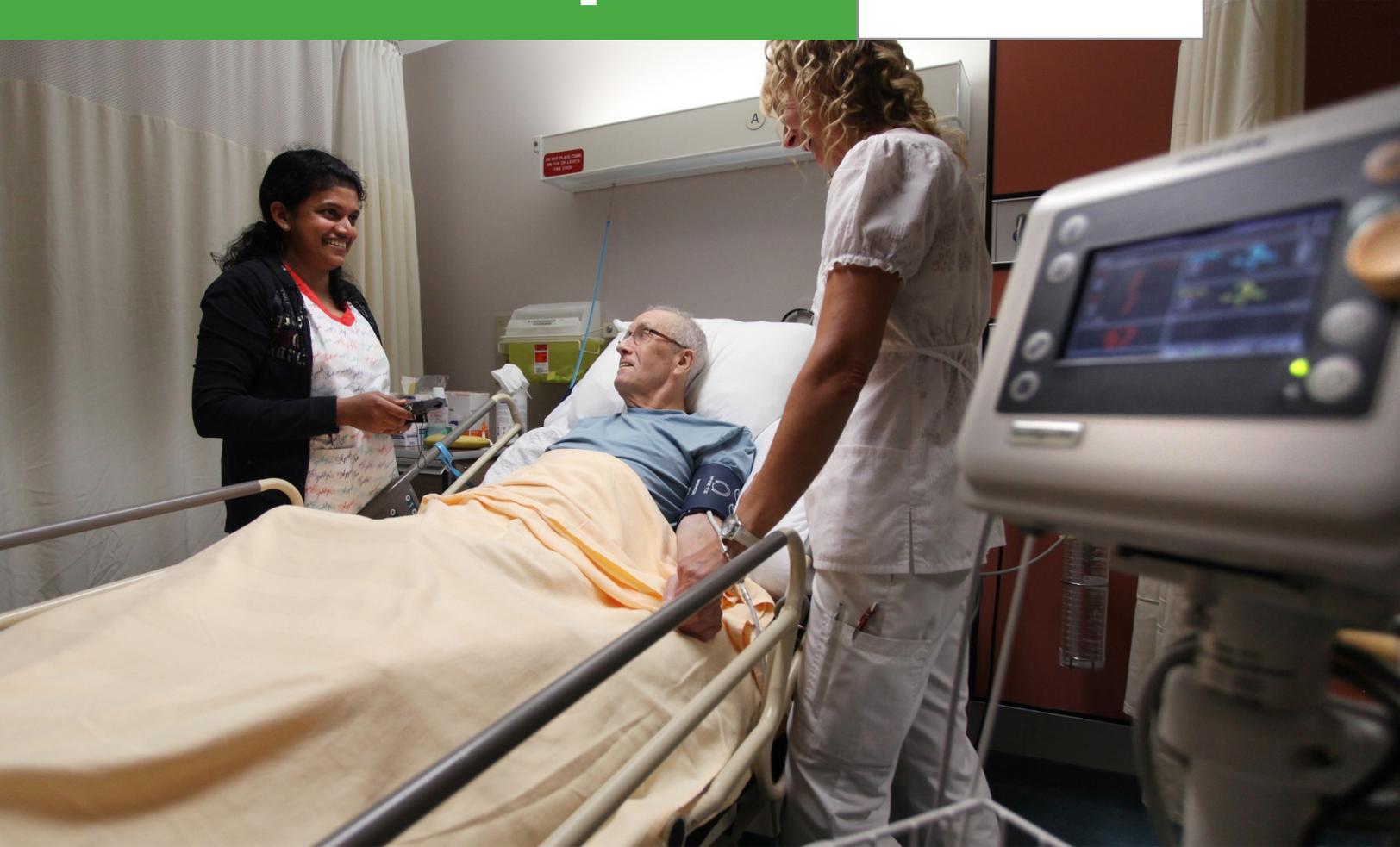


Health and Community Services

# Annual Report

2016-17





## MESSAGE FROM THE MINISTER

In keeping with the requirements of the Transparency and Accountability Act, I am pleased to present the Department of Health and Community Services' Annual Report for 2016-17. This year is the last in the three-year reporting cycle for the Department's 2014-17 Strategic Plan. This report lays out the accomplishments and progress made by my Department during this period. 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 improving access to priority services, supporting improved population health and generating efficiencies while maintaining or enhancing the quality of care provided to our residents. Highlights of our initiatives include a new Patient Safety Act, the connection of all pharmacies to the provincial Pharmacy Network, and implementation of opportunities to improve the Home Support program based on an external review completed in 2016.

We have also made progress in mental health and addictions with the release of the report by the All-Party Committee on Mental Health and Addictions, the opening of the Grace Centre in Harbour Grace and the launch of the provincial Opioid Action Plan to tackle the growing opioid-abuse epidemic.

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 fulfilling our commitments as outlined in The Way Forward. I look forward to working with my colleagues and partners over the coming year as we work to build a higher quality, sustainable health care system.

A handwritten signature in black ink that reads "John Haggie". The signature is stylized with a large loop at the beginning and a long horizontal stroke at the end.

Honourable John Haggie  
Minister of Health and Community Services

# Departmental Overview

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

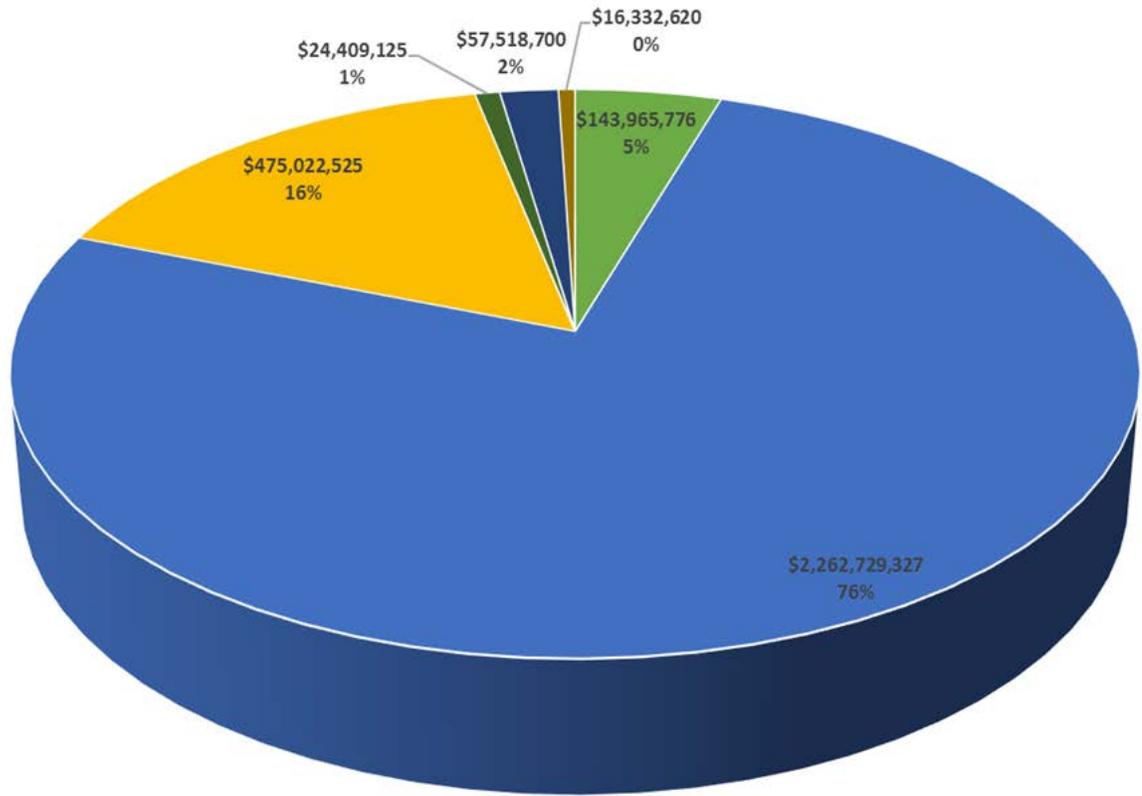
In keeping with its mandate, the Department of Health and Community Services works to provide leadership, coordination, monitoring and support to the regional health authorities (RHAs) and other entities that deliver programs and services; ensure their quality, efficiency and effectiveness; and to effectively 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, 2017, the Department employed 180 staff, located 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 the following link:

