



Labrador - Grenfell  
**Health**

# Labrador-Grenfell Regional Health Authority 2015-16 Annual Performance Report





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Labrador-Grenfell Health's Board of Directors meet in Battle Harbour, Labrador.



# MESSAGE FROM THE CHAIRPERSON



On behalf of the Board of Directors, I present the Annual Performance Report for 2015-16, 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 second 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.

During the past year, Labrador-Grenfell Health continued its work to address population health issues in the region, particularly in the area of Chronic Disease Management. A formal Chronic Disease Management Framework, with an initial focus on Diabetes Management, was completed in November 2015. The Framework can be used for all chronic diseases and contains key components such as: Community Engagement, Increased Communication, Stakeholder Engagement, Health Promotion, Data Collection, Evaluation and Human Resources.

In 2015-16, Labrador-Grenfell Health realized a significant accomplishment in continuing to introduce improvements to enhance system performance with the implementation of the Labrador-Grenfell Health Model of Nursing Clinical Practice in 15 sites and units. This Model of Nursing Clinical Practice, which establishes a single, system-wide standard of nursing care throughout the region, features client and family-centered continuity of care. It also facilitates mobility between clinical areas, articulates nursing values, facilitates collaboration with other health professionals, and ensures that all nurses work to their full scope of practice and are autonomous and accountable in their decision-making.

Access to health care services was improved for mental health and addictions clients throughout the region by the increased use of telehealth to connect with health professionals, including adult psychiatrists, child psychiatrists, psychologists and mental health and addictions counselors. Through the use of this technology, the number of telehealth sessions for mental health and addictions clients in 2015-16 increased by 34 per cent over the number of sessions held in the previous fiscal year.

The results of this second year of the Labrador-Grenfell Health Authority's 2014-17 Strategic Plan have provided an opportunity to celebrate continued successes and strengthening the foundation for the remaining year of the strategic planning cycle. The Board also looks forward to reporting on the results of its Mission for 2011-17 in next year's Annual Performance Report for 2016-17. The Board and staff are proud of their accomplishments thus far and look forward to the year ahead.

Sincerely,

A handwritten signature in black ink, appearing to be 'Ray Norman'.

Ray Norman, Board Chair

# OVERVIEW

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

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

## VISION

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

## MISSION

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

## MANDATE

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

- promote and protect the health and well-being of its region and develop and implement measures for the



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

## LINES OF BUSINESS

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

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

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

A fishing boat on shore at Kaipokok Bay, near Postville, Labrador.



# KEY STATISTICS

## HUMAN RESOURCES

As of March 31, 2016, Labrador-Grenfell Health employed 1,505 staff (960 permanent full-time, 44 permanent part-time, 360 temporary and 141 casual). Of these, 54 per cent are Support Staff, 26 per cent are Registered Nurses, seven per cent are Health Professionals (i.e., Social Workers, Physiotherapists, Occupational Therapists, Speech Language Pathologists, and Pharmacists), six per cent are Laboratory and Diagnostic Imaging Technologists, five per cent are Management and two per cent are Physicians. The overall employee turnover rate was 9.51 per cent, down from 10.77 per cent in 2014-15. Eighty-one per cent of employees were female and 19 per cent were male. All staff were based in rural locations.<sup>1</sup>

## FINANCIAL DATA

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

## SPOTLIGHT ON SERVICES

### Number of Client Visits

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

Service	2013-14	2014-15	2015-16	Percentage increase or decrease (from 2014-15)
<b>Dental Services (includes Dentists, Hygienists and Dental Surgery)</b>	11,213	10,160	9,571	-5.8 per cent
<b>Mental Health and Addictions Services</b>	21,349	19,870	21,450	+7.95 per cent
<b>Diabetes Nurse Education</b>	5,720	4,605	4,900	+6.4 per cent
<b>Occupational Therapy</b>	2,896	1,899	2,957	+56.0 per cent <sup>2</sup>
<b>Speech Language Pathology</b>	2,666	3,168	2,970	-6.0 per cent
<b>Physiotherapy</b>	13,193	11,330	13,496	+19.1 per cent <sup>3</sup>

1 To form a census agglomeration, the urban core must have a population of at least 10,000 (Statistics Canada).

2 A new additional Occupational Therapy position for St. Anthony was approved in Budget 2015 and was filled, along with a second long-term vacancy in August 2015.

3 A long-term vacancy in a Physiotherapy position in St. Anthony was filled in January 2016.

## ACUTE CARE STATISTICS

Category	Regional Total/ Figure (2013-14)	Regional Total/ Figure (2014-15)	Regional Total/ Figure (2015-16)	Percentage Increase Or Decrease (From 2014-15)
<b>Number of Acute Care Beds</b>	89 Beds	89 Beds	89 Beds	No Change
<b>Number of Admissions (including newborn)</b>	3,907 Admissions	3,614 Admissions	3,683 Admissions	+1.9 per cent
<b>Patient Days</b>	26,919 Patient Days	24,718 Patient Days	25,949 Patient Days	+5.0 per cent
<b>Average Length of Stay</b>	6.7 Days	6.1 Days	6.8 Days	+11.5 per cent
<b>Operating Room Procedures</b>	4,921 Procedures	4,784 Procedures	4,795 Procedures	+0.23 per cent
<b>Number of Births</b>	387 Births	350 Births	358 Births	+2.3 per cent
<b>Number of Emergency Room Visits Registered to ER</b>	55,879 Visits	55,632 Visits	54,636 Visits	-1.8 per cent

## HEALTH CENTRE STATISTICS

	White Bay Central Health Centre, Roddickton				Strait of Belle Isle Health Centre, Flower's Cove				Labrador South Health Centre, Forteau			
	2013-14	2014-15	2015-16	Percent increase or decrease from 2014-15	2013-14	2014-15	2015-16	Percent increase or decrease from 2014-15	2013-14	2014-15	2015-16	Percent increase or decrease from 2014-15
<b>Number of Beds<sup>4</sup></b>	4	4	4	0	2	3	3	0	5	5	5	0
<b>Number of Client Visits</b>	15,241	13,766	12,924	-6.1 per cent	17,968	13,028	13,351	+2.5 per cent	8,873	9,651	9,378	-2.8 per cent
<b>Number of Admissions</b>	116	133	69	-48.0 per cent	80	93	61	-34.4 per cent	93	114	159	+39.5 per cent

<sup>4</sup> Includes holding beds for observation.

## COMMUNITY CLINIC STATISTICS

	2013-14	2014-15	2015-16	Percentage increase or decrease (from 2014-15)
Clients seen by regional nurses	76,791	46,831 <sup>5</sup>	46,848	+3.6 per cent
Clients seen by physicians	6,177	4,866 <sup>5</sup>	5,533	+13.7 per cent

## COMMUNITY HEALTH AND WELLNESS STATISTICS

Service	2013-14	2014-15	2015-16	Percentage increase or decrease (from 2014-15)
Continuing Care Visits (includes both clinic and home visits)	35,729	20,211	20,020	-0.95 per cent
Home Support Hours – Family and Rehabilitative Services	338,835	346,659	227,595	-34.0 per cent
Home Support Hours – Seniors and Under 65	196,737	199,474	192,184	-4.0 per cent
Number of Children Attending Child Health Clinics	2,347	1,782	1,536	-13.8 per cent
Number of Clients Receiving Home Support Programs (includes provincial, end-of-life and acute home supports)	175	172	193	+12.0 per cent
Family Rehabilitative Services	141	131	139	+6.0 per cent

## LONG-TERM CARE STATISTICS

Category	Regional Total 2013-14	Regional Total 2014-15	Regional Total 2015-16	Percentage Increase or Decrease (from 2014-15)
Number of Beds	114	120 <sup>6</sup>	120	No change
Resident Days	41,116	40,004	41,661	+4.1 per cent
Number of Admissions	43	63	48	-23.8 per cent

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

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.

# SHARED COMMITMENTS

## POPULATION HEALTH

**Benefits of Exercising in Water.** The healing qualities associated with combining exercise and water benefitted clients of Labrador-Grenfell Health in the Happy Valley-Goose Bay and St. Anthony areas. Hydrotherapy, a rehabilitative program that is offered by physiotherapists in conjunction with the recreation departments in the two municipalities, helped individuals strengthen weak muscles, improve joint motion, and support weight loss efforts. Clients who have had knee and hip replacements, rheumatoid arthritis, osteoarthritis, back and chronic pain, multiple sclerosis, progressive genetic conditions, and issues with balance paid a nominal fee to take part in the hour-long classes held on a weekly basis at indoor pools. This ongoing partnership benefitted 38 clients in the two areas in 2015-16.

**Collaborative Efforts in Addressing the Incidence of Tuberculosis.** Labrador-Grenfell Health and its partners began establishing a comprehensive program to address the incidence of Tuberculosis (TB) in the region. Working in collaboration with its partners, the Nunatsiavut Government, the Department of Health and Community Services, and Eastern Health, the Health Authority built the framework of the plan in 2015-16. Components included: a cough registry to screen clients who present with coughs that persist longer than three weeks; the installation of sputum collection equipment in the Nain Community Clinic to identify bacteria in a person's lungs that may cause the TB infection; and a TB database, an electronic web-based platform used to document TB data and track clients who have been tested for TB and the people with whom they have spent time with. Additional work included an environmental scan of TB services in the region, along with a needs assessment and epidemiological review completed by two Masters of Public Health students, which identified gaps in TB service delivery. In addition, the Environmental Services Department started using a new product at hospital and health centre sites to bolster efforts to clean and disinfect areas that may be vulnerable to the bacterium which spreads TB. The effectiveness of the

product will dictate the expansion of the disinfectant to community clinic sites in the region. Considerable efforts were undertaken by the partners to produce posters aimed at informing individuals that practices such as sharing cigarettes and other smoking devices spread infections, specifically TB, but also influenza and herpes.

**Healthy Choices for Youth.** Labrador-Grenfell Health worked in cooperation with a variety of partners in the planning, implementation and evaluation of a number of initiatives that supported providing youth and teens with healthy options during their growth and maturation. Specific examples included:

- The delivery of a program entitled 'Hazy Love' to Grade 7 students in parts of the region. Health Promotion and Mental Health and Addictions staff partnered with schools in the region to deliver the interactive program, developed by the Sexual Health Centre in St. John's, to help youth understand how drugs and alcohol can compromise the decisions they make, boundaries, memory loss and consent in the area of their sexual health.
- Labrador-Grenfell Health's Public Health staff and the school health liaison consultant collaborated with Government's sexual health consultants to support the establishment of a new sexual health curriculum at the Grade 3 level in schools, poster presentations in schools, sexual health activity kits for the classroom, and informal surveys which provided senior high students with an opportunity to identify gaps in service delivery.
- Health Promotion staff worked with the Nunatsiavut Government and the Newfoundland and Labrador English School District to facilitate the *Prevent Alcohol and Risk-related Trauma in Youth (PARTY)* program in the communities of Makkovik and Rigolet and at Mealy Mountain Collegiate in Happy Valley-Goose Bay. The program taught high school students to consider the risks they take and the consequences of their actions so they are

better informed in making decisions related to alcohol use.

**Creating Supportive Environments in the Community.** Labrador-Grenfell Health partnered with various government agencies and the private sector in the region, including the College of North Atlantic, transition houses, municipalities, the Nunatsiavut Government, and the Salvation Army, to address the complex needs associated with housing and homelessness. Examples of the support included:

- Working with the Supportive Living Program and the Housing and Homelessness Coalition, Labrador-Grenfell Health was part of an effort to develop a shelter program and secure space for a 10-bed homeless shelter in the Happy Valley-Goose Bay area.
- The Kindness Connection is a donation-based street outreach initiative in place in the Labrador City/Wabush and Happy Valley-Goose Bay areas. With donations from the community, volunteers provided monthly meals of soup and sandwiches, a backpack of essential items, and connected homeless people with services available in the Happy Valley-Goose Bay area. In Labrador City and Wabush, Labrador-Grenfell Health and its partners identified the need to support men who required a helping hand. Kits included shampoo, soap, condoms, a toothbrush and toothpaste, and

information on where they could seek assistance.

