



Labrador - Grenfell  
**Health**

# ANNUAL PERFORMANCE REPORT



COVER PHOTO: LABRADOR SOUTH

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PHOTO: LABRADOR SOUTH

# MESSAGE FROM THE BOARD

On behalf of the Labrador-Grenfell Health (LGH) Board of Trustees, I present the Annual Performance Report for 2020-21, in accordance with the **Transparency and Accountability Act** as a Category 1 Government Entity. The Board understands that it is accountable for the preparation of this report and any results or variances explained herein.

This past year represents the first year of a new strategic planning cycle and the Board is pleased to present the results of the work completed by LGH towards meeting its strategic goals for 2020-23 in the areas of People Centered, Healthy and Sustainable Workforce, and Better Access for Better Health. To achieve these goals, LGH is dedicated to developing a strategy that is respectful of the cultural values of the population we serve, reflects the diversity of the region and includes collaboration with Indigenous partners.

Patient care is constantly evolving, along with technology and information delivery, meeting patient expectations is paramount. Patients always expect a safe, high-quality experience. LGH recognizes that a patient-centered care model requires a change from being provider focused to creating person-centered partnerships. Therefore, we are committed to including patients and their families in decision making and care delivery. This includes ensuring staff understand, listen and respect individual and family's needs, values, cultural backgrounds, beliefs, and preferences.

Recognizing that healthy staff is vital to a healthy organization and leads to better outcomes for all, LGH is placing an even greater focus on creating and maintaining a healthy and sustainable workforce through key areas including recruitment and retention, employee

engagement, health and wellness, and leadership. Additionally, the Board of Trustees has established a Recruitment & Retention Sub-Committee, concentrating on strategies to discover, attract and retain professionals best suited to live and work in the LGH region.

In the previous strategic cycle, LGH engaged with community stakeholders and staff to identify health priorities across our diverse region. Focusing on improving access to primary, secondary and tertiary care continues to be essential to supporting a healthy population.

Throughout the 2020-21 year, we encountered unprecedented challenges brought on by the COVID-19 pandemic. Our staff not only stepped up in a time of need, but they have continued to show up for their communities, their loved ones and this organization. Teams have continued to dedicate themselves and their time to protecting the population we serve. We would like to thank

everyone who has worked tirelessly to clean our facilities, coordinating, and working the COVID-19 testing clinics, transporting equipment and vaccines, volunteering at vaccine clinics, and all those who are upholding public safety measures even if it means they are unable to see or hug their loved ones. Your contributions have not gone unnoticed.

The Board and staff are proud of this year's accomplishments and look forward to sharing more success and improvements over the remainder of the 2020-23 strategic cycle.

Sincerely,



Colin O'Brien  
Vice Chair



PHOTO: DEDICATED STAFF WORK IN THE ELEMENTS TO PROVIDE COVID-19 TESTING CLINICS

# OVERVIEW

LGH is one of Newfoundland and Labrador’s four regional health authorities (RHA) which covers Labrador and all communities north of Bartlett’s Harbour on the Northern Peninsula. LGH provides quality health and community services to approximately 37,000 people (Statistics

Canada, Census 2016 data) inclusive of three indigenous groups: Innu, Inuit, and Southern Inuit. LGH operates 22 facilities, including three hospitals, three community health centers, 14 community clinics and two long-term care facilities. Its headquarters is based in Happy Valley-Goose Bay.

The vision of LGH is healthy people living in healthy communities. Its vision, mandate and lines of business can be viewed through the LGH website [www.lghealth.ca](http://www.lghealth.ca).

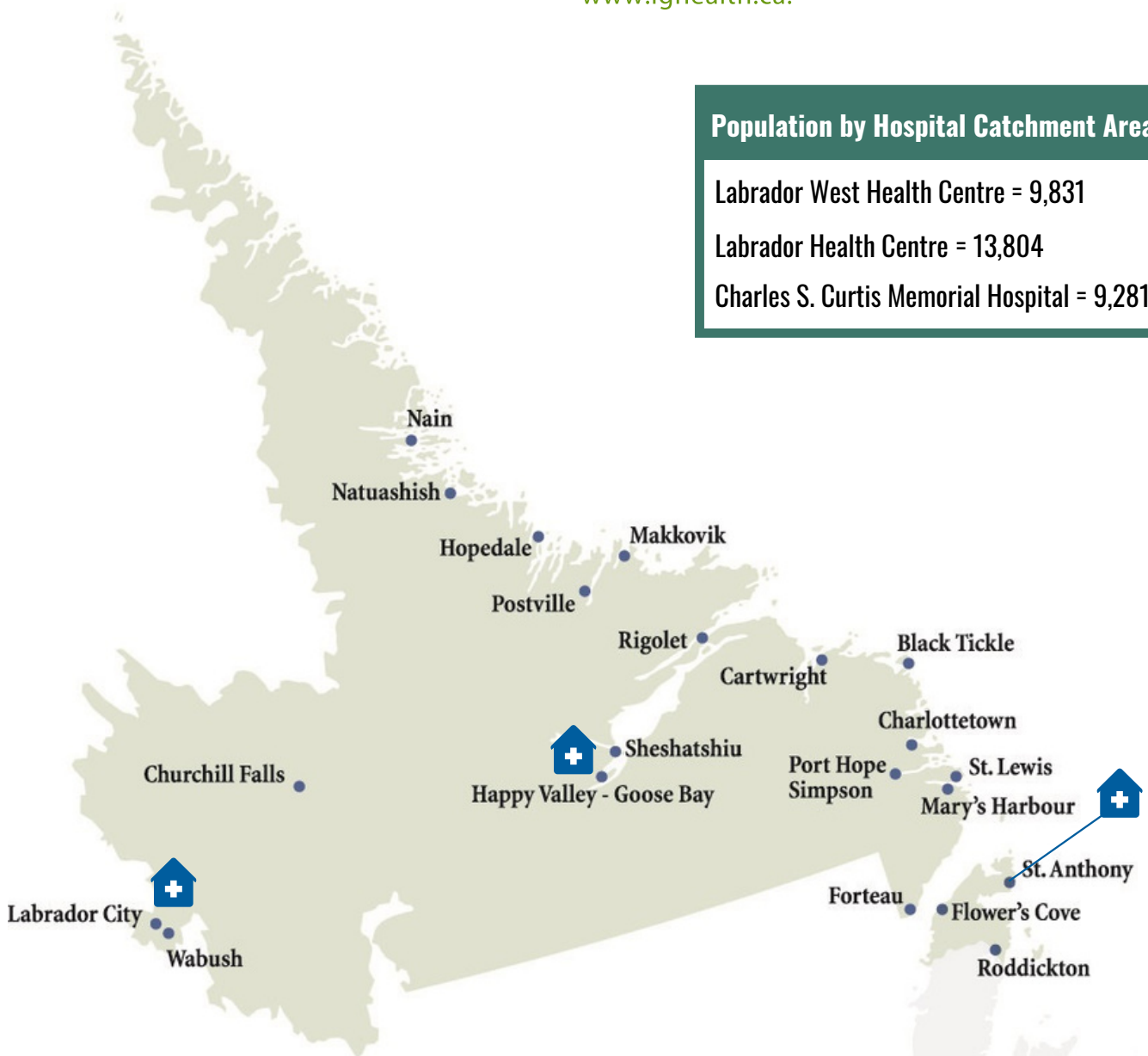




PHOTO: STAFF ENJOYED GETTING OUTDOORS TO MAINTAIN MENTAL WELLNESS DURING THE PANDEMIC



# KEY STATISTICS

## Human Resources Data

As of March 31, 2021, LGH employed 1,449 staff (913 permanent full-time, 40 permanent part-time, 344 temporary and 152 casual workers). Of these, 54 per cent are support staff, 26 per cent are registered nurses, seven per cent are other health professionals (i.e., social workers, physiotherapists, occupational therapists, speech language pathologists, pharmacists), six per cent are laboratory and diagnostic imaging technologists, four per cent are management and three per cent are physicians.

There are more than 250 volunteers throughout the region, including those affiliated with various community groups such as the Grenfell Foundation, Auxiliaries, Churches, fund raising groups for long-term care homes plus many individuals who contribute their time to supporting clients and residents in the LGH region.

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



PHOTO: STAFF SHOW THEIR SUPPORT DURING PRIDE WEEK

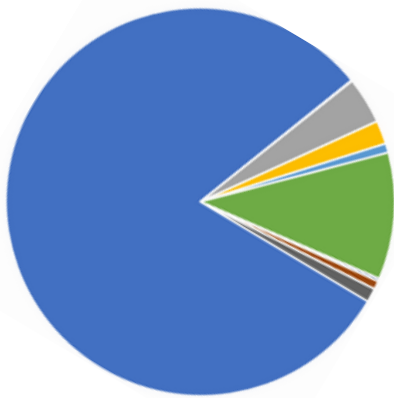


PHOTO: STAFF AT THE LABRADOR HEALTH CENTRE WATCH THE 444 COMBAT SUPPORT SQUADRON OF 5 WING GOOSE BAY SHOW THEIR SUPPORT TO HEALTH WORKERS WITH A FLY PAST

## Financial Data

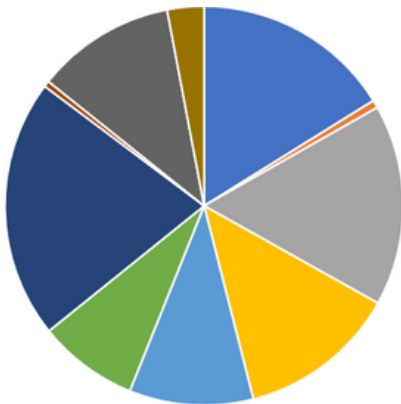
Detailed financial information is available in the Audited Financial Statements in this report.

### Operating Revenue - \$182,588,090



- Provincial Plan (Operating Grant Only) - \$147,262,462
- Other Capital Contributions - \$124,280
- Transportation and Works - \$1,285,500
- Long-Term Care - \$2,110,927
- MCP - \$19,312,818
- Inpatient - \$409,882
- Other - \$7,110,773
- Provincial Plan (Capital Grant) - \$3,566,850
- Outpatient - \$1,404,598

### Expenses - \$190,349,107



- Nursing inpatient services - \$30,765,880
- Education and research - \$1,203,705
- Community and social services - \$31,057,642
- Ambulatory care services - \$24,564,263
- Diagnostic and therapeutic services - \$19,172,692
- Support services - \$39,994,957
- Undistributed - \$926,857
- Medical Services - \$21,518,559
- Other - \$5,674,844
- Administration - \$15,469,708

## Service Delivery Data

Key statistics on Acute Care, Health Centres, Community Clinics, Community Health and Wellness, Long-Term Care and Tele-Health Services are available in the Appendix of this document.

