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*Labrador-Grenfell Health's Board of Directors tour the newly-constructed health centre in Labrador City.*



# MESSAGE FROM THE CHAIRPERSON



On behalf of the Board of Directors, I present the Annual Performance Report for 2013-14, in accordance with the Guidelines for Annual Performance Reports for Category 1 Government Entities. The Board understands that we are accountable for the preparation of this report and any results explained herein.

The past year has been an extremely busy one for the Board and its employees. The Health Authority concluded its work towards meeting its strategic goals for 2011-14, specifically on the objectives and indicators for 2013-14. The Board was also pleased to welcome four new trustees in August 2013. These new trustees joined the Board in its stewardship of the achievement of the Health Authority's strategic goals.

In the final year of its strategic planning cycle, the Health Authority's accomplishments towards demonstrated improvements in the quality and safety of services provided to clients and in the employee workplace were recognized by achieving accreditation status from Accreditation Canada following their survey in May 2013.

Upon completion of an operational efficiency exercise, Labrador-Grenfell Health reported results in October 2013 to the public on work already accomplished and ongoing initiatives targeted at strengthening its systems performance. Other systems performance initiatives continued in the area of wait times and the Provincial Endoscopy Strategy.

The Health Authority continued to make progress on building its capacity in priority areas to improve future health and wellness outcomes by realigning structures and systems within the population health and wellness model. Work continued in strengthening regional mental health and addictions programs and services through enhanced assessment and monitoring processes for child, youth and adult clients. Enhancing cancer care services for Aboriginal people in Labrador began in March 2014 with the establishment of a partnership between Labrador-Grenfell Health, Eastern Health, First Nations, Inuit and Metis and will focus on the priority areas of improved transitions in care, use of technology for consultation with specialists, and increased cultural sensitivity.

The results of the final year of the Labrador-Grenfell Health Authority's 2011-14 Strategic Plan have provided an opportunity to review the work completed over the past three years and to celebrate many successful outcomes. The Board and staff are proud of their accomplishments and look forward to the year ahead.

Sincerely,

A handwritten signature in black ink, appearing to be 'Ray Norman', written over a faint circular stamp or watermark.

Ray Norman, Board Chairperson  
Labrador-Grenfell Regional Health Authority

# OVERVIEW

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

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



# VISION

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

# MISSION

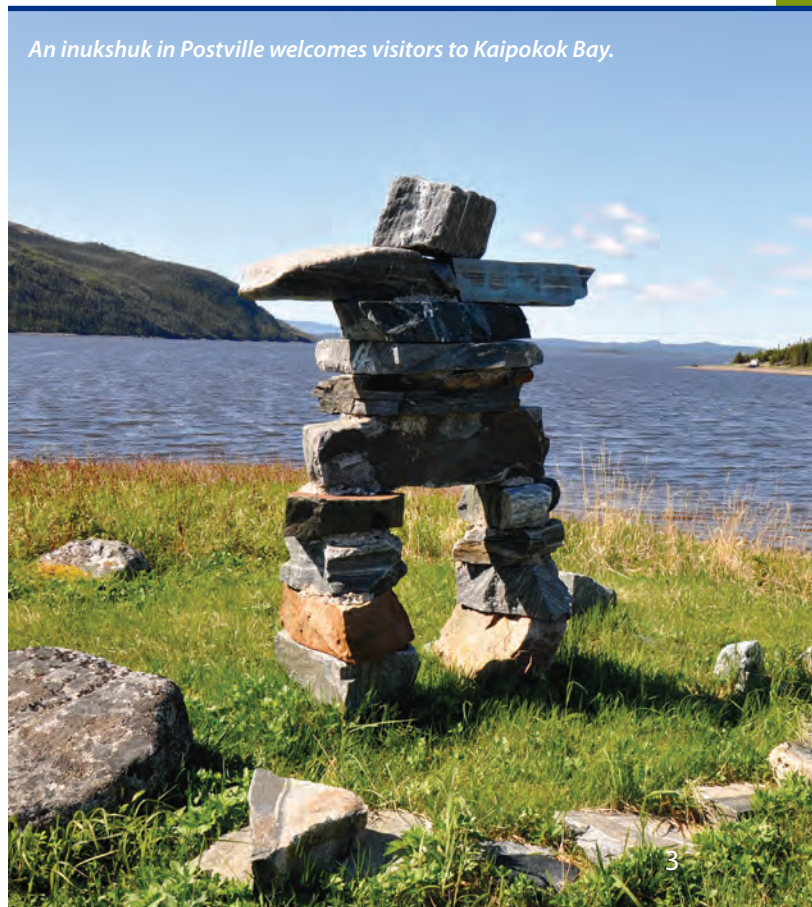
By March 31, 2017, Labrador-Grenfell Health will have, within available resources, improved accessibility to selected health and community services to better meet the needs of people within the region.

# MANDATE

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

- promote and protect the health and well-being of its region and develop and implement measures for the prevention of disease and injury and the advancement of health and well-being;
- assess health and community services needs in its region on an ongoing basis;
- develop objectives and priorities for the provision of health and community services which meet the needs of its region and which are consistent with provincial objectives and priorities;
- manage and allocate resources, including funds provided by the Provincial 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; and
- 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.

*An inukshuk in Postville welcomes visitors to Kaipokok Bay.*



## LINES OF BUSINESS

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

- Acute Care, Diagnostic and Clinical Support Services (in selected locations):
- Primary Care Services
- Population Health Services
- Dental Services
- Long-Term Care Services
- Mental Health and Addictions Services
- Residential Services
- Therapeutic Intervention, Family Rehabilitation and Other Rehabilitation Services

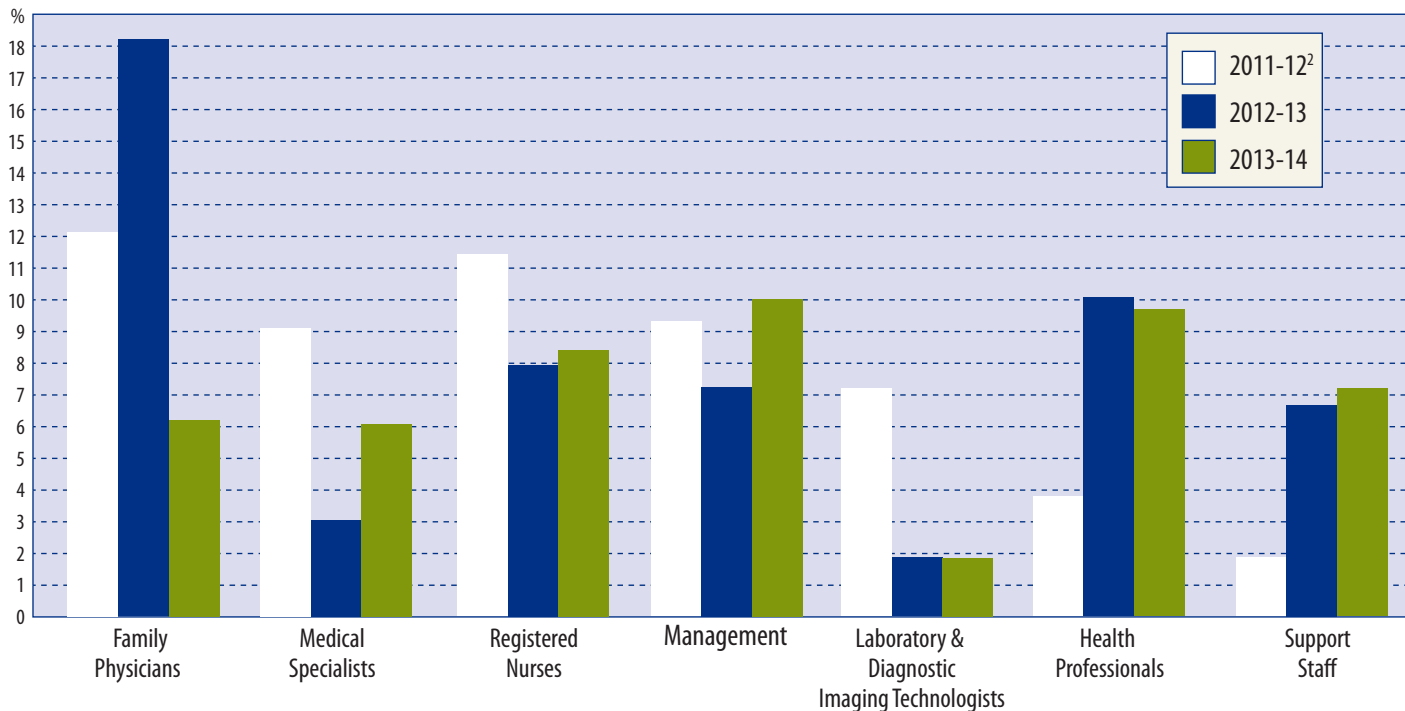
(For a detailed description of programs and services, visit [www.lghealth.ca](http://www.lghealth.ca)).

## KEY STATISTICS

### Human Resources

As of March 31, 2014, Labrador-Grenfell Health employed 1,469 staff (948 permanent full-time, 55 permanent part-time, 352 temporary and 114 casual). Of these, 52 per cent are Support Staff, 26 per cent are Nurses, seven per cent are health professionals (i.e., Social Workers, Physiotherapists, Occupational Therapists, Speech Language Pathologists, Pharmacists), seven per cent are Laboratory and Diagnostic Imaging Technologists, four per cent are Management and four per cent are Physicians. The overall employee turnover rate is 5.4 per cent, down from 7.27 per cent in 2012-13. Eighty-one per cent are female and 19 per cent are male. All staff are based in rural locations.<sup>1</sup>

Employee Turnover Rate (Per Cent) by Professional Area, by Fiscal Year



<sup>1</sup> To form a census agglomeration (CA), the urban core must have a population of at least 10,000 (Statistics Canada). Retrieved from: <http://www12.statcan.gc.ca/census-recensement/2011/ref/dict/geo009-eng.cfm>

<sup>2</sup> An error with this data was presented in the Labrador-Grenfell Regional Health Authority's Annual Performance Report for 2011-12. The corrected data is presented here.



## Financial Data

Detailed financial information is presented at the end of this report.

## Spotlight on Services

(See Shared Commitments and Highlights and Accomplishments for further information related to some of the notable changes presented below)

### Number of Client Visits

Service	2011-12	2012-13	2013-14	Per cent increase or decrease (from 2012-13)
Dental Services (South only; includes Dentists, Hygienist and Dental Surgery)	11,051	11,914	11,213	-5.9 per cent
Mental Health and Addictions Services	16,792	17,906	21,349	+19.2 per cent
Diabetes Nurse Education	4,765	6,379	5,720	-10.3 per cent
Occupational Therapy	2,633	2,595	2,896	+11.6 per cent
Speech Language Pathology	1,835	2,489	2,666	+7.1 per cent
Physiotherapy	12,580	13,375	13,193	-1.4 per cent



When left to hang in the sun and the breeze, Arctic char, in Inuit communities such as Nain, dries to become 'pits'.

## Acute Care Statistics

Category	REGIONAL TOTAL/ FIGURE (2011-12)	REGIONAL TOTAL/ FIGURE (2012-13)	REGIONAL TOTAL/ FIGURE (2013-14)	Per cent increase or decrease (from 2012-13)
Number of Acute Care Beds	89 beds	89 beds	89 beds	No change
Number of Admissions (Including Newborn)	3,848 admissions	3,944 admissions	3,907 admissions	-0.9 per cent
Patient Days	23,868 patient days	23,807 patient days	26,919 patient days	+13.1 per cent
Average Length of Stay	6.4 days	6.5 days	6.7 days	+3.1 per cent
Operating Room Procedures	5,733 procedures	5,663 procedures	4,921 procedures	-13.1 per cent
Number of Births	350 live births	316 live births	387 live births	+22.5 per cent
Number of Emergency Room Visits Registered To ER	54,192 visits	56,857 visits	55,879 visits	-1.7 per cent

## Health Centre Statistics

	White Bay Central Health Centre, Roddickton				Strait of Belle Isle Health Centre, Flower's Cove				Labrador South Health Centre, Forteau			
	2011-12	2012-13	2013-14	Per cent increase or decrease from 2012-13	2011-12	2012-13	2013-14	Per cent increase or decrease from 2012-13	2011-12	2012-13	2013-14	Per cent increase or decrease from 2012-13
Number of Beds*	4	4	4	No change	2	2	2	No change	5	5	5	No change
Number of Client Visits	17,161	14,973	15,241	+1.8 per cent	19,258	16,330	17,968	+10.0 per cent	10,457	9,381	8,875	-5.4 per cent
Number of Admissions	199	243	116	-52.2 per cent	80	70	80	+14.36 per cent	125	114	93	-18.4 per cent

\* Includes holding beds for observation.

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



## Community Clinic Statistics

	2011-12	2012-13	2013-14	Per cent Increase or Decrease (from 2012-13)
Clients seen by Regional Nurses	76,139	79,515	76,791	-3.4 per cent
Clients seen by Physician	5,986	6,225	6,177	-0.8 per cent

## Community Health and Wellness Statistics

Service	2011-12	2012-13	2013-14	Per cent Increase or Decrease (from 2012-13)
Continuing Care Visits (includes both clinic and home visits)	23,793	24,170	35,729	+47.8 per cent
Home Support Hours – Family and Rehabilitative Services	305,262	343,725	338,835	-1.4 per cent
Number of Children Attending Child Health Clinics	1,767	1,697	2,347	+38.3 per cent
Number of Clients Receiving Home Support Programs (includes provincial, end-of-life and acute home supports)	191	220	175	-20.5 per cent

## Long-Term Care Statistics

Category	Regional Total 2011-12	Regional Total 2012-13	Regional Total 2013-14	Per cent Increase or Decrease (from 2012-13)
Number of Beds	114	114	114	No change
Resident Days	40,364	39,861	41,116	+3.2 per cent
Number of Admissions	36	43	45	+4.7 per cent

## SHARED COMMITMENTS

### Improved Population Health

**Establishment of an Assisted Living Program in Happy Valley-Goose Bay.** A partnership was formed in August 2013 by Labrador-Grenfell Health, supported by the Department of Health and Community Services, with the Labrador Friendship Centre and the Nunatsiavut Government, to establish an Assisted Living Program in Happy Valley-Goose Bay. The program centers on a new unit, consisting of four apartments to be shared by a maximum of 16 residents. Residents will receive care from trained staff 24 hours a day, seven days a week and are offered programs and activities to enhance their daily lives.

