

# Annual Performance Report 2011-12

...healthy people, healthy communities



## *Strategic issues*

- *access to services*
- *healthy aging*
- *quality and safety.*



# Central Health

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# Chairperson's Message

On behalf of the Board of Trustees of Central Health, it is my honor to present Central Health's Annual Performance Report for the fiscal year ending March 31, 2012. This year marks the beginning of a new planning cycle and is the first annual performance report to be released under the 2011-2014 Central Health Strategic Plan. In this report we will inform you of our progress on our three new strategic issues – access to services, healthy aging, and quality and safety. This annual report was prepared under the Board's direction, in accordance with the Transparency & Accountability Act, Regional Health Authorities Act and directions provided by the Minister of Health and Community Services. As a Board, we are accountable for the information, results and variances contained within this annual report.

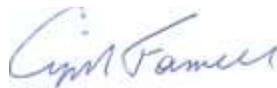
We are very proud of our accomplishments over the past year and I would like to highlight just a few of our many successes. In the past year we have supported initiatives that have improved dental health for children, enhanced colorectal cancer screening and addressed patient safety issues in medical air transportation. I believe that our most significant accomplishment was Central Health's first ever Patient Safety

Days. This two-day event marked an important milestone for our organization and is an excellent example of how we are making patient safety our commitment.

All of the changes and improvements of the last year are only possible because of our outstanding staff who continuously demonstrate dedication and commitment to their role in the provision of care for clients, patients and residents throughout this region. On behalf of the Board of Trustees, I would like to take this opportunity to extend our sincere gratitude and appreciation to them.

While I am certain that we will face many challenges in the year ahead, I am confident that by working together great things are possible here at Central Health.

Sincerely,



Cyril Farrell

Chairperson,  
Central Health Board of Trustees



Cyril Farrell, Chair  
Board of Trustees

*“All of the changes and improvements of the last year are only possible because of our outstanding staff ...”*

# Organizational Overview

## Lines of business

Central Health has defined its mission, vision, values and lines of business.

These statements are fundamental to the organization and have been communicated to all staff of Central Health.

## Vision

The vision of Central Health is of *healthy people and healthy communities*.

## Mission

By 2017, Central Health will have provided quality health and community services and programs which respond to the identified needs of the people of central Newfoundland and Labrador within available resources.

## Values

Central Health's core values offer principles and a guiding framework for all employees as they work in their various capacities to support the health and well-being of the people served by Central Health. This is done within available resources except where otherwise directed by legislation.

The core values and the related action statements are:

*Accountability* – Each person is responsible for giving their absolute best effort to achieving the **success of the organization's vision** of healthy people and healthy communities.

*Collaboration* – Each person works as part of a team and partners with other providers and organizations to best meet the holistic needs of clients and the organization.

*Excellence* – Each person contributes to quality improvement and a culture of safety through the life-long development of their knowledge, skills and use of best practices.

*Fairness* - Each person engages in practices that promote equity and adherence to ethical standards.

*Privacy* – Each person respects privacy and protects confidential information.

*Respect* – Each person is committed to fostering an environment that embraces respect, dignity and diversity and encourages honest, effective communication.



## Central Health core values:

*Accountability*

*Collaboration*

*Excellence*

*Fairness*

*Privacy*

*Respect*





# Shared Commitments/Partnerships

*Shared commitments and partnerships are integral to the ability of Central Health to achieve success and fulfill the vision of healthy people in healthy communities. The partnerships forged by the staff, volunteers and physicians at Central Health are a key element in enhancing the quality and spectrum of services offered within our communities.*

## STRATEGIC DIRECTION

### Improved Population Health

#### **E**xploits Communities Partner to Improve Health

Community organizations in Exploits are committed to supporting the health and wellness of local citizens. Representatives from church groups, service/seniors clubs and other community organizations came together for the first time in Phillip's Head to showcase activities and initiatives that support health and wellness in their community.

Participants were amazed at what others were doing in their own communities to help fellow citizens, support wellness and improve the overall health of communities. Participants expressed an interest in the continuation of information sharing, learning and networking. A formal process of profiling community organizations and their

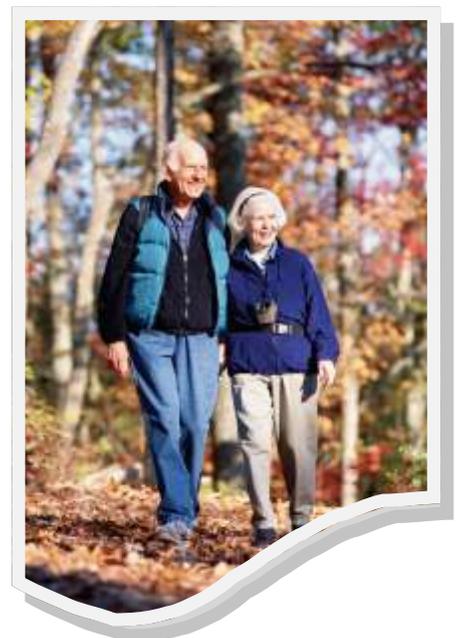
contribution to community wellness was set in motion.

#### **E**nhancing Cervical Screening

The 2011-2012 year brought a number of enhancements to the Cervical Screening Initiatives Program. The year began with the Provincial Cytology Registry going live. This registry is directly linked to all cytology labs within the province and as a result when women receive Pap testing their results are immediately sent to the registry.

Access to timely data provided the opportunity to enhance optimal screening and follow-up for women. Currently, two tools have been developed: (1) *Abnormal Pap Test Recall System* and (2) *Invitation for Under Screened Women*. New screening guidelines were introduced in 2011-2012 with significant education and promotion completed to create awareness of the new guidelines with service providers and the general public.

*Through the sharing of ideas, the group reaffirmed their belief in and understanding of the value of their contributions, big and small, can make toward the overall health of their communities.*



## Shared Commitments/Partnerships *cont'd*

Implementing these enhancements created an opportunity to strengthen the relationship with community partners. These partnerships are a critical component of the program enabling outreach to many women within the central region.

### Work Together for Injury Prevention

Injury is the leading cause of death between the ages of 1 and 45 years, and is the fourth leading cause of death in the province. Central Health is committed to effective injury prevention through its many education and awareness programs.

The Central Regional Injury Prevention Coalition partnered with the Central Regional Wellness Coalition to promote the importance of booster seat use in the region. The campaign focused on the importance of children being four feet nine inches and 80 pounds before they transition from a booster seat to a seat belt. This campaign is ongoing and data on booster seat use in the central area will be available in 2012. Central Health is proud of our partnership with the Royal Canadian Mounted Police (RCMP) and Nova Central School District (NCSD) in delivering the Prevention of Alcohol Related Trauma in Youth

(PARTY) program to students in grades 10-12 in our region. This program is designed to educate students about the consequences of risk and injury. At a national conference in December, the central Region was recognized for having the highest number of students per population in Canada completing the PARTY program in the 2010-2011 school year! This statistic demonstrates the exceptional results that shared partnerships can accomplish.



# Shared Commitments/Partnerships *cont'd*



## Mothers Offering Mothers Support (MOMS)

The Central Regional Breastfeeding Promotion Committee (CRBPC) is committed to promoting and supporting breastfeeding. In 2010, the committee completed a project aimed at exploring options for a peer support program for breastfeeding mothers in the central Region. The project provided an opportunity to recruit 36 mothers to participate in breastfeeding peer support workshops in 2011-2012.

