Our Mission

We are a member-driven association of organizations committed to the health and well-being of Nova Scotians. We exist to:
• represent the collective views of our membership;
• support our members through the provision of innovative solutions;
• deliver quality services; and
• coordinate activities that are beneficial to our members.

Our Vision

Health Association members have the capacity, resources and support to achieve their goals and work together to create the best health system in Canada.

Our Values

We commit to uphold the following values as we pursue our mission and vision:

RESPECT - We demonstrate fairness, consistency and compassion in our interactions with others.

INTEGRITY - We conduct ourselves at all times in a professional and ethical manner. Honesty, openness and transparency are the hallmarks of the way we conduct our business.

LEADERSHIP - We foster leadership at all levels. We encourage innovation and promote excellence through continuous learning and increased knowledge and development.

TRUST - We are reliable, dependable and accountable for our actions.

Strategic Directions

Enhance Research, Policy, and Decision Support
Goal: Members have timely access to relevant research, data, and information to support decision making and policy development.

Facilitate Resolution to Members’ Challenges
Goal A: Members are supported to identify and implement strategies that contribute to the resolution of health human resource challenges.

Goal B: New or enhanced services, brokered specialty services, and project management services exist to create efficiencies and meet members’ needs.

Facilitate the System Coming Together to Address Shared Issues
Goal: Opportunities for health system participants to come together to increase their awareness of other system components, discuss shared issues, address challenges, explore efficiencies, and plan for the future have increased.

Promote the Value of Health Association Nova Scotia Through Integrated Marketing and Communications
Goal: Health Association Nova Scotia has an enhanced profile which ensures strength and credibility in representing members’ interests.

Promote a High Performing Workplace
Goal: Health Association employees are healthy, engaged, satisfied, productive, and committed.
Reflecting on 2011-2012

Mary Lee, Health Association Nova Scotia President/CEO, with Pamela Fralick, Canadian Healthcare Association President, at the National Health Leadership Conference, June 2012

Ismael Aquino, Canadian Red Cross, and Sonya Stevens, Health Association Nova Scotia, speaking at the Knowledge in Healthcare Conference, April 2012

Dave Carroll, keynote speaker at the 2011 Health Association Annual General Meeting, October 2011

Participants at the Group Benefits Solutions Seminar, May 2011
Reflecting on 2011-2012

The Honourable Maureen MacDonald, brings greetings on behalf of the Department of Health & Wellness at the 2011 Health Association Annual General Meeting, October 2011

Memorandum of Agreement Signing with Home Support Nova Scotia Association - (Front, L-R): Sharon Crane, Board Chair, HSNSA, and Director of Cape Breton County Homemakers Association; Ron Williams, Board Chair, Health Association Nova Scotia.  (Back Row, L-R): Helen Marsh, New Waterford Home Care Service Society and Board Member, HSNSA; Ruth Morrison, Victoria County Home Support Services Society and Board Member, HSNSA; Mary Lee, President and CEO, Health Association Nova Scotia; Alvina LeBlanc, Northwood Home Care and Board Member, HSNSA.

Labour Relations Conference, June 2011

Blaise MacNeil, CEO of South West Health; Carla Anglehart, Director of Organizational Development, Health Association; Mary Lee, President/CEO, Health Association; and Gerald Pottier, Health Association Board Chair; at the Effective Governance Conference, April 2012
Message From Our President/CEO and Board Chair

During the past year, the Health Association has made great strides in advancing its new strategic directions. At the same time, and not mutually exclusive, we remained responsive to the evolving needs and goals of our members. As a member-driven association, we must continually demonstrate how we add value and be accountable for delivering on the promise expressed in our mission…

We promote a high-performing, sustainable health system by providing quality services, shared solutions and support.

We acknowledge that Canada’s health system is facing many challenges it has never faced before. Issues of particular concern here in Nova Scotia include an aging population, high rates of chronic disease, long wait times, health human resource shortages and funding shortages. Indeed, health system leaders are tasked with finding solutions to resolve these issues while managing unsustainable costs.

Accordingly, as part of our commitment to support our members to resolve the challenges that they face, once again this year, the Board approved a series of cost saving measures for implementation in 2012-2013. Among these initiatives is a 3% reduction in membership fees from the fees already frozen at 2010-2011 levels. Additionally, we will maintain the services of Organizational Development at no cost to our members, other than direct costs of travel and any licensed material.

The Board of Directors has also worked to identify a leadership agenda in order to combat some of the health care challenges Nova Scotia is faced with. We selected two issues to focus our attention on over the course of the next several months: health care leadership and end-of-life care. Position papers will be developed on both of these issues over the coming year. The key purpose of our end-of-life position paper is to assess the degree to which Nova Scotia has equitable access to quality end-of-life care. Our second position paper, concerning our second focus, health care leadership, will aim to evaluate the leadership practices in Nova Scotia and identify strengths and opportunities to support further adoption.

In December 2011, Health Association Nova Scotia and Home Support Nova Scotia Association announced that we would be joining together to build a stronger, more unified voice for Nova Scotia’s home care industry and to increase efficiency in this time of fiscal restraint. Effective January 1, 2012, Home Support Nova Scotia Association merged into the Health Association. By combining resources and expertise, we are better positioned to provide a strong voice for home care within the province and along the health continuum. The merger will also result in increased efficiency and effectiveness. Given the significant financial pressures currently facing our health system, it is incumbent on us, as membership-driven associations, to identify opportunities to improve the services and support that we provide our members while sustaining or reducing costs.

This past year also saw the launch of the Merged Services Initiative. A joint project of the district health authorities, IWK Health Centre and the Department of Health and Wellness, the aim is to identify and achieve opportunities for improvements and cost savings by merging six administrative and support services: namely, Finance and Payroll, Supply Chain, Laundry, Human Resources and Information Services.

