



Labrador-Grenfell
Health

Annual Report 2022-23

Labrador-Grenfell Health



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Message from the Board Chair

Annual Report 2022-23

On behalf of the Labrador-Grenfell Health Board of Trustees, I present the Annual Performance Report for 2022-23, in accordance with the Transparency and Accountability Act as a Category 1 Government Entity. The Board understands and accepts its accountability for the preparation of this report, and any results or variances explained herein.

Representing the third and final year of the health authority's three-year strategic planning cycle, the Board is pleased to present the results of the work completed towards meeting Labrador-Grenfell Health's (LGH) strategic goals for 2020-2023. While some variances are reported, the Board is satisfied that the health authority achieved its strategic goals in the following priority areas: People First, Healthy and Sustainable Workforce, and Better Access for Better Health. This 2022-23 report was developed inclusive of supporting the health care needs of all people in Newfoundland and Labrador.

This also marks the final annual performance report for the regional health authority. On April 1, 2023, LGH will become an operational zone of the new provincial health authority – Newfoundland and Labrador Health Services.

Following the resilience and recovery focus of the first two years of LGH's strategic planning cycle, year three refocused the regional health authority on its strategic priorities of enhancing person- and family-centred care, supporting and stabilizing a healthy workforce, and improving access to care. Year three of this strategic planning cycle was a time for LGH to resume as many of its pre-pandemic programs and services as possible. At the same time, preparing for the transition to a provincial health authority provided an opportunity to reimagine an integrated health system – working towards system transformation and improved health outcomes for all Newfoundlanders and Labradorians.

The Board of Trustees is proud of this year's accomplishments, and the progress made during the 2020-23 strategic planning cycle.

It has been an honour to govern Labrador-Grenfell Health and to witness the organization's values in action through some of the most challenging times in our health system and in our lifetime. Administration, staff, volunteers, Indigenous partners, patients, residents, families, and communities made it possible to provide safe and quality care, while remaining committed to delivering on continuous improvement initiatives.

We look forward to the health system transformation envisioned by Health Accord NL, and are confident that the relationships and trust LGH fostered will continue to drive safe, quality, and responsive care for the people living in the Labrador-Grenfell Zone of Newfoundland and Labrador Health Services.

Sincerely



Noreen Careen
Interim Board Chair, LGH

Overview

Labrador-Grenfell Health Region



LGH is one of Newfoundland and Labrador's four regional health authorities (RHA) serving all of Labrador and communities north of Bartlett's Harbour on Newfoundland's Northern Peninsula.

LGH provides safe and quality health and community services to approximately 34,000 people (Statistics Canada, Census 2021 data), including Indigenous groups: Innu, Inuit, and Southern Inuit.

The RHA operates 22 facilities: three hospitals, three community health centres, 14 community clinics, and two long-term care homes. Corporate headquarters is based in Happy Valley-Goose Bay.

LGH facilities are based in small population centres (1,000 - 29,999 residents) and rural and remote areas that encompass all territory outside the population centres (Population Centres and Rural Area Classifications).

Information on LGH's mandate and lines of business is available on <https://www.lghealth.ca/about-us/>



Financial Data

See Appendix I
for Audited Financial Statements.

Key Statistics

Human Resource Data

As of March 31, 2023, LGH employed 1,611 staff (867 permanent full-time, 36 permanent part-time, 459 temporary, and 249 casual workers).

Of these, 52 per cent are support staff, 26 per cent are registered nurses, eight per cent are other health professionals (e.g., social workers, physiotherapists, occupational therapists, speech language pathologists, pharmacists), six per cent are laboratory and diagnostic imaging technologists, five per cent are management, and three per cent are physicians.

There are also more than 290 volunteers throughout the region, including those affiliated with various community groups such as the Grenfell Foundation, auxiliaries, churches, fundraising groups for long-term care homes, plus many individuals who give their time and talents to support clients, residents, and their families.



Service Delivery Data

See Appendix II for key statistics on Acute Care, Health Centres, Community Clinics, Community Health and Wellness, Long-Term Care, and Tele-Health services.

Highlights and Partnerships

People First



Feeding Cultural Health and Wellness in Long-Term Care

To support both healthy aging and culturally-safe care, LGH has incorporated traditional country foods in our long-term care facility menus. Fish, wild meat, and berries are nutritious and healthy food options that also help recognize and celebrate individual life stories and cultural identity.

Following a successful pilot project in 2021-22, planning continued to better understand country food preferences across the LGH region and to secure a safe and sustainable country food supply. Information from a November 2022 survey on country food preferences was shared among Labrador's Anchor Collaborative.

LGH worked with Nourish Project partners to identify sustainable sources of local fish, wild game, and berries and ensure food being served in long-term care homes met all legislative and food safety guidelines. In March 2023, the first supplies of partridge and caribou were purchased. Long-term care menus began introducing traditional country foods like partridge soup, rabbit stew, pan-fried salmon, Innu donuts with redberries, and bakeapple tarts.

While the Happy Valley-Goose Bay Long Term Care Home was the pilot site for the incorporation of traditional foods in the menu planning, the goal is to offer traditional foods in all LGH facilities. LGH continues to work with Nourish partners to ensure the sustainability of this person- and family-centred initiative.

We are grateful for the guidance, knowledge-sharing, and support of our Indigenous partners in addressing food security and delivering culturally-safe care for the people we serve.

Nourish is a not-for-profit that started with a simple idea: how can the hospital tray be a platform to dream big and transform our food and health systems? Nourish believes that food is fundamental to patient, community and planetary health and wellbeing. www.nourishleadership.ca

Labrador's Anchor Collaborative is a diverse group, including LGH, Food First NL, Indigenous partners (Nunatsiavut Government, NunatuKavut Community Council, Sheshatshiu Innu First Nation, and Mushuau Innu First Nation), Government of NL, and other stakeholders and partners.

Culturally-safe care is defined and evaluated by the people it affects. People should feel recognized, respected, and safe in all interactions with the health care system. Organizations striving to provide culturally safe care recognize the inherent power imbalance in the health care system and work with health care partners to address this imbalance through education, humility, partnerships, policy, and protocols.

Highlights and Partnerships

Better Access for Better Health

Responding to Complex Mental Health and Addictions Needs

Fetal Alcohol Spectrum Disorders (FASD) Adults Training/Clinic

A child FASD clinic has been running for a number of years in the LGH region. The need for adult assessment was identified during the 2020-23 strategic planning cycle.

Training was provided to a multidisciplinary care team (FASD coordinator, psychologist, occupational therapist, general practitioner, speech-language pathologist) in November 2021.

This continued education opportunity supports clinicians to work to their full scope of practice. Program development and planning for a FASD adult training/clinic followed the completion of team training. The first FASD adult training/clinic is scheduled for July 2023.

Mobile Crisis Response (MCR)

MCR teams include mental health counsellors/social workers and psychiatric nurses working with local police to respond to individuals in the community experiencing a mental health crisis.

MCR teams travels to assist and/or intervene with a mental health-related crisis in a person's home or community. They are also able to accompany other health care providers in client/patient visits. In addition to Happy Valley-Goose Bay (HV-GB), Labrador City, and Wabush, MCR from HV-GB began providing services to Sheshatshiu and Northwest River in February 2023. Funding to expand MCR on-the-ground in Sheshatshiu has been secured and recruitment activities are underway.

This in-community service need was identified by community members and agencies to provide better, timely access to care and avoiding emergency department visits.



Highlights and Partnerships

Better Access for Better Health



Central Registration Improves Client Experience and System

Health System Improvement through PFCC Philosophy

Following a review of the admissions process at each LGH facility, it was discovered that differences in admitting processes and procedures affected the quality of admissions data for the health region.

In June 2022, a central admitting department was created to standardize processes and procedures, and ensure accurate and clean data.

To improve the client experience and increase the quality of admissions data, the hospital admitting process was regionally centralized at Charles S. Curtis Memorial Hospital in St. Anthony. Central registration improves access and simplifies navigation for patients by creating one access point for all appointments with a particular department.

As a result, LGH is able to produce reliable admissions data for all facilities, with a focus on indicators such as diagnosis and specialty. Centralizing admissions also enables health information coders to efficiently collect and submit LGH inpatient data to the Canadian Institute of Health Information (CIHI).

This quality improvement initiative is an example of applying the Person- and Family-Centred Care (PFCC) philosophy to a health system improvement.



Highlights and Partnerships

Better Access for Better Health

Healthy and Sustainable Workforce

A Prescription for Change

Technology Improves Access, Safety, and Compliance

BD Pyxis™ MedStations™ were successfully implemented at Charles S. Curtis Memorial Hospital. This automated medication dispensing system supports LGH in achieving compliance with Accreditation Canada's Medication Management Standards and the Newfoundland and Labrador Pharmacy Board's Standards of Pharmacy Operation for medication distribution systems.

This technology supports decentralized medication management by allowing medications to be stored and dispensed near point-of-care, while controlling and tracking drug distribution. Medication safety is significantly improved through dispensing, administration, and enhanced security and control.

Long-Term Solutions for Long-Term Care Nursing

A First for the Province: Licensed Practical Nurse (LPN) In-Charge at Long-Term Care

An important part of creating a healthy and sustainable workforce, as well as employee engagement and satisfaction, is supporting care providers to work to their full scope of practice.

LGH is the first regional health authority in the province to have an LPN in-charge at a long-term care facility.

In compliance with the Newfoundland and Labrador Association of Public and Private Employees (NAPE) Health Services Staff (HS) collective agreement (November 2022), LGH welcomed the province's first-ever LPN in-charge on February 6, 2023. Clear goals, change management, education, and evaluation were all part of a comprehensive plan that supported the successful integration of LPN in-charge roles at all LGH LTC facilities.



Report on Performance

Issue 1: People First

A Person- and Family-Centred Care Philosophy

Prioritizing people first, LGH has created opportunities for meaningful engagement, as well as pathways for collaboration with patients, families, and stakeholders.

Person- and Family-Centred Care (PFCC) is now a requirement by Accreditation Canada and LGH has been committed to incorporating the PFCC philosophy into every aspect of care. PFCC is an approach that is grounded in a mutually-beneficial partnership among health care providers, patients, and families.

PFCC ensures that no problem gets overlooked and that the voices of patients and their families are heard and considered. With this type of care, patients and their families get to make decisions about how they will participate in their health care plan and what course of care is best for them. Providers work together as a care team alongside patients and their families to ensure the best course of action is taken.

PFCC aims to remove the inherent power dynamic that exists between care providers and patients. Instead, this care philosophy empowers patients and their families to be full partners in their care.

Serving a large Indigenous population (37.4%), a PFCC-approach further aided LGH in its journey to improving services to Indigenous communities by the right provider, at the right time, in the right place. Through numerous collaborations with Indigenous partners, LGH has been a supportive organization, promoting cultural safety, cultural awareness, cultural sensitivity, and cultural competency. By incorporating a PFCC approach, LGH has been able to progress in its journey towards a culturally-safe environment.

GOAL

By March 31, 2023, LGH will have created a culture of person- and family-centered care that meets the needs of the individuals and communities that we serve, in ways that are respectful of cultural values and reflect the diversity of our region.

Report on Performance

Issue 1: People First

GOAL

By March 31, 2023, LGH will have created a culture of person- and family-centred care that meets the needs of the individuals and communities that we serve, in ways that are respectful of cultural values and reflect the diversity of our region.

OBJECTIVE YEAR 3

By March 31, 2023, LGH will have evaluated select outcomes to ensure care meets the needs of individuals and communities we serve, in ways that are respectful of cultural values and reflects the diversity of our region.

Planned for 2022-23	Actual Performance
Established a liaison office of Indigenous health navigation and cultural safety.	Variance. While LGH was able to work with partners to develop a structure for a liaison office of Indigenous health navigation and cultural safety, we were unable to recruit. LGH anticipates successful recruitment and implementation of a navigator in the 2023-24 year, along with the development of liaison office services.
Collaborated with Indigenous partners on select projects and initiatives, led by the liaison office of Indigenous health navigation and cultural safety.	Despite the variance of not having the liaison office established in 2022-23, LGH continued to collaborate with Indigenous partners on projects such as the Nourish partnership and the establishment of a home-based dialysis program. Indigenous partners have also supported LGH's goal of building a culturally-competent workforce by providing cultural awareness training for LGH employees.
Updated Community Health Needs Assessment.	Variance. LGH successfully updated the 2018 Community Health Needs Assessment for the region, following consultations with Community Advisory Councils in Southern Labrador, Northern Peninsula, Central Labrador, and Labrador West. A community engagement session was also hosted in Southern Labrador. Consultation with Indigenous partners is in progress.
Increased recruitment of patient advisors.	Three Patient Family Advisors (PFA) were recruited in 2021.

