



Central
Health

CENTRAL HEALTH
ANNUAL PERFORMANCE
REPORT 2013-2014





MESSAGE FROM THE CHAIRPERSON

On behalf of the Board of Trustees of Central Health, it is my honour to present Central Health's Annual Performance Report for the fiscal year ending March 31, 2014. This Annual Performance Report is the last report that stems from the 2011-2014 Central Health Strategic Plan. This annual report was prepared under the Board's direction, in accordance with the *Transparency & Accountability Act, Regional Health Authorities Act* and strategic directions provided by the Government of Newfoundland and Labrador. As a Board, we are accountable for the information and results contained within this annual report.

In this report we will inform you of our progress on our three strategic issues – access to services, healthy aging and quality and safety. You will also find information in the report about our partnerships, major highlights and accomplishments of the past year and an overview of some of the presenting challenges and opportunities for Central Health.

Our staff, leaders, physicians, volunteers and partners are the driving force behind the changes we have been able to successfully implement over the past year. They are a very dedicated group of individuals who are committed to improving the programs and services that we provide to clients, residents and patients throughout this region. On behalf of the Board of Trustees, I would like to take this opportunity to extend our sincere gratitude and appreciation to them.

In 2014-15 we will continue to work together to develop and implement creative solutions to our challenges. I am certain that we will continue to enhance our efforts to the safest and highest quality programs and services now and into the future.

Sincerely,

A handwritten signature in blue ink that reads "John George". The signature is written in a cursive style with a large initial "J".

John George Chairperson, Central Health Board of Trustees

TABLE OF CONTENTS

Chairperson’s Message	1
Organizational Overview	4
Shared Commitments/Partnerships	8
Highlights and Accomplishments	14
Report on Performance	21
Mission	21
Strategic Issue # 1 – Access to Services	22
Strategic Issue # 2 – Healthy Aging	30
Strategic Issue #3 – Quality and Safety	34
Opportunities and Challenges	40
Appendices	44
Appendix A – Financial Statements	
Appendix B – Mandate	
Appendix C – List of Sites and Contact Information	
Appendix D – Board of Trustees	
Appendix E – Key Contact Information	

ORGANIZATIONAL OVERVIEW

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

Mandate

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

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 support the health and well-being of the people served by Central Health. This is done within available resources except where otherwise directed by legislation. The core values and the related action statements are:

- **Accountability** – Each person is responsible for giving their absolute best effort to achieving the success of the organization's vision of healthy people and healthy communities.
- **Collaboration** – Each person works as part of a team and partners with other providers and organizations to best meet the holistic needs of clients and the organization.
- **Excellence** – Each person contributes to quality improvement and a culture of safety through the life-long development of their knowledge, skills and use of best practices.



- **Fairness** - Each person engages in practices that promote equity and adherence to ethical standards.
- **Privacy** – Each person respects privacy and protects confidential information.
- **Respect** – Each person is committed to fostering an environment that embraces respect, dignity and diversity and encourages honest, effective communication.

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

Throughout the region, Central Health provides community, acute and long term care (LTC) services. These services are provided through the 45 facilities operated by Central Health. These include two regional referral centres, nine health centres, four LTC facilities, 27 community health centres, two residential treatment centres and Central Health Regional Office. A complete list of facilities and contact information can be found in Appendix C. As of March 31, 2014, there were 811 beds, operational and staffed, in Central Health facilities throughout the region – 247 acute care, 510 long-term care, 13 palliative care, 9 respite, 5 restorative, 3 residential units and 24 bassinets. The number of beds may fluctuate from year to year depending on the impact of major renovations and capital infrastructure at any given site.



Central Health is committed to a Primary Health Care (PHC) model of service delivery where a multidisciplinary team of health professionals, support staff and partners provide the right care to the right person at the right time.

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

With an annual budget of approximately \$311 million, Central Health invests funds in three primary areas: direct care, support services and administration. Direct care consumes 71 per cent of the budget, followed by support services at 19 per cent and administration at 10 per cent. Central Health's audited financial statements can be viewed in Appendix A.

Central Health is governed by a Board of Trustees as appointed by the Minister of Health and Community Services. A complete list of all Trustees can be found in Appendix D and a list of key contacts is provided in Appendix E. Central Health has approximately 3,100 dedicated employees. There are 111 fee-for-service physicians practicing within the region and the organization is supported by 900 volunteers and two foundations. The Central Northeast Health Foundation and the South and Central Health Foundation operate under the direction of two volunteer Boards of Directors.

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



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

LINES OF SERVICES

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

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

Central Health accomplishes its mandate through five lines of service:

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



SHARED COMMITMENTS/PARTNERSHIPS

Central Health provides a wide range of programs and services in communities throughout central Newfoundland. Collaborations between staff, physicians, the Foundations and volunteers are critically important to the success of projects, initiatives and operations. Additionally, many programs and services are provided in partnership with community groups, municipalities, not-for-profits and other organizations that are committed to enhancing health and community services.

Through partnerships, Central Health continues to expand and grow services that improve the lives of the people of central Newfoundland. Central Health values these partnerships as integral collaborations that assist the organization in advancing strategic issues and the strategic directions set by the Government of Newfoundland and Labrador. The information in this section demonstrates how Central Health works collaboratively with partners to advance the strategic directions of government.

IMPROVED POPULATION HEALTH

Health Emergency Management

Exercising disaster/emergency plans is an integral component of response and recovery preparedness. Exercising brings skills, knowledge, functions and systems together and applies them against event scenarios. In 2013-14, Central Health participated in one mock disaster exercise and one large scale table top exercise.

On December 3, 2013 the Central Newfoundland Regional Health Centre (CNRHC) led a large-scale mock disaster simulation exercise referred to as "Exercise Smoking Satchel" originating at the Keyin College site, Grand Falls-Windsor. The exercise scenario involved the detonation of an explosive at Keyin College. This scenario presented an opportunity to work with many community partners including the RCMP, Grand Falls-Windsor Fire Rescue, Fire and Emergency Services -NL, Salvation Army, and Keyin College. A number of systems and processes were tested resulting in excellent learning opportunities for all parties involved.



On March 12, 2014 the Lewisporte Health Centre participated in a large scale tabletop exercise named "Exercise Shipping Blues". This exercise focused on a major maritime shipping spill in Lewisporte. The exercise involved a multi-agency approach with over 20 participating agencies including Municipal, Provincial and Federal Government

departments, Central Health and Non-Governmental Organizations. “Exercise Shipping Blues” provided an opportunity for organizations to practice or enhance their knowledge of policies and procedures outlined in the Provincial Emergency Management Plan (PEMP) and federal plans including the Federal Emergency Response Plan (FERP). The exercise afforded all agencies the opportunity to review and test specific components of their disaster emergency management plans. It also provided partner agencies with opportunities to train personnel, assess performance and interagency coordination, test and evaluate procedures and identify and correct procedural deficiencies.

The second and final stage of the process to establish the Emergency First Responders Program of Long Island and Little Bay Islands was completed in the summer of 2013. Funding was acquired from the Joint

Emergency Preparedness Program (JEPP) to purchase equipment and supplies. In collaboration with the Green Bay Health Centre, the trained community Emergency First Responders will be able to provide basic care on site until access to emergency services can be received.

Food and Fun Camp

Through the support of Central Health, the Central Regional Wellness Coalition and other community partners, the Food and Fun Camp Program helps reduce barriers to healthier living for children ages 8 to 10 and their families. Attending camp allows children to develop basic skills for safely preparing and cooking food using nutritious recipes, as well as to engage in physical activity that is not dependent on athletic ability.

In 2013-14, the effectiveness of the Food and Fun Camp Program was evaluated to determine whether the program was achieving the desired results. Results of the evaluation were very positive in relation to satisfaction, knowledge gain and indicated healthy behavior change amongst participants and their families. Several recommendations were made to strengthen the program. Overall, it was determined that the Food and Fun Camp Program is a successful program deserving of continued investment in the strategy to create a healthier population in central Newfoundland.



Community Gardens

Community Gardens are growing all over central Newfoundland. In 2013-14, Central Health was pleased to partner in the development of community gardens in Botwood, Eastport and Centreville- Wareham-Trinity. Community gardens are a great way to share knowledge, support intergenerational farming, build community capacity and self-reliance, gain access to fresh produce, and promote physical activity, healthy living and wellness.

In Botwood, the community garden is located on the grounds of the Dr. Hugh Twomey Health Centre and is a partnership between the Central Regional Wellness Coalition, Botwood Boys and Girls Club/Children's Youth Network, Legion Action Committee, Botwood Senior's Working Group, the Newfoundland and Labrador Food Security Network and Central Health. The end of the growing season was celebrated with a gathering of all those involved in the project to enjoy a hot meal, prepared with fresh vegetables from the garden.



In Eastport, the community garden is a partnership between the Town of Eastport, Holy Cross School Complex, the Department of Agriculture and Central Health. The need for a community garden was established through an Age-Friendly Survey where seniors in the area expressed concerns regarding their ability to maintain vegetable gardens independently. The community garden in Eastport is meeting its objectives and partners are sharing their knowledge, resulting in the development of community gardens in other surrounding municipalities.

The community garden in Centreville-Wareham-Trinity is a partnership between the New Visions 50+ Club, the Town of Centreville-Wareham-Trinity and Central Health. The New Visions 50+ is spearheading the project and is meeting regularly to plan for the growing season.

Community Wheels

The Community Wheels Project began in Twillingate-New World Island in the fall of 2011. The project was initiated as a result of the Isles of Notre Dame Community Profile which indicated that transportation was a challenge for many citizens in the area. At the time, Central Health was operating a facility bus that was not being used to full capacity. Through a partnership and with the support of a Provincial Wellness Grant, the Community Wheels Project provides free public transportation to people in the area, primarily seniors, who have difficulty accessing transportation. Over the past year, bus trips have included visits to such essential services as medical appointments and grocery shopping. In addition, special event trips were planned which have benefited those using the bus by enabling their inclusion in the community.

Phase two of the Community Wheels Project began in June 2013 and there has been growth in the number of clients using the service with new inquiries occurring regularly.

Take a Step for Diabetes

In support of diabetes awareness and the promotion of healthy lifestyles, the Coast of Bays Chronic Disease Prevention and Management Lead Team partnered with seven primary/elementary schools in the region to host a *Walk for Diabetes*. Students and teachers wore blue to promote diabetes awareness in the school and community. Healthy refreshments and snacks were funded by the Central Regional Wellness Coalition and Public Health Nurses in the site offered display board presentations to enhance awareness of diabetes.



ACCESS TO PRIORITY SERVICES

Tele-psychiatry

In rural and remote areas of Newfoundland and Labrador patients requiring psychiatric assessment and care are confronted with issues related to access due to the geographic distance between them and larger centres where psychiatric services are generally offered. Through a partnership with Conne River Health and Social Services, Killick Integrated Health Services, Miawpukek First Nation Government, the Newfoundland and Labrador Centre for Health Information and Central Health, the issue of access to psychiatry services is being addressed through an innovative approach known as Tele-psychiatry. This service enables residents of the Miawpukek First Nation to access primary and supportive psychiatric services through Telehealth solutions such as videoconferencing. This approach reduces the need for travel, improves continuity of care and enhances case management through a multi-disciplinary team approach, thus improving care and outcomes for clients accessing mental health services.

Pulmonary Function Testing at Baie Verte Peninsula Health Centre

The Baie Verte Peninsula has a long history as a mining community and work in that sector continues today. To guard against occupational hazards, regular respiratory health assessment, including pulmonary function testing (PFT), is required for mine employees. As PFTs are typically only offered at the secondary referral centres, Central Health partnered with the three mining companies in the local area to purchase the equipment required to offer PFTs at the Baie Verte Peninsula Health Centre. A Respiratory Therapist employed by Central Health travels to the area throughout the year to complete PFTs, eliminating the client's need to travel for this service.



