

Health and Community Services

Annual Report

2017-18





MESSAGE FROM THE MINISTER

I am pleased to present the 2017-18 Annual Performance Report for the Department of Health and Community Services in accordance with its requirements as a category one entity under the **Transparency and Accountability Act**. This report outlines the first year in the three-year reporting cycle for the department's 2017-20 Strategic Plan and lays out the accomplishments and progress made thus far. As Minister of Health and Community Services I acknowledge my accountability for the preparation of this report, the accomplishments, and any variances contained herein.

With the support of our stakeholders, my department has made significant strides in modernizing and streamlining the delivery of services, while using eHealth technology and evidence to improve the overall quality of health and community services in the province. Advances in mental health and addictions, acute and long-term care health infrastructure, home and community care supports, primary health care and forward-thinking legislation are just some of the initiatives implemented by the department in 2017-18.

We are making significant enhancements to support the health care system through the Triple Aim approach of better health, better care, and better value and by continuing to fulfil commitments outlined in **The Way Forward**. I look forward to working with my colleagues and partners as we continue to work to build a higher quality, sustainable health care system.

A handwritten signature in black ink, appearing to read "John Haggie". The signature is stylized and includes a large initial "J".

Hon. John Haggie
Minister of Health and Community Services

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Departmental Overview

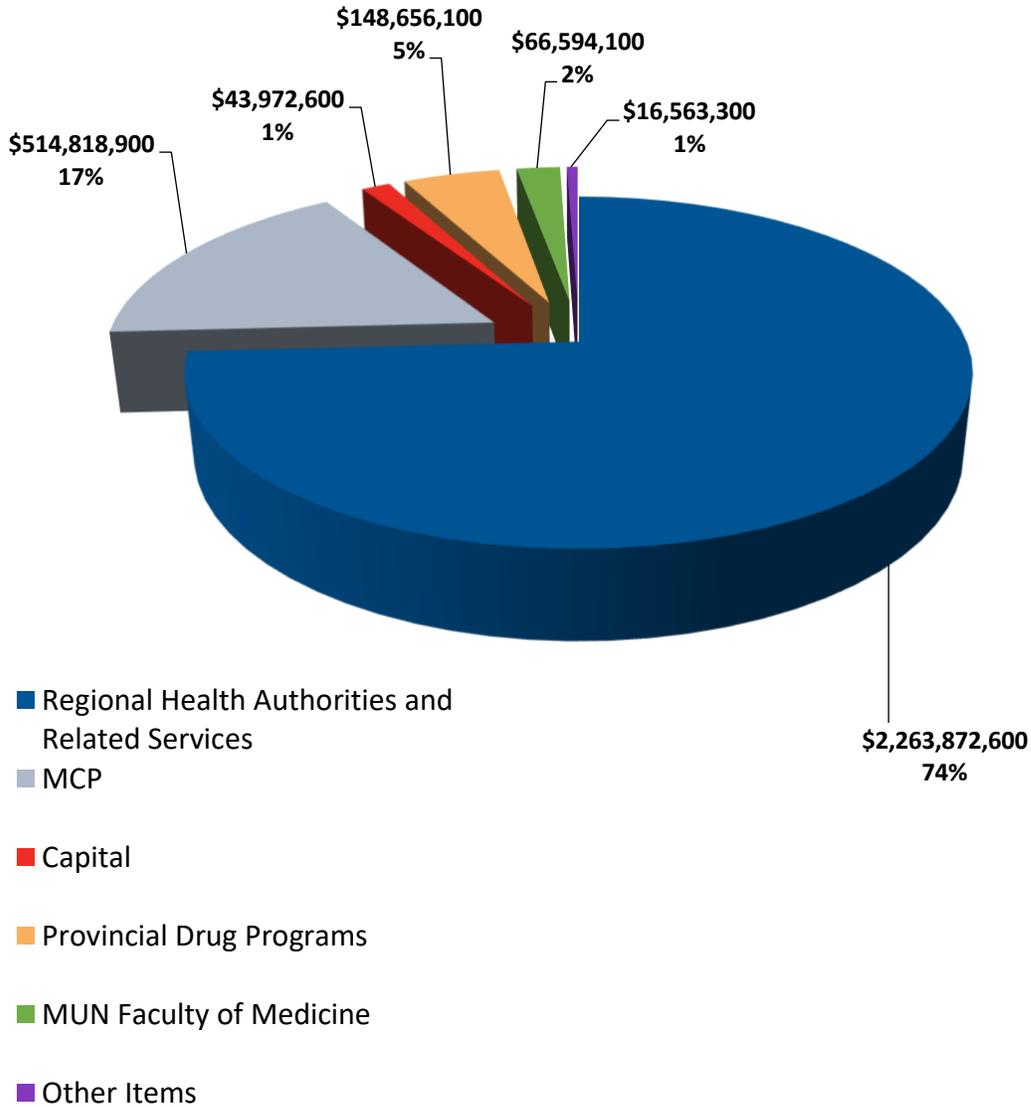
The Department of Health and Community Services is responsible for setting the overall strategic direction and priorities for the health and community services system throughout Newfoundland and Labrador.

In keeping with its mandate, the department works to provide leadership, coordination, monitoring and support to the Regional Health Authorities (RHAs) and other entities that deliver programs and services; ensure 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.

As of March 31, 2018, the department employed 210 staff in four locations across the province: Confederation Building (West Block) and Major's Path in St. John's, Grand Falls-Windsor and Stephenville.

