



Macro Key Performance Indicators

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System Performance - Decision Support &
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Indicator Summary

Category	Indicator	Description	Frequency	Annual Target	Current Performance	Previous Performance	Relative Performance	
Access	Access to Family Physician	Percentage of Population without Access to a Family Physician	Annual	10.60	11.30 CY 2015	10.60 CY 2014	0.70	
Access	Ambulatory Care Sensitive Conditions	Rate of Ambulatory Care Sensitive Conditions	Annual	334	351 FY 2015-16	355 FY 2014-15	-1.13 %	
Access	ED Length of Stay (LOS) < 24hours	Percentage of admitted patients with LOS in ED less than 24 hours	Quarterly	90.00%	70.00% Q4 FY 16-17	74.00% Q3 FY 16-17	-4.00 %	
Access	Emergency Department Triage Level 4 and 5	Triage Level Four and Five Emergency Department Volumes	Quarterly	268570	65332 Q4 FY 16-17	66152 Q3 FY 16-17	-1.24 %	
Access	Mental Health Wait Time	Percentage of Mental Health Clients seen within Benchmark	Quarterly	90.00%	84.17% Q4 FY 16-17	86.52% Q3 FY 16-17	-2.72 %	
Access	Percentage of Patient Placed into Long Term Care from Hospital	First Time Placement of Patients in LTC from Hospital	Quarterly	35.40%	41.27% Q4 FY 16-17	43.80% Q3 FY 16-17	-5.78 %	
Access	Total Hip Replacement - Long Waiters	Percent of Current Wait List Classified as Long Waiters	Quarterly	25.00%	29.19% Q4 FY 16-17	31.76% Q3 FY16-17	-2.57 %	
Access	Total Hip Replacement within Target	Percent of THR Patients who had their Surgery within Benchmark	Quarterly	59.00%	48.40% Q4 FY 16-17	58.36% Q3 FY 16-17	-9.96 %	
Access	Total Knee Replacement - Long Waiters	Percent of Current Wait List Classified as Long Waiters	Quarterly	35.00%	35.48% Q4 FY 16-17	36.27% Q3 FY 16-17	-0.79 %	
Access	Total Knee Replacement within Target	Percent of TKR Patients who had their Surgery within Benchmark	Quarterly	43.00%	34.75% Q4 FY 16-17	34.99% Q3 FY 16-17	-0.24 %	
Access	Wait List Volumes for Home Care Services	Volume of Clients Waiting for Home Care Services	Quarterly	345	52 Q4 FY 16-17	155 Q3 FY 16-17	-66.45 %	
Access	Wait Time for Placement in Long Term Care	Wait Times for First Placement into Nursing Home	Quarterly	247	222 Q4 FY 16-17	264 Q3 FY 16-17	-15.91 %	
Experience of Care	Patient Experience	Patient Experience	Annual	90.00%	89.50% FY 2016-17	81.90% Multi-year	7.60 %	

Category	Indicator	Description	Frequency	Annual Target	Current Performance	Previous Performance	Relative Performance	
Innovation	Research Funds Attracted	Total Dollar Value of Research Awards Secured	Annual	21.35	23.05 FY 2016-17	21.10 FY 2015-16	9.24 %	
Population	Chronic Disease Burden	Percentage of Population with 5+ Chronic Diseases	Annual	5.09%	5.34% FY 2013-14	5.59% FY 2011-12	-0.25 %	
Population	Meningococcal Group C Vaccination Rate	Percentage of Grade 7 Children in NS Vaccinated for Meningococcal Group C	Annual	90.00%	94.00% School Year 2014-15	93.70% School Year 2013-14	0.30 %	
Population	Population Influenza Vaccination	Influenza Vaccination Rate for NS Population	Annual	43.80%	37.80% 2015-16 Flu Season	39.90% 2014-15 Flu Season	-2.10 %	
Safe Care	Hospital Standardized Mortality Ratio	HSMR	Annual	93	104 FY 15-16	112 FY 14-15	-7.14 %	
Safe Care	Unplanned Readmission Rate to Hospital	30 Day Unplanned Readmission Rate to Hospital	Quarterly	8.00%	7.10% Q3 FY 16-17	8.80% Q2 FY 16-17	-1.70 %	
Stewardship	Accumulated Depreciation to Fixed Asset Ratio	Measure of Accumulated Depreciation to Fixed Assets Ratio	Annual	50.00%	59.71% FY 16-17	57.72% FY 15-16	1.99 %	
Stewardship	Administrative Ratio	Administrative Ratio	Annual	4.58%	3.84% FY 15-16	4.44% FY 14-15	-0.60 %	
Stewardship	Budget Variance	Forecast - Operating Budget Variance	Quarterly	0.00	0.00 Q4 FY 16-17	-0.40 Q3 FY 16-17	0.40	
Workforce	Health Human Resources Vaccination Rates	Influenza Vaccination Rates for Health Human Resources	Annual	60.00%	42.00% 2016-17	44.70% 2015-16	-2.70 %	
Workforce	Workers Compensation Board - Lost Time Frequency	WCB Lost Time Frequency Rate per 100 Covered Workers	Quarterly	1.61	0.44 FY 16-17 Q4	0.34 Q3 FY 16-17	29.41 %	

Introduction

Nova Scotia Health Authority's (NSHA's) Performance and Accountability Framework outlines the structure and accountabilities for indicator reporting and monitoring. The framework specifies three levels of Key Performance Indicators (KPIs), namely: macro, meso and micro. Within the framework, there is a two way relationship between planning and measurement such that plans at each level will influence what indicators should be measured, and in turn, the indicator / performance results may influence the focus of a plan. The macro level indicators detailed in this report are focused on whole system measures that are closely linked to NSHA strategic priorities and to the Department of Health and Wellness mandate and strategic plan.

The selection, development and refinement of NSHA macro Key Performance Indicators (KPIs) have been underway since the early phases of transitioning to NSHA. Through this process, a set of 21 KPI categories, with 26 specific indicators, has been finalized with 12 KPIs reported annually and 14 KPIs reported on a quarterly basis. This list of indicators will be re-assessed annually and particularly during the 2016-17 year based on the early experience of NSHA and an increased knowledge base as to which indicators are most reflective of system performance. Combined, these indicators are intended to provide a multi-dimensional overview of the functioning of NSHA.

The KPIs are produced using various data sources, both internal and external to NSHA. As a result, the timeliness of the data on which the indicators are based differs. For example, those indicators that use data produced by the Canadian Institute of Health Information (CIHI) are retrospective based on the previous fiscal year of data, whereas those indicators produced via NSHA's finance system are based on current year-to-date information. To aid interpretation of the KPIs, the year in which the data was collected is provided.

System performance monitoring and reporting are vital activities for every health organization, and the results produced through these activities aim to improve quality and system performance and enhance health and health system sustainability and accountability.

The July 2017 report, includes new data for 13 quarterly KPIs and 11 annual KPIs. For these KPIs, the results, interpretation, and quality improvement strategies are outlined. We continue to work towards providing reporting of the percentage of approved interdisciplinary research projects which may be available later in FY17-18. People Services is also working diligently on numerous initiatives related to the accurate and timely reporting of vacancy rate information and anticipate regular reporting of the quarterly Vacancy Rate indicator using SuccessFactors beginning in Winter 2018.

Within this report, indicator targets and NSHA's performance in the current and previous reporting periods are outlined. For a quick snapshot of NSHA's performance indicators have been placed within a performance matrix. The matrix shows whether the indicator has met the decided upon target and whether the trend for the indicator is favourable, stable, or unfavorable based on the difference between the results from the previous and current reporting periods. Indicators listed in the pink boxes show that action should be taken to improve performance. Indicators listed in the yellow boxes should be closely monitored. Indicators listed in the green boxes have met the decided upon targets and performance should be celebrated.

Performance Matrix

	Unfavourable trend	Stable trend	Favourable trend
Meeting target	<p>ASSESS</p> <ul style="list-style-type: none"> • Ambulatory Care Sensitive Conditions • Chronic Disease Burden • Client Experience • Workers Compensation Board Lost Time 	<p>CELEBRATE</p> <ul style="list-style-type: none"> • Administrative Ratio • Budget Variance • Meningococcal Group C Vaccination Rate 	<p>CELEBRATE</p> <ul style="list-style-type: none"> • Unplanned Readmission Rate to Hospital • Wait List Volumes for Home Care Services • Research Funds Attracted • Wait List Volumes for Home Care Services • Wait Time for Placement in Long Term Care
Not meeting target	<p>ACT</p> <ul style="list-style-type: none"> • Emergency Department Length of Stay < 24hours • Total Knee Replacement within Target • Total Hip Replacement within Target • Total Hip Replacement- Long Waiters • Health Human Resources Immunization Rates • Hospital Standardized Mortality Ratio 	<p>ACT</p> <ul style="list-style-type: none"> • Access to Family Physician • Accumulated Depreciation to Fixed Asset Ratio • Triage Level 4 and 5 Emergency Department Volumes • Mental Health Wait Time • Population Influenza Vaccination 	<p>ASSESS</p> <ul style="list-style-type: none"> • Total Knee Replacement- Long Waiters • Percentage of Individuals Placed into Long Term Care from Hospital

For a more detailed summary of indicator performance, summary tables show targets for each indicator, results for the previous and current reporting periods, as well as trending between the two reporting periods. Each indicator has been color coded to match the performance matrix. Color coding has also been used in the detailed Key Performance Indicator sections of this report.

Macro Key Performance Indicators

Access to Family Physician

Why is it important?

This indicator is a proxy measure for access to a primary care provider or team, specifically, access to a family physician. Over time, it is expected that this indicator will be adapted to measure access to primary/community care collaborative teams. For many Canadians, the first point of contact for health service is their family doctor or primary care provider. Proactive primary/community health care employs preventative measures, manages chronic disease, and encourages self-care recommendations. Being without a regular primary care provider can impact an individual's ability to access early screening, prevention, and treatment of medical conditions. Research reveals links between lack of access to primary care, increased rates of unnecessary hospitalization (e.g., ambulatory care sensitive conditions), and inappropriate usage of emergency departments.

What is measured?

In the absence of a current validated measure for access to primary/community care provider or team, the current indicator measures the percentage of the population without access to a family physician. The data comes from the Canadian Community Health Survey, an annual self-report survey administered by Statistics Canada.

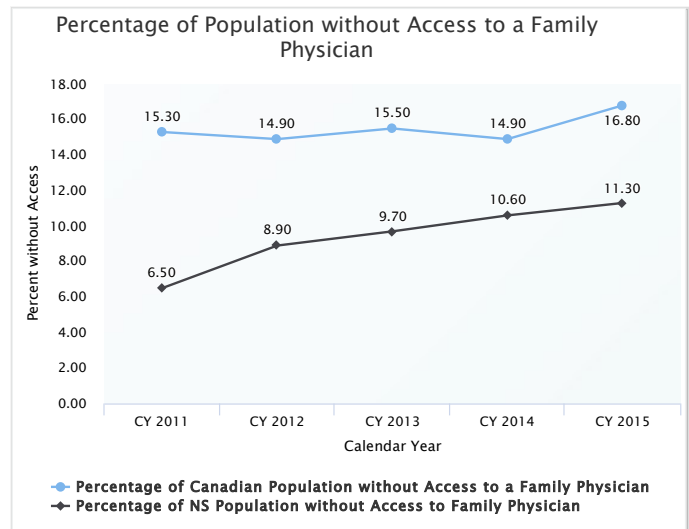
What do we intend to achieve?