ACCOUNTABILITY AND STABILITY OF HEALTH AND COMMUNITY SERVICES

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

Minimum Data Set (MDS) is a standardized, automated common assessment tool that is implemented in long term care (LTC) sites across the central region to collect information regarding resident care needs. The RAI-MDS 2.0 is designed to provide standardized assessments that flag concerns and complex care in a timely fashion, encourage resident and family involvement in development of the care plan, foster and support an inter-disciplinary approach to care delivery and enhance care processes, and improve quality by delivering clear information. Central Health partners with the Canadian Institute for Health Information (CIHI) through submission of information from the assessment instrument and allows for benchmarking and improved planning. Of the 11 sites within Central Health that offer LTC services, 10 sites are now reporting live MDS data to CIHI. During 2013-14, Central Health achieved a 100 per cent assessment completion rate and is using completed MDS assessment as a part of resident transfers from one facility to another.

Partnering for Patient Safety

Central Health continues to commit to the involvement of community members as partners for patient safety. To strengthen this commitment, Central Health continued with Patient Safety Public Forums to share patient safety information with clients in the central region. In 2013, Patient Safety Public Forums were held in the communities of Leading Ticks and New World Island. Members of the public were invited to participate in a community knowledge sharing event. Four presentations were shared in the public forum including medication safety, client and caregiver safety, falls prevention and infection control. In addition, patient safety pamphlets were distributed and a display board showcased many of the different patient safety initiatives implemented in Central Health.

To build on the successes of the public forums in 2013, Central Health staff partnered with community providers to offer patient safety information sessions at several Personal Care Homes and at the Annual Senior's Fair in Grand Falls Windsor. Employees and clients attended the presentations which highlighted safe practices and behaviors to enhance everyone's safety.

Performance Measurement/Monitoring

As part of the continuing operational improvement process Central Health committed to a major review of its financial account structure with the other three RHAs and the Department of Health and Community Services. Lead by an outside consultant, this review consisted of an environmental scan and analysis of over 500 functional centers and their associated revenue and expense accounts. The purpose of this review was to improve data quality and comparability within the provincial health system and allow for improved internal and external benchmarking.

HIGHLIGHTS AND ACCOMPLISHMENTS

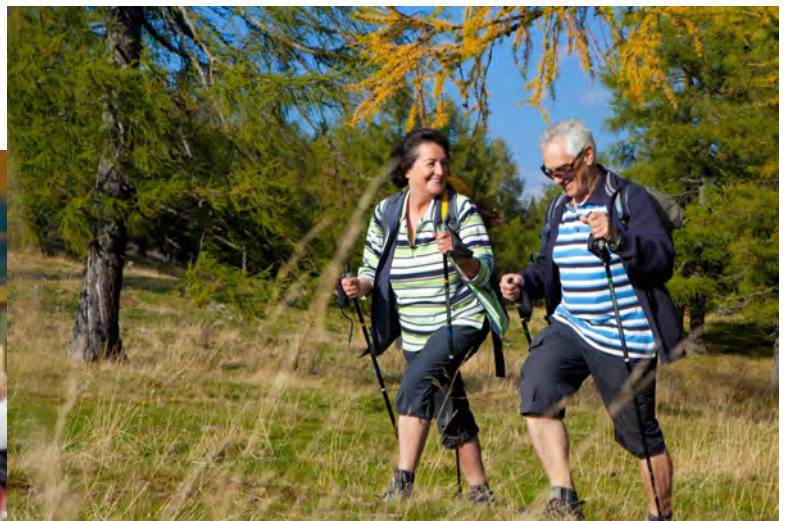
Improved Population Health

Chronic Disease Prevention and Management

In conjunction with the Improving Health Together: Policy Framework for Chronic Disease Prevention and Management in Newfoundland and Labrador and evidence-based recommendations, Central Health has developed a plan for Chronic Disease Prevention and Management. It employs the Wagner Expanded Chronic Care Model and works within a Primary Health Care Framework to deliver quality care based on best practices and a collaborative approach on all levels over a lifetime.

In keeping with this approach, a Regional Chronic Disease Prevention and Management Advisory Committee was formed in 2013 to provide leadership to the work that is underway in Central Health related to several chronic diseases. Efforts made by Central Health are focused on reducing dependence on the health care system and improving the quality of life of citizens.

The Department of Health and Community Services, through the RHAs, offers Improving Health: My Way, a program that brings people with different chronic diseases together to help them build the skills and knowledge regarding how to make healthy lifestyles changes and choose healthy behaviours. Eleven workshops took place in the fall of 2013. The workshops are facilitated by clients of Central Health who are living with chronic diseases themselves. These volunteers are trained and supported by Central Health staff.



Stroke Care

Working in consultation with the Integrated Stroke Strategy Advisory Committee (ISAAC), the Regional Stroke Strategy Steering Committee has made significant progress in developing and implementing program components as we work towards providing best practice care across the continuum for stroke care. The following highlights the work that has been completed.

In the area of acute stroke care, three physician order sets and accompanying policies and care algorithms have been developed and approved to help ensure best practice stroke care.

The James Paton Memorial Regional Health Centre (JPMRHC) was accepted as a site for a provincial Telestroke project. In partnership with Eastern Health, the Telestroke pilot enables utilization of Telehealth equipment to provide 24 hour, 7 day a week access to Neurologists to improve access to hyper-acute stroke care and thrombolytic treatment of acute ischemic stroke. Central Health has ordered Telestroke equipment, and is in the process of finalizing and rolling out an education and implementation plan in the JPMRHC Emergency Department, with a Telestroke “Go Live” date of September 2014.

In partnership with the Provincial Stroke Strategy and Provincial Medical Oversight, all Paramedics completed formalized training in stroke recognition, assessment and evaluation of potential stroke patients, enabling Central Health to participate in the provincial Stroke Direct Transport Protocol. This protocol allows Paramedics, in consultation with Online Medical Oversight, to bypass the nearest healthcare facility and transport appropriate suspected stroke patients to the nearest stroke center to access best practice hyper-acute and acute stroke care.

Chronic Obstructive Pulmonary Disease (COPD) Projective with the Canadian Foundation for Healthcare Improvement (CFHI) Atlantic Collaborative

Central Health has partnered with the Canadian Foundation for Healthcare Improvement (CFHI) in an Atlantic Collaborative focusing on innovation and improvement in chronic disease. This improvement project is focused on improving processes of care for patients living with Chronic Obstructive Pulmonary Disease (COPD). The improvement plan has three key components:

- Standardization of inpatient care for patients with COPD.
- Redesign of the Adult Asthma Care Centre into an Adult Respiratory Care Centre.
- Advanced COPD outreach Program where clients are seen in their home environment.

This initiative provides us the opportunity to improve the care we are providing for patients living with COPD as well as their families. By ensuring access to appropriate services, providing assistance with timely treatment changes and assisting with increasing self-management skills, we expect there will be a decrease in the demand on healthcare utilization.

Mental Health at Work

In 2013, Central Health was honored to accept **Excellence Canada's Mental Health at Work Bronze Award** after receiving certification in Level 2 of the 4 levels of Excellence in the national pilot program. Rosemarie Goodyear, CEO, Central Health, accepted the award on October 30, 2013 at the *2013 Awards for Excellence* in Toronto, Ontario.

Recognizing that good health is not possible without good mental health, Central Health is proud to be involved in the *Mental Health at Work* initiative. Through this project, Central Health is building capacity in the organization to deal with workplace mental health issues and were honored to be recognized by *Excellence Canada* for this initiative.



ACCESS TO PRIORITY SERVICES

Accreditation Canada Recognizes Tele-pharmacy as a Leading Practice

Utilizing Telehealth technology, pharmacists are able to consult with remote or rural health centers in the region to provide pharmaceutical support and intervention. Tele-pharmacy allows pharmacists to verify by video, prescriptions being prepared in another site, thus allowing patients in that location to receive their medication almost immediately.

The Tele-pharmacy initiative at Central Health was recognized in 2013 by Accreditation Canada. This initiative received the prestigious designation of a Leading Practice for its innovative approach to providing pharmacy services in remote sites.

Youth Addictions Treatment Centre

In partnership with the Department of Health and Community Services and the Department of Transportation and Works, construction of the new Youth Addictions Treatment Centre continued in 2013-14. Program planning and operational requirements were also finalized during the year. The treatment centre will provide services for up to 12 residents under 18 years old who require addictions treatment. The layout of the facility includes three separate living quarters containing four bedrooms with private bathrooms, a kitchen and lounge area, educational space, multipurpose room, physical fitness room and a dedicated space for overnight stays for visiting family.

New Operating Suites

Five state-of-the-art operating rooms (ORs) were officially opened at the Central Newfoundland Regional Health Centre (CNRHC) in Grand Falls-Windsor on February 28, 2014. The new ORs offer a more conducive working environment and can accommodate modern surgical equipment and technology. The new design of the preparatory areas allows for enhanced infection control practices. Customizable lighting allows each physician to set their lighting preferences allowing for optimal visibility during surgical procedures.

Dr. C.V. Smith Community Health Centre

The new Dr. C. V. Smith Memorial Community Health Centre (DCVSCHC) in Glovertown was officially opened on November 15, 2013. The new facility replaces the previous facility in Glovertown and continues to offer the same services through its medical clinic, community health office and Telehealth services. In addition, the new building now has a dedicated room for blood collection and a boardroom.



ACCOUNTABILITY AND STABILITY OF THE HEALTH AND COMMUNITY SERVICES SYSTEM

Accreditation with Commendation

Central Health is committed to progressively improving the quality of the care in all program and service areas. That commitment to continuous quality improvement and safety was highlighted during May 5-10, 2013 when the Accreditation Canada onsite survey was conducted by seven surveyors who reviewed Central Health's services and programs across the continuum of care.

The surveyors visited numerous locations and interviewed senior leaders, board members, staff, physicians, partners and clients to evaluate the service delivery. In addition, they reviewed a large volume of documents submitted as supporting evidence for compliance with national standards. Central Health was successful in achieving 95.9 per cent compliance with the 2,530 evidence based standards reviewed. Reaching this level of compliance clearly demonstrates the great work carried out by staff, managers, physicians and quality improvement teams who strive to enhance the safety and quality of healthcare services offered by Central Health. The organization was commended by Accreditation Canada for its efforts and commitment to the quality and safety agenda.

The official Accreditation Canada Report was released in June 2013 and has guided the organization as it continues to incorporate the principles of accreditation, quality improvement and safety into its programs, policies and practices.

In November 2013, based on the submission of the follow-up reports that were required, Central Health received notification that the organization's accreditation decision had been upgraded from *Accredited* to the higher designation of *Accredited with Commendation*. This status signifies that Central Health surpasses the fundamental requirements of the national accreditation program.



Consolidation of Clinical Information Systems

The primary focus of the Information Management and Technology Department in 2013-14 was the consolidation of the electronic clinical Information system, now known as *The HUB*. As part of this significant undertaking, all electronic client files were consolidated into one unique health record for each client. As a part of this process, user access, data quality and forms were also reviewed. This was achieved through widespread consultation conducted with all managers and staff to create standardized menus and content. Consolidation was successfully completed in November 2013 with all facilities in the region now documenting in the new system. The consolidation of the information systems improves access to client information which positively impacts the quality of care provided.

REPORT ON PERFORMANCE

Mission

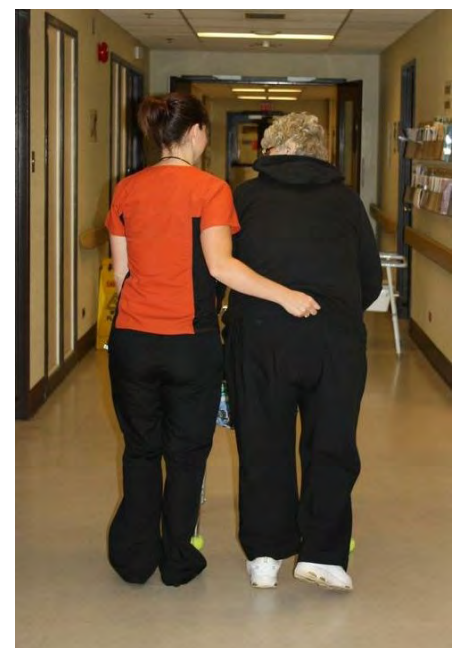
The mission of the organization developed for 2011-2017 continues to guide Central Health within the broader context of the mandate. The mission conveys the organizations commitment to quality which ensures a sustained focus on providing services and programs that are safe, effective, client-centred, timely, efficient and evidence-informed.

