



Labrador - Grenfell
Health

LABRADOR-GRENFELL
HEALTH
2016-17
ANNUAL PERFORMANCE
REPORT

**Labrador-Grenfell
Regional Health Authority
2016-17 Annual Performance Report**

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The Churchill River canyon, located west of the community of Churchill Falls.

Message From The Chairperson



On behalf of the Board of Directors, I present the Annual Performance Report for 2016-17, in accordance with the Guidelines for Annual Performance Reports for Category 1 Government Entities. The Board understands that it is accountable for the preparation of this report and any results or variances explained herein.

This past year represents the third and final year of the 2014-17 strategic planning cycle and the Board is pleased to present the results of the work completed by Labrador-Grenfell Health towards meeting its Strategic Issues in the areas of Population Health and Wellness, Improved Performance, and Access. As well as reporting on the past year for 2016-17, the Board is reporting on its progress over the past three years in achieving its Strategic Issues.

During the past year, Labrador-Grenfell Health continued its work to strengthen its capacity to address population health issues in the region, particularly in an improved response to address chronic disease management and mental health and addictions issues. The release on March 24, 2017 of the report from the All-Party Committee on Mental Health and Addictions, titled *Towards Recovery: A Vision for a Renewed Mental Health and Addictions System*, will have a significant impact on the future work of the Health Authority in this area and the Board of Directors looks forward to supporting these initiatives.

In 2016-17, Labrador-Grenfell Health evaluated improvements made to system performance, particularly in mental health and addictions services by completing chart audits on the use of the regional standardized suicide risk assessment tool. These audits demonstrated an opportunity to further improve services for clients.

Earlier work completed to improve access for clients to selected health care services was evaluated in a number of primary health care areas, particularly by measuring the positive impact of dedicated ambulatory care and chronic disease management nursing clinics in several locations. Labrador-Grenfell Health also continued to support access for clients to several new online mental health and wellness initiatives which can be used at any time of the day or night from any location.

The results of this last year of the Labrador-Grenfell Health Authority's 2014-17 Strategic Plan have provided an opportunity to celebrate milestones. The Board also looks forward to starting a new Strategic Planning cycle for 2017-20. The Board and staff are proud of their accomplishments and look forward to the year ahead.

Sincerely,

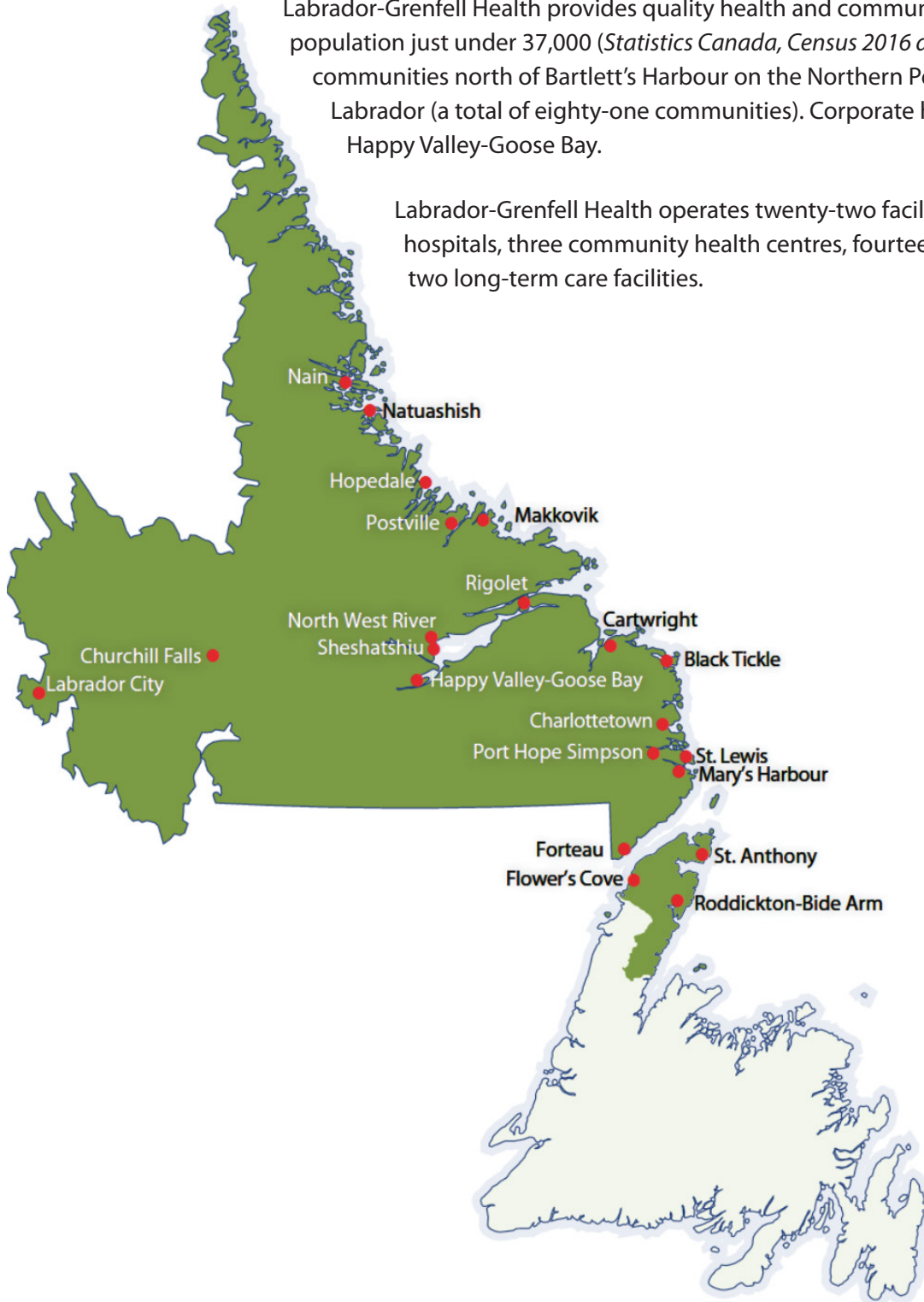
A handwritten signature in black ink, appearing to read "A. Robertson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Andrew Robertson, Board Chair (A)

Overview

Labrador-Grenfell Health provides quality health and community services to a population just under 37,000 (*Statistics Canada, Census 2016 data*), covering the communities north of Bartlett's Harbour on the Northern Peninsula and all of Labrador (a total of eighty-one communities). Corporate headquarters is located in Happy Valley-Goose Bay.

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



Key Statistics

HUMAN RESOURCES

As of March 31, 2017, Labrador-Grenfell Health employed 1,501 staff (948 permanent full-time, 45 permanent part-time, 352 temporary and 156 casual). Of these, 54 per cent are Support Staff, 26 per cent are Nurses, seven per cent are health professionals (i.e., Social Workers, Physiotherapists, Occupational Therapists, Speech Language Pathologists, Pharmacists), six per cent are Laboratory and Diagnostic Imaging Technologists, four per cent are Management and three per cent are Physicians. The overall employee turnover rate is 9.35 per cent, down from 9.51 per cent in 2015-16. Eighty per cent of staff are female and 20 per cent are male. In 2016, Statistics Canada introduced new definitions of Population Centres and Rural Area Classifications.¹ In following these new definitions, Labrador-Grenfell Health staff are based in both a number of Small Population Centres (with a population between 1,000 and 29,999) and Rural Areas (all territory lying outside population centres).

FINANCIAL DATA

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



Emergency care administered during a medevac workshop at Happy Valley-Goose Bay.

1 http://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getCET_Page&VD=339235&Item=342170

SPOTLIGHT ON SERVICES**Number of Client Visits***(See Highlights and Partnerships for further information related to some of the notable changes presented below)*

Service	2014-15	2015-16	2016-17	Percentage increase or decrease (from 2015-16)
Dental Services (Includes Dentists, Hygienist and Dental Surgery)	10,160	9,571	5,806	-39.3 per cent ²
Mental Health and Addictions Services	19,870	21,450	23,433	+9.2 per cent
Diabetes Nurse Education	4,605	4,900	5,144	+6.4 per cent
Occupational Therapy	1,899	2,957	4,192	+41.8 per cent
Speech Language Pathology	3,168	2,970	2,046	-31.1 per cent
Physiotherapy	11,330	13,496	14,765	+9.4 per cent

ACUTE CARE STATISTICS

Category	Regional Total/ Figure (2014-15)	Regional Total/ Figure (2015-16)	Regional Total/ Figure (2016-17)	Percentage increase or decrease (from 2015-16)
Number of Acute Care Beds	89 beds	89 beds	89 beds	No change
Number of Admissions (including newborn)	3,614 admissions	3,683 admissions	3,971 admissions	+7.8 per cent
Patient Days	24,718 patient days	25,949 patient days	24,987 patient days	-3.7 per cent
Average Length of Stay	6.1 days	6.8 days	6.2 days	-8.8 per cent
Operating Room Procedures	4,784 procedures	4,795 procedures	4,837 procedures	+1.0 per cent
Number of Births	350 births	358 births	369 births	+3.1 per cent
Number of Emergency Room Visits Registered to ER	55,632 visits	54,636 visits	56,994 visits	+9.4 per cent

² On Sept. 19, 2016, a private dental practice assumed responsibility for the St. Anthony Dental Clinic Services. Therefore, the data for that site reflects the period from April 1-Sept. 16, 2016. In addition, on Oct. 1, 2016, Labrador-Grenfell Health consolidated services between the Flower's Cove and Roddickton-Bide Arm dental clinics.

HEALTH CENTRE STATISTICS

	White Bay Central Health Centre, Roddickton-Bide Arm				Strait of Belle Isle Health Centre, Flower's Cove				Labrador South Health Centre, Forteau			
	2014-15	2015-16	2016-17	Percent increase or decrease from 2015-16	2014-15	2015-16	2016-17	Percent increase or decrease from 2015-16	2014-15	2015-16	2016-17	Percent increase or decrease from 2015-16
Number of Beds³	4	4	4	No change	3	3		No change	5	5	5	No change
Number of Client Visits	13,766	12,924	14,404	+11.5 per cent	13,028	13,351	12,931	-3.0 per cent	9,651	9,378	8,646	-7.8 per cent
Number of Admissions	133	69	78	+13.0 per cent	93	61	65	+6.6 per cent	114	159	163	+2.5 per cent

COMMUNITY CLINICS STATISTICS

	2014-15	2015-16	2016-17	Percentage increase or decrease (from 2015-16)
Clients seen by regional nurses	46,831 ⁴	46,848	34,912	-26.0 per cent
Clients seen by physicians	4,866 ⁵	5,533	4,742	-14.0 per cent

3 Includes holding beds for observation.

4 The methodology for capturing the number of client visits to the Community Clinics was changed in 2014-15. Thus, the percentage changes should therefore be interpreted with caution.

5 Ibid

COMMUNITY HEALTH AND WELLNESS STATISTICS

Service	2014-15	2015-16	2016-17	Percentage increase or decrease (from 2015-16)
Continuing Care Visits (includes both clinic and home visits)	20,211	20,020	25,771	+28.7 per cent
Home Support Hours – Family and Rehabilitative Services	346,659	227,595	323,362	+42.0 per cent
Home Support Hours – Seniors and Under 65	199,474	192,184	139,080	+27.6 per cent
Number of Children Attending Child Health Clinics	1,782	1,536	1,637	+6.6 per cent
Number of Clients Receiving Home Support Programs (provincial only)	172	193	162	-16.0 per cent
Family Rehabilitative Services	131	139	138	-0.7 per cent

LONG-TERM CARE STATISTICS

Category	Regional Total 2014-15	Regional Total 2015-16	Regional Total 2016-17	Percentage increase or decrease (from 2015-16)
Number of Beds	120 ⁶	120	140 ⁷	+16.6 per cent
Resident Days	40,004	41,661	45,920	+10.22 per cent
Number Admissions	63	48	61	+27.08 per cent

6 The number of Long-Term Care Beds and resulting admissions increased due to the opening in November 2014 of the Labrador West Health Centre.

7 The number of Long-Term Care Beds and resulting admissions increased due to the opening in September 2016 of an extension to the Happy Valley-Goose Bay Long-Term Care Facility.

Highlights and Partnerships

POPULATION HEALTH

Partnering for Opioid Awareness and Response.

On August 31, 2016, and as part of the Provincial Government's Opioid Action Plan, the Honourable John Haggie, Minister of Health and Community Services, announced funding for a provincial 'Naloxone Take Home Kit' program. The funding was dispersed among the four Health Authorities to develop and implement a Naloxone Take Home Kit Pilot Project. Each Health Authority identified lead instructors to train staff on the use of the free naloxone take home kits. In Labrador-Grenfell Health, three Mental Health nurses were trained as Lead Instructors. In mid-December 2016, and in partnership with the Nunatsiavut Government's Department of Health and Social Development, the Mushuau Innu First Nation, and the Sheshatshiu Innu First Nation, a total of 75 free Naloxone Take Home kits were sent to 35 public distribution sites and one non-public distribution site (the Labrador Correctional Centre, Happy Valley-Goose Bay) within the region. These kits are for individuals who are at high risk of overdose (current or previous opioid users) and their friends/family to administer if an overdose occurs. To date, 47 people have also been trained as kit contacts throughout the Labrador-Grenfell Health region.

In addition, in January 2017, the Province implemented a multi-faceted 'Opioid Overdose Awareness Campaign' and committee with representation from all Health Authorities. As part of the awareness campaign, resources (posters, wallet cards, media advertisements) were developed for mass distribution throughout the province. Labrador-Grenfell Health Mental Health and Addictions staff were instrumental in distributing these resources throughout the region.

New Collaborative Model of Care for Clients Living with Chronic Illness in Remote Communities.

Labrador-Grenfell Health, in partnership with the Provincial Government, the NunatuKavut Community Council, the local service district, residents of Black Tickle, and the Eastern Regional Health Authority, worked together during 2016-17 to develop a new

model of primary health care that can be used to support the sustainable delivery of health care services in remote communities. A suite of services was introduced as part of this new model and included the implementation of a centralized nurse triage system, a community volunteer First Responder Program and a Remote Patient Monitoring Program (RPM) which uses technology for the management of chronic disease.

RPM is an at-home monitoring program for chronic obstructive pulmonary disease (COPD), hypertension, heart failure and diabetes. Through the use of very simple Internet-based technology, clients enrolled in this program are monitored by a highly skilled, experienced registered nurse based at Eastern Health who will provide coaching, education and support to help the clients gain the skills needed to reach health goals and improve quality of life. Other key benefits of this program are that clients can better manage their condition from the comfort of home; avoid unnecessary trips to a health facility; catch problems before they turn into emergencies; and become more actively involved in managing and treating their condition. The first client joined the program on March 7, 2017, and by the end of that same month, there were six clients enrolled in the program. Following its implementation in Black Tickle, the RPM program was expanded to include clients throughout the Health Authority and has 36 clients enrolled in 18 communities.

Labrador-Grenfell Health also offered the Emergency First Responders Program in the community in which seven residents were trained as first responders to support the regional nurse during an emergency situation.

Cancer Care Partnership Receives Public Sector Leadership Award.

A Public Sector Leadership Award was presented to the Cancer Care Team at Eastern Health and its partners in February 2017 in Toronto, Ontario, by the Institute of Public Administration of Canada (IPAC) and Deloitte. The team received the

award in recognition of the 'Journey in the Big Land' initiative which aims to improve the cancer experience for First Nations, Inuit and Métis in Labrador. The overall goal of the initiative was to reduce the impact of cancer for First Nations, Inuit, and Métis people and to advance their continuity in the quality of care, while being culturally responsive. The IPAC awards program recognizes organizations that have demonstrated outstanding leadership by taking bold steps to improve Canada, through advancements in

public policy and management. Labrador-Grenfell Health staff played a key role in the initiative's steering committee and this partnership included the Mushuau Innu First Nation, the Sheshatshiu Innu First Nation, the Nunatsiavut Government Department of Health and Social Services, the NunatuKavut Community Council, the Dr. H. Bliss Murphy Cancer Care Foundation, the Canadian Cancer Society, and cancer patients and caregivers from Labrador.

ACCESS

Partnering for Enhancements in Rural Health.

During the fiscal year 2016-17, Labrador-Grenfell Health received more than \$4 million in funding from a variety of partners, including the Department of Health and Community Services, the International Grenfell Association (IGA), local chapters of the Grenfell Foundation and other community groups, to support the purchase of new capital equipment and to complete essential repair and renovation projects.

