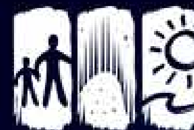
2017-18



Labrador-Grenfell Health

2017-18 ANNUAL PERFORMANCE REPORT

Cover photo credit: Chris P. Sampson Photography

Contents

Message from Chairperson 2
Overview 3
Key Statistics 4
- Human Resources Data 4
- Financial Data 4
- Service Delivery Data 4
- Operating Revenue and Expenses 5

Highlights and Partnerships 6
- Improved Access 6
- Streamlined Delivery 8
- Better Health 14

Report on Performance 18
- Issue 1: Improved Access 18
- Issue 2: Streamlined Service Delivery 22
- Issue 3: Better Health 29

Opportunities and Challenges 31
- Community Supports 31
- Decrease 'No-Show' Rates 31
- Centralized Registration 32
- Recruitment and Retention 32
- E-Learning Technology 32
- Building on Partnerships to Advance Indigenous Health 33
- Primary Health Care 34

Labrador-Grenfell Regional Health Authority – Operating Fund 35
Appendix: Service Delivery Statistics 63
- Number of Client Visits 63
- Acute Care Statistics 64
- Totals by Site 65
- Outpatient Department Statistics 66
- Health Centre Statistics 66
- Community Clinics Statistics 67
- Community Health and Wellness Statistics 67
- Long-Term Care Statistics 67
- Tele-Health Statistics 68

Message from the Chairperson

On behalf of the Board of Trustees, I present the Labrador-Grenfell Health Authority Annual Performance Report for 2017-18, 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 and any results or variances explained herein.

This past year represents the first year of a new strategic planning cycle, and the Board is pleased to report on the work completed by Labrador-Grenfell Health (L-GH) and its new strategic goals for 2017-20 for Improved Access, Streamlined Service Delivery and Better Health. These goals, paired with the strategic directions outlined in The Way Forward: A vision for Sustainability and Growth in Newfoundland and Labrador, will serve as a foundation to strengthen existing services as well as to build new initiatives throughout the strategic planning cycle. This collaboration will prove to increase successes in providing innovative, safe, high-quality health care to our region.

L-GH recognizes that access for clients remains an area for improvement and continues to prioritize this as a key strategic issue. Successes in improving access have been realized within Mental Health and Addictions, through the implementation of programs such as DoorWays, a single-session, walk-in counselling service available throughout the region; and the implementation of a Mobile Crisis Response Team.

Recognizing the diverse and geographically-large region it serves, and the tremendous amounts of financial and human resources required to produce and deliver quality health care services, L-GH continues to focus its activities on initiatives and programs designed to provide health care services as efficiently and effectively as possible; identifying Streamlined Service Delivery as its second strategic issue. In 2017, L-GH assumed responsibility for ambulance services in the Happy Valley-Goose Bay region, streamlining emergency response services. The Health Authority continues to develop policies and management systems to increase efficiencies in this area.

Through its dedication to meet the needs of its clients, L-GH has made significant strides in the areas of population health and wellness to achieve its third strategic goal of Better Health. Development of a Tuberculosis Engagement Strategy through collaboration with the Nunatsiavut Government and the HCS (Department of Health and Community Services), has been integral to providing optimal care and follow up in tuberculosis management. Connecting students with public health nurses via the Wellness Café has increased the number of youth who access existing health programming.

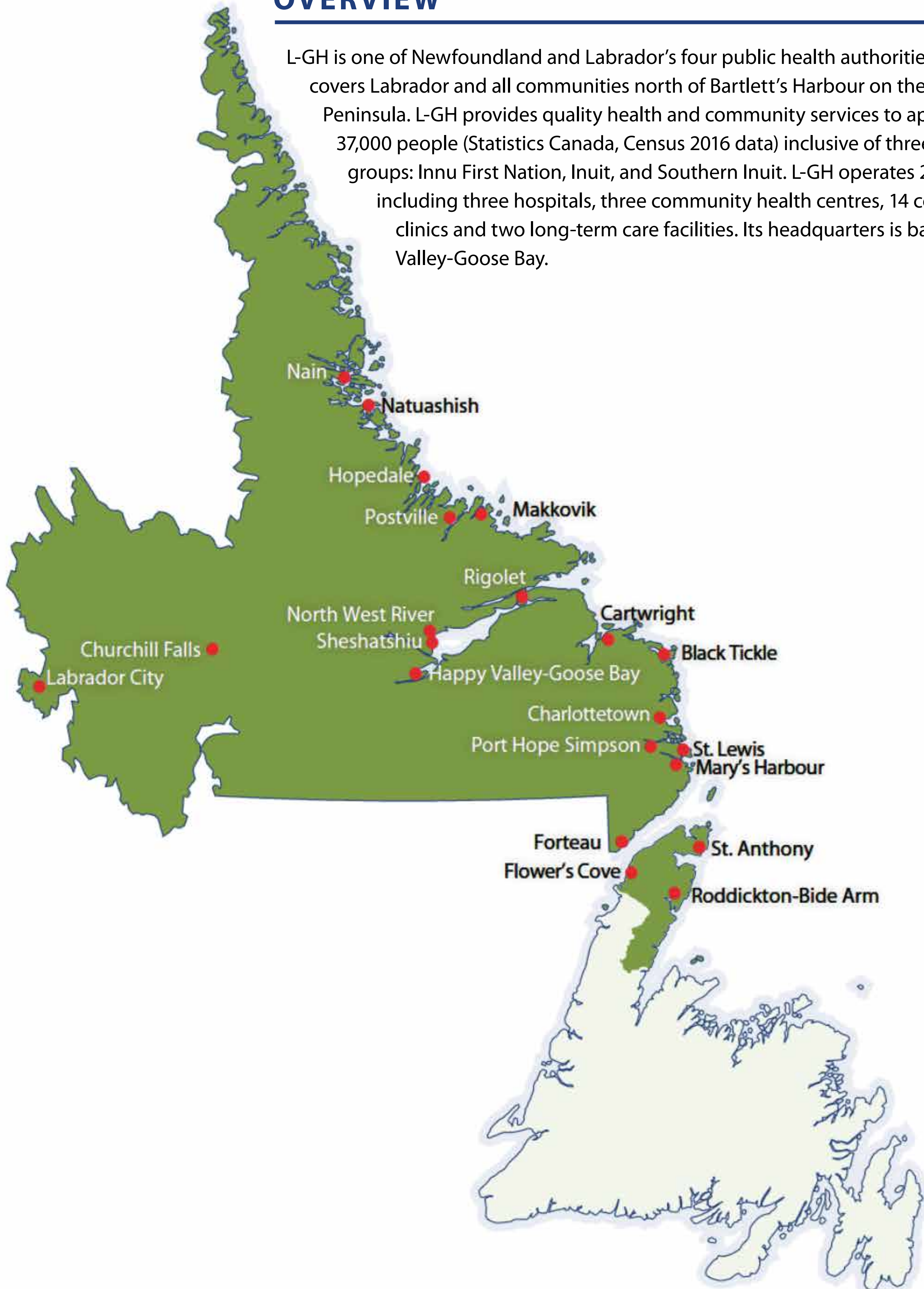
The results of this first year of L-GH Authority's 2017-20 Strategic Plan have provided an opportunity to celebrate initial successes and develop a strong foundation for the remaining two years of the planning cycle. The Board and staff are proud of their accomplishments and look forward to the year ahead.

Sincerely,

Boyd Noel, Board Chair

OVERVIEW

L-GH is one of Newfoundland and Labrador's four public health authorities which covers Labrador and all communities north of Bartlett's Harbour on the Northern Peninsula. L-GH provides quality health and community services to approximately 37,000 people (Statistics Canada, Census 2016 data) inclusive of three indigenous groups: Innu First Nation, Inuit, and Southern Inuit. L-GH operates 22 facilities, including three hospitals, three community health centres, 14 community clinics and two long-term care facilities. Its headquarters is based in Happy Valley-Goose Bay.



Key Statistics

HUMAN RESOURCES DATA

As of March 31, 2018, L-GH employed 1,551 staff (1,011 permanent full-time, 48 permanent part-time, 344 temporary and 148 casual workers). Of these, 55 per cent are support staff, 26 per cent are registered nurses, seven per cent are other health professionals (i.e. social workers, physiotherapists, occupational therapists, speech language pathologists, pharmacists), five per cent are laboratory and diagnostic imaging technologists, four per cent are management and three per cent are physicians. There are also more than 250 volunteers throughout the region, including various groups such as the Ladies Auxiliary, churches, musicians, plus many others who contribute to supporting clients and residents in the L-GH region.

Labrador-Grenfell staff are based in small population centres (1,000 - 29,999 residents) and rural areas that encompass all territory outside the population centres.

FINANCIAL DATA

Detailed financial information is available on page 35 of this report.

SERVICE DELIVERY DATA

Key statistics on Acute Care, Health Centres, Community Clinics, Community Health and Wellness, Long-Term Care and Tele-Health Services are available on pages 63-68.

Table 1: Human Resource Data

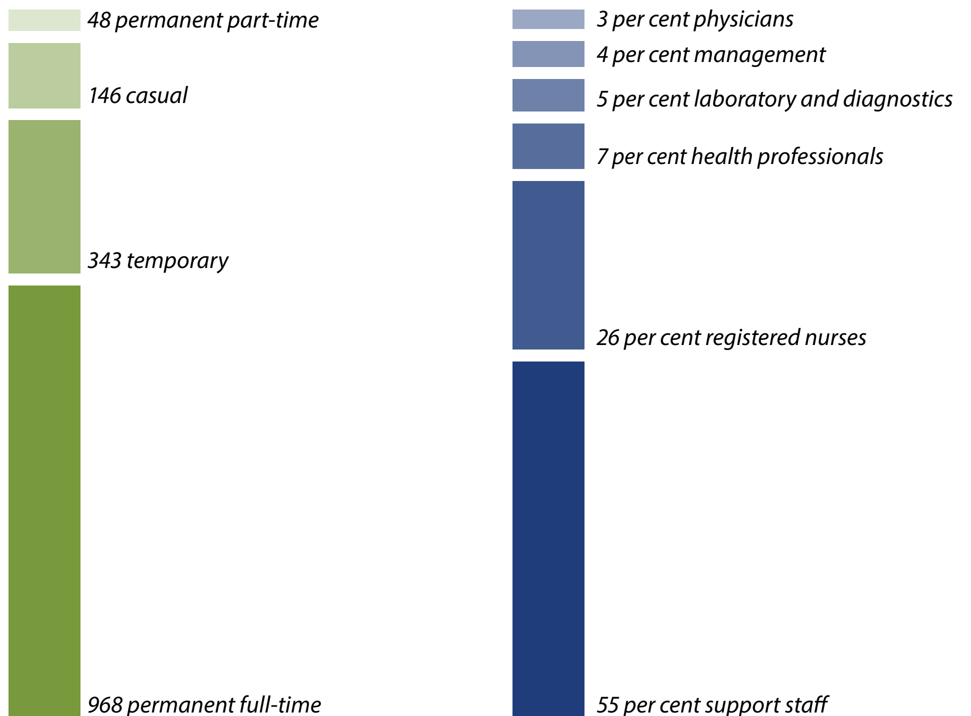


Chart 1: Operating Revenue $192,546,355

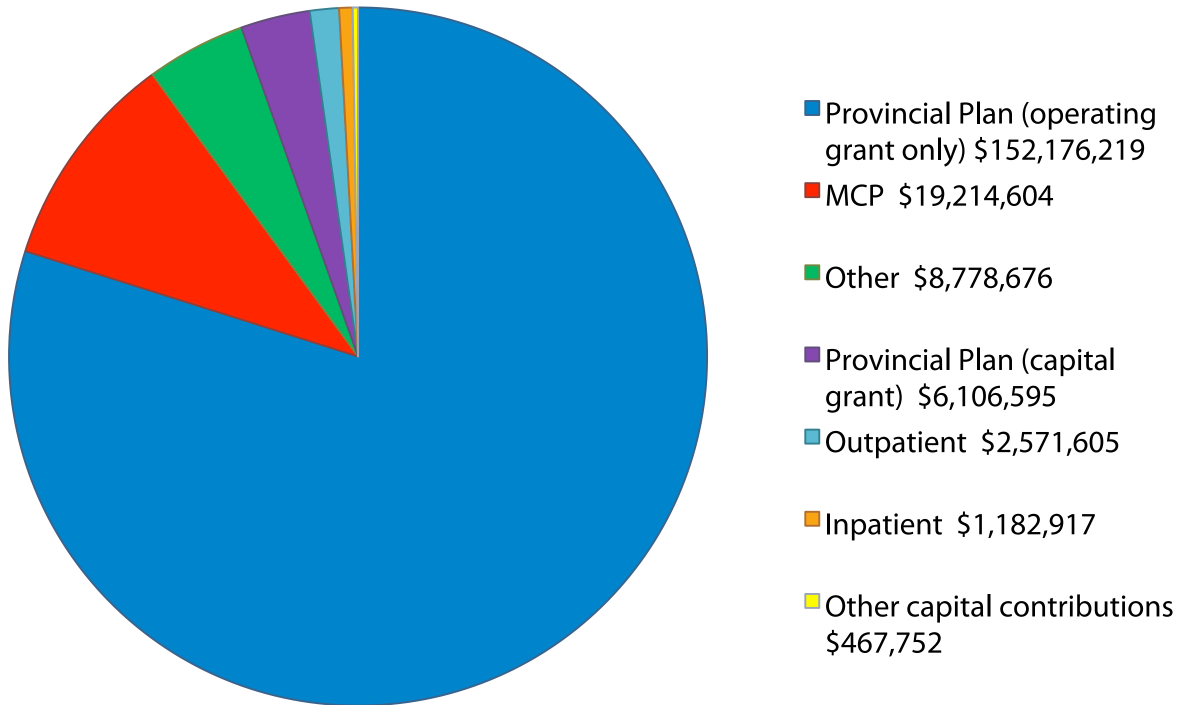
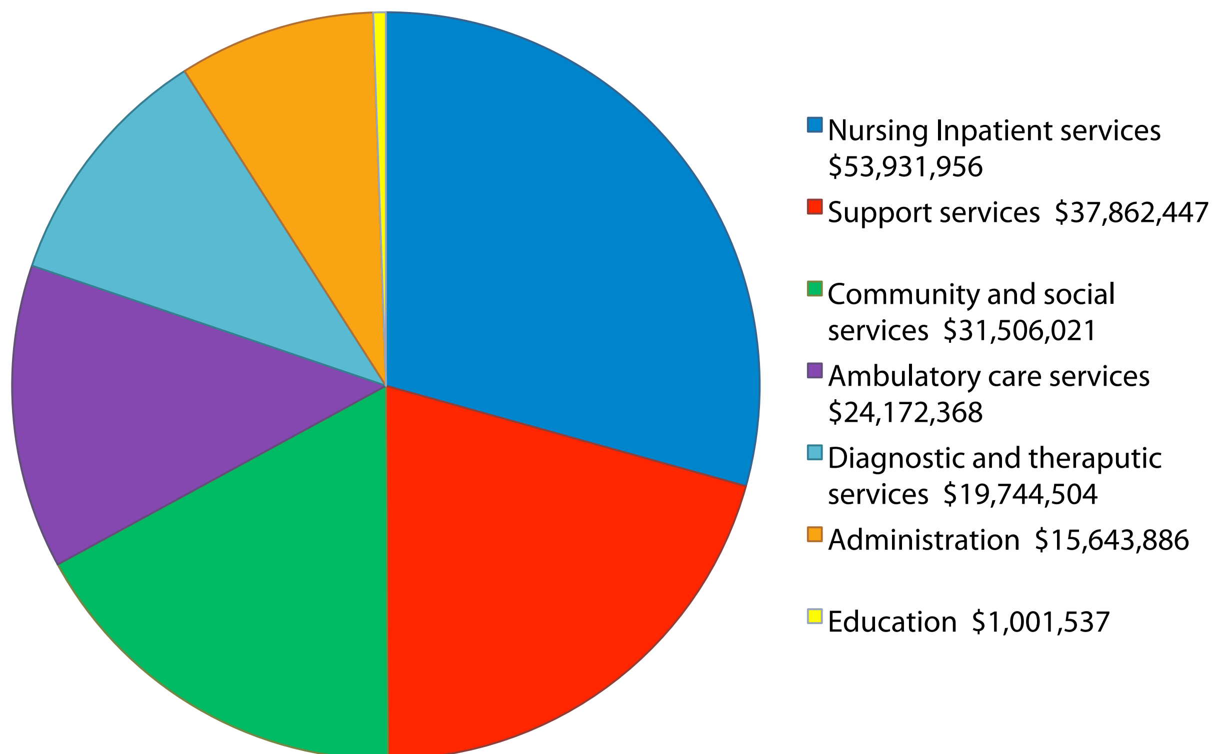