Two programs provided by Health Association Nova Scotia are included among the services moving forward to the detailed design phase of this project. As an Association, we are very supportive of this initiative. We agree that as a system, we need to look at doing things differently and using resources more efficiently. We look forward to participating in the process and meaningfully contributing to identification of opportunities to enhance services and gain value for health care spending.

(Update: As of the release of this annual report, November 1, 2012, the future state design work has been completed and recommendations submitted to government. We look forward to learning more in due course as final decisions are made and announced).

Throughout this Annual Report, you will learn more about the many initiatives that the Health Association undertook in the 2011-2012.

In closing, we wish to thank the Health Association’s Board of Directors, staff, members and partners, who have worked together to advance our new mission and strategic directions. Indeed, the Health Association has a long history of evolving in response to the changing needs of both our members and the health and community services systems. We are well-positioned and prepared to continue to evolve to support the efforts of our members as they work to ensure a high-performing, sustainable health system in this province.

Gerald Pottier, Board Chair
Mary Lee, President/CEO
Association Governance

Association governance is vested in a Board of Directors comprised of fifteen individuals, who have been selected from the Association’s Active Members as follows:

- Each District Health Authority and the IWK Health Centre appoint one director for a total of ten directors.
- The Continuing Care Council appoints four directors from the long term care and home care membership.
- The Association of Adult Residential Centres and Regional Rehabilitation Centres appoints one director.

The Board of Directors

The Board of Directors is accountable to our membership for providing stewardship and strategic leadership, ensuring that Association affairs are conducted in a way that achieves our Mission and Vision and reflects our Values.

In fulfillment of this mandate, some of the broad areas of key governance responsibilities include stakeholder relations and advocacy, accountability, human resources oversight, quality and board effectiveness and efficiency.

Executive Committee

The Officers of the Association are elected biannually by the Board of Directors and compose the Executive Committee. The Chair of the Executive Committee is the Chair of the Board of Directors.

The Officers include the positions of Chair, 1st Vice Chair, 2nd Vice Chair, Treasurer, Member-at-Large, and Chair of the Continuing Care Council.
Board Membership
January 1 – December 31, 2011

Laura Arthurs, Continuing Care Council (Member-at-Large)
Sandra Bauld, Continuing Care Council (Chair Continuing Care Council)
Debra Boudreau, Continuing Care Council
Almon Chisholm, Guysborough Antigonish Strait Health Authority
Steve Hemenway, Annapolis Valley District Health Authority (Treasurer)
Kathryn London-Penny, IWK Health Centre
Arlene Morrison, Continuing Care Council
Doug Nauss, South Shore District Health Authority
Dr. Dan O’Brien, Capital District Health Authority
Gerald Pottier, South West Nova District Health Authority (2nd Vice Chair & appointed Board Chair effective January 1, 2012)
Ron Scott, Cumberland Health Authority
Pam Smith, Home Support Nova Scotia Association
Joe Whalen, Pictou County District Health Authority
Ron Williams, Cape Breton District Health Authority (Board Chair)
Jim Wyatt, Colchester East Hants Health Authority (1st Vice Chair)

Appointments as of January 1, 2012

Terry Crawley, Cape Breton District Health Authority (replacing Ron Williams)
Jim Murphy, Annapolis Valley Health (replacing Steve Hemenway)
Susan Strelioff, Continuing Care Council (replacing Sandra Bauld)
**Reporting on the Long Term Disability Plan**

The Long Term Disability Plan Trustee’s strategic goals can be categorized in four key areas. These are:

- **Stakeholder communications** – We must promote increased awareness of the plan as well as a sense of shared ownership.
- **Learning** – We need to ensure that we have the necessary knowledge, skills and information to effectively discharge our duties and obligations.
- **Internal Processes** – Procedures and practices that encourage good decision-making, clear accountability, and regular review and assessment.
- **Financial** – We must ensure that the plan meets its future obligations.

Throughout the past fiscal year, the Long Term Disability Trustees implemented strategies to advance our strategic goals in each of these main quadrants. As always, we worked to strengthen our governance processes and together, this will help ensure that we are well positioned to fulfill our principal mandate – that is, to ensure that disability benefits remain available and affordable to health care workers in Nova Scotia.

I am pleased to have the opportunity to highlight some of these activities and to report on the status of the Plan.

**Funding**

In accordance with policy, a valuation is to be conducted every other year. Therefore, a projection of the LTD Plan Financial Position as at August 31, 2011 was completed. The projected funding excess as at August 31, 2011 is $6,135,000. The projected calculated contribution rate as at August 31, 2011 is 2.80%. With current economic conditions, Mercer, the Fund’s actuary recommended that no changes be made to benefit level and that contributions remain unchanged at 2.9%. The Trustees agreed that with the economic conditions and a move to a new investment structure it would be prudent not to make changes.

**Investments**

One of the most significant responsibilities held by the Trustees is ensuring that the Plan’s investment portfolio is wisely and effectively managed. While the Plan’s investments have performed well overall given the market volatility in recent years, the Fund return did not meet its long-term objective of 6.25%. Accordingly, with the support of the staff and the LTD Plan’s investment consultants, the Trustees completed a comprehensive review of the LTD Plan’s Statement of Investment Policies and Goals. As part of this exercise, an asset-liability study was conducted. The Trustees explored the opportunity for the LTD Fund to utilize the services of Investment Managers within the NSAHO Pension Plan. This would result in increased diversification and exposure to emerging markets and foreign small cap equities, and may also benefit from lower fees. The LTD Funds revised investment policy includes: a long-term objective of 6%; a move to an investment structure with increased diversification; changes to investment beliefs that support the new investment structure; and a balancing policy. The transition to the new investment structure was completed during December, 2011.

