



# **ACCOUNTABILITY REPORT**

2024-25

Health and Wellness

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Accountability Report 2024–2025

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# Department of Health and Wellness

## 2024-25 Priority Results in Support of Government's Accountability Report

### Contents

Accountability Statement .....	2
Introduction .....	3
Measuring Performance .....	3
Surgical Access and Diagnostic Imaging Improvements .....	3
Cancer Care Improvements .....	4
Improving Patient Movement through the Health System .....	5
Emergency Health Services and Emergency Departments .....	5
Workforce Strategy .....	7
Primary Care .....	8
Health Equity .....	8
Public Health .....	9
Digital Solutions .....	10
Financial Summary and Variance Explanation .....	12
Public Interest Disclosure of Wrongdoing Act .....	14

## Accountability Statement

The Accountability Report of the Department of Health and Wellness for the year ended March 31, 2025, is prepared pursuant to the *Finance Act* and government policies and guidelines. The reporting of the Department of Health and Wellness outcomes necessarily include estimates, judgments, and opinions by the Department of Health and Wellness management.

We acknowledge that this Accountability Report is the responsibility of the Department of Health and Wellness management. The report is, to the extent possible, a complete and accurate representation of outcomes relative to the goals and priorities set out in the Department of Health and Wellness 2024-25 Business Plan.

*Original signed by:*

Hon. Michelle Tompson  
Minister

*Original signed by:*

Dana MacKenzie  
Deputy Minister

## Introduction

On April 22, 2022, the Government introduced a comprehensive multi-year plan, Action for Health, focused on transforming the health system for Nova Scotians. Over the course of 2024-25, the Department of Health and Wellness (DHW) made strategic investments and introduced innovative programs in key areas of the healthcare system to support and advance the six overarching core solutions of the Action for Health plan. This report highlights the activities in several areas, including improving access to primary care, expanding care options for the public, improving equity across the health care system, and more. This is the third accountability report under the Action for Health plan, and work continues to provide more care, faster to Nova Scotians from one end of the province to the other.

## Measuring Performance

### Surgical Access and Diagnostic Imaging Improvements

In 2024-25, DHW continued to prioritize timely access to surgeries and diagnostic imaging by expanding system capacity, investing in health human resources and infrastructure, and modernizing referral and booking systems. These efforts are producing measurable results and improving the patient experience across the province, including a 9.7% reduction in the Nova Scotia Health Authority's (NSHA) surgical waitlist during the 2024-25 fiscal year.

NSHA completed the third year of its Surgical and Diagnostic Imaging Access Strategy, with year-over-year improvements across key metrics, including surgical volumes, endoscopy volumes, and the number of long-waiting patients - those waiting more than a year for surgery. The percentage of patients receiving surgery within recommended wait time targets also increased. These results are the product of sustained investment in people, partnerships, technology, and facility upgrades, and reflect the dedication of surgical teams and support staff across all zones.

For the first time, Nova Scotia is among the top three provinces nationally in meeting clinical benchmarks for hip and knee joint replacements, cataract surgeries, and hip fracture repairs. This significant achievement was made possible by increasing the number of surgeons, anesthetists, and surgical support staff, as well as optimizing Operating Room (OR) efficiency. Certain procedures were successfully shifted out of traditional ORs, creating additional surgical capacity to serve higher-acuity cases.

To further support surgical recovery and performance, centralized and site-based surgical booking processes were implemented across all NSH zones. These processes ensure equitable, priority-based booking practices, contributing to more consistent patient experience and improved public accountability.

Efforts were made to modernize referral and intake systems for surgery and diagnostic services. Health care providers across the province began using the Oceans electronic referral (eReferral) tool to send referrals for both adult and pediatric gastroenterology services. By the end of the 2024-25 fiscal year, 97% of surgeons and 96% of primary care providers were set up to send eReferrals through Oceans. This resulted in 76,943 surgical eReferrals being sent within the health system in 2024-25. In addition, work was initiated to implement a provincial Diagnostic Imaging Central Intake model. Referrals validated through a single, centralized queue with patient preferences will prevent duplicate

bookings, reduce no show rates, and unnecessary delays for patients. Central Intake will also give referring providers and patients access to timely communication on referral status. During the 2024-25 fiscal year, 65,026 diagnostic imaging eReferrals were submitted within NSH. This transition from paper-based to electronic referrals is improving efficiency, transparency, and coordination of care.