Chart 2: Expenses $184,517,495



Highlights and Partnerships

IMPROVED ACCESS

Effectively Managing Rehabilitation Services

Supporting the strategic goal for improved access, L-GH implemented a Client-Trigger Model for managing service demand. This model is used to increase access for patients who have received a routine referral for physiotherapy services and encourages clients to call and make appointments to see their local physiotherapist after a referral is made.

The model was introduced as a pilot project during April 2017 at the Labrador Health Centre. As a result, the average wait time for routine physiotherapy at this location was reduced from 136 days to 32 days; and 'no shows' were reduced from 343 to 284. Furthermore, cancellations were reduced from 595 to 544.

This model yielded several positive outcomes, including a reduction in:

- the number of clients (routine) waiting for services;
- wait times;
- 'no-shows' and cancellations.

Supporting a strategic goal for better care and the desired outcome of improved accessibility, in December 2017, L-GH also implemented a new services delivery model for speech language pathology services, whereby clients received an assessment screening before being placed on the waitlist. This has resulted in clients receiving home programs earlier; more timely

referrals for other needed services and an improved priority system for service delivery. This resulted in an overall decrease of 98 per cent in the number of people waiting for speech language services.

To further improve access to rehabilitation services, L-GH staff provided 86 video-conferencing sessions to clients.

Ambulatory Care Clinics

Enhanced Ambulatory Care Clinics were established at the Labrador Health Centre in Happy Valley-Goose Bay in Spring 2015; the White Bay Health Centre, Roddickton in November 2016; and the Labrador South Health Centre, Forteau in February 2018. These clinics allow clients to be seen for dressing changes, injections and intravenous medications by a clinic nurse, rather than accessing care through an emergency department.

The impacts of the Ambulatory Care Clinic at the White Bay Health Centre resulted in a decrease in emergency visits by 7.6 per cent, a decrease in outpatient visits by 14 per cent, and an increase in ambulatory care clinic visits by over 600 per cent.

Primary Health Care

Primary Health care was identified by the HCS as a key priority in its 2017-2020 strategic plan. As part of LGH's commitment to improving access to health services, in partnership with the Innu First Nation, in February 2018, L-GH realigned services at the Mani Ashini Clinic in Sheshatshiu, to offer all-day walk-in clinics and extended clinic hours. This new service delivery model provides the option to receive local care as opposed to having to travel to the Labrador Health Centre.

New Appointment Notification System

L-GH partnered with Central Health and the HCS to provide a patient Appointment Notification System (ANS) to remind clients of upcoming appointments via telephone, email or text. Clients are sent reminders one week before their scheduled appointment times, so they can confirm and carry out any required preparations. If a client indicates they are unable to attend the appointment, this allows other clients to be booked in any unfilled slots.

The number of 'no shows' or missed appointments are a concern for all the province's regional health authorities. When a client doesn't show at the appointed time, or doesn't give sufficient notice, there is no time to offer that appointment to another client. This results in underutilized staff and equipment resources, and lost procedure time, creating large waitlists and increased wait times for care.

ANS was introduced in endoscopy and diagnostic imaging to improve wait times. In keeping with initiatives to decrease wait times and improve access to services, LG-H also implemented a 'no-show' cancellation policy for endoscopy services, resulting in a reduction rate of 3.5 per cent in 2016-17, to 2.8 per cent in 2017-18. This policy now also includes diagnostic imaging and some surgical services. Expansion of the 'no show'/cancellation policies to other program areas, including Mental Health & Addictions is expected in 2018-19.

Acute Care Bed Management

During 2017-18, L-GH established an Acute Care Bed Management Committee to implement recommendations made by the Auditor General. Performance indicators were established and focused on emergency room benchmarks, visualization management strategies and daily census monitoring; thereby creating efficiencies and enhancing access. The committee has been involved in the development of acute care bed management policies and procedures, as well as overall improved utilization of acute care services.

FacilityFit Pro

L-GH provides a clean, sanitary and safe environment for clients, visitors and staff, and is the first health authority in Atlantic Canada to implement FacilityFit Pro, a system for monitoring and measuring the cleaning of beds. Launched on December 6, 2017 at the Labrador Health Centre, FacilityFit Pro is a web-based, discharge cleaning system that assists with acute care bed management and ensures clients are admitted in a timely manner.

As a client is discharged or transferred, a nurse or unit clerk enters the bed cleaning request. FacilityFit Pro logs the requests and the system automatically notify the cleaning staff through a mobile tablet device attached to the housekeeping cart. Beds are then

Highlights and Partnerships

cleaned, and progress is monitored on a display screen in the office of the Environmental Services Manager. L-GH is working to expand this program throughout the region.

DoorWays

In line with its strategic plan to improve access for mental health services, L-GH implemented DoorWays, a provincially-led single session walk-in service which offers counselling sessions on a first-come; first-served basis. Individuals wanting to discuss concerns such as anxiety, bullying, grief/loss etc., can access services at the Charles S. Curtis Memorial Hospital, the Labrador Health Centre, Labrador West Health Centre, Strait of Belle Isle Health Centre, Labrador South Health Centre, and White Bay Central Health Centre.

Client Experience Surveys

In May 2016, L-GH launched the Client Experience Survey (CES) to gather feedback from clients on our performance. The CES is branded as the Please Tell Us campaign and represents the first time that L-GH has invited feedback through an anonymous online survey available to its clients 24 hours a day/seven days a week. The CES is available in a variety of program areas including cancer care, diabetes care, dialysis, home care, hospital emergency services, community clinics and health centres, hospital inpatient services, long-term care, mental health and addictions, obstetrics, public health, surgical services, diagnostic imaging, laboratory and rehabilitation.

L-GH tabulates and analyzes information from the CES on a regular basis. Data is then used to identify opportunities for improvement. L-GH publicly reported the results from the CES (May 2016 to May 2017). More than 600 respondents provided answers to a series of questions and the feedback was grouped in seven areas: Communication, Facility, Knowledge, Respect, Discharge, Admission and Access. The results indicate a level of satisfaction was highest around Respect (91 per cent) and lowest around Access (52 per cent).

L-GH continues to encourage clients, residents and family members to take a few minutes to complete a survey whenever they avail of these program areas. It is important that the people being served are partners in providing effective, efficient and safe health care services. L-GH values the information that is shared and commits to using the feedback to improve quality health care to people living in our region.

STREAMLINED DELIVERY

Emergency Medical Services

L-GH assumed the ambulance services for the Happy Valley-Goose Bay area in the fall of 2017. The North West River ambulance service has also been fully integrated with the Labrador Health Centre ambulance service. Integration allows for rotational staff schedules through the emergency department and ensures standardization and consistency, which maintains clinical skills and overall efficiency.

An Emergency Medical Services Professional Practice Department is being developed with a focus on ensuring clients receive optimal care. Electronic tracking is in place for recording standardized ambulance checklists along with chute times/ response times. Electronic quality review audits are being completed on all ambulance calls to ensure documentation and care provision meets the Standards of Practice for Primary Care Paramedics. Standardization of ambulance services continue with policy development and fleet management. In addition, an ambulance replacement forecasting tool has been developed to assist with ambulance replacement.

Diabetes Electronic documentation

With Information Management and Technology (IM&T) support from Eastern Health, L-GH developed an electronic Diabetes Electronic Documentation database, which went live the summer of 2017 in L-GH's the southern region, with plans to fully implement in 2018. Diabetes nurse educators and registered dietitians are now documenting electronically in Meditech. This allows providers across the region to access client information, enhancing a client-centred collaborative approach to diabetic care.

Information Sharing Agreement

An information sharing agreement has been signed between L-GH and the Nunatsiavut Government, for the sharing of health information, facilitating access to databases. This will improve continuity of client care allowing Nunatsiavut Government nursing staff timely access to client clinical information.

L-GH and the Nunatsiavut Government's IM&T departments are also collaborating to develop a process map to facilitate access to Labrador-Grenfell-Health's network and databases.

Highlights and Partnerships

Commitment to Fetal Alcohol Spectrum Disorder assessment and diagnostic services

The ability for children, youth and their families to receive Fetal Alcohol Spectrum Disorder (FASD) assessment and diagnostic services at home, in a consistent and timely manner is essential. L-GH has the skill-set required to deliver such services and is therefore committed to providing a best-practice approach.

In October 2017 L-GH's FASD co-ordinator presented at the Northern, Rural, and Remote Health Conference in Happy Valley-Goose Bay. Their presentation focused on the community-based model being used, and the steps being taken to ensure its sustainability.

The L-GH FASD Interdisciplinary Diagnostic Clinic incorporates such services as Pediatrics, Family Medicine, Psychology, Speech Language Pathology and Occupational Therapy, and is facilitated by the Regional FASD Co-ordinator.

Commitment to Partnerships

L-GH takes pride in its partnerships with schools, town councils, ski clubs, daycare and family resource centres, recreation departments, local pharmacies, Department of Advanced Education and Skills and Labour, HCS, Department of Children, Seniors and Social Development, Association for Community Living, the Nunatsiavut Government, the Innu First Nation, the NunatuKavut Community Council, Melville Native

Housing Association, Canadian Red Cross, Canadian Paraplegic Association, and other government agencies, ensuring innovative and quality approaches to service delivery.

Furthermore, as an organization, L-GH works collaboratively with our Indigenous governments and organizations in the advancement and enhancement of health care services throughout the region. Through these partnerships, we work to facilitate communications; resolve obstacles in the delivery of health services; advance the exchange of information; enhance knowledge of Indigenous cultures and social determinants of health and promote professional relationships between agencies, as well as support actions that improve the health of the Indigenous populations. These partnerships support work being done on the prevention and management of tuberculosis, the annual seasonal influenza vaccination program, primary care support for individuals living with chronic illness in remote and isolated communities, advancement in improving the quality of care and access to services for Indigenous people impacted by cancer.

Quarterly meetings are held with the Inuit Health Liaison Committee and with the Innu Minuinniuin Committee under the oversight of the Innu Round Table.

Additionally, the strides that have been achieved in mental health and addictions from the visions and values defined by Towards Recovery have supported L-GH's goal of strengthening services to the people it serves.

Home Is Best

In partnership with the HCS, the province's four regional health authorities implemented Home First, an initiative designed to provide enhanced supports to help people remain in their homes and communities, as to avoid unnecessary hospitalization and long-term care placement.

Other service improvements realized from the 'Home First' initiative include:

- expansion of the role of social workers in the Community Supports Program;
- implementing a well-defined discharge planning process;
- implementing a centralized intake for all new referrals to community supports, inclusive of a 1-800 number and Meditech referral system; and
- training in assessment/ intervention tools, including policies and processes, clinical assessment, case management and support plans.

Improving Mental Health Service Delivery

In June 2017, the provincial government released the Towards Recovery, which endorses the collaborative approach of the Royal Newfoundland Constabulary and the HCS, in implementing Mobile Crisis Response teams across the province. A team was established in Labrador West in March 2018, and is utilizing the empirically-proven Memphis Model, which ensures a more appropriate response is provided to those experiencing a mental health crisis.

Working with community organizations and our Indigenous partners, 23 mental health and addictions workshops were delivered in Nain, Natuashish, Hopedale, Makkovik, Labrador City, Happy Valley-Goose Bay, Red Bay, Forteau, Port Hope Simpson, St. Anthony, Roddickton, Flower's Cove and Anchor Point. Workshop topics included:

- Motivational interviewing
- Fundamental Concepts in Addictions
- Applied Suicide Intervention Skills Training
- Mental Health First-Aid Canada
- Mental Health First-Aid Canada: For Adults who Interact with Youth
- Suicide Talk
- FASD 101: Introduction to Fetal Alcohol Spectrum Disorder
- Anti-Stigma Campaign: Stop the Secret, Stop the Stigma
- Youth and Drugs.

