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**Introduction**

The Nova Scotia government is committed to making life better for families. The following priorities have been identified to help achieve this goal. These priorities provide a broad framework for policy development as well as planning and delivery of programs and services.

**G1 Government Priorities**

**Government Priorities:**

- **Make Health Care Better For You And Your Family**
- **Create Good Jobs And Grow The Economy**
- **Get Back To Balance And Ensure Government Lives Within Its Means**

Department of Health and Wellness (DHW) is striving to provide better care in a well managed, planned way that leads to healthier and safer Nova Scotians. The department's plan to improve primary and emergency care, *Better Care Sooner*¹, and the 2011-12 Nova Scotia DWH Statement of Mandate², provide details regarding how DHW will align planning and decision-making with the priorities of the government.

**G2 District Health Authorities/IWK Planning**

The District Health Authorities/IWK (DHAs/IWK) are responsible and accountable to DHW for the planning and delivery of appropriate health care service for the residents of Nova Scotia and tertiary care services for residents of our Atlantic partners. The DHAs/IWK also provide a significant contribution to the promotion of health and wellness of the populations served.

Given their significant contribution, it is critical and required that the DHAs/IWK align their planning for the year 2011-12 with the goals and priorities of the government.

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² A draft copy is attached as an Appendix B – Statement of Mandate
Organization Overview

Provide a summary description of your organization’s operations. This should include such elements as geography, facilities, services offered, demographics, and populations served. Any factors affecting the business plan, such as key challenges, major initiatives underway, or a change in direction may also be included here.

Capital Health is the largest provider of health services in Nova Scotia. Formally called the Capital District Health Authority, the organization serves the adult residents of Halifax Regional Municipality and the western part of Hants County – approximately 400,000 people comprising more than 40 per cent of Nova Scotia’s population. It also provides specialists’ services to residents from the rest of Nova Scotia and the other Atlantic provinces. Through a network of hospitals, health centres and community-based programs, its 12,000 employees, physicians, volunteers and learners deliver medical and surgical care, mental health care, public and community health programs, addiction prevention and treatment, and environmental health care services. In addition, Capital Health conducts health research and is a partner with Dalhousie University and the Nova Scotia Community College in providing academic and clinical learning experiences for physicians and other health care professionals. Capital Health is one of the nine health authorities and the IWK Health Centre that deliver health services to Nova Scotians. Its operating budget for fiscal 2011-12 is $793.2 million. Provincially, the government spends $3.63 billion on health care, or 40 per cent of the 2010-11 budget of $9.04 billion. If trends continue, forecasts estimate that in 15 years that percentage will more than double. The most worrying trends are in demographic shifts and health status.

The Capital Health district spans an area from Windsor to Sheet Harbor. It encompasses rural areas, villages and towns, as well as the province’s largest city, Halifax, and highest density areas. Statistics from 2008 indicate the district’s population at 406,115, or 43.5 per cent of the provincial population. In terms of residents served, it is the largest of the province’s health districts. Nova Scotia has one of the country’s oldest populations. In a decade, about 22 per cent of Nova Scotians will be 65 years or older, up from today’s 15.7 per cent. That compares with 11.9 per cent currently within Capital Health district. A 10 per cent growth rate is projected to 2031, almost exclusively in the population over the age of 60. The populations of other age groups are predicted to decline. As age is considered one of the best predictors of health service use, the increase in the number of elderly is expected to lead to an increased demand on resources. Currently, half of all hospital-based care is provided to citizens in the 60-plus age group. At the same time, increasing numbers of health care professionals themselves are readying for retirement.

Compared with other Canadians, Nova Scotians have the highest death rates from cancer and respiratory disease, the second-highest self-reported rate of diabetes, and among the highest rates of circulatory death and hospitalization for chronic disease. In Capital Health district, cardiovascular disease, mental health problems, injuries and lower respiratory disease are among the main causes of chronic illness, health service use and death.
DHW have identified the following priorities for the Nova Scotia health system. Please provide the actions that will be taken by your DHA/IWK to further these priorities in 2011-12.