- Support was provided to community leaders in Charlottetown to develop and implement a healthy living program for residents. The program included information sessions on healthy eating, exercise, stress and mental wellness, followed up with practical sessions aimed at reinforcing the information that was shared. This community group availed of funding through the Community Healthy Living Fund.
- Working with NunatuKavut's Full Circle Committee, Labrador-Grenfell Health staff delivered an electronic presentation to representatives of South Coast communities on promoting good health.
- A series of food security initiatives, launched in partnership with the Community Food Hub in the Happy Valley-Goose Bay area, delivered information to the community in the form of cooking skills, community kitchens, and a monthly good food bag program consisting of produce and eggs which was available to registered participants for the nominal fee of \$10 per month.
- Labrador-Grenfell Health's Primary Health Care Facilitator in the Labrador City and Wabush area teamed up with the Salvation Army and the local housing and homelessness coalition to establish a community kitchen. As eating nutritious food on a limited budget was identified as a barrier, the group received a grant from the Labrador

Participants of a Community Kitchen project at Labrador City.



Regional Wellness Coalition to purchase the necessary equipment and food for the project. The Community Kitchen was operated solely by volunteers.

- A partnership involving the Aboriginal Service Centre, the private sector and Labrador-Grenfell Health in the Labrador City and Wabush area taught Aboriginal youth how to cook traditional, indigenous meals using modern, healthy ingredients. Aboriginal youth brought a non-Aboriginal friend so that they could participate and share information about their culture, and food was acquired from NunatuKavut's community freezer with the assistance of a grant from the Labrador Regional Wellness Coalition.

**Supporting Healthy Eating.** During 2015-16, Labrador-Grenfell Health's Regional Nutritionist and Registered Dietitians worked collaboratively on a wide range of healthy eating initiatives for all ages across the continuum of care. The Regional Nutritionist partnered with Innu health care providers to deliver culturally appropriate dietary education. Highlights included the development of recipes and food identified by the Aboriginal group was prepared in community kitchens.

Individuals who are taking up residence in personal care homes increasingly expressed the need for written dietary care plans for their specialized diets. The Registered Dietitian coordinated meetings to document these needs and prepared diet care plans based on safe food options, Canada's Food Guide and resources available through Dietitians of Canada. Surveys were developed to evaluate the value of nutrition newsletters delivered on a quarterly basis to staff and managers of four personal care homes in the Labrador-Grenfell Health region. Based on the positive

response received, the newsletters will continue to be distributed to inform and educate. In addition, forms used to assess menu offerings in personal care homes were standardized.

Programs with a focus on hands-on community food skills and a Healthy Kids Club were developed to ensure that food skills and healthy eating messages were delivered in a consistent manner by trained facilitators and leaders. Evidence shows that individuals who prepare foods, rather than assemble pre-packages and convenience foods, can have a positive influence on others, enhance healthy food choices, and ultimately improve wellness. Families who participated in the Healthy Kids Club program through the Family Resource Centres in the region responded positively to evaluations. The program, which is supported by the regional wellness coalitions, is available to community leaders and groups upon request.

A resource developed with support from Dietitians of Canada, the Provincial Advisory Council on Aging and Seniors, the Office for Aging and Seniors, and registered dietitians throughout Newfoundland and Labrador, encouraged healthier eating choices from the planning stages to putting meals on the table. The booklet, entitled *Easy, Tasty...Nutritious Healthy Eating for Healthy Aging*, was distributed and promoted among seniors' groups in the Labrador-Grenfell Health region. It featured information on label reading, vitamin D, sodium, Canada's Food Guide and healthy eating, along with tips on cooking for one or two people. Responses received during the consultations demonstrated that senior citizens have an interest in practical healthy eating information that allows them to maintain their independence and their health.

## ACCESS

### Partnering for Enhancements in Rural Health.

During the fiscal year 2015-16, Labrador-Grenfell Health received approximately \$3.2 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 Government's investment in essential infrastructure was the installation in February 2016 of a new Digital Fluoroscopy Room with a built-in Digital Dual Detector X-ray system in the Diagnostic Imaging Department at the Charles S. Curtis Memorial Hospital in St. Anthony. The equipment, which examines

tissues and structures of the body using X-ray imaging devices, improved the image quality, advanced the detection of medical conditions, and resulted in less invasive treatments for clients. Government invested \$1.2 million to complete the installation.

The following Labrador-Grenfell Health initiatives were supported in 2015-16 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: Dementia Care Training; Recreating a Breastfeeding Culture for Women; MORE<sup>OB</sup> Plus<sup>7</sup>; Point of Care Ultrasound Feasibility; UptoDate<sup>®</sup> electronic tool; Mosby's Suite<sup>8</sup>; continuing education for pain clinic staff; and funding for both health intern positions

- 7 MORE<sup>OB</sup> (Managing Obstetrical Risk Efficiently) is a performance improvement program that creates a culture of patient safety in obstetrical units. Professional practice standards and guidelines are integrated with current and evolving safety concepts, principles and tools.
- 8 ClinicalKey for Nursing, formerly known as Mosby's Suite, is a state-of-the-art clinical search engine.

Helping Hands donate coin-operated wheelchairs to Charles S. Curtis Memorial Hospital, St. Anthony.



and health professional student travel assistance, which helps facilitate educational placements for students with Labrador-Grenfell Health.

One of the investments from the IGA gave health professionals access to an electronic tool called UpToDate®. Regional Nurses and Nurse Practitioners working in rural and remote communities were given the capability of easily retrieving accurate and up to date evidence-based resources and information authored by physicians. The recommendations provided by UpToDate® are especially beneficial for Regional Nurses and Nurse Practitioners working in locations where physician consultations are mainly facilitated by telephone and telehealth.

The three local chapters of the Grenfell Foundation, through fundraising efforts and partnerships with Government, and other community groups, including hospital auxiliaries, provided significant contributions to the health care facilities in the region in 2015-16. For example, the South chapter of the Foundation purchased patient chairs for the Chemotherapy and Dialysis units of the Charles S. Curtis Memorial Hospital in St. Anthony, and portable ultrasound equipment for the White Bay Central Health Centre in Roddickton. The new chairs offer clients an improved level of comfort during the treatment they receive, while the portable ultrasound unit is smaller and lighter than traditional machines and is ideal in situations where space is limited and mobility is important. In the Labrador City and Wabush area, Labrador-Grenfell Health partnered with the local hospital auxiliary to design, develop and install a Precious Memories Mural at the Labrador West Health Centre. The public can purchase engraved

butterflies for placement on the wall to commemorate birthdates, retirements, milestones, and loved ones who have passed. The mural, produced through the creative talents of Mary Jacobs and Marjorie O'Brien, depicts a local park and beach frequented by residents. Proceeds from the project are donated by the Auxiliary to Labrador-Grenfell Health for the purchase of priority medical equipment.

Labrador-Grenfell Health also partnered with the IGA and Government to purchase Tonopens for three health centres and 14 community clinics in the region. A Tonopen is an instrument used by a primary care provider to generate a digital read-out of eye pressure for clients who may be afflicted with glaucoma. The device is safe, accurate and user-friendly. The placement of Tonopens in health centres and community clinics helped clients access a service that was previously was provided only in larger centres.

#### **Extending Home Support Services to Families.**

Labrador-Grenfell Health continued to provide services under the Paid Family Caregiver Option (PFCO) for home support services. This option compensates family members who meet the eligibility guidelines for providing personal care and homemaking services to their family members. Eligibility for this program was expanded in October of 2015, resulting in an additional six families receiving services. The Paid Family Caregiver option helped to address the issue of the limited availability of home support workers as well as improved the level of care provided to the clients. Labrador-Grenfell participated in the evaluation of the pilot project for the Paid Family Caregiver Option under the Home Support Program.

## ACCOUNTABLE, SUSTAINABLE AND QUALITY HEALTH AND COMMUNITY SERVICES SYSTEM

### Preparing for an Infectious Disease Outbreak.

Labrador-Grenfell Health utilized a strategic planning approach to establish wide-ranging and detailed preparations in the event of an outbreak of the Ebola Virus Disease (EVD) in the region. The Health Authority, working closely with the Department of Health and Community Services, Aboriginal partners, and the private sector, established an Ebola Working Group to coordinate plans to address seven key issues. Task groups with representation from Labrador-Grenfell Health staff in various parts of the region developed plans in the areas of personal protective equipment,

public health measures, communications, human resource planning and training, transportation, emergency response exercises and waste disposal. In the 2015-16 fiscal year, the Ebola Working Group finalized preparations to ensure that health care providers were knowledgeable, trained and ready to deal with any incidence of EVD in the region. The comprehensive effort was a valuable learning process for all staff as it addressed gaps in responding effectively to EVD, but also to any type of infectious disease outbreak.



Labrador-Grenfell Health staff received training in the proper use of personal protective equipment during Ebola preparations.

# HIGHLIGHTS AND ACCOMPLISHMENTS

## POPULATION HEALTH

**Supporting Healthy Aging.** The physical, mental and social well-being of long-term care residents is enhanced when they have access to structured recreational programs. In February 2016, Labrador-Grenfell Health commenced offering dedicated recreational services for the elderly who reside at the Labrador South Health Centre in Forteau. A Licensed Practical Nurse (LPN) performed regular nursing duties in the morning and delivered recreation programming in the afternoons. Long-term care residents welcomed a regular schedule of activities and look forward to the events co-ordinated by the LPN and other staff members. These included bingo games, arts and crafts, singing, knitting, an exercise program suited to seniors, and bus excursions to places of interest in the Labrador

Straits. Staff devoted extra attention to maintaining a comfortable and home-like atmosphere for residents and the structured recreation program supported those efforts.

### **Championing Healthy Child Development.**

Labrador-Grenfell Health delivered a wide range of programs and services in conjunction with the Department of Health and Community Services and its partners to support expectant mothers, newborns, young children and their families. Labrador-Grenfell Health's Parent-Child Health Consultant provided leadership for several activities in 2015-16 to update available resources. These included the development of a referral package to increase pre-natal screening

Royden Kippenhuck, a resident at the long-term care facility in Forteau, displays a door sign crafted by student volunteers.



and served as a lead on provincial working groups which reviewed developmental screening programs and their associated training packages. These screening programs included the ASQ-3 tool and the Health Check 2½ Program<sup>9</sup>. ASQ-3 is a process to screen children for developmental delays between one month and 5½ years.

#### **Expanding Diabetes Education and Outreach.**

Labrador-Grenfell Health expanded diabetes education and outreach to a broader range of clients and areas of the region in 2015-16. Diabetes Nurse Educators at Happy Valley-Goose Bay, in collaboration with a family physician, commenced the delivery of comprehensive diabetes education through regular visits to the communities of Sheshatshiu and North West River in Central Labrador and community clinics in coastal Labrador. Nutrition Services also increased services to residents of long-term care homes in the

region. The Diabetes Nurse Educator at the Charles S. Curtis Memorial Hospital began consultations with residents of the John M. Gray Centre in St. Anthony. By filling a vacant full-time position and the addition of a part-time Diabetes Nurse Educator position in Happy Valley-Goose Bay, the Registered Dietitian was able to devote more time with senior citizens. Consultations with residents at the Happy Valley-Goose Bay Long-Term Care Facility increased by 40 per cent in 2015-16. Registered Dietitians also expanded their outreach through telehealth, as the 219 consults achieved in 2015-16 represented an increase of 161 per cent compared to the previous year. A Registered Dietitian who focuses on diabetes management teamed up with a Diabetes Nurse Educator and delivered a diabetes information session to Nunatsiavut beneficiaries in Happy Valley-Goose Bay in collaboration with the Nunatsiavut Department of Health and Social Development.

<sup>9</sup> The Health Check 2½ Program is part of a provincial preventive health program to screen a child's progress and health in the areas of vision, hearing, speech, growth, development, oral health, immunization, physical and nutrition.



Occupational Therapists and management at Charles S. Curtis Memorial Hospital, St. Anthony.