<http://www.health.gov.nl.ca/health/department/index.html>

### 2016-17 Actual Expenditures



Total: \$2,979,978,074

■ Provincial Drug Program ■ Regional Health Authorities and Related Services ■ MCP ■ Capital ■ MUN Faculty of Medicine ■ Other

## Staff and Budget

Division	# of Employees	Division Budget
Minister's Office	3	\$264,900
Executive	10	\$1,043,300
Communications	2	\$173,700
Financial Services	10	\$736,300
Administrative Support	3	\$1,528,100
Information Management	9	\$866,600
Insured Services	9	\$527,100
MCP St. John's	7	\$370,900
MCP Grand Falls- Windsor	27	\$1,547,300
Audit Services	11	\$734,700
Pharmaceutical Services	9	\$1,554,200
NLPDP Assessment Office (Stephenville)	12	\$600,000
Physician Services	8	\$774,100
Regional Health Services	14	\$1,386,700
Canadian Blood Services	3	\$313,100
Infrastructure Management	1	\$103,800
Public Health	9	\$962,100
Mental Health and Addictions	6	\$683,700
Primary Health Care	5	\$442,100
Policy Planning and Evaluation	11	\$1,448,500
Health Workforce Planning	3	\$281,200
<b>TOTAL</b>	<b>180</b>	<b>\$16,342,400</b>

# Highlights and Partnerships

During 2016-17, 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 2016-17.

## **Health Accord**

In December 2016, the Government of Newfoundland and Labrador reached an agreement for new targeted federal funding over 10 years for investments in home care and mental health care. Over the next 10 years, the Federal Government will support home care and mental health initiatives in NL through combined funding of \$160.7 million. The targeted investments in home care and mental health care are in addition to the existing legislated transfer payments through the Canada Health Transfer (CHT) which will continue to grow into the future.

## **Naloxone Kits**

In August, 2016 the Department announced funding for the AIDS Committee of NL and the four RHAs to establish a province-wide take-home naloxone program. In November 2016 Naloxone Kits began being distributed to target populations by the RHAs and the Safe Works Access Program (SWAP). Kits are provided free of charge and include naloxone, single use syringes, a pair of latex gloves, alcohol swabs, a one-way rescue breathing barrier mask and a step-by-step instruction pamphlet. The program aims to increase access to naloxone, a safe and effective compound that reverses the effects of opioid overdose.

## **Autism Surveillance**

In September 2016, the Provincial Government signed a Memorandum of Agreement (MOA) with the Public Health Agency of Canada to support the development of a National Autism Surveillance System. The agreement will allow for the sharing of information provincially and nationally to help improve the lives of those living with Autism Spectrum Disorder (ASD).

## **An Act Respecting Secure Withdrawal Management for Young Persons**

An Act Respecting Secure Withdrawal Management for Young Persons received Royal Assent in December 2016 and is pending proclamation. The Act provides parents of children with drug addiction an avenue to ensure their child receives care. The goal of the legislation is to ensure those young people who are most at-risk of harming themselves or others, will go through withdrawal in a secure facility. Once withdrawal has occurred, they will be in a better place to discuss their treatment options.

## **Warm Line**

In 2016 the Department funded the Consumers Health Awareness Network Newfoundland and Labrador's (CHANNAL) province-wide peer-run Warm Line. The Warm Line is a non-emergency, non-crisis telephone mental health support and referral service. In its first year of service the Warm Line received over 6,000 calls.

## **Greater Access to Lifeguards**

In June 2016, Government announced changes to the Public Pools Regulations that provide operators of public swimming pools in our province with greater access to trained lifeguards. The amendments lowered the lifeguard minimum age from 17 to 16 years of age and included the Red Cross Lifeguard program as an acceptable lifeguard certification program. The combined impact of these changes will provide public pool operators – especially those in rural areas – with access to an expanded number of qualified individuals for their facilities. The changes will also benefit young people being trained as lifeguards, as they will now be able to be employed as lifeguards a year earlier.

# Report on Performance

In consideration of the strategic directions of Government, the Department's mandate and financial resources, the Department of Health and Community Services identified three strategic directions for the 2014-17 planning cycle:

- 1) Population Health
- 2) Access to Priority Services
- 3) Quality of Care and Efficiency

Within each of the priority areas, the Department identified a three-year goal and yearly objectives along with indicators to guide the department toward achieving outcomes in these areas. As 2016-17 was the final year of the above-noted three-year planning cycle, this report will include results achieved toward the three-year goals as well as the year three (2016-17) objective for each priority area.

## **Issue 1: Population Health**

Over the 2014-2017 planning cycle, the Department of Health and Community Services committed to building capacity within identified areas to enable Government to better respond and contribute to positive health outcomes for the population. In support of this goal the Department focused on specific capacity building initiatives, collaboration and public awareness in relation to population health. The Department implemented various initiatives, including those which support chronic disease management and surveillance, mental health and addictions public awareness, and smoking cessation, as well as enhancing legislative and policy frameworks to support positive health outcomes in the province.

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

Planned	Actual (2014 – 2017)
<p><b>Enhanced legislative and policy frameworks</b></p>	<p><b>Mental Health Care and Treatment Act</b>            In May 2014, Government announced amendments to the Mental Health Care and Treatment Act to ensure patients are better informed of their rights and enable the appropriate use of community treatment orders. The Mental Health Care and Treatment Act takes a rights-based approach to guide involuntary admission of individuals with severe mental illnesses to a health care facility. The amendments to the Act increase the responsibilities of the patient’s rights advisors and ensure that a patient, who can benefit from a community treatment order, will be able to receive appropriately supervised care in the community.</p> <p><b>Enhanced Scope of Practice for Pharmacists</b>            In October 2014, the Department announced new regulations under the Pharmacy Act, 2012 which expanded the scope of practice of pharmacists in NL to allow pharmacists to administer medication by inhalation and injection, including influenza vaccines. Pharmacists can now provide vaccinations to the general public for a fee determined by the pharmacy. In addition to physician offices and public health clinics, clients of the Newfoundland and Labrador Prescription Drug program (NLPDP) have access to the influenza vaccine free of charge at pharmacies. Combined with hand-washing, the vaccine is the most effective defense against influenza viruses. These changes have made the influenza vaccine available and accessible to more people than ever before.</p>

