



Labrador-Grenfell
Health

ANNUAL PERFORMANCE REPORT
2010-11

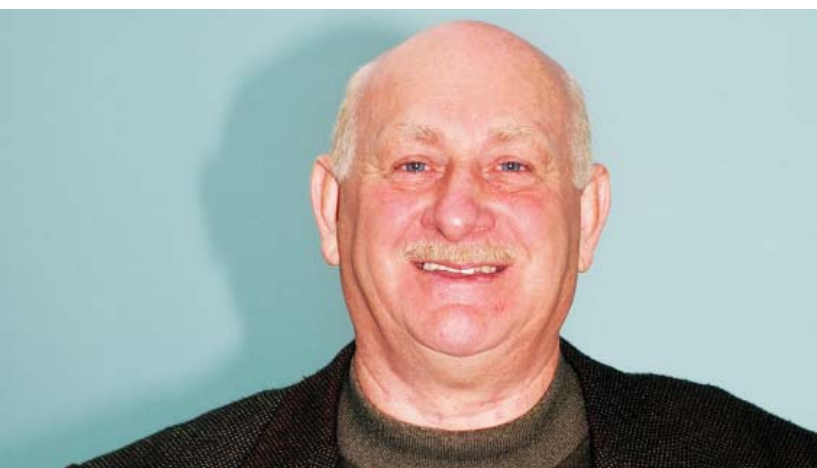
ANNUAL PERFORMANCE REPORT 2010-11

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Front cover photo: Pinware River, NL

MESSAGE FROM THE CHAIRPERSON



On behalf of the Board of Directors, I publicly present the Annual Performance Report for 2010-11, in accordance with the Guidelines for Annual Performance Reports for Category 1 Government Entities. The Board understands that it is accountable for the results and any variances explained herein.

The Board is particularly proud, in addition to annual performance, to present the cumulative results of the second strategic planning cycle, as the 2008-11 strategic plan concludes. The Board is also pleased to demonstrate the progress the Regional Health Authority has attained toward accomplishing its mission of improved accessibility to priority services.

Over the past year, there have been many successes. Labrador-Grenfell Health achieved accreditation and its employees were recognized by Accreditation Canada for their commitment and quest for quality. There have been many facility improvements, with the completion of the long-term care home in Happy Valley-Goose Bay, diagnostic imaging renovations and roofing repairs at the Charles S. Curtis Memorial

Hospital and the construction of a dialysis unit at the Captain William Jackman Memorial Hospital, just to name a few. There were several renovations to community clinics and each of the three health centres were upgraded with new digital x-ray suites. The Health Authority's ability to provide comfortable and accurate diagnostic services was improved in each of the three hospitals, with the installation of new state-of-the-art equipment.

A region-wide community needs assessment was completed, and based on the feedback of residents, the Board will be moving forward with a new Regional Health Services Delivery Plan.

With a dedicated effort of all employees, the Health Authority was successful in balancing its budget and witnessed an organization-wide commitment to safety, with a range of initiatives that spanned the continuum of care. Work now continues on the 2011-14 Strategic Plan, which will outline priority issues that the health authority is committed to addressing.

The Board thanks residents of the region and community stakeholders for their role in fulfilling the Health Authority's goals – the achievements outlined in this report are a reflection of this shared cooperation. Labrador-Grenfell Health looks forward to a continued partnership in the provision of quality health and community services in the region.

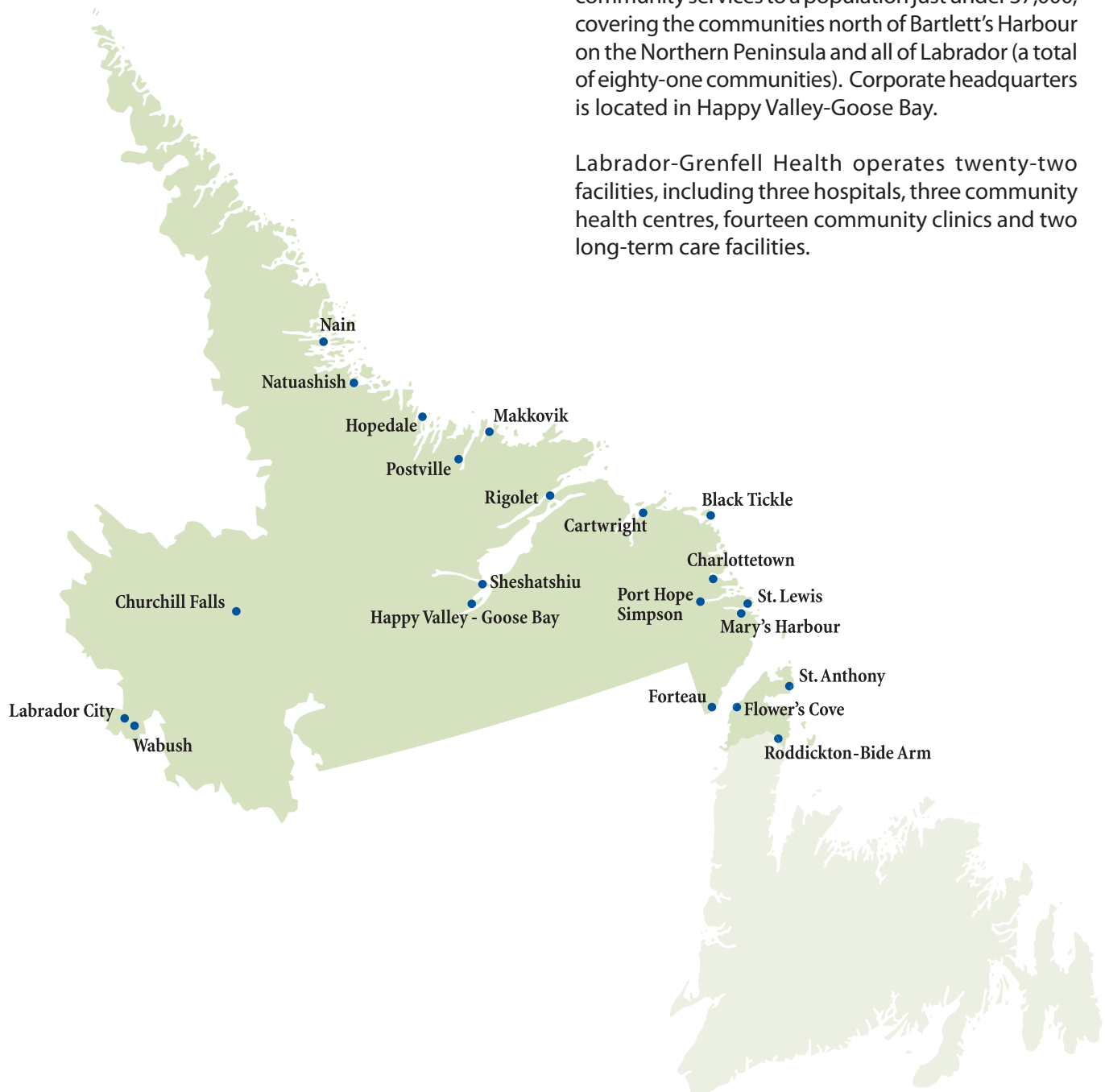
A handwritten signature in black ink, appearing to be 'Ray Norman', written over a white background.

Sincerely,
Ray Norman, Board Chair

OVERVIEW

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

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



VISION

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

MISSION

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

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 Protection Services
- Long-Term Care
- Mental Health and Addictions Services
- Residential Services
- Therapeutic Intervention, Family Rehabilitation and Other Rehabilitation Services

Note: As of March 31, 2011, work had concluded to transfer Labrador-Grenfell Health's Air Transportation Services to the Provincial Department of Transportation and Works, Government Air Services. This change will become effective on April 1, 2011.

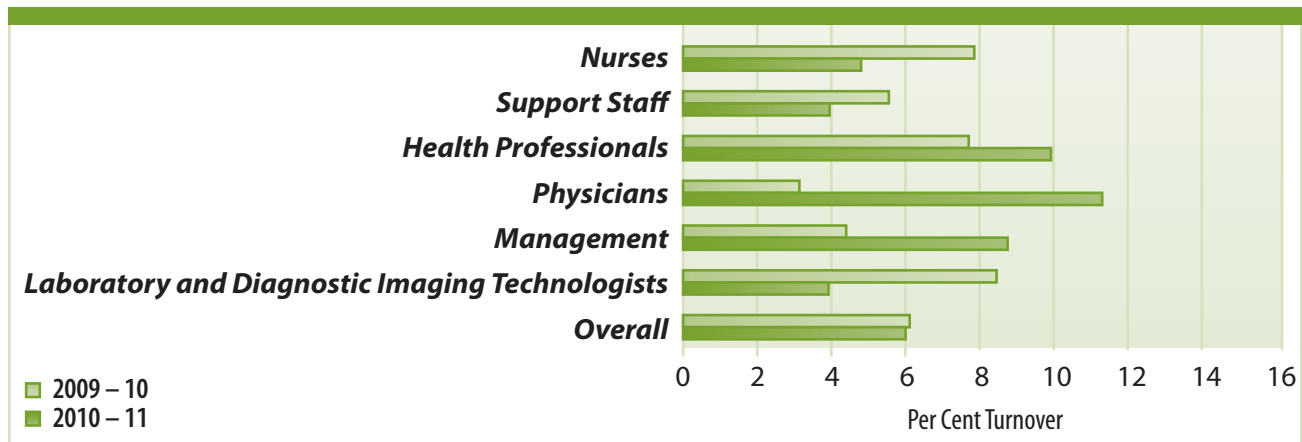
(For a detailed description of programs and services, visit www.lghealth.ca).

STATISTICS

Human Resources

As of March 31, 2011, Labrador-Grenfell Health employed 1,661 staff (1,016 permanent full-time, 63 permanent part-time, 447 temporary and 135 casual). Of these, 53 per cent are Support Staff, 25 per cent are Nurses, eight per cent are health professionals (i.e., Social Workers, Physiotherapists, Occupational Therapists, Speech Language Pathologists, Pharmacists), six per cent are Laboratory and Diagnostic Imaging Technologists, five per cent are Management and three per cent are Physicians. The overall staff turnover rate is 6.02 per cent, down from 6.10 in 2009-10. Seventy-nine per cent are female and twenty-one per cent are male. All staff are based in rural locations.¹

Staff Turnover Rate by Professional Area:



Financial Services

In 2010-11, Labrador-Grenfell Health successfully balanced its expenditures with revenues. Detailed financial information is presented at the end of this report.

CYFS

There are currently 235 children in care of the Directors of Child, Youth and Family Services in the Labrador-Grenfell Health region, an increase of 15.2 per cent from 2009-10. In 2010-11, there were 200 caregiver homes, an increase of 19.8% in the past fiscal year².



Environmental Services Week, Labrador Health Centre, Happy Valley-Goose Bay

Footnote:

- ¹ To form a census agglomeration, the urban core must have a population of at least 10,000 (Statistics Canada).
- ² Based on internal Labrador-Grenfell Health statistics.

Spotlight on Services:

Service	Number of Client Visits		Percentage Increase or Decrease
	2009-10	2010-11	
Dental Services (selected sites; includes Dentists, Hygienist and Dental Surgery)	9,232	10,432	+13.0%
Mental Health and Addictions Services	10,616	11,209	+5.6%
Diabetes Nurse Education	3,625	3,235	-10.8% (Attributed to staff turnover and orientation period for new Diabetes Educator).
Occupational Therapy	2,687	2,570	-4.4%
Speech Language Pathology	1,148	1,676	+46.0%
Physiotherapy	7,311	13,393	+83.2%

Acute Care Statistics

Category	REGIONAL TOTALS/FIGURES (Includes Charles S. Curtis Memorial Hospital, Captain William Jackman Memorial Hospital and Labrador Health Centre)
	Number of Acute Care Beds
Number of Admissions (including newborn)	3,861 admissions
Patient Days	22,874 days
Average Length of Stay	6.6 days
Operating Room Procedures	4,616 procedures
Number of Births	402 births
Number of Emergency Room Visits Registered to ER	52,648 visits

STATISTICS

Health Centre Statistics

	White Bay Central Health Centre, Roddickton	Strait of Belle Isle Health Centre, Flower's Cove	Labrador South Health Centre, Forteau
Number of Beds*	4	2	5
Clients Seen	18,203	20,494	10,765
Inpatients	158	119	154

* Holding Beds for Observation

Community Clinic Statistics

	2010-11
Clients seen by Regional Nurses	78,884
Clients seen by Family Physician	7,239

Long-Term Care Statistics

Category	Regional Total
# of Long-Term Care Beds	116 LTC beds
Resident Days	39,912
# Admissions	41

Note: Respite care beds and statistics not included in this report.

Community Health and Wellness

Service	2010-11 Data
Continuing Care Visits (includes both clinic and home visits)	22,562
Home Support Hours – Family and Rehabilitative Services	368,383
Number of Children Attending Child Health Clinics	1,530
Number of Clients Receiving Home Support Programs (includes provincial, end-of-life and acute home supports)	142



Stroke Awareness, Happy Valley-Goose Bay

SHARED COMMITMENTS

Improved Accessibility to Priority Services

Collaborative Effort Brings CT Services to Labrador West. On September 10, 2010, the Provincial Government and the Iron Ore Company of Canada (IOCC) announced a partnership that facilitated the purchase of a new computed tomography (CT) scanner to serve residents of Labrador West. The Provincial Government invested approximately \$1 million to purchase the 64-slice CT scanner, to be housed in a temporary location adjacent to the hospital. IOCC invested \$600,000 to build the temporary structure. Eventually, the CT scanner will be moved to a permanent location at the new Labrador West health care facility, upon its completion. This collaboration supports Labrador-Grenfell Health's mission and Government's strategic direction of increased accessibility to priority services, as presently, clients have to travel out of the area for this diagnostic service.

Enhancements in Diagnostic Imaging Lead to Improved Accessibility and Safety. With funding from the Department of Health and Community Services, new replacement digital X-ray units for the White Bay Central Health Centre and the Labrador South Health Centre supported notable improvements in the quality and safety of services at both sites. For example, wheelchair clients, the elderly and the very young can now get onto the X-ray table without having to climb onto a step, as each new system's table lowers to a height of 18 inches above the floor. As well, the new X-ray rooms are fully automated and limit the radiation field to the patient to as small as reasonably achievable.

Similarly, new replacement 64-Slice CT scanners at St. Anthony and Happy Valley-Goose Bay have resulted in significant improvements in the quality of CT services, with a faster duration and a wider range of tests available, and a greatly enhanced quality of the images. The purchase of this equipment was made possible through shared commitments with the Department of Health and Community Services, the Grenfell Foundation (East Chapter), the International Grenfell Association and the Innu Nation.

Enhanced Access to Mental Health and Addictions Services. Labrador-Grenfell Health is an active participant on the Labrador Aboriginal Health Integration Committee, which has been supporting the development of a mobile multidisciplinary team to provide mental health and addictions services to Aboriginal children, youth, and their families in their own communities. The Integration Committee was comprised of multiple partners, including the Nunatsiavut Government Department of Health and Social Development, Sheshatshiu Innu First Nation, Mushuau Innu First Nation, Labrador-Grenfell Health and the Labrador Health Secretariat/Health Canada. Labrador-Grenfell Health committed to recruiting for three positions (Project Manager, Clinical Manager and Clinical Psychologist II) for the Mobile Team. Currently two out of the three positions are filled. The Clinical Psychologist II position has been re-advertised and the team is on target with established timelines in the project work plan. This initiative supports Government's strategic direction of improved accessibility to priority services, particularly community-based mental health and addictions services.

Improved Population Health

Aboriginal Health Needs Addressed Through Continued Partnerships. The Nunatsiavut Government, the Department of Health and Community Services and Labrador-Grenfell Health staff have developed a program within the five Inuit communities in the region to screen and monitor clients who have been exposed to tuberculosis (TB). In support of the program, the Provincial Government funded an additional Communicable Disease Control Nurse and Clerical Support to develop a database of TB clients, hold screening clinics and ensure adequate follow-up of current and past TB clients. In addition, a portable digital X-ray unit was placed in Nain and as a result of a concentrated effort, over 150 residents have had TB screening completed. This service increased the accessibility for residents who found it difficult to travel to Happy Valley-Goose Bay for X-ray exams. These initiatives also increased

SHARED COMMITMENTS

compliance and monitoring of the program. The overall project was successfully completed with input from the Nunatsiavut Government, Labrador-Grenfell Health, the Provincial Government, and the vendors of the equipment. This initiative is in keeping with Government's strategic directions of strengthened public health capacity and improved accessibility to priority services.

