Celebrating our People

Eastern Health

Annual Performance Report
2009 - 2010

ANNUAL PERFORMANCE REPORT

2009 - 10

Eastern Health

Table of Contents

Message from the Board of Trustees

On behalf of the Board of Trustees of Eastern Health, it is my pleasure to present the Annual Performance Report for 2009-10.

This report provides an overview of Eastern Health's achievements and challenges during the past fiscal year. As well, the report outlines the progress we have made toward the goals of our Strategic Plan and the Department of Health and Community Services' Strategic Directions.

This past year presented unique challenges to the health sector. For example, the H1N1 pandemic brought incredible demands on resources while at the same time providing opportunities to bring out the best from health care providers as they met the challenges that arose. Eastern Health takes great pride in the many individuals and teams that demonstrate tremendous professionalism, dedication, expertise and collaboration with partners throughout our communities, and their response to the H1N1 pandemic was an example of their exceptional work.

The 2009-10 year has been a time of continuous improvements for Eastern Health as we strive to provide the best possible care for our patients, clients, residents and their families. We made considerable progress in implementing the recommendations from the Commission of Inquiry into Hormone Receptor Testing and we recognize that we have further work to accomplish to restore public confidence in our organization.

2009-10 has also been a time of change, as both a new President and Chief Executive Officer and a new Chairperson took over within our organization. In June, Ms. Vickie Kaminski started enthusiastically in her new role as President and Chief Executive Officer, while we expressed our gratitude to Ms. Louise Jones for her leadership and commitment following two years in her interim position. That same month, Joan Dawe stepped down as Chairperson of the Board of Trustees. Ms. Dawe is well-known in the health sector and her many contributions are gratefully acknowledged. In the interim, Trustee Frank Davis took on the role of Chairperson. We are thankful that he, as well, provided guidance and a significant level of commitment to the organization in taking on this temporary position.

In October, I took over the role of Chairperson of Eastern Health. I am delighted to be able to share my experience in the area of health care leadership and I look forward to the many opportunities that lie ahead for this organization. I would also like to take this opportunity to thank all Eastern Health employees, physicians and volunteers for their outstanding commitment to achieving our vision of *Healthy People, Healthy Communities.*

The Board of Trustees is accountable for the preparation of this Annual Performance Report and the results achieved by Eastern Health in the 2009-10 fiscal year.

Michael J. O'Keefe

Chairperson, Board of Trustees

1. Government Entity Overview

Eastern Health is the largest health services organization in the province of Newfoundland and Labrador. The organization provides the full continuum of health services (community, acute and long-term care) and has both regional and provincial responsibilities.

1.1. Vision

The vision of Eastern Health is *Healthy People, Healthy Communities.*

This vision is based on the understanding that both the individual and the community have important roles to play in maintaining good health. Healthy communities enhance the health of individuals, and when individuals are healthy, communities are healthy overall.

Eastern Health holds a firm belief that communities have the collective wisdom and ability to develop programs to promote healthy living and is committed to working with its many partners to achieve the vision of *Healthy People, Healthy Communities.*

1.2. Mission

By March 31, 2011, Eastern Health will provide health and community services along an integrated continuum within both its regional and provincial mandates and available resources to improve the health of people and communities.

1.3. Values

Eastern Health's core values provide meaning and direction to its employees, physicians, and volunteers in providing quality programs and services. The Board of Trustees of Eastern Health has identified the following values for the organization:

Respect

Recognizing, celebrating and valuing the uniqueness of each patient/client/resident, employee, discipline, workplace and community that together are Eastern Health.

Integrity

Valuing and facilitating honesty and open communication across employee groups and communities as well as with patients/clients/residents of Eastern Health.

Fairness

Valuing and facilitating equity and justice in the allocation of our resources.

Connectedness

Recognizing and celebrating the strength of each part, both within and beyond the structure, that creates the whole of Eastern Health.

Excellence

Valuing and promoting the pursuit of excellence in Eastern Health.

"The excellent care and professionalism shown, not only to my father but to the rest of our family, was outstanding."

— Daughter of Patient in Acute Care

1.4. Lines of Business

This Regional Health Authority has four main lines of business: to promote health and well-being; to provide supportive care; to treat illness and injury and to advance knowledge.

1.4.1. Promote Health and Well-being

Eastern Health implements measures that promote and protect population health and help prevent disease or injury. The primary initiatives in this line of business include: Health Protection- Disease Prevention, Health Promotion and Child Protection.

Health Protection-Disease Prevention:
Focuses on decreasing the probability of individuals, families, and communities experiencing health problems, assisting with the changes in physical and social environments needed to improve health, and implementing legislation/regulations to support improvements.

Health Promotion:
This program is responsible for developing, implementing and evaluating a comprehensive range of population health and community development programs. Services are aimed at enabling and fostering individuals, families and communities to take control of and improve their own health. This is accomplished through information sharing, community mobilization and capacity building, group facilitation, advocacy, providing resource materials and the improvement of health status in all communities. Services can be conducted in partnership with other providers or supplement services offered by other agencies.

Child Protection:
Focuses on promoting the safety, well-being and protection of children. A key component of this program is the protection of children at risk for/ subject to maltreatment in their own homes. This entails assessing risk to children and providing interventions to reduce risk to an acceptable level. If this is not achievable, alternate homes are arranged for children either with significant others or board-approved caregivers.

1.4.2. Provide Supportive Care

Eastern Health offers residential care options, community-based support and continuing care, home support and nursing home care for individuals based on assessed needs. These services are provided in select locations and in some cases may be means-tested and/ or criteria-based. There is occasionally a relationship with other Government agencies such as Human Resources, Labour and Employment for subsidized funding to supplement program funding.

Individual, Family and Community Supportive Services:
The program provides financial and supportive services and case management for individuals of all ages with assessed needs. The program focuses on supporting individuals/families/caregivers and promoting independence, community inclusion, safety and well-being. Services are limited and provision is based upon financial assessment and the individual's ability to pay.

Short-term Adult Residential Care:
Provides short respite and/or transitional stays for individuals. The services are offered in selected locations.

Long-term Adult Residential Care:
The program provides residential nursing home care for individuals who require ongoing support due to their disability, frailty, or chronic illness. This involves a single entry system where an individual's needs are assessed and matched with available placements as appropriate.

"Words could never say how thankful we were for having [her] to work on our behalf in placing my mother in Assisted Living…It has been a much easier transition than I could ever imagine. Thank you!"

—Daughter of client in community setting

1.4.3. Treat Illness and Injury

Eastern Health investigates, treats, rehabilitates and cares for individuals with illness or injury. The clinical intent of these services is to treat illness and injuries, relieve symptoms, reduce the severity of an illness or injury, and educate patients. Additionally, we provide care at the beginning of life (new born care) and at the end of life (palliative care).

Services are offered in a variety of locations throughout the region, depending on factors such as the level of care required (primary, secondary or tertiary), access to health professionals and access to appropriate facilities. Certain services are self-referred, while others require a referral from a specific health professional. The organization offers services through a variety of inpatient and outpatient settings.

"They made me go farther than I thought I could and I always succeeded, thanks to their coaxing."

—Former patient describing his experience with Physiotherapy

1.4.4. Advance Knowledge

Eastern Health is dedicated to advancing research, education and knowledge dissemination. The organization plays a vital role in ensuring that the next generation of health professionals has opportunities to gain relevant educational experience. Staff and physicians are encouraged to seek the best information and knowledge from multiple sources and to incorporate evidence into their practice and guidelines. As well, the organization is committed to ensuring that the issues faced in daily practice bring about innovative research and learning.

Education and research are collaborative endeavours, and overall success depends upon partnerships with affiliated organizations, particularly Memorial University of Newfoundland. Eastern Health also has close ties with the College of the North Atlantic and has affiliation agreements with numerous other post secondary institutions across the country and further abroad to provide student placements within clinical settings. As well, Eastern Health has permanent representation on the Board of Directors of the Newfoundland and Labrador Centre for Applied Health Research and the Newfoundland and Labrador Centre for Health Information. We continually seek opportunities to promote knowledge transfer throughout the organization and beyond.

"I enjoyed all the fieldwork placements, there was so much opportunity to learn, go to presentations… things seem so progressive and forward moving."

—Student referring to clinical placement in Occupational Therapy

1.5. Number of Employees

Eastern Health has 13,009 employees. The breakdown of employees based on gender and urban/rural location is indicated in Figures 1 and 2. Figure 3 provides an overview of the professional groups that comprise Eastern Health[1].

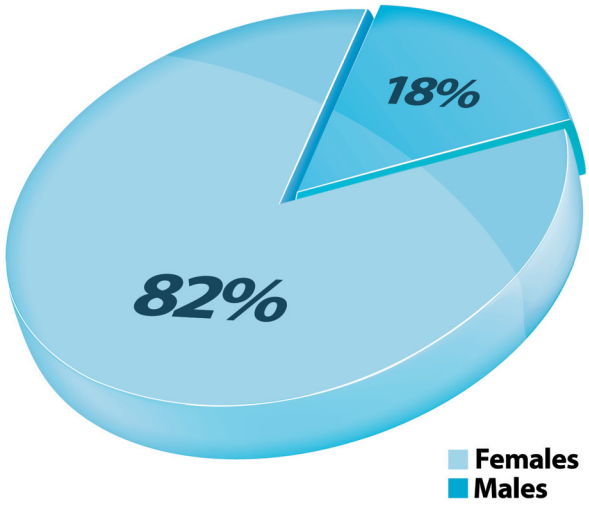


Figure 1:
Eastern Health Employees by Gender

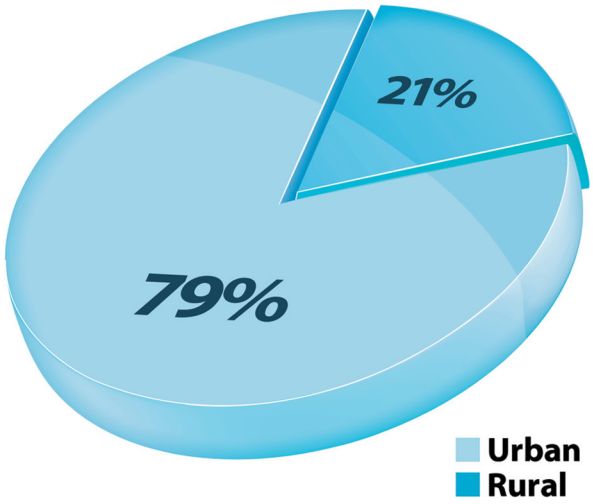
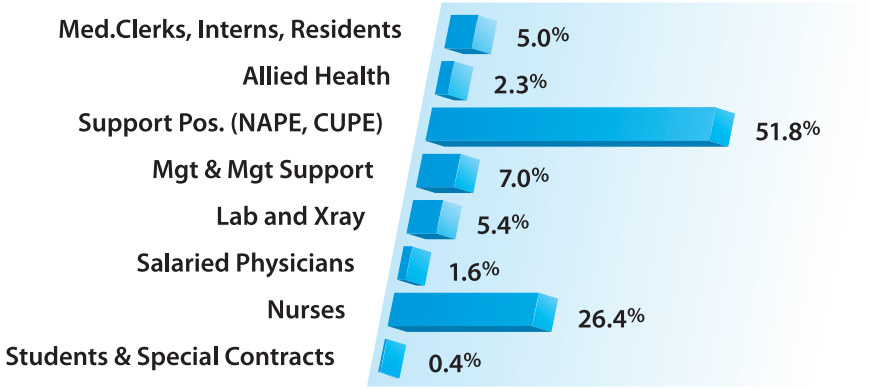


Figure 2:
Eastern Health Employee by Location of Work[2]

Figure 3: Eastern Health Employees by Professional Group



[1] Percentages provided are considered a general "snapshot" since numbers of employees can fluctuate throughout the year. For example, the number of students and special contracts is rounded to 0% due to low numbers as compared with the total number of employees.

[2] Based on where an employee works. For the purposes of this breakdown, urban was defined using St. John's Census Metropolitan Area (CMA): Bauline, Bay Bulls, CBS, Flatrock, Logy Bay-Middle Cove-Outer Cove, Mt. Pearl, Paradise, Petty Harbour-Maddox Cove, Portugal Cove-St. Philip's, Pouch Cove, St. John's, Torbay, Witless Bay.

1.6. Physical Location and Regional Representation

The Eastern Health region comprises the most easterly portion of the island of Newfoundland, which includes the area east of (and including) Port Blandford as well as the Bonavista, Burin and Avalon Peninsulas (including Bell Island). The population of 293,795 (Census, 2006) is dispersed within a geographic territory of approximately 21,000 square kilometres. These boundaries include 111 incorporated municipalities, 69 local service districts and 66 unincorporated municipal units.

Eastern Health has the provincial responsibility for providing tertiary level health services, which are offered through its academic healthcare facilities, and provincial programs such as the Provincial Organ Procurement Program and the Provincial Post Adoptions Program.

In addition, the organization includes:

- Over 700 members of medical staff (approximately 200 of whom are included as employees in Figure 3.)
- Approximately 1,250 individual volunteers who provided 59,400 hours of volunteer work during the fiscal year;
- 28 health service facilities (seven acute care facilities, six community health centres, 13 long-term care facilities, provincial cancer care and provincial rehabilitation centres);
- Community-based offices in 30 communities (Bay Roberts, Bell Island, Bonavista, Burin, Carbonear, Clarenville, Come by Chance, Ferryland, Grand Bank, Harbour Grace, Heart's Delight, Holyrood, Lethbridge, Mount Carmel, Mount Pearl, Norman's Cove, Old Perlican, Placentia, Portugal Cove, St. Bernard's, St. Bride's, St. John's, St. Joseph's, St. Lawrence, St. Mary's, Trepassey, Torbay, Trinity, Whitbourne, and Witless Bay);
- Within its facilities, the organization operates 1,039 acute care beds (including 91 critical care beds), 13 holding beds[3] and 1,619 long-term care beds (See Appendix I).

"We've had a lot of good people with their heads turned to this – it's a great example of people stepping up and pulling together when we need to."

— George Smith, Manager of Telecommunications,referring to the H1N1 pandemic response

The Regional Health Authorities Act (2006) outlines the responsibility of health authorities as the following:

Responsibility of Authority

(1) An authority is responsible for the delivery and administration of health and community services in its health region in accordance with this Act and the regulations.

(2) Notwithstanding subsection (1), an authority may provide health and community services designated by the minister on an inter-regional or province-wide basis where authorized to do so by the minister under section 4.

(3) In carrying out its responsibilities, an authority shall:

(a) promote and protect the health and well-being of its region and develop and implement measures for the prevention of disease and injury and the advancement of health and well-being;

[3] The term "holding beds" refers to those beds used for temporary care of patients waiting for transfer, consults or tests for longer than two hours.

(b) assess health and community services needs in its region on an on-going basis;

(c) develop objectives and priorities for the provision of health and community services which meet the needs of its region and which are consistent with provincial objectives and priorities;

(d) manage and allocate resources, including funds provided by the government for health and community services, in accordance with this Act;

(e) ensure that services are provided in a manner that coordinates and integrates health and community services;

(f) collaborate with other persons and organizations, including federal, provincial and municipal governments and agencies and other regional health authorities, to coordinate health and community services in the province and to achieve provincial objectives and priorities;

(g) collect and analyze health and community services information for use in the development and implementation of health and community services policies and programs for its region;

(h) provide information to the residents of the region respecting

- the services provided by the authority,
- how they may gain access to those services, and
- how they may communicate with the authority respecting the provision of those services by the authority;

(i) monitor and evaluate the delivery of health and community services and compliance with prescribed standards and provincial objectives and in accordance with guidelines that the minister may establish for the authority under paragraph 5 (1)(b); and

(j) comply with directions the minister may give.

Provincial Mandate

In addition to the regional mandate, Eastern Health has unique provincial responsibilities for tertiary level institutional services including:

- cancer care
- cardiac care
- child and women's health
- diagnostic imaging
- laboratory services
- mental health
- rehabilitation
- surgery

"Thank you for everything you have done for us and our little man. Words cannot say how much we appreciate everything you have done."

—Parents of patient in Acute Care

In an effort to bring services closer to where people live the organization also administers provincial outreach programs through regional cancer centres, travelling cancer clinics and child rehabilitative clinics.

The organization also administers distinctive provincial services to other areas of the province, including:

- cardiac genetics
- hyperbaric medicine
- medical control and registration of paramedics
- neonatal transport team
- provincial air ambulance
- provincial equipment program - Community Living and Supportive Services
- provincial genetics
- provincial organ procurement program
- provincial paediatric advice and poison control lines
- provincial perinatal program
- provincial post adoptions program
- stem cell transplantation

The organization has distinctive roles in education and research that are associated with its position as an academic health care organization. The organization's primary education and research partner is Memorial University. In addition to the obvious linkages with health related facilities there are numerous other associations with various facilities. The organization operates a successful clinical trials division in conjunction with Memorial University.