Planned	Actual (2014 – 2017)
	<p><b>Primary Health Care Framework</b>  In October 2015, the Department released the Healthy People, Healthy Families, Healthy Communities: A Primary Health Care Framework. The framework was developed to support individuals, their families and communities to achieve optimal health and well-being within a more effective, sustainable system. The framework outlines four goals: (i) engaged individuals, families, and communities sharing responsibility for health promotion, illness and injury prevention, early intervention, and self-management; (ii) individuals and families are attached to a collaborative primary health care team; (iii) timely access to comprehensive, person-focused primary health care services and supports; and (iv) connected and coordinated services and supports across the health and social sectors.</p> <p><b>Strategic Health Workforce plan</b>  In 2015, the Department released the Newfoundland and Labrador Strategic Health Workforce Plan 2015 – 2018. The vision of the plan is a skilled workforce focused on the health and well-being of individuals, families and communities. This document provides a comprehensive and fiscally responsible approach to addressing priority issues facing the provincial health workforce. The Plan includes five strategic directions: (i) build quality workplaces; (ii) establish appropriate workforce supply; (iii) strengthen workforce capacity; (iv) enhance leadership and management; (v) and maintain robust planning and evidence.</p> <p><b>Midwives Regulations</b>  New Midwives Regulations came into effect on September 30 2016 under the Health Professions Act. The new regulations outline educational, exam and other certification requirements to ensure that all practicing midwives have the appropriate training and qualifications to ensure the protection of all involved.</p>

Planned	Actual (2014 – 2017)
	<p>The Midwives Regulations represent a necessary first step as the Provincial Government continues to work with midwives and other health care professionals to implement regulated midwifery in Newfoundland and Labrador.</p> <p><b>An Act Respecting Secure Withdrawal Management for Young Persons</b>  An Act Respecting Secure Withdrawal Management for Young Persons received Royal Assent in December 2016 and is pending proclamation. The Act provides parents of children with drug addiction an avenue to ensure their child receives care. The goal of the legislation is to ensure those young people who are most at-risk of harming themselves or others, will go through withdrawal in a secure facility. Once withdrawal has occurred, they will be in a better place to discuss their treatment options.</p>
<p><b>Improved capacity building initiatives in the population health system</b></p>	<p><b>Scope of Practice</b>  In September 2015, the Department announced new regulations under the Pharmacy Act, 2012 allowing pharmacists to prescribe for, and treat, a number of minor ailments, such as nausea, cold sores and eczema. The regulations also allow pharmacists to substitute a prescribed drug with a different medication of an equivalent therapeutic effect; and to prescribe over-the-counter medications, such as vitamins and diabetic supplies. Expanding pharmacists' scope of practice is improving patient access to quality health care services.</p> <p><b>Safe Prescribing</b>  A new safe prescribing course was launched in February, 2017 for health care professionals in NL in partnership with the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL) and Memorial University's Faculty of Medicine. The new course offers instruction on safe and appropriate prescribing practices for opioids, stimulants and</p>

Planned	Actual (2014 – 2017)
	<p>benzodiazepines. The course will be mandatory for all new physicians seeking a license in the province, and will also be available to other health care provider groups, such as nurse practitioners, dentists and pharmacists. It is available online through MDcme.ca, a nationally accredited online portal for continuing medical education. Implementation of the safe prescribing course is part of the provincial Opioid Action Plan which aims to arm health care providers and communities with the tools and information needed to respond to the growing epidemic of opioid use in the province.</p> <p><b>First Link Program</b> Over the course of the past three years, the Department provided \$240,000 in funding to the Alzheimer Society of NL to support its First Link program. This program assists physicians and other health care providers in referring people living with Alzheimer's disease and other dementias, and their families, to Alzheimer Society services at the time of diagnosis and throughout the duration of the disease. Once referred, individuals and families are connected with appropriate community-based services and receive regular follow-ups from the Alzheimer Society.</p> <p><b>Antibiotic Adherence Program</b> In 2015, Government launched an antibiotic adherence program to focus on the appropriate and effective use of antibiotics. As part of the antibiotic adherence program, pharmacists consult directly with their patients when a prescription for an antibiotic is filled. In addition, a follow-up call is made several days after the start of treatment to see if the patient is still taking the antibiotic and if there are any issues.</p>

Planned	Actual (2014 – 2017)
	<p><b>Smoking Cessation</b>  The provincial Smoking Cessation Program was launched on October 1, 2014. The program allows claims for covered Smoking Cessation products to be submitted for reimbursement through the NLPDP. All beneficiaries aged 18 and over who are under the Access, 65+ or Foundation NLPDP Drug Plans are eligible for coverage under the Smoking Cessation Program.</p> <p><b>Chronic Disease Self-Management</b>  During the three year reporting period, over 900 participants benefited from Improving Health: My Way, the provincial chronic disease self-management program. In Fall, 2015, Western Health offered this program to residents living in Burgeo and Ramea, via Telehealth, with leaders located in Stephenville. The outcomes of this pilot project were positive, and the learnings were applied to the Telehealth delivery of lay leader training for four locations in the Eastern Health region (Burin, Placentia, St John’s and Carbonear) during Summer, 2016.</p> <p><b>Traveling Consultation Clinics</b>  The Janeway Lifestyle Program (JLP) works with families of children who are at-risk of developing a chronic disease. As a part of the JLP expansion of services, Traveling Consultation Clinics (TCC) were offered in all health care regions of the province, beginning with a pilot service in Central Health in November 2015. The objectives of the TCC are to provide an interdisciplinary assessment of referred patients and specific recommendations on management of these patients to their local healthcare provider(s). The TCC service aims to improve the confidence of local (referring) providers in managing all pediatric clients in their care who are at risk of developing chronic disease. Furthermore, for</p>

Planned	Actual (2014 – 2017)
	<p>communities where there is a lack of availability of specific healthcare professionals, the JLP now offers telehealth follow-up with patients who need to see one or more members of the team.</p>
<p><b>Implemented public awareness initiatives towards improving population health</b></p>	<p><b>Understanding Changes Everything</b>  The Understanding Changes Everything anti-stigma awareness campaign was launched in October 2014, which included new TV commercials and new videos featuring individuals and families with lived experience of mental illness and/or addiction. As part of the campaign, in September 2015 Government provided training on The Working Mind to 12 partner organizations. The Working Mind is an education-based program offered through the Mental Health Commission of Canada. The program is designed to reduce stigma in the workplace and improve mental resiliency. Partners of the program are committed to promoting and supporting mental health in their workplaces.</p> <p><b>National Stroke Awareness Campaign</b>  In March, 2015, the Department provided one-time funding of \$55,000 to the Heart and Stroke Foundation of NL to support the provincial implementation of the national stroke awareness campaign: “FAST”. This campaign raised public awareness of the serious and urgent nature of strokes by reminding residents of the three key signs of stroke (drooping Face, unable to raise Arms above head, and slurred or jumbled Speech) and the appropriate response (Time to call an ambulance).</p>
<p><b>Increased collaboration and stakeholder engagement to advance and inform initiatives in key areas of population health</b></p>	<p><b>Indigenous Cancer Care</b>  The Department collaborated with Eastern Health in an initiative to improve the delivery of cancer care services for Indigenous communities in Labrador over the past three years. The initiative, titled “Journey in the Big Land,” was initiated in March, 2014 and brought together numerous stakeholders including</p>

