

# Department of Health and Community Services



## Annual Performance Report for 2015-2016



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# Minister's Message



As Minister of the Department of Health and Community Services, I am pleased to present the 2015-16 Annual Performance Report. This report outlines departmental accomplishments and activities that occurred during the past fiscal year (April 1, 2015, to March 31, 2016) and is the second to report on progress of the department's Strategic Plan 2014-2017. I, as Minister, am accountable for the actual results reported.

The many initiatives identified throughout this report represent just some of the work undertaken by the department throughout 2015-16 to improve our health and community services system.

Sincerely,

Honourable John Haggie  
Minister of Health and Community Services  
Member for Gander

# 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 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, 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. As well, Appendix B contains a listing of the entities that report to the Minister of Health and Community Services.

## Vision

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

## 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 wellbeing.

## Departmental Values

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

# Lines of Business

In 2015-16, the Department of Health and Community Services was organized around the following 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 regional health authorities (RHAs) and other entities who deliver programs and services ensuring quality, efficiency and effectiveness in the following areas:

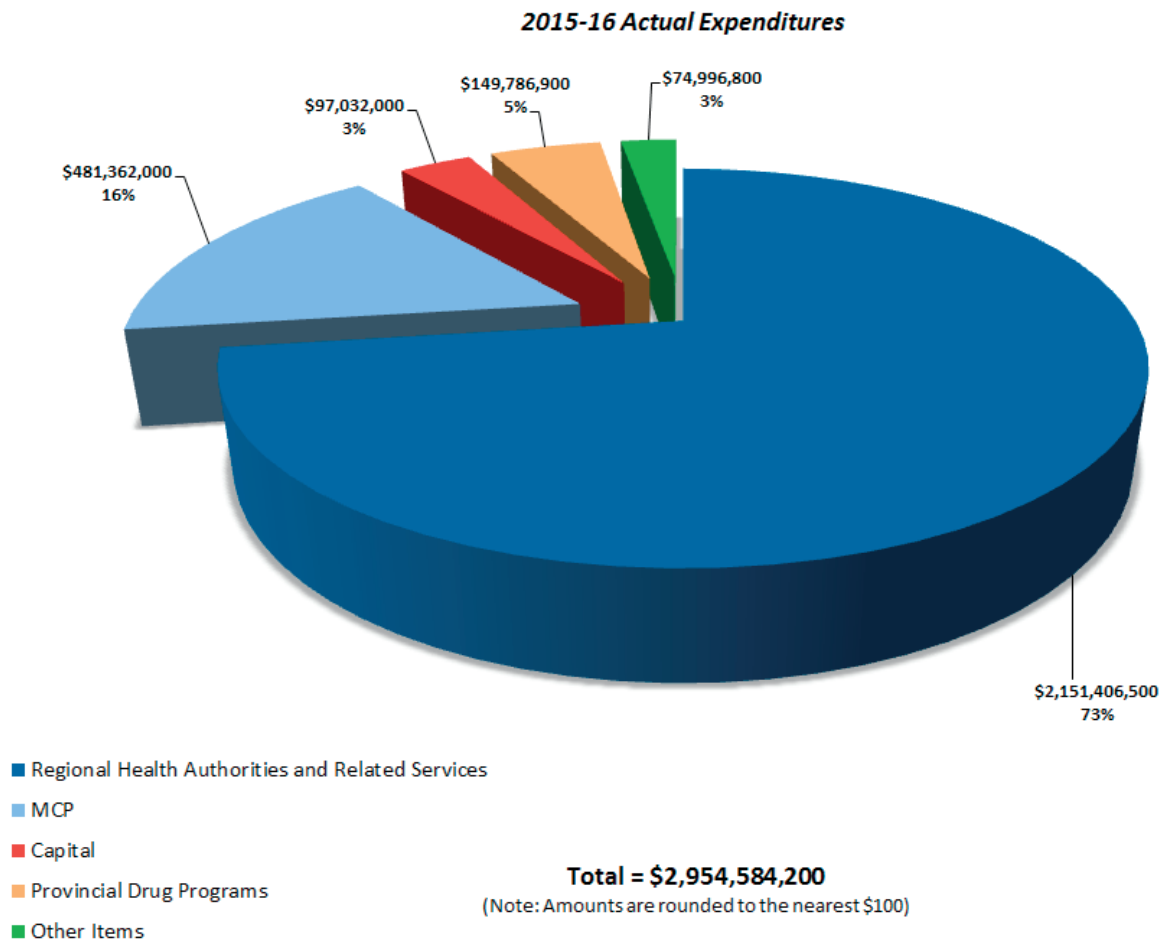
- Health Workforce Modeling and Planning;
- Ambulance Services;
- Access and Clinical Efficiency;
- Pathology and Laboratory Services;
- Accountability and Oversight for RHAs;
- Special Assistance Program;
- Home Support;
- Disabilities Services;
- Provincial Blood Coordinating Program;
- Provincial Telehealth;
- Facility-Based Services for Seniors (Personal Care Homes, Long-Term Care Facilities);
- Mental Health and Addictions;
- Environmental Public Health;
- Chronic Disease and Cancer Control Management and Prevention Programs (including the Provincial Kidney Program);
- Adverse Health Events (including the Clinical Safety and Reporting System);
- Disease and Infection Prevention and Control (Monitoring, Surveillance, Immunization, Distribution and Storage of Vaccines);
- Capital Facilities and Equipment;
- Health Research;
- Provincial Health Information Line (811); 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 Incentives; and
- Medical Transportation Assistance Program.

