2014-15 Annual Report

Central Health

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Message from the Chairperson

On behalf of the Board of Trustees of Central Health, I am very pleased to present Central Health's Annual Performance Report for the fiscal year ending March 31, 2015. This Annual Performance Report is the first report from the 2014-2017 Central Health Strategic Plan and was prepared under the Board's direction, in accordance with the *Transparency & Accountability Act, Regional Health Authorities Act* and strategic directions provided by the Government of Newfoundland and Labrador. As a Board, we are accountable for the information, results and variances contained within this annual report.

In this report we will inform you of our progress on our three strategic issues – access, healthy living and client flow. You will also find information in the report about our partnerships, highlights and accomplishments of the past year and an overview of some of the challenges and opportunities we will be working on in the next year.

Our leadership, staff, physicians, volunteers and partners are the driving force behind the changes we have been able to successfully implement over the past year. They are a very dedicated group of individuals who are committed to continuous improvement of the programs and services provided to clients, residents and patients 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.

We will face challenges in 2015-16 but we have learned that we can develop and implement creative solutions to overcome our challenges. I am certain that we will work together to provide safe and high quality programs and services now and into the future.

Overview

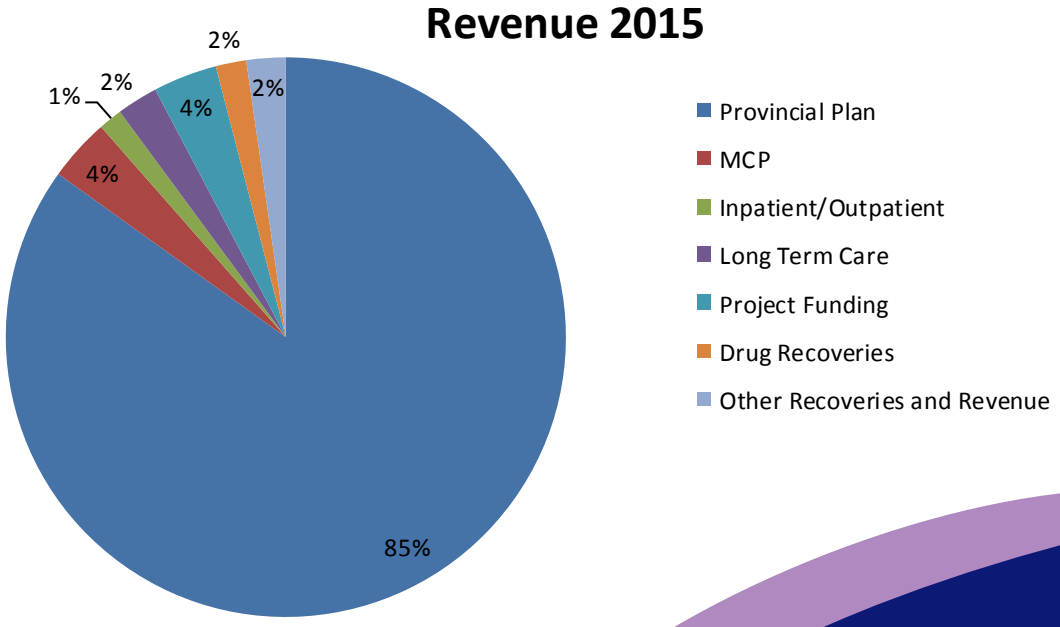
Key Statistics

Central Health provides health and community services to approximately 20 per cent of the province's population. It is the second largest health region serving a population of approximately 94,000. The geographical area served by Central Health includes 177 communities and encompasses more than half the island portion of the province. The region extends from Charlottetown in the east, Fogo Island in the north, Harbour Breton in the south, to Baie Verte in the west.

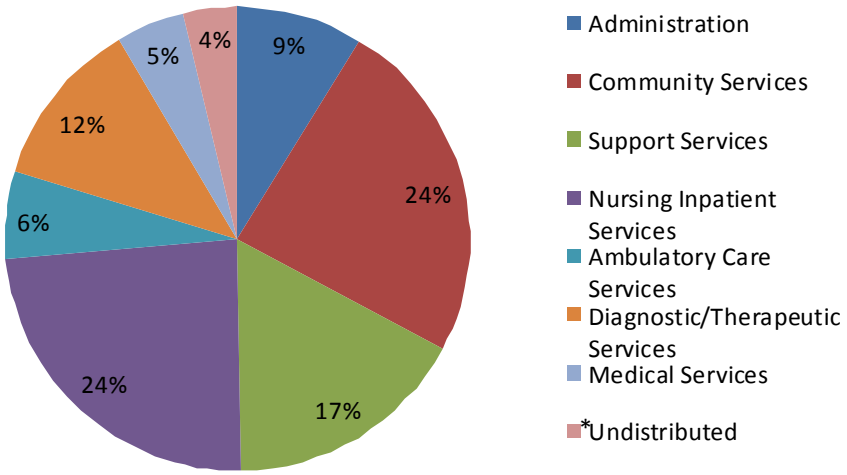
Central Health is committed to a Primary Health Care (PHC) model of service delivery where a multidisciplinary team of health professionals, support staff and partners provide the right care to the right person at the right time. Throughout the region, Central Health provides community, acute and long term care (LTC) services. These services are provided through the 45 facilities operated by Central Health. These include two regional referral centres, nine health centres, four LTC facilities, 27 community health centres, two residential treatment centres and regional office. A complete list of facilities and contact information can be found in Appendix A. As of March 31, 2013, there were 811 beds, operational and staffed, in Central Health facilities throughout the region – 247 acute care, 510 long-term care, 13 palliative care, nine respite, five restorative, three residential units (Green Bay) and 24 bassinets. The number of beds may fluctuate from year to year depending on the impact of major renovations and capital infrastructure at any given site.

There are 25 privately operated personal care homes (PCH) in the region representing a total of 1, 197 beds. Central Health is responsible for licensing and monitoring standards at each of these PCHs. Central Health also has an oversight role related to the implementation and monitoring of standards for the five private ambulance operators and eight community ambulance operators within the region.

With an annual budget of approximately $370 million, Central Health invests funds in three primary areas: direct care, support services and administration. Direct care consumes approximately 70 per cent of the budget, followed by support services at approximately 20 per cent and administration at 10 per cent. Central Health's audited financial statements can be viewed in Appendix B. A breakdown of Central Health's revenues are depicted in the pie chart below and expenditures are depicted at the top of page 6.



Expenditures 2015



Central Health is governed by a Board of Trustees as appointed by the Minister of Health and Community Services. A complete list of all Trustees can be found in Appendix C and a list of key contacts is provided in Appendix D. Central Health has approximately 3,184 dedicated employees. There are 115 fee-for-service physicians practicing within the region and the organization is supported by 900 volunteers and two foundations. The Central Northeast Health Foundation and the South and Central Health Foundation operate under the direction of two volunteer Boards of Directors.

Central Health works with the Miawpukek First Nation to support health services delivery in Conne River. This collaboration includes the provision of primary and secondary health care services including health promotion and protection, supportive care, treatment of illness and injury as well as access to emergency services.

Central Health works closely with officials of the Department of Health and Community Services on a variety of initiatives including chronic disease self-management, waitlist management, healthy public policy and provincial strategy development. Central Health maintains a close working relationship with all the regional health authorities in the province and collaborates on projects of mutual benefit.

Mandate, Lines of Service, Vision and Mission

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

Mandate

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

**expense for which allocation to specific services, or programs is inappropriate and/or impractical e.g., municipal taxes, provision for doubtful accounts, etc.*

Lines of Service

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. 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 service of Central Health represent its areas of focus in delivering the mandate.

Central Health accomplishes its mandate through five lines of service:

1. Promoting health and well-being
2. Preventing illness and injury
3. Providing supportive care
4. Treating illness and injury
5. Providing rehabilitative services

Vision

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

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.

Mission

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.

Shared Commitments/Partnerships

Central Health works in partnership with the DHCS and the initiatives reported in this section are listed under the appropriate strategic direction in an effort to demonstration alignment between Central Health and the DHCS on priority issues.

IMPROVED POPULATION HEALTH

Wellness Café

This project began as a result of consultation between the Healthy Students Healthy Schools (HSHS) regional team and several schools. It was identified that a variety of health needs including mental health issues such as anxiety, coping with bullying, addictions and dealing with other stressors were presenting and the schools were struggling to meet the need. The result was the proposed Wellness Café project.

The Wellness Café brings service providers to youth; at their school, in their community. It provides a venue and interactive session to connect with a professional in an informal, non-committal manner. To date the monthly cafes are running in 20 schools with an average of 30 participants per session. The topics are selected by the students and are linked with a Teacher Champion at each site. The cafés are offered to students in grade six through 12.

The project is possible due to the participation of many partners. These include the Newfoundland and Labrador English School District, Canadian Mental Health Association (CMHA) and the Consumers Health Awareness Network Newfoundland and Labrador (CHANNL).

Autism Support Lunch and Learn

In September 2014, the Coast of Bays Community Advisory Committee (CAC) partnered with Autism Society of Newfoundland and Labrador to host an "Autism Support Lunch and Learn." This was an opportunity for those affected by autism to network and learn. This event was in response to the increased number of children being diagnosed with Autism Spectrum Disorder in the area. The day was a great success with 44 people in attendance. Individuals living with autism, family members, caregivers, educators and health care providers gained a wealth of knowledge regarding the programs and services available through Central Health and the Autism Society of Newfoundland and Labrador.

Food and Fun Camp- South Brook

In the summer of 2014, the Town of South Brook applied for funding from the Central Regional Wellness Coalition (CRWC) to put off their first Food and Fun camp. This camp offers a fun and creative approach to hands on learning about cooking and food preparation, and also encourages and supports children to make healthy lifestyle choices (ex. helmet safety, healthy eating, physical activity, etc.). The camp in South Brook occurred over 2 weeks with boy's camp during one week and girl's camp the following week. Many volunteers contributed to make this a successful event.

Parenting Support
B.U.R.P.s is a parenting and education support program for parents of children ages 0-12 months old that is offered in various areas of the Central Health region. In this program parents learn about baby's growth and development, role changes as a parent, resources available to parents, and also receive parenting support from a local public health nurse. Recently there was an increased interest for this program in the King's Point area, thus a new B.U.R.P.s program was initiated in this community. This eliminated the need for parents to travel 20 minutes to Springdale for the same program.

Healthy Aging Celebrations
Healthy aging celebrations were held again this year. These celebrations have become an annual event that is held in the Kittiwake Health Services area for the past eight years! These community-based events involve healthcare providers partnering with community groups to host fun and educational networking days throughout the Kittiwake Health Services area. Through these sessions, a multi-disciplinary group of healthcare providers present health information to residents of the area.

Men's Health Awareness
Through community health consultations completed in the Coast of Bays area, it was identified that there was a need for more education and awareness of men's health issues. In partnership with the St. Alban's Lions Club and Bay d'Espoir Ambulance a Men's Wellness Session was held in June 2014 with presentations on testicular cancer, stroke prevention and awareness and prostate cancer awareness.

Public Library for Youth
In 2014, Central Health, through the community development nurse in the Terra Nova area, supported the Alexander Bay Public Library Committee as they embarked on their mission to promote a love of literature for high school students in the Terra Nova area. Education is an important social determinant of health and research has shown that people with higher education tend to be healthier than those with lower education. The Committee partnered with the Alexander Bay Lion's Club and Central Health to develop the proposal for the project. The library was successful in receiving a grant of $8,000.00 from United Way and a $1,000.00 donation from the Scotiabank in Glovertown. The high school population was receptive and excited about the reinvented layout, comfortable seating and updated electronics in the library.

Health and School Alliance Committee

In February 2015, the Coast of Bays Community Advisory Committee formed a Health and School Alliance Committee to address issues related to nutrition and activity in all schools in the Coast of Bays. This committee consists of students, parents and representatives from the education and health sectors. A work plan is being implemented with the focus on creating a healthier school environment and promoting awareness and prevention of chronic diseases such as diabetes and cardiovascular disease.

Girl Talk… what women really discuss

The Nurse Practitioner at the Baie Verte Peninsula Health Center (BVPHC) identified the need for education for young women regarding sexually transmitted diseases, healthy relationships, self-esteem, body image, mental health, contraceptives, nutrition, medications and other issues. In response to this need, Central Health partnered with the local Shopper's Drug Mart for the Tree of Life Campaign. Through this partnership the event, *Girl Talk… what women really discuss*, was developed and offered for three distinct age groups in three different communities throughout the Baie Verte Peninsula. This initiative contributes to improved population health, particularly in the area of mental health for youth.

