



Labrador-Grenfell
Health



**ANNUAL PERFORMANCE REPORT
2 0 0 7 - 2 0 0 8**

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Message from the Chairperson & CEO

As Board Chair and CEO of Labrador-Grenfell Health, we publicly present our Annual Performance Report for 2007-08. We present this report in accordance with the Guidelines for Annual Performance Reports for Category 1 Government Entities, and understand that we are accountable for the results and any variances explained herein.

Labrador-Grenfell Health has completed its first strategic planning cycle, and with the hard work and dedication of our employees and community partners in carrying out our mission and vision, we have accomplished our goals and objectives for 2006-08. We have witnessed great progress toward regionalizing many of our programs and services. We have placed great focus on recruitment and retention, patient safety and quality improvement. We have successfully achieved our first Accreditation Award as a new health authority.

This year, in accordance with our vision of healthy people in healthy communities, Labrador-Grenfell Health paved the way for smoke-free health authorities by becoming the first health region in the province to introduce a Smoke-Free Policy, with all exterior grounds and parking lots becoming smoke-free, right to the property line. This could only be accomplished with the participation and cooperation of all our staff.

Labrador-Grenfell Health continually strives to achieve its mission of improved accessibility to appropriate health and community services to better meet the needs of people within the region. This year, we have introduced new programming, launched new services and replaced or upgraded both equipment

and technology to bring higher quality health and community services closer to home.

This Annual Performance Report summarizes our progress in 2007-08. Work now continues on our 2008-11 Strategic Plan, which will provide details on the priority issues that the health authority is committed to addressing over the next three years. As a result of this recent strategic planning process, we have identified goals, objectives and indicators for the following strategic initiatives: Child, Youth and Family Services; improved health status measurement tools; a culture of safety; fiscal and human resources capacity and regional health services planning. It is anticipated that this plan will be released early in the next fiscal year.

We thank our residents and community stakeholders for working with us this past year – our achievements are a reflection of our partnership and shared success.

Sincerely,



Larry Bradley (Board Chair)



Boyd Rowe (CEO)



Overview

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

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

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

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

- promote and protect the health and well being of its region and develop and implement measures for the prevention of disease & injury and the advancement of health and well being;
- assess health and community services needs in its region on an ongoing basis; develop objectives and priorities for the provision of health and community services which meet the needs of its region and which are



consistent with provincial objectives and priorities;

- manage and allocate resources, including funds provided by the government for health and community services, in accordance with Legislation;
- ensure that services are provided in a manner that coordinates and integrates health and community services;
- collaborate with other persons and organizations, including federal, provincial, and municipal governments and agencies and other regional health authorities, to coordinate health and community services in the province and to achieve provincial objectives and priorities;
- collect and analyze health and community services information for use in the development and implementation of health and community services policies and programs for its region;
- provide information to the residents of the region respecting
 - the services provided by the authority
 - how they may gain access to those services and how they may communicate with the authority respecting the provision of those services
- monitor and evaluate the delivery of health and community services and compliance with prescribed standards and provincial objectives and in accordance with guidelines that the Minister may establish for the authority under paragraph 4(3)(b).
- comply with the directions the minister may give

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 employs approximately 1376 staff and operates twenty-two facilities, including three hospitals, three community health centers, fourteen community clinics and two long term care facilities. In addition, there are Child, Youth and Family Services offices located throughout the region.

Labrador–Grenfell Health provides health and community services to a diverse population, over a wide 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
- Child Care, Community Corrections and Residential Services
- Child, Youth and Family Services and Adoptions
- Community Health and Wellness
- Dental Services
- Education, Innovation and Applied Health Research
- Health Protection Services
- Long Term Care
- Mental Health and Addictions Services
- Patient Safety and Quality
- Therapeutic Intervention, Family Rehabilitation and Other Rehabilitation Services
- Transportation Services

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



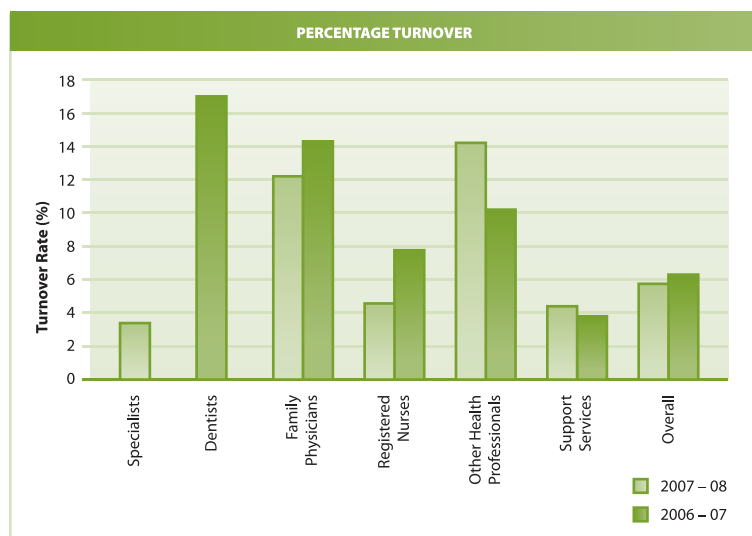
Key Statistics

Financial Services

In 2007-08, Labrador-Grenfell Health incurred an operating deficit of \$1.1 million, compared to \$800,000 the previous year. This deficit was consistent with the previous year as a percentage of revenues. Revenues from the provincial and federal government increased in line with increased operating costs. The largest area of increase was in Child, Youth and Family Services, due to increases in programming and direct client payments. Further details of our financial results are presented at the end of this report.

Human Resources

As of March 31, 2008, Labrador-Grenfell Health employed 1376 staff (917 permanent full-time, 74 permanent part-time, 239 temporary and 146 casual). Of these 1376 staff, 81.4% are female and 18.6% are male. The overall staff turnover rate was 5.75%, down from 6.3% in 2006-07.



Child, Youth and Family Services

There are currently 186 children in the custody of the Director, 532 families receiving support services and 139 caregiver homes. There is a 9% increase in caregiver homes, 11% decrease in children and youth in the custody of the

Director and 24% increase in families receiving supportive services. There was a 28% increase in the number of youth between the ages of 16 and 18 receiving supportive services.

Of this regional total, and specifically in the Innu Zone, there are currently 102 children in the custody of the Director, 93 families receiving support services and 55 caregiver homes. There is a 57% increase in caregiver homes, 8% decrease in children and youth in the custody of the Director and 59% increase in families receiving supportive services. There was a 63% increase in the number of youth between the ages of 16 and 18 receiving supportive services.

SPOTLIGHT ON SERVICES PROVIDED IN 2007-08

Dental Services: 10,182 patient visits

(South only; includes Dentists, Hygienist and Dental Surgery)

Mental Health and Addictions Services: 8178 client visits/contacts

Diabetes Nurse Education: 2130 client visits

Enhanced Home Care: 205 visits through the End of Life Program and 318 visits for Acute Care Placement

Occupational Therapy: 2006 client visits

Speech Language Pathology: 1404 client visits

Physiotherapy: 14,438 client visits



Key Statistics

Air Transportation

Aircraft/Airline	Flying Time (hours)	Medevac Patients	Routine Patients	Staff Escorts	Family Escorts	Others	Total Persons
<i>GWT Turbo Commander (L-GH Air Ambulance)</i>	918.5	332	70	418	158	121	1099
<i>Charters (including Twin Otter North)</i>	1862.0	171	2466	297	11	737	3682
<i>Twin Otter (Medevac, Southeast Labrador)</i>	38.8	14	0	13	9	0	36
<i>NLA King Air (Medevacs St. Anthony)</i>	44.8	23	0	37	8	0	68
<i>NLA King Air (Medevacs Goose Bay)</i>	164.7	56	0	90	32	0	178
<i>NLA King Air (Medevacs Wabush)</i>	278.6	64	0	120	40	0	224
<i>Commercial Air Carriers (St. Anthony)</i>	0	0	1079	0	348	0	1427
<i>Wabush to Goose Bay for CT</i>	0	0	254	0	0	0	254
TOTAL	3307.4	660	3869	975	606	858	6968

Key Statistics

Community Clinics

	2007-08
Clients seen by Regional Nurses	69406
Clients seen by District Medical Officer	7369
Emergency Referrals	300
Elective Referrals	5247

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	14710	19339	9263
Inpatient Days	500	76	419
Inpatients	145	56	151
Road Ambulance Trips	181	256	173
Air Ambulance Trips	2	0	75
<i>* Holding Beds for Observation</i>			

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	47 + 1 Respite	46 + 1 Respite	14 + 1 Respite	6
Resident Days	16,340	16,930	5,278	1,881
Number Admissions	18	26 (10 Resp. + 16 perm)	15 (12 Resp. + 3 perm)	3
Number Discharges	18	27	15	2
Discharge Days	19,173	18,675	5,013	438
Average Length of Stay	1065.2	691.7	334.2	219
Percent Occupancy	93%	98.4%	96.1%	85.7%

Key Statistics

Acute Care

Category	Captain William Jackman Memorial Hospital	Labrador Health Centre	Charles S. Curtis Memorial Hospital
Number of Beds	14	26	52
Patient Days (excluding newborn)	3268	5864	11,786
Number of Admissions (including newborn)	795	1629	1771
Number of Discharges (including newborn)	795	1635	1768
Discharge Days (including newborn)	3434	6608	11,329
Average Length of Stay	4.3 days	4.0 days	6.4 days
Percent of Occupancy (excluding newborn)	63.8%	61.6%	61.9%
Outpatient Surgery (includes Surgical Day Care and Minor OR Procedures)	389	809*	1923
Inpatient Surgery	166	219*	833
Total Surgery	555	1028*	2756
Number of Births	85	202	96
Number of Emergency Room Visits** Registered to ER	22,364	19,084	8519
Number of Outpatient Visits*** Excludes Radiology & Laboratory	4497	23,651	16,088

* Based on May 07 – March 08.

CWJ & LHC:

** ER Visits may include: Emergency Room visits, Nursing procedures.

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

Shared Commitments

Partners in Care

In achieving its strategic goals and objectives, Labrador-Grenfell Health collaborates with a number of partners/stakeholders on both a local and provincial level, as the health authority provides quality services to meet the needs of its clients. Examples include: the Minister and the Department of Health and Community Services, other Regional Health Authorities, the Nunatsiavut Department of Health and Social Development, Innu First Nations, the Labrador Métis Nation, the Newfoundland and Labrador Health Boards Association, the Newfoundland and Labrador Centre for Health Information, the International Grenfell Association, the Grenfell Foundation and local auxiliaries, municipal, provincial and federal government representatives (e.g., 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, Wellness Coalitions, local Chambers of Commerce, schools and post-secondary educational institutions, including medical schools, community groups and agencies, advocacy groups, ambulance service providers (non-institutional based), law enforcement agencies, vendors and suppliers.

A Mutual Approach to Dealing with Mental Illness: Collaborating with the RCMP

In keeping with the strategic goal of enhanced population health, a Mental Health/Police Liaison Team was established on the Northern Peninsula in 2007-08 to strengthen partnerships, exchange information and address mutual issues. One product of that partnership was "A Police Officer's Guide to Mental Illness", a book developed in conjunction with the RCMP – Northern Peninsula District. This guide has received widespread support from provincial RCMP leadership, with potential plans to disseminate the guide to RCMP

members across the province. In Happy Valley-Goose Bay, a Labrador-Grenfell Health/RCMP Liaison Team was also established, particularly as a forum to discuss and address issues pertaining to the implementation of the Mental Health Care and Treatment Act. These liaison teams will strengthen the working relationships between the police and Labrador-Grenfell Health, providing opportunities to engage in mutually beneficial learning and advocate for improvements in policies, facilities and services.

The Grenfell Foundation: Fundraising for Priority Medical Equipment

Thanks to the support of our communities, volunteers and donors, 2007-08 was a very successful year for the Grenfell Foundation. Fundraising targets were met for each of the three Foundation Chapters (South, Labrador West and Labrador East). Of particular note is the dedication of the auxiliaries throughout the region, for their significant contributions to their local facilities this fiscal year: Curtis Hospital Auxiliary - \$25,000 for ventilators for the Intensive Care Unit; Labrador South Health Centre Auxiliary - \$6000 toward the purchase of an EKG machine; Captain William Jackman Memorial Hospital Auxiliary - \$12,500 toward an EKG machine and the Labrador Health Centre Auxiliary - \$5000 toward a bipap respiratory machine.

International Grenfell Association – Working Together to Enhance Service Delivery

In 2007-08, the International Grenfell Association (IGA) provided funding to Labrador-Grenfell Health for a variety of projects and programs. With the help of IGA funds, provincial PACS was successfully implemented at five sites. The IGA also provided funding to promote, protect and support breastfeeding. As a result of



Shared Commitments

this funding, a Lactation Management Course was delivered to staff working with mothers and their families, to provide the necessary information to effectively support breastfeeding. Funds also supported other promotional activities, including a regional Breastfeeding Friendly Premises Program. The IGA continues to provide funding to support the health intern program, which offers summer employment to students from the region to work on specific health-related projects. In addition, the IGA provided funding to purchase several pieces of medical equipment for various sites throughout the region.



Building Relationships with Aboriginal Organizations

Strong collaborative partnerships are necessary with the region's aboriginal health organizations, including the Nunatsiavut Department of Health and Social Development, Innu First Nations, the Labrador Métis Nation and the Department of Indian and Northern Affairs. In relation to the strategic goal of enhanced population health, in 2007-08, the Labrador Integration Project

focused on the integration of health services to better meet the needs of aboriginal communities, aiming to provide clarity in roles, improve access to services for aboriginal clients and communities and enhance partnerships. In addition, Labrador-Grenfell Health put a new position in place, Regional Director of Aboriginal Affairs, to focus on enhanced partnerships. 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 2007-08, Labrador-Grenfell Health also worked with the Nunatsiavut Government on plans to deliver the Inuit Health Survey in this region and to review cancer data for Nunatsiavut. The health authority continues to work with partner organizations to promote health related research in Labrador and related to this, is a member of the Labrador Aboriginal Health Research Committee. Additionally, Regional Nurses on the North Coast have developed an excellent working relationship with the Nunatsiavut staff in these communities and meet regularly to improve health service delivery to our clients.

Working Together for Health Protection

In support of the strategic goal of enhanced population health, the Health Protection Team liaises 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 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. In 2007-08, the Medical Officer of Health also delivered a special presentation to the Special Committee of the Nunatsiavut Assembly on the health effects of uranium mining.



Highlights and Accomplishments



On a Mission for Improved Accessibility

Labrador-Grenfell Health has made great progress towards achieving its mission to improve accessibility to appropriate health and community services to better meet the needs of people within the region. All but two sites now have access to regional videoconferencing, providing opportunities for remote access to the following services: general medical and surgical consultation, psychiatry consultations, genetics counseling, oncology and dialysis consultations, mental health assessments and emergency trauma consultations. This year, there were also advancements in diagnostic services. With the implementation of the Provincial Archiving and Communications System (PACS) at the Charles S. Curtis Memorial Hospital and at the three health centres, all hospitals and health centres in the region now have access to this system. Electronic imaging available through PACS will now allow for real-time referral to consultant Radiologists, allowing both the clinician and the Radiologist to review the same images at the same time. This is a tremendous improvement in diagnostic imaging reporting and ultimately, a better service to clients in the area.

In addition to new and improved technologies, 2007-08 also saw the implementation of satellite dialysis services in St. Anthony and Happy Valley-Goose Bay, allowing individuals who are medically stable to return to the region to receive this service closer to their families and home communities. Thanks to the recruitment of a locum Audiologist, regular Audiology services will be available for the next year, a service that has been unavailable for quite some time. The addition of a Speech Language Pathologist for Labrador West, a shared Respiratory Therapist for St. Anthony and Labrador West and additional Social Workers for Happy Valley-Goose Bay, Hopedale and Makkovik have also improved accessibility and the overall quality of services in these areas. At the Charles S. Curtis Memorial Hospital, the purchase of new laboratory equipment has allowed for the introduction of infertility testing in this part of the region. Additionally, the donation of a Distortion Product Otoacoustic Emission (DPOAE) by the Canadian Hard of Hearing Association has facilitated the availability of newborn hearing screening through the newly developed Infant Hearing Program at St. Anthony.