Planned	Actual (2014 – 2017)
	<p>Mushuau Innu First Nation, Sheshatshiu Innu First Nation, Nunatsiavut Department of Health and Social Development, NunatuKavut Community Council, Labrador-Grenfell Health, and cancer patients and caregivers from Labrador. In 2016-17, the project team completed its three year mandate which included the development of a “Community and Clinic Profiles” guide for health care providers, a glossary of medical terms translated into three languages/dialects, a cancer care orientation video for new patients, a cultural safety training program, a cancer journey educational tool and booklet, and the installation of Indigenous artwork in the Dr. H. Bliss Murphy Cancer Care Centre at the Health Sciences Centre in St. John’s.</p> <p>Three annual stakeholder forums were held in Happy Valley-Goose Bay, with the final session taking place in October 2016, during which Indigenous groups and partners were engaged in discussions regarding the project’s outcomes and future directions stemming from this initiative. With funding from the Canadian Partnership Against Cancer, the initiative set out to address three identified areas: (i) improvements to transitions in care, (ii) enhancements in tele-oncology services, (iii) enhancing cultural safety. The Department participated on the project steering committee and contributed to this award-winning initiative through the production of a Cultural Safety Training Program, in collaboration with Eastern Health and its partners.</p> <p><b>Provincial Diabetes Database</b></p> <p>In Spring 2015, the Department, in collaboration with the Newfoundland and Labrador Centre for Health Information (NLCHI), began the development of a provincial diabetes database. This database builds on existing diabetes data collected for the Canadian Chronic Disease Surveillance System by adding components of the Laboratory Information System,</p>

Planned	Actual (2014 – 2017)
	<p>Client Registry information, Live Birth System data, and emergency room data. The first report from this enhanced database was produced in October 2015. Since then, additional reporting indicators and years of data have been added to subsequent reports. This database is the first step towards the creation of a provincial Chronic Disease Registry that will assist the Department in identifying disease trends and current chronic disease management practices. The planned registry will capture information related to asthma, chronic obstructive pulmonary disease (COPD), diabetes, heart failure, hypertension, ischemic heart disease (IHD), and stroke.</p> <p><b>Diabetes Flow Sheet</b></p> <p>In Fall, 2016, the Department engaged representatives from the four RHAs and Diabetes Canada to begin the development of a provincial diabetes flow sheet. This tool will serve as a checklist reminder for both health care providers and their patients as they work together to manage a patient's diabetes. The flow sheet is based on current clinical practice guidelines for the management of diabetes, and is intended to be integrated with the electronic medical record system.</p>

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

Planned	Actual (2016-2017)
<p><b>Initiated the evaluation of select components of the primary healthcare framework</b></p>	<p>In 2016-17, the Department of Health and Community Services initiated the evaluation of select components of the Healthy People, Healthy Families, Healthy Communities: A Primary Health Care Framework. To help assist with evaluation initiatives, the Primary</p>

<b>Planned</b>	<b>Actual (2016-2017)</b>
	<p>Health Care Advisory Committee formed an Evaluation and Accountability Working Group to collaborate on evaluation plans for primary health care reform initiatives. The Department and the RHAs have worked with NLCHI to identify potential data sources and to develop evaluation tools, such as surveys, which will assist with evaluation of primary health care reform initiatives.</p> <p>The Family Practice Renewal Committee, in collaboration with the Department and the Newfoundland and Labrador Medical Association, developed and issued a Request for Proposals for evaluation services to evaluate the Family Practice Renewal Program. The Family Practice Renewal Program has a mandate to design new programs and initiatives to assist in renewing primary health care and transforming family practice for better health.</p>
<p><b>Conducted a review of select sections of the Mental Health Care and Treatment Act</b></p>	<p>During 2016-17, NLCHI conducted a provincial quality assurance review of Part IV, sections 40 to 51 of the Mental Health Care and Treatment Act. The review focused on the issuance, administration, monitoring and oversight of community treatment orders. While the review took place during the 2016-17 fiscal year, the final report was released on August 9<sup>th</sup>, 2017.</p>
<p><b>Developed an evaluation plan for a Mental Health and Addictions Policy Framework</b></p>	<p>The development of a Mental Health and Addictions policy framework and related evaluation plan was deferred until the All-Party Committee on Mental Health and Addictions concluded its work to ensure it informed the development of a new framework. On March 24, 2017 the All-Party Committee released its final report titled Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador, which includes 54 recommendations on mental health and addictions system improvement. While outside the 2014-17 reporting period, Government's Action Plan to implement the recommendations was released on</p>

<b>Planned</b>	<b>Actual (2016-2017)</b>
	June 27, 2017, and it includes the provincial mental health and addictions policy framework and an accountability and performance monitoring framework.
<b>Initiated discussion regarding revisions to public health legislation</b>	Approval was received in January 2017 to draft new public health legislation. Internal discussions regarding the legislative review have been ongoing within the Department.

### **Discussion of Results:**

During the 2014-2017 period, the Department of Health and Community Services was successful in meeting the goals and objectives in the area of population health through the achievement of all but one indicator set out for the reporting period. While an evaluation plan for the Mental Health and Addictions Policy Framework was not developed within the planning period, the decision to defer the plan until the All-Party Committee recommendations were released has allowed the department to ensure the evaluation plan is relevant and reflects the current state of the mental health and addictions system.

### **Issue 2: Access to Priority Services**

Access to services is about reoriented procedures and improving business processes, ensuring existing services are meeting the needs of patients and clients as well as increasing the number of services available. In the 2014-17 planning cycle, the Department of Health and Community Services committed to improving access in areas such as mental health and addictions and long term care and community supports, as well as exploring new and innovative ways of providing access to other essential services within the health and community services system and the opportunities to improve it.

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

<b>Planned</b>	<b>Actual (2014 – 2017)</b>
<b>Enhanced long term care and community support</b>	<b>Home Support Review</b> In 2016 a review of the Provincial Home Support

<b>Planned</b>	<b>Actual (2014 – 2017)</b>
<b>services</b>	<p>Program was completed by Deloitte Inc. and a final report was received in July 2016. The review identified 25 opportunities to improve the effectiveness and the efficiency of the program, spanning every aspect including program promotion, clinical intake, clinical and financial assessment process, home supports delivery, program standardization, governance and performance management. The Department has reviewed the report and accepted the recommendations including the three year implementation plan. A Provincial Home Support Review Committee has been established to guide the implementation of the recommendations, with broad representation from community partners, including seniors and persons with disabilities advocacy organizations, the RHAs, home support agencies and other Government departments.</p> <p><b>Paid Family Caregiving Option</b>  The Paid Family Caregiving option under the provincial Home Support Program was initiated in March 2014, and evaluated in September 2016. The Paid Family Caregiving Home Support Option allows individuals to hire a family member to provide their care when eligibility requirements are met. The funding model provides more flexibility for clients to meet their care needs and reduces administrative burden. The evaluation findings were positive and continuation of the option was recommended. The Paid Family Caregiving Option continues to be available and is seeing regular uptake in all regions.</p>
<b>Implemented innovative e-health solutions to improve access while enhancing efficiency within the system</b>	<p><b>Pharmacy Network</b>  The Pharmacy Network provides health care professionals access to clients' medication profile. When a prescription is filled at a provincial pharmacy, the Pharmacy Network stores information about the patient's medications. This makes it easier for pharmacists and other health care professionals to make better decisions about an individual's care and</p>