**Population Health**

- Work collaboratively with DHW, partners and community in the implementation of policies that support healthy eating and physical activity to reduce childhood obesity

  Capital Health is committed to working with community partners to support/implement policies and programs that proactively address areas of health concern. One of Our Promise: 2013 Milestones is to Influence Change in Three Major Public Policies. We have targeted the following areas:

  Targeted Policies:
  - Tobacco Use
  - Food Security
  - Nutrition in Schools

  Our services are working with schools and other community partners to achieve positive changes in these areas.

- Work collaboratively with DHW, partners and community in the implementation of the policies to reduce tobacco use

  As noted above reduction of tobacco use is one of our milestone focus areas. In 2010/11 Capital Health played a major role in the successful adoption of the ban on candy-flavoured cigarettes. This work is augmented by the Community Health Board activities related to physical activity, smoking cessation, and obesity. Further to this Capital Health continues to address tobacco use through strategies/programs within our Addiction & Prevention Treatment Services and patient education. These strategies are both community and institution based. For example, we have started a smoking cessation program directed at inpatients.
• Work with DHW to establish and track progress on acute and chronic disease targets
  We continue to make great strides in this area. Not only tracking and publishing our results internally but communicating these to our citizens and stakeholders. Our Strategic Indicators Reports are available on our website and reflects progress, analysis and future plans regarding key services and outcomes. Our Quality Committee of the Board and District Quality Council review results and plans. Work is well underway to establish service scorecards which will be utilized by Quality Teams to provide timely information to support evidenced informed decisions. Our Promise 2013 Milestones each have yearly targets and benchmarks to measure against.

**Better Care Sooner**

Better Access to Primary Health Care

• Work with communities to establish plans for Collaborative Emergency Centers
  The Better Care Sooner goals have been central to our service plans. Efforts to attain these objectives are underway throughout the organization particularly within our Primary Health Care services working in collaboration with acute care and emergency departments. We continue to support this area as a priority and evidenced our commitment to this important work by supporting specific initiatives funding through our 2011-2012 business planning process.

• Improve access to Primary Care through enhanced collaborative teams and improved access in evenings and weekends
  As stated above, Capital Health has recognized the importance of this work through support of our Community Master Plan and a broad range of initiatives targeting improvements in this area.

• Establish Nurse Practitioner positions in Long Term Care as approved
  There are a number of initiatives planned and currently underway to proactively address patients in Long Term Care. Two of Our Promise 2013 Milestones specifically address this issue. The first is to put measures in place to reduce the number of Nursing Home patients seen in Emergency Departments. The goals are to decrease the volume of nursing home patients seen in the ED by 10% in 2010/11, by 15% in 2011/12 and by 25 % by 2012/2013. Our second milestone on this issue is to

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3 Action will be under way in all areas of the plan by 2014 and much begins now. Nova Scotians will be kept apprised of our progress through an annual Accountability Report on Emergency Departments. *(Better Care Sooner)*
Reduce the number of Admissions from nursing homes. The focus of these two milestones to provide better treatment in the community.

- **Better access to Emergency Care**

- Achieve standard off load time from ambulances
  Initiatives are underway to improve emergency department flow including meeting ambulance off load standard. This is one of our set indicators for evaluation of ED flow.

- Stream emergency patients into special-purpose areas
  Capital Health has a number of initiatives to address emergency flow examples include the Psychiatric Assessment Unit and most recently our Rapid Assessment Unit (RAU). The RAU has been open since October and has diverted over 1200 patients from the ED. Additional improvement initiatives are planned for 2011/2012.

- Ensure non-traditional providers are integrated in the emergency health care system
  Another of our key goals is to ensure the patient receives the right care, in the right setting at the right time. The work around this issue includes using a multi disciplinary approach within the organization. This work is being led by through our Collaborative Care Initiative, and in the community by supporting and encouraging use of alternative health services.

- Better coordinate patient movement between health facilities
  Capital Health is addressing this issue on a number of fronts. Internal to the organization we have developed a number of systems and processes to improve transfers. These include the Rapid Assessment Unit and the Emergency Transfer System (Cobequid / QEII). This year we will expand this existing functionality to facilitate transfers to from other DHAs utilizing web based referrals and our bed dashboard.

