2020-21

Annual Performance Report

Eastern Health

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Message from the Board of Trustees

It is my pleasure to submit, with the full endorsement of Board trustees, Eastern Health's 2020-2021 Annual Report on Performance. This report outlines the progress made during the first year of our 2020-2023 Strategic Plan, **Putting Excellence into Action**. Eastern Health is a category one entity and, as per the **Transparency and Accountability Act**, our Board of Trustees is accountable for the reported results. The results highlighted in this Report demonstrate advancements that Eastern Health has made towards achieving the goals and objectives within our five priority areas: access, quality and safety, population health, healthy workplace, and sustainability.

As the organization begins to look beyond the COVID-19 pandemic, we marvel in the exceptional response and achievements that can be credited to our compassionate and dedicated employees, physicians, volunteers, and community partners. Thanks to the quick, diligent, and responsive planning of these groups, Eastern Health responded to the significant challenges posed by the COVID-19 pandemic, while continuing to keep our strategic priorities at the forefront to provide high quality care and services to the people in our region and across the province.

Witnessing Eastern Health's response to the ever-changing circumstances and resource allocations brought on by the pandemic was nothing short of exceptional. From the extraordinary public health response to quickly mobilize contact tracing, COVID-19 testing, and vaccine delivery, to the responsive resumption of service delivery to reduce backlogs, Eastern Health remained focused on ensuring that our ongoing commitment to innovation, excellence and high-quality health care was and continues to be maintained. For this, the Board of Trustees would like to extend our sincerest gratitude to our employees, physicians, volunteers, and community partners who continue to play a pivotal role in navigating the organization through this challenging time.

Mr. Leslie O'Reilly
Chair, Board of Trustees, Eastern Health

Board of Trustees

Eastern Health is governed by a voluntary Board of Trustees, all of whom are accomplished individuals from a wide range of backgrounds. Below is Eastern Health's Board of Trustees for the 2020-21 fiscal year.

Leslie O'Reilly, Chair

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Executive Team

Below is Eastern Health's Executive team for the 2020-21 fiscal year.

David S. Diamond, President and Chief Executive Officer

Kenneth (Ken) Baird, Vice President

Scott Bishop, Vice President

Dr. Gena Bugden, Vice President

Dr. Doug Drover, Chief of Staff

Ron Johnson, Vice President

Elizabeth Kennedy, Senior Director

Lynette Oates, Chief Communications Officer

Judy O'Keefe, Vice President

Collette Smith, Vice President

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Eastern Health Region

The Eastern Regional Health Authority (Eastern Health) is Newfoundland and Labrador's (NL) largest regional integrated health authority, providing a full continuum of health and community services, including public health, long-term care and acute (hospital) care. Please visit **easternhealth.ca/about-us/** for more information on Eastern Health's mandate and lines of business.

Approximate budget of

1.6B billion

Total number of employees:

13,277

Approximately **313,000** individuals reside in the Eastern Health region

Reached approximately **527,000** individuals when including tertiary level programs, and services to the people of Saint-Pierre-et-Miquelon

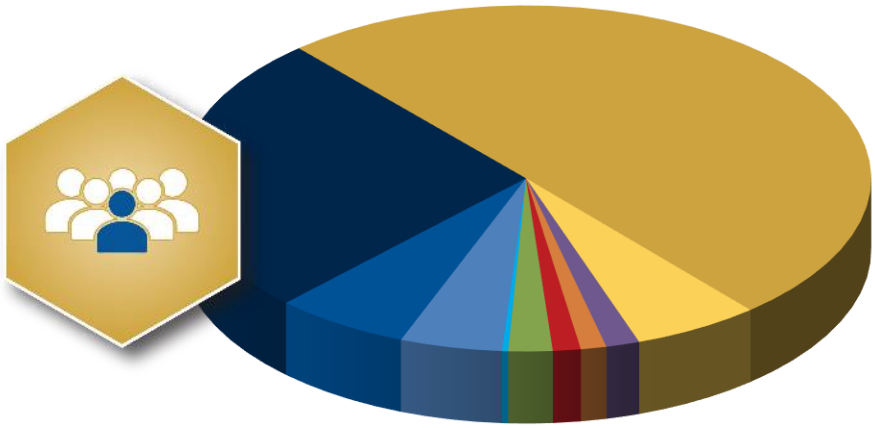
227[1] volunteers contributing a total of **15,467** hours

751 physicians

(250 salaried)

[1] The majority of volunteer activities for 2020-21 were suspended due to COVID-19.

Figure 1: Eastern Health Employees by Classification[2]



Management	4.8%
Allied Health Professionals (AAHP & NAPE HP)	6.3%
RNUNL	26.3%
Hospital Support (NAPE & CUPE)	50.2%
Laboratory & X-Ray Professionals (NAPE LX)	5.9%
Management Support (Non-Bargaining)	1.6%
Clinical Clerks	1.2%
Salaried Medical	1.3%
Residents (PARNL)	2.1%
Special Contract	0.3%

[2] Acronyms included in the graph are as follows: AAHP: Association of Allied Health Professionals; CUPE: Canadian Union of Public Employees; NAPE: Newfoundland and Labrador Association of Public and Private Employees; NAPE LX: Laboratory and X-Ray; NAPE HP: Health Professionals; RNUNL: Registered Nurses' Union Newfoundland and Labrador; PARNL: Professional Association of Residents of Newfoundland and Labrador.

The Region

Eastern Health comprises the portion of the province east of (and including) Port Blandford. The region encompasses an area of 21,000 km^2, spanning the entire Burin, Bonavista and Avalon Peninsulas. The map in Figure 2 (below) indicates the communities in which the health authority has sites.

Figure 2: Communities with Eastern Health Sites

Vision

Eastern Health's vision 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.

We work with the communities we serve, and partner with others who share a commitment to improving health and well-being, to help us achieve this vision.

Healthy People, Healthy Communities

Values

Eastern Health's core values guide the behaviour of all individuals in the organization as they provide services and interact with others. As the organization grows and evolves, so too should the principles that it stands for. Eastern Health's core values have been updated to better reflect the views shared by its employees, physicians and the public.

Accountability

Be responsible. Take ownership. Serve with integrity. Be able to explain our actions.

Caring

Show kindness. Be compassionate. Be understanding. Commit to people-centred care.

Collaboration

Be a team player. Connect across programs. Engage with communities. Value everyone's contribution.

Excellence

Go above and beyond. Support and promote innovation. Strive for greatness.

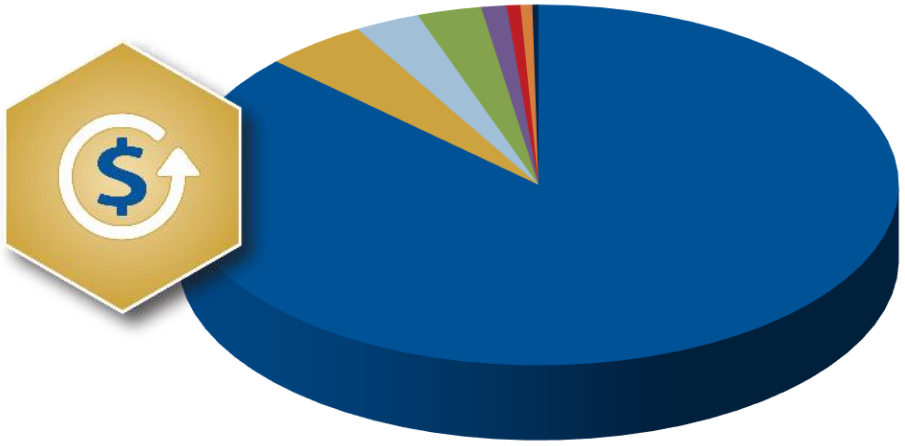
Respect

Be considerate. Recognize and celebrate diversity. Treat everyone equitably.

Revenues and Expenditures

The figure below shows Eastern Health's operating revenue and expenditures for 2020-21. See Appendix III for audited financial statements in full detail.

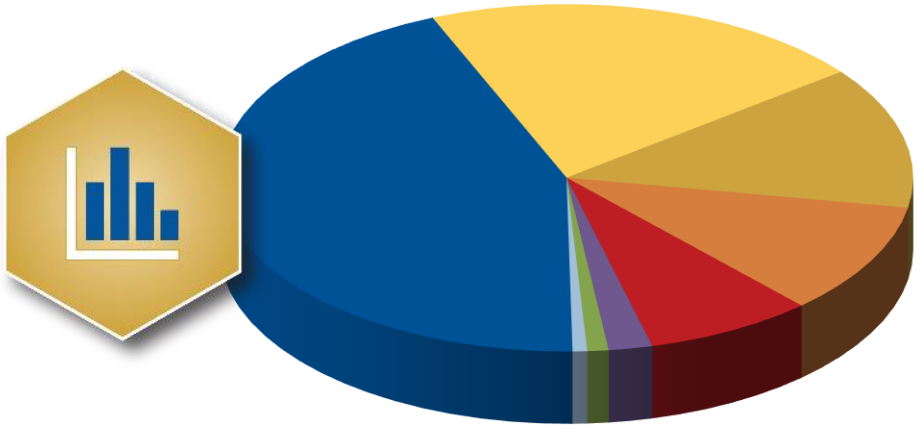
Figure 3: Eastern Health's Operating Revenue for 2020-21



Provincial Plan	$1,387,847,000
Medical Care Plan	$73,564,000
Other[3]	$46,836,000
Provincial Plan Capital Grant	$46,176,000
Resident	$18,094,000
Inpatient	$9,773,000
Outpatient	$8,497,000
Other Capital Contributions	$4,364,000
	$1,595,151,000.00

[3] Other revenue includes various recoveries, rebates, investment income and parking revenue that would not be included in the other identified revenue categories.

Figure 3: Eastern Health's Expenditures by Sector for 2020-21



Acute Care	$722,362,000
Community	$343,024,000
Support[4]	$217,124,000
Long-Term Care	$170,752,000
Administration[5]	$129,199,000
Amortization of Tangible Capital Assets	$33,530,000
Research and Education	$16,209,000
Employee Future Benefits	$11,124,000
	$1,643,324,000.00

[4] The Support sector includes non-clinical areas such as Facilities Management, Food Services and Housekeeping that provide support to clinical areas.

[5] The Administration sector is responsible for the overall administration of the health service organization, including planning, organizing, directing and controlling the organization's services. Specific areas within this sector include Human Resources, Finance and Budgeting, Materials Management, Executive Offices, Emergency Preparedness and other administration.

Highlights and Partnerships

Eastern Health benefits from the enormous efforts of its many partners in helping to achieve its mandate and strategic priorities. The following section outlines some of the highlights and partnerships from the 2020-21 fiscal year.

Response to the COVID-19 Global Pandemic

Like health-care organizations across the world, the COVID-19 pandemic permeated all aspects of health care and placed extraordinary challenges on Eastern Health. COVID-19 transformed the way that we work and connect with one another, impacted movement of patients/clients through the health-care system, posed recruitment/retention challenges, and advanced the use of alternative methods for service delivery, including virtual care, to provide patients with access to the services they need while complying with physical distancing guidelines.

During this unprecedented time, the organization benefited from the clinical and academic expertise of its workforce and partners who came together to mitigate challenges quickly, effectively and stronger than ever before.

During the 2020-21 fiscal year, Eastern Health's response to the COVID-19 pandemic included:

- 90,819 COVID-19 swab clinic appointments (attended)
- 1,961 home visits by Eastern Health's Public Health Nursing Program
- 772 confirmed COVID-19 cases, resulting in 5,780 unique contacts (identified, isolated, and tested)
- Over 33,000 COVID-19 related phone inquiries from residents requiring screening and testing to Eastern Health's 1-800 phoneline
- Established units at the Health Sciences Centre and St. Clare's Mercy Hospital to accept COVID-19 patients

Further COVID-19 related highlights and partnerships are woven throughout this report given the magnitude of impacts across the organization for such an extended period of time.

Health Canada Certification for Locally-Manufactured Personal and Protective Equipment (PPE)

A collaboration between Eastern Health, Memorial University, and a group of business leaders known as TaskforceNL received Health Canada Certification to test and make face shields and gowns within Newfoundland and Labrador. With this certification, as well as funding to upgrade labs for standards testing provided by the Government of Canada, Newfoundland and Labrador has become one of the few provinces in the country able to test for these industry standards.

Eastern Health contracted local company DF Barnes to oversee and manage the local manufacturing efforts along with TaskforceNL. Both groups bring considerable expertise in manufacturing, health and safety, and quality assurance/quality control throughout the certification process. During 2020-21, DF Barnes met their millionth mask milestone.

This new supply of PPE, in addition to the work Eastern Health continues to do with its innovation partner, PolyUnity, to produce face shields, continues to be a significant step forward in the Province's ability to become self-sufficient in PPE during the global pandemic. This work further aligns with Eastern Health's innovation strategy, in which the establishment of effective partnerships advance products and services to benefit our patients, clients, residents, employees and physicians. During 2020-21, PolyUnity reached their goal of delivering 100,000 face shields to front-line workers in the Province.

Accreditation of Pharmacy Residency Program

In June 2020, Eastern Health's Pharmacy Residency Program received a four-year accreditation award from the Canadian Pharmacy Residency Board. Residents from the program can now use the Accredited Canadian Pharmacy Resident Designation in their practice.

The Canadian Pharmacy Residency Board oversees accreditation of pharmacy residency programs in Canada. Surveyors spent two days completing an on-site visit at Eastern Health where they assessed the program against Year 1 Accreditation Standards. Surveyors met with pharmacy leadership, residency leadership, residents, and preceptors and completed assessments of on-site patient care, pharmacy, and residency areas at the Health Sciences Centre and St. Clare's Mercy Hospital.

Eastern Health, in affiliation with Memorial University (MUN) School of Pharmacy, offers a 52-week program that provides pharmacy residents with a broad range of experiences within a hospital and ambulatory pharmacy practice setting. Pharmacy residents have

the opportunity to be active participants in many multidisciplinary health teams and promote provision of quality, patient-centered care.

Partnership with Bounce Health Innovation to Host Innovation Summit

In October 2020, Eastern Health and Bounce Health Innovation co-hosted a three-day Health Innovation Summit to share their knowledge to create sustainable, innovative health-care solutions. Bounce Health Innovation (Bounce) is a unique partnership with Newfoundland and Labrador Association of Technology and Innovation (NATI) as the lead proponent. In addition to Eastern Health, other partners include: Memorial University, Atlantic Canada Opportunities Agency, the Government of Newfoundland and Labrador, and the Newfoundland and Labrador Centre for Health Information. The virtual summit was an interactive event that showcased a diverse cross-section of exciting work in the health innovation sector in Newfoundland and Labrador.

The Health Innovation Summit brought together people from a variety of backgrounds and companies to explore and create ideas to improve health outcomes. This summit also had a component on innovative activity related to the COVID-19 pandemic. The virtual event included pitch competitions, guest speakers, discussion panels, as well as a full day dedicated to Bounce's Hack-A-Thon, where teams of six innovators/people with a wide variety of expertise, compete to solve problems related to COVID-19.

Mortality and Morbidity Rounds

In 2020-21, Eastern Health introduced monthly clinical Mortality and Morbidity rounds as part of our Journey to Excellence and commitment to continuous quality improvement. Mortality and morbidity rounds are reoccurring conferences to review and discuss cases of adverse outcomes, which provide learning opportunities and identify system issues that need to be addressed. Mortality and Morbidity rounds recognize that medicine is challenging, and that errors and adverse events can and do occur. By sharing and examining our collective experiences, we can identify opportunities to make improvements to ensure safe, high-quality care.

In year one, more than 120 clinical staff participated in eight case reviews. Early feedback suggests cases reviewed have been relevant, reflective of circumstances that are encountered within practice, and generated actionable learnings.

Report on Performance

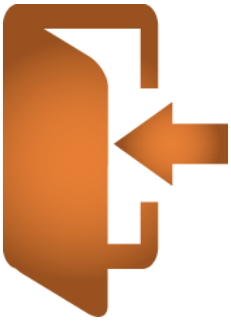
The following section outlines the progress made during 2020-21 towards Eastern Health's goals and objectives in its new 2020-2023 Strategic Plan, **Putting Excellence in Action**.

