ANNUAL REPORT

2016-2017

Healthy people, healthy communities...

Central Health

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MESSAGE

FROM THE CHAIR

On behalf of the Board of Trustees of Central Health, I am pleased to present Central Health's Annual Performance Report for the fiscal year, ending March 31, 2017.

This Annual Performance Report is the third report from the 2014-2017 Central Health Strategic Plan and was prepared under the Board's direction, in accordance with the *Transparency & Accountability Act* and the *Regional Health Authorities Act*. As a Board, we are accountable for the information, results, and variances contained within this annual report.

This report provides progress updates on Central Health's three strategic issues – access, healthy living, and client flow. In addition to measured results, highlights of partnerships and accomplishments are featured in this report.

Central Health's leadership, staff, physicians, volunteers, and partners are a dedicated group of individuals, committed to continuous improvement of the programs and services provided to clients, residents, and patients throughout this region.

On behalf of the Board of Trustees, I would like to take this opportunity to recognize and thank the many individuals, groups, and communities that make Central Health stronger. Looking back over 2016-2017, this group has much to be proud of and much to celebrate.

Considering the current fiscal environment and the increasing healthcare demands, we expect 2017-2018 to bring additional challenges to Central Health. Moving forward, we will build on our past experiences and learnings – working together, adopting best practices, embracing innovation, and remaining person-centred – to fulfill our vision of *healthy people, healthy communities.*

Sincerely

Donald Sturge
Chair, Central Health Board of Trustees

OVERVIEW

KEY STATISTICS

Central Health is the second largest health authority in Newfoundland and Labrador, serving approximately 94,000 people (20 per cent of the province's population) living in 177 communities.

With a geographical area encompassing more than half the total land mass of the island, the Central Health region extends from Charlottetown in the east, Fogo Island in the north, Harbour Breton in the south, to Baie Verte in the west.

Central Health is governed by a Board of Trustees, as appointed by the Independent Appointments Commission process. Central Health has approximately 3,100 dedicated employees. There are approximately 106 fee-for-service physicians practicing within the region, and the organization is supported by approximately 700 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 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 by the right person at the right place at the right time.

Central Health provides a variety of primary, secondary, long-term care, community health, and other enhanced secondary services through:

- Two Regional Referral Centres
- Nine Health Centres
- 11 Long-term Care Facilities (5 co-located in Health Centres)
- 23 Community Health Centres
- Two Residential Treatment Centres
- One Regional Office

As of April 2016, health and community services are provided through 43 facilities, with 262 acute and 524 long-term care beds. The number and types of beds at any facility may fluctuate slightly, as a result of major renovations and capital infrastructure investments.

In addition, Central Health licenses and monitors standards at 25 privately owned personal care homes, and oversees implementation and monitoring of standards for three private ambulance operators and nine community ambulance operators.

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 healthcare 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 (HCS) on a variety of initiatives including chronic disease self-management, appropriateness, access, healthy public policy, and provincial strategy development. Central Health maintains a close working relationship with all the Regional Health Authorities (RHA) in the province and collaborates on projects of mutual benefit.

With an annual budget of approximately $380 million, Central Health invests those funds in three general areas: direct care, support services, and administration. Direct care consumes 74 per cent of the budget, followed by support services at 17 per cent, and administration at 9 per cent.

HIGHLIGHTS AND PARTNERSHIPS

Central Health is pleased to report on many accomplishments that were achieved with partners over the reporting period, as well as initiatives resulting from operational planning. Progress has been made towards addressing the strategic directions of government in all areas and the following highlights some of the activities undertaken in 2016-2017 in efforts to support the achievement of the following outcomes: strengthen population health and healthy living; improved accessibility to programs and services meeting the current and future needs of individuals and communities, particularly those most at risk; and improved performance and efficiency in the health and community services system to provide quality services that are affordable and sustainable.

POPULATION HEALTH

Meals on Wheels

In the summer and fall of 2016, the Food and Nutrition Services Department at the Central Newfoundland Regional Health Centre (CNRHC) partnered with the Town of Grand Falls-Windsor Age Friendly Steering Committee to develop the Meals on Wheels Program for the community. The goal of the program, which was launched on December 8, 2016, is to help maintain the health and well-being of aging residents while maximizing independence and dignity. To date, the program provides hot, nutritious meals to 15 seniors who experience challenges and require support. Meals are prepared by the Food and Nutrition Services Department at CNRHC and delivered to seniors in their homes by program volunteers. Central Health is proud to be part of this community partnership addressing a key issue impacting the health of seniors while supporting aging residents to remain in their homes.

Reducing Antipsychotic Medication Use in Long-Term Care (LTC) National Pilot Project: A Partnership with the Canadian Foundation for Healthcare Improvement (CFHI)

Across Canada, more than one in four seniors in long-term care is prescribed antipsychotic medication without a diagnosis of psychosis. In 2014-2015, Central Health worked with the Canadian Foundation for Healthcare Improvement (CFHI) to start addressing the inappropriate prescribing of antipsychotic medications to residents in four long-term care sites within the Central region. Central Health's goal was to lower the use of antipsychotic medication and improve the quality of care and quality of life for residents.

During this reporting period, the initiative spread to three additional Central Health long-term care facilities. In efforts to embed and sustain the improvement initiative, a standardized Medication Reconciliation Form and the 'LTC De-prescribing of Antipsychotic Medications Order Set' was developed and implemented for all nurse practitioners (NPs) and physicians who practice in long-term care. This new order set has been shared with healthcare organizations in British Columbia, Alberta, Winnipeg, Ontario and New Brunswick as a leading practice. Since the formal end of the CFHI collaborative, Central Health continues to further reduce the rates of inappropriate use of antipsychotic medications across all 11 long-term care homes. The Canadian Institute for Health Information (CIHI) reports that the overall rate of antipsychotic medication use for Central Health long-term care homes in 2016 was 38 per cent, down from 47 per cent in the same quarter of 2015.

Annual Healthy Aging Celebration

This year marked the 9th Annual Healthy Aging Celebrations hosted by the Kittiwake Coast Health Services Area Community Advisory Committee (CAC). The CAC partnered with Shopper's Drug Mart, the Barbour Living Heritage Village and the Cape Freels Heritage Trust to provide a day of fun, socialization and education for the 55+ population. The planning committee partnered with various community members and organizations to provide pertinent health information to community residents. The event which took place in June 2016 focused on the following topics: chronic disease prevention and management, adult protection, advanced healthcare directives, nutrition, and smoking. The event has grown each year with the Healthy Aging Celebration attracting 70+ participants.

Impaired Driving Awareness Maze

On March 14, 2017 an Impaired Driving Awareness Maze was held in New-Wes-Valley for grade 7-12 students from Pearson Academy and Lumsden Academy. The maze was envisioned and developed by a local RCMP Corporal with the event organized and implemented through partnerships between the New-Wes -Valley Fire Department, local RCMP detachment, Kittiwake Funeral Home, Pearson Academy, Lumsden Academy, community volunteers and Central Health.

The local high school students began the maze by entering a party scene with each student given a glass of water to resemble a beverage. As the students were distracted and took turns using the intoxicated or 'drunk' goggles, volunteers dropped candy into their cups to represent an unknown substance being added to their drink. The realistic reenactments involved the following scenes: a vehicle crash, emergency department, funeral home, court house and a view into the thinking of a youth addicted to drugs in an attempt to cope with surviving the ordeal. As each class completed the maze, the students were debriefed by the RCMP. The feedback from 175 participants suggested it was an event with significant impact.

Veggie and Fruit Campaign

This provincially funded, health promotion awareness campaign was designed with the goal of increasing vegetable and fruit consumption among residents of the Central region as recommended by Canada's Food Guide. The campaign, a commitment of "*The Way Forward: A Vision for Sustainability and Growth in Newfoundland and Labrador,*" aims to increase awareness and engage individuals to take action for healthy living. The objective was to increase awareness that fresh, frozen and canned vegetables and fruit can all be healthy choices. This awareness campaign was targeted to parents and caregivers of children aged 5-13 years with the message that fruits and vegetables should be included in all meals and snacks. A short video was developed and was played repeatedly at the local movie theater. Advertising was purchased on electronic digital signs, online and at local drive thru venues and Twitter messages with the Central Health account were also utilized.

This Children, Seniors and Social Development funded campaign was launched with a breakfast featuring fruit choices at Smallwood Academy in Grand Falls-Windsor on March 14, 2017 with full student and staff population in attendance as well as parents, volunteers, and supporting partners. The distribution of lunch containers, featuring the key messages of the campaign, to all grade three students in the Central Health region, aims to sustain the messaging to both students and parents. Banner Bugs with the campaign messages were also displayed during community events with the aim of reaching a broader parent population.

Winter Maze – Focusing on Snowmobile Safety

The Central region has many rural, remote and isolated areas and snowmobiling is an integral part of outdoor winter activities and safety should be paramount. In 2016-2017, Central Health's Health Promotion Consultants adapted a program, developed by Labrador-Grenfell Health, and starting in January 2017 with partners delivered four *Winter Maze* workshops with the program now available annually to all high schools in the region upon request. This program supports the curriculum outcomes for the senior high school Healthy Living Course. The emphasis of this workshop is on preparation and planning for snowmobile excursions in the event of getting lost. There is also a focus on the influence of drugs and alcohol while operating a snowmobile, travelling alone as well as necessary communications. Participating in and supporting this comprehensive health approach to injury prevention are the following community partners: Volunteer Fire Department(s), Department of Fisheries and Land Resources; Ground Search and Rescue; Junior Canadian Rangers; RCMP; Newfoundland & Labrador English School District (NLESD); and community volunteers with knowledge in emergency preparedness, emergency response and knowledge of local landmarks.

Lewisporte and Area Family Resource Program Community Kitchen

In partnership with Public Health Nurses (PHN), the Lewisporte and Area Family Resource Program (FRP) acquired a provincial wellness grant to develop and deliver a community kitchen program to parents of children 12 years and younger. This program, offered throughout the winter of 2017, helped to educate parents on safe food handling, preparation and delivery of healthier meal choices. Sessions assisted in informing parents on how they can afford to eat healthy options; and with preparation, meal planning can be enhanced.

At the end of each of the 10 weeks the parents planned, prepared and shared a lunch meal and also took home a “heat and serve” breakfast, lunch and supper meal option to share with their family. Community members donated freshly caught cod; recently harvested vegetables and locally picked berries to add variety to the menu items, demonstrating that healthy eating with local options is an attainable goal. The participants were provided with resources to assist them in creating their own meals at home and the overall response to the program was very positive. Community partners for this project were key to its success and included the Philadelphia Pentecostal Church, Norris Arm Boys and Girls Club, Central Health, Town of Lewisporte and its Community Garden, Service NL, Lewisporte and Area Co-op, Lewisporte Academy and community volunteers.

Skin-to-Skin Contact after a Cesarean Birth: Another Step towards Baby Friendly Status

Newfoundland and Labrador has the lowest breastfeeding rates in Canada. As a pilot project, the Maternal and Child Health Team at James Paton Memorial Regional Health Centre (JPMRHC) identified a quality improvement initiative that was cost-effective, evidence-based and could help further Central Health’s goal to achieve ‘Baby-Friendly’ status. Overall, it was felt the *Skin-to-Skin Contact* initiative could make an immediate and measurable difference in breastfeeding rates, improve patient satisfaction with the birthing/ perinatal experience and impact the health of babies born at JPMRHC. The World Health Organization (WHO) recommends “placing babies in uninterrupted skin-to-skin contact with their mothers immediately following birth for at least an hour or until completion of the first feeding or as long as the mother wishes.” Prior to this initiative, Central Health was already practicing skin-to-skin with vaginal births but not using this practice for babies delivered via cesarean section.

