



**Western Health  
Performance Report  
2021-22**



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For the purpose of this annual report, the term ‘patient’ is inclusive of ‘resident’ and ‘client’ unless otherwise stated.

# MESSAGE FROM THE BOARD CHAIR



It is my pleasure, on behalf of the Board of Trustees of Western Health to present our Annual Performance Report for the year 2021-22. Western Health is a category one public body under the **Transparency and Accountability Act**. The publication of this report is in keeping with legislative guidelines. In accordance with the requirements of the **Act**, the Board accepts accountability for the results published in this Annual Performance Report.

In 2021-22, Western Health entered the second year of its Strategic Plan 2020-23. This plan represents the sixth strategic plan for Western Health since it was established in 2005. The results highlighted in this Report demonstrate the excellent progress that Western Health has made towards achieving the goals and objectives of our strategic plan within three priority areas, Our People, Quality and Safety, and Innovation. It also highlights many of the accomplishments achieved by dedicated employees, physicians, volunteers and partners throughout the region.

Western Health was faced with significant challenges throughout 2021-22 as the COVID-19 pandemic continued, an information systems outage later determined to be a cyberattack impacted service delivery, and road closures due to an extreme weather event physically separated the southwest coast from the region for a week-long period. Throughout the year, Western Health's employees, physicians and leaders continuously rose to the occasion, working together to overcome the obstacles and challenges they faced. On behalf of the Board of Trustees, I want to thank them for their efforts, which often came at a personal sacrifice. Gratitude and sincere appreciation are extended for their commitment and perseverance, as well as for their many accomplishments during the past year. We are grateful for your dedication to the health and well-being of patients, residents and clients in the Western region.

As we look towards determining future priorities for Western Health, the Board of Trustees completed seven partner engagement sessions throughout the region in February and March 2022. These sessions help the Board gain a better understanding of what the needs are in our communities, and what our areas of focus should be. The Board is pleased to share some of the accomplishments for the fiscal year 2021-22 in this Annual Performance Report. Building on Western Health's previous successes in addressing strategic issues, the Board of Trustees is looking forward to meeting the challenges that lie ahead.

We look forward to continued collaboration with our colleagues, patients, families and communities as we work towards achieving Western Health's Vision of Our People, Our Communities-Healthy Together.

With sincere best wishes,

A handwritten signature in blue ink that reads "Bryson Webb".

Bryson Webb  
Chairperson

## The Region

Western Health's geographical boundaries are from Port aux Basques southeast to Francois, northwest to Bartlett's Harbour, and on the eastern boundary north to Jackson's Arm.



## Western Health Regional Map

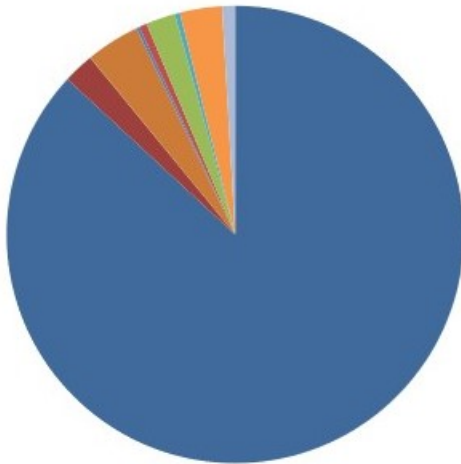
Hospitals, Health Centres, Clinics and/or Offices, Ambulance Service, and Long Term Care Centres



Western Health offers a broad range of programs and services to the people of Western Newfoundland. Its regional office is located in Corner Brook. The organization has over 3,100 employees and approximately 80 per cent of employees are female. There are approximately 1,500 volunteers who assist in delivering programs, services and special events, which enhance the quality of life for patients, residents and clients. Please visit Western Health's [website](#) for information about its mandate and lines of business.

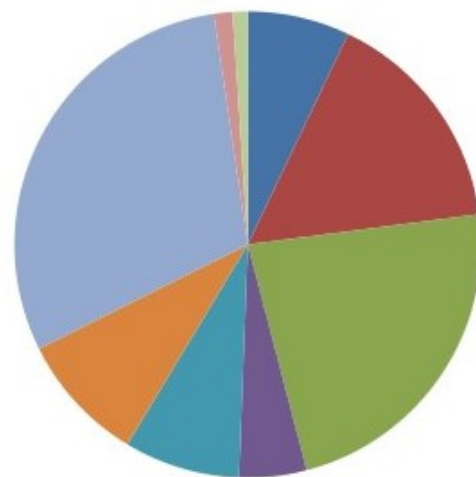
# OPERATING REVENUE AND EXPENSES

## Operating Revenue \$427,674,000



- Provincial plan – operating grant \$371,559,000
- Capital grant – provincial \$9,327,000
- Capital grant – other \$103,000
- National child benefit - 0
- Early childhood development - 0
- MCP physician revenue \$16,221,000
- Inpatient \$962,000
- Outpatient \$2,357,000
- Resident revenue – long term care \$8,920,000
- Mortgage interest subsidy \$2,000
- Food service \$1,567,000
- Other recoveries \$12,736,000
- Other \$3,920,000

## Expenses \$422,038,000



- Administration \$29,882,000
- Support services \$66,855,000
- Nursing inpatient services \$97,117,000
- Medical services \$19,713,000
- Ambulatory care services \$33,875,000
- Diagnostic and therapeutic services \$38,006,000
- Community and social services \$126,798,000
- Educational services \$5,439,000
- Undistributed \$4,353,000



# Highlights and Accomplishments

# HIGHLIGHTS AND ACCOMPLISHMENTS

Western Health's vision, Our People, Our Communities - Healthy Together, highlights the important role of residents and communities throughout the Western region in achieving and promoting good health. Western Health works collaboratively with residents, communities, and partners to achieve this vision. "Our People" also includes the staff, physicians, managers, students, and volunteers who contribute to this vision.

Western Health values the partnerships and contributions of its many stakeholders. Western Health acknowledges the work achieved through shared commitments with volunteers, patient and family advisors, physicians, private service providers, the Department of Health and Community Services, other departments of the Government of Newfoundland and Labrador, other regional health authorities, non-governmental agencies, post secondary institutions, municipal councils, professional associations and the general public. Western Health is also extremely grateful for the numerous volunteers who give generously of their time and talents to support the clients, patients, residents and families that we serve.

## **Achieving Success Through Significant Challenges**

While 2021-22 brought significant challenges to Western Health, the strength of teams working together within the organization was highlighted. In October 2021, an information systems outage which was later determined to be a cyberattack, had significant impacts on service delivery. Western Health staff members and leaders quickly implemented backup procedures in its emergency response. In the days and weeks that followed, Western Health worked with the Newfoundland and Labrador Centre for Health Information (NLCHI), who was assessing and working to resolve the situation, and collaborated with the Department of Health and Community Service and other regional health authorities.

In December 2021, a severe weather event on the southwest coast caused road washouts and transportation challenges. Numerous logistical, human resource and clinical issues followed, as supplies, staff and patients could not travel in or out of the area. Once again, leadership and staff members worked together to respond to the challenges of this event. With patient safety a top priority, Western Health quickly mobilized a command centre to liaise with the Department of Health and Community Services to arrange for transport from isolated areas to necessary medical appointments by helicopter and ambulance. Laundry, pharmaceuticals, COVID-19 vaccine, laboratory specimens, and medical supplies were all moved by helicopter, into and out of the Port aux Basques region. Coordinating helicopters to transport 80 patients, over 1000 pounds of freight and 10 staff members over a seven-day period required collaboration of many partners.

The COVID-19 pandemic continued to have significant impact on programs and services, especially with the arrival of the Omicron variant in December 2021, which resulted in a significant surge in the number of cases in employees, as well as outbreaks in facilities and in communities of the region. During these unprecedented times, Western Health staff members and leadership demonstrated flexibility, innovation, and compassion while providing safe care throughout the region.

At times where there were exceptional challenges to fill staffing requirements, requests for volunteers of health care professionals were met and staff members traveled outside their area, sometimes by bus or helicopter, to support their colleagues and provide care where it was needed. The commitment and dedication of Western Health staff members and leaders was unwavering throughout 2021-22. Even though the organization faced many challenges, there are many successes and achievements to recognize and celebrate.



## Supporting Healthy Aging

The Aging Well Project, a collaboration between Western Health, Eastern Health and Healthcare Excellence Canada, Advancing Frailty Care in Community Collaborative (AFCC), launched in September 2020 and concluded in March 2022. The project targeted frail older adults (age 65+) who score between 4-6 (vulnerable, mildly frail, and moderately frail) on the Clinical Frailty Scale (CFS) to improve their quality of life and support their caregivers. The Aging Well project supported clinicians to become more familiar with local resources available for frail older adult clients and address frailty related concerns to attempt to reduce the progression of frailty. As of March 1, 2022, 511 older adult clients were screened on the CFS and 90 participants were added to the Aging Well Project, with most participants who were screened at 12 months maintaining their baseline CFS score. In addition to identifying that many participants were able to maintain their level of frailty throughout the project, 67 per cent of case managers indicated that they have increased their knowledge of community resources available for clients with frailty. Positive results were noted in the following areas: health outcomes, patient experience, family/friend caregiver experience, health care provider experience, and health system outcomes. Work is ongoing to ensure integration of the frailty work. A CFS screening is now completed for all Community Support clients aged 65+ to address frailty related challenges.

The SmART Aging Project was completed this year in partnership with the Western Regional School of Nursing (WRSON) and Gros Morne Summer Music with support from Centre for Aging and Brain Health Innovation (CABHI). This program targeted older adults with mild/moderate cognitive impairment. Older adults were provided the opportunity to stay socially connected through virtual participation in arts-based activities to lessen the risk of developing dementia, maintain cognitive health, promote engagement and fulfillment, and improve overall quality of life. The project's steering committee conducted research regarding the project implementation and impact and reporting concluded in May 2021. The committee has initiated planning for a revised project based on program feedback and sustainability planning. They also focused on knowledge dissemination throughout 2021-22. An article about the project was published in *The Conversation* and an interview was completed on CTV Your Morning in November 2021; and a presentation was delivered during the WRSON Research Symposium in December 2021.

Western Health collaborated with the School of Fine Arts at Grenfell Campus, Memorial University, on a Picturing Community project. Through recreation therapy staff at Corner Brook Long Term Care Home, 14 residents were selected and worked with third year photography students. After building a rapport with their assigned resident, the students captured images of the residents which told their story. Having the student photographers interact with the residents provided a mutually beneficial opportunity to connect with a different generation. The City of Corner Brook agreed to display large format photographs of the residents in the windows of City Hall, which have been enjoyed by many visitors to this central area of Corner Brook since July 2021. The project provided an opportunity to showcase residents in their home environment and promote healthy aging.

A short stay personal care home placement option was implemented in March 2022 which enables patients to receive safe care in the most appropriate location and a potential earlier discharge to their home. Individuals who need extra support are able to have a short stay in a personal care home to receive the care they need without being admitted to hospital. Services are provided up to four weeks in personal care homes which have short stay placements available.

### **Improvements in Stroke Care**

Western Health continued to prioritize improvements in stroke care in 2021-22. Western Health is participating in the Atlantic Canada Together Enhancing Acute Stroke Treatment Project (ACTEAST), initiated in November 2021, along with other regional authorities in province. The goal of the project is to improve access and efficiency of acute stroke treatment through a series of improvement collaboratives. Improvement strategies were discussed during virtual learning sessions, a virtual site visit and bimonthly webinar events that took place between November 2021 and March 2022. Participants included a variety of staff members, managers, and physicians from several health authorities. Throughout the project, new stroke treatments were examined to understand how new treatments could improve stroke outcomes. Sir Thomas Roddick Hospital (STRH) and Western Memorial Regional Hospital (WMRH) are the two designated stroke sites within Western Health. New strategies were implemented at the two sites to be more consistent with Canadian benchmarks for standards of care. Stroke kits have been created in the emergency departments for easy access to all necessary equipment, policies, and protocols to help meet the recommended 30 minutes from the time a patient arrives to the start of treatment.

### **New Model in Acute Care**

In January 2022, a new Nurse Practitioner (NP) was recruited to support the hospitalist and improve inpatient care at STRH. The NP was hired temporarily, for one year, to improve discharge planning for patients and families. The NP and hospitalist attend weekly interdisciplinary rounds which enhances team communication, improves quality of care provided, and contributes to timely discharges. Initial feedback has been positive from patients and families and an evaluation is planned for this model of care in 2022-23.

### **Supporting Timely Access to Services**

Western Health has implemented measures to support timely access to endoscopy in 2021-22. A registered nurse (RN) has commenced work as triage nurse reviewing the lists of patients prior to their procedure, pathology post-procedure, and providers' waitlists, to ensure patients are not booked more than once, to increase the accuracy of data and improve efficiencies within endoscopy. Western Health also implemented central booking for all endoscopists in the region in 2021-22 to ensure appropriate utilization of resources and to enhance efficiency.

Western Health implemented a centralized triage process for Mental Health and Addictions in May 2021. Triage is a brief assessment completed to direct individuals to the appropriate service in a timely manner. During the telephone triage assessment, priority for service is determined and individuals are informed of treatment options available. In 2021-22, 96 per cent of people were contacted within the benchmark of three days.

### **New Medical Imaging Service Offering**

Western Health incorporated a new nuclear medicine procedure within the Medical Imaging department at WMRH in 2021-22. Western Health is now able to offer gastric emptying studies which demonstrate how quickly food moves through the stomach to identify digestive problems utilizing a radioactive tracer. This is a critical test used to diagnose complications after gastric surgery, gastric reflux, or suspected gastroparesis.