Youth Outreach

Youth Workers partner with health professionals, community organizations and government departments to promote opportunities and programs that engage youth and promote wellness. With the support from all of our partners we are able to complete many initiatives each year. A few of the successful programs offered this past year include:

- ***Roots of Empathy*** - partnered with Valmont Academy
- ***Addictions Prevention Toolkit (A.P.T)*** - partnered with Community Youth Network (CYN) and the RCMP
- ***Eating Our Way to Wellness (new program)*** - partnered with CYN and invited Dietitian, Public Health Nurse, Body Works Fitness Centre to present topics to the youth
- ***Prevent Alcohol and Risk-Related Trauma in Youth (PARTY)*** - partnered with Public Health Nurses, CYN, RCMP, and Schools
- ***Amazing Maze -*** partnered with Public Health Nurses, Mental Health and Addictions Team, Life Unlimited for Older Adults, CYN, and the general public.

Drug Shortage

Canada is currently experiencing a shortage of the drug Bacillus Calmette-Geurin (BCG), sold in Canada under the name OncoTICE, which is used to treat and prevent a recurrence of bladder cancer. The shortage is due to manufacturing problems encountered by Merck, which is the sole supplier of BCG in the country.

In an effort to ensure the most appropriate use of BCG, Central Health has partnered with the other Regional Health Authorities and the Department of Health and Community Services to work together to closely monitor the supply of BCG. A committee was formed and met regularly throughout 2014-15 to carry out this work. This initiative ensures appropriate access to this important medication.

ACCESS TO PRIOIRTY SERVICES

Telepsychiatry

Central Health is partnering with the Killick Health Services and Conne River Health Service to deliver telepsychiatry services to the First Nations population in Conne River. Central Health assisted Killick Health Services in developing the networking design, provided input into Telehealth and network infrastructure equipment and coordinated with the network vendor for connectivity. Central Health is proud of this initiative as patients from Conne River no longer have to travel for psychiatry appointments. This gives the patient comfort and peace of mind, adds to their safety, helps to improve their quality of life and increases accessibility to health care. This initiative contributes to access to priority services in the area of mental health and addictions services.

Health Foundations

Central Health is pleased to have the support of the Central Northeast Health Foundation and South and Central Health Foundation. The Foundations provide funding to support a number of initiatives including the purchase of medical equipment and the implementation of new program initiatives. During 2014-15, a significant amount of support was provided through these foundations: $17,500 was donated by Telus for Wellness Café initiatives at schools throughout Central NL; $35,000 was used to revitalize two single patient rooms and one double patient room in the Mental Health Unit at Central Newfoundland Regional Health Centre; $74,000 purchased Portable Ultrasound Machines for the Dialysis Units in the two regional referral centres; and, approximately $70,000 provided Central Health with modern pediatric training simulators and accessories.

Lakeshore Healing Garden at JPMRHC

AN ACCOUNTABLE, SUSTAINABLE, QUALITY HEALTH AND COMMUNITY SERVICES SYSTEM

Patient Safety Partnerships in the Community

Central Health continues to be committed to the involvement of community members as partners for patient safety. To strengthen this commitment, patient safety presentations on safe vehicle transfers, falls prevention and back care were provided to the members of the *Life Unlimited for Older Adults* in Springdale. Promotion of safety with community partners and volunteer groups spreads patient safety knowledge throughout the community. As well, falls prevention and caregiver and client safety information was presented to the employees of personal care homes in central Newfoundland to promote safety in the delivery of care. In addition, patient safety pamphlets were distributed at both events to showcase the different patient safety initiatives implemented in Central Health that highlight the importance of promoting safety in daily activities.

Reducing the Use of Antipsychotic Medications in Long Term Care (LTC)

One in three LTC residents in Canada have been prescribed and are taking an antipsychotic medication without having a diagnosis of psychosis. There is also significant variation between rates in different LTC homes, pointing to the potentially inappropriate use of these medications. Research has shown that antipsychotic drugs are, at best, only minimally effective in managing behavioural issues and have serious risks associated with them, especially in the frail elderly.

Central Health has partnered with the Canadian Foundation for Healthcare Improvement (CFHI) to make quality improvements in this area at four of its LTC facilities, including the Dr. Hugh Twomey Health Centre, North Haven Manor, Bonnews Lodge and Lakeside Homes. This collaborative is providing organizations with support to actively assess and reduce inappropriate use of antipsychotic medications.

This work will have a direct impact on the quality of care provided to LTC residents. The learnings from the collaborative will be shared across all sites in the region as part of the ongoing quality improvement plan for LTC.

Dr. Hugh Twomey Memorial Health Centre, Botwood

Strategic Procurement Project

In 2014-15 Central Health was an active participant in the Government of Newfoundland and Labrador's Strategic Procurement Project. The project is improving and streamlining the way that goods and services are purchased for government departments and entities to ensure maximum value for each taxpayer dollar spent. The new process has been in place for approximately one year and has shown savings in the areas targeted.

Ebola Preparedness

In an effort to maintain an accountable, sustainable, quality health and community services system, particularly in the focus area of Health Emergency Management (HEM), Central Health prepared for the potential need to respond to the Ebola outbreak in Guinea, Sierra Leone and Liberia. Health organizations throughout Canada engaged in preparedness activities and at the regional level, Central Health activated a Regional Emergency Operations Centre (EOC) operating under the principles of the Incident Command System (ICS) to coordinate all initiatives pertaining to the management of a potential Ebola Virus event.

Central Health partnered with the Department of Health and Community Services, Regional Health Authorities, the Gander International Airport Authority, Canada Border Services Agency, Public Health Agency of Canada, Canadian Forces Base 9 Wing Gander and Conne River Health and Community Services Centre on various preparedness initiatives including tabletop exercises, mock exercises, drills as well as the standardization and distribution of personal protective equipment (PPE).

It was the combination of the above noted exercises, internal education/training sessions as well as internal and external communications and coordination of resources, that enabled Central Health to develop an enhanced preparedness capability to deal effectively with a potentially highly fatal public health emergency situation.

Practicing donning and doffing of PPE

Highlights and Accomplishments

Central Health works in partnership with the DHCS and the initiatives reported in this section are listed under the appropriate strategic direction in an effort to demonstration alignment between Central Health and the DHCS on priority issues.

IMPROVED POPULATION HEALTH

IT Support for the Stroke Prevention Program

The Information Management and Technology (IM&T) Department and the Chronic Disease Prevention and Management program partnered to develop and implement processes and clinical documentation to assist in the early detection and treatment of stroke. Utilizing the guidelines of the Canadian Heart and Stroke Society, a protocol for early and rapid response was developed and placed in an easily accessible form. In addition, a screening tool was developed and education was provided to nursing staff to assist them in determining patients' oral dietary needs and abilities. The process for referring to the Secondary Stroke Prevention Clinic has also been converted to an electronic format to enhance access for clients.

ACCESS TO PRIORITY SERVICES

Hope Valley Centre

The Hope Valley Centre is a 12 bed provincial youth treatment centre, located in Grand Falls-Windsor, that provides addictions treatment and withdrawal management services to youth between the ages of 12 to 18. Construction of the facility was completed in the spring of 2014 and the Centre accepted its first admission on June 19, 2014. A naming ceremony was held on January 30, 2015 and was attended by a number of provincial and municipal officials, partners and volunteers. The name Hope Valley Centre was announced at that time and was selected from submissions by community members.

Since it opened its doors in June 2014, Hope Valley Centre has had a total of 44 referrals, resulting in 32 admissions. The Centre is staffed with a multidisciplinary team which includes addictions counsellors, social workers, a psychologist and occupational therapist, a nurse practitioner and child and youth care workers. There is also a consulting psychiatrist providing services to Hope Valley Centre.

There is a full time school at Hope Valley Centre which youth attend as part of their treatment program. During 2015, one youth complete d THE high school program while at Hope Valley Centre and a graduation ceremony was held on site, with school staff, clinical/treatment staff and a family member in attendance.

Utilizing Triage to increase access in Mental Health and Addictions Services

In 2014-15, Mental Health and Addictions Services (MHAS) implemented a pilot project with the goal of increasing access and reducing wait times for community-based services. To design the pilot project, management and staff consulted the best available evidence on wait list management strategies. The evidence was gathered through literature reviews and discussions with mental health and addictions organizations across the country. A review of the research and practice evidence resulted in the development of a MHAS triage process relevant to the context of services in Central Health.

Under the MHAS Triage, the triage clinician receives the referral and within one business day the client is contacted. The triage is completed and an appointment time is provided to the client during their first contact with services. The goal is to provide the client with an appointment within recommended benchmark wait times. Clinical priority ranking is determined by the triage clinician and is facilitated by a form designed by MHAS staff, which reviews risk factors, protective factors, and in the context of clinical judgment, helps prioritize clients.

Implementation of the pilot was phased across the region starting in June 2014, with all sites working with the model by the end of September 2014. Of the nine sites providing community-based mental health and addictions services, six currently have no wait list for services. For the three sites with wait lists, a new protocol is being piloted to more efficiently manage the wait lists and improve access. The sites currently experiencing wait lists are also dealing with the logistical challenges of travel clinics and/or staff transitioning to other roles.

Since September 22, 2014, more than 1200 clients have completed the triage process. Across the region, 95.4 per cent of clients who were triaged were provided an appointment time within the recommended wait time benchmarks. The analysis indicates that 100 per cent of emergent, 93.3 per cent of severe, 94.6 per cent of moderate, and 96.3 per cent of clients with mild rankings were provided appointments within benchmark wait time.

Hope Valley Youth Treatment Centre, Grand Falls-Windsor

AN ACCOUNTABLE, SUSTAINABLE, QUALITY HEALTH AND COMMUNITY SERVICES SYSTEM

Facilitating client flow with Bed Manager

To facilitate collaboration and management with respect to the best utilization of beds at Central Health over 60 employees including senior leaders, directors, managers, frontline employees and physician leaders gained access to *Bed Manager* in 2014-15. *Bed Manager* is a client flow/bed utilization tool that allows Central Health to track the clinical readiness of patients for discharge, as well as the types of hospital and community delays that are keeping patients in beds. This electronic tool pulls real-time information from Meditech (Central Health's electronic clinical information system) with respect to client flow and bed occupancy for all facilities in Central Health. This software application provides a suite of technology tools including dashboards, assessment tools, key performance indicators and reports. The intent is to use the visual management boards in this tool to facilitate communication between administrators, clinicians and other key stakeholders who are involved in optimizing client flow to reduce and mitigate overcrowding in the emergency departments and facilitate appropriate lengths of stay (LOS). As well, *Bed Manager* houses the results of the discharge readiness assessment tools which are being completed for patients. It includes the details with respect to delay for discharge whether it be a community or hospital delay which will help teams with effective discharge planning.

Enhancing care with Patient Order Sets (POS)

An order set is a grouping of patient orders, for example medication orders or lab tests, that a physician or nurse practitioner uses to standardize the ordering process for many common diagnoses like pneumonia and various chronic diseases like diabetes and chronic obstructive pulmonary disorder. The goal of implementation of the POS implementation project is to remove unnecessary differences in the ordering practices of physicians and nurse practitioners, thereby decreasing inconsistencies in patient care and improving the quality of care. Through POS, standardized evidence-informed order sets offer the clinician a guide for care.

To help ensure that each patient or resident in Central Health's facilities receive the same level of quality care, each order set interacts with supporting structures such as the Central Health's drug formulary, Central Health's approved policies and procedures, Institute for Safe Medication Practices (ISMP) approved medical abbreviations and approved methods for medical procedures. Furthermore, each set undergoes rigorous review and revision by the Regional and Rural Medical Advisory Committees, Pharmacy and Therapeutics Committee, along with Senior Nursing Team and Antimicrobial Stewardship Committee, if necessary. Additionally, each order set is customized to the health centre's workflow and resources. This initiatives supports quality and safety throughout the organization.

Improving communication through SBAR (Situation, Background, Assessment, Recommendation)
Most patient safety occurrences are not the result of poor technical knowledge or ability, but are the result of non-technical aspects of performance such as communication, teamwork and leadership. At Central Health, communication failures have been identified in nearly all adverse events. Central Health is committed to implementing and embedding processes to support improved and effective communication among healthcare providers and patients, clients, residents and families. An evidenced-based verbal communication tool, SBAR which stands for situation, background, assessment and recommendation, was selected to support all healthcare providers in clinical and non-clinical settings including physicians. A new Central Health SBAR policy in addition to related educational tools was implemented within Central Health during 2014-15.

Early identification and management of Sepsis
Sepsis is one of the most common yet least recognized illnesses in healthcare today. Sepsis is a challenging disease to treat because there is no typical presentation for sepsis. In recent years, clinical trials have demonstrated improved outcomes when there is timely recognition of the signs and symptoms of sepsis and consistent implementation of evidence-based bundles of care. Despite optimal care, patients with sepsis may become very ill, develop single or multiple organ dysfunction and eventually die. In Canada, more than 30,000 people are admitted with sepsis annually and 30 per cent of those patients will die. In an effort to make improvements at Central Health, a multi-disciplinary Sepsis Working Group was developed in October 2014 and an action plan was developed. This included a sepsis awareness campaign that included education sessions for appropriate staff regarding sepsis identification and management and the development of a policy and procedure for sepsis management including an algorithm. The policy is set to be fully implemented across Central Health during the summer and fall of 2015.

