Eastern Health

ANNUAL REPORT 2021 ▸ 22

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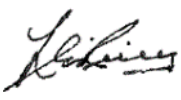
MESSAGE FROM THE BOARD OF TRUSTEES

It is my pleasure to submit, with the full endorsement of Board trustees, Eastern Health's 2021-2022 Annual Report on Performance. This report outlines the progress made towards achieving the goals and objectives outlined our 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.

Although there were many achievements in various areas across the organization, the second year of the strategic plan proved to be challenging, once again, as Eastern Health was met with an unprecedented cyber-attack that impacted health-care information technology (IT) systems across the province. With unexpected service disruptions, we credit our compassionate and dedicated employees, physicians, volunteers, and community partners for rallying together and continuing to deliver quality care to our patients, clients, and residents. This incident impacted the entire province, and we will be forever grateful for the support and understanding received during this challenging time.

Before we fully recovered from this incident, the province experienced a fourth COVID-19 wave caused by the Omicron variant. Although this meant further disruptions to care and services, fortunately, our experience with COVID-19 allowed us to adjust and recover quicker than in previous waves. However, the impact of the pandemic continued to persist, creating staffing shortages, as well as occasional disruptions to health-care services when public health restrictions were in place.

With that said, I continue to be amazed at Eastern Health's response to our ever-changing circumstances. From the public health response to the evolving COVID-19 context, to the quick and diligent mobilization and collaboration to restore our IT systems to full functionality, our team, our people, continue demonstrating a commitment to excellence. As always, 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 the organization through both our triumphs and our tribulations.



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 2021-22 fiscal year.

Leslie O'Reilly, Chair

Robert B. Andrews, Vice-Chair

Dr. Catherine Bradbury

Marilyn Butland

Dr. Sean Connors, Ex-Officio

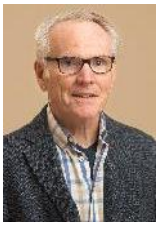
Ruby Dyall

Sharon Forsey

Tara Laing

David Loveys

James Miller



John O'Dea

Scott Tessier

Carole Therrien

Dr. Marilyn Thompson

Dr. Peggy Tuttle, Ex-Officio

Lynn Wade

Dr. Margaret Steele, Ex-Officio

EXECUTIVE TEAM

Below is Eastern Health's Executive team for the 2021-22 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. Greg Browne, 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

Debbie Walsh, Senior Director

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
1.7 billion

Total number of employees:
13,462

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

Reached approximately **510,000** individuals when including tertiary level programs, and services to the people of Saint-Pierre-et-Miquelon

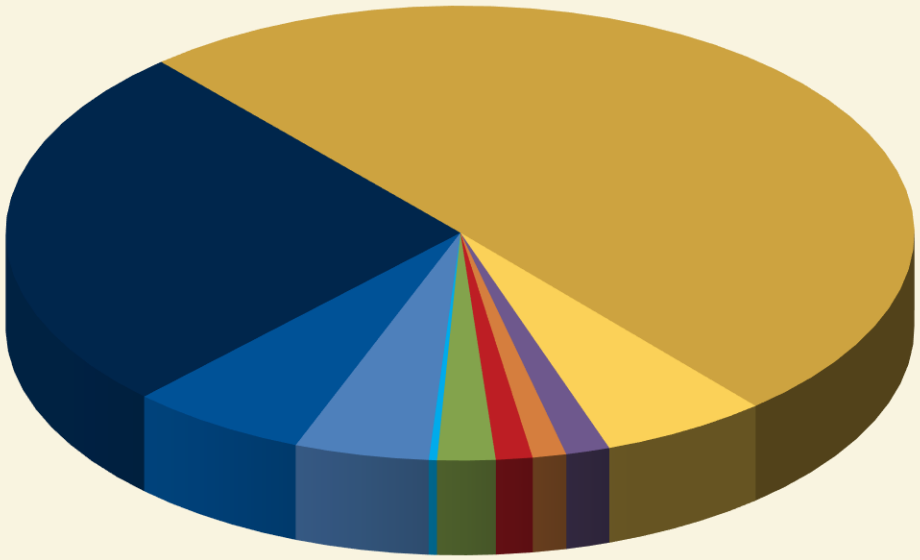
202[1] volunteers contributing a total of **12,555** hours

721 physicians
(245 salaried)

[1] Due to the Covid-19 pandemic the majority of volunteer activities were suspended in March 2020. Throughout the 2021-2022 year a small number of volunteer roles were permitted to resume.

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.

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

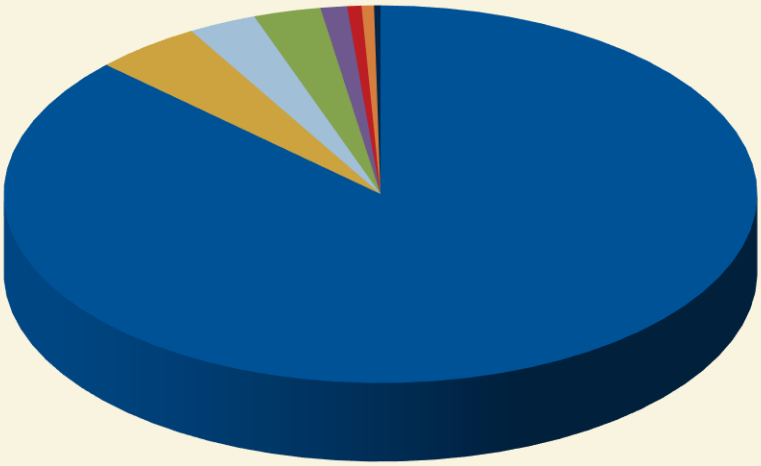
Be considerate. Recognize and celebrate diversity. Treat everyone equitably.

Revenues and Expenditures

The figure below shows Eastern Health's operating revenue and expenditures for 2021-22. See Appendix III for audited financial statements in full detail.

Figure 3: Eastern Health's Operating Revenue for 2021-22

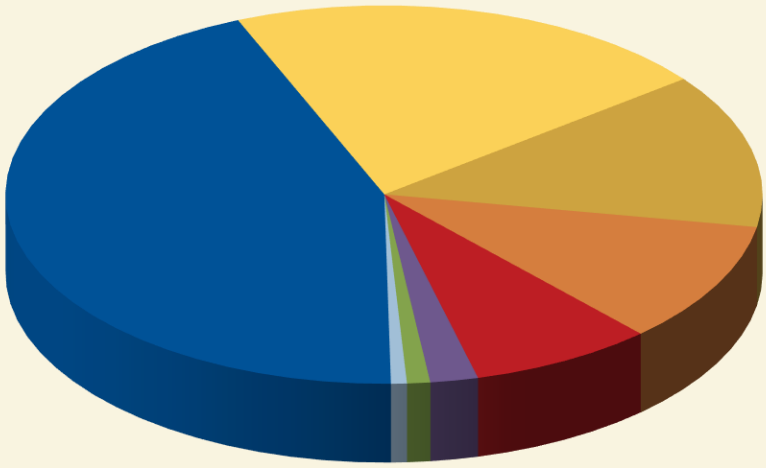
Provincial Plan	$1,472,346,000
Medical Care Plan	$72,916,000
Other[3]	$50,039,000
Provincial Plan Capital Grant	$35,738,000
Resident	$17,370,000
Inpatient	$10,085,000
Outpatient	$7,835,000
Other Capital Contributions	$6,479,000
	$1,672,808,000



[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 2021-22

Acute Care	$750,937,000
Community	$379,237,000
Support[4]	$226,379,000
Long-Term Care	$183,378,000
Administration[5]	$146,106,000
Amortization of Tangible Capital Assets	$30,954,000
Research and Education	$16,152,000
Employee Future Benefits	$8,032,000
	$1,741,175,000



[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 2021-22 fiscal year.

Community-Based Respiratory Program

In October 2021, Eastern Health launched a new and innovative community-based comprehensive respiratory care (CRC) program which will make it easier for patients with chronic respiratory disease to access care in the community. The referral-based program provides preventative care and fosters self-management through enhanced education and supports. It has the potential to significantly improve health outcomes and quality of life for those living with Chronic Obstructive Pulmonary Disease (COPD) and asthma. Services are provided by a registered respiratory therapist (RRT) who is certified in respiratory education in collaboration with the patient's primary care provider.

There are two main elements to the CRC program. The first is the INSPIRED COPD Outreach Program, a nationally recognized program which stands for Implementing a Novel and Supportive Program of Individualized Care for Patients and Families Living with Respiratory Disease. The program is designed to support those living with COPD in their own homes by providing them with the tools and education to better self-manage and prevent disease exacerbation. An RRT creates an action plan together with the patient and their primary care provider, discusses advanced care planning, and assists patients with navigating the health system. INSPIRED is currently delivered either in-person or virtually for more remote regions.

The second component of the program is a new in-person comprehensive respiratory education clinic located at United Shores Health Centre in Holyrood. The clinic offers a dedicated service for patients living with respiratory disease, primarily COPD and asthma. Through education and training offered at the clinic, patients will learn more about their disease, review inhaler technique, and discuss preventative strategies such as action plans and breathing techniques. Additionally, the clinic offers spirometry, which is a breathing test that is fundamental to the diagnosis of airway disease. The clinic has the potential to improve overall quality of life for these patients, in a shared-care approach with primary health-care providers.