The goal of this initiative was to strengthen and build community capacity for a breastfeeding peer support program throughout the Central region. In the Coast of Bays eight women, now known as the *BFFs – Breastfeeding Friends Forever*, recognized that peer support was the single most influential determinant in their breastfeeding experience. Members of the group participate in prenatal classes to share their experiences and support

expecting parents. Members of the BFFs are also available to postnatal moms for support and guidance on breastfeeding issues. In addition, the BFFs were involved in the 2011 Quintessence Breastfeeding Challenge, celebrated World Breastfeeding Week 2011 and recorded a breastfeeding promotion segment for local television which aired during World Breastfeeding Week.

## Persons Living with Disabilities

This initiative is a community-based response to assist families who have adult children living with a disability in the New-Wes-Valley area. A focus group of parents, family members and health care providers was held in early 2011 to assess the needs of adults living with disabilities. In addition to acknowledging the existing services, this session highlighted the gaps in community supports that exist in rural communities for these clients.

Participants confirmed that a long-term strategy that focuses on community inclusion was the ultimate goal, but conceded that would require further time and energy by local stakeholder groups and the community as a whole.



# Shared Commitments/Partnerships *cont'd*

A follow-up *meet and greet* session brought individuals, families and stakeholders together for a day of fun, food and friendship funded by the Municipality of New-Wes-Valley. An outcome of the session was agreement by participants to continue to meet and to work collaboratively to highlight the needs of this population and invite other stakeholder groups to collaborate in developing a long-term community inclusion strategy to meet the needs of the local adult population living with disabilities.

## Age-Friendly Community Initiatives in Central Newfoundland

The World Health Organization (WHO) proposes that an age-friendly community is a community where policies, services and structures related to the physical and social environment are designed to support and enable people to live in a secure environment, enjoy good health, and continue to participate fully in society.<sup>1</sup> In 2006 the Federal/Provincial/Territorial Ministers Responsible for Seniors endorsed the *Age-Friendly Rural/Remote*

*Communities Initiative*. Local age-friendly community initiatives build on the work of the World Health Organization which defines the features of an age-friendly community in an Age-Friendly Guide. Features include: outdoor spaces and buildings, transportation, housing, respect and inclusion, social participation, communication and information, civic participation and employment opportunities, and community support and health services.

The Age-Friendly Community Initiative requires a shared responsibility and input from many partners working together to promote healthy aging and age-friendly communities.

Central Health is a strong partner and proud to be supporting this initiative in different communities in the Central region including Springdale, Robert's Arm, Lewisporte, Twillingate, New-Wes-Valley and Grand Falls-Windsor.

The Primary Health Care Facilitators and Community Development



*Local age friendly community initiatives build on the work of the World Health Organization ...*



## Shared Commitments/Partnerships *cont'd*

Nurses are actively involved in this partnership by: co-chairing committee meetings; facilitating focus groups, evaluating community resources, asset mapping, strategic planning, and compiling data for community profiles and action plans.

### *D*ementia Awareness in Green Bay

An estimated 5,300 individuals in Newfoundland and Labrador are affected by dementias and, of those, 3,392 have Alzheimer Disease. Based on current Provincial population estimates, the number of individuals over the age of 65 with Alzheimer Disease and other dementias is expected to rise to over 10,000 by 2026.<sup>2</sup>

The Green Bay Community Advisory Committee, Primary Health Care Lead Team and community identified challenges associated with dementia care as a priority issue for clients, families and caregivers.

Central Health and Life Unlimited For Older Adults, a local seniors service organization, partnered to inform and engage the community by increasing awareness of dementia and its related

issues. Education sessions are also being implemented for Central Health staff to support them in their ability to care for those who are impacted by dementia.

### *H*ealthy Aging Celebrations

This has been an exciting year for Central Health in the Gander Area. There were many opportunities for partnerships and networking with community members including the Healthy Aging Celebrations that were held in Gander and Glenwood.

There was a tremendous amount of positive feedback from the participants who attended the events. Since the Healthy Aging celebrations, the two seniors groups from Gander and Glenwood have partnered together to implement a program called *IMPACT (Inspiring Meaningful Relationships and Actively Participating Together)*

through a grant from the Central Regional Wellness



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2. The Provincial Strategy for Alzheimer Disease and Other Dementias, Newfoundland and Labrador, 2001

# Shared Commitments/Partnerships *cont'd*

## STRATEGIC DIRECTION

### Access to Priority Services

#### Operation Tooth

Operation Tooth is an innovative approach where Central Health, with the support of its partners, has improved access to pediatric oral and dental surgery within the region. Addressing pediatric dental care is very important to children given the significance of good dental health. Providing access in the region is especially important given that a percentage of families with children requiring specialized dental care would have limited resources to access services out of the region.

Central Health has partnered with the Department of Health and Community Services and the **Janeway Children's Health and Rehabilitation Centre** to provide this service in the central region.

The Operation Tooth team consists of a pediatric dental surgeon from **St. John's, an anesthetist and the Central Health operating room staff.** The most recent successful Operation Tooth occurred at James Paton Memorial Regional Health Centre (JPMRHC), Gander during the fall of 2011. During this Operation Tooth, 37 children received services. Since 2009, there have been four

Operation Tooth initiatives conducted in the region and 138 children have had access to local dental surgery as a result of this initiative.

#### Emergency First Responders

The population of Long Island is 275; it is a rural island within Green Bay that contains three communities (Lushes Bight, Beaumont and Beaumont North) which are only accessible by ferry or helicopter. The majority of health care services for the residents of the island are accessed at the Green Bay Health Centre which is approximately 74 kilometers from the communities. Given the challenges with the delivery of health care services to a remote island, an Emergency First Responder Program has been implemented to enhance accessibility to health care services.

Central Health partnered with the communities of Long Island to train 14 volunteers as emergency first responders. To further support community response in an emergency situation, Central Health donated a retired ambulance as a support vehicle to assist this program in meeting the needs of the community.



## Shared Commitments/Partnerships *cont'd*



### Colorectal Cancer Screening Program

Colorectal cancer is the third most common cause of cancer in Canada and the second leading cause of death. Rates of incidence and death continue to climb for this disease. If detected early, colorectal cancer is curable.

The Central Health Regional Colorectal Cancer Screening Program is currently active in Green Bay, Twillingate/New World Island and Buchans. It was developed to increase awareness of bowel or colorectal cancer by providing improved screening through the use of fecal occult blood testing (FOBT). It increases accessibility for those 50 years or older to screening without requiring an order from a physician or nurse practitioner. This screening is recommended at least every two years, for men and women over 50 who do not have a family history of colorectal cancer.

Screening kits are available in the participating areas at medical records departments, medical clinics, public health/continuing care offices, churches and pharmacies. Funding was

provided by the Central Northeast Health Foundation for marketing and promotional material to increase awareness and participation in this program.



### Palliative Care Volunteers

The need for a palliative care volunteer program was identified by local health care providers and community members. A gap was noted in the level of support available for palliative patients, specifically those who had few or no family members in the immediate area.

A comprehensive program focusing on the physical, spiritual and emotional aspects of end of life care was developed by regional staff of Central Health and training was conducted at Bonnews Lodge for approximately 20 volunteers. The goal of the program was to organize a core group of dedicated volunteers and provide them with specific skills and knowledge in the field of palliative care. Upon invitation, volunteers go into the homes of palliative care patients or visit patients at our acute care and long-term care facilities to provide support and

# Shared Commitments/Partnerships *cont'd*

companionship to individuals and families.

A *Share and Care Grant* received from the Central Northeast Health Foundation facilitated the development of Palliative Care Resource Kits which were made available for volunteers to take with them when visiting palliative patients and their families.

