



Healthy People...
Healthy Communities



ANNUAL
PERFORMANCE
REPORT 08/09



Central
Health



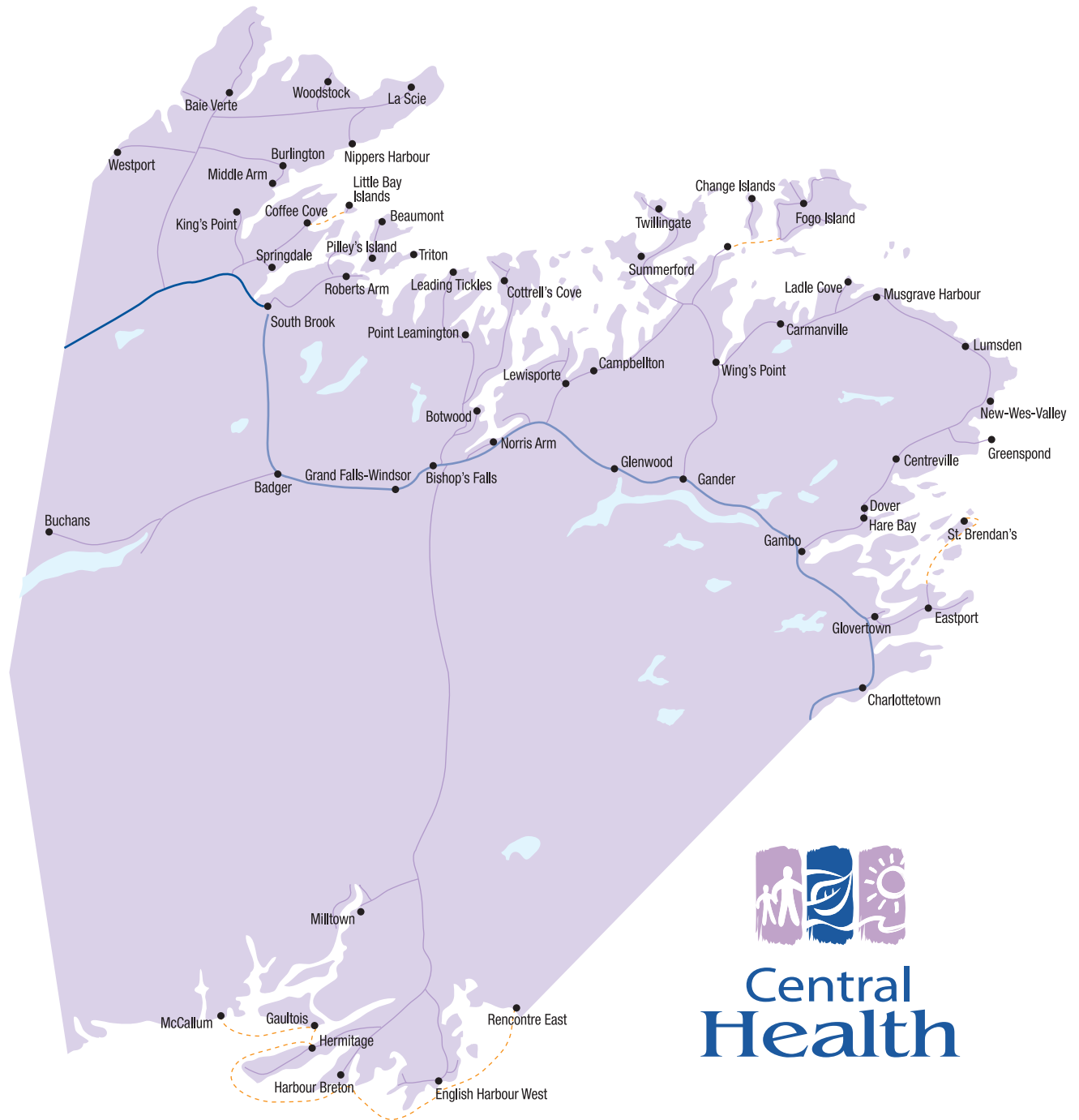


Table of Content

Chairperson’s Message	2
Organizational Overview	3
Shared Commitments	8
Highlights & Accomplishments	14
Report on Performance	22
Opportunities and Challenges	40
Financial Statements	43
Appendices	59

CHAIRPERSON'S MESSAGE

We, the Board of Trustees of Central Health, have the honour to present Central Health's Annual Performance Report for the fiscal year ending March 31, 2009. This annual report was prepared under the Board's direction, in accordance with the Transparency & Accountability Act, Regional Health Authorities Act and directions provided by the Minister of Health and Community Services. As a Board, we are accountable for the information, results and any variances contained within this annual report and are pleased to report on these.



While we know achieving desired staffing levels will continue to challenge the organization, we are pleased to report that we've had significant successes.

Over the past year, we have worked diligently to improve the health and community services system in central Newfoundland. Continued challenges in the recruitment and retention of staff have played a major role in the decision-making process related to programs and services. While we know achieving desired staffing levels will continue to challenge the organization, we are pleased to report that we've had significant successes. In 2008-09, Central Health has invested in several initiatives in areas such as quality improvement, human resources, mental health, primary health care and technology.

Central Health has achieved much in 2008-09 and the organization will continue to grow and improve as it focuses on meeting the challenges and opportunities of the upcoming year.

Sincerely,

A handwritten signature in black ink that reads "Robert Woolfrey". The signature is written in a cursive, flowing style.

Robert Woolfrey

Chairperson

Central Health Board of Trustees

A silhouette of a person riding a bicycle against a sunset sky. The sun is low on the horizon, creating a warm glow and long shadows. The cyclist is in the foreground, and the background shows a landscape with trees and hills.

Healthy People... Healthy Communities

Cycling is one of the most efficient and easy to learn forms of exercise.

ORGANIZATIONAL OVERVIEW

ORGANIZATIONAL OVERVIEW

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

vision

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

values

Central Health's core values offer principles and a guiding framework for all employees as they work in their various capacities to provide health and community services to the people of central Newfoundland.

These core values are:

- **Accountability** Each person demonstrates commitment to the success of the organization's mission/mandate.
- **Collaboration** Each person engages with internal and external partners to meet the mandate of clients and the organization.
- **Excellence** Each person contributes to the continuous improvement of the quality of programs and services through the development of their knowledge, skills and use of best practices.
- **Fairness** Each person engages in practices that are equitable and are supported by established and ethical standards.
- **Privacy** Each person manages and protects confidential information related to persons, families, organizations and communities.
- **Respect** Each person shows consideration for the circumstances of patients, residents, clients, families and caregivers.



ORGANIZATIONAL OVERVIEW *cont'd*

NUMBER OF EMPLOYEES & PHYSICAL LOCATION

Central Health is the second largest health region in Newfoundland and Labrador, serving a population of approximately 94,000 and offering the continuum of health care services. Central Health serves an aging population with 28.4 per cent of the population over the age of 55 (www.communityaccounts.ca). There are 848 beds throughout the region - 269 acute care, 519 long term care, 32 residential units and 28 bassinets.

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

The total workforce for the Central Health is 3,179 (2,606 female, 573 male), including salaried physicians. There are also approximately 80 fee-for-service physicians within the region.

LINES OF BUSINESS

Central Health provides health services and programs to the citizens of central Newfoundland. This includes hospital services, long term care, community and other services within allocated resources. Central Health is committed to a Primary Health Care model of service delivery. Inherent in all lines of business is the need for learning and education in its broadest context.

For certain services individuals may self-refer, while other services require a referral from a specific health professional. A multidisciplinary team of health professionals, support staff and partners provide the care and services required to meet the mandate of Central Health. It is important to note that services may fall under one or more headings. As Central Health is an evolving integrated authority, there will be further realigning of services and programs.

The following constitutes Central Health's lines of business:

Promoting health and well-being

- Health promotion
- Health protection

Preventing illness and injury

- Prevention services

Providing supportive care

- Individual, family and community supportive services
- Long term care and residential services

Treating illness and injury

- Hospital based services
- Community based services

Providing rehabilitation services

Central Health's mandate is included as appendix A of this document.

OTHER KEY STATISTICS	
Patient Days for Acute Care	72,948
Admissions to Acute Care	8,253
Acute Care Beds	269
Long Term Care Resident Days	183,057
Admissions to Long Term Care	318
Long Term Care Beds	519
Operating Room Procedures	5,498
Volunteers	860
Emergency Room Visits	96,341
Total Employees	3,179
Total Physicians	140
Children in Foster Care	119
Total Number of Adoptions	4
Children immunized by age two (Diphtheria, pertussis, tetanus, polio, influenza B)	98.4 per cent
Clients receiving continuing care	11,103

Healthy People... Healthy Communities

Hiking suits practically any age and any pace, whether it involves a stroll down a nature path, or a two-week trek to take in fantastic scenery.



SHARED COMMITMENTS

SHARED COMMITMENTS



Central Health recognizes and appreciates the contribution of its many and varied partners in helping it achieve its vision of healthy people and healthy communities. Collaboration with individuals, communities, organizations and governments is vital to Central Health's operations; and the significance of partnership is reflected in the organization's values. Some of the partners and shared successes for the 2008-09 period are noted in this section; however those named represent only a fraction of the partners that Central Health has the privilege to work with.

Department of Health and Community Services

Central Health partners with the Department of Health and Community Services to provide the citizens of central Newfoundland with an array of services which covers the full continuum of care from health promotion and community services to acute and long term care. This partnership extends to the three other provincial health authorities who collaborate on many levels in working towards achieving provincial strategic directions and regional strategic priorities.

Community Advisory Committees

Community participation is one of the pillars of the primary health care service delivery model. To increase participation in primary health sites, Central Health has developed a terms of reference and implemented Community Advisory Committees (CAC) in all of its primary health care sites. Community groups, non profit agencies and community boards are invited to nominate individuals to the CAC, with the final selection occurring at the Board level to ensure that there is diverse representation with respect to geography, age and gender demographic, community connections and experience related to health issues in the community.