NSHA has a goal to enhance access to primary health physicians and care teams in Nova Scotia. Given the trajectory of the national and provincial rates, Nova Scotia's recent experience in relation to this indicator and the appropriate pace of change in relation to, NSHA aims to first stabilize and then improve performance in relation to this indicator. NSHA's target is to reverse the rising trend overtime. In future years, the target is to reduce the percentage of Nova Scotians without a family doctor or primary care team each year by one percentage point per year, with future target as follows: 9.6% in 2016, 8.6% in 2017, and 7.6% in 2018.

How are we doing?

Since 2010, the percentage of Nova Scotians without access to a regular family doctor has increased. For Calendar Year (CY) 2015, the percentage of Nova Scotians without access to a family physician is 11.3%, a 0.6% increase from CY2014. This result is higher than the 10.6% annual target set for CY2015. The Canadian rate remained relatively stable from 2010 to 2014, but has increased by 1.9% to 16.8% in 2015.

Current Performance: 11.30 CY 2015
Previous Performance: 10.60 CY 2014



What are we doing about this?

The actions necessary to positively impact this rate overlap with those activities geared toward decreasing the Ambulatory Care Sensitive Conditions indicator. Actions underway to increase the number of primary care physicians and to plan for and establish primary/community care teams are specifically geared toward addressing this indicator. Examples of activities underway to positively impact this indicator include:

- An enhanced vacancy replacement program;
- Recruitment and placement of alternate primary care providers where appropriate;
- Increased focus on and enhancement of NSHA's overall physician recruitment efforts; and
- Improved return of service arrangements with physicians for under-served areas of Nova Scotia.

Ambulatory Care Sensitive Conditions

Why is it important?

Nova Scotians have high rates of chronic disease. This indicator helps in understanding how patients with chronic diseases access health services in Nova Scotia. Ambulatory Care Sensitive Conditions (ACSC) are chronic medical conditions that when treated effectively in community settings, should not, in most cases, lead to a hospital stay. Managing chronic diseases effectively in the community can improve patient outcomes while using fewer hospital in-patient services.

What is measured?

Ambulatory Care Sensitive Conditions include grand mal status and other epileptic convulsions, chronic obstructive pulmonary disease, asthma, diabetes, heart failure and pulmonary edema, hypertension, and angina. This indicator represents the rate of hospitalizations for these conditions per 100,000 population.

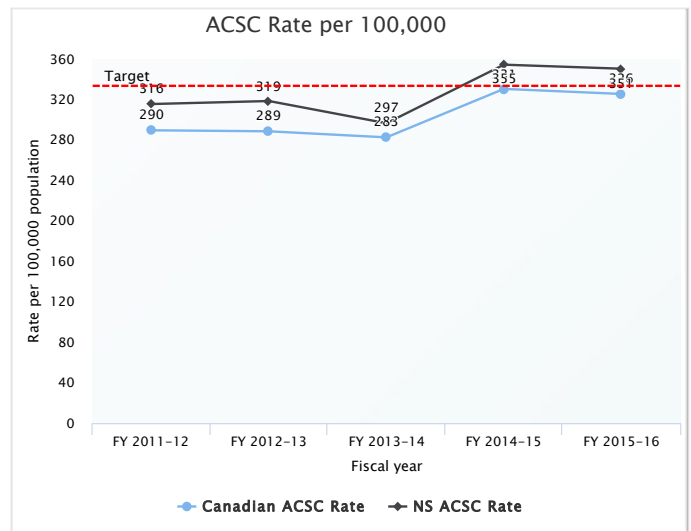
What do we intend to achieve?

NSHA aims to provide timely, effective, community-based health services to patients experiencing chronic diseases. While there is no agreed-upon target for the ACSC rate, NSHA has set a goal to enhance primary care access, reduce hospitalization for chronic disease, and bring down the ACSC rate. Based on historical rates, NSHA set a target to return to the 2009-10 ACSC rate of 334, with a long term goal of continuous rate reduction.

How are we doing?

There is no independently set or agreed on appropriate level of hospitalization for ACSCs. Across Canada, there are large regional variations in the rate of hospitalization for these conditions. Over the last nine years, the Nova Scotia trend has mirrored the Canadian trend but remained higher overall. The ACSC rate for Nova Scotia is 351- a decrease from FY14-15, but still higher than the national rate of 326.

Current Performance: 351 FY 2015-16
Previous Performance: 355 FY 2014-15



What are we doing about this?

Primary Health Care (PHC) and NSHA system partners currently offer many chronic disease prevention and management programs in the community to promote effective management of chronic conditions. NSHA's strategic plan sets a high priority on actions to continue building and enhancing community health care programs.

Collaborative work is currently underway to enhance primary care access for Nova Scotia. Some examples include:

- Review of current expectations for team and family physician roster size;
- Active recruitment of primary care providers
- Promotion of, and increase in, the number of collaborative Primary Health Care teams based on an assessment of community need.

ED Length of Stay (LOS) < 24hours

Why is it important?

The time spent (length of stay) in the emergency department (ED) for admitted patients is an important strategic indicator of overall health system flow and functioning. According to the Emergency Care Standards established by Nova Scotia in 2014, the time spent in the ED by admitted patients should be less than 24 hours. Research shows that when patients wait in the ED for admission to an inpatient unit, there may be broad system impacts, including increases in: overall ED wait times and ambulance offload times; number of patients who choose to leave without being seen; patient safety incidents; inpatient lengths of stay; and overall costs.

What is measured?

This indicator measures the percentage of patients who had an ED length of stay of less than 24 hours, when length of stay is measured from time of triage to time of departure from the ED.

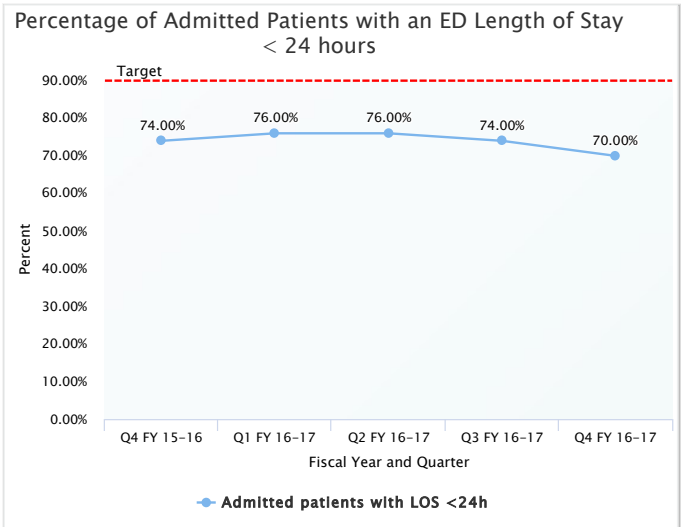
What do we intend to achieve?

This indicator is used to focus improvements in the efficiency for in-flow, through-fare and outflow from EDs. Internal data and research shows that maximum impact can be achieved through a particular focus on out-flow. As such, there are numerous initiatives underway focused on improving integrated, hospital-wide patient flow and coordination of care. The goal is to shorten the ED length of stay to meet the target such that 90% of admitted patients will have an ED length of stay of less than 24 hours.

How are we doing?

The percentage of admitted patients with an ED length of stay of less than 24 hours decreased from 74% in Q3 FY16-17 to 70% in Q4 FY16-17- an absolute decrease of 4%. Results for Q4 FY2016-17 fell short of the target of 90% set in the Emergency Care Standards. Results have slowly been decreasing since Q2 FY2016-17.

Current Performance: 70.00% Q4 FY 16-17
Previous Performance: 74.00% Q3 FY 16-17



What are we doing about this?

The following NSHA initiatives focus on improving integrated, hospital-wide patient flow / care processes:

- Provincial Patient Flow Operations Committee is a diverse and interdisciplinary group which meets monthly to discuss flow issues across the patient care continuum.
- Access and flow committee of senior leadership has been meeting to develop strategies to improve patient flow
- ‘Patient repatriation’ or returning patients to their local hospital from an alternate facility when they no longer require the higher acuity services;
- Improved discharge planning within the hospital and enhanced community care capacity;
- A draft of an ‘overcapacity’ protocol has been developed and is being vetted through stakeholders that will enable transferring admitted patients to inpatient units when critical thresholds have been exceeded in EDs;
- Implementation of a NSHA collaborative, action oriented team, meeting three times per week (Monday, Wednesday, Friday) where patient flow leaders and coordinators in all zones will discuss patient flow pressures, actions taken or planned, and develop and implement coordinated processes, including regular reporting to senior leadership; and
- Planning and design work is underway with Medworxx to develop an ED ‘patient tracker’ module for several sites to enable the collection of standardized emergency data across NSHA.

Emergency Department Triage Level 4 and 5

Why is it important?

Patients seen in the emergency department (ED) with triage level four (semi-urgent) and five (non-urgent) conditions may, in many instances, be individuals who could be seen in a primary care setting. This indicator is viewed as a proxy indicator of primary care access since individuals with semi-urgent or non-urgent health concerns may present to the ED when primary care access is delayed or is not conveniently available. Assessing ED utilization patterns over time, for semi-urgent and non-urgent patients, provides valuable insight and information for primary health care planning purposes.

What is measured?

This indicator measures the total of all ED visits that fall into Canadian Triage and Acuity Scale (CTAS) levels four and five. Level four patients are those who present with semi-urgent conditions, and level five patients are those who present with non-urgent conditions.

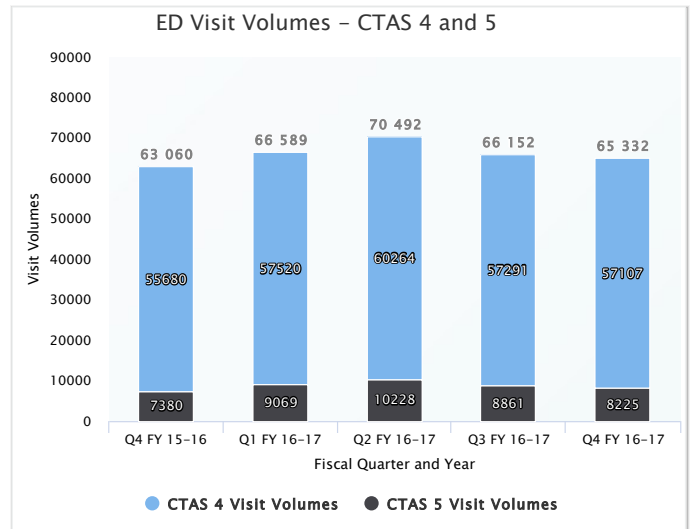
What do we intend to achieve?

