



Labrador-Grenfell
Health



ANNUAL REPORT
2006 - 2007

MESSAGE FROM THE BOARD CHAIR AND CEO



As Board Chair and CEO of Labrador–Grenfell Health, we are pleased to present our Annual Report for 2006–07. We present this report in accordance with the Guidelines for Annual Performance Reports for Category 1 Government Entities, and understand we are accountable for the results explained herein.

2006–07 has indeed been an eventful year at Labrador–Grenfell Health. We have accomplished much in a very short period of time. We have come a long way since April 2005, with the consolidation of services in the Labrador–Grenfell Health region, thanks to the overwhelming support of our employees and community partners.

This fiscal year marked a year of progress towards a truly regional service delivery model. Much has been done to advance our vision, mission and mandate and 2006–08 strategic goals and objectives. Recruitment and retention were a major focus this year, with a

coordinated effort to both attract new health professionals and address issues to enhance the work environment for our existing employees. There has also been a renewed commitment to patient safety and quality improvement, with the formation of twelve new quality improvement teams throughout the region. These teams worked very hard to prepare for the May 2007 Accreditation Survey, our first complete survey as a new health authority.

We have seen much growth, both in infrastructure and technology, with planning for new facilities, the launch of provincial PACS and the introduction of dialysis services.

As we look forward, we see an exciting year ahead with expanded programs and services and the addition of modern new facilities in the near future. We acknowledge that there are challenges – both financially and geographically. Together, with our staff and community partners, we are committed to overcome them, to provide the most effective and efficient health and community services possible for the residents of our region.


Boyd Rowe, CEO


Larry Bradley, Board Chair

OVERVIEW

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

Core Values: The core values of Labrador–Grenfell Health offer principles and a guiding framework for all employees as they work in their various capacities to deliver health and community services and enhance the health status of the residents of the region. These are:

- Collaboration
- Compassion
- Innovation
- Lifelong Learning
- Respect
- Empowerment

Lines of business:

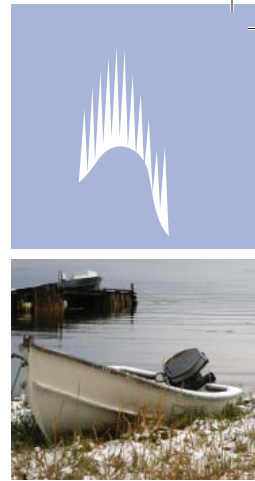
Labrador–Grenfell Health provides quality health and community services to a population just over 40,000 and serves the communities north of Bartlett’s Harbour on the Northern Peninsula and all of Labrador. Corporate headquarters is located in Happy Valley–Goose Bay. Labrador–Grenfell Health employs approximately 1390 staff and operates twenty–two facilities, including three hospitals, three community health centers, fourteen community clinics/nursing stations and three long term care facilities. In addition, there are Child, Youth and Family Services offices located throughout the region.

Labrador–Grenfell Health provides health and community services to a diverse population, over a wide geographic area. Our clients cover the entire life span, from prenatal to children and youth, adults and seniors. They range from the healthy population to those with specific health needs, such as the acutely ill, or those with chronic mental or physical disabilities. Clients include both aboriginal and non–aboriginal residents living within the Labrador–Grenfell region, children in care outside our region, and those who travel here for services.

Labrador–Grenfell Health is an integrated health and community services board, delivering both primary and secondary health services, including:

- Acute Care, Diagnostic and Clinical Support Services (in selected locations)
- Dental Services (in selected locations)
- Long Term Care and Continuing Care (in selected locations)
- Community Health and Wellness
- Population Health, Health Promotion and Protection Services
- Transportation Services
- Therapeutic Intervention and Rehabilitation Services
- Mental Health and Addictions Services
- Child, Youth and Family Services and Adoptions
- Child Care, Community Corrections, Family Rehabilitation and Residential Services
- Nutrition Services
- Education, Innovation and Applied Health Research

(A detailed description of our programs and services may be found on our website at www.lghealth.ca.)



KEY STATISTICS

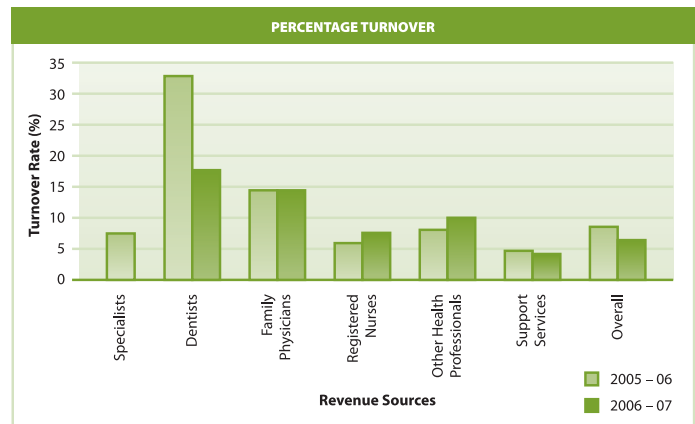
Financial Services: The health authority's operating result for 2006–07 was a deficit of just over \$800,000, before non-shareable items. The lower deficit, when compared to \$3.6 million in 2006, was primarily the result of increases in various revenue streams from Government. Without these additional funds, the deficit would have been similar to that of 2006. While revenues increased, costs also continued to climb, increasing by over \$8 million. Major growth continued in the community and social services program areas, with a \$6.5 million dollar increase from 2006 (details available near the end of this report).

Air Transportation:

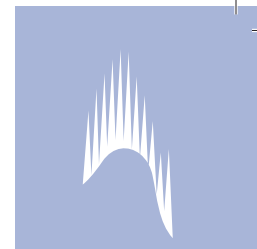
Aircraft/Airline	Flying Time (Hours)	Medevac Patients	Routine Patients	Escorts	Staff Travel (Routine)	Others	Total Persons
GWT Turbo Commander (LGH air ambulance)	995.8	343	57	700	27	42	1,169
Charters	126.6	46	34	82	6	2	170
Twin Otter	1,735.6	207	3,122	1,199	290	70	4,888
NLA King Air (Government Air Services air ambulance)	352.02	114	0	186	0	0	300
TOTAL	3,210.02	710	3,213	2,167	323	114	6,527

In addition to the information presented in this table, 1,777 routine patients and escorts were transported via commercial air carriers.

Staff Retention: As of March 31, 2007, Labrador–Grenfell Health employed 1390 staff (896 permanent full-time, 76 permanent part-time, 263 temporary and 155 casual). The overall staff turnover rate was 6.3 per cent, down from 8.1 per cent in 2005–06.