The program is referral-based and is generated directly from acute care medicine units in hospitals, emergency departments and primary health-care providers. All appointments are arranged through an RRT working directly with the Comprehensive Respiratory Care Program.

New Innovation Partners

In September 2021, as part of Eastern Health's Innovation Strategy, four new innovation partners were added as vendors of record. Through these additional partnerships, Eastern Health continued to advance its strategy and provide exemplary care for patients, residents and clients in new and innovative ways while also providing economic benefit to the province. Using an open call Request for Supplier Qualification (RFSQ) process, Eastern Health formed innovation partnerships that could provide professional services to Eastern Health. These new partners were Accenture, Allscripts, Honeywell and Seafair Capital.

In addition to four new vendors of record, Eastern Health also renewed seven existing partnerships with Becton, Dickinson and Company (BD), Deloitte, General Electric Healthcare, IBM, Vision 33 Inc., Medtronic, and Mobia Technology Innovations. As vendors of record, partners have unique opportunities to collaborate with Eastern Health on the development of innovative solutions for patient/service improvements. Eastern Health may do limited calls for proposals or issue challenges to

these vendors based on specific innovation requirements such as medical device design and implementation or application and software development.

The goals of the Innovation Strategy are to improve health-care services and programs in Eastern Health through the application of innovative solutions; maximize health systems efficiencies and minimize associated costs by leveraging the innovation ecosystem to build partnerships and generate revenue; and generate economic development in the province and increase employment. For more information on the Innovation Strategy visit **ri.easternhealth.ca**.

Partnership to Establish First MedTech Innovation Site in Province

In October 2021, Eastern Health and BD-Canada, an agency of record under Eastern Health's innovation strategy, announced the launch of their strategic partnership by formally naming Eastern Health as a BD innovation site for North America. This is one of many partnerships that will ensure that Eastern Health is at the forefront of new technology. Eastern Health will provide BD with access to a live health-care environment to test their products and services including medical devices, hardware, software, and innovative procurement methods.

The availability of a real-world environment in which to trial a potential health-care solution and to measure their impact on outcomes for health care is important for industry partners in Canada. As part of this partnership, Eastern Health will validate product performance under typical working conditions and put potential solutions through various unanticipated scenarios. Eastern Health and BD will be leaders in co-designing the next generation medical devices and solutions and, as a result, patients, clients, staff, and physicians of Eastern Health will have earlier access to innovative solutions.

The collaboration will facilitate value-based solutions aimed at workflow efficiencies, better clinical and economic outcomes, and an improved patient experience. As innovation partners, Eastern Health and BD will

work together to develop a roadmap to address the province's health-care innovation goals.

This partnership further highlights the vision that Eastern Health has articulated in its innovation strategy to work with industry partners in novel and innovative ways to bring value to patients, clients, the health system, and the provincial economy. This partnership supports Eastern Health as a Living Lab, which is building a culture of innovation, stimulating innovative thinking, and fostering research to improve health services and products.

Additional Collaborative Team Clinics

Eastern Health opened two new Collaborative Team Clinics in the metro area in March 2022, as the organization moves forward with its long-term approach to delivering primary health care for individuals without a family health-care provider. These two new clinics are in addition to the Collaborative Team Clinic that opened in 2020. The clinics provide services through a team of health professionals including physicians, nurse practitioners, registered nurses and other health-care team members including dietitians, pharmacists, social workers, mental health nurses, diabetes nurse educators, physiotherapists, and occupational therapists.

Patients who do not have access to a primary care provider can register to be seen at one of the Collaborative Team Clinics through Patient Connect NL. Patient Connect NL will then identify those with high priority health needs based on responses to the health questions during the registration process. Patients will be contacted by someone from the closest Collaborative Team Clinic to schedule an appointment.

REPORT ON PERFORMANCE

The following section outlines the progress made during 2021-22 towards Eastern Health's goals and objectives in its 2020-2023 Strategic Plan, **Putting Excellence in Action**.

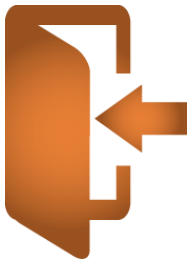
The presented update is based on each of the five priority areas and their key performance indicators. Appendix I provides additional information on methodology of each indicator. Eastern Health is working to achieve its objectives over all three fiscal years from 2020-23. To support this work, the organization 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 health-care provider is measured by the percentage of MCP registrants who are not attached to a general practitioner (GP).[6]

[6] 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.

What did we do during 2021-22?

- Continued implementation and expansion of primary health-care initiatives such as Collaborative Team Clinics (CTC) in St. John's, the United Shores Health Centre hub and spoke model, and the Refugee Health Collaborative.[7] [8]
- Continued to build on 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.
- Developed and implemented a central repository for unattached patients in the Eastern Health region (Patient Connect) in partnership with the Government of Newfoundland and Labrador.
- Established a Regional Primary Health Care Attachment Committee to provide strategic leadership, support and guidance in the development, implementation, and evaluation of patient attachment across the Eastern Health Region.
- Developed a change management strategy for relational continuity for public, provider and Primary Health Care (PHC) team education.
- Conducted a regional environmental scan to determine baseline attachment data and benchmark for CQI (Continuous Quality Improvement).

How did we perform?

[7] The hub-and-spoke model is a method of organization involving the establishment of a main hub, which houses the most intensive medical services, complemented by smaller satellite clinics or spokes, which offer an array of services where healthcare needs are addressed locally.

[8] Refugee Health Collaborative is in the process of being integrated into the CTC model. Refugee clients are attached to the CTC closest to where they live to receive longitudinal care. The Refugee population are identified as Priority 1 in Patient Connect NL and are onboarded within one week of registration. As part of this model, Eastern Health works closely with community partners, including the Association for New Canadians, to ensure a holistic health model. While Eastern Health provides clinical services, the association works with refugees to address the social determinants of health, such as housing support and addressing food security issues.

Despite efforts to improve attachment to a primary health-care provider, the percentage of MCP registrants attached to a GP **decreased** in 2021-22 in comparison to the year prior.

- 21.6% of MCP registrants were **not** attached to GP in 2021-22 compared to 12.7% in 2020-21.

Barriers to success included the closure of several large fee-for service clinics, recruitment and retention challenges for key positions, as well as the shifted focus and accountability to the pandemic response and testing which impacted resource availability from the Primary Health Care program.

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 2021-22?

Launched the use of Remote Patient Monitoring (RPM) as a tool to implement the INSPIRED program to areas outside of the metro catchment area.[9]

- Created the Comprehensive Respiratory Care Program.
- Continued integration of Chronic Disease Prevention and Management programming into primary health care through the expansion of the BETTER program and Intensive Case Management at United Shores Health Centre in Holyrood.[10]

[9] For more details on this program, see the Community-Based Respiratory Program section under Highlights and Accomplishments (page 12).

[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.

- Began the process of conducting Spirometry and education for patients with COPD and Asthma through the community-based Comprehensive Respiratory Care program.
- Launched a “Virtual Care Together” partnership with Healthcare Excellence Canada and the Remote Patient Monitoring program to improve screening and management of Hypertension in primary health care settings.
- Implemented a “nurse-first” pilot project of comprehensive health assessment, incorporating the social determinants of health, for patients attached to established Collaborative Team Clinics for improved prevention, screening, and management of chronic disease/ACSC.
- Implemented Practice 360 initiative in EMR for standardized clinical best-practice guidelines/templates for care and management of diabetes and COPD.

How did we perform?

Eastern Health saw an **increase** in the rate of hospitalizations for COPD in 2021-22.

- The average rate of acute care hospitalizations for COPD (per 100,000 population aged 0-74 years) was 24.7 in 2021-22, which is an increase from 21.1[11] in 2020-21. Additional data to support this indicator include:
  - 56 patient enrollments in the INSPIRED COPD outreach program and 159 patients have been seen at the Comprehensive Respiratory Education clinic.
  - 69 patients completed Spirometry testing at the clinic.
  - 87% reduction in Emergency Department visits, 83% reduction in admissions to hospital, and 77% reduction in bed days from INSPIRED Program participants.

Barriers to success included technology challenges in the rural region, which created difficulties connecting with patients virtually, as well as a

[11] The 2020-21 data reported in last year’s reported was inflated at 38.4 due to a technical error.

decrease in home visits and reluctance from patients to enroll due to fears associated with COVID-19.

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 physical 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, only when deemed appropriate.

What did we do during 2021-22?

- Launched the use of Remote Patient Monitoring (RPM) as a tool to implement the INSPIRED program in the entire Eastern Health region.
- Worked 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.
- Enrolled diabetes patients in three rural clinic sites in Newtopia diabetes management program. Newtopia is a virtual, personalized, one-on-one coaching tool to improve health and reduce the risk factors and complications associated with diabetes.
- Began a regional scan of provider access to virtual technologies, as well as the type of technologies that are available to them.

How did we perform?

The goal is to virtually manage 35% to 55% of primary care visits, with the patient given the opportunity to choose their preferred appointment type. The percentage of primary care visits delivered through virtual care in 2021-22 was 47.1% which was **within the desired range**. This is a decrease from 66.0% in 2020-21, when COVID-19 restrictions were in place, but an increase from 4.9% in 2019-20.