During 2010, Labrador-Grenfell Health was engaged at many levels with representatives of Aboriginal agencies to develop, promote and implement programs and services aimed at improving the health status of community residents. These initiatives, which also support Government's strategic direction of improved population health and the focus area of Aboriginal health, included: exchanging knowledge and information, formulating health delivery plans; advocating for and recruiting additional mental health and addictions personnel; contributing to joint research interests; and providing educational opportunities to advance awareness of health conditions and cultural perspectives, such as the workshop on Aboriginal Health and Healing, held in October 2010. In addition, frontline staff working with Aboriginal clients or communities continually strive to foster positive relationships with local groups and leaders in order to facilitate the delivery of health services. Labrador-Grenfell Health's Aboriginal partners include the Department of Health and Social Development of Nunatsiavut Government, the Social Health Division of Sheshatshiu Innu First Nation (SIFN), the Health Commission of Mushuau Innu First Nation (MIFN), and the NunatuKavut Community Council.

Supporting the Dental Health of Children. Directly supporting Government's strategic direction to improve population health, and with particular regard to the focus area relating to the dental health of children, the Labrador-Grenfell Health Dental Service continues to deliver services to children and youth as specified within the provincial Children's Dental Health Program. This program covers all children 12 years of age and under who are residents of Newfoundland and Labrador and covers diagnostic,

interventional and preventive services. This includes the provision of fissure sealants for specified teeth, an initiative which has been shown to significantly prevent cavities. Additionally, the Health Authority ensures access at no cost to essential dental services for adolescents from low-income families (13-17 years old). Within the provincial program, access to emergency dental services for adult recipients of income support is also guaranteed.

A regular schedule of visits by a locum dentist for the communities of Black Tickle and Cartwright was implemented in January 2011. Locum visits to these communities were occurring prior to this; but on an inconsistent basis due to availability. Utilization of the same dentist on a set schedule now ensures continuity of care and access to services specified with the provincial Dental Health Plan for eligible recipients in these remote Labrador communities.

Additionally, following the success of a pilot project in 2008, and subsequent annual sessions in January 2009 and January 2010, progress has been made with facilitating more frequent sessions of Operation Tooth in the fiscal year 2010-11. This project is a joint initiative of Labrador-Grenfell Health and Dr. Geoff Smith, Pedodontist, with financial assistance from the Department of Health and Community Services. The goal of the project is to provide dental day surgery, under general anaesthesia, to children at the Labrador Health Centre in Happy Valley-Goose Bay. This provides access to quality dental care for these children in a setting as close to their homes as is possible. During the fiscal year 2010-11, four separate five-day sessions of Operation Tooth were held and a total of 130 cases were completed, compared to 59 in the preceding fiscal year, representing a 120 per cent increase in volume. A high degree of satisfaction with these services has been vocalised by the parents of children and by staff involved with the project.

Partnering with the IGA for Chronic Disease Management. In 2010-11, the International Grenfell Association (IGA) funded the very latest technology in Cardiac Testing equipment for St. Anthony, including three new 24-hour Cardiac Holter Monitoring Systems,

SHARED COMMITMENTS

a Blood Pressure monitoring system, Pediatric Cardiac Transducers and software. This equipment will help in detecting early signs of a chronic cardiac conditions and diseases.

In support of healthy aging, which is also a focus area of Government's strategic direction of improved population health, the IGA funded two Hearing Aide Analyzer systems, one for St. Anthony and one for Happy Valley-Goose Bay. These two instruments will help improve the diagnosis and treatment of seniors, as well as children and youth who are experiencing hearing problems. Having the new equipment will allow Audiologists to do full testing of the client's hearing aide, and allow them to repair and fine tune the unit to the needs of the person, which will improve their hearing and quality of life.

A coordinated funding approach between the IGA and the Provincial Government facilitated the purchase of an Automated Urinalysis Analyzer for the Happy Valley-Goose Bay Laboratory Department. This new Urinalysis Analyzer has supported improved efficiencies in laboratory testing and therefore contributes to Government's strategic direction of improved accountability and stability in the delivery

of health and community services within available resources.

Improved Population Health Through Training and Education. Labrador-Grenfell Health's Community Health and Wellness Department has been working closely with the Department of Health and Community Services, the Regional Breastfeeding Network, the Regional Wellness Coalitions and local Aboriginal organizations to implement initiatives in support of the Provincial Wellness Plan. For example, Government committed funding to the Provincial Perinatal Program to support the Breastfeeding Strategy, in particular, standardized staff education and training across the continuum of care. This is in keeping with the World Health Organization's Baby Friendly™ Initiative. The first training session for Labrador-Grenfell Health employees was offered in St. Anthony in March 2011.

The Health Authority is establishing partnerships with the Sheshatshiu Innu First Nation with the introduction of a Diabetes Nurse Educator position and a Dietitian at the Mani Ashini Health Centre in Sheshatshiu. This will help improve diabetes education services in this community.



St. Carol's, NL

SHARED COMMITMENTS

Improved Accountability and Stability in the Delivery of Health and Community Services within Available Resources

Quality and Safety Strengthened Through a Commitment to Provincial and National Initiatives and Standards. In keeping with Government's strategic direction of improved accountability and stability in the delivery of health and community services within available resources, Labrador-Grenfell Health has been working closely with the Department of Health and Community Services and the other Regional Health Authorities in addressing recommendations from the Commission of Inquiry on Hormone Receptor Testing and the Provincial Task Force on Adverse Health Events. This has included participation on provincial and regional working groups in developing and revising policies and plans, moving forward with the provincial electronic occurrence reporting system (i.e., the Clinical Safety Reporting System/CSRS), and collaborating on other actions as necessary in meeting the recommendations.

Labrador-Grenfell Health participated in an accreditation survey visit in May 2010 and was awarded accreditation status through the Accreditation Canada program.

Laboratory Services in the region have been significantly enhanced with funding from the Provincial Government, which facilitated a replacement Hematology Analyzer and back-up system in St. Anthony, a replacement Coagulation Analyzer and a back-up system for Happy Valley-Goose Bay and an Automated Microbiology Analyzer and back-up system for Labrador City.

A regional upgrade of the Computerized Maintenance Management System (CMMS) is progressing very well with all areas in the region participating this year. A Planner-Scheduler has been hired to champion this initiative. This will greatly improve the equipment preventative maintenance system and the Health Authority anticipates positive improvements on key indicators next year. Employee and client safety issues will be managed using this CMMS, which will generate key performance indicators based on the work activity and compliance with a preventive maintenance program.



White Bay Central Health Centre, Roddickton-Bide Arm

HIGHLIGHTS/ACCOMPLISHMENTS

Improved Accessibility to Priority Services

Satellite Dialysis Services. On March 15, 2011, Labrador-Grenfell Health welcomed its first client to the new dialysis unit at the Captain William Jackman Memorial Hospital in Labrador City. The unit is a satellite of the Provincial Kidney Program and has the ability to dialyze two clients at one time. Establishment of the unit was made possible by the Department of Health and Community Services and the fundraising efforts and tireless support of the citizens in Labrador West. The Department of Health and Community Services also provided funding to support the expansion of the program in St. Anthony from three clients to 12 and from three to 10 at the Labrador Health Centre. This supports Government's strategic direction of improved accessibility to priority services.

Early Interventions for Children. Consistent with Government's strategic direction of improved accessibility to priority services, the following additions and changes in staffing and programming have enhanced service delivery: the implementation of a health check for two-and-a-half year olds to start interventions for healthy eating, speech language, dental and vision care and refer children earlier to services they may require; the successful recruitment of a second Physiotherapist for St. Anthony after a two-year vacancy; the successful recruitment of a Speech Language Pathologist for St. Anthony following a 14-month vacancy; the successful recruitment of intervention (CMS/BMS) staff to cover several vacancies within this service area over the year, as well as the addition of a Social Worker II position for these services.

Enhancements to Services. Improvements are noted in the increased use of Telehealth (regional and provincial) technology, the delivery of traveling clinics within Rehabilitation Services (Churchill Falls, North West River, Coastal Labrador, Northern Peninsula), the successful launch of a Hydrotherapy program at all three hospital sites, the introduction of a new assessment tool (Minimum Data Set) for long-term care residents and the newly developed practice of conducting modified barium swallows in St. Anthony's Diagnostic Imaging Department.

Child, Youth and Family Services Recruitment for the North Coast. Currently there are two Program Managers residing on the North Coast (i.e., North of Cartwright) in the communities of Hopedale and Nain. As a result, staff now have ready access to clinical supervision. Labrador-Grenfell Health's child, youth and family services (L-GH CYFS) department has also successfully recruited two Family Intervention Workers to the North Coast. The focus of these positions is to work with families, where children are at risk, to learn new strategies and skills. L-GH CYFS staffing is the best it has been in several years in this area of the region, with 83 per cent of positions on the North Coast currently filled.

HIGHLIGHTS/ACCOMPLISHMENTS

Improved Accountability and Stability in the Delivery of Health and Community Services within Available Resources

International Nursing Recruitment. In collaboration with the Provincial Government's Office of the Chief Nurse, and with funding from the Department of Health and Community Services, Labrador-Grenfell Health moved forward with the hiring, orientation, and mentorship of internationally educated nurses. This initiative and partnership is viewed as a positive step forward as Labrador-Grenfell Health continues to face challenges with nursing recruitment and retention. This supports Government's strategic direction of improved accountability and stability in the delivery of health and community services by stabilizing human resources.

Laboratory Safety. On June 8, 2010 the Provincial Government announced that a Memorandum of Understanding had been signed with the Institute for Quality Management in Healthcare Limited (IQMH), signifying that the province was ready to begin a Medical Laboratory Accreditation Program. The Commission of Inquiry on Hormone Receptor Testing had recommended that all Medical Laboratories in the province should be licensed. The Laboratory at the Charles S. Curtis Memorial Hospital was one of the first eight laboratories chosen to begin the laboratory accreditation process. By the end of September 2010, all six Laboratories in the region had submitted self-assessment information to the Ontario Laboratory Accreditation (OLA) program. Training occurred in October and in December 2010, a team of OLA Assessors from Ontario carried out a full medical laboratory accreditation in St. Anthony. A corrective action report was subsequently received and in March 2011, an update was submitted to OLA with all of the evidence that the major requirements had been met, and all of the minor requirements had been met or had a plan for completion in place. Successful attainment of the ISO 15189 Certification will set the standard for the delivery of Laboratory Services, and will introduce monitoring and performance reporting mechanisms, and support the development of a culture of quality and safety in the province's medical laboratories.



Lodge Bay, NL

REPORT ON MISSION PERFORMANCE

Performance Related to the 2006-11 Mission

The mission of Labrador-Grenfell Health is consistent with its mandate as an integrated health and community services board. It is reflective of the needs identified by the people and communities it serves. Access to health and community services is a primary concern, as identified in both the 2005 and 2010 Community Needs Assessments. This mission also supports Government's strategic direction of improved accessibility to priority services.

Labrador-Grenfell Health delivers 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 regional referral sites (i.e., St. Anthony, Happy Valley-Goose Bay, and Labrador City). In addition, select traveling or permanent services are offered in single communities or in local geographic areas. Tertiary and more specialized referral-based services are available outside of the region or within the region on a visiting consultant basis.

The geographic reality of travel, combined with the complexities of providing consistent services in select 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.

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

Measure: Evidence of improved accessibility to regional health and community services.	
Planned for 2006-11	Actual for 2006-11
Improved access to be reflected in the results of community needs assessments and environmental scans.	<p>While both the 2005 and 2010 Community Needs Assessments considered access, a comparison of improved access was not completed due to different assessment methodologies.</p> <p>Since the 2005 Community Needs Assessment, there have been many positive changes that serve as evidence of improved access. These changes are related to issues raised during the community consultation process, such as access to specialists, allied health and rehabilitation services, recruitment and retention, transportation, Telehealth and mental health and addictions services. These include:</p> <ul style="list-style-type: none"> • Enhancements to support the recruitment and retention of nurses; • An increase in specialist services as reflected in increased positions in Behavior/Child Management and Speech Language Pathology; • Improved recruitment of Social Workers due to the two-year Labrador Bachelor of Social Work program delivered by St. Thomas University, in partnership with Labrador-Grenfell Health and the Nunatsiavut Government; • A mobile multi-disciplinary mental health team to focus on children and youth in Aboriginal communities;

REPORT ON MISSION PERFORMANCE

Planned for 2006-11	Actual for 2006-11
	<ul style="list-style-type: none"> • New positions for mental health and addictions staffing throughout the region; • Establishment of satellite dialysis services at each of the region's three hospitals. • Enhancements in chemotherapy services at the Labrador Health Centre; • Increase in and improved utilization of Telehealth technology (from 149 clinical sessions in 2006-07 to 1729 in 2010-11); • New health care facilities underway for Labrador City and Flower's Cove; • A new long-term care facility opened in Happy Valley-Goose Bay in July 2010; and • Improved access to diabetes education with 4.5 new positions for Natuashish, Sheshatshiu, the Northern Peninsula and Southern Labrador. <p>Furthermore, there has been an increase in the number of clients receiving/accessing selected services. For example, the following increases are related to the approval of additional positions and reallocation of existing resources:</p> <ul style="list-style-type: none"> • A 41 per cent increase in Direct Home Services from 2006-07 to 2010-11. • A 42 per cent increase in Community Behavioral Services from 2006-07 to 2010-11. <p>Additionally, these increases are attributed to stabilized staffing and a reduction in the number of vacant positions:</p> <ul style="list-style-type: none"> • A 35 per cent increase in Occupational Therapy Services from 2007-08 to 2010-11. • A 14 per cent increase for Speech Language Pathology Services from 2007-08 to 2010-11.
<p>Medical transportation subsidy review.</p>	<p>In addition to changes made through a provincial medical transportation subsidy review, Labrador-Grenfell Health, in consultation with the Department of Health and Community Services, reviewed its internal medical transportation subsidy processes and made recommendations regarding the payment and reimbursement process that could allow recipients to access funding more expediently.</p>
<p>Evaluation of transportation contracts.</p>	<p>Through a variety of different contracts, Labrador-Grenfell Health has been providing transportation for patients from its coastal communities to Happy Valley-Goose Bay and St. Anthony for routine appointments and emergency medical treatment.</p> <p>An evaluation of existing contracts for air services for the movement of patients, freight and specimens for southern Labrador was completed as part of a tender process in late 2010.</p>

REPORT ON MISSION PERFORMANCE

Planned for 2006-11	Actual for 2006-11
	<p>On January 1, 2011, a new charter service covering the Community Clinics in Southeast Labrador was implemented, resulting in an improved and more reliable set schedule.</p> <p>As well, services for the Community Clinics from Black Tickle to Nain were evaluated in November 2010, as a result of a separate tender for these locations. This evaluation determined that no changes were required.</p>
<p>Improvement in waitlist times in such areas as cancer care, eye care, joint replacement and diagnostic services.</p>	<p>Since 2006, Labrador-Grenfell Health has met the 100 per cent benchmark for <i>cancer care</i>, noting that all cancer patients receive service within four weeks of diagnosis.</p> <p>The Health Authority has a dedicated locum Ophthalmologist who visits regularly, resulting in improvements with access to <i>cataract</i> services, from 19 per cent for correction of first eye within the national benchmark in 2006 to 52 per cent in 2011. (It is also noteworthy that this percentage fluctuates, dependent on the number of visits during each quarter and sometimes reaches as high as 90 per cent).</p> <p>Wait times for <i>joint replacements</i> have shown the greatest improvements in reaching 100 per cent completions within established national benchmarks in 2011, from 50 to 75 per cent in 2006.</p> <p>Accessibility for <i>diagnostic imaging</i> has shown slight improvement since 2006, with 93 to 94 per cent of diagnostic urgent services now the access target of zero to 30 days.</p> <p>Labrador-Grenfell Health is currently participating in a Provincial Endoscopy Strategy which is addressing common issues across all regions and working towards improvements in endoscopy wait times.</p> <p>Due to the approval of additional positions and the reallocation of existing resources, other areas have also experienced improvements in wait times. For example, the wait time for Direct Home Services was reduced from 36 months in 2008 to four months in 2010-11. For Community Behavioural Services, the wait time has been reduced from 36 months in 2008 to six months in 2010-11.</p>
<p>Review of child development service requirements.</p>	<p>Competing priorities, particularly work related to strengthening Labrador-Grenfell Health's child, youth, and family services and work associated with the transition to a new provincial Department of Child, Youth and Family Services, meant that this indicator was not formally met. However, the following supporting work was completed:</p>

REPORT ON MISSION PERFORMANCE

Planned for 2006-11	Actual for 2006-11
	<ul style="list-style-type: none"> • The Labrador West Child Health Services Team conducted research on the number of children in Labrador West requiring the services of a developmental team and submitted this report to Senior Executive. • Staff participated in consultations held by the Province on developing a provincial early childhood learning strategy.
<p>Improved communication protocols within Labrador-Grenfell Health and with other Regional Health Authorities.</p>	<p>Communications protocols were improved with the following initiatives:</p> <ul style="list-style-type: none"> • A Communications Plan was developed and implemented to communicate the organization's strategic goals, mission, vision and values, following their release in both 2006 and 2008. • Regional communications and media relations policies and procedures were revised and implemented in 2006. • A corporate intranet (2006) and website were developed (2007). • The Communications Department initiated and delivered presentations to new staff during general orientation at all three hospital sites (in-person and via teleconference), in an effort to familiarize new staff with Labrador-Grenfell Health's corporate communications protocols. • Staff participated in a provincial Communications Working Group to develop common priorities and initiatives; specifically, a coordinated pandemic communications plan and response was carried out in 2009. • In September 2010, the Health Authority began an evaluation of its communications practices through an organization-wide internal communications survey. • There are weekly Senior Executive meetings; monthly meetings of both Regional Directors and Service Leads, in addition to regional departmental meetings for various service areas. • Many Senior Executive and Regional Directors participate in provincial meetings with their counterparts from the other Health Authorities, to discuss common issues. For example, Public Health Directors, Home and Community Care, and Community Support Directors have established committees to review and monitor programs within the province to improve communication and program standardization. The Regional Director of Rehabilitation and Intervention Services meets quarterly with the Regional Directors for Community Supports and a representative of the Department of Health and Community Services. The Regional Director of Diagnostic Services and the Chief Pathologist in the region meet biweekly with the Provincial Chief Pathologist and Medical Lead of Laboratory Services in the province. Diagnostic Imaging Regional Directors meet at the Provincial Picture Archiving and Communications System Governance Meetings, held face-to-face three times a year, and by teleconference.