- Change emergency departments to better meet the needs of seniors and those with mental illness

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4 Minister has directed DHAs to provide an annual accountability report on Emergency Departments. *(Better Care Sooner)*

(1) In the *Better Care Sooner* plan, the Minister of DHW has directed all DHAs to adopt a patient centered approach especially with seniors and those with a mental illness. The Minister has directed every emergency department to review and adapt their processes so care is provided in a way that reflects needs of older Nova Scotians. Progress on this will be reported in the Minister’s accountability report.
Capital Health has identified the need for a Frail Elderly Strategy and investment in innovative supports and care pathways appropriate for elder care. Capital Health currently has a number of activities underway to address this need. These initiatives will incorporate services and supports within the organization and the community.

We continue our commitment to improving care for those patients with mental illnesses through targeted innovative initiatives such as: Emotion-focused Evaluation and Brief Treatment of Patients with Medically Unexplained Symptoms in the Emergency Department. This is a collaborative venture between mental health and our emergency department. Support for this project was been extended in our 2011-2012 business plan. This work is further augmented by the work of our Mental Health Mobile Crisis and Urgent Care services.

- **Plan for adoption of ER standards**
  Capital Health is working towards adoption of the Nova Scotia Emergency Care Standards. Preliminary work is underway to identify and address gaps within our system.

- **Improve response to mental health emergencies**
  As mentioned above there are a number of initiatives underway which specifically address the emergency needs of patients with mental illnesses through our Mobile Crisis Units and Mental Health Urgent Care Services. We will continue to work collaboratively across the organization and with our community partners to improve services and address barriers.

**Quality, Patient Safety and Wait Times**

- **Participate in Quality and Patient Safety Advisory Committee as required**
  We have established a District Quality Council to oversee results from our patient safety activities as well as quality team activities. The District Quality & Patient Safety Council, together with DMAC Quality Committee and Capital Health’s employees, physicians, volunteers, learners and agents, works to advance quality and patient safety at Capital Health across the continuum of care and consistent with the geographical distribution of the District. The organization has also adopted an Integrated Quality and Safety Framework to guide our work.
Work is well underway to establish service scorecards which will be utilized by Quality Teams to provide timely information to support evidenced informed decisions. Our Promise 2013 Milestones each have yearly targets and benchmarks to measure against.

- Develop plans to reduce wait times

Capital Health is addressing the issue of wait times on a number of fronts. We have implemented specific initiatives to align with the priority areas set out by the Department of Health and Wellness. These include specific surgical procedures, diagnostic imaging and mental health. Progress and analysis of our interventions regarding these initiatives is reflected in our Strategic Indicators Report which is available on our public web site. We have recently started using PARNS information to assist in development of interventions and approaches to improve surgical wait times.

As well there are a number of special projects underway, funded through our 2010-13 Business Plan to address key areas. For example, our ACCESS Clinic was recently recognized nationally – The Cardiology Nurse Practitioner Clinic (ACCESS) is designed to improve timely access to outpatient Cardiology consultation using a collaborative model that includes cardiologists, nurse practitioners and clerical and booking support. The clinic has reduced the waitlist of new patient cardiology referrals by 600 patients over six months. In addition, patient surveys on the quality of care received have been overwhelmingly positive. As a result, the Canadian Cardiovascular Society (CCS) has recognized ACCESS as an example of best practice and asked for the clinic’s participation as CCS prepares a national strategy to improve access to cardiology referrals.

- Participate in provincial efforts to achieve appropriate utilization patterns

Appropriate utilization of services across the province is recognized as being critical to our sustainability plans. Capital Health is working with DHW and the other DHAs to ensure we make the most of the available resources. There are a number of initiatives underway which will contribute to this work including a project to help identify patients waiting for services and/or transfers within and between DHAs.

- Achieve Continuing Care Integration
The integration of Continuing Care services into the district has been a positive step to developing processes which will support our patients across the continuum of care. There are a number of initiatives underway to strengthen collaborative partnerships and ensure the right resources are available at the appropriate time and within the appropriate settings. This work covers the spectrum from providing primary health care in nursing homes, use of paramedic and home care services as well as comprehensive discharge planning.

**Mental Health and Concurrent Disorders**

- Participate in the development of Mental Health Strategy as requested
  Capital Health will participate in the development of a Mental Health Strategy as requested. We are currently involved in a number of provincial initiatives to address the needs of mental health and addiction services patients.

- Develop the Psychiatric Intensive Care Unit (PICU) - Capital Health only
  Capital Health’s Psychiatric Intensive Care Unit opened April 1st 2011. There has been a Memorandum of Understanding developed with the other DHA’s with the anticipated provincial opening scheduled for April 18th, 2011.

