

Annual Performance Report 2011-12

...healthy people, healthy communities



Strategic issues

- *access to services*
- *healthy aging*
- *quality and safety.*



Central Health

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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, 2012. This year marks the beginning of a new planning cycle and is the first 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 new 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 directions provided by the Minister of Health and Community Services. 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 supported initiatives that have improved dental health for children, enhanced colorectal cancer screening and addressed patient safety issues in medical air transportation. I believe that our most significant accomplishment was Central Health's first ever Patient Safety

Days. This two-day event marked an important milestone for our organization and is an excellent example of how we are making patient safety our commitment.

All of the changes and improvements of the last year are only possible because of our outstanding staff who continuously demonstrate 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 many challenges in the year ahead, I am confident that by working together great things are possible here at Central Health.

Sincerely,



Cyril Farrell

Chairperson,
Central Health Board of Trustees



Cyril Farrell, Chair
Board of Trustees

“All of the changes and improvements of the last year are only possible because of our outstanding staff ...”

Organizational Overview

Lines of business

Central Health has defined its mission, vision, values and lines of business.

These statements are fundamental to the organization and have been communicated to all staff of Central Health.

Vision

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

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.



Central Health core values:

Accountability

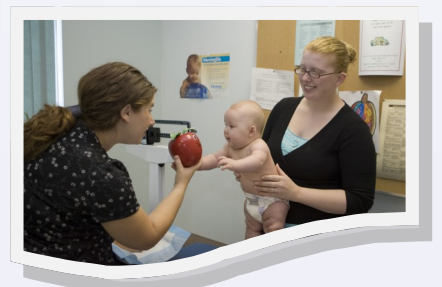
Collaboration

Excellence

Fairness

Privacy

Respect



Organizational Overview (cont'd)

Number of employees and physical location

Central Health is the second largest health region in Newfoundland and Labrador, serving a population of approximately 94,000 and offering a continuum of 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, 2012, there were 842 beds in Central Health facilities throughout the region – 264 acute care, 518 long-term care, 32 residential units (Green Bay) and 28 bassinets. The total workforce for Central Health was approximately 3,200 including salaried physicians. There were also approximately 76 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 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/Partnerships

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

Exploits Communities Partner to Improve Health

Community organizations in Exploits are committed to supporting the health and wellness of local citizens. Representatives from church groups, service/seniors clubs and other community organizations came together for the first time in Phillip's Head to showcase activities and initiatives that support health and wellness in their community.

Participants were amazed at what others were doing in their own communities to help fellow citizens, support wellness and improve the overall health of communities. Participants expressed an interest in the continuation of information sharing, learning and networking. A formal process of profiling community organizations and their

contribution to community wellness was set in motion.

Enhancing Cervical Screening

The 2011-2012 year brought a number of enhancements to the Cervical Screening Initiatives Program. The year began with the Provincial Cytology Registry going live. This registry is directly linked to all cytology labs within the province and as a result when women receive Pap testing their results are immediately sent to the registry.

Access to timely data provided the opportunity to enhance optimal screening and follow-up for women. Currently, two tools have been developed: (1) *Abnormal Pap Test Recall System* and (2) *Invitation for Under Screened Women*. New screening guidelines were introduced in 2011-2012 with significant education and promotion completed to create awareness of the new guidelines with service providers and the general public.

Through the sharing of ideas, the group reaffirmed their belief in and understanding of the value of their contributions, big and small, can make toward the overall health of their communities.



Shared Commitments/Partnerships cont'd

Implementing these enhancements created an opportunity to strengthen the relationship with community partners. These partnerships are a critical component of the program enabling outreach to many women within the central region.

Work Together for Injury

Prevention

Injury is the leading cause of death between the ages of 1 and 45 years, and is the fourth leading cause of death in the province. Central Health is committed to effective injury prevention through its many education and awareness programs.

The Central Regional Injury Prevention Coalition partnered with the Central Regional Wellness Coalition to promote the importance of booster seat use in the region. The campaign focused on the importance of children being four feet nine inches and 80 pounds before they transition from a booster seat to a seat belt. This campaign is ongoing and data on booster seat use in the central area will be available in 2012. Central Health is proud of our partnership with the Royal Canadian Mounted Police (RCMP) and Nova Central School District (NCSD) in delivering the Prevention of Alcohol Related Trauma in Youth

(PARTY) program to students in grades 10-12 in our region. This program is designed to educate students about the consequences of risk and injury. At a national conference in December, the central Region was recognized for having the highest number of students per population in Canada completing the PARTY program in the 2010-2011 school year! This statistic demonstrates the exceptional results that shared partnerships can accomplish.



Shared Commitments/Partnerships cont'd



Mothers Offering Mothers Support (MOMS)

The Central Regional Breastfeeding Promotion Committee (CRBPC) is committed to promoting and supporting breastfeeding. In 2010, the committee completed a project aimed at exploring options for a peer support program for breastfeeding mothers in the central Region. The project provided an opportunity to recruit 36 mothers to participate in breastfeeding peer support workshops in 2011-2012.

The goal of this initiative was to strengthen and build community capacity for a breastfeeding peer support program throughout the Central region. In the Coast of Bays eight women, now known as the *BFFs – Breastfeeding Friends Forever*, recognized that peer support was the single most influential determinant in their breastfeeding experience. Members of the group participate in prenatal classes to share their experiences and support

expecting parents. Members of the BFFs are also available to postnatal moms for support and guidance on breastfeeding issues. In addition, the BFFs were involved in the 2011 Quintessence Breastfeeding Challenge, celebrated World Breastfeeding Week 2011 and recorded a breastfeeding promotion segment for local television which aired during World Breastfeeding Week.

Persons Living with Disabilities

This initiative is a community-based response to assist families who have adult children living with a disability in the New-Wes-Valley area. A focus group of parents, family members and health care providers was held in early 2011 to assess the needs of adults living with disabilities. In addition to acknowledging the existing services, this session highlighted the gaps in community supports that exist in rural communities for these clients.

Participants confirmed that a long-term strategy that focuses on community inclusion was the ultimate goal, but conceded that would require further time and energy by local stakeholder groups and the community as a whole.



Shared Commitments/Partnerships cont'd

A follow-up *meet and greet* session brought individuals, families and stakeholders together for a day of fun, food and friendship funded by the Municipality of New-Wes-Valley. An outcome of the session was agreement by participants to continue to meet and to work collaboratively to highlight the needs of this population and invite other stakeholder groups to collaborate in developing a long-term community inclusion strategy to meet the needs of the local adult population living with disabilities.

Age-Friendly Community Initiatives in Central Newfoundland

The World Health Organization (WHO) proposes that an age-friendly community is a community where policies, services and structures related to the physical and social environment are designed to support and enable people to live in a secure environment, enjoy good health, and continue to participate fully in society.¹ In 2006 the Federal/Provincial/Territorial Ministers Responsible for Seniors endorsed the *Age-Friendly Rural/Remote*

Communities Initiative. Local age-friendly community initiatives build on the work of the World Health Organization which defines the features of an age-friendly community in an Age-Friendly Guide. Features include: outdoor spaces and buildings, transportation, housing, respect and inclusion, social participation, communication and information, civic participation and employment opportunities, and community support and health services.

The Age-Friendly Community Initiative requires a shared responsibility and input from many partners working together to promote healthy aging and age-friendly communities.

Central Health is a strong partner and proud to be supporting this initiative in different communities in the Central region including Springdale, Robert's Arm, Lewisporte, Twillingate, New-Wes-Valley and Grand Falls-Windsor.

The Primary Health Care Facilitators and Community Development



Local age friendly community initiatives build on the work of the World Health Organization ...



Shared Commitments/Partnerships cont'd

Nurses are actively involved in this partnership by: co-chairing committee meetings; facilitating focus groups, evaluating community resources, asset mapping, strategic planning, and compiling data for community profiles and action plans.

Dementia Awareness in Green Bay

An estimated 5,300 individuals in Newfoundland and Labrador are affected by dementias and, of those, 3,392 have Alzheimer Disease. Based on current Provincial population estimates, the number of individuals over the age of 65 with Alzheimer Disease and other dementias is expected to rise to over 10,000 by 2026.²

The Green Bay Community Advisory Committee, Primary Health Care Lead Team and community identified challenges associated with dementia care as a priority issue for clients, families and caregivers.

Central Health and Life Unlimited For Older Adults, a local seniors service organization, partnered to inform and engage the community by increasing awareness of dementia and its related

issues. Education sessions are also being implemented for Central Health staff to support them in their ability to care for those who are impacted by dementia.

Healthy Aging Celebrations

This has been an exciting year for Central Health in the Gander Area. There were many opportunities for partnerships and networking with community members including the Healthy Aging Celebrations that were held in Gander and Glenwood.

There was a tremendous amount of positive feedback from the participants who attended the events. Since the Healthy Aging celebrations, the two seniors groups from Gander and Glenwood have partnered together to implement a program called *IMPACT (Inspiring Meaningful Relationships and Actively Participating*

Together) through a grant from the Central Regional Wellness



2. The Provincial Strategy for Alzheimer Disease and Other Dementias, Newfoundland and Labrador, 2001

Shared Commitments/Partnerships cont'd

STRATEGIC DIRECTION

***A*ccess to Priority Services**

***O*peration Tooth**

Operation Tooth is an innovative approach where Central Health, with the support of its partners, has improved access to pediatric oral and dental surgery within the region. Addressing pediatric dental care is very important to children given the significance of good dental health. Providing access in the region is especially important given that a percentage of families with children requiring specialized dental care would have limited resources to access services out of the region.

Central Health has partnered with the Department of Health and Community Services and the Janeway Children's Health and Rehabilitation Centre to provide this service in the central region.