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

Measure: Provided quality health and community services and programs.

Indicators:

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



STRATEGIC ISSUE 1: ACCESS TO SERVICES

Accessibility refers to the ability of clients, based on respective needs, to obtain care and services at the right time and the right place. To improve access to services, Central Health has worked in collaboration with internal and external stakeholders to reduce wait times and improve client flow in select areas while focusing on the quality and safety of services. The initiatives undertaken in this area support the Government of Newfoundland and Labrador's strategic direction of improved access to priority services.

Through current state assessments and a more reliable flow of information, intervention strategies have been employed to improve access and work toward the desired future state. The types of interventions implemented to reduce wait times and improve flow during this reporting period has varied and have consisted of determining the appropriateness of care; ensuring alignment with the appropriate provider; smoothing flow to services; ensuring full utilization of human and system resources; and maximizing efficiency in all aspects of service delivery.

Using quality improvement methodologies, tools and techniques access to selected endoscopy, diagnostic imaging, cardiopulmonary, orthopedic, emergency and renal dialysis services has been improved. In some of these areas wait times have been improved significantly with an increasing number of clients being able to access these services within established benchmarks. Central Health is pleased to report these improvements while recognizing that significant work is ongoing to fully realize the improvements required.

Goal	
By March 31, 2014, the Central Regional Health Authority will have improved access to select services.	
Measure	
Improved access to select services.	
Planned Indicators for 2011-2014	Actual Progress for 2011-2014
Ensured availability to wait time information, on select services, through the Central Health website.	Central Health compiles and submits quarterly wait time reports for select services to the Department of Health and Community Services who in turn publishes the information on the Newfoundland and Labrador Government public website. A link to this wait time data can be found under the client services section of the Central Health website. The wait times available to the public include, vision restoration, orthopedics, cancer surgery and colonoscopies. No show data for colonoscopy appointments can also be viewed.

<p>Demonstrated evidence of improved access to select service areas.</p>	<p>Access to echocardiography has been significantly improved at Central Health. In 2011, the ninetieth percentile for an urgent exam was 137 days and by March 2014 there had been a 58 per cent reduction in the wait time. For non-urgent exams, there has been a decrease of 66 per cent in the ninetieth percentile wait time from 2011-14, a reduction from 442 days to 153 days. While still outside the access benchmark, access has been improved and work is ongoing. The ninetieth percentile is a measure of when 90 per cent of the clients would have received their exam.</p> <p>There has been a reduction in wait times at Central Newfoundland Regional Health Center (CNRHC) and James Paton Memorial Regional Health Center (JPMRHC) for non-urgent CT scans which has significantly improved access. From June 2011 to March 2014, the ninetieth percentile decreased from 215 to 42 days and from 78 days to 68 days for CNRHC and JPMRHC respectfully. The reduction, at 80 per cent is more evident at CNRHC where the wait times were significantly outside the benchmark.</p>
<p>Created a plan for stakeholder engagement in select communities with respect to services in their communities.</p>	<p>Central Health created a plan to develop a Community Health Assessment Process (CHAP) designed to engage stakeholders in select communities with respect to services in their communities through consultation. This was also implemented in 2013-14.</p> <p>This process is well established in the Coast of Bays, Exploits, Green Bay, Kittiwake Coast, and the Isles of Notre Dame. In 2011-14, community health assessments were carried out for the first time in Lewisporte, the Baie Verte Peninsula and Gambo/ Eastport. Based on the findings a local action plan will be developed.</p>

<p>Introduced in two selected areas initiatives to address patient flow and wait times.</p>	<p>Selected wait time and client flow initiatives; including a Central Intake process, a two-room model to increase throughput, monthly monitoring of wait time data and the introduction of a no-show policy; have improved access significantly to endoscopy services. From December 2011 to March 2014, the ninetieth percentile wait time for urgent colonoscopies decreased from 237 days to 13 days for a 95 per cent reduction. The wait times for an urgent colonoscopy now consistently meet established access targets.</p> <p>Improving the process for registration for emergency, laboratory, cardio-pulmonary and ambulatory services at the Central Newfoundland Regional Health Center (CNRHC), resulted in a decrease in the wait time, improved flow and client experience. Lean quality improvement consultants, worked with managers and staff, with input from clients, to improve the flow of clients through the registration process which resulted in reduced wait times for registration. The current client flow pattern was mapped, the process re-designed, signage changed, and colored lines were placed on the floor directing clients to select services.</p>
<p>Increased availability of Telehealth services across the region.</p>	<p>The availability of Telehealth services has been enhanced by increasing the number of locations in the region with Telehealth equipment and by placing equipment in specific departments to allow staff to easily integrate Telehealth into their service delivery model. The number of visits conducted via Telehealth has increased from 245 appointments in June 2011 to 360 appointments in March 2014 for a 47 per cent increase in utilization. Central Health currently has 17 disciplines incorporating Telehealth technology into their service delivery with the most recent programs being Telestroke, Telediabetes and the Orthopedic Central Intake Clinic.</p>

Objective

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

Measure

Implemented prioritized strategies to improve access to services.

Planned Indicators for 2013-2014	Actual Progress for 2013-2014
<p>Fully implemented prioritized action plans and strategies to address quality improvement recommendations in select service areas.</p>	<p>To improve access to orthopedic services Central Health developed and implemented an action plan to establish the Central Health Orthopedic Intake and Assessment Clinic including validation of the hip and knee replacement wait list for the region. This work was in alignment with the Department of Health and Community Services plan, <i>A Strategy to Reduce Hip and Knee Joint Replacement Surgery Wait Times in Newfoundland and Labrador</i>.</p> <p>A prioritized action plan and strategy to address quality improvement recommendations to improve access has been implemented in the emergency department at the CNRHC. The process was guided by the Department of Health and Community Services <i>Strategy to Reduce Emergency Department Wait Times in Newfoundland and Labrador</i>. Central Health has improved access for clients who present with low acuity medical issues by implementing a Fast Track process for assessment and treatment. The percentage of clients seen by a Nurse Practitioner in the emergency department in less than 30 minutes increased from 21 per cent to 80 per cent of the clients assessed as appropriate for this stream of care. The percentage of clients spending less than 60 minutes in the emergency department has increased from 27 per cent to 74 per cent since the implementation of the Fast Track process.</p>

<p>Improved access in select service areas.</p>	<p>In 2013, the Newfoundland and Labrador Colon Cancer Screening Program (NLCCSP) was launched in the Central Health region. With the launch of this program and funding support from the NLCCSP, Central Health was able to reduce the average risk screening wait list for colonoscopy by offering clients on the wait list access to the colon screening program. This initiative improved access to appropriate screening for colon cancer for clients who availed of the program and reduced the colonoscopy wait list at Central Health, thus improving access for clients who need this type of testing.</p> <p>The Central Health Renal Program in partnership with the Provincial Kidney Program increased capacity to provide renal services in the region. With the introduction of additional hemodialysis chairs the program increased capacity from 52 to 56 clients at CNRHC and from 32 to 36 clients at JPMRHC.</p>
<p>Wait time information, for select services, posted through the Central Health website and intranet.</p>	<p>Wait time information, for select services, at Central Health is assessable to the public through the Central Health website and internally through the organizational intranet. The wait times available to the public include vision restoration, orthopedics, cancer surgery and colonoscopies.</p>
<p>Implemented improved processes of care for clients living with COPD who had the highest rates of ER visits, admissions/readmissions and lengths of stay.</p>	<p>A small community outreach pilot project was completed in October 2013 which demonstrated the need to strengthen current processes surrounding COPD care and opportunities to create additional programming for this population. Work to date has focused primarily on the redesign of the Adult Asthma Centre into a Respiratory Care Centre with a more holistic approach for those clients with COPD. Work is also progressing on the design and implementation of an outreach program for those clients with advanced COPD and the standardization of in client orders sets and care maps. Although Central Health is reporting a variance in fully implementing improved processes of care for clients living with COPD who had the highest rates of ER visits, admissions/readmissions and lengths of stay, there has been significant work completed in this area. Work which focused primarily on the redesign of the Adult Asthma Centre into a Respiratory Care Centre was needed to ensure processes were all encompassing prior to full implementation.</p>

DISCUSSION OF RESULTS

The initiatives to improve access to select services at Central Health have been multi-faceted and inclusive of a variety of quality improvement methodologies. The success achieved to date has been linked to the ability to engage multi stakeholders, especially front line workers, in the process of mapping the current status and using creative, innovative thinking to build new and more efficient processes and service delivery models.

Echocardiography plays an essential role in all facets of cardiovascular care. Recommended wait time benchmarks were established by the Canadian Cardiovascular Society in 2006. In 2011, wait times at Central Health for both urgent and non-urgent echocardiograms were well outside the national benchmark with clients waiting longer than recommended for this service. In 2011, the ninetieth percentile wait time for urgent exams was 137 days and 442 days for non-urgent procedures. To improve access to this service, Central Health secured capital and operational funding to obtain a second echocardiography machine and technologist position. As a result, the number of yearly visits has increased from 1,132 to 1,865 with a significant reduction in the wait times for echocardiogram. In March 2014, the ninetieth percentile wait time for an urgent exam had been reduced to 57 days and 153 days for a non-urgent exam, a 58 per cent and 66 per cent reduction respectfully.

The action plan to reduce wait times for CT scans at Central Health included a diversion plan with clients being offered services outside the region for a specific time period and changes in scheduling to increase the number of scans being performed on a weekly basis at Central Health. In order to achieve and maintain equitable access to diagnostic imaging services, Central Health initiated the quality improvement process of booking clients from an electronic wait list to ensure that clients are booked according to their priority classification as well as booked in order of date referral received.

The Central Registration Process at CNRHC was identified as impacting client flow and client experience while extending wait time. Clients expressed concerns with the physical layout, the process of registration, and signage. Lean quality improvement experts, working with a team of departmental heads, clerical staff and members of the senior team, supported by quality improvement staff, mapped the current client flow patterns, developed the re-design solution, implemented the process change and action plan. Changes included having clients registering in the location where the service is provided instead of at a Central Registration desk, standardized signage by program, including colored lines on the floor directing clients to the appropriate registration location. The results of the changes indicate a decrease in the wait time for clients, improved client flow and improved client experience. Monitoring of the changes in the process will continue and changes will be made as required.

The Canadian Orthopedic Association has recommended that clients should not wait any longer than 90 days from referral to initial orthopedic consult and no more than 182 days for surgery. In July 2013, Central Health completed a current state assessment which included a validation of the wait list for hip and knee replacement surgery. The Orthopedic Intake and Assessment Clinic (OIAC) at Central Health was developed and officially opened its doors on November 18, 2013. Central Health's OIAC team, located at JPMRHC in Gander, consists of a half-time occupational therapist/half-time clinical lead, full-time physiotherapist, half-time nurse, half-time social worker, and half-time clerical support.

This team provides initial referral triage, assessment, caseload management and pre-surgical education to clients who are referred with hip or knee pain and potential hip or knee replacement surgery requirement. The OIAC team assesses whether or not the client is appropriate for surgical consultation (surgical vs. non-surgical) or ready for surgery before they are placed on the wait list. By assessing the client in this manner, Central Health is assuring that appropriate and timely care is being provided to these clients.

The emergency department at CNRHC participated in a detailed, external review by Lean experts, X32Healthcare, in 2013. The review included site visits to establish client flow patterns and physical layout. Focus groups were conducted with multidisciplinary team members, departmental heads, physicians, nursing staff and members of the senior team. Current data was analyzed that included but was not limited to, three nationally recognized wait time metrics: time from door to doctor; ED length of stay; and incidence of clients who left without being seen.

Thirty emergency department employees and key stakeholders attended a two-day efficiency workshop and a detailed action plan was developed based on the review. Action items included two new dedicated Triage registered nurse positions, re-assessment of the Canadian Triage Acuity Scale (CTAS), establishment of an electronic status board to track clients through the department, visual management strategies, and a fast track area for the treatment of clients presenting with low acuity medical issues. The review process has been initiated at JPMRHC and work will continue at both sites with the goal of achieving the best quality service possible.