Report on Performance

Issue 1: People First

OBJECTIVE YEAR 3

By March 31, 2023, LGH will have evaluated select outcomes to ensure care meets the needs of individuals and communities we serve, in ways that are respectful of cultural values and reflects the diversity of our region.

Planned for 2022-23	Actual Performance
<p>Embedded patient advisors as active members of quality management teams.</p>	<p>Following the recruitment of PFAs in 2021, LGH began adding advisors to quality management teams, and engaging advisors in the planning and follow through of quality initiatives. Incorporating PFAs within planning and decision-making will continue following the transition to one provincial health authority in April 2023.</p>
<p>Hospital Services Committee is formed and active.</p>	<p>Variance. With the Terms of Reference developed in the 2021-22 year, LGH planned to implement the Hospital Services Advisory Committee in 2022-23. With acute care vacancy rates, the health authority was unable to implement this important committee as scheduled. With increased acute care recruitment, LGH expects to establish an active committee membership with regional representation in 2023-24.</p>

Report on Performance

Issue 1: People First

Summary of Actual Performance 2020-23 Strategic Plan

Planned for 2020-23	Summary of Actual Performance
<p>Collaboratively planned and partnered with Indigenous stakeholders to build cultural competence among LGH staff as evidenced by increased staff cultural awareness through staff surveying and improved patient satisfaction in the delivery of culturally-safe care.</p>	<ul style="list-style-type: none">• Year 1 survey reported increase in staff cultural awareness.• Improved patient satisfaction in the delivery of culturally-safe care.• Implemented Indigenous Canada course from the University of Alberta.• Employee participation in designated days of observance and celebration, including Indigenous-led sessions on culture and health care.
<p>Implemented mechanisms to gather input from patients, partners, and communities.</p>	<p>Community Advisory Councils LGH successfully established Community Advisory Councils throughout the region in fiscal year 2020-21. These groups assist staff in utilizing patient and family experiences to improve the delivery of services as well as to identify pathways of communication between LGH to community partners. Client Experience Survey Since being established in 2016, LGH recognized a decline in response rates, despite efforts to improve uptake. Following an assessment of the survey along with feedback from staff and patients, LGH developed a shorter, more user-friendly survey. Once updated, the survey responses would continue to serve as measurable data that could be used to validate and/or improve programs. LGH was able to identify key themes like respect, dignity, and identification. LGH implemented a NOD (Name. Occupation. Duty.) Program based on survey feedback. NOD ensures that clients know who is providing care to them, and for what purpose. All LGH staff were assigned education on the NOD program and are required to confirm understanding of its practice. Patient and Family Advisor Program Throughout the 2020-23 strategic planning cycle, LGH worked collaboratively with advisors, patients, residents, and families to support the delivery of healthcare services. Collaboration with Indigenous partners around the program and efforts to develop the program alongside partners are ongoing. In spring 2022, the Innu Round Table extended an invitation to the LGH Person and Family Care Coordinator to attend cultural training. LGH is grateful for the opportunity and looks forward to a continuing partnership with the Innu Round Table.</p>

Report on Performance

Issue 1: People First

Summary of Actual Performance 2020-23 Strategic Plan

Planned for 2020-23

Developed and implemented a PFCC strategy for LGH.

Summary of Actual Performance

- LGH began developing a Person- and Family-Centered Care Framework in March 2021, to serve as a tool to support staff in understanding PFCC and how to integrate strategies within LGH practices. The framework was completed in April 2022, and incorporates initiatives implemented throughout 2020-23.
- In 2020-21, LGH established a Patient Family Advisor (PFA) Program to support the philosophy of PFCC. Implementation included developing a recruitment plan, providing staff education sessions, and working with community partners to promote the program and gather feedback.
- LGH collaborated with PFAs throughout the 2020-23 strategic planning cycle with advisors contributing to Quality Improvement teams, sharing care experiences, and working with health care teams to design services.
- Post Discharge Calls are phone calls made to all patients between 48 and 72 hours after being discharged from acute care. The calls provide an opportunity for the provider to assess the patient's understanding of, and compliance with, discharge instructions, including medication instructions and follow-up appointments. This initiative aims to improve continuity of care, transitions in care, improve patient experience, and reduce readmissions. Post Discharge Calls also help identify employees that have made a positive impact on patient care by personally acknowledging and thanking staff for excellence in the care provided. Data collected measures services provided and identifies improvements that have been made, as well as identifying opportunities for improvement.
- Bedside Shift Report is an evidence-based best practice focused on PFCC and communication. By providing a change of shift report at the patient's bedside, the patient and their family can interact with the care team and provide real-time exchange of information between nurses. This initiative improves accountability and efficiency while establishing trust, reducing anxiety, decreasing errors, and building therapeutic relationships with patients. Implemented at the Labrador Health Centre in the previous strategic cycle, LGH was able to expand the initiative across the region in 2020-23.

Discussion of Results

Issue 1: People First

Year 3 Performance

In March 2021, LGH developed and implemented a Person- and Family-Centred Care (PFCC) framework to support staff in understanding PFCC and how to integrate it into LGH procedures and practices. This work was completed in April of 2022, incorporating the patient and family advisors program, post-discharge calls, and the bedside shift report.

Following the recruitment of patient advisors in 2021, LGH began embedding patient advisors (PA) as active members of the LGH quality care team that assisted in the planning and follow through of quality initiatives. Incorporating PAs in the planning and decision-making will continue following the transition to a single provincial health authority in April 2023.

LGH successfully established Community Advisory Councils throughout the region in 2020-21. These groups assist staff in utilizing patient and family experiences to improve the delivery of services, as well as to identify pathways of communication from LGH to community partners. The Community Health Needs Assessment was also completed in Year 3 for the Labrador-Grenfell Health region.

PFCC is about engagement, empowerment, and partnerships. While the PFCC objectives outlined in our three-year strategic plan remain priorities for the LGH, we recognize that we cannot make PFCC changes by ourselves. Meaningful and sustainable change engages, empowers, and partners.

Collaboration with Indigenous partners was an important strategy in the 2020-23 LGH strategic planning cycle. In Year 3, the focus of these collaborations was on building cultural competence among LGH staff and improving patient satisfaction in the delivery of culturally-safe care. LGH implemented the University of Alberta Indigenous Canada course, and the observance of recognition days through culture- and health care-focused sessions with Indigenous partners. A liaison office of Indigenous health navigation and cultural safety was also established to promote collaboration with Indigenous partners on select projects and initiatives.

OBJECTIVE YEAR 3

By March 31, 2023, LGH will have evaluated select outcomes to ensure care meets the needs of individuals and communities we serve, in ways that are respectful of cultural values and reflects the diversity of our region¹⁶

Report on Performance

Issue 2: Healthy and Sustainable Workforce

Recruitment, Retention, and Rebalancing

Retention and recruitment remain significant challenges for Labrador-Grenfell Health and health care organizations across Canada. The rural and remote locations of some of LGH's facilities can present additional retention and recruitment challenges, including high turnover rates, absenteeism, and vacancies.

LGH decreased its turnover rate from 13.15 per cent in 2021-22 to 12.64 per cent in 2022-23.

Since the COVID-19 pandemic began, health care providers around the world have experienced increased reports of stress, job fatigue, and burnout. The pandemic changed the way people work. It forced organizations around the world to reassess what work-life balance looks like in a world where remote work is possible, people prioritize their personal lives, and casualization of the workforce continues to grow.

Recruitment and retention efforts remained priorities for LGH in year three of our strategic plan.

LGH's commitment to prioritizing improved job satisfaction and employee well-being, and overall organizational health was demonstrated through the implementation of an employee recognition program and employee forums. The introduction of LEARN – an online education learning modules program – is aimed at retention by providing access to education to grow the skills of nurses and physicians.

In summer 2022, LabQuest welcomed high school students from around the region to participate in job shadowing with health professionals and to learn about potential health career paths. Other strategies include the Regional Nursing Retention program, development of a marketing video, social media advertising, and a bursary program.

A healthy and sustainable workforce supports the Government of Newfoundland and Labrador's strategic direction of "A More Efficient Public Sector".

GOAL

By March 31, 2023, LGH will have built and sustained a healthy workforce that meets the needs of the population we serve.

Report on Performance

Issue 2: Healthy and Sustainable Workforce

GOAL

By March 31, 2023, LGH will have built and sustained a health workforce that meets the needs of the population we serve.

OBJECTIVE YEAR 3

By March 31, 2023, LGH will have evaluated the human resource plan, including select strategies around recruitment and retention, staff engagement, staff health, and leadership development.

Planned for 2022-23	Actual Performance
<p>Implemented the Psychological First Aid Program.</p> <p>Note: Year 2 variance.</p>	<p>The Psychological First Aid program was implemented in April 2022. Central to supporting and protecting the psychological health and well-being of employees, the program included development of a policy, an education module in the LEARN employee education platform, and implementation of a module for managers developed by John Hopkins Centre. By March 31, 2023, a total of 1,089 staff had completed the education module in LEARN and 73 managers had completed the John Hopkins module.</p>
<p>Developed and disseminated a marketing video to support awareness of opportunities at LGH and staff recruitment.</p> <p>Note: Year 2 variance.</p>	<p>Variance. A marketing video, funded by the International Grenfell Association was due to be filmed in March 2022 at the Labrador Health Centre in Happy Valley-Goose Bay. Following the Provincial Government announcement of a single, provincial health authority, LGH incorporated our grow-our-own and recruiting for the right fit strategies in the video to align with the health authority's priorities and values.</p> <p>The video features LGH employees from across the region, representing various health care disciplines. It showcases employees and career advancement, along with images of the LGH region's geography and lifestyle opportunities.</p> <p>A draft video was shared with employees involved in the production of the video on March 28, 2023. Feedback was positive with employees noting they were proud to be part of such a professional and important project. On March 29, 2023, the video was shared during virtual employee engagement sessions. It is scheduled to be released in early April 2023.</p>

Report on Performance

Issue 2: Healthy and Sustainable Workforce

OBJECTIVE YEAR 3

By March 31, 2023, LGH will have evaluated the human resource plan, including select strategies around recruitment and retention, staff engagement, staff health, and leadership development.

Planned for 2022-23	Actual Performance
Implemented LabQuest program.	The LabQuest program was offered to students in grades nine through 12. LabQuest provides a hands-on opportunity to learn about health care professions, as well as other career-related possibilities with LGH. In summer 2022, 15 students enrolled in the week-long program, where they were offered presentations from various health care providers/disciplines, toured the Labrador Health Centre, participated in job shadowing, and completed a health-related research project. Following the program, 13 students indicated the program influenced their career choice – seven in nursing, four in social work, and two in family medicine.
Facilitated credentialing for Internationally Educated Nurses (onboarding).	The Province, in partnership with Memorial University of Newfoundland and Labrador (MUN), offered a Bridging Program for Internationally Educated Nurses (IENs) in 2022. As a participant in the program, LGH supported a cohort of seven IENs at the Charles S. Curtis Memorial Hospital in St. Anthony to complete their clinical placements. LGH was successful in recruiting and retaining one student from the program.
Used scorecard to evaluate progress of recruitment and retention strategy.	A quarterly scorecard was developed by LGH to measure key performance indicators such as turnover rate, vacancy rate, overtime hours, and sick leave hours. The scorecard provided information on the effectiveness of various recruitment and retention strategies, and was shared with management to support continuous improvement in monitored areas.