An example of the Provincial Government's investment in essential infrastructure was the installation of new Microbiology Analyzers in the laboratory departments at the Labrador Health

Centre, Happy Valley-Goose Bay, in November of 2016, and at the Charles S. Curtis Memorial Hospital, St. Anthony, in March 2017. The same equipment is also scheduled to be installed at the Labrador West Health Centre, Labrador City, during the summer of 2017. The equipment, which does antimicrobial susceptibility testing, is used to determine which specific antibiotics a particular bacteria or fungus is sensitive to and guides the appropriate use of antibiotics by health care professionals. This results in improved antibiotic stewardship and prevention of the emergence of drug resistances. This initiative was part of a broader provincial project to harmonize and standardize automated bacteriology identification and



Labrador-Grenfell Health staff receive training in autism diagnostic procedures.

susceptibility testing.

The following Labrador-Grenfell Health initiatives were supported in 2016-17 by the IGA, which awards grants to non-profit organizations for improving health, education and the social well-being of people in coastal Labrador and Northern Newfoundland communities: Telehealth for Nutrition Services; Gentle Persuasion Approach Teaching; Breastfeeding education: At Your Fingertips; Patient Oriented Indicators for Tuberculosis Clinic in Northern Labrador; Autism Tool Training; Ambulatory Blood Pressure Monitoring and Blood Pressure Monitor; Colorectal Cancer Screening; Bachelor of Nursing/Licensed Practical Nursing Bridging; Roof Repairs and Wheel Chair Ramp; Quality and Safety Improvements in Dental Hygiene; and funding for both health intern positions and health professional student travel assistance, which helps facilitate educational placements for students with Labrador-Grenfell Health. A total of \$330,200 was received in 2016-17 from the IGA for these initiatives.

One of the initiatives supported by the IGA, in the amount of \$20,000, was to offer training to Labrador-Grenfell Health staff in the administration of the Autism Diagnostic Observation Schedule (ADOS) and the Autism Diagnostic Interview (ADI). Both the ADOS and the ADI are considered to be state-of-the-art diagnostic procedures and standardized developmental assessments to be used by any multidisciplinary team when making a diagnosis of Autism Spectrum Disorder (ASD). The overall goal of the training was to establish such a multidisciplinary diagnostic team in Happy Valley-Goose Bay, in addition to the existing teams in St. Anthony and Labrador West, and as such to improve access by clients and families to more timely diagnosis and intervention. Training was completed with staff from various departments in October 2016 in Happy Valley-Goose Bay, and the first diagnostic clinic in Happy Valley-Goose Bay was held in December 2016. Additional clinics were also scheduled for April and May of 2017.

The three local chapters of the Grenfell Foundation, through fundraising efforts and partnerships with the Provincial Government, and other community groups, including hospital auxiliaries, provided significant

contributions to the health care facilities in the region in 2016-17. For example, the South chapter of the Foundation held its first ever radiothon and raised more than \$30,000 towards the purchase of a new patient care monitoring system for the Intensive Care Unit at the Charles S. Curtis Memorial Hospital, St. Anthony. The event was hosted by volunteers from both the Grenfell Foundation (South chapter) and Grenfell Campus of Memorial University at the Grenfell Interpretation Centre on November 18, 2016. The broadcast featured interviews, entertainment, donation presentations and updates on the total amount pledged by supporters. The largest single contribution of \$20,000 was provided by the Provincial Government along with a number of substantial donations from private donors.

In Labrador City, the Labrador West Chapter of the Grenfell Foundation announced the purchase and installation of state-of-the-art ophthalmology equipment valued at \$200,000 for the Labrador West Health Centre. The equipment, called the Topcon DRI OCT Triton PLUS, is an advanced diagnostic tool that provides multiple capabilities combines and supports technological advances in the field of diagnosing, treating and preventing diseases of the eye and the visual system. It assists the ophthalmologist in making an accurate diagnosis; enables tele-ophthalmology consultation worldwide; picks up on eye conditions that require immediate attention; provides better follow-up for chronic diseases (diabetes, glaucoma); and ultimately can help save a client's ability to see.

The Newfoundland and Labrador Building and Construction Trades Council (NLBCTC) donated \$243,100 to the Grenfell Foundation for the purchase of priority medical equipment for the benefit of residents served by the Labrador-Grenfell Regional Health Authority. The funding announcements took place in late March 2017 at Labrador City, Happy Valley-Goose Bay and St. Anthony. The NLBCTC represents 16 construction unions and more than 20,000 trades workers throughout Newfoundland and Labrador. The NLBCTC donations were presented to the three chapters of the Grenfell Foundation, including funding for medical telescopes, obstetrical equipment and laparoscopic accessories, for the Labrador West Health Centre, Labrador City; portable ultrasound units for the

North Coast community clinics; medical telescopes, obstetrical equipment and laparoscopic accessories for the Labrador Health Centre, Happy Valley-Goose Bay; and an ultrasound machine for the Charles S. Curtis Memorial Hospital, St. Anthony.

The move into the additional 20 beds at the state-of-the-art and well-equipped Happy Valley-Goose

Bay Long-Term Care Facility in September 2016 represented a \$10 million investment from the Provincial Government. The expanded facility now has 69 beds and includes comfortable resident accommodations for respite and palliative care. These added services will support accessibility and will assist in meeting the needs of residents who require long-term care placement.

AN ACCOUNTABLE, SUSTAINABLE AND QUALITY HEALTH AND COMMUNITY SERVICES SYSTEM

Enhanced Quality Control in Laboratory Systems.

Building on the consolidated Meditech healthcare information system and computer network shared by Labrador-Grenfell Health and Eastern Health, the Health Authority was able to implement new quality control software in its biochemistry laboratory systems in St. Anthony, Happy Valley-Goose Bay and Labrador City. Having a shared healthcare information system allowed Labrador-Grenfell Health to more easily replicate work already completed by Eastern Health and accomplish the installation. Commonly referred to as “middleware”, this software serves to glue together separate, often complex and already existing programs. In the laboratory environment, it is the electronic quality control system used to apply all of the quality control rules required for biochemistry tests. As a result, the improvements realized in the Biochemistry Departments in Labrador-Grenfell Health were increased efficiency by reducing unnecessary repeat testing and troubleshooting, improved laboratory test quality with optimally selected quality control rules, the ability to validate test results with comprehensive audit trails, and regulatory compliance under the International Organization for Standardization (ISO 15189). The ISO 15189 is the worldwide federation of national standards bodies and specifies requirements for quality and competence in medical laboratories.

Workforce Planning: Growing Our Own. Labrador-Grenfell Health continued to work in partnership with the Department of Health and Community Services to support the successful recruitment and retention of health professionals in difficult-to-fill positions. Through the Provincial Government’s Bursaries and Incentives program, Labrador-Grenfell Health offered a variety of incentives to attract new staff to the

region. During 2016-17, the Health Authority offered a total of \$265,000 in bursary funding, which included \$100,00 for students enrolled in a Bachelor of Nursing program, \$85,000 for students in a Practical Nursing or Personal Care Attendant program, and \$80,000 for students enrolled in other disciplines such as Medical Radiography, Medical Laboratory Technology, Physiotherapy and Pharmacy.

In recognition of the unique challenges of filling vacant positions in Labrador, Labrador-Grenfell Health also provided an enhanced level of support to students from Labrador who were enrolled in a Bachelor of Nursing program and wish to return pursue a career in regional nursing in a priority area determined by the Health Authority. The Labrador Enhanced Bursary Program offers a bursary of \$5,000 per year for up to four years, in return for a commitment from the recipient to return to Labrador for a specific period. During 2016-17, there were four nursing students receiving financial support through the Enhanced Labrador Bursary program and who will be joining Labrador-Grenfell Health upon their graduation from the Bachelor of Nursing program over the next two years. In addition, newly-graduated registered nurses can enter the Regional Nurse Mentorship and Retention Program for a year to prepare to work in the expanded scope of a regional nurse. In 2016-17, four new registered nurses entered the Regional Nurse Mentorship Program and will all be filling current Regional Nurse vacancies in coastal Labrador community clinics by the Fall of 2017. Having these new regional nurses join Labrador-Grenfell Health will provide stability and consistency in staffing and services in the most rural and remote communities and will provide the new staff with a rewarding career experience.

Report on Performance

ISSUE 1: POPULATION HEALTH AND WELLNESS

For the past two strategic planning cycles encompassing 2011-14 and 2014-17, Labrador-Grenfell Health has identified various aspects of improving Population Health as one of its strategic priorities. During this time, a tremendous amount has been accomplished in strengthening the capacity of the Health Authority to respond to Population Health issues, particularly in the areas of Chronic Disease Management and Mental Health and Addictions. Labrador-Grenfell Health has also made significant advances in its ability to collect and analyze health status data.

Despite the focus on initiatives to improve the health of the population in the region, overall health status indicators reveal that there are significant opportunities to address population health issues. For example, in the Labrador-Grenfell Health region in 2014, the prevalence of diabetes and high blood pressure was 7.9 per cent and 22.7 per cent, respectively⁸. Given that smoking is a leading cause of disease and death in Canada, the Health Authority

is challenged to address self-reported rates of individuals who smoke daily which remain higher than the provincial and national averages⁹. Furthermore, the number of respondents living in the region who indicated that their perceived mental health was very good or excellent has been decreasing since 2007¹⁰.

Labrador-Grenfell Health has responded to these significant challenges by focusing its efforts during this strategic planning cycle on strengthening its mental health and addictions programming, specifically targeted towards building capacity for suicide prevention in the region with its front-line health professionals and at the community level. In addition, new approaches to healthy living have been championed by the Health Authority and its partners to set a foundation for supporting new mothers to breastfeed and encouraging school-age children and their parents to develop and sustain healthy eating habits by incorporating vegetables and fruit in their diet.

8 <https://yourhealthsystem.cihi.ca/hsp/>

9 Source, Statistics Canada, Canadian Community Health Survey, 2013/2014

10 Ibid

Three-Year Strategic Planning Cycle: April 1, 2014-March 31, 2017

Goal: By March 31, 2017, Labrador-Grenfell Health will have strengthened capacity to address population health issues in the region.

Measure: Strengthened capacity to address population health issues in the region.

Indicators:

Planned for 2014-17	Actual Performance for 2014-17
<p>Implemented a regional chronic disease prevention and management plan.</p>	<p>Following a review of the provincial framework for chronic disease management and a comprehensive literature review, Labrador-Grenfell Health implemented a formal transferable Chronic Disease Management Plan, with an initial focus on Diabetes Care, in November 2015. The Plan, which is now being referred to as a Framework, is based on best practices and can be used for all chronic diseases. It also contains key components such as: Community Engagement, Increased Communication, Stakeholder Engagement, Health Promotion, Data Collection, Evaluation and Human Resources.</p>



Students at Peacock Primary, Happy Valley-Goose Bay, help launch the veggies and fruit awareness campaign.

Planned for 2014-17	Actual Performance for 2014-17
<p>Strengthened capacity for suicide prevention in the region.</p>	<p>Labrador-Grenfell Health implemented a number of initiatives during the 2014-17 strategic planning cycle which have strengthened capacity for suicide prevention in the region. These included:</p> <p>In April 2014, the Mental Health and Addictions and Nursing leadership teams collaborated to successfully complete the implementation of the standardized suicide risk assessment tools to be used with clients who present to any Labrador-Grenfell Health facility with suicidal ideation or post-attempt. At the end of March 2016, all staff who have direct contact with clients had received education on the risk assessment tools. The two risk assessment tools, "Rapid Assessment of Patients in Distress" and the "Beck Hopelessness Scale" were selected following extensive work completed by the Mental Health and Addictions Department in 2014-15. The 'Rapid Assessment of Patients in Distress', developed by the New Zealand Ministry of Health, is used to assess individuals who present with suicide ideation/attempt or with potential mental health problems to determine the risk of suicide or other urgent mental health issues. The tool, in particular, has a strong consideration for clients of Indigenous ethnicity and therefore was especially relevant for use by Labrador-Grenfell Health; 'The Beck Hopelessness Scale' is a 20-item self-report inventory developed by Dr. Aaron T. Beck that measures three major aspects of hopelessness: feelings about the future, loss of motivation, and expectations. The test is designed for adults, between the ages of 17-80. It measures the extent of the respondent's negative attitudes, or pessimism, about the future. It may be used as an indicator of suicidal risk in depressed people who have made suicidal attempts.</p> <p>Since June of 2015, Mental Health Case Managers and Psychiatric Nurses have delivered training on the Mental Health Care and Treatment Act and on Labrador-Grenfell Health's 'Mental Health/ Acute Care Policy' as part of the corporate orientation program for all new nursing staff. This was expanded in January of 2017 to include training on the standardized suicide risk assessment tools and has resulted in all new nursing staff receiving a full day of training specific to Mental Health and Addictions, with a focus on suicide prevention.</p> <p>During 2014-15, the Mental Health and Addictions Department identified, through a review of current best practices, that many mental health and addictions issues, including suicide prevention, can be effectively supported by providing appropriate training and skills to a variety of key persons or groups close to the client at a community level. As a result and in response to these identified opportunities to build capacity, Labrador-Grenfell Health established a Regional Training and Development Program, offering training to parents, community members, paraprofessionals and health care professionals. These programs included: 'Fundamental Concepts in Addictions', 'Anti-Stigma Campaign', 'Mental Health First Aid Canada', 'Mental Health First Aid: For Adults Who Interact with Youth', 'Applied Suicide Intervention Skills Training' (ASIST), 'suicideTALK', 'Review of Clinical Issues in Addictions', 'Youth and Drugs', and 'Motivational Interviewing'. In particular, during 2014-17, seven 'Applied Suicide Intervention Skills Training' (ASIST) workshops and 12 'suicideTALK' (a discussion session where participants openly deal with the stigma around suicide) workshops were delivered to a total of 217 participants throughout the region.</p>
<p>Established a chronic disease management database for diabetes.</p>	<p>Due to a shift in prioritization of resources to focus on the implementation of other key projects, Labrador-Grenfell Health did not realize its planned work to complete the development of a database of clients diagnosed with diabetes until just following the 2014-17 strategic planning cycle, when on May 9, 2017, Labrador-Grenfell Health launched an electronic documentation tool for clients with diabetes. This tool, commonly referred to as a "Flow Sheet", is captured through the Health Authority's consolidated Meditech health care information system with the Eastern Regional Health Authority. The data entered into the Flow Sheet automatically populates a database and facilitates the capture of information on clients with diabetes.</p> <p>This system supports a seamless organization-wide approach to continuity of care and enables clinicians, such as physicians, nurse practitioners, diabetes nurse educators and dietitians, to work in a collaborative practice and to access and document information relevant to diabetes on the same client from anywhere in the organization. By providing a consistent approach to care and seamless access to client information, the goal is to improve the management of the client's medications and other aspects of their disease state, which will support better health outcomes for the client.</p>

Mental health and addictions staff promote 'RUOK Day', a community initiative at Labrador West.