INDICATOR

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

Eastern Health is striving to increase satisfaction with primary health care where work to provide alternative methods of care delivery is ongoing. Specifically, success on this indicator will be measured by the evaluation of Eastern Health's first Collaborative Team Clinic.

What did we do during 2021-22?

- Expanded the Collaborative Team Clinic (CTC) Model with the opening of two additional clinics.
- Began the evaluation of the first CTC to assess outcomes, including patient satisfaction.
- Developed educational tools on collaborative team-based care and the Hub and Spoke Model and began work with the Department of Health and Community Services (DHCS) to develop a public engagement campaign.
- Implemented a Harm Reduction Team to provide a nonjudgmental, street level and walk in service to meet the needs of our most vulnerable clients. The team offers health-care support and education to increase client safety, thus creating relationships and trust to better support clients when they are ready to make a lifestyle change.
- Opened a community walk-in clinic on Mundy Pond Road to alleviate patient flow to the various emergency rooms throughout the region.

How did we perform?

Eastern Health began the evaluation of patient satisfaction with the CTC in March 2022, which was delayed due to staff turnover. Results of the patient satisfaction survey will be available in the next fiscal year. However, focused interviews with 17 primary health-care providers were conducted in May 2021. Results showed great satisfaction with patient-oriented care and inter-professional collaboration at the CTC.

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. 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 targeted process improvements, continued implementation of the Stepped Care Model and increased utilization of e-mental health options.[12]

Of note, Doorways walk-in counselling appointments are not included in these wait-times, as a referral for service is not required.

INDICATOR

Decreased wait times for outpatient child psychiatry

Children and youth who experience 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.

[12] Stepped Care is a model that focuses on linking an individual with the level of support needed and any given time. It uses a 'wrap-around' approach to ensure physical, social and mental health needs are met.
It is flexible in that the level of support changes in response to an individual's need (i.e., 'stepping up' or 'stepping down' as needs change).

What did we do during 2021-22?

- Enhanced use of virtual care by providing all child/adolescent psychiatrists with the technology needed to provide appointments virtually, as appropriate.
- Continued work to implement the Child and Adolescent Psychiatry Waitlist Management Strategy.
- Continued work to develop and implement the Stepped Care Model.

How did we perform?

The percentage of new referrals seen by child psychiatry within their access target increased in 2021-22, indicating a **decrease** in wait times.

- The percentage of new referrals seen by child psychiatry within their access target was 45.5% in 2021-22, which was in increase from 33.4% in 2020-21. Additionally, the number of children and adolescents waiting has significantly reduced from 338 children and adolescents in March 2020 to 53 in March 2022.

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 2021-22?

- Enhanced use of virtual care by providing all psychiatrists with the technology needed to provide virtual care through their practice and while on call.
- Continued work to implement the Adult Psychiatry Waitlist Management Strategy.
- Continued work to implement the Stepped Care Model.

How did we perform?

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 slightly from the year prior, indicating an **increase** in wait times.

- The percentage of new referrals seen by adult psychiatry within their access target was 50.5% in 2021-22 which was a slight decrease from 51.5% in 2020-21.

Unfortunately, services were temporarily disrupted during the cyber incident and COVID-19 Omicron outbreak. However, focused efforts have resulted in a reduced number of patients awaiting services. For Adult Psychiatry in St. John's, the number of people waiting has significantly reduced from 1,218 individuals in March 2020 to 328 in March 2022.

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 2021-22?

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

How did we perform?

The percentage of new referrals seen by child and adolescent counselling services within their access target remained stable in comparison to the previous year, indicating neither an increase nor decrease in wait times.

- The percentage of new referrals seen by child and adolescent counselling services within their access target was 26.7% in 2021-22, which remains on par with the 26.9% reported in 2020-21.

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 2021-22 due to service disruptions caused by the cyber incident and Omicron outbreak. Eastern Health continues to place 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 and 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 2021-22?

- Increased case manager resources temporarily, which resulted in a 6% increase in assessments completed.
- Continued process improvement initiatives to understand demand and capacity and standardized data collection process.
- Continued to support and promote the use of virtual visits.
- Continued education and mentoring 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 2021-22.

- 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 77.9% at the end of 2021-22, in comparison to 59.9% at the end of 2020-21.

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 2021-22?

- Continued education and mentoring on utilization of the electronic support plan and quality planning.

- Participated in 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 2021-22.

- 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 was 40.2% at the end of 2021-22, in comparison to 35.9% at the end of 2020-21.

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 2021-22?

- Continued to develop and/or implement a broad array of interventions aiming to reduce length of stay. Some examples include developing a case management plan, early discharge planning, patient education in colostomy care, and creating order sets for hip fracture care.
- Continued work on new patient centered pathways using the top five Case Mix Groups for medicine admissions.[13]
- Developed new Standard Operating Procedures for improved program-based huddles to facilitate earlier discharge planning and reporting on expected date of discharge (EDD).
- Developed a new “All Roads Lead to Rehab” stroke pathway to reduce LOS in acute care.

How did we perform?

Length of stay **decreased** in 2021-22 in comparison to 2020-21.

- The total number of days patients stayed in hospital over the expected number of days was 110.8 in 2021-22, compared to 112.0

[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.

in 2020-21. Therefore, Eastern Health's average length of stay was 10.8 per cent longer than the expected length of stay (ELOS).

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 2021-22?

- Continued to implement process improvement initiatives aiming to improve the movement of patients through the health-care system. Examples include a process for Personal Care Home placement, a process for timely interfacility transfers, and delivery of new ALC education throughout the region.
- Participated in the development, implementation, and education delivery of the Personal Care Home short stay program to reduce ALC.
- Developed a collaborative plan that facilitated movement of more than 50 patients from acute care to LTC.

How did we perform?

Eastern Health realized an **increase** in ALC days in acute care in 2021-22.

- The percentage of ALC days for acute inpatient care as a percent of total patient days stayed increased from 9.8% in 2020-21 to 14.2% in 2021-22.
- The cyber incident and subsequent COVID-19 Omicron variant surge resulted in delayed program planning. During this time, priorities shifted to Acute Care Emergency Operations Centre (EOC)

in response to the cyber incident, the rollout of inpatient vaccinations, and staffing for public vaccine campaign and swabbing clinics.

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]

What did we do during 2021-22?

- As a result of the cyber incident and Omicron outbreak, Eastern Health once again experienced backlogs in 2021-22 while meeting current demand for surgical and endoscopy services, interventional cardiology, cardiac diagnostic testing, medical imaging, and outpatient laboratory/blood services. All services are now on track, with normal operations in place across all programs. There are some continued challenges with staffing associated with the Omicron surge.

How did we perform?

- In 2021-22, the volume of services delivered each month was, on average, 1.3%[15] higher than what was expected given the safety protocols, service restrictions, and social distancing measures in place.

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

[15] Service volumes do not include the month of November 2021 due to the IT outage caused by the cyber incident. Normal service levels could not be reasonably achieved during this time, regardless of the COVID-19 alert level.

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 2021-22, attachment to a general practitioner (GP) was further impacted when several large fee-for-service (FFS) clinics closed. Recruitment and retention challenges remained an issue, as well as shifting priorities due to the pandemic response and cyber incident. Nonetheless, work continues in delivering alternative methods of primary health care (e.g., the opening of Collaborative Team Clinics, enhanced virtual care, hub and spoke model) with ongoing work to develop measures and monitor success. It is important to note that this work focuses on attaching clients to a GP or nurse practitioner (NP), and NPs are not captured in this measure.
- Alternative methods of delivering primary health care have become necessary, especially during COVID-19 outbreaks. Since the onset of the pandemic, enhancing virtual care options have proved beneficial given the unpredictability of this virus. Though not always appropriate, virtual care increases ease of access for those with mobility issues or who would otherwise have to travel. Additionally, the new Collaborative Team Clinics are a long-term approach to delivering primary health care for individuals without a family health-care provider. An evaluation of the first clinic is ongoing, with patient satisfaction results expected in the summer.
- The organization continues to work diligently to improve Mental Health and Addictions services and decrease wait times in this area. In 2021-22, child psychiatry saw a substantial improvement in wait times, while also decreasing the number of people waiting. The percentage of patients being seen within their access targets remained stable for the other two services and 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 2021-22, 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.

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, values, 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 2021-22?

- Focused on improving documentation by allocating a dedicated resource to ensure coding is consistent and accurate with plans to expand this role to liaison directly with physicians, where needed.
- Began conducting a pan-Canadian review of the process for the review of death charts.

How did we perform?

HSMR **increased** in 2021-22.

- The HSMR ratio for 2021-22 was 132[16] in comparison to 114 in 2020-21.

[16] This value is based on open data and subject to change.

Barriers to success included delays in documentation improvement initiatives resulting from COVID-19 and the cyber incident.

INDICATOR

Increased medication reconciliation (MedRec) compliance rates

Medication reconciliation (MedRec) is a process that supports the communication of accurate and complete medication information among 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[17]) 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 2021-22?