Nova Scotia continued to enhance access to diagnostic imaging services, with increased capacity for Magnetic Resonance Imaging (MRI), Computed Tomography (CT), and ultrasound procedures. In May 2024, NSH partnered with HealthView Medical Imaging to expand access to MRI and ultrasound services. Through this collaboration, 1,751 MRI scans and 371 ultrasound scans were provided for Nova Scotians. Timely access to diagnostic services is foundational to patient care, and this partnership offers an innovative approach to delivering these essential services across the province.

To ensure reliability and continuity of service, the Province also invested in the replacement of diagnostic imaging equipment that was at or nearing the end of its operational life. Modernization efforts extended to medical device sterilization infrastructure, with aging equipment replaced and affiliated staff receiving enhanced training to ensure the safe and efficient delivery of surgical care.

### Cancer Care Improvements

In 2024-25, DHW continued to strengthen Nova Scotia's cancer care system through targeted investments in infrastructure, technology, treatment access, prevention, and the cancer care workforce. These efforts are helping to deliver more timely, equitable, and person-centered cancer care - both in specialized centres and closer to where patients live.

Significant infrastructure development advanced this year at Cape Breton Regional Hospital (CBRH), where work continued on the new Cancer Centre. This facility will include a dedicated radiation bunker and is expected to open in 2027. These investments complement ongoing improvements at the QEII Cancer Centre, reinforcing access to high-quality, specialized services province-wide.

In 2024-25, the province made targeted investments in local precision medicine infrastructure, advancing the integration of personalized care and genomic testing into the health system. Robotics were integrated into genomic workflows to enhance capacity and support local exome sequencing capabilities. Additionally, planning and implementation began a new mainstream genetic testing program at the IWK, aiming to provide broader and more timely access to genetic services for both pediatric and adult patients across Nova Scotia. These advancements represent important steps in transforming the province's capacity to deliver individualized, data-driven care

Nova Scotia continues to lead in offering innovative, evidence-based treatments. CAR T-cell therapy was expanded to additional cancer types, improving survival rates and outcomes. In 2024, 18 Nova Scotians received CAR T-cell therapy in Halifax. The province also continues to invest in Ethos adaptive radiation therapy systems, which precisely target tumors while sparing surrounding tissue. These technologies enhance both the safety and effectiveness of radiation therapy. As a result of service expansion investment in community oncology, 97% of patients who required systemic therapy (e.g., chemotherapy, immunotherapy) received treatment in their local community.

New models of care are in development to further support patients. A remote symptom support team, offering after-hours telephone support by oncology nurses, is under development and expected to launch by early 2026. Additionally, a new provincial program for psychosocial oncology is being

introduced to ensure equitable and timely access to supports for patients dealing with emotional, social, or practical challenges.

The Lung Screening Program (LSP) in Central Zone continued to support patients. By the end of the 2024-2025, 2,461 individuals had contacted or been referred to the program. Of these, 923 were found to be at high risk for lung cancer and were booked for CT scans. In addition, 494 participants were referred for Nicotine Replacement Therapy and/or behavioral counselling through Tobacco Free Nova Scotia. The program is designed to increase early detection of lung cancer and improve access for vulnerable populations and will continue to expand into other zones in 2025-26.

The Cancer Care Program also continued work to implement a province-wide, integrated Cancer Information System. This system will improve care coordination in several ways across the cancer care continuum.

### Improving Patient Movement through the Health System

To better support patients during their hospital stay and ensure timely and safe discharge from acute care, NSH expanded the availability of rehabilitation services across the province. More than 60 Occupational Therapists (OTs) and Physiotherapists (PTs), as well as over 50 OT/PT Assistants, Recreation Therapists, and Rehabilitation Assistants, were hired in 2024-25. After accounting for retirements and attrition, this resulted in a net gain of over 50 licensed and allied health professionals. These additional team members have enabled hospitals to expand care from five days a week to seven, improving access to mobilization supports, reducing the burden on nursing staff, and promoting earlier recovery and discharge for patients.

