

ANNUAL PERFORMANCE REPORT **2009-10**



Labrador - Grenfell
Health

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A Registered Nurse assesses a client at the Labrador South Health Centre, Forteau.

*Front Cover Photos
Top: Cartwright Harbour at sunset.
Middle: The "Glass Hole", near Conche.
Bottom: Whale watching on the Northern Peninsula.*

MESSAGE FROM THE CHAIRPERSON

On behalf of the Board of Directors, I publicly present the Annual Performance Report for 2009-10, in accordance with the Guidelines for Annual Performance Reports for Category 1 Government Entities. The Board understands that we are accountable for the results and any variances explained herein.

The Annual Performance Report for 2009-10 reflects a series of strategic goals, progress indicators and accomplishments. I am pleased to be able to offer an overview of the areas where we are making strides to provide residents with the best possible health care within available resources.

This past year may well be remembered as the year when planning for a pandemic influenza was put to the test. The subsequent mass immunization of residents to combat the H1N1 virus and our responses to provide care to those who became ill was a testament to community and employee effort and joint collaboration with our partners.

Further evidence of the emphasis on enhancing the culture of safety can be found in implementing the recommendations of the Commission on Inquiry on Hormone Receptor Testing and the Task Force for Adverse Events. As this report indicates, there are many other instances where emergency planning initiatives are coming into effect.

Advances continue to be made in the area of Telehealth. The use of technology to deliver services to clients who might normally have to travel outside of their communities is evolving and improving. Given the large geographical area served by the Health Authority, and the increasing demand for services, we will undoubtedly see many more enhancements in the years to come.

One of the constants in healthcare is change itself. This might best be illustrated by the continued transition of Child, Youth and Family Services from a responsibility of the Health Authority to its own Government Department. Steps that have been taken over the past year to strengthen program and service delivery to benefit children, will serve the new department well.

It is heartening to report that a concerted effort to recruit health care professionals and retain their services is continuing to pay dividends. Similarly, we



Ray Norman, Board Chair (Acting)

are grateful to our many partners for the improvements which have been made to equipment in all areas of the region. Good staff require good equipment. By the same token, we are pleased to see the new Long Term Care facility in Happy Valley-Goose Bay nearing completion and are keen to see construction commence on new healthcare facilities in Labrador West and Flower's Cove.

We want to know whether we are meeting the needs of the public. To that end, we assisted one of our community partners in preparing the tools to assess the delivery of a broad range of programs and services. We are also moving forward with our own regional community needs assessment.

As we move into a new fiscal year, I thank all Board Members, Senior Executive, employees, volunteers and community partners for your dedication and commitment to providing quality health and community services in the Labrador-Grenfell Health region.

Sincerely,

A handwritten signature in black ink, appearing to be 'Ray Norman', written over a white background.

Ray Norman, Board Chair (Acting)

OVERVIEW

Labrador-Grenfell Health provides quality health and community services to a population just under 37,000, covering the communities north of Bartlett's Harbour on the Northern Peninsula and all of Labrador (a total of eighty-one communities). Corporate headquarters is located in Happy Valley-Goose Bay.

Vision: The vision of Labrador-Grenfell Health is healthy people living in healthy communities.

Mission: By March 31, 2011, Labrador-Grenfell Health will, within available resources, have improved accessibility to appropriate health and community services to better meet the needs of people within the region.

Mandate: The mandate of Labrador-Grenfell Health is derived from the *Regional Health Authorities Act* and its regulations. Labrador-Grenfell Health is responsible for the delivery and administration of health and community services in the Labrador-Grenfell Health region in accordance with this legislation.



Registered Nurses at the Charles S. Curtis Memorial Hospital, St. Anthony.

In carrying out its responsibilities, Labrador-Grenfell Health shall:

- promote and protect the health and well-being of its region and develop and implement measures for the prevention of disease and injury and the advancement of health and well-being;
- assess health and community services needs in its region on an ongoing basis; develop objectives and priorities for the provision of health and community services which meet the needs of its region and which are consistent with provincial objectives and priorities;
- manage and allocate resources, including funds provided by the government for health and community services, in accordance with legislation;
- ensure that services are provided in a manner that coordinates and integrates health and community services;
- collaborate with other persons and organizations, including federal, provincial, and municipal governments and agencies and other Regional Health Authorities, to coordinate health and community services in the province and to achieve provincial objectives and priorities;
- collect and analyze health and community services information for use in the development and implementation of health and community services policies and programs for its region;
- provide information to the residents of the region respecting the services provided by the authority, how they may gain access to those services and how they may communicate with the authority respecting the provision of those services;
- monitor and evaluate the delivery of health and community services and compliance with prescribed standards and provincial objectives and in accordance with guidelines that the Minister may establish for the authority under paragraph 4(3)(b); and
- comply with the directions the minister may give.

Lines of Business: Labrador-Grenfell Health operates twenty-two facilities, including three hospitals, three community health centers, fourteen community clinics and two long term care facilities. In addition, there are Child, Youth and Family Services offices located throughout the region. Labrador-Grenfell Health provides health and community services to a diverse population, over a wide geographical area. Clients cover the entire life span, from prenatal to children and youth, adults and seniors. They range from the healthy population to those with specific health needs, such as the acutely ill, or those with chronic mental or physical disabilities. Clients include both Aboriginal and non-Aboriginal residents living within the Labrador-Grenfell Health region, children in care outside our region and those who travel here for services.

Labrador-Grenfell Health delivers a wide range of health and community services, including:

- Acute Care, Diagnostic and Clinical Support Services
- Child Care, Community Corrections and Residential Services
- Child, Youth and Family Services and Adoptions
- Community Health and Wellness
- Dental Services
- Education, Innovation and Applied Health Research
- Health Protection Services
- Long Term Care
- Mental Health and Addictions Services
- Patient Safety and Quality
- Therapeutic Intervention, Family Rehabilitation and other Rehabilitation Services
- Regional Transportation Services

(For a detailed description of programs and services, view Labrador-Grenfell Health's Strategic Plan 2008-11 at www.lghealth.ca).



Nain, Labrador

KEY STATISTICS

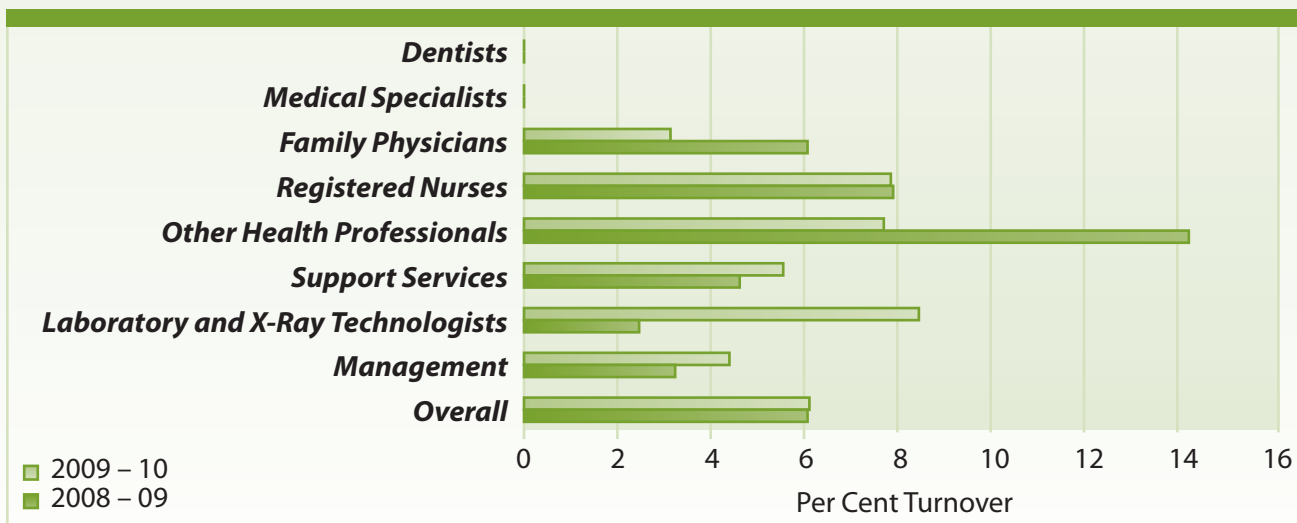
Human Resources

As of March 31, 2010, Labrador-Grenfell Health employed 1571 staff (982 permanent full-time, 63 permanent part-time, 407 temporary and 119 casual). Of these, 54% are Support Staff, 25% are Nurses, 8% are health professionals (i.e., Social Workers, Physiotherapists, Occupational Therapists, Speech Language Pathologists, Pharmacists), 3% are Physicians and Management, and Laboratory and X-ray are at 5% respectively. All staff are based in

rural locations.¹ Seventy-nine per cent are female and 21% are male. In 2009–10, the overall staff turnover rate was 6.10%, increased slightly from 6.05% in 2008–09.

Footnote:

¹ To form a census agglomeration, the urban core must have a population of at least 10,000 (Statistics Canada).



| Spotlight on Services (Number of Client Visits) | | | |
|---|---------|---------|---------------------------------|
| Service | 2009-10 | 2008-09 | Percentage Increase or Decrease |
| Mental Health and Addictions Services | 10,616 | 9,228 | +15% |
| Diabetes Nurse Education | 3,625 | 2,159 | +67.9% |
| Occupational Therapy | 2,301 | 2,040 | +12.8% |
| Speech Language Pathology | 1,148 | 991 | +15.8% |
| Physiotherapy | 7,311 | 7,598 | -3.9% |

Air Transportation

| Medevac Patients | Routine Patients | Staff Escorts | Family Escorts | Others | Total Persons |
|------------------|------------------|---------------|----------------|--------|---------------|
| 727 | 4325 | 993 | 1819 | 936 | 8800 |

Child, Youth and Family Services

Child, Youth and Family Services (CYFS) employees work within a complex economic and social environment, wherein children and families are impacted by many extensive and challenging issues.

In the Labrador-Grenfell Health region, in 2009-10, there were 105 children in the custody of the Director of Child, Youth and Family Services, a 10 per cent increase since 2008-09. In the Innu Zone (i.e., Natuashish and Sheshatshiu), 99 children were in the custody of the Director, a 6.5 per cent increase from the previous year.

On average, (CYFS) provided supportive services for 29 families per month, as compared to 61 families per month in 2008-09. In addition, in the Innu Zone, supportive services were provided to an average of 13 families per month, decreased from 21 families per month in 2008-09.

There was a 17 per cent decrease in the number of youth receiving services, compared to 2008-09. In the Innu Zone specifically, there was a 35 per cent decrease in the number of youth receiving services.

There are currently 105 caregiver homes in the region outside the Innu Zone, an increase of 10 per cent in the past year. There are 62 caregiver homes in the Innu Zone, an 8.8 per cent increase from 2008-09.

Financial Services

In 2009-10, Labrador-Grenfell Health successfully balanced its expenditures with revenues, recording a shareable surplus of \$862,377, compared to \$358,036 for the previous year. These surpluses were achieved as a result of increased levels of government funding combined with general fiscal restraint on the part of Labrador-Grenfell Health.



Licensed Practical Nurses at the Labrador South Health Centre in Forteau.



Paddon Memorial Home residents enjoy a nature walk near Happy Valley-Goose Bay.

Acute Care

| Category | Captain William Jackman Memorial Hospital, Labrador City | Labrador Health Centre, Happy Valley-Goose Bay | Charles S. Curtis Memorial Hospital, St. Anthony |
|--|--|--|--|
| Number of Beds | 14 | 25 | 50 |
| Patient Days (excluding newborn) | 2,560 | 7,020 | 13,122 |
| Number of Admissions (including newborn) | 700 | 1,548 | 1,751 |
| Number of Discharges (including newborn) | 700 | 1,558 | 1,756 |
| Discharge Days (including newborn) | 2,781 | 7,816 | 11,713 |
| Average Length of Stay | 4.0 days | 5.0 days | 6.7 days |
| Per cent of Occupancy (excluding newborn) | 50.1% | 76.9% | 71.9% |
| Outpatient Surgery (includes Surgical Day Care and Minor OR Procedures) | 348 | 648 | 905 |
| Inpatient Surgery | 137 | 202 | 465 |
| Total Surgery | 485 | 850 | 1370 |
| Number of Births | 90 | 221 | 98 |
| Number of Emergency Room Visits* Registered to ER | 22,477 | 22,167 | 9,035 |
| Number of Outpatient Visits** Excludes Radiology & Laboratory | 4,903 | 23,328 | 20,933 |

CWJ & LHC:

*ER Visits may include: Emergency Room visits seen by Physicians, as well as those ER visits for Nursing procedures only (i.e., Phlebotomy, dressing change, etc.).