Information on the department's mandate, lines of business and branches and divisions can be found at: www.health.gov.nl.ca/health/department/index.html

Where Health Dollars are Spent 2017-18 Actual Expenditures



Total = \$3,054,477,600

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

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Staff and Budget

Division	# of Employees	Budget
Minister's Office	4	\$284,100
Executive Support	10	\$927,000
Communications	2	\$179,000
Financial Services	10	\$459,600
Administrative Support	3	\$824,000
Information Management	9	\$875,000
Insured Services	27	\$1,464,500
MCP St. John's	6	\$300,900
MCP Grand Falls-Windsor	27	\$1,567,200
Audit Services	12	\$806,800
Pharmaceutical Services	19	\$1,529,700
NLPDP Assessment Office	12	\$601,400
Physician Services	9	\$989,200
Regional Services	13	\$1,414,300
Provincial Blood Coordinating Program	3	\$280,500
Infrastructure Management	1	\$103,800
Public Health	9	\$934,000
Mental Health and Addictions	13	\$1,290,200
Primary Health Care	7	\$572,500
Policy, Planning and Evaluation	10	\$1,436,900
Health Workforce Planning	4	\$360,500
Total	210	\$17,201,100

Highlights and Partnerships

During 2017-18, the department advanced a number of initiatives, including those in partnership with federal/provincial/territorial committees and organizations, with other Provincial Government departments and agencies, RHAs, municipalities, educational institutions, and community-based groups. Below are some highlights of the work completed in 2017-18.

Finalized Agreement with Government of Canada to Strengthen Health Care in the Province

In January 2018, the Government of Newfoundland and Labrador announced that it had achieved a bilateral agreement with the Government of Canada, outlining how this province will invest its share of targeted federal funding in health care. Newfoundland and Labrador was the second province to reach such an agreement.

Through this agreement, approximately \$72 million will be invested in targeted federal funding over five years that will improve access to home and community care and mental health and addictions services. It will support the Province's priorities to develop a Home First Integrated Network, implement a province-wide palliative care approach, and enhance home care for persons with dementia. The agreement will also help create a system of integrated mental health services for children, youth and emerging adults, introduce e-mental health services in the province, improve access to addictions services and improve community-based mental health services. These activities align with the objectives and pan-Canadian priorities set out in the Common Statement of Principles on Shared Health Priorities released in August 2017.

Increased Number of Long Term Care Beds

The department has actioned its commitment to meet the needs of an aging population by increasing the number of long-term care beds available throughout the province and relieving the pressure on the healthcare system. Some highlights include: commencing the construction of the new long-term care facility in Corner Brook, to open in 2020; engaging processes to start the construction of the new 60 bed long-term care facilities in Gander and Grand-Falls Windsor in 2019; allocating a \$4 million budget to the 20 bed expansion of the protective care unit at the Dr. Hugh Twomey Health Centre in Botwood; and funding an additional 28 beds for the new long-term care facility in Carbonear.

Expanded Program to Include HPV Vaccine for Boys

The Provincial Government expanded its publicly-funded vaccination program for school-aged children to include the Human Papilloma Virus (HPV) vaccine for boys. Through an annual investment of \$360,000, the HPV vaccine was made available to all Grade 6 children in the province in September 2017. Expanding the Province's publicly-funded vaccination program to include the HPV vaccine for boys is aligned with

recommendations by Canada's National Advisory Committee on Immunization. HPV can lead to a variety of cancers and the HPV vaccine can help prevent HPV-related diseases or cancers if received at a young age. Immunization can prevent more than 70 to 84 per cent of certain cancers and 60 to 90 per cent of high risk pre-cancer cervical lesions.

Reached Midwifery Milestone

A major milestone was reached in the implementation of regulated midwifery in the provincial health care system. In September 2017, a midwifery consultant was successfully recruited to work with the RHAs, and other key stakeholders, to lay the groundwork for midwifery in the public healthcare system. This included designing a service delivery model and developing policies.

This recruitment built on the introduction of the **Midwives Regulations**, which came into force on September 30, 2016, under the **Health Professions Act**. The consultant is formally registered with the Newfoundland and Labrador Council of Health Professionals, making this person the province's first registered midwife under the **Health Professions Act**.

Launched the Chronic Disease Action Plan

The Chronic Disease Action Plan was released in June 2017. The plan contains a series of concrete initiatives focused on prevention, self-management, treatment and care. Each initiative highlights specific actions to support health care providers in delivering quality, person-centred care and to empower people to achieve personal health goals. Key initiatives in the plan include:

- Launch the BETTER (**B**uilding on **E**xisting **T**ools **T**o Improve Chronic Disease Prevention and Screening in Primary Care) program to provide one-on-one lifestyle coaching;
- Expand the HealthLine to include the services of registered dietitians;
- Expand Remote Patient Monitoring programs by the end of the year;
- Increase the use of Telehealth in community-based offices and clinics; and
- Launch a new Chronic Disease Registry.

The Chronic Disease Action Plan balances the need to improve health and address key priorities outlined in **The Way Forward** while remaining fiscally responsible. It forms part of a broader health sector approach, enhancing community-based supports, redesigning primary health care services and complementing ongoing healthy living work underway through the Department of Children, Seniors and Social Development.

New Prescription Monitoring Program Legislation to Address Drug Abuse and Inappropriate Prescribing

To address the inappropriate dispensing of at-risk drugs, such as opioids, the Prescription Monitoring Program and the **Prescription Monitoring Act** were developed in consultation with the Prescription Monitoring Program Advisory Committee. The committee included representatives from provincial regulatory bodies, law enforcement, community partners and several provincial government departments.