# HIGHLIGHTS AND PARTNERSHIPS

## Indigenous Partnerships

LGH collaborated closely in the roll-out of the COVID-19 vaccination campaign with Indigenous partners. This collaboration in service delivery and community centered on early engagement and transparent sharing of information through a rapidly evolving vaccine program.

Communication opportunities to support vaccine awareness by radio and social media were frequently supported by the Medical Officer of Health and the broader Public Health team.

Through discussions with Indigenous partners, it was determined that communities within the LGH region were very concerned about high rates of pediatric dermatitis and access to dermatology services. Partnering with Mushuau and Sheshatshiu Innu First Nations (MIFN, SIFN), visiting dermatology clinics were held in Natuashish and Sheshatshiu in December 2020, with a total of 63 patients seen in their home communities.

During the clinical visits to Natuashish and Sheshatshiu, community meetings were held to provide education on childhood dermatitis, as well as education sessions for nursing staff at these community clinics.

LGH is in the process of developing standardized treatment pathways for treating dermatitis that can be used by nursing staff and physicians. These visiting clinics have provided a model for bringing specialty care to communities based on specified needs, thereby decreasing the need for patient travel. This has helped strengthen a continuous relationship between communities in northern Labrador and the visiting dermatology service.



## Virtual Care

LGH has started its regional Virtual Care Committee. This Committee is co-chaired between LGH and Newfoundland Labrador Centre for Health Information (NLCHI). The committee has been overseeing the implementation of the new telehealth equipment acquired through Atlantic Canada Opportunities Agency (ACOA) funding. This equipment will enable better access to care through virtual means for patients throughout our region.

The COVID pandemic forced the transition from face-to-face to virtual means for many services. While many remote parts of our region were already utilizing virtual care, virtual appointments became commonplace in many services provided throughout our region. These include mental health, psychiatry, family

medicine, rehab services, diabetes education, as well as several local and provincial specialty services.

In collaboration with Eastern Health, the committee is also overseeing pilots of virtual care technologies that will assist with improving access to specialty care. One project involves equipment that links the Janeway Neonatologist with teams in the Labrador Health Centre for improved neonatal care. Another is rolling out a digital stethoscope which will allow for pre-operative assessments by anesthetists in Eastern Health, decreasing the amount of travel for patients in our region.

Several platforms for providing virtual appointments are being trialed in the region linking providers in many disciplines with patients in their homes or at LGH facilities in their own community.

## Electronic Medical Record

The Electronic Medical Record (EMR) has been implemented in 3 of our community health centers and 7 of our southern clinics in Rural and Remote Health. The EMR improves continuity of care for patients as providers document in one

electronic chart that can be viewed easily by all members of the health care team. Delays from NLCHI scheduling occurred due to COVID-19. The remainder of the community clinics will have EMR implementation completed by June 2021.

An official unveiling with residents, family members, partners of the project and community advocates was planned for

## Partnerships for Recruitment

LGH faces many challenges with recruitment and retention and has partnered with the Registered Nurses Union of Newfoundland Labrador (RNUNL), Health and Community Services (HCS) and local union leadership within the health authority.

The team meets regularly to review short and long-term strategies to improve the recruitment and retention of Registered Nurses.

LGH also works with Newfoundland & Labrador Association of Public and Private Employees (NAPE) union leadership to improve the quality

September 2020, but due to COVID-19 restrictions was postponed until further notice.

of work life for members. With the onset of the COVID-19 pandemic, there were regular sessions held to update NAPE leadership and ensure communication was provided to local and provincial leadership.

NAPE and RNUNL were also invited to participate in the launching of the Guarding Minds and Work and Employee Engagement Surveys.

LGH also participated with all regional Health Authorities, HCS, and provincial collective bargaining groups in sharing information and planning strategies regarding Covid-19 to improve quality of work life including ensuring access to personal protective equipment, staff immunization against COVID-19 and summer leave guidelines.



PHOTO: CHARLES S. CURTIS MEMORIAL HOSPITAL STAFF CELEBRATE NURSING WEEK

## Mental Health & Addictions

LGH has continued its partnership in planning the new Mental Health Unit in Happy Valley-Goose Bay. For the design of the project, an advisory committee of patients and family members across the region has been established which worked collaboratively with Fougere Menchenton Architecture. The official sod turning ceremony for the Regional Mental Health Unit took place at the Labrador Health Centre on October 13, 2020.

LGH continued with the expansion of Mobile Crisis Response teams by partnering with the Royal Canadian Mounted Police (RCMP) in Happy Valley-Goose Bay.

The Mobile Crisis Response Teams in Labrador West and Happy Valley-Goose Bay operate daily from 2 p.m. to 10 p.m. seven days a week. When not on visits, the team provides support to the emergency department and inpatient services at Labrador West Health Centre and the Labrador Health Centre on evenings and weekends, as needed.

The Opioid Dependency Treatment (ODT) Hub was officially launched on May 29, 2020. The ODT Hub provides rapid access to Opioid Agonist Therapy for individuals living with opioid use disorder. Service is provided by way of in person (appointment or walk-in), telephone, and telehealth service throughout the region.



PHOTO: SOD TURNING CEREMONY FOR THE MENTAL HEALTH UNIT IN HAPPY VALLEY-GOOSE BAY

## Improving Long-Term Care environments for residents and families

In the spring of 2020, a new patio/ outdoor space was completed at the Happy Valley-Goose Bay Long-Term Care Home. The patio was significant to enhancing the lives of our Long-Term Care residents and contributing to a “homelike “environment.

This project is enormously important to LGH residents and their families and was made

possible through collaboration with partners including the International Grenfell Association (IGA), the local chapter of the Grenfell Foundation, Rotary International at Happy Valley- Goose Bay and Helping Hands, as well as funding from the Government of Newfoundland and Labrador.

An official unveiling with residents, family members, partners of the project and community advocates was planned for September 2020, but due to COVID-19 restrictions was postponed until further notice.

## Medication Dispensing

In 2017, through consultation with the Newfoundland and Labrador Pharmacy Board (NLPB) and the College of Registered Nurses of Newfoundland and Labrador (CRNNL), it was determined that LGH was unable to meet the regulatory standard of pharmacists dispensing chronic medications at community clinics as the authority's clinics do not have pharmacists on site.

To align with this standard and best practices,

LGH began the transition of medication dispensing services from the community clinic setting to licensed community pharmacies in 2018.

All Community Clinics have transitioned dispensing of long-term prescriptions as of January 2021. This change promotes and protects the rights and responsibilities of clients and follows regulatory standards and best practices for the dispensing of medications.

# REPORT ON PERFORMANCE

## ISSUE 1: PEOPLE FIRST

LGH is on a journey to create a new way of doing business –as health care professionals, we need to shift from provider-based health care model to one that is centered around the patient.

Providing Person & Family Centered care (PFCC) is a key priority for LGH. To ensure the provision of safe quality care to the population we serve, LGH participates in quality improvement initiatives in partnership with Accreditation Canada (AC). AC's programs assess organizations against standards developed by Health Standards Organization (HSO), International Standards Organization (ISO) and others. These world-class standards enable organizations to provide the highest achievable quality for patients. All RHAs in the province have committed to ensure PFCC is embedded into the care delivered.

Recognizing that a significant proportion of the population that we serve is Indigenous, supporting practices which promote culturally safe, and family centered care is paramount.

In 2019, funding through the Health Services Integration Fund (HSIF) with Indigenous Services Canada was received to support collaborative projects between LGH, MIFN, SIFN, and Nunatsiavut Government (NG) to address the need to ensure culturally safe care. The Moving Forward Together: Ensuring Cultural Safety in Healthcare initiative aims to increase collaboration as well as to design and deliver educational awareness and relationship building opportunities for staff of LGH and Indigenous partners.

LGH recognizes that cultural safety is not an outcome determined by the organization or its staff, but by those who are receiving the care. Understanding the cultural and social differences in the provision of health care services requires understanding the concepts of cultural awareness, cultural sensitivity and cultural competency. Providing culturally safe care can only be possible through developing and implementing these understandings with each interaction.



While many PFCC initiatives have been implemented throughout LGH (i.e., Client Experience Surveys, Compliments & Complaints process, acute and long-term care initiatives and the Community Health Needs Assessment), the concept of PFCC had not been formalized or embedded into day-to-day operations. A PFCC approach in health care shapes policies, programs, facility design and day-to-day

interactions between providers, patients and their families.

Engagement with community members will be enhanced through the development and implementation of Community Advisory Councils (CAC) which will operate in each of our six primary health care (PHC) zones.

## GOAL:

By March 31, 2023, Labrador-Grenfell Health 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.

## YEAR ONE PERFORMANCE

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### OBJECTIVE YEAR 1:

By March 31, 2021, Labrador-Grenfell Health will have engaged and partnered with community stakeholders and Indigenous groups to develop a PFCC strategy that is inclusive of initiatives that ensure respectful, safe and culturally appropriate care.

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**PLANNED FOR 2020-21** Implemented the person and family partnership program across the LGH region.

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### ACTUAL PERFORMANCE 2020-21

Over the last year, LGH implemented the Patient and Family Advisors program and an education program “Customer Care Starts with Heart” to support the principles of Person and Family Centered Care.

LGH established a Patient Family Advisor (PFA) Program, to support the philosophy of Person and Family Centered Care (PFCC). LGH developed a recruitment plan that was an integral part of implementing the Patient and Family Advisor program. Staff education sessions were offered to all employees, enhancing their knowledge of person and family centered principles care and promoted the value of Patient Family Advisors in achieving this vision.

On March 31, 2021, recruitment for Patient Family Advisors began. LGH acknowledges that the Patient and Family Advisors will share their lived experiences to provide valuable input and ideas to help shape care delivery. As a team, LGH will work collaboratively with advisors, patients, residents, and families to support the continuous quality improvement of delivery of healthcare services.

LGH is committed to implementing specific strategies and initiatives that demonstrate the guiding principles as outlined under the framework including engaging Patient and Family Advisors to participate in policy development, infrastructure and program development. It is very exciting work and a privilege to have Patient and Family Advisors co-design and co-produce with us.

LGH launched an education program “Customer Care Starts with Heart” acknowledging the importance of fostering an environment where the four principles of Person and Family Centered Care (PFCC) professionalism, dignity, respect, and compassion are embedded in interactions with our clients, residents, families, and visitors every day.

**PLANNED FOR 2020-21** Implemented resident and family councils in four long-term care homes.

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### **ACTUAL PERFORMANCE 2020-21**

Resident and family councils were implemented at all four Long-Term Care facilities in the LGH region in the 2020-21 year. With the arrival of the COVID-19 pandemic, we continued to meet with councils utilizing virtual technology.

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**PLANNED FOR 2020-21** Established two community advisory committees within the LGH region.

