



Annual Performance Report 2012-2013



...healthy people, healthy communities

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Chairperson's Message

On behalf of the Board of Trustees of Central Health, it is my honor to present Central Health's Annual Performance Report for the fiscal year ending March 31, 2013. This year is the second annual performance report to be released under the 2011-2014 Central Health Strategic Plan. In this report we will inform you of our progress on our three strategic issues – access to services, healthy aging and quality and safety. This annual report was prepared under the Board's direction, in accordance with the *Transparency & Accountability Act*, *Regional Health Authorities Act* and strategic directions provided by the Government of Newfoundland and Labrador. As a Board, we are accountable for the information, results and variances contained within this annual report.

We are very proud of our accomplishments over the past year and I would like to highlight just a few of our many successes. In the past year we have made significant strides in addressing wait times in key service areas: we have enhanced our understanding of the factors that impact client flow in our emergency departments and we are addressing this issue. We continue to work with the Department of Health and Community Services to enhance the infrastructure in our region which greatly enhances our ability to provide quality services. I believe that one of our most significant accomplishments was the completion of the implementation of our Client Safety Reporting System (CSRS) which has helped us enhance the culture of client safety in our organization. All of the changes and improvements of the last year are only possible because of our outstanding staff who continuously demonstrates dedication and commitment to their role in the provision of care for clients, patients and residents throughout this region. On behalf of the Board of Trustees, I would like to take this opportunity to extend our sincere gratitude and appreciation to them.

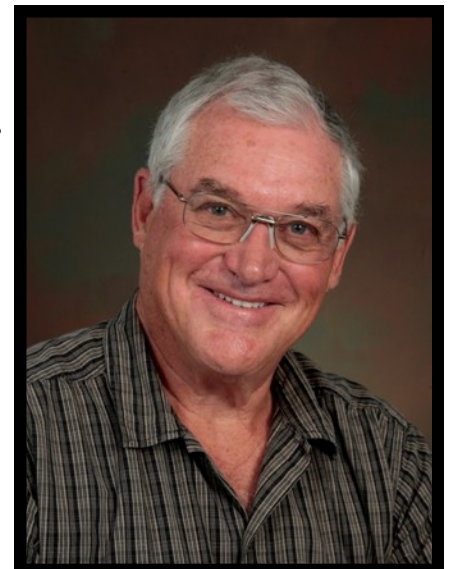
While I am certain that we will face challenges in the year ahead, I am confident that by working together great things are possible here at Central Health.

Sincerely,



Kevin Manuel

Chairperson, (Acting), Central Health Board of Trustees



Organizational Overview

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

Mandate

Central Health's mandate is derived from the *Regional Health Authorities Act* and its regulations. Central Health is responsible for the delivery and administration of health services and community services in its health region in accordance with the above referenced legislation. A more detailed explanation of Central Health's mandate can be found in Appendix A.

Vision

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

Mission

By 2017, Central Health will have provided quality health and community services and programs which respond to the identified needs of the people of central Newfoundland and Labrador within available resources.

Values

Central Health's core values offer principles and a guiding framework for all employees as they work in their various capacities to support the health and well-being of the people served by Central Health. This is done within available resources except where otherwise directed by legislation. The core values and the related action statements are:

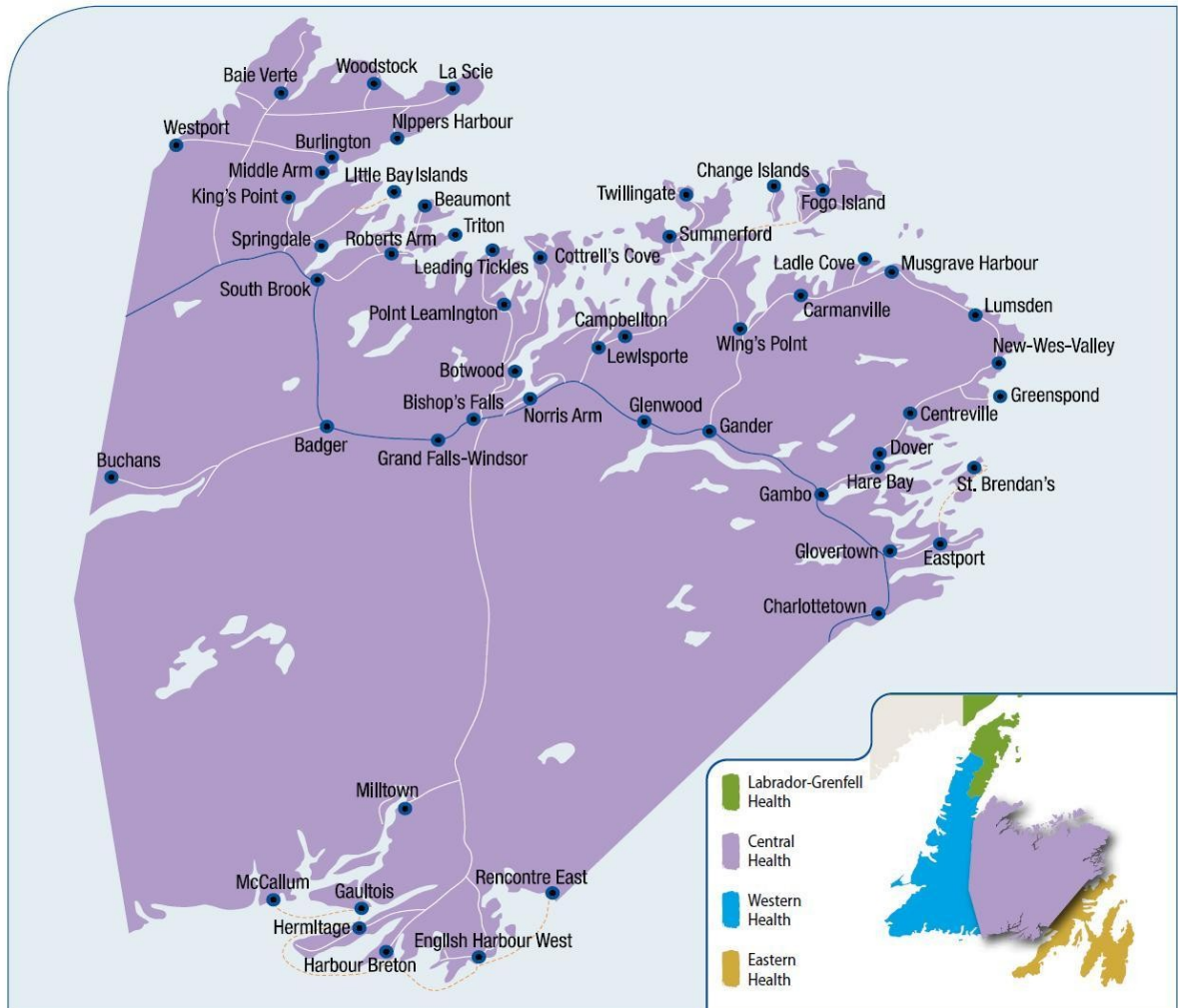
- **Accountability** – Each person is responsible for giving their absolute best effort to achieving the success of the organization's vision of healthy people and healthy communities.
- **Collaboration** – Each person works as part of a team and partners with other providers and organizations to best meet the holistic needs of clients and the organization.
- **Excellence** – Each person contributes to quality improvement and a culture of safety through the life-long development of their knowledge, skills and use of best practices.
- **Fairness** - Each person engages in practices that promote equity and adherence to ethical standards.
- **Privacy** – Each person respects privacy and protects confidential information.
- **Respect** – Each person is committed to fostering an environment that embraces respect, dignity and diversity and encourages honest, effective communication.

Organizational overview continued

Number of employees and physical location

Central Health is the second largest health region with respect to population, in Newfoundland and Labrador, serving a population of approximately 94,000 and offering a continuum of healthcare services. Central Health serves an aging population with 31 per cent of the population over the age of 55 (www.communityaccounts.ca). As of March 31, 2013, there were 811 beds, operational and staffed, in Central Health facilities throughout the region – 247 acute care, 510 long-term care, 13 palliative care, 9 respite, 5 rehabilitation, 3 residential units (Green Bay) and 24 bassinets. The total workforce for Central Health was approximately 3,115 including salaried physicians. There were also approximately 111 fee-for-service physicians practicing within the region.

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



Lines of business

Central Health provides health services and programs to the citizens of central Newfoundland and Labrador. These services and programs include acute, long term care, community and other services within current resources. Central Health is committed to a Primary Health Care (PHC) model of service delivery. For certain services, people can self refer while other services require a referral from a specific health provider. A multidisciplinary team of health professionals, support staff and partners provide the care and services required to meet the mandate of Central Health.

The lines of business of Central Health represent its areas of focus in delivering the mandate.

Central Health accomplishes its mandate through five lines of business:

- Promoting health and well-being
- Preventing illness and injury
- Providing supportive care
- Treating illness and injury
- Providing rehabilitative services

It is important to note that services may fall under one or more lines of business and, as Central Health is an evolving integrated authority, there may be further realignment of services and programs.

A full description of the Lines of Business can be found in the Central Health 2011-2014 Strategic Plan at www.centralhealth.nl.ca/publications



Shared commitments/partnership

Shared commitments and partnerships are integral to the ability of Central Health to achieve success and fulfill the vision of healthy people in healthy communities. The partnerships forged by the staff, volunteers and physicians at Central Health are a key element in enhancing the quality and spectrum of services offered within our communities.

The following are illustrations of how Central Health works collaboratively with partners to advance the strategic directions of government.

STRATEGIC DIRECTION

Improved Population Health

Health Emergency Management

In 2012-13, the Health Emergency Management Coordinator with Central Health worked with facility staff to develop regional frameworks for Universal Emergency Codes and site-specific plans, emergency preparedness simulation exercises and real-life emergency/disaster responses and recovery efforts.

The Department of Health and Community Services (DoHCS) and the four Regional Health Authorities (RHAs) determined that adopting a uniform and standardized Universal Emergency Color Codes approach would enable individuals who work within and across facilities to respond more appropriately to specific emergencies, enhancing their own safety, as well as the safety of clients and visitors. Universal Emergency Color Codes provide a standardized set of uniform codes and guidelines that readily identify a hazard and the actions staff and visitors are to follow during an emergency event. Central Health has approved 13 Universal Emergency Color Codes.

Planning frameworks are developed for nine out of the 13 codes, with four under development. The majority of Central Health facilities have developed site specific plans. All frameworks and plans can be accessed under the Emergency Planning and Preparedness (Universal Emergency Codes) section on Central Health's intranet site.

Table top exercises are a method of exercising plans in which participants review and discuss the actions they would take in response to a specific scenario, as presented by a facilitator. In 2012-13 tabletop exercises have been conducted for Codes Orange, Yellow, White, Red and Green at various sites within the region. In addition, functional exercises were also conducted in 2012-13. These exercises are a method of exercising plans where participants perform some or all of the actions they would take in the event of a planned activation to respond to a specific code orange scenario. These exercises provided valuable learning opportunities along with lessons learned from several real-life emergency events that occurred in 2012-13.

Funding provided by the Department of Health and Community Services, under the Joint Emergency Preparedness Program, allowed Central Health to purchase necessary equipment for Emergency Operations Centres. The Joint Emergency Preparedness Program is a cost-shared funding program between the federal and provincial governments, established to support emergency management initiatives. Emergency management training opportunities provided by Fire and Emergency Services, Newfoundland and Labrador (FES-NL), enhanced Central Health's capacity to effectively and efficiently mitigate against, respond to and recover from emergency/disaster events.

Smoking and Youth

The Central Tobacco Awareness Coalition, a community group which includes representatives from Central Health in its membership, received funding in 2012-13 for a Tobacco Prevention Toolkit Project under a Department of Health and Community Services' provincial wellness grant. This toolkit is aimed at ages 10 to 12 years with a goal to encourage youth to consider the consequences of tobacco use and to make responsible decisions.

In 2012-13 the Central Tobacco Awareness Coalition compiled the items for the toolkit and held an educational day to introduce the toolkit to a number of community partners. The contents of the toolkit were evaluated by the participants and suggestions were made for additional resources that needed to be included in the kit. It is anticipated that the toolkit will be completed in June 2013.

In 2013-14, this Tobacco Prevention Toolkit will be distributed to youth groups throughout the region. The project will focus on distribution to Cub/Scout units, Guide/Pathfinder units,

Boys and Girls Clubs, as well as Community Youth Networks (CYN) throughout the region with potential to expand to other youth groups in the future.