Planned for 2014-17	Actual Performance for 2014-17
<p>Strengthened capacity to respond to mental health and addictions issues at the community level.</p>	<p>During 2014-15, the Mental Health and Addictions Department identified, through a review of current best practices, that many mental health and addictions issues can be effectively supported by providing appropriate training and skills to a variety of key persons or groups close to the client at a community level. As a result and in response to these identified opportunities to build capacity, Labrador-Grenfell Health established a Regional Training and Development Program, offering training to parents, community members, paraprofessionals and health care professionals. These programs included: 'Fundamental Concepts in Addictions', 'Anti-Stigma Campaign', 'Mental Health First Aid Canada', 'Mental Health First Aid: For Adults Who Interact with Youth', 'Applied Suicide Intervention Skills Training' (ASIST), 'suicideTALK', 'Review of Clinical Issues in Addictions', 'Youth and Drugs', and 'Motivational Interviewing'. Between April 1, 2014 and March 31, 2017, a total of 88 workshops were delivered in various communities throughout the region with a total of 998 participants. Through these training sessions, community members built their skill sets and enhanced their ability to assist with the mental health and addictions issues at the grassroots level, including being able to provide initial support to someone who may be developing a mental health problem or who is experiencing a mental health crisis.</p> <p>In addition, Labrador-Grenfell Health availed of support under the Community Addictions Prevention and Mental Health Promotion Fund (CAPMHP). CAPMHP is an initiative of the Department of Health and Community Services through which all individuals, not-for-profit community groups, and organizations who are interested in preventing addictions issues and promoting mental health to community members are eligible to apply for project funding in the key priority areas of: Reducing Alcohol Related Harms; Developing Supportive Communities; Mental Health Promotion; Recreational Activities; and Child/Parent/Family Development.</p> <p>In 2015-16, grants were provided to four community groups including: 'RUOK? Menihek High School Blue Day' in Labrador City (an event which reminds people to ask family and friends the question, are you okay, in a meaningful and caring way); a suicide prevention walk was supported in Happy Valley-Goose Bay; a 'Mental Health in Challenging Times' workshop was held with military members and families at the Military Family Resource Centre in Happy Valley-Goose Bay; and funding was given to support volunteer training for 'Circles of Support and Accountability' in Happy Valley-Goose Bay.</p> <p>In 2016-17, grants were awarded to three community groups including: 'Yoga and Guided Meditation' at the Nanuk Community Centre in Hopedale; 'How to Thrive in Stress' workshop for military families in Happy Valley-Goose Bay; and a 'NunatuKavut Sealskin Mitt Making' workshop in Black Tickle.</p> <p>Furthermore, in March 2016, Mental Health and Addictions staff received training on 'Trauma Informed Care and Trauma Treatment'. Over two information-packed days, the clinical staff reviewed and practiced evidence-based approaches and strategies that were implemented in their clinical work to ensure that service delivery is trauma informed and that their trauma treatment is based on best practice. Research has shown that trauma is an almost universal experience of people with mental health and substance use disorders and the need to address trauma is increasingly viewed as an important component of effective behavioural health service delivery.</p>

Planned for 2014-17	Actual Performance for 2014-17
<p>Implemented new approaches to healthy living in the region.</p>	<p>The Baby-Friendly Initiative. Labrador-Grenfell Health recognizes the importance of breastfeeding as the first step in healthy living and made significant progress during 2014-17 towards receiving the Baby Friendly Initiative (BFI) designation. The Baby-Friendly Hospital Initiative (BFHI) was initiated by the World Health Organization (WHO) and UNICEF in 1991 and is a globally recognized, evidence-based approach to promote informed decision-making regarding infant feeding, with particular focus on the role of health service providers in protecting, promoting and supporting breastfeeding.</p> <p>Within the Canadian context, known as the BFI, the Integrated 10 Steps Practice Outcome Indicators have been established for hospitals and community health services. These steps outline the criteria that hospitals and community health services must implement in order to achieve the Baby-Friendly designation. Labrador-Grenfell Health committed to achieving Baby-Friendly designation and worked diligently to meet all 10 steps.</p> <p>Education and training of staff is one of the largest components in successfully achieving Baby-Friendly designation. Labrador-Grenfell Health staff embraced the training and are currently enrolled into courses that are appropriate to their roles and assigned area of work. Since May 2014, more than 400 Labrador-Grenfell Health staff either enrolled, or had completed the appropriate education and/or training. The four Regional Health Authorities utilize Step 2 to educate staff and 65 per cent of enrollment for the entire province is with Labrador-Grenfell Health staff.</p> <p>In March of 2017, Labrador-Grenfell Health was awarded an important certificate by the Breastfeeding Committee for Canada (BCC) and the Baby-Friendly Council of NL. The certificate acknowledged the milestones accomplished over the past two years. Labrador-Grenfell Health was the first Health Authority in the province to receive this certificate. The certificate was essential to validate the organization's readiness for formal assessment. If successful, the facilities assessed will be the first in Atlantic Canada to receive the Baby Friendly Initiative (BFI) designation.</p>



A celebration of breastfeeding by mothers, babies, family members and healthcare professionals at Labrador West.



Planned for 2014-17	Actual Performance for 2014-17
	<p>Vegetable and Fruit Campaign. On March 28, 2017, Labrador-Grenfell Health’s regional nutritionists launched a Vegetable and Fruit campaign to Grade 3 students, their parents and caregivers, at the Peacock Primary School in Happy Valley-Goose Bay. The campaign highlighted fresh, frozen and canned vegetables and fruit as healthy options and promoted the importance of enjoying vegetables and fruit with every meal and snack. Research shows that a healthy diet rich in vegetables and fruit helps individuals get enough vitamins, minerals and other nutrients, prevents the risk of developing chronic conditions, and contributes to overall health and vitality. While the majority of people recognize that vegetables and fruit are good for their health, some are unaware that frozen and canned vegetables and fruit – without added fat, sugar or salt – have the same nutritional value as fresh vegetables and fruit. The campaign uses a series of personalized food characters and catchy phrases designed to attract attention, and to encourage parents, caregivers and children to opt for more vegetables and fruit with every meal and snack. Funding in the amount of \$20,000 for the Vegetable and Fruit Awareness Campaign and related activities was provided by the Provincial Government.</p>

Performance Related to the 2016-17 Objective

Objective: By March 31, 2017, Labrador-Grenfell Health will have improved its response to population health issues in the region.

Measure: Improved response to population health issues in the region.

Indicators:

Planned for 2016-17	Actual Performance for 2016-17
<p>Improved the self-management of skills for those clients living with chronic illness in the region.</p>	<p>Improving Health: My Way Program. 2016-17 was a very successful year for the <i>Improving Health: My Way Program</i>. This free community-based program taught clients about self-management and gave them the skills and confidence necessary to improve their quality of life while living with a chronic or long-term health condition. Participants met once a week for 2.5 hours over a six-week period. Self-management is cited as a best practice guideline for most chronic conditions by most health professionals.</p> <p>The program, taught by trained community volunteers, sponsored 15 workshops throughout the Labrador-Grenfell Health region in 2016-17, including Hopedale, Postville, Happy Valley-Goose Bay, Labrador West, Charlottetown, Mary's Harbour, St. Anthony, Bird Cove and Raleigh. About 100 participants completed the program and the feedback was very positive.</p> <p>Labrador-Grenfell Health also partnered with the Department of Health and Community Services and the Eastern Regional Health Authority in providing Remote Patient Monitoring (RPM) to clients with chronic illnesses. The first client joined the program in Black Tickle on March 7, 2017, and by the end of that same month, there were six clients enrolled in the program. Following its implementation in Black Tickle, the RPM program was expanded to include clients throughout the Health Authority and had 36 clients enrolled in 18 communities.</p> <p>RPM is an at-home monitoring program for COPD, heart failure and diabetes. Through the use of very simple Internet-based technology, clients enrolled in this program are monitored by a highly skilled, experienced registered nurse who will provide coaching, education and support to help the clients gain the skills needed to reach health goals and improve quality of life. Other key benefits of this program are that clients can better manage their condition from the comfort of home; can avoid unnecessary trips to a health facility; can catch problems before they turn into emergencies; and can become more actively involved in managing and treating their condition.</p>
<p>Enhanced response to the care of clients presenting with a risk for suicide through the development of a regional suicide risk management policy.</p>	<p>A regional suicide risk management policy, based on the suicide risk management protocols introduced in April 2014, had not been finalized and was still being reviewed at the end of March 2017. This was not accomplished due to an unanticipated shift in focus during 2016-17 towards implementing a new walk-in Mental Health and Addictions service at the Labrador West Health Centre in Labrador City. These clinics were also introduced during the year at the Labrador Health Centre in Happy Valley-Goose Bay.</p>

Planned for 2016-17	Actual Performance for 2016-17
<p>Completed the development of standardized electronic documentation to support improved care provided to clients with diabetes.</p>	<p>Due to a shift in prioritization of resources to focus on the implementation of other key projects, Labrador-Grenfell Health did not complete the development of standardized electronic documentation to support improved care provided to clients with diabetes until just following the 2016-17 fiscal year.</p> <p>On May 9, 2017, Labrador-Grenfell Health launched an electronic documentation tool for clients with diabetes. This tool commonly referred to as a "Flow Sheet", is captured through the Health Authority's consolidated Meditech health care information system with the Eastern Regional Health Authority. The data entered into the Flow Sheet automatically populates a database and facilitates the capture of information on clients with diabetes.</p> <p>This system supports a seamless organization-wide approach to continuity of care and enable clinicians, such as physicians, nurse practitioners, diabetes nurse educators and dieticians, to work in a collaborative practice and to access and document information relevant to diabetes on the same client from anywhere in the organization. By providing a consistent approach to care and seamless access to client information, the goal is to improve the management of the client's medications and other aspects of their disease state, which will support better health outcomes for the client.</p>
<p>Identified selected opportunities for improvement in services for youth who have been identified as experiencing mental health and addictions issues.</p>	<p>Following an analysis completed in 2015-16 of 677 youth (ages 12-18) who accessed the services of Labrador-Grenfell Health's Mental Health and Addictions department, it was determined that 52 per cent of the issues identified were accounted for by anxiety, suicide ideation/attempt, stress, behavioural problems, relationship issues, and self-esteem, with anxiety and stress being the primary reasons. Based on research to address the presenting issues, it was decided that group work was a proven therapeutic intervention for youth. For the older youth population, Dialectical Behaviour Therapy (DBT) groups will be delivered to help teach coping skills and resiliency to youth in the region. DBT is an evidence-based therapy program for anxiety and other everyday issues that youth are facing. Two groups were delivered in Labrador West in 2016-2017 to a total of 22 youth (ages 13-18). Based on the success of these groups, the Mental Health and Addictions Department applied for funding through the International Grenfell Association to have three counsellors in the region become formally trained in DBT. Once trained, counsellors will deliver the groups to youth aged 13-25.</p> <p>Staff at Labrador-Grenfell Health also identified an opportunity through this analysis to offer 'Cool Kids', an evidence-based educational group for children, ages 6-12 and their parents. This group program will be delivered beginning in September 2017, throughout the region. This program is delivered to both parents and children separately, and teaches more effective ways to deal with anxiety.</p> <p>Labrador-Grenfell Health also used the services of its three Youth Outreach Workers (YOWs) to work with youth who are at risk of developing mental health or addictions issues or who are already experiencing issues. The YOWs worked in partnership with schools and other community organizations to deliver health promotion and prevention programs as well as education, including programs and presentations such as 'Hazy Love', 'PARTY' program, cyber bullying, self-esteem, healthy relationships, snowmobile and motorcycle safety, various addictions, mental health and mental illness presentations, 'suicideTALK', 'Roots of Empathy', 'Bounce Back and Thrive', anti-violence, anti-bullying, stigma, body image, and stress, etc. The YOWs also provided individual services to youth based on a brief-counselling perspective. For issues beyond their scope of practice, the YOWs made referrals to applicable services on behalf of the youth. In 2016-17, there were 12,476 contacts with youth and 86 referrals to other services made.</p> <p>Of particular note in 2016-2017, three unique events for youth were initiated in the region. In Hopedale there was a land-based retreat held for female youth that covered topics such as coping skills and communication. In Happy Valley-Goose Bay, a 'Bridging the Gap' camp was held over a weekend for youth that involved both educational and recreational activities for youth; and, in Labrador West, the YOW partnered with the local high school, the Royal Newfoundland Constabulary's community-based policing program, and Bell Aliant, to host the first annual 'Menihok Blue Day'. During this day, students participated in various activities such as coping skills presentations, a launch of the 'Bridge the gAPP' mobile mental wellness website for youth, and attended a presentation from an individual with lived experience with mental health and addictions issues. The day ended with pizza for all students.</p>

Discussion of Results:

It is well documented that small improvements in the overall health of a population require an ongoing focused effort on the part of multiple stakeholders and slowly take effect over a number of years. Labrador-Grenfell Health is well positioned at the end of this strategic planning cycle to continue this work by having strengthened its capacity to address population health issues in the region, in particular by having implemented a regional chronic disease prevention and management plan, examined many of the issues surrounding the risk for and prevention of suicides, and by having implemented new approaches to healthy living in the region.

On March 24, 2017, the All-Party Committee on Mental Health and Addictions released its report and recommendations to the Provincial Government. Titled *Towards Recovery: A Vision for a Renewed Mental Health and Addictions System*, the report outlined 54 recommendations in the areas of: promotion, prevention and early intervention; access to services; quality of care; policy and programming; community supports; and accountability and performance monitoring. It is expected that these recommendations will strongly shape the direction that Labrador-Grenfell Health in its next strategic planning cycle for 2017-20, particularly with regards to a population health approach to mental health and addictions services.

ISSUE 2: IMPROVED PERFORMANCE

Organizations such as Labrador-Grenfell Health which deliver a wide range of programs and services are continually being challenged to do more with less. Long gone are the days when allocating additional resources was seen as the answer to making improvements in the health care system. While funding from the public purse is essential in providing quality health care services, achieving value for money was the expectation placed upon Health Authorities by the Provincial Government and the public. Labrador-Grenfell Health embraced this direction and reviewed several areas where efficiencies could be improved. With the launch of its 2014-17 Strategic Plan as its guide, the Health Authority challenged its leadership team, managers and employees to do things better by improving management and organizational practices. The goal was to implement initiatives to achieve greater operational efficiency in the delivery of health care in the region.

The foundation of any objective to improve performance is the ability to assess the practices of the day and measure outcomes or results. Some initiatives are implemented quickly and the desired benefits are achieved immediately. Other means demand an integrated, planned approach where the end goal is achieved over a period of time. The common thread is that setting goals to improve performance demands support from all levels of an organization. Without a collective willingness to work together from the leadership team, managers, and front-line staff, the opportunity to enhance systems performance will be compromised.

At the start of the 2014-17 planning cycle, Labrador-Grenfell Health set out to improve performance in several areas, including obstetrical care, client communication, continuity of care, practices in medication safety and the adoption of regional policies. By year three of the cycle, which is the report on the 2016-17 performance, the Health Authority was in a position to evaluate many of the initiatives which had been implemented to determine if the desired results were achieved.



Rigolet harbour front in wintertime.

Three-Year Strategic Planning Cycle: April 1, 2014-March 31, 2017

Goal: By March 31, 2017, Labrador-Grenfell Health will have implemented initiatives to achieve greater operational efficiency in the delivery of health care in the region.

Measure: Implemented initiatives to achieve greater operational efficiency in the delivery of health care in the region.

Indicators:

Planned for 2014-17	Actual Performance for 2014-17
<p>Achieved greater operational efficiency.</p>	<p>Colour Coded Laboratory Containers. A process to colour code laboratory containers commenced in 2015 and was implemented in the 2016-17 fiscal year. The system identifies the contents of the containers and determines the required temperature during transportation between health care facilities. Previously, there were instances where laboratory samples were rejected and discarded since specimens were compromised by external factors such as variable temperatures. The benefits of using the colour code system include better clinical outcomes and financial savings were achieved since the need to recollect specimens was significantly reduced.</p> <p>Implementation of Centralized Triage Nurse System at Black Tickle. Labrador-Grenfell Health partnered with the Provincial Government, the NunatuKavut Community Council, the local service district of Black Tickle and residents in 2016-17 to implement a new model of care that provides for the sustainable delivery of health care services in a small, remote community on the coast of Labrador. Among the services introduced was the implementation of a centralized nurse triage system in October of 2016, whereby nursing services are provided from Monday to Friday with regular clinic hours and the sole nurse remains in the community each night and on weekends. After-hours calls are directed to a centralized triage nurse at another community clinic in the region and the nurse in Black Tickle remains on stand-by and is available for callback if deemed necessary by the triage nurse. Regular visits to the community by physicians and community health nurses will also continue to take place. Since the implementation of the centralized triage nurse system, overtime and callbacks have been reduced by 75 per cent, resulting in savings averaging \$12,000 per month.</p> <p>Business Decision Support Dashboard. Labrador-Grenfell Health developed a Business Intelligence System (BIS) intended to help decision-makers use communication technologies, data, documents, knowledge, and analytical models to identify and solve problems. The new generation of BIS offers the potential for significantly improving operational and strategic performance. In 2016-2017, Managers, Supervisors and Team Leads in the organization received access to dynamic dashboard data and information in Clinical Registration, Scheduling and Order Entry. This enabled the near real time viewing of Key Performance Indicators (KPI) of client visits, including appointment “no shows”, appointment cancellations and Emergency Room wait times. The benefits of using a Business Decision Support Dashboard includes increased efficiency, reduced costs, and improved outcomes through the targeted application of health analytics.</p> <p>New Developments in Electronic Forms and Reporting. Labrador-Grenfell Health implemented several measures in the area of electronic forms and reporting which have resulted in achieving greater operational efficiencies. These included the following:</p> <ul style="list-style-type: none"> • Electronic signature (E-Signing) is a method of authenticating electronic reports or documents that have been transcribed by clinicians. Implemented in September 2016, E-Signing provides a secure means for a clinician to authenticate the documents, which make the reports available for distribution in a quicker fashion. • A new armband technology was implemented at the three hospital sites in October 2016 to provide positive patient identification with more than three identifiers, thereby improving patient safety and creating advantages in clinical workflow. The solution also provides 20 labels with each armband, which can be applied to paper documentation as a means of identifying clients.

