



Labrador-Grenfell
Health



ANNUAL
PERFORMANCE
REPORT

2011-12



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MESSAGE FROM THE CHAIRPERSON

On behalf of the Board of Directors, I present the Annual Performance Report for 2011-12, in accordance with the Guidelines for Annual Performance Reports for Category 1 Government Entities. The Board understands that we are accountable for the preparation of this report any results or variances explained herein.

The past year has been an extremely busy one for the Board and for its employees. The Health Authority launched its new strategic plan, with new goals and priorities for 2011-14. The vision of healthy people living in healthy communities was renewed, in addition to the mission to, within available resources, improve accessibility to selected health and community services to better meet the needs of people within the region. Notable examples of work towards achieving this mission were the official opening of the Computed Tomography (CT) service in Labrador West in August 2011 and the expansion of dialysis services at the Labrador Health Centre.

This year, a main focus for the Health Authority was quality improvement and safety of services. Throughout the region, employees were tasked with implementing both existing and new national and provincial initiatives, all aimed at improving the quality and safety of services provided. In particular, the Board recognized Laboratory Services for their work in standardizing systems and processes. On July 28, 2011, the laboratory at the Charles S. Curtis Memorial Hospital attained four-year certification through the Ontario Laboratory Accreditation (OLA) Program, the first laboratory in the province to achieve this milestone. As well, the Health Authority began implementation of the Clinical Safety Reporting System, a provincial electronic occurrence reporting system. These initiatives have contributed notably to an overall enhanced culture of safety throughout the region.

Work continued this fiscal year on strengthening systems performance. Labrador-Grenfell Health demonstrated improvements in selected areas through continued participation in the provincial wait time initiative and the provincial endoscopy strategy, in addition to other efforts to enhance human resources through recruitment and retention initiatives.

The Health Authority also targeted emphasis on population health, in particular, issues facing Aboriginal populations and rural health. In 2011-12, Labrador-Grenfell Health identified diabetes management as its priority area for a chronic disease management strategy for the region.

The results of this work have laid the foundation for achieving the overall goals outlined in the 2011-14 strategic plan. The Board and staff are proud of their accomplishments and look forward to the year ahead.

Sincerely,

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

Ray Norman, Board Chair

OVERVIEW

Labrador-Grenfell Health provides quality health and community services to a population 36,394 (Community Accounts, Census 2011 data), covering the communities north of Bartlett's Harbour on the Northern Peninsula and all of Labrador (a total of eighty-one communities). Corporate headquarters is located in Happy Valley-Goose Bay.

Labrador-Grenfell Health operates twenty-two facilities, including three hospitals, three community health centres, fourteen community clinics and two long-term care facilities.

VISION

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



MISSION

By March 31, 2017, Labrador-Grenfell Health will have, within available resources, improved accessibility to selected health and community services to better meet the needs of people within the region.

MANDATE

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

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

LINES OF BUSINESS

Labrador-Grenfell Health provides a wide range of health and community services to a diverse population, over a wide geographic area. These include:

- Acute Care, Diagnostic and Clinical Support Services (in selected locations):
- Community Health and Wellness
- Dental Services
- Health Promotion and Protection Services
- Long-Term Care
- Mental Health and Addictions Services
- Residential Services (i.e., Group and Transition Homes)
- Therapeutic Intervention, Family Rehabilitation and Other Rehabilitation Services

(For a detailed description of programs and services, visit www.lghealth.ca).



Rigolet, NL

KEY STATISTICS

Human Resources

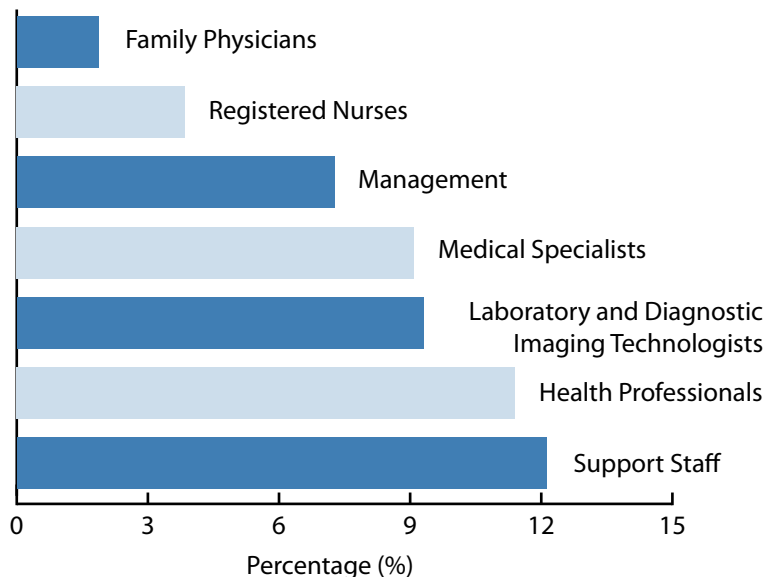
As of March 31, 2012, Labrador-Grenfell Health employed 1,666 staff (1,036 permanent full-time, 62 permanent part-time, 441 temporary and 127 casual). Of these, 53 per cent are Support Staff, 25 per cent are Registered Nurses, seven per cent are Health Professionals (i.e., Social Workers, Physiotherapists, Occupational Therapists, Speech Language Pathologists, Pharmacists), seven per cent are Laboratory and Diagnostic Imaging Technologists, five per cent are Management and three per cent are Physicians. The overall staff turnover rate is 5.65 per cent, down from 6.02 in 2010-11. Eighty per cent of staff are female and twenty per cent are male. All staff are based in rural locations.¹

(**Note:** On Monday, March 26, 2012, a total of 95 staff from the Labrador-Grenfell Health region transitioned to the Provincial Department of Child, Youth and Family Services.)

Footnote:

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

Staff Turnover Rate by Professional Area:



Financial Data

In 2011-12, Labrador–Grenfell Health realized a surplus of revenue over expenses. This positive result was realized in part by the curtailing of discretionary spending and supported by the implementation of new business intelligence software in June 2011. This software, known as Cognos, facilitated improved quality and timeliness of financial variance reporting and decision-making throughout the region. Detailed financial information is presented at the end of this report.

Spotlight on Services

Due to the wide variety of reasons for each notable change presented in this table, explanations are provided in greater detail in the Shared Commitments and Highlights and Accomplishments sections of this report.

Services	Client Visits		
	2010-11	2011-12	Per Cent Increase or Decrease
<i>Dental Services (selected sites: includes Dentists, Dental Hygienists and Dental Surgery)</i>	10,432	11,051	+5.9 per cent
<i>Mental Health and Addictions Services</i>	11,209	16,792	+49.8 per cent
<i>Diabetes Nurse Education</i>	3,235	4,765	+47.29 per cent
<i>Occupational Therapy</i>	2,570	2,633	+2.5 per cent
<i>Speech Language Pathology</i>	1,676	1,835	+9.5 per cent
<i>Physiotherapy</i>	13,393	12,580	-6.0 per cent

Acute Care Statistics

REGIONAL TOTALS

(includes the Charles S. Curtis Memorial Hospital, the Captain William Jackman Memorial Hospital and the Labrador Health Centre)

Category	2010-11	2011-12	Per Cent Increase or Decrease
Number of Acute Care Beds	89 beds	89 beds	0 per cent
Number of Admissions (including newborns)	3,861 admissions	3,848 admissions	-0.34 per cent
Patient Days	22,874 patient days	23,868 patient days	+4.35 per cent
Average Length of Stay	6.6 days	6.4 days	-3.03 per cent
Operating Room Procedures	4,616 procedures	5,733 procedures	+24.2 per cent
Number of Live Births	402 live births	350 live births	-12.94 per cent
Number of Emergency Room Visits Registered to ER	52,648 visits	54,192 visits	+2.93 per cent

Health Centre Statistics

	White Bay Central Health Centre, Roddickton			Strait of Belle Isle Health Centre, Flower's Cove			Labrador South Health Centre, Forteau		
	2010-11	2011-12	Per Cent Increase or Decrease	2010-11	2011-12	Per Cent Increase or Decrease	2010-11	2011-12	Per Cent Increase or Decrease
Number of Beds*	4	4	0	2	2	0	5	5	0
Number of Client Visits	18,203	17,161	-5.72 per cent	20,494	19,258	-6.03 per cent	10,765	10,457	-2.86 per cent
Number of Admissions	158	199	+25.95 per cent	119	80	-32.77 per cent	154	125	-18.83 per cent

* Includes holding beds for observation.

NOTE: Number of Client Visits and Admissions fluctuate depending on client acuity and staffing levels.

Community Clinic Statistics

	2010-11	2011-12	Per Cent Increase or Decrease
<i>Client Visits to Regional Nurses</i>	78,884	76,139	-3.48 per cent
<i>Client Visits to Family Physicians</i>	7,239	5,986	-17.31 per cent

Community Health and Wellness Statistics

Service	2010-11	2011-12	Per Cent Increase or Decrease
<i>Continuing Care Visits (includes both clinic and home visits)</i>	22,562	23,793	+5.45 per cent
<i>Home Support Hours – Family and Rehabilitative Services</i>	368,383	305,262	-17.0 per cent
<i>Client Visits to Child Health Clinics</i>	1,530	1,767	+15.49 per cent
<i>Number of Clients Receiving Home Support Programs (include provincial, end-of-life and acute home supports)</i>	142	191	+35.0 per cent

Long-Term Care Statistics

Regional Total (excludes respite beds)			
Category	2010-11	2011-12	Per Cent Increase or Decrease
<i>Number of Beds</i>	114	114	0
<i>Resident Days</i>	39,912	40,364	+1.13 per cent
<i>Number of Admissions</i>	41	36	-12.20 per cent



Dialysis Unit, Charles S. Curtis Memorial Hospital, St. Anthony.



Health Promotion Event, Happy Valley-Goose Bay.

SHARED COMMITMENTS

Improved Population Health

Tuberculosis Monitoring. Following a successful initiative in 2010-11, a second mobile digital X-ray clinic was completed in Nain in September 2011, with shared commitments from the Nunatsiavut Government, the Provincial Government and equipment vendors. Supporting Government's strategic direction of improved population health, and in particular the focus area of Aboriginal health, 157 clients had chest X-rays completed as part of this clinic. Digital images were transferred through the Provincial Picture and Archiving Communications System (PACS) for interpretation by a Radiologist in St. John's, thereby reducing client travel for Tuberculosis monitoring.

Promoting and Supporting Wellness. Labrador-Grenfell Health's Primary Health Care staff and Health Promotion Team were actively involved with community partners through participation in two Regional Wellness Coalitions. This has been instrumental in establishing and sustaining initiatives related to healthy eating, active living, mental health, and environmental health in rural communities. They also worked in partnership with community groups to implement and coordinate programs to target population health, based on selected wellness priorities. Some examples include working with the Labrador West Housing and Homelessness Coalition and the Habitat for Humanity to help build two new homes for families in need in Labrador City; collaboration with Recreation Newfoundland and Labrador to offer the "Small Steps, Big Results" program and collaboration with communities to target injury prevention through the launch of a snowmobile safety campaign in Happy Valley-Goose Bay and St. Anthony. These initiatives support Government's strategic direction of improved population health, in the focus areas of healthy eating, active living and injury prevention.