Lakeshore Healing Garden

The Central Northeast Health Foundation partnered with donors to realize its vision of a beautiful outdoor space for clients, families, staff and visitors at the James Paton Memorial Regional Health Centre. After a two year fundraising campaign, the Lakeshore Healing Garden will officially open in May of 2013.

The client garden is intended to be a tranquil and safe space with wheelchair accessible walkways, benches and picnic tables as well as two covered gazebos. It will be a natural space with beautiful plants and a lovely water feature. Visiting the garden will be a delightful sensory experience with wonderful smells, relaxing sounds, as well as a myriad of color and texture.

Clients, visitors and staff at the health centre will find a quiet corner to contemplate and step back from the stressors they may encounter when dealing with health issues.

Research has demonstrated the importance of natural spaces and sunlight in the physical and mental health and wellbeing of all people. The Foundation is pleased to help bring this holistic approach to care to clients served by Central Health.

STRATEGIC DIRECTION

Access to Priority Services

Citizen Engagement Project

Central Health has partnered with the Office of Public Engagement, College of the North Atlantic and Memorial University– Faculty of Medicine, in the implementation of the Central Newfoundland and Labrador Citizen Engagement Project.

The purpose of this project is to learn how to better engage and involve citizens of the region in providing input that will influence decision making regarding matters that affect them.

The project focuses attention on the values that citizens use in decision making and gives them background on how decision makers work through complex issues. Consultation took place in the form of eleven focus groups, held across the region during February and March 2013. A further online engagement process will be implemented in May 2013, whereby citizens can participate by reviewing a discussion guide and responding to an online survey.

Through this *Citizen Engagement project* the partners hope to enhance open dialogue about community growth and sustainability by engaging rural citizens in discussions related to service delivery in their part of the region. As well, this project provided an opportunity to learn about how to engage citizens for future planning.

STRATEGIC DIRECTION

Accountability and Stability of Health & Community Services

Resident Assessment Instrument – Minimum Data Set (RAI-MDS) 2.0

The Resident Assessment Instrument – Minimum Data Set 2.0, is a long term care assessment tool, developed by interRAI which provides a framework for healthcare providers to complete an assessment of resident care needs. It provides a structured, standardized approach for assessment, planning, implementation and evaluation. Care plans are generated by completion of a comprehensive assessment by many disciplines focusing on improving, maintaining and minimizing decline in the functional status of each resident.



In 2011, a Minimum Data Set (MDS) Coordinator was hired to act as a resource person and ensure data quality from the MDS assessments in preparation for submission of the data to Canadian Institute for Health Information (CIHI). CIHI partners with organizations such as Central Health to analyze information for the purpose of planning, quality improvement and accountability. The collaboration that CIHI has with interRAI, an international research network, enables Central Health to benefit from evidence bases, standard clinical measures and quality indicators. The overall goal is to submit accurate and up to date MDS assessments from all eleven facilities in Central Health. The data will be compiled and various e-reports will be sent to each submitting facility.

In 2012-13, A.M. Guy Memorial Health Centre, in Buchans, was selected to begin testing of their assessments in 2013-14. Once this testing is completed, live data will be submitted to CIHI. It is anticipated that in 2013-14, all 11 facilities will be submitting data and receiving reports on a quarterly basis.

Patient Safety Public Forum

The slogan of the Patient Safety public forum, *Safety is Central...making patient safety our commitment* supports Central Health's commitment to the involvement of community members as partners for patient safety. To strengthen this commitment Patient Safety public forums are held in different communities throughout the region each year. On June 13, 2012, a Patient Safety Public Forum was held in the community of Harbour Breton inviting members of the public to participate in a community knowledge sharing event. Four presentations were included in the public forum including the topics of patient safety, medication safety, caregiver safety and infection control. In addition, patient safety pamphlets were distributed and a display board showcased the various client safety initiatives implemented in Central Health. Building on the success of this event, on October 3, 2012, an additional Patient Safety Public Forum was held in the community of New-Wes-Valley.

Patient Safety Public Forums are scheduled to continue in 2013-14 to highlight Central Health's commitment to client safety through community partnerships and a client-centered approach. Our partners, Primary Healthcare Facilitators, church groups, service groups and Community Advisory Committees, have strengthened our ability to deliver patient safety messages to the communities.



Presentation of Patient Safety Award to the staff of the Endoscopy unit at Central Newfoundland Regional Health Centre in Grand Falls-Windsor.



One of the many informational displays presented at the *Patient Safety Days* events.

...healthy people, healthy communities

***H*ighlights & Accomplishments**

Central Health is pleased to be able to highlight accomplishments of the organization for the fiscal year 2012-13. These accomplishments are examples of initiatives undertaken to meet the strategic directions of the Government of Newfoundland and Labrador.

STRATEGIC DIRECTION

Improved Population Health

PEP Talk – Diabetes, Healthy Feet and You.

In 2012, Central Health partnered with the Canadian Association of Wound Care (CAWC) on their initiative known as the *Peer Education Program, or PEP Talk – Diabetes, Healthy Feet and You*. This program is an innovative workshop funded by the Public Health Agency of Canada (PHAC), targeting individuals living with diabetes. Given that central Newfoundland has one of the highest rates of diabetes in the country, this opportunity added to the current population health focus and health promotion strategies utilized within the organization to create awareness of the disease. It also provided an opportunity to further engage residents living with this disease regarding their current health needs.

The primary goal of the workshop was for people living with diabetes to teach and promote self-management skills to other individuals living with this disease, around the topic of diabetic foot ulcer prevention. A secondary goal of the program was to empower and strengthen community capacity around diabetes awareness and foot ulcer prevention.

Workshops for this program were held in communities throughout many Canadian provinces. In this region, Gander was chosen by the CAWC to implement the workshop. Workshops were held in Gander on May 22, June 19, September 25 and October 17. Each workshop was led by a peer leader living with diabetes, in partnership with a health professional lead. Participants who attended the workshop indicated that the workshop was very informative and that it provided new information on diabetes foot ulcer prevention.

Vaccine Safety: Managing the Cold Chain

Immunizations help save lives, prevent serious illnesses and are recognized as one of the most effective public health interventions available today. Vaccine storage and handling is a key component in the efficacy of immunization programs. Vaccines are sensitive biological products which may become less effective or even destroyed when exposed to temperatures outside the recommended range.

Historically public health offices utilized household refrigerators that were appropriately modified and monitored to store vaccine. Capital Equipment funding was granted and 20 purpose-built vaccine refrigerators, four chart recorders, six remote alarms, and one external alarm were purchased. As a result, within our region each district public health office now has a purpose-built vaccine refrigerator which is the national standard and demonstrates adherence to best practice guidelines.

By understanding and implementing proper vaccine storage and handling practices, public health staff play a critical role in maintaining the potency of vaccines thus improving and protecting the health of our population.

Diabetes Care

The central region has one of the highest rates of diabetes in Newfoundland and Labrador. This chronic disease has a significant impact not only on the individual but on their families and society as a whole. In 2012, the Connaigre Peninsula Health Centre offered regular diabetes clinics every Tuesday of the week, with more than 600 client visits for the year. These clinics are primarily led by the nurse practitioner who collaborates with other health care providers as needed. During the latter half of the year regular diabetes clinics were started in the district clinics of Mose Ambrose and Hermitage and are being met with great success.

Working from a population health approach, which is inclusive of the multiple factors that impact health, Central Health offered a number of workshops across the region entitled *You and Your Diabetes*. These full day workshops were held in a number of communities including Gander on April 24, 2012, Botwood on October 25, 2012, Fogo Island on November 28, 2012 and Twillingate/New World Island on November 21, 2012. In addition, a tradeshow interaction and information session was provided to the public in Baie Verte on October 20, 2012 and Eastport on October 6, 2012.

The workshops consisted of information on complications of diabetes, blood sugar control, nutrition, foot care, physical activity and medication management. The overall goal of the workshops was to empower residents to become aware of, and utilize, self-management techniques and skills in their daily lives, as they live with diabetes. During the day, opportunity was provided for participants to network and engage with healthcare providers and others living with the chronic disease.

Participants who attended the workshop ranged from those living with diabetes, to caregivers and support persons. Information received from evaluations indicated that participants found the workshops to be beneficial, they were satisfied with the content of the workshop, and they recommended future events on a variety of topics.



STRATEGIC DIRECTION

Access to Priority Services

Re-development of Lewisporte Health Centre

Re-development of the Lewisporte Health Centre, specifically North Haven Manor continued in 2012- 13. A transition team monitored the progress of this project by meeting monthly to review work completed. Staff and identified stakeholders were provided with regular updates. Any service disruptions were announced to appropriate audiences through Central Health's website, intranet or media outlets.

In January 2013, Central Health began occupying the new North Haven Manor in Lewisporte. The completion of this phase of the project resulted in the provision of care in a state of the art, modern facility designed to meet the identified needs of residents in the Lewisporte Health Services area. Services include long term care for 51 residents, divided between four neighborhoods with accommodations for 12 to 13 residents per neighborhood. A neighborhood consists of 12 rooms built around a shared living area to enhance social connections and support between residents and their families. As well, 12 residents with mild to moderate dementia moved to the Protective Community Residence located adjacent to the new North Haven Manor.

The new North Haven Manor will provide services including long term care, rehabilitative care, pastoral care, palliative care, respite care and after-hours emergency services. Further construction is ongoing to accommodate diagnostic services, including laboratory and x-ray, in the second phase of the project scheduled to be completed in 2014.

Meeting the Demand for Echocardiology

Echocardiology (ECHO) is an integral component in the assessment of clients with cardiac disease. The demand for this assessment has significantly increased in the past several years resulting in extensive wait lists. With the addition of a second technologist and ECHO lab, as well as work on waitlist reconciliation and appointment scheduling strategies, access to echocardiology has improved significantly. The number of completed echocardiograms has increased from 1132 in 2011-12 to 1509 in 2012-13. This has facilitated a decrease in wait times for this service from greater than one year to national benchmark standards of approximately one month.

Telepharmacy in Remote Sites

In 2012-13 Telehealth and Pharmacy Services implemented an innovative approach to provide, through the use of state-of-the-art telecommunications technology, telepharmacy services at the Notre Dame Bay Memorial Health Centre (NDBMHC) in Twillingate.



Past practice involved a local pharmacist verifying prescriptions at NDBMHC resulting in additional expenses for Central Health and delays in filling prescriptions. This new process uses the Librestream camera and Onsite software to allow a licensed pharmacist in one of the two referral centers, to supervise a pharmacy technician at the pharmacy in the Notre Dame Bay Memorial Health Centre in Twillingate. It involves a technician preparing the prescription drug for dispensing by the pharmacist who, upon receiving the original prescription order from the facility, communicates in real time with the technician through audio and video computer links. Using the Librestream camera both parties are able to talk to one another while the pharmacist views the prescription through the camera. The pharmacist then tracks inventory of the medication using the Meditech system.

In 2012-13 Pharmacy Services applied to the Newfoundland and Labrador Pharmacy Board for a license to operate telepharmacy services in remote sites. This licensing process required providing information to support how the provision of pharmacy services through this method is equal to a pharmacist being on site. The application for a license was approved.

This model of delivery of pharmacy services to remote sites results in improved efficiencies in the delivery of pharmaceutical care to clients in remote sites and enhanced the delivery of safe, high quality pharmacy services.

Improving Access to Endoscopy Services

Central Health continues with its commitment to working with the Department of Health and Community Services in implementing the strategies designed to reduce wait times specific for hip and knee joint replacement surgeries, emergency room care and endoscopy. Significant efforts were focused on reducing the wait times for endoscopy services during this fiscal year.

An assessment of the wait times for all four endoscopy urgency bands was completed (Urgent, Non-Urgent, Screens, and Surveillance) through the Regional Endoscopy Wait Time management committee in April 2012. From this assessment and in conjunction with an anticipated increase in Endoscopists, a two-room model was evaluated for the Central Newfoundland Regional Health Centre endoscopy unit and was implemented in August 2012. The average number of clients receiving this procedure daily increased from 15 to 20 by September 2012 impacting directly on the wait time for an urgent endoscopy. The two-room model is currently being phased in at the endoscopy unit in James Paton Memorial Regional Health Centre in Gander.

The wait time data continues to be compared to the accepted benchmarks and used to devise strategies to continue with program improvements. No show rates are captured monthly and trended over time. A no show policy was developed and is currently being implemented at both James Paton Memorial Regional Health Centre in Gander and Central Newfoundland Regional Health Centre in Grand Falls-Windsor. The procedure volumes for each unit are reported and posted monthly in each respective unit. The rates for Urgent Colonoscopy for both sites are now consistently within established benchmarks.

