



Labrador-Grenfell
Health

ANNUAL PERFORMANCE REPORT
2008 - 2009

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*Cover: A view of a Tamarack Larch (Juniper) near Rigolet.
A Gray Jay sits quietly on its perch (Happy Valley-Goose Bay)*

Message from the Chairperson

As Acting Board Chair of Labrador-Grenfell Health, I publicly present the Annual Performance Report for 2008–09. The Board of Directors presents this report in accordance with the Guidelines for Annual Performance Reports for Category 1 Government Entities, and understands that we are accountable for the results and any variances explained herein.

Since 2005, Labrador-Grenfell Health has focused heavily on transition, engaging in regional team building and integrating programs, policies and procedures. This year, in 2008–09, I am pleased to present an Annual Performance Report which reflects a slightly different focus. As a health authority, we are now developed to a point where we are moving forward with a stronger focus on quality improvement, through building capacity and strengthening the regional programs and services which we have established over the past four years.

The 2008–09 fiscal year has witnessed significant enhancements in the area of Child, Youth and Family Services. Labrador-Grenfell Health has dedicated resources to strengthening the system, through unique educational partnerships such as the Labrador Bachelor of Social Work Program, which is outlined in detail later in this report. Gaps in the system have been identified, with much work completed in addressing priority areas.

A greater emphasis has been placed on increasing the availability of health information for informed decision making. Resources, policy development and equipment have all enhanced the quality of laboratory services provided in the region. Several initiatives have been undertaken to improve safety for employees, clients and visitors. In particular, through a quality reporting structure to the Board, Board members have become engaged in reviewing selected quality and safety indicators. All areas throughout the organization have continued to work together for improved accountability and financial stability. Recruitment and retention have improved in selected health professional groups, and the health authority was successful in recruiting both Family Practitioners and Medical Specialists.

Through the contributions of Government, the International Grenfell Association, the Grenfell Foundation, Hospital Auxiliaries and our community partners, we have seen significant improvements to our equipment. Of notable mention is the purchase of two new CT scanners for the region and new digital mammography units for all three hospital sites. A new, state-of-the-art medevac plane greatly enhanced emergency medical travel in the region. Dialysis services continued to evolve in both St. Anthony and Happy Valley-Goose Bay. Wait times improved in the national priority areas and efforts were made to address wait times for other services throughout the region. The Health Authority continues to maintain a safe environment and quality services at all sites. Its ability to ensure safety and quality in the future is enhanced with the planning and construction of new facilities at selected locations.



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

Sincerely,

Ray Norman, Board Chair (Acting)

Overview

Labrador-Grenfell Health provides quality health and community services to a population just under 37,000, including 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 of 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.



Rehabilitative Services at the Labrador Health Centre, Happy Valley-Goose Bay



Lines of Business: Labrador-Grenfell Health operates three hospitals, three community health centers, fourteen community clinics and two long term care facilities. Long term care services are also provided at one hospital and one health centre. 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 geographic 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, visit www.lghealth.ca).



Church bell at Makkovik



Labrador-Grenfell Health staff at the Cartwright Community Clinic

Key Statistics

Air Transportation

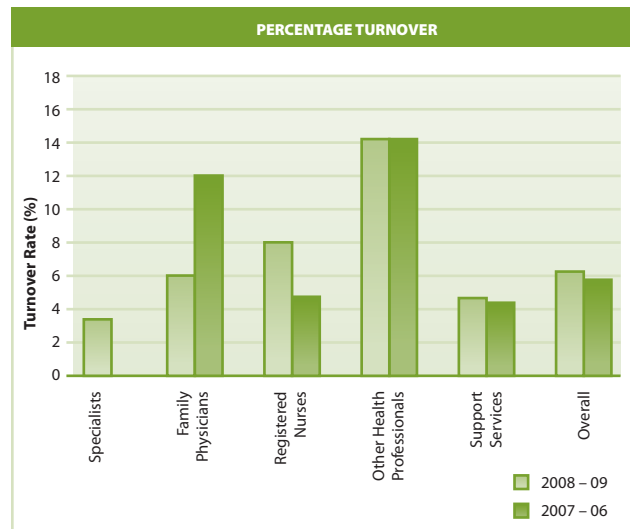
Aircraft/Airline	Flying Time (hours)	Persons Traveling					Total Persons
		Medevac Patients	Routine Patients	Staff Escorts	Family Escorts	Others	
GWT Turbo Commander (L-GH Air Ambulance)	613.4	215	40	329	95	43	722
King Air (L-GH Air Ambulance)	255.6	94	12	119	72	48	345
Charters (including Twin Otter North)	200.5	57	3	79	29	0	168
Twin Otter (Medevac, Southeast Labrador)	29.2	9	1	10	5	0	25
NLA King Air (Medevacs St. Anthony)	28.6	14	0	24	6	0	44
NLA King Air (Medevacs Goose Bay)	197.9	70	3	94	27	0	194
NLA King Air (Medevacs Wabush)	255.0	68	3	108	30	0	209
Commercial Air Carriers (St. Anthony)	-	-	1,260	-	327	198	1,785
Wabush to Goose Bay for CT	-	-	326	-	41	0	367
TOTAL	1,580.2	527	1,648	763	632	289	3,859

Human Resources

As of March 31, 2009, Labrador-Grenfell Health employed 1475 staff (926 permanent full-time, 69 permanent part-time, 308 temporary and 172 casual). Of these, 54% are Support Staff, 25% are Nurses, 7% are health professionals (i.e., Social Workers, Physiotherapists, Occupational Therapists, Speech Language Pathologists, Pharmacists), 4% are Physicians, and Management and Diagnostic Services are at 5% respectively. All staff are based in rural locations.¹ Seventy-nine per cent are female and 21% are male. In 2008–09, the overall staff turnover rate was 6.05%, increased slightly from 5.75% in 2007–08.

Footnote:

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



Key Statistics

Child, Youth and Family Services

CYFS staff are working within a complex economic and social environment. The level of distress impacting children and families is extensive. There were more than 800 incidents of violence reported to RCMP during the last year from four communities within the region, and in 85% of these situations, alcohol and drug abuse was a contributing factor, creating situations of risk for children. In addition, children and adults experiencing Fetal Alcohol Spectrum Disorder (FASD) is a significant concern. Last year, approximately 240 children were identified as at risk for FASD. In addition, 70 Inuit and 69 Innu children were diagnosed with FASD.

In the region served by Labrador-Grenfell Health, 19.9 % of the population is children between the ages of 0-15. Of these children, 2.2 % are Children in Care (as compared to 0.8% in Western Health, 0.5% in Eastern Health and 0.3% in Central Health).

There are currently 95 children in the custody of the Director of Child, Youth and Family Services (CYFS). Overall, there was no significant increase in the number of children in the custody of the Director, as compared to 2007-08. There was, however, a 64% increase in the number of children in the interim care¹ of the Director.

In the Innu Zone, 93 children are in the custody of the Director, a 10% decrease from 2007-08.

On average, CYFS staff provided supportive services to approximately 61 families per month, while CYFS staff in the Innu Zone provided supportive services to approximately 21 families per month.



A Speech Language Pathologist works with a child at Labrador City

There was a 17% decrease in the number of youth receiving services, compared to 2007-08. In the Innu Zone specifically there was a 40% decrease in the number of youth receiving services.

There are currently 95 caregiver homes in the region outside the Innu Zone, an increase of 11% or ten homes in the past year. There are 57 caregiver homes in the Innu Zone, a 6% increase from 2007-08.

Spotlight on Services (Number of Client Visits)			
Service	2008-09	2007-08	Percentage Change
Dental Services (South only; includes Dentists, Hygienist and Dental Surgery)	10,497	10,182	+ 3.1%
Mental Health and Addictions Services	9,228	8,178	+ 11.38%
Diabetes Nurse Education	2,159	2,130	+ 1.36%
Occupational Therapy	2,040 ²	2,006	+ 1.7%
Speech Language Pathology	991 ³	1,404	- 29.4%
Physiotherapy	7,598 ⁴	14,438	- 47.4%

Footnotes:

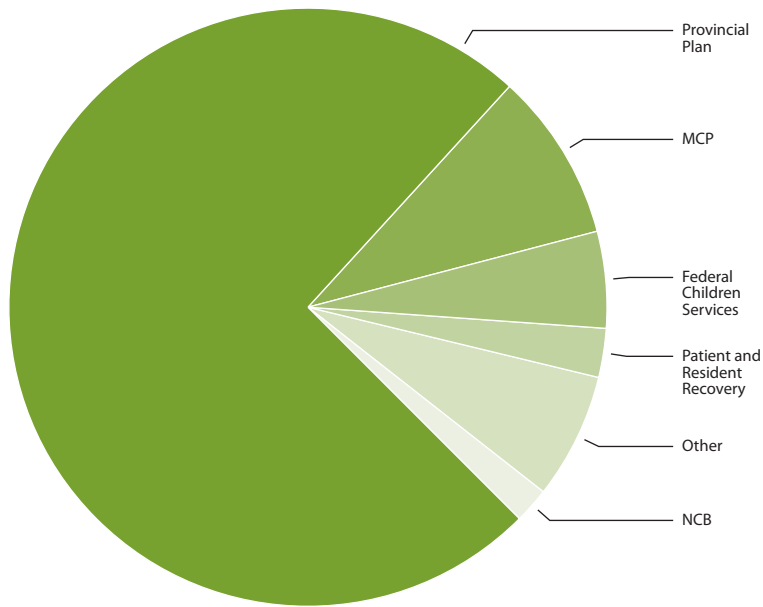
1. Interim Care is referred to in the *Child, Youth & Family Service Act* as the "Bridging provision" Section 40 which states..."Where a child is in the custody of a director or another person under a temporary order and an application for an extension of that order is filed but not heard prior to the expiration of the order, the child shall remain in the custody of the director or other person to whom the custody was granted under the temporary order until the application for the extension is heard."
2. Due to problems with the data collection program, the statistics for April 1, 2008 to September 30, 2008 for Occupational Therapy services in Happy Valley-Goose Bay are not included.
3. The Speech Language Pathology position at Labrador Health Centre was vacant from April 19 - September 15, 2008. The Speech Language Pathology position at St. Anthony has been vacant since November 19, 2008.
4. A Physiotherapy position at the Charles S. Curtis Memorial Hospital was vacant for the entire fiscal year. A Physiotherapy position at Labrador Health Centre was vacant from July 2008 to March 31, 2009. A Physiotherapy position at Captain William Jackman Memorial Hospital was vacant from September 2008 to March 31, 2009.

Key Statistics

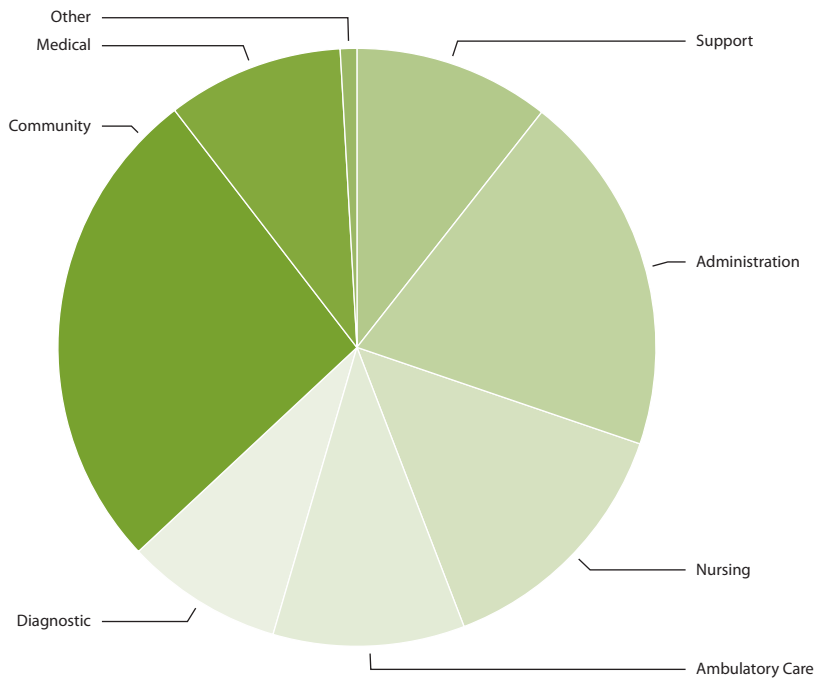
Financial Services

In 2008-09, Labrador-Grenfell Health successfully balanced its expenditures with revenues, recording a shareable surplus of \$358,035, compared with a deficit of \$1,109,254 for the previous year. This surplus was achieved as a result of increased levels of government funding combined with general fiscal restraint on the part of Labrador-Grenfell Health.

Revenue Sources



Expenditures



Key Statistics

Acute Care

Category	Captain William Jackman Memorial Hospital	Labrador Health Centre	Charles S. Curtis Memorial Hospital
Number of Beds	14	26	50
Patient Days (excluding newborn)	2,790	6,517	11,609
Number of Admissions (including newborn)	742	1,760	1,802
Number of Discharges (including newborn)	739	1,750	1,795
Discharge Days (including newborn)	3,021	6,606	11,558
Average Length of Stay	4.1 days	3.8 days	6.4 days
Percent of Occupancy (excluding newborn)	54.6%	68.7%	63.6%
Outpatient Surgery (includes Surgical Day Care and Minor OR Procedures)	836	884	2,275
Inpatient Surgery	168	217	797
Total Surgery	1,004	1,101	3,072
Number of Births	86	226	98
Number of Emergency Room Visits** Registered to ER	22,879	20,419	6,754
Number of Outpatient Visits*** Excludes Radiology & Laboratory	4,998	23,040	20,723

CWJ & LHC:
 ** ER Visits may include: Emergency Room visits, Nursing procedures.
 ***OPD Visits may include: Nursing Clinics (i.e. Well Woman, etc.), Surgical Day Care Pre-Operative visits, Surgeon's Office visits, Visiting Specialist visits, booked EEGs, booked EKGs, Non-Stress Test visits.

Health Centres

	White Bay Central Health Centre, Roddickton-Bide Arm	Strait of Belle Isle Health Centre, Flower's Cove	Labrador South Health Centre, Forteau
Number of Beds	4	2*	5
Clients Seen	15,293	19,606	10,149
Inpatient Days	385	111	168
Inpatients	155	65	370
Road Ambulance Trips	223	308	171
Air Ambulance Trips	0	0	46

* Holding Beds for Observation

Key Statistics

Long Term Care

Category	Harry L. Paddon Memorial Home	John M. Gray Centre	Labrador South Health Centre Long Term Care Unit	Captain William Jackman Long Term Care Unit
Number of Beds	48 (47 LTC + 1 Respite)	47 (46 LTC + 1 Respite)	15 (14 LTC + 1 Respite)	6
Resident Days	15,483	15,300	4,403	1,954
Number of Admissions	18	32	6	3
Number of Discharges	17	29	7	5
Discharge Days	22,629	19,853	4,930	3,254
Average Length of Stay	1,331.1 days	684.6 days	704.3 days	650.8 days
% Occupancy	88.4%	89.2%	80.4%	89.2%

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

Community Clinics

	2008-09
Clients seen by Regional Nurses	73,868
Clients seen by District Medical Officer	8,366
Emergency Referrals	512
Elective Referrals	5,045



Along the shoreline at North West River

Shared Commitments

Investing in Education

Labrador-Grenfell Health provides placement for health professional students throughout the region, in partnership with all provincial schools of nursing, the College of the North Atlantic, Memorial University's School of Medicine and other educational institutions.

In an effort to encourage high school students to pursue health careers, the LabQuest program continued in August 2008, with 15 high school students from throughout the region attending. Students took part in a five-day session to gain exposure to health careers including Nursing, Physiotherapy, Social Work, Family Medicine and many others. The program is governed by a Steering Committee comprised of representatives from Labrador-Grenfell Health, the Nunasiavut Government, the College of the North Atlantic, the Labrador Metis Nation and Health Canada.

In addition, the Labrador Métis Nation (LMN) continues to sponsor students for summer employment in various health professions such as Nursing, Pharmacy Technicians and Rehabilitation Services. Partnerships with aboriginal organizations such as the Labrador Metis Nation provide valuable work experience to students and will contribute to the successful recruitment and retention of health care professionals in the region.

Enhanced Scope of Practice

In partnership with the Centre for Nursing Studies and the College of Licensed Practical Nurses of Newfoundland and Labrador, Labrador-Grenfell Health has committed to deliver two mandated courses (Medication Administration and Health Assessment) to all Licensed Practical Nurses (LPNs) within the region by 2012. Forty-one LPNs completed the Medication Administration Course and 36 completed the Health Assessment Course in 2008–09. Quality Professional Practice Environment (QPPE) Committees were set up at the Captain William Jackman Memorial Hospital and the Labrador Health Centre in collaboration with the Association of Registered Nurses of Newfoundland and Labrador. These committees have assisted with improving the work environment for nursing staff and have led to RNs and LPNs both working to their full scopes of practice at the Labrador Health Centre.

Improved Integration of Services for the Aboriginal Population

Supported by the Aboriginal Health Transition Fund (Integration Envelope), and started in October 2007, the *Labrador Integration Project* involved a partnership between the Mushuau Innu, Sheshatshiu Innu, Nunatsiavut Department of Health and Social Development, Labrador Health Secretariat and Labrador-Grenfell Health. Initial work included the development of an inventory of community-based health programs in the aboriginal communities, identification of trends and gaps in service and collection of information on the level of integration occurring within and across communities and throughout the region. This assessment determined that the focus of the project should be on improving the delivery of community-based

mental health and addictions services. In 2008–09, an action plan focusing on the following initiatives was developed: data collection regarding suicide and suicide attempts; evaluation of telepsychiatry services for children; traveling mental health and addictions counselors; an awareness-raising, mobile treatment team; cultural competency training and the development of information sharing agreements. In addition, as a part of the Integration Envelope, a *Mushuau Innu Collaborative Mental Health and Addictions Project* was initiated. The purpose of this project is to develop protocols to enhance coordination, integration and case management for Mushuau Innu clients accessing Mental Health and Addictions Services. In 2008–09, a memorandum of understanding between the Mushuau Innu Health Commission and Labrador-Grenfell Health was drafted, in addition to information sharing protocols which included provisions for orientation of new staff, enhanced communications between Innu Health Services and Labrador-Grenfell Health and improved services for Mushuau Innu women.