#### **Improving Cancer Care in Labrador-Grenfell Health.**

Government's strategic direction of population health, with a focus on cancer care, was supported by Labrador-Grenfell Health and several other partners, in conjunction with funding provided to Eastern Health from the *Canadian Partnership Against Cancer* (CPAC). CPAC is an organization funded by the federal government to accelerate action on cancer control for all Canadians. The goal of the project is to improve transitions in care, cultural awareness, and the use of telehealth in consultations by cancer specialists at Eastern Health with First Nations, Inuit and Metis in Labrador. Eastern Health and Labrador-Grenfell Health organized a workshop held in October 2013 at Happy Valley-Goose Bay to identify needs, gaps in services, and priorities for cancer care. Participants attended from northern, southern and central Labrador communities, along with healthcare providers from Labrador-Grenfell Health and Eastern Health.

Labrador-Grenfell Health used telehealth to promote increased access and efficiency for oncology patients by offering them the option to meet with their oncologist via secure video conferencing technology. As a result, the client can meet with their oncology specialist face-to-face without having to travel the long distances from their home to the tertiary cancer centre. As a result of this initiative, the CPAC invited representatives of Labrador-Grenfell Health and Eastern Health to Ottawa in June 2013 to attend a knowledge exchange meeting to share promising practices which have been

developed in collaboration with First Nations, Inuit and Metis organizations. The teleoncology practice at Labrador-Grenfell Health and Eastern Health was highly rated and selected for presentation at this meeting.

In addition, Labrador-Grenfell Health, in partnership with the Provincial Cancer Care program, implemented a regional Home Infusion Chemotherapy program in 2013-14. This program allows oncology clients the ability to receive their treatments in their home environment. Clients no longer have to be admitted into hospital, putting them at higher risk for complications, and have the added benefit of being in the best environment for them while having a weakened immune system. This also allows for more efficient use of acute care beds.

**A Focus on Maternal and Newborn Health.** In partnership with the International Grenfell Association (IGA) and supporting the Provincial Government's strategic direction of improved population health, Labrador-Grenfell Health developed a series of large stand-up banners incorporating culturally appropriate health promotion messages aimed at women and their families. The message theme, *'My family wanted me to be as healthy as possible'*, focuses on promoting an alcohol-free and smoke-free pregnancy and encourages pregnant women to take folic acid before and during pregnancy. The messages reinforce positive maternal health behaviours to help families of reproductive age understand the link between lifestyle choices and healthy pregnancies and birth outcomes. The project was a collaborative effort involving input from various departments in the health authority and partnering organizations. The banners are on display at the three hospital sites within the Labrador-Grenfell Health region and the fourth set is available for community events in other areas.

## Access to Priority Services

### Continued Enhancements to Dental Services.

Labrador-Grenfell Health partnered with dental educational institutions, such as the Dalhousie School of Dental Hygiene, to offer clinical education preceptorships to five dental hygiene students during 2013-14. Through this program, each student experienced a two-week placement at the dental clinics in St. Anthony or the Labrador South Health Centre, Forteau.

In recognition of the 25-year partnership, Labrador-Grenfell Health accepted a certificate of appreciation from Dalhousie University School of Dental Hygiene in May 2013. During this time frame, 150 dental hygiene students have had placements in Labrador-Grenfell Health dental clinics. This collaborative venture has had positive impacts on the students, staff and clients who have participated and has helped to elevate the oral health of the population.

### Operation Tooth Continues To Be Successful.

Operation Tooth enabled young children in northern coastal Labrador communities to have facilitated access to dental treatment under general anaesthesia. During the 2013-14 year, a total of 88 cases were treated during three one-week sessions at the Labrador Health Centre (LHC) in Happy Valley-Goose Bay by Dr. Geoff Smith, Pedodontist. Financial resources for this program were provided by the Department of Health and Community Services. In addition to Operation Tooth, access to specialized orthodontic dental services was offered in Labrador from a clinic at the Labrador Health Centre in Happy Valley-Goose Bay. During 2013-14, Dr. Larry Jackman, Orthodontist, provided 10 clinics at that location and accommodated a total of 918 client visits.

### Partnering for Enhancements in Rural Health.

Over the fiscal year 2013-14, Labrador-Grenfell Health received more than \$4.6 million in funding from a variety of partners, including the Department of Health and Community Services, the International Grenfell Association (IGA), local chapters of the Grenfell Foundation and other community groups, to support the purchase of new capital equipment and to complete essential repair and renovation projects.

The following Labrador-Grenfell Health initiatives were supported in 2013-14 by the IGA, which awards grants to non-profit organizations for improving health, education and the social well-being of people in coastal Labrador and Northern Newfoundland communities: glucose monitoring systems and neo-natal resuscitation mannequins for various sites in the region; cardiac holter monitors and a jaundice meter for the Charles S. Curtis Memorial Hospital (CCMH); blood pressure monitors and educational programs for community clinics; training for staff in the area of Disclosing Unanticipated Medical Outcomes (DUMO); training for Learning Essential Approaches to Palliative and End-of-Life Care (LEAP) facilitators; funding for perinatal resources; respiratory fit-testing devices for the LHC and CCMH and funding for both health intern positions and health professional



A series of public health banners, funded by the International Grenfell Association and displayed at hospital sites, promote the keys to raising healthy babies.



student travel assistance, which helped facilitate educational placements for more than 50 students with Labrador-Grenfell Health.

The three local chapters of the Grenfell Foundation, through fundraising efforts and partnerships with the Provincial Government, and other community groups including the Hospital Auxiliaries, made significant contributions to the health care facilities in the region in 2013-14. These investments included: a LifePak 15 monitor/defibrillator, a fetal monitor, a video bronchoscope, a Bookwalter Retraction Kit, pediatric room supplies, and oncology unit equipment for the Captain William Jackman Memorial Hospital (CWJ) in Labrador City; an ophthalmic surgical microscope, which is used in precision cataract and retina surgical procedures, for the CCMH; and communication radios for the Emergency Department at the Strait of Belle Isle Health Centre in Flower's Cove.

A notable enhancement in January 2014 saw Labrador-Grenfell Health take occupancy of the new Strait of Belle Isle Health Centre in Flower's Cove, a facility funded by the Provincial Government. This modern and state-of-the-art facility serves residents in the area from New Ferrolle to Eddies Cove East and offers a range of services, including ambulatory care, family medicine, emergency, public health and home care, dental, diagnostic, diabetes education, mental health and addictions and family rehabilitation services.



*Paramedics on duty at the Strait of Belle Isle Health Centre, Flower's Cove.*

**Strengthening Regional Mental Health and Addictions Programs and Services.** Bell Aliant Pioneers donated \$250,000 in December 2013 to the Royal Newfoundland Constabulary (RNC) to train emergency responders in mental health first aid. The RNC invited various partners, including Mental Health and Addictions staff from Labrador-Grenfell Health, to receive this training. In turn, the trained Labrador-Grenfell Health staff will deliver the program to other emergency responders throughout the region. Through the program, emergency responders will develop their knowledge and skills to instill confidence in their ability to respond effectively to youth exhibiting mental health concerns.

**Improvements in Transportation Systems.** In 2013-14, Eastern Health established a Medical Flight Team in Happy Valley-Goose Bay as part of the Provincial Government's air ambulance program. The flight team is comprised of highly skilled staff who are able to respond in a timely manner to medical emergencies and transport clients to the most appropriate referral centre. This new service also reduced the requirement for the staff in the community clinics to leave their site and provide the medical escort service, thus also addressing the Provincial Government's strategic direction of accountability and stability of health and community services through provincial health human resources.

Clients living in coastal Labrador communities acquired access to a new and improved schedule for non-urgent air transportation services ("schedevac") to the nearest referral centre. This new schedule, launched in March 2014, provides a much more efficient service along the south coast of Labrador from Happy Valley-Goose Bay to St. Anthony and return. Furthermore, clients can book health care appointments to coincide much closer to the schedevac arrival and departure times.

## Accountability and Stability of Health and Community Services

**Provincial Standardization of Laboratory Testing.** Labrador-Grenfell Health began working with the other three Health Authorities in 2013-14 to start implementing standardized laboratory testing menus to be used at its three health centres in Forteau, Roddickton and Flower's Cove. The aim of the project is to standardize the laboratory testing menus in all health care facilities that are of a similar size throughout the province. As a result, clients will receive the same level of laboratory testing service regardless of where they live. Future advantages will include the ability to standardize laboratory equipment purchasing and to gain economies of scale when purchasing quality control and testing material required to run the laboratory tests.

The fiscal year 2013-14 also saw the expansion of the provincial client registry and Meditech Laboratory Modules to the three health centres. These implementations were completed between June 2013 and March 2014 and have resulted in significant improvements in turnaround times for laboratory testing and results being provided back to the client. The result can now be viewed electronically from the health care professional's computer workstation as soon as the test is finalized rather than have to wait for the return of a paper-based result. These electronic systems now also allow for a more efficient and automated quality control process overseen and monitored by the laboratory technologist.

## HIGHLIGHTS/ACCOMPLISHMENTS

### Improved Population Health

#### **Telestroke Pilot Projects Facilitates Best Practice.**

A telestroke pilot project was launched in early 2014 at the Charles S. Curtis Memorial Hospital (CCMH) in St. Anthony and the Labrador Health Centre (LHC) in Happy Valley-Goose Bay. Funding was received from the Canadian Stroke Network to purchase two mobile videoconferencing carts in the emergency departments for stroke care. Under this pilot project, which is offered in partnership with the Division of Neurology at Eastern Health, when a client presents at CSCMH or LHC with symptoms of acute stroke, the onsite physician will have the option to consult a Neurologist via telestroke 24 hours a day, seven days a week. As a result, for the first time within Labrador-Grenfell Health, two clients received Alteplase Therapy (tPA) and had successful outcomes.

#### **Targeting a Reduction in Smoking and Improved Tobacco Control.**

In recognition of Provincial Government's strategic direction of improved population health, with a focus area on smoking rates and protection from environmental smoke, Labrador-Grenfell Health's health promotion and education consultants undertook several activities in 2013-14 aimed at reducing tobacco usage. This work including education on new provincial and federal legislation on tobacco use, nicotine replacement therapies, and new tobacco products introduced to the market. Other activities included the following: tobacco control webinars were organized in partnership with the Newfoundland and Labrador Lung Association; 10 staff members and representatives of partnering organizations were trained to deliver smoking cessation programs to adults; 137 referrals were made by Labrador-Grenfell Health staff to the Newfoundland and Labrador Smokers' Helpline; tobacco programs offered included Helping Women Quit, Ticker Tom, Born Smoke-free, and Student's Choice; and discussion on revising Labrador-Grenfell Health's smoke-free policy to include a ban on the use of e-cigarettes in the workplace.

### Access to Priority Services

#### **Enhancing Long-Term Care and Community Support**

**Services.** With the March 2013 launch of Government's new Paid Family Caregiving home support Option, Labrador-Grenfell Health was able to fill two additional temporary half-time social work positions dedicated to supporting program implementation. Prior to the end of the 2013-14 fiscal year, Labrador-Grenfell Health successfully screened a total of 15 seniors and adults with disabilities. This option, which is available to new home support clients, provides the means for family members to care for them. The goal of the new home support option is to assist clients to remain in their own homes and communities.

Also, in support of Provincial Government's strategic direction of access to priority services in the focus area of long-term care and community supports, several Labrador-Grenfell Health staff were trained in 2013-14 to be facilitators for the new Act Respecting the Protection of Adults (proclamation anticipated in 2014-15), and in-turn, provided this training to social workers and nurses working with adults in the communities served by Labrador-Grenfell Health. A focus on risk assessments, as well as a change in focus on capacity assessments, improved the comfort level of health care professionals to respond to issues under the Act and has enhanced the quality of services for clients requiring these services.



## Accountability and Stability of Health and Community Services

**Ensuring Stability of Services by Supporting Health Professionals in Expanding Their Skills.** Ten physiotherapists gathered in Happy Valley-Goose Bay in January 2014 to take part in a course which focused on the treatment of neck and shoulder ailments. The health professionals included Labrador-Grenfell Health staff from Labrador City, St. Anthony and Happy Valley-Goose Bay and private clinic staff from Labrador City. This approach was a more efficient method of delivering valuable professional development as a facilitator from Dalhousie University travelled to the region, rather than having all of the staff members travel out to receive the training

Dental staff in the region took part in a continuing education session in September 2013 in St. Anthony on the topic of medical emergencies in the dental

setting. While medical emergencies in the dental setting are infrequent, staff welcomed the presentation of information and the discussion that centred on the importance of reviewing protocols on a regular basis.

Labrador-Grenfell Health continued to financially support health care professionals who demonstrate initiative in enhancing their skills and knowledge base. In 2013-14, several home and community care registered nurses throughout the Labrador-Grenfell Health region successfully achieved certification in community health nursing through the Canadian Nurses Association (CNA); a registered nurse received certification in nephrology through the CNA; and diabetes nurse educators in the region earned national certification in diabetes education programming from a recognized institute. All these staff demonstrated a commitment to a national standard of professional competence through achieving these certifications.