## ACCESS

**Cardiac Ultrasound (Echocardiography) Testing Service Launched.** A new Cardiac Ultrasound Testing Service was launched in August 2015 at the Charles S. Curtis Memorial Hospital in St. Anthony. Support from Government and Eastern Health resulted in the installation of a new cardiac ultrasound and a Registered Cardiac Ultrasound Technologist was trained to complete echocardiograms. The equipment uses ultrasound waves to produce a visual display which is viewed by cardiologists in St. John's to diagnose or monitor heart disease. Previously, clients had to travel to St. John's or Corner Brook when they were referred for an echocardiogram. A total of 126 adult echocardiograms were completed in 2015-16 and the service is being expanded in 2016-17 to the Labrador Health Centre in Happy Valley-Goose Bay.

**Increased Access to Rehabilitation Services.** Labrador-Grenfell Health was successful in filling two Occupational Therapy positions in 2015-16 at the Charles S. Curtis Memorial Hospital in St. Anthony. One of the positions had been vacant for several months and the second position was newly-created with support from Government and its Provincial Bursaries and Incentives Program. Occupational Therapists assist individuals recuperating from physical or mental illness so they can perform activities required in daily life. The placement of two health care professionals had

an immediate and positive impact on client access to occupational therapy services in the area. Meanwhile, the addition of a Child Management Specialist/ Behaviour Management Specialist position at the Labrador West Health Centre in Labrador City resulted in an increase in the number of clients who received intervention services. In 2015-16, the number of clients receiving autism services increased by 21 per cent and the number of children receiving services under the Direct Home Services Program grew by 20 per cent. Filling a vacant Physiotherapist position in St. Anthony in January of 2016 also improved access for clients requiring this service.

**Ambulatory Care Services Relocated to Benefit Clients.** The Ambulatory Care Clinic operating at the Labrador Health Centre in Happy Valley-Goose Bay was moved from the Oncology Unit in order to provide clients with access to continuing care services through scheduled appointments. Community Health Nurses provide such services as intravenous (IV) therapy, injections, dressing changes, and other nursing procedures. More than 20 clients who were receiving long-term infusions involving multiple medications at the Labrador Health Centre were transferred from the Oncology Unit to the Ambulatory Care Clinic in July of 2015.

## ACCOUNTABLE, SUSTAINABLE AND QUALITY HEALTH AND COMMUNITY SERVICES SYSTEM

**Enhancing Nursing Professional Practice.** Several initiatives were undertaken by Labrador-Grenfell Health in 2015-16 to enhance training and education of nurses throughout the region. The Health Authority committed to providing Licensed Practical Nurses (LPNs) with the education and skills to work to their full scope of practice. During 2015-16, 99 per cent of LPNs completed the theoretical education and laboratory components for intravenous (IV) therapy, IV medications and blood administration. The process used by Labrador-Grenfell Health was recognized as a model for other Regional Health Authorities. A comprehensive online resource, Mosby's Suite, was purchased and made available to all nurses throughout the region and can be accessed via the corporate intranet or a personal internet connection. The tool, which contains 1,500 evidence-based skills and procedures, is designed to meet the learning needs of nursing staff and ensures that nursing staff have

easy access to professional knowledge and technical skills to support them in their day-to-day practice and improve performance.

**Audits Contribute to Improving Food and Environmental Services.** The Food Services Department was involved in a variety of initiatives aimed at improving the quality and safety of services provided to clients and employees of the Health Authority. Under ARAMARK's Food Management and Food Safety Programs, monthly food and safety audits introduced in 2015-16, monitor several activities within the department. The average scores achieved by the Labrador West Health Centre, the Labrador Health Centre and the Charles S. Curtis Memorial Hospital were 96, 90 and 92 per cent, respectively. In addition, all three sites in the region participated regularly in ARAMARK's health and safety program, which included monthly safety inspections and monthly safety talks with staff.

Products for wound care management tote boxes are assembled for distribution to health care facilities.



Similarly, patient and resident meal services earned high levels of satisfaction among clients. The average satisfaction scores for patient meal services at the Labrador West Health Centre, the Charles S. Curtis Memorial Hospital and the Labrador Health Centre were 98, 93 and 93 per cent, respectively. The average satisfaction scores for resident meal services at the John M. Gray Centre and the Happy Valley-Goose Bay Long-Term Care Facility were 99 and 99 per cent, respectively.

The Environment Services Department also undertook regular client satisfaction surveys for long-term care residents and for patients admitted to acute care facilities to generate feedback that is used to assess services and make improvements. Facilities in the Labrador-Grenfell Health region achieved the following ratings: John M. Gray Centre, 99 per cent; Happy Valley-Goose Bay Long-Term Care Facility, 99 per cent; Charles S. Curtis Memorial Hospital, 93 per cent; Labrador Health Centre, 93 per cent; and Labrador West Health Centre, 98 per cent.

**Standardizing Wound Care Management.** A review of existing practices and product utilization completed by Labrador-Grenfell Health in 2015-16 identified the need for standardization of care and implementation of best practice products. Members of a regional resource team received three days of intensive education with a focus on assessment and treatment practices. The purchase of new product inventory aimed to increase patient care outcomes and decrease workload for nursing staff. Education and in-servicing for product utilization was delivered to the three

hospital sites and health centres. In addition, members of the resource team volunteered to create educational videos for frontline staff and a wound care manual is being developed.

**Technology Improving the Efficiency of Pharmacy Services.** Labrador-Grenfell Health introduced a Regional Tele-pharmacy Program in July of 2015 in order to improve operational efficiency in delivering pharmacy services. The program permits the sharing of limited pharmacist and pharmacy technician resources within the department. The first phase of the program commenced in 2015-16 and involved the installation of a video camera and computer system in each of the three hospital sites, which connects staff working in chemotherapy suites with other staff working in the department. As a result, a pharmacist can perform other tasks while ensuring chemotherapy preparation was completed correctly. Prior to this installation, the pharmacist would have to remain in the suite for the duration of the chemotherapy preparation.

**Enhanced Medical Laboratory Services at the Labrador South Health Centre.** Renovations completed in March of 2016 at the Labrador South Health Centre in Forteau enabled the relocation and physical expansion of the medical laboratory and enhanced services for clients. The new laboratory met environmental and safety requirements and became accredited, certified and licensed under the Institute for Quality Management in Healthcare (IQMH). Additional work to be completed in 2016-17 includes further renovations to the blood collection area.

# REPORT ON PERFORMANCE

## ISSUE 1: POPULATION HEALTH AND WELLNESS

Labrador-Grenfell Health, along with Government, believes that its approach to population health reflects the belief that being free from illness is only one indicator of an individual's overall health and well-being (Department of Health and Community Services, *Strategic Plan 2014-2017*). Using a population health perspective allows health conditions to be viewed for the entire population in an area, and includes aspects of physical, mental and social well-being rather than just the incidence of diseases. Despite the challenges faced by delivering services to a relatively small and culturally diverse population, spread out over a large geographic area, Labrador-Grenfell Health made significant progress in 2015-16 in working towards addressing population health issues in the region.

Recognizing the prevalence and impact of diabetes on clients in the Labrador-Grenfell Health region, the Health Authority continued its work focusing on chronic disease prevention and management and released a transferable Chronic Disease Management Framework, with an initial focus on Diabetes Care. This Framework will be able to be applied to any other chronic disease and will provide consistency and standardization in guiding the Health Authority

in its future efforts in addressing these types of significant health issues for clients. Labrador-Grenfell Health also made significant progress in standardizing service delivery throughout the region for clients with diabetes through the development of electronic documentation ("Flow Sheets"), which will capture key clinical information on clients with diabetes and will populate a database which will support a standardized approach to chronic disease delivery.

Empowering clients to better manage their own chronic health conditions has also been a focus for Labrador-Grenfell Health in 2015-16 with the hiring of a permanent full-time Self-Management Coordinator and half-time clerical support staff for the Improving Health: *My Way* Program. Improving Health: *My Way* is a provincially sponsored, free program designed to help people positively manage the daily challenges of living with a chronic condition. Workshops are co-led by trained Leaders who themselves have a chronic condition or have cared for someone living with a chronic condition. A week-long train-the-trainer workshop was held in March 2016 and was attended by clients from throughout the Labrador-Grenfell Health region. With this training, these new Leaders



Regional training session for participants of the Improving Health: *My Way* program, Happy Valley-Goose Bay.

will return to their home communities to deliver the Improving Health: *My Way* program to enhance self-management skills for others living with chronic illness.

Preventative services and supports in the area of mental health and addictions are also key ingredients to address population health issues. Labrador-Grenfell Health acknowledges that the continued training of its staff and the public in order to provide these supports is a key factor. As a result, the Mental Health and Addictions Department released three regional training and development course schedules in 2015-16 and delivered a wide variety of training programs to more than 400 participants throughout the region. 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 (a discussion session where participants openly deal with the stigma around suicide), Review of Clinical Issues in Addictions, Youth and Drugs, and Motivational Interviewing. In addition, in response to an increasing number of referrals from clients with complex trauma, Labrador-Grenfell Health provided *"Trauma Informed Care and Trauma Treatment"* training to Mental Health and Addictions staff in early March 2016. Over two information-packed days, the clinical staff reviewed and practiced

evidence-based approaches and strategies that will be implemented in their clinical work to ensure that service delivery is trauma informed and that their trauma treatment is based on best practice.

These types of training complemented the significant work started in earlier years and completed in 2015-16 by finishing the implementation of two standardized suicide risk assessment tools for all healthcare professionals who have direct contact with clients. This was accomplished by providing training to all applicable staff in all locations throughout the region. Staff in the Mental Health and Addictions Department also started work to identify and determine the characteristics of youth experiencing mental health and addictions issues by relevant compiling data from the Authority's Client Referral Management System.

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

**Objective:** By March 31, 2016, Labrador-Grenfell Health will have continued to work to address population health issues in the region

**Measure:** Continued work to address population health issues in the region.

**Indicators:**

<b>Planned for 2015-16</b>	<b>Actual Performance for 2015-16</b>
<p><b>Finalized a transferable Chronic Disease Framework with an initial focus on Diabetes Care.</b></p>	<p>Following consultations with Western Health, a review of the provincial framework for chronic disease management and a comprehensive literature review, Labrador-Grenfell Health finalized a formal transferable Chronic Disease Management Framework, with an initial focus on Diabetes Care, in November 2015. The Framework, which is based on best practices, can be used for all chronic diseases and contains key components such as: Community Engagement, Increased Communication, Stakeholder Engagement, Health Promotion, Data Collection, Evaluation and Human Resources.</p>
<p><b>Completed implementation of the standardized suicide risk assessment tool through education sessions to all staff who have direct contact with clients.</b></p>	<p>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.</p> <p>As a result of the completion of this training, all frontline health care professionals now use the same processes for the assessment, monitoring, treatment and transfer of care for clients who present with suicidal ideation or post-attempt and the standardized approach will support the improved services for this high-risk group of clients.</p>
<p><b>Completed the development of a database of clients diagnosed with diabetes.</b></p>	<p>Due to a shift in prioritization of Information Management and Technology and Nursing resources in late 2015-16 to focus on the implementation of a new Order Entry module in the Meditech health care information system, Labrador-Grenfell Health did not realize its planned work to complete the development of a database of clients diagnosed with diabetes. Order Entry is an electronic process that allows a health care provider to enter orders electronically into the Health Authority's Meditech health care information system. The implementation involved a major process redesign in both clinical and ancillary departments at key points in order to optimize ordering and was completed in February 2016.</p> <p>However, despite this shift in priority, a significant portion of the work was accomplished and is expected to be completed in early 2016-17. Work completed in 2015-16 focused on the development of an electronic documentation tool for clients with diabetes. This tool commonly referred to as a "Flow Sheet", will be 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 will automatically populate a database and will facilitate the capture of information on clients with diabetes. The goal is to improve the management of the client's medications and other aspects of their disease state, which could lead to better health outcomes for the client.</p> <p>This system will support a seamless organization-wide approach to continuity of care and enable clinicians, such as physicians, nurse practitioners 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.</p>

**Implemented a standardized service delivery model for diabetes care.**

A standardized service delivery model for diabetes care was implemented in 2015-16 and has resulted in the following initial improvements and initiatives:

Diabetes Nurse Educators are all documenting on a standardized collaborative profile sheets. With the further development of the electronic Flow Sheet in early 2016-17, the client information entered by the healthcare provider will automatically feed into a database of clients diagnosed with diabetes.

