



**Every person deserves a voice.
Every voice deserves to be heard.**

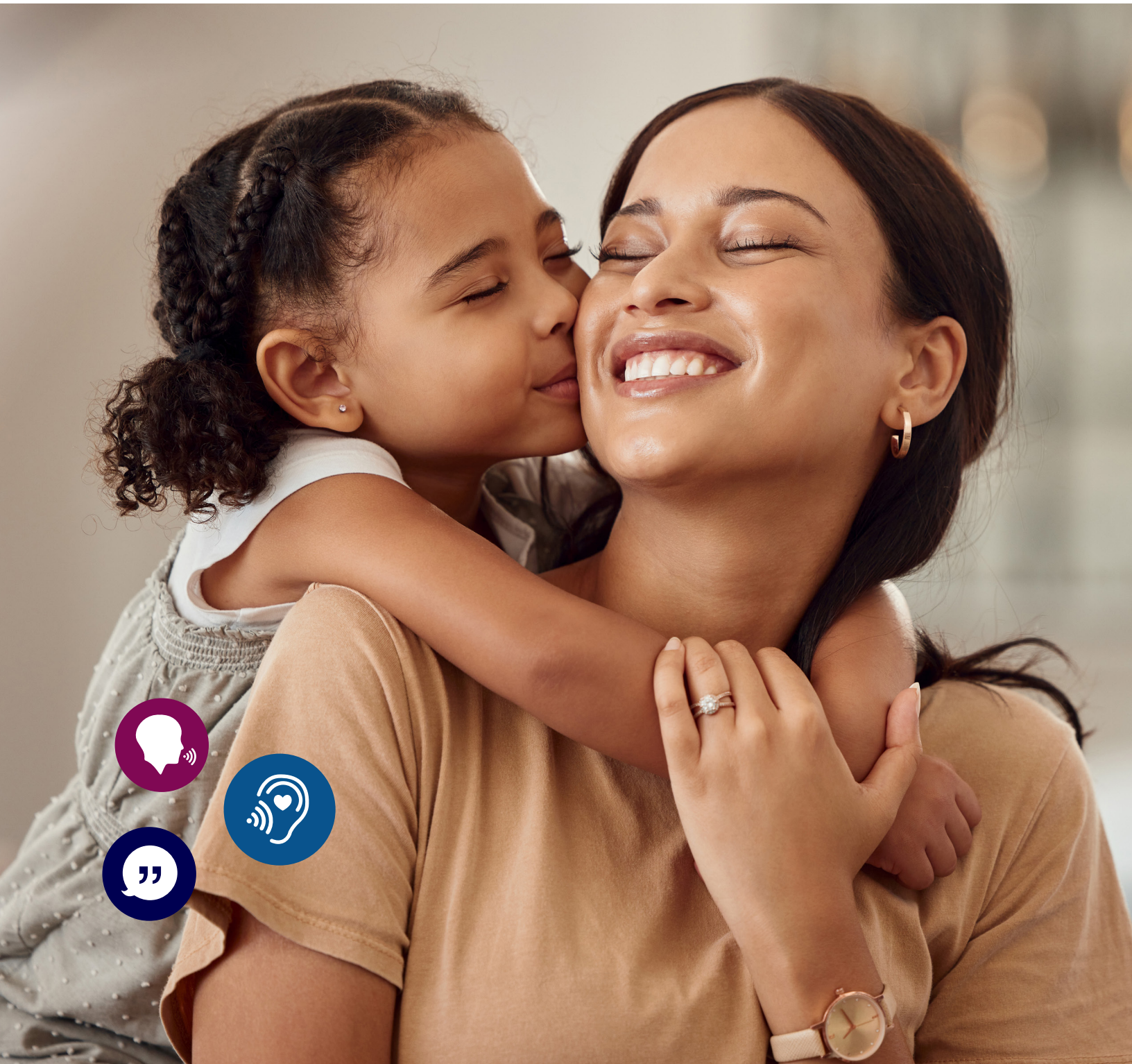


Table of Contents

Our Mission & Our Vision 1

Message from the Board Chair and CEO 2

Strategic Plan 2024 4

Meet HSNS Client Ferne Mardlin-Smith 6

Partner Collaboration to Improve Autism Services 7

Partners in Care: 5 Years of Dedication 8

Strategic Planning: Accessibility is a priority 9

Technology Plays Important Role: Cochlear Implants 10

Safety and Quality Improvement: Reducing wait times 12

HSNS Scholars Award Recipient: Frank's Journey 13

New Capital Equipment for Newborn Hearing Screening 14

Client/Patient & Family Experience Survey 2022 15

Performance Indicators 16

Board of Directors 17

HSNS Statement of Financial Position 18

Statement of Revenues and Expenditures 19

Statement of Changes in Fund Balances 20

Statement of Cash Flows 21



Our Vision

Every person deserves a voice. Every voice deserves to be heard.



Our Mission

To improve the lives of Nova Scotians by delivering quality audiology and speech-language pathology services.



Our Values

HSNS is committed to honoring the cultural heritage and diversity of our communities and always doing our best to practice and promote equity, accessibility, and inclusion in all that we do. We value:

Client-centered	Leadership
Accessible	Supportive
Safety	Integrity
Collaborative	



Message from the Board Chair and CEO

It's hard to believe that three years after COVID-19 was first identified in our province it is still having an impact. However, at Hearing and Speech Nova Scotia (HSNS), this past year has seen client and patient services back to pre-pandemic levels, and most of our strategic targets either completed or well on the way to being accomplished.