The successes gained can be attributed to timely assessment, implementation and evaluation of quality improvement strategies. Through the continued support from the Department of Health and Community Services, a Quality Improvement Project is planned for May 2013 to further evaluate and determine the capacity to impact the non-urgent wait times at both sites.

Planning and Evaluation

Program evaluation is vital to critically assessing a program area or service to improve and enhance its delivery and expected outcomes. When evaluation is built in at the beginning of a program and is used on an ongoing basis, it can help ensure that a program is on track to achieve its anticipated outcomes while maximizing efficiency. Central Health recognized that investing in the enhancement of managers' and leaders' knowledge and skills in program evaluation would enable them to be better equipped to plan, monitor and assess their programs to make sure that they are delivered to the highest possible standard within available resources.

To build evaluation capacity a project was developed and piloted in Population and Public Health consisting of a series of five workshops on program evaluation. The workshops were delivered every 4-6 weeks allowing time for staff to apply what they learned to an evaluation project. The pilot project was evaluated and it was found to be an effective way of building the confidence of staff in their program evaluation skills. A final report of the pilot project outlined the successes and challenges in carrying out the project, along with recommendations to build evaluation capacity for the department and the organization as a whole.



STRATEGIC DIRECTION

Accountability and Stability of Health and Community Services

Patient Safety Days

Safety is Central...making patient safety our commitment

Central Health's second annual Patient Safety Days were held on October 29, 2012 in Gander and October 30, 2012 in Grand Falls-Windsor. These events, held during Canada's National Patient Safety Week, highlighted patient safety initiatives in acute care, long-term care and the community setting. Patient Safety Days is a true knowledge sharing event bringing together frontline staff, management, physicians and senior leaders to celebrate our achievements in patient safety throughout the organization. Presentations and poster displays were developed by Central Health employees and presented to their peers. For the 2012-13 events, Central Health welcomed guest speaker Dr. Ross Berringer, of the Canadian Medical Protective Association (CMPA).

Continuing with Central Health's Patient Safety Days tradition, many employees were recognized and awarded for their efforts in enhancing the client safety culture in three different areas: Prevention of Patient Harm, Safe Practices and Good Catches. Recipients of these awards were nominated by their peers, coworkers, and members of the Patient Safety Days Planning Committee.

Information Management and Technology

The Information Management and Technology department's major 2012-13 focus has been on consolidation of the two Meditech systems. Components of this initiative include a comprehensive review of access, data quality, forms and the preparation for conversion of all client files to one unique health number. This unique number will be the new chart number to identify Central Health's clients.

In 2012-13, consultations with staff and managers to create new user menus to provide appropriate access to all data were conducted. As well, the preparations for conversion of all clients' files began in 2012-13 through consultations with software vendors, the Newfoundland and Labrador Central for Health Information and internal staff from Information Management and Technology and Health Information Management departments. This work is ongoing and expected to be completed in the fall of 2013.

Ongoing consultations with directors, managers and staff have assisted in providing valuable user information to further enhance the development of the modules in one Meditech system for the organization. In 2012-13, IM&T held a competition amongst staff to develop a unique desktop icon for the new consolidated Meditech system. The winning icon was chosen from a variety of submission and designates the consolidated Meditech system as the HUB.

Standardization efforts have resulted in the identification of opportunities to improve processes that enable safe effective care delivery as well as enhanced usability of systems for employees.

Failure Mode Effect Analysis (FMEA) – Inspiring Quality and Safety

A team trained in Failure Mode Effect Analysis (FMEA) utilizes the FMEA framework to examine multifactor, complex processes in a program or service delivery area to identify potential breakdowns or failures and implement system improvements.

The team, along with the Manager of Hemodialysis, completed a failure mode effect analysis on the admission of dialysis clients to James Paton Memorial Regional Health Centre for an acute medical condition. To ensure safe and quality care is provided to these clients and is based on best practice, the FMEA team developed a pathway of care including standardized physician orders and a nursing intervention plan.

The FMEA team also completed a prospective analysis on the process of referring clients from rural sites to our secondary sites for emergent diagnostic imaging examinations during after-hours and weekends. A standardized pathway of care was developed which was detailed in a policy and is currently being reviewed by physicians. Embedding the developed pathway will require policy approval and communication to all involved stakeholders. This is expected to be completed early in the next fiscal year.

Client Safety Culture Survey

The Client Safety Culture Survey is an Accreditation Canada quality improvement tool used by Central Health to measure employees' perceptions, attitudes, and activities associated with client safety. The survey allows Central Health to identify successes and opportunities for improvement, and monitor changes within the organization. From October 22 to November 15, 2012, Central Health employees and physicians responded to the Client Safety Culture Survey. The 2012 survey results demonstrated that the client safety culture in Central Health is moving in a positive direction when compared to the 2009 survey results. The survey results were shared with Board of Trustees, Senior Leaders, managers, staff, and physicians to find opportunities to build on our successes. Quality improvement strategies including education sessions, organized events, and professional partnerships have been identified. Over the next year, these quality initiatives will be rolled out in an attempt to continue to shift employees' perceptions, attitudes and activities and enhance the culture of client safety throughout the health authority.

Client Care Experience Survey

From October to December 2012, the Client Care Experience Survey was distributed to clients discharged from Central Health's rural and referral healthcare centers. The survey assessed five dimensions of client experience – respecting client values, expressed needs and preferences; client safety; sharing information, communication and education; coordinating and integrating services and enhancing quality of life in the care environment. The return rate for the Client Care Experience Survey was 12.4 per cent. By using this survey as a tool for quality improvement, the results and trends found in the analysis provided insight into the client experience and highlighted areas for improvement.

Overall, clients who responded to this survey rated various aspects of Central Health's acute care services very highly, indicating a high level of performance among healthcare providers.

Report on Performance

VISION

The vision of Central Health is for “healthy people and healthy communities”.

MISSION STATEMENT

By March 31, 2017, Central Health will have provided quality health and community services and programs which respond to the identified needs of the people of central Newfoundland and Labrador within available resources.

Measure: Provided quality health and community services and programs.

Indicators:

- Implemented integrated quality improvement framework.
- Engaged physicians in quality improvement initiatives.
- Implemented a chronic disease prevention and management strategy.
- Developed a comprehensive health human resources plan.
- Implemented a healthy aging strategy to improve services for the aging population and contribute to a healthier population.

STRATEGIC ISSUE 1: ACCESS TO SERVICE

The reduction of wait time is a key component of health care strategies aimed at improving overall access to services for clients. The types of interventions implemented to reduce wait times are varied and may consist of ensuring alignment with the appropriate provider; determining the appropriateness of care; ensuring full utilization of human and system resources; and maximizing efficiency in all aspects of service delivery.

Central Health is working in collaboration with internal and external stakeholders to reduce wait times in select areas while ensuring the quality and safety of services. Quality improvement models are being utilized to identify barriers to access, plan for improvements and test degrees of change. Improving the quality and utilization of data is critical to the success of all wait time reduction measures. Central Health continues to focus on this area including maximizing the use of technology to assist with data collection and analysis. The initiatives undertaken in this area support the Government of Newfoundland and Labrador’s strategic direction of improved access to priority services.

2011-2014 Goal

By March 31, 2014, the Central Regional Health Authority will have improved access to select services.

Measure

Improved access to select services.

Indicators

- Ensured availability to wait time information, on select services, through the Central Health website.
- Demonstrated evidence of improved access to select service areas.
- Created a plan for stakeholder engagement in select communities with respect to services in their communities.
- Introduced in two selected priority areas initiatives to address client flow and wait times.
- Increased availability of telehealth services across the region.

Objective 2

By March 31, 2013, the Central Regional Health Authority will have completed consultations and developed prioritized strategies to improve access to services.

Measure

Completed consultations and developed prioritized strategies to improve access to services.

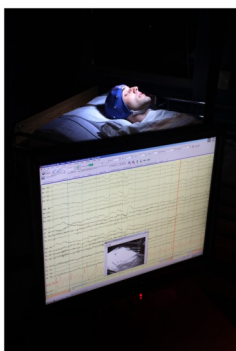


Planned Indicator(s) for 2012-13	Actual Progress for 2012-13
<p>1. Participated in a quality audit of two selected priority areas to address patient flow and wait times.</p>	<p>An external consulting firm was accessed to conduct time motion studies as a quality audit of mammography and ultrasound services of Diagnostic Imaging through funding from Department of Health and Community Services. This audit identified areas for improvements which included staff scheduling, scheduling of appointments and cross training for staff.</p> <p>The Emergency department at Central Newfoundland Regional Health Centre, one of thirteen <i>Category A</i> Emergency departments in the province, participated in a detailed review. An external consultative review focused on client flow patterns, physical layout and wait time metrics. Focus groups were held with multidisciplinary team members, departmental heads, physicians, nursing staff and senior management.</p> <p>A two-day efficiency workshop was held and attended by 30 emergency department key stakeholders.</p>
<p>2. Developed a prioritized action plan and strategy to address quality improvement recommendations in the two areas.</p>	<p>A detailed action plan to address wait times for mammogram and ultrasound was developed utilizing findings from an internal wait time review conducted in 2011, the external review conducted in 2012 and standards from Accreditation Canada. The strategies focused primarily on booking practices, appointment notification and management of no shows and cancellations. Under each goal SMART objectives and indicators were developed along with the top three actions that will have the biggest impact on services with</p>

	<p>minimal difficulty to implement. Each action was assigned a responsible person and a timeframe to build in accountability. A detailed action plan was developed to address the priority areas for improvement in the Emergency department at Central Newfoundland Regional Health Centre. The plan utilized the quality improvement model and <i>Lean</i> methodologies. The primary areas of focus were triage, patient flow and standardization of work.</p>
<p>3. Conducted focus groups with physicians and acute care program leaders to review case mix group information.</p>	<p>In March 2013, focus groups were held with physicians, allied health professionals, and nursing staff to discuss case mix group information. Current services for clients with Chronic Obstructive Pulmonary Disease (COPD) were reviewed and service gaps identified.</p> <p>A core COPD project team was established and is represented on the Chronic Disease Prevention and Management Advisory Committee.</p>
<p>4. Completed review of evidence –based programs that have demonstrated an impact on admission for COPD and heart failure</p>	<p>In 2012-13, Central Health partnered with The Canadian Foundation for Healthcare Improvement (CFHI) and other Atlantic Canadian health authorities to form an Atlantic Collaborative for Innovation and Improvement in Chronic Disease. Through the review of evidence-based programs, Central Health developed a comprehensive project plan, in 2012-13, which focuses on improving processes of care for patients living with COPD. The development of this plan included a review of the Canadian Consensus Guidelines for Management of COPD (Canadian Thoracic Society), a</p>

	<p>comparison of current service provision for Central Health clients with COPD, and a review of several successful COPD programs including the <i>Capital Health Inspired Program</i>.</p> <p>In 2012-13, Central Health was successful in having its topic submission, <i>What are the most effective outpatient programs for treating patients with chronic disease?</i>, selected for a 2012-13 Rapid Evidence Report by the Contextualized Health Research and Synthesis Program. The report on the most effective programs to prevent admission related to heart failure will be started in the summer of 2013. Central Health is proud to partner with the Newfoundland and Labrador Center for Applied Health Research on this initiative.</p>
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Discussion of Results



Patient flow and Wait Times in Diagnostic Imaging

The external consulting firm, General Electric, through funding from Department of Health and Community Services, assessed specific services within Diagnostic Imaging and composed a detailed report with recommendations for improvement. Recommendations have been assessed and prioritized for system impact and ease of implementation. A detailed action plan has been developed based on the 2012 external review. To date, several of the recommendations have been implemented including policies drafted for no shows, cancellations and incomplete requisitions. As a result of these initiatives wait times for CT, mammography and ultrasound services at both James Paton Memorial Regional Health Centre in Gander and Central Newfoundland Regional Health Centre in Grand Falls-Windsor have been reduced ensuring timely accessibility for patients. Success in these areas is attributed to the guidance provided by the external report on wait

times and to *Lean* methodologies that involved the frontline staff in identifying solutions to the problem. Work is continuing to improve access to care and reduce wait times for the population we serve.

Patient Flow and Wait Times in Emergency department

In 2012, Central Health partnered with the Department of Health and Community Services to participate in an external review, conducted by X-32 Health Care, of the emergency department at Central Newfoundland Regional Health Centre in Grand Falls-Windsor. Based on the preliminary reports of the review and the goals of the emergency department, a detailed action plan has been developed and several initiatives are being explored to reduce wait times as well as address patient flow.