This training coincides with L-GH's mandate for improved service delivery throughout the region.

Institute for Quality Management in Health Care Laboratory Accreditation

In keeping with L-GH's strategic goal of streamlining service delivery, a team from the Institute for Quality Management in Health Care (IQMHC) began the mid-term accreditation assessment of L-GH in September 2017. The team visited the three

Highlights and Partnerships

main Hospitals, three Health Centres and two of the 14 community clinics. Accreditation is a third-party evaluation of processes to ensure quality and competence, through conformance to an acknowledged standard. Clients accessing services such as medical laboratory testing, medical specimen procurement, and point-of-care testing expect reliability and quality results.

The IQMHC requires that internal laboratory auditing be used to effectively verify that laboratory processes meet their requirements, and to determine how well those processes are functioning within the authority's Quality Management System. In the fall of 2017, L-GH employees participated in Internal Auditor training offered by the IQMHC. Since the completion of this course, 23 staff have been trained to complete annual internal audits to verify that operations comply with accepted standards.

Nurses Playing a Vital Role

In March 2017, L-GH implemented Intentional Patient Rounding (IPR) at the Labrador West Health Centre. IPR was expanded to the Charles S. Curtis Memorial Hospital in September 2017 and Labrador Health Centre in February 2018.

IPR is an evidence-based practice that improves patient and nurse satisfaction and decreases falls, pressure ulcers and patient use of a call light. It involves nurses assessing a patient's four Ps – pain, potty, personal possessions and positioning – on an hourly or bi-hourly basis. A post- evaluation demonstrated a 25 per cent reduction in the number of call bells compared to the pre-implementation of IPR. Survey results indicated that 82 per cent of patients believed their call bells were answered in a timely manner, compared to 50 per cent prior to implementation. Moreover, 86 per cent of respondents felt involved in

their care, compared to 70 per cent prior to the implementation of IPR.

The process of Post Discharge Calls (PDC) was implemented regionally in October 2016. PDC is a process which involves placing telephone calls to clients who have been discharged following an admission to an acute care facility in an effort, to assess understanding and compliance with medication and follow-up appointments. This initiative is designed to improve transitions in care. The benefits of PDC are improved clinical outcomes, positive client care experiences, and reduced readmissions. The calls also verify that client care has been impacted. As of March 2018, over 2,600 calls were placed to clients. L-GH continues to monitor, measure and act to improve services based on client feedback on a variety of indicators such as patient and family satisfaction, discharge instructions, barriers to follow-Up, professionalism and medication safety.

In 2017-18, the feedback identified that patients are satisfied with the care 87.8 per cent of time, that they understand instructions 97.4 per cent of the time, were treated with respect 89.9 per cent of the time, that nurses checked arm bands 69.8 per cent of the time when dispensing medication, that nurses updated patient communication boards 73.7 per cent of the time, and that nurses completed hourly rounding 78 per cent of the time.

Nurse Communications

To streamline service delivery and enhance communication, the Nursing Information Management System (NIMS) was designed as a communication tool for staff to access important documents depending on role or unit, such as policies, clinical practice guidelines, resource documents, memos, etc.

Highlights and Partnerships

A key feature of NIMS is the ability to audit staff compliance with reading and acknowledging required documents. It can track, score and provide performance reports on an individuals, units, facilities and/or regions. The reports are meaningful and used extensively to engage and communicate with staff. To date, over 50 per cent of our policies have been reviewed across the region.

Improvements for Laboratory and Pharmacy Services

In the spring of 2017, L-GH embarked on a significant renovation project in the microbiology and histology areas of the Laboratory as well as the Pharmacy Department at the Charles S. Curtis Memorial Hospital, in an effort to meet IQMH and Pharmacy Board standards. The cost of this project was approximately $3 million. The renovations were completed December 2017 and will improve working conditions and have a positive impact on workflow and client services.

BETTER HEALTH

Tuberculosis Management

L-GH has worked with their partners, the Nunatsiavut Government, HCS and the First Nations and Inuit Health Branch, on strategies surrounding the eradication of tuberculosis in Indigenous communities.

Continued care and monitoring occur with all key partners to ensure clients are receiving optimal care and timely follow-up. An implementation committee meets weekly to review practices, process and to make recommendations to the Tripartite Committee on First Nations Health for program enhancements.

Implementation of Wellness Café

A Wellness Café Demonstration Project was launched in October 2017. This is a centre which operates at the local high school in Happy Valley-Goose Bay. According to a Youth Health Survey, Central Labrador high school students expressed difficulties accessing healthcare services. The most common reasons were the length of time to make an appointment, not knowing where to go, and privacy/ confidentiality concerns. In response to this specified need, L-GH decided to take an innovative approach by delivering healthcare services directly to youth within the school environment.

An effective partnership has been established between the public

health nurse, youth outreach worker, and high school staff, to co-ordinate care and offers students a single point of access to services. Health promotion events are also organized throughout the year alongside various partners and community organizations. The purpose of the Wellness Café is to encourage students to take ownership of their health and develop the necessary skills and behaviours to live healthy lifestyles.

Through the Wellness Café, L-GH has collaborated with local stakeholders to provide over 10 wellness events to students, including partnering with RCMP for a substance use presentation and with the local Crime Prevention Committee during Wellness Week.

A public health nurse visits the high school weekly to support students in all aspects of health, including sexual health, mental health, substance use, nutrition, physical activity, and injury prevention. Access is also facilitated to other health care providers and community supports as necessary. Students visit the Wellness Café on a drop-in basis: all services are confidential.

Enhanced Supports for Children with Autism

In 2016, L-GH received an International Grenfell Association grant to offer staff training in the administration of the Autism Diagnostic Observation Schedule (ADOS) and the Autism Diagnostic Interview (ADI). Both ADOS and ADI are considered state-of-the-art diagnostic procedures and standardized development assessment tools for Autism Spectrum Disorder (ASD). The overall training goal was to establish a multi-disciplinary diagnostic team in Happy Valley-Goose Bay, which would provide services like those offered by teams already established in St. Anthony and Labrador West. During 2017-18, 27 children benefitted from 11 ADOS and ADI clinics at these centres.

Supporting a strategic goal of better care, service improvements and e-health technology for Autism treatment, staff were trained in a new best-practice intervention. Joint Attention Symbolic Play Engagement Regulation (JASPER) is a provincially-driven and naturalistic approach which focuses on communicative gestures, language, engagement, play skills and a child's initiation of skills. This intervention relies heavily on the use of telehealth technology to facilitate remote, live coaching sessions. During 2017-18, some 15 coaching sessions were held with staff throughout the region, and 11 children accessed the program.

Additional treatment initiatives involved teaming up with medical, nursing and community health colleagues, to provide a team approach to client care. Diagnostic clinics were conducted in Happy Valley-Goose Bay, Labrador West and St. Anthony, which enabled early intervention services to be initiated, and 17 children to be diagnosed.

Mentorship Program

L-GH's Regional Nurse Retention Program is designed to prepare novice nurses with the advanced skills and knowledge to work in expanded scope. The program graduated three registered nurses in 2017. They are now working in 'difficult-to-fill' positions within coastal clinics and gaining first-hand experience working in Indigenous communities. Another four novice nurses are entering the program in 2018 to assist with other anticipated vacancies. Three of these nurses are Labrador residents who have received enhanced bursaries under the Provincial Nursing Bursary Program in exchange for service. This program allows L-GH to ensure a supply of knowledgeable staff to provide health care services in rural and remote clinics.

Naloxone Take Home Kit Program

L-GH continues to train emergency room nurses to provide FREE Naloxone kits to clients being discharged who have been treated for an Opioid overdose. Naloxone kits are now available at 38 sites throughout the region.

Milestone in Breastfeeding Support

L-GH is working to achieve a Baby Friendly Designation. According to the Breastfeeding Committee for Canada (BCC), the Baby-Friendly Initiative (BFI) is an "integrated approach for hospitals and community health services, based on the Baby-Friendly Hospital Initiative, and provides 10 evidence-based steps to optimally support maternal-child health for all mothers and babies. Although the degree of implementation of the BFI varies across Canada, all provinces and

Highlights and Partnerships

territories are working towards this internationally-recognized maternal child health strategy." L-GH is the first health authority in the province to be acknowledged by the BCC and the Baby-Friendly Council of Newfoundland and Labrador, with a certificate for its milestones relating to policies and procedures, formula purchase, skin-to-skin and education. The certificate was essential to validate the organization's readiness for pre-assessment. BCC completed the pre-assessment in 2017 and determined that the Labrador West Health Centre and Charles S. Curtis Memorial Hospital would be ready for assessment in 2018. The Labrador West Heath Centre was assessed June 27 – 29, 2018, and Charles S. Curtis Memorial Hospital during fall 2018. If successful, these facilities will be the first in Atlantic Canada to receive the Baby-Friendly Designation.

Employee Wellness

L-GH is committed to providing a working environment that supports the mental health and wellness of its employees. Working Mind: Workplace Mental Health and Wellness is an education-based program designed to address and promote mental health and reduce the stigma of mental illness in a workplace setting. It is based on a Department of National Defense program called Road to Mental Readiness (R2MR). The program goals support the mental health and wellbeing of employees, enables full productivity, ensures the workplace is respectful and inclusive, and encourages employees to seek help for mental health issues. Separate, mandatory sessions are provided to managers and non-managers, facilitated by L-GH's Employee Development Health and Safety

Department (EDHS), in collaboration with Mental Health and Addictions. In 2016-17, 42 staff completed the program, increasing to 65 in 2017-18.

Infection Prevention and Disease Control

In conjunction with the other regional health authorities, L-GH supports the establishment of a Hand Hygiene Program to improve and sustain the hand hygiene practices of healthcare workers. The program includes hand hygiene guidelines, an education curriculum, and a hand hygiene compliance monitoring component, which meets the mandate of the HCS to provide leadership, co-ordination, monitoring and support ensuring infection protection and disease control.

Report on Performance

ISSUE 1: IMPROVED ACCESS

On April 1, 2017, L-GH embarked on the first year of a new three-year strategic planning cycle, with a focus on improving access, streamlining service delivery and achieving better health for the people it serves.

L-GH continues to build on its earlier successes of improving access for clients to selected services and has identified this strategic issue as being one that remains of significant importance to its operations. A vital component of any strategy is to receive feedback from clients accessing services. As a result, in late 2015-16, L-GH launched a Client Experience Survey (CES), called 'Please Tell Us…' This regional initiative, which is available in multiple service areas, represented the first time that L-GH invited feedback through an ongoing online survey from clients who accessed services. As the survey is open and available to any client or member of the public but is not considered as reliable or as valid as other more scientifically-structured surveys which follow a more rigid questionnaire methodology. However, the feedback received is very important in providing a qualitative measure of services and is regularly being tabulated and analyzed.

Information gained from the survey is being used to identify opportunities where improvements to access can be made. Early results from the CES are informing L-GH that clients feel they are not accessing care in a timely manner. Since the launch of the survey, and up to December 31, 2016, L-GH received 463 on-line responses in 13 program areas. Of the total number of respondents, only 46 per cent indicated a positive experience (agreed or strongly agreed) that they "received care in a timely manner".

In March 2017, the All-Party Committee on Mental Health and Addictions, comprised of members from all parties elected to the House of Assembly, presented a report to the public entitled Towards Recovery. The report represented a culmination of consultation, review, analysis and collaboration and consisted of 54 recommendations to achieve a better system to support improved mental health and well-being for Newfoundlanders and Labradorians. L-GH, guided by the vision and Toward Recovery, released on June 27, 2017, is implementing specific actions throughout the 2017-20 strategic planning cycle which will address applicable recommendations, including those which are intended to improve access to mental health and addictions services.

Scorecard for Strategic Planning Goals

Goal: By March 31, 2020, L-GH will have enhanced access to primary health care services.

Objective Year 1: By March 31, 2018, L-GH will have increased service options available to clients to reduce wait lists and wait times for mental health and addictions services.

INDICATORS

Planned for 2017-18	Actual Performance for 2017-18
Provided online information to clients about mental health and addictions services and how to navigate these services	**ONLINE INFORMATION** All information regarding the services provided by Mental Health and Addictions is available on the L-GH website, including services offered provincially, i.e. Humberwood Treatment Centre, as well as contact information for the Provincial Navigator.
Continued focus on increased access to evidence-based services via technology	**eHealth MENTAL HEALTH TOOL AND TECHNOLOGY** In January 2018, L-GH implemented the Therapist Assisted Online (TAO) program, a cognitive behavioral therapy for anxiety, depression and addictions. Fifteen clinicians are trained in TAO and offering this service at the Labrador Health Centre, Labrador West Health Centre and Charles S. Curtis Memorial Hospital. Bridge the gAPP and the Breathing Room were introduced in March 2018. These online services are available to clients, clinical staff and the youth outreach workers who provide supports for anxiety, depression and addictions issues. The sites teach coping skills and self-therapy techniques and provide other assistive tools. **TELEHEALTH** In 2017-18, L-GH provided 381 Pediatric consults through regular Pediatric Tele-Psychiatry clinics, resulting in a reduced wait list for mental health services. In March 2018, L-GH received approval from HCS for a full-time Tele-Psychiatry position. The position will be located within Eastern Health and will report to Labrador-Grenfell Health. This positioning will provide psychiatry services during amid the current challenges in recruiting Psychiatrists.

Report on Performance

Planned for 2017-18	Actual Performance for 2017-18
Implemented actions, including a plan to address no-show rates to better accommodate the challenges faced by some individuals in attending mental health and addictions appointments.	To address the issue of 'no-shows' and cancellations in the Mental Health and Addictions Department, L-GH will expand the 'no show'/cancellation policies implemented in the Endoscopy and Diagnostic Departments within Mental Health and Addictions in 2018-19. In 2017-18, L-GH implemented a plan to address 'no show' rates in the Mental Health and Addicitons Department. As a result, the following actions were implemented: **REMINDER CALLS** As a way to reduce mental health waitlists and wait times and to minimize 'no-show' rates for mental health appointments, reminder calls are made to advise of appointment times for clients. This includes reminder calls for those with a pattern of non-attendance at appointments or those who live with cognitive issues, etc. This initiative has resulted in reduction of 'no-shows' as well as clients rescheduling if the original appointment time does not meet their needs. **MEDITECH REGISTRATION** Meditech registration has been implemented in all mental health and addictions areas. All Mental Health and Addictions staff are trained in this process. Registering all clients in Meditech provides opportunity to assess utilization and identify opportunities to enhance access and capacity. Meditech registration being co-ordinated through the Information Management and Technology Team.