Leading the Way to Health and Wellness: Smoke-Free Environment Policy

On January 1, 2008, Labrador-Grenfell Health became the first regional health authority in Newfoundland and Labrador to have its owned and operated properties designated as smoke-free. Like many other health authorities across Canada, Labrador-Grenfell Health has banned smoking right to the end of its property lines. Over the next year, the policy will also be phased in at long-term care facilities in the region. The new policy is a vital component of Labrador-Grenfell Health's vision of "healthy people living in healthy communities" and supports the strategic goal of enhanced population health. Labrador-Grenfell Health is committed to providing a smoke-free environment for its clients, employees and community by treating tobacco addiction; protecting all employees, physicians, volunteers, students, patients, visitors and the general public from tobacco smoke on Labrador-Grenfell Health property; supporting employees in adopting a healthy lifestyle, and providing leadership in tobacco reduction initiatives.

Accreditation Awarded

Labrador-Grenfell Health participated in its first full Accreditation Survey in May 2007. Labrador-Grenfell Health was commended on the progress made since regionalization and received an award of "Accreditation with Report and Focused Visit". This supports the health authority's strategic goal of quality improvement, risk management and safety. A report submitted in January 2008 received a favorable response from Accreditation Canada (formerly known as the Canadian Council on Health Services Accreditation) and a focused visit is being planned to follow up on progress made with recommended improvements.

Highlights and Accomplishments

Growth in Infrastructure/Capital Projects

In 2007-08, over \$100 million in capital works projects were at various stages of development. Two new dialysis units were constructed in St. Anthony and Happy Valley-Goose Bay; planning and ground work were underway for a new hospital in Labrador City; a new long term care facility and office building were in the early stages of construction in Happy Valley-Goose Bay and three mini-homes were assembled on the Labrador Coast, in addition to a range of other maintenance and construction projects. Improvements were made to the clinics in Postville, St. Lewis, Charlottetown and the health centre in Forteau and planning for a new facility in Flower's Cove was in the early stages.

Emergency and Pandemic Preparedness

In 2007-08, significant progress was made toward the development of a Regional Emergency Management (Disaster) Plan for Labrador-Grenfell Health. A large number of staff were trained in Basic Emergency Management and on the Incident Command System. In line with the strategic goal of quality improvement, risk management and safety, ongoing simulations/exercises took place in various parts of the region to ensure readiness in times of disaster. A number of employees are active participants on Provincial Pandemic Planning Working Groups, with a goal to ensure that the regional plan is harmonized with provincial guidelines on a go-forward basis.

Building Leadership and Strengthening Supports

A significant restructuring of the CYFS management was implemented this year. Lone district program managers have been replaced with a team of clinical and administrative managers working in

support of programs and services across the region as a whole. While each manager covers a specific geographic area, the ability to strengthen the focus on clinical supervision, as well as administrative operations, has made for tangible improvements in the quality of services offered to children and families. Members of the management team take the lead in promoting various initiatives in best practice development for all CYFS programs and services. Additionally, through a partnership with the Department of Justice, CYFS has secured dedicated legal representation. In response to an identified need to improve the services provided to children and families in child protection matters that involve court processes, this lawyer will provide support and services solely to CYFS Directors and staff to help them better meet their legislated mandate.

The appointment of two Senior Behaviour/Child Management Specialists has enhanced staff morale and improved quality of service for clients. The appointment of a Social Work Coordinator for Family and Rehabilitation Services will enhance service delivery through clinical consultation for front line social workers and managers, the development and implementation of training and increased efforts in policy development and implementation.

Improving Wait Times

Labrador-Grenfell Health continues to improve wait times for services included in the national priority areas (cataract surgery, hip and knee repair and diagnostics). For the second consecutive year, there has been an increase in the number of cataract surgery completions (a service provided entirely by visiting ophthalmologists). There were

69 cataract surgeries completed in 2007-08, up from 57 in 2006-07 and 13 in 2005-06. In keeping with provincial progress on improving wait times, Labrador-Grenfell Health has seen an increase in the number of joint replacements completed this year and improvement in wait times has been noted. Efforts to improve the endoscopy services for the region have also been a target for the waitlist management committees. Efforts are being made to regionally standardize surgical and endoscopy booking forms and to electronically waitlist all requests, thereby allowing for more adequate monitoring of the waitlist and wait times. The Waitlist Management Steering Committee also monitors specialty services waitlists throughout the region.

The establishment of the Northern Lights Clinic at the Labrador Health Centre Rehabilitation Department has reduced wait times for children requiring rehabilitation and intervention services and enhanced the coordination of multidisciplinary services for children. Nutrition Services staff also worked hard this year to decrease the long waiting lists for clinical services that developed due to vacancies. By year end, the longest wait list had been reduced from 130 to just 27 clients.

NorFam Captures Award of Excellence

In 2007-08, Labrador-Grenfell Health's Northern Family Medicine Education (NorFam) Program, received an Award of Excellence from the College of Family Physicians of Canada, for outstanding teaching. This program provides an excellent training experience for medical students and residents, and includes an introduction to lifestyles and recreational opportunities in the region.

Performance in 2006-2008 Related to the 2011 Mission

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

Measure: Evidence of improved accessibility to regional health and community services.

Indicators	Accomplishments
Improved access to be reflected in the results of community needs assessments and environmental scans.	One of the over-riding findings of the community consultations was access to health and community services, particularly medical and specialist services. In response to this, the Board, in conjunction with Medical staff, developed and approved a Medical Services Plan which will serve as a basis for providing medical services to best meet the needs of the region. Recruitment continues for additionally needed medical specialists. A number of other steps have been taken to address concerns brought forward during the community consultations process. These are referenced elsewhere in this report and may also be found on the Labrador-Grenfell Health website at www.lghealth.ca (See News and Publications).
Improvement in waitlist times in such areas as cancer care, eye care, joint replacement and diagnostic services.	Attention to specialty clinic waitlists and recruitment issues are being profiled and assisted by the organization's Wait List Management Program. Labrador-Grenfell Health continues to improve wait times for services included in the national priority areas (cataract surgery, hip and knee repair and diagnostics).
Medical transportation subsidy review.	A medical transportation subsidy review was completed by Labrador-Grenfell Health. As a result, recommendations were put forward to Government and subsequently improvements were made to the Medical Transportation Assistance Program. The health authority has implemented a travel subsidy for Labrador West clients requiring CT scan services in Happy Valley-Goose Bay.
Evaluation of transportation contracts.	Labrador-Grenfell Health re-tendered its air transportation contract. An evaluation, and the contract award, resulted in improvements to the flight schedule, particularly on the Southeast Coast of Labrador.
Review of child development service requirements.	As part of an overall review of child development service requirements, including workload, waitlists and related travel requirements, it was determined that the greatest need for enhancements existed in Nain, Hopedale, Sheshatshiu and Natuashish. As a result, Labrador-Grenfell Health appointed a BMS/CMS for Nain and Hopedale and another for Sheshatshiu and Natuashish.
Improved communication protocols within Labrador-Grenfell Health and with other Regional Health Authorities.	Improved communications protocols were realized through the development and sharing of regional communications and media relations policies with all staff. Media inquiries are now channeled through the Regional Director of Communications for coordination and authorization. Internal and external newsletters, an intranet and website have been developed. The Director of Communications liaises with Communications professionals in both Government and the other Regional Health Authorities on common communications issues (e.g., Provincial Pandemic Communications Planning).

Performance in 2006-2008 Related to the 2011 Mission

Indicators	Accomplishments
<p>Reduced vacancy/turnover rate among family practice physicians, medical specialists and other health care professionals.</p>	<p>Ninety per cent of the Family Physician positions in the region were filled in 2007-08. There has been notable improvement at the Charles S. Curtis Memorial Hospital in St. Anthony. While there were only two family physicians at one point in 2006 (due to recruitment challenges), there are now seven out of eight family physician positions filled at this facility. Labrador-Grenfell Health is actively recruiting for Family Physicians, particularly for Labrador West. Labrador-Grenfell Health continues to experience challenges in the recruitment and retention of specialist physicians, skilled labour, Diagnostic Imaging Technologists, Medical Laboratory Technologists, Nurses, Midwives, Pharmacists and Social Workers. Recruitment and Retention will be a continued priority in the 2008-11 Strategic Planning cycle.</p>
<p>Improved human resources utilization in such areas as scope of practice, bargaining unit flexibility, and Nurse Practitioner services.</p>	<p>The following are improvements in human resources utilization:</p> <ul style="list-style-type: none"> • Long Term Care has implemented a Skill Mix Implementation Plan which will introduce Personal Care Attendants to the Long Term Care system. • Beginning in February, 2008, the scope of practice of Licensed Practical Nurses (LPNs) was enhanced through the introduction of training for medication administration in Long Term Care. The health authority is working toward having all of the LPNs receive medication administration certification by 2012. • Nurse Practitioners and Regional Nurses are working to their scopes of practice. The Nurse Practitioner position in Labrador West was expanded from half-time to full-time status.
<p>Technology services expanded – telehealth, teleoncology.</p>	<p>The following are examples of expansions in technology that occurred during 2006-08:</p> <ul style="list-style-type: none"> • All but two sites now have access to regional videoconferencing, providing opportunities for remote access to the following services: general medical and surgical consultation, psychiatry consultations, genetics counseling, oncology and dialysis consultations, mental health assessments and emergency trauma consultations. • There have been advancements in diagnostic services, with the implementation of the Provincial Archiving and Communications System (PACS) at all hospitals and health centres in the region.
<p>Increased access to and utilization of services by individuals, families and groups who need them most.</p>	<p>In 2006-08 Labrador-Grenfell Health worked to increase accessibility of services to clients who need them most. Partnerships with the other Regional Health Authorities and community stakeholders were instrumental in making this happen. One very successful example occurred in 2007, when Labrador-Grenfell Health partnered with the Department of Health and Community Services, Eastern Health, and pediatric dentist, Dr. Geoff Smith, to bring services to thirty-eight children in Labrador who were on a wait list for dental surgery. A surgical team led by Dr. Smith traveled to the Labrador Health Centre in Happy Valley-Goose Bay to carry out the surgeries over a four-day period. The project resulted in the treatment of 95 per cent of children in Labrador that were on the waitlist for dental surgery as of January 2008.</p>

Performance in 2006-2008 Related to the 2011 Mission

Indicators	Accomplishments
Improved dental services and reduced vacancy/turnover rate among dentists and dental hygienists.	Success with recruitment of dental health professionals resulted in improved access to service, with five out of six approved positions remaining filled this year. With improved dentist recruitment and locum utilization, there was a 27.9% increase in the number of patients seen this year. In 2006-07, the Dental Department saw a total of 7,958 patients. In 2007-08, this increased to 10,182.
Enhanced health promotion information/services in such areas as: <ul style="list-style-type: none"> • oral health • healthy eating • physical activity • smoking • addictions • Fetal Alcohol Spectrum Disorder • reproductive health 	There have been enhancements in all areas listed in 2006-08. Specific details are outlined later in this report (see Outcomes of Objectives, Strategic Issue #5, Enhanced Population Health).
Maximize the use of medical services available within the region and strive for self sufficiency, where possible (e.g., orthopedics and pediatrics)	Labrador-Grenfell Health has maximized its ability to utilize services available within the region. There have been a variety of Specialists from the Charles S. Curtis Memorial Hospital that have visited other parts of the region to deliver services (i.e. Pediatrics, Gynecology).
Improved home care services based on available funding.	Improvements in home care include: <ul style="list-style-type: none"> • The implementation of an Acute Care/Home Care Basket of Services which provides 24/7 palliative care services for eligible clients. • An increase in the number of home care professionals in the region, which has improved access to and portability of services such as IV therapy.
Enhanced services for clients with dementia.	A new long term care facility in Happy Valley-Goose Bay will include a protective care unit, allowing residents with dementia who previously traveled outside the region for protective care to avail of this service in Labrador.
Increased residential placements for children within the region.	While residential placements for children in the region have not increased, developmental work towards this goal has been completed. The Directors of CYFS for Labrador-Grenfell Health have participated in a provincial working group which has assessed and identified actions necessary to increase placements for children and youth. A substantial provincial proposal which outlined specific details relating to Labrador-Grenfell Health has been submitted to Government for approval.

Performance in 2006-2008 Related to the 2011 Mission

Measure:

Evidence of improved accessibility, within available resources.

Indicators	Accomplishments
Long term plan to address budgetary deficit.	The Department of Health and Community Services has provided Labrador-Grenfell Health with additional base funding of \$3M to address its budgetary gap. In addition, the health authority is implementing consistent pharmacy pricing throughout the region that will provide additional revenues. These measures, in addition other identified opportunities, are anticipated to result in a balanced budget in the future.
Balanced budget.	Labrador-Grenfell Health has narrowed its budgeted deficit significantly and is actively working with the Department of Health and Community Services to address the remaining gap.
Evidence-based reports evaluating existing resources (e.g., clerical review, Human Resource plans, waitlist information).	<p>A clerical review has been completed and a final report was produced. Labrador-Grenfell Health has acted, within available resources, to address the areas with the most critical needs (i.e., Ambulatory Care/Emergency, Laboratory Services, and Materials Management, to name a few).</p> <p>A framework and components of a human resources plan have been developed and shared with various stakeholders for consultation and feedback.</p> <p>Labrador-Grenfell Health participates in the Provincial Wait List Management Program. Wait list and wait times data capturing regional cataract surgery, hip fractures and hip and knee replacements are submitted to the Provincial Wait Times Coordinator. This data is publicly released on a quarterly basis in the form of a Health and Community Services press release, which compares data from each of the four Regional Health Authorities with national benchmarks.</p>
Regional Health Services Plan.	<p>The following work formed the basis for a Regional Health Services Plan:</p> <ul style="list-style-type: none"> • Regional Directors have developed operational plans that are consistent with the Board’s Strategic Plan, as well as other departmental priorities, with a primary focus on regionalizing programs and services. Through this process, the regionalization of policies and procedures is complete for most program areas. • A Medical Services Plan has also been developed to serve as a basis for providing medical services to best meet the needs of the region.
Prioritization of accessibility indicators.	Labrador-Grenfell Health has addressed many priority issues raised in the 2005 Community Consultations, in addition to the indicators outlined above.

Report on Goal Performance 2006-08

This section of the report provides information on key performance measures for Labrador-Grenfell Health for the 2006-2008 planning cycle. Labrador-Grenfell Health's Annual Performance Report is designed to meet the provincial government's Transparency and Accountability requirement to report on the performance targets set out in the 2006-08 Strategic Plan, in addition to activities that align with the vision and mission.

For each strategic issue, an overview of the goal and the progress in meeting this goal during the 2006-08 period will be provided. This will be followed with specific information on accomplishments during the 2007-08 reporting year.

Labrador-Grenfell Health committed to meet or exceed the goals in the 2006-08 Strategic Plan, and set indicators (performance targets) for each measure. In the charts that follow, indicators and accomplishments are presented and any variances are explained.

Issue 1: Recruitment and Retention of Health Professionals

In Northern Newfoundland and Labrador, the recruitment and retention of health professionals, notably physicians, pharmacists, regional nurses, midwives, nurses, speech language pathologists, audiologists, occupational therapists, dentists and social workers, has been especially challenging for many years. As a result, service to our clients is often impacted. The Board recognizes that our inability to recruit and retain professional staff has a significant impact on existing staff in terms of their workload. This strategic issue is also linked to Government's strategic direction to improve stability in the delivery of health and community services.

Goal:

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

Measure:

Implemented specific physician and health professional human resources plans.

