacity in order to better meet existing and emerging challenges in our health care systems.

Over the past year, the working group has achieved a number of successes, including lowering the cost of pharmaceutical drugs. For example, effective April 1, 2013, participating provinces and territories set a price for six of the most commonly prescribed generic drugs resulting in \$100 million in savings annually. Furthermore, as of March 31, 2014, price

negotiations with suppliers, under the Pan Canadian Pricing Alliance, have been completed for 32 brand name drugs and an additional 12 drugs are presently under negotiation. Overall, joint negotiations on these 44 drugs will result in more than \$60 million in savings annually to the participating public drug plans. This initiative supports the strategic directions of the Provincial Government, particularly relating to the focus area of Newfoundland and Labrador Prescription Drug Program – Pharmacare Initiatives.

## **Electronic Health Record**

On January 17, 2014 the Department issued a news release highlighting the release of the HEALTHe NL Viewer, the latest addition to the development of the provincial electronic health record. The viewer is a portal that provides authorized health professionals with a single point of access to view patient information at the place of care. The HEALTHe NL Viewer is the next milestone in provincial electronic health record development providing health care professionals with access to medication profiles available through the Pharmacy Network. The HEALTHe NL Viewer also provides health care professionals with more comprehensive patient information when and where it is needed supporting timely and more informed decision making and health care delivery. Providing health care professionals with improved access to more comprehensive clinical information supports enhanced patient safety and improved quality of care for all Newfoundlanders and Labradorians.

Developing HEALTHe NL is a collaborative initiative between the Government of Newfoundland and Labrador, the Newfoundland and Labrador Centre for Health Information and Canada Health Infoway, along with many supporting stakeholders. This initiative further addresses Government's strategic direction of improved accountability and stability in the delivery of health and community services, specifically in the focus area of information management and technology.

## Enhanced Care in Personal Care Homes Pilot Project

Demonstrating the Provincial Government's commitment to advancing the strategic direction of Access to Priority Services in the area of long-term care and community supports, \$1.5 million was allocated in Budget 2013 for the implementation of an Enhanced Care in Personal Care Homes Pilot Project. Three personal care homes were selected to participate in this pilot project in partnership with the Department including Callingwood Downs Seniors Complex in Clarke's Beach, Golden Years Estates in Gander and Mountain View House in Meadows. The pilot project allows seniors who would be required to move to a long-term care facility, to receive enhanced levels of quality care in a personal care home, allowing them to live in a more home-like setting longer.

The project responds to a variety of factors, including: the aging population; increasing pressures from acute care; regional waitlists for placement in long-term care facilities as well as the trend of smaller families; outmigration; and decreasing community and informal supports. The project will be evaluated by the end of March 2015 and will examine the feasibility and appropriateness of placing enhanced care clients in personal care homes. The project further demonstrates the Department's commitment to the focus area of rural health as the pilot provides additional opportunities for clients to continue living in their home communities and close to their families.



# Highlights and Accomplishments

A key focus of the Department in 2013-14 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 details below illustrate some of the key accomplishments achieved by the Department in the past year, all of which contribute to the strategic directions of the Provincial Government.

## Provincial Medical Oversight (PMO)

In November 2013, the Department provided support to Eastern Health's Provincial Medical Oversight office to train ambulance personnel to assess the signs and symptoms of stroke. The education sessions were completed between March and April 2014 by 478 certified paramedics. Following the training, 10 new designated stroke centers (five in Eastern Health, two in Central Health and three in Labrador-Grenfell Health) are now actively receiving stroke patients for emergency treatment services. Two sites at Western Health were previously designated as stroke centers. Effectively, ambulances now have direct transport protocols so that, if for instance, a patient is picked up by ambulance in Old Perlican, they would bypass the health center in that community and go directly to Carbonear General Hospital where there is CT scanning and neurologist support either on site or via tele-health/telephone call.

## Provincial Self-Management Program

Improving Health: My Way, a provincially sponsored program designed to help people positively manage the daily challenges of living with a chronic condition, was launched in December 2011 with the release of *Improving Health Together: A Policy Framework for Chronic Disease Prevention and Management in Newfoundland and Labrador*. As of March 31, 2014, a total of 934 individuals throughout the province have met and supported each other in finding solutions to the common challenges they face in living with a chronic disease.

## Expanded Colon Cancer Screening Program

Demonstrating its commitment to cancer prevention and care, the Department announced on June 20, 2013 that residents of Grand Falls-Windsor and surrounding areas now have access to screening for the early detection and diagnosis of colon cancer with the recent expansion of the Provincial Colon Cancer Screening Program. This expansion builds on the program's launch in Corner Brook in 2012 and brings the Provincial Government one step closer to achieving its long-term vision of a province-wide screening program by 2015.

## **Dialysis Enhancements**

In the last 10 years, the number of dialysis sites in the province has doubled and a new site will open in Harbour Breton in 2014. In 2013-14, work began on the installation of four new dialysis stations that will be added to the James Paton Memorial Regional Health Centre allowing an additional 24 dialysis patients to receive services in the Gander region. Through an investment of over \$240,000, residents who currently have to travel out of the region for dialysis will be able to remain closer to home and additional space will be provided to meet future needs. Dialysis enhancements further demonstrate the Department's commitment to the strategic direction of access to priority services, particularly in the focus area of rural health.

## **Reviews by Regional Health Authorities**

Operational improvement initiatives by Central Health, Western Health, and Labrador-Grenfell Health focused on delivering health care more effectively and mark an important step in ensuring the long-term sustainability of the province's health care system. The initiatives being implemented by Central Health, Western Health, and Labrador-Grenfell Health are based on data that compares their performance against other health care organizations across Canada. Eastern Health continues to implement its operational improvement plans and take steps to reduce operational costs.

## **Paid Family Caregiving Home Support Option**

The Paid Family Caregiving Option increases a client's flexibility and choice by making it easier for those needing home support to hire a family member. This option was available to 250 new home support clients beginning in March 2014 and an evaluation will be carried out after the initial 18 months to help determine the interest in the program, uptake and satisfaction, workload, financial impacts and most importantly, client and quality care outcomes. This innovative option shows the Department's commitment to providing a model of care to seniors and adults with disabilities that is sustainable over the long term and achieves positive outcomes for families and their loved ones.

## **Restorative Care Unit Opened in Corner Brook**

On January 29, 2014, the Department announced the opening of the new \$2.8 million restorative care unit in the Corner Brook Long Term Care Home. This new restorative care unit will play an important role in providing rehabilitative services to older adults helping them to regain their independence and return home after a prolonged illness.

## **Waterford Hospital Replacement**

In 2013-14, a contract was awarded to develop a master plan and functional program for the replacement of the Waterford Hospital in St. John's. This planning phase will determine the needs and requirements of a new specialized adult mental health facility. The design and construction phase will then follow. This new facility will enhance the treatment of mental illness and will facilitate healing and recovery for patients. Mental health services will be delivered in a space that is more efficient, modern and better designed.

## **Infrastructure Achievements**

### **Long-Term Care**

The new St. John's long-term care facility is nearing completion and will open in September 2014. This new facility will accommodate approximately 460 beds and include space for recreation therapy, physiotherapy, occupational therapy and spirituality. Beyond the medical scope, this new facility is about taking care of people's loved ones and providing them with a home. As such, residents will benefit from specialized programs and services that are tailored to the levels of care they require.

### **Next Phase for New Corner Brook Regional Hospital**

In December 2013, the Department announced that a Request for Proposals (RFP) was issued for the development of a detailed construction design for the new Corner Brook Regional Hospital. This plan brings together the engineering, architectural design and construction planning expertise required to finalize construction plans. The RFP calls for the development of a construction package for the long-term care facility and the acute care hospital.

### **Western Bay Health Clinic**

On August 19, 2013, the Department announced the opening of a new medical clinic in Western Bay. The new facility was made possible by a Provincial Government investment of \$360,000. The new clinic consists of a family physician's office, space for patient reception and waiting, and patient examination rooms.

### **North Haven Manor**

On April 19, 2013, the Department officially opened the North Haven Manor in the Lewisporte Health Centre. This 12-room protective community residence for those with mild to moderate dementia provides residents the ability to enjoy a certain level of independence. Strengthening long-term care and community support services is a key focus for the Department.

### **New Health Center in Glovertown**

On November 15, 2013, the new Dr. C. V. Smith Memorial Community Health Centre was opened to replace the previous facility in Glovertown. The new health centre will continue to offer the same services through its medical clinic, community health office and Telehealth services. In addition, the new building has a dedicated room for blood collection.