As part of the legislation, physicians and other prescribers have to review a person's complete medication history using HEALThe NL before writing a prescription for an opioid. The Newfoundland and Labrador Centre for Health Information (NLCHI) will be responsible for the administration of this program.

Report on Performance

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

1. Community supports and capacity building
2. Primary health care
3. Mental health and addictions
4. eHealth technology and evidence to improve health care delivery
5. Service delivery improvements

Within each priority area, a three-year goal along with annual objectives and indicators were identified to guide the department towards achieving its desired outcomes. This report includes progress and results toward the 2017-18 objectives.

Issue One: Community Supports and Capacity Building

Strong community supports are necessary to ensure residents of the province are able to live safely in their own homes as they age, recover from illness and injury, or live with a disability. Individuals who do not have appropriate supports to meet their healthcare needs in their homes often stay in the hospital longer after illness or injury or require long-term care in a healthcare facility. Strong community supports can help reduce the burden on the acute care system through reduced emergency department visits, length of stay, readmission rates and "Alternate Level of Care"¹ (ALC) while helping individuals access appropriate levels of care in their homes or in the community.

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

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In 2017-18, the department committed to building the capacity of community support systems in the province. In this regard, the department has worked to increase awareness of community supports that are available through the Home Support Program. Through the implementation of the Home First initiative, individuals will have the supports necessary to return home after hospitalizations. Clients from all regions throughout the province can access Home First supports through an integrated network of professionals that uses an intensive case management model to ensure a person receives the right care, at the right time, from the right provider and at the right cost. In the past fiscal year, the department has increased focus on prevention initiatives, such as developing a healthy living assessment for seniors that helps individuals aged 70 or older stay in their homes longer. Furthermore, the department has worked diligently to improve the support available for children living with Autism Spectrum Disorder (ASD).

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

Objective 1: By March 31, 2018, the Department of Health and Community Services will have initiated the enhancement of community supports to facilitate the uptake of community-based services.

Planned	Actual
Work with each RHA to implement the Home First Initiative in each region	In 2017-18 the department worked with the four RHAs to begin implementing the Home First initiative. Since June 2017, over 450 clients from all regions throughout the province have accessed Home First supports through the Home First Integrated Network. This network of professionals uses an intensive case management model to ensure a person receives the right care, at the right time, from the right provider and at the right cost. The Home First Integrated Network supports individuals with complex needs in their own homes by providing quick access to home support, rehabilitation, nursing, counselling, medical equipment and supplies.
Promoted the provincial home support program across all healthcare and community sectors	To promote the Provincial Home Support Program, in 2017-18 the department delivered informative presentations to the four RHAs, as well as community groups and organizations such as the Newfoundland and Labrador Public Sector Pensioners' Association (NLPSA), the

	<p>Provincial Advisory Council on Aging and Seniors, the Newfoundland and Labrador Association for Community Living (NLACL), and the Newfoundland and Labrador Association for Public and Private Employees (NAPE).</p> <p>Additionally, brochures and a client handbook were developed to provide residents of the province with information on what services are available and how to contact their local RHA to avail of these services. Over 5,000 copies of these resources have been distributed across the province to health care and community facilities. Both documents are also available online:</p> <p>Client handbook: www.health.gov.nl.ca/health/personsdisabilities/pdf/home_support_program_client_handbook.pdf</p> <p>Brochure: www.health.gov.nl.ca/health/personsdisabilities/pdf/home_support_brochure.pdf</p>
<p>Designed healthy living assessments for individuals 70 years of age and older</p>	<p>A Healthy Living Assessment for Seniors (HLAS) will provide individuals aged 70 and over and their families with an opportunity to identify health-related issues that are potentially preventable or amenable to interventions to improve a senior's health and quality of life. Through these assessments, seniors will be able to identify and resolve issues early to help them live healthier lives and support them to stay in their homes. In 2017-18, the HLAS tool was designed by a working group consisting of inter-governmental departments and key stakeholders. Due to competing priorities, the assessment tool is still being finalized. The department is currently working to ensure that the HLAS appropriately reflects the needs of the target population.</p>

<p>Increased the treatment options available for children living with Autism Spectrum Disorder (ASD)</p>	<p>Joint Attention Symbolic Play Engagement Regulation (JASPER) is a new evidence-based autism treatment that has shown significant, long-term positive results in improving developmental outcomes in minimally verbal children. Clinicians are undergoing training in JASPER and Master Trainers are obtaining coaching certification by autism experts from University of California, Los Angeles (UCLA). The telehealth option has allowed for improved access to training for clinicians, and subsequently, has improved access to treatment for children living in rural and remote areas. All clinicians will be trained by fall 2018. As such, the RHAs will be ready to offer this service province-wide by fall 2018.</p>
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Discussion of Results

During 2017-18, the department was successful in meeting key objectives in the area of community supports and capacity building through the achievement of the indicators set out for the reporting period. Implementation of the Home First initiative is ongoing and the department continues to increase awareness and improve delivery of the Home Support Program. Through the ongoing implementation of JASPER, the training phase has allowed for improved access to training for clinicians, and subsequently, improved access to treatment for children living in rural or remote areas. This evidence-based autism treatment service will be available to all RHAs for province-wide implementation by fall 2018. The department designed a Healthy Living Assessment for Seniors (HLAS) in collaboration with stakeholders; however, the tool was not finalized. The department is working to ensure the tool appropriately reflects the needs of the target population.

