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*Students participate in pride and unity event, Happy Valley-Goose Bay.*



# MESSAGE FROM THE CHAIRPERSON



On behalf of the Board of Directors, I present the Annual Performance Report for 2012-13, in accordance with the Guidelines for Annual Performance Reports for Category 1 Government Entities. The Board understands that we are accountable for the preparation of this report and any results or variances explained herein.

The past year has been an extremely busy one for the Board and for its employees. The Health Authority continued its work towards meeting its strategic goals for 2011-14, specifically on the objectives and indicators for 2012-13. The Board was also pleased to welcome a new President and Chief Executive Officer in August 2012. Mr. Tony Wakeham assumed the executive responsibility for leading the Labrador-Grenfell Health Regional Health Authority, on behalf of the Board of Directors, towards the achievement of its strategic goals.

Again this year, a main focus for the Health Authority was quality improvement and safety of services. Throughout the region, employees were tasked with implementing both existing and new national and provincial initiatives, all aimed at improving the quality and safety of services provided. In particular, the Board recognized Laboratory Services for their work in standardizing systems and processes. On January 17, 2013, the Minister of Health and Community Services announced that all three hospital-based and all three health centre-based laboratories within the Health Authority attained four-year certification through the Ontario Laboratory Accreditation (OLA) Program by the Institute for Quality Management in Healthcare. As well, the Health Authority completed the implementation of the Clinical Safety Reporting System (CSRS), a provincial electronic occurrence reporting system. These initiatives have continued to support an overall enhanced culture of quality and safety throughout the region.

Work continued this fiscal year on strengthening systems performance and efficiencies. Labrador-Grenfell Health demonstrated improvements in selected areas through advancements in the provincial wait time initiative and the provincial endoscopy strategy, in addition to implementing a revised Respectful Workplace policy for employees.

The Health Authority also continued its emphasis on population health, in particular, issues facing Aboriginal populations and rural health. In 2012-13, Labrador-Grenfell Health realized continued progress in preventing and containing the impact of tuberculosis with the establishment of several clinics, a consistent approach to clinical management and initial work on compiling a client database.

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

A handwritten signature in black ink, appearing to be 'Ray Norman', written in a cursive style.

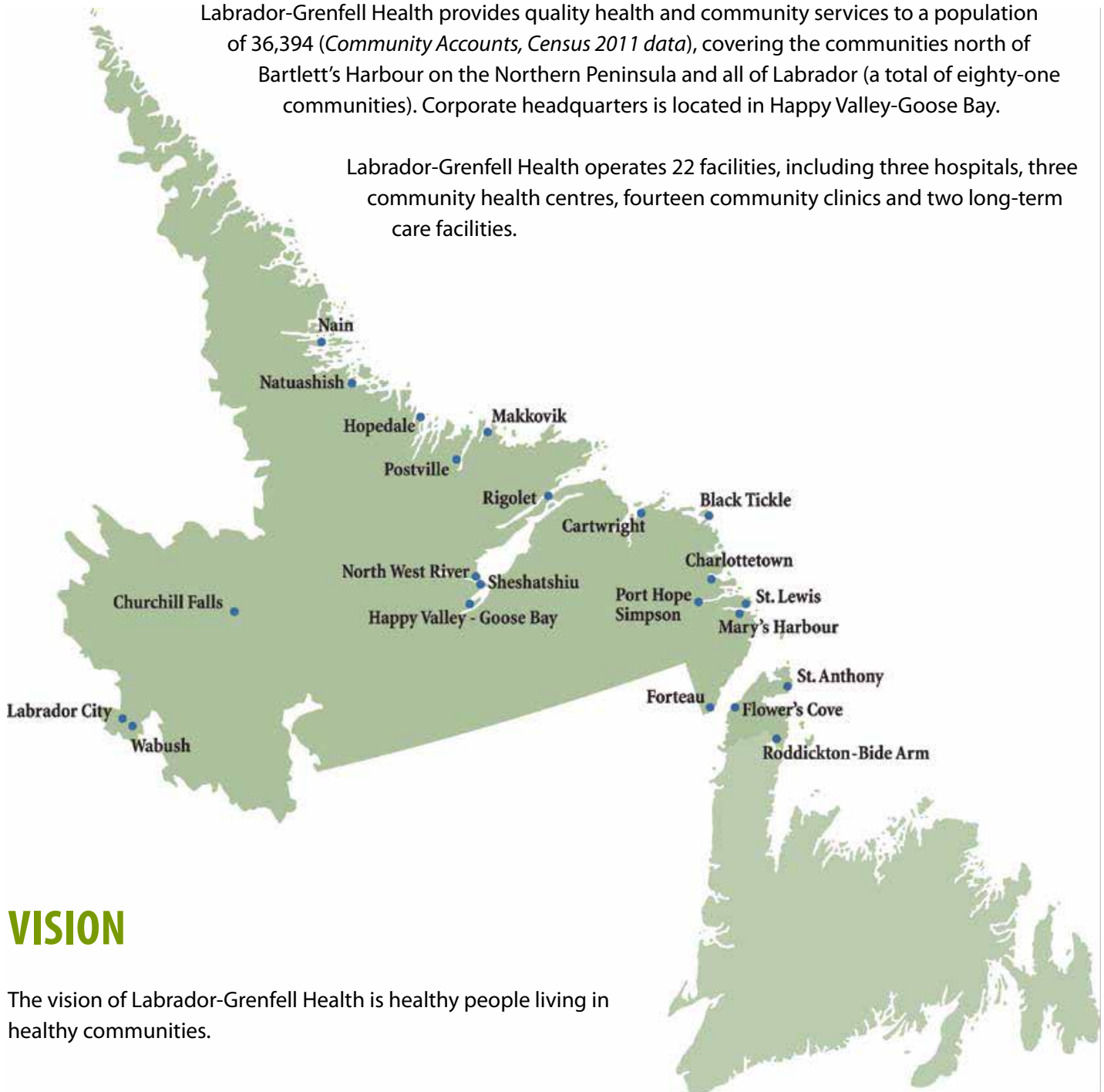
Sincerely,  
Ray Norman, Board Chairperson  
Labrador-Grenfell Regional Health Authority

# OVERVIEW

OVERVIEW

Labrador-Grenfell Health provides quality health and community services to a population of 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 22 facilities, including three hospitals, three community health centres, fourteen community clinics and two long-term care facilities.



# VISION

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

# MISSION

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

# MANDATE

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

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

## LINES OF BUSINESS

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

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

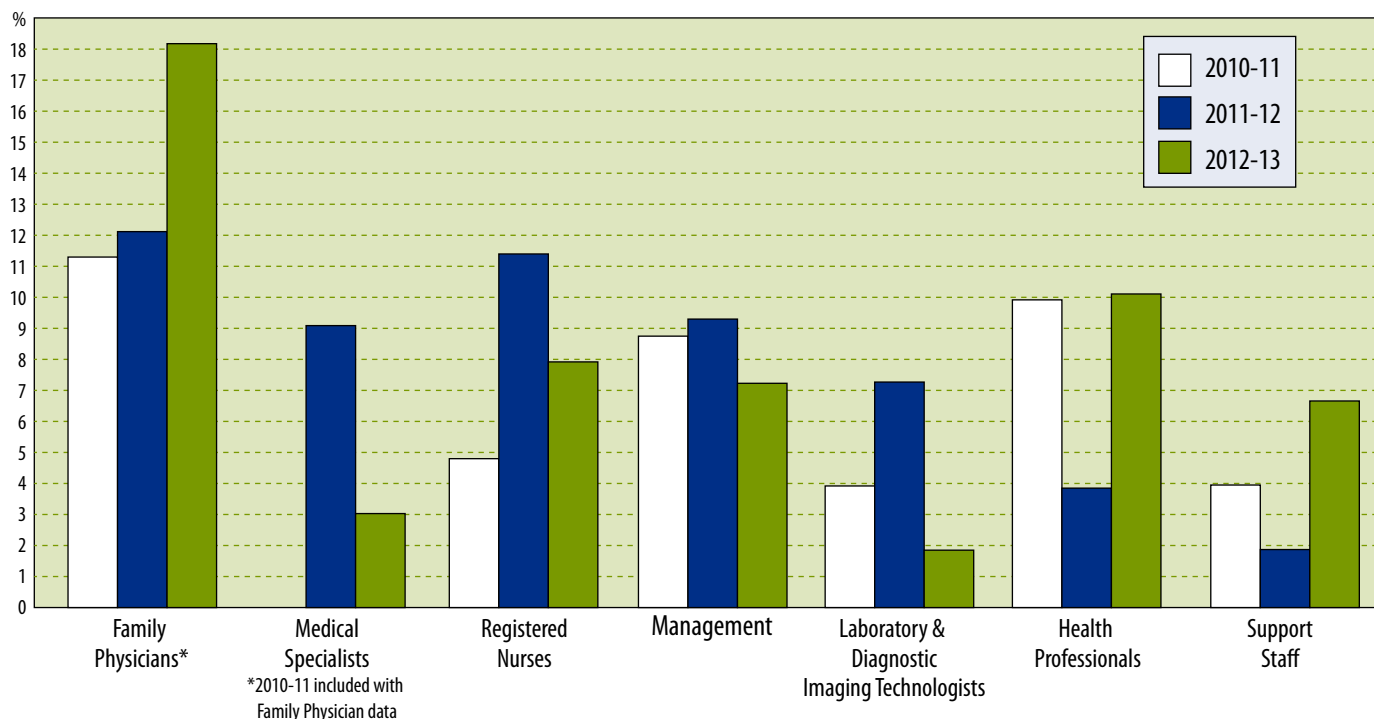
(For a detailed description of programs and services, visit [www.lghealth.ca](http://www.lghealth.ca)).

## KEY STATISTICS

### Human Resources

As of March 31, 2013, Labrador-Grenfell Health employed 1,557 staff (982 permanent full-time, 51 permanent part-time, 395 temporary and 129 casual)<sup>1</sup>. Of these, 51 per cent are Support Staff, 27 per cent are Registered Nurses, six per cent are Health Professionals (i.e., Social Workers, Physiotherapists, Occupational Therapists, Speech Language Pathologists, and Pharmacists), seven per cent are Laboratory and Diagnostic Imaging Technologists, five per cent are Management and five per cent are Physicians. The overall employee turnover rate is 7.27 per cent, up from 5.65 per cent in 2011-12. Eighty-one per cent of employees are female and nineteen per cent are male. All staff are based in rural locations.<sup>2</sup>

Employee Turnover Rate (Per Cent) by Professional Area, by Fiscal Year<sup>3</sup>



<sup>1</sup> On March 26, 2012, a total of 95 employees from the Labrador-Grenfell Health region transitioned to the Provincial Department of Child, Youth and Family Services. This contributed to the decrease in total number of employees, compared to 2011-12 and impacted selected employee turnover data, specifically that of health professionals and support staff.

<sup>2</sup> To form a census agglomeration, the urban core must have a population of at least 10,000 (Statistics Canada).