Report on Performance

Issue 2: Healthy and Sustainable Workforce

Summary of Actual Performance 2020-23 Strategic Plan

Planned for 2020-23	Summary of Actual Performance
Developed, implemented and evaluated a human resource plan.	<p>The LGH human resources strategic plan was completed March 31, 2021, and provided a framework to work towards creating a sustainable and healthy workforce. The plan focused on four critical areas: Recruitment and Retention, Employee Engagement, Employee Health and Wellness, and Leadership Development.</p> <p>Various strategies have been implemented, including an employee recognition program, staff forums, high school information sessions, and leadership education programs. LabQuest – a program that hosts high school students from around the region to participate in job shadowing with health professionals and learn about health careers, took place in the summer of 2022. Other strategies include the regional nursing retention program, development of a marketing video, social media advertising, and bursary program.</p>
Decreased turnover rate.	<p>Beginning in year one of the LGH 2020-23 strategic plan, LGH successfully decreased the health authority's turnover rate each year of the plan.</p> <p>2020-21: 15.9 per cent 2021-22: 13.15 per cent 2022-23: 12.64 per cent</p> <p>To improve turnover, LGH surveyed staff after three months of employment to evaluate organizational performance in the areas of communications, supervisor availability, education and learning opportunities, and work-life balance.</p> <p>Over 90 per cent of staff that completed the survey in the 2020-23 strategic planning cycle indicated they felt that their manager was available and supported them in their position, while 86 per cent indicated a satisfactory work-life balance and positive work environment.</p>

Report on Performance

Issue 2: Healthy and Sustainable Workforce

Summary of Actual Performance 2020-23 Strategic Plan

Planned for 2020-23	Summary of Actual Performance
Decreased vacancy rate (permanent positions).	<p>Variance. LGH was unsuccessful in decreasing LGH’s vacancy during the 2020-23 strategic planning cycle.</p> <p>2020-21: 25.9 per cent 2021-22: 28.6 per cent 2022-23: 30.5 per cent</p> <p>The COVID-19 pandemic significantly impacted employers provincially, nationally, and internationally. Human resource shortages added to the demands on existing staff, leading to staff burnout, and increased absenteeism. Through The Guarding Minds at Work survey in 2020, LGH staff identified a need to minimize workplace stress, implement policies and programs to prevent burnout, and build trust between managers and employees.</p> <p>The increasing trend towards casualization of the workforce – with people choosing agency opportunities offering higher rates of pay, a more flexible work schedule, and variety of experiences over permanent positions – continued to present challenges to recruitment and retention during 2020-23.</p>
Reduced sick-leave hours per staff member.	<p>The pandemic had a significant impact on sick leave hours used. In August 2022, LGH hired a Disability Case Manager with the primary responsibility to assist in early and safe return to work for all employees. The manager ensures employees are supported by available resources, including the Employee and Family Assistance Program (EFAP) and workplace accommodations.</p> <p>2020-21: 107 hours 2021-22: 119 hours 2022-23: 114 hours</p>
Increased staff satisfaction.	<p>There was an increase of 2 per cent in staff satisfaction levels from 2020-21 to 2021-22. The Kincentric employee engagement survey was not completed in 2022-23 due to the pending transition to a single provincial health authority on April 1, 2023.</p>

Discussion of Results

Issue 2: Healthy and Sustainable Workforce

Year 3 Performance

Year three of our strategic plan saw employees return to near-normal work for the first time since the COVID-19 pandemic began in 2020. Impacts of a three-year long pandemic response led to employee burnout, increased position vacancies, and increased absenteeism. However, a decrease in sick leave, hiring a Disability Care Manager, and the implementation of employee-focused programs contributed to increased employee satisfaction. These are key factors in influencing some of the variances between the planned indicators and actual performance for creating a healthy and sustainable workforce.

While employee resilience was on full display across Labrador-Grenfell Health during the COVID-19 pandemic, employee burnout due to pandemic fatigue set in. In August 2022, a Disability Care Manager was hired to assist with early and safe return to work for LGH employees. The Case Manager also provides employees with access to valuable resources such as the Employee Assistance Program (EAP) and work accommodations. This shift put the focus back on the primary health and safety of our employees who have spent the past three years helping to protect the stability of health programs and services, and the health of the individuals, families, and communities we serve.

The Psychological First-Aid program was also implemented in 2022 to protect and support the well-being of LGH employees. This included policy development, the introduction of an online provincial education module called LEARN, and the completion of modules developed by the Johns Hopkins Centre. These education modules proved very effective with over 1,000 staff members completing the LEARN module and 73 managers completing the Johns Hopkins Center modules. In March 2023, a promotional video showcasing the LGH region and staff of Labrador Health Centre was filmed to help with recruitment and retention. This video is scheduled to be released to the public on April 1, 2023.

While staff showed professionalism and resilience in response to the pandemic, LGH recognized that additional supports were needed to create a culture of safety and foster a healthy and safe workforce.

- **Weekly safety talk topics were shared with managers to use during their safety huddles.**
- **95 per cent of managers were trained in Supervisor Safety. This has been extended to all team leads, supervisors, and OH&S co-chairs.**
- **LGH achieved PRIME for six of seven firms.**

PRIME is WorkplaceNL's employer incentive program. Through PRIME, employers can lower their assessment rates by meeting the PRIME practice requirements and managing claim costs through early and safe return-to-work programs. Under PRIME, employers can receive two types of financial incentives. The PRIME Practice Incentive: Employers may receive a five per cent practice refund on their average annual assessments by having good OH&S and return-to-work programs in place. The PRIME Experience Incentive: Employers who manage their claims costs through early and safe return-to-work programs can receive an experience refund. You must first qualify for a practice refund to be considered for an experience refund. LGH is using its PRIME rebates to further enhance employee health and safety.

Objective Year 3

By March 31, 2023, LGH will have evaluated the human resource plan, including select strategies around recruitment and retention, staff engagement, staff health and leadership development.

Report on Performance

Issue 3: Better Access for Better Health

Access is a Social Determinant of Health

Access to primary, secondary, and tertiary care is additionally challenging for people living in rural and remote communities in the vast geographic region served by Labrador-Grenfell Health.

As a social determinant of health, access to services can affect physical, social, and mental health.

Critical to improving access is ensuring services are provided by the right provider, in the right location, and at the right time.

While access includes access to healthcare facilities, it also means access to information as well as remote and virtual services. LGH has been a leader in utilizing technology to provide care to patients where they live, when on-the-ground providers are not available or travel to a provider poses additional hardships. In addition to expanding virtual care, LGH has increased efforts to secure visiting specialists, supported patient empowerment with the introduction of a home-based dialysis program in select Indigenous communities, and focused on community-based wraparound services to meet people where they are in their wellness journey and decrease the potential volume in emergency departments.

LGH continues to work with communities, Indigenous partners, researchers, stakeholders and others in the health system to use innovative, evidence-based approaches to increase access to primary, secondary, and tertiary care.

GOAL

By March 31, 2023, LGH will have improved access to care and supportive services in select areas.

Report on Performance

Issue 3: Better Access for Better Health

GOAL

By March 31, 2023, LGH will have improved access to care and supportive services in select areas.

OBJECTIVE YEAR 3

By March 31, 2023, LGH will have collaborated with multidisciplinary teams and community partners to implement evidence-based and innovative strategies to improve access to care and supportive services in select areas.

Planned for 2022-23	Actual Performance
Evaluate pilot program of interdisciplinary risk assessment clinic for patients in third trimester.	Variance. An interdisciplinary antenatal clinic was implemented at Labrador Health Centre for patients in their third trimester, with physician and obstetrical RN present for antenatal assessments. Due to Obstetrical RN shortage at Labrador Health Centre, the pilot program was not able to continue after October 2022.
Completed and implemented care model for the new regional MHU at the LHC.	Variance. In 2022-23, LGH developed plans for staffing and care models for the mental health unit being constructed at the Labrador Health Centre. Care plans were completed. Models for medical and psychiatric services are still under development and consider recruitment challenges for psychiatrists and medical staff.
Implemented home-based dialysis program in select Indigenous communities and explored opportunities for other rural communities in the region.	<p>LGH implemented a home-based dialysis program in the First Nations communities of Natuashish and Sheshatshiu in 2022-23. The program was made possible through partnerships with Indigenous leaders and communities, Rotary Clubs of Happy Valley-Goose Bay and Exploits, the International Rotary, and International Grenfell Association.</p> <p>The introduction of this program provides care closer to home for Indigenous clients, reduces stress associated with travelling (away from family, work, and community) for specialty care.</p> <p>Planning continues to expand the program to other communities across the region.</p>

Report on Performance

Issue 3: Better Access for Better Health

OBJECTIVE YEAR 3

By March 31, 2023, LGH will have collaborated with multidisciplinary teams and community partners to implement evidence-based and innovative strategies to improve access to care and supportive services in select areas.

Planned for 2022-23	Actual Performance
Worked with CACs to identify priority initiatives to support Aging in Place.	Following a 2020 environmental scan related to Aging in Place, LGH identified gaps in services, and opportunities to fill those gaps. Some recommendations are aimed at strengthening established Community Support Program services as part of ongoing work by the Department of Health and Community Services. Others involve capacity-building at the community level (e.g. accessible transportation, meals-on-wheels services, and enhancing recreational/health promotion activities). Findings were presented to the various CACs and other partners. Meetings with CACs in Labrador South and the Northern Peninsula took place in early 2023 to continue to identify opportunities to partner with communities with the goal of enhancing senior care.
Worked with community partners to identify priority areas to move forward on MCH recommendations.	The Midwifery Implementation Steering Committee with broad representation from community, Nunatsiavut Government, and Provincial Government meets monthly. LGH received funding to hire three midwives for central Labrador.
Implemented chronic disease prevention and management strategies (including RN Rx program in partnership with CRNNL in select program areas).	Legislation around the ability for RNs to prescribe was not passed in the 2022-23 fiscal year, but work was started on the program. The first pilot group has been identified and the nurses have been notified. LGH began working on additional strategies to improve chronic disease prevention and management, supported by a \$36,000. grant from the International Grenfell Association (IGA).
Established and operationalized two PHCCC teams in select areas.	Variance. In March 2023 the Provincial Government announced that primary health care collaborative community clinic (PHCCC) teams will become Family Care Teams (FCT). The Northern Peninsula FCT includes a physician and an LPN, supported by current clerical staff and RN model. Because of recruitment challenges, it's anticipated that the team will begin offering services in summer 2023, with Happy Valley-Goose Bay Central FCT launching in the fall. Funding needs were identified for recruitment to support continuity of care and chronic disease prevention and management. Recruitment is underway for the Labrador West FCT.

Report on Performance

Issue 3: Better Access for Better Health

OBJECTIVE YEAR 3

By March 31, 2023, LGH will have collaborated with multidisciplinary teams and community partners to implement evidence-based and innovative strategies to improve access to care and supportive services in select areas.

Planned for 2022-23	Actual Performance
Implemented NICU Eyes on Baby initiative at Labrador Health Centre.	To improve health outcomes, LGH implemented the NICU “Eyes on Baby” initiative. With access to handheld medical cameras at each of the hospital sites across the LGH region, care teams gained the ability to collaborate with providers across the province through image and video sharing. This improves the capacity to provide diagnoses in a timely manner without medical transportation. This has been possible through planning and collaboration with Eastern Health and Janeway specialists.
Implemented virtual anesthesia pre-admission clinics.	During the 2022-23 year, virtual pre-admission for surgical services was implemented across LGH. Clinicians in the region complete patient assessments, in coordination with teams in other areas of the region, or through coordination with other provincial RHAs as needed. The first virtual care assessment is anticipated for summer 2023 between Charles S. Curtis Memorial Hospital and Cartwright Community Clinic.
Improved access to select specialty services by increasing specialist community visits and expanding virtual specialist services.	Variance. While LGH was unable to provide on-site specialty clinics in 2022-23, access to specialty care continued to be available through virtual appointments. In cases where the client required an in-person appointment, travel to the specialty care provider was arranged.
Collaborated with Indigenous partners to complete air transportation service evaluation.	Variance. The Committee was established, but unable to meet due to competing priorities.