KEY STATISTICS



Health Centres:

	White Bay Central Health Centre, Roddickton	Strait of Belle Isle Health Centre, Flower's Cove	Labrador South Health Centre, Forteau
Number of Beds	4	2*	5
Clients Seen	19,327	20,054	8,916
Inpatient Days	499	90	327
Inpatients	172	88	137
Road Ambulance Trips	225	252	236
Air Ambulance Trips	1	3	83

* Holding Beds for Observation

Community Clinics:

	2005 – 06	2006 – 07
Clients seen by regional nurses	74,584	74,938
Clients seen by district medical officer	9,186	6,984
Emergency referrals	272	305
Elective referrals	4,883	4,912

Long term Care:

Category	Harry L. Paddon Memorial Home	John M. Gray Centre	Labrador South Health Centre Long Term Care Unit	Captain William Jackman Long Term Care Unit
Number of Beds	48	47	15	6
Resident Days	16,783	16,790	5,110	2,121
Number of Admissions	15	29	6	3
Number of Discharges	12	27	7	4
Discharge Days	14,454	16,891	2,726	2,426
Average Length of Stay	1,204.5 days	625.6 days	389.4 days	606.5 days
Percent Occupancy	95.8%	96.2%	100.6%	96.8%

KEY STATISTICS

Acute Care:

Category	Captain William Jackman (Acute)	Labrador Health Centre (Acute)	Charles S. Curtis Memorial (Acute)
Number of Beds	14	26	52
Patient Days (excluding newborn)	2,884	6,377	11,610
Patient Days (including newborn)	3,092	6,950	11,946
Number of Admissions (including newborn)	836	1,675	1,904
Number of Discharges (including newborn)	837	1,668	1,908
Discharge Days (including newborn)	3,125	6,815	12,165
Average Length of Stay	3.7 days	4.1 days	6.4 days
Percent of Occupancy (excluding newborn)	56.4%	67.2%	61.2%
Outpatient Surgery (includes Surgical Day Care and Minor OR Procedures)	734	835	1,849
Inpatient Surgery	166	185	923
Total Surgery	900	1,020	2,772
Number of Births	85	197	105
Number of Emergency Room Visits* Registered to ER	23,559 (includes 709 Minor OR)	20,214	7,638
Number of Outpatient Visits** Excludes Radiology	4,324	21,573	28,034

PLEASE NOTE: Caution should be used in interpreting the statistics in this table. We are currently reviewing our reporting methodologies with a view of standardizing them.

CWJ & LHC:
 * ER Visits may include: Chemo, Chemo Blood Work, Minor OR visits, Emergency Room visits.

** OPD Visits may include: Nursing Clinics (i.e. Well Women, Oncology, etc.), Surgical Day Care Pre-Operative visits, Surgeon's Office visits, Visiting Specialist visits, booked EEG's, booked EKG's, Non-Stress Test visits. These figures do not include fee-for-service physician consults, or distance consults (via telephone or videoconference).

SHARED COMMITMENTS

Collaboration in Planning and Service Delivery

In providing services to meet the needs of its clients, Labrador–Grenfell Health collaborates with a number of other partners/stakeholders on a local and provincial level. Examples include: the Nunatsiavut Department of Health and Social Development, Innu First Nations, the Labrador Métis Nation, the Minister and the Department of Health and Community Services, the Newfoundland and Labrador Health Boards Association, the NL Centre for Health Information, the International Grenfell Association, the Grenfell Foundation and related auxiliaries, municipal, provincial and federal government representatives, particularly Health Canada, the federal Department of Indian and Northern Affairs and the provincial departments of Transportation and Government Services. In addition, the health authority works closely with health professional associations, local Chambers of Commerce, schools and post–secondary educational institutions, including medical schools, community groups, advocacy groups, ambulance service providers (non–institutional based), the RNC, the RCMP, CHANNAL, vendors and suppliers.

Strengthening our Relationships with Aboriginal Organizations

Strong collaborative approaches and partnerships are necessary with a variety of community groups, especially aboriginal health organizations, namely the Nunatsiavut Department of Health and Social Development, Innu First Nations and the Labrador Métis Nation, in addition to the Department of Northern and Indian Affairs. In 2006–07, Labrador–Grenfell Health strengthened opportunities to develop and maintain these relationships. Our staff are already providing direct services to aboriginal client groups; consulting and collaborating with aboriginal groups for specific projects; and representing Labrador–Grenfell Health on committees that are exploring devolution of services and collaboration needs. Labrador–Grenfell Health’s Medical Officer of Health and the Director of Health Services for the Nunatsiavut Department of Health and Social Development sit on the National Inuit Public Health Task Group. In 2006–07, the Aboriginal Health Transition Fund Steering Committee with representatives from aboriginal organizations, the province, and Health Canada, was successful in obtaining approval for projects such as the Integration Project, which will see much effort and focus on integration of health services to better meet the needs of aboriginal communities. Other projects, such as the FASD Initiative, will see enhanced skill development within our aboriginal communities.



Working Together for Healthy Children, Youth and Families

Our goal is the promotion and protection of healthy children, youth and their families, which requires strong partnerships and extensive collaboration. During this past year, Labrador–Grenfell Health worked closely with extended families, foster families, communities, youth groups, not–for–profit organizations, schools, public health, primary care physicians, the provincial Department of Justice, the Office of the Child Youth Advocate, the Nunatsiavut Government, Innu First Nations, the Labrador Métis Nation and others to promote that goal.

SHARED COMMITMENTS

Partnering in Health with the International Grenfell Association

In 2006–07, the International Grenfell Association (IGA) provided funding to Labrador–Grenfell Health for a variety of projects and programs. Of special note is funding to establish nine videoconference units throughout the region. This will enable us to transmit video and patient monitoring data in emergency situations, as well as real-time, interactive contact between clients and healthcare providers for assessments and consultations. This system will offer a viable and preferable alternative to face-to-face consults that will alleviate the time, anxiety and expense of traveling for our clients.



The IGA continues to support the health professional student travel assistance program, which allows the organization to offer teaching programs to medical, nursing, dental and allied health students and provide valuable learning experiences in a remote, rural northern setting. Such programs assist in recruiting health professionals for our region.

In addition, the IGA provided funding to purchase several pieces of medical equipment, including a gastroscopy bed, a microbiology analyzer and biomedical test equipment at the Charles S. Curtis Memorial Hospital; a gastroscopy, a sleep apnea recorder and medevac equipment for the Labrador Health Centre and triage cardiac readers and audiometers for various sites throughout the region.

Partnerships in Health Protection

The Health Protection Team continues to work closely with the Nunatsiavut Department of Health and Social Development, as well as with Public Health Nurses employed by the Innu Band Councils in Natuashish and Sheshatshiu. The team also works closely with the Disease Control and Health Emergency Management Services under the direction of the Chief Medical Officer of Health in the Department of Health and Community Services; the Government Services Centre on environmental health issues such as safe drinking water; the Provincial Veterinarian and Canadian Food Inspection Agency on issues related to animals such as rabies control; and many other government departments on environmental assessments such as the Lower Churchill Hydroelectric project.