The HSNS Annual Report for 2022-2023 gives updates across all three of the HSNS strategic themes for its Strategic Plan 2024: Accessibility, Communication, and Engagement. A critical area of attention for HSNS is accessing services. This past year we made improvements in reducing waitlists for children on two fronts: through improvements to hearing screening protocols and through collaboration on the Provincial Preschool Autism Service, which saw an increased number of children receiving services this year.

Now into our third year delivering virtual care, a survey of the virtual care experience for both families and staff concluded that virtual care offers a valuable option for accessing some HSNS services for many clients. As patients became more comfortable with in-person visits, we experienced a decrease in the number of virtual care visits this year, but at close to 7,000 visits, it is still a significant number. Virtual care is here to stay for accessing many services for clients and families.

Improvements in Accessibility to HSNS services also focused on the process for review and development of HSNS standards of clinical care. A collaboration of the HSNS Equity, Diversity, and Inclusion (EDI) Task Force and HSNS Standards and Audit Working Group was established to develop EDI principles to guide clinical practices.

This year marked our second year implementing our Strategic Plan for 2021-24, which includes strategic goals for Communication. The Strategic Plan itself was created to be more accessible for members of our community by streamlining the language of our values, our strategic goals and our directions for growth. We continued our work on the strategic theme of "Communications" by providing more translated information to our clients and by improving our processes for developing resources with guidelines provided by the HSNS EDI Task Force. Promoting HSNS "Experience Stories" is a key aspect of our Communications Plan and, this year, five stories were shared on the HSNS website and social media platforms. In this annual report, we are including Ferne Mardlin-Smith's story describing her recovery process following a stroke associated with severe Aphasia (communication difficulty related to brain injury).

Our third strategic theme is Engagement and top of mind each year is recruiting qualified Audiologists and Speech-Language Pathologists from underrepresented communities in Nova Scotia. The Hearing and Speech Nova Scotia Scholars Award was established by the HSNS Board of Directors in 2020 to support students from underrepresented communities in pursuing their training in speech-language pathology or audiology. We would like to congratulate Morghan Manuel, the first recipient of the Hearing and Speech Scholars Endowment, who graduated with a Master of Science degree in speech-language pathology from Dalhousie University this spring. We are also thrilled to meet the second scholarship recipient, Frank Day, who finished his first year at the Dalhousie School of Communication Sciences and Disorders working on his Master of Science degree program in speech-language pathology.

As always, we would like to thank all members of our volunteer Board for their dedication and contributions to the community, with a special thank you to those who are retiring this year.

Finally, on behalf of the entire Board, we would like to thank all our staff for the dedication, expertise, and creativity they bring to our clients every day. We know that the accomplishments of HSNS this year are the result of our outstanding staff. We would also like to thank our partners for their continued collaboration this year, including the Nova Scotia Department of Health and Wellness, Nova Scotia Health, IWK Health, Dalhousie School of Communication Sciences and Disorders, Atlantic Provinces Special Education Authority, and Autism Nova Scotia.

It is with your support that we can uphold our mission, which is to improve the lives of Nova Scotians by delivering quality audiology and speech-language pathology services. It is with great pride that we report on our accomplishments and hope you enjoy the stories presented in this annual report for 2022-2023.

Scott Barnett, Board Chair

Anne Mason-Browne, CEO



STRATEGIC PLAN 2024
Accomplishments in 2022-2023

ACCESSIBILITY - Goals

- Sites, services, and information meet provincial accessibility standards.
- Patient and Family Centred Care (PFCC) is guided by principles of Equity, Diversity, and Inclusion (EDI).
- Information Technology (IT) is enhanced to support accessible HR processes and resources.
- Safety is demonstrated as a core value of the organization.

This year we achieved:

- ✔ Nine new sites implemented hearing screening improvements to reduce the audiology wait list.
- ✔ Expanded use of HR software to streamline processes (including volunteers).
- ✔ Collaboration established between the EDI Taskforce and Standards and Audit Working Group.
- ✔ Assessment and recommendations for 'virtual care' experience for clients, families, and staff.
- ✔ Clinical services (patient/client visits) are back to pre-pandemic levels.
- ✔ Preliminary scan of NS Accessibility Standards completed for all 35 HSNS clinic sites.
- ✔ Designated budget accountability for activities related to Patient and Staff safety.



COMMUNICATION - Goals

- Use range of communication strategies with internal and external stakeholders.
- Clients, patients, families, staff, and partners share their experience stories.
- Promote HSNS (a "household name") across all communication, services, activities, and products.

This year we achieved:

- ✔ Established processes for EDI principles to inform the HSNS Communications Plan.
- ✔ Implemented organization-wide training in cybersecurity for communications.
- ✔ Increased translation of HSNS materials for clients and families.
- ✔ Five HSNS experience stories completed and shared on HSNS website and social media platforms, including 10 staff and two Board of Directors profiles.

ENGAGEMENT - Goals

- Build on professional development and leadership development for all staff.
- Use collaborative decision-making and engagement with clients, HSNS staff, and external stakeholders.
- Promote recruitment, retention, and a supportive workplace culture.