## STRATEGIC DIRECTION

Accountability and Stability of Health and Community Services

### *M*edical Bylaws and Quality

Quality and patient safety improvement is a shared responsibility for the leadership, staff and physicians associated with Central Health. Medical staff bylaws are one mechanism for ensuring patient safety and quality improvement/assurance of medical care. Central Health is very pleased with the recent adoption of new medical staff bylaws. With these bylaws, a new Medical Advisory Committee structure has been established. The structure includes a Regional Medical Advisory Committee, two referral centre Medical Advisory Committees and a Rural Medical Advisory Committee. The terms of reference outline specific roles and responsibilities for members with respect to quality and patient safety. This structure allows the Medical Services Department to assure the highest

quality medicine is being practiced in all our facilities.

### *F*ailure Mode Effect Analysis - Medical Air Transportation

A Failure Mode Effects Analysis (FMEA) is a prospective analysis that examines complex, multi-step processes in providing health care to determine points in the process where breakdown could potentially occur leading to patient harm if not addressed. During the past year a FMEA team focused on the medical air transportation of critically ill patients from Central Health facilities to **tertiary care in St. John's**. The failure mode analysis focused specifically on the process of choosing the most appropriate and safe local site for patient transfer.

To mitigate any potential risk issues, system improvements included the development of a policy, education pamphlet and poster to outline the safest practice and procedure to follow when deciding to transfer a client directly from a rural site to a tertiary centre or indirectly through a secondary centre.

*Quality and patient safety improvement is a shared responsibility for the leadership, staff and physicians...*



## *Shared Commitments/Partnerships cont'd*

Improving the quality of care delivered to the patients at Central Health was the ultimate goal of this FMEA.

### **R**isk Management Self-Assessment

Central Health is committed to providing quality programs to the citizens of central Newfoundland and Labrador. The Risk Management Program is one of the many mechanisms which supports the protection of clients, staff, visitors, the organization and its assets from loss caused by unplanned and/or uncontrolled events and leads to improved patient safety.

The Risk Management Program encompasses a variety of tools and/or policies within Central Health to ensure a focus on prevention and reduction of risks. One tool utilized is the Risk Management Self Assessment Modules (RMSAM). RMSAM is a four year program developed and completed in partnership with Central Health's insurer, HIROC, to facilitate the identification of risks.

The program challenges the organization to examine policies and practices to reduce preventable risks through organization-wide participation in risk identification, assessment and management.

Central Health is currently in cycle four of RMSAM and continues to plan and implement preventative measures in order to reduce risks to both patients and the organization as a whole.





## *Shared Commitments/Partnerships cont'd*

### **Safety is Central....making**

patient safety our commitment

Central Health's first Patient Safety Days event was held November 1, 2011 in Gander and November 2, 2011 in Grand Falls-Windsor.

Poster displays and presentations showcased the excellent work of employees and the various initiatives that enhance the quality and safety of care delivered. Employees were recognized for their efforts in enhancing patient safety through the presentation of a series of patient safety awards.

Central Health's partners in patient safety played a key role in the Patient Safety Days. The keynote speaker from the Health Insurance Reciprocal of Canada (HIROC), Central Health's insurer, and the guest speaker from the Canadian Patient Safety Institute (CPSI) both described how the implementation of patient safety

initiatives in healthcare are integral to delivering high quality and safe care. A public forum held at Grand Falls-Windsor with our most important partners - our clients – provided the opportunity to highlight the patient safety initiatives implemented at Central Health. The success of this event has laid the foundation for the 2012 Patient Safety Days.



# Highlights and Accomplishments

Central Health is pleased to be able to highlight accomplishments of the organization for the fiscal year 2011-2012. These accomplishments re examples of initiatives undertaken to meet the strategic directions of the Department of Health and Community Services.



## STRATEGIC DIRECTION

### Improved Population Health

#### **F**eet First

Central Health received funding from the Public Health Agency of Canada in 2011, to complete a two year project which involves implementing *Diabetic Foot Assessment and Education Clinics*. In year one, *Feet First* clinics were piloted in Gander and Grand Falls-Windsor. As we phase into year two, clinics will be offered throughout the region. The *Feet First* clinics are conducted by a registered nurse and include an individual client foot assessment to screen for loss of sensation or neuropathy, foot care education and healthy living information. Clients can self-refer to this service.

#### **I**mproving Health My Way: Chronic Disease Self-Management

In 2011, Central Health began implementation of the Stanford Chronic Disease Self- Management Program. Sponsored by the Department of Health and Community Services, this program was branded under the name *Improving Health: My Way*. The program is designed to help individuals manage the challenges of living with a chronic condition. Program workshops are co- led by trained lay leaders, at least one of whom is living with a chronic condition. The program is free of charge, and there are six sessions offered for 2.5 hours once a week, over a six-week period. The workshops build on existing programs such as diabetes education or cardiac rehabilitation and offer a variety of skill development options that individuals can use. Anyone with a chronic health condition is welcome to attend along with a friend, family member or support person of their choice. Central Health has been successful in training eight master trainers and 31 lay leaders to facilitate the workshop. Program workshops have been offered in eight different communities throughout the region, with 65 participants having



## Highlights and Accomplishments *cont'd*

successfully completed the program. Positive comments from clients about the program demonstrate how capacity has been built within individuals' ability to self-manage. Quotes from participants include:

*"We learned many ways to help us deal with our chronic conditions, such as healthy eating and portion control, exercising, medications, relaxation techniques, and making weekly action plans."*

*"I learned that there are positive ways to deal with chronic health problems."*

### **P**ositive Mental Health and Aging

The Mental Health and Addictions Health Promotion and Prevention Team identified a need to better engage the seniors' population. With funding received from the Department of Health and Community Services, a project was developed to increase knowledge and awareness of mental health and addictions, build community capacity, reduce stigma and promote the services available at Central Health.

The education sessions entitled *Positive Mental Health and Aging* focused on maintaining positive mental health as we age, the difference between mental health and mental illness, addictions prevention and stigma. Sessions were held in the following communities; Eastport, Baie Verte, Springdale, Belleoram, Buchans, Fogo Island, Cottrell's Cove, Point Leamington, New World Island, Twillingate and Harbour Breton.

This project has been a great success, allowing us to talk about mental health and addictions, thereby raising awareness and reducing associated



*"We learned many ways to help us deal with our chronic conditions, such as healthy eating and portion control, exercising, medications, relaxation techniques, and making weekly action plans."*

## *Highlights and Accomplishments cont'd*

Telehealth enables information exchange for rural physicians

One of the challenges for physicians in rural Newfoundland and Labrador is to keep abreast of the latest information in their field and to avail of specialized resources when faced with unique or challenging diagnoses. Dr. R. Brahmhatt, Chief of Staff at JPMRHC, has embarked on a new initiative to provide both professional development opportunities and clinical support to the physicians of Fogo Island, New-Wes-Valley and Twillingate. Physicians in these communities are linked via Telehealth videoconferencing equipment to discuss cases or receive a presentation on new equipment or best practice techniques. In an environment where finding physicians to fill positions in rural areas can be a challenge, having access to resources and support from **one's peers can make it that much easier to enjoy a rural lifestyle without having to feel isolated from the medical community.**

*Researching D-Dimer Testing in the rural emergency room*

Staff and physicians across the organization are committed to quality excellence through their participation in health research, program evaluation and other continuous quality improvement initiatives. The trialing of D-Dimer Testing is a clear illustration of this commitment. Many patients present to rural emergency rooms (ER) with clinical findings suspicious of deep vein thrombosis (DVT) or pulmonary embolism (PE). Measuring D-Dimer, a degradation product of cross-linked fibrin, has been extensively studied for the diagnosis of DVT and PE.