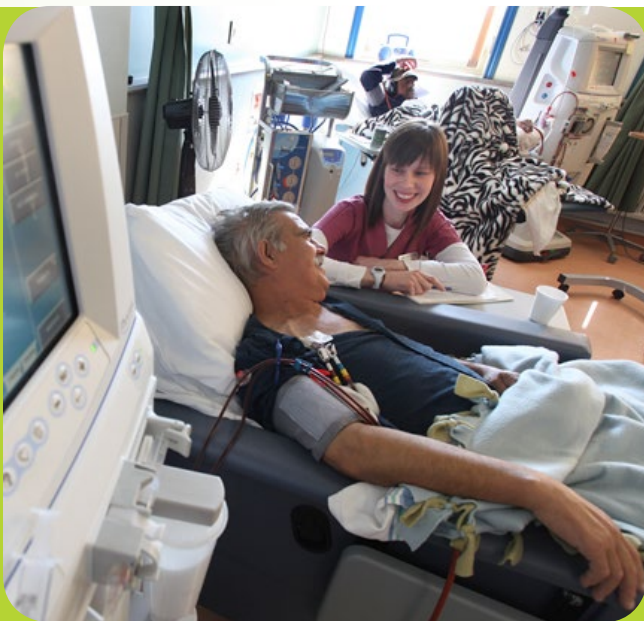


## Repairs/Renovations and Medical Equipment

In 2013-14, to further improve access to services, the Department also invested \$40.2 million in new equipment and \$20 million for repairs and renovations. Equipment purchases included the replacement of dialysis machines at the Charles S. Curtis Memorial Health Centre in St. Anthony, the replacement of an ultrasound machine at the G. B. Cross Memorial Hospital in Clarenville as well as the replacement of electric beds in various facilities across the Province. Similarly, funding for repairs and renovations included the upgrading of the mechanical system at the Dr. Charles L. Legrow Health Centre in Port-aux-Basques, the replacement of sheet flooring at Lakeside Homes in Gander and the replacement of the domestic water lines at the Bonavista Peninsula Health Centre.

## Rural Infrastructure

This past year, the Department spent approximately \$67 million, out of a total investment of \$106 million provincially, for physical improvements to rural health care centres. Some of the funded projects included the continued construction of a new long-term care facility in Carbonear; the continued construction of a new regional hospital in Labrador West; continued redevelopment of the Central Newfoundland Regional Health Centre in Grand Falls-Windsor; and, the continued construction of youth treatment centres in Paradise and Grand Falls-Windsor. The Department also invested \$40.2 million in new equipment, \$16.5 million of which was spent in rural Newfoundland and Labrador. Over \$15.4 million of the total \$20 million for repairs and renovations was spent on rural facilities. Increasing access to health care services for residents in every region across the province remains an important priority for the Provincial Government.



# Report on Performance 2013-14

In the Department's *2011-14 Strategic Plan*, Quality and Safety, Improved Access and Increased Efficiency, Population Health and Demographics and the Delivery of Health and Community Services 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 these overall 2011-14 goals as well as the annual objectives for 2013-14.

## Strategic Issue #1- Quality and Safety

A health and community services system built on quality-based practices, services and programs is a high priority for the Department. Quality care is care for patients that is acceptable, appropriate and safe resulting in optimal health outcomes and the efficient allocation and deployment of health system resources. A quality system means that individuals receive timely access to appropriate care while cost-efficiencies are maintained. The key to a quality system is having qualified professionals, appropriate equipment and effective systems. In this regard the Department identified two goals in the *2011-14 Strategic Plan* in the area of quality and safety. The first goal is as follows:

### Goal 1:

By **March 31, 2014**, the Department will have enhanced support for training and licensing to improve health care resources

### Measure:

Enhanced support for training and licensing

During the last three years, the Department has worked to improve quality and safety across the province, particularly in the areas of standardizing legislation and licensing requirements for health care professionals. In addition, the Department worked with RHAs to ensure consistent provincial standards of care and clinical practice guidelines, based on best available evidence.

The achievement of the first 2011-14 goal relating to quality and safety is evidenced through the successful completion of the following indicators. It is a direct contribution to the Provincial Government's strategic direction of accountability and stability of health and community services in the focus areas of clinical/administrative guidelines/program standards, evaluation of legislation, programs and services and provincial health human resources.

## Strategic Issue #1: Quality and Safety

| Planned  | Actual (2011-14)   |
|--|--|
| <p>Implemented select provincial standards</p> | <p>Over the last three years, the Department of Health and Community Services implemented provincial standards in select areas.</p> <p>In 2011-12, the Department developed new legislation enabling the regulatory body for physicians to ensure those practicing in the province continue to maintain high professional standards. The legislation is intended to guide how the College of Physicians and Surgeons of Newfoundland and Labrador regulates the practice of medicine. In May 2011, the <i>Medical Act, 2005</i>, was officially replaced by the <i>Medical Act, 2011</i>. New provisions under the legislation include establishing a Quality Assurance Committee; requiring mandatory continuing and remedial education; ensuring provisionally licensed physicians receive appropriate orientation, supervision and assessment; and monitoring of prescribing practices.</p> <p>In June 2013, the Council of the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) approved <i>Standards for Nurse Practitioner Practice in Newfoundland &amp; Labrador</i>. The new standards allow nurse practitioners (NPs) to practice with autonomy, providing evidence-informed decisions based on standards and competencies rather than schedules and practice protocols. The new standards increase the NP scope of practice, allow for more autonomy within a collaborative team, and bring the NP scope of practice and streams of practice in the province in line with NPs in the rest of Canada. The Department participated in the approval process which resulted in these new standards.</p> <p>Effective occurrence management is dependent on a timely review and follow-up by the RHAs. RHAs must have written policies and procedures to govern and provide direction on the reporting and management of occurrences. As such, the <i>Report of the Task Force on Adverse Health Events</i> informed the development of the policy titled, <i>Occurrence Reporting Policy Mandatory Elements</i>, which was developed in consultation with the vice-presidents' of Quality and Safety in the four RHAs. This policy supports a culture of safety and quality for patients/residents/clients, their families and health care through an open approach to occurrence reporting and management.</p> <p>The Department, through the establishment of a Provincial Office of Adverse Health Events, implemented a provincially-coordinated approach to ensure that a robust adverse health event management system was developed and implemented throughout the province. The overall goal of the Clinical Safety Reporting System is to provide health care providers across NL with a tool to report both patient safety occurrences and close calls. Its purpose is to ensure appropriate follow up on occurrences, to reduce reoccurrences, share lessons learned from adverse events and to have a positive impact on patient safety.</p> |

## Strategic Issue #1: Quality and Safety

| Planned   | Actual (2011-14)   |
|---|--|
| <p>Enhanced policy frameworks for educational and training standards of licensure</p> | <p>Throughout 2011-14, policy frameworks were enhanced for educational and training standards of licensure. Some examples include the requirement as of April 1, 2012, for licenced practical nurses (LPNs) to have successfully completed approved courses in Medication Administration and Health Assessment in order to be eligible for licensure. Government provided \$1.6M for RHAs to subsidize the cost of LPNs completing the required courses. LPNs in this province, particularly those employed in long-term care, are now working to this expanded scope of practice.</p> <p>Throughout 2012 and 2013, the Minister and the Newfoundland and Labrador Council of Health Professionals made regulations under the <i>Health Professions Act</i> that set out the minimum educational and training standards required for registration and renewal of registration for the health professions of acupuncturists, medical laboratory technologists, respiratory therapists, dental hygienists, speech language pathologists and audiologists.</p> <p>Throughout 2013-14, the Department also worked with stakeholders to define a standard provincial scope of practice for combined laboratory and X Ray (LX) technologists. Combined LX Technologists are medical laboratory technologists with additional training in medical radiography.</p> <p>In 2011, a review was undertaken of the <i>Provincial Curriculum Standards for Training of Home Support Workers in Community Settings and Personal Care Attendants (HSW/PCA) in Nursing Home Settings</i>. The primary focus of the review was to determine how well educational institutions offering the HSW/PCA Program were preparing graduates for requirements of the workplace. Based on the review, recommendations for modifications to the provincial curriculum standards and program delivery were identified. The Department, in collaboration with the RHAs, worked to develop and implement one provincial curriculum standard for Home Support Workers and Personal Care Attendants by the end of the 2011-14 planning cycle.</p> |

## Strategic Issue #1: Quality and Safety

| Planned                           | Actual (2011-14)  |
|-----------------------------------|---|
| Achieved laboratory accreditation | <p>Laboratory accreditation is a peer review process which ensures that laboratories meet explicit quality management criteria, standardize their processes, and meet national benchmarks. Through this process, the public can be assured that laboratory medicine in NL is practiced to a very high standard.</p> <p>Within Newfoundland and Labrador the laboratory accreditation process began in December 2010 and by 2012 laboratories at Eastern Health, Western Health and Central Health had received Ontario Lab Accreditation (OLA).</p> <p>Within the Labrador-Grenfell Health Authority, five smaller labs with limited services had their first assessment visits in the spring of 2012 and corrective needs were identified. These laboratories subsequently developed corrective action plans which were approved by the OLA in 2012. The Department was successful in achieving this indicator as all laboratories within the province were successfully accredited by March 31, 2014.</p> |

## OBJECTIVE 2013-14

In the area of quality and safety, specific work during 2013-14 focused on the evaluation activities of priority health workforce planning initiatives in order to determine impact and future directions. Evaluation work was completed in the area of the Physician Leadership Positions Program, the Human Resource Information System and the Youth Outreach Worker initiative.

Additional evaluation activities undertaken during 2013-14 included an evaluation of the Cancer Patient Navigation Service in Newfoundland and Labrador. Patient navigators assist a wide range of patient groups and the service is considered essential to the delivery of patient care. For additional information on the evaluation of this initiative please see Issue 3.