Creating a culture of safety with MoreOB
In 2013, Central Health partnered with Salus Global's Managing Obstetrical Risk Efficiently (MOREOB) Program and committed to the three year program. The program is a comprehensive performance improvement program that helps create a culture of patient safety on obstetrical units. Founded on high reliability organization principles, the MOREOB Program integrates professional practice standards and guidelines with current and evolving safety concepts, principles and tools.

Central Health formed a Regional MoreOB Multi-Disciplinary Core Team following enrollment in the program. Module one - *Learning Together* - has been completed and module two - *Working Together* – was underway during 2014-15. All staff working in the practice area of obstetrics have been provided with unlimited access to evidence based tools, educational aids and workshop-related materials. Further, as part of module two, all staff including physicians and nurses participate in hands-on simulation scenarios (known as *Emergency Drills and Skills Drills*) which enhance obstetrical teams' readiness to respond safely,

effectively and efficiently to an obstetrical emergency. Each of the obstetrical units now has a life-like pelvis and newborn. Additionally, the South and Central Health Foundation supported the purchase of a newborn simulator designed for high fidelity simulations for the newborn requiring resuscitative measures.

Increasing access to medication profiles

In 2014-15, the Pharmacy Departments at James Paton Memorial Regional Health Centre (JPMHRC) and Central Newfoundland Regional Health Centre (CNRHC) transferred all patient and resident medication profiles into the electronic clinical information and documentation system (Meditech). Healthcare providers now have the ability to view medication profiles, allergies and other important information about all LTC residents and acute care patients through the electronic system. Medication profiles for patients registering in ERs are continuing to be added as well. This initiative has significantly increased provider access to medication information and is an important step in our goal to reduce medication errors.

Leadership Development

In 2013, the Health Council of Canada stated that "strong leadership is an absolute necessity if meaningful transformation of our health system is to occur." Central Health also recognizes that strong leadership is imperative for effective and efficient delivery of services for clients, patients and residents. Central Health has invested in leadership development through the LEADS program. LEADS in a Caring Environment (LEADS) framework is a leadership capabilities framework representing an innovative and integrated investment in the future of health leadership in Canada. It provides a comprehensive approach to leadership development for the Canadian health sector, including leadership within the whole-system, within the health organizations, and within individual leaders.

In 2014-15, Central Health completed the LEADS Diagnostic Assessment which consists of a review of key documents, a site visit, interviews with key staff members, a two-hour lunch and learn session on LEADS and a LEADS mapping report, including suggested priorities for a LEADS-based leadership development strategy. This assessment is about the capacity of an organization to provide leadership development. The assessment, conducted by LEADS Certified Faculty, thoroughly examined Central Health's existing guiding principles, culture and leadership with a reflection on their alignment within the LEADS in a Caring Environment capabilities framework.

Central Health has also developed an accountability framework for leaders within the organization. The development of this guiding document involved many discussions with managers regarding accountability and an extensive consultation with managers regarding key elements to be included in Central Health's management accountability framework.

Mental Health at Work

Central Health recognizes that a psychologically healthy and safe workplace is one that promotes employees' psychological well-being and actively works to prevent harm to employee psychological health due to negligent, reckless or intentional acts. This is one of the reasons why Central Health is currently participating in *Excellence Canada's Mental Health at Work* project.

As a part of this initiative, in 2014-15 Central Health completed the *Guarding Minds at Work* survey. The survey is a comprehensive, 68-item questionnaire administered to employees within the organization. The survey provides an index of performance across the 13 psychosocial factors.

The results of the survey for each department/program have been distributed to managers. With support from the Employee Wellness, Health & Safety and Mental Health & Addictions Services Departments, managers are holding program level meetings, developing action plans and implementing strategies to address the areas of concern raised in each department/program.

Program Management

In 2014-15, Central Health continued to implement the program management structure that was first announced in late 2013. Central Health's shift to program management was the result of a desire to identify program leadership for all areas, enhance standardization throughout the region, ensure consistent use of best practices, improve efficiencies and align the structure to best serve the strategic directions of the organization. These efforts are driven by a desire to improve the programs and services offered to clients, patients and residents.

Improving Data Quality

In March of 2014, Central Health contributed to Newfoundland & Labrador's first ever data submission to the Home Care Reporting System (HCRS). This achievement is a result of the hard work and dedication of Liaison Nurses, Continuing Care Nurses and Community Support Social Workers in the implementation of the Resident Instrument Assessment – Home Care (RAI-HC) project in this region.

The RAI-HC is a comprehensive assessment of a client's functional ability for independent living at home or in the community and is a provincial project. In the fall of 2013 Central Health began preparing for its' roll out to staff with educational sessions on the benefits of using this new assessment method. In 2014-15 the implementation phase is now complete.

The significance of this achievement cannot be underestimated as it directly impacts on care planning and service delivery for clients in home support services, personal care homes and placement for long term care.

Lean Education and Projects

To continuously improve the patient and employee healthcare experience, Central Health is fostering an environment that improves efficiencies through the elimination of waste and adding value to the delivery of care and service. To achieve this improved desired state Central Health has adopted Lean as one of its methodologies for quality improvement. Various lean tools are assisting multidisciplinary teams to find opportunities for improvement to positively impact client, employee and physician satisfaction. Some of the tools utilized by different teams include value stream mapping, A3 reports, spaghetti diagrams, 5S, and visual management boards.

With the support of the Department of Health and Community Services (DHCS) Central Health engaged external consultants to carry out a three day Kaizen (rapid improvement event) in Diagnostic Imaging (DI)at JPMRH and CNRHC which focused on streamlining appointment scheduling process, clerical workflow, patient registration and flow within the DI departments. This work was initiated to help reduce wait times especially for ultrasound.

In addition to ongoing Lean activities with different teams, there is ongoing Lean education to build capacity in the organization. Five employees have completed their Lean Healthcare Yellow Belt and are currently enrolled in the Green Belt. These five individuals have begun sharing and spreading their knowledge of Lean and its methodology through an educational series offered to other employees in Central Health. Currently, over seventy-five people including managers, physicians, and frontline employees have attended one or more sessions of the Lean education series.

Standardization in Community Health Centres

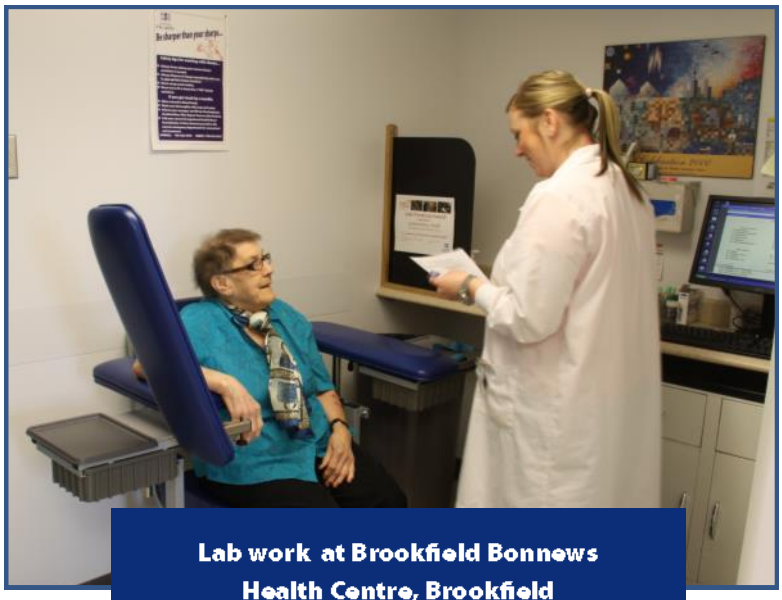
Central Health recognized the need to standardize the equipment, medication and services available in Community Health Centres (CHCs) throughout the region. A working group was formed and a mandate for the work was developed.

Community Health Centres provide primary health care within the environment and resources available to address non-urgent care and include the ability to complete simple procedures. It is recognized that there may be some variability between sites in the provision of these procedures as per the competency and support of all staff working in a particular facility. Although it is not the primary mandate of the CHCs, they provide unanticipated emergency and urgent care, for stabilization of clients prior to transport to the next level of care, if the need arises in the clinic setting.

With a clear mandate, the working group developed implementation plans for each of the health services areas impacted by standardization in consultation with staff and physicians in those areas. In 2014-15, implementation of the standardization plans began in two health services areas within Central Health.

Blood Glucose Monitoring in LTC

Variation in the practice of blood glucose testing in LTC facilities at Central Health was identified through consultation with staff in the region. Recently, new guidance has been produced from various sources – the Canadian Agency for Drugs and Technologies in Health (CADTH); the Canadian Diabetes Association (CDA) Working Group on Diabetes in the Elderly; and the Diabetes Care Program of Nova Scotia Working Group on LTC. These groups have produced evidence-based recommendations and guidelines which can assist with the development of new policies and practice in the care of people living with diabetes.

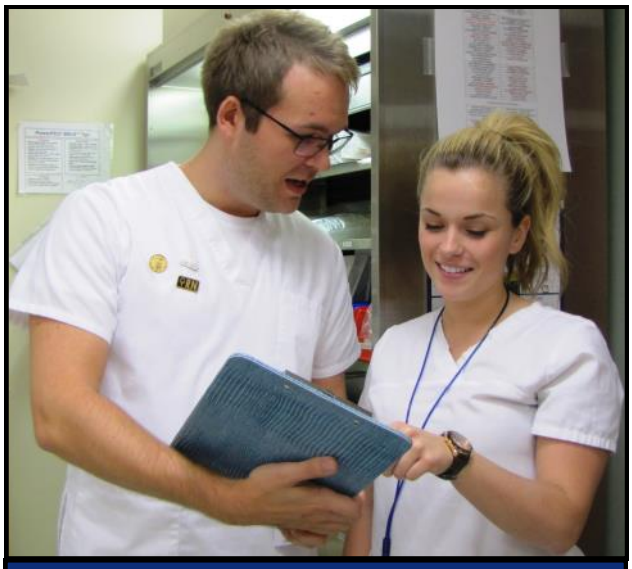


Lab work at Brookfield Bonnews Health Centre, Brookfield

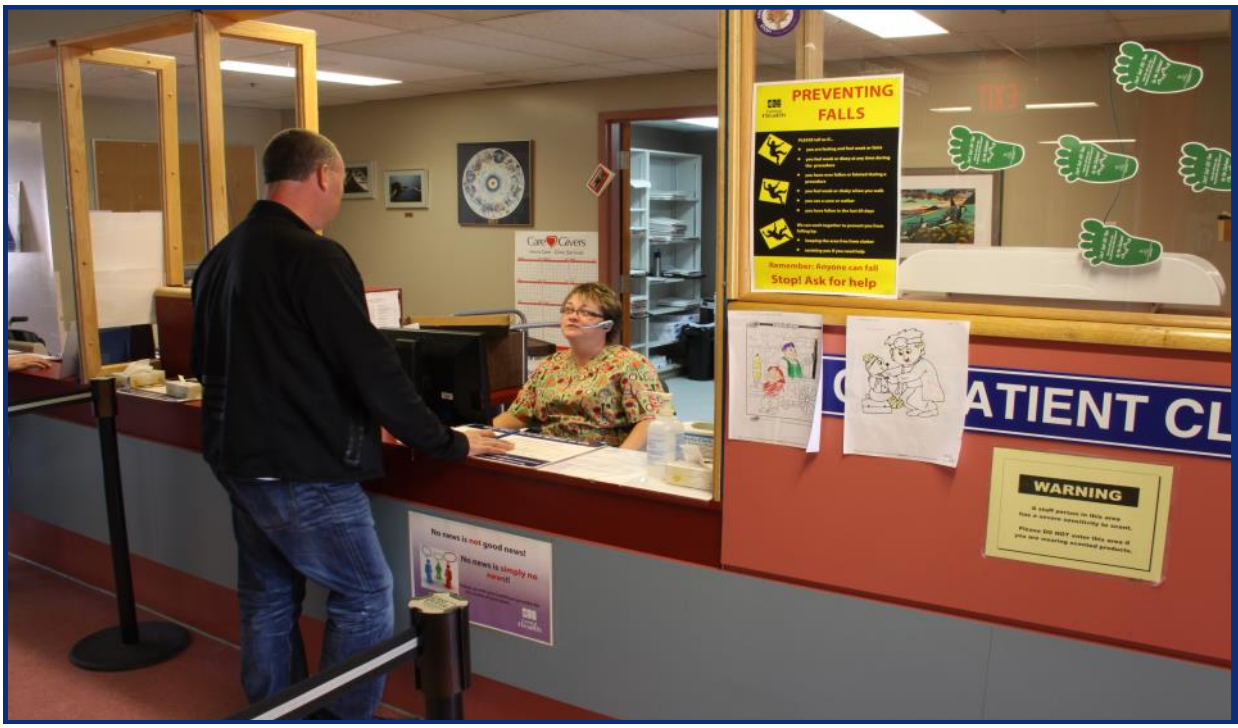
The goal of this initiative is to support the achievement of best practice in the care of people with type 2 diabetes residing in LTC facilities at Central Health. Central Health's desire is to achieve the most effective use of testing, so that the information obtained from testing can be successfully utilized in the individualized care of the resident.