Initially, introduction and education occurred with staff in the Operating Room (OR) and Recovery Room areas of JPMRHC in Gander. By April 2016, more than 80 per cent of mothers delivering stable infants via cesarean section at JPMRHC were initiating ‘skin-to-skin’ contact with their babies in the OR. By summer 2016, this practice was initiated at CNRHC. At present, Central Health has accomplished greater than 90 per cent of mother-baby dyad ‘skin-to-skin’ in the OR following a cesarean section. Overall, this initiative has achieved the following outcomes: improved patient satisfaction, progression toward Baby Friendly Status for Central Health facilities, improvement in breastfeeding rates, increased public and staff awareness and acceptance of skin-to-skin and breastfeeding initiation. This was an excellent example of how a small hospital initiative truly achieved something very meaningful to parents, babies and staff.

ACCESS

Gentle Persuasive Approach Training for Pastoral Care Providers in Long-Term Care

The Gentle Persuasive Approach (GPA) is a 7.5 hour evidence-based training program designed for people who care for older adults with dementia and their challenging responsive behaviours. In 2015, Central Health adopted GPA as a core competency for staff. Currently, all long-term care staff who have direct contact with residents with dementia receive this training; to date, there are over 500 staff trained. In January 2017, due to the expressed need amongst pastoral care providers, Central Health's GPA coaches offered this training to these providers in several long-term care sites. Overall, pastoral care providers who received the training report feeling "more equipped" to offer spiritual and pastoral care to residents diagnosed with dementia. This initiative will continue to support providers who are serving the region's aging population.

Enhanced Care at Personal Care Homes

Following the evaluation of an 18 month pilot project, the Government of NL approved permanent funding for the implementation of an Enhanced Care Option in personal care homes (PCHs). Along with the other RHAs, Central Health commenced implementation of this program in October 2016. This additional care option allows individuals to age in place, in a community setting. It can also serve to prevent unwarranted extended stays in hospital or premature admission to long-term care. To enhance professional support devoted to the PCH sector, funding was provided to add 0.5 registered nurses and 1.5 licensed practical nurses, as well as funding to support allied healthcare staff, medical equipment and professional staff travel cost.

To date, Central Health has received and approved several applications from PCHs to provide enhanced care. Central Health was allotted 20 client subsidies by the province with floating subsidies available once these were exhausted and by May 2016, 20 subsidies were utilized. These subsidies have served to enhance the appropriate placement of clients and reduce the number of patients waiting in acute care beds for long-term care placement. This initiative is an example of collaboration between Central Health, the Department of Health and Community Services, PCH owners/operators, clients and communities to improve the quality of care for residents of the Central region.

Infrastructure Upgrades

During this reporting period, two major infrastructure upgrades were completed at CNRHC and JPMRHC that directly enhanced capacity to provide quality patient care. At CNRHC, Central Health completed a five year project to upgrade the main electrical systems and emergency electrical backup system. Prior to this project, the existing electrical system was aging and at maximum capacity with no redundancy in the emergency backup system in some critical areas of the facility. With the project completed, this facility now has 100 per cent redundancy which meets the standards set out by the Canadian Standards Association (CSA).
Over the past number of years, JPMRHC experienced a growing need for oxygen supply for patient care and the operation of new equipment. With external oxygen supply coming from out of province, weather conditions could negatively impact the reliability of the supply. To mitigate this patient safety risk, Central Health completed upgrades to double the capacity for providing bulk oxygen supply on site which drastically decreased the dependency on the external supply.

Working Together: Health Foundation Supports Mental Health Services

The South and Central Health Foundation (SCHF) provided donations to the Mental Health Unit (2E) at CNRHC to support the quality care of patients as well as improve the environment for patients and staff. Donations provided to the Mental Health Unit have supported educational materials; recreation program supplies; and renovations to patient rooms. Donations in 2016 and 2017 have totaled nearly $200,000. The foundation plans to continue to support the Mental Health Unit until all inpatient rooms are renovated. The unit staff cannot say thank you enough for helping keep patients safe, secure, and supported!

Improving Access to Mental Health and Addictions Services

At the beginning of this planning cycle, Mental Health and Addictions Services at Central Health piloted a new model of access to address wait-times throughout the region. During the course of the pilot, data was monitored and consistently indicated progress with clinical efficiency, through improved wait-times and reduced or eliminated waitlists. To build on this work, the service began to transition to a more centralized process supported by the implementation of a toll-free number for clients and families to access services throughout the region. Prior to the implementation of this centralized triage process, clients requesting services would have waited several weeks for first contact with a clinician. A goal of the program was to contact all clients within one business day and currently 88 per cent of clients are contacted within one business day of referral receipt. During the first contact with a triage clinician clients are provided with a first appointment, as well as any other information on community resources required. Appointments are provided based on the clinical priority-ranking determined during the triage process. On average, clients are provided with a first appointment within 14 business days.

AN ACCOUNTABLE, SUSTAINABLE, QUALITY HEALTH AND COMMUNITY SERVICES SYSTEM

Health Foundations Commitment to Sustaining Services

Central Health continues to be supported by two charitable Health Foundations which endeavor to ensure the very best in healthcare for the citizens of the Central region. The success of the foundations is only possible with the generosity of individuals, families, organizations and businesses. The Central Northeast Health Foundation along with the South and Central Health Foundation are distinct, registered charities, with a combined history of over 60 years of service to the communities of the Central region.

During this reporting period, there have been many accomplishments, including the opening of the SMART (Seniors Maintaining Active Recreation Time) room for medically discharged patients at JPMRHC; the first in-residence Therapeutic Service Dog, named Bear, arrived for youth served at Hope Valley Treatment Centre; the Emergency Department (ED) waiting area was revitalized for the comfort of patients served at CNRHC; and new technology arrived for persons in need of emergency care at CNRHC and JPMRHC. A new Bike Sharing Program was developed for clients availing of Mental Health and Addictions Services made possible with funding from Bell Aliant. Funding from two major unions within the province, the Hotel and Restaurant Workers' Union Local 779 and the Operating Engineers Local 904, resulted in the creation of a peaceful palliative care room at the A.M. Guy Memorial Health Centre in Buchans and the funding of emergency care equipment for patients served at JPMRHC. As well, Mental Health First Aid programs were hosted thanks to the support of Foundation donors. The mental health programming provides education and guidance for front line responders who may encounter individuals who are coping with mental illness at times of distress.

Nourish: A National Leadership Program Exploring the Future of Food in Healthcare

Central Health is excited to be one of the organizations exploring the future of food in healthcare through the National Leadership Program, Nourish. In the fall of 2016, Suzanne House, Manager of Food and Nutrition Services at the JPMRHC, was selected to join a group of 25 innovators from across Canada on a two year journey focused on exploring the question, "How can food improve the patient experience, institutional culture and community well-being?" Under Suzanne's direction and leadership, Central Health has commenced a project at JPMRHC looking at a change to the food service delivery model with the goal of improving patient choice and experience, increasing patient food consumption and realizing a reduction in food wastage. The Nourish Program is supported by a network of facilitators, mentors and partners who are committed to a co-learning, co-practicing approach to system transformation. For more information about this exciting work connect to www.nourishhealthcare.ca.

Provincial Hand Hygiene Auditing

The most common way of transferring the microorganisms that cause healthcare-associated infections is on the hands of healthcare workers during patient care. Hand hygiene is considered the single most important way to reduce healthcare associated infections; yet, compliance with hand hygiene protocols remains suboptimal. The goal of the new hand hygiene auditing program is to improve and sustain the hand hygiene practices of healthcare workers by providing a consistent provincial approach to a hand hygiene program. The results, in addition to other measures, will assist RHAs with evaluating the effectiveness of their infection prevention and control interventions and making further improvements based on this information. Public reporting of hand hygiene rates is one of many interventions that may help shape and change healthcare worker behaviours. Public reporting encourages transparency and accountability of healthcare organizations. Data collection for public reporting commenced January 2017.

All RHAs are now using software on handheld devices to collect the required data and the use of technology will allow for consistent data collection and reporting across multiple sites. Trained auditors include people from a variety of areas such as clerical and front line healthcare workers or volunteers. These auditors observe the number of times that healthcare workers perform hand hygiene compared to the number of times hand hygiene should have been completed. The rates presented on the Department of Health and Community Services website are best used to measure individual RHA performance over time. It is not intended to be a source for making decisions about healthcare nor should the rates be used to make generalizations about the quality of care provided by RHAs.

Health Workforce Planning

Central Health is pleased to be engaged in developing a partnership with Keyin College, Grand Falls-Windsor campus, and the Town of Grand Falls-Windsor to attract and train internationally educated health professionals to practice in the Canadian healthcare system. International healthcare program graduates who are seeking to enhance their employability by learning/experiencing the Canadian system will pay to be trained in classroom, mentored in hospital and provided with cultural onboarding to prepare them for successful careers in Central Health, NL and Canada. The purpose of this initiative is four-fold: address the professional workforce needs of Central Health; train for export throughout the province and country Canadian-experienced internationals; help achieve NL's immigration and population growth strategy; and develop a revenue stream within the local region.

Central Health representatives have met with officials from the HCS and Advanced Education Skills and Labour to inform and gain support for the initiative. Meetings have also taken place with Deloitte and the Atlantic Canada Opportunities Agency who will be providing a business plan and assisting with seed funding for necessary labor and marketing costs. The proponent of this entity will be the Excite Corporation, the Town of Grand Falls-Windsor's business development arm.

Lean Education and Training

Lean is a systematic approach to identifying and eliminating waste or non-value added activities. To build quality improvement capacity and capability at all levels in the organization Lean education and training has been a priority. Front line staff, physicians, and managers at all levels of the organization; along with partners and clients, must work together towards system transformation with the aim of improved quality of care and services. The *Lean Education Series,* developed to provide an awareness of Lean, is comprised of nine one-hour education sessions offered via webinar to allow staff anywhere in the organization to learn about Lean directly from their work location. During this reporting period, 156 staff registered for these sessions with 82 staff completing all nine sessions. To build knowledge and skills, *Lean Apprentice* was developed, a two-day workshop offered by Central Health Lean Black Belts and/or Candidates that includes education on Lean thinking, methodology and tools. There is a focus on the essential Lean tools and practices that can be applied within healthcare to increase efficiency and quality, improve client/worker experience and reduce waste. To date, 35 staff have completed this training and some have moved on to enroll in a Lean Green Belt program. In addition, nine staff have completed the Lean Green Belt program and an additional four leaders in this reporting period were successful in earning a Lean Black Belt.

Lean Improvement Initiatives

There have been many improvements at Central Health as a result of Lean initiatives. Two of the initiatives are as follows:

Reducing Waste Using 5S

5S is a workplace organization method that uses five words starting in S - Sort, Shine, Set in Order, Standardize, and Sustain - to describe how to organize a work space for efficiency and effectiveness. Several 5S projects ranging in size were completed this reporting period with approximately $28,900 identified in savings as a result of one-time expires and reductions in stock.

Applying a Lean Methodology to Client Flow

Several Kaizen events, or improvement initiatives, were held on the Medical Unit at JPMRHC in order to eliminate waste and add value to the services provided to patients. In addition to enhancing the patient experience, the intent was to reduce the patient's length of stay and optimize the flow of patients from the ED. Numerous departments within Central Health and a patient's family member attended the initial meeting to determine the improvement work the Medical Team would undertake. The improvement events identified included implementing 5S in the two utility rooms, designing a SMART room, adding computer technology on medication carts and working together to design the new Medical Unit. The improvements initiated and completed meant returning recovered nursing time to patient care to improve performance outcomes with respect to flow, discharge planning and ultimately increasing the availability of beds to facilitate timely transfers from the ED. These Kaizen events contributed to reduced transfer times from the ED to the Medical Unit through the elimination of wastes in motion, defects and inventory which was redirected to patient care therefore adding value to service delivery.