<sup>3</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)*

### Spotlight on Services (Number of Client Visits)

Service	2010-11	2011-12	2012-13	Percentage increase or decrease (from 2011-12)
<b>Dental Services (South only; includes Dentists, Hygienist and Dental Surgery)</b>	10,432	11,051	11,914	+7.8 per cent
<b>Mental Health and Addictions Services</b>	11,209	16,792	17,90	+6.6 per cent
<b>Diabetes Nurse Education</b>	3,235	4,765	6,379	+33.9 per cent
<b>Occupational Therapy</b>	2,687	2,633	2,595	-1.4 per cent
<b>Speech Language Pathology</b>	1,676	1,835	2,489	+35.6 per cent
<b>Physiotherapy</b>	13,393	12,580	13,375	+6.3 per cent

*Charles S. Curtis Memorial Hospital, St. Anthony.*



## Acute Care Statistics

Category	Regional Total/ Figure (2010-11)	Regional Total/ Figure (2011-12)	Regional Total/ Figure (2012-13)	Percentage Increase Or Decrease (From 2011-12)
<b>Number of Acute Care Beds</b>	89 Beds	89 Beds	89 Beds	No Change
<b>Number of Admissions (Including Newborn)</b>	3,861 Admissions	3,848 Admissions	3,944 Admissions	+2.5 per cent
<b>Patient Days</b>	22,874 Patient Days	23,868 Patient Days	23,807 Patient Days	-0.26 per cent
<b>Average Length of Stay</b>	6.6 Days	6.4 Days	6.5 Days	+1.6 per cent
<b>Operating Room Procedures</b>	4,616 Procedures	5,733 Procedures	5,663 Procedures	-1.2 per cent
<b>Number of Births</b>	402 Live Births	350 Live Births	389 Live Births	+11.1 per cent
<b>Number of Emergency Room Visits Registered To ER</b>	52,648 Visits	54,192 Visits	56,857	+4.9 per cent

## Health Centre Statistics

	White Bay Central Health Centre, Roddickton				Strait of Belle Isle Health Centre, Flower's Cove				Labrador South Health Centre, Forteau			
	2010-11	2011-12	2012-13	Per cent increase or decrease from 2011-12	2010-11	2011-12	2012-13	Per cent increase or decrease from 2011-12	2010-11	2011-12	2012-13	Per cent increase or decrease from 2011-12
<b>Number of Beds*</b>	4	4	4	No change	2	2	2	No change	5	5	5	No change
<b>Number of Client Visits</b>	18,203	17,161	14,973	-12.8 per cent	20,494	19,258	16,330	-15.2 per cent	10,765	10,457	9,381	-10.3 per cent
<b>Number of Admissions</b>	158	199	243	+22.1 per cent	119	80	70	-12.5 per cent	154	125	114	-8.8 per cent

\* Includes holding beds for observation.

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



## Community Clinic Statistics

	2010-11	2011-12	2012-13	Per cent increase or decrease (from 2011-12)
<b>Clients seen by Regional Nurses</b>	78,884	76,139	79,515	+4.4 per cent
<b>Clients seen by Physician</b>	7,239	5,986	6,225	+4.0 per cent

## Community Health and Wellness Statistics

Service	2010-11	2011-12	2012-13	Percentage Increase or Decrease (from 2011-12)
<b>Continuing Care Visits (includes both clinic and home visits)</b>	22,562	23,793	24,170	+1.58 per cent
<b>Home Support Hours – Family and Rehabilitative Services</b>	368,383	305,262	343,725	+12.6 per cent
<b>Number of Children Attending Child Health Clinics</b>	1,530	1,767	1,697	-4.0 per cent
<b>Number of Clients Receiving Home Support Programs (includes provincial, end-of-life and acute home supports)</b>	142	191	220	+15.2 per cent

## Long-Term Care Statistics

Category	Regional Total 2010-11	Regional Total 2011-12	Regional Total 2012-13	Percentage Increase or Decrease (from 2011-12)
<b>Number of Beds</b>	114	114	114	No change
<b>Resident Days</b>	39,912	40,364	39,861	-1.2 per cent
<b>Number of Admissions</b>	41	36	43	+19.4 per cent

## SHARED COMMITMENTS

### Improved Population Health

**Excellence in Tuberculosis Monitoring and Management.** Building on initiatives implemented in 2011-12 and in support of Government's strategic direction of improved population health with a focus on communicable disease control, Labrador-Grenfell Health recognized the need for a consistent approach to Tuberculosis monitoring and management and established a regular dedicated clinic at the Labrador Health Centre, Happy Valley-Goose Bay. The clinic coordinated diagnostic testing, clinical assessment and treatment prescriptions. It also facilitated a close relationship with radiologists based at Eastern Health who interpreted the x-rays, the communicable disease control and public health teams at Labrador-Grenfell Health who monitored and supervised treatment, and the Nunatsiavut Government. In recognition of leading a team in this work, Dr. Gabe Woollam, Chief of Staff at the Labrador Health Centre, was presented with the Newfoundland and Labrador College of Family

Physicians' Award of Excellence in October 2012. This award recognizes family physicians in the province who have made an outstanding contribution to a specific area of practice.

**Healthy Aging and Falls Prevention.** Many senior citizens in the Labrador-Grenfell Health region were treated during 2012-13 to free dinner theatre presentations with a message. The play, entitled "Bruno and Alice", is a story about love and seniors' safety. Based on a booklet from Health Canada, the play is one of several short stories that present information on safety hazards that may affect seniors in and around the home. Labrador-Grenfell Health, NunatuKavut, the Labrador Friendship Centre, the Community Studies class at the College of the North Atlantic, and several volunteers worked together to present the play in October 2012 in Happy Valley-Goose Bay. The play and script, which was initially presented in Labrador City and subsequently in Roddickton, was made available on DVD and shared with other groups in the region. This activity was a unique way of delivering an initiative that supports Government's strategic direction of improved population health with a combined focus on healthy aging and injury prevention.

*Award of Excellence for tuberculosis management.*



### **Integrated Stroke Strategy Implementation Begins.**

Following the framework presented in Government's chronic disease prevention and management plan, *Improving Health Together: A Policy Framework for Chronic Disease Prevention and Management in Newfoundland and Labrador* (December 2011) and the Newfoundland and Labrador Integrated Stroke Strategy, the Labrador-Grenfell Health Regional Stroke Action Committee increased its activities in 2012-13 towards implementing strategies for improving care for residents of the region who have suffered a stroke or transient ischemic attack. These initiatives follow Government's strategic direction of improved population health, with a focus area on chronic disease management. Specifically, considerable professional development and client education related to stroke prevention identification and care was delivered in the region during the past fiscal year. Fifteen staff participated in the Eastern Regional Health Authority's

(Eastern Health) Nursing Stroke Education Course and 18 employees completed the Canadian Hemispheres™ Stroke Competency Series offered through the Heart and Stroke Foundation of Canada. Both of these courses are offered on-line using web-based technologies and thus allow employees working anywhere in the region to participate. Dr. Marsha Eustace, consultant neurologist with Eastern Health and the provincial stroke strategy, visited Happy Valley-Goose Bay and St. Anthony in April 2012 and spoke to physicians and other health professionals regarding best practices in the management of stroke. Other health professionals in satellite Labrador-Grenfell Health sites were able to join her presentation by videoconference. As part of a public awareness initiative during June 2012 - Stroke Awareness Month, and February 2013 - Heart Month, nine blood pressure and blood sugar check clinics were held in grocery stores and other establishments in Happy Valley-Goose Bay, in selected communities on the Labrador Coast and in the Roddickton-Bide Arm area. Labrador-Grenfell Health employees, including members of the Regional Stroke Action Committee, hosted the events at which between 60 to 70 members of the public attended each clinic to have their blood pressure and/or blood sugar checked.

Also leading from the success of the play, *Bruno and Alice*, the Occupational Therapist at the Captain William Jackman Memorial Hospital developed a new program in partnership with the Town of Labrador City. Focused on the prevention of heart disease and stroke incidents, Labrador-Grenfell Health, delivered a seniors' luncheon event in February of 2013 entitled *Joyful Music for a Healthy Heart*. Local performers sang songs that included the word "heart" and in between each song, the master of ceremonies delivered educational messages about heart and stroke prevention.

**Occupational Therapy Programs Partner with the Community in Labrador West.** In partnership with an autism parent support group, newly formed in 2012-13, the Occupational Therapist at the Captain William Jackman Memorial Hospital delivered a new outreach program called "Snow Day" for clients with autism and other neurodevelopmental disorders. Hosted in March 2013 by the local cross country ski club, the program was designed to encourage family physical activity in a sensory-friendly setting and included activities such as cross country skiing and snowshoeing for affected children and their families. Each session consisted of a fun activity to encourage teamwork, participation, interaction and communication. This exciting event supported Government's strategic direction of improved population health.

**Promoting Injury Prevention for Children and Youth Across the Labrador-Grenfell Health Region.**

Labrador-Grenfell Health's Health Promotion and Injury Prevention Team participated with community partners in a wide variety of initiatives aimed at reducing the incidence of preventable injuries to children and youth. These included bike rodeos in which children were given age-specific information on bike safety including hand signaling and free bike helmets were presented to children who did not have one. In partnership with the Royal Canadian Mounted Police (RCMP), the Royal Newfoundland Constabulary (RNC), local snowmobile clubs, high schools, the Nunatsiavut Department of Health and Social Development, and the Newfoundland and Labrador Injury Prevention Coalition, several snowmobile safety presentations were given in April 2012 to schools in Happy Valley-Goose Bay, Nain, Makkovik, Cartwright, Rigolet and St. Anthony. Similarly, Labrador-Grenfell Health and its partners in the Family Resource Centres throughout the region and the Nunatsiavut Government worked together to promote car seat safety and to organize Child Restraint System Technician (car seat) training to provide free car seat inspection clinics for parents and caregivers. These activities support Government's strategic direction of improved population health through focus on injury prevention.

**Supporting Healthy Eating Choices.** Labrador-Grenfell Health promotes community capacity building and strengthening of partnerships to better support healthy eating and food security initiatives. In fiscal 2012-13, activities initiated by Labrador-Grenfell Health's Health Promotion and Primary Health care teams to support Government's strategic direction of improved population health through healthy eating, included the development and distribution of a nutrition newsletter for personal care homes, and advocacy for the continuation and expansion of foods available in school cafeterias, community gardens/markets, family resource centres and personal care homes in the Labrador-Grenfell Health region. Also during 2012-13, work was completed on Healthy Eating Toolkits, a shared initiative between Registered Dietitians with the Regional Health Authorities, and resource mothers and staff at Family Resource Centres. Funding from the Provincial Wellness Grants Program was used to start the work on the toolkits, which use evidence-based expertise to provide healthy eating information to young children and their parents who frequent the Family Resource Centres. The completed toolkits were presented in orientation workshops to selected Family Resource Centres in the Labrador-Grenfell Health region in the fall of 2012.