Goal Indicators	Accomplishments
Developed written Human Resources plans.	Due to other priority human resources activities, the entire human resources plan was not completed in 2007-08. The completed components include an overall framework, environmental scan, analysis of the demographics of the current workforce and highlights of key recruitment and retention activities. The completed framework and elements were shared with Senior Executive and Accreditation Canada for feedback.
Increased % of Family Practice physician positions filled.	<p>Based on the Physician allocation funded by the Department of Health and Community Services (excluding private practice fee-for-service physicians), 90% of the Family Physician positions in the region were filled at the end of March, 2008 (27 out of 30 positions). This is a notable increase from 2006-07, when 75% of family physician positions were filled.</p> <p>Labrador-Grenfell Health sponsors candidates in the Clinical Skills Assessment and Training program, designed as a tool for International Medical Graduates who wish to obtain licensure in Newfoundland and Labrador. In 2007-08, a candidate completed training and filled a vacant Family Physician position in Roddickton.</p> <p>In addition, during 2006-08, the number of fee-for-service Family Physicians practicing in the region remained at five in Labrador West and one in the St. Anthony area.</p>

Report on Goal Performance 2006-08

Goal Indicators	Accomplishments
<p>Implemented visiting rotation system for selected medical specialists and other health professionals (inside and outside the region).</p>	<p>Labrador-Grenfell Health has reviewed its wait lists and internal resources for selected specialty services and identified some capacity within the region to provide these services on a rotational basis. For example, the Pediatrician from St. Anthony provided services in Nain and the Obstetrician/Gynecologist and the Orthopedic Surgeon from St. Anthony also held clinics in Labrador West.</p> <p>Clinics were also held by specialists visiting from outside the region, particularly in the areas of nephrology, cardiology, ENT, neurology, dermatology, rheumatology, developmental pediatrics, rehabilitation pediatrics, gynecology and radiology. Audiology Services were secured on a contractual basis and a visiting rotational schedule was developed for the region.</p>
<p>Increased % of allied health professionals recruited and retained.</p>	<p>Efforts are underway to retain existing staff through various incentives and to recruit others via bursaries, attending job fairs and direct contact with post secondary institutions. Despite these recruitment and retention initiatives, an increased number of allied health professionals has not occurred, as evidenced by the information below:</p> <ul style="list-style-type: none"> • There is a 50% vacancy rate in pharmacy staffing, attributed mainly to an overall national shortage of hospital pharmacists, competition with and the attractiveness of retail pharmacy practice. • The attrition rates for Nurse-Midwives remained at 0% over the two reporting years; however, as of March 31, 2008, five of 13 positions remained vacant. International and national recruitment efforts are necessary to attract qualified candidates to this field, and this often poses challenges with immigration, causing significant delays or in some cases prohibiting a successful hire. • The attrition rate for Social Workers remains high and has increased from 11.7% in 2006-07 to 19.4% in 2007-08. There are significant recruitment challenges for Social Workers, especially on the north coast of Labrador where three positions have remained vacant for periods in excess of 12 months. • Two permanent full time Diagnostic Imaging Technologist positions have been vacant for periods of one to two years. • As of March 31, 2008 there were 33 vacant Nursing positions, with half of the vacancies at the larger acute care centres. • It is becoming more difficult to attract nurses to the community clinics. A permanent full-time position in Natuashish has remained vacant for 24 months. • One Speech Language Pathologist position was vacant for the entire period of 2006-07, while a second remained vacant for six months during that same fiscal year. • Two Physiotherapist positions were vacant at the Labrador Health Centre in 2006-07 for a period of 10 months. • In 2007-08, there was a vacant Occupational Therapist position for a period five months. <p>Overall, the increase in allied health professionals was not attained due to unavailability of qualified replacement staff. Despite recruitment efforts, applicants were not attracted to some employment postings. Therefore, the recruitment and retention of health professionals will remain a strategic planning priority in 2008-11.</p>

Report on Goal Performance 2006-08

Goal Indicators	Accomplishments
Implemented recruitment and retention strategies.	<p>Recruitment and Retention strategies were successfully implemented for many professional groups.</p> <p>A Human Resources Committee of the Board of Directors was formed in August 2006 to address the human resources components of the Board's Strategic Plan and provide regular human resources activity updates and related recommendations to the Board.</p> <p>The Board of Directors implemented recruitment initiatives for Registered Nurses, Laboratory Technologists, Diagnostic Imaging Technologists and Social Workers in February 2007 (i.e., a \$3,000 sign-on bonus and \$500 finder's fee). In March 2007, this package was extended to include Physiotherapists, Occupational Therapists, Audiologists and Speech Language Pathologists.</p> <p>Labrador-Grenfell Health initiated a summer student work program for Nursing and Social Work students.</p> <p>Labrador-Grenfell Health is a partner, along with the College of Licensed Practical Nurses of Newfoundland and Labrador, in supporting the enhanced scope of practice of staff members in Long Term Care. Labrador-Grenfell Health provides the in-house instructors, financial assistance and paid educational leave for Licensed Practical Nurses accepted in medication administration and health assessment courses. In 2007-08, 15 staff accepted enrollment in the medication administration course and 10 more participated in the health assessment post basic course.</p> <p>Labrador-Grenfell Health partnered with the College of the North Atlantic, St. Anthony Campus, to pilot a Personal Care Attendant program. As a result, 33 local residents successfully completed the initial part of the program and five of these graduates were hired by Labrador-Grenfell Health in July 2007 as part of a provincial move toward a new skill mix ratio in Long Term Care.</p> <p>Improvements to the dental salary contract have contributed to success with recruitment of dental health professionals, with five out of six approved positions remaining filled this year.</p> <p>A comprehensive general orientation day was introduced in the three main centres and the same materials are provided to staff in the outlying areas.</p> <p>Significant financial and management support for continuing education, in-servicing and professional development is provided to all employees.</p>

Report on Goal Performance 2006-08

Goal Indicators	Accomplishments
Implemented recruitment and retention strategies.	<p>CYFS has been successful in the recruitment of two learning facilitators which has supported compliance with provincial standards specific to the orientation and ongoing development of social work staff.</p> <p>Staff performance appraisals identify specific training needs and professional development requirements. The number of completed performance appraisals has increased. In 2006-07 there was a 40% completion rate for performance appraisals. This increased to 61% in 2007-08.</p> <p>There were efforts toward increased and improved advertising strategies, consultations with staff, universities and the Provincial Allied Health Network to identify recruitment and retention issues and strategies. The health authority also participated in the NLHBA recruitment website, utilized recruiting agencies in Canada and overseas and participated in the British Medical Journal Career Fair.</p> <p>A retention survey was completed with Nurses across the region and results were presented to Senior Executive in June 2007.</p> <p>There has been a significant investment in technology to support CYFS staff access to clinical supervision, time management and quality and safety of work life (i.e., blackberries, laptops, headsets and two-way radios).</p> <p>Labrador-Grenfell Health continued to support Nursing and Social Work recruitment through the funding of two Human Resources positions with a specific focus on these professional areas.</p> <p>The LabQuest program was offered in the summers of 2006 and 2007, providing high school students from within the region with an orientation to health careers by allowing them to meet with health professionals and job shadow in a health care setting.</p>

Discussion of Results:

The recruitment and retention of health professionals is often the primary focus of an organization's human resources activities. By developing specific elements of a written human resources plan, Labrador-Grenfell Health has established a process to be proactive, rather than reactive to these challenges. An integral element that has been implemented is the availability of attractive recruitment and retention initiatives. While immediate overall improvements in vacancy rates has not been realized in all identified areas, many successes have been achieved, particularly in the numbers of Family Physicians and nursing students.



Report on Goal Performance 2006-08

Performance Related to the 2007-08 Objective

2007-08 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.

Objective Indicators	Accomplishments 2007-08
Developed written human resources plans	<p>Due to other priority human resources activities, the entire human resources plan was not completed in 2007-08. The completed components include an overall framework, environmental scan, analysis of the demographics of the current workforce and highlights of key recruitment and retention activities.</p> <p>As a result of provincial initiatives related to strengthening the CYFS system, CYFS recruited a Manager of Human Resources to develop a Human Resources Plan for that service area. Labrador-Grenfell Health has focused a significant portion of its HR planning activities on Social Worker recruitment and retention. This was demonstrated by a proposal submitted to the Department of Health and Community Services in February 2008 on the recruitment and retention of Social Workers on the North Coast of Labrador.</p>
Developed and implemented recruitment and retention initiatives for additional hard-to-fill professional groups.	<p>Recruitment and retention initiatives that were developed and implemented for selected, hard-to-fill professional groups included:</p> <ul style="list-style-type: none"> • More focused recruitment efforts, clinical training partnerships, a bursary program and enhancements in equipment and technology in Laboratory and Diagnostic Imaging. One example of this is the newly established partnership with the College of the North Atlantic, whereby Labrador-Grenfell Health provides clinical laboratory training for their students. This year, the health authority recruited three of the 15 graduates from that program. In 2007-08, Labrador-Grenfell Health hired twelve nurses and two Diagnostic Imaging Technologists as a result of the bursary program. • A new Nursing Mentorship Program, developed to recruit Regional Nurses to Community Clinics. As a result, a new graduate was hired, who signed a three-year contract to work full-time at the Nain Community Clinic, resulting in a full complement of staff at that site. • Initial planning to assess the potential to sponsor a two-year Bachelor of Social Work program, in partnership with St. Thomas University, the Nunatsiavut Government and the Department of Health and Community Services.
Increased visiting clinics by health professionals.	<p>Labrador-Grenfell Health marginally increased the visiting specialist rotational system in selected locations from 91 to 92 visiting clinics from 2005-06 to 2007-08. In 2007-08, visiting clinics were provided by internal specialists (i.e., inside the region) and by locum specialists (i.e., outside the region). Clinics were held in the areas of nephrology, cardiology, ENT, neurology, dermatology, rheumatology, developmental and dental pediatrics. Work is ongoing to continue to recruit and retain visiting specialists to address the gaps in visiting specialty services in the Labrador-Grenfell Health region.</p>

Report on Goal Performance 2006-08

Issue #2: Quality Improvement / Risk Management / Safety

The Board of Directors for Labrador-Grenfell Health is committed to providing a safe environment for all individuals, including clients, residents, families, visitors and employees. 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 and are also related to Government's strategic direction to strengthen public health capacity.

Goal:

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

Measure:

Implemented programs in the specific areas identified.

Goal Indicators	Accomplishments
<p>Published program policies and procedures manuals in the specific program areas identified.</p>	<p>In 2006-08, most program policies and procedures manuals in the identified areas were regionalized and published. Full completion of all identified policies and procedures was delayed as a result of other competing departmental priorities. With limited human resources, the Patient Safety and Quality Department was also tasked with leading the accreditation process in 2006-08. As this was Labrador-Grenfell Health's first accreditation as a new health authority, twelve new Continuous Quality Improvement Teams were formed, in preparation for an interim survey in 2006, a full survey in 2007 and a follow-up visit in 2008. In addition, with numerous capital works projects underway in this time period, departmental staff were also highly involved with ensuring that construction guidelines for the prevention of nosocomial infections were in place and adhered to.</p> <p>Policies and procedures completed and published on the Intranet and in the Administrative Policies and Procedures Manual included: Incident Reporting, Culture of Safety, Client Safety Walk Rounds and Disclosure of Adverse / Sentinel Events. Other policies were in draft and near completion at year end. These included: Continuous Quality Improvement, Adverse/Sentinel Events, Legal Consulting and Accreditation.</p> <p>A Regional Infection Control Manual was also in the early stages of development, with the following components completed and published in 2006-08: purpose and philosophy, goals and objectives, organizational chart, lines of communication and Regional Infection Control Committee Terms of Reference. Remaining components of the manual were in draft form and undergoing final review by the Committee at year end.</p> <p>Once finalized, policies and procedures are communicated via regional management meetings, the internal newsletter and intranet posting.</p>
<p>Established regular reporting to all stakeholders on quality improvement, risk management and safety.</p>	<p>Quality improvement reporting mechanisms were developed and established for identified stakeholder groups:</p> <ul style="list-style-type: none"> • Board of Directors: Quality Reports are presented at each regularly scheduled Board meeting. • Employees: a summary of quality initiatives is published in the monthly staff newsletter. • Managers: a Quality Update is provided at the monthly Regional Director Forum. • Public: progress is highlighted in the Annual Report and at the Annual General Meeting.

Report on Goal Performance 2006-08

Goal Indicators	Accomplishments
<p>Demonstrated compliance with occupational health & safety (OH&S) legislation/regulations.</p> <p>Received favourable Occupational Health and Safety (OHS) audit results.</p>	<p>Labrador-Grenfell Health achieved partial compliance with Occupational Health and Safety legislation and identified areas that require improvement. Work is ongoing on those issues identified, in consultation with the Department of Government Services.</p> <p>A Regional Occupational Health and Safety Program Manual is near completion. A formalized OH&S Policy Statement was signed and posted in all facilities.</p> <p>A Safety Concern Form is now available and in use throughout the entire region. It is being actively used by all staff as a safety tool.</p> <p>OH&S Committees at all sites are meeting on a regular basis. Committee members are attending WHSCC Workshops upon availability.</p> <p>A regional Injury Prevention Program is being implemented.</p> <p>OH&S in-servicing is included in regional general and mini-orientation sessions.</p>
<p>Reduced number of workplace injuries, needle sticks, medication errors, etc.</p>	<p>Workplace injuries have decreased over the planning period. Medication errors have also decreased. This may be attributed to the Safer Healthcare Now! Medication Reconciliation initiative, whereby medication discrepancies are identified before they become a "medication incident/error."</p> <p>In 2007-08, a reporting system was implemented for the tracking and analysis of needle stick injuries. For this year, 18 occurrences were reported. This will provide a baseline for future comparison.</p>
<p>Achieved accreditation from Accreditation Canada.</p>	<p>Labrador-Grenfell Health participated in an accreditation survey in May 2007. The organization was commended on the progress made since regionalization, and received an award of Accreditation with Report and Focused Visit.</p> <p>Several sites have undergone intensive inspections by representatives of the Department of Government Services, OH&S Division. While there have been resource challenges in responding to some issued orders, many have been adequately addressed or have timelines identified for completion.</p>

Report on Goal Performance 2006-08

Goal Indicators	Accomplishments
<p>Demonstrated evidence of a culture of safety throughout the region.</p> <p>Recruited Regional OHS Officer.</p> <p>Monitored and reported (at regular intervals) on relevant Safer Healthcare Now! Atlantic Node Patient Safety initiatives (Safer Healthcare Now! is a national campaign aiming to increase patient safety through six key targeted interventions).</p>	<p>A culture of safety in an organization is achieved over many years, which goes beyond the timeline in this report. A culture of safety is beginning to develop at Labrador-Grenfell Health, as demonstrated by the following initiatives:</p> <ul style="list-style-type: none"> • Evidence of improved incident reporting. • Implementation of Safer Healthcare Now! • Completed and published Patient Safety and Quality policies. • Addition of patient safety roles to employee job descriptions. • Participation in the <i>Healthy Workplace Initiatives</i> project, funded by the federal government. • Formation of multidisciplinary process teams following the identification of a risk issue. The team evaluates the issue using root cause analysis and make recommendations for change, where required. <p>A Regional OH&S Officer has been in place since December 2005.</p> <p>Safer Healthcare Now! Medication Reconciliation has been implemented at the three hospital sites with data being submitted to the national campaign. New methods and forms have been developed and implemented for recording clients' best possible medication histories and to track any changes or discrepancies. This has been accompanied by activities (i.e., posters, displays, media interviews) to increase public awareness of the client's role (e.g., bringing a list of all medications to their next doctor's visit, etc.).</p> <p>The Prevention of Surgical Site Infection initiative is in early stages of implementation at the Charles S. Curtis Memorial Hospital and will be implemented at the Labrador Health Centre and the Captain William Jackman Memorial Hospital this coming fall.</p>



Report on Goal Performance 2006-08

Discussion of Results:

The development of regional policies for patient safety and the establishment of regional Continuous Quality Improvement teams have helped lay the groundwork for “integrated quality improvement, risk management and safety programs”. An interim Accreditation Survey in June 2006 and preparation for a full Accreditation Survey in May 2007 helped lead the organization toward achieving the Accreditation Canada “Required Organizational Practices”, which all focus on patient safety. *Safer Healthcare Now!* has also provided impetus and guidance on improving patient care.

Performance Related to the 2007-08 Objective

2007-08 Objective:

By March 31, 2008, Labrador-Grenfell Health will have implemented all identified programs.

Measure:

Implement programs in the specific areas identified.