The Operation Tooth team consists of a pediatric dental surgeon from St. John's, an anesthetist and the Central Health operating room staff. The most recent successful Operation Tooth occurred at James Paton Memorial Regional Health Centre (JPMRHC), Gander during the fall of 2011. During this Operation Tooth, 37 children received services. Since 2009, there have been four

Operation Tooth initiatives conducted in the region and 138 children have had access to local dental surgery as a result of this initiative.

***E*mergency First Responders**

The population of Long Island is 275; it is a rural island within Green Bay that contains three communities (Lushes Bight, Beaumont and Beaumont North) which are only accessible by ferry or helicopter. The majority of health care services for the residents of the island are accessed at the Green Bay Health Centre which is approximately 74 kilometers from the communities. Given the challenges with the delivery of health care services to a remote island, an Emergency First Responder Program has been implemented to enhance accessibility to health care services.

Central Health partnered with the communities of Long Island to train 14 volunteers as emergency first responders. To further support community response in an emergency situation, Central Health donated a retired ambulance as a support vehicle to assist this program in meeting the needs of the community.



Shared Commitments/Partnerships cont'd



**Join the
BOWEL
MOVEMENT
Take the Test!**

Colorectal Cancer Screening Program

Colorectal cancer is the third most common cause of cancer in Canada and the second leading cause of death. Rates of incidence and death continue to climb for this disease. If detected early, colorectal cancer is curable.

The Central Health Regional Colorectal Cancer Screening Program is currently active in Green Bay, Twillingate/New World Island and Buchans. It was developed to increase awareness of bowel or colorectal cancer by providing improved screening through the use of fecal occult blood testing (FOBT). It increases accessibility for those 50 years or older to screening without requiring an order from a physician or nurse practitioner. This screening is recommended at least every two years, for men and women over 50 who do not have a family history of colorectal cancer.

Screening kits are available in the participating areas at medical records departments, medical clinics, public health/continuing care offices, churches and pharmacies. Funding was

provided by the Central Northeast Health Foundation for marketing and promotional material to increase awareness and participation in this program.



***P*alliative Care Volunteers**

The need for a palliative care volunteer program was identified by local health care providers and community members. A gap was noted in the level of support available for palliative patients, specifically those who had few or no family members in the immediate area.

A comprehensive program focusing on the physical, spiritual and emotional aspects of end of life care was developed by regional staff of Central Health and training was conducted at Bonnews Lodge for approximately 20 volunteers. The goal of the program was to organize a core group of dedicated volunteers and provide them with specific skills and knowledge in the field of palliative care. Upon invitation, volunteers go into the homes of palliative care patients or visit patients at our acute care and long-term care facilities to provide support and

Shared Commitments/Partnerships cont'd

companionship to individuals and families.

A *Share and Care Grant* received from the Central Northeast Health Foundation facilitated the development of Palliative Care Resource Kits which were made available for volunteers to take with them when visiting palliative patients and their families.

STRATEGIC DIRECTION

Accountability and Stability of Health and Community Services

***M*edical Bylaws and Quality**

Quality and patient safety improvement is a shared responsibility for the leadership, staff and physicians associated with Central Health. Medical staff bylaws are one mechanism for ensuring patient safety and quality improvement/assurance of medical care. Central Health is very pleased with the recent adoption of new medical staff bylaws. With these bylaws, a new Medical Advisory Committee structure has been established. The structure includes a Regional Medical Advisory Committee, two referral centre Medical Advisory Committees and a Rural Medical Advisory Committee. The terms of reference outline specific roles and responsibilities for members with respect to quality and patient safety. This structure allows the Medical Services Department to assure the highest

quality medicine is being practiced in all our facilities.

***F*ailure Mode Effect Analysis - Medical Air Transportation**

A Failure Mode Effects Analysis (FMEA) is a prospective analysis that examines complex, multi-step processes in providing health care to determine points in the process where breakdown could potentially occur leading to patient harm if not addressed. During the past year a FMEA team focused on the medical air transportation of critically ill patients from Central Health facilities to tertiary care in St. John's. The failure mode analysis focused specifically on the process of choosing the most appropriate and safe local site for patient transfer.

To mitigate any potential risk issues, system improvements included the development of a policy, education pamphlet and poster to outline the safest practice and procedure to follow when deciding to transfer a client directly from a rural site to a tertiary centre or indirectly through a secondary centre.

Quality and patient safety improvement is a shared responsibility for the leadership, staff and physicians...



Shared Commitments/Partnerships cont'd

Improving the quality of care delivered to the patients at Central Health was the ultimate goal of this FMEA.

Risk Management Self-Assessment

Central Health is committed to providing quality programs to the citizens of central Newfoundland and Labrador. The Risk Management Program is one of the many mechanisms which supports the protection of clients, staff, visitors, the organization and its assets from loss caused by unplanned and/or uncontrolled events and leads to improved patient safety.

The Risk Management Program encompasses a variety of tools and/or policies within Central Health to ensure a focus on prevention and reduction of risks. One tool utilized is the Risk Management Self Assessment Modules (RMSAM). RMSAM is a four year program developed and completed in partnership with Central Health's insurer, HIROC, to facilitate the identification of risks.

The program challenges the organization to examine policies and practices to reduce preventable risks through organization-wide participation in risk identification, assessment and management.

Central Health is currently in cycle four of RMSAM and continues to plan and implement preventative measures in order to reduce risks to both patients and the organization as a whole.





Shared Commitments/Partnerships cont'd

Safety is Central....making patient safety our commitment

Central Health's first Patient Safety Days event was held November 1, 2011 in Gander and November 2, 2011 in Grand Falls-Windsor.

Poster displays and presentations showcased the excellent work of employees and the various initiatives that enhance the quality and safety of care delivered.

Employees were recognized for their efforts in enhancing patient safety through the presentation of a series of patient safety awards.

Central Health's partners in patient safety played a key role in the Patient Safety Days. The keynote speaker from the Health Insurance Reciprocal of Canada (HIROC), Central Health's insurer, and the guest speaker from the Canadian Patient Safety Institute (CPSI) both described how the implementation of patient safety

initiatives in healthcare are integral to delivering high quality and safe care. A public forum held at Grand Falls-Windsor with our most important partners - our clients – provided the opportunity to highlight the patient safety initiatives implemented at Central Health. The success of this event has laid the foundation for the 2012 Patient Safety Days.



Highlights and Accomplishments

Central Health is pleased to be able to highlight accomplishments of the organization for the fiscal year 2011-2012. These accomplishments re examples of initiatives undertaken to meet the strategic directions of the Department of Health and Community Services.



STRATEGIC DIRECTION

Improved Population Health

Feet First

Central Health received funding from the Public Health Agency of Canada in 2011, to complete a two year project which involves implementing *Diabetic Foot Assessment and Education Clinics*. In year one, *Feet First* clinics were piloted in Gander and Grand Falls-Windsor. As we phase into year two, clinics will be offered throughout the region. The *Feet First* clinics are conducted by a registered nurse and include an individual client foot assessment to screen for loss of sensation or neuropathy, foot care education and healthy living information. Clients can self-refer to this service.

Improving Health My Way: Chronic Disease Self-Management

In 2011, Central Health began implementation of the Stanford Chronic Disease Self- Management Program. Sponsored by the Department of Health and Community Services, this program was branded under the name *Improving Health: My Way*. The program is designed to help individuals manage the challenges of living with a chronic condition. Program workshops are co- led by trained lay leaders, at least one of whom is living with a chronic condition. The program is free of charge, and there are six sessions offered for 2.5 hours once a week, over a six-week period. The workshops build on existing programs such as diabetes education or cardiac rehabilitation and offer a variety of skill development options that individuals can use. Anyone with a chronic health condition is welcome to attend along with a friend, family member or support person of their choice. Central Health has been successful in training eight master trainers and 31 lay leaders to facilitate the workshop. Program workshops have been offered in eight different communities throughout the region, with 65 participants having



Highlights and Accomplishments cont'd

successfully completed the program. Positive comments from clients about the program demonstrate how capacity has been built within individuals' ability to self-manage. Quotes from participants include:

"We learned many ways to help us deal with our chronic conditions, such as healthy eating and portion control, exercising, medications, relaxation techniques, and making weekly action plans."

"I learned that there are positive ways to deal with chronic health problems."

Positive Mental Health and Aging

The Mental Health and Addictions Health Promotion and Prevention Team identified a need to better engage the seniors' population. With funding received from the Department of Health and Community Services, a project was developed to increase knowledge and awareness of mental health and addictions, build community capacity, reduce stigma and promote the services available at Central Health.

The education sessions entitled *Positive Mental Health and Aging* focused on maintaining positive mental health as we age, the difference between mental health and mental illness, addictions prevention and stigma. Sessions were held in the following communities; Eastport, Baie Verte, Springdale, Belleoram, Buchans, Fogo Island, Cottrell's Cove, Point Leamington, New World Island, Twillingate and Harbour Breton.

This project has been a great success, allowing us to talk about mental health and addictions, thereby raising awareness and reducing associated stigma.



"We learned many ways to help us deal with our chronic conditions, such as healthy eating and portion control, exercising, medications, relaxation techniques, and making weekly action plans."

Highlights and Accomplishments cont'd

Telehealth enables information exchange for rural physicians

One of the challenges for physicians in rural Newfoundland and Labrador is to keep abreast of the latest information in their field and to avail of specialized resources when faced with unique or challenging diagnoses. Dr. R. Brahmhatt, Chief of Staff at JPMRHC, has embarked on a new initiative to provide both professional development opportunities and clinical support to the physicians of Fogo Island, New-Wes-Valley and Twillingate. Physicians in these communities are linked via Telehealth videoconferencing equipment to discuss cases or receive a presentation on new equipment or best practice techniques. In an environment where finding physicians to fill positions in rural areas can be a challenge, having access to resources and support from one's peers can make it that much easier to enjoy a rural lifestyle without having to feel isolated from the medical community.