- Develop the Youth Forensic Unit - IWK only

- Enhance Autism Services as approved

*The following are provincial initiatives that your DHA will be expected to participate in as part of the system. Please indicate your commitment to working together to achieve efficiencies in the following areas*
Back to Balance

• Bed utilization

Capital Health’s Clinical Flow Operation Group will oversee inpatient service utilization and flow improvements. They will work in conjunction with service quality teams and our Performance Excellence department to undertake a number of initiatives designed to improve utilization including:
  o Development of a comprehensive bed map for the organization
  o Quality reviews – In-patient Flow Process for Home Care and Nursing Home
  o Development of Team Scorecards. A minimum dataset will be recommended for team scorecards and team scorecard templates will be developed. Recommendations will be developed for reporting and accountability. Work will be coordinated through work with quality teams and quality and patient safety councils.
  o Utilize length of stay LOS benchmarks and develop actions to realize improvements.
  o A review of Capital Health emergency department arrival times will be undertaken to support the most appropriate target discharge time.
  o Bed management systems best practice. This will include an examination of current and best practice for bed management systems, which will inform further decision making to improve bed management and flow within the organization.

• Staff scheduling

Capital Health’s internal centralized staffing initiative is underway and will be expanded within the organization in the next fiscal year.
Capital Health is participating in the provincial initiative to implement an electronic staff scheduling system.

• Group purchasing and shared service

Capital Health is involved in the group purchasing and shared service discussions and projects being undertaken within the province.

• Standardizing wound care
There are a number of initiatives underway to address wound care including development of wound care clinics within the community e.g. Family Practice, North Preston Wellness Clinic.

- Re-examining the current utilization of addiction services inpatient beds
  Addiction Prevention & Treatment Services are undertaking a complete review of their inpatient services which will include inpatient bed utilization.

- Re-examining drug utilization (i.e., provincial formulary, drug utilization in long term care)
  Drug utilization reviews are a part of Capital Health’s on-going commitment to quality care.

- Reprocessing single use items
  Capital Health is undertaking an initiative to explore the opportunities for reprocessing single use items.

- Standardizing DI/lab 'pathways' protocols
  Capital Health Laboratory and Diagnostic Imaging services strive to follow standardized pathway protocols and regulations.

- Utilizing LEAN and similar techniques to provide better, more effective services for Nova Scotians
  Capital Health utilizes LEAN techniques and has realized positive results. Several initiatives are currently underway including LEANING of our Microbiology lab to achieve quicker turnaround times and handle higher volumes.

**Health Human Resources**

- Continuing to expand the number of sites implementing Models of Care
  Capital Health will continue its work in implementing Models of Care. This initiative received approval for continued funding through the 2011/12 Business Plan process.

- Participate as requested in Physician Resource Plan development
  Capital Health will participate in Physician Resource Plan development as requested.
**G3 Priority Capital Equipment**

**Instructions:** List your top three capital equipment priorities with estimated costs and a brief summary of why it is required.

**Table 1 Capital Equipment Priorities**

<table>
<thead>
<tr>
<th>Equipment Description</th>
<th>Reason for requirement</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digital Dual Detector Unit</td>
<td>During the first week in February 2011, one of the imaging rooms (Room 3204) at the VG site was shut down because of failure of the x-ray tube and high voltage cable. As well, the chest unit (Room 3245) was shut down due to image quality problems, image artifacts that result in misinterpretation and misdiagnosis; a significant patient safety issue. An additional unit (Room 3203) has been out of service for over a year due to service issues and unavailability of replacement parts. One digital dual detector unit will replace all three of these machines. (Cost estimate includes installation costs.)</td>
<td>$650,000.00</td>
</tr>
<tr>
<td>Surgical Lighting Upgrade</td>
<td>Appropriate overhead surgical lighting solutions are critical to performing surgery in a safe and effective manner. The current lighting fixtures infrastructure is seriously antiquated, making it grossly inadequate for the majority of surgical procedures. This is particularly problematic as more complex procedures are moved from the other OR's to minor procedures to assist in wait list reductions. Furthermore, most lights are neither supported any longer nor have parts available. Breakage level will lead to OR closures in the very near future. The current OR lights do not have sterile handles making them even more difficult to use.</td>
<td>$2,400,000.00</td>
</tr>
<tr>
<td>Single Plane Cardiac Cath Lab</td>
<td>Having significant service and image problems. (Cost estimate includes $250,000 each for renovations).</td>
<td>$3,400,000.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>$6,450,000.00</strong></td>
</tr>
</tbody>
</table>
**G4 Capital Infrastructure**

List your top 10 R&R projects, identify the facility, and provide an estimate of the cost. You are not required to submit the full detail with this plan as required by the Repair/Renewal Project Request form. However, you should have the detail available for review by the Department upon request.