# Where Health Dollars are Spent



## Departmental Structure

As of March 31, 2016, the Department of Health and Community Services had a total of 184 employees (135 females and 49 males) located throughout four locations across the province: Confederation Building (West Block) and Major’s Path in St. John’s; Grand Falls-Windsor; and Stephenville. The department is organized as follows:

Branch	Female	Male	Total
Executive Branch	11	3	14
Minister’s Office	2	1	3
Corporate Services	57	22	79
Professional Services	30	13	43
Regional Services	11	2	13
Policy and Planning	12	2	14
Population Health	12	6	18
<b>Total</b>	<b>135</b>	<b>49</b>	<b>184</b>



## Executive Branch

- Deputy Minister
- Assistant Deputy Ministers
- Communications

## Corporate Services Branch

- Audit and Claims Integrity
- Financial Services
- Information Management

## Professional Services Branch

- Dental Services
- Emergency Response, Air and Road Ambulance
- Pharmaceutical Services
- Health Emergency Planning
- Health Workforce Planning

## Regional Services Branch

- Acute Care and Nursing Policy
- Office of Adverse Health Events
- Infrastructure Management
- Long-Term Care and Community Supports

## Policy and Planning Branch

- Transformation and Policy
- Planning, Performance Monitoring and Evaluation
- Legislative Consultant

## Population Health Branch

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

## Physician Services

- Physician Services
- Pathology and Laboratory Services

# Shared Partnerships



During 2015-16, the department continued to partner with a variety of federal/provincial/territorial committees and organizations, with other Provincial Government departments and agencies, RHAs, municipalities, educational institutions, unions, associations, regulatory bodies, community-based groups and individuals. Below are some examples of how the department worked with its partners to advance new initiatives in 2015-16.



## Pan-Canadian Pharmaceutical Alliance

The pan-Canadian Pharmaceutical Alliance (pCPA) is part of work underway by the Council of the Federation's Health Care Innovation Working Group (HCIWG). Under the Alliance, all 13 Provinces and Territories have been working together to achieve greater value for brand name and generic drugs for publicly funded drug programs. In February 2016, the pCPA announced that Federal Drug Programs would be participating in the Alliance. Combining the negotiating power of federal, provincial and territorial governments achieves greater savings for all publicly funded drug programs, increases access to clinically effective drug treatment options and improves consistency of pricing and coverage criteria across Canada.

In 2015-16 a number of the next-generation therapies for Hepatitis C were made available for beneficiaries under the Newfoundland and Labrador Prescription Drug Program. The drug therapies Sovaldi, Harvoni, and Holkira Pak were added as benefits in line with national clinical criteria. These new therapies offer significantly reduced side effects and better outcomes than previous therapies, as well as shorter treatment regimes. In 2015-16, 52 beneficiaries accessed these therapies.

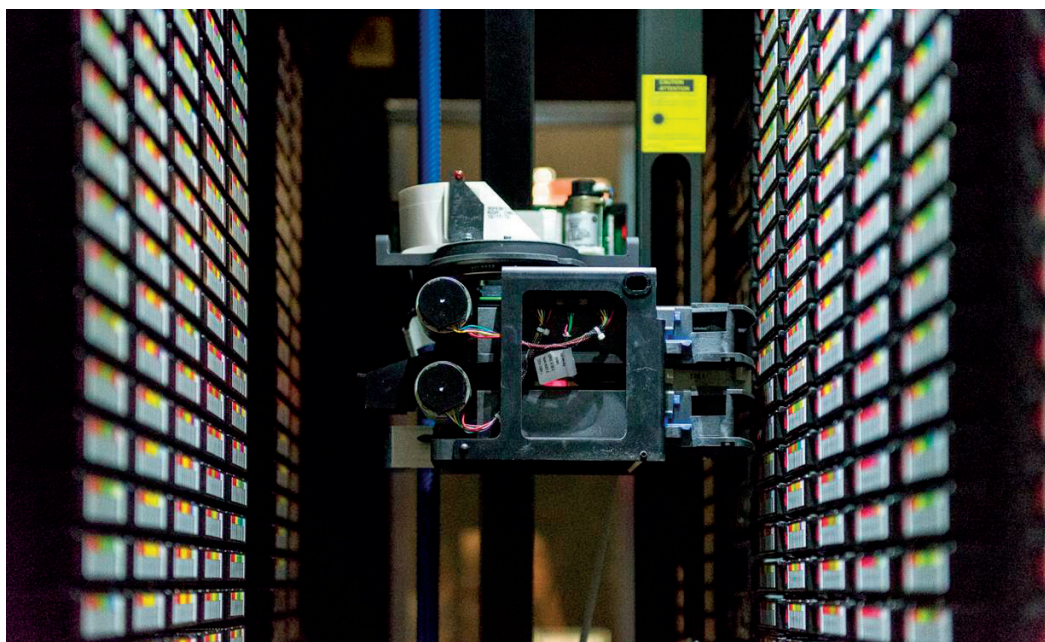
## Understanding Changes Everything Workplace Training Program

In September 2015, Phase 2 of the provincial Understanding Changes Everything Campaign was launched with a focus on addressing mental health and addictions in the workplace. As part of this program, the department joined several public and private sector organizations throughout the province which agreed to champion mental health and addictions within their workplaces. Partners included: Newfoundland and Labrador Power, WorkplaceNL, Johnson Inc., College of the North Atlantic, Memorial University, Nalcor, Hickman Automotive Group, M5 Marketing, Eastern Health, Central Health, Western Health and Labrador-Grenfell Health. The department provided each partner, at no cost, training in The Working Mind, an education-based program offered by the Mental Health Commission of Canada designed to address and promote mental health and reduce the stigma of mental illness in the workplace.