### **Enhancing Gender Diversity/Inclusivity in Health Care**

Supporting gender diversity continued to be a priority in health care in 2021-22. Western Health identified opportunities to improve staff members' knowledge when caring for gender diverse patients; more specifically, those who present for surgical intervention. Feedback has been provided by a patient partner with lived experience to provide insight on how to improve gender diversity awareness on the general surgery unit at WMRH. Appropriate bed placement, sensitivity, and appropriate language were identified as areas of potential improvement.

The surgical manager and clinical educator attended a diversity and inclusion education session offered by Eastern Health and shared valuable knowledge with staff members.



The Journey of Collaboration project is a partnership between Western Health, Qalipu First Nation, WRSON, Grenfell Campus-Memorial University, and the Mi'kmaw community. During 2021-22 project work continued and a framework and action plan were developed that will support improvement of health and wellness outcomes and access for Indigenous peoples of the Western region. The Journey of Collaboration framework lays the foundation for a health care system that follows a two-eyed seeing approach which benefits all people. It has three core principles; share, include and collaborate, which community consider essential to the co-design of health and wellness programs.

### **Scope of Practice Expansion**

The scope of practice for Licensed Practical Nurses (LPNs) as designated by the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) continued to expand in 2021-22. Western Health managers, clinical nurse educators and LPNs worked together to ensure LPNs were educated, authorized and competent to perform the skills as defined by their scope of practice. A new education module on the administration of blood and blood products as well as IV initiation and IV therapy was implemented for LPNs in acute care. In the Community Support program, the scope of LPNs expanded to include negative pressure wound therapy and compression dressings and administration of IV medications. This advancement in practice supports LPNs to work to their full scope of practice and enables better utilization of resources, allowing RNs to provide other necessary care.

To support efficient and timely access to COVID-19 testing for clients, professionals outside of nursing were trained to administer COVID-19 tests. Western Health worked with regulatory bodies on training requirements to support this function and with employees and managers to ensure competence in skills prior to implementation. This expansion in scope of practice enabled easier access to testing for clients and contributed to employees' continued competence.

A new model of care was initiated at Bay St. George Medical Clinic to support primary care in September 2021. A virtual NP and one RN were hired to support enhanced virtual care and an additional RN will begin work in the clinic in 2022-23. The RN performs mini-mental health assessments, patient education and injections, and completes patient profiles. The goal is to have the RNs expand their scope of practice to perform Pap tests, chemo injections, and other work, to increase time available for physicians to provide other care for patients.

### **New Medical Clinic in Cox's Cove**

After the retirement of a longstanding community physician, a new Primary Care Health Home (Medical Clinic) opened in Cox's Cove in May 2021. This clinic is housed in a newly renovated space, collocated with a community pharmacy and community hall. A NP provides virtual care three days per week from Corner Brook, and in-person care in Cox's Cove two days per week for residents in the area.

### **Preventing Illness**

Western Health provided mass immunization clinics for both influenza and COVID-19, along with vaccines also being offered in schools throughout the region. In 2021-22, there was an opportunity for anyone over the age of 18 years to have first, second, and booster COVID-19 doses. There was also first and second vaccinations for those 12 to 18 years and 5 to 11 years.

As of March 31, 2022, 89.6 per cent of residents in the Western region received at least one COVID-19 vaccination, 85.8 per cent received two vaccinations and 50.94 per cent of the population received a booster. There were 71.1 per cent of children aged 5-11 who were vaccinated with at least one dose and 94.2 per cent of children 12-19 years who received at least one vaccination.

### **Health Promotion**

Best practices in health promotion continued to be implemented in 2021-22 in collaboration with partner organizations. Western Health funded 20 community grants, 20 school grants and four school projects which included initiatives to encourage physical activity and healthy eating, and to support social and emotional well being. In total, \$30,135.00 funded 44 projects distributed through every area of the region, addressing a wide variety of health priorities and health inequities. In addition, \$6685 in funding was provided through 26 grants to support addiction prevention and mental health promotion.

### **Violence Prevention**

Violence prevention continued to be a priority for Western Health throughout the region in 2021-22 in collaboration with community-based organizations which provide valuable support with violence prevention efforts. Although the number of in-person activities was reduced over the past year, efforts continued through virtual sessions and messaging provided through social media. Regional violence prevention efforts in 2021-22 included the promotion of an important new service, a Domestic Violence Help Line established by the Office of Women and Gender Equality and the Transition House Association of Newfoundland and Labrador. This Domestic Violence Help Line is available for people to text or call if they are experiencing violence.

### **Facility Improvements**

In 2021-22 significant mechanical, electrical and architectural upgrades were made to the pharmacy at the Dr. Charles LeGrow Health Centre. These upgrades were required to meet changes in standards from the National Association of Pharmacy Regulatory Authorities (NAPRA)<sup>1</sup>. These upgrades will ensure the production of IV products that meet standards from a patient safety perspective, while guaranteeing staff safety when preparing these products. Final commissioning and completion of this project is expected in June 2022. The pharmacy at Dr. Charles LeGrow Health Centre will be the first pharmacy in the region to meet NAPRA standards and renovations to renovate the pharmacy at STRH will take place in 2022-23.

During the summer and fall of 2021, mechanical, electrical and architectural upgrades were made to support the installation of a new Computed Tomography (CT) scanner at STRH. The new scanner produces better quality images with faster scan times, increased clarity and greater detail, assisting radiologists in detecting injury and illness and contributes to an improved patient experience. The scanner has a larger bore (opening) which helps alleviate anxiety for some patients who fear spending time in the scanner. CT technologists received extensive training on the new scanner prior to its beginning operation in November 2021.

### **New Facility Planning**

In 2021-22 Western Health continued to prepare for the new acute care hospital. Construction of the facility remains ongoing with the service commencement date (facility hand-over) planned for November 2023. Exterior and Interior construction is on schedule and the new hospital project remains on target. The new acute care hospital facility obtained the watertightness milestone in July 2021.

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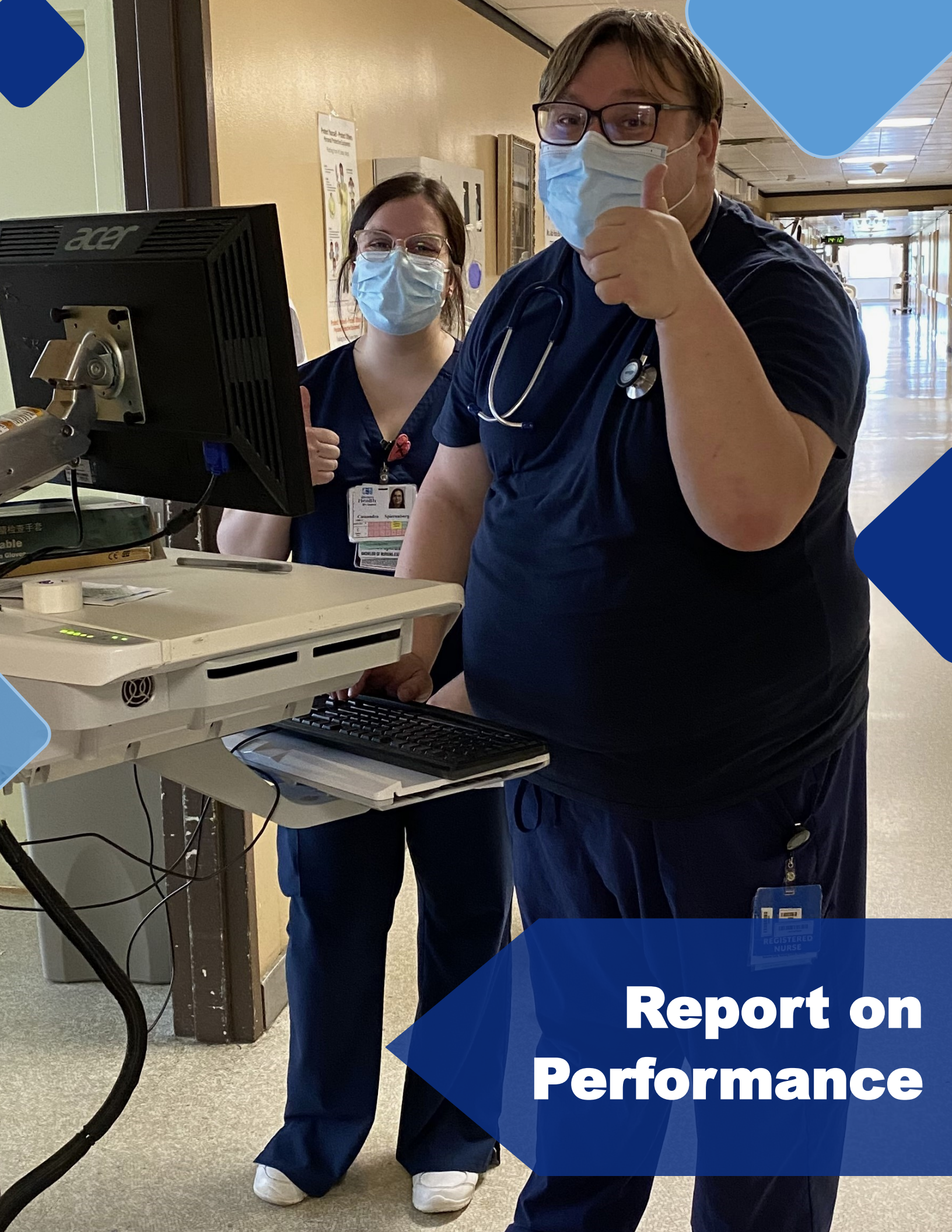
<sup>1</sup>The National Association of Pharmacy Regulatory Authorities (NAPRA) created national model standards to ensure patient safety for pharmacy compounding of non-hazardous sterile preparations, hazardous sterile preparations, and non-sterile preparations.

Engagement continued to be a key priority for Western Health during the planning for the new acute care hospital in 2021-22. Regular meetings took place with the Person and Family Centred Care (PFCC) steering committee to hear feedback from patient partners about wayfinding, patient entertainment, facility name, and construction updates. Feedback from the Qalipu First Nation was received for the cultural garden design.

Western Health leaders and staff members in pharmacy, laboratory, medical imaging continue to be involved in planning for equipment and work flows as a part of operational readiness for the new hospital. This engagement has been crucial in identifying areas of improvement and future work-flow as well as contributing to suggestions for the new equipment required.

There are a number of programs and services that are currently offered within WMRH that are not a part of the new acute care facility. These programs and services are referred to as out of scope from a planning perspective but are critical to the delivery and support of clinical programs within the new acute care facility. In 2021-22 there has been progress made in the planning for relocation of these out of scope programs and services including laundry, WRSON, hostel, and ambulatory/ non-clinical programs.





# Report on Performance

# REPORT ON PERFORMANCE

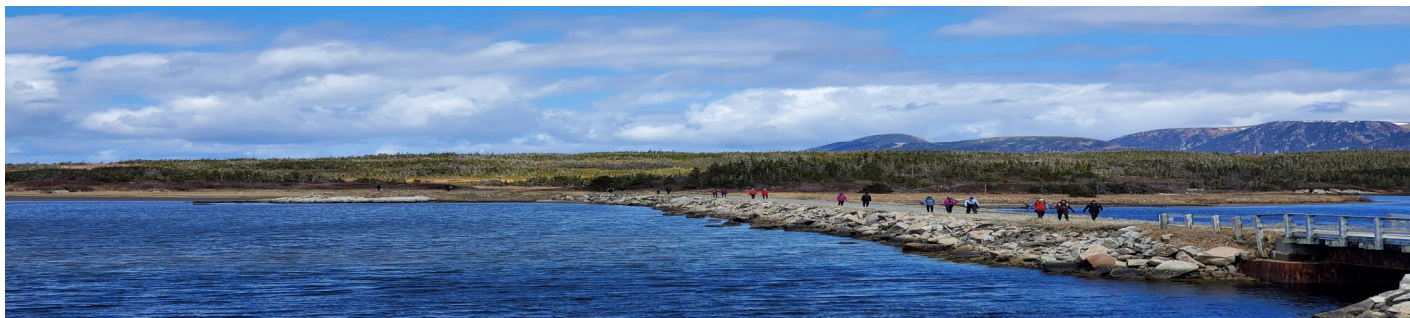
## **Strategic Issue One: Our People**

Our People are our greatest strength, they make Western Health a great place to work and receive care. Individually and together, our team of 3,100 staff alongside 1,500 volunteers and 170 physicians are deeply committed to delivering high-quality programs and services.

Western Health's success depends upon the strength of our people and our ability to recruit and retain a highly skilled, healthy, compassionate and engaged workforce. Changes within programs and services to meet needs of communities are placing unique demands on our traditional workforce planning processes. While several programs and services have experienced significant growth, the organization struggles to meet the human resource needs required to support this growth. Over the last three years, Western Health has experienced a 67 per cent increase in the number of positions advertised throughout the region. On a yearly basis over the last three consecutive years, we have had an average of 800 staff change positions within the organization and approximately 223 new employees begin work with Western Health annually. In addition to this movement, a decreasing pool of skilled resources coupled with an aging workforce and a 2016 engagement survey suggesting that employees feel disengaged, Western Health requires innovative recruitment and retention strategies to be implemented in order to meet the health care needs of our communities.

Western Health has been focused on enhancing work life culture through the introduction and continuation of programs and initiatives aligned with national standards of best practice for psychological health and safety. One example of this work is our successful integration of psychological health and safety standards into routine workplace safety inspection processes. Working in health care presents a unique set of challenges and opportunities. Evidence suggests that a culture which encourages employees to take care of themselves is especially critical in the health care field. Providing employees with opportunities to enhance their physical, mental and emotional well-being is important to us. We recognize that in addition to the need to focus on strategies that engage staff, optimize their work experience, skills and scopes of practice, we must also focus on continuing to introduce evidence based strategies that support the health and wellness of staff.