REPORT ON MISSION PERFORMANCE

Planned for 2006-11	Actual for 2006-11
<p>Reduced vacancy/turnover rate among family practice physicians, medical specialists and other health care professionals.</p>	<p>Due to a variety of supporting factors, including an increased focus on recruitment and retention, supportive relocation assistance policies, the provincial bursary program for students in difficult-to-recruit health professional programs, and the Labrador Bachelor of Social Work Program, Labrador-Grenfell Health experienced reduced vacancy/turnover rates in the following areas:</p> <ul style="list-style-type: none"> • The turnover rate for family practice physicians had steadily decreased from 14.30 per cent in 2006 to 3.13 per cent in 2009. The rate increased to 21.88 per cent in 2010 with the departure of seven family practice physicians. These professionals left the region for a wide variety of personal and professional reasons, including lack of spousal employment opportunities and family lifestyle changes. Despite this, there were significant improvements in selected parts of the region. For example, from 2006-07 to 2010-11, the total number of fee-for-service family physicians in Labrador West grew from three to seven and the number of salaried family physicians in St. Anthony grew from three to six. • Turnover rates for Medical Specialists have remained low, ranging from zero to 3.39 per cent; however, vacancies remain in specialty areas for Radiology, Internal Medicine and General Surgery. • Registered Nurse turnover rates were an average of 6.56 per cent over the 2006 to 2011 period, with a significant decrease to 4.80 per cent in 2011. • By March 2011, there were no vacancies in the Family and Rehabilitation and Intervention Services. This is a noted improvement from 2006, when there was a vacant Physiotherapy position in Labrador West. • The number of Social Worker vacancies decreased from a total of nine in 2008 to four in 2011. Of these, vacancies on the North Coast decreased from five in 2008 to three in 2011 (data unavailable from 2006-08).
<p>Improved human resources utilization in such areas as scope of practice, bargaining unit flexibility, and Nurse Practitioner services.</p>	<p>Following the creation of Labrador-Grenfell Health on April 1, 2005, it was recognized by senior human resources leadership within the Health Authority that the existing fragmented and separated bargaining unit structures linked to the two former Boards would need to be consolidated in order to have consistent, effective and efficient human resources support for labour relations issues, programs, and policies. To this end, formal legal representation was made to the provincial Labour Relations Board in 2008 to have the various bargaining units in Labrador-Grenfell Health consolidated.</p>

REPORT ON MISSION PERFORMANCE

Planned for 2006-11	Actual for 2006-11
	<p>On July 16, 2008, the Labour Relations Board (LRB) ruled that the two exiting bargaining units of the Newfoundland and Labrador Nurses' Union (NLNU) should be consolidated and this was accomplished through a transition agreement signed on August 23, 2010.</p> <p>The LRB also ruled on February 6, 2009, following a vote of all Canadian Union of Public Employees (CUPE) and Newfoundland and Labrador Association of Public and Private Employees (NAPE) Hospital Support (HS) staff in the late Fall of 2008, that NAPE would become the sole bargaining agent for the Hospital Support staff. A transition agreement was signed on June 24, 2009, bringing this into effect.</p> <p>Similar transition agreements consolidating the two former Newfoundland and Labrador Association of Public and Private Employees Laboratory and X-Ray (LX) Bargaining Units and the two former Newfoundland and Labrador Association of Public and Private Employees Health Professionals (HP) Bargaining Units were signed on July 2, 2009 and October 19, 2009 respectively.</p> <p>As a result, all bargaining units representing staff of Labrador-Grenfell Health are now consolidated.</p> <p>Licensed Practical Nurses (LPNs), working to their full scope of practice, have been introduced into the Community Nursing programs.</p> <p>The utilization of an LPN in Mary's Harbour on a trial basis in 2010-11 has proven to be an excellent resource for community clinics. Their scope of practice has increased their ability to be an active participant in delivering health care services. It also provides consistency and stability for the community.</p> <p>Labrador-Grenfell Health is committed to ensuring staff work to their full scope of practice, with financial support from both the Health Authority and the Department of Health and Community Services. By March 31, 2011, ninety-five per cent of LPNs had completed the required courses - Medication Administration and Health Assessment, which are required to work at their full scope of practice. The Health Authority continues to work towards full implementation of the Provincial skill mix recommendations for long-term care.</p> <p>In 2010-11, a full-time Nurse Practitioner was hired for the Cartwright Community Clinic. This position has improved service delivery and increased accessibility for the residents of Cartwright.</p>

REPORT ON MISSION PERFORMANCE

Planned for 2006-11	Actual for 2006-11
<p>Technology services expanded – telehealth, tele-oncology.</p>	<p>Labrador-Grenfell Health continues to expand the utilization and scope of Telehealth innovation and adoption. The Telehealth program continues to improve accessibility for residents throughout the region, but particularly in coastal communities. Clients are seeing oncologists, cardiologists, orthopaedic specialists and surgeons via videoconferences. This allows them to stay at home instead of having to travel to a major centre. Rehabilitation and Intervention staff also use videoconferencing on a regular basis to provide services to clients on the coast of Labrador, as well as with the Janeway and other health care providers, to consult with or co-ordinate services for the clients within this region. The Physiotherapy Department at the Labrador Health Centre has significantly increased the use of video-conferencing with clients on the North Coast of Labrador.</p> <p>Through partnering with the Newfoundland and Labrador Centre for Health Information and other provincial stakeholders, Labrador-Grenfell Health expanded the utilization of within-region Telehealth clinical sessions from 149 in 2006-07 to 1729 in 2010-11. Telehealth services were expanded to include Tele-Ophthalmology and most recently, Tele-EEG is being tested for adoption.</p> <p>In 2010-11, there were 352 Tele-oncology sessions in the region, increased from 61 in 2006-07.</p> <p>Partnering with the Nunatsiavut Department of Health and Social Development, Health Canada, First Nations and Inuit Health, Labrador-Grenfell Health has been engaged in a pilot project utilizing an advanced clinical telehealth application, the InTouch RP-7 Remote Presence videoconferencing Robot in Nain. This project focused on collaborative case consultation, clinical consults and follow-up, emergency management, clinical support, and improved quality of patient care.</p>
<p>Increased access to and utilization of services by individuals, families and groups who need them most.</p>	<p>As a result of an outbreak of Tuberculosis in the community, a mobile digital X-ray unit was placed in Nain for screening purposes. This was a joint initiative with the Nunatsiavut Government, Labrador-Grenfell Health and the Department of Health and Community Services, which reduced the amount of travel for clients from the North Coast for the screening.</p>

REPORT ON MISSION PERFORMANCE

Planned for 2006-11	Actual for 2006-11
	<p>Staff have guidelines, policies and criteria for prioritizing services to ensure that those in greatest need receive the services. For example, the Physiotherapy Department uses a system to classify clients as urgent or routine and have guidelines in terms of response time based on classification. Inpatients are seen within 24-48 hours and urgent referrals are seen within two weeks.</p> <p>In Mental Health and Addictions Services, a new region-wide method of data collection was introduced in 2007. In 2010, a new Intake/Screening process was introduced, in conjunction the Client Priority Classification System. This has helped to ensure that clients in the region in the most need of services receive them within established benchmarks. Departmental services on the North Coast have improved; currently, there are two Social Workers in Nain and one in Hopedale. Clients in need can now access these services in their own communities. Youth Outreach and Early Intervention Workers continue to provide essential linkages between high risk youth and the Mental Health and Addictions Services Department, and other agencies as necessary.</p> <p>In October 2010, the new regional position of Clinical Efficiency and Utilization Manager was filled with a primary focus on developing and implementing a comprehensive clinical efficiency program throughout the region. As this is a new position, comparative utilization data was not available for the mission reporting period.</p> <p>There has been an increase in the number of clients receiving/accessing selected services:</p> <ul style="list-style-type: none"> • In Direct Home Services, there was an increase from 69 clients in 2006-07 to 97 in 2010-11. • For Community Behavioral Services, 124 clients received services in 2006-07; this increased to 176 in 2010-11. • In 2007-08, 647 clients received Occupational Therapy Services, compared to 876 clients in 2010-11. • In 2007-08, 310 clients received Speech Language Pathology Services; this increased to 353 in 2010-11. • Pediatric dental surgical services for clients in Northern Labrador increased over the reporting period. For the first time, in 2008, 38 children from Northern Labrador received dental surgical services in Happy Valley-Goose Bay through an initiative known as Operation Tooth. From 2008-11, 150 children received treatment through this program.

REPORT ON MISSION PERFORMANCE

Planned for 2006-11	Actual for 2006-11
<p>Improved dental services and reduced vacancy/turnover rate among dentists and dental hygienists.</p>	<p>Substantial improvements to dental services have been achieved since 2006. These include:</p> <ul style="list-style-type: none"> • Renovation and upgrading of equipment in four community clinics, resulting in improved service delivery in Mary’s Harbour, St. Lewis, Black Tickle and Cartwright. • A regular schedule of dental services for Cartwright and Black Tickle, with enhanced continuity of care. These clinics were completely renovated and re-equipped, allowing dental services to be reintroduced in May 2009, after several years of absence. • Increased dental day case general anaesthesia sessions and patient numbers in Happy Valley-Goose Bay and St. Anthony, via Operation Tooth and a Dental Surgery Blitz. • Installation of a region-wide Dental Practice Management system and the creation of electronic dental health records and access to direct third party insurance billing for residents of Southeast Labrador. • Addition and successful recruitment of a new Dental Hygienist/ Dental Health Promoter position for Flower’s Cove and Roddickton increased the regional complement of Dental Hygienists/Dental Health Promoters to two. • Installation of a digital panoramic X-ray machine at the Charles S. Curtis Memorial Hospital in St. Anthony, which has significantly improved the quality of services. Images are now available to Labrador-Grenfell Health and Specialist Dentists via the provincial PACS system. <p>At one point in 2006, 50 per cent of dentist positions were unfilled, resulting in increased reliance on locum services. By 2010, there was a noted improvement, with five out of seven positions filled (i.e., 28.5 per cent were vacant).</p>
<p>Enhanced health promotion information/ services in such areas as:</p> <ul style="list-style-type: none"> • oral health 	<p>In September 2010, following the addition of a new position, a Dental Hygienist/Dental Health Promoter was appointed for the Flower’s Cove and Roddickton areas. The incumbent is already experiencing a significant and growing demand for services, including both interventional treatment and prevention of oral disease. This position, along with the clinical and oral health promotion activities, will complement the one based at St. Anthony that has been successfully established over the past five years. Their activities promote an improvement in population health, with a considerable focus on the dental health of children. Furthermore, these positions provide improved accessibility to priority primary health services.</p>
<ul style="list-style-type: none"> • healthy eating 	<p>Wellness funding was received from the Department of Health and Community Services to establish a Regional Nutritionist position, which was filled in 2009.</p>

REPORT ON MISSION PERFORMANCE

Planned for 2006-11	Actual for 2006-11
	<p>The Nutrition Services Department has participated in the following activities:</p> <ul style="list-style-type: none"> • Collaborated on the provincial “Eat Great and Participate” project to promote healthy food choices in areas and community centres where children meet. • Provided ongoing support of the provincial School Food Guidelines, collaborating with the School Health Liaison and the School Health Parent Child Health Coordinator. • Conducted menu reviews at day care centres, Healthy Baby Clubs, Family Resource Centres and Personal Care Homes throughout the region. • Delivered community presentations across the region, including presentations on Canada’s Food Guide, label reading and infant feeding, cooking classes and healthy eating in the workplace presentations, educational workshops for staff, and ongoing support to Healthy Baby Clubs throughout the region. • Addition and successful recruitment of a new Dental Hygienist/ Dental Health Promoter position for Flower’s Cove and Roddickton <p>Funding from the Department of Health and Community Services supported the training of staff who are in contact with breastfeeding mothers, with the session taking place in March 2011. It is hoped that this training will contribute to changes in attitudes and increases in regional breastfeeding initiation and duration rates.</p> <p>A new Two-and-a-Half-Year-Old Health Check was introduced to start intervention for healthy eating, as well as speech language, dental and vision and to refer children earlier for any services/interventions they may require.</p> <p>In 2010-11, as part of the Diabetes Collaborative being formed in Sheshatshiu, and with funding from the Department of Health and Community Services, a Clinical Dietitian position was added to work with the Diabetes Nurse Educator to serve the Aboriginal population living with diabetes.</p>
<ul style="list-style-type: none"> • physical activity 	<p>Since 2006, Health Promotion staff have worked with community partners such as the Northern and Labrador Regional Wellness Coalitions, the Department of Education and the Nunatsiavut Government to improve and promote physical activity in the region.</p> <p>Funding from Provincial Wellness Grants helped introduce the following initiatives:</p>

REPORT ON MISSION PERFORMANCE

Planned for 2006-11	Actual for 2006-11
	<ul style="list-style-type: none"> • A skipping training program throughout the region, in partnership with the Department of Education. • A Walking-to-Wellness program on the Northern Peninsula, designed by Labrador-Grenfell Health professionals, in partnership with community members. • Support for the Trappers Running Club in Happy Valley-Goose Bay, including a provincial marathon and a total of 61 physical activity events. • Support for the Bird Cove Wellness Project, a community-based initiative that supports physical activity on the Northern Peninsula. • Development of Charlottetown’s “Connecting Healthy Living Practices with Tradition” initiative, which socially connects seniors, children and youth to encourage mentor relationships and the start of a healthy living group. • A smoking cessation program at the Labrador Friendship Centre in Happy Valley-Goose Bay. <p>Working with the School Health Liaison Consultants, Labrador-Grenfell Health has supported other activities such as snow-shoeing, as well as active school programs and events designed to increase the physical activity of school-aged children.</p>
<ul style="list-style-type: none"> • smoking 	<p>Since 2006, Labrador-Grenfell Health has achieved positive gains in smoking cessation support services and programming.</p> <ul style="list-style-type: none"> • The Labrador-Grenfell Health Smoke-Free Environment Policy was implemented on January 1, 2008. The policy is inclusive of all grounds, including parking lots and vehicles on the premises (to the property line). Within the policy, the following supports are offered: <ul style="list-style-type: none"> • For employees, a financial subsidy of 80 per cent of the cost of nicotine replacement therapies is offered and attendance at cessation programs is permitted during work hours. • Client referrals to the Community Action and Referral Effort Program – a Smoker’s Helpline fax referral system/program used by health professionals. From 2006-10, referrals by Labrador-Grenfell Health professionals averaged 121 per year. • Labrador-Grenfell Health is playing an active role in the development of a Provincial Tobacco Reduction Strategy. • In 2010-11, Labrador-Grenfell Health partnered with the Department of Health and Community Services on the development and implementation of the Helping Women Quit Training workshop targeting Healthy Baby Club Resource Mothers and Public Health Nurses who work with these programs. The Health Authority also implemented the Go Healthy with Ticker Tom prevention program targeting six to 12 year olds which has a smoke-free education component.