## Translational and Personalized Medicine Initiative

Translational and Personalized Medicine Initiative (TPMI) is a partnership between the Government of Newfoundland and Labrador, Memorial University and funding partners IBM and the Government of Canada. The Government of Newfoundland and Labrador has committed to an investment of \$7.2 million over five years in support of this initiative. Led by Memorial University, the objective of the TPMI is to utilize advanced computer infrastructure to integrate electronic health information and genetic research into clinical practice so that patient care is guided by a person's unique information including their genetic make-up. This model of care is based on preventive health planning and allows for care that is more predictive and efficient than traditional approaches.

Under TPMI, a number of quality of care initiatives are ongoing, including research on: factors affecting the health outcomes of total hip and knee replacement patients; policy options for screening for colorectal cancer in high risk families; and the quality of early interventions for stroke patients. Representatives from the department are members of the Steering Committee as well as other sub-committees that help guide the work and priorities of TPMI.



# Highlights and Accomplishments



A key focus of the department in 2015-16 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 wellbeing. The following highlights and accomplishments reflect just some of the achievements the department made over the past year.

## Expansion of Colon Cancer Screening Program to Eastern Health

On July 23, 2015, the Department of Health and Community Services Provincial Colon Cancer Screening Program was expanded to the Eastern region, making it accessible to residents throughout all regions of the province. The Provincial Colon Cancer Screening Program, administered by Eastern Health as part of the Cancer Care Program, is designed for individuals between the ages of 50 and 74 who are at average risk for colon cancer. Through the program, residents can request a kit to complete home screening. Since the implementation of the program in 2012, more than 10,300 kits have been mailed to individuals and approximately 76 per cent have returned the kit for analysis. Returned samples are analyzed by health care professionals, and those with positive test results are contacted for a follow-up colonoscopy. Those with negative results are re-screened in two years.



## Provincial Mental Health and Addictions Programs Performance Monitoring Report

In April 2015, through collaboration with the Newfoundland and Labrador Centre for Health Information (NLCHI), the department released its first ever Provincial Mental Health and Addictions Programs Performance Monitoring Report. The report contains over 40 indicators to help evaluate the system in the following areas: quality, safety, access, utilization, efficiency, spending and population health outcomes. The intent is to update the report on a regular basis to allow for monitoring of change over time. In the future, additional indicators may be added as they become available with the aim of filling gaps in community mental health and addictions programs and services. The product serves as a valuable tool for both the department and RHAs to identify areas requiring quality improvement, target interventions, develop programs and monitor system performance.

## Provincial Government Adds Cystic Fibrosis Checks to Newborn Screening Program

In 2015-16, the department announced that newborns would now be screened for cystic fibrosis through a small blood sample at birth. Newborn screening checks for higher-than-normal levels of a chemical called immunoreactive trypsinogen (IRT) found in the blood. Persistently elevated IRT levels are a potential indicator for cystic fibrosis. Positive newborn screens for cystic fibrosis require additional testing, which may include screening for changes in the gene associated with cystic fibrosis. Parents of babies with a positive newborn screen result are contacted by the provincial Newborn Screening Coordinator to explain the result and arrange appropriate follow-up testing.

## Pharmacists Begin Prescribing for Minor Ailments

In 2015-16, new regulations under the *Pharmacy Act, 2012* were implemented to allow pharmacists in Newfoundland and Labrador to prescribe and treat a number of minor ailments such as nausea, cold sores, hemorrhoids and eczema. Under the new regulations, pharmacists who receive authorization from the Newfoundland and Labrador Pharmacy Board are able to prescribe certain medications to treat specific conditions that are listed in the regulations. The regulations also allow pharmacists to substitute a prescribed medication with a different drug of an equivalent therapeutic effect and to prescribe over-the-counter products such as vitamins and diabetic supplies.



## Enhanced Bursary Program for Labrador Nursing Students

Enhancements were made to the bursary program for Labrador residents who are enrolled in an approved Bachelor of Nursing program. Eligible students receive \$5,000 each year over the course of a four year program, or \$10,000 per year for students enrolled in the two-year Fast-Track Program. Students who take advantage of the bursary program must sign a service commitment to fill a full-time, permanent position within Labrador-Grenfell Health, thereby increasing access to knowledgeable and skilled nurses in the region.



## Newfoundland and Labrador Prescription Drug Program (NLPDP)

In 2015-16, the department, in partnership with its service provider Bell Canada, completed a full upgrade of the NLPDP real-time adjudication system. This system is used to adjudicate drug claims for beneficiaries under the NLPDP and in 2015-16, the system processed over 4.6M claims with a total value of over \$145M. Under the upgrade program, all of the hardware and software used to support the adjudication system was replaced, allowing for significant improvements in service performance and reliability. The upgrade also included a new disaster recovery facility for the NLPDP, which allows the service to be restored within eight hours if the main claim adjudication service is disrupted, minimizing the impact on beneficiaries and pharmacies.

## New Oncology Suite in Labrador West

On October 20, 2015, the Provincial Government, in partnership with Labrador-Grenfell Health, officially opened a new oncology suite in the Labrador-West Health Centre. The new oncology suite features two chemotherapy lounge chairs and dedicated washrooms. The suite also includes an observation office and other enhancements to support treatment for residents and their families.

# Report on Performance



In the department's 2014-17 Strategic Plan, Population Health, Access to Priority Services and Quality of Care and Efficiency were identified as the strategic issues to be addressed, with three-year goals and corresponding annual objectives. This report presents the departments success in achieving the 2015-16 objectives in support of the 2014-17 goals identified in the Strategic Plan.

## Strategic Issue #1: Population Health

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

During 2015-16, the department was committed to implementing initiatives that contribute to positive health outcomes. This commitment was realized through enhancements to the childhood immunization program which now includes the rotavirus vaccine to protect children in this province from severe gastrointestinal infection.