Human Resources Strategic Planning

A comprehensive Human Resources Strategic Plan was developed and provides a roadmap for workforce and organizational development. During its development it was evident that much work was underway and many programs and initiatives were in place throughout the organization to achieve the goals set out in the plan. In determining the strategic issues for the HR Plan, consideration was given to the organizational priorities of person- and family-centred care, better value through improvement, better health for the population and better care for the individual. The HR Plan will focus on enhancing organizational effectiveness through four strategic priorities with well-defined and measurable outcomes. These four priorities are workforce development, organizational development, leadership and a quality work environment. These strategic priorities will support the organization's human resource vision of "an engaged and collaborative workforce of skilled people working together to support the development and delivery of person- and family-centred healthcare to people living in the Central Health region."

STRATEGIC ISSUE 1:

ACCESS TO SERVICES

Access to healthcare can be broadly defined as the extent to which clients are able to receive services from the health system. Accessibility is a dimension of quality and as such is a priority for Central Health. Access is impacted by numerous factors including capacity, demand, client flow, structure and consistent work practices. An understanding of these factors is needed in order to improve access and reduce wait-times. The Central Health Wait-Time Management Framework, (see Figure 1), was developed in response to this need; the framework has been used to facilitate increased knowledge and awareness of wait-time management, in addition to assisting with the development of wait-time strategies to increase equitable and timely access to care throughout the region.

Figure 1: Central Health's Wait-Time Management Framework

GOAL: By March 31, 2017, Central Health will have improved access to select health and community services.	
MEASURE: Improved access to select health and community services.	
Planned Indicators for 2014-17	**Actual Progress for 2014-17**
Implemented a wait-time management framework	Central Health developed and implemented a Wait-Time Management Framework. The framework consists of six elements fundamental to Central Health's goal to improve access to health and community services: Capacity, Structure, Accountability, Knowledge and Information Management, Communication, and Evaluation and Monitoring. A communications strategy was developed to support the dissemination of the framework. Purposeful meetings were held to educate staff in their understanding of the framework and to increase capacity in the development of wait-time strategies throughout the region. To date, the implementation of the framework has been primarily targeted to the following areas: Orthopedic Surgical Services and Ortho Intake Assessment Clinic (OIAC), Surgical Services, Diagnostic Imaging, Cardiopulmonary Services, Endoscopy Services and Physiotherapy.

Enhanced access to Telehealth services	Central Health has enhanced access to Telehealth for clients and providers while reducing waitlists and increasing efficiencies for healthcare providers. Standard processes for new healthcare providers were developed and implemented, along with education, training modules, and the establishment of core teams to guide the enhancement and development work. A new option for Telehealth access, Desktop Solutions software, was installed on the provider's desktop providing additional access points for Telehealth along with convenient access for providers from their own offices/clinic space. The number of providers utilizing Telehealth to provide service to clients continues to grow with program areas such as Mental Health and Addictions, Diabetic Services, Nutrition Services, and Palliative Care recently incorporating Telehealth as an option in their programs. Central Health has also responded to provincially lead projects to provide improved access for clients of the Central region. Support has been provided to a Tele-rheumatology pilot project and Telehealth has been used to support program access for parents of youth at the Hope Valley Treatment Centre.
Reduced client no-show appointments in select areas	Central Health was successful in reducing no-shows in select areas. No-show appointments negatively impact access, patient safety and patient experience. No-show appointments can lead to negative outcomes for patients; inefficient use of resources including staff and equipment; and results in increased wait-times for patients. A Lean Black Belt project, focused on reducing no-show appointments in three program areas: Endoscopy Services (all appointment types), Cardiopulmonary Services (sleep studies & Holter monitor tests) and Rehabilitation Services (physiotherapy appointments), was conducted. In Endoscopy Services, an automated notification system (ANS) for appointment reminders was implemented at both CNRHC and JPMRHC. This project was a part of a provincial initiative involving the other RHAs with support from the department of HCS. The project resulted in more than a 50 per cent reduction in the no-show rate for Endoscopy Services at both sites. The second area of focus was Cardiopulmonary Services which had the highest rates of no-show appointments in the organization for which metrics are monitored. A volunteer-based appointment reminder program was implemented at JPMRHC for reminder calls for sleep studies and Holter monitor tests. No-show rates were reduced by more than 50 per cent. The third area of focus was Rehabilitative Services, specifically physiotherapy services at CNRHC. Staff-based calling implemented in this program area resulted in a no-show reduction rate of 50 per cent. This Lean project demonstrated that significant waste can be reduced and/or eliminated by reducing no-show appointments and the potential for further waste reduction organization wide is substantial. The wasted resources of empty slots for three program areas exceeded a value of $100,000. Six recommendations were made to reduce no-show appointments and increase access moving forward.

Implemented initiatives to improve access to select services	Central Health implemented a number of initiatives to improve access to services. The following summarizes key wait-time initiatives that occurred throughout the planning cycle: **Cataract Surgical Services** ♦ New booking process and additional OR time for Cataract Surgical Services at JPMRHC ♦ Purchase of Ophthalmology equipment to enhance operational efficiencies within the perioperative setting ♦ Implementation of an electronic documentation system, Operating Room Management (ORM), to create standardized documentation and operational efficiencies ♦ Integration of one dedicated JPMRHC clerical resource to address administrative issues related to waitlists **Diagnostic Imaging (DI)** ♦ New booking process for Cardiolite testing and switching from an individual procedure list/per clinician to one list for all clinicians ♦ Patient diversions to improve access to Ultrasound (US) ♦ Reminder appointment calls for MRI appointments to reduce no-shows **Endoscopy Services** ♦ Additional staff and resources provided to increase the volume of procedures being completed ♦ Central intake process implemented at both JPMRHC & CNRHC ♦ Implementation of a two room model for services at CNRHC ♦ Employee and Physician engagement in Lean improvement processes and regular monitoring of wait time data ♦ Implementation of an Automated Appointment Notification System (ANS) to notify Endoscopy patients via telephone of pending appointments **Orthopedic Surgical Services and Orthopedic Intake Assessment Clinic (OIAC)** ♦ Evaluation of OIAC referral process to ensure appropriate referrals with primary focus on knees ♦ Validation of waitlist data and a new triage system with physicians reviewing all referrals for medical appropriateness ♦ Development and dissemination of quarterly wait-time reports for hip and knee replacement surgeries ♦ An enhanced communication strategy to primary healthcare providers regarding the OIAC and referral management

	Cardiopulmonary Services ♦ Completion of echocardiogram current state analysis; to enhance understanding of demand and capacity and validation of the waitlist ♦ Implementation of phone call reminders to notify patients of pending Holter monitor and sleep studies testing ♦ Revision of referral forms with priority ratings assigned along with a new referral triage system with specialists reviewing referrals for medical appropriateness **Physiotherapy Services** ♦ Completion of a review of outpatient access to physiotherapy services using Lean methodology to identify areas of inefficiencies and improvement opportunities ♦ Implementation of a new appointment referral and booking process; a Central Intake for Physiotherapy in which patients are able to book appointments when they are ready for treatment
Improved wait-times in select priority areas	Through various improvement initiatives Central Health was successful in reducing wait-times in priority areas. **Endoscopy Services** Benchmarks for urgent colonoscopies at JPMRHC and CNRHC are consistently being achieved with the majority of patients having their procedure within 0-14 days. Non-urgent waits have dropped notably at JPMRHC with the average wait for a non-urgent colonoscopy being 61 days; this compares to a 441 day wait in March 2014. There has been a significant decline in the wait for non-urgent colonoscopies at CNRHC also, with the average wait being 34 days; this compares to 334 days wait in March 2014. **Diagnostic Imaging** There has been over a 60 per cent decrease in the number of patients waiting for Ultrasound (US) at both sites. Non-urgent waits have declined at JPMRHC with the average wait for a non-urgent US being 101 days; this compared to a 202 day wait in March 2014. This decline in non-urgent waits for US is also apparent in CNRHC with the average wait being 27 days, this compares to an 87 day wait in March 2014. Wait times for urgent CT scans at CNRHC are consistently being met within the 0-14 day benchmark, and there has been a significant improvement at JPMRHC with the average wait being 13 days; this compares to a 20 day wait in March 2014. The majority of patients are having their non-urgent CT scan within 30-40 days at both sites, which is close to the 30 day target.

	Cardiopulmonary Services There has been a significant decline in the number people waiting for a Holter monitor test in the region; in March 2015, 826 people were waiting for this test and this has dropped to 257 people waiting in March 2016. The non-urgent wait for Holter monitor testing has also declined, with the average wait-time currently being 37days at JPMRHC and 79 days at CNRHC; this compares to a previous 377 day wait-time at JPMRHC and 589 day wait-time at CNRHC. A decline in pulmonary function tests (PFTs) wait-time is also evident, with patients currently waiting 24 days at JPMRHC and 61 days at CNRHC for a non-urgent PFT; this compares to a 53 day wait-time at JPMRHC and 89 day wait-time at CNRHC in March 2014. **Orthopedic Surgical Services and Orthopedic Intake Assessment Clinic (OIAC)** Patients are currently seeing a clinician from the OIAC within two to three months from referral receipt, which is a two-fold reduction from 2013 when there was approximately a 253 day wait to see a surgeon. **Physiotherapy Services** A notable improvement in access to Physiotherapy Services occurred in 2016, which is a direct result of the implementation of the Central Intake referral and booking process. In March 2017, the urgent time wait is within 15 working days; this compares to a six month wait in 2015. The non-urgent wait is within four weeks and this compares to a 16 month wait in 2015.

OBJECTIVE: By March 31, 2017, Central Health will have implemented the wait-time management framework in the priority areas identified as requiring improvement.	
MEASURE: Implemented components of the framework and improved access to select health and community services.	
Planned Indicator for 2016-17	**Actual Progress for 2016-17**
Implemented recommendations from all of the components of the wait-time management framework in select service areas	Implementation of components of the *Central Health Wait-Time Management Framework* continued in 2016-2017. While the region continued to make progress on wait-time components that were introduced in 2015 and 2016, new recommendations related to the components of Capacity, Communication, Evaluation and Monitoring were introduced and implemented in 2016-2017. Building upon the foundational work from 2014-2016, the following recommendations from the framework were a focus for this year: ♦ Assessment of capacity and demand in priority areas including review/monitoring of number of referrals, number waiting and number completed ♦ Development of monthly and quarterly wait-time reports and monitoring processes ♦ Development of evaluation plans and metrics ♦ Review/modification of referral forms to increase access to medically appropriate services ♦ Review/modification of evidence-based urgency categories to increase timely access ♦ Review/development of clinically appropriate benchmarks and targets ♦ Development of wait-time working groups ♦ Validation of waitlists ♦ Education and increased skillset to develop wait-time strategies ♦ Use of existing clinical information and business intelligence systems to support electronic wait-time measurement These recommendations were implemented in Orthopedic Surgical Services and Ortho Intake Assessment Clinic (OIAC), Diagnostic Imaging, Cardiopulmonary Services, Endoscopy Services and Physiotherapy Services.

Discussion of Results

The *Central Health Wait-Time Management Framework* has been developed and successfully implemented in select areas. The framework aligns with Central Health's mission to provide quality health and community services such that clients can obtain care or service at the right place and right time from the most appropriate healthcare provider, based on respective needs. As a first step to the development of this framework, in 2014 and 2015, a current state analysis for all services that maintained a waitlist at Central Health was conducted to understand current waitlist and waitlist management practices at Central Health. A literature review was also completed to understand best practices in wait-time management. These results informed the development of the wait-time framework, in addition to providing a baseline for the organization to measure progress towards improved wait-time management.