REPORT ON MISSION PERFORMANCE

Planned for 2006-11	Actual for 2006-11
<ul style="list-style-type: none"> • addictions 	<p>From 2006-11, a range of presentations and workshops were delivered to various groups, including Alcohol/Drug Awareness for Pre-Teens; Preventing Alcohol Related Trauma in Youth; ABC's of Addiction; Fundamental Concepts in Addictions; the Back-on-Track Program; Fetal Alcohol Spectrum Disorder Workshops; Raising Families (Parenting Program) and Stress Management.</p> <p>From 2006-11, Addictions Awareness Week activities were held annually throughout the region. Activities included school presentations, community events such as family skates, senior's functions and information display booths.</p> <p>The Youth Outreach and Early Intervention Workers, new positions introduced in 2009 with funding from the Department of Health and Community Services, continue to provide a vital service to the youth in the region, linking high-risk youth to Mental Health and Addictions Services and/or other services as required.</p>
<ul style="list-style-type: none"> • Fetal Alcohol Spectrum Disorder 	<p>From 2006-11, Fetal Alcohol Spectrum Disorder (FASD) Awareness Day activities were held annually throughout the region. Activities included free pancake breakfasts sponsored by the Labrador FASD Advisory Committee, school presentations, information bulletins, display booths and other events.</p> <p>From 2006-11, various in-services and presentations were delivered, such as Pregnancy-Related Issues in the Management of Addictions, Youth FASD, FASD presentations during CYFS orientation, FASD presentation for Early Childhood Educators and Drugs and Pregnancy.</p>
<ul style="list-style-type: none"> • reproductive health 	<p>As a new project in 2010-11, one of the Health Promotion Coordinators has been assigned responsibility for reproductive health awareness and education. The Coordinator has been working with the school health teams on reproductive health issued and linking with Health Protection staff to evaluate what health promotion programs are needed in relation to communicable diseases.</p> <p>From 2009 to present, Labrador-Grenfell Health has been the lead in a study designed to determine the potential impact of the HPV vaccine. Chronic infection with specific strains of HPV is the principal risk factor for the development of cervical cancer in women. However, there is currently no information on HPV prevalence and type within the Labrador-Grenfell Health region. In collaboration with the Public Health Agency of Canada (PHAC), the Nunatsiavut Government, the Innu First Nations and NunatuKavut (formerly Labrador Métis Nation), the Human</p>

REPORT ON MISSION PERFORMANCE

Planned for 2006-11	Actual for 2006-11
	<p>Papilloma Virus (HPV) Study was launched on December 31, 2009. The sampling period commenced on January 1, 2010 and concluded on November 2, 2010. Samples from Pap Tests were sent to the Provincial Public Health Laboratory from sites in Central and Coastal Labrador. Analysis of the samples is being done by the PHAC. PHAC will be reporting results of the analysis to members of the HPV-IPY Project Labrador Working Group.</p>
<p>Maximize the use of medical services available within the region and strive for self sufficiency, where possible (e.g., orthopedics and pediatrics).</p>	<p>The following Specialists, based at St. Anthony, have provided traveling clinics in the region, reducing the likelihood that these clients would have had to travel outside the region to access services:</p> <ul style="list-style-type: none"> • Since April 2006, the Orthopedic Surgeon has held three visiting clinics in Labrador City, twice in 2008 and once in 2009. • The Ear, Nose and Throat Surgeon has visited Labrador twice since 2009. • A Pediatrician based in St. Anthony has provided traveling clinics in Nain twice a year. <p>Since 2007, the Provincial Picture Archiving and Communications System (PACS) has been available to physicians and regional nursing staff in Labrador-Grenfell Health facilities, allowing them to view radiology reports and their associated images online. This reduces the need to print hard-copy X-ray films and send them by mail or courier to consultant Radiologists outside the region. This dramatically reduces wait times for diagnostic reports. Furthermore, regional consultation with a Specialist is easily available for remote sites, reducing the potential for the client having to travel to see the Specialist themselves.</p> <p>Prior to 2007, pathology specimens from the Captain William Jackman Memorial Hospital in Labrador City were sent outside the region for interpretation. Since March 2007, all of the Regional Laboratory Services are under the medical direction of the Regional Pathologist/ Chief of Laboratory Services, based in St. Anthony. Surgical samples from throughout the region come through the Regional Histology Department and are reported by the Regional Pathologist.</p> <p>Internal Telehealth medical consults increased from 88 in 2006-07 to 398 in 2010-11, reducing the need for clients to travel outside their home community for these specific health services.</p>

REPORT ON MISSION PERFORMANCE

Planned for 2006-11	Actual for 2006-11
Improved home care services based on available funding.	<p>The new provincial financial assessment process has increased the requests for home support services and improved access to clients who may not have qualified for the service in the past. Co-payments have been reduced or eliminated in many cases.</p> <p>Enhanced acute home care services, including an early discharge program and home IV program have been implemented at selected sites in 2007, providing more appropriate and efficient access to health professional staff, without having to access the Emergency Department. Part of this service is an end-of-life program, where enhanced services such as coverage for medication, equipment and supplies have taken this financial burden away from clients and their families. It also allows for home supports and enhanced nursing visits to support clients.</p>
Enhanced services for clients with dementia.	July 9, 2010 marked the opening of a new 50-bed Long-term Care Home in Happy Valley-Goose Bay. This facility includes a 13-bed Protective Care Unit and improves access to services for clients with Alzheimer's and other forms of dementia.
Increased residential placements for children within the region.	Due to targeted public awareness campaigns and dedicated staffing assigned to this program area, there are now a total of 200 approved foster homes in the region, an increase of 43.9 per cent from 2007-08.

REPORT ON MISSION PERFORMANCE

Measure: Evidence of improved accessibility, within available resources.	
Planned for 2006-11	Actual for 2006-11
Long-term plan to address budgetary deficit.	A formal long-term plan was not prepared due to internal operational requirements such as turnover in senior leadership in Financial Services during the reporting period, addressing budget pressures, improving monthly variance reporting and consolidation of Meditech financial modules.
Evidence-based reports evaluating existing resources (e.g., clerical review, Human Resource plans, waitlist information).	<p>In Rehabilitation and Intervention Services, workload measurement reports, including data on client visits, attendances, and staff productivity, are submitted monthly to the Department of Health and Community Services.</p> <p>Home Support statistics are submitted monthly to the Department of Health and Community Services.</p> <p>Waitlist information is submitted quarterly to the Waitlist Steering Committee and published by the Department of Health and Community Services.</p> <p>Labrador-Grenfell Health has been involved in the provincial Endoscopy Access initiative and participates on the Initiative's provincial Steering Committee. A review of each of the Operating Rooms in the province was conducted in June 2010, exploring work flow processes, human resource capacity and waitlist information. A final report, "Provincial Endoscopy Review," was released on November 16, 2010, providing a summary of findings from each of the Regional Health Authorities. Further work toward suggested improvements continued in 2010-11 and was ongoing at year-end.</p> <p>A Human Resources Plan for 2010-14 for Labrador-Grenfell Health was released in May, 2010. In 2009-10, for the first time, the Health Authority participated in an annual National Health Human Resources Benchmarking Indicator Survey, which will provide comparative data to start measuring performance in specific human resources functions.</p>
Balanced budget.	Labrador-Grenfell Health balanced its budget in the fiscal years ending March 31, 2009, 2010 and 2011. This was achieved primarily by creating a separate service for budgeting, allowing more time to be spent on analyzing variances; and secondly, through a deliberate effort by management staff to control expenditures.

REPORT ON MISSION PERFORMANCE

Planned for 2006-11	Actual for 2006-11
Regional Health Services Plan.	The major components of a Regional Health Services Plan were completed by March 31, 2011. As the first step in developing the plan, a community needs assessment was completed in late 2010, consisting of a telephone survey and community consultation meetings. A draft was submitted to the Board of Directors for review in January 2011; however, due to time constraints, further work on a regional health services plan continues.
Prioritization of accessibility indicators.	<p>Accessibility indicators were not prioritized during the reporting period, as internal resources were not available to complete this task.</p> <p>However, accessibility indicators are reported to the Board of Directors at each meeting and include waitlist benchmarks and performance data for hip fracture fixation, hip replacement, knee replacement and cataract surgeries. The Health Authority implemented a Utilization/ Clinical Efficiency position in October 2010, and a set of prioritized key accessibility indicators is being developed, in consultation with Senior Executive and other appropriate staff.</p>

Discussion of Overall Performance:

From 2006-11, Labrador-Grenfell Health was successful in achieving many of the indicators related to its mission. New initiatives were developed to bring services closer to clients in their home communities. The Labrador Bachelor of Social Work program contributed to stability in Social Work staffing in Labrador, a mobile mental health and wellness team was put in place for northern Labrador, satellite dialysis services were established and increased in each of the three hospitals in the region and a concentrated effort was made to review and improve the transportation of clients and laboratory specimens to and from coastal Labrador to Happy Valley-Goose Bay and St. Anthony.

Telehealth opportunities grew and expanded, improving access to specialist services in remote locations. Labrador-Grenfell Health continued to meet the 100 per cent benchmark for cancer care with all cancer patients receiving service within four weeks of diagnosis and wait times improved in several other service areas.

Enhancements in mental health and addictions programs and dental services led to service improvements and a coordinated approach to health promotion resulted in a greater range of programs and initiatives in several target areas. Home care, long-term care and residential services also witnessed improvements over the five-year period.

Labrador-Grenfell Health's mission of improved accessibility to services is one that will continue to be a priority. Providing services to clients and communities in many areas of the region will require a continuous commitment to innovation in improving access.

GOAL PERFORMANCE

ISSUE 1: CHILD, YOUTH AND FAMILY SERVICES

Labrador-Grenfell Health's child, youth and family services department (L-GH CYFS) provides Child Protective Intervention Services, Youth Services, Adoption Services, Community Corrections, Child Care Services and Residential Services. Labrador-Grenfell Health has Child, Youth and Family Services offices located in Cartwright, Flower's Cove, Happy Valley-Goose Bay, Hopedale, Labrador City/Wabush, Makkovik, Mary's Harbour, Nain, Natuashish, Sheshatshiu/North West River and St. Anthony.

Prior to this strategic planning cycle, both the Turner Review and Investigation and the Deloitte Organizational and Operational Review completed in 2006-07 had resulted in significant enhancements to L-GH CYFS, such as an increase in the number of Social Workers, support positions and funding for technical support and ongoing professional development. In addition to staffing, a new leadership model was being implemented, with a dedicated and strong focus on clinical supervision. Building on these reviews, and in light of the complex needs of children, youth and families in the Labrador-Grenfell Health region, its CYFS department committed to further analysis and action to address the areas of clinical supervision, case management and clinical tools available to Social Workers.

From 2008-11, L-GH CYFS made significant progress toward the implementation of identified priority

recommendations. Training, workload analysis, and partnerships with local Aboriginal organizations were areas of focus, in addition to initiatives to enhance safety and security in the workplace.

Through continuous integrated review and by improving selected elements of program delivery over 2008-11, including the recruitment and retention of Social Workers, L-GH CYFS is now in a better position to be more responsive to regional needs. This work continues to support Government's strategic direction of improved accessibility to priority services.



Breastfeeding Challenge, St. Anthony

Report on Goal Performance 2008-11:

Goal: By March 31, 2011, Labrador-Grenfell Health will have implemented program delivery improvements in selected priority areas, resulting in services more responsive to regional needs and strengthened Child, Youth and Family Services.

Measure: More responsive and strengthened services in selected priority areas of program delivery.

Planned for 2008-11	Actual for 2008-11
<p>Identified additional gaps in program delivery, not identified in provincial reports.</p>	<p>The following initiatives originated in response to internally identified gaps in services and were developed through consultation with Labrador-Grenfell Health's partners and stakeholders:</p> <ul style="list-style-type: none"> • As a result of an identified gap in mental health services for the Nunatsiavut and Innu areas of the region, a mobile mental health team was implemented. • In response to the results of an internal survey, training was developed and implemented to support the professional development needs of paraprofessional staff. To date, Social Worker Assistants, Community Service Workers and Family Intervention Workers have participated in basic orientation, risk management training, documentation and family violence training. • In 2010-11, Family Intervention Workers were hired in Wabush, Happy Valley-Goose Bay, Sheshatshiu, Hopedale and Nain, to diversify the service delivery model to meet unique client needs. • As there were significant gaps in Social Worker coverage in many North Coast communities prior to 2008, on-call system has been implemented on the North Coast to meet urgent client needs after-hours.
<p>Strengthened quality assurance through the development of human resources and clinical skills to identify and respond to potential improvements.</p>	<p>Quality assurance has been strengthened through a focus on development of human resources and clinical skills for Social Worker Assistants, Community Service Workers and Family Intervention Workers. To date, these professionals have had opportunities to attend L-GH CYFS basic orientation, risk management and documentation training. As a result, they now have information and skills to support standardized documentation processes, as well as the theory required to contribute to the quality assurance process to the appropriate level for their professional group.</p>
<p>Decreased the number of vacant Social Work positions, particularly those on the North Coast of Labrador.</p>	<p>The number of Social Worker vacancies decreased from a total of nine in 2008 to four in 2011. Of these, vacancies on the North Coast decreased from five in 2008 to three in 2011. A renewed focus on recruitment and retention factors influencing Social Workers, such as suitable housing, training and clinical supervision, supported this decrease in vacancies. The Labrador Bachelor of Social Work Program also contributed to an improved Social Worker vacancy rate.</p>

GOAL PERFORMANCE

Planned for 2008-11	Actual for 2008-11
<p>Increased the length of placement and retention of Social Workers.</p>	<p>The number of Social Worker vacancies has decreased by 55 per cent since 2008. This is an indicator of increased stability across sites. Enhanced training opportunities and the availability of clinical supervision has contributed to this success.</p> <p>The length of placement of Social Workers decreased from an average of 61 months in 2008 to 60 months in 2011. However, this result is impacted by the significantly increased numbers of new Social Workers joining the Health Authority in 2010-11 and who therefore, had much shorter lengths of placement at the time of preparation of this report.</p>
<p>Implemented strategies designed to increase employee safety while delivering client care.</p>	<p>The following safety strategies were implemented:</p> <ul style="list-style-type: none"> • Regional on-call managers were put in place to ensure that there is a manager on-call 24/7 in the region. • Satellite phones have been purchased for the North Coast, where cell phones cannot be utilized. These are used by L-GH CYFS workers during home visits. • All managers and each L-GH CYFS office in the region are equipped with cell phones to facilitate accessibility during emergency situations. • Pocket Safety Cards have been developed and distributed to all L-GH CYFS staff. • Managers are now on-site in North Coast communities. There are managers located in both Nain and Hopedale.
<p>Implemented priority recommendations to improve responsiveness of service delivery and to develop strengthened Child, Youth and Family Services.</p>	<p>The following priority recommendations have been implemented:</p> <ul style="list-style-type: none"> • CORE (child welfare) training, for both management and front line staff. • A risk management system, to improve case planning, monitoring, and delivery of intervention for families who require services. • A partnership with the Nunatsiavut Government, to adopt Parent Resources for Information, Development, and Education (PRIDE) pre-service training with prospective foster/adoptive parents, to improve the screening and preparation of caregivers who will be providing residential service and adopting child in-care. • A Mobile Mental Health Team to ensure children, youth and families on the North Coast and in the Innu zone have access to much needed services. • An improvement in the recruitment and retention of L-GH CYFS staff, as noted above, to improve the long-term delivery of services for children, youth and their families in the region.

Performance Related to the 2010-11 Objective

Goal: By March 31, 2011, Labrador-Grenfell Health will have implemented program delivery improvements in selected priority areas, resulting in services more responsive to regional needs and strengthened Child, Youth and Family Services.

Objective for 2010-11: By March 31, 2011, Labrador-Grenfell Health will have improved the responsiveness of services to regional needs in selected priority areas of program delivery resulting in strengthened Child, Youth and Family Services.

Measure: Improved responsiveness of services in selected priority areas of program delivery.