Additionally, the department announced the creation of the Downtown Healthcare Collaborative under the Primary Healthcare Framework which will enhance access to primary health care services and supports in the downtown St. John's area, particularly for at-risk groups including those living with mental illnesses and addictions.

Primary health care was identified in the Minister's December 2015 mandate letter, directing the Minister to work with primary healthcare stakeholders to develop regional primary healthcare teams.

### Performance Reporting

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

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

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



## STRATEGIC ISSUE #1: POPULATION HEALTH

Planned	Actual (2015-2016)
<p>Implemented select components of a Primary Health Care Framework/Action Plan</p>	<p>In October 2015, the Provincial Government released a new framework for primary health care reform in the province. The framework outlines positive short and long-term enhancements to the delivery of primary health care services (such as family practice, pharmacy, social support, nursing, occupational therapy, counselling and others) in the province. Throughout 2015-16, the Primary Health Care division began implementing select components of the framework. The Primary Health Care Advisory Committee, created in 2014, continues to work to establish working groups tasked with implementing concrete changes and reforms. The Committee consists of key stakeholders across the provincial health care system.</p> <p>Under the framework, the Provincial Government announced the establishment of the Downtown Health Care Collaborative and resources to support its implementation in October 2015. The Downtown Health Care Collaborative (DHCC) is a cooperative project of the Department of Health and Community Services, Memorial University's Faculty of Medicine, Eastern Health, Stella's Circle, Choices for Youth, The Gathering Place, The Salvation Army, and End Homelessness St. John's. This initiative is designed to enhance access to primary health care services and supports in the downtown St. John's area for at-risk groups including those living with mental illness and addiction. This work supports the Framework's objective to engage and support community members in the identification, development and provision of local solutions to local health and wellness issues.</p> <p>Quality improvement initiatives for primary healthcare were implemented in 2015-16 in the Burin Peninsula area. A nurse practitioner was hired as part of the team at the Burin Peninsula Health Centre and provides care at both the emergency and outpatients departments to improve access to primary health care services. This nurse practitioner offers a walk-in clinic and treats patient requiring non-urgent care, detracting from unnecessary use of the emergency department. This initiative supports the Framework's goal to enhance timely</p>



## STRATEGIC ISSUE #1: POPULATION HEALTH

Planned	Actual (2015-2016)
	<p>access to comprehensive, person-focused primary health care services and supports.</p> <p>In addition, negotiations and formation of the Family Practice Renewal Program took place in 2015-16. This is a joint Newfoundland and Labrador Medical Association- Department of Health and Community Services initiative to increase access to comprehensive community-based primary care. The co-managed program will include the establishment of sub-regional physician networks, and continuing education related to best practices and specific areas such as mental health and addictions, as necessary.</p>
Implemented components of a new Mental Health and Addictions policy framework	<p>The development of a mental health and addictions policy framework was deferred until the work of the House of Assembly All-Party Committee (APC) on Mental Health and Addictions concludes to ensure the work informs the development of a new framework. The APC continued its mandate throughout 2015-16 towards completing a full review of the provincial mental health and addictions system to identify gaps in services and areas for improvement. Mental health and addictions care was identified in the Minister's December 2015 mandate letter, directing the Minister to work to implement a comprehensive Mental Health and Addictions Strategy, which will include continuing to support the work of the All-Party Committee on Mental Health and Addictions.</p>
Expanded the Childhood Immunization Program	<p>In September 2015, the province added a new vaccine for rotavirus which is the most common cause of gastrointestinal infection in children under five years of age to the childhood immunization schedule. The rotavirus vaccine is a two-dose oral vaccination that is administered to children at two months followed by a second vaccination at four months of age.</p>

## Discussion of Results

The department was successful in meeting most of its objective in this area through the fulfillment of most indicators set out for 2015-16. During the year, the department did not implement a Mental Health and Addictions policy framework, but rather is waiting for the work of the House of Assembly All-Party Committee to be completed.

The following indicators have been identified for the 2016-17 objective:

**Objective 3:** By **March 31, 2017**, the Department of Health and Community Services will have evaluated the implementation of select legislative and policy frameworks that contribute to the overall health of the population..

**Measure:** Evaluated the implementation of select legislative and policy frameworks that contribute to the overall health of the population.

- Indicators:**
- Initiated the evaluation of select components of the primary healthcare framework
  - Conducted a review of select sections of the *Mental Health Care and Treatment Act*
  - Developed an evaluation plan for a Mental Health and Addictions policy framework
  - Initiated discussion regarding revisions to public health legislation



The Working Mind - Train the Trainer Class - February 2016

# Strategic Issue #2: Access to Priority Services

Ensuring that patients are able to access the health services that they need is a critical component of an effective healthcare system. This does not simply mean increasing the number of services available but also assessing the appropriateness of existing programs, policies and services to ensure that individuals who require care are able to access services in a timely and efficient manner and at the lowest cost.

Throughout 2015-16, the Department of Health and Community Services implemented various initiatives towards improving access to priority services. This included exploring and implementing enhancements to the provincial HealthLine. The HealthLine can now be accessed by dialing 811, a single, easy to remember phone number, or through a smartphone app which facilitates quick contact with the HealthLine. The HealthLine provides easily accessible information and contact details for health and wellness services available in the province.

## Performance Reporting

**Goal:** By **March 31, 2017**, the Department of Health and Community Services will have improved access to priority health and community services.