We need to work differently to develop, train, recruit and retain the very best people and to provide the support that enables staff to provide the level of care and service they aspire to provide. Creating an environment where staff feel engaged, are encouraged and supported to suggest improvements, and feel empowered to make change will guide our focus in changing how we work. This priority is well aligned with the Provincial Government's Strategic Directions of a better economy, healthier people, better living, a bright future, and a more efficient public sector.



**Strategic Goal One:**

By March 31, 2023 Western Health will have enhanced workforce capacity and capability through enabling an engaged, skilled, well-led and healthy workforce.

**Objective Year Two (2021-22):**

By March 31, 2022, Western Health will have initiated implementation of priorities to support workforce capacity and capability.

**Planned and Actual Performance:**

Indicators for Year Two Objective (2021-22)	Accomplishments
Completed Guarding Minds at Work survey	The survey was completed in May 2021 and there were 342 staff who responded to the survey. Survey results were communicated to all staff and leadership in November 2021, and actions were identified to address the priority areas.
Finalized Gap Analysis	The gap analysis was finalized comparing workforce capacity and capability and practices within Western Health with best practices to identify priority initiatives. The Engagement Survey, Guarding Minds at Work survey, as well as an internal and external environmental scan informed the gap analysis document called Our People Environmental Scan which supported the identification of priority areas. This document was finalized and communicated throughout the organization in August 2021.
Identified priorities and performance measures to enable an engaged, skilled, well-led, and healthy workforce	<p>Priorities were identified through the gap analysis document called Our People Environmental Scan and were validated with Western Health's Engagement Committee.</p> <p>Priorities to enable engaged, skilled, well-led, and healthy workforce were identified as follows: (1) improve health, safety, and well-being of staff, (2) enhance overall employee experience, (3) growing and developing our workforce.</p>



The following performance measures were identified for each priority area:

1. Improve health, safety, and well-being of staff
  - (a) Workplan in place to support staff who may identify as lesbian, gay, bisexual, transgender, queer or questioning, two spirit, or intersex (LGBTQ2SI)
  - (b) Number of flexible work arrangements in place
  - (c) Percentage of employees responding favorably to key Guarding Minds at Work survey questions
2. Enhance overall employee experience
  - (a) Number of focus groups completed and identified key themes of what staff believe are limiting career development
  - (b) Developed a leadership development workplan that includes enhancing the Performance Evaluation and Development process and policy
    - (i) Number of leaders completing the Performance Evaluation and Development e-learning module for leaders
    - (ii) Number of staff completing the Performance Evaluation and Development e-learning module for staff
  - (c) Realignment of staffing resources in Central Scheduling
  - (d) Initiated Lean green belt for scheduling with priorities to identify processes for improvement
  - (e) Participate in Health Sciences Centre ANSOS program pilot implementation for nursing scheduling
3. Growing and developing our workforce
  - (a) Recruitment and Retention Strategy developed
  - (b) Offer LEADS in a Caring Environment training sessions for leaders and frontline leaders.
  - (c) Complete a scan to identify programming to support and develop emerging leaders including a succession planning framework
  - (d) Introduction of Business Partner (BP) Model and Delivery Specialist model.
    - (iii) Number of BPs in place
    - (iv) Number of Specialists in place
  - (e) Number of focus groups held and key themes for why people transfer
  - (f) Enhance Human Resource (HR) reporting

<p>Developed workplans for priority initiatives to support achievement of outcomes</p>	<p>Individual work plans for year two were developed for each of the priority initiatives and monitored by various committees to support achievement of performances outcomes.</p> <p>(a) To improve health, safety, and well-being of staff, a workplan was developed and monitored by the Regional Occupational Health &amp; Safety (OH&amp;S) Committee.</p> <p>(b) To enhance overall employee experience, a workplan was developed and monitored by the Regional Engagement Committee.</p> <p>(c) To grow and develop out workforce, a workplan was developed and monitored by the Regional Engagement Committee and the Staffing Issues working group.</p>
<p>Initiated implementation of priority initiatives</p> <p>(a) Improve health, safety, and well-being of staff</p> <p>(b) Enhance overall employee experience</p>	<p>To support the improvement of health, safety, and well-being of staff many initiatives have been started in 2021-22. A workplan to support staff who may identify as lesbian, gay, bisexual, transgender, queer or questioning, two spirit, or intersex (LGBTQ2SI) was developed and work initiated including education provided to staff and leadership groups. A policy and benefit review was completed to ensure both were inclusive and in keeping with best practice. A flexible work arrangement policy has been developed and initial feedback sought from the Regional Engagement Committee. In addition to policy development, an application form, and frequently asked questions (FAQs) were also developed, with a plan for implementation in 2022-2023. As a strategy to assess psychological health and safety in the workplace and staff engagement, a quarterly microsurvey was developed with key questions to address both. The quarterly microsurvey was implemented in March 2022.</p> <p>To enhance overall employee experience, in 2021-22 the Performance Evaluation and Development policy was revised. E-learning to support the policy were developed and implemented for both leadership and staff. By the end of 2021-22, 99 staff and 65 managers had completed the e-learning.</p> <p>In the scheduling department, a Scheduling Supervisor was established to support the realignment of staffing resources within the Human Resources department, and in an effort to address employee concerns of unscheduled vacation, a Lean green belt project was completed in the scheduling department. During 2021-22, Western Health continued to participate in the ongoing ANSOS scheduling pilot at Eastern Health's Health Sciences Centre.</p>

<p>(c) Growing and developing our workforce</p>	<p>To grow and develop our workforce a scan was completed of recruitment and retention strategies currently in place at Western Health as well as strategies utilized in the other three regional health authorities. In addition, a national scan of recruitment and retention strategies was completed to identify new and innovative strategies. In 2022-23 this information will inform the recruitment and retention strategy document.</p> <p>There were two in-person LEADS training sessions completed with managers in Fall of 2021. Due to Public Health guidance, sessions were limited and only 15 individuals were able to be trained in these two sessions.</p> <p>As part of the introduction of a Business Partner (BP) model in the Human Resources department, a proposed structure and roles were presented to Human Resources team, and a human resource strategist was identified to support the advancement of this work.</p> <p>To support enhanced Human Resource reporting, the vacancy report was refreshed in Fall of 2021 to provide more accurate information on vacancies.</p>
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**Objective Year Three (2022-23):**

By March 31, 2023, Western Health will have implemented priorities to support workforce capacity and capability.

**Indicators Year Three Objective (2022-23):**

- Implemented priority initiatives to enable an engaged, skilled, well-led, and healthy workforce
- Increased number of staff participating in the Working Mind, LEADS, and Performance Evaluation and Development education
- Developed a recruitment and retention strategy
- Measured and monitored performance measures related to priority areas

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## Discussion of Results

In 2020-21, a scan of current and future internal and external factors impacting workforce capacity and capability in Western Health was completed, including a literature review of evidence-based practices to support workforce capacity and capability. An analysis of the findings of the environmental scan, and the review of evidence-based practices supported the development of the Our People Environmental Scan document which identified three priority areas of focus to improve workforce capacity and capability: (1) improve health, safety, and well-being of staff, (2) enhance overall employee experience, (3) growing and developing our workforce. Performance measures for each priority were also identified and workplans developed to enable an engaged, skilled, well-led, and healthy workforce.

To improve health, safety, and well-being of staff, the Guarding Minds at work survey was implemented. The Guarding Minds at Work survey is a survey that is designed to identify and measure employee experience with psychological health and safety in the workplace. Survey results were reviewed with the Regional Wellness Advisory Committee as well as the Regional Occupational Health & Safety (OH&S) Steering committee to determine and approve priorities to address psychological health and safety in the workplace. An action plan was developed and many of the actions identified in it have been completed including a review of existing resources and services, updating the manager tool kit, creating resiliency resources, as well as the promotion of the Wow recognition awards where 16 individuals/groups were recognized for their outstanding contributions.

In 2021-22 the National Standard of Canada on Psychological Health and Safety in the Workplace was reviewed and compared to our current status, and a gap analysis was completed with support from WorkplaceNL. Related to pandemic response and the need to pivot to meet the needs of leadership and staff across the organization, much work has been implemented to support best practices in psychological health and safety in the workplace. Moving forward into 2022-23, the newly formed psychological health and safety committee will use this information to develop and implement an overall psychological health and safety workplan for the organization. Additionally, to support psychological health and safety in the workplace, work continued on inclusivity and the LGBTQSI workplan including the development and promotion of a gender transition guidelines which includes expansion of access to gender neutral washrooms.

To assess both psychological health and safety in the workplace and staff engagement, the quarterly microsurvey was created using key questions from the Guarding Minds at Work survey and key engagement questions. Respondents were asked to rate their level of agreement with the followings statements: 1) My employer promotes work life balance, 2) I would describe my workplace as psychologically safe, 3) Work is having a significant impact on my psychological health, 4) I have seen actions taken to attempt to alleviate our staffing challenges, 5) There are sufficient opportunities within the organization for me to work assignments to gain new skills, and 6) I have a clear sense of Western Health's future direction. The purpose of the survey is to keep a frequent pulse on psychological health and safety and engagement at Western Health and will be implemented on a quarterly basis in 2022-23. Results will be shared broadly within the organization and with the Regional Engagement Committee, staffing issues working group, and the Regional Psychological Health and Safety committee to inform their workplans.

In June 2021, Guidelines for Reducing Sedentary Behaviour at Work were released to Western Health employees. These guidelines provide ideas, resources, and tools to help increase activity at work and reduce time spent sitting in an effort to promote health, safety and wellbeing. Resources include: a Move at Work Video; Western Health temporary tattoos and stickers to assist with promoting physical activity; posters and videos to be used to promote physical activity; and fact sheets. An inventory has also been established of indoor spaces at Western Health facilities for physical activity, which is available on Western Health's intranet and has been promoted at leadership and staff meetings. In 2022-23 there will be ongoing efforts to promote these guidelines to all staff.

To enhance overall employee experience the leadership development workplan progressed with the revision and approval of a Performance Evaluation and Development policy. To support the policy, two e-learning's were also implemented for leadership and staff, and flyers developed to promote the policy and e-learning's. This work will support recruitment, retention, and succession planning efforts and promote professional growth within the organization.

The realignment of staff resources in the centralized scheduling department was an effort to enhance the experience for staff who are scheduled by the scheduling department. A Scheduling Supervisor was hired in October 2021 and is located with the schedulers to assist with daily operations which supports the Scheduling Manager in their strategic leadership role. A Lean Green Belt project was also initiated to help identify efficiencies in scheduling with a final report expected in early 2022-23. Many of the recommendations from the Lean project have been implemented including an additional scheduler starting at 5:30 a.m. daily to provide additional support for the morning shift to address the volume of calls, as well as an extension of the short evening shift on weekends to ensure a minimum of two schedulers are working in the department at all times on the weekends. A pilot project enabling efficiency related to phone call volumes was also explored. This pilot involved the use of text messaging to communicate needs related to overtime to a group of employees versus calling each employee individually. In 2022-23 opportunities to expand the pilot will be explored.

In 2020-21 Western Health in collaboration with the other three regional health authorities (RHAs), NLCHI, and an external partner, HealthStream, embarked on a journey to commence implementation of the Integrated Capacity Management (ICM) system across all RHAs within the province. The ICM project is being built and implemented across acute and long term care and has the ability to provide strategic views of organizational flow and aide in strategic decision making in the short, medium, and long term.

Within Western Health as part of the ICM System preparation, a site for the Integrated Operations Centre (IOC) was identified at WMRH. Once fully functional the IOC will serve as the central location for information related to staffing/scheduling and patient flow.

To grow and develop our workforce the development of a leadership development plan has been initiated which includes expanding LEADS to help build a culture of compassion and inclusive leadership. The Lead Self, Engage Others, Achieve Results, Develop Coalitions, and Systems Transformation (LEADS) is a leadership capability framework and is a comprehensive approach to leadership development. In 2022-23 options will be explored to expand LEADS sessions using virtual models.

To introduce supports for people managers there have been structural changes in the Human Resources department in 2021-22. In 2022-23 efforts will continue to implement the Business Partner model to further support our people managers. The Regional Engagement Committee will continue to support the implementation and monitoring of the Our People Strategic Issue into 2022-23.

## Strategic Issue Two: Quality and Safety

In Canada, patient safety incidents are the third leading cause of death following heart disease and cancer. A 2018 national survey commissioned by the Canadian Patient Safety Institute (CPSI) found that most people were unaware of patient safety risks, however once aware, patient safety became one of their top health care priorities. Building a culture of quality and safety is an essential priority for Western Health. Over the last two years we focused our actions on improving outcomes and care experiences for clients, patients, residents and families while promoting safety and will continue the same in year three of this strategic issue. Our ability to provide safe, high-quality care and service depends on the health and safety of people who work, practice, learn or volunteer with us. It has been widely documented that care outcomes can be improved by reducing variations in processes and enhancing safety awareness and practices amongst our staff and the people we serve. Encouraging all individuals to speak up about safety concerns without fear of reprisal or ridicule is essential to our work to reduce preventable harm and to promote a Just Culture within an organizational system of safety and accountability.

An important feature of a quality and safety culture is an emphasis on person and family centered care (PFCC). PFCC refers to an approach to care that guides all aspect of planning, delivery and evaluating services, with the foundation being mutually beneficial partnerships between clients, families, and health care staff and service providers. Providing PFCC means “working collaboratively with clients and their families to provide care that is respectful, compassionate, culturally safe, and competent, while being responsive to their needs, values, cultural backgrounds and beliefs, and preferences.”