Telehealth Pilot Becomes an Established Clinical Service. With a focus on Aboriginal health and as part of Government's strategic direction of improved population health, Labrador-Grenfell Health partnered with the Department of Health and Community Services and the Nunatsiavut Department of Health and Social Development to extend the RP7 Remote Presence Videoconferencing Robot ("Rosie") in Nain from a pilot telerobotic demonstration project to an established clinical service. This service delivers collaborative case consultation, clinical consults, follow-up, emergency management and support. The result is improved quality of patient care in remote locations and reduced client travel to larger centres.

New DVD Celebrates Breastfeeding Culture in Inuit Families. A new promotional DVD which builds on the traditional breastfeeding culture in Inuit families was launched in Happy Valley-Goose Bay on October 20, 2011. This teaching resource featuring local mothers and babies was spearheaded by the Mothers Helping Mothers Breastfeeding Education Committee, a group which works with the Healthy Baby Club at the Aboriginal Family Centre. Funding for the DVD was provided by the Ikajuttiget Board Inc. Representatives of the Healthy Baby Club, Labrador-Grenfell Health, the Nunatsiavut Government's Department of Health and Social Development, and the Provincial Breastfeeding Coalition pooled their efforts to produce the resource which is described as culturally relevant and sensitive to the breastfeeding culture in Inuit families.

Access to Priority Services

Further Enhancements to Dental Services. In accordance with the Department of Health and Community Services' strategic direction of improved access to priority services, Labrador-Grenfell Health's Dental Department now offers specified treatments to three defined groups of clients under new provincial plans. On January 1, 2012 the new Provincial Adult Dental Program was added for adults with low incomes. It is noteworthy that the uptake for these programs in the region has been significant, especially where the provision of dentures is concerned.

Operation Tooth continues to be successful, enabling young children on the North Coast of Labrador to have access to treatment under general anaesthesia in a location closer to their home communities. During 2011-12, a total of 101 cases were treated at the Labrador Health Centre, Happy

Valley-Goose Bay by Dr. Geoff Smith, Pedodontist. Financial resources for this program were provided through a partnership with the Department of Health and Community Services.

Innovative Options for Mental Health and Addictions Service Delivery. After an initial orientation period, the 'Mapping the Way' mobile wellness team directed its efforts to developing relationships with local leaders and groups in Hopedale and Sheshatshiu in 2011-12. Services delivered by the 'Mapping the Way' team are targeted at youth from six to 24 years of age and their families. The program is seen as a national best practice model for mental health and addictions issues in Aboriginal communities. Community wellness teams were established as part of the program to assist in the delivery of Mental Health and Addictions Services directly to youth and their families. The program includes assessment of clients, clinical consultations and treatment, and training sessions held in the communities. During 2011-12, a total of 102 referrals were received, 214 clinical sessions occurred, 132 case conferences were held, and 10 treatment/prevention programs or events were provided in these two communities. Funding support for the four-year initiative was provided by the Department of Health and Community Services, the National Aboriginal Crime Prevention Fund, and the Nunatsiavut Government.

In Budget 2011-12, Mental Health and Addictions received a significant investment to hire five permanent full-time Mental Health and Addictions Counsellors in Nain, Hopedale, Natuashish and Makkovik (which also provides clinical services to Rigolet and Postville). While two of these positions became vacant before the end of the fiscal year, having permanent clinical staff living in the communities is providing greater access to services for individuals dealing with issues of substance abuse, mental health and mental illness. Additionally, the Department of Health and Community Services provided funding for five mobile homes to house these employees, which have all been established in the communities. This permanent housing will greatly assist with the recruitment and retention of employees on a long-term basis.

Mental Health and Addictions had a nearly 50 per cent increase in the number of client visits from 2010-11 to 2011-12. This is attributed mainly to the addition of two permanent Intake Counsellors to the Mental Health and

Addictions team through funding from the Department of Health and Community Services in Budget 2011-12. These positions, plus the establishment of clear policies and procedures for intake, resulted in a significant improvement in the assessment and prioritization of clients on the wait list, thereby resulting in a considerable increase in the number of client visits. This work supports Government's strategic direction of improved access to priority services.

Partnering for Enhancements to Rural Health. Residents served by the Labrador-Grenfell Health region continue to benefit from a long-standing relationship with the International Grenfell Association, which awards grants to non-profit organizations for improving the health, education, and social well-being of people in coastal Labrador and northern Newfoundland. The following Labrador-Grenfell Health initiatives were supported by the International Grenfell Association in 2011-12: Rural and

Remote Nursing Education Program; aYAG/KTP Laser for the Labrador Health Centre; a Flo-Trac System for the Intensive Care Unit, Charles S. Curtis Memorial Hospital; regional MOREOB (Managing Obstetrical Risk Efficiently) education; Cardiac Holter Monitoring equipment for the Labrador Health Centre; regional Advanced Cardiac Life Support educational equipment; portable regional Audiology Equipment; and funding for both health intern positions and health professional student travel assistance, to help facilitate educational placements for over 100 students with Labrador-Grenfell Health.

The three local chapters of the Grenfell Foundation, through fundraising efforts and partnerships, made significant contributions to the health care facilities in the region in 2011-12. These support investments in rural health and include:

- Labrador East Chapter: completed its final of

Dental Department, St. Anthony.



three \$100,000 installments to fund the purchase of a CT scanner for the Labrador Health Centre in Happy Valley-Goose Bay.

- Labrador West Chapter: cost-shared with partners to fund an infant scale, an ambulance stretcher, a bone density machine and an ophthalmologic laser for the Captain William Jackman Memorial Hospital in Labrador City.
- South Chapter: facilitated the purchase of four pediatric resuscitators, centrifuge vanguard and shields for community clinics in Mary's Harbour, Port Hope Simpson, St. Lewis and Charlottetown; two defibrillators for community clinics in Mary's Harbour and Port Hope Simpson; five wheelchairs and two geri-chairs for the Labrador South Health Centre in Forteau; three geri-chairs, two wheelchairs, hip chairs, waiting chairs, an ear analyzer and three pulse oximeters for the Charles S. Curtis Memorial Hospital in St. Anthony.

Bringing Services Closer to Home. The Department of Health and Community Services and the Labrador West Chapter of the Grenfell Foundation jointly funded the purchase of a Bone Mineral Density Machine in 2011-12. Existing Diagnostic Imaging staff at the Captain William Jackman Memorial Hospital were trained to offer the new Bone Mineral Density Service, which became operational in October 2011. This service is the first of its kind in the Labrador-Grenfell Health region, which supports Government's strategic direction of access to priority services, and in particular, the focus area of rural health.

Similarly, access to Computed Tomography (CT) Services for residents of Labrador City and Wabush was enhanced in June 2011 through the addition of a new 64-slice CT scanner at the Captain William Jackman Memorial Hospital. This service was funded through a partnership between the Department of Health and Community Services and the Iron Ore Company of Canada.

Labrador-Grenfell Health, in partnership with the Provincial Kidney Program, also enhanced its satellite dialysis services to enable more clients to access dialysis closer to home. The dialysis suite at the Labrador Health Centre expanded its client capacity in fall 2011 from nine clients to 16, which accommodated all clients on the waitlist from the Happy

Valley- Goose Bay area. The dialysis service at the Charles S. Curtis Memorial Hospital continued to plan for expansion in 2011-12, filling and facilitating training for the two additional dialysis nursing positions (i.e., one Registered Nurse and one Licensed Practical Nurse).

Accountability and Stability of Health and Community Services.

Timely Reporting of Laboratory Results. Through funding from the Department of Health and Community Services, Labrador-Grenfell Health completed the interfacing of its Laboratory Information Systems (LIS) with the Public Health Laboratory in St. John's on February 27, 2012. This interface enables the Public Health Laboratory to electronically report results on referred specimens directly from their analyzers back to the LIS systems within Labrador-Grenfell Health. Movement from the former paper-based system resulted in improved quality and safety. There was also an associated improvement in quality of care for clients through more timely receipt of results, thus supporting Government's strategic direction of improved accountability and stability of health and community services, and particularly the focus area of quality and safety.

Standardizing and Updating Regional Diagnostic Equipment. In further support of Government's strategic direction of improved accountability and stability of health and community services, and the focus area of quality and safety, the Department of Health and Community Services provided funding for enhancements to Laboratory equipment throughout the region. The three hospitals implemented new laboratory instruments to replace older technology. Funding was also provided to purchase back-up equipment to ensure continuity in laboratory testing services and to reduce delays during maintenance periods. Significant progress has been made to standardize equipment across the three hospitals and three health centre sites to facilitate standardized testing and sharing of supplies.

The Diagnostic Imaging Department at the Labrador Health Centre, Happy Valley-Goose Bay had a replacement Digital Fluoroscopy Room installed in September 2011. The new equipment, funded by the Department of Health and Community Services, also has full digital general X-ray capabilities.

The Diagnostic Imaging Department at the Charles S. Curtis Memorial Hospital successfully installed a Digital Mammography Unit in September 2011. All imaging is now digital and being stored in the Provincial Picture and Archiving Communication System (PACS). The wait times for mammography services immediately improved with the change from film mammography imaging to digital technology, as the time to complete a mammogram decreased significantly, allowing more clients to be tested each day. The new system represents an enhancement to client services not only through wait times but also through improved mammography images.

Provincial Human Resources. Under a bursary sponsorship arrangement funded by the Department of Health and Community Services, Labrador-Grenfell Health has supported one of its Medical Laboratory Technologists to enrol in the combined Laboratory/X-ray program at the College of the North Atlantic. Delivered primarily by distance education, the program allows the employee to continue to work while completing the majority of course requirements. Similarly, a Diagnostic Imaging Technologist at the Captain William Jackman Memorial Hospital received a bursary to complete the Diagnostic Ultrasonography (post-diploma) program, offered on-site at the College of the North Atlantic in St. John's.

As part of a four-year pan-Canadian initiative under the Government of Canada's Health Care Policy Contribution Program (HCPCP) and under the project leadership of the provincial Department of Health and Community Services, Labrador-Grenfell Health, along with the Association of Registered Nurses of Newfoundland and Labrador, Memorial University of Newfoundland and two other Health Authorities, began participating in 2011-12 in projects designed to support commitments to improving the health care system. Specifically, Labrador-Grenfell Health received funding in 2011-12 to establish Internationally Educated Health Professionals (IEHP) internships and hire a Community and Clinical Educator. Based at the Labrador Health Centre, this position has been very active in supporting Internationally Educated Nurses (IENs) who have arrived in Happy Valley-Goose Bay since September 2011. Labrador-Grenfell Health was a key participant in developing and piloting a

course in rural/remote advanced critical care skills training for International Medical Graduates (IMGs) and IEHPs. To support the course development in 2011-12, Labrador-Grenfell Health utilized an advanced infant patient simulator, purchased in the prior fiscal year, to complete an instructor training program. The mannequin can be programmed to aid in the instruction of advanced life support. Real life scenarios are used to make this instruction applicable to the regional health environment. These initiatives support Government's strategic direction of accountability and stability of health and community services.



CT Official Opening, Captain William Jackman Memorial Hospital, Labrador City.



Regional Diabetes Education Staff.