Researching D-Dimer Testing in the rural emergency room

Staff and physicians across the organization are committed to quality excellence through their participation in health research, program evaluation and other continuous quality improvement initiatives. The trialing of D-Dimer Testing is a clear illustration of this commitment. Many patients present to rural emergency rooms (ER) with clinical findings suspicious of deep vein thrombosis (DVT) or pulmonary embolism (PE). Measuring D-Dimer, a degradation product of cross-linked fibrin, has been extensively studied for the diagnosis of DVT and PE.

From May 2011 to November 2011, Central Health approved a trial pilot research project providing ER physicians at the Green Bay Health Centre with a framework for appropriate utilization of a point of care agglutination D-Dimer test on site. Pulmonary embolism can be considered excluded in those with a negative D-Dimer test.

During the trial period 22 patients were ordered D-Dimer testing appropriately by the ER physician using the appropriate clinical decision tools.



...having access to resources and support from one's peers can make it that much easier to enjoy a rural lifestyle without having to feel isolated from the medical community.



Highlights and Accomplishments cont'd

STRATEGIC DIRECTION

Access to Priority Services

Restorative Care

In March 2011, Central Health announced the opening of a five-bed pilot project Restorative Care Unit, a new program located at Notre Dame Bay Memorial Health Centre in Twillingate. The Restorative Care Program focuses on maximizing an optimal level of functioning to enable clients to regain or retain their independence following a decline in functional ability as a result of an acute admission or chronic condition.

The focus is to assist the client to achieve a level of independence to return home or to other appropriate living environments. Restorative Care is not intensive rehabilitation; it's slow paced, meaning fewer hours of habilitation a day complimented by consistent encouragement to participate in activities of daily living.

Since opening in April 2011, the program has admitted 32 clients with an average length of stay of 25 days. The overall success rate indicates over 80 per cent of these clients have returned to a living arrangement in the community. Further evaluation of the program is ongoing.

Understanding Mental Illness – Education and Awareness in the Kittiwake region

Mental health and addictions has been identified as a priority issue by the Kittiwake Coast Primary Health Care Leadership Team. The Mental Health and Addictions Team developed a comprehensive education and awareness program and delivered it throughout the Kittiwake Region. Formally titled, *Understanding Mental Illness and How to Stay Mentally Well*, these sessions targeted community members, families, mental health consumers and the public at large.

The program was developed around the *body, mind and spirit* philosophy with six modules delivered over a span of six weeks.

The Primary Health Care Team continues to identify and explore opportunities to promote well-being and positive mental health. Before the implementation of the pilot project, all patients investigated for DVT would have been sent for an urgent ultrasound. The appropriate use of D - Dimer testing in the rural ER in this pilot project decreased this number and medical and patient related costs in 69 per cent of the cases.



The focus is to assist the client to achieve a level of independence to return home or to other appropriate living environments.



The Restorative Care Program focuses on maximizing an optimal level of functioning...

Highlights & Accomplishments cont'd

The ER physician at the Green Bay Health Centre concluded that the appropriate use of an agglutination, point of care D-Dimer test by rural ER physicians is a reasonable, economical, safe and timely test to have available. Next steps will include collaborating with regional and provincial leaders in laboratory services to determine the feasibility of introducing this testing at other sites.

Canadian Triage and Acuity Scale (CTAS) Training

Efficient management of an Emergency Department (ER) requires a team of providers capable of correctly identifying patients' needs, setting priorities and implementing appropriate treatment and care to the patient. In 2011-12, Central Health completed the process of providing Canadian Triage and Acuity Scale (CTAS) training to all of its Registered Nurses working in the Emergency Departments/After Hours Clinics throughout the region. This training provides nurses with the knowledge and skills needed to triage — rank in order of priority and to more appropriately identify and prioritize the treatment of patients presenting in the ER to ensure those requiring more urgent care receive care first. Patients are assigned a *level* from one to five. Level one is assigned to conditions that are a threat to life or limb requiring immediate aggressive interventions such as cardiac or pulmonary resuscitation. Level 5 is assigned to conditions that may be acute but non-urgent or part of a chronic problem such as back pain where the requirement for intervention is not immediate. Implementation of CTAS has received

widespread acceptance in Canada as a reliable and valid tool for ER triage. To maintain competency, CTAS training is ongoing throughout Central Health and registered nurses providing emergency/urgent care services are required to complete this training every two years.





Highlights & Accomplishments cont'd

STRATEGIC DIRECTION

Accountability and Stability of Health and Community Services

Information Management

The Information Management and Technology (IM&T) Department provided leadership in 2011-2012 for several large projects related to standardization and consolidation of three legacy health care information systems. The Clinical IM&T Team completed a full rollout of the Nursing and Order Entry Meditech Modules to the six remaining Health Service Areas bringing a standardized region-wide approach to clinical documentation and order management. This enhanced the ability of all Central Health sites to effectively plan and deliver safe timely care to patients, clients and residents as information was now readily accessible through the health information system.

During the summer of 2011, the Meditech system was successfully upgraded to release 5.6. adding functionality to the health information system thereby enhancing timeliness and paving the way for full Meditech consolidation by 2013. Completion of the active directory project connected all Central Health systems and enabled users to have access to the applications and information they need from any workstation within the region.



Assertive Community Treatment Team Central: Outcome results

Implemented in January 2010, the Central Health Assertive Community Treatment (ACT) team provides intensive case management services to individuals living with severe and persistent mental illness in the Grand Falls –Windsor/Badger/Botwood area.

A focus on program evaluation gave rise to two questions: *Has the Central Health ACT team been implemented as planned and has the Central Health ACT team realized expected outcomes?*

Highlights & Accomplishments cont'd

Through a process evaluation there was a demonstration that the team has been very successful in its implementation. The Central Health ACT team was also interested to know whether its involvement has resulted in fewer days of admission on psychiatric wards and fewer visits to emergency rooms. Results indicated that the number of days of psychiatric admission and the number of visits to emergency rooms, at pre and post ACT involvement was significantly less than the number of days prior to the ACT team involvement. Similarly, statistical analysis was conducted to determine whether the number of ER visits had reduced significantly since the ACT team involvement with results confirming a significant difference. Since model fidelity has been shown to be associated with better outcomes³ it is positive that the Central Health ACT team has been able to realize significant change.

Materials Management/Inventory Consolidation

Central Health marked a major milestone in 2011-2012 with the conversion of accounts payable, purchasing and inventories to one information management system. Previous to this, purchasing and

accounts payable functions were being processed on two systems requiring duplication of processes and inefficiencies in managing the data. This latest conversion improves efficiency and consolidates a number of business processes. It is also critical to the overall organizational Meditech consolidation plan as it allows users to have a single source for requisitioning and ordering supplies from the various stockrooms in the region.



³. Kortrijk, H.E., Mulder, C.L., Roosenschoon, B.J., & Wiersma, D. (2010). Treatment outcome in patients receiving assertive community treatment. *Community Mental Health Journal*, 46, 330-336.

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

Access to health care programs and services is a prominent concern for both the general population and health care providers. It is important that clients are able to access the appropriate provider and/or service and that they are able to do so on a timely basis to facilitate the best potential health outcome.

The reduction of wait times is rapidly becoming an area of concentrated focus for national, provincial and local health agencies. Central Health is collaborating with internal and external stakeholders to create a greater understanding of the factors that contribute to access issues such as wait times. The organization is utilizing evidence-informed practices and a quality improvement model to identify and implement strategies that will improve clinical efficiency and reduce the timeframes clients wait for necessary procedures. The initiatives undertaken in this area support the Government of Newfoundland and Labrador's strategic direction of improved access to priority services.

Access to service

Report on Performance *cont'd*

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 patient flow and wait times.
- Increased availability of telehealth services across the region.

Objective 1

By March 31, 2012, the Central Regional Health Authority will have more accurately defined factors which affect access to services in the central region.

Measure

Defined factors which affect access to services.

Planned Indicator(s) for 2011-2012	Actual Progress for 2011-2012
<p>Identified factors that impact waitlist and wait times through observation, study and review.</p>	<p>Participated in consultations with the Department of Health and Community Services in the development of the Provincial Government's Strategy to Reduce Hip and Knee Joint Replacement Wait Times.</p> <p>Factors identified as impacting wait times for select Diagnostic Imaging Services within Central Health included the number of patients who did not show for appointments, increase in number of referrals, staffing challenges and productivity. Recommendations to develop appropriate policy, enhance notification and appointment reminders and increase ongoing</p>

Access to service

Report on Performance cont'd

Planned Indicator(s) for 2011-2012	Actual Progress for 2011-2012
	<p>productivity were developed and are in various stages of implementation. Diversion of clients to other Regional Health Authorities and a surge increase in local capacity were short term strategies implemented to facilitate management of current wait times.</p> <p>Reported quarterly to the provincial Department of Health and Community Services concerning wait times for national benchmarks and for Diagnostic Imaging services.</p>
<p>Developed specific recommendations from existing work on system alignment.</p>	<p>Submitted a report to Senior Leadership which included recommendations on best practices to align services which would assist in ensuring timely access to appropriate services by the appropriate provider in the appropriate location.</p>
<p>Researched factors affecting hospital admissions to secondary care facilities.</p>	<p>Acute admissions at secondary care facilities were categorized for analysis and reviewed to identify areas that could be targeted to potentially decrease the impact on overcapacity issues. The Discharge Abstract Database provided a categorization of inpatient acute cases described as Case Mix Groups (CMG) and identified the top ten CMGs for both secondary care facilities. Chronic Obstructive Pulmonary Disease (COPD) and Heart Failure are two Case Mix Groups identified in the review that are impacting on hospital admissions at Central Health. The opportunities for management of these diseases in an outpatient setting need to be maximized to ensure appropriate utilization of acute care beds.</p>

Access to service

Report on Performance cont'd

Discussion of Results

Waitlists and Wait Times - Following the First Ministers' Conference on the Future of Healthcare (2005) national benchmarks were established to reduce wait times in orthopedic services including hip and knee joint replacement surgery and hip fracture repair. The Department of Health and Community Services consulted with orthopedic surgeons, senior leadership and managers, family physicians, Health Information Management and the Corporate Improvement team in the fall of 2011 and a strategy was released in February 2012. Central Health is committed to working with the Department of Health and Community Services in implementing the five-year strategy designed to reduce wait times for hip and knee joint replacement surgeries.