Planned for 2010-11	Actual for 2010-11
<p>Continued delivery of provincial CORE training initiatives for Social Workers and their supervisors, and Supervisory Skills training for supervisors.</p>	<p>Eighty per cent of both Social Workers and Program Managers have attended CORE Modules I and II, <i>Child-Centered Approach to CYFS Programs</i> and <i>Engaging Families in CYFS Programs</i>.</p> <p>Seventy per cent of Program Managers have attended CORE Modules III and IV, <i>Assessment in Protective Intervention Services</i> and <i>Investigation in Protective Intervention Services</i>.</p> <p>With regard to Supervisory Skills training for Program Managers, eighty per cent attended Module I, <i>Transfer of Learning</i> and Module II, <i>Clinical Supervision</i>. a Seventy per cent attended Module III, <i>Managing Diversity and People in the Workplace</i>.</p> <p>Further CORE and Supervisory Skills provincial training is on hold, given current developments with the transition of CYFS to a Government department.</p>
<p>Implemented priority recommendations for Social Work Assistant and Community Service Worker training needs.</p>	<p>Social Worker Assistants, Community Service Workers and Family Intervention Workers have attended basic L-GH CYFS orientation, Family Violence training and L-GH CYFS documentation training. This training was identified internally as a priority need and therefore developed and implemented for paraprofessional staff.</p>
<p>Implemented priority recommendations of CYFS employee survey regarding security in the workplace.</p>	<p>In response to a L-GH CYFS employee survey regarding security in the workplace, the following were implemented:</p> <ul style="list-style-type: none"> • Pocket Safety Cards consisting of safety tips for workers who complete visits in the community have been distributed to all L-GH CYFS staff. • Worker safety is a standing item at all L-GH CYFS management meetings. • As there is no cellular service in coastal Labrador, satellite phones have been purchased for offices on the North Coast. Workers can take the phone with them on home visits with clients as a means of contacting assistance, should it be required.

GOAL PERFORMANCE

Planned for 2010-11	Actual for 2010-11
	<ul style="list-style-type: none"> • On-call services have been implemented on the North Coast. This is the first time such services have been available for families and children who require a L-GH CYFS contact after-hours. • A regional manager on-call system has been implemented to ensure on-call workers have access to clinical supervision after hours if needed.
Employed majority of Labrador-Grenfell Health employee-graduates of the Labrador Bachelor of Social Work Program within the region.	Nine out of the twelve Labrador-Grenfell Health employees completing the Labrador Bachelor of Social Work Program hold Social Worker positions.
Supported the Innu First Nation, Nunatsiavut Government and Health Canada in the establishment of a Mobile Mental Health Team.	Labrador-Grenfell Health committed to recruiting for three positions (Project Manager, Clinical Manager and Clinical Psychologist II) on behalf of the Mobile Team. Currently all the positions are filled with the exception of the Clinical Psychologist II position. This position was recently re-advertised as a permanent and/or locum position. Despite this vacancy, the team is on target with established timelines in the project work plan.

Discussion of Overall Performance:

Labrador-Grenfell Health’s child youth and family services department (L-GH CYFS) can celebrate many successes, as the objectives and goals which were set in the 2008-11 Strategic Plan have been achieved. While L-GH CYFS has historically been challenged to recruit professional staff, there has been a significant shift in the past 12 months. The number of vacancies in Social Work positions has decreased by 55 per cent since 2008. The decreased turnover has enabled and enhanced consistency in service delivery across all program areas and strengthened planning.

L-GH CYFS has been successful in developing strategic partnerships to ensure that children and families have the services they require. The Mobile Mental Health Team is one example of such a partnership which recognizes the importance of the mutual planning and sharing of resources to ensure the maximum benefits for the children and families who require services.

This Department has demonstrated its commitment to staff and client safety across the region. The implementation of the on-call system for the North Coast, the successful recruitment of an on-site manager for the Hopedale office and the availability of comprehensive training for all staff supports a commitment to best practice and a safe workplace. Client and staff safety are key priorities. Ongoing professional development supports best practice and supervision and regular consultations across program areas and with partners support healthy relationships in the interest of providing effective and sustainable services.

Going forward, L-GH CYFS is well positioned to build on its current successes and partnerships to ensure that services continue to be strengthened in the interest of supporting healthy and safe children, families and communities. Future achievements will be supported through comprehensive oversight, a diversified service delivery structure, training and professional development and a strong focus on sustaining and building partnerships.

Labrador-Grenfell Health will continue to work in partnership with the newly created Government Department of Child, Youth and Family Services to ensure a smooth transition of program responsibility so that children, youth and families continue to receive the services they require.

ISSUE 2: IMPROVED HEALTH STATUS MEASUREMENT TOOLS

Health status measurement involves gathering and analyzing information on the factors known to influence health. When available, this information can be used to identify priorities and develop strategies to improve health, using the best evidence available at all stages of policy and program development. A quality and responsive health system needs to have accurate and timely access to information. This is vital for improving both client care and health care system performance.

Labrador-Grenfell Health had been using a variety of fragmented systems to produce and analyze regional health status data, in addition to data obtained from a variety of external agencies. Therefore, the Health Authority engaged in activities to develop and implement integrated health information management systems and processes.

Considerable progress has been made since 2008, with the development of an Information Management Plan in 2008-09, and its subsequent revision in April 2010, which set the focus and direction for this work.

From an Information Management policy perspective, new regional policies providing direction for mobile device security, faxing of confidential information and privacy and confidentiality were released between 2008 and 2011.

Improved monitoring and reporting of health status measurement data supports Government's strategic direction of improved accountability and stability in the delivery of health and community services. In particular, it supports the Department of Health and Community Services' focus area of identifying and monitoring outcomes for selected programs.

GOAL PERFORMANCE

Report on Goal Performance 2008-11:

Goal: By March 31, 2011, Labrador-Grenfell Health will have started the development of an integrated health information management system which will assist with the provision of health status data to support effective and strategic service delivery.

Measure: Started development of an integrated health information management system.

Planned for 2008-11	Actual for 2008-11
<p>Identified internal and external sources that can provide data related to population health status.</p>	<p>A formal scan of data sources was not completed as the lead departments assigned responsibility were nearly entirely focused on the planning, activation, implementation and evaluation of the H1N1 response in 2009-10, in addition to addressing an outbreak of tuberculosis in the northern part of the region in 2010-11. The inability to fill a vacant Medical Officer of Health position in 2010-11 also presented challenges with completing this work.</p> <p>However, significant work did occur that proved to be valuable sources of health status data. This included:</p> <ul style="list-style-type: none"> • Collaboration with the Nunatsiavut Government on the Inuit Health Survey (2009). • Collaboration and input as part of the NunatuKavut (formerly Labrador Métis Nation) Community Health Needs Assessment (data evaluation ongoing). • Regional and provincial reporting of infectious disease rates (e.g., Chlamydia, hospital acquired infection rates). • Regional reporting to a provincial registry for cervical cancer rates. • Data input as part of international circumpolar surveillance of five invasive bacterial diseases. • Internal diabetes registries.
<p>Improved ability to produce and collect selected health status data on a regular basis.</p>	<p>The ability to produce and collect selected health status data on a regular basis improved in areas such as Infection Control and Health Protection. For example:</p> <ul style="list-style-type: none"> • In 2010-11, work was started on a regional MRSA database, with assistance from an Epidemiologist from the Department of Health and Community Services. • Electronic regional tuberculosis case and contact databases were developed. <p>A new Public Health Information Officer position was funded in 2009-10; however, Labrador-Grenfell Health was unable to start recruitment prior to the end of March 2011. Once filled, this position will play a key role in collecting and analyzing health status data.</p>

GOAL PERFORMANCE

Planned for 2008-11	Actual for 2008-11
Expanded capacity to monitor health status trends in identified priority areas.	<p>During 2010-11, information from Diabetes Collaborative Clinic flow sheets in selected locations was entered into a file data storage system. There are plans for these clinics to expand into other areas of the region in the future, which will allow for analysis and trending of diabetes management data.</p> <p>Within the TB program, the TB screening clinic expanded Labrador-Grenfell Health's capacity to monitor and review clients in this priority area.</p>
Developed enhanced service delivery models in selected areas that are linked to population health status measurement.	Due to other competing priorities within the Population Health and Information Management areas, work on delivering enhanced service delivery models linked to population health status measurement did not occur.

Performance Related to the 2010-11 Objective

Goal: By March 31, 2011, Labrador-Grenfell Health will have started the development of an integrated health information management system which will assist with the provision of health status data to support effective and strategic service delivery.

Objective for 2010-11: By March 31, 2011, Labrador-Grenfell Health will begin the development of an integrated health information system that will assist with provision of selected health status data to support decisions regarding enhanced service delivery.

Measure: Started development of an integrated health information system.

Planned for 2010-11	Actual for 2010-11
Completed environmental scan for sources of health status data.	A formal scan of data sources was not completed as the lead departments assigned responsibility were nearly entirely focused on the planning, activation, implementation and evaluation of the H1N1 response in 2009-10, in addition to addressing an outbreak of tuberculosis in the northern part of the region in 2010-11. The inability to fill a vacant Medical Officer of Health position in 2010-11 also presented challenges with completing this work.

GOAL PERFORMANCE

Planned for 2010-11	Actual for 2010-11
Continued implementation of standardized policies and education for the security, protection of privacy and access to information.	The Regional Privacy Officer started in this newly funded position in October 2010. One of the first responsibilities of this position was to lead the development of policies related to the protection of privacy and access to information. The first two policies, <i>Privacy and Confidentiality</i> and <i>Oath/Affirmation of Privacy</i> , in addition to a revised <i>Oath/Affirmation of Confidentiality</i> , were released at the end of March 2011 and came into effect to coincide with the proclamation of the <i>Personal Health Information Act</i> .
Implemented business intelligence software to be used for analysis of financial, waitlist and chronic disease management data.	<p>Cognos data cubes for waitlist and chronic disease management were not developed in 2010-11 due to other priority events.</p> <p>A Computer Programmer II was hired in July 2010 to lead the technical aspects of the implementation of the Cognos Business Intelligence software. In 2010-11, two Cognos data cubes and three financial reports were developed by the Computer Programmer Analyst and tested by the Regional Director of Budgeting and Data Quality. These are ready for deployment to Senior Executive and Regional Directors and will lead to near real-time access to financial information and will aid in a better business management decision-making process.</p>
Implementation began of Panorama software to be used as a Public Health Monitoring and Communicable Disease Management tool.	Panorama implementation has not started as continued delays with the development of the Panorama software on a national level have impacted progress at the provincial and regional levels.
Started planning for the recommended solution for a consolidation of the Western Health and Labrador-Grenfell Health Meditech Healthcare Information Systems, in partnership with the Newfoundland and Labrador Centre for Health Information and the Department of Health and Community Services.	The consultant's report on an action plan to develop a shared services model for Meditech information systems services by Western Health and Labrador-Grenfell Health was submitted to the Department of Health and Community Services in September 2010. Planning was initiated and is ongoing at a provincial level.

GOAL PERFORMANCE

Planned for 2010-11	Actual for 2010-11
<p>Improved capacity to collect, monitor and analyze data in public health informatics, in particular related to Tuberculosis (TB) surveillance.</p>	<p>Budget 2010 funded a Communicable Disease Nurse and a Clerical Support position for the collection, monitoring and analysis of Tuberculosis (TB) data. This contributes to enhanced planning and follow-up of new and past TB clients.</p> <p>A mobile digital X-ray system was placed in Nain for TB screening in November 2011. The mobile clinic was successful and over 150 chest X-rays were completed. Partners in the pilot project included the Nunatsiavut Department of Health and Social Development and the Department of Health and Community Services.</p>

Discussion of Overall Performance:

Over the past three years, there have been some improvements made in Labrador-Grenfell Health's attempts to better measure, analyze and monitor the health status of its population and to integrate the health information management systems which house or could collect health status data. This is particularly true with regards to Tuberculosis (TB) rates and the monitoring of individuals who are either suffering from the illness or who been in contact with someone diagnosed with TB and the work achieved through Diabetes Collaborative initiatives.

Work started on building the foundation of a better business intelligence tool (Cognos), which will provide a much better system for the analysis of financial, waitlist and chronic disease management data. This development will continue in the next strategic planning cycle. Under the leadership of the Newfoundland and Labrador Centre for Health Information, Labrador-Grenfell Health also partnered with the Western Regional Health Authority to commission a consultants' report on the options for a consolidation of the respective Meditech Healthcare Information Systems through a shared services model. Other very important initiatives were implemented, such as hiring a Regional Privacy Officer and new privacy and confidentiality policies in accordance with the *Personal Health Information Act*.

Unfortunately, the strategic goals for improved health status measurement tools were not fully met, mainly due to a number of emergency events. The Fall of 2009 saw the full preparation and deployment of regional, provincial and national pandemic influenza response efforts and all staff who normally would have been working on health status data and the integration of health information systems were assigned to other critical tasks, including but not limited to establishing mobile immunization clinics, immunizing the population as a whole and reporting the progress of these activities to the Department of Health and Community Services and other stakeholders. Also, critical issues in 2010-11 required the redeployment of personnel from strategic projects. Fortunately, with these issues now resolved, focus can return to progress on the Health Authority's strategic issues for 2011-14.



Mary's Harbour, NL

GOAL PERFORMANCE

ISSUE 3: CULTURE OF SAFETY

Enhancing culture of safety is a priority for Labrador-Grenfell Health. Quality improvement, risk management and safety programs help create a foundation for a safety culture.

From 2008-11, growing safety priorities such as the pandemic H1N1 planning and response, a planned Accreditation Canada Survey, **Safer Healthcare Now!** initiatives, the Commission of Inquiry on Hormone Receptor Testing, the Task Force for Adverse Health Events and revised provincial Occupational Health and Safety regulations positioned safety as a primary focus.

Labrador-Grenfell Health's Safety Assessment Strategy, developed in 2009-10, was a key component of a comprehensive and integrated approach to client safety, employee health, and occupational health and safety. Processes were developed for review of safety indicators at Quality Council and the Board level. In 2010-11, the Health Authority focused on enhanced staffing resources in patient safety and quality and participation in safety initiatives such as falls prevention, hand washing and provincial electronic occurrence reporting (CSRS). Such initiatives are consistent with Government's strategic direction of improved accountability and stability in the delivery of health and community services and the Department of Health and Community Services' focus area of quality management and patient safety.

Report on Goal Performance 2008-11:

Goal: By March 31, 2011, Labrador-Grenfell Health will have enhanced its culture of safety throughout the organization.

Measure: Demonstrated enhanced safety culture throughout the organization.

Planned for 2008-11	Actual for 2008-11
Demonstrated commitment to safety practices.	Labrador-Grenfell Health has demonstrated a commitment to safety practices through: <ul style="list-style-type: none">• The establishment of the following regional positions:<ul style="list-style-type: none">• VP Quality Management• Patient Safety Officer• Quality Improvement Coordinator• Patient Safety Physician Champion• Utilization/Clinical Efficiency Manager• Patient Safety Data Analyst• Occupational Health and Safety Manager• Participation in the Accreditation Canada Qmentum® program and achievement of accreditation status in May 2010.• Enrollment in Safer Healthcare Now! initiatives, including Medication Reconciliation, Prevention of Surgical Site Infections, Prevention of Falls and a New Approach to Controlling Superbugs.• Development of a regional Falls Prevention Strategy in February 2010. A Regional Steering Committee was established and meets monthly.