NSHA is committed to achieving accessible and appropriate primary care across Nova Scotia- including urgent appointments and after hours care. NSHA aims to reduce the number of patients with semi-urgent and non-urgent conditions seen in EDs by 3000 in FY16-17. This sets the NSHA FY16-17 target at 268,570 or approximately 67,142 per quarter.

How are we doing?

The total number of CTAS 4-5 visits for Q4 FY16-17 is 65,332- lower than the quarterly target of 67,143. This is a 1% decrease from last quarter. Visit volumes decreased for CTAS levels 4 and 5. There was a total of 268,565 CTAS 4-5 visits for FY16-17. The annual target of 268,570 was met.

Current Performance: 65332 Q4 FY 16-17
Previous Performance: 66152 Q3 FY 16-17



What are we doing about this?

To positively impact this indicator, a multi-pronged strategy is being implemented, including work around identifying and addressing the needs of frequent users of non-urgent emergency services, community education and efforts to increase accessible and appropriate primary health care services. Work continues to establish collaborative primary/community health care teams across Nova Scotia. A key objective is to build and implement a system that supports enhanced access, both for urgent appointments and after-hours care. It is expected that individuals will rely less on hospital-based care when they have access to a range of health providers close to home; collaborative teams are designed to provide the most appropriate care to address patient needs and to take pressure off emergency services.

Mental Health Wait Time

Why is it important?

For the many Nova Scotians who experience mental health concerns or illness, access to timely health services and supports may be required to achieve positive mental wellbeing. Delays in accessing necessary supports can impact an individual's ability to achieve positive health outcomes. In 2011, the Nova Scotia Mental Health Wait- Time Advisory Committee developed wait time standards and a recommendation that 90% of clients receive service within the wait-time target.

What is measured?

This indicator measures the wait-time to the Choice/initial appointment. This measure aggregates wait-times across all priority levels. As a result, NSHA is working on the development of an indicator specific to wait-times for clients with an urgent priority level classification.

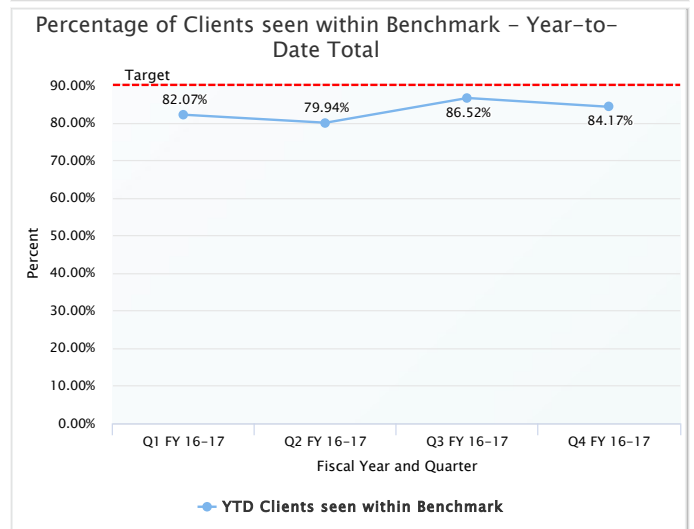
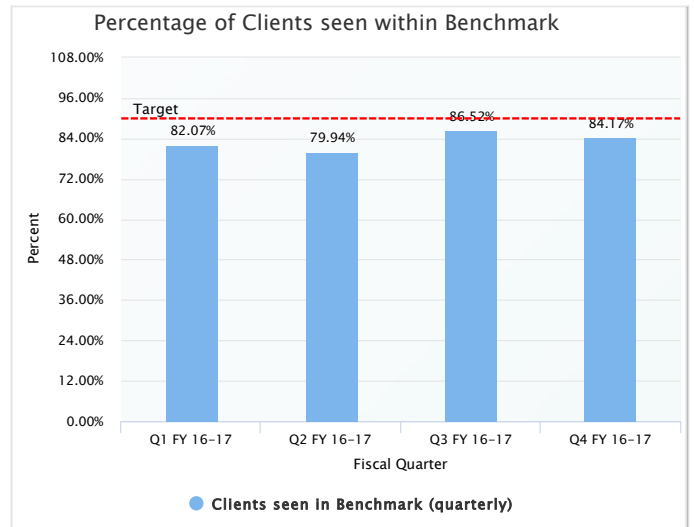
What do we intend to achieve?

NSHA has a goal to improve access to quality, evidence-informed and appropriate mental health service across the spectrum of priority levels, but particularly for clients with an urgent priority rating. NSHA has set a target at 90% of clients having a wait-time that is within the target.

How are we doing?

In the fourth quarter of FY16-17, 84.17% of clients met the benchmark an absolute decrease of 2.35% from the previous quarter.

Current Performance: 84.17% Q4 FY 16-17
Previous Performance: 86.52% Q3 FY 16-17



What are we doing about this?

Measurement of wait times within Mental Health is currently negatively impacted by a variety of factors. This causes some questions of validity with regard to variation in wait times over time. To overcome challenges associated with current performance measurement, the Mental Health and Addictions Leadership Team is working to standardize: business processes related to wait time measurement, including consistent use of scheduling software; clinical care pathways; models of service delivery; and admission and discharge practices.

Successful standardization of the above mentioned factors should significantly increase validity of data, and help to inform leaders about required changes to improve services.

Percentage of Patient Placed into Long Term Care from Hospital

Why is it important?

Returning home, or avoiding an inpatient admission can be supported with an enhanced focus on the Home First approach. This approach aims to discharge elderly patients home after an acute episode in hospital instead of assuming that Long Term Care (LTC) is the only option. Returning to or remaining at home with necessary community supports allows patients and their families to better judge what's best for them, and also reduces the amount of time spent in an acute care institution.

What is measured?

This indicator is the percentage of patients placed into LTC from hospital. This measure captures initial placements only.

What do we intend to achieve?

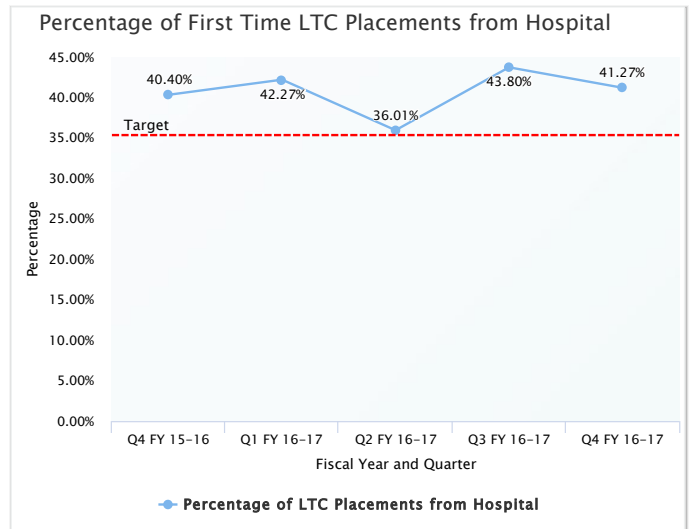
It is recognized that a hospital is not the ideal environment from which to make major life decisions such as placement in LTC. The goal is to reduce significantly, over time, the number of patients placed from hospital while also ensuring that those individuals at the most risk and in the most need are prioritized for placement.

NSHA has a target to reduce LTC placement from hospital in FY16-17 to a rate of 35.4%.

How are we doing?

For the fourth quarter of FY16-17, initial placements into a Long Term Care facility from hospital accounted for 41.3% of all placements. This is an absolute decrease of 2.6% from the previous quarter. The overall percentage of initial placements into a Long Term Care facility from hospital for FY2016-17 was 41.05%- higher than the 35.4% target set for FY16-17.

Current Performance: 41.27% Q4 FY 16-17
Previous Performance: 43.80% Q3 FY 16-17



What are we doing about this?

Working with Department of Health and Wellness (DHW), NSHA is making further changes to the placement policy to ensure that those individuals at the most risk and in the most need are prioritized for placement. This new triaging system will be implemented in FY 2017/18. It will ensure timely access to LTC beds, and has an additional goal of preventing caregiver burnout and crisis which can lead to presentation at hospitals. It will also provide assurance and confidence for clients and families being discharged home from hospital that placement to LTC can be facilitated quickly if needed.

In addition we are working with physicians and colleagues in the acute care system in the Western zone where patients being placed from hospital still outnumber those being placed from home to nursing home. It is hoped that this targeted approach will enable further improvement in this indicator.

Total Hip Replacement - Long Waiters

Why is it important?

The elimination of the backlog of individuals waiting longer than 365 days (i.e., long waiters) for their surgery will refocus the system’s efforts toward meeting the national benchmark of 182 days for new patients as they are placed on the waitlist. In essence, removing the need to “play catch up”, maximizing system efficiency and improving patient outcomes.

What is measured?

Hip replacement is a surgical procedure in which the hip joint is replaced by a prosthetic implant. This procedure is generally done to relieve arthritis pain, or fix severe physical joint damage as part of hip fracture treatment. This indicator measures the percentage of patients on the current wait list waiting longer than 365 days at the end of each fiscal quarter.

What do we intend to achieve?

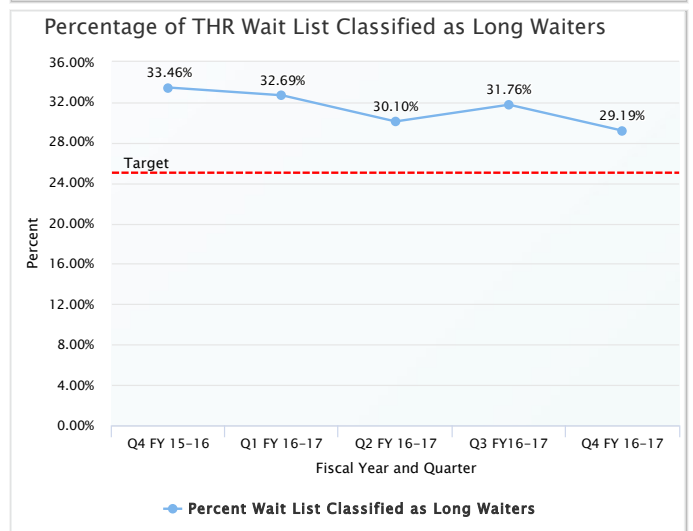
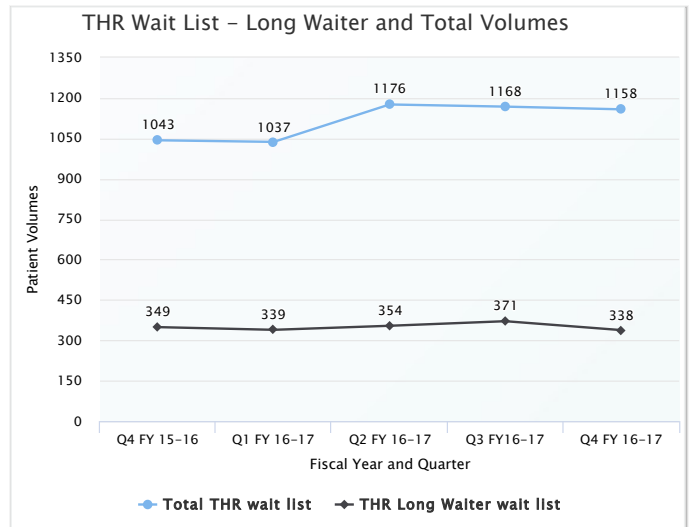
NSHA has a goal to bring surgical wait-times for THR under 365 days and then to the national standard.