**OPD Visits may include: Local Physician/Specialist Clinic visits, Nursing Clinics (i.e. Well Woman, Oncology, etc.), Chemotherapy and Chemo-related visits, Surgical Day Care Pre-operative/ Pre-Admission visits, Visiting Specialist visits, Non-Stress test/ Cardiac Stress test visits.

Health Centres

| Category | White Bay Central Health Centre, Roddickton | Strait of Belle Isle Health Centre, Flower's Cove | Labrador South Health Centre, Forteau |
|-----------------------------|---|---|---------------------------------------|
| Number of Beds | 4 | 2* | 5 |
| Clients Seen | 16,918 | 25,560 | 9,712 |
| Inpatient Days | 292 | 91 | 331 |
| Inpatients | 175 | 87 | 23 |
| Road Ambulance Trips | 206 | 351 | 189 |
| Air Ambulance Trips | - | - | 70 |

* Holding Beds for Observation

Community Clinics

| Category | 2009-10 | 2008-09 |
|---|---------|---------|
| Clients seen by regional nurses | 72,382 | 73,868 |
| Clients seen by district medical officer | 8,028 | 8,366 |
| Emergency Referrals | 426 | 512 |
| Elective referrals | 4,825 | 5,045 |



Participants in Medevac training at the Labrador Health Centre, Happy Valley-Goose Bay.

Long Term Care

| Category | Harry L. Paddon Memorial Home, Happy Valley-Goose Bay | John M. Gray Centre, St. Anthony | Labrador South Health Centre Long Term Care Unit, Forteau | Captain William Jackman Long Term Care Unit, Labrador City |
|-------------------------------|---|----------------------------------|---|--|
| Number of Beds | 48 (47 LTC + 1 Respite) | 47 (46 LTC + 1 Respite) | 14 (13 LTC + 1 Respite) | 6 |
| Resident Days | 16,880 | 16,448 | 4,938 | 1,846 |
| Number of Admissions | 36 | 16 | 17 | 4 |
| Number of Discharges | 37 | 17 | 14 | 3 |
| Discharge Days | 21,366 | 12,837 | 2,938 | 2,676 |
| Average Length of Stay | 577.5 days | 755.1 days | 209.9 days | 892 days |
| % Occupancy | 96.3% | 96.1% | 96.6% | 84.3% |

NOTE: Due to differences in the methodologies used for data collection, data may not be comparable between sites.



Icebergs on the Northern Peninsula.

SHARED COMMITMENTS

Improved Population Health

Long Term Care and Community Support Services.

Labrador-Grenfell Health's Information Management and Technology Department actively participated with provincial stakeholders in the development and deployment of the Provincial Client Pay System, which went live in October 2009. This system, a part of the Client Referral Management System, is used to manage and issue all financial payments through the Home Support programs. The use of an integrated provincial system now supports consistency throughout the region and province, improved responsiveness to client needs, and enhanced monitoring of program expenditures.

With the hiring of a Minimum Data Set (MDS) Coordinator in November 2009, Labrador-Grenfell Health was able to proceed with the development of the interRAI® MDS, a Long Term Care assessment tool. Deployment of the MDS will improve the assessment and subsequent care of Long Term Care residents. The assessment covers level of functioning in all areas - physical, cognitive and behavioral. It also identifies resident preferences, strengths and abilities. This structured assessment tool will enhance quality of care and hence improve quality of life, based on individual needs.

Addressing Aboriginal Health Needs. In 2009-10, the Labrador Aboriginal Health Integration Committee continued to work on the development of a mobile multidisciplinary mental wellness clinical team that would provide mental health and addictions services to Aboriginal children, youth, and their families in their own communities. The committee met on an as-needed basis throughout the year and shared responsibilities for activities pertaining to the development of the mobile team (e.g., communications with funders, hiring a consultant to develop recruitment campaign). At year end, recruitment was being planned for the new fiscal year.

With support from the Aboriginal Health Transition Fund, Labrador-Grenfell Health partnered with the

Mushuau Innu to develop Information Sharing Protocols and a Memorandum of Understanding (MOU). The purpose of the MOU was to support an information sharing protocol to facilitate collaborative practice and seamless service delivery for Mushuau Innu clients receiving mental health and addictions services from the Healing Lodge in Natuashish and Labrador-Grenfell Health. Work is complete and acceptance signing for the Mushuau Innu is pending.

The first year of the Labrador Bachelor of Social Work program was successfully completed by a total of 22 Labrador-Grenfell Health staff and Nunatsiavut Government beneficiaries who progressed to the final year of courses and a field placement. This special program is being conducted in partnership by both organizations with financial support from the Department of Health and Community Services. It is being delivered in Happy Valley-Goose Bay by St. Thomas University (New Brunswick) and has a strong Labrador focus, as several courses have been instructed by resident professionals employed by Labrador-Grenfell Health staff and the Nunatsiavut Government. The program's objective is to increase the number of professional social workers who are committed to the region and qualified to fill vacant social work positions. The Health Authority is supporting 12 staff who will provide a three-year return-in-service. The majority of participants are expected to graduate from the program in September 2010.

In conjunction with the Nunatsiavut Government, Labrador-Grenfell Health is part of a project to create a new registry for recording attempted and completed suicides in northern Labrador Aboriginal communities.

Beginning in May 2009, Labrador-Grenfell Health staff participated on a steering committee to design a Community Needs Assessment Study in collaboration with NunatuKavut (formerly known as the Labrador Metis Nation), with project funding from Health Canada's Aboriginal Health Transition Fund. The survey is being conducted in 11 communities

along the southeastern Labrador coast extending from Cartwright to Lodge Bay. Project managers have received assistance in formulating a questionnaire and statistical analysis from faculty in the Division of Community Health and Humanities at Memorial University and the School of Health and Human Performance at Dalhousie University. A random survey of about 350 respondents was completed in March 2010. Following community focus group discussions, data will be analyzed and results disseminated in the Fall of 2010. The information collected will be valuable for providing NunatuKavut and Labrador-Grenfell Health with quantitative and qualitative data on the health conditions of the resident population and their needs for health services and programs.

Strengthening Public Health Capacity

Emergency Preparedness and Pandemic Response.

By October 2009, a regional pandemic influenza plan was developed, in addition to facility-specific plans for all three hospitals, long term care facilities, health centres and community clinics. Labrador-Grenfell Health's Pandemic Plans became operational during the second week of October and ended by December 1, 2009, lasting approximately six weeks.

In all communities, H1N1 immunization highlighted community effort and joint collaboration among many different partners. School Boards, municipalities and service organizations such as Lions Clubs, Royal Canadian Legions, Community Recreation Centres and a Community Arena provided the use of their buildings for clinics. The Iron Ore Company of Canada and the Labrador Health Secretariat - Health Canada offered the assistance of their nursing staff during the immunization in various communities. Labrador-Grenfell Health staff assisted Nunatsiavut Government's Department of Health and Social Development, Mushuau Innu First Nation and Innu Nation with the immunization of their community members in Northern Labrador and Sheshatshiu. Pilots and crews with Air Labrador and Provincial Airlines, along with Regional Transportation staff,

were invaluable in transporting staff and vaccine all around the region. Recently retired nurses and clerical staff were rehired as casuals and were also an asset to the immunization clinics. Along with the external partnerships, internal partnerships were fostered within many Labrador-Grenfell Health departments such as Human Resources, Support Services, Acute Care, Employee Development, Training and Health, Occupational Health and Safety, Regional Community Clinics, Paramedics and Security. Staff and community partners are thanked for their tremendous efforts and achievements during the pandemic period.

All-hazards emergency planning also continued in 2009-10. Mock code exercises were held in all three hospitals. A draft plan for Emergency Blood Supply Shortage was developed for Labrador-Grenfell Health's hospitals. In addition, in follow-up to recommendations of the Commission of Inquiry on Hormone Receptor Testing, a Crisis Management Plan was developed. This plan outlines the process of public disclosure and the subsequent investigation of adverse events.

Collaboration in Health Protection.

Labrador-Grenfell Health collaborates with the Provincial Government, the Nunatsiavut Government and the Innu Health Commissions for the delivery of programs such as tuberculosis screening and follow-up, immunization programs and child health programs. In partnership with the College of the North Atlantic, Environmental Health has begun delivering the National Food Safe Training Program, in keeping with the National Food Retail and Food Services Regulation requirements for food premise operator training and certification.

Improving Accessibility to Priority Services

Innovation and Advancements in Clinical Telehealth.

Consistent with Government's strategic direction of access to priority services, Labrador Grenfell Health continues to lead with Telehealth innovation and adoption. The expanded utilization of Telehealth

technology is contributing to enhanced and timelier healthcare service delivery to clients in the following areas: timely mental health and addictions services intake assessments of clients located in remote sites, follow-up consultation with the Janeway Child Development Team, and dietary consultation and education with clients located in remote communities.

In 2009-10, Labrador-Grenfell Health entered into an advanced clinical Telehealth pilot project at the Nain Community Clinic. Funded by the First Nations Inuit Health Branch of Health Canada, the partners include Labrador-Grenfell Health, the Department of Health and Social Development with the Nunatsiavut Government and the Division of Neurosurgery at the QEII Health Sciences Complex, Halifax. The pilot project utilizes an InTouch RP-7 Remote Presence Robot, a Telehealth application which focuses on collaborative case consultation, physician and specialist consults and follow-up and emergency management and clinical support. The pilot project aims to help Health Canada, Labrador-Grenfell Health and the Nunatsiavut Department of Health and Social Development determine whether it is feasible and cost-effective to deploy similar Telehealth services in places like Nain and other remote and northern sites.

Quality Learning and Child Care. In support of Government's strategic direction to improve accessibility to priority services, the Child Care Services Division and Family Resource Program completed initiatives with a focus on access to quality early learning and child care. Through partnerships with local child care operators, community agencies, Aboriginal organizations and individual community members, child care capacity in the region was enhanced this year. This is evidenced by projects such as the expansion of the Riddles and Rhymes Daycare in St. Anthony to accommodate 11 new spaces, the licensing of the region's first Family Home Child Care in North West River, the development of a child care services plan for Sheshatshiu and the establishment of a Healthy Baby Club in Southern Labrador. Partnerships with a number of community

agencies also resulted in training initiatives, parenting programs and educational initiatives to promote violence awareness among youth.

Prevention and Early Intervention for Children and Youth. Three Youth Outreach and Early Intervention Workers were hired in August to help focus Mental Health and Addictions Services on the identification of high risk youth in order to offer early intervention services. In developing the role of these workers, Mental Health and Addictions Services has formed or enhanced partnerships with local schools, the College of the North Atlantic and other community agencies. As a result, several partner initiatives have been delivered. Crucial goals in the first year of the program were to raise youth and public awareness about outreach and early intervention, forge relationships and enhance partnerships with other youth-serving agencies, and lay the foundation for improving child and youth accessibility to mental health and addictions services. The above-noted partnerships and activities indicate that Mental Health and Addictions Services have successfully taken these important initial steps.

Partnering for Improved Technology and Equipment. Thanks to funding from its partners, several new enhancements in equipment and technologies occurred in 2009-10. These new technologies support Government's strategic direction of improved accessibility to priority services. The Innu Nation, the International Grenfell Association and the Department of Health and Community Services partnered to fund a new 64-Slice Computed Tomography (CT) Scanner for the Labrador Health Centre in Happy Valley-Goose Bay. This has resulted in improved image quality and an expanded range of CT examinations. Renovations to install a similar unit at the Charles S. Curtis Memorial Hospital in St. Anthony began on March 6, 2010. This CT Scanner was made possible through a shared commitment with the Department of Health and Community Services.

Other notable improvements in equipment include a new mobile x-ray unit and a digital dental unit at the Charles S. Curtis Memorial Hospital; new blood gas

analyzers throughout the region and the installation of digital mammography units at the Labrador Health Centre, Happy Valley-Goose Bay and at the Captain William Jackman Memorial Hospital, Labrador City. Both waiting and reporting times have since considerably improved at these two sites.

The Newfoundland and Labrador Branch of the Canadian Hard of Hearing Association purchased a third Infant Hearing Testing Unit for the Labrador-Grenfell Health region in April 2009. Located at the Captain William Jackman Memorial Hospital in Labrador City, in addition to the previously funded units for St. Anthony and Happy Valley-Goose Bay, this unit allows health professionals to test the hearing of every newborn in the Labrador-Grenfell region, facilitating access to early intervention, if needed.

In addition, collaboration with Western Regional Health Authority was more formally developed in 2009-10. This collaboration is being pursued to better support information management endeavors generally (i.e., advancement of Meditech consolidation) as well as to enhance other information systems and technology acquisitions in the future (i.e., technical support for implementation of a voice recognition dictation system, archival storage capacity and disaster recovery). This working relationship will grow in 2010-11.