Building Improvement Capacity and Capability through the IHI Open School

Improving the safety and quality of care is an increasingly important objective and strategy in all health care systems as it is at Central Health. To achieve quality, staff, physicians and leaders must have increased improvement capacity and capability, which is gained in part through knowledge in improvement theory, methods and techniques. This year, over 200 staff, physicians, leaders and Board Trustees enrolled in the Institute of Healthcare Improvement (IHI) Open School. The mission of the IHI Open School is to advance healthcare improvement and patient safety competencies in healthcare professionals worldwide. The IHI Open School is an online, educational community which features over 25 online courses, extensive content and resources. Participants enrolled in December 2014 and courses started in January 2015. The participants are completing a range of courses in improvement capability, patient safety, triple aim for populations, person and family-centred care, leadership, and cost, quality and value. Once completed, each participant will be awarded the *IHI Open School Basic Certification of Completion*. In June 2015, an Improvement Showcase will be held to present certificates to those who have completed the courses and to showcase quality improvement in action. An evaluation of Central Health's involvement in the IHI Open School is underway.



Using SBAR to share information with colleagues, one of the key components learned through IHI Open School sessions.



Registration at Fogo Island Health Centre, Fogo

Report on Performance

STRATEGIC ISSUE ONE - ACCESS

Access refers to the ability of clients, based on respective needs, to obtain care and services at the right time and the right place. The reduction of wait times is a key component of health care strategies aimed at improving overall access to services for clients. The initiatives undertaken in this area support the Government of Newfoundland and Labrador's strategic direction of improved access to priority services.

To improve access to services, Central Health has worked in collaboration with internal and external stakeholders to reduce wait times in select areas while focusing on the quality and safety of services. Quality improvement models are being utilized to identify barriers to access, plan for improvements and test degrees of change. Using quality improvement methodologies, tools and techniques, access to several services have been improved. Through current state assessments, intervention strategies have been employed to improve access and work toward the desired future state.

The types of interventions implemented to reduce wait times are varied and consist of determining the appropriateness of care, ensuring alignment with the appropriate provider, smoothing flow to services, ensuring full utilization of human and system resources and maximizing efficiency in all aspects of service delivery. Significant work is ongoing which supports continued improvement and enhanced access to services for clients.

Goal By March 31, 2017, Central Health will have improved access to select health and community services.
Objective By March 31, 2015, Central Health will have developed a common approach to addressing wait times which will support improved access to services within the region.
Measure Develop a common approach to addressing wait times.

Planned indicators for 2014-15	***Actual progress for 2014-15***
Complete a current state assessment of waitlists and wait time management practices for all services that maintain waitlists for service at Central Health.	A current state analysis was conducted to understand the waitlists and wait time management practices implemented at Central Health for all services that maintain waitlists. This analysis included a survey along with key-informant interviews. The survey focused on the referral and intake process, booking and scheduling practices, targets and benchmarks, and wait time management strategies and initiatives. Of the program and service areas that participated, there were varying degrees of wait time management strategies. Some areas had multiple strategies in place and much work has been completed in wait list management. Other areas are starting to plan and implement initiatives. This current state assessment highlights opportunities as to how to improve access in the future in the identified service areas.
Researched best practices in wait time management.	Central Health researched best practices in wait time management through the completion of a literature review to understand the best practices in wait time management. Through this research it was determined that the required components of a wait time management framework were identified and customized to structure the framework to better manage waitlists and wait times as well as support ongoing improvements.

Identified required components of a wait time management framework.	Through research of best practices and wait time management strategies and frameworks, a successful wait time management framework necessitates the understanding and application of the following six components: 1. Capacity 2. Structure 3. Accountability 4. Knowledge 5. Communication 6. Evaluation
Implemented initiatives to improve access in select priority areas.	A number of required recommendations and tools are outlined to successfully implement the six components to improve access and wait times for the identified priority areas that manage waitlists. ***Endoscopy:*** Improved access to Endoscopy Services has been ongoing throughout 2014-15. The developed action plan guiding service delivery is in alignment with the Department of Health and Community Services expected outcomes, and the meeting of provincial targets for urgent and non-urgent colonoscopy. Although benchmarks have not been continually met at one of the regional referral sites due to a number of factors including increased demand for the service, initiatives are underway to decrease wait times and improve access to services for residents of central Newfoundland. These initiatives include implementation of a central intake process; prioritizing workload of health care providers for those patients who have been waiting the longest; continued monitoring and posting of monthly wait time data; review of services from a quality perspective; utilization of a two room model; and, coordination of minor procedures to Ambulatory Services.

Cataract Surgery: To improve understanding of challenges to accessing cataract surgery services, Central Health worked with local Ophthalmologists and other key stakeholders to facilitate Central Health having access to wait list data for all physicians. National benchmarks for cataract surgery have been set at 112 days. As of quarter one for 2015-2016, all physicians will be included in wait time reporting. Future access to provider's wait list information will allow for an accurate assessment of demand for ophthalmology cataract services; allow clients to be booked according to the order that the referrals are received; and allow for an electronic waitlist which can identify priority booking, self-selection and medical rationale for delayed appointments. In addition, changes in scheduling and utilization of operating room (OR) time has been implemented for a specific time frame. This has increased the number of cataract surgeries performed by an additional 10 per week at JPMRHC. As of September 2014, there has been a 54 per cent increase in capacity to perform cataract removal procedures at JPMRHC.

Orthopedics: The Orthopedic Intake and Assessment Clinic (OIAC) continues to operate at JPMRHC. Evaluation of the program has started and, as more data becomes available, changes in the process will be implemented so that a quality service can be maintained to achieve optimal patient health outcomes in the areas of wait times and access. At present, 316 patients have gone through the program since November 2013. These patients have received appropriate triage, assessment and pre-surgical education for hip or knee pain. There is also continued monitoring of wait times data for hip and knee surgery.

Orthopaedics Unit at James Paton Memorial Regional Health Centre, Gander

Diagnostic Imaging (DI): Central Health has successfully employed a fourth ultrasound (US) technologist and US unit at both CNRHC and JPMRHC. This has been a major component to the waitlist reduction strategy for this service.

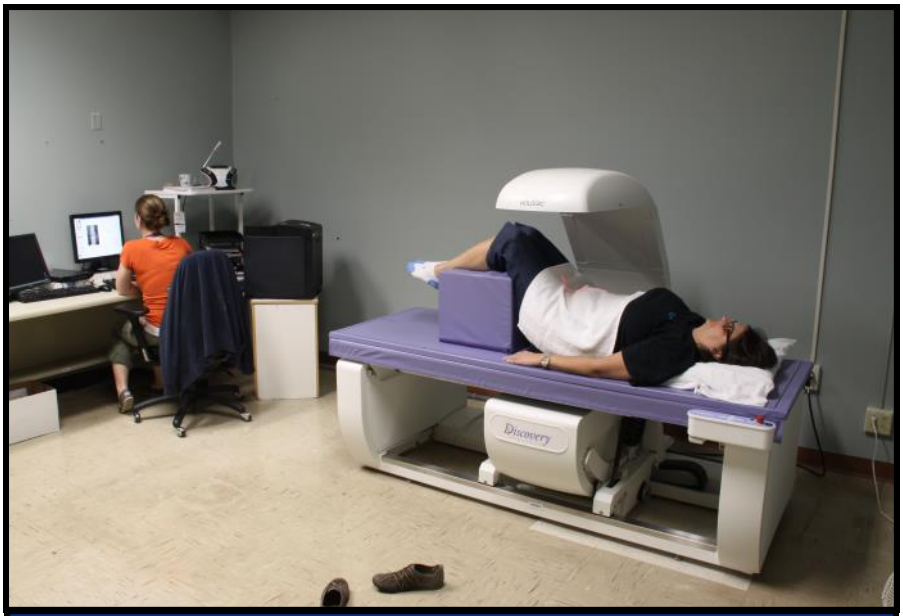
The DI department has successfully completed two diversions from JPMRHC to CNRHC for US. This diversion resulted in a reduced wait times for JPMHC and allowed JPMHC to focus solely on the reduction of its urgent wait time.

A targeted intervention for bone mineral density (BMD) wait times at JPMHC was implemented and has resulted in the DI department successfully meeting access targets at both sites for BMD.

Computerized tomography (CT) wait times at CNRHC are meeting access targets consistently and at JPMRHC wait times are just above access targets at present. The department is currently using a plan-do-study-act (PDSA) to implement wait time reduction strategies in this area.

Cardiopulmonary Services: The Cardiopulmonary Services Departments has utilized innovative ways to improve access to patients with Chronic Obstructive Pulmonary Disease (COPD) as their needs change with the advancement of their disease. The development and implementation of two program streams in 2014-2015 has improved access for patients with COPD and their families.

Both the Respiratory Care Centre and the COPD Outreach programs' focus on providing education, medical management, self- management skills, and psychosocial support to provide a more individualized and holistic approach to care. The Respiratory Care Centre is an ambulatory program which focuses on those patients with mild to moderate COPD. As those with advanced COPD are more isolated and less ambulatory due to their disease progression, the COPD Outreach Program brings care to the patient and their family directly in the patient's home.



Bone density testing at Central Newfoundland Regional Health Centre, Grand Falls-Windsor

Discussion of Results

In 2014-2015, Central Health conducted a current state assessment of waitlists and wait time management practices for all services that maintain waitlists for service at Central Health and researched the best practices in wait time management framework. The information collected from the current state assessment and the research gathered laid the groundwork for a common approach or framework to support the management of wait times. The required components of a wait time management framework were identified and the combined information will provide recommendations and tools to assist decision makers and managers to address wait times in the different service areas. This will ensure the successful implementation of the wait time management framework and support improved access to services within Central Health while ensuring sustainability over the long term.

Endoscopy

Initiatives to improve access within the Endoscopy program have been ongoing. Benchmarks for urgent colonoscopy have been noted at 0-14 days, with benchmarks for non-urgent colonoscopy at 0-60 days. These benchmarks have been met at CNRHC and JPMRHC for urgent colonoscopy, and consistently at CNRHC for non-urgent colonoscopy. Central Health received funding from DHCS in 2014-15 for two temporary full time equivalent (FTE) positions in the endoscopy suite at CNRHC to help increase throughput. Quality improvement initiatives have been undertaken with key stakeholders – physicians, employees, program managers, and senior team – to review program accountabilities at JPMRHC using quality dimensions. This would include reviewing the services using the STEEEP approach – safety, timely, efficient, effective, equitable and patient centered. While data analysis is still ongoing, opportunities for improvement have been noted in areas of patient flow within the unit; health care providers are working to their full scope of practice; engaging other health care providers into the program such as respiratory therapists; and relocation of the Minor Procedures program which has been traditionally housed under the Endoscopy Service.

Cataract Surgery

Removal of cataracts is known to be an important procedure that can impact an individual's quality of life. Access to cataract surgery should be within the target benchmark of 112 days. Changes within scheduling of OR time, access to wait list data and electronic booking of all patients for all ophthalmologists within Central Health are necessary to achieve equitable access to cataract surgical services. The majority of these changes were implemented in February 2015 thus, ongoing monitoring and evaluation is needed to ensure the best possible quality service. Equipment for cataract surgeries was also purchased to maintain increased throughput.

Orthopedics

Work is continuing with the Orthopedic Assessment and Intake Clinic (OAIC) within Central Health. Data from the *Patient Satisfaction Survey* indicate that 58.8 per cent of patients were satisfied with their wait time from initial physician visit to first visit at OAIC; 58.8 per cent of patients were satisfied with the wait time from the OAIC visit to initial appointment with orthopedic surgeon; 93.8 per cent attended an education session to prepare for their surgery; and 100 per cent were satisfied with the booklet *Total Hip or Total Knee Replacement Guide*. Plans are also underway to complete some LEAN quality improvement work with the referral intake process and linkages to the QI Team for Surgical Services. In

addition, the purchase of additional equipment for hip and knee surgery would remove this as a barrier to increasing the number of joints that can be completed per day.

With support from the DHCS, Central Health worked with orthopedic surgeons to reduce the number of patients waiting beyond the 182 day benchmark for hip and knee surgery. Additionally, measures have been put in place to ensure the wait list is actively monitored to prevent this from reoccurring.