Physiotherapists gather for a regional training workshop at Happy Valley-Goose Bay.



**Managing Obstetrical Risks Efficiently and Through Education.** Labrador-Grenfell Health, with funding support from the IGA, completed the second year of offering the Managing Obstetrical Risk Efficiently: MORE<sup>OB</sup> program to physicians and registered nurses throughout the region. MORE<sup>OB</sup> is a three-year, multidisciplinary professional education program that focuses on patient safety and quality. The program is designed to encourage the participation of all individuals involved in client care within a hospital's obstetrical care unit with a goal to improve clinical outcomes, to decrease the risk of adverse events and to improve the quality of work life. The emphasis in the second year was on skills drills and content chapters, through which the core teams worked together to maximize clinical knowledge. Emergency drills enhanced learning by improving efficiency, coordination and communication in emergency obstetrical situations. Audits were then completed to ensure care provided meets the best practice standards. The core teams also provided an annual workshop that

enabled participants to practice skills, update their knowledge and engage in the improvement process. The MORE<sup>OB</sup> program will continue in the final year with further educational programming and an evaluation component.

**Laboratory Safety and Quality Reconfirmed by Ontario Laboratory Accreditation (OLA).** As part of the ongoing Laboratory Accreditation process, the Ontario Laboratory Accreditation (OLA) assessor team revisited the Labrador-Grenfell Health Laboratories in June of 2013 for a one-year surveillance visit. All six of the Laboratories were successful in achieving continued OLA and International Organization for Standardization (ISO) Certification for ISO Standard 15189:2007(E) *Medical Laboratories-Particular Requirements for Quality and Competence*, ISO Standard 15190:2003(E) *Medical Laboratories-Requirements for Safety* and CSA Standard Z902-19, *Blood and Blood Components*, February 2010.



A St. Anthony landmark, Fishing Point, glistens in the glow of a winter sun.

# MISSION

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

The geographic reality of travel, combined with the complexities of providing consistent services in selected priority areas, can result in waitlists for these services. Accordingly, access to care can be a challenge for some primary clients of Labrador-Grenfell Health. Furthermore, 33 per cent of the residents of the Labrador-Grenfell Health region identified themselves as Aboriginal.<sup>3</sup> This adds a dimension to providing health services to these clients in a culturally appropriate manner. Labrador-Grenfell Health, in line with Provincial Government's Strategic Direction of *Improved Accessibility to Priority Services*, therefore reconfirmed the following as its continued Mission for the next Strategic Planning cycle:

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

**Measure:** Improved accessibility to selected health and community services.

**Indicators:**

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

<sup>3</sup> Health Profile, Statistics Canada, December, 2013.



## REPORT ON PERFORMANCE

### Issue #1: Population Health and Wellness

Results from the Canadian Community Health Survey for the Labrador-Grenfell Health region in 2011-12 indicated that residents were experiencing significant health issues. Life expectancy, particularly in Innu and Inuit communities, is significantly lower than regional, provincial and national norms, and the major causes of death from 2005 to 2009, according to Statistics Canada, were diseases of the circulatory system, such as heart attack, stroke, blood clots and hypertension, death by suicide, and a variety of cancers, including prostate, breast, lung and colon. Risk factors that contribute to chronic disease, such as smoking, physical inactivity, obesity, poor nutrition and alcohol consumption require attention. In order to begin addressing some of these significant health concerns, components of Labrador-Grenfell Health's Chronic Disease Prevention and Management Plan, including the collection of relevant data, the expansion of diabetes education resources in the region, and various parenting programs, were initiated during the 2011-14 reporting period.

Mental health and addictions was another area of focus for Labrador-Grenfell Health during the 2011-14 reporting period. With financial support from Government, Labrador-Grenfell Health established mental health and addictions counsellor positions in communities on the North Coast of Labrador. In addition, parenting programs which adopted a strong cultural component, and community groups which availed of the Community Addictions Prevention and Mental Health Promotion Fund, resulted in a strengthening of regional mental health and addictions programs and services. Work is continuing on acquiring a greater understanding of suicidal behaviour through consultations with community groups, and the collection and analysis of data associated with suicide and its risk factors in order to reduce the suicide rate.

#### REPORT ON GOAL PERFORMANCE 2011-14

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

**Measure:** Strengthened capacity in priority areas.



*A client, with their blood pressure being monitored, at the Labrador Health Centre, Happy Valley-Goose Bay.*

## Indicators:

Planned for 2011-14	Actual Performance for 2011-14
<p><b>Started implementation of a regional Chronic Disease Prevention and Management Plan.</b></p>	<p>Due to organizational structural changes within Labrador-Grenfell Health, vacancies in key leadership positions and other competing priorities, the Authority did not finalize and start the implementation of a regional Chronic Disease Prevention Management Plan during 2011-14. Despite this, many of the components of a Plan were implemented, such as:</p> <ul style="list-style-type: none"> <li>• A new Regional Public Health Information Analyst position was filled in 2011-12.</li> <li>• A consultant was engaged by the Authority in 2011-12 and facilitated the establishment of a Regional Chronic Disease Prevention and Management Advisory Committee.</li> <li>• The Regional Chronic Disease Prevention and Management Advisory Committee selected diabetes and cardiovascular disease as focus areas for the 2011-14 reporting period.</li> <li>• The Authority completed the first draft of the Regional Chronic Disease Management Plan, entitled <i>Toward Well-Being: a Framework for a Regional Chronic Disease Prevention and Management Plan for Labrador-Grenfell Health</i>, in February 2012.</li> <li>• Labrador-Grenfell Health staff were trained as master trainers in the Stanford Self-Management Model (i.e., <i>Improving Health: My Way</i>) and delivered public education sessions designed to increase the accessibility of chronic disease self-management programs to rural and remote communities and to empower lay trainers to take active roles in helping improve the health of individuals living with chronic disease in their communities.</li> </ul>
<p><b>Expanded at least two site-specific best practices in service delivery to other parts of the region.</b></p>	<p>Diabetes education services, based on best practices for diabetes care, were expanded from Labrador City, Happy Valley-Goose Bay and St. Anthony, to additional locations in 2011-12, including Sheshatshiu/Natuashish, Southern Labrador and the Northern Peninsula.</p> <p>Staff from Labrador-Grenfell Health's Intervention and Mental Health and Addictions Services presented two eight-week programs, "Parenting Your Children" and "Parenting Your Adolescent". In 2012-13, these recognized best practice parenting programs were presented on four occasions in Happy-Valley-Goose Bay and on two occasions in Nain. In 2013-14, in addition to being delivered again in Happy Valley-Goose Bay and Nain, the programs were also delivered in Charlottetown and Labrador City. The Mapping the Way, Improving Health: My Way and Addictions Recovery Aftercare programs, recognized as best practices in their respective clinical areas, were expanded to multiple sites within Labrador-Grenfell Health between 2011 and 2014.</p>
<p><b>Identified potential success factors in reducing suicide rates in the region.</b></p>	<p>Research and data analysis being completed at Labrador-Grenfell Health, and with its partners, did not advance to the point of being able to identify potential success factors in reducing suicide rates in the region during the 2011-14 strategic planning cycle. This was primarily due to the complexity of the contributing and environmental factors surrounding the issue. However, this work is still in process and did accomplish the following key activities:</p> <p>In September 2011, the Health Authority, as part of a research team with representation from the Nunatsiavut Government, Sheshatshiu First Nation, Mushuau First Nation, Memorial University's Faculty of Medicine and the Labrador Institute, started collecting raw data on attempted and deaths by suicide.</p> <p>In 2012-13, a database on attempted and deaths by suicide in nine Labrador communities was established and the research team began analyzing the data.</p> <p>The Vice-President of Medical Services is supervising a doctoral student from Memorial University, who is reviewing a broad range of suicide-related data, with the research goals of documenting the risk factors and health service use patterns associated with suicide, understanding the mental health care experiences of patients with a history of suicidality and translating local knowledge and data into health systems improvements. The work by the doctoral student produced an poster presentation in late 2013 of the initial data analysis, entitled, "Mortality in Labrador and Newfoundland, 1993-2009: Suicide rates by region, sex and age."<sup>4</sup> The doctoral research was not completed at the end of fiscal 2013-14 and is ongoing.</p> <p>In addition, clinical staff with Labrador-Grenfell Health began supplementing the above research by documenting the number of clients region-wide presenting with suicidal ideation and/or attempts.</p>

<sup>4</sup> Pollock, N., Poster Presentation, Mortality in Labrador and Newfoundland, 1993-2009: Suicide rates by region, sex and age, presented at ArcticNet Annual Scientific Meeting, Halifax, NS, December 2013.

<p><b>Developed a regional Chronic Disease Management database for selected health conditions.</b></p>	<p>Due to limited progress on the implementation of a regional Chronic Disease Management Plan, Labrador-Grenfell Health was not able to develop a regional Chronic Disease Management database for selected health conditions. However, other supporting work did proceed, including:</p> <p>The Authority started extracting data in 2011-12 from its Meditech systems to develop a diabetes prevalence database for the region.</p> <p>A Labrador-Grenfell Health Population Health Status Report had been completed in draft at the end of March 2014. The draft report provides a snapshot of the health status of people living in the Labrador-Grenfell Health region and includes a variety of data on chronic health conditions, including but not limited to diabetes, cardiovascular health, stroke events, and self-injury. Due to organizational and program structure changes, its final adoption has been delayed until 2014-15.</p> <p>Labrador-Grenfell Health also began collection of stroke data, which is identified as a significant chronic disease in the <i>Improving Health Together: A Policy Framework for Chronic Disease Prevention and Management in Newfoundland and Labrador</i>. Since April 2012, the Charles. S. Curtis Memorial Hospital, the Labrador Health Centre and the Captain William Jackman Memorial Hospital have participated in Project 340. Developed by the Canadian Stroke Network in conjunction with the Canadian Institute for Health Information, the project presents an opportunity for acute care facilities in Canada to collect vital stroke information. The data supports stroke surveillance, quality improvement and benchmarking. In Newfoundland and Labrador this project is overseen by the Measuring and Monitoring pillar of the Newfoundland and Labrador Integrated Stroke Strategy. The information is collected by health records staff on inpatients diagnosed with ischemic strokes.</p>
<p><b>Strengthened regional mental health and addictions programs and services.</b></p>	<p>Between 2011 and 2014, Labrador-Grenfell Health filled five new permanent Mental Health and Addictions Counselor positions in Nain, Hopedale, Natuashish and Makkovik (which also provides clinical services to Rigolet and Postville). The expanded service has strengthened mental health and addictions services for clients in their own communities.</p> <p>The presence of Youth Early Intervention and Outreach Workers throughout the region since the Fall of 2011 dramatically improved services for youth. These positions work from schools in the region and allow youth who may be at high risk of developing harmful behaviours, to have easy access to early intervention services.</p> <p>The standardization of the intake and screening process for mental health and addictions services throughout the region allows clinical staff to properly screen and prioritize referrals received. This standardization then supported the implementation of an electronic waitlist management database in May of 2012. These strengthened services increase the likelihood that clients receive clinical mental health and addictions services within the established benchmark time frames. Clients are triaged during intake and classified as either emergent, priority 1, 2 or 3. The database is also monitored on a regular basis to ensure continuous improvement in access to client services.</p> <p>The InterRAI® assessment tool for those clients with chronic, persistent mental illness was adopted in March of 2013. These assessments allow for the development and implementation of a clinical treatment plan that is both efficient and effective. Additionally, the application of the child, adolescent and adult biopsychosocial assessments in April of 2013 allows clinical mental health and addictions staff to complete comprehensive assessments and facilitate treatments plans and goals.</p> <p>Fetal Alcohol Spectrum Disorder (FASD) diagnostic training was completed by a wide variety of health professionals from both Labrador-Grenfell Health and partner health organizations in November 2013 to support the establishment of two diagnostic teams within the Labrador-Grenfell Health region. This will allow consistency and best practice when assessing and treating children and youth affected by FASD.</p> <p>Through the Community Addictions Prevention and Mental Health Promotion Fund, the Department of Health and Community Services provided \$30,000 in community grants to Labrador-Grenfell Health for individuals and groups interested in addictions prevention and health promotion initiatives in their areas. In 2013-14, grants were provided to seven community groups in the region, including for "Stop, to Stop Bullying Day" an educational day for students in grades 11 and 12 at Mealy Mountain Collegiate, Happy Valley-Goose Bay; the "Women Empowering Women" project in Rigolet, "Gentle Group Fitness for Chronic Pain", in St. Anthony, and a "Family Memory Quilt" project in Makkovik.</p>



### Strengthened services for Aboriginal clients.

Over the past three fiscal years, Labrador-Grenfell Health has had multiple departments and programs concentrate on a wide variety of service improvements for Aboriginal clients. Most of these were developed in partnership with stakeholders from Aboriginal organizations and other supporting agencies. Having these multiple partners come together with common goals and objectives provided the foundation and result in first achievements for significantly strengthened services for Aboriginal clients. Some notable examples from 2011-14 included:

An Innu perspective on strategic directions for aboriginal health and population health supported by the Provincial Government and Labrador-Grenfell Health was gained after March 2013 by the formation of a new tripartite forum, the Innu Round Table (IRT) Secretariat. The IRT replaces the former federally-led Labrador Innu Comprehensive Healing Strategy (LICHS) administered by the Labrador Health Secretariat, and establishes a number of initiatives aimed at advancing Innu health priorities, activities and leadership at Sheshatshiu and Natuashish.