Partners in Care. In partnership with local businesses, individual donors and local Auxiliaries, the Grenfell Foundation is the official fundraising organization of Labrador-Grenfell Health. Each of the three local chapters identified equipment needs for 2009-10 and raised funds to purchase several items of much-needed equipment. The South Chapter, based in St. Anthony, raised \$30,000 for an Intravenous (IV) Pump for Medevacs, Geri-Chairs for the John M. Gray Centre, a Pressure Reduction Mattress for the Labrador South Health Centre, a Comfort Cuff for the Strait of Belle Isle Health Centre, an E-Z Glide Ambulance Chair for the White Bay Central Health Centre and Trans-illuminators for the Community Clinics in Mary's Harbour, St. Lewis, Port Hope Simpson and Charlottetown. The Labrador West Chapter in

Labrador City provided \$37,000 towards a Sleep Recorder, Dental Drill, ENT Headlight, Laparoscope, two Triple Infusion Pumps and three Epidural Pumps. The Labrador East Chapter provided \$50,000 towards the cost of the CT Scanner at the Labrador Health Centre.

The International Grenfell Association (IGA) continued to provide funding for equipment and other projects. In 2009-10, \$355,000 was received to buy items including: dental equipment for Mary's Harbour and St. Lewis, Operating Room equipment for the Labrador Health Centre, a Blood Gas Analyzer and BiPap Vision Machine for the Charles S. Curtis Memorial Hospital, and various other pieces of equipment. As well, the IGA provided funding for health interns and health professional student travel assistance, in addition to \$175,000 as the second of three annual contributions towards the purchase of the CT scanner at the Labrador Health Centre.



Ticker Tom visits with children in Labrador City.

HIGHLIGHTS AND ACCOMPLISHMENTS

Health and Wellness Initiatives. In support of government's strategic direction to enhance the health and wellness of the population, specifically in the areas identified in the Provincial Wellness Plan, the two Regional Wellness Coalitions contributed approximately \$30,000 to 26 communities to sponsor 51 events offered by 35 community partners. These community educational events were focused on physical activity, healthy eating, mental health, injury prevention and environmental health.

Similarly, Mental Health and Addictions Services staff delivered more than 100 presentations, workshops, and in-services to a variety of audiences (totaling more than 2,000 participants) on topics relating to mental health, addictions awareness and prevention, and general wellness. The Smoke Free Task Team continues to educate employees, clients and residents about the Health Authority's Smoke-Free Environment Policy. Orientation is routinely provided to front-line health care practitioners about the policy and the Community Action Referral Effort offered in partnership with the Newfoundland and Labrador Lung Association.

Progress was made in areas of diabetes care, stroke care and cancer prevention. A meeting was held in Labrador West in February, 2010 to discuss starting a diabetes collaborative clinic in the Labrador West region. A Stroke Rehabilitation and Community Re-engagement Subcommittee began reviewing best practice recommendations for stroke care to identify and address gaps in service delivery. Barriers to cervical screening are being overcome in areas such as Labrador West, through community partnerships that have addressed issues such as childcare and transportation in selected high risk groups.

Nutrition Services staff participated in many initiatives throughout the year to reinforce healthy eating practices. These included collaborating with Recreation Departments to promote healthy choices, delivering educational sessions at Wellness Fairs, Family Resource Centres, Healthy Baby Clubs, the St. Anthony and Area Boys and Girls Club, and other community venues. These activities

support several of the key directions for Health and Wellness as outlined in the Department of Health and Community Services' Strategic Plan (i.e., to strengthen partnerships and collaboration, develop and expand wellness initiatives and increase public awareness).

Quality and Safety. An enhanced culture of safety was evident in 2009-10. Labrador-Grenfell Health worked closely with the Department of Health and Community Services and the other Regional Health Authorities to address recommendations from the Commission of Inquiry on Hormone Receptor Testing and the Provincial Task Force on Adverse Health Events. This included participation on provincial and regional working groups, development and revision of policies and plans, and taking other actions as necessary to meet the recommendations. Specifically, and in support of Government's strategic direction regarding Quality and Safety, Labrador-Grenfell Health revised and approved its Management of Adverse Events policy, developed a Crisis Management Plan, participated in training for Disclosure of Unanticipated Medical Outcomes through the Institute for Healthcare Communication and developed a plan for training employees. The Senior Executive Team at Labrador-Grenfell Health was restructured to facilitate the addition of a Vice President of Quality Management position, to place a greater emphasis on quality and safety in the organization. In addition, the Health Authority identified a regional lead for the Provincial Electronic Occurrence Reporting System Project and established positions for a Patient Safety Data Analyst, Patient Safety Officer and Physician Patient Safety Champion.



Employees prepare for a mass H1N1 immunization clinic in Southern Labrador.

Furthermore, in 2009-10, Labrador-Grenfell Health initiated a Hand Hygiene Campaign, and worked diligently to address the Required Organizational Practices as established by Accreditation Canada, in preparation for a May 2010 survey.

Several other new developments focused on quality and safety. For example, a Regional Falls Prevention Committee was formed, as well as a working group for the development of an injury prevention program. Medication Reconciliation (Med Rec) on admission has been implemented in Long Term Care and in 2009-10, the Health Authority began planning for implementation of Med Rec on transfer and discharge at the region's hospitals and long term care facilities. A commitment to safety was demonstrated by the hiring of a new additional Regional Occupational Health and Safety Manager and the approval of positions to maintain a Computerized Maintenance Management System for facilities and equipment. As well, funding was provided for a Regional Fire Marshall and two positions dedicated to Laboratory Quality Assurance and Safety.

In the last year there has been much focus in the area of quality in Child, Youth and Family Services. Several initiatives were implemented to include the development and implementation of monthly narrative and statistical reporting which examines risk on a case-by-case basis, the development and implementation of documentation training for social work staff, the review of more than 400 protective intervention files and development of action plans for each file.

Improved Access to Services. Supporting the Department's strategic direction of improved access to services, improvements are noted in Rehabilitation Services program delivery through the increased number of traveling clinics (e.g., Churchill Falls, North and South Coasts of Labrador, Northern Peninsula), the reduction of the number of people waitlisted and wait times for some services areas (i.e., Speech Language Pathology, Occupational Therapy and Intervention Services) for some communities.

Innovative methods of service delivery have also improved access to services. For example, the Teleophthalmology Program began at the Charles S. Curtis Memorial Hospital (CSCMH) in the fall of 2009 and so far, more than 100 patients have been screened. Digital images of a patient's eyes are captured by an LPN at CSCMH and then reviewed by an Ophthalmologist at distance, via a secure teleophthalmology link to make a diagnosis. This allows people with diabetic eye disease to be examined without the inconvenience and expense of traveling to a larger centre. The technology is used to screen for and diagnose diabetic retinopathy, a serious complication of diabetes in which high blood glucose levels cause damage to the blood vessels supplying the retina, causing partial or total vision loss.

Utilization of Telehealth has also grown. Telehealth is now part of routine healthcare in the region. For example, it is used daily in northern Labrador for acute care, follow-up of chronic diseases, mental health assessment, cancer care, pre and post-operative surgical assessment and training in resuscitation. In addition, regular videoconferencing takes place between satellite dialysis clients and Nephrologists in St. John's. In 2009-10, 781 videoconference consultations took place, a considerable increase from 457 in 2008-09.

Access to priority services such as dialysis also continues to grow. Satellite Dialysis Units at the Labrador Health Centre and the Charles S. Curtis Memorial Hospital have seen an increase in the number of clients. At the end of March 2010, there were six clients receiving services at the Labrador Health Centre. The unit at the Charles S. Curtis Memorial Hospital expanded to full equipment capacity this year, with the installation of two new government-funded dialysis machines. This unit now serves ten regular clients and two transient clients. In March 2010, provincial funding for a new unit at the Captain William Jackman Hospital was announced in Budget 2010. Planning for this development began immediately.

Recruitment Success. In partnership with the other Regional Health Authorities and the Department of Health and Community Services, Labrador-Grenfell Health attended a nursing recruitment fair in Karalla, Karnataka, India this year. As a result of this initiative, Labrador-Grenfell Health has made offers of employment to three nurses experienced in Intensive Care and Midwifery. The Health Authority is currently pursuing three other skilled candidates from this country.

Along with the Newfoundland and Labrador Health Boards Association, Labrador-Grenfell Health continues to offer bursary programs to students in Nursing, Physiotherapy, Social Work, Diagnostic Imaging, and other selected professions. Students participating in this program receive financial assistance and agree to provide a return in service. This initiative provides incentives for recruitment and assists with retention.

In 2009-10, CYFS successfully recruited social work staff to fill vacant positions on the North Coast.

Through a commitment with the Centre for Nursing Studies and the College of Licensed Practical Nurses of Newfoundland and Labrador, Labrador-Grenfell Health is supporting the delivery of two mandated courses to all LPNs in the region by 2012. This will allow the LPNs in the region to maintain licensure and work to their full scope of practice, thereby increasing their work life satisfaction. The Health Authority has procured two mini-homes for the North Coast, along with the purchase of three houses to aid in improving and increasing staff accommodations which supports staff retention.

These accomplishments help address Government's Strategic Direction of Improved Accountability and Stability in the Delivery of Health and Community Services.



Employees in Labrador West thank community partners for a donation of ophthalmology equipment.

REPORT ON GOAL PERFORMANCE

Issue 1: Child, Youth and Family Services

Last year, Labrador-Grenfell Health made significant progress toward the implementation of identified priority recommendations in Child, Youth and Family Services. Training was a focus this year, as part of provincial educational initiatives. Workload analysis, particularly in the area of Protective Intervention, was carried out to identify any gaps and issues and determine specific plans to address them. Partnerships with local Aboriginal organizations were also an area of emphasis, in addition to initiatives to enhance safety and security in the workplace. This work continues to support Government's strategic direction to improve access to strengthened Child, Youth and Family Services and the Department of Health and Community Services' strategic direction to increase

focus on prevention and early intervention programs and services for children, youth and their families.

Goal: By March 31, 2011, Labrador-Grenfell Health will have implemented program delivery improvements in selected priority areas, resulting in services more responsive to regional needs and strengthened Child, Youth and Family Services.

Objective for 2009–10: By March 31, 2010, Labrador-Grenfell Health will have implemented priority recommendations for the improvement in responsiveness and strength of programs in Child, Youth and Family Services.

Measure: Priority recommendations implemented.

INDICATOR REPORTING: OBJECTIVE 2009–10

| Planned for 2009-10 | Actual for 2009-10 |
|--|--|
| Implemented provincial training initiatives for social workers and their supervisors. | Through the Provincial Training Initiative, a curriculum has been developed specifically for management and front-line social workers. This curriculum is currently being rolled out. A regional training team was implemented to assess and provide training specific to the needs of CYFS staff in the region. For the period of April 1, 2009 – March 31, 2010 the following number of social workers and managers received provincial training: <ul style="list-style-type: none"> • CORE Modules I (Child-Centred Approached to CYFS Programs) and II (Engaging Families in CYFS Programs): 18 Social Workers and 10 Managers. • Supervisory Skills Training - Transfer of Learning (Module 1) and Clinical Supervision (Module 2): 11 Social Workers (including two Regional Directors). |
| Completed review of more than 400 protective intervention files to provide an accurate synopsis of the nature of the work. | For the period of April 1, 2009 – March 31, 2010 more than 400 Protective Intervention files were reviewed and action plans were developed. |
| Participated in the provincial CRMS Business Review. | From April 1, 2009 – March 31, 2010, the Vice President of Community, Children's and Aboriginal Health and CYFS staff participated in the provincial CRMS Business Review. This provided an opportunity for Regional Directors, Managers and Social Work staff to meet with provincial representatives and share their experience using the CRMS system and express concerns/areas for improvement. |