This year we achieved:

- ✔ Expanded capacity, resources, education, and support for Partners in Care.
- ✔ Implemented strategies to promote increased diversity in HSNS staff.
- ✔ Improve alignment of senior leadership responsibility with external healthcare context.
- ✔ Successful recruitment of four leadership positions following retirements of senior staff.
- ✔ Collaboration on Provincial Preschool Autism Service with increased number of children served.



Meet HSNS Client Ferne Mardlin-Smith

Before 2017, Ferne Mardlin-Smith spent her professional career informing, developing and advancing health practices at the IWK Health Centre and the Department of Health and Wellness in Nova Scotia. Additionally, she taught Business English and Information Management at Nova Scotia Community College and was an active volunteer in her community. However, in August 2017, everything in her life changed when she suffered a severe stroke that took away her ability to express herself through speech.

Initially, it wasn't clear to her doctors how much damage the stroke would do, or if she would survive. When the brain bleed stopped, it became clear Ferne suffered from severe Aphasia — she would need to re-learn how to speak, essentially from scratch. Ferne began to work with a Speech-Language Pathologist (SLP) through HSNS, while she was an inpatient at the Nova Scotia Rehabilitation and Arthritis Centre and continued her work with a SLP when discharged from the hospital.

"It was hard work," Ferne said of her early days in therapy. "First of all, I had to learn patience. But I persevered."

In the years since her stroke, Ferne has made immense progress with the help of her therapists, her husband Donald and her friends. She has needed to re-train her ears to hear the difference between sounds, so she can be self-sufficient in correcting her own speech errors. Although she still stumbles in her speech, she says she now feels more comfortable meeting and talking with people, even in group settings.

Both Ferne and Donald credit much of her recovery to the dedicated speech therapists who have worked with her. "The therapists are great working with her," Donald said. "They enjoy working with Ferne because she's a very determined person; she never gives up."

"Working with speech therapy helped me to believe in myself," Ferne said. "The therapist looked at me as a whole person. I was involved in all the decision making."

With slow but steady progress, Ferne reached the point in her recovery where traditional speech therapy no longer offered her the challenge she needed and wanted. Her SLP encouraged her to connect with Partners in Care. She joined Partners in Care in March 2020, only a week before COVID-19 was declared a pandemic in North America.

Now, Ferne offers some of her time giving back to HSNS and her community. She has been helping HSNS assess their materials through the eyes of a client. She has recommended improvements to materials like their website and educational handouts.

"I want to support Aphasia-friendly material and literacy for all Nova Scotians," Ferne said. "I want to help others because you gave me my voice."

Ferne's improvements since her terrible stroke could be seen by some as improbable, or even miraculous. But according to Donald, those who know Ferne well are not surprised by her determined progress and recovery, because she is a fighter.

Partner Collaboration to Improve Autism Services

At HSNS, collaboration with partners is a guiding tenet in the quality improvement of its services. This is apparent in the work happening in the transformation of preschool autism services in Nova Scotia. The Provincial Preschool Autism Service (PPAS) was announced by the provincial government in April 2022. It is a partnership between IWK Health, Nova Scotia Health (NSH), HSNS and Autism Nova Scotia (ANS). Building on the strengths of the current system within which HSNS is a vital member, PPAS will represent a more comprehensive scope of services. There is a strong commitment on behalf of partners to collaborate in the transformation of services. The result is a new, integrated approach to service delivery which will provide autistic preschoolers in Nova Scotia the best possible start.

The work involved in transforming a provincial model of services is not a small task. "All partners are committed to ensuring children with or suspected of having autism and their families receive integrated services that meet their unique needs," said Erin Christian, Director for the Provincial Preschool Autism Service with IWK Health. "Although there is a great deal of work ahead as we transition to a provincial model, this is a very exciting opportunity to create services with families."

Central to the transformation of autism services is the direct connection with families and caregivers. Lisa Foley, PPAS Patient and Family Experience Advisor, says collaboration with service partners in building a new model is critical.

"I'm a mother of two children with autism. As a family, we have had many triumphs and challenges throughout our journey here in Nova Scotia," she said. "Having my two children receive treatment with EIBI, HSNS, to name a few service providers, wasn't always easy. I can now say the autistic community is being heard and it's a privilege to collaborate with HSNS, NSH/IWK, ANS, and many other wonderful service providers in the province. We are creating new services for the preschool autism community and, I can tell you through experience, will make a difference

in your journey. Collaborating alongside these service providers has been inspiring. I'm excited to be part of this ongoing project and to share ideas and come up with new opportunities for PPAS. I truly believe this will have a positive impact on the autism community going forward."

An example of cross organizational collaboration within PPAS is the QuickStart Nova Scotia (QSNS) program, delivered by ANS with the help of HSNS Speech-Language Pathologists (SLPs). This parent-mediated coaching program is designed to empower caregivers of toddlers with a suspected, provisional, or confirmed diagnosis of autism teaching them how to support their child's development.

"This idea of providing a continuum of care and an integration of services to families has been the backbone of the QuickStart Program," said ANS QuickStart Director, Jamie-Lynn Black. "HSNS has strongly supported this by the collaboration from director level to the ground level. Autism Nova Scotia and HSNS have evolved together, and the ongoing partnership allows us to continue to build on one another's programs and services."

QuickStart is now available across Nova Scotia as services launched in all four (health) zones in January 2023. "Parents report to us that strategies they learn and use to support their child in QuickStart are complementary to goals and training they receive at HSNS," said Connor Bray-Stone, QuickStart Supervisor.