1.7. Revenues and Expenditures

The provincial budget 2009 announced new initiatives designed to expand current programs and introduce new provincial initiatives. Investments have been made in Child, Youth & Family Services, Commission of Inquiry on Hormone Receptor Testing Report, Task Force on Adverse Events Report, Strengthening Long-term Care & Community Supports, Mental Health & Addictions, Healthy Aging Strategy as well as other initiatives such as Workforce Recruitment & Retention.

These initiatives will commence when formal approvals are received from the Department of Health & Community Services.

Fiscal year 2009-10 was extremely challenging. Financially we finished the period ending March 31, 2010 in a balanced position after receiving $21.2 million in one-time stabilization funding from the Department of Health & Community Services.

Figure 4 provides Eastern Health's expenditures by sector for 2009-10.

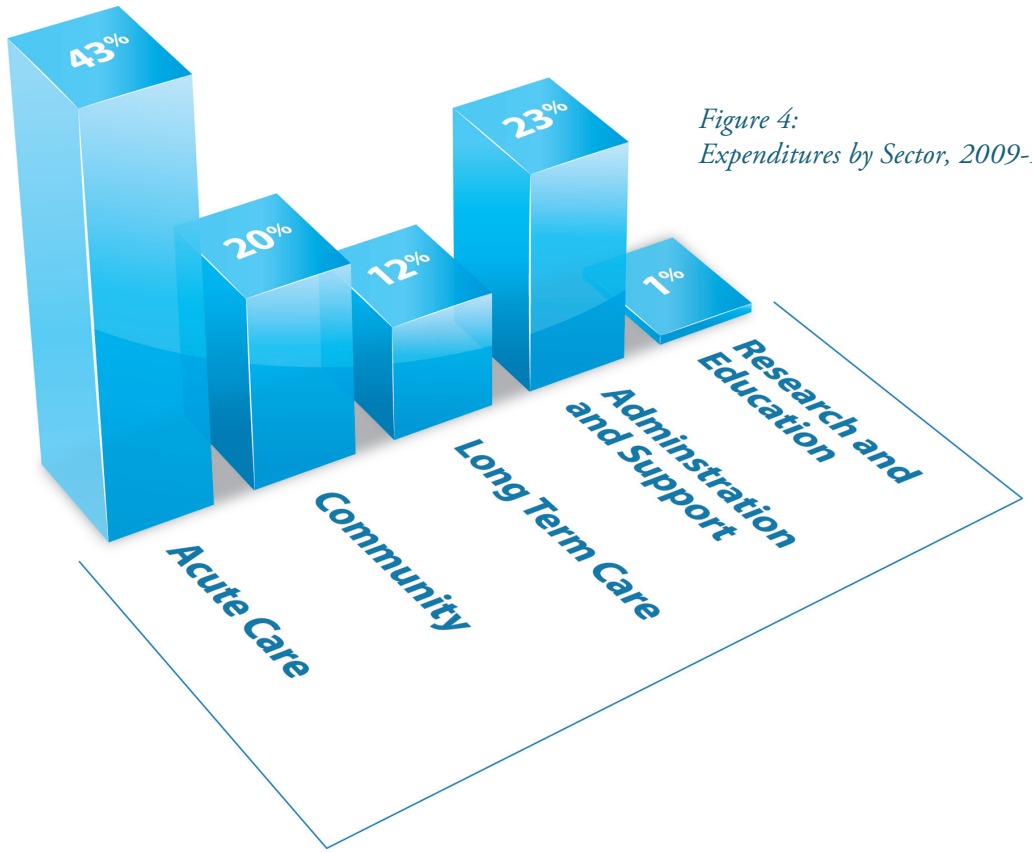


Figure 4:
Expenditures by Sector, 2009-10

1.8. Other Key Performance Indicators

Eastern Health tracks numerous key performance indicators in both clinical and administrative areas. These include indicators outlined in the strategic plan, those specified in departmental operational plans as well as those reported at Quality Council.

As seen in Figure 5, Acute Care Admissions at 34,509 were 4 or 0.01% lower than the previous year.

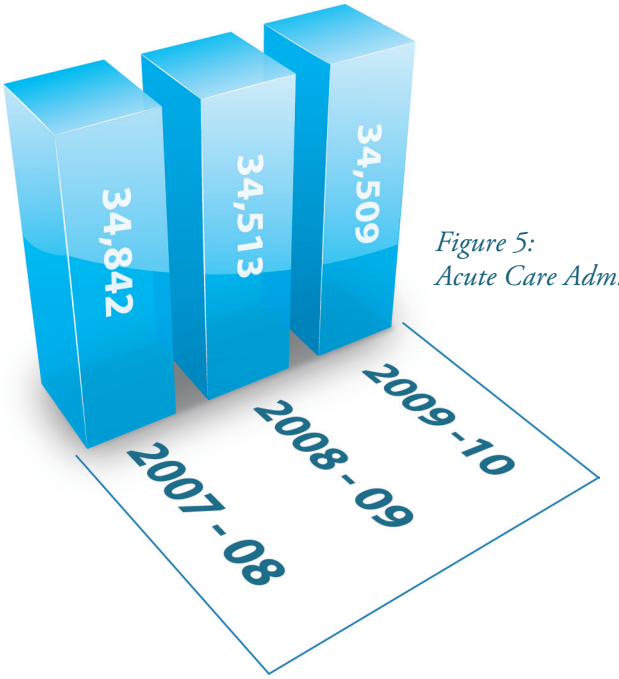


Figure 5:
Acute Care Admissions

Figure 6 shows that Acute Care Inpatient days at 302,669 were 436 higher than previous year.

Figure 6:
Acute Care Inpatient days

The Volume Comparisons chart in Figure 7 for the period ending March 31, 2010 versus the same period in the previous year demonstrates some of the areas where we have experienced service delivery volume increases.

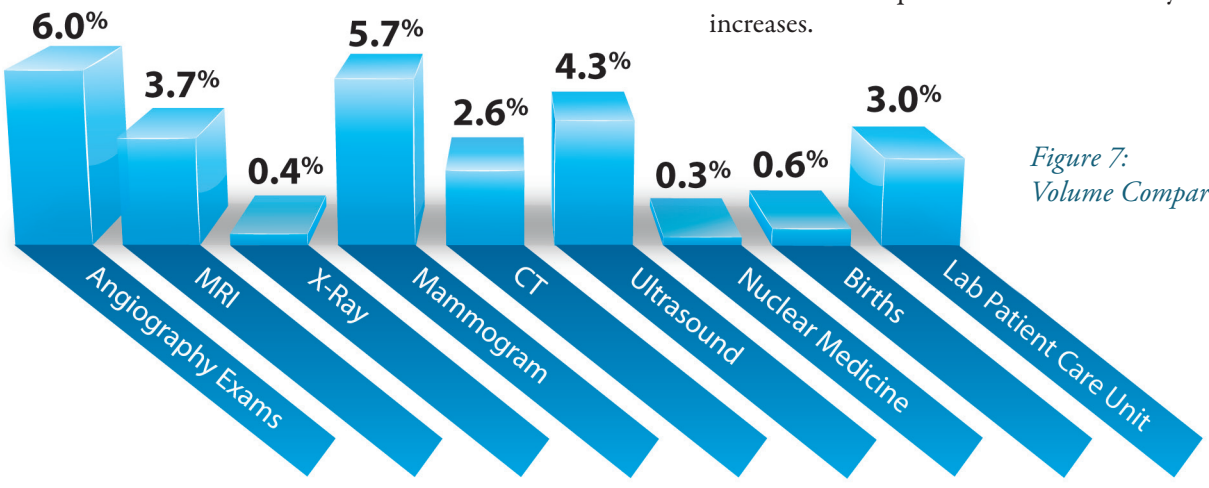


Figure 7:
Volume Comparisons

Acute care ambulatory encounters at 1,582,083 are 33,147 or 2.1% higher than the previous fiscal year, as seen in Figure 8. This includes all outpatient activity in Eastern Health's acute care sites: people who come in for any outpatient services, from blood tests to x-rays to day surgery. (i.e., procedures that do not require admission).

Figure 8:
Acute care ambulatory encounters

Long-term care resident days were higher in fiscal year 2009-10 than for the same period of 2008-09. Hoyles Escasoni had 46 beds closed for the first six months of 2008, however these beds have been re-opened. This was offset by approximately 38 bed closures at St. Patrick's for part of 2009-10 fiscal year; 19 of these beds have since reopened. In addition, the new long-term care facility in Clarenville has 44 beds, an increase in the bed complement by 30. Long-term care is operating at approximately 93% occupancy. This is due to staffing shortages, the single entry process and the matching of residents to homes/beds/roommates, turnover policies in some of the homes and high levels of turnover at both Hoyles-Escasoni Complex and St. Patrick's.

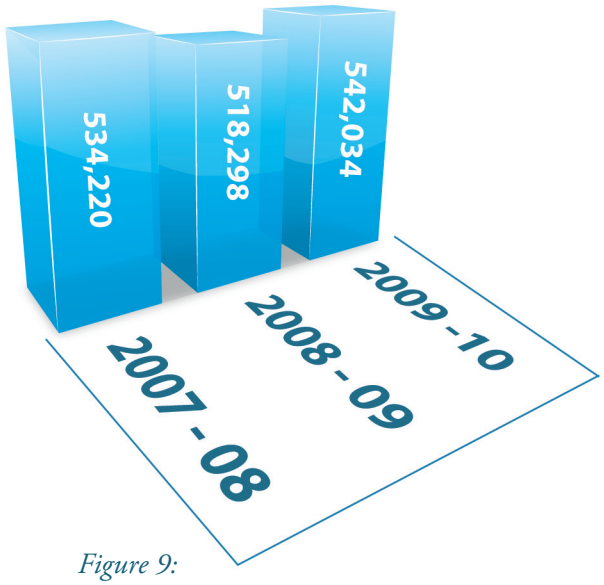


Figure 9:
Long-term care resident days

As indicated in Figure 9, long-term care resident days at 542,034 were 23,736 or 4.6% higher than the previous year which equates to the equivalent of 65 more beds staffed and in operation. This data does not include the Waterford Hospital resident days.

Figure 10:
Community health service events

Figure 10 provides the number of community health service events* for the period between 2007-08 and 2009-10. Previous reporting of these service events involved various methods of capturing data from Eastern Health's legacy organizations. Caution must be exercised when reviewing the data from the community sector because changes in the manner in which data is being collected may cause variations in numbers rather than a true change in service delivery. However, the trends show a significant increase in the number of service events in the community for those three years.

Figure 11 highlights statistics from Eastern Health's hospitals, primary health care centres, and long-term care resident days.

Figure 11:
Statistics from a Three-Year Period

	2007 - 08	2008 - 09	2009 - 10
Hospitals and Primary Health Care Centres			
Acute Care Inpatient Days	305,139	302,233	302,669
Emergency Room Visits	223,133	227,824	231,396
Surgical Daycare	43,347	45,848	46,025
Births	2,889	3,114	3,142
Ambulatory Encounters	1,447,951	1,548,936	1,582,083
Community Health Service Events*			
Family Support Programs	135,510	146,580	169,908
Community Support Programs	164,558	193,346	206,169
Community Youth Corrections	5,650	5,882	6,233
Health Promotion and Protection	48,273	55,769	57,289
Mental Health and Addictions	18,639	20,052	27,362
Long-term Care			
Long-term Care Resident Days	534,220	518,298	542,034

* A "service event" is used as a measure for a patient or client visit in the community. It is calculated by entries into the Client Referral Management System (CRMS), an electronic database system.

Figure 12 provides the percentage of cancer treatment and surgeries completed within national benchmarks.

Figure 12: Percentage of Cases Completed within National Benchmarks of Internal Target Timeframes

Service Area	Benchmark National and Internal Benchmarks	Percentage of cases completed within the benchmark by quarter Completion Rate by Quarter 2009-10[1]				Total Number of Procedures performed 2009-10[1]	Total Number of Procedures performed in 2008/09[1]
Cancer Treatment		Q1	Q2	Q3	Q4		
Curative Radiotherapy	Within 4 weeks (28 days)	82.2%	85.8%[2]	86.8%	93%	1754	1509
Surgery :	Internal Benchmark of 21 days except Prostate which is 42 days						
Breast	St. John's (21 days) Carbonear (30 days)[3] Clarenville (30 days) Burin (30 days)	84.6% 100% 100% 100%	79.1% 33% N/A* 100%	75% 50% 100% 100%	77.5% 50% 100% N/A*	181 13 8 6	199 18 12 7
Colorectal	St. John's (21 days) Carbonear (30 days)[3] Clarenville (30 days) Burin (30 days)	80.3% 100% 100% 100%	77.6% 100% 100% 100%	87.1% 25% 100% 80%	75% 40% 100% 100%	210 15 12 16	217 10 12 19
Prostate	St. John's (42 days)	32.1%	69.6%	68%	48.7%	115	87
Bladder	St. John's (21 days)	54.6%	46.7%	45.6%	52.8%	121	100
Lung	St. John's (21 days)	41%	46.7%	27.3%	19%	69	57
Coronary Bypass Surgery (CABG)	182 days for Level III (equiv. to OPD CABG patient population)[4]	100%	94.1%	100%	98.9%	369	442
Cataract (local anaesth. -1st eye)	Within 16 weeks (112 days) for patients who are at high risk	76.5%	75.9%	67.7%	72.5%	1560	1578
Hip Replacement	Within 26 weeks (182 days)	61.5%	48.7%	66%	47.3%	199	198
Knee Replacement	Within 26 weeks (182 days)	42.7%	39.7%	52.6%	35.7%	352	333
Hip Fracture Repair	Within 48 hours from time of ED registration in a St. John's Hospital	73%	77%	81.4%	71.4%	278	257

*No breast surgeries performed during the quarter.

1. Numbers include all procedures, not just patients who are assigned a benchmark priority.
2. All disease sites. Previous quarters were for 4 disease sites only.
3. Surgeries reported for 1 of 2 surgeons.
4. The numbers reported are for all patients who received CABG Only procedure.

Figure 13 provides the surgical wait time for adult acute care. This is an internally generated consensus target by mean wait times for adult acute care hospitals in St. John's.

Figure 13: Surgical Mean Wait Time – Adult Acute Care – St. John's Hospitals

Priority	Target Timeframe	Target	2008-09 Mean	2009-10 Mean
I	Within 1 week	95%	82%	84%
II	1-3 weeks	95%	58%	61%
III	3-6 weeks	90%	55%	56%
IV	6 weeks – 3 months	80%	57%	50%
V	3-6 months	80%	88%	83%
VI	6-12 months	80%	85%	82%

Figure 14 provides a snapshot of the health of the population served by Eastern Health as compared with the province and the country. Definitions and sources of indicators are in Appendix II. These indicators provide an overview of the health of the people in this region as compared to people in the province and the country. For instance, the table below indicates that the Eastern Health Region and the province have a higher rate of smoking than the country overall. This has implications for the health of citizens, as smoking and exposure to second hand smoke are known to cause disease and contribute to environmental health concerns.