| Planned for 2009-10 | Actual for 2009-10 |
|---|--|
| <p>Completed assessment of social work assistant and community service worker training needs.</p> | <p>Social Work Assistants and Community Service Workers completed a training needs assessment. The following top three training needs were identified by staff:</p> <ul style="list-style-type: none"> • Basic Orientation for Social Work Assistants and Community Service Workers - both current and new hires • Documentation Training • Risk Management Training |
| <p>Enhanced partnerships with the Inuit and Innu through evidence of at least six joint enhancement initiatives in 2009–10.</p> | <p>The following are examples of six joint enhancement initiatives:</p> <ul style="list-style-type: none"> • In 2009-10, the Labrador Aboriginal Health Integration Committee continued to work on the development of a mobile multidisciplinary mental wellness clinical team that would provide mental health and addictions services to Aboriginal children, youth, and their families in their own communities. The Integration Committee was comprised of multiple partnerships, with the following groups represented: Nunatsiavut Government Department of Health and Social Development, Sheshatshiu Innu First Nation, Mushuau Innu First Nation, Labrador-Grenfell Health and the Labrador Health Secretariat/Health Canada. • In an effort to increase foster care provided by Inuit families to children under the guardianship of CYFS, the Nunatsiavut Government received Aboriginal Health Transition Fund support in December 2009 for a project to adapt the provincial Parenting Resources for Information, Development and Education (PRIDE) program, so as to make it more culturally appropriate for Inuit communities. The PRIDE program is used to train and register families as foster parents, and the objective of this project is to recruit Inuit families to provide foster care to children originating from the Nunatsiavut region. The project involves the addition of Inuit cultural perspectives in PRIDE training manuals, a foster parent promotional and recruitment campaign within Nunatsiavut, and a symposium for all foster parents in Nunatsiavut. An Advisory Committee was established which includes representatives from Labrador-Grenfell Health, the Department of Health and Community Services, the Nunatsiavut Government and Innu First Nations. • The first year of the Labrador Bachelor of Social Work program was successfully completed by a total of 22 Labrador-Grenfell Health staff and Nunatsiavut Government beneficiaries who progressed to the final year of courses and a field placement. This program is being conducted in partnership by both organizations through St. Thomas University, New Brunswick, with financial support from the Department of Health and Community Services. The program's objective is to increase the number of professional social workers who are committed to the region and qualified to fill vacant social work positions. This program is strongly oriented to Labrador |

| Planned for 2009-10 | Actual for 2009-10 |
|---|--|
| <p>Enhanced partnerships with the Inuit and Innu through evidence of at least six joint enhancement initiatives in 2009–10.</p> | <p>Aboriginal cultures and experiences. Graduates will contribute to improved responsiveness by CYFS as they are knowledgeable about local conditions and with a return-in-service commitment in place, will add to stability in staffing in the CYFS service area.</p> <ul style="list-style-type: none"> • Labrador-Grenfell Health received funding from the Aboriginal Health Transition Fund for an Aboriginal Health Identifier Project to investigate the implementation of an indicator on health records to identify Aboriginal residents. This concept is supported by the original five partners on the Labrador Integration Project (as above in bullet number one) in order to create an accurate database on the health status of Inuit and Innu populations that could be applied to designing appropriate programs and services for improving health conditions. A consultant was contracted and an advisory committee was established with representation from the five partner agencies, the Department of Health and Community Services and the Newfoundland and Labrador Centre for Health Information (NLCHI). This project will conclude in August 2010. • In October 2009, a new committee was formed to promote communication on issues arising in the delivery of health services and programs, and in operations and management of community clinics in the Innu communities of Natuashish and Sheshatshiu. The Innu Health Liaison Committee (formerly Non-Insured Health Benefits Committee) includes representatives from Labrador-Grenfell Health, Mushuau Innu First Nation (Health Commission and Band Council), Sheshatshiu Innu First Nation (Social Health Division and Band Council), Labrador Health Secretariat and Health Canada. This committee improves responsiveness in relations between Labrador-Grenfell and the two Innu communities by ensuring that direct actions are taken to resolve outstanding issues in health care access and delivery for children, youth and families. • In September 2009, CYFS staff, Innu Zone, was a community partner in the first annual Community Health Conference held by the Sheshatshiu Innu First Nation. The focus of the conference was on the social health of Innu children and families. The role of CYFS was to support the process of gathering information and idea sharing about how to promote and enhance community services to children and families. |
| <p>Completed analysis of data from Labrador-Grenfell Health CYFS employee survey regarding security in the workplace.</p> | <p>In 2009–10, a safety survey was distributed to all CYFS staff and a response rate of 66 per cent was received. Analysis of the survey has been completed, along with recommendations for improving security in the workplace.</p> |

Discussion of Results:

Labrador-Grenfell Health has met the goals for 2009-10 that were established to improve and strengthen Child, Youth and Family Services programs and services. The Health Authority has been able to successfully recruit for vacancies across the region in CYFS, diversified its service delivery structure, remained focused on risk analysis, and been responsive to the training needs of both social workers and managers. Labrador-Grenfell is well-positioned, through its partnerships and enhancements to service delivery, to move forward with the transition of CYFS to a new CYFS Department. As Labrador-Grenfell Health moves forward in the transitioning and transformation process, it is committed to ensuring that the needs of children and families receiving their services are brought forward and addressed in the service delivery structure.

Objective for 2010-11:

By March 31, 2011, Labrador-Grenfell Health will have improved the responsiveness of services to regional needs in selected priority areas of program delivery resulting in strengthened Child, Youth and Family Services.

Measure: Improved responsiveness of services in selected priority areas of program delivery.

Indicators:

- Continued delivery of provincial CORE training initiatives for social workers and their supervisors, and Supervisory Skills training for supervisors.
- Implemented priority recommendations for social work assistant (SWA) and community service worker (CSW) training needs.
- Implemented priority recommendations of CYFS employee survey regarding security in the workplace.
- Employed majority of Labrador-Grenfell Health employee-graduates of the Labrador Bachelor of Social Work Program within the region.
- Supported the Innu First Nation, Nunatsiavut Government and Health Canada in the establishment of a Mobile Mental Health Team.

Issue 2: Improved Health Status Measurement Tools

Health status measurement involves gathering and analyzing information on the factors known to influence health. When available, this information can be used to identify priorities and develop strategies to improve health, using the best evidence available at all stages of policy and program development. A quality and responsive health system needs to have accurate and instantly accessible information. This is vital for improving both client care and healthcare system performance. These two key aspects ultimately support improved health for the residents in the Labrador-Grenfell Health region and help meet the expectations of consumers of their healthcare system.

Improved monitoring and reporting of health status measurement data supports the Government’s strategic direction of improved accountability and stability in the delivery of health and community services. In particular, it supports the Department of Health and Community Services’ focus area of identifying and monitoring outcomes for selected programs.

Considerable progress has been made in recent years with the development of an Information Management Plan in 2008-09, which sets the parameters and provides focus and direction for work in this area. This fiscal year, emphasis was on strengthening policies and core processes to lay the foundation for future development as resources allow.

Goal: By March 31, 2011, Labrador-Grenfell Health will have started the development of an integrated health information management system which will assist with the provision of health status data to support effective and strategic service delivery.

Objective for 2009–10: By March 31, 2010, Labrador-Grenfell Health will have implemented a comprehensive health information management strategy.

Measure: Implemented comprehensive health information management strategy.

INDICATOR REPORTING: OBJECTIVE 2009–10

Planned for 2009-10

Actual for 2009-10

Completed environmental scan for sources of health status data.

A formal environmental scan was not completed in 2009-10 as H1N1 became a priority.

However, significant work occurred in 2009-10 that proved to be valuable sources of health status data:

- Collaboration with the Nunatsiavut Government on the Inuit Health Survey (completed in 2009; data evaluation ongoing).
- Collaboration and input as part of the NunatuKavut (formerly Labrador Metis Nation) Community Health Needs Assessment (data evaluation ongoing).
- Regional and provincial reporting of infectious disease rates (e.g., Chlamydia, hospital acquired infection rates) is well established.
- Regional reporting to a provincial registry for cervical cancer rates.
- Electronic development of regional tuberculosis case and contact databases.
- Data input as part of international circumpolar surveillance of five invasive bacterial diseases.

| Planned for 2009-10 | Actual for 2009-10 |
|---|---|
| <p>Completed environmental scan for sources of health status data.</p> | <ul style="list-style-type: none"> • Diabetes registries. • Development of a telephone survey for an assessment of health services delivery in Labrador-Grenfell Health region that will be administered in 2010–11 (see Issue 5: Regional Health Services Plan). |
| <p>Continued implementation of standardized policies and education for the security, protection of privacy and access to information.</p> | <p>In Budget 2009–10, Labrador-Grenfell Health received funding for a new position to support the implementation of the <i>Personal Health Information Act (PHIA)</i>. and to play a key role in the implementation of standardized policies and education for the security, protection of privacy and access to information. When the successful applicant assumes the position, the development of additional policies and education delivery will proceed.</p> <p>The Vice-President of People and Information participated on a Provincial Steering Committee for the Implementation of the <i>PHIA</i>. This committee met monthly in 2009-10 and is overseeing the development of a Provincial Policy Manual designed to assist custodians of personal health information, as identified in the <i>PHIA</i>, in the implementation and interpretation of the Act. The draft manual will provide a consistent approach to the collection, use and disclosure of personal health information by and between custodians of personal health, as well as the disclosure to non-custodians.</p> <p>The Provincial Steering Committee and its subcommittees are also overseeing the development of comprehensive and standardized on-line education modules which will be used in all Regional Health Authorities for all levels of staff and associates. At year end, the draft online modules were being tested by various stakeholders. This education program, when finalized, will be the cornerstone of Labrador-Grenfell Health’s education program related to the security, protection and access to information.</p> <p>In conjunction with this, in March 2010, Healthtech consultants were engaged for the review and update of policies and processes relating to the electronic collection, storage, transfer, copying/modification, use, retention and disposal of health information.</p> |

| Planned for 2009-10 | Actual for 2009-10 |
|--|---|
| <p>Started submission to Department of Health and Community Services of statistical data as per the Standards for Management Information Systems in Canadian Health Service Organizations (MIS Standards).</p> | <p>Since April 1, 2009, statistics are now being submitted on a monthly basis for the following areas:</p> <ul style="list-style-type: none"> • Earned hours for 100 per cent of the organization • Workload statistics for all Physiotherapy, Occupational Therapy and Speech Language Pathology Departments. • Workload statistics for limited other Departments (e.g., Recreation Therapy, John M. Gray Centre). • Service activity and caseload statistics for approximately 10 per cent of departments. • Health service organization statistics for approximately 10 per cent of departments. <p>The final submission for 2009-10 will include additional statistics for the current year, such as admissions, discharges, etc.</p> |
| <p>Implemented business intelligence software to be used for analysis of financial, waitlist, chronic disease management data.</p> | <p>In 2009-10, full implementation of business intelligence software was not achieved due to other competing priorities, such as the Information Management and Technology's role in the establishment of H1N1 immunization clinic infrastructure. However, Cognos Business Intelligence (BI) software was purchased and arrangements were made with Eastern Health and their lead Cognos developer to develop the financial reporting configuration for Labrador-Grenfell Health. It is expected that the initial utilization of the Cognos BI tool will take place in September 2010.</p> <p>Electronic training for employees that will lead the Cognos Business Intelligence tool was purchased and deployed in February 2010. Representatives from the Information Management and Technology, Finance, Human Resources, Waitlist Management and Health Records departments were selected for this training.</p> <p>A Contract for the Meditech Data Repository Module was signed with Meditech in March 2010. Delivery is scheduled for December 2010.</p> |
| <p>Began implementation of Panorama software to be used as a Provincial Public Health Monitoring and Communicable Disease Management tool.</p> | <p>Representatives from Labrador-Grenfell Health participated on the Provincial Panorama Implementation Steering Committee, which met regularly until the summer of 2009. Delays with the development of the software on the national level have impacted on progress at the provincial and regional levels.</p> |

Planned for 2009-10

Received and reviewed a consultant's report on consolidation of Meditech Healthcare Information System clinical modules, in partnership with the Newfoundland and Labrador Centre for Health Information, Western Health and the Department of Health and Community Services.

Actual for 2009-10

In June 2009, Labrador-Grenfell Health partnered with the Newfoundland and Labrador Centre for Health Information and the Western Regional Health Authority to engage a consulting firm to assist in devising an action plan for developing a shared services model for the provision of Meditech information system services by Western Regional Health Authority to the Labrador-Grenfell Regional Health Authority.

A final draft of the consultant's report was received and reviewed by both Health Authorities in March 2010.

Discussion of Results: Labrador-Grenfell Health's objective to have implemented a comprehensive health information management strategy by March 31, 2010 was only partly achieved this fiscal year, due to a number of factors that were beyond the Health Authority's control. The lead departments assigned responsibility were nearly entirely focused on the planning, activation, implementation and evaluation of the H1N1 response in addition to addressing an outbreak of tuberculosis in the northern part of the region. In addition, some of the provincial initiatives referenced in the indicator reporting table were on hold during the year (i.e., the development of Panorama software). Several of these initiatives will be carried over in planning for the 2010-11 fiscal year.

Objective for 2010-11:

By March 31, 2011, Labrador-Grenfell Health will begin the development of an integrated health information system that will assist with provision of selected health status data to support decisions regarding enhanced service delivery.

Measure: Started development of an integrated health information system.

Indicators:

- Completed environmental scan for sources of health status data.
- Continued implementation of standardized policies and education for the security, protection of privacy and access to information.
- Implemented business intelligence software to be used for analysis of financial, waitlist and chronic disease management data.
- Implementation began of Panorama software to be used as a Public Health Monitoring and Communicable Disease Management tool.
- Started planning for the recommended solution for a consolidation of the Western Health and Labrador-Grenfell Health Meditech Healthcare Information Systems, in partnership with the Newfoundland and Labrador Centre for Health Information and the Department of Health and Community Services.
- Improved capacity to collect, monitor and analyze data in public health informatics, in particular related to Tuberculosis (TB) surveillance.