GOAL PERFORMANCE

Planned for 2008-11	Actual for 2008-11
	<ul style="list-style-type: none"> • Initiation of a Hand Hygiene Campaign in 2009, with audits being completed and compliance measured. • Promotion and education in Infection Control for frontline employees. • Development of a patient safety brochure, providing information for clients regarding medication safety, falls prevention, talking with your doctor, hand hygiene, etc. • Establishment of a Patient Safety Advisory Committee in June 2010. • Establishment of a Patient Safety/Quality Sub-Committee of the Board of Directors in February 2011. • Implementation of a Risk and Safety Management Alert System on September 9, 2010. • Participation on provincial and regional working groups that are addressing recommendations from the Commission of Inquiry on Hormone Receptor Testing, including the development and revision of policies and plans. • Development of an updated Crisis Management Plan for the region 2010. • Development of a Safety Assessment Strategy in March 2010. <p>Between April 1, 2008 and March 31, 2011, more than 500 new staff (approximately 30 per cent of the total Labrador-Grenfell Health workforce) attended orientation sessions on Occupational Health and Safety.</p> <p>Also between 2008 and 2011, Labrador-Grenfell Health employee attendance at educational sessions offered by the Workplace Health, Safety and Compensation Commission increased by 41 per cent . Nineteen different sessions were offered and included topics such as <i>Accident/Incident Investigations: The Next Level; Office Ergonomics; Review, Evaluate and Monitor Your OHS Program; Hazard Recognition, Evaluation and Control and Safe Work Practices and Procedures.</i></p> <p>During the 2009-10 Pandemic Influenza Outbreak planning and response efforts, more than 85 per cent of employees were vaccinated against H1N1 influenza and were successful in being respiratory fit tested. Since then, all new employees are expected to undertake respiratory fit testing as part of their general orientation program.</p>
<p>Implemented recommendations of the Provincial Task Force on Adverse Health Events.</p>	<p>From 2008-11, a manual tracking system for tracking and reporting occurrences was in place at Labrador-Grenfell Health. Significant work was completed towards implementing the recommendations of the Provincial Task Force on Adverse Health Events. The remaining work to implement recommendations was in varying stages of development</p>

GOAL PERFORMANCE

Planned for 2008-11	Actual for 2008-11
	<p>and required joint consultation with other Regional Health Authorities and/or the Department of Health and Community Services. As a result of recommendations from the Task Force, the positions of Patient Safety Officer, Patient Safety Physician Champion and Patient Safety Data Analyst have been established and work proceeded to introduce the electronic Provincial Client Safety Reporting System (CSRS). Additionally, policy work has been completed for Management of Adverse Health Events, Disclosure and Preservation of Communications.</p>
<p>Implemented a plan to assess client and employee safety issues.</p>	<p>A plan to address employee safety issues was developed in March 2010. Safety and Performance Reports are reviewed quarterly by Quality Council, Senior Executive and the Board of Directors.</p> <p>A Client Safety and Quality Plan, including a work plan for 2010-11, has been developed and implemented. The plan is reviewed by the Patient Safety Advisory Committee and Quality Council to monitor progress.</p>
<p>Initiated improvement activities.</p>	<p>In September 2009, Labrador-Grenfell Health initiated the “Stop, Clean Your Hands” hand hygiene campaign. Hand hygiene audits are conducted monthly throughout the region as part of the Infection Control Program, showing an increase in regional compliance rates from 37 per cent in March 2010 to 83 per cent in March 2011.</p> <p>A regional Falls Prevention Strategy was initiated in February 2010.</p> <p>A patient safety brochure was developed in 2010, providing information for clients regarding medication safety, falls prevention, talking with your doctor, hand hygiene, etc.</p> <p>A regional Risk and Safety Management Alert System was implemented on September 9, 2010.</p> <p>A Crisis Management Plan was updated in February 2010.</p> <p>A Safety Assessment Strategy was released in March 2010.</p> <p>Labrador-Grenfell Health has been working closely with the Department of Health and Community Services and the other Regional Health Authorities in addressing recommendations from the Commission of Inquiry on Hormone Receptor Testing. Fifty-five of the 60 recommendations were complete at the end of March 2011.</p> <p>Since November 2010, Community Health and Wellness employees are “checking-out” before leaving their place of work, leaving contact</p>

GOAL PERFORMANCE

Planned for 2008-11	Actual for 2008-11
	<p>information of where they are travelling, clients they will visit and expected time of return.</p> <p>In 2010-11, within the Environmental Services area, micro-fiber cloths were introduced in the Community Clinics along the South Coast of Labrador, as well as the hospital sites. These cloths provide a better clean by removing more of the organic soil from hard surfaces so that the disinfectant can work more effectively, thereby reducing the chance of clients/residents acquiring nosocomial infections from hard surfaces.</p> <p>The Occupational Health and Safety Department made internal improvements to Labrador-Grenfell Health's reporting process to the Workplace Health, Safety and Compensation Commission and created a users' guide which was released in January 2011.</p> <p>Labrador-Grenfell Health published an Office Ergonomics informational brochure for all staff in March 2009.</p> <p>The Regional Occupational Health and Safety Manager delivered new Occupational Health and Safety "Managers/Supervisors Roles and Responsibilities Training" on seven occasions to approximately 85 Regional Directors and Managers since new provincial Occupational Health and Safety Regulations were legislated in late 2009.</p> <p>The Regional Manager of Occupational Health and Safety attended Canadian Standards Association (CSA)-Z1000 "Occupational Health and Safety Management" training in May 2010. This CSA management standard model will be used to help revise and improve Labrador-Grenfell Health's OH&S Management Program to help ensure legislative and Workplace Health, Safety and Compensation Commission requirements are met.</p> <p>With funding from the Department of Health and Community Services, Labrador-Grenfell Health purchased a Porta-Count machine in November 2010 for its employee respiratory fit testing program. This unit allows for an unbiased quantitative test which is more accurate than the older qualitative system.</p>
<p>Developed effective and user-friendly system of reporting, analyzing and follow-up of potential and actual adverse events.</p>	<p>Labrador-Grenfell Health has a manual process for reporting, analyzing and following up on potential and adverse events. In response to recommendations from the Provincial Task Force on Adverse Health Events, a Provincial Steering Committee for the provincial electronic occurrence reporting system (CSRS) has been established. As part of this Provincial Steering Committee, Labrador-Grenfell Health has participated in the development of an effective and user-friendly system</p>

GOAL PERFORMANCE

Planned for 2008-11	Actual for 2008-11
	<p>of reporting, analyzing and follow-up of potential and actual adverse events (i.e., the Clinical Safety Reporting System or CSRS). The CSRS is now developed and implementation is planned for 2012.</p> <p>In 2010-11, policies were developed for the Management of Adverse Health Events, Disclosure, and Preservation of Communications Pertaining to Adverse Health Events.</p> <p>Select employees have received training in Quality Improvement tools, such as Root Cause Analysis and Failure Mode Effect Analysis.</p> <p>Occurrence Report summaries are disseminated to Regional Directors on a monthly basis.</p> <p>Labrador-Grenfell Health participated in disclosure training from the Institute of Health Care Communications in October 2009. Two staff were trained as trainers, to offer disclosure training to physicians and other employees throughout the region. Three employees were trained as situational managers, who will act as resources in guiding the disclosure process. A total of 35 employees were trained during the 2010-11 fiscal year. The Canadian Medical Protective Association also provided disclosure training sessions at the three hospital sites within the region in the Fall of 2010 with good physician attendance.</p> <p>A Patient Safety Physician Champion was hired in January 2010 to provide patient safety education for physicians and keep patient safety on the medical staff agenda.</p>
<p>Articulated safety goals, practices and responsibilities, such as those outlined in the Authority's Patient Safety and Quality policies and procedures, Occupational Health and Safety program, job descriptions, and safe work practices.</p>	<p>Patient Safety and Quality policies approved include:</p> <ul style="list-style-type: none"> • Culture of Safety (July 2008) • Continuous Quality Improvement (July 2008) • Client Safety Walk Rounds (May 2008) • Management of Adverse Health Events (October 2010) • Disclosure (October 2010) • Preservation of Communications Pertaining to Adverse Health Events (February 2011) <p>Safety goals, practices and responsibilities were outlined in a Safety Assessment Strategy, developed and approved in March 2010.</p> <p>Labrador-Grenfell Health released two new administrative policies and procedures (Client Identification and Training of Biomedical/Medical Devices/Equipment) in October 2010, which provide processes to support patient safety.</p>

GOAL PERFORMANCE

Planned for 2008-11	Actual for 2008-11
	<p>Job descriptions were reviewed and updated during this reporting period to contain references to patient safety which are reviewed during performance appraisals.</p> <p>Hand Hygiene Compliance rates have improved from 37 per cent in March 2010 to 83 per cent in March 2011.</p>
Improved selected baseline safety indicators.	From 2008-09 to 2010-11, new Lost Time Claims filed by injured Labrador-Grenfell Health employees with the Workplace Health, Safety and Compensation Commission decreased by 14.2 per cent.

Performance Related to the 2010-11 Objective

Goal: By March 31, 2011, Labrador-Grenfell Health will have enhanced its culture of safety throughout the organization

Objective for 2010-11: By March 31, 2011, Labrador-Grenfell Health will have improved safety outcomes in identified high risk areas.

Measure: Improved safety outcomes in identified high risk areas.

Planned for 2010-11	Actual for 2010-11
Increased seasonal influenza vaccination uptake by Labrador-Grenfell Health employees by at least 20 per cent from 2009-10.	In 2009-10, less than 20 per cent of staff availed of the seasonal influenza vaccine. In 2010-11, 44 per cent of employees received the vaccine, an increase of 24 per cent. This increase was accomplished through a targeted employee awareness campaign and supporting awareness work related to the H1N1 influenza response in 2009-10. Vaccination sessions were also held in high traffic work areas and in varying time slots to accommodate different work schedules.
Implemented recommendations from the Commission of Inquiry on Hormone Receptor Testing.	<p>Labrador-Grenfell Health has been working closely with the Department of Health and Community Services and the other Regional Health Authorities in addressing recommendations from the Commission of Inquiry on Hormone Receptor Testing. This has included participation on provincial and regional working groups, development and revision of policies and plans, and taking other actions as necessary in meeting the recommendations. Through collaboration, 55 of the 60 recommendations have been completed or substantially completed, with the remaining five being 92 per cent partially complete. Additional work is required and ongoing to fully implement all recommendations.</p> <p>Labrador-Grenfell Health laboratories are participating in the Ontario Laboratory Accreditation (OLA) program, with the Charles S. Curtis</p>

GOAL PERFORMANCE

Planned for 2010-11	Actual for 2010-11
	<p>Memorial Hospital in St. Anthony being the first to be reviewed. Successful attainment of the ISO 15189 Certification will set the provincial standard for the delivery of laboratory services, and will introduce monitoring and performance reporting mechanisms and support the development of a culture of quality and safety in the province's medical laboratories.</p>
<p>Started implementation of the Provincial Electronic Occurrence Reporting system within Labrador-Grenfell Health.</p>	<p>A Provincial Steering Committee for the provincial electronic occurrence reporting system (CSRS) met for the first time on August 30, 2010, and had subsequent monthly meetings thereafter. Representatives from several departmental areas in the region are participating on provincial working groups and a regional working group. The new reporting system is being piloted at Western Health. Following pilot site implementation and information-sharing regarding lessons learned, implementation will proceed at Labrador-Grenfell Health.</p>
<p>Established baseline measures for hand hygiene compliance, implemented interventions to improve compliance and set targets for improvement.</p>	<p>Targets for hand hygiene compliance were not set. Instead, work focused on education, awareness and accessibility, which all support improved hand hygiene compliance.</p> <p>Labrador-Grenfell Health is an active member in the "Stop, Clean Your Hands" hand hygiene campaign.</p> <p>Staff compliance is monitored using a standardized hand hygiene observation audit tool. Audits are conducted monthly and indicate an increase in regional compliance rates from a starting rate of 37 per cent in March 2010 to 83 per cent in March 2011. Hand hygiene audit results are shared with employees via the intranet, the newsletter, e-mail correspondence to regional managers, the Regional Infection Control Committee, through service leads and via on-the-spot feedback.</p> <p>Quarterly infection control education and training is conducted to include special emphasis on hand hygiene education.</p> <p>All goals for 2010- 2011 were successfully met. These included:</p> <ul style="list-style-type: none"> • Delivered education and training for staff, service providers and volunteers on hand hygiene. PowerPoint presentations and Glitterbug demonstrations were held region-wide with all disciplines. • Improved accessibility to alcohol hand sanitizer by placement in strategic locations and at point-of-care. • Updated the hand hygiene policy to reflect the four moments of hand hygiene and the hand hygiene auditing process. • Conducted monthly hand hygiene audits throughout the region as part of the Labrador-Grenfell Health Infection Control Program. • Results shared with staff and used to make improvements.

Discussion of Overall Performance:

Labrador-Grenfell Health has enhanced its culture of safety throughout the organization. Success has been achieved through measures such as the formation of the Patient Safety Advisory Committee, whose mandate is to develop, implement and evaluate a comprehensive patient safety program for Labrador-Grenfell Health. All adverse health events are reviewed by this committee, with the goal of quality improvement. The establishment of a Patient Safety/Quality Sub-Committee of the Board of Directors is another important initiative that promotes quality improvement.

The Patient Safety and Quality department has increased its complement of human resources. This has supported a greater focus on Accreditation Canada's Required Organizational Practices and has contributed to the organization's successful Accreditation award in May 2010. The Falls Prevention Strategy and Steering Committee, the regional patient safety brochure, Please Ask Us, and the sustained progress and commitment of the regional Continuous Quality Improvement Teams are further examples of the Health Authority's efforts to enhance and promote a culture of safety. Other important measures include a continued commitment to ***Safer Healthcare Now!*** initiatives and increased regional hand hygiene compliance rates. A Patient Safety Physician Champion has been hired and provides patient safety education for physicians, ensures patient safety is on the medical staff agenda, and has membership on several regional committees such as Falls Prevention, Patient Safety Advisory Committee, and Quality Council.

The Crisis Management Plan was developed in 2009 and updated in February 2010, the Safety Assessment Strategy was developed in March 2010, and the Risk and Safety Management Alert System (RASMAS) was implemented throughout the region in September 2010. Other safety and quality enhancements include the development of policies for the Management of Adverse Health Events, Disclosure, Continuous Quality Improvement, Client Safety Walk Rounds, the Preservation of Communications Pertaining to Adverse Health Events, and the Culture of Safety.

These continued efforts to improve and enhance the culture of safety position the Health Authority well for future success in this important area. Ongoing work will continue with involvement in the established provincial working groups as a result of the Commission of Inquiry on Hormone Receptor Testing recommendations. The implementation of a provincial electronic occurrence reporting system (CSRS) is a key goal for the fall of 2011. This will promote the tracking and trending of patient safety issues through the Provincial Office of Adverse Events. Disclosure of adverse events training for physicians and other employees will be an on-going effort within the region and a multi-year Falls Prevention Strategy will continue to demonstrate an organizational commitment to a culture of safety.



Outpatient Clinic, Labrador Health Centre, Happy Valley-Goose Bay.

GOAL PERFORMANCE

ISSUE 4: FISCAL AND HUMAN RESOURCES CAPACITY

Financial stability and human resources capacity are high priority strategic issues for Labrador-Grenfell Health and are the essential supports for the delivery of health care services.

The Health Authority has made significant progress over the reporting period, availing of new and enhanced provincial and federal funding opportunities which, in turn, have strengthened its capacity to deliver mandated programming. Combined with this, through a deliberate effort to control expenditures and with the support of a designated service for budgeting to monitor and analyze variances, the Health Authority balanced its budget in the fiscal years ending March 31, 2009, 2010 and 2011.

Labrador-Grenfell Health has seen tremendous growth in the overall number of employees, from 1150 in 2006 to more than 1600 at the end of March 2011. Despite extensive efforts resulting in improvements in selected areas, the recruitment and retention of health professionals has continued to be a challenge over the reporting period.

The emphasis on fiscal and human resources capacity supports Government's strategic direction of improved accountability and stability in the delivery of health and community services.

Report on Goal Performance 2008-11:

Goal: By March 31, 2011, Labrador-Grenfell Health will have improved fiscal and human resources capacity to deliver mandated programs and services.

Measure: Improved fiscal and human resources capacity.

Planned for 2008-11	Actual for 2008-11
Improved fiscal and human resources decision-support tools and decision making-framework, including implemented modules of a provincial Human Resource Information System (HRIS).	For a variety of reasons, several key elements of an improved fiscal and human resources decision-support and decision-making framework did not advance as far as expected in 2008-11. These elements include the provincial standardization of payroll dictionaries, the full implementation of a Health Human Resources Information System and the full development of Cognos Business Intelligence Software and cubes. As of March 31, 2011, all of these initiatives had begun and will continue to be key activities in the next strategic planning cycle. Once they are fully implemented, decision support tools will be readily available and a solid decision-making framework can be developed.
Effective human resource policies and practices that support a stable workforce.	The overall staff turnover rate decreased slightly from 6.05 per cent in 2008-09 to 6.02 in 2010-11, which is evidence of a stable workforce and effective human resources policies and practices. An all-staff retention survey was completed in early 2010 and results were communicated to staff in January 2011. The intent of the survey was to find out what matters the most to Labrador-Grenfell Health employees about the workplace and then both develop new and strengthen existing human

GOAL PERFORMANCE

Planned for 2008-11	Actual for 2008-11
	<p>resources policies and practices and prioritize retention strategies based on this feedback. Survey results supported the effectiveness of existing human resources policies and practices and identified future areas of improvement.</p>
<p>Enhanced financial controls, policies and procedures.</p>	<ul style="list-style-type: none"> • A new Administrative Policy and Procedure, Capital Asset Requests and Purchases, was implemented in October 2010. • Procedures for budget monitoring were improved with the creation of a separate budgeting service with dedicated staffing. This allowed for more accurate reporting and variance analysis. • Electronic billing has been implemented with a number of vendors, to assist in monitoring costs. • A centralized third-party billing process has also been implemented to ensure all third party revenues are captured. • The use of electronic transfers between banks has helped improve cash flows and maintain control over these assets.
<p>Consolidated regional financial and human resources information systems.</p>	<p>The Health Authority's financial systems were consolidated in 2007-08, prior to this strategic planning cycle and do not require any further consolidation. The two payroll/personnel systems of the former legacy boards were consolidated effective April 1, 2008. Provincial funding was provided in 2010-11 to start the implementation of the Health Human Resources Information System in each of the four Regional Health Authorities.</p>



Nutrition Month activities, Captain William Jackman Memorial Hospital, Labrador City

GOAL PERFORMANCE

Performance Related to the 2010-11 Objective

Goal: By March 31, 2011, Labrador-Grenfell Health will have improved fiscal and human resources capacity to deliver mandated programs and services.