As the transformation of preschool autism services unfolds, HSNS and its partners will continue working in step together over the coming months. "There has been a demonstrated history in Nova Scotia of organizations collaborating to support children with autism and their families, and HSNS has been a key partner in this collaboration," says Christian. "Going forward, the strong partnership that exists between IWK Health, NSH, HSNS and ANS is an asset to ensuring a cohesive and integrated approach to providing children and families with the variety of services they need."



Partners in Care: 5 Years of Dedication



After a period of relative quiet during the COVID-19 pandemic, HSNS's Partners in Care Advisory Committee – our group of patient advocates – has been busy with many big and small projects.

The small projects usually involve reviewing documents that will be shared with the public. Our Partners in Care bring their backgrounds and personal experiences when reviewing these documents and they're keen to make sure what we print is accessible to all Nova Scotians.

Our Partner in Care, Ferne Mardlin-Smith, is particularly passionate about making services more accessible to everyone. Ferne had a stroke in August 2017 and received services from HSNS. "I examine documents and materials through the eyes of a client to ensure all information is easy to understand. It is important that people requiring the services of HSNS know how to find the support and help they need."

The big project we're working on involves creating a volunteer co-chair position for the Committee. This has been a goal at HSNS since we formed the Partners in Care Advisory Group in 2017. After a few years' experience under our belts, we are currently taking steps to define the scope of the position with the aim of having a volunteer co-chair in place

in April 2024. This step is important to HSNS, as having a volunteer co-chair elevates the status of volunteers at the Leadership level of HSNS. It is also an expression of our commitment to truly and authentically listen to our clients and families. The core membership of our committee has been very stable over the years, but this year we said goodbye to two long-standing members who both expressed they had given all they could.

After working with his Audiologist, Robert MacIsaac of Antigonish joined Partners in Care because of the impact his hearing loss and auditory processing issues had on his life. Robert was a long-standing member of the Communications Committee and provided great feedback on our communications plan and related activities over the years.

Keith Burton of Sydney joined Partners in Care alongside his Speech-Language Pathologist. He also served on our Ethics-Decision Support Working Group for the duration of his membership. Keith offered important context from the client experience to ethical issues at HSNS.

Hearing and Speech Nova Scotia wishes to sincerely thank Robert and Keith for their many years of service to our organization and its clients. We wish you well!



Strategic Planning: Accessibility is a priority

Hearing and Speech Nova Scotia's Strategic Plan 2024 (SP2024) has three Strategic themes: Accessibility, Communication, and Engagement. SP2024 is updated annually and reviewed quarterly to confirm the specific annual targets, which will ensure the organization is on track to achieve its long-term strategic goals. Hearing and Speech Nova Scotia is tightly integrated in its approach to everything it does. It is impossible to work on one target exclusively without also affecting another target or goal. We like to think of the three strategic themes Accessibility, Communication, and Engagement, interacting like a braid – work is intertwined in all three areas.

In addition to our improvements in reducing waitlists for children, optimizing use of virtual care, and integrating EDI principles into our clinical guidelines, we have been busy in other areas of accessibility as well.

True accessibility calls for a change in attitude, where everyone can participate fully in all aspects of our society. While it helps to have the right equipment in place, there is a much bigger requirement than installation of ramps, barrier free doors, and smart equipment. Accessibility is about being proactive to ensure everyone is included. It means identifying, preventing, and removing barriers as we improve our spaces, services, policies, and processes, so that all people can fully participate. It also means listening to people with varying abilities and perspectives, when they tell us something isn't accessible – and then working together to remove the barriers.

Our Partners In Care Advisory Committee and EDI Task Force provide recommendations to ensure that accessibility is "top of mind" when we develop

policies, procedures, or services. We are dedicated to ensuring that our work and clinic spaces are safe and accessible. Our Occupational Health and Safety Committee has begun a detailed inventory of our sites, surveying areas of improvement to support the provincial accessibility standards. Over the years to come, HSNS will work in collaboration with our partners at NSH and IWK to ensure our spaces and services meet the new provincial guidelines.

Hearing and Speech Nova Scotia is committed to providing a website that is accessible to all Nova Scotians, regardless of technology or ability. This site is built to adhere to Web Content Accessibility Guidelines (WCAG) 2.1 AA. These guidelines explain how to make web content more accessible for people with disabilities. It is our hope to make navigation of the HSNS website more user friendly for all people.

Nova Scotians with communication challenges such as hearing loss, or speech and language disorders, can encounter barriers in everyday activities that most of us take for granted. Going to the bank, learning in school, attending a medical appointment, listening to music, or even talking to a loved one or neighbour, can pose a challenge for some 100,000 Nova Scotians.

Through our business planning process and with financial support from the Department of Health and Wellness, HSNS has developed a plan to have assistive listening technology available for clients accessing services at any of our 35 sites. The implementation plan will ensure the assistive listening devices become a regular part of everyone's day at HSNS. This will require not only the purchase and installation of the equipment, but also support our staff in integrating the use of the equipment in all aspects of their workday.



Technology Plays Important Role: Cochlear Implants

The Nova Scotia Cochlear Implant Program is a joint program between HSNS, NSH, and the IWK. Hearing and Speech Nova Scotia offers pre-implant assessments to determine candidacy, post-operative activation of the cochlear implants, post-implant follow-up, as well as speech-language consultation. NSH Department of Otolaryngology performs the surgeries in Halifax. To date, the program has completed almost 900 surgeries.