The CAC is co-chaired by a Central Health Board member and a CAC member. The CAC works closely with the local primary health care leadership team to identify emerging population health issues, community assets and opportunities, and innovative solutions to community challenges that utilize a community development approach.



SHARED COMMITMENTS *cont'd*



Health Foundations

The Central Northeast Health Foundation and the South and Central Health Foundation are both public, registered charitable foundations which aim to rally and direct community support for the enrichment of our health programs and services. Each foundation is guided by a volunteer Board of Directors, comprised of individuals who live within the region.

The Foundations have made great strides in helping to enhance the health care system in the region. Funds raised through the Foundations assist the organization in keeping up-to-date with advances in medical technology and to invest in community-based health programs. Innovative medical technology plays an important role in attracting and retaining healthcare professionals.

Volunteers

Volunteers contribute a significant amount of their time to ensure the smooth operation of many of the programs and services offered in facilities throughout Central Health. Central Health appreciates the continued dedication of over 860 individuals who serve as

volunteers and recognizes the impact they have on the quality of the care and service provided to our clients, patients, residents and their families.

Municipalities

During 2008-09, Central Health's Chief Executive Officer and other officials from the organization held nine meetings with municipalities throughout the region. Representatives of over 40 municipalities attended the meetings to discuss issues related to health care in their communities.

Central Health, through partnership with the town of Grand Falls-Windsor, organized and held a Supportive Living Conference. This conference provided a wealth of information to citizens with an interest in the potential development of new residential options for persons who require varying degrees of assisted living while still maintaining their independence.

Central Health has also partnered with municipalities throughout the region to prepare for emergencies and disasters through the development of disaster plans and exercises.

Miawpukek First Nation

Central Health partners with the Miawpukek First Nation, by collaborating with the Conne River Health and Social Services Center in 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.

Through the Aboriginal Health Transition Fund, Central Health is a partner in assisting the Miawpukek First Nation in increasing electronic access to existing health information systems. This will increase collaboration amongst care providers and enable more timely and efficient services for clients in this geographic area.

Post Secondary Education Institutions

Central Health has an excellent working relationship with many post secondary education institutions, both regionally and provincially. A partnership with the College of the North Atlantic in the delivery of the Practical Nursing Program at the Grand Fall-Windsor campus has been successful. Central Health also



partners with Corona College and Key-In College in the delivery of the Personal Care Attendant/Home Support Worker Program.

Central Health works collaboratively with Memorial University School of Nursing and The Centre for Nursing Studies in the development and delivery of several Nursing Programs including the Practical Nursing, Bachelor of Nursing and Masters of Nursing programs as well as a number of post-basic programs such as the Nurse Practitioner program and the Operating Room Technician program.

Building solid partnerships with post secondary institutions is an essential building block for health human resource planning and a very important tool for a successful recruitment and retention strategy.

SHARED COMMITMENTS *cont'd*

Stop Now And Plan (SNAP)

SNAP or Stop Now And Plan is a service offered within the Community Youth Corrections/Youth Services program that focuses on direct intervention with children under the age of 12 who are at risk of being in conflict with the law or other authority figures. This program is offered in Grand Falls-Windsor and Botwood.

To ensure program integrity and fidelity, Central Health staff were trained on site at the Child Development Institute in Toronto. Central Health staff continues to consult with the institute on a regular basis. The institute has provided consultation regarding individual clients receiving SNAP services, as well as assistance with the submission of a proposal to the National Crime Prevention Centre for a funding request to expand SNAP to other communities in the Central region in 2009.

Central Housing and Homelessness Network

In central region the incidence of homelessness is becoming increasingly evident. Central Health staff and a range of other partners are reporting increasing numbers of individuals without suitable, affordable or adaptive housing in this region.

The Central Housing and Homelessness Network (CHHN) was formed in the spring of 2008 and is comprised of community based agencies, representatives from municipal and provincial agencies with responsibility for housing, income support, health care, churches, and other stakeholders including CHANNEL, Road to End Violence, Wellness Connection and Career Connects. The goal of CHHN is to work collaboratively to address homelessness in all aspects in Central Region.

Safer Healthcare Now!

Among our many partners are Safer Healthcare Now! (SHN!) and others in the patient safety movement, including for example Canadian Patient Safety Institute (CPSI). These partners assist us in advancing the patient safety agenda which enables achievement of Central Health's strategic issue - Ensuring Service Quality - and in line with that of the Department of Health and Community Services - quality and safety.

Canadian Blood Services

Central Health is partnering with Canadian Blood Services to increase the number of blood donations from employees of Central Health. Central Health is a

member of the Partner for Life program which promotes blood donation to employees through a number of mechanisms including On the Pulse, Central Health's quarterly employee newsletter and the intranet.

Bishop's Falls Correctional Centre

Central Health is partnering with the Bishop's Falls Correctional Centre to provide primary care to inmates through the services of a Nurse Practitioner and a collaborating Family Physician. This innovative partnership provides an opportunity for inmates to have on-site access to both monitoring and treatment of chronic illnesses such as diabetes and hypertension as well as access to health promotion and illness prevention strategies.

Royal Canadian Mounted Police (RCMP)

Central Health continues to partner with the detachment of the RCMP within the central region, particularly in relation to a memorandum of understanding regarding the transportation of clients with acute episodes of mental illness and potentially violent behaviour.



Building Capacity for Early Learning and Child Care Services

The staff in Early Learning and Child Development continue to work with partners to grow the capacity for early learning and child care in under-serviced and rural communities in the region. This partnership has seen the successful establishment of three licensed child care centres in partnership with community agencies in Botwood, New World Island and Harbour Breton. The communities of Baie Verte, Kittiwake Coast and Fogo Island are in the developmental phases of this initiative and preliminary discussions are underway with partners in Twillingate.

Healthy People... Healthy Communities

Following a consistent routine of running can increase HDL levels, reducing the risks of cardiovascular disease.



HIGHLIGHTS & ACCOMPLISHMENTS

HIGHLIGHTS & ACCOMPLISHMENTS

CLINICAL INITIATIVES



Enhancing end of life care in the community

This past year, Central Health has seen continual growth in the end of life home care program offered in the continuing care division. In 2007-08, 33 clients were admitted to the end of life home care program, 67 per cent of those clients remained at home to die. In 2008-09, 68 clients were admitted with 63 per cent of them choosing to die in the comfort of their own home. The success of this program can be attributed to the dedication of our nurses, social workers, pharmacists and physicians and the clients' families.

Successful pilot in the Inter-Rai homecare assessment tool

Central Health, in partnership with the Department of Health and Community Services and Inter-Rai, launched a pilot of the Inter-Rai homecare assessment tool in July 2008. The purpose of the pilot was to determine whether the community home care tool could predict, with any certainty, the long term placement of medically discharged patients in acute care. To date, the findings indicate that the Inter-Rai home care assessment tool is predictive in determining placement in long term care.

The net result of this pilot was the sanctioning of the assessment tool by the Department of Health and Community Services. Funding was allocated in the recent budget to launch the tool within the Province. A provincial committee was struck to oversee the launch of the assessment tool in the next year. Central Health is extremely pleased with this pilot project and is striving for full implementation within the region.

Safer Healthcare Now!

Safer Healthcare Now! initiatives have been introduced in Central Health during 2008-09. In addition to the four SHN! projects reported in the 2007-08 annual report , the following initiatives are also in place:

- Medication Reconciliation has spread to North Haven Manor, which is one of 30 teams in Atlantic Canada participating in the learning collaborative on the subject.
- Same Day Admission at CNRHC has initiated Medication Reconciliation.
- The Central Health Home Care Medication Reconciliation Team is one of 18 teams enrolled in the island project being led by VON Canada.
- Prevention of Surgical Site Infection project has been expanded.

HIGHLIGHTS & ACCOMPLISHMENTS *cont'd*

TECHNOLOGY

Integration of Business Systems

Central Health had an immediate need to create a single business management system that would serve both local and corporate needs for information in support of decision making at all levels. The Board was successful in obtaining funding of approximately \$290,000 in 2008 to commence this work.

A business management system will support the operational needs of Central Health by providing integrated systems throughout the organization including areas such as:

- Finance (general ledger, accounts payable, billing/accounts receivable)
- Human resources
- Materials management
- Payroll
- Staff scheduling

Telehealth

Telehealth is an integral component in helping Central Health achieve its strategic directions for chronic disease management and access to care providers. This is also

a part of the Department of Health and Community Services strategic plan, improving health care for central Newfoundlanders and a part of the Province's Strategic Plan. The implementation of Telehealth is improving health care in central Newfoundland by providing easier access to care providers. Telehealth allows clients to have appointments and consultations with physicians in other parts of the province and country through teleconferencing. This has significantly reduced the distance a patient must travel to get access to specialized services.

Electronic occurrence reporting system

Central Health is proud of our electronic occurrence reporting system through which staff report unanticipated events. A region wide electronic system has been up and running since February 2009. This system built on the system previously in use in a legacy board. Initial issues in the reporting system are being resolved and comprehensive reports and trending information will begin in the second quarter of 2009. This system will show Central Health where most of our occurrences take place and will assist us in taking corrective action to reduce risk in these areas.

QUALITY IMPROVEMENT INITIATIVES

Child, Youth and Family Services (CYFS)

There have been many initiatives focused on improving quality in CYFS over the past year. One of the most exciting is the professional development initiative for program staff and managers. The four Regional Health Authorities, in partnership with the Department of Health and Community Services, has launched this initiative entitled UPDATE. This initiative incorporates best practices from the field of child welfare and adult education. A sustainable training plan has been designed that will provide meaningful learning experiences for participants and will help build a learning culture within CYFS.