Expanding the Grenfell Foundation

The Grenfell Foundation is the official fundraising organization for Labrador–Grenfell Health. Its mandate is to raise funds to purchase priority medical equipment for the various facilities throughout the region. To continue its mandate, the Grenfell Foundation works closely with the Labrador–Grenfell Health Senior Executive Team, the Department of Health and Community Services, staff and volunteers throughout the region. The Foundation has been very active over the past year, setting up two new chapters; one in Labrador West and the other in Labrador East. This involved obtaining charitable status for these chapters, appointing Board members, hiring part-time Foundation employees in both locations, and identifying priorities for the upcoming 2007–08 capital equipment fundraising campaign.

HIGHLIGHTS AND ACCOMPLISHMENTS

Emergency / Pandemic Preparedness

Under the direction of Labrador–Grenfell Health’s Medical Officer of Health, a Regional Health Emergency Management Steering Committee was formed in 2006–07. This committee directs work on all–hazards planning including Pandemic Influenza Planning. Throughout the year, Labrador–Grenfell Health staff met with many municipalities regarding all–hazards planning. In addition, in some parts of the region, workshops were developed and delivered on the basics of pandemic influenza and on the psychosocial issues involved in pandemic planning.

Wait Times

Labrador–Grenfell Health has been making strides in improving wait times for the national priority areas identified, including cataract surgery, hip and knee repair and diagnostic procedures. Some challenges to meeting the benchmark for these services have been identified and addressed, and waitlist management committees are continuing to monitor the effectiveness of those changes. An increased focus on waitlist management in Physiotherapy has resulted in a more accurate picture of the needs of our clients and several changes were implemented to address some of the issues with Physiotherapy waitlists/wait times.



Labrador–Grenfell Health relies heavily on visiting specialists throughout the region. Having specialists visit specific sites within the region allows clients to receive care in their own environment with family supports and without incurring great financial burden. The Steering Committee for Waitlist Management has just begun to monitor the waitlists for visiting specialists to determine how we might better address these. In 2007–08, this committee will strive to improve the data collection processes for wait times and address any gaps affecting wait times for the priority areas identified.

Moving Forward with Regional PACS Implementation

March 2007, marked an important milestone in the advancement of health care technology in the Labrador–Grenfell Health region, when the Labrador Health Centre in Happy Valley – Goose Bay “went live” with the provincial Picture Archiving and Communication System (PACS). PACS makes access to full patient diagnostic images available to authorized health care providers throughout the province. The launch of PACS was a huge positive step towards improved access to services in our rural and remote communities. At year end, plans were moving forward to bring PACS to the following sites: Captain William Jackman Memorial Hospital, Labrador City (May 1, 2007); Charles S. Curtis Memorial Hospital, St. Anthony (September 11, 2007); Strait of Belle Isle Health Center, Flower’s Cove, Labrador Health Center, Forteau and White Bay Central Health Center, Roddickton (mid–October 2007).



HIGHLIGHTS AND ACCOMPLISHMENTS

Fostering a Culture of Quality Improvement

Labrador–Grenfell Health’s quality improvement structure and processes were regionalized this year. Twelve regional Continuous Quality Improvement (CQI) teams were created, in addition to a new regional Quality Council. All 12 CQI teams met regularly during the year to evaluate Labrador–Grenfell Health’s performance in meeting national standards for health care. In addition to preparing for its upcoming Accreditation Survey, the teams undertook a number of quality improvement activities in their individual service areas. For example, patient satisfaction surveys were conducted for Rehabilitation Services (Physiotherapy, Occupational Therapy, Speech Language Pathology) at Happy Valley–Goose Bay and Labrador City. In addition, the Acute Care Quality Improvement Team developed a client satisfaction survey for inpatient services. Furthermore, a coordinated effort was made to improve the workplace environment in 2006–07. While safety was always a priority concern of both former health boards, Labrador–Grenfell Health has placed more emphasis in this area over the past year. Examples include the conducting of more fire drills in facilities throughout the region, more frequent visits of the Regional Occupational Health and Safety (OH&S) Officer to ensure that regional OH&S Committees meet regularly, to increase OH&S audits and to continue the development and dissemination of regional OH&S policies.

Committed to Patient Safety

In 2006–07, Labrador–Grenfell Health participated in a medication reconciliation pilot initiative, designed to improve patient safety. This initiative is part of the health authority’s commitment to ***Safer Healthcare Now!***, a national collaborative effort aimed at reducing the number of injuries and deaths related to adverse events, such as infections and medication incidents. Through this initiative, families and health care team members (nurses, doctors, pharmacists, etc.) worked together to provide better communication and minimize medication errors and discrepancies. In another patient safety initiative, a Regional Clinical Practice Coordinator has been put in place to ensure that sterilization and decontamination procedures within the region are up to standard, and when standards change, that practices are updated to ensure we meet these new standards.

Making Strides in Recruitment and Retention

Labrador–Grenfell Health continues to work on improving the recruitment and retention of various health professionals. Recent initiatives have been introduced to address long–term recruitment needs in certain hard to fill positions such as Nursing, Social Work, Pharmacy and Diagnostic Imaging. In 2006–07, we met our goal of filling 50% of the Family Practice positions in the southern part of the region, largely due to the training of International Medical Graduates in the CSAT program. It is also recognized that retention of our existing staff is very important and efforts are underway to identify and address this issue.

First Innu Social Work Graduate Hired

A significant highlight of 2006–2007 was the recruitment of the first Innu Social Work graduate as Program Manager for the Innu zone. As a member of the Sheshatshiu Innu First Nation, this Manager brought not only his own life experience, but a variety of work experiences that had a direct bearing on the development and delivery of the most effective and culturally appropriate services for Innu children and families.

HIGHLIGHTS AND ACCOMPLISHMENTS

Computer Network Consolidation and Expansion

In 2006–07, both former board's computer networks were consolidated into one regional network and access expanded to include all communities and facilities, thereby improving access to information and communication throughout the region. All employees now share one regional e-mail system and one regional intranet system. Improvements to the network also allowed departmental employees to share data files throughout the region, thereby creating efficiencies in the flow of information within departments.

Innovation in Health Promotion Programming

Given our regional statistics for childhood obesity and the lack of physical activity, the Northern Regional Wellness Coalition (Northern Peninsula/Southern Labrador) supported initiatives developed by Labrador–Grenfell Health professionals. These included the Grade Three Diabetes Education Program; The Stars of Mental Health, a mental health promotion program for children in Kindergarten to Grade Three; and The Amazing Race, a physical activity initiative modeled after the popular television show. Similarly, the Labrador Wellness Coalition's Born a Non-Smoker program gained popular attention across the province in 2006–07. This educational initiative is targeted towards parents and families of newborns.