NSHA has set a target to decrease the percentage of clients waiting longer than 365 days for their THR by 5.3% per year. For FY16-17, this equates to a target of 24.63%.

How are we doing?

There has been a 2.6% absolute decrease in the percentage of long waiters between Q3 and Q4 FY2016-17 (from 31.8% to 29.2%). The percentage of long waiters still waiting for their THR at the end of FY2016-17 is 30.9%, which fails to meet the annual target of 25%.

Current Performance: 29.19% Q4 FY 16-17
 Previous Performance: 31.76% Q3 FY16-17



What are we doing about this?

Actions required to address this indicator align with the actions outlined for the Total Hip Replacement Within Target and Total Knee Replacement Within Target Indicators.

Total Hip Replacement within Target

Why is it important?

There is a very high demand in Nova Scotia for Total Hip Replacement (THR) surgery. Delayed access to this surgery can negatively impact on a person's quality of life, physical and psychological health, and may lead to a poorer long term prognosis.

What is measured?

Hip replacement is a surgical procedure in which the hip joint is replaced by a prosthetic implant. This indicator is the percentage of people having their THR surgery within the target wait time (182 days). The wait time is defined as the time between when the orthopaedic surgeon confirms the patient requires a THR to the time the patient undergoes the surgery.

What do we intend to achieve?

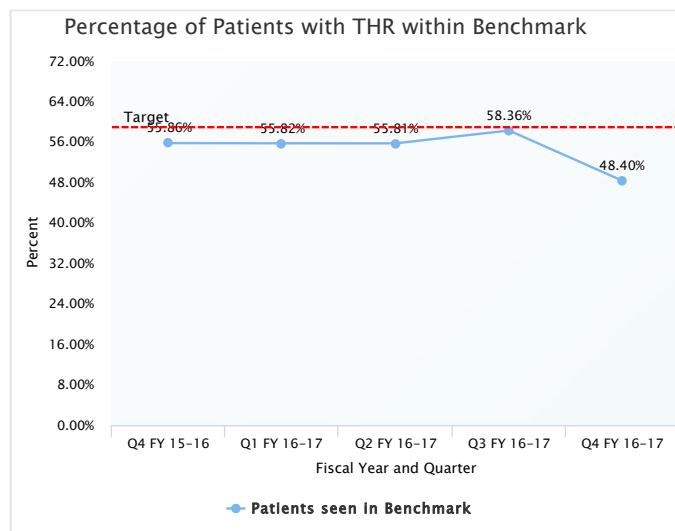
NSHA has a goal to meet the health services needs of Nova Scotians through timely access to safe, high-quality orthopaedic surgery. The Peri-Operative Program will increase access to THR by capitalizing on the many efficiencies gained through comprehensive provincial planning, with an aim to achieve the national target of 90% over time through incremental increases. The target for FY 2016-17 is an absolute increase of 5% over FY15-16 (to 59.32%).

How are we doing?

There was an increase in the total number of procedures completed in Q4 FY16-17 while the number of procedures completed within the benchmark remained relatively stable resulting in a decrease in the percentage of procedures completed within the benchmark from 58.36% to 48.40%. The overall percentage of patients receiving their surgeries within the benchmark for FY16-17 is 54.35%- below the annual target of 59%.

Current Performance: 48.40% Q4 FY 16-17

Previous Performance: 58.36% Q3 FY 16-17



What are we doing about this?

Actions required to address THR are consistent with those measures outlined for the TKR indicator and include:

- Adopting a system-wide approach to ensure access to surgical beds occurs within a timely manner;
- Adopting a system-wide approach to program planning including OR time allocation based on population need;
- Increasing capacity in the Orthopaedic Assessment Centres and standardize service offerings to include the pre-hab exercise program offered in Sydney;
- Maximizing the orthopaedic long waiter strategy money to perform 800 additional cases with a goal of increasing to 1200 in the following year; and
- Reviewing the long waiter lists and offer patients who are on a list outside their home zone access to services closer to home if the wait is less.

Total Knee Replacement - Long Waiters

Why is it important?

The elimination of the backlog of individuals waiting longer than 365 days (i.e., long waiters) for their surgery will refocus the system's efforts toward meeting the national benchmark of 182 days for new patients as they are placed on the waitlist. In essence, removing the need to "play catch up", maximizing system efficiency and improving patient outcomes.

What is measured?

This indicator measures the percentage of patients on the current waitlist waiting longer than 365 days at the end of each fiscal quarter. The wait time is measured as the time from when the orthopaedic surgeon confirms the patient requires a TKR to when the patient undergoes the surgery.

What do we intend to achieve?

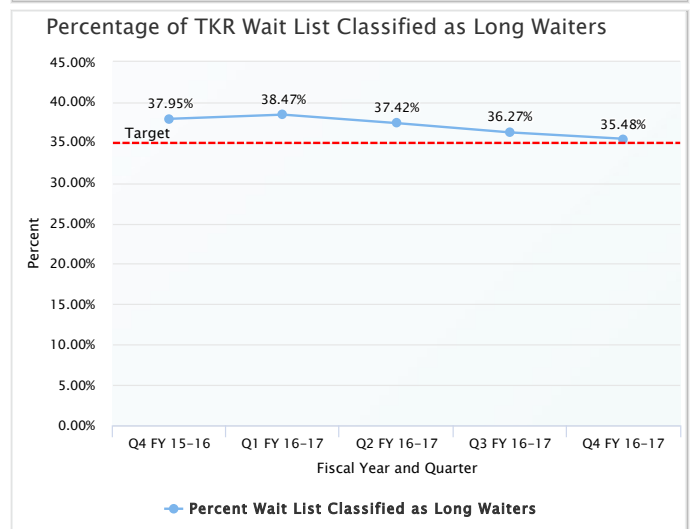
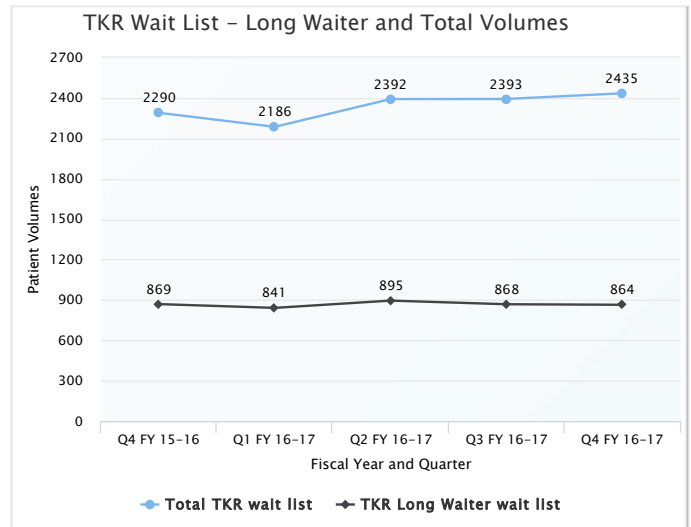
NSHA has a goal to bring surgical wait times for TKR under 365 days and then to the national standard of 182 days.

NSHA has established a goal to decrease the percentage of clients waiting longer than 365 days for their TKR by 4% each year. For FY16-17, this equates to a target of 34.73%.

How are we doing?

The percentage of waitlisted clients waiting greater than 365 days for surgery decreased by 0.8% to 35.5% in Q4 FY16-17. The total volume of clients awaiting surgery increased between Q3 and Q4 FY16-17. The percentage of patients receiving their surgeries within the benchmark at the end of FY2016-17 is 35.5% - just slightly higher than the annual target of 35%. There has been a steady decline in the percentage of long waiters since Q1 FY16-17 showing a positive trend in performance.

Current Performance: 35.48% Q4 FY 16-17
Previous Performance: 36.27% Q3 FY 16-17



What are we doing about this?

NSHA recognizes the long wait-times for orthopedic procedures such as TKR. In addition to the general measures outlined for the Total Knee Replacement Within Target indicator, NSHA is taking a multifaceted approach to this issue. Initiatives include:

- Wait-list validation to make sure those on the waitlist are actually ready to have the surgery;
- Increase access to preventative rehabilitation to increase surgery readiness and slow the progression of illness to delay or eliminate the need for surgery; and
- Increase the volume of procedures performed through access to targeted resources from DHW, as well as maximizing surgical capacity focused in areas with greatest need.

Total Knee Replacement within Target

Why is it important?

There is a very high demand in Nova Scotia for Total Knee Replacement (TKR) surgery. Delayed access to this surgery can negatively impact on a person's quality of life, physical and psychological health, and may lead to a poorer long term prognosis.

What is measured?

TKR is a surgical procedure in which the weight-bearing surface of the knee joint is replaced to relieve the pain and disability of osteoarthritis. This indicator is the percentage of patients who had their knee replacement surgery within the benchmark time of 182 days.

What do we intend to achieve?

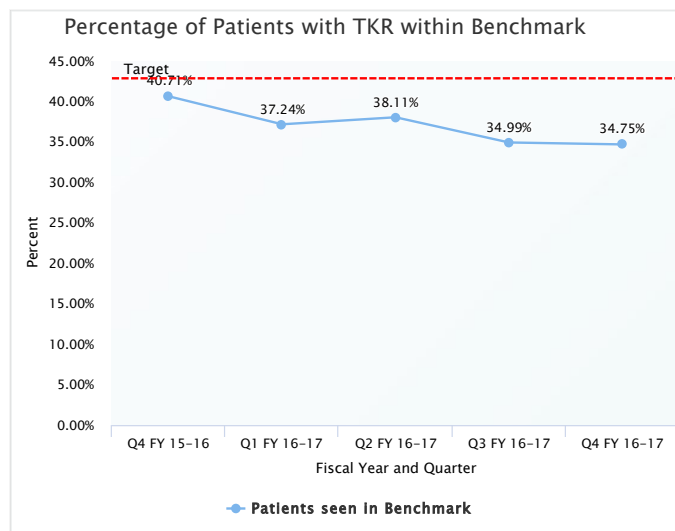
NSHA has a goal to meet the health services needs of Nova Scotians through timely access to safe, high-quality orthopaedic surgery. The Peri-Operative Program will increase access to TKR by capitalizing on the many efficiencies gained through comprehensive provincial planning, with an aim to achieve the national target of 90% over time through incremental increases. The target for FY16-17 is an absolute 4% increase over FY15-16 (to 42.49%).