A preliminary assessment of wait times for select Diagnostic Imaging (DI) services was completed in June 2011. From this review, a pilot project was initiated in the fall of 2011 which targeted the reduction of wait times for both computerized tomography (CT) and ultrasound services. To further validate the preliminary findings an independent team was contracted to review the current state of select DI services including mammography and ultrasound. The final report will be available in 2012 and the recommendations of the review will guide the development of a prioritized strategy to reduce wait times and improve access to DI services.

The System Alignment report identified challenges in the current delivery of services related to the rural and remote nature of the region's geography. Specifically, challenges exist in ensuring retention of qualified care providers in these locations. As well, geography impacts on the location of services and the subsequent financial challenge to maintain services in a large number of locations across the region. The report acknowledges these challenges and supports the implementation of recommendations that will ensure careful examination of service delivery to identify efficiencies and look for opportunities to share services across the region to improve access and reduce wait times for various programs and services.

Recommendations also include the adoption of a decision-making process that will ensure decisions made regarding alignment of primary and secondary services are based on the best available evidence, reflect the needs of the community and are sustainable for the organization. This includes the need for ongoing citizen engagement as evidenced through the Primary Health Care Model of service delivery practiced in Central Health as well as other initiatives. Work is ongoing to increase citizen engagement regarding service delivery and will support the recommendations of this report.

Admissions to secondary care facilities - The experience of the two secondary care facilities, JPMRHC and Central Newfoundland Regional Health Centre (CNRHC), over the past number of years has been one where occupancy rates have been over 90 per cent for extended periods of time, resulting in frequent overcapacity situations. This results in challenges associated with access to services including inpatient beds and surgical intervention.

Access to service

Report on Performance cont'd

According to a 2008 CIHI report, more patients are being admitted to hospitals in Canada because of Chronic Obstructive Pulmonary Disease (COPD) than there are for heart attacks. Not only is COPD the leading cause of hospital admissions, it also has a much higher readmission rate than other chronic illnesses. The potential opportunities for outpatient management of these chronic diseases, COPD and heart failure, should be explored to both improve the quality of life for clients by preventing admissions and improve access to acute inpatient beds for those who need that service.

The 2011 CIHI Health Indicators Report also demonstrates the Central Health rate of hysterectomies (454/100,000 population) is statistically different from the Canadian rate (328/100,000). It was also noted that Central Newfoundland Regional Health Centre's sixth top case mix group (CMG) was Laparoscopic Cholecystectomy which is typically done as an outpatient procedure except in rare situations. Both these factors need further exploration to determine any potential mitigation factors that might positively impact overcapacity challenges.

The emphasis on creating a greater understanding of specific factors that contribute to wait times, hospital admissions and the factors that need to be considered in decision making related to rural service delivery has enable Central Health to focus planning and develop targeted initiatives to improve access for clients.

2012-2013 Objective

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.

Indicators

- Participated in a quality audit of two selected priority areas to address patient flow and wait times.
- Developed a prioritized action plan and strategy to address quality improvement recommendations in the two areas.
- Conducted focus groups with physicians and acute care program leaders to review case mix group information.
- Completed review of evidence-based programs that have demonstrated an impact on admissions for COPD and heart failure.

2013-2014 Objective

By March 31, 2014, the Central Regional Health Authority will have implemented prioritized strategies to improve access to services. affect access to services in the central region.

Access to service

Report on Performance cont'd

STRATEGIC ISSUE 2: HEALTHY AGING

As each of us age as individuals, so does the population of the central region. From 1991 to 2006, the population of those aged 45 to 65 years and 65+ years increased by 44 per cent and 29 per cent respectively. At the same time, the percentage of population 0 to 19 years declined by 47 per cent.⁴ 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. The goals and objectives developed by Central Health are aligned with and supportive of this provincial direction.

Our health 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.

2011-2014 Goal

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.

Measure

Implemented a documented framework and philosophy.

Indicators

- 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.

⁴ Statistics Canada Census, 2006

Report on Performance cont'd

Objective 1	
By March 31, 2012, the Central Regional Health Authority will have completed a review of identified best practices in age-friendly service provision.	
Measure	
Completed review of best practice with respect to age friendly service provision.	
Planned Indicator(s) for 2011-2012	Actual Progress for 2011-2012
Prepared report on best practice review.	Central Health partnered with the Newfoundland and Labrador Centre for Applied Health Research and the three Regional Health Authorities to complete a best practice review. The transformation of this initiative from a regional to provincial scale required an extension of timelines. The report was prepared in draft format with a September 2012 target date for completion, therefore Central Health is reporting a variance with respect to completing this report in the 2011-2012 fiscal year.

Discussion of Results

Best Practice Review - Central Health partnered with the Newfoundland and Labrador Center for Applied Health Research (NLCAHR) to fulfill the strategic objective of completing a review of identified best practices in age-friendly service provision. NLCAHR has a program, titled the Contextualized Health Research Synthesis Program (CHRSP), that analyzes findings from existing research and contextualizes the research with respect to applicability in a Newfoundland and Labrador context.

Central Health worked with the CHRSP project team to compose the following research question: *What programs and/or services are associated with improved outcomes for older adults admitted as inpatients to acute care hospitals?* This focus is narrower than what was initially proposed by Central Health as the strategic objective for 2011-2012 but it was determined that a focused review would be more feasible to complete and result in the potential for beneficial learning. Due to the current status of admissions to acute care facilities in the province, it was decided to focus the review on program and service delivery in acute care hospitals not designed exclusively for older adults.

Working within these parameters the project team, with the support of NLCAHR, has synthesized the research evidence published between September 2006 and September 2011 to identify acute care programs and services that demonstrate effective measurable outcomes. Key messages were distilled from the extensive review and

Healthy aging

Report on Performance cont'd

synthesis of the research literature. Specific characteristics of the Newfoundland and Labrador context were considered including client base, acute care infrastructure, skill level of providers, care processes, human resources and the post acute service landscape.

The report was prepared in draft format and is currently under review by the project team members. It is anticipated that the report will be completed and released by September 2012.

2012-2013 Objective

By March 31, 2013, the Central Regional Health Authority will have developed a plan to implement best practice in age-friendly services.

Measure

Developed plan to implement best practice in age-friendly services.

Indicators

- Completed implementation plan for two practices selected from the best practice review on age-friendly services.
- Developed philosophy for age-friendly service provision.
- Reviewed tools for utilization in assessing age-friendly physical environments.

2013-2014 Objective

By March 31, 2014, the Central Regional Health Authority will have implemented selected components of the healthy aging plan.

Measure

Defined factors which affect access to services.



Healthy aging

Report on Performance cont'd

STRATEGIC ISSUE 3: QUALITY AND SAFETY

Quality and patient safety have taken on an enhanced significance in health care. Emerging research, both nationally and internationally, has focused the spotlight 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. Central Health has positioned safety as a strategic issue for the organization and is actively focusing 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 directions for 2011– 2014.

Quality improvement for health care organizations is rapidly being recognized as a journey versus a destination. The process of 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 are actively engaged in learning new quality improvement methodology and creating opportunities to apply this learning in their practice environments.

2011-2014 Goal

By March 31, 2014, the Central Regional Health Authority will have improved client safety.

Measure

Improved client safety.

Indicators

- Enhanced the culture of safety as measured by Accreditation Canada Patient 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.

Objective 1

By March 31, 2012, the Central Regional Health Authority will have initiated activities to engage clients, employees and physicians in enhancing the culture of quality and safety.

Measure

Initiated activities to engage clients, employees and physicians in enhancing the culture of quality and safety.

Quality & safety

Report on Performance cont'd

Planned Indicator(s) for 2011-2012	Actual Progress for 2011-2012
Implemented Integrated Quality Improvement & Patient Safety Framework.	<p>Framework developed, adopted by Board of Trustees and Senior Leadership and implemented at Central Health.</p> <p>Accountabilities have been established through the introduction of a comprehensive Strategic Quality and Safety Plan accompanied by a quarterly performance scorecard.</p>
Expanded Patient Safety Leadership Walk Rounds.	<p>Patient Safety Leadership Walk Rounds are instituted in the acute care program areas in the referral and rural sites of Central Health. Walk Rounds were expanded to non-clinical areas at the referral sites to explore patient safety issues with respect to indirect care. Leadership Walk Rounds have expanded into the long term care facilities in rural sites and at Carmelite House and Lakeside Homes.</p>
Initiated a Falls Prevention Program.	<p>The Falls Prevention Program is fully implemented in all acute care and long term care settings with a multidisciplinary approach for client focused care. An evaluation of the Falls Prevention Program was completed which highlighted the necessity to educate more Falls Champions in acute care settings to address the gaps in timely assessment and consistent application of falls prevention interventions.</p>
Completed Quality Reviews in select areas.	<p>Quality Care Review (QCR), a quality assurance process, has been established at Central Health and during this reporting period QCR's were initiated and completed to review patient care. The areas selected were drawn from the reporting of adverse events that had resulted in significant patient harm.</p>

Quality & safety

Report on Performance cont'd

Planned Indicator(s) for 2011-2012	Actual Progress for 2011-2012
<p>Implemented Safer Healthcare Now Initiatives.</p>	<p>Safer Healthcare Now initiatives implemented include:</p> <ul style="list-style-type: none"> • Medication reconciliation upon admission in nine of the eleven long term care sites, and on the Same Day Admission Unit as well as the inpatient Mental Health Unit at CNRHC. The initiative has also been introduced for clients being transferred to North Haven Manor and Lakeside Homes and for clients discharged from the Mental Health Unit. • The prevention of Surgical Site Infection initiative has been implemented in target areas including hip replacement surgery at JPMRHC and bowel surgery and caesarean sections at both secondary sites. • The Ventilator Associated Pneumonia initiative has been fully implemented at the CNRHC and JPMRHC. • The Acute Myocardial Infarction initiative is fully implemented at the Notre Dame Bay Memorial Health Center with targeted elements of the initiative implemented at Dr. Hugh Twomey Health Centre, Baie Verte Peninsula Health Center and Brookfield/ Bonnews Health Center. • Work has begun on the implementation of the Prevention of Venous Thromboembolism initiative. A team has been formed with terms of reference completed; chart audit with baseline data collected and a policy subcommittee of the team has been formed.