Planned	Actual (2014 – 2017)
	<p>helps prevent harmful drug interactions as well as over-prescribing. As of March 31, 2017, 195 of 201 community pharmacies were connected to the Pharmacy Network.</p> <p><b>Electronic Medical Record (EMR)</b>  eDOCSNL is the provincial electronic medical record (EMR) program for physicians that is governed by the Newfoundland and Labrador medical Association (NLMA), the Department, and NLCHI. The EMR is a computer-based medical record that stores information specific to a physician's practice. It tracks information related to demographics and integrates with existing health care systems that handle medical and drug history. EMR captures results from laboratory tests and diagnostic imaging and manages activities such as billing and scheduling. As of March 31, 2017, 60 physicians had enrolled in eDOCSNL.</p> <p><b>HEALTHe NL Viewer</b>  The HEALTHe NL Viewer is a portal that provides authorized health care professionals, such as physicians, nurses, nurse practitioners and allied health professionals with one point of access to view important patient information electronically. This includes such information as patient medications, lab results and clinical reports available in the Electronic Health Record. During 2014-17, advancements in the HEALTHe NL viewer were made. The viewer is now in use by approximately 1,500 authorized health care providers including community-based physicians and RHAs. Immunization, clinical and laboratory reports are available on the viewer at Eastern Health with reports at the remaining RHAs anticipated to be available by the end of 2018.</p> <p><b>Telehealth</b>  The number of telehealth consultations grew during</p>

Planned	Actual (2014 – 2017)
	<p>the reporting period by 17 per cent to 18,849. This is driven in part by additional telehealth pilots within the RHAs in areas such as long term care and rheumatology.</p> <p><b>HealthLine</b>  In 2015, the Department announced enhancements to The HealthLine, which can now be accessed by dialing 811, a single, easy to remember phone number, or through a smartphone app which facilitates quick contact with the HealthLine. The HealthLine provides easily accessible information and contact details for health and wellness services in the province. The HealthLine received 40,147 incoming calls in 2014-15; 52,921 in 2015-16; and 60,140 in 2016-17.</p>
<p><b>Reduced wait times in key areas such as orthopedic services, endoscopy services, emergency departments and services for children with developmental disabilities including autism</b></p>	<p><b>Orthopedic Wait Times</b>  In 2012, the Department released a five-year strategy aimed at reducing wait times for hip and knee joint replacement surgeries.</p> <p>Through the strategy, more than 1,600 hip and knee replacement surgeries were performed in 2016-17, with 950 (or 59 per cent) of these performed in Eastern Health. Over the past three years, the number of hip and knee replacement surgeries performed in this province has increased by 12 per cent and 23 per cent respectively.</p> <p>While the number of cases completed increased to the highest number to be performed annually in 2016-17, wait times for hip and knee replacement started to increase again, most notably in the Eastern region where demand is the highest.</p> <p>During the first two quarters of 2016-17, 80 to 100 per cent of patients in Central, Western and Labrador-Grenfell Health underwent hip or knee joint replacement within the 182 day benchmark, whereas in</p>

Planned	Actual (2014 – 2017)
	<p>Eastern Health 67 per cent of hip and 61 per cent of knee replacements were performed within 182 days.</p> <p>Eastern Health has developed a plan to address the backlog for hip and knee joint replacements which includes an audit to determine the status of each patient, improving wait list management policies, along with a perioperative improvement plan in which Eastern Health will perform four joint replacements within a standard eight hour day. It is anticipated that these initiatives will contribute to improved wait times.</p> <p><b>Endoscopy</b></p> <p>Through the actions of the Provincial Endoscopy Wait Time Strategy, from 2014 to 2017, wait lists and wait times for urgent colonoscopy procedures improved. In the first quarter of 2016/17, there were 142 patients waiting for an urgent colonoscopy procedure, which represents a 65 per cent reduction since the first quarter of 2014/15 when there were 407 patients waiting. During the same time, wait time reports show that the majority of urgent colonoscopy cases were carried out within 56 days, compared to 64 days in the first quarter of 2014/15.</p> <p>In 2016, an automated appointment reminder system was implemented provincially for endoscopy services and work has begun to implement text and e-mail appointment reminders as well. While NLCHI is completing an evaluation of this initiative, as of June 2017, seven of the 12 endoscopy suites reported zero “no shows” and the remaining five reported fewer than five “no shows” or missed appointments for urgent colonoscopy procedures.</p> <p><b>Emergency Departments</b></p> <p>Through the actions of the Strategy to Reduce Emergency Department Wait Times in NL, from 2014 to 2017, external reviews were completed in the remaining eight of the 13 Category A emergency departments in the province.</p>

Planned	Actual (2014 – 2017)
	<p>Initiatives from these reviews have resulted in the following changes: implementation of nurse first triage, fast track units and rapid assessment zones which resulted in improved patient flow and more efficient use of human resources.</p> <p>Some of the notable wait time improvements in the past three years include:</p> <ul style="list-style-type: none"> <li>• The Health Science Complex emergency department team reduced the average Initial Physician Assessment (IPA) time by 16 per cent overall, and during the hours that the Fast Track (FT) and Rapid Assessment Zone (RAZ) teams are working, the time to IPA has decreased by 37 per cent or a decrease of 40 minutes from 107 minutes to 77 minutes.</li> <li>• The Carbonear General Hospital emergency department team has reduced the average IPA by 59 per cent overall; down from 94 minutes in 2013/14, to 39 minutes for 2016/17. As well, due to this reduction in wait times, the number of patients who left without being seen was reduced to 5.5 per cent from 11.5 per cent, which resulted in 1,450 more patients staying and seeing the physician or nurse practitioner in this emergency department. More significantly, the Carbonear team has sustained these improvements even with a 23 per cent increase in visits to the emergency department.</li> <li>• The Dr. G.B. Cross Memorial Hospital emergency team in Clarenville has reduced the average IPA by 11 per cent, and the number of patients who left without being seen was reduced to 4.1 per cent, which resulted in 570 more patients staying and seeing the physician or nurse practitioner in this emergency department.</li> </ul>

Planned	Actual (2014 – 2017)
	<p><b>Children with Disabilities</b>            In order to meet the demand for services and reduce wait times for children with developmental disabilities, the Department identified a need for new clinical positions within the RHAs. The Department provided funds for the addition of 22 positions in the RHAs, including a developmental pediatrician at the Janeway, new occupational therapists, new child management specialists and new speech language pathologists. As a result of these new positions, as well as ongoing work with the RHAs to streamline their intake processes, wait times for developmental assessment and treatment have decreased.</p>
<p><b>Increased access to mental health and addictions programs and services for adults, children and youth</b></p>	<p><b>The Grace Centre</b>            A provincial treatment centre for adults dealing with complex alcohol and drug addiction issues was officially opened in February 2016 in Harbour Grace. The Grace Centre operated by Eastern Health offers a holistic approach to treatment for people who are 18 years of age and older. The 18-bed facility offers medical, educational and therapeutic services in a safe and home-like environment for people who require more intensive levels of support, and the service complements the Humberwood Centre in Corner Brook.</p> <p><b>Naloxone Kits</b>            In November 2016, the Minister of Health and Community Services announced that 1,200 naloxone kits were being distributed to targeted populations in Newfoundland and Labrador and would be available at 52 sites across the province. The initiative increased access to naloxone, a safe and effective compound that reverses the effects of opioid overdose.</p> <p><b>Suboxone</b>            In December 2016, The Minister of Health and Community Services announced the next step in the</p>