- Completed education and rollout of Medication Reconciliation Hybrid Admission/Order forms at the Burin Peninsula Health Care Centre and began planning to implement them at the Emergency Department of the Health Sciences Centre.
- Finalized the Medication Reconciliation Hybrid Transfer and Discharge Order Forms.
- Developed an Authorized Prescribers Guide to completing proactive and retroactive Medication Reconciliation forms.

How did we perform?

Medication reconciliation compliance **increased** in the past fiscal year.

- The overall percentage of MedRec compliance (acute care inpatient units) in 2021-22 increased to 82.2%, in comparison to 70.6% compliance in 2020-21.

[17] 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 (LTC) homes across the country 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 2021-22?

- Continued to provide staff education in Gentle Persuasive Approach (GPA).
- Developed and/or revised multiple policies and guidelines to support best practice in dementia care.
- Continued monitoring antipsychotic use in each LTC facility.

How did we perform?

Inappropriate prescribing of antipsychotics **increased** in 2021-22.

- The percentage of long-term care residents prescribed antipsychotics without a corresponding diagnosis of psychosis increased from 22.7% in 2020-21 to 25.4%[18] in 2021-22.

Barriers to success include COVID-19 Public Health Measures and Infection Prevention and Control (IPAC) restrictions, which included preventing family/residents from dining together, preventing residents from participating in group activities, resident isolation requirements, limited or no access to outside, as well as the volunteer program being

[18] This value is based on open data and subject to change.

placed on hold. Restrictions such as these may increase resident boredom and loneliness and potentially responsive behaviours. Additionally, Gentle Persuasive Approach (GPA) staff education and training was put on hold during high alert phases and there was restricted movement of health care staff and interdisciplinary team members.

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 2021-22?

- Continued use of the standardized auditing tool for the assessment of clinical care transitions.
- Continued work on the pilot to audit clinical care transitions across 12 Emergency Departments.
- Began planning for the rollout of audit implementation of clinical transitions in care practices within select acute care programs.

How did we perform?

During 2021-22, Eastern Health compiled its first full year of data for clinical transitions in care. This full year will serve as a baseline to compare subsequent years as the rollout of audit implementation of clinical transitions in care begins.

- Percentage of audited items where a recommended transition activity occurred out of the number of items audited was 89% for 2021-22.

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 2021-22?

- Completed Experience of Care surveys in the Cancer Care program and Mental Health and Addictions Community program.
- Began planning for survey administration in the Community Supports (Home Support) program.

How did we perform?

- The percentage of clients who rated their care received through Eastern Health as high quality (8 or above on a scale of 10) was 95.2% in the Cancer Care program and 69.7% in the Mental Health

and Addictions Community program. These results will serve as baseline data for when these programs are surveyed again in the future.

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 2021-22?

- Analyzed and reported on the survey to client and family advisors measuring meaningful engagement.
- Continued action-oriented improvement activities to support meaningful client and family advisor engagement such as drafting an engagement policy, resource updates to support feedback loops in engagement planning, and education and preparation for both staff and advisors
- Continued advisor recruitment. We currently have 71 advisors, eight established advisory councils, advisor engagement in initiatives (e.g., process improvements, focus groups, disclosure process, accreditation teams, Just Culture, quality committees), and one CFCC Steering Committee.

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 63.3% in 2020-21 to 59.4% in 2021-22.

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. Survey results will be used in ongoing discussions with advisors and staff leads to support improvement for meaningful engagement.

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 2021-22?

- Completed Experience of Care surveys in the Cancer Care program and Mental Health and Addictions Community program.
- Explored lessons learned from the pandemic impact on family presence and initiated partnerships with organizations like Healthcare Excellence Canada to support improvements.
- Re-established the implementation of various initiatives aimed to increase family involvement, such as Bedside Shift Handover, that were paused by pandemic priorities.
- Continued to support efforts for virtual family presence or visitation given the restrictions imposed during the pandemic and supporting efforts for sustainability of virtual visitation post pandemic.

How did we perform?

- The percentage of clients who reported family members and/or support persons were 'always involved' in decisions about their care was 86.7% for the Cancer Care program and 45.7% for the Mental

Health and Addictions Community program. These results will serve as baseline data for when these programs are surveyed again in the future.

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.[19]

What did we do during 2021-22?

- Initiated the use of visual management in improvement huddles with select teams.

[19] 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.

How did we perform?

In 2021-22, Eastern Health **increased** the number of teams using visual management from a baseline of zero to nine teams.

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.
- Eastern Health continues to monitor HSMR and medication reconciliation compliance rates. Delays and challenges resulting from the cyber incident and Omicron outbreak led HSMR to see no improvement in 2021-22. The organization recognizes the importance of HSMR and will continue to prioritize this indicator and expand on successful initiatives to improve processes. MedRec compliance, however, saw significant improvement over the past fiscal year. Also related to safety would be the clinical transitions in care process. Going forward, the processes and tools identified as part of the pilot with emergency departments will expand to include select programs in acute care.
- In 2021-22, Eastern Health was able to administer the Experience of Care Survey to two program areas. These survey results were shared with the programs to enable client experiences to be considered in program planning and process improvements. In the realm of client and family engagement, the percentage of advisors who reported their advisory work to be meaningful decreased again in 2021-22. With different cohorts completing the survey from year to year, and persistent challenges brought on by the pandemic, a fluctuation in results is to be expected. Nonetheless, Eastern Health is actively working to ensure its client and family advisors are engaged and will use the latest survey results to support discussions in an upcoming networking session.

Priority Area

3

Population Health

Population health aims to improve the health and well-being of whole populations, reduce inequities among 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 the Ottawa Model of Smoking Cessation program.

INDICATOR

Increased reach of smoking cessation program

The Ottawa Model of Smoking Cessation (OMSC) program 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 intent being to offer the program to all inpatients who identified as a smoker.

What did we do during 2021-22?

- Continued to build capacity to provide smoking cessation follow-up and support for patients.
- Began participation in the CONNECT Project with University of Ottawa Heart Institute.[20]

How did we perform?

In 2021-22, Eastern Health increased its reach of the smoking cessation program.

[20] CONNECT is a five-year project aiming to increase the number of individuals who engage in nicotine addiction treatment interventions using the Ottawa Model for Smoking Cessation, opt-out strategies for follow-up, and systems navigation.

- The estimated percentage of hospitalized smokers who received smoking cessation services at St. Clare's Mercy Hospital increased from 23.1% in 2020-21 to 25.0% in 2021-22.

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

Eastern Health recognizes that a long-term vision and innovative solutions are required to strengthen the systems that support the health of the population. Success on this objective will be determined by the percentage of the Public Health 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 2021-22?

- Initiated all nine initiatives outlined in the E-health Digital Innovation Strategy.
- Continued to improve access to health information through availability of self-scheduling of appointments for flu and COVID-19 vaccines at mass clinics, enhanced use of EMR to obtain vaccine

consent, enhanced use of virtual meeting technologies among clients and partners, and further enhancements of the HI website.[21]

How did we perform?

Eastern Health saw an **increase** in the percentage of the Public Health E-health Digital Innovation Strategy implemented during the 2021-22 fiscal year.

- In 2021-22, three of nine initiatives (33.3%) were completed, an increase from 22.2% the year prior.

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 developing, expanding, and strengthening mutually beneficial partnerships supporting population health.

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.

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

What did we do during 2021-22?

- Initiated all five collaborative initiatives planned throughout the 2020-23 strategic planning cycle.
- Completed two unplanned initiatives in addition to the five originally planned, forging collaborations specific to the COVID-19 pandemic response. This included tremendous collaborations to enable outbreak management, disease surveillance, COVID-19 testing, as well as vaccination planning and roll-out.

How did we perform?

In 2021-22, Eastern Health **increased** collaboration with partners on population health initiatives.

- Five out of five targeted initiatives have been initiated and two unplanned initiatives were completed in 2021-22.

DISCUSSION OF RESULTS

- Eastern Health is continuously striving to improve the health and well-being of the population and to advance health equity in the region. However, the focus areas under Population Health were significantly impacted in 2021-22 as public health led the response to the COVID-19 pandemic and vaccination rollout.
- Many population health initiatives were stalled during 2021-22 as the program shifted focus to respond to the COVID-19 pandemic, as well as the cyber incident. Despite this, the organization was able to advance work associated with Eastern Health's E-health Digital Innovation Strategy, as well as increase the number of collaborations with partners on population health initiatives.

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."[22] Eastern Health continues to implement the National Standard of Canada for Psychological Health and Safety in the Workplace[23] and strives to provide the resources and support necessary to promote diversity and inclusion, 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**

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

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

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

The physical and psychological health and safety of employees, physicians, and volunteers is always at the forefront of organizational planning. 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 materials 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 2021-22?

- Continued to implement prevention programs to reduce injuries related to manual material handling, patient and resident handling, and slips, trips, and falls.
- Completed the development and began implementation of the Violence Aggressive Responsive Behaviour (VARB) program to reduce injuries related to aggression and violence.

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 2.3 injuries in 2020-21 to 2.0 injuries in 2021-22.

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 15 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. Trends are established by comparing results to the pilot of the survey administered in 2018 to just over 1,100 Eastern Health employees.

Increased support for psychological self-care

What did we do during 2021-22?