The presented update is based on each of the five priority areas and their key performance indicators. Appendix I provides additional information on methodology of each indicator. Eastern Health is working to achieve its objectives over all three fiscal years from 2020-23. To support this work, the organization prepares action plans each year that aim to make progress on each indicator in the Eastern Health Operational Plan (EHOP).

Priority Area

1

Access



Improving access is not just about decreasing wait times, it is about having the right intervention for the right client at the right time and place. The organization has been exploring innovative, alternative methods of delivering care to overcome access barriers posed by COVID-19, as well as ongoing barriers faced by the region such as geographic dispersion and an increase in service demand.

GOAL

By March 31, 2023, Eastern Health will have improved access to services in identified program areas.

OBJECTIVES

1. **Improved access to primary health care**
2. **Improved access to mental health and addictions services**
3. **Helped seniors stay healthy and independent at home for as long as possible**
4. **Delivered acute care and tertiary-level services efficiently**

1 Improved access to primary health care

Primary health care is typically an individual's first point of contact with the health-care system and can encompass a range of community-based services essential to maintaining and improving health and well-being throughout an individual's lifespan. Success on this objective is determined by increased attachment to a primary health-care provider, better management of chronic disease with a focus on chronic obstructive pulmonary disease (COPD), increased utilization of virtual care, and increased patient and provider satisfaction with alternative methods of delivering primary health care. Eastern Health will achieve this by focusing on recruitment and retention of primary health care providers, exploration of alternative methods of delivering primary health care, and implementation of the 'The Health Home Model of Team-Based Care'.

INDICATOR: Increased attachment to a primary healthcare provider

Primary health care is known to keep individuals, families, and communities healthy, and when working effectively, can prevent the need for investments in more costly interventions such as surgeries, increased pharmaceutical usage, and hospitalization. Attachment to a primary healthcare provider is measured by the percentage of MCP registrants who are not attached to a general practitioner (GP).

What did we do during 2020-21?

- Began implementing primary health care initiatives such as Collaborative Team Clinic in St. John's, the United Shores Health Centre hub and spoke model, and the Refugee Health Collaborative.[6] [7]

[6] The hub-and-spoke model is a method of organization involving the establishment of a main campus or hub, which houses the most intensive medical services, complemented by smaller satellite clinics or spokes, which offer arrays of service where healthcare needs are addressed locally. This approach to care leads Individuals to become attached to a primary care provider and Health Home to provide person and family centered care, and can still avail of established mechanisms for communication, referral, and strategic care. With appropriate linkages to health care services and social sectors individuals and communities experience integrated Primary Health Care service.

[7] In 2020, a collaborative clinic was established in the Churchill Square area of St. John's where initial intake appointments for refugee clients take place. As part of this model, Eastern Health works closely with community partners, including the Association for New Canadians, to ensure a holistic health model.

- Began exploring opportunities to expand attachment to primary health care through public-private partnerships as well as integrating nurse practitioner and nursing resources into private community family practice.

How did we perform?

Despite efforts to improve attachment to a primary health care provider, the percentage of MCP registrants attached to a GP **decreased** in 2020-21 in comparison to the year prior.

- 12.7% of MCP registrants were **not** attached to GP in 2020-21 compared to 11% in 2019-20.[8]

Barriers to success included recruitment and retention challenges for key positions, as well as the shifted focus to the pandemic response with accountability for testing from the Primary Health Care program impacting resource availability.

INDICATOR: Better management of chronic disease with a focus on COPD

Hospitalizations for ambulatory care sensitive conditions (ACSC) represent an indirect measure of access to primary health care services and capacity of the health system to manage chronic conditions such as COPD, within community care settings. Appropriate ambulatory care should reduce or prevent the need for admission to hospital.

What did we do during 2020-21?

- Launched the use of Remote Patient Monitoring (RPM) for community-based COPD care and prepared to launch RPM as a tool to implement the INSPIRED program.[9]

While Eastern Health provides clinical services, the association works with refugees to address the social determinants of health, such as providing housing support and addressing food security issues.

[8] The 2019/20 data includes St. John's metro only, while the 2020/21 data includes the entire Eastern Health Region. Therefore, it was expected that the 2020/21 would be higher than the baseline.

[9] The INSPIRED COPD Outreach Program™ is a hospital-to-home care model that provides patients with moderate to severe COPD, and their families, the information, tools and support they need to better manage their illness in their home. INSPIRED stands for Implementing a Novel and Supportive Program of Individualized care for patients and families living with Respiratory Disease.

- Began integrating Chronic Disease Prevention and Management into Primary Health Care through the expansion of the BETTER program into the Collaborative Team Clinic.[10]
- Ordered equipment and engaged stakeholders to begin the process of conducting Spirometry through the community-based respiratory care program.

How did we perform?

Eastern Health realized **better management of COPD** in 2020-21.

- The average rate of acute care hospitalizations for COPD (per 100,000 population aged 0-74 years) was 38.4 in 2020-21 which is a decrease from 42.9 in 2019-20.

INDICATOR: Increased utilization of virtual care

Virtual care is used to support increased access to patient-centered primary care. As a result of the COVID-19 pandemic, adoption of virtual care strategies is more important than ever, as it allows patients to stay at home while practicing social distancing or self-isolation. However, there are times when providers may need, or prefer, to see a patient in person. Therefore, the goal is to increase use of virtual care, where deemed appropriate.

What did we do during 2020-21?

- Launched the use of Remote Patient Monitoring (RPM) for community-based COPD care and prepared to launch RPM as a tool to implement the INSPIRED program.
- Began a regional scan of provider access to virtual technologies, as well as the type of technologies that are available to them.
- Defined process with Newfoundland and Labrador Centre for Health Information (NLCHI) to implement the electronic medical record (EMR) for all Eastern Health's primary health-care practitioners.

How did we perform?

Eastern Health was **unable to measure** an increase in the percentage of general practice visits that were conducted virtually with a salaried primary health-care provider in 2020-21, as work is ongoing to manually compile the data through EMR.

[10] The BETTER Program is an evidence-based approach to chronic disease prevention and screening, focusing on cancer, diabetes, cardiovascular disease and their associated lifestyle factors.

INDICATOR: Increased patient and provider satisfaction with alternative methods of delivering primary health care

Primary health care is typically an individual's first point of contact with the health-care system and can encompass a range of community-based services essential to maintaining and improving health and well-being throughout an individual's lifespan. Eastern Health is striving to increase satisfaction with primary health care where work to provide alternative methods of care delivery is ongoing.

What did we do during 2020-21?

- Began work to expand the Collaborative Team clinic including registered nurses working to scope and increasing clinic hours.
- Developed an interview guide to determine if the Health Home Model is designed to provide work-life balance for providers.
- Began developing educational tools on collaborative team-based care and the Hub and Spoke Model, as well as a regional plan for community engagement.

How did we perform?

Due to delays brought on by COVID-19, Eastern Health has **not yet begun** to measure satisfaction among patients and providers. However, focused interviews with primary health-care providers are scheduled for May 2021.

2 Improved access to mental health and addictions services

Eastern Health's Mental Health and Addictions Program continues to receive a high volume of new referrals for service. In 2020-21, the program saw an increase in new referrals across mental health and addiction services; while at the same time, the Doorways Walk-In Counselling availability was expanded with 2,500 walk-in appointments attended. Success on this objective is determined by decreased wait times for outpatient child psychiatry, outpatient adult psychiatry, and child and adolescent counselling services. Eastern Health will achieve this by focusing on continued implementation of the Stepped Care Model and increased utilization of e-mental health options.

Of note, Doorways Walk-In Counselling appointments are not included in these wait-times, as a referral for service is not required. In 2020-21, Eastern Health employed a targeted approach to focus on urgent clients, which may have led to increased wait times for non-urgent referrals.

INDICATOR: Decreased wait times for outpatient child psychiatry

Mental health and addictions issues can affect anyone, including children and youth. Children and youth experiencing mental health issues face unique challenges. Working collaboratively with parents and caregivers as partners in the treatment is essential. Early intervention and support of healthy emotional and social development lays the foundation for mental health and resilience throughout life. Eastern Health continues work to develop, implement, and evaluate process improvements to reduce wait times for incoming referrals to child psychiatry. Wait times for outpatient child psychiatry is measured by the percentage of new referrals seen by a child psychiatry within their access target.

What did we do during 2020-21?

- Enhanced use of virtual care by improving ease of access to appointments through home-based telehealth.
- Worked to implement the Child and Adolescent Psychiatry Waitlist Management Strategy.
- Worked to develop and implement the Stepped Care Model.

How did we perform?

Eastern Health's Child Psychiatry Program (a provincial service) has reported high wait times in the last number of years. Despite tremendous efforts to see more patients sooner, the percentage of new referrals seen by child psychiatry within their access target decreased from the year prior, indicating an **increase** in wait times.

- The percentage of new referrals seen by child psychiatry within their access target was 33.4% in 2020-21, which was a decrease from 43.4% in 2019-20.

Wait times were impacted during 2020-21 due to a shift in service delivery model to a virtual platform during the pandemic. Although Eastern Health has not been able to report a decrease in wait times in this fiscal year, there was a decrease in the number of individuals waiting for service.[11] The organization anticipates process

[11] 338 individuals waiting for service in March 2020 to 76 in March 2021

improvements implemented during 2020-21 will be evident in a reduction in wait times going forward.

INDICATOR: Decreased wait times for outpatient adult psychiatry

It is estimated that one in five of us will experience a mental health or addictions issue in our lifetime. Eastern Health continues work to develop, implement, and evaluate process improvements to reduce wait times for incoming referrals to adult psychiatry. Wait times for outpatient adult psychiatry is measured by the percentage of new referrals seen by adult psychiatry within their access target.

What did we do during 2020-21?

- Enhanced use of virtual care by improving ease of access to appointments through home-based telehealth.
- Worked to implement the Adult Psychiatry Waitlist Management Strategy.
- Worked to implement the Stepped Care Model.

How did we perform?

The Mental Health and Addictions Program Adult Psychiatry Taskforce has used a continuous improvement lens to service delivery throughout the region, resulting in more efficient patient flow and a reduced number of patients awaiting services.[12] Despite tremendous efforts to decrease wait times for outpatient adult psychiatry, the percentage of new referrals seen by adult psychiatry within their access target decreased from the year prior, indicating an **increase** in wait times.

- The percentage of new referrals seen by Adult Psychiatry within their access target was 51.5% in 2020-21, which was a decrease from 61.8% in 2019-20.

Wait times were also impacted due to a shift in service delivery model to a virtual platform during the pandemic. The organization anticipates the process improvements implemented during 2020-21 will be evident in a reduction in wait times going forward.

[12] 1,218 individuals waiting for adult psychiatry services in March 2020 reduced to 719 in March 2021.

INDICATOR: Decreased wait times for child and adolescent counselling services

The Mental Health Commission of Canada reports that more than two-thirds of young adults living with a mental health problem or illness say their symptoms first appeared when they were children. Eastern Health continues work to develop, implement, and evaluate process improvements to reduce wait times for incoming referrals to child and adolescent counselling. Wait times for child and adolescent counselling is measured by the percentage of new referrals seen by child and adolescent counselling within their access target.

What did we do during 2020-21?

- Worked to implement Child and Adolescent Counselling Waitlist Management Strategy.
- Enhanced use of virtual care, thereby improving ease of access to appointments through home-based telehealth.

How did we perform?

Despite tremendous efforts to decrease wait times for child and adolescent counselling services, the percentage of new referrals seen by child and adolescent counselling services within their access target decreased from the year prior, indicating an **increase** in wait times.

- The percentage of new referrals seen by child and adolescent counselling services within their access target was 26.9% in 2020-21, which is a decrease from 33.2% in 2019-20.

Child Mental Health and Addictions Services continues to work to implement additional service options through a Stepped Care Model of Service Delivery. Wait times were impacted during 2020-21 due to a shift in service delivery model to a virtual platform during the pandemic, and recruitment and retention challenges. Focused work began over the past year, with an emphasis on process improvements aiming to increase the number of referrals seen within their benchmarks.

3 Helped seniors stay healthy and independent at home for as long as possible

Success on this objective will be determined by increased number of seniors with an annual assessment completed and increased number of seniors with a support plan completed. Eastern Health will achieve this by focusing on the use of interdisciplinary care teams to provide community support program services for seniors.

INDICATOR: Increased number of seniors with an annual assessment completed

A comprehensive assessment of client needs, functioning and quality of life can enhance clinical decision making, safe care, and support clients to age-in-place. A Resident Assessment Instrument – Home Care (RAI-HC) assessment is recommended annually for all clients receiving case management or continuous home support services, and with every clinically meaningful change in a client's care arrangements and/or health status.

What did we do during 2020-21?

- Increased case manager resources by securing and orienting more social workers.
- Began process improvement initiatives to understand demand and capacity and standardize data collection process.
- Supported and promoted the use of virtual visits. The assessment team completed 37 of 85 (38%) of reassessments virtually.
- Increased education in the completion of the Resident Assessment Instrument-Home Care (RAI-HC) tool.

How did we perform?

Eastern Health **increased** the number of seniors with an annual assessment completed during 2020-21.

- The percentage of clients aged 65 and older who are currently receiving home support services provided through Eastern Health and have an up-to-date annual RAI-HC assessment on file at the time of reporting was 23.3% at the beginning of 2020-21 and increased to 59.9% by March 31, 2021.

INDICATOR: Increased number of seniors with a support plan completed

Having a client-centered care plan enhances clinical decision making and supports clients to age-in-place. All clients receiving case management or continuous home support services should have an up-to-date support plan attached to their client file. The support plan should be updated annually, and with every clinically meaningful change in a client's care arrangements and/or health status.

What did we do during 2020-21?

- Established standardized data collection process.
- Continued education on utilization of the electronic support plan and quality planning.
- Began the Support Plan Evaluation for the Department of Health and Community Services.

How did we perform?

Eastern Health **increased** the number of seniors with a support plan completed during 2020-21.

- The percentage of clients aged 65 and older who are currently receiving home support services provided through Eastern Health and have an up-to-date support plan on file increased from 13.1% at the beginning of 2020-21 to 35.9% by March 31, 2021.

4 Delivered acute care and tertiary-level services efficiently

Success on this objective will be determined by decreased Alternate Level of Care (ALC) days in acute care, decreased length of stay for typical acute care inpatients, and resumption of services to volumes appropriate for the current COVID-19 Alert Level with established backlog plan. Eastern Health will achieve this by focusing on coordination of services to facilitate movement through the health-care system and implementation of the organization's COVID-19 backlog plan.

INDICATOR: Decreased length of stay for typical acute care inpatients

Length of stay is calculated as the total number of days a patient is in the hospital over the expected number of days, in comparison to similar cases across Canada. Any value above 100 per cent indicates patients have stayed longer than expected. This measure helps us to understand how efficiently acute care beds are utilized in the hospital. Furthermore, unnecessary days in the hospital may lead to patient complications (e.g., health-care-associated infections, falls) and increased costs.

What did we do during 2020-21?

- Began development and/or implementation of broad array of interventions aiming to reduce length of stay. Some examples include, reviewing Obstructive Sleep Apnea management post-operatively; early discharge planning, patient education in colostomy care; and modified pain management modalities for posterior neck surgery.
- Began Development of new patient centered pathways using the top five Case Mix Groups for medicine admissions.[13]

How did we perform?

Length of stay **decreased** in 2020-21 in comparison to 2019-20.

[13] Case mix groups are used as a way of grouping together hospital patients with similar clinical characteristics. Patients in the same case mix group will typically require comparable amounts of hospital services, and can be used to estimate resource use and cost associated with each patient population served.

- The total number of days patients stayed in hospital over the expected number of days was 112.0 in 2020-21, compared to 115.1 in 2019-20. Therefore, Eastern Health's average length of stay was 12.0 per cent longer than the expected length of stay (ELOS), representing a 2.7% decrease from the year prior.

INDICATOR: Decreased Alternate Level of Care (ALC) days in acute care

Alternate Level of Care (ALC) refers to patients who are in hospital even though they no longer need hospital care. Beds occupied by ALC patients are not available to other patients who need hospital care. High ALC rates indicate that patients are not being cared for in an ideal setting (such as their home, assisted living or residential care) and can contribute to congested emergency departments and surgery cancellations.