**LTD Plan Tender Marketplace**

The LTD Plan is currently insured (claims adjudication) with Manulife Financial and has not had a full tendering in 17 years. The LTD Trustees agreed to put the LTD Plan through a formal tendering process in tandem with the Basic Life tender approved by the Provincial Group Benefits Committee.

Our Mission

To provide plan members who are not able to work due to disability with viable financial assistance, and programs designed in the interest of safely returning the member to employment.

Our Vision

Plan members value the EASE program and access supports at the earliest appropriate time; individual rehabilitation is enhanced and support for long term claimants is sustained.
Governance
The Annual Governance Retreat conducted in September, 2011 included the completion of the Board’s Governance Assessment and a Trustee Self-Assessment and Training Needs Assessment. Governance Training and results of a Governance Audit were presented by the association’s Organizational Development Service. Assessment results indicate that this board is very high functioning and has excellent processes in place.

During the year, the LTD Trustees completed successful annual compliance reviews of their Meeting Policy, Training and Information Policy, Delegation Policy, Conflict of Interest Policy, Expense Policy, Benefits Policy, Funding Policy and Communication Policy. The LTD Fund Statement of Investment Policies and Goals annual review was also completed. The Trustees developed a Procurement Policy which became effective September, 2011.

Each individual Trustee, and the Trustees jointly, have a responsibility to ensure that they are knowledgeable and well educated and are fully capable of discharging their obligations under the Trust Agreement and the Plan Text to the highest standard. Trustees continue to meet the education outcomes outlined in their Trustee Education Path. An orientation/overview for Trustees was held in March. All new Trustees are required to attend an orientation and all Trustees are encouraged to attend.

Communication
Health Association Nova Scotia continues to distribute Benefits Bulletins that deliver information on LTD Benefits and the EASE Program. This year the LTD Trustees circulated their 2nd annual LTD Benefits Bulletin. This communication was sent to the home address of each Plan Member, along with details on the process to follow if a plan member finds themselves in a position to apply for the LTD Benefit. Feedback received indicates that plan members find value with this communication. Staff continues to visit with member facilities to deliver LTD Information sessions for its employees.

The Health Association Nova Scotia website includes information on the Plan’s governance. This platform enables the LTD Trustees to be accountable to Plan Members and demonstrate the work they are doing to ensure the Plan remains viable into the future.

The Trustees have completed two full years of paperless meetings and Group Benefits Solutions can report that expectations of reduced cost on supplies and staff time have been realized. This green initiative has been embraced by the Trustees and other health association boards and committees are also embracing “Green Meetings”.

Plan Facts
April 1, 2011 – March 31, 2012
- 394 LTD claims were received
- 84.49% LTD claims were approved for benefits

<table>
<thead>
<tr>
<th>Year</th>
<th>Musculoskeletal</th>
<th>Psychiatric</th>
<th>Cancer</th>
<th>Non-Occ Accidents</th>
<th>Cardiac</th>
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<td>09/10</td>
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<td>11/12</td>
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- The two largest claiming categories continue to be musculoskeletal and psychiatric
- 135 LTD claimants returned to work
- 124 of these claimants returned to work in their original job, 8 returned to another job with their employer, and 3 went to work with a different employer
- As of March 31, 2012, there were 1211 active claims in payment. 661 of these claims are in permanent status, meaning that the prognosis for return to work in any form is very low. These individuals will continue to receive LTD benefits until they reach maximum age under the plan
- The EASE program has assisted 826 employees return to work since its launch in 2000.
Clinical Engineering Services

The Clinical Engineering Service has specialized in the introduction and management of technology used in the delivery of patient/resident care services in health organizations for more than 30 years. Our knowledgeable, well-trained professional team is committed to achieving excellence in the provision of responsible, efficient, and innovative technology management. Our ultimate aim is to ensure that the technology used is safe, effective, and appropriate.

Clinical Engineering’s core services include: Electro-Medical Program, Anaesthesia Program, Scope-washer Program, N20 Monitoring & Vaporizer Program, Medical Gas Inspection Program, Electrical Outlet Inspection Program, Laser Safety Program, Safety Alerts & Recalls Program, Electro-Mechanical Program, Lab Program and Patient Lifts Program. The primary functions of these programs include purchase assistance; asset management; equipment service (providing/coordinating inspections, maintenance & repairs); quality and risk management (including provision of a robust Alerts, Product Notifications and Equipment Recalls handling process); and disposal assistance.

We serve 70% of the province’s DHAs (1-7) and a growing number of continuing care organizations. Additionally, as part of Clinical Engineering’s efforts to contain or reduce costs for Health Association members, services are also provided to private sector organizations, such as physiotherapy clinics, Federal Corrections Services (Atlantic), and Universities across Atlantic Canada.

Working to provide quality, cost-effective, value-added programs for members:

• The Health Association Clinical Engineering Service is the largest provider of lift load testing services in Atlantic Canada.

• Clinical Engineering has participated in the AAMI’s benchmarking survey, comparing itself to other CE programs across Canada and the United States. The results showed that the Health Association Clinical Engineering Service is performing in the top two scoring ranges for the majority of categories, including standards compliance, equipment planning, patient safety, customer service and financial performance measures.

• In August 2010, Clinical Engineering launched a lift load prototype — the first of its kind in Atlantic Canada. The new lift load is enhancing Clinical Engineering’s capacity to ensure the safe and effective use of Electro-Mechanical patient care devices while also creating a safer work environment for CES staff and members’ employees.