- Continued to implement and evaluate 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.
- Continued to provide training programs to support staff wellness (e.g., Psychological First Aid).

- Began to incorporate psychological self-care into recruitment of management positions.

How did we perform?

Psychological self-care **increased** in 2021-22.

- The percentage of employee respondents who scored high on survey items related to psychological self-care was 18.2% in 2021-22 in comparison to 16.0% in 2018.

Improved psychological job fit

What did we do during 2021-22?

- Continued to incorporate psychological job-fit into recruitment and selection processes.

How did we perform?

Psychological job fit **decreased** in 2021-22.

- The percentage of employee respondents who scored high on survey items related to psychological job fit was 13.7% in 2021-22 in comparison to 33.0% in 2018.

Barriers to success include 'assessing and evaluating psychological aptitude' being an emerging area of research with best practices not yet widely established within the industry. Furthermore, current work is focused exclusively on management and management support positions due to prescribed hiring practices within collective agreements. The pilot survey had a disproportionately large response from management and management support positions, and therefore, may have inflated scores in comparison to the larger sample attained in 2021-22.

Increased civility and respect

What did we do during 2021-22?

- Continued to support managers and employees in addressing inappropriate behaviours through educational initiatives, such as a coaching program for leaders and civility and respect sessions available to all staff.

- Continued to promote a culture of civility and respect through initiatives such as Pink Shirt Day and Random Acts of Kindness Day and continued to deliver the Civil Workspaces for Managers Workshop.

How did we perform?

Civility and respect **decreased** during 2021-22.

- The percentage of employee respondents who scored high on survey items related to civility and respect was 25.4% in 2021-22 in comparison to 38.0% in 2018.

Barriers to success include competing priorities due to the COVID-19 pandemic.

Increased clarity of leadership and expectations

What did we do during 2021-22?

- Continued work 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.
- Continued to provide educational opportunities for supervisors/managers on effective communication, emotional intelligence, and coaching skills.

How did we perform?

Clarity of leadership and expectations **increased** slightly during 2021-22.

- The percentage of employee respondents who scored high on survey items related to clarity of leadership and expectations was 22.9% in 2021-22 in comparison to 22.0% in 2018.

Increased protection of physical safety

What did we do during 2021-22?

- Continued to focus on hazard assessments, safe work practices and procedures, and communication methods intended to protect the physical safety of staff while at work.

- Implemented the 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?

Protection of physical safety **decreased** during 2021-22.

- The percentage of employee respondents who scored high on survey items related to protection of physical safety was 14.2% in 2021-22 in comparison to 27.0% in 2018.

Barriers to success include competing priorities, high workload and position vacancy rates.

Discussion of Results

- Eastern Health capitalized on the lessons learned throughout the pandemic to ensure that employees, physicians, and volunteers had the resources they needed to remain healthy and safe as the pandemic continued and fatigue and burnout increased.
- 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, and protection of physical safety) to work on for the 2020-23 strategic planning cycle. Although a tremendous amount of work was done in 2021-22 to improve the five factors chosen, psychological job fit, civility and respect and protection of physical safety all decreased in comparison to the 2018 pilot survey. Challenges and barriers to success included delays in work due to competing priorities brought

on by the COVID-19 pandemic and the cyber-attack, staff workload, and position vacancies. The organization is planning to readminister the National Standard of Canada for Psychological Health and Safety in the Workplace survey in the spring of 2022.

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 minimized 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 to 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 2021-22?

- Continued with the 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.
- Continued to closely monitor monthly budget and reported variances to the organization's Board of Trustees and the Department of Health and Community Services.
- Ensured compliance with approved internal Financial Monitoring Policy.
- Closely tracked and monitored COVID-19 and cyber-attack 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 2021-22 and,

therefore, a related variance **did exist**. The primary driver of increased expense variance in 2021-22 was the direct and indirect impacts of COVID-19 which added significant unplanned pressure to operational expenses.

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 2021-22?

- Continued to implement various clinical mechanisms aimed at reducing potentially inappropriate prescribing of antibiotics including unit audits and ensuring consistency between microbiology reports and antimicrobial formulary.
- Continued to promote and maintain use of the Firstline Application, previously known as 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.

- Implemented BD Antimicrobial Stewardship Innovative Solution, which encompasses automated surveillance technology, laboratory automation, and medication management technology.

How did we perform?

Eastern Health **reduced** potentially inappropriate use of antibiotics in 2021-22.

- The rate of antimicrobial use in acute care, defined as the total number of standardized daily doses dispensed per 1,000 inpatient days within select Eastern Health hospitals was 510.8 in 2021-22, a reduction from the 519.2 in 2020-21.

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.[24]

What did we do during 2021-22?

- Implemented the Physician Test Utilization Index to monitor and reduce potentially inappropriate laboratory testing by examining the average weekly outpatient tests ordered by general practitioners within Eastern Health in comparison to peers across the Country.
- Continued using the Test Utilization Index to audit and target education for physicians whose ordering practices exceeded routine testing volumes.

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[24] 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

How did we perform?

Eastern Health **reduced** potentially inappropriate use of biochemistry testing in 2021-22.

- The percent variance in high-use physician biochemistry testing in comparison to peers was 1.4% in 2021-22, a decrease from the 4.8% baseline captured in February 2020.

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 2021-22?

- Developed strategies to improve immediate and short-term post-operative opioid use and discharge pain-management planning.
- Continued to enhance education and learning opportunities for Eastern Health care providers in post operative pain management and recommended guidelines for opioid prescribing following surgery.

How did we perform?

Eastern Health **reduced** potentially inappropriate use of opioids in 2020-21.[25]

- Daily doses of opioids dispensed from community pharmacies within 72-hours following discharge for surgical procedures completed within Eastern Health (per 1,000 population) was 67.8 in 2020-21, in comparison to 73.3 in in 2019-20.

[25] Reporting on this indicator is one year delayed due to the need to link hospital discharge data to community prescription dispensing.

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 innovative ideas, technologies, and processes to increase efficiencies and reduce waste. Reduction in the organization's 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 2021-22?

- Continued implementation of initiatives that aim to reduce carbon emissions, such as those associated with Eastern Health's Energy Performance Contract.
- Ongoing monitoring and adjustments to base-year calculation of carbon reductions for city sites.

How did we perform?

In 2021-22, Eastern Health reduced carbon emissions.

- Estimated carbon emissions were reduced by 3,234 tonnes in 2021-22, in addition to the 1,977-tonne reduction 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 2021-22?

- Continuous monitoring and reporting on energy savings.
- Continued implementation of energy saving measures, such as those associated with Eastern Health's Energy Performance Contract.
- Continued work to improve communication and awareness of energy savings and associated reduction initiatives.

How did we perform?

In 2021-22, Eastern Health **reduced** energy consumption.

- Nine city sites saw an energy reduction of 11,150,335 ekWh (resulting in an estimated savings of $836,994), in addition to the 4,416,273 ekWh saved the year prior.

INDICATOR

Reduced Waste

Styrofoam™ has long been identified as an unfavorable material to use from an environmental perspective. At the beginning of the Strategic Plan, rural retail and patient food services were utilizing various Styrofoam™ service-ware, such as plates, cups, and bowls. The purpose of this project was to eliminate as much Styrofoam™ as practically possible and replace it with more environmentally-friendly disposable products.

What did we do during 2021-22?

- Completed the initiative to reduce Styrofoam™ in Rural Patient Food Services and retail locations in August 2021.
- Began planning a waste reduction initiative to increase and monitor the recycling of tin cans at the Health Sciences Centre, St. Clare's Mercy Hospital, and the Dr. L.A. Miller Centre.

How did we perform?

In 2021-22, Eastern Health's focused project to reduce usage of Styrofoam™ service-ware resulted in an overall **reduction** of priority plastic waste.

- In 2020, approximately 200,000 units of Styrofoam™ were used in Rural Patient Food Services and retail locations within Eastern Health. There was over a 90% reduction in the amount of inventoried Styrofoam™ products with only 450 units remaining as of August 2021.

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 2021-22?

- Continued to recruit 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 2021-22 fiscal year, 66 clients were enrolled in health technology clinical trials for a total of 98 since the beginning of Eastern Health's 2020-23 Strategic Plan.

INDICATOR

Increased economic development

By investing in innovative solutions, Eastern Health 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 2021-22?

- Continued construction on a Health Innovation Acceleration Centre that will focus on the refinement and testing of technology-enabled solutions to make improvements within the health system.
- Continued onboarding of new trials for medical technology (MedTech).[26]

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

- Continued industry and partner projects, including the value-based procurement projects with Becton Dickinson (BD).
- Continued partnership with the Norwegian and Icelandic embassies to use the Eastern Health Living Lab as a test bed for MedTech companies to test their solutions in North America.

How did we perform?

Eastern Health saw an **increase** in economic development in the last fiscal year.

- The estimated GDP growth invested within the province was $10.3M during the 2021 calendar year, which was in addition to the $12.2M the year prior.