Figure 14: Indicators: By Region, Province and Country (Definitions and Sources are in Appendix II)

Indicator	Eastern Health	Province	Canada
HEALTH STATUS			
1.1 Well-Being			
1.1.1 Self-Rated Health, excellent or very good 2008	61.3%	61.5%	58.9%
1.2 Health Conditions			
1.2.1 Body Mass Index, obese, 2008	25.5%	27.4%	17.2%
1.2.2 Chronic Conditions – Diabetes, 2008	8.1%	8.8%	5.9%
1.2.3 Chronic Conditions – Asthma, 2008	7.8%	8.3%	8.4%
1.2.4 Chronic Conditions – High Blood Pressure, 2008	18.5%	20.2%	16.4%
1.2.5 Cancer Incidence (per 100,000), 2004	389.2	355.3	393.2
1.2.6 Injury Hospitalization (per 100,000), 2007-2008	423	537	541
1.2.7 Injuries, causing limitation of normal activities, 2005	12.0%	11.6%	13.4%
1.3 Human Function			
1.3.1 Two-week Disability Days, 2005	19.3%	18.2%	16.7%
1.3.2 Population with Participation and Activity Limitation, 2008	32.6%	32.5%	29.0%
1.4 Deaths			
1.4.1 Infant Mortality, 2006 (per 1,000 live births)	Not Available	5.3	5.0
1.4.2 Perinatal Mortality, 2007 (per 1,000 total births)	Not Available	7.4	6.4
1.4.3 Life Expectancy at Birth, 2005 (age)	NA	Males (75) Females (81)	Males (78.4) Females (83)

Figure 14 (continued): Indicators: By Region, Province and Country (Definitions and Sources are in Appendix II)

NON-MEDICAL DETERMINANTS OF HEALTH			
2.1 Health Behaviours			
2.1.1 Smoking Status, smoke daily or occasionally, 2008	25.0%	24.6%	21.4%
2.1.2 Frequency of Heavy Drinking, 5 drinks or more at one period in past 12 months, 2008*	24.3%	22.3%	16.7%
2.1.3 Leisure-Time Physical Activity, moderately active or active, 2008	44.0%	43.6%	50.6%
2.1.4 Breastfeeding Rate at Discharge from Hospital, 2009-10	65.1%	NA	NA
2.2 Living and Working Conditions			
2.2.1 High School Graduates, 2006	71.4%	66.5%	76.2%
2.2.2 Post-Secondary Graduates, 2006	48.7%	44.4%	50.7%
2.2.3 Unemployment Rate, Age 15+, 2009	NA	15.5%	8.3%
2.2.4 Youth Unemployment, 2007	18.1%	20.2%	11.2%
2.2.5 Low Income, After Tax, 2006	10.8%	10.1%	11.4%
2.2.6 Median Share of Income, 2005	$20,810	$19,573	$25,615
2.2.7 Government Transfers – as a percentage of income, 2005	17.6%	20.4%	11.1%
2.3 Personal Resources			
2.3.1 Life Stress, Quite a lot, 2008	13.6%	11.6%	22.3%
2.3.2 Exposure to Second-Hand Smoke in the Home, 2008	7.4%	7.7%	6.6%

* The denominator for this year was changed to include all the population aged 12 and over, and not only the population who reported having had at least one drink, which is more consistent with other indicators

2. Shared Commitments

Collaborative approaches and partnerships are essential elements of Eastern Health's values and mission. The organization has numerous partners at all levels of government and within communities throughout this region. Eastern Health endeavours to enhance its relationships with these various stakeholders in a number of ways, from informal stakeholder meetings with community groups to more formal commitments like the Community Engagement Framework that guides the Board of Trustees.

In the first instance, Eastern Health's Strategic Plan is in line with the Department's Strategic Directions for 2008-11: improved population health; strengthened public health capacity; improved accessibility to priority services; and improved accountability and stability in the delivery of health and community services within available resources. Eastern Health works closely with the provincial Department of Health and Community Services on a number of fronts, from participating in provincial initiatives and committees to formal reporting on finances and performance indicators. Additionally, Eastern Health collaborates with the province's other three Regional Health Authorities on a variety of shared priorities such as planning, professional development and information technology initiatives.

Research and education are collaborative endeavours. Eastern Health maintains a close relationship with Memorial University of Newfoundland in achieving its mandate of education and research. Eastern Health has permanent representation on the Board of Directors of both the Newfoundland and Labrador Centre for Applied Health Research (NLCAHR) and the Newfoundland and Labrador Centre for Health Information (NLCHI). Eastern Health's Department of Research's Patient Research Centre is actively involved in over 100 clinical trials in cardiology, child health, clinical epidemiology/nephrology, endocrinology, gastroenterology, hematology, neurology, respirology, rheumatology, and women's health. Eastern Health's Research Proposal Approval Committee reviewed and approved 180 research projects during 2009-10. Furthermore, the organization has affiliation agreements with over 40 education institutions and organizations at provincial, national and international levels to help educate the next generation of health professionals.

By the very nature of their involvement, Eastern Health's many volunteers and auxiliaries are dedicated to enhancing quality of life for patients, clients, residents and their families. In addition to the efforts of approximately 1,250 individual volunteers, Eastern Health benefits from the commitment of volunteer agencies and community partners all through the region.

"I love helping out! It's great to meet people that are in the field that I one day hope to be a part of."

—Alethea Power, Volunteer

In a similar fashion, seven foundations provide tremendous financial support to this organization. The efforts of the Board of Directors, staff and volunteers of these foundations is both recognized and appreciated: Burin Peninsula Health Care Foundation, Discovery Health Care Foundation, Dr. H. Bliss Murphy Cancer Care Foundation, Health

Care Foundation, Janeway Children's Hospital Foundation, Trinity-Conception-Placentia Health Foundation and the Waterford Foundation. Funds were raised for a variety of purposes, including the purchase of medical equipment and grants to promote both research and comfort in care.

Eastern Health continues to have a close connection with faith and fraternity-based owner boards for long-term care services in both St. John's and Clarke's Beach. Eastern Health respects the work of these owner boards in providing long-term care services and will continue to work toward clearly defining each others' roles and accountabilities.

Eastern Health also continues to enhance working relationships with a number of community-based groups that have been devolved to the organization. These groups provide a broad range of services, including youth diversion (i.e., Burin-Placentia West Alternative Measures Program), family resource centres (e.g., Daybreak Parent Child Centre), community living and school daycares.

The organization maintains a unique relationship with the hospital/health centres in Saint-Pierre et Miquelon. There is a tripartite agreement with Caisse de Prévoyance Sociale (CPS) and Centre Hospitalier F. Dunan (CHFD) to provide services to that population.

3. Highlights and Accomplishments

Throughout this Regional Health Authority there have been many accomplishments to recognize and celebrate during 2009-10. This section of the report provides the highlights based on Eastern Health's values: respect, integrity, fairness, connectedness and excellence. Additionally, numerous accomplishments are outlined according to the four strategic directions of the Department of Health and Community Services for 2008-11: Improved Population Health, Strengthened Public Health Capacity, Improved Accessibility to Priority Services and Improved Accountability and Stability in the Delivery of Health and Community Services within Available Resources.

Respect

A focus on respect involves recognizing and valuing the uniqueness of each component of Eastern Health: each patient, client, resident, employee, discipline, workplace and community that together comprise Eastern Health. Some of the ways in which this value was demonstrated during 2009-10 include the following:

- Healthy Workplace Plan 2008-2011 approved and Healthy Workplace Champions Award launched.
- Through Citizenship and Immigration Canada funding, developed materials for the Diversity Enhancement Project and held 35 Diversity and Inclusion Awareness sessions for 530 staff; held specialized training for an additional 85 staff.
- Expanded services to include CanTalk: a telephone interpreting service to communicate with patients, residents, clients and substitute decision makers in over 170 languages.
- Celebrated the contribution of its many volunteers and community partners during Volunteer Week with a focus on the national theme: "Volunteers: from compassion to action".
- Food Services expanded the Compass Sustainability program, which is designed to respect people, the communities in which we live, and the natural environment while achieving operational success; includes food wastage monitoring and reduction of disposable packaging.
- Children in the Janeway Lifestyle Program participated in the "The Jelly Bean Cru" in which three short plays were performed to help children understand that character is more important than appearance and to illustrate the importance of independent thinking, respect, kindness and diversity.
- Through Eastern Health's Community Development Fund, the Roots of Empathy program expanded to four schools on the Burin and Bonavista peninsulas. This is a classroom-based program for grades K-8 that promotes the development of empathy in children through interaction with the family, while learning to understand and respect others' feelings.

"I certainly would like for this staff to be made aware of how much this family appreciates all that was done to help us cope with our most difficult time. Their care, compassion and genuine concern will always be remembered."

—Mother of patient in Acute Care

Integrity

Integrity entails valuing and facilitating honest and open communications with all stakeholders within and external to Eastern Health. Some examples of this value include:

- Worked closely with the Provincial Government and other Regional Health Authorities to make significant progress in implementing the recommendations from the Cameron Inquiry; as of March 2010 (one year following the release of the recommendations), 39 of the 60 (i.e., 65 %) were either fully or substantially completed and the remaining 21 were partially completed.
- Four employees from Quality and Risk Management completed the Institute for Healthcare Communications (IHC) three-day "Disclosing Unanticipated Medical Outcomes" faculty course; an additional employee completed an extra stage by undergoing a formal certification process for the disclosure course. This "train the trainer" approach will target all clinicians within the organization.
- Prepared for the privacy legislation, Access to Information and Protection of Privacy Act (ATIPP) and Personal Health Information Act (PHIA), in a number of ways, including the implementation of a Privacy Advisory Committee to provide advice on compliance and drafting policies on Clinical Documentation, Retention of Administrative Records and Protected Disclosure (Whistle-Blowing).
- Handled 35 ATIPP requests; of those 35, information was released on 27 files, six requests were abandoned by the applicants, one request was transferred to another public body because the information was not in Eastern Health's control or custody and one was returned to the applicant because the information could be accessed through other means (i.e., personal health information through Medical Records).
- Statistics from Client Relations indicate 983 complaints and 12 formal compliments during 2009-10. Through the Client Safety and Reporting System (CSRS), processes to improve the tracking of complaints and compliments have been developed and implementation begun.
- Employee Communications and Information Management and Technology (IM&T) partnered to redevelop the Eastern Health intranet site to make it more interactive and helpful for employees; they also developed an online Manager's Toolkit specific to Eastern Health, which provides managers with key information on each of the areas for which they are accountable.
- Enhanced communication and linkages with community stakeholder groups and collaborated on programs and services for specific patient populations, including Heart and Stroke, AIDS Committee of NL, Canadian Cancer Society and the NL Lung Association.
- IM&T implemented the e-Mail Extender system, which provides e-mail archiving and management capacity and includes full protection for all e-mail sent from or received by Eastern Health employees by storing it in a protected archive.

- Food and Environmental Services (Rural Avalon and Peninsulas) implemented the AIDET Patient & Resident Staff Introduction and Communications Program, which is a communication tool to improve the patient/resident experience. AIDET stands for: Acknowledge, Introduce, Duration, Explanation, and Thank you.
- In collaboration with an external facilitator, developed a Respect and Dignity Program for Central Kitchen.
- Complaint Template established and implemented to maintain record of Personal Care Homes with ongoing complaints. This tool enhances communication between the Community Supports Program Monitoring Team and Personal Care Home Operators.
- Caregiver Satisfaction Survey completed for the Alternate Family Care Program across the Eastern Region.
- Completed Satisfaction Survey for Children's Speech Language Pathology Services and Long-term Care in Rural Avalon.

"I have observed that there is a more concerted effort to be plugged into the pulse of the community and that efforts are being made to communicate in a more effective and efficient manner with the public."

—Lorelei Stanley, Southern Avalon Advisory Committee Member

Fairness

A focus on fairness means valuing and facilitating equity and justice in allocating resources. The following are some examples of how this value was demonstrated within Eastern Health during 2009-10:

- Promoted the use of ethical consultations led by the department of Pastoral Care and Ethics.
- Implemented Strata, a Capital Budgeting, Tracking and Optimization Tool, to assist in choosing the right capital priorities within limited resources.
- Adopted Project Management Methodology to manage projects using industry standard methodologies, which helps to drive consistencies in approach and deployment of projects.
- Through Budgeting/Decision Support, developed a process to track and ensure that all approved initiatives from the Department of Health and Community Services are implemented by the appropriate Eastern Health program or service.
- In keeping with the provincial system for all Regional Health Authorities, developed a deployment strategy for transferring all clients to one system known as Client Pay.

"By making better use of the resources we have and reducing the inefficiencies that exist within the organization, we will be better able to fulfil our vision for the future…"

—Vickie Kaminski, President and Chief Executive Officer

Connectedness

Connectedness involves recognizing and celebrating the strength of each part of the entire Eastern Health structure. Some examples of this value are listed below:

- Launched the new employee magazine, Connect.
- Redeveloped the internal newsletter and launched an online version under a new name: The Pulse.

- Employee Communications and IM&T worked in partnerships to redevelop our intranet site based on employee feedback. For example, they added a Stories section to share internal good news more readily.
- Implemented single Service Desk within IM&T to serve all of Eastern Health; introduced new telephone system making it easier to manage the incoming calls as well as process both e-mail and voice mail requests.
- Published the first semi-annual Alternate Family Care Newsletter and distributed to all Alternate Family Care providers in the region.

"This has been one of the most positive experiences I have ever had in terms of team effort. Everyone just dug in and did what had to be done."

—Renee Porter, Manager, Acute Care, Referring to the H1N1 Pandemic Response

Excellence

Striving for excellence entails valuing and promoting excellence within Eastern Health. This organization is a leader in many regards, and is thrilled to promote the accomplishments of individuals and teams throughout the organization. Some examples from 2009-10 include:

- Cardiac/Critical Care program recognized in key initiatives:
    1. Recognized by the Canadian ICU Collaborative for "significant progress" on outcome and process measures in two Safer Healthcare Now! Initiatives. The Health Sciences Centre was recognized for achieving and maintaining 100% compliance in their work on insertion bundle to reduce Central Line Associated Bloodstream Infections (CLA-BSI) and St. Clare's Mercy Hospital was recognized for experiencing several months in a row without Ventilator Associated Pneumonia (VAP) in their unit.
    2. Recognized by the Canadian Patient Safety Institute as a national leader with response to heart attack patients. By implementing important interventions, Eastern Health has consistently met or exceeded national averages in improving patient outcomes.
- Achieved Canadian Association of Radiology Accreditation for the new Digital Mammography machines at Majors Path.
- The Carbonear Hospital Central Supply Room (CSR) team received the Vision of Excellence Award from Johnson & Johnson.
- The Organ Donor Program (OPEN) was one of six sites across the country presented with a certificate of recognition from Accreditation Canada for successfully completing the pilot test of the New Organ and Tissue Donation and Transplant Standards.
- The BN (Collaborative) Program had 89 graduates from the Centre for Nursing Studies (CNS) in May 2009, 86 of whom passed the Canadian Registered Nurse Exam (i.e., 96% pass rate).
- Developed and began implementation of a Recognition Program for Nurses that involves a number of contests and recognition activities as well as a Nursing Awards of Excellence Gala.
- Received a leadership gold award from the Institute of Public Administration of Canada for involvement in the Canadian Paediatric Surgical Wait Times Project.

- Elaine Tucker, Clinical Pharmacist I (Janeway), received the Memorial University School of Pharmacy Preceptor of the Year Award for hospital pharmacy.
- Nick Nash, Social Worker, Miller Centre, was the recipient of The Social Inclusion Award for Independent Living.
- Mary Rose, Administrative Assistant in Rural Avalon, was named the Administrative Professional of the Year by the East Coast Chapter of the International Association of Administrative Professionals (IAAP).
- Regina Jones (Health Sciences Biochemistry Lab) was the first recipient of Eastern Health's newly-developed Award of Distinction program within the Laboratory Medicine program.
- Scott Edwards received the "Leadership in Pharmacy Practice" award of the Canadian Society of Hospital Pharmacies – NL Branch.
- Sonya Clarke, a Sterile Supply Technician at Carbonear General Hospital, was one of the first in Canada to receive National CSA Certification in Medical Device Reprocessing.
- Volunteers Frances Pearson and Jenny Follett from the Placentia Health Centre were among 75 recipients from across Canada to receive the Governor General's Caring Canadian Award.
- A research poster prepared by Rick Abbott and Scott Edwards (Pharmacy Program) was accepted for presentation in Prague at the International Society of Oncology Pharmacy meeting.
- Elizabeth Kennedy, Director of Clinical Efficiency, presented a position paper entitled "Eastern Health Providing Appropriate Care" to the 2009 National Healthcare Leadership Conference.
- An abstract was submitted and accepted for presentation at the 2010 Nursing Innovations Conference, Mental Health: Our Common Denominator.

"The nursing staff are absolutely, absolutely amazing. They work not only with expertise, commitment and professionalism, but with a deep and loving compassion…From our experience, the same can be said for the staff in Emergency and the labs, those who clean the floors and empty the garbage, and the doctors and Residents, who worked selflessly for hours on end."

—Daughter of patient in acute care

Improved Population Health

The focus areas of the Department of Health and Community Services for 2008-2011 are: obesity, smoking rates and protection from environmental smoke, dental health of children, support for healthy aging, and Aboriginal health needs. The following are highlights in these areas for 2009-10:

- Bonavista Area Chronic Disease Prevention and Management team partnered with numerous community stakeholders to plan, organize and co-host a Community Wellness forum in Trinity.
- A second Regional Nutritionist was hired to support the delivery of programs and services in Rural Avalon and Peninsulas.
- Awarded six rural schools with Health Promoting School Grants of $1,000 each to support health and wellness in the school setting.
- Through funding from the Public Health Agency of Canada, partnered with Eastern School District, Nova Central School District, Central Health and Memorial University, for "Building upon Active Schools to Increase Family and Community

Involvement in the Promotion of Health and Wellness"; to date 11 new schools have joined the Active Schools project.