Paramedicine

Central Health is working in conjunction with provincial and regional counterparts to introduce the Provincial Medical Oversight Program (PMO) for paramedics in the central region. The goal of the program is to standardize paramedical care in the province. This is in keeping with the professionalism paramedicine has demonstrated nationally. The net result of these changes will be a



movement away from local and diverse protocols in numerous ambulance services across this province to one consistent, evidence-based set of protocols which will allow paramedics to work to their full scope of practice. Real-time advice and oversight will be provided by medical control physicians contracted and trained by the program. The 16 previously existing classifications of pre-hospital providers have been phased out and six new classifications have been introduced. Each classification has defined scopes of practice.

A registration process is being introduced that will require all paramedics to be registered with the PMO and to complete ongoing education and training to maintain competency. Central Health is extremely pleased to be a part of this quality initiative and looks forward to full implementation in the region.

HIGHLIGHTS & ACCOMPLISHMENTS *cont'd*

HUMAN RESOURCES

Recruitment Initiatives

During the past year, Central Health has increased its recruitment activities to include site visits to all Schools of Nursing within the province.

Recruiters from Central Health attended career fairs in Ontario, New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland and Labrador and Leeds, England and is pleased to report some success in recruitment of nurses and social workers as a result of these initiatives. Approximately 30 registered nurses (RN), 20 of whom are new graduates, are expected to join the organization by May 2009.

Other Nursing Human resource planning strategies include, supporting 13 RNs who are currently enrolled in the Nurse Practitioner program and four Licensed Practical Nurses (LPN) who are enrolled in the new LPN to Bachelor of Nursing bridging program. These nurses have agreed to work with Central Health following graduation.

Central Health is also experiencing the beginning of a shortage of LPNs. In an effort to retain LPNs, Central

Health converted over 100 temporary LPN positions to permanent full or part-time float pool positions.

Central Health is also represented on the newly formed Provincial Working Group for the Recruitment of Internationally Educated Nurses.

Infection Prevention and Control

The Infection Prevention and Control program has been allotted two new positions, bringing the total nursing positions to four. This allows for increased general auditing and a more focused effort on long term care programs.

CAPITAL EQUIPMENT AND INFRASTRUCTURE

New laundry equipment at Central Newfoundland Regional Health Centre (CNRHC)

The laundry equipment at CNRHC was in need of replacement, as it had many mechanical breakdowns and replacement parts were no longer available. The frequent breakdown created significant inefficiencies in that work area. A new state-of-the-art system was purchased and installed in 2008-09. The new system will allow for the continued processing of laundry in a much more efficient manner.



The installation of the new equipment required significant planning between several departments and the commitment of frontline staff in all areas including laundry, plant maintenance and materials management and the vendor. The whole process came together with very few interruptions and no impact on client services. This is a great demonstration of team work and how important support services equipment is to the functioning of health care.

COMMUNITY INITIATIVES

Bowel screening project

The most common occurring cancer in Newfoundland and Labrador is bowel cancer. Central Health has developed a bowel screening pilot project to respond to increasing rates of bowel cancer. This program will be offered to any individual 50 years of age in any one of the three health service areas participating in the pilot project (Buchans, Green Bay and Twillingate).

Primary Health Care (PHC) Update

Primary Health Care (PHC) continues to move forward in central Newfoundland with five sites established. The Green Bay, Coast of Bays and Twillingate/New World

Island PHC sites have all completed their community profiles and work on updates have begun. The Exploits and Kittiwake Coast PHC sites have completed their community profiles. The Fogo Island/Change Island PHC sites is in the process of completing its community profile.

With five established and functioning Community Advisory Committees and four PHC Leadership Teams in place, PHC is having a significant impact in responding to the unique needs of each of the sub-regions within Central Health.

Child Care Services

Over the last year, central region has experienced an increased interest in regulated Family Child Care (FCC). As of March 2009, two new FCC licenses have been issued and three new applicants are working through the licensing process. This can be attributed to the increased focus from both regional and provincial levels on promoting FCC. Given the significant numbers of rural areas in the central region, FCC offers an opportunity for regulated care which would not be possible with a sole reliance on centre-based care.

HIGHLIGHTS & ACCOMPLISHMENTS *cont'd*

MENTAL HEALTH

Mental Health Care and Treatment Act

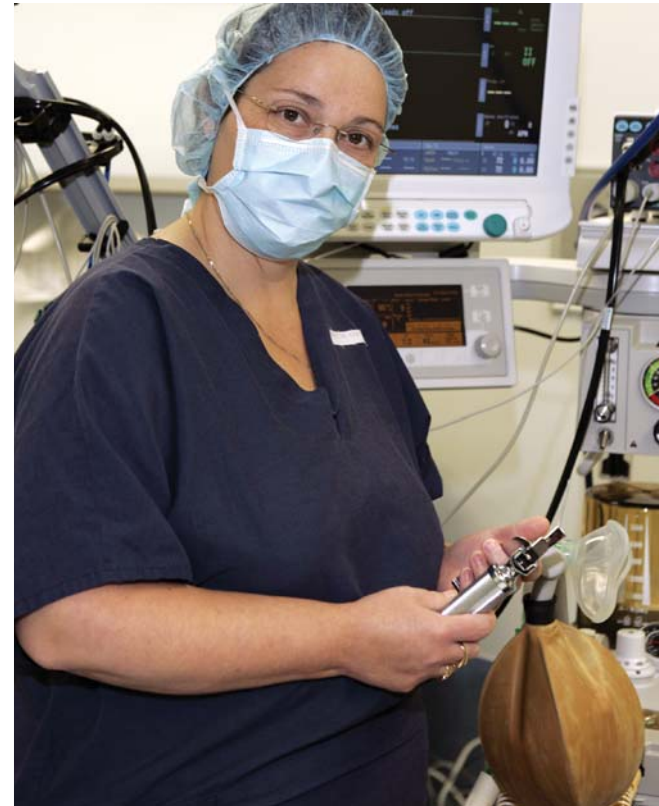
The newly proclaimed *Mental Health Care and Treatment Act* which was proclaimed in October 2007 created the need for considerable implementation strategies within the region. Central health has provided education regarding new requirements within the Act for the appropriate staff including training for Nurse Practitioners who can now provide the first signature for clients requiring certification. Safe rooms are being developed in James Paton Memorial Regional Health Centre (JPMRHC) as well as the Connaigre Peninsula Health Centre (CPHC) for clients with potentially dangerous and disruptive behaviour.

Mental Health Review

In light of the new Act, Central Health engaged the services of an external review team to review its acute care mental health and addictions services. Recommendations from the review have been received and are being considered for implementation.

Assertive Community Treatment Team (ACT Team)

Central Health is in the process of establishing a newly funded Assertive Community Treatment Team which will



advance provincial mental health initiatives and help meet the requirements of the new Act. Central Health has made great progress on the full integration of Mental Health and Addictions programs and has developed a single point of entry intake system for clients.

ETHICS TASK FORCE

Central Health's Ethics Task Force completed a need assessment with respect to ethics and provided recommendations to the Senior Leadership Team on an ethics framework for the organization. The Senior Leadership Team reviewed the seven recommendations of the Task Force; and with minor feedback, endorsed a one committee framework. Central Health's Ethics Committee is now established and is accountable to the Senior Leadership Team.

The Ethics Committee will ensure that Central Health has an ethics framework that is designed to meet the latest Accreditation Canada standards. Consistent with these standards will be the development of policies on ethics related issues; development of a written ethics framework that is publicly accessible and meets legal requirements; development of a process to address ethics-related clinical issues; and development of processes that apply to all types of ethics issues including, organizational, research, clinical and bio-ethics. The Ethics Committee will provide a process of referral for ethical review and approval of research and quality improvement projects.



Healthy People... Healthy Communities

Skiing tones your entire body while providing an excellent cardiovascular workout; it strengthens your heart muscle and improves delivery of oxygen to muscles.

REPORT ON PERFORMANCE

REPORT ON PERFORMANCE

MISSION

The mission statement for Category 1 Government Entities represents the outcome it is striving to achieve



over two planning cycles. Central Health developed the following mission statement in February 2006 when the organization was new and integration of three former

health boards was at the top of the agenda. While the statement remains unchanged, Central Health recognizes the work of its staff, managers, independent practitioners and volunteers in enabling integration, while ensuring the continuous provision of quality services and programs as this mission is being accomplished. This mission is supportive of the strategic directions of the Department of Health and Community Services.

Mission Statement:

By 2011, Central Health will have provided the best possible integrated health and community services and programs which respond to the identified needs of the people of central Newfoundland and Labrador within available resources.

Measure 1:

Central Health provided the best possible integrated health and community services and programs.

Indicators:

- Integrated services and programs are reflected in Central Health's organizational structure.
- Budget integration is completed across services and programs.
- Information systems are integrated across services and programs.
- Policy integration is completed.
- A primary health care model of service delivery is implemented in six sites.

Measure 2:

Central Health's programs and services are responsive to the identified needs of the population of the central region.

Indicators:

- Completed environmental scan of the central region.

REPORT ON PERFORMANCE *cont'd*

- Completed needs assessment and satisfaction survey of the population of the central region.
- Completed evaluation of selected existing services and programs.
- Evaluation component will be part of any new programs and services.
- Developed regional health services plan and implemented elements of the plan according to agreed upon measures with the Department of Health and Community Services.

Measure 3:

Central Health's programs and services are conducted within available resources.

Indicators:

- An annual balanced budget, unless otherwise directed by the Department of Health and Community Services, while monitoring impact on programs and services.
- Integrated regional budgeting processes.
- Alteration or implementation of services and programs will include cost analysis, and will be within resources.

ISSUE ONE: SYSTEM ALIGNMENT

Central Health is committed to ensuring that its system of care delivery meets the needs of the citizens of the region, utilizing an approach that incorporates implementation of quality practice standards and the best use of available resources. This issue supports the strategic direction of the Department of Health and Community Services, whereby they seek enhanced accountability and stability in the delivery of health and community services within available resources. Central Health is therefore challenged to find new ways of aligning its primary and secondary health care services to ensure sustainability, as well as access to quality care.