Objective for 2010-11: By March 31, 2011, Labrador-Grenfell Health will have developed improved human resources and fiscal capacity to support the delivery of mandated programs and services.

Measure: Developed improved human resources and fiscal capacity.

Planned for 2010-11	Actual for 2010-11
<p>Completed provincial standardization of payroll dictionaries as part of the implementation of the Provincial Health Human Resources Information System (HHRIS) project.</p>	<p>Provincial standardization of payroll dictionaries was not completed in 2010-11 due to delays with the project start-up. Approval and funding was received from the Department of Health and Community Services in December 2010 to proceed with the full Provincial Health Human Resources Information System (HHRIS) project. As a result, a Provincial Steering Committee and Working Group, with representation from Labrador-Grenfell Health, met in January 2011 and developed an action plan for implementation. In March 2011, through funding provided for the project, Labrador-Grenfell Health advertised for a new permanent full-time Manager of Human Resources (HHRIS) and a new Computer Programmer Analyst. These positions will lead the implementation of the HHRIS project at Labrador-Grenfell Health. Funding also provided through the project will allow for additional temporary payroll, human resources and information management and technology staff to be assigned to the implementation.</p>
<p>Developed additional selected regional human resources and financial policies.</p>	<p>Based on recommendations regarding the frequency of performance evaluations from the Commission of Inquiry on Hormone Receptor Testing, the entire suite of Human Resources policies regarding performance evaluation were revised in April 2010. These included: Performance Evaluation Policy and Standards, Probationary and Trial Period Evaluations, Performance Evaluation Program, Performance Evaluation – Management Responsibilities, Performance Evaluation – Appeals and Effect of Substandard Evaluation, Performance Evaluation – Bargaining Unit Employees and Goals-Oriented Performance Appraisal Program (Managers). Also, as a result of recommendations from the Inquiry, Labrador-Grenfell Health revised its Human Resources policy on Conflicts of Interest, to provide guidelines in situations of potential conflict of interest during the investigation, audit or review of an adverse or other significant event.</p> <p>A new Administrative Policy and Procedure, Capital Asset Requests and Purchases, was implemented in October 2010.</p>

GOAL PERFORMANCE

Planned for 2010-11	Actual for 2010-11
	<p>A draft Financial Policies and Procedures Manual was developed and will be implemented in the coming fiscal year. Much work occurred in 2010-11 towards reviewing financial practices and achieving regional consistency. Thus, formal approval and implementation of the manual was delayed this year.</p>
<p>Delivered training on core financial, statistical and human resources competencies for Managers, Regional Directors and Senior Executive.</p>	<p>While training on core financial and statistical competencies did not proceed with all management personnel as planned due to other commitments of the Regional Director of Budgeting and Data Quality, individual training was provided to five Regional Directors.</p> <p>Selected human resources competency training was delivered through three education sessions hosted by the Newfoundland and Labrador Health Boards Association. Training in the Grievance and Arbitration Process was provided to 23 management staff in 2010-11. In addition, management orientation was provided to three new managers by Human Resources staff in 2010-11.</p>
<p>Commenced development of a financial/statistical report to assist in evidence-based decision making.</p> <p>Adopted best practices for an enhanced financial and human resources decision-making framework.</p>	<p>By March 2011, two Cognos data cubes and three financial reports were developed and ready for deployment to the Senior Executive and Regional Directors. This will lead to near real-time access to financial information and will aid in a better business management decision-making process. Cognos implementation will be finalized early in 2011-12, and will provide a significant evidence-based decision-making tool.</p> <p>The Provincial Data Quality Committee continued its review and selection of standard financial indicators to be used by all Regional Health Authorities. The Regional Director of Budgeting and Data Quality was a member of this Committee and was working to finalize the indicators before developing an internal report.</p> <p>Towards the end of 2010-11, Senior Executive and the Board of Directors started the development of an integrated quarterly Performance Indicator Report which includes a series of corporate financial and statistical indicators. These will be valuable in making evidence-based decisions.</p> <p>Best practices for an enhanced financial and human resources decision-making framework were not adopted in 2010-11 as several key foundational elements did not advance as far as expected. These elements include the provincial standardization of payroll dictionaries, the full implementation of a Health Human Resources Information System and the full development of Cognos Business Intelligence Software and cubes. However, as of March 31, 2011, all of these</p>

GOAL PERFORMANCE

Planned for 2010-11	Actual for 2010-11
	<p>initiatives were proceeding well and will continue to be key activities in the next strategic planning cycle. Once they are fully implemented, decision support tools will be readily available and a solid decision-making framework can be developed.</p>
<p>Submitted annual human resources performance indicators (selected collaboratively by the Provincial Human Resources Regional Directors' Group) to a national Human Resources Benchmarking Network Annual Survey.</p>	<p>Labrador-Grenfell Health participated in the 2010 Human Resources Benchmarking Network Annual Survey. This survey allows Health Authorities to compare performance indicators on a provincial and national basis. For 2010-11, the Regional Health Authorities submitted data on 29 indicators, including average age of the workforce, staff turnover and lost time due to workplace injuries, in addition to others. In 2010-11, the Employee Development, Training and Health Department successfully introduced mandatory leadership training to the organization with the adoption of the Franklin Covey leadership program.</p>
<p>Started the delivery of new management orientation and leadership training.</p>	<p>Three workshops in October, November and December 2010 provided Senior Executive and Regional Directors with three days of leadership training. Approximately 50 managers, coordinators and team leaders received this training prior to the end of March 2011. There is a plan to deliver the one-day workshop to all staff in 2011-12.</p> <p>Management orientation was provided to three new managers by Human Resources staff in 2010-11.</p>

Discussion of Overall Performance:

While several key indicators were not achieved, the overall goal of enhanced human resources and fiscal capacity improved, as evidenced in part by a stable staff turnover rate, more effective financial controls and success in financial performance by realizing a balanced budget in each of the last three fiscal years. The improved human resources and fiscal capacity not only meets Government's strategic direction of improved accountability and stability in the delivery of health and community services within available resources through the specific focus areas of the achievement of balanced budgets and stabilized human resources, but it will also support Labrador-Grenfell Health in delivering mandated programs and services as the Health Authority moves forward with work to be accomplished in the next strategic planning cycle.

Part of the work that had been planned for 2008-11 involved the strengthening of human resources and financial policies and procedures and new leadership orientation and skills development. While not all of the policy and procedure development was completed, significant progress was made in delivering leadership development training to 95 per cent of senior executive and regional directors and to the majority of managers and frontline supervisors. A frontline version of the leadership training program will be delivered to all staff by the end of fiscal 2011-12.

Due to delays in the implementation of a provincial Health Human Resources Information System and in the development of all of the cubes of a business intelligence software (Cognos) implementation, the key pillars upon which a human resources and financial decision making framework would be built, were not in place by the end of the strategic planning cycle. These initiatives will continue in the next strategic planning cycle as part of Labrador-Grenfell Health's commitment to improving and monitoring systems performance.

ISSUE 5: REGIONAL HEALTH SERVICES PLAN

In 2005, Labrador-Grenfell Health's Board of Directors carried out a community consultation on health care service delivery throughout the region. The resulting report was completed later that year and since that time, the Board and staff of Labrador-Grenfell Health have been addressing key issues that were brought forward.

To continue to effectively make decisions and deliver services, it was decided in 2008 that Labrador-Grenfell Health would undertake a renewed comprehensive study of the health needs of the region. The community needs assessment began in 2009-10, when a Board of Directors with full and comprehensive regional representation was in place to guide this process and determine future priorities based on the findings. The information gathered from this process will guide Labrador-Grenfell Health in addressing priority issues within the region. This evidence-based decision making supports Government's strategic direction of improved accessibility and stability in the delivery of health and community services.

Report on Goal Performance 2008-11:

Goal: By March 31, 2011, Labrador-Grenfell Health will have an updated regional health service delivery plan based on a community needs assessment.

Measure: Updated regional health service delivery plan developed.

Planned for 2008-11	Actual for 2008-11
Completed community needs assessment.	Planning for the community needs assessment began in early 2010 with a review of approaches undertaken previously by Labrador-Grenfell Health and other Regional Health Authorities. Subsequently, the Board of Directors decided on a two-phased initiative including a telephone survey and consultations in various communities throughout the region. Qualitative and quantitative components of the needs assessment were completed in the late Fall of 2010 and a preliminary draft report was presented to the Board in January 2011.
Identified and validated issues affecting access to services.	Issues affecting access to services were identified and validated by conducting a telephone survey, holding community consultations, clarifying information with departments and staff, and having thorough discussions at Board meetings.

GOAL PERFORMANCE

Planned for 2008-11	Actual for 2008-11
<p>Completed integrated policies and procedures for all service delivery areas.</p>	<p>The community needs assessment identified six primary issues requiring attention to improve access to health services: transportation, referrals for specialist services, medical services, Telehealth services, and health care for seniors. The draft report outlines actions required to improve services and an implementation plan sets out leadership, timelines and progress for establishing appropriate policies and procedures.</p> <p>Services and departments within Labrador-Grenfell Health continued work on integrating policies and procedures with regional Infection Control policies being released in December 2008, regional Instrument Reprocessing policies released in October 2008, regional Pharmacy policies in May 2009, regional Mental Health and Addictions policies released in February 2010, and regional Rehabilitation polices in April 2010.</p> <p>Approximately 50 per cent of all service delivery areas now have integrated policies and procedures. The remaining service areas did not complete regional policies and procedures due to other competing priorities.</p>
<p>Implemented regional operational plans for each service area.</p>	<p>Regional operational plans were developed for the majority of service areas. Not all service areas were able to implement operational plans due to other internal priorities. For example, Support Services was focused on major capital projects, such as planning and construction of new health care facilities in Labrador City and Flower's Cove.</p> <p>A proposed action plan and implementation framework is included in the Health Services Plan.</p>
<p>Updated regional evidence-based health services delivery plan.</p>	<p>Development of an updated health services plan was delayed due to the late start of the community needs assessment. The needs assessment was completed in 2010-11 and a draft report prepared for the Board of Directors. It is expected that regional health services delivery plans will be updated following formal approval of the final report on the community needs assessment by the Board in 2011-12.</p>

GOAL PERFORMANCE

Performance Related to the 2010-11 Objective

Goal: By March 31, 2011, Labrador-Grenfell Health will have an updated regional health service delivery plan based on a community needs assessment.

Objective for 2010-11: By March 31, 2011, Labrador-Grenfell Health will have updated regional health service delivery plans based on results of the community needs assessment.

Measure: Updated regional health service delivery plans developed.

Planned for 2010-11	Actual for 2010-11
Collected and analyzed data.	An external call centre was contracted to perform a randomized telephone survey with a computer-generated sample of households. The survey generated a total of 1,006 completed interviews of residents aged 19 years and older. Quantitative data was analyzed and presented in a summary report in June 2010. Following this, 10 community consultation meetings were held from July to November to present a summary of the quantitative findings and obtain qualitative comments on health services from local residents. A draft report outlining issues and proposed actions was reviewed by the Board in January 2011.
Received and approved report summarizing the findings of the needs assessment.	The report outlining a Regional Health Services Plan was reviewed and approved in draft form by the Board in late January 2011.
Disseminated findings of the needs assessment.	Results were disseminated to the Board, Senior Executive and the Department of Health and Community Services.
Developed action plan to address identified priority issues.	Proposed actions to be implemented on priority issues are identified in the draft report. A draft spreadsheet and action plan has been developed, identifying the Senior Executive staff member responsible for each action.
Developed updated regional health services delivery plans based on findings of community needs assessment.	Development of updated health services plans was delayed due to the late start of the community needs assessment. The needs assessment was completed in 2010-11 and a draft report prepared for the Board of Directors. It is expected that regional health services delivery plans will be updated following formal approval of the final report on the community needs assessment.

GOAL PERFORMANCE

Discussion of Overall Performance:

Due to lack of regional representation on the Labrador-Grenfell Health Board of Directors, the Health Authority decided to delay the start of an updated community needs assessment until 2009-10. As a result, updated regional health services delivery plans based on this needs assessment could not be completed within the reporting period.

In February 2010, with full regional representation in place, the Labrador-Grenfell Health Board of Directors initiated a community needs assessment with two components: a telephone survey and community consultation meetings. Quantitative measures on a wide variety of topics were obtained from 1,006 completed interviews in a telephone survey. Consultation meetings held at 10 communities, also involving participants from surrounding areas, provided qualitative comments on access to and the delivery of health and community services.

The Labrador-Grenfell Health Board reviewed the findings and discussed ways to improve the delivery of health services to communities in the region. Future directions were identified to address issues raised; these will form the basis for an operational plan that will be developed by Labrador-Grenfell Health in the next fiscal year.



Equipment vendors and Diagnostic Imaging employees display the newly installed 64-slice CT scanner at the Charles S. Curtis Memorial Hospital in St. Anthony.

OPPORTUNITIES AND CHALLENGES AHEAD

Regional Health Services Planning. Conducting a community needs assessment was a valuable opportunity to engage residents of the Labrador-Grenfell Health region in discussions on the present quality and future needs for health services. The Health Authority appreciates and acknowledges the 1,006 participants who responded to the telephone survey, and the several hundred people who attended community meetings to express their opinions, needs, appreciation and concerns. This information will enable Labrador-Grenfell Health to implement recommendations for improving health services in the region.

Changing Demographics and Emerging Health Needs. The potential population growth in Labrador may have impacts on the health and community services needs in these areas of the region. As well, health needs continue to grow in some communities from both chronic disease and communicable disease perspectives (e.g., diabetes, Methicillin-resistant Staphylococcus aureus, Tuberculosis).

Recruitment and Retention. Labrador-Grenfell Health continues to face recruitment challenges in various disciplines, such as Nursing and Laboratory Technology. Recent market adjustment incentives approved by Government have already begun to have a positive impact in attracting health professionals to the region. While these new benefits will support recruitment, more complex retention challenges continue to impact the overall stability of the workforce.

Provincial Electronic Occurrence Reporting System (CSRS). To meet the recommendations in the Report of the Task Force on Adverse Health Events, a common approach for occurrence reporting will be implemented provincially in all Regional Health Authorities and across the continuum of care (acute, long-term care and community health) in 2011. The provincial electronic occurrence reporting system (CSRS) will provide all employees with a consistent, simple and timely means of reporting occurrences electronically, which is essential for reducing adverse events and improving safety in the delivery of care. Western Health has been selected for the pilot site,

with implementation to occur in Central Health and Labrador-Grenfell Health following pilot site implementation and sharing of lessons learned. Labrador-Grenfell Health's current occurrence reporting system is paper-based; thus, there will be a significant change in practice with moving to an electronic system. While the geography of the region poses challenges with training, connectivity, etc., the implementation of a provincial electronic occurrence reporting system (CSRS) over the next year presents a significant opportunity to enhance patient safety within the region.

Improvements in Laboratory Services. The mandated Ontario Laboratory Accreditation (OLA) process, while it has many challenges, presents a great opportunity to move all of the Laboratory Services offered in Labrador-Grenfell Health to the same high standard - the ISO 15189 Certification - which is an internationally recognized credential. Labrador-Grenfell Health will continue to work with its partners to make improvements in laboratory services, including enhancements to physical layout and design.

Quality Practice Environments. In 2010-11, Labrador-Grenfell Health continued its partnerships with the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) and the Department of Health and Community Services to implement practice models aimed at improving the quality of work life of nursing staff. Already in place at the Captain William Jackman Memorial Hospital, the ARNNL's Quality Professional Practice Environment program was implemented in two units at the Labrador Health Centre. A second initiative which improves the continuity of care to clients, the autonomy of nurses and utilizes the skills of nursing staff to their full potential, is in the early implementation stages at the Charles S. Curtis Memorial Hospital. This initiative, known as the Ottawa Hospital Model of Nursing Clinical Practice, is supported by the Department of Health and Community Services' Office of the Chief Nurse. Both programs focus on improving the quality of work life for nurses, which has been shown to be key in the recruitment and retention of nursing staff.

INDEPENDENT AUDITOR'S REPORT



Chartered Accountants
and Advisors

To the Trustees of Labrador–Grenfell Regional Health Authority

We have audited the accompanying consolidated financial statements of Labrador–Grenfell Regional Health Authority which comprise the Consolidated Statement of Financial Position as at March 31, 2011, and the Consolidated Statement of Changes in Net Assets, Statement of Revenues and Expenses and Statement of Cash Flow 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 financial statements in accordance with Canadian generally accepted accounting principles, 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 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 financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the 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 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 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 financial statements present fairly, in all material respects, the financial position of the Labrador–Grenfell Regional Health Authority as at March 31, 2011 and the results of its operations and its cash flow for the year then ended in accordance with Canadian generally accepted accounting principles.