Report on Performance

Issue 3: Better Access for Better Health

Summary of Actual Performance 2020-23 Strategic Plan

Planned for 2020-23	Summary of Actual Performance
<p>Improved access to specialty services based on the needs of the population.</p>	<p>LGH utilized virtual technology to improve access to specialty services.</p> <p>Orthopaedic Travelling Clinic</p> <ul style="list-style-type: none">• Three orthopaedic travelling clinics were successfully completed January-March 2023.• Approximately 34 patients from across the province received orthopaedic surgery at CCMH. <p>Cardiac Care</p> <ul style="list-style-type: none">• LGH clinicians can connect virtually with Eastern Health Cardiac Specialist (via mobile Telehealth units) for patient assessment and follow-up while the patient waits to be transferred to a tertiary centre.• Two Cardiac Virtual Care rooms designated at each of the main sites (awaiting network connections). <p>Virtual Emergency Rooms (VERs), Telestroke, and Pediatric Intensive Care Unit (PICU)</p> <ul style="list-style-type: none">• Established in LWHC and CMMH Trauma Rooms (in progress at LHC).• Virtual Meeting Room is used to connect with the on-call Pediatric Intensivists.• Tested at CCMH.• Room also used for Telestroke.• All LGH sites have a Telehealth unit located in their emergency departments.• All rural and remote sites have digital stethoscopes.
<p>Implemented chronic disease prevention and management strategies.</p>	<p>Expansion of virtual services and community-based wraparound services were implemented to support clients in preventing and managing chronic disease.</p>
<p>Improved access to coordinated team-based primary health care.</p>	<p>Progress was made on improving access to coordinated team-based primary health care with the development of Family Care Teams.</p>

Report on Performance

Issue 3: Better Access for Better Health

Summary of Actual Performance 2020-23 Strategic Plan

Planned for 2020-23	Summary of Actual Performance
<p>Collaborated with seniors and community stakeholders to identify and implement initiatives which support healthy aging.</p>	<p>An environmental scan completed in 2020 identified gaps and recommendations around initiatives to support aging in place.</p> <p>Certain recommendations related to strengthening services provided under the Community Support Program are also part of ongoing Department of Health and Community Services initiatives (e.g., residential review, pilot projects regarding alternative residential care options).</p> <p>Other recommendations are broader community capacity building initiatives such as accessible transportation, meals-on-wheels and increased recreational/health promotion activities. These findings have been presented to the various LGH CACs, as well as other internal/external partners.</p>
<p>Implemented strategies to improve maternal-child health.</p>	<p>Initiatives like “Eyes on Baby” and interdisciplinary ante-natal clinics supported improvements to maternal-child health.</p>
<p>Increased use of technology to improve access to services for clients closer to home.</p>	<p>LGH continued to increase virtual mental health and addictions services, specialist services, and remote patient monitoring during the 2020-23 strategic planning cycle.</p>

Discussion of Results

Issue 3: Better Access for Better Health

Year 3 Performance

In fiscal year 2022-23, LGH collaborated with multidisciplinary teams and community partners to implement evidence-based and innovative strategies to improve access to care and supportive services in select areas.

LGH developed plans for staffing and care models for the mental health unit being constructed at the Labrador Health Centre. Care plans with models for medical and psychiatric services were designed, and continue to be developed.

A home-based dialysis program implemented in the First Nations communities of Natuashish and Sheshatshiu was made possible through partnerships with Indigenous leaders and communities, Rotary Clubs of Happy Valley-Goose Bay and Exploits, the International Rotary, and the International Grenfell Association. This program will enhance lives of Indigenous clients by reducing the financial, emotional, and physical stresses associated with travelling outside of their communities to access specialty services.

The Provincial Cancer Care Breast Screening Program launched the first satellite breast screening self-referral service at the Labrador Health Centre Diagnostic Imaging Department in January 2023. This self-referral service empowers women to take control of their own health, while also decreasing demand on primary care resources to obtain a referral. Women who participate in this screening program will receive a letter with their mammogram results within 7-10 days. Their primary provider also receives the results. Clients will also receive notifications from the Breast Screening Program when they are due for a repeat mammogram. This program will help improve access to breast screening services for women without a primary care provider. Women between the ages of 50-74 do not need a referral from a primary care provider to schedule a mammogram.

LGH continued to collaborate with seniors and community stakeholders to identify and implement initiatives that support and promote healthy aging, improve maternal child health, and to increase the use of technology to improve patient access to services that are closer to home.

OBJECTIVE YEAR 3

By March 31, 2023, LGH will have collaborated with multidisciplinary teams and community partners to implement evidence-based and innovative strategies to improve access to care and supportive services in select areas. ²⁹

Opportunities and Challenges Ahead

Recruitment and Retention

Human resources remains one of the top challenges facing LGH. Recent incentives from the RHA and Provincial Government reward retention and appeal to adventure seekers and those looking for work-life balance. LGH hopes to continue its downward trend in both vacancies and turnover rates.

Expansion of Personal Care Homes

LGH has issued two interim licenses for new personal care homes in the LGH region, including a 57-bed home in Happy Valley-Goose Bay (HVGB) and a 12-bed home in Sheshatshiu (SSS). With no licensed personal care homes currently established in Central Labrador, these initiatives will provide supportive residential options for clients who are assessed and eligible for this type of care setting.

Renovations are ongoing at the pending HV-GB site and the Community Supports Program (CSP) manager is working closely with Sheshatshiu Innu First Nation (SIFN) to finalize operational requirements to issue full licensure. Community Supports will continue to work closely with home operators to ensure all standards are implemented before welcoming residents.

Adult Rehabilitation Programming

Eastern Health's Adult Rehabilitation Program continues to provide specialty clinics in the region for specialized seating, spasticity, and other clinics not previously offered by LGH. Increasing access to services, and decreasing the time and costs associated with travelling outside the region for these services is a win-win for the clients and the RHA.

An evaluation of this clinic, operating in both Central Health and Labrador-Grenfell Health, was completed for the period October 2021 to October 2022.

Based on a 22 per cent response rate, 100 per cent of clients responded they were satisfied or highly satisfied with the services received, while 87 per cent of respondents agreed that the clinic helped them avoid a trip to St. John's (saving them out-of-pocket expenses). Based on a 19 per cent clinician response rate, 100 per cent of respondents agreed that the composition of the regional clinic team was appropriate, the purpose of the clinic was clear, communication between the local team and the rehab team was effective, and that the clinic improved access to specialized rehabilitation services.

Opportunities and Challenges Ahead

Indigenous Partnerships

We are grateful for the continued support and guidance from our Indigenous partners as we continue to address systemic racism in health care, learn to cultivate and foster a culturally-competent workforce, and plan and deliver culturally-safe and accessible care.

The development of an office dedicated to Indigenous health navigation, cultural competency, and culturally-safe work and care environments offers a potential model for the provincial health authority.

Newfoundland and Labrador Health Services

On April 1, 2023, Labrador-Grenfell Health will transition to an operational zone of the new provincial health authority – Newfoundland and Labrador Health Services (NLHS). Initiatives and achievements from the 2020-23 strategic planning cycle will contribute to the overall planning for NLHS.

While Labrador-Grenfell Zone will continue to plan and deliver safe and quality services to respond to the assessed needs of the people living in the zone, it will become part of a larger integrated health system aimed at improving access and patient flow.

Appendix I

Audited Financial Statements



Labrador-Grenfell Regional Health Authority Operating Fund

Non-consolidated Financial Statements
March 31, 2023

Labrador-Grenfell Regional Health Authority – Operating Fund

Non-consolidated financial statements
March 31, 2023

Labrador-Grenfell Regional Health Authority – Operating Fund

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March 31, 2023

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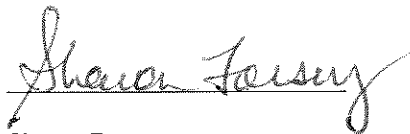
Statement of management's responsibility

The accompanying non-consolidated financial statements of the **Labrador-Grenfell Regional Health Authority – Operating Fund** as at and for the year ended March 31, 2023 have been prepared by management in accordance with Canadian public sector accounting standards, and the integrity and objectivity of these statements are management's responsibility. Management is also responsible for all the notes to the non-consolidated financial statements and schedules.

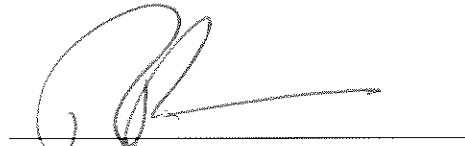
In discharging its responsibilities for the integrity and fairness of the non-consolidated financial statements, management developed and maintains systems of internal control to provide reasonable assurance that transactions are properly authorized and recorded, proper records are maintained, assets are safeguarded, and the Labrador-Grenfell Regional Health Authority complies with applicable laws and regulations.

The Board of Trustees [the "Board"] is responsible for ensuring that management fulfils its responsibilities for financial reporting and is ultimately responsible for reviewing and approving the non-consolidated financial statements. The Board carries out this responsibility principally through its Planning and Finance Committee [the "Committee"]. The Committee meets with management and the external auditors to review any significant accounting and auditing matters, to discuss the results of audit examinations, and to review the non-consolidated financial statements and the external auditors' report. The Committee reports its findings to the Board for consideration when approving the non-consolidated financial statements.

The external auditors, BDO Canada LLP, conducted an independent examination in accordance with Canadian generally accepted auditing standards and expressed an opinion on the non-consolidated financial statements for the year ended March 31, 2023.



Sharon Forsey
Chair – Finance Committee



Robert Andrews
Chair – Board of Trustees



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BDO Canada LLP
300 Kenmount Road, Suite 100
St. John's, NL
A1B 3R2

Independent Auditor's Report

To the Board of Trustees of
Labrador-Grenfell Regional Health Authority

Opinion

We have audited the accompanying non-consolidated financial statements of the Labrador-Grenfell Regional Health Authority - Operating Fund (the "Authority"), which comprise the non-consolidated statement of financial position as at March 31, 2023, and the non-consolidated statements of operations and accumulated deficit, changes in net debt and cash flows for the year then ended, including a summary of significant accounting policies and other explanatory information.

In our opinion, the accompanying non-consolidated financial statements present fairly, in all material respects, the non-consolidated financial position of the Authority as at March 31, 2023, and its results of non-consolidated operations, its non-consolidated change in net debt and its non-consolidated cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Non-consolidated Financial Statements* section of our report. We are independent of the Authority in accordance with the ethical requirements that are relevant to our audit of the non-consolidated financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter

We draw attention to Note 3 of the financial statements which describes the Authority's ability to continue as a going concern as a result of the amalgamation of the Authority into Newfoundland and Labrador Health Services by the Government of Newfoundland and Labrador subsequent to year end. Our opinion is not modified in respect of this matter.

Other matters

We have not audited, reviewed or otherwise attempted to verify the accuracy or completeness of the schedules or exhibits on pages 26 through 29 of the Authority's Financial Statements.

Basis of presentation

Without modifying our opinion, we draw attention to Note 2 of the non-consolidated financial statements, which describes the basis of presentation of the non-consolidated financial statements of the Authority. These non-consolidated financial statements have been prepared for specific users and may not be suitable for another purpose.



Responsibilities of Management and Those Charged with Governance for the Non-consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these non-consolidated financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of non-consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the non-consolidated financial statements, management is responsible for assessing the Authority's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Authority or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Authority's financial reporting process.

Auditor's Responsibilities for the Audit of the Non-consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the non-consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these non-consolidated financial statements.

As part of an audit in accordance with generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the non-consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Authority's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the non-consolidated financial statements, or if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, the future events or conditions may cause the Authority to cease to continue as a going concern.



- Evaluate the overall presentation, structure and content of the non-consolidated financial statements, including the disclosures, and whether the non-consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

BDO Canada LLP

Chartered Professional Accountants
St. John's, Newfoundland and Labrador
July 20, 2023

Labrador-Grenfell Regional Health Authority – Operating Fund

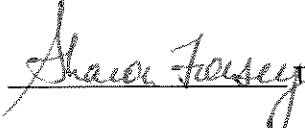
Non-consolidated statement of financial position

As at March 31

	2023	2022
	\$	\$
		<i>[restated - see note 22]</i>
Financial assets		
Cash	432,421	1,817,685
Restricted cash <i>[note 4]</i>	1,498,828	1,223,355
Accounts receivable <i>[note 5]</i>	5,287,303	5,332,356
Due from Government/other Government entities <i>[note 6]</i>	9,192,660	10,015,018
Inventories for resale	1,579,163	1,464,217
	<u>17,990,375</u>	<u>19,852,631</u>
Liabilities		
Bank overdraft <i>[note 8]</i>	6,336,814	5,672,939
Demand credit facility <i>[note 8]</i>	21,780,000	16,450,000
Accounts payable and accrued liabilities <i>[note 9]</i>	14,180,616	14,769,241
Asset retirement obligation <i>[note 10]</i>	1,243,811	1,243,811
Due to Government/other Government entities <i>[note 11]</i>	655,563	911,114
Employee future benefits		
Accrued severance pay <i>[note 12]</i>	512,947	1,712,389
Accrued sick leave <i>[note 12]</i>	9,301,517	9,124,921
Accrued vacation pay and other accrued benefits	8,777,589	8,858,419
Deferred contributions <i>[note 13]</i>		
Deferred operating contributions	7,149,796	5,433,015
National Child Benefit ["NCB"] initiatives	35,283	35,283
Deferred capital grants	16,234,969	19,384,959
Special purpose funds	1,282,912	1,007,439
	<u>87,491,817</u>	<u>84,603,530</u>
Net debt	<u>(69,501,442)</u>	<u>(64,750,899)</u>
Non-financial assets		
Tangible capital assets, net <i>[note 7]</i>	52,647,824	47,411,702
Prepaid expenses	1,147,386	826,216
Supplies inventory	1,336,714	1,675,067
	<u>55,131,924</u>	<u>49,912,985</u>
Accumulated deficit	<u>(14,369,518)</u>	<u>(14,837,914)</u>
Contractual obligations <i>[note 14]</i>		
Contingencies <i>[note 15]</i>		
Subsequent events <i>[note 21]</i>		

See accompanying notes to the non-consolidated financial statements.