Newfoundland and Labrador has the highest age-standardized rates of colorectal cancer incidence and mortality in Canada. However, as with many cancers, if detected early, survival rates for colorectal cancer are very good. The Newfoundland and Labrador Colon Cancer Screening Program (NLCCSP) is a population-based screening program for colorectal cancer using an automated fecal immunochemical test (FIT). In 2013, the program was launched in the Central Health region. Central Health, supported by funding from the NLCCSP, contacted clients who had been referred for an average risk screening colonoscopy and who were on a wait list and invited them to consider participating in the NLCCSP. With their consent,

individuals who choose to complete a FIT kit were removed from the screening waitlist at Central Health. From the clients who were contacted and determined eligible for FIT, 71 per cent said yes to FIT and were removed from the endoscopy waitlist, 29 per cent said no to FIT and remained on the endoscopy waitlist. This initiative improved access to appropriate screening for colon cancer for the clients who availed of FIT and reduced the colonoscopy wait list at Central Health, thus improving access for clients who require this service.

The Central Health Renal Program in partnership with the Provincial Kidney Program has increased its capacity to provide renal services in the region by investing in an additional hemodialysis chairs for JPMRHC and CNRHC. This investment has allowed the two sites to expand the number of weekly treatments provided to clients from 156 to 168 treatments per week at CNRHC and at JPMRHC capacity has been increased from 96 to 108 treatments per week. Development is also underway at the Connaigre Peninsula Community Health Centre where a new hemodialysis unit will open in June 2014.

Stakeholder engagement is an integral component of the quality improvement efforts that Central Health undertakes to ensure that services are best tailored to the needs of the patient, client, resident and local community. Central Health has implemented a Community Health Assessment Process (CHAP) that involves gathering information about the community such as demographic information, health status information, socio-economic information and community assets to create a Community Profile/Needs Assessment. Community and provider consultations are completed and a local annual community action plan is developed based on the findings from the community health assessment process. To ensure ongoing stakeholder engagement the Community Health Assessment Process is completed every three years which facilitates timely input into the development of the Central Health Strategic Plan.

STRATEGIC ISSUE 2: HEALTHY AGING

The population of the central region is 94,415, indicating a population decrease of 5.9 per cent since 2003. This is compared to a provincial decline of 3.5 per cent during the same time period. While the population base continues to decline, citizens are living longer and the number of persons aged 65 and over continues to grow. Though many factors contribute to the development of chronic conditions, no factor is more prevalent than an individual's age. Given the rapidly aging population of the central region, the requirement for a focus on healthy aging is essential. At Central Health we have identified the need to focus on healthy aging as the population continues to age. The impact of an aging population has been recognized by the Government of Newfoundland and Labrador. The goals and objectives developed by Central Health are aligned with the provincial directions related to healthy aging. There is also recognition that healthy living is about more than the absence of disease. As such, Central Health has focused efforts on preventative measures such as healthy eating, physical activity, social supports, mental health and overall wellness.

Goal	
By March 31, 2014, the Central Regional Health Authority will have implemented a framework and a philosophy that results in improved services for the aging population.	
Measure	
Implemented a documented framework and philosophy.	
Planned Indicators for 2011-2014	Actual Progress for 2011-2014
Documented and adopted a framework and philosophy.	A Philosophy of Resident Centered Long Term Care (LTC) was developed in 2012. A Long Term Care Council was established that meets bi-monthly to determine best practice for care in LTC facilities and to ensure collaboration and consistency of quality care throughout all Central Health facilities.
Improved the age friendly environment in facilities.	The Philosophy of Resident Centered Long Term Care and a focus on age friendly environments were integral to the planning of the provision of care for seniors in the region including the new North Haven Manor and the development of the Wander Garden at Baie Verte Peninsula Health Center. Priority was

	placed on implementation in LTC. Once completed implementation will begin in acute care.
Educate the workforce on positive attitudes toward aging that value and support the contribution of older people.	<p>The Gentle Persuasive Approach, a program aimed at educating all staff regarding understanding dementia and providing evidenced based individualized care for residents with dementia, has been adopted by Central Health and implementation began in January 2014.</p> <p>This education is a core competency for all staff working in LTC and is being facilitated by Clinical Educators in the various LTC facilities. It is expected that all staff working in LTC will receive this education by the end of 2014. In addition to staff in LTC, the program will also be offered to staff in acute care.</p>
Enhanced community supports	The Paid Family Care Giving Option, under the Provincial Home Support Program, began in March 2014. Placement for the Advanced Care in Personal Care Homes Pilot Project began in March 2014.

Objective	
By March 31, 2014, the Central Regional Health Authority will have implemented selected components of the healthy aging plan.	
Measure	
Implemented selected components of the healthy aging plan.	
Planned Indicators for 2013-2014	Actual Progress for 2013-2014
Developed philosophy for age friendly care in acute care environments to accompany LTC philosophy.	The Safe Resident Handling program has been fully implemented in three long term care facilities in the region. Training in resident assessment and safe repositioning and transfer of residents has been provided to RNs, LPNs and PCAs in those sites. Equipment has been provided in each of these facilities to support this initiative. Through CHRSP, Central Health was able to uncover some of the barriers faced by the aging population in acute-care settings and identify guiding principles that promote age-friendliness in acute-care facilities. The recommendations from the CHRSP report are informing the care of seniors in the acute care environment. On the medical unit at JPMRHC, a Seniors Maintaining Active Recreational Therapy (SMART) room was created. Despite this work, Central Health is reporting a variance as a philosophy statement specifically for acute care has not been developed due to continued evolution of work in this area.

<p>Implemented education plan to provide workforce with basic grounding in principles of geriatric care.</p>	<p>The Long Term Council was established in 2013 to standardize a best practice approach to geriatric care within Central Health. Under this mandate, core competencies were developed that identify the required education needed to practice in this setting. Core competencies include such topics as resident centred care, understanding dementia, the Gentle Persuasive Approach to care of residents with dementia, Hydration management, Falls prevention, Infection Control, Pain management, End of Life care and Medication Reconciliation. Implementation of the education plan has begun.</p> <p>Specifically, the Gentle Persuasive Approach program for dementia care was adopted and implementation began in January 2014. This education is a core competency for all staff working in LTC and will also be introduced to staff working with seniors in acute care.</p>
<p>Implemented bed management plan.</p>	<p>The Bed Safety Committee researched and provided education for all facilities to enable assessment of current beds used for residents, as well as identify residents at a higher risk of entrapment. A plan has been developed to replace beds over a multi-year capital equipment purchasing cycle and to ensure that the new products reduce risk in the future by following product guidelines established by the committee.</p>
<p>Expanded utilization of the falls prevention toolkit in the community sector.</p>	<p>The Falls Prevention Program has been fully implemented in the community sector. A toolkit was developed and provided to the community healthcare providers to utilize when assessing and treating their clients in the community. The tool kit includes an assessment tool and educational material on equipment and falls prevention. The Falls Prevention Program policy has been approved in all sectors and is available on the intranet.</p>

DISCUSSION OF RESULTS

In May, 2011, Central Health hosted an event known as Central Speaks, in partnership with the Rural Secretariat of the Government of Newfoundland and Labrador. The purpose of the event was to explore a new vision in the delivery of facility based Long Term Care (LTC) services in the region. Recommendations were made to enhance collaboration and communication across the various facilities, between staff and

with residents and their families, to enable the delivery of the best care possible to meet the individual needs of residents of LTC. A LTC Council was formed consisting of representation from all LTC facilities within Central Health, as well as residents, families and community partners.

A Philosophy of Resident Centered Long Term Care (LTC) was developed in 2012. An ad hoc committee was formed from members of the Long Term Care Council to research existing philosophies of care that reflected a long term care environment based on current best practices. The draft was then circulated to the entire Long Term Care council for their review and feedback. Once their feedback was incorporated this final draft was recommended to the Long Term Care Council who in turn, through the VP of Rural Health, recommended this for approval by the Senior Leadership Team.

Once this approval was granted the Long Term Care Council developed a newsletter outlining the philosophy of care for circulation to all residents and their families. This was circulated during the months of July and August 2013. Further to this, a plaque with the philosophy of care was designed and purchased. These will be circulated in the summer months of 2014 for display in all of the 11 long term care facilities in the region.

The application of the philosophy of resident centered care has been adopted and used in the planning of the provision of care for the new North Haven Manor at Lewisporte Health Centre. The design of the neighborhood layout in this new facility is conducive to an age friendly; resident centered approach to care including single rooms, rooms for couples and shared cooking and living areas with small numbers of residents. The new North Haven Manor, which opened the doors on January 21, 2013 with 51 LTC beds and 12 Protective Community Residence beds.

As well, the development of the Wander Garden for residents at the Baie Verte Health Centre is focused on meeting the individual needs of residents with dementia and offers a safe place for exercise and meaningful activity that is based on the culture of the area. The construction of the garden was initiated in the Spring of 2013. It is anticipated that this Wander Garden will be operational in the Fall of 2014 or Spring 2014.

The Paid Family Care Giving Option increases a client's flexibility and choice by making it easier for adults, who require and are assessed as eligible for home support, to hire a family member, thus enabling care at home. Through this option, the definition of family members who can provide care was broadened to include parents, children, grandparents, grandchildren, siblings and relatives residing in the same home. An evaluation of the program will be carried out after the initial 18 months to help determine the interest in the program, uptake and satisfaction, workload and financial impacts and most importantly, client and quality care outcomes. This care option was made available to 250 new home support clients in Newfoundland and Labrador beginning in March 2014. Central Health was approved for 55 subsidies in total.

The Personal Care Homes (PCH) in Central Newfoundland and Labrador are an integral component of Central Health's Community Support Services' residential care system. The enhanced care in personal care homes pilot project is enhancing the Community Support Services Division by responding to a variety of factors including the aging population and individuals' desire to remain as close to or in the home of their choice when additional care is required. Currently, the PCH sector is licensed to provide care to individuals requiring low level residential care who can function independently with some degree of assistance. The

PCH pilot project will allow admission of up to eight, higher level of care residents. Effective March 3, 2014, this pilot commenced in partnership with the Golden Years Estates Personal Care Home in Gander. This pilot project is currently meeting the needs of seven residents that require a higher level of care.

Prior to the implementation of this pilot project, these seven residents would not have been able to avail of a Personal Care Home and would have availed of either home support services or would have availed of an acute care bed.

The Falls Prevention Steering Committee continue to address the gaps highlighted during the program evaluation and has focused on such improvements as continued teaching/training, safety huddles, and creation of the Falls Champions Network. Falls continue to be one of the top three reported occurrences in the Clinical Safety Reporting System. The fall rates and injury rates due to falls including fracture rates are sent to the appropriate managers each quarter and posted on the intranet as well as monitored on the Board of Trustees Scorecard. A number of improvements in programming in acute and long term care with the implementation of bed sensors, grip socks, chair sensors, hip protectors and prescribed Vitamin D, to name a few, appears to have decreased falls and injury. With continued efforts to utilize equipment, improve assessments, share successes and improve care plans to prevent falls a target rate of 10 per below the benchmark is the new goal for 2013-14.

STRATEGIC ISSUE 3: QUALITY AND SAFETY

Central Health is committed to quality and safety and has made improvements with respect to improving client safety during this reporting period. Safety has been positioned as a strategic issue and focus has been on initiatives that span the organization from trustee governance to the frontline provider. Central Health has enhanced the safety culture, implemented the provincial Clinical Safety Reporting System, documented improved client outcomes and acted on trended data to improve client safety.

Client safety has been a focus of the governing body as evidenced, in part, by the development and monitoring of the Strategic Quality and Safety Plan. The plan focuses on reducing risk and improving system performance and is based on identified organizational trends and priorities. The plan which is aligned with other planning processes and organized around various dimensions outlines priorities for improvement and has as a goal an enhanced organizational culture of quality and safety. The continued commitment of the Government of Newfoundland and Labrador to quality as indicated through the identification of quality and safety as a focus area has provided support to Central Health in its endeavors to improve client safety.