The hiring of a new Aboriginal Director for Labrador-Grenfell Health enabled the Health Authority to take an active role in a number of other initiatives with its partner aboriginal organizations this fiscal year. Some of these initiatives included the Fetal Alcohol Spectrum Disorder Project, Inuit Health Survey, Mushuau Innu Community Health Plan, Aboriginal Health Summit, Homelessness Committee, Health and Healing Sub-Committee of Innu Main Table, Sheshatshiu Integrated Case Management Proposal and the Innu CYFS Sub-Committee of the Main Table.



Social Workers meet to review regional programs and policies

Collaborating to Recruit and Retain Social Workers

Labrador-Grenfell Health has partnered with the Nunatsiavut Government and St. Thomas University in Fredericton, New Brunswick, to bring a Bachelor of Social Work (BSW) Post Degree Program to Labrador. For several years, both the Nunatsiavut Government and Labrador-Grenfell Health have recognized the difficulty in recruiting and retaining qualified Social Workers to work in aboriginal communities. This project was made possible through funding from the Nunatsiavut Government and the Department of Health and Community Services. The program is delivered in Happy Valley-Goose Bay and is designed with a focus on the practice of Social Work in aboriginal communities.

Shared Commitments



Regional Transportation employees and medevac nurses celebrate the arrival of a new air ambulance in January 2009

It is being offered to employees of both agencies who have completed post-secondary education and have an interest in entering the social work field. Twenty-three students are currently enrolled in the program. All have agreed to provide a three-year return in-service with an agency that provides services to an aboriginal population.

A Team Approach to Client Care

In 2008–09, a team approach to client care was evident in Intervention and Rehabilitation Services, as departmental employees worked closely with their colleagues across other departments and program areas, both within Labrador-Grenfell Health and with other Health Authorities (i.e. Eastern Health). The Northern Lights Clinic and the Rainbow Program, multidisciplinary services for children, are examples of staff working collectively to provide a range of services for clients. Employees are involved with a number of provincial initiatives and committees that aim to enhance service delivery (i.e., Stroke Care, Ergonomics, etc.). Partnerships with the Nunatsiavut Government, Health Canada, Veterans Affairs, Workplace Health, Safety and Compensation Commission, the Special Assistance Program and local pharmacies enabled improvements in client services in 2008–09. In addition, funding was received from the International Grenfell Association to purchase needed rehabilitation equipment and assessment tools.

Access to Dental Care for Children

Following the success of a pilot project in 2007–08, progress has been made to implement “Operation Tooth” on a regular basis in 2008–09. Related to Government’s strategic direction of improved population health through improved access to dental care for children, this project is a joint initiative of Labrador-Grenfell Health and Dr. Geoff Smith, Pedodontist, with financial assistance from the Department of Health and Community Services. The goal of the project is to provide dental day surgery (under general anaesthesia) services to Labrador children at the Labrador Health Centre in Happy Valley-Goose Bay, thus providing access to quality dental care for these children in a setting as close to their homes as is physically possible. During the week of January 19–23, 2009 a total of 32 children underwent dental procedures through this program. A high degree of satisfaction with this service was reported by the parents of the children. Additionally, the clinical staff involved in the service provision have vocalized their perceptions of the success of the project and the positive impacts on the health of the children receiving treatment. There is consensus on the value of continuing this project as there appears to be a considerable and ongoing need for pediatric general anaesthetic dental surgery in the Labrador population. Funding has been provided for two additional week-long sessions of “Operation Tooth” in May and October of 2009.

Shared Commitments

Partners in Care

In partnership with local businesses, individual donors and local Hospital Auxiliaries, the Grenfell Foundation serves as the official fundraising organization of Labrador-Grenfell Health, with three local Chapters: Labrador West, Labrador East and South. In 2008–09, the Foundation identified equipment needs and met its fundraising targets in each area of the region. The South Chapter, based in St. Anthony, raised \$150,500 to purchase an Anesthetic Monitor, a Respiroic Sleep Recorder, an Epidural Pump and a Bipap Machine for the Charles S. Curtis Memorial Hospital; a Patient Lift for the John M. Gray Centre; a Life Pak 12 for Southeast Labrador; a Palliative Care Bed for the White Bay Central Health Centre; a Rescue Boggan for the Labrador South Health Centre and a Blanket Warmer and Patient Chair for the Strait of Belle Isle Health Centre. The Labrador West Chapter, Labrador City, raised \$85,000 to purchase an Oculus Non-Mydriatic Camera, a Video Slit Lamp Retrieval System and a Laproscope for the Captain William Jackman Memorial Hospital. The Labrador East Chapter, based in Happy Valley-Goose Bay, raised \$50,000 and has committed these funds toward the purchase of a new CT scanner for the Labrador Health Centre. This is a part of a total commitment of \$150,000 over three years, toward the purchase of the CT scanner. Also partnering in this initiative are the Innu Nation (\$100,000) and the International Grenfell Association (\$175,000 per year for three years).

Labrador-Grenfell Health is also pleased to report that the Workplace Health, Safety and Compensation Commission purchased Audiology Equipment for the Labrador Health Centre in 2008–09 and the Canadian Hard of Hearing Association (NL Chapter) also donated Infant Hearing Testing equipment. Newborns are screened at birth with this safe and reliable piece of equipment, in an effort to find the approximately four to six in 1000 infants that are born deaf or hard of hearing and to give them the help they need so they can have the best possible start in life.

Improved Population Health

Nutrition Services staff have participated in a number of initiatives that promote Government's strategic direction of improved population health. In support of the prevention and treatment of obesity, the Clinical Dietitian in Happy Valley-Goose Bay has established an Overeaters Anonymous group in that community. In support of healthy aging, a *Nutrition in the Elderly* inservice was delivered to Community Health and Home Service Workers in Nain and a session on healthy eating was presented to seniors in St. Anthony. The Director of Environmental Health has been working on a number of joint committees related to population health, with a goal to enhance service delivery. A Food Program Review Working Group, with representation from the four Regional Health Authorities, the Department of Government Services and the Department of Health and Community Services, met regularly to deal with issues raised in the Auditor General's Report and to strengthen the Food Premises Inspection and Licensing Program. As well, a joint meeting of the Safe Drinking Water Technical Working Group and Regional Water Quality Committees occurred this past year. This gathering of key personnel, including

representation from the four Regional Health Authorities, the Department of Environment and Conservation, the Department of Government Services, the Department of Health and Community Services, the Department of Municipal Affairs and the Public Health Laboratory, discussed municipal drinking water issues across the province and a joint approach to solutions.

Strengthened Child, Youth and Family Services

Several initiatives were ongoing in 2008–09 in support of Government's strategic direction of strengthened Child, Youth and Family Services. An interdisciplinary team was positioned to assess residential options available and to develop a plan to expand the current structure. A provincial audit of some program areas was initiated to assess compliance with provincial standards and to develop a plan to address any areas which may be problematic. A manager and three staff were assigned to support residential placements for children to assess service delivery gaps and address the needs of children and youth with complex needs. CYFS worked in collaboration with the Nunatsiavut Department of Health and Social Development to inform the development of culturally appropriate education materials. A Manager of Quality was recruited to monitor service delivery standards and identify opportunities to strengthen current programs. Needs assessments were undertaken to identify the developmental needs of Community Service Workers and Social Work Assistants.

A professional development program for program managers was designed and is in the process of implementation. This will strengthen access to clinical decision making. A Disclosure Coordinator position has been advertised, which, when filled, will strengthen timely access to information and compliance with applicable legislation.

Protecting, Promoting and Supporting Breastfeeding

Labrador-Grenfell Health is committed to the promotion, protection and support of breastfeeding in the region. The Health Authority is working to establish policies and practices that reflect the WHO/UNICEF Baby-Friendly Initiative (BFI) standards. These are internationally recognized as the primary strategy for the protection, promotion and support of breastfeeding. The BFI represents best practice in breastfeeding and provides a clear framework for governments to improve maternal and child health outcomes by taking action to protect, promote and support breastfeeding.

In 2008–09, Labrador-Grenfell Health instituted a Regional Breastfeeding Policy, thereby accomplishing the first part of Step One in the BFI. This policy was developed by the Labrador-Grenfell Breastfeeding Network, in consultation with various key stakeholders at both the provincial and national level, including the Provincial Perinatal Program Coordinator and the Breastfeeding Committee of Canada's Breastfeeding Friendly Initiative Assessment Committee. The policy will be disseminated and implemented in 2009-10. Further to the policy development, Labrador-Grenfell Health hired an additional Lactation Consultant in 2008–09 to support this program direction.

Highlights and Accomplishments

Striving Toward our Mission for Improved Accessibility

- **Wait Times.** In 2008–09, standardized booking processes were implemented through the development of regionally standardized request forms for surgical, endoscopy and diagnostic imaging procedures. An electronic waitlist database was developed for elective surgery and endoscopy requests and is implemented at one site. This database provides a more accurate picture of the demand and wait list for surgery and endoscopy services.

In the Labrador-Grenfell Health region, waitlist and wait times for cataract surgery are dependent on visiting Ophthalmologists to provide the service. One locum Ophthalmologist has continued to provide cataract surgery on a regular basis, with one to two visits each quarter. Data available at the time of this report has shown that the improvements in Operating Room equipment, processes and planning have greatly improved wait times for cataract surgery. It is noteworthy that during the third quarter, 73% of all cataract surgeries for first eye and 92% of all second eye cataract surgeries were completed within the national 112-day benchmark. As of the third quarter for 2008–09, the completions for cataract surgery were up by 16 cases from last year and by 27 cases from 2006-07.

With the implementation of the newly developed diagnostic imaging request form in 2008, has come the use of an urgency classification that was developed by Eastern Health, in collaboration with the Newfoundland Labrador Association of Radiologists. This new request form and urgency classification will improve the accessibility of wait time data and will enable the provision of more accurate diagnostic imaging wait times.

- **New Air Ambulance Unveiled.** In February 2009, Labrador-Grenfell Health, together with the Government of Newfoundland and Labrador, officially unveiled a new air ambulance. The new medevac aircraft, a Beechcraft King Air 350, is based in St. Anthony and provides both regional and provincial service. With the challenges of weather and geography in this region, the medevac service is a vital link to communities in times of medical crisis. Labrador-Grenfell Health is pleased that Government recognized and delivered on the need for a new, state-of-the-art aircraft to provide medical evacuations.
- **Enhanced Quality of Emergency Room (ER) Care.** Triage of ER clients at the Captain William Jackman Memorial Hospital commenced in October 2008. Triage prioritizes ER clients according to their presenting symptoms and they are seen according to their level of priority or urgency. As well, an additional Nurse Practitioner joined the ER staff at the Captain William Jackman Memorial Hospital in February 2009. This position will enhance the service by increasing access and reducing wait times in the ER.

- **Increased Utilization of Telehealth Opportunities.** Labrador-Grenfell Health is endeavoring to provide patients with faster and more effective treatment, through connections from our sites to other health professionals and treatment specialists for medical advice. This is accomplished by using the latest telehealth technology, which relies on videoconferencing and other digital technologies. Four hundred and fifty-seven videoconference consults took place in 2008–09. One hundred and sixteen of these occurred within the region and 341 were held with health care providers at Eastern Health in St. John's. Since incorporating videoconferencing, there have been many lifesaving success stories in our region, including assists with resuscitations and traumas. Patients have expressed satisfaction with this technology, particularly oncology and dialysis patients receiving treatment, who benefit from being in their own communities with family and friends to provide support. These advancements also support Government's strategic direction of improved accessibility to priority services.
- **Improving Continuity of Care.** In 2008–09, a new Continuing Care Clinic was established at the Captain William Jackman Memorial Hospital in Labrador City, to help tailor services to meet the needs of clients with chronic medical conditions that required frequent trips to the local hospital. While the clients require close contact with the hospital, their conditions are non-emergent. This previously meant long waiting times in the local Emergency Room. These same clients now visit the Continuing Care Clinic, where they receive services on a walk-in basis in an area more conducive to non-emergency care, reflecting a shift from acute care to community health and wellness, and supporting both Labrador-Grenfell Health's mission of improved accessibility to services and the Department of Health and Community Services' strategic direction of access to priority services.

Quality Management and Patient Safety

In keeping with Government's strategic direction to improve accountability and stability in the delivery of health and community services and in follow-up to the Commission of Inquiry on Hormone Receptor Testing, there have been significant improvements in Labrador-Grenfell Health's laboratories, with a strengthened focus on patient safety and continuous quality improvement. Several new pieces of equipment have been purchased in an effort to maintain the quality of histology and pathology services, achieve consistency in testing (i.e., more automated processes), improve sensitivity of the testing and build a contingency plan (i.e., ensuring that back-up systems are available in all areas – e.g., staining, processing of tissues, etc.). There have also been changes in laboratory processes, based on recommendations from consultants who participated in the Commission of Inquiry on Hormone Receptor Testing. Administrative Policies providing direction with regard to adverse events and disclosure have been developed and circulated to staff, based on Canadian Patient Safety Institute (CPSI) guidelines.

Highlights and Accomplishments

Further improvements include additional Laboratory Assistant positions at Happy Valley–Goose Bay and Labrador City. These additions will improve specimen delivery times and will help ensure standards outlined in the Provincial Fixation Policy are met.

Strengthened Public Health Capacity

Pertinent Managers and Regional Directors received training in Facility Fire and Life Safety, Emergency Management and Emergency Operations. The Regional Health Emergency Management Plan (RHEMP) was completed in December 2008. The Plan was developed by the Regional Health Emergency Planning Coordinator, the Regional Medical Officer of Health and the Regional Health Emergency Management Steering Committee. It serves as a template on which to base site specific emergency and disaster plans. It will incorporate the regional Pandemic Influenza Planning and Preparedness document as an annex. The Regional Health Emergency Management Steering Committee's next task will be the development of strategies for implementation of the plan.

Increased Access to and Utilization of Services by Individuals, Families and Groups Who Need Them Most

The addition of two Child/Behaviour Management Specialist (CMS/BMS) positions in 2008–09 enhanced Intervention Services in the St. Anthony and Happy Valley–Goose Bay areas. As a result, at March 31, 2009 there was no waitlist for Intervention Services in these areas. In addition, a CMS/BMS position for Nain was filled in March 2009. Prior to this, these services were provided from Happy Valley–Goose Bay. Having the CMS/BMS in Nain will enhance the services for clients in the Nain and Hopedale areas.

CYFS directors, managers and staff participated in a broad-based provincial consultation process contributing to the development of a strategy for children, youth and families. Both the Regional Director of CYFS and the Regional Director of CYFS (Innu Zone) were members of the Advisory Working Group, as well as members of a focused working group, a sub-committee of the *Strategy for Children and Youth*, which aims to bring forward a strategy which will fit the unique needs of aboriginal children, families and communities. The anticipated outcome is a program of policies and services to positively impact Innu and Inuit children, youth and their families.

Access to Quality Early Learning and Child Care

In its strategic plan, the Department of Health and Community Services committed to access to quality early learning and child care. In 2008–09, Labrador–Grenfell Health's Child Care Services and Family Resource/Community Agencies staff worked to accomplish this goal. In partnership with community, regional and provincial agencies, committees and working groups, several pieces of work were achieved in support of quality child care. Program standards were developed and training sessions were offered, in addition to joint planning for additional program growth. Child care spaces in the region were increased, with the addition of five child care spaces in both Nain and Hopedale.

Child care capacity was also increased in Labrador City, with the addition of 60 part-time child care spaces. Labrador–Grenfell Health also worked closely with Family Resource Centres on professional development, program planning and data collection.

Advances in Diagnostic Equipment

In 2008–09, the Provincial Government allocated significant funding for upgrades in Diagnostic Imaging equipment throughout the region. As a part of this initiative, the following equipment was purchased: 64-Slice CT Scanners for the Charles S. Curtis Memorial Hospital and the Labrador Health Centre; Digital Mammography Units for all three hospitals and General X-ray equipment for both the White Bay Central Health Center, Roddickton–Bide Arm, and the Labrador South Health Center, Forteau. These advances in equipment translate into tangible improvements in service with increased comfort during testing. In addition, these new units will be linked with the provincial Picture Archiving and Communication System, which will reduce wait times for reporting of results.

Working Towards a Healthier Environment

In 2008–09, facilities in the southern part of the region completed the final year of an Energy Retrofit contract with Johnson Controls. As a result, this area of the region exceeded its targets by reducing oil consumption by 2,971,035 litres and reduced greenhouse gas emissions by an equivalent of 8402 tonnes of carbon dioxide annually (equivalent to 1709 cars taken off the road). As a result, conditions of the facilities improved and savings of \$1.83 million were realized. Similarly, ongoing design and construction of new facilities in the region are aimed to be more environmentally friendly. The new long term care facility currently under construction in Happy Valley–Goose Bay and the new facility planned for Labrador City were both designed to meet LEED® Silver Standards. LEED®, otherwise known as the Leadership in Energy and Environmental Design Green Building Rating System, has four possible levels of certification (certified, silver, gold and platinum), which accommodate a wide range of "green building strategies" that best fit the goals of particular projects.



Employees demonstrate a CT scanner at the Charles S. Curtis Memorial Hospital, St. Anthony

Report on Performance 2008–09

ISSUE: CHILD, YOUTH AND FAMILY SERVICES

Child, Youth and Family Services (CYFS) has a mandate to provide Child Protective Intervention Services, Youth Services, Adoption Services, Family and Rehabilitative Services, Community Corrections, Child Care Services and Residential Services. Labrador-Grenfell Health has Child, Youth and Family Services offices located throughout the region in Cartwright, Flower's Cove, Happy Valley-Goose Bay, Hopedale, Wabush, Makkovik, Mary's Harbour, Nain, Natuashish, Roddickton-Bide Arm, Forteau, Sheshatshiu and St. Anthony.

Both the Turner Review and Investigation and the Deloitte Organizational and Operational Review completed in 2006-07 resulted in significant enhancements to Child, Youth and Family Services. There has been an increase in the number of Social Worker positions, support positions and funding for technical support and ongoing professional development. In addition to staffing, a new leadership model is being implemented, with a dedicated and strong focus on clinical supervision. As a continuation of previous reviews, more provincial analysis is being completed to address the areas of clinical supervision, case management (in-care program) and clinical tools available to Social Workers.