Labrador-Grenfell Health was also instrumental in 2012-13 in initiating a community kitchens partnership in the Happy Valley-Goose Bay area. This initiative involved teaching healthy food preparation on a monthly basis to groups of 10 to 12 residents at a time. The participants were taught how to prepare healthy foods that may not have been part of their traditional diet or were not comfortable to try on their own. Other partners involved include the Newfoundland and Labrador Housing Corporation, the Mennonite Central Committee, the local Ministerial Association, Memorial University of Newfoundland's Labrador Institute, the Community Food Hub, the Aboriginal Family Centre and the Lake Melville Agricultural Association.

**A Focus on Women's Health.** In partnership with the provincial cervical screening program and with the strategic direction of improved population health, Labrador-Grenfell Health implemented a new follow-up protocol for women with abnormal cytology results who have not made a return visit in a timely manner. The new protocol involves a three-step process with the first two contacts made by the provincial screening program to the attending healthcare provider and the third contact

*Bike rodeo, Happy Valley-Goose Bay.*



directly to client herself. A new invitation system was also initiated for women who are overdue for routine cervical screening. During 2012-13, 71 health care providers in the Labrador-Grenfell Health region participated in this new initiative.

## Access to Priority Services

**Further Enhancements to Dental Services.** In line with Government's strategic direction of access to priority services, particularly those in rural areas, Labrador-Grenfell Health partnered with dental educational institutions, such as the Dalhousie School of Dental Hygiene, to offer clinical education preceptorships to three dental hygiene students during 2012-13. Through this program, each student experienced a two-week placement at the dental clinics in St. Anthony or the Strait of Belle Isle Health Centre in Flower's Cove. In addition to participation in clinical practice, education sessions were offered by the students to the public.

Operation Tooth continues to be successful in enabling young children in northern coastal Labrador communities to have facilitated access to dental treatment under general anaesthesia. During the 2012-2013 year, a total of 89 clients were treated by Dr. Geoff Smith, Pedodontist during three one-week sessions at the Labrador Health Centre in Happy Valley-Goose Bay. 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 to children in Labrador from a clinic at the Labrador Health Centre in Happy Valley-Goose Bay. During 2012-13, Dr. Larry Jackman, Orthodontist, provided 11 clinics at that location and accommodated a total of 1,148 client visits.

Both of these initiative are in accordance with the Provincial Government's strategic direction of improved population health and improved accessibility to priory services.

### **Partnering for Enhancements in Rural Health.**

Over the fiscal year 2012-13, Labrador-Grenfell Health received more than \$4 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 enable the completion of essential repair and renovation projects. These partnerships promote Government's strategic direction of improved accessibility to priority services, particularly with a focus on rural health.

The following Labrador-Grenfell Health initiatives were supported in 2012-13 by the IGA, which awards grants to non-profit organizations for improving health, education and social well-being of people in coastal Labrador and Northern Newfoundland: digital x-ray machines for the dental clinics in the three health centres; specialized chairs (phlebotomy) for drawing blood specimens from clients in some community clinics; blood pressure monitors for various facilities; a physiotherapy traction unit for the Labrador Health Centre; a walk-in bathing tub and crash cart for the White Bay Central Health Centre; a pressure reduction mattress for the Labrador South Health Centre, stethoscopes for continuing care, and funding for both health intern positions and health professional student travel assistance which will help 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 Government, and other community groups including the Hospital Auxiliaries, made significant contributions to the health care facilities in the region in 2012-13. These investments support rural health and included: two portable ultrasounds and a cardiograph EKG machine for the Captain William Jackman Memorial Hospital in Labrador City, 12 new hospital beds and mattresses, a portable ultrasound for the Charles S. Curtis Memorial Hospital, and a dental instrument washer for the Dental Clinic, St. Anthony.

## Accountability and Stability of Health and Community Services

**International Nursing Recruitment.** In collaboration with Provincial Government and with financial support from Health Canada, Labrador-Grenfell Health continued to recruit Internationally Educated Nurses (IENs) to help address gaps in staffing. Funding from Health Canada allowed Labrador-Grenfell Health to hire a clinical nurse educator focused entirely on supporting the integration, both socially and professionally, of the IENs into the workplace and local community. In 2012-13, Labrador-Grenfell Health's clinical nurse educator, along with similar positions in the other Health Authorities, formed a professional network

and together began the development of an intensive orientation package to help integrate IENs into their work environment and community.

**Ensuring Stability of Services by Supporting Health Professionals in Expanding Their Skills.** Although a computed tomography (CT) machine was installed at the Captain William Jackman Memorial Hospital, Labrador City, in June of 2011, Labrador-Grenfell Health was challenged to staff the service on a permanent full-time basis. In partnership with the Department of Health and Community Services and the Difficult-to-Fill Health Professional Bursary program, a local diagnostic imaging technologist was provided with funding from September to December 2012 to complete the training requirements

*Nursing staff, White Bay Central Health Centre, Roddickton.*



required to achieve CT certification with the Canadian Association of Medical Radiation Technologists (CAMRT). Eastern Health also partnered with Labrador-Grenfell Health to provide the required hands-on practical clinical training for the technologist at two of their sites. The technologist is now working on a permanent full-time basis performing CT testing in Labrador City. This initiative allowed Labrador-Grenfell Health to achieve greater system performance and sustainability, in the focus area of health human resources, in accordance with Government's strategic directions.

A similar initiative was launched in the prior fiscal year with funding provided through the same Difficult-to-Fill Health Professional bursary program to support a Medical Laboratory Technologist (MLT), already employed by Labrador-Grenfell Health in St. Anthony, to complete the X-Ray Skills for Medical Laboratory Technologists Program through the College of the North Atlantic. This program consists of distance-learning modules, allowing the student to continue working full-time as an MLT while learning x-ray skills, and a clinical hands-on component completed in Diagnostic Imaging Department of a Regional Health Authority. The MLT successfully completed the cross training in March of 2013 and has now filled the previously vacant permanent full-time combined Laboratory/X-Ray Technologist position at the White Bay Central Health Centre, Roddickton-Bide Arm.

## HIGHLIGHTS/ACCOMPLISHMENTS

### Improved Population Health

#### **Supporting Improved Population Health through Innovative Health Professional Education.**

In recognition of 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 Consultant enhanced and expanded professional development sessions on cigarette smoking entitled "Tobacco Control: Navigating Smoke Cessation and Reduction" were provided to Labrador-Grenfell Health professionals in 2012-13. Topics included new provincial and national legislation on tobacco use, nicotine replacement therapies (NRTs) and their proper usage, and new tobacco products on the market. The past fiscal year also saw this education delivered to Nunatsiavut Health and Social Sector community health staff to further enhance existing partnerships.

In support of increasing public education and awareness of the benefits of breastfeeding and to promote and support the World Health Organizations'/United Nations Children's Fund (UNICEF) Baby-Friendly Initiative (BFI) in hospitals and community health services, several Labrador-Grenfell Health departments worked collaboratively to provide breastfeeding education training to regional nurses in several community clinics through the use of telehealth videoconferencing equipment. In two sessions, held in February and March of 2013, eleven regional nurses travelled from six community clinics to the Port Hope Simpson Community Clinic to take part in this training. The Regional Breastfeeding Coordinator, located in Labrador City, delivered the courses via the videoconferencing equipment. This innovative course delivery method enabled Labrador-Grenfell Health staff to enhance their skills in order to support Government's strategic direction of improved population health, with a focus on maternal/newborn health.

Labrador-Grenfell Health also continues its work towards meeting its strategic goal of strengthened capacity in priority areas to improve future health and wellness outcomes by preparing health professional staff to feel

more comfortable, confident and competent in helping to prevent the immediate risk of suicide. Staff are supported in maintaining certification as both as trainers and as participants in Applied Suicide Intervention Skills Training (ASIST) through LivingWorks, an international company providing a widely used and internationally recognized suite of educational programs focused on suicide prevention-intervention training. Labrador-Grenfell Health was recognized provincially for this work in October 2012 and accepted an award at the annual ASIST Newfoundland and Labrador conference. Labrador-Grenfell Health also collaborates to provide the opportunity for its external partners to participate in this training. In January 2013, an ASIST training session took place in Labrador City with approximately 35 participants from Labrador-Grenfell Health, Hope Haven Transition House and the RNC.

### Access to Priority Services

**Expansion of Telehealth Services.** Also consistent with Government's strategic directions of improved access to priority services, with a focus on mental health and addictions, and improved system performance and sustainability, Labrador-Grenfell Health, in partnership with the Department of Health and Community Services, enhanced access to telemental health services through the purchase in February 2013 of a dedicated videoconferencing unit located in the Charles S. Curtis Memorial Hospital, St. Anthony.

The initiation of videoconferencing technology for telehealth sessions by Speech Language Pathologists, as well as the beginning of travelling clinics to the north coast of Labrador by these health professionals, supported Government's strategic direction of improved accessibility to priority services. An additional 32 clients accessed speech and language pathology services as a result of these initiatives.

**Overcoming Challenges in Accessing Mental Health and Addictions Services.** Labrador-Grenfell Health received a significant investment in the prior fiscal year's budget to hire five permanent full-time Mental



Health and Addictions Counselors to be based in Nain, Hopedale, Makkovik (also providing clinical services to Rigolet and Postville) and Natuashish. Recruitment for these positions was very challenging but at the end of March 2013, all five positions had been filled and will be instrumental in supporting Government's strategic direction of improving accessibility to priority rural health services, in particular mental health and addictions services. In conjunction with social workers from Labrador-Grenfell Health's Intervention Services, staff from the Mental Health and Addictions program presented two eight-week parenting programs, "Parenting Your Children" and "Parenting Your Adolescent", on four occasions in Happy-Valley-Goose Bay and on two occasions in Nain, with a total of approximately 50 parents attending these sessions.

In addition, following a period without a permanent psychiatrist on staff, access to psychiatric services for the adult population improved considerably with the appointment of a new full-time psychiatrist in November 2012. Regular psychiatric clinics are held at the three main hospital sites and, telehealth technology is used on a consistent basis to deliver clinical services throughout the region.

**Stabilization of Audiology Services.** In June of 2012, Labrador-Grenfell Health was successful in recruiting a permanent, full-time Audiologist, a service that was provided by locums for the previous eight years. Based from the Charles S. Curtis Memorial Hospital in St. Anthony, full audiology services were offered on a consistent basis at the three hospital sites in the Labrador-Grenfell Health region, significantly improving access to priority services in rural health and reinforcing Government's strategic directions. Five traveling clinics in Happy Valley-Goose Bay and two clinics in Labrador City assisted with the total of 758 clients receiving audiology services in 2012-13. With refresher training from the audiologist, the universal newborn hearing screening program was reactivated at Labrador Health Centre, Happy Valley-Goose Bay, in September 2012, ensuring appropriate referrals and efficient utilization of the audiology services. This program was previously implemented at the Charles S. Curtis Memorial Hospital, St. Anthony, and Captain William Jackman Memorial Hospital, Labrador City. The Audiologist also worked closely with the Department of Advanced Education and Skills as well as the Provincial Hearing Aid program to ensure that 200 clients were able to access the appropriate assistance they needed in obtaining hearing aid services.