Issue 3: Culture of Safety

Enhancing its culture of safety is a priority for Labrador-Grenfell Health.

Last year’s accomplishments helped create a foundation for a culture of safety at Labrador-Grenfell Health. This fiscal year, growing safety priorities related to the pandemic H1N1 response, a planned Accreditation Canada Survey, **Safer Healthcare Now!** initiatives, the Commission of Inquiry on Hormone Receptor Testing and the Task Force for Adverse Events positioned safety as a primary focus. In addition, Labrador-Grenfell Health’s Safety Assessment Strategy, developed this year, is a key component of a comprehensive and integrated approach to client safety, employee health, and occupational health and safety.

An enhanced culture of safety is also consistent with Government’s strategic direction of improved

accountability and stability in the delivery of health and community services and the Department of Health and Community services’ focus area of quality management and patient safety. It also supports the Department’s strategic goal of strengthened organizational systems within the health and community services sector that foster quality and safety.

Goal: By March 31, 2011, Labrador-Grenfell Health will have enhanced its culture of safety throughout the organization.

Objective for 2009–10: By March 31, 2010, Labrador-Grenfell Health will have identified baseline measures of current trends in selected types of risk issues and will have set targets for improvement as part of an organization-wide safety strategy.

Measure: Baseline measures of safety identified and targets set.

INDICATOR REPORTING: OBJECTIVE 2009–10

Planned for 2009-10

Actual for 2009-10

Completed an organization-wide safety strategy, incorporating elements of patient safety, risk management, employee health and Occupational Health and Safety.

A Labrador-Grenfell Health Safety Assessment Strategy was released in March 2010. The Safety Assessment Strategy contains a series of employee health and Occupational Health and Safety indicators, such as employee incidents, client incidents involving equipment, safety/security issues, and numbers of workplace health and safety compensation claims, which are now being used to monitor and identify opportunities for improvement. The strategy also provides an inventory of some of the most common mandatory and ad-hoc employee health and Occupational Health and Safety programs that are routinely delivered by Labrador-Grenfell Health.

The Safety Assessment Strategy will be a key resource for Labrador-Grenfell Health in supporting the Department of Health and Community Services’ strategic issue of Health and Wellness, specifically in the areas of Health Protection, Injury Prevention, Quality and Safety, and in documenting and monitoring Labrador-Grenfell Health initiatives in these areas.

The following activities, linked to the Safety Strategy, were carried out in 2009-10:

- Approval was received for the regional upgrade of the Computerized Maintenance Management System (CMMS) and two positions required for its implementation and ongoing operation. This will greatly improve the maintenance system and is the cornerstone of an

| Planned for 2009-10 | Actual for 2009-10 |
|--|---|
| <p>Completed an organization-wide safety strategy, incorporating elements of patient safety, risk management, employee health and Occupational Health and Safety.</p> | <p>excellent maintenance management system. This will reduce risk and improve facilities and equipment.</p> <ul style="list-style-type: none"> • Many issues identified in the Fire Commissioner’s Review released in 2008 have been addressed, resulting in significant life safety improvements. Approval was received for a Regional Fire Marshal and at year end, the Health Authority was in the process of filling this position. • Staff were trained to deliver Disclosure of Unanticipated Events workshops to all staff. Delivery of these workshops will begin in the next fiscal year. |
| <p>Increased influenza vaccination uptake by Labrador-Grenfell Health employees by at least 20 per cent from 2008-09.</p> | <p>The uptake for annual seasonal influenza vaccine was less than 20 per cent, lower than 2008-09, due to a change in target groups for seasonal influenza vaccine and immunization criteria for pandemic H1N1. The vast majority of employees were vaccinated against pH1N1 at a rate of greater than 85 per cent.</p> |
| <p>Completed fit testing procedures for use of N95 respirators with at least 80 per cent of front-line employees.</p> | <p>Respiratory Fit Testing for N95 Respirators for frontline and priority employees has been a standard Occupational Health and Safety and employee health program for many years. Due to the H1N1 Pandemic Influenza Planning and Response efforts in the Fall of 2009, Labrador-Grenfell Health was successful in fit testing more than 85 per cent of all employees.</p> |
| <p>Completed policy review inclusive of how Labrador-Grenfell Health identifies, assesses, discloses, takes action, communicates and evaluates with respect to adverse events.</p> | <p>A review of Labrador-Grenfell Health policies in relation to Adverse Events was completed in 2009-10. The following work also contributed to this indicator:</p> <ul style="list-style-type: none"> • A Crisis Management Plan (inclusive of Adverse Events) was developed and submitted to the Board of Directors for approval. This plan also included a communications component. • A Provincial Electronic Occurrence Reporting project started. A regional lead from Labrador-Grenfell Health was identified and participated in this project. • Labrador-Grenfell Health participated in training from the Institute of Health Care Communications in October, 2009. Two faculty were trained as “trainers”, one of whom is a physician, and they will offer disclosure training to physicians and other employees throughout the region. Three additional employees were trained as “Situational Managers”, who will act as resources in guiding the disclosure process. |

| Planned for 2009-10 | Actual for 2009-10 |
|--|---|
| <p>Met the national benchmarks as identified in the Safer Healthcare Now! Medication Reconciliation initiative, for (i) Intentional Discrepancies, (ii) Unintentional Discrepancies and (iii) Undocumented Intentional Discrepancies, at the three hospital sites.</p> | <p>In 2009-10, Labrador-Grenfell Health data indicated that most benchmarks were met. The only exception to this was at the Captain William Jackman Memorial Hospital, where mean numbers of Undocumented Intentional Discrepancies were above the national average in June and October. It was noted that new staff had started working at that time. Med Rec has been added to the Orientation Checklist to ensure this information is being communicated with new staff.</p> |
| <p>Baseline measures established, targets set and performance measured (i.e., as compared to other Atlantic and National SSI Teams) for the following indicators within the Safer Healthcare Now! Prevention of Surgical Site Infections Initiative at the Charles S. Curtis Memorial Hospital.</p> <ul style="list-style-type: none"> • Percentage of surgical patients who receive prophylactic antibiotic(s) within 60 minutes prior to incision. • Percentage of surgical patients whose prophylactic antibiotic(s) were discontinued within 24 hours after surgery end time (48 hours for cardiac surgery). • Percentage of surgical patients (open abdominal and joint replacements) with temperatures equal to or greater than 36 degrees Celsius, both intra-operatively and post-operatively. • Percentage of surgical patients who have developed a surgical site wound infection within 30 days postoperatively. | <p>In 2009-10, at the Charles S. Curtis Memorial Hospital, baseline measures were established, targets set and performance measured for each of the four Surgical Site Infections indicators. This was the first year for measurement of performance in these indicators. A further period of data collection is required to fully interpret performance outcomes.</p> |

Planned for 2009-10

Baseline rates established for healthcare associated Clostridium difficile (C. difficile) and Methicillin-Resistant Staphylococcus Aureus (MRSA) infections.

Actual for 2009-10

Labrador-Grenfell Health participates in provincial surveillance of Clostridium difficile and Methicillin-Resistant Staphylococcus Aureus infections. The Health Authority has established baseline rates and is able to use its data to support infection control programs.

Footnote:

Safer Healthcare Now! is a national campaign supporting Canadian healthcare organizations in improving patient safety by using quality improvement methods to integrate evidence and best practices in patient care delivery.

The main goal of Medication Reconciliation (Med Rec) is to prevent adverse drug events and potential harm by gathering a comprehensive medication list upon admission to hospital and reconciling any discrepancies between the list and medication orders.

An Intentional Discrepancy is one in which the physician has made an intentional choice to add, change or discontinue a medication and their choice is clearly documented. This is considered best practice in medication reconciliation.

An Undocumented Intentional Discrepancy is one in which the physician has made an intentional choice to add, change or discontinue a medication, but this choice is not clearly documented. Undocumented Intentional Discrepancies are a failure to document.

An Unintentional Discrepancy is one in which the physician unintentionally changed, added or omitted a medication the patient was taking prior to admission.

The goal of the Surgical Site Infection (SSI) intervention is to implement a series of protocols known as the 'SSI bundle' to reduce the frequency of infections and deaths from SSI. Surgical complications, including surgical site infections, were the most frequent type of adverse event reported in the 2004 Canadian Adverse Event Study.

Figure 1. Medication Reconciliation

Below is a comparison of the mean number of Unintentional Discrepancies and Undocumented Intentional Discrepancies per patient, for patients admitted to Labrador -Grenfell Health hospitals compared with national averages.

Unintentional Discrepancies:

| Category | Mean Number of Unintentional Discrepancies | | | | | | | | |
|-------------------------|--|------|------|---------------------|------|------|--------------------|------|------|
| | First Quarter 2009 | | | Second Quarter 2009 | | | Third Quarter 2009 | | |
| | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
| National Average | 0.42 | 0.49 | 0.52 | 0.44 | 0.43 | 0.40 | 0.38 | 0.34 | 0.39 |
| LHC | 0 | 0.05 | 0.06 | 0.18 | 0.12 | 0.06 | 0.37 | 0.29 | 0.24 |
| CWJMH | 0 | 0 | 0 | 0 | 0 | 0 | 0.05 | 0 | 0 |
| CSCMH | 0.02 | 0.03 | 0.03 | 0.03 | 0 | 0 | 0 | 0 | 0 |

****values are per patient admission****

The ideal is to have zero discrepancies for each patient admission. Looking at the mean number of Unintentional Discrepancies collectively, the mean numbers of Unintentional Discrepancies per patient admission are below national averages.

Undocumented Intentional Discrepancies:

| Category | First Quarter 2009 | | | Second Quarter 2009 | | | Third Quarter 2009 | | |
|---|--------------------|------|------|---------------------|------|------|--------------------|------|------|
| | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
| National Average | 0.43 | 0.30 | 0.32 | 0.46 | 0.40 | 0.31 | 0.36 | 0.39 | 0.30 |
| LHC | 0.17 | 0 | 0.28 | 0.09 | 0.08 | 0.69 | 0.37 | 0.29 | 0.24 |
| CWJMH | 0.69 | 0.73 | 1.42 | 0.67 | 0.84 | 0.47 | 1.00 | 0.25 | 0.67 |
| CSCMH | 0.03 | 0.19 | 0.10 | 0 | 0.23 | 0.03 | 0.22 | 0.16 | 0.20 |
| **values are per patient admission** | | | | | | | | | |

The ideal is to have zero discrepancies for each patient admission. At the Labrador Health Centre and the Charles S. Curtis Memorial Hospital, the numbers of Undocumented Intentional Discrepancies per patient admission are below the national averages for the same period (with the exception of September and October). At the Captain William Jackman Memorial Hospital, Undocumented Intentional Discrepancies were above the national average.

Note: fourth quarter data analysis was not yet available at March 31, 2010.

Figure 2. Surgical Site Infections

| Indicator | Baseline Measure | Target | Performance |
|---|------------------|--------|-------------|
| Administration of Prophylactic Antibiotics | 89% | 95% | 74% |
| Discontinuation of Prophylactic Antibiotics | 56% | 95% | 68% |
| Temperatures Equal to or Greater than 36 Degrees Celsius | 67% | 95% | 80% |
| Surgical Site Wound Infections | 0% | 5% | 5% |

Figure 3. Nosocomial Infections

Rate of Nosocomial MRSA Infections and Colonization (Regional)

| Service | (Rate of Infection) | (Rate of Colonization) |
|---|---------------------|------------------------|
| <i>Per 10,000 patient care days (acute care)</i> | 0.8 | 0.0 |
| <i>Per 1,000 patients admitted (acute care)</i> | 0.5 | 0.0 |
| <i>Per 10,000 resident care days (long term care)</i> | 0.3 | 0.0 |

N.B.: 1 MRSA infection Charles S. Curtis Memorial Hospital (Acute Care)
 1 MRSA infection Labrador Health Centre (Acute Care)

| Miscellaneous Cases: (aggregate numbers only) | | |
|---|---------------|----------------|
| Community: | 31 infections | 1 colonization |
| Healthcare Associated: | 9 infections | 1 colonization |
| Out-of-Region: | 2 infections | 2 colonization |

Intervention: A MRSA Working Group was implemented due to increased numbers of community acquired MRSA infections.