To further support patient transitions from hospital, the West Bedford Transitional Health Care Centre (WBTHCC) opened on December 10, 2024. The first facility of its kind in Atlantic Canada, the WBTHCC is owned and operated by Shannex Inc., with operational oversight by NSH.. Early outcomes from the Centre indicate improved patient flow within acute care hospitals, successful discharges to home, and high satisfaction among patients and families.

### Emergency Health Services and Emergency Departments

The Emergency Health Services (EHS) system's capacity was enhanced and ambulance response times were improved through the creation of the Emergency Medical Responder (EMR) role. EMRs are trained to assess, stabilize, and transport patients to appropriate healthcare facilities, and their integration into the system has played a key role in reducing strain and improving responsiveness. By pairing EMRs with paramedics, or deploying them in teams to transport low-acuity patients, the system has increased its ability to respond to emergency calls. This initiative contributed to a reduction in ambulance units' out-of-service rates from 19% in April 2024 to 15% in April 2025.

Efforts to strengthen the EHS workforce continued through expanded training and upskilling opportunities. A bridging program was introduced to support CTOs in becoming EMRs, with full tuition bursaries provided. DHW is also exploring the development of an EMR-to-PCP bridging program to further build workforce resilience. Additional training and expanded scopes of practice were implemented across the MCC clinical team, Integrated Health Paramedics (IHP), Single Response Units, and Critical Care Response Units (CCRU), enabling more flexible and responsive out-of-hospital

care. DHW introduced tuition bursaries for Primary Care Paramedic (PCP) and EMR programs. Since the launch of this initiative in summer 2024, enrollment in paramedic training programs has increased by 52% compared to 2022. A total of 259 bursaries have been awarded to PCPs and 60 to EMRs, with 119 PCPs and 37 EMRs having completed their training and entered the workforce.

The province also expanded non-emergency transport capacity to ensure that paramedics and ambulances are available for urgent calls. This included increasing the number of Patient Transport Units (PTUs) to 24, expanding Medical Transport Service (MTS) vehicles from 9 to 13, and introducing 18 Low Acuity Transport (LAT) Units. Additionally, 159 Clinical Transport Operators (CTOs) were integrated into the system, many of whom plan to transition to EMRs or are currently in training. The Air Medical Transport Service (AMTS), launched in 2023, has saved over 12,000 ground transport hours by providing long-distance transport for non-emergency patients, allowing paramedics to remain in communities for emergency response. These combined efforts reduced the proportion of patient transfers performed by paramedics from 62% in 2021, to 15% in spring 2025.

DHW continued to align resources with patient needs by leveraging technology to support 911 calls. In January 2025, the Medical Communications Centre (MCC) implemented the new LOGIS Computer Aided Dispatch (CAD) system, improving call response times and resource deployment. The MCC Nurse (MCCN) program continued to provide triage, health advice, and support to low-acuity patients, helping divert unnecessary emergency department (ED) visits.

Facility upgrades were also undertaken to support system performance. Renovations to the primary MCC site and the acquisition of a larger, modernized backup site have improved operational efficiency and reduced the risk of service interruptions. All EHS transport units were reconfigured to include power stretchers and loaders, improving accessibility for patients and working conditions for paramedics.

Improvements to emergency and urgent care services included:

Nova Scotia prioritized the redesign of ED spaces to improve functionality and patient experience. Rapid Assessment Zones (RAZ) were implemented in all larger EDs to allow mid- and lower-acuity patients to be seen and discharged more quickly, helping reduce overall wait times. Seven hospitals underwent renovations and expansions to modernize ED facilities, increase capacity, and support faster triage and care delivery.

Process improvements were introduced to reduce delays and improve transparency. Real-time wait time and closure information became available through the YourHealthNS app and predicted wait times were displayed on monitors in ED waiting rooms. These tools help patients make informed decisions about where to seek care.

Virtual care continued to play a key role in the Improving Emergency Care strategy. In 2024, over 10,000 patients were seen through the Virtual Urgent Nova Scotia (VUNS) and Virtual Emergency Nova Scotia (VENS) platforms, now available in 24 EDs and Urgent Treatment Centres (UTCs). These services support both smaller and busier sites by enabling appropriate patients to be seen virtually by a physician.