Objective Indicators	Accomplishments 2007-08
<p>Published program policies and procedures manuals in the specific program areas identified.</p>	<p>Patient Safety and Quality policies were completed and published in the specific program areas identified in Patient Safety and Quality. These included Incident Reporting and Disclosure of Adverse/Sentinel Events. Others were in draft and near completion (i.e., Continuous Quality Improvement, Client Safety Walk Rounds, Adverse Events, Culture of Safety, Legal Consulting and Accreditation).</p> <p>Regional policies and procedures for reporting and follow-up of Employee Health incidents were developed and implemented, in conjunction with an administrative policy and procedure brochure that provided information on employee, patient and medication incidents.</p> <p>Standardized checklists were developed and implemented for all community clinics for Quality Assurance purposes.</p> <p>Long Term Care policy standards were 90% completed. Quality indicators are under development with respect to falls, infection control and pain assessment in long term care.</p> <p>Draft policies and procedures were completed for both Laboratory and Diagnostic Services. Challenges with filling vacant positions led to a shift in focus away from policy development; however, full completion is expected in the next fiscal year.</p> <p>Labrador-Grenfell Health Laboratory Safety Manuals were implemented in all laboratories.</p>
<p>Established regular reporting to all stakeholders on quality improvement, risk management and safety.</p>	<p>In 2007-08, “Quality Corner”, was launched, a column in the monthly staff newsletter which shares information and quality improvements with all staff.</p> <p>Quality Council met on eight occasions in 2007-08 and reviewed CQI Team reports, presented on an established schedule.</p>

Report on Goal Performance 2006-08

Objective Indicators	Accomplishments 2007-08
<p>Demonstrated compliance with occupational health and safety legislation and requirements.</p>	<p>The following are in compliance with occupational health and safety legislation/regulations:</p> <ul style="list-style-type: none"> • OH&S Committee Co-chairs began meeting as a regional group to address regional issues. • Additional Fit-Testers for Respiratory Fit Testing have been trained and sessions are being delivered throughout the organization. • Labrador-Grenfell Health has installed new WHMIS software and the updating of WHMIS data sheets is nearing completion. These are all accessible through the intranet and staff education is ongoing.
<p>Reduced number of workplace injuries, needle sticks, medication errors, etc.</p>	<p>From 2006-07 to 2007-08, workplace injuries that required medical aid decreased from 76 to 73. However, claims also resulting in lost time at work increased from 24 to 39, representing a 62.5% increase. The costs associated with these claims were analyzed based on data provided by the Workplace Health, Safety and Compensation Commission but cannot be used for comparison purposes at this time as the Commission tracks individual costs from the date of an original injury and does not separate them by claims specific to a fiscal year.</p> <p>In 2007-08, 18 needle stick injuries were reported. This will provide a baseline for future comparison.</p> <p>Medication errors have decreased from 83 in 2006-07 to 53 in 2007-08. This may possibly be attributed to the Medication Reconciliation initiative, through which medication discrepancies are identified before they become a "medication incident/error."</p> <p>Employees in various work environments (i.e., Materials Management, Outpatient Registration, Regional Transportation, etc.) have been offered mobile communication devices to help prevent neck injuries caused by extensive use of conventional telephone sets.</p> <p>Community Clinics have developed and implemented Telephone Advice Logs to reduce medication errors and increase accountability.</p>
<p>Achieved accreditation from Accreditation Canada (formerly known as the Canadian Council on Health Services Accreditation).</p>	<p>Labrador-Grenfell Health participated in an accreditation survey in May 2007. The organization was commended on the progress made since regionalization, and received an award of Accreditation with Report and Focused Visit.</p>

Report on Goal Performance 2006-08

Objective Indicators	Accomplishments 2007-08
Addressed recommendations from the 2007 Accreditation Canada Survey.	<p>A report submitted in January 2008 received a favorable response from Accreditation Canada, and a focused visit is scheduled for June 2008 to follow up on progress made with recommended improvements. Highlights of improvements since the Accreditation survey include:</p> <ul style="list-style-type: none"> • Development of a patient safety strategic goals and direction for 2008-11 • Development of patient safety policies , such as “Culture of Safety” , “Disclosure” and “Client Safety Walk Rounds” • Addition of roles for patient safety to job descriptions • Patient safety education • Safe storage of concentrated electrolytes • Further implementation of Medication Reconciliation
Received favorable Occupational Health and Safety audit results.	<p>Occupational Health and Safety reviews in 2007-08 demonstrated several key areas requiring improvement, including completion of an overall OH&S program, with a focus on chemical safety, biomedical waste policies and procedures, safe work practices, WHMIS, electrical safety and the handling and storage of compressed gas. In 2007-08, a review of national and provincial standards and legislation in these areas was completed, in addition to consultation with relevant experts in these fields. Several deficiencies were noted and addressed through site specific and regional policy development and changes in practice. Re-audits and follow-up consultation are expected in 2008-09.</p>
Demonstrated evidence of a culture of safety throughout the region.	<p>A culture of safety is under development with evidence of improved incident reporting, the implementation of client safety walk rounds and Safer Healthcare Now!</p> <p>A Regional Transfusion Safety Officer was recruited to coordinate Medical Transfusion processes, adverse event reporting and blood banking services and products.</p> <p>A Clinical Nursing Specialist (Perioperative) position has been in place since April 2007 and is assisting with the regionalization of sterilization and decontamination processes to ensure all Labrador-Grenfell Health employees are following the recommended standards.</p> <p>In CYFS, a Culture of Safety Committee has been struck to review the challenges and opportunities currently impacting service delivery and to make recommendations for action.</p> <p>In 2007-08, the organization began the process of departmental and hospital-wide education related to confidentiality and overall privacy awareness.</p>
Completed analysis and follow-up of incident reports and near-miss reports.	<p>Analysis and follow up of incidents and near misses is done through the Incident Reporting process and as per policy. The immediate supervisor investigates and takes corrective action and forwards the information to Risk Management for review. Risk Management will then follow up to suggest further corrective action if required and keeps monthly stats of incidents which helps identify trends, increases, etc.**</p>

Report on Goal Performance 2006-08

Objective Indicators	Accomplishments 2007-08
Completed analysis and follow-up of incident reports and near-miss reports.	<p>The Patient Safety and Quality department is working on improving the reporting of incident statistics back to departmental managers. This will provide managers with evidence-based information to identify trends in incident occurrences and target areas for improvement.</p> <p>Some potential near misses were identified during Medication Reconciliation.</p>
Implemented program training and in-service programs for staff.	Education sessions were delivered to front line employees in Risk Management/Incident Reporting and Infection Control practices and prevention.



Report on Goal Performance 2006-08

Issue 3: Financial Stability

Labrador-Grenfell Health is mandated to deliver quality health and community services within available resources. 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.

Goal:

By March 31, 2008, Labrador-Grenfell Health will have developed a plan to achieve a balanced budget and implemented 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 Government approval received as appropriate.

Goal Indicators	Accomplishments
Prepared budget (by management).	Continued improvements were achieved in preparing budgets, including: preparation of supply budgets and review of all staffing by Regional Directors, increased background analysis of variances by Financial Services and corrections made in department and expense account numbers. The final budget was reviewed and approved by management.
Developed a long-term plan, based on budgetary deficit.	<p>Subsequent to submitting its budget, Labrador-Grenfell Health was requested to develop an action plan with appropriate measures to achieve a balanced budget and identify any areas where budgetary issues exist. Labrador-Grenfell Health put forth several revenue generating and significant cost reduction measures to achieve a balanced budget.</p> <p>The Department of Health and Community Services has provided additional base funding of \$3M to address the budgetary gap. However, other identified opportunities were not approved. As a result of not being authorized to implement these measures, a balanced budget was not achieved.</p> <p>While a plan was developed, not all aspects of the plan were approved by government. However, many steps were taken to address the budgetary deficit.</p> <p>Monthly reports are now distributed to Regional Directors. These reports contain analyses of budget vs. actual expenditures. Each Regional Director is responsible for operating within their budget and notifying Senior Executive if there are any significant variances. This enables Senior Executive to adjust budgets when necessary.</p> <p>In 2007-08, departments became increasingly proactive with public tendering. There appeared to be a better understanding of the process throughout the region.</p>

Report on Goal Performance 2006-08

Goal Indicators	Accomplishments
<p>Developed a long-term plan, based on budgetary deficit.</p>	<p>Service and/or contribution agreements are entered into between various community agencies and Labrador-Grenfell Health, indicating financial requirements and responsibilities. Financial guidelines pertaining to Community Agencies (Family Resource Centers, Crisis Shelters and Group Homes) have been reviewed, revised and implemented.</p> <p>Financial Services has developed and provided quarterly reports pertaining to expenditures for Group Homes, Crisis Shelters and Child Care Capacity initiatives, thus allowing for a greater level of monitoring.</p>
<p>Received approval for the plan by the Board of Directors.</p>	<p>A plan to address our budget deficit were reviewed and approved by the Board; however, in that Labrador-Grenfell Health did not receive full authorization, the majority of the contemplated savings measures were not implemented, resulting in an inability to arrive at a balanced budget.</p>
<p>Submitted plan to government for review.</p>	<p>Improvements have continued to be made in the timeliness, accuracy and completeness of financial reporting to the Department of Health and Community Services. Monthly submissions of financial results are being made electronically through the Teledata systems.</p> <p>Discussions continued 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.</p>
<p>Implemented selected approved measures</p>	<p>Approval was received from government to implement selected financial measures, including:</p> <ul style="list-style-type: none"> • Consistent pharmacy pricing throughout the region • Increase in hostel rates in St. Anthony • Reduction of ICU beds in St. Anthony by two. <p>During the past fiscal year, Financial Services has implemented several new financial policies aimed at controlling costs. The Delegation of Authority process for financial approval has been revised and implemented throughout the region. Additional progress has been made toward a combined financial system.</p> <p>Labrador-Grenfell Health has formed an Evaluation Committee to standardize expendable items in the region.</p>

Discussion of Results:

In 2006-08, a balanced budget was not achieved. Labrador-Grenfell Health worked diligently to achieve this goal throughout the period, and sought economies in operations that did not impact client care, wherever possible, and strived to maximize revenues from non-insured services. A plan,

outlining proposed measures to attain a balanced budget, was presented to government. As a result of not being authorized to implement all of these measures, the health authority continues to experience financial challenges, and has identified financial stability as an ongoing strategic priority in the 2008-11 Strategic Plan.

Report on Goal Performance 2006-08

Performance Related to the 2007-08 Objective:

2007-08 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.

Objective Indicators	Accomplishments 2007-08
Plan developed.	<p>Monthly reports are now distributed to Regional Directors. These reports contain analyses of budget vs. actual expenditures. Each Regional Director is responsible for operating within their budget and notifying Senior Executive if there are any issues. This enables Senior Executive to adjust budgets when necessary.</p> <p>In 2007-08, departments became increasingly proactive with public tendering and improvements in this area were very evident. There appeared to be a better understanding of the process throughout the region.</p> <p>Service and/or contribution agreements are entered into between various community agencies and Labrador-Grenfell Health, indicating financial requirements and responsibilities. Financial guidelines pertaining to Community Agencies (Family Resource Centers, Crisis Shelters and Group Homes) have been reviewed, revised and implemented.</p> <p>Financial Services has developed and provided quarterly reports pertaining to expenditures for Group Homes, Crisis Shelters and Child Care Capacity initiatives, thus allowing for a greater level of monitoring.</p>
Plan approved by Board of Directors.	<p>As all of the recommendations for eliminating the deficit did not receive authorization, Labrador-Grenfell Health was unable to arrive at a balanced budget to present to the Board. The Board was aware that the health authority was unable to arrive at a plan to balance its budget.</p>
Plan communicated to government and approval received as appropriate.	<p>Government was informed that Labrador-Grenfell Health was unable to balance its operating budget. Budgetary issues were identified and communicated, in addition to proposed cost saving and revenue-generating measures.</p>

Report on Goal Performance 2006-08

Issue 4: Integration of Two 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. Labrador-Grenfell Health continues to make progress with the regionalization and integration of its programs and services and strives to foster a regional corporate culture. This is in line with Government's strategic directions to improve accessibility to priority services and improve accountability and stability in the delivery of health and community services.

Goal:

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

Measure:

Implemented a regional health services plan.

Objective Indicators	Accomplishments
<p>Developed regional plans for the following areas:</p> <ul style="list-style-type: none"> • Information Technology • Finance • Human Resources • Employee Development, Training and Health • Quality, Risk Management and Safety 	<p>While an overall comprehensive Regional Health Services plan was not developed, Regional Directors developed operational plans that were consistent with the Board's Strategic Plan. These plans also incorporated other departmental priorities, with a primary focus on regionalizing programs and services. These plans were reviewed, approved and monitored by Senior Executive and regular reports were provided to the Board of Directors via the CEO's Board Reports. Through this process, the regionalization of policies and procedures is complete for many program areas. In addition, the Board, in conjunction with Medical staff, developed and approved a Medical Services Plan which will serve as a basis for providing medical services to best meet the needs of the region. This plan will be reviewed again in the upcoming year.</p> <p>Through the implementation of new technologies, consolidation and increased access to shared data resources, there is now greater accuracy in reporting and interpreting information on a regional basis. Some examples include:</p> <ul style="list-style-type: none"> • Regional/Provincial PACS system. • Regional videoconferencing. • CRMS regional data merge. • Dialysis information systems at St. Anthony and Happy Valley-Goose Bay. • Materials Management region integration. All sites now use the same module and purchase order system. • Consolidation of clinical abstracting and coding systems. • Consolidation of Meditech; the General Ledger, Payroll, Accounts Payable and Materials Management modules. <p>Human Resources is operating with one Meditech Payroll/Personnel system. The majority of regional HR policies and procedures have been implemented and are available to all staff on the Labrador-Grenfell Health intranet.</p> <p>Employee Development, Training and Health has regionalized all existing policies and procedures for its program areas. All employee health processes, charts and forms have been standardized for the region.</p> <p>A draft Risk Management/Quality Plan has been developed for Labrador-Grenfell Health, which is now going through the process of review by key stakeholders with a target date for implementation of October 2008.</p>

Report on Goal Performance 2006-08

Goal Indicators	Accomplishments
<p>Received Board approval for these plans.</p> <p>Implemented plans for selected areas.</p> <p>Integrated administrative policies and procedures</p>	<p>Significant progress was made toward the development of a Regional Emergency Management (Disaster) Plan. A number of employees were active participants on Provincial Pandemic Planning Working Groups, with a goal to ensure that the regional plan is harmonized with provincial guidelines on a go-forward basis.</p> <p>Work continued on the development of a template for the collection and reporting of basic statistical information for both Acute and Long Term Care. A regional data collection process was introduced in Mental Health and Addictions Services, resulting in a more accurate, consistent and frequent manner of reporting.</p> <p>Work of a Regional Privacy Committee progressed in 2007-08.</p> <p>Regional policies were implemented in Health Protection, including a Regional Influenza Program and a Regional Outbreak Management Plan.</p> <p>Work on a Regional Occupational Health and Safety Program continues.</p>
<p>Developed regional Medical staff bylaws</p>	<p>Regional policies and procedures are added to the Labrador-Grenfell Health intranet as they become available. Regional Medical Bylaws are still undergoing development and review, as Labrador-Grenfell Health awaits final approval of a provincial Medical Bylaws template.</p>
<p>Developed regional Nursing standards / Allied Health standards</p>	<p>Long Term Care policy standards have been revised in compliance with the Provincial Standards document for Resident Centered Quality of Care in Nursing Homes. Unit Councils have been set up at all sites as part of the Shared Governance Model of provision of Nursing Care.</p> <p>Acute care nursing standards are near completion. Regional emergency, operating room, obstetrics, paramedicine and general nursing policies are being reviewed. ICU policies have been revised and distributed to staff.</p> <p>CYFS has been successful in the recruitment of two Learning Facilitators which has supported compliance with provincial standards specific to the orientation and ongoing development of social work staff.</p>
<p>Developed regional corporate culture</p>	<p>Regional face-to-face meetings have occurred in a number of program areas, providing opportunities for staff to meet and network with their colleagues, identify regional priorities, participate in visioning for their departmental priorities and engage in professional development.</p> <p>Regional Directors met face-to-face for meetings and educational sessions on two occasions in 2007-08. Monthly meetings occur by teleconference.</p> <p>Nutrition services staff continue to benefit from the regionalized structure and the ability to communicate with other dietetic professionals in the region, sharing resources and best practices.</p>

Report on Goal Performance 2006-08

Goal Indicators	Accomplishments
Implemented selected strategies including medical/clinical services plans to meet regional needs identified in Community Consultations Report (August 2005) and Environmental Scan.	<p>The Board, in conjunction with Medical staff, developed and approved a Medical Services Plan which will serve as a basis for providing medical services to best meet the needs of the region. Specialty resources at Curtis Memorial Hospital are being utilized in the northern part of the region (i.e. Gynecology). Recruitment continues for additionally needed medical specialists.</p> <p>At the time the consultations were held, there were public and staff concerns regarding the low number of family physicians in the St. Anthony area. With increased recruitment efforts, seven out of eight funded positions are now filled.</p> <p>Attention to specialty clinic waitlists and recruitment issues are being profiled and assisted by the organization's Wait List Management Program.</p> <p>Additional progress with Community Consultations recommendations may be found on the Labrador-Grenfell Health website at www.lghealth.ca (see News and Publications).</p>

Discussion of Results:

Since Labrador-Grenfell Health was formed in April 2005, there has been an ongoing effort to develop a regional corporate culture, through the development of health service delivery plans, tools, technology, policies and procedures to support a regional approach. Professional groups have met regularly, either through telephone or face-to-face to engage in program planning and identify strategies to address gaps in service delivery. During the planning period, Labrador-Grenfell Health began the process of building regional information systems. Meditech, General Ledger, Payroll, Accounts Payable and Materials Management modules and were consolidated. A regional/provincial PACS system was implemented, and regional videoconferencing was made available at most sites. In addition, CRMS underwent a regional data merge. Most departments have revised regional policies and procedures in place. While much has been accomplished, there are still areas that require on further development, due to the associated financial and human resources required. The full integration of programs and services is therefore expected to continue into the next planning cycle.