Rate of Nosocomial C-Difficile Infections (Regional)

| | (Rate of Infection) |
|---|---------------------|
| <i>Per 10,000 patient care days (acute care)</i> | 1.2 |
| <i>Per 1,000 patients admitted (acute care)</i> | 0.7 |
| <i>Per 10,000 resident care days (long term care)</i> | 0.0 |

N.B.: 1 C- Diff infection Charles S. Curtis Memorial Hospital (Acute Care)
 1 C- Diff infection Labrador Health Centre (Acute Care)
 1 C- Diff infection White Bay Central Health Centre (Acute Care)

| Miscellaneous Cases: (aggregate numbers only) | |
|---|---------|
| Community: | 8 cases |
| Healthcare Associated: | 5 cases |
| Out-of-Region: | 2 cases |

Discussion of Results: Labrador-Grenfell Health has been successful in achieving this year's objective. Disclosure policy development was accomplished through staff commitment, participation and sharing with the Department of Health and Community Services and the other three Regional Health Authorities. The baseline rates established for healthcare associated Clostridium difficile and Methicillin-Resistant Staphylococcus Aureus were also achieved through participation on provincial infection control working groups. Those two examples have resulted in significantly improved provincial networking and sharing of best practice information and lessons learned. This will result in improved quality of care and services to clients in the region.

Safer Health Care Now! recognizes Labrador-Grenfell Health's work with regard to medication safety and supports future plans for expansion across the continuum of care. With baseline measures and targets set for these initiatives, the Health Authority will continue to monitor and avail of this data for future safety improvements.

Objective for 2010-11:

By March 31, 2011, Labrador-Grenfell Health will have improved safety outcomes in identified high risk areas.

Measure: Improved safety outcomes in identified high risk areas.

Indicators:

- Increased seasonal influenza vaccination uptake by Labrador-Grenfell Health employees by at least 20% from 2009-10.
- Implemented recommendations from the Commission of Inquiry on Hormone Receptor Testing.
- Started implementation of the Provincial Electronic Occurrence Reporting system within Labrador-Grenfell Health.
- Established baseline measures for hand hygiene compliance, implemented interventions to improve compliance and set targets for improvement.

Issue 4: Fiscal and Human Resources Capacity

Labrador-Grenfell Health has made significant progress in the past two years to avail of new and enhanced provincial and federal funding opportunities which in turn, have strengthened the Health Authority's capacity to deliver mandated programming. This growth ultimately supports both Government's and the Department of Health and Community Services' strategic direction of improved accessibility and stability in the delivery of health and community services and Labrador-Grenfell Health's mission of improved accessibility to health services. However, it must be managed within a framework that identifies where these resources should be placed, based on demonstrated evidence, gaps in services and best practices.

The Health Authority has seen tremendous growth overall in the number of employees, from 1150 in 2005-06 to more than 1500 in 2009-10. For the same time period, total operating revenues have grown from \$114,346,000 to \$150,796,000. Financial stability has improved with a projected surplus for 2009-10.

Goal: By March 31, 2011, Labrador-Grenfell Health will have improved fiscal and human resources capacity to deliver mandated programs and services.

Objective for 2009-10: By March 31, 2010, Labrador-Grenfell Health will have continued to further enhance human resources and financial decision-making frameworks that address priority needs within the region.

Measure: Enhanced human resources and financial decision-making frameworks that address priority needs.

INDICATOR REPORTING: OBJECTIVE 2009–10

| Planned for 2009-10 | Actual for 2009-10 |
|--|--|
| <p>Completed provincial standardization of payroll dictionaries as part of the implementation of the Provincial Health Human Resources Information System (HHRIS) project.</p> | <p>The standardization of the payroll dictionary codes was not completed in 2009-10. Labrador-Grenfell Health was an active participant in the Provincial Health Human Resources Information System (HHRIS) Implementation Steering Committee and Payroll Dictionary Standardization Working Group, which has had oversight for leading the standardization of the payroll dictionary codes. The Committee met regularly from April to December 2009 to complete its assigned workplan activities. A draft revised provincial plan was submitted to the Department of Health and Community Services at the end of March 2010 and further direction is pending.</p> |
| <p>Developed additional selected regional human resources and financial policies.</p> | <p>A “draft” Financial Services policy manual was developed. This will be further refined in 2010-11 and presented to Senior Executive for approval.</p> <p>In response to concerns for the health, safety, and security of the population of Newfoundland and Labrador and in particular for the demands on human resources capacity of those in the healthcare sector, a “Good Neighbor Agreement” was signed by public sector employers and unions on November 13, 2009, and in effect until January 2010, to help facilitate a quick and effective response to disruptions which arose as a result of the H1N1 pandemic influenza.</p> <p>To coincide with several significant legislated safety regulations, collective agreement changes and infection control best practices, the Health Authority released a new “Standards of Dress Policy” in July 2009. This policy provides standards and guidance to employees and their managers on clothing, personal hygiene, jewelry/adornments, footwear and uniforms.</p> |
| <p>Delivered training on core financial, statistical and human resources competencies for managers, regional directors and senior executive.</p> | <p>Formal training on core financial competencies did not occur in 2009-10, as the implementation of statistical reporting consumed most of the time available. The Regional Director of Budgeting and Data Quality delivered a presentation to Senior Executive on the importance of statistical collection. The Provincial MIS Coordinator visited Labrador-Grenfell Health to discuss workload statistics, primarily with Nursing staff. Employees were provided with information on an available self-learning MIS Standards module and were encouraged to avail of this.</p> |

| Planned for 2009-10 | Actual for 2009-10 |
|---|--|
| <p>Commenced development of a financial/statistical report to assist in evidence-based decision-making.</p> | <p>Labrador-Grenfell Health did not adopt an enhanced financial and human resources decision-making framework in 2009-10 as many of the contributing and supporting factors were not fully realized. In particular, the development of decision-making tools and competency development for management staff did not occur in this past fiscal year. For example, the Provincial Health Human Resources Information System (HHRIS) did not proceed as anticipated, and while the Business Intelligence Software and Training Licenses have been purchased, they have not yet been implemented.</p> <p>The Regional Director of Budgeting and Data Quality sits on the Provincial Data Quality and Reporting Committee. This Committee began a review of indicators in February which will be used by the Regional Health Authorities. These indicators will be very useful in decision-making.</p> |
| <p>Adopted best practices for an enhanced financial and human resources decision-making framework.</p> | <p>A formal framework was not adopted in 2009-10. The best practices will flow from the financial/statistical reports and continued compliance with the MIS Standards.</p> |

Discussion of Results:

Overall, in 2009-10, the objective to continue the enhancement of human resources and financial decision-making frameworks that address priority needs within the region was not achieved. This was mainly due to the fact that other supporting work was not completed due to competing priorities and unexpected delays in related initiatives such as HHRIS.



Participants in the World Breastfeeding Challenge at Happy Valley-Goose Bay.

Despite considerable increases in human resources and fiscal capacity, a significant amount of work still remains to be completed in improving systems and competencies in support of this greater capacity and several of the identified indicators for 2009-10 were not realized as anticipated. As a result, many of this year's indicators will be carried over to 2010-11.

Objective for 2010-11: By March 31, 2011, Labrador-Grenfell Health will have developed improved human resources and fiscal capacity to support the delivery of mandated programs and services.

Measure: Developed improved human resources and fiscal capacity.

Indicators:

- Completed provincial standardization of payroll dictionaries as part of the implementation of the Provincial Health Human Resources Information System (HHRIS) project.
- Developed additional selected regional human resources and financial policies.
- Delivered training on core financial, statistical and human resources competencies for managers, regional directors and senior executive.
- Commenced development of a financial/statistical report to assist in evidence-based decision making.
- Adopted best practices for an enhanced financial and human resources decision-making framework.
- Submitted annual human resources performance indicators (selected collaboratively by the Provincial Human Resources Regional Directors' Group) to a national Human Resources Benchmarking Network Annual Survey®.
- Started the delivery of new management orientation and leadership training.

Issue 5: Regional Health Services Plan

In 2005, the Board of Directors for Labrador-Grenfell Health carried out a community consultation process on healthcare service delivery throughout the region. The resulting report was completed later that year and since that time, the Board and staff of Labrador-Grenfell Health have been addressing the key issues that were brought forward.

To continue to effectively make decisions and deliver services, it was decided that Labrador-Grenfell Health would undertake a renewed comprehensive study of the health needs of the region. There was agreement between Labrador-Grenfell Health and the Department of Health and Community Services that the community needs assessment would be delayed until a Board of Directors with full/comprehensive regional representation was in place to guide this process and determine future priorities based on the findings. With a new Board in place, this project progressed in 2009-10.

The information gleaned from this community needs assessment will guide Labrador-Grenfell Health in addressing priority issues within the region. This evidence-based decision making supports Government's strategic direction of improved accessibility and stability in the delivery of health and community services.

Goal: By March 31, 2011, Labrador-Grenfell Health will have an updated regional health service delivery plan based on a community needs assessment.

Objective for 2009-10: By March 31, 2010, Labrador-Grenfell Health will have identified priority actions and developed a plan for implementation resulting from a review of the community needs assessment.

Measure: Priority actions identified and plan for implementation developed.

INDICATOR REPORTING: OBJECTIVE 2009–10

| Planned for 2009-10 | Actual for 2009-10 |
|---|--|
| <p>Contracted external agency to complete needs assessment.</p> | <p>As external agencies declined the project, the Board of Directors accepted a recommendation from the CEO to utilize internal resources to complete this work. A project steering committee was formed consisting of Board members and senior executive staff. This approach was considered to be more practical and efficient, as existing knowledge on health facilities, services and programs available to communities in the region could be applied quickly to the research design. The Director of Aboriginal Health Programs and Research was seconded as Project Coordinator in early February 2010.</p> |
| <p>Designed framework for specific data collection.</p> | <p>To begin this project, the Coordinator undertook a review of the methodology for community needs assessments utilized by Eastern Health, in addition to the processes and tools utilized during Labrador-Grenfell Health's community consultations in 2005.</p> <p>Samples of questionnaires for telephone surveys, reports on sub-regional assessments, and perspectives on quantitative and qualitative evaluations were obtained. Preliminary data was obtained on the demography and number of households in seven sub-regions within Labrador-Grenfell Health to prepare the size of a statistically valid random sample.</p> <p>The designed framework for data collection involved a telephone survey followed by data analysis and then community focus group discussions led by the Health Authority's Board and Executive. This framework was approved by the project steering committee. A Request for Proposals was sent to three call centres in St. John's and the lowest bid was accepted.</p> |
| <p>Collected and analyzed data.</p> | <p>As noted above, due to delays in securing a Project Coordinator, data collection and analysis did not occur this fiscal year. In 2009-10, a pilot test of the survey questionnaire was carried out, revisions were made and staff were trained.</p> |
| <p>Disseminated findings of the needs assessment.</p> | <p>As the survey did not take place in 2009-10, the dissemination of findings will occur in 2010-11 once the needs assessment is complete. The Health Authority's Communications Department will be consulted regarding appropriate methods for conveying results of the telephone survey to the general public. Community focus meetings in major centres will also be held to discuss survey results and to enable residents to express their opinions on health services and programs in the region.</p> |

Planned for 2009-10

Developed action plan to address identified priority issues.

Actual for 2009-10

As the needs assessment was not completed this fiscal year, data was not available to proceed with an action plan to address priority issues. Therefore, this work will be carried over to 2010-11.

Discussion of Results: Due to challenges with securing an external consultant, there was a delay in progressing with a regional needs assessment in 2009-10. However, since a decision was made in January 2010 to utilize internal resources, much progress has been made and preparations are underway for survey administration beginning in April 2010. By the end of next fiscal year, there will be a plan in place to move forward to address selected priority findings from this needs assessment.

Objective for 2010-11: By March 31, 2011, Labrador-Grenfell Health will have updated regional health service delivery plans based on results of the community needs assessment.

Measure: Updated regional health service delivery plans developed.

Indicators:

- Collected and analyzed data.
- Received and approved report summarizing the findings of the needs assessment.
- Disseminated findings of the needs assessment.
- Developed action plan to address identified priority issues.
- Developed updated regional health services delivery plans based on findings of community needs assessment.



A family in Labrador West receives H1N1 vaccination.



The Teleophthalmology Program at the Charles S. Curtis Memorial Hospital in St. Anthony.

OPPORTUNITIES AND CHALLENGES AHEAD

Recruitment and Retention. Recruitment and retention will continue to be a challenge due to a number of issues, including geography, workload and supports required. A number of new initiatives are ongoing and are expected to result in positive outcomes. These include the construction of new buildings (e.g., new hospital in Labrador West, new Long Term Care facility in Happy Valley-Goose Bay) which will provide appropriate adequate space for service delivery and support improvements in the coordination of services.

The completion of the Labrador Bachelor of Social Work program in September 2010 will generate a significant number of graduates to fill social work positions in the region and will improve stability to programs for children, youth and families.

Providing the services within our mandate with current staffing levels is the greatest challenge that many departments face. For example, within Intervention and Rehabilitation Services, a waitlist continues to exist for all service areas, with the exception of services under the Family and Rehabilitation program and Regional Autism Services. Increased community rehabilitation services would address gaps for seniors, people with disabilities and children.