What did we do during 2020-21?

- Began process improvement initiatives aiming to improve the movement of patients through the health-care system and explore utilization of virtual care and remote patient monitoring to support patient transitions in care.
- Established Hip Fracture Working Group to enhance medical management practices for delirium in hip fracture care.

How did we perform?

Eastern Health realized a **decrease** in ALC days in acute care in 2020-21.

- The percentage of ALC days for acute inpatient care as a percent of total patient days stayed decreased from 10.3% in 2019-20 to 9.8% in 2020-21.

INDICATOR: Resumption of services to volumes appropriate for the current COVID-19 Alert Level with established backlog plan

Eastern Health's top priority is to deliver safe patient care throughout the COVID-19 pandemic and to resume to service volumes appropriate for the current COVID-19 alert level[14].

[14] Key services: outpatient laboratory services, medical imaging, endoscopy, perioperative procedures, cardiac catheterization and cardiac diagnostic testing.

What did we do during 2020-21?

- Continued work to address early backlogs while meeting current demand for surgical and endoscopy services, interventional cardiology, cardiac diagnostic testing, medical imaging, and outpatient laboratory/blood services.
- In person services have resumed for all routine testing appointments while virtual appointments continue to be offered when requested for routine outpatient clinical care and consultation. Operating room and interventional radiology slots have been allocated to accommodate increased cardiac and endoscopic volumes and to reduce clinical backlogs accumulated March through September 2020. Clinicians continue to review waitlists and prioritize appointments through movement between COVID-19 alert levels. X-Rays and outpatient laboratory testing have moved from walk-in to pre-scheduled appointments.

How did we perform?

Resumption of services to volumes appropriate for the current COVID-19 Alert Level with established backlog plan **exceeded** expected volumes during 2020-21.

- In 2020-21, the volume of services delivered each month was, on average, 8.7% higher than what was expected given the safety protocols, service restrictions, and social distancing measures in place.

DISCUSSION OF RESULTS

- Improving access to services continues to be a priority for Eastern Health. As part of this, the organization continues to work diligently to improve access to primary health care. In 2020-21, increased attachment to a GP was impacted by recruitment and retention challenges, as well as shifting priorities due to the pandemic response. Nonetheless, work continues in delivering alternative methods of Primary Health Care (e.g., virtual care, hub and spoke model) with ongoing work to develop measures and monitor success.
- Furthermore, the COVID-19 pandemic and manual data compilation posed challenges for data collection in 2020-21, with both ‘increased utilization of virtual care’ and ‘patient and provider satisfaction with alternative methods of delivering primary health care’ having no data available for the fiscal year. Plans are in place to ensure both indicators have data for the subsequent duration of the 2020-23 strategic planning cycle.

- The organization continues to work diligently to improve Mental Health and Addictions services and decrease wait times in this area. Unfortunately, due, in part, to an increase in referrals, wait times in each of our three selected mental health and addictions services increased in 2020-21, with fewer patients being seen within their access targets. Eastern Health will continue its efforts to respond to the demand for these services and help people access the care they need in a timely manner.
- It is important that the seniors we serve stay healthy and independent at home for as long as possible. In 2020-21, Eastern Health increased the number of seniors with annual assessments and support plans completed. By having a client-centered care plan and a comprehensive assessment of client needs, functioning and quality of life, Eastern Health is able to enhance clinical decision making and support clients to age-in-place.
- Efficiently delivering acute care and tertiary-level services took on a different meaning in the year of COVID-19. Eastern Health's top priority was to deliver safe patient care throughout the COVID-19 pandemic and to resume to service volumes appropriate for the current COVID-19 Alert Level. Because of this, Eastern Health developed an indicator to monitor resumption of services to volumes appropriate for each Alert Level with an established backlog plan. In 2020-21, the volume of services delivered each month was, on average, 8.7% higher than what was expected given the safety protocols, service restrictions, and social distancing measures in place.

Priority Area

2

Quality & Safety

Quality and Safety is an integral priority for Eastern Health that is consistently woven throughout the entire organization. Eastern Health strives toward building a culture that encourages respectful, compassionate, culturally appropriate, and competent care. The organization remains focused on delivering safe and effective care by seeking ways to improve standards and processes, as well as facilitating communication and collaboration among employees and physicians.

GOAL

By March 31, 2023, Eastern Health will have improved outcomes and client experiences by focusing actions and resources on excellence in care.

OBJECTIVES

1. **Fostered a culture of safety and reduced the risk of harm**
2. **Engaged clients and families in service and care planning and delivery to ensure that their needs, value, beliefs and preferences were respected**
3. **Facilitated communication and collaboration among employees and physicians to ensure the delivery of safe and effective care**

1 Fostered a culture of safety and reduced the risk of harm

Success on this objective will be determined by an improvement in Hospital Standardized Mortality Ratio (HSMR), increased medication reconciliation compliance rates, reduced potentially inappropriate use of antipsychotics in long-term care, and improvement in clinical transitions in care. Eastern Health will achieve this by focusing on strategies to improve clinical documentation and patient safety.

INDICATOR: Improved Hospital Standardized Mortality Ratio (HSMR)

HSMR measures whether the number of deaths at a hospital are higher, lower, or equal to what is expected, based on the average experience of Canadian hospitals. When tracked over time, the HSMR ratio indicates whether hospitals have been successful in reducing patient deaths and improving care. Values greater than 100 indicate that the hospital had more deaths among applicable inpatient cases than would be expected, given the characteristics of the hospital's patient population.

What did we do during 2020-21?

- Implemented quality improvement initiatives such as Physician Documentation Auditing, hiring a dedicated resource for reviewing death charts, and developing a training strategy to ensure consistent coding.
- Developed guiding documents such as a policy to support standardized documentation and new discharge summary form.

How did we perform?

Despite efforts to improve HSMR, the ratio did not increase or decrease in 2020-21, largely due to challenges with documentation and the need for re-training of coding standards.

- The HSMR ratio for both 2019-20 and 2020-21 was 114.0.

INDICATOR: Increased medication reconciliation (MedRec) compliance rates

Medication reconciliation (MedRec) is a process that supports the communication of accurate and complete medication information between health-care providers at all points of transition in care with the goal of preventing adverse drug events and patient harm. Success criteria for assessing the MedRec process include ensuring that: the Best Possible Medication History (BPMH[15]) is collected at admission, BPMH is collected from patients/families and one other reliable source of information, BPMH is compared to admitting orders, and medication discrepancies are identified and resolved.

What did we do during 2020-21?

- Completed development and implementation of Medication Reconciliation Hybrid Admission/Order Forms. A sustainability plan and online education modules were also completed for the Medication Reconciliation Hybrid Admission/Order Forms.
- Began developing Medication Reconciliation Hybrid Transfer and Discharge Order Forms.
- Completed an update of online educational modules for Best Possible Medication History and Medication Reconciliation.

How did we perform?

Despite efforts to increase medication reconciliation, compliance **decreased** in the past fiscal year. This decrease is largely attributed to two outlier months that occurred during a COVID-19 outbreak. During this time, there was a reduction in units entering audits, redeployment of auditors, and restructuring of units (e.g., the COVID-19 units).

- The overall percentage of MedRec compliance (acute care inpatient units) in 2020-21 decreased to 70.6%, in comparison to 75.6% compliance in 2019-20.

[15] BPMH is a comprehensive medication history that includes drug name, dosage, route and frequency.

INDICATOR: Reduced potentially inappropriate use of antipsychotics in long-term care

Long-term care homes are working to reduce the inappropriate prescribing of antipsychotics. In seniors, antipsychotic medications are commonly used to manage the distressing behavioural and psychological symptoms of dementia. Antipsychotics are appropriate and effective for relieving some symptoms, such as extreme agitation and aggression, but not for others such as wandering, hoarding, or repeated vocalizations. The goal is to ensure that antipsychotics in long-term care are being used for the right symptoms, at the right dose, and only for as long as needed.

What did we do during 2020-21?

- Implemented various strategies such as purchasing equipment aiming to reduce resident responsive behaviours and providing staff education in Gentle Persuasive Approach (GPA).
- Developed an action plan to de-prescribe potentially inappropriate antipsychotics.

How did we perform?

Eastern Health was able to **reduce** the inappropriate prescribing of antipsychotics in 2020-21.

- The percentage of long-term care residents prescribed antipsychotics without a corresponding diagnosis of psychosis was reduced to 22.7% in 2020-21, in comparison to 24.1% in 2019-20.

INDICATOR: Improved clinical transitions in care

Auditing clinical care transition documentation through the electronic health record allows Eastern Health to assess care elements most at risk for patient safety incidents during care transitions, transitional junctions across the care continuum, and communication tools used during care transitions. Examples of transitions in care include admission from the emergency department to acute care, inter-unit transfers, and discharge from hospital to residential care.

What did we do during 2020-21?

- Developed a standardized auditing tool for the assessment of clinical care transitions for the identified purpose.
- Began a pilot to audit clinical care transitions across twelve Emergency Departments.

How did we perform?

During 2020-21, Eastern Health **improved** clinical transitions in care with the establishment of an auditing tool and processes to assess Clinical Transitions in Care. Due to the time required for development and implementation, auditing did not begin until quarter four.

- Percentage of audited items where a recommended transition activity occurred out of the number of items audited was 97.8% for the last quarter of 2020-21.

2 Engaged clients and families in service and care planning and delivery to ensure that their needs, values, beliefs and preferences were respected

Eastern Health is committed to Client-and-Family-Centered Care (CFCC), ensuring that patients, clients, residents, and families have a voice to become active partners in the delivery of health care within our region. Success on this objective will be determined by improved client experience, increased meaningful involvement of client and family advisors, as well as families. Eastern Health will achieve this by expanding client and family involvement in care and implementing strategies to improve client experience.

INDICATOR: Improved client experience

The Experience of Care survey collects information from patients, clients, residents, and/or family members on their experiences of the services they have received. The survey is a structured way of asking the people we serve how we are doing in areas such as respect, communication, and comfort. Measuring client experience is a very important part of client and family-centred care. Eastern Health uses the information collected to make improvements to services, safety, and the care environment.

What did we do during 2020-21?

- Continued administration of Experience of Care Surveys across programs.
- Ongoing planning to transition to electronic means of collecting data.

How did we perform?

- Survey administration was significantly impacted by the COVID-19 pandemic and transition from paper-base to electronic data collection. As a result, Eastern Health was **unable to reliably measure** client experience during 2020-21.

INDICATOR: Increased meaningful involvement of client and family advisors

Client and family advisors volunteer to collaborate with Eastern Health staff to help us make better decisions, shape policy, enhance programs and improve day-to-day person-centered interaction. This indicator reflects client and family advisor perception of whether their involvement in Eastern Health activities was meaningful.

What did we do during 2020-21?

- Administered a survey to client and family advisors measuring meaningful engagement.
- Continuous action-oriented improvement activities to support meaningful client and family advisor engagement.

How did we perform?

Despite continued activities to engage client and family advisors, the percentage of respondents scoring an average of four or above on questions related to meaningful involvement on the Client and Family Advisor Questionnaire **decreased** in the last fiscal year.

- The percentage decreased from 76.9% in 2019-20 to 63.3% in 2020-21.

The overall survey results on the questionnaire were positive, however, the items with the lowest scores pertained to the Client and Family Advisors being aware of how, and if, their input has been used to benefit Eastern Health and its clients. As such, Eastern Health will focus on establishing feedback loops with every engagement activity and complete the loop with identifying how advisor input was used/impactful. Additionally, respondents, and therefore results, on this indicator differ from year to year as client, patient, resident, and family advisors change based on natural attrition and other competing or emerging priorities. The COVID-19 pandemic also brought challenges with advisor retention and recruitment, as well as inconsistent and paused engagement practices.

INDICATOR: Increased meaningful involvement of families

Research demonstrates that the presence and participation of one's family as essential partners in care enhances the client and family experience of care, improves safety, and facilitates continuity of care. It is important for clients to experience the support of family and friends to the degree they wish. This indicator reflects whether family members and/or support people were involved in decisions about their care.

What did we do during 2020-21?

- Continued administration of the Experience of Care Surveys across programs.
- Implemented various initiatives aiming to increase family involvement, such as updating the Family Presence and General Visitation Policy and providing programs with a decision matrix to support Family Presence during visiting restrictions.
- Supported efforts for virtual family presence or visitation given the restrictions imposed during the pandemic.

How did we perform?

- Survey administration was significantly impacted by the COVID-19 pandemic and transition from paper-base to electronic data collection. As a result, Eastern Health was **unable to reliably measure** client experience during 2020-21.

3 Facilitated communication and collaboration among employees and physicians to ensure the delivery of safe and effective care

Success on this objective will be determined by the increased number of teams using visual management in their improvement huddles. Eastern Health will achieve this by developing and implementing a plan to use visual management.

INDICATOR: Increased number of teams using visual management in their improvement huddles

Eastern Health remains focused on seeking ways to improve standards and processes for delivering high-quality care. Daily visual management tools help Eastern Health staff monitor safety, performance standards and improvement projects. This indicator reports the number of teams actively using visual management in their improvement huddles.[16]

What did we do during 2020-21?

- Began engaging programs to determine how visual management will be used in their improvement huddles.

How did we perform?

- Previous work with improvement huddles was paused as a result of shifting priorities during the COVID-19 pandemic, therefore, **teams did not use** visual management in 2020-21.

DISCUSSION OF RESULTS

- Eastern Health is consistently working to improve the quality and safety of care delivered by the organization. As such, the organization regularly monitors safety-related indicators and assesses client perceptions of its service and care delivery.

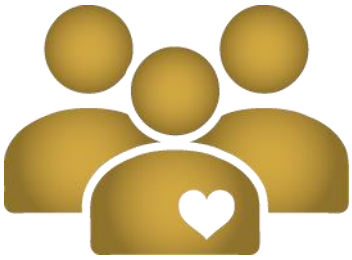
[16] An improvement huddle is a short, stand-up meeting that is ideally used once at the start of each workday in a clinical setting and the start of each major shift in inpatient units. The huddle gives teams a way to actively manage quality and safety, including a review of important standard work such as checklists. Often, standard work will be the output of previous quality improvement projects, and huddles provide a venue to ensure process improvements are sustained. Huddles enable teams to look back to review performance and to look ahead to flag concerns proactively.

- Eastern Health continues to monitor HSMR and medication reconciliation compliance rates. Challenges with documentation and coding standards led HSMR to see no improvement in 2020-21, while MedRec compliance was impacted by COVID-19 needs and associated staff redeployment to priority areas for the benefit of patients. The organization recognizes the importance progress with HSMR and MedRec compliance rates and will continue to prioritize identified indicators, expand on successful initiatives to improve processes, and seek new opportunities throughout the strategic planning cycle.
- In 2020-21, client experience survey administration was impacted by COVID-19, as well as the transition from paper-based to electronic data collection. Consequently, there were no survey results to report for the last fiscal year, so client experience and meaningful involvement of families were unable to be assessed. In the realm of client and family engagement, the percentage of advisors who reported their advisory work to be meaningful decreased in 2020-21. With different cohorts completing the survey from year to year, a fluctuation in results is to be expected. Nonetheless, Eastern Health has already begun work to improve in the lowest scored areas by establishing and strengthening the feedback loop with advisors for all engagement activities. The COVID-19 pandemic also brought challenges with advisor retention and recruitment, as well as inconsistent and paused engagement practices.

Priority Area

3

Population Health



Population health aims to improve the health and well-being of whole populations, reduce inequities among and between specific population groups and address the needs of the most disadvantaged. Effective population health requires community, intersectoral and whole-of-government engagement and collaboration to address the broad range of determinants that shape health and well-being. This has been particularly evident during the COVID-19 pandemic.

GOAL

By March 31, 2023, Eastern Health will have improved health outcomes and reduced health inequities in the populations it serves.