Discussion of Results

One of the key objectives for 2017-2018 was to increase access and enhance the services available to clients with mental health and addictions issues. L-GH has observed many accomplishments in this area including access to the Therapist-Assisted Online (TAO) program. The health authority is also working with youth affected by anxiety, depression and addictions. Online services such as Bridge the gAPP and the Breathing Room have been successful in teaching coping skills, self-therapy techniques and other assistive tools tailored to youth.

A mental health and addictions walk-in clinic have been established in Labrador City, where clients can avail of health care professionals offering single-session therapy services on a first-come, first-served basis.

Mental health and addictions issues and other service delivery challenges are not isolated to this region, and L-GH, in collaboration with the province's other health authorities will continue to work towards helping to guide the provincial government's Way Forward, with the goal of transforming the province's mental health and addictions system over the next five years.

Objective Year 2: By March 31, 2019, L-GH will have implemented additional initiatives to support further improvements in client access to selected services.

- expansion of the 'no show' and cancellation policies into Mental Health and Addictions, Outpatients and Rehabilitation program areas
- continued implementation of CWS in selected program areas
- continued implementation of the ANS into selected program areas
- continued the expansion of Ambulatory Care Clinic hours of operation in selected sites
- begin implementation of central registration
- implement strategies to increase access to primary care providers in outpatient departments
- establish a family advisory council to identify opportunities for increased access
- continue to monitor the CES

Report on Performance

ISSUE 2: STREAMLINED SERVICE DELIVERY

Over the past several years, L-GH has committed considerable effort towards making the best possible use of the resources allotted to deliver quality health programs and services. As stewards of the public purse, the Health Authority is accountable to exercise good judgment to ensure that maximum value is achieved for a wide range of necessary and important expenditures.

With the launch of a new strategic planning cycle for the period of 2017-20, L-GH is refocusing its efforts on providing health care services as efficiently and effectively as possible. The approach involves determining the appropriateness of care and the applicable utilization of resources. The goal, which is in line with government's strategic directions, and with The Way Forward will be a system that lowers cost, but more importantly, improves client outcomes. For example, in 2014-15, L-GH had a higher rate of acute care hospitalizations for conditions that could have been prevented or reduced if appropriate ambulatory care had been provided, as compared to the provincial and national averages.

Another challenge facing L-GH is around the cost incurred in compensating staff when they are required to work overtime. Overtime is incurred for a variety of reasons, such as when a member of staff unexpectedly calls in sick and must be replaced, or client demand for services exceeds normal staffing levels. During the 2015-16 fiscal year, L-GH paid out $6.9 million in overtime. This represented 6.7 per cent of its total compensation costs. In comparison, the proportion of total compensation spent on overtime by the four regional health authorities was 3.4 per cent in 2015-16.

In working towards improved performance, L-GH is learning about and starting to apply the 'Lean' philosophy as an integral part of many of its initiatives, in an effort, to maximize client value while minimizing waste. 'Lean' means creating more value for clients with fewer resources and is not a tactic or a cost reduction program. It is a way of thinking and acting for an entire organization. Businesses in all industries and services, including health care and governments, are using lean principles as the way they think and function. L-GH implemented Lean methodology in its Emergency Department improvement strategy.

Scorecard for Strategic Plan Goals

Goal: By March 31, 2020, L-GH will have streamlined operations to appropriately realign and match resources with demonstrated utilization.

Objective Year 1: By March 31, 2018, L-GH will have implemented selected actions to improve financial performance.

INDICATORS

Planned for 2017-18	Actual Performance for 2017-18
Begun realignment of the delivery of regional pharmacy services	In 2017, the Charles S. Curtis Memorial Hospital implemented the Meditech Pharmacy Module to align with provincial and national pharmacy standards, as well as Accreditation Canada Medication Management Standards. L-GH developed a regional medication order form and standardized the medication ordering process. In doing so L-GH made a significant step forward and begun realignment of the delivery of pharmacy services in the region.
Reduced overtime labour costs by a minimum of 10 per cent	**Achieved efficiencies** In keeping with the the HCS' strategic direction of better value through improvement, L-GH has implemented a variety of strategies to achieve savings in overtime. Through improved monitoring and the implementation of several strategies, these costs were reduced by 14.86 per cent. Some specific changes made during 2017-18 include: ❖ requiring approval by managers before incurring extra costs; ❖ changing schedules for a variety of departments; ❖ utilizing appropriate staffing levels; based on acuity and staffing with appropriate skill mix; ❖ replacing staff only when necessary and ❖ tracking and monitoring though monthly variance reporting.

Report on Performance

Planned for 2017-18	Actual Performance for 2017-18
Begun implementation of strategies to improve acute care bed management	In keeping with the HCS' direction to ensure appropriate utilization of acute care beds , L-GH is following the recommendations from the Auditor General Report dated 2016. L-GH has implemented numerous recommendations such as: **GOVERNANCE** ❖ establishment of an Acute Care Bed Management Committee. ❖ participation in a provincial Alternate Level of Care (ALC) committee to identify consistent practices in addressing the issue of ALC rates. ❖ reallocation of resources to hire a Clinical Efficiency Project Manager. **ACUTE CARE BED MANAGEMENT SCORECARD** ❖ An Acute Care Bed Management Scorecard was developed and disseminated weekly. It includes emergency room benchmarks (triage levels, door-to-registration, door-to-discharge, etc.), admissions and discharges by day of week, and percentage of admissions and discharges by time of day. ❖ The scorecard will continue to evolve and include additional benchmarks (readmission rates, percentage of clients that exceed estimated length of stay by case mix grouping, time to clean beds, etc.). ❖ Monitor bed occupancy and alternate level of care days. **VISUAL MANAGEMENT** A Visualization management strategy was implemented in March 2018 at Charles S. Curtis Memorial Hospital, with plans to implement at the Labrador Health Centre and Labrador West Health Centre by fall 2018. This strategy utilizes a white board and color coding to track patient progress towards discharge. This initiative is also used to track progress of patient referrals. To help staff with the discharge planning process, a discharge algorithm was implemented. If a client requires services outside of the acute care setting following discharge, the algorithm tool identifies the appropriate contact for that patient to receive care. An Overflow algorithm has been established for each acute care facility. This tool indicates what would signify "overcapacity" at each facility and identifies proper patient placement in cases of overflow.

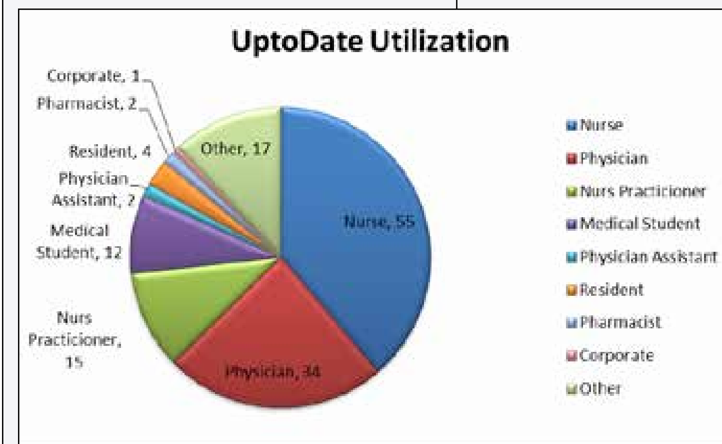
Planned for 2017-18	Actual Performance for 2017-18
Expanded clinician utilization of best practice and evidence-based tools, such as standardized Patient Order Sets.	**PATIENT ORDER SETS** In conjunction with the HCS, the four regional health authorities entered a contract with Patient Order Sets (now Think Research). Patient Order Sets are evidence-based medical checklists designed to improve patient safety and manage costs. They are conveniently grouped medical orders that work to standardize diagnosis and treatment following pre-established clinical guidelines. Patient Order Sets have been proven to demonstrate increased patient safety, improve evidence-based care, improve processes, better use of healthcare resources and improved bed management. L-GH implemented Patient Order Sets at all three (3) hospitals in April 2016. Since this time there has been a significant increase in the usage of this tool. The table below illustrates the percentage increase determined by comparing the number of actual admissions to each facility to the number of times patient order sets. There has been a steady increase in the utilization of POS by physicians. Usage of Patient Order Sets compared to the number of admissions

Facility	Quarter 1 2016	Quarter 4 2018
Labrador Health Centre	19%	38%
Curtis Memorial Hospital	3%	48%
Labrador West Health Centre	74%	78%
Regional	32%	55%

MANAGING OBSTETRICAL RISK EFFICIENTLY: MOREOB

L-GH (LGH) and the International Grenfell Association (IGA) have partnered to provide nurses and physicians with the Managing Obstetrical Risk Efficiently (MORE^{OB}) program and the continuing MORE^{OB} Plus Program.

The program(s) focus on providing patient safety and quality care to obstetrical families. Staff are educated, orientated and utilizing up-to-date, national evidenced-based practices to provide patient-family centred safe care.



Each MOREOB program is three years, and L-GH is now transitioning to the

third year of the MORE^{OB} Plus program. This program reinforces MORE^{OB} concepts along with the primary goal of improving and ensuring effective communication and standardization throughout the region.

UpToDate

L-GH values evidence-based guidelines to provide safe, quality care. UpToDate, provides all health care providers with instant access to evidence based guidelines. UpToDate is a cost-effective approach for improving healthcare.

Planned for 2017-18	Actual Performance for 2017-18
Implemented standardized processes in selected areas (i.e., visiting specialists, registration and data collection)	**MANAGING WAITLISTS AND WAIT TIMES** In keeping with the HCS' commitment to reduce wait times, L-GH continues to monitor wait times and waitlists. Standardized processes for increasing communication and improving the management of the waitlists were reviewed. Visiting specialist waitlists were audited to improve accuracy and access to services. To streamline operations, waitlists reports have been reorganized by longest wait times in and effort to improve access. Waitlist reports are communicated to physicians on a regular basis to ensure accuracy and to assist with monitoring and management. Wait time information increases system accountability and supports health care decision making. **'NO SHOW' /CANCELLATION POLICY** In keeping with HCS' initiative to decrease wait time and improve access to services, L-GH implemented a 'no show'/cancellation policy in endoscopy services. A comparison of endoscopy no show rates has shown a decrease in no shows from 3.5 per cent in 2016-17 to 2.8 per cent in 2017-18. In January 2018 L-GH expanded its 'no show' and cancellation policies to include diagnostic imaging and some surgical services. Improvements in processes, standardization and the implementation of Appointment Notification System may have contributed to this success. The 'No-show' and Cancellation/Refusal Policy indicates, but is not limited to the following: ❖ a client is permitted to cancel and reschedule one appointment. ❖ following a " ❖ 'no show', a notification letter shall be sent indicating the client must obtain a new referral if a future appointment is needed. ❖ out-of-town clients receive follow-up phone calls to determine if there was a justifiable reason for not attending a scheduled appointment. ❖ a reason for rescheduling an appointment is documented in the Meditech system. Expansion of the 'no show'/cancellation policies to other program areas is expected in 2018-19.▶

Planned for 2017-18	Actual Performance for 2017-18
Implemented standardized processes in selected areas (i.e., visiting specialists, registration and data collection) (CONTINUED)	▶ **EMERGENCY ROOM IMPROVEMENT STRATEGY** In conjunction with the HCS, L-GH implemented an Emergency Room improvement strategy to decrease wait times, enhance patient satisfaction and improve client flow. In January 2016, a Regional Emergency Room Improvement Committee was established to implement a variety of strategies. To monitor progress and implement best practices and ensure benchmarks and key performance indicators are met, an electronic scorecard was developed in 2017. IM&T has developed an interactive clinical data reporting system which provides L-GH with the information required to organize workflow and improve utilization of resources. Emergency Room benchmarks including door-to-registration, door-to-triage, door-to-doctor, door-to-admission and discharge, are reviewed weekly and shared with all stakeholders. Significant wait time improvements have been noted in door-to-triage and door-to-doctor times. In addition, L-GH has partnered with the HCS to follow-up with clients who leave the Emergency Room without being seen. These clients with a triage level of 1-3 receive a follow-up call within 24 hours of leaving. This initiative was implemented across the region in October 2017 and reports are gathered monthly. Lastly, to improve the collection, reporting and use of Emergency Room wait time data L-GH has introduced the time-based, ‘Take a Number’ system which tracks the sequence and time each patient presents to the Emergency Room. This allows L-GH the ability to capture the exact patient arrival time, so staff can monitor the time from arrival to when a patient is initially seen in the triage/ registration area. L-GH is currently the only regional health authority which tracks ‘door’ time.

Report on Performance

Discussion of Results

Pharmacy is a key area where L-GH is working to streamline service delivery. Implementing the Meditech Pharmacy Module at the Charles S. Curtis Memorial Hospital in 2017 was a strategy designed to align with provincial and national pharmacy standards, as well as Accreditation Canada Medication Management Standards.

L-GH has also seen significant savings with strategies implemented to realize a reduction in overtime hours.

To find efficiencies in its emergency rooms, triage levels, door-to-registration and door-to-discharge protocols, L-GH has been paying attention to its Acute Care Bed Management Scorecard. This Scorecard will continue to evolve to improve things such as re-admission rates and length of hospital stays.

Since implementing Patient Order Sets in 2016, there has been a significant increase in the usage of this tool by physicians. Patient Order Sets are evidence-based medical checklists that are designed to improve patient safety and manage costs.

Managing waitlists and wait times is also important improving service delivery. To streamline operations, waitlist reports have been reorganized by longest wait times, to help improve client access. During 2017-18, L-GH implemented a 'no-show'/cancellation policy for its endoscopy services, and a comparison of rates has shown a decrease from 3.5 per cent to 2.8 per cent. The policy has also been implemented for diagnostic imaging and some surgical services. Lastly, to improve the wait times in the Emergency Room Departments, L-GH introduced the 'Take a Number' numbering system to measure wait times.

Strategies to manage wait lists and wait times will be expanded to other program areas in 2018-19 fiscal year.

Objective Year 2: By March 31, 2019, L-GH will have decreased the average length of stay in selected facilities.