### Objective:

By **March 31, 2014**, the Department will have evaluated priority health workforce planning initiatives to determine impact and proposed future directions.

### Measure:

Evaluated priority health workforce planning initiatives to determine impact and proposed future direction

## Strategic Issue #1: Quality and Safety

| Planned  | Actual (2013-14)   |
|--|--|
| <p>Completed an evaluation of the implementation of the Health Human Resources Information System</p>        | <p>The Human Resource Information System (HRIS) contains information including: employees' career history, salary and benefits, performance appraisals, grievances, employee wellness, recruitment activity, and training and development. The system has enabled the RHAs to more efficiently manage their human resources and generate standardized, multidimensional employment data used for internal and provincial health workforce planning.</p> <p>A framework for the evaluation of the system was developed in 2013-14, however the Department was not able to complete the evaluation as anticipated due to delays in the full implementation of the system throughout the province. A project coordinator will be conducting the evaluation upon completion of implementation, expected to occur in 2014/15.</p>   |
| <p>Completed performance monitoring report on the Remuneration of Physician Leadership Positions Program</p> | <p>The new physician leadership structure, implemented in 2012-13 includes job descriptions which define increased responsibility and additional expectations from the RHAs and a payment structure based on a specific amount of time dedicated to leadership per week. The physician leadership education component of the program was developed to help create excellence in physician leadership and to give physician leaders a better understanding of their role in the greater organization context. Modules aimed at the varied competency levels needed by leaders have been developed and are being delivered in the Certificate in Physician Management and Leadership Program.</p> <p>In February 2014, the Department completed a performance monitoring report on the first year of the Program. Performance monitoring is an evaluation-related activity which establishes the program's progress in achieving intended results. Performance monitoring also helps determine if program modifications are required. The results of the first year of performance monitoring indicate that the program is on track to meeting the intended targets, therefore performance monitoring will continue for 2014-15. If through performance monitoring it is felt that this program is not meeting its targets, an evaluation will be initiated.</p> |

## Strategic Issue #1: Quality and Safety

| Planned  | Actual (2013-14)   |
|--|--|
| Completed performance monitoring of the Youth Outreach Worker Initiative | <p>There are twenty youth outreach workers throughout the province who are providing intervention and outreach services to youth considered at risk of alcohol and drug use. Intervention and outreach is expected to decrease alcohol and drug use amongst youth, keep youth in school and contribute to reduced rates of poverty for affected individuals.</p> <p>In February 2014, the Department completed its second performance monitoring report for the Youth Outreach Worker Initiative. The main objective of the first two years of performance monitoring was to provide baseline data that will inform the interim evaluation, scheduled to take place in 2014-15 and the final evaluation in 2017. The interim evaluation will identify successes and areas for improvement. Regular monitoring of this initiative will continue each year until the final evaluation in 2017 when program impact is evaluated and future directions are proposed.</p> |

# Goal 2:

By **March 31, 2014**, the Department will have improved monitoring to enhance system performance and meet the needs of the population now and in the future.

# Measure:

Improved monitoring

Over the last three years the Department has successfully improved monitoring to enhance system performance in order to meet the needs of the population now and in the future. The achievement of the second 2011-14 goal relating to quality and safety is evidenced through the successful completion of the following indicators and is a direct contribution to the Provincial Government’s strategic direction of accountability and stability of health and community services in the focus area of quality and safety.

| Strategic Issue #1: Quality and Safety                      |  |
|---|--|
| Planned   | Actual (2011-14)   |
| Assessed data collection mechanisms in select subject areas | <p>Throughout 2011 and 2012 the Department assessed data collection mechanisms in the area of diabetes management. The Department held discussions with the Chronic Disease Advisory Committee and hosted a Provincial Diabetes Meeting in which one of the focuses of discussion was around data collection mechanisms for diabetes. Discussions were also held with the NL Centre for Health Information and the Regional Health Authorities to discuss the best course of action in this area.</p> <p>As a result of the above, the Department provided support to Western Health for the development of a diabetes database pilot project. The database provides information on the number of clients with diabetes in the Western Health region. The information collected will help show trends in the number of clients with diabetes and the management of their diabetes.</p> |



## Strategic Issue #1: Quality and Safety

| Planned  | Actual (2011-14)  |
|--|---|
| <p>Improved the quality of laboratory services</p> | <p>Over the course of the <i>2011-14 Strategic Plan</i> the Department was successful in improving the quality of laboratory services. This was demonstrated through increased human resources to more efficiently manage laboratory services and through the accreditation of all laboratories within the province.</p> <p>The Commission of Inquiry on Hormone Receptor Testing (Inquiry) made a number of recommendations related to improving the quality of laboratory services throughout the province, including accreditation of all laboratories. As part of the accreditation process, additional laboratory staff were hired to monitor laboratory proficiency and thereby enhance the quality of laboratory services to patients.</p> <p>As well, the Inquiry recommended that weekly laboratory educational rounds be made accessible to all laboratories in the province. In keeping with this recommendation, different speakers (from inside the RHA's and outside) broadcast a lecture on a lab topic every Tuesday at 1 p.m. to all labs. Continuing education in laboratory medicine contributes to the quality of laboratory services as all labs across the province have access to the latest advances in technology and knowledge in the field.</p> <p>Both internal and external quality assurance processes are now integral parts of all laboratories in the province, and are accreditation requirements. While all laboratories are not yet up to the same standards, various laboratory sub-speciality working groups are active in sharing procedures and quality protocols toward this goal. Existing and newly hired laboratory scientists are involved as consultants in assisting in this process when requested by RHAs. Furthermore, all laboratories are now involved in available external proficiency testing programs for various laboratory services as an external lens to identify areas for quality improvement. Principles of a culture of quality and continuous quality improvement continue to guide the evolution of laboratory services in step with changes required to more closely align with best practices and changing medical needs.</p> |

## Strategic Issue #1: Quality and Safety

| Planned   | Actual (2011-14)   |
|---|--|
| Continued improvement in management of adverse health events  | <p>Occurrence reporting is a key means by which health care systems attempt to mitigate and reduce close calls, occurrences and adverse events. The occurrence reporting process helps to identify, monitor, and analyze occurrence trends in health care settings. The information can then be used to develop corrective action plans and ultimately improve patient safety.</p> <p>During 2011-14, the Department continued to improve the management of adverse health events. One way this has been demonstrated is through the establishment of the Office of Adverse Health Events (the Office) which provides policy direction and support in the management of adverse health events.</p> <p>The <i>Adverse Health Event Management Framework (AHEM)</i> was developed in the Summer of 2012, and policies associated with the AHEM have been developed and implemented throughout this planning cycle. The following policies form the AHEM framework: Crisis Management Plan, Disclosure Policy, Multi-Regional Crisis Management Protocol, Occurrence Reporting Policy and Preservation of Communication Policy. These policies provide RHAs with the required mandatory elements that they must include in their individual regional policies and provide a standard approach to adverse health event management.</p> |
| Supported implementation of the Provincial Clinical Safety Reporting System (CSRS) in regional health authorities | <p>The Clinical Safety Reporting System (CSRS) is an electronic tool used by healthcare providers across the RHAs to report patient safety occurrences or close calls. Its purpose is to ensure appropriate follow up on occurrences, reduce reoccurrences, share lessons learned from adverse events and thereby have a positive impact on patient safety. The CSRS was implemented in all four RHAs by October 2012. Governance of the Provincial CSRS is shared between the Department and the RHAs.</p> <p>Throughout the duration of this planning cycle (2011-14), the Department supported the implementation of CSRS at the RHAs.</p> <p>The Department demonstrated this support through the following:</p> <ul style="list-style-type: none"> <li>• Developed a provincial occurrence reporting policy;</li> <li>• Provided direction to standardize CSRS implementation; and</li> <li>• Provided funding to RHAs to implement the system.</li> </ul> <p>Three committees were established to support the implementation and utilization of the CSRS system, addressing issues as they arise. These committees are as follows:</p> <ul style="list-style-type: none"> <li>• CSRS Governance Committee</li> <li>• CSRS User Group Committee</li> <li>• CSRS Technical Committee.</li> </ul>                               |

## OBJECTIVE 2013-14

During 2013-14 the Department focused on implementing strategies for occurrence reporting and making refinements based on continuous monitoring as demonstrated through the development of a tool to audit selected criteria in the Clinical Safety Reporting System as well as the development of an action plan to address the results of the implementation evaluation.

### Objective:

**By March 31, 2014**, the Department will have implemented strategies for occurrence reporting and made refinements based on continuous monitoring.