The emergency department at the Central Newfoundland Regional Health Centre identified client triage as an area for improvement. Two new dedicated triage nurse positions were implemented in 2012. A patient re-assessment process was implemented as part of the standardized Canadian Triage Acuity Scale (CTAS) approach.

To address patient flow, the emergency department is working, in partnership with IMaT, to establish an electronic status board to track client flow through the department. A visual management project, aimed at removing visual clutter from the emergency department was completed and emergency signage developed and posted. Registration for emergency department clients was moved to the triage room which resulted in the triage registered nurse being able to visualize emergency patients upon arrival.

Standardization of work is being addressed in the emergency department to avoid unnecessary effort and non-value added activity for nursing staff. This work is continuing to improve access to care and reduce wait times for triage and emergency services in the emergency room.

Chronic Obstructive Pulmonary Disease (COPD)

Chronic Obstructive Pulmonary Disease (COPD) was identified as Central Health's fourth leading cause of all hospital admissions and the first leading cause of chronic disease related admissions. Criteria for successful programming identified in the focus group sessions included prevention, early screening, increased education, improved use of existing resources, decreased length of stay and readmissions, and improved quality of life for clients and families. These findings established COPD as the next pillar in the regional Chronic Disease and Prevention Management Strategy.

As a component of its partnership in the Atlantic Collaborative for Innovation and Improvement in Chronic Disease, the Central Health’s COPD project leads attended a workshop in November 2012 to further develop the improvement plan. Project Leads participated in education in the following areas: identifying and engaging stakeholders and patients, theories of change, patient and family centered care, integrating and coordinating efficient healthcare programs and monitoring outcomes.

The collaborative, with access to faculty, coaches and mentors, is supplementing Central Health’s development of a client-and family-centered approach to COPD through a network of organizational, regional and provincial teams. These teams share evidence-informed, effective, sustainable and systems-level solutions and work together to develop and implement improvement projects.

<p>2013-2014 Objective</p> <p>By March 31, 2014, the Central Regional Health Authority will have implemented prioritized strategies to improve access to services.</p>
<p>Measure</p> <p>Implemented prioritized strategies to improve access to services</p>
<p>Indicators</p> <ul style="list-style-type: none"> • Fully implemented prioritized action plans and strategies to address quality improvement recommendations in select service areas. • Improved access in select service areas. • Wait time information, for select services, posted through the Central Health website and intranet. • Implemented improved processes of care for clients living with COPD who had the highest rates of ER visits, admissions/readmissions and lengths of stay.

STRATEGIC ISSUE 2: HEALTHY AGING

In the Central region the population base continues to decline but the number of persons aged 65 and over continues to grow. The population has declined by 1.6 per cent between 2011 and 2006. In the 2011 census data there were 82,110 persons living in the province of Newfoundland and Labrador over the age of 65 years. As well, during the same period, there has been a significant decrease in the number of people living in the Central region who are less than 50 years of age with a notable increase in the number of people 50 years and older.

Our health care system has traditionally focused on the treatment of disease in our seniors' population. As our citizens are living longer, evidence is emerging as to how systems can support citizens to maintain their independence and health to enable them to have optimal quality of life. While there will always be a need to address issues associated with chronic disease and aging, Central Health is pleased to also be able to also focus efforts on initiatives such as age-friendly environments, increasing opportunities for healthy eating, physical activity and social supports as a means to supporting healthy aging in our communities.

The Government of Newfoundland and Labrador has recognized the potential impact of an aging population in the province and identified the need to focus on healthy aging as a focused area under the strategic direction of improving population health and Long Term Care and Community Supports as a focused area under the strategic direction of access to priority services. The goals and objectives developed by Central Health are aligned with and supportive of these provincial directions.

¹Statistics Canada Census, 2010

<p>2011-2014 Goal</p> <p>By March 31, 2014, the Central Regional Health Authority will have implemented a framework and a philosophy that results in improved services for the aging population.</p>
<p>Measure 1</p> <p>Implemented a documented framework and philosophy.</p>
<p>Indicators</p> <ul style="list-style-type: none"> • Documented and adopted a framework and philosophy. • Improved the age-friendly environment in facilities. • Educated the workforce on positive attitudes toward aging that value and support the contribution of older people. • Enhanced community supports.
<p>Objective 2</p> <p>By March 31, 2013, the Central Regional Health Authority will have developed a plan to implement best practice in age-friendly services.</p>

Measure	
Developed plan to implement best practice in age-friendly services.	
Planned Indicator(s) for 2012-13	Actual Progress for 2012-13
<p>Completed implementation plan for two practices selected from the best practice review on age-friendly services.</p>	<p>Central Health selected education for health care providers working with elderly patients in acute care and the utilization of advance practice nurses as the two practices to implement for the best practice review.</p> <p>Background work was completed on the development of an implementation plan for health care provider education. Long Term Care (LTC) and Professional Development collaborated on the development of core competencies and education materials which provides a basic grounding in the principles of geriatric care. A comprehensive plan for implementation of this practice has not been completed.</p> <p>Central Health has developed an implementation plan to strategically position, in acute care, advance practice nurses to help implement protocols for improving the quality of geriatric care. In 2012 -2013 Central Health moved forward to partially implement the plan by realigning the duties of existing Nurse Practitioner (NP) positions in four health service areas.</p>
<p>2. Developed philosophy of care for age-friendly service provision.</p>	<p>In 2012-13 a Long Term Care Council was established consisting of representatives from families, volunteers and staff who provide long term care services.</p> <p>The <i>Terms of Reference</i> for the Long Term Care Council were developed to facilitate an evidence informed, consistent approach to the</p>

	<p>provision of quality care in long term care facilities within Central Health.</p> <p>A philosophy of care for the provision of long term (facility based) living care was developed and approved in 2012-13.</p> <p>The age-friendly philosophy recognizes the great diversity among older persons, promotes their inclusion and contribution in all areas of community life, respects their decisions and lifestyle choices, and anticipates and responds flexibly to aging-related needs and preferences.²</p>
<p>3. Reviewed tools for utilization in assessing age-friendly physical environments</p>	<p>In 2012-13, Central Health focused on tools to enhance bed safety and prevent falls. The <i>Bed Safety Entrapment Tool</i> was reviewed and assessed for feasibility of implementation.</p> <p>An expression of interest has been circulated for membership for a Bed Safety Committee. <i>Terms of Reference</i> have been developed for this Bed Safety Committee and the first meeting of the new committee has been scheduled.</p> <p>The fall prevention assessment tool was reviewed and refined. The Community Falls Prevention Program was subsequently implemented in selected community care sectors utilizing a valid assessment tool.</p>

² World Health Organization (WHO). Downloaded from: http://www.who.int/ageing/projects/age_friendly_cities/en/

Discussion of Results

Improving Age-friendly Acute Care Through Workforce Education

In 2012-13, the Long Term Care (LTC) Education sub-committee, made up of representatives from Long Term Care and Professional Development, developed core competencies and educational materials which provide a basic grounding for staff working in long term care in the principles of LTC. The education relating to these competencies will be delivered in LTC by the Clinical Educators under the new model of nursing which is currently being implemented. Appropriate education to ensure core competencies needed to care for the elderly will be delivered to providers working with the elderly in acute care environments.

The education plan for delivery of acute care age friendly competencies has not been completed. Completion is dependent on a comprehensive review of the LTC competencies and determination of which competencies are applicable to age friendly acute care providers. It is anticipated that this work will begin in the fall of 2013.

Utilization of Advance Practice Nurses

Central Health recognizes the important role advanced practice nurses play in both health promotion and chronic disease management. These two areas are extremely important to the healthy aging continuum. In 2012 -13, Central Health realigned the duties of existing Nurse Practitioner (NP) positions in four of its health service areas, specifically Twillingate, Buchans, Lewisporte and New Wes Valley. This realignment provided capacity for these NPs to apply their advanced practice nursing expertise in the provision of care to seniors in restorative care, acute care, long term care, protective community residences and diabetes education. These NPs also fulfill the role of clinical nurse educator at these sites, sharing their expertise with nursing staff, assessing learning needs and assisting staff to gain the knowledge that will help them provide the best care for their clients, the majority of whom are seniors.

Philosophy for Age-friendly Service

Central Health believes that residents who live in LTC homes and their families must be cared for with compassion, dignity and respect, thus ensuring that individual's needs are met and optimal quality of life is achieved. In 2012-13, a Long Term Care Council was established to facilitate an evidence informed, consistent approach to the provision of quality care in Long Term Care facilities within Central Health.

The work of the Long Term Care Council in 2012-13 centered on the recruitment of

appropriate membership, the development of terms of reference and a philosophy of care. This philosophy of care was developed using a collaborative process and has been adopted and used in the planning of the provision of care for the new North Haven Manor. The design of the neighborhood layout in this new facility is conducive to an age friendly; resident centered care approach to care including single rooms, rooms for couples and shared cooking and living areas with small number of residents.

The age friendly philosophy was applied in the procurement of equipment for this new facility including the after-hours services that are provided. Appropriate age friendly seating has been used throughout the facility along with appropriate medical equipment in the clinical areas.

Age-friendly Environments – Bed Safety Assessment

In 2012, response to Health Canada’s Notice to Hospitals regarding risk of entrapment of patients in hospital beds, Central Health created an inventory of the beds that put patients at risk for entrapment. Facilities that were equipped with these beds were put on alert and advised to implement recommended strategies to reduce bed entrapment. Information was circulated to front line staff by the risk manager that identified the seven zones for entrapment. Central Health proceeded to purchase standardized beds and mattresses to ensure clients are provided with safe, age friendly equipment. Beds that posed the greatest risk for entrapment were taken out of service.

To formalize and continue this work, a *Terms of Reference* was developed for a Bed Management Committee in 2012. The first meeting of the new committee is scheduled for June 2013. It is anticipated that the work of this committee will include the development of a Bed Management Plan; exploring the purchase of a Bed System Measurement Tool and supporting sites to devise a plan for regular entrapment³ assessments on all hospital beds. The Bed Management Committee reports to the Long Term Care (LTC) Council as a subcommittee. In addition, information is shared with relevant QI Teams and the committee’s work is



³Entrapment is defined as an event in which a patient is caught, trapped or entangled in spaces in or about the bed rail, mattress or hospital bed frame. Entrapment can result in serious injury or death.

tracked in the Client Safety work plan that is monitored by the Board Patient Safety subcommittee.

Age-friendly Environments: Falls Prevention

A Community Falls Prevention Program has been implemented in selected community care sectors using a valid assessment tool to assess clients who are referred to community programs including clients residing in personal care homes. A tool kit with pamphlets and falls prevention interventions is provided to the client to prevent falls in their environment. The toolkit includes a home safety checklist, mobility aids, assistive devices, exercises, and hip protectors.

A number of employees from the community care sector attended the Canadian Falls Prevention Curriculum in November 2012 and were trained as Falls Champions. These employees are the content and practice experts in falls prevention and are trained to promote falls prevention on an individualistic and program level in the community sector. The partnership between the community liaison nurse and the community care healthcare providers is critical in promoting safety and preventing falls in the client’s physical environment. The community liaison nurses refer clients to the *Community Falls Prevention Program* upon discharge from an acute care facility when the client is identified to be at potential risk for falls upon returning to their home environment.

<p>2013-2014 Objective</p> <p>By March 31, 2014, the Central Regional Health Authority will have implemented selected components of the healthy aging plan.</p>
<p>Measure</p> <p>Implemented selected components of the healthy aging plan.</p>
<p>Indicators</p> <ul style="list-style-type: none"> Developed philosophy for age friendly care in acute care environment to accompany LTC philosophy. Implemented education plan to provide workforce with basic grounding in principles of geriatric care. Implemented bed management plan. Expanded utilization of falls prevention toolkit in the community sector.

STRATEGIC ISSUE 3: QUALITY AND SAFETY

Quality and client safety are integral components of health care. Emerging research, both nationally and internationally, continues to focus on the issues of patient safety and the adverse events experienced by clients of the health care system. The focus on safety of clients and staff must permeate all levels of the organization so that it becomes embedded in the core of organizational culture. Safety is positioned as a strategic issue for Central and is focused on initiatives that span the structure of the organization from trustee governance to frontline provider. The enhanced focus in this area supports the continued commitment of the Government of Newfoundland and Labrador to quality as indicated through the identification of quality and safety as a focus area for their strategic direction for 2011-2014.

Quality improvement for health care organizations is recognized as a journey versus a destination. Quality improvement is continuous as providers strive to identify issues, translate the latest evidence into practice settings, monitor performance and evaluate for efficiencies, effectiveness and overall health outcomes. Central Health staff actively engages in learning new quality improvement methodology and creating opportunities to apply this learning in their practice environments.

