



**Healthy people ...
healthy communities**

Regional Integrated Health Authorities

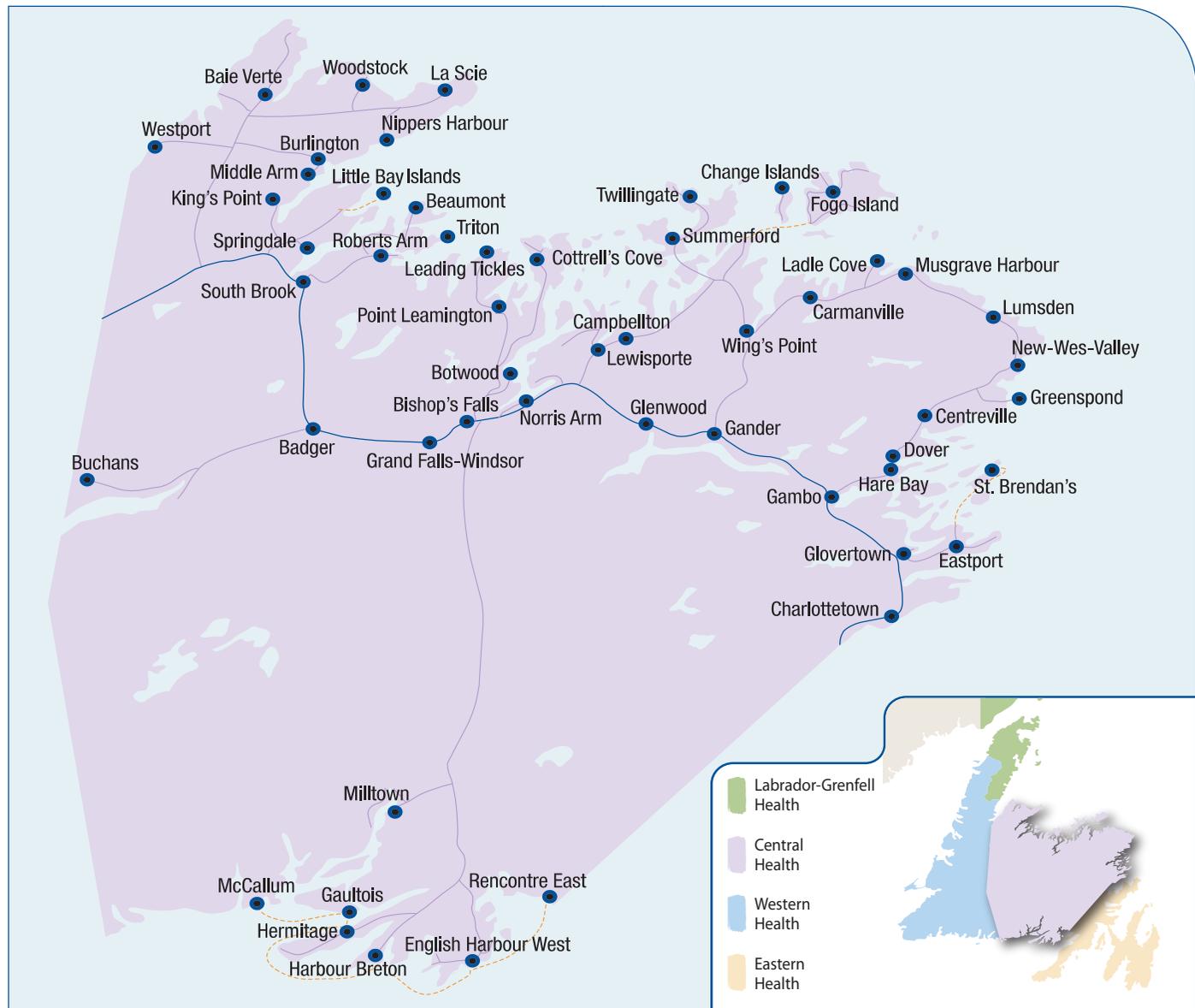


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Cover photo: Yacht Club, Lewisporte



Chairperson's Message



We, the Board of Trustees of Central Health, have the honour to present Central Health's Annual Performance Report for the fiscal year ending March 31, 2010. This annual report was prepared under the Board's direction, in accordance with the Transparency & Accountability Act, Regional Health Authorities Act and directions provided by the Minister of Health and Community Services. As a Board we are accountable for the information, results and any variances contained within this annual report and are pleased to report on these.

Over the past year we have had marked improvement in the recruitment and retention of staff. However, we continue to experience significant challenges in the recruitment of certain categories of health professionals such as registered nurses. This has led us to pursue recruitment of internationally educated nurses in addition to our provincial and national recruitment efforts.

In 2009 – 10 Central Health invested significant time and effort in planning for, and successfully responding to, the H1N1 pandemic. This was a major undertaking that confirmed our ability to rapidly respond to the needs of our communities. A strong collaborative effort was required and we commend our staff for their superior demonstration of teamwork and dedication.

Despite the immense effort required for the Pandemic response, Central Health also planned for, and participated in, the Accreditation Canada's survey process in March 2010. As a result of the exemplary commitment of our staff, we were very pleased to have received a favorable survey report.

This past year Central Health has invested in several infrastructure initiatives including phase three of the James Paton Memorial Regional Health Centre redevelopment in Gander, phase one of the Central Newfoundland Regional Health Centre redevelopment in Grand Falls-Windsor and the planning phase for the new North Haven Manor in Lewisporte. We look forward to the improvements these investments will bring for our clients, residents and patients. Central Health has achieved much in 2009-10 and the organization will continue to grow and improve as it focuses on meeting the challenges and opportunities of the upcoming year.

Sincerely,

A handwritten signature in black ink that reads "Robert Woolfrey". The signature is written in a cursive, flowing style.

Robert Woolfrey
Chairperson, Central Health Board of Trustees

Organizational Overview



Baie Verte Marina, Baie Verte

Organizational Overview



Central Health has defined its vision, values and lines of business. These statements are fundamental to the organization and have been communicated to all staff of Central Health.

VISION

The vision of Central Health is of healthy people and healthy communities.

VALUES

Central Health's core values offer principles and a guiding framework for all employees as they work in their various capacities to provide health and community services to the people of Central Newfoundland.

These core values are:

- **Accountability** Each person demonstrates commitment to the success of the organization's mission/mandate.
- **Collaboration** Each person engages with internal and external partners to meet the mandate of clients and the organization.
- **Excellence** Each person contributes to the continuous improvement of the quality of programs and services through the development of their knowledge, skills and use of best practices.
- **Fairness** Each person engages in practices that are equitable and are supported by established and ethical standards.
- **Privacy** Each person manages and protects confidential information related to persons, families, organizations and communities.
- **Respect** Each person shows consideration for the circumstance of clients, residents, families and caregivers.

NUMBER OF EMPLOYEES AND PHYSICAL LOCATION

Central Health is the second largest health region in Newfoundland and Labrador, serving a population of approximately 94,000 and offering a continuum of health care services. Central Health serves an aging population with 28.4 percent of the population over the age of 55 (www.communityaccounts.ca). There are 842 beds throughout the region – 264 acute care, 518 long-term care, 32 residential units (Green Bay) and 28 bassinets.

Central Health's service district extends from Charlottetown in the east, Fogo Island in the north, Harbour Breton in the south to the Baie Verte Peninsula in the west. This geographical area encompasses more than half of the total land mass of Newfoundland.

The total workforce for Central Health is approximately 3,200 including salaried physicians. There are also approximately 80 fee-for-service physicians within the region.

LINES OF BUSINESS

Central Health provides health services and programs to the citizens of Central Newfoundland. This includes hospital services, long-term care, community and other services within allocated resources. Central Health is

committed to a Primary Health Care model of service delivery. Inherent in all lines of business is the need for learning and education in its broadest context.

The mandate for Central Health is available in detail in Appendix A and a full description of the Lines of Business can be found in the 2008-2011 Strategic Plan available on the Central Health website.

For certain services individuals may self refer, while other services require a referral from a specific health professional. A multidisciplinary team of health professionals, support staff and partners provide the care and services required to meet the mandate of Central Health. It is important to note that services may fall under one or more headings. As Central Health is an evolving integrated authority, there will be further realigning of services and programs.



Organizational Overview Continued

The following constitutes Central Health's Lines of Business:

Promoting health and well being

- Health promotion
- Health protection

Preventing illness and injury

- Prevention services

Providing supportive care

- Individual, family and community supportive services
- Long-term care and residential services

Treating illness and injury

- Hospital-based services
- Community-based services

Providing rehabilitation services

Other Key Statistics	
Patient Days for Acute Care	73,706
Admissions to Acute Care	7,695
Acute Care Beds	264
Long-Term Care Resident Days	180,349
Admissions to Long-Term Care	274
Long-Term Care Beds	518
Residential Beds (Green Bay)	32
Operating Room Procedures	7,785
Volunteers	860
Emergency Room Visits	86,352
Total Employees	3175
Total Physicians	159
Children in Foster Care	76
Children immunized by age two (Diphtheria, pertussis, tetanus, polio, influenza B)	778 (99.5%)
Clients receiving continuing care	11,980

Shared Commitments



Barbour Tickle, Newtown

Shared Commitments

Partnerships and shared commitments are integral factors in Central Health's ability to achieve success and fulfill the mandate of healthy people in healthy communities. The partnerships forged by the staff, volunteers and physicians at Central Health are extensive and varied across many programs, agencies and services. Partnerships are key to Central Health's ability to accomplish the strategic directions of the organization and the strategic directions that the Department of Health & Community Services and Central Health are focusing on collectively. The partners highlighted in this section represent only a fraction of those that Central Health is privileged to have as partners in our efforts to address these shared strategic areas of focus.

STRATEGIC DIRECTION:

Improved Population Health

Food and Fun Camp in Roberts Arm

The Government of Newfoundland and Labrador has identified population health initiatives and particularly obesity as one of its strategic directions. The Food and Fun Camp program is an example of a health promotion initiative adopted by Central Health which targets childhood obesity. The program provides an interactive and creative environment to promote healthy lifestyle choices to children and youth. The Green Bay Primary Health Care Leadership Team hired a summer student in 2009 and this student worked with the Robert's Arm Youth Centre to offer a very successful Food and Fun Camp to the youth.

Colorectal Cancer Screening Program

Launches New Promotional Material

Colorectal cancer is one of the leading types of cancer in Newfoundland and Labrador, and evidence shows that

a self screening program can be very effective in the early detection of this disease. Under the leadership of an interprofessional team in Twillingate/New World Island, a colorectal cancer screening program was developed and implemented in 2004 and has since been adopted in the Green Bay and Buchans areas.

Thanks to a successful funding partnership with the Central Northeast Health Foundation, new promotional material to support the Central Health Colorectal Cancer Screening Program was launched in June 2009 in the three sites. The promotional material included the professional development and design of a new logo and the printing of posters, pamphlets, stickers, collection bags and testing kit stations which have been distributed throughout the communities in the screening sites. To date, over 1,100 people at the 3 sites have stepped forward to be screened with a marked increase showing since the launch of the new material.