Meaningful engagement with patients, clients, residents, families and staff is a key enabler of person centered care. Our staff are committed to a caring, respectful and compassionate environment. Opportunities to enhance patient, residents, clients and family involvement exists as evident through experience surveys results, as well as Western Health’s 2018 Accreditation report.

Quality and safety are supported by having access to valid, reliable, meaningful information. When the information related to a client, patient or resident is consistent and flows across the system it enables improved quality, safety and experience for the people we serve. Information can also be used to better manage performance of the health care system.

Our priority to improve quality and safety is aligned with the Provincial Government’s Strategic Directions: healthier people, and better living. It also is aligned with Health Standards Organization (HSO) standards of excellence and the National Framework for Quality and Patient Safety led by the CPSI and HSO.



**Strategic Goal Two:**

By March 31, 2023, Western Health will have improved quality and safety across the organization in priority areas.

**Objective Year Two (2021-22):**

By March 31, 2022, Western Health will have commenced implementation of strategies in priority areas to strengthen the culture of quality and safety.

**Planned and Actual Performance:**

<b>Indicators for Year Two Objective (2021-22)</b>	<b>Accomplishments</b>
<p>Developed work plans for priority initiatives to support achievement of performance outcomes</p>	<p>Individual work plans for year two were developed for each of the priority initiatives and monitored by various committees to support achievement of performance outcomes.</p> <ul style="list-style-type: none"> <li>(a) to reduce preventable patient harm in hospital, a workplan was developed and monitored by the Regional Client Safety Committee</li> <li>(b) to enhance person and family centred care and improve patient and family partnerships in quality and safety, a workplan was developed and monitored by the PFCC Steering Committee</li> <li>(c) to enhance a culture of safety, a workplan was developed and monitored by the Regional Client Safety Committee</li> <li>(d) to improve measurement and access to services and wait times within priority areas identified through collaboration with regional physician leaders, and patient partners, a workplan was developed and regular updates shared with the Regional Medical Advisory Council</li> </ul>
<p>Initiated implementation of priority initiatives</p> <p>(a) To reduce preventable patient harm in hospital</p>	<p>To reduce preventable patient harm in hospital, there was a focus on implementation of the Regional Deteriorating Patient initiative. Implementation was completed at five of the six identified acute care sites in 2021-22. Implementation was initiated at STRH, however final roll out was delayed due to training requirements to support staff involved in the outreach team.</p> <p>As part of reducing preventable patient harm in hospital, Western Health's Hospital Standardized Mortality Ratio (HSMR) was monitored each quarter in 2021-22. In 2021-22 HSMR increased from 4.1 in Q1 to 5.9 in Q3 (crude rate).</p>

<p>(b) To enhance person and family centred care and improve patient and family partnerships with all aspects of quality and safety</p> <p>(c) To enhance a culture of safety</p> <p>(d) To improve measurement of access to services and wait times within priority areas</p>	<p>To enhance patient and family partnerships with all aspects of quality and safety, there were six new PFCC Advisors recruited in 2021-22 which was a 15 per cent increase from 2020-21. There was an additional five PFCC Advisors participating in quality and safety improvements in 2021-22 which was a 31 per cent increase from 2020-21.</p> <p>To enhance a culture of safety, in 2021-22 a Just Culture education module for staff was identified. In 2021-22 Western Health's Quality Framework was finalized and communicated organizationally.</p> <p>To improve measurement of access to services and wait times within priority areas, a central Wait Time Inventory of services that currently collect wait times was developed and shared on Western Health's intranet page in 2021-22. A jurisdictional scan of wait time measurement, and review of national best practices was completed. The results of the jurisdictional scan and best practices was compared to the current Wait Time Inventory and recommendations developed for priority areas for improvement.</p>
<p>Developed a regional early warning score policy, including care pathways to ensure efficient and seamless escalation and transfer of care of deteriorating patients when required</p>	<p>The Regional Deteriorating Patient policy was developed and shared for broad stakeholder feedback in 2021-22. Feedback will be incorporated, and the policy finalized for implementation in 2022-23.</p> <p>Two Early Warning Signs (EWS) Pathways were developed; one for acute care and one for rural health. The EWS pathways were shared with regional stakeholders for feedback, finalized, and implemented in collaboration with key stakeholders across the region in 2021-22.</p> <p>In 2021-22, 348 staff received training related to the Regional Deteriorating Patient Initiative.</p>



<p>Increased uptake of the PFCC e-learning module for staff</p>	<p>During 2021-22, the PFCC e-learning for staff was implemented. To promote the e-learning, leadership and all staff memos and flyers were shared throughout the region. The e-learning was also assigned as a core competency as part of orientation and onboarding for new hires. At the beginning of 2021-22 (April 1, 2021) there were zero staff that had completed the e-learning, but by March 31, 2022, 807 Western Health completed the e-learning module.</p>
<p>Implemented a survey to measure patient partner engagement</p>	<p>In 2021-22 a working group was established to plan and implement an evaluation of Western Health's PFCC Framework. An evaluation plan was developed and includes a survey of patient partners and PFCC Advisors to better understand their experiences in working with Western Health. Due to competing priorities, including the cyberattack, and the Omicron wave of the COVID-19 pandemic, survey implementation was delayed and will be implemented in 2022-23. The survey will be promoted to all PFCC Advisors and partners to complete and the percentage of patient partners responding positively the survey will be monitored.</p>
<p>Developed a regional Just Culture policy and implementation framework</p>	<p>The regional Just Culture policy was developed and was shared with key stakeholders for feedback, including patient advisors and unions. The policy will be finalized and implemented in 2022-23.</p> <p>The development of the implementation framework for Just Culture has been initiated, and actions include the development and implementation of the regional Just Culture policy and Just Culture education for staff.</p> <p>To enhance Just Culture at Western Health, all employee related policies and frameworks were identified and reviewed to determine alignment with Just Culture principles. The findings identified opportunities where Just Culture principles could be embedded. This work will continue as part of the Just Culture implementation plan in 2022-23.</p>

### **Objective Year Three (2022-23):**

By March 31, 2023, Western Health will have implemented strategies in priority areas to strengthen the culture of quality and safety.

### **Indicators Year Three Objective (2021-22):**

Completed implementation of priority initiatives.

Completed implementation of the Regional Early Warning Signs (EWS) Policy.

Completed implementation of the PFCC e-learning module for staff.

Completed measurement of patient partner engagement.

Completed implementation of the Regional Just Culture Policy and Framework.

Measured and monitored performance measures related to quality and safety priority areas.

### **Discussion of Results**

Western Health's work towards Strategic Issue Two commenced with the development of workplans for the four priority initiatives to support the achievement of the established performance outcomes. Priority initiatives include (a) to reduce preventable patient harm in hospital; (b) To enhance PFCC and improve patient and family partnerships with all aspects of quality and safety; (c) to enhance a culture of safety; and (d) to improve measurement and access to services and wait times within priority areas. A number of committees have been assigned responsibility to support implementation and monitor actions and performance outcomes related to these priority initiatives.

Early warning signs of deteriorating condition in health care are often unrecognized. Clinical deterioration not promptly recognized can result in increased morbidity and mortality. To reduce preventable patient harm, there was a focus on the Regional Deteriorating Patient Initiative in 2021-22 which involves the adoption of the National Early Warning Score (NEWS2) to provide staff with a standard approach to recognize signs of clinical deterioration. Part of the initiative also includes embedding the Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) Framework in implementation of NEWS2. The TeamSTEPPS framework aims to improve patient safety through effective communication and teamwork skills, which provides teachable, learnable skills that lead to better teamwork, communication, leadership, situation monitoring, and mutual support within teams. The Early Warning Signs (EWS) Pathways for acute care and rural health were implemented in 2021-22. These pathways provide health care providers with competencies in acute illness assessment and clinical management. In 2021-22 a Regional Deteriorating Patient Policy was developed, and supporting training provided. Training topics include NEWS2, TeamSTEPPS, and the EWS Pathways.

Throughout 2021-22, Western Health's HSMR continued to be monitored on a quarterly basis. HSMR compares the actual number of deaths in a hospital with the average Canadian experience and a lower rate is better. The ratio provides a starting point to assess mortality rates and identify areas for improvement to help reduce hospital deaths. At Western Health there was an increase in the HSMR for 2021-22. This indicator will continue to be monitored for impacts of the continued roll out of the Regional Deteriorating Patient Initiative. Implementation of the Regional Deteriorating Patient Initiative should support a reduction in the HSMR over time as unexpected deaths due to failure to recognize will be prevented. Data quality can also impact HSMR. Western Health uses nationally mandated Canadian Coding Standards which are essential to ensuring the quality of the data used to inform HSMR. Inconsistencies in application of these standards can have an impact to HSMR. To assess compliance with these standards in 2022-23 a comprehensive review of Western Health's HSMR data will occur through a data quality committee.

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PFCC Advisors are people (patients, clients, and residents), or family members who share their lived experience and partner with Western Health to better plan and deliver person centred programs and services. To enhance PFCC and improve patient and family partnerships with all aspects of quality and safety, there were six new PFCC Advisors recruited in 2021-22. During 2021-22 there has been increased uptake of the PFCC e-learning module. This e-learning was developed by the PFCC Steering Committee and provides education to staff on the four principles of PFCC, the benefits of PFCC, how to engage patients and their families, and how to enhance PFCC at Western Health. Monitoring uptake of this e-learning will continue in 2022-23. In addition, the Quality and Safety Improvement Team orientation for Advisors was developed and reviewed by the PFCC Steering Committee. Orientation and educational materials for staff working with PFCC Advisors on Quality and Safety initiatives was explored and materials for adaptation were identified. Finally, a working group was established to implement a PFCC Advisor evaluation survey. The Public and Patient Engagement Evaluation Tool developed by McMaster University was chosen and adapted for use at Western Health. The survey was shared with the PFCC Steering Committee for review and will be implemented in early 2022-23. The results of the survey will inform the evaluation of Western Health's PFCC framework and identify strengths and opportunities for improvement.

A Just Culture describes a work environment in which individuals believe they will receive fair and just treatment when involved in an adverse event which is essential to our work to reduce preventable harm. To enhance a safety culture, in 2021-22 a staff Just Culture education module was identified. There was consensus across the regional health authorities to support the same Just Culture education module. Planning for Just Culture education will occur in 2022-23 including promoting uptake of Just Culture education among Western Health staff. A review of best practice research as well as a jurisdictional scan of Just Culture was completed to support the draft of the regional Just Culture policy that was shared with regional key stakeholders for feedback, including patient advisors and unions. The Just Culture implementation framework is initiated and includes actions to implement the Just Culture policy, and Just Culture education for staff.

In 2021-22 Western Health's Quality framework was finalized and communicated organizationally. The Quality framework was developed to guide a relentless pursuit to providing exemplary care experiences and best possible outcomes for everyone, everywhere, every time. The framework supports an integrated, consistent approach to quality and allows a common understanding of Western Health's approach to quality. This framework guides the organization in its pursuit of providing exemplary care experiences and best possible outcomes for everyone, everywhere, every time and supports an enhanced safety culture. In 2021-22 ten of the remaining Quality and Safety Improvement Teams were assembled and began planning for their implementation. The mandate of these teams is to identify, recommend, and monitor quality of care and patient safety goals, outcomes and strategies. Implementation of these teams will continue in 2022-23. Team Effectiveness survey uses feedback to help teams understand how productivity, cohesion, and alignment are driving forces to a team's overall success. Baseline measurement of Quality and Safety Improvement Team effectiveness was completed by four of the sixteen Quality and Safety Improvement Teams in 2021-22, with the remaining twelve teams ready to complete in 2022-23.

To improve measurement of access to services and wait times within priority areas, a Wait Time Inventory of services currently measuring wait time was developed in 2021-22. The Wait Time Inventory collects wait times on variety of services such as long term care placement, primary care appointments, and outpatient physiotherapy. The calculation of wait times varies and is dependent on each specific type of program or service. The inventory was established in collaboration with key stakeholders including the Regional Medical Advisory Council. The Wait Time Inventory is located on Western Health's intranet and serves as an accessible location for health care providers to access to wait times of services that currently collect wait times. It supports health care providers throughout the organization by enabling access to relevant information on current wait times in key areas and supports informed decision making and open communication with patients and clients on wait times for specific services. A jurisdictional scan of best practices was completed and compared to the current Wait Time Inventory. The comparison generated recommendations to address gaps in wait time reporting and services that have wait time outside current benchmarks. Validating these recommendations in collaboration with key stakeholders will be a focus in 2022-23.

In conclusion, throughout 2021-22 there was a significant amount of engagement and collaboration with key stakeholders, front line staff, and patient partners, to support the implementation of the four priority initiatives to strengthen a culture of quality and safety at Western Health.



### **Strategic Issue Three: Innovation**

In the Western region our population is aging, we also experience a higher incidence of chronic diseases such as high blood pressure, diabetes, and chronic obstructive pulmonary disorder (COPD) compared to NL and Canada. The gross personal income per capita in the Western region is less than the provincial average and the incidence of unemployment is higher, in addition 19.4 per cent of the Western region's population does not have a high school education. It is the interrelationships among these and other factors that influence individual and population health. Accessibility to health services is an important determinant of health. Accessibility of health services refers to the extent to which people can readily obtain care when and where they need it. Increasing accessibility can involve reducing physical, financial, cultural and psychological barriers that individuals maybe encounter when trying to access information and care.

Western Health's geographically dispersed population can pose challenges to the delivery of sustainable health care services across the continuum of health care. Western Health is committed to ensuring that the regional population, including those people who experience the greatest barriers, have a fair opportunity to attain their highest health potential. Innovative care and service models are necessary to address these challenges, enabling interprofessional teams to work to their full scope to deliver high quality care. These models would be enhanced by leveraging technology and evidence-based care solutions including virtual care to enable more accessible, efficient, and connected care for the people we serve.