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

Indicators

- Continued implementation of the Home First initiative in each region with a focus on increasing access to Dementia and Palliative Care.
- Improved service delivery of the Home Support Program.
- Implemented and evaluated the Healthy Living Assessment for Seniors at one demonstration site to inform further rollout.
- Enhanced community supports for individuals with disabilities.
- Developed and administered a tool to measure patient/client satisfaction with community based services.

Issue Two: Primary Health Care

Primary Health Care encompasses a range of community-based services that are essential to maintaining and improving health and well-being and includes visits with a family doctor, community health nurses, physiotherapist, and pharmacists, for example. Primary health care is essential for the prevention and treatment of illness and disease, typically more convenient, located closer to home, and significantly less costly than treating people in an acute care setting. Effective primary health care has been proven to keep individuals and communities healthy and to increase access to acute care services for those who truly need them.

In 2017-18, the department committed to improving access to primary health care supports by expanding the number of primary health care teams throughout the province, facilitating cross-disciplinary collaborations, and increasing the use of technology to improve the delivery of health care services.

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

Objective 1: By March 31, 2018, the Department of Health and Community Services will have established primary health care services and interdisciplinary teams across the province.

Planned	Actual
<p>Established primary health care services and interdisciplinary teams</p>	<p>In 2017-18, the department established the province’s first collaborative PHC teams located in the Burin Peninsula, Bonavista, Botwood and St. John’s. The department has also initiated work to develop an additional nine collaborative primary health care teams in areas including Corner Brook, Happy Valley-Goose Bay and surrounding areas, Stephenville, Gander and the Connaigre Peninsula. The work initiated by the teams in several of these sites has already produced positive outcomes.</p> <p>For example:</p> <ul style="list-style-type: none"> • In Corner Brook, a new collaborative Primary Health Care clinic is being established to serve patients without access to a family physician. The core

	<p>clinical team was identified during fiscal 2017-18 and includes a physician and a Licensed Practical Nurse (LPN) trained as a BETTER prevention practitioner to provide top-of-scope chronic disease screening and management services. An expanded team has also been established to encompass coordinated services of additional providers, as well as RHA leadership and support staff. The clinic will utilize an electronic medical record (EMR) and e-versions of the BETTER screening tools. The team has established mechanisms supporting access to high quality care, integration with the community, and attachment and continuity between individuals and core providers;</p> <ul style="list-style-type: none"> • In Bonavista, data indicates that diabetes management has improved. For example, there has been a 50 per cent increase in referrals to the diabetes collaborative and a 15 per cent improvement in Hemoglobin A1C testing. Data also indicates that use of the Emergency Department has been reduced (13 per cent decrease from 2015-16 to 2017-18) and overall access to primary health care has been strengthened; • On the Burin Peninsula, wait times for mental health and addictions services have gone from 180 days to zero days in 2017-18. Access to same day services has improved for those requiring immediate attention, a new single session mental health counseling service has been established, and a new suicide prevention program has been introduced; and
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	<ul style="list-style-type: none"> • Botwood became the first site in the province to provide same day access to mental health counselors via telehealth. This model improves the efficiency of offering on demand services in rural communities with limited capacity/demand.
<p>Introduced remuneration schemes (e.g. fee codes for physicians) to facilitate cross-discipline collaboration</p>	<p>In 2017-18, two new physician fee codes were approved by the Family Practice Renewal Committee, with full implementation planned for fall 2018. As referenced in the current MOU with the Newfoundland and Labrador Medical Association, these include a telephone management code and a collaborative care code. The MOU also established the Family Practice Renewal Program to focus on team-based care in family practice. Additionally, the department is working on the development of a Family Practice Nursing Program to support the integration of more Registered Nurses into Family Practice.</p>
<p>Increased use of Electronic Medical Records (EMR)</p>	<p>EMR enrollment and use has been increasing steadily since inception of the program in 2015.</p> <ul style="list-style-type: none"> • On March 31, 2017 there were 62 users live: 38 fee-for-service (FFS) Family Physicians and 10 FFS Specialists, 7 Salaried Family Physicians and 5 Salaried Specialists, and 2 Nurse Practitioners. • On March 31st 2018 there were 173 users live: 117 FFS Family Physicians and 27 FFS Specialists, 18 Salaried Family Physicians and 5 Salaried Specialists, 5 Nurse Practitioners, and 1 Psychologist. <p>Eastern Health has deployed a single collaborative EMR instance encompassing teams from six separate RHA facilities,</p>

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	<p>and two community clinics on the Bonavista and Burin Peninsulas, and in St. John's. The single RHA instance enables communication and coordination of care between providers internal and external to the RHA including fee-for-service and salaried physicians, as well as nurses and allied health staff. Clinical readiness preparations for a second RHA instance of the EMR was launched in Western Health (Corner Brook) in June 2018 and is expected to be completed in Labrador-Grenfell Health (Sheshatshui) in fall 2018.</p>
<p>Number of patients accessing primary health care services at select sites</p>	<p>EMR data from all instances within the province indicate that there were over 120,000 unique patients receiving care as of March 31, 2018. EMR data from the initial Primary Health Care Improvement sites within Eastern Health indicate that there are 14,931 individuals receiving services. This encompasses a subset of total encounters within the RHA PHC service areas on the Burin and Bonavista peninsulas since December 2016 (EMR data have become available in a staggered fashion as deployment proceeds).</p>
<p>Reduction of emergency department visits by the same patients at select sites</p>	<p>Data shows that Emergency Department (ED) visits are reducing in areas where primary health care work is ongoing. For example, in Bonavista, there has been approximately a 13 per cent decrease in ED visits from 2015-16 to 2017-18. Consequently, data collected from the Bonavista Health Centre health records showed that primary care clinic volume increased over the same period. Further, Burin is showing a reduction in less-urgent ED visits, decreasing from approximately 84 per cent in 2015-16 to 77 per cent in 2017-18. This suggests that care for less urgent and non-urgent patients is shifting from the ED to primary care clinics. The department is not able to report on</p>