DISCUSSION OF RESULTS

- Eastern Health is committed to the 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. Both the COVID-19 pandemic and cyber incident added significant unplanned pressure to operational expenses during 2021-22, with Eastern Health's actual expenses exceeding budgeted expenses for the fiscal year.
- Eastern Health aims to reduce its environmental impact through reduction of carbon emissions, energy consumption, and waste throughout its facilities. Eastern Health achieved reductions in all three initiatives in 2021-22 and, due to the successful completion of the Styrofoam™ project, has replaced the reduction of Styrofoam™ with the reduction of tin cans for the remainder of the Strategic Plan.
- Lastly, the organization continues to harness innovation through Eastern Health's Living Lab. The Living Lab provides 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 as a result of an increased focus on innovation.

OPPORTUNITIES AND CHALLENGES AHEAD

First and foremost, Eastern Health once again extends gratitude to our patients, clients, residents, as well as their families, for their understanding and support as the organization continues to navigate through challenges and ever-changing circumstances. The staff, physicians, managers and senior leaders across the organization continue to work diligently and seize all available opportunities to provide the best possible care to those they serve.

The 2021-22 fiscal year was met with new and ongoing challenges. The first half of the year was spent recovering from the third COVID-19 wave, while continuing to administer first dose, second dose, and booster vaccinations to individuals across the eastern region, including children ages five to eleven. During this time, the public health team worked tirelessly in their response to the pandemic, mobilizing quickly and efficiently to respond to the ever-changing testing and vaccination needs associated with COVID-19. Despite the continued public health emergency, the dedication and selflessness of the organization's entire workforce enabled Eastern Health to maintain service volumes while ensuring that the sickest and most vulnerable patients, residents, and clients received care.

In October 2021, Eastern Health faced an unprecedented cyber-attack that impacted health-care information technology (IT) systems across the province. This resulted in a province-wide IT outage that affected operational, clinical, and administrative systems. As a result, Eastern Health shifted resources to collaborate with the Newfoundland and Labrador Centre for Health Information (NLCHI) and other experts to gradually restore the health care and clinical systems to full functionality. At the same time, Eastern Health remained focused on the delivery of safe patient care, including emergency and urgent services in acute care facilities.

In addition to the impact on IT systems, it was discovered that personal information of clients, current and former employees, physicians, and locums was taken during the cyber incident. As a result, Eastern Health entered into a contract with Equifax Canada to provide credit monitoring services to affected individuals. Additionally, in line with Eastern Health's commitment to promote mental health and prevent psychological harm within the workforce, the organization engaged Homewood Health to provide supplementary Employee and Family Assistance services in relation to this incident. This was in addition to services already in place to ensure employees and physicians have easy access to psychological support when and where they need it, such as Check with Eva, Peer 2 Peer support, Rapid Response Team, Team check-ins, Employee and Physician Navigator Line, and continued support from our existing Employee/Family Assistance Program. After two years of redeployments, staff shortages resulting from COVID-19 isolation protocols, and managing work-life balance during school and daycare closures, employee fatigue is at an all-time high, and it is more important than ever to have these services available.

As operations began to recover and resume from the cyber-attack, a fourth COVID-19 outbreak engulfed the province with the introduction of the Omicron variant. More easily spread than previous variants, services were once again restricted, and financial and human resource challenges persisted, as the number of people infected with Omicron increased substantially over a short period of time. Fortunately, since the onset of the pandemic, Eastern Health had been exploring and applying innovative methods of delivering care, including the continued adoption of virtual care. Given the unpredictability of COVID-19 and the challenges to service delivery that the pandemic has presented thus far, enhancing virtual care has shown to be effective and necessary.

This past year has provided many learning opportunities for Eastern Health. The pandemic has pushed the organization to re-envision how health care is provided and has been a catalyst for implementing alternative methods of delivering primary health care. Given that the number of people without a family doctor increased over the past year, finding new and innovative ways to deliver primary health care is crucial.

Following the cyber incident, Eastern Health took additional measures to enhance security, review retention schedules and other records management practices, as well as alternative storage and document sharing options, where necessary. The result will be a safer, more secure health information system that puts the safety and privacy of our clients and employees at the forefront.

Further opportunities to improve health care will be explored in-depth with the implementation of recommendations from Health Accord NL. In February 2022, the Health Accord NL Report: **Our province. Our health. Our future. A 10-Year Health Transformation** was released. With the challenges faced by the province over many years, including social, economic, and environmental factors, this report is meant to reimagine health and health care in Newfoundland and Labrador. Health Accord NL states, “The conclusion of the intensive engagement and research conducted for this Report is that we can significantly improve the health of the people of our province over the next ten years. We can achieve Health Accord NL’s vision of improved health and health outcomes of Newfoundlanders and Labradorians by accepting and intervening in social determinants of health, and by designing a higher quality health system that rebalances community, hospital, and long-term care services.”

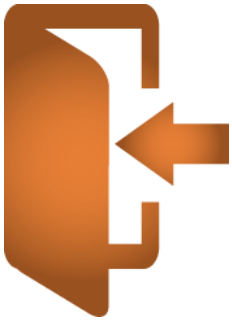
Going forward, Eastern Health will enter into this reimagined plan for health care in unity with the rest of the province. The challenges that the province has faced over the past year provided an opportunity to learn and adjust to a new ‘normal’. It has demonstrated resilience, dedication, and an extraordinary commitment by our employees to deliver care and services of the utmost quality.

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. Data are collected through the Community Wide Scheduling program from the child psychiatry clinic in the Janeway Health and Rehabilitation Centre. [27]
- **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. Data are collected through the Community Wide Scheduling program from 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 data are collected through the Community Wide Scheduling program from 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

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

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 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.

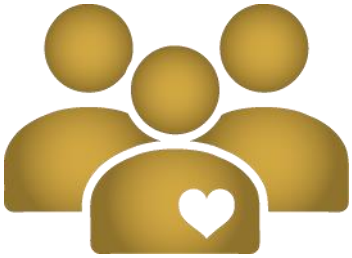
Quality and Safety

- **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. Factor analysis was conducted to identify a single scale 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 received 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 four-item factors are prorated to be comparable to the other factors. Psychosocial factor scores range between three 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 per cent 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, 2022

Eastern Regional Health Authority – Operating Fund

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March 31, 2022

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, 2022 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, 2022.

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, 2022, 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, 2022, 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 29, 2022

Eastern Regional Health Authority – Operating Fund

Non-consolidated statement of financial position

[in thousands of Canadian dollars]

As at March 31

	2022	2021
	$	$
Financial assets		
Accounts receivable *[note 3]*	**22,222**	19,885
Due from government/other government entities *[note 4]*	**39,531**	33,078
Due from other entities	**3,309**	2,846
Advance to General Hospital Hostel Association	**—**	148
Sinking fund investment *[note 11]*	**27,572**	25,991
	92,634	81,948
Liabilities		
Bank indebtedness	**11,223**	13,277
Operating facility *[note 6]*	**215,390**	148,017
Accounts payable and accrued liabilities *[note 7]*	**122,083**	147,068
Due to government/other government entities *[note 8]*	**30,782**	31,078
Employee future benefits		
Accrued severance pay *[note 16]*	**8,734**	8,983
Accrued sick leave *[note 17]*	**69,868**	68,587
Accrued vacation pay	**78,466**	71,466
Deferred contributions *[note 9]*		
Deferred capital grants	**56,865**	52,933
Deferred operating revenue	**17,647**	16,881
Long-term debt *[note 10]*	**130,968**	131,310
	742,026	689,600
Net debt	**(649,392)**	(607,652)
Non-financial assets		
Tangible capital assets, net *[note 5]*	**380,153**	369,836
Supplies inventory *[note 22]*	**38,107**	72,962
Prepaid expenses	**25,647**	27,736
	443,907	470,534
Accumulated deficit	**(205,485)**	(137,118)

Contingencies *[note 14]*
Contractual obligations *[note 15]*

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	2022	2021
	$	$	$
	[note 20]		
Revenue			
Provincial plan	1,472,346	**1,472,346**	1,387,847
Medical Care Plan	72,916	**72,916**	73,564
Other	47,277	**50,872**	46,836
Provincial plan capital grant *[note 9]*	—	**34,905**	46,176
Resident	17,076	**17,370**	18,094
Inpatient	9,143	**10,085**	9,773
Outpatient	8,527	**7,835**	8,497
Other capital contributions *[note 9]*	—	**6,479**	4,364
	1,627,285	**1,672,808**	1,595,151
Expenses *[note 21]*			
Patient and resident services	428,500	**427,223**	406,054
Client services	378,808	**379,237**	343,024
Diagnostic and therapeutic	218,686	**220,425**	210,252
Support	202,866	**209,832**	197,726
Ambulatory care	189,585	**188,085**	177,557
Administration	127,766	**147,239**	131,813
Medical services	99,123	**98,582**	99,251
Amortization of tangible capital assets *[note 5]*	—	**30,954**	33,530
Research and education	17,550	**16,152**	16,209
Other	1,076	**6,361**	7,717
Interest on long-term debt	9,955	**9,053**	9,067
Employee future benefits			
Accrued severance pay recovery	—	**(249)**	(2,772)
Accrued sick leave expense	—	**1,281**	475
Accrued vacation pay expense	—	**7,000**	13,421
	1,673,915	**1,741,175**	1,643,324
Annual deficit	(46,630)	**(68,367)**	(48,173)
Accumulated deficit, beginning of year	—	**(137,118)**	(88,945)
Accumulated deficit, end of year	—	**(205,485)**	(137,118)