<table>
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<tr>
<th>Health Association CES 2011 (Acute Care Biomedical Services Only)</th>
<th>North American 2011 (Average)</th>
</tr>
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<tbody>
<tr>
<td>Cost of Service Ratio</td>
<td>3.69%</td>
</tr>
<tr>
<td>Percent of Techs Certified</td>
<td>37.5%</td>
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<tr>
<td>PM Completion Rate</td>
<td>91.2% (Target 90%)</td>
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<tr>
<td>Incoming Inspection Completion Rate</td>
<td>88.0% (Target 85%)</td>
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<tr>
<td>Customer Satisfaction</td>
<td>83% Completely Satisfied, 17% Mostly Satisfied</td>
</tr>
<tr>
<td>Peer Review</td>
<td>First in Canada to complete process in 2003</td>
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Highlights of Activities During 2011 -2012:

- Clinical Engineering responded to requests from two district health authorities and the Atlantic Assisted Reproductive Care Centre for provision of service to small lab equipment.

- Clinical Engineering responded to a request from one district health authority client for the provision of an electric outlet inspection program.

- Clinical Engineering was awarded the contract to provide conference management services for the first joint Atlantic Canada Clinical Engineering Society (ACCES) and Canadian Medical and Biological Engineering Society (CMBES) conference and trade show, which was held in Halifax in June 2012. The service’s director, Steve Smith, was also named chair of the conference and planning committee.

- Clinical Engineering signed agreements to provide Electro-Mechanical Services for six additional continuing care member facilities.

- Clinical Engineering took steps to expand the range of services to include technical support for small reverse osmosis water systems in labs and dialysis. This was in direct respond to requests for services received from subscribing members.

- By fiscal year end, staff training was coordinated in preparation for launch of this expanded service delivery role in 2012 – 2013.

- Clinical Engineering was commissioned by the Department of Health and Wellness to conduct an evaluation of 18 mobile breast screening sites throughout Nova Scotia. The report, completed by the Service Development Officer, Jeremy Dann, was submitted in January 2012.

- Clinical Engineering examined the opportunity to market the professionally designed and manufactured lift load prototype, which was launched in August 2010. The goal is to explore the potential to generate revenue which could be reinvested for the benefit of Health Association member organizations.

Phil Bradfield, Health Association’s Southern Regional Coordinator, received the South Shore Health Spirit Award in May 2011

This award is presented to an individual or group who has made an exceptional contribution to a program or service within South Shore Health and has demonstrated an outstanding commitment to Excellence, Integrity, Respect, Accountability and Leadership. Contributions can include supporting the organization's mission, vision and values, contributing to staff health and wellness, creating a positive work environment or demonstrating outstanding care and support for colleagues.
Group Benefits Solutions

The Health Association has a long-standing history and expertise in centralized benefits administration, having been a provider of benefits since 1961. We offer a range of Employee Benefit Plans including long term disability, group life, extended health, dental, as well as a menu of optional benefits which are 100% employee paid.

In total, we administer benefits for more than 23,000 employees, making us the largest provider of benefits in Nova Scotia’s health care system.

Group Benefits Solutions also provides extended administration services for five of the province’s district health authorities. Under this contracted service arrangement, the Association’s benefits experts administer benefits for the participating organization’s employees. This service arrangement allows the participating organization’s human resources personnel to focus less on transactional items while also helping to mitigate the risk associated with benefits administration.

Working to provide quality, cost-effective, value-added programs for members:

• The area of employee benefits is very specialized and the risk associated with the delivery of benefits has heightened. Having benefits centralized with the employee benefits experts at the Health Association ensures that employees are enrolled in the appropriate mandatory benefits.

• There is a strong governance model in place for the LTD Plan and EASE (Early Assistance and Support for Employees).

• Benefits Administration cost Per Insured Employee: $63.72

• Additional Benefits of Plan Design/Service Delivery:
  » Health Risk Assessment
  » Health Management Solutions

• Group Benefits Solutions seeks out opportunities to add value for members:
  » As a value added service, the Health Association’s extended health plan currently offers a health risk assessment tool. This service provides, at a high level, executive reports which can be utilized to direct wellness initiatives for Health Association Nova Scotia member organizations.
  » A partnership with MHCSI provides a loyalty card to health plan members and their families as well as a credit which reduces the co-pay when scripts are filled at either Lawtons Drugs or Sobeys.
  » A partnership with Johnson Inc. for competitive home and auto insurance.
Highlights of Activities During 2011 –2012:

• During the past year, Health Association Nova Scotia welcomed a new Director of Group Benefits Solutions. Susan Belmore-Vermes joined the Health Association in December. Susan brings over 20 years’ experience to this role. Her extensive knowledge in client service delivery, financial monitoring and reporting, and group insurance administration is of great value to the Association and, indeed, in supporting the work of the LTD Trustees.

• The Group Benefits Solutions Seminar was held on May 5-6, 2011. This bi-annual event is provided as an extension of service delivery and supports networking and information sharing among Health Association members and delivers education on emerging industry trends. By all accounts, this was one of the best sessions held to date as evidenced by the extremely positive evaluation results.

• The Group Benefits Solutions Service facilitated the RFP and selection process for the contract renewal of the provincial Employee Assistance Program. The decision was made to maintain the relationship with the current provider, Morneau Shepell.

• Group Benefits Solutions staff along with a member of the LTD Trustees met with representatives from Manulife and the WCB office in Sydney to discuss partnering opportunities in the management of claims. This was a productive meeting with a commitment to meet again to research opportunities in this regard.

• Fiscal year 2011 – 2012 was a HealthChoice re-enrollment year. The Health Plan has two options – A & B. At the time of initial enrollment, a plan member chooses an option and remains in that option (except for a significant life event changes) until the next enrollment period which is every 2 years.

• The Groups Benefits Solutions Service issued a Request for Proposals for Life Insurance and Long Term Disability (claims adjudication) in February 2012 with a goal to have this process complete by June 30, 2012.