Cardiopulmonary Services

The Respiratory Care Centre was redesigned from an outdated Adult Asthma Care Centre and renewed its service in September of 2014. The program is a nine month program and involves five visits with a multidisciplinary team. The program saw 98 patients in its first six months of operation. Program evaluation consists of quantitative indicators such as admission rates, length of stay (LOS) and Emergency Room (ER) visits as well as qualitative measures from the Patient Assessment of Chronic Illness Care (PACIC). Pre-program assessments have indicated significant areas for improvement as demonstrated by key indicators in chronic disease management. These include 53 per cent of patients were never or rarely asked how their COPD affected their daily lives; 78 per cent were never or rarely given a written treatment plan; and 58 per cent were never asked about their goals for managing their COPD.

The COPD Outreach Program is an 18 week program which provides community based outreach to patients with advanced COPD and their families in their homes. The COPD Outreach Program brings together a team of health professionals to aid in self-management skills, education, goal development and support as well as an opportunity to consider advanced care planning and document goals of care/ treatment preferences through to the end of life. This Pan-Canadian Improvement Initiative was made possible through a grant with the Canadian Foundation for Health care Improvement (CFHI) and models the INSPIRED Program. The first patients began the program in January 2015 and eight patients were enrolled during the first three months. Indicators such as admission rates, length of stay (LOS) and ER visits are being monitored as well as the Care Transitions Measure (CTM-3). The first patients are expected to complete the program in June 2015.

2015-16 Objective By March 31, 2016, Central Health will have implemented components of the wait time management framework aimed at improving access in identified priority areas.
Measure Implemented components of the framework to improve access and wait times.
Indicator • Implemented recommendations from three of the six components of the Wait Time Management Framework in select priority areas. • Implemented initiatives to improve access in select priority areas.

Skiing at Nordic Ski Club in Gander

STRATEGIC ISSUE TWO – HEALTHY LIVING

Through adoption of the Wagner Expanded Chronic Care Model and a self-management service delivery model, Central Health's Chronic Disease Prevention and Management Program (CDPM) works within a Primary Health Care Framework to deliver quality care based on best practice standards while utilizing a collaborative approach to address the burden of chronic disease. This work aligns with DHCS strategic direction of improved population health.

Formally established in 2011, the Regional CDPM Program has consistently met and identified priorities, while developing systemic partnerships and structures throughout the organization. The CDPM Advisory Committee provides leadership and direction for continual expansion of current CDPM programs, such as the Regional Diabetes Care Program, Regional Stroke Program, *Improving Health: My Way* Self-Management Program and the Regional Chronic Obstructive Pulmonary Disorder (COPD) Program, as well as for expansion of CDPM initiatives, in areas such as Heart Failure, late stage COPD and Secondary Stroke Prevention Services for people who have had a transient ischemic attack.

Through external partnerships, Central Health is piloting programs providing innovative access to services to better meet the needs of people living with chronic disease. New initiatives with this focus are the COPD Outreach Program and Heart Failure Outreach Program. Utilization of Central Health's CDPM Strategy, along with leadership provided by the CDPM Advisory Committee, ensures consistency in how CDPM services are developed, implemented, evaluated and established. With a focus on developing systemic, sustainable programs, and steeped in a collaborative approach, Central Health's CDPM Program is showing success in effectively meeting the needs of people living with chronic disease.

Goal By March 31, 2017, Central Health will have improved capacity to address population health related issues within the region.	
Objective By March 31, 2015, Central Health will have begun implementation of the Chronic Disease Prevention and Management (CDPM) Strategy.	
Measure Commenced implementation of a CDPM Strategy.	
Planned indicators for 2014-15	***Actual progress for 2014-15***
Finalized the CDPM Strategy.	Central Health has been working to develop a more collaborative approach to the prevention and management of chronic disease across the continuum of care. To address the burden of chronic disease, an effective strategy with a focus on intersectoral collaboration and teamwork at all levels is required. A comprehensive environmental scan was completed to guide the development of *Central Health's Chronic Disease Prevention and Management Strategy*. Implementation and utilization of this strategy will help ensure a more collaborative approach to health and wellness for the region. A final draft copy of the CDPM Strategy was distributed to key partners and stakeholders involved with CDPM work throughout the region, e.g. CDPM Advisory Committee, Regional Diabetes Programs Committee, CDPM Lead Team Co-Chairs. Feedback was incorporated, and the strategy was reconfirmed and finalized.

Communicated the CDPM Strategy to Central Health staff, partners and other key stakeholders.	Central Health's CDPM strategy was communicated to staff through a display at each site highlighting the regional CDPM program, the CDPM strategy and each of the four priority areas identified in the strategic plan; self-management, heart failure, stroke and COPD. Central Health is reporting partial compliance with this indicator as communication has not yet taken place with partners and key stakeholders due to competing priorities. Copies of the strategy will be bound and distributed to appropriate CDPM partners, stakeholders and groups within Central Health. Further communication of the strategy is planned through a partnership with Rogers Cable to develop short program highlight videos to be shown in health care facilities and on local television stations throughout the region.
Developed an action plan for the implementation of the CDPM Strategy.	Central Health is reporting a variance for this indicator as an action plan for the implementation of CDPM Strategy is currently under development but as yet, is not complete. Competing strategic priorities and staffing issues resulted in a delay in the development of the CDPM Strategy action plan. It is anticipated that the action plan with be completed in the fall of 2015. Action plans have been developed for all priority areas in the CDPM Strategy including diabetes, stroke, chronic obstructive pulmonary disease (COPD) and heart failure.
Implemented strategies to achieve at least two priority objectives of the strategy.	In the absence of an action plan, Central Health was able to move forward using the CDPM Strategy as a guide to prioritize initiatives and achieve results. Two priority objectives of the CDPM strategy are to monitor risk factors and chronic disease rates as a basis for priority setting and action planning and to maximize function, improve quality of life, and reduce the risk of further complications for people with chronic disease.

	Monitoring of various indicator data was used as the basis for priority setting and action planning for initiatives to improve care for clients living with COPD and Chronic Heart Failure. Establishing external partnerships has allowed focused work to occur on COPD and Chronic Heart Failure. These pilot projects are focusing on utilizing innovative methods of care provision through different outreach methods to meet specific chronic disease needs. Specifically these services provide improved supports to people living with COPD and Chronic Heart Failure to maximize their functioning at home, improve their quality of life and reduce the risk of further complications and hospitalizations related to their disease progression. Working groups have been established, under the leadership of the Regional Stroke Steering Committee, to identify and address gaps in triage and referral pathways through review of current practice and best practice guidelines, to develop systemic strategies to close the gaps and to develop or adopt standardized evidence-based guidelines and care plans for the management of chronic disease. A hyperacute stroke working group was developed, consisting of primary care providers and administration, to finalize development and roll-out implementation of a hyperacute stroke program to ensure that patients arriving at the ER receive the best possible care. Standard physicians order sets, Stroke Alert protocols, medical directives and referrals to secondary prevention services were implemented at a systems level to ensure sustainability and accountability of this work.

Discussion of results

Since formal establishment in January of 2011, the CDPM Regional Program is continually expanding, developing formal partnerships and links, and quickly becoming recognized as an integral component of Central Health's structure. Gaps in services still exist throughout the continuum of care with respect to CDPM; however, through utilization of established strategies and models of care, consistent leadership and a strong focus on collaborative care, the CDPM Program will continue to move forward with new strategies and priorities.

A structured, collaborative approach to care for CDPM throughout the region has been established and continues to grow. Through implementation of a Primary Health Care Service Delivery Model, many sites throughout the region had CDPM Lead Teams established to address needs and priorities related to CDPM at their local sites. Capitalizing on the structure and success of these established teams, in 2012 a structured CDPM Lead Team/ Regional CDPM Program relationship was established. The purpose of this group is to clearly outline roles and responsibilities of the intercollaborative teams at each site around the region and the Regional CDPM Program with respect to effectively and efficiently responding to local and regional CDPM priorities. The goal of establishing this formal relationship was to develop a systemic, collaborative, formal approach between the Regional CDPM Program and each site. This formal link defines a communication structure and shared accountability relationship to support the development and implementation of regional program priorities. This network also assists in the identification and prioritization of action plans to meet unique, local needs. The CDPM Program continues to support the establishment of new CDPM Lead Teams to meet the goal of having a CDPM Lead Team established at each primary health care site around the region.

The Regional Stroke Strategy Steering Committee continues to make progress in developing and implementing program components working towards providing care based on best practice recommendations across the continuum of care. Highlights for 2014-15 include: implementation of the Hyperacute Stroke Program at JPMRHC including launch as a pilot site for the provincial Telestroke project, implementation of three physicians order sets, a hyperacute stroke medical directive and Stroke Alert protocol. Roll out included a three hour education session for all nursing staff in the ER and a mock Telestroke appointment. Roll out of this program is planned for CNRHC in fall of 2015.

The COPD project, in partnership with the CFHI Atlantic Collaborative, continues through development, implementation and evaluation. Highlights include development and implementation of the COPD Outreach Program pilot at JPMRHC, including dedicated staff (social work and respiratory therapist) for the year-long pilot phase. The COPD Outreach Program is a clinical service at Central Health created for the

benefit of eligible patients living with advanced COPD and their families. The COPD Outreach Program brings together a team of health professionals to visit patients during a hospital admission or ER visit and afterward in their home to provide self-management skills, education, support and goal development. The program also helps individuals to navigate the local healthcare system and gaining access to services that can support them at home. It facilitates better communication between all healthcare professionals who are assisting in their care. Additional benefits include COPD Action Plans, access to phone support that should improve early care of a flare up of COPD, clinical social work support, an opportunity to consider advanced-care planning and an opportunity to document goals of care/treatment preferences through to the end of life.

In partnership with an external partner, FONEMED North America, and the NL Healthline, Central Health is launching a regional telephone-based Heart Failure Outreach Program for people wanting to control heart failure symptoms and improve quality of life. A program coordinator was hired to lead the development and implementation of this project for a 12 month period. The program is designed to offer active partnership between patients, primary care providers, registered nurses and other health care professionals. The program also offers registered nurse-led assessments and care plan development, a self-management model of care to help guide patient decision making for optimal health, knowledge and tools for controlling heart failure, standard health-related topics for education, coaching, referrals and resources such as medication usage, nutrition, physical activity, smoking cessation and substance use.

2015-16 Objective By March 31, 2016, Central Health will have implemented initiatives to address priority health related issues in the region.
Measure Initiatives implemented to address priority health issues in the region.
Indicators • Identification of at least two priority health issues. • Documented action plan to address at least two priority health issues. • Implemented actions to address at least two priority health issues.

Registration at A.M. Guy Memorial Health Centre, Buchans

STRATEGIC ISSUE THREE: CLIENT FLOW

Client flow has been recognized as having the potential to impact access, safety, accessibility, efficiency, effectiveness and client experience. Client flow is linked to strategic issue one, access. In addition to client experience and satisfaction, employee and physician satisfaction are greatly affected by how well current processes, such as bed utilization, transfers, length of stay, discharge planning, etc., support the flow of patients/clients through the system. Research has shown that the ongoing systemic issue of overcapacity and overcrowding in the Emergency Department (ED) is affected by what is happening in other areas of the hospital and within the community. Central Health is committed to assessing and improving client flow through continued work on the goals and objectives outlined in this section of the strategic plan.

To improve patient/client flow it is important to understand the demands on our system and the capacity available, the waits and delays, and the unevenness in work processes. Understanding patient/client flow determinants will help teams discover opportunities to make improvements to processes and services for more seamless patient/client flow in the organization. To facilitate teams along this quality improvement journey we have focused our efforts on the application of Lean thinking and the utilization of Lean tools and methodology to enhance patient/client flow over the last year. This work aligns with DHCS strategic direction of an accountable, sustainable, quality health and community services system.

Patient/client flow requires a collaborative effort between frontline employees, managers and physicians in the many program areas throughout Central Health. It is highlighted in the literature that client flow is impeded by a number of factors and despite many program areas being impacted by similar patient/client flow issues, there are specific influences that are unique to each program. The Clinical Efficiency Consultant collaborates with different teams to discuss the flow of the patients/clients in their program area. The purpose is to understand the current processes impeding client flow and review the data to look for opportunities to make and sustain improvements. Partnering with a physician leader for patient/client flow supports patient/client flow conversations with physician groups and team members to garner a team approach to reduce and mitigate overcrowding in the Emergency Department by improving patient/client flow on the inpatient units.

Goal By March 31, 2017, Central Health will have reduced and mitigated overcrowding in the emergency department by improving client flow.
Objective By March 31, 2015, Central Health will have conducted research pertaining to client flow.
Measure Collect client flow data.