OBJECTIVES

1. **Embedded smoking cessation within clinical practice to ensure smoking cessation efforts were coordinated, systemized and integrated into all health-care settings within Eastern Health**
2. **Strengthened the systems that support public health and well-being**
3. **Partnered intersectorally to secure increased investments in population health**

1 Embedded smoking cessation within clinical practice to ensure smoking cessation efforts were coordinated, systemized and integrated into all healthcare settings within Eastern Health

Tobacco remains the number one preventable risk factor for poor health and premature death in Canada. Hospitalization provides a unique opportunity to initiate comprehensive tobacco cessation treatment. Success on this objective will be determined by increased reach of smoking cessation program. Eastern Health will achieve this by implementing the Ottawa Model of Smoking Cessation program.

INDICATOR: Increased reach of smoking cessation program

Eastern Health utilizes the Ottawa Model of Smoking Cessation (OMSC) program, which is a patient-centred, change management approach to integrating nicotine addiction treatment interventions within existing healthcare practices. The OMSC program was launched at St. Clare's on November 27, 2019, with the program being offered to all inpatients who identified as a smoker.

What did we do during 2020-21?

- In March 2020, OMSC program was suspended until June 2020 due to redeployment of management and staff to address COVID-19 priorities.
- The program resumed in June 2020 at St. Clare's Mercy Hospital.

How did we perform?

337 inpatients were offered tobacco addiction treatment through the OMSC program during 2020-21, of these, 72% availed themselves of nicotine replacement therapy.

2 Strengthened the systems that support public health and well-being

Eastern Health recognizes that population health involves a long-term vision that requires innovative ways to strengthen systems that support the health of the population. Success on this objective will be determined by the percentage of the public e-health digital innovation strategy implemented.

INDICATOR: Increased percentage of the Public Health e-health digital innovation strategy implemented

Eastern Health is working to advance e-health and digital services to ensure improved access to health information to better serve clients and communities, and in turn, improve population health. Eastern Health's E-health Digital Innovation Strategy outlines nine initiatives to be implemented across the 2020-23 strategic planning cycle.

What did we do during 2020-21?

- Initiated six out of the nine initiatives outlined in the E-health Digital Innovation Strategy.
- Improved access to health information through availability of self-scheduling of appointments for flu and Covid-19 vaccines at mass clinics, public health administered vaccines, enhanced use of virtual meeting technologies among clients and partners, and the development of HI website enhancements.[17]

How did we perform?

Implementation of the Public Health E-health Digital Innovation Strategy is underway. Since the beginning of the fiscal year, the percentage of the Public Health E-health Digital Innovation Strategy implemented **increased**.

- In 2020-21, two of nine initiatives (22.2%) were completed and an additional four were initiated.

[17] HI is Eastern Health's Health Information website which houses information on a wide range of health and wellness topics for all ages.

3 Partnered intersectorally to secure increased investments in population health

Eastern Health recognizes that population health is a shared responsibility and continues to benefit from the expertise of its existing community partners and stakeholders. Success on this objective will be determined by increased collaboration with partners on population health initiatives. Eastern Health will achieve this by developing, expanding and strengthening mutually beneficial partnerships.

INDICATOR: Increased collaboration with partners on population health initiatives

Eastern Health aims to support investment in population health initiatives through increased community, intersectoral and whole-of-government collaboration. Throughout the 2020-23 strategic planning cycle, Eastern Health intends to implement five collaborative initiatives aimed to improve the health and well-being of the population, reduce inequities among and between specific population groups, and address the needs of the most disadvantaged.

What did we do during 2020-21?

- Initiated three out of the five collaborative initiatives planned throughout the 2020-23 strategic planning cycle. This included preliminary work on the Healthy City Strategy, Eastern Health Board Virtual Conference on Population Health, and Eastern Health's Food Strategy which included support for Food First NL's Urban Food Assessment.

How did we perform?

In 2020-21, Eastern Health began preliminary work to **increase** population health initiatives in collaboration with partners.

- Three out of five targeted initiatives started in 2020-21.

DISCUSSION OF RESULTS

- Eastern Health is continuously striving to improve the health and well-being of the population and advance health equity in the region. However, the focus areas under Population Health were significantly impacted in 2020-21 as public health led the response to the COVID-19 pandemic and vaccination rollout.
- The Ottawa Model of Smoking Cessation program was put on hold from March 2020 to June 2020 due to operational challenges brought on by COVID-19, staffing redeployment, and turnover. Despite these setbacks, 337 inpatients were offered tobacco addiction treatment through the OMSC program during 2020-21, of these, 72% availed of nicotine replacement therapy.
- Despite the priority shift, Eastern Health continued to collaborate with partners, where possible, on population health initiatives such as Healthy City Strategy, Eastern Health Board Virtual Conference on Population Health and Eastern Health's Food Strategy. Additionally, work was initiated to implement Eastern Health's E-health Digital Innovation Strategy, with the goal to advance e-health and digital services to improve access to health information, better serve clients and communities, and in turn, improve population health.

Priority Area

4

Healthy Workplace

Eastern Health's greatest resource is its people: the employees, physicians and volunteers who are dedicated to client care. Research provides a strong rationale for investing in employee and workplace health, as they are "inextricably linked to productivity, high performance and success."[18] Eastern Health continues to implement the National Standard of Canada for Psychological Health and Safety in the Workplace[19] and strives to provide the resources and support necessary to achieve personal safety and wellness, professional growth and excellence.

GOAL

By March 31, 2023, Eastern Health will have created a healthier workplace.

OBJECTIVES

1. **Improved the physical and psychological health and safety of employees, physicians and volunteers**

[18] Macleod and Shamian, 2013, **www.longwoods.com/content/23355**

[19] www.mentalhealthcommission.ca/English/what-we-do/workplace/national-standard

1 Improved the physical and psychological health and safety of employees, physicians and volunteers

Though employee, physician, and volunteer safety are always at the forefront of planning, this objective has been particularly important during the COVID-19 pandemic, which has required employees and physicians to adapt to new circumstances and overcome unforeseen challenges. Success on this objective will be determined by decreased employee lost time injuries, increased support for psychological self-care, improved psychological job fit, increased civility and respect, increased clarity of leadership and expectations, and increased protection of physical safety. Eastern Health will achieve this through continued implementation of the organization's injury prevention plan and the National Standard of Canada for Psychological Health and Safety in the Workplace.

INDICATOR: Decreased employee lost time injuries

Health-care workers regularly face risks of injuries while at work. Some of the areas of greatest risk for staff include manual material handling; injuries related to aggression and violence; slips, trips, and falls; and patient and resident handling. Eastern Health has placed considerable focus on preventing these types of injuries to ensure workplaces are safe and hazard free.

What did we do during 2020-21?

- Established a Slip & Fall Committee to identify initiatives to reduce slip, trip and fall injuries.
- Established partnership with the Compass Group to implement a prevention program, which aims to reduce injuries related to manual material handling.
- Began development of the Violence Aggressive Responsive Behaviour (VARB) program to reduce injuries related to aggression & violence.
- Increased support from Occupational Health and Safety to sites with highest injury claims to reduce injuries related to patient and resident handling.

How did we perform?

Employee lost time injuries **decreased** during the last fiscal year.

- The average bi-weekly rate of employee injuries (per 1,000 employees) decreased from 2.6 in 2019-20 to 2.3 injuries in 2020-21.

INDICATORS:

- **Increased support for psychological self-care**
- **Improved psychological job fit**
- **Increased civility and respect**
- **Increased clarity of leadership and expectations**
- **Increased protection of physical safety**

Eastern Health strives to provide its employees, physicians, and volunteers with the resources and support necessary to achieve personal wellness, professional growth, and excellence. There are 15 psychosocial factors assessed by the National Standard of Canada for Psychological Health and Safety in the Workplace. Eastern Health selected five of the fifteen psychosocial factors as indicators for the 2020-23 Strategic Planning cycle. The above five indicators are all measured by the Caring for Healthcare Workers Survey.

What did we do during 2020-21?

Increased support for psychological self-care

- Developed and implemented psychological health and safety self-care tools including the Employee and Physician Navigator Line, Employee Virtual Assistant (EVA), Rapid Response Team, Team Check-Ins, and Peer Support Program.
- Provided training programs to support staff well-being including the Road to Mental Readiness and Psychological First Aid.

Improved support for psychological job fit

- Incorporated psychological self-care into job competitions for management positions to allow candidates and recruiters to consider the significance of this factor for leadership roles. Ongoing work will focus on how to screen, interview, and evaluate candidates based on those requirements.

Increased civility and respect

- Supported managers and employees in addressing inappropriate behaviours through education initiatives such as the Civil Workspaces Workshop, began initial steps to develop a coaching program for leaders and conflict management sessions with programs.
- Began development of a Diversity and Inclusion Lens.
- Continued work promoting a culture of civility and respect through initiatives such as Pink Shirt Day, as well as multiple book clubs where resources are provided to help leaders create and support a civil and respectful workplace.

Increased clarity of leadership and expectations

- Worked to increase leaders' awareness of the National Standard of Canada for Psychological Health and Safety through activities such as incorporating 'The Standard' into management orientation and providing various education sessions and tools to programs and staff.
- Explored ways to expand the use of 360 feedback.
- Provided educational opportunities for supervisors/managers on effective communication, emotional intelligence, and coaching skills.

Increased protection of physical safety

- Increased focus on hazard assessments, safe work practices & procedures, and communication methods intended to protect the physical safety of staff while at work.
- Developed a training and risk assessment tool as part of the Violence Aggressive Responsive Behaviour (VARB) Prevention Program, aimed to protect employees from violence by patients, staff, family members or visitors.
- Continued the integration of peer safety champions to assist with coaching, equipment inspections, focused observation, and training as part of the Safe Patient Handling Program and Manual Materials Handling Program.
- Developed incident investigation information to help managers understand the investigation process and their responsibilities.

How did we perform?

During 2020-21, work was done to identify the survey tool that would be used to measure the five psychosocial factors chosen by Eastern Health as priority for the organization. Going forward, the Caring for Health-Care Workers survey will be used to measure success on this indicator. Administration of the survey was delayed due to COVID-19, and as a result, Eastern Health was **unable to measure** the five psychosocial factors during 2020-21.

Discussion of Results

- In 2020-21, a tremendous amount of work was done to ensure that employees, physicians, and volunteers had the resources they needed to endure the challenges presented to the health sector by a global pandemic. As Eastern Health navigated through unchartered territory, the overall health and safety of front-line workers was of utmost importance.

- Based on the National Standard of Canada for Psychological Health and Safety in the Workplace, Eastern Health chose five psychosocial factors (psychological self-care, psychological job fit, civility and respect, clarity of leadership and expectations, protection of physical safety) to work on for the 2020-23 strategic planning cycle. Although a tremendous amount of work was done in 2020-21 to improve the five factors and choose a survey tool that would measure success, the administration of the survey was delayed to May 2021 because of COVID-19.

Priority Area

5

Sustainability

The organization must be sustainable for it to continue to improve access, quality and safety, and both population and workplace health. Therefore, Eastern Health continues innovative work to increase efficiencies and reduce waste. These efforts will help to mitigate the growth of expenditures in the province's challenging fiscal environment and reduce the environmental impact of the organization.

GOAL

By March 31, 2023, Eastern Health will have improved the sustainability of the organization.

OBJECTIVES

1. **Remained within the annual approved government operating expenditure limit**
2. **Enhanced clinical efficiencies and improved appropriateness of care**
3. **Reduced the environmental impact of the organization**
4. **Harnessed innovation to improve patient care and to elevate Eastern Health as a leader in the Canadian health innovation sector**

1 Remained within the annual approved government operating expenditure limit

Success on this objective will be determined by decreased variance from operational expenditure budget. Eastern Health will achieve this through cost efficiency and monitoring of financial processes.

INDICATOR: Decreased variance from operational expenditure budget

Monitoring the operational expenditure budget is key in ensuring fiscal sustainability. Eastern Health monitors variance from its approved operational expenditure budget to identify when our current actual expenses exceed our budgeted expenses. This process informs decision making and drives work aimed to identify inefficiencies and reduce waste.

What did we do during 2020-21?

- Began re-launching a focused effort around peer benchmarking using the Benchmark Intelligence Group (BIG) Benchmarking Tool, which is designed to give its users a view of the organization's functional performance in comparison to peers.
- Closely monitored monthly budget and reported variances to the organization's Board of Trustees and the Department of Health & Community Services.
- Ensured compliance with approved internal Financial Monitoring Policy.
- Closely monitored COVID-19 related expenditures to ensure cost mitigation efforts could be established.

How did we perform?

Despite continual efforts to monitor the operational expenditure budget and identify and address inefficiencies, Eastern Health's actual operational expenses exceeded budgeted expenses in 2020-21 and, therefore, the related variance **did not decrease**. COVID-19 contributed significantly to increased compensation costs resulting from extensive overtime and extra workload. Unplanned overages due to significant uptake in Personal Protective Equipment (PPE), as well as increased volumes of Community Clients and associated benefits experienced in the Home Support Program also contributed to the negative variance.

2 Enhanced clinical efficiencies and improved appropriateness of care

Success on this objective will be determined by reduced potentially inappropriate use of antibiotics, bichemistry testing, and use of opioids. Eastern Health will achieve this through implementation of Choosing Wisely recommendations.

INDICATOR: Reduced potentially inappropriate use of antibiotics

Antibiotic stewardship programs are essential for minimizing the inappropriate use of antibiotics across health care settings. These programs aim to ensure that antibiotics are used only as indicated, and at the right dose and duration of therapy. The risk of overuse of antibiotics in hospitals include antibiotic resistance; increase in disease complications, adverse events and re-hospitalization; longer lengths of stay and added cost.

What did we do during 2020-21?

- Implemented various clinical mechanisms aimed at reducing potentially inappropriate prescribing of antibiotics including unit audits and ensuring consistency between microbiology reports and antimicrobial formulary.
- Promoted and maintained use of the Spectrum Application which provides up-to-date data and information on clinical guidelines for antibiotic prescribing. Use of this tool has reduced cases, and therefore prescription costs, for hospital acquired Clostridioides difficile (C. diff) that can occur after antibiotic use, resulting in savings of $82,078/year.
- Revised the Automatic Stop Order Policy, which supports appropriate antibiotic utilization by decreasing duration of antimicrobial therapy from seven to five days.

How did we perform?

Eastern Health **reduced** potentially inappropriate use of antibiotics in 2020-21.

- The rate of antimicrobial use in acute care, defined as the total number of standardized daily doses dispensed per 1000 inpatient days within select Eastern Health hospitals was 519.2 in 2020-21, a decrease from the 542.4 in 2019-20.

INDICATOR: Reduced potentially inappropriate use of biochemistry testing

Eliminating unnecessary biochemistry testing is becoming increasingly important in the control and management of the rapid growth of health-care costs. Systematic reviews have suggested 11% of ordered tests are repeated, over-utilized, or unnecessary and could be eliminated.[20]

What did we do during 2020-21?

- Developed a Physician Test Utilization Index to monitor and reduce potential inappropriate laboratory testing by examining the average weekly outpatient tests ordered by GPs within Eastern Health compared to a normalized peer group.
- Using the Test Utilization Index, Eastern Health began audit and targeted education for physicians whose ordering practices exceeded routine testing volumes.

How did we perform?

Data collection from the test utilization index began in March 2021, coinciding with the region's move into COVID Alert Level-5 where service levels were restricted to only emergent outpatient laboratory collection. Given these service restrictions, reporting on this indicator will begin effective April 1, 2021.

[20] Zhi M, Ding EL, Theisen-Toupal J, Whelan J, Arnaout R (2013). The Landscape of Inappropriate Laboratory Testing: A 15-Year Meta-Analysis. *PLoS ONE* 8(11): e78962. doi:10.1371/journal.pone.0078962

INDICATOR: Reduced potentially inappropriate use of opioids

Eastern Health supports the "Opioid Wisely" campaign to reduce harms associated with opioid prescribing. First exposure to opioids often occurs in health-care facilities following surgery, increasing the potential for patient opioid dependence, harm, and death.

What did we do during 2020-21?

- Formed the "Opioid Wisely Eastern Health" working group which aims to review existing processes relating to pre- and post-operative pain management, opioid prescription, documentation, and clinical supports.
- Developed strategies to improve immediate and short-term post-operative opioid use and discharge pain-management planning.
- Developed recommended education.

How did we perform?