### Measure:

Implemented strategies for occurrence reporting and made refinements based on continuous monitoring

| Strategic Issue #1: Quality and Safety  |  |
|---|--|
| Planned   | Actual (2013-14)   |
| Developed a tool to audit selected criteria in the Clinical Safety Reporting System | In 2013-14, the Department in consultation with the CSRS Governance Committee, which is comprised of senior leadership from each RHA, developed a tool to audit adherence to provincial definitions in the CSRS. The results of the audit were and continue to be shared with the CSRS Governance and User Group Committees. The results also informed the development of a provincial reliability test that was completed by RHA representatives and shared with the CSRS Governance and User Group Committees. |
| Developed an action plan to address the implementation evaluation results           | The Department in consultation with the CSRS Governance Committee, which is comprised of senior leadership from each RHA, developed an action plan in 2013-14 to address two major issues related to the CSRS implementation evaluation: the number of reported occurrences in the RHAs and related workflow to review close occurrences. This plan was developed in consultation with the RHAs and their progress is monitored by the Department's Office of Adverse Health Events.                             |

## Strategic Issue #2 – Improved Access and Increased Efficiency

The Department of Health and Community Services recognizes that the people of the province expect quality health care services in a timely manner. An efficient health care system is one in which individuals have appropriate access to the services they need and where financial investments make the most impact. During 2011-14 the Department committed to improving access for selected services in order to contribute to improved health outcomes.

### Goal:

By **March 31, 2014**, the Department will have improved access for selected services to contribute to improved health outcomes.

### Measure:

Improved access

Throughout this planning cycle, the Department took a strategic approach in the area of access and efficiency by providing leadership in the planning, delivery, monitoring and evaluation of programs and services and by ensuring that meaningful investments were made in the health and community services system to improve the efficiency and accessibility of services.

Tremendous progress has been made in advancing the strategic direction of improving access for priority services. For example, to address long wait times in the area of hip and knee joint replacement surgeries and in emergency departments the Department developed and released two wait times management strategies: *A Strategy to Reduce Hip and Knee Joint Replacement Surgery Wait Times in Newfoundland and Labrador* and *A Strategy to Reduce Emergency Department Wait Times in Newfoundland and Labrador*. Initiatives implemented over the last three years complement these strategies and have led to reduced wait times in these areas. In fact, NL is recognized as a national leader in the area of hip and knee joint replacement surgeries with the shortest wait times in these areas in the country.

Further achievement of the 2011-14 goal is evidenced through success in the following indicators which are a direct contribution to the Provincial Government's strategic direction of access to priority services in the focus areas of access management, mental health and addictions services and pre hospital/emergency.



## Strategic Issue #2 – Improved Access and Increased Efficiency

| Planned                                       | Actual (2013-14)   |
|---|--|
| <p>Developed a wait times management plan</p> | <p>The public expects more timely access, shorter wait times, and better communication and information regarding wait times for hip and knee joint replacement surgery. In recognition of this and in response to the Provincial Government's commitment to address wait times for these surgeries, the Department developed and released <i>A Strategy to Reduce Hip and Knee Joint Replacement Surgery Wait Times in NL</i> in 2012.</p> <p>There are numerous factors which influence how long patients wait in emergency departments. For example, in some cases emergency departments are replacing services that would normally be provided in the community by family doctors. In this regard, to address long emergency room wait times the Department released <i>A Strategy to Reduce Emergency Department Wait Times in NL</i> in 2012.</p> |

## Strategic Issue #2 – Improved Access and Increased Efficiency

| Planned   | Actual (2011-14)   |
|---|--|
| <p>Improved wait time results for the five pan-Canadian benchmark areas (curative radiotherapy, cardiac bypass surgery, cataracts, hip replacement, knee replacement, hip fracture repair, breast screening and cervical screening)</p> | <p>Wait time results for the five pan-Canadian benchmark areas (radiotherapy, cardiac bypass surgery, cataracts, hip and knee replacement and hip fracture repair) have improved in Newfoundland and Labrador over the last three years. Newfoundland and Labrador has earned national recognition for our commitment to addressing wait times. A Canadian Institute for Health Information (CIHI) report, <i>Wait Times in Canada- A Comparison by Province, 2014</i>, showed that overall 94 per cent (as compared to 86 per cent in 2013) of NL residents received access to care in the five priority areas within their respective benchmarks, this is the best in the country.</p> <p>CIHI also reported that NL is one of only two provinces that are showing improvements over the past three years in meeting benchmarks for joint replacements. The report indicates that nationally there has been little change over the last three years in the proportion of people treated within benchmarks for the five priority areas. Conversely in NL, there has been an increase in the percentage meeting the benchmark for cataract surgery and hip and knee replacement from 2011 to 2013. NL performed better than Canada in cataract surgery and hip and knee replacement wait times, ranking number one in the country for these priority areas.</p> <p>Wait time data for breast screening is captured through the participation rate for women aged 50-69, who attended organized breast screening at least once in the past 2 years. This is consistent with national measures for breast screening. In 2010-11, the breast screening participation rate was 60%, which decreased slightly to 58% in 2012-13. This slight decrease could be due to the fact that in April 2012 the Provincial Breast Screening Program policy was expanded to now include women aged 40-49.</p> <p>In relation to cervical screening wait time data, this too is captured by the participation rate for women ages 20-69 years, who have had at least one pap test in a three year period. In 2009-11, 72% of the eligible population had been screened which decreased slightly to 69% in 2010-12. It should be noted that in 2011, a change in guidelines was implemented for women who had negative Pap tests three years in a row, with no history of abnormal Pap results, to change their routine screening to every three years rather than every year. Comparatively, when we look at these numbers across Canada, NL maintains the highest age standardized screening participation rate across Canada according to the most recent program performance report (<i>Cervical Screening in Canada Program Performance Results Report - 2013</i>).</p> |

## Strategic Issue #2 – Improved Access and Increased Efficiency

| Planned  | Actual (2011-14)  |
|--|---|
| <p>Enhanced departmental structures for access and clinical efficiency</p> | <p>Over the course of the 2011-14 planning cycle, departmental structures were enhanced for access and clinical efficiency. In 2013, the Regional Services Branch was restructured in order to allow branch staff to align more closely to provide operational and strategic advice on all matters pertaining to the Regional Health Authorities. The new structure has also allowed the department to build capacity and enhance leadership in standards setting and performance management and monitoring. Given wait times is one of four departmental priorities, the branch includes staff members who are committed solely to addressing access and clinical efficiency issues. Staff members within this division have been and continue to be responsible for providing leadership and oversight on the issue of wait times in the province's health care system.</p> <p>Furthermore, the Mental Health and Addictions Division dedicated an employee to access and clinical efficiency for mental health and addictions services. This employee has been involved in the following types of activities with a goal towards system improvements:</p> <ul style="list-style-type: none"> <li>• Conducted a current state analysis of intake processes for mental health and addictions counseling;</li> <li>• Conducted a clinical efficiency policy review;</li> <li>• With leadership from the access and clinical efficiency staff, implemented a quarterly waitlist reporting requirement for counselling programs;</li> <li>• Conducted reviews of case management and assertive community treatment programs;</li> <li>• Begun planning with the Newfoundland and Labrador Centre for Health Information for a provincial mental health and addictions indicator project; and</li> <li>• Provided leadership to the interRAI standardized mental health assessment tool implementation project.</li> </ul> |

## Strategic Issue #2 – Improved Access and Increased Efficiency

| Planned  | Actual (2011-14)  |
|--|---|
| Expanded use of telehealth                         | <p>Throughout 2011-14, the Department expanded the use of telehealth across the province. Telehealth is a province wide initiative that utilizes communications and information technology to improve health care service delivery to remote and rural areas of the province.</p> <p>In 2011-12, six new community sites were connected to the telehealth program to bring the total number of certified telehealth sites in the province to 60.</p> <p>Furthermore the Mental Health and Addictions Division launched a tele-psychiatry project designed to increase access and availability of psychiatry services throughout the province. A lead psychologist was hired in February 2014 to identify barriers and solutions to utilizing tele mental health services and recommend options.</p>   |
| Completed environmental scan in endoscopy services | <p>The Department of Health and Community Services completed an environmental scan in endoscopy service during 2011-14.</p> <p>As a result of this scan, twenty-six recommendations (9 provincial and 17 region specific) to improve efficiency and utilization in 13 endoscopy suites in the province were identified. Twenty-two recommendations have been completed and regions are working to complete the remaining four.</p> <p>With the support of the Department's access and clinical efficiency staff, Central Health partnered with the University of Western Ontario to carry out an analysis of endoscopy services at the Central Newfoundland Regional Health Centre and James Paton Memorial Regional Health Centre to develop a scheduling algorithm to reduce the wait list backlog and to schedule appointments according to corresponding access targets. As a result of this work, Central Health has reduced the backlog of urgent colonoscopy patients.</p> |
| Expanded web-based wait time reporting             | <p>Throughout 2011-14, web-based wait time reporting was expanded.</p> <p>The Department began posting wait times for select cancer surgeries (bladder, breast, colorectal, lung and prostate) in October 2012 and Endoscopy wait times in March 2012. In fulfillment of this commitment, the Department continues to post these results on a quarterly basis.</p> <p>Newfoundland and Labrador is the first province in the country to post urgent colonoscopy wait times on the internet as well as one of the first to post cancer surgery waits, earning national attention for our commitment to addressing wait times.</p>  |