The framework consists of six components: Capacity; Structure; Accountability; Knowledge and Information Management; Communication; and Evaluation and Monitoring. While implementation of all components of the framework is essential, the primary focus in 2015 was to first implement recommendations related to Structure, Accountability, and Knowledge and Information Management. This was a purposeful decision in an attempt to bring awareness to foundational wait-time elements. Furthermore, with this education in place, staff were more equipped to understand system resources and develop targeted wait-times strategies. In 2016 and 2017, the organization continued to build on the work completed in addition to implementing recommendations related to Capacity, Communication, and Evaluation and Monitoring. The implementation of the wait-time management framework is a process that will continue with refinements as lessons are learned and best practices identified. The successes in the select departments over 2014-2017 have created motivation for other departments and services to become educated in wait-time management with a common goal to improve access to care across the region.

STRATEGIC ISSUE 2:

HEALTHY LIVING

The World Health Organization (WHO) and the Center for Disease Control and Prevention (CDC) define chronic disease as, “a disease of long duration and generally slow progression.” Chronic diseases have the following common characteristics: may develop silently for years before detected; can impact quality of life; share common risk factors such as obesity, smoking, inactivity; are rarely curable but can be managed; and require, long term action for management, with involvement from the person living with chronic disease, multidisciplinary healthcare team and the community. Chronic disease is a major concern for the residents of Newfoundland and Labrador with 65 per cent of residents over the age of 65 having one or more chronic diseases. With increasing risk factor rates and incidence of chronic disease, there is an increasing impact on individuals, the health system and communities. Providing effective chronic disease prevention and management strategies requires a combination of approaches targeted at primary, secondary and tertiary level prevention, as well as appropriate and accessible health services throughout the continuum of care.

Chronic Disease Prevention and Management (CDPM) is defined as a coordinated, systematic process involving various stakeholders, including individuals and communities. Central Health’s CDPM Program is tasked with shifting care from an illness orientation to a wellness orientation leading to a fundamental shift in how we think about and provide care. With a strategic focus on Healthy Living, Central Health has prioritized the need to effectively support people and communities to be healthy, to provide care that focuses on individuals holistically and to effectively integrate this work throughout the continuum of care within the organization. This work leads to better care and more appropriate health service utilization.

GOAL: By March 31, 2017, Central Health will have improved capacity to address population health related issues within the region.	
MEASURE: Improved capacity to address population health issues.	
Planned Indicators for 2014-2017	**Actual Progress for 2014-2017**
Implemented components of the Central Health Chronic Disease Prevention and Management Strategy	Central Health implemented components of the *Central Health Chronic Disease Prevention and Management (CDMP) Strategy*. After consulting with key partners and stakeholders final approval of Central Health's CDPM Strategy was completed in 2014-2015. The CDPM Advisory Committee that provides strategic leadership to the CDPM Program and related work throughout the organization, completed a comprehensive review process to identify strengths and opportunities for improvement which led to the development of a regional CDPM work plan. Guided by the regional and provincial CDPM strategies and adopted models of care, the CDPM work plan identified 5 of the 14 goals from the regional strategy as priorities in the areas of Heart Failure, Stroke, and Chronic Obstructive Pulmonary Disease (COPD). Work has been undertaken and continues in priority areas, as identified. In partnership with an external partner, FONEMED North America, Central Health launched implementation of a telephone based Heart Failure Outreach Program. Utilizing alternate access to care, the program was able to service people living with Heart Failure throughout the entire region. The program offers comprehensive and individualized assessments and care plans through a collaborative care approach between the Heart Failure nurse, primary care provider, other health professionals and the client. The Heart Failure Program has transitioned to the sustainability phase through development of an internal program. The Regional Stroke Steering Committee was re-established to lead development and implementation of a regional stroke work plan. The Canadian Stroke Best Practice recommendations and provincial priorities have guided the work in this area. Working groups were developed to focus on acute and hyperacute stroke care, identify opportunities for improvement in practice and implement change. With respect to COPD, which is a common progressive incurable but treatable lung condition, Central Health developed the COPD Outreach Program. Bringing together an interdisciplinary team, the program provides self-management support, system navigation, and coordination of care, individualized action plans, psychological support and access to advanced care planning.
Improved supports for clients and providers to implement a self-management approach to care	Central Health has improved supports for clients and providers to implement a self-management approach to care. Leading up to 2014, Central Health developed and maintained formal partnerships with the other RHAs and the department of HCS to implement *Improving Health: My Way*, a community-based, peer led chronic disease self-management program. Established throughout the region, the program meets set benchmarks and standards with an ongoing focus on continuous quality

	improvement and evaluation. In September 2016, Central Health's CDPM Advisory Committee developed a framework defining the successful components of implementing a self-management approach to chronic disease to guide work plan development and implementation. Implementation of the work plan is on target with defined timelines. Collaboration with external stakeholders and experts led to the development of a unique model for implementing self-management service delivery for Central Health. The model includes a champion and mentorship based grass roots approach for staff self-management skill set development, intertwined with implementation of a sustainable Health Coach Program. Engagement, approval and support from leadership within the organization have occurred and are key factors supporting the implementation.
Developed and strengthened community partnerships	Central Health developed and strengthened community partnerships to support healthy living for the population of the region. **Women's Wellness** Following the completion of a needs assessment, education and health promotion opportunities unique to women's health were developed to promote women's wellness. The delivery of the health and wellness campaign was a partnership with the Shopper's Drug Mart Tree of Life Campaign. A one-day health and education seminar was developed for each health service delivery area. Between September 15 and November 29, 2016, workshops were held in New-Wes-Valley, Botwood, Glovertown, and Springdale with 84 women participating. The "Road Show" format, comprised of 6 education sessions, provided a consistent health and wellness message to women throughout the Central region. Along with Shoppers Drug Mart, other partners included: CHANNEL, Central Regional Wellness Coalition, Status of Women Central, Violence Prevention South and Central, Canadian Mental Health Association, the Canadian Cancer Society and Cervical Screening Initiatives. These workshops continue to be supported in the region. **Healthy Students Healthy Schools** This past year has provided the opportunity to redefine the Healthy Students Healthy Schools (HSHS) profile within the region with renewed direction from *The Way Forward.* Central Health, along with various government departments, is working under the leadership of a regional team to identify the needs of the population served and develop a plan to address those needs. This team is working together "*to engage schools to create settings that support healthy living and learning."* The partners on the team include the Newfoundland & Labrador English School District (NLESD), Kids Eat Smart Foundation, and Central Health. The projects underway and/or identified to date include the Healthy School Planner, Project SucSEED and Healthy Schools Summit.

	Wellness Café As a result of a funding opportunity from TELUS in 2014, informal non-curriculum time sessions were developed to connect students with health leaders to discuss, explore and access health information on their identified needs. These sessions entitled Wellness Café sessions have addressed the following topics: addictions and mental health, sexual health and nutrition, as well as, physical activity themes. Central Health is pleased to continue to support these peer led sessions at participating schools in the region and in the fall of 2016. Cafés were held in Bay d'Espoir, Harbour Breton, Botwood, Twillingate, and New-Wes-Valley.

OBJECTIVE: By March 31, 2017, Central Health will have continued to implement strategy goals to address priority health areas.	
MEASURE: Implemented strategy goals to address priority health related issues in the region	
Planned Indicators for 2016-2017	**Actual Progress for 2016-2017**
Continued implementation of the Heart Failure sustainability work plan and COPD work plan; and finalized and implemented work plans for the Regional Stroke Program and Regional Diabetes Care Program	Central Health continued implementation of the Heart Failure sustainability work plan, the Chronic Obstructive Pulmonary Disease (COPD) work plan as well finalized and implemented work plans for the Regional Stroke Program and Regional Diabetes Care Program. The Heart Failure Outreach Program utilizes a self-management service delivery model including comprehensive health risk and heart failure assessments, complex and individualized care plans, education, navigation and primary care provider engagement. The sustainability plan for the Heart Failure Outreach Program changed in March 2016, altering the work plan to a focus on developing a supported program internal to Central Health. Maintaining integral components of the delivery model, work has focused on identifying clinical and clerical capacity, developing a program in Meditech, defining program flow, while maintaining current case load and incoming referrals. The COPD Outreach Program underwent change given the external funding for the project terminated in April 2016. Internal resources were identified and leveraged in September 2016 which allowed for reinstatement of the program as well as expansion. As a part of the work plan, changes were made to the Respiratory Care Centre and COPD Outreach to ensure sustainability and to allow for available resources to be used as effectively and efficiently as possible. The Regional Stroke Program has aligned closely with provincial priorities in defining work plan objectives. Working groups have been identified to lead priority implementation, being guided by provincial and regional direction and quality indicators. Work continues to focus on hyperacute and acute stroke care, with expansion to secondary stroke prevention.

	The Regional Diabetes Care Program works from an approved regional work plan, developed and implemented by the Regional Diabetes Care Program Committee. The focus has expanded to program improvement efforts beyond ambulatory programming to acute care, long-term care and continuing care. Numerous working groups have been established over the past year to address targeted work on goals from the work plan.
Implemented the approved Self-Management Work Plan	An approved self-management work plan has been implemented and it defines two goals towards a vision to have an integrated, comprehensive approach to self -management across the region: **Goal one** - empower and prepare individuals to manage their health and health care; **Goal two** - provide and evaluate training and support for health professionals to enable them to implement effective self-management strategies. The framework developed in September 2016 defines the components necessary to deliver a successful approach to chronic disease. With four key components, current work plan goals align with two framework components. Within the framework, work on Goal one is focused on the continued implementation and enhancement of the *Improving Health: My Way* chronic disease self-management program. Implementation targets and benchmarks were met, and evaluation, communication and community engagement work was implemented to increase knowledge and referrals into the program. With respect to Goal two, a self-management skill set implementation model with a grass roots champion approach and a Health Coach Program has been developed. This model will be implemented in a phased approach with defined timelines and targets.

Discussion of Results

Over 2016-2017, the Chronic Disease Prevention and Management (CDPM) Program has been successful in continued implementation of strategy goals to address priority health areas and in targeted efforts to effectively support people and communities to be healthy, provide care that focuses on individuals holistically and effectively integrate this work throughout the organization. Significant efforts were focused on the Heart Failure Outreach Program, COPD, Regional Stroke Program, Regional Diabetes Care Program and the self-management approach to care. Success in moving forward with work plan development and implementation was actualized through maximizing resources, utilizing alternate access to care, expanding work scopes and applying innovative thinking to identified barriers.

The Regional Diabetes Program developed working groups to focus on implementing actions identified in the work plan. Partnerships with other Central Health programs were strengthened and formalized through establishment of working groups to focus on: diabetes in acute care; diabetes program operations and evaluation; diabetes and continuing care; insulin pump program; diabetes orientation; and diabetes foot care. In addition, in response to staffing needs, a new operational model of care was developed for the delivery of diabetes services to the Lewisporte Health Service Area. This work required identification of clinical capacity at the regional referral sites, developing a central intake and booking process, and building the service around desktop Telehealth technology to ensure both staff, and most importantly, client needs were met.

The Regional Stroke program targeted efforts in re-establishing the steering committee in response to provincial priorities. In addition, work continued with the acute stroke working group targeting inter-professional efforts at identifying gaps and improving acute stroke care.

The Heart Failure Outreach Program experienced a significant change as the initial sustainability plan was altered due to the changes in Central Health's partnership with FONEMED. In response to the change, the CDPM Department developed, with support from FONEMED, a sustainability plan entirely internal to Central Health. This work has also laid the foundation for a formal chronic disease case management model that can be built on to address other chronic diseases.

The Self-Management Program focused efforts in the development of a model for sustainable implementation of a self-management service delivery model. Collaboration with external expertise and stakeholders enabled the CDPM Advisory Committee to develop an innovative model and phased implementation plan. Currently in early implementation phases, the self-management champion and health coach model has gained significant support throughout the organization. The coming 24 months will see full implementation of both defined phases of this work. Continued partnerships with stakeholders in other provinces and with the health foundations are planned as this work continues.