Despite these improvements, the needs of children, youth and families in the Labrador-Grenfell Health region are complex and the demands on Child, Youth and Family Services staff are very high. The numbers of children in care remains significant and finding appropriate placements within the region remains a challenge. However, through continuous review and by improving selected elements of program delivery over 2008-11, Labrador-Grenfell Health is positioning itself to be more responsive to regional needs in Child, Youth and Family Services. This will support Government's strategic direction of providing access to Strengthened Child, Youth and Family Services.

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:

By March 31, 2009, Labrador-Grenfell Health will have begun the implementation of identified priority recommendations.

Measure:

Implementation started on priority recommendations.

INDICATOR REPORTING: OBJECTIVE 2008–09

Planned for 2008–09	Actual for 2008–09
Identified additional gaps in program delivery.	<p>It was identified that the legislation and the court terms related to child protection matters were only available in English. To be responsive to the needs of both the Innu and Inuit, CYFS Directors and staff worked with Department of Justice staff to assist with the development of the Innu and Inuit lexicons to be used by translators in child protection court matters.</p> <p>The implementation of transcriptionist services in 2008–09 reduced the time required by staff to input notes into the Client Referral Management System.</p>
Implementation started in priority recommendation areas.	<p>Priority recommendation areas were determined in consultation with Labrador-Grenfell Health's aboriginal partners and other stakeholders, particularly through the Labrador Integration Project, as outlined earlier in this report. As well, round table discussions were held with the aboriginal groups in May and July, 2008, to identify gaps, particularly in mental health and addictions services.</p> <p>The CYFS Director and managers formed a working group with management and staff of the Nunatsiavut Government Department of Social Development to identify projects and strategic directions within the context of providing services to children, youth and families who are Inuit beneficiaries in receipt of services from CYFS. Work is ongoing to develop a comprehensive orientation process for new and current staff. A long-term objective is that CYFS, in collaboration with the Nunatsiavut Government and other partners, will develop culturally appropriate materials to inform the residents of the area served by Labrador-Grenfell Health of the CYFS legislation, programs and services.</p> <p>The CYFS Directors worked closely with the Nunatsiavut Government, Sheshatshiu Innu First Nation, Mushuau Innu First Nation and Health Canada to address gaps in mental health and addictions services at the community level, especially on the north coast. In these communities, there is an identified need for assessment services and appropriate responses, especially for children and youth. It was proposed to Government that a mobile mental health team would be very significant in addressing these gaps and funding for this initiative was announced in Budget 2009 on March 26, 2009.</p>

Report on Performance 2008–09

Planned for 2008–09	Actual for 2008–09
<p>Implementation started in priority recommendation areas.</p>	<p>A Social Worker was successfully recruited to assist in the design and implementation of culturally appropriate residential options.</p> <p>An interdisciplinary team was implemented to strengthen the services and residential options available to children and youth who cannot live with their biological families. More focus has been brought to supporting children and youth living in alternative arrangements, by having team members, including social work, behavior management and psychology, work together to assess individual needs more fully and provide direction on a range of possible interventions.</p> <p>At March 31, 2008, a workload analysis of services provided to families identified as having protection concerns was in progress. At that point in time, an excess of 400 files had been reviewed.</p> <p>In 2008–09, the Auditor General began a review of compliance with CYFS policies and standards. CYFS directors, managers and staff participated in <i>A Review of Children in Care in Newfoundland and Labrador</i> by Dr. Ken Fowler. The CYFS Directors participated as members of a provincially based advisory group to ensure contextualization of the final report to the greatest extent possible. CYFS Directors, managers and staff also participated in <i>A Review of the Transitioning of Youth in Care</i> conducted by the Office of the Advocate.</p> <p>Diversification of skill mix in the delivery of CYFS programs and services was a continuing priority this year. The position of Disclosure Clerk was added and approval was acquired to hire Family Intervention Workers.</p> <p>A Manager of Quality and Professional Development was hired to develop quality assurance reporting processes, curriculum to strengthen documentation standards, audit tools and workload analysis. The intention is to develop tools to inform program development and enable compliance with standards.</p> <p>A new management structure has been implemented to strengthen the availability of clinical supervision. In this new structure, there are managers designated to deal with the ever increasing administrative functions within CYFS, including ongoing recruitment and staffing issues and the provision of direct support to front line staff in clinical assessments and decision-making, especially in risk situations.</p>
<p>Implemented recruitment and retention strategies.</p> <p>Implemented recruitment and retention strategies.</p>	<p>A multidisciplinary retention committee has been formed to address staff retention issues. Initiatives planned include a quality of work life survey for selected professions and implementation of best practices from other health authorities.</p> <p>Labrador-Grenfell Health has partnered with the Nunatsiavut Government and St. Thomas University in Fredericton, New Brunswick to bring a Bachelor of Social Work (BSW) Post Degree Program to Labrador. Twenty-three students are currently enrolled in the program. All have agreed to provide a three-year return in-service with an agency that provides services to an aboriginal population.</p> <p>Access to suitable accommodations on the north coast of Labrador has improved with the construction of five mini-homes.</p> <p>Professional recruitment materials have been developed for Social Workers and all other staff, including: retractable banners, ad templates, brochures and posters.</p> <p>A needs assessment was created to determine the professional development needs of Social Worker Assistants and Community Service Workers.</p> <p>A quarterly communication tool, <i>CYFS Training News</i>, was developed to provide information on training and quality initiatives specific to CYFS.</p>

Report on Performance 2008–09

Planned for 2008–09	Actual for 2008–09
Implemented recruitment and retention strategies.	<p>Management and staff commenced a program of professional development particularly designed for CYFS managers. This includes facilitation skill development, clinical supervisory skill development and the effective management of systems.</p> <p>In partnership with the Nunatsiavut Government, a recruitment video was developed and is now in use.</p>
Completed review of security in the workplace.	<p>As part of the Accreditation Review process in June 2008, Labrador-Grenfell Health completed a review of security in the workplace. CYFS staff and offices were included in this review. Furthermore, Labrador-Grenfell Health has established a regional Safety in the Workplace Committee. A CYFS safety in the workplace survey was developed and disseminated in February 2009. While some items were actioned in 2008-09 as a result (i.e., reorganization of the Wabush CYFS Office), a full analysis of the data will be carried out in 2009-10 to identify priorities and address emergent issues.</p>

Discussion of Results:

In 2008–09, Labrador-Grenfell Health made significant progress toward the implementation of identified priority recommendations in Child, Youth and Family Services. This year, capacity to care for children was enhanced, as evidenced by an increase in the number of foster homes by 13. This had a very positive impact on the number of youth cared for out-of-province. The hiring of an Inuit Social Worker has placed additional emphasis on culturally appropriate care. The hiring of a Quality Manager has allowed the implementation of processes related to improved case management. Orientation and training have been enhanced, particularly in the area of Clinical Supervisory Skills Training for managers and supervisors. This work will serve as a solid foundation as the health authority moves into year two of the strategic planning cycle. In the next fiscal year, the Clinical Team will focus on the development of an appropriate “in-care” model to address the needs of youth with complex challenges. Training will continue, as part of provincial educational initiatives. Workload analysis, particularly in the area of Protective Intervention, will identify any gaps and issues and determine specific plans to address them. Partnerships with local aboriginal organizations will grow and additional policy development and structural changes will be made to enhance safety and security in the workplace.



Social Work Week celebrations at St. Anthony

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.

Indicators:

- Implemented provincial training initiatives for social workers and their supervisors.
- Completed review of more than 400 protective intervention files to provide an accurate synopsis of the nature of the work.
- Participated in the provincial CRMS Business Review.
- Completed assessment of social work assistant and community service worker training needs.
- Enhanced partnerships with the Inuit and Innu through evidence of at least six joint enhancement initiatives in 2009–10.
- Completed analysis of data from Labrador-Grenfell Health CYFS employee survey regarding security in the workplace.



Physicians at the Charles S. Curtis Memorial Hospital demonstrate new infant hearing screening technology with a family from Southern Labrador

Report on Performance 2008–09

ISSUE: 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.

In recognition of the value of health information in making informed decisions about health needs and service delivery, Labrador-Grenfell Health will develop and implement an integrated health information management system and processes to provide the data required to make these decisions. For example, the health authority will be focusing on submitting statistical data to the Department of Health and Community Services, as per the Standards for Management Information Systems in Canadian Health Service Organizations (MIS Standards). These are a set of national standards for gathering and processing data, and reporting financial and statistical data on the day-to-day operations of health service organizations.

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:

By March 31, 2009, Labrador-Grenfell Health will have a health information management strategy developed.

Measure:

Developed health information management strategy.

INDICATOR REPORTING: OBJECTIVE 2008–09	
Planned for 2008–09	Actual for 2008–09
Improved health information management policies.	<p>Prior to 2008–09, health information management policies had not been consolidated and updated for Labrador-Grenfell Health.</p> <p>The development of an Information Management Plan for 2008–11 was completed in January 2009. This plan identifies policies and procedures required in the areas of collection, storage, transfer, copying/modification, use, retention and disposal of personal health information, in addition to security, accuracy and completeness of data and consent, access to and correction of personal health information. In 2008–09, work started on the security policies with the release of one policy for Laptops and Mobile Data Devices. This was an improvement in health information management policies, as this policy provided standards and guidance to employees on the use of laptops and mobile data devices which previously did not exist. Much of the work in this area will be completed collectively, on a provincial basis, with the proclamation of the <i>Personal Health Information Act</i> in 2010.</p>
Established processes related to the protection of the privacy, security and integrity of the information.	<p>Work started on several health information management policies in 2008–09; however, only one was completed in its entirety, as the focus for this year was the development of the Information Management Plan. Processes were developed to ensure the appropriate transfer of information and disposal of hardware during the de-installation of diagnostic imaging equipment.</p> <p>In 2008–09, a Provincial Steering Committee for the release of the <i>Personal Health Information Act</i> determined that the four regional health authorities would collectively prepare processes related to the protection of the privacy, security and integrity of health information. The regional health authorities are working together to determine priorities related to policy/standards development that will be needed to ensure compliance with the <i>Personal Health Information Act</i>.</p>
Completed environmental scan of where health status data can be collected internally and externally.	<p>An environmental scan was not completed, as this task had been assigned to the Medical Officer of Health position, which was vacant for three months in 2008–09. When a new incumbent was hired in July 2008, orientation, emergency preparedness and pandemic planning were immediate priorities for this position.</p> <p>In the absence of a complete scan, Labrador-Grenfell Health continues to obtain health status data internally from Communicable Disease Control, the Client Record Management System (CRMS), Meditech, community clinics e-book reporting systems, individual internal research projects and the Hospital Acquired Infections database.</p>

Report on Performance 2008–09

Planned for 2008–09	Actual for 2008–09
<p>Completed environmental scan of where health status data can be collected internally and externally.</p>	<p>Externally, data is obtained from Newfoundland and Labrador Centre for Health Information (NLCHI), Provincial Community Accounts database, the Provincial Cervical Screening Program, Statistics Canada and external partners (e.g., Nunatsiavut Government, university research projects).</p>
<p>Developed consistent strategies and standards with provincial/national directions and legislation.</p>	<p><i>The Standards for Management Information Systems in Canadian Health Service Organizations (MIS Standards)</i> are the national data standards for the collecting, processing and reporting of financial and statistical information for health service organizations in Canada. In the past, Labrador-Grenfell Health had been non-compliant with the submission of financial data according to these standards.</p> <p>In 2008-09, Labrador-Grenfell Health developed a strategy and workplan in order to become MIS compliant, thereby meeting these standards. As a part of this strategy, Financial Services was reorganized to place greater emphasis on data quality. In the fall of 2008, Labrador-Grenfell Health became compliant with the monthly submission of its financial data to the Department of Health and Community Services and is currently focusing on statistical reporting.</p> <p>A strategy for moving forward with the provincial implementation of the Minimum Data Set Tool (MDS) in Long Term Care was developed. This standardized common assessment produces consistent and detailed resident information that is analyzed using scientifically proven decision frameworks. As a part of this strategy, a MDS Coordinator was recently appointed. Once established, the new Coordinator will facilitate further implementation of MDS in Long Term Care.</p> <p>Labrador-Grenfell Health participated on a Provincial Steering Committee, planning for the implementation of the <i>Personal Health Information Act</i>.</p> <p>Labrador-Grenfell Health participated on a provincial Health Human Resources Information Systems Steering Committee which met during 2008–09 to provide leadership for the implementation of the <i>MediSolutions MediHR</i> system, which will provide the four regional health authorities with a standardized system for the accurate and efficient analysis and reporting of human resource indicators.</p> <p>Labrador-Grenfell Health has established a Regional Project Committee for the implementation of Panorama, a Pan Canadian public health communicable disease surveillance and management initiative.</p> <p>Continued work and collaboration with the Newfoundland and Labrador Center for Health Information was ongoing in 2008–09 in key service delivery areas: coding and abstracting standards development, MIS reporting guidelines, leadership in the area of privacy protection, development of the electronic health record and collaboration in the initiation of provincial guidelines for record retention.</p>
<p>Enhanced data sources and data collection tools.</p>	<p>Several data sources were developed and piloted at the Charles S. Curtis Memorial Hospital (CSCMH) in 2008–09, with the intention of future expansion to other sites:</p> <ul style="list-style-type: none"> • A database for collecting and analysing diabetes information was developed. This will assist in the evaluation of diabetes care provided and identify areas where improvements are needed. It will also provide baseline information to monitor diabetes outcomes in the future. • A Surgical Waitlist Database was developed, capturing all elective surgeries that require wait listing (i.e., minor and major surgeries, including endoscopies). This will allow monitoring of wait times and service demand, as compared to actual service delivery. • A Colorectal Cancer Screening Database was developed for both screening and surveillance for clients who have been pre-determined to be at high risk and require regular follow-up.

Report on Performance 2008–09

Planned for 2008–09	Actual for 2008–09
<p>Enhanced data sources and data collection tools.</p>	<p>In 2008–09, Labrador-Grenfell Health regionalized infection control surveillance and statistical collection in Long Term Care.</p> <p>Meditech access was increased at all Long Term Care sites. For example, the Labrador South Health Centre Long Term Care Unit and the John M. Gray Center now have electronic access to laboratory and x-ray results.</p> <p>In 2008–09, funding was received to implement a Business Intelligence Tool which will allow data to be converted into information for trending and strategic planning.</p> <p>A regional data collection and reporting system has been established for Mental Health and Addictions Services to collect information on services provided. This new system provides a consistent format for staff to report on clinical services, as well as non-clinical work activities. This information assists with identifying and responding to areas of need.</p> <p>Improved awareness and quality of data in the collection of MCP information has been achieved in 2008–09. Both Registration/Admitting staff and increasingly, clients, have an improved understanding of the necessity and importance of reporting MCP information with every encounter.</p> <p>The implementation of International Society of Blood Transfusion (ISBT 128) bar-coding for blood products began in an effort to improve the inventory of blood products and reduce wastage. ISBT 128 is a system for identification, labeling and processing of human blood, tissue and cellular therapy products using an internationally standardized system.</p>
<p>Identified processes to enhance the availability, quality, and quantity of data and information for decision making.</p>	<p>The Information Management Plan 2008-11 developed this fiscal year, identified key processes that will enhance the availability, quality, and quantity of data and information for decision making. These include:</p> <ul style="list-style-type: none"> • Enhancing the accuracy and completeness of data by establishing a regional standardized health records chart audit process to monitor and identify deficiencies in data contained within the client’s health record (either automated or manual). • Establishing a process to evaluate, collect, consolidate, analyze and submit relevant statistical data that will meet provincial and national requirements and will provide information for strategic business and clinical service delivery planning decisions. • Fully implementing the Business Intelligence Tool to allow data to be converted into information for trending and strategic planning. • Increasing availability of patient care information through the implementation of a regional digital dictation/transcription system for use by health professionals and transcriptionists in populating patient records, consultations, discharge summaries and other related information in the hard copy health record. Once implemented, this system will have positive impact on efficiencies, reporting turnaround times and a related decrease in current levels of risk. <p>By year end, progress had been made with several of these initiatives. In January 2009, a Business Intelligence Tool was purchased. Representatives of Labrador-Grenfell Health met with their counterparts at Western Health on February 23, 2009 to begin discussions for the potential integration of their respective Meditech Healthcare Information Systems. In March 2009, processes were put in place to begin collecting and reporting statistical information to the Department of Health and Community Services.</p> <p>Health Records developed routine quality reports to assist in the verification of data collection in specific areas (i.e. capture of Workplace Health, Safety and Compensation Commission financial class, MCP eligibility).</p>

Report on Performance 2008–09

Discussion of Results:

With the development of an Information Management Plan for 2008-2011, Labrador-Grenfell Health has developed an ambitious and comprehensive strategy which outlines a framework to achieve its goal of having started the development of an integrated health information management system. This will assist with the provision of health status data to support effective and strategic service delivery and will support the Department of Health and Community Services' strategic directions of strengthened public health capacity (i.e. Panorama) and improved accountability and stability in the delivery of health and community services (i.e., enhanced data sources and data collection tools).

The various components to be completed and their current anticipated timelines are outlined in the Information Management Plan. It is recognized that the majority of these tasks are dependant on the growth of human, fiscal and knowledge-based resources through Labrador-Grenfell Health operating and capital budgets. This applies for both the short-term purchase and implementation of applications and for the long-term sustainability and growth of these systems. In order to achieve success, a significant ongoing dialogue will have to be maintained with relevant partners, stakeholders and agencies in order to maximize opportunities. In the absence of these additional resources, the timelines presented will be adjusted accordingly.

As the next step, a Regional Information Management Steering Committee will be established to take ownership and governance of the Information Management Plan. The Steering Committee will need to analyze the plan, review and adjust timelines as required, and establish working groups assigned to the various components.

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.

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.
- 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).
- Implemented business intelligence software to be used for analysis of financial, waitlist, chronic disease management data.
- Began implementation of Panorama software to be used as a Provincial Public Health Monitoring and Communicable Disease Management tool.
- 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.



Scenic views along the Great Northern Peninsula (Fall 2008)

Report on Performance 2008–09

ISSUE: CULTURE OF SAFETY

Quality improvement, risk management and safety programs are actively championed by Labrador-Grenfell Health. There is an expectation and shared commitment by Labrador-Grenfell Health, clients, the public and Government that quality, minimum-risk health and community services be delivered in a safe environment for clients, employees and the community at large. Labrador-Grenfell Health strives to improve the quality of the programs and services it offers, particularly through improvements in the reporting and follow-up of adverse events, policy development, education and training.