*Telehealth consultation, Mental Health and Addictions, Happy Valley-Goose Bay.*



**Dialysis Services Continue to be Enhanced.** Labrador-Grenfell Health's dialysis units continued to expand over the past year and to offer new services. The unit at the Captain William Jackman Memorial Hospital grew from one to three clients; the unit grew from 12 to 18 clients at the Charles S. Curtis Memorial Hospital and remained at 16 clients at the Labrador Health Centre in Happy Valley-Goose Bay. With funding from Budget 2012-13, Labrador-Grenfell Health was successful in filling two permanent half-time Social Worker positions for the dialysis services at St. Anthony and Happy Valley-Goose Bay. Furthermore, an investment by Government of almost \$600,000 enabled the installation of new permanent water treatment plants in October 2012 at the Labrador Health Centre and in January 2013 at the Charles S. Curtis Memorial Hospital. These permanent systems replaced portable systems that had been in place since the opening of the respective units.

**Strengthened Health Professional Staffing Resulting in Improved Access.** The successful recruitment of a new Physiotherapist in Labrador City following a vacancy and a Speech Language Pathologist in St. Anthony improved access to rehabilitative services. As a result, there was an increase of 35.6 per cent over 2011-12 in client visits for speech language pathology services and an increase of 6.3 per cent over the same period in the number of client visits for physiotherapy services. These increases in service volume also had a positive impact on the client waitlists for these services, resulting in a reduction of 21 per cent (176 clients) of the physiotherapy waitlist from the previous year and a 53 per cent reduction (24 clients) on the waitlist for speech language pathology services.

As of September 2012, the Labrador-Grenfell Health dental service was successful in employing a full complement of dentists and dental hygienists. In June of 2012, an additional permanent dentist was appointed with a home base of St. Anthony. This dentist travels at least seven times per year to the coastal Labrador communities of Black Tickle and Cartwright. In September 2012, a permanent dentist was appointed to the Strait of Belle Isle Health Centre in Flower's Cove. This dentist also travels to coastal Labrador on a regular

basis. These recruitment successes are supportive of Government's strategic direction of improved accessibility to priority services evidenced by an increase of 863 client visits (7.8 per cent) to Labrador-Grenfell Health's dental service over the prior fiscal year.

## Accountability and Stability of Health and Community Services

**Decreasing and Managing Risks Through Education.** Labrador-Grenfell Health, with funding from the IGA, began 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. This meets Government's strategic direction of improved accountability and stability of health and community services with a focus area of quality and safety. In November 2012, a core team of 11 employees was trained to implement the program throughout the region. The program was then launched in all three hospital sites in December 2012. Since then, core team members led weekly multidisciplinary study sessions policies and practices were updated, and skills drills took place regularly. The program will continue in future years with further educational programming and an evaluation component.

The Patient Safety Education Program - Canada (PSEP - Canada) is an inter-professional train-the-training team model of education from the Canadian Patient Safety Institute designed for the frontline delivery of healthcare that inspires and drives a culture of quality and safe care. Ten Labrador-Grenfell Health employees were trained in the program in November 2012, supported by funding from the Department of Health and Community Services. Participants who completed the program were certified as PSEP - Canada trainers and were equipped

with a full patient safety education curriculum, including videos, modifiable slides and an in-depth patient safety education module. Participants also engaged in action planning on how to implement the training within the health authority. The participants will work as a core patient safety education group to facilitate patient safety education throughout the region.

Further training to support Government's strategic direction of accountability of health and community services, with a focus on quality and safety, was provided in late 2012, when, with the financial support of the Department of Health and Community Services, five staff were certified to teach other health professionals in the "Disclosure of Unanticipated Medical Outcomes" (DUMO). This training prepares front-line health professional staff to communicate in a systematic, timely, effective, open and transparent manner with clients and their families in the unfortunate instance of an adverse event in which a client may have been harmed or nearly harmed while receiving care or treatment. By the end of March 2013, these new instructors had held DUMO training sessions at two Labrador-Grenfell Health facilities.

**Ontario Laboratory Accreditation Achieved in all Labrador-Grenfell Health Laboratories.** In meeting Government's strategic direction of improved system performance and stability, through program standards, evaluation of programs and standards, and quality and safety, five Labrador-Grenfell Health laboratories located in Happy Valley-Goose Bay, Labrador City, Roddickton-Bide Arm, Flower's Cove and Forteau were awarded in 2012-13 the Ontario Laboratory Accreditation (OLA) and International Organization for Standardization (ISO) Certifications specific to laboratory quality and safety. With the addition of the laboratory located in St. Anthony, which obtained the same statuses in the prior fiscal year, all Labrador-Grenfell Health laboratories have now achieved these certifications.

**Improved Efficiency and Accuracy in Regional Laboratory Services.** Fiscal year 2012-13 saw additional work completed in Labrador-Grenfell Health's Regional Laboratory service designed to meet Government's strategic direction of accountability and stability of health and community services through improved performance and sustainability, in the focus area of quality and safety. Through funding from the Department of Health and Community Services and in collaboration with the Eastern Regional Health

*Launch of MORE<sup>OB</sup> program, Charles S. Curtis Memorial Hospital, St. Anthony.*



Authority, Labrador-Grenfell Health implemented the Meditech Blood Bank Module as part of its clinical healthcare information system at the Labrador Health Centre and Captain William Jackman Hospital in December of 2012. This automated module allows for an improvement in the speed and accuracy of laboratory work involving blood products and also provides a shared electronic blood bank inventory whereby blood is scanned using a barcoding system. The system has eliminated unnecessary paperwork and delivers client health information to health care professionals quickly and efficiently. Laboratory personnel now have easy access to obtain accurate blood inventory levels allowing them to move inventory from one location to another in a timely manner, when required.

Also supporting improved efficiency and accuracy, Labrador-Grenfell Health started work in 2012-13 to incorporate its patient registration processes and laboratory systems in its three health centres into its Meditech health care information system and provincial Client Registry database. In March 2013, the Labrador

South Health Centre in Forteau was the Authority's first health centre to transmit electronic laboratory testing data and client registration information to the healthcare information system. This resulted in a significant improvement in the turnaround time for receiving laboratory test results as the ordering health care professional can access results electronically as soon as they are verified. This integration also supports enhanced quality control monitoring of laboratory equipment through interfacing with automated systems. Three new hematology analyzers, purchased for the health centres through funding of more than \$120,000 from the Department of Health and Community Services in 2012-13, have this interfacing capability. The analyzer at the Labrador South Health Centre was installed during the fiscal year. The Strait of Belle Isle Health Centre, Flower's Cove, and the White Bay Central Health Centre, Roddickton, are scheduled to complete similar implementations in 2013-14.

By the end of March 2013, Labrador-Grenfell Health had completed two further significant quality and safety initiatives in its laboratories. The Ventana

*Laboratory services, Charles S. Curtis Memorial Hospital, St. Anthony.*



Medical Systems Inc., Vantage bar-coding technology work flow solution was implemented to facilitate heightened quality management in the regional pathology laboratory at the Charles S. Curtis Memorial Hospital, St. Anthony. This technology, based on Lean Six Sigma principles and expert workflow, is designed to enhance client safety through the reduction of risks associated with misidentification of surgical pathology samples and enables increased productivity through automation, streamlining and lean workflow process.

Under the guidance of a Regional Laboratory Information Systems Data Analyst, hired in January 2013 through new Government funding, the Paradigm 3 Documentation Control Software program was also implemented to provide an electronic system to record all changes to any laboratory documentation and to remind employees when a document needs to be reviewed or replaced. This system assigns a unique identifier to a document for ongoing ease of reference. The documentation control system will continue to grow to hold all of Labrador-Grenfell Health's administrative and procedural laboratory documentation and will be accessible on-line to all authorized employees through the Authority's internal Intranet. These significant enhancements in laboratory services in the Labrador-Grenfell Health region are vital improvements that will support Government's strategic directions of system performance and sustainability.

**Quality Practice Environments for Health Human Resources.** During 2012-13, Labrador-Grenfell Health adopted The Ottawa Model of Nursing Clinical Practice (TOH-MoNCP®). Now referred to locally as the Labrador-Grenfell Health Model of Nursing Clinical Practice, this reorganization of nursing personnel, structure and care models is aimed at improving the continuity of care to clients, the autonomy of nurses, and utilizes the skills of nursing staff to their full potential. In its early implementation stages at the Charles S. Curtis Memorial Hospital, St. Anthony, the initiative also focuses on improving the quality of work life for nurses, shown to be key in the recruitment and retention of nursing staff. The Model will be expanded to other Labrador-Grenfell Health hospital facilities over the coming year and will

strengthen system performance and sustainability through the focus area of health human resources.

**Protecting Client and Employee Safety Through Investment in New Equipment.** Budget 2012-13 saw a significant investment by the Provincial Government through the purchase of capital equipment intended to reduce the risk of injury to employees and clients. Approximately \$40,000 was provided to purchase stair chairs for 12 of the community clinics in Coastal Labrador. Stair chairs are used to provide stairway mobility and allow staff to move clients up and down stairs without lifting. This helps significantly reduce the risk of musculoskeletal injuries to employees and further enhances safety for clients. Labrador-Grenfell Health also participated in an employee musculoskeletal injury prevention provincial pilot project during 2012-13. This involved the investment of more than \$175,000 in capital equipment and supplies, and additional funding for a temporary program coordinator and staff in-servicing, to assist with the safe handling and movement of long-term care clients in the John M. Gray Centre, St. Anthony and the Long-Term Care Facility, Happy Valley-Goose Bay. These investments demonstrate Government's commitment to improved system performance and sustainability through attention to health human resources and client and employee safety.

## MISSION

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

The geographic reality of travel, combined with the complexities of providing consistent services in selected priority areas, can result in waitlists for these services. Accordingly, access to care can be a challenge for some primary clients of Labrador-Grenfell Health. Furthermore, 28 per cent of the residents of the Labrador-Grenfell Health region identify themselves as Aboriginal. This adds a dimension to providing health services to these clients in a culturally appropriate manner.

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

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

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

### Indicators:

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

*Health fair, Mani Ashini Community Clinic, Sheshatshiu.*



# REPORT ON PERFORMANCE

## Issue #1: Population Health and Wellness

Chronic disease is described as the greatest challenge to the health of the population in Newfoundland and Labrador and to the sustainability of the health care system. As noted in the document, *Improving Health Together: A Policy Framework for Chronic Disease Prevention and Management in Newfoundland and Labrador*, the rates of chronic disease are significant, with 61 per cent of people 12 years of age and over having at least one chronic disease. Risk factors that contribute to the prevalence of chronic disease, such as smoking, physical inactivity, unhealthy diets and excess alcohol use, can be modified. In 2012-13, Labrador-Grenfell Health concentrated its work on improving population health through collecting data for selected health statuses, expanding best practices to other sites and other mental health addictions priorities. The work surrounding mental health and addictions initiatives also supports the Provincial Government's strategic direction of improved access to priority services.