	<p>individual patients at this time as current processes do not enable the department to feasibly follow ED utilization patterns at the case level. However, plans are underway to enhance the province’s health analytics environment that will facilitate this type of analysis. Beginning in 2018-19, this is being implemented in a phased approach requiring on-going process and infrastructure enhancement with eHealth systems.</p>
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Discussion of results

The Department of Health and Community Services was successful in meeting most of its objective in the area of primary health care through the achievement of most indicators set out for the reporting period for 2017-2018. Through its commitment to improving access to primary health care services across the province, the department was able to expand healthcare services and interdisciplinary teams in select areas which are already starting to show improvements in health outcomes. New remuneration schemes were introduced, including a telephone management code and a collaborative care code. The use of electronic medical records continues to increase, as well as the number of patients accessing primary health care services at select sites. Although data are showing promising signs of a reduction in Emergency Department use, the department was unable to determine if visits have reduced by the same patients. However, plans are underway to establish a provincial data warehouse that will then allow for this type of data to be collected and analyzed.

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

Indicators

- Number of active EMR users.
- Number of unique patient records contained within Primary Health Care (RHA) stream of the provincial EMR.
- Number of patients with documented attachment to a primary provider using EMR.
- Number of Telehealth appointments conducted.
- Number of individuals enrolled in Remote Patient Monitoring program.

Issue Three: Mental Health and Addictions

In March 2017, the All-Party Committee on Mental Health and Addictions released a report containing 54 recommendations to transform the way mental health and

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addictions services are delivered in the province. In 2017-18, the department developed and released Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador to guide the implementation of the recommendations outlined in the report. As part of this, the department is working to enhance access to community-based services and improve access to acute care services, when and where they are required.

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

Objective 1: By March 31, 2018, the Department of Health and Community Services will have completed the planning of a stepped care model and will have begun the implementation of community supportive services in mental health and addictions.

Planned	Actual
Utilization of therapist-assisted online cognitive behavioral therapy	Therapy Assistance Online (TAO) is a program which pairs online education materials with brief clinician contact by phone, chat or video conferencing to improve treatment outcomes for individuals with mental health issues. Newfoundland and Labrador is the first province in Canada to deploy TAO and it is currently being offered at 15 sites throughout the province. A number of clinical staff in all four RHAs have been trained to provide online cognitive behavioral therapy through TAO, which will increase access to this gold standard treatment for depression and anxiety. In 2017-18, 133 individuals availed of this service.
Increased utilization of community-based supportive services	On March 29, 2018, the Provincial Government announced the plan for a new adult mental health and addictions facility, as well as new and expanded community-based services throughout the province. In 2017-18, significant work had occurred to introduce or expand services, including the introduction of mobile crisis response teams, the expansion of single session walk-in clinics, and the launch of a suicide prevention demonstration project.

Mobile Crisis Response Teams

In 2017-18, in partnership with the RHAs, twenty-five RNC police officers were trained as trainers in mental health crisis intervention so that police throughout the province can team with mental health staff and offer community-based crisis response. These teams include a mental health nurse or social worker and a police officer working and traveling together to respond to people in crisis, with the goal of providing effective crisis intervention services in a person's home in a compassionate, safe and non-stigmatizing manner. Mental health staff were hired for these mobile crisis response teams in St. John's and Labrador West. The establishment of teams in other regions will follow.

Expanded Doorways

Previously only offered in the Eastern Health region, in 2017-18 the Doorways program was expanded to all four RHAs. Doorways is a single-session walk-in mental health and addictions service that provides counselling to people who feel they need to speak to someone immediately.

Roots of Hope

The Provincial Government and Eastern Health partnered with the Mental Health Commission of Canada on a 'Made in Canada' Suicide Prevention Demonstration Project, beginning on the Burin Peninsula. The approach builds upon community knowledge and leadership to implement and test proven suicide prevention interventions in five areas: specialized supports; training and networks; public awareness campaigns;

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	<p>means restriction; and research. In 2017-18, a community coalition was formalized; Applied Suicide Intervention Skills Training (ASIST) was provided for ER nurses and health professionals and a public awareness campaign was launched on the Burin Peninsula. The project will be implemented in four phases over five years and will draw heavily on community expertise within the province as well as from across Canada in the implementation of community-based suicide prevention efforts.</p>
<p>Developed measures to assess the appropriate utilization of psychiatric care services</p>	<p>Several measures were taken in 2017-18 to assess the appropriate utilization of psychiatric care services. First, a working group has been established within the department to review provincial psychiatry services and develop, in consultation with RHAs and other stakeholders, a provincial model for psychiatry services that aligns with the health needs of the province. Second, the department retained a psychiatrist from Eastern Health to assist with a review of the appropriate utilization of psychiatric services throughout the province.</p> <p>Appropriate utilization of psychiatric services will be addressed within the stepped care model being implemented for the province. Staff will be able to assess and monitor client progress at various steps, including when referred to psychiatry to determine appropriate utilization.</p>
<p>Developed measures to assess patient/client and family satisfaction with mental health and addictions services</p>	<p>The department, in partnership with NLCHI has developed indicators as part of an evaluation framework that will measure improvements in mental health promotion, mental health and addictions services and the transformation to a person-focused health care system. This</p>