- The Eastern Wellness Coalition awarded 37 grants totalling $27,256 and the Wellness Coalition Avalon East awarded 21 grants totalling $19,762.
- Supported two garden projects through our Community Development Fund on the Burin Peninsula and in the Placentia area.
- The Rural Avalon and Peninsulas Breastfeeding Committee developed and implemented the "Everybody's Doing It" Campaign in five rural campuses of the College of the North Atlantic targeting young adults.
- St. John's Region Breastfeeding Committee partnered with La Leche League to hold a "Breastfeeding Challenge" at the Avalon Mall during World Breastfeeding Week: 50 breastfeeding mothers registered for the "Breastfeeding Challenge" component of the event.
- Launched a new Smoke Free Environment Policy across Eastern Health.
- Health Promotion delivered the Smoke Free Program to nine public libraries, four Child Care Centres, eight schools and one Family Resource Centre.
- Through the Janeway, Operation Tooth visited Gander, Burin and Goose Bay to offer pediatric dental services, thus improving access and decreasing wait times.
- The Janeway's Cleft Lip, Palate and Craniofacial Team were successful in obtaining a Lighthouse Grant for the development and implementation of an educational resource binder entitled "You and Your Baby, Newborns with Cleft Lip and Palate: A Resource for Health Care Professionals and Families".
- Through our Community Development Fund, supported Seniors and Youth: Learning Together – Intergenerational Support for One Another. This is a project by the Trinity Historical Society that entails a series of workshops for all ages in traditional crafts, recording the stories and traditions of seniors, as well as teaching computer skills to seniors by young people in the area.
- Recruited a Physiatrist (i.e., physician specializing in rehabilitation and physical pain, such as with stroke victims) for the Miller Centre.
- In partnership with the St. John's Native Friendship Centre, hired two Aboriginal Patient Navigators to act as liaisons for aboriginal patients who come to this region for health services and to advocate for holistic wellness based on aboriginal traditions and values.

Strengthened Public Health Capacity

The focus areas of the Department of Health and Community Services for 2008-2011 include surveillance for communicable disease, health emergency plan for the health and community services system, and environmental health policy. The following are some accomplishments and highlights pertaining to these areas during 2009-10:

- Vaccinated a total of 200,751 people (approximately 68% of the region's population) during the H1N1 pandemic.
- Collaborated with numerous partners in both the public and private sectors to plan and respond to the H1N1 pandemic in a timely and efficient manner.

- Partnered with the Office of the Chief Information Officer and the Newfoundland and Labrador Statistics Agency to create a centralized database that enables electronic registration and geomapping, which allows for a significant improvement in the capture and use of data within a short turnaround time.

"For me, the overall H1N1 experience that occurred at the Clarenville Events Centre was second to none. They are truly to be recognized and thanked again for such professionalism."

—Community Member

- Received funding and initiated activities for ethical approval of a research study on Biomonitoring of Lead in children in pre-1970s housing in St. John's.
- To reduce the organization's carbon footprint, Infrastructure Support was involved in planning and carrying out a number of projects, including:

  1. A significant energy saving retrofit at Carbonear Hospital that involves lighting improvements and upgrades to the heating and ventilation systems;
  2. Elevator modernization at Carbonear General Hospital to save considerable electricity;
  3. A heat recovery project at Caribou Memorial Veterans Pavilion (Miller Centre) that will further reduce annual energy consumption by 40,000 litres of oil;
  4. Window replacements at Southcott Hall (Miller Centre);
  5. Use of ground source heat pumps and modern energy efficient lighting systems at the new long-term care facility in Clarenville and the new Grand Bank Health Centre;
  6. Installation of environmentally friendly water treatment through a new water treatment system for the boiler plants at Miller Centre, St. Clare's, Waterford and Central Kitchen.

- Worked with a multi-departmental group of federal and provincial representatives on the Vale Inco Hydrometallurgy Project, Long Harbour, to ensure the project proceeded in a safe and sustainable manner.
- Participated as part of an environmental assessment team in the Canada Fluorspar (NL) Inc. project in St. Lawrence, to ensure all health service impacts were considered in the development proposal.

Improved Accessibility to Priority Services

Department of Health and Community Services' focus areas are: access to community-based mental health and addictions services; access to appropriate primary health services; home care and support services in the areas of end of life care, acute, short-term community mental health, case management, short-term post discharge IV medications and wound management; options to support choices of individuals in need of long-term care and community supports; access to a strengthened Child, Youth and Family service and access to quality early learning and child care.

The following are examples of Eastern Health's focus on these areas during 2009-10:

- Completed the first year of a three-year pilot of Navigators and Networks (NavNet) – an initiative to address system barriers that

impact individuals with complex needs; this included co-sponsoring a conference with the St. John's Housing and Homelessness Network highlighting the Australian experience of working with people with complex needs.

- Partnered with Choices for Youth in the Moving Forward initiative: a pilot project to provide intensive community support and case management to youth in the Youth Services residential program with complex mental health needs.
- Both the Placentia-Cape Shore Community Advisory Committee and St. Mary's Bay Community Advisory Committee developed comprehensive community health plans that address various aspects of mental health in their communities.
- Implemented a Mobile Crisis Response Service for St. John's and the surrounding area.
- In partnership with the Provincial Community Youth Corrections Program, hired a Corrections/Mental Health Coordinator to navigate systems for youth who are connected to the Youth Justice system and also have complex mental health needs.
- Hired Early Intervention Outreach Workers to work with youth in Clarenville and Burin.

"The reason I love my position and genuinely love coming to work every day is because of the opportunity, challenge and job of working with people who have the greatest needs."

—Ann Williams, Mental Health Nurse

- Added an Addictions Counsellor in the Bay Roberts office to increase outreach clinics in Old Perlican and St. Mary's.
- Enhanced interdisciplinary teamwork in Community Mental Health through the addition of an Addictions Counsellor in Conception Bay South and an Occupational Therapist in Carbonear.
- At the Bonavista Hospital, introduced a mental health and addictions collaborative whereby individuals with mental health/addictions issues are seen in the emergency department by a member of the mental health team when referred by the ER physician.
- Concluded the first phase of the "Reaching Out" project, in which staff from the Janeway Family Centre provided training to professionals across the province on children and parenting group programs.
- Provided training for 10 nurses for the Sexual Assault Nurse Examiner (SANE) Program.
- Established Nurse Practitioner services at the New Hope Community Centre in the St. John's downtown area.
- Redeveloped the Health Model at Dr. Walter Templeman Health Centre: recruited an additional Physician and two Nurse Practitioners resulting in enhanced access to primary healthcare services on Bell Island.
- Opened the new Grand Bank Health Centre in January 2009.
- Opened a new satellite ambulance base in the east end of St. John's.

"In addition to my expression of thanks to these four nurses and the Community Health Service, I would also add that I believe this service provides a vital role in the health care needs of patients in our province."

—Client, Community Health and Nursing Services

- Hired a Home and Community Health Coordinator to oversee enhanced acute care services and end of life, palliative care services for Peninsulas.
- Established a Regional Palliative Care Team.
- Within the St. John's area, the enhanced Home Palliative/End of Life Care Program saw a 41% increase in admissions and a 39% increase in nursing visits with 107 clients supported in the program this year.
- The Total Joint Assessment Clinic expanded to include Occupational Therapy, Physiotherapy and Social Work.
- The number of admissions for Home Intravenous Antibiotic Therapy (HIVAT) increased by 28% to 407 with a corresponding increase of 18% in nursing visits.

"The program is well organized, well coordinated and delivered; all of which in my opinion are indicative of a true 'Quality Service', something to be proud of. Keep up the good work."

—Patient referring to the Home IV Program

- The number of admissions for vacuum assisted wound care increased by 50% with 81 clients admitted to the program.
- Increased the number of long-term care beds in Clarenville by more than 40 through the official opening of the new Dr. Albert O'Mahoney Memorial Manor.
- Held a grand opening for the Sir Winston Churchill Wing (Dementia Care Unit) at Caribou Memorial Veterans Pavilion with the Federal Minister of Veterans Affairs.
- The Residential Team of CYFS, in consultation with the coordinator for in care programs, and Caregivers Inc. developed the *Circle of Care Respite Home* pilot project to provide respite for children with complex needs who live in caregiver homes.
- Addictions and CYFS staff partnered with the SPLASH Centre in Harbour Grace to offer a nationally and internationally recognized program entitled Strengthening Families. This program provides evidence-based family skills training to significantly reduce problem behaviours, delinquency, alcohol and drug abuse in children as well as child maltreatment.
- Oversaw an increase in government funding of $309,875 for Family Resource Centres and $93,920 to enhance the delivery of their Healthy Baby Club programs through waitlist reduction; oversaw funding provided to begin the development phase of a new Family Resource Centre for Conception Bay South to Mackinsons.
- Delivered an enhanced three-day training package for families and home therapists working with children with autism through the Applied Behaviour Analysis Home Therapy program.

- Increased the number of child care programs involved in the Inclusion Program from 74 to 85; the number of Ratio Enhancement staffing supports in these programs grew from 54 to 73 to provide inclusion support services to 176 children.
- Within Child Care Services (Licensing), a program benchmark of 95% was set, based on provincial policy, in relation to visits to be completed by social workers and consultants. For 2009-10, the percentage of visits completed was 94%; during the final quarter of 2009-10, 99% of required visits were completed.
- The implementation of waitlist management strategies for the Children and Youth Behavioural Support Program significantly reduced the waitlist for service from 15 months as of April 1, 2008 to a current wait time of 2.5 months.

Improved Accountability and Stability in the Delivery of Health and Community Services within Available Resources

The focus areas of the Department of Health and Community Services for 2008-2011 are: identify and monitor outcomes for selected programs; achieve balanced budgets; stabilize human resources as well as quality management and patient safety.

Some highlights of Eastern Health's progress in these areas for 2009-10 include:

- Key indicators identified and data collected to determine compliance with various care standards (reassessments) and the number of Level 3 residents in Personal Care Homes waiting placement, which resulted in 90% compliance with the reassessment standard.
- Within Diagnostic Imaging, the following wait times improved:
    1. Reduced CT wait times from 35 days to four days (Burin);
    2. Reduced mammography wait times from 42 days to three days (Burin);
    3. Ultrasound wait times reduced to under 30 days (Clarenville);
    4. With the exception of Bone Mineral Density test, reduced Nuclear Medicine wait times to under 30 days;
    5. Increased mammography appointments by eight per day (St. Clare's);
    6. Reduced wait times for MRI of the head from 147 days to 49 days (Regional).
- Developed template to build a database for outpatient rehabilitation services to measure client demographics, health related quality of life, and participation.
- Finalized the review of 1600 patients on the Rheumatology waitlist and implemented the waitlist management program for Rheumatology Services, including a central intake and triage process.
- Released the Southern Avalon Community Health Needs Assessment Two-Year report to the public; started the Northeast Avalon Community Health Needs Assessment; commenced the Discovery Community Health Needs Assessment in the Clarenville-Bonavista area.
- Replaced Teledata system with new Accellion system for reporting monthly and annual financial and statistical information to the Department of Health and Community Services.
- Participated in Health pro, a National Group Purchasing Organization, which yielded 1.5 million dollars in annual savings for Non-Contract Items; projected an additional 1.2 million dollars savings based on supplier goodwill and 2.4 million in pharmaceuticals.

- Commenced the consolidation of long-term care resident trust accounts into one system, which will result in more consistency, control and efficiency for some 2,500 trust accounts.
- Implemented Attendance Management Program, which saved approximately $1.3 million as a result of a reduction in paid sick leave and replacement costs.
- Established the Department of Budgeting and Decision Support on a permanent basis; this department completed the initial rollout of the Cognos "dashboard" that includes key data and reports to support all Eastern Health Managers in their areas of accountability.
- Board of Trustees approved the People Plan and numerous components of this plan advanced during the course of the year, including Effective Leadership, Engaged Employees and Talent Management.
- Implemented transition agreements with NAPE LX (April) and NLNU (January), which resulted in the merging of seniority lists for both bargaining groups and allowed for regional posting of job competitions.
- Awarded 123 nursing bursaries and 20 bursaries for other health professionals.
- Succeeded in bolstering Human Resource numbers through 1534 external hires, which included:
    1. 52 in Allied Health;
    2. 888 in NAPE, 51 in NAPE LX (i.e., Lab and X-ray) and 105 in CUPE;
    3. 49 new managers and 13 new management support staff;
    4. 40 students in a variety of areas;
    5. 336 new nurses through numerous external recruitment events, such as job fairs across Canada and an international mission to India.
- Recruited 57 permanent physicians throughout Eastern Health (13 GPs, four GP Assistants and 40 specialists) and appointed 11 Clinical Chiefs.
- Centre for Nursing Studies successfully implemented the Licensed Practical Nurse (LPN) Bridging Program to integrate students into the BN (Collaborative) Program; applications for the LPN Bridging Program more than doubled over this past year: there were 47 graduates in December 2009 and in September 2009, 62 students were admitted to the program. The program was also brokered throughout the province to six campuses of the College of the North Atlantic.
- Within long-term care, developed and approved a regional plan for a new staffing skill mix for five sites and began implementation on one of those sites.
- Began implementing changes based on recommendations from the Cameron Inquiry report. A working group was established that includes representatives from Oncology, Pathology, Quality and Risk Management, IM&T as well as the senior Executive Team of Eastern Health.
- Received grant funding from the Canadian Partnership Against Cancer to implement electronic Synoptic Pathology Reporting from the pathology lab to the Cancer Registry.

- Made improvements to the Cancer Registry, including the establishment of an Advisory Committee, funding for a Data Analyst and an Epidemiologist.
- Implemented and evaluated a model of care known as the Handover Report within the Surgery and Medicine programs. This model improves patient safety in the area of nursing changeover by decreasing delays in patient transfers and improving communication between nurses when changing shifts.
- Launched an archive of "Pharmalerts" on the Intranet for quick access to pharmaceutical notices.
- Successfully implemented a WHMIS (Workplace Hazardous Materials Information System) management program; completed an inventory of hazardous products, including a database of Materials Safety Data Sheets (MSDS) that is automatically sent to appropriate departments.
- Based on increased infection control standards and policies, and workload studies, increased Environmental Services personnel hours within the Case Room, Cancer Clinic, Emergency Department and Operating Room areas.
- Developed Safe Work Practices and Procedures for both biomedical waste (Biomedical and Hazardous Waste: Identification, Handling, Storage, Disposal and Transportation) and sharps (Selection, Placement, Safe Use, Storage and Transport of Sharps).
- Piloted use of a Safe Surgery Checklist in the Surgical Operative Program.
- Installed Automated Dispensing Units for safe medication delivery and storage in Critical Care, Health Sciences Centre.
- Deployed the Client Safety Reporting System (CSRS), which is a nationally recognized system for incident management. This system, with partial funding through Infoway Canada, enables Eastern Health to manage all such activity within a single system.
- Formed the new Medical Device Reprocessing Service department and hired a Regional Director responsible for all reprocessing and sterilization activities.
- Initiated a Regional Instrument Tracking System (T-Doc), a PC-based software system with the ability to track medical devices electronically; began centralization of reprocessing of medical devices and regional standardization of instruments, equipment and other items used in Medical Device Reprocessing.
- Began the Implemented ISISpro Quality Auditing System – an electronic Housekeeping Quality Auditing Tool that provides reports for Component Compliance, Quality Assurance and Benchmarking Statistics that will be compared with other facilities within this region and across Canada.
- Expanded the Safer Healthcare Now Initiative to prevent surgical site infections in patients having colorectal surgery to the General Hospital Site and to Vascular Surgery.
- Implemented the World Health Organization surgical safety checklist in the Orthopaedics and General Surgery services in St. Clare's and the General Hospital Site.

- Management Engineering Services oversaw the implementation of a surgical instrument tracking system in the city hospitals, reviewed the workflow, processes and layout of the Medical Device Reprocessing Service (St. Clare's) and conducted a value stream mapping exercise for the preparation of chemotherapy drugs at the Health Sciences Centre.
- Initiated a Managing Obstetrical Risk Efficiently (MOREOB) Coordinator position and developed a proposal to implement the MOREOB program regionally: a proprietary patient safety program from the Society of Obstetricians & Gynaecologists of Canada.
- Developed a standardized Prenatal Screening Tool for professionals through the Newfoundland and Labrador Provincial Perinatal Program.
- Infection Prevention and Control Program received funding for an additional 3.5 FTE Infection Prevention and Control Practitioners (ICPs), which enables Eastern Health to meet the national standard for the number of ICPs per hospital beds.
- Security Services completed threat-risk assessments for Carbonear General, Placentia Health Centre, Newhook Community Health Centre and A. A. Wilkinson Memorial Hospital; commenced development of action plans.