From May 2011 to November 2011, Central Health approved a trial pilot research project providing ER physicians at the Green Bay Health Centre with a framework for appropriate utilization of a point of care agglutination D-Dimer test on site. Pulmonary embolism can be considered excluded in those with a negative D-Dimer test.

During the trial period 22 patients were ordered D-Dimer testing appropriately by the ER physician using the appropriate clinical decision tools.



*...having access to resources and **support from one's peers can make it that much easier to enjoy a rural lifestyle without having to feel isolated from the medical community.***



# Highlights and Accomplishments *cont'd*

## STRATEGIC DIRECTION

### Access to Priority Services

#### Restorative Care

In March 2011, Central Health announced the opening of a five-bed pilot project Restorative Care Unit, a new program located at Notre Dame Bay Memorial Health Centre in Twillingate. The Restorative Care Program focuses on maximizing an optimal level of functioning to enable clients to regain or retain their independence following a decline in functional ability as a result of an acute admission or chronic condition.

The focus is to assist the client to achieve a level of independence to return home or to other appropriate living environments. Restorative Care is not intensive **rehabilitation; it's slow paced**, meaning fewer hours of habilitation a day complimented by consistent encouragement to participate in activities of daily living.

Since opening in April 2011, the program has admitted 32 clients with an average length of stay of 25 days. The overall success rate indicates over 80 per cent of these clients have returned to a living arrangement in the community. Further evaluation of the program is ongoing.

#### Understanding Mental Illness – Education and Awareness in the Kittiwake region

Mental health and addictions has been identified as a priority issue by the Kittiwake Coast Primary Health Care Leadership Team. The Mental Health and Addictions Team developed a comprehensive education and awareness program and delivered it throughout the Kittiwake Region. Formally titled, *Understanding Mental Illness and How to Stay Mentally Well*, these sessions targeted community members, families, mental health consumers and the public at large.

The program was developed around the *body, mind and spirit* philosophy with six modules delivered over a span of six weeks.

The Primary Health Care Team continues to identify and explore opportunities to promote well-being and positive mental health. Before the implementation of the pilot project, all patients investigated for DVT would have been sent for an urgent ultrasound. The appropriate use of D - Dimer testing in the rural ER in this pilot project decreased this number and medical and patient related costs in 69 per cent of the cases.



*The focus is to assist the client to achieve a level of independence to return home or to other appropriate living environments.*



*The Restorative Care Program focuses on maximizing an optimal level of functioning...*

## Highlights & Accomplishments *cont'd*

The ER physician at the Green Bay Health Centre concluded that the appropriate use of an agglutination, point of care D-Dimer test by rural ER physicians is a reasonable, economical, safe and timely test to have available. Next steps will include collaborating with regional and provincial leaders in laboratory services to determine the feasibility of introducing this testing at other sites.

### Canadian Triage and Acuity Scale (CTAS) Training

Efficient management of an Emergency Department (ER) requires a team of providers capable of correctly identifying patients' needs, setting priorities and implementing appropriate treatment and care to the patient. In 2011-12, Central Health completed the process of providing Canadian Triage and Acuity Scale (CTAS) training to all of its Registered Nurses working in the Emergency Departments/After Hours Clinics throughout the region. This training provides nurses with the knowledge and skills needed to triage — rank in order of priority and to more appropriately identify and prioritize the treatment of patients presenting in the ER to ensure those requiring more urgent care receive care first. Patients are assigned a *level* from one to five. Level one is assigned to conditions that are a threat to life or limb requiring immediate aggressive interventions such as cardiac or pulmonary resuscitation. Level 5 is assigned to conditions that may be acute but non-urgent or part of a chronic problem such as back pain where the requirement for intervention is not immediate. Implementation of CTAS has received

widespread acceptance in Canada as a reliable and valid tool for ER triage. To maintain competency, CTAS training is ongoing throughout Central Health and registered nurses providing emergency/urgent care services are required to complete this training every two years.





## *Highlights & Accomplishments cont'd*

### STRATEGIC DIRECTION

**A**ccountability and Stability of Health and Community Services

#### *I*nformation Management

The Information Management and Technology (IM&T) Department provided leadership in 2011-2012 for several large projects related to standardization and consolidation of three legacy health care information systems. The Clinical IM&T Team completed a full rollout of the Nursing and Order Entry Meditech Modules to the six remaining Health Service Areas bringing a standardized region-wide approach to clinical documentation and order management. This enhanced the ability of all Central Health sites to effectively plan and deliver safe timely care to patients, clients and residents as information was now readily accessible through the health information system.

During the summer of 2011, the Meditech system was successfully upgraded to release 5.6. adding functionality to the health information system thereby enhancing timeliness and paving the way for full Meditech consolidation by 2013. Completion of the active directory project connected all Central Health systems and enabled users to have access to the applications and information they need from any workstation within the region.



#### Assertive Community Treatment Team Central: Outcome results

Implemented in January 2010, the Central Health Assertive Community Treatment (ACT) team provides intensive case management services to individuals living with severe and persistent mental illness in the Grand Falls –Windsor/Badger/Botwood area.

A focus on program evaluation gave rise to two questions: *Has the Central Health ACT team been implemented as planned and has the Central Health ACT team realized expected out-*

# Highlights & Accomplishments *cont'd*

Through a process evaluation there was a demonstration that the team has been very successful in its implementation. The Central Health ACT team was also interested to know whether its involvement has resulted in fewer days of admission on psychiatric wards and fewer visits to emergency rooms. Results indicated that the number of days of psychiatric admission and the number of visits to emergency rooms, at pre and post ACT involvement was significantly less than the number of days prior to the ACT team involvement. Similarly, statistical analysis was conducted to determine whether the number of ER visits had reduced significantly since the ACT team involvement with results confirming a significant difference. Since model fidelity has been shown to be associated with better outcomes<sup>3</sup> it is positive that the Central Health ACT team has been able to realize significant change.

## Materials Management/Inventory Consolidation

Central Health marked a major milestone in 2011-2012 with the conversion of accounts payable, purchasing and inventories to one information management system. Previous to this, purchasing and

accounts payable functions were being processed on two systems requiring duplication of processes and inefficiencies in managing the data. This latest conversion improves efficiency and consolidates a number of business processes. It is also critical to the overall organizational Meditech consolidation plan as it allows users to have a single source for requisitioning and ordering supplies from the various stockrooms in the region.



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<sup>3</sup> Kortrijk, H.E., Mulder, C.L., Roosenschoon, B.J., & Wiersma, D. (2010). Treatment outcome in patients receiving assertive community treatment. *Community Mental Health Journal*, 46, 330-336.

## Shared Commitments/Partnerships *cont'd*



### Colorectal Cancer Screening Program

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### STRATEGIC DIRECTION

Accountability and Stability of Health and Community Services

#### *M*edical Bylaws and Quality

Quality and patient safety improvement is a shared responsibility for the leadership, staff and physicians associated with Central Health. Medical staff bylaws are one mechanism for ensuring patient safety and quality improvement/assurance of medical care. Central Health is very pleased with the recent adoption of new medical staff bylaws. With these bylaws, a new Medical Advisory Committee structure has been established. The structure includes a Regional Medical Advisory Committee, two referral centre Medical Advisory Committees and a Rural Medical Advisory Committee. The terms of reference outline specific roles and responsibilities for members with respect to quality and patient safety. This structure allows the Medical Services Department to assure the highest

quality medicine is being practiced in all our facilities.