A new clinical care directive for sepsis was introduced, equipping front-line emergency staff with rapid diagnostic tools and streamlined treatment pathways to improve outcomes for one of the most time-sensitive conditions seen in EDs.

Staffing enhancements were made to support multidisciplinary care teams and improve patient flow. 10 EDs added Nurse Practitioners or Physician Assistants to support physicians. There are now 100 Waiting Room Care Providers and Patient Advocates working in 12 NSH and IWK EDs, offering support to patients and helping them navigate the system. The average monthly number of nurses (RNs, LPNs, and NPs) working in EDs increased by over 240 from 2023 to 2024, and the average monthly headcount of physicians also increased. These staffing increases have improved care quality and continuity while helping reduce staff burnout by distributing workloads more evenly.

UTCs continued to provide consistent and predictable care for unplanned, non-life-threatening illnesses and injuries. In 2024, there were 63,135 visits across nine UTCs, up from 58,636 visits across eight UTCs in 2023. The addition of a ninth UTC at Yarmouth Regional Hospital contributed to this growth. These centres help reduce unplanned ED closures and ensure patients can access timely care closer to home.

## Workforce Strategy

In 2024-25, Nova Scotia's multi-faceted approach to recruiting and retaining healthcare professionals resulted in significant growth across the provincial health workforce. Net gains included 187 physicians, 1,471 nurses, and over 500 other healthcare professionals, such as paramedics, pharmacists, medical imaging and radiation therapy professionals, medical laboratory technologists, and physiotherapists.

These gains reflect sustained government investment in a range of initiatives, including expanded licensure pathways to support recruitment in target markets, enhanced local education and training capacity, and competitive compensation packages negotiated through collective bargaining. Ongoing efforts to reduce administrative workload and enable healthcare professionals to work to their full scope of practice also contributed to improved retention. Additionally, the province continues to welcome internationally educated healthcare professionals through targeted recruitment and credential recognition efforts.

To further support physician recruitment and retention, DHW collaborated with Cape Breton University, Dalhousie University, and NSH to prepare for the launch of the Cape Breton Medical Campus. The inaugural cohort of 30 medical students will begin their studies in Family Medicine in August, 2025. This initiative will provide Nova Scotians with access to high-quality medical education within the province and support the long-term goal of increasing physician presence in Cape Breton and rural communities.

In partnership with the Department of Education and Early Childhood Development, DHW developed a plan to establish daycare centres near major healthcare facilities. The plan identifies seven locations adjacent to tertiary and regional hospitals across the province.

Implementation of the *Regulated Health Professions Act* (RHPA) progressed in 2024-25. Two of the 21 regulatory bodies transitioned under the new legislation. DHW also completed a pilot of the new

Quality Assurance Program for Regulator Performance. Six regulators participated in the pilot, which resulted in compliance action plans and informed the full rollout of the program in 2025–26.

## Primary Care

In 2024-25, the Department worked with system partners to invest in new and strengthened health homes and primary care clinics, including establishing 12 new teams.

DHW also invested in VirtualCareNS, mobile primary care clinics, primary care clinics, and Community Pharmacy Primary Care Clinics (CPPCCs) to provide more primary care access to Nova Scotians. VirtualCareNS delivered 161,782 appointments, up from 87,320 in the previous fiscal year.

Investments have also been focused on supporting individuals on the Need a Family Practice Registry (NFPR) who are seeking a primary care provider. Through the work of DHW and its partners, by the end of 2024-25 the number of registrants on the NFPR was reduced to 93,682. As of March 2025, there were 19 Primary Care Clinics across the province, supporting individuals on the NFPR with comprehensive high quality primary health care services. Investments like these have added more primary care appointments every month. In fiscal 2024-2025, there were 3,327,361 traditional primary care visits (based on physician billing data only). Over 840,000 alternative primary care appointments were added in the last year – that's 70,000 more every month.

CPPCCs have been an important option for patients to access primary health care. DHW has worked with the Pharmacy Association of Nova Scotia and NSH to pilot new clinics in communities across the province and targeting areas with the highest number of people without a family doctor. The pharmacist-led clinics provide assessments, prescribing for a variety of ailments, prescription renewals, and other services. In 2024-25, the number of CPPCCs expanded from 26 to 46, resulting in 179,896 visits, adding over 28,000 additional appointments to the system.