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

	2022 $	2021 $
Annual deficit	**(68,367)**	(48,173)
Changes in tangible capital assets		
Acquisition of tangible capital assets	**(41,384)**	(50,540)
Disposal of tangible capital assets	**113**	—
Amortization of tangible capital assets	**30,954**	33,530
Increase in net book value of tangible capital assets	**(10,317)**	(17,010)
Changes in other non-financial assets		
Net decrease (increase) in prepaid expenses	**2,089**	(14,186)
Net decrease (increase) in supplies inventory	**34,855**	(50,067)
Decrease (increase) in other non-financial assets	**36,944**	(64,253)
Increase in net debt	**(41,740)**	(129,436)
Net debt, beginning of year	**(607,652)**	(478,216)
Net debt, end of year	**(649,392)**	(607,652)

See accompanying notes

Eastern Regional Health Authority – Operating Fund

Non-consolidated statement of cash flows

[in thousands of Canadian dollars]

Year ended March 31

	2022 $	2021 $
Operating transactions		
Annual deficit	**(68,367)**	(48,173)
Adjustments for		
Amortization of tangible capital assets	**30,954**	33,530
Capital grants – provincial and other	**(41,384)**	(50,540)
Decrease in accrued severance pay	**(249)**	(2,772)
Increase in accrued sick leave	**1,281**	475
Net change in non-cash assets and liabilities related to operations *[note 12]*	**10,176**	(14,280)
Cash used in operating transactions	**(67,589)**	(81,760)
Capital transactions		
Acquisition of tangible capital assets	**(41,384)**	(50,540)
Disposal of tangible capital assets	**113**	—
Capital grants received *[note 9]*	**45,316**	41,269
Cash provided by (used in) capital transactions	**4,045**	(9,271)
Investing transactions		
Increase in sinking fund investment	**(1,581)**	(1,573)
Cash used in investing transactions	**(1,581)**	(1,573)
Financing transactions		
Repayment of long-term debt	**(342)**	(485)
Repayment of advance to General Hospital Hostel Association	**148**	148
Change in operating facility, net	**67,373**	86,825
Cash provided by financing transactions	**67,179**	86,488
Net decrease (increase) in bank indebtedness	**2,054**	(6,116)
Bank indebtedness, beginning of year	**(13,277)**	(7,161)
Bank indebtedness, end of year	**(11,223)**	(13,277)
Supplemental disclosure of cash flow information		
Interest paid	**8,997**	9,060

See accompanying notes

Notes to non-consolidated financial statements

[Tabular amounts in thousands of Canadian dollars]

March 31, 2022

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, 2022

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, 2022

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, 2022

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 $57,711,013 for the year ended March 31, 2022 [2021 – $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, 2022

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

	2022					
			Past due			
	Total	Current	1–30 days	31–60 days	61–90 days	Over 90 days
	$	$	$	$	$	$
Services to patients, residents and clients	**12,744**	**1,236**	**4,450**	**2,909**	**877**	**3,272**
Other	**13,229**	**9,709**	**—**	**—**	**—**	**3,520**
Gross accounts receivable	**25,973**	**10,945**	**4,450**	**2,909**	**877**	**6,792**
Less impairment allowance	**3,751**	**—**	**—**	**—**	**—**	**3,751**
Net accounts receivable	**22,222**	**10,945**	**4,450**	**2,909**	**877**	**3,041**

	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

4. Due from government/other government entities

	2022	2021
	$	$
Government of Newfoundland and Labrador	**30,834**	25,628
Other government entities	**8,697**	7,450
	39,531	33,078

Notes to non-consolidated financial statements

[Tabular amounts in thousands of Canadian dollars]

March 31, 2022

Outstanding balances at the year-end are unsecured, interest free and settlement occurs in cash. For the year ended March 31, 2022, the Authority has not recorded any impairment of receivables relating to amounts above [2021 – nil].

5. Tangible capital assets

	Land and land improvements $	Buildings and improvements $	Equipment $	Construction in progress $	Total $
2022					
Cost					
Opening balance	**2,446**	**433,800**	**570,709**	**71,461**	**1,078,416**
Additions	**—**	**23,981**	**14,185**	**3,218**	**41,384**
Disposals	**(70)**	**(592)**	**(7,739)**	**—**	**(8,401)**
Closing balance	**2,376**	**457,189**	**577,155**	**74,679**	**1,111,399**
Accumulated amortization					
Opening balance	**4**	**212,659**	**495,917**	**—**	**708,580**
Additions	**—**	**10,683**	**20,271**	**—**	**30,954**
Disposals	**—**	**(549)**	**(7,739)**	**—**	**(8,288)**
Closing balance	**4**	**222,793**	**508,449**	**—**	**731,246**
Net book value	**2,372**	**234,396**	**68,706**	**74,679**	**380,153**

	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

Included within the construction in progress is an Energy Performance Contract valued at $27,988,591.

Notes to non-consolidated financial statements

[Tabular amounts in thousands of Canadian dollars]

March 31, 2022

6. Operating facility

The Authority has access to a line of credit totalling $225,000,000 [2021 – $185,000,000] in the form of revolving demand loans and/or overdrafts at its financial institutions. As at March 31, 2022, the Authority had used $215,390,430 from its line of credit [2021 – $148,016,669]. 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

	2022 $	2021 $
Accounts payable and accrued liabilities	**74,671**	73,074
Salaries and wages payable	**40,540**	68,478
Employee/employer remittances	**6,872**	5,516
	122,083	147,068

8. Due to government/other government entities

	2022 $	2021 $
Federal government	**1,991**	4,021
Government of Newfoundland and Labrador	**22,372**	22,461
Other government entities	**6,419**	4,596
	30,782	31,078

9. Deferred contributions

	2022 $	2021 $
Deferred capital grants [a]		
Balance as at beginning of year	**52,933**	62,204
Receipts during the year	**45,316**	41,269
Recognized in revenue during the year	**(41,384)**	(50,540)
Balance as at end of year	**56,865**	52,933
Deferred operating revenue [b]		
Balance as at beginning of year	**16,881**	10,401
Receipts during the year	**1,535,330**	1,459,681
Recognized in revenue during the year	**(1,534,564)**	(1,453,201)
Balance as at end of year	**17,647**	16,881

Notes to non-consolidated financial statements

[Tabular amounts in thousands of Canadian dollars]

March 31, 2022

[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

	2022 $	2021 $
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
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 $2,334,081	**299**	366
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	**380**	429
CMHC [Golden Heights Manor Seniors Home], 1.12% mortgage, maturing in June 2023, repayable in blended monthly instalments of $19,480	**289**	515
	130,968	131,310

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:

	$
2023	358
2024	195
2025	151
2026	137
2027	81
Thereafter	130,046
	130,968

Notes to non-consolidated financial statements

[Tabular amounts in thousands of Canadian dollars]

March 31, 2022

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, 2022 includes interest earned in the amount of $11,872,022 [2021 – $11,038,650]. 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

	2022 $	2021 $
Accounts receivable	**(2,337)**	4,789
Supplies inventory	**34,855**	(50,067)
Prepaid expenses	**2,089**	(14,186)
Due from other entities	**(463)**	1,048
Accounts payable and accrued liabilities	**(24,985)**	14,581
Due from/to government/other government entities	**(6,749)**	9,654
Accrued vacation pay	**7,000**	13,421
Deferred operating revenue	**766**	6,480
	10,176	(14,280)

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, 2022, the balance of funds held in trust for residents of long-term care facilities was $ 2,587,174 [2021 – $2,697,520]. 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:

[Tabular amounts in thousands of Canadian dollars]

	2023 $	2024 $	2025 $	2026 $	Thereafter $
Future operating lease payments	11,793	7,205	4,806	4,672	22,272
Managed print services	2,361	2,361	2,361	2,361	2,361
Vehicles	176	161	128	56	2
	14,330	9,727	7,295	7,089	24,635

16. Accrued severance pay

The Authority provides a severance payment to salaried physicians upon retirement, resignation, or termination without cause.

The most recent actuarial valuation for the accrued severance obligation was performed effective March 31, 2021.

The actuarial value of severance for salaried physicians is $6,877,538.

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

	2022 $	2021 $
Accrued benefit liability, beginning of year	**8,983**	11,755
Benefits expense		
Current period benefit cost	**510**	520
Interest on accrued benefit obligation	**161**	189
Amortization of actuarial losses and gains	**(95)**	—
	9,559	12,464
Benefits paid	**(825)**	(3,481)
Accrued benefit liability, end of year	**8,734**	8,983
Current period benefit cost	**510**	520
Interest on accrued benefit obligation	**161**	189
Amortization of actuarial losses and gains	**(95)**	—
Total expense recognized for the year	**576**	709

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

Discount rate – liability	3.57% as at March 31, 2022 3.11% as at March 31, 2021
Discount rate – benefit expense	3.57% in fiscal 2022 3.11% in fiscal 2021

[Tabular amounts in thousands of Canadian dollars]

Rate of compensation increase	3.50% plus 0.75% for promotions and merit as at March 31, 2022 3.50% plus 0.75% for promotions and merit as at March 31, 2021

The Authority had previously provided severance payments to other eligible employees. Due to changes in the collective agreements of the various unions in 2019, severance benefits accrued as of March 31, 2018, were paid out to eligible employees on or before March 31, 2020. All employees had the option to defer payment but will not accrue any further severance benefits. At March 31, 2022, the value of the deferred severance payments for employees who selected to defer payment is $1,827,311.