Work is ongoing to reduce potentially inappropriate use of opioids, which is measured by Daily Doses of Opioids Dispensed from Community Pharmacies within 72-hours following discharge for surgical procedures completed within Eastern Health (per 1,000 population). Reporting on this indicator is one year delayed due to the need to link hospital discharge data to community prescription dispensing. In 2019-20, 73.3 daily doses of opioids per 1,000 population were dispensed from community pharmacies within 72-hours following discharge for surgical procedures completed within Eastern Health.

3 Reduced the environmental impact of the organization

Success on this objective will be determined by reduced carbon emissions, energy consumption and waste throughout Eastern Health's facilities. Eastern Health will achieve this through implementation of the organization's climate change and waste reduction strategies.

INDICATOR: Reduced carbon emissions

Eastern Health is committed to leveraging inventive ideas, technologies, and processes to increase efficiencies and reduce waste. Reduction in the organizations carbon footprint is gained through decreases in carbon emissions (CO2-eq) by reducing reliance on fossil fuels and recapturing anesthetic gas.

What did we do during 2020-21?

- Finalized base year for calculation of carbon reductions for city sites.
- Began implementation of initiatives which aim to reduce carbon emissions, such as those associated with Eastern Health's Energy Performance Contract.

How did we perform?

In 2020-21, Eastern Health **reduced** carbon emissions.

- Estimated carbon emissions were reduced by 1,977 tonnes in 2020-21 from the year prior.

INDICATOR: Reduced energy consumption

Eastern Health is committed to leveraging inventive ideas, technologies, and processes to increase efficiencies and reduce waste. Utility savings gained through energy efficiency improvements are the cornerstone of our energy projects and the primary benchmark for determining the performance of energy conservation measures.

What did we do during 2020-21?

- Finalized base year for calculation of energy savings at city sites.
- Continuous monitoring and reporting on energy savings.
- Began implementation of energy saving measures, such as those associated with Eastern Health's Energy Performance Contract.
- Worked to improve communication and awareness of energy savings and associated reduction initiatives.

How did we perform?

In 2020-21, Eastern Health **reduced** energy consumption.

- Nine city sites saw an energy reduction of 4,416,273 ekWh resulting in an estimated savings of $383,452.

INDICATOR: Reduced Waste

Styrofoam™ has long been identified as an unfavorable material to use from an environmental perspective. Currently, rural retail and patient food services are utilizing various Styrofoam™ service-ware such as plates, cups, and bowls. The purpose of this project is to eliminate as much Styrofoam™ as practically possible and replace with more favorable (from an environmental perspective) disposable products

What did we do during 2020-21?

- Continued review of inventories/purchases to determine quantities of Styrofoam™ service-ware remaining at rural locations.
- Selected, purchased, and distributed products to replace Styrofoam™.

How did we perform?

In 2020-21, Eastern Health's focused project to reduce usage of Styrofoam™ service-ware resulted in an overall **reduction** of priority plastic waste.

- In the year 2020, approximately 200,000 units of Styrofoam™ were used in Rural Patient Food Services and retail locations within Eastern Health. By March 2021, there was a 66% reduction in the amount of inventoried Styrofoam™ products.

4 Harnessed innovation to improve patient care and to elevate Eastern Health as a leader in the Canadian health innovation sector

Success on this objective will be determined by increased number of patients involved in health technology clinical trials and increased economic development. Eastern Health will achieve this through implementation of the organization's innovation strategy.

INDICATOR: Increased number of patients involved in health technology clinical trials

Eastern Health is committed to leading and supporting health innovation that contributes to the achievement of its strategic goals. In essence, Eastern Health is a Living Lab - a user-centered space where public and private partnerships are actively forged to improve patient care. As a Living Lab, Eastern Health aims to provide opportunities for innovative solutions to be developed, tested, refined, and applied across all areas of health care.

What did we do during 2020-21?

- Recruited clients for health technology clinical trials.

How did we perform?

Eastern Health **increased** the number of clients enrolled in health technology clinical trials in the past fiscal year.

- In the 2020-21 fiscal year, 32 clients were enrolled in health technology clinical trials.

INDICATOR: Increased economic development

By investing in innovative solutions, we can introduce both economic benefits and employment opportunities to Newfoundland and Labrador. Eastern Health estimates the direct, indirect and induced economic benefits resulting from health care innovation projects supported throughout the organization. Gross Domestic Product (GDP) is a measure of the value of goods and services produced in the economy

within a year. The GDP impact measured here only includes the health-care-related innovation activities of vendors.

What did we do during 2020-21?

- Began work to establish a Health Innovation Acceleration Centre that will focus on the refinement and testing of technology enabled solutions to make improvements within the health system.
- Began onboarding new trials for medical technology (MedTech).[21]
- Initiated industry and partner projects.

How did we perform?

Eastern Health saw an **increase** in economic development in the last fiscal year as a result of increased innovation.

- The estimated GDP growth invested within the province was $12.2M during the 2020 calendar year, which was an increase from $4.5M the year prior.

DISCUSSION OF RESULTS

- Eastern Health is committed to sustainability of the organization. Operating as efficiently as possible is imperative to the success of our initiatives aiming to improve access, quality and safety, the health of our workplace and the health of the population. The COVID-19 pandemic, unplanned overages due to uptake in PPE, as well as increased volumes of Community Clients in the Home Support Program had a large impact on financial sustainability in 2020-21, with Eastern Health's actual expenses exceeding budgeted expenses for the fiscal year.
- Although work is ongoing to reduce inappropriate biochemistry testing, this is a newly introduced and developed performance indicator for Eastern Health. Data collection from the test utilization index began in March 2021, coinciding with the region's move into COVID Alert Level-5 where service levels were restricted to only emergent outpatient laboratory collection. Given these service restrictions, reporting on this indicator will begin effective April 1, 2021.

[21] Some examples of medical technology include 3D printing, leadless pacemakers, and surgical equipment.

- One of Eastern Health's new objectives is to reduce its environmental impact through reduction of carbon emissions, energy consumption, and waste (particularly Styrofoam™) throughout its facilities. Eastern Health successfully achieved reductions in all three initiatives in 2020-21.
- Lastly, the organization continues to harness innovation through Eastern Health's Living Lab. The Living Lab aims to provide opportunities for innovative solutions to be developed, tested, refined, and applied across all areas of health care. Both enrollment in Health Clinical Trials and GDP growth increased in 2020-21 as a result of an increased focus on innovation.

Opportunities and Challenges Ahead

Eastern Health, along with organizations across the world, continued to navigate through unprecedented challenges with the persistence of the global COVID-19 pandemic during 2020-21.

COVID-19 was an extraordinary experience, unlike anything we have seen before, and Eastern Health staff, physicians, and managers in all areas of the organization worked diligently to ensure that plans were in place to continue delivering high quality care to patients while keeping employee and physician safety at the forefront.
Because of that needed focus, work in many of the priority areas was delayed to accommodate the shifting priorities and ever-changing circumstances brought forward by the pandemic.

Eastern Health is continuing to learn and adjust to a new and everchanging ‘normal’. Throughout the past year, the public health response to the pandemic was nothing short of extraordinary, as Eastern Health employees mobilized quickly and efficiently to establish COVID-19 testing sites and tirelessly worked on contact tracing to prevent further spread across the region. Because of the dedication and selflessness of the organization’s employees and physicians, Eastern Health was able to maintain service volumes appropriate for the COVID-19 alert levels. Employees and physicians continued to go above and beyond to ensure that the sickest and most vulnerable patients, residents, and clients were cared for, while also working to ensure that measures to facilitate screening, physical distancing and other precautions remained in place to help reduce the risk of infection were maintained throughout our buildings.

The organization continues to apply the National Standard of Canada for Psychological Health and Safety in the Workplace to promote mental health and prevent psychological harm within our workforce. Over the past year, the pandemic brought on additional stress and fatigue, and because of this, the need to support our staff has never been so great. As a result, Eastern Health put in place new services to ensure employees and physicians had easy access to psychological support when and where they needed it. Some of those services included Check with Eva, Peer 2 Peer support, Rapid Response Team, Team check-ins, Employee and Physician Navigator Line, and continued support from our Employee/Family Assistance Program.

A pressured health-care system is not new for Eastern Health, which serves an aging population over a large geographic area. This, coupled with increasing client numbers, patient acuity, hospital admissions and provincial fiscal constraints, has created a challenging environment that requires innovative solutions. The COVID-19 pandemic had a large impact on expenditures in 2020-21, largely due to increased compensation costs resulting from extensive overtime and extra workload and unplanned overages due to significant uptake in Personal Protective Equipment (PPE) usage. Increased Community Client volumes and associated benefits experienced in the Home Support Program was also a contributing factor. Financial resource constraints will continue to challenge the organization in the years ahead as it delivers quality health services.

Despite these challenges, Eastern Health is committed to becoming a leader in health-care innovation. With the help of our clinical, community, business and academic partners, Eastern Health continues to explore and apply innovative methods of delivering care designed to help overcome common barriers such as an increasing demand for services. One opportunity that the pandemic presented to Eastern Health was the increased adoption of virtual care. Enhancing virtual care has been more important than ever as it not only allows patients to stay at home while practicing social distancing or self-isolation, but it also supports increased access to Primary Health Care. Virtual technologies such as Telehealth and Remote Patient Monitoring (RPM) provide an opportunity for patients to be treated in their homes or closer to their home communities, thereby increasing access and resulting in a reduction in hospital admissions. Virtual appointments continue to be offered for routine outpatient clinical care and consultation.

To help mitigate these fiscal and public health challenges, Eastern Health continues to focus on implementing sustainability efforts to care for more patients, residents, and clients in the absence of increased hospital bed capacity and human resources. LEAN management techniques, such as streamlining processes, reducing duplication, eliminating waste, and reducing our overall environmental footprint, have been introduced by Eastern Health in various areas to care for more clients within existing resources. The organization will continue work to harness innovation to improve patient care and elevate Eastern Health as a leader in the Canadian health innovation sector.

Another key opportunity for Eastern Health comes in the form of engagement with community partners, client and family advisors, and the general population we serve to include them in decision-making processes.

Eastern Health remains committed to community partnerships and collaborations throughout the region and will partner with the City of St. John's to begin a public engagement process to help inform the "Healthy City Strategy". Furthermore, Eastern Health is committed to collaborating with the other regional health authorities, NLCHI and the Department of Health and Community Services on shared endeavours.

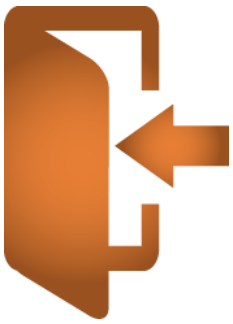
Eastern Health extends its gratitude to its clients and families for their understanding and patience as the organization navigates this challenging time. Despite new obstacles and ever-changing circumstances, people across the organization are working diligently and seizing all available opportunities to provide the best possible care to those they serve.

Appendix I

Descriptions of Key Performance Indicators from the Report on Performance Section

The following provides an overview of quantitative indicators found in the Report on Performance Section of the Annual Performance Report, listed by relevant priority area:

Access



- **Increased attachment to a primary health care provider**: Measured by percentage of MCP registrants within the Eastern Health region who are not attached to a General Practice physician. Unattached MCP registrants include individuals who meet the following criteria: did not have a visit with a fee-for-service general practice physician or had one or more visits with a fee-for-service general practice physician but less than <60% of visits were billed under the same physician; and did not have an encounter with an Eastern Health service or had at least one encounter with an Eastern Health service but a valid name was not provided or identified within the 'Family Doctor' field.
- **Better management of chronic disease with a focus on COPD:** Measured by the rate of acute care hospitalizations for chronic obstructive pulmonary disease (per 100,000 population aged 0-74 years).
- **Increased utilization of virtual care:** Measured by the percentage of primary care visits delivered through virtual care. This measure describes the proportion of general practice visits that are conducted through virtual care among Eastern Health's salaried primary care providers. All primary care visits are logged electronically within the patients' EMR. Virtual care and associated technology requirements are captured as checked fields within the visit registration. The total number of visits completed virtually is divided by the total visit volume to determine the proportion of primary care visits supported using virtual care each month.
- **Increased patient and provider satisfaction with alternative methods of delivering care**: Measured by key informant interviews and/or surveys, where appropriate. Tools are currently under development and will be designed with items assessing patient and provider satisfaction with alternative methods of delivering care.

- **Decreased wait times for outpatient child psychiatry:** Measured by the percentage of new referrals seen by child psychiatry within their access target, which are as follows: Priority 1: ≤ 30 Days; Priority 2 ≤ 90 Days; Priority 3 ≤ 182 Days. The results are collected from the Janeway clinic Community Wide Scheduling data. [22]
- **Decreased wait times for outpatient adult psychiatry:** Measured by the percentage of new referrals seen by adult psychiatry within their access target, which are as follows: Priority 1: < 30 Days; Priority 2 < 90 Days; Priority 3 < 182 Days. The results are collected from the Community Wide Scheduling data of selected city psychiatry clinics.
- **Decreased wait times for child and adolescent counselling services:** Measured by the percentage of new referrals seen by child and adolescent counselling services within their access target, which are as follows: Priority 1: ≤ 30 Days; Priority 2 ≤ 90 Days; Priority 3 ≤ 182 Days. The results are collected from the Community Wide Scheduling data of selected city community mental health and addictions services.
- **Increased number of seniors with an annual assessment completed:** Measured by the Percentage of clients aged 65 years and older in receipt of long-term home support services with an up-to-date annual assessment (RAI-HC) completed.
- **Increased number of seniors with a support plan completed:** Measured by the percentage of clients aged 65 years and older in receipt of long-term home support services with an up-to-date support plan completed.
- **Decreased Alternate Level of Care (ALC) days in acute care:** Measured by the percentage of alternate level of care (ALC) days for acute inpatient care as a percent of total patient days stayed. A patient's total hospital days stayed is the amount of time they spend as a patient in the hospital from the time they are admitted until they are discharged. Sometimes a physician or other designated medical professional indicates that a patient occupying an acute care hospital bed no longer requires the intensity of resources or services associated with acute care. The amount of time between when this decision is made until the patient is discharged to a location where they can receive the level of care determined necessary by the physician, is the patients Alternate Level of Care (ALC) length of stay.
- **Decreased length of stay for typical acute care inpatients**: Measured by the percentage of length of stay over expected length of stay (in days) for acute

[22] Community Wide Scheduling is a patient appointment scheduling module, used in the majority of outpatient clinics and services throughout Eastern Health.

inpatient care. When the percentage of actual days stayed is above 100%, existing patients have stayed longer than expected. Expected length of stay is the average length of stay in hospital for typical patients with the same case mix grouping, age category, co-morbidity level and intervention factors.

- **Resumption of services to volumes appropriate for the current COVID-19 Alert Level with established backlog plan:** This measure assesses the actual resumption of key services compared to the volume expected to be delivered based on the current COVID-19 Alert Level in place within the province. Results are displayed as the percent increase or decrease in key services delivered in each time period, where 0% indicates service levels were equal to the volume expected while maintaining the precautions put in place to keep patients, visitors and staff safe throughout the pandemic.

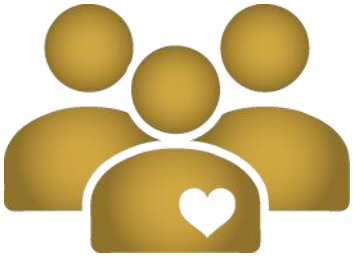
Quality and Safety

- **Improved Hospital Standardized Mortality Ratio (HSMR):** Measured by a ratio that represents the actual number of deaths that occurred in hospital relative to the number of deaths that would be expected to occur based on the complexity of patients treated, once adjusted for factors that affect the risk of death such as age, sex, and length of hospital stay. HSMR is a publicly reported safety measure and is used by hospitals worldwide to assess and analyze mortality while assessing areas of change and improvement. The HSMR is based on diagnosis groups that account for 80 per cent of all deaths in acute care hospitals, excluding patients identified as receiving palliative care. The number of expected deaths is derived from the average experience of acute care facilities that submit to the Canadian Institute for Health Information (CIHI)'s Discharge Abstract Database (DAD). An HSMR equal to 100 suggests that there is no difference between the actual and expected mortality rates given the types of patients cared for.
- **Increased medication reconciliation compliance rates:** Measured by the percentage of medication reconciliation compliance, this indicator identifies the audit results of the medication reconciliation (MedRec) process as determined by Accreditation Canada criteria. Compliance indicates that the MedRec process was achieved on at least 75 per cent of the charts audited on a monthly audit (random selection of a minimum of five charts per unit). The criteria for success include: (1) the Best Possible Medication History (BPMH) was collected at admission; (2) patient/family was a source in collecting the BPMH; (3) BPMH was

compared to the admitting orders; and, (4) medication discrepancies were identified and resolved.