In 2024-25 DHW invested in supports for those living with diabetes to help cover the cost of sensor-based glucose monitors and removed the age cap on the insulin pump program.

The Nova Scotia Lighthouse Project, funded jointly by DHW and Nova Nordisk Canada, launched its first innovation challenge in 2024-25 focused on reducing childhood obesity.

The INSPIRED Outreach Program offers support to people in later stages of chronic obstructive pulmonary disease (COPD). This includes COPD education, accessing programs and services, information about healthy lifestyle and behavior change, a respiratory therapist to answer questions during weekdays, help quitting or reducing smoking support with coping with COPD, and help with advance care planning. The INSPIRED COPD Outreach Program expanded its reach in 2024-2025, receiving 1,015 referrals and enrolling 877 participants, representing a 37.3% increase in referrals and a 65.5% increase in enrollments compared to 2023-2024.

## Health Equity

DHW continued implementation of the province's Health Equity Framework, working in collaboration with NSH, the IWK, academic institutions, and community partners. These efforts focused on

improving the safety, accessibility, and cultural responsiveness of health services for underserved communities across the province.

Several new health equity-focused roles were established and filled across the health system. These included a Director of Health Equity, Safety and Wellness at IWK Health, as well as new positions at DHW dedicated to advancing Mi'kmaw/Indigenous Health and French Language Health Services.

DHW also expanded operational funding for the Nova Scotia Brotherhood and Sisterhood programs, which provide culturally appropriate primary health care for African Nova Scotians and African-descended immigrants and newcomers. In 2024-25, these programs delivered over 1,200 sessions focused on health system navigation for Black community members across the province.

To strengthen public engagement, DHW expanded the Engage4Health platform - a digital tool that connects Nova Scotians with health system projects and consultations ([Engage4Health](#)). In 2024-25, the platform was extended to include all health system partners, completing a key milestone in the development of a coordinated, system-wide approach to public engagement in health care.

## Public Health

In 2024-25, DHW continued to strengthen public health programming and partnerships to improve the health and well-being of Nova Scotians. These efforts focused on enhancing data collection and analysis, expanding early years and immunization programs, improving access to preventative oral health care, and supporting emergency preparedness and response.

Nova Scotia contributed to the Canadian Health Measures Survey (CHMS) to collect new data on the oral health of Nova Scotians. Reliable oral health data is essential for identifying the needs of the population, tracking health trends, informing policy, and supporting efforts to improve overall health outcomes.

The Nurse Family Partnership (NFP) program expanded its reach in 2024-25, with families now being accepted in the Eastern, Northern, and Western zones. Increased prenatal referrals across the province have enabled more families to access services, supported by the hiring of additional Public Health Nurses in all zones.

To ensure consistent and high-quality care, new Clinical Care Pathways and Service Standards were developed for Public Health prenatal and postnatal care. Clinical Nurse Educators are supporting Public Health Nurses in each zone to allow them to work to their full scope of practice. Social Workers were also hired in the Northern and Eastern zones to support families with complex needs. Upgrades to the Panorama public health information system were implemented to support the NFP and other early years programs.

Public Health introduced several enhancements to the publicly funded immunization program in 2024-25. Weekly newcomer immunization clinics in Central Zone delivered over 1,200 immunizations in 2024 and early 2025. The Public Health Mobile Unit administered 11,879 doses of publicly funded vaccines across all zones. Public Health supported over 35,000 vaccine appointment bookings and collaborated with 46 CPPCCs, up from 31 in 2023-24. In addition, a pilot "catch-up" immunization initiative in Northern Zone provided 538 vaccines to Grade 12 and NSCC students in Cumberland County.

The Topical Fluoride Varnish Program was expanded to cover all 167 eligible schools, with approximately 40,000 applications administered to pre-primary and elementary-aged children. The program achieved a 76% consent rate, exceeding the 70% benchmark. Four additional Dental Hygienists were hired to support program delivery. An evaluation and monitoring system was launched in fall 2024, and an e-consent platform is in development for implementation in 2025-26.

Public Health collaborated with health system, emergency management, and government partners to develop process maps and response plans for emerging and existing public health threats. These efforts support a coordinated approach to preventing, mitigating, and responding to public health emergencies.