On behalf of the Board:  Trustee

 Trustee

Labrador-Grenfell Regional Health Authority – Operating Fund

Non-consolidated statement of operations and
accumulated deficit

Year ended March 31

	2023 Budget	2023	2022 <i>[restated - see note 22]</i>
	\$	\$	\$
	<i>[note 19]</i>		
Revenue			
Provincial plan – operating	157,393,568	170,704,373	166,899,001
Medical Care Plan ["MCP"] physicians	25,406,259	19,046,008	18,731,942
Provincial plan – capital grant	—	9,581,965	3,759,033
Other capital contributions	—	174,592	385,628
Other	12,456,995	7,537,173	7,077,157
Outpatient	1,836,900	1,710,174	1,445,874
Long-term care	2,216,000	2,097,395	2,120,678
Inpatient	520,300	879,780	403,460
Transportation and works	1,285,500	1,285,500	1,285,500
	<u>201,115,522</u>	<u>213,016,960</u>	<u>202,108,273</u>
Expenses <i>[note 17]</i>			
Support services	40,537,043	48,461,903	43,862,142
Community and social services	35,578,959	33,453,931	33,614,316
Nursing inpatient services	32,190,491	34,451,660	31,610,053
Ambulatory care services	25,597,330	30,223,513	26,616,808
Medical services	28,578,026	24,920,526	22,882,265
Diagnostic and therapeutic services	20,777,211	21,592,100	21,391,330
Administration	11,085,215	14,742,985	19,232,583
Amortization of tangible capital assets	5,000,000	4,520,584	4,690,835
Education and research	973,528	788,100	1,361,538
Accrued severance pay	100,000	(1,199,442)	(257,773)
Undistributed	513,206	496,936	493,393
Accrued vacation pay	500,000	(80,829)	1,183,489
Accrued sick leave	300,000	176,596	189,964
	<u>201,731,009</u>	<u>212,548,563</u>	<u>206,870,943</u>
Annual surplus (deficit)	(615,487)	468,397	(4,762,670)
Accumulated deficit, beginning of year		(14,837,914)	(10,075,244)
Accumulated deficit, end of year	—	(14,369,517)	(14,837,914)

See accompanying notes to the non-consolidated financial statements.

Labrador-Grenfell Regional Health Authority – Operating Fund

Non-consolidated statement of changes in net debt

Year ended March 31

	2023	2022 <i>[restated - see note 22]</i>
	\$	\$
Annual surplus (deficit)	<u>468,397</u>	<u>(4,762,670)</u>
Changes in tangible capital assets		
Acquisition of tangible capital assets	(9,756,707)	(5,388,718)
Amortization of tangible capital assets	<u>4,520,584</u>	<u>4,690,835</u>
Decrease (increase) in net book value of tangible capital assets	<u>(5,236,123)</u>	<u>(697,883)</u>
Changes in other non-financial assets		
Net decrease (increase) in prepaid expenses	(321,170)	579,105
Net decrease in supplies inventory	<u>338,353</u>	<u>221,701</u>
Decrease in non-financial assets	<u>17,183</u>	<u>800,806</u>
Increase in net debt	(4,750,543)	(4,659,747)
Net debt, beginning of year	<u>(64,750,899)</u>	<u>(60,091,152)</u>
Net debt, end of year	<u>(69,501,442)</u>	<u>(64,750,899)</u>

See accompanying notes to the non-consolidated financial statements.

Labrador-Grenfell Regional Health Authority – Operating Fund

Non-consolidated statement of cash flows

Year ended March 31

	2023	2022 <i>[restated - see note 22]</i>
	\$	\$
Operating activities		
Annual surplus (deficit)	468,397	(4,762,670)
Adjustments for non-cash items		
Amortization of tangible capital assets	4,520,584	4,690,835
Changes in accrued severance pay	(1,199,442)	(331,773)
Changes in accrued sick leave	176,596	189,964
Net change in non-cash assets and liabilities related to operations <i>[note 16]</i>	1,561,423	(6,961,921)
Cash provided by (used in) operating activities	5,527,558	(7,175,565)
Capital activities		
Acquisition of tangible capital assets	(9,756,707)	(5,388,718)
Capital asset contributions, net	(3,149,990)	5,752,312
Cash (used in) provided by capital activities	(12,906,697)	363,594
Investing activities		
Changes to restricted cash	(275,473)	(186,595)
Cash used in investing activities	(275,473)	(186,595)
Financing activities		
Deferred contributions		
Special purpose funds	275,473	186,595
Advances from demand credit facility	5,330,000	2,035,000
Cash provided by financing activities	5,605,473	2,221,595
Net change in cash during the year	(2,049,139)	(3,533,160)
Bank indebtedness, beginning of year	(3,855,254)	(322,094)
Bank indebtedness, end of year	(5,904,393)	(3,855,254)
Bank indebtedness comprised of:		
Cash	432,421	1,817,685
Bank overdraft	(6,336,814)	(5,672,939)
Bank indebtedness	(5,904,393)	(3,855,254)

See accompanying notes to the non-consolidated financial statements.

Labrador-Grenfell Regional Health Authority – Operating Fund

Notes to non-consolidated financial statements

March 31, 2023

1. Nature of operations

The Labrador-Grenfell Regional Health Authority ["Labrador-Grenfell Health" or the "Authority"] manages and operates all health facilities, services and programs on the Northern Peninsula and all of Labrador in the Province of Newfoundland and Labrador. The Authority manages and controls the operations of the following facilities:

- Labrador Health Centre, Happy Valley-Goose Bay
- Long-Term Care Facility, Happy Valley-Goose Bay
- Labrador West Health Centre, Labrador City
- Charles S. Curtis Memorial Hospital, St. Anthony
- John M. Gray Centre, St. Anthony

The Authority also manages and controls the operations of all community clinics, health centers, facilities, programs and other services in the geographic area. The Authority has a mandate to work to improve the overall health of the population through its focus on public health as well as on health promotion and prevention initiatives. In addition to the provision of comprehensive health care services, Labrador-Grenfell Health also provides education and research in partnership with all stakeholders.

The operations of the Authority are primarily funded by the Government of Newfoundland and Labrador [the "Government"].

The Authority is incorporated under the *Regional Health Authorities Act* of Newfoundland and Labrador and is a registered charitable organization under the provisions of the *Income Tax Act* (Canada) and, as such, is exempt from income taxes.

2. Summary of significant accounting policies

Basis of accounting

The non-consolidated financial statements have been prepared in accordance with Canadian public sector accounting standards ["PSAS"] established by the Public Sector Accounting Standards Board of the Chartered Professional Accountants of Canada.

The significant accounting policies used in the preparation of these non-consolidated financial statements are as follows:

Basis of presentation

These non-consolidated financial statements reflect the assets, liabilities, revenue and expenses of the Operating Fund. Trusts administered by Labrador-Grenfell Health are not included in the non-consolidated statement of financial position [note 18]. These non-consolidated financial statements have not been consolidated with those of other organizations controlled by the Authority because they have been prepared for the Authority's Board of Trustees and the Department of Health and Community Services [the "Department"]. Since these non-consolidated financial statements have not been prepared for general purposes, they should not be used by anyone other than the specified users. Consolidated financial statements have also been issued.

Labrador-Grenfell Regional Health Authority – Operating Fund

Notes to non-consolidated financial statements

March 31, 2023

Asset classification

Assets are classified as either financial or non-financial. Financial assets are assets that could be used to discharge existing liabilities or finance future operations and are not to be consumed in the normal course of operations. Non-financial assets are acquired, constructed or developed assets that do not provide resources to discharge existing liabilities, but are employed to deliver health care services, may be consumed in normal operations and are not for resale.

Cash, bank overdraft and restricted cash

Bank balances, including bank overdrafts with balances that fluctuate from positive to overdrawn, are presented under cash and bank overdraft, respectively. Cash also includes cash on hand.

Restricted cash relates to amounts held for special purpose funds and endowment funds [note 4].

Supplies inventory

Supplies inventory includes pharmaceuticals and is recorded at the lower of cost, determined on a first-in, first-out basis, and net realizable value.

Employee future benefits

Accrued severance pay

Employees of the Authority are entitled to severance pay benefits as stipulated in their conditions of employment. The right to be paid severance pay vests for employees with nine years of continuous service with the Authority or another Newfoundland and Labrador Government employer. Severance pay is payable when the employee ceases employment with the Authority or the public sector employer, upon retirement, resignation or termination without cause. In accordance with PSAS for post-employment benefits and compensated absences, the Authority recognizes the liability in the period in which the employee renders services. On May 3, 2022 the Newfoundland and Labrador Medical Association and Government of Newfoundland and Labrador signed a new contract that resulted in the curtailment and settlement of the severance benefits for salaried physicians. Salaried physicians with one or more years of service received a payout of their severance benefits based on their service and salary as at June 30, 2019.

Payouts were expected to be made between July 1, 2022 and March 31, 2023. Some physicians have elected to defer the payouts for a future date. Due to only a small number of remaining severance settlements to be paid, accrued severance pay has not been actuarially determined at March 31, 2023.

Accrued sick leave

Employees of the Authority are entitled to sick leave benefits that accumulate, but do not vest. In accordance with PSAS for post-employment benefits and compensated absences, the Authority recognizes the liability in the period in which the employee renders service. The obligation is actuarially determined using assumptions based on management's best estimates of the probability of use of accrued sick leave, future salary and wage changes, employee age, the probability of departure, retirement age, the discount rate and other factors. Discount rates are based on the Government's long-term borrowing rate. Actuarial gains and losses are deferred and amortized over the average remaining service life of employees, which is 13 years. Adjustments to the liability arising from plan amendments are recognized immediately.

Labrador-Grenfell Regional Health Authority – Operating Fund

Notes to non-consolidated financial statements

March 31, 2023

Accrued vacation pay and other accrued benefits

Vacation pay and other accrued benefits are accrued for all employees as entitlement is earned.

Pension costs

The employees of the Authority are included in the Public Service Pension Plan ["PSPP"], a multi-employer defined benefit plan, and the Government Money Purchase Plan administered by the Government [collectively the "Plans"]. The Government also provides for the continuation of certain dental and medical benefits for retirees. The Government determines the required plan contributions annually. Contributions to the Plans are required from both the employees and Labrador-Grenfell Health. The annual contributions are recognized as an expense as incurred and amounted to \$6,165,794 for the year ended March 31, 2023 [2022 – \$6,261,767].

The plan is accounted for as a defined contribution plan as insufficient information is available to account for the plan as a defined benefit plan. The Authority is only one of a number of employers that participates in the plan and the financial information provided to the Authority on the basis of the contractual agreements is usually insufficient to reliably measure the organization's proportionate share in the plan assets and liabilities on defined benefit accounting requirements.

The costs of insured benefits reflected in these non-consolidated financial statements are the employer's portion of the insurance premiums owed for coverage of employees during the period.

Tangible capital assets

The Authority utilizes certain land, buildings and equipment, with the title resting with the Government and, consequently, these assets are not recorded as tangible capital assets. The Government does not charge the Authority any amounts for the use of such assets. Certain additions and improvements made to such tangible capital assets are paid for by the Authority and are reflected in the non-consolidated financial statements of the Authority.

Tangible capital assets are recorded at historical cost, which includes amounts that are directly related to the acquisition, design, construction, development, improvement or betterment of the assets. The cost, less estimated salvage value, of the tangible capital assets, excluding land, is amortized on a declining balance basis over their estimated useful lives as follows:

Land improvements	20%
Buildings	5%
Leasehold improvements	5%
Equipment and vehicles	20%

Contributed capital assets represent assets that are donated or contributed to the Authority by third parties. Revenue is recognized in the year the assets are contributed and have been recognized at their fair market value on the date of donation, except in circumstances where fair value cannot be reasonably determined, in which case the assets are then recognized at a nominal value. Transfers of capital assets from related parties are recorded at carrying value.

Gains and losses on disposal of individual assets are recognized in operations in the period of disposal.

Labrador-Grenfell Regional Health Authority – Operating Fund

Notes to non-consolidated financial statements

March 31, 2023

Works of art, historical treasures, intangible assets and items inherited by right of the Crown, such as artwork displayed in the facilities, are not recognized in these non-consolidated financial statements.