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### **ACTUAL PERFORMANCE 2020-21**

Within the 2020-21 year, the Terms of Reference were developed, and Community Advisory Committees (CACs) were implemented in three of the six Primary Health Care zones in the LGH region.

- The Northern Peninsula CAC first met September 16, 2020;
- The Labrador South/Straits CAC first met October 7, 2020; and
- The Central Labrador CAC first met November 18, 2020.

These CACs began meeting regularly every two months and continued through COVID-19 virtually with good engagement and success.

In Labrador West, LGH engaged with a pre-existing development committee established by community partners, the Community Advisory Panel.

LGH also continues to work with Indigenous partners to move forward with appropriate engagement strategies for each of their communities.



PHOTO: LGH AND NG PUBLIC HEALTH TEAM TRAVEL ACROSS THE NORST COAST PROVIDING THE COVID-19 VACCINE

**PLANNED FOR 2020-21** Developed a cultural competency action plan for LGH staff.

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### **ACTUAL PERFORMANCE 2020-21**

The Cultural Competency Action Plan was developed in collaboration with the Cultural Safety Working Group, guided in partnership with representation from Nunatsiavut, Mushua Innu First Nation, Sheshatshiu Innu First nation and Indigenous Services Canada. It serves as the roadmap to achieving the provision of culturally safe care LGH is committed to.

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**PLANNED FOR 2020-21** Achieved 75 per cent staff completion of Indigenous Cultural Competency Safety Survey.

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### **ACTUAL PERFORMANCE 2020-21**

The Survey was launched in July 2020 and closed in October with the desired indicator of 75 percent completed Surveys. At its close 543 of 1439 Staff had completed Surveys, representing 37 percent. LGH was unable to achieve the 75 percent completion rate due to timing of the administration of the survey as well as the impacts of COVID-19.

Further to the online Survey three Focus Groups were conducted to supplement the initial Survey results bringing the total responses to 687, representing approximately 47 percent of Staff.

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**PLANNED FOR 2020-21** Achieved 50 percent staff completion of defined cultural competency education session.

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### **ACTUAL PERFORMANCE 2020-21**

The desired indicator for Staff completion of one Cultural Competency session was 50 percent. 553 staff members completed a session, representing approximately 38 percent of LGH's 1439 staff. We were unable to achieve the 50 percent completion rate due to the impacts of COVID-19 on resource available to implement the program and staff availability to participate.

The data captured in the Survey established a baseline of Staff knowledge and informed the development of Cultural Competency education tools and will be utilized in the assessing the efficacy of those tools.

## DISCUSSION OF RESULTS

Acknowledging the variance between the desired and actual indicators, factors that significantly influenced the outcomes included; the timing of the launch in mid-summer when staff were taking vacations, staff turnover, the presence of locum service providers and staff access to computers. Of all the factors influencing outcomes none was greater than the impact of COVID-19.

Despite these challenges, results from the Indigenous Cultural Competency Safety Survey provided valuable feedback which will inform the development of further resources. The completed surveys clearly demonstrated staff knowledge and understanding of what is required for respectful engagement and provision of Culturally Safe Care.

Regarding the education indicators, a Cultural Safety Module was incorporated into employee onboarding in 2020. This module was introduced in January 2021 as part of the General Orientation of new staff, and was also expanded to current staff on the LMS/Learn system to increase its accessibility. To date it has been completed by 58 LGH Staff. Face to Face learning was offered at LHC in Happy Valley - Goose Bay with an attendance of 79 over three days facilitated in partnership with NG and SIFN. The Indigenous Culture and Health Module was initially delivered via the Learning Management System which recently transitioned to the LEARN online platform and has been completed by 416 staff. It is important to note that during the transition there was a loss of data resulting in the actual indicator underrepresenting the number of staff who completed education modules.

LGH is in early days where this work is concerned and is working diligently to raise awareness which will result in cultural competency among its staff in partnership with Indigenous communities.

**OBJECTIVE**  
**YEAR 2:** By March 31, 2022, Labrador-Grenfell Health will have continued to implement key strategies within the PFCC strategy.

- Introduced a Hospital Services Advisory Committee as part of patient safety & quality framework.
- Developed a policy around visitor conduct and patient rights and responsibilities.
- Established an anti-racism working group with Indigenous partners.
- Implemented an anti-racism policy.
- Developed and implement an Indigenous Culture Education and Awareness plan for staff at LGH.

## ISSUE 2: STREAMLINED SERVICE DELIVERY

LGH continues to face challenges in the retention of various positions. In recent years it has been particularly difficult for positions such as Physicians, Registered Nurses, Domestic and Utility Workers, Primary Care Paramedics, Clerks, Personal Care Assistants, Rehabilitation Staff and Social Workers. As of March 2021, LGH had a turnover rate of 15.9 per cent compared to the provincial average of 8.4 percent amongst the RHAs.

These results indicate a need for LGH to seek innovative ways to compete within a challenging job market, particularly in rural and remote areas such as the LGH region.

Recruitment and retention of employees is a priority for LGH Board and staff and as a result, a Recruitment and Retention subcommittee of the Board has been established. The committee has a mandate to oversee the development of a strategic plan for the recruitment and retention of staff and will work to ensure the delivery of quality services by monitoring and evaluating

the strategic plan to identify priority areas of focus. The committee will also advocate for educational opportunities for residents from within the LGH region through championing the ideology of 'growing our own'.

Employee engagement is important in ensuring a healthy and sustainable workplace. LGH is prioritizing improving job satisfaction and productivity as well as individual and organizational health. LGH continues pursuing improvements in employee engagement through a combination of formal and informal strategies including staff forums/meetings, promoting an 'open-door' communication policy, staff surveys and staff development opportunities.

Engagement ensures that employee concerns are heard, and that staff and management maintain respectful supportive relationships. Strategies such as "walk-arounds" provide opportunities to collect feedback from staff where and while they perform their work.

LGH recognizes the need to invest in tools and best practices which aid in assessing the needs of LGH employees as well as in developing effective strategies to improve psychological health and safety across the organization. Furthermore, a comprehensive staff wellness plan to develop and promote initiatives supporting employee engagement and wellness is vital to the sustainability of the LGH workforce. Various areas of improvement have been identified within LGH which can contribute to improved employee well-being including physical activity, healthy eating, smoking

cessation, mental health support, work-life balance and stress relief.

LGH is dedicated to promoting strong leadership development and a focus on supporting internal advancement where possible. LGH recognizes the value of investing in current and future leaders through providing opportunities and supporting employee education and development, succession planning, performance reviews and other engagement strategies.

## GOAL:

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

## YEAR ONE PERFORMANCE

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### OBJECTIVE YEAR 1:

By March 31, 2021, Labrador-Grenfell Health will have developed a comprehensive human resources plan that is inclusive of recruitment and retention strategies; staff health; staff engagement; and leadership development and implemented select strategies to build and sustain a healthy workforce.

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**PLANNED FOR 2020-21** Established scorecard to identify baseline data to measure key HR indicators.

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### ACTUAL PERFORMANCE 2020-21

A scorecard was established to measure key HR indicators including Average Employee Count, Management Ratio, Turnover Rate, Time to Fill Job Competitions, Vacancy Rate, Average Age of Outstanding Vacancies and total Sick Leave Hours.

The scorecard will allow us to measure performance compared to the other health authorities in the province.

The scorecard is also reviewed by the Recruitment and Retention Sub-Committee of the Board of Trustees to help identify process improvements and plan recruitment and retention strategies.

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**PLANNED FOR 2020-21** Achieved 50 per cent staff completion of employee engagement survey.

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### ACTUAL PERFORMANCE 2020-21

The staff engagement survey, powered by Kincentric, was conducted from March 8 to 22, 2021 with a 57 per cent completion rate. The survey will help to promote discussion with employees as well as to measure, understand and improve employee engagement.

It is anticipated this information will help to identify staff engagement strategies and to help improve retention rates.



**PLANNED FOR 2017-20** Implemented the Guarding Minds at Work program to support evaluation of workplace psychological safety.

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### **ACTUAL PERFORMANCE 2017-20**

The Guarding Minds at Work program is a comprehensive set of tools and resources available to organizations to address psychological health and safety in the workplace.

As step one, LGH launched the Guarding Minds at Work survey on February 10, 2021, and it was closed on February 22, 2021. A total of 615 employees, or 40 percent, completed the survey.

Specific survey results were provided to identified teams within the organization. As step two, teams will implement strategies to address identified issues.

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**PLANNED FOR 2020-21** Implemented a management essentials program for all managers in the organization.

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### **ACTUAL PERFORMANCE 2020-21**

The Management Essentials Program was implemented in 2020 which included Lunch and Learn sessions for each module. This Program ran from June 2020 until March 2021, with 75 percent of managers completing all modules in the program during this period.

The same program was implemented with teams leads and supervisors in January 2021 with anticipated completion by Fall 2021. The remaining managers are working with this group to complete the program in Fall 2021.

**PLANNED FOR 2020-21** Completed 20 leadership walk-arounds at LGH facilities throughout the region, either virtually or in person.

### ACTUAL PERFORMANCE 2020-21

The Senior Leadership Walk Rounds policy was developed and communicated in November 2020. The purpose of Senior Leadership Walk Round is to promote and ensure patient and employee safety as well as improve communication, collaboration, and engagement with employees.

Walk rounds are conducted in patient care areas and provide an informal process for Senior Leadership to engage with front line staff about patient and staff safety issues.

19 walk rounds were completed by March 31, 2021.

Following COVID-19 restrictions, virtual Senior Leadership walk-arounds were implemented to continue the initiative. While this proved to be successful, there were some technical challenges which prevented us from reaching our goal of 20 walk-arounds.



PHOTO: COVID-19 VACCINE ARRIVING IN FORTEAU



PHOTO: ENVIRONMENTAL SERVICES STAFF KEEPING FACILITIES SAFE

## DISCUSSION OF RESULTS

Within the first year of the strategic plan, LGH focused on developing strategies to serve as a foundation for building a healthier workforce. Engaging with staff and identifying the current status is critical to understanding where we need to improve and how to do that. The development of Human Resources indicators will provide insight into forming effective strategies in recruitment and retention, historically a very challenging task for LGH.

Through the implementation of engagement strategies such as the Employee Engagement Survey and Guarding Minds at Work, LGH will gain insight into the culture and practices of the organization from the perspective of its employees. Feedback from staff is invaluable towards the success of the authority. With excellent response rates and active involvement from the leadership team and staff across the region, LGH is ready to take the next steps towards implementing change in areas identified by employees.

Ensuring management has the tools to support their staff has been a priority for the health authority. Providing education and training to facilitate professional growth can have a substantial impact on the workforce through building the capacity and confidence of the leadership team to support staff. This will improve organizational culture, staff wellbeing and improved retention of the LGH workforce resulting in better care for the population we serve.

## OBJECTIVE YEAR 2:

By March 31, 2022, Labrador-Grenfell Health will have continued to implement strategies within the human resources plan.