Goal:

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

Objective:

By March 31, 2009, Labrador-Grenfell Health will have developed a strategy to assess safety issues and carry out improvement activities.

Measure:

Developed safety assessment strategy.

INDICATOR REPORTING: OBJECTIVE 2008–09	
Planned for 2008–09	Actual for 2008–09
Examined how Labrador-Grenfell Health identifies, assesses, discloses, takes action, communicates and evaluates with respect to adverse events.	Labrador-Grenfell Health has completed policies and processes for incident reporting, adverse/sentinel events and the disclosure of adverse events. The release of reports from the Provincial Task Force on Adverse Health Events in December 2008 and the Commission on Hormone Receptor Testing in March 2009 have presented opportunities for further examination and review of Labrador-Grenfell Health's existing policies. As the reports were finalized late in the fiscal year, and since these recommendations would directly impact our review, this work will be undertaken in 2009-10 to determine any changes required to policy/practice as a result of the recommendations in these two reports.
Developed integrated reporting system to report and review adverse and potential adverse events.	The reporting system that has been developed for Labrador-Grenfell Health consists of Incident Reports (Employee, Client, Medication, other) and Occupational Health and Safety Concern Forms through Occupational Health and Safety. The Provincial Task Force on Adverse Events has recommended a provincial electronic incident reporting system, which, when implemented, will replace the current manual system and will enhance reporting of occurrences.
Documented roles, responsibilities and accountabilities of staff and other providers for the safety of staff and clients in job descriptions and performance appraisals.	As part of the performance appraisal process, job descriptions have been modified to include accountabilities as they relate to safety of both staff and clients.
Safety Reports received and reviewed regularly by Quality Council.	Quality Council discussion in the fall of 2008 focused on the format and content of safety reports. A Quality Reporting structure was developed and approved by Quality Council. This includes Safety Reports which are reviewed by the Quality Council on a regular quarterly basis. As a part of this process, for example, the Client Safety Walk Rounds report for Labrador East was reviewed in the January meeting of Quality Council.
Continued participation and demonstrated success in Safer Healthcare Now! Atlantic Patient Safety Node activities.	Medication Reconciliation, a Safer Healthcare Now! initiative, has been successfully implemented in all three hospitals in the region. Medication Reconciliation is a formal process of obtaining a complete and accurate list of each patient's current home medications (name, dosage, frequency, route), comparing the physician's admission, transfer, and/or discharge orders to that list and bringing discrepancies to the attention of the prescriber and ensuring changes are made to the orders, when appropriate. The implementation of Medication Reconciliation has resulted in the identification of discrepancies that could have resulted in medication errors if not identified, and thus has improved medication safety.

Report on Performance 2008–09

Planned for 2008–09	Actual for 2008–09
<p>Continued participation and demonstrated success in Safer Healthcare Now! Atlantic Patient Safety Node activities.</p>	<p>In 2008–09, a Safer Healthcare Now! team at the Charles S. Curtis Memorial Hospital in St. Anthony developed its Surgical Site Infection (SSI) Improvement Charter. The Infection Control Coordinator and a Community Home Care Nurse partnered to develop a process and questionnaire for a 30-day surgical follow-up. The SSI Team is progressing well at improving the care components of timely initiation and discontinuation of antibiotics and maintaining normothermia. In-servicing staff and posting data on SSI prevention has gained the attention and commitment of staff to improve SSI care.</p> <p>In 2008–09, Safer Healthcare Now! success was illustrated in Labrador-Grenfell Health publications, the Safer Healthcare Now! newsletter and local media.</p>
<p>Developed region-wide Occupational Health and Safety Program.</p>	<p>Elements of a regional Occupational Health & Safety Program were developed in 2008–09. A regional Occupational Health & Safety Committee was formed and Terms of Reference were developed. Policies were developed for the safe use, storage and transport of sharps and the use of extension cords and power bars. Guidelines for the management of biomedical waste were developed, in addition to a self-learning package.</p> <p>Element 1 of the regional Occupational Health & Safety Program was updated and distributed to all departments/sites. (Note: This program will consist of ten elements, with an anticipated completion date of March 31, 2010.)</p> <p>Competing priorities for resources meant that efforts were concentrated in other areas and work on a regional program progressed at a slower rate than anticipated.</p>
<p>Demonstrated support for the work life and physical environment in the safe delivery of services.</p>	<p>A CYFS Working Group was established to determine staff perceptions specific to issues of safety and to make recommendations for action. The long term objective is to increase awareness and promote strategies to enhance safety.</p> <p>Client safety walk rounds were implemented in 2007-08 and continued in 2008-09. Client safety walk rounds are scheduled for each program area/department, with the Walk Rounds Safety Team, consisting of a member of Senior Executive, the Risk Manager, the appropriate supervisor/manager and a frontline employee(s). The walk rounds demonstrate Senior Executive's commitment and accountability for safety by identifying client safety concerns, developing action plans to address those concerns, working towards solving systemic problems and discussing common areas of concern related to the safety of clients. This interaction allows for open dialogue and sharing of safety concerns with senior leaders and promotes an awareness of client safety throughout the organization.</p> <p>A new Employee Family Assistance Program was launched in October 2008, accompanied by regional orientation on the new program for all staff.</p> <p>The installation of the Dual Detector Room at Charles S. Curtis Memorial Hospital's Diagnostic Imaging Department enabled some much needed redesign in that area. A wheelchair-accessible washroom and change room were installed. A handwashing sink was installed in the x-ray room, which has greatly improved infection control standards in that work area. A radiation skin dose monitor was installed with the new equipment, which allows the actual radiation skin dose to the patient to be recorded on each image taken and stored in PACS. This Quality Assurance Program records which Technologist took the images, and if an adverse radiation event happens, an accurate ionizing radiation record is now available.</p> <p>A new receiving area was created in the Regional Histology Department, which has helped workflow in that area.</p> <p>Satellite telephones were provided for the Community Clinics to be used for travelling staff and as a backup telephone system.</p>

Report on Performance 2008–09

Planned for 2008–09	Actual for 2008–09
<p>Demonstrated support for the work life and physical environment in the safe delivery of services.</p>	<p>Updated Material Safety Data Sheets have been posted throughout the various departments in the region.</p> <p>The promotion of infection control measures continued in 2008–09 (i.e., use and availability of hand sanitizer; availability of surface wipes, etc.). New tabletop sterilizers were provided for the Community Clinics, allowing standards for instrument sterilization and reprocessing to be maintained.</p> <p>Ongoing support for workstation ergonomic assessment continued, with subsequent changes made as required. For example, in 2008–09, the Health Records department purchased 10 ergonomically recommended chairs. In addition, an office ergonomic booklet was developed to educate staff about ways to reduce office-related work injuries.</p> <p>In CYFS, technical aides such as cell phones, blackberries, laptops and headsets were made available to promote greater accessibility to supervisory staff, enhance safety and increase efficiency.</p> <p>The Food Services Department continued its commitment to safety this year by conducting quarterly Food Safety Audits. All sites throughout the region achieved scores above 90%, demonstrating that high standards of food safety were maintained. Within the Environmental/Laundry Services Department, there have been many areas where significant improvements have been made to enhance the safety of the work environment:</p> <ul style="list-style-type: none"> • New tow-motor and clean linen carts were put into use, so that Laundry staff no longer have to push or pull heavy carts long distances. • New auto-scrubbers, buffers and burnishers have been purchased which have many ergonomic features that help reduce the wear and tear on the user's body. • New secure housekeeping carts have been implemented, thereby preventing public access to cleaning supplies. • Mechanical dispensers are now used to mix cleaning chemicals. Monthly audits are completed for disinfectants used to ensure that they are at the proper ratios for disinfecting. • Site Managers complete manual audits in the hospital sites, to ensure that acceptable levels of cleanliness are maintained. <p>A Regional Transfusion Safety Officer was hired to ensure accurate records of Blood Bank products are being kept and updated regularly throughout the region.</p> <p>A Hazardous Building Materials Survey was conducted on Labrador-Grenfell Health buildings in St. Anthony. The Canadian Labour Code, Part II, defines a hazardous substance as a chemical, biological or physical agent that by reason of a property that that agent possesses, is hazardous to the safety and health of a person exposed to it. The survey report provides options to remove/dispose/contain any identified materials.</p> <p>Significant life safety improvements have been made throughout the region, including a new fire alarm system at the Captain William Jackman Memorial Hospital and new sprinkler systems at the Charles S. Curtis Memorial Hospital and the Labrador South Health Centre.</p> <p>A multidisciplinary committee was formed to address the issue of hazardous medications use and associated risks. As a result, several new policies are under development.</p>
<p>Delivered patient and work life safety education material at regular intervals.</p>	<p>The Employee Development, Training and Health Department has provided Labrador-Grenfell Health employees with many educational opportunities throughout the year. Many of the courses offered focused on employee and patient safety. General orientation was held twenty-four times throughout the region, including fire safety and extinguisher training, occupational health and safety, risk management, infection control, human resources, Workplace Hazardous Materials Information System (WHMIS) training, respiratory mask fit testing and a review of organizational administrative policies and procedures.</p>

Report on Performance 2008–09

Planned for 2008–09	Actual for 2008–09
<p>Delivered patient and work life safety education material at regular intervals.</p>	<p>Transportation of Dangerous Goods Training is required by all employees who package, ship and handle dangerous goods. This course was offered five times in 2008–09 throughout the region.</p> <p>The Regional Audiologist carried out Sound Testing in noisy workplaces in some parts of the region and delivered in-services to staff on hearing protection. Subsequently, the Audiologist recommended and supplied the appropriate equipment for protecting an employee's hearing for a particular work environment.</p> <p>A number of other presentations and interactive sessions on work life and safety issues were held. These included:</p> <ul style="list-style-type: none"> • Respiratory Mask Fit Testing (offered on 16 occasions) • Injury Prevention Course (proper lifting and transferring techniques; offered on three occasions) • Non-Violent Crisis Intervention Course (offered on two occasions with an additional refresher course offered once) <p>The Patient Safety & Quality Department has also offered in-services throughout the region during the year. While Risk Management and Infection Control sessions are offered to new employees during General Orientation, an additional 12 sessions were offered to current employees from various program areas such as CYFS, Community Clinics, Nursing and Medical Staff. A total of eight in-service sessions related to Construction and Infection Control in Healthcare Facilities were provided to contractors who were awarded projects in our buildings. In addition, the Perioperative Nursing Specialist delivered three Instrument Reprocessing and Infection Control in-services at the Captain William Jackman Memorial Hospital in June, 2008.</p>

'Safer Healthcare Now!' (SHN) is a patient safety campaign aimed at reducing preventable complications and deaths in Canadian hospitals through learning, sharing and implementing interventions that are known to reduce avoidable adverse events. **SSI - Prevention of Surgical Site Infection:** one of six targeted interventions in the **Safer Healthcare Now!** campaign. The goal is to prevent surgical site infection (SSI) and deaths from SSI by implementing a set of evidence-based interventions in all surgical patients. **Medication Reconciliation** is a formal process of obtaining a complete and accurate list of each patient's current home medications (name, dosage, frequency, route), comparing the physician's admission, transfer, and/or discharge orders to that list and bringing discrepancies to the attention of the prescriber and ensuring changes are made to the orders, when appropriate.

Discussion of Results:

A formal safety strategy remains in the development stage at the end of the 2008-09 fiscal year and will be completed in the 2009-10 year. Some of the 2008-09 tasks involved in creating a foundation for this strategy included the development of a process for review of indicators at Quality Council and the Board level. The accomplishments in 2008–09 will assist the organization in assessing safety issues and carrying out improvement activities. The focus for the coming year has been shaped, for the most part, by the standards and indicators defined by Accreditation Canada, **Safer Healthcare Now!** and emerging priorities in employee and patient safety, particularly as they relate to pandemic planning. These will form the baseline for regional trending in patient safety and risk management.

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.

Indicators:

- Completed an organization-wide safety strategy, incorporating elements of patient safety, risk management, employee health and Occupational Health and Safety.
- Increased influenza vaccination uptake by Labrador-Grenfell Health employees by at least 20% from 2008-09.
- Completed fit testing procedures for use of N95 respirators with at least 80% of front-line employees.
- Completed policy review inclusive of how Labrador-Grenfell Health identifies, assesses, discloses, takes action, communicates and evaluates with respect to adverse events.
- 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.

Report on Performance 2008–09

- 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.
 1. Percentage of surgical patients who receive prophylactic antibiotic(s) within 60 minutes prior to incision.
 2. Percentage of surgical patients whose prophylactic antibiotic(s) were discontinued within 24 hours after surgery end time (48 hours for cardiac surgery).
 3. 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.
 4. Percentage of surgical patients who have developed a surgical site wound infection within 30 days postoperativity.
- Baseline rates established for health care associated Clostridium Difficile (C. Difficile) and Methicillin-Resistant Staphylococcus Aureus (MRSA) infections.



Makkovik's Labrador Huskies

ISSUE: FISCAL AND HUMAN RESOURCES CAPACITY

Financial stability and effective workforce planning are high priority strategic issues for Labrador-Grenfell Health. The health authority continues to monitor its financial situation and is working to reduce expenditures wherever possible, while maintaining high quality health and community services. The region's needs are very complex and the demand for services continues to grow. In addition, the region's geography is such that travel costs, both for clients and staff, are quite significant. Although funding from the province has increased and substantial stabilization funding has been provided, the cost of services has been higher than this funding.

Despite extensive efforts resulting in improvements in selected areas, the recruitment and retention of health professionals has been especially difficult for many years, often impacting services to clients and the workloads of existing staff.

The Labrador-Grenfell Health human and fiscal resource decision-making framework focuses on integrating decisions about staff and resource allocations with the strategic results that the health authority is trying to achieve and provides a method by which we can make decisions. This means filtering great quantities of information about the authority into a smaller number of critical elements or indicators. Based on these indicators, Labrador-Grenfell Health can make informed decisions on being able to attract and retain the right people, in the right positions, with the right skills and training.

Goal:

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

Objective:

By March 31, 2009, Labrador-Grenfell Health will have consolidated its fiscal and human resources systems and structures to support improved decision-making processes.

Measure:

Consolidated financial and human resources systems.

INDICATOR REPORTING: OBJECTIVE 2008–09

Planned for 2008–09

Supported decision-making model by region-specific data.

Actual for 2008–09

Labrador-Grenfell Health follows a human resources and fiscal decision-making model which provides data and indicators in support of having the right people in the right positions, with the right skills and training. In particular, vacancy data analyzed during 2008–09 demonstrated the critical need to focus activities on selected groups of staff, such as Nursing and Social Work.

Consolidated financial data and payroll data are now available (i.e., for the region as a whole).

Report on Performance 2008–09

Planned for 2008–09	Actual for 2008–09
Supported decision-making model by region-specific data.	<p>Labrador-Grenfell Health works with the Newfoundland and Labrador Centre for Health Information to ensure compliance with Provincial MIS Standards for Financial and Statistical reporting. This compliance allows both Government and the Health Authorities to make comparisons in a standardized manner, thereby enabling funding and service decisions to be based on consistent and evidence-based data.</p>
Improved recruitment and retention outcomes for selected professional groups.	<p>Recruitment efforts continue with advertising in professional journals, association web sites, attendance at local, national and international job fairs and continued sponsorship of students in bursary programs. Recruitment and retention outcomes have improved for selected groups, as outlined below:</p> <ul style="list-style-type: none"> • The Student Bursary program for 2008–09 has resulted in the successful hire of eight new graduate Nurses, seven Social Workers, one Laboratory Technologist and two Diagnostic Imaging Technologists. The program is a long-term recruitment strategy and will help to meet future staffing requirements in these difficult to recruit positions. • The attrition rate for Laboratory and Diagnostic Imaging staff decreased by 4.91% to 2.46% in 2008–09. Three permanent full-time Laboratory Technologists have been hired during this period. There is one vacant permanent Laboratory Technologist position. The number of vacant Diagnostic Imaging Technologist positions was reduced from two in 2007–08 to one in 2008–09. • The attrition rate for physicians decreased from 12.12% in 2007–08 to 6.06% in 2008–09. There was a total of four family physicians and three specialists hired. This included a new Ear, Nose and Throat Surgeon and two new Anesthetists appointed in St. Anthony. Near the end of the fiscal year, a General Surgeon recruited to Charles S. Curtis Memorial Hospital had signed an offer of employment. The ability to fill 96% of Family Physician positions, to a large extent, is attributable to training physicians in the region. This includes training of International Medical Graduates through the Clinical Skills and Assessment Training and Memorial University's Northern Family Medicine (NORFAM) Program. • As of March 31, 2009 five out of six Dentist positions remained filled which is the same for the period ending March 31, 2008. This stability is a notable achievement due to historical fluctuations in vacancy levels in dentistry. There are no vacancies for Dental Hygienists. • The success of recruiting a Speech Language Pathologist for Happy-Valley Goose Bay after a five month vacancy minimized the gap in these services. • Currently, there are three Physiotherapy vacancies and one Speech Language Pathologist vacancy. With bursaries from the provincial bursary program, Labrador-Grenfell Health has two Physiotherapy graduates committed to begin working in October, 2009 and one Speech Language Pathologist starting in May 2009. <p>Despite continued incentives and increased recruitment efforts, the attrition rate for nurses increased by 3.32% to 7.89% in 2008–09. The increase in attrition is due to a variety of reasons, including an increase in the number of retirements, increases in maternity leaves and exits from the region due to personal family reasons. Nineteen permanent full-time nurses terminated during this period; however, there were fifteen new hires. As of March 31, 2009, there were a total of 56 vacant nurse positions with 44 of these located at the larger acute care centres. Five experienced nurses from the United Kingdom have accepted offers of employment. At March 31, 2009, with the exception of Natuashish, all Regional Nursing positions on the north coast were filled.</p> <p>There have been some successes in the recruitment of Social Workers with five new hires in 2008–09. There are currently nineteen Social Work vacancies with eight of these located on the north coast of Labrador. This is partly attributed to the challenges with working alone in rural, remote locations. As well, the increase in Social Work positions has occurred at a much faster rate than the availability of a supply of Social Workers in the region and throughout the province.</p> <p>The Regional Audiologist (on contract with Labrador-Grenfell Health) renewed a service arrangement for 2008–09, providing a continuity of service for clients in the region.</p>

Report on Performance 2008–09

Planned for 2008–09	Actual for 2008–09
Enhanced standardized programs, policies and procedures.	<p>In 2008–09, Labrador-Grenfell Health continued the enhancement of regionalized and standardized Human Resources systems and procedures that had begun last fiscal year. The performance appraisal software allowed for system-wide reporting on the number of appraisals completed. The employee accommodations policy was reviewed to ensure consistent application while addressing local market conditions. General Orientation was streamlined and made more efficient for all staff.</p> <p>Labrador-Grenfell Health enhanced its Employee and Family Assistance Program (EFAP) in October 1, 2008, by contracting an external provider, <i>Wilson Banwell PROACT Human Solutions</i>, to provide confidential counseling and work life support services to its employees. Prior to this, EFAP services were not accessible to all employees as they were only available in selected locations.</p>
Revised human resources plan.	A multidisciplinary team met in June 2008 to review the Human Resources plan. The plan has been modified to update the environmental scan, workforce demographics, and identification of staffing pressure points. Priority recommendations and recruitment and retention strategies have been identified.