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

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

## STRATEGIC ISSUE #2: ACCESS TO PRIORITY SERVICES

Planned	Actual (2015-2016)
<p>Explored options to enhance services of the HealthLine</p>	<p>In 2015-16, HCS explored options to enhance services to the HealthLine. As a result, the following enhancements were made to meet the needs of the public and the system:</p> <ul style="list-style-type: none"> <li>Implementation of 811 for HealthLine access, a new provincial telephone number that is easy to remember and is accessible to persons who are hard of hearing through TTY and for non-English speaking residents;</li> <li>Follow-up calls to provide further support to those who have contacted the HealthLine because of a mild to moderate mental health or addictions concern;</li> <li>A HealthLine app for mobile phones that facilitates quick contact with the HealthLine and provides easily accessible information and contact details for health and wellness services available in the province (i.e. helplines, support groups, health care centres, and mental health and addictions services); and</li> <li>An updated website at <a href="http://www.yourHealthLine.ca">www.yourHealthLine.ca</a> that provides additional information about what services the HealthLine provides, what types of issues the HealthLine can help with, and contact details for health and wellness services available in the province.</li> </ul>
<p>Implemented further initiatives to improve access to long-term care and community supports</p>	<p>In 2015-16, the department continued to pilot enhanced care in personal care homes to allow those facilities to provide a higher level of care to residents who require it than is normally provided in a personal care home. The pilot was evaluated by the NL Centre for Health Information in 2015, and based on the positive results of the evaluation, the program has been extended beyond the pilot phase.</p> <p>On October 16, 2015, the Provincial Government broadened the eligibility requirements for the Paid Family Caregiving Home Support Option to include clients who currently receive subsidized home support services. The Paid Family Caregiving Home Support Option allows individuals to hire a family member (non-spouse) to provide their care when eligibility requirements are met.</p> <p>Funding was provided to Eastern Health to pilot a Home First initiative during 2015-16. This is a client centered, evidenced</p>

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

Planned	Actual (2015-2016)
	<p>based initiative that facilitates discharges of Alternate Level of Care (ALC) patients (individuals who no longer require acute care medical interventions) from hospital to their home. The Home First initiative funds the provision of extended, comprehensive community supports to these ALC patients, ensuring appropriate services are in place to maintain these individuals in their home for as long as possible.</p> <p>Additionally, a demonstration project was completed in the Rural Avalon region of Eastern Health during 2015-16 which supported the Home Modification Grant (HMG) program provided through Newfoundland and Labrador Housing Corporation. The HMG program assists individuals to remain in their homes, thus supporting the goals of the Long Term Care and Community Support Services Strategy; Close to Home: A Strategy for Long Term Care and Community Supports. This short term project approved funding for Eastern Health to provide occupational therapy (OT) services to individuals waitlisted for HMG funding, where the completion of an OT assessment was the only delay in the approval of HMG funding. The evaluation of the project is currently underway.</p>
<p>Implemented initiatives to improve access and enhance mental health and addictions services within the province</p>	<p>In 2015, the Department of Health and Community Services unveiled several e-health services to increase access to mental health and addiction services:</p> <ul style="list-style-type: none"> <li>• Bridge the gAPP (BTG) is an innovative online mental health resource available from a computer, tablet or smartphone which instantly connects people to self-help information and local supports through a searchable service directory. BTG was developed as a health promotion tool to support mental wellness but it also acts as an early intervention for anyone currently experiencing a mental illness or substance use problem. BTG services are available to both youth (13-18 years) and adults (18+ years) through two separate age-appropriate app platforms and are available via websites. People can download through Google Play or the Apple Store or visit the Bridge the gAPP portal page, <a href="http://www.bridgethegapp.ca">www.bridgethegapp.ca</a>, where all services can be accessed. BTG was developed in partnership with staff from the regional health authorities, community agencies, young</li> </ul>

## STRATEGIC ISSUE #2: ACCESS TO PRIORITY SERVICES

Planned	Actual (2015-2016)
	<p>people and people who have experienced mental health and addictions issues.</p> <ul style="list-style-type: none"> <li>The Breathing Room - an eight-module, online self-management program which assists people between the ages 13 and 24 years to manage stress, depression and anxiety. Developed by the Canadian Institute for Natural and Integrative Medicine (CINIM), the Breathing Room is a clinically proven, award-winning program endorsed by the Mental Health Commission of Canada. Newfoundland and Labrador is one of the first adopters of this program, which is now available through the youth and adult Bridge the gAPP websites and apps.</li> <li>The Provincial HealthLine enhanced its services for those identifying as having a mental health or addictions concern by providing supportive follow-up calls.</li> </ul> <p>As an initiative to increase access to specialized addiction services, a second provincial addictions inpatient treatment facility for adults officially opened and began accepting new clients in late February 2016. The Grace Centre is located in Harbour Grace and is for adults dealing with complex alcohol and drug addiction issues. The centre will complement other existing addictions treatment centres throughout the province, including the Humberwood inpatient treatment centre located in Corner Brook. The facility will offer medical, educational and therapeutic services in a safe and home-like environment for people who require more intensive levels of support. The centre will help meet significant demands and reduce wait times for specialized, adult inpatient addictions treatment.</p>
<p>Implemented components of the Emergency Department Wait Time Strategy</p>	<p>The department works with Regional Health Authorities by monitoring and providing support for wait time reduction initiatives. Accomplishments during 2015-16 include:</p> <ul style="list-style-type: none"> <li>Reviews of Category A Emergency departments began in 2015-16 at Charles S. Curtis Memorial Hospital, Labrador Health Centre, and Labrador West Health Centre. These reviews support the Strategy's goal to improve the efficiency of higher volume emergency departments.</li> </ul>