- Implemented the Psychological First Aid program.
- Established a Regional Workplace Violence Committee and implement select strategies.
- Developed and implemented an Early and Safe Return to work program.
- Implemented select strategies to improve employee recruitment and retention.
- Developed and implemented a marketing video.
- Developed and implemented a nursing recruitment strategy.
- Developed and implemented an employee recognition program.
- Developed and implemented a leadership handbook.
- Implemented further opportunities to promote staff engagement, wellness and improve leadership skills by implementing the Open School program from the Institute for Healthcare Improvement.

## ISSUE 3: BETTER ACCESS FOR BETTER HEALTH

LGH is vastly diverse with a land mass and population that equates to one patient for every nine kms. LGH is challenged by its geography which impacts access to primary, secondary and tertiary care.

Enhancing access to health services is critical to improving patient outcomes and achieving our vision of healthy people living in healthy communities.

Improving access to essential health services remains a priority for LGH. Providing access, specifically, Primary Health Care is vital in promoting the overall health of the population. Timely access to services greatly impacts 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.

Many communities in our region are experiencing an aging population, specifically in

Labrador South and the Northern Peninsula. Community consultations indicate that seniors require access to affordable housing, healthy food and supportive care to ensure improved quality of life. There are also gaps in community services including recreation, community events and transportation. LGH continues to collaborate with seniors and community stakeholders to identify ways to improve the health of its population.

Primary health care is the person's first and most frequent point of contact with the health care system. Effective primary health care includes a range of community-based services that crosses the life span and is oriented around health and wellbeing, not the treatment of diseases.

To create effective primary health care teams, providers from a broad range of disciplines must work collaboratively to provide quality services that meet the needs of their populations.

### GOAL:

By March 31, 2023, Labrador-Grenfell Health will have improved access to care and supportive services in select areas.

## YEAR ONE PERFORMANCE

### OBJECTIVE YEAR 1:

By March 31, 2021, Labrador-Grenfell Health will have implemented strategies to improve access to care in the areas of specialty services and chronic disease prevention and management.

**PLANNED FOR 2020-21** Increased number of specialty clinics days at Labrador-Grenfell Health's secondary sites by 10 per cent.

### ACTUAL PERFORMANCE 2020-21

For most specialty services, LGH is dependent on visiting specialists from other regions. While LGH planned for an increase of specialty clinics in the 2020-21 year, the COVID-19 travel restrictions resulted in a decrease in the number of clinics. Many of the specialties, such as dermatology, did provide service to patients in our region virtually, however LGH is unable to track virtual appointments provided by these private clinics.

Number of Specialty clinic days by site:

	2019-20	2020-21
Labrador West Health Centre	692	690
Labrador Health Centre	962	838
Charles S. Curtis Memorial Hospital	1,183	1,082

**PLANNED FOR 2020-21** Increased number of patients seen by select specialty services in their home communities by 10 per cent.

### ACTUAL PERFORMANCE 2020-21

While travel was restricted during the 2020-21 year, the increased use of virtual platforms enabled LGH to continue to provide specialty services to individuals close to home. For example, there was a 109.5 percent increase in pediatric clinics and a 21.2 percent increase in psychiatry clinics within home communities from the previous year. Of those clinics, 129 of pediatric clinics and 337 of psychiatry clinics were provided virtually.

**PLANNED FOR 2017-20** Completed 100 per cent installation of improved telehealth equipment at sites across the region.

---

### **ACTUAL PERFORMANCE 2017-20**

As a result of challenges caused by travel restrictions, recruitment difficulties, and IT resource constraints imposed during the COVID-19 pandemic, 72 percent of Telehealth units were deployed in the 2020-21 year. The remaining units are committed for deployment in early 2021-22.

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**PLANNED FOR 2020-21** Implemented a Progressive Renal Insufficiency program for clients with kidney disease across the region.

---

### **ACTUAL PERFORMANCE 2020-21**

A Progressive Renal Insufficiency (PRI) program was implemented in the LGH region in the 2020-21 year, with the mandate to support and educate clients and their families who have been diagnosed with end-stage kidney disease (Stages 4 & 5). The program was established in collaboration with Eastern Health and provided 19 clients with education and follow-up care in 2020-21.

---

**PLANNED FOR 2020-21** Implemented remote patient monitoring for patients with chronic obstructive pulmonary disease across the region.

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### **ACTUAL PERFORMANCE 2020-21**

LGH successfully implemented Remote Patient Monitoring (RMP) for patients with Chronic Obstructive Pulmonary Disease in March 2021 through collaboration between the LGH Respiratory Therapy team and the Remote Patient Monitoring team at Eastern Health.

---

**PLANNED FOR 2020-21** Developed a framework for primary healthcare delivery across the region.

---

### **ACTUAL PERFORMANCE 2020-21**

A draft framework was developed and initial consultations between LGH management and healthcare providers were initiated in the 2020-21 year. We were unable to complete and approve the final revisions due to time constraints. The framework drew from provincial direction on Health Home team-based primary healthcare and considered resources and opportunities for each of the LGH primary healthcare

zones. Focused conversations on primary healthcare delivery have occurred in Central Labrador and St. Anthony in the context of opportunities for infrastructure improvement for primary healthcare service delivery.

---

**PLANNED FOR 2020-21** Established a regional prioritization system for OR procedures to ensure appropriate access.

---

**ACTUAL PERFORMANCE 2020-21**

A surgical classification system is used to appropriately waitlist patients awaiting surgical procedures. In the winter of 2020-21, LGH completed a provincial scan to identify classification systems being used by the other three regional health authorities.

In collaboration with the surgical team, a regional surgical classification system was finalized and approved in February 2021. The regional booking form was also updated to include the approved surgical classification system. This initiative will provide improvements through a standardized regional booking process.

Moving forward, LGH will provide education to staff around the updated regional form and booking process in 2021-22.

---

**PLANNED FOR 2020-21** Established a process for tracking and monitoring emergency medical air transportation of patients between levels of care.

---

**ACTUAL PERFORMANCE 2020-21**

To better monitor and track medical air transportation flights (also referred to as medevacs or medivacs) occurring within the region and to tertiary centers, LGH developed an electronic tracking process that will provide the team with data to improve utilization of resources for process improvement and care delivery.

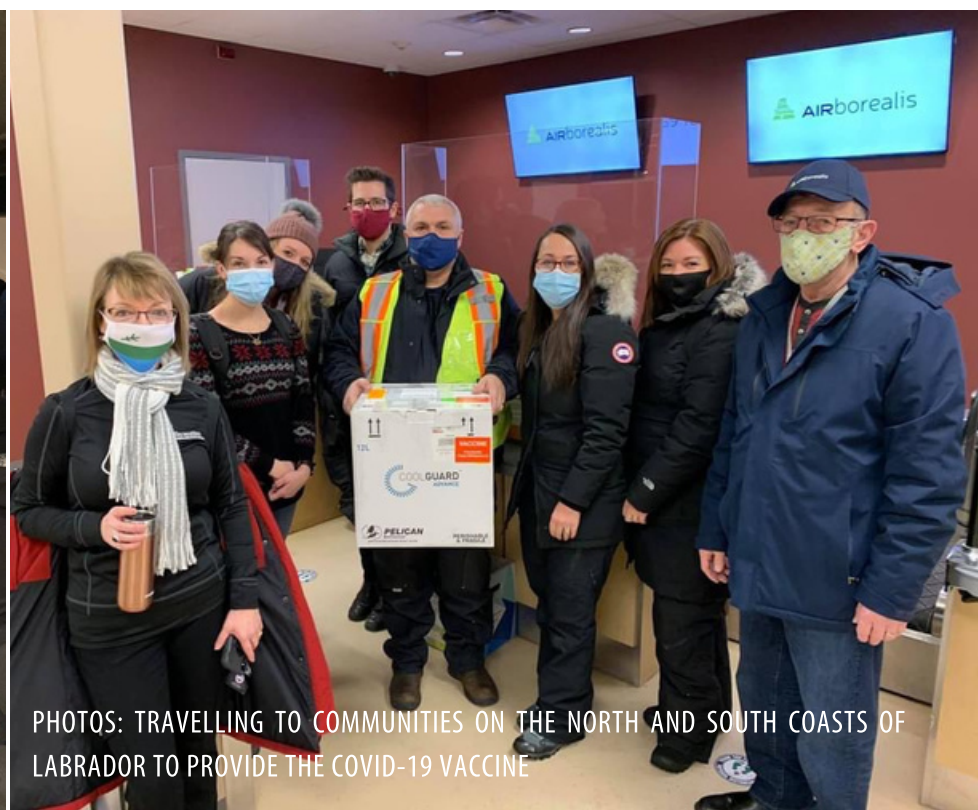
Medevac data questions were added to the existing Ambulance Call Form and the paramedic enters information when completing the e-form. This new data collection process was implemented in March 2021.

**PLANNED FOR 2017-20** Completed an equity-focused analysis on access to care in the region on a selected topic.

### ACTUAL PERFORMANCE 2017-20

An equity analysis on the BETTER program for chronic disease prevention was completed in March 2021. The BETTER program is a Provincial program that focuses on prevention and screening of chronic diseases including cancer, diabetes, heart disease and associated lifestyle factors (nutrition, exercise, smoking and alcohol) for clients between 40 and 65. The analysis used new methodology to assess barriers from an equity perspective in accessing care. The new methodology was subsequently shared with counterparts in the region.

LGH used the PROGRESS-Plus framework (an acronym for: place, race, occupation, gender/sex, religion, education, socioeconomic status, social capital, plus other factors) to identify recommendations to make access to the program more equitable and have now developed a workplan that includes recommendations on using virtual care, expanding service hours and practitioner training. Opportunities were identified to actively target male participants and look at partnerships with Indigenous governments to account for culture and language in the programming to support chronic disease prevention.



PHOTOS: TRAVELLING TO COMMUNITIES ON THE NORTH AND SOUTH COASTS OF LABRADOR TO PROVIDE THE COVID-19 VACCINE



## DISCUSSION OF RESULTS

Building on the authority's previous work to improve access to care, the first year of this new strategic cycle focused on increasing delivery of services across the region with a focus on supporting the overall health of the population.

The COVID-19 pandemic introduced a number of challenges resulting in decreased travel of specialty services, but with an increased ability to provide remote visits, LGH was able to provide a substantial number of visits to clients across the region virtually from their home communities. This is especially valuable to those living in remote areas who more often incur financial, emotion and physical challenges to accessing specialty services.

Implementing programs which provide care for clients remotely has also been successful in the LGH region. Programs like PRI and RPM allow individuals with chronic conditions to track and maintain their health while minimizing visits and admissions to health facilities.

These initiatives support LGH's focus of improving the overall health of the population through strategies which provide better access to services across the continuum of care.