The initial focus of 2012-13 has been on collecting data in the priority areas as identified by the Chronic Disease Prevention and Management Advisory Committee with the goal of building a database to identify priority areas for intervention. A variety of programs are in place to help individuals manage their chronic diseases and diabetes nurse educators in every area of the region are helping clients understand what they can do to improve their lives on a daily basis. In particular, 2012-13 represented the first year that all six diabetes educator positions based in Charlottetown, Labrador City, Roddickton/Flower's Cove, St. Anthony, Happy Valley-Goose Bay and Sheshatshiu were filled, and a 33.9 per cent increase in the number of clients seen by the diabetes educators highlights the increased access to programming and the public's interest in learning how they can play a role in managing their diabetes. Of the seven diabetes educators on staff, three have attained their national certification in the Theory of Diabetes Education Programming from Cambrian College of Applied Arts and Technology, two have recently written

examinations, and the remaining two will pursue certification next year.

Another area of focus for Labrador-Grenfell Health in addressing population health and wellness is a desire to acquire a greater understanding of suicidal behaviour, particularly in Labrador communities. In the absence of recent and qualitative data, a collaborative approach led by Labrador-Grenfell Health was launched within the past year and involved consultations with community groups, a review of hospital data, an examination of risk factors and mental health services, and an assessment of local knowledge. An analysis of the information that is being gathered will determine possible changes in the delivery of health care services.

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

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

### Indicators:

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



*Innu sensory tent, Mapping the Way program, Sheshatshiu.*

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

**Measure:** Regional Chronic Disease Prevention and Management Plan developed.

**Indicators:**

Planned for 2012-13	Actual Performance for 2012-13
<p><b>Data collected on a regular basis for selected health statuses.</b></p>	<p>Labrador-Grenfell Health realized limited progress in the collection of data for its selected priority focus areas of diabetes and cardiovascular disease during 2012-13 due to unanticipated temporary human resource challenges. Despite these challenges, the process of examining and presenting clinical diabetes testing data on an ad hoc and as requested basis for a variety of sites within Labrador-Grenfell Health began in the fiscal year, with the goal of building a larger database to identify priority areas for intervention. There was limited advancement in the collection of health status data on cardiovascular disease during the same time.</p> <p>In addition to data collection on diabetes and cardiovascular disease, 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 inpatient's diagnosed with ischemic strokes.</p>



<p><b>Expanded two site specific best practices to other sites.</b></p>	<p>In 2012-13, Labrador-Grenfell Health expanded two site specific best practices to other sites. These best practices were the <i>Improving Health: My Way</i> program and the Addictions Recovery Aftercare program.</p> <p>In 2011-12, Labrador-Grenfell Health began implementation of <i>Improving Health: My Way</i>, a provincially-sponsored, free program which helps people positively manage the daily challenges of living with a chronic condition. Evidence shows that individuals who are actively involved in managing their chronic diseases are healthier, experience fewer complications and disabilities, and make fewer visits to the hospital. This program was expanded in June 2012 with the addition of seven individuals with chronic conditions who were trained as facilitators in Happy Valley-Goose Bay. The program was also expanded to St. Anthony and since January 2013, a total of 21 individuals have been trained as facilitators.</p> <p>A Knowledge Exchange Facilitator was hired in the prior fiscal year to implement sustainable systematic change to improve publically-funded substance abuse treatment systems. An important component of this pilot project is to implement best practices in addictions recovery aftercare programming, including recovery management check-ups. Information collected through the check-ups is provided to mental health and addictions counselors for regular follow-up with clients. This evidence-based best practice was implemented in all applicable Labrador-Grenfell Health sites in 2012-13.</p>
<p><b>Established database on attempted and actual suicides.</b></p>	<p>Labrador-Grenfell Health established a database on attempted and actual suicides in nine Labrador communities in 2012-13. These communities were selected through historical and anecdotal data as being at higher risk than the general population in the Labrador-Grenfell Health region and are the focus of current research efforts. A research team, with representation from Labrador-Grenfell Health, the Nunatsiavut Government's Department of Health and Social Development, the Directors of Social Health for the Sheshatshiu Innu First Nation and the Mushua Innu First Nation, and Memorial University's Faculty of Medicine and the Labrador Institute, is reviewing and analyzing the data, with the goals of improving knowledge and care for people with suicidal behaviour in Labrador.</p> <p>As part of this research, Labrador-Grenfell Health's Vice-President of Medical Services is supervising a post-doctoral student from Memorial University, who is reviewing a broad range of suicide-related data, with the aim of:</p> <ul style="list-style-type: none"> <li>• Describing the epidemiology of risk factors and health service use patterns associated with suicide.</li> <li>• Understanding the mental health care experiences of patients with a history of suicidality.</li> <li>• Translating local knowledge and data into health system improvements.</li> </ul> <p>In addition, clinical staff with Labrador-Grenfell Health's Mental Health and Addictions service began supplementing the above research in 2012-13 by documenting the number of clients region-wide presenting with suicidal ideation and/or attempts.</p>
<p><b>Implemented tool for monitoring of Mental Health and Addictions waitlist.</b></p>	<p>The Mental Health and Addictions Department in collaboration with the Information Management and Technology Department, implemented an electronic waitlist management database on May 2012. The waitlist management database allows Labrador-Grenfell Health to prioritize clients based on presenting issues. Clients are triaged during intake and are classified as either emergent, priority 1, 2 or 3. The database allows Labrador-Grenfell Health to ensure that clients receive clinical services within the established benchmark time frames. The database is monitored on a regular basis to continuously improve access to client services.</p>
<p><b>Expanded Mapping our Way model of services to additional communities.</b></p>	<p>Mapping the Way is a mobile, multidisciplinary wellness team that is managed by Labrador-Grenfell Health and its Inuit and First Nations partners. The mandate of the program is to strengthen and improve the mental wellness and social health of youth from six to 24 years of age and their families through culturally appropriate programs and services. The program is seen as a national best practice model for mental health and addictions issues in Aboriginal communities. Since its start in 2011, the team has been providing services to the communities of Hopedale and Sheshatshiu. Although the original intent was to expand the model to more than one community in 2012-13, efforts required to introduce services to more than one community took longer than anticipated. Services were expanded to the community of Nain in June 2012 with the initial focus on prevention and community-capacity building through developing relationships with key stakeholders.</p>

## DISCUSSION OF RESULTS

The ability to deliver effective and meaningful services that improve population wellness is highly dependent on gathering information on a regular and consistent basis. Labrador-Grenfell Health is making progress by starting to collect data in the areas of mental health and addictions waitlists, incidence of stroke, cardiovascular disease and attempted and successful suicides. Analyzing and interpreting the collection of data will bring about changes in program and service delivery and ultimately benefit people.

At the end of 2012-13, the Labrador-Grenfell Health Chronic Disease Prevention and Management Plan remained in draft due to human resource challenges in population health and wellness. The delayed progress in the implementation of the Chronic Disease Prevention and Management Plan will provide an opportunity to resolve issues related to its implementation and allow for a rejuvenated Advisory Committee to fully adopt and implement the components of the plan.

Labrador-Grenfell Health is proud of the partnerships it has forged with the Inuit and First Nations in Labrador, which have resulted in the development and expansion of mental health services for clients. In particular, the Mapping the Way program is contributing to improvements in the mental wellness and social health of Inuit and Innu through culturally appropriate mental wellness and healing programs and services.

Likewise, an initiative to deliver self-management training to individuals who live with chronic diseases started with a small group and through expansion is now accessible to a greater number of clients in the region. The delivery of this program by community members for those affected by chronic disease is an example of communities engaged in taking charge of their health

Labrador-Grenfell Health is committed to Government's strategic direction of improved population health and has placed an emphasis

on information gathering, seniors' safety, injury prevention, food security, heart health, smoking cessation and other initiatives through enhancing partnerships.

**Objective 2013-14:** 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:

- Adopted and started implementation of a regional Chronic Disease Prevention and Management Plan.
- Finalized regional clinical practice guidelines for at least one priority focus area.
- Started analysis of selected health status data.
- Started analysis of attempted and successful suicide data.
- Improvements made in mental health and addictions waitlists.

## Issue #2: Systems Performance

Labrador-Grenfell Health is committed to improving systems performance in a broad range of program areas, service deliveries and initiatives. An accurate assessment of how processes are currently done can identify the improvements that are necessary to be made.

Through its involvement in this type of activity, the Regional Health Authority gathered information and made improvements in 2012-13 that achieved greater accountability and enhanced stability of programs and services. Examples include the implementation of a new Health Human Resource Information System (HHRIS) and respectful workplace initiatives, improved efficiencies in endoscopy processes including audits of wait lists and implementation of standardized regional appointment scheduling systems. The Authority will maintain its improvements by ongoing monitoring of systems performance 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.

### Indicators:

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

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

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

*Southeast Labrador*





*Emergency Transport Vehicle, North Coast Community Clinics.*

**Indicators:**

Planned for 2012-13	Actual Performance for 2012-13
<p><b>Implemented main module(s) of the provincial Health Human Resources Information System (HHRIS)</b></p>	<p>Labrador-Grenfell Health implemented the Personnel module of the Health Human Resources Information System (HHRIS) in June 2012. This module is the main component of an information system which gives managers the ability to access and manage all aspects of its human resources through more efficient processes and standardization. Further work was completed in February 2013 with the implementation of the Recruitment module. Preparations commenced in November and December of 2012 to install the Attendance Management and Training modules of HHRIS. This system is being implemented in partnership with the Department of Health and Community Services and the other Regional Health Authorities, with a goal of supporting enhanced provincial reporting capabilities and standardized processes.</p>
<p><b>Started implementation of respectful workplace initiatives.</b></p>	<p>Labrador-Grenfell Health released its revised Respectful Workplace Policy and a new Guide for Managers and Employees in March 2013. The policy supports a harassment and discrimination-free workplace for all employees and focuses on an established set of resolution options when workplace conflict occurs. The Guide complements the policy and provides information to managers and employees on how to create a harassment and discrimination-free workplace and what to do if such behaviours occur.</p> <p>A component of this initiative was the development of a presentation to help employees understand cultural diversity in the workplace. This resource promotes mutual respect and courtesy in the workplace and will be piloted in the coming year.</p> <p>An employee recognition program, commonly referred to as 'WOW' and adapted from the Eastern Regional Health Authority was launched at the Labrador Health Centre, Happy Valley-Goose Bay, during 2012-13. Through this program, employees nominated colleagues for doing something that was considered over and above their normal duties and is viewed as an informal tool to support a respectful workplace.</p>