Improving our Financial Situation

In 2006–07, several comprehensive presentations were made to Government, outlining our current financial situation, and pressure points that are continuing to lead to increased costs. The health authority was pleased that Government recognized the fiscal realities that continue to pose challenges, and that \$3.9 million in stabilization funding was provided, thereby assisting Labrador–Grenfell Health in achieving a nearly balanced budget for 2006–07.



Building Regional Infrastructure

Labrador–Grenfell Health's Support Services department manages and maintains in excess of one million square feet of property throughout the region with a combined annual budget for operations and maintenance of \$11 million. In addition to maintaining existing facilities, there were many new capital projects. Space was renovated at Curtis Hospital to accommodate the new provincial telehealth centre, Newfoundland and Labrador HealthLine. A new CYFS building was constructed in Nain; a seclusion room was constructed at the Captain William Jackman Memorial Hospital; three mini homes were set up on the Labrador Coast for staff accommodation, and the replacement of fuel tanks began throughout the region, in accordance with new safety standards. Renovations were initiated at three community clinics and asbestos abatement was conducted at both the Captain William Jackman Memorial and Curtis Memorial Hospitals. Much planning was done for the dialysis units at St. Anthony and Happy Valley – Goose Bay, for the long term care facility and office building in Happy Valley – Goose Bay and for the new facility in Labrador City, in addition to a host of other maintenance projects dispersed throughout the region.

OUTCOMES OF OBJECTIVES

Strategic Issue #1: Recruitment and Retention of Health Professionals

In Northern Newfoundland and Labrador, recruiting and retaining health professionals has been especially difficult for many years. This is especially true for physicians, pharmacists, regional nurses, midwives, nurses, speech language pathologists, audiologists, physiotherapists, occupational therapists, dentists and social workers. As a result, service to our clients is significantly affected. The Board recognizes that our inability to recruit and retain professional staff has a significant impact on existing staff in terms of their workload.

Goal: By March 31, 2008, Labrador–Grenfell Health will have implemented physician and health professional human resources plans.

Objective: By March 31, 2007, Labrador–Grenfell Health will have developed and implemented select components of physician and health professional human resources plans.

2006/2007 Objective Outcomes

Measures of Success	Progress in 2006-07
<ul style="list-style-type: none"> ⊗ Filled 50% of the Family Practice positions in the southern portion of the region. 	<ul style="list-style-type: none"> ⊗ 50% of the Family Practice positions in the southern part of the region were filled, largely due to the training of International Medical Graduates in the CSAT program.
<ul style="list-style-type: none"> ⊗ Improved recruitment and retention of health professional staff. 	<ul style="list-style-type: none"> ⊗ A Regional Recruitment and Retention Officer was hired. ⊗ A Bursary Policy, a Student Employment Policy, finder's fees and recruitment bonuses were implemented for select hard-to-fill professional positions.
<ul style="list-style-type: none"> ⊗ Increased recruitment and retention of the following: <ul style="list-style-type: none"> ⊗ Pharmacists ⊗ Speech Language Pathologists ⊗ Audiologists ⊗ CYFS & FASD professionals 	<ul style="list-style-type: none"> ⊗ An intensive recruitment campaign was undertaken in Newfoundland, across Canada and overseas. Labrador-Grenfell Health has since been successful in filling the following positions: <ul style="list-style-type: none"> ⊗ Three RN/Midwives for Happy Valley-Goose Bay and St. Anthony ⊗ Six permanent full-time Nurses for Labrador City, bringing a full complement of Nursing staff ⊗ Four new permanent full-time Nurses for Happy Valley–Goose Bay ⊗ Four new permanent full-time Nurses for St. Anthony ⊗ A Physiotherapist for Labrador City and two Physiotherapists for Happy Valley–Goose Bay ⊗ Speech Language Pathologists for St. Anthony and Happy Valley – Goose Bay ⊗ A Pharmacist for Curtis Hospital and a Regional Director of Pharmacy, based in Happy Valley–Goose Bay ⊗ A Clinical Psychologist for Happy Valley–Goose Bay ⊗ Programs were developed to sponsor local residents who are in training programs in hard-to-fill professional positions. ⊗ Plans were in place at year end to begin hiring students in hard-to-recruit professions, to offer them summer employment where possible, in an effort to recruit them as future permanent employees. ⊗ A Dental Hygienist/Dental Health Promoter was hired in St. Anthony. Improvements to the dental salary contract contributed largely to the recruitment of three dentists in the south, leaving five out of six positions filled – the best staffing complement in recent years. ⊗ LabQuest drew 15 participants from throughout the region, offering young students an orientation to health careers. ⊗ A new corporate website was developed, with a greater emphasis on recruitment.
<ul style="list-style-type: none"> ⊗ Implemented a rotation system for visiting specialists and other health professionals (inside and outside the region). ⊗ Increased number of visiting clinics by physicians and other health professionals (inside and outside the region). 	<ul style="list-style-type: none"> ⊗ Labrador-Grenfell Health increased the visiting specialist rotational system in selected locations. In 2006-07, visiting specialty services were provided by 37 specialists, including ENT, Orthopedics, Psychiatry and Audiology. ⊗ The development of a dental locum pool ensured continuation of services in areas where a permanent dentist appointment has not been possible.

OUTCOMES OF OBJECTIVES

Objectives, Measures and Indicators for 2007/2008

Objective: By March 31, 2008, Labrador–Grenfell Health will have developed and implemented physician and health professional human resources plans.

Measure: Developed and implemented specific physician and health professional human resources plans.

Indicators:

- Developed written human resources plans.
- Developed and implemented recruitment and retention initiatives for additional hard-to-fill professional groups.
- Increased visiting clinics by health professionals.



OUTCOMES OF OBJECTIVES

Strategic Issue #2: Quality Improvement / Risk Management / Safety

Quality improvement, risk management and safety programs are being delivered by Labrador–Grenfell Health. There is an expectation by clients, as well as Government, that quality, minimum risk health and community services be delivered in a safe environment for clients, staff and the community at large. Effective programs in these areas are reflected in national accreditation standards.

Goal: By March 31, 2008, Labrador–Grenfell Health will have implemented integrated Quality Improvement, Risk Management and Safety Programs.

Objective: By March 31, 2007, Labrador–Grenfell Health will have developed and implemented select components of regional programs in quality improvement, risk management and safety.