Planned	Actual (2014 – 2017)
	<p>province’s Opioid Action Plan, the provision of suboxone as an alternative drug to methadone for people undergoing addictions treatment. Access to suboxone no longer requires special authorization under the Newfoundland and Labrador Prescription Drug Program. Increasing access to this drug ensures those in need receive access to drug therapy as early as possible in their treatment.</p> <p><b>System Navigator</b>  A Provincial Mental Health and Addictions (MHA) Systems Navigator position was implemented in late 2015. The navigator helps individuals, family members and stakeholders throughout the province to effectively navigate large and complex regional health care organizations as well as relevant government departments and community organizations. The position also serves as a central point of contact for inquiries by the public and service providers.</p> <p><b>Psychiatric Assessment Unit</b>  In 2016, funding was allocated to redevelop the Psychiatric Assessment Unit (PAU) at the Waterford Hospital to improve overall patient experience and enhance care. The funding provided for renovated space to enhance privacy and patient comfort and increased staffing, including an additional registered nurse position.</p> <p><b>Mental Health and Addictions Walk-in Service</b>  In February, 2017, Eastern Health introduced “DoorWays,” a mental health and addictions walk-in service, in seven locations throughout the region. As a result, health-care professionals, including psychologists, nurses, addictions counselors and social workers now offer single-session therapy services on a first-come, first-serve basis to those who feel they need to speak to someone right away. There is no triage, no intake process, and no wait list</p>

Planned	Actual (2014 – 2017)
	<p>associated with the service. Also, there is no formal clinical assessment and no formal diagnostic process, just one hour of therapy focused on a client’s stated needs.</p> <p><b>Provincial Recovery Centre</b>  In March, 2017, in an effort to respond more effectively and safely to the needs of individuals with complex addictions issues, the provincial Recovery Centre located in St. John’s transitioned to a “medically-supported service”. Under this model, individuals admitted to the Centre may receive medication to help with their withdrawal symptoms/health complications, and are monitored around the clock by nursing staff. Previously, the Centre operated as a non-medical, social setting detoxification program where those who underwent detox did so without any medications or medical support.</p> <p><b>Crisis Support in Labrador West</b>  In Fall, 2016, additional counselling resources were deployed to improve access and provide crisis support to the communities of Labrador West in response to an increase in suicide in the area. A collaboration of local municipal government, community organizations, health care providers and the Iron Ore Company of Canada was formed to proactively promote and support mental wellness in the region.</p>
<p><b>Explored options to improve access to primary health care services in the community</b></p>	<p>During the three-year reporting period, the Department engaged stakeholders and took concrete steps to renew primary health care in Newfoundland and Labrador. The following are examples of the strides made towards achieving this goal.</p> <p><b>Primary Health Care Advisory Committee</b>  In 2014, the Department of Health and Community Services assembled a Primary Health Care Advisory Committee to aid in the development of a primary health care reform plan. The committee has</p>

Planned	Actual (2014 – 2017)
	<p>representation from key stakeholder groups and played a central role in building consensus on the need for reform; ensuring key stakeholders were willing to participate in reforms; and identifying a vision, principles, goals and priorities for the plan.</p> <p><b>Primary Health Care Framework</b>  Stemming from the Advisory Committee’s work, in 2015 the Department released Healthy People, Healthy Communities: A Primary Health Care Framework. The Framework guides primary health care transformation in Newfoundland and Labrador. It included four overarching goals and 17 objectives.</p> <p><b>Interdisciplinary Health Care Teams</b>  In 2015 and 2016, interdisciplinary primary health care initiatives in Bonavista and in downtown St. John’s were established, each from their own unique circumstances. The Bonavista Primary Health Care initiative formed in response to an extrinsic need to improve access to primary health care services within the region. The Downtown St. John’s initiative began as a response to community stakeholders’ call to improve access and coordination of primary health care services and supports in the downtown area, particularly for at-risk populations including those living with mental illness and addiction.</p> <p>Both initiatives include strong community collaboration to determine how best to improve access to primary health resources in the community.</p> <p>In keeping with Government’s commitment in The Way Forward to expand primary health care teams across the province, in 2016-17, the Department identified Corner Brook and the Burin Peninsula as two new sites to implement interdisciplinary primary health care teams. The Department is working with the RHAs, communities, and health care providers on implementation plans to expand access to primary</p>

Planned	Actual (2014 – 2017)
	health care supports in these areas, as well as to identify additional sites for interdisciplinary primary health care teams.

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

Planned	Actual (2016-2017)
<p><b>Evaluated select areas of access to mental health services and identified areas for performance improvements</b></p>	<p>The All-Party Committee on Mental Health and Addiction’s mandate was to conduct a full review of the provincial mental health and addictions system to identify gaps in services and areas for improvement. The Committee heard from 69 mental health and addictions community-based groups, received 70 public presentations from individuals, families and organizations and held round-table sessions with 292 participants. In addition, the Committee received approximately 120 online and written submissions. On March 24, 2017 the Committee released its final report entitled Towards Recovery: A Vision for a Renewed Mental Health and Addictions system for Newfoundland and Labrador. The report contains 54 recommendations for system improvement. The Government of NL is committed to acting on all recommendations guided by an Action Plan that was released on June 27, 2017.</p>
<p><b>Continued the evaluation of various wait times for select health services</b></p>	<p><b>Emergency Departments</b>  The review of three of the 13 Category A Emergency departments were finalized in March 2017, in accordance with A Strategy to Reduce Emergency Department Wait Times in Newfoundland and Labrador. This review (the final one of several undertaken) supported the strategy’s goal to improve the efficiency of higher volume emergency departments.</p>

Planned	Actual (2016-2017)
	<p>The Charles S. Curtis Memorial Hospital, Labrador Health Centre, and Labrador West Health Centre developed emergency department performance monitoring reports that will now be used to track key wait time metrics on a regular basis.</p> <p>The Labrador-Grenfell Health region is also the first to implement a “Take a Number” numbering and time stamp system that captures the exact patient arrival time so that staff can monitor the time from arrival to when a patient is initially seen in the Triage/Registration area. This initiative is an example of progress toward the strategy’s goal to improve the collection, reporting and use of emergency department wait time data.</p> <p><b>Endoscopy</b></p> <p>In the first quarter of 2016/17, there were 142 patients waiting for an urgent colonoscopy procedure, which represents a 65 per cent reduction since the first quarter of 2014/15 when there were 407 patients waiting. During the same time, wait time reports showed that the majority of urgent colonoscopy cases were carried out within 56 days, compared to 64 days in the first quarter of 2014/15.</p>
<p><b>Evaluated select areas of access to community support services and identified areas for performance improvements</b></p>	<p><b>Provincial Home support Review</b></p> <p>A review of the provincial Home Support Program was completed by Deloitte Inc. in July 2016 and released publically in August. The report includes a current state review, key findings and 25 improvement opportunities, a roadmap and implementation strategy for program improvement efforts over a three-year period.</p> <p><b>Paid Family Caregiving Option</b></p> <p>The Paid Family Caregiving option under the Home Support Program was evaluated in September 2016 with recommendations for continuation and opportunities for improvement. The Paid Family Caregiving Home Support Option allows individuals to</p>

Planned	Actual (2016-2017)
	hire a family member to provide their care when eligibility requirements are met.

### Discussion of results

For the 2014-2017 reporting period, the Department of Health and Community Services was successful in achieving its goals and objectives in the area of access through the achievement of all indicators set out for the reporting period. By focusing on access to primary health care, long term care and community support services, mental health and addictions, wait times in key areas and innovative e-health solutions, the Department was able to achieve the goal of improved access to priority health and community services.