A cochlear implant is an electronic device that is designed to provide hearing to those with severe to profound deafness. Part of the device is surgically implanted into the inner ear and the other part is worn externally. A cochlear implant does not restore a person's hearing to normal or cure deafness. The implant stimulates the auditory nerve directly, bypassing the damaged part of the cochlea. Many working nerve fibers remain in the hearing nerve even in cases of profound deafness and the implant can restore activity to this nerve and the hearing pathway.

The youngest age approved for cochlear implants by Health Canada is presently six months. Children who are six to 24 months of age with a profound hearing loss in both ears and who do not benefit from conventional hearing aids are potential candidates for an implant. Children who are 24 months and older with a severe to profound hearing loss in both ears, and who have limited or no benefit from conventional hearing aids, are also potential candidates for cochlear implantation. Other factors that can determine candidacy are the cause of the hearing loss, the child's educational placement, and the family's commitment to the rehabilitative process.

Candidates for cochlear implantation includes persons over the age of 18 years who have a severe to profound hearing loss in both ears, and limited or no benefit from conventional hearing aids. Other factors that determine candidacy are the cause of the hearing loss, how long the person has been deaf, the method of communication used (spoken or sign language), and demonstrated commitment to the rehabilitative process.

Rehabilitation following the activation of the cochlear implant is very important. For many adults who have not benefited from amplification for many years, there is a period of learning to re-adjust to auditory stimulation from the cochlear implant. This process can take up to a year for the adult to realize the full benefit of the cochlear implant. Patience and commitment are critical to this rehabilitative process.

Unlike adults who have lost their hearing after they have developed their speech and language skills, children with profound hearing losses have no auditory memories to draw upon to understand spoken communication. Rehabilitation for these children is often a lifelong process that takes the child through all stages of language acquisition learning, from attaching meaning first to a vocalization, syllable, then to words, phrases and sentences, and ultimately to conversation. For children, there is often improvement seen over a period of three or more years of rehabilitation.



The Cochlear Implant Speech-Language Pathologist helps the client learn to identify and associate meaning to the new sounds that are heard. If broader support is needed, referrals can be made to community based provincial health services, school boards, or upon request, to private SLPs. For children, the Atlantic Provinces Special Education Authority (APSEA) also provides rehabilitative support. Most important to the overall success of rehabilitation is the support and involvement of parents, family members, the child's social circle, and community.

Because of the rapid advancements in technology, the companies that produce cochlear implant devices may decide to stop making a certain model and render it "obsolete." This means they will no longer repair models that break down. The companies provide clients with one year's notice to prepare for the change, but this change comes with a cost. In Nova Scotia, cochlear implant recipients have been fortunate over past years because the Nova Scotia Government has provided funding to replace obsolete devices. This year the Department of Health and Wellness provided financial support of \$900,000 to cover replacement costs of obsolete cochlear implants for Nova Scotians, like Gina.

Gina MacPhail has been wearing a cochlear implant for approximately 15 years and feels fortunate to live in Nova Scotia. "What an amazing experience to be able to hear music in the malls," she said. "My most recent replacement was provided to me free of cost – a major help. I've always had a wonderful team to help me through this process. I feel I'm a walking, talking, hearing miracle!"



Safety and Quality Improvement: Reducing wait times

After hearing from our clients that wait times for services were too long, HSNS embarked on a quality improvement project in 2020 to reduce wait times for audiology services. While there are many different aspects that contribute to a wait list, our team wanted to find a data-driven project that would produce long lasting positive impacts for our clients and families. When a child is referred for speech language services, the child also automatically receives a hearing screening. For those sites that offer preschool speech-language assessments this can mean over 500 additional referrals each year to audiology.

In the 2021-22 HSNS Annual Report we reported on one of three quality improvement projects designed to help reduce audiology wait times and minimize risk to our clients' safety: the Preschool OAE Hearing Screening Project. The most common type of reported "incident of harm" or "risk to safety" for HSNS clients is a wait for service, and the longer the wait, the greater probability for negative impact on clients and families. For example, a three-month wait may result in a delay in reaching developmental milestones for an infant or preschooler, and a six-month delay in accessing hearing services presents hardship for an adult facing communication challenges.

In the 2021-22 HSNS Annual Report, we described a new process and new equipment for screening the hearing of preschoolers who are referred for speech-language pathology services. The new equipment, which measures otoacoustic emissions (OAE), was being rolled out for use by SLPs to screen the hearing of those children. Historically, HSNS SLPs had access only to portable audiometers, which require more attention skills from the child, such as raising their hand or playing a game when they hear sounds. The screening procedure was not developmentally appropriate for screening children under three years of age. However, the change in screening protocol and introduction of the upgraded equipment made hearing screenings more easily accessible to young children. In some cases, it saved time for families and staff because two separate

appointments for speech-language pathology and audiology were no longer required.

By the end of this year, more than 400 children were removed from the audiology wait list as a direct result of this project, thereby reducing the waitlist for others waiting for audiology services. In addition, several children have been diagnosed with hearing loss or were referred for medical treatment sooner as a direct result of the project.