Goal By March 31, 2014, the Central Regional Health Authority will have improved client safety.	
Measure Improved client safety.	
Planned Indicators for 2011-2014	Actual Progress for 2011-2014
Enhanced the culture of safety as measured by the Accreditation Canada Patient Safety Culture Survey.	The Patient Safety Culture Survey Tool provides insight into staff perceptions and attitudes

	<p>surrounding client safety, allowing organizations to identify successes and opportunities for improvement, as well as monitor changes within the organization (Accreditation Canada). The 2012 survey results demonstrated that the client safety culture in Central Health is moving in a positive direction when compared to the 2009 survey results. The overall grade given to the organization improved between 2009 and 2012, with the majority of employees giving a <i>very good</i> grade related to overall perceptions of client safety.</p>
<p>Documented improvements in client outcomes in selected Safer Healthcare Now initiatives.</p>	<p>Timely treatment of Acute Myocardial Infarction (AMI) has been shown to significantly decrease morbidity and mortality thus improving client safety. To focus ongoing improvement, facilities in the region are monitoring three key measures: timely electrocardiogram (EKG), timely aspirin (ASA) and TNK (clot-busting drug) administration. Since implementation treatment of AMI has improved, specifically the number of clients who have received TNK within the 'gold-standard' time of thirty minutes from arrival at the emergency department. The timely administration of TNK can reduce damage and save lives.</p> <p>The venous thromboembolism (VTE) initiative at Central Health aims to reduce the incidence of thromboembolic events (blood clots) in select hospitalized adult clients by implementing strategies to increase the use of VTE prophylactic measures. Prophylactic measures such as blood thinners have been shown to decrease the risk of VTE by more than 60 per cent. At baseline, some units at Central Health reported 30 to 40 per cent of clients receiving appropriate prophylaxis. These units have consistently increased to 85 to 100 per cent of clients receiving the appropriate prophylaxis.</p>
<p>Implemented the Clinical Safety Reporting System (CSRS).</p>	<p>The provincial Clinical Safety Reporting System (CSRS), an electronic system used for reporting, managing, and reviewing occurrences in health care was implemented between October 2011 and June 2012. Occurrence reporting is a key means by which health care systems attempt to mitigate and reduce close calls, occurrences and adverse events. The occurrence reporting process helps to identify, monitor, and analyze occurrence trends in a health care setting. Intended benefits of CSRS achieved were an increase in occurrence reporting volume and variety of occurrence reporting types, expanded types of reporters, reduced timelines related to occurrence reporting and improved system user satisfaction.</p>

	<p>The external evaluation completed highlighted that Central Health had a 25.5 per cent increase in client safety reporting with increased reporting being a desired outcome.</p> <p>Staff training was a key component with over 2,500 employees receiving training to increase awareness and understanding of client safety culture and provide a working knowledge of CSRS.</p>
Acting on trending data to improve client safety.	<p>Central Health monitors trended data from CSRS, claims, risk management, quality reviews, occupational health and safety reports, client complaints and compliments, ongoing surveillance, information management systems, health indicators and patient safety leadership walk rounds. Central Health has acted on trended data to improve client safety through the implementation of a verbal communication tool to enhance communication between healthcare providers; education related to narcotics; medication safety, huddles to prevent falls; and MOREob a comprehensive, patient safety program to improve obstetrical care throughout the region.</p>

Objective

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

Measure

Strategic Quality and Safety Plan developed

Planned Indicators for 2013-2014	Actual Progress for 2013-2014
Strategic Quality and Safety Plan is aligned with other planning processes implemented by Central Health	<p>Development and monitoring of the Strategic Quality and Safety Plan is the responsibility of the Board Performance and Improvement Committee (BPIC) of Central Health.</p> <p>Through oversight of this committee comprised of board trustees, physicians, senior leaders and the quality improvement director, the Strategic Quality and Safety Plan is aligned with other planning processes at Central</p>

	<p>Health including the organization’s Strategic Plan, the work plans of the Board Patient Safety Subcommittee and Quality Improvement Oversight Committee, Accreditation Standards and the strategies and priorities of the Division of Access and Clinical Efficiency of the Department of Health and Community Services. The BPIC reviews the plan on a regular basis to ensure alignment and to monitor progress.</p>
<p>Plan is organized around various dimensions of quality</p>	<p>Quality is generally expressed through a set of dimensions. The Strategic Quality and Safety Plan developed to reduce risk and improve system performance at Central Health is organized along the following dimensions of quality: access, effectiveness, efficiency, client-centeredness and safety. For each dimension or area of improvement, there are goals, improvement initiatives and timelines, responsibilities assigned, evaluation tools/ indicators outlined and results tracked.</p>
<p>Priorities established for improvement based on areas that are problem prone, high-risk and high-volume</p>	<p>Priorities for improvement are established in the Strategic Quality and Safety Plan for areas that present challenges and are high-risk and/or high-volume. These areas are identified through data trending and other priorities identified through various planning processes. There are improvements identified in areas such as obstetrical services that are high-risk but low volume as well as improvements in areas such as access in the emergency department which is both high-risk and high volume.</p>
<p>Enhanced culture of quality and safety is outlined as a goal outlining improvement activities and timelines</p>	<p>One of the goals documented in the Strategic Quality and Safety Plan is an enhanced culture of quality and safety. This goal is primarily the responsibility of the Board Patient Safety Subcommittee and the Quality Improvement Oversight Committee that both report to the BPIC. Both committees reporting to BPIC have comprehensive work plans to guide the enhancement of an organizational culture of quality and safety. In each plan, this goal has improvement activities.</p>

	with associated timelines. The administration of the Patient Safety Culture Survey and acting on the results is an example of one initiative to meet this goal.
Plan includes recommendations from the Central Health Accreditation Report 2013	Recommendations from the Central Health Accreditation 2013 Report are embedded in the Strategic Quality and Safety Plan. These recommendations, related to safe care, are monitored by the Board Patient Safety Subcommittee and are outlined in the plan of the committee

DISCUSSION OF RESULTS

Culture is widely recognized and accepted as a significant driver in changing attitudes and behavior in order to improve safety within organizations. The Patient Safety Culture Survey administered in 2012 indicated positive changes in several areas including: perceptions of senior managements' understanding of the risk associated with client care, employees' reporting client safety is a high priority in their work environment and open communication about errors in the organization. Central Health's survey results were shared with board members, physicians, senior leadership, managers and frontline employees throughout the organization. The Patient Safety Culture Survey results inform the Central Health Client Safety Plan which is monitored by the Board Patient Safety Subcommittee. Priority areas for continuing work from the results of the survey include feedback to staff; open, honest and transparent work environments and providing client safety education.

Central Health has improved client safety through the successful implementation and sustainability of Safer Healthcare Now (SHN) initiatives such as the Acute Myocardial Infarction (AMI) and Venous Thromboembolism Prevention (VTE) initiatives.

As part of the AMI initiative, physicians and staff were educated regarding the proper care and treatment of AMI. A new documentation sheet incorporating safety reminders was also implemented, a policy, guideline and checklist for TNK (clot buster) administration was developed to support evidence-informed decision making for AMI treatment. As part of continuous improvement and sustainability, monitoring of the data will continue to support improvements. The Green Bay Health Centre AMI team mapped out the ED processes to identify gaps in the recognition and treatment of AMI. Using the Model for Improvement, the team completed Plan-Do-Study-Act (PDSA) cycles to test new changes. This has resulted in improvements to the registration processes to ensure the client is seen by the physician as quickly as possible, which in turn improves health outcomes.

Venous thromboembolism is one of the most common, costly and preventable complications of hospitalization. A robust prevention strategy included the collaborative development of a physician order sheet which was utilized as a trigger to assess acute care clients on admission for their risk and to increase

the use of prophylactic measures. A region wide education rollout and a new policy/guideline was also approved to support the spread and sustainability of the VTE initiative. Quarterly data is collected and shared with key stakeholders on an ongoing basis to monitor and facilitate continuous improvement. The goal is to have 100 per cent of clients receive appropriate thromboprophylaxis.

Data trending is an integral component of monitoring safety and quality in healthcare. Trended data is reported throughout the organization at various levels through environmental scanning, comprehensive analysis reports, displayed in graphs, tables and scorecards and is utilized by Central Health to support decision-making and inform program and organizational improvement initiatives. The Board Patient Safety Quarterly Scorecard contains over twenty key safety and quality indicators that are trended on a quarterly and annual basis. Priorities are identified from indicators and trended data and becomes a part of the relevant workplan for action.

The Strategic Quality and Safety Plan is developed and monitored by the Board Performance Improvement Committee which reports to the Central Health Board of Trustees. Progress is monitored by review of the documented plan and review of the Board of Trustee Scorecard which occurs on a quarterly basis. The strategic direction, objectives and measures related to quality and safety in the organizations strategic plan have been incorporated into the Strategic Quality and Safety Plan.

One of the goals of the Strategic Quality and Safety Plan is an enhanced culture of quality and safety and this goal has improvement activities with associated timelines. The work plan includes improvement initiatives to enhance culture such as Quality Reviews in select areas, administration of the Patient Safety Culture Survey to all employees to assess culture, Patient Safety Leadership Walk rounds and education regarding client safety initiatives for employees and the public. The improvement initiatives have timelines specified, along with assigned responsibility and the evaluation tools/indicators to determine results.

Priorities are established for improvement in the Strategic Quality and Safety Plan in areas that present challenges and are high-risk and/or high-volume. An obstetrical service by nature of the practice area is high-risk and as a result the Managing Obstetrical Risk Efficiently (MORE^{OB}) Program, which is detailed in the next section, was approved and implementation has commenced. Reducing wait times and improving client flow in the emergency department was identified as a priority area for improvement and significant improvement work has been completed and is ongoing with the goal of improved client safety.

In May 2013, Central Health was accredited by Accreditation Canada following a rigorous assessment process. As previously noted, Central Health met 95.9 per cent of the standards however there were a number of recommendations detailed in the report related to managing medications and infection prevention and control. The recommendations and the associated actions and timelines were set out in the plan with responsibility assigned.

OPPORTUNITIES AND CHALLENGES

Client Flow and Wait Times in the Emergency Department

In 2012, the Department of Health and Community Services (DOHCS) developed a five-year strategy including five goals to reduce wait times in the ED to enhance and improve care. Central Health has been partnering with the DOHCS and X₃₂Healthcare Consulting Firm to improve the operations and overall functioning of the Emergency Departments (ED) at the CNRHC and JPMRHC to address wait time and client flow issues. The causes for these issues are complex and a system wide challenge that requires a sustained effort to understand and address. This commitment will assist Central Health in meeting Accreditation Canada's Required Organizational Practice to improve client flow, mitigate overcrowding in the ED and provide timely and quality service to our clients.

The CNRHC ED employees have been building on the previous year's successes with improvements in triage, a visual management system, standardization of work and registration processes in the department. The nurse first at triage was instituted to meet national guidelines of the Canadian Triage Acuity Scale (CTAS). The team also introduced a Fast Track process that allowed the streamlining of low acuity clients to be assessed by the Nurse Practitioner. This improved client flow tremendously and clients are being seen by the right provider in a timelier manner. These changes also impact client satisfaction and employee work life.

The JPMRHC ED employees including nurses, physicians, nurse practitioners and various managers attended a two-day education session to learn about applying Lean principles and methods for continuous quality improvement. This education provided the knowledge and tools to enable the team to review internal processes, understand inefficiencies and identify opportunities to reduce wait times and improve client flow.

Central Health provided the data for X₃₂Healthcare to provide statistical analysis and work with the local team to highlight inefficiencies and areas for improvements. This preliminary work created the foundation for the development of three main objectives: to reduce wait times, improve client flow and satisfaction and enhance employee work life at JPMRHC ED.

The work to fulfill the goals and objectives identified continues as Central Health moves forward to address this significant challenge.

Managing Obstetrical Risk Efficiently (MORE^{OB}) in Central Health

MORE^{OB} is a comprehensive, patient safety program that fosters professional development and performance improvement for caregivers and administrators. It integrates evidence-based professional practice standards and guidelines with current patient safety concepts, principles and tools.

In 2013-14, Central Health committed to implementing the MORE^{OB} Program, over the subsequent three years, on the Obstetrical Units at James Paton Memorial Regional Health Centre and Central

Newfoundland Regional Health Centre. A Core Team of 12 members including obstetricians, a family physician, nurses, unit managers, patient safety officer and a senior leader received a two day training session to become the facilitators to roll out this program to both obstetrical units.