Construction in progress is not amortized until the project is substantially complete, at which time the project costs are transferred to the appropriate asset class and amortized accordingly.

Asset retirement obligations

A liability for an asset retirement obligation related to retirement or removal costs such as asbestos is recognized at an amount that is the best estimate of the expenditure required to settle the present obligation at the balance sheet date. This obligation is subsequently reviewed each fiscal year end adjusted for the passage of time along with any revisions to the timing, amount required to settle the obligation or the discount rate. Upon initial measurement of an asset retirement obligation, a corresponding asset retirement cost is added to the carrying value of the related long-lived asset. This cost is amortized on the same basis as the related asset. The asset retirement obligations estimates have not been discounted due to the uncertainty in the timing of settlement of these obligations.

Impairment of long-lived assets

Tangible capital assets are written down when conditions indicate that they no longer contribute to the Authority's ability to provide goods and services, or when the value of future economic benefits associated with the tangible capital assets are less than their net book value. The net write-downs are accounted for as expenses in the non-consolidated statement of operations and accumulated deficit throughout.

Prepaid expenses

Prepaid expenses include equipment service contracts, insurance and other miscellaneous items that are charged to expenses over the periods expected to benefit from them.

Supplies inventory

Supplies inventory includes medical, surgical, general supplies, fuel oil and pharmaceuticals.

Medical surgical and general supplies are valued at the lower of cost, determined on an average cost basis, and net realizable value. These include a modest inventory of vaccines, including Covid-19 vaccines, received at zero cost to the Authority.

Fuel oil and pharmaceuticals are valued at the lower of cost, determined on a first-in, first-out basis, and net realizable value.

Revenue

Provincial plan revenue without eligibility criteria and stipulations restricting their use are recognized as revenue when the Government transfers are authorized.

Government transfers with stipulations restricting their use are recognized as revenue when the transfer is authorized and the eligibility criteria are met by the Authority, except when and to the extent the transfer gives rise to an obligation that constitutes a liability. When the transfer gives rise to an obligation that constitutes a liability, the transfer is recognized in revenue when the liability is settled.

Labrador-Grenfell Regional Health Authority – Operating Fund

Notes to non-consolidated financial statements

March 31, 2023

Medical Care Plan ["MCP"], inpatient, outpatient and long-term care revenue is recognized in the period services are provided.

The Authority is funded by the Department for the total of its operating costs, after deduction of specified revenue and expenses, to the extent of the approved budget. The final amount to be received by the Authority for a particular fiscal year will not be determined until the Department has completed its review of the Authority's non-consolidated financial statements. Adjustments resulting from the Department's review and final position statement will be considered by the Authority and reflected in the period of assessment. There were no changes from the previous year.

Other revenue includes, but is not limited to, drug revenue, rental revenue from accommodations, dental revenue and salary recoveries from Workplace Health, Safety and Compensation Commission of Newfoundland and Labrador ["WorkplaceNL"]. Rebates and salary recovery amounts are recorded once the amounts to be recorded are known and confirmed by WorkplaceNL.

Expenses

Expenses are recorded on an accrual basis as they are incurred and measurable when goods are consumed, or services received.

Contributed services

Volunteers contribute a significant amount of their time each year assisting the Authority in carrying out its service delivery activities. Due to the difficulty in determining fair value, contributed services are not recognized in these non-consolidated financial statements.

Use of estimates

The preparation of non-consolidated financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities as at the date of the non-consolidated financial statements, and the reported amounts of revenue and expenses during the reporting period. Areas requiring the use of management estimates include the assumptions used in the valuation of employee future benefits, asset retirement obligations, and the useful life of tangible capital assets. Actual results could differ from these estimates.

3. Going concern

Subsequent to year-end, on April 1, 2023, the Authority was amalgamated with the other Regional Health Authorities to form Newfoundland and Labrador Health Services and continues to carry out its operations and fulfill its mandate as part of core government.

These financial statements are prepared on a going concern basis in accordance with Canada Public Accounting Standards, which assumes that Newfoundland and Labrador Health Services will continue operations of the Authority, realize on its assets, and discharge its liabilities in the normal course of operations. If the going concern assumption were not appropriate for these financial statements then adjustments may be necessary to the carrying value of the assets and liabilities.

Labrador-Grenfell Regional Health Authority – Operating Fund

Notes to non-consolidated financial statements

March 31, 2023

4. Restricted cash

Restricted cash is as follows:

	2023 \$	2022 \$
Deferred contributions – special purpose funds (note 13)	1,282,912	1,007,439
Endowment fund	215,916	215,916
	<u>1,498,828</u>	<u>1,223,355</u>

5. Accounts receivable

Accounts receivable are as follows:

	2023					
	Total \$	Current \$	Past due			
			1 – 30 days \$	31 – 60 days \$	61 – 90 days \$	Over 90 days \$
Patient receivable	7,023,150	2,681,488	-	114,927	135,378	4,091,357
Other receivable	388,408	388,408	-	-	-	-
Gross receivables	7,411,558	3,069,896	-	114,927	135,378	4,091,357
Less impairment allowance	2,124,255	-	-	-	-	-
Net accounts receivable	<u>5,287,303</u>	<u>3,069,896</u>	<u>-</u>	<u>114,927</u>	<u>135,378</u>	<u>4,091,357</u>

	2022					
	Total \$	Current \$	Past due			
			1 – 30 days \$	31 – 60 days \$	61 – 90 days \$	Over 90 days \$
Patient receivable	6,805,922	2,799,576	6,955	102,013	64,091	3,833,286
Other receivable	410,371	410,371	-	-	-	-
Gross receivables	7,216,293	3,209,947	6,955	102,013	64,091	3,833,286
Less impairment allowance	1,883,937	-	-	-	-	-
Net accounts receivable	<u>5,332,356</u>	<u>3,209,947</u>	<u>6,955</u>	<u>102,013</u>	<u>64,091</u>	<u>3,833,286</u>

Labrador-Grenfell Regional Health Authority – Operating Fund

Notes to non-consolidated financial statements

March 31, 2023

6. Due from Government/other Government entities

The amounts due from Government/other Government entities are as follows:

	2023	2022
	\$	\$
The Government	7,447,305	8,501,943
Department of Children, Seniors and Social Development	90,285	90,285
Harmonized sales tax recoverable	1,217,184	994,703
Due from St. Anthony Interfaith Home Apartment Complexes	437,886	428,087
	<u>9,192,660</u>	<u>10,015,018</u>

Outstanding balances at year-end are unsecured and interest-free and settlement occurs in cash. For the year ended March 31, 2023, the Authority has not recorded any impairment of receivables from the Government [2022 – nil].

Labrador-Grenfell Regional Health Authority – Operating Fund

Notes to non-consolidated financial statements

March 31, 2023

7. Tangible capital assets

Tangible capital assets consist of the following:

	Land \$	Land improvements \$	Construction in progress \$	Buildings \$	Leasehold improvements \$	Equipment and vehicles \$	Total \$
2023							
Cost							
Opening balance	36,201	191,211	2,906,667	36,297,420	24,945,805	102,279,032	166,656,336
Net additions	-	-	6,644,185	-	-	3,112,521	9,756,706
Disposals	-	-	-	-	-	-	-
Transfers	-	-	(490,883)	-	490,883	-	-
Closing balance	36,201	191,211	9,059,969	36,297,420	25,436,688	105,391,554	176,413,042
Accumulated amortization							
Opening balance	-	187,922	-	23,791,663	6,145,619	89,119,430	119,244,634
Disposals	-	-	-	-	-	-	-
Amortization	-	658	-	624,285	952,281	2,943,360	4,520,584
Closing balance	-	188,580	-	24,415,948	7,097,900	92,062,790	123,765,218
Net book value	36,201	2,631	9,059,969	11,881,472	18,338,788	13,328,764	52,647,824
2022							
Cost							
Opening balance	36,201	191,211	973,498	36,211,407	24,730,724	100,368,388	162,511,429
Net additions	-	-	2,148,250	86,013	-	1,910,644	4,144,907
Disposals	-	-	-	-	-	-	-
Transfers	-	-	(215,081)	-	215,081	-	-
Closing balance	36,201	191,211	2,906,667	36,297,420	24,945,805	102,279,032	166,656,336
Accumulated amortization							
Opening balance	-	187,098	-	23,136,785	5,161,796	86,068,120	114,553,799
Disposals	-	-	-	-	-	-	-
Amortization	-	824	-	654,878	983,823	3,051,060	4,690,835
Closing balance	-	187,922	-	23,791,663	6,145,619	89,119,430	119,244,634
Net book value	36,201	3,289	2,906,667	12,505,757	18,800,186	13,159,852	47,411,702

Labrador-Grenfell Regional Health Authority – Operating Fund

Notes to non-consolidated financial statements

March 31, 2023

7. Tangible capital assets (continued)

An asset retirement obligation has been recognized on buildings in the amount of \$1,243,811. This amount is fully amortized as at March 31, 2023. See Note 10.

Assets included in construction in progress are not amortized until construction of the asset is substantially complete.

The Authority has works of art displayed in its facilities valued at \$195,714 that are not recognized in these non-consolidated financial statements as these assets are the legal property of the Government.

8. Bank overdraft and demand credit facility

Bank overdraft represents bank accounts for which outstanding cheques exceed bank cash balances. The Authority was in a bank overdraft position of \$6,336,814 as at March 31, 2023 [2022 – \$5,672,939].

The Authority has a demand credit facility [the "Facility"] with a Canadian chartered bank for a maximum amount of \$30,000,000, bearing interest at the bank's prime rate less 1.00%. The relevant prime rate was 6.70% as at March 31, 2023 [2022 – 2.70%]. As at March 31, 2023, the Authority has drawn \$21,780,000 in funds from the Facility [2022 – \$16,450,000]. The effective interest rate for the year ended March 31, 2023 was 5.70% [2022 – 1.70%].

9. Accounts payable and accrued liabilities

Accounts payable and accrued liabilities are as follows:

	2023	2022
	\$	\$
Accounts payable and accrued liabilities	8,180,383	8,999,837
Salaries, wages and other benefits payable	6,000,233	5,769,404
	<u>14,180,616</u>	<u>14,769,421</u>

10. Asset retirement obligation

A liability is recognized for future retirement obligations associated with the Authority's retirement or removal costs such as asbestos. The obligation is calculated using the current costs to retire the buildings inflated to the estimated retirement date. Future retirement expenditures will be charged against the accumulated liability as incurred.

At March 31, 2023, the estimated total amount required to settle the asset retirement obligation is \$1,243,811. The related buildings are fully amortized as at year end. As such, no discount rate has been applied to account for the time value of money as at March 31, 2023.

Labrador-Grenfell Regional Health Authority – Operating Fund

Notes to non-consolidated financial statements

March 31, 2023

11. Due to Government/other Government entities

The amounts due to Government/other Government entities are as follows:

	2023	2022
	\$	\$
Government remittances	581,521	844,624
Due to other Government	74,042	66,490
	<u>655,563</u>	<u>911,114</u>

12. Employee future benefits

Based on contracts signed with the Newfoundland and Labrador Medical Association (NLMA) as at May 3, 2022, physicians with at least one year of eligible service will receive a lump sum payout of their accrued Severance benefit based on pay and service as at June 30, 2019.

The elimination of future service accrual triggers a curtailment under PS 3255 and the immediate payment of the accrued benefits triggers a settlement under PS 3255. Both events are assumed to occur simultaneously with recognition in Fiscal 2023, therefore combining them has no impact on the costs recognized.

Physicians who were eligible for lump sum payments during this fiscal year had an option to leave the amounts owing within the Authority at the value of June 30, 2019.

Labrador-Grenfell Regional Health Authority – Operating Fund

Notes to non-consolidated financial statements

March 31, 2023

12. Employee future benefits (continued)

Other employees who were eligible for lump sum payments during this and the previous fiscal year had an option to leave the amounts owing within the Authority at the value of March 31, 2019.

The Authority also provides its employees with sick leave benefits that accumulate, but do not vest, as follows:

	Accumulated rate	Maximum accumulation	Maximum utilization per 20- year period
NLNU hired up to December 1, 2006	15 hours per 162.5 hours	1,800 hours	N/A
NLNU hired after December 1, 2006	7.5 hours per 162.5 hours	1,800 hours	1,800 hours
CUPE/NAPE hired up to May 4, 2004	2 days per month	N/A	480 days
CUPE/NAPE hired after May 4, 2004	1 day per month	N/A	240 days
CUPE/NAPE hired up to May 4, 2004 – 12-hour shifts	15 hours per 162.5 hours	N/A	3,600 hours
CUPE/NAPE hired after May 4, 2004 – 12-hour shifts	7.5 hours per 162.5 hours	N/A	1,800 hours

In addition, while management employees do not accrue additional sick leave days, they may use accrued sick leave banked after first using two days of paid leave.