"Providing care to disabled individuals can sometimes be a difficult and taxing job which I believe is a special calling and requires special people. You all fit the bill very well! Not only did you provide excellent health care to [my sister], but have displayed a real pride in the overall care you provide to those entrusted to you."

—Brother of Former Long-term Care Resident

4. Report on Performance 2009-10

Eastern Health's current strategic plan, Moving Forward Together, was developed for 2008-11 as per the legislative requirements of the Transparency and Accountability Act (2004). The plan is available on our website, www.easternhealth.ca.

During 2009-10, Eastern Health made considerable progress towards achieving the objectives and goals outlined in the strategic plan. This section of the Annual Performance Report outlines the progress made towards the 2009-10 objectives and indicators of the plan. It also outlines the next objectives and indicators for 2010-11.

4.1. Accountability

Under the Regional Health Authorities Act (2006), the responsibilities of health authorities and the governance role of their Boards of Trustees are outlined. Since Eastern Health was formed from seven legacy organizations, guidelines must be developed with numerous stakeholders to ensure that expectations and accountabilities are clearly defined.

In the 2008-11 Strategic Plan the Board outlined its need to affirm its role with physicians, owner-boards, providers of devolved services as well as government. The 2009-10 objective speaks to implementing mechanisms as the next phase in affirming those relationships.

The progress made in this area supports government's strategic direction of improved accountability and stability in the delivery of health and community services within available resources; however, the process of finalizing and implementing MOUs with long-term care owner boards has taken longer than originally anticipated.

Goal:

By March 31, 2011, Eastern Health will have affirmed its role with physicians, owner boards, devolved services and government to support fulfillment of its mandate.

2009-10 Objective:

By March 31, 2010, Eastern Health will have implemented formal mechanisms with owner boards, government and physicians.

Measure:

Mechanisms finalized and implemented.

Four indicators were chosen for 2009-10. Progress on each is provided in the table below:

Planned for 2009-10	Actual for 2009-10
MOUs finalized and implemented with long-term care owner boards	While work continues between Eastern Health and the Owner Boards to develop the MOU, the process has taken longer than anticipated. A consultant has been engaged and a draft MOU prepared. Discussions continue with the goal of reaching the MOU in 2010. Eastern Health has not achieved its target of finalizing and implementing MOUs with long-term care owner boards by March 31, 2010. **This target is ongoing.**
MOUs finalized and implemented with devolved services	Eastern Health's goal is to have one main service agreement with devolved community-based services. This service agreement will include addendums as required for specific services. A draft service agreement was developed with input from Eastern Health management and feedback from community agencies. Templates have been developed that can be adapted; however further review is still required between agencies and legal counsel. In the next year, further review of the service agreements and transition house standards will occur within the Department of Health and Community Services. Following this review, Eastern Health hopes to finalize the service agreements as soon as possible. Eastern Health was advised by the new Department of Child, Youth and Family Services to put a hold on service agreements for those programs that will transition from Eastern Health to the new department. The transition date is anticipated to be sometime in 2010. While work has been ongoing, Eastern Health has not achieved its target of developing the MOUs with devolved services. This process has taken longer than anticipated. **This target is ongoing.**
By-Laws respecting medical staff finalized and implemented	New by-laws respecting medical staff were finalized by the Board of Trustees and implemented. **This target was achieved.**

Table continued on following page.

Planned for 2009-10	Actual for 2009-10
Communications protocol with government implemented	Eastern Health has developed a communications protocol with government. The elements of this protocol include the following: • Eastern Health's President and Chief Executive Officer meets the Deputy Minister of Health on a monthly basis. • The President and Chief Executive Officer and Vice President of Strategic Communications have regular communications with the Department of Health and Community Services on both routine issues and significant events. • The Communications Departments of both Eastern Health and Health and Community Services have regular contact. • In addition to the high level sharing of information between Eastern Health and government, there are ongoing contacts between various levels of this organization and the Department of Health and Community Services. In an effort to ensure a streamlined approach and accurate sharing of information, discussions are ongoing between both organizations. **This target was achieved.**

Eastern Health's Board of Trustees remains committed to this goal. Continued effort is being put into developing mechanisms with the long-term care owner boards and the devolved community-based agencies; however, given the number of stakeholders and issues involved, the process has taken longer than anticipated.

During the 2008-09 fiscal year, the provincial government announced the creation of a new department responsible for Child Youth and Family Services. The transition date is anticipated to be sometime in 2010 and a number of devolved community agencies will likely be transferred from Eastern Health to that new department.

The progress made in this area supports government's strategic directions of improved accountability and stability by clarifying roles and responsibilities throughout the organization.

2010-11 Objective:

By March 31, 2011, Eastern Health will have evaluated mechanisms with owner boards, government and physicians.

Measure:

Mechanisms evaluated.

Indicators:

- MOUs with long-term care owner boards evaluated.
- MOUs with devolved services evaluated.
- Communications protocol with government evaluated.

4.2. Stewardship

Eastern Health's Board of Trustees recognizes its stewardship role and the importance of having a strong foundation to ensure the organization's long-term sustainability. Throughout the 2008-11 planning cycle, the Board's role is to implement approved components of a sustainability plan. Each of the three objectives associated with this goal involves creating a sustainable organization.

The Board's 2009-10 objective focused on the organization's sustainability as it pertains to the development of an Information Management plan, the redevelopment of hospital-based facilities in St. John's, as well as the development of a Human Resources and Leadership Strategy.

The progress made supports government's strategic direction of improved accountability and stability in the delivery of health and community services within available resources.

Progress on indicators for the 2009-10 year is provided below:

Goal:

By March 31, 2011, Eastern Health will have implemented approved components of a comprehensive sustainability plan.

2009-10 Objective:

By March 31, 2010, Eastern Health will have approved the Information Management plan, approved the Master Plan for St. John's Hospital-based Facilities Redevelopment and received performance reports on the Human Resources and Leadership Strategy.

Measure:

Plans approved; Performance Reports received.

Planned for 2009-10	Actual for 2009-10
Information Management Plan approved	Eastern Health's Information Management Plan has been developed and approved. The Information Management Committee will oversee updating the plan during 2010-11 to identify new priorities. **This target was achieved.**
Master Plan for Acute Care redevelopment approved	As of March 31, 2010, Eastern Health was awaiting receipt of the Master Program/Master Plan for Acute Care redevelopment from the consultants. However, it was received in May 2010 and is being reviewed by the leadership of Eastern Health. The delay in receipt was caused by the impact of H1N1 on the organization as well as the desire to add a third charrette (consultation) with key stakeholders on the options under consideration. **This target is near completion.**

Table continued on following page.

Planned for 2009-10	Actual for 2009-10
Performance reports on the Human Resources and Leadership Strategy received	Performance reports on the Human Resources and Leadership Strategy were received. Performance reports are received through a number of channels, including: 1) Indicator reports to the Regional Quality Council and HR Advisory Committee; 2) Reports to Senior Management Meetings related to aspects such as the Healthy Workplace Plan, Performance Management, Recognition, and Employee Engagement; 3) Reports to the Healthy Workplace Committee on progress in achieving the Healthy Workplace Plan and to the Leadership Committee on progress of the Leadership Strategy; 4) Reports to the Planning Committee of the Board related to outcomes of the employee engagement survey and overall achievement of the People Plan's goals and objectives. **This target was achieved.**

There are numerous aspects involved in ensuring the sustainability of the organization. The Information Management Plan will evolve with changes in technology and as new ways of supporting the information needs of the organization emerge.

The St. John's Hospital-Based Health Services Redevelopment involves long range planning to determine the services to offer in coming years, the resources needed to support these services and how the services should be organized. Efforts will result in a Master Program and Master Plan to guide redevelopment and will have a major impact on the delivery of health services in the future.

Another aspect of sustainability involves a focus on human resources within the organization. Eastern Health's Human Resources and Leadership Strategy provides a long-term framework with particular short term priorities for enhancing and managing human resources, which will support and sustain the goals and objectives of the organization.

The progress made in this area supports government's strategic direction of improved accountability and stability by identifying future planning needs and by proactively planning for human resources needs.

2010-11 Objective:

By March 31, 2011, Eastern Health will have completed a comprehensive budgeting system aligned with service needs.

Measure:

Budgeting system completed.

Indicators:

- Comprehensive budgeting system aligned with service needs completed.

4.3. Safety

Safety is of paramount importance to the Board of Trustees. Eastern Health has completed extensive work in this area to build and maintain a culture of safety throughout the organization. The 2009-10 objective indicates the need to implement a Safety Plan developed within available resources. This entails implementing both clinical and Occupational Health and Safety components.

Progress made in the area of safety supports government's strategic direction of improved accountability and stability in the delivery of health and community services within available resources.

Goal:

By March 31, 2011, Eastern Health's Board of Trustees will have implemented an approved Safety Plan, with a monitoring schedule, that combines components of the Quality and Risk Management Framework and an Occupational Health and Safety Plan, in order to promote and strengthen the safety of clients/patients/residents and staff.

2009-10 Objective:

By March 31, 2010, Eastern Health will have implemented the Safety Plan within available resources.

Measure:

Safety Plan implemented.

Progress on each of the indicators for 2009-10 year is provided in the table that follows:

Planned for 2009-10	Actual for 2009-10
Safety Plan comprising clinical and Occupational Health and Safety components implemented	Clinical and Occupational Health and Safety (OH&S) components of Eastern Health's Safety Plan have been implemented. Key indicators of implementation include the following: • Fewer employees had been injured at work: lost-time incidents reduced by 135 (approximately 19%) and medical aid claims reduced by 292 (approximately 44%); these numbers of incidents were the lowest for the last three fiscal years; • Employees injured at work are returning to work faster than in previous years: durations of workers' compensation claims reduced by about seven weeks over previous years and durations of Return to Work (RTW) programs reduced by about two weeks over previous years; • As a result of the above, Worker's Compensation Cost / FTE has been steadily declining over the past three years: down to 38.35 for 2009-10, as compared with 41.68 in 2008-09 and 40.90 in 2007-08. OH&S has been very actively involved in dealing with OH&S legislation and directives issued. The year ended with 269 directives completed and 75 directives outstanding. Work continued throughout the year on meeting legislative compliance on safety issues such as Working Alone/In Isolation, Handling and Storage of Hazardous Medications, Ergonomics. **This target was achieved.**

Table continued on following page.

Planned for 2009-10	Actual for 2009-10
Clinical safety monitoring reports received by Board of Trustees	During the 2009-10 fiscal year the Board of Trustees received clinical safety monitoring reports at regular intervals. These include: 1) Executive Limitations: Major Occurrences Report (November 2009 and February 2010) 2) Executive Limitations: Occurrences and Sentinel Events Report (June 2009) 3) Executive Limitations: Policy and Procedures Reports (June 2009 and February 2010) 4) Executive Limitations: Risk Management Structure and Processes (June 2009) 5) Safety and Quality Committee: Presentations on Patient Safety (September and October 2009; January and February 2010) **This target was achieved.**
Clinical safety monitoring reports received by organizational-level quality committees	Eastern Health's Regional Quality Council reviews all Patient Safety Executive Limitations reports that are forwarded to the Board of Trustees. Eastern Health's Regional Quality Council received numerous clinical safety monitoring reports from each portfolio during 2009-10. These included: 1) Adult Acute Care - St. Johns (September 2009) 2) Rural Avalon, Child, Youth and Family Services, Medical Services and Diagnostics (December 2009) 3) Corporate Services, Peninsulas and Health Promotion (March 2010) The Regional Quality Council receives regular verbal reports from the Quality and Risk Management Program on critical incidents. Regional Quality Council receives updates on a number of regional initiatives, including the implementation of the Clinical Safety Reporting System (CSRS), the Risk Management Self Assessment Module (RMSAM) and the status of Required Organizational Practices through Accreditation Canada. The Council also receives regular reports from a number of standing committees, such as the Regional Ethics Committee and Regional Infection Control. **This target was achieved.**
Occupational Health and Safety monitoring reports received by Board of Trustees	Occupational Health and Safety monitoring reports were presented to the Board of Trustees in December 2009. **This target was achieved.**
Occupational Health and Safety monitoring reports received by organizational-level quality committees	Occupational Health and Safety monitoring reports are received by the People and Information Services Portfolio Quality and Safety Committee and the Regional Quality Council. **This target was achieved.**

Quality and safety continues to be the Board of Trustees' most important priority. The Board's agenda emphasizes its Executive Limitations, Safety and Quality and Accreditation requirements help Eastern Health develop "quality maps" that promote a culture of safety.

Eastern Health's Safety Plan promotes the safety of clients, residents, patients and staff. Progress made in implementing this plan supports government's strategic direction of improved accountability and stability in the delivery of health and community services.

2010-11 Objective:

By March 31, 2011, Eastern Health will have evidence of the effectiveness of the Safety Plan.

Measure:

Evidence of Safety Plan effectiveness

Indicators:

- Benchmarks developed for clinical and Occupational Health and Safety components of the Safety Plan.
- Commencement of monitoring and evaluation process to measure Safety Plan

4.4. Integration

Since the formation of Eastern Health in 2005, the organization has been developing an integrated administrative base from which to build an integrated clinical approach. This involves significant work to develop integrated financial and human resource systems, regional human resource strategies, aligning operational plans, consistent administrative policies, as well as assessments of the organization's culture.

The 2008-11 Strategic Plan includes a goal of improved service delivery through effective integration of clinical health and community services. The first step to achieving that goal was to identify priority areas for clinical policies during 2008-09; in 2009-10 the focus was on commencing the coordinated implementation of these priority clinical policies.

The progress made in this area supports government's strategic directions of improved population health, strengthened public health capacity and improved accountability and stability in the delivery of health and community services within available resources.

Goal:

By March 31, 2011, Eastern Health will have improved service delivery through effective integration of clinical health and community services.

2009-10 Objective:

By March 31, 2010, Eastern Health will have commenced a co-coordinated implementation of priority clinical policies.

Measure:

Priority clinical policies implemented.

Progress on the indicators in the 2009-10 year is provided in the following table:

Planned for 2009-10	Actual for 2009-10
Priority clinical policies implemented	As of March 31, 2010, approximately 60% of priority clinical policies were developed and implemented across Eastern Health. The planning and response to the H1N1 pandemic caused a delay in clinical policy development; however, plans are in place to develop and implement the remaining 40% within the first three to six months of the new fiscal year. **This target is ongoing.**
Priority clinical policies communicated	The priority clinical policies developed as of March 31, 2010 were communicated across Eastern Health. Plans are in place to communicate the remaining policies (approximately 40%) as they are developed within the first three to six months of the new fiscal year. **This target is ongoing.**

Policy development continues to advance throughout Eastern Health. During 2009-10, significant progress was made in developing and communicating clinical policies and plans are underway to complete the process early in the new fiscal year.

Progress made in the area of policies supports government's strategic directions of improved population health, strengthened public health capacity and improved accountability and stability.

2010-11 Objective:

By March 31, 2011, Eastern Health will have monitored and evaluated implementation of the integration of clinical aspects with health and community services.

Measure:

Integration of clinical aspects evaluated.

Indicators:

- Monitoring and evaluation of the implementation process for the integration of clinical aspects with health and community services completed.

4.5. Confidence in the Health System

With its size, scope and complexity, Eastern Health has an enormous impact on the communities and people it serves. In providing the full continuum of health and community services, there have been a number of high profile issues that have caused the general public to question the quality of care and services being provided. There have also been questions regarding the organization's transparency and its level of disclosure of information to the public.

The first step in improving confidence in the health system in 2008-09 was to identify tools to measure confidence. The second step in 2009-10 was to develop and implement a plan to improve the public's confidence. Progress in this area supports all of government's strategic directions.

Goal:

By March 31, 2011, Eastern Health will improve confidence in the health system.

2009-10 Objective:

By March 31, 2010, Eastern Health will have developed and implemented a plan to improve confidence in the health system.

Measure:

Plan implemented.

As outlined in the table below, a significant amount of work has been undertaken toward the achievement of this objective; however, the process of developing and implementing a plan to improve confidence in the health system has taken longer than originally estimated. Although there is no formal, written plan, the organization has taken specific, coordinated action to address confidence in the system, as outlined below.