Shared Commitments Continued

Comfort Kits for Clients of Child, Youth & Family Services

The Child, Youth and Family Services (CYFS) program within Central Health was the beneficiary of a unique project sponsored by the Grand Falls-Windsor Kiwanis Club in the spring of 2009. In an effort to fulfill an identified need, the Club prepared 24 “Comfort Kits” for children/youth to age 18. These kits contained various age-appropriate items from basic toiletries such as toothpaste to games and phone cards. The contents of these kits were purchased and assembled by the Kiwanis Club as part of an annual Kiwanis One-Day project. These kits are distributed by the CYFS social workers to children and youth who enter out-of-home placements. These kits are especially helpful when time does not permit for the immediate gathering of personal belongings for children and youth. The Director of CYFS attended a meeting of the Kiwanis Club where she accepted these kits and spoke about their benefit to children and youth who enter out-of-home placements. Access to a strengthened Child, Youth and Family Services program is a strategic area of focus for government. On behalf of government and the children and youth, we thank the Kiwanis for these kits of comfort.

Central Health and Smokers Helpline

Central Health developed a Smoke Free Properties initiative with a focus on the wellness of clients and staff. This initiative was in tandem with government’s strategic direction of improving population health by decreasing smoking rates and protecting citizens from environmental smoke. With the knowledge that smoking is the leading preventable cause of death and disease, Central Health wanted to offer a supportive environment in which the transition to a healthier lifestyle as a non-smoker could be made. Central Health partnered with the Smokers’ Help Line which assisted in offering education seminars for staff, training of smoking cessation program facilitators, and a referral process for both staff and clients for counseling. This partnership has resulted in over 400 referrals to the Smokers’ Help Line and has successfully assisted many residents of this area in their quest to become smoke free.



STRATEGIC DIRECTION:

Strengthened Public Health Capacity

Nova Central School Board and H1N1 Response

During the pandemic Central Health received a very positive response from the Board and staff of the Nova Central School District. A true partnership was developed to prevent the spread of the H1N1 virus in schools and to ensure the efficient vaccination of all school students in the region. In particular, the assistance from school and Board staff with the duplication, distribution and collection of

vaccine consent forms, along with the bussing provided to transport children to one school in each geographic area, enabled us to deliver the vaccination program in an efficient and effective manner. Their flexibility and willingness to ensure that school children received their vaccine as quickly as possible enabled us to fulfill our mandate and to protect the health of the school population. This initiative was truly another example of the successful partnership between health and education in the central region. It was also an example of how two systems can work together to strengthen our public health capacity. Strengthening public health capacity is one of government's strategic directions.

STRATEGIC DIRECTION:

Improved Accessibility To Priority Services

Partnership with Gander and Area Chamber of Commerce

The factors that influence health are varied, as we know, and the economic stability of a region is one very important factor. Central Health is a member of the Gander and Area Chamber of Commerce and has met with the Chamber on several occasions to ensure they understand the strategic directions of the organization. Partnering with the Chamber as they seek solutions to today's economic and social challenges is a commitment Central Health is



proud of and will continue to build on. These types of connections facilitate the health and well-being of our population. This partnership has assisted us in identifying and responding to challenges associated with health professional recruitment particularly physician recruitment. Without an adequate supply of family physicians and specialists, our ability to carry out our mission of the provision of the best possible health services to our citizens is compromised.

Palliative Care Training for Volunteers

Government is committed to improving access to priority services including support services in the area of end of life. In February 2009 the Palliative Care Committee at North Haven Manor identified the need to recruit and train new volunteers for the Palliative Care Program. Through consultation with community partners, the need was also identified to have volunteers trained to provide comfort and support for palliative individuals who were still living in the community.

A pilot training program was held in June 2009 to provide volunteers with the knowledge and skills required to

support individuals who were living with, or dying from, a progressive life-threatening illness. Twenty-three participants successfully completed the training program, which included information on communicating with the dying person, stress management for the volunteer, orientation for the Central Health volunteer and pain and symptom management. This training package is now being delivered in other districts within Central Health.

The utilization of trained volunteers has proven to be a great asset to palliative care clients and their families. If a family member or friend is not available, a trained volunteer can stay with the palliative care client, either in a Central Health facility or in their home in the community, so that the client is not left alone. This is very much appreciated by families who must travel long distances to be with their loved ones. Also, if there are only a limited number of family members available, volunteers can provide relief to allow family members to have much needed breaks. Volunteers have eased the burden of individuals and families who have a loved one who is palliative and have significantly improved the quality of palliative care services provided.



STRATEGIC DIRECTION:

Improved Accountability And Stability In Delivery Of Health & Community Services

Collaboration In Research And Redesign

Central health is partnering with other provincial and national organizations to obtain the strategic goal of improved accountability and stability in the delivery of health and community services. Ongoing partnership with the newfoundland & labrador centre for health information assists central health to gather and analyze regional, provincial and national data related to the delivery of primary and secondary services. These resources have enabled an effective review of the utilization of services throughout the region and assisted in comparative analysis with other jurisdictions.

Central health is also partnering with the canadian health services research foundation through participation in the national program executive training in research application. Participating in this program enables health care organizations to increase capacity to use health services research to guide decision making. System alignment team members involved in this program are utilizing resources to enable the development of decision making processes which will assist in the development of recommendations for improved system alignment.

Highlights & Accomplishments



Acute Care Nursing Station, Baie Verte Hospital, Baie Verte

Highlights & Accomplishments

Central Health is pleased to be able to highlight accomplishments of our organization in the fiscal year 2009-2010. These accomplishments are examples of initiatives we have undertaken to meet the strategic directions of the Department of Health & Community Services and the mandate established for the organization.

STRATEGIC DIRECTION:

Improved Population Health

Green Bay Falls Prevention Project

The Green Bay Primary Health Care Leadership Team recognizes that the population of Green Bay is aging and seniors are at a higher risk of injury due to a fall. In fact, it is the leading cause of death and loss of independence among those 65 and over. However, accidental falls are preventable.

The Primary Health Care Leadership Team and the Community Advisory Committee identified falls prevention as a priority for the Green Bay area and partnered with the ICECAP Youth Centre to hire a community outreach worker for a 6-month intergenerational falls prevention project.

The overall goal of the project was to reduce the incidence of fall related injuries in Green Bay by educating residents about the dangers and effects of falls, and highlighting the ways they can reduce risk.

A Regional Falls Prevention Steering committee has been established to move forward with a standardized Falls Prevention Program for the Central Health region, using the nationally recognized Canadian Falls Prevention Curriculum.

Partnership: Federation of Newfoundland Indians

Government is committed to improving population health through response to aboriginal health needs. During the past year, Central Health partnered with the Federation of Newfoundland Indians and the Department of Health and Community Services in the development and implementation of the "Federation of Newfoundland Indians Health Transition Report – Determining the Need, Educating the Stakeholders". The purpose of this project was to conduct a needs assessment to determine the health status and perceived health needs of the Off – Reserve Mi'kmaq population living in Western and Central Newfoundland. Central Health assisted in the completion of this project through the presence of personnel on the project's advisory team. Results of this assessment will also inform the ongoing primary health care needs assessment process implemented throughout the Central region.

STRATEGIC DIRECTION: Strengthened Public Health Capacity

H1N1 Pandemic

Over a period of nine months (April-December 2009), Central Health launched a regional response to initially contain, treat, and protect the population from the threat of the H1N1 Pandemic. The comprehensive and integrated approach taken by Central Health to manage the H1N1 Pandemic ensured sustainability of operations and maintained staff resiliency. Key factors that supported Central Health's efforts during the H1N1 pandemic emergency included:

- Activation of the 1-800-Line, Human Resources Re-deployment Centre, and Incident Command System in the Emergency Operations Centre
- Development of comprehensive business continuity plans
- Excellent cooperation and buy in from staff
- Superior collaboration with community partners and stakeholders
- Communication processes (Internal and External)
- Team work at Mass Immunization Clinics (community partners, volunteers, staff and managers) held in fifteen primary locations across the region plus schools and geographically isolated sites.

These key factors resulted in the vaccination of 70% (67,004 individuals) of the general population including 3,408 Central Health staff.

The 2009 pandemic experience provided insight into not only the many accomplishments of dedicated staff and interagency collaboration, but also valuable information on lessons learned that will serve Central Health well in future



Highlights & Accomplishments Continued

emergency planning and response initiatives. We would like to acknowledge the cooperation we received from the three other regional health authorities and the coordination provided by the Department of Health and Community Services in this major undertaking.



STRATEGIC DIRECTION:

Improved Accessibility To Priority Services

Physician Recruitment

Central Health continues to be challenged with recruitment and turnover of family physicians, particularly in our more rural sites, and the recruitment of some specialty physicians (psychiatrists, internists and radiologists) at our two referral centres. Overall, we are starting to enjoy success in recruiting physicians. In the past year we have been able to significantly increase our physician complement – for the period of April 2009 to the end of March 2010 we saw 26 hires (signed contracts) with 11 resignations. There were 159 physicians working in our region as fiscal 2009-10 ended.

With regards to General Practitioners, most of our rural sites are at or near their full complement; we have more full-time Family Practitioners in Grand Falls-Windsor and Gander than we had just two years ago.

Most specialty groups at Gander and Grand Falls-Windsor are fully staffed. We are actively recruiting for certain specialist positions including anesthesiology for James Paton Memorial Regional Health Center, as well as general internal medicine, psychiatry and radiology for Central Newfoundland Regional Health Center.

MRI Services

Since Government approval in the spring of 2008, Central's MRI service has required significant planning and preparation. In June 2009 it was announced that the MRI would be based in Gander. The tender and extensive tender evaluation took place during the Summer and Fall of 2009, with GE Healthcare being awarded the contract in December 2009. Final planning, renovation, and installation is estimated to take 8-10 months, with a projected start of service in late Fall 2010.

Adolescent Addictions Treatment Facility – Grand Falls-Windsor

Funding has been allocated for an Adolescent Addictions Treatment Centre in the Grand Falls-Windsor area. A detailed proposal that presented a model of care and an operational model was completed and reviewed by a Local Advisory Committee and a Provincial Advisory Committee. It was agreed that there will be a twelve-bed facility, including a four-bed detoxification unit which will provide a high security and safety area, and two four-bed modules that will respond to gender or a specific need. The proposed program will have self-contained educational and recreational components. Central Health is working cooperatively with the Municipal Government, the Department of Health and Community Services, and Department of Transportation and Works to determine a preferred site.

STRATEGIC DIRECTION:

Improved Accountability And Stability In Delivery Of Health & Community Services

CRMS Client Pay within Central Health

CRMS Client Pay is the latest component of the Client and Referral Management System (CRMS) designed to assist the Regional Health Authorities in managing client related payments for the community sector. Currently the annual value of such client payments represents approximately \$50M (or 20%) of Central Health's annual operating budget. CRMS Client Pay will be used in all aspects of client assessment and payment services at the client level as well as the broader global service level.

System implementation continued throughout 2009/10 and there was an intensive effort within Central Health in the areas of staff training, change management and improved business practices. Internal business practices within the client financial services area continue to be enhanced to better align with system requirements and inherent internal controls within the new CRMS Pay system.

Although at fiscal year end 2009/10 we were still in the process of migrating client records to Client Pay, there were many valuable lessons learned from both the pilot project

and implementation process to date. Our experience has shown that while the system will undoubtedly be a major improvement to client data management from both a clinical and financial point of view, the increased accountability does require significantly more staff involvement and effort.

Quality Council

Quality Council consists of members of the board, frontline staff, managers, directors and physicians. Its mandate includes providing leadership and support to the corporate improvement processes of Central Health. The Council achieves this by suggesting priorities and recommendations for quality improvement which are addressed by the Corporate Improvement Department through regional Quality Improvement (QI) Teams. There are 19 teams representing programs and services available throughout Central Health. In the past year numerous quality improvement teams have presented an overview of their improvement initiatives, highlighted accomplishments and challenges.