Planned for 2014-17	Actual Performance for 2014-17
<p>Achieved greater operational efficiency.</p>	<ul style="list-style-type: none"> • The implementation of two modules of the Health Human Resources Information Management System in 2016, eRecruit and ePeople, are examples of achieving greater efficiency in the manner in which employees receive information. The eRecruit module gives employees the opportunity to submit electronically applications for employment opportunities posted on the Labrador-Grenfell Health website. The ePeople module allows employees to view a variety of elements of their personal information online. As part of this process, the Health Authority introduced electronic pay stubs for employees in September of 2016, resulting in making information available to staff through personal e-mails and reducing the need to print paper copies. • The Human Resources Department developed and implemented several electronic forms in 2015-16, including a leave request form for employees for the request of vacation, family leave, and a personal requisition form for managers when they need to fill vacancies in their departments. The new forms eliminate the use of paper and create an electronic trail for approval and tracking purposes.



Planned for 2014-17	Actual Performance for 2014-17
<p>Improved client communication to enhance understanding of practices.</p>	<p>Client Experience Survey Provides Valuable Feedback. Understanding the client experience upon receiving health care services is integral to improving care and essential in driving the quality improvement process. In an effort to gather opinions and insights from clients, Labrador-Grenfell Health launched Client Experience Surveys in May of 2016. The <i>Please Tell Us</i> initiative represented the first time that the Health Authority invited feedback electronically from clients through a series of questions. Research work commenced in 2015 and culminated with the launch of surveys in 13 service areas, later expanding to 22 surveys in 2017. Labrador-Grenfell Health values feedback from clients and views residents of the region as partners in providing effective, efficient and respectful healthcare services. The Health Authority pledged to use the feedback that is shared to continue providing quality care. The input received is tabulated, shared with the leadership team, managers and the board of directors, and used to identify opportunities where improvements can be made. Up to early March 2017, a total of 423 surveys were received from clients in all parts of the region.</p> <p>Model of Nursing Clinical Practice. One of the pillars of the Labrador-Grenfell Health Model of Nursing Clinical Practice is providing consistent and timely information to clients, essential for providing continuity of care in the health care setting and in the community. The Health Authority has three examples which underscore the commitment to improving communication and enhancing the understanding of clinical practices. They are as follows:</p> <ul style="list-style-type: none"> • Post Discharge Calls is a process which involves placing telephone calls to clients who have been discharged following an admission to an acute care facility. Launched in October 2016, the initiative is an intervention aimed at improving transitions in care. The benefits of Post Discharge Calls are improved clinical outcomes, a positive client care experience, and reduced readmissions. The calls also verify for employees that client care has been impacted. From the time the program commenced to March 31, 2017, a total of 852 calls were placed to clients. • Introduced in 2014-15, Patient Communication Boards were mounted near a client's bed in hospitals and long-term care homes and contain information about the daily plan of care, health professional names, pain assessment and messages for the care team. The boards are a dynamic communication tool which summarize information for the client, client families and health professionals. In the next year, the Nursing Department began auditing the use of the Patient Communication Boards as part of a broader approach which involves managers meeting individually with a client to ask specific questions regarding their care. Nurse managers follow up on issues which have been identified by the client and report back to client. Since a scorecard system was started in January 2017, acute care and long-term care facilities achieved scores ranging from 85 per cent to 99 per cent. • Intentional Patient Rounding (IPR) is an evidence-based practice that improves patient and nurse satisfaction and decrease falls, pressure ulcers and patient use of a call light. Rolled out in the Labrador West Health Centre in October 2016, nurses assess a patient's four Ps – pain, potty, personal possessions and positioning – on a regular basis. An assessment of call bell data demonstrates a 25 per cent reduction in the number of call bells compared to the period prior to the implementation of IPR. Survey results indicated that 82 per cent of patients believed their call bells were answered in a timely manner, compared to 50 per cent prior to implementation. In addition, 86 per cent of respondents felt involved in their care, compared to 70 per cent prior to the roll-out of IPR.

Planned for 2014-17	Actual Performance for 2014-17
<p>Enhanced client safety in obstetrical care.</p>	<p>MORE^{OB} Plus is a comprehensive performance improvement program that creates a culture of patient safety for health professionals who work in obstetrical units. Labrador-Grenfell Health, with funding from the International Grenfell Association, offered MORE^{OB} to physicians and nurses from 2012-15. A follow-up three-year program, MORE^{OB} Plus, commenced in the fall of 2015. A regional committee which oversees the MORE^{OB} Plus program is responsible for guiding and ensuring health professional education and regional, evidenced-based practices. The MORE^{OB} Plus program also enhances obstetrical care in the following ways: Health professionals enrolled in the program are required to review and demonstrate competency in 20 MORE^{OB} chapters; weekly MORE^{OB} information sessions and skills drills are held at each of the three hospital sites in the region to build confidence and competence in the delivery of care, contributing to a team approach and communication flow; the program is used to develop policies and clinical practice guidelines with 35 documents disseminated electronically to date; the program assisted with the development of a regional obstetrical documentation package; and the program was and is used to develop and enhance the obstetrical education/ orientation program.</p>



Planned for 2014-17	Actual Performance for 2014-17
<p>Improved continuity of care through enhanced access to client information.</p>	<p>Meditech Consolidation Project. The financial modules of the Eastern Health and Labrador-Grenfell Health Meditech health care information systems were consolidated on April 1, 2014. This was followed by the consolidation of the clinical modules on June 4, 2014, which resulted in the completion of the health care information system consolidation project between the two Health Authorities. As a result of bringing together the healthcare information systems, authorized health care professionals are able to access available client care results and information seamlessly and electronically across the Labrador-Grenfell Health and Eastern Health systems, minimizing the dependence on exchanging paper copies of charts and results. For clients, there are tremendous improvements in continuity of care and greater efficiency in the use of resources. With significant financial support from the Provincial Government, this represented the first consolidation project of its kind between two Health Authorities.</p> <p>Expansion of Electronic Client Registration in Health Centres and Community Clinics: Electronic client registration through the Meditech health care information system was expanded in 2015-16 to Labrador-Grenfell Health’s three health centres, 13 of its 14 community clinics, and the community health, population health and employee health departments throughout the region. The remaining clinic, Natuashish, was scheduled to be brought online in June of 2017. The substantial completion of this initiative has resulted in direct clinical benefits for health professionals and clients since there is improved and efficient access to data, improved accessibility to clinical records, and a streamlining of workflow processes. Electronic registration also provides the required foundation for other services, such as point-of-care testing, order entry and scheduling, to be implemented through the Meditech health care information system in the future.</p> <p>E-Signing: Electronic signature (E-Signing) was implemented by Labrador-Grenfell Health in September 2016 as a method for authenticating electronic reports or documents that have been transcribed by clinicians. This provides a secure means for a responsible clinician to authenticate the documents, making these reports available for distribution more quickly.</p>

Planned for 2014-17	Actual Performance for 2014-17
<p>Improved practices in medication safety.</p>	<p>A number of improved practices in medication safety were implemented throughout the Labrador-Grenfell Health region between April 1, 2014 and March 31, 2017.</p> <p>In response to recommendations made to Labrador-Grenfell Health as part of its Accreditation Canada award and report in May 2014, the three hospital pharmacy departments at the Labrador West Health Centre, Labrador Health Centre and Charles S. Curtis Memorial Hospital implemented a new bin system for the safer storage of medications. Medications are stored separately, including different strengths of the same medication, in an effort to reduce dispensing errors by selecting the wrong drug and enhance client safety. As a further safety measure, the bins are individually labeled and colour-coded: yellow bins contain medications that are deemed to have “look-alike/sound-alike” drug names, red bins contain high alert medications, and blue bins contain all other regular medications. A regional pharmacy policy outlining expectations and processes for “look-alike/sound-alike” drug names” was released in September 2014.</p> <p>In February of 2015, Pharmacy staff also released a new resource page on the Health Authority’s internal Intranet website. In particular, a Medication Safety Alerts tab provides links to the latest medication safety information and new medication warnings, primarily from the Institute for Safe Medication Practices (ISMP). Also posted under the Medication Safety Alerts tab is Health Canada-endorsed safety information or MedEffect updates.</p> <p>In June 2016, with financial support from the International Grenfell Association, Labrador-Grenfell Health expanded its access to “UpToDate®” so that all applicable staff could freely use the evidence-based clinical decision support tool with daily care decisions, including relevant information about medications, their appropriate use, potential interactions, etc. Having this very important drug information available to the pharmacy staff and front-line health professionals supported improved practices in medication safety. “UpToDate®” access was made available through the Health Authority’s Intranet and is downloadable to personal mobile communication devices.</p> <p>Over the same period of time, Labrador-Grenfell Health increased its presence on the provincial Pharmacy Network, by adding selected client prescription information from the Pharmacy Departments at the Labrador Health Centre and the Charles S. Curtis Memorial Hospital. These two departments provide community pharmacy services, through the Health Authority’s community clinics, to clients living in communities on coastal Labrador where access to private community pharmacies is limited. The Pharmacy Network is one component of HEALTHe NL, the provincial Electronic Health Record, which gives health professionals access to information about the medications clients are prescribed and helps to avoid harmful drug interactions, allergic reactions, duplicate prescriptions, and support better decisions about medications, diagnoses and treatments. The Pharmacy Network also allows other authorized users to view a client’s medication profile when and where they need it, thus making care easier, quicker, and safer.</p> <p>Most recently, as part of the Provincial Government’s <i>A Strategy to Reduce Emergency Department Wait Times in Newfoundland and Labrador, 2012</i>, Labrador-Grenfell Health completed two rapid improvement events, in February and March 2017 respectively, in the Emergency Departments (EDs) at the Charles S. Curtis Memorial Hospital, St. Anthony, and Labrador Health Centre, Happy Valley-Goose Bay. These multi-disciplinary events included a complete reorganization to best practice standards of the medication storage rooms (“drug rooms”) on the ED units which, in turn, supported the front-line staff in being able to access and give medications to their clients in a much safer manner. At the Charles S. Curtis Memorial Hospital, this also included implementing a best practice in medication safety by the removal of Demerol® (Meperidine) from being available as a first-line narcotic for managing pain in the ED due to its potential for negative side effects.</p>

Planned for 2014-17	Actual Performance for 2014-17
<p>Implemented regional policies in select program areas.</p>	<p>Between April 1, 2014 and March 31, 2017, Labrador-Grenfell Health implemented a number of regional policies in several program areas, including the following Administrative Policies and Procedures:</p> <p>Patient Safety and Quality: PSQ-5-025: Quality Review</p> <p>Clinical: CL-7-0500 : Purchasing of Wound Care Products</p> <p>Privacy and Access: P&A-9-0340: Responding to Requests and Reporting to Law Enforcement Agencies P&A-9-0350: Duty to Report/Warn P&A-9-0360: Video Surveillance</p> <p>Regional Transportation: RT-11-0110: Escorts for Prenatal Clients</p> <p>Employee Development, Health and Safety: EDHS-12-0310: Workplace Violence Prevention EDHS-12-0320: Fatigue Management for Paramedicine Employees EDHS-12-0400: Cold Weather Personal Protective Clothing</p> <p>In addition and of particular note was the introduction in December 2015 of the Nursing Information Management System (NIMS). This system is used to communicate policies, memos, clinical practice guidelines, resource materials and forms to all members of the nursing staff within the Health Authority. A key feature of NIMS is the ability to audit staff compliance with reading policies and other required documents. It is critical for staff to read and acknowledge policies affecting day to day practice and provides nurse managers with a tool to track and confirm compliance. Since December 2016, a total of 241 new and updated regional policies and clinical practice guidelines were uploaded to NIMS by each nursing department.</p>



Colour-coded medication bins in pharmacy departments enhance client safety.

Performance Related to the 2016-17 Objective

Objective: By March 31, 2017, Labrador-Grenfell Health will have evaluated improvements made to system performance.

Measure: Evaluated improvements made to system performance.

Indicators:

Planned for 2016-17	Actual Performance for 2016-17
<p>Assessed implementation of initiatives designed to reduce the number of clients who do not show for selected appointments and services.</p>	<p>Automated Notification System. In collaboration with the other three Health Authorities, Labrador-Grenfell Health implemented an Automated Notification System (ANS) for endoscopy services in December 2016. The ANS sends a telephone reminder notification to clients seven days prior to a scheduled endoscopy appointment. The objective is to reduce the number of clients who miss their appointments, also known as “no shows,” which improves operational efficiency and reduces wait times for other clients. During the latter part of the 2016-17 fiscal year, the effectiveness of the ANS was undergoing an evaluation to determine the impact on reducing no shows and improving access, and ultimately, improving the client experience. The evaluation will determine the merits of expanding the system to other program areas.</p> <p>Initiatives Contribute to Reducing No Show Rates:</p> <ul style="list-style-type: none"> • At the start of the 2016-17 fiscal year, Labrador-Grenfell Health had 849 clients on a waitlist for an endoscopy procedure. By March 31, 2017, the waitlist had decreased to 776 clients, an improvement by nine per cent. An assessment of the initiatives which contributed to the improved waitlist included improved methods of data collection, audits of clinical and administrative waitlists, waitlist management policies, and a focus on endoscopy “blitz” clinics. • Mental Health and Addictions staff implemented a practice in January 2016 of placing reminder calls to clients a day prior to their scheduled appointment. The reminder calls were targeted towards clients who had a pattern of non-attendance at appointments and those who live with chronic addictions/mental illness, or cognitive issues. The practice was first introduced at the Labrador Health Centre and implemented at the Charles S. Curtis Memorial Hospital and the Labrador West Health Centre in June 2016 and North Coast community clinics in February 2017. Of the 1,086 reminder calls that were placed to clients region-wide, 174 clients did not show for their appointment. The result was a decrease in the no show rate to 16 per cent.
<p>Evaluated opportunities for improvement identified through regular auditing of the regional standardized suicide risk assessment tool.</p>	<p>Managers with Mental Health and Addictions completed audits of the use of the regional standardized suicide risk management tool. Three charts chosen at random each month are reviewed to ensure the four pillars of the protocol are used in counselling, including assessment, treatment, monitoring and continuity/transfer of care. The charts of clients who present to Mental Health and Addictions, the Emergency Room, and admitted as inpatients are audited to ensure that a standardized, consistent approach is applied for clients who present with suicide ideation and/or suicide attempt. The audit results were analyzed and presented an opportunity for managers to discuss with counselors areas where improvements or changes could have been made through the application of the regional standardized suicide risk management tool. The audits also revealed opportunities for education sessions with staff.</p>


Planned for 2016-17	Actual Performance for 2016-17
<p>Evaluated selected improvements made to regional standardization through the implementation of the Labrador-Grenfell Health Model of Nursing Clinical Practice (LGH MoNCP).</p>	<p>A key pillar of the Labrador-Grenfell Health Model of Nursing Clinical Practice (LGH MoNCP) was the establishment of patient communication boards. Introduced in 2014-15, the patient communication board, which is mounted near the client's bed, contains information (with the client's consent) about the daily plan of care, health professional names, pain assessment and messages for the care team. The boards are a dynamic communication tool which readily summarize information for the client, client families and health professionals, and demonstrate the client-centred and continuity of care provided. In 2015-16, the Nursing Department began auditing the use of the patient communication boards as part of a broader approach which involves managers meeting individually with a client to ask specific questions regarding their care. The audit also measures the completeness of the information communicated to the client through the board. Nurse managers follow up on issues which have been identified by the client and report back to the client. Since a scorecard system was initiated in January 2017, acute care and long-term care facilities achieved scores ranging from 85 per cent to 99 per cent.</p>

PLEASE DON'T BE A
NO SHOW

Impacts others.

Another referral.

Limited resources.




Longer waits.

Higher costs.

Idle equipment.

CAN'T MAKE IT?

PLEASE LET US KNOW.



A reminder for clients on the importance of showing up for appointments.

Discussion of Results:

Labrador-Grenfell Health put a plan in place with the adoption of the 2014-17 Strategic Plan to work smarter and do things more efficiently in order to achieve efficiencies and to sustain programs and services over the long-term. One of the major initiatives was a series of measures designed to enhance access to client information and thus improve continuity of care. A project to consolidate the financial and clinical modules of the health care information systems used by Labrador-Grenfell Health and Eastern Health in 2014 enabled health care professionals to access client care results and information electronically across both systems. The Meditech Consolidation Project also minimized the dependence on exchanging paper copies of charts and results. Similarly, the expansion of the electronic client registration system through the Meditech health care information system to health centres and community clinics improved access to clinical records for health professionals and streamline workflow processes.