- **Reduced potentially inappropriate use of antipsychotics in long-term care:** Measured by the percentage of long-term care residents prescribed antipsychotics within the reporting period without a corresponding diagnosis of psychosis.
- **Improved clinical transitions in care**: Measured by the per cent compliance with recommended processes for improved clinical transitions in care. This indicator identifies quarterly audit results for recommended practice when clients experience a transition in care, such as admission from the emergency department to acute care, inter-unit transfers, and discharge from hospital to residential care.
- **Improved client experience:** Measured by the percentage of clients who rated their care received as 8 or above on a scale from 0 (worst care possible) to 10 (best care possible) on Eastern Health's Experience of Care Survey
- **Increased meaningful involvement of client and family advisors:** Measured by the percentage of client and family advisors who report their involvement as meaningful on Eastern Health's Client and Family Advisor Questionnaire. Questionnaire items were factor analyzed and a single scale was identified where the percentage of respondents scoring an average of four or above on a scale from one (Not at all) to five (Very much so) are used to report on the indicator.
- **Increased meaningful involvement of families**: Measured by the percentage of clients who reported health care providers "Always" involved their family members and/or support people in decisions about their care on Eastern Health's Experience of Care Survey.
- **Increased number of teams using visual management in their improvement huddles:** Measured by the number of teams actively using visual management in their improvement huddles.

Population Health



- **Increased reach of smoking cessation program:** Measured by the number of hospitalized smokers within the target program sites who were offered smoking cessation services through the Ottawa Model for Smoking Cessation (OMSC) program. OMSC is currently offered within St. Clare's Mercy Hospital.
- **Increased percentage of the Public Health e-health digital innovation strategy implemented:** Measured by the percent of e-health innovation strategy implemented within a reporting period. There are nine initiatives to be implemented, including: 1) EMR Provincial Initiative for self-scheduling; 2) EMR Provincial Initiative to obtain consent for public health administered vaccinations; 3) Enhanced use of virtual meeting technologies among clients and partners. 4) Enhancements to HI Website (HI Innovation Project); 5) Implementation of electronic ASQ-3 Development Screening Tool; 6) Implementation of pre-natal assessment application; 7) Improved clinic appointment reminder processes; 8) Development of a Population Health Status Dashboard; 9) Electronic management system for public health records (to be initiated, but not expected for completion by March 23, 2021).
- **Increased collaboration with partners on population health initiatives:** Measured by the number of population health initiatives implemented in collaboration with partners. Five initiatives planned in collaboration with partners include: 1) Healthy City Strategy, City of St. John's; 2) Eastern Health Board Virtual Conference on Population Health; 3) Food Strategy; 4) Healthy Communities Partnership Fund; 5) Hi Innovation Project: Healthy Child Development: Supporting Parents Online.

Healthy Workplace

- **Decreased employee lost time injuries:** Measured by the bi-weekly, average rate of employee injuries (per 1,000 employees).
- **The five priority psychosocial factors:**
    - Increased support for psychological self-care
    - Improved psychological job fit
    - Increased civility and respect
    - Increased clarity of leadership and expectations

- **Increased protection of physical safety:** Measured by the percentage of employees who scored high on items related to each factor in the Caring for Health-care Workers Survey. Psychosocial factors (PFs) are the sums of 3-4 individual survey items (each scored on a scale of 1-4); the 4-item factors are prorated to be comparable to the other factors. Psychosocial factor scores range between 3 and 12. Scores on the PFs are then classified into three categories of: Low, Medium or High.

Sustainability

- **Decreased variance from operational expenditure budget:** Measured as (Year to Date budgeted expenses – Year to Date actual expenses) in dollars.
- **Reduced potentially inappropriate use of antibiotics**: Measured as the defined daily doses (DDD) of antimicrobials dispensed for acute inpatient care per 1,000 inpatient days in select Eastern Health facilities within the reporting period.
- **Reduced potentially inappropriate use of biochemistry testing**: Measured by the percent variance in high-use physician biochemistry testing in comparison to peers. The weekly average outpatient tests ordered by General Practice physicians (GPs) within Eastern Health is compared to the normal, median tests ordered and converted into a percentage. When the average tests ordered consistently exceeds the 50th percentile 'middle of the road' clinician, this signals overuse of biochemistry testing amongst high-use physicians. The goal is to reduce the gap between the high use physicians and their normalized peers, towards 0%.
- **Reduced potentially inappropriate use of opioids**: Measured by the rate of standardized daily doses of opioids dispensed from community pharmacies within 72-hours following discharge for surgical procedures completed within Eastern Health (per 1,000 population).
- **Reduced carbon emissions**: Measured by an estimated reduction in carbon emissions in tonnes (CO2-eq) by reducing reliance on fossil fuels and recapturing anesthetic gas within Eastern Health's owned and leased facilities.
- **Reduced energy consumption**: Measured by the estimated electric and propane savings resulting from reduced energy consumption (kWh) within Eastern Health's owned and leased facilities. This is estimated using the actual energy consumed (kWh) within included facilities compared to projected monthly energy use (kWh) based on meter tunings completed at the start of the fiscal year.

- **Reduced waste**: Measured by the number of units of Styrofoam service-ware in inventory in Rural Patient Food Services and retail locations at the end of a reporting period.
- **Increased number of patients involved in health technology trials:** Measured by the number of clients enrolled in health technology clinical trials in a reporting period.
- **Increased economic development**: measured by the estimated GDP (Gross Domestic Product) growth invested within the province of Newfoundland and Labrador as a result of increased innovation within Eastern Health (per $M). Financial models, developed in consultation with the Department of Finance, Government of Newfoundland and Labrador, are used to estimate direct, indirect, and induced economic benefit of health-care innovation on provincial GDP. Vendors estimate their own GDP impact through annual self-reported survey.

Appendix II

Acronyms Used in this Document

ACRONYM	FULL TERM
AAHP	Association of Allied Health Professionals
ACSC	Ambulatory Care Sensitive Conditions
ALC	Alternate Level of Care
BETTER	Building on Existing Tools To Improve Chronic Disease Prevention and Screening in Primary Care
BFTE	Benefit Full Time Equivalent
BIG	Benchmark Intelligence Group
BPMH	Best Possible Medication History
CEO	Chief Executive Officer
CFCC	Client- and Family-Centred Care
CIHI	Canadian Institute for Health Information
COPD	Chronic Obstructive Pulmonary Disorder
CUPE	Canadian Union of Public Employees
EHOP	Eastern Health Operational Plan
ELOS	Expected Length of Stay
EMR	Electronic Medical Record
EVA	Employee Virtual Assistant
FTE	Full Time Equivalent
GDP	Gross Domestic Product
GP	General Practitioner
HSC	Health Sciences Centre
HSMR	Hospital Standardized Mortality Ratio
INSPIRED	Implementing a Novel and Supportive Program of Individualized care for patients and families living with Respiratory Disease

MUN	Memorial University
NAPE	Newfoundland and Labrador Association of Public and Private Employees
NAPE HP	Newfoundland and Labrador Association of Public and Private Employees (Health Professionals)
NAPE LX	Newfoundland and Labrador Association of Public and Private Employees (Laboratory and X-Ray)
NATI	Newfoundland and Labrador Association of Technology Industries
NL	Newfoundland and Labrador
NLCHI	Newfoundland and Labrador Centre for Health Information
OMSC	Ottawa Model for Smoking Cessation Program
PARNL	Professional Association of Residents of Newfoundland and Labrador
PPE	Personal and Protective Equipment
RAI-HC	Resident Assessment Instrument – Home Care
RNUNL	Registered Nurses' Union Newfoundland and Labrador
RPM	Remote Patient Monitoring
SCMH	St. Clare's Mercy Hospital
VARB	Violence, Aggressive Responsive Behaviour

Appendix III

Audited Financial Statements

Eastern Regional Health Authority – Operating Fund

Non-consolidated financial statements

March 31, 2021

Eastern Regional Health Authority – Operating Fund

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March 31, 2021

Statement of management responsibility

The accompanying non-consolidated financial statements of the **Eastern Regional Health Authority – Operating Fund** [the "Authority"] as at and for the year ended March 31, 2021 have been prepared by management in accordance with Canadian public sector accounting standards, and the integrity and objectivity of these non-consolidated financial statements are management's responsibility. Management is also responsible for the notes to the non-consolidated financial statements and schedules.

In discharging its responsibilities for the integrity and fairness of the non-consolidated financial statements, management developed and maintains systems of internal control to provide reasonable assurance that transactions are properly authorized and recorded, proper records are maintained, assets are safeguarded, and that the Authority complies with applicable laws and regulations.

The Board of Trustees [the "Board"] is responsible for ensuring that management fulfils its responsibilities for financial reporting and is ultimately responsible for reviewing and approving the non-consolidated financial statements. The Board carries out this responsibility principally through its Finance Committee [the "Committee"]. The Committee meets with management and the external auditor to review any significant accounting and auditing matters, to discuss the results of audit examinations, and to review the non-consolidated financial statements and the external auditor's report. The Committee reports its findings to the Board for consideration when approving the non-consolidated financial statements.

The external auditor, Ernst & Young LLP, conducts an independent examination in accordance with Canadian generally accepted auditing standards and expresses an opinion on the non-consolidated financial statements as at and for the year ended March 31, 2021.

Scott Bishop, CPA, CGA
Chief Financial Officer

Fern Mitchelmore, CPA, CGA
Director of Financial Services

Independent auditor's report

To the Board of Trustees of
Eastern Regional Health Authority

Opinion

We have audited the non-consolidated financial statements of **Eastern Regional Health Authority – Operating Fund** [the "Authority"], which comprise the non-consolidated statement of financial position as at March 31, 2021, and the non-consolidated statement of operations and accumulated deficit, non-consolidated statement of changes in net debt and non-consolidated statement of cash flows for the year then ended, and notes to the non-consolidated financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying non-consolidated financial statements present fairly, in all material respects, the non-consolidated financial position of the Authority as at March 31, 2021, and its non-consolidated financial performance, its non-consolidated net debt, and its non-consolidated cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the non-consolidated financial statements* section of our report. We are independent of the Authority in accordance with the ethical requirements that are relevant to our audit of the non-consolidated financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other matter – supplementary information

We draw attention to the fact that the supplementary information included with the non-consolidated financial statements related to the Authority does not form part of the non-consolidated financial statements. We have not audited or reviewed this supplementary information and, accordingly, we do not express an opinion, a review conclusion or any other form of assurance on this supplementary information.

Basis of accounting and restriction on distribution and use

Without modifying our opinion, we draw attention to note 2 to the non-consolidated financial statements, which describes the basis of presentation of the non-consolidated financial statements of the Authority. These non-consolidated financial statements have been prepared for specific users and may not be suitable for another purpose.

Responsibilities of management and those charged with governance for the non-consolidated financial statements

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

In preparing the non-consolidated financial statements, management is responsible for assessing the Authority's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Authority or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Authority's financial reporting process.

Auditor's responsibilities for the audit of the non-consolidated financial statements

Our objectives are to obtain reasonable assurance about whether the non-consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the non-consolidated financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the non-consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Authority's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the non-consolidated financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Authority to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the non-consolidated financial statements, including the disclosures, and whether the non-consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Ernst & Young LLP

Chartered Professional Accountants

St. John's, Canada
June 30, 2021

Eastern Regional Health Authority – Operating Fund

Non-consolidated statement of financial position

[in thousands of Canadian dollars]

As at March 31

	2021	2020
	$	$
Financial assets		
Accounts receivable *[note 3]*	**19,885**	24,674
Due from government/other government entities *[note 4]*	**33,078**	36,860
Due from other entities	**2,846**	112
Advance to General Hospital Hostel Association	**148**	296
Sinking fund investment *[note 11]*	**25,991**	24,418
	81,948	86,360
Liabilities		
Bank indebtedness	**13,277**	7,161
Operating facility *[note 6]*	**148,017**	61,192
Accounts payable and accrued liabilities *[note 7]*	**147,068**	132,487
Due to government/other government entities *[note 8]*	**31,078**	21,424
Employee future benefits		
Accrued severance pay *[note 16]*	**8,983**	11,755
Accrued sick leave *[note 17]*	**68,587**	68,112
Accrued vacation pay	**71,466**	58,045
Deferred contributions *[note 9]*		
Deferred capital grants	**52,933**	62,204
Deferred operating revenue	**16,881**	10,401
Long-term debt *[note 10]*	**131,310**	131,795
	689,600	564,576
Net debt	**(607,652)**	(478,216)
Non-financial assets		
Tangible capital assets, net *[note 5]*	**369,836**	352,826
Supplies inventory *[note 22]*	**72,962**	22,895
Prepaid expenses	**27,736**	13,550
	470,534	389,271
Accumulated deficit	**(137,118)**	(88,945)

Contingencies *[note 14]*
Contractual obligations *[note 15]*
Operating facility *[note 6]*

See accompanying notes

Approved by the Board:

_____ Director

_____ Director

Eastern Regional Health Authority – Operating Fund

Non-consolidated statement of operations and accumulated deficit

[in thousands of Canadian dollars]

Year ended March 31

	Final Budget	2021	2020
	$	$	$
	[note 20]		
Revenue			
Provincial plan	1,387,847	**1,387,847**	1,361,248
Medical Care Plan	73,564	**73,564**	73,486
Other	47,140	**46,836**	50,957
Provincial plan capital grant *[note 9]*	—	**46,176**	23,957
Resident	17,339	**18,094**	16,722
Inpatient	9,294	**9,773**	11,095
Outpatient	8,204	**8,497**	11,431
Other capital contributions *[note 9]*	—	**4,364**	7,491
	1,543,388	**1,595,151**	1,556,387
Expenses *[note 21]*			
Patient and resident services	411,623	**406,054**	427,192
Client services	341,274	**343,024**	329,628
Diagnostic and therapeutic	214,748	**210,252**	220,894
Support	193,921	**197,726**	193,044
Ambulatory care	173,829	**177,557**	182,630
Administration	108,112	**131,813**	123,161
Medical services	100,294	**99,251**	99,694
Amortization of tangible capital assets *[note 5]*	—	**33,530**	32,650
Research and education	17,187	**16,209**	17,388
Other	12,323	**7,717**	8,063
Interest on long-term debt	10,716	**9,067**	9,077
Employee future benefits			
Accrued severance pay recovery	—	**(2,772)**	(53,208)
Accrued sick leave expense	—	**475**	855
Accrued vacation pay expense	—	**13,421**	1,867
	1,584,027	**1,643,324**	1,592,935
Annual deficit	(40,639)	**(48,173)**	(36,548)
Accumulated deficit, beginning of year	—	**(88,945)**	(52,397)
Accumulated deficit, end of year	—	**(137,118)**	(88,945)

See accompanying notes

Eastern Regional Health Authority – Operating Fund

Non-consolidated statement of changes in net debt

[in thousands of Canadian dollars]

Year ended March 31

	2021	2020
	$	$
Annual deficit	**(48,173)**	(36,548)
Changes in tangible capital assets		
Acquisition of tangible capital assets	**(50,540)**	(31,448)
Disposal of tangible capital assets	**—**	36
Amortization of tangible capital assets	**33,530**	32,650
Decrease (increase) in net book value of tangible capital assets	**(17,010)**	1,238
Changes in other non-financial assets		
Net increase in prepaid expenses	**(14,186)**	(3,417)
Net increase in supplies inventory	**(50,067)**	(5,927)
Increase in other non-financial assets	**(64,253)**	(9,344)
Increase in net debt	**(129,436)**	(44,654)
Net debt, beginning of year	**(478,216)**	(433,562)
Net debt, end of year	**(607,652)**	(478,216)

See accompanying notes

Eastern Regional Health Authority – Operating Fund

Non-consolidated statement of cash flows

[in thousands of Canadian dollars]

Year ended March 31

	2021	2020
	$	$
Operating transactions		
Annual deficit	**(48,173)**	(36,548)
Adjustments for		
Amortization of tangible capital assets	**33,530**	32,650
Capital grants – provincial and other	**(50,540)**	(31,448)
Decrease in accrued severance pay	**(2,772)**	(53,208)
Increase in accrued sick leave	**475**	855
Net change in non-cash assets and liabilities related to operations *[note 12]*	**(14,280)**	25,723
Cash used in operating transactions	**(81,760)**	(61,976)
Capital transactions		
Acquisition of tangible capital assets	**(50,540)**	(31,448)
Disposal of tangible capital assets	**—**	36
Capital grants received *[note 9]*	**41,269**	62,903
Cash provided by (used in) capital transactions	**(9,271)**	31,491
Investing transactions		
Increase in sinking fund investment	**(1,573)**	(1,667)
Cash used in investing transactions	**(1,573)**	(1,667)
Financing transactions		
Repayment of long-term debt	**(485)**	(525)
Repayment of advance to General Hospital Hostel Association	**148**	144
Change in operating facility, net	**86,825**	46,027
Cash provided by financing transactions	**86,488**	45,646
Net decrease (increase) in bank indebtedness	**(6,116)**	13,494
Bank indebtedness, beginning of year	**(7,161)**	(20,655)
Bank indebtedness, end of year	**(13,277)**	(7,161)
Supplemental disclosure of cash flow information		
Interest paid	**9,060**	9,070

See accompanying notes

Notes to non-consolidated financial statements

[Tabular amounts in thousands of Canadian dollars]

March 31, 2021

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 [Avalon, Bonavista, and Burin Peninsulas, west to Port Blandford] of the Province of Newfoundland and Labrador [the "Province"].