During the Long Term Care QI team presentation, it was identified that a group needed to be formed to examine

current practices surrounding Alternate Level of Care services, identify the challenges and offer solutions to ensure clients have access to the services they require. This initiative was sanctioned by Quality Council; a group was formed and returned to Quality Council with recommendations, three of which were sanctioned for action.

Accreditation 2010

Accreditation Canada provides health care organizations with an external peer review process to assess and improve the services they provide to their patients and clients based on standards of excellence. Accreditation standards assess governance, risk management, leadership, infection prevention and control, medication management in addition to clinical and diagnostic services. Patient safety is also an integral component of the accreditation process.

Central Health was successfully accredited in March 2010 receiving an anticipated accredited status with condition of reports. The Quality Improvement Teams continue to work collaboratively to improve the quality of service at Central Health by striving to achieve a level of excellence on all Accreditation Canada standards.

Report on Performance



Seldom, Fogo Island

Report on Performance



MISSION

The mission statement for Category 1 Government Entities represents the outcome it is striving to achieve over two planning cycles. Central Health developed the following mission statement in February 2006 when the organization was new and integration of three former health boards was at the top of the agenda. While the statement remains unchanged, Central Health recognizes the work of its staff, managers, independent practitioners and volunteers in enabling integration, while ensuring the continuous provision of quality services and programs as this mission is being accomplished. This mission is supportive of the strategic directions of the Department of Health and Community Services.

Mission Statement

By 2011, Central Health will have provided the best possible integrated health and community services and programs which respond to the identified needs of the people of Central Newfoundland and Labrador within available resources.



MEASURE 1

Central Health provided the best possible integrated health and community services and programs.

Indicators

- Integrated services and programs are reflected in Central Health's organizational structure.
- Budget integration is completed across services and programs.
- Information systems are integrated across services and programs.
- Policy integration is completed.
- A primary health care model of service delivery is implemented in six sites.

MEASURE 2

Central Health's programs and services are responsive to the identified needs of the population of the central region.

Indicators

- Completed environment scan of the central region.
- Completed needs assessment and satisfaction survey of the population of the central region.

- Completed evaluation of selected existing services and programs.
- Evaluation component will be part of any new programs and services.
- Developed regional health services plan and implemented elements of the plan according to agreed-upon measures with the Department of Health and Community Services.

MEASURE 3

Central Health's programs and services are conducted within available resources.

Indicators

- An annual balanced budget, unless otherwise directed by the Department of Health and Community Services, while monitoring impact on programs and services.
- Integrated regional budgeting processes.
- Alteration or implementation of services and programs will include cost analysis and will be within resources.

ISSUE 1:

System Alignment

Central Health is committed to ensuring that its system of care delivery meets the needs of the citizens of the region, utilizing an approach that incorporates implementation of quality practice standards and the best use of available resources. This issue supports the mission of the Department of Health and Community Services whereby they seek enhanced accountability and stability in the delivery of health and community services within available resources. Central Health is therefore challenged to find new ways of aligning its primary and secondary health care services to ensure sustainability as well as access to quality care.

Essential to improved system alignment is a comprehensive assessment process which will identify primary and secondary services delivered throughout

Central Health. This assessment will examine how these services are utilized and highlight challenges, gaps and opportunities. Subsequent recommendations to improve system alignment throughout the region will be grounded in knowledge of best practices in service delivery and decision making.

Activities in the past year have focused on the monumental task of capturing the type and location of all health services provided in the region across the continuum of care, defining services as primary or secondary in nature, as well as working with various stakeholders to identify service delivery challenges. The team has also examined relevant data related to best practices and appropriate benchmarks, thus enabling the goal of developing recommendations for improved alignment of services and delivery of care to the residents of Central Newfoundland.

2008-2011 Goal

By March 31, 2011 Central Health will have developed recommendations for improved alignment of primary and secondary services, based on the most appropriate service, delivered at the most appropriate site, by the most appropriate care provider, in view of changing demographics, availability of resources and application of best practice principles.

Report on Performance Continued

2009-2010 Objectives	
<p>By March 31, 2010 Central Health will have implemented the primary and secondary service assessment plan utilizing a best practice approach, following Primary Health Care principles and detailing current service location, key service resource issues and current gaps in service.</p>	
Measure	
<p>A written report of the outcome of the assessment will be provided to and accepted by the Board of Trustees.</p>	
Planned Indicators for 2009-2010	Actual Progress for 2009-2010
<p>1. Completed written utilization review of primary and secondary services accessed by residents of Central Health.</p>	<p>The Terms of Reference and Assessment Plan for review of primary and secondary services was presented and accepted by the Board of Trustees in June 2009. The written report was not completed due to time challenges experienced in completing the assessment process. The complexity of services, number of locations and diversity of services across locations impacted the time required for the assessment phase. The involvement of team members in the organizational response to the H1N1 Pandemic also impacted on the ability to implement the assessment as originally planned. Thus, the final report was not completed at the end of March 31, 2010 fiscal year.</p>
<p>2. Completed written utilization review of location of services accessed by residents of Central Health.</p>	<p>The team has completed a review of location of all health and community services provided by Central Health within the Central Newfoundland region. A draft review of the utilization of services has been completed and will be presented to the Board of Trustees in a final report within the 2010 calendar year.</p>

<p>3. Complete written review of pertinent regional, provincial and national indicator reports.</p>	<p>The team has reviewed utilization of services provided by Central Health in light of regional, provincial and national indicator reports. Due to time constraints and demands placed on the team members to respond to the H1N1 Pandemic, the report has not been finalized. A draft written report is nearing completion and a final report will be represented to the Board of Trustees within the 2010 calendar year.</p>
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Discussion of Results

Following approval of the Terms of Reference by the Board of Trustees, the team began the implementation of the assessment by completing a review of the location of all health and community services provided by Central Health within the Central Newfoundland region. The process also focused on the identification of gaps and challenges related to service delivery. The team has partnered with outside agencies, including the Newfoundland and Labrador Centre for Health Information, to complete a utilization review of primary and secondary services accessed through Central Health. The team has also reviewed utilization of services provided by Central Health in light of regional, provincial and national indicator reports.

The complexity of services performed in a large number of locations across the huge geographic area has been difficult to capture and accurately reflect. In many programs and between distinct health services areas, gathering specific data has been difficult and time consuming. Services delivered vary amongst the unique areas of the region as they are influenced by past practices as well as identified needs of the population. This complexity, coupled with the redeployment of human resources in the H1N1 Pandemic response, resulted in the team members not having the time required available to them to complete the assessment and prepare a final report. A draft written report is nearing completion and will be presented to the Board of Trustees within the 2010 calendar year.

Report on Performance Continued

2010-2011 Objectives

By March 31, 2011 Central Health will have developed recommendations for system realignment to be presented to the Department of Health and Community Services.

Measure

Recommendations for system realignment are developed.

Indicators

- Completed written utilization review of primary and secondary services accessed by residents of Central Health.
- Identified strategies to improve system realignment of primary and secondary services.
 - Defined a formal process for the monitoring of utilization of primary and secondary services.
 - Developed a mechanism to guide decision making regarding preferred location of services.
- Presented recommendations to the Board of Trustees and Department of Health and Community Services.





ISSUE 2:

Access

Access to services is consistently a challenge for Central Health and impacted by a multitude of factors such as equipment, technology, space and human resources. The health authority is challenged to ensure that services are delivered in a quality manner and as efficiently and effectively as possible. It is also imperative that where wait times do exist and access is a challenge, processes be implemented to ensure that those in most urgent need of services are able to access them on a priority basis. The focus of Central Health this year has been to review wait times in areas significantly outside of acceptable benchmarks and to ensure that waitlists are accurately reflecting the demand for the service. Strategies have been implemented with an objective of moving wait times closer to acceptable benchmarks. Any measurable reductions in wait times contribute to the achievement of the strategic direction of improved access to primary and secondary health care services.

2008-2011 Goal

By March 31, 2011 Central Health will have implemented mechanisms to support improved access to primary and secondary health care services within existing financial and human resources and with consideration to changing demographics and maintenance of quality services.

Report on Performance Continued

2009-2010 Objectives	
By March 31, 2010, Central Health will have developed strategies to address priority access issues.	
Measure	
Strategies developed to address priority access issues.	
Planned Indicators for 2009-2010	Actual Progress for 2009-2010
1. Information provided to Board on services requiring wait time management.	The Board receives regular quarterly reports on wait time management through the Board Performance Improvement Committee. In addition to the priority access areas identified for monitoring by the 2004 First Ministers Agreement, the Board also selects additional priority areas for monitoring such as Diagnostic Imaging wait times.



<p>2. Strategies developed in priority access areas.</p>	<p>In the past year, Central Health’s waitlist management strategies have been implemented incrementally throughout many services in an effort to identify opportunities for improvement in processes for the management of wait times. There have been ongoing initiatives at Central Health to reduce client’s wait times in key areas. The strategies deployed in all priority areas included the establishment of clearer wait-times definitions and standardized data entry and collection processes. The priority access areas also embarked on program specific initiatives.</p> <p>The Mental Health & Addictions Program implemented a standardized process for waitlist management and risk assessment. The Speech Language Pathology Program significantly impacted their wait times by introducing travelling clinics, community based early literacy and language programs and group parent training. In addition, changes were made to the skill mix and a more comprehensive referral process was developed. The Physiotherapy Program focused on group education, appropriate skill mix and a centralized regional approach to the utilization of resources.</p>
<p>3. Expansion of wait time management system implemented as per strategy.</p>	<p>Expansion to the wait time management system included measures such as ensuring that the majority of referrals are now entered into the Central Health electronic system as pending appointments. This allows for a more accurate reflection of wait times. Appointments for Occupational Therapy, Physiotherapy and Speech Language/Audiology have all been incorporated into the electronic wait time system facilitating standardization and better management.</p> <p>Data collection categories within Diagnostic Imaging have been expanded to facilitate improved wait time management for CT and ultrasound.</p>

Discussion of Results

The leadership of Central Health has engaged in numerous strategies to address challenges associated with wait times and access to priority services. In some instances the strategies were regional in nature whereas in other cases the strategy developed and implemented was local in nature in response to local challenges, utilizing available local resources and capacity.

The Mental Health and Addictions Program successfully launched and implemented a standardized process for waitlist management and risk assessment for those waiting for service. As a result wait times have decreased, brief interventions have been provided to those on the waitlist and there is a system to continually assess the risk of those waiting for service. The expansion of group work in the areas of anxiety/depression, early recovery and maintenance, and parenting young children has allowed the Mental Health and Addictions Program to meet the needs of an increased number of clients in a more timely and effective manner. The provision of additional resources has allowed for an expansion of services impacting significantly on waitlist and access to services. A travelling clinic was implemented for the Glovertown area, a case management position was placed in Baie Verte and an addictions position in St. Alban's. The establishment of the

Assertive Community Treatment (ACT) Team in Grand Falls-Windsor is a core element of the strategy to increase access for those with serious mental illness who need intensive support to function well in the community.

The primary health care sites continue to work on identified access issues with their Community Advisory Committees, Primary Health Care leadership teams and local providers. The Green Bay site has worked collaboratively with hospital-based and local community-based ambulance operators to provide access to a higher level of pre-hospital care. Implementation of the Provincial Medical Oversight (PMO) program in January 2010 facilitated the ability of community ambulance operators in Green Bay South, who primarily employ Emergency Medical Responders, to request an intercept from a Primary Care Paramedic or Advanced Care Paramedic when clients require a higher level of pre-hospital care. The Primary Health Care team in New-Wes-Valley has implemented an initiative to address access issues and increase screening rates for cervical cancer. The Registered Nurses trained to do pap tests have been implementing clinics across their area including evening and weekend clinics. To date eleven clinics have been held and 180 clients have been screened through this initiative.