<p><b>Completed audits of endoscopy waitlists.</b></p>	<p>Due to the complexity of and the time required to audit two unique Meditech client appointment scheduling systems and related manual waitlists, audits of endoscopy waitlists were not completed in 2012-13. However, an initial administrative telephone audit of endoscopy waitlists was completed in 2012-13 in all three hospital sites. Work is ongoing to update and validate the present waitlist which, when finished, will provide a more accurate and prioritized list of clients who are waiting for endoscopy procedures to be performed.</p>
<p><b>Implemented standardized regional appointment scheduling systems for endoscopy procedures.</b></p>	<p>As a result of the additional work required in completing audits of endoscopy waitlists, work in implementing standardized regional appointment scheduling systems for endoscopy procedures was delayed. A standard for regional electronic scheduling systems for endoscopy procedures was developed in 2012-13 and is in the process of being implemented throughout the region. In order to provide timely and fair access to services, a regional Endoscopy “No Show” Administrative Policy and Procedure was implemented in March 2013. This policy identifies, for the public, the impact of failing to present for an endoscopy appointment without a legitimate reason.</p>
<p><b>Identified baseline measure for wait times for endoscopy services.</b></p>	<p>Due to essential preparatory work in validating endoscopy waitlists and establishing standardized regional appointment scheduling systems, work on identifying baseline measures for all endoscopy services was delayed. Labrador-Grenfell Health did, however, identify in 2012-13 regional baseline measures for wait times for colonoscopy services. Endoscopy is a procedure which is used to view internal organs through a surgical tool that has a light, telescope and video camera attached at one end. Colonoscopy is a type of endoscopy which is specifically carried out in the colon.</p> <ul style="list-style-type: none"> <li>• From April 1, 2012 to March 31, 2013, 57 per cent of actual clients categorized as urgent had their procedures completed within the provincial benchmark of 14 days.</li> <li>• From April 1, 2012 to March 31, 2013, 55 per cent of actual clients categorized as non-urgent had their procedures completed within the provincial benchmark of 60 days.</li> </ul>
<p><b>Selected key areas of systems performance to be monitored through regular indicator measurement.</b></p>	<p>In fiscal 2012-13, Labrador-Grenfell Health selected key areas of performance to be monitored through regular indicator measurement. These included:</p> <ul style="list-style-type: none"> <li>• A quarterly performance indicator report for the Board of Directors.</li> <li>• Patient safety and quality indicators, such as hand hygiene compliance, surgical site infections and hospital acquired infections rates, wait times for select services, occurrences and adverse events, and medication discrepancies through medication reconciliation..</li> <li>• Improved monthly on-line financial variance monitoring reports using the Cognos business intelligence software tool.</li> <li>• Human resources performance indicators reported through the national Human Resources Benchmarking Network (HRBN) annual survey.</li> </ul>

**DISCUSSION OF RESULTS:**

Over the past fiscal year, Labrador-Grenfell Health completed several initiatives, programs and services that continued work started on realizing improvements in systems performance and sustainability.

Labrador-Grenfell made significant progress in support of the implementation of the provincial strategy for endoscopy services which included initial telephone audits of endoscopy waitlists, the development of a standardized regional appointment scheduling system for endoscopy procedures, and identified a baseline measure for wait times for endoscopy (colonoscopy) services. Additional work on these initiatives and implementation of further programs and services that align with the provincial strategy will be completed in the coming fiscal year.

The HHRIS system will improve systems performance by creating efficiencies through accurate measurement of various human resources indicators, such as data to facilitate successful recruitment strategies in the most cost-effective manner. Labrador-Grenfell Health has begun installation of the Attendance Management module that will further improve system performance by allowing managers to assess employee attendance while providing the necessary supports. Installation of an additional module called eRecruit is planned for the fall of 2013. This mandate will allow applicants to submit their applications for job competitions directly on-line, thus streamlining current manual recruitment processes.

Labrador-Grenfell Health has made a sustained effort to improve systems performance through the completion of several additional activities, including the use of business intelligence software, implementation of respectful workplace initiatives, and health human resource programming. Further work planned in the coming year will produce greater accountability and stability of programs and services in those areas.

**Objective 2013-14:** 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:**

- Completed audits of endoscopy waitlists.
- Implemented standardized regional appointment scheduling systems for endoscopy procedures.
- Improved ratio in the percentage of clients receiving selected endoscopy services within the provincial benchmarks.
- Implemented final modules of the provincial Health Human Resources Information system (HHRIS).
- Improved performance demonstrated by monitoring of selected performance indicators aligned with reporting of the strategic directions of the Health Authority.

## Issue #3: Quality and Safety

Labrador-Grenfell Health has recognized the significance of quality and safety in the services it provides by identifying it as a priority issue in its past two strategic planning cycles. Considerable resources have been provided by Government and all employees have played a role in the success of initiatives, such as the implementation of the provincial electronic occurrence reporting (CSRS) system. This is translating into an improved culture of quality and safety for the benefit of clients and employees alike.

The commitment to making improvements in quality and safety for client care and in the workplace is based on the effective utilization of data, evidence and evaluation. A series of initiatives, including the new electronic occurrence reporting system, workplace violence and falls prevention strategies, and *Safer Health Now!* initiatives demonstrate the improvements which Labrador-Grenfell Health has introduced or continued to work on in 2012-13. Building on the success of achieving the Ontario Laboratory Accreditation designation in all Labrador-Grenfell Health laboratories, the laboratory service realized significant and further

improvements in quality and safety through a variety of new technologies and improved processes.

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

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

**Indicators:**

- Achieved Accreditation status.
- Implemented selected *Safer Healthcare Now!* initiatives on a regional basis.
- Implemented the Provincial Electronic Occurrence Reporting (CSRS) system.
- Implemented additional employee health and safety policies and initiatives.
- Monitored and reported quality and safety performance on a regular basis through key indicators.
- Evaluated established quality and patient safety initiatives.

*Training in Safe Resident Handling Program, Happy Valley-Goose Bay Long-Term Care Facility.*



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

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

**Indicators:**

Planned for 2012-13	Actual Performance for 2012-13
<p><b>Continued work on strengthening regional focus of selected Safer Healthcare Now! initiatives.</b></p>	<p>Work continued in 2012-13 to strengthen the regional focus of selected Safer Healthcare Now! initiatives in the following areas:</p> <p><b>Medication Reconciliation:</b></p> <p>Continued participation throughout 2012-13 in the web-based Sustainability &amp; Spread Facilitated Learning Series assisted key staff in Labrador-Grenfell Health with the regionalization of medication reconciliation initiatives. Medication reconciliation is a process to ensure accurate and comprehensive medication information is communicated consistently across transitions of care.</p> <p>Building on the work started in 2011-12, a phased, organization-wide approach was implemented beginning in April 2012 for medication reconciliation upon admission of all Labrador-Grenfell Health clients in Acute Care, Long-Term Care, and defined populations of Home Care.</p> <p>A regional medication reconciliation process and audit tool for admission was finalized in December 2012 and a regional data collection tool for Acute and Long-Term Care was finalized in February 2013.</p> <p>At the end of March 2013, a regional policy for medication reconciliation on admission was in its final stages of completion.</p> <p><b>Preventing Surgical Site Infections:</b></p> <p>A new regional review process and audit tool was developed in the fall of 2012 for measuring compliance with best practices for the reduction of surgical site infections. These best practices are designed to improve the safety of clients and reduce costs.</p>
<p><b>Provided training on the Provincial Electronic Occurrence Reporting (CSRS) system to Labrador-Grenfell Health staff.</b></p>	<p>Labrador-Grenfell Health completed the implementation of the Provincial Electronic Occurrence Reporting (CSRS) System in October 2012. CSRS is an effective and user-friendly system of reporting, analyzing and follow-up of potential and actual occurrences. 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. As of March 31, 2013, 95.2 per cent of all front-line staff and 94.5 per cent of all managers were trained to use CSRS. Three CSRS Educators delivered the training which supported the creation of a “just” culture whereby individuals are encouraged to report occurrences and collaborate with members of the health care team in seeking solutions and initiatives to promote quality improvements.</p> <p>During 2012-13, Labrador-Grenfell Health’s CSRS Project Lead and Information Management and Technology (IM&amp;T) support staff also received training in extracting data for report writing and data analysis.</p>



<p><b>Continued implementation of a Regional Falls Prevention Strategy.</b></p>	<p>At the end of March 2013 specific objectives of the draft strategy were implemented, including:</p> <ul style="list-style-type: none"> <li>• The Regional Falls Prevention Steering Committee attended an educational webinar in April 2012 offered by Accreditation Canada to assist in the development and implementation of a comprehensive falls prevention strategy across the continuum of care.</li> <li>• The Environmental Risk Assessment tool and process was piloted in May 2012 and finalized in October 2012.</li> <li>• Multi-disciplinary roles and responsibilities for Falls Prevention were identified in February 2013.</li> <li>• The Regional Project Implementation Plan was developed and contains a phased, multi-year approach.</li> <li>• A draft Regional Falls Prevention Administrative Policy was ready for final approval.</li> <li>• A second validated Falls Risk Assessment Tool was under development to meet the needs of Community Health and Home Care services.</li> <li>• An Assessment Checklist and Post Fall Assessment Checklist were under development at the end of March 2013.</li> </ul>
<p><b>Started the implementation of a Regional Workplace Violence Prevention Program.</b></p>	<p>Labrador-Grenfell Health started the implementation of a Regional Workplace Violence Prevention Program in 2012-13. Specific activities included:</p> <ul style="list-style-type: none"> <li>• The Regional Workplace Violence Prevention Working Group attended an educational webinar in June 2012 offered by Accreditation Canada to assist in the development and implementation of a comprehensive workplace violence program across the Authority.</li> <li>• By the end of March 2013, significant work had been completed on a workplace violence prevention program guide and related administrative policies with respect to working alone and risk assessment.</li> </ul>
<p><b>Started the implementation of a Provincial Musculoskeletal Injury Prevention (Employee) Pilot program in two sites.</b></p>	<p>Labrador-Grenfell Health received approval and funding from the Department of Health and Community Services to implement a Safe Resident Handling Program as a 15-month pilot project in partnership with the three other Regional Health Authorities. The goal of the program is to reduce the number of musculoskeletal injuries to employees caused by lifting, repositioning, transferring and bathing residents in long-term care, in addition to providing a safer care environment for these residents.</p> <p>As part of this pilot project, Labrador-Grenfell Health received more than \$200,000 in funding from the Department of Health and Community Services to hire a Regional Injury Prevention Coordinator for long-term care for a six-month period beginning August 2012, to purchase the necessary equipment, to provide training and to develop safe work practices now used by nursing staff in the John M. Gray Centre, St. Anthony and the Long-Term Care Facility, Happy Valley-Goose Bay.</p>
<p><b>Provided indicator monitoring reports on the quality and safety of services provided to clients and in the employee workplace.</b></p>	<p>Indicator monitoring reports, which included key aspects of quality and safety of services provided to clients and in the employee workplace, were provided to the Senior Executive Team and the Board of Directors on a quarterly basis until May of 2012. At this time, revisions to the report format were started in order to provide indicators better aligned with monitoring progress in achieving the strategic goals of Labrador-Grenfell Health. While this realignment was in progress, pertinent quality and safety indicators continued to be reported on a regular basis.</p>

**DISCUSSION OF RESULTS:**

The emphasis on safety and quality at Labrador-Grenfell Health continues to grow. As evidenced by the results of a Patient Safety Culture Survey, completed in April 2012, employees who have direct contact or interaction with clients indicated they felt comfortable and were able to talk about patient safety issues and errors without fear of reprisal or repercussions. Additional successes in monitoring improvements in the quality and safety of services provided to clients and in the employee workplace were achieved through training almost all staff on the CSRS system, the development of regional audit and data collection tools for monitoring of medication reconciliation processes, and through indicator monitoring reports.