Planning and strategic success to date has allowed the beginning of a true shift in how care is provided to people with chronic disease. Continued development of formal partnerships with other departments within Central Health will allow for synergy between department priorities, shifting to more effective collaborative care, and thus better patient outcomes and improved quality of life.

STRATEGIC ISSUE 3:

CLIENT FLOW

As with other healthcare organizations, client flow is a challenge in many care and service areas at Central Health. Challenges continue with respect to overcapacity and overcrowding but opportunities for improvement are continuously identified and process improvements initiated to improve client flow. During this planning cycle, addressing client flow required a critical analysis of the practices and processes in selected program areas, as well as understanding the flow of admissions, bed availability, transfers/repatriation, length of stay and discharge planning. The development of coalitions between healthcare teams, including physicians and clients and their families, was necessary to facilitate process improvements. Exploration and application of innovative thinking along with the utilization of quality improvement methodologies and tools facilitated the efforts outlined in this strategic issue.

The Clinical Efficiency Consultant collaborated with teams to implement client flow improvement initiatives to eliminate waste and add value to care and services delivered to the clients in select program areas. The improvement work focused on the timely transfer of boarded patients from the ED to the inpatient units to reduce and mitigate overcrowding in the ED. This work required organizational commitment to align resources and support for process improvement work to achieve the desired future state of enhanced client flow.

GOAL: By March 31, 2017, Central Health will have reduced and mitigated overcrowding in the emergency department by improving client flow.	
MEASURE: Reduced and mitigated overcrowding in the emergency department.	
Planned Indicators for 2014-2017	**Actual Progress for 2014-2017**
Documented and implemented a coordinated approach to improve client flow	Over the past three years there has been a documented and coordinated approach to identifying issues in client flow, as well as, finding and applying solutions to improve the flow of clients primarily in the two acute care facilities, CNRHC and JPMRHC. A Client Flow Leadership Team has met regularly to inform and review the plan for addressing priority client flow initiatives in the organization. Client flow improvement initiatives began with enhancing understanding of the factors impacting client flow and developing a current state assessment which identified challenges impacting client flow for select client populations. Multidisciplinary teams created value stream maps to highlight the challenges within the program areas affecting client flow. Challenges identified provided opportunities for discussion and actions for improvements. Action plans were created to reach a future state with improved processes to enhance client flow.

	Client flow data was compiled from internal and external sources and shared with the team. This has provided teams with retrospective information to be utilized for identifying trends and the development of program goals. This targeted approach from knowledge sharing, group discussions, team goals, action plans through to monitoring and evaluating improvement initiatives was spread to different program areas to improve flow and reduce overcrowding in the ED. Lessons learned as well as improvement opportunities were shared between inpatient program areas at both CNRHC and JPMRHC to ensure achievements in client flow were continuously improving input, throughput and output. Common interventions implemented for inpatient areas included improved communication strategies and timely documentation. In addition, each unit implemented unique processes including improved referral generation, targeted huddles, promotion of conditional discharge, and communication boards, to name a few.
Implemented priority initiatives consistent with the provincial "Strategy to Reduce Emergency Department Wait Times (2012)" developed by the Department of Health and Community Services	Priority initiatives were implemented in the EDs at JPMRHC and CNRHC to improve client flow that were consistent with the provincial strategy. The priorities included: improving the efficiency of higher volume of patients in the ED; improving throughput and output of the ED and improving the collection, reporting and use of ED wait-time data. Initiatives were designed to reduce the number of boarded clients in the ED by improving the throughput of admitted patients from the ED to the inpatient acute care units. As well, efficiencies continue in the ED to optimize output through the continuation of the fast track program, utilization of the Community Rapid Response Team (CRRT), and utilization of all regional acute care beds for patient admissions. Nationally recognized wait-time metrics or measurements of ED function such as door to doc, doc to discharge, left without being seen, and patient satisfaction were collected quarterly and disseminated to Board of Trustees, senior leaders, physicians and front line management and staff. This data along with established benchmarks for each metric was used to determine whether performance was meeting the accepted targets. The two regional EDs continue to improve their operations and overall function to address the wait-time issues and client flow. The ED employees at CNRHC continue to build on the successes with improvements in triage, visual management system, standardization of work and registration occurring in the department. The ED employees at JPMRHC continue to apply Lean principles and methods in their department to review internal processes, understand inefficiencies and gain insight for potential opportunities to reduce wait times and improve client throughput and output.
Developed and monitored targets for improving client flow	Central Health developed and continues to monitor targets for improving client flow. Client flow information is compiled from a number of data sources. Cognos, a business intelligence tool, provides real-time information with respect to client visits to the ED. This tool also pulls patient and bed utilization information for all facilities in Central Health through the Bed Manager software. This tool facilitates communication between physicians, managers and leaders who are involved in optimizing client flow through the utilization of all beds in the region. Utilizing available data teams, targets for improving client flow were developed. Targets included decreased length of stay for a defined client population, decreased number of hours patients boarded in the

	ED, achieving a discharge time of 11 a.m., for the majority of inpatients and improving timely referral generation for multidisciplinary team members. The client flow targets were monitored by team members to determine whether the client flow initiatives were on track or needed further discussion and new actions. The targets were shared with team members on an A3 report and were displayed in the program areas at CNRHC and JPMRHC for staff to review. An early success achieved with respect to decreased length of stay was with the admitted patients who received total joint replacements. The client flow improvement work reduced the length of stay for targeted clients who received a total knee arthroplasty from 5.29 days to 3.94 days. The length of stay for clients who received a total hip arthroplasty was reduced from 5.34 to 4.51 days. Decreasing the length of stay for this patient population continued and the wins were spread to other inpatient areas. The reduced length of stay improved the flow of clients through the system especially with respect to admitted patients in ED waiting for inpatient beds. Targets were also developed and monitored organizationally through the Board of Trustees Scorecard which included such client flow indicators as number of hours clients were on stretchers in the ED and percentage of clients admitted and discharged from the ED, and percentage of clients seen by the emergency physician and nurse practitioner within the defined time of 120 minutes. The intent was to improve client flow through the system to decrease the number of stretcher hours in ED. The number of stretcher hours reflects the workload activity in the ED which impacts client flow. Patients lying down require ongoing nursing care while nursing staff have to provide care to the continuous flow of triaged patients. The number of stretcher hours was decreased when the hospital capacity was lower. During the second quarter in 2016-17 when capacity at JPMRHC was at its lowest in two years, the stretcher hours were at a low of 11 per cent. This was a significant reduction in comparison to other quarters. As efforts continue to improve client flow the number of stretcher hours is expected to decrease.
Reduced overcrowding in the emergency department	Overcrowding was reduced in the ED by improving the transfer of admitted patients from the ED to each inpatient unit utilizing a multidisciplinary team approach. The current state for the flow of clients from ED to the targeted inpatient unit was mapped to identify the barriers and challenges impacting the transfer of admitted patients and multidisciplinary teams were presented with quarterly flow data. Each team set goals and a number of strategies were implemented in the different areas including improved communication protocols with respect to bed availability, timely bed assignment, timely handover, and morning huddles to discuss patient admissions. As a result, there was a continual decrease in the hours the admitted patient was staying in the ED before an inpatient bed became available at JPMRHC. The wait time for an inpatient bed was below the benchmark of 8.0 hours in the last two quarters. In addition, three new policies, Acute Care Bed Management, Overcapacity and Client Repatriation, were devised and implemented to provide a standardized approach to improve bed utilization and mitigate overcrowding in the ED. To supplement the Client Repatriation policy a brochure, entitled *Transfer to Another Facility for Continued Care*, was developed for clients upon admission. The purpose of this information pamphlet was to communicate and explain that a transfer to another facility in Central Health

	may be necessary to ensure every patient receives the right care, in the right place, at the right time by the right healthcare provider. The continuation of Fast Track at CNRHC and JPMRHC has served to mitigate overcrowding in both EDs by ensuring clients are seen by the right healthcare provider for the right treatment in an accepted time frame. This has prevented congestion in the ED with decreased wait-times for clients and increased throughput and output. Improvements in the time from presentation to the ED and the patient being discharged home by the nurse practitioner at CNRHC continued to improve with over 90 per cent of the clients being discharged with 120 minutes, the targeted benchmark.

OBJECTIVE: By March 31, 2017 Central Health will have targeted specific barriers and implemented strategies to improve client flow throughout the organization.	
MEASURE: Specific barriers related to client flow will have been targeted and improvement strategies implemented.	
Planned Indicators for 2016-17	**Actual Progress for 2016-17**
Implemented improvement strategies to reduce transfer times from the Emergency Department to inpatient units to improve client flow and reduce overcrowding in the Emergency Department	A number of improvements were implemented to reduce transfer times from the ED to inpatient units to improve client flow and reduce overcrowding in the ED. These improvements included compliance with the mixed gender policy, discharge goal at 11 a.m., collaboration with physicians to receive conditional discharge orders, optimize transfers from the ED to inpatient units throughout the 24 hour period, compliance with overcapacity policy and timely discharges in the electronic health record to optimizing transfers when beds were available. These strategies are continually monitored to ensure the optimization of bed availability to reduce overcrowding in the ED. As well, the appropriate utilization of all acute care beds in the region has been the goal each day at Central Health including transferring the most appropriate patients to the rural facilities to optimize flow at EDs in the referral centres. Bed occupancy data at all facilities along with ED admissions and scheduled surgeries continues to be disseminated from the Bed Manager tool every weekday to the team and admitting physicians to facilitate conversations to improve client flow. The CRRT helped optimize flow from the ED by providing services to clients to support them in their home and prevent an admission to the ED. Other strategies implemented to improve flow from ED to inpatient units by eliminating wastes and returning healthcare providers time back to the client included improved admission communication protocols for team members and improved inventory flow.

Implemented continuous improvement strategies to enhance client flow and discharge planning on the inpatient units to mitigate overcapacity	Continuous improvement initiatives were implemented to enhance client flow and discharge planning on the inpatient units to mitigate overcapacity. A multidisciplinary approach was utilized with the aim to meet client goals and utilize all available resources for discharge. Weekday huddles provided the opportunity to discuss client discharge challenges and identify options for timely client discharge. Regular multidisciplinary team meetings with the admitting general practitioners and hospitalists led to improved communication and discharge planning to optimize client outcomes and discharge goals. To improve flow from acute care to long-term care facilities, a team met to improve this process to optimize discharge from acute care and timely transfer to the available long-term care bed. Implementation of earlier lab collection on the surgical unit helped to facilitate discharge planning for surgical patients since physicians had access to this information during their morning rounds. Monitoring, spreading and sustaining improvement initiatives such as conditional discharges, communication protocols, appropriate referral generation and visual management tools have been sustained.

Discussion of Results

Reducing and mitigating overcrowding in the ED by improving client flow has been a focus during this planning cycle. Numerous improvement strategies using quality improvement methods and tools have been employed to achieve this goal. Reducing transfer times from the ED at JPMRHC and CNRHC to the inpatient units has required strong partnerships and collaboration with the entire multidisciplinary team. To ensure a standardized approach to improve bed utilization and optimize delivery of care it became apparent that approved policies and established practices required redeployment and both are now continually monitored. A number of strategies were implemented including a mixed gender policy; 11 a.m. discharge; transfers to available inpatient beds throughout the entire 24 hour period; and patient discharge from Meditech immediately upon discharge to ensure timely patient flow to the available bed. Adherence to the standardized approach outlined in the Overcapacity Policy to ensure safe, quality care for all admitted patients was also necessary. Furthermore, when a facility was in overcapacity this often meant the creation of overflow beds on the inpatient units and utilization of all acute care beds throughout the organization to reduce and mitigate overcrowding in the EDs.