2006/2007 Objective Outcomes

Measures of Success	Progress in 2006-07
<ul style="list-style-type: none"> ✧ Published program policies and procedures manuals. 	<ul style="list-style-type: none"> ✧ Regional policies for Infection Control and Risk Management were under development. ✧ A regional OH&S policy and procedure manual was developed, in addition to regional safety concern forms and regional incident reporting forms. ✧ Safety manuals for the three hospital laboratories were developed and three hospital laboratories took part in an external auditing system by the College of American Pathologists. ✧ An integrated Administrative Policy and Procedure Manual was under development.
<ul style="list-style-type: none"> ✧ Completed analysis and follow-up of incident reports / near miss reports. 	<ul style="list-style-type: none"> ✧ A process was developed for analysis, trending and follow-up of incidents and near misses.
<ul style="list-style-type: none"> ✧ Delivered regular reporting to the Labrador-Grenfell Health Quality Council. 	<ul style="list-style-type: none"> ✧ A Regional Quality Council was formed. ✧ Reporting forms were developed for quality improvement team leaders.
<ul style="list-style-type: none"> ✧ Implemented program training / in-service programs for staff. 	<ul style="list-style-type: none"> ✧ An ethics culture was promoted through education sessions for employees and an ethics brochure was developed for clients and staff. ✧ Staff education sessions were held in Infection Control, focusing on proper hand hygiene and basic infection control practices. ✧ OH&S training was offered to all new OH&S Committee members.
<ul style="list-style-type: none"> ✧ Implemented two Atlantic Node Patient Safety initiatives 	<ul style="list-style-type: none"> ✧ Labrador-Grenfell Health participated in the national <i>Safer Healthcare Now!</i> campaign, with the implementation of Medication Reconciliation at two hospital sites.
<ul style="list-style-type: none"> ✧ Completed CCHSA focused survey with CQI Teams. ✧ Addressed recommendations from CCHSA focused survey. 	<ul style="list-style-type: none"> ✧ Twelve regional Continuous Quality Improvement (CQI) teams were developed to evaluate Labrador-Grenfell Health's performance in meeting the national standards for health care. A full accreditation survey is scheduled for May 6-11, 2007. ✧ A Regional Occupational Health and Safety Officer was hired. ✧ Regional Occupational Health and Safety (OH&S) Committees were developed and regular meetings held.
<ul style="list-style-type: none"> ✧ Monitored and addressed patient outcomes. 	<ul style="list-style-type: none"> ✧ Any incidents and near miss reports were investigated and where necessary, changes implemented, in order to improve patient safety.

OUTCOMES OF OBJECTIVES

Objectives, Measures and Indicators for 2007/2008

Objective: By March 31, 2008, Labrador–Grenfell Health will have implemented all identified programs.

Measure: Implement programs in the specific areas identified.

Indicators:

- Published program policies and procedures manuals in the specific program areas identified.
- Established regular reporting to all stakeholders on quality improvement, risk management and safety.
- Demonstrated compliance with occupational health and safety legislation and requirements.
- Reduced number of workplace injuries, needle sticks, medication errors, etc.
- Achieved accreditation from the Canadian Council on Health Services Accreditation.
- Addressed recommendations from the Canadian Council on Health Services 2007 Accreditation Survey.
- Received favorable Occupational Health and Safety audit results.
- Demonstrated evidence of a culture of safety throughout the region.
- Completed analysis and follow-up of incident reports and near-miss reports.
- Implemented program training and in-service programs for staff.



OUTCOMES OF OBJECTIVES

Strategic Issue #3: Financial Stability

Labrador–Grenfell Health faces serious financial challenges. One of the strategic directions of the Department of Health and Community Services is to improve accountability and stability in the delivery of health and community services within available resources. Labrador–Grenfell Health recognizes that it cannot continue to deliver health care services in excess of its available financial resources.

Goal: By March 31, 2008, Labrador–Grenfell Health will have developed a plan to achieve a balanced budget and implemented measures approved by Government.

Objective: By March 31, 2007, Labrador–Grenfell Health will have a Board approved long-term sustainability plan to achieve/maintain a balanced budget for submission to Government.



2006/2007 Objective Outcomes

Measures of Success	Progress in 2006-07
<ul style="list-style-type: none"> ✧ Prepared budget (by management). 	<ul style="list-style-type: none"> ✧ All Regional Directors were involved in the budget preparation for the new fiscal year. Senior Executive reviewed and approved the budget and financial plan.
<ul style="list-style-type: none"> ✧ Developed a long-term plan, based on budgetary deficit. 	<ul style="list-style-type: none"> ✧ During the past fiscal year, Financial Services has adopted a new organizational structure. This structure provided an improved framework for financial accountability, as well as internal financial operations. ✧ Major progress has been made towards a combined financial system. ✧ Changes have been implemented to allow most reporting to be done through one General Ledger. ✧ Improvements have been made in the timeliness, accuracy and completeness of financial reporting to the Department of Health and Community Services. ✧ Discussions have begun between the health authority and the Department of Health and Community Services on the appropriate level of funding needed to provide the services mandated by Government. ✧ In 2006-07, \$3.9 million in stabilization funding was received from Government, which allowed the health authority to end the year with a relatively low deficit.
<ul style="list-style-type: none"> ✧ Received approval for the plan by the Board of Directors. 	<ul style="list-style-type: none"> ✧ Board approval of the plan was obtained.

OUTCOMES OF OBJECTIVES

Objectives, Measures and Indicators for 2007/2008

Objective: By March 31, 2008, Labrador–Grenfell Health will have implemented select financial measures approved by Government.

Measures:

- Developed a plan for the long term financial sustainability of all Labrador–Grenfell Health programs and services.
- Communicated plan to government and approval received as appropriate.

Indicators:

- Plan developed.
- Plan approved by Board of Directors.
- Plan communicated to government and approval received as appropriate.



Strategic Issue #4: Integration of Boards – Regional Health Services Plan

On April 1, 2005, Labrador–Grenfell Health was created with the merger of the former Grenfell Regional Health Services and Health Labrador Corporation. Government reorganized provincial health and community services to provide a more efficient and effective health care system in the province. Government's strategic direction is to improve accountability and stability in the delivery of health and community services within available resources. Labrador–Grenfell Health is accountable for implementing Government's strategic directions and decisions.

Goal: By March 31, 2008, Labrador–Grenfell Health will have implemented plans for the delivery of efficient and effective regional health services.

Objective: By March 31, 2007, Labrador–Grenfell Health will have developed and implemented selected components of a regional health services plan.