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	<p>includes patient/client and family satisfaction indicators.</p>
<p>Developed a new governance structure for provincial mental health and addictions services which oversees the Planning and Implementation of the stepped care model</p>	<p>An Executive Committee comprising of the department's Deputy Minister and the CEOs of the four RHAs and NLCHI was formalized in June 2017 and will lead the Towards Recovery Action Plan. These executive leaders in the health care system will provide organizational direction to the Implementation Team and provide advice to the Minister on mental health and addictions program and policy decisions.</p> <p>The Implementation Team, which consists of senior departmental mental health and addictions staff and RHAs will oversee the eight project teams responsible for specific recommendations adopted in the Towards Recovery Action Plan. Project teams are as follows: Promotion/Prevention Team; Wait Times Reduction Team; Inclusion Team; Health in Correctional Settings Team; Health in Schools Team; Service Redesign Team; Provincial Services Team; and Indigenous Health Team.</p> <p>Project teams comprise people and families with lived experience, policy makers, community, RHAs, NLCHI, and departmental representatives.</p> <p>There is a working group under the Service Redesign Team dedicated to integrated services delivery through a stepped-care approach.</p> <p>The Provincial Mental Health and Addictions Advisory Council provides oversight for the implementation of the 54 recommendations and provides advice on progress to the Minister of Health and Community Services. In addition to the Advisory Council, the Recovery Council, comprising individuals with lived</p>

	<p>experience of mental illness and/or an addiction, provide advice to the Minister on the implementation of the recommendations and other mental health and addictions matters from the lived experience perspective.</p>
<p>Released an implementation plan and implemented select recommendations from the All-party Committee on Mental Health and Addictions</p>	<p>On June 27, 2017, the Provincial Government released Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador. The goal of the plan was to guide the implementation of the 54 recommendations outlined in Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador, a report by the All-Party Committee on Mental Health and Addictions.</p> <p>As of March 31, 2018, all 18 short-term recommendations have been implemented and the remaining 36 recommendations are in progress.</p>

Discussion of Results

For the 2017-2018 reporting period, the Department of Health and Community Services was successful in meeting the objective in the area of Mental Health and Addictions through the achievement of all indicators set out in 2017-18. The department has completed the planning of a stepped care model and continues to expand community supportive services such as mobile crisis response teams, single-session walk-in clinics and the launch of a suicide prevention project. As of March 31, 2018, all 18 short-term recommendations from the All-party Committee on Mental Health and Addictions have been implemented and the remaining 36 recommendations are in progress.

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

Indicators

- Implemented new community-based supportive services in mental health and addictions.
- Expanded access to existing programs and services.
- Expanded e-mental health solutions for new stepped care model
- Finalized intake model for stepped care.
- Continued implementation of the Towards Recovery Action Plan.

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

Digital health or eHealth refers to the use of electronic information communications technology, services and processes to deliver health care services or to facilitate better health care. Utilization of eHealth technology can improve overall quality and efficiency of care and enhance patient safety while providing health information to inform future health planning and policy development. In 2017-18, the department committed to improving the use of technology in the delivery of quality health care by integrating lab and clinical data across all RHAs, as well as expanding the use of the Provincial EMR (e-DOCSNL) and telehealth.

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

Objective 1: By March 31 2018, the Department of Health and Community Services will have expanded the use of the electronic health record and related systems, including telehealth services.

Planned	Actual
Integration of lab and clinical data across all Regional Health Authorities	<p>As of March 31, 2018, all community pharmacies province-wide were connected to the Pharmacy Network.</p> <p>Meditech data, including dictated reports, laboratory results, diagnostic imaging and encounters for all RHAs are now available through Electronic Health Record (EHR).</p> <p>Provincial immunization data from a 2003 year of birth onward are also available through the EHR.</p>
Number of physicians enrolled in e-DOCSNL (Provincial Electronic Medical Record)	<p>EMR enrollment and use has been increasing steadily since inception of the program in 2015. The number of users increased from 62 to 173 from 2016-17 to 2017-18:</p> <ul style="list-style-type: none"> • On March 31, 2017 there were 62 users live: 38 FFS Family Physicians and 10 FFS Specialists, 7 Salaried Family Physicians and 5 Salaried Specialists, and 2 Nurse Practitioners.