Quality & safety

Report on Performance cont'd

Planned Indicator(s) for 2011-2012	Actual Progress for 2011-2012
Developed Safe Work Practices including Occupational Health and Safety Training.	Central Health developed 253 Safe Work Practices and Procedures (SWPP) in 2011-2012. These safe work practices and procedures span all occupational classifications in the organization and are essential to the creation of a culture of safety. A SWPP is a step-by-step process which tells how a task can be performed safely. Employees are made aware of the risks, are trained in how to work safely and the training is documented demon-

Discussion of Results

The Integrated Quality Improvement Framework developed for Central Health identifies the structures, processes, accountabilities and improvement methodologies to be utilized by the organization. The Board Performance and Improvement Committee, Board Patient Safety Subcommittee and Quality Improvement Oversight Committee are well established and functioning within Central Health. Quality improvement methodologies such as a quality improvement model, process mapping, root cause analysis, failure mode effect analysis and evidence-informed protocols have been introduced or reinforced within the organization. The staff and leadership of Central Health are committed to driving process, policy and strategy to achieve excellence in performance.

Patient Safety Leadership Walk Rounds are a proactive approach to addressing patient safety concerns before an issue becomes a reported incident. Leadership Walk Rounds involve senior leaders in the organization, directors/managers, the Patient Safety Officer, and front line staff at Central Health. The patient safety issues identified and discussed at Walk Rounds, as well as the devised actions to address the issues, are displayed on the intranet. This encourages knowledge sharing for all program areas and encourages proactive improvements in patient safety. Leadership Walk Rounds have been successful in connecting senior leaders with the issues and concerns of front-line staff.

Falls Prevention Program - Rates for falls and injuries due to falls are reported quarterly on the organizational scorecard and provided to program managers of long term care and acute care and falls champions throughout Central Health. The falls rates are compared to the accepted benchmarks and are used to highlight the care areas requiring investigation and program improvements. The overall falls rate for long term care is below the industry benchmark and the successes in this area can be attributed to timely assessment, consistent application of interventions and multidisciplinary individualized, resident-focused care. In acute care, overall the falls rates are higher than the industry benchmark.

Quality & safety

Report on Performance cont'd

Central Health will continue to work with Falls Champions in acute care settings to ensure timely assessment and consistent application of falls prevention interventions.

Quality Care Reviews - Central Health is pleased to have an established process for Quality Care Reviews. A Quality Care Review, a quality assurance process, is conducted by a quality care committee established as a result of a reported patient safety incident or adverse event. Quality Care Reviews are established for the purpose of studying, assessing and evaluating the provision of health care with a view to identifying opportunities to improve the quality of care to the population served. The Quality Care Review process is a part of the Central Health Quality Improvement Program.

The responsibilities of the Review Committee include the following: to review a matter which has raised potential quality of care concerns; to identify the facts of the case and to identify root causes of the incident; to identify areas for improvement; to review specific care related information; to identify any recommendations related to quality of care or service improvements; and to submit a written report including findings, recommendations, and action plans to address any identified concerns.

Central Health is committed to understanding and learning from patient safety incidents. Quality Care Reviews will be expanded in 2012-2013, with the aim of increased learning with the ultimate goal being to prevent safety patient incidents.

Safer Healthcare Now (SHN) is a Canada wide campaign dedicated to improving patient safety by supporting organizations to implement evidence-based patient care improvements in a number of targeted areas. Clinical teams involved with SHN are provided with resources, including clinical protocols, aimed at improving the quality of care for specific patient groups.

Results for all initiatives are reported on a quarterly basis and shared with managers and staff in the areas where the initiatives have been implemented. Results are measured against the set goals and any results not in alignment with established targets warrant investigation and review for improvement.

Safe Work Practices and Procedures – The development of Safe Work Practices and Procedures (SWPP) is a requirement of the Newfoundland and Labrador Occupational Health and Safety Act and Regulations, which requires that employees are aware of the risks they may face in the workplace, but also that they are trained to work safely in a manner which will mitigate that risk.

The process of developing approximately 250 SWPP required participation on the part of employees and managers who worked together to ensure the step by step process was accurate and safety conscious. Many departments took advantage of the training matrix provided as part of the SWPP implementation to record other departmental training and to ensure a complete profile of the training needs of each employee was held in one location.

Quality & safety

Report on Performance *cont'd*

Managers and employees who embraced this initiative quickly saw how this was beneficial in creating an orientation for new employees, establishing training for new processes and equipment, and meeting the legal requirements laid out in the legislation. This process will contribute to the reduction of work related injuries in Central Health. Research has also shown that safe employees will provide safer care to clients.

2012-2013 Goal

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.

Measure

Implemented select initiatives to increase reporting, data collection and utilization of leading practices in quality and safety.

Indicators

- Completed implementation of the Clinical Safety Reporting System
- Developed trending reports from the Clinical Safety Reporting System
- Validated the Hospital Standardized Mortality Ratio (HSMR) for Central Health
- Implemented Safety Briefings in select areas
- Developed a Process for the Introduction of Evidence-Informed Practices
- Implemented Safe Resident Handling Project in Long Term Care

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.



... working together to provide quality and safe care.

Quality & safety

Opportunities & Challenges

Palliative Care/End of Life Care

Central Health is focusing on enhancing current palliative care/end-of-life care services to improve access, coordination and quality of the service in the community, long term care and acute care settings. After completing a jurisdictional scan, reviewing best practices and completing a gap analysis, a program model has been proposed and is in the beginning stages of implementation. In an effort to maximize and integrate current palliative care/end of life care services a regional manager, palliative care physician, two nursing coordinators and a social worker will make up an interdisciplinary specialist team of care providers. This group will work together to construct a program plan, integrate current service delivery models, adopt best-practice standards of care across the continuum of service and facilitate the implementation of an education and communication strategy. A primary goal of this team will be to ensure the palliative care client's decisions on their quality of life will be respected. This initiative is an excellent opportunity for Central Health to implement an evidence-based model in this service area; however, significant challenges will need to be addressed as we move through a change management process to

implement new referral processes, assessment tools, case management techniques and integrated services previously managed from a site perspective into a regional continuum. An integrated teach approach combined with compassion and respect for the client and their family will remain a priority as work continues to build and enhance this service at Central Health.

Safe Resident Handling Pilot Project

Central Health is forming a partnership with the other three Regional Health Authorities and the Department of Health and Community Services to deliver a Safe Resident Handling Project in long term care (LTC). The majority of lost time accidents in health care are soft tissue injuries in LTC. A pilot project will be carried out which includes the purchase of equipment and training for all nursing staff including registered nurses (RNs), licensed practical nurses (LPNs) and personal care attendants (PCAs). Central Health has identified Carmelite House, North Haven Manor and Bonnews Lodge as its pilot sites. Planning is underway to start training at the first site, Carmelite House, in June 2012. The goal of the project is to reduce the



Opportunities & Challenges cont'd

number of lost time injuries in LTC, while creating a healthier workplace, reducing the cost of claims, and enhancing the quality of care for long term care residents.

Innovative Therapeutic Gardens

The Health Foundations of Central Health have been busy working with landscape designers and architects as well as donors over the last year in anticipation of breaking ground on two innovative therapeutic gardens in central Newfoundland.

The Central Northeast Health Foundation will break ground in the summer of 2012 for the Lakeshore Healing Garden at JPMRHC in Gander. This therapeutic patient garden will offer a wonderful outdoor space for patients, visitors and healthcare staff to focus on their personal health and well-being in a beautiful and natural environment. The garden will feature wheelchair accessible walkways and garden beds, covered gazebos, benches, bird feeders, a beautiful water feature and a fully equipped gardening shed to assist patients in their rehabilitation therapy.

The South and Central Health Foundation is partnering with the Department of Health and Community Services and Central Health to establish an authentic Therapeutic Wander Garden for

residents of the Long Term Care Unit at the Baie Verte Peninsula Health Centre. This is particularly important for residents experiencing dementia who enjoy "wandering" as they will have a larger area in which they can safely roam and a more home-like environment in which to do so.

The partnership with the Health Foundation has created a unique opportunity go Central Health to introduce the innovation of a therapeutic garden to two of our facilities, thereby enhancing the quality of life for patients, residents and staff.

Health Human Resources Information System (HHRIS)

Central Health is in the final stages of implementing the Health Human Resources Information System (HHRIS) with an expected live date in the fall of 2012. This is a provincial project involving the other health authorities and the Department of Health and Community Services. This information system will create an opportunity for more consistent reporting of human resource data to the provincial government and also provide more effective and timely data for Central Health to utilize in human resource planning and decision making.