#### *F*ailure Mode Effect Analysis - Medical Air Transportation

A Failure Mode Effects Analysis (FMEA) is a prospective analysis that examines complex, multi-step processes in providing health care to determine points in the process where breakdown could potentially occur leading to patient harm if not addressed. During the past year a FMEA team focused on the medical air transportation of critically ill patients from Central Health facilities to **tertiary care in St. John's**. The failure mode analysis focused specifically on the process of choosing the most appropriate and safe local site for patient transfer.

To mitigate any potential risk issues, system improvements included the development of a policy, education pamphlet and poster to outline the safest practice and procedure to follow when deciding to transfer a client directly from a rural site to a tertiary centre or indirectly through a secondary centre.

*Quality and patient safety improvement is a shared responsibility for the leadership, staff and physicians...*



## *Shared Commitments/Partnerships cont'd*

Improving the quality of care delivered to the patients at Central Health was the ultimate goal of this FMEA.

### **R**isk Management Self-Assessment

Central Health is committed to providing quality programs to the citizens of central Newfoundland and Labrador. The Risk Management Program is one of the many mechanisms which supports the protection of clients, staff, visitors, the organization and its assets from loss caused by unplanned and/or uncontrolled events and leads to improved patient safety.

The Risk Management Program encompasses a variety of tools and/or policies within Central Health to ensure a focus on prevention and reduction of risks. One tool utilized is the Risk Management Self Assessment Modules (RMSAM). RMSAM is a four year program developed and completed in partnership with Central Health's insurer, HIROC, to facilitate the identification of risks.

The program challenges the organization to examine policies and practices to reduce preventable risks through organization-wide participation in risk identification, assessment and management.

Central Health is currently in cycle four of RMSAM and continues to plan and implement preventative measures in order to reduce risks to both patients and the organization as a whole.



# Report on Performance

## VISION

The vision of Central Health is for *healthy people and healthy communities*.

## MISSION STATEMENT

By March 31, 2017, Central Health will have provided quality health and community services and programs which respond to the identified needs of the people of central Newfoundland and Labrador within available resources.

Measure: Provided quality health and community services and programs.

Indicators:

- Implemented integrated quality improvement framework.
- Engaged physicians in quality improvement initiatives.
- Implemented a chronic disease prevention and management strategy.
- Developed a comprehensive health human resources plan.
- Implemented a healthy aging strategy to improve services for the aging population and contribute to a healthier population.



## STRATEGIC ISSUE 1: ACCESS TO SERVICE

Access to health care programs and services is a prominent concern for both the general population and health care providers. It is important that clients are able to access the appropriate provider and/or service and that they are able to do so on a timely basis to facilitate the best potential health outcome.

The reduction of wait times is rapidly becoming an area of concentrated focus for national, provincial and local health agencies. Central Health is collaborating with internal and external stakeholders to create a greater understanding of the factors that contribute to access issues such as wait times. The organization is utilizing evidence-informed practices and a quality improvement model to identify and implement strategies that will improve clinical efficiency and reduce the timeframes clients wait for necessary procedures. The initiatives undertaken in this area support the Government of Newfoundland and Labrador's strategic direction of improved access to priority services.

*Access to service*

## Report on Performance *cont'd*

<p>2011-2014 Goal</p> <p>By March 31, 2014, the Central Regional Health Authority will have improved access to select services.</p>
<p>Measure</p> <p>Improved access to select services.</p>
<p>Indicators</p> <ul style="list-style-type: none"> <li>Ensured availability to wait time information, on select services, through the Central Health website.</li> <li>Demonstrated evidence of improved access to select service areas.</li> <li>Created a plan for stakeholder engagement in select communities with respect to services in their communities.</li> <li>Introduced in two selected priority areas initiatives to address patient flow and wait times.</li> <li>Increased availability of telehealth services across the region.</li> </ul>
<p>Objective 1</p> <p>By March 31, 2012, the Central Regional Health Authority will have more accurately defined factors which affect access to services in the central region.</p>
<p>Measure</p> <p>Defined factors which affect access to services.</p>

Planned Indicator(s) for 2011-2012	Actual Progress for 2011-2012
<p>Identified factors that impact waitlist and wait times through observation, study and review.</p>	<p>Participated in consultations with the Department of Health and Community Services in the development of the Provincial Government's Strategy to Reduce Hip and Knee Joint Replacement Wait Times.</p> <p>Factors identified as impacting wait times for select Diagnostic Imaging Services within Central Health included the number of patients who did not show for appointments, increase in number of referrals, staffing challenges and productivity. Recommendations to develop appropriate policy, enhance notification and appointment reminders and increase ongoing</p>

## Report on Performance *cont'd*

Planned Indicator(s) for 2011-2012	Actual Progress for 2011-2012
	<p>productivity were developed and are in various stages of implementation. Diversion of clients to other Regional Health Authorities and a surge increase in local capacity were short term strategies implemented to facilitate management of current wait times.</p> <p>Reported quarterly to the provincial Department of Health and Community Services concerning wait times for national benchmarks and for Diagnostic Imaging services.</p>
<p>Developed specific recommendations from existing work on system alignment.</p>	<p>Submitted a report to Senior Leadership which included recommendations on best practices to align services which would assist in ensuring timely access to appropriate services by the appropriate provider in the appropriate location.</p>
<p>Researched factors affecting hospital admissions to secondary care facilities.</p>	<p>Acute admissions at secondary care facilities were categorized for analysis and reviewed to identify areas that could be targeted to potentially decrease the impact on overcapacity issues. The Discharge Abstract Database provided a categorization of inpatient acute cases described as Case Mix Groups (CMG) and identified the top ten CMGs for both secondary care facilities. Chronic Obstructive Pulmonary Disease (COPD) and Heart Failure are two Case Mix Groups identified in the review that are impacting on hospital admissions at Central Health. The opportunities for management of these diseases in an outpatient setting need to be maximized to ensure appropriate utilization of acute care beds.</p>

# *Report on Performance cont'd*

## Discussion of Results

Waitlists and Wait Times - Following the First Ministers' Conference on the Future of Healthcare (2005) national benchmarks were established to reduce wait times in orthopedic services including hip and knee joint replacement surgery and hip fracture repair. The Department of Health and Community Services consulted with orthopedic surgeons, senior leadership and managers, family physicians, Health Information Management and the Corporate Improvement team in the fall of 2011 and a strategy was released in February 2012. Central Health is committed to working with the Department of Health and Community Services in implementing the five-year strategy designed to reduce wait times for hip and knee joint replacement surgeries.

A preliminary assessment of wait times for select Diagnostic Imaging (DI) services was completed in June 2011. From this review, a pilot project was initiated in the fall of 2011 which targeted the reduction of wait times for both computerized tomography (CT) and ultrasound services. To further validate the preliminary findings an independent team was contracted to review the current state of select DI services including mammography and ultrasound. The final report will be available in 2012 and the recommendations of the review will guide the development of a prioritized strategy to reduce wait times and improve access to DI services.

The System Alignment report identified challenges in the current delivery of services related to the rural and remote nature of the region's geography. Specifically, challenges exist in ensuring retention of qualified care providers in these locations. As well, geography impacts on the location of services and the subsequent financial challenge to maintain services in a large number of locations across the region. The report acknowledges these challenges and supports the implementation of recommendations that will ensure careful examination of service delivery to identify efficiencies and look for opportunities to share services across the region to improve access and reduce wait times for various programs and services.

Recommendations also include the adoption of a decision-making process that will ensure decisions made regarding alignment of primary and secondary services are based on the best available evidence, reflect the needs of the community and are sustainable for the organization. This includes the need for ongoing citizen engagement as evidenced through the Primary Health Care Model of service delivery practiced in Central Health as well as other initiatives. Work is ongoing to increase citizen engagement regarding service delivery and will support the recommendations of this report.