Speech-Language Pathology is a program area that serves populations of all ages across the region and is often challenged by the ability to recruit qualified staff. In 2007, the average wait time for an initial assessment was 18-21 months and 196 outpatients were on the waitlist; as of April 2010, the average wait time for assessment has been shortened dramatically to 3 months and there are 57 clients on the waitlist. The strategies to address the waitlist and access issues have been multi-faceted. The introduction of a community-based speech-language position for the east side of the region allowed Central Health to introduce travelling clinics, implement an early literacy and language program at the Family Resource Centre and offer group parent training sessions to parents of toddlers with language delays who had initially been assessed and were awaiting treatment. A prioritization system was developed for outpatient referrals along with a more comprehensive referral process. The challenge of human resources is being addressed by the introduction of a new class of provider – speech language assistants – allowing everyone to work to the full scope of their practice.

The Physiotherapy Program has had to deal with a number of factors external to their program that have been placing growing demands on their services and increasing wait

times. These include implementation of the Minimum Data Set (MDS) in long-term care, increased orthopedic surgeries, a growing public awareness of physiotherapy services and a chronic scarcity of qualified Physiotherapists. The waitlist for this service was tackled by implementing back education classes and knee classes, redirecting clients from selected rural sites to other sites that had capacity and increasing the complement of physiotherapy support positions. Recruiting efforts have been successful over the past few months and this, along with other strategies, has had a significant impact on waitlists. The result of these efforts was a reduction of the number of clients on the waitlist by 65 percent and 35 percent at James Paton Memorial Regional Health Centre (JPMRHC) and Central Newfoundland Regional Health Centre (CNRHC) respectively.

Central Health continues to achieve national benchmarks in all priority areas agreed upon in the Federal First Ministers agreement. Overall, wait times have met the target benchmarks in these areas during 2009-2010. Clients at Central Health continue to receive timely access to hip and knee replacement surgery, with 100 percent of the surgeries completed within the benchmark timeframe of 182 days. Clients continue to receive timely access to cancer surgeries at Central Health with 100 percent of clients

receiving surgeries for breast and colorectal cancer within 30 days from the decision to treat, and over 50 percent of those cases were completed within seven days.

Central Health partnered with the Department of Health and Community Services and the Janeway Children’s Health and Rehabilitation Centre to offer the second round of Operation Tooth. There were approximately 40 referrals for children from the Central Health area in the queue waiting to receive dental surgery. The Operation Tooth Team consisted of a pediatric dental surgeon and

anesthetist. There were 33 children who received dental surgery in the region during this project.

Access and extended wait times for mammography services at CNRHC have been identified as a priority area and added to the wait times that will be monitored by the Board Performance Improvement Committee. The wait times for colonoscopy continue to expand at both referral sites. There is a growing demand for Echocardiography and Central Health will be moving ahead with efforts to secure additional human resources to respond to this demand.

2010-2011 Objectives
By March 31, 2011 Central Health will have implemented strategies to improve access to primary and secondary health care services.
Measure
Implemented strategies to improve access.
Indicators
<ul style="list-style-type: none"> • Identified priority areas requiring strategies to improve access. • Reached consensus amongst stakeholders on identified strategies. • Developed action plans to implement strategies.



ISSUE 3:

Infrastructure and Capital Equipment

Central Health provides services in a variety of settings including acute care facilities, nursing homes, medical clinics, client's homes and community locations. Services and programs are provided in buildings (infrastructure) that have a wide variety of ages and conditions. Similarly, equipment that is also used in those programs and services has been acquired over numerous years and continually needs to be upgraded or replaced due to changes in best practices, technology, or age. Central Health continues to seek opportunities to redevelop and upgrade infrastructure on a priority basis in response to the changing services, programs, technology, client and staff needs as well as the needs of the public. The spending of public monies on these items supports the strategic direction of the Department of Health and Community Services whereby they seek enhanced accountability and stability in the delivery of health and community services within available resources.

Central Health continues to develop its capacity to evaluate its infrastructure and equipment needs based upon criteria for prioritizing spending. While infrastructure criteria have been put in place, the review of equipment has not been completed which results in a partial variance for 2009-10.

2008-2011 Goal

By March 31, 2011 Central Health will have developed a comprehensive and prioritized infrastructure and capital equipment plan, that is aligned with service delivery plans for the Central region.

Report on Performance Continued

2009-2010 Objectives	
By March 31, 2010 criteria will be developed for determining priorities in infrastructure redevelopment and capital equipment, based on impact statements and business cases that are consistent with system alignment recommendations.	
Measure	
Criteria developed for determining priorities in infrastructure and equipment.	
Planned Indicators for 2009-2010	Actual Progress for 2009-2010
1. An inventory of capital equipment is available to the Board.	A physical inventory of equipment was planned for all 15 sites this fiscal year. The original plan called for this inventory to be completed in house by Central Health staff. As of the end of the year only one site out of 15 was completed. This inventory was done by maintenance staff and found to be very labour intensive with the resources on hand. This physical inventory is needed to be able to compare to equipment information that was transferred to maintenance systems in 2008-2009. It is felt that a change in the approach being taken is needed to produce information that will enable proper criteria to be developed for determining priorities in equipment acquisition.
2. Impact statements reviewed regarding infrastructure redevelopment and capital equipment.	There have been delays in equipment being inventoried so impact statements could not be developed. Infrastructure audits have been completed using methodologies provided by a recognized infrastructure review program. This work will continue in 2010-2011 fiscal year and impact statements will be developed for each category.

<p>3. Business cases developed to inform decision making.</p>	<p>The business case for prioritizing infrastructure needs was developed and used in preparing the 2010-2011 Capital Repairs and Renovations Budget. The infrastructure audit and review was based upon a five-point criteria ranging from 'Currently Critical' to 'Does not meet current Codes/Standards'.</p>
<p>4. Consistency of available information assessment in relation to system alignment recommendations.</p>	<p>The information available has been developed on a consistent basis using a recognized infrastructure review program and is available to inform system alignment recommendations.</p>
<p>5. Implemented equipment rating system based on American Society for Health Care Engineering.</p>	<p>This has been delayed while equipment inventory is still ongoing.</p>

Discussion of Results

In keeping with the 2008-2011 goals, Central Health has performed considerable work on infrastructure spending needs and these were presented to the Board of Trustees in March 2010. Criteria have been developed for infrastructure priorities that are based upon audit and inspection of facilities and allow for multi-year planning. The reports now being provided on infrastructure needs provide significant project detail and cost estimates to allow prioritization of funding requests and the building of business

cases that will eventually relate to system alignment recommendations.

The regional maintenance program is used to manage equipment maintenance and ensure equipment is well maintained and serviced. This system is not suitable for capital budgeting, business case development or capital tracking. In order to develop criteria to support planning priorities, the first step is to perform a physical inventory of equipment in the region. This has turned out to be a

significant task that requires more resources than originally thought. To date, only one major site out of 15 sites has an inventory completed. Central Health is still committed to moving toward a capital planning and priorities process that is based upon the criteria of equipment condition and

useful life guidelines set out by the American Society for Health Care Engineering. Central Health continues to use current practices for capital equipment budgeting and has been successful in identifying its priorities and obtaining significant funding.

2010-2011 Objectives
By March 31, 2011 an implementation plan will be developed and items prioritized and the comprehensive plan will be communicated to the Department of Health and Community Services.
Measure
Developed and communicated an implementation plan.
Indicators
<ul style="list-style-type: none"> • Infrastructure Report available to Board of Trustees with prioritized spending over the next five years. • Provide the Board of Trustees with an inventory of capital equipment. • Multi-year capital equipment needs prioritized on approved evaluation criteria. • Submitted Infrastructure and Capital Equipment Implementation Plan to Board of Trustees and Department of Health and Community Services. • Reviewed impact statements regarding infrastructure redevelopment and capital equipment. • Implemented equipment useful rating system based on American Society for Health Care Engineering.



ISSUE 4:

Health Promotion and Chronic Disease

Central Newfoundland and Labrador has an aging population and a high incidence of chronic disease. The 2006 census information indicates that 16.5 percent of the population in this region is over 65 years of age. The birth rate is also gradually declining and there has been a decline in the number of people living in this region who are under 50 years of age. Thirteen of the most common 20 chronic diseases are linked to age and in 2005 about 95 percent of Newfoundland and Labradorians 65 years of age and older had at least one chronic condition. Central Health has committed to addressing the issues of chronic disease prevention and management and improving the health status of the population. These efforts will reduce the dependence on the health care system and improve the quality of life enjoyed by citizens of the region. This issue supports the Department of Health and Community Services Provincial Wellness Plan, the Provincial Healthy Aging Framework and the Strategic Direction of Chronic Disease Management.

Central Health has focused on the chronic diseases of diabetes and stroke as initial priorities for prevention and management.

2008-2011 Goal

By March 31, 2011 Central Health will have an implementation strategy for chronic disease management for citizens of Central Newfoundland and Labrador which is accepted by the Board.

2009-2010 Objectives	
By March 31, 2010 Central Health will have identified and prioritized focus areas for chronic disease management in its designated region.	
Measure	
Focus areas are identified and prioritized for chronic disease management in Central Health.	
Planned Indicators for 2009-2010	Actual Progress for 2009-2010
1. Three priority areas of focus for chronic disease management approved by Senior Leadership.	The work on chronic disease management is an ongoing process involving multiple programs and initiatives. In 2009-2010 Central Health did select and focus concentrated efforts on the chronic diseases of diabetes and stroke. Due to the impact of the H1N1 response on the resources of the organization, a third focus area was not selected as it was deemed not feasible to launch a concentrated effort in a third area of chronic disease management.

Discussion of Results

The Central Region has the highest incidence of Type 2 Diabetes in the province and country. The percentage of people aged 12 and over living with diabetes in this region is 10.7 percent as compared with 8.8 percent provincially and 5.9 percent nationally.

There has been a Regional Steering Committee put in place to guide the work related to diabetes. Some of the work in

this area has been supported by the Public Health Agency of Canada (PHAC) with a grant provided to engage in project work with a community-based focus. Central Health has adopted the Wagner Expanded Chronic Care Model as a framework to guide the work related to chronic disease prevention and management initiatives in this region. This model focuses on productive interactions between informed, empowered clients and prepared, proactive practice teams as a common pathway to improve

outcomes for people living with chronic disease. The model brings greater attention to the role of public policy and community action in population-based efforts to improve the prevention and management of chronic disease. Action taken by Central Health in the area of diabetes this year includes an assessment of diabetes services available throughout the region and the identification of best practices and areas of challenge. Utilizing this assessment data, the Steering Committee has developed an action plan based on identified priorities using the components of the Expanded Chronic Care Model as a framework.

There was a workshop held in this region to introduce staff and management to the concept of self-management. This workshop was conducted by an expert in the Stanford Model of Self-Management from British Columbia.

With project funding through the Public Health Agency of Canada, we conducted four focus groups of staff and four focus groups of clients living with diabetes throughout the region. The purpose of these focus groups was to identify current practices of care providers in the area of self-management and any barriers to implementation. Clients were interviewed to determine their knowledge, use and satisfaction with diabetes services provided in the region.