In alignment with Solution 6 of Action for Health, Public Health worked with partners to support the implementation of the school lunch program, led by the Department of Education and Early Childhood Development. This initiative aims to address social determinants of health and improve outcomes for children and families across the province.

## Digital Solutions

In 2024-25, DHW continued to invest in the modernization of Nova Scotia's health system through digital transformation initiatives designed to enhance the experiences of both patients and providers, improve system integration, and strengthen data-driven decision-making. These efforts support the broader goal of delivering a more connected, efficient, and patient-centered health system for all Nova Scotians.

Significant progress was made on One Person One Record (OPOR), the province's largest clinical transformation initiative. OPOR is designed to provide seamless access to standardized patient information for health care providers across all hospital-based settings, no matter where care is delivered. In 2024-25, OPOR moved from development to testing, laying the groundwork for the initial launch at the IWK in Fall 2025, with full province-wide implementation in 2026-27. Once implemented, OPOR will improve clinical workflows, reduce duplicative documentation, and support continuity of care for patients transitioning between care settings. OPOR also represents a foundational step toward broader interoperability across the health system.

Beyond OPOR, the health system advanced several other key digital health initiatives aimed at enhancing access to care and improving the provider experience. VirtualCareNS provided more primary care access to Nova Scotians and delivered 161,782 appointments this year, up from 87,320 in the previous fiscal year. The YourHealthNS (YHNS) patient portal continued to grow in reach and usage, with over 525,000 logins since January 2024. Patients now have more access than ever to personal health information, including laboratory results, diagnostic imaging reports, and immunization records. On average, over 20,000 laboratory report views are recorded each day, demonstrating increased patient engagement and empowerment in navigating their own care. New features were added in 2024-25 to enable appointment information and reminders, aiming to reduce appointment no-show rates and enhance the patient experience. The system continues to evolve in collaboration with primary care and health system partners to expand virtual services and support digital front doors to care.

In addition to patient-facing platforms, work was undertaken to reduce administrative burden and improve digital support for providers. Investments in clinical workflow optimization tools and data

standardization have enabled health care teams to access information more efficiently and focus more time on direct care. Tools such as electronic referrals and streamlined documentation systems are being implemented in stages to further support provider satisfaction and efficiency.

DHW also advanced its work to develop a modern, cloud-based data and analytics platform to provide trusted, high-quality data for clinical, operational, and strategic decision-making. In 2024–25, a soft launch of Health Cloud, hosted on Microsoft Azure, marked a major milestone in transforming the province’s health data infrastructure. The platform centralizes and standardizes data assets to replace aging legacy systems and supports advanced analytics capabilities across the health system.

Foundational components of a secure, governed data ecosystem were established. These include integration of numerous data sources, development of reusable master data models to support accurate person matching, and implementation of robust data sharing safeguards such as data masking and pseudonymization. A centralized enterprise data catalog and glossary were also introduced to help users across the system search, understand, and trust available data assets. Power BI dashboards were embedded to support real-time decision-making by frontline teams and health system leaders.

Early-stage implementation of advanced data quality monitoring and automated validation processes was initiated to improve the reliability and utility of system-wide data. These enhancements provide the groundwork for further data innovation and health research capacity in the years ahead.