Report on Goal Performance 2006-08

Performance Related to the 2007-08 Objective

2007-08 Objective:

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

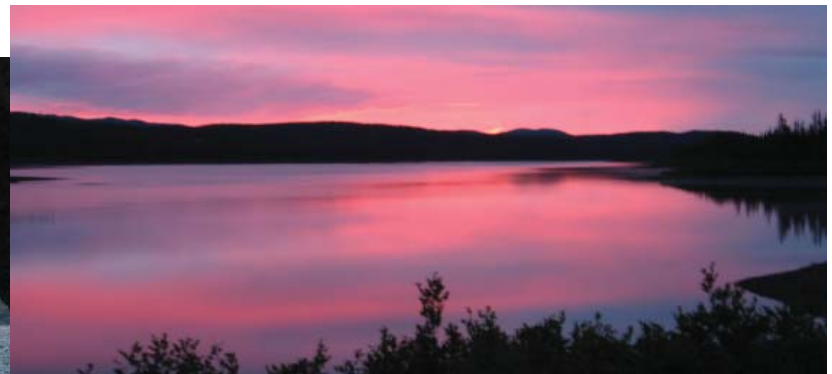
Measure:

Implemented a regional health services plan.

Objective Indicators	Accomplishments 2007-08
Develop regional Medical Staff By-Laws.	Regional Medical Bylaws are still undergoing development and review, as Labrador-Grenfell Health awaits final approval of a provincial Medical Bylaws template.
Develop Board By-Laws.	Board By-Laws were finalized in September 2007.
Integrate components of Administrative Policies and Procedures.	<p>An Administrative Policy Development Group meets to lead the process of policy review and implementation. Many policies were adopted in 2007-08. The new master template and format for all Labrador-Grenfell Health Policies and Procedures was released to all staff in April 2007. At the same time, new binders for the Administrative Policy and Procedures were circulated.</p> <p>During 2007-08, the following Administrative Policies and Procedures were released:</p> <ul style="list-style-type: none"> • Client Complaints and Compliments • Scent Free Policy • Consent • Emergency Codes • General Corporate Accommodations • Smoke-Free Environment • Pastoral Care • Adverse Weather • Ground Transportation • Valuable and Personal Belongings • Communications Policies • Corporate Publications • Identification of Personnel • Advance Healthcare Directives • Expenditure Authorization Levels • Travel Expense Claims

Report on Goal Performance 2006-08

Objective Indicators	Accomplishments 2007-08
<p>Develop and receive approval of select regional health services plans.</p>	<p>Each area of service has made progress with the development of its regional health services plan. For example, in Rehabilitation Services, the services are completely regionally focused. The emphasis on having regional policies and procedures and the practice of staff providing holiday coverage or services to another site during staff vacancies are evidence that these service areas are regional.</p> <p>Many service areas have reviewed their structure and made recommendations to the Senior Executive Team for revisions that would provide a more regional service.</p>
<p>Implement selected strategies to meet the needs identified in the August 2005 Community Needs Assessment.</p>	<p>In response to community concerns about air transportation, Labrador-Grenfell Health re-tendered its air transportation contract, resulting in improvements to the flight schedule, particularly on the Southeast Coast of Labrador.</p> <p>The Community Consultations highlighted the need for a new facility in the Flower's Cove area. Plans are now in the early development stages.</p>
<p>Develop regional Nursing and Allied Health standards.</p>	<p>Nursing Management Council has developed professional nursing standards for the region. Allied Health professionals, including Speech-Language Pathology, Physiotherapy, Occupational Therapy and Social Work met throughout the region and have had monthly meetings to develop regional standards of practice. Due to the absence of a Manager for many of these service areas, in addition to clinical vacancies at each site, full completion of these standards has not been realized in 2007-08.</p>



Report on Goal Performance 2006-08

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.

Measure:

Improved selected population health programs and services.

Goal Indicators	Accomplishments
<p>Improved selected population health programs and services, including a greater allocation of resources, in the following areas:</p> <ul style="list-style-type: none"> • Diabetes (healthy eating, active living, and obesity) • Wellness Initiatives • Fetal Alcohol Spectrum Disorder • Addictions / Mental Health • Suicide Prevention • Reproductive health and cervical screening • Child Youth and Family Services 	<p>In 2006-07, Labrador-Grenfell Health focused mainly on program planning and filling the necessary staffing requirements. In year two, progress was made in addressing enhancements in all program areas listed. For details on specific programs initiatives, please refer to the next section of this report (i.e., Accomplishments in 2007-08).</p>
<p>Integrated and enhanced Primary Health Care delivery models / philosophy throughout all regional programs and services.</p>	<p>In 2006-08, full integration and enhancements of the Primary Health Care delivery models and philosophy throughout all programs and services did not occur, mainly as a result of human resources challenges. For most of this time period, the Regional Director of Primary Health Care also assumed management responsibilities in other program areas.</p> <p>However, in keeping with the principles of Primary Health Care, a number of activities were undertaken in 2007-08 to integrate and enhance Primary Health Care. There was improved collaboration in the management of diabetes in some areas of the region through Diabetes Collaborative Clinics. An interdisciplinary Regional Stroke Strategy Committee conducted a survey of stroke services in the region. Late this year, funding was acquired to hire two Primary Health Care Facilitators for the region. One of these positions will be based in the Happy Valley-Goose Bay area and the other in Labrador West. Through Primary Health Care, the Community Advisory Committee in St. Anthony has launched a "Walking to Wellness" initiative.</p>

Report on Goal Performance 2006-08

Goal Indicators	Accomplishments
<p>Revised composition and mandate of wellness coalitions.</p>	<p>Labrador-Grenfell Health is working with Wellness Coalitions and the Department of Health and Community Services to review and plan their future composition and mandate. To date, the following needs have been identified:</p> <ul style="list-style-type: none"> • To actively seek additional community members. • To enhance the partnerships between the Northern Regional Wellness Coalition and the Labrador Regional Wellness Coalition to achieve a more regional perspective. • To enhance community capacity building.
<p>Formed partnerships with education, aboriginal health organizations, and community partners (e.g. Labrador Métis – Learning for Life).</p>	<p>The health authority worked closely with the aboriginal groups, health commissions and the Labrador Métis Association to plan staff education and health promotion events. A Health Promotion Network was established in 2007-08, involving all groups that engage in health promotion in the region. A strong partnership continues with education, particularly through the School Health Liaison Consultant.</p> <p>Invitations were sent to all aboriginal groups to participate in an Accreditation Team for community clinics, a Telehealth committee and a formal liaison committee with all groups.</p> <p>In June 2007, a MOU was developed between Labrador-Grenfell Health and the Nunatsiavut Government for Telehealth partnership and for sharing information.</p> <p>There has been collaboration with Innu leadership to increase the effectiveness of CYFS services and supports in the Innu communities. For example, there were orientation and consultation meetings with both Innu Chiefs and Innu Nation representatives to assist them in decision making regarding future devolution of Child, Youth and Family Services.</p> <p>In addition, there was consultation to assist the Innu Nation in determining how financial support would be directly allocated for Innu children who were being cared for within the child welfare system. Furthermore, there has been a partnership proposal between Labrador-Grenfell Health and Sheshatshiu Innu Band submitted to the federal Department of Health to develop an integrated case management model of service delivery for all Innu children. This project, which has recently received official approval, will ensure that all services being provided by the Sheshatshiu Band and Labrador-Grenfell Health are well coordinated.</p> <p>A Regional Director of Aboriginal Affairs was hired, to focus on enhanced partnerships and the development of programs and services to better meet the unique and diverse needs of the various cultural groups within the Labrador-Grenfell region. Some of these partners include: Nunatsiavut Government, the Innu Nation, the Labrador Métis Nation, Sheshatshiu Innu Band, Natuashish Innu Band, federal government officials and Labrador and Aboriginal Affairs. Some of the specific initiatives have included working closely with the Labrador Integration Project and the FASD Project, both of which have been funded through the Aboriginal Health Transition Fund. The Regional Director has also been actively involved with the Mushuau Innu regarding the creation of a Community Health Plan and the development of a Mental Health project for the Integration Envelope of the Aboriginal Health Fund.</p>

Report on Goal Performance 2006-08

Goal Indicators	Accomplishments
Reviewed best practices/ lessons learned.	In CYFS, a Regional Evidence-Based Practice Group was established to assist staff with seeking best practice evidence and to provide a monthly forum for the appraisal of current mental health and addictions research findings.
Reviewed delivery methods.	Provincially, the Regional Directors of Community Health and Wellness are reviewing programs and services delivery methods. Labrador-Grenfell Health is participating in this process. Through this group, a need for a provincial Public Health Consultant was identified and communicated to government, to provide guidance and support to the regional health authorities in the development and delivery of population health programming.
Reviewed skill set and delivery of services.	Labrador-Grenfell Health's Regional Director of Community Health and Wellness is reviewing the skill set of the Community Health and Wellness Team and examining alternative modes of service delivery. As a part of this review, Labrador-Grenfell Health has completed a skill mix pilot project, utilizing the services of a Community Health Aide to assist with vaccine requests, health promotion and education sessions. This position has worked very well and is being considered as a future enhancement to the health promotion team.

Discussion of Results:

An initial assessment of staffing levels, appropriate care delivery models and the required skill sets provided a good basis on which to establish the way forward with enhancements in selected population health programs and services. By integrating and enhancing primary health care delivery models and philosophies, which focuses on teams, collaboration, chronic disease management, partnerships and telehealth, we have begun to enhance selected population health programs in our region. Building strong partnerships with Nunatsiavut Government, the Innu Band Councils and the Métis Nation has enabled us to enhance selected population health programs which meet the needs of aboriginal communities.



Report on Goal Performance 2006-08

Objective Indicators	Accomplishments 2007-08
<ul style="list-style-type: none"> Wellness Initiatives 	<p>In-services were held for public health nurses covering topics such as nutrition and diabetes, the new infant feeding guidelines and the new Canada's Food Guide. Menu reviews were completed for various facilities across the region, including child care centers, personal care homes and the Labrador Correctional Center. Work continued regarding the school food guidelines with presentations being given to school caterers across the region as well as at some of the schools themselves.</p> <p>Long Term Care Services continued to work with the Provincial Healthy Aging Framework to enhance service provisions to seniors. Year of the Older Persons and Senior's Month events were held in each of the long term care sites in the region and provincial healthy aging promotional materials have been circulated to all facilities. Regionalization of the Recreation Therapy Manual has focused the care model on wellness for the seniors in our care.</p>
<ul style="list-style-type: none"> Fetal Alcohol Spectrum Disorder 	<p>A Fetal Alcohol Spectrum Disorder (FASD) Management Committee was reconvened in the past year. For the first time in two years, there is stability in the FASD Coordinator position (i.e. permanent position is filled). Plans are underway for multi-disciplinary training in FASD assessment/diagnosis and strong linkages exist with aboriginal communities' FASD Coordinators.</p>
<ul style="list-style-type: none"> Addictions / Mental Health 	<p>A Regional Addictions Prevention Consultant was hired to collaborate with staff, professionals, communities and partner organizations to plan, coordinate and implement prevention/promotion initiatives. The Consultant also facilitates the development of local and regional addictions networks.</p> <p>Three new positions were introduced: Regional Clinical Manager, Regional Addictions Prevention Consultant and Addictions Counselor.</p>
<ul style="list-style-type: none"> Suicide Prevention 	<p>There are four Applied Suicide Intervention Skills Training (ASIST) trainers within Labrador-Grenfell Health and all workers within the Mental Health and Addictions Services Department are required to have this training. An ASIST workshop was recently held in Happy Valley-Goose Bay, and another is planned for St. Anthony in June. Workshops are open to all Labrador-Grenfell Health staff and to the general public.</p> <p>There are Mental Health and Addictions Services social workers and nurses based at multiple sites throughout the region. All are involved with individual suicide intervention, and some with suicide prevention, and will respond to community requests for debriefing and/or counseling following a suicide in the community.</p> <p>Communications and consultations regularly occur among Mental Health and Addictions Services, community clinic and medical staff, as well as with RCMP/RNC. This is most often the case when decisions about the safety/protection of a suicidal individual are being made. There are regional policies in place regarding the management of suicidal individuals who have been admitted to hospital.</p>

Report on Goal Performance 2006-08

Objective Indicators	Accomplishments 2007-08
<ul style="list-style-type: none"> • Reproductive health and cervical screening • Child Youth and Family Services 	<p>In 2007-08, Regional Cervical Screening Initiatives introduced new tools, technology and processes with a goal to increase cervical screening rates. The Coordinator and program partners undertook many activities to raise awareness of the importance of screening and facilitated the availability of additional cervical screening clinics. Some of these activities included public awareness campaigns (during Cancer Awareness Month and Pap Test Awareness Week), Grand Rounds presentations, presentations at workshops, conferences, schools and other community settings, in addition to media appearances and other community events.</p> <p>Additional Social Work positions have been added at Happy Valley-Goose Bay and Roddickton. Additional Community Service Workers were added in Hopedale and Makkovik and additional Social Worker Assistants at Nain. Five Clinical Managers were positioned across CYFS programs and services.</p>
<p>Enhanced and re-established Wellness Coalition initiatives.</p>	<p>Both coalitions completed annual work plans which outlined their goals and priority initiatives. These plans were developed in collaboration with Labrador-Grenfell Health and in line with the organization's strategic plan. These work plans have been sent to the Department of Health and Community Services for approval.</p>
<p>Formed partnerships with stakeholders.</p>	<p>The Community Health and Wellness Department has developed close working relationships with the Nunatsiavut Government, Innu Nation and the Labrador Métis Nation in both the planning and delivery of educational and health promotion events. For example, in 2007-08, Labrador-Grenfell Health partnered with the Nunatsiavut Government to offer the "Drop the Pop – Choose Water" campaign. This campaign was made possible through a partnership group representing the Nunatsiavut Government, Labrador Métis Nation, Innu Integrated Diabetes Initiative – Sheshatshiu, Provincial Wellness Grants, Labrador and Northern Regional Wellness Coalitions, Labrador School Board and Health Canada – Labrador Secretariat and Labrador-Grenfell Health. The week-long "Drop The Pop – Choose Water" campaign ran in schools in all aboriginal communities. Children, youth and staff in 18 schools (approximately 4000 individuals) were reached.</p>
<p>Documented evidence of the implementation of best practices.</p>	<p>Labrador-Grenfell Health participates on the provincial team that is developing policies and procedures for wound management. This team reviewed best practices across the country and the manual is in draft. Labrador-Grenfell Health has moved forward with implementation of those policies and practices based on best practice.</p> <p>The provincial enhanced home care program is based on best practice, identified from nation-wide searches. Labrador-Grenfell Health has introduced the provincial program.</p> <p>National/provincial clinical practice guidelines are used for diabetic education.</p> <p>The provincial immunization manual, which is based on best practice, provides direction for communicable disease control and public health nursing.</p>

Report on Goal Performance 2006-08

Objective Indicators

Accomplishments 2007-08

Documented evidence of the implementation of best practices.