Some of the initiatives involved the introduction of electronic forms and reporting mechanisms for managers and employees, while others, such as Patient Communication Boards, Post Discharge Calls and Intentional Patient Rounding, resulted in the implementation of measures to improve communication between health professionals and clients and enhanced the understanding of clinical practices. A number of practices were introduced to enhance the safety of clients, including training to develop skills for physicians and nurses in pre-natal, obstetrical and post-natal care for mothers and babies. There were also several improved practices in medication safety, including the availability of an evidence-based clinical decision support tool for clinicians, the use of information available through the Pharmacy Network, and a reorganization of medication storage rooms in Emergency Departments at the three hospital sites.



Amid-winter snowmobile excursion on the North Coast of Labrador.

ISSUE 3: ACCESS

According to a report issued by Statistics Canada in December of 2016, 71 per cent of individuals who responded to a 2013 survey indicated they did not have difficulty accessing health care services. The Canadian Community Health Survey, entitled *Difficulty Accessing Health Care Services in Canada*¹¹ and conducted every two years from 2003-13, specifically asked Canadians 15 and older about their self-reported experiences with respect to two streams of health care services – specialized services and first contact services. Of the 29 per cent who reported difficulties, the majority of those responded cited “waiting too long for an appointment” and “difficulty getting an appointment” as the most common problems. The survey results provide some insight into groups of Canadians who are experiencing the most difficulty accessing health care services and factors such as gender, province of residence, employment status, education level, family responsibilities and availability of services. Labrador-Grenfell Health found similar responses submitted through its Client Experience Survey, when up to early March 2017, just over 60 per cent of respondents felt that they did not receive care in a timely manner.

For people who reside in the Labrador-Grenfell Health region, the Health Authority recognizes that appropriate and timely access to services is a priority. Being a northern region presents its own set of challenges, which include transportation, a sparse

population, and the location of specialty services. Nonetheless, Labrador-Grenfell Health implemented initiatives during the three years of the most recent planning cycle towards the goal of improving client access to selected services. These gains were made in the areas of improving modes of transportation within the region, enhancing collaboration between health care providers, improving access to home-based health care services, and addressing client wait times in certain areas.

Labrador-Grenfell Health also set out to explore ways in which a model of primary health care can improve access to services for residents of the region. For example, medications that previously could only be administered in a hospital setting can now be administered in the comfort of the client’s home, and individuals who live with a chronic disease can now use technology to transmit measures of their health status and receive real-time care from a healthcare provider located in another setting. Similarly, the use of the internet is opening up possibilities for mental health and addictions clients to access a wide range of web-based programs and services from the comfort of their own home. Work is also taking place on establishing the Nurse Practitioner model in communities throughout the region and adding Licensed Practical Nurses working to their full scope of practice as part of the primary health care team.

11 <http://www.statcan.gc.ca/pub/82-624-x/2016001/article/14683-eng.pdf>

Three-Year Strategic Planning Cycle: April 1, 2014-March 31, 2017

Goal: By March 31, 2017, Labrador-Grenfell Health will have improved client access to selected services in the region.

Measure: Implemented selected initiatives to improve access.

Indicators:

Planned for 2014-17	Actual Performance for 2014-17
<p>Improved modes of client transportation.</p>	<p>Clients living in rural and remote communities in coastal Labrador often use a scheduled airline service (commonly referred to as the “schedevac”) contracted by Labrador-Grenfell Health to access medical appointments at the referral centres in Happy Valley-Goose Bay or St. Anthony. In early 2014, this access was enhanced for residents of communities on the southeast coast of Labrador by the implementation of an improved schedule. The new schedule saw the schedevac depart from Happy Valley-Goose Bay and make scheduled stops at Cartwright, Black Tickle, Charlottetown, Port Hope Simpson, William’s Harbour, St. Lewis and Mary’s Harbour before reaching St. Anthony Airport. Later during the day, the service returns to the same communities. Labrador-Grenfell Health also implemented a toll-free telephone number so that clients could make their own reservations for these flights.</p> <p>In addition, in August 2015, Labrador-Grenfell Health expanded this service to permit a caregiver to accompany pregnant clients who are traveling on the schedevac to one of the hospital sites to await the birth of their child.</p> <p>At the end of 2016-17, Labrador-Grenfell Health was also working to establish a comprehensive process to ensure the appropriate transport vehicle is used for the appropriate client need. A tender to provide a non-urgent routine transport vehicle service was awarded in early March 2017. The goal of introducing this service will be to ensure that clients, who are not experiencing a medical emergency that requires an ambulance transport with a paramedic, will have access to a transport vehicle when requiring the use of a stretcher or wheelchair to attend routine appointments. The contract is being finalized and will initially be available in the St. Anthony, Northern Peninsula and Southeast Labrador areas, with future expansion to other parts of the region as required.</p>

Planned for 2014-17	Actual Performance for 2014-17
<p>Improved collaboration between health care providers to provide more continuous and consistent care.</p>	<p>Between 2014-17, Labrador-Grenfell Health made tremendous progress in implementing its Model of Nursing Clinical Practice (LGH MoNCP) in multiple sites and units. This model, which established a single, system-wide standard of nursing care throughout the region, features client and family-centred continuity of care. A key pillar of the LGH MoNCP has been the use of Patient Communication Boards and intentional patient rounding. Introduced in 2014-15, the Patient Communication Board, which is mounted near the client's bed, contains information (with the client's consent) about the daily plan of care, health professional names, pain assessment and messages for the care team. The boards are a dynamic communication tool which readily summarize information for the client, client families and health professionals, and demonstrate the client-centred and continuity of care provided.</p> <p>Another key improvement to support collaboration was the development of a Nursing Information Management System (NIMS), which is an automated internal tool used to communicate policies, memos, clinical practice guidelines and resource materials. One feature of NIMS is the ability to audit staff compliance with reading required documents and allow managers to track and confirm compliance. This system provides better communication among all healthcare providers.</p> <p>In February of 2016, the Health Authority completed the implementation of an electronic Order Entry module as part of its clinical healthcare information system. A healthcare provider enters an order into the healthcare information system, it is logged by the system and prints at the specified location. The receiving health professional completes the task or provides the care as requested to the client and has to log that it is finished. Reports are then audited on a regular basis by supervisors to ensure that no task or procedure is left outstanding. This system is another automated tool which replaces traditional paper copies and helps support ensuring that all clinical orders are followed through, diagnostic tests results received, and communicated to clients, thereby providing more consistent and continuous care.</p> <p>Labrador-Grenfell Health partnered with other Health Authorities in January 2016 to share Provincial Shared Learning Bulletins. Shared Learning Bulletins provide the opportunity to share system improvements that have been implemented as a result of a close call, a quality review or an occurrence. The development of best practice and mitigation strategies are shared for the enhancement of patient safety. This enabled Labrador-Grenfell Health to engage in collaborative learning from others and prevent similar occurrences within the Health Authority. The Shared Learning Bulletins are circulated to all staff by e-mail and hardcopy.</p>
<p>Explored primary health care delivery options.</p>	<p>In response to challenges to fill vacant Regional Nurse positions in coastal Labrador community clinics, Labrador-Grenfell Health introduced the full-time role of the Licensed Practical Nurse (LPN) in Mary's Harbour and Cartwright in March of 2017. The role had also previously been used for specific periods of time during 2016-17 in the community clinic in Nain. LPNs, working to their full scope of practice, supplement the role of the registered nurse and assist with providing stability and consistency for clients who attend these facilities for primary health care. The utilization of an LPN in the clinics is a new model of health care delivery but has been proven to be beneficial to the clients and nurses where it has been implemented.</p>

Planned for 2014-17	Actual Performance for 2014-17
<p>Improvements in client wait times in selected areas.</p>	<p>Primary Health Care. An initiative in November 2016 to streamline client appointment times to a standard 20-minute interval each for the routine nursing clinics at the Strait of Belle Isle Health Centre, Flower's Cove, increased the number of available client appointments by approximately 50 per week. Clients at this site can now receive an appointment with a primary care provider within two weeks of their request as opposed to four weeks prior to this change.</p> <p>Rehabilitation Services. Throughout 2016-17, there was a 42 per cent increase in the number of client visits for occupational therapy throughout the region and as a result, there was a corresponding decrease by 23 per cent in the number of clients waiting for occupational therapy services. The average wait time for occupational therapy services for children in the urgent classification in March 2017 was 28 days, compared to 154 days in March 2016. At the end of March 2017, the average wait time for adults in the urgent classification was six days compared to 15 days at the end of March 2016. For children in the routine classification, the average wait time was reduced from 352 days to 89 days over 2016-17 and for adults in that same category, the average wait time was down to 37 days compared to 86 days over the same period. These improvements can be attributed to a number of factors including stabilized staffing, staffing practices, and the impact of the departmental "no show" policy.</p> <p>While the impact on wait times was not specifically measured for physiotherapy and audiology services, a reduction in the number of clients who were waitlisted physiotherapy services was also realized during 2016-17 for similar reasons. There was a 13 per cent decrease in the number of clients waiting for physiotherapy services at the end of March 2017 and a 34 per cent decrease in the number of clients waiting for audiology services. The Health Authority's physiotherapists also travelled during 2016-17 to the community clinics on the Labrador coast to provide services to a total of 105 clients in their own communities or local area.</p>
<p>Improved access to services provided in the home setting. (E.g. implementation of home-based chemotherapy program).</p>	<p>Implementation in Labrador-Grenfell Health of a home-based chemotherapy program began in early 2014 and received extremely positive feedback from clients. This program allows clients to stay in their homes instead of being admitted to hospital for the course of their chemotherapy treatment. Remaining at home while receiving chemotherapy (and while also often having a weakened immune system) was a much safer treatment option for the client as it limited the level of their exposure to potential infections and other illnesses.</p> <p>In order to implement the home-based chemotherapy program, Labrador-Grenfell Health pharmacy, oncology, home-care and community health nursing staff received training in the safe preparation and administration of the new method of chemotherapy treatment. Between its implementation in 2014 and March 31, 2017, 74 clients throughout the Labrador-Grenfell Health region received treatments through the home-based chemotherapy program. By eliminating the need for admissions to hospital, the home-based chemotherapy program also improved accessibility to inpatient beds and services for other clients.</p> <p>Through the Provincial Home Support Program, which provides individuals with the supports and services they require so they may choose to live as independently as possible within the home and community setting, Labrador-Grenfell Health enhanced access to both the acute short term home care and end-of-life basket of services in order to provide continued care to clients in their homes for as long as was clinically possible. The acute short term home care program is intended to avoid admission and facilitate early hospital discharge. Between April 2014 and March 2017, 122 clients received services under the short term acute support program and 167 clients received services under the end-of-life program.</p> <p>In March of 2017, Labrador-Grenfell Health also partnered in March of 2017 with Department of Health and Community Services and Eastern Health in introducing Remote Patient Monitoring (RPM) to clients with chronic diseases living within the remote community of Black Tickle, Labrador. RPM is an at-home monitoring program for chronic obstructive pulmonary disease (COPD), heart failure and diabetes. Through the use of very simple technology, clients enrolled in the program are monitored over the Internet by a highly skilled and experienced registered nurse who will provide coaching, education and support to help the clients gain the skills needed to reach health goals and improve quality of life. Other key associated benefits of the program include that clients: can better manage their condition from the comfort of home; may avoid unnecessary trips to the hospital; can catch problems before they turn into emergencies; and become more actively involved in managing and treating their condition.</p>

Performance Related to the 2016-17 Objective

Objective: By March 31, 2017, Labrador-Grenfell Health will have evaluated the potential application of primary healthcare model(s) in the region.

Measure: Evaluated the potential application of primary healthcare model(s) in the region.

Indicators:

Planned for 2016-17	Actual Performance for 2016-17
<p>Evaluated primary health care model services offered through the expanded nurse practitioner/regional nurse and ambulatory care clinics in selected sites.</p>	<p>In 2015-16, Labrador-Grenfell Health implemented ambulatory care clinics delivered by Community Health Nurses at the three hospital sites in Labrador City, Happy Valley-Goose Bay and St. Anthony. These clinics ensured that clients have all-day access to continuing care services through scheduled or walk-in appointments. This initiative is improving client access, decreasing wait times and decreasing congestion at in the Emergency Departments. An evaluation of Home and Continuing Care services at the three health centres identified the need for an ambulatory care clinic at each site.</p> <p>As a result, the White Bay Central Health Centre in Roddickton-Bide Arm began offering a regularly scheduled ambulatory care clinic in November 2016, offering improved and streamlined access to clients who require dressing changes, intravenous medications, and injections. The evaluation also identified a role for incorporating Licensed Practical Nurses (LPNs) into the ambulatory care clinic in accordance with their scope of practice.</p> <p>In addition, for clients living with a chronic disease, Labrador-Grenfell Health incorporated a nurse practitioner/regional nurse clinic in the evenings at the White Bay Central Health Centre, the Labrador Health Centre, Strait of Belle Isle Health Centre, Labrador South Health Centre, and Labrador West Health Centre.</p> <p>An evaluation of the impact of both of these new clinics at the White Bay Health Centre demonstrated that clients who require ambulatory care and chronic disease management services are accessing care through these clinics instead of inappropriately utilizing the emergency department facilities. The number of clients presenting to the emergency department during regular hours decreased by 45 per cent following the implementation of the clinics. Similarly, the number of these types of clients seen by the home care nurses increased from an average of two per month to 48 per month and the number of home visits decreased from 53 per month to 48 per month, due to the ability of the client to be in the ambulatory care or chronic disease management clinics in a more timely manner.</p>

Planned for 2016-17	Actual Performance for 2016-17
<p>Begun implementation of selected recommendations under Government's <i>A Strategy to Reduce Emergency Department (ED) Wait Times in Newfoundland and Labrador, 2012</i> in the Emergency Departments at all Labrador-Grenfell Health hospital sites.</p>	<p>To reduce wait times, the <i>"Strategy to Reduce Emergency Department (ED) Wait Times in Newfoundland and Labrador, 2012"</i> has five goals:</p> <ol style="list-style-type: none"> 1. To improve the efficiency of higher volume (Category A) emergency departments; 2. To improve access to community-based health services that will support effective utilization of emergency departments; 3. To implement a province-wide standard for patient triage and wait times to receive initial medical attention; 4. To improve the collection, reporting and use of emergency department wait time data; and, 5. To improve communication with patients and the public regarding emergency department wait times. <p>Building on the goals achieved in the prior year, a formal Demand Capacity Analysis of the three Labrador-Grenfell Health Emergency Departments was completed in 2016-17 by an external consultant. A regional steering committee met bi-weekly to oversee the implementation of the recommendations. Local site committees also worked on specific recommendations for their respective areas. A number of action items were identified and resulted in Rapid Improvement Events being held in St. Anthony in February 2017 and Happy Valley-Goose Bay in March 2017.</p> <p>Prior to starting the Rapid Improvement Event, a large number of staff from a cross-section of stakeholder departments in both sites were provided with two-days of training in LEAN principles and worked through mock simulations of ED processes. LEAN is an approach to analyzing all of the steps of a process and eliminating wasted activities in order to make the flow as efficient as possible. During the Rapid Improvement Events, inefficiencies with current processes, supplies, work and client flow through the ED were identified. These items were actioned and resulted in several process improvements including "nurse first" triage being implemented at both sites and significant process flow changes.</p>



Paramedics transport a client to the Emergency Department at the Charles S. Curtis Memorial Hospital.