The utilization of all acute care beds in Central Health has been necessary to ensure admitted clients receive timely care by the right healthcare provider in the right place. This strategy to reduce overcrowding in the ED at the two secondary sites has meant transferring admitted patients from the ED, as well as from inpatient units, to the rural care facilities throughout the region. This has required strong partnerships between healthcare providers, including physicians, and most importantly appropriate communication and conversations with client and their families. Other improvement strategies implemented over the last year to reduce overcrowding in the ED include the temporary assignment of an overflow area in both secondary sites to ensure admitted patients are not boarded in the ED. Consistent communication of bed occupancy to involved stakeholders electronically, weekday huddles with managers and care facilitators at the secondary sites to optimize discharge planning, and appropriate bed utilization have served to mitigate overcrowding. As

most other RHAs, Central Health continues to have high numbers of clients who are designated alternate level of care (ALC) occupying acute care beds that do not require the intensity of acute services. Central Health has a representative on the Provincial Alternate Level of Care (ALC) Working Group which was formed to understand the barriers and challenges resulting in patients being designated ALC. The intent is to implement provincial policies, protocols or programs to help reduce the number of ALC patients/patient days, in keeping with the work that is occurring in the long-term care and community services sector to improve client outcomes and optimization of flow in acute care beds. The work of the group is in the preliminary stages and is expected to continue over the next year.

The flow of clients from acute care to long-term care facilities was challenged as a result of several barriers which created delays in transfer. Improvement initiatives included standardized communication protocols, accommodation of multiple admissions on a day and collaborative efforts for admissions on weekends; in order to decrease the length of time to transfer the client from acute care to their new long-term care home. A goal was formalized to meet the transfer time of 24-48 hours and key messages were devised to ensure all team members understood the expectation. To monitor successes, the target of 24-48 hours is continually evaluated and the average transfer time achieved over the first six months was 34 hours.

OPPORTUNITIES AND CHALLENGES

Medication Reconciliation Implementation

Medication Reconciliation, often referred to as Med Rec, is a process whereby healthcare providers systematically gather a best possible medication history (BPMH) in partnership with the client and/or family upon admission. Admission orders are then generated to ensure that the client is ordered the appropriate medications and any changes in the client's medication regime are intentional. Med Rec processes help ensure that accurate and complete medication information is communicated upon care transitions, such as transfer and discharge, in order to prevent adverse drug events. In Central Health, medication occurrences remain one of the top three occurrences reported.

A Med Rec process on admission, transfer and discharge is also a Required Organizational Practice (ROP) set by Accreditation Canada for several client care service areas and is required to be fully implemented across the continuum of care by 2018. Central Health is committed to the implementation of a robust Med Rec process and as such this is one of the organization's patient safety goals monitored by the Board Patient Safety Subcommittee. At the present time, Mental Health and Addictions and Long-Term Care service areas have Med Rec completely implemented at all transitions of care with implementation in Community Nursing service areas expected in June 2017.

Although Med Rec is a critical component of safe medication management, it is complex and challenging to successfully implement organization wide. In order to support the most effective and efficient process, Central Health has worked with the other RHAs to procure a technical solution to enable providers to perform Med Rec electronically. An organizational kick-off meeting was held in December 2016 with key stakeholders with implementation anticipated to begin in September 2017. Central Health has aligned its resources to establish a project team, with Senior Leadership sponsorship, to support successful implementation. The project plan has been developed and the team is in the initial phases of the project.

Responding to the Opioid Crisis

There is significant work underway to address the Opioid crisis, both in the Central region and throughout the province. In December 2016, the Government of NL launched the Opioid Action Plan which included the launch of the Take-home Naloxone Kit Program. Central Health has been working closely with the Department of HCS to ensure these kits are in the hands of front-line providers and people who need them. Initially, nurses were trained throughout the region to provide education to staff who work with at-risk individuals so those staff could provide kits and education to their clients. There are several 'kit contacts' throughout the region and the Central Health website provides a toll-free number for individuals who require access to a kit. Central Health has also provided kits to physicians for distribution to patients. Additionally, Central Health has been working towards making Naloxone kits available in EDs for those who may present after-hours in crisis.

Mental Health and Addictions Services and Public Health are currently working together to provide walk-in services for clients who are using narcotics and are at risk of overdose, sexually transmitted infections, and other complications of drug use/abuse. As well, extensive work has been underway to eliminate wait-times for all clients of Mental Health and Addictions Services such that opioid users who request services from Central Health and who may be in crisis can be seen quickly. Opioid use is a significant threat and will continue to challenge the healthcare system. Central Health will continue to make this issue a priority to ensure the best response to this crisis both in the short-term and into the long-term.

Improving Mental Health and Addictions Services

Mental Health and Addictions Services have worked diligently over the past three years to reduce wait-times, increase accessibility to services, and develop an approach to delivery of these services that is person-centered and unique to the needs of the individual. The All-Party Committee report released in March 2017 outlines 54 recommendations aimed towards addressing gaps in mental health and addictions and enhancing services currently in place. The Government’s Action Plan to provide an integrated program with provincial policies and procedures and break down existing barriers gives Central Health an opportunity to build on the success to date and to ensure that efforts to improve are consistent with the provincial plan. The regional Mental Health and Addictions Services program is well positioned to engage in this work as the staff are eager to participate and lead this work.

The ability to provide formalized training and facilitate new skill development for staff within Mental Health and Addictions Services has been challenging given budgetary constraints with most education requirements being addressed using the expertise of individuals within existing services. With the implementation of the Action Plan in response to the All-Party Committee recommendations, education for staff will be paramount, with an initial focus on developing skills in Single-Session Therapy. Efforts to improve accessibility will continue, with the potential to reduce non-attended appointments within the program. Despite efforts to improve accessibility to date, the program continues to face high no-show rates.

Centralized Transcription Services

Health Information Management (HIM) is examining strategies to help reduce medical service wait-times, increase the quality of those services, and enhance the patient experience. Achieving these goals will result in better value including cost savings that can be redirected to patient care and sustainability of the healthcare system. To examine and develop future-state strategies; HIM, in partnership with Technology Services, is actively engaged in the development of a centralized transcription service. Transcribed clinical documents form part of the patient's health record, which provides a communication and decision-making tool for providers; information to support patient care treatment plans; a historical record of a patient's medical care; and a source document from which health and service quality data is extracted for planning, evaluation and monitoring purposes. Capturing transcription information as close to the care event as possible contributes to better care. The less time there is between the care event and the actual recording of that data, the more accurate and complete the information.

Today, variation exists in terms of how care events are dictated, transcribed, reviewed, approved and distributed. Many out-of-date technologies are still in use, processes and workflows are not standardized, and backlogs arise which can potentially impact patient care. A process improvement project team is on target to produce a strategy outlining future state and an implementation plan for a centralized transcription service for the region. By transforming how the service is delivered patient care will be enhanced by improving turnaround times, improving the quality and accuracy of transcribed information, and implementing other efficiencies related to standards and workflows that will reduce costs.

New Role of Nurse Practitioner in Long-Term Care

In September 2015, the first full-time NP for long-term care was assigned to Lakeside Homes, a 102 long-term care bed facility, in Gander; Carmelite House, a 65 long-term care bed facility, in Grand Falls-Windsor; and the Long-Term Care Transitional Unit at CNRHC. The NP has been providing residents with timely access to assessments and treatments for acute, episodic and semi-urgent conditions and injuries. The NP has been providing advanced nursing care, including health promotion and prevention and chronic disease management for common resident health issues in collaboration with physicians and other members of the interdisciplinary team. The NP in long-term care has assumed a leadership role in influencing evidence-informed clinical practice which has improved resident outcomes at these facilities. Best practice clinical tools have been developed, such as standardized Long-Term Care Patient Order Sets, to assist physicians and NPs in standardizing geriatric care in long-term care. These patient order sets are used daily and as a result there is clinical data to suggest that quality indicators have improved significantly. As a result of the successes and improvement noted, in some rural healthcare sites where NPs have a dual role, Central Health has been successful in expanding their scope of practice in long-term care. Enhanced scope of practice in long-term care provides a significant opportunity to provide better value and better care and as such there are plans to expand the scope of the NPs in additional rural health service areas starting in the fall of 2017.

New Technology to Improve Preventative Maintenance Program

The Facilities Management and Engineering Department is in the process of implementing a new Computerized Maintenance Management Program to improve the Preventative Maintenance Program at Central Health which will serve to improve patient and worker safety. This new technology will allow the department to track all medical equipment that requires preventative maintenance. The goal of a successful preventive maintenance program is to establish consistent practices designed to improve the performance and safety of the equipment. The new technology will provide staff the ability to track any demand work orders associated with any piece of equipment and ensure that equipment is replaced or disposed of within the appropriate timelines. This new program will also allow Central Health staff to work more efficiently, as the program will provide staff with an update on the status of the work order via email at each stage of the process. This technology provides an opportunity to add value, improve safety and efficiency.

Inpatient Primary Care Model

Primary care in hospitals by community-based family physicians has been on the decline in NL over the past number of years. Traditionally, family physicians admitted their patients from the community and provided after-hours call for inpatients, usually as a group practice. Changes in the amount and type of work, along with the model of payment, led to a deterioration of the relationship between the RHAs and the community family physicians. As a result, many family physicians chose to discontinue their involvement with in-hospital work. To continue after-hours coverage and primary care of inpatients in some secondary sites, hospitalist positions were created. A hospitalist is a physician hired with primary responsibility for in-hospital care of inpatients.

Currently, family physicians who want to be involved with in-hospital work, those who are currently involved, and hospitalists are looking to better define the work, as well as renew the relationship with the RHA to ensure a high quality service for patients and an improved job satisfaction for physicians. To renew the relationship between primary care physicians and the RHA, the department of HCS and the Newfoundland Labrador Medical Association (NLMA) have made funds available through the Clinical Stabilization Fund, funded by the Government of NL to support projects and initiatives that inform and advance primary care services in NL and establish new patterns of practice. Funds have been allocated for a project to engage all the stakeholders and to present a model for in-hospital primary care. This model should be contemporary and focus on the standard of care, define responsibility and workload, at the same time provide a governance structure and a reasonable model for remuneration. This work started in January 2017 and is projected to be completed on or about September 2017. Central Health is appreciative of the support provided by the department of HCS and the NLMA and views this as an excellent opportunity to partner with physicians to improve several dimensions of quality at Central Health; including safety, continuity, worklife and efficiency.

Person- and Family-centred Care (PFCC)

Accreditation Canada has defined person- and family-centred care (PFCC) as an approach that guides all aspects of planning, delivering and evaluating health care services. Accreditation Canada has adopted four values that are fundamental to this approach which are integrated into the evidence-based standards followed by Central Health: dignity and respect, information sharing, partnership and participation, and collaboration. The focus of PFCC is always on creating and nurturing mutually beneficial partnerships amongst clients, families, physicians, and staff.

To achieve this approach and embed this philosophy, Central Health is developing a PFCC Strategy to chart the path forward. In 2016, an extensive assessment of the current state was carried out by engaging staff, physicians, clients, families, and community members in focus groups throughout the region. In total, 11 key indicators of PFCC were assessed with the analysis providing a baseline and identifying gaps and focus areas for improvement. At Central Health, moving forward, a PFCC approach will shape all interactions, guidelines, policies, programs and space design to improve client experiences while engaging staff throughout the organization. Providing PFCC means working collaboratively with clients and their families to provide care and services that are respectful, compassionate, culturally safe, and competent. To fully achieve this approach, clients and their families will be engaged as partners at all levels of the organization. This presents both a challenge and an opportunity. The organization will be challenged to do things differently and has an opportunity to improve patient experience, engage staff, and in turn improve patient outcomes.