Over the next three years, Western Health intends to focus on identifying innovative solutions to improve access to services in key priority areas. Integrated health systems that wrap services around the needs of individuals will improve the value of care provided by ensuring that the right people receive the right care at the right place and time. This will involve organizing services and supports that minimize unnecessary barriers, align with the population's needs, address identified health inequities and are either available in the local area, within a reasonable distance, or through assistive technologies.

Western Health's innovation priority is well aligned with each of the Provincial Government's Strategic Directions for 2020-23, which include a better economy, healthier people, better living, a bright future, a more efficient public sector. It is also in line with the 2015-25 Primary Health Care Framework for Newfoundland and Labrador which identified the need to fully utilize appropriate technologies to make services more convenient, reduce barriers to access, and limit the need for travel as crucial to improving primary health care in Newfoundland and Labrador.

### Strategic Goal Three:

By March 31, 2023, through innovative models of service delivery, Western Health will have improved access to health services in priority areas.

### Objective Year Two (2021-22):

By March 31, 2022, Western Health will have commenced implementation of innovative initiatives to improve access to services in priority areas.

### Planned and Actual Performance:

Indicators for Year Two Objective (2021-22)	Accomplishments
Collaborative care model identified for Western Health emergency departments at hospitals and health centres and implementation plan established	Rural emergency department collaborative care models have been identified for Western Health rural emergency departments and an implementation plan is established for each model. These models aim to address rural staffing and recruitment challenges including physician and NP shortages. Models vary in staffing complement and scope, and each model is in various stages of implementation. To support model implementation, in 2021-22 all Western Health hospital and rural health centre emergency departments were virtually linked using video supporting software and portable tablets.
Strategies to enhance access to primary care initiated	<p>In 2021-22 several strategies have been initiated to enhance access to primary care in the Western region and a plan was developed to support implementation at targeted sites throughout the region.</p> <p>Western Health focused its efforts on implementing the Health Home Model for Team Based Care in 2021-22 for virtual and in-person care at Western Health primary care medical clinics. Western Health also rebranded its primary health care areas into Health Neighbourhoods. A new website was launched introducing the Health Neighbourhoods and the Health Home Model of service delivery. To support attachment to primary care and identify unattached patient need, a centralized waitlist process was developed and implemented throughout the region.</p> <p>Western Health has also embarked on the “Informatics partnership for Health Care Improvement project” in partnership with the College of the North Atlantic to support development and implementation of a health services patient use report for the Humber Valley/Deer Lake/White Bay health neighborhood.</p> <p>Usage indicators were identified and monitored for primary care to ensure standards based on best or informed practice are being met, indicators include total number of attached patients, average number of patient per day, number of face to face in clinic appointments, number of virtual telephone appointments, number of virtual video appointments, third next available appointment, and number of patients on wait list.</p>

<p>Strategies to enhance access to Chronic Disease Prevention and Management programs initiated in priority areas</p>	<p>Strategies have been initiated to enhance access to Chronic Disease Prevention and Management programs in priority areas. The Building on Existing Tools To Improve Chronic Disease Prevention and Screening in Primary Care (BETTER<sup>2</sup>) Program was approved by the BETTER institute for virtual delivery. A model has been identified to support BETTER program delivery for both virtual and in-person care, and program usage indicators have been identified and are being monitored and measured monthly to determine program demand and service utilization.</p>
<p>Developed community paramedicine program and implementation plan</p>	<p>In 2021-22, an implementation plan was developed to expand the community paramedicine program. The plan includes identification of usage indicators and identified priority areas for potential community paramedicine program implementation. The identified priority areas for community paramedicine program implementation are as follows:</p> <ul style="list-style-type: none"> <li>• Blood collection services at Hampden Medical Clinic and Pollards Point Medical Clinic in partnership with the Hampden Ambulance Service and the Jackson’s Arm Ambulance Service</li> <li>• Implementation of a second ambulance team with the following purpose: 1) support all rural health centres and STRH with the transfer of patients requiring a nurse or physician escort to WMRH or to an airport, 2) to support COVID-19 response activities, 3) to support the Humberwood program with blood collection on site if needed, and weekly check-ins with clients</li> <li>• Exploring expansion of the BETTER program in partnership with identified community ambulance partners.</li> <li>• Collaboration with the Mental Health and Addictions and Community Support programs to explore opportunities for paramedics to do home checks, falls prevention screening, vital signs checks, medication compliance visits, and offer end of life support</li> <li>• Exploring opportunities to support personal care homes and palliative care in the community</li> </ul> <p>Indicators have been identified to determine service demand and utilization.</p>

BETTER<sup>2</sup>—The Building on Existing Tools To Improve Chronic Disease Prevention and Screening in Primary Care (BETTER) program utilizes evidence based strategies, resources, and tools to improve chronic disease prevention and screening in primary care settings.

### **Objective Year Three (2021-22):**

By March 31, 2023, Western Health will have implemented initiatives to improve access to services in priority areas.

### **Indicators Year Three Objective (2022-23):**

Collaborative care model implemented in targeted Western Health rural emergency departments.  
Strategies to enhance access to primary care implemented at targeted sites.

Strategies to enhance access to Chronic Disease Prevention and Management programs implemented in priority areas.

Strategies to enhance access through a community paramedicine program initiated.

### **Discussion of Results:**

In 2020-21 four priority areas of focus were identified to improve access through innovative means based on a review of existing programs and services, needs assessment results, stakeholder engagement, and a review of evidence-based practices. These priority areas of focus that were identified are as follows: (a) rural emergency departments; (b) primary care; (c) chronic disease prevention and management; and (d) community paramedicine. A work plan was developed in 2021-22 with a focus on identifying key actions to initiate implementation of initiatives to improve access and support achievement of performance outcomes for all four priority areas. A regional operations working group supported the implementation of the work plan and monitoring of performance measures.

To support implementation of a collaborative care model in rural emergency departments a plan was developed with a focus on identifying strategies to enhance access through virtual care and alternate staffing models. The first model identified was a second ambulance team comprised of one Advance Care Paramedic (ACP) and one Primary Care Paramedic (PCP). This team, established in July 2021 is based out of WMRH and supports the transport of critical or urgent patients, reducing the need to send physician or nursing escorts. The second model identified for Western Health rural emergency departments includes staffing rural emergency departments with ACPs. Opportunities are being explored to integrate ACPs into rural emergency departments thus increasing capacity to support virtual service models, enhanced airway management support, and community paramedicine. The third model identified for Western Health rural emergency departments involves virtual emergency department physician coverage afterhours and is being explored to allow physicians in rural health centres to provide afterhours support remotely by using video supporting software or by telephone. The provision of afterhours support remotely supports increased flexibility in coverage and staffing of rural emergency departments. The fourth model identified for Western Health rural emergency departments is virtual emergency department coverage for rural health centres with support from WMRH Emergency Department (ED). Two skill mix models are being explored: an NP and ACP or PCP combination; and a RN and ACP or PCP combination. The exploration of these skill mix models supports staffing flexibility in light of recruitment challenges and provides options to keep the ED open to manage low acuity cases and supports diversion of more complex cases if necessary. The fifth model identified for Western Health rural emergency departments includes adoption of the After-Hours Emergency Department Management of Care for Low Acuity Patients Policy. This policy was approved and guides the diversion of low acuity patients away from the ED after hours in consultation with nursing staff and physician and supports both work life balance of physicians and the use of virtual EDs. The sixth model identified for Western Health rural emergency departments is a project involving virtual emergency department diversion using 811 NPs. Joint planning is underway with Fonemed (811) and the Department of Health and Community Services to implement this project at STRH. This project aims to relieve pressures of the ED with a virtual NP to support patients with lower acuity health issues being seen by the appropriate provider.



The Health Home Model for Team Based Care plan has been developed and implementation initiated for targeted Western Health operated primary care clinics. The model is based on continuity, attachment, and interprofessional collaboration through Collaborative Care Teams. Collaborative Care Teams provide a forum for health care providers to work together to identify opportunities to improve quality of care and participate in quality improvement initiatives that focus on improved health outcomes, better patient/client and provider experiences, and better value while providing comprehensive and coordinated care to a defined patient population. Collaborative Care Teams have been established in two of three targeted sites including Corner Brook/Cox's Cove and Deer Lake Medical Clinic with Bay St. George Medical clinic remaining a target for 2022-23. The Health Home Model is also based on active client/community engagement with Community Advisory Committees and client and partner advisors, improved access through same day appointments, after hours, and self-scheduling options for patients, panel management, virtual care options, and electronic record keeping through an Electronic Medical Record (EMR). An EMR provides health care teams with a more complete picture of their patients' health and is a digital health solution designed to improve practice efficiency, facilitated decision making, and improved communication. It enhances the patient experience and positively impacts health outcomes when used for preventive care and chronic disease management. As of the end of 2021-22, one hundred per cent of Western Health primary care providers are documenting in one EMR.

The Health Neighbourhoods website was launched in 2021-22 that introduced the Health Neighbourhoods. Health Neighbourhoods are seven areas with distinct geographic boundaries within the region. To assist the public in finding Health Neighborhood information, a quick find widget was placed on the Western Health home page. To support access and attachment for primary care, a centralized patient waitlist process was developed and implemented throughout the region. A link is provided on individual Health Neighbourhoods websites to 'Find a Provider'. This central intake process focuses on attaching clients to a primary care provider, when there is capacity, in their preferred health neighbourhood.

In 2021-22 Western Health initiated the "Informatics partnership for Health Care Improvement project" in partnership with the College of the North Atlantic. This project takes a geo-mapping approach to outlining service trends and client access patterns. This information will help identify service gaps and opportunities for utilizing virtual care to reduce the amount of travel required by clients to access certain services. This work will support the development and implementation of a health services patient use report for the Humber Valley/Deer Lake/White Bay health neighborhood. This work is in the data assessment phase and will continue into 2022-23.

To support enhanced access to primary care, several initiatives have been implemented to increase capacity, improve access, and enhance virtual care throughout the Western region. During the 2021-22 year there was successful implementation of same day appointments in two out of three sites; afterhours access in two out of three sites; and implementation of a patient self-booking option in one out of two sites. Implementation will continue to be a focus throughout the next year. Virtual care has been incorporated into all Western Health primary care clinics with a focus on offering the most appropriate visit type to meet client need. In 2021-22 there were 130 virtual video visits by a Western Health primary care provider compared to four virtual visits in the previous year.

The BETTER program was identified as an evidence-based approach to chronic disease prevention and uses screening strategies to enhance access to chronic disease prevention and management programs. As of March 31, 2022, all BETTER Prevention practitioners in Western Health Clinics are on the EMR and are offering both virtual video visits and virtual telephone visits. There are several staffing models being explored to support expanded rollout of the BETTER program across the western region, and in 2021-22 a BETTER partnership was established with three fee-for-service physicians in the Corner Brook/Bay of Islands Health Neighbourhood.

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To enhance access to Chronic Disease Prevention and Management programs, in 2021-22 the Diabetes Services program started using a Diabetes Flow Sheet in the EMR that was designed using national best practice guidelines. The Diabetes flow sheet was developed to reflect current clinical practice guidelines and also ensures assessment of the full impact of diabetes on all areas of the body. This ensures all areas are assessed in keeping with best practice guidelines, while supporting individualized patient goals.

To enhance access, in 2021-22 Western Health supported the implementation of various community paramedicine program initiatives including blood collection services in partnership with two community-based ambulance services. A second ambulance team also provided support to pandemic response, and to the Humberwood program through blood collection and weekly check-ins with clients. Western Health is committed to exploring additional opportunities to expand community paramedicine while focusing on improving access in key priority areas in 2022-23.

The 2021-22 year focused on identifying strategies and initiating an implementation plan to enhance access in four key priority areas: rural emergency departments, primary care, chronic disease prevention and management, and community paramedicine. A focus of 2022-23 will be to continue with implementation at targeted sites while focusing on sustainability.



# Opportunities and Challenges

# OPPORTUNITIES AND CHALLENGES AHEAD

## **Health System Human Resources**

Maintaining optimal staffing levels is key to providing high quality care. Health human resources poses the greatest strategic challenge for health care. It is difficult to predict how demographic, social, and technological shifts will manifest in the workforce. Recognizing current and future challenges with recruitment and retention, Western Health has a strategic priority focused on Our People. Innovative recruitment and retention strategies are essential to meet the health care needs of our communities. In January 2022 the provincial government announced the establishment of a Provincial Health Professional Recruitment and Retention Office to assist with development of a comprehensive provincial approach to recruitment and retention. Western Health looks forward to the opportunity to engaging with the Provincial Health Professional Recruitment and Retention Office and collaborating on this provincial effort.

## **COVID-19**

Through 2021-22, Western Health continued to navigate through unprecedented challenges with the persistence of the COVID-19 pandemic and the Omicron variant. Western Health staff, physicians, and leadership in all areas of the organization were agile and mobilized quickly during the Omicron wave to efficiently to ramp up COVID-19 testing sites and tirelessly work to prevent further spread within facilities and across the region all the while continuing to deliver high quality care to patients and keeping employee and physician safety at the forefront. The persistence of COVID-19 will undoubtedly continue to have impacts on the health care system, and the challenge will be navigating these pressures while maintaining services and recovering from ongoing service disruptions that occurred through the past two years.

## **Health Accord NL**

In February 2022 the Health Accord NL released its final report with a vision to improve health and health outcomes in the province over the next 10 years. A recommendation included in the report was to create a Provincial Health Authority. This transformative change has the potential to create many opportunities for improvement and implementation will require significant engagement from staff, leadership and community partners. The Health Accord NL Blueprint will be issued in 2022-23, which will outline the implementation plan of the recommendations included in the final report. Western Health looks forward to the opportunity to engage in the discussions related to a provincial health authority to represent the unique needs our population and communities in the Western region.