Essential to improved system alignment is a comprehensive assessment process which will identify primary and secondary services delivered throughout Central Health. This assessment will examine how these services are utilized and highlight challenges, gaps and opportunities. Subsequent recommendations to improve system alignment throughout the region will be grounded in knowledge of best practices in service delivery and decision making.

2008 - 2011 Goal

By March 31, 2011, Central Health will have developed recommendations for improved alignment of primary and secondary services, based on the most appropriate service, delivered at the most appropriate site, by the most appropriate care provider, in view of changing demographics, availability of resources and application of best practice principles.

2008 - 2009 Objective

By March 31, 2009, Central Health will have developed an assessment plan to identify key client services, their location, and key issues related to the resources required for that service.

Measure

A written report is available to and accepted by the Board.

Planned for 2008-09

A region wide primary and secondary service assessment plan is developed.

Actual for 2008-09

An inter-professional team of Central Health employees, lead by the VP of Rural Health, has been established to complete this strategic priority. The team has developed a Terms of Reference and has established a mandate that reflects the objectives of the System Alignment issue. To date, the team has partnered with the Newfoundland and Labrador Centre for Health Information and has established an assessment plan to examine primary and secondary services throughout the region. In compliance with the 2008-09 measure for this strategic initiative, both, the Terms of Reference and the Assessment Plan are scheduled to be presented to the Board Planning and Finance Committee in early Spring 2009.

REPORT ON PERFORMANCE *cont'd*



Discussion of Results

A terms of reference document, describing the assessment process to be followed has been developed during the 2008-09 fiscal year. A report on this action will be made available to the Board in June 2009. As well, the Board is regularly apprised of challenges to sustaining client services and key resources issues through normal communication processes.

It is already clear from the initial work of this team that this project is a major undertaking. Already many of the assumptions of the team related to meeting the challenge of enabling optimal health for the community and ensuring equitable, accessible and quality services in an environment of out-migration and aging population are being borne out. Thus, the intent of this strategic direction in assessing primary and secondary services and making recommendations based on knowledge of available resources and best practices is essential to improved system alignment.

2009-10 Objective

By March 31, 2010, Central Health will have implemented the primary and secondary service

assessment plan utilizing a best practice approach, following Primary Health Care principles and detailing current service location, key service resource issues, and current gaps in service.

Measure

A written report of the outcome of the assessment will be provided to and accepted by the Board of Trustees.

Indicators

- Completed written utilization review of primary and secondary services accessed by residents of Central Health.
- Completed written utilization review of location of services accessed by residents of Central Health.
- Complete written review of pertinent regional, provincial and national indicator reports.

ISSUE TWO: ACCESS

Central Health has identified the implementation of a primary health care service delivery model in six sites as an indicator of accomplishing its mission of best possible integrated health and community services and programs which respond to the identified needs of the people of

central Newfoundland and Labrador within available resources. A well integrated primary health care service delivery model will improve access to comprehensive primary health care, emphasizing health promotion, and illness and injury prevention.

A core objective of primary health care is accessibility which is defined as the ability for clients to obtain reasonable and timely access to a core set of appropriate primary health care services by appropriate providers at the right place and time through personal service and/or telephone triage. Central Health has utilized the primary health care model to identify and address site specific access issues with respect to primary health care services. Central Health is also actively moving ahead with the implementation of Telehealth services in the region, as guided by local needs and the provincial Telehealth strategy.

This approach has led to local assessment and solutions but has meant a variance from the original measure which was to develop an organization wide report on access issues for review and approval by the Board.

REPORT ON PERFORMANCE *cont'd*

2008-11 Goal

By March 31, 2011, Central Health will have implemented mechanisms to support improved access to primary and secondary health care services within existing financial and human resources and with consideration to changing demographics and maintenance of quality services.

2008 - 2009 Objective	
By March 31, 2009, Central Health will have initiated a process to identify significant access issues in priority areas.	
Measure	
A report detailing significant access issues in Central Health is available to and accepted by the Board.	
Planned for 2008-09	Actual for 2008-09
An approach/process to conduct region wide access assessment is developed	The six primary health care sites are in various stages of examining access issues in their local sites and identifying viable solutions. In addition, Central Health has moved ahead with the implementation of a telehealth strategy which is assessing local needs and impacting significantly on access for clients and families.
Expansion of the wait time management system to include wait time data collection in key identified areas is initiated	There have been ongoing initiatives at Central Health to reduce clients' wait times in key areas where access has been identified as an issue. This has been addressed through the establishment of clearer wait-times definitions, standardized and electronic data entry and collection processes. In the past year Central Health's, wait list management strategies have been implemented incrementally throughout the many services, in an effort to identify opportunities for improvement in processes for the management of wait times.
Key components of a health human resources plan are developed	The Human Resources Division has identified the key components to be included in Central Health's comprehensive Health Human Resources Plan, in order to align our health human resources with the overall organizational key strategic directions. This is fundamental to resolving issues around hard-to-recruit positions.

Discussion of Results

Primary health care sites have identified access issues and worked with their CAC, primary health care leadership teams and local providers to develop local solutions as part of their operational planning. For example New-Wes-Valley identified a low level of cervical screening and worked with their nurse practitioner to address access issues and increase screening rates. The Green Bay site has implemented a nurse practitioner in Robert's Arm and Triton to improve timely access to medical services. Social Work Assistants, as a new provider, were introduced in several sites to address access issues and to maximize the utilization of skill sets. A community based screening program for colorectal cancer has been introduced in three sites where there are high incidences of this disease, to provide earlier and easier access to screening.

The implementation of Telehealth services as a means to improve access, decrease travel time for clients and providers and enhance the involvement of families in care is a primary health care principle that has also been a priority for Central Health. To date, Telehealth services are established in 14 locations in the region. Services

currently provided through Telehealth include Oncology, Psychiatry, Medical Genetics, Dialysis, and Heart & Lung Transplant follow up. Since January 2009, there have been more than 500 client consults in Central Health using Telehealth services. New initiatives are constantly under consideration, with wound management and mental health certification reviews currently being assessed for potential delivery using Telehealth technology.

Central Health continued to achieve national benchmarks in all priority areas agreed upon in the Federal First Ministers agreement. Overall wait times have met the target benchmarks in these areas during 2008-09. Patients at Central Health continue to receive timely access to hip and knee replacement surgery, with 100 per cent of the surgeries completed within the benchmark time frame of 182 days. Patients continue to receive timely access to cancer surgeries at Central Health with 100 per cent of patients receiving surgeries for breast and colorectal cancer within 30 days from the decision to treat, and over 50 per cent of those cases were completed within seven days.

REPORT ON PERFORMANCE *cont'd*

In 2008-09 approximately 56,000 clients received diagnostic imaging services at Central Health. Patient wait times for access to these services varied depending on the service and the degree of urgency. The Diagnostic Imaging Waitlist Advisory Committee has been established to focus on improving access in many areas including Breast Imaging, CT Scanning and Ultrasound.

Central Health partnered with the Department of Health and Community Services and the Janeway Children's Health and Rehabilitation Centre to offer Operation Tooth. There were approximately 50 referrals for children from the Central Health area in the queue waiting for an average of 180 days to receive dental surgery. Operation Tooth provided for a visiting pediatric specialty service. Approximately 30 children received dental surgery during this project.

Central Health has focused on finding solutions to identified issues and reports to the Board to apprise them of these issues on a regular basis. While there is not a summary report, Central Health is addressing access issues as they are presented. In so doing, the 2011 mission and goal are being addressed in an

incremental/ cumulative manner. By taking this approach, Central Health has adopted a more proactive approach to human resources and has initiated development of a draft comprehensive Health Human Resource Plan to be completed by the end of the 2009 fiscal year. Achieving the best possible integrated health and community services and programs which respond to the identified needs of the people of central Newfoundland and Labrador is well served with this approach.

2009-10 Objectives

By March 31, 2010, Central Health will have developed strategies to address priority access issues.

2009-10 Measure

Strategies developed to address priority access issues

2009-10 Indicators

- Information provided to Board on services requiring wait time management.
- Strategies developed in priority access areas.
- Expansion of wait time management system implemented as per strategy.

ISSUE THREE: INFRASTRUCTURE AND CAPITAL EQUIPMENT

Many of the buildings that house Central Health services and programs are older and have undergone redevelopment at various times in the past.

Infrastructure upgrades and development are needed to accommodate changing services, programs, technology, client and staff needs, and the needs of the public. Similarly equipment must be regularly renewed and/or upgraded to meet new standards of care and/or changes in best practices and evolving technology. This issue exists for all health authorities in the province as highlighted publicly on numerous occasions over the

past few years. It supports the strategic direction of the Department of Health and Community Services whereby they seek enhanced accountability and stability in the delivery of health and community services, within available resources.

Central Health has undertaken a comprehensive environmental scan of the inventory and condition of the infrastructure of Central Health. This work was presented to and accepted by the Board of Trustees. However, there has been a delay in the review of equipment which has resulted in a variance from the original measure for 2008-09.



REPORT ON PERFORMANCE *cont'd*

2008 -11 Goals

By March 31, 2011, Central Health will have developed a comprehensive and prioritized infrastructure and capital equipment plan, that is aligned with service delivery plans for the central region.

2008 -09 Objective	
By March 31, 2009, the environmental scan and inventory of infrastructure and capital equipment at Central Health will be available to and accepted by the Board.	
Measure	
The environmental scan is accepted by the Board.	
Planned for 2008-09	Actual for 2008-09
An environmental scan and inventory of infrastructure and capital equipment is available to the Board	<p>A report of the inventory and condition of infrastructure was presented to and accepted by the Board on January 20, 2009.</p> <p>The Capital Equipment section of this scan has been reviewed by Central Health but is not yet in a manageable format for presentation to the Board. There has been a delay in the completion of the equipment review and inventory. This is an enormous task in that there are so many items of equipment of various types throughout Central Health in all departments, as there is in all health authorities.</p>

Discussion of Results

In keeping with the 2008-11 goal, Central Health has completed a detailed and extensive environmental scan of the condition of infrastructure within the region. This was presented to and accepted by the Board of Trustees on January 20, 2009. This report supported the

capital project requests which were submitted to the Department of Health and Community Services for approval in the 2009-10 budget cycle.