The use of telehealth for consults by videoconference for clients with diabetes was established with a primary location of health professionals based in the Happy Valley-Goose Bay area. In fiscal 2015-16, a total of 250 client consults by telehealth were held, 219 of which were with a Dietitian and 31 were with a Diabetes Nurse Educator. These sessions were used to provide clinical support to and consultation for clients living in all of the communities in coastal and Central Labrador, including Nain, Hopedale, Makkovik, Postville, Natuashish, Rigolet, Cartwright, Black Tickle, Charlottetown, Port Hope Simpson, St. Lewis, Mary's Harbour, Forteau, and Churchill Falls. The client, therefore, did not have to travel to receive the service.

Diabetes Nurse Educators, Public Health Nurses and Home Care Nurses are registering client visits in the Meditech health care information system, using standardized appointment interval times and ICD-CM codes. (The International Classification of Diseases, Clinical Modification is used to code and classify morbidity data from inpatient and outpatient records)<sup>10</sup>. Not only does this decrease wait times and improve access to primary health care services for these clients, it also supports the ability for Labrador-Grenfell Health to extract and analyze data as required.

Standardized electronic month-end reports have been implemented for use by the Diabetes Nurse Educators, which facilitate the ability to monitor and trend service and client data.

10 Centers for Disease Control and Prevention, National Center for Health Statistics. Retrieved from: <http://www.cdc.gov/nchs/icd/>, June 12, 2016.11



A Precious Memories mural wall at the Labrador West Health Centre documents milestones and special events.

**Started work to identify and determine the characteristics of youth experiencing mental health and addictions issues.**

The Mental Health and Addictions Department implemented a region-wide practice in 2015-16 of identifying those youth between the ages of 12 and 18 who are experiencing mental health and addictions issues. The data collection is compiled from the Authority's Client Referral Management System (commonly referred to as CRMS) which is the clinical information system used in the Community Health program areas, and from the Mental Health and Addictions waitlist management database. The data identifies the location that the referral came from and the primary and secondary reasons for referral. Based on the prevalent presenting issues and the information collected, departmental initiatives will be implemented to address the issues.

## DISCUSSION OF RESULTS

Building on initial work started in the first year of the 2014-17 strategic planning cycle, 2015-16 saw a tremendous amount of progress realized in Labrador-Grenfell Health's work towards addressing population health issues in the region. With the completion of the formal transferable Chronic Disease Management Framework, the focus of the leadership of and health professionals working in population health could shift to implementing key activities which support these objectives and direction.

The Health Authority will now turn its focus to the third and final year of the strategic planning cycle and is working on initiatives that will complete this work. Preliminary efforts are already being undertaken to determine other priority conditions for which to expand the Chronic Disease Management Framework.

A primary focus in 2015-16 has been on addressing issues faced by clients with diabetes and developing electronic documentation tools to be used by health care providers such as diabetes nurse educators, dietitians, nurse practitioners and primary health care physicians. These tools will not only assist with providing coordinated and standardized care as a collaborative practice and can be accessed by any authorized clinician anywhere in the region, but will also automatically populate a database of key indicators. The Health Authority plans to develop

more of these tools in 2016-17, including separate flow sheets for adults, children, and pregnant women with gestational diabetes, along with several side documentation tools, such as a Foot Risk Assessment. Similarly, Labrador-Grenfell Health intends to continue to strengthen its efforts to support clients presenting with high-risk mental health and addictions issues, such as suicidal ideation or post-attempt of suicide, and those youth in the region who are showing characteristics of mental health and addictions issues.

**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:**

- Improved the self-management skills for those clients living with chronic illness in the region.
- Enhanced response to the care of clients presenting with a risk for suicide through the development of a regional suicide risk management policy.
- Completed the development of standardized electronic documentation to support improved care provided to clients with diabetes.
- Identified selected opportunities for improvement in services for youth who have been identified as experiencing mental health and addictions issues.

## ISSUE 2: IMPROVED PERFORMANCE

Labrador-Grenfell Health continues to strive to adhere to its fiscal responsibilities by using limited public resources wisely and efficiently, while maintaining and providing quality and safe health care services to the residents of the region. In order to do so, the Health Authority recognized as part of the strategic planning cycle for 2014-17, that it must seek out and implement opportunities to improve its performance. Some of this very important work began prior to the current strategic planning cycle, with the implementation of an Operational Improvement process in 2013-14. This initiative carries on at Labrador-Grenfell Health and continues to see results.

Over the past fiscal year, Labrador-Grenfell Health, the other Regional Health Authorities, and the Newfoundland Centre for Health Information have been working under the guidance of a provincial implementation team towards the establishment of a new health shared services model, formally incorporated as the Newfoundland & Labrador Health Shared Services Inc. (NLSS). The ongoing work to implement a provincial shared services model will further enhance efficiencies in the health care sector. This organization will consolidate the administrative functions of the Regional Health Authorities, as well as the functions of the Newfoundland and Labrador Centre of Health Information, to enhance the overall efficiency of the system while allowing the Regional Health Authorities to better focus resources on patient care.

While the work around shared services proceeds, Labrador-Grenfell Health has continued to implement its own initiatives to meet its overall strategic goal of achieving greater operational efficiencies in the delivery of health care in the region. In 2015-16, the Health Authority introduced specific improvements to enhance system performance which resulted in a reduction in the number of clients who do not show for selected appointments and services, expanded the use of electronic client registration in all but one of the 17 health centres and community clinics, developed a regional process for the auditing of the standardized suicide risk assessment tools which were implemented in the prior fiscal year, and completed the implementation of the Labrador-Grenfell Health Model of Nursing Clinical Practice (LGH MoNCP) in 15 acute care and long-term care units throughout the region.

Other important systems performance enhancement work has also taken place. As part of the ongoing development of a Health Human Resources Information System (HHRIS) implementation, the Health Authority launched its eRecruit module in January of 2016. This module allows internal and external job candidates to apply directly on-line to vacant positions and has created system efficiencies through integration with existing information systems. In 2015-16, Labrador-Grenfell Health also implemented the vast majority of recommendations arising from a



Strait of Belle Isle Health Centre staff engage in fire safety training exercises at Flower's Cove.

provincial Data Quality and Reporting review which was initiated in order to examine how expenses and statistics are being reported in and by the Regional Health Authorities. Implementing these changes has resulted in improved consistency in data collection and reporting and supports greater operational efficiency.

**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.

**Objective:** By March 31, 2016, Labrador-Grenfell Health will have continued to introduce improvements to enhancing system performance.

**Measure:** Continued to introduce improvements to enhancing system performance.

**Indicators:**

Planned for 2015-16	Actual Performance for 2015-16
<p><b>Decreased number of clients who do not show for selected appointments and services.</b></p>	<p>Throughout 2015-16, Labrador-Grenfell Health focused its efforts on decreasing the number of clients who do not show (“no-shows”) for selected appointments and services, both internally through improved departmental processes and provincially through collaboration on larger initiatives.</p> <p><b>Rehabilitation Services:</b> The concentrated effort in this service area to reduce the number of “no-shows” and improve efficiencies yielded the desired outcomes. The number of missed appointments (no-shows and cancellations) decreased by 22 per cent from 633 in 2014-15 to 494 in 2015-16. Staff in the Rehabilitation Services were diligent in following the departmental policy that addresses how to respond to clients who do not show for their appointments. The policy provides direction to staff to terminate services if a client has two missed appointments for reasons that cannot be appropriately justified. The policy is communicated directly to clients as well as posted in clinical areas. Staff also maintain a list of clients who can be called at short-notice to fill vacant treatment slots that are created by missed appointments.</p>

<p><b>Decreased number of clients who do not show for selected appointments and services. (Continued)</b></p>	<p><b>Mental Health and Addictions Services:</b> Staff in this service area also started a process in 2015-16 to contact clients in an effort to decrease the number of “no-shows”. Reminder calls are made to clients the day prior to their appointment and a particular focus is given to clients who have been identified by clinical staff as having a pattern of non-attendance at appointments or those who live with chronic addictions and/or mental illness. The impact of these efforts will be measured in 2016-17.</p> <p><b>Population Health Services:</b> In early 2016, the Population Health Service began exploring and researching “Post-Discharge Calls” (PDCs). PDCs are phone calls made to clients once they are discharged home following an inpatient admission. This is an intervention aimed at improving transitions in care and research shows that the benefits of making these calls include improved clinical outcomes, improved client-health care provider relationships and reduce future preventable admissions. One of the PDC questions also refers to follow-up appointments and provides a reminder to the client with the intent of reducing “no shows” for follow-up appointment. The Health Authority intends to implement the use of PDCs in the Fall of 2016.</p> <p><b>Provincial Automation Notification System (PANS):</b> The four Regional Health Authorities received approval in February 2016 to procure a Provincial Automation Notification System (PANS) that would automatically notify clients regarding scheduled appointments for the purpose of reducing “no-show” appointments, improving access, and improving client experience. When implemented, PANS will interface with the Community-Wide Scheduling module of Meditech and enable clients to receive an automated reminder of upcoming appointments, starting in 2016-17 with Endoscopy services. An evaluation will be completed after two years and a decision will be made regarding the potential to expand the system into other program areas.</p> <p>PANS will also act as an emergency notification system to inform/update and communicate with staff and external stakeholders for the purpose of emergency/disaster event mass notification and resource management.</p>
<p><b>Improved performance through expanded electronic client registration in the community clinics and selected community and population health programs.</b></p>	<p>Labrador-Grenfell Health expanded its Meditech health care information system electronic client registration to all three of its health centres, 13 of its 14 community clinics, along with all community health, population health and employee health programs region-wide. The one remaining community clinic, Natuashish, was not completed due to physical infrastructure changes that need to be made in order to support an ergonomically-safe workspace for the staff who will be doing the registration functions. It is anticipated that this will be completed in 2016-17.</p> <p>Substantially completing this indicator in 2015-16 demonstrates Labrador-Grenfell Health’s commitment to strengthening electronic registration and admission practices both regionally and provincially. It means direct clinical benefits for both health professionals and clients by providing better and more efficient access to data, improved clinical record accessibility, and streamlining of workflow processes. Electronic registration is essential to service delivery for the Health Authority, as it also provides the required foundation for other services to be implemented through the Meditech health care information system in the future.</p>
<p><b>Developed a regional process for auditing the standardized suicide risk assessment tool.</b></p>	<p>A regional process for auditing the standardized suicide risk assessment tools (the “Rapid Assessment of Patients in Distress” and the “Beck Hopelessness Scale”) was finalized in March of 2016. The Mental Health and Addictions leadership team will begin to audit charts throughout the region in April 2016 in order to assess compliance with the tools. These audits will determine if Labrador-Grenfell Health’s Mental Health and Addictions Department is achieving its target of improving the assessment, monitoring, treatment and transfer of care for clients who present with suicidal ideation or post-attempt.</p>

<p><b>Completed implementation of the Labrador-Grenfell Health Model of Nursing Clinical Practice in multiple sites and units.</b></p>	<p>During 2015-16, 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. The LGH MoNCP is a framework for organizing the delivery of client care by nursing staff in various roles. It also facilitates mobility between clinical areas, articulates nursing values, facilitates collaboration with other health professionals, and ensures that all nurses work to their full scope of practice and are autonomous and accountable in their decision-making. At the end of March 2016, the LGH MoNCP was implemented in 15 acute care and long-term care units throughout the region.</p> <p>Implementation of the LGH MoNCP also included a significant focus on regional standardization of practices, including “on-boarding” (orientation) of new nursing staff, supporting Licensed Practical Nurses (LPNs) to be able to provide care at their full scope of practice, and 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.</p> <p>Research has shown that the having such a model significantly improves client outcomes, increases autonomy for nurses, recognizes nursing expertise, increases job satisfaction for nurses, improves nurse recruitment and retention, and provides better communication among all health care providers.</p> <p>The work completed in 2015-16 on the LGH MoNCP was supported by the establishment and appointment in December 2015 of a new senior nursing position responsible for professional practice.</p>
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**DISCUSSION OF RESULTS**

A significant effort was made by Labrador-Grenfell Health during 2015-16 to introduce improvements that resulted in enhanced systems performance. Many of these initiatives involved the automation (or computerization) of a variety of functions, such as the first important steps in the implementation of a Provincial Automation Notification System (PANS), a program that will automatically notify clients of endoscopy services regarding scheduled appointments for the purpose of reducing “no-show” appointments, the implementation of an electronic method of registering clients for their appointments in 16 of the 17 health centres and community clinics in the region, and 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 to nursing staff, and which was introduced as part of the implementation of the Labrador-Grenfell Health Model of Nursing Clinical Practice in multiple nursing units across the Authority.