OUTCOMES OF OBJECTIVES

2006/2007 Objective Outcomes

Measures of Success	Progress in 2006-07
<ul style="list-style-type: none"> ☼ Implemented 75% of regional health services plans. 	<ul style="list-style-type: none"> ☼ Regional Directors have developed operational plans for each of their respective program and service areas. ☼ A Regional Health Emergency Management Steering Committee has been formed, and progress has been made toward the development of a Regional Health Emergency Management Plan and Pandemic Plan. ☼ Laboratory Technologists are working to integrate the policies and procedures manuals from both former health boards. ☼ Some foundation work has been completed towards the regionalization of the Acute Care policies and procedures, as well as the Emergency Health Services policies and procedures for paramedics. ☼ A standardized general orientation package has been developed for all new employees and another for volunteers, pastoral care, etc. ☼ Standardized employee health chart/forms have been developed. ☼ Integrated Public Health policies and procedures manuals are being developed. ☼ A regional Telehealth Committee was created. ☼ A regional Research Review Committee was established to oversee all research proposals.
<ul style="list-style-type: none"> ☼ Demonstrated evidence that operational plans are used regularly for Board reports and quality, risk management and safety reporting. 	<ul style="list-style-type: none"> ☼ The CEO reports to the Board regularly on the health authority's progress in meeting the goals and objectives outlined in both the strategic and operational plans. ☼ A regional early return to work process was developed (an integrated step-by-step healing/therapy process aiming to help injured employees return to work).
<ul style="list-style-type: none"> ☼ Documented evidence (where possible), where efficiencies have been achieved by integrating the programs of the two former organizations. 	<ul style="list-style-type: none"> ☼ The long term care leadership team has been working to regionalize service processes. Interdisciplinary planning will be expanded to all sites, including chart audits and satisfaction survey analysis. Regional policies are being developed to ensure consistency and a new Regional Assessment and Placement Team has been put in place to ensure appropriate representation from all areas of the region. ☼ The Nutrition Services Department has been restructured and we are seeing great collaboration between dietary staff and sharing of best practices throughout the region. ☼ New software has been purchased to allow the integration and standardization of coding/abstracting processes, with efficiencies to be realized in technical support. ☼ Histology work of clients within the region was successfully centralized at the Curtis Memorial Hospital, St Anthony, thereby enhancing timely delivery of the service. ☼ Both former computer networks were consolidated into one regional network and network access expanded to include all communities and facilities, improving access to information and communication throughout the region. All employees now share one regional e-mail system and one regional intranet system. Improvements to the network also allowed divisional employees to share data files throughout the region, thereby creating efficiencies in the flow of information within departments.
<ul style="list-style-type: none"> ☼ Communicated plans to stakeholders. 	<ul style="list-style-type: none"> ☼ A regional communications plan and regional communications policies have been developed. ☼ Corporate signage has been disseminated to communicate the organization's vision, mission and values, as well client's rights and responsibilities.

OUTCOMES OF OBJECTIVES

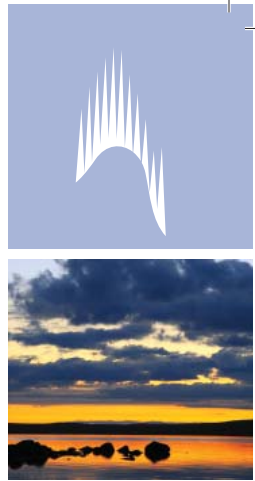
Objectives, Measures and Indicators for 2007/2008

Objective: By March 31, 2008, Labrador–Grenfell Health will have fully implemented its regional health services plan.

Measure: Implemented a regional health services plan.

Indicators:

- Develop regional Medical Staff By–Laws.
- Develop Board By–Laws.
- Integrate components of Administrative Policies and Procedures.
- Develop and receive approval of select regional health services plans.
- Implement select strategies to meet the needs identified in the August, 2005 Community Needs Assessment.
- Develop regional Nursing and Allied Health standards.



Strategic Issue #5: Population Health

Government's strategic direction is to improve population health and strengthen public health capacity. Government considers a public health system that focuses on promoting health, preventing disease and protecting the public to be the foundation of a publicly funded health system. By any measure, Labrador–Grenfell Health has not only some of the greatest challenges in developing and implementing regional population health programs and services, but also in strengthening public health capacity.

Goal: By March 31, 2008, Labrador–Grenfell Health will have enhanced selected population health programs and services to meet the needs of the region and in particular those of aboriginal communities.

Objective: By March 31, 2007, Labrador – Grenfell Health will have a review team established and selected enhancements to population health programs implemented.

OUTCOMES OF OBJECTIVES

2006/2007 Objective Outcomes

Measures of Success	Progress in 2006-07
<ul style="list-style-type: none"> ✳ Established a fully functioning region-wide review team. 	<ul style="list-style-type: none"> ✳ Individual review teams have been developed, including a regional Health Protection Team and a Health Promotion Team.
<ul style="list-style-type: none"> ✳ Developed a work plan. 	<ul style="list-style-type: none"> ✳ Operational plans have been developed for Health Protection and Community Health and Wellness. ✳ Public Health participated in consultations with the Dental Department, Speech Language Pathology and Wellness Consultants in the development of a dental/oral health plan.
<ul style="list-style-type: none"> ✳ Implemented enhancements to population health programs and services in select areas. 	<ul style="list-style-type: none"> ✳ A Health Promotion Coordinator was hired for Happy Valley–Goose Bay, to work together with the Regional Health Educator in St. Anthony to provide a regional service. ✳ Dental health promotion activities were provided at the individual and community level, with educational presentations and participatory events in elementary schools. ✳ A Regional Cervical Screening Coordinator was appointed in January, 2007, with the goal of enhancing women's wellness through regular routine cervical screening. ✳ As of February 2007, Paddon Memorial Home began receiving a regular nutrition service for the first time. Weekly visits are now made by a dietitian to conduct nutritional assessments and reviews, consult with nursing staff, etc., to ensure the nutritional health and well being of residents is maintained. A Community Dietitian was appointed in the south and is responsible for nutrition related health promotion activities and therapeutic nutrition services to clients in rural areas outside of St. Anthony.
<ul style="list-style-type: none"> ✳ Enhanced and re-established Wellness Coalition initiatives. ✳ Formed partnerships with stakeholders. 	<ul style="list-style-type: none"> ✳ Tobacco education and prevention was enhanced through the Northern Wellness Coalition's investment in the Toxic Tunnel, an educational resource for families. Tobacco in-servicing was offered for staff, in partnership with the Smoker's Helpline and the Alliance for the Control of Tobacco. ✳ The Northern Regional Wellness Coalition and health promotion staff in the south partnered to offer a new physical activity initiative, the Elementary School Skipping Program. ✳ The Labrador Wellness Coalition offered lifestyle clinics for workplaces in Happy Valley – Goose Bay, bringing screening and education to the community. ✳ An Employee Wellness Team was established at the Labrador Health Centre (to be developed at other sites).
<ul style="list-style-type: none"> ✳ Documented evidence of the implementation of best practices. 	<ul style="list-style-type: none"> ✳ A diabetes collaborative strategy has been implemented that is consistent with Canadian Clinical Practice Guidelines. ✳ A Smoke Free Task Team was established to revise the Smoke Free Health Facilities policy. ✳ A regional breastfeeding workshop was offered and the Regional Breastfeeding Network developed an updated breastfeeding policy for the region.
<ul style="list-style-type: none"> ✳ Reviewed and revised policies regarding the sale of "junk" food on authority premises. 	<ul style="list-style-type: none"> ✳ In keeping with the objective to review and revise policies regarding the sale of "junk" food on authority premises, a review of cafeteria menus and sales items was initiated towards the end of this fiscal year with enhancements being made to provide additional healthy options in the cafeteria. Further work will be completed in the next fiscal year to ensure the implementation of a healthy cafeteria policy.