Planned for 2009-10	Actual for 2009-10
Develop plan	A draft Strategic Communications Plan has been developed and approval for this plan is anticipated by December 2010. The objective of the plan is to increase confidence within the health and community services system. The Board of Trustees has taken specific actions to improve in this area. In hiring a new President and Chief Executive Officer and VP of Communications, the Board has sought to improve community relations and significant efforts have been made to improve public communications when events occur. Strategic Communications developed and implemented a number of strategies and tactics to help restore public confidence and trust during 2009-10 For example: • Managed 821 media inquiries (370 radio, 248 television and 203 print); • Issued 52 news releases, 24 media advisories, and 54 public service announcements; • Facilitated two media relations training seminars for managers, which resulted in approximately 33% of managers trained to date; • Began media monitoring to determine necessary follow-up to ensure the accuracy of information communicated; • Tracked data on media inquiries to better understand public concerns and determine how to address concerns in the most appropriate manner.

Table continued on following page.

Planned for 2009-10	Actual for 2009-10
Develop plan	Eastern Health has also worked closely with the Provincial Government and other Regional Health Authorities to make significant progress in implementing the recommendations from the Cameron Inquiry. Of the 60 recommendations, 39 (i.e., 65%) were either fully or substantially completed and the remaining 21 were partially completed, within one year of the release of those recommendations. An example of building confidence within the organization involves the response to Pandemic H1N1 2009, whereby feedback was requested of all staff through a survey. A total of 937 surveys were completed (response rate: 7.2%) in which 76.8% of respondents said they were kept informed of pandemic events that affected their work area and 71.3% said information was available in a timely manner. In addition, the Operational Planning process within Eastern Health included addressing concerns with confidence in the health system. Every program within the organization has been asked to explore initiatives to improve confidence in this area. **This target is near completion.**
Implement the tool defined to measure confidence in the health and community services system	An external company has completed a Client Satisfaction Survey Plan, which includes recommendations for proceeding with implementation. The recommendations for implementation will be carried over into the 2010-2011 fiscal year. Initial work has been undertaken to develop and implement an appropriate tool; however, this process is complex and is taking longer than expected. **This target is ongoing.**

The goal of improving confidence in the health system will require a concentrated, long-term effort. Our staff, physicians and volunteers are dedicated to providing excellent care to our patients, residents and clients. We will continue to strive to restore public confidence and renew a sense of pride in this organization.

Progress in this area supports all of government's strategic directions.

2010-11 Objective:

By March 31, 2011, Eastern Health will have evaluated its actions and modified its plan to improve confidence in the health system.

Measure:

Plan evaluated and modified.

Indicators:

- Evaluation completed.
- Plan to improve confidence in the health system modified and finalized.

4.6. Navigating the Health and Community Services System

Navigating this large and complex organization has been identified as a source of frustration by various stakeholders. Although a number of initiatives have been undertaken, the Board of Trustees aims to take a comprehensive approach to addressing navigational challenges.

The 2009-10 objective relating to navigation of the system involved implementing recommended changes within available resources. Advancement in this area relates to government's strategic directions of improved accountability and stability in the delivery of health and community services within available resources and improved accessibility to priority services.

Goal:

By March 31, 2011, Eastern Health has improved clients' and staff's ability to navigate the health and community services system.

2009-10 Objective:

By March 31, 2010, Eastern Health will have implemented recommended changes within available resources.

Measure:

Recommendations implemented.

One indicator was chosen for 2009-10. Progress is outlined in the table below:

Planned for 2009-10	Actual for 2009-10
Recommended changes implemented	A substantial amount of work has been ongoing related to navigation of the health and community services system both internally and externally to the organization. A number of initiatives have begun, which include: 1. Two Aboriginal Patient Navigators were hired in partnership with the St. John's Native Friendship Centre; 2. Based on the recommendations from the Cameron Inquiry, plans are in place for Patient Navigators within the Cancer Care Program; 3. Central Intake has begun in some programs (e.g., Psychiatric Emergency Services at the Waterford Hospital) to simplify the intake process; 4. Additional support staff have been added to the high-volume registration area at Health Sciences Centre to greet patients and direct them as appropriate; 5. Began drafting a Statement of Rights and Responsibilities for Clients, Patients and Residents of Eastern Health.

Table continued on following page.

Planned for 2009-10	Actual for 2009-10
Recommended changes implemented	Significant efforts have also been made in implementing the organization's Communications Framework. For instance, both Eastern Health's Internet and Intranet sites have been redeveloped to improve access to important information. The Intranet includes a staff directory and a Manager's Toolkit provides key information on managers' areas of accountability. Improving navigation is an ongoing challenge. Feedback on how to improve navigation and the dynamic nature of the health and community services environment means that enhancing navigation is an ongoing challenge. **This target is ongoing.**

Eastern Health's Board of Trustees is committed to this goal. Given the size, scope, complexity and dynamic nature of the system, this work is ongoing.

Progress in this area supports all of government's strategic directions.

2010-11 Objective:

By March 31, 2011, Eastern Health will have improved clients' and staff's ability to navigate the health and community services system.

Measure:

Improvement in ability to navigate the health and community services system.

Indicators:

- Identify criteria for developing measures.
- Develop measures to evaluate clients' and staff's ability to navigate the health and community services system.

5. Opportunities and Challenges Ahead

During 2009-10 Eastern Health experienced many opportunities and challenges throughout the year and will, undoubtedly, continue to do so in the coming year and beyond. Indeed, many of these opportunities involve the very challenges we face as we strive to provide the continuum of health services throughout the region and, to a great degree, at the provincial level.

First and foremost, Eastern Health is comprised of individuals and groups that are passionate about the work they do and how it contributes to the overall health of both this region and this province. We are fortunate to have many professionals who are experts in their field and dedicated to providing optimal care. At the same time, we are constantly learning from experience and sharing what we learn to advance knowledge. In particular, this past year we have been working to implement changes based on the Cameron Report to ensure quality, and to increase public confidence in the health system. Recently, the Cyclosporine investigation and subsequent disclosure underscored the importance of these issues and we continue to strive to make improvements where needed.

Eastern Health benefits from many opportunities to work collaboratively with community partners and we continue to improve working relationships throughout the region. We seek out opportunities to involve community members and establish new ways of addressing issues of common concern in our communities. As well, we aim to communicate effectively with community partners and the public in general. While we have been making progress in terms of collaborative approaches – as indicated through joint efforts with partners during the H1N1 pandemic, for example – we recognize the many potential difficulties involved in working with a broad range of stakeholders who have competing mandates, numerous demands and complex needs. Working collaboratively requires a commitment to innovative approaches and recognizing that what works in one context may not in another.

In addition, we are challenged with increasing confidence within our own organization. In a climate that is changing and often uncertain it can be challenging to find ways to express appreciation to staff, to communicate effectively to large groups across numerous sites, to address issues of recruitment and retention over the long term, and to respond to increasing expectations. We continue to work on responding to pressures and finding solutions that are sustainable over the long term to better serve our clients.

Similar to most every jurisdiction, Eastern Health faces increasingly diverse needs and increasing expectations of the population. We are challenged with balancing the need for preventative approaches, which are known to improve health outcomes over the long term, with the expectation of immediate treatment and care of current health problems. While we enjoy many opportunities to implement innovative approaches, we are also challenged to meet a wide array of demands within available resources.

Despite the challenging environment, however, Eastern Health is unwavering in our commitment to provide the highest quality care to patients, clients, residents and families. Our greatest strength is the dedication of our employees, physicians, volunteers and Board of Trustees as we strive to attain our vision of *Healthy People, Healthy Communities.*

"It's about paying it forward, helping while you can and making sure you live your life with cause."

—Alisa Cutler, Volunteer

6. Audited Financial Statements

Deloitte.

Combined Financial Statements of

EASTERN REGIONAL HEALTH AUTHORITY – OPERATING FUND

March 31, 2010

EASTERN REGIONAL HEALTH AUTHORITY – OPERATING FUND

March 31, 2010

Table of Contents

Deloitte.

Deloitte & Touche LLP
10 Factory Lane
Fort William Building
St. John's NL A1C 6H5
Canada

Tel: (709) 576-8480
Fax: (709) 576-8460
www.deloitte.ca

Auditors' Report

To the Board of Trustees of
Eastern Regional Health Authority

We have audited the combined statement of financial position of the Eastern Regional Health Authority – Operating Fund as at March 31, 2010 and the combined statements of operations, changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2010 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants
June 11, 2010

EASTERN REGIONAL HEALTH AUTHORITY - OPERATING FUND
Combined Statement of Operations
Year Ended March 31, 2010
(in thousands of dollars)

	2010	2009
	$	$
Revenue		
Provincial plan	**1,084,568**	961,294
MCP	**55,020**	51,998
Inpatient	**13,303**	9,358
Resident	**17,452**	16,132
Outpatient	**8,519**	7,876
Other	**40,053**	35,659
	1,218,915	1,082,317
Expenditures		
Patient and resident services	**332,144**	292,638
Client services	**243,520**	208,033
Diagnostic and therapeutic	**149,639**	139,305
Support	**142,771**	133,491
Ambulatory care	**113,667**	98,019
Administration	**106,106**	96,361
Medical services	**77,149**	73,107
Other	**23,472**	12,902
Research and education	**17,366**	14,923
Interest on long-term debt	**9,866**	10,005
	1,215,700	1,078,784
Surplus before non-shareable items	**3,215**	3,533
Adjustments for non-shareable items:		
Amortization of deferred capital contributions	**17,101**	14,886
Amortization of capital assets	**(24,881)**	(24,961)
Interest on sinking fund	**538**	493
Accrued vacation	**(6,469)**	(3,790)
Accrued severance	**(10,569)**	(6,804)
Deficiency of revenue over expenditures	**(21,065)**	(16,643)

EASTERN REGIONAL HEALTH AUTHORITY - OPERATING FUND

Combined Statement of Changes in Fund Balances

Year Ended March 31, 2010
(in thousands of dollars)

	2010			2009
	Net Investment in Capital Assets	**Operating Fund**	**Total**	Total
	$	**$**	**$**	$
Balance, beginning of year	**54,354**	**(211,849)**	**(157,495)**	(140,852)
Deficiency of revenue over expenditures	**-**	**(21,065)**	**(21,065)**	(16,643)
Repayment of long-term debt	**2,468**	**(2,468)**	**-**	-
Increase in sinking fund	**1,286**	**(1,286)**	**-**	-
Amortization of deferred capital contributions	**17,101**	**(17,101)**	**-**	-
Amortization of capital assets	**(24,881)**	**24,881**	**-**	-
Balance, end of year	**50,328**	**(228,888)**	**(178,560)**	(157,495)

EASTERN REGIONAL HEALTH AUTHORITY - OPERATING FUND
Combined Statement of Financial Position
Year Ended March 31, 2010
(in thousands of dollars)

	2010	2009
	$	$
Assets		
Current assets		
Cash	-	16,503
Accounts receivable (Note 5)	**97,228**	78,303
Supplies inventory	**12,954**	7,836
Prepaid expenses	**5,645**	3,720
	115,827	106,362
Deferred charges	**84**	188
Capital assets (Note 6)	**309,985**	295,316
General Hospital Hostel Association loan (Note 7)	**1,617**	1,736
Trust funds	**3,820**	2,417
	431,333	406,019
Liabilities		
Current liabilities		
Bank indebtedness (Note 8)	**1,047**	-
Accounts payable and accrued liabilities	**111,461**	108,127
Accrued vacation pay	**43,883**	37,413
Current portion of long-term debt (Note 9)	**2,370**	2,462
Current portion of accrued severance pay	**6,004**	6,019
Deferred revenue - Operating fund	**26,603**	38,151
Deferred capital grant	**50,353**	33,944
	241,721	226,116
Long-term debt (Note 9)	**134,078**	137,740
Accrued severance pay	**107,065**	96,481
Deferred capital contributions (Note 10)	**123,209**	100,760
Trust funds	**3,820**	2,417
	609,893	563,514
Contingencies (Note 12)		
Commitments (Note 13)		
Net deficiency		
Operating fund	**(228,888)**	(211,849)
Net investment in capital assets	**50,328**	54,354
	(178,560)	(157,495)
	431,333	406,019

Approved by the Board

Director — Chair

Director — President & CEO

EASTERN REGIONAL HEALTH AUTHORITY - OPERATING FUND
Combined Statement of Cash Flows

Year Ended March 31, 2010

(in thousands of dollars)

	2010	2009
	$	$
Operating activities		
Deficiency of revenue over expenditures	**(21,065)**	(16,643)
Adjustments for:		
Amortization of capital assets	**24,881**	24,961
Amortization of deferred capital contributions	**(17,101)**	(14,886)
Increase in severance pay accrual	**10,569**	6,804
Amortization of deferred charges	**104**	103
Changes in non-cash operating working capital (Note 11)	**(11,303)**	15,472
	(13,915)	15,811
Investing activities		
Construction and purchase of capital assets	**(39,550)**	(26,547)
Repayment of advance to General Hospital Hostel Association	**119**	116
	(39,431)	(26,431)
Financing activities		
Capital asset contributions	**39,550**	25,356
Repayment of long-term debt	**(2,468)**	(2,261)
Sinking fund payments	**(1,286)**	(1,241)
Proceeds from long-term debt	**-**	1,191
Repayment of obligations under capital leases	**-**	(524)
	35,796	22,521
Net (decrease) increase in cash resources	**(17,550)**	11,901
Cash, beginning of year	**16,503**	4,602
(Bank indebtedness) cash, end of year	**(1,047)**	16,503
Supplementary disclosure of cash flow information:		
Interest paid	**10,613**	10,005

1. NATURE OF OPERATIONS

The Eastern Regional Health Authority ("Eastern Health" or "the Authority") is responsible for the governance of health services in the Eastern Region of Newfoundland and Labrador.

The mandate of Eastern Health spans the full health continuum including primary and secondary level health and community services for the Eastern Region (Avalon, Bonavista and Burin Peninsulas, west to Port Blandford) as well as tertiary and other provincial programs/services for the entire Province. The Authority also has a mandate to work to improve the overall health of the population through its focus on public health as well as on health promotion and prevention initiatives. Services are both community and institutional based. In addition to the provision of comprehensive health care services, Eastern Health also provides education and research in partnership with all stakeholders.

Eastern Health is a registered charity and, while registered, is exempt from income taxes.

2. CHANGE IN ACCOUNTING POLICIES

Effective April 1, 2009, the Authority adopted the following new Canadian Institute of Chartered Accountants' ("CICA") accounting standard:

Not-for-profit organizations

The Authority adopted the amendments issued by the CICA for Section 1540 "Cash flow statement", Section 4400 "Financial statement presentation by not-for-profit organizations", Section 4430 "Capital assets held by not-for-profit organizations", Section 4460 "Disclosure of related party transactions by not-for-profit organizations" and Section 4470 "Disclosure of allocated expenses by not-for-profit organizations". The application of these standards did not have an impact on the financial statements of the Authority.

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Authority has elected to use the exemption provided by the CICA permitting not-for-profit organizations not to apply Sections 3862 and 3863 of the CICA Handbook which would otherwise have applied to the financial statements of the Authority for the year ended March 31, 2010. The Authority applies the requirements of Section 3861 of the CICA Handbook.

The financial statements of the Authority have been prepared in accordance with Canadian generally accepted accounting principles for not-for-profit organizations. The more significant accounting policies of the Authority are as follows:

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Basis of presentation

These financial statements include the assets, liabilities, revenues, and expenditures of the operating fund and the Residents', Clients' and Patients' Trusts.

The Authority maintains trust funds for residents, clients, and patients. These funds are the property of the individual residents, clients and patients.

As per Note 4, there are a number of other entities that, while controlled by Eastern Regional Health Authority, are not consolidated as permitted under CICA Handbook Section 4450 "Reporting controlled and related entities for not-for-profit organizations". Summary financial information for entities that are not consolidated is provided in Note 4.

Fund accounting

The Authority applies fund accounting principles in recording its financial transactions in the Operating fund or Net investment in capital assets.

The Operating fund contains all the operating assets, liabilities, revenue and expenditures of the Authority related to the provision of health care services. The assets of the Operating fund are available for the satisfaction of debts, contingent liabilities and commitments of the Authority.

The Net investment in capital assets represents assets purchased for the use of the Operating fund.

Revenue recognition

Provincial plan revenues are recognized in the period in which entitlement arises. MCP, inpatient, outpatient and residential revenues are recognized in the period services are provided. Revenue received for a future period is deferred until that future period and is recorded as deferred revenue. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

The Authority is funded by the Department of Health and Community Services (the "Department") for the total of its operating costs, after deduction of specified revenue and expenditures, to the extent of the approved budget. The final amount to be received by the Authority for the 2010 fiscal year will not be determined until the Department has completed its review of the Authority's financial statements. Adjustments resulting from the Department's review and final position statements will be considered by the Authority and reflected in the year of assessment.