HIGHLIGHTS/ACCOMPLISHMENTS

Improved Population Health

Chronic Disease Management. In 2011-12, Labrador-Grenfell Health moved forward with its strategic goal of strengthened capacity in priority areas to improve future health and wellness outcomes. A consultant, engaged through funding from the Department of Health and Community Services, was instrumental in facilitating the establishment of a Regional Chronic Disease Prevention and Management Advisory Committee for the Labrador-Grenfell Health region. Labrador-Grenfell Health trained staff as master trainers in the Stanford Self-Management Model (i.e., *Improving Health: My Way*). The master trainers delivered two public education programs in Happy Valley-Goose Bay over the past year. Spreading this education to lay trainers from various communities in the region is the next step. This will not only increase the accessibility of the chronic disease self-management programs to rural and remote communities, but will empower lay trainers to take active roles in helping to improve the health of individuals living with chronic disease in their communities. This work supports the focus areas of chronic disease management as part of Government's strategic direction of improved population health.

Expanding Diabetes Education Services. Chronic disease management is an important key initiative for both Government and Labrador-Grenfell Health, spanning strategic directions of both population health and improved access to priority services. Diabetes is one of the selected priority focus areas for chronic disease prevention and management in the region. The new Diabetes Nurse Educator positions for Sheshatshiu/ Natuashish, Southern Labrador and the Northern Peninsula announced in Budget 2010 were filled in 2011-12, strengthening Labrador-Grenfell Health's ability to provide services in this program area. Due to this increase in staffing, access to services for clients was enhanced, as evidenced by a 47.29 per cent increase in the number of client visits from 2010-11. Clinics are now offered in Southern Labrador and on the Northern Peninsula, and as a result clients are no longer required to travel long distances for consultation with diabetes education professionals. Collaboration between departments within Labrador-Grenfell Health and with Aboriginal partners has also been enhanced in this program area. There has been progress over the year in regionalization of forms used for assessment and work on regional policies has been a priority.

Access to Priority Services

Enhancements in Rehabilitation Services. With funding from the Department of Health and Community Services, Labrador-Grenfell Health was successful in recruiting a second Speech Language Pathologist for Happy Valley-Goose Bay in January 2012. Within three months, there was a 27.4 per cent increase in client visits from the previous year, as well as an increase in the number of clinics held in certain areas. For example, visits by the Speech Language Pathologist to the Mani Ashini Health Centre increased from once every two weeks to weekly.

In March 2012, the Labrador Health Centre implemented an enhanced use to technology by conducting modified barium swallows over distance without the physical presence of a Radiologist. As a result, three clients were able to access this service within the region, as opposed to traveling to a tertiary centre.

Enhancements to some support services for clients has resulted in a reduction of wait times and the number of clients waitlisted in these areas. For example, in Intervention Services, there was a 81 per cent decrease in the number of clients waiting for Direct Home Services and a 67 per cent decrease in the number of clients waiting for Community Behavioural Services. Each of these quality improvements supports Government's strategic direction of access to priority services.

Communicating with Coastal Communities. In keeping with Government's strategic direction of improved access to priority services, Labrador-Grenfell Health developed information pamphlets for the residents served by the community clinics in coastal Labrador. The pamphlets were custom designed for each community, containing the following key information related to health and community services access: clinic staffing, services and hours of operation; emergency and other contact numbers; an MCP reminder; information related to the Newfoundland and Labrador Prescription Drug Program and the Medical Travel Assistance Program; travel considerations and emergency preparedness tips. These pamphlets were designed based on frequently asked questions by clients and were delivered to each household in the 14 communities serviced by the community clinics.

Licensed Practical Nurses in Home and Community Care. In Budget 2011, Labrador-Grenfell Health received funding for three Licensed Practical Nurse positions for the Community Health programs. These positions have been filled and are working to their full scope of practice, mainly in the Home and Community Care programs. These positions represent a new addition to the types of care providers available for client service, thus enhancing the services provided within the community. This supports Government's strategic direction of access to priority services, and particularly, the focus area of long-term care and community supports.

Accountability and Stability of Health and Community Services.



Laboratory Accreditation Team, Charles S. Curtis Memorial Hospital, St. Anthony.

Laboratory Accreditation Achieved. The Medical Laboratory at the Charles S. Curtis Memorial Hospital was the first in the Province to achieve Ontario Laboratory Accreditation (OLA), on July 28, 2011. This achievement supports Government's strategic direction of improved accountability and stability of health and community services, and particularly the focus area of quality and safety.

Implementation of Electronic Occurrence Reporting Underway. To support Government's strategic direction of improved accountability and stability in the delivery of health and community services within available resources, Labrador-Grenfell Health, in response to recommendations from the Report of the Task Force in Adverse Health Events has participated in the development of the Clinical Safety Reporting System (CSRS). This system is an effective and user-friendly system of reporting, analyzing and following up close calls, occurrences and adverse events.

Initial training and education on the system took place for Senior Executive and Regional Directors in October 2011. In January 2012, a Regional CSRS Steering Committee was

established to direct and monitor the implementation of the CSRS within Labrador-Grenfell Health and to act as a resource for the Regional CSRS Working Group. The Health Authority has membership on the Provincial CSRS Steering Committee and the Provincial CSRS Working Groups. At March 31, 2012, 396 front-line staff and 44 Managers had been trained throughout the region. Labrador-Grenfell Health received funding for the CSRS project from the Department of Health and Community Services.

Demonstrated Commitment to Privacy. With the proclamation of the *Personal Health Information Act (PHIA)* on April 1, 2011, and under the guidance of the Regional Privacy Officer, Labrador-Grenfell Health implemented a significant number of policies, processes, education sessions and resource materials designed to meet legislated requirements and to support employee and client awareness of privacy and confidentiality of information in the healthcare environment. A specific aspect of this work included a targeted focus to have all employees complete education about their responsibilities under the new Act and to sign a revised Oath/Affirmation of Confidentiality. At the end of March, 2012, nearly 75 per cent of all active staff had completed the education and submitted the Oath/Affirmation. Similar new standards and processes are being implemented for students, volunteers and contractors/vendors.

REPORT ON PERFORMANCE

MISSION

Labrador-Grenfell Health provides services in its lines of business to its primary clients who are geographically dispersed throughout the region. The majority of these services are typically offered from three main regional referral sites in Happy Valley-Goose Bay, St. Anthony and Labrador City and select permanent or traveling services are offered in individual communities or local geographic areas. Tertiary and more specialized referral-based services are available outside of the Labrador-Grenfell Health region or within the region on a visiting consultant basis.

The geographic reality of travel, combined with the complexities of providing consistent services in selected priority areas, can result in waitlists for these services. Accordingly, access to care can be a challenge for some primary clients of Labrador-Grenfell Health. Furthermore, twenty-eight per cent of the residents of the Labrador-Grenfell Health region identify themselves as Aboriginal. This adds a dimension to providing health services to these clients in a culturally appropriate manner.

Labrador-Grenfell Health, in line with Government's Strategic Direction of Improved Accessibility to Priority Services, has therefore identified the following as its continued Mission for the next two Strategic Planning cycles:

Mission: By March 31, 2017, Labrador-Grenfell Health will have, within available resources, improved accessibility to selected health and community services to better meet the needs of people within the region.

Measure: Improved accessibility to selected health and community services.

Indicators:

- Improved waitlist times and decreased numbers of clients on waitlists in selected priority areas.
- Improved access to quality and culturally appropriate services.
- Expanded range and usage of Telehealth services.
- Improved utilization of health professionals' skills and competencies, appropriate to their full scope of practice.
- Increased number and type of services available to clients in the Labrador-Grenfell Health region through a variety of delivery methods (in-person, telehealth, visiting clinics, etc.).
- Improved access to mental health and addictions programs and services.



Regional Community Health Staff

Issue #1: Population Health and Wellness

Labrador-Grenfell Health acknowledges the unique factors in its region that may pose special challenges to the health of the people it serves. Factors such as geographic isolation, and the incidence and prevalence of chronic diseases may impede the potential positive impact of health and wellness programs and interventions. The Health Authority recognizes

that a regional population health approach which takes cultural diversity into account, is required to comprehend the health status of different communities and individuals. In addition, the health of the Aboriginal population is a priority concern for Labrador-Grenfell Health, as the region includes the five Inuit communities under the Nunatsiavut Government and two of the three First Nations communities in the province.

A variety of health risks are a serious concern in the region. As noted in Health Profile, released by Statistics Canada in June 2010, 67.5 per cent of the population aged 18 in the Labrador-Grenfell Health region were overweight or obese (as classified by Body Mass Index). Furthermore, 27.2 per cent of the population aged 12 years and older were current daily smokers. Both of these factors are known to have a direct link to poor health status and specific health conditions. In addition, only 18.8 per cent of the population aged 12 years and older reported having daily fruit and vegetable consumption that meets the recommended five or more servings per day. These are among the known risk factors for chronic diseases such as diabetes, an area of focus in the Health Authority's planning framework for chronic disease prevention and management (*Toward Well-Being: A Framework for a Regional Chronic Disease Prevention and Management Plan for Labrador-Grenfell Health*, February 2012).

Furthermore, according to a study published in the October 2005 Canadian Journal of Psychiatry entitled, *Suicide Attempts and Associated Factors in Newfoundland and Labrador, 1998-2000*, the area of Labrador, a region with a large Aboriginal population, had a higher rate of suicide attempts (210.2 per 100,000 person-years) requiring hospitalization, compared to the island portion of the province (59.0 per 100,000 person-years)¹. This data was reinforced in an April 2008 study, *Suicides in Newfoundland and Labrador: A Linkage Study Using Medical Examiner and Vital Statistics Data*, published in same journal and which determined that the rate of suicide was three times higher in Labrador (27.7/100,000 population) compared with the island portion of the province (8.5/100,000 population)². Attempted and completed suicides present a public health challenge in the province and, in particular, in Labrador. Further research is needed to explain these findings

¹Alaghebandan, R., Gates, K., and MacDonald, D. (2005), *Suicide Attempts and Associated Factors in Newfoundland and Labrador, 1998-2000*, *The Canadian Journal of Psychiatry*, (50)12, 762.

²Edwards, N., Alaghebandan, R., MacDonald, D., Sikdar, K., Collins, K. and Avis, S. (2008), *Suicide in Newfoundland and Labrador: A Linkage Study Using Medical Examiner and Vital Statistics Data*, *The Canadian Journal of Psychiatry*, (53)4, 255.

and increase the Health Authority's understanding of attempted suicide as it works towards strengthening services for Aboriginal clients.

In 2011-12, with an emphasis on Government's strategic direction of improved population health, Labrador-Grenfell Health worked towards building on existing initiatives (i.e., promoting and protecting breastfeeding, injury prevention, snowmobile safety, chronic disease self-management); strengthening partnerships (i.e., participating on regional wellness coalitions) and starting the collection of relevant health status data, all aimed at developing a framework for the prevention and management of chronic disease.

Goal: By March 31, 2014, Labrador-Grenfell Health will have strengthened capacity in priority areas to improve future health and wellness outcomes.

Measure: Strengthened capacity in priority areas.

Indicators:

- Started implementation of a regional Chronic Disease Prevention and Management Plan.
- Expanded at least two site-specific best practices in service delivery to other parts of the region.
- Identified potential success factors in reducing suicide rates in the region.
- Developed a regional Chronic Disease Management database for selected health conditions.
- Strengthened regional mental health and addictions programs and services.
- Strengthened services for Aboriginal clients.