The MORE^{OB} Program builds and sustains a culture of safety by developing knowledge, skills, attitudes, behaviors and practices that make patient safety on the obstetrical units the number one priority and everyone's responsibility, all the time. Over the next three years all staff on the obstetrical units will be working with the Core Team to complete the three modules which involves *Learning Together, Working Together and Changing the Culture*.

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Electronic Patient Record (EPR)

During the next year, Central Health will begin work to implement a new Scanning and Archiving module for Meditech to advance the Electronic Patient Record for patient care at Central Health. This project will enable Central Health to digitize paper records that are not currently part of the electronic patient record. These records, which would normally reside on the paper record in a particular facility, will then be available to all authorized users in the region. Along with the clinical benefits associated with this, there are many other opportunities to gain financial efficiencies and reduce risk. These include the elimination of the hybrid paper and electronic chart, a reduction in the cost of storage of paper records, standardization of clinical documentation in the region, a reduction in the need to deliver charts for clinical visits as well as improvements in release of information activities. This will be a regional implementation, so over time, benefits will be realized outside the regional referral centres in rural health centres and community health centres.

Medication Reconciliation (Med Rec)

Medication errors represent a high proportion of the occurrences reported and investigated at Central Health. Medication reconciliation is a patient safety initiative to reduce the incidence of adverse drug events. It is a Required Organizational Practice (ROP) by Accreditation Canada which Central Health must fully meet by 2017. This issue will be a priority for Central Health and its progression is being monitored by the Board Patient Safety Subcommittee. The Medication Reconciliation Steering Committee has been working toward a sustainable solution to achieve complete implementation of this patient safety initiative in all applicable areas on patient admission, transfer, and discharge.

Volunteer Services Program

Central Health has approximately 900 volunteers throughout the region providing a myriad of services to clients, patients and residents. In the coming year, Central Health will focus on the development of a strategic, comprehensive and region-wide Volunteer Services Program. An environmental scan, needs assessment and review of best practices will be conducted. The goal of the program is to achieve the

maximum benefit of the many hours of service Central Health's volunteers so generously donate to the organization. This will be achieved by strategically aligning the appropriate volunteers to appropriate programs and services. This approach will also assist the organization in its volunteer recruitment efforts.

Client Experience

Clients' experience of their interaction with healthcare is an important part of the service provided and of the care received. This is an emerging area and Central Health recognizes that many leading organizations have adopted a client experience plan or framework. In 2014-15, Central Health will move forward with initiatives in various areas related to client experience aimed at measuring and improving client experience and engagement.

Management of Blood Glucose in the Frail Elderly

Central Health is partnering with Western Health and the Canadian Agency of Drugs Technology and Health in a quality improvement initiative that supports the achievement of best practice in the care of people with type 2 diabetes residing in long term care facilities. Currently there is an excess use of Blood Glucose monitoring for this population, resulting in increased discomfort for clients, increased cost associated with supplies to perform this procedure, as well as decreased nursing time for other essential activities to meet client's needs. The long term care population is primarily the frail elderly; the over-care/treatment of the frail elderly is a significant risk. The major risk for this group is hypoglycemia, resulting in increased risk of falls. Optimal management of glycaemia is the key consideration to the overall maintenance of health in this population.

By making more effective use of blood glucose testing, information obtained can be more effectively used to make decisions about the individualized care of residents. The project includes education for staff related to the best practice guidelines and increased awareness of the complex needs of the frail elderly. The implementation of the new guidelines will be evaluated for improved resident outcomes.

Anti-psychotic Drug Use Reduction Project

Central Health is partnering with the Canadian Foundation for Healthcare Improvement (CFHI) in a collaborative project aimed at reducing inappropriate use of antipsychotic medications among patients with dementia who live in long term care facilities. Central Health is one of 15 teams from seven provinces and one territory participating in the Reducing Antipsychotic Medication Use in the Long Term Care collaborative. Central Health will adapt and implement approaches to reduce the number of residents on antipsychotic medication. Teams are comprised of healthcare administrators, clinical champions – such as physicians, nurse practitioners and pharmacists – and patients. CFHI is providing funding and other support, including help measuring the impact these projects will make on patient care and health spending. CFHI will help teams adapt tools and implement them in their own context.

Triple Aim Improvement Project

Central Health is currently a participant in an improvement project with the Canadian Foundation for Healthcare Improvement (CFHI) and the Institute for Healthcare Improvement (IHI) in the United States. Triple Aim is a change process that is based on six phases of pilot testing with over 100 organizations

around the world. It involves identification of a population of focus, definition of system aims and measures, development of a portfolio of project work that is sufficiently strong to move system-level results, and rapid testing and scale up that is adapted to local needs and conditions.

The Triple Aim process focuses on new program designs that better identify problems and solutions further upstream and outside of acute health care. Clients can expect less complex and much more coordinated care and the burden of illness will decrease. Importantly, stabilizing or reducing the per capita cost of care, by improving the care that clients receive at home and in ambulatory settings and decreasing bed utilization, for populations will lessen the pressure on publicly funded health care budgets. This valuable learning opportunity extends from September 2013 to June 2014 and consists of numerous webinars and access to Triple Aim faculty for assistance with problem solving and decision making. The Central Health team is currently examining admission data for patients with one or more chronic disease to identify a population of focus that would most benefit from the application of the Triple Aim process.

Leadership Development

Central Health is committed to achieving its mission of *Healthy People in Healthy Communities* through the development of its leadership team. Central Health has developed an accountability framework for leaders which outlines the skills, knowledge and behaviours of accountable leaders in the organization. This is in line with the provincial strategic objective of “An Accountable, Sustainable Quality Health and Community Services System.” Central Health is also moving towards the adoption of the LEADS in a Caring Environment Capabilities Framework. This health leadership framework provides a foundation for Central Health leaders to develop along five domains; Lead Self; Engage Others; Achieve Results; Develop Coalitions; and Systems Transformation. This is multi-year plan which will see CH implement initiatives and create opportunities to meet the needs of new and mature leaders in the organization, with a goal of enhancing the positive healthcare culture and impacting the patient experience.

Community Rapid Response Team (CRRT)

The Community Rapid Response Team (CRRT) is a pilot program that will be initiated at CNRHC and is intended to strengthen, as well as add structure to the partnerships between home / community services and the emergency department. This pilot project will see the initiation of provision of a higher level of care, for a short period of time to assist appropriate individuals in returning home upon presentation to the ED, thus avoiding hospitalization where possible. The implementation of this pilot provides the opportunity to have a positive impact on emergency room flow and acute care inpatient bed utilization as clients are provided with effective and efficient care in their home.

Bed Manager Software Application

The *BedManager* Software application is a tool that provides reports and dashboards to collect, manage, monitor and analyze patient flow and bed utilization within Central Health acute care facilities. It includes real-time patient and bed status, dashboards, assessment forms, key performance indicators, statistical trending (distribution of discharge times, physicians with longest length of stay). The implementation of this tool will create opportunities and facilitate improvements in the following areas: patient flow, decrease in length of stay, and turnover time for beds (bed readiness).



APPENDICES



Central
Health



Consolidated Financial Statements

Central Regional Health Authority

March 31, 2014

Contents

	Page
Independent Auditors' Report	1-2
Consolidated	
Statement of Financial Position	3
Statement of Operations	4
Statement of Changes in Net Financial Assets (Debt)	5
Statement of Cash Flows	6
Notes to the Consolidated Financial Statements	7-18



Independent Auditors' Report

To the Board of Trustees of
Central Regional Health Authority

Grant Thornton LLP
Suite 300
15 International Place
St. John's, NL
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F +1 709 722 7892
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We have audited the accompanying consolidated financial statements of Central Regional Health Authority which comprise the consolidated statement of financial position as at March 31, 2014, and the consolidated statements of operations, changes in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

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

Auditors' responsibility

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

An audit involves performing procedures to obtain evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

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

Opinion

In our opinion, the consolidated financial statements present fairly, in all material respects, the consolidated financial position of Central Regional Health Authority as at March 31, 2014 and the results of its consolidated operations and changes in net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Other matters

The comparative figures for the year ended March 31, 2013 were audited by another firm of chartered accountants who provided an audit report without reservation on those consolidated financial statements in their report dated June 18, 2013.



Gander, Canada

(Date Completed)

Chartered Accountants

Central Regional Health Authority

Consolidated Statement of Financial Position

March 31

2014

2013

Financial assets

Cash (Note 3)	\$ 16,702,644	\$ 5,751,378
Receivables (Note 4)	18,413,931	29,638,965
Residents' trust funds held on deposit	901,834	938,808
Cash restricted for security deposits	35,561	35,355
Investments restricted for general endowment purposes (Note 5)	803,809	693,882
Replacement reserve funding (Note 11)	<u>159,399</u>	<u>154,029</u>
	<u>37,017,178</u>	<u>37,212,417</u>

Liabilities

Payables and accruals (Note 6)	27,092,115	26,932,915
Employee future benefits		
Accrued vacation	14,113,590	13,354,679
Accrued sick (Note 7)	16,207,839	15,933,637
Accrued severance (Note 7)	28,462,499	26,777,716
Deferred grants (Note 8)	27,531,722	29,212,218
Long-term debt (Note 9)	13,349,219	14,777,214
Obligations under capital lease (Note 10)	117,902	343,537
Trust funds payable	901,834	938,808
Security deposits liability	35,562	35,355
Replacement reserves (Note 11)	159,399	154,029
J.M Olds scholarship and library funds	<u>82,852</u>	<u>82,602</u>
	<u>128,054,533</u>	<u>128,542,710</u>

Net financial assets (debt)

(91,037,355) (91,330,293)

Non-financial assets

Capital assets (Note 12)	56,085,406	57,961,039
Deposit on capital assets	104,392	94,015
Inventories (Note 13)	2,239,989	2,246,855
Prepays (Note 14)	<u>6,936,739</u>	<u>7,751,052</u>
	<u>65,366,526</u>	<u>68,052,961</u>

Accumulated surplus (deficit)

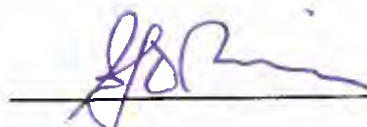
\$ (25,670,829) \$ (23,277,332)

Commitments (Note 16)

Contingencies (Note 17)

On behalf of the Board

 Trustee

 Trustee

See accompanying notes to the consolidated financial statements

Central Regional Health Authority

Consolidated Statement of Operations

(Note 18)

Year ended March 31	Budget 2014	Actual 2014	Actual 2013
Revenue			
Provincial plan operating	\$ 294,038,338	\$ 294,071,434	\$ 293,676,494
Provincial capital grants	-	4,277,945	5,505,736
Other capital contributions	-	267,298	260,878
MCP	14,323,478	14,347,583	16,364,436
Patient-resident services	13,489,500	13,481,238	13,780,373
CMI/IC mortgage interest subsidy	56,982	56,805	56,805
Capital project funding	11,338,061	11,973,697	5,596,699
Recoveries	9,178,000	11,144,004	9,975,774
Cottage operations	1,494,745	1,491,423	1,350,642
Foundations	863,000	1,063,190	1,101,196
Other revenue	1,598,892	2,637,965	2,988,115
	<u>346,380,996</u>	<u>354,812,582</u>	<u>350,657,148</u>
Expenditure			
Administration	33,269,285	30,802,810	31,294,977
Community and social services	85,786,265	83,728,973	79,362,819
Support services	69,494,445	72,267,344	64,754,188
Nursing inpatient services	75,293,742	79,061,151	76,970,766
Ambulatory care services	19,348,429	19,628,112	19,131,011
Diagnostic and therapeutic services	41,541,519	41,502,728	41,168,715
Medical services	18,215,069	18,309,613	20,840,404
Educational services	1,074,497	1,052,850	995,970
Cottage, operations, including amortization of \$492,929 (2013 - \$476,277)	1,505,485	1,505,155	1,526,989
Foundations, including amortization of \$4,539 (2013 - \$4,778)	801,100	705,951	992,675
	<u>346,329,836</u>	<u>348,564,687</u>	<u>337,038,514</u>
Surplus (deficit) – shareable	<u>51,160</u>	<u>6,247,895</u>	<u>13,618,634</u>
Non-shareable items			
Gain on disposal of capital assets	-	-	6,812
Amortization of capital assets	-	(5,923,407)	(6,115,680)
Accrued vacation pay – (increase) decrease	-	(759,000)	26,368
Accrued severance pay – (increase) decrease	-	(1,684,783)	(1,743,487)
Accrued sick pay – (increase) decrease	-	(274,202)	(171,218)
	-	<u>(8,641,392)</u>	<u>(7,997,205)</u>
Surplus (deficit) - shareable and non-shareable	51,160	(2,393,497)	5,621,429
Accumulated surplus (deficit)			
Beginning of year	-	(23,277,332)	(28,898,761)
End of year	<u>\$ 51,160</u>	<u>\$ (25,670,829)</u>	<u>\$ (23,277,332)</u>