Construction begins on therapeutic garden at James Paton Memorial Regional Health Centre

Opportunities & Challenges cont'd

Lewisporte Health Centre

A new 56,445 square foot, state of the art health centre is currently under construction replacing the current North Haven Manor in use since 1975. Services to be provided include long term care, rehabilitative care, laboratory services, x-ray, pastoral care, palliative care, respite and emergency services. The building designed to meet Leed Silver Certification, a first for Newfoundland and Labrador, features geothermal heating and cooling systems and will have minimal impact on neighboring residences due to a specially designed minimum lighting pollution feature.

The long term care resident capacity will be 51 with beds divided between four neighbourhoods with accommodations for twelve or thirteen residents in each neighbourhood. The creation of neighbourhoods, based on evidence-based best practices, will provide flexibility and enhance the provision of resident centered care by allowing residents with similar characteristics and care needs to be cared for in a home-like environment. As well, a Protective Community Residence, located adjacent to the new long term care facility will provide assisted living and a home-like secure environment for twelve

residents with a diagnosis of mild to moderate dementia.

Facility design elements such as resident-centeredness, safety, effectiveness, efficiency, timeliness and equity have been carefully considered and incorporated throughout the health centre, which research has shown will ultimately result in the provision of better health care and increased provider and resident satisfaction.

The construction of a new facility that incorporates the most current models of service delivery for long term care residents creates a tremendous opportunity to have a positive impact on the quality of services provided to residents and the worklife of staff. The transition to a new living and working environment and different models of care will require adaptation to significant change for both residents and staff. Central Health will be challenged to manage this change to ensure the least disruption for our residents and the best possible outcome for residents and staff.



Early stages of construction of the Lewisporte District Health Centre

Opportunities & Challenges cont'd

Business Intelligence Tool

Central Health is pleased to be moving forward with implementing a new business intelligence tool in the coming year. Business intelligence tools are a type of software designed to retrieve, analyze and report financial and statistical data. Implementing this tool will further enable Central Health staff in their analysis of data that informs decisions and actions impacting the operations of the organization. There will be an organization-wide implementation allowing all managers and staff easier access to more user-friendly information. It is anticipated capitalizing on the opportunity to implement this tool will shorten reporting timeframes, decrease the amount of printing and allow more in-depth analysis to occur at the manager's desk.

The first stage of this project is to move from a paper-based financial reporting process to electronic distribution of financial results. The power of this tool will be in the ability to align and provide the level of detail that information users need for better decision making and management of the organization's resources.



Financial Statements



Central
Health

CENTRAL REGIONAL HEALTH AUTHORITY

INDEPENDENT AUDITORS' REPORT

CONSOLIDATED FINANCIAL STATEMENTS

MARCH 31, 2012

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, 2012, and the consolidated statements of operations, statement of 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, 2012 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 26, 2012

**CENTRAL REGIONAL HEALTH AUTHORITY
CONSOLIDATED**

Statement of Financial Position

March 31, 2012	2012	2011	April 1 2010
Financial Assets			
Cash (Note 9)	\$ 7,797,035	-	-
Receivables (Note 4)	15,092,833	26,808,988	23,697,356
Residents' trust funds held on deposit	812,861	855,977	822,634
Cash restricted for security deposits	33,319	30,555	27,201
Investments restricted for general endowment purposes (Note 7)	629,865	603,336	487,686
Replacement reserve funding (Note 15)	<u>157,541</u>	<u>251,430</u>	<u>303,892</u>
	<u>\$ 24,523,454</u>	<u>28,550,286</u>	<u>25,338,769</u>
Liabilities			
Bank indebtedness (Note 9)	\$ -	5,492,593	11,815,630
Payables and accruals (Note 10)	24,288,234	24,331,080	19,686,731
Employee future benefits			
Accrued vacation	13,380,578	12,500,992	12,143,765
Accrued severance (Note 14)	25,034,229	24,240,756	23,027,705
Accrued sick (Note 14)	15,762,419	15,664,632	15,572,280
Deferred grants (Note 11)	24,802,611	21,796,287	18,249,976
Long-term debt (Note 12)	16,268,669	19,272,194	20,645,569
Obligations under capital lease (Note 13)	558,500	771,415	989,342
Trust funds payable	812,861	855,977	822,634
Security deposits liability	33,319	30,555	27,201
Replacement reserves (Note 15)	157,541	251,430	303,892
J.M. Olds scholarship and library funds	<u>83,177</u>	<u>83,223</u>	<u>84,486</u>
	<u>121,182,138</u>	<u>125,291,134</u>	<u>123,369,211</u>
Net Financial Assets (Debt)	(96,658,684)	(96,740,848)	(98,030,442)
Non-Financial Assets			
Capital assets (Note 8)	58,802,588	58,512,422	55,993,635
Deposit on capital assets	-	-	924,964
Inventories (Note 5)	2,724,641	2,785,888	3,003,379
Prepays (Note 6)	<u>6,232,694</u>	<u>6,238,375</u>	<u>6,394,636</u>
	<u>67,759,923</u>	<u>67,536,685</u>	<u>66,316,614</u>
Accumulated surplus/ (deficit) (Note 3)	<u>\$(28,898,761)</u>	<u>(29,204,163)</u>	<u>(31,713,828)</u>
Commitments (Note 17)			
Contingencies (Note 18)			

See accompanying notes

Approved:

K. Manuel Trustee
Wm. O'Keefe Trustee

**CENTRAL REGIONAL HEALTH AUTHORITY
CONSOLIDATED**

Statement of Operations

Year ended March 31, 2012

	2012		2011
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
Revenue:			
Provincial plan operating	\$ 290,163,196	290,149,010	286,711,187
Provincial capital grants	-	7,014,366	8,344,074
Other capital contributions	-	312,644	628,171
MCP physicians salaries	12,812,056	16,974,151	15,397,679
Patient-resident services	11,563,350	12,557,642	11,638,957
CMHC mortgage interest subsidy (Note 16)	68,623	56,805	95,008
Capital project funding	5,673,111	5,863,251	3,329,376
Pandemic funding	-	-	374,470
Recoveries	7,551,364	9,990,783	7,229,101
Cottage operations	1,546,460	2,479,707	1,613,650
Foundations	812,800	812,969	976,228
Other revenue	1,720,000	3,258,796	3,294,806
	<u>331,910,960</u>	<u>349,470,124</u>	<u>339,632,707</u>
Expenditure:			
Administration	34,352,120	32,690,316	30,604,013
Community and social services	79,722,106	80,376,525	85,664,873
Support services	63,744,656	64,415,927	59,709,111
Nursing inpatient services - acute	44,561,242	47,203,347	45,522,109
- long-term care	30,508,004	31,555,228	29,746,061
Ambulatory care services	19,402,411	20,292,716	19,020,542
Diagnostic and therapeutic services	39,338,775	40,366,824	35,787,640
Medical services	16,574,392	20,500,214	19,685,399
Education services	1,347,994	996,720	1,092,456
Cottage operations, including amortization of \$449,056 (2011 - \$411,041)	1,443,395	1,940,577	1,571,745
Foundations, including amortization of \$5,029 (2011 - \$5,294)	698,400	762,824	974,988
	<u>331,693,495</u>	<u>341,101,218</u>	<u>329,378,937</u>
Surplus (Deficit) - shareable	<u>\$ 217,465</u>	<u>8,368,906</u>	<u>10,253,770</u>
Non-shareable items:			
Amortization		(6,209,271)	(6,087,651)
Accrued vacation pay - (increase) decrease		(881,279)	(351,051)
Accrued severance pay - (increase) decrease		(793,473)	(1,213,051)
Accrued sick pay - (increase) decrease		(97,787)	(92,352)
		<u>(7,981,810)</u>	<u>(7,744,105)</u>
Surplus (Deficit) - shareable and non-shareable (Note 3)		387,096	2,509,665
Accumulated Surplus(Deficit):			
Beginning of year (Note 3)		(29,204,163)	(31,713,828)
Repayment of contributed surplus to CMHC		(81,694)	-
End of year		<u>\$(28,898,761)</u>	<u>(29,204,163)</u>

See accompanying notes

**CENTRAL REGIONAL HEALTH AUTHORITY
CONSOLIDATED**

Statement of Changes in Net Financial Assets (Debt)

Year ended March 31, 2012

2012

2011

Net Debt - beginning of period	<u>\$(96,740,848)</u>	<u>(98,030,442)</u>
Surplus (Deficit) (Note 3)	387,096	2,509,665
Repayment of contributed surplus	<u>(81,694)</u>	<u>-</u>
	<u>305,402</u>	<u>2,509,665</u>
Changes in capital assets		
Acquisition of capital assets	(7,327,011)	(9,022,773)
Amortization of capital assets	6,663,355	6,503,986
Net book value of capital asset disposals	373,490	-
Deposits on capital assets used	<u>-</u>	<u>924,964</u>
Decrease (Increase) in net book value of capital assets	<u>(290,166)</u>	<u>(1,593,823)</u>
Changes in other non-financial assets		
Reduction in prepaids	5,681	156,261
Reduction in inventories	<u>61,247</u>	<u>217,491</u>
Decrease (Increase) in other non-financial assets	<u>66,928</u>	<u>373,752</u>
Decrease (Increase) in debt	<u>82,164</u>	<u>1,289,594</u>
Net Debt - end of period	<u>\$(96,658,684)</u>	<u>(96,740,848)</u>

See accompanying notes

**CENTRAL REGIONAL HEALTH AUTHORITY
CONSOLIDATED**

Statement of Cash Flows

Year ended March 31, 2012

	2012	2011
Operations:		
Surplus (Deficit)	\$ 387,096	2,509,665
Amortization	6,663,355	6,503,986
Loss on cottage units demolished	373,490	-
Investment gains/losses	<u>8,444</u>	<u>(45,350)</u>
	7,432,385	8,968,301
Changes in:		
Receivables	11,716,155	(3,111,631)
Inventories	61,247	217,491
Prepays	5,681	156,261
Payables and accruals	(42,846)	4,644,349
Accrued vacation pay	879,586	357,227
Accrued severance pay	793,473	1,213,051
Accrued sick pay	97,787	92,352
Deferred grants and donations	<u>3,006,324</u>	<u>3,546,311</u>
Net cash provided from operations	<u>23,949,792</u>	<u>16,083,712</u>
Investing:		
Additions to capital assets	(7,327,011)	(9,022,773)
Deposit on capital assets used	-	924,964
Increase in general endowment fund investments	<u>(34,974)</u>	<u>(70,300)</u>
Net cash applied to investing	<u>(7,361,985)</u>	<u>(8,168,109)</u>
Financing:		
Repayment of long-term debt	(3,003,524)	(1,373,376)
Repayment of capital leases	(212,915)	(217,927)
Net changes in J.M. Olds funds	(46)	(1,263)
Repayment contributed surplus	(81,694)	-
New capital lease proceeds	<u>-</u>	<u>-</u>
Net cash applied to financing	<u>(3,298,179)</u>	<u>(1,592,566)</u>
Net increase (decrease) in cash	13,289,628	6,323,037
Cash, net of bank indebtedness:		
Beginning	<u>(5,492,593)</u>	<u>(11,815,630)</u>
Ending (Note 9)	<u>\$ 7,797,035</u>	<u>(5,492,593)</u>

See accompanying notes

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2012

1. 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.