Planned for 2016-17	Actual Performance for 2016-17
	<p>In addition, a number of key data metrics related to client wait time and flow through the EDs began to be collected and analyzed during 2016-17. Labrador-Grenfell Health introduced the "Take a Number" numbering system which is time based. This tracks the sequence and time each client presents to the emergency department. This allows Labrador-Grenfell Health to capture the exact client arrival time so that staff can monitor the time from arrival to when a client is initially seen in the Triage/Registration area. Additional times are recorded when the client sees the physician or nurse practitioner and then when the client is discharged (finished with their visit) from the ED. The number of clients who left the ED without having seen a physician or nurse practitioner are also tracked. Weekly performance reports on these metrics are compiled and shared with all applicable staff.</p>
<p>Promoted access by clients and community members to eHealth and online mental health and wellness initiatives, such as Bridge the gAPP, Breathing Room™ and the Strongest Families Institute.</p>	<p>Clinical staff continued to refer to the Strongest Families Institute, Bridge the gAPP and the Breathing Room™ programs when the clients met the referral criteria. In addition, during 2016-17, the Mental Health and Addictions managers initiated changes to the Mental Health and Addictions Intake and Screening process so that each and every client is now considered for referral to the Strongest Families Institute (SFI) and is provided with written information on Bridge the gAPP and the Breathing Room™. These services were also promoted through media and visible promotional material throughout the region.</p> <p>The SFI, Bridge the gAPP and the Breathing Room™ are e-health services which are available to individuals and families in the Labrador-Grenfell Health region. These services allowed for improved access for individuals to services through a variety of avenues instead of the normal counseling services offered in an outpatient office setting.</p> <p>Bridge the gAPP is an innovative online mental health resource available from a computer, tablet or phone, which instantly connects people to self-help information and local supports through a searchable service directory. Bridge the gAPP was developed as a health promotion tool to support mental wellness, but it also acts as an early intervention for anyone currently experiencing a mental illness or substance use problem. Bridge the gAPP services are available to both youth (13-18) and adults (18+) through two separate age-appropriate app platforms and are available via websites. Individuals can download through Google Play or the Apple Store or visit the Bridge the gAPP portal page, where all services can be accessed.</p> <p>The Breathing Room is an eight-module, online self-management program which assists people between the ages of 13 and 24 manage stress, depression and anxiety. Developed by the Canadian Institute for Natural and Integrative Medicine (CINIM), the Breathing Room is a clinically proven, award-winning program endorsed by the Mental Health Commission of Canada.</p> <p>Through the resources offered by the Strongest Families Institute, parents and children learn skills to help overcome their problems through a unique distance coaching approach. Trained Strongest Families coaches provide weekly telephone and Internet support on the client's schedule. These programs are proven to be effective for children with behaviour disorders or significant issues at home and/or school, anxiety disorders or excessive worry and nighttime bedwetting.</p>

Discussion of Results:

Labrador-Grenfell Health is building on the objectives outlined in *Healthy People, Healthy Families, Healthy Communities: A Primary Health Care Framework for Newfoundland and Labrador, 2015-2025*, a blueprint released by Department of Health and Community Services in 2015 to guide the continuation of primary health care services in the province. In keeping with its objective of evaluating the potential application of primary health care models in the region, the Health Authority made advances on several initiatives. Among them was establishing an ambulatory care clinic at the White Bay Central Health Centre in Roddickton-Bide Arm, which improved access to clients who require dressing changes, intravenous medications and injections. The Health Authority incorporated a Nurse Practitioner/Regional Nurse clinic in the evenings at the three health centres in the region for the benefit of clients who live with a chronic disease. The outcome that was demonstrated through an evaluation determined

that clients are accessing care through these clinics and not utilizing the Emergency Department as frequently.

Progress was also achieved on the implementation of recommendations arising from the Provincial Government's *A Strategy to Reduce Emergency Department (ED) Wait Times in Newfoundland and Labrador 2012* at the three hospital sites in the region. Following an assessment by an external consultant, who looked at ED metrics, client flow patterns and structural issues at each of three hospital departments, a regional steering committee was struck to oversee the implementation of the recommendations and local site committees worked on specific recommendations. Sessions were held with staff on eliminating inefficient activities through a LEAN principle, which was followed by Rapid Improvement Events held at St. Anthony and Happy Valley-Goose Bay in 2017. Positive outcomes are anticipated in 2017-18 following the completion of the groundwork and the establishment of new processes.

Opportunities and Challenges Ahead

Improvements for Laboratory and Pharmacy

Services. Labrador-Grenfell Health is about to embark on a significant renovation project, projected to cost almost \$3 million, in order to make improvements to the microbiology and histology areas of the Laboratory Department and to the Pharmacy Department at the Charles S. Curtis Memorial Hospital in St. Anthony. These areas of the facility have not been significantly upgraded since the hospital's original construction in the late 1960s. The renovation projects are supported with funding from the Provincial Government and are required by the Laboratory Department to continue to meet licensure standards in place from the Public Health Agency of Canada and the Institute for Quality Management Healthcare. Similarly, laboratory services at the Labrador Health Centre in Happy Valley-Goose Bay will be undergoing a redesign to more appropriately align the services and equipment with the available space. These renovations will also address challenges associated with temperature control and the heat that is emitted by equipment in the laboratory. Upon completion, the improved working conditions will benefit laboratory employees and that will have a positive impact on workflow and client services. The renovations to the Pharmacy Department are also required to maintain best practice standards in accordance with Accreditation Canada's Required Organizational Practices and to support improved medication safety processes.

Appropriate Management of the Retention and Disposal of Health Records.

The Provincial Health Information Management Leadership Committee, with the approval of the Chief Executive Officers of each Regional Health Authority, has submitted a draft Retention and Destruction Policy to the Government Records Committee for consideration for approval. Once approved, Labrador-Grenfell Health and the other Regional Health Authorities will have a health record retention and disposal schedule that will comply with applicable legislation and regulatory requirements, including data classification, record ownership and clear retention and disposition schedules. This policy will also help address the current challenges related to storage space currently being occupied by health

records of clients who are either deceased or no longer actively seeking services from Labrador-Grenfell Health. However, its structured and consistent guidelines for creating a formal record of what will be disposed of will require a dedicated focus and resources for implementation. In addition, a review of printing practices relating to reports that are also available electronically in the Meditech healthcare information system may prove beneficial in reducing the amount of future paper records being printed and the resulting filing in Labrador-Grenfell Health's Health Records Department.

An Opportunity for Enhancement to Cardiac Testing Services in Labrador-Grenfell Health.

As a result of the consolidation of the Meditech healthcare information system with Eastern Health in 2014, Labrador-Grenfell Health continues to realize new opportunities for the sharing between the two Health Authorities of highly technical expertise, software and the network infrastructure that is the backbone of the consolidated system. The Cardiology Services in Labrador-Grenfell Health now has an opportunity to move forwards and join Eastern Health's "Cardio Server ECG Management System" from Epiphany Healthcare. This system is a web-based, user-friendly application that receives, manages, and exports electronic diagnostic test data from Electrocardiograms (ECGs), stress testing, Holter monitoring, pulmonary function testing, and other diagnostic test procedures. Having these results available electronically would eliminate the need to print paper test recordings, would support faster retrieval of tests and reports, and would allow more than one person at a time to view the results in multiple locations. It would allow a cardiologist based in Eastern Health to view and report on an electronic recording of an ECG completed in one of Labrador-Grenfell Health's facilities and may reduce the need for clients to be medevac out for further diagnostic testing. The "Cardio Server ECG Management System" is already operational in the Eastern, Central Western Health Regional Health Authorities.

Moving Forward on Transforming the Mental Health and Addictions System.

Labrador-Grenfell

Health welcomes the report of the All-Party Committee on Mental Health and Addictions entitled, *Towards Recovery: A Vision for a Renewed Mental Health and Addictions System*. Released in late March 2017, the report outlines 54 recommendations in the areas of promotion, prevention and early intervention, access to services, quality of care, policy and programming, community supports, and accountability and performance monitoring. Guided by plans coming from the report, the Health Authority will be implementing specific actions as part of its 2017-20 strategic planning cycle and will address the recommendations that are intended to improve access to mental health and addictions services in the region. For example, improving access to mental health and addictions services is already under way in the Labrador City and Wabush areas with the introduction of evening walk-in clinics in November of 2016. This approach speaks to the demand from clients for services outside of regular business hours and times when they need them. Labrador-Grenfell Health looks forward to working

with the Provincial Government, the other three Health Authorities, community groups and organizations, partners and clients in changing the way mental health and addictions services are delivered and setting a new direction for policy and practices through a comprehensive provincial approach.

Improving Home Support Services. Labrador-Grenfell Health is joining with the Provincial Government and the other Health Authorities in making improvements to home support services for clients. The opportunity to make changes in the way clients receive care is the result of recommendations from the Provincial Home Support Review, the Enhanced Care Program for personal care homes and the Home First Initiative. Under the home support review, a provincially consistent approach to the delivery of home support services to clients and their families will be achieved through a partnership with families, agencies and other caregivers/service providers. The new Enhanced Care Program for personal care homes supports current and new clients and the care



The All-Party Committee on Mental Health and Addictions receive input from Innu community leaders at Sheshatshiu.

they receive in personal care homes, and Home First is a new initiative which has set as its goals the removal of barriers to providing quality services to people in their homes and communities. Under the new approach, a care manager will act as a single point of contact for an individual across all health care sectors and facilitate an active transition to longer term programming if required. The clinical model for the new approach identifies a person's needs and wraps those supports around them in their own home. Opportunities are presenting themselves to improve the efficiency and effectiveness of service delivery as clients will receive the appropriate care in the appropriate setting. Labrador-Grenfell Health will assess all available resources and determine ways in which service delivery can be streamlined and enhanced.

Improving Primary Health Care for Better Health of the Population. Labrador-Grenfell Health is aware that from 2003 to 2014, the proportion of respondents living in the Health Authority's region who, through the Canadian Community Health Survey, self-reported perceived health status of "excellent, very good, or good" declined from 64.9 to 56.1 per cent. Good-to-excellent self-reported health status generally correlates with lower risk of mortality and use of health services. Similarly, between 2010 and 2012, the adjusted rate of death from preventable causes in people younger than 75 for residents of the Labrador-Grenfell Health region, as reported to Vital Statistics, Statistics Canada, was significantly higher than in Newfoundland and Labrador and Canada. Avoidable deaths tell us about the effectiveness of health care, health promotion and disease prevention policies in preventing premature deaths. With the outcome of one of the strategic directions of the Provincial Government focusing on improved health outcomes and well-being for the people of Newfoundland and Labrador, Labrador-Grenfell Health is looking forwards to working in partnership to improve primary health care services. At the end of 2016-17, the Health Authority was making

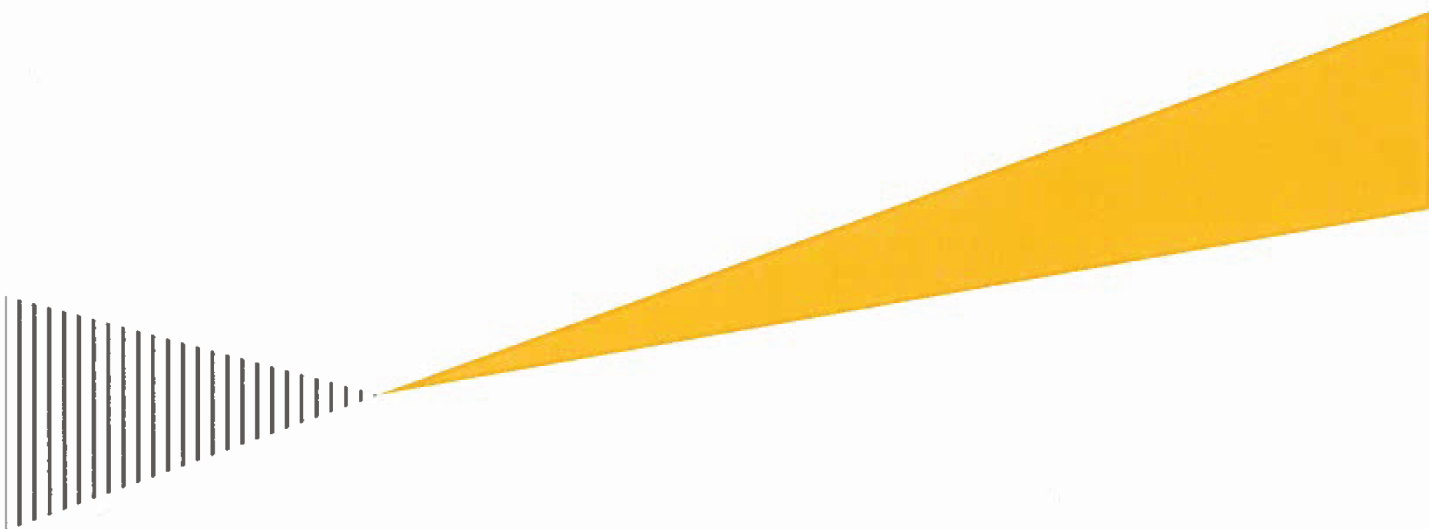
plans to have Primary Health Care Consultants from the Department of Health and Community Services visit the Labrador-Grenfell Health region to explore options for the implementation of recommendations arising from *Healthy People, Healthy Families, Healthy Communities: A Primary Health Care Framework for Newfoundland and Labrador, 2015-2025*. By focusing attention on improving the primary health care system, investments in more costly interventions such as surgeries, increased pharmaceutical usage and hospitalizations can be curtailed.

Building on Partnerships to Advance Indigenous Health. Labrador-Grenfell Health is proud of the collaboration that has been forged over several years with Indigenous governments and organizations in Labrador in the advancement and enhancement of health care services. The Health Authority partners with the Nunatsiavut Government, the Innu First Nation and the NunatuKavut Community Council in a wide range of health programming, services, activities and planning in every aspect of the health care spectrum. Examples of this collaboration include the prevention and management of tuberculosis, the annual seasonal influenza vaccination program, primary care support for individuals living with a chronic illness in remote and isolated communities, advancement in improving the quality of care and access to services for Indigenous people impacted by cancer through the Journey in the Big Land project, and the strides that have been achieved by mental health and addictions professionals who work with the Health Authority and Indigenous groups. In particular, the collaboration in the area of mental health and addictions will be further enhanced through the visions and values that have been defined in *Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador*, a report which included recommendations to achieve a better system to support improved mental health and well-being for all Newfoundlanders and Labradorians.

Non-consolidated financial statements

**Labrador-Grenfell Regional Health Authority –
Operating Fund**

March 31, 2017



Building a better
working world

Labrador-Grenfell Regional Health Authority – Operating Fund

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March 31, 2017

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Labrador-Grenfell Regional Health Authority – Operating Fund **STATEMENT OF MANAGEMENT’S RESPONSIBILITY**

The accompanying non-consolidated financial statements of the **Labrador-Grenfell Regional Health Authority – Operating Fund** as at and for the year ended March 31, 2017 have been prepared by management in accordance with Canadian public sector accounting standards, and the integrity and objectivity of these statements are management’s responsibility. Management is also responsible for all the notes to the non-consolidated financial statements and schedules.

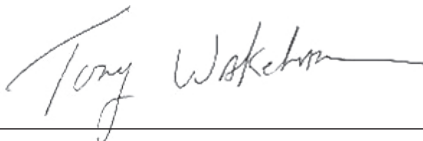
In discharging its responsibilities for the integrity and fairness of the non-consolidated financial statements, management developed and maintains systems of internal control to provide reasonable assurance that transactions are properly authorized and recorded, proper records are maintained, assets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

The Board of Trustees [the “Board”] is responsible for ensuring that management fulfills its responsibilities for financial reporting and is ultimately responsible for reviewing and approving the non-consolidated financial statements. The Board carries out this responsibility principally through its Audit Committee [the “Committee”]. The Committee meets with management and the external auditors to review any significant accounting and auditing matters, to discuss the results of audit examinations, and to review the non-consolidated financial statements and the external auditors’ report. The Committee reports its findings to the Board for consideration when approving the non-consolidated financial statements.

The external auditors, Ernst & Young LLP, conduct an independent examination in accordance with Canadian generally accepted auditing standards and express an opinion on the non-consolidated financial statements for the year ended March 31, 2017.



Andrew Robertson
Board Chair (A)



Tony Wakeham
Chief Executive Officer

Labrador-Grenfell Regional Health Authority – Operating Fund

INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying non-consolidated financial statements of the **Labrador-Grenfell Regional Health Authority – Operating Fund**, which comprise the non-consolidated statement of financial position as at March 31, 2017, and the non-consolidated statements of operations and accumulated deficit, changes in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the non-consolidated financial statements

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

Auditors' responsibility

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

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

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

Opinion

In our opinion, the non-consolidated financial statements present fairly, in all material respects, the financial position of the **Labrador-Grenfell Regional Health Authority – Operating Fund** as at March 31, 2017, and the results of its operations, changes in net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis of presentation and restrictions on use

Without modifying our opinion, we draw attention to note 2 to the non-consolidated financial statements, which describes the basis of presentation of the non-consolidated financial statements of the **Labrador-Grenfell Regional Health Authority – Operating Fund**. These non-consolidated financial statements have been prepared for specific users and may not be suitable for another purpose.