Stability in staffing has also been difficult to achieve in Mental Health and Addictions Services due to a number of factors. Four of seven psychiatric nurse positions were vacant at year end, and there is concern about finding qualified individuals to fill these vacancies.

Labrador-Grenfell Health has also experienced difficulty recruiting skilled tradespersons, Power Engineers, Technical Engineers and Biomedical Engineers. This presents challenges with maintaining support for the programs (e.g., dialysis) and equipment that Labrador-Grenfell Health has in place.

While the nursing vacancy impact is still considerable, there has been progress, with the recruitment of 21 new nurses to work in the region when they graduate in May, 2010. At the end of the fiscal year,

Labrador-Grenfell Health was also actively pursuing experienced nurses.

Stemming from discussions from the Effective Governance Continuous Quality Improvement Team, Labrador-Grenfell Health has decided to implement a Reward and Recognition program to recognize employees who go “above and beyond” the normal expectations of their job and who demonstrate the corporate values of the Health Authority. Quality of Worklife Committees will also be established in the three main centres of the region (with input from all parts of the region). It is hoped that this will help support a positive quality of worklife culture throughout the organization that will contribute favorably to both recruitment and retention.

Improving Health Status. The completion of community needs studies by Labrador-Grenfell Health and NunatuKavut (formerly known as the Labrador Metis Nation) by the Fall of 2010 will both provide a considerable amount of quantitative and qualitative data on the health status of the regional population and on modifications required to improve access to or the delivery of services and programs. These studies will also contribute to a framework for future health planning in the region.

Diabetes mellitus is prevalent in the Labrador-Grenfell Health region, partly attributed to the Aboriginal population in Labrador and large senior citizen population on the Northern Peninsula. Research shows a much higher prevalence of diabetes mellitus amongst the younger Innu population in Sheshatshiu compared with the predominantly Caucasian population in Happy Valley-Goose Bay. In contrast, there is a higher prevalence of diabetes amongst the older population in the predominantly Inuit population in North West River. The morbidity and mortality from diseases associated with diabetes mellitus in the young Innu has a great potential to lead to increasing disparity in health status and potential years of life. Therefore, Labrador-Grenfell Health is pleased that in late March, Provincial Budget 2010 announced \$300,000 to hire diabetic education staff in Sheshatshiu, Natuashish, Flower’s Cove,

Roddickton, Happy Valley-Goose Bay and Southern Labrador. These diabetes education staff will increase access to trained health professionals to assist diabetics with their self-management, to increase education in communities, and to assist people in prevention or delay of onset of this disease.

CYFS Transition. The Labrador-Grenfell Health Board will continue to work in partnership with the Department of Child, Youth and Family Services to ensure a smooth transition of program responsibility from the Regional Health Authority to a government department so that children, youth and families continue to receive the services they require. Throughout the change process, it will be important to ensure that staff are well informed, supported and included in discussions where possible. Meanwhile, the transitioning to a new department is also a time for much opportunity, as current practices and service delivery methods are being made with a view to improve practice.

Cultural and Geographical Diversity. Providing services to clients and communities in the more remote areas of the region will continue to present challenges. Culturally appropriate and relevant services, including interpretative services require enhancement. It is anticipated that the introduction of the Mobile Wellness Team will be a positive step in addressing concerns regarding service provision for Aboriginal clients.

Clients with Complex Needs. As has been the pattern for the past several years, the numbers of clients with complex needs continues to increase and challenge Mental Health and Addictions Services to provide services within existing resources and mandates, while at the same time, to remain committed to advocacy and collaborative work with community partners. This will continue to be a priority.

Implementing Recommendations from the Commission of Inquiry on Hormone Receptor Testing. The current layout of the Laboratory at the Charles S. Curtis Memorial Hospital is resulting in some inefficiencies, as it was designed for a “non-information technology environment” and at a time when workload was much less. This will present opportunities for improvement as the Laboratory Department strives to meet accreditation standards and laboratory regulations. Labrador-Grenfell Health will continue to work with its partners to make improvements and implement recommendations arising from this inquiry.

Transportation on the South Coast of Labrador. Road connections on the South Coast of Labrador have impacted the number of passengers utilizing air travel, which has in turn, impacted the frequency of flights and dependability of flight schedules. This presents challenges with the transportation of specimens, receiving and shipping supplies, patients missing appointments due to cancelled flights and with getting relief staff in and out of communities. Continued responsiveness to the health needs and related transportation issues in the region will be a future focus.



Diagnostic Imaging Technologists display a new CT Scanner at the Labrador Health Centre, Happy Valley-Goose Bay.

FINANCIAL STATEMENTS

**Belanger Clarke
Follett & McGettigan**
CHARTERED ACCOUNTANTS. BUSINESS ADVISORS

221 D Memorial Drive
Clarenville, NL
A5A 1R3

To the Trustees of the Labrador - Grenfell Regional Health Authority

We have audited the Consolidated Statement of Financial Position for the Labrador - Grenfell Regional Health Authority at March 31, 2010 and the Consolidated Statement of Operations, the Consolidated Statement of Cash Flow and the Consolidated Statement of Change in Net Assets for the year then ended. These consolidated financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit.

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

In our opinion, these consolidated financial statements present fairly, in all material respects, the financial position of the **Labrador - Grenfell Regional Health Authority** at March 31, 2010 and the results of its operations and its cash flow for the year then ended in accordance with Canadian generally accepted accounting principles.

Clarenville, Newfoundland
June 1, 2010



Belanger Clarke Follett & McGettigan
CHARTERED ACCOUNTANTS

**LABRADOR GRENFELL REGIONAL HEALTH AUTHORITY
CONSOLIDATED BALANCE SHEET
AS AT MARCH 31, 2010**

| | <u>2010</u> | <u>2009</u> |
|--|-------------------|-------------------|
| | \$ | \$ |
| ASSETS | | |
| Current | | |
| Cash | 476,048 | 419,809 |
| Restricted cash (Note 3) | 1,690,616 | 1,554,744 |
| Receivables (Note 4) | 11,952,872 | 12,115,472 |
| Inventories (Note 2) | 2,191,532 | 1,532,711 |
| Prepaid expenses | <u>2,030,617</u> | <u>2,347,477</u> |
| | <u>18,341,685</u> | <u>17,970,213</u> |
| Residents' Trust Funds held on deposit | <u>175,694</u> | <u>165,903</u> |
| Replacement reserve (Note 2 and 7) | <u>89,635</u> | <u>78,992</u> |
| Capital assets (Notes 2 and 5) | <u>26,519,861</u> | <u>23,133,284</u> |
| | <u>45,126,875</u> | <u>41,348,392</u> |
| LIABILITIES | | |
| Current | | |
| Bank indebtedness (Note 6) | 1,669,870 | 5,050,379 |
| Payables and accruals | 10,204,619 | 12,131,111 |
| Accrued vacation pay | 6,278,128 | 5,730,926 |
| Other accrual benefits | 2,451,206 | 2,261,680 |
| Deferred contributions | | |
| Operating | 4,273,935 | 3,095,383 |
| National Child Benefit (NCB) initiatives | 2,606,526 | 2,388,454 |
| Capital | 15,977,573 | 13,152,701 |
| Special purpose funds | 700,299 | 564,428 |
| Current portion of accrued severance pay (estimated) | 1,011,818 | 928,115 |
| Current portion of long-term debt (Note 8) | <u>112,791</u> | <u>103,731</u> |
| | <u>45,286,765</u> | <u>45,406,908</u> |

Consolidated Balance Sheet continued on next page.

See accompanying notes to the Financial Statements

**LABRADOR GRENFELL REGIONAL HEALTH AUTHORITY
CONSOLIDATED BALANCE SHEET
AS AT MARCH 31, 2010**

| | <u>2010</u> \$ | <u>2009</u> \$ |
|---|-------------------|-------------------|
| Residents' Trust Funds payable | <u>175,694</u> | <u>165,903</u> |
| Accrued severance pay, less estimated current portion | <u>9,106,361</u> | <u>8,353,038</u> |
| Replacement reserve (Note 2 and 7) | <u>89,635</u> | <u>78,992</u> |
| Long-term debt (Note 8) | <u>2,367,399</u> | <u>2,486,345</u> |
| Deferred contributions related to capital assets (Note 9) | <u>23,075,849</u> | <u>19,552,457</u> |
| | <u>80,101,703</u> | <u>76,043,643</u> |

NET ASSETS, PER ACCOMPANYING STATEMENT

| | | |
|--|---------------------|---------------------|
| Net assets invested in capital assets | 1,029,233 | 1,088,332 |
| Net assets restricted for endowment purposes | 994,317 | 994,317 |
| Unrestricted net assets | <u>(36,998,378)</u> | <u>(36,622,354)</u> |
| | <u>(34,974,828)</u> | <u>(34,539,705)</u> |
| | <u>45,126,875</u> | <u>41,503,938</u> |

Signed on behalf of the Board:

Trustee 

Trustee 

See accompanying notes to the Financial Statements

**LABRADOR GRENFELL REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF CHANGES IN NET ASSETS
YEAR ENDED MARCH 31,2010**

| | 2010 | | | Total | Total |
|--|-------------------------------|-----------------------|---------------------------|---------------------|---------------------|
| | Invested in Capital Assets | Endowment Purposes | Unrestricted Operating | 2010 | 2009 |
| | \$ | \$ | \$ | \$ | \$ |
| Balance, beginning | 1,094,152 | 994,317 | (36,783,720) | (34,695,251) | (34,539,705) |
| Excess (deficiency) of revenues over expenditures | (174,231) | - | (105,346) | (279,577) | (155,546) |
| Investment in capital assets (Note 10) | 109,312 | - | (109,312) | - | - |
| Balance, ending | <u>1,029,233</u> | <u>994,317</u> | <u>(36,998,378)</u> | <u>(34,974,828)</u> | <u>(34,695,251)</u> |

See accompanying notes to the Financial Statements

**LABRADOR GRENFELL REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2010**

| | <u>2010</u> | <u>2009</u> |
|--|--------------------|--------------------|
| | \$ | \$ |
| Revenues | | |
| Provincial plan | 126,386,281 | 112,139,819 |
| National Child Benefit | 3,220,895 | 2,955,109 |
| Transportation and Works | 2,867,600 | 2,867,600 |
| MCP physicians | 13,948,164 | 13,047,348 |
| Child Youth and Family Services Agreement | 8,117,941 | 8,047,696 |
| Inpatient | 2,007,040 | 1,987,311 |
| Outpatient | 1,123,896 | 1,004,442 |
| Long-term care | 1,350,001 | 1,331,487 |
| Other (Note 11) | <u>7,095,106</u> | <u>7,415,179</u> |
| | <u>166,116,924</u> | <u>150,795,991</u> |
| Expenditures | | |
| Administration | 17,596,323 | 16,690,949 |
| Support services | 29,751,924 | 28,759,520 |
| Nursing inpatient services | 24,543,723 | 21,102,075 |
| Ambulatory care services | 18,512,131 | 15,723,202 |
| Diagnostic and therapeutic services | 14,456,832 | 12,915,824 |
| Community and social services | 43,151,980 | 39,059,169 |
| Medical services | 15,701,680 | 14,784,928 |
| Research | 118,341 | 76,448 |
| Education | 720,045 | 594,578 |
| Undistributed | <u>701,568</u> | <u>731,262</u> |
| | <u>165,254,547</u> | <u>150,437,955</u> |
| Surplus (deficit) before other operations | <u>862,377</u> | <u>358,036</u> |
| 12 Unit Cottage Project (net) | - | - |
| 20 Unit Cottage Project (net) | (14,106) | (18,054) |
| Grenfell Foundation Inc. (net) | <u>169,624</u> | <u>96,045</u> |
| | <u>155,518</u> | <u>77,991</u> |
| Surplus (deficit) before non-shareable items | <u>1,017,895</u> | <u>436,027</u> |
| Non-shareable items | | |
| Amortization | 4,184,347 | 3,335,400 |
| Increase in accrued vacation pay | 487,563 | 483,414 |
| Increase in accrued severance pay | 717,376 | 13,976 |
| Amortization of deferred contributions | <u>(4,091,814)</u> | <u>(3,241,217)</u> |
| | <u>1,297,472</u> | <u>591,573</u> |
| Deficiency of revenues over expenditures | <u>(279,577)</u> | <u>(155,546)</u> |