- continue implementation of Acute Care Bed Management strategies;
- continue the implementation of Home First Strategy; and
- continue the implementation of best practices related to medication safety.

ISSUE 3: BETTER HEALTH

To achieve L-GH's vision for 'Healthy People Living in Healthy Communities', for the past two strategic planning cycles (2011-14 and 2014-17), L-GH identified various aspects of improving Population Health as one of its strategic priorities. During this time, a tremendous amount has been accomplished in strengthening the capacity of L-GH to respond to Population Health issues, particularly in the areas of mental health and addictions, chronic disease management, and to collect and analyze health status data.

Despite these accomplishments, data presented in Towards Recovery reveals that considerable work remains to be done. For example, one in five individuals will experience a mental illness or addiction in any given year. The chance of developing a mental disorder over a life span is close to 50 per cent and anxiety disorder and major depressive disorder are the most common forms of mental illness. Furthermore, depression will be the second leading cause of disability by 2020.

The results of these two indicators are consistent with how survey respondents self-reported their health status. Good-to-excellent self-reported health status generally correlates with lower risk of mortality and use of health services. However, the most current data ranging from 2003 to 2014, the self-reported perceived health status of 'excellent, very good, or good' declined from 64.9 to 56.1 per cent of respondents living in the L-GH region.

Similarly, between 2010 and 2012, the adjusted rate of death from preventable causes in people younger than 75 for residents of the L-GH region was significantly higher than in the rest of the province or country. Avoidable deaths tell us about the effectiveness of health care, health promotion and disease prevention policies in preventing premature deaths. Deaths from preventable causes are those that might have been avoided through efforts such as vaccinations, lifestyle changes (such as smoking cessation) or injury prevention. For example, in 2014, only 54.5 per cent of seniors over the age of 65, who responded to the Canadian Community Health Survey, reported that they had their last influenza immunization (flu shot) less than one year ago. L-GH needs to realign its efforts and focus on key issues at the community level to support improvements in priority and selected health outcomes.

Scorecard for Strategic Plan Goals

Goal: By March 31, 2020, L-GH will have implemented a comprehensive and co-ordinated community-based strategy to begin to realize improvements in selected priority health outcomes.

Objective Year 1: By March 31, 2018, L-GH will have completed a regional needs assessment at the community level.

INDICATORS

Planned for 2017-18	Actual Performance for 2017-18
Identified health issues of greatest risk by community/ area	**INFORMATION GATHERING AND ANALYSIS.** Population Health was successful in hiring a Public Health Information Analyst who has worked with the Public Health Officer to begin a Community Health Needs Assessment for the region. Phase One has been completed and focuses exclusively on the collection and analysis of quantitative data to better understand the current state of health and priorities of the region's population. Data in Phase One was collected and analyzed from a variety of sources, such as Statistics Canada, the Newfoundland and Labrador Centre for Health Information, Canadian Institute for Health Information, Community Accounts and L-GH, to identify health issues of greatest risk by area.

Report on Performance

Planned for 2017-18	Actual Performance for 2017-18
Identified priority health outcomes by community/area.	To begin the process of identifying priority health outcomes, a Primary Health Care review has been initiated for the communities of Sheshatshiu and North West River. Partners include HCS, L-GH, the Sheshatshiu Innu First Nation and other community stakeholders. A community advisory committee will be established in Sheshatshiu and North West River. This process will be expanded to other communities/areas. Due to the complexities of the gathering and analysis process, Labrador-Grenfell Health was unable to complete Phase Two of the Community Health Needs Assessment within the 2017-18 year and is expected to be completed in the 2018-19 year. This phase will focus on the collection and analysis of qualitative data via community consultations and other engagement strategies. As the identification of priority health outcomes is reliant upon this data, they were not identified within the 2017-18 year.
Facilitated the establishment of mental wellness community coalitions in selected areas.	The Mental Health and Addictions Department facilitated meetings with community leaders and stakeholders to encourage the development of coalitions to promote mental wellness and encourage people to seek help when considering suicide. Mental Health and Addictions also provided information on existing coalitions within the province to guide the new coalitions. This practice led to the formation of a Mental Health Wellness coalition in Labrador West in January 2017.

Discussion of Results

L-GH is committed to implementing a comprehensive and co-ordinated community-based strategy for improving selected priority health outcomes.

During 2017-18, a Public Health Information Analyst was hired to work with the authority's Public Health Officer. Together they identified health issues that are of greatest risk.

Identification of health issues has been completed through the Community Needs Assessment for the region, and the next step will be to validate and prioritize health outcomes through community consultations.

Objective Year 2: By March 31, 2019, L-GH will have identified specific and practical actions that can be implemented to support the improved health outcomes of clients in selected priority areas.

- As part of the Primary Health Care renewal strategy L-GH will implement community advisory committees in selected communities;
- Continue to develop a comprehensive strategy to provide tuberculosis prevention and management;
- Review, develop and begin the implementation of a Diabetes Management Plan to determine future dialysis needs;
- Continue to implement and enhance the development of an Employee Wellness Program; and
- Continue to implement Baby-Friendly Initiatives and achieve the Baby-Friendly designation at the Labrador-West Health Centre.

COMMUNITY SUPPORTS

Services available to clients are expected to improve with the implementation of the recommendations from the Provincial Home Support Review, the Enhanced Care Program for Personal Homes and the Home First Initiative. L-GH is working towards a provincially-consistent approach to the delivery of home support services to clients and their families through partnerships with agencies, other caregivers and service providers. The Enhanced Care Program for Personal Care Homes will support current and new clients to be cared for in personal care homes. Future work to support the full implementation of a Home First approach, includes development of evidenced-based policies; further training in assessment and case management tools; full implementation of a mentorship model; development of a 24-hour response system for clients requiring access to community supports; and the implementation of a regional Home First Network.

Implementation of a registration process for clients receiving community supports and a centralized intake referral system should result in improvements in the delivery of community supports. The outcomes to be realized include: increased access to services; timely responses to client needs; improvements in an integrated team approach to care; clients receiving the right care from the most appropriate service provider, and improvements in a case management approach.

Staffing continues to be a challenge in providing appropriate and adequate community supports (alternate family care homes, caregivers, home support workers, housing, etc.) for clients requiring services under the Community Supports Program.

DECREASE 'NO-SHOW' RATES

As the ANS continues to expand across other service areas in the region, there will be continued opportunity to decrease 'no show' rates across all programs, thereby improving operational efficiency, reducing wait times and increasing access. Also, as implementation of the provincial electronic medical record continues to expand, L-GH will work towards the goal of having one health record that is accessible to all health care providers, regardless of location. Full implementation of this system will provide more timely access to information and support a more streamlined health care system and improved client services. Working towards this goal,

Opportunities and Challenges

L-GH will continue to partner with Eastern Health in the expansion of health care information Systems to enhance capacity in areas such as transcription, data collection and decision support tools. Given today's sustainable resource challenges of fiscal and human capacity, the strategic approach of achieving this goal is through a partnered, share service direction which foster economy of scale and expanded subject matter expertise.

CENTRALIZED REGISTRATION

Ensuring seamless appointment scheduling for patients is a critical part of getting patients into the system and engaging with their health care providers.

L-GH has a fragmented registration system. Inconsistent and program specific registration practices and processes can lead to unsatisfactory patient experiences, inefficient use of resources and inaccurate and under-reporting of patient volume and an inability to generate reliable data and measure performance. By developing standardized registration policies and procedures and updating technology, a centralized registration system can improve workflow and operating procedures which allows streamlined service delivery and improved access, so patients can be scheduled at the most convenient and appropriate location.

RECRUITMENT AND RETENTION

Recruitment and retention continue to be a challenge for L-GH. Challenges are particularly noted with physicians, nurses and rehabilitative services. In addition, the organization is experiencing recruitment and retention challenges with support staff such as security, environmental services, utility and dietary; specifically, in the northern part of the region. To address these challenges and to expedite the recruitment process, L-GH has implemented enhanced technologies to streamline and decrease delays within the hiring process.

The Human Resources Department participates in a national benchmarking survey which allows us to compare indicators to other health authorities in the country. For example, time to fill a vacancy with an external hire. The number of days to fill a position decreased from 131 days in 2016-17 to 102 days in 2017-18.

E-LEARNING TECHNOLOGY

Ensuring staff can attend skill-based training to maintain and improve their professional competencies is essential for the provision of quality care. The Employee Development Health and Safety (EDHS) Department continues to seek innovative ways to deliver education

using technology. Courses such as Workplace Hazardous Information Management System, Safe Client Handling, Hand Hygiene, plus others are offered online allowing new and existing staff to complete the training at a time that is convenient for them. L-GH is also exploring the utilization of a new learning management system which will allow tracking of courses and the ability to monitor staff progress.

Other systems such as the Health Sciences Placement Network (Spent), allows the EDHS department to coordinate clinical placements with students in various program areas such as; Nursing, Laboratory, X-ray and others. The system streamlines processes and improves communication with students.

BUILDING ON PARTNERSHIPS TO ADVANCE INDIGENOUS HEALTH

L-GH is proud of the collaboration that has been forged with Indigenous governments and organizations in Labrador, in the advancement and enhancement of health care services. L-GH partners with the Nunatsiavut Government, the Innu First Nation and the NunatuKavut Community Council on a wide range of health programming, services, activities and planning in every aspect of the health care spectrum. Examples of this collaboration include: the prevention and management of tuberculosis; the annual seasonal influenza vaccination program; and primary care support for individuals living with a chronic illness in remote and isolated communities. Work is also being carried out on advancing and improving the quality of care and access to services for Indigenous people impacted by cancer, through the Journey in the Big Land project – there have also been positive strides achieved by mental health and addictions. Collaboration around mental health and addictions will be further enhanced through the visions and values that have been defined in Towards Recovery, a report which included recommendations to achieve a better system to support improved mental health and well-being for all Newfoundlanders and Labradorians.

Opportunities and Challenges

PRIMARY HEALTH CARE

L-GH is uniquely positioned to enter the eDOCSNL Electronic Medical Record (EMR) initiative as a fully-integrated health authority which, by virtue of its smaller (more manageable size) rural geographical makeup, significant indigenous population, and most importantly through its long experience in delivering primary health care through integrated teams in multiple settings, will showcase what an EMR can support to streamline the delivery of quality and best practice care, and will ultimately support improved health outcomes for clients.

L-GH believes that approaching the implementation of an EMR in this manner will support the Health Authority's Strategic Goals and Objectives and all four goals of the Province's Healthy People, Healthy Families, and Healthy Communities: A Primary Health Care Framework for Newfoundland, and Labrador. In particular, an EMR within L-GH support providing a "Connected and co-ordinated services and supports across the health and social sectors". Furthermore, a region-wide approach within L-GH will promote Health System Transformation, Collaborative Primary Health Care, Technology in Primary Health Care, and will allow the Health Authority to continue to move forwards in the implementation of innovative reforms in primary health care.

With a strong focus on community engagement, L-GH will implement Community Advisory Committees (CACs) in the 2018-19 year. CACs will act a channel of communication between community members and the Health Authority and involves communities as full partners in the decision-making processes that affect their health. CACs also foster community-wide ownership and supports sustainability of efforts. Participation will rely on active and engaged community citizens who are most familiar with the health issues, challenges, and strengths their members face. CAC participants will work will Primary Health Care Teams to ensure that health policies, programs, and activities are tailored to the needs of individual communities and are acceptable to its population.

Labrador-Grenfell Regional Health Authority – Operating Fund

Non-consolidated financial statements

March 31, 2018

TABLE OF CONTENTS

March 31, 2018

	Page
Statement of management's responsibility	37
Independent auditor's report	38 - 39
Non-consolidated statement of financial position	40
Non-consolidated statement of operations and accumulated deficit	41
Non-consolidated statement of changes in net debt	42
Non-consolidated statement of cash flows	43
Notes to non-consolidated financial statements	44 - 58
Supplementary schedules	
Schedule 1 – Non-consolidated schedule of expenses for government reporting	59
Schedule 2 – Non-consolidated schedule of revenue and expense for government reporting	60
Schedule 3 – Non-consolidated schedule of capital transactions funding and expenses for government reporting	61
Schedule 4 – Non-consolidated schedule of accumulated deficit for government reporting	62

Statement of management's responsibility

The accompanying non-consolidated financial statements of the **Labrador-Grenfell Regional Health Authority – Operating Fund** as at and for the year ended March 31, 2018 have been prepared by management in accordance with Canadian public sector accounting standards, and the integrity and objectivity of these statements are management's responsibility. Management is also responsible for all the notes to the non-consolidated financial statements and schedules.

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

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

The external auditors, Ernst & Young LLP, conducts an independent examination in accordance with Canadian generally accepted auditing standards and expresses an opinion on the non-consolidated financial statements for the year ended March 31, 2018.