St. John's, Canada
July 10th, 2017

Ernst & Young LLP

Chartered Professional Accountants

Labrador-Grenfell Regional Health Authority – Operating Fund
NON-CONSOLIDATED STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31

	2017 \$	2016 \$
Financial assets		
Cash	440,654	953,841
Restricted cash [note 3]	813,776	808,101
Accounts receivable [note 4]	3,978,685	3,461,786
Due from Government/other government entities [note 5]	13,932,863	9,169,572
Inventories for resale	960,664	925,059
	20,126,642	15,318,359
Liabilities		
Bank overdraft [note 7]	2,912,844	3,786,800
Demand credit facility [note 7]	18,685,000	7,765,000
Accounts payable and accrued liabilities [note 8]	14,638,825	14,751,999
Due to Government/other Government entities [note 9]	1,113,392	825,866
Employee future benefits		
Accrued severance pay [note 10]	14,809,687	14,067,674
Accrued sick leave [note 10]	8,136,176	7,875,107
Accrued vacation pay and other accrued benefits	7,575,229	7,990,313
Deferred contributions [note 11]		
Deferred operating contributions	2,682,859	4,386,680
National Child Benefit ["NCB"] initiatives	728,208	914,937
Deferred capital grants	9,154,056	13,495,246
Special purpose funds	1,238,198	1,048,540
	81,674,474	76,908,162
Net debt	(61,547,832)	(61,589,803)
Non-financial assets		
Tangible capital assets, net [note 6]	53,541,004	55,678,234
Prepaid expenses	2,036,243	2,613,205
Supplies inventory	1,598,279	1,619,619
	57,175,526	59,911,058
Accumulated (deficit)	(4,372,306)	(1,678,745)

Contractual obligations [note 12]. Contingencies [note 13]. See accompanying notes. On behalf of the Board:

Trustee

Trustee

Labrador-Grenfell Regional Health Authority – Operating Fund

NON-CONSOLIDATED STATEMENT OF OPERATIONS AND ACCUMULATED DEFICIT YEAR ENDED MARCH 31

	2017 Budget	2017	2016
	\$	\$	\$
	[note 17]		
Revenue			
Provincial plan – operating	150,855,865	151,951,928	139,640,524
Medical Care Plan [“MCP”] physicians	19,702,050	19,469,149	19,447,926
Provincial plan – capital grant	—	4,000,264	7,771,517
Other capital contributions	—	488,383	164,697
Other	7,048,137	8,481,069	7,462,660
Outpatient	3,427,906	2,861,740	3,045,070
Long-term care	1,835,850	1,803,436	1,647,568
Inpatient	1,232,870	865,458	1,321,910
Transportation and works	1,285,500	1,285,580	1,285,500
NCB initiatives	941,249	924,666	874,854
	186,329,427	192,131,673	182,662,226
Expenses [note 15]			
Support services	34,918,909	37,781,592	36,522,023
Community and social services	33,122,795	31,306,611	31,487,155
Nursing inpatient services	30,853,609	33,155,605	31,071,640
Ambulatory care services	22,764,279	24,196,069	24,289,643
Medical services	22,756,503	22,760,331	22,563,096
Diagnostic and therapeutic services	19,209,783	20,142,288	19,640,119
Administration	24,803,283	17,146,360	15,772,796
Amortization of tangible capital assets	—	6,627,936	7,077,032
Education and research	1,158,194	1,018,269	978,946
Accrued severance pay	—	623,295	807,770
Undistributed	(3,257,928)	551,149	646,467
Accrued vacation pay	—	(745,310)	521,936
Accrued sick leave	—	261,039	330,496
	186,329,427	194,825,234	191,709,119
Annual deficit	—	(2,693,561)	(9,046,893)
Accumulated (deficit) surplus, beginning of year	—	(1,678,745)	7,368,148
Accumulated deficit, end of year	—	(4,372,306)	(1,678,745)

See accompanying notes

Labrador-Grenfell Regional Health Authority – Operating Fund
NON-CONSOLIDATED STATEMENT OF CHANGES IN NET DEBT
YEAR ENDED MARCH 31

	2017 Budget	2017	2016
	\$	\$	\$
	[note 17]		
Annual deficit		(2,693,561)	(9,046,893)
Changes in tangible capital assets			
Acquisition of tangible capital assets	—	(4,490,706)	(7,936,214)
Amortization of tangible capital assets	—	6,627,936	7,077,032
Increase (decrease) in net book value of tangible capital assets	—	2,137,230	(859,182)
Changes in other non-financial assets			
Net decrease in prepaid expenses	—	576,962	403,029
Net decrease (increase) in supplies inventory	—	21,340	(49,002)
Decrease in non-financial assets	—	598,302	354,027
Decrease (increase) in net debt	—	41,971	(9,552,048)
Net debt, beginning of year	—	(61,589,803)	(52,037,755)
Net debt, end of year	—	(61,547,832)	(61,589,803)

See accompanying notes

Labrador-Grenfell Regional Health Authority – Operating Fund
NON-CONSOLIDATED STATEMENT OF CASH FLOWS
YEAR ENDED MARCH 31

	2017	2016
	\$	\$
Operating activities		
Annual deficit	(2,693,561)	(9,046,893)
Adjustments for non-cash items		
Amortization of tangible capital assets	6,627,936	7,077,032
Changes in accrued severance pay	742,013	807,770
Changes in accrued sick leave	261,069	330,496
Net change in non-cash assets and liabilities related to operations [note 14]	(6,848,775)	19,101,808
Cash (used in) provided by operating activities	(1,911,318)	18,270,213
Capital activities		
Acquisition of tangible capital assets	(4,490,706)	(7,936,214)
Capital asset contributions, net	(4,341,190)	(4,206,121)
Cash used in capital activities	(8,831,896)	(12,142,335)
Investing activities		
Changes to restricted cash	(5,675)	(5,999)
Cash used in investing activities	(5,675)	(5,999)
Financing activities		
Deferred contributions		
Special purpose funds	189,658	423,101
Advances from (repayment of) demand credit facility	10,920,000	(7,205,000)
Cash provided by (used in) financing activities	11,109,658	(6,781,899)
Net change in cash during the year	360,769	(660,020)
Bank indebtedness, beginning of year	(2,832,959)	(2,172,939)
Bank indebtedness, end of year	(2,472,190)	(2,832,959)
Bank indebtedness comprised of:		
Cash	440,654	953,841
Bank overdraft	(2,912,844)	(3,786,800)
Bank indebtedness	(2,472,190)	(2,832,959)

See accompanying notes

Labrador-Grenfell Regional Health Authority – Operating Fund

NOTES TO NON-CONSOLIDATED FINANCIAL STATEMENTS MARCH 31, 2017

1. NATURE OF OPERATIONS

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

- Labrador Health Centre, Happy Valley-Goose Bay
- Long-Term Care Facility, Happy Valley-Goose Bay
- Labrador West Health Care Centre, Labrador City
- Charles S. Curtis Memorial Hospital, St. Anthony
- John M. Gray Centre, St. Anthony

The Authority also manages and controls the operations of all community clinics, health centres, facilities, programs and other services in the geographic area. The Authority has a mandate to work to improve the overall health of the population through its focus on public health as well as on health promotion and prevention initiatives. In addition to the provision of comprehensive health care services, Labrador-Grenfell Health also provides education and research in partnership with all stakeholders.

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

The Authority is incorporated under the *Regional Health Authorities Act* of Newfoundland and Labrador and is a registered charitable organization under the provisions of the *Income Tax Act* (Canada) and, as such, is exempt from income taxes.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The non-consolidated financial statements have been prepared in accordance with Canadian public sector accounting standards [“PSAS”] established by the Public Sector Accounting Standards Board of the Chartered Professional Accountants of Canada.

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

Basis of presentation

These non-consolidated financial statements reflect the assets, liabilities, revenue and expenses of the Operating Fund. Trusts administered by Labrador-Grenfell Health are not included in the non-consolidated statement of financial position [note 16]. These non-consolidated financial statements have not been consolidated with those of other organizations controlled by the Authority because they have been prepared for the Authority’s Board of Trustees and the Department of Health and Community Services [the “Department”]. Since these non-consolidated financial statements have not been prepared for general purposes, they should not be used by anyone other than the specified users. Consolidated financial statements have also been issued. All inter-entity assets and liabilities and revenue and expenses have been eliminated.

Labrador-Grenfell Regional Health Authority – Operating Fund

NOTES TO NON-CONSOLIDATED FINANCIAL STATEMENTS MARCH 31, 2017

Asset classification

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

Cash, bank overdraft and restricted cash

Bank balances, including bank overdrafts with balances that fluctuate from positive to overdrawn, are presented under cash and bank overdraft, respectively. Cash also includes cash on hand.

Restricted cash relates to amounts held for special purpose funds and endowment funds [note 3].

Inventories for resale

Inventories for resale include pharmaceuticals and are recorded at the lower of cost, determined on a first-in, first-out basis, and net realizable value.

Employee future benefits

Accrued severance pay

Employees of the Authority are entitled to severance pay benefits as stipulated in their conditions of employment. The right to be paid severance pay vests with employees with nine years of continuous service with the Authority or another public sector employer. Severance pay is payable when the employee ceases employment with the Authority or the public sector employer, upon retirement, resignation or termination without cause. The severance benefit obligation has been actuarially determined using assumptions based on management's best estimates of future salary and wage changes, employee age, years of service, the probability of voluntary departure due to resignation or retirement, the discount rate and other factors. Discount rates are based on the Government's long-term borrowing rate. Actuarial gains and losses are deferred and amortized over the average remaining service life of employees, which is 13 years. Adjustments to the liability arising from plan amendments are recognized immediately.

Accrued sick leave

Employees of the Authority are entitled to sick leave benefits that accumulate, but do not vest. In accordance with PSAS for post-employment benefits and compensated balances, the Authority recognizes the liability in the period in which the employee renders service. The obligation is actuarially determined using assumptions based on management's best estimates of the probability of use of accrued sick leave, future salary and wage changes, employee age, the probability of departure, retirement age, the discount rate and other factors. Discount rates are based on the Government's long-term borrowing rate. Actuarial gains and losses are deferred and amortized over the average remaining service life of employees, which is 13 years. Adjustments to the liability arising from plan amendments are recognized immediately.

Accrued vacation pay and other accrued benefits

Vacation pay and other accrued benefits are accrued for all employees as entitlement is earned.

Labrador-Grenfell Regional Health Authority – Operating Fund

NOTES TO NON-CONSOLIDATED FINANCIAL STATEMENTS MARCH 31, 2017

Pension costs

The employees of the Authority are included in the Public Service Pension Plan ["PSPP"], a multi-employer defined benefit plan, and the Government Money Purchase Plan administered by the Government [collectively the "Plans"]. The Government also provides for the continuation of certain dental and medical benefits for retirees. The Government determines the required plan contributions annually. Contributions to the Plans are required from both the employees and Labrador-Grenfell Health. The annual contributions are recognized as an expense as incurred and amounted to \$6,376,268 for the year ended March 31, 2017 [2016 – \$6,358,236].

Labrador-Grenfell Health is neither obligated for any unfunded liability, nor entitled to any surplus that may arise in the PSPP. The Authority's share of the future contributions is dependent upon the funded position of the PSPP.

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

Tangible capital assets

The Authority utilizes certain land, buildings and equipment, with the title resting with the Government and, consequently, these assets are not recorded as tangible capital assets. The Government does not charge the Authority any amounts for the use of such assets. Certain additions and improvements made to such tangible capital assets are paid for by the Authority and are reflected in the non-consolidated financial statements of the Authority.

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

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

Contributed capital assets represent assets that are donated or contributed to the Authority by third parties. Revenue is recognized in the year the assets are contributed and have been recognized at their fair market value on the date of donation, except in circumstances where fair value cannot be reasonably determined, in which case the assets are then recognized at nominal value. Transfers of capital assets from related parties are recorded at carrying value.

Gains and losses on disposal of individual assets are recognized in operations in the period of disposal.

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

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

Labrador-Grenfell Regional Health Authority – Operating Fund

NOTES TO NON-CONSOLIDATED FINANCIAL STATEMENTS MARCH 31, 2017

Impairment of long-lived assets

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

Capital and operating leases

A lease that transfers substantially all of the benefits and risks associated with ownership of property is accounted for as a capital lease. At the inception of a capital lease, an asset and an obligation are recorded at an amount equal to the lesser of the present value of the minimum lease payments and the asset's fair value. Assets acquired under capital leases are amortized on the same basis as other similar capital assets. All other leases are accounted for as operating leases and the payments are expensed as incurred.

Prepaid expenses

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

Supplies inventory

Supplies inventory includes medical, surgical, general supplies, fuel oil and pharmaceuticals.

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

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

Labrador-Grenfell Regional Health Authority – Operating Fund

NOTES TO NON-CONSOLIDATED FINANCIAL STATEMENTS MARCH 31, 2017

Revenue

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

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

Medical Care Plan ["MCP"], inpatient, outpatient and long-term care revenue is recognized in the period services are provided.

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

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

Expenses

Expenses are recorded on an accrual basis as they are incurred and measurable when goods are consumed or services received.

Contributed services

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

Financial instruments

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

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

Labrador-Grenfell Regional Health Authority – Operating Fund
NOTES TO NON-CONSOLIDATED FINANCIAL STATEMENTS MARCH 31, 2017

Use of estimates

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

3. RESTRICTED CASH

Restricted cash is as follows:

	2017	2016
	\$	\$
Deferred contributions – special purpose funds	597,689	592,014
Endowment fund	216,087	216,087
	813,776	808,101

Labrador-Grenfell Regional Health Authority – Operating Fund

NOTES TO NON-CONSOLIDATED FINANCIAL STATEMENTS MARCH 31, 2017

4. ACCOUNTS RECEIVABLE

Accounts receivable are as follows:

	2017					
	Total	Current	Past due			
			1 – 30 days	31 – 60 days	61 – 90 days	Over 90 days
\$	\$	\$	\$	\$	\$	
Patient receivable	3,915,474	872,904	743,996	569,185	102,495	1,626,894
Other receivable	635,425	635,425	—	—	—	—
Gross receivables	4,550,899	1,508,329	743,996	569,185	102,495	1,626,894
Less impairment allowance	572,214	—	—	—	—	572,214
Net accounts receivable	3,978,685	1,508,329	743,996	569,185	102,495	1,054,680

	2016					
	Total	Current	Past due			
			1 – 30 days	31 – 60 days	61 – 90 days	Over 90 days
\$	\$	\$	\$	\$	\$	
Patient receivable	4,139,480	932,290	335,426	527,988	99,060	2,244,716
Other receivable	545,514	545,514	—	—	—	—
Gross receivables	4,684,994	1,477,804	335,426	527,988	99,060	2,244,716
Less impairment allowance	1,223,208	—	—	—	—	1,223,208
Net accounts receivable	3,461,786	1,477,804	335,426	527,988	99,060	1,021,508

5. DUE FROM GOVERNMENT/OTHER GOVERNMENT ENTITIES

The amounts due from Government/other government entities are as follows:

	2017	2016
	\$	\$
The Government	11,568,979	6,535,510
Department of Child, Youth and Family Services	1,514,688	957,294
Harmonized sales tax recoverable	599,130	1,293,830
Due from St. Anthony Interfaith Home Apartment Complexes	250,066	382,938
	13,932,863	9,169,572

Outstanding balances at year-end are unsecured and interest free, and settlement occurs in cash. For the year ended March 31, 2017, the Authority has not recorded any impairment of receivables relating to the Government [2016 – nil].

Labrador-Grenfell Regional Health Authority – Operating Fund
 NOTES TO NON-CONSOLIDATED FINANCIAL STATEMENTS MARCH 31, 2017

6. TANGIBLE CAPITAL ASSETS

Tangible capital assets consist of the following:

	Land	Land	Construction	Building	Leasehold	Equipment	Total
	improvements	improvements	in progress		improvements	and vehicles	
	\$	\$	\$	\$	\$	\$	\$
2017 Cost							
Opening balance	36,201	191,211	796,557	35,100,720	14,867,674	90,277,328	141,269,691
Net additions	—	—	2,531,245	52,881	—	1,906,580	4,490,706
Disposals	—	—	—	(456,011)	—	—	(456,011)
Transfers	—	—	(1,221,296)	284,308	931,886	5,102	—
Closing balance	36,201	191,211	2,106,506	34,981,898	15,799,560	92,189,010	145,304,386
Accumulated amortization							
Opening balance	—	178,643	—	18,564,246	984,209	65,864,359	85,591,457
Disposals	—	—	—	(456,011)	—	—	(456,011)
Amortization	—	2,515	—	834,339	717,470	5,073,612	6,627,936
Closing balance	—	181,158	—	18,942,574	1,701,679	70,937,971	91,763,382
Net book value	36,201	10,053	2,106,506	16,039,324	14,097,881	21,251,039	53,541,004
2016 Cost							
Opening balance	36,201	191,211	1,157,663	34,990,172	10,358,663	86,599,567	133,333,477
Additions	—	—	4,258,453	—	—	3,677,761	7,936,214
Transfers	—	—	(4,619,559)	110,548	4,509,011	—	—
Closing balance	36,201	191,211	796,557	35,100,720	14,867,674	90,277,328	141,269,691
Accumulated amortization							
Opening balance	—	175,499	—	17,745,999	372,159	60,220,768	78,514,425
Amortization	—	3,144	—	818,247	612,050	5,643,591	7,077,032
Closing balance	—	178,643	—	18,564,246	984,209	65,864,359	85,591,457
Net book value	36,201	12,568	796,557	16,536,474	13,883,465	24,412,969	55,678,234

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

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

Labrador-Grenfell Regional Health Authority – Operating Fund

NOTES TO NON-CONSOLIDATED FINANCIAL STATEMENTS MARCH 31, 2017

7. BANK OVERDRAFT

Bank overdraft represents the bank overdraft position and use of the available credit facility. The Authority was in a bank overdraft position of \$2,912,844 as at March 31, 2017 [2016 – \$3,786,800].