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

Planned	Actual (2015-2016)
	<ul style="list-style-type: none"> <li>As a result of reviews carried out in 2014-15, physician, nurse practitioner and registered nursing hours have been better aligned to coincide with peak patient arrival patterns at the following four emergency departments: Sir Thomas Roddick Hospital, Burin Peninsula Health Care Centre, Carbonear General Hospital and the Dr. G.B. Cross Memorial Hospital. This work demonstrates progress toward the strategy’s goal to improve the collection, reporting and use of emergency department wait time data.</li> <li>Nurse First Triage and Fast Track Units, where staff are dedicated to seeing patients with minor illnesses in order to reduce emergency department overcrowding, were established at the Sir Thomas Roddick Hospital and Burin Peninsula Health Care Centre. This work resulted in reductions in wait times for less emergent patients for initial physician/nurse practitioner assessment, as well as reductions in the number of patients who left without being seen. This work supports the Strategy’s goal to improve the efficiency of higher volume emergency departments.</li> <li>The Carbonear General Hospital emergency team developed and implemented the surge capacity tool Surgecon. This tool is a site specific plan used to quantify patient load in order to predict and avoid overcrowding in the emergency department by activating a series of actions to divert the backlog of patients and consequently, reduce overcrowding. The early success of Surgecon has seen a reduction in the amount of hours and days that Over-Capacity Protocol has been enacted in Carbonear General Hospital. This supports the strategy’s goal to improve the collection, reporting and use of emergency department wait time data.</li> </ul>

## Discussion of Results

The department was successful in meeting its objective in this area through the fulfillment of all indicators set out for 2015-16. Access to mental health and addictions services was increased through the implementation of e-health initiatives. These services are offered online which removes barriers associated with traditional service delivery methods such as transportation and stigma.

The following indicators have been identified for the 2016-17 objective:

**Objective 3:** By **March 31, 2017**, the Department of Health and Community Services will have evaluated key priority areas of access and identified areas for performance improvements.

**Measure:** Evaluated key priority areas of access and identified areas for performance improvements.

**Indicators:**

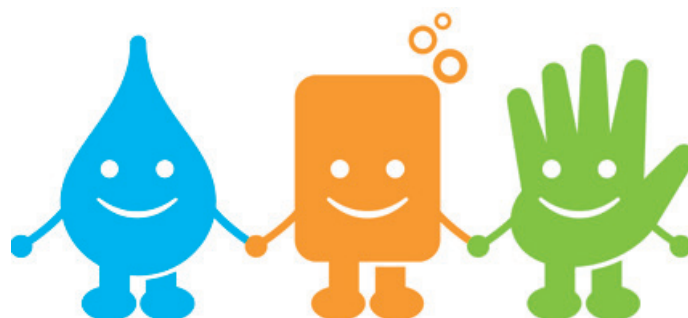
- Evaluated select areas of access to mental health services and identified areas for performance improvements
- Continued the evaluation of various wait times for select health services
- Evaluated select areas of access to community support services and identified areas for performance improvements





# Strategic Issue #3: Quality of Care and Efficiency

Quality of care and efficiency are interconnected. Efficiency can mean more streamlined processes resulting in improved patient care and cost-savings. Throughout 2015-16, the department initiated the implementation of systems and processes towards improved quality of care within the provincial health and community services system. For example, in 2015-16 the department implemented initiatives towards enhanced patient safety to improve quality of care by developing standardized hand hygiene processes in an effort to reduce health care-associated infections.



Qualified professionals are an integral component of a high quality and safe health care system. As such, in 2015-16, the department released a Strategic Health Workforce Plan 2015-18. This plan is intended to support a skilled workforce throughout the province.

## Performance Reporting

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

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

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

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

Planned	Actual (2015-2016)
<p>Explored the area of health analytics towards improved quality and efficiency through evidence based decision making</p>	<p>In October 2015, a project team was established with representatives from the department as well as stakeholder organizations such as the Newfoundland and Labrador Centre for Health Information (NLCHI) and the Canadian Institute for Health Information (CIHI) to develop a strategy for health analytics. The purpose of the strategy is to guide work throughout the province in this area and to better leverage health analytics so that decision makers can make more informed decisions and are able to more strategically track system level issues and improvements.</p> <p>Throughout 2015-16, the project team developed a project charter and initiated an environmental scan of the current status of health analytics within the province. This work included surveying all organizations within the province that hold health related data and conduct health related analytics, for the purposes of developing an inventory. This inventory will help the department understand what data currently exists within the province and the analytic capacity within organizations. Furthermore, a jurisdictional scan was also completed to assess the experiences of other jurisdictions in managing health analytics.</p> <p>The Translational Personalized Medicine Initiative (TPMI) also continued throughout 2015-16 with an objective to utilize advanced computer infrastructure to integrate electronic health information and genetic research into clinical practice. Led by Memorial University, more than two dozen research projects are underway using TMPI funding. Research includes a range of topics including genetic testing, remote patient monitoring and diabetic treatments.</p> <p>Additionally, as a step towards replacing the out-of-date Communicable Disease Reporting System, departmental funds were directed to Eastern Health to further develop an interim public health information system.</p>
<p>Continued to implement recommendations of the Provincial Road Ambulance</p>	<p>During 2015-16, the department continued the implementation of select Provincial Road Ambulance Review recommendations and established the Provincial Ambulance System.</p>

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Planned	Actual (2015-2016)
<p>Review towards enhancing the road ambulance system within the province</p>	<p>Transformation Project Team to organize a multi-year project management focused approach to the development of key system transformational initiatives based on the identified recommendations.</p> <p>The following recommendations were completed and/or initiated in 2015-16:</p> <ul style="list-style-type: none"> <li>• Initiated a review of the current provincial ambulance system governance model and the exploration of alternate governance models that include an external jurisdictional analysis.</li> <li>• The implementation of the Ambulance Dispatch Management System (ADAMS) for Western Health and Central Health was completed, and a review of the implementation requirements within Eastern Health is in progress.</li> <li>• The review of options for the implementation of a Centralized Medical Dispatch Centre progressed in 2015-16, and the provincial implementation of the Automatic Vehicle Locator (AVL) technology on all provincial ambulances is anticipated to be completed by the summer 2016.</li> <li>• An analysis and review of the requirements for ambulance legislation began in 2015-16.</li> <li>• A review was initiated in 2015-16 to address human resources issues including provincial paramedic capacity issues and educational opportunities to expand the existing labor pool, exploration of self-regulation for provincial paramedics and a review of the licensure and registration requirements.</li> <li>• Initial consultations began in 2015-16 towards the development of a provincial community paramedicine program.</li> </ul>
<p>Provided oversight and monitored the implementation of a shared services organization</p>	<p>A new Provincial Health Shared Services organization was announced under Budget 2015 to administer the purchasing, human resource, finance, payroll, information technology and telecommunications, and marketing and communications functions of the Regional Health Authorities as well as the Newfoundland and Labrador Centre for Health Information.</p>