• The Groups Benefits Solutions Service developed a new role of Benefits and Quality Assurance. The position was filled by an existing incumbent who will be responsible for developing a formal quality assurance program, ensuring value and data integrity.

• The Service welcomed three new members into one or more benefit plans.

• Staff delivered 21 member education/information sessions over the course of the past year. The sessions are offered as a benefit of program participation and address such topics as retirement, benefits 101, etc.
Labour Relations and Salary Administration

The Labour Relations and Salary Administration Service provides subscribing members with a comprehensive labour law and compensation consultation program. Our team of professional staff includes legal counsel and other human resource experts, specialize in the health and community services sectors.

In addition to collective bargaining on behalf of healthcare employers, the service provided leadership in provincial bargaining processes; legal representation at grievance arbitrations, in alternative dispute resolution forums and at interest arbitrations; collective agreement interpretation and day-to-day legal/labour relations advice and support. The service also offers comprehensive compensation management expertise and manages job evaluation and salary policy development. The Service also produces publications and develops seminars on a variety of human resources issues.

The Labour Relations and Salary Administration Program supports 74 member clients. Collectively, these organizations employ more than 31,000 unionized employees, who work under 147 separate collective agreements in the acute, continuing care, adult residential and home support sectors. These employees are represented by six different unions in different configurations. The Salary Administration Program, among other activities, also provides job evaluation and salary policy advice with respect to approximately 2,000 management and non-union employees in the acute care sector.

**Working to provide quality, cost-effective, value-added programs for members:**

- Labour Relations and Salary Administration clients have the convenience of a “flat rate” labour relations service.
- The Service is staffed by experts dedicated to Labour Relations and Salary Administration with a focus on healthcare issues in both acute and continuing care.
- In 2010 an independent review of the service was conducted by the firm Pricewaterhouse Coopers as part of the Province of Nova Scotia’s Internal Audit Centre. The report noted that Health Association Nova Scotia provided a common point of contact, resources and expertise which was well suited for all of the DHAs and met the provincial objectives for labour relations. The report reviewed the cost effectiveness of the model and found approximately $1.9 million dollars was saved annually as compared to comparable labour relations opportunities provided by outsourced lawyers. This equates to approximately half the cost of what would be involved to purchase comparable legal services through external providers. Further, the report indicated that stakeholders were satisfied with the services provided by Health Association Nova Scotia. The audit noted that the use of a dedicated resource:
  - offers specialized expertise in the healthcare sector labour relations system;
  - provides a consistent provincial view of labour relations where “balance and consistency” are provided across the province;
  - policy may be adopted at a provincial level which provides better coordination and system wide management allowing for the coordination of collective bargaining and arbitration while providing one central point of contact for guidance and interpretation of bargaining unit issues;
  - provides for retention of historical knowledge and the benefit of long standing experience which provides a “consistent stabilizing” knowledge base; and
  - provides for the same standard and level of experiences and expertise for all employers. The current structure provides the employer organizations “greater access to labour relation(s) expertise and resources which would be hard to duplicate or provide on an individual basis, particularly in the smaller DHA’s and health facilities”.

Highlights of Activities During 2011 -2012:

- Collective bargaining, as a major activity of the service, comprised a large proportion of LRSA staff time during 2011 – 2012. A number of major collective agreements were in active negotiation including NSGEU Healthcare Local 42, CAW, CUPE and Public Health and Addictions. The latter part of the fiscal year was often dedicated to the preparation and proposal exchange for those agreements, which were settled early in the 2012/13 fiscal year.
- The Service provided support to the NSGEU Nursing Interest Arbitration (CDHA).
- The Service provided legal representation in arbitration, via the established Case Management Framework. There were 207 files under active management in 2011-2012; 87 new arbitration files, 17 hearing dates conducted; 30 cases settled/resolved; and 12 cases withdrawn.
- Labour Relations and Salary Administration staff contributed to a number of health system projects, including Merged Services Nova Scotia, Model of Care in Nova Scotia, the Expenditure Management Initiative, Continuing Care Integration (Phase II) and developed briefing notes on provincial labour relations issues.
- The Service completed a special internal project, the design and implementation of a costing database. This will further expand internal capacity for analysis of costing proposals for bargaining.
- The Service expanded its customer base to include additional continuing care organizations.
- The Service continued to organize and lead various forums to increase opportunities to collaborate among employers and strategically manage issues that would affect the entire sector. For example, 37 Collective Bargaining Committee, 10 Labour Relations Group, 12 HRPLC meetings, 6 Continuing Care Council and 4 Home Care Network meetings were coordinated or attended.
- Labour Relations Bulletins were published throughout the fiscal year, providing members with relevant and timely information on pertinent labour relations and human resources matters. Among the Bulletin topics were recent Health Association Nova Scotia arbitration awards, changes to the Dispute Resolution Process at Nova Scotia Human Rights Commission, details of the interest arbitration award which set wage patterns for RNs represented by the NSGEU at Capital Health and changes to essential services legislation in Manitoba.
- The Salary Administration team developed new salary administration guides and templates which were made available to members organizations online.
- The Service developed a Training Manual on Collective Bargaining as a resource to subscribing member organizations.
- Five webinars were offered in 2011 – 2012, addressing the following topics: WCB and Me: Introduction to Job Evaluation; Behind the Scenes: Bargaining in a Provincial Process; Personnel Files: Who Owns them, who can access them, what should be included/excluded and how can they be used; and Workplace Investigations: a 360 Degree Perspective.
- The Labour Relations and Salary Administration Service held its Annual Labour Relations Conference on June 1, 2011. The theme was “Engaging Employees in a Unionized Workplace,” with keynote speaker, Blaine Donais, President and Founder, Workplace Fairness Institute.
The Organizational Development Service offers a range of education programs targeted to the needs of employees at all levels in health organizations as well as governance education and support. The Health Association is well known for its expertise and long-standing history in the area of trustee development and education for health system boards. Our consultant delivers the Six-Module Professional Development Series for Health System Boards as well as a range of other services, such as strategic planning and policy governance. Additionally, a variety of professional development programs and workshops are available to managers and front-line health system employees.