Next steps include a continuation of the focus groups with eight more scheduled for care providers and eight for clients in other areas of the region and an analysis of the results. This data will then be presented at a workshop where care providers will receive education on the self-management approach to care.

The incidence of stroke (2003/2004 stroke data - Newfoundland & Labrador Centre for Health Information) in Central Newfoundland is 19.5 percent. This is the second highest incidence in the province.

Central Health has been part of the Newfoundland and Labrador Integrated Stroke Strategy Advisory Committee since its inception in 2007. The goals are to identify existing critical gaps and develop new approaches for strengthening current stroke prevention and management and to establish a coordinated, responsive and comprehensive plan for emergency and acute stroke as well as rehabilitation and community re-integration. Under the direction of the Regional Stroke Strategy Implementation Team, four sub-committees have been formed to support the goals of the provincial strategy. These sub-committees focus on the four pillars which are the foundational elements of the stroke strategy and span the continuum of stroke care. They include

Primary and Secondary Prevention, Emergency and Acute Care Management, Rehabilitation and Community Re-engagement and Measuring and Monitoring.

To determine Central Health's current status with respect to stroke care, we outlined the best practices for acute stroke management (Canadian Best Practice Recommendations for Stroke Care 2006), compared the recommended performance measures to our current status, and outlined an action plan for Central Health. A chart audit was completed to assess our compliance with these acute care performance measures such as documentation of swallow screen, proportion of clients who received CT scan, documentation of blood glucose levels along with other measures.

The Heart and Stroke Foundation organized professional development sessions with Central Health participation. The topics were Patient and Family Education, Discharge Planning for Stroke Clients, Post-Stroke Driving and Cognitive Implications of Stroke and Hemiplegic Shoulder Pain. As well, the focus of the Spring Symposium for Family Physicians in April 2009 was on acute stroke care management. Next steps include moving our draft protocols proposed by the Provincial Stroke Strategy Team into practice. These protocols include By-Pass Protocols for Emergency Care; Stroke Prevention Referral Form, Admission Orders, Admission Orders for Adult Stroke Patients, Alteplase Policy and Risk Stratification for Transient Ischemic Attack Triage. As well, we are working on our plan to cluster beds for acute stroke care, starting first with the Central Newfoundland Regional Health Centre.

Report on Performance Continued

2010-2011 Objectives

By March 31, 2011, Central Health will have developed an implementation plan for chronic disease management.

Measure

Developed an implementation plan for selected focus areas in chronic disease management.

Indicators

- Developed comprehensive implementation plan for management of diabetes and stroke.
- Completed audit of stroke care utilizing best practice standards.
- Identified a third area of focus for chronic disease management.



ISSUE 5:

Ensuring Service Quality

Accreditation Canada develops evidence-based standards of excellence for health care organizations. The accreditation process of self-assessment and peer review by an external team of experienced peer reviewers is a critical component of Central Health's approach to ensuring service quality.

Central Health was successfully accredited in March 2010 receiving an anticipated accredited status with condition of reports.

Central Health was recognized by Accreditation Canada for achieving a Leading Practice within the Diagnostic Imaging

Department. A Leading Practice is considered worthy of recognition and is commendable or exemplary of high quality leadership and service delivery. In addition, Central Health and the Emergency Medical Services (EMS) Quality Improvement Team were recognized nationally as the first organization to successfully complete the EMS Standards from Accreditation Canada.

Creating an organizational culture committed to ensuring service quality is a continuous process for Central Health. Leadership for this process is provided by various structures within the organization including Quality Council, Board Performance Improvement Committee, Board Patient Safety Committee and Quality Improvement Teams.

2008-2011 Goal

By March 31, 2011 Central Health will have improved service quality by continuing to develop, define and implement service quality indicators which include client safety and risk assessment across the continuum of services.

Report on Performance Continued

2009-2010 Objectives	
By March 31, 2010 Central Health will have initiated and implemented service quality areas for improvement as prioritized in 2009.	
Measure	
Three service quality areas for action as prioritized from the client safety and risk assessments have been identified and implemented.	
Planned Indicators for 2009-2010	Actual Progress for 2009-2010
1. Quarterly reports on the status of the work are submitted to the Board Performance Improvement Committee.	The Board Performance Improvement Committee (BPIC) received a quarterly report on the status of the work in the form of a report card. In addition, at each meeting the committee received a written update from the Board Patient Safety Committee and a verbal report from the Chair. The committee also invited Central Health staff to present to the committee on priority topics of concern including hospital acquired infections, Commission of Inquiry on Hormone Receptor Testing (Cameron) recommendations and self assessments completed through the accreditation process.

Report on Performance Continued

<p>2. Quarterly reports on the prioritized service quality areas for improvement are submitted to the Board Performance Improvement Committee.</p>	<p>The Board Performance Improvement Committee (BPIC) was informed and engaged in discussions with respect to prioritized service quality areas at regular quarterly meetings of the committee. The Board Patient Safety Committee reports to the BPIC and reported on patient safety initiatives including implementation of Safer Health Care Now bundles and Central Health's response to the Commission of Inquiry on Hormone Receptor Testing (Cameron). The committee received reports on the accreditation process including results of patient safety surveys, work life pulse surveys, road maps for quality improvement teams and the priority areas identified for action.</p>
<p>3. A comprehensive report card containing defined and prioritized service quality indicators is accepted by the Board Performance Improvement Committee (indicator 2008-2009 which was not completed).</p>	<p>The Trustees of Central Health, through the Board Performance Improvement Committee, accepted a comprehensive report card. The report card contains indicators in the areas of wait times, employee work life, fiscal responsibility and patient safety. The report card is a dynamic and evolving tool that changes to reflect the priority areas when the Board of Trustees feels there is a need for an increased level of reporting and accountability. For example, recently a wait time indicator was added for echocardiography services and an indicator for ventilator acquired pneumonia rates. The committee has recently provided direction to remove indicators from the report card that have been reported for considerable periods of time and consistently within the benchmarks and to add indicators for priority areas identified through the recent accreditation survey results.</p>

Discussion of Results

In keeping with the 2008-2011 goals, Central Health has continued to implement throughout the organization selected assessments of client and staff safety, individual

and organizational risk, client satisfaction, staff health and program specific issues. In addition, the areas of emergency services, patient safety and services to those requiring alternate levels of care have been identified as service

quality areas requiring action. Initiatives to address quality issues with these areas have been initiated and are in various stages of implementation.

In January 2009 Central Health began participation in a Risk Management Self-Appraisal Module (RMSAM) tool through the Healthcare Insurance Reciprocal of Canada (HIROC) that focuses on reducing preventable risks within the organization. The module content is comprised of questions meant to challenge organizations to examine their policies and practices against Canadian claims experience and leading practice. RMSAM is a four-year cycle where the first cycle allows all healthcare program areas to identify organizational gaps and prioritize corrective action. Year two and year three requires action plan update and/or completion with a requirement for all action plans to be completed by year four. Central Health is currently in year two of RMSAM where action plans are being updated and prioritized through organization-wide participation. This will facilitate a proactive approach as well as continuing to identify, assess and manage risk exposures, not to mention its additive benefit in allowing for individual and team learning within the organization.

Central Health conducted multiple surveys over the past two years focusing on four main improvement topics – client satisfaction, client safety, staff health and well-being,

and service/program specific improvements.

Client satisfaction surveys were conducted in several client care areas (long-term care, ambulatory and obstetrics) in order to assess client satisfaction and identify areas for improvement. The results of these surveys were shared with frontline employees and the Quality Improvement Teams to provide direction for actions in identified areas for improvement.

An organization-wide survey was conducted to examine client safety. The Culture of Safety Survey was administered to all frontline staff that has direct client interaction to examine their opinions on how well Central Health promotes a culture that endorses client safety.

Staff health and well-being was assessed through the Worklife Pulse survey which captured how staff feel about their worklife balance. Central Health's Violence Prevention Committee recognized the need to bring awareness to all forms of violence in the workplace and chose to start with the development of a Respectful Workplace Program. This program included a survey of all employees in Central Health, the development of a policy, educational materials for managers, training for investigators, and selection of impartial respectful workplace advisors. Over half of Central Health's employees have attended education

sessions on the new policy, which has since been revised to include harassment and other prohibited grounds for discrimination. A draft of this new occupational health and safety policy is under review. The Respectful Workplace Program is housed under the Employee and Family Assistance Program which also provides mediation and conflict resolution for individuals and departments.

Central Health's Quality Improvement Teams have several ongoing initiatives to improve service quality. Twenty-six service/program specific surveys were conducted to capture areas for improvements which focused on client/staff safety, equipment needs and usage, and best practice. Subgroups have been established to address issues and improve services in the following areas: (1) Emergency Room Care, (2) Alternate Level of Care, and (3) Patient Safety.

Emergency Room Triage has been identified as an area to improve service quality; this has been identified as a need from both Central Health and Accreditation Canada. To address this topic, the Quality Improvement Team has worked with the Professional Development Department to implement triage training, following Canadian Triage and Acuity Scale Guidelines for eleven sites. In addition, the Emergency Medicine Quality Improvement Team has conducted a thorough assessment of all Emergency

Departments and medical clinics to determine potential risks, education and improvement needs, as well as standardization opportunities based on best practices identified in the Canadian Association of Emergency Physicians document.

It was identified that a group needed to be formed to examine current practices surrounding Alternate Level of Care services and identify the challenges and offer solutions to ensure clients have access to the services they require. This initiative was sanctioned by Quality Council. A group was formed and returned to Quality Council with recommendations. Specific action plans are currently in development.

The targeting of patient safety as a service quality area for improvement was reinforced by the recommendations of the Commission of Inquiry on Hormone Receptor Testing (Cameron). Central Health reported publicly on our progress in implementing the recommendations through the update provided by the Minister of Health & Community Services at the end of the fiscal year. Highlights include the development and implementation of policy and education on occurrence reporting and disclosure; development of a Crisis Management Plan for Central Health; implementation of recommendations from an external review of laboratory services (Parks & Hewlett); and establishment of a Senior

VP Quality, Planning & Priorities and two Laboratory Quality Managers. A concentrated focus has been placed on revising and developing new standard operating procedures in the laboratory. New orientation processes, continuing education and competency assessments have been introduced for laboratory staff. In addition, new equipment has been purchased to enhance quality and efficiency. Work continues on the full implementation of the Cameron recommendations including discussions regarding accreditation of the laboratory by an external agency.

The patient safety agenda is also being addressed by a number of initiatives under the umbrella of Safer Health Care Now. The Ventilator Associated Pneumonia (VAP)

initiative has been successfully implemented at Central Newfoundland Regional Health Centre (CNRHC) and James Paton Memorial Regional Health Centre (JPMRHC) with only one occurrence of VAP in the past eighteen months. The medication reconciliation initiative is targeted at reducing unintentional discrepancies in medications as clients move across the continuum from admission, transfer and discharge. The initiative has been introduced on admission at four facilities/units, on transfer at two facilities and is currently being piloted on discharge to community-based services. Plans are currently underway to implement a Surgical Site Infection initiative targeting hip replacement, bowel surgery and caesarean sections.

2010-2011 Objectives
By March 31, 2011 Central Health will have evaluated service quality in selected and prioritized areas.
Measure
Evaluation of quality in two selected priority service areas.
Indicators
<ul style="list-style-type: none"> • Evaluated quality in two selected service priority areas. • Identified areas for improvement in two selected service priority areas. • Presented the evaluation report to the Board Performance Improvement Committee.