The equipment inventory for the region has now substantially been consolidated in the regional

maintenance management system. This inventory now has to be compared to a physical inventory of the items. This will improve the accountability of the resources presently in place and allow for planning of replacement and prioritization of equipment needs. To that end Central Health is moving to a capital tracking and acquisition process that is based upon guidelines set out by the American Society for Healthcare Engineering. These guidelines are based upon an estimated useful life for equipment and incorporate factors that affect that useful life. This is considered to be in line with best practice evidence for all four Regional Health Authorities and also an improvement in accountability requirements for scarce capital funds. When this is available it will be presented to the board for their approval.



2009-10 Objective

By March 31, 2010, criteria will be developed for determining priorities in infrastructure redevelopment and capital equipment, based on impact statements and business cases that are consistent with system alignment recommendations.

Measure 2009-10

Criteria developed for determining priorities in infrastructure and equipment.

Indicators 2009-10

- An inventory of capital equipment is available to the Board.
- Impact statements reviewed regarding infrastructure redevelopment and capital equipment.
- Business cases developed to inform decision-making.
- Consistency of available information assessment in relation to system alignment recommendations.
- Implemented equipment rating system based on American Society for Health Care engineering.

REPORT ON PERFORMANCE *cont'd*

ISSUE FOUR: HEALTH PROMOTION AND CHRONIC DISEASE

Central Newfoundland and Labrador has an aging population and a high incidence of chronic disease, as is the case in the rest of the province. Considering that 13 of the 20 most common chronic diseases are linked to age and that in 2005, about 95 per cent of Newfoundlanders and Labradorians 65 years and older had at least one chronic condition, preventing and managing chronic disease to enable self-care, enhance quality of life and reduce dependence on the health care system is desirable. This issue supports the Department of Health and Community Services' strategic direction of Chronic Disease Management.

Given the significance of the impact of chronic disease on the health of the population, in 2008-2009 Central Health proceed with the initial step in the development of a regional plan. There has been significant work completed on this issue nationally and in other provincial jurisdictions which Central Health was able to avail of in the development of our draft plan.



2008 -11 Goal

By March 31, 2011, Central Health will have an implementation strategy for chronic disease management for citizens of Central Newfoundland and Labrador, which is accepted by the Board.

2008 -09 Objective	
By March 31, 2009, Central Health will have reviewed the Provincial Chronic Disease Prevention and Management Strategy in the context of Central Health.	
Measure	
A report is completed on the review of the Provincial Chronic Disease Prevention and Management Strategy as it applies to the Central Health context.	
Planned for 2008-09	Actual for 2008-09
A report on the review of the Provincial Chronic Disease Prevention and Management (CDPM) Strategy is available and accepted by the Board.	The first draft of a Chronic Disease Prevention and Management Strategy for Central Health was completed and with board approval will serve as the regional plan. The provincial strategy was under development and therefore not available for release .

Discussion of Results

When Central Health embarked on the initial planning to address this strategic issue, there were indications that the DHCS would produce a Provincial Chronic Disease Prevention and Management (CDPM) Strategy in fiscal year 2008-09. Being cognizant of the need for alignment of provincial and regional directions, Central Health intended to complete a review of provincial directions

prior to proceeding with the development of a regional plan. However, this did not occur and there is a variance from the original measure for 2008-09.

Although Central Health did not have the benefit of reviewing a provincial CDPM strategy prior to embarking on the development of a strategy for the region, we are confident that the draft strategy put forward will provide

REPORT ON PERFORMANCE *cont'd*

the appropriate foundation to meet the 2011 goal. This issue remains a high priority for Central Health's Board and in particular our primary health care sites. A chronic disease coordinator was hired for a one year term to focus on aligning our diabetes services with a chronic disease framework.

Collaboration has been established with Western Health which also has a keen interest in this issue. In conjunction with Western Health, a spring workshop has been planned for regional policy and decision makers on the self management component of chronic disease management.

Developments on the national scene, directions from other provinces and jurisdictions, in addition to published literature and evidence-informed practices, have all been utilized to inform the draft strategy developed for Central Health. In 2009-10, the draft strategy will be reviewed by senior staff and key stakeholders; feedback will be incorporated to produce

a final version. This will enable Central Health to move forward with meeting objectives for 2009-10, in terms of identifying and prioritizing focus areas for chronic disease management.

2009-10 Objective

By March 31, 2010 Central Health will have identified and prioritized focus areas for chronic disease management in its designated region.

2009-10 Measure

Focus areas are identified and prioritized for chronic disease management in Central Health.

2009-10 Indicators

- Three priority areas of focus for chronic disease management approved by senior leadership.

ISSUE FIVE: ENSURING SERVICE QUALITY

Ensuring service quality is a commitment from Central Health to the citizens of central Newfoundland and Labrador. It is a continuous process and builds on Issue six: Culture of Safety, as stated in the Strategic Plan of 2006-08 , and reported in the annual report 2007-08 . Central Health developed an integrated risk management and patient safety program to enable a culture of safety throughout the organization.

During 2008-09 Central Health completed implementation of the electronic occurrence reporting system for unanticipated events. In addition successful spread of Safer Healthcare Now! projects has been

accomplished. The Board Performance Improvement Committee, Board Patient Safety Committee and Quality Council meet regularly and are engaged in their mandates. The goal for 2008-11 focuses on the implementation of service quality indicators to measure how well Central Health is doing in ensuring service quality.

This issue supports that of the Department of Health and Community Services Issue: Quality and Safety, in that it addresses performance reporting mechanisms and quality and risk framework development. Central Health is committed to enabling a culture of safety as is the Department of Health and Community Services.



REPORT ON PERFORMANCE *cont'd*

2008 -11 Goal

By March 31, 2011, Central Health will have improved service quality by continuing to develop, define and implement service quality indicators which include client safety and risk assessment, across the continuum of services.

2008 -09 Objective	
By March 31, 2009, Central Health will have defined, identified and prioritized the service quality areas for action according to a selected assessment framework. This will include consideration of nontraditional areas of performance measurement .	
Measure	
A comprehensive report card containing defined and prioritized service quality indicators is accepted by the Board.	
Planned for 2008- 2009	Actual for 2008- 2009
Quarterly reports on the status of the work are submitted to the Board	A report card was submitted to the Board quarterly through the Board Performance
Performance Improvement Committee.	Improvement Committee. The service quality indicators are being defined and prioritized according to the client safety and risk assessments. The Board Performance Improvement Committee is apprised of the status of the client safety and risk assessment.

Discussion of Results

In keeping with the 2008-11 goal, Central Health has selected and initiated client safety and risk assessments throughout Central Health. Although these assessments are not yet completed, as there were delays in receiving the assessment tools, a comprehensive report card

is provided to the Board on a quarterly basis. It is anticipated that the client safety and risk assessments will be completed by early summer 2009, and indicators identified through these assessments will then be added to the report card.

Through this process, Central Health has already learned that report cards must be dynamic and change as is necessary, sometimes in response to matters occurring within Central Health and sometimes in response to those occurring in the wider community. For example, in the event of a norwalk outbreak, appropriate indicators are reported to the Board Performance Improvement Committee. Report cards are not static documents and the measure states that quality service indicators will be identified, defined and prioritized. This continues to be valid and it will be dynamic and changing.



2009-10 Objective

By March 31, 2010, Central Health will have initiated and implemented service quality areas for improvement as prioritized in 2009.

Measure 2009-10

Three service quality areas for action, as prioritized from the client safety and risk assessments have been identified and implemented.

Indicators 2009-10

- Quarterly reports on the status of the work are submitted to the Board Performance Improvement Committee.
- Quarterly reports on the prioritized service quality areas for improvement are submitted to the Board Performance Improvement Committee.
- A comprehensive report card containing defined and prioritized service quality indicators is accepted by the Board Performance Improvement Committee (indicator 2008-09 which was not completed).



*Healthy People...
Healthy Communities*

Kayaking is a low impact activity that can improve your aerobic fitness, strength and flexibility.

OPPORTUNITIES & CHALLENGES

OPPORTUNITIES & CHALLENGES

The coming year presents opportunities and challenges in a number of areas. Underlying all issues is the ongoing challenge of the large geography of the region and the need to provide services to a dispersed and aging population.

Recruitment and Retention

The recruitment and retention of staff is one of Central Health's most pressing challenges. It presents the organization with an opportunity to work with communities to address this challenge.

As the population of this region and province continues to age, the number of staff retiring each year continues to grow. In 2008-09 Central Health was particularly impacted by a shortage of nurses and social workers which is predicted to continue into the foreseeable future.

Recruitment and retention of social workers in Child, Youth & Family Services and Community Supports Programs has been particularly challenging. The recruitment challenges led to positions being vacant for extended periods of time with social workers often

carrying their individual caseload in addition to providing relief for vacant positions. As the fiscal year ends, recruitment challenges will likely continue, especially as new positions are created in the CYFS division.

Currently there are vacancies in a number of other professional areas including medicine, pharmacy, management, laboratory technology and diagnostic imaging technology, to name a few. These areas will be the particular focus of recruitment strategies in 2009-10.

Recruiting and retaining qualified, competent staff will continue to be a challenge and one that will require continued commitment and enhanced partnerships with government, unions and others.

Labour Relations

Facilitating the consolidation of bargaining units has been challenging and very time consuming. This process provides the organization with an opportunity to improve the ability of regional departments to operate more effectively and efficiently.