Partners in the Design of Space

Central Health is committed to involving staff and patients in the design of new spaces, in conjunction with renovations of existing space within its facilities. To best facilitate this commitment, the Facilities Management and Engineering Department within Central Health has implemented 3P, a Lean method. 3P stands for the ‘Production Preparation Process’ which is an event-driven process for developing a new product or design concurrently with the operation that will produce it by the people who will interact with it. The goal is to develop a new or renovated space that meets patient and staff requirements in the way that has minimal waste and the best value. This process is typically healthcare accomplished by conducting a multi-day “3P event” in which a team rapidly creates and tests potential designs to optimize flow and value. The team focuses on the processes and space related to one service line or department and is comprised of cross-functional members essential to the work. Central Health most recently used this process for the development of the Endoscopy and Cystoscopy Suite for CNRHC and also for the JPMRHC Medical Unit. Both of these projects are scheduled to be completed within the next three years with the end result being a space that is designed with the patient in the forefront. Moving forward the use of 3P will be adopted as a standard and provides an opportunity for Central Health to fully engage staff and patients, as well as meet new Accreditation Canada Standards related to person- and family-centred care.

Provincial Home Support Program Review

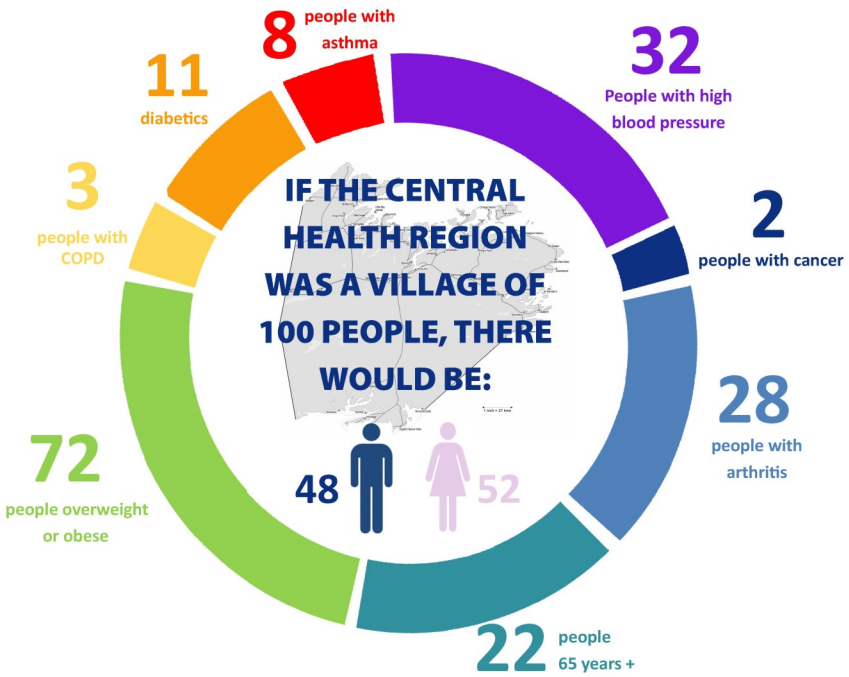
In August 2016, the department of HCS released the Provincial Home Support Program Review Final Report completed by Deloitte. The report provides a current state of the home support program in NL along with key findings and opportunities for improvement. The review involved extensive consultations by Deloitte with internal and external stakeholders, client satisfaction survey, jurisdictional scan and literature review, data collection and analysis. In line with the report recommendations, Central Health is working closely with the department of HCS, the other RHAs and community stakeholders to capitalize on opportunities to achieve a more sustainable system based on present and future demands. The need for a consistent province wide system of home support services is well recognized and thus provincial collaboration is essential. Several initiatives with specific timelines for implementation are being pursued. Recommendations relate to the following areas: program intake and referral; assessment, planning and coordination; home support delivery; and policy and monitoring. This work provides both an opportunity and a challenge for Central Health with changes required to implement the recommendations. Over the next year and throughout the new strategic planning cycle Central Health will work collaboratively with the department of HCS and the other RHAs to support and/or implement the recommendations outlined in the report.

Integrated Risk Management

Integrated Risk Management (IRM) is a continuous proactive system wide approach to identifying, assessing, understanding, acting on, and communicating risk from an organization-wide, aggregate perspective. Based on Accreditation Canada's Leadership Standards, as part of an organization's monitoring and improvement of quality and safety, a process to manage and mitigate the risk in the organization is required, including implementation of an IRM approach. Central Health is in the process of adopting an IRM Framework and a high level Guidance Team was established early in 2017 to guide and shape this framework and implementation plan. IRM will provide Central Health's leadership and governing body with ready access to real and potential risk information which will allow the organization to better align and incorporate risk management approaches into its planning activities. Through active input from leadership and upon review of trended data from multiple sources several areas presenting risk to Central Health's patients and staff have been selected as the initial focus. A robust implementation plan has been drafted which includes an education component, policy and framework development, communication plan, and evaluation plan.

Focusing on Better Health for the Population

Better health for the population will need focused efforts in the upcoming planning cycle. Central Health continues to be challenged to impact health outcomes for the population of the region. Given the health status of the population and the priorities identified by the provincial government, improving the health of the population by focusing on primary health care, healthy living, chronic disease prevention and management, and mental health and addictions will need to be priorities. The *Newfoundland and Labrador Primary Health Care Framework* lays out a vision where individuals, families, and communities are supported and empowered to achieve optimal health and well-being within a sustainable system. Central Health's plan will need to focus on expanding primary health care initiatives in priority areas throughout the region to enable the continuation of primary health care reform. Building on work underway in this area, continued implementation of the *Central Health Chronic Disease Prevention and Management Strategy* will require a focus on priority recommendations. Increasing awareness and engaging individuals to take action for healthy living continues to be a challenge but the targets set forth in *The Way Forward* related to obesity, smoking, physical activity, and fruit and vegetable consumption provides an opportunity given the clear direction and expectations for the health sector. The opportunity lies in working with the other RHAs and the provincial government to move forward together to achieve better health for the population.



Appendix A—List of Sites and Contact Information

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

Baie Verte Peninsula Health Centre
7 Hospital Road P.O. Box 190
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

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

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

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

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

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

Connaigre Peninsula Health Centre
P.O. Box 70
Harbour Breton, NL A0H 1P0
P: (709) 885-2043 F: (709) 885-2358

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

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

Dr. Hugh Twomey Health Centre
P.O. Box 250
Botwood, NL A0E 1E0
P: (709) 257-2874 F: (709) 257-4613

Dr. Y. K. Jeon Kittiwake Health Centre
Brookfield, NL A0G 1J0
P: (709) 536-2405 F: (709) 536-2433

Appendix A—List of Sites and Contact Information

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

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

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

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

Grand Falls-Windsor Community Health Centre
36 Queensway
Grand Falls-Windsor, NL A2B 1J3
P: (709) 489-8150 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

Hermitage Community Health Centre
Hermitage, NL A0H 1S0
P: (709) 883-2222

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

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

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

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

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

Lewisporte Health Centre (including North Haven Manor)
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

Appendix A—List of Sites and Contact Information

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

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

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

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

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

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

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

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

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

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

Victoria Cove Community Health Centre
c/o Medical Clinic
Victoria Cove, NL A0G 4N0
P: (709) 676-2155 F: 676-2352

Appendix B—Financials

Consolidated Financial Statements

Central Regional Health Authority

March 31, 2017

Contents

Grant Thornton

Independent Auditors' Report

Grant Thornton LLP
30 Roe Avenue
Gander, NL
A1V 1W7

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To the Board of Trustees of
Central Regional Health Authority

We have audited the accompanying consolidated financial statements of Central Regional Health Authority which comprise the consolidated statement of financial position as at March 31, 2017, 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 Authority'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 Authority'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, 2017 and the results of its consolidated operations and changes in net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Grant Thornton LLP

Gander, Canada

June 20, 2017

Chartered Professional Accountants

Central Regional Health Authority
Consolidated Statement of Financial Position

March 31	2017	2016
Financial assets		
Cash	$ 4,613,656	$ 10,431,922
Receivables (Note 3)	21,444,386	15,957,582
Residents' trust funds held on deposit	789,754	663,030
Cash restricted for security deposits	43,048	40,022
Investments restricted for general endowment purposes (Note 4)	985,928	913,364
Replacement reserve funding (Note 9)	178,804	175,516
	28,055,576	28,181,436
Liabilities		
Payables and accruals (Note 5)	25,246,128	25,830,184
Employee future benefits		
Accrued vacation pay	14,993,366	16,265,510
Accrued severance pay (Note 6)	31,475,281	31,030,200
Accrued sick pay (Note 6)	17,418,936	16,929,710
Deferred grants (Note 7)	18,493,472	20,534,777
Long-term debt (Note 8)	9,272,905	10,605,429
Trust funds payable	789,754	663,030
Security deposits liability	43,048	40,022
Replacement reserves (Note 9)	178,804	175,516
J.M. Olds scholarship and library funds	83,797	82,980
	117,995,491	122,157,358
Net financial debt	(89,939,915)	(93,975,922)
Non-financial assets		
Capital assets (Note 10)	55,340,528	54,392,100
Deposits on capital assets	717,787	609,328
Inventories (Note 11)	2,433,834	2,386,331
Prepaids (Note 12)	3,418,345	4,705,068
	61,910,494	62,092,827
Accumulated deficit	$ (28,029,421)	$ (31,883,095)

Commitments (Note 14)
Contingencies (Note 15)

On behalf of the Board

Donald Stringer Trustee

Wm. O'Reilly Trustee

See accompanying notes to the consolidated financial statements

Central Regional Health Authority
Consolidated Statement of Operations

March 31	Budget 2017	Actual 2017	Actual 2016
Revenue			
Provincial plan operating	$ 346,351,686	$ 346,351,686	$ 333,818,528
Provincial capital grants	-	6,155,267	3,591,557
Other capital contributions	-	308,884	300,302
MCP	12,587,431	11,440,138	13,012,427
Patient-resident services	13,712,000	13,811,616	14,758,010
CMHC mortgage interest subsidy	54,982	50,503	52,766
Capital project funding	85,782	2,538,228	12,921,284
Recoveries	9,293,502	9,809,745	10,697,425
Cottage operations	1,586,998	1,571,651	1,548,484
Foundations	1,106,000	1,427,007	1,054,928
Other revenue	3,910,295	5,327,960	4,723,741
	388,688,676	398,792,685	396,479,452
Expenditure			
Administration	34,586,592	34,390,729	33,774,833
Community and social services	106,654,314	103,130,452	99,162,760
Support services	64,179,103	63,779,560	65,002,319
Nursing inpatient services	87,805,791	90,995,861	90,779,911
Ambulatory care services	25,768,180	25,882,560	25,139,329
Diagnostic and therapeutic services	48,268,421	47,935,533	47,069,948
Medical services	16,275,329	16,542,546	18,182,819
Educational services	1,322,248	1,233,771	1,546,216
Undistributed	1,135,700	3,296,908	11,821,785
Cottage, operations, including amortization of $456,020 (2016 - $512,262)	1,558,772	1,625,751	1,536,694
Foundations, including amortization of $3,892 (2016 - $4,096)	1,000,676	982,149	798,415
	388,555,126	389,795,820	394,815,029
Surplus – shareable	133,550	8,996,865	1,664,423
Non-shareable items			
Gain (loss) on disposal of capital assets	-	444,887	(28,971)
Amortization of capital assets	-	(5,924,116)	(5,921,298)
Accrued vacation pay – decrease (increase)	-	1,270,345	(1,061,617)
Accrued severance pay – increase	-	(445,081)	(1,346,870)
Accrued sick pay – increase	-	(489,226)	(638,474)
	-	(5,143,191)	(8,997,230)
Surplus (deficit) - shareable and non-shareable	133,550	3,853,674	(7,332,807)
Accumulated deficit			
Beginning of year	-	(31,883,095)	(24,550,288)
End of year	$ 133,550	$ (28,029,421)	$ (31,883,095)