Along with the development of a regional process

for auditing the standardized suicide risk assessment tools, which were selected and implemented region-wide over the past two years, Labrador-Grenfell Health is well positioned to be able to demonstrate that it is progressing towards achieving enhanced systems performance. All of these initiatives will help provide services that are innovative and based on best practice, but yet are also affordable and efficient.

The Health Authority is committed to continuing these initiatives into 2016-17, particularly in the area of reducing the number of clients who do not show for their scheduled appointments. When this occurs, there often is not enough notice time for the health care provider to fill the gap in service delivery with an appointment for another client who has been waiting for valued health care services. Labrador-Grenfell Health also intends to identify opportunities for improvement that have been identified through the auditing of the suicide risk assessment tools which are now being used by all frontline health care providers who have contact with clients, continue the regional standardization of nursing practice through the Labrador-Grenfell Health Model of Nursing Clinical

Practice, and complete the implementation of the Health Human Resources Information System.

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

**Measures:** Evaluated improvements made to systems performance.

**Indicators:**

- Assessed implementation of initiatives designed to reduce the number of clients who do not show for selected appointments and services.
- Evaluated opportunities for improvement identified through regular auditing of the regional standardized suicide risk assessment tool.
- Evaluated selected improvements made to regional standardization through the implementation of the Labrador-Grenfell Health Model of Nursing Clinical Practice (LGH MoNCP).

Hopedale Community Clinic staff complete training in electronic registration procedures.



### ISSUE 3: ACCESS

Supporting appropriate and timely access to health care services continues to be a very important strategic issue for Labrador-Grenfell Health and for that reason, is also highlighted as the Health Authority's Mission, which states that by March 31, 2017, Labrador-Grenfell Health will have, within available resources, improved accessibility to selected health and community services to better meet the needs of people within the region. Throughout 2015-16, a number of initiatives were continued, expanded and introduced in order to work towards achieving these goals.

In November of 2015, Government released, *Healthy People, Healthy Families, Healthy Communities: A Primary Health Care Framework for Newfoundland and Labrador: 2015-2025*. This important document lays out a vision for a province where individuals, families, and communities are supported and empowered to achieve optimal health and well-being within a sustainable health care system. The framework establishes four clear overall goals and multiple objectives to guide the continuation of primary health care reform in Newfoundland and Labrador<sup>11</sup>. As defined in the framework, primary health care is a philosophy for organizing and delivering a range of coordinated and collaborative community-based services that empower individuals, families, and communities to take responsibility for their health and well-being. Effective primary health care requires a culture and system designed to be responsive to individual and population health needs.

Labrador-Grenfell Health was an active participant in the development of this framework and has endorsed its principles in developing its own definition of a primary health care model which centres upon the role of the nurse practitioner, collaborative practice, and standardization of practice, in addition to the goal of improving access to services for clients.

As a result, the Health Authority selected key indicators for its work in 2015-16 that supported its own strategic goal. Examples of these initiatives included the significant increase in use of Telehealth for improving access to mental health and addictions services throughout the region, the adoption of a primary health care model that centres on the role of the nurse practitioner, an examination of the relationship between a health care provider and the client to identify areas for improvement, and the implementation of the Canadian Emergency Department Triage and Acuity Scale (CTAS) at all three Emergency Room (ER) departments within the region.

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

**Objective:** By March 31, 2016, Labrador-Grenfell Health will have defined primary health care model(s) appropriate to the region.

**Measure:** Defined primary health care model(s) appropriate to the region.

11 Retrieved from: [http://www.health.gov.nl.ca/health/publications/PHC\\_Framework\\_update\\_Nov26.pdf](http://www.health.gov.nl.ca/health/publications/PHC_Framework_update_Nov26.pdf), June 23, 2016.

**Indicators:**

<b>Planned for 2015-16</b>	<b>Actual Performance for 2015-16</b>
<p><b>Chosen preferred primary health care model for implementation in selected sites.</b></p>	<p>In conjunction with the Province and building on the previous year's primary health care model review, Labrador-Grenfell Health selected a model that centres on the role of the nurse practitioner. As a result, nurse practitioner primary health care clinics have been implemented in selected locations to increase client access to primary health care services. In locations where a nurse practitioner is not available, regional nurses, who also have an expanded scope of practice, also lead primary health care clinics.</p> <p>Furthermore in 2015-16, as part of the primary health care model, access to nurse practitioner/ regional nurses was increased by scheduling additional clinics for clients with chronic diseases and by implementing evening clinics. In addition to an evening clinic that was already in operation in Happy Valley-Goose Bay prior to the fiscal year, new evening clinics began in Forteau, Flower's Cove and Roddickton in October 2015, and ran in St. Anthony between May of 2015 and January of 2016.</p> <p>As staffing levels permit, evening and/or weekend clinics led by nurse practitioners or regional nurses are also held at the community clinics in Nain, Natuashish, Hopedale, Makkovik, Rigolet, Churchill Falls, Cartwright, St. Lewis and Mary's Harbour.</p> <p>In January 2016, due to the recruitment of a new permanent full-time nurse practitioner, a nurse practitioner-led primary health care clinic was reinstated at the Labrador West Health Centre, Labrador City. Evening clinics will be implemented at this site in September of 2016.</p> <p>These clinics provide the client with a consistent first entry point into the health care system and direct the client to the most appropriate provider, depending on the client's needs and through collaboration by referral or case discussion.</p>

**Examined client and health care provider relationships to identify potential areas for improvement.**

Labrador-Grenfell Health undertook several different initiatives in 2015-16 which allowed the Health Authority to examine client and health care provider relationships to identify potential areas for improvement.

**Patient Communication Boards and Patient Rounding:** A key pillar of the Labrador-Grenfell Health Model of Nursing Clinical Practice (LGH MONCP) has been the use of Patient Communication Boards and patient rounding. Introduced in 2014-15, the Patient Communication Board, which is mounted near the client's bed, contain 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 "rounding" tool in which a nurse manager meets individually with a client to ask specific questions regarding their care. Reference is made to the Patient Communication Boards and if the client has any concerns with the communication from and with their health professional. The nurse manager then follows up on any issues identified and report back to client.

**Communication of Abnormal Diagnostic Test Results to Clients.** To better communicate abnormal test results to clients, Labrador-Grenfell Health researched best practice from its liability insurers, physician professional associations and liability insurers, and developed a written protocol which was circulated in April of 2015 to all relevant health care providers. This process clearly outlines the importance of making contact with a client, documenting this contact and providing written instructions to both the client and other health care providers for further follow-up, if required.

**Implementation of an Electronic Order Entry Module.** 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 will help support ensuring that all clinical orders are followed through, diagnostic tests results received, and communicated to clients.

**Client Experience Surveys:** The most ambitious of these initiatives to examine these relationships has involved initiating a formal Client Experience Survey process in order to provide the public with a user-friendly, non-identifying and completely confidential manner to offer opinions on a range of healthcare services. Understanding a client's experience when they receive health care is integral to improving client-centered care and is crucial to the quality improvement process at Labrador-Grenfell Health and are also a requirement under Accreditation Canada standards for organizations of the same size and complexity.

A working group, including representation from Quality Management, Patient Safety and Quality, Nursing, Mental Health and Addictions, and Communications, was established in late 2015 and was tasked with reviewing and developing a Client Experience Survey for the Health Authority. The surveys, which are called "Please Tell Us...," will be launched in May 2016 and will primarily be available online and in hard copy as required. The responses will be tabulated and presented to managers and senior leaders on a consistent basis for further analysis and action required. The goal is to use the feedback from client experiences to improve health care services and programs.

**Home Support Review:** In 2015-16, Labrador-Grenfell Health participated in a provincial review of the Home Support program. Clients who were contacted for this review and a separate provincial Paid Family Caregiver option evaluation were given the opportunity to identify any improvements needed in the delivery of these services including the relationship with their health care providers. Labrador-Grenfell Health expects to receive feedback on both of these reviews in 2016-17.

<p><b>Begun implementation of Canadian Triage Acuity Scale (CTAS) in the Emergency Room Departments at selected hospital sites.</b></p>	<p>In December 2015 and under the leadership of a Regional Emergency Room (ER) Process Team, Labrador-Grenfell Health implemented the Canadian Emergency Department Triage and Acuity Scale (CTAS) at all three Emergency Room (ER) departments within the region: the Labrador West Health Centre, the Labrador Health Centre and the Charles S. Curtis Memorial Hospital. The Process Team has been responsible for developing and implementing ER processes, forms, guidelines and oversees the delivery of education for all applicable staff (i.e. physicians, registered nurses, primary care paramedics, licenced practical nurses and registration clerks).</p> <p>Also in December 2015, a regional nurse triage form was implemented. This was followed in January 2016 with the launch of a regional ER registration form and process at the three hospital sites. At the end of March 2015, 95 per cent of applicable staff had completed CTAS training.</p> <p>CTAS will enable Labrador-Grenfell Health's Emergency Room departments to triage clients according to the type and severity of presenting symptoms. This tool will ensure timely access to care for all clients presenting to the Emergency Room. All clients have an assessment completed by a Registered Nurse and are placed into a priority group using the established CTAS guidelines. Clients are made aware of their triage level and approximate wait times, based on the number and acuity of other clients receiving care at the same time. This ongoing communication with the client increases their satisfaction with and understanding of the Emergency Room service.</p> <p>The work completed in 2015-16 on CTAS complemented and was an integral part of Government's <i>Emergency Room (ER) Wait Times Strategy 2012</i>. Labrador-Grenfell Health's ER departments were the final three of the 13 ER departments in Newfoundland and Labrador to benefit from additional resources allocated to the strategy. These resources were used to avail of external consulting expertise to complete a much deeper analysis of ER data metrics, client flow patterns, and overall structural issues in each of the ER departments.</p>
<p><b>Increased access for mental health and addictions clients to health professionals throughout the region by the use of telehealth.</b></p>	<p>In 2014-15, a total of 557 telehealth consults were performed to provide access for mental health and addictions clients to health professionals. In 2015-16, this number increased to 748, an increase of 34 per cent. Of these 748, 410 were for adult psychiatry consults, 240 were for child psychiatry consults, and 98 were for other health professionals, such as psychologists and mental health and addictions counsellors. Over the past fiscal year, access was also expanded through the telehealth system to provide continuity of service to clients in Labrador who became incarcerated.</p> <p>This documented increased in use of telehealth for mental health and addictions services and consults is evidence of the acceptance of this type of technology to bridge the gap created by distances and geographies in order to facilitate greater access to very specialized and essential services for clients in the Labrador-Grenfell Health region.</p>

**TRIAGE LEVELS:**  
What do they mean?

- 1 MOST URGENT** - severe airway and signs of respiratory distress, rapid breathing, decreased level of consciousness
- 2 VERY URGENT** - chest pain, stroke/sudden death, multi-trauma, severe burns, respiratory distress, severe trauma
- 3 URGENT** - without respiratory signs, temperature over 40°C, and/or severe trauma, 2nd, 3rd, 4th degree burns, severe trauma
- 4 LESS URGENT** - severe asthma, severe pain or pain, low vital signs, severe trauma
- 5 NOT URGENT** - removal of stitches, routine prescriptions, medical certificates, documentation, minor trauma

Labrador-Grenfell Health

Patients requiring emergency services are assigned a number that specifies the priority of their treatment.