Clarenville, Newfoundland and Labrador
June 13, 2011

BDO Canada LLP
CHARTERED ACCOUNTANTS

LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2011

	2011	2010
	\$	\$ (restated - Note 11)
ASSETS		
Current		
Cash	977,754	472,048
Restricted cash (Note 4)	1,596,642	1,694,616
Receivables (Note 5)	17,458,271	11,931,504
Inventories (Note 2)	2,366,698	2,191,532
Prepaid expenses	3,022,548	2,030,617
	25,421,913	18,320,317
Residents' Trust Funds held on deposit	235,060	175,694
Replacement reserve (Note 2 and 8)	99,771	89,635
Capital assets (Notes 2 and 6)	27,958,847	26,519,861
	53,715,591	45,105,507
LIABILITIES		
Current		
Bank indebtedness (Note 7)	-	1,669,870
Payables and accruals	14,061,478	10,204,619
Accrued vacation pay	6,774,566	6,278,128
Other accrual benefits	2,803,540	2,451,206
Deferred contributions		
Operating	5,058,814	4,273,935
National Child Benefit (NCB) initiatives	2,509,330	2,606,526
Capital	19,692,628	15,977,573
Special purpose funds	602,325	700,299
Current portion of accrued severance pay	1,095,333	1,011,818
Current portion of long-term debt (Note 9)	1,253,092	112,791
	53,851,106	45,286,765
Residents' Trust Funds payable	235,060	175,694
Accrued severance pay, less estimated current portion	9,860,000	9,106,361
Replacement reserve (Note 2 and 8)	99,771	89,635
Long-term debt (Note 9)	1,113,455	2,367,399
Deferred contributions related to capital assets (Note 10)	24,686,370	23,075,849
	89,845,762	80,101,703
NET ASSETS (DEFICIENCY), PER ACCOMPANYING STATEMENT		
Net assets invested in capital assets	878,807	1,029,233
Net assets restricted for endowment purposes	994,317	994,317
Unrestricted net deficiency	(38,003,295)	(37,019,746)
	(36,130,171)	(34,996,196)
	53,715,591	45,105,507

Contingencies (Note 14)
Signed on behalf of the Board:

Trustee 

Trustee 

LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY
 CONSOLIDATED STATEMENT OF CHANGES IN NET ASSETS (DEFICIENCY)
 "YEAR ENDED MARCH 31, 2011"

	2011			Total 2011	Total (restated - Note 11) 2010
	Invested in Capital Assets	Endowment Purposes	Unrestricted Operating		
	\$	\$	\$	\$	\$
Balance beginning of year, as previously stated	936,700	994,317	(36,923,900)	(34,992,883)	(34,695,251)
Adjustment to net assets (Note 13)					(21,368)
Balance beginning restated	936,700	994,317	(36,923,900)	(34,992,883)	(34,716,619)
Deficiency of revenues over expenses	(171,535)	-	(965,753)	(1,137,288)	(279,577)
Repayment of long term debt	113,642	-	(113,642)	-	-
Balance, end of year	<u>878,807</u>	<u>994,317</u>	<u>(38,003,295)</u>	<u>(36,130,171)</u>	<u>(34,996,196)</u>

LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2011

	2011	2010
	<u>\$</u>	<u>(restated - Note 11)</u>
	<u>\$</u>	<u>\$</u>
Revenues		
Provincial plan	134,584,342	126,386,281
National Child Benefit	3,495,532	3,220,895
Transportation and Works	2,867,600	2,867,600
MCP physicians	16,253,930	13,948,164
Child Youth and Family Services Agreement	7,891,214	8,117,941
Inpatient	1,936,994	2,007,041
Outpatient	1,281,818	1,123,896
Long-term care	1,561,049	1,350,001
Other (Note 12)	13,828,123	9,156,886
	<u>183,700,602</u>	<u>168,178,705</u>
Expenses		
Administration	18,981,251	17,596,356
Support services	38,137,332	31,813,704
Nursing inpatient services	25,346,226	24,543,723
Ambulatory care services	19,123,247	18,512,131
Diagnostic and therapeutic services	15,235,916	14,456,800
Community and social services	46,723,086	43,151,980
Medical services	18,220,313	15,701,680
Research	84,174	118,341
Education	814,781	720,045
Undistributed	828,791	701,568
	<u>183,495,117</u>	<u>167,316,328</u>
Surplus before other operations	<u>205,485</u>	<u>862,377</u>
12 Unit Cottage Complex (net)	-	-
20 Unit Cottage Complex (net)	(22,409)	(14,106)
Grenfell Foundation Inc. (net)	90,906	169,624
	<u>68,497</u>	<u>155,518</u>
Surplus before non-shareable items	<u>273,982</u>	<u>1,017,895</u>
Non-shareable items		
Amortization of capital assets	4,547,972	4,184,347
Increase in accrued vacation pay	496,360	487,563
Increase in accrued severance pay	837,153	717,376
Amortization of deferred contributions	(4,470,215)	(4,091,814)
	<u>1,411,270</u>	<u>1,297,472</u>
Deficiency of revenues over expenses	<u>(1,137,288)</u>	<u>(279,577)</u>

LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF CASH FLOW
YEAR ENDED MARCH 31, 2011

	2011	2010
	<u>\$</u>	<u>(restated - Note 11)</u>
		\$
Cash Flow		
Operations:		
Excess (deficiency) of revenues over expenses	(1,137,288)	(279,577)
Amortization of capital assets	4,641,750	4,275,253
Gain on disposal of assets	(1,500)	(1,785)
Amortization of deferred contributions	(4,470,215)	(4,091,814)
Unamortized contributions on assets disposed	-	(42,624)
	(967,253)	(140,547)
Changes in:		
Receivables	(5,523,454)	162,600
Inventories	(175,166)	(658,821)
Prepaid expenses	(991,931)	316,860
Payables and accruals	4,209,193	(1,734,395)
Accrued vacation pay	496,438	547,202
Deferred contributions relating to operating and NCB program	687,683	1,396,624
Accrued severance pay	837,154	837,026
	(1,427,336)	726,549
Investing Activities		
Proceeds from the sale of capital assets	1,500	1,785
Additions to capital assets	(6,080,735)	(7,664,401)
	(6,079,235)	(7,662,616)
Financing Activities		
Deferred contributions		
Capital	3,715,055	2,824,872
Special purpose funds	(97,974)	135,871
Repayment of long-term debt	(113,643)	(109,886)
Deferred contributions related to capital assets	6,080,735	7,657,830
	9,584,173	10,508,687
Net change in cash and cash equivalents for year	2,077,602	3,572,620
Cash and cash equivalents, beginning of year	496,794	(3,075,826)
Cash and cash equivalents, end of year	2,574,396	496,794
Cash and cash equivalents consists of:		
	2011	2010
	<u>\$</u>	<u>\$</u>
Cash and short-term investments	977,754	472,048
Restricted cash	1,596,642	1,694,616
Bank indebtedness (Note 7)	-	(1,669,870)
	2,574,396	496,794

1. NATURE OF OPERATIONS

The Labrador-Grenfell Health Regional Authority (the Authority) is incorporated under the Regional Health Authorities Act of Newfoundland and Labrador.

The Authority manages and operates 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
Happy Valley-Goose Bay Long-Term Care Home, Happy Valley - Goose Bay
Captain William Jackman Memorial Hospital, Labrador City
Charles S. Curtis Memorial Hospital, St. Anthony
John M. Gray Centre, St. Anthony
St. Anthony Interfaith Home Apartment Complexes, St. Anthony

and community clinics, 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 a registered charity under the Income Tax Act of Canada and is exempt from income taxes.

2. SIGNIFICANT ACCOUNTING POLICIES

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

Basis of Presentation

These consolidated financial statements include the assets, liabilities, revenues, and expenses of the Authority's operating fund, the 12 Unit Cottage Complex, the 20 Unit Cottage complex project and the Grenfell Foundation Inc.

Fund Accounting

The Authority applies fund accounting principles in recording its financial transactions in the operating fund, net investment in capital assets, the 12 Unit Cottage Complex, 20 Unit Cottage Complex and the Grenfell Foundation Inc.

The Operating fund contains all the operating assets, liabilities, revenues and expenses of the Authority related to the provision of health care services. The assets of the Operating Fund are available for the satisfaction of debts, contingent liabilities and commitments of the Authority.

The Net investment in capital assets represents assets purchased for the use of the Operating Fund.

Assets, liabilities, revenues and expenses related to other operations are reported in the financial statements of the 12 Unit Cottage Complex, 20 Unit Cottage Complex and the Grenfell Foundation Inc.

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Revenue Recognition

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. Revenue received for a future period is deferred until that future period and is recorded as deferred revenue.

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

Contributions related to capital assets are deferred and amortized to revenue at the same rates by which the related capital assets are amortized.

Inventories

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

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

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

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 under capital assets.

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution.

Capital assets are being amortized on a declining balance basis over their estimated useful lives at the following rates:

Land improvements	20%
Buildings	5%
Leasehold improvements	5%
Equipment and vehicles	20%
Artwork	Not amortized

Replacement Reserve

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

2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Severance Pay

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

Pension and Other Post Employment Benefits

Employees of the Authority are included in the Public Service Pension Plan and the Government Money Purchase Plan administered by the Government. The Government also provides for the continuation of certain dental and medical benefits for retirees. Contributions to the plans are required from both the employees and the Authority. The annual contributions for pensions and other post employment benefits are recognized in the accounts on a current basis and amounted to \$5,044,548 for the current year (2010 -\$4,672,498).

Use of Estimates

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

Financial instruments

Financial asset and liabilities are classified according to their characteristics and management's choices and intentions related thereto for the purposes of ongoing measurements. The fair value of a financial instrument is the estimated amount that would be received or would be paid to terminate the instruments' agreement at the reporting date. Various market value data and other valuation techniques are used as appropriate to estimate the fair value of each type of financial instrument.

Financial instruments and liabilities are generally classified and measured as follows:

<u>Assets/Liability</u>	<u>Classification</u>	<u>Measurement</u>
Cash	Held for trading	Fair value
Accounts receivable	Loans and receivables	Amortized cost
Bank indebtedness	Other liabilities	Amortized cost
Accounts payable and accrued liabilities	Other liabilities	Amortized cost
Long term debt	Other liabilities	Amortized cost

Other balance sheet accounts do not meet the criteria to be considered financial instruments.

3. CONTROL OF NOT-FOR-PROFITS

The Authority controls the Grenfell Healthcare Foundation Inc. which raises funds for capital equipment needs for the Authority. The foundation is incorporated under the Corporations Act of Newfoundland and Labrador and is a registered charity under the Income Tax Act.

3. CONTROL OF NOT-FOR-PROFITS (CONTINUED)

The Authority also controls the St. Anthony 12 Unit Cottage Complex and the St. Anthony 20 Unit Cottage Complex. These complexes were established to provide housing to senior citizens.

4. RESTRICTED CASH

	<u>2011</u>	<u>2010</u>
	\$	\$
Cash is currently restricted to fund the following items:		
Deferred contributions - special purpose funds	602,325	700,299
Endowment Fund	994,317	994,317
	<u>1,596,642</u>	<u>1,694,616</u>

5. RECEIVABLES

	<u>2011</u>	<u>2010</u>
	\$	\$
Government of Newfoundland and Labrador	13,652,864	6,154,485
Government of Canada	540,341	1,896,761
Patients	1,638,194	2,319,766
Other	1,626,872	1,560,492
	<u>17,458,271</u>	<u>11,931,504</u>

6. CAPITAL ASSETS

	<u>2011</u>			<u>2010</u>
	Cost	Accumulated Amortization	\$ Net Book Value	\$ Net Book Value
Land	11,203	-	11,203	11,203
Land improvements	187,061	156,467	30,594	32,029
Buildings	26,432,630	15,088,842	11,343,788	11,327,736
Leasehold improvements	223,678	88,118	135,560	142,695
Equipment and vehicles	60,133,929	43,891,941	16,241,988	14,810,484
Artwork	195,714	-	195,714	195,714
	<u>87,184,215</u>	<u>59,225,368</u>	<u>27,958,847</u>	<u>26,519,861</u>

7. 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, 2011 the balance owing was \$ Nil.

8. REPLACEMENT RESERVE

	2011	2010
	\$	\$
Balance, beginning of year	89,635	78,992
Add:		
Allocation for year	10,350	10,350
Adjustment	-	293
Interest earned	50	-
	100,035	89,635
Less:		
Approved expenses	-	-
Adjustment	264	-
	99,771	89,635
Funding		
Replacement reserve funds	32,735	22,335
Due from Newfoundland and Labrador Housing Corporation for replacement reserve	67,036	67,300
	99,771	89,635

9. LONG-TERM DEBT

	2011	2010
	\$	\$
<u>Canada Mortgage Housing Corporation</u> 10%, first mortgage on land and building of Harry L. Paddon Memorial Home, repayable \$11,245 monthly, interest included, and maturing November 2029.	1,156,517	1,176,381
<u>Newfoundland and Labrador Housing Corporation</u> 2.860% first mortgage on land and building of 20 unit apartment complex, repayable \$6,357 monthly, interest included, and maturing January 2019.	550,189	612,032
4.31% first mortgage on land and building of 12 unit apartment complex, repayable \$5,073 monthly, interest included, and maturing October 2025.	659,841	691,777
Long-term debt	2,366,547	2,480,190
Less: current portion	(1,253,092)	(112,791)
Total long-term debt, net of current portion	1,113,455	2,367,399

9. LONG-TERM DEBT (continued)

Subsequent to year end, the Canada Mortgage Housing Corporation mortgage was fully repaid.

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

	\$
2012	1,253,092
2013	99,908
2014	103,107
2015	106,673
2016	110,449

Interest Subsidy

The Authority has received federal assistance through Canada Mortgage and Housing Corporation pursuant to Section 56.1 of the National Housing Act. The purpose of the assistance is to reduce operating costs in order to enable the Authority to provide housing to low and moderate income individuals. The amount of assistance received in 2011 was \$112,527 (2010 - \$108,985).

10. UNAMORTIZED DEFERRED CONTRIBUTIONS RELATED TO CAPITAL ASSETS

Deferred contributions related to capital assets represent restricted contributions with which capital assets were originally purchased. The changes in the deferred contributions for the year are as follows:

	<u>2011</u>	<u>2010</u>
	\$	\$
Balance, beginning of year	23,075,849	19,548,457
Add:		
Equipment grants	5,623,867	7,398,261
Donations for equipment	456,869	263,569
	29,156,585	27,210,287
Less:		
Amortization	(4,470,215)	(4,091,814)
Unamortized contributions on assets disposed of	<u>-</u>	<u>(42,624)</u>
Balance, end of year	<u>24,686,370</u>	<u>23,075,849</u>

11. RESTATEMENT OF PRIOR YEAR

During the year, it was determined that non capital asset expenses and the associated funding were not recorded on the Statement of Operations. The grant funding and expenses were netted in deferred capital grants on the Statement of Financial Position. The effect of this retroactive restatement is an increase to revenue from capital funding of \$2,061,110 and an increase in repairs, renovations and maintenance expense of the same amount. This adjustment does not have an impact on opening unrestricted net assets.

12. OTHER REVENUE

	2011	2010
	\$	\$
Drug recoveries	3,238,304	3,066,161
Dental	1,114,485	1,113,544
Rentals	902,730	830,831
Mortgage interest subsidy	25,205	25,205
Interest	117,801	35,388
Unamortized contribution on assets disposed of	-	42,624
Miscellaneous	8,429,598	4,043,133
	13,828,123	9,156,886

13. ADJUSTMENT TO NET ASSETS

During the prior year, an accounting error was recorded to unrestricted net assets and receivables from the 12 Unit Cottage Complex and 20 Unit Complex.

The adjustment to the accounts is as follows:

Increase Due from 12 Unit Cottage Complex	3,315
Increase Due from 20 Unit Cottage Complex	18,053
Increase in unrestricted net assets	(21,368)
	-

14. CONTINGENCIES

As of March 31, 2011, there were a number of legal claims against the Authority in varying amounts for which no provision has been made. It is not possible to determine the amounts, if any, that may ultimately be assessed against the Authority with respect to these claims, but management believes any claims, if successful, will be covered by liability insurance.

15. COMPARATIVE FIGURES

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

The comparative figures were audited by Belanger Clarke Follett and McGettigan whose practice now operates under BDO Canada LLP.



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