## **New Facilities**

Western Health continues to plan for the replacement of WMRH. In the coming year, the challenge and focus will be to ensure all required equipment is identified, specifications finalized, and that the equipment is ordered and installed as per the procurement schedule. In addition, there are number of processes that will change, including the information system used for documenting health records.

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Preparing staff, as well as ensuring there are adequate human resources to support the programs and services will be another area of focus. An effective transition to the new facility is dependent on finalizing the plan and location for the four areas which will not be included in the new facility, including laundry, WRSON, hostel, and ambulatory/non-clinical programs. This will continue to be a priority for the upcoming year.



# Financials





Consolidated Financial Statements

Western Regional Health Authority

March 31, 2022



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# Statement of responsibility

The accompanying consolidated financial statements are the responsibility of the Board of Trustees of the Western Regional Health Authority (the "Board") and have been prepared in compliance with legislation, and in accordance with Canadian Public Sector Accounting Standards as recommended by the Chartered Professional Accountants of Canada.

In carrying out its responsibilities, management maintains appropriate systems of internal and administrative controls designed to provide reasonable assurance that transactions are executed in accordance with proper authorization, that assets are properly accounted for and safeguarded, and that financial information produced is relevant and reliable.

The Board met with management and its external auditors to review a draft of the consolidated financial statements and to discuss any significant financial reporting or internal control matters prior to their approval of the consolidated finalized financial statements.

Grant Thornton LLP, as the Board's appointed external auditors, have audited the consolidated financial statements. The auditor's report is addressed to the Board and appears on the following page. Their opinion is based upon an examination conducted in accordance with Canadian generally accepted auditing standards, performing such tests and other procedures as they consider necessary to obtain reasonable assurance that the consolidated financial statements are free of material misstatement and present fairly the financial position and results of the Board in accordance with Canadian public sector accounting standards.

 Director  Director

## Independent auditor's report

To the Board of Trustees  
Western Regional Health Authority

**Grant Thornton LLP**  
Suite 201  
4 Herald Avenue  
Corner Brook, NL  
A2H 4B4  
T (709) 634-4382  
F (709) 634-9158  
[www.GrantThornton.ca](http://www.GrantThornton.ca)

### Opinion

We have audited the consolidated financial statements of Western Regional Health Authority (“the Entity”), which comprise the consolidated statement of financial position as at March 31, 2022, and the consolidated statements of operations, change in net debt and cash flow for the year then ended, and notes to the consolidated financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying consolidated financial statements present fairly in all material respects, the financial position of Western Regional Health Authority as at March 31, 2022, and its results of operations, its changes in its net debt, and its 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 consolidated Financial Statements section of our report. We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the 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 Matter – Supplementary Information

Our audit was conducted for the purposes of forming an opinion on the financial statements taken as a whole. The appendix on page 24-29 is presented for purposes of additional information and is not a required part of the financial statements. Such information has been subjected to the auditing procedures applied only to the extent necessary to express an opinion in the audit of the financial statements taken as a whole.

### Responsibilities of Management and Those Charged with Governance for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these 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 consolidated financial statements that are free from material misstatement, whether due to fraud or error.

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

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

### **Auditor's Responsibilities for the Audit of the Consolidated Financial Statements**

Our objectives are to obtain reasonable assurance about whether the 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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these consolidated financial statements.

As part of an audit in accordance with Canadian 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 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 Entity'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 Entity'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 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, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the Entity and the organizations it controls to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit opinion.

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.



# Western Regional Health Authority

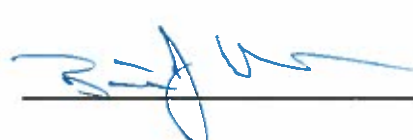
## Consolidated statement of financial position

March 31	2022	2021
(in thousands of dollars)		
<b>Financial assets</b>		
Receivables (Note 3)	\$ 8,512	\$ 18,479
Trust funds on deposit (Note 4)	614	570
Replacement reserve fund	<u>220</u>	<u>220</u>
	<u>\$ 9,346</u>	<u>\$ 19,269</u>
<b>Liabilities</b>		
Bank indebtedness (Note 5)	\$ 45,758	\$ 59,097
Payables and accruals	30,586	27,097
Vacation pay accrual	14,674	12,831
Severance pay accrual (Note 6)	2,047	2,305
Sick leave accrual (Note 6)	19,276	18,966
Deferred contributions		
– operating	7,191	6,474
Deferred contributions		
– capital	17,152	14,781
Long term debt (Notes 7 & 8)	4,564	5,250
Trust funds payable (Note 4)	<u>614</u>	<u>570</u>
	<u>\$ 141,862</u>	<u>\$ 147,371</u>
Net debt	<u>\$ (132,516)</u>	<u>\$ (128,102)</u>
<b>Non-financial assets</b>		
Tangible capital assets (Note 9)	\$ 71,632	\$ 70,927
Inventory (Note 10)	6,188	5,951
Prepaid expenses	<u>2,864</u>	<u>3,893</u>
	<u>80,684</u>	<u>80,771</u>
Accumulated deficit	<u>\$ (51,832)</u>	<u>\$ (47,331)</u>

Contingencies and commitments (Note 11)

On behalf of the Board

  
Member

  
Member

See accompanying notes to the consolidated financial statements

# Western Regional Health Authority

## Consolidated statement of operations

Year ended March 31 (in thousands of dollars)	Budget 2022 (Note 12)	Actual 2022	Actual 2021
<b>Revenue</b>			
Provincial plan – operating grant	\$ 371,559	\$ 371,559	\$ 324,457
Capital grant – provincial	6,897	9,327	11,652
Capital grant – other	103	103	210
National child benefit	-	-	294
Early childhood development	-	-	359
MCP physician revenue	18,833	16,221	18,493
Inpatient	524	962	540
Outpatient	1,344	2,357	1,252
Resident revenue – long term care	8,146	8,920	8,197
Mortgage interest subsidy	-	2	21
Food service	1,416	1,567	1,407
Other recoveries	11,088	12,736	11,761
Other	2,449	3,920	2,910
	<u>422,359</u>	<u>427,674</u>	<u>381,553</u>
<b>Expenditures</b>			
Administration	30,280	29,882	26,501
Support services	67,296	66,855	62,797
Nursing inpatient services	99,472	97,117	89,593
Medical services	22,321	19,713	20,878
Ambulatory care services	33,642	33,875	31,342
Diagnostic and therapeutic services	38,253	38,006	35,890
Community and social services	132,706	126,798	121,068
Educational services	5,731	5,439	5,198
Undistributed	3,080	4,353	3,624
	<u>432,781</u>	<u>422,038</u>	<u>396,891</u>
<b>(Deficit) Surplus</b>	<u>\$ (10,422)</u>	<u>\$ 5,636</u>	<u>\$ (15,338)</u>

See accompanying notes to the consolidated financial statements

## Western Regional Health Authority

### Consolidated statement of operations (cont'd)

Year ended March 31 (in thousands of dollars)	<b>Budget 2022 (Note 12)</b>	<b>Actual 2022</b>	Actual 2021
Adjustments for undernoted items			
– net expenses			
Loss on disposal	\$ -	\$ 57	\$ -
Amortization expense	7,530	8,345	8,610
Accrued vacation expense			
– increase	1,000	1,843	3,183
Accrued severance expense – decrease	-	(258)	(499)
Accrued sick expense – increase	200	310	82
Cottages – surplus	<u>(202)</u>	<u>(160)</u>	<u>(146)</u>
Total adjustments for above noted items	<u>8,528</u>	<u>10,137</u>	<u>11,230</u>
Deficit	(18,950)	(4,501)	(26,568)
Accumulated deficit, beginning of year	<u>(47,331)</u>	<u>(47,331)</u>	<u>(20,763)</u>
Accumulated deficit, end of year	<u>\$ (66,281)</u>	<u>\$ (51,832)</u>	<u>\$ (47,331)</u>

See accompanying notes to the consolidated financial statements

## Western Regional Health Authority

### Consolidated statement of changes in net debt

Year ended March 31 (in thousands of dollars)	Budget 2022 (Note 12)	Actual 2022	Actual 2021
Net debt, beginning of year	\$ (128,102)	\$ (128,102)	\$ (98,085)
Deficit for the year	<u>(18,950)</u>	<u>(4,501)</u>	<u>(26,568)</u>
Changes in tangible capital assets			
Acquisition of tangible capital assets	(9,344)	(9,344)	(11,844)
Loss on disposal	-	57	-
Amortization of tangible capital assets	7,530	8,345	8,610
Amortization of tangible capital assets - cottages	<u>235</u>	<u>237</u>	<u>229</u>
Decrease in net book value of tangible capital assets	<u>(1,579)</u>	<u>(705)</u>	<u>(3,005)</u>
Changes in other non-financial assets			
Acquisition of prepaid expense (net of usage)	1,029	1,029	(301)
Acquisition of inventories of supplies (net of usage)	<u>(237)</u>	<u>(237)</u>	<u>(143)</u>
Increase (decrease) in other non-financial assets	<u>792</u>	<u>792</u>	<u>(444)</u>
Increase in net debt	<u>(19,737)</u>	<u>(4,414)</u>	<u>(30,017)</u>
Net debt, end of year	<u>\$ (147,839)</u>	<u>\$ (132,516)</u>	<u>\$ (128,102)</u>

See accompanying notes to the consolidated financial statements



# Western Regional Health Authority

## Consolidated statement of cash flows

Year ended March 31 (in thousands of dollars)	2022	2021
<b>Operating</b>		
Annual deficit	\$ (4,501)	\$ (26,568)
Add (deduct) non-cash items:		
Loss on disposal	57	-
Amortization of capital assets	8,345	8,610
Amortization of capital assets - cottages	237	229
Accrued vacation expense – increase	1,843	3,183
Accrued severance expense – decrease	(258)	(499)
Accrued sick expense – increase	310	82
Changes in:		
Receivables	9,967	(6,056)
Inventory	(237)	(143)
Prepaid expenses	1,029	(301)
Deferred contributions - operating	717	1,755
Payables and accruals	<u>3,489</u>	<u>3,433</u>
Net cash applied to operating transactions	<u>20,998</u>	<u>(16,275)</u>
<b>Capital</b>		
Acquisitions of tangible capital assets	<u>(9,344)</u>	<u>(11,844)</u>
Net cash applied to capital transactions	<u>(9,344)</u>	<u>(11,844)</u>
<b>Financing</b>		
Capital lease	(349)	(325)
Repayment of long-term debt	(337)	(443)
Capital contributions	<u>2,371</u>	<u>3,222</u>
Net cash provided by (applied to) financing transactions	<u>1,685</u>	<u>2,454</u>
<b>Investing</b>		
Replacement reserve fund	<u>-</u>	<u>(6)</u>
Net cash (applied to) provided by investing transactions	<u>-</u>	<u>(6)</u>
Net cash applied to	13,339	(25,671)
Cash and cash equivalents - beginning of year	<u>(59,097)</u>	<u>(33,426)</u>
Cash and cash equivalents - end of year	<u>\$ (45,758)</u>	<u>\$ (59,097)</u>

See accompanying notes to the consolidated financial statements

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# Western Regional Health Authority

## Notes to the consolidated financial statements

March 31, 2022

(in thousands of dollars)

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### 1. Nature of operations

The Western Regional Health Authority (“Western Health”) is constituted under the Regional Health Authority’s Act Constitution Order and is responsible for the management and control of the operations of acute and long-term care facilities as well as community health services in the western region of the Province of Newfoundland and Labrador.

Western Health is an incorporated not-for-profit with no share capital, and as such, is exempt from income tax.

Western Health controls Gateway Apartments, Emile Benoit House & Units, Interfaith Cottages, Bay St. George Cottages and Gateway Cottages. These entities were established to provide housing to senior citizens. These entities have been included in the consolidated financial statements.

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### 2. Summary of significant accounting policies

The consolidated financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards (PSAS) and reflect the following significant accounting policies:

#### **Basis of consolidation**

The consolidated financial statements include the assets, liabilities, revenues and expenses of the reporting entity. The reporting entity is comprised of all organizations which are controlled by Western Health including Gateway Apartments, Emile Benoit House & Units, Interfaith Cottages, Bay St. George Cottages and Gateway Cottages.

#### **Use of estimates**

The preparation of consolidated financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities, at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Items requiring the use of significant estimates include accrued severance, accrued sick leave, useful life of tangible capital assets, impairment of assets and allowance for doubtful accounts.

Estimates are based on the best information available at the time of preparation of the consolidated financial statements and are reviewed annually to reflect new information as it becomes available. Measurement uncertainty exists in these financial statements. Actual results could differ from these estimates.

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# Western Regional Health Authority

## Notes to the consolidated financial statements

March 31, 2022

(in thousands of dollars)

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### 2. Summary of significant accounting policies (cont'd)

#### **Cash and cash equivalents**

Cash and cash equivalents include cash on hand and balances with banks and short term deposits, with original maturities of three months or less. Bank borrowings are considered to be financing activities.

#### **Accrued severance and sick leave**

Upon termination, retirement or death, the organization provides their employees, with the exception of the NAPE, CUPE, Management, NLNU bargaining units, with at least nine years of services, with severance benefits equal to one week of pay per year of service up to a maximum of 20 weeks. An actuarially determined accrued liability for severance has been recorded in the statements. This liability has been determined using management's best estimate of employee retention, salary escalation, long term inflation and discount rates.