The mandate of Eastern Health spans the full health continuum, including primary and secondary level health and community services for the Eastern Region, 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 incorporated under the laws of the Province of Newfoundland and Labrador and is a registered charitable organization under the provisions of the *Income Tax Act* (Canada) and, as such, is exempt from income taxes.

2. Summary of significant accounting policies

Basis of accounting

The non-consolidated financial statements have been prepared in accordance with Canadian public sector accounting standards ["PSAS"] established by the Public Sector Accounting Standards Board of the Chartered Professional Accountants of Canada. The significant accounting policies used in the preparation of these non-consolidated financial statements are as follows:

Basis of presentation

These non-consolidated financial statements reflect the assets, liabilities, revenue and expenses of the Operating Fund. Trusts administered by Eastern Health are not included in the non-consolidated statement of financial position *[note 13]*. These non-consolidated financial statements have not been consolidated with those of other organizations controlled by Eastern Health because they have been prepared for the Authority's Board of Trustees and the Department of Health and Community Services [the "Department"]. Since these non-consolidated financial statements have not been prepared for general purposes, they should not be used by anyone other than the specified users. Consolidated financial statements have also been issued.

Revenue recognition

Provincial plan revenue without eligibility criteria and stipulations restricting its use is recognized as revenue when the government transfers are authorized.

Government transfers with stipulations restricting their use are recognized as revenue when the transfer is authorized and the eligibility criteria are met by the Authority, except when and to the extent the transfer gives rise to an obligation that constitutes a liability. When the transfer gives rise to an obligation that constitutes a liability, the transfer is recognized in revenue when the liability is settled. Medical Care Plan ["MCP"], inpatient, outpatient and residential revenues are recognized in the period services are provided.

Notes to non-consolidated financial statements

[Tabular amounts in thousands of Canadian dollars]

March 31, 2021

The Authority is funded by the Department for the total of its operating costs, after deduction of specified revenue and expenses, to the extent of the approved budget. The final amount to be received by the Authority for a particular fiscal year will not be determined until the Department has completed its review of the Authority's non-consolidated financial statements. Adjustments resulting from the Department's review and final position statement will be considered by the Authority and reflected in the period of assessment. There were no changes from the previous year.

Other revenue includes dietary revenue, shared salaries and services and rebates and salary recoveries from WorkplaceNL. Rebates and salary recovery amounts are recorded once the amounts to be recorded are known and confirmed by WorkplaceNL.

Expenses

Expenses are recorded on the accrual basis as they are incurred and measurable based on receipt of goods or services.

Asset classification

Assets are classified as either financial or non-financial. Financial assets are assets that could be used to discharge existing liabilities or finance future operations and are not to be consumed in the normal course of operations. Non-financial assets are acquired, constructed, or developed assets that do not provide resources to discharge existing liabilities but are employed to deliver healthcare services, may be consumed in normal operations and are not for resale.

Cash (bank indebtedness)

Bank balances, including bank overdrafts with balances that fluctuate from positive to overdrawn, are presented under cash or bank indebtedness, respectively.

Supplies inventory

Supplies inventory is valued at the lower of cost and replacement cost, determined on a first-in, first-out basis.

Tangible capital assets

Tangible capital assets are recorded at historical cost. Certain tangible capital assets, such as the Health Sciences Centre, Janeway Children's Health and Rehabilitation Centre, St. John's, and Carbonear Long Term Care Facilities, are utilized by the Authority, and are not reflected in these non-consolidated financial statements as legal title is held by the Government of Newfoundland and Labrador [the "Government"]. The Government does not charge the Authority any amounts for the use of such assets. Certain additions and improvements made to such tangible capital assets are paid for by the Authority and are reflected in the non-consolidated financial statements of the Authority.

Notes to non-consolidated financial statements

[Tabular amounts in thousands of Canadian dollars]

March 31, 2021

Amortization is calculated on a straight-line basis 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 lives of the assets as follows:

Land improvements	10 years
Buildings and improvements	40 years
Equipment	5–7 years

Gains and losses on disposal of individual assets are recognized in operations in the period 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

Tangible capital assets are written down when conditions indicate that they no longer contribute to the Authority's ability to provide goods and services, or when the value of future economic benefits associated with the tangible capital assets is less than their net book value. The net write-downs are accounted for as expenses in the non-consolidated statement of operations and accumulated deficit.

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.

Employee future benefits

Accrued severance

Physicians employed within Eastern Health are entitled to severance benefits as stipulated in their conditions of employment. The right to be paid severance pay vests with employees with nine years of continual service with Eastern Health or another public sector employer. Severance is payable when the employee ceases employment with Eastern Health or the public sector employer, upon retirement, resignation, or termination without cause. The severance benefit obligation has been actuarially determined using assumptions based on management's best estimates of future salary and wage changes, employee age, years of service, the probability of voluntary departure due to resignation or retirement, the discount rate, and other factors. Discount rates are based on the Province's long-term borrowing rate. Actuarial gains and losses are deferred and amortized over the average remaining service life of employees, which is 13 years.

Notes to non-consolidated financial statements

[Tabular amounts in thousands of Canadian dollars]

March 31, 2021

Accrued sick leave

Employees of Eastern Health are entitled to sick leave benefits that accumulate but do not vest. Eastern Health recognizes the liability in the period in which the employee renders service. The obligation is actuarially determined using assumptions based on management's best estimates of the probability of use of accrued sick leave, future salary and wage changes, employee age, the probability of departure, retirement age, the discount rate and other factors. Discount rates are based on the Province's long-term borrowing rate. Actuarial gains and losses are deferred and amortized over the average remaining service life of employees, which is 13 years.

Accrued vacation pay

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

Pension costs

Employees are members of the Public Service Pension Plan and/or the Government Money Purchase Plan [the "Plans"] administered by the Government. The Plans, which are defined benefit plans, are considered multi-employer plans, and are the responsibility of the Province. Contributions to the Plans are required from both the employees and Eastern Health. The annual contributions for pensions are recognized as an expense as incurred and amounted to $56,744,620 for the year ended March 31, 2021 [2020 – $56,132,579].

Sinking fund investment

The sinking fund was established for the partial retirement of Eastern Health's sinking fund debenture, which is held and administered by Government.

Contributed services

Volunteers contribute a significant amount of their time each year assisting Eastern Health in carrying out its service delivery activities. Due to the difficulty in determining fair value, contributed services are not recognized in these non-consolidated financial statements.

Financial instruments

Financial instruments are classified in one of the following categories: [i] fair value or [ii] cost or amortized cost. The Authority determines the classification of its financial instruments at initial recognition.

Long-term debt is initially recorded at fair value and subsequently measured at amortized cost using the effective interest rate method. Transaction costs related to the issuance of long-term debt are capitalized and amortized over the term of the instrument.

Cash and bank indebtedness are classified at fair value. Other financial instruments, including accounts receivable, sinking fund investment, accounts payable and accrued liabilities, and due to/from government/other government entities, are initially recorded at their fair value and are subsequently measured at amortized cost, net of any provisions for impairment.

Notes to non-consolidated financial statements

[Tabular amounts in thousands of Canadian dollars]

March 31, 2021

Use of estimates

The preparation of non-consolidated financial statements in conformity with PSAS requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities as at the date of the non-consolidated financial statements, and the reported amounts of revenue and expenses during the reporting period. Areas requiring the use of management estimates include the assumptions used in the valuation of employee future benefits. Actual results could differ from these estimates.

3. Accounts receivable

	2021					
			Past due			
	Total	Current	1–30 days	31–60 days	61–90 days	Over 90 days
	$	$	$	$	$	$
Services to patients, residents and clients	**11,282**	**1,007**	**4,564**	**1,400**	**762**	**3,549**
Other	**11,072**	**7,188**	**—**	**—**	**—**	**3,884**
Gross accounts receivable	**22,354**	**8,195**	**4,564**	**1,400**	**762**	**7,433**
Less impairment allowance	**2,469**	**—**	**—**	**—**	**—**	**2,469**
Net accounts receivable	**19,885**	**8,195**	**4,564**	**1,400**	**762**	**4,964**

	2020					
			Past due			
	Total	Current	1–30 days	31–60 days	61–90 days	Over 90 days
	$	$	$	$	$	$
Services to patients, residents and clients	13,212	817	3,507	1,937	1,285	5,666
Other	13,948	9,604	—	—	—	4,344
Gross accounts receivable	27,160	10,421	3,507	1,937	1,285	10,010
Less impairment allowance	2,486	—	—	—	—	2,486
Net accounts receivable	24,674	10,421	3,507	1,937	1,285	7,524

4. Due from government/other government entities

	2021	2020
	$	$
Government of Newfoundland and Labrador	**25,628**	29,090
Other government entities	**7,450**	7,770
	33,078	36,860

Notes to non-consolidated financial statements

[Tabular amounts in thousands of Canadian dollars]

March 31, 2021

Outstanding balances at the year-end are unsecured, interest free and settlement occurs in cash. For the year ended March 31, 2021, the Authority has not recorded any impairment of receivables relating to amounts above [2020 – nil].

5. Tangible capital assets

	Land and land improvements $	Buildings and improvements $	Equipment $	Construction in progress $	Total $
2021					
Cost					
Opening balance	**2,446**	**414,998**	**555,620**	**54,812**	**1,027,876**
Additions	**—**	**18,802**	**15,089**	**16,649**	**50,540**
Disposals	**—**	**—**	**—**	**—**	**—**
Closing balance	**2,446**	**433,800**	**570,709**	**71,461**	**1,078,416**
Accumulated amortization					
Opening balance	**4**	**202,088**	**472,958**	**—**	**675,050**
Additions	**—**	**10,571**	**22,959**	**—**	**33,530**
Disposals	**—**	**—**	**—**	**—**	**—**
Closing balance	**4**	**212,659**	**495,917**	**—**	**708,580**
Net book value	**2,442**	**221,141**	**74,792**	**71,461**	**369,836**

	Land and land improvements $	Buildings and improvements $	Equipment $	Construction in progress $	Total $
2020					
Cost					
Opening balance	2,454	411,911	557,174	40,698	1,012,237
Additions	—	5,051	12,283	14,114	31,448
Disposals	(8)	(1,964)	(13,837)	—	(15,809)
Closing balance	2,446	414,998	555,620	54,812	1,027,876
Accumulated amortization					
Opening balance	4	194,173	463,996	—	658,173
Additions	—	9,851	22,799	—	32,650
Disposals	—	(1,936)	(13,837)	—	(15,773)
Closing balance	4	202,088	472,958	—	675,050
Net book value	2,442	212,910	82,662	54,812	352,826

Included within the construction in progress is an Energy Performance Contract valued at $24,457,367.

Notes to non-consolidated financial statements

[Tabular amounts in thousands of Canadian dollars]

March 31, 2021

6. Operating facility

The Authority has access to a line of credit totalling $185,000,000 [2020 – $108,000,000] in the form of revolving demand loans and/or overdrafts at its financial institutions. As at March 31, 2021, the Authority had used $148,016,669 from its line of credit [2020 – $61,191,777]. The Authority's ability to borrow has been approved by the Province's Minister of Health and Community Services.

7. Accounts payable and accrued liabilities

	2021 $	2020 $
Accounts payable and accrued liabilities	**73,074**	64,638
Salaries and wages payable	**68,478**	62,874
Employee/employer remittances	**5,516**	4,975
	147,068	132,487

8. Due to government/other government entities

	2021 $	2020 $
Federal government	**4,021**	3,284
Government of Newfoundland and Labrador	**22,461**	13,515
Other government entities	**4,596**	4,625
	31,078	21,424

9. Deferred contributions

	2021 $	2020 $
Deferred capital grants [a]		
Balance as at beginning of year	**62,204**	30,749
Receipts during the year	**41,269**	62,903
Recognized in revenue during the year	**(50,540)**	(31,448)
Balance as at end of year	**52,933**	62,204
Deferred operating revenue [b]		
Balance as at beginning of year	**10,401**	9,030
Receipts during the year	**1,459,681**	1,549,952
Recognized in revenue during the year	**(1,453,201)**	(1,548,581)
Balance as at end of year	**16,881**	10,401

Notes to non-consolidated financial statements

[Tabular amounts in thousands of Canadian dollars]

March 31, 2021

[a] Deferred capital grants represent transfers from government and other government entities received with associated stipulations relating to the purchase of capital assets, resulting in a liability. These grants will be recognized as revenue when the related assets are acquired or constructed, and the liability is settled.

[b] Deferred operating revenue represents externally restricted government transfers with associated stipulations relating to specific projects or programs, resulting in a liability. These transfers will be recognized as revenue in the period in which the resources are used for the purpose specified.

10. Long-term debt

	2021 $	2020 $
Sinking fund debenture, Series HCCI, 6.9%, to mature on June 15, 2040, interest payable semi-annually on June 15 and December 15 [the "Debenture"]	**130,000**	130,000
Newfoundland and Labrador Housing Corporation ["NLHC"] [Placentia Health Centre], 1.01% mortgage repayable in blended monthly instalments of $17,469, secured by land and building with a net book value of $1,344,903; mortgage paid in full December 2020	**—**	157
Canada Mortgage and Housing Corporation ["CMHC"] [Blue Crest Seniors Home], 8.0% mortgage, maturing in December 2025, repayable in blended monthly instalments of $7,777, secured by land and buildings with a net book value of $2,429,514	**366**	428
CMHC [Golden Heights Manor Seniors Home], 10.5% mortgage, maturing in September 2027, repayable in blended monthly instalments of $7,549, maturing in August 2027	**429**	473
CMHC [Golden Heights Manor Seniors Home], 1.12% mortgage, maturing in June 2023, repayable in blended monthly instalments of $19,246	**515**	737
	131,310	131,795

The semi-annual interest payments on the Debenture are $4,485,000. The semi-annual interest payments and mandatory annual sinking fund payments on the Debenture are guaranteed by the Government.

Future principal repayments to maturity are as follows:

	$
2022	345
2023	358
2024	192
2025	151
2026	137
Thereafter	130,127
	131,310

Notes to non-consolidated financial statements

[Tabular amounts in thousands of Canadian dollars]

March 31, 2021

11. Sinking fund investment

A sinking fund investment, established for the partial retirement of the Debenture *[note 10]*, is held in trust by the Government. The balance as at March 31, 2021 includes interest earned in the amount of $11,038,650 [2020 – $10,213,637]. The annual principal payment to the sinking fund investment until the maturity of the Debenture on June 15, 2040 is $747,500.