Labrador-Grenfell Health has shared knowledge gained through education and training programs with its aboriginal health services partners. In turn, this supports the delivery of strengthened services to aboriginal clients. Examples of this shared learning approach provided between 2011 and 2014, include training facilitators from the Nunatsiavut Government Health and Social Sector (NG-HSS) Department in Learning Essential Approaches to Palliative and End of Life Care (LEAP). The facilitators from the Nunatsiavut Government have since provided the course to their home care staff. Another example involved providing training to all NG-HSS community health staff regarding new provincial and national legislation surrounding tobacco use, nicotine replacement therapies/proper client usage and new tobacco products available for sale.

Throughout 2013-14, Labrador-Grenfell Health staff facilitated multiple parenting groups in Happy Valley-Goose Bay and coastal Labrador communities, incorporating a strong cultural component such as the use of Inuit story-telling and the importance of the interaction of people with nature and the environment to preserve the way of life and traditions. These educational programs are aimed at parents who wish to help their adolescents achieve independence, responsibility and mutual respect, and parents who want to instill positive behaviours in their young children.

In September 2013, Labrador-Grenfell Health accommodated the wishes of an Innu family who requested the placement of two large tents on the grounds of the Labrador Health Centre in Happy Valley-Goose Bay. The tents were used by residents of Sheshatshiu to honour the passing of a respected Innu elder. Though regarded as a personal and private event, the Innu tradition is to include the broader community and Labrador-Grenfell Health was privileged to assist the Innu people in a culturally sensitive and respectful manner.

Preparations were put in place in early 2014 for the placement of an Innu Health Liaison Officer-Navigator at the Labrador Health Centre in Happy Valley-Goose Bay. An individual hired by the Innu Round Table Secretariat will receive a first-hand look at the services provided to Innu people and gain insight on Innu perspectives on the health care services they are receiving. Under the three-month learning assignment, the collaboration is aimed at overcoming challenges which currently face health care providers and Innu people.

**PERFORMANCE RELATED TO THE 2013-14 OBJECTIVE**

**Objective:** By March 31, 2014, Labrador-Grenfell Health will have implemented selected recommendations of the Regional Chronic Disease Prevention and Management Plan resulting in strengthened capacity to improve future health and wellness outcomes.

**Measure:** Selected recommendations of the Regional Chronic Disease Prevention and Management Plan implemented resulting in strengthened capacity to improve future health and wellness outcomes.

**Indicators:**

Planned for 2013-14	Actual Performance for 2013-14
<b>Adopted and started implementation of a regional Chronic Disease Prevention and Management Plan.</b>	<p>Due to competing priorities, Labrador-Grenfell Health did not adopt and start the implementation of a regional Chronic Disease Prevention Management Plan.</p> <p>However, work towards revitalizing the earlier draft regional Chronic Disease Prevention and Management Plan began in November 2013 when two senior Labrador-Grenfell Health staff attended an Atlantic conference with partners from the Canadian Foundation for Healthcare Improvement (CFHI). CFHI is a national innovative healthcare improvement team who partner with local health authorities to provide the tools and support needed to advance healthcare improvement projects, particularly those with a focus on chronic disease. A wealth of knowledge was gained through the conference and Labrador-Grenfell Health proceeded to conduct an environmental scan of services in the region and at other Health Authorities to improve chronic disease prevention and management programs in the region. As part of this process, diabetes was reconfirmed as the major chronic disease of focus for Labrador-Grenfell Health.</p>
<b>Finalized regional clinical practice guidelines for at least one priority focus area.</b>	<p>Standardized care plans/clinical practice guidelines were implemented 2013-14 and are used in the priority focus area of diabetes care by all diabetes nurse educators across the Labrador-Grenfell Health region. These standardized care plans supported health professionals in providing consistent clinical practice and care to this group of primary clients.</p>
<b>Started analysis of selected health status data.</b>	<p>A Labrador-Grenfell Health Population Health Status Report was completed in draft at the end of March 2014. The draft report provides a snapshot of the health status of people living in the Labrador-Grenfell Health region and includes a variety of data including, including but not limited to demographic data, known socio-economic health determinants, health behaviours, chronic diseases (diabetes, cardiovascular health, stroke events, and self-injury), maternal and child health, morbidity and mortality. Its adoption as final was delayed due to organizational and program structure changes.</p>
<b>Started analysis of attempted and successful suicide data.</b>	<p>Through the establishment in 2012-13 of the database on attempted and deaths by suicide in nine Labrador communities and research work being completed by a doctoral student from Memorial University in 2013-14, initial work was completed to investigate the burden of suicide among Labrador Inuit in Nunatsiavut, by examining regional differences in mortality in Labrador and Newfoundland.</p> <p>This initial phase of the study found that circulatory disease, cancer, and injuries were the leading causes of death in Labrador and Newfoundland. By contrast, suicide was the leading cause of death in Nunatsiavut, and was responsible for more total deaths than any other cause. Labrador appeared to have an elevated suicide rate compared to Newfoundland. The rate disparity is most evident in Nunatsiavut and among males under 40 years old.<sup>5</sup></p>

<sup>5</sup> Pollock, N., Poster Presentation, Mortality in Labrador and Newfoundland, 1993-2009: Suicide rates by region, sex and age, presented at ArcticNet Annual Scientific Meeting, Halifax, NS, December 2013.

### Improvements made in mental health and addictions waitlists.

Labrador-Grenfell Health implemented an electronic waitlist management database of mental health and addictions clients in May 2012 and established benchmarks in 2013-14 for service wait times. The waitlist management database allows mental health and addictions health professionals to prioritize clients based on their presenting issues and is a structured process that allows monitoring of those clients that are placed on it. Clients are triaged during intake and are classified as either Emergent, Priority 1, 2 or 3. Although the primary focus of the database is not on measuring wait times for services, all clients deemed as Emergent during 2013-14 were seen immediately. Improvements to the waitlist database in 2013-14 allowed the Authority to begin to monitor clients through structured processes.

### DISCUSSION OF RESULTS

Although Labrador-Grenfell Health recognized the critical importance of addressing population health issues as a key factor in improving health outcomes of the residents of its region, the Authority dealt with a series of competing priorities during the 2011-14 strategic plan cycle in implementing a regional Chronic Disease Prevention and Management Plan. Despite the lack of implementing a formal plan, a wide variety of very successful initiatives were established by staff throughout the Labrador-Grenfell Health region and the Authority realized standardization and improvements

in many areas, including diabetes education, mental health and addictions and services to Aboriginal clients. Work also continued, through partnership with Memorial University and other stakeholders, in identifying potential success factors in reducing suicide rates in the region. A renewal and realignment of the organizational structure in 2013-14 will support work in implementing a renewed regional chronic disease prevention and management plan as Labrador-Grenfell Health moves forward in the next strategic planning cycle.



Staff on duty at the Mani Ashini Community Clinic, Sheshatshiu.



## Issue #2: Systems Performance

### REPORT ON GOAL PERFORMANCE 2011-14

Labrador-Grenfell Health continues to work with the Department of Health and Community Services and the other Regional Health Authorities to improve the performance of its systems and processes. A particular focus over the past three years has been on improving access to endoscopy services, through a variety of activities focused on wait list validation, policy development, implementation of best practices and appointment scheduling standardization.

Another area of focus is decreasing wait times for emergency services. During the 2011-14 reporting period, Labrador-Grenfell Health implemented a scale for triaging or assessing clients at the Labrador Health Centre that ensures urgent cases receive care within established timelines. Results from the analysis of collected data will be known as the program becomes more fully implemented at the two other hospital sites.

Labrador-Grenfell Health also achieved greater accountability and enhanced the stability of programs of services through the following measures: implementation of a new Health Human Resource Information System, respectful workplace initiatives, reducing the risk of injuries associated with falls through the implementation of a falls strategy; using an operational improvement process to identify the most sustainable approach to providing high quality services that were achievable in the short-term, while continuing to sustain service levels and maintain quality and safety; and compiling a quarterly report for the board of directors based on areas of performance that were monitored through regular indicator measurement.

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

**Measure:** Improved performance in select areas.



*Groups in Labrador West donate priority medical equipment to the Grenfell Foundation.*

## Indicators:

Planned for 2011-14	Actual Performance for 2011-14
<p><b>Implemented a regional policy and procedure framework.</b></p>	<p>A regional policy and procedure framework for Labrador-Grenfell Health was implemented in April 2013 and provided a standard process and format for all organizational policy development. This supported improved consistency, performance and standardization in protocols for organizational policies. It was made available to all staff as a reference tool through the Labrador-Grenfell Health's internal Intranet.</p>
<p><b>Demonstrated improved efficiency and utilization resulting in decreased wait times for clinical services in at least two priority provincial strategies.</b></p>	<p>In 2011-12, Labrador-Grenfell Health identified Endoscopy Services and Emergency Department Wait times as the two priority areas in which it would work towards improving efficiency and utilization resulting in decreased wait times. These priority areas align themselves with the Provincial Government's <i>Provincial Endoscopy Access Current State Assessment</i> and its <i>Strategy to Reduce Emergency Department Wait Times in Newfoundland and Labrador</i> (2012).</p> <p>Between 2011 and 2014, the Health Authority implemented the majority of the recommendations of the Provincial Endoscopy Strategy, including a validation of waitlists, the implementation of a provincial standardized urgency rating classification system, development of a standardized provincial minimum data set for endoscopy services, circulation of best practice guidelines to surgeons in the region, a central referral and intake system for each regional site, adoption of a "no-show" policy and standardized appointment confirmation processes. With a focus on colonoscopies (a form of endoscopy), the Authority also supported multiple "scope blitzes" where Labrador-Grenfell Health and locum general surgeons concentrated solely on completing a large number of procedures within a specified period of time.</p> <p>According to provincial definitions, clients waiting for endoscopy procedures are grouped as either diagnostic or screening. The diagnostic group is further classified as either urgent or non-urgent. Unfortunately, due to changes in reporting and classification criteria, data from 2011-12 is not comparable to 2012-13 and 2013-14.</p> <p>As of April 1, 2013, Labrador-Grenfell Health had a non-validated colonoscopy waitlist of 276 urgent or non-urgent cases. Recognizing the importance of maintaining accuracy, the region has implemented processes to complete both administrative and clinical validation of this number. As well, endoscopy blitz clinics helped to reduce the backlog of those awaiting colonoscopy procedures. At March 31, 2014, there were 136 urgent and non-urgent cases waitlisted for colonoscopy services.</p> <p>During the 2013-14 fiscal year, a total of 1,192 colonoscopy procedures were completed, up from 847 procedures completed in 2012-13. This demonstrated a 40 per cent increase in the total colonoscopy procedures completed during 2013-14. Furthermore, 71 per cent of priority one colonoscopies for 2013-14 were completed within the 14-day target timeframe, which represents an improvement of 57 per cent in 2012-13.</p> <p>In keeping with Government's <i>A Strategy to Reduce Emergency Department Wait Times in Newfoundland and Labrador</i> (2012), Labrador-Grenfell Health moved forward with the implementation of the Canadian Triage Acuity Scale (CTAS) in its hospital emergency rooms. Due to challenges with nursing staffing in its Emergency Departments and required changes to the physical layout of some of the facilities, the Authority did not progress to the stage at which wait times were measured. However, Labrador-Grenfell Health trained all staff and started using CTAS at the Labrador Health Centre, Happy Valley-Goose Bay. If a client does not meet the triage scale for appropriate emergency room visit, the client is transferred to a nurse practitioner in the Outpatient Department where they can be seen within a 24- to 48- hour time frame.</p>
<p><b>Implemented a Provincial Health Human Resources Information System.</b></p>	<p>Labrador-Grenfell Health partnered with the Department of Health and Community Services and the other Regional Health Authorities and started the implementation of the Provincial Health Human Resources Information System (HHRIS) in August of 2011. The HHRIS system will improve systems performance by creating efficiencies through accurate measurement of various human resources indicators and provide information for human resources planning on a regional and provincial basis. At the end of March 2014, the Authority had implemented the main modules of the provincial HHRIS: <i>Personnel, Recruitment and Training</i>. The remaining modules: <i>ePeople, eManager, and eRecruit</i>, are scheduled to be implemented in 2014-15 and were delayed due to a realignment of priority by Labrador-Grenfell Health to the Meditech Health Care Information Systems consolidation project within Eastern Health.</p>



**Improved selected human resources outcomes demonstrated through key indicators.**

Labrador-Grenfell Health participates, along with the other Regional Health Authorities, in a national Human Resources Benchmarking Network Survey, which collects and monitors key human resources indicators from a variety of employers. Some of the key indicators being monitored which have demonstrated improved human resources outcomes include:

- Average employee length of service: increased from 8.3 years in 2011-12 to 11.4 years in 2013-14, indicating a more stable workforce.
- Salary expense ratio: decreased from 62.9 per cent in 2011-12 to 55.2 per cent in 2013-14, indicating less overall expenditures on salaries and related benefits.
- Workplace Compensation lost time rate: decreased from 3.54 per cent in 2011-12 to 2.9 per cent in 2013-14, indicating less time lost due to workplace injuries.
- Vacancy Age Indicator, All Vacancies: in 2011-12, 41 vacancies for positions were open for more than 90 days prior to being filled. In 2013-14, this number decreased to 27 vacancies being open for more than 90 days.
- Vacancy Age Indicator, Registered Nursing Vacancies only: In 2011-12, 27 vacancies for registered nursing positions were open for more than 90 days prior to being filled. In 2013-14, this number had decreased to only 5 vacancies being open for more than 90 days. Both of these vacancy age indicators show an improvement in the number of vacancies and/or the length for which they are vacant.