OPPORTUNITIES & CHALLENGES *cont'd*

Personal Health Information Act

The Personal Health Information Act (PHIA) which was passed in 2008 will have a significant impact on Central Health. Central Health participates on a provincial committee and has representatives on a number of working groups which are addressing matters relating to implementation of this act.

Direct Home Service Program and Child Care Services

The integration of Direct Home Services Program and Child Care Services into the division of Early Learning and Child Development has created both challenges and opportunities. Children with autism often transition to an early learning and child care program to promote further learning opportunities related to programming goals. This transition has been challenging as the program shifts from individualized programming to group settings with different influential teachers and goals. At the same time, the integration of the division has allowed increased opportunities for these transitions and improved coordination of services.

Financial and Corporate Services

The review and consolidation of business and management systems will allow Central Health to revise and implement best practices that are consistent with provincial requirements and improve data timeliness and quality. The current challenge is to maintain the momentum of the project in light of the constant changes in the health care environment and human resource shortages being faced in all areas.

Policies and Procedures

Policy and procedure integration for all services and programs continues to be a challenge. The loss of the coordinator for this project has led to a number of delays but work is continuing with all new manuals identified and the writing of new integrated policies and procedures are well underway. Central Health will be integrating the 95 plus paper-based legacy manuals into approximately 30 new integrated electronic manuals. Central Health's new intranet is operational and new policies and procedures have been uploaded to the intranet where they are available for viewing region wide.

FINANCIAL STATEMENTS



AUDITORS' REPORT

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

We have audited the consolidated balance sheet of the **Central Regional Health Authority** as at March 31, 2009 and the consolidated statements of changes in net assets, operations and cash flow for the year then ended. These financial statements are the responsibility of the Authority's management. 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 plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2009 and the results of its operations and the changes in its cash flow for the year then ended in accordance with Canadian generally accepted accounting principles.

Walters Hoffe
Chartered Accountants

Gander, Newfoundland
July 17, 2009

CENTRAL REGIONAL
HEALTH AUTHORITY
CONSOLIDATED
BALANCE SHEET
MARCH 31, 2009

Assets

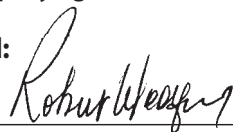
Current assets:		
Receivables (Note 3)	\$ 19,169,137	12,548,071
Inventories (Note 4)	1,956,854	1,943,615
Prepays (Note 5)	5,004,614	4,774,569
Total current assets	<u>26,130,605</u>	<u>19,266,255</u>
Cash restricted for security deposits	25,674	24,223
Investments restricted for general endowment purposes (Note 6)	430,161	391,801
Replacement reserve funding (Note 14)	310,828	276,230
Residents' trust funds held on deposit	751,903	679,247
Property, plant and equipment (Note 7)	55,902,486	59,332,851
	<u>\$ 83,551,657</u>	<u>79,970,607</u>

Liabilities

Current liabilities:		
Bank indebtedness (Note 8)	\$ 177,214	10,856,893
Payables and accruals (Note 9)	25,078,014	22,218,661
Accrued vacation pay	10,763,896	9,282,621
Deferred grants and donations (Note 10)	19,441,040	5,436,082
Current portion of obligations under capital lease (Note 12)	116,598	126,281
Current portion of long-term debt (Note 11)	1,244,314	1,186,646
Current portion of accrued severance pay - estimated	1,500,000	1,500,000
Total current liabilities	<u>58,321,076</u>	<u>50,607,184</u>
Security deposits payable	25,674	24,223
Long-term debt (Note 11)	20,290,700	21,540,329
Obligations under capital lease (Note 12)	30,933	147,532
Trust funds payable	751,903	679,247
Accrued severance pay, less current portion	21,749,706	21,132,646
Unamortized deferred contributions related to property, plant and equipment (Note 13)	26,350,952	27,454,418
Replacement reserves (Note 14)	310,828	276,230
J.M. Olds scholarship and library funds	85,603	86,320
	<u>127,917,375</u>	<u>121,948,129</u>
Net assets, per accompanying statement:		
Net assets invested in property, plant and equipment	7,803,669	8,755,956
Net assets restricted for general endowment purposes	430,161	391,801
Unrestricted net assets (deficit)	(52,599,548)	(51,125,279)
	<u>(44,365,718)</u>	<u>(41,977,522)</u>
	<u>\$ 83,551,657</u>	<u>79,970,607</u>

See accompanying notes

Approved:

 Trustee

 Trustee

CENTRAL REGIONAL
HEALTH AUTHORITY
CONSOLIDATED
STATEMENT OF CHANGES
IN NET ASSETS
YEAR ENDED
MARCH 31, 2009

	2009				2008
	Invested in Property, Plant and Equipment	Restricted for General Endowment Purposes	Unrestricted	Total	Total
Balance (deficit), beginning: As previously reported	\$ 8,755,956	391,801	(51,423,376)	(42,275,619)	(39,537,846)
Prior years' adjustment to revenue for donations deferred in error	-	-	298,097	298,097	298,272
As restated	8,755,956	391,801	(51,125,279)	(41,977,522)	(39,239,574)
Deficiency of revenue over expenditure	(2,255,529)	-	(117,667)	(2,373,196)	(2,737,948)
Investment in property, plant and equipment (Note 15)	1,318,242	-	(1,318,242)	-	-
Equity in land sold	(15,000)	-	-	(15,000)	-
Transfers to endowment fund:					
Reinvested investment income	-	18,360	(18,360)	-	-
Contributed from unrestricted	-	20,000	(20,000)	-	-
Balance (deficit), ending	\$ 7,803,669	430,161	(52,599,548)	(44,365,718)	(41,977,522)

See accompanying notes

CENTRAL REGIONAL
HEALTH AUTHORITY
CONSOLIDATED
STATEMENT OF OPERATIONS
YEAR ENDED
MARCH 31, 2009

	<u>2009</u>	<u>2008</u>
Revenue:		
Provincial plan operating	\$ 238,401,315	218,814,183
MCP physicians salaries	11,281,390	10,403,171
Patient-resident services	11,940,676	11,399,880
CMHC mortgage interest subsidy (Note 11)	108,928	107,256
Redundancy and other funding	345,288	469,533
Capital project funding	1,923,874	2,614,338
Recoveries	3,754,746	2,868,172
Cottage operations	1,471,369	1,457,116
Foundations	994,982	855,893
Other revenue	2,279,212	2,231,944
	<u>272,501,780</u>	<u>251,221,486</u>
Expenditure:		
Administration	25,801,180	22,718,136
Community and social services	64,913,656	57,398,747
Support services	54,008,429	50,057,346
Nursing inpatient services - acute	36,223,467	36,869,868
- long-term care	26,625,906	23,622,121
Ambulatory care services	15,951,746	15,091,072
Diagnostic and therapeutic services	28,703,310	27,492,203
Medical services	15,251,141	14,207,669
Education services	1,408,164	1,426,792
Cottage operations, including amortization of \$378,429 (2008 - \$354,834)	1,467,006	1,450,096
Foundations, including amortization of \$5,151 (2008 - \$2,538)	550,692	530,494
	<u>270,904,697</u>	<u>250,864,544</u>
Surplus prior to non-shareable items	<u>1,597,083</u>	356,942
Non-shareable items:		
Amortization of deferred capital grants	3,557,464	3,898,563
Amortization	(5,429,413)	(6,122,294)
Accrued vacation pay - (increase) decrease	(1,481,270)	(229,649)
Accrued severance pay - (increase) decrease	(617,060)	(641,510)
	<u>(3,970,279)</u>	<u>(3,094,890)</u>
Deficiency of revenue over expenditure	\$ <u>(2,373,196)</u>	<u>(2,737,948)</u>

See accompanying notes

CENTRAL REGIONAL
HEALTH AUTHORITY
CONSOLIDATED
STATEMENT OF CASH FLOW
YEAR ENDED
MARCH 31, 2009

	<u>2009</u>	<u>2008</u>
Cash flows:		
Operations:		
Deficiency of revenue over expenditure	\$ (2,373,196)	(2,737,948)
Amortization	5,812,995	6,479,667
Amortization of deferred capital grants	(3,557,464)	(3,898,563)
Gain on disposal of property, plant and equipment	(23,337)	-
	<u>(141,002)</u>	(156,844)
Changes in:		
Receivables	(6,621,065)	(2,179,629)
Inventories	(13,239)	134,724
Prepays	(230,044)	(1,046,050)
Deferred charges	-	4,586
Payables and accruals	2,859,353	596,668
Accrued vacation pay	1,481,270	228,496
Deferred grants and donations	14,004,958	(293,823)
Accrued severance pay	617,060	641,510
	<u>11,957,291</u>	(2,070,362)
Investing:		
Additions to property, plant and equipment	(2,675,010)	(7,712,837)
Deposits on property, plant and equipment	-	2,188,547
Increase in general endowment fund investments	(38,360)	(102,470)
Proceeds on disposal of property, plant and equipment	79,707	-
	<u>(2,633,663)</u>	(5,626,760)
Financing:		
Repayment of long-term debt	(1,191,961)	(1,291,987)
Repayment of capital leases	(126,281)	(119,183)
Net changes in J. M. Olds funds	(717)	746
Grants used for the purchase of property, plant and equipment	2,449,377	7,223,739
Donations used for the purchase of property, plant and equipment	225,633	307,451
New loan proceeds	-	149,737
	<u>1,356,051</u>	6,270,503
Net increase (decrease) in cash	10,679,679	(1,426,619)
Cash, net of bank indebtedness:		
Beginning	<u>(10,856,893)</u>	(9,430,274)
Ending (Note 8)	\$ <u>(177,214)</u>	(10,856,893)

See accompanying notes

1. Nature of operations:

These financial statements reflect the operating assets, liabilities, revenue and expenditure of the following facilities and clinics operated by the Central Regional Health Authority.