## Financial Summary and Variance Explanation

<b>Departmental Expenses Summary</b>			
<b>(\$ thousands)</b>			
<b><u>Programs and Services</u></b>	<b><u>2024-2025</u></b> <b><u>Estimate</u></b>	<b><u>2024-2025</u></b> <b><u>Actuals</u></b>	<b><u>2024-2025</u></b> <b><u>Variance</u></b>
General Administration	2,363	2,316	(47)
<b><u>Strategic Direction and Accountability</u></b>			
Public Health Administration	6,976	7,425	449
System Integration	4,325	4,500	175
Benefit Programs and Eligibility	3,681	3,488	(193)
Emergency Health Services	1,715	1,863	148
Strategy, Performance and Partnerships	21,997	19,410	(2,587)
Strategic Delivery Unit	1,553	1,420	(133)
Physician Services Administration	3,282	3,085	(197)
<b><u>Service Delivery and Supports</u></b>			
Physician Services	1,240,624	1,326,975	86,351
Pharmaceutical Services and Extended Benefits	399,902	425,691	25,789
Emergency Health Services	223,651	237,542	13,891
Other Programs	211,890	248,055	36,165
<b><u>Health Authorities</u></b>			
Nova Scotia Health Authority	2,836,490	2,920,079	83,589
IWK Health Centre	269,431	276,892	7,461
<b><u>Capital Grants and Healthcare Capital Amortization</u></b>			
Capital Grants and Healthcare Capital Amortization	309,018	299,734	(9,284)
<b>Total - Departmental Expenses</b>	<b><u>5,536,898</u></b>	<b><u>5,778,475</u></b>	<b><u>241,577</u></b>
<b>Additional Information:</b>			
Ordinary Revenues	165,083	173,922	8,839
Fees and Other Charges	15,323	16,624	1,301
Ordinary Recoveries	132,311	157,307	24,996
<b>Total: Revenue, Fees and Recoveries</b>	<b>312,717</b>	<b>347,853</b>	<b>35,136</b>
TCA Purchase Requirements	288,850	551,506	264,118

**Funded Staff (# of FTEs)**  
**Department Funded Staff**

**266.1**

**227.7**

**(38.4)**

**Departmental Expenses Variance Explanation:**

The Department of Health and Wellness expenses were \$241.6 million or 4.4 per cent higher than estimate primarily due to \$86.3 million for Physician Services for expanded usage of the new physician funding model and establishment of the Physician Retirement Fund, \$83.6 million for Nova Scotia Health operational costs driven by inflationary, utilization and staffing pressures, \$25.7 million in Pharmaceutical Services and Extended Benefits mainly due to lower than expected drug rebates, \$18.8 million in IT systems including Google Health and Your Health NS, \$13.9 million for Emergency Health Services largely due to LifeFlight and Air Medical transport, uncollectible ambulance user fees, and capital expenditure reallocations to operating, \$10.6 million in increased utilization for plasma protein/fresh blood products collected through Canadian Blood Services, \$7.5 million for IWK inflationary and staffing pressures. These increases are partially offset by a decrease of \$3.7 million decrease in Communicable Diseases due to lower vaccine costs.

**Revenue, Fees and Recoveries Variance Explanation:**

Ordinary Revenues were \$8.8 million higher than budget primarily due to revenue received from the National Strategy for Drugs for Rare Diseases agreement entered in 2024-25.

Fees and Other charges were \$1.3 million higher than budget due to increases in EHS ambulance user fees and pediatric dentistry fees, due to increased demand.

Ordinary recoveries were \$25.0 million higher than budget primarily due to a \$11.4 million increase in out of province recoveries, \$10.0 million increase third-party claims due to auto levy rates increases and \$2.9 million increase in reciprocal billing recoveries.

**TCA Purchase Requirements Variance Explanation:**

TCA Purchase Requirements were \$264.1 million overspent due to shifts in cashflows at the QEII redevelopment project, the Cape Breton redevelopment project and West Bedford Transitional Health Centre.

**Provincial Funded Staff (FTEs) Variance Explanation:**

The Department is reporting a variance of 38.4 FTEs under budget due to temporary vacancies.

## Public Interest Disclosure of Wrongdoing Act

The *Public Interest Disclosure of Wrongdoing Act* was proclaimed into law on December 20, 2011.

The Act provides for government employees to be able to come forward if they reasonably believe that a wrongdoing has been committed or is about to be committed and they are acting in good faith.

The Act also protects employees who do disclose from reprisals, by enabling them to lay a complaint of reprisal with the Labor Board.

A wrongdoing for the purposes of the Act is:

- a) a contravention of provincial or federal laws or regulations;
- b) a misuse or gross mismanagement of public funds or assets;
- c) an act or omission that creates an imminent risk of a substantial and specific danger to the life, health or safety of persons or the environment; or,
- d) directing or counselling someone to commit a wrongdoing.

The following is a summary of disclosures received by the Department of Health & Wellness:

Information Required under Section 18 of the Act	Fiscal Year 2024-25
The number of disclosures received	None
The number of findings of wrongdoing	None
Details of each wrongdoing (Insert separate row for each wrongdoing)	N/A
Recommendations and actions taken on each wrongdoing. (Insert separate row for each wrongdoing)	N/A