**DISCUSSION OF RESULTS:**

Labrador-Grenfell Health made significant progress in 2015-16 in addressing all of its indicators. In particular, a focus on the Health Authority's Emergency Room (ER) Departments resulted in the adoption of the Canadian Emergency Department Triage and Acuity Scale (CTAS) as a tool to prioritize clients based on their clinical symptoms and thus improving access to the most appropriate health professional in a more efficient manner. Additional external consulting work was also completed under Government's *Emergency Room (ER) Wait Times Strategy 2012* to identify ER data metrics, client flow patterns, and overall structural issues in each of the Health Authority's ER departments. Opportunities for improvements, as highlighted in the reports, are now being considered and adopted where possible. The work completed this past year will also be followed in 2016-17 with a further review of staffing models in the ER Departments, in light of a

formal Demand Capacity Analysis being completed in consultation with the same external consultant.

Access to Mental Health and Addictions Services has continued to improve markedly with the continued growth, acceptance and utilization of telehealth to link the client, regardless of their home location in the Labrador-Grenfell Health region, to the most appropriate healthcare professional. These consults can be made at any time in the day or night on an emergency basis for a client in crisis, including to an adult or child psychiatrist based in another RHA, or can be used for regular follow-up to any member of the mental health and addictions team within the region. It is anticipated that this growth will continue into the future due to a number of factors, including as linkages with a core group of regular visiting psychiatrists are strengthened and as this group of specialists continue to see the value in providing regular follow-up

A summertime view of the harbour in Hopedale.



consultations with clients by telehealth.

A notable quality improvement and client communications initiative was launched in late 2015-16, with the decision to offer a Client Experience Survey on a regional basis in multiple service areas. A working group was established and is now preparing for the release of the online survey tool in May of 2016. The *"Please Tell Us..."* initiative represents the first time that Labrador-Grenfell Health has invited feedback through an online survey from clients who have accessed services. The feedback received will be tabulated and analyzed and this information will be used to identify opportunities where improvements to further improve access can be made.

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

**Measure:** Evaluated the potential application of primary health care model(s) in the region.

**Indicators:**

- Evaluated primary health care model services offered through the expanded nurse practitioner/ regional nurse and ambulatory care clinics in selected sites.
- Begun implementation of selected recommendations under Government's Emergency Room (ER) Wait Times Strategy 2012 in the ER Departments at all Labrador-Grenfell Health hospital sites.
- 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.

## OPPORTUNITIES AND CHALLENGES AHEAD

**Action Plan Addresses Recommendations from Advocate for Children and Youth.** Labrador-Grenfell Health started an ongoing process in 2015-16 of reviewing and addressing recommendations contained in a report that was issued by the Advocate for Children and Youth (ACY). The ACY launched an investigation into the circumstances surrounding the services provided between 2002 to 2010 to three children living in a remote community in Labrador. As a result, a report entitled *A Tragedy Waiting to Happen* and containing several recommendations, was released by the ACY in January of 2016. Labrador-Grenfell Health and its partners produced a comprehensive plan of action to address the recommendations and developed strategies to deal with gaps in communication and the referral process. Looking forward at this opportunity, Labrador-Grenfell Health will continue to build in the coming years on the findings of the ACY to ensure that health professionals have the necessary tools, education and training to provide appropriate and compassionate care.

**A Team Approach to Enhancing Autism Services.** Labrador-Grenfell Health submitted a proposal to an external funding source to avail of support to train staff in Intervention, Rehabilitation, Mental Health Services and Public Health Nursing services, based in Happy Valley-Goose Bay, in using the Autism Diagnostic Observation Scale (ADOS) and Autism Diagnostic Interview (ADI) screening processes in order to diagnose children with Autism Spectrum Disorder. This screening would be done in partnership with a Pediatrician. At the present time, families in the Labrador-Grenfell Health region are challenged in accessing services and have to travel to St. Anthony or St. John's for this testing. The wait times for services at these sites at the end of 2015-16 were approximately one year. Having the ability to do diagnostic testing in Happy Valley-Goose Bay would decrease the wait times for testing for families. Once the testing is completed and a diagnosis is confirmed, these families will be able to access Intensive Applied Behavioural Analysis (ABA)

Home Therapy Services sooner. The earlier children are diagnosed and start receiving ABA Home Therapy services, the more likely they are to gain important skills such as the communication and/or social skills that are necessary to be able to live their lives to their fullest potential. Enhancing this access to Autism Services complements the mandate given by the Premier in December of 2015 to the Minister of Health and Community Services to invest in health promotion, healthy living and early intervention by providing support to children with autism beyond grade three through ABA.<sup>12</sup>

### **Promoting Quality and Safety in the Workplace through the Prevention of Injuries and Violence.**

Labrador-Grenfell Health recognizes the importance of providing compassionate care in a safe work environment and a variety of initiatives were introduced in 2015-16 to promote this goal. Beginning with the development of two key policies encompassing Preventing Workplace Violence and Working Alone, Labrador-Grenfell Health is establishing programs, safe work practices and procedures intended to support staff in being safe while they go about their daily work. As part of a provincial initiative funded by Government in 2014, the Health Authority purchased a number of electronic satellite communications devices and implemented in 2015-16 an automated check-in check-out process for an initial group of staff who work alone in high-risk client care situations and do not have access to cellular technology due to lack of service coverage in more remote areas. Building on this initiative, the Lone Worker Electronic Monitoring program will be further expanded in 2016-17.

Labrador-Grenfell Health is also implementing training programs to support healthcare professionals in ensuring a consistent approach to caring for clients who exhibit challenging behaviours, such as aggression in clients who have dementia. The Gentle Persuasive Approaches (GPA) in Dementia Care<sup>13</sup> is a

12 [http://www.exec.gov.nl.ca/exec/CABINET/ministers/pdf/Minister\\_Haggie\\_Mandate.pdf](http://www.exec.gov.nl.ca/exec/CABINET/ministers/pdf/Minister_Haggie_Mandate.pdf)

13 Retrieved from: <https://www.ageinc.ca/GPA/basics.html>, June 21, 2016.

program that uses a person-centered, compassionate approach to react respectfully and confidently to behaviours associated with dementia. Since feedback from participants in the first two sessions was positive, Labrador-Grenfell Health will ensure the same approach is used throughout region as it rolls out additional future training.

**Striving For Baby Friendly Initiatives.** Labrador-Grenfell Health is continuing the process of working towards obtaining a Baby Friendly designation. The Baby Friendly Hospital Initiative (BFHI), also known as Baby Friendly Initiative (BFI), is a worldwide program of the World Health Organization and UNICEF. Led by the Labrador-Grenfell Health's Regional Lactation Consultant, BFIs continue to be enhanced with new policies and procedures communicated through the new Nursing Information Management System (NIMS). More than 200 front-line healthcare professionals have enrolled in Breastfeeding Essentials (ES101), which represents 60 per cent of the healthcare professionals

in the province who have signed up for the course. The ES101 course is considered the gold standard for breastfeeding education by the BFHI and this type of education and regional policy implementation are required steps to achieve BFI status. A further regional assessment is planned in 2016 to assist Labrador-Grenfell Health in identifying other areas of opportunity to achieve BFI designation, support consistent messaging and to create a culture of Baby Friendly Hospitals.

**An Enhanced Approach to the Recruitment and Retention of Health Professionals.** In recognition of the unique challenges of the recruitment and retention of difficult-to-recruit health professionals in the Labrador-Grenfell Health region and as a valuable expansion to its Bursaries and Incentives Program, Government partnered with the Health Authority in 2015-16 to offer an enhanced bursary program to nursing students who are residents of Labrador.

Staff receive training to care for patients who may exhibit behaviours associated with dementia.



This incentive provides up to \$20,000 for each student, in return for up to a four-year commitment to return to work in an identified priority health care facilities in Labrador. Five students were accepted into the enhanced bursary program in 2015-16 and will be graduating between 2017 and 2019. This will enable the Health Authority to better address staffing needs into the future.

Labrador-Grenfell Health also worked with Government to establish an enhanced grant program which can be accessed by existing Labrador-Grenfell Health staff who enroll in a Nurse Practitioner education program and are willing to commit to work in a designated location for up to four years following completion of the program. At the end of 2015-16, one registered nurse had availed of this opportunity and is expecting to have the program requirements completed in two to three years. This enhanced grant was developed to support the Health Authority in improving its capacity to provide stable primary health care services in several of its locations. It is hoped that over the coming years, more Labrador-Grenfell Health staff will take advantage of this exciting opportunity.

During 2015-16, Labrador-Grenfell Health accessed a total of \$274,500 through Government's Bursaries and Incentives Program to support the recruitment and retention of difficult-to-recruit health professionals, including the above enhanced nursing programs. Some of the other health professional positions sponsored under this program included a Pharmacist, Physiotherapist, Occupational Therapists and several Medical Laboratory Technologists. These students will all join Labrador-Grenfell Health upon their graduation and will become instrumental members of the Health Authority's future workforce.

Also in recognition of the challenges faced by new graduates entering the very unique and advanced practice role of a regional nurse in a remote coastal

Labrador community clinic, Labrador-Grenfell Health reviewed and renewed its Nursing Mentorship program in 2015-16. These improvements resulted in a revitalized program that will better meet the needs of the mentee and the Health Authority into the future and will provide novice registered nurses with important skill sets that are required to work in the expanded scope of practice.

### **Labrador-Grenfell Health Achieves Biosafety Licensure with the Public Health Agency of Canada.**

The Public Health Agency of Canada inspects and licenses Microbiology Laboratories in order to assure that these laboratories have the correct level of Biosafety assigned to them for the organisms and bacteria that the laboratories can handle and test in their facilities. In June of 2015, for the very first time, the three Labrador-Grenfell Health Microbiology Laboratories participated in these inspections and were successful in meeting the standards required. These inspections were also part of a preparatory visit for new biohazard and safety regulations which came into effect in March of 2016.

All three Microbiology Laboratories in Labrador-Grenfell Health successfully met the Public Health Agency of Canada regulations and standards and received a license that is valid for a period of five years. However, the inspections did identify a number of significant structural and redesign requirements in the Microbiology Laboratory at the Charles S. Curtis Memorial Hospital, St. Anthony, which will need to be addressed by the Health Authority in the coming years if licensure is to be maintained. These issues relate to the challenge of reconfiguring an older facility that was constructed at a time when standards for and the testing done in these types of environments were completely different. Labrador-Grenfell Health is in the process of working with its consultants to plan for and implement these required renovations.

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## STATEMENT OF MANAGEMENT RESPONSIBILITY

The accompanying consolidated financial statements of the **Labrador-Grenfell Regional Health Authority** as at and for the year ended March 31, 2016 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 consolidated financial statements.

In discharging its responsibilities for the integrity and fairness of the 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 Authority complies with applicable laws and regulations.

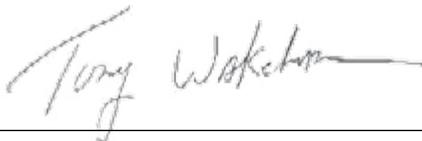
The Board of Trustees [the "Board"] is responsible for ensuring that management fulfills its responsibilities for financial reporting and is ultimately responsible for reviewing and approving the consolidated financial statements. The Board carries out this responsibility principally through its Audit 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 consolidated financial statements and the external auditors' report. The Committee reports its findings to the Board for consideration when approving the consolidated financial statements.

The external auditor, Ernst & Young LLP, conducts an independent examination in accordance with Canadian generally accepted auditing standards and expresses an opinion on the consolidated financial statements for the year ended March 31, 2016.