Cash and cash equivalents

Cash and cash equivalents include cash on hand and balances with banks, net of any overdrafts.

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Inventory

Inventory is valued at average cost, determined on a first-in first-out basis.

Capital assets

Capital assets are recorded at cost, although title to certain of these assets is held by the Government of Newfoundland and Labrador (the "Government" or the "Province"). Contributed capital assets are recorded at their estimated fair value at the date of contribution. Minor equipment purchases are charged to operations in the year of acquisition.

Amortization is calculated on a straight-line and declining balance bases at the rates set out below. It is expected that these rates will charge operations with the total cost of the assets less estimated salvage value over the useful life of the assets.

Buildings and improvements	2% - 5%
Equipment	6.5% - 20%
Equipment under capital leases	14.3% - 25%
Land improvements	10% - 20%
Leasehold improvements	10% - 20%

Gains and losses on disposal of individual assets are recognized in income in the year of disposal.

Construction in progress is not amortized until the project is substantially complete at which time the project costs are transferred to the appropriate asset class and amortized accordingly.

Impairment of long-lived assets

Long-lived assets are tested for recoverability whenever events or changes in circumstances indicate that their carrying amount may not be recoverable. The amount of any impairment loss is determined as the excess of the carrying value of the asset over its fair value.

Capital and operating leases

A lease that transfers substantially all of the benefits and risks associated with ownership of property is accounted for as a capital lease. At the inception of a capital lease, an asset and an obligation are recorded at an amount equal to the lesser of the present value of the minimum lease payments and the asset's fair value. Assets acquired under capital leases are amortized on the same basis as other similar capital assets. All other leases are accounted for as operating leases and the payments are expensed as incurred.

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Capital contributions

Capital contributions are recorded as deferred capital contributions and amortized to income on the same basis and using the same rates as the amortization related to the capital assets purchased. Capital contributions for capital assets that are not amortized are recorded as direct increases in net assets.

Accrued vacation pay

Vacation pay is accrued for all employees as entitlement is earned.

Accrued severance pay

Severance pay is accounted for on an accrual basis and is calculated based upon years of service and current salary levels. The right to be paid severance pay vests with employees with nine years of continual service with the Eastern Health or another public sector employer, and accordingly no provision has been made for employees who have less than nine years of continual service. Severance is payable when the employee ceases employment with the Eastern Health.

Pension costs

Employees of the Authority are members of the Public Service Pension Plan and the Government Money Purchase Plan (the "Plans") administered by the Government. Contributions to the Plans are required from both the employees and the Authority. The annual contributions for pensions are recognized as an expense in the accounts on a current basis and amounted to $36,355,178 for the year ended March 31, 2010 (2009 - $32,299,441).

Sinking funds

Sinking funds established for the retirement of debentures are held and administered in trust by the Government of Newfoundland and Labrador.

Deferred charges

Costs incurred relating to an energy performance contract are being amortized over the 9.75 year life of the contract.

Contributed services

A substantial number of volunteers contribute a significant amount of their time each year to assist Eastern Health in carrying out its service delivery activities. Because of the difficulty in determining fair value, contributed services are not recognized in these financial statements.

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Financial instruments

Financial assets and liabilities are classified according to their characteristics and management's choices and intentions related thereto for the purposes of ongoing measurements. The fair value of a financial instrument is the estimated amount that would be received or would be paid to terminate the instruments agreement at the reporting date. Various market value data and other valuation techniques are used as appropriate to estimate the fair value of each type of financial instrument.

Financial assets and liabilities are generally classified and measured as follows:

Asset/Liability	Classification	Measurement
Cash	Held for trading	Fair value
Accounts receivable	Loans and receivables	Amortized cost
Bank indebtedness	Other liabilities	Amortized cost
Accounts payable and accrued liabilities	Other liabilities	Amortized cost
Long-term debt	Other liabilities	Amortized cost

Other balance sheet accounts do not meet the criteria to be considered financial instruments.

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and reported amounts of revenue and expenditures during the year. Actual results could differ from these estimates.

4. CONTROL OF NOT-FOR-PROFIT ENTITIES

The Authority controls the Health Care Foundation of St. John's Inc., Janeway Children's Hospital Foundation, Ever Green Environmental Corporation, Trinity-Conception-Placentia Health Foundation Inc., Burin Peninsula Health Care Foundation Inc., Discovery Health Foundation Inc. and the Dr. H. Bliss Murphy Cancer Care Foundation. These Foundations raise funds for the capital equipment needs of the Authority. The Foundations are incorporated under the Corporations Act of Newfoundland and Labrador and are registered charities under the Income Tax Act.

The Authority also controls the General Hospital Hostel Association, Northwest Rotary-Janeway Hostel Corporation, Lions Manor Inc., TCRHB Housing Complex Inc., Blue Crest Cottages and Golden Heights Manor Cottages. These entities were established to provide accommodations for family members of patients and housing to senior citizens.

4. CONTROL OF NOT-FOR-PROFIT ENTITIES (Continued)

Eastern Health has memoranda of understanding/governance agreements with the following nursing home owner/operators ("homes") in the region:

- Masonic Park – Nursing Home
- Saint Luke's Homes (A Division of Anglican Home Inc.)
- St. Patrick's Mercy Home
- The Agnes Pratt Home
- The Salvation Army Glenbrook Lodge
- The Pentecostal Assemblies Benevolent Association of Newfoundland and Labrador – Clarke's Beach Seniors Citizen's Home

Eastern Health is responsible for policy direction, distribution of operating funds and capital grants, and providing certain services to homes, which are individually controlled entities. Ultimate ownership of assets and liabilities rests with the individual homes or the respective governing bodies.

4. CONTROL OF NOT-FOR-PROFIT ENTITIES (Continued)

The above not-for-profit entities have not been consolidated in the Authority's financial statements, however separate financial statements are available on request. Financial summaries of these non-consolidated entities as at March 31, 2010 and 2009 and for the years then ended are as follows (in thousands of dollars):

	Foundations		Hostels and Cottages		Nursing Homes	
	2010	2009	**2010**	2009	**2010**	2009
	$	$	**$**	$	**$**	$
Financial position						
Total assets	**13,869**	13,908	**11,175**	11,968	**24,796**	24,436
Total liabilities	**3,253**	4,231	**11,546**	12,172	**40,281**	39,715
Total net assets	**10,616**	9,677	**(371)**	(204)	**(15,485)**	(15,279)
	13,869	13,908	**11,175**	11,968	**24,796**	24,436
Results of Operations						
Total revenues	**14,022**	9,883	**2,086**	2,191	**59,280**	54,955
Total expenditures	**12,224**	8,120	**2,371**	2,237	**59,455**	55,685
Excess (deficiency) of revenues over expenditures	**1,798**	1,763	**(285)**	(46)	**(175)**	(730)
Cash Flows						
Cash from operations	**887**	2,003	**557**	440	**1,050**	408
Cash used in financing and investing activities	**(1,322)**	(1,333)	**(527)**	(506)	**(906)**	(865)
Increase (decrease) in cash	**(435)**	670	**30**	(66)	**144**	(457)

5. ACCOUNTS RECEIVABLE

	2010	2009
	$	$
Government of Newfoundland and Labrador	**60,199**	42,840
Services to patients, residents and clients	**14,597**	14,304
Other	**22,432**	21,159
	97,228	78,303

(tabular amounts expressed in thousands of dollars)

6. CAPITAL ASSETS

	2010			2009
	Cost	**Accumulated Amortization**	**Net Book Value**	Net Book Value
	$	**$**	**$**	$
Land and land improvements	**2,810**	**473**	**2,337**	2,355
Buildings and improvements	**336,965**	**127,694**	**209,271**	215,743
Equipment	**374,127**	**303,513**	**70,614**	60,035
Equipment under capital leases	**15,445**	**14,618**	**827**	582
Construction in progress	**26,936**	**-**	**26,936**	16,601
	756,283	**446,298**	**309,985**	295,316

7. GENERAL HOSPITAL HOSTEL ASSOCIATION LOAN

The loan is repayable to the Authority in monthly instalments of principal and interest of $12,647 at an interest rate of prime minus 1.75%. The loan matures April 2023. The loan is net of the current portion of $115,943.

8. BANK INDEBTEDNESS

The Authority has access to lines of credit totaling $64,000,000 in the form of revolving demand loans and/or bank overdrafts at its financial institution, of which $64,000,000 was unused as at March 31, 2010 (2009 - $64,000,000). The Authority to borrow has been approved by the Province's Minister of Health and Community Services.

(tabular amounts expressed in thousands of dollars)

9. LONG-TERM DEBT

	2010	2009
	$	$
Sinking Fund Debenture, Series HCCI, 6.9%, to mature June 15, 2040, interest payable semi-annually on June 15 and December 15	**130,000**	130,000
Royal Bank of Canada (Central Kitchen), 6.06% loan maturing May 2014, payable in monthly instalments of principal and interest of $101,670, unsecured	**4,485**	5,403
Newfoundland and Labrador Housing Corporation 4.12% mortgage, maturing December 2020, repayable in blended monthly instalments of $19,403, secured by land and building with a net book value of $2,361,916	**2,022**	2,169
Royal Bank of Canada (Veterans Pavilion), 4.18% loan maturing April 2013, payable in monthly instalments of principal and interest of $55,670, unsecured	**1,928**	2,503
Canadian Imperial Bank of Commerce loan, bearing interest at prime lending rate less 0.625 basis points, maturing 2016, repayable in monthly instalments of $21,200 plus interest, unsecured	**1,630**	1,884
Newfoundland and Labrador Housing Corporation 10% mortgage, maturing December 2028, repayable in blended monthly instalments of $8,955, secured by land and building with a net book value of $972,904	**924**	940
Bank of Montreal 4.96% term loan, unsecured, amortized to December 2014, repayable in blended monthly instalments of principal and interest of $7,070	**296**	364
Newfoundland and Labrador Housing Corporation 3.71% mortgage, amortized to July 1, 2020, repayable in blended monthly instalments of principal and interest of $1,086, secured by the property with a net book value of $2,312,663	**112**	121
Bank of Montreal, 3.82% loan maturing June, 2010, payable in monthly instalments of principal and interest of $23,699	**71**	347

(tabular amounts expressed in thousands of dollars)

9. LONG-TERM DEBT (Continued)

	2010	2009
	$	$
CMHC mortgages on land and buildings with a net book value of $5,757,275 -		
8%, on Blue Crest Home; repayable in blended monthly instalments of principal and interest of $7,777, maturing November 2025	**840**	866
10.5% on Golden Heights Manor, repayable in blended monthly instalments of principal and interest of $7,549, maturing August 2027	**734**	749
2.65% on Golden Heights Manor, repayable in blended monthly instalments of principal and interest of $20,482, maturing June 2023	**2,740**	2,904
	145,782	148,250
Less: Current portion	**2,370**	2,462
	143,412	145,788
Less: Sinking Funds available	**9,334**	8,048
	134,078	137,740

A sinking fund, established for the retirement of the debenture is held in trust by the Government. The annual principal payment to the sinking fund is $747,500. The interest and mandatory debenture sinking fund payments are guaranteed by the Government.

Annual principal repayments to maturity are as follows:

	$
2011	**2,370**
2012	**2,406**
2013	**2,569**
2014	**1,946**
2015	**729**
Thereafter	**135,762**

10. DEFERRED CAPITAL CONTRIBUTIONS

Deferred capital contributions represent the unamortized portion of restricted contributions, related to capital assets, which will be reported in revenue in future accounting periods. Deferred capital contributions are amortized on a basis and at a rate consistent with the amortization for the related capital asset purchased.

(tabular amounts expressed in thousands of dollars)

10. DEFERRED CAPITAL CONTRIBUTIONS (Continued)

The changes in deferred capital contributions balance for the year are as follows:

	2010	2009
	$	$
Balance, beginning of the year	**100,760**	90,290
Grants received	**39,550**	25,356
Amortization	**(17,101)**	(14,886)
Balance, end of the year	**123,209**	100,760

11. CHANGES IN NON-CASH OPERATING WORKING CAPITAL

	2010	2009
	$	$
Accounts receivable	**(18,925)**	(32,153)
Supplies inventory	**(5,118)**	(423)
Prepaid expenses	**(1,925)**	460
Accounts payable and accrued liabilities	**3,334**	14,091
Accrued vacation pay	**6,470**	3,790
Deferred revenue	**(11,548)**	10,694
Deferred capital grant	**16,409**	19,013
	(11,303)	15,472

12. CONTINGENCIES

Guarantees

The Authority has guaranteed a first mortgage and a term loan of the General Hospital Hostel Association ("the Association"). The balances outstanding at March 31, 2010 were $1,214,094 (2009 - $1,321,199) and $765,145 (2009 - $815,134), respectively.

In the opinion of management, the Authority will not be called upon to honour these guarantees.

(tabular amounts expressed in thousands of dollars)

12. CONTINGENCIES (Continued)

Legal claims

A number of claims have been filed against the Authority. An estimate of loss, if any, relative to these matters, is not determinable at this time and no provision has been recorded in the accounts for these matters. In the view of management, the Authority's insurance program adequately addresses the risk of loss in these matters.

13. COMMITMENTS

Operating Leases

Under the terms of long-term operating leases related to hospital and office equipment, the Authority is committed to make approximate annual lease payments to March 31, 2015 as follows:

	$
2011	**9,574**
2012	**7,283**
2013	**5,821**
2014	**4,660**
2015	**4,182**
	31,520

Energy Performance Contract

The Authority entered into an Energy Performance contract on August 11, 1998 for the design, implementation and monitoring of energy efficiency improvements. The cost of the contract was $5,605,094. Lump sum amounts aggregating $1,008,555 have been paid and recorded as deferred charges with the remaining balance of $4,596,439 being financed by the vendor. The deferred charge amount is being amortized at $103,442 annually for 9.75 years while the payments to the vendor are $56,833 per month over a period of 9.75 years.

As at March 31, 2010 the outstanding balance of the financing through the vendor was $813,099. The Authority's obligation for payment is limited to actual cost savings as the vendor has guaranteed the reduction in operating costs would equal or exceed the costs incurred under the contract.

Funding for the contract is from operating savings and has been approved in this manner by the Province. The monthly payments and the amortization of the deferred charges relating to lump sum amounts under the contract are reported as an expense in the Authority's operating statement.

(tabular amounts expressed in thousands of dollars)

14. RELATED PARTY TRANSACTIONS

Contributions to the Authority during the year are as follows:

	2010	2009
	$	$
Dr. H. Bliss Murphy Cancer Care Foundation	**2,091**	620
Health Care Foundation of St. John's Inc.	**1,326**	861
General Hospital Hostel Association	**562**	570
Janeway Children's Hospital Foundation	**463**	1,007
Hoyles Foundation	**192**	-
Discovery Health Care Foundation	**59**	11
Burin Peninsula Health Care Foundation	**47**	35
Trinity-Conception-Placentia Health Foundation	**13**	194
Blue Crest Cottages	**11**	13
Golden Heights Manor Cottages	**22**	24
Lions Manor Inc.	**12**	3
Janeway Auxiliary	**-**	30
Carbonear Ladies Auxiliary	**-**	15
TCRHB Housing Complex Inc.	**3**	1
	4,801	3,384

(tabular amounts expressed in thousands of dollars)

14. RELATED PARTY TRANSACTIONS (Continued)

At year end, the amounts receivable from (payable to) related parties are as follows:

	2010	2009
	$	$
Northwest Rotary - Janeway Hostel Corporation	**1,343**	1,226
Burin Peninsula Health Care Foundation	**56**	95
Dr. H. Bliss Murphy Cancer Care Foundation	**1,895**	396
Health Care Foundation of St. John's Inc.	**221**	673
Janeway Children's Hospital Foundation	**441**	854
Golden Heights Manor Cottages	**226**	248
Ever Green Environmental Corporation	**536**	494
Blue Crest Cottages	**190**	163
General Hospital Hostel Association	**87**	(105)
Discovery Health Care Foundation	**43**	103
Trinity-Conception-Placentia Health Foundation	**18**	216
Lions Manor Inc.	**23**	8
	5,079	4,371

At year end, the amounts due to nursing homes are as follows:

	2010	2009
	$	$
St. Patrick's Mercy Home	**978**	1,295
The Agnes Pratt Home	**658**	130
The Pentecostal Assemblies Benevolent Association of Newfoundland and Labrador - Clarke's Beach Senior Citizen's Home	**617**	638
Saint Luke's Homes	**499**	279
The Salvation Army Glenbrook Lodge	**238**	714
Masonic Park - Nursing Home	**181**	69
	3,171	3,125

14. RELATED PARTY TRANSACTIONS (Continued)

Other

Various volunteer and auxiliary associations/organizations solicit donations, operate gift shops and hostels and undertake fundraising activities to provide operating and capital donations to further the objectives of the Authority.