Planned indicators for 2014-15	***Actual progress for 2014-15***
Researched factors that impact client flow and emergency department overcrowding.	Literature reviews were conducted to understand the factors that impact client flow and emergency room overcrowding. The research highlighted that the mismatch between demand and capacity, the waits and delays, and variation in the work processes are impeding client flow in hospital systems. These three factors are challenging the input, throughput and output of flow processes within the emergency department and inpatient units. "A Strategy to Reduce Emergency Department Wait Times in Newfoundland and Labrador" also provides valuable information on Emergency Department challenges with respect to wait times and overcrowding and provides suggested metrics for measuring improvements. Collaboration with other health authorities corroborated that healthcare system inefficiencies are created by variation, waiting, and demand and capacity mismatch which require assessment and intervention.

Conducted a current state assessment to identify the factors at Central Health that impact client flow throughout the organization.	Current state assessments have been completed with Inpatient Orthopedics, General Surgery, and Internal Medicine programs to identify the different factors impacting client flow. Despite some commonalities amongst the programs there are unique processes that influence client flow in the programs assessed. Value stream mapping was utilized to identify the challenges from admission to discharge of a selected client population. This enabled teams to discuss and implement system improvements. Some challenges identified were ineffective communication, untimely documentation, lack of team referrals and late discharges. Action plans were formulated to positively impact client flow for an improved future state in three of the program areas assessed.
Compiled client flow data for the organization from multiple sources.	Client flow information is compiled from a number of data sources depending on the information that is required to facilitate flow discussions. Two systems utilized in 2014-15 to improve client flow data collection and communication included Cognos and Microsoft Access. Cognos, a business intelligence tool, provides real time information with respect to client visits to the Emergency Department. As well, Cognos pulls patient/client flow and bed utilization information for all facilities in Central Health through the Bed Manager software tool. A database developed in Microsoft Access, by the Information Management & Technology Department, pulls record-level admission data from the Meditech system. In addition, reports created by Newfoundland and Labrador Centre for Health Information was utilized for higher level diagnostic information. Chart reviews and group discussions have also provided invaluable information to supplement the data compiled from the above data sources.

Discussion of results

Research with respect to factors impacting client flow required gleaning the research, gathering provincial documentation and reaching out to both internal and external stakeholders. To share this information and start the conversations at the program level, a PowerPoint presentation was developed to highlight what client flow means, what affects it, why improvements are needed and how to proceed. This initiated discussions and brainstorming sessions in the program areas of Inpatient Orthopedics, General Surgery and Internal Medicine. Explanation of the three following factors affecting client flow along with specific data information provided the foundation for garnering suggestions with respect to strategies to improve it. Variation which is an unevenness in workload, scheduling, and patient volume; waits and delays with respect to the length of time it takes for patients to receive services, consults, and admissions; and demand and capacity mismatch when comparing the patients' needs to the available services where the three variables were discussed in relation to individualized program challenges and possible opportunities for improvement.

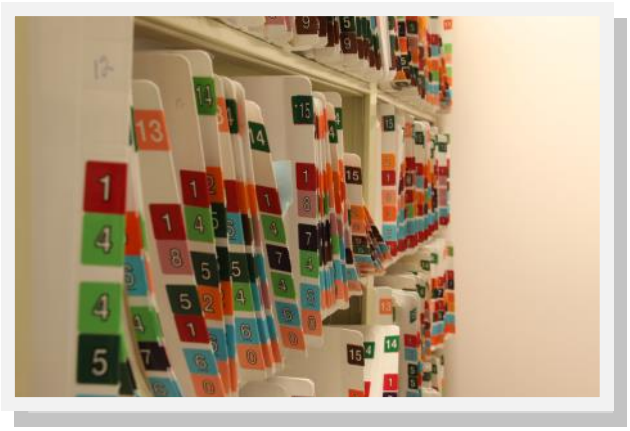
A current state assessment for Inpatient Orthopedics and General Surgery at both referral centers was conducted to identify the challenges that impact client flow for selected client populations. The multidisciplinary teams included physicians, managers, and frontline employees for the program area who worked with the Clinical Efficiency Consultant to map out the process from admission to discharge.

The value stream map highlighted the challenges within the program affecting client flow, which included input from direct admissions, throughput from the overcrowded Emergency Department and output with respect to timely discharge. During group discussions many topics were discussed with respect to communication, documentation, timely referrals, and discharge planning on admission. Challenges identified provided opportunities for discussion and some possible actions for improvements. Action plans were created with the intent to create a future state with improved processes to enhance client flow. The current state analysis conducted along with the goals, action plans and future process maps are displayed in A3 reports.

Client flow data is compiled from internal and external sources to facilitate conversations and improvement work in the program areas. The data provides the baseline information needed by the team members for goal development and the available data sources are utilized to monitor and measure improvements after client flow initiatives are implemented. Cognos, the business intelligence tool, pulls real time information on Emergency Department visits from Meditech so metrics affecting client flow, for example the number of patients triaged and assessed by the emergency room physician or nurse practitioner within 30 minutes, can be monitored. As well, Cognos houses Bed Manager, a software application that provides real time information with respect to client flow and bed utilization for all facilities in Central Health. The intent for using this tool is to facilitate communication between physicians, managers and leaders who are involved in optimizing client flow and utilization of all beds in our health authority to enhance client flow in the referral centers.

Aggregated reports from the Newfoundland and Labrador Centre for Health Information (NLCHI) have provided information on expected and actual length of stay for patients with various diagnoses for different fiscal years. This has provided teams with retrospective information to be utilized for identifying trends in data and for development of program goals. The data outlined in these reports has provided a baseline for comparison when determining whether the initiatives implemented are improving client flow.

Chart reviews and group discussions are also important qualitative data sources that will highlight client and program level information which validates some of the factors that impact patient flow in the targeted program areas. The detail in chart reviews will reveal some different trends that can impede client flow including discharge delays, untimely referrals and inadequate documentation.



2015-16 Objective

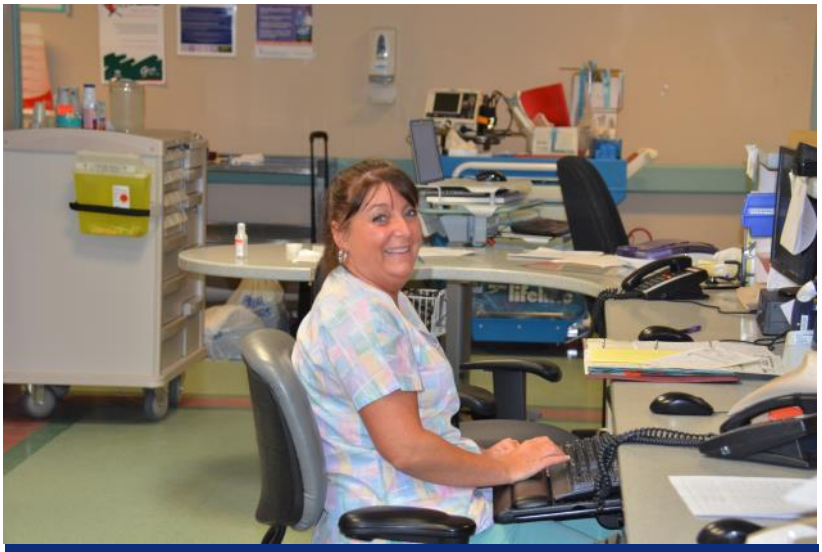
By March 31, 2016 Central Health will have identified challenges related to client flow data analysis and supported areas for improvement.

Measure

Challenges related to client flow data analysis identified and areas of improvement supported.

Indicator

- Client flow data is analyzed and utilized to implement interventions to improve client flow in four selected inpatient areas.
- Implemented strategies in the Emergency Department to improve transfers of admitted clients to inpatient units.
- Implemented policies and procedures to provide a standardized client flow approach to improve bed utilization regionally and reduce emergency room overcrowding.
- Client flow data communicated to select stakeholders to monitor targets to improve client flow in the Emergency Department.



Nursing station on Medical unit at James Paton Memorial Regional Health Centre, Gander.

Opportunities and Challenges

Scanning and archiving

Central Health understands the value of having health information stored electronically. An Electronic Health Record (EHR) offers efficiencies, accessibility and securities that far exceed the current, predominantly paper environment. An important step in achieving an EHR is to digitally scan and archive medical records, eliminating the need for paper records.

While scanning and archiving is ongoing at JPMRHC, it has yet to be implemented throughout the rest of the region. In 2015-16, Central Health will work towards completing several key steps that must be taken in order to expand the initiative. These include standardizing and cataloguing all forms, selecting and implementing a forms automation tool, creation of policies and processes to support the new practice and training for staff.

Increasing incidence of Dementia

In central Newfoundland there is a growing incidence of dementia, something that is consistent with Canadian trends. Fifty-five per cent of nursing home residents in this region have a diagnosis of dementia as do 56 per cent of people who are currently in an acute care bed awaiting placement in a nursing home bed.

This increase in dementia does certainly present challenges for Central Health as individuals with dementia require a different level of care than other LTC residents and meeting that need can be challenging. In the year ahead Central Health will continue to learn about the needs of this population in an effort to provide the best possible care to LTC residents living with dementia.

Recruitment

Central Health continues to experience challenges in recruiting for a number of professions within the organization. Physicians, Registered Nurses and Licensed Practical Nurses (LPNs) are particularly challenging groups from a recruitment perspective. In 2014-15, Central Health recruited LPNs for Jamaica to help meet the need at Central Health. In the coming year, Central Health will continue to recruit professionals to fill position in these areas, recognizing that in some circumstances there is an ongoing provincial and in some cases nation-wide shortage of professionals in some areas.

Patient Safety Plan

A Patient Safety Plan has been designated a Required Organizational Practice (ROP) by Accreditation Canada. Central Health has a robust patient safety plan which is under the mandate of the Board Patient Safety Subcommittee (BPSS). With support from the Corporate Improvement Department, the patient safety plan was developed and spans all departments and programs within Central Health. The upcoming year presents Central Health with an opportunity to continue on its patient safety journey through the continued implementation of the many initiatives outlined in the plan. This will help Central Health in meeting one of its most important objectives, to provide safe, quality care to clients, residents and patients.

Physician Leadership

In 2012, Central Health implemented its Physician Leadership structure in accordance with the Medical Staff Bylaws. This has proven to be of great benefit to the organization. With the implementation of the program management structure in 2014-15 there is an opportunity to align physician leaders including chiefs of services and chiefs of staff, with managers who are responsible for the same programs, facilitating better communication and alignment of practices and procedures. Gaining region-wide consistency in the programs and services offered by Central Health through enhanced formal and informal leadership roles for physicians is an opportunity which presents itself in 2015-16.

Person Centered Care

In May 2014, Central Health's Senior Leadership Team (SLT) held a two-day strategic planning session. During that session, Client Experience (CX) was identified as a priority for the organization. The CX movement is growing in healthcare nationally and internationally and is well established in some jurisdictions. The benefits of implementing a person-centred care approach to service delivery have been well document and include increased quality of healthcare services, increased safety of healthcare services, decreased cost of services, increase in provider satisfaction and increase in client satisfaction.

In 2015-16 Central Health has an opportunity to begin the implementation of a person-centred care approach to service delivery with the ultimate goal of improving the quality and safety of care. The organization's objective is to fundamentally change the culture of the organization and its relationship with clients and families so that there is more choice for clients, there is more personalized care, there is more information sharing and real empowerment and involvement of people to improve their health.

Visiting residents in Long Term Care at Dr. Hugh Twomey Health Centre, Botwood

Dialysis Unit at Central Newfoundland Regional Health Centre

Expanding Dialysis Services

In February 2015, Premier Davis announced a transitional assisted self-care hemodialysis service for Fogo Island and a home based therapy (HBT) teaching program for Central Health. The transitional assisted self-care model is new to this province and the HBT program is new to Central Health. These two initiatives present an opportunity for Central Health to expand dialysis services to residents on Fogo Island but also throughout the entire region through the HBT program. In 2015-16, Central Health will continue to move forward with the implementation of both services within the region through recruitment of an HBT nurse, education and training for staff at Fogo Island Health Centre and ongoing follow-up services to residents established on HBT on Fogo Island.

Ambulance Dispatch and Management System

The Ambulance Dispatch and Management System (ADAMS) has four main goals. They are to:

1. Coordinate patient transport by road and air ambulance.
2. Ensure continued emergency ambulance response capability within each ambulance operator's service area.
3. Improve and ensure continuity of care at receiving health facilities.
4. Ensure appropriate utilization of ambulance resources.

The Department of Health and Community Services has provided one time funding for Central Health to implement ADAMS. This is an excellent opportunity to improve services to clients and increase efficiencies. In the coming year, Central Health will continue to work towards the full implementation of ADAMS within the region.