*A dietary consultation at the Charles S. Curtis Memorial Hospital, St. Anthony.*





**Improved systems performance in key areas demonstrated on a regular basis through indicator measurement and monitoring.**

Indicator measurement and monitoring is provided on a regular basis through the quarterly Board of Directors and Senior Executive Scorecard Report. Selected indicators from the Scorecard and other indicators were posted to the Labrador-Grenfell Health Intranet. These included, but are not limited to:

**Hand Hygiene Compliance Rates:**

Hand hygiene is the primary means to reduce Healthcare Associated Infections (HCAIs) and the spread of antimicrobial resistant organisms. Labrador-Grenfell Health implemented a multimodal hand hygiene program in 2009 that included staff education and other various hand hygiene strategies. Hand hygiene compliance was defined as: using a hand rub (for at least 15 seconds), or hand washing (for at least 15 seconds). The first hand hygiene observations and staff feedback began in March 2010 at the three hospital sites. The overall compliance rate was 37 per cent. Compliance rates from 2011-12 increased or remained high overall with an overall regional rate of 67 per cent in 2013-14.

**Client Satisfaction with Dietary Services:**

Labrador-Grenfell Health contracts for the management of its Dietary Services to an external service provider (Aramark Canada Ltd.). Aramark completes regular client satisfaction surveys with clients and their families in both the long term care and acute care settings.

From 2011-12 to 2013-14, client surveys completed demonstrated an increase in the already high level of satisfaction with dietary services provided (at Labrador-Grenfell Health facilities providing dietary services), from 96.6 per cent to 98.5 per cent.

**Waitlists for Rehabilitation and Intervention Services:**

A committed focus to client waitlists for rehabilitation and intervention services saw increases in the number of clients seen in 2013-14, compared to 2012-13, in the following areas:

- Occupational Therapy: increased by 11.6 per cent;
- Audiology: increased by 34 per cent;
- Direct Home Services (Intervention Services): increased by 26.6 per cent;
- Home therapy for children with Autism Spectrum (Intensive Applied Behaviour Analysis): increased by 22.2 per cent; and
- Community Behavioural Service Program: increased by 31.8 per cent.

Videoconferencing technology used was by Labrador-Grenfell Health speech language pathologists to see 40 clients and the continuation of travelling clinics to the north and south coast of Labrador by speech language pathologists, physiotherapists and occupational therapists resulted in approximately 200 clients being seen without having to leave their home communities.

**PERFORMANCE RELATED TO THE 2013-14 OBJECTIVE**

**Objective:** By March 31, 2014, Labrador-Grenfell Health will have improved systems performance in select areas, with evidence of greater accountability and stability in those areas.

**Measure:** Improved systems performance in select areas, with evidence of greater accountability and stability in those areas.

**Indicators:**

Planned for 2013-14	Actual Performance for 2013-14
<b>Completed audits of endoscopy waitlists.</b>	Labrador-Grenfell Health audited and validated endoscopy wait lists at all sites. An exception was the "P4" (clients on a waitlist for surveillance or re-check) group at one site which was not completed due to human resource challenges. This remaining work will be completed by the end of June 2014.
<b>Implemented standardized regional appointment scheduling systems for endoscopy procedures.</b>	Standardized regional appointment scheduling systems for endoscopy procedures were implemented at all hospital sites throughout the region. This supports consistent processes being used by all staff throughout the region and eliminates variation in practice which may negatively impact systems performance.  A "no show" policy for endoscopy services was implemented in March 2013 and includes the standardized regional process for appointment scheduling. This process was fully implemented in 2013-14 and provides the authoritative method of removing clients who do not present for their scheduled appointments. This provided for more efficient access to endoscopy services for those clients remaining on the wait list.
<b>Improved ratio in the percentage of clients receiving selected endoscopy services within the provincial benchmarks.</b>	The ratio in the percentage of clients at Labrador-Grenfell Health receiving selected endoscopy services (priority 1 colonoscopies) within the provincial benchmark of 14 days, improved from 57 per cent in 2012-13 to 71 per cent in 2013-14.  While the ratio in the percentage of all clients at Labrador-Grenfell Health receiving selected endoscopy services (colonoscopies of all priority levels) did not improve between 2012-13 and 2013-14, the total number of colonoscopies completed increased by 40 per cent, from 847 to 1,192 cases completed.
<b>Implemented final modules of the provincial Health Human Resources Information system (HHRIS).</b>	The <i>Recruitment and Training</i> modules of the HHRIS system were implemented during the 2013-14 fiscal year. However, the final modules ( <i>eRecruit, ePeople and eManager</i> ) were not implemented in 2013-14 due to a shift in priority by Labrador-Grenfell Health to the Meditech Healthcare information consolidation project with the Eastern Regional Health Authority.

**Improved performance demonstrated by monitoring of selected performance indicators aligned with reporting of the strategic directions of the Health Authority.**

Indicator measurement and monitoring has provided on a regular basis through the quarterly Board of Directors and Senior Executive Scorecard Report. These indicators were aligned with the strategic directions of the Health Authority and speak to improved performance in Population Health, Systems Performance, and Quality and Safety. Selected indicators from the Scorecard and other indicators are posted to the Labrador-Grenfell Health Intranet.

In addition to endoscopy wait times data and human resources outcomes indicators presented above, other indications that were monitored included, but were not limited to:

**Healthcare Associated Infection (HCAI) Rates:** Healthcare Associated Infections (HCAIs) are infections whose development is favored by a hospital environment, such as one acquired by a patient during a hospital visit or one developing among hospital staff. Labrador-Grenfell Health has been monitoring its HCAI rates, including *Clostridium difficile* (*C. difficile*) and Methicillin-Resistant *Staphylococcus aureus* (MRSA), since 2009.

*C. difficile* is a bacterium that causes mild to severe diarrhea and intestinal conditions such as inflammation of the colon and is the most frequent cause of infectious diarrhea in healthcare facilities.<sup>6</sup> Between the calendar years 2012 and 2013 (data is collected on a calendar basis and was not tabulated for 2014), the regional Labrador-Grenfell Health *C. difficile* infection rate decreased from 1.6 to 0.7 cases per 10,000 patient care days in its acute care settings. The provincial average for the same periods remained at 2.0 cases per 10,000 patient care days.

For the same periods in its long term care settings, the Labrador-Grenfell Health regional rate declined from 0.3 to 0.0 cases per 10,000 resident days, while the provincial average remained at 0.2 cases per 10,000 resident days.

*Staphylococcus aureus* (Staph) is a type of bacteria that is commonly found on the skin and in the noses of healthy people. Some Staph bacteria are easily treatable while others are not. Staph bacteria that are resistant to the antibiotic methicillin are known as Methicillin-resistant *Staphylococcus aureus* or MRSA. If left untreated, MRSA infections may develop into serious, life-threatening complications such as infection of the bloodstream, bones and/or lungs (e.g., pneumonia). Those with weakened immune systems and chronic illnesses are more susceptible to the infection and MRSA has been shown to spread easily in healthcare settings.<sup>7</sup>

Between the calendar years 2012 and 2013 (data is collected on a calendar basis and was not tabulated for 2014), while the regional Labrador-Grenfell Health MRSA infection rate in its acute care setting increased from 1.6 to 2.6 cases per 10,000 patient care days, it decreased for the same periods in long term care settings from 1.3 to 0.5 cases per 10,000 resident days.

## DISCUSSION OF RESULTS:

Labrador-Grenfell Health has worked diligently over the past three years to improve its performance in a variety of priority areas. All of these efforts are focused on making systems more efficient and thus providing more opportunities for clients to receive services in a more timely and appropriate manner. These initiatives, such as an intensive focus and investment in endoscopy services, primarily colonoscopies, have met success in

achieving significant improvements. Labrador-Grenfell Health also endeavored to implement other objectives and succeeded in establishing a regional framework for all organizational policies and procedures,, implemented the main modules of the provincial Health Human Resources Information System (HHRIS), improved performance in selected human resources outcomes, and indicators related to the strategic directions of the Authority.

<sup>6</sup> Public Health Agency of Canada, Fact Sheet - *Clostridium difficile* (*C. difficile*). Retrieved from: <http://www.phac-aspc.gc.ca/id-mi/cdiff-eng.php>, June 24, 2014.

<sup>7</sup> Public Health Agency of Canada, Fact Sheet – Methicillin-Resistant *Staphylococcus aureus*. Retrieved from: <http://www.phac-aspc.gc.ca/id-mi/mrsa-eng.php>, June 24, 2014.



## Issue 3: Quality and Safety

### REPORT ON GOAL PERFORMANCE 2011-14

One of the priority issues emphasized in the last two strategic planning cycles by Labrador-Grenfell Health was quality and safety. The health authority has been diligent in improving and enhancing the quality and safety of health care services for the clients it serves and for employees in the workplace; and in evaluating initiatives to measure their impact.

Accreditation Canada carried out a comprehensive review of the programs and services provided by Labrador-Grenfell Health and in May 2013 advised the Health Authority that it had successfully met the fundamental requirements. A final report outlined observations, noted strengths and areas of improvement based on national standards and best practices in health care, and recommendations for improvement in selected areas in order to maintain its four-year accreditation status.

Several quality and safety initiatives were implemented during the 2011-14 reporting period, including: a Provincial Electronic Occurrence Reporting System (CSRS) for documenting and tracking undesired or unplanned events associated with the care or services provided to a client; implementation of several *Safer Healthcare Now!* initiatives, including medication reconciliation; and a process to prevent surgical site infections.

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

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



Labrador-Grenfell Health staff meet with the Accreditation Canada survey team.

## Indicators:

Planned for 2011-14	Actual Performance for 2011-14
<p><b>Achieved Accreditation status.</b></p>	<p>Labrador-Grenfell Health received Accreditation Status from Accreditation Canada, following their site visit to the Authority in May 2013. As part of the Accreditation award, Accreditation Canada presented the Authority which outlined observations, overall strengths and areas for improvement, based on a comprehensive set of national standards and best practices in healthcare.</p> <p>In its report to Labrador-Grenfell Health, Accreditation Canada noted that the Authority placed consistent emphasis on quality of care and patient safety; staff were highly motivated and established collaborative partnerships with local groups and agencies, in addition to partnerships with other Regional Health Authorities. It was highlighted that the community clinics that were visited by the accreditation survey team were examples of primary care at its finest. The survey team reported that managers, staff and physicians worked together to find the best solutions to issues. As examples, the Accreditation Canada report outlined decreased infection rates and cited the MORE<sup>08</sup> program as a great example of a quality initiative based on data and best practice.</p>
<p><b>Implemented selected <i>Safer Healthcare Now!</i> initiatives on a regional basis.</b></p>	<p>Labrador-Grenfell Health has been enrolled in and has implemented the following <i>Safer Healthcare Now!</i> interventions (initiatives) on a regional basis:</p> <p><b>Reducing Falls and Injury from Falls:</b></p> <div data-bbox="493 852 805 989" data-label="Image"> </div> <p>The Regional Falls Prevention Strategy Steering Committee provided oversight of the following activities between 2011 and 2014:</p> <ul style="list-style-type: none"> <li>• The development of a Falls Prevention Policy (October 2013) and strategy document;</li> <li>• A strategy logo (“Step Safe”) was developed and is used to identify any materials used through the strategy and to appropriately, but respectfully, identify clients at risk of falling;</li> <li>• A regional educational PowerPoint presentation which was delivered to staff throughout the region;</li> <li>• Implemented a validated falls risk assessment tool (Morse Falls Risk Scale) and follow-up interventions; and an “Environmental Falls Risk Assessment Walk-Through Checklist”.</li> </ul> <p><b>Medication Reconciliation:</b></p> <p>A regional steering committee met regularly between 2011 and 2014 to oversee and monitor activities related to medication reconciliation within Labrador-Grenfell Health, including:</p> <ul style="list-style-type: none"> <li>• Completion of a 24-month Sustainability &amp; Spread Facilitated Learning Series to assist with regionalization of medication reconciliation.</li> <li>• A regional project plan was developed in March 2012 and was updated as required. The plan detailed a phased approach for the implementation of medication reconciliation upon admission, transfer, and discharge for all Labrador-Grenfell Health clients in acute care, long-term care, and defined populations receiving home care services.</li> <li>• A regional policy for medication reconciliation on admission was implemented in February 2014.</li> <li>• A regional medication reconciliation process and monthly audit tool for admission was implemented following the approval of the policy.</li> </ul> <p><b>Surgical Site Infections:</b></p> <ul style="list-style-type: none"> <li>• A new review process and audit tool for measurement of compliance with best practices of reducing surgical site infections initiative was implemented in the spring of 2013.</li> </ul> <p><b>Other <i>Safer Healthcare Now!</i> initiatives:</b></p> <p>In 2013-14, Labrador-Grenfell Health also started using <i>Safer Healthcare Now!</i> Getting Started Kits to implement evidence-based interventions for:</p> <ul style="list-style-type: none"> <li>• Central Line-Associated Bloodstream Infections, and</li> <li>• Ventilator-Associated Pneumonia.</li> </ul> <p>Evidence-based practices for preventing central line-associated bloodstream infections and ventilator-associated pneumonia were implemented in the Intensive Care Unit at the Charles S. Curtis Memorial Hospital, St. Anthony during 2013-14.</p>