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Ray Norman  
Board Chair



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Tony Wakeham  
Chief Executive Officer

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## INDEPENDENT AUDITORS' REPORT 2016

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

We have audited the accompanying consolidated financial statements of the **Labrador-Grenfell Regional Health Authority**, which comprise the consolidated statement of financial position as at March 31, 2016, and the consolidated statements of operations and accumulated (deficit) surplus, 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 financial statements

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

### Auditors' responsibility

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

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

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

### Opinion

In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of the **Labrador-Grenfell Regional Health Authority** as at March 31, 2016 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

St. John's, Canada  
October 3<sup>rd</sup>, 2016

*Ernst + Young LLP* Chartered Professional Accountants

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS AT MARCH 31

	2016 \$	2015 \$
<b>Financial assets</b>		
Cash	2,057,685	1,836,625
Restricted cash [note 3]	1,728,095	1,702,545
Accounts receivable [note 4]	3,428,557	2,375,483
Due from government / other government entities [note 5]	8,786,634	27,531,424
Inventories for resale	925,059	916,436
	<b>16,926,030</b>	<b>34,362,513</b>
<b>Liabilities</b>		
Bank overdraft [note 7]	3,786,800	3,124,459
Demand credit facility [note 7]	7,765,000	14,970,000
Accounts payable and accrued liabilities [note 8]	14,753,484	14,473,323
Due to government / other government entities [note 9]	825,866	686,095
Employee future benefits		
Accrued severance pay [note 10]	14,067,674	13,259,904
Accrued sick leave [note 10]	7,875,107	7,544,611
Accrued vacation pay and other accrued benefits [note 8]	7,990,313	7,468,376
Deferred contributions [note 11]		
Deferred capital grants	13,495,246	17,701,367
Deferred operating contributions	4,386,680	4,022,273
Special purpose funds	1,215,103	747,649
National Child Benefit ("NCB") initiatives	914,937	1,118,594
Long-term debt [note 12]	668,093	783,301
	<b>77,744,303</b>	<b>85,899,952</b>
<b>Net debt</b>	<b>(60,818,273)</b>	<b>(51,537,439)</b>
<b>Non-financial assets</b>		
Tangible capital assets [note 6]	56,370,976	55,626,926
Prepaid expenses	2,628,854	3,033,522
Supplies inventory	1,619,619	1,570,617
	<b>60,619,449</b>	<b>60,231,065</b>
<b>Accumulated surplus (deficit)</b>	<b>(198,824)</b>	<b>8,693,626</b>

Contractual obligations [note 13]. Contingencies [note 14]. See accompanying notes

Approved by the Board:

Trustee



Trustee



# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## CONSOLIDATED STATEMENT OF OPERATIONS AND ACCUMULATED (DEFICIT) SURPLUS AT MARCH 31

	Budget	2016	2015
	\$	\$	\$
	<i>[note 18]</i>		
<b>Revenue</b>			
Provincial plan – operating	139,759,765	139,640,524	136,136,023
Medical care plan	23,531,925	19,447,926	19,210,201
Provincial capital grant	—	7,936,214	17,106,089
Outpatient	2,851,900	3,045,070	2,744,507
Inpatient	896,750	1,321,910	685,529
Long-term care	1,649,485	1,647,568	1,607,131
Transportation and works	1,285,500	1,285,500	1,285,500
National Child Benefit ["NCB"]	1,182,046	874,854	817,495
Apartment complexes	—	261,478	311,935
Foundation	—	263,978	308,754
<i>Other</i>	6,676,460	7,374,518	8,468,841
	<b>177,833,831</b>	<b>183,099,540</b>	188,682,005
<b>Expenses</b> <i>[note 16]</i>			
Support services	32,051,896	36,522,023	32,228,104
Community and social services	33,153,771	31,487,155	29,534,856
Nursing inpatient services	29,168,581	31,071,640	30,891,665
Medical services	26,337,709	22,563,096	21,509,462
Ambulatory care services	21,967,370	24,289,643	22,624,812
Diagnostic and therapeutic services	18,074,235	19,640,119	17,482,255
Administration	16,138,969	16,419,261	15,928,504
Amortization of tangible capital assets <i>[notes 6]</i>	—	7,192,164	6,844,410
Education and Research	941,300	978,946	623,735
Accrued severance pay expense	—	807,770	528,810
Accrued vacation pay expense	—	521,936	553,412
Accrued Sick leave expense	—	330,496	165,411
Apartment complexes	—	156,157	220,316
Foundation	—	11,584	10,178
	<b>177,833,831</b>	<b>191,991,990</b>	179,145,927
<b>Annual (deficit) surplus</b>	—	<b>(8,892,450)</b>	9,536,078
Accumulated surplus (deficit), beginning of year	—	<b>8,693,626</b>	(842,452)
<b>Accumulated (deficit) surplus, end of year</b>	—	<b>(198,824)</b>	8,693,626

See accompanying notes

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

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

	Budget	2016	2015
	\$	\$	\$
	<hr/>		
	<i>[note 18]</i>		
<b>Annual (deficit) surplus</b>	—	<b>(8,892,450)</b>	9,536,078
<b>Changes in tangible capital assets</b>			
Acquisition of tangible capital assets	—	<b>(7,936,214)</b>	(17,444,118)
Amortization of tangible capital assets	—	<b>7,192,164</b>	6,844,410
	<hr/>		
<b>Increase in net book value of tangible capital assets</b>	—	<b>(744,050)</b>	(10,599,708)
<b>Changes in other non-financial assets</b>			
Net decrease (increase) in prepaid expenses	—	<b>404,668</b>	(15,686)
Net increase in supplies inventory	—	<b>(49,002)</b>	(142,298)
	<hr/>		
<b>Decrease in other non-financial assets</b>	—	<b>355,666</b>	(157,984)
	<hr/>		
<b>Increase in net debt</b>	—	<b>(9,280,834)</b>	(1,221,614)
Net debt, beginning of year	—	<b>(51,537,439)</b>	(50,315,825)
	<hr/>		
<b>Net debt, end of year</b>	—	<b>(60,818,273)</b>	(51,537,439)
	<hr/>		

See accompanying notes

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## CONSOLIDATED STATEMENT OF CASH FLOWS YEAR ENDED MARCH 31

	2016	2015
	\$	\$
<b>Operating activities</b>		
Annual (deficit) surplus	(8,892,450)	9,536,078
Adjustments for		
Amortization of tangible capital assets	7,192,164	6,844,410
Increase in accrued severance pay	807,770	530,527
Increase in accrued sick leave	330,496	165,411
Net change in non-cash assets and liabilities related to operations <i>[note 15]</i>	15,402,711	(14,388,807)
<b>Cash provided by operating transactions</b>	<b>14,840,691</b>	<b>2,687,619</b>
<b>Capital transactions</b>		
Acquisition of tangible capital assets	(7,936,214)	(17,444,118)
<b>Cash used in capital transactions</b>	<b>(7,936,214)</b>	<b>(17,444,118)</b>
<b>Investing transactions</b>		
Changes to restricted cash	(25,550)	(9,719)
<b>Cash used in investing transactions</b>	<b>(25,550)</b>	<b>(9,719)</b>
<b>Financing transactions</b>		
Demand credit facility	(7,205,000)	14,970,000
Repayment of long-term debt	(115,208)	(113,369)
<b>Cash provided by (used in) financing transactions</b>	<b>(7,320,208)</b>	<b>14,856,631</b>
<b>Net (increase) decrease in bank indebtedness during the year</b>	<b>(441,281)</b>	<b>90,413</b>
Bank indebtedness, beginning of year	(1,287,834)	(1,378,247)
<b>Bank indebtedness, end of year</b>	<b>(1,729,115)</b>	<b>(1,287,834)</b>
<b>Bank indebtedness comprised of:</b>		
Cash	2,057,685	1,836,625
Bank overdraft	(3,786,800)	(3,124,459)
<b>Bank indebtedness</b>	<b>(1,729,115)</b>	<b>(1,287,834)</b>

See accompanying notes

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2016

### 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
- 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

Labrador-Grenfell Health 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"].

Labrador-Grenfell Health 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

#### Basis of accounting

The 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 consolidated financial statements are as follows:

#### Basis of presentation

These consolidated financial statements reflect the assets, liabilities, revenue and expenses of the reporting entity, which is composed of all organizations that are controlled by the Authority. These organizations are listed under basis of consolidation. Trusts administered by the Authority are not included in the consolidated statement of financial position [note 17].

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

#### Basis of consolidation

The Authority controls The St. Anthony Interfaith Home 12 Unit Apartment Complex [the "12-unit"], The St. Anthony Interfaith Home 20 Unit Apartment Complex [the "20-unit"], and the Grenfell Foundation Incorporated [the "Foundation"]. The consolidated financial statements of the Authority include the Labrador-Grenfell Operating Fund, the 12-unit, the 20-unit and the Foundation [collectively referred to herein as the "Labrador-Grenfell" or the "Authority"]. All inter-entity assets and liabilities and expenses and revenues have been eliminated.

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2016

### **Asset classification**

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

### **Cash, bank overdraft and restricted cash**

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

Restricted cash relates to amounts held for special purpose funds and endowment funds.

### **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**

Employees of the Authority are entitled to severance benefits as stipulated in their conditions of employment. The right to be paid severance pay vests with employees with nine years of continual service with the Authority or another public sector employer. Severance is payable when the employee ceases employment with the Authority or the public sector employer, 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

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2016

### **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 ["GMPP"] 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 for pensions are recognized as expense as incurred and amounted \$6,358,236 for the year ended March 31, 2016 [2015 – \$5,099,403].

During the year ended March 31, 2015 changes were made to the PSPP by the plan administrators including an increase in retirement ages, changes to post retirement indexing, and increased contributions from both PSPP members and the Authority. These changes were effective January 1, 2015. 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 are dependent upon the funded position of the PSPP.

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

### **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 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.

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2016

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

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

### Impairment of long-lived assets

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

### Supplies inventory

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

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

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

### 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 revenues are recognized in the period services are provided.

The Authority is funded by the Department of Health and Community Services [the "Department"] for the total of its operating costs, after deduction of specified revenue and expenses, to the extent of the approved budget. The final amount to be received by the Authority for a particular fiscal year will not be determined until the Department has completed its review of the Authority's consolidated financial statements.

Adjustments resulting from the Department's review and final position statement will be considered by the Authority and reflected in the period of assessment. There were no changes from the previous year.

Apartment complexes revenue includes rental revenue, subsidies and other government assistance related to operations from The St. Anthony Interfaith Home 12 Unit Apartment Complex and The St. Anthony Interfaith Home 20 Unit Apartment Complex, and is recognized when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Foundation revenue follows the deferral method of accounting for contributions, which include grants and

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2016

donations. Grants, bequests and other donations are recognized when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Other donations are recorded when received, since pledges are not legally enforceable claims.

Other revenue includes, but not limited to, drug revenue, rental revenue from accommodations and dental revenue and salary recoveries from Workplace, Health and Safety and Compensation Commission of Newfoundland and Labrador ["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 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.

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

Cash, 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.

### Use of estimates

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

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2016

### 3. RESTRICTED CASH

	2016	2015
	\$	\$
Deferred contributions – special purpose funds	808,101	802,102
Endowment fund	787,331	778,231
Restricted cash held by Newfoundland and Labrador Housing Corporation for replacement reserve	132,663	122,212
	<b>1,728,095</b>	1,702,545

### 4. ACCOUNTS RECEIVABLE

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

	2016					
	Total	Current	Past due			
			1 – 30 days	31 – 60 days	61 – 90 days	Over 90 days
			\$	\$	\$	\$
Patient	4,139,480	932,290	335,426	527,988	99,060	2,244,716
Other	512,285	512,285	—	—	—	—
Gross receivables	4,651,765	1,444,575	335,426	527,988	99,060	2,244,716
Less: impairment allowance	(1,223,208)	—	—	—	—	(1,223,208)
Net accounts receivable	3,428,557	1,444,575	335,426	527,988	99,060	1,021,508
	2015					
	Total	Current	Past due			
			1 – 30 days	31 – 60 days	61 – 90 days	Over 90 days
			\$	\$	\$	\$
Patient	3,178,837	139,258	647,574	454,232	262,756	1,675,017
Other	260,946	260,946	—	—	—	—
Gross receivables	3,439,783	260,946	647,574	454,232	262,756	1,675,017
Less: impairment allowance	(1,064,300)	—	—	—	—	(1,064,300)
Net accounts receivable	2,375,483	400,204	647,574	454,232	262,756	610,717

### 5. DUE FROM GOVERNMENT/OTHER GOVERNMENT ENTITIES

	2016	2015
	\$	\$
Government of Newfoundland and Labrador – Other	6,535,510	18,348,396
Government of Newfoundland and Labrador – Department of Child, Youth and Family Services	957,294	7,722,149
Harmonized sales tax receivable	1,293,830	1,460,879
	<b>8,786,634</b>	27,531,424

Outstanding balances at the year-end are unsecured, interest free and settlement occurs in cash. For the year ended March 31, 2016, the Authority has not recorded any impairment of receivables relating to the Government of Newfoundland and Labrador [2015 – nil].