2. 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, 2012

2. 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, 2012

2. 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 - JPM	at average cost
Drugs - CNF	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 an operating agreement 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	5.0%
Buildings and service equipment	5.0%
Information systems equipment	33.3%
Equipment	12.5%
Motor vehicles	20.0%

(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, 2012

2. 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 15.

(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 the 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.

3. Impact of the change in the basis of accounting:

These consolidated financial statements are the first financial statements for which Central Health has applied Canadian public sector accounting board standards ("PSAB"). The consolidated financial statements for the year ended March 31, 2012 were prepared in accordance with PSAB. Comparative period information presented for the year ended March 31, 2011 was prepared in accordance with PSAB and the provisions set out in Section *PS 2125 First-time adoption by government organizations*. Central Health has elected to take the first-time adoption exemption under *PS 2125* relating to actuarial gains and losses resulting from the initial actuarial valuations of severance and sick benefits liabilities and recognize all cumulative actuarial gains and losses at the date of transition in the accumulated deficit.

(Continued...)

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2012

3. Impact of the change in the basis of accounting (continued):

The date of transition to PSAB is April 1, 2010, the adoption of the standards has resulted in a restatement of the Statement of Operations for the year ended March 31, 2011 as well as the unamortized deferred capital contributions, operating deferred contributions, accrued sick benefits, severance liability and accumulated surplus as of April 1, 2010 and March 31, 2011.

As of April 1, 2010, the statement of financial position included unamortized deferred capital contributions. Under Public Sector Standards these deferred capital contributions are not permitted to be deferred. Also, there were operating deferred contributions without specific restrictions or stipulations that are not permitted to be deferred under PSAB. As well, the Authority performed an actuarial assessment of accrued sick benefits and severance liabilities that resulted in restatement of these liabilities as required under PSAB. Therefore, as a result of the above adjustments required under the transition to PSAB the following restatement has occurred.

(a) Adjustment to consolidated statement of financial position as at April 1, 2010:

	<u>As previously Reported</u>	<u>Adjustment Required</u>	<u>As restated</u>
Liabilities:			
Unamortized deferred capital contributions	\$ 27,803,658	(27,803,658)	-
Deferred operating grants	20,161,213	(1,979,987)	18,249,976
Accrued sick benefits	-	15,572,280	15,572,280
Accrued severance	<u>25,489,078</u>	<u>(2,461,373)</u>	<u>23,027,705</u>
Accumulated surplus (deficit)	<u>\$(48,386,566)</u>	<u>16,672,738</u>	<u>(31,713,828)</u>

(b) Reconciliation of previously reported consolidated annual surplus for March 31, 2011 with the annual surplus for March 31, 2011 shown in the financial statements:

	<u>2011</u>
Annual surplus (deficit), as previously reported, March 31, 2011	\$(2,384,415)
Adjustment related to unamortized deferred capital contributions	(4,295,773)
Adjustment related to capital grants received	8,972,245
Adjustment related to other deferred revenue	13,459
Adjustment related to sick benefits expense	(92,352)
Adjustment related to severance expense	<u>296,501</u>
Restated annual surplus, March 31, 2011	<u>\$ 2,509,665</u>

(Continued...)

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2012

4. Receivables:

	<u>2012</u>	<u>2011</u>
Provincial plan grants - operating	\$ 3,416,363	8,388,820
Capital grants	2,150,082	9,183,458
Patient, capital donations, rents and other	6,565,324	3,853,327
MCP	1,885,353	4,042,715
Cancer Foundation	956,168	1,037,107
HST	637,606	582,724
Due from NLHC	<u>23,464</u>	<u>36,710</u>
	<u>15,634,360</u>	<u>27,124,861</u>
Allowance for doubtful	<u>541,527</u>	<u>315,873</u>
	<u>\$ 15,092,833</u>	<u>26,808,988</u>

5. Inventories:

	<u>2012</u>	<u>2011</u>
General stores	\$ 1,249,394	1,581,022
Drugs	<u>1,475,247</u>	<u>1,204,866</u>
	<u>\$ 2,724,641</u>	<u>2,785,888</u>

6. Prepaids:

	<u>2012</u>	<u>2011</u>
Equipment maintenance	\$ 359,898	596,640
Malpractice and membership fees	110,362	103,427
General insurance	389,985	266,896
Workplace Health, Safety and Compensation Commission	3,954,641	3,885,018
Municipal taxes	638,669	658,145
Other	<u>779,139</u>	<u>728,249</u>
	<u>\$ 6,232,694</u>	<u>6,238,375</u>

7. 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>2012</u>	<u>2011</u>
Central Northeast Health Foundation Inc.	\$ 176,060	163,806
South and Central Health Foundation	<u>453,805</u>	<u>439,530</u>
	<u>\$ 629,865</u>	<u>603,336</u>

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2012

8. Property, plant and equipment:

	2012			2011
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	\$ 313,914	-	313,914	313,914
Land improvements	1,212,046	795,573	416,473	443,789
Buildings and service equipment	74,007,758	48,203,133	25,804,625	27,771,856
Equipment	106,333,028	75,728,526	30,604,502	28,119,743
Equipment under capital lease	2,781,898	2,271,938	509,960	694,188
Motor vehicles	3,516,633	2,390,205	1,126,428	1,135,575
Motor vehicles under capital lease	196,503	169,817	26,686	33,357
	<u>\$ 188,361,780</u>	<u>129,559,192</u>	<u>58,802,588</u>	<u>58,512,422</u>

9. Cash and bank indebtedness:

	2012	2011
Cash	\$ 7,797,035	1,081,953
Due to bank on current account	-	(6,574,546)
	<u>\$ 7,797,035</u>	<u>(5,492,593)</u>

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

10. Payables and accruals:

	2012	2011
Trade	\$ 13,514,135	14,094,480
Due to NLHC - operating subsidy	5,547	3,965
Residents comfort fund	30,113	28,801
Accrued - wages	10,689,119	10,191,914
- interest	49,320	80,670
	<u>\$ 24,288,234</u>	<u>24,399,830</u>

11. Deferred grants and donations:

	2012	2011
Operating:		
Deferred operating grants	\$ 1,278,748	5,112,858
Deferred capital grants	23,523,863	16,683,429
	<u>\$ 24,802,611</u>	<u>21,796,287</u>

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2012

12. Long-term debt:

	<u>2012</u>	<u>2011</u>
Operating:		
4.59% CMHC 1 st mortgage on Bonnews Lodge; repayable in equal monthly installments of \$10,248, interest included; matured April, 2011	\$ -	10,200
2.4% CMHC mortgage on Lakeside Homes; repayable in equal monthly installments of \$12,112, interest included; maturing April, 2020, renewable October, 2015	1,067,377	1,185,617
7.5% CMHC mortgage on Lakeside Homes; repayable in equal monthly installments of \$4,574, interest included; maturing July, 2023	421,149	443,936
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	247,457	284,129
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	8,081,433	8,435,329
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	55,591	57,618
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	50,324	52,159
2.46% Canadian Imperial Bank of Commerce mortgage on Hospital renovations; repayable in equal monthly installments of \$8,423, interest included; maturing January, 2014	181,009	270,189
8.0% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor; repayable in equal monthly installments of \$8,298, interest included; repaid during year	-	875,332
	<u>10,104,340</u>	<u>11,614,509</u>

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2012

12. Long-term debt (continued):

	<u>2012</u>	<u>2011</u>
Operating balance forward	<u>10,104,340</u>	<u>11,614,509</u>
8.0% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista; repayable in equal monthly installments of \$10,124, interest included; maturing August, 2027	1,084,647	1,119,084
7.88% Newfoundland and Labrador Housing Corporation mortgage on Authority offices; repayable in equal monthly installments of \$8,165, interest included; maturing August, 2024	784,063	819,429
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	632,374	709,621
Prime minus 1.1% Canadian Imperial Bank of Commerce deferred demand loan; repayable in equal monthly installments of \$6,199, plus interest; maturing 2015	223,154	297,538
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	49,868	52,837
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	30,060	33,082
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>31,181</u>	<u>34,277</u>
	<u>12,939,687</u>	<u>14,680,377</u>