Through our Organizational Development Service, we are a resource for organizations in fostering the development of healthy workforces in healthy workplaces. This includes coordination of the annual health leadership awards.

We are under contract to administer the Continuing Care Assistant Program and the Alzheimer’s Disease and Other Dementias Care Course.

**Working to provide quality, cost-effective, value-added programs for members:**

- In response to the fiscal challenges facing Health Association Nova Scotia members, a range of cost reduction strategies were employed, allowing the Health Association to eliminate the fee for these program offerings. Members pay only for the costs of associated travel and other direct program expenses, i.e. workshop materials.

- Our management development program is recognized for credit by the Canadian College of Health Leaders.

- Overall session ratings for programs offered in 2011 – 2012 ranged from 4.37/5 to 5/5. Sample comments from Workshop Participants as recorded on session evaluations:
  - **Building Change Resilience:**
    - Facilitator was very skilled and the topic is relevant.
    - Good information, number of examples and stories, and excellent strategies.
    - Very interesting and informative.
  - **Bullying Workshop:**
    - Lots of great information about a very important workplace issue.
    - Dynamic speaker. Audience was engaged.
    - The instructor was very personable and knowledgeable – great information.
    - Informative, gave me ideas on how to eliminate bullying. Made me feel in charge.
  - **Career Exploration:**
    - Carla did a wonderful job setting up a safe and comfortable atmosphere for us to express ourselves and realize what values are most important.

Support Our Members
Resolve Challenges

In times of fiscal restraint, available dollars for education and training can become quite limited. The unfortunate reality is that the need for ongoing professional development is never more pressing than it is during a time of significant system change. Therefore, last year, the Health Association reallocated dollars saved through a range of cost reduction strategies, including reducing the number of board meetings and not filling vacant director positions, so that effective April 1, 2011, Organizational Development programs delivered by Carla Anglehart would be made available to members virtually free of charge. This includes customized, in-house workshops and governance education. Members pay only for the costs of associated travel and other direct program expenses, i.e. workshop materials.
The Organizational Development Service delivered 107 professional development programs and workshops during 2011-2012. This combined total includes workshops held at the Health Association offices and customized in-house programming. Included in the workshops offered were: LEADS in a Caring Environment, Personality Dimensions, Front-Line Leadership, Workplace Bullying, and the Manager’s role in Creating a Healthy Workplace.

Four modules of the Professional Development Series for Health System Boards were held during the past fiscal year.

The Service coordinated and supported five meetings of the provincial Organizational Health Committee. Among the agenda items addressed throughout the past year was the development of a provincial report card on quality of work life.

Carla Anglehart, Director of Organizational Development, was invited to participate on the planning committee for and moderate sessions at the Quality Worklife, Quality-Healthcare Collaborative Annual Summit. This year’s Summit, “Mastering the Art and Science of Healthy Work Environments: Celebrating Successes and Inspiring Future Directions,” was held on March 1-2, 2012 in Vancouver, British Columbia.

The Health Association was invited to be a sponsor and partner in a Canadian Patient Safety Institute event looking at the Board’s role in quality and patient safety in Canadian healthcare organizations. The Health Association received approval to allocate Trustee Development funding to this education session as well as served on the planning committee. The session, “Effective Governance for Quality and Patient Safety in Canadian Healthcare Organizations,” was held on April 3-4, 2012.

As part of the Health Association’s commitment to support the Merged Services Nova Scotia initiative, in March 2012, Carla Anglehart, Director of Organizational, began allocating approximately up to 50% of her time to this important health system initiative. She began working with the Change Management Work Stream, assisting with change leadership education and career transition.

For the third year in a row, the Health Association presented three awards at its Annual General Meeting recognizing outstanding leadership by health service organizations in Nova Scotia.

Two awards recognized health organizations that have demonstrated innovation in their efforts to create and maintain a healthy, healthcare workplace. The 2011 award recipients were Northwood Homecare and the IWK Health Centre. For the first time ever, honourable mention along with a cash reward was presented to an award applicant; that was Seaview Manor. The three awards were sponsored by Johnsons Inc. and combined together for a total of $10,000.

The third award, the ARAMARK Award for Achievement in Environmental Leadership, was presented to Pictou County Health Authority. They received $5,000 to support ongoing green initiatives and projects.

The Policy, Planning and Decision Support Service (PPDS) is comprised of a team of professionals with expertise in public policy, health administration, organizational psychology, data analysis, and decision support. The Service supports members to develop solutions to system challenges through facilitation and a variety of activities, including project management; information/data collection; research, analysis, and reporting. Further through the provision of decision support, the Service assists members to impact system level issues and respond to legislative, regulatory and policy developments. PPDS also conducts environmental scans and research to support evidence-based positions and decision-making on key provincial issues. Efforts are underway to build partnerships in support of applied health service research and knowledge exchange across Nova Scotia.

Highlights of Activities During 2011 -2012:

• The Policy, Planning and Decision Support Team provides research, analytic, secretariat and project management support to the Home Care Network. Some of the key issues addressed during the past fiscal year were:
  » Formalizing the terms of reference for the Home Care Network following the Home Support Nova Scotia Association merger with Health Association Nova Scotia.
  » Facilitating the development of standard service agreements between home support agencies and district health authorities.
  » Facilitating a review and examination of barriers to access to home care services from hospital.
  » Developing a collaborative approach to identifying cost drivers and mitigation strategies.
  » The Homecare Network became signatories to the Quality Worklife Quality Health Care Collaborative (QWLQHC) Charter.
  » Partnering with AWARE-NS on the development of a Community Worker Safety Manual and leading the development of a document outlining mechanical lift standards.