## OBJECTIVE YEAR 2:

By March 31, 2022, Labrador-Grenfell Health will have implemented strategies to support healthy aging and maternal-child health.

- Completed an environmental scan in LGH region and develop recommendations to support Aging in Place in engagement with CACs.
- Completed an environmental scan and inventory of Maternal-child health services in the LGH region, to identify opportunities for improvement in service delivery.
- Completed a pilot program of an interdisciplinary risk assessment clinic for patients in their 2nd trimester.
- Revised and implemented an admissions and monitoring policy for patients during labour and delivery.

# OPPORTUNITIES AND CHALLENGES AHEAD

## RECRUITMENT AND RETENTION

LGH continues to encounter recruitment challenges for various positions which include Laboratory Technologists, Personal Care Attendants, Primary Care Paramedics and Registered Nurses. Other positions that have been difficult to fill include Clerks, Domestic Workers and Maintenance Repairers. Positions have been vacant for extended periods of time and in some cases greater than 12 months. In the Community Clinics on the coast of Labrador, Regional Nurse positions have remained vacant for greater than 24 months. In Happy Valley-Goose Bay and the St. Anthony area, there have been as many as six to eight RN vacancies at any time, including specialty areas such as emergency and obstetrics. It has also become increasingly difficult to attract experienced nurses and many new hires are novice nurses who enter practice. In 2020-21 LGH hired a total of 4 registered nurse graduates. Vacancies for Personal Care Attendants have remained high in some areas with eight permanent full-time

vacancies at the long-term care facility in Happy Valley-Goose Bay on March 31, 2021. It has also become more difficult to recruit management positions, especially clinical nurse managers.

LGH has developed a Human Resources Plan that will focus on long term recruitment strategies to “Grow our Own” by promoting and advocating for local programming to build capacity within the region. Strategies will also focus on recruiting employees who are the “Right Fit”, those seeking a greater degree of autonomy and a broader scope of practice and wish to work and experience the northern lifestyle.

LGH will develop and implement targeted recruitment strategies including high school presentations to local students, to create awareness of employment opportunities for health care careers in their communities, liaising with students at post-secondary educational institutions to identify those who are interested in the “experience” we have to offer and ensuring students are aware of enhanced bursaries that are available when coming to work in the LGH region.

## PHARMACY STANDARDS

Initially, the NLPB released a three-year phased implementation plan for the National Association of Pharmacy Regulatory Authorities (NAPRA) Sterile & Non-Sterile Compounding Standards for pharmacies in Newfoundland and Labrador. Subsequently a one-year extension of Phase Two and Phase Three NLPB Implementation Schedule deadlines was announced. Therefore, regional health authorities now have until December 31, 2022, to achieve full compliance with the NAPRA Compounding Standards.

LGH encountered much difficulty in recruiting a

Compounding Supervisor to oversee and implement NAPRA Standards. This created significant concern around the ability of the health authority to achieve Standard compliance and meet the associated deadlines for each phase of the Implementation Schedule. However, during the third quarter 2020-21, Labrador-Grenfell Health was successful in filling this position and since that time the health authority has made great strides forward with policy development and renovation planning. With the Compounding Supervisor in place and the extension to the NLPB Implementation Schedule deadlines, Labrador-Grenfell Health is in a far better position to work towards NAPRA Standard compliance than in 2019-20.

## INDIGENOUS PARTNERSHIPS – NEXT STEPS

LGH has begun a journey towards the delivery of culturally safe care to the people we serve. In partnership with NG, MIFN, SIFN and Indigenous Services Canada, we have begun the implementation of an action plan to ensure LGH staff are supported to develop cultural competency in the care they provide.

We are challenged to identify systemic racism in the delivery of healthcare and take steps to ensure Indigenous peoples are provided with equitable access to the services they need, delivered with dignity and respect. This can only be achieved by developing true partnerships with all Indigenous groups to ensure shared decision making about health service delivery in our region. LGH is committed to engagement with communities to understand the impacts of systemic racism and to work towards Truth and Reconciliation in our region.

## MEMORIAL UNIVERSITY OF NEWFOUNDLAND – RESEARCH AND EDUCATION IN LABRADOR

LGH has been engaged in discussions about educational and research opportunities related

## HEALTH ACCORD

LGH is working in partnership with Health Accord NL, other stakeholders and the communities we serve to reimagine health and health care in NL. Together, we are assessing the facts about health in this province, sharing ideas, hopes, and concerns, and facilitating discussion about the directions that should be taken to lead us to better health.

to health in the region with the Labrador Institute of Memorial University of Newfoundland and Labrador. The Institute is in the process of achieving recognition as a university campus and is expanding learning and research opportunities. We are working together towards planning for a Labrador Health Research Exchange in fiscal year 2021-22.

LGH is committed to working towards a collective vision through representation at designated committees of the Health Task Force and by facilitating opportunities for staff and community engagement, as well as continuing to provide information that informs decision making and overall recommendations.

# APPENDIX I: AUDITED FINANCIAL STATEMENTS

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## Labrador-Grenfell Regional Health Authority – Operating Fund

Non-consolidated financial statements  
March 31, 2020

# Labrador-Grenfell Regional Health Authority – Operating Fund

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March 31, 2021

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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, 2021 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.

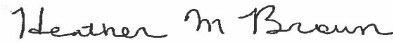
The Board of Trustees [the "Board"] is responsible for ensuring that management fulfils its responsibilities for financial reporting and is ultimately responsible for reviewing and approving the non-consolidated financial statements. The Board carries out this responsibility principally through its Planning 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, 2021.



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Colin O'Brien  
Board Chair (Acting)



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Heather Brown  
President & Chief Executive Officer



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

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## Independent Auditor's Report

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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, 2021, 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, 2021, 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.

### Other matters

We have not audited, reviewed or otherwise attempted to verify the accuracy or completeness of the schedules or exhibits on pages 23 through 26 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  
August 10, 2021

Labrador-Grenfell Regional Health Authority – Operating Fund

Non-consolidated statement of financial position

As at March 31

	2021	2020
	\$	\$
<b>Financial assets</b>		
Cash	759,551	1,054,670
Restricted cash <i>[note 3]</i>	1,036,760	727,832
Accounts receivable <i>[note 4]</i>	5,210,928	5,047,917
Due from Government/other Government entities <i>[note 5]</i>	6,756,178	5,435,336
Inventories for resale	1,488,362	1,452,605
	<u>15,251,779</u>	<u>13,718,360</u>
<b>Liabilities</b>		
Bank overdraft <i>[note 7]</i>	1,081,645	2,499,558
Demand credit facility <i>[note 7]</i>	14,415,000	13,070,000
Accounts payable and accrued liabilities <i>[note 8]</i>	19,686,580	16,977,625
Due to Government/other Government entities <i>[note 9]</i>	1,412,617	1,286,740
Employee future benefits		
Accrued severance pay <i>[note 10]</i>	2,044,162	2,121,980
Accrued sick leave <i>[note 10]</i>	8,934,957	8,781,153
Accrued vacation pay and other accrued benefits	8,521,350	7,792,804
Deferred contributions <i>[note 11]</i>		
Deferred operating contributions	4,771,577	2,823,701
National Child Benefit ["NCB"] initiatives	21,552	21,944
Deferred capital grants	13,632,647	10,439,253
Special purpose funds	820,844	511,916
	<u>75,342,931</u>	<u>66,326,674</u>
<b>Net debt</b>	<u>(60,091,152)</u>	<u>(52,608,314)</u>
<b>Non-financial assets</b>		
Tangible capital assets, net <i>[note 6]</i>	47,957,630	49,136,651
Prepaid expenses	1,405,321	1,043,900
Supplies inventory	1,896,768	1,357,347
	<u>51,259,719</u>	<u>51,537,898</u>
<b>Accumulated deficit</b>	<u>(8,831,433)</u>	<u>(1,070,416)</u>

Contractual obligations *[note 12]*  
Contingencies *[note 13]*  
COVID-19 *[note 19]*

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

	2021 Budget	2021	2020
	\$	\$	\$
	<i>[note 17]</i>		
<b>Revenue</b>			
Provincial plan – operating	147,281,479	147,262,462	152,021,962
Medical Care Plan [“MCP”] physicians	24,356,581	19,312,818	18,933,235
Provincial plan – capital grant	—	3,566,850	2,886,272
Other capital contributions	—	124,280	270,437
Other	8,279,477	7,110,773	6,840,742
Outpatient	2,392,550	1,404,598	2,534,857
Long-term care	2,266,000	2,110,927	2,020,244
Inpatient	713,800	409,882	738,751
Transportation and works	1,285,500	1,285,500	1,285,500
	<b>186,575,387</b>	<b>182,588,090</b>	187,532,000
<b>Expenses <i>[note 15]</i></b>			
Support services	39,019,343	39,994,957	40,560,917
Community and social services	31,922,533	31,057,642	29,893,924
Nursing inpatient services	31,519,601	30,765,880	32,655,190
Ambulatory care services	24,015,624	24,564,263	26,123,754
Medical services	26,215,671	21,518,559	21,940,585
Diagnostic and therapeutic services	20,192,003	19,172,692	20,028,775
Administration	18,125,270	15,469,708	14,608,498
Amortization of tangible capital assets	—	4,870,313	5,110,699
Education and research	1,234,939	1,203,705	1,448,520
Accrued severance pay	—	(77,818)	(5,191,303)
Undistributed	513,206	926,857	513,089
Accrued vacation pay	—	728,545	127,191
Accrued sick leave	—	153,804	195,807
	<b>192,758,190</b>	<b>190,349,107</b>	188,015,646
<b>Annual deficit</b>	<b>(6,182,803)</b>	<b>(7,761,017)</b>	(483,646)
Accumulated deficit, beginning of year		<b>(1,070,416)</b>	(586,770)
<b>Accumulated deficit, end of year</b>	<b>—</b>	<b>(8,831,433)</b>	(1,070,416)

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

	2021	2020
	\$	\$
<b>Annual deficit</b>	<u>(7,761,017)</u>	<u>(483,646)</u>
<b>Changes in tangible capital assets</b>		
Acquisition of tangible capital assets	(3,691,292)	(3,156,709)
Amortization of tangible capital assets	<u>4,870,313</u>	<u>5,110,699</u>
<b>Decrease in net book value of tangible capital assets</b>	<u>1,179,021</u>	<u>1,953,990</u>
<b>Changes in other non-financial assets</b>		
Net (increase) decrease in prepaid expenses	(361,421)	854,008
Net increase in supplies inventory	<u>(539,421)</u>	<u>(110,386)</u>
<b>Decrease (Increase) in non-financial assets</b>	<u>(900,842)</u>	<u>743,622</u>
<b>Decrease (increase) in net debt</b>	<b>(7,482,838)</b>	2,213,966
Net debt, beginning of year	<u>(52,608,314)</u>	<u>(54,822,280)</u>
<b>Net debt, end of year</b>	<u><b>(60,091,152)</b></u>	<u><b>(52,608,314)</b></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