Discussion of Results:

The outcomes achieved in 2008–09 realized several of the indicators outlined in the focus areas of the Department of Health and Community Services' strategic directions for 2008–11. For the year ending March 31, 2009, Labrador-Grenfell Health balanced its budget, posting a small surplus. As outlined above, processes were put in place to monitor outcomes for selected programs (i.e., MIS financial and statistical reporting). Improved recruitment and retention for selected professional groups and updates to the Human Resources Plan both provided support to Government's strategic direction of stabilized human resources.

The challenges with any decision-making model or framework are to identify and measure the return on the substantial investment in human resource and financial activities and to provide accurate, timely and consistent information for decision-making purposes. The resulting indicators are then used to make decisions about service delivery and human resources activities and allocations. The focus in 2008–09 was to build upon the consolidation of financial and human resources systems in an effort to provide consistent and useful data to decision-makers within the organization. This will continue in 2009–10, with further policy and indicator development, competency training for management staff, and the initial steps in the implementation of a Health Human Resources Information System.

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.

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.



"Grenfell's microscope" (Nain)

Report on Performance 2008–09

ISSUE: REGIONAL HEALTH SERVICES PLAN

In 2005, the Board of Directors for Labrador-Grenfell Health carried out a community consultation process on health care service delivery throughout the region. The Board engaged the services of a facilitator to visit the communities and gather both public and staff opinions on health and community services, particularly medical and specialty services. The resulting report was completed later that year and since then, the Board and staff of Labrador-Grenfell Health have been addressing the key issues that were brought forward. A key theme arising from many different areas was accessibility to services.

To continue to effectively make decisions and deliver services to best meet the needs of the region, it was determined that Labrador-Grenfell Health would undertake a renewed comprehensive study of the health needs of the region. It is anticipated that this needs assessment will also provide data and information to further address Government Strategic Directions of improved population Health and improved accessibility to priority 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:

By March 31, 2009, Labrador-Grenfell Health will have completed an updated community needs assessment.

Measure:

Updated community needs assessment completed.

Discussion of Results:

Due to a high number of vacancies on the Labrador-Grenfell Health Board of Directors, and with advice from the Department of Health and Community Services, it was decided to delay the hiring of an external consultant and the start of an updated community needs assessment until 2009-10. Ideally, a Board of Directors with full/comprehensive regional representation would guide this process and determine future priorities based on the findings. As a result, all goals, measures and indicators previously set for 2008–09 will be carried forward to 2009-10.

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.

Indicators:

- Contracted external agency to complete needs assessment.
- Designed framework for specific data collection.
- Collected and analyzed data.
- Disseminated findings of the needs assessment.
- Developed action plan to address identified priority issues.

INDICATOR REPORTING: OBJECTIVE 2008–09

Planned for 2008–09

Contracted external agency to complete needs assessment.

Designed framework for specific data collection.

Collected and analyzed data.

Disseminated findings of the needs assessment.

Actual for 2008–09

Due to a high number of vacancies on the Labrador-Grenfell Health Board of Directors, and upon the advice of the Department of Health and Community Services, work towards an updated community needs assessment is delayed until 2009-10.

Opportunities and Challenges Ahead

Recruitment and Retention

While optimism exists about current recruitment efforts, Labrador-Grenfell Health will continue to face significant recruitment challenges. The supply of various health professionals is not expected to increase significantly and the average age of the workforce continues to rise with more retirements projected. Human resource challenges also exist to recruit and retain skilled tradespersons in areas such as Biomedical Engineering and Mechanical Engineering. Other contributing factors such as lack of housing, lack of appropriate office space, and inadequate supportive funding (e.g., for travel, education, clerical services, etc.) are expected to contribute to recruitment and retention challenges. Recruitment efforts continue on a national and international basis and as a result, the costs to attract new staff to the region have increased. Although there are challenges ahead, long term recruitment strategies such as the bursary program have proven successful, with new hires entering the system in the next several years. In addition, there are a number of new initiatives that will result in positive outcomes for service delivery. The construction of new facilities (i.e., a new Administration Building and a Long Term Care facility in Happy Valley-Goose Bay, new facilities for Labrador West and Flower's Cove) will contribute to appropriate/adequate space, enhanced coordination of services and improvements in the working environment.

Dental Services- Cartwright and Black Tickle

Labrador-Grenfell Health is cognizant of the oral health care needs of the residents in all communities within its jurisdiction. Over the past two years, there has been considerable effort made to recommence dental services in Black Tickle and Cartwright. Funds have been provided by the International Grenfell Association and the Department of Health and Community Services to renovate and re-equip the dental clinics in those communities. Labrador-Grenfell Health staff from a number of departments, including Support Services, Nursing, Dentistry and Senior Management have cooperated to effect delivery of oral health care services. A scarcity of skilled labour has unavoidably slowed the process; however, the health authority is now nearing completion of these facilities and it is anticipated that dental services will resume following equipment installation in the spring of 2009.

Safety and Risk Management

Labrador-Grenfell Health has been challenged with the ever increasing focus on risk and safety over the past couple of years, with the Fire Commissioner's Report, the CYFS Reviews and Act, Occupational Health and Safety orders, Operational Reviews, patient safety requirements, accreditation requirements, the Cameron Inquiry/laboratory safety and the Task Force on Adverse Events, just to name a few. Expectations continue to rise from both staff and the public, while staffing levels and financial resources remain relatively unchanged in many program areas. A concentrated effort and innovative approach will be required in order to adhere to legislation and regulations within existing resources. This has been recognized by the Provincial Government in Budget 2009 with the approval of funding for a Regional Occupational Health and Safety Manager.



A Pharmacy Technician at the Labrador Health Centre, Happy Valley-Goose Bay

CYFS: Transition to a new Government Department

At the end of the fiscal year, it was announced that Government was creating a new department responsible for CYFS in Newfoundland and Labrador. As the Provincial Government initiates the process of creating this department, the challenge will be to ensure that the complexity of CYFS issues in the Labrador-Grenfell Health region are understood, especially in terms of risks, continuity of care and culturally relevant services and that ongoing services in these areas are not adversely affected by transition activities.

Advances in Information Management

The Province of Newfoundland and Labrador is moving ahead with the development of a provincial electronic health record. It will be incumbent on Labrador-Grenfell Health to align itself with this development in order to avail of the benefits of comprehensive client information from anywhere in the province. However, given the health authority's fiscal and human resources, keeping in step with the pace and scope of these provincial developments will continue to be a challenge in 2009-10.

Advancements in Diagnostic Imaging

This fiscal year, planning continued for the installation of the new diagnostic imaging equipment that was funded by Government in Budget 2008. Funding provided for two 64-Slice CT scanners, one Dual Detector General X-Ray Room, three mammography units and one digital dental X-Ray unit. This new equipment will enable Labrador-Grenfell Health to provide a more diverse range of diagnostic imaging testing. For example, the new 64-Slice CT scanners will allow a wider array of tests to be performed. Similarly, the new digital mammography units will bring significant improvements in wait times for reporting, as each be linked to the Provincial Picture and Archiving System (PACS).

Appendix

Mandate: The mandate of Labrador-Grenfell Health is derived from the Hospital Act, the Health and Community Services Act and 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 the above referenced legislation.

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.



(Top) Labrador West moms and babies gather for the 2008 Quintessence Global Breastfeeding Challenge

(Right) Senior nursing staff at the Southeast Labrador Community Clinics met in Port Hope Simpson for the annual staff barbecue and presentation of service awards



Financial Statements



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AUDITORS' REPORT

To the Trustee of **Labrador - Grenfell Regional Health Authority - St. Anthony Interfaith Home 20 Unit Apartment Complex**

We have audited the balance sheet of **Labrador - Grenfell Regional Health Authority - St. Anthony Interfaith Home 20 Unit Apartment Complex** as at March 31, 2009 and the statement of changes in net assets, operations and cash flow for the year then ended. These financial statements are the responsibility of the St. Anthony Interfaith Home 20 Unit Apartment Complex's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, these financial statements present fairly, in all material respects, the financial position of the St. Anthony Interfaith Home 20 Unit Apartment complex as at March 31, 2009 and the results of its operations and the changes in its cash flow for the year then ended in accordance with Canadian generally accepted accounting principles.


CHARTERED ACCOUNTANTS

St. John's, Newfoundland and Labrador
July 7, 2009

Financial Statements

LABRADOR - GRENFELL REGIONAL HEALTH AUTHORITY
ST. ANTHONY INTERFAITH HOME 20 UNIT APARTMENT COMPLEX
BALANCE SHEET
AS AT MARCH 31, 2009

	<u>2009</u>	<u>2008</u>
	\$	\$
ASSETS		
Current		
Cash	33,110	20,439
Receivables	-	951
Prepaid expenses	<u>5,400</u>	<u>5,400</u>
	<u>38,510</u>	<u>26,790</u>
Replacement reserve cash (Note 4)	<u>11,692</u>	<u>4,195</u>
Capital assets (Notes 2 and 3)	<u>676,059</u>	<u>730,565</u>
	<u>726,261</u>	<u>761,550</u>
LIABILITIES		
Current		
Payables and accruals	787	2,734
Due to Labrador - Grenfell Regional Health Authority	233,620	201,889
Current portion of long-term debt (Note 5)	<u>53,325</u>	<u>52,122</u>
	<u>287,732</u>	<u>256,745</u>
Long-term debt, net of current portion (Note 5)	<u>619,011</u>	<u>674,730</u>
Replacement reserve fund (Note 4)	<u>11,692</u>	<u>4,195</u>
	<u>918,435</u>	<u>935,670</u>
NET ASSETS. PER ACCOMPANYING STATEMENT		
Unrestricted net assets	<u>(192,174)</u>	<u>(174,120)</u>
	<u>726,261</u>	<u>761,550</u>

Signed on behalf of the Board:

Trustee



Financial Statements

**LABRADOR - GRENFELL REGIONAL HEALTH AUTHORITY
ST. ANTHONY INTERFAITH HOME 20 UNIT APARTMENT COMPLEX
STATEMENT OF CHANGES IN NET ASSETS
YEAR ENDED MARCH 31, 2009**

	2009		Total 2009	Total 2008
	Invested in Capital Assets	Unrestricted		
	\$	\$	\$	\$
Balance, beginning	-	(174,120)	(174,120)	(145,134)
Excess (deficiency) of revenues over expenditures	(54,506)	36,452	(18,054)	(28,986)
Repayment of long-term debt	54,506	(54,506)	-	-
Balance, ending	-	(192,174)	(192,174)	(174,120)

**LABRADOR - GRENFELL REGIONAL HEALTH AUTHORITY
ST. ANTHONY INTERFAITH HOME 20 UNIT APARTMENT COMPLEX
STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2009**

	2009	2008
	\$	\$
Revenues		
Rental	112,400	108,976
CMHC subsidy	23,808	25,348
Hydro recoveries	14,796	14,061
Cable television recoveries	4,616	4,843
Interest	802	634
	<u>156,422</u>	<u>153,862</u>
Expenditures		
Allocation to replacement reserve	7,369	10,350
Amortization	54,506	51,096
Cable television		4,287
Heat and light	50,902	48,989
Insurance	2,500	2,500
Interest and bank charges	172	198
Interest on long-term debt	28,764	33,317
Management fees	5,000	5,000
Professional fees	2,497	2,725
Property taxes	7,200	7,200
Repairs and maintenance (Note 6)	15,566	17,186
	<u>174,476</u>	<u>182,848</u>
Deficiency of revenues over expenditures	<u>(18,054)</u>	<u>(28,986)</u>

Financial Statements

**LABRADOR - GRENFELL REGIONAL HEALTH AUTHORITY
ST. ANTHONY INTERFAITH HOME 20 UNIT APARTMENT COMPLEX
STATEMENT OF CASH FLOW
YEAR ENDED MARCH 31, 2009**

	<u>2009</u>	<u>2008</u>
	\$	\$
Cash Flows		
Operations:		
Deficiency of revenues over expenditures	(18,054)	(28,986)
Amortization	<u>54,506</u>	<u>51,096</u>
	36,452	22,110
Changes in:		
Receivables	951	900
Payables and accruals	(1,947)	(3,161)
Due to Labrador - Grenfell Regional Health Authority	31,721	32,755
Replacement reserve	<u>7,497</u>	<u>4,195</u>
	<u>74,674</u>	<u>56,799</u>
Financing Activities		
Principal repayments	<u>(54,506)</u>	<u>(51,097)</u>
Net change in cash and cash equivalents for year	20,168	5,702
Cash and cash equivalents, beginning of year	<u>24,634</u>	<u>18,932</u>
Cash and cash equivalents, end of year	<u>44,802</u>	<u>24,634</u>
Cash and cash equivalents consists of:		
	<u>2009</u>	<u>2008</u>
	\$	\$
Cash	33,110	20,439
Replacement reserve cash	<u>11,692</u>	<u>4,195</u>
	<u>44,802</u>	<u>24,634</u>

Financial Statements

**LABRADOR - GRENFELL REGIONAL HEALTH AUTHORITY
ST. ANTHONY INTERFAITH HOME 20 UNIT APARTMENT COMPLEX
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2009**

1. NATURE OF OPERATIONS

The St. Anthony Interfaith Home 20 Unit Apartment Complex is sponsored by the Labrador Grenfell Regional Health Authority to provide housing to low and moderate income seniors.

2. SIGNIFICANT ACCOUNTING POLICIES

The accounting policies of the St. Anthony Interfaith Home 20 Unit Apartment Complex are in accordance with generally accepted accounting principles and guidelines set out by the Newfoundland and Labrador Housing Corporation (NLHC) in their operating agreements for not-for-profit housing projects. The following describes the more significant policies:

Capital Assets

Amortization is provided on land improvements and buildings at a rate equal to the annual principal reduction of the mortgages related to these properties. This is in accordance with the operating agreement with NLHC.

Replacement Reserve

In accordance with the operating agreements with NLHC the Authority is required to fund a replacement reserve annually in the amount of \$10,350. This allocation of funds is expensed annually and transferred to a separate bank account and added to the liability "Replacement Reserve".

The funds in the replacement reserve account may only be used as approved by NLHC.

Transactions in the reserve are shown in Note 4.

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 an 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. CAPITAL ASSETS

	Cost	Accumulated Amortization	2009	2008
	\$	\$	\$	\$
Land	1	-	1	1
Land improvements	4,853	-	4,853	4,853
Buildings	1,271,266	545,555	671,205	725,711
	<u>1,276,120</u>	<u>545,555</u>	<u>676,059</u>	<u>730,565</u>

Financial Statements

4. REPLACEMENT RESERVE

	<u>2009</u>	<u>2008</u>
	\$	\$
Balance, beginning	4,195	-
Add:		
Allocation for year	10,350	10,350
Interest earned	<u>127</u>	<u>219</u>
	14,672	10,569
Less:		
Approved expenditures	<u>2,980</u>	<u>6,374</u>
Balance, ending	<u>11,692</u>	<u>4,195</u>

5. LONG-TERM DEBT

4.4% Newfoundland and Labrador Housing Corporation first mortgage on land and building; repayable in equal monthly installments of \$7,051, interest included, maturing January 2019 and renewable on December 1, 2008.

December 1, 2008, 2.086%, repayable in equal monthly installments of \$6,537.

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

2010	53,325
2011	55,967
2012	58,521
2013	61,191
2014	63,983

Interest Subsidy

The Authority has received federal assistance through Central Mortgage and Housing Corporation pursuant to Section 56.1 of the National Housing Act to reduce operating costs, enabling the Authority to provide housing to low and moderate income seniors. The amount of the assistance received from Newfoundland and Labrador Housing in 2009 was \$25,348 (2008-\$25,348).

6. REPAIRS AND MAINTENANCE

	<u>2009</u>	<u>2008</u>
	\$	\$
Maintenance and supplies	409	11,355
Salary	13,564	4,313
Snow Clearing	<u>1,593</u>	<u>1,518</u>
	<u>15,566</u>	<u>17,186</u>

Financial Statements



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AUDITOR'S COMMENTS ON SUPPLEMENTARY FINANCIAL INFORMATION

To the Board of Trustees of the **Labrador - Grenfell Regional Health Authority**

The audited consolidated financial statements of the Authority and our report thereon are presented in the preceding section of this annual report. The financial information presented hereafter was derived from the accounting records tested by us as a part of the auditing procedures followed in our examination of the overall consolidated financial statements, and, in our opinion, this financial information is fairly presented in all material respects in relation to the consolidated financial statements taken as a whole.