Objective for 2011-12: By March 31, 2012 Labrador-Grenfell Health will have the capacity to collect regional health status data in priority areas.

Measure: Capacity to collect health status data in priority areas.

Training Session at Rigolet Community Clinic.





Employee Training Session, Captain William Jackman Memorial Hospital, Labrador City.

Planned for 2011-12	Actual Performance for 2011-12
<p><i>Hired Regional Public Health Information Analyst.</i></p> <p><i>Established a Chronic Disease Prevention and Management Advisory Committee.</i></p>	<p>A Regional Public Health Information Management Analyst was hired and commenced work in August 2011.</p> <p>A temporary consultant facilitated the establishment of a Chronic Disease Prevention and Management Advisory Committee in Fall 2011 and completed the first draft of a planning framework to help guide the development of a Chronic Disease Plan for the region (<i>Toward Well-Being: a Framework for a Regional Chronic Disease Prevention and Management Plan for Labrador-Grenfell Health</i>, February 2012).</p> <p>Committee membership includes representatives from various program areas in Labrador-Grenfell Health as well as partners from the Nunatsiavut Government, Mushuau Innu First Nation, Sheshatshiu Innu First Nation and NunatuKavut. The committee will provide direction and leadership in the development and implementation of the plan.</p>
<p><i>Identified Priority Focus Areas.</i></p>	<p>The Chronic Disease Prevention and Management Advisory Committee selected diabetes and cardiovascular disease as priority focus areas for the 2011-14 reporting period. This corresponds with <i>Improving Health Together: A Policy Framework for Chronic Disease Prevention and Management in Newfoundland and Labrador</i>, which notes the higher prevalence of type 2 diabetes in Aboriginal people and identifies risk factors for cardiovascular disease. In the Labrador-Grenfell Health region, of the population aged 12 years and older (except where noted):</p> <ul style="list-style-type: none"> • 81% do not eat enough fruits and vegetables • 54% are not physically active • 27% are current smokers • 24% are heavy drinkers • 17% have high blood pressure • 67.5% are overweight or obese (age 18 or older). <p>(Reference: <i>Statistics Canada's Health Profile 2010</i>).</p> <p>Other areas of focus will likely be identified in 2012-13, as the Committee moves its planning framework from a draft to a final working document.</p>

Available Sources of Selected Health Status Data Identified.

By the end of March 2012, a new computer program had been introduced in 16 out of the 17 community clinics and health centres to enable Regional Nurses to collect better data on each health visit. This program uses the International Classification of Diseases Code (ICD-10) system to report the reason for each visit. Replacing the former combination of electronic and manual processes, the automated program will provide a readily available source of selected health status data.

Labrador-Grenfell Health and its Aboriginal partners are represented on the Provincial Advisory Committee for the Health Services Integration Fund, a Health Canada program that supports projects aimed at improving health services in Aboriginal communities. Through this initiative, Labrador-Grenfell Health was awarded funding in October 2011 to transfer handwritten data in clinic records at five Nunatsiavut communities dating from 2006 to 2010 to electronic files. The project began in December 2011 and by March 2012 data entry was complete in three communities. Having access to this data will facilitate analysis of chronic health issues and priority service needs in the Inuit communities.

A similar project was made possible in the Innu communities through a Health Canada grant. In this project, conducted from July to September 2011, handwritten data from clinic records Sheshatshiu and Natuashish dating from 2006 to 2010 was converted to electronic files. Health Canada will analyze the data to identify prevailing health conditions and share the findings through a community needs assessment.

Seed funding was also approved by the Health Services Integration Fund to Labrador-Grenfell Health in November 2011 to prepare a proposal to examine prospects for creating a registry on chronic diseases in Aboriginal communities. The funding facilitated the hiring of a consultant who prepared a draft proposal that was reviewed internally in January 2012.

Started Collection of Selected Health Status Data.

Since June 2011, Labrador-Grenfell Health has begun extracting data from its Meditech systems to develop a diabetes prevalence database for the region. The collection of data for cardiovascular disease was not started during 2011-12 as the Health Authority's second chronic disease priority area was not fully defined until very close to the end of the fiscal year. This will be an ongoing and challenging project given the different systems in use in the region.

The Office of the Medical Officer of Health completed a draft first phase of a "Health Profile Report" in February 2012. This annual profile, when completed, will document some of the key public health issues that affect the health of the region's population. It includes a combination of data presentation (where data is available), together with a description of the epidemiology and impact of the various public health issues.

In addition to the selected priority areas, the following data collection also began in 2011-12:

- In September 2011, the Health Authority started collecting data on attempted and completed suicides. A team was formed to examine the data, with representation from the Nunatsiavut Government Department of Health and Social Development, the Directors of Social Health for Sheshatshiu Innu First Nation and Mushuau Innu First Nation, Memorial University's Faculty of Medicine and the Labrador Institute.
- Work started on the development of a Tuberculosis (TB) database in August 2011.

Discussion of Results:

The presence of a Public Health Information Management Analyst with a background in epidemiology presents an opportunity to develop a strong system for collection, collation, analysis and distribution of health status data both within the organization and with interested external partners. This will contribute to the achievement of Government's Strategic Direction of improved population health by enhancing the Health Authority's ability to assess the needs of the population. However, there are still considerable challenges in achieving a comprehensive analysis of relevant health status data on a regional basis due to the lack of data in many areas or for many chronic diseases and their risk factors.

Using available health status data, and in combination with the provincial policy framework (*Improving Health Together: A Policy Framework for Chronic Disease Prevention and Management in Newfoundland and Labrador*), Labrador-Grenfell Health was able to move forward by identifying diabetes and cardiovascular disease as significant priority areas for targeted planning. Work in the next fiscal year will concentrate on implementing strategies to address the policy statements in the provincial policy framework.

In response to other population health and wellness concerns, particularly in Mental Health and Addictions, the Health Authority has identified additional indicators for 2012-13 that will support strengthened capacity to improve future health and wellness outcomes. These include data collection and monitoring and expansion of selected service models.

Objective 2012-13: By March 31, 2013, Labrador-Grenfell Health will have developed a Regional Chronic Disease Prevention and Management Plan.

Measure: Regional Chronic Disease Prevention and Management Plan developed.

Indicators:

- Data collected on a regular basis for selected health statuses.
- Expanded two site specific best practices to other sites.
- Established database on attempted and successful suicides.
- Implemented tool for monitoring of Mental and Health and Addictions waitlist.
- Expanded Mapping our Way model of services to additional communities.

Issue #2: Systems Performance

Labrador-Grenfell Health is an active partner in investments, initiatives and programs designed to improve systems performance. The accountability to the public and other stakeholders for the results of these investments is on the forefront, as well as the requirement to demonstrate that services are being delivered in an appropriate, efficient, effective, quality and safe manner. To meet the Government's strategic direction of accountability and stability of health and community services, Labrador-Grenfell Health focused on the following in 2011-12: wait times as per the national wait time benchmarks priority areas, and particularly, endoscopy services, implementing efficiency areas requiring improvement, and implementing selected recruitment and retention initiatives.

Goal: By March 31, 2014, Labrador-Grenfell Health will have improved the performance of its systems in select areas, resulting in greater accountability and stability of programs and services in those areas.

Measure: Improved performance in select areas.

Indicators:

- Implemented a regional policy and procedure framework.
- Demonstrated improved efficiency and utilization resulting in decreased wait times for clinical services in at least two priority provincial strategies.
- Implemented a Provincial Health Human Resources Information System.
- Improved selected human resources outcomes demonstrated through key indicators.
- Improved systems performance in key areas demonstrated on a regular basis through indicator measurement and monitoring.

Objective for 2011-12: By March 31, 2012, Labrador-Grenfell Health will have begun improving selected systems.

Measure: Demonstrated improvements begun in selected systems.



Happy Valley-Goose Bay Long-Term Care Home.

Identified Priority Clinical Utilization and Efficiency Issues Requiring Improvement.

Labrador-Grenfell Health has identified the following priority clinical utilization and efficiency issues requiring improvement:

- Endoscopy Services, as a result of the Provincial Endoscopy Access Current State Assessment;
- Emergency Department wait times, in alignment with the Provincial Government's Strategy to Reduce Emergency Department Wait Times (*A Strategy to Reduce Emergency Department Wait Times in Newfoundland and Labrador*, February, 2012);
- Systems related to alternate levels of care, as a result of internal review by Labrador-Grenfell Health.

In addition to these clinical service areas, Labrador-Grenfell Health has identified an opportunity to improve efficiency and effectiveness in its use of gloves and to ensure that staff are aware of appropriate precautions to take to protect themselves and their patients. Following a provincial Request for Proposals, training for appropriate Labrador-Grenfell Health staff was completed in October 2011. The training provides education on how to wear gloves and which gloves to wear for the task at hand. This will contribute to cost management and standardization throughout the region.

Implemented the Majority of Priority Recommendations of the Provincial Endoscopy Strategy.

Labrador-Grenfell Health has implemented the majority of priority recommendations of the Provincial Endoscopy Strategy as follows:

- Procurement and validation of Endoscopy waitlists;
- The provincial standardized urgency rating classification system and standardized referral form;
- An internal review of Endoscopy Services within the region to identify barriers to procedural late starts and early finishes to maximize the utilization/productivity of staff and resources;
- Development of a standardized provincial minimum data set for Endoscopy Services including wait time metrics;
- Circulation of best practice guidelines to Surgeons in the region for their review and use;
- A central referral and intake system for each regional site.

Other priority recommendations Labrador-Grenfell Health will continue to implement include:

- A centralized and standardized electronic waitlist format.

Future recommendations to be implemented include:

- Adoption of provincial policies including a no-show policy and standardized appointment confirmation processes. It is within the mandate of the Provincial Endoscopy Wait Time Advisory Committee to provide evidence-informed policy direction on these items to guide regional health authorities in the developmental of regional operational policies and procedures on these topics.
- Consultation with internal reprocessing experts to review current reprocessing standards and equipment to identify areas for improvement.

Started Implementation of a Provincial Health Human Resources Information System.

Labrador-Grenfell Health has partnered with the Professional Services Branch, Department of Health and Community Services, and the other Regional Health Authorities to install a Provincial Health Human Resources Information System (HHRIS). The initial phase of the project took place in August and September 2011 and involved a review and standardization of existing payroll/personnel system codes with the other health authorities. Training for Human Resources, Information Management and Technology and Payroll staff was completed in February 2012. Upon its full implementation, the HHRIS system will create efficiencies in Human Resources processes with its enhanced reporting capabilities and the standardization of policies and procedures.

Implemented selected recruitment and retention initiatives.

In the Fall of 2011, Labrador-Grenfell Health participated in job fairs at Memorial University of Newfoundland, the Centre for Nursing Studies, Dalhousie University and the University of New Brunswick.

In 2011-12, the Bursary Programs for Difficult-to-Fill Health Professional Positions and Bachelor of Nursing assisted in recruitment efforts with a total of 17 bursaries disbursed to Nursing, Diagnostic Imaging Technology and Medical Laboratory Technology students, with a required return-in-service commitment of one or two years.