Opportunities & Challenges



Sunset on Cobbs Pond, Gander

Opportunities & Challenges

Personal Health Information Act (PHIA)

Throughout the past year Central Health has been working through the significant challenge of assessing organizational readiness for the implementation of the Personal Health Information Act. We have been provided an opportunity to move this important initiative forward with the addition of the new position of Privacy Officer. A comprehensive set of policies to support the Act will need to be developed and all staff will need to receive education on the new legislation via in-person sessions or web-based learning.

Patient Safety

Central Health has made much progress in the area of patient safety over the past year. Continuing to focus on the Safer Healthcare Now interventions has enabled us to see much success in keeping our ventilator associated pneumonia rates at or near zero and has enabled more sites, including long term care, to adopt the medication reconciliation bundle.

Aging Equipment and Infrastructure

An ongoing challenge for Central Health is aging equipment and infrastructure. Over the past year we have made significant improvements in equipment upgrades to

many areas including laboratory. There have been ongoing infrastructure upgrades as well in various sites throughout the region including Baie Verte and Twillingate. There is much opportunity for improved service delivery with the infrastructure upgrades at Central Newfoundland Regional Health Centre.

Child Youth & Family Services Transition

Subsequent to the creation of the new Child, Youth and Family Services Department, Central Health has been working with the new Department to ensure the smooth transition of this service from the board to a direct line government department. There will be many challenges to address associated with this transfer, such as human resource and program issues, as this process moves along in the coming year.

Disaster Management Capacity

Over the last year, as evidenced by the pandemic response, synergies were realized from the Regional Health Authority integration especially in the area of disaster management. Having the full spectrum of services under a single authority enabled Central Health to successfully respond to a public issue and deliver the necessary services in a confident manner. The lessons learned will be integrated

into our continuing work on developing all hazards emergency response plans.

Labour Relations

Over the last year, the consolidation of bargaining units has been completed with hospital support staff, allied health professionals and nurses. Transition agreements have been signed with the Newfoundland & Labrador Association of Public Employees – Hospital Staff and the Newfoundland & Labrador Nurses Union and the organization is continuing to operationalize those agreements. Work is still ongoing with the consolidation of the Health Professional (HP) group. The consolidation of bargaining units will improve the ability of regional departments to operate more effectively and efficiently.

Recruitment and Retention

The recruitment and retention of staff continues to be one of Central Health's most pressing challenges. It presents

the organization with an opportunity to work with other partners, including government, to develop strategies to address this challenge.

As the population of this region and province continues to age, the number of staff retiring each year continues to grow. In 2009-10 Central Health had 108 retirements. This, along with regular turnover, resulted in over 700 postings throughout Central Health. The organization was particularly impacted by shortages in professional areas such as nursing, pharmacy, laboratory technology and diagnostic imaging to name a few.

Central Health is continuing its recruitment efforts by attending recruitment fairs nationally and internationally. As well the organization continues to partner with government, other employers and unions in order to recruit and retain qualified, competent staff.



AUDITORS' REPORT

To the Board of Trustees of the **Central Regional Health Authority**

We have audited the consolidated balance sheet of the **Central Regional Health Authority** as at March 31, 2010 and the statements of changes in net assets, operations and cash flow for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2010 and the results of its operations and the changes in its cash flow for the year then ended in accordance with Canadian generally accepted accounting principles.

Walters Hoffe

Gander, Newfoundland
June 18, 2010

Financial Statements Continued

CENTRAL REGIONAL
HEALTH AUTHORITY
CONSOLIDATED
Balance Sheet
March 31, 2010

Assets

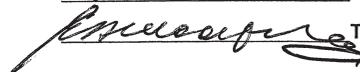
Current assets:		
Receivables (Note 3)	\$ 23,697,356	19,169,137
Inventories (Note 4)	3,003,379	1,956,854
Prepays (Note 5)	<u>6,394,636</u>	<u>5,004,614</u>
Total current assets	33,095,371	26,130,605
Deposit on property, plant and equipment	924,964	-
Cash restricted for security deposits	27,201	25,674
Investments restricted for general endowment purposes (Note 6)	487,686	430,161
Replacement reserve funding (Note 14)	303,892	310,828
Residents' trust funds held on deposit	822,634	751,903
Property, plant and equipment (Note 7)	<u>55,993,635</u>	<u>55,902,486</u>
	\$ 91,655,383	83,551,657

Liabilities

Current liabilities:		
Bank indebtedness (Note 8)	\$ 11,815,630	177,214
Payables and accruals (Note 9)	19,755,481	25,078,014
Accrued vacation pay	12,143,765	10,763,896
Deferred grants and donations (Note 10)	20,161,213	19,441,040
Current portion of obligations under capital lease	218,127	116,598
Current portion of long-term debt	1,367,253	1,244,314
Current portion of accrued severance pay - estimated	<u>1,500,000</u>	<u>1,500,000</u>
Total current liabilities	66,961,469	58,321,076
Security deposits payable	27,201	25,674
Long-term debt (Note 11)	19,278,316	20,290,700
Obligations under capital lease (Note 12)	771,215	30,933
Trust funds payable	822,634	751,903
Accrued severance pay, less current portion	23,989,078	21,749,706
Unamortized deferred contributions related to property, plant and equipment (Note 13)	27,803,658	26,350,952
Replacement reserves (Note 14)	303,892	310,828
J.M. Olds scholarship and library funds	84,486	85,603
	<u>140,041,949</u>	<u>127,917,375</u>
Net assets, per accompanying statement:		
Net assets invested in property, plant and equipment	6,610,789	7,803,669
Net assets restricted for general endowment purposes	487,686	430,161
Unrestricted net assets (deficit)	<u>(55,485,041)</u>	<u>(52,599,548)</u>
	(48,386,566)	(44,365,718)
	\$ 91,655,383	83,551,657

See accompanying notes

Approved:  Trustee

 Trustee

Financial Statements Continued

CENTRAL REGIONAL
HEALTH AUTHORITY
CONSOLIDATED
Statement of Changes in
Net Assets
Year ended March 31, 2010

	2010			2009	
	Invested in Property, Plant and Equipment	Restricted for General Endowment Purposes	Unrestricted	Total	Total
Balance (deficit), beginning:					
As previously reported	\$ 7,803,669	430,161	(52,599,548)	(44,365,718)	(42,275,619)
Prior years' adjustment to revenue for donations deferred in error	-	-	-	-	298,097
As restated	7,803,669	430,161	(52,599,548)	(44,365,718)	(41,977,522)
Deficiency of revenue over expenditure	(2,617,400)	-	(1,403,448)	(4,020,848)	(2,373,196)
Investment in property, plant and equipment (Note 15)	1,424,520	-	(1,424,520)	-	-
Equity in land sold	-	-	-	-	(15,000)
Transfers to endowment fund:					
Reinvested investment income	-	15,108	(15,108)	-	(-)
Contributed from unrestricted	-	42,417	(42,417)	-	(-)
Balance (deficit), ending	\$ 6,610,789	487,686	(55,485,041)	(48,386,566)	(44,365,718)

See accompanying notes

Financial Statements Continued

CENTRAL REGIONAL
HEALTH AUTHORITY
CONSOLIDATED
Statement of Operations
Year ended March 31, 2010

Revenue:		
Provincial plan operating	\$ 265,656,498	238,401,315
MCP physicians salaries	12,146,255	11,281,390
Patient-resident services	12,280,656	11,940,676
CMHC mortgage interest subsidy (Note 16)	103,338	108,928
Redundancy and other funding	-	345,288
Capital project funding	4,826,735	1,923,874
Pandemic funding	2,229,060	-
Recoveries	4,089,874	3,754,746
Cottage operations	1,482,133	1,471,369
Foundations	832,314	994,982
Other revenue	2,207,307	2,279,212
	<u>305,854,170</u>	<u>272,501,780</u>
Expenditure:		
Administration	29,267,398	25,801,180
Community and social services	74,525,557	64,913,656
Support services	59,387,764	54,008,429
Nursing inpatient services - acute	42,834,431	36,223,467
- long-term care	29,140,599	26,625,906
Ambulatory care services	18,046,407	15,951,746
Diagnostic and therapeutic services	31,096,544	28,703,310
Medical services	16,127,821	15,251,141
Education services	1,481,679	1,408,164
Cottage operations, including amortization of \$402,594 (2009 - \$378,429)	1,432,541	1,467,006
Foundations, including amortization of \$5,573 (2009 - \$5,151)	705,738	550,692
	<u>304,046,479</u>	<u>270,904,697</u>
Surplus prior to non-shareable items	<u>1,807,691</u>	<u>1,597,083</u>
Non-shareable items:		
Amortization of deferred capital grants	3,638,573	3,557,464
Amortization	(5,847,806)	(5,429,413)
Accrued vacation pay - (increase) decrease	(1,379,934)	(1,481,270)
Accrued severance pay - (increase) decrease	(2,239,372)	(617,060)
	<u>(5,828,539)</u>	<u>(3,970,279)</u>
Deficiency of revenue over expenditure	<u>\$(4,020,848)</u>	<u>(2,373,196)</u>

See accompanying notes

Financial Statements Continued

CENTRAL REGIONAL
HEALTH AUTHORITY
CONSOLIDATED
Statement of Cash Flow
Year ended March 31, 2010

Cash flows:		
Operations:		
Deficiency of revenue over expenditure	\$(4,020,848)	(2,373,196)
Amortization	6,255,973	5,812,995
Amortization of deferred capital grants	(3,638,573)	(3,557,464)
Gain on disposal of property, plant and equipment	<u>(3,535)</u>	<u>(23,337)</u>
	(1,406,983)	(141,002)
Changes in:		
Receivables	(4,528,219)	(6,621,065)
Inventories	(1,046,525)	(13,239)
Prepays	(1,390,022)	(230,044)
Payables and accruals	(5,322,533)	2,859,353
Accrued vacation pay	1,379,869	1,481,270
Deferred grants and donations	720,173	14,004,958
Accrued severance pay	<u>2,239,372</u>	<u>617,060</u>
	(9,354,868)	11,957,291
Investing:		
Additions to property, plant and equipment	(7,025,416)	(2,675,010)
Increase in general endowment fund investments	(57,525)	(38,360)
Proceeds on disposal of property, plant and equipment	121,663	79,707
Deposit on property, plant and equipment	<u>(924,964)</u>	<u>-</u>
	(7,886,242)	(2,633,663)
Financing:		
Repayment of long-term debt, including adjustments to opening balances	(1,261,368)	(1,191,961)
Repayment of capital leases, including forgiveness	(210,765)	(126,281)
Net changes in J. M. Olds funds	(1,117)	(717)
Grants used for the purchase of property, plant and equipment	5,428,899	2,449,377
Donations used for the purchase of property, plant and equipment	222,547	225,633
New loan proceeds	371,923	-
New capital lease proceeds	<u>1,052,575</u>	<u>-</u>
	5,602,694	1,356,051
Net increase (decrease) in cash	(11,638,416)	10,679,679
Cash, net of bank indebtedness:		
Beginning	<u>(177,214)</u>	<u>(10,856,893)</u>
Ending (Note 8)	<u>\$(11,815,630)</u>	<u>(177,214)</u>

See accompanying notes

1. Nature of operations:

These financial statements reflect the operating assets, liabilities, revenue and expenditure of the following facilities and clinics operated by the Central Regional Health Authority.