The organization provides their employees with sick leave benefits that accumulate but do not vest. The benefits provided to employees vary based upon classification within the various negotiated agreements. An actuarially determined accrued liability has been recorded on the statements for non-vesting sick leave benefits. The cost of non-vesting sick leave benefits are actuarially determined using management's best estimate of salary escalation, accumulated sick days at retirement, long term inflation rates and discount rates.

#### **Accrued vacation pay**

An accrued liability for vacation pay is recorded in the accounts at year end for all employees who have a right to receive these benefits.

#### **Non-financial assets**

Non-financial assets are not available to discharge existing liabilities and are held for use in the provision of services. They have useful lives generally extending beyond the current year and are not intended for sale in the ordinary course of operations. The change in non-financial assets during the year, together with the annual deficit (surplus), provides the change in net financial debt for the year.

#### **Inventory**

Inventory is valued at average cost. Cost includes purchase price plus the non-refundable portion of applicable taxes.

# Western Regional Health Authority

## Notes to the consolidated financial statements

March 31, 2022

(in thousands of dollars)

### 2. Summary of significant accounting policies (cont'd)

#### Tangible capital assets

Western Health has control over certain assets for which title resides with the Government of Newfoundland and Labrador. These assets have not been recorded in the financial statements of Western Health. Capital assets are recorded at cost. Assets are not amortized until placed in use. Assets in use are amortized over their useful life on a declining balance basis at the following rates:

Land improvements	2 1/2%
Buildings	6 1/4%
Parking lot	6 1/4%
Equipment	15%
Motor vehicles	20%
Leasehold improvements	20%

#### Capital and operating leases

A lease that transfers substantially all of the risks and rewards incidental to the ownership of property is accounted for as a capital lease. Assets acquired under capital lease result in a capital asset and an obligation being recorded equal to the lesser of the present value of the minimum lease payments and the property's fair value at the time of inception. All other leases are accounted for as operating leases and the related payments are expensed as incurred.

#### Impairment of long-lived assets

Long-lived assets are reviewed for impairment upon the occurrence of events or changes in circumstances indicating that the value of the assets may not be recoverable, as measured by comparing their net book value to the estimated undiscounted cash flows generated by their use. Impaired assets are recorded at fair value, determined principally using discounted future cash flows expected from their use and eventual disposition.

#### Revenue recognition

Provincial plan revenues for operating and capital purposes are recognized in the period in which all eligibility criteria or stipulations have been met. Any funding received prior to satisfying these conditions is deferred until conditions have been met. When revenue is received without eligibility criteria or stipulations, it is recognized when the transfer from the Province of Newfoundland and Labrador is authorized.

Donations of materials and services that would otherwise have been purchased are recorded at fair value when a fair value can be reasonably determined.

# Western Regional Health Authority

## Notes to the consolidated financial statements

March 31, 2022

(in thousands of dollars)

### 2. Summary of significant accounting policies (cont'd)

#### Revenue recognition (cont'd)

Revenue from the sale of goods and services is recognized at the time the goods are delivered or the services are provided.

Western Health reviews outstanding receivables at least annually and provides an allowance for receivables where collection has become questionable.

#### Pension costs

Employees of Western Health are covered by the Public Service Pension Plan and the Government Money Pension Plan administered by the Province of Newfoundland and Labrador. Contributions to the plans are required from both the employees and Western Health. The annual contributions for pensions are recognized in the accounts on an accrual basis.

Pension contributions were made in the following amounts:

	<u>2022</u>		<u>2021</u>
GMPP	\$ 3,716	\$	3,654
PSPP	\$ 26,737	\$	24,928

#### Funds and reserves

Certain amounts, as approved by the Board are set aside in accumulated surplus for future operating and capital purposes. Transfers to/from funds and reserves are an adjustment to the respective fund when approved.

#### Financial instruments

Western Health considers any contract creating a financial asset, liability or equity instrument as a financial instrument, except in certain limited circumstances. Western Health accounts for the following as financial instruments:

- cash and cash equivalents
- receivables
- trust funds on deposit
- restricted cash and investments
- bank indebtedness
- payables and accruals
- long term debt
- trust funds payable

A financial asset or liability is recognized when Western Health becomes party to contractual provisions of the instrument. Amounts due to and from related parties are measured at the exchange amount, being the amount agreed upon by the related parties.

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# Western Regional Health Authority

## Notes to the consolidated financial statements

March 31, 2022

(in thousands of dollars)

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### 2. Summary of significant accounting policies (cont'd)

#### Measurement

Western Health initially measures its financial assets and financial liabilities at fair value, except for certain non-arm's length transactions.

Financial assets and financial liabilities in related party transactions are initially measured at cost, with the exception of certain instruments which are initially measured at fair value. Western Health does not have any financial assets or financial liabilities in related party transactions which are initially measured at fair value.

Gains or losses arising on initial measurement differences are generally recognized in the annual surplus when the transaction is in the normal course of operations, and in equity when the transaction is not in the normal course of operations, subject to certain exceptions

Financial assets and financial liabilities recognized in related party transactions are subsequently measured based on how Western Health initially measured the instrument. Financial instruments initially measured at cost are subsequently measured at cost, less any impairment for financial assets. Financial instruments initially measured at fair value, of which the company has none, would be subsequently measured at amortized cost or fair value based on certain conditions.

Financial assets measured at cost include cash and cash equivalents, receivables, trust funds on deposit, and restricted cash and investments.

Financial liabilities measured at cost include bank indebtedness, payables and accruals, long term debt, and trust funds payable.

#### Impairment

Western Health removes financial liabilities, or a portion of, when the obligation is discharged, cancelled or expires.

A financial asset (or group of similar financial assets) measured at cost or amortized cost are tested for impairment when there are indicators of impairment. Impairment losses are recognized in the statement of operations. Previously recognized impairment losses are reversed to the extent of the improvement provided the asset is not carried at an amount, at the date of the reversal, greater than the amount that would have been the carrying amount had no impairment loss been recognized previously. The amounts of any write-downs or reversals are recognized in annual surplus.

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# Western Regional Health Authority

## Notes to the consolidated financial statements

March 31, 2022

(in thousands of dollars)

<b>3. Receivables</b>	<u>2022</u>	<u>2021</u>
Province of Newfoundland and Labrador		
Capital contributions	\$ 30	\$ 1,320
Provincial plan	2,182	9,802
MCP	1,778	1,511
Patient services	1,171	1,066
Foundations	110	191
Employees' pay and travel advances	101	128
Harmonized sales tax rebate	547	428
Department of Veterans Affairs	51	49
Child Youth and Family Services	-	21
Other	<u>2,522</u>	<u>3,907</u>
	8,492	18,423
Cottages	<u>20</u>	<u>56</u>
	<u>\$ 8,512</u>	<u>\$ 18,479</u>

### 4. Trust funds

Funds belonging to patients of Western Health are being held in trust for the benefit of the patients.

### 5. Bank indebtedness

Western Health has access to a line of credit with the Bank of Montreal in the amount of \$55,000 in the form of revolving demand loans and/or bank overdrafts. The authorization to borrow has been approved by the Minister of Health and Community Services. The balance outstanding on this line of credit at March 31, 2022 is \$42,749 (2021 - \$53,310). The balance outstanding on this line of credit is in the bank account balances listed below. Interest is being charged at prime less 0.75% on any overdraft.

The bank indebtedness balance includes the following items:

	<u>2022</u>	<u>2021</u>
Bank accounts (including outstanding items)	\$ (46,662)	\$ (59,882)
Cash	<u>118</u>	<u>136</u>
	(46,544)	(59,746)
Cottage cash	<u>786</u>	<u>649</u>
	<u>\$ (45,758)</u>	<u>\$ (59,097)</u>

# Western Regional Health Authority

## Notes to the consolidated financial statements

March 31, 2022

(in thousands of dollars)

### 6. Employee future benefits 2022 2021

Future employee benefits related to accrued severance and accrued sick obligations have been calculated based on an actuarial valuation completed on March 31, 2021 and extrapolated to March 31, 2022. Severance accumulation for employees, excluding physicians, has been curtailed and adjusted in the valuation. The assumptions are based on future events. The economic assumptions used in the valuation are Western Health's best estimates of expected rates as follows:

Wages and salary escalation	<b>3.50%</b>	3.50%
Discount rate	<b>3.57%</b>	3.11%

Based on actuarial valuation of the liability, at March 31, 2022 the results for sick leave are:

Accrued sick pay obligation, beginning	\$ 21,626	\$ 22,194
Current period benefit cost	1,641	1,592
Benefit payments	(2,296)	(2,699)
Interest on the accrued benefit obligations	613	703
Actuarial gains/losses	(2,091)	(164)
Accrued sick pay obligations, at end	<u>\$ 19,493</u>	<u>\$ 21,626</u>

Based on actuarial valuation of the liability, at March 31, 2022 the results for severance are:

Accrued benefit obligation, beginning	\$ 2,255	\$ 2,759
Current period benefit cost	119	147
Benefit payments	(397)	(690)
Interest on the accrued benefit obligation	40	46
Actuarial gains/losses	(234)	(7)
Accrued severance obligation, at end	<u>\$ 1,783</u>	<u>\$ 2,255</u>

A reconciliation of the accrued benefit liability and the accrued benefit obligation is as follows:

Sick benefits:

Accrued benefit liability	\$ 19,276	\$ 18,966
Unamortized actuarial losses	217	2,660
Accrued benefit obligation	<u>\$ 19,493</u>	<u>\$ 21,626</u>

Severance benefits:

Accrued benefit liability	\$ 2,047	\$ 2,305
Unamortized actuarial gains	(264)	(50)
Accrued benefit obligation	<u>\$ 1,783</u>	<u>\$ 2,255</u>

Subsequent to year end, a new contract was signed that will result in the curtailment and settlement of severance entitlements for salaried physicians. This event is not reflected in the March 31, 2022 figured but will be reflected in the March 31, 2023 year-end.



# Western Regional Health Authority

## Notes to the consolidated financial statements

March 31, 2022

(in thousands of dollars)

<b>7. Long term debt</b>	<b><u>2022</u></b>	<b><u>2021</u></b>
1.8% mortgage on the Bay St. George Seniors Home, repaid during the year	\$ -	\$ 24
8% mortgage on the Bay St. George Seniors Home, maturing in 2026, repayable in blended monthly payments of \$9,523	442	518
Obligations under capital lease, 3% maturing in 2029, payable in blended monthly instalments which escalate on an annual basis	2,747	3,096
10% CMHC loan on the Inter-Faith Home for Senior Citizens – Cottages #1, due in 2028, repayable in monthly blended instalments of \$8,028	436	487
1.81% NLHC loan on the Gateway Apartments Project, due in 2027, repayable in monthly blended instalments of \$6,382 amortized until March 2027	150	223
2.04% NLHC loan on the Inter-Faith Home for Senior Citizens – Cottages # 3, due in 2029, repayable in monthly blended instalments of \$3,924 until March 2024	328	368
1.81% NLHC mortgage on the Bay St. George Senior Citizens Home – 8 Unit Cottages, due in 2027, repayable in monthly blended instalments of \$2,292 amortized until March 2027	142	166
1.81% NLHC mortgage on the Bay St. George Senior Citizens Home – Emile Benoit House, due in 2027, repayable in monthly blended instalments of \$4,563 amortized until March 2027	319	368
	<b><u>\$ 4,564</u></b>	<b><u>\$ 5,250</u></b>

As security for the mortgages, Western Health has provided a first mortgage over land and buildings at Corner Brook Interfaith Home and Cottages, Bay St. George Senior Citizens Home, Gateway Cottages, Cottages #1 & 2, having a net book value of \$2,080 (2021-\$2,415).

As security for the capital lease, Western Health has provided specific capital equipment having a net book value of \$2,410 (2021- \$2,835).