Through the Market Adjustment Policy of Government, Labrador-Grenfell Health offered sign-on bonuses for selected vacant difficult-to-fill positions, including Nursing, Laboratory and Diagnostic Imaging Technology, Audiology, Clinical Psychology, Pharmacy, Mental Health Counselling and Social Work. In addition, a total of 32 sign-on bonuses were paid to Nurses during this period.

The Health Authority hosted a five-week pre-med Summer Institute in May 2011. This initiative was held in conjunction with Nunatsiavut Government Department of Health and Social Development and Memorial University's Medical School. The Institute provided experiential training to prepare Aboriginal students to enter medical school. An external evaluator reported that the program exceeded expectations and feedback from the students affirmed that medicine was a career they wanted to pursue.

A new Labrador-Grenfell Health manager orientation program has been established to provide information and guidance from Human Resources, Finance, Employee Development, Occupational Health and Safety and Information Management and Technology. New managers receive an orientation to policies and procedures, collective agreements, performance appraisals, and the recruitment process. A total of seven managers attended the orientation program in 2011-12.

The Department of Health and Community Services provided resources to assist Internationally Educated Nurses (IENs) with integration into the community and the workplace. The program improves retention by helping these nurses prepare for practice and life in Newfoundland and Labrador communities. A total of seven IENs participated in the program in 2011-12.

In 2011-12, the Regional Retention Committee took a lead role in reviewing data collected from earlier retention surveys and summaries of exit interviews and recommending retention initiatives. The committee also took a lead role in starting the development of a Respectful Workplace Program and worked with the Health Authority's Employee and Family Assistance Provider to offer training to staff and managers.

In 2011-12, Labrador-Grenfell Health introduced a new Service Awards program, which offers a wider selection of more meaningful award choices for employees at intervals of five years of service. Recognizing employees in this manner helps support retention efforts.

Resources were invested throughout the region in 2011-12 to work through a variety of complex work-life issues. Examples which help support long-term retention include an effort to work through Respectful Workplace issues in selected sites and approval of a staff-initiated compressed work schedule arrangement in Nain.

Discussion of Results:

Overall, regional efforts to begin improvement of selected systems have been successful. The development of the Endoscopy Services plan for the region that highlights and addresses specific priority areas serves as a comprehensive guide to address identified issues and challenges. The components of the plan that have been successfully completed, such as the regional implementation of the Provincial standardized urgency rating and referral form, illustrate Labrador-Grenfell Health's commitment to improving access to services. Sustained efforts to fulfill all aspects of the plan, such as further evaluation of systems, will

position us for future success in streamlining and improving regional Endoscopy Services. Labrador-Grenfell Health will undertake additional initiatives, such as strategies to reduce emergency room wait times, in an effort to improve systems performance resulting in greater accountability and stability of programs and services.

Any effort to improve systems performance relies heavily on the availability and capacity of an organization's human resources. Labrador-Grenfell Health demonstrated its commitment to implementing a variety of recruitment and retention initiatives. As the Health Authority moves forward, the impact of these initiatives and programs is being measured on a regular basis through a comprehensive indicator report for the Board of Directors.

Objective 2012-13: By March 31, 2013, Labrador-Grenfell Health will have implemented additional initiatives, programs and services to support improved systems performance, resulting in greater accountability and stability of programs and services.

Measure: Implemented additional initiatives, programs and services, resulting in greater accountability and stability of programs

Indicators:

- Implemented main module(s) of the provincial Health Human Resources Information System (HHRIS).
- Started implementation of respectful workplace initiatives.
- Completed audits of endoscopy waitlists.
- Implemented standardized regional appointment scheduling systems for endoscopy procedures.
- Identified baseline measure for wait times for endoscopy services.
- Selected key areas of systems performance to be monitored through regular indicator measurement.

Issue #3: Quality and Safety

Significant work has been undertaken by Labrador-Grenfell Health in recent years to implement programs and services aimed at improving the quality and safety of client care and the workplace environment. This continued focus is also part of Government's strategic direction of accountability and stability of health and community services, and particularly, the focus area of quality and safety.

Building on initiatives in the 2008-11 strategic plan, work in focus areas in 2011-12 resulted in successes with Accreditation Canada and the Ontario Laboratory Accreditation Program. The implementation of a new electronic occurrence reporting system began with region-wide education for all employees, contributing to an enhanced culture of safety through reporting and awareness. There was also an increased emphasis on reporting and accountability through the development of key quality and safety performance indicators.

Goal: By March 31, 2014, Labrador-Grenfell Health will have demonstrated improvements in the quality and safety of services provided to clients and in the employee workplace.

Measure: Demonstrated improved quality and safety of services and in the employee workplace.

Indicators:

- Achieved Accreditation status.
- Implemented selected *Safer Healthcare Now!* initiatives on a regional basis.

- Implemented the Provincial Electronic Occurrence Reporting (CSRS) system.
- Implemented additional employee health and safety policies and initiatives.
- Monitored and reported quality and safety performance on a regular basis through key indicators.
- Evaluated established quality and patient safety initiatives.

Objective for 2011-12: By March 31, 2012, Labrador-Grenfell Health will have continued the implementation of additional quality and safety initiatives to support improved services to clients, safety and in the employee work environment.

Planned for 2011-12	Actual Performance for 2011-12
<p><i>Started Implementation of a Provincial Electronic Occurrence Reporting (Clinical Safety Reporting) System.</i></p>	<p>In 2011-12, Labrador-Grenfell Health began implementation of the Provincial Electronic Occurrence Reporting System (Clinical Safety Reporting System - CSRS) as follows:</p> <ul style="list-style-type: none"> • In April 2011, Labrador-Grenfell Health received CSRS Regional Readiness Plan results from the Newfoundland and Labrador Centre for Health Information (the Centre). • In May 2011, Labrador-Grenfell Health staff attended a CSRS Regional Road Mapping Workshop in Corner Brook. • In June 2011, funding was received from the Department of Health and Community Services, enabling the completion of technical systems work, preliminary education and training. • In September 2011, Labrador-Grenfell Health received further funding from the Department of Health and Community Services for the implementation of CSRS in the region. • A one-day CSRS information and training workshop was held for Senior Executive and Regional Directors in October 2011. • Human resources for the project duration were determined and funding was received to support human resource requirements during the CSRS implementation phase. • In January 2012: <ul style="list-style-type: none"> o Patient Safety and Quality staff and CSRS Regional Working Group members attended a two-day face-to-face training and education workshop in St. Anthony; o The Regional CSRS Steering Committee was developed to support the project; and o Training and education of the CSRS system for staff commenced. • In February 2012, CSRS Kick-off promotional events occurred throughout the region. • By March 31, 2012, 396 front-line staff and 44 managers had been trained.
<p><i>Established Regional Plan for Continued Implementation of Safer Healthcare Now! Initiatives.</i></p>	<p>Labrador-Grenfell Health did not establish a plan outlining an overall regional framework for the continued implementation of Safer Healthcare Now! initiatives. It was decided that due to different levels of development at the local level, it would be more effective to have individual regional plans for each initiative. Some of these plans are regional in nature, while others are site-specific. Work completed in 2011-12 included:</p> <ul style="list-style-type: none"> • Medication Reconciliation –a core staff team attended the Safer Healthcare Now! Sustainability and Spread Facilitated Learning Series for Medication Reconciliation in St. John's in November 2011. • Prevention of Falls – Under the direction of the Regional Falls Prevention Strategy Steering Committee, work focused on the implementation of the Regional Falls Prevention Strategy (see below).

<p><i>Started Implementation of a Regional Falls Prevention Strategy.</i></p>	<p>The Regional Falls Prevention Strategy Steering Committee began implementation of the following components of the regional strategy in 2011-12:</p> <ul style="list-style-type: none"> • A draft falls prevention policy and strategy document; • A strategy logo; • A regional educational PowerPoint presentation; • A validated falls risk assessment tool (Morse Falls Risk Scale) and follow-up interventions; • An “Environmental Falls Risk Assessment Walk-Through Checklist.”
<p><i>Started Development of a Regional Workplace Violence Prevention Program.</i></p>	<p>Labrador-Grenfell Health began the development of a region-wide Workplace Violence Prevention Program in June 2011. At that time, the Regional Occupational Health and Safety Manager conducted a review of the provincial Occupational Health and Safety Legislation to establish the legislative requirements for a Prevention Program. Extensive research was also carried out to establish a model for a violence prevention program and it was decided to base the program on one developed by the Vancouver Island Health Authority. A working group held its first meeting on October 11, 2011. At the end of March 2012, the working group had developed a Terms of Reference, along with a draft Workplace Violence Prevention Policy.</p>
<p><i>Selected Key Performance Indicators Related to Safety and Quality.</i></p>	<p>In addition to already established indicators, such as total number of occurrences reported (specifically for medication occurrences and falls), number and type of employee occurrences reported and number of Workplace, Health, Safety and Compensation Commission claims, the following new performance indicators related to quality and safety were selected in 2011-12:</p> <ul style="list-style-type: none"> • Reported close calls – including medications, falls, and other close calls. • Hand Hygiene Compliance rates – collected from Acute Care Services audits completed by the Infection Control Department.

Measure: Continued implementation of additional quality and safety initiatives.

Discussion of Results:

Over the past year, gains have been made in Labrador-Grenfell Health’s continued implementation of additional quality and safety initiatives. Deployment of the Provincial Electronic Occurrence Reporting (Clinical Safety Reporting) System, **Safer Healthcare Now!** initiatives, the development of a workplace violence prevention program and reporting of key performance indicators illustrate the Health Authority’s commitment to quality and safety. These efforts are consistent with Government’s strategic direction of accountability and stability of health and community services. Priorities for the coming year include monitoring of these improvements to evaluate the quality and safety of services provided to clients and improvements in the employee workplace.

Objective 2012-13:

By March 31, 2013, Labrador-Grenfell Health will have monitored improvements in the quality and safety of services provided to clients and in the employee workplace.

Measure: Monitored improvements in the quality and safety of services provided to clients and in the employee workplace.



*Mary's Harbour
Community Clinic.*

Indicators:

- Continued work on strengthening regional focus of selected *Safer Healthcare Now!* initiatives.
- Provided training on the Provincial Electronic Occurrence Reporting (CSRS) System to Labrador-Grenfell Health staff.
- Continued implementation of a Regional Falls Prevention Strategy.
- Started the implementation of a Regional Workplace Violence Prevention Program.
- Started the implementation of a Provincial Musculoskeletal Injury Prevention (Employee) Pilot program in two sites.
- Provided indicator monitoring reports on the quality and safety of services provided to clients and in the employee workplace.

OPPORTUNITIES AND CHALLENGES AHEAD

Chronic Disease Prevention and Management. The implementation of a Chronic Disease Prevention and Management Plan in the region will provide opportunities to facilitate improvements to the health and wellness of the population. In order to ensure consistency with the Provincial Chronic Disease Framework, *Improving Health Together*, this plan must focus on prevention and awareness, using current evidence-based clinical practice guidelines, team-based care in which the client is an integral member, measuring and evaluation of improvements and working with community groups and other service providers to adopt healthy public policies. While Labrador-Grenfell Health recognizes the opportunities that are now present for moving this agenda forward, it also acknowledges the challenges that lie ahead in targeting the roots of chronic disease so that future improved outcomes are possible.

Replacing Aging Infrastructure. Labrador-Grenfell Health is working diligently with its stakeholders with respect to the replacement of two health care facilities currently under construction. The Health Centre in Flower's Cove and the Hospital in Labrador West are scheduled to be opened over the next couple of years. These new facilities will support improved access to services and overall efficiencies of the services provided.