Belanger Clarke Follert & McGettigan
CHARTERED ACCOUNTANTS

St. John's, Newfoundland and Labrador
July 7, 2009

Financial Statements

**LABRADOR GRENELL REGIONAL HEALTH AUTHORITY
EXPENDITURES - OPERATING/SHAREABLE
YEAR ENDED MARCH 31, 2009**

SCHEDULE 1

	2009 \$	2008 \$
Administration		
General	9,767,092	9,014,785
Finance	1,741,733	1,409,943
Personal services	1,493,342	1,336,700
Systems support	2,263,534	1,722,693
Other	<u>1,425,248</u>	<u>1,184,522</u>
	<u>16,690,949</u>	<u>14,668,643</u>
Support Services		
Housekeeping	3,973,245	2,961,080
Laundry and linen	880,204	816,815
Plant services	8,745,335	8,517,866
Patient food services	3,967,261	2,734,967
Other	<u>11,193,475</u>	<u>9,913,295</u>
	<u>28,759,520</u>	<u>24,944,023</u>
Nursing Inpatient Services		
Acute care	15,203,172	14,406,990
Long-term care	<u>5,898,903</u>	<u>5,382,375</u>
	<u>21,102,075</u>	<u>19,789,365</u>
Medical Services	<u>14,784,928</u>	<u>13,581,702</u>
Ambulatory Care Services	<u>15,723,202</u>	<u>14,271,303</u>
Diagnostic and Therapeutic Services		
Clinical laboratory	4,533,366	4,194,634
Diagnostic imaging	3,050,492	2,555,381
Other	<u>5,331,966</u>	<u>5,167,667</u>
	<u>12,915,824</u>	<u>11,917,682</u>
Community and Social Services		
Addictions	580,397	506,622
Continuing care	4,041,279	3,755,883
Dental	1,858,342	1,548,685
Health promotion	3,237,697	2,974,135
Health protection	1,232,825	1,139,069
Mental health	1,395,522	1,446,144
Child, youth and family services	16,764,432	18,425,517
Family and rehab services	7,331,890	6,351,936
Community corrections	<u>2,616,785</u>	<u>2,291,142</u>
	<u>39,059,169</u>	<u>38,439,133</u>
Research	<u>76,448</u>	<u>67,124</u>
Education	<u>594,578</u>	<u>676,603</u>
Undistributed	<u>731,262</u>	<u>1,318,841</u>
	<u>150,437,955</u>	<u>139,674,419</u>

Financial Statements

**LABRADOR GRENFELL REGIONAL HEALTH AUTHORITY
REVENUES AND EXPENDITURES FOR GOVERNMENT REPORTING
YEAR ENDED MARCH 31, 2009**

SCHEDULE 2

	<u>2009</u> \$	<u>2008</u> \$
Revenues	<u>150,795,991</u>	<u>138,565,163</u>
Expenditures		
Compensation	81,500,973	72,828,584
Workers' benefits, salaries and contributions	<u>11,879,188</u>	<u>10,099,440</u>
Benefit contributions (third party)	<u>93,380,161</u>	<u>82,928,024</u>
Supplies		
Plant operation and maintenance	3,150,126	3,369,177
Drugs	3,234,061	3,194,745
Medical and surgical	2,646,925	2,326,073
Other	<u>5,566,685</u>	<u>4,962,371</u>
	<u>14,597,797</u>	<u>13,852,366</u>
Direct Client Costs		
Continuing care	2,202,963	2,035,081
Child, youth and family services	11,730,211	13,565,394
Family and rehab services	4,842,053	4,580,496
Community corrections	<u>109,419</u>	<u>47,993</u>
	<u>18,884,646</u>	<u>20,228,964</u>
Other Shareable Expenses	<u>23,474,304</u>	<u>22,561,186</u>
Long-term Debt		
Interest	101,047	103,878
Principal	<u>16,950</u>	<u>15,460</u>
	<u>117,997</u>	<u>119,338</u>
Total Expenditures	<u>150,454,905</u>	<u>139,689,878</u>
Surplus (deficit) for government reporting	341,086	(1,124,715)
Other Operations		
Long-term debt - principal (above)	<u>16,950</u>	<u>15,460</u>
Surplus (deficit) before non-shareable items	<u>358,036</u>	<u>(1,109,255)</u>
Non-shareable Items		
Amortization	3,335,400	3,299,497
Increase (decrease) in accrued vacation pay	480,099	473,790
Increase (decrease) in accrued severance pay	13,976	640,570
Amortization of deferred capital equipment grants	<u>(3,241,217)</u>	<u>(3,166,220)</u>
	<u>588,258</u>	<u>1,247,637</u>
Surplus (Deficit) Inclusive of Non-shareable Items	<u>(230,222)</u>	<u>(2,356,892)</u>

Financial Statements

**LABRADOR GRENFELL REGIONAL HEALTH AUTHORITY
FUNDING AND EXPENDITURES FOR GOVERNMENT REPORTING
YEAR ENDED MARCH 31, 2009**

SCHEDULE 3

	<u>2009</u>	<u>2008</u>
	\$	\$
Sources of Funds		
Provincial capital equipment grant in current year	9,913,500	3,466,500
Provincial facility capital grant in current year	4,163,000	3,108,000
Deferred capital grant from prior year	3,616,326	1,969,671
Deferred capital grant from current year	<u>(13,152,701)</u>	<u>(3,616,326)</u>
	<u>4,540,125</u>	<u>4,927,845</u>
Other Contributions		
Other grants	333,610	28,156
Capital donations	<u>735,510</u>	<u>1,758,697</u>
	<u>1,069,120</u>	<u>1,786,853</u>
Total Funding	<u>5,609,245</u>	<u>6,714,698</u>
Expenditures		
Buildings	1,116,574	383,835
Equipment	2,951,304	4,558,857
Repairs, maintenance and other	<u>1,457,050</u>	<u>1,757,919</u>
Total Expenditures	<u>5,524,928</u>	<u>6,700,611</u>
Surplus on Capital Purchases	<u>84,317</u>	<u>14,087</u>

Financial Statements

**LABRADOR GRENFELL REGIONAL HEALTH AUTHORITY
FUNDING AND EXPENDITURES FOR GOVERNMENT REPORTING
YEAR ENDED MARCH 31, 2009**

SCHEDULE 4

	Consolidated		Operating	
	2009	2008	2009	2008
	\$	\$	\$	\$
Current Assets				
Cash	419,809	299,735	-	-
Restricted cash, less endowment	1,554,744	1,608,650	560,428	614,334
Receivables	12,115,472	14,356,977	12,536,746	14,731,944
Inventories	1,532,711	1,745,945	1,532,711	1,745,945
Prepaid expenses	2,347,477	1,746,129	2,338,837	1,737,490
	<u>17,970,213</u>	<u>19,757,436</u>	<u>16,968,722</u>	<u>18,829,713</u>
Current Liabilities				
Bank indebtedness	5,050,379	21,054,804	5,050,379	21,054,804
Accounts payable and accrued liabilities	12,131,113	8,569,161	12,130,302	8,563,442
Other accrued benefits	2,261,680	2,001,024	2,261,680	2,001,024
Deferred contributions				
Operating	3,095,383	2,825,065	3,095,383	2,825,065
NCB program	2,388,454	2,136,947	2,388,454	2,136,947
Capital	13,152,701	3,645,793	13,152,701	3,645,793
Special purpose funds	564,428	618,334	560,428	614,334
Total Current Liabilities	<u>38,644,138</u>	<u>40,851,128</u>	<u>38,639,327</u>	<u>40,841,409</u>
Accumulated Operating Surplus (Deficit)	<u>(20,673,925)</u>	<u>(21,093,692)</u>	<u>(21,670,605)</u>	<u>(22,011,696)</u>
Reconciliation of Accumulated				
Operating Surplus (Deficit)				
Balance, beginning			(22,011,696)	(20,916,120)
Deficit before non-shareable items				
- Schedule 2			358,036	(1,109,255)
Surplus on capital purchases				
- Schedule 3			84,317	14,087
Principal payment on long-term debt			(16,950)	(15,460)
Miscellaneous difference			(84,312)	15,052
Balance, ending			<u>(21,670,605)</u>	<u>(22,011,696)</u>

Financial Statements

LABRADOR GRENFELL REGIONAL HEALTH AUTHORITY
DEFERRED REVENUES FOR THE NATIONAL CHILD BENEFIT (NCB), EARLY CHILDHOOD
DEVELOPMENT (ECD) AND EARLY LEARNING AND CHILDCARE (ELC) PROGRAMS
YEAR ENDED MARCH 31, 2009

SCHEDULE 5

Initiative	Funding			Expenses		Deferred Revenue		
	Deferred	Allocated	Total	Gross	Excess	Net	Deferred	Deferred
	From Prior	For Current	Available					
Year	Year	For Year	\$	\$	\$	\$	\$	\$
National Child Benefit								
Residential and mental health	96,707	174,775	271,482	75,219	-	196,263	196,263	96,707
Child care subsidy program	42,432	24,900	67,332	20,666	-	46,666	46,666	42,432
ABA therapy	259,330	214,527	473,857	111,182	-	362,675	362,675	259,330
ABA therapy training	-	10,000	10,000	-	-	10,000	10,000	-
Day care equipment and renovations	27,699	14,975	42,674	14,279	-	28,395	28,395	27,699
Child Care consultants	19,327	74,464	93,791	93,791	-	-	-	19,327
Special child welfare allowance	1,000	5,250	6,250	-	-	6,250	6,250	1,000
Community youth network	189,639	681,891	871,530	687,599	-	183,931	183,931	189,639
Family Resource Centres	19,750	628,030	647,780	624,186	-	23,594	23,594	19,750
Total National Child Benefit	655,884	1,828,812	2,484,696	1,626,922	-	857,774	857,774	655,884
Early Childhood Development								
Early intervention	106,294	185,786	292,080	224,224	-	67,856	67,856	106,294
Child care consultants	166,666	164,923	331,589	99,382	-	232,207	232,207	166,666
DHSP Assessment and Curriculum Resources	-	10,350	10,350	-	-	10,350	10,350	-
Day Care	1,500	-	1,500	-	-	1,500	1,500	1,500
FRP Co-ordinator Position	38,440	104,983	143,423	94,341	-	49,082	49,082	38,440
Family resource centres	44,124	480,000	524,124	511,567	-	12,557	12,557	44,124
Total Early Childhood Education	357,024	946,042	1,303,066	929,514	-	373,552	373,552	357,024
Early Learning and Childcare								
Child care subsidy	217,191	66,794	283,985	-	-	283,985	283,985	217,191
Rate Change and Income Grid Increase of Clerical Position (based on 3 Months)	\$25,000	32,100	30,550	62,650	-	62,650	62,650	32,100
Inclusion Consultant, travel and training	82,625	86,098	168,723	98,188	-	70,535	70,535	82,625
Inclusion staffing support grant	8,367	-	8,367	4,467	-	3,900	3,900	8,367
Inclusion equipment grants	14,305	-	14,305	3,090	-	11,215	11,215	14,305
Inclusion Ration Enhance-Staffing Support Grant	2,239	53,710	55,949	104	-	55,845	55,845	2,239
E.Q.U.I.P. training, resources and travel	35,400	11,500	46,900	1,430	-	45,470	45,470	35,400
Start up grant	38,865	-	38,865	-	-	38,865	38,865	38,865
Cultural and Linguistic grant	40,818	40,818	-	40,818	-	40,818	40,818	-
Increase existing NCB funding to Centres Equipment	-	6,600	6,600	-	-	6,600	6,600	-
Salary to support capacity development	87,813	114,752	202,565	51,292	-	151,273	151,273	87,813
Initiative grants	547,316	-	547,316	187,887	-	359,429	359,429	547,316
Total ELC	1,124,039	431,489	1,555,528	398,673	-	1,157,128	1,157,128	1,124,039
Total NCB, ECD and ELC	2,136,947	3,206,343	5,343,290	2,955,109	-	2,388,454	2,388,454	2,136,947

Financial Statements

**LABRADOR GRENFELL REGIONAL HEALTH AUTHORITY
STATEMENT OF REVENUES AND EXPENDITURES
CHILD YOUTH AND FAMILY SERVICES AGREEMENT
YEAR ENDED MARCH 31, 2009**

SCHEDULE 6

	Total 2009 \$	Operations 2009 \$	Maintenance 2009 \$	Total 2009 \$	Total 2008 \$
Revenue					
Child Youth and Family Services Agreement - DIAND	9,636,790	970,415	8,666,375	-	7,723,826
Expenditures					
Salaries	1,172,983	1,172,983	-	-	1,089,558
Employer matching	167,241	167,241	-	-	154,347
Maintenance costs recoverable under the agreement	6,336,454	-	6,336,454	-	8,102,390
Maintenance costs not recoverable under the agreement	883,519	883,519	-	-	140,069
Administration	148,863	148,863	-	-	84,835
Rent	11,200	11,200	-	-	115,106
Travel	70,715	70,715	-	-	85,700
	8,790,975	2,454,521	6,336,454	-	9,772,005
Surplus (Deficit) for year	845,815	(1,484,106)	2,329,921	-	(2,048,179)
Reconciliation of DIAND Funding					
Balance, April 1	3,456,970				2,108,577
Settlement form DIAND for Fiscal Year 2007/2008	(2,153,412)				(2,153,997)
Advances from DIAND - Operational	(7,483,378)				(5,570,415)
	(6,179,820)				(5,615,835)
Less:					
Claimable operational expenses	970,415				970,415
Claimable maintenance expenses	6,358,190				8,102,390
	7,328,605				9,072,805
Receivable from DIAND as to March 31	1,148,785				3,456,970

Financial Statements



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AUDITORS' REPORT

To the Trustee of **Labrador - Grenfell Regional Health Authority - St. Anthony Interfaith Home 12 Unit Apartment Complex**

We have audited the balance sheet of Labrador - Grenfell Regional Health Authority - St. Anthony Interfaith Home 12 Unit Apartment Complex as at March 31, 2009 and the statement of changes in net assets, operations and cash flow for the year then ended. These financial statements are the responsibility of the St. Anthony Interfaith Home 12 Unit Apartment Complex's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, these financial statements present fairly, in all material respects, the financial position of the St. Anthony Interfaith Home 12 Unit Apartment complex as at March 31, 2009 and the results of its operations and the changes in its cash flow for the year then ended in accordance with Canadian generally accepted accounting principles.


CHARTERED ACCOUNTANTS

St. John's, Newfoundland and Labrador
July 7, 2009

Financial Statements

**LABRADOR - GRENFELL REGIONAL HEALTH AUTHORITY
ST. ANTHONY INTERFAITH HOME 12 UNIT APARTMENT COMPLEX
BALANCE SHEET
AS AT MARCH 31, 2009**

	<u>2009</u>	<u>2008</u>
	\$	\$
ASSETS		
Current		
Cash	18,513	21,002
Prepaid expenses	<u>3,240</u>	<u>3,240</u>
	<u>21,753</u>	<u>24,242</u>
Capital assets (Notes 2 and 3)	<u>738,953</u>	<u>767,773</u>
Due from Newfoundland and Labrador Housing Corporation (Note 4)	3,184	-
Due from Newfoundland and Labrador Housing Corporation for replacement reserve (Note 6)	<u>67,300</u>	<u>67,300</u>
	<u>831,190</u>	<u>859,315</u>
LIABILITIES		
Current		
Payables and accruals	44	2,885
Due to Labrador - Grenfell Regional Health Authority	24,892	21,225
Due to Newfoundland and Labrador Housing Corporation (Note 4)	-	131
Current portion of long-term debt (Note 5)	<u>32,000</u>	<u>25,200</u>
	<u>56,936</u>	<u>49,441</u>
Long-term debt, net of current portion (Note 5)	<u>690,954</u>	<u>726,574</u>
Replacement reserve fund (Note 6)	<u>67,300</u>	<u>67,300</u>
	<u>815,190</u>	<u>843,315</u>
NET ASSETS, PER ACCOMPANYING STATEMENT		
Unrestricted net assets	<u>16,000</u>	<u>16,000</u>
	<u>831,190</u>	<u>859,315</u>

Signed on behalf of the Board:

Trustee



Financial Statements

LABRADOR · GRENFELL REGIONAL HEALTH AUTHORITY
ST. ANTHONY INTERFAITH HOME 12 UNIT APARTMENT COMPLEX
STATEMENT OF CHANGES IN NET ASSETS
YEAR ENDED MARCH 31, 2009

	2009		Total 2009	Total 2008
	Invested in Capital Assets	Unrestricted		
	\$	\$	\$	\$
Balance, beginning	-	16,000	16,000	16,000
Excess (deficiency) of revenues over expenditures	(28,820)	28,820	-	-
Repayment of long-term debt	<u>28,820</u>	<u>(28,820)</u>	-	-
Balance, ending	<u>-</u>	<u>16,000</u>	<u>16,000</u>	<u>16,000</u>

LABRADOR · GRENFELL REGIONAL HEALTH AUTHORITY
ST. ANTHONY INTERFAITH HOME 12 UNIT APARTMENT COMPLEX
STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2009

	Budget \$	2009	2008
		Actual \$	Actual \$
Revenues			
Rental	59,424	51,645	59,424
NLHC subsidy	48,245	52,191	48,245
Hydro recoveries	3,180	3,160	3,180
Laundry recoveries	1,440	1,430	1,440
HST recoveries	2,400	790	-
Interest	-	647	1,155
	<u>114,689</u>	<u>109,863</u>	<u>113,444</u>
Expenditures			
Amortization	28,820	28,820	28,027
Heat and light	26,858	25,818	28,302
Insurance	1,776	2,046	2,046
Interest and bank charges	-	111	159
Interest on long-term debt	32,056	32,056	32,849
Management fees	5,340	5,000	5,000
Miscellaneous	-	-	995
Professional fees	2,800	2,500	2,500
Repairs, maintenance and janitorial expense (Note 7)	10,800	8,555	8,639
Snow clearing	810	637	607
Water and sewer	<u>4,320</u>	<u>4,320</u>	<u>4,320</u>
	<u>113,580</u>	<u>109,863</u>	<u>113,444</u>
Excess (deficiency) of revenues over expenditures	<u>1,109</u>	<u>-</u>	<u>-</u>

Financial Statements

LABRADOR - GRENFELL REGIONAL HEALTH AUTHORITY
ST. ANTHONY INTERFAITH HOME 12 UNIT APARTMENT COMPLEX
BALANCE SHEET
AS AT MARCH 31, 2009

	<u>2009</u>	<u>2008</u>
	\$	\$
Cash Flows		
Operations:		
Excess (deficiency) of revenues over expenditures	(3,315)	-
Amortization	<u>28,820</u>	<u>28,027</u>
	25,505	28,027
Changes in:		
Receivables	-	2,789
Payables and accruals	2,841	(1,634)
Due to Labrador - Grenfell Regional Health Authority	(3,667)	(4,402)
Due to Newfoundland and Labrador Housing Corporation	<u>-</u>	<u>(2,088)</u>
	<u>24,679</u>	<u>22,692</u>
Financing Activities		
Principal repayments	<u>(27,168)</u>	<u>(28,027)</u>
Net change in cash and cash equivalents for year	(2,489)	(5,335)
Cash and cash equivalents, beginning of year	<u>21,002</u>	<u>26,337</u>
Cash and cash equivalents, end of year	<u>18,513</u>	<u>21,002</u>

Financial Statements

LABRADOR - GRENFELL REGIONAL HEALTH AUTHORITY
ST. ANTHONY INTERFAITH HOME 12 UNIT APARTMENT COMPLEX
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2009

1. NATURE OF OPERATIONS

The St. Anthony Interfaith Home 12 Unit Apartment Complex is sponsored by the Labrador Grenfell Regional Health Authority to provide housing to low and moderate income seniors.