Labrador-Grenfell Health has lead the way in developing a breastfeeding policy based on WHO guidelines. The policy is awaiting final approval for inclusion in Labrador-Grenfell Health's Administrative Policies and Procedures Manual. Similarly, Labrador-Grenfell Health introduced a smoke-free premises policy, based on a nation-wide scan of best practices in this area.

Reviewed and revised policies regarding the sale of "junk" food on authority premises.

Work continued on the healthy cafeterias initiative this year. A greater variety of fresh fruit/vegetables has been provided in the cafeterias, healthier snack items were offered, deep fried foods were reduced and vending services have seen improvements. Menu review is ongoing to continue to improve the variety of healthier options.



Opportunities and Challenges Ahead



Continued Integration of Information Systems

Labrador-Grenfell Health recognizes its need to create an information system that connects the former organizations that now form the health authority. Progress has been made in several key areas of consolidation and adoption of technologies. The current focus now lies with the immediate need to integrate the clinical information systems, meeting both local and corporate needs in support of decision making, from the caregiver to the boardroom.

A second, but just as critical need is to expand currently licensed modules to the parts of the region which do not have access. Compounding the importance of developing this system is the major health redesign that is presently underway in the province, with the development of an Electronic Health Record (EHR). To ensure accountability in delivering quality health care, Labrador-Grenfell Health must have at its disposal, a robust information system that can meet the broad range of information requirements that are necessary to assist decision making. Given these challenges, it will be essential to have dedicated project staffing to support expansion and sustainability.



Creating a Culture of Safety

The increased focus on patient safety, both nationally and provincially, provides an opportunity for Labrador-Grenfell Health to collaborate with the other provincial Regional Health Authorities, the Department of Health and Community Services, and key stakeholders such as the Canadian Patient Safety Institute and **Safer Healthcare Now!**, on strategies and initiatives to improve patient safety. Labrador-Grenfell Health has increased its focus on risk and safety, particularly with regard to Infection Control, Risk Management, Occupational Health and Safety and Fire and Life Safety. Without a doubt, there will be challenges to work through and overcome; however, each step will achieve progress toward an improved culture of safety throughout the region.

Recruitment and Retention

Labrador-Grenfell Health continues to experience challenges in the recruitment and retention of specialist physicians, particularly in areas of continued vacancies, such as Psychiatry, Anesthesiology, Internal Medicine, Surgery and Ophthalmology. Recruitment efforts are coordinated with the Office of the Physician Recruiter from the Newfoundland and Labrador Health Boards Association, the Department of Health and Community Services and recruitment firms. Human resource challenges also exist to recruit and retain skilled labour in areas such as Biomedical Engineering, Mechanical Engineering and journeypersons, in addition to Diagnostic Imaging Technologists, Medical Laboratory Technologists, Nurses, Midwives, Pharmacists and Social Workers.

Through the "Strengthening of Child, Youth and Family Services" system budget of 2007, significant enhancements were identified for the CYFS program. Budget 2007 provided \$6 million to strengthen the Child, Youth and Family Services System and to support the implementation of the recommendations of the Minister's Advisory Committee Report, the Turner Review and Investigation and the Deloitte Operational Review. Throughout this past year and currently, several vacancies have impacted program development and expansion to a large degree.

Opportunities and Challenges Ahead

Maintaining and Upgrading Aging Equipment and Facilities

Labrador-Grenfell Health continues to develop a plan to maintain the Captain William Jackman Memorial Hospital until a new facility is constructed in Labrador West. The health authority commissioned a study, with an outline and plan to provide the necessary improvements that are required in the interim. Some funding was provided in 2007-08 and improvements in the heating and ventilation system were made. Further improvements are being planned for next year.



Dental Services Provision

At the end of 2007-08, Labrador-Grenfell Health's Dental Department was optimistic that funding would become available in the next fiscal year to implement primary dental health services in Black Tickle, Cartwright and Natuashish. Pending

funding approval, this initiative will facilitate access to therapeutic and preventive oral health care for their residents and obviate much of the need for travel elsewhere to obtain the services of dental health professionals.

An aging population requiring extensive treatments, as well as the addition of dental sealants to the provincial Children's Dental Health Plan, has increased the demand for dental care services. On the tip of the Great Northern Peninsula, wait times for elective dental care range from 14 weeks in Roddickton to 33 weeks in St. Anthony. Dental Services continues to explore opportunities to address wait times and improve service delivery.

Diverse Population with Increasing Health Needs

Labrador-Grenfell Health has a very diverse region with different issues and needs, spread across two time zones and with unique jurisdictional considerations. While the region has population growth in some parts, there are other areas with a different economic base that are coping with out-migration, an aging population and growing health needs. For example, the region's incidence of diabetes is increasing at an alarming rate. Planning to meet these diverse needs will require an innovative approach.

Responding to the Complex Needs of Children and Youth in the Custody of the Director

The current CYFS system of services to youth between the ages of 12 and 16 is challenged to address the complex clinical needs which are impacting such youth, many of whom are experiencing concurrent disorders inclusive of extreme trauma and addictions, beyond the scope of the current service delivery system. This is an issue which will require specific attention in the near future and will be a focus in the 2008-11 strategic plan.

The current services to children under the age of 12 with complex behavioral needs are also quite challenging. Significant numbers of children in the custody of the Director require one-on-one intensive intervention to support permanency planning and adoption readiness.





Financial Statements

AUDITORS' REPORT

To the Trustees of Labrador - Grenfell Regional Health Authority

We have audited the consolidated balance sheet of **Labrador - Grenfell Regional Health Authority** as at March 31, 2008 and the consolidated statements of changes in net assets, operations and cash flow for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit.

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

In our opinion, these consolidated financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2008 and the results of its operations and the changes in its cash flow for the year then ended in accordance with Canadian generally accepted accounting principles.

Chartered Accountants

Gander, NL

June 17, 2008

Walters Hoffe

 **WALTERS Hoffe**
CHARTERED ACCOUNTANTS

Financial Statements

LABRADOR - GRENFELL REGIONAL HEALTH AUTHORITY

Consolidated

Balance Sheet

March 31, 2008

2008

2007

Assets

Current assets:

Cash	\$ 299,735	152,210
Restricted cash (Note 3)	1,638,118	2,276,245
Receivables (Note 4)	14,357,083	12,212,690
Inventories	1,745,945	1,722,466
Prepaid expenses	<u>1,746,129</u>	<u>1,475,852</u>
Total current assets	19,787,010	17,839,463

Residents' Trust Funds held on deposit	147,286	175,630
Replacement reserve (Note 7)	71,495	67,300
Capital Assets (Note 5)	<u>22,484,133</u>	<u>20,974,307</u>

	<u>\$ 42,489,924</u>	<u>39,056,700</u>
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Liabilities

Current liabilities:

Bank indebtedness (Note 6)	\$ 21,084,271	20,604,543
Accounts payable	8,569,267	8,180,847
Accrued vacation pay	5,253,347	4,779,557
Other accrued benefits	2,001,024	1,792,108
Deferred contributions - operating	2,829,061	2,526,804
- National Child Benefit program	2,136,947	1,413,702
- Capital	3,616,326	1,969,671
- Special purpose funds	643,801	1,281,988
Current portion of accrued severance pay - estimated	897,820	720,549
Current portion of long-term debt (Note 8)	<u>97,546</u>	<u>94,758</u>

Total current liabilities	47,129,410	43,364,527
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Residents' Trust Funds payable	147,286	175,630
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Financial Statements

Accrued severance pay	8,366,837	7,903,538
Replacement reserve (Note 7)	71,495	67,300
Long-term debt (Note 8)	2,592,805	2,690,179
Deferred contributions related to property, plant and equipment (Note 9)	<u>18,721,796</u>	<u>16,991,309</u>
	<u>77,029,629</u>	<u>71,192,483</u>
Net assets, per accompanying statement:		
Net assets invested in capital assets	1,088,062	1,205,880
Net assets restricted for endowment purposes	994,317	994,257
Unrestricted net assets	<u>(36,622,084)</u>	<u>(34,335,920)</u>
	<u>(34,539,705)</u>	<u>(32,135,783)</u>
	<u>\$ 42,489,924</u>	<u>39,056,700</u>

See accompanying notes

Approved:

_____ Trustee

_____ Trustee

Financial Statements

LABRADOR - GRENFELL REGIONAL HEALTH AUTHORITY

Consolidated

Statement of Changes in Net Assets

Year ended March 31, 2008

2008

2007

	<u>Invested in Capital Assets</u>	<u>Restricted for Endowment Purposes</u>	<u>Unrestricted Operating</u>	<u>Total</u>	<u>Total</u>
Balance, beginning	\$ 1,205,880	994,257	(34,335,918)	(32,135,783)	(30,429,230)
Excess (deficiency) of revenue over expenditure	(212,400)	-	(2,191,584)	(2,403,982)	(1,706,662)
Endowment fund contribution	-	60	-	60	109
Investment in capital assets (Note 10)	<u>94,582</u>	<u>-</u>	<u>(94,582)</u>	<u>-</u>	<u>-</u>
Balance, ending	<u>\$ 1,088,062</u>	<u>994,317</u>	<u>(36,622,084)</u>	<u>(34,539,705)</u>	<u>(32,135,783)</u>

See accompanying notes

Financial Statements

LABRADOR - GRENFELL REGIONAL HEALTH AUTHORITY

Consolidated

Statement of Operations

Year ended March 31, 2008	2008	2007
Revenue:		
Provincial plan	\$ 97,880,175	88,589,422
National Child Benefit	2,743,041	2,196,846
Transportation and Works	5,223,342	5,242,066
MCP physicians	12,122,467	11,137,883
Child Youth and Family Services Agreement	9,072,805	7,678,992
Inpatient	2,316,227	2,490,760
Outpatient	724,805	770,409
Long-term care	1,365,349	1,412,389
Other (Note 11)	<u>7,115,579</u>	<u>6,324,172</u>
	<u>138,563,790</u>	<u>125,842,939</u>
Expenditure:		
Administration	14,667,269	13,289,678
Support services	24,719,375	23,065,775
Nursing inpatient services	19,789,365	18,757,853
Ambulatory care services	14,271,355	13,551,953
Diagnostic and therapeutic services	11,917,682	11,122,641
Community and social services	38,439,133	31,922,979
Medical services	13,581,702	12,691,331
Research	67,125	68,083
Education	676,603	863,898
Undistributed	<u>1,543,435</u>	<u>1,354,268</u>
	<u>139,673,044</u>	<u>126,688,459</u>
Surplus (deficit) prior to other operations	(1,109,254)	(845,520)

Financial Statements

12 Unit Cottage Project - net	-	-
20 Unit Cottage Project - net	(28,986)	(35,075)
Grenfell Foundation Inc. - net	<u>(18,105)</u>	<u>70,423</u>
Surplus (deficit) before non-shareable items	<u>(1,156,345)</u>	<u>(810,172)</u>
Non-shareable items:		
Amortization	3,299,497	2,874,143
Accrued vacation pay - increase	473,790	187,555
Accrued severance pay - increase	640,570	457,513
Amortization of deferred contributions	<u>(3,166,220)</u>	<u>(2,622,721)</u>
	<u>1,247,637</u>	<u>896,490</u>
Excess (deficiency) of revenue over expenditure	<u>\$(2,403,982)</u>	<u>(1,706,662)</u>

See accompanying notes

Financial Statements

LABRADOR - GRENFELL REGIONAL HEALTH AUTHORITY

Consolidated

Statement of Cash Flow

Year ended March 31, 2008

2008

2007

Cash flows:

Operations:

Excess (deficiency) of revenue over expenditure	\$(2,403,982)	(1,706,662)
Amortization	3,378,620	2,945,992
Loss on disposal of buildings	14,045	93,632
Amortization of deferred contributions	(3,166,220)	(2,622,721)
Unamortized contributions on assets disposed	<u>(45,986)</u>	<u>(364,526)</u>
	(2,223,523)	(1,654,285)

Changes in:

Receivables	(2,144,393)	(6,592,019)
Inventories	(23,479)	(106,108)
Prepaid expenses	(270,277)	(159,328)
Payables and accruals	597,336	971,314
Accrued vacation pay	473,790	187,555
Deferred contributions relating to operating and NCB program	1,025,502	1,001,606
Accrued severance pay	<u>640,570</u>	<u>457,513</u>
	(1,924,474)	(5,893,752)

Investing:

Proceeds from disposal of capital assets	31,940	270,894
Additions to capital assets	<u>(4,934,431)</u>	<u>(4,447,781)</u>
	(4,902,491)	(4,176,887)

Financing:

Deferred contributions - capital	1,646,655	(1,661,445)
- special purpose funds	(638,187)	309,136
Repayment of long-term debt	<u>(94,586)</u>	<u>(85,870)</u>

Financial Statements

Deferred contributions related to capital assets	4,942,693	4,455,704
Donations for endowment purposes	<u>60</u>	<u>109</u>
	<u>5,856,635</u>	<u>3,017,634</u>
Net increase (decrease) in cash and cash equivalents	(970,330)	(7,053,005)
Cash and cash equivalents:		
Beginning	<u>(18,176,088)</u>	(11,123,083)
Ending	<u>\$(19,146,418)</u>	(18,176,088)
Represented by:		
Cash and short-term investments	\$ 299,735	152,210
Restricted cash	1,638,118	2,276,245
Bank indebtedness	<u>(21,084,271)</u>	(20,604,543)
	<u>\$(19,146,418)</u>	(18,176,088)

See accompanying notes

Financial Statements

LABRADOR - GRENFELL REGIONAL HEALTH AUTHORITY

Consolidated

Notes to the Financial Statements

March 31, 2008

1. Nature of operations:

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

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

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

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

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

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

2. Significant accounting policies:

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

Fund accounting:

The combined funds are reported in the consolidated financial statements.

Assets, liabilities, revenue and expenditure related to the delivery and administration of health services are reported in the operating financial

statements.

Revenue recognition:

The Authority follows the deferral method of accounting of contributions.

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

Contributions related to property, plant and equipment are deferred and amortized to revenue at the same rates which the related property, plant and equipment are amortized.

Inventories:

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

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

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

Property, plant and equipment:

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

Purchased property, plant and equipment are recorded at cost. Contributed property, plant and equipment are recorded at fair value at the date of contribution.

Property, plant and equipment are being amortized on a declining balance basis over their estimated useful lives at the following rates:

Financial Statements

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

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

Replacement reserve:

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

Transactions in the reserve are shown in Note 7.

Severance pay:

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

Pension and other post employment benefits:

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

Use of estimates:

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

3. Restricted cash:

Financial Statements

Cash is currently restricted to fund the following items:

	<u>2008</u>	<u>2007</u>
Deferred contributions - special purpose funds	\$ 643,801	1,281,988
Endowment funds	<u>994,317</u>	<u>994,257</u>
	<u>\$ 1,638,118</u>	<u>2,276,245</u>

4. Receivables:

	<u>2008</u>	<u>2007</u>
Government of Newfoundland and Labrador	\$ 6,946,240	6,501,450
Government of Canada	3,456,970	2,108,577
Patient	2,784,934	2,426,112
Other	<u>1,168,939</u>	<u>1,176,617</u>
	<u>\$ 14,357,083</u>	<u>12,212,756</u>

5. Property, plant and equipment:

	<u>2008</u>	<u>2007</u>
<u>Cost</u>		
Land	\$ 11,203	11,203
Land improvements	187,061	187,061
Buildings	24,051,147	23,722,396
Leasehold improvements	223,678	223,678
Equipment and vehicles	45,369,276	40,914,314
Artwork	<u>195,714</u>	<u>195,714</u>
	<u>\$ 70,038,079</u>	<u>65,254,366</u>
<u>Accumulated Amortization</u>		
Land	\$ -	-

Financial Statements

Land improvements	150,995	148,191
Buildings	13,399,986	12,903,920
Leasehold improvements	82,211	65,568
Equipment and vehicles	33,920,754	31,162,380
Artwork	-	-
	<u>\$ 47,553,946</u>	<u>44,280,059</u>

Net Book Value

Land	\$ 11,203	11,203
Land improvements	36,066	38,870
Buildings	10,651,161	10,818,476
Leasehold improvements	141,467	158,110
Equipment and vehicles	11,448,522	9,751,934
Artwork	<u>195,714</u>	<u>195,714</u>
	<u>\$ 22,484,133</u>	<u>20,974,307</u>

6. Bank indebtedness:

The Authority has access to a \$24.0 million line of credit in the form of a revolving demand loan bearing interest at prime with the Royal Bank of Canada. The line of credit has been approved by the Minister of Health and Community Services. In addition, this line of credit carries a Province of Newfoundland and Labrador guarantee for \$9 million up to \$19 million with the first \$10 million being unsecured.