	2021	2020
	\$	\$
<b>Operating activities</b>		
Annual surplus deficit	(7,761,017)	(483,646)
Adjustments for non-cash items		
Amortization of tangible capital assets	4,870,313	5,110,699
Changes in accrued severance pay	(77,818)	(5,191,303)
Changes in accrued sick leave	153,804	195,807
Net change in non-cash assets and liabilities related to operations <i>[note 14]</i>	3,090,410	3,219,164
<b>Cash provided by operating activities</b>	<b>275,692</b>	<b>2,850,721</b>
<b>Capital activities</b>		
Acquisition of tangible capital assets	(3,691,292)	(3,156,709)
Capital asset contributions, net	3,193,394	2,057,626
<b>Cash used in capital activities</b>	<b>(497,898)</b>	<b>(1,099,083)</b>
<b>Investing activities</b>		
Changes to restricted cash	(308,928)	(139,237)
<b>Cash used in investing activities</b>	<b>(308,928)</b>	<b>(139,237)</b>
<b>Financing activities</b>		
Deferred contributions		
Special purpose funds	308,928	139,237
Advances from (repayment of) demand credit facility	1,345,000	(2,450,000)
<b>Cash provided by (used in) financing activities</b>	<b>1,653,928</b>	<b>(2,310,763)</b>
<b>Net change in cash during the year</b>	<b>1,122,794</b>	<b>(698,362)</b>
Bank indebtedness, beginning of year	(1,444,888)	(746,526)
<b>Bank indebtedness, end of year</b>	<b>(322,094)</b>	<b>(1,444,888)</b>
<b>Bank indebtedness comprised of:</b>		
Cash	759,551	1,054,670
Bank overdraft	(1,081,645)	(2,499,558)
<b>Bank indebtedness</b>	<b>(322,094)</b>	<b>(1,444,888)</b>

See accompanying notes to the non-consolidated financial statements.

## Labrador-Grenfell Regional Health Authority – Operating Fund

### Notes to non-consolidated financial statements

March 31, 2021

#### 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 16]. 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, 2021

#### **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 3].

#### **Inventories for resale**

Inventories for resale include pharmaceuticals and are 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 service. The severance benefit obligation has been actuarially determined using assumptions based on management's best estimates of future salary and wage changes, employee age, years of service, the probability of voluntary departure due to resignation or retirement, 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.

##### *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.

##### *Accrued vacation pay and other accrued benefits*

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

## Labrador-Grenfell Regional Health Authority – Operating Fund

### Notes to non-consolidated financial statements

March 31, 2021

#### 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 \$6,133,283 for the year ended March 31, 2021 [2020 – \$6,238,786].

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%



## Labrador-Grenfell Regional Health Authority – Operating Fund

### Notes to non-consolidated financial statements

March 31, 2021

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.

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.

#### **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.

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

## Labrador-Grenfell Regional Health Authority – Operating Fund

### Notes to non-consolidated financial statements

March 31, 2021

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 and the useful life of tangible capital assets. Actual results could differ from these estimates.

### 3. Restricted cash

Restricted cash is as follows:

	2021	2020
	\$	\$
Deferred contributions – special purpose funds (note 11)	820,844	511,916
Endowment fund	215,916	215,916
	<u>1,036,760</u>	<u>727,832</u>

## Labrador-Grenfell Regional Health Authority – Operating Fund

### Notes to non-consolidated financial statements

March 31, 2021

#### 4. Accounts receivable

Accounts receivable are as follows:

	2021					
	Total	Current	Past due			
			1 – 30 days	31 – 60 days	61 – 90 days	Over 90 days
\$	\$	\$	\$	\$	\$	
Patient receivable	6,379,767	2,797,285	(17,783)	192,745	46,941	3,360,579
Other receivable	475,103	475,103	-	-	-	-
Gross receivables	6,854,870	3,272,388	(17,783)	192,745	46,941	3,360,579
Less impairment allowance	1,643,942	-	-	-	-	-
Net accounts receivable	5,210,928	3,272,388	(17,783)	192,745	46,941	3,360,579

	2020					
	Total	Current	Past due			
			1 – 30 days	31 – 60 days	61 – 90 days	Over 90 days
\$	\$	\$	\$	\$	\$	
Patient receivable	5,443,267	2,220,881	-	196,090	4,250	3,022,046
Other receivable	582,188	582,188	-	-	-	-
Gross receivables	6,025,455	2,803,069	-	196,090	4,250	3,022,046
Less impairment allowance	977,538	-	-	-	-	-
Net accounts receivable	5,047,917	2,803,069	-	196,090	4,250	3,022,046

#### 5. Due from Government/other Government entities

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

	2021	2020
	\$	\$
The Government	5,606,361	3,895,189
Department of Children, Seniors and Social Development	90,285	240,757
Harmonized sales tax recoverable	791,035	963,428
Due from St. Anthony Interfaith Home Apartment Complexes	268,497	335,962
	6,756,178	5,435,336

Outstanding balances at year-end are unsecured and interest-free and settlement occurs in cash. For the year ended March 31, 2021, the Authority has not recorded any impairment of receivables from the Government [2020 – nil].

## Labrador-Grenfell Regional Health Authority – Operating Fund

### Notes to non-consolidated financial statements

March 31, 2021

#### 6. Tangible capital assets

Tangible capital assets consist of the following:

	Land	Land improvements	Construction in progress	Buildings	Leasehold improvements	Equipment and vehicles	Total
	\$	\$	\$	\$	\$	\$	\$
<b>2021</b>							
<b>Cost</b>							
Opening balance	36,201	191,211	2,952,292	34,967,596	21,833,016	97,596,010	157,576,326
Net additions	-	-	1,044,698	-	-	2,646,594	3,691,292
Disposals	-	-	-	-	-	-	-
Transfers	-	-	(3,023,492)	-	2,897,708	125,784	-
Closing balance	36,201	191,211	973,498	34,967,596	24,730,724	100,368,388	161,267,618
<b>Accumulated amortization</b>							
Opening balance	-	186,068	-	21,205,892	4,208,108	82,839,607	108,439,675
Disposals	-	-	-	-	-	-	-
Amortization	-	1,030	-	687,082	953,688	3,228,513	4,870,313
Closing balance	-	187,098	-	21,892,974	5,161,796	86,068,120	113,309,988
<b>Net book value</b>	<b>36,201</b>	<b>4,113</b>	<b>973,498</b>	<b>13,074,622</b>	<b>19,568,928</b>	<b>14,300,268</b>	<b>47,957,630</b>
<b>2020</b>							
<b>Cost</b>							
Opening balance	36,201	191,211	2,083,749	34,967,596	21,271,022	95,869,838	154,419,617
Net additions	-	-	1,430,537	-	-	1,726,172	3,156,709
Disposals	-	-	-	-	-	-	-
Transfers	-	-	(561,994)	-	561,994	-	-
Closing balance	36,201	191,211	2,952,292	34,967,596	21,833,016	97,596,010	157,576,326
<b>Accumulated amortization</b>							
Opening balance	-	184,780	-	20,482,648	3,295,271	79,366,277	103,328,976
Disposals	-	-	-	-	-	-	-
Amortization	-	1,288	-	723,244	912,837	3,473,330	5,110,699
Closing balance	-	186,068	-	21,205,892	4,208,108	82,839,607	108,439,675
<b>Net book value</b>	<b>36,201</b>	<b>5,143</b>	<b>2,952,292</b>	<b>13,761,704</b>	<b>17,624,908</b>	<b>14,756,403</b>	<b>49,136,651</b>

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.

## Labrador-Grenfell Regional Health Authority – Operating Fund

### Notes to non-consolidated financial statements

March 31, 2021

#### 7. 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 \$1,081,645 as at March 31, 2021 [2020 – \$2,499,558].

The Authority has a demand credit facility [the “Facility”] with a Canadian chartered bank for a maximum amount of \$20,000,000, bearing interest at the bank’s prime rate less 1.00%. The relevant prime rate was 2.45% as at March 31, 2021 [2020 – 3.25%]. As at March 31, 2021, the Authority has drawn \$14,415,000 in funds from the Facility [2020 – \$13,070,000]. The effective interest rate for the year ended March 31, 2021 was 1.45% [2020 – 3.00%].

#### 8. Accounts payable and accrued liabilities

Accounts payable and accrued liabilities are as follows:

	2021	2020
	\$	\$
Accounts payable and accrued liabilities	10,166,013	8,378,125
Salaries, wages and other benefits payable	9,520,567	8,599,500
	<u>19,686,580</u>	<u>16,977,625</u>

#### 9. Due to Government/other Government entities

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

	2021	2020
	\$	\$
Government remittances	1,274,672	1,172,211
Due to other Government	137,945	114,529
	<u>1,412,617</u>	<u>1,286,740</u>

#### 10. Employee future benefits

The Authority provides its employees who have at least nine years of service, upon termination, retirement or death, with severance pay benefits equal to one week of pay per year of service up to a maximum of 20 weeks. The Authority provides these benefits through an unfunded defined benefit plan.

## Labrador-Grenfell Regional Health Authority – Operating Fund

### Notes to non-consolidated financial statements

March 31, 2021

#### 10. Employee future benefits (continued)

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, 2021.

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, 2021 are based on an actuarial valuation for accounting purposes as at March 31, 2018, and an extrapolation of that valuation has been performed to March 31, 2021.

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	3.11% as at March 31, 2021 3.25% as at March 31, 2020
Discount rate – benefit expense	3.11% in fiscal 2021 3.25% in fiscal 2020
Rate of compensation increase	0.75% for promotions and merit as at March 31, 2021 0.75% for promotions and merit as at March 31, 2020

The net excess utilization rate of sick days is within the range of 9.2 to 114.1 days respectively for age groups ranging from 21 and under to 66 and over in bands of 3 years.