Facilities

A. M. Guy Memorial Health Centre	Green Bay Community Health Centre
Baie Verte Peninsula Health Centre	James Paton Memorial Regional Health Centre
Bonnews Lodge Apartment Complex	Lakeside Homes
Brookfield Bonnews Health Care Centre	North Haven Manor Senior Citizens Home
Carmelite House Senior Citizens Home	North Haven Manor Cottages
Central Newfoundland Regional Health Centre	Notre Dame Bay Memorial Health Care
Central Northeast Health Foundation Inc.	South and Central Health Foundation
Connaigre Peninsula Community Health Centre	Valley Vista Senior Citizens Home
Dr. Hugh Twomey Health Care Centre	Valley Vista Cottages
Fogo Island Health Care	

Clinics

Carmanville	LaScie
Centreville	Lewisporte
Eastport	Mose Ambrose
Gambo	Musgrave Harbour
Gander Bay	New World Island
Glovertown	St. Alban's
Hare Bay	St. Brendan's
Hermitage	

The operations of the above entities were primarily funded by the Government of Newfoundland and Labrador (the Government) to provide health care services on the Government's behalf, causing all entities to be effectively under common control. As a result, these financial statements have been prepared using the pooling of interest method of accounting. Under this method, the book values of assets, liabilities and net assets of each of the entities being combined, are added together to form the combined value of assets, liabilities and net assets of the Authority.

2. Summary of significant accounting policies:

These financial statements have been prepared in accordance with generally accepted accounting principles for not-for-profit organizations. Outlined below are those policies considered particularly significant by the Authority.

Investments

Investments restricted for general endowment fund are recorded at cost.

Financial Statements Continued

CENTRAL REGIONAL
HEALTH AUTHORITY
Notes to the
Financial Statements
March 31, 2010

2. Summary of significant accounting policies (continued):

Inventories

Inventories are valued on the first in first out basis, as follows:

General stores, at average cost
Drugs, at cost

Property, plant and equipment

The Authority has control over certain lands, buildings and equipment, with the title resting with the Government and consequently these assets are not recorded under property, plant and equipment.

Purchased property, plant and equipment are recorded at cost. Contributed property, plant and equipment are recorded at fair value at the date of contribution. Property, plant and equipment are being amortized on a declining balance basis over their useful lives, at the following rates:

Land improvements	5%
Buildings and service equipment	5%
Information systems equipment	33.3%
Equipment	12.5%
Motor vehicles	20.0%

In addition, the North Haven Manor Cottage Units Phase I, II, III, North Haven Manor Cottage Units Phase IV, Valley Vista Cottages, Bonnews Lodge Apartment Complex buildings and equipment are being amortized at a rate equal to the annual principal reduction of the mortgages related to the properties. This is in accordance with an operating agreement with Newfoundland and Labrador Housing Corporation.

Replacement reserves

Newfoundland and Labrador Housing Corporation (NLHC) requires that Not-for-Profit Housing groups maintain a Replacement Reserve Fund which is to be used to fund major maintenance and the purchase of property, plant and equipment. These funds may only be used as approved by NLHC. Withdrawals are charged to interest first and then principal.

Transactions in the reserves are shown in Note 14.

Revenue recognition

Central Regional Health Authority follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Contributions related to property, plant and equipment are deferred and amortized to revenue at the same rates which the related property, plant and equipment are amortized.

Financial Statements Continued

CENTRAL REGIONAL
HEALTH AUTHORITY
Notes to the
Financial Statements
March 31, 2010

3. Receivables:	<u>2010</u>	<u>2009</u>
Provincial plan grants - operating	\$ 15,122,802	10,541,848
Capital grants	1,898,854	2,423,170
Patient, capital donations, rents and other	4,122,817	3,998,748
MCP	1,631,886	1,473,078
Cancer Foundation	606,349	521,635
HST	987,957	776,872
Due from NLHC	<u>95,735</u>	<u>57,303</u>
	24,466,400	19,792,654
Allowance for doubtful	<u>769,044</u>	<u>623,517</u>
	<u>\$ 23,697,356</u>	<u>19,169,137</u>
4. Inventories:	<u>2010</u>	<u>2009</u>
General stores	\$ 1,836,562	747,294
Drugs	<u>1,166,817</u>	<u>1,209,560</u>
	<u>\$ 3,003,379</u>	<u>1,956,854</u>
5. Prepays:	<u>2010</u>	<u>2009</u>
Equipment maintenance	\$ 889,153	738,276
Malpractice and membership fees	126,577	97,425
General insurance	172,317	167,526
Workplace Health, Safety and Compensation Commission	3,848,509	2,956,107
Municipal taxes	652,958	458,631
Other	<u>705,122</u>	<u>586,649</u>
	<u>\$ 6,394,636</u>	<u>5,004,614</u>

Financial Statements Continued

CENTRAL REGIONAL
HEALTH AUTHORITY
Notes to the
Financial Statements
March 31, 2010

6. Investments restricted for general endowment purposes:

The Central Northeast Health Foundation Inc. and the South and Central Health Foundation maintain a joint investment restricted for general endowment purposes, with their proportionate cost as follows:

	<u>2010</u>	<u>2009</u>
Central Northeast Health Foundation Inc.	\$ 104,898	89,275
South and Central Health Foundation	<u>382,788</u>	<u>340,886</u>
	<u>\$ 487,686</u>	<u>430,161</u>

The quoted market value of these investments at March 31, 2010 was:

	<u>2010</u>	<u>2009</u>
Central Northeast Health Foundation Inc.	\$ 109,144	87,161
South and Central Health Foundation	<u>398,266</u>	<u>312,467</u>
	<u>\$ 507,410</u>	<u>399,628</u>

7. Property, plant and equipment:

	<u>2010</u>			<u>2009</u>
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net Book Value</u>	<u>Net Book Value</u>
Land	\$ 313,914	-	313,914	313,914
Land improvements	1,212,046	742,351	469,695	496,336
Buildings and service equipment	74,441,689	45,044,045	29,397,644	31,125,525
Equipment	91,083,373	66,886,834	24,196,539	23,065,290
Equipment under capital lease	2,781,898	1,821,483	960,415	418,081
Motor vehicles	2,424,977	1,811,245	613,732	431,220
Motor vehicles under capital lease	<u>196,503</u>	<u>154,807</u>	<u>41,696</u>	<u>52,120</u>
	<u>\$ 172,454,400</u>	<u>116,460,765</u>	<u>55,993,635</u>	<u>55,902,486</u>

8. Bank indebtedness:

	<u>2010</u>	<u>2009</u>
Cash	\$ 858,150	819,510
Due to bank on current account	<u>(12,673,780)</u>	<u>(996,724)</u>
	<u>\$(11,815,630)</u>	<u>(177,214)</u>

The Authority has access to a \$15 million line of credit in the form of revolving demand loans at its bankers. These loans have been approved by the Minister of Health and Community Services.

Financial Statements Continued

9. Payables and accruals:

	<u>2010</u>	<u>2009</u>
Trade	\$ 11,653,666	16,347,699
Due to NLHC - operating subsidy	5,710	-
Residents comfort fund	55,047	56,460
Accrued - wages	7,878,692	8,494,659
- interest	93,263	96,436
- other	69,103	82,760
	<u>\$ 19,755,481</u>	<u>25,078,014</u>

10. Deferred grants and donations:

	<u>2010</u>	<u>2009</u>
Deferred operating grants	\$ 6,000,438	6,542,340
Deferred capital grants	14,160,775	12,898,700
	<u>\$ 20,161,213</u>	<u>19,441,040</u>

11. Long-term debt:

	<u>2010</u>	<u>2009</u>
Operating:		
4.59% CMHC 1 st mortgage on Bonnews Lodge; repayable in equal monthly installments of \$10,248, interest included; maturing August, 2011	\$ 129,720	243,936
3.71% CMHC mortgage on Lakeside Homes; repayable in equal monthly installments of \$12,847, interest included; maturing April, 2020, renewable October, 2010	1,297,011	1,401,303
7.5% CMHC mortgage on Lakeside Homes; repayable in equal monthly installments of \$4,574, interest included; maturing July, 2023	465,168	484,893
Prime minus 1.1% Canadian Imperial Bank of Commerce deferred demand loan; repayable in equal monthly installments of \$3,056, plus interest; maturing December, 2018	320,801	357,473
5.15% Canadian Imperial Bank of Commerce loan for Carmelite House, unsecured; repayable in equal monthly installments of \$64,153, interest included; maturing March, 2027	8,761,575	9,071,478
	<u>\$ 11,034,622</u>	<u>11,621,257</u>

CENTRAL REGIONAL
HEALTH AUTHORITY
Notes to the
Financial Statements
March 31, 2010

Financial Statements Continued

CENTRAL REGIONAL
HEALTH AUTHORITY
Notes to the
Financial Statements
March 31, 2010

11. Long-term debt (continued):	<u>2010</u>	<u>2009</u>
Balance forward:	<u>\$ 11,034,622</u>	<u>11,621,257</u>
6.55% Canadian Imperial Bank of Commerce mortgage on Botwood housing; repayable in equal monthly installments of \$484, interest included; maturing July, 2028, renewable July, 2010	60,347	62,174
6.55% Canadian Imperial Bank of Commerce mortgage on Botwood housing; repayable in equal monthly installments of \$438, interest included; maturing July, 2027, renewable July, 2010	54,629	56,283
5.13% Canadian Imperial Bank of Commerce mortgage on Hospital renovations; repayable in equal monthly installments of \$8,328, interest included; maturing February, 2014	353,920	433,474
8.0% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor; repayable in equal monthly installments of \$8,298, interest included; maturing February, 2026	904,734	939,402
8.0% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista; repayable in equal monthly installments of \$10,124, interest included; maturing August, 2027	1,151,095	1,180,689
7.88% Newfoundland and Labrador Housing Corporation mortgage on Authority offices; repayable in equal monthly installments of \$8,165, interest included; maturing August, 2024	852,313	883,117
2.61% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Senior Citizens Home; repayable in equal monthly installments of \$7,900, interest included; maturing July, 2019, renewable September, 2014	784,300	854,458
Prime minus 1.1% Canadian Imperial Bank of Commerce deferred demand loan; repayable in equal monthly installments of \$6,199, plus interest; maturing 2015	371,923	-
8.35%, Toyota Financial Services, loan repayable in equal monthly instalments of \$987, interest included; maturing June 2010	<u>2,920</u>	<u>14,013</u>
	<u>\$ 15,510,456</u>	<u>15,982,693</u>

Financial Statements Continued

11. Long-term debt (continued):

	<u>2010</u>	<u>2009</u>
Balance forward:	<u>\$ 15,510,456</u>	<u>15,982,693</u>
7.0% Bank of Nova Scotia 1 st mortgage on land and building at 1 Newman's Hill, Twillingate; repayable in equal monthly installments of \$511, interest included; maturing November, 2024, renewable May, 2013	55,595	57,808
7.0% Bank of Nova Scotia 1 st mortgage on land and building at 42 Howlett's Road, Twillingate; repayable in equal monthly installments of \$413, interest included; maturing June, 2020, renewable May, 2013	35,914	38,307
4.5% Bank of Nova Scotia 1 st mortgage on land and building at 30 Smith's Lane, Twillingate; repayable in equal monthly installments of \$375, interest included; maturing July, 2020, renewable June, 2011	37,174	39,874
9.5% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor Cottages; repayable in equal monthly installments of \$7,925, interest included; maturing June, 2029	851,246	866,251
4.5% Industrial Alliance Insurance and Financial Services Inc. mortgage on North Haven Manor Cottages; repayable in equal monthly installments of \$8,719, interest included; maturing January, 2016, renewable February, 2012	608,932	684,577
4.16% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor Cottages; repayable in equal monthly installments of \$9,292, interest included; maturing November, 2018, renewable December, 2011	807,885	884,191
4.31% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor Cottages; repayable in equal monthly installments of \$3,565, interest included; maturing July, 2025, renewable April, 2012	480,566	502,299
4.59% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Cottages; repayable in equal monthly installments of \$5,138, interest included; maturing June, 2016, renewable August, 2011	334,883	380,179
4.28% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Cottages; repayable in equal monthly installments of \$10,416 interest included; maturing December, 2017, renewable December, 2012	<u>821,418</u>	<u>912,103</u>
	<u>\$ 19,544,069</u>	<u>20,348,282</u>