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Planned	Actual (2015-2016)
	<p>A shared services implementation team was appointed in August 2015, with representation from the department, to provide oversight and monitor the transition process of the Health Shared Services model. The implementation team has been mandated to:</p> <ul style="list-style-type: none"> <li>• Proceed with the implementation of supply chain management;</li> <li>• Develop a detailed implementation plan that includes refinement of savings and identification of impact on positions; and</li> <li>• Develop a detailed transition plan and organization structure to support the full integration of supply chain, human resources, finance, payroll, marketing and communications, and information technology and telecommunications functions.</li> </ul> <p>The work of the Team continued throughout 2015-16 on the delivery of its mandate. The Departmental representative on the implementation team has monitored the implementation work and provided periodic updates to department executive on progress.</p>
<p>Implemented components of the Strategic Health Workforce Plan</p>	<p>The Government of Newfoundland and Labrador released the Strategic Health Workforce Plan 2015 – 18 on July 20, 2015. This plan includes five strategic directions, along with a series of potential actions that will support a vision of a skilled workforce focused on the health and well-being of individuals, families and communities.</p> <p>In September 2015, the department established a Provincial Health Workforce Planning Steering Committee with representation from employers, educators, professional associations, regulators, and government officials. The Steering Committee provides oversight for prioritization and implementation of actions in the plan, and will report annually on progress over the next three years.</p> <p>In 2015, Eastern Health completed an evaluation of the Injury Prevention Program (IPP) pilot which aims to reduce lost-time</p>

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Planned	Actual (2015-2016)
	<p>musculoskeletal injuries amongst nursing staff in 10 long-term care facilities across the province in all Regional Health Authorities. The evaluation results suggest that the IPP is a highly regarded program that improves workplace quality and holds considerable potential for reducing injuries and associated costs; however, the IPP demonstrated no statistically significant impact on the number of injuries or injury rates. The evaluators suspect that the duration of the post-implementation evaluation period was insufficient to see significant results. Funding has been allocated to the IPP to leverage the results of the evaluation and continue the program. This work supported the strategy’s goal to build a healthier workforce.</p> <p>The “pharmacy technician” designation has been a protected title under the <i>Pharmacy Regulations</i> since 2014. There are over 150 individuals working within the Regional Health Authorities who must complete a Pharmacy Technician Bridging Program in order to be eligible for registration with the Newfoundland and Labrador Pharmacy Board (NLPB). The department, in collaboration with the Regional Health Authorities, is providing funding of \$406,000 over a two-year period (2015-16 and 2016-17) to these employees (maximum of \$3,275 per employee) to support the costs to complete the required bridging program courses and examinations. Employees are required to sign a one-year service agreement with an RHA to receive funding. Approximately 85 per cent of the 150 RHA employees are currently completing components of the bridging program. Having registered pharmacy technicians will increase public protection and enhance pharmacy services by improving efficiency and quality, and providing the opportunity for pharmacists to work to full scope. This work supports the strategy’s goal to enhance workforce capacity.</p>
<p>Implemented initiatives towards enhanced patient safety (e.g., prevention of health care associated infections through hand</p>	<p>In 2015-16, the department worked with the Regional Health Authorities in the development of standardized hand hygiene processes which were implemented across all RHAs. Training packages on the standardized processes were developed and are in use in the regions.</p>

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Planned	Actual (2015-2016)
<p>hygiene evaluation, initiated the development of patient safety legislation)</p>	<p>The development of patient safety legislation was initiated in 2015-16. This work included the establishment of a working group comprised of representatives from the Regional Health Authorities and the department, consultations with key stakeholders and the initiation of drafting the new legislation. The legislation will mandate RHAs to report information concerning the quality of health services, including the public reporting of patient safety indicators to be outlined in the regulations. Hand hygiene will be the first patient safety indicator to be publicly reported.</p>
<p>Monitored the performance of select departmental programs towards ensuring existing programs are efficient and achieving the outcomes they were set up to achieve</p>	<p>During 2015-16, the department conducted performance monitoring on a number of program areas:</p> <p>A performance monitoring report was prepared by the department for the Children’s Dental Program extension to assess the performance of the program in relation to specific indicators. The performance monitoring report indicated that the program extension is progressing towards achieving its intended results.</p> <p>Throughout 2015-16, the department collected and monitored performance data on the Community Rapid Response Pilot, which helps provide home supports to patients that may have otherwise been admitted to hospital. This performance monitoring will support a full program evaluation in 2016-17 to examine whether the pilot is achieving its intended outcome. A mid-year report on the performance of the Smoking Cessation Program was developed in February 2016, and data collection continued to inform a report on the entire first year of the program. The evaluation of this initiative is ongoing during the first three years of the program, and the performance monitoring activities in 2015-16 helped inform the department on the efficacy of the program.</p>

## Discussion of Results

The department was successful in meeting its objective in this area through the fulfillment of all indicators set out for 2015-16. Implementation work in each of the indicator areas will continue through 2016-17, particularly where specified policy frameworks have multi-year implementation periods, and where performance monitoring activities have been outlined within the departmental evaluation plan. Work will continue towards the implementation of the Provincial Road Ambulance Review recommendations as well as many other initiatives in the area of quality of care and efficiency during 2017-18.