Admissions to secondary care facilities - The experience of the two secondary care facilities, JPMRHC and Central Newfoundland Regional Health Centre (CNRHC), over the past number of years has been one where occupancy rates have been over 90 per cent for extended periods of time, resulting in frequent overcapacity situations. This results in challenges associated with access to services including inpatient beds and surgical intervention.

*Access to service*

## Report on Performance *cont'd*

According to a 2008 CIHI report, more patients are being admitted to hospitals in Canada because of Chronic Obstructive Pulmonary Disease (COPD) than there are for heart attacks. Not only is COPD the leading cause of hospital admissions, it also has a much higher readmission rate than other chronic illnesses. The potential opportunities for outpatient management of these chronic diseases, COPD and heart failure, should be explored to both improve the quality of life for clients by preventing admissions and improve access to acute inpatient beds for those who need that service.

The 2011 CIHI Health Indicators Report also demonstrates the Central Health rate of hysterectomies (454/100,000 population) is statistically different from the Canadian rate (328/100,000). It was also noted that Central Newfoundland Regional Health Centre's sixth top case mix group (CMG) was Laparoscopic Cholecystectomy which is typically done as an outpatient procedure except in rare situations. Both these factors need further exploration to determine any potential mitigation factors that might positively impact overcapacity challenges.

The emphasis on creating a greater understanding of specific factors that contribute to wait times, hospital admissions and the factors that need to be considered in decision making related to rural service delivery has enable Central Health to focus planning and develop targeted initiatives to improve access for clients.

### 2012-2013 Objective

By March 31, 2013, the Central Regional Health Authority will have completed consultations and developed prioritized strategies to improve access to services.

### Measure

Completed consultations and developed prioritized strategies to improve access to services.

### Indicators

- Participated in a quality audit of two selected priority areas to address patient flow and wait times.
- Developed a prioritized action plan and strategy to address quality improvement recommendations in the two areas.
- Conducted focus groups with physicians and acute care program leaders to review case mix group information.
- Completed review of evidence-based programs that have demonstrated an impact on admissions for COPD and heart failure.

### 2013-2014 Objective

By March 31, 2014, the Central Regional Health Authority will have implemented prioritized strategies to improve access to services. affect access to services in the central region.

*Access to service*

# Report on Performance *cont'd*

## STRATEGIC ISSUE 2: HEALTHY AGING

As each of us age as individuals, so does the population of the central region. From 1991 to 2006, the population of those aged 45 to 65 years and 65+ years increased by 44 per cent and 29 per cent respectively. At the same time, the percentage of population 0 to 19 years declined by 47 per cent.<sup>4</sup> The Government of Newfoundland and Labrador has recognized the potential impact of an aging population in the province and identified the need to focus on healthy aging as a focused area under the strategic direction of improving population health. The goals and objectives developed by Central Health are aligned with and supportive of this provincial direction.

Our health system has traditionally focused on the treatment of disease in our seniors' population. As our citizens are living longer, evidence is emerging as to how systems can support citizens to maintain their independence and health to enable them to have optimal quality of life. While there will always be a need to address issues associated with chronic disease and aging, Central Health is pleased to also be able to also focus efforts on initiatives such as age-friendly environments increasing opportunities for healthy eating, physical activity and social supports as a means to supporting healthy aging in our communities.

### 2011-2014 Goal

By March 31, 2014, the Central Regional Health Authority will have implemented a framework and a philosophy that results in improved services for the aging population.

### Measure

Implemented a documented framework and philosophy.

### Indicators

- Documented and adopted a framework and philosophy.
- Improved the age-friendly environment in facilities.
- Educated the workforce on positive attitudes toward aging that value and support the contribution of older people.
- Enhanced community supports.

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<sup>4</sup> Statistics Canada Census, 2006

## Report on Performance *cont'd*

Objective 1	
By March 31, 2012, the Central Regional Health Authority will have completed a review of identified best practices in age-friendly service provision.	
Measure	
Completed review of best practice with respect to age friendly service provision.	
Planned Indicator(s) for 2011-2012	Actual Progress for 2011-2012
Prepared report on best practice review.	Central Health partnered with the Newfoundland and Labrador Centre for Applied Health Research and the three Regional Health Authorities to complete a best practice review. The transformation of this initiative from a regional to provincial scale required an extension of timelines. The report was prepared in draft format with a September 2012 target date for completion, therefore Central Health is reporting a variance with respect to completing this report in the 2011-2012 fiscal year.

### Discussion of Results

Best Practice Review - Central Health partnered with the Newfoundland and Labrador Center for Applied Health Research (NLCAHR) to fulfill the strategic objective of completing a review of identified best practices in age-friendly service provision. NLCAHR has a program, titled the Contextualized Health Research Synthesis Program (CHRSP), that analyzes findings from existing research and contextualizes the research with respect to applicability in a Newfoundland and Labrador context.

Central Health worked with the CHRSP project team to compose the following research question: *What programs and/or services are associated with improved outcomes for older adults admitted as inpatients to acute care hospitals?* This focus is narrower than what was initially proposed by Central Health as the strategic objective for 2011-2012 but it was determined that a focused review would be more feasible to complete and result in the potential for beneficial learning. Due to the current status of admissions to acute care facilities in the province, it was decided to focus the review on program and service delivery in acute care hospitals not designed exclusively for older adults.

Working within these parameters the project team, with the support of NLCAHR, has synthesized the research evidence published between September 2006 and September 2011 to identify acute care programs and services that demonstrate effective measureable outcomes. Key messages were distilled from the extensive review and

*Healthy aging*

# Report on Performance *cont'd*

synthesis of the research literature. Specific characteristics of the Newfoundland and Labrador context were considered including client base, acute care infrastructure, skill level of providers, care processes, human resources and the post acute service landscape.

The report was prepared in draft format and is currently under review by the project team members. It is anticipated that the report will be completed and released by September 2012.

## 2012-2013 Objective

By March 31, 2013, the Central Regional Health Authority will have developed a plan to implement best practice in age-friendly services.

## Measure

Developed plan to implement best practice in age-friendly services.

## Indicators

- Completed implementation plan for two practices selected from the best practice review on age-friendly services.
- Developed philosophy for age-friendly service provision.
- Reviewed tools for utilization in assessing age-friendly physical environments.

## 2013-2014 Objective

By March 31, 2014, the Central Regional Health Authority will have implemented selected components of the healthy aging plan.

## Measure

Defined factors which affect access to services.



*Healthy aging*

# Report on Performance *cont'd*

## STRATEGIC ISSUE 3: QUALITY AND SAFETY

Quality and patient safety have taken on an enhanced significance in health care. Emerging research, both nationally and internationally, has focused the spotlight on the issues of patient safety and the adverse events experienced by clients of the health care system. The focus on safety of clients and staff must permeate all levels of the organization so that it becomes embedded in the core of organizational culture. Central Health has positioned safety as a strategic issue for the organization and is actively focusing on initiatives that span the structure of the organization from trustee governance to frontline provider. The enhanced focus in this area supports the continued commitment of the Government of Newfoundland and Labrador to quality as indicated through the identification of quality and safety as a focus area for their strategic directions for 2011–2014.

Quality improvement for health care organizations is rapidly being recognized as a journey versus a destination. The process of quality improvement is continuous as providers strive to identify issues, translate the latest evidence into practice settings, monitor performance and evaluate for efficiencies, effectiveness and overall health outcomes. Central Health staff are actively engaged in learning new quality improvement methodology and creating opportunities to apply this learning in their practice environments.