The Authority has a demand credit facility [the “Facility”] with a Canadian chartered bank for a maximum amount of \$20,000,000, bearing interest at the bank’s prime rate less 0.25%. The relevant prime rate was 2.7% as at March 31, 2017 [2016 – 2.7%]. As at March 31, 2017, the Authority has drawn \$18,685,000 in funds from the Facility [2016 – \$7,765,000]. The effective interest rate for the year ended March 31, 2017 was 2.45% [2016 – 3.03%].

8. ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

Accounts payable and accrued liabilities are as follows:

	2017	2016
	\$	\$
Accounts payable and accrued liabilities	6,963,287	7,736,536
Salaries, wages and other benefits payable	7,675,538	7,015,463
	14,638,825	14,751,999

9. DUE TO GOVERNMENT/OTHER GOVERNMENT ENTITIES

The amounts due to Government/other government entities are as follows:

	2017	2016
	\$	\$
Government remittances	1,000,700	732,164
Other due to Government	112,692	93,702
	1,113,392	825,866

Labrador-Grenfell Regional Health Authority – Operating Fund

NOTES TO NON-CONSOLIDATED FINANCIAL STATEMENTS MARCH 31, 2017

10. EMPLOYEE FUTURE BENEFITS

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

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

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

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

The accrued benefit obligations for post-employment benefit plans as at March 31, 2017 are based on an actuarial valuation for accounting purposes as at March 31, 2015, and an extrapolation of that valuation has been performed to March 31, 2017.

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

Discount rate – liability	3.70% as at March 31, 2017 3.70% as at March 31, 2016
Discount rate – benefit expense	2.90% in fiscal 2017 2.90% in fiscal 2016
Rate of compensation increase	3.00% plus 0.75% for promotions and merit as at March 31, 2017 3.00% plus 0.75% for promotions and merit as at March 31, 2016

Labrador-Grenfell Regional Health Authority – Operating Fund

NOTES TO NON-CONSOLIDATED FINANCIAL STATEMENTS MARCH 31, 2017

a. Severance and sick leave liabilities

	Severance \$	Sick leave \$	2017 \$
Accrued benefit liability, beginning of year	14,067,674	7,875,107	21,942,781
Employee future benefit expenses	1,690,047	1,416,184	3,106,231
Less benefits paid	(948,034)	(1,155,115)	(2,103,149)
Accrued benefit liability, end of year	14,809,687	8,136,176	22,945,863

	Severance \$	Sick leave \$	2016 \$
Accrued benefit liability, beginning of year	13,259,904	7,544,611	20,804,515
Employee future benefit expenses	1,841,470	1,451,967	3,293,437
Less benefits paid	(1,033,700)	(1,121,471)	(2,155,171)
Accrued benefit liability, end of year	14,067,674	7,875,107	21,942,781

b. Severance and sick leave expenses

	Severance \$	Sick leave \$	2017 \$
Current service cost	1,093,850	894,775	1,988,625
Interest on accrued benefit obligation	535,019	354,273	889,292
Amortization of actuarial loss	61,178	167,136	228,314
Employee future benefit expenses	1,690,047	1,416,184	3,106,231

	Severance \$	Sick leave \$	2016 \$
Current service cost	1,226,398	936,376	2,162,774
Interest on accrued benefit obligation	443,175	295,519	738,694
Amortization of actuarial loss	171,897	220,072	391,969
Employee future benefit expenses	1,841,470	1,451,967	3,293,437

Labrador-Grenfell Regional Health Authority – Operating Fund

NOTES TO NON-CONSOLIDATED FINANCIAL STATEMENTS MARCH 31, 2017

11. DEFERRED CONTRIBUTIONS

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

	2017				
	Balance, beginning of year	Receipts during the year	Recognized as revenue	Transfers to other revenue	Balance, end of year
	\$	\$	\$	\$	\$
Deferred operating contributions	4,386,680	2,990,622	4,694,443	—	2,682,859
NCB initiatives	914,937	836,633	1,023,362	—	728,208
Deferred capital grants	13,495,246	403,436	4,000,264	744,362	9,154,056
Special purpose funds	1,048,540	1,434,196	1,244,538	—	1,238,198
	19,845,403	5,664,887	10,962,607	744,362	13,803,321

	2016				
	Balance, beginning of year	Receipts during the year	Recognized as revenue	Transfers to other revenue	Balance, end of year
	\$	\$	\$	\$	\$
Deferred operating contributions	4,022,273	3,253,782	2,889,375	—	4,386,680
NCB initiatives	1,118,594	671,197	874,854	—	914,937
Deferred capital grants	17,701,367	3,730,093	7,936,214	—	13,495,246
Special purpose funds	625,439	1,750,416	1,327,315	—	1,048,540
	23,467,673	9,405,488	13,027,758	—	19,845,403

12. CONTRACTUAL OBLIGATIONS

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

	2018	2019	2020
	\$	\$	\$
Contractual obligations			
Future operating lease payments – properties	1,271,921	831,861	596,545
Future operating lease payments – vehicles	7,086	4,724	—
Future operating lease payments – equipment service	199,563	199,563	199,563
Service contracts	1,965,234	1,094,830	417,984
	3,443,804	2,130,978	1,214,092

Labrador-Grenfell Regional Health Authority – Operating Fund

NOTES TO NON-CONSOLIDATED FINANCIAL STATEMENTS MARCH 31, 2017

13. CONTINGENCIES

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

14. NET CHANGE IN NON-CASH ASSETS AND LIABILITIES RELATED TO OPERATIONS

The net change in non-cash assets and liabilities related to operations consists of the following:

	2017	2016
	\$	\$
Accounts receivable	(516,899)	(1,094,547)
Inventories for resale and supplies inventory	(14,265)	(57,625)
Prepaid expenses	576,962	403,029
Accounts payable and accrued liabilities	(113,174)	280,424
Accrued vacation pay and other accrued liabilities	(415,084)	521,937
Deferred contributions – operating and NCB initiatives	(1,890,550)	160,750
Due from/to Government/other Government entities	(4,475,765)	18,887,840
	(6,848,775)	19,101,808

15. EXPENSES BY OBJECT

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

	2017	2016
	\$	\$
Salaries and benefits	129,971,607	128,070,892
Direct client costs	12,696,155	12,095,605
Other supplies	8,470,736	8,553,650
Medical and surgical supplies	8,275,889	8,050,271
Amortization of tangible capital assets [note 6]	6,627,936	7,077,032
Patient and staff travel	7,715,963	7,751,963
Equipment expenses	4,218,308	3,892,690
Grants	3,639,265	3,310,380
Referred out services	4,858,632	4,747,689
Insurance	845,913	809,646
Sundry – other	7,504,830	7,349,301
	194,825,234	191,709,119

Labrador-Grenfell Regional Health Authority – Operating Fund

NOTES TO NON-CONSOLIDATED FINANCIAL STATEMENTS MARCH 31, 2017

16. TRUSTS UNDER ADMINISTRATION

Trusts administered by the Authority have not been included in these non-consolidated financial statements as they are excluded from the Government reporting entity. As at March 31, 2017, the balance of funds held in trust for long-term care residents was \$287,407 [2016 – \$289,156]. These trust funds consist of a monthly comfort allowance provided to residents who qualify for subsidization of their boarding and lodging fees.

17. BUDGET

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

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

The following presents a reconciliation between the Original Budget and the Budget as presented in the non-consolidated statement of operations and accumulated deficit for the year ended March 31, 2017:

	Revenue	Expenses	Annual deficit
	\$	\$	\$
Original budget	167,706,305	167,706,305	—
Adjustments during the year for service and program changes, net	10,557,622	10,557,622	—
Revised Original Budget	178,263,927	178,263,927	—
Stabilization fund approved by the Government	8,065,500	8,065,500	—
Budget	186,329,427	186,329,427	—

18. RELATED PARTY TRANSACTIONS

The Authority’s related party transactions occur between the Government and other government entities. Other government entities are those who report financial information to the Government. Transactions between the Authority and related parties are conducted as arm’s length transactions.

The Authority handles payments for other government entities. As a result of these transactions, the Authority has a net asset of \$1,514,688 as at March 31, 2017 [2016 – \$957,294].

Labrador-Grenfell Regional Health Authority – Operating Fund

NOTES TO NON-CONSOLIDATED FINANCIAL STATEMENTS MARCH 31, 2017

The Authority had the following transfers from the Government and other government controlled entities:

	2017	2016
	\$	\$
Transfers from the government	156,876,858	148,286,895
Transfers from other government entities	20,754,729	20,733,426
	177,631,587	169,020,321

Transfers to other Government entities include PSPP and Government Money Purchase Pension Plan contributions of \$6,376,268 for the year ended March 31, 2017 [2016 – \$6,358,236].

19. FINANCIAL INSTRUMENTS AND RISK MANAGEMENT

Financial risk factors

The Authority is exposed to a number of risks as a result of the financial instruments on its non-consolidated statement of financial position that can affect its operating performance. These risks include credit risk, interest rate risk and liquidity risk. The Authority's Board of Trustees has overall responsibility for the oversight of these risks and reviews the Authority's policies on an ongoing basis to ensure that these risks are appropriately managed. The source of risk exposure and how each is managed is outlined below:

Credit risk

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

Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Authority is exposed to cash flow interest rate risk on its floating interest rate for the demand credit facility.

Liquidity risk

Liquidity risk is the risk that the Authority will not be able to meet its financial obligations as they become due. The Authority is exposed to this risk mainly in respect of its accounts payable and accrued liabilities and demand credit facility. To the extent that the Authority does not believe it has sufficient liquidity to meet current obligations, consideration will be given to obtaining additional funds through third-party funding or from the Government, assuming these can be obtained.

20. COMPARATIVE FIGURES

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

Labrador-Grenfell Regional Health Authority – Operating Fund

SCHEDULE 1: NON-CONSOLIDATED SCHEDULE OF EXPENSES

FOR GOVERNMENT REPORTING YEAR ENDED MARCH 31

	2017 \$	2016 \$
	<i>[unaudited]</i>	<i>[unaudited]</i>
EXPENSES		
Administration		
General administration	7,177,644	6,333,800
Finance	2,173,649	1,975,259
Personnel services	1,864,026	1,819,207
Systems support	3,137,422	3,019,364
Other	2,793,619	2,625,166
	17,146,360	15,772,796
Support services		
Housekeeping	5,125,824	4,979,995
Laundry and linen	1,249,809	1,207,867
Plant services	11,835,559	11,830,361
Patient food services	5,047,433	4,918,063
Other	14,522,967	13,585,737
	37,781,592	36,522,023
Nursing inpatient services		
Nursing inpatient services – acute	22,523,251	21,577,595
Medical services	22,760,331	22,563,096
Nursing inpatient long-term care	10,632,354	9,494,045
	55,915,936	53,634,736
Ambulatory care services	24,196,069	24,289,643
Diagnostic and therapeutic services		
Clinical laboratory	8,493,925	8,093,415
Diagnostic imaging	4,046,871	4,019,886
Other	7,601,492	7,526,818
	20,142,288	19,640,119
Community and social services		
Mental health and addictions	4,326,379	4,477,469
Community support programs	20,813,400	19,886,569
Health promotion and protection programs	6,166,832	7,123,117
	31,306,611	31,487,155
Research	104,892	104,514
Education	913,378	874,432
Undistributed	551,148	646,467
Total expenses	188,058,274	182,971,885

Labrador-Grenfell Regional Health Authority – Operating Fund

SCHEDULE 2: NON-CONSOLIDATED SCHEDULE OF REVENUE AND EXPENSES FOR GOVERNMENT REPORTING YEAR ENDED MARCH 31

	2017 \$ [unaudited]	2016 \$ [unaudited]
Revenue		
Provincial plan [operating grant only]	151,951,928	139,640,524
Provincial plan – capital grant	4,000,264	7,771,517
Other capital contributions	488,383	164,697
MCP	19,469,149	19,447,926
Inpatient	865,458	1,321,910
Resident	1,803,436	1,647,568
Outpatient	2,861,740	3,045,070
Other	10,691,315	9,623,014
	192,131,673	182,662,226
Expenses		
Worked and benefit salaries and contributions	113,021,467	109,909,376
Benefit contributions [third party]	16,811,085	16,501,314
	129,832,552	126,410,690
Supplies		
Operation and maintenance	2,802,747	2,959,259
Drugs	3,857,464	4,218,028
Medical and surgical	4,081,609	3,832,243
Other	5,884,108	5,594,392
	16,625,928	16,603,922
Direct client costs		
Mental health and addictions	92,632	54,145
Community support	12,603,523	12,041,460
Family support	—	—
	12,696,155	12,095,605
Other shareable expenses	28,903,639	27,861,668
Total expenses	188,058,274	182,971,885
Annual surplus (deficit)	4,073,399	(309,659)
Less: Provincial plan - capital grant	(4,000,264)	(7,771,517)
Other capital contributions	(488,383)	(164,697)
Deficit for government reporting	(415,248)	(8,245,873)
Deficit before non-shareable items	(415,248)	(8,245,873)
Non-shareable items		
Provincial plan – capital grant	4,000,264	7,771,517
Other capital contributions	488,383	164,697
Amortization expense	(6,627,936)	(7,077,032)
Accrued vacation pay	745,310	(521,936)
Accrued severance pay	(623,295)	(807,770)
Accrued sick leave	(261,039)	(330,496)
	(2,278,313)	(801,020)
Deficit as per statement of operations and accumulated deficit	(2,693,561)	(9,046,893)

Labrador-Grenfell Regional Health Authority – Operating Fund

SCHEDULE 3: NON-CONSOLIDATED SCHEDULE OF CAPITAL TRANSACTIONS FUNDING AND EXPENSES FOR GOVERNMENT REPORTING YEAR ENDED MARCH 31

	2017	2016
	\$	\$
	<i>[unaudited]</i>	<i>[unaudited]</i>
Sources of Funds		
Provincial capital equipment grant for current year	—	1,459,600
Provincial facility capital grant for current year	403,436	2,105,796
	403,436	3,565,396
Add: deferred capital grant from prior year	13,495,246	17,701,367
Less: deferred capital grant from current year	(9,154,057)	(13,495,246)
Less: transfers to other revenue	(744,361)	—
Provincial funding used in current year	4,000,264	7,771,517
Other contributions – Grenfell Foundation and other	488,383	164,697
Total funding	4,488,647	7,936,214
Capital expenditures		
Equipment	4,488,647	7,936,214
Total expenditure	4,488,647	7,936,214

Labrador-Grenfell Regional Health Authority – Operating Fund
**SCHEDULE 4: NON-CONSOLIDATED SCHEDULE OF ACCUMULATED
 DEFICIT FOR GOVERNMENT REPORTING AS AT MARCH 31**

	2017 \$ [unaudited]	2016 \$ [unaudited]
Accumulated operating deficit		
Current assets		
Cash	813,776	808,101
Accounts receivable	17,911,548	12,631,358
Inventory	2,558,943	2,544,678
Prepaid expenses	2,036,243	2,613,205
	23,320,510	18,597,342
Current liabilities		
Bank indebtedness	21,157,190	10,597,959
Accounts payable and accrued liabilities	15,752,217	15,577,865
Deferred contributions – operating	4,649,265	6,350,157
Deferred contributions – capital	9,154,056	13,495,246
	50,712,728	46,021,227
Accumulated operating deficit	(27,392,218)	(27,423,885)
Adjustments:		
Add:		
Tangible capital assets, net	53,541,004	55,678,234
Less:		
Accrued vacation pay and other benefits	(7,575,229)	(7,990,313)
Accrued sick leave	(8,136,176)	(7,875,107)
Accrued severance pay	(14,809,687)	(14,067,674)
	(30,521,092)	(29,933,094)
Accumulated deficit per statement of financial position	(4,372,306)	(1,678,745)

Front cover photo:

Overlooking Lamage Point, St. Anthony East

Photo credit: Allan Bock



Labrador - Grenfell Health

Board and Executive Offices

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

t. 855-897-2267 (toll free)

f. 709-896-4032

www.lghealth.ca



Follow us on Twitter @LGHealthNL