Ambulance outside A.M. Guy Memorial Health Centre, Buchans

Appendices

Appendix A – List of Sites and Contact Information

A.M. Guy Memorial Health Centre
P.O. Box 10
Buchans, NL A0H 1G0
P: (709) 672-3304/3305 F: (709) 672-3390

Baie Verte Peninsula Health Centre
1 Columbus Drive
Baie Verte, NL A0K 1B0
P: (709) 532-4281 F: (709) 532-4939

Bay d'Espoir Community Health Centre
P.O. Box 369
St. Alban's, NL A0H 2E0
P: (709) 538-3244 F: (709) 538-3228

Belleoram Community Health Centre
P.O. Box 206
Belleoram, NL A0H 1B0
P: (709) 881-6101 F: (709) 881-6104

Bell Place Community Health Centre
3 Bell Place
Gander, NL A1V 2T4
P: (709) 651-3306 F: (709) 651-3341

Bonnews Lodge
Badger's Quay, NL A0G 1B0
P: (709) 536-2160 F: (709) 536-3334

Brookfield/Bonnews Health Centre
Brookfield, NL A0G 1J0
P: (709) 536-2405 F: (709) 536-2433

Carmanville Community Health Centre
P.O. Box 29
Carmanville, NL A0G 1N0
P: (709) 534-2844 F: (709) 534-2843

Carmelite House
50 Union Street
Grand Falls-Windsor, NL A2A 2E1
P: (709) 489-2274 F: (709) 292-2593

Central Health Regional Office
21 Carmelite Road
Grand Falls-Windsor, NL A2A 1Y4
P: (709) 292-2138 F: (709) 292-2249

Central Newfoundland Regional Health Centre
50 Union Street
Grand Falls-Windsor, NL A2A 2E1
P: (709) 292-2500 F: (709) 292-2645

Centreville Community Health Centre
P.O. Box 181
Centreville, NL A0G 4P0
P: (709) 678-2342 F: (709) 678-2110

Change Islands Community Health Centre
c/o Medical Clinic
Change Islands, NL A0G 1R0
P: (709) 621-6161 F: (709) 621-3126

Connaigre Peninsula Health Centre
P.O. Box 368
Harbour Breton, NL A0H 1P0
P: (709) 885-2043 F: (709) 885-2358

Dr. Brian Adams Memorial Community Health Centre
P.O. Box 239
Gambo, NL A0G 1T0
P: (709) 674-4403 F: (709) 674-2000

Dr. C.V. Smith Memorial Community Health Centre
P.O. Box 9
Glovertown, NL A0G 2L0
P: (709) 533-2372 or 2374 F: (709) 533-1021

Dr. Hugh Twomey Health Centre
P.O. Box 250
Botwood, NL A0H 1E0
P: (709) 257-2874 F: (709) 257-4613

Eastport Community Health Centre
P.O. Box 111
Eastport, NL A0G 1Z0
P: (709) 677-2530 F: (709) 677-2430

Exploits Community Health Centre
P.O. Box 945, 2 Airbase Road
Botwood, NL A0H 1E0
P: (709) 257-4900 F: (709) 257-3640

Fogo Island Health Centre
P.O. Box 9
Fogo, NL A0G 2B0
P: (709) 266-2221 F: (709) 266-1070

Gaultois Community Health Centre
Gaultois, NL A0H 1N0
P: (709) 841-7331 F: (709) 841-4461

Grand Falls-Windsor Community Health Centre
36 Queensway
Grand Falls-Windsor, NL A2B 1J3
P: (709) 489-4861 F: (709) 489-8844

Green Bay Community Health Centre
Little Bay Road, P.O. Box 597
Springdale, NL A0J 1T0
P: (709) 673-3268 F: (709) 673- 2114

Green Bay Health Centre
P.O. Box 130, 275 Main Street
Springdale, NL A0J 1T0
P: (709) 673-3911 F: (709) 673-2166

Hare Bay Community Health Centre
P.O. Box 219
Hare Bay, NL A0G 2P0
P: (709) 537-2209 F: (709) 537-2905

Hermitage Community Health Centre
P.O. Box 40
Hermitage, NL A0H 1S0
P: (709) 883-2222 F: (709) 883-2292

Hope Valley Centre
Mental Health and Addictions Services
15 Lincoln Road c/o 50 Union Street
Grand Falls-Windsor, NL A2A 2E1
P: (709) 292-8360

James Paton Memorial Regional Health Centre
125 Trans Canada Highway
Gander, NL A1V 1P7
P: (709) 256-2500 F: (709) 256-7800

Lakeside Homes
95 Airport Boulevard
Gander, NL A1V 2L7
P: (709) 256-8850 F: (709) 256-4259

LaScie Community Health Centre
P.O. Box 492
LaScie, NL A0K 3M0
P: (709) 675-2429 F: (709) 675-2478

Lewisporte Community Health Center
394-412 Main Street P.O. Box 1209
Lewisporte, NL A0G 3A0
P: (709) 535-0905/0906 F: (709) 535-0360

Lewisporte Health Centre
21 Centennial Drive P.O, Box 880
Lewisporte, NL A0G 3A0
P: (709) 535-6767 F: (709) 535-8383

McCallum Community Health Centre
McCallum, NL A0H 2J0
P: (709) 846-4104 F: (709) 864-4104

Mose Ambrose Community Health Centre
P.O. Box 2 site 3A
Mose Ambrose, NL A0H 1M0
P: (709) 888-3541 F: (709) 888-6281

Musgrave Harbour Community Health Centre
P.O. Box 69
Musgrave Harbour, NL A0G 3J0
P: (709) 655-2518 F: (709) 655-2116

New World Island Community Health Centre
c/o NWI Medical Clinic
Summerford, NL A0G 4E0
P: (709) 629-3682 F: (709) 629-7114

Notre Dame Bay Memorial Health Centre
Twillingate, NL A0G 4M0
P: (709) 884-2131 F: (709) 884-2586

Rencontre East Community Health Centre
Rencontre East, NL A0H 2C0
P: (709) 848-3410 F: (709) 848-3410

Robert's Arm Community Health Centre
P.O. Box 219
Robert's Arm, NL A0J 1R0
P: (709) 652-3410 F: (709) 652-3671

St. Alban's Community Health Centre
P.O. Box 490, Cormier Avenue
St. Alban's, NL A0H 1E0
P: (709) 538-3738 F: (709) 538-3563/3899

St. Brendan's Community Health Centre
c/o Medical Clinic
St. Brendan's, NL A0G 3V0
P: (709) 669-5381/4401 F: 669-3105

Therapeutic Residence
Grand Falls—Windsor, NL
P: (709) 489-6651

Valley Vista Senior Citizens' Home
P.O. Box 130
Springdale, NL A0J 1T0
P: (709) 673-3936 F: (709) 673-2832

Victoria Cove Community Health Centre
c/o Fire Hall, General Delivery
Wing's Point, NL A0G 4T0
P: (709) 676-2959 F: (709) 676-2456

Victoria Cove Community Health Centre
c/o Medical Clinic
Victoria Cove, NL A0G 4N0
P: (709) 676-2737 F: 676-2352

Appendix B – Financial Statements

Grant Thornton

Consolidated Financial Statements

Central Regional Health Authority

March 31, 2015

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Independent Auditors' Report

Grant Thornton LLP
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Gander, NL
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To the Board of Trustees of
Central Regional Health Authority

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, 2015, and the consolidated statements of operations, changes in net 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 standards and for such internal control as management determines is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility

Our responsibility is to express an opinion on these consolidated 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 consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the consolidated 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 organization'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 consolidated 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 consolidated financial position of Central Regional Health Authority as at March 31, 2015 and the results of its consolidated operations and changes in net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Grant Thornton LLP

Gander, Canada

July 14, 2015

Chartered Accountants

Central Regional Health Authority
Consolidated Statement of Financial Position

March 31	2015	2014
Financial assets		
Cash	$ **25,531,798**	$ 16,702,644
Receivables (Note 3)	**17,943,520**	18,413,931
Residents' trust funds held on deposit	**806,475**	901,834
Cash restricted for security deposits	**37,532**	35,561
Investments restricted for general endowment purposes (Note 4)	**879,504**	803,809
Replacement reserve funding (Note 9)	**165,156**	159,399
	45,363,985	37,017,178
Liabilities		
Payables and accruals (Note 5)	**33,675,620**	27,092,115
Employee future benefits		
Accrued vacation	**15,204,206**	14,113,590
Accrued sick (Note 6)	**16,291,236**	16,207,839
Accrued severance (Note 6)	**29,683,330**	28,462,499
Deferred grants (Note 7)	**25,023,293**	27,531,722
Long-term debt (Note 8)	**11,962,051**	13,349,219
Obligations under capital lease	**-**	117,902
Trust funds payable	**806,475**	901,834
Security deposits liability	**37,531**	35,562
Replacement reserves (Note 9)	**165,155**	159,399
J.M Olds scholarship and library funds	**83,731**	82,852
	132,932,628	128,054,533
Net financial debt	**(87,568,643)**	(91,037,355)
Non-financial assets		
Capital assets (Note 10)	**56,949,347**	56,085,406
Deposits on capital assets	**245,810**	104,392
Inventories (Note 11)	**2,444,850**	2,239,989
Prepaids (Note 12)	**3,378,348**	6,936,739
	63,018,355	65,366,526
Accumulated deficit	$ **(24,550,288)**	$ (25,670,829)

Commitments (Note 14)
Contingencies (Note 15)

On behalf of the Board

_____ Trustee _____ Trustee

See accompanying notes to the consolidated financial statements

Central Regional Health Authority
Consolidated Statement of Operations

March 31	Budget 2015	Actual 2015	(Note 16) Actual 2014
Revenue			
Provincial plan operating	**$ 312,415,724**	**$ 312,446,952**	$ 294,071,434
Provincial capital grants	**-**	**7,097,594**	4,277,945
Other capital contributions	**-**	**457,190**	267,298
MCP	**13,777,431**	**13,314,663**	14,347,583
Patient-resident services	**13,741,600**	**13,768,329**	13,481,238
CMHC mortgage interest subsidy	**56,982**	**55,920**	56,805
Capital project funding	**13,270,066**	**13,554,791**	11,973,697
Recoveries	**8,618,000**	**10,168,053**	11,144,004
Cottage operations	**1,516,844**	**1,516,953**	1,491,423
Foundations	**856,100**	**919,020**	1,063,190
Other revenue	**3,393,154**	**4,039,129**	2,753,368
	367,645,901	**377,338,594**	354,927,985
Expenditure			
Administration	**28,748,244**	**30,990,653**	30,784,454
Community and social services	**92,561,337**	**88,081,121**	83,728,973
Support services	**61,718,028**	**61,620,657**	60,348,087
Nursing inpatient services	**83,709,135**	**87,203,528**	79,061,151
Ambulatory care services	**22,845,310**	**21,941,067**	19,619,548
Diagnostic and therapeutic services	**43,353,905**	**43,017,097**	41,502,728
Medical services	**17,676,650**	**17,754,541**	18,309,613
Educational services	**1,255,863**	**1,119,020**	1,052,850
Undistributed	**13,404,485**	**13,637,308**	12,061,580
Cottage, operations, including amortization of $502,817 (2014 - $492,929)	**1,519,422**	**1,517,204**	1,505,155
Foundations, including amortization of $4,312 (2014 - $4,539)	**784,800**	**853,750**	705,951
	367,577,179	**367,735,946**	348,680,090
Surplus – shareable	**68,722**	**9,602,648**	6,247,895
Non-shareable items			
Gain on disposal of capital assets	**-**	**25,150**	-
Amortization of capital assets	**-**	**(6,113,365)**	(5,923,407)
Accrued vacation pay – increase	**-**	**(1,089,664)**	(759,000)
Accrued severance pay – increase	**-**	**(1,220,831)**	(1,684,783)
Accrued sick pay – increase	**-**	**(83,397)**	(274,202)
	-	**(8,482,107)**	(8,641,392)
Surplus (deficit) - shareable and non-shareable	**68,722**	**1,120,541**	(2,393,497)
Accumulated surplus (deficit)			
Beginning of year	**(25,670,829)**	**(25,670,829)**	(23,277,332)
End of year	**$ (25,602,107)**	**$ (24,530,288)**	$ (25,670,829)

See accompanying notes to the consolidated financial statements

Central Regional Health Authority

Consolidated Statement of Changes in Net Financial Assets (Debt)

March 31	2015	2014
Net debt - beginning of year	**$ (91,037,355)**	$ (91,330,293)
Surplus (deficit)	**1,120,541**	(2,393,497)
Changes in capital assets		
Acquisition of capital assets	**(7,722,060)**	(4,545,242)
Amortization of capital assets	**6,620,494**	6,420,875
Other adjustments	**167,152**	-
Gain on disposal of capital assets	**(25,150)**	-
Proceeds on disposal of capital assets	**95,622**	-
Deposits on capital assets	**(141,418)**	(10,377)
(Decrease) increase in net book value of capital assets	**(1,005,360)**	1,865,256
Changes in non-financial assets		
(Increase) reduction in inventories	**(204,861)**	6,866
Decrease in prepaids	**3,558,392**	814,313
Decrease in non-financial assets	**3,353,531**	821,179
Decrease in net debt	**3,468,712**	292,938
Net debt, end of year	**$ (87,568,643)**	$ (91,037,355)