Labrador-Grenfell Health's commitment to improve quality and safety is in step with the Government's strategic direction of accountability and stability of health and community services. Priorities for the coming year include continuing to work with the Department of Health and Community Services and

the other Regional Health Authorities in strengthening processes to improve patient safety and quality through the use of the Clinical Safety Reporting System, ensuring that *Safer Health Care Now!* initiatives have a regional focus, and enacting strategies dealing with falls prevention and workplace violence prevention.

**Objective 2013-14:** 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:**

- Evaluated the impact on quality and safety in areas targeted by selected Safer Healthcare Now! initiatives.
- Evaluated the effectiveness of the Provincial Muskoskeletal Injury Prevention (Employee) Pilot program.

*Patient Safety Week, Captain William Jackman Memorial Hospital, Labrador City.*



# OPPORTUNITIES AND CHALLENGES AHEAD

**Achievement of Accreditation Status.** Labrador-Grenfell Health is scheduled for an accreditation survey from May 12-17, 2013 through Accreditation Canada's Qmentum program. The survey provides an opportunity for the Authority to be evaluated against national standards in health care, and to make improvements based on the recommendations provided. Labrador-Grenfell Health looks forward to achieving accreditation status and continuing to work towards providing safe and quality care.

**Measuring Client Experiences.** Under a new client experience component of the Accreditation Canada Qmentum program for 2013, organizations are required to conduct a measurement of client experience. The purpose of this requirement is to ensure organizations are monitoring the experiences of clients who use their services, and are using this information to make quality improvements. For the first time in 2012-13, Labrador-Grenfell Health contracted a third party vendor to conduct a point-in-time measurement of client experience while they were inpatients at the Charles S. Curtis Memorial Hospital. The survey, which was both confidential and voluntary, was conducted from January to March 2013 and realized a 42.9 per cent response rate. The results are expected in April 2013 and will be utilized to evaluate and improve services as part of Labrador-Grenfell Health's overall strategic goal of demonstrating improvements in the quality and safety of services provided to clients.

**Identifying and Analyzing Trends in Client Occurrences.** The implementation of the Provincial Electronic Occurrence Reporting (CSRS) System at Labrador-Grenfell Health was successfully completed in 2012-13. Labrador-Grenfell Health will continue to encourage and support front-line employees and managers to utilize the system to its fullest capacity. CSRS provides an opportunity for provincial consistency in the reporting and coding of occurrences. It also allows for regional and provincial trending of occurrences, and shared learning between Regional Health Authorities. Labrador-Grenfell Health will be moving forward with the development of trend analysis and regional reporting as the system becomes the established method of

reporting and investigating occurrences and close calls.

**Regional Suicide Prevention Strategy.** Labrador-Grenfell Health has identified suicide as one of its major issues of concern in addressing strategic population health issues. While significant work has been accomplished in creating a database of attempted and actual suicides, there is still a 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. The Mental Health and Addictions Department has been tasked with taking the lead in the development of a regional strategy that addresses all of the key areas required as part of best practice.

**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. While progress had been made in consolidating the financial and human resources applications, consolidation of clinical software and deployment of new advanced clinical modules had not yet occurred due to limited capacity within the region. At the end of March 2013, Labrador-Grenfell Health received funding from the Department of Health and Community Services and a partnership commitment from Eastern Health to begin a Meditech consolidation project. For the next two years, Labrador-Grenfell Health will be working with Eastern Health to consolidate its respective Meditech systems into one standardized system hosted by Eastern Health. Once implemented, this consolidation will bring about significant improvements in systems performance and sustainability, particularly in supporting access to standardized and robust clinical information systems for health professionals in the Labrador-Grenfell Health system.

**Implementing Best Practices in Emergency Room**

**Care.** In keeping with Government's *A Strategy to Reduce Emergency Department Wait Times in Newfoundland and Labrador (2012)*, Labrador-Grenfell Health is moving forward with the implementation of the Canadian Triage Acuity Scale (CTAS) in its three hospital emergency rooms. CTAS, which is a five point scale, is the most common classification system used in Canadian emergency departments to determine the urgency or severity of a client's condition on arrival to the emergency department. It was developed by the Canadian Association of Emergency Physicians in 1998. CTAS also establishes the maximum recommended time that a client should wait until their initial medical assessment. When implemented, CTAS will allow a clearer and more efficient process for prioritizing clients accessing emergency room services.

**Improved Health System Performance.** Labrador-Grenfell Health completed an operational improvement exercise during 2012-13 which involved an analysis of a series of performance indicators and benchmarking

comparators from all service and support areas. This process will continue in the coming years.

**Appropriate Placement of Medically Discharged Clients from Acute Care.** While variable over time, the volume of medically discharged clients occupying acute care beds in Labrador-Grenfell Health's hospital facilities remains a challenge. It puts additional pressure on programs and services for acute care clients and does not allow the medically discharged client to receive the optimal type and mix of services that they need. Labrador-Grenfell Health is developing a process that allows for client movement between the Authority's facilities so that the most appropriate care can be provided. Along with this process, Labrador-Grenfell Health has developed a checklist for the transfer of a medically discharged client back to the region from another Regional Health Authority. The checklist helps clients receive all of the assessments and supplies needed to promote a smoother transition to an acute care facility within the region until appropriate permanent placements are found.

*Paramedics at Charles S. Curtis Memorial Hospital, St. Anthony.*



# AUDITED FINANCIAL STATEMENTS

## Statement of Management Responsibility

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

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

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

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



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Ray Norman  
Board Chair



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Tony Wakeham  
Chief Executive Officer



# AUDITED FINANCIAL STATEMENTS

## INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying consolidated financial statements of the Labrador-Grenfell Regional Health Authority, which comprise the consolidated statement of financial position as at March 31, 2013 and the consolidated statements of operations, changes in net financial assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

### Management's Responsibility for the Financial Statements

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

### Auditor's Responsibility

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

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

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

### Opinion

In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of the Labrador-Grenfell Regional Health Authority as at March 31, 2013 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Clarenville, Newfoundland and Labrador  
Sept. 18, 2013


Chartered Accountants

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

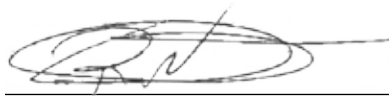
## CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS AT MARCH 31, 2013

	2013	2012
	\$	\$
<b>FINANCIAL ASSETS</b>		
Cash	639,451	806,889
Restricted cash (Note 2)	1,564,661	1,602,909
Receivables (Note 3)	23,561,528	21,386,351
Inventories for resale (Note 1d)	666,394	725,802
	<u>26,432,034</u>	<u>24,521,951</u>
<b>LIABILITIES</b>		
Bank indebtedness (Note 4)	4,308,271	9,614,967
Payables and accruals	11,760,809	12,043,866
Post retirement benefits, post employment benefits and compensated absences		
Accrued vacation pay	6,679,272	6,930,804
Accrued Sick Leave (Note 5)	7,124,874	6,879,496
Accrued severance pay (Note 5)	11,885,651	10,945,360
Other accrual benefits	2,705,921	2,893,041
Deferred revenue (Note 6)		
Operating	4,602,533	4,414,004
National Child Benefit (NCB) initiatives	2,551,037	2,532,738
Capital	22,311,836	17,105,934
Special purpose funds	644,746	679,628
Long-term debt (Note 7)	1,006,446	1,109,117
	<u>75,581,396</u>	<u>75,148,955</u>
Net Financial Assets (Debt)	<u>(49,149,362)</u>	<u>(50,627,004)</u>
<b>NON-FINANCIAL ASSETS</b>		
Inventories - supplies (Note 1h)	1,677,610	1,623,596
Prepaid expenses (Note 1i)	2,692,715	4,143,947
Tangible capital assets (Note 8)	44,515,362	44,515,527
	<u>48,885,687</u>	<u>50,283,070</u>
Accumulated Deficit	<u>(263,675)</u>	<u>(343,934)</u>

Signed on behalf of the Board:



Trustee



Trustee

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

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## CONSOLIDATED STATEMENT OF CHANGES IN NET FINANCIAL ASSETS (DEBT) YEAR ENDED MARCH 31, 2013

	2013	2012
	\$	\$
<b>Annual Surplus</b>	80,259	7,174,361
Acquisition of tangible capital assets	(5,446,786)	(11,804,622)
Amortization of tangible capital assets	5,446,896	5,196,018
	110	(6,608,604)
Use of prepaid expense	1,451,232	(1,121,399)
Other expenses to acquire non-financial assets	(53,959)	(55,877)
	1,397,273	(1,177,276)
<b>(Increase) decrease in net financial assets (debt)</b>	1,477,642	(611,519)
<b>Net financial assets (debt) at beginning of year</b>	(50,627,004)	(50,015,485)
<b>Net financial assets (debt) at end of year</b>	(49,149,362)	(50,627,004)

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



# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## CONSOLIDATED STATEMENT OF OPERATIONS YEAR ENDED MARCH 31, 2013

	<b>Budget</b>		
	(Note 12)		(Note 14)
	<b>2013</b>	<b>2013</b>	<b>2012</b>
	\$	\$	\$
<b>Revenues</b>			
Provincial plan - Operating	134,356,200	134,601,175	133,608,020
Provincial plan - Capital	5,446,786	5,446,786	11,804,673
National Child Benefit	1,778,128	1,360,593	1,294,396
Transportation and Works	1,285,500	1,285,500	1,285,500
MCP physicians	20,901,423	18,582,514	18,263,302
Inpatient	1,766,500	1,310,199	1,269,914
Outpatient	2,470,400	2,548,257	2,571,647
Long-term care	1,586,000	1,512,488	1,514,481
Other	6,427,432	8,668,186	12,906,590
	<u>176,018,369</u>	<u>175,315,698</u>	<u>184,518,523</u>
<b>Expenses</b>			
Administration	19,114,801	18,281,343	18,385,752
Support services	31,992,142	33,340,247	37,169,850
Nursing inpatient services	26,867,056	29,347,781	28,966,537
Ambulatory care services	20,906,441	22,401,056	22,596,120
Diagnostic and therapeutic services	16,773,140	17,983,989	17,773,453
Community and social services	33,932,383	30,429,549	29,551,662
Medical services	24,970,572	22,033,692	21,677,125
Research	93,981	95,622	107,892
Education	1,265,237	626,712	791,366
Apartment complexes	-	345,269	316,816
Foundation	-	350,179	111,319
	<u>175,915,753</u>	<u>175,235,439</u>	<u>177,447,892</u>
	102,616	80,259	7,070,631
Child, Youth & Family Services (Note 13)	-	-	103,730
	<u>102,616</u>	<u>80,259</u>	<u>7,174,361</u>
<b>Surplus</b>	<b>102,616</b>	<b>80,259</b>	<b>7,174,361</b>
Accumulated Deficit, Beginning of Year		<u><b>(343,934)</b></u>	<u><b>(7,518,295)</b></u>
Accumulated Deficit, End of Year		<u><u>(263,675)</u></u>	<u><u>(343,934)</u></u>