Recruitment and Retention. Labrador-Grenfell Health's attrition rate has steadily decreased over the last several years; however, strategic efforts must continue towards improved recruitment and retention. This is particularly true for difficult-to-fill health professional positions such as Medical Laboratory and Diagnostic Imaging Technologists and skilled trades workers and is compounded in some parts of the region, such as Labrador City, where significant challenges exist with attaining affordable accommodations. Retention strategies must be identified and implemented within the complex challenge of resource availability.

Strengthening Palliative Care Services. Labrador-Grenfell Health now has a Regional Palliative Care Coordinator position, created in 2011-12 with funding from the Department of Health and Community Services, to assist regions with providing services to palliative clients. This new position will work with various departments to develop a Regional Palliative Care Program and to establish a regional committee with representation from across departments and with community partners who are involved in client care. The focus of the Regional Palliative Care Coordinator position will be to regionalize and revise policies and programs based on palliative and end-of-life standards of practice; identify gaps in service delivery; deliver staff education and make recommendations for improvement.

Promoting and Supporting Breastfeeding. This past year, Labrador-Grenfell Health witnessed a nearly six per cent decrease in its regional breastfeeding initiation rate, to a level lower than the provincial average. It is challenging to offer the required supports with limited tools and available facilitators, over such a geographically diverse area. Funding received from the Department of Health and Community Services presents an opportunity through training, to build on the advanced skills of care providers to

support breastfeeding families. Labrador-Grenfell Health has offered this training at one location and is currently exploring ways to overcome challenges related to delivering this education to the remainder of the region.

Enhancements in Stroke Care. In keeping with the Department of Health and Community Services' strategic focus on population health, Labrador-Grenfell Health has committed to improving stroke care for the people of Northern Newfoundland and Labrador. In 2011-12, representatives from Labrador-Grenfell Health attended a Provincial Stroke Roundtable in St. John's to discuss the Provincial Stroke Strategy and recommendations around stroke care, including: introduction of stroke centres, development of stroke units, establishment of secondary prevention clinics and increased professional development. It is felt that the implementation of these recommendations will improve the care provided to people with a diagnosis of stroke. Labrador-Grenfell Health is in the early planning stages to incorporate applicable recommendations in its facilities. The Health Authority looks forward to working with the Provincial Government and community partners to improve the care provided to this population.

Continued Implementation of Additional Quality and Safety Initiatives. Labrador-Grenfell Health will continue to implement additional quality and safety initiatives in the region. One of the most recent opportunities to promote the culture of safety is the planned implementation of the MORE^{OB} (Managing Obstetrical Risk Efficiently) program. Shared resources from the International Grenfell Association and Labrador-Grenfell Health will fund this comprehensive, three-year initiative. The MORE^{OB} program is designed to improve patient safety and promote a patient safety culture in hospital obstetrical programs. By learning and working together, the healthcare team (including nurses, registered nurse/midwives, physicians, educators, and managers) is able to use its shared knowledge, skills, attitudes and behaviors to contribute to safe, effective, patient-centered care in an efficient, collaborative, healthy practice environment.

Operating Room, Captain William Jackman Memorial Hospital, Labrador City.



AUDITED FINANCIAL STATEMENTS

STATEMENT OF MANAGEMENT RESPONSIBILITY

The accompanying Consolidated Financial Statements are the responsibility of the management of the Labrador Grenfell Regional Health Authority and have been prepared in compliance with legislation, and in accordance with generally accepted accounting principles established by the Public Sector Accounting Board of The Canadian Institute of Chartered Accountants.

In carrying out its responsibilities, management maintains appropriate systems of internal and administrative controls designed to provide reasonable assurance that transactions are executed in accordance with proper authorization, that assets are properly accounted for and safeguarded, and that financial information produced is relevant and reliable.

The Authority has met with management and its external auditors to review a draft of the financial statements and to discuss any significant financial reporting or internal control matters prior to their approval of the finalized consolidated financial statements.

BDO Canada LLP, Chartered Accountants as the Board's appointed external auditors, have audited the Financial Statements. The Auditors' report is addressed to the Board of Directors and appears on the following page. Their opinion is based upon an examination conducted in accordance with Canadian generally accepted auditing standards, performing such tests and other procedures as they consider necessary to obtain reasonable assurance that the Consolidated Financial Statements are free of material misstatement and present fairly the financial position and results of the Board in accordance with Canadian generally accepted accounting principles.



Ray Norman
Board Chair



Eric Power
Chief Executive Officer, Acting



Audited Financial Statements

To the Board of Directors of the Labrador-Grenfell Regional Health Authority

We have audited the accompanying consolidated financial statements of the Labrador-Grenfell Regional Health Authority, which comprise the consolidated statement of financial position as at March 31, 2012, 2011 and April 1, 2010, the consolidated statements of operations, changes in net financial assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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 comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of the Labrador-Grenfell Regional Health Authority as at March 31, 2012, 2011 and April 1, 2010 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Clarenville, Newfoundland
July 5, 2012

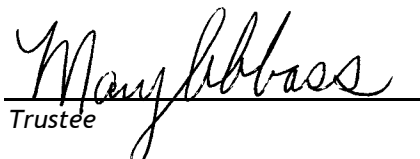
BDO Canada LLP
Chartered Accountants

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LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2012

	March 31 2012 \$	(Note 2) March 31 2011 \$	(Note 2) April 1 2010 \$
<u>FINANCIAL ASSETS</u>			
Cash	806,889	981,754	476,048
Restricted cash (Note 5)	1,602,909	1,625,377	1,712,951
Receivables (Note 6)	21,386,351	17,525,307	12,004,688
Inventories for resale (Note 3d)	725,802	798,979	779,322
	<u>24,521,951</u>	<u>20,931,417</u>	<u>14,973,009</u>
<u>LIABILITIES</u>			
Bank indebtedness (Note 7)	9,614,967	-	1,669,870
Payables and accruals	12,043,866	14,061,478	10,207,191
Post retirement benefits, post employment benefits and compensated absences			
Accrued vacation pay	6,930,804	6,774,566	6,278,128
Accrued Sick Leave (Note 8)	6,879,496	6,786,746	6,704,945
Accrued severance pay (Note 8)	10,945,360	10,191,157	9,487,987
Other accrual benefits	2,893,041	2,803,540	2,451,206
Deferred revenue (Note 9)			
Operating	4,414,004	5,058,814	4,273,935
National Child Benefit (NCB) initiatives	2,532,738	2,509,330	2,606,526
Capital	17,105,934	19,692,628	15,977,573
Special purpose funds	679,628	702,096	789,934
Long-term debt (Note 10)	1,109,117	2,366,547	2,480,190
	<u>75,148,955</u>	<u>70,946,902</u>	<u>62,927,485</u>
Net Financial Assets (Debt)	<u>(50,627,004)</u>	<u>(50,015,485)</u>	<u>(47,954,476)</u>
<u>NON-FINANCIAL ASSETS</u>			
Inventories - supplies (Note 3h)	1,623,596	1,567,719	1,412,209
Prepaid expenses (Note 3i)	4,143,947	3,022,548	2,030,617
Tangible capital assets (Note 11)	44,515,527	37,906,923	31,783,208
	<u>50,283,070</u>	<u>42,497,190</u>	<u>35,226,034</u>
Accumulated Deficit (Note 2)	<u>(343,934)</u>	<u>(7,518,295)</u>	<u>(12,728,442)</u>

Signed on behalf of the Board:


 Trustee


 Trustee

The accompanying notes and supplementary schedules are an integral part of these financial statements.

LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF CHANGES IN NET FINANCIAL ASSETS (DEBT)
YEAR ENDED MARCH 31, 2012

	2012	<i>(Note 2)</i> 2011
	<u>\$</u>	<u>\$</u>
Annual Surplus	<u>7,174,361</u>	<u>5,210,147</u>
Acquisition of tangible capital assets	(11,804,622)	(10,701,427)
Amortization of tangible capital assets	<u>5,196,018</u>	<u>4,577,712</u>
	<u>(6,608,604)</u>	<u>(6,123,715)</u>
Use of prepaid expense	(1,121,395)	(991,930)
Other expenses to acquire non-financial assets	<u>(55,881)</u>	<u>(155,511)</u>
	<u>(1,177,276)</u>	<u>(1,147,441)</u>
(Increase) decrease in net financial assets (debt)	<u>(611,519)</u>	<u>(2,061,009)</u>
Net financial assets (debt) at beginning of year	<u>(50,015,485)</u>	<u>(47,954,476)</u>
Net financial assets (debt) at end of year	<u><u>(50,627,004)</u></u>	<u><u>(50,015,485)</u></u>

The accompanying notes and supplementary schedules are an integral part of these financial statements.

LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2012

	Budget (Note 15)		(Note 2)
	2012	2012	2011
	\$	\$	\$
Revenues			
Provincial plan - Operating	146,922,381	147,206,780	134,584,342
Provincial plan - Capital	11,804,673	11,804,673	10,724,765
National Child Benefit	4,468,706	4,336,984	3,495,532
Transportation and Works	1,285,485	1,285,500	2,867,600
MCP physicians	21,243,400	18,263,302	16,253,930
Child Youth and Family Services Agreement	9,627,547	10,087,648	7,891,214
Inpatient	2,129,500	1,270,491	1,936,994
Outpatient	2,356,800	1,439,039	1,281,818
Long-term care	1,534,100	1,514,481	1,561,049
Other	6,035,592	14,038,645	14,484,791
	<u>207,408,184</u>	<u>211,247,543</u>	<u>195,082,035</u>
Expenses			
Administration	21,744,939	18,786,431	20,582,091
Support services	32,430,143	37,044,036	39,367,232
Nursing inpatient services	26,121,434	28,854,633	26,143,402
Ambulatory care services	20,448,907	22,508,996	19,752,389
Diagnostic and therapeutic services	15,782,703	17,704,742	15,784,954
Community and social services (Note 16)	59,205,100	56,256,997	48,081,139
Medical services	23,838,319	21,593,213	18,781,914
Research	91,355	107,475	86,215
Education	1,040,112	789,156	834,537
Apartment complexes	-	316,815	360,619
Foundation	-	110,689	97,395
	<u>200,703,012</u>	<u>204,073,182</u>	<u>189,871,888</u>
Surplus (deficit)	<u>6,705,172</u>	<u>7,174,361</u>	<u>5,210,147</u>
Accumulated Deficit, Beginning of Year		<u>(7,518,295)</u>	<u>(12,728,442)</u>
Accumulated Deficit, End of Year		<u>(343,934)</u>	<u>(7,518,295)</u>

The accompanying notes and supplementary scheduals are an integral part of these financial statements.

LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF CASH FLOW
YEAR ENDED MARCH 31, 2012

	2012	(Note 2) 2011
	\$	\$
Cash Flows		
Operations:		
Surplus	7,174,361	5,210,147
Amortization of capital assets	5,196,018	4,577,712
Gain on disposal of assets	-	(1,500)
	<u>12,370,379</u>	<u>9,786,359</u>
Changes in:		
Receivables	(3,861,044)	(5,520,619)
Inventories	17,300	(175,167)
Prepaid expenses	(1,121,399)	(991,931)
Payables and accruals	(2,017,612)	3,854,287
Accrued vacation pay	156,238	496,438
Deferred revenue relating to operating and NCB program	(621,403)	687,683
Accrued severance pay	754,203	703,170
Accrued Sick Leave	92,750	81,801
Other accrual benefits	89,501	352,334
	<u>5,858,914</u>	<u>9,274,355</u>
Investing Activities		
Changes in restricted cash	22,468	87,574
	<u>22,468</u>	<u>87,574</u>
Capital Activities		
Proceeds from the sale of capital assets	-	1,500
Additions to capital assets	(11,804,622)	(10,701,427)
	<u>(11,804,622)</u>	<u>(10,699,927)</u>
Financing Activities		
Deferred revenue		
Capital	(2,586,694)	3,715,055
Special purpose funds	(22,468)	(87,838)
Repayment of long-term debt	(1,257,430)	(113,643)
	<u>(3,866,592)</u>	<u>3,513,574</u>
Net change in cash and cash equivalents for year	(9,789,832)	2,175,576
Cash and cash equivalents, beginning of year	981,754	(1,193,822)
	<u>(8,808,078)</u>	<u>981,754</u>
Cash consists of:		
	<u>2012</u>	<u>2011</u>
	\$	\$
Cash (Bank indebtedness) (Note 7)	<u>(8,808,078)</u>	<u>981,754</u>

The accompanying notes and supplementary schedules are an integral part of these financial statements.

**Labrador-Grenfell Regional Health Authority
Notes to Consolidated Financial Statements
for the year ended March 31, 2012**

1. Nature of Operations

Labrador-Grenfell Regional Health Authority (“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 Regional Health Authorities Act of Newfoundland and Labrador and is exempt from income taxes under the *Income Tax Act*.

2. Conversion to Public Sector Accounting Standards and Prior Period Adjustment

Commencing with the 2011/12 fiscal year, the Authority has adopted Canadian public sector accounting (“PSAB”) standards. These consolidated financial statements are the first consolidated financial statements for which the Authority has applied Canadian public sector accounting standards.

The Authority also identified three prior period adjustments which have been reflected in the financial statements.

The impact of the conversion to Canadian public sector accounting standards and the prior period adjustments on the accumulated surplus/deficit at the date on transition and the comparative annual surplus, as is presented below. These accounting changes have been applied retroactively with restatement of prior periods:

	Previously Stated April 1, 2010	PSAB Adjustments 2010	Prior Period Adjustments 2010	Restated 2010
	\$	\$	\$	\$
Tangible capital assets	26,519,861	(195,714)	5,459,061	31,783,208
Deferred contributions relating to capital assets	(23,075,849)	23,075,849		Nil
Sick leave payable	Nil	(6,704,945)		(6,704,945)
Severance obligation	10,118,179		(630,192)	(9,487,987)

2. Conversion to Public Sector Accounting Standards and Prior Period Adjustment (continued)

Tangible capital assets

a. PSAB adjustments

PSA Handbook Section 3150 states that works of art would not be recognized as tangible capital assets in government financial statements because a reasonable estimate of the future benefits associated with such property cannot be made. As such, the Authority has written off artwork with a value of \$195,174 in the transition to PSAB.

b. Prior period adjustment - amortization policy

As a result of the half-year rule for the amortization of tangible capital asset additions not being applied consistently, the Authority has determined that amortization was overstated by \$1,056,107.

c. Prior period adjustment - capitalization of building improvements

The Authority receives funding for improvements to buildings operated by the Authority but owned by the Province and did not capitalize these improvements. As a result, tangible capital assets were understated by \$4,402,954.

Deferred contributions relating to capital assets

Previously, the Authority recognized revenue from government transfers for tangible capital asset purchases over the useful life of the assets. PSA Handbook Section 3410 states that government transfers should be recognized as revenue as long as the transfer is authorized, eligibility criteria have been met and a reasonable estimate for the amount can be made. As a result, it is no longer appropriate to defer capital contributions by government once the tangible capital assets have been purchased, resulting in \$23,075,849 being adjusted to the accumulated deficit.

Sick leave payable

PSA Handbook Section 3255 requires that compensated absences that do not vest or accumulate should be recognized as a liability by the Authority when the event that obligates the Authority occurs. As a result, an actuarially estimated liability of \$6,704,945 for sick leave payable has been booked as of April 1, 2010.

Severance obligation

As a result of the actuarial valuation performed for the year ending March 31, 2012, the Authority has determined that the severance obligation as at March 31, 2010 was understated by \$630,192.

Labrador-Grenfell Regional Health Authority
Notes to the consolidated financial statements
for the year ended March 31, 2012

2. Conversion to Public Sector Accounting Standards and Prior Period Adjustment (continued)

A reconciliation of the Accumulated Deficit as of March 31, 2011 is as follows:

	March 31, 2011
	\$
Accumulated deficit beginning of year as originally reported	(34,996,196)
Adjustments to accumulated deficit	
Transition to PSAB	
Adjustment to tangible capital assets	(195,714)
Adjustment to sick leave obligation	(6,704,945)
Adjustment to deferred capital contributions	23,075,849
Prior period adjustments	
Adjustment to severance estimate	630,192
Adjustment due to amortization policy	1,059,418
Adjustment due to capitalization of assets	4,402,954
Accumulated deficit beginning of year as restated	(12,728,442)
 Annual deficit for the year as originally reported	 (1,137,288)
Adjustments to annual deficit for the year	
Transition to PSAB	
Adjustment to sick leave obligation	(81,801)
Adjustment to deferred capital contributions	1,610,521
Prior period adjustments	
Adjustment to severance estimate	133,983
Adjustment due to amortization policy	64,042
Adjustment due to capitalization of assets	4,620,690
Annual deficit for the year as restated	5,210,147
 Accumulated deficit - end of year	(7,518,295)

The Authority has elected to use the following exemptions upon its transition to PSAB:

- a. Compensated absences - the Authority has elected to recognize all cumulative amounts relating to actuarial gains and losses resulting from the initial actuarial valuations of these benefits at the date of transition in the accumulated deficit;
- b. Business combinations - the Authority has elected to apply Section PS 2510 on a prospective basis to any acquisitions subsequent to the date of transition;
- c. Tangible capital asset impairment - the Authority has elected to apply the conditions for a write-down of a tangible capital asset in Section PS 3150 on a prospective basis from the date of transition.

3. Summary of Significant Accounting Policies

a. Basis of accounting

These consolidated financial statements are prepared by management in accordance with Canadian public sector accounting standards for provincial reporting entities established by the Canadian Public Sector Accounting Board.

2. Conversion to Public Sector Accounting Standards and Prior Period Adjustment (continued)

Tangible capital assets

a. PSAB adjustments

PSA Handbook Section 3150 states that works of art would not be recognized as tangible capital assets in government financial statements because a reasonable estimate of the future benefits associated with such property cannot be made. As such, the Authority has written off artwork with a value of \$195,174 in the transition to PSAB.

b. Prior period adjustment - amortization policy

As a result of the half-year rule for the amortization of tangible capital asset additions not being applied consistently, the Authority has determined that amortization was overstated by \$1,056,107.

c. Prior period adjustment - capitalization of building improvements

The Authority receives funding for improvements to buildings operated by the Authority but owned by the Province and did not capitalize these improvements. As a result, tangible capital assets were understated by \$4,402,954.

Deferred contributions relating to capital assets

Previously, the Authority recognized revenue from government transfers for tangible capital asset purchases over the useful life of the assets. PSA Handbook Section 3410 states that government transfers should be recognized as revenue as long as the transfer is authorized, eligibility criteria have been met and a reasonable estimate for the amount can be made. As a result, it is no longer appropriate to defer capital contributions by government once the tangible capital assets have been purchased, resulting in \$23,075,849 being adjusted to the accumulated deficit.

Sick leave payable

PSA Handbook Section 3255 requires that compensated absences that do not vest or accumulate should be recognized as a liability by the Authority when the event that obligates the Authority occurs. As a result, an actuarially estimated liability of \$6,704,945 for sick leave payable has been booked as of April 1, 2010.

Severance obligation

As a result of the actuarial valuation performed for the year ending March 31, 2012, the Authority has determined that the severance obligation as at March 31, 2010 was understated by \$630,192.

3. Summary of Significant Accounting Policies (continued)

g. Tangible 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 as tangible capital assets. No lease payments are required for the use of these assets.

Tangible capital assets are recorded at cost, which includes amounts that are directly related to the acquisition, design, construction, development, improvement or betterment of the assets. Cost includes overhead directly attributable to construction and development.

The cost, less residual value, of the tangible capital assets, excluding land, is amortized on a declining balance basis over their estimated useful lives as follows:

Land improvements	20%
Buildings	5%
Leasehold improvements	5%
Equipment and vehicles	20%

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

Contributed capital assets are recorded into revenues at their fair market value on the date of donation, except in circumstances where fair value cannot be reasonably determined, which are then recognized at nominal value. Transfers of capital assets from related parties are recorded at carrying value.

Works of art, historical treasures, intangible assets and items inherited by right of the Crown, such as artwork displayed in the facilities are not recognized in these consolidated financial statements.

h. Inventories of supplies

Inventories of supplies include medical, surgical, general supplies, fuel oil 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 and pharmaceuticals are valued at the lower of cost, determined on a first-in, first-out basis and net realizable value.

i. Prepaid expenses

Prepaid expenses include equipment service contracts, insurances and other miscellaneous items that are charged to expense over the periods expected to benefit from it.

3. Summary of Significant Accounting Policies (continued)

j. Revenues

Provincial plan revenues are recognized in the period in which entitlement arises. Revenue from MCP physician services, inpatient, outpatient, long-term residents and community-based services are recognized in the period services are provided.

k. Expenses

Expenses are reported on an accrual basis. The cost of all goods consumed and services received during the year is expensed. Interest expense includes debt servicing costs such as amortization of discounts and premiums, foreign exchange gains and losses, and issuance costs.

l. Measurement uncertainty

The preparation of consolidated financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reporting amounts of assets and liabilities, and disclosure of contingent assets and liabilities, at the date of the consolidated financial statements and the reported amounts of the revenues and expenses during the period. Items requiring the use of significant estimates include amortization rates and estimated retirement benefits, post-employment benefits and compensated absences.

Estimates are based on the best information available at the time of preparation of the consolidated financial statements and are reviewed annually to reflect new information as it becomes available. Measurement uncertainty exists in these consolidated financial statements. Actual results could differ from these estimates.

4. Changes in Accounting Policies

The Authority adopted the following new accounting policies:

1. Government transfers

On April 1, 2011, the Authority early-adopted the PSA Handbook Section PS 3410 “Government Transfers”, which replaced the existing government transfers standard. The new standard establishes standards on how to account for and report government transfers and is effective for years beginning on or after April 1, 2012. This accounting change had no impact on the Authority’s consolidated financial statements.

5. Restricted Cash

	2012	2011
	\$	\$
Deferred contributions -special purpose funds	608,592	631,060
Endowment fund	994,317	994,317
	1,602,909	1,625,377

Labrador-Grenfell Regional Health Authority
Notes to the consolidated financial statements
for the year ended March 31, 2012

6. Accounts Receivable

	2012	2011
	\$	\$
Government of Newfoundland and Labrador	7,724,600	13,652,864
Government of Canada	9,185,060	540,341
Patient	3,230,411	2,445,494
Other	2,227,122	1,693,908
Less provision for doubtful accounts	(980,842)	(807,300)
	21,386,351	17,525,307

7. Bank Indebtedness

The Authority has access to a \$15 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 \$5 million up to \$15 million with the first \$10 million being unsecured.