### Issue 3: Quality of Care and Efficiency

During the 2014-17 planning cycle, the Department committed to exploring new and improved systems and processes to ensure efficiencies are achieved within the health and community services system. Improved systems and processes can help create more streamlined processes for improved patient care as well as achieve cost savings.

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

Planned	Actual (2014 – 2017)
<b>Implemented Quality Improvements</b>	Efforts to develop patient safety legislation began in 2015-16 and the Patient Safety Act was proclaimed on March 21, 2017. The intent of the Patient Safety Act is to provide a legal framework for the quality assurance activities undertaken by the RHAs and the Department. It will require the RHAs to achieve consistency among the regions by setting standardized requirements for reporting, conducting quality assurance activities and for disclosure of information to patients and their families.
<b>Monitored implementation of operational improvement initiatives to ensure efficiencies realized</b>	In 2012, the Department announced that all RHA's would undertake operational improvements to ensure health care is delivered in the most efficient manner possible. Eastern Health was the first region to

Planned	Actual (2014 – 2017)
	<p>develop a plan to improve performance and efficiency of their operation and bring operational expenses more in line with other health service providers in Canada. The remaining three RHAs announced their respective plans in 2013.</p> <p>The Department worked with the RHAs throughout the planning period to monitor the implementation of operational improvement initiatives by collecting performance data on a semi-annual basis and monitoring progress toward targets. A total of \$84.7 million in operational savings and a reduction 961.3 FTEs were identified. As of March 31, 2016, 77 percent of operational savings were achieved and 69 percent of the FTE reductions had been implemented.</p>
<p><b>Explored further opportunities for operational efficiencies within the health and community services system</b></p>	<p><b>Home Support Review</b></p> <p>The Department engaged Deloitte Inc. to undertake a review of the provincial Home Support Program in December 2015. A driver of the review was to investigate reasons for the growth in caseloads and program expenditures. The report outlined a variety of suggested opportunities for improvement of the program. In response, the Department developed an implementation plan and this work is proceeding.</p> <p><b>New Management Structure</b></p> <p>In March 2017, the Department announced a new management structure for the RHAs and NLCHI in keeping with the Provincial Government’s approach to adopting a more effective structure for government departments as outlined in The Way Forward. The changes have resulted in more streamlined operations and a reduction in the cost of delivering programs and services through a net reduction of 93 positions.</p> <p><b>Medical Transportation Assistance</b></p> <p>In 2016, the Department engaged NLCHI to undertake a review of the Medical Transportation Assistance Program to determine the feasibility of a single entry-program for all medical transportation that would</p>

Planned	Actual (2014 – 2017)
	<p>reduce duplication and streamline service delivery. The review determined that a single entry program is feasible, and the Department is currently piloting a revised program as proposed in The Way Forward.</p> <p><b>Shared Services</b>  A shared services implementation team was established in 2015, with representation from the Department, to provide oversight and monitor the transition process of the Health Shared Services model to support the four RHAs and NLCHI.</p> <p>The work of the team continued throughout 2015-16 and 2016-17 on the delivery of its mandate. The Departmental representative on the implementation team has monitored the implementation work and provided periodic updates to Department executive on progress. The first component of the shared services model is supply chain management which was approved for implementation in July 2017.</p>
<p><b>Monitored implementation of clinical efficiency reviews</b></p>	<p>Clinical efficiency reviews were initiated in 2013 to examine how the delivery of clinical services and the overall patient experience could be improved by the RHAs. A clinical efficiency review was completed at Eastern Health in 2013 with the goal of setting benchmarks for the other RHAs to use as they complete reviews in subsequent years. These reviews were not completed due to a change in departmental direction; however, work proceeded to enhance clinical efficiency through other means.</p> <p>In response to the Auditor General’s recommendations, in 2015 the Department and RHAs initiated a review of acute care bed management to strengthen existing policies and procedures and streamline processes in an effort to improve patient care. The Department and RHAs regularly review performance data to achieve proper bed management and improve patient flow.</p>
<p><b>Implemented initiatives</b></p>	<p>The new Patient Safety Act requires the public</p>

<b>Planned</b>	<b>Actual (2014 – 2017)</b>
<b>toward enhancing patient safety</b>	<p>reporting of patient safety indicators. Hand hygiene adherence rates will be the first indicator to be publicly reported. The goal of hand hygiene auditing is to improve and sustain the hand hygiene practices of healthcare workers by providing a consistent provincial approach to a hand hygiene program. Results are used to improve healthcare worker understanding and compliance with established hand hygiene policies and procedures. This data, in addition to other information, assists RHAs with evaluating the effectiveness of their infection prevention and control interventions and facilitates further improvements based on this activity.</p> <p>Phase 1 of the provincial hand hygiene auditing and reporting system focused on acute care in-patient units. Implementation of phase 1 began on January 1, 2017 and RHAs have collected data for the first quarter of 2017. Hand hygiene data is being submitted to the Department after the end of each quarter, and it will be posted on the HCS website.</p>
<b>Enhanced the Provincial Ambulance Program</b>	<p>During the 2014-17 period a number of enhancements were made to the provincial ambulance program:</p> <p>Beginning in 2016, automatic vehicle location units have been installed on publicly funded ambulances to improve electronic data gathering capabilities and to allow for the tracking of ambulance operations.</p> <p>In 2016-17 the Department worked with the province's public and private training institutions to increase Primary Care Paramedic (PCP) training capacity in an effort to increase the supply of PCP's to meet the provincial ambulance program's staffing standards.</p> <p>In 2016 the Department hired a Management Analyst whose is responsible for the analysis and monitoring of ambulance program expenditures and activities.</p> <p>During the reporting period, road ambulance policies and procedures were rewritten and reformatted to incorporate consistent language and have been</p>

Planned	Actual (2014 – 2017)
	<p>reviewed with the Regional Health Authorities (RHAs) to ensure they are up to date.</p> <p>In 2016-17 the Department reviewed provincial and territorial ambulance systems through a formal jurisdictional scan to help identify ambulance system best practices.</p> <p>In 2016-17 the Department initiated the review of requirements for the development of ambulance legislation and regulations.</p>

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

Planned	Actual (2016-2017)
<p><b>Initiated the evaluation of performance on hand hygiene indicators</b></p>	<p>Provincial hand hygiene auditing and reporting began on January 1, 2017 and RHAs have collected data for the first quarter of 2017. The initial phase of auditing focused on acute care in-patient units. Phase 2 will include select long term care facilities and Phase 3 will include remaining locations and programs.</p>
<p><b>Initiated the evaluation of select changes resulting from the Laboratory Reform Initiative and identified areas for performance improvements</b></p>	<p>The potential impact of laboratory reform initiatives on the cost and efficiency of providing laboratory services was examined in 2016-17. This work included evaluating changes in select performance indicators over the 2011-12 to 2014-15 time period. As of March 31, 2017, data was summarized into tables and graphs for all listed indicators, and a report to summarize findings was under development.</p>
<p><b>Evaluated select policies in the area of health workforce planning</b></p>	<p>In 2016-17, the Department completed a review of some of its bursary and incentive program policies, specifically, the Bachelor of Nursing (BN) Bursary Program Policy and the Nurse Practitioner (NP)</p>