<p>2011-2014 Goal</p> <p>By March 31, 2014, the Central Regional Health Authority will have improved client safety.</p>
<p>Measure 1</p> <p>Improved client safety.</p>
<p>Indicators</p> <ul style="list-style-type: none"> • Enhanced the culture of safety as measured by Accreditation Canada Client Safety Culture Survey. • Documented improvements in client outcomes in selected Safer Healthcare Now initiatives. • Implemented the Clinical Safety Reporting System. • Acted on trending data to improve client safety.
<p>Objective 2</p> <p>By March 31, 2013, the Central Regional Health Authority will have implemented select initiatives to increase reporting, data collection and utilization of leading practices in quality and safety.</p>

Measure	
Implemented select initiatives to increase reporting, data collection and utilization of leading practices in quality and safety.	
Planned Indicator(s) for 2012-13	Actual Progress for 2012-13
1. Completed implementation of the Clinical Safety Reporting System	<p>Client safety incidents including close calls, occurrences and adverse events are reported in the Clinical Safety Reporting System (CSRS). This is a province wide reporting system and was fully implemented in Central Health by June 2012.</p> <p>Over 2500 Central Health employees, including senior leaders, managers, frontline staff and physicians, were trained across the health authority.</p>
2. Developed trending reports from the Clinical Safety Reporting System	<p>The data from CSRS is analyzed and trended in select areas. Overall occurrence data, incorporating all Central Health locations, is analyzed and reported quarterly in the organization's score card(s) to monitor the most frequently occurring events. From these analyses, areas are identified for further exploration and investigation. In 2012-2013, CSRS trending reports were developed in the areas of falls, high-risk medication errors, referral processes, and laboratory occurrences. In addition, a number of quality control audits are completed and the data analyzed to identify challenges and areas for improvement.</p>
3. Validated the Hospital Standardized Mortality Ratio (HSMR) for Central Health	<p>Efforts to validate Central Health's HSMR have been ongoing throughout 2012-13. A steering committee and two sub-committees, formed in May 2012, have worked to ensure the quality of select in-patient health record information to improve the data that informs</p>

	<p>this indicator. HSMR is determined based on information from in-patient death charts. A significant portion of the in-patient death charts for the fiscal year have been reviewed and coding changes required have been addressed.</p> <p>The validation process was completed by submitting edits to the Canadian Centre for Health Information (CIHI), the agency that calculates and publishes the HSMR. These coding changes have improved the quality of the data that informs this indicator, thus ensuring the rate is accurate and valid.</p>
<p>4. Implemented Safety Briefings in select areas</p>	<p>Safety briefings were implemented to give frontline employees and their managers an avenue to share information about potential safety problems, concerns and to discuss client safety issues that have occurred and identify solutions to mitigate future risks.</p>
<p>5. Developed a Process for the Introduction of Evidence-Informed Practices</p>	<p>A review of the literature including the examination of toolkits to implement evidence-informed practices and best practice guidelines was completed. Information on best practices, evidence-based and evidence-informed practices was reviewed by the Quality Improvement Oversight Committee.</p> <p>A standardized process to support the implementation of evidence-informed /best practices across the organization was drafted and the committee was engaged in review of the process. Guidelines for staff, outlining the process, were developed this fiscal year.</p>

<p>6. Implemented Safe Resident Handling Project in Long Term Care</p>	<p>In 2012-13, the Safe Resident Handling initiative focused on the safety of nursing staff providing care to residents in three of Central Health’s long term care facilities that were selected for this pilot program.</p> <p>A Steering Committee was developed to oversee the program’s implementation at Carmelite House, Bonnews Lodge, and North Haven Manor. Core Teams were developed at each site.</p>
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Discussion of Results

Clinical Safety Reporting System (CSRS)

The provincial reporting system, CSRS, was rolled out in Central Health over an eight (8) month period and was fully implemented by June 2012. The CSRS facilitators travelled to all areas of the region to provide training. Over 2500 employees were trained including senior leaders, physicians, managers, and frontline employees. During the training sessions the messages shared included the importance of reporting, the meaning of client safety, systems approach thinking and building a just culture.

CSRS champions were trained to continue peer to peer training for new hires and those who missed the scheduled sessions in their facilities. As well, extra training was provided to managers and investigators with respect to determining root causes and corrective actions to improve and sustain safe care and quality improvement when providing follow-up on CSRS reports.

The implementation of the clinical safety reporting system was evaluated by the Newfoundland and Labrador Centre for Health Information to assess whether the intended benefit was realized and to determine any barriers and facilitators to the implementation process.

Clinical Safety Reporting Data Trending

Data trending is an integral component of monitoring safety and quality in healthcare. Trended data is utilized by Central Health to support decision-making and inform program and organizational initiatives. Data trending is ongoing in Central Health in numerous areas and includes various aspects of quality and safety. From trended data we are able to celebrate and recognize successes and identify areas for improvement.

The Clinical Safety Reporting System (CSRS) houses a vast amount of data that can be utilized to identify client risk and safety issues. Once an issue is identified, teams within Central Health strategize methods for improvement and implement necessary changes to mitigate the risk to client safety. For example, in 2012, Central Health recognized the need for the development of a *Positive Client Identification Policy* to ensure health services were being provided to the correct individual. Central Health staff reported client safety incidents in CSRS that illustrated challenges in appropriate and safe client identification. These reports were then analyzed to find trends in the data. The results of the analysis indicated a requirement for all staff to follow specific guidelines to ensure clients are properly identified and hence the *Positive Client Identification Policy* was developed and communicated to all staff.

Data trending affords healthcare professionals the confidence to make quality-based decisions and supports the implementation of organizational initiatives. Data trending also provides ongoing monitoring of healthcare processes and identifies areas requiring action. In 2012-13, Central Health made many improvements from the results of data trending which include, but are not limited to: medication safety; falls prevention; and physician referral processes.

Hospital Standardized Mortality Ratio (HSMR) for Central Health

The Hospital Standardized Mortality Ratio (HSMR) is a summary measure that is used to track a hospital's mortality rate over time. The HSMR is a broad system-level measure comparing observed to expected deaths based on the national experience and is designed to act as a signal for further investigation. The HSMR is one tool that allows hospitals to measure and monitor their progress in quality of care.

Efforts to validate Central Health's HSMR have been ongoing throughout 2012-2013. In May 2012, the HSMR Steering Committee was formed to facilitate the use of HSMR data as a quality indicator for the evaluation of in-hospital mortality rates at Central Health. An initial

task for the committee was to review and compare Central Health HSMR data from the Canadian Institute for Health Information (CIHI) to ensure accuracy and validity. To achieve this, the committee developed two sub-committees to conduct health record reviews of inpatient deaths using audit and case validation tools. Inpatient death chart documentation was reviewed to determine if appropriate diagnoses, services and interventions were submitted to the Canadian Institute for Health Information (CIHI). The committees review revealed opportunities for improvement with one finding that palliative care is not always documented in the health record and therefore is not coded as such. It was concluded that this is impacting the HSMR, as health records with palliative care as a primary diagnosis are excluded in the HSMR calculation. As a result of the audits, information has been re-submitted to CIHI which will improve the quality of the data that informs this indicator. Furthermore, an action plan is being developed to address factors impacting data quality. Preliminary information from quarter three indicates that Central Health's HSMR should be lower for the 2012-2013 fiscal year.

The HSMR is not designed for comparisons between hospitals; it is intended to track a hospital's trend over time. Once Central Health is confident in the quality of the information submitted to inform this indicator, the HSMR Steering Committee will track the HSMR for Central Health over time to identify and target areas for improvement.

Safety Briefings

Safety briefings are a simple, easy tool that frontline employees and their managers use to share information about potential safety problems and concerns. As well, this tool provides opportunity for staff to discuss patient safety issues that have occurred and identify solutions to mitigate future risks. Safety Briefings help to increase awareness of patient safety issues, create a transparent environment, and integrate patient safety in daily work practices.

To test a safety briefing or attempt to make a change to improve patient safety, the Model of Improvement called Plan Do Study Act (PDSA) can be used. Safety Briefings were put into practice with the implementation of the Clinical Safety Reporting System by June 2012. Currently, seven selected program areas including Mental Health, Medicine, Hemodialysis, Nutrition Services, Laboratory Services, Long Term Care, and Cardiopulmonary Services are utilizing Safety Briefings and the PDSA improvement model to find solutions to mitigate risks and improve the safety of clients.

Developed a Process for the Introduction of Evidence-Informed Practices

A process for the introduction of evidence-informed practices was developed by Central Health during 2012-13. The concept of evidence-informed practice is based on the principle that the development and implementation of interventions is informed by the most current, relevant and reliable evidence about their effectiveness. Central Health is committed to providing services and care that is based on evidence along with the implementation of evidence-informed/best practice guidelines.

A review of the literature including the examination of toolkits to implement evidence-informed practices and best practice guidelines was completed. In 2012, the Quality Improvement Oversight Committee participated in a facilitated session on best practices, evidence-based and evidence-informed practices.

A standardized process to support the implementation of evidence-informed /best practices across the organization was developed and the committee was engaged in review of the process.

Implemented Safe Resident Handling Initiative in Long Term Care

In 2012-13, the *Safe Resident Handling Initiative* began with the goal of increasing the safety of nursing staff providing care to residents in three of Central Health's long term care facilities that were selected for this pilot initiative.

To initiate this, a Steering Committee was developed to oversee the program's implementation at Carmelite House, Bonnews Lodge, and North Haven Manor. As well, Core Teams were developed at each site so that frontline staff in each facility would have more ownership of the program and to provide a process for identifying and removing any barriers to success and sustainability. This process will continue into 2013.

Training comprised a significant portion of the activities implemented in 2012. Training began in all three facilities in 2012 and is currently still in progress at North Haven Manor. Lift champions have been selected in each facility so that a resource is available to staff, and the Injury Prevention Coordinator has dedicated resources to supporting the lift champion and frontline staff, and shadowing and coaching staff on their resident handling actions.

The Safe Resident Handling initiative and related activities will continue into 2013. A research team is in place at Eastern Health to evaluate the efficacy of the program and their data collection will continue until January 2015 to allow for measurement to be completed over a 15-month post-implementation period.

2013-2014 Objective

By March 31, 2014, the Central Regional Health Authority will have developed a quality improvement safety plan to reduce risk and improve system performance based on identified organizational trends and priorities.

Measure

Strategic Quality Improvement and Safety Plan developed.

Indicators

- Strategic Quality and Safety Plan is aligned with other planning processes implemented by Central Health.
- Plan is organized around various dimensions of quality.
- Priorities established for improvement based on areas that are problem prone, high-risk and high-volume.
- Enhanced culture of quality and safety is outlined as a goal outlining improvement activities and timelines.
- Plan includes recommendations from the Central Health Accreditation Report 2013.



Opportunities & Challenges

Introducing Standardized Client Order Sets

In 2013-14 Central Health will be introducing the ClientOrderSets.com solution in five of its rural sites. Order sets are sophisticated evidence-based checklists used by clinicians to ensure that clients get the appropriate treatment at the right time. A comprehensive order set strategy has the potential to impact very positively on quality and client safety and will help advance Central Health's work on this strategic goal.

In addition to enhancing quality and safety, patient order sets will help optimize use of physicians' time by eliminating hand written repetitive orders of medications, test and treatment options. Rural physicians at Central Health, led by the Chief of Rural Medicine, are championing the implementation of standardized client order sets and will be critical stakeholders in the success of the project. All members of the multi-disciplinary teams at our selected sites look forward to capitalizing on this opportunity to improve efficiency while enhancing quality and safety.

Improving Quality Through Accreditation

The accreditation process fosters ongoing quality improvement through peer review and self-assessment based on evidence-based standards. In Canada, accreditation of health-care organizations is conducted by a national non-profit agency, Accreditation Canada.

Central Health is an active participant in the Accreditation Canada process and is currently preparing for the peer review site visit component of the accreditation cycle. In May 2013, seven surveyors from across Canada will visit Central Health for five days to assess the quality and safety of the care we delivered. This will be an opportunity for Central Health to receive valuable feedback and recommendations to assist in planning for continuous quality improvement.

Staff members, volunteers, physicians and trustees work every day to ensure that the care delivered is of the highest quality and is responsive to the needs of citizens. The quality improvement journey is a continuous one but the accreditation survey allows an opportunity to acknowledge, self-reflect, to be appraised and to refocus our efforts. Central Health looks forward to accreditation as an opportunity to continue to advance its strategic directions and the growth of the organization.