## Strategic Issue #2 – Improved Access and Increased Efficiency

| Planned  | Actual (2011-14)   |
|--|--|
| Implemented innovative options for mental health and addictions services | <p>Recovery is a process where people living with a mental illness or addiction are empowered and supported to be actively engaged in their own journey of well-being. Facilitating recovery is an evidence-based and necessary component of mental health systems. Many recognize the need for a recovery-oriented mental health system. In this regard, the Department collaborated with the Provincial Mental Health and Addictions Advisory Council and the Mental Health Commission of Canada (MHCC) to implement a provincial Recovery Project. The goal of the Recovery Project is to transform the current mental health and addictions service system into a recovery-oriented system.</p> <p>To further support the implementation of this project the Department:</p> <ul style="list-style-type: none"> <li>• Provided a grant to and oversaw Consumers Health Awareness Network Newfoundland and Labrador (CHANNAL) in developing a recovery curriculum;</li> <li>• Established a Recovery Project Advisory Group comprised of representatives from the Provincial Mental Health and Addictions Advisory Council, MHCC, Psychosocial Rehabilitation Canada, and the Department to oversee the development of the Recovery Project; and</li> <li>• Established a Recovery Network of formal and informal leaders throughout the province.</li> </ul> <p>Furthermore, two key provincial projects were carried out under the Drug Treatment Funding Program (DTFP – a federal program introduced as part of the National Anti-Drug Strategy). The outcome monitoring project, known as the Recovery Aftercare Pilot Program (RAP) was designed to build evaluation capacity of addictions treatment service by implementing a client monitoring strategy in each RHA. Prior to the initiation of this project, there were no formal addictions client monitoring mechanisms in place in this province and, therefore, no way to evaluate the effectiveness of addictions services.</p> <p>In addition, addiction treatment standards and guidelines for the treatment of concurrent disorders and withdrawal management are being finalized. The main purpose of these standards and guidelines is to standardize and improve clinical practice, enhance the quality of care available to clients and improve provider and client outcomes.</p> |

# OBJECTIVE 2013-14

During 2013-14 the Department began to evaluate health system changes and identified areas for improvement as identified through the achievement of the following objective and indicators.

## Objective:

By **March 31, 2014**, the Department will have begun to evaluate health system changes and identified areas for performance improvement.

## Measure:

Began evaluating health system changes and identified areas for performance improvements

| Strategic Issue #2 – Improved Access and Increased Efficiency  |  |
|--|--|
| Planned  | Actual (2013-14)   |
| <p>Monitored the evaluation of the Tele-Diabetes and Tele-Stroke services initiatives in select Regional Health Authorities and identified areas for performance improvements based on the results of the evaluation</p> | <p>The Tele-Diabetes project in Western Health was launched in December 2012 and connected remote areas such as Burgeo, Ramea and Francois with the diabetes centers in Corner Brook, Port aux Basques and Stephenville. Services are provided by diabetes nurse educators and dietitians.</p> <p>The intended focus of the Tele-Diabetes service is to improve access to diabetes group education classes as well as individual consultations with dietitians, community health nurses, diabetes nurse educators, pediatricians and internists for diabetes assessment and intervention.</p> <p>The Department monitored a preliminary evaluation of the service during 2013-14 which consisted of a periodic survey. Suggested areas for consideration/improvement identified through the evaluation were as follows:</p> <ul style="list-style-type: none"> <li>• Tele-diabetes should continue to be supported as part of service delivery within the Diabetes Service Teams;</li> <li>• To continue to track and monitor usage of tele-diabetes and focus on increasing uptake in rural areas; and</li> <li>• Methods to increase utilization of tele-health for group education and pediatric clinics should be explored.</li> </ul> <p>Full implementation of the Tele-Stroke initiative in Carbonear Hospital took longer than anticipated, therefore, the evaluation was not completed as planned. The equipment has been secured, staff have been trained and best practice protocols have been developed. Data collection is continuing in order to evaluate the implementation of the Tele-Stroke pilot project.</p> |

## Strategic Issue #2 – Improved Access and Increased Efficiency

| Planned   | Actual (2013-14)   |
|---|--|
| <p>Initiated the collection, measurement, monitoring and reporting of Wait 1 for initial orthopedic referral in the three Orthopedic Central Intake Clinics in order to identify areas for health system performance improvements</p> | <p>In 2013-14, the Department worked with three RHAs (Central Health, Western Health and Eastern Health) to develop standardized reporting measures for the collection, monitoring and reporting of Wait 1 (the length of time from when a patient is referred to see a specialist, to when they are first seen) in the three Orthopedic Central Intake Clinics across the province. The Department is in the process of working with the RHAs to implement a standardized wait time reporting system, which will enable the Department to identify areas for health system performance improvements.</p>  |
| <p>Continued to implement recommendations from the Emergency Department Reviews related to performance improvements</p>   | <p>Through the Department's emergency department wait time strategy and external reviews of Category A Emergency Departments the following initiatives were implemented during 2013-14:</p> <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 Health Sciences Centre, Janeway, St. Clare's, Western Memorial Regional Hospital and the Central Newfoundland Regional Health Centre;</li> <li>• Fast Track units were implemented at the Health Sciences Centre, St. Clare's, Western Memorial Regional Hospital, and Central Newfoundland Regional Health Care Centre. A Fast Track Unit is a dedicated area in the emergency department in which patients with less urgent or non-urgent conditions are seen and treated by the same highly qualified teams of doctors, nurse practitioners and nurses who work in the main ED, helping to decrease emergency room wait times; and</li> <li>• The HealthLine will now call back urgent and semi-urgent patients who leave without being seen at all Eastern Health adult emergency departments to ensure people have received appropriate follow-up care, if required.</li> </ul> |
| <p>Initiated the monitoring and evaluation of the two newly planned Youth Mental Health Treatment Centres</p>   | <p>The Department worked closely with regional managers and staff to initiate the monitoring and evaluation of the two Youth Mental Health and Addictions Treatment Centres by developing an evaluation plan. As of March 31, 2014, the Centres had not yet opened, therefore monitoring had not started. However, as the evaluation plan moves forward, treatment centre managers will take steps to ensure that proper monitoring will take place to inform both formative and summative evaluations.</p>  |

## Strategic Issue #2 – Improved Access and Increased Efficiency

| Planned   | Actual (2013-14)   |
|---|--|
| Standardized the collection, reporting and use of emergency department wait time data in order to inform performance improvements | <p>The collection, reporting and use of emergency department wait times has been standardized based on four measures. These measures are as follows:</p> <ul style="list-style-type: none"> <li>• “Door to Doc” – this time period sets the standard for a commitment to safety and is often the one that determines a patient’s overall satisfaction with their visit;</li> <li>• “Length of stay” – total time that a patient spends in the emergency department;</li> <li>• “Left without being seen” – the percentage of patients who registered in the emergency department but left before their visit was completed; and</li> <li>• Patient satisfaction – all RHAs have complaint/compliment procedures. However, none of the RHAs have an emergency department satisfaction survey.</li> </ul> <p>While some emergency departments have begun to collect data on all four of the above measures, the goal is to eventually have all 13 emergency departments collecting and reporting in order to inform performance improvements.</p>  |
| Identified and implemented performance improvements in order to decrease wait times for urgent colonoscopy procedures             | <p>In Budget 2013, \$2 million was allocated to address wait lists and wait times for endoscopy services. In this regard, the Department held a series of consultations and incorporated stakeholders’ feedback into the endoscopy wait time strategy, a strategy that identifies potential performance improvements in order to decrease wait times for urgent colonoscopy procedures.</p> <p>The initial focus of the plan is to clear the backlog of patients waiting beyond the recommended access target for urgent colonoscopy and also identifies initiatives to begin to reduce wait times for non-urgent colonoscopy, as well as other initiatives which will focus on streamlining patient flow and improving efficiency.</p> <p>Initiatives identified and/or implemented during 2013-14 include:</p> <ul style="list-style-type: none"> <li>• Funding was allocated to the RHAs to begin procurement of an automated appointment notification system, which will be used to assist with patient appointment notification and reminder calls for endoscopy services;</li> <li>• Develop a patient pathway so that regions work towards ensuring patients referred for urgent colonoscopy procedures are scheduled within the clinically recommended access target;</li> <li>• Worked with the Canadian Association of Gastroenterology to implement the Global Rating Scale (GRS) quality improvement assessment across the 12 endoscopy sites in the province. All 12 sites completed this by March 31, 2014. Newfoundland and Labrador is the first province in Canada to complete this assessment in all sites.</li> </ul> |

## Strategic Issue #3 – Population Health

The Department continues to work with its partners to help Newfoundlanders and Labradorians stay healthy and live longer by avoiding illness, injury and chronic disease. By providing services and supports across all areas of the health system and enhancing initiatives that prevent illness and injury and promote well-being, the Department aims to influence the social, economic, physical and environmental factors that shape the health of the population.



The following three-year goal and measure were developed to guide the Department in addressing the issue of population health.

### Goal:

By **March 31, 2014**, the Department will have enhanced initiatives that focus on prevention of illness and injury, and protection and promotion of health and well-being, to improve the health status of the population.

### Measure:

Enhanced initiatives

In the last three years, the Department achieved this goal as demonstrated by the performance results below and has advanced the Provincial Government's strategic direction of population health in the focus areas of cancer care, chronic disease management, environmental health, healthy eating/physical activity, smoking rates and protection from environmental smoke, and wellness.