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# Western Regional Health Authority

## Notes to the consolidated financial statements

March 31, 2022  
(in thousands of dollars)

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### 8. Obligations under long term debt

Western Health has acquired building additions and equipment under the terms of long term debt. Payments under these obligations for the next five years are as follows:

Fiscal year ended		
2023	\$	700
2024		742
2025		710
2026		756
2027		756
		<hr/>
	\$	3,664

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Western Regional Health Authority  
Notes to the consolidated financial statements  
March 31, 2022  
(in thousands of dollars)

9. Tangible capital assets

	<u>Land</u>	<u>Land Improvements</u>	<u>Buildings</u>	<u>Parking Lot</u>	<u>Equipment</u>	<u>Motor Vehicles</u>	<u>Leasehold Improvements</u>	<u>Total</u>
<b>March 31, 2022</b>								
<b>Cost</b>								
Opening balance	\$ 1,102	\$ 435	\$ 71,015	\$ 1,142	\$ 181,089	\$ 2,972	\$ 232	\$ 257,987
Additions	-	-	2,120	-	7,224	-	-	9,344
Disposals	-	-	-	-	(3,865)	-	(232)	(4,097)
Closing balance	<u>1,102</u>	<u>435</u>	<u>73,135</u>	<u>1,142</u>	<u>184,448</u>	<u>2,972</u>	<u>-</u>	<u>263,234</u>
<b>Accumulated amortization</b>								
Opening balance	-	286	48,401	876	135,170	2,097	230	187,060
Additions	-	4	1,466	17	6,920	175	-	8,582
Disposals	-	-	-	-	(3,810)	-	(230)	(4,040)
Closing balance	-	<u>290</u>	<u>49,867</u>	<u>893</u>	<u>138,280</u>	<u>2,272</u>	<u>-</u>	<u>191,602</u>
Net book value	<u>\$ 1,102</u>	<u>\$ 145</u>	<u>\$ 23,268</u>	<u>\$ 249</u>	<u>\$ 46,168</u>	<u>\$ 700</u>	<u>\$ -</u>	<u>\$ 71,632</u>

Western Regional Health Authority  
Notes to the consolidated financial statements  
March 31, 2022  
(in thousands of dollars)

9. Tangible capital assets (cont'd)

	<u>Land</u>	<u>Land Improvements</u>	<u>Buildings</u>	<u>Parking Lot</u>	<u>Equipment</u>	<u>Motor Vehicles</u>	<u>Leasehold Improvements</u>	<u>Total</u>
<b>March 31, 2021</b>								
<b>Cost</b>								
Opening balance	\$ 1,102	\$ 435	\$ 70,276	\$ 1,142	\$ 170,483	\$ 2,473	\$ 232	\$ 246,143
Additions	-	-	739	-	10,606	499	-	11,844
Disposals	-	-	-	-	-	-	-	-
Closing balance	<u>1,102</u>	<u>435</u>	<u>71,015</u>	<u>1,142</u>	<u>181,089</u>	<u>2,972</u>	<u>232</u>	<u>257,987</u>
<b>Accumulated amortization</b>								
Opening balance	-	281	46,757	858	128,155	1,941	229	178,221
Additions	-	5	1,630	18	7,029	156	1	8,839
Disposals	-	-	-	-	-	-	-	-
Closing balance	-	<u>286</u>	<u>48,387</u>	<u>876</u>	<u>135,184</u>	<u>2,097</u>	<u>230</u>	<u>187,060</u>
<b>Net book value</b>	<u>\$ 1,102</u>	<u>\$ 149</u>	<u>\$ 22,628</u>	<u>\$ 266</u>	<u>\$ 45,905</u>	<u>\$ 875</u>	<u>\$ 2</u>	<u>\$ 70,927</u>

Book value of capitalized items that have not been amortized is \$9,273 (2021- \$3,345)

# Western Regional Health Authority

## Notes to the consolidated financial statements

March 31, 2022

(in thousands of dollars)

10. Inventory	<u>2022</u>	<u>2021</u>
Dietary	\$ 211	\$ 184
Pharmacy	2,899	2,638
Supplies	<u>3,078</u>	<u>3,129</u>
	<u>\$ 6,188</u>	<u>\$ 5,951</u>

Western Health had a small, immaterial amount of covid vaccine on hand at year end that is not recorded in the financial statements.

### 11. Contingencies and commitments

#### Claims

As of March 31, 2022, there were a number of claims against Western Health in varying amounts for which no provision has been made. It is not possible to determine the amounts, if any, that may ultimately be assessed against Western Health with respect to these claims, but management believes any claim, if successful, will be covered by liability insurance.

#### Operating leases

Western Health has a number of agreements whereby it leases office equipment and buildings. These leases are accounted for as operating leases. Future minimum lease payments for the next five years are as follows:

Fiscal year ended

2023	\$ 3,225
2024	2,008
2025	1,448
2026	828
2027	<u>613</u>
	<u>\$ 8,122</u>

# Western Regional Health Authority

## Notes to the consolidated financial statements

March 31, 2022

(in thousands of dollars)

### 12. Budget

Western Health prepares an initial budget for a fiscal period that is approved by the Board of Trustees and 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 Government. Additional changes to services and programs that are initiated throughout the year would be funded through amendments to the Original Budget and an updated budget is prepared by Western Health. The updated budget amounts are reflected in the budget amounts as presented in the consolidated statement of operations [the “Budget”].

The Original Budget and Budget do not include amounts relating to certain non-cash and other items including capital asset amortization, the recognition of provincial capital grants and other capital contributions, adjustments required to the accrued benefit obligations associated with severance and sick leave, and adjustments to accrued vacation pay.

The following presents a reconciliation of budgeted revenue and expenditures for the year ended March 31, 2022:

Original budgeted provincial plan revenue	\$ 338,550
Add: Net provincial plan budget adjustments	<u>33,009</u>
Ending budgeted provincial plan revenue	371,559
Original budgeted other revenue	50,800
Add: Net budget increases - other	<u>-</u>
Ending budgeted revenue	<u>\$ 422,359</u>
Original budgeted salary expenditure	\$ 240,002
Add: Net salary budget adjustments	<u>15,672</u>
Ending budgeted salary expenditure	<u>255,674</u>
Original budgeted supply expenditure	179,852
Add: Net supply budget adjustments	<u>5,985</u>
	<u>185,837</u>
Ending budgeted expenditures	<u>\$ 441,511</u>

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# Western Regional Health Authority

## Notes to the consolidated financial statements

March 31, 2022

(in thousands of dollars)

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### 13. Financial instruments

The main risks Western Health is exposed to through its financial instruments are credit risk, liquidity risk, and market risk.

#### Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The Authority's main credit risks relate to its accounts receivable. The entity provides credit to its clients in the normal course of its operations. There was no significant change in exposure from the prior year.

Western Health has a collection policy and monitoring process intended to mitigate potential credit losses. Management believes that the credit risk with respect to accounts receivable is not material.

#### Liquidity risk

Liquidity risk is the risk that the Authority will encounter difficulty in meeting the obligations associated with its financial liabilities. The Authority is exposed to this risk mainly in respect of its bank indebtedness, long term debt, and accounts payable. There was no significant change in exposure from the prior year.

The Authority mitigates this risk by having access to a line of credit in the amount of \$55,000. In addition, consideration will be given to obtaining additional funds through third party funding in the Province, assuming these can be obtained.

#### Market risk

Market risk is the risk that the fair value or expected future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The Authority is not significantly impacted by foreign exchange risk or interest rate risk.

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### 14. Impacts of COVID-19

The outbreak of a novel strain of coronavirus ("COVID-19") was declared a global pandemic by the World Health Organization in March 2020. COVID-19 has severely impacted many economies around the globe. In many countries, including Canada, businesses were forced to cease or limit operations for long periods of time. Measures taken to contain the spread of the virus, including travel bans, quarantines, social distancing, and closures of non-essential services have triggered significant disruptions to businesses worldwide, resulting in an economic slowdown. Global stock markets have also experienced great volatility and a significant weakening. Governments and central banks have responded with monetary and fiscal interventions to stabilize economic conditions.

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# Western Regional Health Authority

## Notes to the consolidated financial statements

March 31, 2022  
(in thousands of dollars)

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### 14. Impacts of COVID-19 (cont.)

During the year, the organization continued to manage many operational challenges due to the global pandemic. In response, Western Health reduced services several times throughout the year during high alert levels and setup numerous testing, assessment, and vaccination clinics throughout the region, as well as new COVID inpatient unit in the hospital. Western Health was provided additional funding to help offset the extra costs of staffing, equipment, and personal protective equipment requirements due to ongoing public health measures. A provincial warehouse was setup under Eastern Health for storing personal protective equipment, therefore Western Health's inventory has not significantly increased. Western Health had a small amount of donated inventory on hand including COVID rapid test kits at year end which were immaterial and have not been recorded in the financial statements.

Western Health also had a small amount of COVID vaccine inventory on hand with costing unavailable at year end. The duration and impact of the COVID-19 pandemic, as well as the effectiveness of government and central bank responses remains unclear during this time. It is not possible to reliably estimate the duration and severity of these consequences, as well as their impact on the financial position and result of the organization for future periods.

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### 15. Comparative figures

Certain comparative figures have been reclassified from those previously presented to conform to the presentation of the 2022 financial statements.

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# Western Regional Health Authority

## Appendices

March 31, 2022

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### Financial Statement Appendix

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Non-consolidated statement of cash flows	29

# Western Regional Health Authority

## Non-Consolidated statement of financial position

March 31	2022	2021
(in thousands of dollars)		
<b>Financial assets</b>		
Receivables	\$ 8,492	\$ 18,423
Due from associated funds	1,875	1,930
Trust funds on deposit	<u>614</u>	<u>570</u>
	<u>\$ 10,981</u>	<u>\$ 20,923</u>
<b>Liabilities</b>		
Bank indebtedness	\$ 46,544	\$ 59,746
Payables and accruals	30,558	27,068
Vacation pay accrual	14,674	12,831
Severance pay accrual	2,047	2,305
Sick leave accrual	19,276	18,966
Deferred contributions		
– operating	7,190	6,472
Deferred contributions		
– capital	17,152	14,781
Long term debt	3,189	3,638
Trust funds payable	<u>614</u>	<u>570</u>
	<u>\$ 141,244</u>	<u>\$ 146,377</u>
Net debt	<u>\$ (130,263)</u>	<u>\$ (125,454)</u>
<b>Non-financial assets</b>		
Tangible capital assets	\$ 69,652	\$ 68,710
Inventory	6,188	5,951
Prepaid expenses	<u>2,729</u>	<u>3,760</u>
	<u>78,569</u>	<u>78,421</u>
Accumulated deficit	<u>\$ (51,694)</u>	<u>\$ (47,033)</u>

# Western Regional Health Authority

## Non-Consolidated statement of operations

Year ended March 31 (in thousands of dollars)	Budget 2022	Actual 2022	Actual 2021
<b>Revenue</b>			
Provincial plan – operating grant	\$ 371,559	\$ 371,559	\$ 324,457
Capital grant – provincial	6,897	9,327	11,652
Capital grant – other	103	103	210
National child benefit	-	-	294
Early childhood development	-	-	359
MCP physician revenue	18,833	16,221	18,493
Inpatient	524	962	540
Outpatient	1,344	2,357	1,252
Resident revenue – long term care	8,146	8,920	8,197
Mortgage interest subsidy	-	2	21
Food service	1,416	1,567	1,407
Other recoveries	11,088	12,736	11,761
Other	2,449	3,920	2,910
	422,359	427,674	381,553
<b>Expenditures</b>			
Administration	30,280	29,882	26,501
Support services	67,296	66,855	62,797
Nursing inpatient services	99,472	97,117	89,593
Medical services	22,321	19,713	20,878
Ambulatory care services	33,642	33,875	31,342
Diagnostic and therapeutic services	38,253	38,006	35,890
Community and social services	132,706	126,798	121,068
Educational services	5,731	5,439	5,198
Undistributed	3,080	4,353	3,624
	432,781	422,038	396,891
<b>(Deficit) Surplus</b>	<b>\$ (10,422)</b>	<b>\$ 5,636</b>	<b>\$ (15,338)</b>

# Western Regional Health Authority

## Non-Consolidated statement of operations (cont'd)

Year ended March 31 (in thousands of dollars)	Budget 2022	Actual 2022	Actual 2021
Adjustments for undernoted items			
– net expenses			
Loss on disposal	\$ -	\$ 57	\$ -
Amortization expense	7,530	8,345	8,610
Accrued vacation expense			
– increase	1,000	1,843	3,183
Accrued severance expense – decrease	-	(258)	(499)
Accrued sick expense – increase	<u>200</u>	<u>310</u>	<u>82</u>
Total adjustments for above noted items	<u>8,730</u>	<u>10,297</u>	<u>11,376</u>
Deficit	(19,152)	(4,661)	(26,714)
Accumulated deficit, beginning of year	<u>(47,033)</u>	<u>(47,033)</u>	<u>(20,319)</u>
Accumulated deficit, end of year	<u>\$ (66,185)</u>	<u>\$ (51,694)</u>	<u>\$ (47,033)</u>

## Western Regional Health Authority

### Non-Consolidated statement of changes in net debt

Year ended March 31 (in thousands of dollars)	Budget 2022	Actual 2022	Actual 2021
Net debt, beginning of year	\$ (125,454)	\$ (125,454)	\$ (95,054)
Deficit for the year	(19,152)	(4,661)	(26,714)
Changes in tangible capital assets			
Acquisition of tangible capital assets	(9,344)	(9,344)	(11,844)
Loss on disposal	-	57	-
Amortization of tangible capital assets	7,530	8,345	8,610
Decrease in net book value of tangible capital assets	(1,814)	(942)	(3,234)
Changes in other non-financial assets			
Acquisition of prepaid expense (net of usage)	1,031	1,031	(309)
Acquisition of inventories of supplies (net of usage)	(237)	(237)	(143)
Increase (decrease) in other non-financial assets	794	794	(452)
Increase in net debt	(20,172)	(4,809)	(30,400)
Net debt, end of year	<u>\$ (145,626)</u>	<u>\$ (130,263)</u>	<u>\$ (125,454)</u>

# Western Regional Health Authority

## Non-Consolidated statement of cash flows

Year ended March 31 (in thousands of dollars)	2022	2021
<b>Operating</b>		
Annual deficit	\$ (4,661)	\$ (26,714)
Add (deduct) non-cash items:		
Loss on disposal	57	-
Amortization of capital assets	8,345	8,610
Accrued vacation expense – increase	1,843	3,183
Accrued severance expense – decrease	(258)	(499)
Accrued sick expense – increase	310	82
Changes in:		
Receivables	9,931	(6,036)
Due from associated funds	55	(67)
Inventory	(237)	(143)
Prepaid expenses	1,031	(309)
Deferred contributions - operating	718	1,755
Payables and accruals	<u>3,490</u>	<u>3,443</u>
Net cash applied to operating transactions	<u>20,624</u>	<u>(16,695)</u>
Capital		
Acquisitions of tangible capital assets	<u>(9,344)</u>	<u>(11,844)</u>
Net cash applied to capital transactions	<u>(9,344)</u>	<u>(11,844)</u>
Financing		
Capital lease	(349)	(325)
Repayment of long term debt	(100)	(214)
Capital contributions	<u>2,371</u>	<u>3,222</u>
Net cash provided by financing transactions	<u>1,922</u>	<u>2,683</u>
Net cash applied to	13,202	(25,856)
Cash and cash equivalents - beginning of year	<u>(59,746)</u>	<u>(33,890)</u>
Cash and cash equivalents - end of year	<u>\$ (46,544)</u>	<u>\$ (59,746)</u>









# Western Health



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