Children getting faster hearing and speech services

The Preschool OAE Project Team has rolled out the new process/standard at the following additional sites over the 2022-23 fiscal year: Bridgewater Medical Arts, South Shore Regional Hospital (SSRH), Liverpool, Musquodoboit Harbour, Sheet Harbour, Windsor, Kentville, Middleton, Antigonish, Evanston, and Bayers Road. The training teams included a project team member and an SLP working in the same region who had already been trained and were using the new process successfully. Vanda Russell, Administrative Support Professional at the Bridgewater Medical Arts and SSRH sites, did roll outs for the Kentville and Middleton sites and had this to say about the project: "When I think about the process, I am thrilled about how receptive staff were to the change and how it will positively impact our clients and enhance our patient-family centered care at HSNS".

We now have funding from the Department of Health and Wellness to purchase additional devices that will allow us to offer this new service at the remaining three community HSNS sites that provide preschool speech-language assessments. The Project team plans to roll out these devices over the coming months and provide "refresher" training sessions for sites already providing the service. Over the next year, we will measure the provincial outcomes of the project and establish a plan for ongoing monitoring.

HSNS Scholars Award Recipient: Frank's Journey Greater access and representation in patient care



Frank Day is a Dalhousie Tiger through and through. Born and raised in Nova Scotia, he pursued his undergraduate degree at Dalhousie in Neuroscience, with added certificates in Disability Management and in Neurotechnology and Innovation. He is in his second year pursuing a Master of Science degree in speech-language pathology and is in line to be treasurer of the student council next year.

"It's been awesome," Frank said of his experience at Dalhousie. "My professors and classmates have been amazing; everyone is supportive and encouraging. I've met people here who helped foster my love of the linguistics side of speech-language pathology."

Growing up, Frank spent a lot of time in and out of the healthcare system. Although some of his experiences were difficult, he knew from an early age that he wanted to be involved in healthcare and science. He saw how the healthcare system could improve and the difference a practitioner can make in someone's life.

Now, Frank is conducting research on the role of speech-language pathology in sexual health and intimacy. He has expressed a love for both the research and the patient-facing side of healthcare and hopes to kick off a career where he can do both. "I want to feel like I'm making a difference every day. You can certainly accomplish that with research, but you definitely see your impact working with patients," he said.

One thing for certain is he wants to dedicate his career to supporting underserved and underrepresented communities in healthcare. "It's

hard to go into a space with such a power imbalance as a patient and a practitioner, and not see yourself represented," he said. "We talk a lot about culturally inclusive care and patient-centred care. We can't have that without having everyone represented in that care."

This dedication is one of the reasons Frank was an obvious match for the mission of the HSNS Scholars Endowment.

The HSNS Board of Directors established the endowment in 2020 with a gift of \$100,000 to Dalhousie University in honour of donations made to HSNS by patients and their families. The endowment provides for the HSNS Scholars Award which gives financial assistance to recipients from underrepresented communities enrolled in Dalhousie University's Master of Science speech-language pathology and audiology programs. "Financing my studies was one of my biggest concerns," Frank said. "This endowment from HSNS not only allowed me to focus more on my schooling, but also gave me more confidence that someone is investing in me."

After his time at Dalhousie, Frank hopes to move to a more rural part of the province where access to care is more difficult. He plans to continue being an advocate for accessibility and inclusion, not only for patient care, but also for those looking to enter the field of speech-language pathology like he did. "I almost can't think of anything more important in healthcare," he said. "You can be here, and you deserve to be here," Frank said of underrepresented communities looking to study speech-language pathology. "There's so much you can offer this field."

New Capital Equipment for Newborn Hearing Screening

Hearing and Speech Nova Scotia audiology services span a comprehensive continuum of care (screening, diagnosis, treatment, education) for hearing loss, balance, auditory processing, and related communication disorders. The typical day of a HSNS Audiologist can include seeing Nova Scotians of all ages from newborns to seniors.

The Newborn Hearing Screening Program consists of screening babies' hearing hours after their birth. This is done through a test that measures the energy produced by healthy ears by placing a small probe in the baby's ear. The screening equipment will then measure soft echoes or emissions in the inner ear. If these echoes are not recorded, the Audiologist will use another piece of equipment to test the hearing nerve.

If a hearing loss is confirmed through further diagnostic testing, the Audiologist will work with the family to present the best treatment options for the baby and family. For many families, this means fitting their child with hearing aids. A specialized computer helps the Audiologist fit the hearing aids to the baby's loss, making sure that soft and medium volume sounds are amplified, while loud sounds are processed to protect the baby's ears from further damage.

The goals for the program are to have 95% of the babies born in Nova Scotia screened, to detect a hearing loss by three months of age, and if a hearing loss is present, and in collaboration with the child's family, to have a plan in place to support that child's communication development by six months of age.

We continue to be very proud of our Newborn hearing screening program. Nova Scotia stands shoulder to shoulder with larger provinces in meeting national standards for this program.

This year... 97% of all newborn babies received hearing screening in 2022

Nova Scotia is one of six provinces/territories that meets all five requirements for an Early Hearing Detection and Intervention Program, monitored by the Canadian Infant Hearing Task Force. These components include:

- Universal hearing screening of newborns
- Identification of babies with permanent hearing loss
- Intervention services which include support for technology and communication development
- Family Support
- Monitoring and evaluation of the program

Newborn Hearing Screening program remains a high priority at HSNS

Hearing and Speech Nova Scotia is grateful to have received funds from the Department of Health and Wellness (DHW) to replace the aging screening and diagnostic equipment used for newborn hearing screening. We thank DHW for their ongoing support.