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	<ul style="list-style-type: none"> • On March 31, 2018 there were 173 users live: 117 FFS Family Physicians and 27 FFS Specialists, 18 Salaried Family Physicians and 5 Salaried Specialists, 5 Nurse Practitioners and 1 Psychologist.
<p>Number of telehealth services available</p>	<p>There are over 50 telehealth services available to clients throughout the province, nine of which were made available in 2017-18:</p> <ul style="list-style-type: none"> • Diagnostic Radiology • Hypertension • JASPER • Lactation Consultation • Oncology – Lymphedema • Orthotics • Surgery – Cardiovascular • Therapeutic Intervention/Rehabilitation • Total Joint Assessment
<p>Creation of a measure to assess patient/client satisfaction</p>	<p>Through ongoing work with the implementation of a province-wide eHealth model, the department, in collaboration with NLCHI, is working to implement a number of technology solutions (remote patient monitoring, Telehealth, eDOCSNL) to improve access to healthcare information and delivery of services. Given these solutions have not yet been fully implemented; evaluation measures to assess patient/client satisfaction are still under development.</p>

Discussion of Results

For 2017-2018, the department was successful in achieving most of the objective in the area of using eHealth technology and evidence to improve healthcare through the accomplishment of all but one indicator. As a result of the ongoing implementation of a number of technology solutions, a measure to assess patient/client satisfaction with access to information was not developed. However, the department continues to work towards achieving full implementation of these technology solutions, and once

implemented, evaluation measures will be developed and implemented to assess patient/client satisfaction.

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

Indicators

- Continued to increase adoption of the HEALTHe NL Viewer to authorized and appropriate users.
- Continued to increase adoption of eDOCSNL.
- Investigated opportunities for implementation of Personal Health Records.
- Implemented components of a Health Data Warehouse to enable opportunities to use health data for research.
- Advanced the standardization of provincial health data across the regional health authorities.
- Investigated the implementation of NACRS.
- Continued the development and implementation of the provincial public health information system (SEINET).

Issue Five: Modernize and Streamline the Delivery of Services

Streamlining and modernizing health care services will reduce duplication and maximize the value of services provided. By modernizing and streamlining the delivery of health care services, government can spend health dollars more efficiently, provide better care, and realize improved health outcomes. These outcomes will be achieved through initiatives such as sharing non-clinical services and more effectively coordinating clinical resources to reduce duplication of activities. In 2017-18, the Provincial Government announced a province-wide shared services model for health care supply chain management and initiated a provincial eHealth model. As part of this and other efforts, the department is enhancing efficiencies and maximizing the value of services provided.

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

Objective 1: By March 31, 2018 the Department of Health and Community Services will have initiated the implementation of select shared services and initiatives toward a more efficient health care system.

Planned	Actual
<p>Implemented a provincial model for select administrative functions</p>	<p>Supply Chain Management</p> <p>In July 2017, the Provincial Government announced that it will implement a province-wide shared services model for health care supply chain management. Central Health is in the process of implementing supply chain services on behalf of the four RHAs and NLCHI.</p> <p>Since July 2018, a Governance Committee was formed to oversee implementation and monitor performance; the leadership team has been recruited; project plans, strategies and goals have been developed; and site visits have occurred across the province in support of the change.</p> <p>On-going work includes: the drafting of a Service Level Agreement that will, among other things, allow Central Health to buy on behalf of the five health organizations and; to help drive standardization and quality, a provincial clinical advisory network is being implemented and the project team is also investigating various technology options to support provincial collaboration and more efficient outcomes.</p> <p>eHealth Model</p> <p>In October 2017, the department announced its approach to developing a province-wide shared services eHealth model for the health care system.</p> <p>eHealth is all of the electronic, communication and technology tools used to share health and administrative information. One of the goals of this initiative is to ensure that all eHealth systems are designed with a province-</p>

	<p>wide mandate. This provincial model integrates and aligns digital health services and data assets currently managed separately by NLCHI and the four RHAs.</p> <p>The provincial eHealth model is being led and managed by NLCHI. As part of this, the Centre for Health Information Act was amended to update the Centre’s objects to include:</p> <ul style="list-style-type: none"> • Managing provincial databases; • Preparing health reports; • Conducting research and evaluation; and • Providing health analytics and decision support services. <p>Full implementation of the eHealth model, which is expected to take several years, is ongoing.</p>
<p>Commenced the implementation of a provincial model for delivery of services for the NL health care system</p>	<p>The department, in collaboration with the four RHAs, is in the process of selecting clinical programs for a provincial model of service delivery. The model will include key principles needed to implement transformation change, such as a person-centered approach to service delivery; alignment with population needs; support for appropriate access; evidence-based; and transparency Select clinical areas will be identified in a phased approach to implementation.</p> <p>Diagnostic Imaging and Clinical Laboratory Services Delivery Models</p> <p>Reviews of provincial service models for Diagnostic Imaging and Clinical Laboratories have been underway since November 2017. This work involves examining the current state of both services and exploring opportunities for improvement through greater cooperation between the RHAs. Working groups have</p>

	<p>been established and meeting regularly since November, 2017. The main purpose of this work is to develop and implement strategies to improve the efficiency and sustainability of services.</p> <p>Laboratory Reform Initiatives</p> <p>Harmonization of laboratory practices including equipment and test methods from a province-wide perspective will improve the efficiency and sustainability of testing processes.</p> <p>Work continues on the development of the Provincial Laboratory Test Formulary. Once implemented, the Provincial Laboratory Test Formulary is expected to become the main resource for information concerning ordering policies and processes for clinicians availing of laboratory testing. Improved utilization of laboratory services is the main goal of this initiative.</p>
<p>Initiated the implementation of a centralized ambulance dispatch centre</p>	<p>In 2017-18, the department engaged Fitch and Associates and other industry experts around the appropriate design for a Centralized Medical Dispatch Centre (CMDC). Additionally, several pre-requisites were required such as the implementation of Automatic Vehicle Location systems for ambulances, which are now fully implemented. The department is reviewing various options for the implementation of a CMDC.</p>
<p>Collected baseline data on the efficiency and effectiveness of select shared services and reduced expenditures on administrative and related operations</p>	<p>To select administrative functions for a provincial model of service delivery, the department conducted a current state analysis of various program areas, collecting data on staffing, workload, and expenditures, where relevant, to inform areas where a shared service delivery</p>