See accompanying notes to the consolidated financial statements

Central Regional Health Authority
Consolidated Statement of Changes in Net Financial
Assets (Debt)

March 31	2014	2013
Net debt - beginning of year	\$ (91,330,293)	\$ (96,658,684)
(Deficit) surplus	(2,393,497)	5,621,429
Changes in capital assets		
Acquisition of capital assets	(4,545,242)	(5,766,614)
Amortization of capital assets	6,420,875	6,596,735
Gain on disposal of capital assets	-	(6,812)
Proceeds on disposal of capital assets	-	18,240
Deposits on capital assets	(10,377)	(94,015)
Increase in net book value of capital assets	1,865,257	747,534
Changes in non-financial assets		
Reduction in inventories	6,866	477,786
Reduction (increase) in prepaids	814,313	(1,518,358)
Increase (decrease) in non-financial assets	821,179	(1,040,572)
Increase in net assets	292,938	5,328,391
Net debt, end of year	\$ (91,037,355)	\$ (91,330,293)

See accompanying notes to the consolidated financial statements

Central Regional Health Authority

Consolidated Statement of Cash Flows

Year ended March 31	2014	2013
Operating		
(Deficit) Surplus	\$ (2,393,497)	\$ 5,621,429
Amortization	6,420,878	6,596,735
Gain on disposal of capital assets	-	(6,812)
Investment gains/losses	<u>(51,008)</u>	<u>(6,595)</u>
	3,976,373	12,204,757
Changes in		
Receivables	11,225,034	(14,546,132)
Payables and accruals	159,200	2,644,681
Accrued vacation pay	758,910	(25,899)
Accrued severance pay	1,684,783	1,743,487
Accrued sick pay	274,202	171,218
Deferred grants	(1,680,496)	4,409,608
Inventories	6,866	477,786
Prepays	<u>814,313</u>	<u>(1,518,358)</u>
Net cash provided from operations	<u>17,219,185</u>	<u>5,561,148</u>
Financing		
Repayment of long-term debt	(1,427,995)	(1,491,457)
Repayment of capital leases	(225,635)	(214,963)
Net changes in J.M. Olds funds	<u>250</u>	<u>(575)</u>
Net cash applied to financing	<u>(1,653,380)</u>	<u>(1,706,995)</u>
Investing		
Additions to capital assets	(4,545,242)	(5,766,614)
Deposit on capital assets	(10,377)	(94,015)
Increase in general endowment fund investments	(58,920)	(57,421)
Proceeds on disposal of capital assets	<u>-</u>	<u>18,240</u>
Net cash applied to investing	<u>(4,614,539)</u>	<u>(5,899,810)</u>
Net increase (decrease) in cash	10,951,266	(2,045,657)
Cash, net of bank indebtedness:		
Beginning	<u>5,751,378</u>	<u>7,797,035</u>
Ending	<u>\$ 16,702,644</u>	<u>\$ 5,751,378</u>

See accompanying notes to the consolidated financial statements

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2014

1. Nature of operations

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

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

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

2. Summary of significant accounting policies

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

Basis of consolidation

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

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

Use of estimates

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

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

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2014

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

Cash and cash equivalents

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

Revenues

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

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

Expenses

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

Deferred revenue

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

Non-financial assets

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

Severance and sick pay liability

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

An actuarially determined accrued liability has been recorded on the statements for non-vesting sick leave benefits. The cost of non-vesting sick leave benefits are actuarially determined using management's best estimate of salary escalation, accumulated sick days at retirement, long-term inflation rates and discount rates. Actuarial gains or losses are being amortized to the liability and the related expense straight-line over the expected average remaining service life of the employee group.

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2014

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

Inventories

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

General stores	At average cost
Drugs	First-in, first-out

Capital assets

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

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

Land improvements	5.0%
Buildings and service equipment	5.0%
Information systems equipment	33.3%
Equipment	12.5%
Motor vehicles	20.0%

Capital and operating leases

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

Impairment of long-lived assets

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

Replacement reserves

Under certain operating agreements with Newfoundland and Labrador Housing Corporation (NLHC) the Authority is required to maintain a Replacement Reserve Fund which is to be used to fund major maintenance and the purchase of capital assets. These funds may only be used as approved by NLHC. Transactions in the reserves are shown in Note 11.

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2014

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

Pension costs

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

Financial instruments

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

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

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

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

3. Receivables	<u>2014</u>	<u>2013</u>
Operating		
Provincial plan grants - operating	\$ 8,122,160	\$ 11,642,498
Capital grants	471,198	9,007,157
Patient, rents and other	6,551,751	5,857,141
MCP	1,927,960	2,322,177
Cancer Foundation	1,166,415	839,072
HST	663,427	858,948
Due from NLHC	<u>12,732</u>	<u>14,105</u>
	18,915,643	30,541,098
Allowance for doubtful	<u>501,712</u>	<u>902,133</u>
	<u>\$ 18,413,931</u>	<u>\$ 29,638,965</u>

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2014

4. Investments restricted for general endowment purposes

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

	<u>2014</u>	<u>2013</u>
Central Northeast Health Foundation Inc.	\$ 216,425	\$ 187,713
South and Central Health Foundation	<u>587,384</u>	<u>506,169</u>
	<u>\$ 803,809</u>	<u>\$ 693,882</u>

5. Payables and accruals

	<u>2014</u>	<u>2013</u>
Operating		
Trade	\$ 15,024,765	\$ 15,898,085
Due to NLHC subsidy	6,203	9,435
Residents comfort fund	31,011	27,987
Accrued - wages	11,987,667	10,953,020
- interest	<u>42,469</u>	<u>44,388</u>
	<u>\$ 27,092,115</u>	<u>\$ 26,932,915</u>

6. Employee future benefits

	<u>2014</u>	<u>2013</u>
Future employee benefits related to accrued severance and accrued sick obligations have been calculated based on an actuarial valuation completed on June 19, 2012 and extrapolated to March 31, 2014. The assumptions are based on future events. The economic assumptions used in the valuation are Central Health's best estimates of expected rates as follows:		
Wages and salary escalation	2.75%	4.00%
Interest	3.90%	3.60%

Based on actuarial valuation of the liability, at March 31, 2014 the results for sick leave are:

Accrued sick pay obligation, beginning	\$ 17,299,918	\$ 16,975,809
Current period benefit cost	1,754,054	1,669,770
Benefit payments	(2,209,855)	(2,237,440)
Interest on the accrued benefit obligations	614,593	642,641
Actuarial (gains) losses	<u>(922,917)</u>	<u>249,138</u>
Accrued sick pay obligations, at end	<u>\$ 16,535,793</u>	<u>\$ 17,299,918</u>

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

6. Employee future benefits (continued)
2014 2013

Based on actuarial valuation of the liability, at March 31, 2014 the results for severance are:

Accrued benefit obligation, beginning	\$ 30,105,639	\$ 27,945,147
Current period benefit cost	2,047,131	2,027,108
Benefit payments	(1,732,175)	(1,597,392)
Interest on the accrued benefit obligation	1,089,473	1,084,159
Actuarial (gains) losses	<u>(2,041,598)</u>	<u>646,617</u>
 Accrued severance obligation, at end	 <u>\$ 29,468,470</u>	 <u>\$ 30,105,639</u>

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

Sick benefits

Accrued benefit liability	\$ 16,207,839	\$ 15,933,637
Unamortized actuarial losses	<u>327,954</u>	<u>1,366,281</u>
 Accrued benefit obligation	 <u>\$ 16,535,793</u>	 <u>\$ 17,299,918</u>

Severance benefits:

Accrued benefit liability	\$ 28,462,499	\$ 26,777,716
Unamortized actuarial losses	<u>1,005,971</u>	<u>3,327,923</u>
 Accrued benefit obligation	 <u>\$ 29,468,470</u>	 <u>\$ 30,105,639</u>

7. Deferred grants
2014 2013

Deferred operating grants	\$ 3,215,438	\$ 1,476,500
Deferred capital grants	<u>24,316,284</u>	<u>27,735,718</u>
	 <u>\$ 27,531,722</u>	 <u>\$ 29,212,218</u>

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

8. Long-term debt	<u>2014</u>	<u>2013</u>
Operating		
2.4% CMHC mortgage on Lakeside Homes; repayable in equal monthly instalments of \$12,112, interest included; maturing April, 2020, renewable October, 2015	\$ 822,086	\$ 946,166
7.5% CMHC mortgage on Lakeside Homes; repayable in equal monthly instalments of \$4,574, interest included; maturing July, 2023	369,992	396,477
Prime minus 1.1% Canadian Imperial Bank of Commerce deferred demand loan; repayable in equal monthly instalments of \$3,056, plus interest; maturing December, 2018	174,113	210,785
3.53% Canadian Imperial Bank of Commerce loan for Carmelite House, unsecured; repayable in equal monthly instalments of \$58,386, interest included; maturing January, 2027	7,222,004	7,659,294
4.89% Canadian Imperial Bank of Commerce mortgage on 3 Twomey Dr, Botwood housing; repayable in equal monthly instalments of \$431, interest included; maturing July, 2027, renewable July, 2014	50,385	53,051
4.89% Canadian Imperial Bank of Commerce mortgage on 145 Commonwealth Ave, Botwood housing; repayable in equal monthly instalments of \$390, interest included; maturing June, 2027, renewable July, 2014	45,611	48,024
2.46% Canadian Imperial Bank of Commerce mortgage on hospital renovations; repayable in equal monthly instalments of \$8,423, interest included; matured January, 2014	-	83,288
8.0% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Senior Citizens Home; repayable in equal monthly instalments of \$10,124, interest included; maturing August, 2027	1,006,484	1,047,000

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2014

8. Long-term debt (cont'd.)	<u>2014</u>	<u>2013</u>
7.88% Newfoundland and Labrador Housing Corporation mortgage on Authority offices; repayable in equal monthly instalments of \$8,165, interest included; maturing August, 2024	704,060	745,558
2.61% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Senior Citizens Home; repayable in equal monthly instalments of \$7,900, interest included; maturing July, 2019, renewable September, 2014	471,625	553,023
Prime minus 1.1% Canadian Imperial Bank of Commerce deferred demand loan; repayable in equal , monthly instalments of \$6,199, plus interest; maturing 2015	74,385	148,769
2.99% Bank of Nova Scotia 1st mortgage on land and building at 1 Newman's Hill, Twillingate; repayable in equal monthly instalments of \$406, interest included; maturing July, 2024, renewable May, 2017	43,288	46,765
2.99% Bank of Nova Scotia 1st mortgage on land and building at 42 Howlett's Road, Twillingate; repayable in equal monthly instalments of \$352, interest included; maturing April, 2020, renewable May, 2017	23,462	26,900
2.89% Bank of Nova Scotia 1st mortgage on land and building at 30 Smith's Lane, Twillingate; repayable in equal monthly instalments of \$350, interest included; maturing July , 2020, renewable December, 2016	<u>24,284</u>	<u>27,770</u>
	<u>11,031,779</u>	<u>11,992,870</u>
North Haven Manor Cottages Phase I,II,III		
4.25% Industrial Alliance Insurance and Financial Services Inc. mortgage on North Haven Manor Cottages; repayable in equal monthly instalments of \$8,668, interest included; maturing December, 2016	\$ 269,652	\$ 360,228
1.64% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor Cottages; repayable in equal monthly instalments of \$8,541, interest included; maturing November, 2018	<u>460,156</u>	<u>554,286</u>
	<u>729,808</u>	<u>914,514</u>

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2014

8. Long-term debt (cont'd.)	<u>2014</u>	<u>2013</u>
North Haven Manor Cottages Phase IV		
1.67% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor Cottages; repayable in equal monthly instalments of \$3,029, interest included maturing July, 2025, renewable April, 2017	<u>375,080</u>	<u>404,908</u>
Valley Vista Cottages		
2.26% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Cottages; repayable in equal monthly instalments of \$4,865, interest included; maturing June, 2016	<u>127,937</u>	182,766
1.53% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Cottages; repayable in equal monthly instalments of \$9,738 interest included; maturing December, 2017	<u>425,500</u>	534,906
1.67% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Cottages; repayable in equal monthly instalments of \$4,807, interest included; maturing May, 2018, renewable June, 2016	<u>232,023</u>	<u>284,842</u>
	<u>785,460</u>	<u>1,002,514</u>
Bonnews Lodge Apartment Complex		
2.04% Newfoundland and Labrador Housing Corporation 1st mortgage on Bonnews Apartment Complex; repayable in equal monthly instalments of \$3,714 interest included; maturing December, 2024, renewable April, 2019	<u>427,092</u>	<u>462,408</u>
	<u>\$ 13,349,219</u>	<u>\$ 14,777,214</u>

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

2015	\$ 1,386,119
2016	1,354,015
2017	1,327,819
2018	1,247,381
2019	1,108,705
Thereafter	6,925,180

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2014

9. 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 rate is 4.85%.