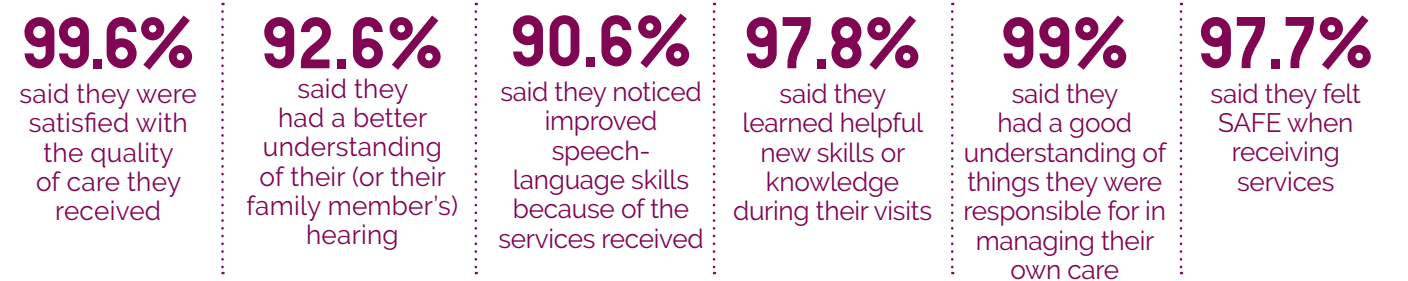
The success of the Newborn Hearing Screening Program comes from the hard work and dedication of our Communication Disorder Technicians (CDTs), our Administrative Support Professionals (ASPs), and our Audiologists and Speech-Language Pathologists. We are also proud to partner with the Atlantic Provinces Special Education Authority (APSEA) to ensure the continued success of this program.



Client/Patient & Family Experience Survey 2022

It is important for HSNS to understand what patients and clients think about its services and the care they receive. Each year, HSNS measures how well it is doing based on survey results, which helps identify areas for improvement. The survey tool and process are standard requirements of Accreditation Canada.

Hearing and Speech Nova Scotia received a total of 927 survey responses between November and December 2022, representing a total of 3.63 percent of all patients seen annually.



Of the 560 written comments HSNS received from clients/family members responding to the survey, 81% were positive comments about caring, knowledgeable, patient, and respectful staff; feeling physically and psychologically safe, and described an overall great experience.

Clients and families also let us know where HSNS needs to improve. Key suggestions in the remaining comments include improving wait times and providing more technological support for accessing virtual services.

[To share your feedback, visit the patient feedback form on the HSNS website.](#)

Performance Indicators

In 2022, HSNS celebrated 59 years of providing audiology and speech-language pathology services to Nova Scotians.

This year, we saw the return of clinical activity to pre-pandemic levels. Despite ongoing stressors within healthcare and health human resources, HSNS provided services equivalent to those in 2019. Over and above these service levels, of particular note is the 35% increase in the number of children with autism that received services this year compared to last year. The additional resources provided through Provincial Preschool Autism Services helped us to achieve this outcome.

NOVA SCOTIANS WITH COMMUNICATION DISORDERS

100,000+



61%

of patient visits aged 16 years and younger

50%

of patient visits outside of HRM

30%

of visits with hospital inpatients

25,570

NOVA SCOTIANS RECEIVED SERVICES

7,746

infants had their hearing screened

401

clients with cochlear implants in active care

1,303

adults with stroke

935

children with autism in active care

57,906

TOTAL PATIENT VISITS

6,946

NUMBER OF TELEPRACTICE OR VIRTUAL CLIENT VISITS



2022-23 Board of Directors

Mr. Scott Barnett
Chair
Dartmouth, NS

Mr. Matthew Haley
Dartmouth, NS

Dr. Michael Kieffe
Halifax, NS

Dr. Magdalena Kujath
Kentville, NS

Mr. Mark Landy
Riverport, NS

Ms. Emma Logan
Halifax, NS

Ms. Tammy Manning
Halifax, NS

Ms. Josette Marchand
Petit de Grat, NS

Ms. Anne Mason-Browne
CEO
Halifax, NS

Mr. Gordon Moore
Halifax, NS

Ms. Adline Noronha
Halifax, NS

Ms. Maria Rizzetto
Sydney, NS

Ms. Paula Sibley-Fox
Secretary-Treasurer
Enfield, NS

Ms. Megan Tonet
Coxheath, NS

We are a volunteer board of directors and are always looking for new members. If you are interested, please contact us at info@nshsc.nshealth.ca or visit our website at www.hearingandspeech.ca.

Hearing and Speech Nova Scotia provides quality audiology services to all Nova Scotians and speech-language pathology services to preschool children, home schooled children and adults. Hearing and Speech Nova Scotia is accredited by Accreditation Canada and provides services from 35 clinics in 25 communities throughout Nova Scotia. Our Audiologists and Speech-Language Pathologists, licensed with the provincial regulatory college, received over 27,000 referrals in the past year from individuals, families, health care providers, educators, and other professionals. Most services are provided at no cost to Nova Scotia residents with a valid health card.