	<p>model would increase efficiency and effectiveness. For example, when fully implemented, a province-wide shared services model for health care supply chain management is expected to achieve an annual savings of over \$13 million.</p>
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Discussion of Results

For 2017-2018, the Department of Health and Community Services was successful in achieving most of its objective in the area of modernizing and streamlining the delivery of services through achievement of all indicators set out for the reporting period. The department has initiated the implementation of a number of select shared services and initiatives, including supply chain management and a provincial eHealth model, and continues to work towards complete implementation. The department engaged Fitch and Associates and other industry experts around the appropriate design for a Centralized Medical Dispatch Centre. This was not implemented in the 2017-18 fiscal year; however, the department continues to review various options.

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

Indicators

- Continued implementation of a provincial model for select administrative functions.
- Continued implementation of a provincial model for delivery of services for the provincial health care system.
- Implementation of a Centralized Medical Dispatch Centre.
- Reduced expenditures on administrative and related operations.

Opportunities and Challenges

In 2017-18, Newfoundland and Labrador worked diligently, using the “Triple Aim” approach, to achieve better health for the population, better care for individuals, and better value for health dollars. As the department develops and implements new, more efficient methods of service delivery, a myriad of health challenges, including low performance on health status indicators, an aging population, access to health services in rural and remote communities, and high costs to deliver services still exist. However, these challenges present opportunities to be innovative in the way health care services are provided throughout the province. In this regard, major efforts are being undertaken to improve community supports, primary health care, and mental health and addictions

services, while using eHealth technology and streamlining the delivery of services to improve healthcare.

Through ongoing work to improve home and community supports for individuals in need of health care services, including those with mental health and addictions issues, the department aims to alleviate pressure on the acute care system and Emergency Departments. By enhancing community services with the Home First Initiative, Home Support Program, Therapy Assisted Online, Doorways, and Mobile Crisis Response Teams, and focusing on prevention initiatives with the implementation of the Healthy Living Assessment for Seniors and the launch of Roots of Hope, individuals are expected to have better access to the appropriate levels of care.

Working hand-in-hand with initiatives to improve community supports, the department continues to increase access to health services by expanding the number of primary healthcare teams and healthcare practitioners throughout the province. This collaborative approach to improving primary health care is already showing promising signs of a reduction in emergency department use for non-urgent care, improved wait times for mental health and addictions services, and improved health outcomes.

In order to increase access and enhance efficiencies of the department's programs and initiatives, there is an opportunity to better use technology in the delivery of health services. Technology allows individuals in rural and remote areas of the province to access the services they need, when they need it. With the expansion of Remote Patient Monitoring and Telehealth, as well increased use of Electronic Medical Records and the Electronic Health Records system, patients and providers throughout this geographically dispersed province will benefit from better access to health information. Building on the momentum of recent investments in e-health infrastructure in this province, **The Way Forward** commits to launch a Health Innovation Action plan in 2018-19. This action plan will mobilize key stakeholders to improve partnerships and to strengthen innovation. By encouraging the adoption of new processes and improved technologies, the Health Innovation Action Plan will support the Triple Aim while helping to stimulate investment and employment opportunities in the life sciences sector.

Additionally, the department has undergone structural and administrative changes to implement provincial models for the delivery of services in the health care system. Not only will this provide opportunities to reduce expenditures, it will also improve overall quality for those providing and accessing health care services. Streamlining and modernizing services will reduce duplication and maximize the value of services provided for the people of Newfoundland and Labrador.

By continuing its focus on home and community supports, primary health care, mental health and addictions, technology and streamlining services, the Department of Health and Community Services is on an effective path to improving health outcomes for the province and creating a more sustainable system.

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Financial Statements

Department of Health and Community Services 2017-18 Fiscal Year Based on the Program Expenditures and Revenues of the Consolidated Revenue Fund for the Fiscal Year Ended March 31, 2018			
	2017-18		
	Actual Expenditure	Operating Budget	Original Budget
CURRENT			
Minister's Office	\$237,376	\$265,000	\$264,900
General Administration	\$16,325,911	\$16,535,000	\$15,085,300
Memorial University Faculty of Medicine	\$66,594,100	\$66,594,100	\$56,594,100
Drug Subsidization	\$148,656,114	\$145,412,300	\$139,644,700
Medical Care Plan	\$514,818,919	\$514,187,400	\$508,286,400
Regional Integrated Health Authorities and Related Services	\$2,263,872,616	\$2,259,817,600	\$2,224,823,300
TOTAL CURRENT	\$3,010,505,034	\$3,002,811,400	\$2,944,698,700
CAPITAL			
Furnishings and Equipment	\$34,441,000	\$34,441,000	\$31,900,000
Health Care Facilities	\$9,531,650	\$10,332,300	\$45,160,900
TOTAL CAPITAL	\$43,972,650	\$44,773,300	\$77,060,900
Total Department	\$3,054,477,684	\$3,047,584,700	\$3,021,759,600

Department of Health and Community Services

1st Floor, Confederation Building, West Block

P.O. Box 8700

St. John's, NL, A1B 4J6

Inquiries telephone: 709.729.4984

Fax: 709.729.5824

Email: healthinfo@gov.nl.ca

Website: www.gov.nl.ca/health