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2016

### 6. TANGIBLE CAPITAL ASSETS

	Land \$	Land improvements \$	Construction in progress \$	Buildings \$	Leasehold improvements \$	Equipment and vehicles \$	Total \$
<b>2016 Cost</b>							
Opening balance	36,203	216,064	1,155,887	37,218,260	10,358,663	86,617,321	135,602,398
Additions	—	—	4,258,453	—	—	3,677,761	7,936,214
Transfers	—	—	(4,617,783)	110,548	4,507,235	—	—
Disposals	—	—	—	—	—	—	—
Closing balance	36,203	216,064	796,557	37,328,808	14,865,898	90,295,082	143,538,612
<b>Accumulated amortization</b>							
Opening balance	—	177,500	—	19,198,009	372,159	60,227,804	79,975,472
Amortization	—	3,144	—	933,379	612,050	5,643,591	7,192,164
Disposals	—	—	—	—	—	—	—
Closing balance	—	180,644	—	20,131,388	984,209	65,871,395	87,167,636
<b>Net book value</b>	<b>36,203</b>	<b>35,420</b>	<b>796,557</b>	<b>17,197,420</b>	<b>13,881,689</b>	<b>24,423,687</b>	<b>56,370,976</b>
<b>2015 Cost</b>							
Opening balance	36,2033	216,064	5,514,407	37,302,922	223,678	74,949,669	118,242,943
Additions	—	—	5,803,684	—	—	11,667,652	17,471,336
Transfers	—	—	(10,134,985)	—	10,134,985	—	—
Disposals	—	—	(27,219)	(84,662)	—	—	(111,881)
Closing balance	36,2033	216,064	1,155,887	37,218,260	10,358,663	86,617,321	135,602,398
<b>Accumulated amortization</b>							
Opening balance	—	172,434	—	17,647,964	113,263	55,282,066	73,215,727
Amortization	—	5,066	—	1,634,707	258,896	4,945,738	6,844,407
Disposals	—	—	—	(84,662)	—	—	(84,662)
Closing balance	—	177,500	—	19,198,009	372,159	60,227,804	79,975,472
<b>Net book value</b>	<b>36,2033</b>	<b>38,564</b>	<b>1,155,887</b>	<b>18,020,251</b>	<b>9,986,504</b>	<b>26,389,517</b>	<b>55,626,926</b>

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

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2016

### 7. BANK OVERDRAFT AND DEMAND CREDIT FACILITY

The Authority was in a bank overdraft position of \$3,786,800 as at March 31, 2016 [2015 – \$3,124,459].

In addition, 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 plus 0.25%. The relevant prime rate was 2.70% as at March 31, 2016 [2015 – 2.85%]. As at March 31, 2016 the Authority has drawn \$7,765,000 in funds from the facility [2015 – \$14,970,000]. The effective interest rate for the year ended March 31, 2016 was 3.03% [2015 – 3.13%].

### 8. ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

	2016	2015
	\$	\$
Accounts payable and accrued liabilities	7,738,021	8,378,058
Salaries and wages payable	7,015,463	6,095,265
	<b>14,753,484</b>	<b>14,473,323</b>

### 9. DUE TO GOVERNMENT/GOVERNMENT ENTITIES

	2016	2015
	\$	\$
Government remittances	732,164	591,478
Other due to government	93,702	94,617
	<b>825,866</b>	<b>686,095</b>

### 10. EMPLOYEE FUTURE BENEFITS

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

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

	Accumulated rate	Maximum accumulation	Maximum utilization per 20-year period
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

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2016

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, 2016, 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, 2016.

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, 2016 • 2.90% as at March 31, 2015
Discount rate – benefit expense	2.90% in fiscal 2016 • 3.90% in fiscal 2015
Rate of compensation increase	3.00% plus 0.75% for promotions and merit as at March 31, 2016 0% for 2013, 2% for 2014, 3% for 2015, and 3.25% thereafter plus 0.75% or promotions and merit as at March 31, 2015

### a. Severance and sick leave liabilities

	Severance \$	Sick leave \$	2016 \$	2015 \$
Accrued benefit liability, beginning of year	13,259,904	7,544,611	20,804,515	20,108,577
Employee future benefit expenses	1,841,470	1,451,967	3,293,437	2,771,256
Less: benefits paid	(1,033,700)	(1,121,471)	(2,155,171)	(2,075,318)
Accrued benefit liability, end of year	14,067,674	7,875,107	21,942,781	20,804,515

### b. Severance and sick leave expenses

	Severance \$	Sick leave \$	2016 \$	2015 \$
Current service cost	1,226,398	936,376	2,162,774	1,907,905
Interest on accrued benefit obligation	443,175	295,519	738,694	799,174
Amortization of actuarial loss	171,897	220,072	391,969	64,177
Employee future benefit expenses	1,841,470	1,451,967	3,293,437	2,771,256

During the year ended March 31, 2015 the assumptions for the retirement ages were changed for both plans. The retirement ages were adjusted to agree with the PSPP retirement ages set by the Government of Newfoundland and Labrador. These changes were effective January 1, 2015.

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2016

### 11. DEFERRED CONTRIBUTIONS

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

	2016			
	Balance, beginning of year	Receipts during the year	Recognized as 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	747,649	1,794,860	1,327,406	1,215,103
	23,589,883	9,449,932	13,027,849	20,011,966
	2015			
	Balance, beginning of year	Receipts during the year	Recognized as revenue	Balance, end of year
	\$	\$	\$	\$
Deferred operating contributions	4,433,766	2,850,914	3,262,407	4,022,273
NCB initiatives	1,830,642	105,447	817,495	1,118,594
Deferred capital grants	24,063,802	10,743,654	17,106,089	17,701,367
Special purpose funds	984,584	405,155	642,090	747,649
	31,312,794	14,105,170	21,828,081	23,589,883

### 12. LONG-TERM DEBT

	2016	2015
	\$	\$
Newfoundland and Labrador Housing Corporation 2.86% first mortgage on land and building of 20 Unit apartment complex, repayable \$6,537 monthly, interest included, and maturing January 2019.	<b>211,570</b>	283,221
Newfoundland and Labrador Housing Corporation 1.67% first mortgage on land and building of 12 Unit apartment complex, repayable \$4,298 monthly, interest included, and maturing October 2025.	<b>456,523</b>	500,080
	<b>668,093</b>	783,301

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2016

Future principal repayments to maturity are as follows:

	\$
2017	117,421
2018	119,759
2019	109,505
2020	46,523
2021	47,346

### 13. 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.

	2017 \$	2018 \$	2019 \$
<b>Contractual obligations</b>			
Future operating lease payments – properties	1,079,178	761,336	422,805
Future operating lease payments – vehicles	17,934	16,126	4,724
Future operating lease payments – equipment service contracts	45,493	8,312	—
Service contracts	1,798,570	924,162	141,489
	<u>2,941,175</u>	<u>1,709,936</u>	<u>569,018</u>

### 14. 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.

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

	2016 \$	2015 \$
Accounts receivable	(1,053,074)	653,475
Supplies inventory and inventory for resale	(57,625)	(142,298)
Prepaid expenses	404,668	(15,686)
Accounts payable and accrued liabilities	280,161	1,960,211
Accrued vacation pay and other accrued benefits	521,937	682,166
Deferred contributions – operating and NCB initiatives	160,750	(1,123,541)
Deferred contribution – capital grant and special purpose funds	(3,738,667)	(6,599,370)
Due from/to government/government entities	18,884,561	(9,803,764)
	<u>15,402,711</u>	<u>(14,388,807)</u>

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2016

### 16. EXPENSES BY OBJECT

This disclosure supports the functional display of expenses provided in the consolidated statements of operations and accumulated surplus (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:

	2016	2015
	\$	\$
Salaries and benefits	<b>128,070,892</b>	121,400,722
Direct client costs	<b>12,095,605</b>	11,017,754
Other supplies	<b>8,553,650</b>	9,813,947
Medical and surgical supplies	<b>8,050,271</b>	7,220,010
Amortization of tangible capital assets [note 6]	<b>7,192,164</b>	6,844,407
Patient and Staff Travel	<b>7,751,963</b>	6,489,815
Equipment expenses	<b>3,892,690</b>	3,481,708
Grants	<b>3,310,380</b>	3,044,898
Referred out services	<b>4,747,689</b>	2,602,977
Insurance	<b>809,646</b>	1,234,591
Other	<b>7,517,040</b>	5,995,098
	<b>191,991,990</b>	179,145,927

### 17. TRUSTS UNDER ADMINISTRATION

Trusts administered by the Authority have not been included in these consolidated financial statements as they are excluded from the Government reporting entity. At March 31, 2016, the balance of funds held in trust for long-term care residents was \$287,688 [2015 – \$271,263]. These trust funds consist of a monthly comfort allowance provided to residents who qualify for subsidization of their boarding and lodging fees.

### 18. BUDGET

The Authority prepares an initial budget for a fiscal period that is approved by the Board of Trustees and 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 consolidated statement of operations and accumulated surplus (deficit) [the "Budget"].

In addition to the impact of such service and program changes, the Original Budget and Budget prepared by the Authority do not include a budget for the operations of the 12-unit, 20-unit and Foundation, as such amounts are not considered by the Authority to significantly impact decisions or the allocation of resources. Further, 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 does

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2016

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 consolidated statement of operations and accumulated surplus (deficit) for the year ended March 31, 2016:

	Revenue	Expenditures	Annual surplus
	\$	\$	\$
Original Budget	169,958,131	169,958,131	—
Adjustments during the year for service and program changes, net	4,073,700	4,073,700	—
Revised Original Budget	174,031,831	174,031,831	—
Stabilization fund approved by the Government	3,802,000	3,802,000	—
Budget	177,833,831	177,833,831	—

### 19. 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 (liability) of \$957,294 as of March 31, 2016 [2015 – \$7,722,149].

Transfers from the Government consist of funding payments made to the Authority for both operating and capital expenditures. Transfers from other related government entities are payments made to the Authority from the Medical Care Plan and the Department of Transportation and Works. Transactions are settled at prevailing market prices under normal trade terms.

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

	2016	2015
	\$	\$
Transfers from the Government	148,451,592	154,397,636
Transfers from other government entities	20,733,426	20,495,701
	169,185,018	174,893,337

Transfers to other Government authorities include PSPP and GMPP contributions of \$6,358,236 for the year ended March 31, 2016 [2015 – \$5,099,403].

# LABRADOR-GRENFELL REGIONAL HEALTH AUTHORITY

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2016

### 20. FINANCIAL INSTRUMENTS AND RISK MANAGEMENT

#### Financial risk factors

The Authority is exposed to a number of risks as a result of the financial instruments on its consolidated statement of financial position that can affect its operating performance. These risks include credit risk, 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 fulfill its payment obligation. The Authority's credit risk is primarily attributable to accounts receivable. The Authority has a collection policy and monitoring processes intended to mitigate potential credit losses. Management believes that the credit risk with respect to accounts receivable is not material.

#### 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 and interest rate fair value on its fixed term long-term debt.

#### 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, accrued liabilities and demand loan. 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.

### 21. COMPARATIVE FIGURES

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





### **Front cover photo:**

A boardwalk leads a visitor to the buildings that make up the restored village of Battle Harbour, once regarded as the fishing capital of Newfoundland and Labrador.

**Photo credit: Allan Bock**



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