People Centered Health Care
Transition Planning for
DHA Consolidation

June 25, 2014
Vision & Goals Consolidation Project

Vision:

• *People Centered Health Care - Developing solutions so all Nova Scotians get the care they need when they need it.*

Goal:

• Successfully consolidate the 9 district health authorities (DHA) into one provincial health authority, with the IWK remaining as a separate authority, by April 1, 2015.

• Enable a provincial approach to health services that puts people first, promotes health and wellness, provides safe and quality care, and creates an accessible, effective, streamlined and sustainable provincial health care system.
Value our Strengths

• Health system staff, physicians and volunteers are caring, compassionate, dedicated, resourceful

• Employees are making lives better, working hard and making the province a better place to live

• System is moving towards integration:
  – Orthopedic Working Group
  – Cardiovascular Health Nova Scotia
  – Merged Services Nova Scotia
  – Adverse Events policy
  – Diagnostic Imaging, Pathology & Laboratory Management
  – ER standards
  – Model of Care Initiative
Context for Change

• Nova Scotia Environmental Scan
  – High rates of preventable, chronic diseases
  – One of the oldest populations in Canada
  – Aging health care workforce
  – Rising health care costs
  – Small population

• The Rapid Pace of Change in Health Care
  – The rapidly changing nature of health care -- including technological advances – calls for a system that is nimble to adapt and innovate

• Complex Systems & Governance Structure
  – Nine district health authorities and the IWK Health Centre
  – Complex labour environment
  – 22 regulated health professions
  – Inequities in access to services across the province and competing interests
Limitations of Current Structure

• Lack of singular purpose, direction, culture and accountability leading to variable care and outcomes
  – 10 different strategic plans, vision statements and operational goals

• Technological barriers remain despite best efforts to consolidate
  – SAP system was intended to standardize approaches – still considerable variation

• Resource capacity in the smaller DHAs creates gaps and risks
  – Single incumbent positions (e.g. legal counsel, internal medicine)

• Current structure leads to inter-district competition for health professionals and resources

• 10 structures for approximately 900,000 residents

• Limited coordination and standardization (administrative and clinical) results in inefficiencies
Benefits of Consolidation

• **Access to more consistent, quality care**
  – Integrate services where it makes sense
  – Provide more equitable access to specialized services
  – Develop province-wide plans

• **More effective service delivery**
  – Take a provincial approach to plan and deliver services
  – Standardize programs and policies
  – Assign resources where we need them
  – Shift the focus from sickness to health and wellness

• **More streamlined and affordable**
  – Streamlined and efficient governance/management with elimination of duplication
  – Refocus resources on services and outcomes

• **Stronger accountability**
  – More consistent data gathering and reporting
  – Identify issues, trends, and ensure resources are targeted for greatest impact
  – Better able to measure how well the system is performing
Transition & Design Team

• Comprised of DHW staff and DHA/IWK senior leaders (seconded through expressions of interest)

• Responsible for developing transition plan and recommending administrative structure for new health authority/four management zones

• Transition/design work informed by *What We Heard Report*

• Transition & Design Team’s recommendations will be provided to Government for decision-making

• Terms of reference: [http://novascotia.ca/dhw/PatientCentredHealthCare/](http://novascotia.ca/dhw/PatientCentredHealthCare/)

• Not involved in current operations
Team Members

• DHA, IWK & MSNS staff:
  – Dr. Lynne Harrigan, vice-president medicine at Annapolis Valley Health
  – Dr. Steven Soroka, vice-president medicine at Capital Health
  – Kathy MacNeil, vice-president people at Capital Health
  – Allan Horsburgh, CA, chief financial officer and vice president, operations and support services at the IWK Health Centre
  – Colin Stevenson, Merged Services NS, formerly of Colchester East Hants Health Authority (CEHHA)
  – Krista Wood, director of public relations, CEHHA
  – Greg Boone, director of public affairs, Cape Breton District Health Authority

• Provincial government employees:
  – Frances Martin, associate deputy minister
  – Paula English, chief of program standards and quality
  – Kevin Elliott, chief financial officer
  – Tracey Barbrick, chief of policy and intergovernmental affairs
  – Rollie King, executive director labour relations
  – Ross McLaren, director of communications
  – Michele McKinnon, special projects
  – MJ MacDonald, executive director quality, patient safety and wait times
Project Governance

- Executive Council Committees
- IWK
- Minister, DHW
- Deputy Minister, DHW (Project Sponsor)
- Advisory Panel
- Provincial Shared Services

DHA Consolidation – Transition and Design Team
Pat Lee, Transition and Carmelle d’Entremont, Co-Leads
Project Management Office, Colin Stevenson

Work Streams & Leads
Project Governance

WORK STREAMS & LEADS

Legislation, Regulations, and By-Laws – Tracey Barbrick

Governance – Tracey Barbrick/Carmelle d’Entremont

Labour Relations/Workforce Adjustment – Rollie King

DHW and Partner Impacts – Carmelle d’Entremont

Vision, Mission and Goals of New Authority – Pat Lee

Design Principles and Design of New Authority Management Structure – Pat Lee

Medical and Clinical Governance, Research and Academic Mandate – Dr. Steven Soroka and Dr. Lynne Harrigan

Executive - Kathy MacNeil

Legal Obligations – Pat Lee

Clinical/Health Services – Paula English

Finance, Business, and Systems – Kevin Elliott and Allan Horsburgh

Quality, Patient Safety, Risk Performance and Accountability Framework – MJ MacDonald