<p><b>Implemented selected <i>Safer Healthcare Now!</i> initiatives on a regional basis. (CONTINUED)</b></p>	<p><b>Venous Thromboembolism Prophylaxis:</b></p> <ul style="list-style-type: none"> <li>• Following education for relevant staff, a regional policy for venous thromboembolism prophylaxis, a risk assessment tool and prophylaxis administration guidelines were implemented in March 2014.</li> <li>• Monthly compliance with the processes began to be monitored by regional chart auditing committees in 2013-14.</li> </ul>
<p><b>Implemented the Provincial Electronic Occurrence Reporting (CSRS) system.</b></p>	<p>Labrador-Grenfell Health began the implementation of the Provincial Electronic Occurrence Reporting (CSRS) system in April 2011. Following technical system design and build, and employee training, the implementation was completed in October of 2012. An occurrence is an undesired or unplanned event that is associated with the care or services provided to a client and/or associated with risk to visitors, property or the organization. CSRS is an effective and user-friendly system of reporting, analyzing and follow-up of potential and actual occurrences.</p>
<p><b>Implemented additional employee health and safety policies and initiatives.</b></p>	<p>A Contractor and Vendor Safety Policy, including a Handbook, Orientation Checklist, Safety Agreement Form and Work Permit, was implemented in September 2011 and provides directives to all contractors and vendors conducting business with Labrador-Grenfell Health to do so within a safe environment.</p> <p>A comprehensive Hazardous Medication Policy and Safe Work Practice and Procedure Guide was implemented in March of 2013 to support a safe work environment, including minimizing occupational exposure for all employees who prepare, administer or clean up spills of hazardous drugs.</p> <p>During 2013-14, an instrument washer was installed in the reprocessing facility of the dental clinic at St. Anthony. This equipment reduces risks to staff from sharps injuries as it eliminates the need to manually clean dental instruments.</p> <p>The Authority revitalized its certification and training program for Non-Violent Crisis Intervention (NVCI). This program, developed by the Crisis Prevention Institute (CPI), teaches staff to respond effectively to the warning signs that someone is about to lose control and how they can cope with their own stress, anxieties and emotions when confronted with those challenging situations. Seven Labrador-Grenfell Health staff were certified as NVCI trainers during a workshop in October 2013.</p> <p>Intervention Services developed a risk management work plan in 2013-14 for staff, focusing on reducing the risk of assault to staff by clients, regular review of safe driving practices and promotion of staff health and safety.</p>
<p><b>Monitored and reported quality and safety performance on a regular basis through key indicators.</b></p>	<p>Beginning in 2012, performance was monitored and reported on a regular basis through the use of key indicators. Quality and safety indicators, as well as other indicators based on Labrador-Grenfell Health's strategic directions, were presented in the Labrador-Grenfell Health Scorecard, which was prepared and presented on a quarterly basis to the senior executive and Board of Directors.</p>



*St. Anthony Basin Resources Inc. donates an ophthalmic surgical microscope to the Charles S. Curtis Memorial Hospital, St. Anthony.*



### Evaluated established quality and patient safety initiatives.

Labrador-Grenfell Health's implementation of the CSRS system was completed in October 2012. Following this implementation, an external evaluation was conducted in 2012-13 by the Newfoundland and Labrador Centre for Health Information (NLCHI) to determine the extent to which CSRS achieved its intended benefits and to identify any barriers and facilitators to the implementation process at Labrador-Grenfell Health, the Western Regional Health Authority and the Central Regional Health Authority. The evaluation findings indicated a mixture of some intended benefits being realized, while others were not.

The evaluation of the CSRS implementation indicated that the following key benefits were achieved: overall satisfaction of CSRS system users, more variety in types of occurrences reported, more occurrences reported from staff in different health care roles, self-reported increased awareness around patient safety/just culture and self-reported increased collaboration within the RHAs. However, the evaluation identified regional differences in changes in the number of occurrences reported, with a decrease in Labrador-Grenfell Health by almost 15 per cent compared with the number of occurrences reported prior to the implementation of CSRS. Changes in timelines to manage and close occurrences between former occurrence reporting systems and the CSRS also differed across regions, with increased timelines in the Labrador-Grenfell Regional Health Authority. The evaluation also found that post-implementation, it took an average of 13 days longer for a manager to sign-off on an occurrence from the date that it was initially reported in the system.

Regional chart auditing committees (including representatives from acute care, long-term care, home care, and patient safety and quality) were established during 2013-14 at each of the three hospital sites. As part of these committee's roles, a standardized regional chart audit process was developed in the fiscal year with an objective to monitor the effectiveness, standardization in best practice, and compliance with *Safer Healthcare Now!* initiatives as well as Accreditation Canada Required Organizational Practices (ROPs).

Due to other competing priorities, including preparing for the Accreditation Canada survey visit, monitoring for compliance with Medication Reconciliation at Admission, Pressure Ulcer Risk Assessments, and Falls Prevention Risk Assessments did not begin until January 2014. As a result, data was only available for the last quarter of the reporting period. However, the data for Medication Reconciliation at Admission, Pressure Ulcer Risk Assessment completed, Falls Prevention Risk Assessments audits demonstrated good compliance was achieved during the initial audit. Specifically, regional compliance with Medication Reconciliation upon Admission was found to be at 95 per cent in acute care settings, regional compliance with completing Falls Risk Assessments in long-term care facilities was measured at 88 per cent, and regional compliance with Pressure Ulcer Risk Assessments being completed was established at 76 per cent in the Health Authority's long-term care facilities. Once compliance with the initiatives and ROPs is well established, the chart auditing committees will establish and monitor indicators for further quality and patient safety reviews.

**PERFORMANCE RELATED TO THE 2013-14 OBJECTIVE**

**Objective:** By March 31, 2014, Labrador-Grenfell Health will have evaluated the impact of additional quality and safety initiatives.

**Measure:** Evaluated the impact of additional quality and safety initiatives.

**Indicators:**

Planned for 2013-14	Actual Performance for 2013-14
<p><b>Evaluated the impact on quality and safety in areas targeted by selected <i>Safer Healthcare Now!</i> Initiatives.</b></p>	<p>As part of the <i>Safer Healthcare Now!</i> initiatives implemented at Labrador-Grenfell Health, the following evaluations have been completed in 2013-14:</p> <p>Reducing Surgical Site Infections initiative: a review process and audit tool for measuring compliance with best practices was implemented in early 2013. Each surgical client in the targeted surgical group was contacted 30-days postoperatively via telephone for follow-up. A review was then conducted on the clients identified as having a post-operative infection to ensure best practice guidelines were completed during their visit. Recommendations are reviewed with operating room staff for practice improvements. As a result, the uses of Surgical Site Infection prevention best practices remained high and are having a positive impact on the quality and safety of patient care provided by Labrador-Grenfell Health. For example, the Timely Prophylactic Antibiotic Administration regional rate increased from 79 per cent to 85 per cent from 2012-13 to 2013-14. During the same period, there was also an increase in the regional rate of Appropriate Prophylactic Antibiotic Discontinuation from 72 per cent to 76 per cent and the rate of surgical patients with normothermia (normal body temperature) in the Post Anaesthesia Care Unit (PACU) rose from 81 per cent to 89 per cent. The regional rate of Appropriate Hair Removal remained high at 95 per cent in 2012-13, increasing to 97 per cent in 2013-14. Adherence to these surgical best practices has been identified as having a positive impact on reducing the rate of surgical site infections and will potentially reduce the length of time spent in an intensive care unit and the rates of readmission of clients to a hospital facility following the initial discharge.</p> <p>Medication Reconciliation intervention: a regional medication reconciliation policy, process and audit tool upon client admission was implemented in February 2014. This process and audit tool has been evaluated on a monthly basis since its implementation. The rate of compliance with this best practice, which is designed to reduce the risk of an adverse drug event by closely reviewing and documenting a client's current home medications with new orders upon admission, was measured to be 95 per cent in Labrador-Grenfell Health acute care facilities and 92 per cent for admissions to the Authority's long-term care facilities for the final quarter of 2013-14.</p> <p>Venous Thromboembolism Prophylaxis initiative: a regional policy, a risk assessment tool, and guidelines were approved for use in March 2014 and were not introduced to staff until after the end of the fiscal year. Compliance with these processes will be monitored through a chart auditing process. This initiative is designed to reduce the risk of a client developing a Venous Thromboembolism (VTE). VTE comprises both deep vein thrombosis (DVT) and pulmonary embolism (PE). DVT occurs when a blood clot forms inside a vein deep in the leg, causing leg pain and swelling. A blood clot in a leg vein can grow, break off, and travel to the lungs, resulting in shortness of breath, chest pain, and, in some cases, death. Clots that travel to the lungs are called pulmonary emboli.<sup>8</sup></p>
<p><b>Evaluated the effectiveness of the Provincial Muskoskeletal Injury Prevention (Employee) Pilot Program.</b></p>	<p>The formal evaluation component of the Provincial Muskoskeletal Injury (MSK) Injury Prevention Pilot Program (IPP) was not completed in 2013-14 as not all selected pilot sites have had the program fully implemented for the required length of time prior to starting evaluation. All pilot sites expect to be ready for evaluation in late 2014-15.</p>

<sup>8</sup> Canadian Patient Safety Institute, *Safer Healthcare Now!* Retrieved from: <http://www.saferhealthcarenow.ca/EN/Interventions/vte/Pages/default.aspx>, July 17, 2014.

## DISCUSSION OF RESULTS:

As evidenced by the continued commitment through two successive strategic planning cycles, the Provincial Government and Labrador-Grenfell Health have committed substantial resources, both in direct funding and of staff time and involvement, to ensure that programs and initiatives designed to improve the quality and safety of services provided to the residents of the Labrador-Grenfell Health region have been implemented and are now being evaluated to measure their effectiveness. The development of a Board of Directors and Senior Executive Performance

Scorecard has greatly assisted in providing an effective tool to measure, monitor and report on results. Various initiatives, including the standards set by Accreditation Canada, *Safer Healthcare Now!* prevention programs, the Provincial Electronic Occurrence Reporting (CSRS) system and the implementation of new employee health and safety policies have all supported these goals and are starting to demonstrate improvements in results. The Authority looks forward to continuing to monitor and evaluate their effectiveness as the initiatives grow and become more established across the continuum of care.



*Geese in flight near  
Roddickton.*



## OPPORTUNITIES AND CHALLENGES AHEAD

**Work Proceeding on the Expansion of the Happy Valley-Goose Bay Long-Term Care Facility.** Labrador-Grenfell Health is moving forward with an expansion of the long-term care facility in Happy Valley-Goose Bay. The project was one of three proposals selected by Provincial Government in October 2012 as part of \$150 million secured under the Hebron Benefits agreement. In 2013-14, the Provincial Government budgeted \$500,000 to begin planning work in preparation for the issuing of a tender call in the 2014-15 fiscal year to construct a 20-bed extension to the facility. Under the project, the capacity of the long-term care facility will increase from 50 to 70 beds.

**Quality Practice Environments for Health Human Resources.** Labrador-Grenfell Health has adopted the Ottawa Model of Nursing Clinical (MoNCP) practice to become the Labrador-Grenfell Model of Nursing Clinical Practice. This model was first introduced in 2010, but other priorities had prevented it from being fully implemented. Labrador-Grenfell Health has now renewed its commitment, and the model is currently in place in two inpatient units at the Charles S. Curtis Memorial Hospital, St. Anthony, and advanced teams have begun for the Dialysis, Inpatient and Long Term Care Units at the Labrador Health Centre in Happy Valley-Goose Bay. This past year has seen Labrador-Grenfell Health move forward with plans and actions to complete the implementation of the model at both the Labrador Health Centre and Charles S. Curtis Memorial Hospital. Furthermore, a Project MoNCP manager has

been hired on a one-year contract to continue the momentum and ensure implementation regionally using the model's philosophy.

### **Continued Focus on Recruitment and Retention of Health Professionals and Other Support Staff.**

Labrador-Grenfell Health has been successful in filling a number of new and vacant positions due to effective recruitment strategies and the provision of various incentives under the Provincial Government's Bursary and Incentive program and Market Adjustment Policy. There were 22 registered nurse graduates hired in 2013-14 of which 15 chose to receive financial support through Provincial Government's Bursary Program for nursing students; five mental health and addictions professionals were recruited for positions on the north coast of Labrador, and a power engineer filled a long-term vacancy at the Captain William Jackman Memorial Hospital in Labrador City. Through the same Bursary and Incentive Program, Labrador-Grenfell Health paid a total of \$128,000 in signing bonuses to registered nurses and other health professionals. Market adjustments have been paid to power engineers and pharmacists to assist with recruitment and retention efforts. However, staff retention remains an ongoing challenge due to increased economic activity and resulting employment opportunities in various parts of the region. It is anticipated this trend will continue over the next several years. Voluntary exit interviews completed by staff leaving Labrador-Grenfell Health during the past fiscal year show that employees

*Artist's conception of the planned expansion of the Happy Valley-Goose Bay Long-Term Care facility.*



leave for various reasons, such as other employment opportunities, personal and career growth. The challenge will be to identify effective strategies to retain existing staff.

**Regional Suicide Risk Assessment and Prevention Strategy.** While Labrador-Grenfell Health has accomplished significant work in creating a database of attempted and deaths by suicide, there is still the need to establish a regional best practice of identifying, assessing, treating and monitoring those individuals identified as at risk for suicide. Risk assessment can help prevent suicide through early recognition of the signs of suicidal thinking and appropriate intervention. This need was also confirmed by a Required Organizational Practice (ROP) of Accreditation Canada through its survey in May 2013. As a result, the Labrador-Grenfell Health Continuous Quality Improvement (CQI) Team tasked with this work conducted extensive research in 2013-14 both across and outside of the province into existing best practice suicide risk assessment processes. The result has been an internal gaps analysis along with the enactment of a multidisciplinary Regional Suicide Working Group. In addition, Mental Health and Addictions staff have been trained in the assessment, monitoring and transfer of care of clients who present with suicide ideation or with a suicide attempt. The challenge will be to implement a process that will be efficient for all entry points within Labrador-Grenfell Health, such as emergency departments, inpatient units, community clinics and health centers. Additionally, an audit tool will be put in place to measure the efficiency of the process and to ensure that the process is being followed throughout the region. All of these efforts aimed at preventing suicide attempts and deaths by suicide.