2. SIGNIFICANT ACCOUNTING POLICIES

The accounting policies of the St. Anthony Interfaith Home 12 Unit Apartment Complex are in accordance with generally accepted accounting principles and guidelines set out by the Newfoundland and Labrador Housing Corporation (NLHC) in their operating agreements for not-for-profit housing projects. The following describes the more significant policies:

Capital Assets

Amortization is provided on land improvements and buildings at a rate equal to the annual principal reduction of the mortgages related to these properties. This is in accordance with the operating agreement with NLHC.

Replacement Reserve

NLHC maintains a consolidated Replacement Reserve Fund to maintain and account for replacement reserve funds for not-for-profit housing groups. NLHC provides the organization with an annual statement as of March 31, 2009 indicating its reserve balance.

The funds in the replacement reserve account may only be used as approved by NLHC. Transactions in the reserve are shown in Note 6.

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. CAPITAL ASSETS

	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>2009</u>	<u>2008</u>
	\$	\$	\$	\$
Land	1	-	1	1
Land improvements	20,000	-	20,000	20,000
Buildings	955,047	249,657	705,390	733,871
Equipment	17,754	4,192	13,562	13,901
	<u>992,802</u>	<u>253,849</u>	<u>738,953</u>	<u>767,773</u>

Financial Statements

4. DUE FROM (TO) NEWFOUNDLAND AND LABRADOR HOUSING CORPORATION

	<u>2009</u>
	\$
Due from (to) NLHC, beginning of the Year	(131)
Net Subsidy for the Year	52,191
Payments Received during the Year	(48,876)
Repayments Issued during the Year	<u>-</u>
Due from (to) NLHC, end of year	<u>3,184</u>

Details on comparative figures for this receivable were not available at the time of the audit.

5. LONG-TERM DEBT

4.31% Newfoundland and Labrador Housing Corporation first mortgage on land and building; repayable in equal monthly installments of \$5,073, interest included, maturing October 2025.

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

2010	32,000
2011	32,500
2012	33,000
2013	34,000
2014	36,000

The Authority has received federal assistance through Central Mortgage and Housing Corporation pursuant to Section 56.1 of the National Housing Act to reduce operating costs, enabling the Authority to provide housing to low and moderate income seniors. The amount of the assistance received from Newfoundland and Labrador Housing in 2009 was \$48,876 (2008-\$48,245).

6. REPLACEMENT RESERVE

	<u>2009</u>	<u>2008</u>
	\$	\$
Balance, beginning	67,300	67,300
Less: Approved expenditures	<u>-</u>	<u>-</u>
Balance, ending	<u>67,300</u>	<u>67,300</u>

7. REPAIRS AND MAINTENANCE

	<u>2009</u>	<u>2008</u>
	\$	\$
Maintenance supplies	1,010	4,893
Salary	<u>7,545</u>	<u>3,746</u>
	<u>8,555</u>	<u>8,639</u>

Financial Statements



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AUDITORS' REPORT

To the Trustees of **Labrador - Grenfell Regional Health Authority**

We have audited the operating balance sheet of **Labrador - Grenfell Regional Health Authority** as at March 31, 2009 and the operating statements of changes in net assets, operations and cash flow for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these operating financial statements based on our audit.

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

In our opinion, these operating financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2009 and the results of its operations and the changes in its cash flow for the year then ended in accordance with Canadian generally accepted accounting principles.


CHARTERED ACCOUNTANTS

St. John's, Newfoundland and Labrador
July 7, 2009

Financial Statements

LABRADOR GRENFELL REGIONAL HEALTH AUTHORITY
OPERATING
BALANCE SHEET
AS AT MARCH 31, 2009

	<u>2009</u>	<u>2008</u>
	\$	\$
ASSETS		
Current		
Restricted cash (Note 3)	776,513	830,419
Receivables (Note 4)	12,536,746	14,731,944
Inventories (Note 2)	1,532,711	1,745,945
Prepaid expenses	<u>2,338,837</u>	<u>1,737,490</u>
	<u>17,184,807</u>	<u>19,045,798</u>
Residents' Trust Funds held on deposit	<u>165,903</u>	<u>147,286</u>
Capital assets (Notes 2 and 5)	<u>21,718,272</u>	<u>20,985,795</u>
	<u>39,068,982</u>	<u>40,178,879</u>
LIABILITIES		
Current		
Bank indebtedness (Note 6)	5,050,379	21,054,804
Payables and accruals	12,130,302	8,563,439
Accrued vacation pay	5,730,926	5,253,347
Other accrual benefits	2,261,680	2,001,024
Deferred contributions		
Operating	3,095,383	2,825,065
National Child Benefit (NCB) initiatives	2,388,454	2,136,947
Capital	13,152,701	3,645,793
Special purpose funds	560,428	614,334
Current portion of accrued severance pay (estimated)	928,115	897,820
Current portion of long-term debt (Note 7)	<u>18,406</u>	<u>16,949</u>
	<u>45,316,774</u>	<u>47,009,522</u>
Residents' Trust Funds payable	<u>165,903</u>	<u>147,286</u>
Accrued severance pay, less estimated current portion	<u>8,353,038</u>	<u>8,366,837</u>
Long-term debt (Note 7)	<u>1,176,380</u>	<u>1,194,786</u>
Deferred contributions related to capital assets (Note 8)	<u>19,548,457</u>	<u>18,721,796</u>
	<u>74,560,552</u>	<u>75,440,227</u>
NET ASSETS, PER ACCOMPANYING STATEMENT		
Net assets Invested in capital assets	1,010,827	1,088,060
Net assets restricted for endowment purposes	216,086	216,086
Unrestricted net assets	<u>(36,718,483)</u>	<u>(36,565,494)</u>
	<u>(35,491,570)</u>	<u>(35,261,348)</u>
	<u>39,068,982</u>	<u>40,178,879</u>

Signed on behalf of the Board:

Trustee 

Financial Statements

**LABRADOR GRENFELL REGIONAL HEALTH AUTHORITY
OPERATING
STATEMENT OF CHANGES IN NET ASSETS
YEAR ENDED MARCH 31, 2009**

	2009			Total 2009	Total 2008
	Invested in Capital Assets	Endowment Purposes	Unrestricted Operating		
	\$	\$	\$	\$	\$
Balance, beginning	1,088,060	216,086	(36,565,494)	(35,261,348)	(32,904,515)
Excess (deficiency) of revenues over expenditures	(94,183)	-	(136,039)	(230,222)	(2,356,893)
Donations received for endowment purposes	-	-	-	-	60
Investment in capital assets (Note 9)	16,950	-	(16,950)	-	-
Balance, ending	<u>1,010,827</u>	<u>216,086</u>	<u>(36,718,483)</u>	<u>(35,491,570)</u>	<u>(35,261,348)</u>

**LABRADOR GRENFELL REGIONAL HEALTH AUTHORITY
OPERATING
STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2009**

	2009	2008
	\$	\$
REVENUES		
Provincial plan	112,139,819	99,299,216
National Child Benefit	2,955,109	2,743,041
Transportation and Works	2,867,600	2,867,600
MCP physicians	13,047,348	12,122,467
Child Youth and Family Services Agreement	8,047,696	9,818,797
Inpatient	1,987,311	2,314,737
Outpatient	1,004,442	724,805
Long-term care	1,331,487	1,366,840
Other (Note 10)	7,415,179	7,307,660
	<u>150,795,991</u>	<u>138,565,163</u>
Expenditures		
Administration	16,690,949	14,668,643
Support services	28,759,520	24,944,023
Nursing inpatient services	21,102,075	19,789,365
Ambulatory care services	15,723,202	14,271,303
Diagnostic and therapeutic services	12,915,824	11,917,682
Community and social services	39,059,169	38,439,133
Medical services	14,784,928	13,581,702
Research	76,448	67,124
Education	594,578	676,603
Undistributed	731,262	1,318,841
	<u>150,437,955</u>	<u>139,674,419</u>
Surplus (deficit) before non-shareable items	<u>358,036</u>	<u>(1,109,256)</u>
Non-shareable items		
Amortization	3,335,400	3,299,497
Increase in accrued vacation pay	480,099	473,790
Increase in accrued severance pay	13,976	640,570
Amortization of deferred contributions	(3,241,217)	(3,166,220)
	<u>588,258</u>	<u>1,247,637</u>
Deficiency of revenues over expenditures	<u>(230,222)</u>	<u>(2,356,893)</u>

Financial Statements

LABRADOR GRENFELL REGIONAL HEALTH AUTHORITY
OPERATING
STATEMENT OF CASH FLOW
YEAR ENDED MARCH 31, 2009

	<u>2009</u>	<u>2008</u>
	\$	\$
Cash Flows		
Operation		
Excess (deficiency) of revenues over expenditures	(230,222)	(2,356,893)
Amortization	3,335,400	3,299,497
Loss on disposal of assets	-	14,045
Amortization of deferred contributions	(3,241,217)	(3,166,220)
Unamortized contributions on assets disposed	<u>-</u>	<u>(45,986)</u>
	(136,039)	(2,255,557)
Changes in:		
Receivables	2,195,196	(2,249,517)
Due from Cottages Projects	-	(94,871)
Inventories	213,234	(23,544)
Prepaid expenses	(601,348)	(270,247)
Payables and accruals	3,827,518	581,788
Accrued vacation pay	480,099	494,751
Deferred contributions relating to operating and NCB program	521,825	1,025,502
Accrued severance pay	<u>13,976</u>	<u>640,570</u>
	6,514,461	(2,151,125)
Investing Activities		
Proceeds from the sale of capital assets	5,124	31,940
Additions to capital assets	<u>(4,072,996)</u>	<u>(4,934,431)</u>
	(4,067,872)	(4,902,491)
Financing Activities		
Deferred contributions	9,506,908	1,646,655
Capital	(53,906)	(638,187)
Special purpose funds	(16,950)	(15,459)
Repayment of long-term debt	4,067,878	4,942,693
Deferred contributions related to capital assets	<u>-</u>	<u>60</u>
Donations for endowment purposes	<u>13,503,930</u>	<u>5,935,762</u>
	15,950,519	(1,117,854)
Net change in cash and cash equivalents for year	15,950,519	(1,117,854)
Cash and cash equivalents, beginning of year	<u>(20,224,385)</u>	<u>(19,106,531)</u>
	<u>(4,273,866)</u>	<u>(20,224,385)</u>
Cash and cash equivalents consists of:		
	<u>2009</u>	<u>2008</u>
	\$	\$
Restricted cash (Note 3)	776,513	830,419
Bank indebtedness (Note 5)	<u>(5,050,379)</u>	<u>(21,054,804)</u>
	<u>(4,273,866)</u>	<u>(20,224,385)</u>

Financial Statements

**LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY
OPERATING
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2009**

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

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.

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 pharmaceuticals are valued at the lower of cost, determined on a first-in, first-out basis and net realizable value.

Financial Statements

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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.

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 have 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>2009</u>	<u>2008</u>
	\$	\$
Cash is currently restricted to fund the following items:		
Deferred contributions - special purpose funds	560,428	614,334
Endowment Fund	<u>216,085</u>	<u>216,085</u>
	<u>776,513</u>	<u>830,419</u>

4. RECEIVABLES

	<u>2009</u>	<u>2008</u>
	\$	\$
Government of Newfoundland and Labrador	7,313,270	6,946,239
Government of Canada	1,148,785	3,456,970
Patient	2,115,198	2,784,934
Other	<u>1,959,493</u>	<u>1,543,801</u>
	<u>12,536,746</u>	<u>14,731,944</u>

Financial Statements

5. CAPITAL ASSETS

	<u>2009</u>	<u>2008</u>
	\$	\$
Cost		
Land	11,201	11,201
Land improvements	162,208	162,208
Buildings	22,941,408	21,824,834
Leasehold improvements	223,678	223,678
Equipment and vehicles	48,202,889	45,351,522
Artwork	<u>195,714</u>	<u>195,714</u>
	<u>71,737,098</u>	<u>67,769,157</u>
Accumulated Amortization		
Land	-	-
Land improvements	153,237	150,995
Buildings	13,097,910	12,633,255
Leasehold improvements	73,473	82,211
Equipment and vehicles	36,694,206	33,916,901
Artwork	<u>-</u>	<u>-</u>
	<u>50,018,826</u>	<u>46,783,362</u>
Net Book Value		
Land	11,201	11,201
Land improvements	8,971	11,213
Buildings	9,843,498	9,191,579
Leasehold improvements	150,204	141,467
Equipment and vehicles	11,508,684	11,434,621
Artwork	<u>195,714</u>	<u>195,714</u>
	<u>21,718,272</u>	<u>20,985,795</u>

6. BANK INDEBTEDNESS

The Authority has access to a \$24.0 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.

Financial Statements

7. LONG-TERM DEBT

10%, Canada Mortgage and Housing Corporation first mortgage on land and building of Harry L. Paddon Memorial Home; repayable \$11,245 monthly, interest included, maturing November 2029.

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

	\$
2010	18,406
2011	19,864
2012	21,321
2013	22,890
2014	24,236

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 \$25,205 (2008 - \$25,205)

8. 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>2009</u> \$	<u>2008</u> \$
Balance, beginning	18,721,796	16,991,309
Add:		
Equipment grants	3,406,366	4,109,894
Donations for equipment	<u>661,512</u>	<u>832,799</u>
	<u>22,789,674</u>	<u>21,934,002</u>
Less:		
Amortization	3,241,217	3,166,220
Unamortized contributions on assets disposed	<u>-</u>	<u>45,986</u>
Balance, ending	<u>19,548,457</u>	<u>18,721,796</u>

9. INVESTMENT IN CAPITAL ASSETS

	<u>2009</u> \$	<u>2008</u> \$
Repayment of long-term debt	<u>16,950</u>	<u>15,459</u>

Financial Statements

10. OTHER REVENUE

	<u>2009</u>	<u>2008</u>
	\$	\$
Drug recoveries	3,316,700	3,198,261
Dental	1,208,391	1,051,233
Rentals	813,532	783,296
Mortgage interest subsidy (Note 7)	25,205	25,205
Interest	47,532	68,930
Unamortized contribution on assets disposed		45,986
Miscellaneous	<u>2,003,819</u>	<u>2,134,749</u>
	<u>7,415,179</u>	<u>7,307,660</u>

11. COMMITMENTS

Energy Performance Contract

The Authority entered into an Energy Performance Contract on February 15, 2000 with Johnson Controls Ltd. for the design and implementation of measures to improve energy efficiency, wherein Johnson Controls Ltd. guaranteed the energy savings component.

The cost of the contract was \$1,660,616 and is to be repaid from energy and operating savings at \$15,250 per month over a period of 8 years and 2 months plus lump sum amounts aggregating an additional \$166,166.

As of March 31, 2009 the balance of the expenditures financed through the Bank of Nova Scotia amount to \$106,748 (March 31, 2008 - \$282,235). As support for the financing, Johnson Controls Ltd. has assigned to the bank any funds due to them by the authority for the energy savings component of the contract.

In the opinion of management of the Authority the guaranteed energy savings component by Johnson Controls Ltd. is an offset to any obligation of the authority under the assignment to the bank, and as a consequence neither the capital expenditures nor the bank loan obligation is reflected in the financial statements of the Authority at March 31, 2009.

Funding for the contract is from operating savings and has been approved in this manner by the Province of Newfoundland and Labrador. As a result, the monthly payments under the contract are being reported in the Authority's operating statements as a normal operating cost.

12. CONTINGENCIES

As of March 31, 2009, there were a number of legal claims against the Authority in carrying 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.

Financial Statements



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AUDITORS' REPORT

To the Trustees of **Labrador - Grenfell Regional Health Authority**

We have audited the consolidated balance sheet of **Labrador - Grenfell Regional Health Authority** as at March 31, 2009 and the consolidated statements of changes in net assets, operations and cash flow 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. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the consolidated financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall consolidated financial statement presentation.

In common with many charitable organizations, the Grenfell Foundation Incorporated derives certain of its revenue from the general public in the form of donations and other fundraising activities, the completeness of which is not susceptible of satisfactory audit verification. Accordingly, our verification of these revenues was limited to the amount recorded in the records of the Foundation and we were not able to determine whether any adjustments might be necessary to revenue, operations, assets and net assets.

In our opinion, these consolidated financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2009 and the results of its operations and the changes in its cash flow for the year then ended in accordance with Canadian generally accepted accounting principles.