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

Year ending March 31, 2015	<u>\$ 119,564</u>
Total minimum lease payments	119,564
Less amount representing interest	<u>1,662</u>
Balance of obligation	<u>\$ 117,902</u>

10. Replacement reserves

	<u>2014</u>	<u>2013</u>
North Haven Manor Cottages Phase I,II,III		
Balance, beginning	\$ 154,029	\$ 157,541
Add:		
Allocation for year	60,220	60,220
Contributions from Authority	12,900	12,900
NLHC transfer from subsidy	<u>-</u>	<u>6,633</u>
	227,149	237,294
Less:		
Approved expenditures	<u>67,750</u>	<u>83,265</u>
Balance, ending	<u>\$ 159,399</u>	<u>\$ 154,029</u>
Funding		
Replacement reserve funds	\$ 14,356	\$ 8,986
Due from Newfoundland and Labrador Housing Corporation	<u>145,043</u>	<u>145,043</u>
	<u>\$ 159,399</u>	<u>\$ 154,029</u>

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2014

11. Capital assets			<u>2014</u>	<u>2013</u>
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net Book Value</u>	<u>Net Book Value</u>
Operating				
Land	\$ 553,384	\$ -	\$ 553,384	\$ 553,384
Land improvements	1,212,047	849,269	362,778	389,358
Buildings and service equipment	74,007,759	51,301,647	22,706,112	24,233,149
Equipment	115,854,101	84,505,066	31,349,035	31,374,121
Equipment under capital lease	2,781,898	2,491,629	290,269	381,242
Motor vehicles	3,240,433	2,433,684	806,749	1,008,436
Motor vehicles under capital lease	196,503	179,424	17,079	21,349
	<u>\$ 197,846,125</u>	<u>\$ 141,760,719</u>	<u>\$ 56,085,406</u>	<u>\$ 57,961,039</u>

12. Inventories	<u>2014</u>	<u>2013</u>
General stores	\$ 941,401	\$ 891,060
Drugs	<u>1,298,588</u>	<u>1,355,795</u>
	<u>\$ 2,239,989</u>	<u>\$ 2,246,855</u>

13. Prepaids	<u>2014</u>	<u>2013</u>
Operating		
Equipment maintenance	\$ 828,763	\$ 1,153,941
Malpractice and membership fees	58,249	112,399
General insurance	236,651	365,088
Workplace Health, Safety and Compensation Commission	4,308,368	4,261,490
Municipal taxes	750,957	711,246
Other	<u>753,751</u>	<u>1,146,888</u>
	<u>\$ 6,936,739</u>	<u>\$ 7,751,052</u>

14. Comparative figures

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

The comparative figures were audited by another accounting firm.

APPENDICES

Appendix B – Mandate

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

In carrying out its responsibilities, Central Health will:

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

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



APPENDICES

Appendix C—List of Sites and Contact Information

A.M. Guy Memorial Health Centre

P.O. Box 10

Buchans, NL A0H 1G0

P: (709) 672-3304/3305 F: (709) 672-3390

Baie Verte Peninsula Health Centre

1 Columbus Drive

Baie Verte, NL A0K 1B0

P: (709) 532-4281 F: (709) 532-4939

Bay d'Espoir Community Health Centre

P.O. Box 369

St. Alban's, NL A0H 2E0

P: (709) 538-3244 F: (709) 538-3228

Belleoram Community Health Centre

P.O. Box 206

Belleoram, NL A0H 1B0

P: (709) 881-6101 F: (709) 881-6104

Bell Place Community Health Centre

3 Bell Place

Gander, NL A1V 2T4

P: (709) 651-3306 F: (709) 651-3341

Bonnews Lodge

Badger's Quay, NL A0G 1B0

P: (709) 536-2160 F: (709) 536-3334

Brookfield/Bonnews Health Centre

Brookfield, NL A0G 1J0

P: (709) 536-2405 F: (709) 536-2433

Carmanville Community Health Centre

P.O. Box 29

Carmanville, NL A0G 1N0

P: (709) 534-2844 F: (709) 534-2843

Carmelite House

50 Union Street

Grand Falls-Windsor, NL A2A 2E1

P: (709) 489-2274 F: (709) 292-2593

Central Health Regional Office

21 Carmelite Road

Grand Falls-Windsor, NL A2A 1Y4

P: (709) 292-2138 F: (709) 292-2249

APPENDICES

Central Newfoundland Regional Health Centre

50 Union Street

Grand Falls-Windsor, NL A2A 2E1

P: (709) 292-2500 F: (709) 292-2645

Centreville Community Health Centre

P.O. Box 181

Centreville, NL A0G 4P0

P: (709) 678-2342 F: (709) 678-2110

Change Islands Community Health Centre

c/o Medical Clinic

Change Islands, NL A0G 1R0

P: (709) 621-6161 F: (709) 621-3126

Connaigre Peninsula Health Centre

P.O. Box 70

Harbour Breton, NL A0H 1P0

P: (709) 885-2043 F: (709) 885-2358

Dr. Brian Adams Memorial Community Health Centre P: (709) 257-4900 F: (709) 257-3640

P.O. Box 239

Gambo, NL A0G 1T0

P: (709) 674-4403 F: (709) 674-2000

Dr. C.V. Smith Memorial Community

Health Centre

P.O. Box 9

Glovertown, NL A0G 2L0

P: (709) 533-2372 or 2374 F: (709) 533-1021

Dr. Hugh Twomey Health Centre

P.O. Box 250

Botwood, NL A0E 1E0

P: (709) 257-2874 F: (709) 257-4613

Eastport Community Health Centre

P.O. Box 111

Eastport, NL A0G 1Z0

P: (709) 677-2530 F: (709) 677-2430

Exploits Community Health Centre

P.O. Box 945, 2 Airbase Road

Botwood, NL A0H 1E0

P: (709) 257-4900 F: (709) 257-3640

Fogo Island Health Centre

P.O. Box 9

Fogo, NL A0G 2B0

P: (709) 266-2221 F: (709) 266-1070

APPENDICES

Gander Bay Community Health Centre

Fire Hall, General Delivery

Wing's Point, NL A0G 4T0

P: (709) 676-2959 F: (709) 676-2456

Gaultois Community Health Centre

Gaultois, NL A0H 1N0

P: (709) 841-7331 F: (709) 841-4461

Grand Falls-Windsor Community Health Centre

36 Queensway

Grand Falls-Windsor, NL A2B 1J3

P: (709) 489-4861 F: (709) 489-8844

Green Bay Community Health Centre

Little Bay Road, P.O. Box 597

Springdale, NL A0J 1T0

P: (709) 673-4974 F: (709) 673-4970

Green Bay Health Centre

P.O. Box 280, 275 Main Street

Springdale, NL A0J 1T0

P: (709) 673-3911 F: (709) 673-2114

Hare Bay Community Health Centre

P.O. Box 219

Hare Bay, NL A0G 2P0

P: (709) 537-2209 F: (709) 537-2905

Hermitage Community Health Centre

P.O. Box 40

Hermitage, NL A0H 1S0

P: (709) 883-2222 F: (709) 883-2292

James Paton Memorial Regional Health Centre

125 Trans Canada Highway

Gander, NL A1V 1P7

P: (709) 256-2500 F: (709) 256-7800

Lakeside Homes

95 Airport Boulevard

Gander, NL A1V 2L7

P: (709) 256-8850 F: (709) 256-4259

LaScie Community Health Centre

P.O. Box 492

LaScie, NL A0K 3M0

P: (709) 675-2429 F: (709) 675-2478

APPENDICES

Lewisporte Community Health Center

394-412 Main Street

P.O. Box 1209

Lewisporte, NL A0G 3A0

P: (709) 535-0905/0906 F: (709) 535-0360

Lewisporte Health Centre

21 Centennial Drive

P.O, Box 880

Lewisporte, NL A0G 3A0

P: (709) 535-6767 F: (709) 535-8383

Lewisporte Health Centre

21 Centennial Drive

P.O, Box 880

Lewisporte, NL A0G 3A0

P: (709) 535-6767 F: (709) 535-8383

McCallum Community Health Centre

McCallum, NL A0H 2J0

P: (709) 846-4104 F: (709) 864-4104

Mose Ambrose Community Health Centre

P.O. Box 2 site 3A

Mose Ambrose, NL A0H 1M0

P: (709) 888-3541 F: (709) 888-6281

Musgrave Harbour Community Health Centre

P.O. Box 69

Musgrave Harbour, NL A0G 3J0

P: (709) 655-2518 F: (709) 655-2116

New World Island Community Health Centre

c/o NWI Medical Clinic

Summerford, NL A0G 4E0

P: (709) 629-3682 F: (709) 629-7114

Notre Dame Bay Memorial Health Centre

Twillingate, NL A0G 4M0

P: (709) 884-2131 F: (709) 884-2586

Rencontre East Community Health Centre

Rencontre East, NL A0H 2C0

P: (709) 848-3410 F: (709) 848-3410

Robert's Arm Community Health Centre

P.O. Box 219

Robert's Arm, NL A0J 1R0

P: (709) 652-3410 F: (709) 652-3671

St. Alban's Community Health Centre

P.O. Box 490, Cormier Avenue

St. Alban's, NL A0H 1E0

P: (709) 538-3738 F: (709) 538-3563/3899

APPENDICES

St. Brendan's Community Health Centre

c/o Medical Clinic

St. Brendan's, NL A0G 3V0

P: (709) 669-5381/4401 F: 669-3105

Therapeutic Residence

Grand Falls—Windsor, NL

P: (709) 489-6651

Valley Vista Senior Citizens' Home

P.O. Box 130

Springdale, NL A0J 1T0

P: (709) 673-3936 F: (709) 673-2832

Victoria Cove Community Health Centre

c/o Medical Clinic

Victoria Cove, NL A0G 4N0

P: (709) 676-2155 F: 676-2352

Youth Treatment Centre

15 Lincoln Road

c/o 50 Union Street

Grand Falls-Windsor, NL A2A 2E1

P: (709) 292-8360



APPENDICES

Appendix D—Board of Trustees

John George, Chair

David Brown

Rhonda Byrne

David Dove

Dermot Flynn

Marjorie Gaulton

Valerie Hoskins

Rick LeDrew

Gerard O'Brien

Bill O'Reilly

Donald Sturge



APPENDICES

Appendix E—Key Contact Information



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APPENDICES



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Vice President of Diagnostics, Information Management & Chief Operating Officer
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1-888-799-2272

clientrelations@centralhealth.nl.ca

Privacy Manager

(709) 256-5743

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Central
Health