**Table 2 Top 10 R&R Projects**

<table>
<thead>
<tr>
<th>Facility</th>
<th>Project</th>
<th>Cost Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>QEII VG</td>
<td>Recladding Program (2 Year)</td>
<td>$5,000,000</td>
</tr>
<tr>
<td>Dartmouth General</td>
<td>Washroom Repair (Phase 3) (4 years)</td>
<td>$3,750,000</td>
</tr>
<tr>
<td>QEII VG &amp;HI</td>
<td>Fuel Tank Replacements (Phase 1 of 3)</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>QEII HI</td>
<td>Cooling Tower Replacement</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Eastern Shore Memorial</td>
<td>Replacement of Sewage Treatment Plant</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Dartmouth General</td>
<td>Chiller Upgrade</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Hants Community Hospital</td>
<td>Replacement of Emergency Power System</td>
<td>$900,000</td>
</tr>
<tr>
<td>Dartmouth General</td>
<td>Emergency Generation System</td>
<td>$750,000</td>
</tr>
<tr>
<td>Hants Community Hospital</td>
<td>Humidification System</td>
<td>$750,000</td>
</tr>
<tr>
<td>QEII - Veterans Memorial</td>
<td>Repointing &amp; Brick Tie Replacement</td>
<td>$730,000</td>
</tr>
</tbody>
</table>

Describe how your priority R&R projects align or support the Master Plan for your District.

The majority of our Repair and Renewal requests can be classified as maintaining aging infrastructure. These projects support the master plan from the perspective of identifying the need to rebuild new buildings due to the deteriorating condition of our buildings’ exterior cladding, elevators, underground tanks and electrical systems to name a few.

Provide an executive summary of the Master Plan for your District. Include the original date of the Master Plan and any revisions. If no Master Plan is available, please outline what work has been done to prioritize the DHA’s requirements.
Rev #1 – Presentation to Honourable Chris d’Entremont – Oct 14th, 2008
Rev #2 – Presentation to Honourable Karen Casey – Jan 23rd, 2009
Presentation to Capital Health’s DMAC (District Medical Advisory Committee) – Jan 22nd, 2010
Presentation to Capital Health’s Resource Committee – March, 2010
Presentation to DOH Senior Staff – March, 2010

The Facilities Master Plan for the Capital District Health Authority has evolved over 2009/2010 to discussions involving several options for phase 1, which spans over the next eight to 10 years (2009 – 2019) and primarily focus on replacing obsolete facilities and improving operational efficiency:

- Relocation of Remaining Acute Inpatient Beds from Centennial and Nova Scotia Hospital with the Completion of New Construction and Renovation at the Halifax Infirmary Site.
- Development of a New Education and Administration Space for the VG and HI Sites with a parking/transportation strategy developed.
- Construction of Ambulatory Clinics on the VG Site
- Expand Capacity at Dartmouth General Hospital
- Expansion of the Dickson Building to Execute the Provincial Master Plan for Cancer Care Services
- Demolition and Disposal of Centennial and Victoria Bethune Buildings.
- External to Phase 1, Laboratory Services planning has evolved to the point where from a logistical planning perspective it could happen, irrespective of the phase 1 timelines and dependencies.

Next Steps:

Facility Planning has been working on an overview for phase 1 to provide an update to the provincial government in the summer of 2010. The package under development has a high level text and diagram overview with a visual 3D presentation showing the various buildings being modified.

We have also been asked to provide some of the business case planning for this initiative, which we will be working on over the next several weeks in anticipation of the next presentation to DOH.
Appendix A – Financial Schedules

All financial schedules are compiled in a separate Excel file which is considered an integral part of the complete Business Plan.
Appendix B – Statement of Mandate