The accrued benefit obligations for post-employment benefit plans as at March 31, 2023 are based on an actuarial valuation for accounting purposes as at March 31, 2022, and an extrapolation of that valuation has been performed to March 31, 2023.

The actuarial valuation is based on assumptions about future events. Significant actuarial assumptions used in measuring the accrued severance and accrued sick leave liabilities are as follows:

Discount rate – liability	4.47% as at March 31, 2023 3.57% as at March 31, 2022
Discount rate – benefit expense	4.47% in fiscal 2023 3.57% in fiscal 2022
Rate of compensation increase	0.75% for promotions and merit as at March 31, 2023 0.75% for promotions and merit as at March 31, 2022

Labrador-Grenfell Regional Health Authority – Operating Fund

Notes to non-consolidated financial statements

March 31, 2023

12. Employee future benefits (continued)

[a] Severance pay and sick leave liabilities

	Severance \$	Sick leave \$	2023 \$
Accrued benefit liability, beginning of year	1,298,766	8,267,477	9,566,243
Employee future benefit expenses	-	1,200,264	1,200,264
Less benefits paid	(1,298,766)	(166,224)	(1,464,990)
Accrued benefit liability, end of year	-	9,301,517	9,301,517
Lump sum payouts unpaid at March 31, 2022	512,947	-	512,947
Total accrued benefit liability, end of year	512,947	9,301,517	9,814,464
Unamortized actuarial (gains)/losses	-	(1,390,547)	(1,390,547)
Accrued benefit obligation, end of year	512,947	7,910,970	8,423,917

	Severance \$	Sick leave \$	2022 \$
Accrued benefit liability, beginning of year	1,784,053	9,248,621	11,032,674
Employee future benefit expenses	117,791	1,185,535	1,303,326
Less benefits paid	(352,377)	(1,309,235)	(1,661,612)
Accrued benefit liability, end of year	1,549,467	9,124,921	10,674,388
Lump sum payouts unpaid at March 31, 2021	162,922	-	162,922
Total accrued benefit liability, end of year	1,712,389	9,124,921	10,837,310
Unamortized actuarial (gains)/losses	(413,623)	(857,444)	(1,271,067)
Accrued benefit obligation, end of year	1,298,766	8,267,477	9,566,243

[b] Severance pay and sick leave expenses

	Severance \$	Sick leave \$	2023 \$
Current service cost	-	891,338	891,338
Interest on accrued benefit obligation	-	292,787	292,787
Amortization of actuarial (gain)/loss	-	16,139	16,139
Employee future benefit expenses	-	1,200,264	1,200,264

	Severance \$	Sick leave \$	2022 \$
Current service cost	116,419	894,653	1,011,072
Interest on accrued benefit obligation	38,919	257,613	296,532
Amortization of actuarial (gain)/loss	(37,547)	33,269	(4,278)
Employee future benefit expenses	117,791	1,185,535	1,303,326

Labrador-Grenfell Regional Health Authority – Operating Fund

Notes to non-consolidated financial statements

March 31, 2023

13. Deferred contributions

Deferred contributions are set aside for specific purposes as required either by legislation, regulation or agreement:

	2023			
	Balance, beginning of year \$	Receipts during the year \$	Recognized as revenue \$	Balance, end of year \$
Deferred operating contributions	5,433,015	2,971,200	1,254,419	7,149,796
NCB initiatives	35,283	-	-	35,283
Deferred capital grants	19,384,959	6,792,281	9,942,271	16,234,969
Special purpose funds	1,007,439	753,804	478,331	1,282,912
	25,860,696	11,517,285	11,675,021	24,702,960

	2022			
	Balance, beginning of year \$	Receipts during the year \$	Recognized as revenue \$	Balance, end of year \$
Deferred operating contributions	4,771,577	2,061,565	1,400,127	5,433,015
NCB initiatives	21,552	65,368	51,637	35,283
Deferred capital grants	13,632,647	9,520,739	3,768,427	19,384,959
Special purpose funds	820,844	741,410	554,815	1,007,439
	19,246,620	12,389,082	5,775,006	25,860,696

Labrador-Grenfell Regional Health Authority – Operating Fund

Notes to non-consolidated financial statements

March 31, 2023

14. Contractual obligations

The Authority has entered into a number of multiple year operating leases and contracts for the delivery of services. These contractual obligations will become liabilities in the future when the terms of the contracts are met. Disclosure relates to the unperformed portion of the contracts.

	2024	2025	2026	2027	2028
	\$	\$	\$	\$	\$
Contractual obligations					
Future operating lease payments – properties	1,352,842	1,024,478	913,848	474,744	141,144
Future operating lease payments – vehicles	42,900	42,900	10,725	-	-
Future operating lease payments – equipment service	144,958	144,958	44,014	44,014	-
	<u>1,540,700</u>	<u>1,212,336</u>	<u>968,587</u>	<u>518,758</u>	<u>141,144</u>

15. Contingencies

A number of legal claims have been filed against the Authority. An estimate of loss, if any, relative to these matters is not determinable at this time and no provision has been recorded in the accounts for these matters. In the view of management, the Authority's insurance program adequately addresses the risk of loss in these matters. Any contingencies of the Authority that arise after the date of these financial statements will be transferred to Newfoundland and Labrador Health Services as part of the amalgamation that occurred on April 1, 2023.

16. Net change in non-cash assets and liabilities related to operations

The net change in non-cash assets and liabilities related to operations consists of the following:

	2023	2022
	\$	\$
Accounts receivable	45,053	(121,428)
Supplies inventory	223,407	245,846
Prepaid expenses	(321,170)	579,105
Accounts payable and accrued liabilities	(588,625)	(4,917,339)
Accrued vacation pay and other accrued liabilities	(80,830)	337,069
Deferred contributions – operating and NCB initiatives	1,716,781	675,169
Due from/to Government/other Government entities	566,807	(3,760,343)
	<u>1,561,423</u>	<u>(6,961,921)</u>

Labrador-Grenfell Regional Health Authority – Operating Fund

Notes to non-consolidated financial statements

March 31, 2023

17. Expenses by object

This disclosure supports the functional display of expenses provided in the non-consolidated statement of operations and accumulated deficit by offering a different perspective of the expenses for the year. The following presents expenses by object, which outlines the major types of expenses incurred by the Authority during the year:

	2023	2022
	\$	\$
Salaries and benefits	139,939,355	136,074,814
Direct client costs	15,378,766	14,723,237
Other supplies	11,467,297	13,690,118
Medical-surgical supplies, drugs and medical gases	9,986,713	8,917,734
Amortization of tangible capital assets <i>[note 7]</i>	4,520,584	4,690,835
Patient and staff travel	12,420,525	10,101,124
Equipment expenses	3,874,187	4,148,426
Grants	1,463,414	1,349,044
Referred out services	4,512,936	4,242,431
Insurance	1,098,242	1,065,516
Sundry – other	7,886,544	7,867,664
	<u>212,548,563</u>	<u>206,870,943</u>

18. Trusts under administration

Trusts administered by the Authority have not been included in these non-consolidated financial statements as they are excluded from the Government reporting entity. As at March 31, 2023, the balance of funds held in trust for long-term care residents was \$394,682 [2022 – \$531,381]. These trust funds consist of a monthly comfort allowance provided to residents who qualify for subsidization of their boarding and lodging fees.

19. Budget

The Authority prepares an initial budget for a fiscal period that is approved by the Board of Trustees and the Government [the "Original Budget"]. The Original Budget may change significantly throughout the year as it is updated to reflect the impact of all known service and program changes approved by the Government. Additional changes to services and programs that are initiated throughout the year are funded through amendments to the Original Budget and an updated budget is prepared by the Authority. The updated budget shown below is the updated budget after all amendments that have been processed. These final updated budget amounts are reflected in the budget column as presented in the non-consolidated statement of operations and accumulated deficit [the "Budget"].

Labrador-Grenfell Regional Health Authority – Operating Fund

Notes to non-consolidated financial statements

March 31, 2023

19. Budget (continued)

The following presents a reconciliation between the Original Budget and the Budget as presented in the non-consolidated statement of operations and accumulated deficit for the year ended March 31, 2023:

	Revenue \$	Expenses \$	Annual deficit \$
Original Budget	198,153,184	198,768,671	(615,487)
Adjustments during the year for service and program changes, net	2,962,338	2,962,338	-
Revised Budget	<u>201,115,522</u>	<u>201,731,009</u>	<u>(615,487)</u>

20. Related party transactions

The Authority's related party transactions occur between the Government and other Government entities. Other Government entities are those who report financial information to the Government. Transactions between the Authority and related parties are conducted at the carrying amount.

The Authority handles payments for other Government entities. As a result of these transactions, the Authority has a net asset of \$90,285 as at March 31, 2023 [2022 – \$90,285].

The Authority had the following transfers from the Government and other Government controlled entities:

	2023 \$	2022 \$
Transfers from the Government	180,286,338	170,658,034
Transfers from other Government entities	20,331,508	20,017,442
	<u>200,617,846</u>	<u>190,675,476</u>

Transfers to other Government entities include PSPP and Government Money Purchase Pension Plan contributions of \$6,165,794 for the year ended March 31, 2023 [2022 – \$6,261,767].

21. Subsequent events

Effective April 1, 2023, the Provincial Health Authority was established through the Provincial Health Authority Act (RSNL2022 Chapter P-30.1). All title to property and assets as well as interests to real property and obligations and liabilities of the former regional health authorities (Eastern Health, Central Health, Western Health, Labrador-Grenfell Health) and Newfoundland and Labrador Centre for Health Information were transferred to the Provincial Health Authority trading as Newfoundland and Labrador Health Services. This was a recommendation of the Health Accord NL to ensure consistent and quality health care delivery across Newfoundland and Labrador.

Labrador-Grenfell Regional Health Authority – Operating Fund

Notes to non-consolidated financial statements

March 31, 2023

22. Change in accounting policy – asset retirement obligation

Effective April 1, 2022, the Authority adopted PS3280 Asset Retirement Obligations which establishes standards for recognition, measurement, presentation and disclosure of legal obligations associated with the retirement of tangible capital assets. The Authority has made a modified retroactive adjustment. The impact of the prior period adjustment on the March 31, 2022 comparative amounts is as follows:

	2022	Increase (Decrease)	2022 (restated)
	\$	\$	\$
Tangible Capital Assets	165,412,525	1,243,811	166,656,336
Accumulated Amortization	118,000,823	1,243,811	119,244,634
Accumulated Deficit – beginning of the year April 1, 2021	13,594,103	1,243,811	14,837,914
Liability for Asset Retirement Obligation	-	1,243,811	1,243,811

Non-consolidated schedule of expenses for government reporting

Year ended March 31

	2023	2022
	\$	\$
	<i>[unaudited]</i>	<i>[unaudited]</i>
Expenses		
Administration		
General administration	6,620,635	6,550,306
Finance	2,333,662	2,095,848
Personnel services	2,821,810	2,199,156
Systems support	—	24,067
Other	2,966,878	8,363,206
	<u>14,742,985</u>	<u>19,232,583</u>
Support services		
Housekeeping	5,547,881	5,330,124
Laundry and linen	1,261,011	1,223,271
Plant services	15,235,561	13,406,283
Patient food services	5,724,548	5,425,204
Other	20,692,902	18,477,260
	<u>48,461,903</u>	<u>43,862,142</u>
Nursing inpatient services		
Nursing inpatient services – acute	22,027,666	20,208,944
Nursing inpatient long-term care	12,423,994	11,401,109
	<u>34,451,660</u>	<u>31,610,053</u>
Medical services	<u>24,920,526</u>	<u>22,882,265</u>
Ambulatory care services	<u>30,223,513</u>	<u>26,616,808</u>
Diagnostic and therapeutic services		
Clinical laboratory	8,864,456	8,859,997
Diagnostic imaging	5,028,382	5,170,249
Other	7,699,262	7,361,084
	<u>21,592,100</u>	<u>21,391,330</u>
Community and social services		
Mental health and addictions	6,514,477	6,738,358
Community support programs	21,226,275	20,226,625
Health promotion and protection programs	5,713,179	6,649,333
	<u>33,453,931</u>	<u>33,614,316</u>
Education and research	<u>788,100</u>	<u>1,361,538</u>
Undistributed	<u>496,936</u>	<u>493,393</u>
Total expenses from shareable items	<u>209,131,654</u>	<u>201,064,428</u>