Operating Room Re-development at Central Newfoundland Regional Health Centre

As part of a larger redevelopment of the Central Newfoundland Regional Health Centre, the Provincial Government announced an investment of approximately \$22 million to re-develop the operating rooms which are expected to be completed by the fall of 2014. In 2012-13, Central Newfoundland Regional Health Centre commenced construction of this re-development project which included preparation work for the construction of the physical structure of the operating rooms.

The contractors completed all civil work; installed mechanical equipment and associated piping including heating, ventilation and air operating room area; installed a generator; installed medical gas equipment and associated piping; installed steel studs and drywall to define spaces indicated in the drawings of this area; demolition of walls to allow the continued construction of recovery and operating room preparation areas which was originally part of medical unit 2A.



The completion of this phase of the project in the fall of 2013 will allow Central Health to open four of the five new operating rooms so that work can begin on the redevelopment of the existing operating rooms. The last phase of the redevelopment is scheduled for completion in fall of 2014.

The completion of this project will mark a significant milestone in the redevelopment of the physical structure of the Central Newfoundland Regional Health Centre. The benefits of this redevelopment include the latest in operating room equipment including new lighting, high definition camera equipment, and conferencing ability during procedures and additional space for the latest surgical equipment. This redevelopment also includes new change rooms, office space and meeting rooms.

Improved Health System Performance

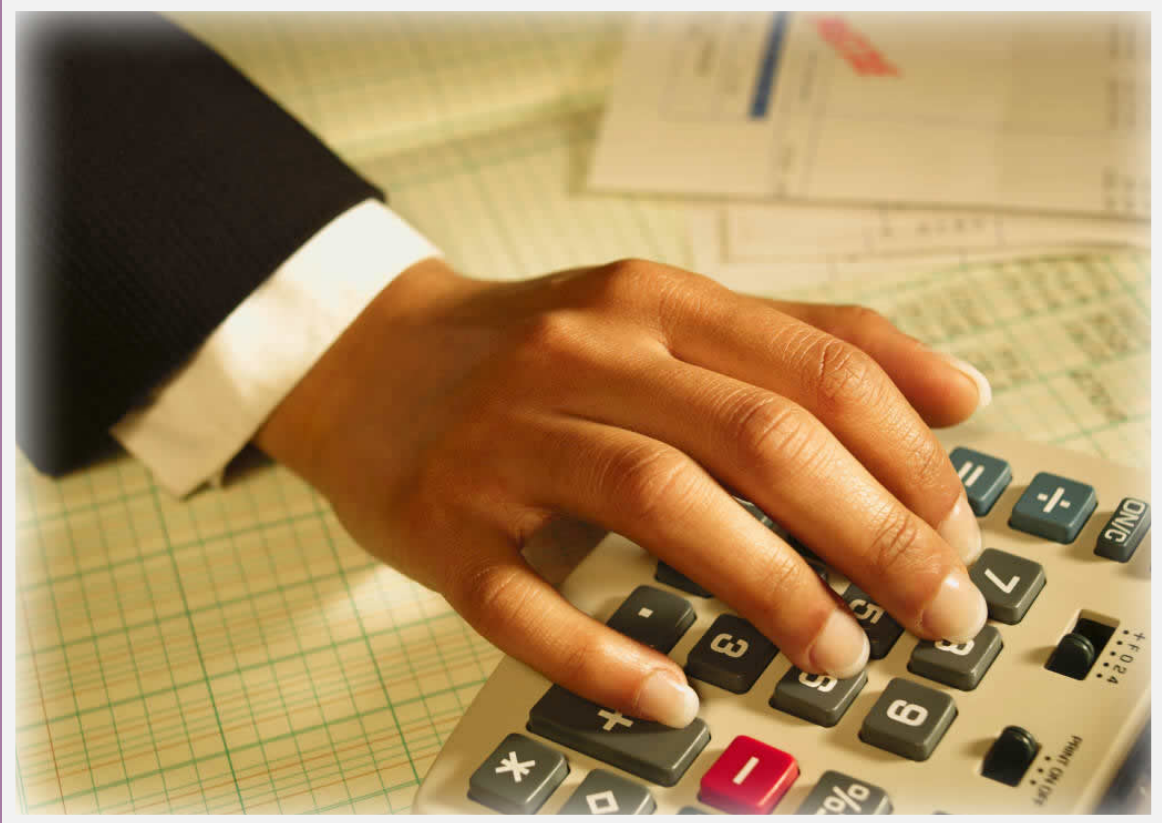
Central Health completed an operational improvement exercise during 2012-13 which involved an analysis of a series of performance indicators and benchmarking comparators from all service and support areas. The operational improvement process will continue to be a focus for Central Health in the coming months and years.



Official opening of the Healing Garden at James Paton Memorial Regional Health Centre

...healthy people, healthy communities

Financial Statements



Central
Health

CENTRAL REGIONAL HEALTH AUTHORITY

INDEPENDENT AUDITORS' REPORT

CONSOLIDATED FINANCIAL STATEMENTS

MARCH 31, 2013

CENTRAL REGIONAL HEALTH AUTHORITY

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INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of **Central Regional Health Authority** which comprise the consolidated statement of financial position as at March 31, 2013, and the consolidated statements of operations, changes in net financial assets (debt) and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of **Central Regional Health Authority** as at March 31, 2013 and its financial performance and its cash flows for the year then ended in accordance with Canadian public sector accounting board standards.

Walters Hoffe

Chartered Accountants

Gander, Newfoundland

June 18, 2013

CENTRAL REGIONAL HEALTH AUTHORITY
CONSOLIDATED
Statement of Financial Position

March 31, 2013

2013

2012

Financial Assets

Cash	\$ 5,751,378	7,797,035
Receivables (Note 2)	29,638,965	15,092,833
Residents' trust funds held on deposit	938,808	812,861
Cash restricted for security deposits	35,355	33,319
Investments restricted for general endowment purposes (Note 3)	693,882	629,865
Replacement reserve funding (Note 9)	<u>154,029</u>	<u>157,541</u>
	<u>\$ 37,212,417</u>	<u>24,523,454</u>

Liabilities

Payables and accruals (Note 4)	\$ 26,932,915	24,288,234
Employee future benefits		
Accrued vacation	13,354,679	13,380,578
Accrued sick (Note 5)	15,933,637	15,762,419
Accrued severance (Note 5)	26,777,716	25,034,229
Deferred grants (Note 6)	29,212,218	24,802,611
Long-term debt (Note 7)	14,777,214	16,268,669
Obligations under capital lease (Note 8)	343,537	558,500
Trust funds payable	938,808	812,861
Security deposits liability	35,355	33,319
Replacement reserves (Note 9)	154,029	157,541
J.M. Olds scholarship and library funds	<u>82,602</u>	<u>83,177</u>
	<u>128,542,710</u>	<u>121,182,138</u>

Net Financial Assets (Debt)

(91,330,293) (96,658,684)

Non-Financial Assets

Capital assets (Note 10)	57,961,039	58,802,588
Deposit on capital assets	94,015	-
Inventories (Note 11)	2,246,855	2,724,641
Prepays (Note 12)	<u>7,751,052</u>	<u>6,232,694</u>
	<u>68,052,961</u>	<u>67,759,923</u>

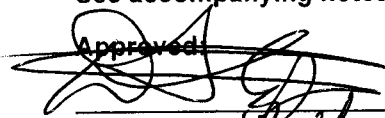
Accumulated surplus (deficit)

\$(23,277,332) (28,898,761)

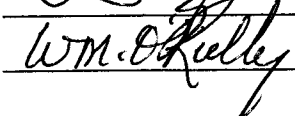
Commitments (Note 14)
Contingencies (Note 15)

See accompanying notes

~~Approved~~



Trustee



Trustee

**CENTRAL REGIONAL HEALTH AUTHORITY
CONSOLIDATED**

Statement of Operations

Year ended March 31, 2013

	2013		2012
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
Revenue:			
Provincial plan operating	\$ 293,714,240	293,676,494	290,149,010
Provincial capital grants	-	5,505,736	7,014,366
Other capital contributions	-	260,878	312,644
MCP	15,838,700	16,364,436	16,974,151
Patient-resident services	12,697,300	13,780,373	12,557,642
CMHC mortgage interest subsidy (Note 13)	60,000	56,805	56,805
Capital project funding	4,884,797	5,596,699	5,863,251
Recoveries	7,972,000	9,975,774	9,990,783
Cottage operations	1,533,534	1,350,642	2,479,707
Foundations	892,225	1,101,196	812,969
Other revenue	<u>1,644,167</u>	<u>2,988,115</u>	<u>3,258,796</u>
	<u>339,236,963</u>	<u>350,657,148</u>	<u>349,470,124</u>
Expenditure:			
Administration	32,289,508	31,016,160	32,690,316
Community and social services	81,966,457	79,794,484	80,376,525
Support services	64,152,979	64,598,185	64,415,927
Nursing inpatient services - acute	45,300,625	45,867,966	47,203,347
- long-term care	30,864,631	31,170,170	31,555,228
Ambulatory care services	19,771,379	19,066,796	20,292,716
Diagnostic and therapeutic services	40,809,459	41,168,715	40,366,824
Medical services	20,334,672	20,840,404	20,500,214
Education services	1,321,494	995,970	996,720
Cottage operations, including amortization of \$476,277 (2012 - \$449,056)	1,426,597	1,526,989	1,940,577
Foundations, including amortization of \$4,778 (2012 - \$5,029)	<u>1,083,550</u>	<u>992,675</u>	<u>762,824</u>
	<u>339,321,351</u>	<u>337,038,514</u>	<u>341,101,218</u>
Surplus (Deficit) - shareable	<u>\$ (84,388)</u>	<u>13,618,634</u>	<u>8,368,906</u>
Non-shareable items:			
Gain on disposal of capital assets		6,812	-
Amortization of capital assets		(6,115,680)	(6,209,271)
Accrued vacation pay - (increase) decrease		26,368	(881,279)
Accrued severance pay - (increase) decrease		(1,743,487)	(793,473)
Accrued sick pay - (increase) decrease		(171,218)	(97,787)
		<u>(7,997,205)</u>	<u>(7,981,810)</u>
Surplus (Deficit) - shareable and non-shareable		5,621,429	387,096
Accumulated Surplus(Deficit):			
Beginning of year		(28,898,761)	(29,204,163)
Repayment of contributed surplus to CMHC		-	(81,694)
End of year		<u>\$ (23,277,332)</u>	<u>(28,898,761)</u>
See accompanying notes			

**CENTRAL REGIONAL HEALTH AUTHORITY
CONSOLIDATED**

Statement of Changes in Net Financial Assets (Debt)

Year ended March 31, 2013

2013

2012

Net Debt - beginning of year	<u>\$(96,658,684)</u>	<u>(96,740,848)</u>
Surplus (Deficit)	5,621,429	387,096
Repayment of contributed surplus	<u>-</u>	<u>(81,694)</u>
	<u>5,621,429</u>	<u>305,402</u>
Changes in capital assets		
Acquisition of capital assets	(5,766,614)	(7,327,011)
Amortization of capital assets	6,596,735	6,663,355
Net book value of capital asset disposals	-	373,490
Gain on disposal of capital assets	(6,812)	-
Proceeds on disposal of capital assets	18,240	-
Deposits on capital assets	<u>(94,015)</u>	<u>-</u>
Decrease (Increase) in net book value of capital assets	<u>747,534</u>	<u>(290,166)</u>
Changes in non-financial assets		
Reduction in inventories	477,786	61,247
Reduction (increase) in prepaids	<u>(1,518,358)</u>	<u>5,681</u>
Decrease (Increase) in non-financial assets	<u>(1,040,572)</u>	<u>66,928</u>
Decrease in debt	<u>5,328,391</u>	<u>82,164</u>
Net Debt - end of year	<u><u>\$(91,330,293)</u></u>	<u><u>(96,658,684)</u></u>

See accompanying notes

**CENTRAL REGIONAL HEALTH AUTHORITY
CONSOLIDATED**

Statement of Cash Flows

Year ended March 31, 2013

2013

2012

Operations:		
Surplus	\$ 5,621,429	387,096
Amortization	6,596,735	6,663,355
Gain on disposal of capital assets	(6,812)	-
Loss on cottage units demolished	-	373,490
Investment gains/losses	(6,595)	8,444
	<u>12,204,757</u>	<u>7,432,385</u>
 Changes in:		
Receivables	(14,546,132)	11,716,155
Payables and accruals	2,644,681	(42,846)
Accrued vacation pay	(25,899)	879,586
Accrued severance pay	1,743,487	793,473
Accrued sick pay	171,218	97,787
Deferred grants	4,409,608	3,006,324
Inventories	477,786	61,247
Prepays	(1,518,358)	5,681
 Net cash provided from operations	 <u>5,561,148</u>	 <u>23,949,792</u>
 Investing:		
Additions to capital assets	(5,766,614)	(7,327,011)
Deposit on capital assets	(94,015)	-
Increase in general endowment fund investments	(57,421)	(34,974)
Proceeds on disposal of capital assets	18,240	-
 Net cash applied to investing	 <u>(5,899,810)</u>	 <u>(7,361,985)</u>
 Financing:		
Repayment of long-term debt	(1,491,457)	(3,003,524)
Repayment of capital leases	(214,963)	(212,915)
Net changes in J.M. Olds funds	(575)	(46)
Repayment of contributed surplus	-	(81,694)
 Net cash applied to financing	 <u>(1,706,995)</u>	 <u>(3,298,179)</u>
 Net increase (decrease) in cash	 <u>(2,045,657)</u>	 <u>13,289,628</u>
 Cash, net of bank indebtedness:		
Beginning	<u>7,797,035</u>	(5,492,593)
Ending	<u>\$ 5,751,378</u>	<u>7,797,035</u>

See accompanying notes

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2013

Nature of operations:

The Central Regional Health Authority ("Central Health") or ("The Authority") is charged with the responsibility for the provision of health care services in the Central region of Newfoundland and Labrador.