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2012

12. Long-term debt (continued):

	<u>2012</u>	<u>2011</u>
North Haven Manor Cottage Units Phase I,II,III:		
9.5% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor Cottages; repayable in equal monthly installments of \$7,925, interest included; maturing June, 2029 (Note 20)	-	834,790
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	447,075	529,840
1.64% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor Cottages; repayable in equal monthly installments of \$9,292, interest included; maturing November, 2018	<u>646,906</u>	<u>731,592</u>
	<u>1,093,981</u>	<u>2,096,222</u>
North Haven Manor Cottage Units Phase IV:		
4.31% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor Cottages; repayable in equal monthly installments of \$3,565, interest included; maturing July, 2025, renewable April, 2012	<u>434,260</u>	<u>457,884</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	236,386	287,484
4.28% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Cottages; repayable in equal monthly installments of \$10,416 interest included; maturing December, 2017, renewable December, 2012	636,687	732,370
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>334,873</u>	<u>383,313</u>
	<u>1,207,946</u>	<u>1,403,167</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>496,972</u>	<u>530,762</u>

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2012

12. Long-term debt (continued):

	<u>2012</u>	<u>2011</u>
South and Central Health Foundation:		
6.5% Newfoundland and Labrador Credit Union mortgage on therapeutic residence; repayable in bi-weekly installments of \$397, interest included, maturing in May 2026, renewable December 2012	<u>95,823</u>	<u>103,781</u>
	<u>\$ 16,268,669</u>	<u>19,272,194</u>

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

2013	\$ 1,396,456
2014	1,424,976
2015	1,386,019
2016	1,358,103
2017	1,380,462
Thereafter	9,322,653

13. Obligations under capital lease:

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

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

Year ending March 31	
2013	\$ 237,290
2014	237,290
2015	<u>119,564</u>
Total minimum lease payments	594,144
Less amount representing interest	<u>35,644</u>
Balance of obligation	<u>\$ 558,500</u>

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2012

14. 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. 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>2012</u>	<u>2011</u>	<u>2010</u>
Wages and salary escalation	4.00%	4.00%	4.00%
Interest	3.85%	4.65%	5.20%

Based on actuarial valuation of the liability, at March 31, 2012 the results for sick leave are:

	<u>2012</u>	<u>2011</u>	<u>2010</u>
Initial valuation	\$ -	-	15,572,280
Accrued sick pay obligation March 31	16,156,450	15,572,280	-
Current period benefit cost	1,773,585	1,655,771	-
Benefit payments	(2,449,197)	(2,354,997)	-
Interest on the accrued benefit obligations	735,569	791,578	-
Actuarial (gains)/losses	<u>759,402</u>	<u>491,818</u>	<u>-</u>
Accrued sick pay obligations at March 31	<u>\$ 16,975,809</u>	<u>16,156,450</u>	<u>15,572,280</u>

Based on actuarial valuation of the liability, at March 31, 2012 the results for severance are:

	<u>2012</u>	<u>2011</u>	<u>2010</u>
Initial valuation	\$ -	-	23,027,705
Accrued benefit obligation March 31	25,372,612	23,027,705	-
Current period benefit cost	1,775,391	1,605,596	-
Benefit payments	(2,238,053)	(1,590,381)	-
Interest on the accrued benefit obligation	1,169,070	1,197,836	-
Actuarial (gains)/losses	<u>1,866,127</u>	<u>1,131,856</u>	<u>-</u>
Accrued severance obligation at March 31	<u>\$ 27,945,147</u>	<u>25,372,612</u>	<u>23,027,705</u>

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

Sick benefits:

	<u>2012</u>	<u>2011</u>	<u>2010</u>
Initial valuation March 31	\$ -	-	15,572,280
Accrued benefit liability March 31	15,762,419	15,664,632	-
Unamortized actuarial losses	<u>1,213,390</u>	<u>491,818</u>	<u>-</u>
Accrued benefit obligation	<u>\$ 16,975,809</u>	<u>16,156,450</u>	<u>15,572,280</u>

(Continued...)

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2012

14. Employee future benefits (continued):

Severance benefits:

	<u>2012</u>	<u>2011</u>	<u>2010</u>
Initial valuation March 31	\$ -	-	23,027,705
Accrued benefit liability March 31	25,034,229	24,240,756	-
Unamortized actuarial losses	<u>2,910,918</u>	<u>1,131,856</u>	-
Accrued benefit obligation March 31	<u>\$ 27,945,147</u>	<u>25,372,612</u>	<u>23,027,705</u>

15. Replacement reserves:

	<u>2012</u>	<u>2011</u>
Balance, beginning	\$ 251,430	303,892
Add:		
Allocation for year	60,220	60,220
Contributions from Authority	12,900	12,900
Interest income (expense)	<u>(29)</u>	<u>(8)</u>
	324,521	377,004
Less:		
Approved expenditures	<u>166,980</u>	<u>125,574</u>
Balance, ending	<u>\$ 157,541</u>	<u>251,430</u>
	<u>2012</u>	<u>2011</u>
Funding:		
Replacement reserve funds	\$ 19,131	100,583
Due from Newfoundland and Labrador Housing Corporation	<u>138,410</u>	<u>150,847</u>
	<u>\$ 157,541</u>	<u>251,430</u>

16. Operating subsidies:

The Authority has received federal assistance through Canada Mortgage and Housing Corporation pursuant to Section 56.1 of the National Housing Act to reduce operating costs. The amount of assistance received from Newfoundland and Labrador Housing Corporation in 2012 was \$56,805 (2011 - \$95,088) for operating facilities and \$338,334 (2011 - \$378,895 for the Authority's Cottage operations).

CENTRAL REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements

March 31, 2012

17. Commitments:

Operating leases

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

2013	\$ 155,371
2014	137,572
2015	105,418
2016	9,291

Energy performance contract

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

The contracts were crystallized at \$4,450,214 and \$1,247,329 and are being repaid from operating and energy savings over a ten year period having commenced in August, 2002 and January, 2000, respectively. The contract for \$1,247,329 expired in 2010.

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

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

In the opinion of management of the Authority, the guaranteed energy savings component of Enerplan Consultants Ltd. is an offset to the obligations of the Authority to the Canadian Imperial Bank of Commerce and Associates Capital Limited and as a consequence neither the capital expenditures or the financing obligations are reflected in these financial statements of the Authority at March 31, 2012.

18. Contingencies:

As of March 31, 2012 there were a number of legal claims against the Authority in varying amounts for which no provision has been made. It is not possible to determine the amounts, if any, that may ultimately be assessed against the Authority with respect to these claims, but management and the insurers believe any claims, if successful, will be covered by liability insurance.

19. Comparative figures:

Certain of the comparative figures have been restated to conform to the financial statement presentation used in the current year.

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 — Sites & contact information



Central
Health

List of Sites and Contact Information

A.M. Guy Memorial Health Centre

Buchans
(709) 672-3304

Baie Verte Peninsula Health Centre

Baie Verte
(709) 532-4218

Bay d'Espoir Community Health Centre

Harbour Breton
(709) 538-3244

Belleoram Community Health Centre

Belleoram
(709) 881-6101

Bell Place Community Health Centre

Gander
(709) 651-3306

Bonnews Lodge

New-Wes-Valley
(709) 535-2160

Botwood Community Health Centre

Botwood
(709) 257-4900

Brookfield/Bonnews Health Centre

New-Wes-Valley
(709) 536-2405

Carmanville Community Health Centre

Carmanville
(709) 534-2844

Carmelite House

Grand Falls-Windsor
(709) 489-2274

Central Health Regional Office

Grand Falls-Windsor
(709) 292-2138

Central Newfoundland Regional Health Centre

Grand Falls-Windsor
(709) 292-2500

Centreville Community Health Centre

Centerville
(709) 678-2342

Change Islands Community Health Centre

Change Islands
(709) 621-6161

Connaigre Peninsula Health Centre

Harbour Breton
(709) 885-2043

Dr. Brian Adams Community Health Centre

Gambo
(709) 674-4403

Dr. C.V. Smith Memorial Community Health Centre

Glovertown
(709) 533-2372

Dr. Hugh Twomey Health Centre

Botwood
(709) 257-2874

Eastport Community Health Centre

Eastport
(709) 677-2530

Fogo Island Health Centre

Fogo
(709) 266-2221

Grand Falls-Windsor Community Health Centre

Grand Falls-Windsor
(709) 489-4861

Green Bay Health Centre

Springdale
(709) 673-3911

List of Sites and Contact Information cont'd

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

(709) 676-2737

St. Alban's Community Health Centre

St. Albans
(709) 538-3738

St. Brendan's Community Health Centre

St. Brendans
(709) 669-5381

Appendix C — Key Contact Information



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

Cyril Farrell, Board Chair

Kevin Manuel, Vice Chair

David Dove

Barbara Butt

Rhonda Byrne

Rita Sullivan

Daphne Woolridge

John George

Derm Flynn

Joan Barbour-Howse

Gilbert Stone

Bill O'Reilly

Appendix D — Senior Leadership Team



Central
Health

Senior Leadership Team

Karen McGrath, Chief Executive Officer

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karen.mcgrath@centralhealth.nl.ca

Rosemarie Goodyear, Senior Vice President

Quality, Planning & Priorities

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Sean Tulk, Chief Operating Officer

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Sherry Freake, Chief Operating Officer

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Heather Brown, Vice-President

Rural Health

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heather.brown@centralhealth.nl.ca

John Kattenbusch, Vice-President

Finance & Corporate Services

(709) 256-5401

john.kattenbusch@centralhealth.nl.ca

Terry Ings, Vice-President

Human Resources

(709) 256-5531

terry.ings@centralhealth.nl.ca

Dr. Michael Zuckerman, Vice-President

Medical Services

(709) 292-2151

michael.zuckerman@centralhealth.nl.ca

Trudy Stuckless, Vice-President

Professional Standards & Chief Nursing Officer

(709) 292-2151

trudy.stuckless@centralhealth.nl.ca

Stephanie Power, Director

Corporate Communications

(709) 651-6328

stephanie.power@centralhealth.nl.ca

Client Relations Coordinator

1-888-799-2272

clientrelations@centralhealth.nl.ca

Annual Report 2011-12



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