## Labrador-Grenfell Regional Health Authority – Operating Fund

### Notes to non-consolidated financial statements

March 31, 2021

#### 10. Employee future benefits (continued)

*[a] Severance pay and sick leave liabilities*

	Severance \$	Sick leave \$	2021 \$
Accrued benefit liability, beginning of year	1,841,980	9,271,793	11,113,773
Employee future benefit expenses	141,509	1,315,552	1,457,061
Less benefits paid	(197,215)	(1,652,748)	(1,849,963)
Accrued benefit liability, end of year	1,786,274	8,934,597	10,720,871
Lump sum payouts unpaid at March 31, 2021	257,888	-	257,888
Total accrued benefit liability, end of year	2,044,162	8,934,597	10,978,759
Unamortized actuarial (gains)/losses	(260,109)	314,024	53,915
Accrued benefit obligation, end of year	1,784,053	9,248,621	11,032,674

	Severance \$	Sick leave \$	2020 \$
Accrued benefit liability, beginning of year	7,313,283	8,585,346	15,898,629
Employee future benefit expenses	143,065	1,328,531	1,471,596
Less benefits paid	(5,811,583)	(1,132,724)	(6,944,307)
Accrued benefit liability, end of year	1,644,765	8,781,153	10,425,918
Lump sum payouts unpaid at March 31, 2020	477,215	-	477,215
Total accrued benefit liability, end of year	2,121,980	8,781,153	10,903,133
Unamortized actuarial (gains)/losses	(280,000)	490,640	210,640
Accrued benefit obligation, end of year	1,841,980	9,271,793	11,113,773

*[b] Severance pay and sick leave expenses*

	Severance \$	Sick leave \$	2021 \$
Current service cost	118,335	909,407	1,027,742
Interest on accrued benefit obligation	46,278	297,244	343,522
Amortization of actuarial (gain)/loss	(23,104)	108,901	85,797
Employee future benefit expenses	141,509	1,315,552	1,457,061

	Severance \$	Sick leave \$	2020 \$
Current service cost	122,423	913,541	1,035,964
Interest on accrued benefit obligation	39,850	285,562	325,412
Amortization of actuarial (gain)/loss	(19,208)	129,428	110,220
Employee future benefit expenses	143,065	1,328,531	1,471,596

## Labrador-Grenfell Regional Health Authority – Operating Fund

### Notes to non-consolidated financial statements

March 31, 2021

#### 11. Deferred contributions

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

	2021				
	Balance, beginning of year \$	Receipts during the year \$	Recognized as revenue \$	Transfers to other revenue \$	Balance, end of year \$
Deferred operating contributions	2,823,701	2,163,330	215,454	-	4,771,577
NCB initiatives	21,944	72,049	72,441	-	21,552
Deferred capital grants	10,439,253	6,796,937	3,603,543	-	13,632,647
Special purpose funds	511,913	523,034	214,103	-	820,844
	<b>13,796,814</b>	<b>9,555,350</b>	<b>4,105,541</b>	<b>-</b>	<b>19,246,620</b>

	2020				
	Balance, beginning of year \$	Receipts during the year \$	Recognized as revenue \$	Transfers to other revenue \$	Balance, end of year \$
Deferred operating contributions	2,462,579	692,586	331,464	-	2,823,701
NCB initiatives	19,192	131,700	128,948	-	21,944
Deferred capital grants	8,381,627	5,057,640	3,000,014	-	10,439,253
Special purpose funds	372,679	365,091	225,854	-	511,916
	<b>11,236,077</b>	<b>6,247,017</b>	<b>3,686,280</b>	<b>-</b>	<b>13,796,814</b>



## Labrador-Grenfell Regional Health Authority – Operating Fund

### Notes to non-consolidated financial statements

March 31, 2021

#### 12. 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.

	2022	2023	2024	2025	2026
	\$	\$	\$	\$	\$
<b>Contractual obligations</b>					
Future operating lease payments – properties	1,198,132	506,159	434,184	406,284	236,784
Future operating lease payments – vehicles	38,148	37,389	36,629	35,870	23,488
Future operating lease payments – equipment service	837,602	152,203	144,958	144,958	44,014
	<u>2,073,882</u>	<u>695,751</u>	<u>615,771</u>	<u>587,112</u>	<u>304,286</u>

#### 13. 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.

#### 14. 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:

	2021	2020
	\$	\$
Accounts receivable	<b>(163,011)</b>	(1,452,669)
Inventories for resale and supplies inventory	<b>(575,178)</b>	(406,872)
Prepaid expenses	<b>(361,421)</b>	854,008
Accounts payable and accrued liabilities	<b>2,708,955</b>	3,518,576
Accrued vacation pay and other accrued liabilities	<b>728,546</b>	127,191
Deferred contributions – operating and NCB initiatives	<b>1,947,484</b>	363,874
Due from/to Government/other Government entities	<b>(1,194,965)</b>	215,056
	<u><b>3,090,410</b></u>	<u>3,219,164</u>

## Labrador-Grenfell Regional Health Authority – Operating Fund

### Notes to non-consolidated financial statements

March 31, 2021

#### 15. 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:

	2021	2020
	\$	\$
Salaries and benefits	127,198,093	124,809,369
Direct client costs	14,744,012	14,296,758
Other supplies	9,328,348	9,155,365
Medical-surgical supplies, drugs and medical gases	8,651,274	8,050,080
Amortization of tangible capital assets <i>[note 6]</i>	4,870,313	5,110,699
Patient and staff travel	8,083,191	8,928,562
Equipment expenses	3,399,171	4,175,073
Grants	1,496,503	1,301,722
Referred out services	4,059,272	3,980,946
Insurance	1,033,689	1,014,356
Sundry – other	7,485,241	7,192,716
	<b>190,349,107</b>	<b>188,015,646</b>

#### 16. 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, 2021, the balance of funds held in trust for long-term care residents was \$482,102 [2020 – \$378,372]. These trust funds consist of a monthly comfort allowance provided to residents who qualify for subsidization of their boarding and lodging fees.

#### 17. 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, 2021

#### 17. 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, 2021:

	Revenue \$	Expenses \$	Annual deficit \$
Original Budget	183,876,787	191,016,151	7,139,364
Adjustments during the year for service and program changes, net	2,698,600	1,742,039	(956,561)
Revised Budget	<u>186,575,387</u>	<u>192,758,190</u>	<u>6,182,803</u>

#### 18. 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, 2021 [2020 – \$240,757].

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

	2021 \$	2020 \$
Transfers from the Government	150,829,312	154,908,234
Transfers from other Government entities	20,598,318	20,218,735
	<u>171,427,630</u>	<u>175,125,969</u>

Transfers to other Government entities include PSPP and Government Money Purchase Pension Plan contributions of \$6,133,283 for the year ended March 31, 2021 [2020 – \$6,238,786].

## **Labrador-Grenfell Regional Health Authority – Operating Fund**

### **Notes to non-consolidated financial statements**

March 31, 2021

#### **19. COVID-19**

During the year, the Authority has been responding to the COVID-19 global health pandemic. The impact of COVID-19 has led to reduced government funding, restrictions placed for outpatient services and staff travel, vaccination rollouts, amongst others, and it is uncertain how long these will continue. As the COVID-19 pandemic continues, the potential impacts and their duration, remain uncertain and difficult to assess. Management considered the impact of COVID-19 in its assessment of the Authority's assets and liabilities and its ability to continue providing all services in the normal course. Although COVID-19 has had an impact on funding and operations, mechanisms are in place to ensure that the Authority is still able to maintain its core operations.

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

Year ended March 31

	2021	2020
	\$	\$
<b>Expenses</b>		
<b>Administration</b>		
General administration	6,372,349	6,324,606
Finance	1,974,426	1,966,822
Personnel services	1,982,984	1,873,793
Systems support	145,131	1,634,419
Other	4,994,818	2,808,858
	<b>15,469,708</b>	<b>14,608,498</b>
<b>Support services</b>		
Housekeeping	5,073,479	4,877,083
Laundry and linen	1,154,388	1,142,856
Plant services	12,347,216	12,803,386
Patient food services	5,224,831	5,389,258
Other	16,195,043	16,348,334
	<b>39,994,957</b>	<b>40,560,917</b>
<b>Nursing inpatient services</b>		
Nursing inpatient services – acute	19,790,720	21,976,945
Nursing inpatient long-term care	10,975,160	10,678,245
	<b>30,765,880</b>	<b>32,655,190</b>
<b>Medical services</b>	<b>21,518,559</b>	<b>21,940,585</b>
<b>Ambulatory care services</b>	<b>24,564,263</b>	<b>26,123,754</b>
<b>Diagnostic and therapeutic services</b>		
Clinical laboratory	8,161,037	8,315,080
Diagnostic imaging	4,141,201	4,525,116
Other	6,870,454	7,188,579
	<b>19,172,692</b>	<b>20,028,775</b>
<b>Community and social services</b>		
Mental health and addictions	5,592,810	4,864,899
Community support programs	20,140,947	19,728,720
Health promotion and protection programs	5,323,885	5,300,305
	<b>31,057,642</b>	<b>29,893,924</b>
<b>Education and research</b>	<b>1,203,705</b>	<b>1,448,520</b>
<b>Undistributed</b>	<b>926,857</b>	<b>513,089</b>
<b>Total expenses from shareable items</b>	<b>184,674,263</b>	<b>187,773,252</b>

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

Year ended March 31

	2021	2020
	\$	\$
	<i>[unaudited]</i>	<i>[unaudited]</i>
<b>Revenue</b>		
Provincial plan [operating grant only]	147,262,462	152,021,962
Provincial plan – capital grant	3,566,850	2,886,272
Other capital contributions	124,280	270,437
MCP	19,312,818	18,933,235
Inpatient	409,882	738,751
Resident	2,110,927	2,020,244
Outpatient	1,404,598	2,534,857
Transportation and Works	1,285,500	1,285,500
Other	7,110,773	6,840,742
	<b>182,588,090</b>	<b>187,532,000</b>
<b>Expenses</b>		
Worked and benefit salaries and contributions	110,098,590	113,294,024
Benefit contributions [third party]	16,294,972	16,383,650
	<b>126,393,562</b>	<b>129,677,674</b>
<b>Supplies</b>		
Operation and maintenance	2,836,811	3,770,243
Drugs	4,302,976	3,672,460
Medical and surgical	4,175,343	4,159,208
Other	6,664,492	5,603,534
	<b>17,979,622</b>	<b>17,205,445</b>
<b>Direct client costs</b>		
Mental health and addictions	188,833	110,041
Community support	14,555,179	14,186,717
	<b>14,744,012</b>	<b>14,296,758</b>
<b>Other shareable expenses</b>	<b>25,557,067</b>	<b>26,593,375</b>
<b>Total expenses</b>	<b>184,674,263</b>	<b>187,773,252</b>
<b>Annual deficit</b>	<b>(2,086,173)</b>	<b>(241,252)</b>
Less: Provincial plan - capital grant	(3,566,850)	(2,886,272)
Other capital contributions	(124,280)	(270,437)
<b>Deficit for government reporting</b>	<b>(5,777,303)</b>	<b>(3,397,961)</b>
<b>Deficit before non-shareable items</b>	<b>(5,777,303)</b>	<b>(3,397,961)</b>
<b>Non-shareable items</b>		
Provincial plan – capital grant	3,566,850	2,886,272
Other capital contributions	124,280	270,437
Amortization expense	(4,870,313)	(5,110,699)
Accrued vacation pay	(728,545)	(127,191)
Accrued severance pay	77,818	5,191,303
Accrued sick leave	(153,804)	(195,807)
	<b>(1,983,714)</b>	<b>2,914,315</b>
<b>Deficit as per statement of operations and accumulated deficit</b>	<b>(7,761,017)</b>	<b>(483,646)</b>