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

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## CONSOLIDATED STATEMENT OF CASH FLOW YEAR ENDED MARCH 31, 2013

	2013	2012
	\$	\$
Cash Flows		
Operations:		
Surplus	80,259	7,174,361
Amortization of capital assets	5,446,896	5,196,018
	<u>5,527,155</u>	<u>12,370,379</u>
Changes in:		
Receivables	(2,175,177)	(3,861,044)
Inventories	5,394	17,300
Prepaid expenses	1,451,232	(1,121,399)
Payables and accruals	(283,057)	(2,017,612)
Accrued vacation pay	(251,532)	156,238
Deferred revenue relating to operating and NCB program	206,828	(621,403)
Accrued severance pay	940,291	754,203
Accrued Sick Leave	245,378	92,750
Other accrual benefits	(187,120)	89,501
	<u>5,479,392</u>	<u>5,858,913</u>
Investing Activities		
Changes in restricted cash	38,248	22,468
Capital Activities		
Additions to capital assets	(5,446,786)	(11,804,622)
Financing Activities		
Deferred revenue		
Capital	5,205,957	(2,586,694)
Special purpose funds	(34,882)	(22,468)
Repayment of long-term debt	(102,671)	(1,257,430)
	<u>5,068,404</u>	<u>(3,866,592)</u>
Net change in cash and cash equivalents for year	5,139,258	(9,789,833)
Cash and cash equivalents, beginning of year	(8,808,078)	981,755
	<u>(3,668,820)</u>	<u>(8,808,078)</u>
Cash consists of:	2013	2012
	\$	\$
Cash	639,451	806,889
Bank indebtedness	(4,308,271)	(9,614,967)
	<u>(3,668,820)</u>	<u>(8,808,078)</u>

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

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2013

### 1. Summary of Significant Accounting Policies

#### a. Nature of operations

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

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

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.

#### b. Basis of accounting

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

The Authority controls three entities - the St. Anthony Interfaith Home 12 Unit Apartment Complex, the St. Anthony Interfaith Home 20 Unit Apartment Complex and the Grenfell Foundation Inc. The consolidated financial statements reflect the assets, liabilities, revenues, and expenses of these entities.

#### c. Restricted Cash

Restricted Cash relates to funds held for Special Purpose Funds and Endowment Funds.

#### d. Inventories for resale

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

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2013

### 1. Summary of Significant Accounting Policies (continued)

#### e. Retirement benefits, post-employment benefits and compensated absences

- i. 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 contribution of the Authority to the plan is recorded as an expense for the year.

- ii. 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.
- iii. The cost of non-vesting sick leave benefits are actuarially determined using management's best estimate of salary escalation, accumulated sick days at retirement, long-term inflation rates and discount rates. Adjustments to the liability arising from changes in estimates and/or experience gains and losses are amortized to income over the estimated average remaining service life of the related employee groups on a straight line basis. Adjustments to the liability arising from plan amendments are recognized immediately.

The accrued benefit obligation and current service cost for the severance valuation are actuarially determined based on date of hire, hourly rates and hours per pay. The expected benefit is projected to each year from the valuation date, reflecting management's best estimate of salary escalation and whether an individual is "vested" (i.e., if they have completed 9 years of continuous service). Adjustments to the liability arising from changes in estimates and/or experience gains and losses are amortized to income over the estimated average remaining service life of the related employee groups on a straight line basis. Adjustments to the liability arising from plan amendments are recognized immediately.

#### f. Tangible capital assets

The Authority has control over certain land, buildings and equipment, with the title resting with the Government and consequently these assets are not recorded as tangible capital assets. No lease payments are required for the use of these assets.

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

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

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2013

### 1. Summary of Significant Accounting Policies (continued)

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

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

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

#### g. 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.

#### h. Prepaid expenses

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

#### i. Revenues

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

Certain amounts are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the delivery of specific services and transactions. These amounts are recognized as revenue in the fiscal year the related expenses are incurred, services are performed or when stipulations are met.

#### j. Expenses

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

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2013

### 1. Summary of Significant Accounting Policies (continued)

#### k. Financial instruments

Financial instruments are recorded at fair value when acquired or issued. In subsequent periods, financial instruments are reported at cost or amortized cost less impairment. Financial assets are tested for impairment when changes in circumstances indicate the asset could be impaired.

#### l. Measurement uncertainty

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

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

### 2. Restricted Cash

	2013	2012
	\$	\$
Deferred contributions – special purpose funds	570,344	608,592
Endowment fund	994,317	994,317
	1,564,661	1,602,909

### 3. Accounts Receivable

	2013	2012
	\$	\$
Government of Newfoundland and Labrador	10,566,412	7,724,600
Government of Canada	1,042,028	9,185,060
Patient	2,695,321	3,230,411
Other	10,018,664	2,227,122
	24,322,425	22,367,193
Less: provision for doubtful accounts	(760,897)	(980,842)
	23,561,528	21,386,351

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2013

### 4 Bank Indebtedness

The Authority has access to a \$15 million line of credit in the form of a revolving demand loan bearing interest at prime with the Royal Bank of Canada. The line of credit has been approved by the Minister of Health and Community Services. In addition, this line of credit carries a Province of Newfoundland and Labrador guarantee for \$5 million up to \$15 million with the first \$10 million being unsecured.

At March 31, 2013, the balance owing was \$ nil (2012 – \$6,775,000).

### 5. Retirement benefits, post-employment benefits and compensated absences

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

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

	<b>Accumulation Rate</b>	<b>Maximum Accumulation</b>	<b>Maximum utilization per 20-year period</b>
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, 2013, are based on an actuarial valuation for accounting purposes as at March 31, 2013.

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2013

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

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

	2013	2012
Wages and salary escalation	4.00%	4.00%
Interest (discount rate on accrued benefit obligations)	3.60%	3.85%

#### a. Severance and sick leave liabilities

	2013			2012
	Severance	Sick Leave	Total	Total
	\$	\$	\$	\$
Accrued benefit obligations, end of year	13,308,564	7,721,937	21,030,501	19,589,163
Unamortized actuarial loss, end of year	(1,422,913)	(597,063)	(2,019,976)	(1,764,307)
Accrued benefit liability, end of year	11,885,651	7,124,874	19,010,525	17,824,856

#### b. Severance and sick leave expenses

	2013			2012
	Severance	Sick Leave	Total	Total
	\$	\$	\$	\$
Current year benefit cost	1,036,316	912,579	1,948,895	1,891,549
Interest on accrued benefit obligation	476,091	283,601	759,692	820,675
Amortization of loss	98,000	41,764	139,764	52,629
Employee future benefit expenses	1,610,407	1,237,944	2,848,351	2,764,853

### 6. Deferred Revenue

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

March 31, 2013	Balance at beginning of year	Receipts during year	Transferred to revenue	Balance at end of year
	\$	\$	\$	\$
Operating	4,414,004	6,253,153	6,064,624	4,602,533
NCB initiatives	2,532,738	1,378,894	1,360,595	2,551,037
Capital	17,105,934	10,800,326	5,594,424	22,311,836
Special Purpose Funds	679,628	414,563	449,445	644,746
	24,732,304	18,846,936	13,469,088	30,110,152



# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2013

### 6. Deferred Revenue (continued)

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

### 7. Long-Term Debt

	2013	2012
	\$	\$
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	421,107	482,351
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	585,339	626,766
	1,006,446	1,109,117

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

	\$
2014	109,398
2015	112,062
2016	114,789
2017	117,587
2018	120,456

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2013

### 8. Tangible Capital Assets

March 31, 2013

	Land	Land improvements	Buildings	Leasehold improvements	Equipment and vehicles	2013 Total	2012 Total
	\$	\$	\$	\$	\$	\$	\$
<b>Cost</b>							
Opening Balance	11,203	216,064	40,829,989	223,678	66,533,158	107,814,092	96,012,147
Additions	-	-	1,657,340	-	3,789,446	5,446,786	11,804,622
Disposals	-	-	-	-	-	-	(2,677)
Write-downs	-	-	-	-	-	-	-
Closing Balance	11,203	216,064	42,487,329	223,678	70,322,604	113,260,878	107,814,092
<b>Accumulated Amortization</b>							
Opening Balance	-	160,516	16,458,289	101,335	46,578,480	63,298,620	58,105,223
Amortization	-	6,140	1,066,938	6,117	4,367,701	5,446,896	5,196,019
Disposals	-	-	-	-	-	-	(2,677)
Write-downs	-	-	-	-	-	-	-
Closing Balance	-	166,656	17,525,227	107,452	50,946,181	68,745,516	63,298,565
<b>Net book value</b>	11,203	49,408	24,962,102	116,226	19,376,423	44,515,362	44,515,527

Buildings cost includes work in progress of \$1,604,284 (2012 - \$3,394,154). Buildings are not amortized until construction of the asset is complete.

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

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2013

### 9. Contractual Obligations

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

	2014	2015	2016
	\$	\$	\$
Contractual obligations			
Future operating lease payments - properties	496,109	206,745	60,670
Future operating lease payments – vehicles	202,269	108,629	9,343
Future operating lease payments - equipment	87,903	82,497	748
Service contracts	92,388	47,308	9,027
	878,669	445,179	79,788

### 10. Expenses by Object

The following is a summary of expenses by object:

	2013	2012
	\$	\$
Salaries and benefits	118,570,055	118,277,787
Medical supplies	7,602,974	7,051,161
Other supplies	10,459,812	9,813,627
Direct client costs	10,595,902	10,269,489
Amortization of tangible capital assets	5,344,170	5,099,501
Sundry – other	22,662,526	26,936,327
	175,235,439	177,447,892

### 11. Trusts under Administration

At March 31, 2013, the balance of funds held in trust for Long Term Care Residents was \$365,345 (2012 - \$379,829).

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2013

### 12. Budgeted figures

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

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

	2013
	\$
Financial Plan approved by Board	-
Add (less) PSAB budget adjustments:	
Capital grants revenue	5,446,786
Amortization of tangible capital assets	(5,344,170)
Budget surplus reported in financial statements	102,616

### 13. Child, Youth and Family Services

On March 26, 2012, the Government transferred 95 staff and all program delivery responsibilities from the Authority to the Department of Child, Youth and Family Services (CYFS). In 2012, the CYFS division of the Authority earned revenues of \$26,732,677 and incurred expenses of \$26,628,947, resulting in a contribution to the net surplus of the Authority of \$103,730.

### 14. Comparative Figures

Certain of the prior year figures have been restated to conform to the presentation adopted for the current year.





## Front cover photo:

A young boy and his mother receive care at the Mani Ashini Community Clinic, Sheshatshiu.

**Photo credit: Paul Daly**

Painting donated to the Labrador Health Centre, Happy Valley-Goose Bay, in memory of the late Winston Lawrence.

**Photo credit: Allan Bock**

Long Range Mountains, Western Newfoundland.

Laboratory technologist at the Labrador Health Centre, Happy Valley-Goose Bay.

**Photo credit: Paul Daly**



# 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)**