How are we doing?

The quarterly percentage of patients receiving their surgery within the benchmark decreased by .2% to 34.8% in the fourth quarter of FY16-17. The overall percentage of patients receiving their surgery within the benchmark for FY2016-17 is 36.29% falling short of the 43% annual target.

Current Performance: 34.75% Q4 FY 16-17

Previous Performance: 34.99% Q3 FY 16-17



What are we doing about this?

NSHA recognizes the long wait times for orthopedic procedures such as Total Knee Replacements. Going forward we will:

- Adopt a system-wide approach to ensure access to surgical beds occurs within a timely manner;
- Adopt a system-wide approach to program planning including OR time allocation based on population need;
- Increase capacity in the Orthopaedic Assessment Centres and standardize service offerings to include the pre-hab exercise program offered in Sydney;
- Maximize the orthopaedic long waiter strategy money to perform 800 additional cases with a goal of increasing to 1200 in the following year.
- Review the long waiter lists and offer patients who are on a list outside their home zone access to services closer to home if the wait is less;
- Maximize the use of the unicondylar knee when appropriate, as this implant takes the place of the damaged area of the knee, leaving the other compartments intact – it is more of a partial replacement

Wait List Volumes for Home Care Services

Why is it important?

Home Care services consist of nursing services and home support services. Home support services supplement the informal supports people receive from their family, friends or community and include personal care, respite, meal preparation and essential housekeeping. Through provision of Home Care, people are able to remain as independent as possible, stay living in their homes and communities and yet still receive the services they require, including support for end of life care. Delay in receipt of Home Support services can lead to longer hospital stays (delays in discharges), unplanned readmissions, and premature admission to nursing homes. Home Support Waitlist volumes provide a proxy measure for service supply and demand in any given area and can be used to inform future service planning.

What is measured?

This indicator is a measure of the number of people on the Home Support waitlist on the last report day per quarter. Over time, an indicator measuring the average wait time for home care services will be developed.

What do we intend to achieve?

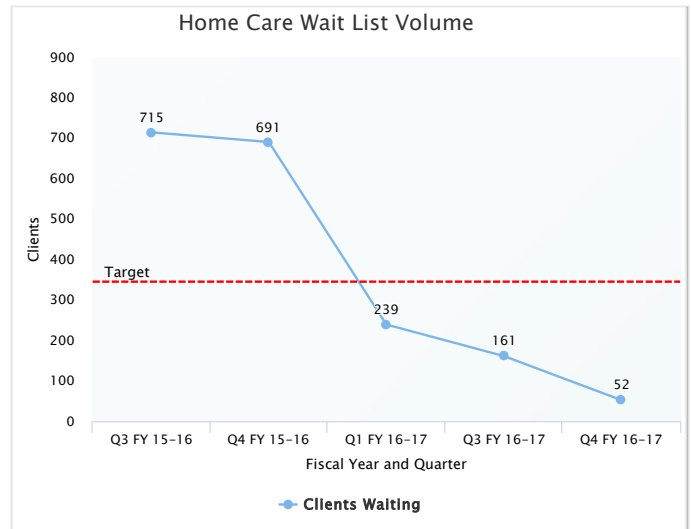
NSHA has a goal to maximize the support to individuals in the community through a continued focus on the Home First approach. This is supported by an objective to work collaboratively with home care providers to reduce the home support waitlist by 25% in FY15-16 and 50% in FY16-17 as we work towards the eventual elimination of the home support waitlist by FY17-18.

How are we doing?

At the end of Q4 FY16-17, there were 52 people on the Home Support wait list- a 66% reduction from last quarter. This result is considerable lower than the target of 345- a 50% reduction for FY16-17.

Since Q4 FY15-16, wait list volumes have been decreasing each quarter equating to a 92.5% (639 clients) reduction overall. The largest wait list reduction occurred between Q4 FY15-16 and Q1 FY16-17, and wait lists have continued to decrease each quarter since then.

Current Performance: 52 Q4 FY 16-17
Previous Performance: 155 Q3 FY 16-17



What are we doing about this?

To ensure that Home Care services are there for individuals when they need them, an action plan has been established. This includes strategic interventions in the following areas to achieve targeted reduction in Home Support waitlists:

- Improved communication with agencies through progress notes and committees/forums.
- Improved communication with clients and families through redesigned client information packages, including efforts to reduce cancelled visits.
- Greater system efficiencies including a plan to address client reassessments, increased use of technology, support to maximize scope of practice, and performance measurement.
- Collaboration with DHW to introduce performance-based contracts for Home Care Agencies.
- Consistent service authorization including implementation of audit processes, documentation of exceptions to policy, review of service authorization practices, revision to service authorization guidelines, and development of waitlist priority categories.

Since April 2015, NSHA has worked with VON and NSGEU to understand the reasons for and explore solutions to home support waitlists. This has resulted in the elimination of longstanding waitlists in Pictou County, Annapolis Valley, and Tri County (Digby, Yarmouth, Shelburne). Work with other agencies has resulted in the elimination of waitlists in Digby/Clare and Antigonish, and a 43% reduction in the Halifax area.

Wait Time for Placement in Long Term Care

Why is it important?

Timely access to the appropriate level of Long Term Care (LTC) is increasingly important given the aging population in Nova Scotia. For individuals who are medically stable, and when their needs cannot be met through home care, placement to a nursing home may be indicated.

What is measured?

This indicator measures the median number of days waited for placement from Community Settings, into Nursing Home LTC facilities licensed and funded by Department of Health and Wellness (DHW). The start date is the date the patient/client completed the wait-time registration process and the end date is the date the patient/client accepts placement into LTC.

What do we intend to achieve?

NSHA has a goal to ensure timely access to the appropriate level of LTC. The target aims to reduce the wait time for placement in Nursing Homes by 25% during FY16-17. Specifically, the target wait time for placement from a Community Setting is 247 days.

How are we doing?

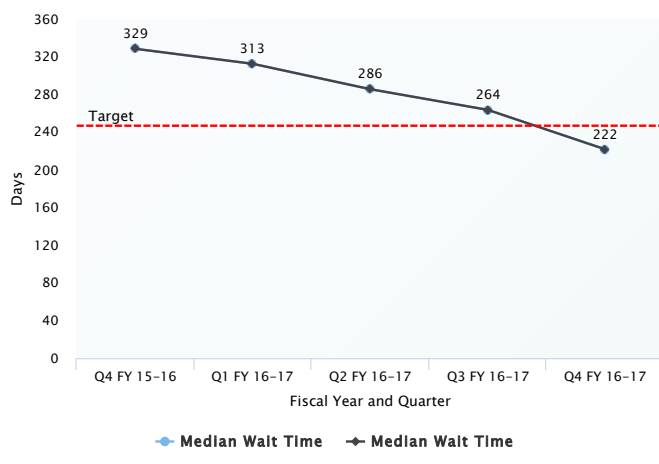
The median wait time at the end of Q4 FY16-17 was 222 days. This represents a 15.9% decrease from Q3 FY16-17. The target of a 25% reduction in median wait time in FY16-17 compared to FY15-16 has been met- median wait times were reduced by 32.5%.

Current Performance: 222 Q4 FY 16-17

Previous Performance: 264 Q3 FY 16-17



Median Wait Time for Nursing Home Placement from Community Setting



What are we doing about this?

On March 2, 2015, NSHA implemented important changes to the LTC placement policy and processes. Prior to this year, individuals on the waitlist for placement into LTC were able to defer placement, when an available bed was offered, for a variety of reasons. This had a negative effect on the volume and length of time individuals were waiting, and as a result, post March 2, 2015, this option is no longer available. An individual who refuses placement in an available bed is now removed from the waitlist. In addition, care coordinators must explore all options to support the individual at home before seeking placement, and a standard response time of 6 days for filling vacant beds was introduced. It is anticipated that these changes will reduce both the volume and length of time individuals need to wait.

As we implement Phase 2 of the Long Term Care Policy changes, modifications to this indicator will be required to reflect wait times based on prioritized level of need.

Patient Experience

Why is it important?

Person-centred, high-quality, safe and sustainable health and wellness is at the heart of NSHA. Effective understanding of the experiences of those we serve is necessary in order to achieve this. Patient experience data can be used to improve person-centred care, increase safety, use resources more wisely, and ensure we meet the expectations of our patients and their families.

Accreditation Canada requires an assessment of patient experience at minimum once every four years.

What is measured?

This indicator measures results of patient experience surveys completed by a sample population. The questionnaires focus on assessing patient experiences or interactions with the health system. Results of two specific questions will be reported. These questions are: 1) Would you recommend the facility/service to your family member or friend? and 2) What number would you use to rate this hospital/service during your stay/service, on a scale of 0-10?

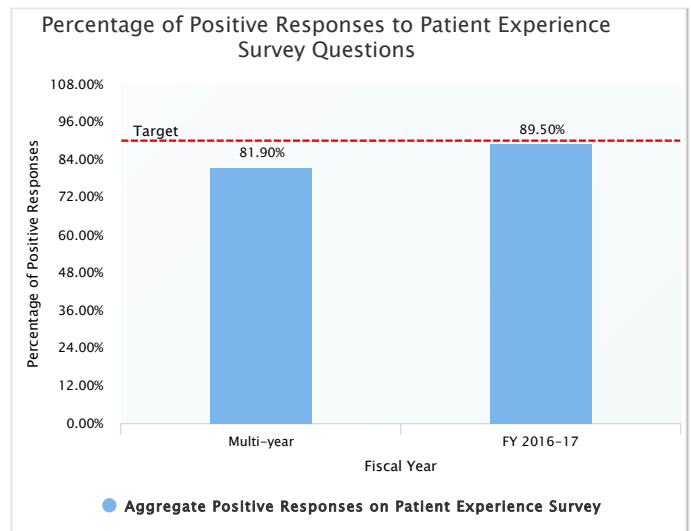
What do we intend to achieve?

Patient experience and public engagement are priorities for NSHA. NSHA has set a goal to enhance our patient's experience of care and engagement in health service decision-making. Historically, patient experience related to inpatient stay has been measured. NSHA has set a performance target of 90% for positive responses on the selected patient experience questions.

How are we doing?

NSHA undertook its first patient experience survey in the 2016-17 fiscal year. Results of the survey showed that 89.5% of patients rated their overall experience of care positively. This is an increase of 7.3% from the previous aggregate measure and is just shy of the 90% target.

Current Performance: 89.50% FY 2016-17
Previous Performance: 81.90% Multi-year



What are we doing about this?

Results from the Patient Experience Survey have been shared with NSHA Teams, Committees and Councils to inform targeted action plans to address areas for continued quality improvement.

Broad initiatives are in place to include patients and family on NSHA Teams, Committees and Councils to ensure that the patient voice is heard, and used to improve overall experience.

NSHA has established a patient, family and public advisory council, a joint council for patients, family and public representation to engage and plan together to enhance the experience of care in NSHA.