Boyd C. Noel
Board Chair

Heather Brown
Chief Executive Officer

Independent auditors' report

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

We have audited the accompanying non-consolidated financial statements of the **Labrador-Grenfell Regional Health Authority – Operating Fund**, which comprise the non-consolidated statement of financial position as at March 31, 2018, and the non-consolidated statements of operations and accumulated deficit, changes in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the non-consolidated financial statements

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

Auditors' responsibility

Our responsibility is to express an opinion on these non-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 non-consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the non-consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the non-consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the non-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 non-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 non-consolidated financial statements present fairly, in all material respects, the financial position of the **Labrador-Grenfell Regional Health Authority – Operating Fund** as at March 31, 2018, and the results of its operations, changes in net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

A member firm of Ernst & Young Global Limited

Basis of presentation and restrictions on use

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

Ernst & Young LLP

St. John's, Canada
July 19, 2018

Chartered Professional Accountants

Non-consolidated statement of financial position

As at March 31

	2018	2017
	$	$
Financial assets		
Cash	**937,945**	440,654
Restricted cash *[note 3]*	**822,530**	813,776
Accounts receivable *[note 4]*	**3,777,107**	3,978,685
Due from Government/other government entities *[note 5]*	**10,158,226**	13,932,863
Inventories for resale	**1,069,222**	960,664
	16,765,030	20,126,642
Liabilities		
Bank overdraft *[note 7]*	**2,756,434**	2,912,844
Demand credit facility *[note 7]*	**19,365,000**	18,685,000
Accounts payable and accrued liabilities *[note 8]*	**13,900,243**	14,638,825
Due to Government/other government entities *[note 9]*	**1,277,802**	1,113,392
Employee future benefits		
Accrued severance pay *[note 10]*	**16,314,722**	14,809,687
Accrued sick leave *[note 10]*	**8,392,766**	8,136,176
Accrued vacation pay and other accrued benefits	**7,873,314**	7,575,229
Deferred contributions *[note 11]*		
Deferred operating contributions	**2,106,305**	2,682,859
Deferred capital grants	**6,095,599**	9,154,056
National Child Benefit ["NCB"] initiatives	**97,015**	728,208
Special purpose funds	**958,170**	1,238,198
	79,137,370	81,674,474
Net debt	**(62,372,340)**	(61,547,832)
Non-financial assets		
Tangible capital assets, net *[note 6]*	**54,087,559**	53,541,004
Prepaid expenses	**1,800,382**	2,036,243
Supplies inventory	**1,786,113**	1,598,279
	57,674,054	57,175,526
Accumulated deficit	**(4,698,286)**	(4,372,306)

Contractual obligations *[note 12]*
Contingencies *[note 13]*

See accompanying notes

On behalf of the Board:

______________________ Trustee

______________________ Trustee

Non-consolidated statement of operations and accumulated deficit

Year ended March 31

	2018 Budget	2018	2017
	$	$	$
	[note 17]		
Revenue			
Provincial plan – operating	**152,632,563**	**152,176,219**	151,951,928
Medical Care Plan physicians	**20,351,500**	**19,214,604**	19,469,149
Provincial plan – capital grant	—	**6,106,595**	4,000,264
Other capital contributions	—	**467,752**	488,383
Other	**8,137,486**	**7,493,176**	8,481,069
Outpatient	**2,687,929**	**2,571,605**	2,861,740
Long-term care	**1,698,400**	**2,047,987**	1,803,436
Inpatient	**868,500**	**1,182,917**	865,458
Transportation and works	**1,285,500**	**1,285,500**	1,285,580
NCB initiatives	—	—	924,666
	187,661,878	**192,546,355**	192,131,673
Expenses *[note 15]*			
Support services	**36,892,797**	**37,862,447**	37,781,592
Community and social services	**32,564,062**	**31,506,021**	31,306,611
Nursing inpatient services	**31,543,647**	**31,924,463**	33,155,605
Ambulatory care services	**25,045,321**	**24,172,368**	24,196,069
Medical services	**22,656,010**	**22,007,492**	22,760,331
Diagnostic and therapeutic services	**19,946,378**	**19,744,505**	20,142,288
Administration	**17,370,394**	**15,643,886**	17,146,360
Amortization of tangible capital assets	—	**6,027,792**	6,627,936
Education and research	**1,120,051**	**1,107,912**	1,018,269
Accrued severance pay	**—**	**1,554,633**	623,295
Undistributed	**523,218**	**548,401**	551,149
Accrued vacation pay	**—**	**515,825**	(745,310)
Accrued sick leave	**—**	**256,590**	261,039
	187,661,878	**192,872,335**	194,825,234
Annual deficit	**—**	**(325,980)**	(2,693,561)
Accumulated deficit, beginning of year	**—**	**(4,372,306)**	(1,678,745)
Accumulated deficit, end of year	**—**	**(4,698,286)**	(4,372,306)

See accompanying notes

Non-consolidated statement of changes in net debt

Year ended March 31

	2018	2017
	$	$
Annual deficit	**(325,980)**	(2,693,561)
Changes in tangible capital assets		
Acquisition of tangible capital assets	**(6,574,347)**	(4,490,706)
Amortization of tangible capital assets	**6,027,792**	6,627,936
Decrease (Increase) in net book value of tangible capital assets	**(546,555)**	2,137,230
Changes in other non-financial assets		
Net decrease in prepaid expenses	**235,861**	576,962
Net decrease (increase) in supplies inventory	**(187,834)**	21,340
Decrease in non-financial assets	**48,027**	598,302
Decrease (Increase) in net debt	**(824,508)**	41,971
Net debt, beginning of year	**(61,547,832)**	(61,589,803)
Net debt, end of year	**(62,372,340)**	(61,547,832)

See accompanying notes

Non-consolidated statement of cash flows

Year ended March 31

	2018	2017
	$	$
Operating activities		
Annual deficit	**(325,980)**	(2,693,561)
Adjustments for non-cash items		
Amortization of tangible capital assets	**6,027,792**	6,627,936
Changes in accrued severance pay	**1,505,035**	742,013
Changes in accrued sick leave	**256,590**	261,069
Net change in non-cash assets and liabilities related to operations *[note 14]*	**2,431,850**	(6,848,775)
Cash provided by (used in) operating activities	**9,895,287**	(1,911,318)
Capital activities		
Acquisition of tangible capital assets	**(6,574,347)**	(4,490,706)
Capital asset contributions, net	**(3,058,457)**	(4,341,190)
Cash used in capital activities	**(9,632,804)**	(8,831,896)
Investing activities		
Changes to restricted cash	**(8,754)**	(5,675)
Cash used in investing activities	**(8,754)**	(5,675)
Financing activities		
Deferred contributions		
Special purpose funds	**(280,028)**	189,658
Advances from demand credit facility	**680,000**	10,920,000
Cash provided by financing activities	**399,972**	11,109,658
Net change in cash during the year	**653,701**	360,769
Bank indebtedness, beginning of year	**(2,472,190)**	(2,832,959)
Bank indebtedness, end of year	**(1,818,489)**	(2,472,190)
Bank indebtedness comprised of:		
Cash	**937,945**	440,654
Bank overdraft	**(2,756,434)**	(2,912,844)
Bank indebtedness	**(1,818,489)**	(2,472,190)

See accompanying notes

Notes to non-consolidated financial statements

March 31, 2018

1. Nature of operations

The Labrador-Grenfell Regional Health Authority ["Labrador-Grenfell Health" or the "Authority"] manages and operates all health facilities, services and programs on the Northern Peninsula and all of Labrador in the Province of Newfoundland and Labrador. The Authority manages and controls the operations of the following facilities:

- Labrador Health Centre, Happy Valley-Goose Bay
- Long-Term Care Facility, Happy Valley-Goose Bay
- Labrador West Health Care Centre, Labrador City
- Charles S. Curtis Memorial Hospital, St. Anthony
- John M. Gray Centre, St. Anthony

The Authority also manages and controls the operations of all community clinics, health centres, facilities, programs and other services in the geographic area. The Authority has a mandate to work to improve the overall health of the population through its focus on public health as well as on health promotion and prevention initiatives. In addition to the provision of comprehensive health care services, Labrador-Grenfell Health also provides education and research in partnership with all stakeholders.

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 a registered charitable organization under the provisions of the *Income Tax Act* (Canada) and, as such, is exempt from income taxes.

2. Summary of significant accounting policies

Basis of accounting

The non-consolidated financial statements have been prepared in accordance with Canadian public sector accounting standards ["PSAS"] established by the Public Sector Accounting Standards Board of the Chartered Professional Accountants of Canada.

The significant accounting policies used in the preparation of these non-consolidated financial statements are as follows:

Adoption of new accounting standards

During the year, Labrador-Grenfell Regional Health Authority adopted the new accounting standards PS 2200, *Related Party Disclosures*, and PS 3420 *Inter-entity Transactions*. These new standards are effective for fiscal years beginning on or after April 1, 2017. PS 2200 defines a related party and establishes disclosures required for related party transactions. PS 3420 establishes standards on how to account for and report transactions between public sector entities that comprise a government's reporting entity from both a provider and recipient perspective. The adoption of these accounting standards will be applied on a prospective basis and did not have any impact on the non-consolidated financial statements.

Notes to non-consolidated financial statements

March 31, 2018

Basis of presentation

These non-consolidated financial statements reflect the assets, liabilities, revenue and expenses of the Operating Fund. Trusts administered by Labrador-Grenfell Health are not included in the non-consolidated statement of financial position *[note 16]*. These non-consolidated financial statements have not been consolidated with those of other organizations controlled by the Authority because they have been prepared for the Authority's Board of Trustees and the Department of Health and Community Services [the "Department"]. Since these non-consolidated financial statements have not been prepared for general purposes, they should not be used by anyone other than the specified users. Consolidated financial statements have also been issued. All inter-entity assets and liabilities and revenue and expenses have been eliminated.

Asset classification

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

Revenue

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

Government transfers with stipulations restricting their use are recognized as revenue when the transfer is authorized and the eligibility criteria are met by the Authority, except when and to the extent the transfer gives rise to an obligation that constitutes a liability. When the transfer gives rise to an obligation that constitutes a liability, the transfer is recognized in revenue when the liability is settled.

Medical Care Plan ["MCP"], inpatient, outpatient and long-term care revenue is recognized in the period services are provided.

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

Other revenue includes, but is not limited to, drug revenue, rental revenue from accommodations, dental revenue and salary recoveries from Workplace, Health and Safety and Compensation Commission of Newfoundland and Labrador ["WorkplaceNL"]. Rebates and salary recovery amounts are recorded once the amounts to be recorded are known and confirmed by WorkplaceNL.

Notes to non-consolidated financial statements

March 31, 2018

Cash, bank overdraft and restricted cash

Bank balances, including bank overdrafts with balances that fluctuate from positive to overdrawn, are presented under cash and bank overdraft, respectively. Cash also includes cash on hand.

Restricted cash relates to amounts held for special purpose funds and endowment funds *[note 3]*.

Inventories for resale

Inventories for resale include pharmaceuticals and are recorded at the lower of cost, determined on a first-in, first-out basis, and net realizable value.

Employee future benefits

Accrued severance pay

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

Accrued sick leave

Employees of the Authority are entitled to sick leave benefits that accumulate, but do not vest. In accordance with PSAS for post-employment benefits and compensated balances, the Authority recognizes the liability in the period in which the employee renders service. The obligation is actuarially determined using assumptions based on management's best estimates of the probability of use of accrued sick leave, future salary and wage changes, employee age, the probability of departure, retirement age, the discount rate and other factors. Discount rates are based on the Government's long-term borrowing rate. Actuarial gains and losses are deferred and amortized over the average remaining service life of employees, which is 13 years. Adjustments to the liability arising from plan amendments are recognized immediately.

Accrued vacation pay and other accrued benefits

Vacation pay and other accrued benefits are accrued for all employees as entitlement is earned.

Pension costs

The employees of the Authority are included in the Public Service Pension Plan ["PSPP"], a multi-employer defined benefit plan, and the Government Money Purchase Plan administered by the Government [collectively, the "Plans"]. The Government also provides for the continuation of certain dental and medical benefits for retirees. The Government determines the required plan contributions annually. Contributions to the Plans are required from both the employees and Labrador-Grenfell Health. The annual contributions are recognized as an expense as incurred and amounted to $6,377,493 for the year ended March 31, 2018 [2017 – $6,376,268].

Notes to non-consolidated financial statements

March 31, 2018

Labrador-Grenfell Health is neither obligated for any unfunded liability nor entitled to any surplus that may arise in the PSPP. The Authority's share of the future contributions is dependent upon the funded position of the PSPP.

The costs of insured benefits reflected in these non-consolidated financial statements are the employer's portion of the insurance premiums owed for coverage of employees during the period.

Tangible capital assets

The Authority utilizes certain tangible capital assets, such as the Happy Valley–Goose Bay Long Term Care Centre, John M. Gray Centre, Labrador West Health Centre, Labrador Health Centre, and Charles S. Curtis Memorial Hospital, which are not reflected in these non-consolidated financial statements as legal title is held by the Government of Newfoundland and Labrador [the "Government"]. The Government does not charge the Authority any amounts for the use of such assets. Certain additions and improvements made to such tangible capital assets are paid for by the Authority and are reflected in the non-consolidated financial statements of the Authority.

The Authority utilizes certain land, buildings and equipment, with the title resting with the Government, and consequently, these assets are not recorded as tangible capital assets. The Government does not charge the Authority any amounts for the use of such assets. Certain additions and improvements made to such tangible capital assets are paid for by the Authority and are reflected in the non-consolidated financial statements of the Authority.

Tangible capital assets are recorded at historical cost, which includes amounts that are directly related to the acquisition, design, construction, development, improvement or betterment of the assets. The cost, less estimated salvage value, of the tangible capital assets, excluding land, is amortized on a declining balance basis over their estimated useful lives as follows:

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

Contributed capital assets represent assets that are donated or contributed to the Authority by third parties. Revenue is recognized in the year the assets are contributed and have been recognized at their fair market value on the date of donation, except in circumstances where fair value cannot be reasonably determined, in which case the assets are then recognized at nominal value. Transfers of capital assets from related parties are recorded at carrying value.

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

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

Construction in progress is not amortized until the project is substantially complete, at which time the project costs are transferred to the appropriate asset class and amortized accordingly.

Notes to non-consolidated financial statements

March 31, 2018

Impairment of long-lived assets

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

Capital and operating leases

A lease that transfers substantially all of the benefits and risks associated with ownership of property is accounted for as a capital lease. At the inception of a capital lease, an asset and an obligation are recorded at an amount equal to the lesser of the present value of the minimum lease payments and the asset's fair value. Assets acquired under capital leases are amortized on the same basis as other similar capital assets. All other leases are accounted for as operating leases and the payments are expensed as incurred.

Prepaid expenses

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

Supplies inventory

Supplies inventory includes 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.

Expenses

Expenses are recorded on an accrual basis as they are incurred and measurable when goods are consumed or services received.

Contributed services

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

Financial instruments

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

Notes to non-consolidated financial statements

March 31, 2018

Cash, bank overdraft and the demand credit facility are classified at fair value. Other financial instruments, including accounts receivable, accounts payable and accrued liabilities, and due to/from Government/other government entities, are initially recorded at their fair value and are subsequently measured at amortized cost, net of any provisions for impairment.