• The Policy, Planning and Decision Support Team provides research, analytic, secretariat and project management support to the Continuing Care Council. Some of the key issues addressed during the past fiscal year were:
  » Council devoted 1.5 days to strategic planning with two priority areas emerging: enhancing strategic partnerships and partnering to develop a plan for quality and information collection.
  » Advocating for the issue of pay compression to be addressed.
  » Asking for a review and a more efficient process regarding capital and emerging funding requests.
  » Responding to proposed Workers Compensation Board policy changes.
  » Advocating for changes to the Vital Statistics Act to reflect current and more efficient practice regarding the necessity of death certificates for body removal.
  » Requesting action for services with persons with responsive behaviours.
  » Advocating for a fair and accountable revised long-term care placement policy.
  » The Health Association obtained a membership in the Canadian Alliance of Long Term Care in order to provide a linkage with Council and the province.

• PPDS staff is working with the OP3 group (one province, one process, one policy). This joint initiative of the DHAs and the IWK Health Centre aims to lead the province in consistent policy development and practice.
• PPDS staff are supporting a number of special projects including:
  » Development of a report card on organizational health in health care organizations.
  » Research projects, including:
    • “The Changing Nature of Care in LTC Facilities: Understanding the Impact on Caregivers.” This project is being led by Dr. Kevin Kelloway, PhD (Canada Research Chair in Occupational Health Psychology, Director, CN Centre for Occupational Health and Safety, Saint Mary’s University).
    • Care and Construction: Assessing Differences in Nursing Home Models of Care on Resident Quality of Life. The project is a partnership of the Mount Saint Vincent University Centre on Aging and Northwood.

• The PPDS Team is working with the Department of Health and Wellness and CIHI to gain access to the CIHI portal. This will be an excellent tool to help the Health Association provide data-driven decision support.

• The PPDS Team produced four papers throughout the past fiscal year. These were:
  » End-of-Life Care in Nova Scotia: Opportunities for Improvement.
  » Briefing Note to Premier on the 2014 Health Accord.
  » Long Term Care Placement Process Review in DHA 9: Hospital to Nursing Home Placements.

• The PPDS Team produced three environmental scans during fiscal year 2011-2012. Covering a three-month period, the scan provides an analytical overview of the emerging trends in health care. The scan is produced as a resource to members to support strategic or operational planning, preparing briefings, identifying key issues of focus and for general interest and knowledge.

• The Health Association successfully applied for a NSHRF REDI Awards to fund an Applied Research Conference. The symposium, “Knowledge in Healthcare: Creating, Accessing, Implementing,” was held in April 2012, with guest speakers from around the province, as well as national organizations such the Canadian Health Services Research Foundation and the Canadian Institute for Health Information.

The Health Association, primarily through PPDS, provides secretariat, project management, and/or research support to membership/other stakeholder forums, including:

• Academic Health Council
• HSPNet
• Provincial Organizational Health Committee
• Continuing Care Council
• Adult Residential Centre/Regional Rehabilitation Centre Association
• Physician Leaders Group, and
• Home Care Networking Group
• DHA/IWK CEO Forum
• OP3 Group (Inter DHA/IWK Group: One Province, One Process, One Policy)
Public Affairs and Communications

The broad mandate of the Public Affairs and Communication Service is external and internal strategic communication planning and implementation. The Service develops and implements strategies to foster strong member relations and raise the profile of Health Association Nova Scotia with other key stakeholders, potential partners and the general public. The Service also offers direct support as capacity allows. This includes supporting the Continuing Care Public Image Committee, leading the annual Health Association sponsored Continuing Care Month campaign and other public awareness initiatives, supporting provincial communication initiatives or special projects as requested, providing media relations training and advice, and providing website content management and hosting services.

Highlights of Activities During 2011-2012:

Promoting the Public Profile of Continuing Care
The Public Affairs and Communications Service coordinated the 8th Annual Health Association Nova Scotia Continuing Care Month campaign. The campaign aims to raise awareness of the contributions of this important sector and its employees and volunteers. It also seeks to encourage members of the public to learn more about the continuing care programs and services available to Nova Scotians across the lifespan as well as the many rewarding employment opportunities.

The month-long recognition included TV ads; a website; the distribution of branded, reusable coffee cup sleeves to continuing care employees across the province; media relations activities; articles in publications; an MLA and municipality letter writing campaign; a quiz to encourage members of the public to visit the Continuing Care Month website; and more. The public awareness initiative met the majority of its campaign initiatives, including website traffic.

Providing Communications Support to Member Organizations
Throughout 2011-2012, the Public Affairs and Communications Service provided an increased level of direct member support, serving as a strategic communications consultant on media training issues. The majority of support provided was to representatives of the ARC/RRC sector, addressing issues related to the Protection of Persons in Care Act. Upon request, information sessions were delivered to member and stakeholder senior management teams and boards on media training.

Two Fundamental Roles

Health Association Public Relations Function
Member Support: Communications
- Member of Public Relations Working Group
- Supports provincial communications initiatives
- Media Relations Training and Advice
- Supports Continuing Care Public Image Committee
- Annual Continuing Care Month Promotional Campaign and other Awareness Initiatives
Coordinating Health Association AGM
The Public Affairs and Communications Service coordinates the annual general meeting of the membership. This year’s AGM was held on October 31, 2011 with close to 80 participants in attendance.