NSHA has also developed a Patient Feedback Line, it is a 1-800 number that patients and families can use across NSHA, and it is directly linked to designated staff in all zones.

A 'Patient Voice' initiative is in development. This will see audio clips of patient stories available on NSHA's intranet for use by staff, management and physicians as an additional means of integrating patient experience into planning and decision making.

In Eastern Zone, electronic Patient Experience Kiosks will be set up in three hospitals to allow the provision of real time patient experience feedback.

Research Funds Attracted

Why is it important?

The field of health services research is highly competitive, and the ability to attract and retain top quality researchers relies in part, on an organization's ability to obtain large, multi-year funding opportunities. Further, high quality, patient-oriented research programs are very expensive to establish and operate. Even with regular operating budgets from an organization, these programs are highly dependent on external funding to ensure success in this highly competitive area.

What is measured?

This indicator measures the total dollar value of research awards secured.

What do we intend to achieve?

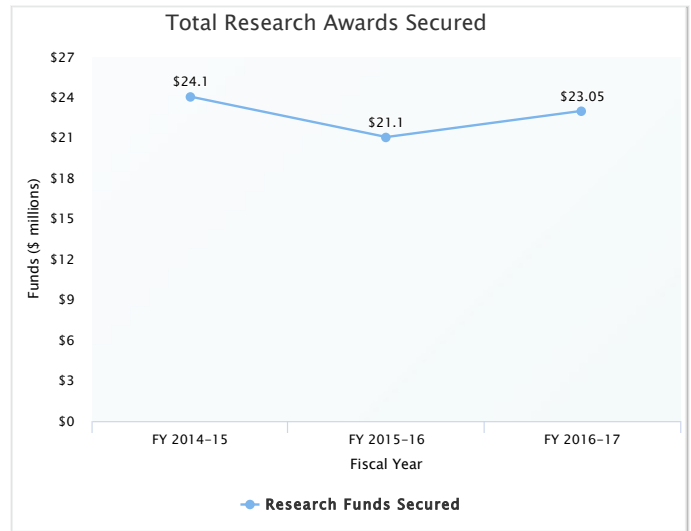
NSHA is committed to improving the delivery of quality health services by increasing province-wide, patient-oriented, outcomes-based research, with an emphasis placed on interdisciplinary research. NSHA has set a target to increase the total dollar value by 1% per year.

How are we doing?

The year-end total for Research Funds awarded was 23.05 M, this up 1.95M from 21.1M in FY15-16 surpassing the targeted 1% increase.

*This does not include any funds that are administered at Dalhousie for research taking place at NSHA.

Current Performance: 23.05 FY 2016-17
Previous Performance: 21.10 FY 2015-16



What are we doing about this?

NSHA Research Service has expanded across the four NSHA zones, including the addition of Research Facilitators in Western, Northern and Eastern zones, to promote and support research throughout NSHA. Research Services is working with the IWK and Dalhousie to improve grant capture for health research. The Research Fund has been expanded to include all of NSHA; these awards will provide impetus for research to happen in all four zones.

Chronic Disease Burden

Why is it important?

Nova Scotia has some of the highest rates of chronic disease in the country, and also scores low on many of the social determinants of health, compounding an already poor provincial health profile, and highlighting the need for effective chronic disease management and primary prevention efforts. Evidence supports the assertion that high rates of chronic disease, coupled with poor chronic disease management, can lead to negative health outcomes and high health care costs. There is also a body of evidence to suggest that both of these outcomes are, for the most part, preventable.

What is measured?

This indicator is a measure of the percentage of a population who self-reported on the Canadian Community Health Survey (CCHS) that they have been diagnosed by a health professional as having five conditions from the following possibilities: Asthma, Arthritis, High Blood Pressure, COPD, Diabetes, Heart Disease, Cancer, Stroke, Dementia, Mood Disorder, or Anxiety.

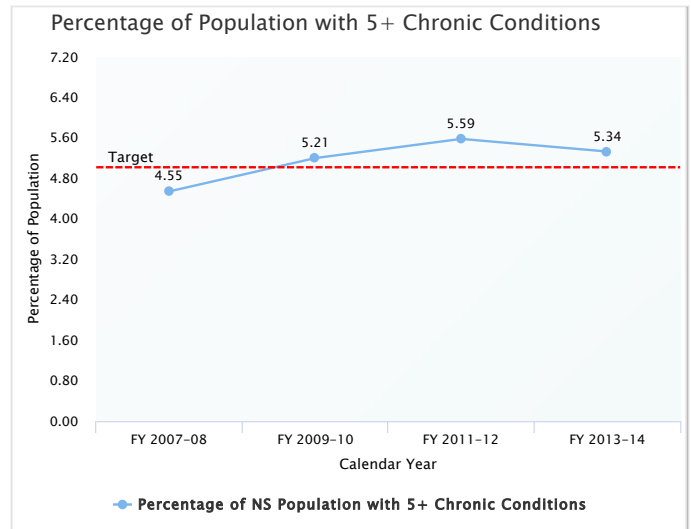
What do we intend to achieve?

NSHA's three strategic priorities are geared toward the achievement of better health outcomes for Nova Scotians, including those which can be impacted by the prevalence of chronic disease. Specifically, NSHA's community care and engagement strategies are focused on identification of strategies to meet the health needs of communities, and engagement with Nova Scotians to build a shared accountability for health and improvement in health status. Reversing the trend on the percentage of Nova Scotians with five or more chronic conditions will take time. Over time, NSHA's goal is to move Nova Scotia to be at the Canada average in relation to this indicator from its current ranking of being second to last in the country. In the shorter term, NSHA has set a target of 5.09% for 2015-16 which represent a continuation of the improvement trend observed since 2011-12.

How are we doing?

Nova Scotia has the second highest percentage of population with five or more chronic conditions compared to the other Atlantic Provinces, and also compared to the national average. However, the percentage of the population with five or more chronic conditions decreased in Nova Scotia during the last survey cycle from 5.59% to 5.34%, whereas all other Atlantic Provinces experienced an increase, as did the National average. The next data release for Chronic Disease Burden is anticipated for Spring 2017. This indicator will be updated at that time.

Current Performance: 5.34% FY 2013-14
Previous Performance: 5.59% FY 2011-12



What are we doing about this?

Multiple strategies and programs are in place across NSHA to support people living with chronic conditions. With the recent transfer of the provincial programs for Diabetes, Cancer, Renal and Cardiovascular Health, from the Department of Health and Wellness to NSHA, there are further opportunities to better understand the prevalence and most appropriate secondary prevention guidelines. The current planning for a strengthened community based system and NSHA's engagement strategy is aimed, in part, at achieving a coordinated approach to support wellness, prevent or delay the onset of chronic conditions, and best meet the needs of those living with chronic conditions.

Meningococcal Group C Vaccination Rate

Why is it important?

Invasive Meningococcal Disease (IMD) is a serious, potentially deadly disease, but is also preventable, and effective vaccination programs are a key factor in successful prevention strategies. IMD occurs sporadically worldwide and in focal epidemics. In Canada, IMD is endemic and reported year round with peaks in winter. Although people at any age can develop IMD, children younger than 5 are at the greatest risk, followed by people aged 15-19 years and 60 years and up.

What is measured?

This indicator is the percentage of children in grade seven who receive the meningococcal group C vaccine.

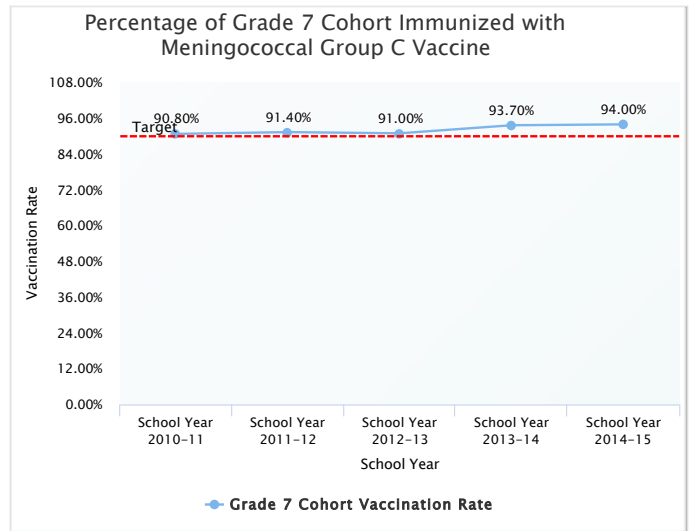

What do we intend to achieve?

NSHA's aim is to successfully engage with youth, parents and the education sector with a have 100% of all eligible youth be immunized with meningococcal group C conjugate vaccine. NSHA's current target for vaccination coverage is set at 90%, which is in accordance with the national target.

How are we doing?

The target of 90% vaccination coverage has been consistently achieved since the 2010-11 school year. From 2010-11 to 2012-13 the rate remained fairly stable at approximately 91%. School years 2013-14 and 2014-15 experienced increases up to 93.7% and 94.0% respectively. The rate for 2015-16 will be available in August 2017.

Current Performance: 94.00% School Year 2014-15
Previous Performance: 93.70% School Year 2013-14



What are we doing about this?

Public Health launched the introduction of the quadravalent meningococcal vaccine in September 2015. As meningococcal vaccine is part of the school-based immunization program, we continue to engage schools, parents and youth in the importance of the program to improve uptake of the vaccine. Furthermore, in preparation for the 2015 school year, focused education on best practices strategies was provided to Public Health staff.

Population Influenza Vaccination

Why is it important?

Influenza is a serious disease that can lead to unnecessary hospitalizations, complications and in severe cases, death. It is also a preventable disease, and vaccination is one major factor influencing prevention. Knowing how many people in a given population have received a vaccination (also called coverage), helps determine if that population is protected from a particular disease. If coverage is high, it is less likely a disease will spread within the population.

What is measured?

This indicator is the percentage of Nova Scotians who received an influenza vaccination. It is derived by dividing the number of actual immunizations provided by the population of NS.

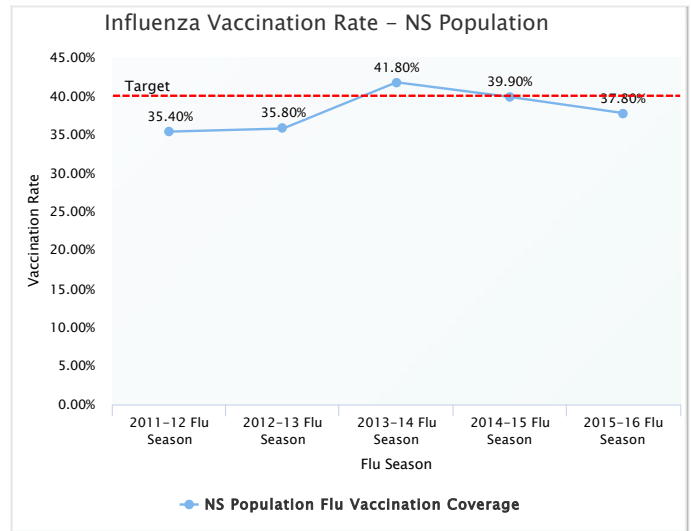
What do we intend to achieve?