Use of estimates

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

3. Restricted cash

Restricted cash is as follows:

	2018	2017
	$	$
Deferred contributions – special purpose funds	**606,443**	597,689
Endowment fund	**216,087**	216,087
	822,530	813,776

4. Accounts receivable

Accounts receivable are as follows:

	2018					
			Past due			
	Total	Current	1 – 30 days	31 – 60 days	61 – 90 days	Over 90 days
	$	$	$	$	$	$
Patient receivable	**3,811,617**	**507,288**	**407,974**	**595,045**	**134,340**	**2,166,970**
Other receivable	**755,050**	**755,050**	—	—	—	—
Gross accounts receivables	**4,566,667**	**1,262,338**	**407,974**	**595,045**	**134,340**	**2,166,970**
Less impairment allowance	**789,560**	**—**	**—**	**—**	**—**	**789,560**
Net accounts receivable	**3,777,107**	**1,262,338**	**407,974**	**595,045**	**134,340**	**1,377,410**

Notes to non-consolidated financial statements

March 31, 2018

	2017					
			Past due			
	Total	Current	1 – 30 days	31 – 60 days	61 – 90 days	Over 90 days
	$	$	$	$	$	$
Patient receivable	3,915,474	872,904	743,996	569,185	102,495	1,626,894
Other receivable	635,425	635,425	—	—	—	—
Gross accounts receivables	4,550,899	1,508,329	743,996	569,185	102,495	1,626,894
Less impairment allowance	572,214	—	—	—	—	572,214
Net accounts receivable	3,978,685	1,508,329	743,996	569,185	102,495	1,054,680

5. Due from Government/other government entities

The amounts due from Government/other government entities are as follows:

	2018	2017
	$	$
Government of Newfoundland and Labrador	**5,384,957**	11,568,979
Department of Child, Youth and Family Services	**3,956,988**	1,514,688
Due from Federal Government	**488,018**	599,130
Due from St. Anthony Interfaith Home Apartment Complexes	**328,263**	250,066
	10,158,226	13,932,863

Outstanding balances at year-end are unsecured and interest free, and settlement occurs in cash. For the year ended March 31, 2018, the Authority has not recorded any impairment of receivables relating to the amounts above [2017 – nil].

6. Tangible capital assets

Tangible capital assets consist of the following:

	Land	Land improvements	Construction in progress	Buildings	Leasehold improvements	Equipment and vehicles	Total
	$	$	$	$	$	$	$
2018							
Cost							
Opening balance	**36,201**	**191,211**	**2,106,506**	**34,981,898**	**15,799,560**	**92,189,010**	**145,304,386**
Net additions	—	—	**4,284,929**	**8,190**	—	**2,281,228**	**6,574,347**
Disposals	—	—	—	**(22,492)**	—	—	**(22,492)**
Transfers	—	—	**(1,684,468)**	—	**1,684,468**	—	—
Closing balance	**36,201**	**191,211**	**4,706,967**	**34,967,596**	**17,484,028**	**94,470,238**	**151,856,241**
Accumulated amortization							
Opening balance	—	**181,158**	—	**18,942,574**	**1,701,679**	**70,937,971**	**91,763,382**
Disposals	—	—	—	**(22,492)**	—	—	**(22,492)**
Amortization	—	**2,012**	—	**801,256**	**747,158**	**4,477,366**	**6,027,792**
Closing balance	—	**183,170**	—	**19,721,338**	**2,448,837**	**75,415,337**	**97,768,682**
Net book value	**36,201**	**8,041**	**4,706,967**	**15,246,258**	**15,035,191**	**19,054,901**	**54,087,559**

Notes to non-consolidated financial statements

March 31, 2018

	Land	Land improvements	Construction in progress	Buildings	Leasehold improvements	Equipment and vehicles	Total
	$	$	$	$	$	$	$
2017							
Cost							
Opening balance	36,201	191,211	796,557	35,100,720	14,867,674	90,277,328	141,269,691
Net additions	—	—	2,531,245	52,881	—	1,906,580	4,490,706
Disposals	—	—	—	(456,011)	—	—	(456,011)
Transfers	—	—	(1,221,296)	284,308	931,886	5,102	—
Closing balance	36,201	191,211	2,106,506	34,981,898	15,799,560	92,189,010	145,304,386
Accumulated amortization							
Opening balance	—	178,643	—	18,564,246	984,209	65,864,359	85,591,457
Disposals	—	—	—	(456,011)	—	—	(456,011)
Amortization	—	2,515	—	834,339	717,470	5,073,612	6,627,936
Closing balance	—	181,158	—	18,942,574	1,701,679	70,937,971	91,763,382
Net book value	36,201	10,053	2,106,506	16,039,324	14,097,881	21,251,039	53,541,004

Assets included in construction in progress are not amortized until construction of the asset is complete.

The Authority has works of art displayed in its facilities valued at $195,714 that are not recognized in these non-consolidated financial statements as these assets are the legal property of the Government.

7. Bank overdraft and demand credit facility

Bank overdraft represents the bank overdraft position and use of the available credit facility. The Authority was in a bank overdraft position of $2,756,434 as at March 31, 2018 [2017 – $2,912,844].

The Authority has a demand credit facility [the "Facility"] with a Canadian chartered bank for a maximum amount of $20,000,000, bearing interest at the bank's prime rate less 0.25%. The relevant prime rate was 3.45% as at March 31, 2018 [2017 – 2.7%]. As at March 31, 2018, the Authority has drawn $19,365,000 in funds from the Facility [2017 – $18,685,000]. The effective interest rate for the year ended March 31, 2018 was 3.20% [2017 – 2.45%].

8. Accounts payable and accrued liabilities

	2018	**2017**
	$	$
Accounts payable and accrued liabilities	**6,412,261**	6,963,287
Salaries, wages and other benefits payable	**7,487,982**	7,675,538
	13,900,243	14,638,825

Notes to non-consolidated financial statements

March 31, 2018

9. Due to Government/other government entities

The amounts due to Government/other government entities are as follows:

	2018	2017
	$	$
Government remittances	**1,194,806**	1,000,700
Other due to government	**82,996**	112,692
	1,277,802	1,113,392

10. Employee future benefits

The Authority provides its employees who have at least nine years of service, upon termination, retirement or death, with severance pay benefits equal to one 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.

Due to changes in the Newfoundland and Labrador Association of Public and Private Employees ["NAPE"] Collective Agreement effective March 31, 2018, severance benefits accrued as of March 31, 2018 will be paid out to eligible NAPE employees on or before March 31, 2019. The severance payout will be based on one week of salary for each full year of eligible employment to a maximum of 20 weeks.

The most recent actuarial valuation for the accrued severance obligation was performed effective December 31, 2017 with an extrapolation of the value to March 31, 2018 for NAPE employees due to changes in the Collective Agreement. For all remaining employees, the most recent actuarial valuation for the accrued severance obligation was performed March 31, 2015 and an extrapolation of the value has been performed to March 31, 2018.

The actuarial valuation is based on assumptions about future events. Significant actuarial assumptions used in measuring the accrued severance and accrued sick leave liabilities are as follows:

Discount rate – liability	3.30% as at March 31, 2018 3.70% as at March 31, 2017
Discount rate – benefit expense	3.00% in fiscal 2018 2.90% in fiscal 2017
Rate of compensation increase	3.00% plus 0.75% for promotions and merit as at March 31, 2018 3.00% plus 0.75% for promotions and merit as at March 31, 2017

Notes to non-consolidated financial statements

March 31, 2018

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

	Accumulated 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 banked after first using two days of paid leave.

[a] Severance pay and sick leave liabilities

	Severance	Sick leave	2018
	$	$	$
Accrued benefit liability, beginning of year	**14,809,687**	**8,136,176**	**22,945,863**
Employee future benefit expenses	**2,531,605**	**1,446,360**	**3,977,965**
Less benefits paid	**(1,026,570)**	**(1,189,770)**	**(2,216,340)**
Accrued benefit liability, end of year	**16,314,722**	**8,392,766**	**24,707,488**

	Severance	Sick leave	2017
	$	$	$
Accrued benefit liability, beginning of year	14,067,674	7,875,107	21,942,781
Employee future benefit expenses	1,690,047	1,416,184	3,106,231
Less benefits paid	(948,034)	(1,155,115)	(2,103,149)
Accrued benefit liability, end of year	14,809,687	8,136,176	22,945,863

[b] Severance pay and sick leave expenses

	Severance	Sick leave	2018
	$	$	$
Current service cost	**1,126,664**	**921,620**	**2,048,284**
Interest on accrued benefit obligation	**559,364**	**357,604**	**916,968**
Settlement loss end of year	**784,399**	**—**	**784,399**
Amortization of actuarial loss	**61,178**	**167,136**	**228,314**
Employee future benefit expenses	**2,531,605**	**1,446,360**	**3,977,965**

Notes to non-consolidated financial statements

March 31, 2018

	Severance $	Sick leave $	2017 $
Current service cost	1,093,850	894,775	1,988,625
Interest on accrued benefit obligation	535,019	354,273	889,292
Amortization of actuarial loss	61,178	167,136	228,314
Employee future benefit expenses	1,690,047	1,416,184	3,106,231

11. Deferred contributions

Deferred contributions are amounts received for specific purposes and have associated stipulations.

	2018				
	Balance, beginning of year $	Receipts during the year $	Recognized as revenue $	Transfers to other revenue $	Balance, end of year $
Deferred operating contributions	**2,682,859**	**3,635,483**	**4,212,037**	—	**2,106,305**
Deferred capital grants	**9,154,056**	**3,048,138**	**6,106,595**	—	**6,095,599**
NCB initiatives	**728,208**	**188,900**	**820,093**	**—**	**97,015**
Special purpose funds	**1,238,198**	**1,304,222**	**1,584,250**	—	**958,170**
	13,803,321	**8,282,915**	**12,829,147**	**—**	**9,257,089**

	2017				
	Balance, beginning of year $	Receipts during the year $	Recognized as revenue $	Transfers to other revenue $	Balance, end of year $
Deferred operating contributions	4,386,680	2,990,622	4,694,443	—	2,682,859
Deferred capital grants	13,495,246	403,436	4,000,264	744,362	9,154,056
NCB initiatives	914,937	836,633	1,023,362	—	728,208
Special purpose funds	1,048,540	1,434,196	1,244,538	—	1,238,198
	19,845,403	5,664,887	10,962,607	744,362	13,803,321

Notes to non-consolidated financial statements

March 31, 2018

12. Contractual obligations

The Authority has entered into a number of multiple year operating leases and 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.

	2019	2020	2021
	$	$	$
Contractual obligations			
Future operating lease payments – properties	1,274,235	926,167	732,888
Future operating lease payments – vehicles	66,670	66,670	10,000
Future operating lease payments – equipment service	1,306,302	3,296	—
	2,647,207	996,133	742,888

13. Contingencies

A number of legal claims have been filed against the Authority. An estimate of loss, if any, relative to these matters is not determinable at this time and no provision has been recorded in the accounts for these matters. In the view of management, the Authority's insurance program adequately addresses the risk of loss in these matters.

14. Net change in non-cash assets and liabilities related to operations

The net change in non-cash assets and liabilities related to operations consists of the following:

	2018	2017
	$	$
Accounts receivable	**201,578**	(516,899)
Inventories for resale and supplies inventory	**(296,392)**	(14,265)
Prepaid expenses	**235,861**	576,962
Accounts payable and accrued liabilities	**(738,582)**	(113,174)
Accrued vacation pay and other accrued liabilities	**298,085**	(415,084)
Deferred contributions – operating and NCB initiatives	**(1,207,747)**	(1,890,550)
Due from/to Government/other government entities	**3,939,047**	(4,475,765)
	2,431,850	(6,848,775)

Notes to non-consolidated financial statements

March 31, 2018

15. Expenses by object

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

	2018	**2017**
	$	$
Salaries and benefits	**129,377,869**	129,971,607
Direct client costs	**13,160,162**	12,696,155
Other supplies	**8,058,785**	8,470,736
Medical and surgical supplies	**7,994,819**	8,275,889
Amortization of tangible capital assets *[note 6]*	**6,027,792**	6,627,936
Patient and staff travel	**6,905,566**	7,715,963
Equipment expenses	**4,171,258**	4,218,308
Grants	**4,206,333**	3,639,265
Referred out services	**4,761,866**	4,858,632
Insurance	**914,592**	845,913
Sundry – other	**7,293,293**	7,504,830
	192,872,335	194,825,234

16. Trusts under administration

Trusts administered by the Authority have not been included in these non-consolidated financial statements as they are excluded from the Government reporting entity. As at March 31, 2018, the balance of funds held in trust for long-term care residents was $331,499 [2017 – $287,407]. These trust funds consist of a monthly comfort allowance provided to residents who qualify for subsidization of their boarding and lodging fees.

17. Budget

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

Notes to non-consolidated financial statements

March 31, 2018

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

The following presents a reconciliation between the Original Budget and the Budget as presented in the non-consolidated statement of operations and accumulated deficit for the year ended March 31, 2018:

	Revenue	Expenses	Annual deficit
	$	$	$
Original Budget	**182,279,408**	**182,279,408**	—
Adjustments during the year for service and program changes, net	**3,034,974**	**3,034,974**	**—**
Revised Original Budget	**185,314,382**	**185,314,382**	—
Stabilization fund approved by the Government	**2,347,496**	**2,347,496**	**—**
Budget	**187,661,878**	**187,661,878**	—

18. Related party transactions

The Authority's related party transactions occur between the Government and other government entities. Other government entities are those who report financial information to the Government. Transactions between the Authority and related parties are conducted as arm's length transactions.

The Authority handles payments for other government entities. As a result of these transactions, the Authority has a net asset of $3,956,988 as at March 31, 2018 [2017 – $1,514,688].

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

	2018	2017
	$	$
Transfers from the Government	**158,282,814**	156,876,858
Transfers from other government entities	**20,500,104**	20,754,729
	178,782,918	177,631,587

Transfers to other government entities include PSPP and Government Money Purchase Pension Plan contributions of $6,377,493 for the year ended March 31, 2018 [2017 – $6,376,268].

Notes to non-consolidated financial statements

March 31, 2018

19. Financial instruments and risk management

Financial risk factors

The Authority is exposed to a number of risks as a result of the financial instruments on its non-consolidated statement of financial position that can affect its operating performance. These risks include credit risk, interest rate risk and liquidity risk. The Authority's Board of Trustees has overall responsibility for the oversight of these risks and reviews the Authority's policies on an ongoing basis to ensure that these risks are appropriately managed. The source of risk exposure and how each is managed is outlined below:

Credit risk

Credit risk is the risk of loss associated with a counterparty's inability to fulfil its payment obligation. The Authority's credit risk is primarily attributable to accounts receivable. The Authority has a collection policy and monitoring processes intended to mitigate potential credit losses. Management believes that the credit risk with respect to accounts receivable is not material.

Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Authority is exposed to cash flow interest rate risk on its floating interest rate for the demand credit facility.

Liquidity risk

Liquidity risk is the risk that the Authority will not be able to meet its financial obligations as they become due. The Authority is exposed to this risk mainly in respect of its accounts payable and accrued liabilities and demand credit facility. To the extent that the Authority does not believe it has sufficient liquidity to meet current obligations, consideration will be given to obtaining additional funds through third-party funding or from the Government, assuming these can be obtained.

SCHEDULE 1

Non-consolidated schedule of expenses for government reporting

Year ended March 31

	2018 $ *[unaudited]*	2017 $ *[unaudited]*
Expenses		
Administration		
General administration	**6,098,926**	7,177,644
Finance	**2,079,608**	2,173,649
Personnel services	**1,831,216**	1,864,026
Systems support	**2,871,276**	3,137,422
Other	**2,762,860**	2,793,619
	15,643,886	17,146,360
Support services		
Housekeeping	**4,947,624**	5,125,824
Laundry and linen	**1,289,838**	1,249,809
Plant services	**11,743,162**	11,835,559
Patient food services	**5,090,279**	5,047,433
Other	**14,791,544**	14,522,967
	37,862,447	37,781,592
Nursing inpatient services		
Nursing inpatient services – acute	**21,276,156**	22,523,251
Medical services	**22,007,492**	22,760,331
Nursing inpatient long-term care	**10,648,308**	10,632,354
	53,931,956	55,915,936
Ambulatory care services	**24,172,368**	24,196,069
Diagnostic and therapeutic services		
Clinical laboratory	**7,774,852**	8,493,925
Diagnostic imaging	**4,173,088**	4,046,871
Other	**7,796,564**	7,601,492
	19,744,504	20,142,288
Community and social services		
Mental health and addictions	**4,766,110**	4,326,379
Community support programs	**21,364,243**	20,813,400
Health promotion and protection programs	**5,375,668**	6,166,832
	31,506,021	31,306,611
Research	**106,375**	104,892
Education	**1,001,537**	913,378
Undistributed	**548,401**	551,148
Total expenses	**184,517,495**	188,058,274

SCHEDULE 2

Non-consolidated schedule of revenue and expenses for government reporting

Year ended March 31

	2018	2017
	$	$
	[unaudited]	*[unaudited]*
Revenue		
Provincial plan [operating grant only]	**152,176,219**	151,951,928
Provincial plan – capital grant	**6,106,595**	4,000,264
Other capital contributions	**467,752**	488,383
MCP	**19,214,604**	19,469,149
Inpatient	**1,182,917**	865,458
Resident	**2,047,987**	1,803,436
Outpatient	**2,571,605**	2,861,740
Other	**8,778,676**	10,691,315
	192,546,355	192,131,673
Expenses		
Worked and benefit salaries and contributions	**110,438,721**	113,021,467
Benefit contributions [third party]	**16,612,101**	16,811,085
	127,050,822	129,832,552
Supplies		
Operation and maintenance	**3,000,934**	2,802,747
Drugs	**3,630,887**	3,857,464
Medical and surgical	**4,166,745**	4,081,609
Other	**5,255,038**	5,884,108
	16,053,604	16,625,928
Direct client costs		
Mental health and addictions	**90,820**	92,632
Community support	**13,069,343**	12,603,523
Family support	**—**	—
	13,160,163	12,696,155
Other shareable expenses	**28,252,906**	28,903,639
Total expenses	**184,517,495**	188,058,274
Annual surplus (deficit)	**8,028,860**	4,073,399
Less: Provincial plan - capital grant	**(6,106,595)**	(4,000,264)
Other capital contributions	**(467,752)**	(488,383)
Deficit for government reporting	**1,454,513**	(415,248)
Deficit before non-shareable items	**1,454,513**	(415,248)
Non-shareable items		
Provincial plan – capital grant	**6,106,595**	4,000,264
Other capital contributions	**467,752**	488,383
Amortization expense	**(6,027,792)**	(6,627,936)
Accrued vacation pay	**(515,825)**	745,310
Accrued severance pay	**(1,554,633)**	(623,295)
Accrued sick leave	**(256,590)**	(261,039)
	(1,780,493)	(2,278,313)
Deficit as per statement of operations and accumulated deficit	**(325,980)**	(2,693,561)

SCHEDULE 3

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

Year ended March 31

	2018	2017
	$	$
	[unaudited]	*[unaudited]*
Sources of Funds		
Provincial capital equipment grant for current year	**1,159,300**	—
Provincial facility capital grant for current year	**1,995,000**	403,436
	3,154,300	403,436
Add: deferred capital grant from prior year	**9,154,056**	13,495,246
Less: deferred capital grant from current year	**(6,095,599)**	(9,154,057)
Less: transfers to other revenue	**(106,162)**	(744,361)
Provincial funding used in current year	**6,106,595**	4,000,264
Other contributions – Grenfell Foundation and other	**467,752**	488,383
Total funding	**6,574,347**	4,488,647
Capital expenditures		
Equipment	**6,574,347**	4,488,647
Total expenditure	**6,574,347**	4,488,647

SCHEDULE 4

Non-consolidated schedule of accumulated deficit for government reporting

As at March 31

	2018	2017
	$	$
	[unaudited]	*[unaudited]*
Accumulated operating deficit		
Current assets		
Cash	**822,530**	813,776
Accounts receivable	**13,935,333**	17,911,548
Inventory	**2,855,335**	2,558,943
Prepaid expenses	**1,800,382**	2,036,243
	19,413,580	23,320,510
Current liabilities		
Bank indebtedness	**21,183,489**	21,157,190
Accounts payable and accrued liabilities	**15,178,045**	15,752,217
Deferred contributions – operating	**3,161,490**	4,649,265
Deferred contributions – capital	**6,095,599**	9,154,056
	45,618,623	50,712,728
Accumulated operating deficit	**(26,205,043)**	(27,392,218)
Adjustments:		
Add:		
Tangible capital assets, net	**54,087,559**	53,541,004
Less:		
Accrued vacation pay and other benefits	**(7,873,314)**	(7,575,229)
Accrued sick leave	**(8,392,766)**	(8,136,176)
Accrued severance pay	**(16,314,722)**	(14,809,687)
	(32,580,802)	(30,521,092)
Accumulated deficit per statement of financial position	**(4,698,286)**	(4,372,306)

SPOTLIGHT ON SERVICES

Number of Client Visits

(See Highlights and Partnerships for further information related to some of the notable changes presented below.)

Service	2015-16	2016-17	2017-18	Percentage increase or decrease from 2016-17
Dental Services	9,571	5,806*	1,970	-66 per cent
Mental Health and Addictions Services	21,450	23,433	25,919	+10.6 per cent
Diabetes Nurse Education	4,900	5,144	6,871	+33.6 per cent
Occupational Therapy	2,957	4,192	4,814	+14.8 per cent
Speech Language Pathology	2,970	2,046	2,479	+21.2 per cent
Physiotherapy	13,496	14,765	15,644	+6 per cent

**In September 2016, a private dental practice assumed responsibility for the St. Anthony Dental Clinic Services. Therefore, the data for that site reflects the period from April 1, 2016 - September 16, 2016. In addition, on October 1, 2016; L-GH consolidated services between the Flower's Cove and Roddickton-Bide Arm dental clinics.*

ACUTE CARE STATISTICS

Regional Statistics

Category	Regional Total/Figure (2015-16)	Regional Total/Figure (2016-17)	Regional Total/Figure (2017-18)*	Percentage Increase Or Decrease From 2016-17
Number of Acute Care Beds	89 beds	89 beds	82 beds	-7.8 per cent
Number of Admissions (including newborn)	3,683	3,971	3,827	-3.6 per cent
Patient Days	25,949	24,987	25,628	+2.6 per cent
Average Length of Stay	6.8 Days	6.2 Days	6.7 Days	+8.1 per cent
Operating Room Procedures	4,795	4,837	4,532	-6.3 per cent
Number of Births	358	369	328	-11.1 per cent
Number of Emergency Room Visits Registered to ER	54,636	56,994	54,549	-4.3 per cent

Totals by Site

	Labrador West Health Centre,Labrador Health Centre				Labrador Health Centre, Happy Valley-Goose Bay				Charles S. Curtis Memorial Hospital, St. Anthony			
	2015-16	2016-17	2017-18	Per cent increase or decrease from 2016-17	2015-16	2016-17	2017-18	Per cent increase or decrease from 2016-17	2015-16	2016-17	2017-18	Per cent increase or decrease from 2016-17
Number of Acute Care Bed	14	14	15	7.1 per cent	25	25	25	0 per cent	50	50	42*	-16 per cent
Number of Admissions (including newborn)	1,714	866	907	+4.7 per cent	1,641	1,816	1,687	-7. per cent	1,328	1,269	1,233	-2.8 per cent
Patient Days	3,727	4,416	5,113	+15.8 per cent	9,451	9,377	8,709	-7.1 per cent	12,771	11,194	11,086	-1.0 per cent
Average Length of Stay	4.5	4.1	5.2	+26.8 per cent	6.0	5.1	5.1	0 per cent	7.8	7.3	7.77	+6.4 per cent
Operating Room Procedures	795	944	1,021	+8.2 per cent	1,060	1,109	1,123	+1.3 per cent	2,893	2,733	2,388	-12.6 per cent
Number of Births	75	103	92	-10.7 per cent	213	198	182	-8 per cent	70	68	54	-20.6 per cent
Number of Emergency Room Visits Registered to ER	19,293	19,626	19,040	-3 per cent	22,474	23,269	23,139	-0.6 per cent	12,896	14,099	11,848	-16.0 per cent

**Medical/Surgical beds at the Charles S. Curtis Memorial Hospital in St. Anthony were reduced from 32 to 24, effective February 14, 2018.*

Appendix: Service Delivery Statistics

OUTPATIENT DEPARTMENT STATISTICS

Number of appointments attended	2015-16	2016-17	2017-18	Percentage increase or decrease (from 2016-17)
Labrador Health Centre	21,432	21,245	20,458	-3.7 per cent
Charles S. Curtis Memorial Hospital	5,207	6,380	7,280	+14.1 per cent

HEALTH CENTRE STATISTICS

	Labrador South Health Centre, Forteau				Strait of Belle Isle Health Centre, Flower's Cove				White Bay Central Health Centre, Roddickton			
	2015-16	2016-17	2017-18	Percent increase or decrease from 2016-17	2015-16	2016-17	2017-18	Per cent increase or decrease from 2016-17	2015-16	2016-17	2017-18	Per cent increase or decrease from 2016-17
Number of Client Visits	9,378	8,646	7,469*	-14 per cent	13,351	12,931	12,135	-6 per cent	12,924	14,404	10,496	-39 per cent
Number of Admissions	159	163	146	-10 per cent	61	65	89	+37 per cent	69	78	80	+3 per cent
Clients seen by Regional Nurses	7,408	4,868	4,354	-10.5 per cent	9,128	9,059	9,637	+6.3 per cent	6,420	6,599	7,257	+9.9 per cent
Clients seen by physicians	1,785	2,450	3,115	+27.1 per cent	2,936	2,413	2,498	+3.5 per cent	2,939	3,314	2,976	-10.2 per cent

** Includes holding beds for observation.*

COMMUNITY CLINICS STATISTICS

	2015-16	2016-17	2017-18	Percentage increase or decrease (from 2016-17)
Clients seen by regional nurses	46,848	34,912	36,627	+14 per cent
Clients seen by physicians	5,533	4,742	5,493	+16 per cent

COMMUNITY HEALTH AND WELLNESS STATISTICS

Service	2015-16	2016-17	2017-18	Percentage increase or decrease (from 2016-17)
Continuing Care Visits (includes both clinic and home visits)	20,020	14,690	20,161	+37.2 per cent
Home Support Hours – Developmental Disabilities	227,595	323,362	360,601	+11.5 per cent
Home Support Hours – Seniors and Under 65 physical disabilities	192,184	139,080	144,277	+3.7 per cent
Number of Children Attending Child Health Clinics	1,536	1,637	2,672	+63 per cent
Number of Clients Receiving Home Support Programs* (provincial only)	332	300	312	+4 per cent

**Does not include clients receiving home supports under the End of Life or Short-term Acute Care programs.*

LONG-TERM CARE STATISTICS

Category	Regional Total 2015-16	Regional Total 2016-17	Regional Total 2017-18	Percentage Increase or Decrease (from 2016-17)
Number of Beds	120	140*	140	0 per cent
Resident Days	41,661	45,920	49,575	+7.9 per cent
Number of Admissions	48	61*	56	-8.2 per cent

**The number of long-term care beds and resulting admissions increased due to the opening of an extension to the Happy Valley-Goose Bay Long-Term Care Facility in September 2016.*

Appendix: Service Delivery Statistics

TELE-HEALTH STATISTICS

Access: Telehealth Consultations (Total Regional Consults 4940)	Regional – Annual (2015-2016)		Regional – Annual (2016-17)		Regional – Annual (2017-18)	
	Consults between providers within LGH	Consults with providers outside LGH	Consults between providers within LGH	Consults with providers outside LGH	Consults between providers within LGH	Consults with providers outside LGH
Oncology	0	479	0	498	0	602
Nephrology	0	1621	0	1951	0	1852
ACUTE CARE						
General Surgery	380	57	420	65	420	84
General Practitioners	48	0	96	0	103	4
MENTAL HEALTH						
Psychiatry, Adult	250	160	204	353	137	431
Psychiatry, Child	0	540	0	345	0	381
Other - Psychologists, MH Counsellors	88	10	271	52	146	67
TOTAL	338	410	475	750	283	879
REHAB						
Physiotherapy	57	0	61	1	68	1
Occupational Therapy	1	7	3	13	6	12
HEALTH & WELLNESS						
Dietician	219	0	149	0	139	0
Social Work	2	5	1	3	0	3
Other*	345	215	148	273	205	279
Total # of consults	1080	2794	1353	3554	1224	3716

**Other includes: (Cardiology, child management, dietician, endocrinology, general practice, genetics, haematology, interpretive services, neurology, nursing, occupational therapy, paediatrics, pain management, physiotherapy, respirology, social work, speech-language, urology, surgery [neuro, ortho, plastic, and thoracic], urology, and wound care).*

Labrador - Grenfell
Health

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