CENTRAL REGIONAL
HEALTH AUTHORITY
Notes to the
Financial Statements
March 31, 2010

Financial Statements Continued

CENTRAL REGIONAL
HEALTH AUTHORITY
Notes to the
Financial Statements
March 31, 2010

11. Long-term debt (continued):	<u>2010</u>	<u>2009</u>
Balance forward	<u>\$ 19,644,069</u>	<u>20,348,282</u>
3.16% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Cottages; repayable in equal monthly installments of \$4,984, interest included; maturing May, 2018, renewable June, 2013	430,280	475,799
2.14% Newfoundland and Labrador Housing Corporation 1 st mortgage on Bonnews Apartment Complex; repayable in equal monthly installments of \$3,733 interest included; maturing November, 2024, renewable April, 2014	563,865	596,271
6.5% Newfoundland and Labrador Credit Union mortgage on therapeutic residence; repayable in bi-weekly installments of \$397, interest included, maturing in November 2032, renewable November 2012	<u>107,355</u>	<u>114,662</u>
	20,645,569	21,535,014
Less current portion	<u>1,367,253</u>	<u>1,244,314</u>
	<u>\$ 19,278,316</u>	<u>20,290,700</u>

The aggregate amount of principal payments estimated to be required in each of the next five years is as follows:

2011	\$ 1,367,253
2012	1,309,900
2013	1,359,438
2014	1,412,244
2015	1,382,850

12. Obligations under capital lease:

The Authority has entered into a number of agreements whereby it leases certain equipment for a term of five years. These leases are accounted for as capital leases with the Authority treating the equipment as an acquisition of an asset and the assumption of an obligation. The effective interest rates range from 5.37% to 7.534%.

The following is a schedule of future minimum lease payments under the capital leases:

Year ending March 31	
2011	\$ 261,949
2012	245,644
2013	237,490
2014	237,490
2015	<u>118,745</u>
Total minimum lease payments	1,101,318
Less amount representing interest	<u>111,976</u>
Balance of obligation	989,342
Less current portion	<u>218,127</u>
	<u>\$ 771,215</u>

13. Unamortized deferred contribution related to property, plant and equipment:

Deferred contributions related to property, plant and equipment represent restricted contributions with which property, plant and equipment were originally purchased. The changes in the deferred contributions for the year are as follows:

	<u>2010</u>	<u>2009</u>
Balance, beginning	\$ 26,350,952	27,454,418
Less:		
Disposals	(560,167)	(221,012)
Add:		
Capital equipment grants	5,428,899	2,449,377
Donated equipment	<u>222,547</u>	<u>225,633</u>
	31,442,231	29,908,416
Deduct:		
Amortization	<u>3,638,573</u>	3,557,464
Balance, ending	<u>\$ 27,803,658</u>	<u>26,350,952</u>

Financial Statements Continued

CENTRAL REGIONAL
HEALTH AUTHORITY
Notes to the
Financial Statements
March 31, 2010

	<u>2010</u>	<u>2009</u>
14. Replacement reserves:		
Balance, beginning	\$ 310,828	276,230
Add:		
Allocation for year	59,148	59,148
Contributions from Authority	12,900	12,900
Interest income	<u>1</u>	<u>5</u>
	382,877	348,283
Less:		
Approved expenditures	<u>78,985</u>	<u>37,455</u>
Balance, ending	<u>\$ 303,892</u>	<u>310,828</u>
	<u>2010</u>	<u>2009</u>
Funding:		
Replacement reserve funds	\$ 78,279	85,215
Due from Newfoundland and Labrador Housing Corporation	<u>225,613</u>	<u>225,613</u>
	<u>\$ 303,892</u>	<u>310,828</u>
15. Investment in property, plant and equipment:		
	<u>2010</u>	<u>2009</u>
Repayment of long-term debt	\$ 1,253,556	1,191,961
Repayment of capital leases	<u>170,964</u>	<u>126,281</u>
	<u>\$ 1,424,520</u>	<u>1,318,242</u>
16. Operating subsidies:		

The Authority has received federal assistance through Canada Mortgage and Housing Corporation pursuant to Section 56.1 of the National Housing Act to reduce operating costs. The amount of assistance received from Newfoundland and Labrador Housing Corporation in 2010 was \$103,338 (2009 - \$108,928) for operating facilities and \$379,545 (2009 - \$381,859) for the Authority's Cottage operations.

17. Commitments:

Operating leases

The Authority has a number of agreements whereby it leases property and equipment in addition to those disclosed under Note 12. These agreements range in terms from one to five years. These leases are accounted for as operating leases. Future minimum lease payments under operating leases are as follows:

2011	\$153,738
2012	119,539
2013	111,108
2014	108,932
2015	92,399

Energy performance contract

The Authority entered into Energy Performance Contracts during 2001 and 2000 with Enerplan Consultants Ltd. for the design and implementation of measures to improve energy efficiency, wherein Enerplan guaranteed the energy savings component.

The contracts were crystallized at \$4,450,214 and \$1,247,329 and are being repaid from operating and energy savings over a ten year period having commenced in August, 2002 and January, 2000, respectively.

During the year, the \$1,247,329 contract expired.

These contracts were financed through the Canadian Imperial Bank of Commerce for Central West and Associates Capital Limited.

As support for this financing, Enerplan Consultants Ltd., has assigned to the financiers any funds due to them by the Authority for the energy savings component of the contract.

In the opinion of management of the Authority, the guaranteed energy savings component of Enerplan Consultants Ltd. is an offset to the obligations of the Authority to the Canadian Imperial Bank of Commerce and Associates Capital Limited and as a consequence neither the capital expenditures or the financing obligations are reflected in these financial statements of the Authority at March 31, 2010.

18. Contingency

As of March 31, 2010 there were a number of legal claims against the Authority in varying amounts for which no provision has been made. It is not possible to determine the amounts, if any, that may ultimately be assessed against the Authority with respect to these claims, but management and the insurers believe any claims, if successful, will be covered by liability insurance.

19. Financial instruments:

The carrying value of cash and cash equivalents, accounts receivable, accounts payable and accrued liabilities, approximate their fair values due to relatively short periods to maturity of these instruments.

Appendices

APPENDIX A

Mandate

Central Health's mandate is derived from the Regional Health Authorities Act and its regulations. Central Health is responsible for the delivery and administration of health services and community services in its health region in accordance with the above referenced legislation.

In carrying out its responsibilities, Central Health will:

- promote and protect the health and well-being of its region and develop and implement measures for the prevention of disease and injury and the advancement of health and well-being;
- assess health services and community services needs in its region on an ongoing basis;
- develop objectives and priorities for the provision of health services and community services which meet the needs of its region and which are consistent with provincial objectives and priorities;
- manage and allocate resources, including funds provided by government for health services and community services, in accordance with legislation;

- ensure that services are provided in a manner that coordinates and integrates health and community services;
- collaborate with other persons and organizations including federal, provincial and municipal governments and agencies and other regional health authorities to coordinate health services and community services in the province and to achieve provincial objectives and priorities;
- collect and analyze health and community services information for use in the development and implementation of health and community services policies and programs for its region;
- provide information to the residents of the region respecting:
 - the services provided by the Authority,
 - how they may gain access to these services,
 - how they may communicate with the Authority respecting the provision of those services;
- monitor and evaluate the delivery of health services and community services in compliance with prescribed standards and provincial objectives and in accordance with guidelines that the Minister may establish for the Authority;
- comply with directions the Minister may give.

Appendices

Central Health will ensure accountability for its strategic and operational plans by monitoring and reporting in accordance with legislative, regulatory and policy requirements.

APPENDIX B

List of Sites and Contact Information

A.M. Guy Memorial Health Centre

Buchans | (709) 672-3304

Baie Verte Peninsula Health Centre

Baie Verte | (709) 532-4218

Bay d'Espoir Community Health Centre

Harbour Breton | (709) 538-3244

Belleoram Community Health Centre

Belleoram | (709) 881-6101

Bell Place Community Health Centre

Gander | (709) 651-3306

Bonnews Lodge

New-Wes-Valley | (709) 535-2160

Botwood Community Health Centre

Botwood | (709) 257-4900

Brookfield/Bonnews Health Centre

New-Wes-Valley | (709) 536-2405

Carmanville Community Health Centre

Carmanville | (709) 534-2844

Carmelite House

Grand Falls-Windsor | (709) 489-2274

Central Health Regional Office

Grand Falls-Windsor | (709) 292-2138

Central Newfoundland Regional Health Centre

Grand Falls-Windsor | (709) 292-2500

Centreville Community Health Centre

Centerville | (709) 678-2342

Change Islands Community Health Centre

Change Islands | (709) 621-6161

Connaigre Peninsula Health Centre

Harbour Breton | (709) 885-2043

Dr. Brian Adams Community Health Centre

Gambo | (709) 674-4403

Dr. C.V. Smith Memorial Community Health Centre

Glovertown | (709) 533-2372

Dr. Hugh Twomey Health Centre

Botwood | (709) 257-2874

Eastport Community Health Centre

Eastport | (709) 677-2530

Fogo Island Health Centre

Fogo | (709) 266-2221

Green Bay Health Centre

Springdale | (709) 673-3911

Green Bay Community Health Centre

Springdale | (709) 673-4714

Valley Vista Senior Citizen's Home

Springdale | (709) 673-3911

Hare Bay Community Health Centre

Hare Bay | (709) 537-2209

Hermitage Community Health Centre

Hermitage | (709) 883-2222

James Paton Memorial Regional Health Centre

Gander | (709) 256-2500

Lakeside Homes

Gander | (709) 256-8850

LaScie Community Health Centre

LaScie | (709) 675-2429

Lewisporte Health Centre

Community Services | (709) 535-0905

Laboratory & X-Ray Clinic | (709) 535-6654

North Haven Manor | (709) 535-6767

Mose Ambrose Community Health Centre

Mose Ambrose | (709) 888-3541

Musgrave Harbour Community Health Centre

Musgrave Harbour | (709) 655-2518

New World Island Community Health Centre

New World Island | (709) 629-3682

Notre Dame Bay Memorial Health Centre

Twillingate | (709) 884-2131

Provincial Building Community Health Centre

Grand Falls-Windsor | (709) 292-1204

Robert's Arm Community Health Centre

Roberts Arm | (709) 652-3617

Victoria Cove Community Health Centre

(709) 676-2737

St. Alban's Community Health Centre

St. Albans | (709) 538-3738

St. Brendan's Community Health Centre

St. Brendans | (709) 669-5381

APPENDIX C

Key Contact Information

For more information on programs and services, to view the 2008-2011 Strategic Plan and for a complete set of financial statements, please visit the Central Health website @ www.centralhealth.nl.ca.

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