Facilities

A. M. Guy Memorial Health Centre	Green Bay Community Health Centre
Baie Verte Peninsula Health Centre	James Paton Memorial Regional Health Centre
Bonnews Lodge Apartment Complex	Lakeside Homes
Brookfield Bonnews Health Care Centre	North Haven Manor Senior Citizens Home
Carmelite House Senior Citizens Home	North Haven Manor Cottages
Central Newfoundland Regional Health Centre	Notre Dame Bay Memorial Health Care
Central Northeast Health Foundation Inc.	South and Central Health Foundation
Connaigre Peninsula Community Health Centre	Valley Vista Senior Citizens Home
Dr. Hugh Twomey Health Care Centre	Valley Vista Cottages
Fogo Island Health Care	

Clinics

Carmanville	LaScie
Centreville	Lewisporte
Eastport	Mose Ambrose
Gambo	Musgrave Harbour
Gander Bay	New World Island
Glovertown	St. Alban's
Hare Bay	St. Brendan's
Hermitage	

The operations of the above entities were primarily funded by the Government of Newfoundland and Labrador (the Government) to provide health care services on the Government's behalf, causing all entities to be effectively under common control. As a result, these financial statements have been prepared using the pooling of interest method of accounting. Under this method, the book values of assets, liabilities and net assets of each of the entities being combined, are added together to form the combined value of assets, liabilities and net assets of the Authority.

2. Summary of significant accounting policies:

These financial statements have been prepared in accordance with generally accepted accounting principles. Outlined below are those policies considered particularly significant by the Authority.

Investments

Investments restricted for general endowment fund are recorded at cost.

Inventories

Inventories are valued determined on the first in first out basis, as follows:

- General stores, at average cost
- Drugs, at cost

2. Summary of significant accounting policies (continued):

Property, plant and equipment

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 property, plant and equipment.

Purchased property, plant and equipment are recorded at cost. Contributed property, plant and equipment are recorded at fair value at the date of contribution. Property, plant and equipment are being amortized on a declining balance basis over their useful lives, at the following rates:

Land improvements	5%
Buildings and service equipment	5%
Information systems equipment	33.3%
Equipment	12.5%
Motor vehicles	20.0%

In addition, the North Haven Manor Cottage Units Phase I, II, III, North Haven Manor Cottage Units Phase IV, Valley Vista Cottages, Bonnews Lodge Apartment Complex buildings and equipment are being amortized at a rate equal to the annual principal reduction of the mortgages related to the properties. This is in accordance with an operating agreement with Newfoundland and Labrador Housing Corporation.

Replacement reserves

Newfoundland and Labrador Housing Corporation (NLHC) requires that Not-for-Profit Housing groups maintain a Replacement Reserve Fund which is to be used to fund major maintenance and the purchase of property, plant and equipment. These funds may only be used as approved by NLHC. Withdrawals are charged to interest first and then principal.

Transactions in the reserves are shown in Note 14.

Revenue recognition

Central Regional Health Authority follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Contributions related to property, plant and equipment are deferred and amortized to revenue at the same rates which the related property, plant and equipment are amortized.

	<u>2009</u>	<u>2008</u>
3. Receivables:		
Provincial plan grants - operating	\$ -	2,792,815
Capital grants	2,423,170	1,402,588
Patient, capital donations, rents and other	3,998,748	3,975,435
MCP	12,014,926	3,138,913
Cancer Foundation	521,635	666,922
HST	776,872	1,173,953
Due from NLHC	57,303	21,787
	<u>19,792,654</u>	<u>13,172,413</u>
Allowance for doubtful	<u>623,517</u>	<u>624,342</u>
	<u>\$ 19,169,137</u>	<u>12,548,071</u>
4. Inventories:		
General stores	\$ 747,294	812,794
Drugs	1,209,560	1,130,821
	<u>\$ 1,956,854</u>	<u>1,943,615</u>
5. Prepaids:		
Equipment maintenance	\$ 738,276	894,810
Malpractice and membership fees	97,425	103,513
General insurance	167,526	181,117
Workplace Health, Safety and Compensation Commission	2,956,107	2,819,626
Municipal taxes	458,631	455,131
Other	586,649	320,372
	<u>\$ 5,004,614</u>	<u>4,774,569</u>

6. 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 cost as follows:

	<u>2009</u>	<u>2008</u>
Central Northeast Health Foundation Inc.	\$ 89,275	85,454
South and Central Health Foundation	340,886	306,347
	<u>\$ 430,161</u>	<u>391,801</u>

The quoted market value of these investments at March 31, 2009 was:

	<u>2009</u>	<u>2008</u>
Central Northeast Health Foundation Inc.	\$ 87,161	89,855
South and Central Health Foundation	312,467	322,124
	<u>\$ 399,628</u>	<u>411,979</u>

7. Property, plant and equipment:

	<u>2009</u>			<u>2008</u>
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net Book Value</u>	Net Book Value
Land	\$ 313,914	-	313,914	313,914
Land improvements	1,212,046	715,710	496,336	538,794
Buildings and service equipment	74,507,816	43,382,291	31,125,525	32,900,512
Equipment	87,343,951	64,278,661	23,065,290	24,627,880
Equipment under capital lease	2,469,604	2,051,523	418,081	502,799
Motor vehicles	2,089,033	1,657,813	431,220	383,801
Motor vehicles under capital lease	196,503	144,383	52,120	65,151
	<u>\$ 168,132,867</u>	<u>112,230,381</u>	<u>55,902,486</u>	<u>59,332,851</u>

8. Bank indebtedness:

	<u>2009</u>	<u>2008</u>
Cash	\$ 819,510	638,078
Due to bank on current account	(996,724)	(11,494,971)
	<u>\$ (177,214)</u>	<u>(10,856,893)</u>

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

	<u>2009</u>	<u>2008</u>
9. Payables and accruals:		
Trade	\$ 16,347,699	15,449,258
Due to NLHC - operating subsidy	-	10,358
Residents' comfort fund	56,460	54,015
Accrued - wages	8,494,659	6,494,859
- interest	96,436	149,971
- other	82,760	60,200
	<u>\$ 25,078,014</u>	<u>22,218,661</u>
10. Deferred grants and donations:		
Deferred operating grants	\$ 6,542,340	2,982,043
Deferred capital grants	12,898,700	2,454,039
	<u>\$ 19,441,040</u>	<u>5,436,082</u>
11. Long-term debt:		
4.59% CMHC 1 st mortgage on Bonnews Lodge; repayable in equal monthly installments of \$10,248, interest included; maturing August, 2011	\$ 243,936	353,113
3.71% CMHC mortgage on Lakeside Homes; repayable in equal monthly installments of \$12,847, interest included; maturing April, 2020, renewable October, 2010	1,401,303	1,501,951
7.5% CMHC mortgage on Lakeside Homes; repayable in equal monthly installments of \$4,574, interest included; maturing July, 2023	484,893	503,296
Prime plus 1% Bank of Nova Scotia deferred demand loan; repayable in equal monthly installments of \$3,056, plus interest; maturing November, 2018	357,473	394,145
5.15% Canadian Imperial Bank of Commerce loan for Carmelite House, unsecured; repayable in equal monthly installments of \$64,153, interest included; maturing March, 2027	9,071,478	9,365,858
	<u>\$ 11,559,083</u>	<u>12,118,363</u>

	<u>2009</u>	<u>2008</u>
11. Long-term debt (continued):		
Balance forward	\$ 11,559,083	12,118,363
7.25% Canadian Imperial Bank of Commerce mortgage on Botwood housing; repayable in equal monthly installments of \$510, interest included; maturing July, 2028, renewable July, 2010	62,174	63,807
7.25% Canadian Imperial Bank of Commerce mortgage on Botwood housing; repayable in equal monthly installments of \$462, interest included; maturing July, 2027, renewable July, 2010	56,283	57,737
3.99% Canadian Imperial Bank of Commerce mortgage on Hospital renovations; repayable in equal monthly installments of \$8,095, interest included; maturing February, 2014	433,474	511,636
8.0% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor; repayable in equal monthly installments of \$8,298, interest included; maturing February, 2026	939,402	964,695
8.0% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista; repayable in equal monthly installments of \$10,124, interest included; maturing August, 2027	1,180,689	1,208,254
7.875% Newfoundland and Labrador Housing Corporation mortgage on Authority offices; repayable in equal monthly installments of \$8,165, interest included; maturing August, 2024	883,117	911,493
4.33% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Senior Citizens Home; repayable in equal monthly installments of \$8,553, interest included; maturing July, 2019, renewable September, 2009	854,458	918,981
General Motors Acceptance Corporation; repayable in equal monthly installments of \$1,054, interest free; matured October, 2008	-	7,379
8.35%, Toyota Financial Services, loan repayable in equal monthly instalments of \$987, interest included; maturing June 2010	14,013	24,220
	\$ 15,982,693	16,786,565

	2009	2008
11. Long-term debt (continued):		
Balance forward:	\$ 15,982,693	16,786,565
6.15% Bank of Nova Scotia 1 st mortgage on land and building at 1 Newman's Hill, Twillingate; repayable in equal monthly installments of \$417, interest included; maturing November, 2024, renewable May, 2010	57,808	59,888
6.15% Bank of Nova Scotia 1 st mortgage on land and building at 42 Howlett's Road, Twillingate; repayable in equal monthly installments of \$392, interest included; maturing June, 2020, renewable May, 2010	38,307	40,553
5.6% Bank of Nova Scotia 1 st mortgage on land and building at 30 Smith's Lane, Twillingate; repayable in equal monthly installments of \$395, interest included; maturing July, 2020, renewable June, 2011	39,874	42,307
9.5% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor Cottages; repayable in equal monthly installments of \$7,925, interest included; maturing June, 2029	866,251	880,105
4.5% Industrial Alliance Insurance and Financial Services Inc. mortgage on North Haven Manor Cottages; repayable in equal monthly installments of \$11,699, interest included; maturing January, 2016, renewable February, 2012	684,577	756,930
4.16% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor Cottages; repayable in equal monthly installments of \$9,292, interest included; maturing November, 2018, renewable December, 2011	884,191	960,720
4.31% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor Cottages; repayable in equal monthly installments of \$3,565, interest included; maturing July, 2025, renewable April, 2012	502,299	523,176
4.59% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Cottages; repayable in equal monthly installments of \$5,138, interest included; maturing June, 2016, renewable August, 2011	380,179	423,506
4.28% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Cottages; repayable in equal monthly installments of \$10,416 interest included; maturing December, 2017, renewable December, 2012	912,103	996,510
	\$ 20,348,282	21,470,260