### Strategic Issue #3 – Population Health

| Planned                                     | Actual (2013-14)   |
|---|--|
| Confirmed core health status indicators     | <p>During 2011-14, the Department partnered with the Newfoundland and Labrador Centre for Health Information to confirm a set of core indicators related to health status and health system functioning in Newfoundland and Labrador (e.g., pan Canadian wait times, percentage of population satisfied with health care services and the incidence rates for all cancers). A catalogue of the indicators will be updated twice a year, corresponding to new data availability, ensuring that the most recent data is available to inform policy and planning decisions.</p>   |
| Improved coordination for population health | <p>Over the last three years, the Department improved coordination for population health by collaborating with and providing leadership and support to partners in addressing this shared goal.</p> <p>The Department established a relationship with the Program Development Division within the Department of Education. Work focused on integrating mental health promotion concepts into the existing school curriculum. The goal of this coordinated effort is to strengthen the ongoing promotion of mental health to school age children.</p> <p>In 2011, the Evidence to Policy Committee was established, which includes representation from the Department and the Newfoundland and Labrador Centre for Health Information. The committee met regularly throughout the past three years to facilitate the use of information, research and evaluation to support provincial policy and program development and implementation.</p> <p>In 2012-13 and 2013-14, the Department funded the Atlantic Mentorship Network which links groups of primary health care providers directly to a mentor to share current information on the management of clients with chronic pain and addiction. The funds were used to expand service to include health care professionals from the province. The network in this province has grown from 12 health care providers in 2012 to 72 in 2013.</p> <p>In November 2013 the Department organized a meeting of key organizations involved in health research in the province including Memorial University, the Newfoundland and Labrador Centre for Applied Health Research, the Newfoundland and Labrador Centre for Health Information, RHAs and the Canadian Institute for Health Information. The purpose of the meeting was to identify the current state and structure of health research in the province and to develop an action plan to strengthen health research that will improve population health outcomes, enhance the health system and inform decision-making on policies and programs.</p> <p>The above initiatives are just a few examples of how the Department improved coordination in the area of population health throughout 2011-14.</p> |

## Strategic Issue #3 – Population Health

| Planned             | Actual (2011-14)  |
|---------------------|---|
| Strengthened policy | <p>In the past three years policies in the following areas of population health have been strengthened:</p> <p><i>Improving Health Together: A Policy Framework for Chronic Disease Prevention and Management in Newfoundland and Labrador</i> was released in December 2011. This document set the policy direction for all partners including the Provincial Government, community groups, employers, the health system and individuals to prevent and manage chronic illness.</p> <p>In April 2012, the Provincial Breast Screening Program policy was expanded to include women aged 40-49 years with a referral from their health care provider. This expansion promotes early detection of breast cancer. Services include clinical breast exams, mammography, information on breast health awareness and public and professional education.</p> <p><i>The Smoke-free Environment Act</i> was amended in 2011 to further protect the public, in particular children and workers, from exposure to second-hand smoke. The amendments prohibited smoking in motor vehicles while persons under 16 years of age are present and prohibited workplaces from having designated smoking rooms.</p> <p>In December 2013, the <i>Food Premises Act</i> repealed and replaced the <i>Food and Drug Act</i> and continued the Provincial Government’s commitment to improving population health by developing modern legislation that provides the basis for strengthened health protection programs and policies, such as the food premises inspection program. The <i>Food Premises Act</i> is the foundation for policies aimed at maintaining and enhancing food safety and preventing food-borne illness in Newfoundland and Labrador.</p> <p>The Department collaborated with stakeholders to enact the new <i>Personal Services Act</i> that came into effect on January 31, 2014. The Act focuses on protecting people who undergo high-risk personal service procedures or activities such as receipt of tattoos, piercings, body modifications and tanning.</p> |

## Strategic Issue #3 – Population Health

| Planned   | Actual (2011-14)   |
|---|--|
| Continued implementation of wellness priorities | <p>During 2011-14, the Department, through its Population Health Branch, continued to implement initiatives identified in the <i>Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland and Labrador</i> in such areas as:</p> <p><b>Healthy Eating:</b><br/>The Department invested in initiatives to support healthy eating in Newfoundland and Labrador. Through annual operating grants to organizations such as the Kids Eat Smart Foundation and the Food Security Network there was increased access to healthy foods in many communities in NL. Kids Eat Smart partnered with school and community groups and increased the number of breakfast and lunch clubs for school age children to 232 clubs in schools and community centres in 212 communities in the province.</p> <p>The Food Security Network focused its efforts on food skills workshops (e.g. container gardening, composting, seed saving, edible wild plants, preparing local vegetables, using culinary herbs, canning/bottling and root cellars) and increasing access to healthy foods in communities along the north coast of Labrador through such initiatives as the Community Freezer Program.</p> <p>Recognizing that healthy eating starts early, the Department provided funding support to the Baby Friendly Council. This funding enabled the council and its regional health partners to make positive advancements in the promotion and support for breastfeeding through health professional education, social marketing campaigns and public education.</p> <p><b>Physical Activity:</b><br/>During 2011-14, the Department partnered with the Department of Tourism Culture and Recreation to invest in the After School Physical Activity Initiative. Partnerships were formed between school and community groups to establish after school programs in 25 schools in the province. The programs provided increased opportunities for children to be active in the after-school time period and this was combined with the provision of healthy snacks.</p> <p><b>Tobacco Control:</b><br/>To support tobacco control efforts during 2011-14, in July 2011 the Department promoted the enhanced <i>Smoke-Free Environment Act</i> which made it illegal to smoke in a motor vehicle when a person under the age of 16 was present.</p> <p>The Department also invested in the Alliance for the Control of Tobacco (ACT) to provide leadership on tobacco control efforts. The Department supported the development of ACT's renewed tobacco reduction strategy.</p> <p><b>Mental Health Promotion:</b><br/>During 2011-14, the Department also supported the Roots of Empathy Program to help expand the organization's programming into more schools throughout Newfoundland and Labrador. Roots of Empathy is an internationally-recognized program that focuses on building empathy by engaging children in positive social behaviours to reduce incidents of bullying and aggression.</p> |



## Strategic Issue #3 – Population Health

| Planned  | Actual (2011-14)   |
|--|--|
| <p>Strengthened communicable disease control</p> | <p>Over the last three years, a number of initiatives were implemented that strengthened communicable disease control.</p> <p>The Department, in partnership with RHAs, continued communicable disease surveillance monitoring using the existing Communicable Disease Control System. With support from the Office of the Chief Information Officer, the system was upgraded to perform more enhanced and detailed reporting. Communicable disease surveillance reports were disseminated to the RHAs and are published on the Department's website on a monthly basis. Surveillance monitoring provides the information required to understand disease trends as well as evidence to inform programming decisions.</p> <p>The Communicable Disease Control division improved efficiencies in the operations of the Immunization Registry System whereby individuals can request access to their personal immunization records to determine if their immunizations are up to date or if specific immunizations may be needed. This system enhances patient safety and helps improve the control of communicable diseases.</p> <p>The Department implemented an influenza database management system for improved surveillance of influenza illness. The database helps to prevent disease by ensuring the level of immunization coverage by age group is appropriate.</p> <p>In 2012-13, the Department launched the Provincial Hand Hygiene campaign. The campaign was disseminated through the RHAs to address the spread of hospital acquired infections. In partnership with the Department of Education, the Department also implemented a hand hygiene awareness poster campaign in the schools to provide increased awareness to school-aged children of the importance of hand hygiene in the prevention of the transmission of infections.</p> <p>In 2013, the Department expanded the Tdap (tetanus, diphtheria, pertussis) adult immunization program to include health care workers. The benefit of this expanded vaccine program is decreasing the spread of these diseases and protecting vulnerable populations such as infants under two months of age who are not yet fully immunized.</p> <p>Many communicable disease control outcomes in this province are positive. For example, in the past three years, Newfoundland and Labrador obtained immunization coverage rates greater than 90 per cent in the primary and school programs. In 2013, the coverage rate for HPV vaccine reached 95 per cent, the highest coverage rate in Canada, an increase from 85 per cent in 2007-08 when the program began in the province.</p> |

### Strategic Issue #3 – Population Health

| Planned                                    | Actual (2011-14)   |
|--|--|
| Developed an environmental health strategy | <p>In 2011-12, officials of the Department facilitated meetings and interviews with various environmental health stakeholders including Service NL, the Department of Environment and Conservation, the Department of Transportation and Works, Memorial University, Health Canada, the RHAs and non-government organizations on the development of an environmental health strategy. A draft document on the initial discussion findings was completed early in 2012. However, due to competing priorities the Department was not able to complete additional work on the strategy.</p> <p>The Department has undertaken a number of environmental health initiatives to enhance population health such as the new <i>Food Premises Act</i> and the <i>Personal Services Act</i> regulating tanning facilities, tattooing and body piercing establishments. The Department will examine the possibility of developing an environmental health policy framework.</p> |

## OBJECTIVE 2013-14

It is critical that priority initiatives are evaluated to determine if they are relevant, effective and efficient. Evidence-based evaluations identify issues with the implementation and/or outcomes of an initiative and are used to inform decision-making. In 2013-14 the Department achieved the objective of starting to evaluate priority population health initiatives as demonstrated by the performance results below.