### 2011-2014 Goal

By March 31, 2014, the Central Regional Health Authority will have improved client safety.

### Measure

Improved client safety.

### Indicators

- Enhanced the culture of safety as measured by Accreditation Canada Patient Safety Culture Survey.
- Documented improvements in client outcomes in selected Safer Healthcare Now initiatives.
- Implemented the Clinical Safety Reporting System.
- Acted on trending data to improve client safety.

### Objective 1

By March 31, 2012, the Central Regional Health Authority will have initiated activities to engage clients, employees and physicians in enhancing the culture of quality and safety.

### Measure

Initiated activities to engage clients, employees and physicians in enhancing the culture of quality and safety.

*Quality & safety*

## Report on Performance *cont'd*

Planned Indicator(s) for 2011-2012	Actual Progress for 2011-2012
Implemented Integrated Quality Improvement & Patient Safety Framework.	<p>Framework developed, adopted by Board of Trustees and Senior Leadership and implemented at Central Health.</p> <p>Accountabilities have been established through the introduction of a comprehensive Strategic Quality and Safety Plan accompanied by a quarterly performance scorecard.</p>
Expanded Patient Safety Leadership Walk Rounds.	<p>Patient Safety Leadership Walk Rounds are instituted in the acute care program areas in the referral and rural sites of Central Health. Walk Rounds were expanded to non-clinical areas at the referral sites to explore patient safety issues with respect to indirect care. Leadership Walk Rounds have expanded into the long term care facilities in rural sites and at Carmelite House and Lakeside Homes.</p>
Initiated a Falls Prevention Program.	<p>The Falls Prevention Program is fully implemented in all acute care and long term care settings with a multidisciplinary approach for client focused care. An evaluation of the Falls Prevention Program was completed which highlighted the necessity to educate more Falls Champions in acute care settings to address the gaps in timely assessment and consistent application of falls prevention interventions.</p>
Completed Quality Reviews in select areas.	<p>Quality Care Review (QCR), a quality assurance process, has been established at Central Health and during this reporting period QCR's were initiated and completed to review patient care. The areas selected were drawn from the reporting of adverse events that had resulted in significant patient harm.</p>

*Quality & safety*

## Report on Performance *cont'd*

Planned Indicator(s) for 2011-2012	Actual Progress for 2011-2012
<p>Implemented Safer Healthcare Now Initiatives.</p>	<p>Safer Healthcare Now initiatives implemented include:</p> <ul style="list-style-type: none"> <li>• Medication reconciliation upon admission in nine of the eleven long term care sites, and on the Same Day Admission Unit as well as the inpatient Mental Health Unit at CNRHC. The initiative has also been introduced for clients being transferred to North Haven Manor and Lakeside Homes and for clients discharged from the Mental Health Unit.</li> <li>• The prevention of Surgical Site Infection initiative has been implemented in target areas including hip replacement surgery at JPMRHC and bowel surgery and caesarean sections at both secondary sites.</li> <li>• The Ventilator Associated Pneumonia initiative has been fully implemented at the CNRHC and JPMRHC.</li> <li>• The Acute Myocardial Infarction initiative is fully implemented at the Notre Dame Bay Memorial Health Center with targeted elements of the initiative implemented at Dr. Hugh Twomey Health Centre, Baie Verte Peninsula Health Center and Brookfield/ Bonnews Health Center.</li> <li>• Work has begun on the implementation of the Prevention of Venous Thromboembolism initiative. A team has been formed with terms of reference completed; chart audit with baseline data collected and a policy subcommittee of the team has been formed.</li> </ul>

*Quality & safety*

## Report on Performance *cont'd*

Planned Indicator(s) for 2011-2012	Actual Progress for 2011-2012
Developed Safe Work Practices including Occupational Health and Safety Training.	Central Health developed 253 Safe Work Practices and Procedures (SWPP) in 2011-2012. These safe work practices and procedures span all occupational classifications in the organization and are essential to the creation of a culture of safety. A SWPP is a step-by-step process which tells how a task can be performed safely. Employees are made aware of the risks, are trained in how to work safely and the training is documented demonstrating due diligence on the part of the manager.

### Discussion of Results

The Integrated Quality Improvement Framework developed for Central Health identifies the structures, processes, accountabilities and improvement methodologies to be utilized by the organization. The Board Performance and Improvement Committee, Board Patient Safety Subcommittee and Quality Improvement Oversight Committee are well established and functioning within Central Health. Quality improvement methodologies such as a quality improvement model, process mapping, root cause analysis, failure mode effect analysis and evidence-informed protocols have been introduced or reinforced within the organization. The staff and leadership of Central Health are committed to driving process, policy and strategy to achieve excellence in performance.

Patient Safety Leadership Walk Rounds are a proactive approach to addressing patient safety concerns before an issue becomes a reported incident. Leadership Walk Rounds involve senior leaders in the organization, directors/managers, the Patient Safety Officer, and front line staff at Central Health. The patient safety issues identified and discussed at Walk Rounds, as well as the devised actions to address the issues, are displayed on the intranet. This encourages knowledge sharing for all program areas and encourages proactive improvements in patient safety. Leadership Walk Rounds have been successful in connecting senior leaders with the issues and concerns of front-line staff.

Falls Prevention Program - Rates for falls and injuries due to falls are reported quarterly on the organizational scorecard and provided to program managers of long term care and acute care and falls champions throughout Central Health. The falls rates are compared to the accepted benchmarks and are used to highlight the care areas requiring investigation and program improvements. The overall falls rate for long term care is below the industry benchmark and the successes in this area can be attributed to timely assessment, consistent application of interventions and multidisciplinary individualized, resident-focused care. In acute care, overall the falls rates are higher than the industry benchmark.

*Quality & safety*

## *Report on Performance cont'd*

Central Health will continue to work with Falls Champions in acute care settings to ensure timely assessment and consistent application of falls prevention interventions.

Quality Care Reviews - Central Health is pleased to have an established process for Quality Care Reviews. A Quality Care Review, a quality assurance process, is conducted by a quality care committee established as a result of a reported patient safety incident or adverse event. Quality Care Reviews are established for the purpose of studying, assessing and evaluating the provision of health care with a view to identifying opportunities to improve the quality of care to the population served. The Quality Care Review process is a part of the Central Health Quality Improvement Program.

The responsibilities of the Review Committee include the following: to review a matter which has raised potential quality of care concerns; to identify the facts of the case and to identify root causes of the incident; to identify areas for improvement; to review specific care related information; to identify any recommendations related to quality of care or service improvements; and to submit a written report including findings, recommendations, and action plans to address any identified concerns.

Central Health is committed to understanding and learning from patient safety incidents. Quality Care Reviews will be expanded in 2012-2013, with the aim of increased learning with the ultimate goal being to prevent safety patient incidents.

Safer Healthcare Now (SHN) is a Canada wide campaign dedicated to improving patient safety by supporting organizations to implement evidence-based patient care improvements in a number of targeted areas. Clinical teams involved with SHN are provided with resources, including clinical protocols, aimed at improving the quality of care for specific patient groups.

Results for all initiatives are reported on a quarterly basis and shared with managers and staff in the areas where the initiatives have been implemented. Results are measured against the set goals and any results not in alignment with established targets warrant investigation and review for improvement.

Safe Work Practices and Procedures – The development of Safe Work Practices and Procedures (SWPP) is a requirement of the Newfoundland and Labrador Occupational Health and Safety Act and Regulations, which requires that employees are aware of the risks they may face in the workplace, but also that they are trained to work safely in a manner which will mitigate that risk.