At March 31, 2012, the balance owing was \$9,617,967 (2011 - Nil.)

8. Retirement benefits, post-employment benefits and compensated absences

The Authority provides their employees, upon termination, retirement or death with at least 9 years of service, with severance benefits equal to 1 week of pay per year of service up to a maximum of 20 weeks. The Authority provides these benefits through an unfunded defined benefit plan.

The Authority also provides their employees with sick leave benefits that accumulate, but do not vest, as follows:

	Accumulation Rate	Maximum Accumulation	Maximum utilization per 20-year period
NLNU hired up to December 1, 2006	15 hours per 162.5 hours	1,800 hours	N/A
NLNU hired after December 1, 2006	7.5 hours per 162.5 hours	1,800 hours	1,800 hours
CUPE/NAPE hired up to May 4, 2004	2 days per month	N/A	480 days
CUPE/NAPE hired after May 4, 2004	1 day per month	N/A	240 days
CUPE/NAPE hired up to May 4, 2004 - 12-hour shifts	15 hours per 162.5 hours	N/A	3,600 hours
CUPE/NAPE hired after May 4, 2004 - 12-hour shifts	7.5 hours per 162.5 hours	N/A	1,800 hours

In addition, while management employees do not accrue additional sick leave days, they may use accrued sick leave banks after first using two days of paid leave.

Labrador-Grenfell Regional Health Authority
Notes to the consolidated financial statements
for the year ended March 31, 2012

8. Retirement benefits, post-employment benefits and compensated absences (continued)

The accrued benefit obligations for post-employment benefit plans as at March 31, 2012, are based on an actuarial valuation for accounting purposes as at March 31, 2012. The accrued benefit obligations relating to March 31, 2011 were extrapolated by the actuary using assumptions from March 31, 2011.

The actuarial valuation is based on assumptions about future events. The economic assumptions used in these valuations are the Authority's best estimates of expected rates of:

	2012	2011
Wages and salary escalation	4.00%	4.00%
Interest (discount rate on accrued benefit obligations)	3.85%	4.65%

a. Severance and sick leave liabilities

	2012			2011
	Severance	Sick Leave	Total	Total
	\$	\$	\$	\$
Accrued benefit obligations, end of year	12,182,906	7,406,257	19,589,163	17,662,083
Unamortized actuarial loss, end of year	(1,237,546)	(526,761)	(1,764,307)	(684,180)
Accrued benefit liability, end of year	10,945,360	6,879,496	17,824,856	16,977,903

b. Severance and sick leave expenses

	2012			2011
	Severance	Sick Leave	Total	Total
	\$	\$	\$	\$
Current year benefit cost	905,784	985,765	1,891,549	1,739,725
Interest on accrued benefit obligation	500,969	319,706	820,675	840,587
Recognized actuarial gains	36,459	16,170	52,629	-
Employee future benefit expenses	1,443,212	1,321,641	2,764,853	2,580,312

Labrador-Grenfell Regional Health Authority
Notes to the consolidated financial statements
for the year ended March 31, 2012

9. Deferred Revenue

Deferred revenues are set aside for specific purposes as required either by legislation, regulation or agreement:

March 31, 2012	Balance at beginning of year	Receipts during year	Transferred to revenue	Balance at end of year
	\$	\$	\$	\$
Operating	5,058,814	7,909,558	8,554,368	4,414,004
NCB initiatives	2,509,330	4,360,389	4,336,981	2,532,738
Capital	19,692,628	9,339,927	11,926,621	17,105,934
Special Purpose Funds	702,096	716,963	739,431	679,628
	27,962,868	22,326,837	25,557,401	24,732,304

March 31, 2011	Balance at beginning of year	Receipts during year	Transferred to revenue	Balance at end of year
	\$	\$	\$	\$
Operating	4,273,935	2,750,319	1,965,440	5,058,814
NCB initiatives	2,606,526	3,398,336	3,495,532	2,509,330
Capital	15,977,573	14,439,820	10,724,765	19,692,628
Special Purpose Funds	789,934	447,273	535,111	702,096
	23,647,968	21,035,748	16,720,848	27,962,868

The Authority receives funding for various government programs and other special purposes throughout the year. These operating and NCB revenues are recognized in the fiscal year the related expenses are incurred, services are performed or when stipulations are met. Contributions related to Tangible capital assets are deferred and recognized as the assets are purchased.

Labrador-Grenfell Regional Health Authority
Notes to the consolidated financial statements
for the year ended March 31, 2012

10. Long-Term Debt

Long-term liabilities reported on the consolidated statement of financial position are comprised of a 10% Canada Mortgage and Housing Corporation first mortgage on land and building of Harry L. Paddon Memorial Home, repayable in \$11,245 monthly instalments, interest included. This mortgage was fully repaid in the year.

	2012	2011
	\$	\$
Canada Mortgage Housing Corporation 10% first mortgage on land and building of Harry L. Paddon Memorial Home, repayable \$11,245 monthly, interest included - paid off in 2012.	-	1,156,517
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	482,351	550,189
Newfoundland and Labrador Housing Corporation 4.31% first mortgage on land and building of 12 unit apartment complex, repayable \$5,073 monthly, interest included, and maturing October 2025	626,766	659,841
	1,109,117	2,366,547

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

	\$
2013	99,908
2014	103,107
2015	106,673
2016	110,449
2017	114,099

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 2012 was \$2,100 (2011 - \$25,205)

Labrador-Grenfell Regional Health Authority
Notes to the consolidated financial statements
for the year ended March 31, 2012

11. Tangible Capital Assets

March 31, 2012

	Land	Land improvements	Buildings	Leasehold improvements	Equipment and vehicles	2012 Total
	\$	\$	\$	\$	\$	\$
Cost						
Opening Balance	11,203	187,055	35,220,137	223,678	60,370,074	96,012,147
Additions	-	29,009	5,609,852	-	6,165,761	11,804,622
Disposals	-	-	-	-	(2,677)	(2,677)
Write-downs	-	-	-	-	-	-
Closing Balance	11,203	216,064	40,829,989	223,678	66,533,158	107,814,092
Accumulated Amortization						
Opening Balance	-	156,467	15,488,210	94,896	42,365,650	58,105,223
Amortization	-	4,049	970,019	6,439	4,215,512	5,196,019
Disposals	-	-	-	-	(2,677)	(2,677)
Write-downs	-	-	-	-	-	-
Closing Balance	-	160,516	16,458,289	101,335	46,578,485	63,298,565
Net book value	11,203	55,548	24,371,700	122,342	19,954,673	44,515,527

Buildings cost includes work in progress of \$3,394,154 (2011 - \$2,369,432). Buildings are not amortized until construction of the asset is complete.

The Authority has works of art displayed in its facilities valued at \$195,714 not recognized in these consolidated financial statements.

11. Tangible Capital Assets, continued

March 31, 2011

	Land	Land improvements	Buildings	Leasehold improvements	Equipment and vehicles	2011 Total
	\$	\$	\$	\$	\$	\$
Cost						
Opening Balance	11,203	187,055	30,185,303	223,678	54,704,980	85,312,219
Additions	-	-	5,034,834	-	5,666,593	10,701,428
Disposals	-	-	-	-	(1,500)	(1,500)
Write-downs	-	-	-	-	-	-
Closing Balance	11,203	187,055	35,220,137	223,678	60,370,073	96,012,146
Accumulated Amortization						
Opening Balance	-	155,032	14,708,947	88,118	38,576,914	53,529,011
Amortization	-	1,435	779,262	6,778	3,790,237	4,577,712
Disposals	-	-	-	-	(1,500)	(1,500)
Write-downs	-	-	-	-	-	-
Closing Balance	-	156,467	15,488,210	94,896	42,360,314	58,105,223
Net book value	11,203	30,588	19,731,927	128,782	18,004,422	37,906,923

Buildings cost includes buildings work in progress of \$2,369,432 (2010 - \$1,618,980). Buildings are not amortized until construction of the asset is complete.

The Authority has works of art displayed in its facilities valued at \$195,714 not recognized in these consolidated financial statements.

Labrador-Grenfell Regional Health Authority
Notes to the consolidated financial statements
for the year ended March 31, 2012

12. Contractual Obligations

The Authority has entered into a number of multiple-year contracts for the delivery of services. These contractual obligations will become liabilities in the future when the terms of the contracts are met. Disclosure relates to the unperformed portion of the contracts.

Contractual obligations	2013	2014	2015	2016	2017
	\$	\$	\$	\$	\$
Future operating lease payments - properties	549,342	320,099	143,445	-	-
Future operating lease payments - vehicles	214,126	186,924	89,387	2,202	-
Future operating lease payments - equipment	87,903	87,903	82,497	748	-
Service contracts	812,692	481,325	378,494	188,840	43,424
	1,664,063	1,076,251	693,823	191,790	43,424

13. Expenses by Object

The following is a summary of expenses by object:

	2012	2011
	\$	\$
Salaries and benefits	125,567,405	114,832,465
Medical supplies	9,474,680	8,751,309
Other supplies	7,464,747	13,461,810
Direct client costs	24,564,028	21,562,703
Amortization of tangible capital assets	5,196,081	4,577,704
Sundry - other	31,806,241	26,685,897
	204,073,182	189,871,888

14. Trusts under Administration

At March 31, 2012, the balance of funds held in trust for Long Term Care Residents was \$379,829 (2011 - \$235,060).

15. Budgeted figures

Public Sector Accounting Standards (PSAB) requires the Authority to present budget information in the statements of operations in accordance to PSAB accounting standards.

Budgeted figures have been provided for comparison purposes and have been derived from the estimates approved by the Board of Directors. The following table presents the changes to the Authority's budget in order for the budget presented to be in compliance with PSAB.

	2012	2011
	\$	\$
Financial Plan by approved by Board	-	-
Add (less) PSAB budget adjustments		
Capital grants revenue	11,804,673	10,724,785
Amortization of tangible capital assets	(5,099,501)	(4,483,926)
 Budget surplus reported in financial statements	6,705,172	6,240,859

16. Child, Youth and Family Services

On March 26, 2012, Government transitioned 95 staff and all program delivery responsibilities from the Authority to the Department of Child, Youth and Family Services. Child, Youth and Family Services program funding and expenditures was \$16,793,000 in 2012 (2011 - \$15,140,000).

Front Cover Photos:

A Registered Nurse at St. Anthony provides care and comfort to a young client.

Photo credit: Paul Daly.

Inukshuk at Fishing Point, overlooking St. Anthony Harbour.

Employees from Community Clinics on the Southeast Coast of Labrador gather at St. Lewis.

Photo credit: MCpl Evan Kuelz, Rideau Hall.

Laboratory employees at the Labrador Health Centre.

Photo credit: Paul Daly.



Labrador - Grenfell Health

Board and Executive Offices

Labrador-Grenfell Health Administration Building
Box 7000 Station C
Happy Valley - Goose Bay, NL
Canada A0P 1C0

t. 709.897.2267

f. 709.896.4032

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