See accompanying notes to the Financial Statements

**LABRADOR GRENFELL REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF CASH FLOW
YEAR ENDED MARCH 31, 2010**

| | <u>2010</u> \$ | <u>2009</u> \$ |
|--|--------------------|---------------------|
| Cash Flows | | |
| Operations: | | |
| Excess (deficiency) of revenues over expenditures | (279,577) | (155,546) |
| Amortization | 4,184,347 | 3,335,400 |
| Gain on disposal of assets | (1,785) | - |
| Amortization of deferred contributions | (4,091,814) | (3,241,217) |
| Unamortized contributions on assets disposed | <u>(42,624)</u> | <u>-</u> |
| | (231,453) | (61,363) |
| Changes in: | | |
| Receivables | 162,600 | 2,749,398 |
| Inventories | (658,821) | (213,234) |
| Prepaid expenses | 316,860 | (601,348) |
| Payables and accruals | (1,734,395) | 3,828,412 |
| Accrued vacation pay | 547,202 | 480,099 |
| Deferred contributions relating to operating and NCB program | 1,396,624 | 521,825 |
| Accrued severance pay | <u>837,026</u> | <u>13,976</u> |
| | <u>635,643</u> | <u>6,717,765</u> |
| Investing Activities | | |
| Proceeds from the sale of capital assets | 1,785 | 5,124 |
| Additions to capital assets | <u>(7,573,495)</u> | <u>(4,072,996)</u> |
| | <u>(7,571,710)</u> | <u>(4,067,872)</u> |
| Financing Activities | | |
| Deferred contributions | | |
| Capital | 2,824,872 | 9,506,908 |
| Special purpose funds | 135,871 | (53,906) |
| Repayment of long-term debt | (109,886) | (100,275) |
| Deferred contributions related to capital assets | <u>7,657,830</u> | <u>4,067,878</u> |
| | <u>10,508,687</u> | <u>13,420,605</u> |
| Net change in cash and cash equivalents for year | 3,572,620 | 16,070,498 |
| Cash and cash equivalents, beginning of year | <u>(3,075,826)</u> | <u>(19,146,324)</u> |
| | <u>496,794</u> | <u>(3,075,826)</u> |
| Cash and cash equivalents consists of: | <u>2010</u> | <u>2009</u> |
| | \$ | \$ |
| Cash and short-term investments | 476,048 | 419,809 |
| Restricted cash | 1,690,616 | 1,554,744 |
| Bank indebtedness (Note 5) | <u>(1,669,870)</u> | <u>(5,050,379)</u> |
| | <u>496,794</u> | <u>(3,075,826)</u> |

See accompanying notes to the Financial Statements

**LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2010**

1. NATURE OF OPERATIONS

The Authority manages and operates all health facilities, services and programs in Northern Newfoundland and all of Labrador.

The Authority manages and controls the operations of the following facilities:

Labrador Health Centre, Happy Valley-Goose Bay
Harry L. Paddon Memorial Home, Happy Valley - Goose Bay
Captain William Jackman Memorial Hospital, Labrador City
Charles S. Curtis Memorial Hospital, St. Anthony
John M. Gray Centre, St. Anthony
St. Anthony Interfaith Home Apartment Complexes, St. Anthony

and all medical clinics, nursing stations, community health centres, facilities programs and services in the geographic area.

The operations of the Authority are primarily funded by the Government of Newfoundland and Labrador (the Government).

The Authority is incorporated under the Hospitals Act of Newfoundland and Labrador.

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles. Outlined below are those policies considered particularly significant by the Authority.

Fund Accounting

The combined funds are reported in the consolidated financial statements.

Assets, liabilities, revenues and expenditures related to the delivery and administration of health services are reported in the operating financial statements.

Assets, liabilities, revenues and expenditures related to other operations are reported in the financial statements of the 12 Unit Cottage Project, 20 Unit Cottage Project and the Grenfell Foundation Inc.

**LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2010**

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Revenue Recognition

The Authority follows the deferral method of accounting for contributions.

Restricted contributions are recognized as revenue in the year in which the related expenditures are incurred. Unrestricted contributions are recognized as revenue, when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured.

Contributions related to capital assets are deferred and amortized to revenue at the same rates by which the related capital assets are amortized.

Inventories

Inventories consist of medical, surgical, general supplies, fuel oil, aircraft parts and pharmaceuticals.

Medical, surgical and general supplies are valued at the lower of cost, determined on an average cost basis and net realizable value.

Fuel oil, aircraft parts and drugs are valued at the lower of cost, determined on a first-in, first-out basis and net realizable value.

Capital Assets

The Authority has control over certain land, buildings and equipment, with the title resting with the Government and consequently these assets are not recorded under capital assets.

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution.

Capital assets are being amortized on a declining balance basis over their estimated useful lives at the following rates:

| | |
|------------------------|-----|
| Land improvements | 20% |
| Buildings | 5% |
| Leasehold improvements | 5% |
| Equipment and vehicles | 20% |
| Artwork | 0% |

In addition, the Harry L. Paddon Memorial Home and capital assets are amortized at a rate equal to the annual principal reduction of the mortgage related to these properties. This is in accordance with an operating agreement with Newfoundland and Labrador Housing Corporation.

**LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2010**

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Replacement Reserve

Newfoundland and Labrador Housing Corporation (NLHC) requires that not-for-profit housing groups maintain a Replacement Reserve Fund which is to be used to fund major maintenance and the purchase of capital assets. These funds may be used as approved by NLHC. Withdrawals are charged to interest first and then principal.

Severance Pay

The liability for severance pay is recorded in the accounts for all employees who have a vested right to receive such a payment. No provision for the ultimate severance pay liability is made in the accounts for any employees who has less than nine years of continual service.

Pension and Other Post Employment Benefits

Employees of the Authority are included in the Public Service Pension Plan and the Government Money Purchase Plan administered by the Government. The Government also provides for the continuation of certain dental and medical benefits for retirees. Contributions to the plans are required from both the employees and the Authority. The annual contributions for pensions and other post employment benefits are recognized in the accounts on a current basis.

Use of Estimates

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

3. RESTRICTED CASH

| | <u>2010</u> | <u>2009</u> |
|---|------------------|------------------|
| | \$ | \$ |
| Cash is currently restricted to fund the following items: | | |
| Deferred contributions - special purpose funds | 1696,299 | 560,427 |
| Endowment Fund | <u>994,317</u> | <u>994,317</u> |
| | <u>1,690,616</u> | <u>1,554,744</u> |

**LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2010**

4. RECEIVABLES

| | <u>2010</u> | <u>2009</u> |
|---|-------------------|-------------------|
| | \$ | \$ |
| Government of Newfoundland and Labrador | 6,154,485 | 7,313,270 |
| Government of Canada | 1,896,761 | 1,148,785 |
| Patient | 2,319,766 | 2,115,198 |
| Other | <u>1,581,860</u> | <u>1,538,219</u> |
| | <u>11,952,872</u> | <u>12,115,472</u> |

5. CAPITAL ASSETS

| | <u>2010</u> | <u>2009</u> |
|------------------------|-------------------|-------------------|
| | \$ | \$ |
| Cost | | |
| Land | 11,203 | 11,203 |
| Land improvements | 187,061 | 187,061 |
| Buildings | 25,841,350 | 25,167,721 |
| Leasehold improvements | 223,678 | 223,678 |
| Equipment and vehicles | 54,645,972 | 48,220,643 |
| Artwork | <u>195,714</u> | <u>195,714</u> |
| | <u>81,104,978</u> | <u>74,006,020</u> |

Accumulated Amortization

| | | |
|------------------------|-------------------|-------------------|
| Land | - | - |
| Land improvements | 155,032 | 153,237 |
| Buildings | 14,513,614 | 13,947,628 |
| Leasehold improvements | 80,983 | 73,473 |
| Equipment and vehicles | 39,835,488 | 36,698,398 |
| Artwork | <u>-</u> | <u>-</u> |
| | <u>54,585,117</u> | <u>50,872,736</u> |

Net Book Value

| | | |
|------------------------|-------------------|-------------------|
| Land | 11,203 | 11,203 |
| Land improvements | 32,029 | 33,824 |
| Buildings | 11,327,736 | 11,220,093 |
| Leasehold improvements | 142,695 | 150,205 |
| Equipment and vehicles | 14,810,484 | 11,522,245 |
| Artwork | <u>195,714</u> | <u>195,714</u> |
| | <u>26,519,861</u> | <u>23,133,284</u> |

**LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2010**

6. BANK INDEBTEDNESS

The Authority has access to a \$19.0 million line of credit in the form of a revolving demand loan bearing interest at prime with the Royal Bank of Canada. The line of credit has been approved by the Minister of Health and Community Services. In addition, this line of credit carries a Province of Newfoundland and Labrador guarantee for \$9 million up to \$19 million with the first \$10 million being unsecured.

7. REPLACEMENT RESERVE

| | <u>2010</u> | <u>2009</u> |
|--|---------------|---------------|
| | \$ | \$ |
| Balance, beginning | 78,992 | 71,495 |
| Add: | | |
| Allocation for year | 10,350 | 10,350 |
| Adjustment | 293 | - |
| Interest earned | <u>-</u> | <u>127</u> |
| | 89,635 | 81,972 |
| Less: | | |
| Approved expenditures | <u>-</u> | <u>2,980</u> |
| Balance, ending | <u>89,635</u> | <u>78,992</u> |
| Funding | | |
| Replacement reserve funds | 22,335 | 11,692 |
| Due from Newfoundland and Labrador Housing Corporation for replacement reserve | <u>67,300</u> | <u>67,300</u> |
| | <u>89,635</u> | <u>78,992</u> |

**LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2010**

8. LONG-TERM DEBT

| | <u>2010</u> \$ | <u>2009</u> \$ |
|---|-------------------|-------------------|
| Canada Mortgage Housing Corporation | | |
| 10%, first mortgage on land and building of Harry L. Paddon Memorial Home, repayable \$11,245 monthly, interest included, and maturing November 2029. | 1,176,381 | 1,194,786 |
| Newfoundland and Labrador Housing Corporation | | |
| 2.860% first mortgage on land and building of 20 unit apartment complex, repayable \$6,357 monthly, interest included, and maturing January 2019. | 612,032 | 672,336 |
| 4.31% first mortgage on land and building of 12 unit apartment complex, repayable \$5,073 monthly, interest included, and maturing October 2025. | <u>691,777</u> | <u>722,954</u> |
| Long-term debt | 2,480,190 | 2,590,076 |
| Less: Current Portion | <u>112,791</u> | <u>103,731</u> |
| Total long-term debt, net of current portion | <u>2,367,399</u> | <u>2,486,345</u> |

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

| | \$ |
|------|---------|
| 2011 | 112,791 |
| 2012 | 112,842 |
| 2013 | 118,081 |
| 2014 | 124,219 |
| 2015 | 132,368 |

Interest Subsidy

The Authority has received federal assistance through Canada Mortgage and Housing Corporation pursuant to Section 56.1 of the National Housing Act. The purpose of the assistance is to reduce operating costs in order to enable the Authority to provide housing to low and moderate income individuals. The amount of assistance received in 2009 was \$65,519 (2009-\$72,684)

LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2010

9. UNAMORTIZED DEFERRED CONTRIBUTIONS RELATED TO CAPITAL ASSETS

Deferred contributions related to capital assets represent restricted contributions with which capital assets were originally purchased. The changes in the deferred contributions for the year are as follows:

| | <u>2010</u> \$ | <u>2009</u> \$ |
|--|-------------------|-------------------|
| Balance, beginning | 50,248,457 | 18,721,796 |
| Add: | | |
| Equipment grants | 7,398,261 | 34,106,366 |
| Donations for equipment | <u>263,569</u> | <u>661,512</u> |
| | 57,910,287 | 53,489,674 |
| Less: | | |
| Amortization | 4,091,814 | 3,241,217 |
| Unamortized contributions on assets disposed | <u>42,624</u> | <u>-</u> |
| Balance, ending | <u>53,775,849</u> | <u>50,248,457</u> |

10. INVESTMENT IN CAPITAL ASSETS

| | <u>2010</u> \$ | <u>2009</u> \$ |
|-----------------------------|-------------------|-------------------|
| Repayment of long-term debt | <u>109,312</u> | <u>100,275</u> |

11. OTHER REVENUE

| | <u>2010</u> \$ | <u>2009</u> \$ |
|---|-------------------|-------------------|
| Drug recoveries | 3,066,161 | 3,316,700 |
| Dental | 1,113,544 | 1,208,391 |
| Rentals | 830,831 | 813,532 |
| Mortgage interest subsidy | 25,205 | 25,205 |
| Interest | 35,388 | 47,532 |
| Unamortized contribution on assets disposed | 42,624 | - |
| Miscellaneous | <u>1,981,353</u> | <u>2,003,819</u> |
| | <u>7,095,106</u> | <u>7,415,179</u> |

**LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2010**

12. CONTINGENCIES

As of March 31, 2010, there were a number of legal claims against the Authority in varying amounts for which no provision has been made. It is not possible to determine the amounts, if any, that may ultimately be assessed against the Authority with respect to these claims, but management believes any claims, if successful, will be covered by liability insurance.

13. COMPARATIVE FIGURES

Certain of the comparative figures has been reclassified to conform to the current presentation.



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