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

Year ended March 31

	2021	2020
	\$	\$
	<i>[unaudited]</i>	<i>[unaudited]</i>
<b>Sources of Funds</b>		
Provincial capital equipment grant for current year	3,306,937	2,157,640
Provincial facility capital grant for current year	3,490,000	2,900,000
	<u>6,796,937</u>	<u>5,057,640</u>
Add: deferred capital grant from prior year	10,439,253	8,381,627
Less: deferred capital grant from current year	(13,632,647)	(10,439,253)
Less: transfers to other revenue	—	—
<b>Provincial funding used in current year</b>	<u>3,603,543</u>	<u>3,000,014</u>
Other contributions – Grenfell Foundation and other	124,280	270,437
<b>Total funding</b>	<u>3,727,823</u>	<u>3,270,451</u>
<b>Capital expenditures</b>		
Equipment	3,691,292	3,156,709
<b>Total expenditure</b>	<u>3,691,292</u>	<u>3,156,709</u>

**Non-consolidated schedule of accumulated deficit for government reporting**

As at March 31

	2021	2020
	\$	\$
	<i>[unaudited]</i>	<i>[unaudited]</i>
<b>Accumulated operating deficit</b>		
<b>Current assets</b>		
Cash	1,036,760	727,832
Accounts receivable	11,967,106	10,483,253
Inventory	3,385,130	2,809,952
Prepaid expenses	1,405,321	1,043,900
	<u>17,794,317</u>	<u>15,064,937</u>
<b>Current liabilities</b>		
Bank indebtedness	14,737,094	14,514,888
Accounts payable and accrued liabilities	21,099,197	18,264,365
Deferred contributions – operating	5,613,973	3,357,561
Deferred contributions – capital	13,632,647	10,439,253
	<u>55,082,911</u>	<u>46,576,067</u>
<b>Accumulated operating deficit</b>	<u>(37,288,594)</u>	<u>(31,511,130)</u>
<b>Adjustments:</b>		
<b>Add:</b>		
Tangible capital assets, net	47,957,630	49,136,651
<b>Less:</b>		
Accrued vacation pay and other benefits	(8,521,350)	(7,792,804)
Accrued sick leave	(8,934,957)	(8,781,153)
Accrued severance pay	(2,044,162)	(2,121,980)
	<u>(19,500,469)</u>	<u>(18,695,937)</u>
<b>Accumulated deficit per statement of financial position</b>	<u>(8,831,433)</u>	<u>(1,070,416)</u>



# APPENDIX II: SERVICE DELIVERY STATISTICS

## Client Visits - Allied Health

Service	2018-19	2019-20	2020-21	Percentage increase or decrease from 2019-20
<b>Mental Health and Addictions Services</b>	21,097	19,863	<b>24,277</b>	<b>+22.22 percent</b>
<b>Diabetes Nurse Education</b>	8,804	9,327	<b>9139</b>	<b>-2.02 percent</b>
<b>Occupational Therapy</b>	3,648	4,818	<b>4,746</b>	<b>-1.5 percent</b>
<b>Speech Language Pathology</b>	2,338	842	<b>2301</b>	<b>+173 percent</b>
<b>Physiotherapy</b>	11,348	9,974	<b>10,799 (including contracted services-762 visits)</b>	<b>+8 percent</b>

# Acute Care Statistics

## Regional Statistics

	REGIONAL TOTAL/ FIGURE (2018-19)	REGIONAL TOTAL/ FIGURE (2019-20)	REGIONAL TOTAL/ FIGURE (2020-21)	Percentage increase or decrease from 2019-20
Number of Acute Care Beds	81	82	82	-
Number of Admissions (including newborn)	3,724	3,267	3,107	-4.9 percent
Patient Days	26,244	26,180	24,074	-8 percent
Average Length of Stay	6.7 days	6.2 days	6.3 days	1.6 percent
Operating Room Procedures	4,593	3,968	2,750	-30 percent
Number of Births	312	301	264	-12.3 percent
Number of Emergency Room Visits Registered to ER	52,225	49,383	40,245	-18.5 percent

## Totals by Site

Labrador West Health Centre	2018-19	2019-20	2020-21	Percentage increase or decrease from 2019-20
Acute Care Beds	15	15	15	-
Admissions (including newborn)	965	856	642	-25 percent
Patient Days	4,722	4,606	4,126	-10.4 percent
Average Length of Stay	4.4	5.4	5.8	+7.4 percent
Operating Room Procedures	1,043	775	559	-27.8 percent
Births	73	72	69	-4.2 percent
Emergency Room Visits (Registered to ER)	17,624	18,513	13,116	-29 percent

Labrador Health Centre	2018-19	2019-20	2020-21	Percentage increase or decrease from 2019-20
Acute Care Beds	25	25	25	-
Admissions (including newborn)	1,582	1,574	1,514	-3.8 percent
Patient Days	8,716	8,848	8,513	-3.8 percent
Average Length of Stay	5.3	5.4	5.0	-7.4 percent
Operating Room Procedures	1,199	842	523	-37.9 percent
Births	191	161	155	-3.7 percent
Emergency Room Visits (Registered to ER)	23,124	22,306	18,765	-15.9 percent

Charles S. Curtis Memorial Hospital	2018-19	2019-20	2020-21	Percentage increase or decrease from 2019-20
Acute Care Beds	42	42	42	-
Admissions (including newborn)	1,177	1,186	951	-19.8 percent
Patient Days	12,806	12,726	11,435	-10.1 percent
Average Length of Stay	7.9	7.6	9.1	+19.7 percent
Operating Room Procedures	2,351	2,099	1,668	-20.5 percent
Births	48	49	40	-18.4 percent
Emergency Room Visits (Registered to ER)	11,477	10,152	8,364	-17.6 percent

## Outpatient Department Statistics

Number of appointments attended	2018-19	2019-20	2020-21	Percentage increase or decrease from 2019-20
Labrador Health Centre	22,956	18,161	24,420	+34.5 percent
Charles S. Curtis Memorial Hospital	7,452	9,133	10,005	+9.54 percent

## Health Centre Statistics

<b>Labrador South Health Centre, Forteau</b>				
	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<i>Percentage increase or decrease from 2019-20</i>
<b>Client Visits</b>	7,060*	7,141	<b>8454</b>	<b>+18.4percent</b>
<b>Admissions</b>	116	152	<b>142</b>	<b>-6.6percent</b>
<b>Clients seen by Regional Nurses</b>	4,400	3,674	<b>3007</b>	<b>-18.2percent</b>
<b>Clients seen by physicians</b>	2,660	3,467	<b>5447</b>	<b>+57.1percent</b>
<i>* Includes holding beds for observation.</i>				
<b>Strait of Belle Isle Health Centre, Flower's Cove</b>				
	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<i>Percentage increase or decrease from 2019-20</i>
<b>Client Visits</b>	11,185	11,405	<b>16372</b>	<b>+43.5percent</b>
<b>Admissions</b>	59	51	<b>68</b>	<b>+33.3percent</b>
<b>Clients seen by Regional Nurses</b>	9,043	8932	<b>8964</b>	<b>+0.35percent</b>
<b>Clients seen by physicians</b>	2,142	2,473	<b>3322</b>	<b>+34.3percent</b>
<b>White Bay Central Health Centre, Roddickton</b>				
	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<i>Percentage increase or decrease from 2019-20</i>
<b>Client Visits</b>	9,264	9,135	<b>11773</b>	<b>+28.9percent</b>
<b>Admissions</b>	62	51	<b>61</b>	<b>+19.6percent</b>
<b>Clients seen by Regional Nurses</b>	6,625	7,053	<b>8269</b>	<b>+17.2 percent</b>
<b>Clients seen by physicians</b>	2,639	2,082	<b>1272</b>	<b>-38.9percent</b>

## Community Clinics Statistics

	2018-19	2019-20	2020-21	Percentage increase or decrease from 2019-20
<b>Clients seen by regional nurses</b>	39,807	34,148	<b>25388</b>	<b>-25.7percent</b>
<b>Clients seen by physicians</b>	6,422	7,359	<b>3567</b>	<b>-51.5percent</b>

## Community Health and Welless Statistics

	2018-19	2019-20	2020-21	Percentage increase or decrease from 2018-19
<b>Continuing Care Visits (includes both clinic and home visits)</b>	18,550	23,942	<b>18315</b>	<b>-24percent</b>
<b>Home Support Hours – Developmental Disabilities</b>	360,646	317,697	<b>318,723</b>	<b>+.32percent</b>
<b>Home Support Hours – Seniors and Under 65 Physical Disabilities</b>	172,239	201,543	<b>212,160</b>	<b>+5percent</b>
<b>Number of Children Attending Child Health Clinics</b>	1,743	1,727	<b>2505</b>	<b>+45.05percent</b>
<b>Number of Clients Receiving Home Support Programs* (provincial only)</b>	317	345	<b>294</b>	<b>-15percent</b>

\*Does not include clients receiving home supports under the End of Life or Short-term Acute Care programs.

## Long-Term Care Statistics

	Regional Total 2018-19	Regional Total 2019-20	Regional Total 2020-21	Percentage Increase or Decrease from 2019-20
Number of Beds	140	140	143	+2.14 per cent
Resident Days	50,186	47,669	50,675	+6.3 per cent
Number of Admissions	57	57	62	+8.77 per cent

## Telehealth Statistics

	Regional – Annual (2018-2019)		Regional – Annual (2019-20)		Regional – Annual (2020-21)	
	Consults between providers within LGH	Consults with providers outside LGH	Consults between providers within LGH	Consults with providers outside LGH	Consults between providers within LGH	Consults with providers outside LGH
Oncology	0	582	0	610	0	418
Nephrology	0	1,792	0	1,731	0	2208 (1931)
<b>ACUTE CARE</b>						
General Surgery	376	61	399	89	268	78
General Practitioners	249	6	433	5	296	1
<b>MENTAL HEALTH</b>						
Psychiatry, Adult	435	282	574	207	850	124
Psychiatry, Child	0	403	2	500	2	410
Other - Psychologists, MH Counsellors	57	262	207	99	26	32
<b>TOTAL</b>	492	947	783	806	878	566
<b>REHAB</b>						
Physiotherapy	49	1	63	1	32	4
Occupational Therapy	2	21	2	3	31	9
<b>HEALTH &amp; WELLNESS</b>						
Dietician	202	0	167	0	81 (65)	0
Social Work	0	13	0	6	43	0
Other*	248	385	351	456	767	320
<b>Total # of consults</b>	<b>1,618</b>	<b>3,808</b>	<b>2,198</b>	<b>3,707</b>	<b>3,274 (3,258)</b>	<b>4,170 (3,893)</b>





Labrador - Grenfell  
**Health**