Seeking to provide added value and benefits for member organizations, the annual general meeting featured special guest speaker Dave Carroll who’s United Breaks Guitars story has been called a “one in a billion experience” with implications in the worlds of Customer Service, Social Media, Branding, and Self-Empowerment.

Member and Board Orientation Sessions
Throughout the past fiscal year, the Public Affairs and Communications Service continued to coordinate orientation sessions for new Health Association members and board members.

Supporting Health Association Services with Marketing/Promotional Activities
The Public Affairs and Communications Service supported each Health Association Service with the production of promotional materials throughout the past fiscal year. Examples include:

- flyers and brochures to promote Labour Relations webinars and the annual Labour Relations Conference;
- benefit plan brochures and website content;
- “News from Clinical Engineering;” and;
- the development of a year-at-a-glance educational calendar to help promote participation in Organizational Development program offerings.

Social Media Strategy Development
The Public Affairs and Communications Service launched a social media strategy, providing an additional platform to advance the communication objectives of Health Association Nova Scotia.
Summary of Financial Results

The following are excerpts from our financial statements. An audit has been conducted for all four funds managed by Health Association Nova Scotia and in each case the auditor’s report is unqualified. Full audited financial statements are available by visiting www.healthassociation.ns.ca.

**NSAHO Association Fund**


<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
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<tbody>
<tr>
<td>Assets</td>
<td>$5,057,506</td>
<td>$5,022,994</td>
</tr>
<tr>
<td>Liabilities</td>
<td>$2,438,875</td>
<td>$2,482,763</td>
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<tr>
<td>Net Assets</td>
<td>$2,618,631</td>
<td>$2,540,231</td>
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**NSAHO Long Term Disability Plan**


<table>
<thead>
<tr>
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<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets</td>
<td>$134,469,957</td>
<td>$128,587,940</td>
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<tr>
<td>Liabilities</td>
<td>$462,913</td>
<td>$1,166,616</td>
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<tr>
<td>Net Assets available for Benefits:</td>
<td>$134,007,044</td>
<td>$127,421,324</td>
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Funding Policy: In accordance with the Plan, members are required to contribute a certain percentage of insured salary, with employers matching the contributions of the members. The most recent actuarial valuation for funding purposes was prepared by Mercer (Canada) Limited as of August 31, 2011 and disclosed a funding surplus as follows:

**NSAHO Health and Other Benefits Fund**

Statement of Net Assets for Benefits - March 31, 2012 with comparative figures for 2011

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets</td>
<td>$15,680,688</td>
<td>$12,919,322</td>
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<tr>
<td>Liabilities</td>
<td>$4,249,150</td>
<td>$4,019,336</td>
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<tr>
<td>Net Assets Available for Benefits:</td>
<td>$11,431,538</td>
<td>$8,899,986</td>
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<table>
<thead>
<tr>
<th></th>
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<th>2009</th>
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<tr>
<td>Net Assets available for Benefits:</td>
<td>$126,595,000</td>
<td>$106,664,000</td>
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<tr>
<td>Liabilities - Disabled life reserve and reserve for incurred but not reported claims:</td>
<td>$119,051,000</td>
<td>$102,133,000</td>
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<tr>
<td>Funding Surplus/(Deficit):</td>
<td>$7,544,000</td>
<td>$4,531,000</td>
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NSAHO Group Insurance Fund


<table>
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<tr>
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<tbody>
<tr>
<td>Assets</td>
<td>$11,924,815</td>
<td>$11,452,626</td>
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<tr>
<td>Liabilities</td>
<td>$163,105</td>
<td>$130,652</td>
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<tr>
<td>Net Assets Available for Benefits:</td>
<td>$11,761,710</td>
<td>$11,321,974</td>
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</table>


March 31, 2012

- Retired Employee Life Insurance Waiver: $4,651,000
- Disabled Employee Waiver of Life Insurance: $6,445,000
- Total Accrued Benefit Obligation: $11,096,000

March 31, 2009

- Retired Employee Life Insurance Waiver: $4,746,000
- Disabled Employee Waiver of Life Insurance: $5,338,000
- Total Accrued Benefit Obligation: $10,084,000

NSAHO Pension Plan

Statement of Net Assets Available for Benefits and Accrued Pension Benefits and (Deficiency) Surplus. As of December 31, 2011, with comparative figures for 2010. ($thousands)

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Assets Available for Benefits</td>
<td>$3,912,093</td>
<td>$3,539,469</td>
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<tr>
<td>Liabilities - Accrued Pension Benefits (Deficiency) Surplus</td>
<td>$3,967,111</td>
<td>$3,429,915</td>
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<tr>
<td>Funding Surplus/(Deficit)</td>
<td>($55,018)</td>
<td>$109,554</td>
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2011-2012 Earnings

In the spirit of the Public Sector Compensation Disclosure Act, Health Association Nova Scotia is voluntarily disclosing the names and earnings of employees who earned more than $100,000 in 2011-2012.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Exact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Lee</td>
<td>CEO</td>
<td>$168,399.12</td>
</tr>
<tr>
<td>Carla Anglehart</td>
<td>Director</td>
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<tr>
<td>Bob Dunn</td>
<td>Director</td>
<td>$121,259.76</td>
</tr>
<tr>
<td>Rollie King</td>
<td>Director</td>
<td>$105,574.80</td>
</tr>
<tr>
<td>Steve Smith</td>
<td>Director</td>
<td>$106,608.96</td>
</tr>
</tbody>
</table>
Copies of the Annual Report are available from:

Public Affairs & Communications Department
Health Association Nova Scotia
2 Dartmouth Road
Bedford, Nova Scotia   B4A 2K7
(902) 832-8500

Or online at: www.healthassociation.ns.ca