NSHA is actively engaging with Nova Scotians to talk about health. This includes engaging with the public on the safety and effectiveness of influenza vaccination with a goal to increase vaccine uptake so that all eligible Nova Scotians who do not have a contraindication are vaccinated. NSHA has set a target of increasing vaccination coverage to 40% for FY2016-17.

How are we doing?

Vaccination rates for influenza in Nova Scotia peaked at 41.8% during the 2013-14 flu season, and have steadily decreased since. In the 2015-16 flu season, coverage rates were 37.8%, a decrease of 2.1% from the previous year.

Current Performance: 37.80% 2015-16 Flu Season
Previous Performance: 39.90% 2014-15 Flu Season



What are we doing about this?

Public health continues to engage with health system partners, including pharmacies, nursing agencies and primary care providers to promote and enable influenza vaccination uptake. We have been able to gather learnings from each zone on what is working well and are exploring opportunities to scale up some interventions, share resources, adopt a more consistent approach and build on our strengths. Public health is continuing to focus on providing access to influenza vaccine to those individuals /communities which are more vulnerable. Next year we will focus on the development of a communication plan which is inclusive of many audiences.

Hospital Standardized Mortality Ratio

Why is it important?

The hospital standardized mortality ratio (HSMR) is an important “big dot” strategic measure used to focus and inform quality improvement and patient safety initiatives in Canadian hospitals. The ratio provides a starting point to assess mortality rates and identify areas for improvement to help reduce hospital deaths. HSMR is intended to be used as an internal measure, tracking progress over time, and is not intended to be used to compare one hospital to another.

The HSMR can be used to track the overall change in mortality resulting from a broad range of factors, including changes in the quality and safety of services delivered.

What is measured?

HSMR is the ratio of the actual number of in-hospital deaths in a region or hospital to the number that would have been expected; based on the types of patients a region or hospital treats. It is important to note that HSMR cases include only those diagnosis groups that account for about 80% of all deaths in acute care hospitals. The HSMR adjusts for factors that affect in-hospital mortality rates, such as patient age, sex, diagnosis, and admission status. While the HSMR takes into consideration many of the factors associated with the risk of dying in hospital, it cannot adjust for every factor.

An HSMR above the year-to-date national average indicates that the hospital’s mortality rate is higher than the average rate. An HSMR below the year-to-date national average indicates that the hospital’s mortality rate is lower than the average rate.

What do we intend to achieve?

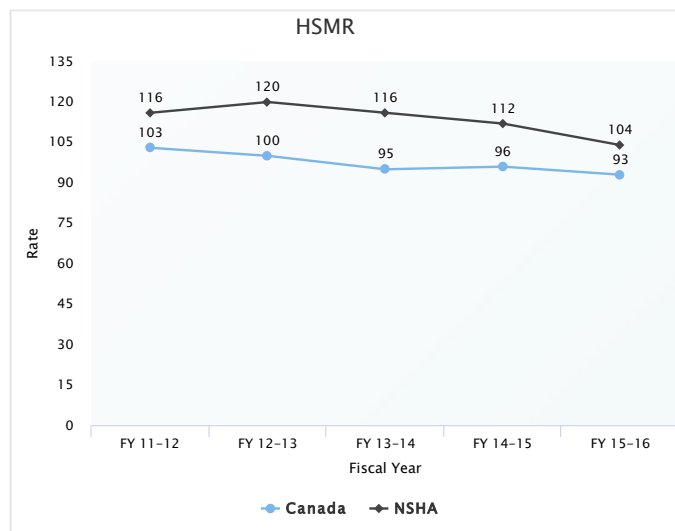
NSHA’s ultimate goal is to lead Canada in relation to quality improvement indicators, including HSMR, and to seek international comparators for purposes of further advancing its quality improvement goals.

The more immediate goal is for NSHA to consistently achieve a low HSMR that is equal to or better than the annual Canadian rate (i.e., 93 2015-16).

How are we doing?

Nova Scotia Health Authority was formed in April 1, 2015, and as such, the 2015-16 release of HSMR marks the first official HSMR score for NSHA. From 2014-15 to 2015-16 a reduction from 112 to 104 was achieved, doubling the size of the reduction of the previous year. The HSMR for NSHA is still above the national average, but the margin is decreasing each year, suggesting that NSHA will meet or exceed the national average in the coming years.

Current Performance: 104 FY 15-16
Previous Performance: 112 FY 14-15



What are we doing about this?

NSHA undertakes regular and thorough review of HSMR at the health authority, zone and facility level. This review includes in-depth data review, as well as quality review processes. Monitoring and examination of HSMR results has led to quality improvement work focused in numerous areas, such as: sepsis, heart failure, chronic obstructive pulmonary disease (COPD), quality review tools and processes, clinical documentation, coding and abstracting procedures, and more. These efforts will continue and will be enhanced through the vehicle of an integrated NSHA Quality & Performance Framework and Oversight Structure.

Unplanned Readmission Rate to Hospital

Why is it important?

Hospital readmission rates can be influenced by a variety of factors, including length of stay in hospital, discharge planning and timely follow-up services. Monitoring unplanned or potentially avoidable readmissions within approximately one month of discharge can be useful for hospital quality surveillance. This indicator can be combined with other indicators to provide additional information about the overall effectiveness and efficiency of health services across the continuum of care. Urgent readmissions to acute care facilities are increasingly being used to measure institutional or regional quality of care and care coordination.

What is measured?

This indicator measures the crude rate of unplanned readmissions within 30 days of discharge for episodes of care for the following patient groups: obstetric, patients aged 19 and younger, surgical and medical.

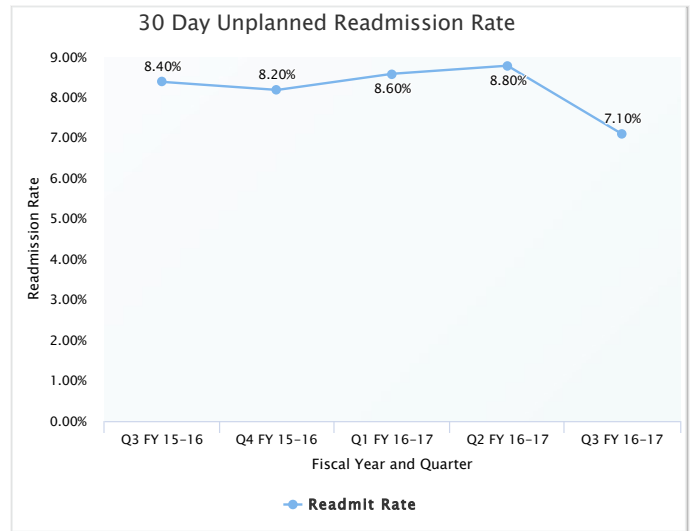
What do we intend to achieve?

NSHA's goal is to have NSHA lead Canada in relation to this indicator through increased focus on comprehensive discharge planning, care coordination and appropriate levels of follow up after a hospital stay. With this in mind, NSHA aims to reduce the risk adjusted rate for readmissions to a rate of 8.0%.

How are we doing?

The readmission rate for Q4 FY15-16 decreased slightly to 8.2% moving closer to the target of 8.0%. This result is lower than the Canadian rate of 8.7.

Current Performance: 7.10% Q3 FY 16-17
Previous Performance: 8.80% Q2 FY 16-17



What are we doing about this?

Understanding the factors that are impacting on NSHA's readmission rates is important. Further review of the data on unplanned readmission rates will assist in identifying where we are doing well and how to learn from positive results for further improvement. This review will also guide the focus on quality improvement efforts to the most impacted areas and target patient groups.

Accumulated Depreciation to Fixed Asset Ratio

Why is it important?

It is important to show that we have the proper functioning physical assets (medical equipment & facilities) to support our patient care services. The accumulated depreciation to fixed assets ratio allows us to understand if NSHA is securing/allocating sufficient funds to replace aging infrastructure. Accumulated depreciation is a measure of age and useful life of an asset. Therefore, low ratios are desirable, as that generally means our assets are newer and not in need of replacement. Conversely, a higher ratio would mean our assets are aging faster than the organization can maintain or replace them. Other reasons the ratio may grow over time include:

- The organization's fixed assets have relatively long lives. For example, infrastructure investments may be in service for decades before needing replacement.
- The organization takes an aggressive approach to depreciation, expensing asset costs over the shortest timeframes possible, resulting in a rapid rise in accumulated depreciation relative to the age of the assets.

What is measured?

This indicator is a measure of the accumulated depreciation to fixed assets ratio. The measure provides overall assurance that medical equipment and facilities are in a stable, risk-free condition to ensure safe delivery of health care services.

What do we intend to achieve?

The goal with this indicator is to assist with monitoring NSHA's efforts to implement a comprehensive, rigorous, evidence-informed capital planning and asset management strategy to stay ahead of aging infrastructure. This approach includes collaboration with key partners, leveraging new funding sources, and enhancing asset management processes.

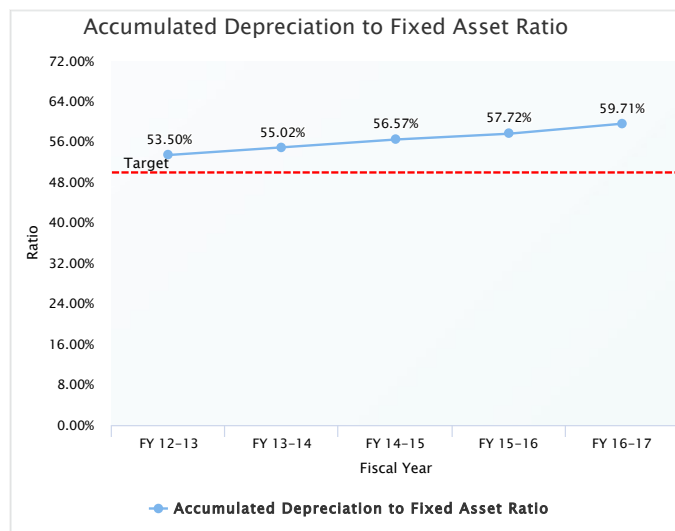
NSHA aims to manage resources and allocate funding such that the accumulated depreciation to fixed assets ratio is 50%.

How are we doing?

Evidence shows that the NSHA physical infrastructure is aging for both our facilities and medical equipment.

Over the past six fiscal years, the accumulated depreciation to fixed asset ratio has risen by 6.3% from 53.41% (FY11-12) to 59.71% (FY16-17). From FY15-16 to FY16-17, the ratio rose by 2%.

Current Performance: 59.71% FY 16-17
Previous Performance: 57.72% FY 15-16



What are we doing about this?

A new Capital Planning Prioritization process was launched in fiscal year 2015-16 in conjunction with IWK. This process will identify key priorities to inform conversations with funding partners and stakeholders. More importantly, NSHA is launching a new five-year planning process for Capital Priorities in fiscal year 2016-17. This is the first time government has agreed to work with the health system on a multi-year planning approach, the goal of which is to leverage greater multi-year planning and buying strategies to achieve both greater breadth of asset issues addressed, and in a more efficient bulk purchase strategy spread over several years.