See accompanying notes to the consolidated financial statements

Central Regional Health Authority

Consolidated Statement of Changes in Net Financial Debt

March 31	2017	2016
Net debt - beginning of year	**$ (93,975,922)**	$ (87,568,643)
Surplus (deficit)	**3,853,674**	(7,332,807)
Changes in capital assets		
Acquisition of capital assets	**(7,452,118)**	(4,016,429)
Amortization of capital assets	**6,380,140**	6,437,656
(Gain) loss on disposal of capital assets	**(444,887)**	28,971
Proceeds on disposal of capital assets	**568,437**	107,049
Deposits on capital assets	**(108,459)**	(363,518)
(Increase) decrease in net book value of capital assets	**(1,056,887)**	2,193,729
Changes in non-financial assets		
(Increase) decrease in inventories	**(47,503)**	58,520
Decrease (increase) in prepaids	**1,286,723**	(1,326,721)
Decrease (increase) in non-financial assets	**1,239,220**	(1,268,201)
Decrease (increase) in net debt	**4,036,007**	(6,407,279)
Net debt, end of year	**$ (89,939,915)**	$ (93,975,922)

See accompanying notes to the consolidated financial statements

Central Regional Health Authority

Consolidated Statement of Cash Flows

Year ended March 31

	2017	2016
Operating		
Surplus (deficit)	**$ 3,853,674**	$ (7,332,807)
Amortization	**6,380,140**	6,437,656
(Gain) loss on disposal of capital assets	**(444,887)**	28,971
Investment gains	**(43,984)**	(10,191)
	9,744,943	(876,371)
Changes in		
Receivables	**(5,486,804)**	1,985,938
Payables and accruals	**(584,056)**	(7,845,436)
Accrued vacation pay	**(1,272,144)**	1,061,304
Accrued severance pay	**445,081**	1,346,870
Accrued sick pay	**489,226**	638,474
Deferred grants	**(2,041,305)**	(4,488,516)
Inventories	**(47,503)**	58,519
Prepaids	**1,286,723**	(1,326,720)
Net cash provided from (applied to) operations	**2,534,161**	(9,445,938)
Financing		
Repayment of long-term debt	**(1,332,524)**	(1,356,622)
Net changes in J.M. Olds funds	**817**	(750)
Net cash applied to financing	**(1,331,707)**	(1,357,372)
Investing		
Additions to capital assets	**(7,452,118)**	(4,016,429)
Deposits on capital assets	**(108,459)**	(363,518)
Increase in general endowment fund investments	**(28,580)**	(23,668)
Proceeds on disposal of capital assets	**568,437**	107,049
Net cash applied to investing	**(7,020,720)**	(4,296,566)
Net decrease in cash	**(5,818,266)**	(15,099,876)
Cash, net of bank indebtedness:		
Beginning	**10,431,922**	25,531,798
Ending	**$ 4,613,656**	$ 10,431,922

See accompanying notes to the consolidated financial statements

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2017

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 Inc.
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, 2017

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 consolidated financial 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, 2017

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	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. Assets are not amortized until placed in use. Contributed capital assets are recorded at fair value at the date of contribution. Other capital assets are being amortized on a declining balance basis over their useful lives, at the following rates:

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

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

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

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

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2017

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 payable, 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	**2017**	2016
Operating		
Provincial plan grants - operating	**$ 14,126,300**	$ 6,338,500
Capital grants	**-**	80,000
Patient, rents and other	**5,405,009**	6,871,890
MCP	**1,473,041**	1,862,650
Cancer Foundation	**461,416**	733,022
HST	**513,964**	557,194
Due from NLHC	**4,039**	10,527
	21,983,769	16,453,783
Allowance for doubtful	**(539,383)**	(496,201)
	$ 21,444,386	$ 15,957,582

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2017

4. Investments restricted for general endowment purposes

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

	2017	2016
Central Northeast Health Foundation Inc.	$ 287,120	$ 262,311
South and Central Health Foundation	698,808	651,053
	$ 985,928	$ 913,364

5. Payables and accruals

	2017	2016
Operating		
Trade	$ 15,694,287	$ 18,149,335
Due to NLHC subsidy	23,169	15,174
Residents comfort fund	80,643	80,073
Accrued - wages	9,417,272	7,551,459
- interest	30,757	34,143
	$ 25,246,128	$ 25,830,184

6. Employee future benefits

Future employee benefits related to accrued severance and accrued sick obligations have been calculated based on an actuarial valuation as at March 31, 2016 and extrapolated to March 31, 2017. 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:

	2017	2016
Wages and salary escalation	3.75%	3.75%
Interest	3.70%	3.70%

Based on actuarial valuation of the liability, at March 31, 2017 the results for sick leave are:

	2017	2016
Accrued sick pay obligation, beginning	$ 22,438,672	$ 17,999,872
Current period benefit cost	1,778,536	1,862,700
Benefit payments	(2,597,878)	(2,522,211)
Interest on the accrued benefit obligations	815,069	685,331
Actuarial losses	-	4,412,980
Accrued sick pay obligations, at end	$ 22,434,399	$ 22,438,672

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2017

6. Employee future benefits (cont'd.)

	2017	2016
Based on actuarial valuation of the liability, at March 31, 2017 the results for severance are:		
Accrued benefit obligation, beginning	**$ 30,392,738**	$ 33,140,527
Current period benefit cost	**2,135,560**	2,378,599
Benefit payments	**(2,829,468)**	(2,246,598)
Interest on the accrued benefit obligation	**1,111,697**	943,949
Actuarial losses	**-**	(3,823,739)
Accrued severance obligation, at end	**$ 30,810,527**	$ 30,392,738

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

Sick benefits		
Accrued benefit obligation	**$ 22,434,399**	$ 22,438,672
Unamortized actuarial gains	**(5,015,463)**	(5,508,962)
Accrued benefit liability	**$ 17,418,936**	$ 16,929,710
Severance benefits		
Accrued benefit obligation	**$ 30,810,527**	$ 30,392,738
Unamortized actuarial losses	**664,754**	637,462
Accrued benefit liability	**$ 31,475,281**	$ 31,030,200

7. Deferred grants

	2017	2016
Deferred operating grants	**$ 815,954**	$ 1,347,325
Deferred capital grants	**17,677,518**	19,187,452
	$ 18,493,472	$ 20,534,777

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2017

8. Long-term debt	2017	2016
Operating		
0.99% CMHC mortgage on Lakeside Homes; repayable in equal monthly instalments of $11,734, interest included; maturing April 2020, renewable April 2020.	$ **427,416**	$ 563,281
7.5% CMHC mortgage on Lakeside Homes; repayable in equal monthly instalments of $4,574, interest included; maturing July 2023.	**277,772**	310,852
1.59% Canadian Imperial Bank of Commerce deferred demand loan; repayable in equal monthly instalments of $3,056, plus interest; maturing December 2018.	**64,097**	100,769
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.	**5,813,756**	6,299,814
2.97% Canadian Imperial Bank of Commerce mortgage on 3 Twomey Dr, Botwood housing; repayable in equal monthly instalments of $384, interest included; maturing June 2027, renewable July 2018.	**40,737**	44,092
2.89% Canadian Imperial Bank of Commerce mortgage on 145 Commonwealth Ave, Botwood housing; repayable in equal monthly instalments of $347, interest included; maturing July 2027, renewable August 2018.	**36,888**	39,939
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.	**864,008**	915,431

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2017

8. **Long-term debt** (cont'd.)	2017	2016
7.88% Newfoundland and Labrador Housing Corporation mortgage on Authority offices; repayable in equal monthly instalments of $8,165, interest included; maturing October 2024.	**558,607**	611,018
1.82% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Senior Citizens Home; repayable in equal monthly instalments of $7,752, interest included; maturing July 2019.	**212,281**	300,592
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.	**31,730**	35,912
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.	**12,099**	16,210
2.69% Bank of Nova Scotia 1st mortgage on land and building at 30 Smith's Lane, Twillingate; repayable in equal monthly instalments of $349, interest included; maturing July 2020, renewable December 2019.	**13,006**	17,085
	8,352,397	9,254,995
North Haven Manor Cottages Phase I, II, III		
4.25% Industrial Alliance Insurance and Financial Services Inc. mortgage on North Haven Manor Cottages, repaid during the year.	**$ -**	$ 76,660
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.	**168,242**	267,234
	168,242	343,894

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2017

8. **Long-term debt** (cont'd.)	2017	2016
North Haven Manor Cottages Phase IV		
1.81% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor Cottages; repayable in equal monthly instalments of $3,046, interest included maturing July, 2025, renewable April, 2027.	**282,562**	313,927
Valley Vista Cottages		
2.26% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Cottages, repaid during the year.	-	14,515
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.	**86,954**	201,534
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.	**66,578**	122,650
	153,532	338,699
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 November, 2024, renewable April, 2019.	**316,172**	353,914
	$ 9,272,905	$ 10,605,429

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

2018	$ 1,247,927
2019	1,106,260
2020	975,473
2021	844,112
2022	867,998
Thereafter	4,231,135

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2017

9. **Replacement reserves**	**2017**	2016
Balance, beginning	**$ 175,516**	$ 165,155
Add:		
Allocation for year	**60,220**	60,220
Contributions from Authority	**12,900**	12,900
	248,636	238,275
Less:		
Approved expenditures	**69,832**	62,759
Balance, ending	**$ 178,804**	$ 175,516
Funding		
Replacement reserve funds	**$ 33,761**	$ 30,473
Due from Newfoundland and Labrador Housing Corporation	**145,043**	145,043
	$ 178,804	$ 175,516

10. **Capital assets**	Cost	Accumulated Amortization	**2017 Net Book Value**	2016 Net Book Value
Operating				
Land	$ 551,219	$ -	**$ 551,219**	$ 551,225
Land improvements	1,212,046	924,775	**287,271**	311,001
Buildings and service equipment	76,114,481	55,375,418	**20,739,063**	19,779,195
Equipment	131,675,837	98,788,016	**32,887,821**	32,761,325
Equipment under capital lease	2,781,898	2,639,236	**142,662**	177,713
Motor vehicles	2,968,422	2,244,674	**723,748**	799,997
Motor vehicles under capital lease	196,503	187,759	**8,744**	11,644
	$ 215,500,406	$ 160,159,878	**$ 55,340,528**	$ 54,392,100

Book value of capitalized items that have not been amortized is $952,599.

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2017

11. Inventories

	2017	2016
General stores	**$ 1,106,770**	$ 1,067,817
Drugs	**1,327,064**	1,318,514
	$ 2,433,834	$ 2,386,331

12. Prepaids

	2017	2016
Operating		
Equipment maintenance	**$ 1,559,772**	$ 2,206,328
Malpractice and membership fees	**63,098**	66,177
General insurance	**313,021**	263,531
Municipal taxes	**785,552**	786,596
Other	**696,902**	1,382,436
	$ 3,418,345	$ 4,705,068

13. Line of credit

The Authority has access to a $15 million line of credit in the form of revolving demand loans at its bankers. These loans have been approved by the Minister of Health and Community Services. This line of credit was unused at March 31, 2017 and March 31, 2016.

14. Commitments

Operating leases

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

2018	$ 360,386
2019	287,834
2020	231,601
2021	92,126
2022	7,361

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2017

15. Contingencies

As of March 31, 2017 there were a number of legal claims against the Authority in varying amounts for which no provision has been made. It is not possible to determine the amounts, if any, that may ultimately be assessed against the Authority with respect to these claims, but management and the insurers believe any claims, if successful, will be covered by liability insurance.

Appendix C—Board of Trustees

Donald Sturge, Chair

Valerie Hoskins, Trustee

Rick LeDrew, Trustee

Bill O'Reilly, Trustee

Samuel Saunders, Trustee

Des Dillon, Trustee

Fred Penney, Trustee

Bonnie Pritchett, Trustee

Aubrey Smith, Trustee

Max Taylor, Trustee

Deborah Yannakidis, Trustee

Appendix D—Key Contact Information

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Central
Health