**Non-consolidated schedule of revenue and expenses
for government reporting**

Year ended March 31

	2023	2022
	\$	\$
	<i>[unaudited]</i>	<i>[unaudited]</i>
Revenue		
Provincial plan (operating grant only)	170,704,373	166,899,001
Provincial plan – capital grant	9,581,965	3,759,033
Other capital contributions	174,592	385,628
MCP	19,046,008	18,731,942
Inpatient	879,780	403,460
Resident	2,097,395	2,120,678
Outpatient	1,710,174	1,445,874
Transportation and Works	1,285,500	1,285,500
Other	7,537,173	7,077,157
	<u>213,016,960</u>	<u>202,108,273</u>
Expenses		
Worked and benefit salaries and contributions	123,344,555	117,745,199
Benefit contributions (third party)	17,698,475	17,213,935
	<u>141,043,030</u>	<u>134,959,134</u>
Supplies		
Operation and maintenance	4,939,134	3,506,451
Drugs	5,289,420	4,344,673
Medical and surgical	4,395,102	4,414,772
Other	6,830,664	10,341,956
	<u>21,454,320</u>	<u>22,607,852</u>
Direct client costs		
Mental health and addictions	132,745	151,812
Community support	15,246,021	14,571,425
	<u>15,378,766</u>	<u>14,723,237</u>
Other shareable expenses	31,255,538	28,774,205
Total expenses	<u>209,131,654</u>	<u>201,064,428</u>
Annual deficit	3,885,306	1,043,845
Less: Provincial plan - capital grant	(9,581,965)	(3,759,033)
Other capital contributions	(174,592)	(385,628)
Deficit for government reporting	<u>(5,871,251)</u>	<u>(3,100,816)</u>
Deficit before non-shareable items	<u>(5,871,251)</u>	<u>(3,100,816)</u>
Non-shareable items		
Provincial plan – capital grant	9,581,965	3,759,033
Other capital contributions	174,592	385,628
Amortization expense	(4,520,584)	(4,690,835)
Accrued vacation pay	80,829	(1,183,489)
Accrued severance pay	1,199,442	257,773
Accrued sick leave	(176,596)	(189,964)
	<u>6,339,648</u>	<u>(1,661,854)</u>
Deficit as per statement of operations and accumulated deficit	<u>468,397</u>	<u>(4,762,670)</u>

**Non-consolidated schedule of capital transactions
funding and expenses for government reporting**

Year ended March 31

	2023	2022
	\$	\$
	<i>[unaudited]</i>	<i>[unaudited]</i>
Sources of Funds		
Provincial capital equipment grant for current year	2,673,400	1,623,900
Provincial facility capital grant for current year	4,106,700	7,750,000
	<u>6,780,100</u>	<u>9,373,900</u>
Add: deferred capital grant from prior year	19,384,959	13,632,647
Less: deferred capital grant from current year	(16,234,969)	(19,384,959)
Less: transfers to other revenue	—	—
Provincial funding used in current year	<u>9,930,090</u>	<u>3,621,588</u>
Other contributions – Grenfell Foundation and other	174,592	385,628
Total funding	<u>10,104,682</u>	<u>4,007,216</u>
Capital expenditures		
Equipment	9,756,707	4,144,907
Total expenditure	<u>9,756,707</u>	<u>4,144,907</u>

Non-consolidated schedule of accumulated deficit for government reporting

As at March 31

	2023	2022
	\$	\$
	<i>[unaudited]</i>	<i>[unaudited]</i>
Accumulated operating deficit		
Current assets		
Cash	1,498,828	1,223,355
Accounts receivable	14,479,963	15,347,374
Inventory	2,915,877	3,139,284
Prepaid expenses	1,147,386	826,216
	<u>20,042,054</u>	<u>20,536,229</u>
Current liabilities		
Bank indebtedness	27,684,393	20,305,254
Accounts payable and accrued liabilities	14,836,179	15,680,355
Deferred contributions – operating	8,467,991	6,475,737
Deferred contributions – capital	16,234,969	19,384,959
	<u>67,223,532</u>	<u>61,846,305</u>
Accumulated operating deficit	<u>(47,181,478)</u>	<u>(41,310,076)</u>
Adjustments:		
Add:		
Tangible capital assets, net	52,647,824	47,411,702
Less:		
Accrued vacation pay and other benefits	(8,777,589)	(8,858,419)
Accrued sick leave	(9,301,517)	(9,124,921)
Accrued severance pay	(512,947)	(1,712,389)
	<u>(18,592,053)</u>	<u>(19,695,729)</u>
Accumulated deficit per statement of financial position	<u>(13,125,707)</u>	<u>(13,594,103)</u>

Appendix II

Service Delivery Data



Allied Health
Acute Care
Outpatient Departments
Health Centres
Community Clinics
Community Health and Wellness
Long-Term Care
Tele-Health

Appendix II Service Delivery Data

Client Visits – Allied Health

Service	2020-21	2021-22	2022-23	Percentage increase or decrease from 2021-2022
Mental Health and Addictions Services	24,277	26,636	24,500	-8
Diabetes Nurse Education	9,139	11,454	11,587	+1.2
Occupational Therapy	4,746	3,809	4,151	+9
Speech Language Pathology	2,301	2,484	2,746	+11
Physiotherapy	10,799 (including contracted services-762 visits)	11,739 (including contracted services – 653 visits)	10,687 (including contracted services - 804 visits)	-9

KEY

Includes holding beds for observation *

In-person **

Virtual ***

Appendix II

Service Delivery Data

Acute Care Statistics - Regional Statistics

	Regional Total/Figure 2020-21	Regional Total/Figure 2021-22	Regional Total/Figure 2022-23	Percentage increase or decrease from 2021-2022
Number of Acute Care Beds	82	82	82	-
Number of Admissions (including newborn)	3,107	2,842	3,556	+25
Patient Days	24,074	25,892	25,454	-2
Average Length of Stay	6.3 days	7.1 days	6.9 days	-3
Operating Room Procedures	2,750	3,262	3,209	-2
Number of Births	264	272	223	-18
Number of Emergency Room Visits (Registered to ER)	40,245	51,096	46,709	-9

25%

Increase in number of admissions (including newborns).

18%

Decrease in number of births.

9%

Decrease in emergency room visits (registered to ER).

Appendix II

Service Delivery Data

Acute Care Statistics - Totals by Site

Labrador West Health Centre	2020-21	2021-22	2022-23	Percentage increase or decrease from 2021-22
Acute Care Beds	15	15	15	-
Admissions (including newborns)	642	517	794	+4
Patient Days	4,126	4,645	4,624	-0.5
Average Length of Stay	5.8 days	6.8 days	7.2 days	+6
Operating Room Procedures	559	873	876	+0.3
Births	69	78	69	-12
Emergency Room Visits (registered to ER)	13,116	14,840	17,648	+19

6%

Increase in average length of stay.

12%

Decrease in births.

19%

Increase in emergency room visits (registered to ER).

Appendix II Service Delivery Data

Acute Care Statistics - Totals by Site

Labrador Health Centre	2020-21	2021-22	2021-22	Percentage increase or decrease from 2022-23
Acute Care Beds	25	25	25	-
Admissions (including newborns)	1,514	1,403	1,418	+1
Patient Days	8,513	9,127	8,478	-7
Average Length of Stay	5.0 days	7.0 days	6.7 days	-4
Operating Room Procedures	523	565	681	+21
Births	155	162	124	-23
Emergency Room Visits (registered to ER)	18,765	24,709	20,764	-16

21%

Increase in OR procedures.

23%

Decrease in births.

16%

Decrease in emergency room visits (registered to ER).

Appendix II Service Delivery Data

Acute Care Statistics - Totals by Site

Charles S. Curtis Memorial Hospital	2020-21	2021-22	2022-23	Percentage increase or decrease from 2021-22
Acute Care Beds	42	42	42	-
Admissions (including newborns)	951	922	1,344	+46
Patient Days	11,435	12,120	12,352	+2
Average Length of Stay	9.1 days	7.4 days	6.9 days	-7
Operating Room Procedures	1,668	1,824	1,652	-9
Births	40	32	30	-6
Emergency Room Visits (registered to ER)	8,364	11,547	8,297	-30

Outpatient Department Statistics

Number of Appointments Attended	2020-21	2021-22	2022-23	Percentage increase or decrease from 2021-22
Labrador Health Centre	24,420	19,416	24,984	+29
Charles S. Curtis Memorial Hospital	10,005	11,429	14,782	+29

Appendix II Service Delivery Data

Health Centre Statistics

Labrador South Health Centre	2020-21	2021-22	2022-23	Percentage increase or decrease from 2021-22
Client Visits	8,454	4,835** 3,861***	9,099	+4.6
Admissions	142	159	0	-
Clients Seen by Regional Nurse	3,007	1,986** 1,178***	5,675	+79
Clients Seen by Physician	5,447	1,513** 1,607***	2,393	-23.3

Strait of Belle Isle Health Centre	2020-21	2021-22	2022-23	Percentage increase or decrease from 2021-22
Client Visits	16,372	6,708** 7,980***	20,019	+36
Admissions	68	56	0	-100
Clients Seen by Regional Nurse	8,964	5,865** 6,898***	11,510	-9.8
Clients Seen by Physician	3,322	766** 119***	1,878	+112

Appendix II Service Delivery Data

Health Centre Statistics

White Bay Central Health Centre	2020-21	2021-22	2022-23	Percentage increase or decrease from 2021-22
Client Visits	11,773	3,657** 7,663***	14,695	+29
Admissions	61	126	7	-94
Clients Seen by Regional Nurse	8,269	2,690** 6,518***	5,115	-44
Clients Seen by Physician	1,272	646** 350***	1,431	+43

Community Clinics Statistics

	2020-21	2021-22	2022-23	Percentage increase or decrease from 2021-22
Clients Seen by Regional Nurse	25,388	20,227** 4,617***	33,762	+35
Clients Seen by Physician	3,567	2,851** 647***	3,836	+9.6

Appendix II

Service Delivery Data

Community Health and Wellness Statistics

	2020-21	2021-22	2022-23	Percentage increase or decrease from 2021-22
Continuing Care Visits (includes both clinic and home visits)	18,315	17,882	21,212	+19
Home Support Hours – Developmental Disabilities	318,723	342,940	328,558	-4
Home Support Hours – Seniors and Under 65 Physical Disabilities	212,160		240,650	+5
Number of Children Attending Child Health Clinics	2,505		2,388	+4.9
Number of Clients Receiving Home Support Programs (provincial only) Does not include clients receiving home supports under the End of Life or Short-term Acute Care programs.	294	309	359	+16

Appendix II Service Delivery Data

Long Term Care Statistics

	Regional Total 2020-21	Regional Total 2021-22	Regional Total 2022-23	Percentage increase or decrease from 2021-22
Number of Beds	143	143	143	-
Resident Days	50,675	51,788	51,794	-0.02
Number of Admissions	62	64	74	+10.4

Appendix II

Service Delivery Data

Tele-Health Statistics

	Regional Total 2020-21		Regional Total 2021-22		Regional Total 2022-23	
	LGH Provider Consult	External Provider Consult	LGH Provider Consult	External Provider Consult	LGH Provider Consult	External Provider Consult
Oncology	0	418	0	649	0	736
Nephrology	0	2,208 (1,931)	11	2,030	0	2,402
Acute Care						
General Surgery	268	78	88	76	99	43
General Practitioner	296	1	184	5	207	0
Mental Health						
Psychiatry, Adult	850	124	893	40	1,280	24
Psychiatry, Child	2	410	2	106	0	103
Other - Psychologists, MH Counsellors	26	32	2	3	4	0

Appendix II Service Delivery Data

Tele-Health Statistics

	Regional Total 2020-21		Regional Total 2021-22		Regional Total 2022-23	
	LGH Provider Consult	External Provider Consult	LGH Provider Consult	External Provider Consult	LGH Provider Consult	External Provider Consult
Rehab						
Physiotherapy	32	4	51	0	57	1
Occupational Therapy	31	9	26	4	3	0
Health and Wellness						
Dietician	81 (65)	0	64	0	54	0
Social Work	0	0	2	4	0	0
Other	351	320	412	238	514	284
Total Number of Consults	3,274 (3,258)	4,170 (3,893)	1,735	3,155	2,218	3,593



Labrador - Grenfell Health

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