Administrative Ratio

Why is it important?

The administrative ratio indicator provides insight in the distribution of funding among administrative areas as compared to clinical care, health and health service delivery. When the ratio is high, a larger portion of funding is consumed by administrative areas such as finance, leadership, human resources and communications. Monitoring this indicator over time provides insight into how resources are being directed to care versus administration, and are they achieving a balance for both to operate effectively.

What is measured?

This indicator is produced by the Canadian Institute of Health Information (CIHI) and measures a legal entity's administrative expenses net of recoveries (including expenses for administration, finance, human resources and communications) divided by the total expenses net of recoveries. There is no agreed upon national target for this indicator however a lower ratio is desired.

What do we intend to achieve?

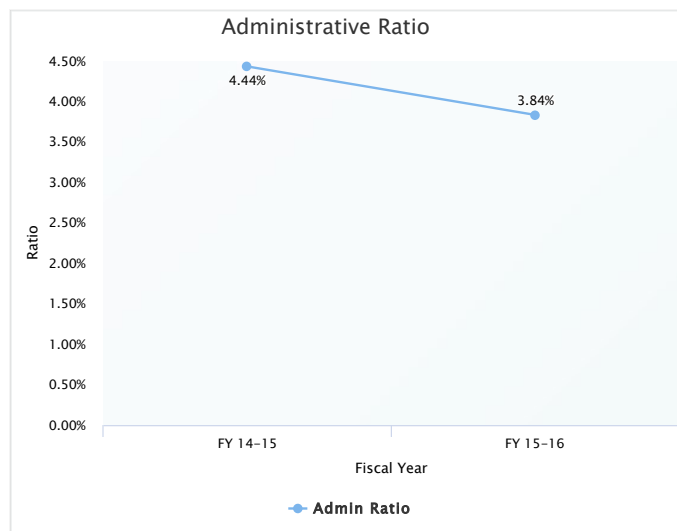
NSHA aims to ensure the administrative ratio is appropriate and responsible for the effective and efficient operations of the entire NSHA, care and administrative support. By employing a multifaceted approach to business planning, budget re-allocation and process redesign, NSHA leadership will ensure care services are resourced within approved budgets in the most efficient manner possible, while ensuring the administration is lean but responsive to supporting all care services. Taking into account the variations in ratios seen across Canada (e.g., Alberta 3.4%, New Brunswick 3.6%, Ontario 5.8%, Yukon 8.1%, etc.) and NSHA's historical ratios, the 2015-16 target was set at 4.58%.

How are we doing?

The NSHA Administrative Ratio for FY15/16 is 3.84%. This is a decrease of 0.06% from FY2014-15, however; the Administrative Ratio was artificially low in Fiscal 2015/16 as the management structure was being built throughout the Fiscal Year.

Current Performance: 3.84% FY 15-16

Previous Performance: 4.44% FY 14-15



What are we doing about this?

NSHA continues to ensure the administrative ratio and costs inform the business planning and budget processes. Cost reduction strategies are focused firstly in administrative programs. The administrative ratio is measured and presented annually with the public release of our business plan. As NSHA's business planning process evolves to leverage evidence-based best practice, the planning cycle will adopt a process to redirect or realign existing budget based on these best practices. This process directed by principles and evidence will result in significant redirection of budget from administrative to clinical program.

Budget Variance

Why is it important?

It is important to show how NSHA is performing financially compared to approved targets. It is a financial measure to ensure accountability towards our responsibility to deliver high quality health services with a focus on fiscal responsibility and sustainability. It is also a tool to ensure NSHA is meeting its' legislative requirements for achieving a balanced budget each fiscal year.

What is measured?

This indicator measures the amount by which total actual expenses are greater or less than NSHA's approved operational budget. Budget Variance = (Total Surplus/Deficit) divided by (Total Operating Budget) multiplied by 100.

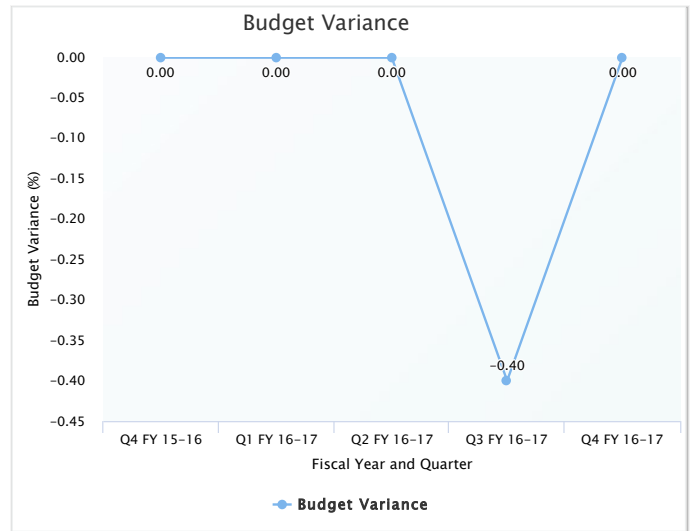
What do we intend to achieve?

Through monthly reporting of financial forecasting, and indicators, NSHA leaders are able to identify financial performance issues and opportunities. This information is then used to mitigate challenges and leverage opportunities. NSHA has set an overall target for a budget variance of 0%.

How are we doing?

The Nova Scotia Health Authority worked with our funding partners to achieve a balanced position for the 2016-17 fiscal year. This meets the set performance target.

Current Performance: 0.00 Q4 FY 16-17
Previous Performance: -0.40 Q3 FY 16-17



What are we doing about this?

Looking forward, NSHA is confident that we are moving in the right direction fiscally; with optimism and a shared responsibility between NSHA, the province, and health professionals to see that the Health Service Planning and One Person One Record initiatives move forward with successful implementations. This will create the opportunity to realign our resources, gain efficiencies and ensure that NSHA operates within its budget in the future.

Health Human Resources Vaccination Rates

Why is it important?

Immunization is one of the most effective public health interventions available—safe and effective vaccines prevent serious diseases and saves lives. Immunization of health human resources (HHR) decreases their own risk of illness, as well as the risk of death and other serious outcomes among the patients they serve. The National Advisory Committee on Immunization considers the provision of influenza vaccination to be an essential component of the standard of care for all HHRs for the protection of their patients.

What is measured?

This indicator is the percentage of health human resources who received the flu vaccine. The vaccine rate takes into account those HHR who received their vaccine through NSHA and by voluntary self-reporting for individuals who obtained the vaccine outside the workplace.

What do we intend to achieve?

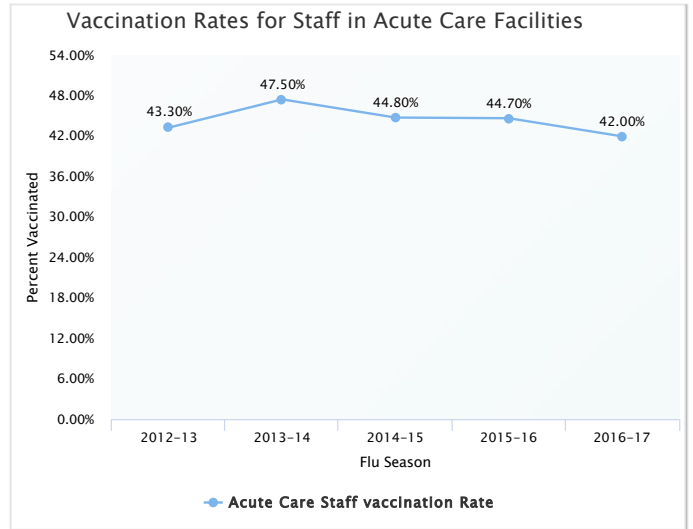
NSHA’s target over the longer term would be to have all staff and physicians who do not have contraindications for vaccinations to be immunized. NSHA has set a target to increase the rate of HHR influenza vaccination, to achieve an overall rate of 60%.

How are we doing?

The vaccination rate for employees varies from year to year, but overall, uptake remains low, ranging from 42% to 49%. For the 2016-17 flu season, coverage dropped to 42.0% (an absolute decrease of 2.7%), failing to reach the desired 60%.

Caution should be taken in interpreting this percentage, as it may be low because it is not possible to account for all vaccinations obtained outside of NSHA’s vaccination program.

Current Performance: 42.00% 2016-17
Previous Performance: 44.70% 2015-16



What are we doing about this?

NSHA in collaboration with IWK and DHW are currently working on a provincial strategy for HHR Influenza Immunization to improve vaccination coverage rates. Within NSHA, collaboration among People Services – Health and Safety, Infection Prevention and Control, and Public Health continues with an aim to increase vaccine uptake through numerous initiatives such as: awareness and education campaigns, incentive programs, and leadership role modeling, etc.

Workers Compensation Board - Lost Time Frequency

Why is it important?

Workplace safety incidents have significant and negative impacts on employees and also on our ability to offer services. They are largely preventable through an effective occupational health, safety and wellness program. This Workers Compensation Board (WCB) lost time indicator relates to workplace safety, workplace efficiency, employee health and injury costs. Health and social services is the largest industry sector in the province and accounts for the highest volume of time-loss claims at 1,586 in 2014, which is more than twice as many as the next closest sector.

What is measured?

The WCB lost time frequency rate is a measure of how many injuries result in lost time (exceeding part of one normal shift) from the workplace. It is measured in the number of paid, time-loss claims per 100 workers covered by WCB. Recurrences of previous lost time injuries are included in the definition, if a new initiating event occurs.

What do we intend to achieve?

NSHA's goal is to be a high-performing workplace with a positive, healthy, safe and productive work-culture and environment. To be high-performing, NSHA intends to be among the leaders in Canada for this and other workforce wellness factors which will be measured as part of our program/meso-levels indicators.

NSHA's short term goal is to maintain a rate for lost time injuries that is equal to or less than 1.61- the NSHA time loss injury rate for FY2015-16.

How are we doing?

Lost Time Frequency can be assessed on a quarterly basis, and also on a Year-To-Date (YTD) basis. Quarterly, the Lost Time Rate increased from 0.34 to 0.44 (unfavourable). On a Year-To-Date basis, the rate was 1.63, this is slightly higher (unfavourable) than the targeted performance rate.

Current Performance: 0.44 FY 16-17 Q4
Previous Performance: 0.34 Q3 FY 16-17



WCB Lost Time Frequency Rate by Fiscal Quarter



WCB Lost Time Frequency Rate - Year-to-Date Totals



What are we doing about this?

Workforce safety is a key strategic priority for NSHA. The establishment of the NSHA People Services program, with leaders and teams dedicated to Occupational Health, Safety and Wellness are key drivers in the pursuit of a positive, healthy, safe and productive workplace. Numerous improvement initiatives are underway within the portfolio, including engagement with partners, injury prevention education programs, and process review and redesign.