Transactions between these related parties are measured at their exchange value.

15. CAPITAL MANAGEMENT

The capital structure of the Authority consists of fund balances. The Authority's objective when managing capital is to ensure it maintains adequate capital to support its continued operations.

The Authority is not subject to externally imposed capital requirements.

16. FINANCIAL INSTRUMENTS AND RISK MANAGEMENT

Financial risk factors

The Authority has exposure to credit risk and liquidity risk. The Authority's Board of Directors has overall responsibility for the oversight of these risks and reviews the Authority's policies on an ongoing basis to ensure that these risks are appropriately managed. The source of risk exposure and how each is managed is outlined below:

Credit risk

Credit risk is the risk of loss associated with a counterparty's inability to fulfil its payment obligation. The Authority's credit risk is primarily attributable to receivables. Management believes that the credit risk with respect to accounts receivable is not significant.

Liquidity risk

Liquidity risk is the risk that the Authority will not be able to meet its financial obligations as they become due. As at March 31, 2010 the Authority was in a bank indebtedness position of $1,047,000, however, the Authority has an authorized credit facility totaling $64,000,000. To the extent that the Authority does not believe it has sufficient liquidity to meet current obligations, consideration will be given to obtaining additional funds through third party funding or the Province, assuming these could be obtained.

17. FINANCIAL INSTRUMENTS AND RISK MANAGEMENT

Market risk

Market risk is the risk that changes in market prices, such as interest rates, foreign exchange rates and price risk will affect the Authority's operations or the value of its financial instruments. The Authority is not subject to foreign exchange or price risk.

i. Interest risk

Long-term debt principally bears fixed interest rates and, consequently, the Authority's cash flow exposure is not significant.

Fair value

The fair value of the Authority's short-term financial instruments approximate the carrying value due to the short-term maturity and normal credit terms of those instruments.

The carrying value of long-term debt is considered to approximate fair value.

Deloitte.

Deloitte & Touche LLP
10 Factory Lane
Fort William Building
St. John's NL A1C 6H5
Canada

Tel: (709) 576-8480
Fax: (709) 576-8460
www.deloitte.ca

Auditors' Report on Supplementary Schedules

To the Board of Trustees of
Eastern Regional Health Authority

The audited combined financial statements of the Eastern Regional Health Authority and our report thereon are presented in the preceding section of this report. Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplementary information included in the schedules is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such supplementary information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Deloitte & Touche LLP

Chartered Accountants
June 11, 2010

Schedule 1

EASTERN REGIONAL HEALTH AUTHORITY - OPERATING FUND

Combined Schedule of Expenditures for Government Reporting

Year Ended March 31, 2010

(in thousands of dollars)

	2010	2009
	$	$
Patient and resident services		
Acute care	**184,505**	159,768
Long-term care	**130,908**	116,161
Other patient and resident services	**16,731**	16,709
	332,144	292,638
Client services		
Community support programs	**130,279**	110,624
Family support programs	**81,213**	69,136
Health promotion and protection	**16,669**	14,285
Mental health and addictions	**10,896**	9,939
Community youth corrections	**4,463**	4,049
	243,520	208,033
Diagnostic and therapeutic		
Other diagnostic and therapeutic	**67,838**	62,831
Clinical laboratory	**41,855**	38,935
Diagnostic imaging	**39,946**	37,539
	149,639	139,305
Support		
Facilities management	**51,090**	50,597
Food services	**28,265**	27,440
Other support	**27,651**	21,151
Housekeeping	**26,850**	26,064
Laundry and linen	**8,915**	8,239
	142,771	133,491
Ambulatory care		
Outpatient clinics	**69,858**	60,355
Emergency	**26,151**	21,579
Dialysis	**13,159**	11,643
Other ambulatory	**4,499**	4,442
	113,667	98,019

EASTERN REGIONAL HEALTH AUTHORITY - OPERATING FUND

Combined Schedule of Expenditures for Government Reporting

Year Ended March 31, 2009

(in thousands of dollars)

	2010	2009
	$	$
Administration		
Other administrative	**33,132**	32,198
Materials management	**17,636**	16,273
Systems support	**13,421**	14,171
Human resources	**13,136**	12,119
Executive offices	**12,915**	12,983
Finance and budgeting	**9,442**	8,617
Emergency preparedness	**6,424**	-
	106,106	96,361
Medical services		
Physician services	**61,796**	58,689
Interns and residents	**15,353**	14,418
	77,149	73,107
Other		
Undistributed	**23,472**	12,902
Research and education		
Education	**14,448**	12,509
Research	**2,918**	2,414
	17,366	14,923
Interest on long-term debt		
Interest on long-term debt	**9,866**	10,005
Total shareable expenditures	**1,215,700**	1,078,784

Schedule 2

EASTERN REGIONAL HEALTH AUTHORITY - OPERATING FUND

Combined Schedule of Revenue and Expenditures for Government Reporting

Year Ended March 31, 2010

(in thousands of dollars)

	2010	2009
	$	$
Revenue		
Provincial plan	**1,084,568**	961,294
MCP	**55,020**	51,998
Inpatient	**13,303**	9,358
Resident	**17,452**	16,132
Outpatient	**8,519**	7,876
Other	**40,053**	35,659
	1,218,915	1,082,317
Expenditures		
Compensation		
Salaries	**632,298**	563,038
Employee benefits	**103,508**	93,648
	735,806	656,686
Supplies		
Other	**230,207**	194,883
Medical and surgical	**52,046**	48,746
Drugs	**37,577**	36,287
Plant operations and maintance	**17,112**	18,897
	336,942	298,813
Direct client costs		
Community support	**89,734**	77,328
Family support	**43,201**	35,843
Mental health and additions	**110**	60
Community youth corrections	**41**	49
	133,086	113,280

EASTERN REGIONAL HEALTH AUTHORITY - OPERATING FUND

Combined Schedule of Revenue and Expenditures for Government Reporting

Year Ended March 31, 2010
(in thousands of dollars)

	2010	2009
	$	$
Lease and long-term debt		
Long-term debt - interest	**9,866**	9,997
Long-term debt - principal	**3,215**	3,009
Lease - interest	**-**	8
Lease - principal	**-**	524
	13,081	13,538
	1,218,915	1,082,317
Surplus for government reporting	**-**	-
Lease - principal	**-**	524
Long-term debt - principal	**3,215**	3,009
Surplus before non-shareable items	**3,215**	3,533
Adjustments for non-shareable items:		
Amortization of deferred capital contributions	**17,101**	14,886
Amortization of capital assets	**(24,881)**	(24,961)
Interest on sinking fund	**538**	493
Accrued vacation	**(6,469)**	(3,790)
Accrued severance	**(10,569)**	(6,804)
	(24,280)	(20,176)
Deficiency of revenue over expenditures	**(21,065)**	(16,643)

Schedule 3

EASTERN REGIONAL HEALTH AUTHORITY - OPERATING FUND

Combined Schedule of Capital Transactions Funding and Expenditure for Government Reporting

Year Ended March 31, 2010

(in thousands of dollars)

	2010	2009
	$	$
Revenue		
Provincial plan	**49,464**	36,803
Deferred grants previous year	**33,944**	14,837
Foundations and auxiliaries	**3,747**	2,275
Infoway	**-**	1,840
Transfer from operations	**4,531**	222
Transfer to other regions	**(2,655)**	-
Proceeds from long-term debt	**-**	1,191
Other	**872**	3,323
Deferred grant current year	**(50,353)**	(33,944)
	39,550	26,547
Expenditures		
Equipment	**19,678**	16,723
Construction in progress	**19,872**	2,870
Buildings	**-**	6,672
Vehicles	**-**	282
	39,550	26,547
Surplus on capital transactions	**-**	-

Schedule 4

EASTERN REGIONAL HEALTH AUTHORITY - OPERATING FUND
Combined Schedule of Accumulated Operating Deficit for Government Reporting

Year Ended March 31, 2010
(in thousands of dollars)

	2010	2009
	$	$
Assets		
Current assets		
Cash and temporary investments	**-**	16,503
Accounts receivable	**97,228**	78,303
Supplies inventory	**12,954**	7,836
Prepaid expenses	**5,645**	3,720
	115,827	106,362
Deferred charges	**84**	188
General Hospital Hostel Association loan	**1,617**	1,736
	117,528	108,286
Liabilities		
Current liabilties		
Bank indebtedness	**1,047**	-
Accounts payable and accrued liabilities	**111,461**	108,127
Deferred revenue - Operating fund	**26,603**	38,151
Deferred capital grant	**50,353**	33,944
	189,464	180,222
Accumulated deficit for government reporting	**(71,936)**	(71,936)

Appendices

Appendix I – Eastern Health's Facilities and Bed Numbers

- Acute Care Facility Beds
- Long-term Care Beds
- Community Health Centres

Appendix II – Indicators: Definitions, Frequency and Sources

Acute Care Facility Beds

				Breakdown by Bed Type		
Facility	**Acute Care**	**Bassinettes**	**Holding**	**Critical Care**	**Palliative**	**Rehab**
Janeway Children's Health and Rehabilitation Centre	78	0	0	29	0	0
General Hospital	339	30	0	32	0	0
L.A. Miller Centre	68	0	0	0	10	58
St. Clare's Mercy Hospital	194	0	0	16	0	0
Waterford Hospital	169	0	0	0	0	0
Dr. Walter Templeman Health Centre	3	0	0	0	1	2
Carbonear General Hospital	80	10	0	6	4	0
Placentia Health Centre	10	0	0	0	1	0
Dr. G.B.Cross Memorial Hospital	47	9	0	4	2	4
Burin Peninsula Health Care Centre	41	9	0	4	2	0
Bonavista Community Health Care Centre	10	0	0	0	1	0
Total	**1,039**	**58**	**0**	91	21	64

Bed numbers as of March 31, 2010

Long-term Care Beds

Facility	Long-term care	Holding Beds
Agnes Pratt Home	134	
Blue Crest Interfaith Nursing Home	61	
Bonavista Health Centre	13	
Chancellor Park	30	
Dr. Albert O'Mahoney Manor	44	
Dr. Walter Templeman Health Centre	17	
Golden Heights Manor	70	
Harbour Lodge Nursing Home	105	
Hoyles-Escasoni Complex	369	
Interfaith Seniors Citizen Home	53	
Lions Manor Nursing Home	75	
Masonic Park Nursing Home	40	
Pentecostal Home Clarke's Beach	69	
Saint Luke's Home	124	
Salvation Army Glenbrook Lodge	106	
St. Patrick's Mercy Home	213	
U.S. Memorial Community Health Centre	40	2
Veteran's Pavilion	56	
Total	**1,619**	**2**

Community Health Centres

Facility	Holding Beds
Dr. Wm. Newhook Community Health Centre	3
Dr. A. A. Wilkinson Health Centre	4
Grand Bank Community Health Centre	4
Total	**11**

Bed numbers as of March 31, 2010

Indicators: Definitions, Frequency and Sources

		Definition	Sources
1.1 Well-Being	*1.1.1 Self-rated health*	Percentage of population aged 12 and over who rate their own health status as being either excellent or very good	Statistics Canada, Canadian Community Health Survey, 2008
1.2 Health Conditions	*1.2.1 Body Mass Index (BMI)*	Percentage of self-reported adults aged 18 and over excluding pregnant females whose BMI is in the obese category	Statistics Canada, Canadian Community Health Survey, 2008
	1.2.2 Chronic Conditions Diabetes	Proportion of household population aged 12 and over who indicate they have received a diagnosis of diabetes from a health care professional	Statistics Canada, Canadian Community Health Survey, 2008
	1.2.3 Chronic Conditions Asthma	Proportion of household population aged 12 and over who indicate they have received a diagnosis of asthma from a health care professional	Statistics Canada, Canadian Community Health Survey, 2008
	1.2.4 Chronic Conditions High Blood Pressure	Proportion of household population aged 12 and over who indicate they have received a diagnosis of high blood pressure from a health care professional.	Statistics Canada, Canadian Community Health Survey, 2008
	1.2.5 Cancer Incidence	Age-standardized rate of new primary sites of cancer (malignant neoplasms) per 100,000 population, for all cancers, 3-year average	Statistics Canada, Canadian Cancer Registry (CCR) Database and Demography Division, 2003
	1.2.6 Injury Hospitalization	Age-standardized rate of acute care hospitalization due to injury resulting from the transfer of energy (excludes poisoning and other non-traumatic injuries) per 100,000 population.	National Trauma Registry, CIHI
	1.2.7 Injuries	% of household population aged 12 and over who report injuries in the past 12 months causing limitation of normal activities	Statistics Canada, Canadian Community Health Survey, 2005
1.3 Human Function	*1.3.1 Two-week Disability Days*	% of household population aged 12 and over reporting one or more two-week disability days	Statistics Canada, Canadian Community Health Survey, 2005
	1.3.2 Participation and Activity Limitation	Population aged 12 and over who report being limited in selected activities (home, school, work and other activities) because of a physical condition, mental condition or health problem which has lasted or is expected to last 6 months or longer	Statistics Canada, Canadian Community Health Survey, 2008

		Definition	Sources
1.4 Deaths	*1.4.1 Infant Mortality*	Infant mortality (death of a child under one year of age), 2-year average, rate per 1,000 births	Vital Statistics, Statistics Canada, 2006
	1.4.2 Perinatal Mortality	Perinatal mortality (Number of fetal deaths (stillborn) (single and multiple births), 3-year average, rate per 1,000 births	Vital Statistics, Statistics Canada, 2007
	1.4.3 Life Expectancy	Life expectancy at birth	Statistics Canada, Canadian Vital Statistics, 2005
2.1 Health Behaviours	*2.1.1 Smoking Status*	% of population who smoke daily or occasionally, age 12+	Statistics Canada, Canadian Community Health Survey, 2008
	*2.1.2 Frequency of Heavy Drinking**	Proportion of those having a drink in the past 12 months who indicated frequency of having 5 or more drinks at one period during the past 12 months	Statistics Canada, Canadian Community Health Survey, 2008
	2.1.3 Leisure-time Physical Activity	Leisure time activity, population 12 and over, who report they are moderately active or active	Statistics Canada, Canadian Community Health Survey, 2008
	2.1.4 Breastfeeding	Breastfeeding rate at discharge.	Provincial Perinatal Surveillance Program, NL Provincial Perinatal Program, June 7, 2010
2.2 Living and Working Conditions	*2.2.1 High School Graduates*	Population 15 years and over, highest level of schooling, high school graduate	Compiled by Community Accounts based on information from Census of Population, 2006, Statistics Canada
	2.2.2 Post-secondary Graduates	Population 15 years and over, highest level of schooling, post-secondary graduates; includes trades certificate, college and university certificate, diploma or degree	Compiled by Community Accounts based on information from Census of Population, 2006, Statistics Canada
	2.2.3 Unemployment Rate	Proportion of the labour force aged 15 and over who did not have a job during 2009. The labour force consists of people who are currently employed and people who were unemployed but were available for work in the reference period and had looked for work in the past four weeks.	Statistics Canada, Labour Force Survey

		Definition	Sources
	2.2.4 Youth Unemployment	Number of people aged 15 to 24 receiving Employment Insurance during the year divided by the number of people in the labour force	Compiled by the Community Accounts Unit based on information provided by HRDC, 2006
	2.2.5 Low Income Rate	Proportion in low income, after tax, all persons.	Statistics Canada, Community Profiles, 2006
	2.2.6 Median Share of Income	The income number at which half of the incomes reported are higher than the median income and half are lower	Compiled by Community Accounts Unit based on Canadian Customs and Revenue Agency, 2005
	2.2.7 Government Transfer Income	Transfer payments denote payments made to individual by the federal or provincial government	Compiled by Community Accounts Unit based on Canadian Customs and Revenue Agency summary information, 2005
2.3 Personal Resources	*2.3.1 Life Stress*	Population aged 15 years and over who reported perceiving that most days in the life were quite a bit or extremely stressful	Statistics Canada, Canadian Community Health Survey, 2008
	2.3.2 Exposure to Second-hand Smoke at Home	% of non-smoking population aged 12 and above, who are exposed to second-hand smoke in the home	Statistics Canada, Canadian Community Health Survey, 2008

* The denominator for this year was changed to include all the population aged 12 and over, and not only the population who reported having had at least one drink, which is more consistent with other indicators