Communications – Ross McLaren
Provincial Shared Services Project

**Health**
- Build structure & processes for Health only
  - Provincial Authority & IWK
    (Facilitated by Internal Services Department)
- Financial Services
- Human Resources
- IT Clinical Applications
- Supply Chain Logistics
- Building Infrastructure/Asset Management
  (Excluding Project Services Major Construction $1M+)

**School Boards**
- Status Quo - Finance, HR & BI/AM
  (Excluding Project Services Major Construction - $1M+)
- BI/AM Review Included:
  - Plant Operations Maintenance
  - Engineering Env. Services
  - Grounds Security
  - Property/Real Estate
  - Major/Minor Construction

**Province**
- Build structure & processes for Province of Nova Scotia only
  (Facilitated by Internal Services Department)
- Financial Services
- Human Resources
- BI/AM
  (Excluding Project Services Major Construction $1M+)

**Province-wide Shared Services – Multi-Sector**
Operated by Departments of Internal Services (ISD) & Transportation & Infrastructure Renewal (TIR)
(with significant design input from DHW/DHA/IWK staff and managed through formalized agreements)
- Strategic Sourcing and Procurement - contract management etc... (ISD)
- Information Technology - architecture, help desk, strategy, infrastructure (ISD)
- Building Infrastructure/Asset Management – Project Services for Major Construction $1M+ (TIR)
Transition & Design Team

Focus of Transition to April 1, 2015:

• Work will primarily impact the nine DHAs and will also closely integrate and align with the IWK, DHW and organizations like the Health Association Nova Scotia and Merged Services Nova Scotia, given the close links between all of these organizations.

• Primarily administrative structure for DHA and zones, with enablers to improve clinical and service delivery over time (post implementation).

• For April 1, 2015 design changes will primarily impact:
  – Executive structures, including CEOs, those reporting to them (VPs, Directors, administrative support)
  – Management structure for Laboratory/Diagnostic Imaging Services (building on current work underway, to be integrated with health transition)
  – New reporting relationships will be clearly defined to ensure continuity
  – Provincial Shared Services (multi-sector and health sector)
Implementation & Future Planning

After April 1, the new provincial health authority will be responsible for additional implementation/planning activities:

• Clinical re-design

• Full system policy and program integration

• Full redesign of management functions and roles (will occur over time, after April 1, 2015 implementation)
What is Defined

• There is a firm deadline for transition to new provincial health authority on April 1, 2015
• Moving from 10 to 2 health authorities - one provincial health authority and the IWK, with two separate CEOs
• From 10 to 2 Boards of Directors– one provincial authority and the IWK
• The transition work will not affect front line care or result in significant clinical services re-design (structure will enable provincial health services planning)
• There will be four management zones within provincial health authority
• 37 Community Health Boards maintained. Strengthened role
• No change to foundations and auxiliaries.
What is Defined

• All legal obligations (incl. MOUs) with DHAs will transfer to the new health authority

• Administration will be streamlined. Some positions will be impacted

• Staff will be treated fairly
  – Terms/conditions of employment will be honoured for management/non-union staff
  – Collective agreement provisions will be honoured for bargaining unit positions impacted

• Early retirement packages/or early departure incentives will not be offered

• The DHA consolidation will lead to one employer for DHA employees, outside of the IWK

• After April 1, as the new organization evolves, there will be other changes, including management structures and reporting relationships
Engagement

- What We Heard Report
  - Enable provincial planning while respecting local needs/issues
  - Streamline the system to maximize every health dollar
  - Shift the focus from illness to health and wellness

- Work stream lead activities
- Research and engagement through focus groups
- Ongoing conversations with health care workers, stakeholders and public
## Key Milestones

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<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>Jan- May 2014</td>
<td>Minister’s DHA/IWK Tour</td>
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<td>April 2014</td>
<td>Transition Lead appointed</td>
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<td>May 28, 2014</td>
<td>Announcement of DHA Consolidation Transition &amp; Design Team</td>
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<td>June 3, 2014</td>
<td>Release of Minister’s tour report – <em>What We Heard</em></td>
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<td>June 30, 2014</td>
<td>DHA Boards dissolved</td>
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<td>July 1, 2014</td>
<td>Official Administrator begins work, assumes duties of Board of Directors</td>
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<td>June-Sept 2014</td>
<td>Transition &amp; Design Team leading activities to support development of administrative structure recommendations</td>
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<td>Summer 2014</td>
<td>Geographic boundaries of management zones confirmed</td>
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<tr>
<td>Fall 2014</td>
<td>New executive administrative structure recommended/approved</td>
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<td>Fall 2014</td>
<td>Executive job descriptions finalized and evaluate</td>
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<td>Fall 2014</td>
<td>Legislation introduced</td>
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<td>Fall 2014</td>
<td>Recruitment of new health authority board members begins</td>
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<td>Fall-Winter</td>
<td>CEO and executive positions filled</td>
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<td>Jan-March 2015</td>
<td>New board selected and oriented</td>
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<td>April 1, 2015</td>
<td>Legislation effective, DHAs dissolved, new Health Authority created</td>
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<td>April 1, 2015</td>
<td>New Health Authority Board meets and approves by-laws</td>
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<td>April 1, 2015 onward</td>
<td>Implementation – on-going integration and multi-year transformation</td>
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Our Opportunity...

To unite as a system -- “one province”
planning and thinking as one

To lay a foundation for a system
that is sustainable for generations

Fulfill our long held aspirations –
health, quality, safety...
Questions/Comments?

DHA Consolidation - Patient Centered Health Care website:
http://novascotia.ca/dhw/PatientCentredHealthCare/

Email address:
health-transition@gov.ns.ca