The process of developing approximately 250 SWPP required participation on the part of employees and managers who worked together to ensure the step by step process was accurate and safety conscious. Many departments took advantage of the training matrix provided as part of the SWPP implementation to record other departmental training and to ensure a complete profile of the training needs of each employee was held in one location.

*Quality & safety*

## Report on Performance *cont'd*

Managers and employees who embraced this initiative quickly saw how this was beneficial in creating an orientation for new employees, establishing training for new processes and equipment, and meeting the legal requirements laid out in the legislation. This process will contribute to the reduction of work related injuries in Central Health. Research has also shown that safe employees will provide safer care to clients.

### 2012-2013 Goal

By March 31, 2013, the Central Regional Health Authority will have implemented select initiatives to increase reporting, data collection and utilization of leading practices in quality and safety.

### Measure

Implemented select initiatives to increase reporting, data collection and utilization of leading practices in quality and safety.

### Indicators

- Completed implementation of the Clinical Safety Reporting System
- Developed trending reports from the Clinical Safety Reporting System
- Validated the Hospital Standardized Mortality Ratio (HSMR) for Central Health
- Implemented Safety Briefings in select areas
- Developed a Process for the Introduction of Evidence-Informed Practices
- Implemented Safe Resident Handling Project in Long Term Care

### 2013-2014 Objective

By March 31, 2014, the Central Regional Health Authority will have developed a quality improvement safety plan to reduce risk and improve system performance based on identified organizational trends and priorities.



*... working together to provide quality and safe care.*

*Quality & safety*

# Opportunities & Challenges

## Palliative Care/End of Life Care

Central Health is focusing on enhancing current palliative care/end-of-life care services to improve access, coordination and quality of the service in the community, long term care and acute care settings. After completing a jurisdictional scan, reviewing best practices and completing a gap analysis, a program model has been proposed and is in the beginning stages of implementation. In an effort to maximize and integrate current palliative care/end of life care services a regional manager, palliative care physician, two nursing coordinators and a social worker will make up an interdisciplinary specialist team of care providers. This group will work together to construct a program plan, integrate current service delivery models, adopt best-practice standards of care across the continuum of service and facilitate the implementation of an education and communication strategy. A primary goal of this team will be to ensure the palliative care **client's decisions on their quality of life** will be respected. This initiative is an excellent opportunity for Central Health to implement an evidence-based model in this service area; however, significant challenges will need to be addressed as we move through a change management process to

implement new referral processes, assessment tools, case management techniques and integrated services previously managed from a site perspective into a regional continuum. An integrated teach approach combined with compassion and respect for the client and their family will remain a priority as work continues to build and enhance this service at Central Health.

## Safe Resident Handling Pilot Project

Central Health is forming a partnership with the other three Regional Health Authorities and the Department of Health and Community Services to deliver a Safe Resident Handling Project in long term care (LTC). The majority of lost time accidents in health care are soft tissue injuries in LTC. A pilot project will be carried out which includes the purchase of equipment and training for all nursing staff including registered nurses (RNs), licensed practical nurses (LPNs) and personal care attendants (PCAs). Central Health has identified Carmelite House, North Haven Manor and Bonnews Lodge as its pilot sites. Planning is underway to start training at the first site, Carmelite House, in June 2012. The goal of the project is to reduce the



## Opportunities & Challenges *cont'd*

number of lost time injuries in LTC, while creating a healthier workplace, reducing the cost of claims, and enhancing the quality of care for long term care residents.

### Innovative Therapeutic Gardens

The Health Foundations of Central Health have been busy working with landscape designers and architects as well as donors over the last year in anticipation of breaking ground on two innovative therapeutic gardens in central Newfoundland.

The Central Northeast Health Foundation will break ground in the summer of 2012 for the Lakeshore Healing Garden at JPMRHC in Gander. This therapeutic patient garden will offer a wonderful outdoor space for patients, visitors and healthcare staff to focus on their personal health and well-being in a beautiful and natural environment. The garden will feature wheelchair accessible walkways and garden beds, covered gazebos, benches, bird feeders, a beautiful water feature and a fully equipped gardening shed to assist patients in their rehabilitation therapy.

The South and Central Health Foundation is partnering with the Department of Health and Community Services and Central Health to establish an authentic Therapeutic Wander Garden for

residents of the Long Term Care Unit at the Baie Verte Peninsula Health Centre. This is particularly important for residents experiencing dementia who enjoy “wandering” as they will have a larger area in which they can safely roam and a more home-like environment in which to do so.

The partnership with the Health Foundation has created a unique opportunity go Central Health to introduce the innovation of a therapeutic garden to two of our facilities, thereby enhancing the quality of life for patients, residents and staff.

### Health Human Resources Information System (HHRIS)

Central Health is in the final stages of implementing the Health Human Resources Information System (HHRIS) with an expected live date in the fall of 2012. This is a provincial project involving the other health authorities and the Department of Health and Community Services. This information system will create an opportunity for more consistent reporting of human resource data to the provincial government and also provide more effective and timely data for Central Health to utilize in human resource planning and decision making.



Construction begins on therapeutic garden at James Paton Memorial Regional Health Centre

## Opportunities & Challenges *cont'd*

### Lewisporte Health Centre

A new 56,445 square foot, state of the art health centre is currently under construction replacing the current North Haven Manor in use since 1975. Services to be provided include long term care, rehabilitative care, laboratory services, x-ray, pastoral care, palliative care, respite and emergency services. The building designed to meet Leed Silver Certification, a first for Newfoundland and Labrador, features geothermal heating and cooling systems and will have minimal impact on neighboring residences due to a specially designed minimum lighting pollution feature.

The long term care resident capacity will be 51 with beds divided between four neighbourhoods with accommodations for twelve or thirteen residents in each neighbourhood. The creation of neighbourhoods, based on evidence-based best practices, will provide flexibility and enhance the provision of resident centered care by allowing residents with similar characteristics and care needs to be cared for in a home-like environment. As well, a Protective Community Residence, located adjacent to the new long term care facility will provide assisted living and a home-like secure environment for twelve

residents with a diagnosis of mild to moderate dementia.

Facility design elements such as resident-centeredness, safety, effectiveness, efficiency, timeliness and equity have been carefully considered and incorporated throughout the health centre, which research has shown will ultimately result in the provision of better health care and increased provider and resident satisfaction.

The construction of a new facility that incorporates the most current models of service delivery for long term care residents creates a tremendous opportunity to have a positive impact on the quality of services provided to residents and the worklife of staff. The transition to a new living and working environment and different models of care will require adaptation to significant change for both residents and staff. Central Health will be challenged to manage this change to ensure the least disruption for our residents and the best possible outcome for residents and staff.



Early stages of construction of the Lewisporte District Health Centre

# Opportunities & Challenges *cont'd*

## Business Intelligence Tool

Central Health is pleased to be moving forward with implementing a new business intelligence tool in the coming year. Business intelligence tools are a type of software designed to retrieve, analyze and report financial and statistical data. Implementing this tool will further enable Central Health staff in their analysis of data that informs decisions and actions impacting the operations of the organization. There will be an organization-wide implementation allowing all managers and staff easier access to more user-friendly information. It is anticipated capitalizing on the opportunity to implement this tool will shorten reporting timeframes, decrease the amount of printing and allow more in-depth analysis to occur at the manager's desk.

The first stage of this project is to move from a paper-based financial reporting process to electronic distribution of financial results. The power of this tool will be in the ability to align and provide the level of detail that information users need for better decision making and management of the organization's resources.