12. Non-consolidated statement of cash flows

	2021 $	2020 $
Accounts receivable	**4,789**	(648)
Supplies inventory	**(50,067)**	(5,927)
Prepaid expenses	**(14,186)**	(3,417)
Due from other entities	**1,048**	(112)
Accounts payable and accrued liabilities	**14,581**	13,817
Due from/to government/other government entities	**9,654**	18,772
Accrued vacation pay	**13,421**	1,867
Deferred operating revenue	**6,480**	1,371
	(14,280)	25,723

13. Trust funds

Trusts administered by the Authority have not been included in the non-consolidated financial statements as they are excluded from the Government reporting entity. As at March 31, 2021, the balance of funds held in trust for residents of long-term care facilities was $2,697,520 [2020 – $2,471,317]. These trust funds include a monthly comfort allowance provided to residents who qualify for subsidization of their boarding and lodging fees.

14. Contingencies

A number of legal 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.

15. Contractual obligations

The Authority has entered into a number of multiple-year operating leases, contracts for the delivery of services and the use of assets. These contractual obligations will become liabilities in the future when the terms of the contracts are met. The table below relates to the future portion of the contracts:

Notes to non-consolidated financial statements

[Tabular amounts in thousands of Canadian dollars]

March 31, 2021

	2022 $	2023 $	2024 $	2025 $	Thereafter $
Future operating lease payments	9,834	6,784	6,305	4,806	26,944
Managed print services	1,553	1,553	1,553	1,553	—
Vehicles	204	157	143	111	39
	11,591	8,494	8,001	6,470	26,983

16. Accrued severance pay

The Authority provides a severance payment to employees upon retirement, resignation, or termination without cause. In 2021, cash payments to retirees and eligible employees for the Authority's unfunded employee future benefits amounted to $3,480,789 [2020 – $59,173,776].

The most recent actuarial valuation for the accrued severance obligation was performed effective March 31, 2018 with an extrapolation to March 31, 2021.

At the end March 31, 2021, salaried physicians have severance entitlement that has not been curtailed and settled. The actuarial value of severance for salaried physicians is $6,425,514.

At the end of March 31, 2021, the value of deferred severance payments for employees who selected to defer payment is $2,558,186.

The accrued benefit liability and benefits expense of the severance pay are outlined below:

	2021 $	2020 $
Accrued benefit liability, beginning of year	**11,755**	64,963
Benefits expense		
Current period benefit cost	**520**	537
Interest on accrued benefit obligation	**189**	172
Amortization of actuarial losses and gains	**—**	17
Settlement loss	**—**	5,240
	12,464	70,929
Benefits paid	**(3,481)**	(59,174)
Accrued benefit liability, end of year	**8,983**	11,755
Current period benefit cost	**520**	537
Interest on accrued benefit obligation	**189**	172
Amortization of actuarial losses and gains	**—**	17
Settlement loss	**—**	5,240
Total expense recognized for the year	**709**	5,966

Notes to non-consolidated financial statements

[Tabular amounts in thousands of Canadian dollars]

March 31, 2021

The significant actuarial assumptions used in measuring the accrued severance pay benefit expense and liability are as follows:

Discount rate – liability	3.11% as at March 31, 2021 3.25% as at March 31, 2020
Discount rate – benefit expense	3.11% in fiscal 2021 3.25% in fiscal 2020
Rate of compensation increase	3.50% plus 0.75% for promotions and merit as at March 31, 2021 0.00% plus 0.75% for promotions and merit as at March 31, 2020

17. Accrued sick leave

The Authority provides sick leave to employees as the obligation arises and accrues a liability based on anticipation of sick days accumulating for future use. In 2021, cash payments to employees for the Authority's unfunded sick leave benefits amounted to $9,454,773 [2020 – $9,224,115].

The most recent actuarial valuation for the accrued sick obligation was performed effective March 31, 2018 with an extrapolation to March 31, 2021.

The accrued benefit liability and benefit expense of the sick leave are outlined below:

	2021 $	2020 $
Accrued benefit liability, beginning of year	**68,112**	67,257
Benefits expense		
Current period benefit cost	**5,857**	5,890
Interest on accrued benefit obligation	**2,464**	2,411
Amortization of actuarial losses and gains	**1,609**	1,778
	78,042	77,336
Benefits paid	**(9,455)**	(9,224)
Accrued benefit liability, end of year	**68,587**	68,112
Current period benefit cost	**5,857**	5,890
Interest on accrued benefit obligation	**1,609**	1,778
Amortization of actuarial losses and gains	**2,464**	2,411
Total expense recognized for the year	**9,930**	10,079

[Tabular amounts in thousands of Canadian dollars]

The significant actuarial assumptions used in measuring the accrued sick leave benefit expense and liability are as follows:

Discount rate – liability	3.11% as at March 31, 2021 3.25% as at March 31, 2020
Discount rate – benefit expense	3.11% in fiscal 2021 3.25% in fiscal 2020
Rate of compensation increase	3.50% plus 0.75% for promotions and merit as at March 31, 2021 0.00% plus 0.75% for promotions and merit as at March 31, 2020

18. Related party transactions

The Authority's related party transactions occur with the Government and other government entities. Other government entities are those who report financial information to the Province.

Transfers from the Government are funding payments made to the Authority for both operating and capital expenditures. Transfers from other related government entities are payments made to the Authority from the MCP and WorkplaceNL. Transfers to other related government entities are payments made by the Authority to long-term care facilities, Central Regional Health Authority, Labrador Regional Health Authority and Western Regional Health Authority. Transactions are settled at prevailing market prices under normal trade terms.

The Authority had the following transactions with the Government and other government entities:

	2021 $	**2020** $
Transfers from the Government of Newfoundland and Labrador	**1,423,848**	1,418,092
Transfers from other government entities	**87,961**	88,854
Transfers to other government entities	**(86,325)**	(84,180)
	1,425,484	1,422,766

19. Financial instruments and risk management

Risks and uncertainties

The Authority is exposed to a number of risks as a result of the financial instruments on its non-consolidated statement of financial position that can affect its operating performance. These risks include credit risk and liquidity risk. The Authority's Board of Trustees 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 Authority is not exposed to interest rate risk as the majority of its long-term debt obligations are at fixed rates of interest. The sources of risk exposure and how each is managed are outlined below:

[Tabular amounts in thousands of Canadian dollars]

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 accounts receivable. Eastern Health has a collection policy and monitoring processes intended to mitigate potential credit losses. Management believes that the credit risk with respect to accounts receivable is not material.

Liquidity risk

Liquidity risk is the risk that the Authority will not be able to meet its financial obligations as they become due. In fiscal 2021, the Authority had an authorized credit facility [the "Facility"] of $185,000,000 [2020 – $108,000,000]. As at March 31, 2021, the Authority had $36,983,331 in funds available on the Facility [2020 – $46,808,223]. 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 from the Province, assuming these can be obtained.

20. Final Budget

The Authority prepares an initial budget for a fiscal period that is approved by the Board of Trustees and the Government [the "Original Budget"]. The Original Budget may change significantly throughout the year as it is updated to reflect the impact of all known service and program changes approved by the Government. Additional changes to services and programs that are initiated throughout the year would be funded through amendments to the Original Budget, and an updated budget is prepared by the Authority. The updated budget [the "Budget"] amounts are reflected in the budget amounts as presented in the non-consolidated statement of operations and accumulated deficit.

The Original Budget and the Budget do not include amounts relating to certain non-cash and other items including tangible capital asset amortization, the recognition of provincial capital grants and other capital contributions, adjustments required to the accrued benefit obligations associated with severance and sick leave, and adjustments to accrued vacation pay as such amounts are not required by the Government to be included in the Original Budget or the Budget. The Authority also does not prepare a full budget in respect of changes in net debt as the Authority does not include an amount for tangible capital asset amortization or the acquisition of tangible capital assets in the Original Budget or the Budget.

The following presents a reconciliation between the Original Budget and the final Budget as presented in the non-consolidated statement of operations and accumulated deficit for the year ended March 31, 2021:

	Revenue	Expenses	Annual surplus (deficit)
	$	$	$
Original Budget	**1,416,128**	**1,534,481**	**(118,353)**
Adjustments during the year for service and program changes, net	**49,546**	**49,546**	**—**
Revised Original Budget	**1,465,674**	**1,584,027**	**(118,353)**
One-time funding approved by Government	**77,714**	**—**	**77,714**
Final Budget	**1,543,388**	**1,584,027**	**(40,639)**

Notes to non-consolidated financial statements

[Tabular amounts in thousands of Canadian dollars]

March 31, 2021

21. Expenses by object

This disclosure supports the functional display of expenses provided in the non-consolidated statement of operations and accumulated deficit by offering a different perspective of the expenses for the year. The following presents expenses by object, which outlines the major types of expenses incurred by the Authority during the year.

	2021 $	2020 $
Salaries	**791,313**	837,348
Supplies – other	**305,032**	277,627
Direct client costs	**211,809**	200,323
Employee benefits	**148,416**	87,020
Supplies – medical and surgical	**61,697**	66,533
Drugs	**63,034**	61,435
Amortization of tangible capital assets	**33,530**	32,650
Maintenance	**19,426**	20,922
Interest on long-term debt	**9,067**	9,077
Total expenses	**1,643,324**	1,592,935

22. Supplies inventory

	2021 $	2020 $
Supplies inventories	**21,414**	19,920
Pandemic inventories	**51,548**	2,975
	72,962	22,895

The amount of inventories recognized as an expense during the year ended March 31, 2021 is $26,842,000.

23. COVID-19 – global pandemic

On March 11, 2020, the World Health Organization characterized the outbreak of a strain of the novel coronavirus ["COVID-19"] as a pandemic, which has resulted in a series of public health and emergency measures that have been put into place to combat the spread of the virus. Due to strict and regimented public health measures that were implemented early in the pandemic and continued throughout the course of fiscal 2020–21, the operations of Eastern Health were impacted as these measures caused the temporary suspension and curtailment of many health services across the region. The subsequent cautious and measured reopening of health services also impacted operations within many Eastern Health facilities. Eastern Health purchased a significant amount of Personal Protective Equipment ["PPE"] for use by healthcare workers and incurred other significant one-time COVID-19 related costs which had a financial impact on the organization and contributed to the extensive use of a line of credit facility.

Non-consolidated schedule of expenses for government reporting

[in thousands of Canadian dollars]

Year ended March 31

	2021	2020
	$	$
	[unaudited]	*[unaudited]*
Patient and resident services		
Acute care	**216,447**	237,905
Long-term care	**170,752**	170,384
Other patient and resident services	**18,855**	18,903
	406,054	427,192
Client services		
Community support programs	**272,228**	259,472
Mental health and addictions	**48,464**	48,638
Health promotion and protection	**22,325**	21,506
Family support programs	**7**	12
	343,024	329,628
Diagnostic and therapeutic		
Other diagnostic and therapeutic	**90,523**	99,167
Clinical laboratory	**62,209**	62,700
Diagnostic imaging	**57,520**	59,027
	210,252	220,894
Support		
Facilities management	**74,931**	76,808
Other support	**41,709**	38,574
Food services	**34,112**	33,928
Housekeeping	**38,071**	34,459
Laundry and linen	**8,903**	9,275
	197,726	193,044
Ambulatory care		
Outpatient clinics	**104,117**	106,096
Emergency	**40,373**	42,114
Dialysis	**19,611**	20,564
Other ambulatory	**13,456**	13,856
	177,557	182,630

Non-consolidated schedule of expenses for government reporting [cont'd]

[in thousands of Canadian dollars]

Year ended March 31

	2021	2020
	$	$
	[unaudited]	*[unaudited]*
Administration		
Other administrative	**36,926**	40,023
Systems support	**2,614**	16,746
Materials management	**20,759**	20,880
Human resources	**16,878**	16,357
Finance and budgeting	**11,429**	12,045
Executive offices	**6,825**	6,577
Emergency preparedness	**36,382**	10,533
	131,813	123,161
Medical services		
Physician services	**76,305**	77,126
Interns and residents	**22,946**	22,568
	99,251	99,694
Other		
Undistributed	**7,717**	8,063
Research and education		
Education	**14,796**	16,186
Research	**1,413**	1,202
	16,209	17,388
Interest on long-term debt	**9,067**	9,077
Total shareable expenses	**1,598,670**	1,610,771

Non-consolidated schedule of revenue and expenses for government reporting

[in thousands of Canadian dollars]

Year ended March 31

	2021	2020
	$	$
	[unaudited]	*[unaudited]*
Revenue		
Provincial plan	**1,387,847**	1,361,248
Medical Care Plan	**73,564**	73,486
Other	**46,011**	50,038
Resident	**18,094**	16,722
Inpatient	**9,773**	11,095
Outpatient	**8,497**	11,431
	1,543,786	1,524,020
Expenses		
Compensation		
Salaries	**791,313**	837,348
Employee benefits	**137,292**	137,506
	928,605	974,854
Supplies		
Other	**305,032**	277,627
Medical and surgical	**61,697**	66,533
Drugs	**63,034**	61,435
Plant operations and maintenance	**19,426**	20,922
	449,189	426,517
Direct client costs		
Community support	**207,529**	196,817
Mental health and addictions	**4,280**	3,506
	211,809	200,323
Lease and long-term debt		
Long-term debt – interest	**9,067**	9,077
Long-term debt – principal	**1,233**	1,273
	10,300	10,350
	1,599,903	1,612,044
Deficit for government reporting	**(56,117)**	(88,024)
Long-term debt – principal	**1,233**	1,273
Deficit before non-shareable items	**(54,884)**	(86,751)

Non-consolidated schedule of revenue and expenses for government reporting [cont'd]

[in thousands of Canadian dollars]

Year ended March 31

	2021	2020
	$	$
	[unaudited]	*[unaudited]*
Adjustments for non-shareable items		
Provincial plan capital grant	**46,176**	23,957
Other capital contributions	**4,364**	7,491
Amortization of tangible capital assets	**(33,530)**	(32,650)
Interest on sinking fund	**825**	919
Accrued severance pay	**2,772**	53,208
Accrued sick leave	**(475)**	(855)
Accrued vacation pay	**(13,421)**	(1,867)
	6,711	50,203
Annual deficiency (surplus) as per non-consolidated statement of operations and accumulated deficit	**(48,173)**	(36,548)

Non-consolidated schedule of capital transactions funding and expenses for government reporting

[in thousands of Canadian dollars]

Year ended March 31

	2021	2020
	$	$
	[unaudited]	*[unaudited]*
Revenue		
Deferred grants – previous year	**62,204**	30,749
Provincial plan	**36,001**	55,644
Foundations and auxiliaries	**5,872**	5,664
Other	**425**	3,027
Transfer from operations	**1,740**	1,215
Transfer to other regions	**(315)**	(202)
Transfer to operations	**(2,454)**	(2,445)
Deferred grants – current year	**(52,933)**	(62,204)
	50,540	31,448
Expenses		
Equipment	**14,612**	12,007
Buildings	**18,802**	5,051
Construction in progress	**16,649**	14,114
Vehicles	**477**	276
Disposal of building and land	**—**	(36)
	50,540	31,412
Surplus on capital transactions	**—**	36

Non-consolidated schedule of accumulated deficit for government reporting

[in thousands of Canadian dollars]

As at March 31

	2021	2020
	$	$
	[unaudited]	*[unaudited]*
Assets		
Current assets		
Accounts receivable and due from government and other government entities	**55,809**	61,646
Supplies inventory	**72,962**	22,895
Prepaid expenses	**27,736**	13,550
	156,507	98,091
Advance to General Hospital Hostel Association	**148**	296
	156,655	98,387
Liabilities		
Current liabilities		
Bank indebtedness	**13,277**	7,161
Operating facility	**148,017**	61,192
Accounts payable and accrued liabilities and due to government and other government entities	**178,146**	153,911
Deferred revenue – operating revenue	**16,881**	10,401
Deferred revenue – capital grants	**52,933**	62,204
	409,254	294,869
Accumulated deficit for government reporting	**(252,599)**	(196,482)

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