OUTCOMES OF OBJECTIVES

Objectives, Measures and Indicators for 2007/2008

Objective: By March 31, 2008, Labrador–Grenfell Health will have enhanced population health programs to meet the needs of the region.

Measure: Improved select population health programs and services.

Indicators:

- Established a fully functioning region–wide review team and developed a work plan.
- Implemented enhancements to select population health program and services in three selected areas.
- Enhanced and re–established Wellness Coalition initiatives.
- Formed partnerships with stakeholders.
- Documented evidence of the implementation of best practices.
- Reviewed and revised policies regarding the sale of “junk” food on authority premises.



OPPORTUNITIES AND CHALLENGES AHEAD

Capital Projects: A Busy Year Anticipated for 2007–08

The challenges faced in maintaining a safe and efficient workplace environment for over 1,000,000 sq feet of facilities stretching over such a vast geographic region are enormous. In addition, with capital project planning dollars allocated in 2006–07, and construction monies expected in the 2007–08 provincial budget, it is anticipated that the next year will be a very busy one. Work continues toward the completion of a new long term care facility and a new office building in Happy Valley–Goose Bay. Planners are very close to determining site selection for a new facility in Labrador West. In the meantime, the health authority strives to maintain the infrastructure and deliver quality programs and services at its existing facility in Labrador West. In addition, planning for the satellite dialysis units for Curtis Memorial Hospital, St. Anthony, and Labrador Health Centre, Goose Bay has commenced and in the coming months, construction will begin. Dialysis services will be available to residents of the region in the fall.

Coping with Regional Diversity

Labrador–Grenfell Health has a very diverse region with different issues and needs, spread across two time zones and with unique jurisdictional considerations, including federally funded health organizations in Innu communities and self-government of Inuit communities (i.e., Nunatsiavut). Furthermore, while we have population growth in some parts of the region, there are other areas with a different economic base that are coping with out-migration and an aging population.



Preparing for the new Mental Health Care and Treatment Act

The Mental Health Care and Treatment Act will come into effect October 1, 2007, presenting both opportunities and challenges. The new Act will change how health care and justice professionals respond to those experiencing crises as a result of mental illness. A new focus on the rights of the individual with mental illness will further contribute to treating mentally ill clients with respect and dignity. The new Act provides opportunities for further developing partnerships within and outside the health authority, decreasing stigma and working with other departments and agencies to provide the best care possible for individuals and families living with mental illness. Challenges are anticipated, given the fact that Labrador–Grenfell Health is the only region in the province without a full-time psychiatrist and without a dedicated psychiatric unit. The immense geography, isolation of many communities and cultural diversity are also expected to present challenges as this region works towards implementing the new legislation.

OPPORTUNITIES AND CHALLENGES AHEAD

Addressing Aging Equipment Needs

In certain areas of the Labrador–Grenfell Health region, updating aging equipment will replace manual and labor intensive diagnostic methods, resulting in greater efficiencies in the current system and a better service to our clients. Furthermore, as older equipment is replaced with the latest technology, there will be improvements in the quality of health care delivered, in addition to recruitment and retention of technologists and physicians to the region.

Planning for Expanded Services

Both the Turner Report and the Deloitte Review were completed in 2006–07. As a result, it is anticipated that there will be significant enhancements to Child, Youth and Family Services in 2007–08. It is expected that there will be an increase in the number of Social Workers and support positions in the region, and plans are underway to dedicate human resources staff to support the recruitment of these professionals. Towards the end of the fiscal year, a sign-on bonus and finder's fee were put in place to help with recruitment efforts.



In addition to staffing, there are plans to move ahead with a new leadership model for Child, Youth and Family Services, one that will see a dedicated and strong focus on clinical supervision.

Ongoing Recruitment and Retention Issues

While there have been major strides in recruitment and retention in the past year, the region continues to experience challenges in select areas. For example, despite intensive recruiting, a Public Health Nurse position in Cartwright/Black Tickle Position has been vacant for about a year. The health authority also has vacancies in laboratory, diagnostic imaging, audiology and nursing. At the end of March 2007, there were specialist vacancies in Ophthalmology, Anesthesia, Psychiatry, Radiology and Internal Medicine. Social Work staffing in the Innu zone was in continual flux throughout 2006–2007, and we did not reach full staffing capacity in that particular area at any time throughout the past year.

FINANCIAL STATEMENTS

The following financial information was extracted from the Labrador–Grenfell Regional Health Authority financial statements for the year ending March 31, 2007. The authority’s auditor, Walters Hoffe expressed an unqualified opinion in their report dated June 22, 2007.

The authority’s operating result for 2007 was a deficit of just over \$800,000 before non–shareable items. The lower deficit when compared to 2006’s \$3.6 million was primarily the result of increases in various revenue streams from Government. Without these additional funds, the deficit would have been similar to that of 2006.

While revenues increased, costs also continued to climb, increasing by over \$8 million. Major growth continued in the community and social services program areas with a \$6.5 million dollar increase from 2006.

Although there was additional funding provided in 2006/2007 the authority’s costs continued to exceed its funding levels.