In 2022, cash payments in the amount of $824,568 [2021 - $3,480,789] were made to retired and eligible physicians, as well as employees who deferred payment

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 2022, cash payments to employees for the Authority's unfunded sick leave benefits amounted to $8,239,516 [2021 – $9,454,773].

The most recent actuarial valuation for the accrued sick obligation was performed effective March 31, 2021.

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

	2022 $	2021 $
Accrued benefit liability, beginning of year	**68,587**	68,112
Benefits expense		
Current period benefit cost	**5,837**	5,857
Interest on accrued benefit obligation	**2,265**	2,464
Amortization of actuarial losses and gains	**1,419**	1,609
	78,108	78,042
Benefits paid	**(8,240)**	(9,455)
Accrued benefit liability, end of year	**69,868**	68,587
Current period benefit cost	**5,837**	5,857
Interest on accrued benefit obligation	**2,265**	1,609
Amortization of actuarial losses and gains	**1,419**	2,464
Total expense recognized for the year	**9,521**	9,930

Notes to non-consolidated financial statements

[Tabular amounts in thousands of Canadian dollars]

March 31, 2022

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

Discount rate – liability	3.57% as at March 31, 2022 3.11% as at March 31, 2021
Discount rate – benefit expense	3.57% in fiscal 2022 3.11% in fiscal 2021
Rate of compensation increase	3.50% plus 0.75% for promotions and merit as at March 31, 2022 3.50% plus 0.75% for promotions and merit as at March 31, 2021

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:

	2022 $	2021 $
Transfers from the Government of Newfoundland and Labrador	**1,512,752**	1,423,848
Transfers from other government entities	**87,348**	87,961
Transfers to other government entities	**(70,091)**	(86,325)
	1,530,009	1,425,484

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 2022, the Authority had an authorized credit facility [the "Facility"] of $225,000,000 [2021 – $185,000,000]. As at March 31, 2022, the Authority had $9,609,570 in funds available on the Facility [2021 – $36,983,331]. 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, 2022:

	Revenue	Expenses	Annual surplus (deficit)
	$	$	$
Original Budget	**1,531,702**	**1,583,144**	**(51,442)**
Adjustments during the year for service and program changes, net	**90,771**	**90,771**	**—**
Revised Original Budget	**1,622,473**	**1,673,915**	**(51,442)**
One-time funding approved by Government	**4,812**	**—**	**4,812**
Final Budget	**1,627,285**	**1,673,915**	**(46,630)**

Notes to non-consolidated financial statements

[Tabular amounts in thousands of Canadian dollars]

March 31, 2022

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.

	2022 $	2021 $
Salaries	**814,087**	791,313
Supplies – other	**340,412**	305,032
Direct client costs	**229,775**	211,809
Employee benefits	**152,382**	148,416
Supplies – medical and surgical	**71,213**	61,697
Drugs	**68,480**	63,034
Amortization of tangible capital assets	**30,954**	33,530
Maintenance	**24,819**	19,426
Interest on long-term debt	**9,053**	9,067
Total expenses	**1,741,175**	1,643,324

22. Supplies inventory

	2022 $	2021 $
Supplies inventories	**22,431**	21,414
Pandemic inventories	**15,676**	51,548
	38,107	72,962

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 2021–22, 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

	2022 $ *[unaudited]*	2021 $ *[unaudited]*
Patient and resident services		
Acute care	**224,333**	216,447
Long-term care	**183,378**	170,752
Other patient and resident services	**19,512**	18,855
	427,223	406,054
Client services		
Community support programs	**290,103**	272,228
Mental health and addictions	**54,413**	48,464
Health promotion and protection	**34,713**	22,325
Family support programs	**8**	7
	379,237	343,024
Diagnostic and therapeutic		
Other diagnostic and therapeutic	**93,574**	90,523
Clinical laboratory	**65,761**	62,209
Diagnostic imaging	**61,090**	57,520
	220,425	210,252
Support		
Facilities management	**81,447**	74,931
Other support	**44,971**	41,709
Food services	**34,591**	34,112
Housekeeping	**39,273**	38,071
Laundry and linen	**9,550**	8,903
	209,832	197,726
Ambulatory care		
Outpatient clinics	**108,710**	104,117
Emergency	**42,622**	40,373
Dialysis	**22,812**	19,611
Other ambulatory	**13,941**	13,456
	188,085	177,557

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

[in thousands of Canadian dollars]

Year ended March 31

	2022 $ *[unaudited]*	2021 $ *[unaudited]*
Administration		
Other administrative	**37,101**	36,926
Systems support	**1,132**	2,614
Materials management	**21,977**	20,759
Human resources	**18,371**	16,878
Finance and budgeting	**11,440**	11,429
Executive offices	**8,194**	6,825
Emergency preparedness	**49,024**	36,382
	147,239	131,813
Medical services		
Physician services	**75,395**	76,305
Interns and residents	**23,187**	22,946
	98,582	99,251
Other		
Undistributed	**6,361**	7,717
Research and education		
Education	**14,780**	14,796
Research	**1,372**	1,413
	16,152	16,209
Interest on long-term debt	**9,053**	9,067
Total shareable expenses	**1,702,189**	1,598,670

Non-consolidated schedule of revenue and expenses for government reporting

[in thousands of Canadian dollars]

Year ended March 31

	2022 $ *[unaudited]*	2021 $ *[unaudited]*
Revenue		
Provincial plan	**1,472,346**	1,387,847
Medical Care Plan	**72,916**	73,564
Other	**50,039**	46,011
Resident	**17,370**	18,094
Inpatient	**10,085**	9,773
Outpatient	**7,835**	8,497
	1,630,591	1,543,786
Expenses		
Compensation		
Salaries	**814,087**	791,313
Employee benefits	**144,350**	137,292
	958,437	928,605
Supplies		
Other	**340,412**	305,032
Medical and surgical	**71,213**	61,697
Drugs	**68,480**	63,034
Plant operations and maintenance	**24,819**	19,426
	504,924	449,189
Direct client costs		
Community support	**224,658**	207,529
Mental health and addictions	**5,117**	4,280
	229,775	211,809
Lease and long-term debt		
Long-term debt – interest	**9,053**	9,067
Long-term debt – principal	**1,090**	1,233
	10,143	10,300
	1,703,279	1,599,903
Deficit for government reporting	**(72,688)**	(56,117)
Long-term debt – principal	**1,090**	1,233
Deficit before non-shareable items	**(71,598)**	(54,884)

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

[in thousands of Canadian dollars]

Year ended March 31

	2022 $ *[unaudited]*	2021 $ *[unaudited]*
Adjustments for non-shareable items		
Provincial plan capital grant	**34,905**	46,176
Other capital contributions	**6,479**	4,364
Amortization of tangible capital assets	**(30,954)**	(33,530)
Interest on sinking fund	**833**	825
Accrued severance pay	**249**	2,772
Accrued sick leave	**(1,281)**	(475)
Accrued vacation pay	**(7,000)**	(13,421)
	3,231	6,711
Annual deficiency as per non-consolidated statement of operations and accumulated deficit	**(68,367)**	(48,173)

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

[in thousands of Canadian dollars]

Year ended March 31

	2022 $ *[unaudited]*	2021 $ *[unaudited]*
Revenue		
Deferred grants – previous year	**52,933**	62,204
Provincial plan	**39,901**	36,001
Department of Works, Service, and Transportation	**505**	—
Foundations and auxiliaries	**5,075**	5,872
Other	**492**	425
Transfer from operations	**1,500**	1,740
Transfer to other regions	**(571)**	(315)
Transfer to operations	**(1,586)**	(2,454)
Deferred grants – current year	**(56,865)**	(52,933)
	41,384	50,540
Expenses		
Equipment	**14,185**	14,612
Buildings	**23,981**	18,802
Construction in progress	**3,218**	16,649
Vehicles	**—**	477
Disposal of building and land	**(113)**	—
	41,271	50,540
Surplus on capital transactions	**113**	—

Non-consolidated schedule of accumulated deficit for government reporting

[in thousands of Canadian dollars]

As at March 31

	2022 $ *[unaudited]*	2021 $ *[unaudited]*
Assets		
Current		
Accounts receivable and due from government and other government entities	**65,062**	55,809
Supplies inventory	**38,107**	72,962
Prepaid expenses	**25,647**	27,736
	128,816	156,507
Advance to General Hospital Hostel Association	**—**	148
	128,816	156,655
Liabilities		
Current		
Bank indebtedness	**11,223**	13,277
Operating facility	**215,390**	148,017
Accounts payable and accrued liabilities and due to government and other government entities	**152,865**	178,146
Deferred revenue – operating revenue	**17,647**	16,881
Deferred revenue – capital grants	**56,865**	52,933
	453,990	409,254
Accumulated deficit for government reporting	**(325,174)**	(252,599)

Eastern Health

easternhealth.ca/about-us/achieving-our-aim/