Financial Statements

7. Replacement reserve:

	<u>2008</u>	<u>2007</u>
Balance, beginning	\$ 67,300	74,945
Add:		
Allocation for year	10,350	10,350
Interest earned	<u>219</u>	<u>395</u>
	77,869	85,690
Less:		
Approved expenditures	<u>6,374</u>	<u>18,390</u>
Balance, ending	<u>\$ 71,495</u>	<u>67,300</u>
Funding:		
Replacement reserve funds	\$ 4,195	-
Due from Newfoundland and Labrador Housing Corporation for replacement reserve	<u>67,300</u>	<u>67,300</u>
	<u>\$ 71,495</u>	<u>67,300</u>

8. Long-term debt:

	<u>2008</u>	<u>2007</u>
10%, Canada Mortgage and Housing Corporation first mortgage on land and building of Harry L. Paddon Memorial Home; repayable \$11,245 monthly, interest included; maturing November, 2029	\$ 1,211,735	1,227,196
4.47% Newfoundland and Labrador Housing Corporation first mortgage on land and building of 20 unit apartment complex; repayable \$7,051 monthly, interest included; maturing January, 2019	726,842	777,939

Financial Statements

4.31% Newfoundland and Labrador Housing Corporation first mortgage on land and building of 12 unit apartment complex; repayable \$5,073 monthly, interest included; maturing October, 2025

<u>751,774</u>	<u>779,802</u>
2,690,351	2,784,937

Less current portion

<u>97,546</u>	<u>94,758</u>
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<u>\$ 2,592,805</u>	<u>2,690,179</u>
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The aggregate amount of principal payments estimated to be required in each of the next five years is as follows:

2009	\$ 97,546
2010	101,197
2011	106,658
2012	112,315
2013	118,309

Interest subsidy:

The Authority has received federal assistance through Canada Mortgage and Housing Corporation pursuant to Section 56.1 of the National Housing Act. The purpose of the assistance is to reduce operating costs in order to enable the Authority to provide housing to low and moderate income individuals. The amount of assistance received in 2008 was \$98,798 (2007 - \$107,271).

9. Unamortized deferred contributions related to property, plant and equipment:

Deferred contributions related to property, plant and equipment represent restricted contributions with which property, plant and equipment were originally purchased. The changes in the deferred contributions for the year are as follows:

	<u>2008</u>	<u>2007</u>
Balance, beginning	\$ 16,991,309	15,522,852
Add:		
Equipment grants	4,109,894	4,021,137
Donations for equipment	<u>832,799</u>	<u>434,567</u>
	21,934,002	19,978,556

Financial Statements

Less:		
Amortization	3,166,220	2,622,721
Unamortized contribution on assets disposed	<u>45,986</u>	<u>364,526</u>
Balance, ending	<u>\$ 18,721,796</u>	<u>16,991,309</u>

10. Investment in property, plant and equipment:

	<u>2008</u>	<u>2007</u>
Repayment of long-term debt	\$ 94,582	85,871
Purchase of property, plant and equipment	<u>-</u>	<u>-</u>
	<u>\$ 94,582</u>	<u>85,871</u>

11. Other revenue:

	<u>2008</u>	<u>2007</u>
Drug recoveries	\$ 3,170,955	3,037,931
Dental	1,051,234	785,440
Rentals	219,580	231,643
Mortgage interest subsidy (Note 7)	25,205	25,205
Interest	68,930	118,522
Unamortized contributions on assets disposed	45,986	364,526
Miscellaneous	<u>2,533,689</u>	<u>1,760,905</u>
	<u>\$ 7,115,579</u>	<u>6,324,172</u>

Financial Statements

12. Commitments:

Energy performance contract:

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

The cost of the contract was \$1,660,616 and is to be repaid from energy and operating savings at \$15,250 per month over a period of 8.2 years plus lump sum amounts aggregating an additional \$166,116.

As of March 31, 2008 the balance of the expenditures financed through the Bank of Nova Scotia amount to \$257,929 (2007 - \$415,235). As support for the financing, Johnson Controls Ltd. has assigned to the bank any funds due to them by the Authority for the energy savings component of the contract.

In the opinion of management of the Authority the guaranteed energy savings component by Johnson Controls Ltd. is an offset to any obligation of the Authority under the assignment to the bank, and as a consequence neither the capital expenditures nor the bank loan obligation is reflected in the financial statements of the Authority at March 31, 2008.

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

13. Contingencies:

As of March 31, 2008, there were a number of legal claims against the Authority in varying amounts for which no provision has been made. It is not possible to determine the amounts, if any, that may ultimately be assessed against the Authority with respect to these claims, but management believes any claims, if successful, will be covered by liability insurance.

14. Comparative figures:

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

AUDITORS' REPORT

To the Trustees of Labrador - Grenfell Regional Health Authority

We have audited the operating balance sheet of **Labrador - Grenfell Regional Health Authority** as at March 31, 2008 and the operating statements of changes in net assets, operations and cash flow for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these operating financial statements based on our audit.

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

In our opinion, these operating financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2008 and the results of its operations and the changes in its cash flow for the year then ended in accordance with Canadian generally accepted accounting principles.

Chartered Accountants

Gander, NL

June 17, 2008

Walters Hoffe

 **WALTERS Hoffe**
CHARTERED ACCOUNTANTS

Financial Statements

LABRADOR - GRENFELL REGIONAL HEALTH AUTHORITY

Operating

Balance Sheet

March 31, 2008

2008

2007

Assets

Current assets:

Restricted cash (Note 3)	\$ 859,887	1,498,014
Receivables (Note 4)	14,732,050	12,387,624
Inventories	1,745,945	1,722,466
Prepaid expenses	<u>1,737,489</u>	<u>1,467,212</u>

Total current assets 19,075,371 17,075,316

Residents' Trust Funds held on deposit	147,286	175,630
Property, plant and equipment (Note 5)	<u>20,985,795</u>	<u>19,396,846</u>

\$ 40,208,452 36,647,792

Liabilities

Current liabilities:

Bank indebtedness (Note 6)	\$ 21,084,271	20,604,544
Payables and accruals	8,563,547	8,169,713
Accrued vacation pay	5,253,347	4,779,557
Other accrued benefits	2,001,024	1,792,108
Deferred contributions - operating	2,825,061	2,522,804
- National Child Benefit (NCB) initiatives	2,136,947	1,413,702
- capital	3,616,326	1,969,671
- special purpose funds	643,801	1,281,988
Current portion of accrued severance pay – estimated	897,820	720,549
Current portion of long-term debt (Note 7)	<u>16,949</u>	<u>15,459</u>

Total current liabilities 47,039,093 43,270,095

Financial Statements

Residents' Trust Funds payable	147,286	175,630
Accrued severance pay, less estimated current portion	8,366,837	7,903,538
Long-term debt (Note 7)	1,194,786	1,211,735
Deferred contributions related to property, plant and equipment (Note 8)	<u>18,721,796</u>	<u>16,991,309</u>
	<u>75,469,798</u>	<u>69,552,307</u>
Net assets, per accompanying statement		
Net assets invested in property, plant and equipment	1,088,062	1,205,880
Net assets restricted for endowment purposes	216,086	216,026
Unrestricted net assets	<u>(36,565,494)</u>	<u>(34,326,421)</u>
	<u>(35,261,346)</u>	<u>(32,904,515)</u>
	<u>\$ 40,208,452</u>	<u>36,647,792</u>

See accompanying notes

Approved:

_____ Trustee

_____ Trustee

Financial Statements

LABRADOR - GRENFELL REGIONAL HEALTH AUTHORITY

Operating

Statement of Changes in Net Assets

Year ended March 31, 2008

	2008			2007	
	Invested in Property, Plant and Equipment	Restricted for Endowment Purposes	Unrestricted Operating	Total	Total
Balance, beginning	\$ 1,205,880	216,026	(34,326,421)	(32,904,515)	(31,162,614)
Excess (deficiency) of revenue over expenditure	(133,277)	-	(2,223,614)	(2,356,891)	(1,742,010)
Donations received for endowment purposes	-	60	-	60	109
Investment in property, plant and equipment (Note 9)	<u>15,459</u>	<u>-</u>	<u>(15,459)</u>	<u>-</u>	<u>-</u>
Balance, ending	<u>\$ 1,088,062</u>	<u>216,086</u>	<u>(36,565,494)</u>	<u>(35,261,346)</u>	<u>(32,904,515)</u>

See accompanying notes

Financial Statements

LABRADOR - GRENFELL REGIONAL HEALTH AUTHORITY

Operating

Statement of Operations

Year ended March 31, 2008	2008	2007
Revenue:		
Provincial plan	\$ 97,880,175	88,589,422
National Child Benefit	2,743,041	2,196,846
Transportation and Works	5,223,342	5,242,066
MCP physicians	12,122,467	11,137,883
Child Youth and Family Services Agreement	9,072,805	7,678,992
Inpatient	2,316,227	2,490,760
Outpatient	724,805	770,409
Long-term care	1,365,349	1,412,389
Other (Note 10)	<u>7,115,579</u>	<u>6,324,172</u>
	<u>138,563,790</u>	<u>125,842,939</u>
Expenditure:		
Administration	14,667,269	13,289,678
Support services	24,719,375	23,065,775
Nursing inpatient services	19,789,365	18,757,853
Ambulatory care services	14,271,355	13,551,953
Diagnostic and therapeutic services	11,917,682	11,122,641
Community and social services	38,439,133	31,922,979
Medical services	13,581,702	12,691,331
Research	67,125	68,083
Education	676,603	863,898
Undistributed	<u>1,543,435</u>	<u>1,354,268</u>
	<u>139,673,044</u>	<u>126,688,459</u>
Surplus (deficit) before non-shareable items	(1,109,254)	(845,520)

Financial Statements

Non-shareable items:

Amortization	3,299,497	2,874,143
Accrued vacation pay – increase	473,790	187,555
Accrued severance pay - increase	640,570	457,513
Amortization of deferred contributions	<u>(3,166,220)</u>	<u>(2,622,721)</u>
	<u>1,247,637</u>	<u>896,490</u>
Excess (deficiency) of revenue over expenditure	<u>\$ (2,356,891)</u>	<u>(1,742,010)</u>

See accompanying notes

Financial Statements

LABRADOR - GRENFELL REGIONAL HEALTH AUTHORITY

Operating

Statement of Cash Flow

Year ended March 31, 2008

2008

2007

Cash flows:

Operations:

Excess (deficiency) of revenue over expenditure	\$(2,356,891)	(1,742,010)
Amortization	3,299,497	2,874,143
Loss on disposal of assets	14,045	93,632
Amortization of deferred contributions	(3,166,220)	(2,622,721)
Unamortized contributions on assets disposed	<u>(45,986)</u>	<u>(364,526)</u>
	(2,255,555)	(1,761,482)

Changes in:

Receivables	(2,316,073)	(6,511,886)
Due from Cottages Projects	(28,353)	(48,096)
Inventories	(23,479)	(106,108)
Prepaid expenses	(270,277)	(159,327)
Payables and accruals	602,750	980,563
Accrued vacation pay	473,790	187,555
Deferred contributions relating to operating and NCB program	1,025,502	1,001,606
Accrued severance pay	<u>640,570</u>	<u>457,513</u>
	(2,151,125)	(5,959,662)

Investing:

Proceeds from the sale of capital assets	31,940	270,894
Additions to capital assets	<u>(4,934,431)</u>	<u>(4,447,781)</u>
	(4,902,491)	(4,176,887)

Financing:

Deferred contributions - capital	1,646,655	(1,661,445)
- special purpose funds	(638,187)	309,136
Repayment of long-term debt	<u>(15,459)</u>	<u>(14,022)</u>

Financial Statements

Deferred contributions related to property, plant and equipment	4,942,693	4,455,704
Donations for endowment purposes	<u>60</u>	<u>109</u>
	<u>5,935,762</u>	<u>3,089,482</u>
Net increase (decrease) in cash and cash equivalents	(1,117,854)	(7,047,067)
Cash and cash equivalents:		
Beginning	<u>(19,106,530)</u>	(12,059,463)
Ending	<u>\$(20,224,384)</u>	<u>(19,106,530)</u>
Represented by:		
Restricted cash (Note 3)	\$ 859,887	1,498,014
Bank indebtedness (Note 6)	<u>(21,084,271)</u>	<u>(20,604,544)</u>
	<u>\$(20,224,384)</u>	<u>(19,106,530)</u>

See accompanying notes

LABRADOR - GRENFELL REGIONAL HEALTH AUTHORITY

Operating

Notes to the Financial Statements

March 31, 2008

1. Nature of operations:

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

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

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

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

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

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

2. Significant accounting policies:

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

Revenue recognition:

The Authority follows the deferral method of accounting for contributions.

Restricted contributions are recognized as revenue in the year in which the related expenditures are incurred. Unrestricted contributions are

Financial Statements

recognized as revenue, when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured.

Contributions related to property, plant and equipment are deferred and amortized to revenue at the same rates which the related property, plant and equipment are amortized.

Inventories:

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

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

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

Property, plant and equipment:

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

Purchased property, plant and equipment are recorded at cost. Contributed property, plant and equipment are recorded at fair value at the date of contribution.

Property, plant and equipment are being amortized on a declining balance basis over their estimated useful lives at the following rates:

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

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

Severance pay:

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

Pension and other post employment benefits:

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

Use of estimates:

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

3. Restricted cash:

Cash is currently restricted to fund the following items:

	<u>2008</u>	<u>2007</u>
Deferred contributions - special purpose funds	\$ 643,801	1,281,988
Endowment Fund	<u>216,086</u>	<u>216,026</u>
	<u>\$ 859,887</u>	<u>1,498,014</u>

Financial Statements

4. Receivables:

	<u>2008</u>	<u>2007</u>
Government of Newfoundland and Labrador	\$ 6,946,240	6,501,450
Government of Canada	3,456,970	2,108,577
Patient	2,784,934	2,426,112
Other	<u>1,543,906</u>	<u>1,351,485</u>
	<u>\$ 14,732,050</u>	<u>12,387,624</u>

5. Property, plant and equipment:

	<u>2008</u>	<u>2007</u>
<u>Cost</u>		
Land	\$ 11,201	11,201
Land improvements	162,208	162,208
Buildings	21,824,834	21,496,083
Leasehold improvements	223,678	223,678
Equipment and vehicles	45,351,522	40,896,560
Artwork	<u>195,714</u>	<u>195,714</u>
	<u>\$ 67,769,157</u>	<u>62,985,444</u>

Accumulated Amortization

Land	\$ -	-
Land improvements	150,995	148,191
Buildings	12,633,255	12,215,964
Leasehold improvements	82,211	65,568
Equipment and vehicles	33,916,901	31,158,875
Artwork	<u>-</u>	<u>-</u>
	<u>\$ 46,783,362</u>	<u>43,588,598</u>

Net Book Value

Land	\$ 11,201	11,201
Land improvements	11,213	14,017

Financial Statements

Buildings	9,191,579	9,280,119
Leasehold improvements	141,467	158,110
Equipment and vehicles	11,434,621	9,737,685
Artwork	<u>195,714</u>	<u>195,714</u>
	<u>\$ 20,985,795</u>	<u>19,396,846</u>

6. Bank indebtedness:

The Authority has access to a \$24.0 million line of credit in the form of a revolving demand loan bearing interest at prime with the Royal Bank of Canada. The line of credit has been approved by the Minister of Health and Community Services. In addition, this line of credit carries a Province of Newfoundland and Labrador guarantee for \$9 million up to \$19 million with the first \$10 million being unsecured.

7. Long-term debt:

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

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

2009	\$ 16,949
2010	18,790
2011	20,570
2012	22,514
2013	24,790

Interest subsidy:

The Authority has received federal assistance through Canada Mortgage and Housing Corporation pursuant to Section 56.1 of the National Housing Act. The purpose of the assistance is to reduce operating costs in order to enable the Authority to provide housing to low and moderate income individuals. The amount of assistance received in 2007/08 was \$25,205 (2006/07 - \$25,205).