The mandate of Central Health is to provide the best possible health and community services and programs which respond to the identified needs of the people of Central Newfoundland and Labrador within available resources.

Central Health is a not-for-profit corporation and is exempt from income taxes and is constituted under the Regional Health Authority's Act.

1. Summary of significant accounting policies:

These consolidated financial statements have been prepared in accordance with Canadian public sector accounting board standards. Outlined below are those policies considered particularly significant by the Authority.

(a) Basis of consolidation

These consolidated statements represent the consolidated assets, liabilities, revenues and expenses of the following entities which comprise the reporting entity. The reporting entity is comprised of all organizations which are controlled by Central Health including the following:

Bonnews Lodge Apartment Complex
North Haven Manor Cottages
Valley Vista Cottages
Central Northeast Health Foundation
South and Central Health Foundation

(b) Use of estimates

The preparation of consolidated financial statements in conformity with Canadian public sector accounting board 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 capital assets and allowance for doubtful receivables.

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.

(Continued...)

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2013

1. Summary of significant accounting policies (continued):

(c) Cash and cash equivalents

Cash and cash equivalents include cash on hand and balances with banks, net of any overdrafts. Bank overdrafts are considered a component of cash and cash equivalents and are secured by approved authority to borrow authorized by the Province's Minister of Health and Community Services.

(d) Revenues

Revenues are recognized in the period in which the transactions or events occurred that gave rise to the revenues. All revenues are recorded on an accrual basis, except when the accruals cannot be determined with a reasonable degree of certainty or when their estimation is impracticable.

Transfers are recognized as revenues when the transfer is authorized, any eligibility criteria are met, and reasonable estimates of the amounts can be made. Transfers are recognized as deferred revenue when amounts have been received but not all eligibility criteria have been met.

(e) Expenses

Expenses are reported on an accrual basis. Expenses are recognized as they are incurred and measurable based upon the receipt of goods and services or the creation of an obligation to pay.

(f) Deferred revenue

Certain amounts are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the delivery of specific services in transactions. These amounts are recognized as revenue in the fiscal year the related expenses are incurred, services are performed or when stipulations are met.

(g) 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 excess of revenues over expenses, provides the change in net financial assets for the year.

(h) Severance and sick pay liability

An accrued liability for severance is recorded in the accounts for all employees who have a vested right to receive such payments. Severance pay vests after nine years of continuous service. An estimate for the provision of employees with less than nine years of service has been determined by actuarial analysis.

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.

Actuarial gains or losses are being amortized to the liability and the related expense straight-line over the expected average remaining service life of the employee group.

(Continued...)

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2013

1. Summary of significant accounting policies (continued):

(i) Inventory

Inventories have been determined using the following methods for the various areas. Cost includes purchase price plus the non-refundable portion of applicable taxes.

General stores	at average cost
Drugs - JPMHC	at average cost
Drugs - CNRHC	first-in, first-out

(j) Capital assets

The Authority has control over certain lands, buildings and equipment with the title resting with the Government and consequently these assets are not recorded under capital assets. In accordance with operating agreements with Newfoundland and Labrador Housing Corporation, certain assets of the North Haven Manor Cottage Units Phase I, II, III, North Haven Manor Cottage Units Phase IV, Valley Vista Cottages, Bonnews Lodge Apartment Complex are being amortized at a rate equal to the annual principal reduction of the mortgages related to the properties.

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution. Capital assets are being amortized on a declining balance basis over their useful lives, at the following rates:

Land improvements	5%
Buildings and service equipment	5%
Information systems equipment	33%
Equipment	13%
Motor vehicles	20%

(k) 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.

(l) 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.

(Continued...)

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2013

1. Summary of significant accounting policies (continued):

(m) Replacement reserves

Under certain operating agreements with Newfoundland and Labrador Housing Corporation (NLHC) the Authority is required to maintain a Replacement Reserve Fund which is to be used to fund major maintenance and the purchase of capital assets. These funds may only be used as approved by NLHC.

Transactions in the reserves are shown in Note 9.

(n) Pension costs

Employees of Central 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 Central Health. The annual contributions for pensions are recognized in the accounts on a current basis.

(o) Financial instruments

The Authority recognizes a financial asset or a financial liability on its statement of financial position when the Authority becomes a party to the contractual provision of the financial instrument. The Authority initially measures its financial assets and liabilities at fair value, except for certain non-arms length transactions. The Authority subsequently measures all its financial assets and liabilities at amortized cost except for investments restricted for endowment purposes which are subsequently measured at fair value.

Financial assets measured at amortized cost include cash and cash equivalents, receivables, trust funds, and replacement reserve funding. Financial assets measured at fair value are investments restricted for endowment purposes.

Financial liabilities measured at amortized cost include bank indebtedness, payables and accruals, employee future benefits, deferred grants, long-term debt, obligations under capital lease, trust funds, security deposits, replacement reserves and scholarship and library funds payable.

Unless otherwise noted, it is management's opinion that the Authority is not exposed to significant interest, currency or credit risks.

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2013

2. Receivables:

	<u>2013</u>	<u>2012</u>
Provincial plan grants - operating	\$ 11,642,498	3,416,363
Capital grants	9,007,157	2,150,082
Patient, capital donations, rents and other	5,857,141	6,565,324
MCP	2,322,177	1,885,353
Cancer Foundation	839,072	956,168
HST	858,948	637,606
Due from NLHC	14,105	23,464
	<u>30,541,098</u>	<u>15,634,360</u>
Allowance for doubtful	<u>902,133</u>	<u>541,527</u>
	<u>\$ 29,638,965</u>	<u>15,092,833</u>

3. Investments restricted for general endowment purposes:

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

	<u>2013</u>	<u>2012</u>
Central Northeast Health Foundation Inc.	\$ 187,713	176,060
South and Central Health Foundation	<u>506,169</u>	<u>453,805</u>
	<u>\$ 693,882</u>	<u>629,865</u>

4. Payables and accruals:

	<u>2013</u>	<u>2012</u>
Trade	\$ 15,898,085	13,514,135
Due to NLHC - operating subsidy	9,435	5,547
Residents comfort fund	27,987	30,113
Accrued - wages	10,953,020	10,689,119
- interest	44,388	49,320
	<u>\$ 26,932,915</u>	<u>24,288,234</u>

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2013

5. Employee future benefits:

Future employee benefits related to accrued severance and accrued sick obligations have been calculated based on an actuarial valuation completed on June 19, 2012 and revised on March 31, 2013. The assumptions are based on future events. The economic assumptions used in the valuation are Central Health's best estimates of expected rates as follows:

	<u>2013</u>	<u>2012</u>
Wages and salary escalation	4.00%	4.00%
Interest	3.60%	3.85%

Based on actuarial valuation of the liability, at March 31, 2013 the results for sick leave are:

	<u>2013</u>	<u>2012</u>
Accrued sick pay obligation March 31	\$ 16,975,809	16,156,450
Current period benefit cost	1,669,770	1,773,585
Benefit payments	(2,237,440)	(2,449,197)
Interest on the accrued benefit obligations	642,641	735,569
Actuarial (gains) losses	<u>249,138</u>	<u>759,402</u>
Accrued sick pay obligations at March 31	<u>\$ 17,299,918</u>	<u>16,975,809</u>

Based on actuarial valuation of the liability, at March 31, 2013 the results for severance are:

	<u>2013</u>	<u>2012</u>
Accrued benefit obligation March 31	\$ 27,945,147	25,372,612
Current period benefit cost	2,027,108	1,775,391
Benefit payments	(1,597,392)	(2,238,053)
Interest on the accrued benefit obligation	1,084,159	1,169,070
Actuarial (gains) losses	<u>646,617</u>	<u>1,866,127</u>
Accrued severance obligation at March 31	<u>\$ 30,105,639</u>	<u>27,945,147</u>

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

Sick benefits:

	<u>2013</u>	<u>2012</u>
Accrued benefit liability March 31	\$ 15,933,637	15,762,419
Unamortized actuarial losses	<u>1,366,281</u>	<u>1,213,390</u>
Accrued benefit obligation	<u>\$ 17,299,918</u>	<u>16,975,809</u>

(Continued...)

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2013

5. Employee future benefits (continued):

Severance benefits:

	<u>2013</u>	<u>2012</u>
Accrued benefit liability March 31	\$ 26,777,716	25,034,229
Unamortized actuarial losses	<u>3,327,923</u>	<u>2,910,918</u>
Accrued benefit obligation March 31	<u>\$ 30,105,639</u>	<u>27,945,147</u>

6. Deferred grants:

	<u>2013</u>	<u>2012</u>
Deferred operating grants	\$ 1,476,500	1,278,748
Deferred capital grants	<u>27,735,718</u>	<u>23,523,863</u>
	<u>\$ 29,212,218</u>	<u>24,802,611</u>

7. Long-term debt:

	<u>2013</u>	<u>2012</u>
Operating:		
2.4% CMHC mortgage on Lakeside Homes; repayable in equal monthly installments of \$12,112, interest included; maturing April, 2020, renewable October, 2015	\$ 946,166	1,067,377
7.5% CMHC mortgage on Lakeside Homes; repayable in equal monthly installments of \$4,574, interest included; maturing July, 2023	396,477	421,149
Prime minus 1.1% Canadian Imperial Bank of Commerce deferred demand loan; repayable in equal monthly installments of \$3,056, plus interest; maturing December, 2018	210,785	247,457
3.53% Canadian Imperial Bank of Commerce loan for Carmelite House, unsecured; repayable in equal monthly installments of \$58,386, interest included; maturing January, 2027	7,659,294	8,081,433
4.89% Canadian Imperial Bank of Commerce mortgage on 3 Twomey Dr, Botwood housing; repayable in equal monthly installments of \$431, interest included; maturing July, 2028, renewable July, 2014	<u>53,051</u>	<u>55,591</u>
Subtotal	9,265,773	9,873,007

(Continued...)

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2013

7. Long-term debt (continued):

	<u>2013</u>	<u>2012</u>
Operating balance forward	\$ 9,265,773	9,873,007
4.89% Canadian Imperial Bank of Commerce mortgage on 145 Commonwealth Ave, Botwood housing; repayable in equal monthly installments of \$390, interest included; maturing July, 2027, renewable July, 2014	48,024	50,324
2.46% Canadian Imperial Bank of Commerce mortgage on Hospital renovations; repayable in equal monthly installments of \$8,423, interest included; maturing January, 2014	83,288	181,009
8.0% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista; repayable in equal monthly installments of \$10,124, interest included; maturing August, 2027	1,047,000	1,084,647
7.88% Newfoundland and Labrador Housing Corporation mortgage on Authority offices; repayable in equal monthly installments of \$8,165, interest included; maturing August, 2024	745,558	784,063
2.61% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Senior Citizens Home; repayable in equal monthly installments of \$7,900, interest included; maturing July, 2019, renewable September, 2014	553,023	632,374
Prime minus 1.1% Canadian Imperial Bank of Commerce deferred demand loan; repayable in equal monthly installments of \$6,199, plus interest; maturing 2015	148,769	223,154
4.5% Bank of Nova Scotia 1 st mortgage on land and building at 1 Newman's Hill, Twillingate; repayable in equal monthly installments of \$439, interest included; maturing November, 2024, renewable May, 2013	46,765	49,868
4.5% Bank of Nova Scotia 1 st mortgage on land and building at 42 Howlett's Road, Twillingate; repayable in equal monthly installments of \$370, interest included; maturing June, 2020, renewable May, 2013	26,900	30,060
2.49% Bank of Nova Scotia 1 st mortgage on land and building at 30 Smith's Lane, Twillingate; repayable in equal monthly installments of \$345, interest included; maturing July, 2020, renewable December, 2013	<u>27,770</u>	<u>31,181</u>
	<u>11,992,870</u>	<u>12,939,687</u>

(Continued...)