**Work Nearly Complete Towards Consolidation of Healthcare Information Systems with Eastern Health.** Since the establishment of the Labrador-Grenfell Regional Health Authority in 2005, the Information Management and Technology (IM&T) department has been supporting two distinct Meditech healthcare clinical information systems arising from the former legacy boards. At the end

of March 2013, Labrador-Grenfell Health received significant funding from the Provincial Government and a partnership commitment from Eastern Health to begin a Meditech consolidation project which will result in one Meditech Healthcare Information System for both Authorities, hosted by Eastern Health. Throughout 2013-14, intensive work followed to bring together teams from the respective health authorities and to develop the consolidated and standardized health care information system. The first phase, the financial modules consolidation, is set to occur on April 1, 2104, to be followed by the clinical modules consolidation on June 4, 2014. Once completed, this consolidation will bring about significant improvements in systems performance and sustainability, particularly in supporting secure and much more efficient access to available electronic client diagnostic results and health information for health professionals in both the Labrador-Grenfell Health and Eastern Health systems.

**Supporting Improved Access to Priority Services through Health Professional Education on Fetal Alcohol Spectrum Disorder (FASD).** The Lakeland Centre of Excellence for Fetal Alcohol Spectrum Disorder (FASD) from Alberta provided training in Happy Valley-Goose Bay in November 2013 to a variety of health professionals, including a Pediatrician, Family Physician, Psychiatrist, Speech Language Pathologists, Occupational Therapists and a Clinical Psychologist. The training provided participants with an opportunity to develop the skills needed to be able to establish FASD assessment and diagnostic clinics within the Labrador-Grenfell Health region. Other professionals who attended the training were public health nurses, mental health and addictions staff, and FASD coordinators from the Nunatsiavut Government, Sheshatshiu Innu First Nation and Mushuau Innu First Nation, as well as behavioral and child management specialists. The goal following this training is to establish two teams, in Happy Valley-Goose Bay and St. Anthony, offering diagnostic and assessment services. These teams will provide consistency and best practice when treating children and youth in our region and will give families the opportunity to remain close to their home and supports while receiving care.

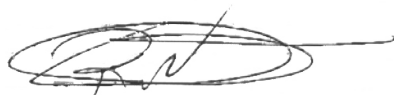
## AUDITED FINANCIAL STATEMENTS

### STATEMENT OF MANAGEMENT RESPONSIBILITY

The accompanying consolidated financial statements of the **Labrador-Grenfell Regional Health Authority** as at and for the year ended March 31, 2014 have been prepared by management in accordance with Canadian public sector accounting standards and the integrity and objectivity of these statements are management's responsibility. Management is also responsible for all the notes to the financial statements and schedules.

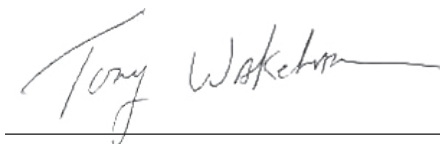
In discharging its responsibilities for the integrity and fairness of the financial statements, management developed and maintains systems of internal control to provide reasonable assurance that transactions are properly authorized and recorded, proper records are maintained, assets are safeguarded,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

The external auditor, Ernst & Young LLP, conducts an independent examination in accordance with Canadian generally accepted auditing standards and expresses an opinion on the financial statements for the year ended March 31, 2014.



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Ray Norman  
Board Chair



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Tony Wakeham  
Chief Executive Officer



# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## INDEPENDENT AUDITORS' REPORT 2014

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

We have audited the accompanying consolidated financial statements of the **Labrador-Grenfell Regional Health Authority – Operating Fund**, which comprise the consolidated statements of financial position as at March 31, 2014, and the consolidated statements of operations and accumulated deficit, changes in net financial debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

### Management's responsibility for the consolidated financial statements

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

### Auditors' responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

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

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

### Opinion

In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of the **Labrador-Grenfell Regional Health Authority – Operating Fund** as at March 31, 2014 and the results of its operations and its cash flows for the year ended March 31, 2014 in accordance with Canadian public sector accounting standards.

### Other Matter

The financial statements as at March 31, 2013 and for the year then ended were audited by other auditors who expressed an unqualified opinion on those statements in their report dated September 18, 2013.

St. John's, NL  
September 26, 2014

*Ernst & Young LLP*, Chartered Accountants

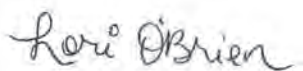
# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS AT MARCH 31

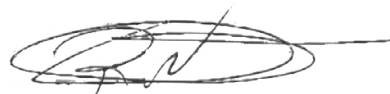
	2014	2013
	\$	\$
<b>Financial assets</b>		
Restricted cash <i>[note 3]</i>	1,692,826	1,685,493
Accounts receivable <i>[note 4]</i>	20,656,204	23,440,696
Inventories for resale	880,020	666,394
	<b>23,229,050</b>	<b>25,792,583</b>
<b>Liabilities</b>		
Bank indebtedness	1,378,247	3,668,820
Accounts payable and accrued liabilities <i>[note 5]</i>	10,811,980	11,760,809
Accrued vacation pay and other accrued benefits	9,073,022	9,385,193
Employee future benefits		
Accrued sick leave <i>[note 6]</i>	7,379,200	7,124,874
Accrued severance pay <i>[note 6]</i>	12,729,377	11,885,651
Deferred contributions <i>[note 7]</i>		
Operating	4,433,766	4,602,533
National Child Benefit (NCB) initiatives	1,830,642	2,551,037
Capital	24,063,802	22,311,836
Special purpose funds	984,584	644,746
Long-term debt <i>[note 9]</i>	896,670	1,006,446
	<b>73,581,290</b>	<b>74,941,945</b>
<b>Net debt</b>	<b>(50,352,240)</b>	<b>(49,149,362)</b>
<b>Non-financial assets</b>		
Tangible capital assets <i>[note 8]</i>	45,027,216	44,515,362
Prepaid expenses	3,017,836	2,692,715
Supplies inventory	1,464,735	1,677,610
	<b>49,509,787</b>	<b>48,885,687</b>
<b>Accumulated deficit</b>	<b>(842,452)</b>	<b>(263,675)</b>

Contractual obligations *[note 10]*. See accompanying notes

Approved by the Board:



Trustee



Trustee

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## CONSOLIDATED STATEMENT OF CHANGES IN NET FINANCIAL DEBT YEAR ENDED MARCH 31

	2014	2013
	\$	\$
<b>Annual deficit</b>	<b>(578,777)</b>	80,259
Acquisition of tangible capital assets	<b>(5,870,406)</b>	(5,446,786)
Amortization of tangible capital assets	<b>5,358,552</b>	5,446,896
	<b>(511,854)</b>	110
Net (increase) decrease in prepaid expenses	<b>(325,121)</b>	1,451,232
Net (increase) decrease in supplies inventory	<b>212,875</b>	(53,959)
	<b>(112,246)</b>	1,397,273
<b>(Increase) decrease in net financial debt</b>	<b>(1,202,877)</b>	1,477,642
Net financial debt at beginning of year	<b>(49,149,362)</b>	(50,627,004)
<b>Net debt, end of year</b>	<b>(50,352,239)</b>	(49,149,362)

See accompanying notes.



# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## CONSOLIDATED STATEMENT OF OPERATIONS AND ACCUMULATED DEFICIT

### YEAR ENDED MARCH 31

	Budget	2014	2013
	\$	\$	\$
	<i>[note 13]</i>		
<b>Revenue</b>			
Provincial plan – Operating	121,707,504	129,142,450	134,601,175
MCP physicians	20,075,600	19,850,767	18,582,514
Other	10,837,531	8,238,590	8,347,482
Provincial plan – Capital	—	5,692,905	5,446,786
National Child Benefit	1,029,768	1,606,246	1,360,593
Outpatient	3,035,750	2,890,089	2,548,257
Inpatient	1,712,500	1,552,291	1,310,199
Long-term care	1,513,000	1,506,905	1,512,488
Transportation and Works	1,285,500	1,285,500	1,285,500
Other	—	11,141	—
	<b>161,197,153</b>	<b>171,765,744</b>	174,994,994
<b>Expenses [note 11]</b>			
Support services	30,530,854	31,804,365	32,319,938
Community and social services	32,066,887	29,816,698	29,497,819
Nursing inpatient services	24,136,168	27,452,589	28,449,196
Medical services	22,161,833	22,171,748	21,359,053
Ambulatory care services	19,196,837	21,734,145	21,715,169
Diagnostic and therapeutic services	16,332,420	17,278,535	17,433,364
Administration	15,500,941	15,827,560	17,721,623
Amortization	—	5,358,552	5,344,170
Education	1,180,167	599,803	606,965
Research	91,046	68,826	92,694
Apartment Complexes	—	210,256	345,269
Foundation	—	21,446	29,475
	<b>161,197,153</b>	<b>172,344,521</b>	174,914,735
<b>Annual (deficit) surplus</b>	—	<b>(578,777)</b>	80,259
<b>Accumulated deficit, beginning of year</b>	—	<b>(263,675)</b>	(343,934)
<b>Accumulated deficit, end of year</b>	—	<b>(842,452)</b>	(263,675)

See accompanying notes.

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## CONSOLIDATED STATEMENT OF CASH FLOW YEAR ENDED MARCH 31

	2014	2013
	\$	\$
<b>Operating transactions</b>		
Annual deficit	(578,777)	80,259
Adjustments for:		
Amortization of tangible capital assets	5,358,552	5,344,170
Accrued severance pay	843,726	940,291
Accrued sick leave	254,326	245,378
Net change in non-cash assets and liabilities related to operations [note 15]	308,458	1,251,538
Cash (used in) provided by operating transactions	<u>6,186,284</u>	<u>538,560</u>
<b>Capital transactions</b>		
Capital asset contributions	(5,870,406)	(5,446,786)
<b>Cash provided by capital transactions</b>	<u>(5,870,406)</u>	<u>(5,446,786)</u>
<b>Investing transactions</b>		
Changes to restricted cash	7,333	159,080
<b>Cash used in investing transactions</b>	<u>7,333</u>	<u>159,080</u>
<b>Financing transactions</b>		
Deferred revenue		
Capital	1,751,966	5,205,957
Special purpose funds	339,838	(34,882)
Repayment of long-term debt	(109,776)	(102,671)
<b>Cash used in financing transactions</b>	<u>1,982,028</u>	<u>5,068,404</u>
<b>Net increase in cash during the year</b>	<u>2,290,573</u>	<u>5,139,258</u>
Bank indebtedness, beginning of year	(3,668,820)	(8,808,078)
<b>Bank indebtedness, end of year</b>	<u>(1,378,247)</u>	<u>(3,668,820)</u>

See accompanying notes.

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2014

### 1. NATURE OF OPERATIONS

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

- Labrador Health Centre, Happy Valley-Goose Bay
- 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

The Authority also manages and controls the operations of all medical clinics, nursing stations, community health centres, facilities programs and services in the geographic area.

The operations of the Authority are primarily funded by the Government of Newfoundland and Labrador [“the Government”].

The Authority is incorporated under the Regional Health Authorities Act of Newfoundland and Labrador and is exempt from income taxes under the Income Tax Act.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### Basis of accounting

The consolidated financial statements have been prepared in accordance with Canadian accepted accounting principles established by the Public Sector Accounting Standards Board of the Chartered Professional Accountants of Canada.

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

#### Basis of presentation

These consolidated financial statements reflect the assets, liabilities, revenue and expenses of the reporting entity, which is composed of all organizations that are controlled by Labrador Grenfell Health. These organizations are listed under basis of consolidation. Trusts administered by the Authority are not included in the consolidated statement of financial position [note 12].

The Authority has also prepared separate non-consolidated financial statements for the operations of the operating fund of Labrador-Grenfell Regional Health Authority

#### Principles of consolidation

The Authority controls St. Anthony Interfaith Home 12 Unit Apartment Complex, St. Anthony Interfaith Home 20 Unit Apartment Complex, and Grenfell Foundation Inc. [together with Labrador Grenfell Health Authority, collectively referred to herein as the “Authority”]. These entities are consolidated in the consolidated financial statements.

#### Cash and cash equivalents, bank indebtedness and restricted cash

Bank balances, including bank overdrafts with balances that fluctuate from positive to overdrawn, are presented under cash and cash equivalents or bank indebtedness, respectively. Bank indebtedness represents outstanding



# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2014

cheques at period end.

Restricted cash relates to amounts held for Special Purpose Funds and Endowment Funds.

### **Asset classification**

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

### **Employee Future Benefits**

#### **Accrued sick leave**

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

#### **Accrued severance**

Employees are entitled to severance benefits as stipulated in their conditions of employment. The right to be paid severance pay vests with employees with nine years of continual service with the Authority or another public sector employer. Severance is payable when the employee ceases employment with the Authority or the public sector employer. The severance benefit obligation has been actuarially determined using assumptions based on management's best estimates of future salary and wage changes, employee age, years of service, the probability of voluntary departure due to resignation or retirement, the discount rate and other factors. Discount rates are based on the Province's long-term borrowing rate. Actuarial gains and losses are deferred and amortized over the average remaining service life of employees.

#### **Accrued vacation pay**

Vacation pay is accrued for all employees as entitlement is earned.

### **Pension costs**

The 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. The Government determines the required plan contributions annually. The annual contributions are recognized as expense as incurred and amounted \$688,452 for the year ended March 31, 2014 [2013 - \$724,838].

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

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2014

### Tangible capital assets

The Authority has control over certain land, buildings and equipment, with the title resting with the Government and consequently these assets are not recorded as tangible capital assets. The Government does not charge the Authority any amounts for the use of such assets.