See accompanying notes to the consolidated financial statements

Central Regional Health Authority
Consolidated Statement of Cash Flows

Year ended March 31	2015	2014
Operating		
Surplus (deficit)	**$ 1,120,541**	$ (2,393,497)
Amortization	**6,620,494**	6,420,878
Gain on disposal of capital assets	**(25,150)**	-
Investment losses	**(35,787)**	(51,008)
	7,680,098	3,976,373
Changes in		
Receivables	**470,410**	11,225,034
Payables and accruals	**6,583,505**	159,200
Accrued vacation pay	**1,090,612**	758,910
Accrued severance pay	**1,220,831**	1,684,783
Accrued sick pay	**83,397**	274,202
Deferred grants	**(2,508,430)**	(1,680,496)
Inventories	**(204,861)**	6,866
Prepaids	**3,558,392**	814,313
Net cash provided from operations	**17,973,954**	17,219,185
Financing		
Repayment of long-term debt	**(1,387,167)**	(1,427,995)
Repayment of capital leases	**(117,902)**	(225,635)
Net changes in J.M. Olds funds	**880**	250
Net cash applied to financing	**(1,504,189)**	(1,653,380)
Investing		
Additions to capital assets	**(7,722,060)**	(4,545,242)
Deposits on capital assets	**(141,418)**	(10,377)
Increase in general endowment fund investments	**(39,907)**	(58,920)
Proceeds on disposal of capital assets	**95,622**	-
Other adjustments	**167,152**	-
Net cash applied to investing	**(7,640,611)**	(4,614,539)
Net increase in cash	**8,829,154**	10,951,266
Cash, net of bank indebtedness:		
Beginning	**16,702,644**	5,751,378
Ending	**$ 25,531,798**	$ 16,702,644

See accompanying notes to the consolidated financial statements

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2015

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 standards. Outlined below are those policies considered particularly significant by the Authority.

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:

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

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

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2015

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

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.

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.

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.

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.

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.

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.

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2015

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

Inventories
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	First-in, first-out

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, and 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. Other 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%
Equipment	12.5%
Motor vehicles	20.0%

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

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

Replacement reserves
Under certain operating agreements with Newfoundland and Labrador Housing Corporation (NLHC) the Authority is required to maintain a Replacement Reserve Fund which is to be used to fund major maintenance and the purchase of capital assets. These funds may only be used as approved by NLHC. Transactions in the reserves are shown in Note 9.

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2015

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

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

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. Receivables	**2015**	2014
Operating		
Provincial plan grants - operating	**$ 8,598,449**	$ 8,122,160
Capital grants	**252,076**	471,198
Patient, rents and other	**5,909,743**	6,551,751
MCP	**2,150,049**	1,927,960
Cancer Foundation	**678,844**	1,166,415
HST	**688,051**	663,427
Due from NLHC	**10,527**	12,732
	18,287,739	18,915,643
Allowance for doubtful	**(344,219)**	(501,712)
	$ 17,943,520	$ 18,413,931

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2015

4. 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:

	2015	2014
Central Northeast Health Foundation Inc.	**$ 242,936**	$ 216,425
South and Central Health Foundation	**636,568**	587,384
	$ 879,504	$ 803,809

5. Payables and accruals

	2015	2014
Operating		
Trade	**$ 16,525,421**	$ 15,024,765
Due to NLHC subsidy	**12,380**	6,203
Residents comfort fund	**75,766**	31,011
Accrued - wages	**17,023,608**	11,987,667
- interest	**38,445**	42,469
	$ 33,675,620	$ 27,092,115

6. Employee future benefits

Future employee benefits related to accrued severance and accrued sick obligations have been calculated based on an actuarial valuation as at March 31, 2012 and extrapolated to March 31, 2015. 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:

	2015	2014
Wages and salary escalation	**3.75%**	2.75%
Interest	**2.90%**	3.90%

Based on actuarial valuation of the liability, at March 31, 2015 the results for sick leave are:

	2015	2014
Accrued sick pay obligation, beginning	**$ 16,535,793**	$ 17,299,918
Current period benefit cost	**1,704,464**	1,754,054
Benefit payments	**(2,298,789)**	(2,209,855)
Interest on the accrued benefit obligations	**633,307**	614,593
Actuarial losses (gains)	**1,425,096**	(922,917)
Accrued sick pay obligations, at end	**$ 17,999,871**	$ 16,535,793

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2015

6. Employee future benefits (continued)

	2015	2014
Based on actuarial valuation of the liability, at March 31, 2015 the results for severance are:		
Accrued benefit obligation, beginning	**$ 29,468,470**	$ 30,105,639
Current period benefit cost	**1,957,955**	2,047,131
Benefit payments	**(2,009,693)**	(1,732,175)
Interest on the accrued benefit obligation	**1,148,262**	1,089,473
Actuarial losses (gains)	**2,575,533**	(2,041,598)
Accrued severance obligation, at end	**$ 33,140,527**	$ 29,468,470

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

Sick benefits		
Accrued benefit obligation	**$ 17,999,871**	$ 16,535,793
Unamortized actuarial losses	**(1,708,635)**	(327,954)
Accrued benefit liability	**$ 16,291,236**	$ 16,207,839
Severance benefits:		
Accrued benefit obligation	**$ 33,140,527**	$ 29,468,470
Unamortized actuarial losses	**(3,457,197)**	(1,005,971)
Accrued benefit liability	**$ 29,683,330**	$ 28,462,499

7. Deferred grants

	2015	2014
Deferred operating grants	**$ 2,579,863**	$ 3,215,438
Deferred capital grants	**22,443,430**	24,316,284
	$ 25,023,293	$ 27,531,722

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2015

8. Long-term debt	2015	2014
Operating		
2.4% CMHC mortgage on Lakeside Homes; repayable in equal monthly instalments of $12,112, interest included; maturing April, 2020, renewable October, 2015	$ **695,009**	$ 822,086
7.5% CMHC mortgage on Lakeside Homes; repayable in equal monthly instalments of $4,574, interest included; maturing July, 2023	**341,484**	369,992
Prime minus 1.1% Canadian Imperial Bank of Commerce deferred demand loan; repayable in equal monthly instalments of $3,056, plus interest; maturing December, 2018	**137,441**	174,113
3.53% Canadian Imperial Bank of Commerce loan for Carmelite House, unsecured; repayable in equal monthly instalments of $58,386, interest included; maturing January, 2027	**6,769,037**	7,222,004
2.97% Canadian Imperial Bank of Commerce mortgage on 3 Twomey Dr, Botwood housing; repayable in equal monthly instalments of $384, interest included; maturing July, 2027, renewable July, 2018	**47,349**	50,385
2.89% Canadian Imperial Bank of Commerce mortgage on 145 Commonwealth Ave, Botwood housing; repayable in equal monthly instalments of $347, interest included; maturing June, 2027, renewable August, 2018	**42,904**	45,611
8.0% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Senior Citizens Home; repayable in equal monthly instalments of $10,124, interest included; maturing August, 2027	**962,662**	1,006,484

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2015

8. **Long-term debt** (cont'd.)	**2015**	2014
7.88% Newfoundland and Labrador Housing Corporation mortgage on Authority offices; repayable in equal monthly instalments of $8,165, interest included; maturing October, 2024	**659,292**	704,060
1.82% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Senior Citizens Home; repayable in equal monthly instalments of $7,752, interest included; maturing July, 2019	**387,293**	471,625
Prime minus 1.1% Canadian Imperial Bank of Commerce deferred demand loan; repayable in equal monthly instalments of $6,199, plus interest; repaid in current year	**-**	74,385
2.99% Bank of Nova Scotia 1st mortgage on land and building at 1 Newman's Hill, Twillingate; repayable in equal monthly instalments of $406, interest included; maturing July, 2024, renewable May, 2017	**39,655**	43,288
2.99% Bank of Nova Scotia 1st mortgage on land and building at 42 Howlett's Road, Twillingate; repayable in equal monthly instalments of $352, interest included; maturing April, 2020, renewable May, 2017	**19,891**	23,462
2.89% Bank of Nova Scotia 1st mortgage on land and building at 30 Smith's Lane, Twillingate; repayable in equal monthly instalments of $350, interest included; maturing July, 2020, renewable December, 2016	**20,736**	24,284
	10,122,753	11,031,779
North Haven Manor Cottages Phase I,II,III		
4.25% Industrial Alliance Insurance and Financial Services Inc. mortgage on North Haven Manor Cottages; repayable in equal monthly instalments of $8,668, interest included; maturing December, 2016	**$ 175,185**	$ 269,652
1.64% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor Cottages; repayable in equal monthly instalments of $8,541, interest included; maturing November, 2018	**364,477**	460,156
	539,662	729,808

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2015

8. **Long-term debt** (cont'd.)	**2015**	2014
North Haven Manor Cottages Phase IV		
1.67% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor Cottages; repayable in equal monthly instalments of $3,029, interest included; maturing July, 2025, renewable April, 2017	**344,752**	375,080
Valley Vista Cottages		
2.26% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Cottages; repayable in equal monthly instalments of $4,865, interest included; maturing June, 2016	**71,863**	127,937
1.53% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Cottages; repayable in equal monthly instalments of $9,738, interest included; maturing December, 2017	**314,366**	425,500
1.67% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Cottages; repayable in equal monthly instalments of $4,807, interest included; maturing May, 2018, renewable June, 2016	**177,789**	232,023
	564,018	785,460
Bonnews Lodge Apartment Complex		
2.04% Newfoundland and Labrador Housing Corporation 1st mortgage on Bonnews Apartment Complex; repayable in equal monthly instalments of $3,714, interest included; maturing December, 2024, renewable April, 2019	**390,866**	427,092
	$ 11,962,051	$ 13,349,219

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

2016	**$ 1,355,796**
2017	**1,328,817**
2018	**1,247,597**
2019	**1,108,000**
2020	**979,097**
Thereafter	**5,942,747**

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2014

9. Replacement reserves	2015	2014
Balance, beginning	**$ 159,399**	$ 154,029
Add:		
Allocation for year	**60,220**	60,220
Contributions from Authority	**12,900**	12,900
	232,519	227,149
Less:		
Approved expenditures	**67,364**	67,750
Balance, ending	**$ 165,155**	$ 159,399
Funding		
Replacement reserve funds	**$ 20,112**	$ 14,356
Due from Newfoundland and Labrador Housing Corporation	**145,043**	145,043
	$ 165,155	$ 159,399

10. Capital assets	Cost	Accumulated Amortization	2015 Net Book Value	2014 Net Book Value
Operating				
Land	$ 553,384	$ -	**$ 553,384**	$ 553,384
Land improvements	1,212,046	875,371	**336,675**	362,778
Buildings and service equipment	74,007,757	52,785,410	**21,222,347**	22,706,112
Equipment	123,083,208	89,334,699	**33,748,509**	31,349,035
Equipment under capital lease	2,781,898	2,556,792	**225,106**	290,269
Motor vehicles	3,294,428	2,444,765	**849,663**	806,749
Motor vehicles under capital lease	196,503	182,840	**13,663**	17,079
	$ 205,129,224	$ 148,179,877	**$ 56,949,347**	$ 56,085,406

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2014

11. Inventories

	2015	2014
General stores	**$ 1,100,408**	$ 941,401
Drugs	**1,344,442**	1,298,588
	$ 2,444,850	$ 2,239,989

12. Prepaids

	2015	2014
Operating		
Equipment maintenance	**$ 1,083,986**	$ 828,763
Malpractice and membership fees	**108,094**	58,249
General insurance	**208,305**	236,651
Workplace Health, Safety and Compensation Commission	**-**	4,308,368
Municipal taxes	**810,650**	750,957
Other	**1,167,313**	753,751
	$ 3,378,348	$ 6,936,739

13. Line of credit

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. This line of credit was unused at March 31, 2015 and March 31, 2014.

14. Commitments

Operating leases

The Authority has a number of agreements whereby it leases property and equipment. 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:

2016	$ 269,509
2017	244,005
2018	164,042
2019	96,929
2020	41,870

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2014

15. Contingencies

As of March 31, 2015 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.

16. Comparative figures

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

Appendix C – Board of Trustees

John George, Chair

David Dove, Vice Chair

David Brown, Trustee

Rhonda Byrne, Trustee

Dermot Flynn, Trustee

Marjorie Gaulton, Trustee

Valerie Hoskins, Trustee

Rick LeDrew, Trustee

Gerard O'Brien, Trustee

Bill O'Reilly, Trustee

Donald Sturge, Trustee

Appendix D – Key Contact Information

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Sean Tulk – Vice President of Diagnostics, Information Management & Chief Operating Officer for CNRHC
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Client Relations Coordinator

1-888-799-2272

Appendix E - 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.


Central
Health