### Objective:

By **March 31, 2014**, the Department will have started to evaluate priority initiatives.

### Measure:

Evaluated priority initiatives



### Strategic Issue #3 – Population Health

| Planned   | Actual (2013-14)  |
|---|---|
| Completed an evaluation of the interRAI standardized mental health assessment tool implementation process                   | This project is based on a two year (2012/13 and 2013/14) agreement with the Canadian Institute for Health Information (CIHI). The Department engaged CIHI to complete an interim evaluation report on the first two years of the interRAI standardized mental health assessment tools implementation process. This interim evaluation report was completed in November 2013. As of March 31, 2014 the Department and CIHI were using the evaluation results in considering options for renewing this agreement and considering future requirements.  |
| Completed an evaluation of the Patient Navigator Program administered by the regional health authorities                    | In August 2013, the Newfoundland and Labrador Centre for Health Information completed an evaluation on behalf of the Department of the Cancer Patient Navigator Program, which offers navigation services in each RHA, at six locations in the province. Patient navigator positions communicate with and on behalf of cancer patients and their families as they work with their cancer care team. The evaluation findings indicate that the patient navigators assist a wide range of patient groups, the overall level of patient satisfaction was high and the patient navigation service is essential to the delivery of patient care.   |
| Completed an evaluation of Improving Health: My Way a Chronic Disease Self-Management Program for Newfoundland and Labrador | The Chronic Disease Self-Management Program is a community-based workshop delivered in group settings to people who are managing chronic conditions. The purpose of the evaluation is to collect data on participant characteristics, self-care behaviours, level of confidence in managing chronic conditions and health outcomes. The evaluation of the program is in progress with data collection continuing at the regional level. However, it has taken longer than anticipated to collect the targeted number of participant surveys required for the evaluation. To address this challenge, new recruitment methods have been developed. The new recruitment methods must be submitted to and approved by the Health Research Ethics Board prior to implementation. Once approved the new methods can be implemented and participant response to the evaluation is anticipated to increase. |
| Initiated a review of the Provincial Cancer Screening Programs  | In 2013, the Department engaged Eastern Health's Department of Research, Applied Health Research Division, to commence a review of the Provincial Cancer Screening Programs.  |

## Strategic Issue #4 – Demographics and the Delivery of Health and Community Services

The population of Newfoundland and Labrador is changing in terms of size, age distribution and where people live. It is becoming older, smaller, and more urban. These shifts in demographics pose challenges in meeting the health and community service needs of the population. The Department recognizes that growth of the aging population will likely be accompanied by an increase in chronic disease rates, further impacting where and how health care services are delivered. Many communities are faced with an increased older population and anticipated fewer young people, resulting in fewer opportunities for seniors to rely on traditional methods of support and caregiving. In addition, as the population ages, the health care workforce is aging as well.

The Department has been responding to these changing demographics and continues planning to ensure the health care system is dynamic and adaptable to deal with these changes. The following three-year goal and measure were developed to guide the Department in addressing the issue of demographics and the delivery of health and community services.

### Goal:

By **March 31, 2014**, in response to changing demographics, the Department will have ensured a more responsive health and community services system.

### Measure:

Ensured a more responsive health and community services system

In the last three years, as demonstrated by the performance results below, the Department achieved this three-year goal by aligning the departmental structure to support long-term care and community support services enhancements, implemented enhancements to the long-term care and community support services sector, strengthened policy frameworks and collaborated with partners on human resources and identification of emerging needs. This work also served to address the strategic directions of population health, in the focus area of healthy aging, and access to priority services, in the focus area of long term care and community supports.



## Strategic Issue #4 – Demographics and the Delivery of Health and Community Services

| Planned  | Actual (2011-14)   |
|--|--|
| Aligned organizational structure to support long-term care and community support services enhancements | <p>The Department underwent reorganization in 2011-12 which resulted in the realignment of branches and divisions. In order to support enhancements to long-term care and community support services, the organizational structure of the Department was realigned so that the Long-Term Care and Community Support Services Division reports to the Regional Services Branch rather than the Policy and Planning Branch.</p>  |
| Implemented enhancements to the long-term care and community support services sector                   | <p>On June 20, 2012 the Department released <i>Close to Home: A Strategy for Long-Term Care and Community Support Services</i> to help revitalize and strengthen long-term care services throughout the province. The strategy provides a series of goals and actions that, taken together, will lead to significant improvements in long-term care and community support services.</p> <p>The following enhancements to the long-term care and community support services sector have been completed under the strategy:</p> <ul style="list-style-type: none"> <li>• New human resources have been funded by the Department and hired within the community supports system.</li> <li>• The Long-Term Care and Community Supports Division worked with the Statistics Agency to do Bed Projection Modeling for the long-term care sector. These projections will be used to determine the future location and number of long-term care bed needs in the province and will better inform decision making.</li> <li>• Additional human resources were funded to continue implementation of the Inter-RAI assessment tools that will be utilized to determine care plans for individuals living in Long-Term Care facilities and for appropriate individuals residing in community settings.</li> <li>• In 2013-14, 100 new portable subsidies were approved for subsidized clients in the Personal Care Home Sector to increase an individual's ability to choose their preferred personal care home. Funding was also introduced for subsidized respite beds in the Personal Care Homes.</li> <li>• In 2011 and 2012, funding in the amount of \$3.5 million and \$3.8 million respectively was provided to increase the home support hourly subsidy rate for both agency and self-managed home support. Wages increased by 25 cents per hour each year. In addition, in July 2013, \$2.7 million was approved annually to support the introduction of an administrative fee under the agency delivered care option.</li> <li>• Funding was also approved for the development and introduction of two Community Rapid Response teams to be located in Eastern Health and Central Health. These teams, comprised of health professionals, will 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 will be available to all adults.</li> </ul> |

## Strategic Issue #4 – Demographics and the Delivery of Health and Community Services

| Planned                        | Actual (2011-14)  |
|--------------------------------|---|
| Strengthened policy frameworks | <p>Throughout 2011-14, the Department has strengthened its policy frameworks.</p> <p>In June 2012, the Department released <i>Close to Home: A Strategy for Long-Term Care and Community Support Services</i> which will help revitalize and strengthen long-term care services throughout the province. The strategy provides a series of goals and actions that, taken together, will lead to significant improvements in long-term care and community support services. Some initiatives implemented under this strategy are:</p> <ul style="list-style-type: none"> <li>• The Paid Family Caregiving Option, which began in March 2014, is a new option offered under the Home Support Program. This option will allow home support clients to hire eligible family members to provide their care. This policy option will be closely monitored for the first 18 months and an evaluation will inform future decision making with respect to expansion and/or required program modifications.</li> <li>• In August 2013, the Enhanced Care in Personal Care Homes Pilot Project began. This project allows residents to receive enhanced residential services as close to home as possible. Currently, the personal care home sector is licensed to provide care and accommodation to individuals who require low-level residential care and can function independently with some degree of assistance. The pilot project will allow admission of individuals requiring a higher degree of care in three personal care homes over an 18 month period. The project will be evaluated in 2014-15.</li> </ul> <p>In 2011, the Department released <i>Improving Health Together: A Policy Framework for Chronic Disease Prevention and Management in Newfoundland and Labrador</i> which strengthens the policy direction for preventing and managing chronic illness.</p> <p>In February 2012, the Province released the <i>Strategy to Reduce Emergency Department Wait Times in Newfoundland and Labrador</i>. Under this strategy, a two-year pilot project for a Community Rapid Response Program was announced. Seniors who visit the emergency department and are identified by the emergency department physician as being able to return home with additional supports are provided short term intervention and support in their own homes by a community-based rapid response team comprised of healthcare professionals. The pilot was under development in 2013-14.</p> |

## Strategic Issue #4 – Demographics and the Delivery of Health and Community Services

| Planned  | Actual (2011-14)   |
|--|--|
| Collaborated with partners on human resources and identification of emerging needs | <p>Throughout 2011-14, the Department collaborated with partners on human resources and the identification of emerging needs as demonstrated below:</p> <p>A skilled and stable workforce is an essential component of accessible and sustainable health care for the future. In this regard, the <i>Strategic Health Workforce Plan</i> (nearing completion in spring 2014) is being developed based on emerging needs identified by three stakeholder groups: the allied health, diagnostic, and nursing networks. Networks include health care providers, professional associations, employers, educators, and unions across a wide array of occupations.</p> <p>A workforce model is an important planning tool that estimates and compares future trends in supply and demand, and makes recommendations to ensure the province will have adequate numbers of health professionals to meet the health needs of the population. The development of workforce models is guided by an expert group of stakeholders and typically includes educators, employers, professional associations, regulators, and other government departments. Three models have been developed: Medical Laboratory Technologists (2011), Licensed Practical Nurses (2012), and Dieticians (2013). In 2013-14 the Division also partnered with expert stakeholder groups to develop a workforce model for Registered Nurses, which is nearing completion.</p> <p>The Department also collaborated with the Newfoundland and Labrador Nurses' Union (NLNU) and the RHAs on the Senior Joint Quality Worklife Committee since its inception in the 2009-2012 collective agreement. The Committee addresses provincial system wide nursing practice and patient care issues. In 2013-14 the Committee worked on the development of a violence prevention campaign geared towards preventing violence against nurses and other health care workers. Also, in 2013-14 a summary report on a Registered Nurse absenteeism survey was completed by the NLNU. The goal of this initiative is to better understand factors influencing absenteeism and potential solutions to reduce absenteeism in the workplace. Additionally, the Committee has served as a communications vehicle in terms of change initiated by the NLNU, RHAs or the Department.</p> |



# OBJECTIVE 2013-14

In 2013-14 the Department achieved the objective of having implemented initiatives to respond to changing demographics as demonstrated by the performance results below.