	2009	2008
11. Long-term debt (continued):		
Balance forward:	\$ 20,348,282	21,470,260
4.24% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Cottages; repayable in equal monthly installments of \$5,238, interest included; maturing May, 2018, renewable June, 2013	475,799	519,343
5.5% Newfoundland and Labrador Housing Corporation 1 st mortgage on Bonnews Apartment Complex; repayable in equal monthly installments of \$4,718, interest included; maturing November, 2024, renewable April, 2009	596,271	619,808
6.5% Newfoundland and Labrador Credit Union mortgage on therapeutic residence; repayable in bi-weekly installments of \$397, interest included, maturing in November 2032, renewable November 2012	114,662	117,564
	21,535,014	22,726,975
Less current portion	1,244,314	1,186,646
	\$ 20,290,700	21,540,329

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

2010	\$ 1,244,315
2011	1,299,550
2012	1,244,230
2013	1,294,170
2014	1,348,450

Interest subsidy:

The Authority has received federal assistance through Canada Mortgage and Housing Corporation pursuant to Section 56.1 of the National Housing Act to reduce operating costs. The amount of assistance received from Newfoundland and Labrador Housing Corporation in 2009 was \$108,928 (2008 - \$107,256) for operating facilities and \$381,859 (2008 - \$360,833) for the Authority's Cottage operations.

12. Obligations under capital lease:

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

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

Year ending March 31	
2010	\$ 134,371
2011	24,459
2012	<u>8,154</u>
Total minimum lease payments	166,984
Less amount representing interest	<u>19,453</u>
Balance of obligation	147,531
Less current portion	<u>116,598</u>
	<u>\$ 30,933</u>

13. Unamortized deferred contribution related to property, plant and equipment:

Deferred contributions related to property, plant and equipment represent restricted contributions with which property, plant and equipment were originally purchased. The changes in the deferred contributions for the year are as follows:

	<u>2009</u>	<u>2008</u>
Balance, beginning	\$ 27,454,418	23,821,781
Less:		
Disposals	(221,012)	-
Add:		
Capital equipment grants	2,449,377	7,223,739
Donated equipment	<u>225,633</u>	<u>307,451</u>
	29,908,416	31,352,971
Deduct:		
Amortization	<u>3,557,464</u>	3,898,553
Balance, ending	<u>\$ 26,350,952</u>	<u>27,454,418</u>

	<u>2009</u>	<u>2008</u>
14. Replacement reserves:		
Balance, beginning	\$ 276,230	266,884
Add:		
Allocation for year	59,148	59,148
Contributions from Authority	12,900	12,900
Interest income	5	17
	<u>348,283</u>	<u>338,949</u>
Less:		
Approved expenditures	37,455	62,719
Balance, ending	<u>\$ 310,828</u>	<u>276,230</u>
Funding:		
Replacement reserve funds	\$ 85,215	49,135
Due from Newfoundland and Labrador Housing Corporation	225,613	227,095
	<u>\$ 310,828</u>	<u>276,230</u>

15. Investment in property, plant and equipment:

Repayment of long-term debt	\$ 1,191,961	1,291,996
Repayment of capital leases	126,281	119,183
	<u>\$ 1,318,242</u>	<u>1,411,179</u>

16. Commitments:

Operating leases

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

2010	\$ 706,369
2011	635,268
2012	497,345
2013	229,588
2014	18,217

16. Commitments (continued):

Energy performance contract

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

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

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

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

In the opinion of management of the Authority, the guaranteed energy savings component of Enerplan Consultants Ltd. is an offset to the obligations of the Authority to the Canadian Imperial Bank of Commerce and Associates Capital Limited and as a consequence neither the capital expenditures or the financing obligations are reflected in these financial statements of the Authority at March 31, 2009.

17. Contingency

As of March 31, 2009 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.

18. Financial instruments:

The carrying value of cash and cash equivalents, accounts receivable, accounts payable and accrued liabilities, approximate their fair values due to relatively short periods to maturity of these instruments.

APPENDICES

APPENDIX A - MANDATE

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 shall:

- 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 the 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 those 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.

APPENDICES *cont'd*

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

APPENDIX B - LIST OF SITES AND CONTACT INFO

A.M. Guy Memorial Health Centre

Buchans
(709) 672-3304

Baie Verte Peninsula Health Centre

(709) 532-4218

Bay d'Espoir Community Health Centre

(709) 538-3244

Belleoram Community Health Centre

(709) 881-6101

Bell Place Community Health Centre

Gander
(709) 651-3306

Bonnews Lodge

Badger's Quay
(709) 536-2160

Botwood Community Health Centre

(709) 257-4900

Brookfield/Bonnews Health Centre

(709) 536-2405

Carmanville Community Health Centre

(709) 534-2844

Carmelite House

Grand Falls-Windsor
(709) 489-2274

Central Health Regional Office

Grand Falls-Windsor
(709) 292-2138

Central Newfoundland Regional Health Centre

Grand Falls-Windsor
(709) 292-2500

Centreville Community Health Centre

(709) 678-2342

Change Island Community Health Centre

(709) 621-6161

Connaigre Peninsula Health Centre

Harbour Breton

(709) 885-2043

Dr. Brian Adams Community Health Centre

Gambo

(709) 674-4403

Dr. C.V. Smith Memorial Community Health Centre

Glovertown

(709) 533-2372

Dr. Hugh Twomey Health Centre

Botwood

(709) 257-2874

Eastport Community Health Centre

(709) 677-2530

Fogo Island Health Centre

(709) 266-2221

Green Bay Community Health Centre

Springdale

(709) 673-4714

Green Bay Health Centre

Springdale

(709) 673-3911

Hare Bay Community Health Centre

(709) 537-2209

Hermitage Community Health Centre

(709) 883-2222

James Paton Memorial Regional Health Centre

Gander

(709) 256-2500

Lakeside Homes

Gander

(709) 256-8850

LaScie Community Health Centre

(709) 675-2429

Lewisporte Heath Centre

Community Services

(709) 535-0905

Laboratory and X-Ray Clinic

(709) 535-6654

North Haven Manor

(709) 535-6767

Mose Ambrose Community Health Centre

(709) 888-3541

Musgrave Harbour Community Health Centre

(709) 655-2518

New World Island Community Health Centre

(709) 629-3682

Notre Dame Bay Memorial Health Centre

Twillingate

(709) 884-2131

Provincial Building Community Health Centre

Grand Falls-Windsor

(709) 292-1204

Robert's Arm Community Health Centre

(709) 652-3617

St. Alban's Community Health Centre

(709) 538-3738

St. Brendan's Community Health Centre

(709) 538-3738

Valley Vista Senior Citizen's Home

Springdale

(709) 673-3911

Victoria Cove Community Health Centre

(709) 676-2737

APPENDIX C - KEY CONTACT INFORMATION

For more information on programs and services, to view the 2008-11 Strategic Plan and for a complete set of financial statements, please visit the Central Health website at www.centralhealth.nl.ca.

Senior Leadership Team

Karen McGrath

Chief Executive Officer

(709) 292-2138

karen.mcgrath@centralhealth.nl.ca

Carole Dalton

Chief Operating Officer - Grand Falls-Windsor

(709) 292-2454

carole.dalton@centralhealth.nl.ca

Sherry Freake

Chief Operating Officer - Gander

(709) 256-5531

sherry.freake@centralhealth.nl.ca

Heather Brown

Vice President, Rural Health

(709) 292-2151

heather.brown@centralhealth.nl.ca

John Kattenbusch

Vice President, Finance & Corporate Services

(709) 256-5401

john.kattenbusch@centralhealth.nl.ca

Terry Ings

Vice President, Human Resources

(709) 256-5531

terry.ings@centralhealth.nl.ca

Rosemarie Goodyear

Vice President, Community Services

(709) 651-6328

rosemarie.goodyear@centralhealth.nl.ca

APPENDICES *cont'd*

Dr. Michael Zuckerman

Vice President, Medical Services
(709) 292-2151
michael.zuckerman@centralhealth.nl.ca

Trudy Stuckless

Vice President, Professional Standards
and Chief Nursing Officer
(709) 292-2151
trudy.stuckless@centralhealth.nl.ca

Dr. Ann Roberts

Medical Officer of Health
(709) 292-2454
ann.roberts@centralhealth.nl.ca

Stephen Jerrett

Senior Director and Assistant to the Vice President,
Medical Services
(709) 292-6279
stephen.jerrett@centralhealth.nl.ca

Corporate Communications

Stephanie Power

Director of Corporate Communication
(709) 256-5532
stephanie.power@centralhealth.nl.ca

Client Relations Coordinator

1-888-799-2272
clientrelations@centralhealth.nl.ca

Finance Department

Accounts payable:

Grand Falls-Windsor (709) 292-2350
Gander (709) 256-5405

Accounts receivable:

Grand Falls-Windsor (709) 292-2301
Gander (709) 256-5409



Central
Health

CENTRAL HEALTH REGIONAL OFFICE
21 CARMELITE ROAD, GRAND FALLS-WINDSOR
NEWFOUNDLAND AND LABRADOR A2A 1Y4

TELEPHONE: (709) 292-2138
FACSIMILE: (709) 292-2249