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2013

7. Long-term debt (continued):	<u>2013</u>	<u>2012</u>
North Haven Manor Cottage Units Phase I,II,III: 4.25% Industrial Alliance Insurance and Financial Services Inc. mortgage on North Haven Manor Cottages; repayable in equal monthly installments of \$8,668, interest included; maturing December, 2016	360,228	447,075
1.64% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor Cottages; repayable in equal monthly installments of \$8,541, interest included; maturing November, 2018	<u>554,286</u>	<u>646,906</u>
	<u>914,514</u>	<u>1,093,981</u>
North Haven Manor Cottage Units Phase IV: 1.67% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor Cottages; repayable in equal monthly installments of \$3,029, interest included; maturing July, 2025, renewable April, 2017	<u>404,908</u>	<u>434,260</u>
Valley Vista Cottages: 2.26% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Cottages; repayable in equal monthly installments of \$4,865, interest included; maturing June, 2016	182,766	236,386
1.53% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Cottages; repayable in equal monthly installments of \$9,738 interest included; maturing December, 2017	534,906	636,687
3.16% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Cottages; repayable in equal monthly installments of \$4,984, interest included; maturing May, 2018, renewable June, 2013	<u>284,842</u>	<u>334,873</u>
	<u>1,002,514</u>	<u>1,207,946</u>
Bonnews Lodge Apartment Complex: 2.14% Newfoundland and Labrador Housing Corporation 1 st mortgage on Bonnews Apartment Complex; repayable in equal monthly installments of \$3,733 interest included; maturing December, 2024, renewable April, 2014	<u>462,408</u>	<u>496,972</u>
South and Central Health Foundation: 6.5% Newfoundland and Labrador Credit Union mortgage on therapeutic residence; repayable in bi-weekly installments of \$397, repaid during the year	<u>-</u>	<u>95,823</u>
	<u>\$ 14,777,214</u>	<u>16,268,669</u>

(Continued...)

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2013

7. Long-term debt (continued):

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

2014	\$ 1,426,691
2015	1,384,810
2016	1,353,575
2017	1,328,290
2018	1,248,815
Thereafter	8,035,033

8. Obligations under capital lease:

The Authority has entered into an agreement whereby it leases certain equipment for a term of five years. This lease is accounted for as capital lease with the Authority treating the equipment as an acquisition of an asset and the assumption of an obligation. The effective interest rate for this lease is 4.85%.

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

Year ending March 31

2014	\$ 237,290
2015	<u>119,564</u>
Total minimum lease payments	356,854
Less amount representing interest	<u>13,317</u>
Balance of obligation	<u>\$ 343,537</u>

9. Replacement reserves:

	<u>2013</u>	<u>2012</u>
Balance, beginning	\$ 157,541	251,430
Add:		
Allocation for year	60,220	60,220
Contributions from Authority	12,900	12,900
NLHC transfer from subsidy account	<u>6,633</u>	<u>(29)</u>
	237,294	324,521
Less:		
Approved expenditures	<u>83,265</u>	<u>166,980</u>
Balance, ending	<u>\$ 154,029</u>	<u>157,541</u>

(Continued...)

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2013

9. Replacement reserves (continued):

	<u>2013</u>	<u>2012</u>
Funding:		
Replacement reserve funds	\$ 8,986	19,131
Due from Newfoundland and Labrador Housing Corporation	<u>145,043</u>	<u>138,410</u>
	<u>\$ 154,029</u>	<u>157,541</u>

10. Capital assets:

	<u>2013</u>			<u>2012</u>
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net Book Value</u>	<u>Net Book Value</u>
Land	\$ 553,384	-	553,384	313,914
Land improvements	1,212,046	822,688	389,358	416,473
Buildings and service equipment	74,007,757	49,774,608	24,233,149	25,804,625
Equipment	111,308,859	79,934,738	31,374,121	30,604,502
Equipment under capital lease	2,781,898	2,400,656	381,242	509,960
Motor vehicles	3,317,731	2,309,295	1,008,436	1,126,428
Motor vehicles under capital lease	<u>196,503</u>	<u>175,154</u>	<u>21,349</u>	<u>26,686</u>
	<u>\$ 193,378,178</u>	<u>135,417,139</u>	<u>57,961,039</u>	<u>58,802,588</u>

11. Inventories:

	<u>2013</u>	<u>2012</u>
General stores	\$ 891,060	1,249,394
Drugs	<u>1,355,795</u>	<u>1,475,247</u>
	<u>\$ 2,246,855</u>	<u>2,724,641</u>

12. Prepaids:

	<u>2013</u>	<u>2012</u>
Equipment maintenance	\$ 1,153,941	359,898
Malpractice and membership fees	112,399	110,362
General insurance	365,088	389,985
Workplace Health, Safety and Compensation Commission	4,261,490	3,954,641
Municipal taxes	711,246	565,847
Other	<u>1,146,888</u>	<u>779,139</u>
	<u>\$ 7,751,052</u>	<u>6,159,872</u>

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2013

13. Operating subsidies:

The Authority has received federal assistance through Canada Mortgage and Housing Corporation pursuant to Section 56.1 of the National Housing Act to reduce operating costs. The amount of assistance received from Newfoundland and Labrador Housing Corporation in 2013 was \$56,805 (2012 - \$56,805) for operating facilities and \$398,150 (2012 - \$388,334) for the Authority's Cottage operations.

Also during the current year it was determined that the grants for the Authority's Cottages were overpaid in prior years' by \$176,321; consequently the overpayment was reimbursed by North Haven Manor Cottage Units Phase I,II,III, thus reducing the grants in the Cottage operations from \$398,150 to \$221,829.

14. Commitments:

Operating leases

The Authority has a number of agreements whereby it leases capital assets in addition to those disclosed under Note 8. These agreements range in terms from one to five years. These leases are accounted for as operating leases. Future minimum lease payments under operating leases are as follows:

2014	\$ 411,226
2015	251,132
2016	31,733
2017	22,442
2018	16,872

15. Contingencies:

As of March 31, 2013 there were a number of legal claims against the Authority in varying amounts for which no provision has been made. It is not possible to determine the amounts, if any, that may ultimately be assessed against the Authority with respect to these claims, but management and the insurers believe any claims, if successful, will be covered by liability insurance.

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2013

Nature of operations:

The Central Regional Health Authority ("Central Health") or ("The Authority") is charged with the responsibility for the provision of health care services in the Central region of Newfoundland and Labrador.

The mandate of Central Health is to provide the best possible health and community services and programs which respond to the identified needs of the people of Central Newfoundland and Labrador within available resources.

Central Health is a not-for-profit corporation and is exempt from income taxes and is constituted under the Regional Health Authority's Act.

1. Summary of significant accounting policies:

These consolidated financial statements have been prepared in accordance with Canadian public sector accounting board standards. Outlined below are those policies considered particularly significant by the Authority.

(a) Basis of consolidation

These consolidated statements represent the consolidated assets, liabilities, revenues and expenses of the following entities which comprise the reporting entity. The reporting entity is comprised of all organizations which are controlled by Central Health including the following:

Bonnews Lodge Apartment Complex
North Haven Manor Cottages
Valley Vista Cottages
Central Northeast Health Foundation
South and Central Health Foundation

(b) Use of estimates

The preparation of consolidated financial statements in conformity with Canadian public sector accounting board 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 capital assets and allowance for doubtful receivables.

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.

(Continued...)

Appendix A - Mandate



Central
Health

Mandate

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

In carrying out its responsibilities, Central Health will:

- promote and protect the health and well-being of its region and develop and implement measures for the prevention of disease and injury and the advancement of health and well-being;
- assess health services and community services needs in its region on an ongoing basis;
- develop objectives and priorities for the provision of health services and community services which meet the needs of its region and which are consistent with provincial objectives and priorities;
- manage and allocate resources, including funds provided by government for health services and community services, in accordance with legislation;
- ensure that services are provided in a manner that coordinates and integrates health and community services;
- collaborate with other persons and organizations including federal, provincial and municipal governments and agencies and other regional health authorities to coordinate health services and community services in the province and to achieve provincial objectives and priorities;
- collect and analyze health and community services information for use in the development and implementation of health and community services policies and programs for its region;
- provide information to the residents of the region respecting:
 - the services provided by the Authority,
 - how they may gain access to these services,
 - how they may communicate with the Authority respecting the provision of those services;
- monitor and evaluate the delivery of health services and community services in compliance with prescribed standards and provincial objectives and in accordance with guidelines that the Minister may establish for the Authority;
- comply with directions the Minister may give.

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

Appendix B - List of Sites and Communities



List of Sites and Contact Information

A.M. Guy Memorial Health Centre

Buchans
(709) 672-3304

Baie Verte Peninsula Health Centre

Baie Verte
(709) 532-4218

Bay d'Espoir Community Health Centre

Harbour Breton
(709) 538-3244

Belleoram Community Health Centre

Belleoram
(709) 881-6101

Bell Place Community Health Centre

Gander
(709) 651-3306

Bonnews Lodge

New-Wes-Valley
(709) 535-2160

Botwood Community Health Centre

Botwood
(709) 257-4900

Brookfield/Bonnews Health Centre

New-Wes-Valley
(709) 536-2405

Carmanville Community Health Centre

Carmanville
(709) 534-2844

Carmelite House

Grand Falls-Windsor
(709) 489-2274

Central Health Regional Office

Grand Falls-Windsor
(709) 292-2138

Central Newfoundland Regional Health Centre

Grand Falls-Windsor
(709) 292-2500

Centreville Community Health Centre

Centreville
(709) 678-2342

Change Islands Community Health Centre

Change Islands
(709) 621-6161

Connaigre Peninsula Health Centre

Harbour Breton
(709) 885-2043

Dr. Brian Adams Community Health Centre

Gambo
(709) 674-4403

Dr. C.V. Smith Memorial Community Health Centre

Glovertown
(709) 533-2372

Dr. Hugh Twomey Health Centre

Botwood
(709) 257-2874

Eastport Community Health Centre

Eastport
(709) 677-2530

Fogo Island Health Centre

Fogo
(709) 266-2221

Grand Falls-Windsor Community Health Centre

Grand Falls-Windsor
(709) 489-4861

Green Bay Health Centre

Springdale
(709) 673-3911

Green Bay Community Health Centre

Springdale
(709) 673-4714

Valley Vista Senior Citizen's Home

Springdale
(709) 673-3911

Hare Bay Community Health Centre

Hare Bay
(709) 537-2209

Hermitage Community Health Centre

Hermitage
(709) 883-2222

James Paton Memorial Regional Health Centre

Gander
(709) 256-2500

Lakeside Homes

Gander
(709) 256-8850

LaScie Community Health Centre

LaScie
(709) 675-2429

Lewisporte Health Centre

Community Services
(709) 535-0905
Laboratory & X-Ray Clinic
(709) 535-6654
North Haven Manor
(709) 535-6767

Mose Ambrose Community Health Centre

Mose Ambrose
(709) 888-3541

Musgrave Harbour Community Health Centre

Musgrave Harbour
(709) 655-2518

New World Island Community Health Centre

New World Island
(709) 629-3682

Notre Dame Bay Memorial Health Centre

Twillingate
(709) 884-2131

Robert's Arm Community Health Centre

Roberts Arm
(709) 652-3617

Victoria Cove Community Health Centre

Victoria Cove
(709) 676-2737

St. Alban's Community Health Centre

St. Albans
(709) 538-3738

St. Brendan's Community Health Centre

St. Brendans
(709) 669-5381

Appendix C - Board of Trustees



Central
Health

Key Contact Information

For more information on programs and services, to view the 2011-14 Strategic Plan and for a complete set of financial statements, please visit the Central Health website at www.centralhealth.nl.ca

Board of Trustees

Kevin Manuel, Acting Board Chair

David Dove

Barbara Butt

Rhonda Byrne

Rita Sullivan

Daphne Woolridge

John George

Derm Flynn

Bill O'Reilly

Appendix D - Key Contact Information



Central
Health

Senior Leadership Team

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Senior Vice President Quality,
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Professional Standards & Chief Nursing Officer
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Central Health

Annual Report 2012-2013

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