## Objective:

By **March 31, 2014**, the Department will have implemented initiatives to respond to changing demographics.

## Measure:

Implemented initiatives to respond to changing demographics

| Strategic Issue #4 – Demographics and the Delivery of Health and Community Services |   |
|---|---|
| Planned   | Actual (2013-14)  |
| Implemented Initiatives related to an aging population                              | <p>In 2013-14, the Department implemented initiatives related to an aging population.</p> <p>As an initiative of <i>Close to Home: A Strategy for Long-Term Care and Community Support Services</i>, the Department partnered with community organizations to pilot the Age-friendly Transportation Project. This initiative explores affordable and reliable models to improve transportation options for seniors and persons with mobility challenges. In 2013-14, \$423,097.41 was provided to fund five projects.</p> <p>In 2013-14, the Department introduced the Paid Family Caregiving Option under the Provincial Home Support Program. Under this option, \$8.2 million annually was approved to allow 250 new Home Support clients, who meet existing criteria, increased choice when it comes to home support. This option expanded the definition of family members who can provide care and also provides clients with a more flexible payment model that will provide subsidy funds directly to the client to best meet their support requirement in order to remain in the community.</p> <p>Additionally, in 2013-14, the Department launched the Enhanced Care in Personal Care Home Pilot Project which will provide placement for 24 individuals assessed with higher care needs, as well as additional supports, in three personal care homes to delay transition to a long-term care facility.</p> |

## Strategic Issue #4 – Demographics and the Delivery of Health and Community Services

| Planned  | Actual (2013-14)   |
|--|--|
| Implemented initiatives to address a geographically dispersed population | <p>In 2013-14, the Department implemented initiatives that address a geographically dispersed population.</p> <p>The Department enhanced the application of Telehealth services in the province in 2013-14 by investing in new telehealth equipment in Labrador (Central, Southern Coast and Churchill Falls). This signals an increased commitment to using technology to bridge the challenges posed by geography and transportation.</p> <p>HealthLine is an essential tool for people that need health advice 24-hours a day, seven days a week, anywhere in the province. In July 2013, to further advance usage of the service, the Provincial Government partnered with Eastern Health to launch a new project whereby a nurse will contact patients who left an adult emergency department without being seen by a nurse practitioner or physician. Within 24 hours a follow-up call will be made to identified patients to determine the status of their symptoms and ensure they receive further assessment or treatment, if required. The success of this project will be evaluated by the Department to determine whether or not the service will be expanded province wide.</p> |



# Opportunities and Challenges Ahead

## Population Health

The Department's approach to population health reflects the belief that being free from illness is only one indicator of an individual's overall health and well-being. By providing services and supports across the life course and across all areas of health services – 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. Therefore, population health is multi-faceted and continuously evolving, which can present some challenges. The Department over the next three years will seize opportunities by building capacity within identified areas to better respond and contribute to positive health outcomes for the population where they live, work and play.

## Access

Making the appropriate services available at the appropriate place and time is the defining feature of accessible health and community services. Striking the right balance between fiscal abilities and planning for equitable access is the key challenge. Together with stakeholders, the Department engages in reviews and consultations to determine how and what services should be delivered to maximize access. Through such engagement, the Department creates opportunities to improve access in areas such as mental health and addictions, long-term care and community supports and also explores new and innovative ways of providing access to other essential services within the health and community services system.

## Quality of Care and Efficiency

Currently, approximately 40 per cent of the provincial budget is spent on health care. The budget has almost doubled since 2003/04 to its current level of \$3 billion. The growth in health care spending can be attributed to a number of factors including the aging of our population, geographical layout of the province, new and more expensive treatments, increased incidence of chronic disease and increased health provider costs. Over the next three years, the Department of Health and Community Services is committed to exploring new and improved systems and processes to ensure efficiencies are achieved in the health care system of Newfoundland and Labrador. Although complex, this creates an opportunity where through a renewed focus on collaboration, innovation and best practices, health and community services will become more efficient and quality of care enhanced.

# Financial Information

## Department of Health & Community Services

**Fiscal 2013/14**

**Based on the Program Expenditures and Revenues of the Consolidated Revenue Fund for Fiscal Year ended 31 March 2014**

|   | 2013-14                |                        |                        |
|---|------------------------|------------------------|------------------------|
|   | Actual (\$)            | Amended (\$)           | Original (\$)          |
| <b>Minister's Office (1.1.01)</b>   | <b>\$492,240</b>       | <b>\$502,100</b>       | <b>\$479,200</b>       |
| <b>General Administration (1.2.01 to 1.2.06)</b>                                      |                        |                        |                        |
| Total gross   | \$23,297,271           | \$26,389,500           | \$26,626,800           |
| Less revenue - Federal  | \$0                    | (\$1,100,000)          | (\$1,100,000)          |
| Less revenue - Provincial   | (\$395,805)            | (\$350,000)            | (\$350,000)            |
| <b>Total net</b>  | <b>\$22,901,466</b>    | <b>\$24,939,500</b>    | <b>\$25,176,800</b>    |
| <b>Memorial University Faculty of Medicine (2.1.01)</b>                               | <b>\$54,611,072</b>    | <b>\$54,661,000</b>    | <b>\$54,726,600</b>    |
| <b>Drug Subsidization (2.2.01 )</b>   | <b>\$144,135,437</b>   | <b>\$144,301,900</b>   | <b>\$142,301,900</b>   |
| <b>Medical Care Plan (2.3.01 to 2.3.02)</b>   |                        |                        |                        |
| Total gross   | \$472,094,890          | \$477,474,300          | \$492,074,300          |
| Less revenue - Federal  | \$0                    | \$0                    | \$0                    |
| Less revenue - Provincial   | (\$3,360,209)          | (\$2,500,000)          | (\$2,500,000)          |
| <b>Total net</b>  | <b>\$468,734,681</b>   | <b>\$474,974,300</b>   | <b>\$489,574,300</b>   |
| <b>Regional Integrated Health Authorities and Related Services (3.1.01 to 3.1.02)</b> |                        |                        |                        |
| Total gross   | \$2,030,065,585        | \$2,030,815,000        | \$1,980,425,700        |
| Less revenue - Federal  | (\$3,282,527)          | (\$3,291,600)          | (\$3,291,600)          |
| Less revenue - Provincial   | (\$26,264,430)         | (\$22,566,000)         | (\$22,566,000)         |
| <b>Total net</b>  | <b>\$2,000,518,628</b> | <b>\$2,004,957,400</b> | <b>\$1,954,568,100</b> |
| <b>CAPITAL</b>  |                        |                        |                        |
| <b>Furnishings and Equipment (3.2.01)</b>   | <b>\$40,200,000</b>    | <b>\$46,532,500</b>    | <b>\$46,532,500</b>    |
| <b>Health Care Facilities (3.2.02)</b>  | <b>\$106,379,026</b>   | <b>\$153,950,700</b>   | <b>\$166,583,600</b>   |
| <b>Total Health Care Facilities and Equipment</b>                                     | <b>\$146,579,026</b>   | <b>\$200,483,200</b>   | <b>\$213,116,100</b>   |
| <b>Total Department</b>   |                        |                        |                        |
| Total gross   | \$2,871,275,521        | \$2,934,627,300        | \$2,909,750,600        |
| Less revenue - Federal  | (\$3,282,527)          | (\$4,391,600)          | (\$4,391,600)          |
| Less revenue - Provincial   | (\$30,020,444)         | (\$25,416,000)         | (\$25,416,000)         |
| <b>Total net</b>  | <b>\$2,837,972,550</b> | <b>\$2,904,819,400</b> | <b>\$2,879,943,000</b> |

# Appendix A:

## Mandate

The following mandate describes the responsibilities of the Department of Health and Community Services<sup>1</sup>:

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
  - Grants to select community agencies in support of the Department's mandate
  - The purchase of seats and bursary programs for students in select professional or technical fields connected with health and community services.

<sup>1</sup>. The department mandate was revised in 2012-13 as a result of planning processes undertaken within the department.

# 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. Provincial Advisory Council on Aging and Seniors
9. Health Research Ethics Authority
10. Provincial Mental Health and Addictions Advisory Council
11. Provincial Cancer Control Advisory Committee
12. Provincial Wellness Advisory Council



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**Health and Community Services**