FINANCIAL STATEMENTS

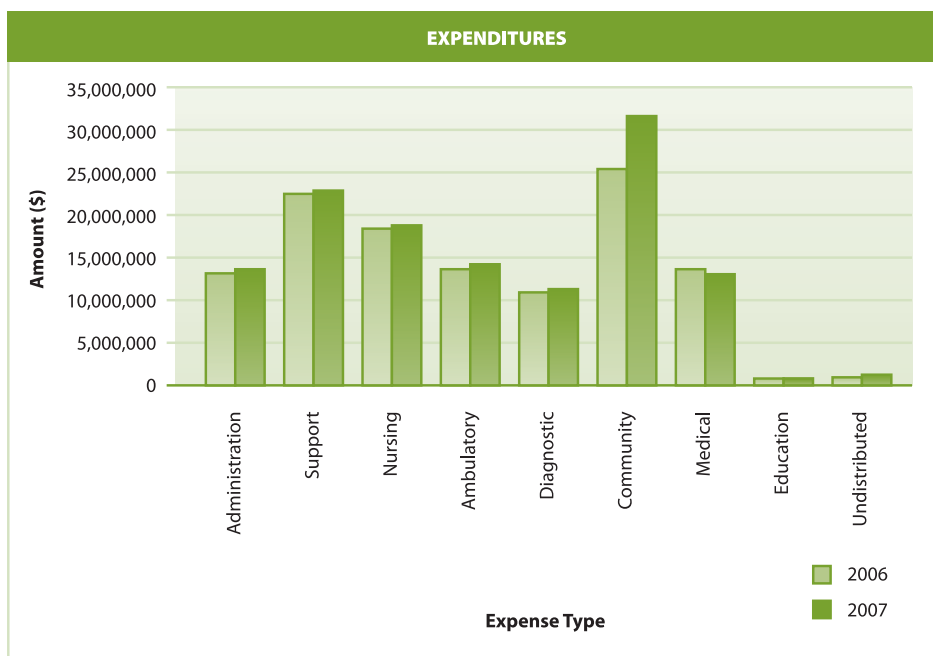
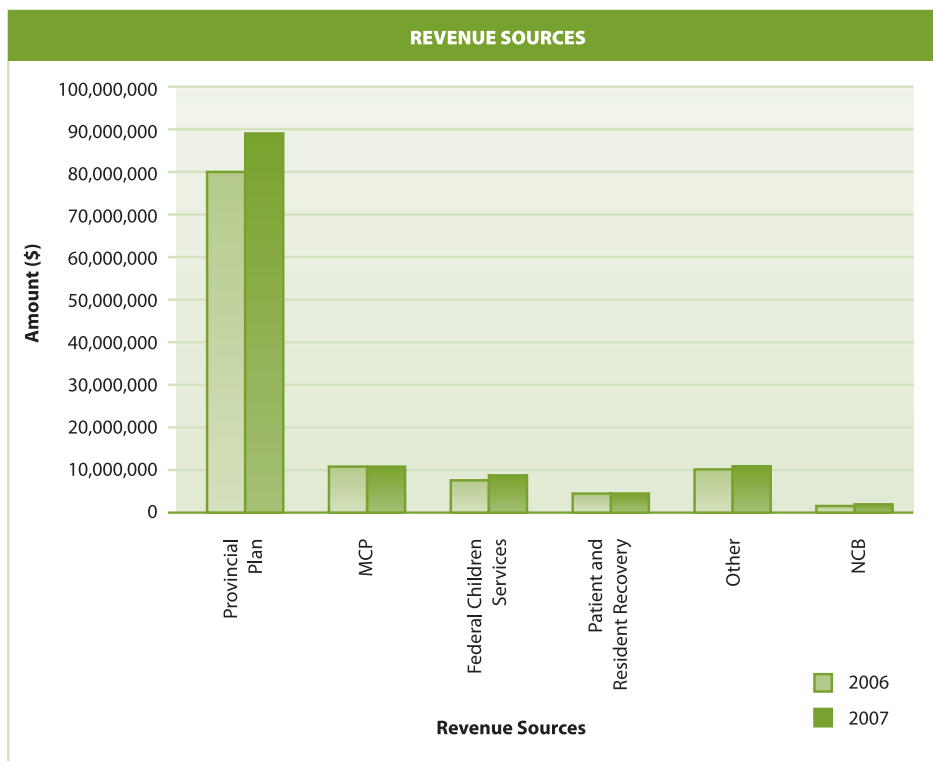
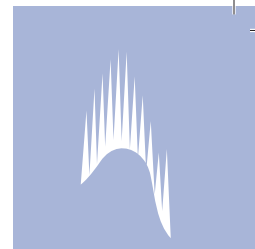


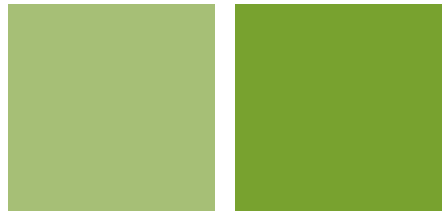
LABRADOR — GRENFELL REGIONAL HEALTH AUTHORITY		
Operating Fund		
Statement operations		
Year Ended March 31, 2007	2007	2006
Revenue:		
Provincial Plan	88,589,422	80,504,679
National Child Benefit	2,196,846	1,110,625
WST	5,242,066	5,044,898
MCP physicians	11,137,883	11,315,704
Child Youth and Family Services Agreement	7,678,992	5,977,452
Inpatient	2,490,760	2,451,830
Outpatient	770,409	1,004,343
Long-term Care	1,412,389	1,293,885
Other	6,324,172	5,642,528
	125,842,939	114,345,944
Expenditure:		
Administration	13,289,678	12,871,229
Support Services	23,065,775	22,247,775
Nursing inpatient services	18,757,853	18,311,363
Ambulatory care services	13,551,953	13,090,653
Diagnostic and therapeutic services	11,122,641	10,809,456
Community and social services	31,922,979	25,360,235
Medical services	12,691,331	13,181,423
Research	68,083	67,938
Education	863,898	926,182
Undistributed	1,354,268	1,109,344
	126,688,459	117,975,598
Surplus (deficit) before non-shareable items	(845,520)	(3,629,654)
Non-shareable items:		
Amortization	2,874,143	2,505,886
Accrued vacation pay – increase	187,555	93,284
Accrued severance pay – increase	457,513	261,803
Amortization of deferred contributions	(2,622,721)	(2,308,371)
	896,490	552,602
Excess (deficiency) of revenue over expenditure	(1,742,010)	(4,182,256)



LABRADOR — GRENFELL REGIONAL HEALTH AUTHORITY
**Operating
Balance Sheet
March 31, 2007**

	2007	2006
Assets		
Current Assets:		
Restricted cash	1,498,014	1,188,768
Receivables	12,387,624	5,827,642
Inventories	1,722,466	1,616,358
Prepaid expenses	1,467,212	1,307,885
Total current assets	17,075,316	9,940,653
Residents' Trust funds held on deposit	175,630	189,838
Property, plant and equipment	19,396,846	18,187,734
	36,647,792	28,318,225
Liabilities		
Current Liabilities:		
Bank indebtedness	20,604,544	13,248,231
Payables and accruals	8,169,713	7,372,880
Accrued vacation pay	4,758,596	4,571,041
Other accrued benefits	1,813,069	1,629,339
Deferred contributions	2,522,804	2,152,772
– operating	1,413,702	782,128
– National Child Benefit (NCB) initiatives	1,969,671	3,631,116
– capital	1,281,988	972,852
– special purpose funds	720,549	540,349
Current portion of accrued severance pay – estimated	15,459	13,927
Current portion of long-term debt	15,459	13,927
Total current liabilities	43,270,095	34,914,635
Residents' Trust Funds payable	175,630	189,838
Accrued severance pay, less estimated current portion	7,903,538	7,626,225
Long-term debt	1,211,735	1,227,289
Deferred contributions related to property, plant and equipment	16,991,309	15,522,852
	69,552,307	59,480,839
Net assets		
Net assets invested in property, plant and equipment	1,205,880	1,443,280
Net assets restricted for endowment purposes	216,026	215,917
Unrestricted net assets	(34,326,421)	(32,821,811)
	(32,904,515)	(31,162,614)
	36,647,792	28,318,225





Labrador - Grenfell Health

Board and Executive Offices
Labrador Health Centre
Box 7000 Station C
Happy Valley - Goose Bay, NL
Canada A0P 1C0

t: 709.897.2267
f: 709.896.4032

www.lghealth.ca