Financial Statements

8. Unamortized deferred contributions related to property, plant and equipment:

Deferred contributions related to property, plant and equipment represent restricted contributions with which property, plant and equipment were originally purchased. The changes in the deferred contributions for the year are as follows:

	<u>2008</u>	<u>2007</u>
Balance, beginning	\$ 16,991,309	15,522,852
Add:		
Equipment grants	4,109,894	4,021,137
Donations for equipment	<u>832,799</u>	<u>434,567</u>
	21,934,002	19,978,556
Less:		
Amortization	3,166,220	2,622,721
Unamortized contributions on assets disposed	<u>45,986</u>	<u>364,526</u>
Balance, ending	<u>\$ 18,721,796</u>	<u>16,991,309</u>

9. Investment in property, plant and equipment:

	<u>2008</u>	<u>2007</u>
Repayment of long-term debt	\$ 15,459	14,022

10. Other revenue:

	<u>2008</u>	<u>2007</u>
Drug recoveries	\$ 3,170,955	3,037,931
Dental	1,051,234	785,440
Rentals	219,580	231,643
Mortgage interest subsidy (Note 7)	25,205	25,205
Interest	68,930	118,522
Unamortized contribution on assets disposed	45,986	364,526
Miscellaneous	<u>2,533,689</u>	<u>1,760,905</u>
	<u>\$ 7,115,579</u>	<u>6,324,172</u>

11. Commitments:

Energy Performance Contract

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

The cost of the contract was \$1,660,616 and is to be repaid from energy and operating savings at \$15,250 per month over a period of 8.2 years plus lump sum amounts aggregating an additional \$166,116.

As of March 31, 2008 the balance of the expenditures financed through the Bank of Nova Scotia amount to \$257,929 (2007 - \$415,235). As support for the financing, Johnson Controls Ltd. has assigned to the bank any funds due to them by the authority for the energy savings component of the contract.

In the opinion of management of the Authority the guaranteed energy savings component by Johnson Controls Ltd. is an offset to any obligation of the authority under the assignment to the bank, and as a consequence neither the capital expenditures nor the bank loan obligation is reflected in the financial statements of the Authority at March 31, 2008.

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

12. Contingencies:

As of March 31, 2008, there were a number of legal claims against the Authority in varying amounts for which no provision has been made. It is not possible to determine the amounts, if any, that may ultimately be assessed against the Authority with respect to these claims, but management believes any claims, if successful, will be covered by liability insurance.

13. Comparative figures:

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

Financial Statements

AUDITORS' COMMENTS ON SUPPLEMENTARY FINANCIAL INFORMATION

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

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

Chartered Accountants
Gander, NL

June 17, 2008

Walters Hoffe

 **WALTERS Hoffe**
CHARTERED ACCOUNTANTS

Financial Statements

LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

Expenditure - Operating/Shareable

Schedule 1

Year ended March 31, 2008

2008

2007

Administration:

General	\$ 9,014,785	8,132,641
Finance	1,409,943	1,238,665
Personnel services	1,335,328	1,141,927
Systems support	1,722,693	1,695,453
Other	<u>1,184,520</u>	<u>1,080,992</u>
	<u>14,667,269</u>	<u>13,289,678</u>

Support services:

Housekeeping	2,961,080	2,778,173
Laundry and linen	816,815	782,191
Plant services	8,232,221	7,600,312
Patient food services	2,734,967	2,591,501
Other	<u>9,974,292</u>	<u>9,313,598</u>
	<u>24,719,375</u>	<u>23,065,775</u>

Nursing inpatient services:

Acute care	14,406,990	13,670,615
Long-term care	<u>5,382,375</u>	<u>5,087,238</u>
	<u>19,789,365</u>	<u>18,757,853</u>

Medical services

13,581,702 12,691,331

Ambulatory care services

14,271,355 13,551,953

Diagnostic and therapeutic services:

Clinical laboratory	4,194,634	3,903,402
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Financial Statements

Diagnostic imaging	2,495,616	2,424,558
Other	<u>5,227,432</u>	<u>4,794,681</u>
	<u>11,917,682</u>	<u>11,122,641</u>
Sub-total	<u>98,946,748</u>	<u>92,479,231</u>
Community and social services:		
Addictions	506,622	555,150
Continuing care	3,755,883	3,207,974
Dental	1,548,685	1,170,009
Health promotion	2,843,979	2,398,595
Health protection	1,139,069	897,080
Mental health	1,446,144	1,305,529
Child, youth and family services	18,425,517	15,454,545
Family and rehab services	6,351,936	4,930,912
Community corrections	2,291,142	1,969,595
Other	<u>130,156</u>	<u>33,590</u>
	<u>38,439,133</u>	<u>31,922,979</u>
Research	<u>67,125</u>	<u>68,083</u>
Education	<u>676,603</u>	<u>863,898</u>
Undistributed	<u>1,543,435</u>	<u>1,354,268</u>
	<u>\$ 139,673,044</u>	<u>126,688,459</u>

Financial Statements

LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

Operating

Revenue and Expenditure for Government Reporting

Schedule 2

Year ended March 31, 2008	2008	2007
Revenue	<u>\$ 138,563,790</u>	<u>125,842,939</u>
Expenditure:		
Compensation:		
Worked and benefit salaries and contributions	72,828,584	67,608,385
Benefit contributions (third party)	<u>10,099,440</u>	<u>9,386,886</u>
	<u>82,928,024</u>	<u>76,995,271</u>
Supplies:		
Plant operation and maintenance	3,369,177	2,768,882
Drugs	3,194,745	3,317,203
Medical and surgical	2,326,073	2,030,824
Other	<u>4,960,911</u>	<u>5,088,934</u>
	<u>13,850,906</u>	<u>13,205,843</u>
Direct client costs:		
Continuing care	2,035,081	1,761,938
Child, youth and family services	13,565,394	11,312,696
Family and rehab services	4,580,496	3,866,678
Community corrections	<u>47,993</u>	<u>71,753</u>
	<u>20,228,964</u>	<u>17,013,065</u>
Other shareable expenses	<u>22,561,272</u>	<u>19,353,472</u>
Long-term debt:		
Interest	103,878	120,808
Principal	<u>15,459</u>	<u>14,022</u>
	<u>119,337</u>	<u>134,830</u>
Total expenditure	<u>139,688,503</u>	<u>126,702,481</u>

Financial Statements

Surplus (deficit) for government reporting	(1,124,713)	(859,542)
Other operations:		
Long-term debt - principal (above)	<u>15,459</u>	<u>14,022</u>
Surplus (deficit) before non-shareable items	(1,109,254)	(845,520)
Non-shareable items:		
Amortization	3,299,497	2,874,143
Accrued vacation pay - increase (decrease)	473,790	187,555
Accrued severance pay - increase (decrease)	640,570	457,513
Amortization of deferred capital equipment grants	<u>(3,166,220)</u>	<u>(2,622,721)</u>
	<u>1,247,637</u>	<u>896,490</u>
Surplus (deficit) inclusive of non-shareable items	<u><u>\$(2,356,891)</u></u>	<u><u>(1,742,010)</u></u>

Financial Statements

LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

Capital Transactions

Funding and Expenditure for Government Reporting

Schedule 3

Year ended March 31, 2008	2008	2007
Sources of funds:		
Provincial capital equipment grant in current year	\$ 3,466,500	797,000
Provincial facility capital grant in current year	3,108,000	1,746,394
Deferred capital grant from prior year	1,969,671	3,631,116
Deferred capital grant from current year	<u>(3,616,326)</u>	<u>(1,969,671)</u>
	4,927,845	4,204,839
Other contributions:		
Other grants	28,156	127,374
Capital donations	<u>1,758,697</u>	<u>434,567</u>
Total funding	<u>6,714,698</u>	<u>4,766,780</u>
Expenditure:		
Buildings	383,835	477,379
Equipment	4,558,857	3,970,402
Repairs, maintenance and other	<u>1,757,919</u>	<u>296,842</u>
Total expenditure	<u>6,700,611</u>	<u>4,744,623</u>
Surplus on capital purchases	<u>\$ 14,087</u>	<u>22,157</u>

Financial Statements

LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

Accumulated Operating Surplus (Deficit) for Government Reporting

Schedule 4

Year ended March 31, 2007

	<u>Consolidated</u>		<u>Operating</u>	
	<u>2008</u>	<u>2007</u>	<u>2008</u>	<u>2007</u>
Current assets:				
Cash	\$ 299,734	152,210	-	-
Restricted cash, less endowment	1,642,312	2,276,245	643,801	1,281,988
Receivables	14,357,112	12,212,690	14,732,050	12,387,624
Inventories	1,745,945	1,722,466	1,745,945	1,722,466
Prepaid expenses	<u>1,746,129</u>	<u>1,475,852</u>	<u>1,737,489</u>	<u>1,467,212</u>
Total current assets	<u>19,791,232</u>	<u>17,839,463</u>	<u>18,859,285</u>	<u>16,859,290</u>
Current liabilities:				
Bank indebtedness	21,084,269	20,604,543	21,084,271	20,604,544
Accounts payable and accrued liabilities	8,573,462	8,180,847	8,563,547	8,169,713
Other accrued benefits	2,001,024	1,792,108	2,001,024	1,792,108
Deferred contributions:				
Operating	2,829,061	2,526,804	2,825,061	2,522,804
NCB program	2,136,947	1,413,702	2,136,947	1,413,702
Capital	3,616,326	1,969,671	3,616,326	1,969,671
Special purpose funds	<u>643,801</u>	<u>1,281,988</u>	<u>643,801</u>	<u>1,281,988</u>
Total current liabilities	<u>40,884,890</u>	<u>37,769,663</u>	<u>40,870,977</u>	<u>37,754,530</u>
Accumulated operating surplus (deficit)	<u>\$(21,093,658)</u>	<u>(19,930,200)</u>	<u>(22,011,692)</u>	<u>(20,895,240)</u>
Reconciliation of Accumulated Operating Surplus (Deficit)				
Balance, beginning			(20,916,201)	(20,064,582)
Deficit before non-shareable items - Schedule 2			(1,109,169)	(845,520)
Deficit on capital purchases - Schedule 3			14,087	22,157
Principal payment on long-term debt			(15,459)	(14,022)
Miscellaneous difference			<u>15,050</u>	<u>6,727</u>
Balance, ending			<u>(22,011,692)</u>	<u>(20,895,240)</u>

Financial Statements

LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

Deferred Revenue for the National Child Benefit (NCB),

Early Childhood Development (ECD) and Early Learning and Childcare (ELC) Programs

Schedule 5

Year ended March 31, 2008

Initiative	Funding			Expenses			Deferred Revenue	
	Deferred From Prior Year	Allocated For Current Year	Total Available For Year	Gross Expenses	Excess Expenses (Deficit)	Net Expenses	Deferred Funding March 2008	Deferred Funding March 2007
National Child Benefit:								
Residential and mental health	\$ 87,667	171,027	258,694	161,987	-	96,707	96,707	87,667
Child care subsidy program	68,100	24,900	93,000	50,568	-	42,432	42,432	68,100
ABA therapy	177,746	187,052	364,798	148,238	(5,082)	216,560	211,478	177,746
ABA therapy training	-	10,500	10,500	15,582	5,082	(5,082)	-	-
Day care equipment and renovations	17,804	14,400	32,204	4,505	-	27,699	27,699	17,804
Child care consultants	-	89,363	89,363	89,363	-	-	-	-
Special child welfare allowance	12,750	5,250	18,000	17,000	-	1,000	1,000	12,750
Community youth network	195,392	560,976	756,368	566,729	-	189,639	189,639	195,392
Family resource centres	12,334	613,530	625,864	606,114	-	19,750	19,750	12,334
Total NCB	571,793	1,676,998	2,248,791	1,660,086	-	588,705	588,705	571,793
Early Childhood Development:								
Early intervention	102,272	182,000	284,272	130,126	-	154,146	154,146	102,272
Child care consultants	128,383	142,063	270,446	84,453	-	185,993	185,993	128,383
ABA therapy	14,140	22,948	37,088	37,088	-	-	-	14,140
Day Care	1,500	-	1,500	-	-	1,500	1,500	1,500
FRP co-ordinator position	-	105,976	105,976	45,841	-	60,135	60,135	-
Family resource centres	1,134	479,600	480,734	458,305	-	22,429	22,429	1,134
Total Early Childhood Education	247,429	932,587	1,180,016	755,813	-	424,203	424,203	247,429

Financial Statements

Early Learning and Childcare:

Child care subsidy	217,191	-	217,191	-	-	217,191	217,191	217,191
Rate change & income grid increase to \$25,000	-	32,100	32,100	-	-	32,100	32,100	-
Clerical position (based on 3 mos)	-	17,000	17,000	-	-	17,000	17,000	-
Inclusion consultant, travel and training	101,196	82,400	183,596	100,971	-	82,625	82,625	101,196
Inclusion staffing support grant	9,678	3,200	12,878	4,512	-	8,366	8,366	9,678
Inclusion equipment grants	10,850	5,600	16,450	2,145	-	14,305	14,305	10,850
Inclusion ratio enhance-staffing support grant	-	5,500	5,500	3,261	-	2,239	2,239	-
E.Q.U.I.P. training, resources and travel	16,500	21,500	38,000	2,600	-	35,400	35,400	16,500
Start up grant	38,865	-	38,865	-	-	38,865	38,865	38,865
Cultural & linguistic grant	-	50,000	50,000	-	-	50,000	50,000	-
Salary to support capacity development	50,000	110,000	160,000	72,187	-	87,813	87,813	50,000
Initiative grants	<u>150,000</u>	<u>530,000</u>	<u>680,000</u>	<u>141,866</u>	-	<u>538,134</u>	<u>538,134</u>	<u>150,000</u>
Total ELC	<u>594,280</u>	<u>857,300</u>	<u>1,451,580</u>	<u>327,542</u>	-	<u>1,124,038</u>	<u>1,124,038</u>	<u>594,280</u>
Total NCB, ECD and ELC	<u>\$ 1,413,502</u>	<u>3,466,885</u>	<u>4,880,387</u>	<u>2,743,441</u>	<u>-</u>	<u>2,136,946</u>	<u>2,136,946</u>	<u>1,413,502</u>

Financial Statements

LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

Statement of Revenue and Expenditure

Child Youth and Family Services Agreement

Schedule 6

Year ended March 31, 2008

	<u>Total 2008</u>	<u>Operations 2008</u>	<u>Maintenance 2008</u>	<u>Capital 2008</u>	<u>Total 2007</u>
Revenue:					
Child Youth and Family Services Agreement - DIAND	<u>\$ 7,723,827</u>	<u>970,415</u>	<u>6,753,412</u>	<u>-</u>	<u>7,678,992</u>
Expenses:					
Salaries	1,089,558	1,089,558	-	-	931,479
Employer matching	154,347	154,347	-	-	130,580
Maintenance costs recoverable under the agreement	8,102,390	-	8,102,390	-	6,708,577
Maintenance costs not recoverable under the agreement	140,069	140,069	-	-	474,346
Administration	84,834	84,834	-	-	49,232
Rent	115,106	115,106	-	-	17,599
Travel	<u>85,700</u>	<u>85,700</u>	<u>-</u>	<u>-</u>	<u>43,485</u>
	<u>9,772,004</u>	<u>1,669,614</u>	<u>8,102,390</u>	<u>-</u>	<u>8,355,298</u>
Surplus (deficit)	<u>(2,048,177)</u>	<u>(699,199)</u>	<u>(1,348,978)</u>	<u>==</u>	<u>(676,306)</u>
Reconciliation of DIAND Funding					
Balance, April 1	2,108,577				1,407,037
Settlement from DIAND for 2006/07	(2,153,997)				(1,407,037)
Advances from DIAND – Operational	(5,570,415)				
Advances from DIAND - Capital	<u>-</u>				<u>5,570,415</u>
	<u>(5,615,835)</u>				<u>5,570,415</u>
Less:					
Claimable operational expenses	970,415				970,415
Claimable Maintenance Expenses	<u>8,102,390</u>				<u>6,708,577</u>
	<u>9,072,805</u>				<u>7,678,992</u>
Receivable from DIAND as of March 31, 2008	<u>\$ 3,456,970</u>				<u>2,108,577</u>



Labrador - Grenfell Health

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