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

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

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

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

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

### Impairment of long-lived assets

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

### Inventories held for resale

Inventories held for resale include pharmaceuticals and are recorded at the lower of cost or net realizable value.

### Inventories of supplies

Inventories of supplies include medical, surgical, general supplies, fuel oil and pharmaceuticals.

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

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

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2014

### Prepaid expenses

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

### Revenues

Provincial plan revenue without eligibility criteria and stipulations restricting their use are recognized as revenue when the government transfers are authorized.

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

Medical Care Plan ["MCP"], inpatient, outpatient and residential revenues are recognized in the period services are provided.

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

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

### Expenses

Expenses are reported on an accrual basis. The cost of all goods consumed and services received during the year is expensed.

### Financial instruments

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

Long-term debt is initially recorded at fair value and subsequently measured at amortized cost using the effective interest rate method. Transaction costs related to the issuance of long-term debt are capitalized and amortized over the term of the instrument.

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



# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31

### Contributed services

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

### Use of estimates

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

### 3. RESTRICTED CASH

	2014	2013
	\$	\$
Operating	<b>794,331</b>	570,344
Foundation	<b>778,231</b>	778,231
St. Anthony Interfaith Home 20 Unit Apartment Complex	<b>120,264</b>	120,832
	<b>1,692,826</b>	1,685,493

### 4. ACCOUNTS RECEIVABLE

	2014	2013
	\$	\$
Patient	<b>3,196,545</b>	2,695,321
Other	<b>6,601,753</b>	9,318,811
Government of Newfoundland and Labrador	<b>11,242,227</b>	10,575,290
Government of Canada	–	1,042,028
HST	<b>553,403</b>	570,143
	<b>21,593,928</b>	24,201,593
Less: provision for doubtful accounts	<b>(937,724)</b>	(760,897)
	<b>20,656,204</b>	23,440,696

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2014

The Authority received transfers from the Government of Newfoundland and Labrador in the amount of \$157,755,369 [2013 - \$161,276,568].

The aging of patient and other accounts receivable is as follows:

	2014					
	Total	Current	Past due			
			1-30 days	31-60 days	61-90 days	Over 90 days
\$	\$	\$	\$	\$	\$	
<b>Patient</b>	3,196,545	672,474	613,664	339,740	198,116	1,373,248
<b>Other</b>	6,601,753	6,601,753	-	-	-	-

	2013					
	Total	Current	Past due			
			1-30 days	31-60 days	61-90 days	Over 90 days
\$	\$	\$	\$	\$	\$	
<b>Patient</b>	2,695,321	158,551	768,325	782,729	237,2858	748,429
<b>Other</b>	9,318,811	9,318,811	-	-	-	-

### 5. ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

	2014	2013
	\$	\$
<b>Accounts payable and accrued liabilities</b>	<b>6,947,296</b>	7,732,547
<b>Salaries and wages payable</b>	<b>3,279,004</b>	3,549,907
<b>Government remittances</b>	<b>484,052</b>	478,355
<b>Other due to government</b>	<b>101,628</b>	-
	<b>10,811,980</b>	11,760,809

### 6. EMPLOYEE FUTURE BENEFITS

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

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2014

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

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

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

The accrued benefit obligations for post-employment benefit plans as at March 31, 2014, are based on an actuarial valuation for accounting purposes as at March 31, 2013, and an extrapolation of that valuation has been performed to March 31, 2014.

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

	2014	2013
	%	%
Wages and salary escalation	4.00	4.00
Discount rate	3.90	3.60

Significant actuarial assumptions used in the measuring the severance and sick leave benefit expense are as follows:

	2014	2013
	%	%
Wages and salary escalation	4.00	4.00
Discount rate	3.90	3.60

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2014

### (a.) Severance and sick leave liabilities

	Severance	Sick leave	2014 Total	2013 Total
	\$	\$	\$	\$
Accrued benefit obligations, beginning of year	11,885,651	7,124,874	19,010,525	17,824,856
Total expenses during the year	1,628,726	1,279,150	2,907,876	2,848,351
Less: benefits paid	(785,000)	(1,024,824)	(1,809,824)	(1,662,682)
Accrued benefit liability, end of year	12,729,377	7,379,200	20,108,577	19,010,525

### (b.) Severance and sick leave expenses

	Severance	Sick leave	2014 Total	2013 Total
	\$	\$	\$	\$
Current year benefit cost	1,025,491	952,086	1,977,577	1,948,895
Interest on accrued benefit obligation	483,437	276,680	760,117	759,692
Amortization of loss	119,797	50,384	170,181	139,764
Employee future benefit expenses	1,628,725	1,279,150	2,907,875	2,848,351

## 7. DEFERRED CONTRIBUTIONS

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

March 31, 2014	Balance at beginning of year	Receipts during the year	Recognized as revenue	Balance at end of year
	\$	\$	\$	\$
Deferred operating contributions	4,602,533	3,038,521	3,207,288	4,433,766
NCB initiatives	2,551,037	885,851	1,606,246	1,830,642
Deferred capital grants	22,311,836	7,444,871	5,692,905	24,063,802
Special purpose funds	644,746	526,344	186,506	984,584
	30,110,152	11,784,966	10,182,324	31,312,794



# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2014

March 31, 2013	Balance at beginning of year	Receipts during the year	Recognized as revenue	Balance at end of year
Deferred operating contributions	4,414,004	6,253,153	6,064,624	4,602,533
NCB initiatives	2,532,738	1,378,892	1,360,593	2,551,037
Deferred capital grants	17,105,934	10,652,688	5,446,786	22,311,836
Special purpose funds	679,628	414,563	449,445	644,746
	<b>24,732,304</b>	<b>18,846,936</b>	<b>13,469,088</b>	<b>30,110,152</b>

### 8. TANGIBLE CAPITAL ASSETS

March 31, 2014	Land	Land improvements	Construction in progress	Buildings	Leasehold improvement	Equipment and vehicles	2014
	\$	\$	\$	\$	\$	\$	\$
<b>Cost</b>							
Opening balance	11,203	216,064	4,296,061	38,191,268	223,678	70,322,609	113,260,883
Additions	25,000	—	1,220,121	—	—	4,627,060	5,872,181
Disposals	—	—	—	(890,121)	—	—	(890,121)
Closing balance	<b>36,203</b>	<b>216,064</b>	<b>5,516,182</b>	<b>37,301,147</b>	<b>223,678</b>	<b>74,949,969</b>	<b>118,242,943</b>
<b>Accumulated amortization</b>							
Opening balance	—	166,656	—	17,525,226	107,452	50,946,187	68,745,521
Amortization	—	5,778	—	1,011,084	5,811	4,335,879	5,358,552
Disposals	—	—	—	(888,346)	—	—	(888,346)
Closing balance	—	<b>172,434</b>	—	<b>17,647,964</b>	<b>113,263</b>	<b>55,282,066</b>	<b>73,215,727</b>
<b>Net book value</b>	<b>36,203</b>	<b>43,630</b>	<b>5,516,182</b>	<b>19,653,183</b>	<b>110,415</b>	<b>19,667,603</b>	<b>45,027,216</b>

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2014

March 31, 2014	Land \$	Land improvements \$	Construction in progress \$	Buildings \$	Leasehold improvement \$	Equipment and vehicles \$	2014 \$
<b>Cost</b>							
Opening balance	11,203	216,064	3,394,154	37,435,835	223,678	66,533,158	107,814,092
Additions	—	—	1,604,284	755,433	—	3,789,446	6,149,163
Disposals	—	—	(702,377)	—	—	—	(702,377)
Closing balance	11,203	216,064	4,296,061	38,191,268	223,678	70,322,604	113,260,878
<b>Accumulated amortization</b>							
Opening balance	—	160,516	—	16,453,395	101,330	46,578,549	63,293,790
Amortization	—	6,474	—	1,071,437	6,117	4,367,698	5,451,726
Disposals	—	—	—	—	—	—	—
Closing balance	—	166,990	—	17,524,832	107,447	50,946,247	68,745,516
<b>Net book value</b>	<b>11,203</b>	<b>49,074</b>	<b>4,296,061</b>	<b>20,666,436</b>	<b>116,231</b>	<b>19,376,357</b>	<b>44,515,362</b>

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

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

### 9. LONG-TERM DEBT

	2014 \$	2013 \$
Newfoundland and Labrador Housing Corporation 2.86% first mortgage on land and building of 20 Unit apartment complex, repayable \$6,537 monthly, interest included, and maturing January 2019.	353,455	421,107
Newfoundland and Labrador Housing Corporation 1.67% first mortgage on land and building of 12 Unit apartment complex, repayable \$4,298 monthly, interest included, and maturing October 2025.	543,215	585,339
	<b>896,670</b>	<b>1,006,446</b>

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2014

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

	\$
<b>2015</b>	112,901
<b>2016</b>	115,117
<b>2017</b>	117,404
<b>2018</b>	119,737
<b>2019</b>	109,282

### 10. CONTRACTUAL OBLIGATIONS

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

<b>Contractual obligations</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
	\$	\$	\$
Future operating lease payments			
– properties	418,477	156,384	1,000
Future operating lease payments			
– vehicles	129,073	18,585	—
Future operating lease payments			
– equipment service contracts	82,148	748	—
Service contracts	1,399,811	810,975	350,749
	<u>2,029,509</u>	<u>986,692</u>	<u>351,749</u>

### 11. EXPENSE BY OBJECT

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

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2014

	2014	2013
	\$	\$
<b>Salaries and benefits</b>	<b>117,319,896</b>	118,570,055
<b>Medical supplies</b>	<b>7,336,116</b>	7,602,974
<b>Other supplies</b>	<b>10,135,186</b>	10,459,812
<b>Direct client costs</b>	<b>10,785,102</b>	10,595,902
<b>Amortization of tangible capital assets</b>	<b>5,248,773</b>	5,344,170
<b>Equipment Expenses</b>	<b>3,555,716</b>	3,897,722
<b>Referred Out Services</b>	<b>2,584,357</b>	2,247,279
<b>Other</b>	<b>15,379,375</b>	16,196,821
	<b>172,344,521</b>	174,914,735

### 12. TRUSTS UNDER ADMINISTRATION

Trusts administered by the Authority have not been included in these consolidated financial statements as they are excluded from the Government reporting entity. At March 31, 2014, the balance of funds held in trust for long-term care residents was \$283,833 [2013 – \$365,345].

### 13. BUDGET

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

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



# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2014

The following presents a reconciliation of budgeted revenue for the year ended March 31, 2014:

	Revenue \$	Expenditures \$	Annual surplus \$
Original Budget (from statement of operations)	161,197,153	161,197,153	—
Adjustments during the year for service and program changes, net	6,156,553	6,156,553	—
Revised Original Budget	167,353,706	167,353,706	—
Stabilization fund approved by the Government	1,113,700	1,113,700	—
<b>Final Budget</b>	<b>168,467,406</b>	<b>168,467,406</b>	<b>—</b>

### 14. CHILD, YOUTH AND FAMILY SERVICES

On March 31st, 2014, the Authority transferred five properties with a net book value of \$665,436 to the Child, Youth and Family Services ["CYFS"] Department, as outlined in their CYFS/Labrador-Grenfell Regional Integrated Health Authority Transition Agreement. The transfer of the properties was recognized as an amortization expense in the statement of operations.

### 15. CHANGES IN NON-CASH ASSETS AND LIABILITIES RELATED TO OPERATIONS

	2014 \$	2013 \$
Accounts receivable	2,784,492	2,193,283
Supplies inventory	(751)	5,394
Prepaid expenses	(325,121)	1,451,232
Accounts payable and accrued liabilities	(948,829)	(283,057)
Accrued vacation pay	(312,171)	(438,652)
Deferred revenue - operating and NCB	(889,162)	206,828
	<b>308,458</b>	<b>1,251,538</b>

### 16. CONTINGENCIES

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

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2014

### 17. FINANCIAL INSTRUMENTS AND RISK MANAGEMENT

#### Financial risk factors

The Authority is exposed to a number of risks as a result of the financial instruments on its consolidated statement of financial position that can affect its operating performance. These risks include credit risk and liquidity risk. The Authority's Board of Trustees has overall responsibility for the oversight of these risks and reviews the Authority's policies on an ongoing basis to ensure that these risks are appropriately managed. The Authority is not exposed to interest rate risk as the majority of its long-term debt obligations are at fixed rates of interest. The source of risk exposure and how each is managed is outlined below:

#### Credit risk

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

#### Liquidity risk

Liquidity risk is the risk that the Authority will not be able to meet its financial obligations as they become due. The Authority has an authorized credit facility [the "Facility"] of \$20,000,000. As at March 31, 2014, the Authority had \$20,000,000 in funds available on the Facility [2013 – \$20,000,000]. To the extent that the Authority does not believe it has sufficient liquidity to meet current obligations, consideration will be given to obtaining additional funds through third-party funding or from the Province, assuming these can be obtained.

### 18. COMPARATIVE FIGURES

Certain comparative figures have been reclassified from statements previously presented to conform to the presentation adopted for the current year.



## Front cover photos:

A staff member with Mental Health and Addictions travels by snowmobile from Makkovik to Postville.

**Photo credit: April Andersen**

The Diagnostic Imaging Department's control room at the Charles S. Curtis Memorial Hospital, St. Anthony.

**Photo credit: Paul Daly**

A resident at the long-term care facility in Happy Valley-Goose Bay receives a helping hand from a Registered Nurse.

**Photo credit: Allan Bock**





# Labrador - Grenfell Health

## **Board and Executive Offices**

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

**t.** 709-897-2267

**f.** 709-896-4032

**[www.lghealth.ca](http://www.lghealth.ca)**