Statement of Financial Position

March 31, 2023

	Operating Fund	Fund 1 (Emergency)	Fund 2 (Innovation)	2023	2022
ASSETS					
CURRENT					
Cash	\$ 2,693,599	\$ 17,322	\$ -	\$ 2,710,921	\$ 853,753
Accounts receivable	2,178,648	363	394	2,179,405	1,432,006
Interfund receivables	30,709	2,070	6,799	39,578	37,203
Prepaid expenses	78,604	-	-	78,604	37,373
	4,981,560	19,755	7,193	5,008,508	2,360,335
CAPITAL ASSETS	297,097	-	-	297,097	342,842
MARKETABLE SECURITIES	-	665,183	549,418	1,214,281	1,243,341
	\$ 5,278,657	\$ 684,938	\$ 556,618	\$ 6,519,886	\$ 3,946,518
LIABILITIES AND NET ASSETS					
CURRENT					
Accounts payable and accrued liabilities	\$ 533,023	\$ -	\$ 1,568	\$ 534,591	\$ 879,598
Interfund payables	8,870	30,709	-	39,579	37,204
	541,893	30,709	1,568	574,170	916,802
DEFERRED CONTRIBUTIONS - CAPITAL ASSETS	1,219,470	-	-	1,219,470	118,474
SPECIAL PURPOSE FUNDS	2,155,281	-	-	2,155,281	436,200
	3,916,644	30,709	1,568	3,948,921	1,471,476
FUND BALANCES	1,362,013	654,229	554,723	2,570,965	2,475,042
	\$ 5,278,657	\$ 684,938	\$ 556,291	\$ 6,519,886	\$ 3,946,518
LEASE COMMITMENTS ON BEHALF OF THE BOARD					



Director



Director

Statement of Revenues and Expenditures

Year Ended March 31, 2023

	Operating Fund	Fund 1 (Emergency)	Fund 2 (Innovation)	2023	2022
REVENUE					
Department of Health	\$13,658,465	\$ -	\$ -	\$13,658,465	\$ 13,524,296
Department of Health - EIBI	1,559,755	-	-	1,559,755	1,598,584
IWK-PPAS	867,295	-	-	867,295	500,841
Contract Revenue	17,067	-	-	17,067	9,219
Out of Province	190,213	-	-	190,213	128,851
Miscellaneous Income	55,734	-	-	55,734	91,645
Investment Income (loss)	-	(22,365)	5,738	(16,627)	118,857
Recoveries	28,016	-	-	28,016	29,870
	16,376,545	(22,365)	5,738	16,359,918	16,002,163
EXPENDITURES					
Administrative expenses	1,215,394	-	-	1,215,394	1,076,033
Autism program	1,010,383	-	-	1,010,383	1,370,930
Core hearing and speech services	9,625,101	-	-	9,625,101	9,355,042
EIBI	1,559,755	-	-	1,559,755	1,598,584
Operational	1,787,878	-	-	1,787,878	1,622,645
Operational	867,295	-	-	867,295	500,841
Investment fees	-	9,694	6,058	15,752	15,349
Scholarships	-	1,058	-	1,058	1,058
	16,065,806	10,752	6,058	16,082,616	15,540,482
EXCESS OF REVENUE OVER EXPENDITURES FROM OPERATIONS	310,739	(33,117)	(320)	277,302	461,681
OTHER EXPENSES					
Amortization of capital assets	181,379	-	-	181,379	158,305
EXCESS OF REVENUE OVER EXPENDITURES	\$ 129,360	\$ (33,117)	\$ (320)	\$ 95,923	\$ 303,376

Statement of Changes in Net Assets

March 31, 2023

	OPERATING FUND	Fund 1 (Emergency)	Fund 2 (Innovation)	2023	2022
NET ASSETS - BEGINNING OF YEAR	\$1,232,653	\$687,346	\$555,043	\$2,475,042	\$2,171,666
Excess of revenue over expenditures	129,360	(33,117)	(320)	95,923	303,376
NET ASSETS - END OF YEAR	\$1,362,013	\$654,229	\$554,723	\$2,570,965	\$2,475,042

Statement of Cash Flows

Year Ended March 31, 2023

	2023	2022
OPERATING ACTIVITIES		
Excess of revenue over expenditures	\$ 95,923	\$ 303,376
Items not affecting cash:		
Amortization of capital assets	181,379	158,305
Amortization of deferred capital contributions	(67,494)	(41,473)
Realized gain on sale of investments	(8,799)	(69,582)
Unrealized gain on investments	103,127	(15,252)
	304,136	335,374
Changes in non-cash working capital:		
Accounts receivable	(747,400)	(422,491)
Accounts payable and accrued liabilities	(345,006)	129,986
Prepaid expenses	(41,231)	141,992
	(1,133,637)	229,487
Cash flow from (used by) operating activities	(829,501)	564,861
INVESTING ACTIVITIES		
Purchase of capital assets	(135,635)	(169,459)
Proceeds from sale of investments	32,107	115,337
Purchase of investments	(97,375)	(126,054)
Cash flow used by investing activities	(200,903)	(180,176)
FINANCING ACTIVITIES		
Special purpose fund receipts	2,697,422	970,736
Special purpose fund expenses	(978,341)	(1,013,089)
Deferred capital contributions	1,168,491	77,000
Cash flow from (used by) financing activities	2,887,572	34,647
INCREASE (DECREASE) IN CASH FLOW	1,857,168	419,332
Cash - beginning of year	853,753	434,421
CASH - END OF YEAR	\$ 2,710,921	\$ 853,753

Full 2022-23 [audited Financial Statements](#) can be viewed on our website.