Planned	Actual (2016-2017)
	<p>Bursary Program (formerly the NP Grant Program) Policy. Feedback received from the RHAs indicated a desire to revise the bursary programs to better support targeted recruitment for difficult-to-fill vacancies. In March, 2017, revised BN and NP bursary policies were approved incorporating three key changes, namely, (i) bursary recipients will be required to complete their service commitment in a difficult-to-fill position; (ii) the amount of financial assistance available per individual recipient increased from a maximum of \$5,000, to a maximum of \$10,000, in exchange for a two-year service commitment; and (iii) RHAs may request an enhanced bursary (maximum of \$20,000 for a four-year service commitment) in situations where efforts to recruit with approved bursaries are unsuccessful.</p>
<p><b>Initiated an evaluation of the performance of regional public health services</b></p>	<p>During the 2016-17 fiscal year, the Public Health Division of the Department underwent significant reorganization, and as such, the evaluation of regional public health services was not initiated within the planning period.</p>

### Discussion of Results

For the 2014-2017 reporting period, the Department of Health and Community Services was successful in achieving its goals and objectives in the area of quality of care and efficiency through the achievement of most indicators set out for the reporting period. By focusing on quality improvements, improved patient safety and operational efficiencies, the Department was able to meet its goal to improve capacity to strengthen quality of care and achieve efficiencies in the provincial health and community services system. While clinical efficiency reviews and the evaluation of regional public health services were not completed as planned due to a change in priorities and departmental restructuring, respectively, the Department continues to support the RHAs in implementing initiatives to enhance the performance of public health services and in achieving clinical efficiencies.

# Opportunities and Challenges

There are a number of challenges facing the NL health and community services system including relatively low performance on health status indicators, aging population and relatively higher costs to deliver services. In the coming years, the Department will use a “Triple Aim” approach which involves a focus on better care for the individuals, better health for the population, and better value for health dollars within a province facing significant economic and financial challenges. Its focus will be on addressing challenges in primary health care, mental health and addictions and home and community support services to achieve a more cost-effective health system.

## **Primary Care**

Newfoundland and Labrador’s population is facing significant health challenges: 63 per cent of residents have at least one chronic disease, and 30.4 per cent of the population are obese<sup>1</sup>, 36 per cent of population have hypertension<sup>2</sup>, and 11 per cent of the population have Chronic Obstructive Pulmonary Disease<sup>3</sup>. As a result of these and other factors, including our aging population, rural geography and low physical activity rates, the Government of NL spends \$1,238 more on health care per person than the Canadian average (the Canadian average is \$4,095 per person compared to the NL average of \$5,333 per person).<sup>4</sup>

While significant, these challenges also present an opportunity to make tangible improvements in health outcomes, patient care and service delivery. Through the Primary Health Care Framework, and in support of commitments in The Way Forward to expand primary health care teams, the Department is working to enhance the delivery

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<sup>1</sup> Canadian Community Health Survey, 2014

<sup>2</sup> Canadian Chronic Disease Surveillance System 2014/15

<sup>3</sup> Canadian Chronic Disease Surveillance System, 2014/15

<sup>4</sup> National Health Expenditure Trends, Canadian Institute for Health Information, 2016.

of primary health care through increased access to primary health care practitioners and the establishment of interdisciplinary primary health care teams. This focus on the appropriate provision of primary health care will better support individuals, families and communities in staying healthy and managing illness, and as such, will help reduce the need for acute care services and more costly interventions such as emergency room visits, surgeries, drug utilization and hospitalization.

### **Home and Community Supports**

A significant challenge for Newfoundland and Labrador's health and community services sector is our rapidly aging population. Newfoundland and Labrador has the oldest median age in the country, and by 2035, it is anticipated that the number of individuals over age 65 will increase to 30 per cent. 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 disability. Individuals who do not have appropriate supports to meet their healthcare needs in their homes often stay in hospital longer after illness or injury, or require long term care in a healthcare facility. In the coming years, the Department will work to build the capacity of community support systems through the Home First Initiative<sup>5</sup> to provide the appropriate level of care to allow individuals to stay in their own homes and live comfortably in the community.

As outlined in *The Way Forward*, Government will implement the Home Support Action Plan, which was released in August 2016, to transform the provincial home support program, in support of seniors and persons with disabilities, including the implementation of healthy living assessments for seniors. In addition, our Government will expand the role of personal care homes. These improvements will modernize service delivery of these community support services, support appropriate utilization of health care resources and be more client-centered.

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<sup>5</sup> The Home First Initiative is a program designed to provide the necessary supports to individuals so they can return home after hospitalizations, to stay in their home as long as possible and potentially even prevent admission to long term care.

## **Mental Health and Addictions**

In March, 2017 the All Party Committee on Mental Health and Addictions released their report and recommendations. The document identified a number of gaps in the mental health and addictions system and 54 recommendations for improvement. Government committed in The Way Forward to transform the way mental health and addictions services are delivered. In June 2017, Government released its Action Plan on Mental Health and Addictions. This plan will be implemented through a new policy and program development governance structure supported by the Provincial Advisory Committee on Mental Health and Addictions and a new Recovery Council. Both new provincial and federal funding is being committed to support implementation.

## **System Sustainability**

The ongoing expense of the health and community services system is a significant challenge for the Department. While clinical expenditures are one component, operational expenditures also constitute a large proportion of the departmental and RHA budgets. This challenge presents an opportunity to streamline and minimize administrative and operational expenses within the RHAs and NLCHI to create better value in the health and community services system. The Department will implement a shared services model for the purchasing, human resource, information technology and telecommunications, marketing and communications, and finance and payroll functions of the RHAs. This model will achieve greater efficiencies and restrain spending by sharing the delivery of non-clinical functions, secure better value for money and create consistency and greater alignment. At the same time, the Department will need to engage the RHAs and other key stakeholders in identifying and implementing opportunities to coordinate clinical services across the four RHAs to achieve a provincial system of access to and delivery of care. Initial efforts that have been identified include mental health and addictions, diagnostic imaging and laboratory services.

By focusing on primary care, mental health and addictions, and home support and community care services while creating efficiencies within the health and community services system, the Department of Health and Community Services will be better

equipped to meet the challenges it is facing in improving outcomes and creating a more sustainable system.

## Financial Statements

<b>Financial Information</b>			
Department of Health and Community Services			
2016-17 Fiscal year			
Based on the Program Expenditures and Revenues of the Consolidated Revenue Fund			
for the Fiscal Year Ended March 31, 2017			
	<b>2016-17</b>		
	Actual Expenditure	Operating Budget	Original Budget
Current			
HCS Minister's Office	\$213,912	\$214,000	\$277,100
General Administration	\$16,188,708	\$16,168,900	\$16,986,300
MUN Faculty of medicine	\$57,518,700	\$57,518,700	\$57,518,700
Drug Subsidization	\$143,965,776	\$148,144,800	\$137,185,200
Medical Care Plan	\$475,022,525	\$474,335,700	\$496,304,800
Regional Health Authorities and Related Services	\$2,262,729,327	\$2,258,233,700	\$2,202,674,600
<b>Total Current</b>	<b>\$2,955,568,948</b>	<b>\$2,954,615,800</b>	<b>\$2,910,946,700</b>
Capital			
HCS- Building Improvements, Furnishings and Equipment	\$12,744,000	\$12,744,000	\$29,700,000
HCS Health Care Infrastructure	\$11,665,125	\$11,756,900	\$38,243,600
<b>Total Capital</b>	<b>\$24,409,125</b>	<b>\$14,500,900</b>	<b>\$67,943,600</b>
<b>Total Department</b>	<b>\$2,979,978,074</b>	<b>\$2,979,134,700</b>	<b>\$2,978,890,300</b>