The following indicators have been identified for the 2016-17 objective:

**Objective 3:** By **March 31, 2017**, the Department of Health and Community Services will have evaluated changes within the health and community services system and identified areas for performance improvements.

**Measure:** Evaluated changes within the health and community services system and identified areas for performance improvements.

**Indicator:**

- Initiated the evaluation of performance on hand hygiene indicators
- Initiated the evaluation of select changes resulting from the Laboratory Reform Initiative and identified areas for performance improvements
- Evaluated select policies in the area of Health Workforce Planning
- Initiated an evaluation of the performance of regional public health services





# Challenges and Opportunities



There are a number of challenges currently facing Newfoundland and Labrador's health care system. Budget 2016 laid out a fiscal plan that requires ongoing restraint across all government departments and entities. At the same time, the Canadian Institute for Health Information (CIHI) released its updated data on 45 health indicators, measuring aspects of health and health care across the country. The CIHI information indicated that the health outcomes of Newfoundlanders and Labradorians are below the national average on a number of indicators (e.g. provincial smoking rate, provincial obesity rate, life expectancy) which highlights the need for improvements in a number of areas.

In Newfoundland and Labrador, health care accounts for approximately 35 per cent of the provincial budget, and with an aging population, dispersed geography and increasing demand on services driving up costs, it is imperative that health care planning and service delivery incorporate an evidence-informed, coordinated approach to achieve optimal health outcomes while focusing resources on performance areas which have the highest need.

In 2015-16, the department began work on the development of a Health Analytics Strategy. The strategy will help improve evidence-based decision-making through the establishment of a coordinated approach to data collection and analysis across health entities in the province. By making more data-driven evidence available to decision makers, the department will be able to focus resources on higher need areas of the health care system and achieve tangible improvements for the people of the province.

The ongoing work to implement a provincial shared services model will further enhance efficiencies in the health care sector while allowing the regional health authorities to better focus resources on patient care.

There are many opportunities to leverage and expand successful initiatives started within the department. For example, in 2014-15 government expanded the scope of practice for pharmacists, and there are further opportunities to undertake similar approaches for other health professions to increase efficiencies and improve the quality of care in the health care system. Scope of practice was identified in the Minister's December 2015 mandate letter, directing the Minister to develop a comprehensive plan to expand health professionals' scope of practice. Additionally, there are a number of successful pilot programs ongoing within regions which could potentially be scaled and rolled out across the province, such as the Home First program in Eastern Health. This pilot program provides enhanced home supports to a number of Alternate Level of Care (ALC) patients after their discharge from hospital. A review of the Provincial Home Support program was completed in July 2016. The report identifies 25 improvement opportunities to increase the effectiveness and efficiency of the program, assist individuals in remaining independent in their homes and communities, avoid unnecessary hospitalization and long term care placement and maintain their well-being. The Department will develop an action plan to implement priority opportunities to improve the delivery of home support.

By continuing to focus on coordination and evidence-based decision making in the health system, the Department of Health and Community Services will create a more effective health care system to better meet the needs of the people of Newfoundland and Labrador.



# Financial Information



<b>Financial Information</b>			
Department of Health and Community Services			
2015-16 Fiscal Year			
Based on the Program Expenditures and Revenues of the Consolidated Revenue Fund for the Fiscal Year Ended March 31, 2016			
	2015-16		
	Actual Expenditure	Amended Budget	Original Budget
<b>CURRENT</b>			
Minister's Office (1.1.01)	\$479,567	\$571,900	\$436,600
General Administration (1.2.01 to 1.2.06)	\$16,929,952	\$19,744,600	\$19,828,600
Memorial University Faculty of Medicine (2.1.01)	\$57,587,300	\$57,587,300	\$57,587,300
Drug Subsidization (2.2.01 )	\$149,786,916	\$149,322,400	\$149,322,400
Medical Care Plan (2.3.01 to 2.3.02)	\$481,361,968	\$486,165,300	\$486,298,800
Regional Health Authorities and Related Services (3.1.01 to 3.1.02)	\$2,151,406,513	\$2,161,740,500	\$2,157,812,300
<b>TOTAL CURRENT</b>	<b>\$2,857,552,215</b>	<b>\$2,875,132,000</b>	<b>\$2,871,286,000</b>
<b>CAPITAL</b>			
Furnishings and Equipment (3.2.01)	\$44,371,000	\$46,932,500	\$46,932,500
Health Care Facilities (3.2.02)	\$52,661,007	\$73,708,200	\$73,708,200
<b>TOTAL CAPITAL</b>	<b>\$97,032,007</b>	<b>\$120,640,700</b>	<b>\$120,640,700</b>
<b>Total Department</b>	<b>\$2,954,584,222</b>	<b>\$2,995,772,700</b>	<b>\$2,991,926,700</b>

# Appendix A: Mandate



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

1. **To provide leadership, coordination, monitoring and support to the regional health authorities and other entities who deliver programs and services ensuring quality, efficiency and effectiveness in the following areas:**
  - The preservation and promotion of health;
  - The prevention and control of disease;
  - Public health and the enforcement of public health standards;
  - The administration of health care facilities;
  - Access and clinical efficiency;
  - Programs for seniors, persons with disabilities and persons with mental health and addictions issues as well as long-term care and community support services;
  - Health professional education and training programs; and
  - 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; and
  - The purchase of seats and bursary programs for students in select professional or technical fields connected with health and community services.

# Appendix B: Reporting Entities



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

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





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