CHARTERED ACCOUNTANTS

St. John's, Newfoundland and Labrador
July 7, 2009

Financial Statements

**LABRADOR GRENFELL REGIONAL HEALTH AUTHORITY
CONSOLIDATED BALANCE SHEET
AS AT MARCH 31, 2009**

	2009 \$	2008 \$
ASSETS		
Current		
Cash	419,809	299,735
Restricted cash (Note 3)	1,554,744	1,608,650
Receivables (Note 4)	12,115,472	14,356,977
Inventories (Note 2)	1,532,711	1,745,945
Prepaid expenses	<u>2,347,477</u>	<u>1,746,129</u>
	<u>17,970,213</u>	<u>19,757,436</u>
Residents' Trust Funds held on deposit	<u>165,903</u>	<u>147,286</u>
Replacement reserve (Note 2 and 7)	<u>78,992</u>	<u>71,495</u>
Capital assets (Notes 2 and 5)	<u>23,133,284</u>	<u>22,484,133</u>
	41,348,392	42,460,350
LIABILITIES		
Current		
Bank indebtedness (Note 6)	5,050,379	21,054,799
Payables and accruals	12,131,111	8,569,161
Accrued vacation pay	5,730,926	5,253,347
Other accrual benefits	2,261,680	2,001,024
Deferred contributions		
Operating	3,095,383	2,825,065
National Child Benefit (NCB) initiatives	2,388,454	2,136,947
Capital	13,152,701	3,645,793
Special purpose funds	564,428	618,334
Current portion of accrued severance pay (estimated)	928,115	897,820
Current portion of long-term debt (Note 8)	<u>103,731</u>	<u>94,271</u>
	<u>45,406,908</u>	<u>47,096,561</u>
Residents' Trust Funds payable	<u>165,903</u>	<u>147,286</u>
Accrued severance pay, less estimated current portion	<u>8,353,038</u>	<u>8,366,837</u>
Replacement reserve (Note 2 and 7)	<u>78,992</u>	<u>71,495</u>
Long-term debt (Note 8)	<u>2,486,345</u>	<u>2,596,080</u>
Deferred contributions related to capital assets (Note 9)	<u>19,552,457</u>	<u>18,721,796</u>
	<u>76,043,643</u>	<u>77,000,055</u>
NET ASSETS, PER ACCOMPANYING STATEMENT		
Net assets invested in capital assets	1,094,152	1,088,332
Net assets restricted for endowment purposes	994,317	994,317
Unrestricted net assets	<u>(36,783,720)</u>	<u>(36,622,354)</u>
	<u>(34,695,251)</u>	<u>(34,539,705)</u>
	<u>41,348,392</u>	<u>42,460,350</u>

Signed on behalf of the Board:

Trustee

Financial Statements

**LABRADOR GRENFELL REGIONAL HEALTH AUTHORITY
OPERATING
STATEMENT OF CHANGES IN NET ASSETS
YEAR ENDED MARCH 31, 2009**

	2009			Total	Total
	Invested in	Endowment	Unrestricted	2009	2008
	Capital Assets	Purposes	Operating		
	\$	\$	\$	\$	\$
Balance, beginning	1,088,332	994,317	(36,622,354)	(34,539,705)	(32,135,720)
Excess (deficiency) of revenues over expenditures	(94,455)	-	(61,091)	(155,546)	(2,403,985)
Investment in capital assets (Note 10)	100,275	-	(100,275)	-	-
Balance, ending	<u>1,094,152</u>	<u>994,317</u>	<u>(36,783,720)</u>	<u>(34,695,251)</u>	<u>(34,539,705)</u>

Financial Statements

**LABRADOR GRENFELL REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2009**

	<u>2009</u>	<u>2008</u>
	\$	\$
Revenues		
Provincial plan	112,139,819	99,299,216
National Child Benefit	2,955,109	2,743,041
Transportation and Works	2,867,600	2,867,600
MCP physicians	13,047,348	12,122,467
Child Youth and Family Services Agreement	8,047,696	9,818,797
Inpatient	1,987,311	2,314,737
Outpatient	1,004,442	724,805
Long-term care	1,331,487	1,366,840
Other (Note 11)	<u>7,415,179</u>	<u>7,307,660</u>
	<u>150,795,991</u>	<u>138,565,163</u>
Expenditures		
Administration	16,690,949	14,668,643
Support services	28,759,520	24,944,023
Nursing inpatient services	21,102,075	19,789,365
Ambulatory care services	15,723,202	14,271,303
Diagnostic and therapeutic services	12,915,824	11,917,682
Community and social services	39,059,169	38,439,133
Medical services	14,784,928	13,581,702
Research	78,448	67,124
Education	594,578	676,603
Undistributed	<u>731,262</u>	<u>1,318,841</u>
	<u>150,437,955</u>	<u>139,674,419</u>
Surplus (deficit) before other operations	<u>358,036</u>	<u>(1,109,256)</u>
12 Unit Cottage Project (net)	(3,315)	-
20 Unit Cottage Project (net)	(18,054)	(28,987)
Grenfell Foundation Inc. (net)	<u>96,045</u>	<u>(18,105)</u>
	<u>74,676</u>	<u>(47,092)</u>
Surplus (deficit) before non-shareable items	<u>432,712</u>	<u>(1,156,348)</u>
Non-shareable items		
Amortization	3,335,400	3,299,497
Increase in accrued vacation pay	480,099	473,790
Increase in accrued severance pay	13,976	640,570
Amortization of deferred contributions	<u>(3,241,217)</u>	<u>(3,166,220)</u>
	<u>588,258</u>	<u>1,247,637</u>
Deficiency of revenues over expenditures	<u>(155,546)</u>	<u>(2,403,985)</u>

Financial Statements

LABRADOR GRENFELL REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF CASH FLOW
YEAR ENDED MARCH 31, 2009

	<u>2009</u>	<u>2008</u>
	\$	\$
Cash Flows		
Operations:		
Excess (deficiency) of revenues over expenditures	(155,546)	(2,403,984)
Amortization	3,335,400	3,378,620
Loss on disposal of assets	-	14,045
Amortization of deferred contributions	(3,241,217)	(3,166,220)
Unamortized contributions on assets disposed	<u>-</u>	<u>(45,986)</u>
	(61,363)	(2,223,525)
Changes in:		
Receivables	2,749,398	(2,044,300)
Inventories	(213,234)	(23,479)
Prepaid expenses	(601,348)	(270,277)
Payables and accruals	3,828,412	597,336
Accrued vacation pay	480,099	473,790
Deferred contributions relating to operating and NCB program	521,825	1,025,502
Accrued severance pay	<u>13,976</u>	<u>540,570</u>
	6,717,765	(1,924,383)
Investing Activities		
Proceeds from the sale of capital assets	5,124	31,940
Additions to capital assets	<u>(4,072,996)</u>	<u>(4,934,431)</u>
	(4,067,872)	(4,902,491)
Financing Activities		
Deferred contributions		
Capital	9,506,908	1,646,655
Special purpose funds	(53,906)	(638,187)
Repayment of long-term debt	(100,275)	(94,583)
Deferred contributions related to capital assets	4,067,878	4,942,693
Donations for endowment purposes	<u>-</u>	<u>60</u>
	13,420,605	5,856,638
Net change in cash and cash equivalents for year	16,070,498	(970,236)
Cash and cash equivalents, beginning of year	<u>(19,146,324)</u>	<u>(18,176,088)</u>
	<u>(3,075,826)</u>	<u>(19,146,324)</u>
Cash and cash equivalents consists of:		
	<u>2009</u>	<u>2008</u>
	\$	\$
Cash and short-term investments	419,809	299,735
Restricted cash	1,554,744	1,608,650
Bank indebtedness (Note 5)	<u>(5,050,379)</u>	<u>(21,054,709)</u>
	<u>(3,075,826)</u>	<u>(19,146,324)</u>

Financial Statements

LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY NOTES TO CONSOLIDATED FINANCIAL STATEMENTS YEAR ENDED MARCH 31, 2009

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.

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.

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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.

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>2009</u>	<u>2008</u>
	\$	\$
Cash is currently restricted to fund the following items:		
Deferred contributions - special purpose funds	560,427	614,333
Endowment Fund	<u>994,317</u>	<u>994,317</u>
	<u>1,554,744</u>	<u>1,608,650</u>

Financial Statements

4. RECEIVABLES

	<u>2009</u>	<u>2008</u>
	\$	\$
Government of Newfoundland and Labrador	7,313,270	6,946,239
Government of Canada	1,148,785	3,456,970
Patient	2,115,198	2,784,934
Other	<u>1,538,219</u>	<u>1,168,834</u>
	<u>12,115,472</u>	<u>14,356,977</u>

5. CAPITAL ASSETS

	<u>2009</u>	<u>2008</u>
	\$	\$
Cost		
Land	11,203	11,203
Land improvements	187,061	187,061
Buildings	25,167,721	24,051,147
Leasehold improvements	223,678	223,678
Equipment and vehicles	48,220,643	45,399,276
Artwork	<u>195,714</u>	<u>195,714</u>
	<u>74,006,020</u>	<u>70,068,079</u>
Accumulated Amortization		
Land	-	-
Land improvements	153,237	150,995
Buildings	13,947,628	13,429,986
Leasehold improvements	73,473	82,211
Equipment and vehicles	36,698,398	33,920,754
Artwork	<u>-</u>	<u>-</u>
	<u>50,872,736</u>	<u>47,583,946</u>
Net Book Value		
Land	11,203	11,203
Land improvements	33,824	36,066
Buildings	11,220,093	10,651,161
Leasehold improvements	150,205	141,467
Equipment and vehicles	11,522,245	11,448,522
Artwork	<u>195,714</u>	<u>195,714</u>
	<u>23,133,284</u>	<u>22,484,133</u>

6. BANK INDEBTEDNESS

The Authority has access to a \$24.0 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.

Financial Statements

7. REPLACEMENT RESERVE

	<u>2009</u>	<u>2008</u>
	\$	\$
Balance, beginning	71,495	67,300
Add:		
Allocation for year	10,350	10,350
Interest earned	<u>127</u>	<u>219</u>
	81,972	77,869
Less:		
Approved expenditures	<u>2,980</u>	<u>6,374</u>
Balance, ending	<u>78,992</u>	<u>71,495</u>
Funding		
Replacement reserve funds	11,692	4,195
Due from Newfoundland and Labrador Housing Corporation for replacement reserve	<u>67,300</u>	<u>67,300</u>
	<u>78,992</u>	<u>71,495</u>

8. LONG-TERM DEBT

	<u>2009</u>	<u>2008</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.	1,194,786	1,211,736
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.	672,336	726,842
4.31% first mortgage on land and building of 12 unit apartment complex, repayable \$5,073 monthly, interest included, and maturing October 2025.	<u>722,954</u>	<u>751,773</u>
Long-term debt	2,590,076	2,690,351
Less: Current Portion	<u>103,731</u>	<u>94,271</u>
Total long-term debt, net of current portion	<u>2,486,345</u>	<u>2,596,080</u>

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

	\$
2010	103,731
2011	108,331
2012	112,842
2013	118,081
2014	124,219

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 \$72,684 (2008 - \$73,592).

Financial Statements

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>2009</u>	<u>2008</u>
	\$	\$
Balance, beginning	18,721,796	16,991,309
Add:		
Equipment grants	3,410,366	4,109,894
Donations for equipment	<u>661,512</u>	<u>832,799</u>
	22,793,674	21,934,002
Less:		
Amortization	3,241,217	3,166,220
Unamortized contributions on assets disposed	<u>-</u>	<u>45,986</u>
Balance, ending	<u>19,552,457</u>	<u>18,721,796</u>

10. INVESTMENT IN CAPITAL ASSETS

	<u>2009</u>	<u>2008</u>
	\$	\$
Repayment of long-term debt	<u>100,275</u>	<u>94,586</u>

11. OTHER REVENUE

	<u>2009</u>	<u>2008</u>
	\$	\$
Drug recoveries	3,316,700	3,198,261
Dental	1,208,391	1,051,233
Rentals	813,532	783,296
Mortgage interest subsidy	25,205	25,205
Interest	47,532	68,930
Unamortized contribution on assets disposed	-	45,986
Miscellaneous	<u>2,003,819</u>	<u>2,134,749</u>
	<u>7,415,179</u>	<u>7,307,660</u>

12. COMMITMENTS

Energy Performance Contract

The Authority entered into an Energy Performance Contract on February 15, 2000 with Johnson Controls Ltd. for the design and implementation of measures to improve energy efficiency, wherein Johnson Controls Ltd. guaranteed the energy savings component.

The cost of the contract was \$1,660,616 and is to be repaid from energy and operating savings at \$15,250 per month over a period of 8 years and 2 months plus lump sum amounts aggregating an additional \$166,116.

As of March 31, 2009 the balance of the expenditures financed through the Bank of Nova Scotia amount to \$106,748 (March 31, 2008 - \$282,235). As support for the financing, Johnson Controls Ltd. has assigned to the bank any funds due to them by the authority for the energy savings component of the contract.

In the opinion of management of the Authority the guaranteed energy savings component by Johnson Controls Ltd. is an offset to any obligation of the authority under the assignment to the bank, and as a consequence neither the capital expenditures nor the bank loan obligation is reflected in the financial statements of the Authority at March 31, 2009.

Funding for the contract is from operating savings and has been approved in this manner by the Province of Newfoundland and Labrador. As a result, the monthly payments under the contract are being reported in the Authority's operating statements as a normal operating cost.

13. CONTINGENCIES

As of March 31, 2009, there were a number of legal claims against the Authority in carrying 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.

14. COMPARATIVE FIGURES

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

Financial Statements



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AUDITORS' REPORT

To the Board of Directors of **Grenfell Foundation Incorporated**

We have audited the balance sheet of **Grenfell Foundation Incorporated** as at March 31, 2009 and the statements of changes in net assets, operations and cash flow for the year then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on audit.

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

In common with many charitable organizations, the Foundation derives certain of its revenue from the general public in the form of donations and other fundraising activities, the completeness of which is not susceptible to satisfactory audit verification. Accordingly, our verification of these revenues was limited to the amount recorded in the records of the Foundation and we were not able to determine whether any adjustments might be necessary to revenue, operations, assets and net assets.

In our opinion, except for the effect of any adjustments, if any, we might have determined to be necessary had we been able to satisfy ourselves concerning the completeness of the revenues referred to in the previous paragraph, these financial statements present fairly, in all material respects, the financial position of the Foundation as at March 31, 2009 and the results of its operations and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

CHARTERED ACCOUNTANTS

St. John's, Newfoundland and Labrador
July 7, 2009

Financial Statements

GRENFELL FOUNDATION INCORPORATED
BALANCE SHEET
AS AT MARCH 31, 2009

	<u>2009</u>	<u>2008</u>
	\$	\$
ASSETS		
Current		
Cash		
Regular	368,186	258,294
Restricted for endowment purposes	778,231	778,231
Receivables	<u>18,631</u>	<u>17,268</u>
	<u>1,165,048</u>	<u>1,053,793</u>
LIABILITIES		
Current		
Due to Labrador - Grenfell Regional Health Authority	185,242	170,032
Deferred contributions	<u>4,000</u>	<u>4,000</u>
	<u>189,242</u>	<u>174,032</u>
NET ASSETS, PER ACCOMPANYING STATEMENT		
Net assets restricted for endowment purposes	778,231	778,231
Unrestricted net assets	<u>197,575</u>	<u>101,530</u>
	<u>975,806</u>	<u>879,761</u>
	<u>1,165,048</u>	<u>1,053,793</u>

Signed on behalf of the Board:

Trustee



GRENFELL FOUNDATION INCORPORATED
STATEMENT OF CHANGES IN NET ASSETS
YEAR ENDED MARCH 31, 2009

	<u>2009</u>		<u>Total</u>	<u>Total</u>
	<u>Endowment</u>	<u>Unrestricted</u>	<u>2009</u>	<u>2008</u>
	Purposes	Operating		
	\$	\$	\$	\$
Balance, beginning	778,231	101,530	879,761	897,866
Excess (deficiency) of revenues over expenditures	<u>-</u>	<u>96,045</u>	<u>96,045</u>	<u>(18,105)</u>
Balance, ending	<u>778,231</u>	<u>197,575</u>	<u>975,806</u>	<u>879,761</u>

Financial Statements

GRENFELL FOUNDATION INCORPORATED
STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2009

	<u>2009</u>	<u>2008</u>
	\$	\$
Revenues		
Donations	269,014	178,893
Fundraising	25,691	26,265
Interest	39,804	33,800
Miscellaneous	4,946	1,333
	<u>339,455</u>	<u>240,291</u>
Expenditures		
Advertising and promotion	328	92
Donations to Labrador - Grenfell Regional Health Authority (Note 3)	170,702	206,854
Heritage night	-	6,172
Fundraising	12,858	8,714
Office	-	1,704
Professional fees	-	60
Salaries and wages	21,271	29,066
Supplies	32,218	5,547
Travel	6,033	187
	<u>243,410</u>	<u>258,396</u>
Excess (deficiency) of revenues over expenditures	<u>96,045</u>	<u>(18,105)</u>

GRENFELL FOUNDATION INCORPORATED
STATEMENT OF CASH FLOW
YEAR ENDED MARCH 31, 2009

	<u>2009</u>	<u>2008</u>
	\$	\$
Cash Flows		
Operations:		
Excess (deficiency) of revenues over expenditures	96,045	(18,105)
Changes in:		
Receivables	(1,363)	1,155
Due to (from) operating fund	15,210	168,302
	<u>109,892</u>	<u>151,352</u>
Net change in cash and cash equivalents for year	109,892	151,352
Cash and cash equivalents, beginning of year	<u>1,036,525</u>	<u>885,173</u>
Cash and cash equivalents, end of year	<u>1,146,417</u>	<u>1,036,525</u>
Cash and cash equivalents consists of:		
	<u>2009</u>	<u>2008</u>
	\$	\$
Cash - regular	368,186	258,294
Cash - restricted form endowment purposes	778,231	778,231
	<u>1,146,417</u>	<u>1,036,525</u>

Financial Statements

GRENFELL FOUNDATION INCORPORATED
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2009

1. NATURE OF OPERATIONS

The Foundation is incorporated under the laws of the Province of Newfoundland and Labrador and is a not-for-profit organization which raises funds to help the Labrador - Grenfell Regional Health Authority purchase capital equipment.

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.

Pledges

Revenue from pledges is recognized in the year received since donations are recorded on a cash 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. DONATIONS TO LABRADOR· GRENFELL REGIONAL HEALTH AUTHORITY FOR THE PURCHASE OF CAPITAL EQUIPMENT

	<u>2009</u>	<u>2008</u>
	\$	\$
Ventilators	38,090	58,252
Microscope	-	40,000
EKG Machine	-	18,747
Fetal Monitor	-	28,871
Double IV Pump	-	4,265
Defibrillators	-	35,490
Palliative Care Bed	-	8,837
Centrifuge	-	3,691
Vacuum Mattress	-	684
Film Processor	-	2,353
Haag-Streit Site Lamp	34,786	-
Anesthesia System	50,000	-
Infant Flow Driver	-	-
Nidex Digital Fundus Camera	36,858	-
Tono-Pen Tonometer	5,044	-
Lift and Slings	-	5,664
Acute Care Bed	<u>5,924</u>	<u>-</u>
	<u>170,702</u>	<u>206,854</u>

4. INCOME TAXES

The foundation is a charitable organization as defined in the Income Tax Act (Canada) and issues charitable receipts for donations received.



Labrador - Grenfell Health

Board and Executive Offices

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