

# 2017-2018 | ANNUAL REPORT



Central  
Health



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# MESSAGE FROM THE CHAIR

On behalf of the Board of Trustees of Central Health, I am pleased to present Central Health's Annual Performance Report for the fiscal year, ending March 31, 2018.

This Annual Performance Report is the first report from the 2017-2020 Central Health Strategic Plan and was prepared under the Board's direction, in accordance with the **Transparency & Accountability Act** and the **Regional Health Authorities Act**. As a Board, we are accountable for the information, results, and variances contained within this annual report.

This report provides progress updates on Central Health's four strategic issues – person- and family-centred care, better value through improvement, better health, and better care. In addition to measured results, stories highlighting the health authority's partnerships and accomplishments are featured in this report.

Central Health's leadership, staff, physicians, volunteers, and partners are a dedicated group committed to continuous improvement of the programs and services provided to clients, residents, patients, and their families throughout the region.

The health authority experienced governance and organizational changes over the past fiscal year. With change comes challenges, and with challenges a renewed strength to succeed by embracing new opportunities for continued growth and improvement. On behalf of the Board of Trustees, I would like to recognize and thank the many individuals, groups, and communities for working together to make Central Health stronger.

As we move forward with our Strategic Plan in 2018-2019, we will continue to support each other and build strength. Through collaborative workplaces and community partnerships, our programs and services will be developed and delivered with individuals and their families in mind. Together, we share a vision of **healthy people, healthy communities**.

Sincerely



Donald Sturge  
Chair, Central Health Board of Trustees

## BOARD OF TRUSTEES

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# OVERVIEW

## Population and Geography

Central Health is the second largest health authority in Newfoundland and Labrador, serving approximately 94,000 people (20 per cent of the province's population) living in 177 communities.

With a geographical area encompassing more than half the total land mass of the island, the Central Health region extends from Charlottetown in the east, Fogo Island in the north, Harbour Breton in the south, to Baie Verte in the west.

## Facilities and Services

Central Health provides a variety of primary, secondary, long term care, community health, and other enhanced secondary services through:

- 2 Regional Referral Centres
- 9 Health Centres
- 11 Long Term Care facilities (5 co-located in Health Centres)
  - ◊ 2 new Long Term Care facilities and protective care unit expansion under development
- 23 Community Health Centres
- 2 Residential Treatment Centres
- 1 Regional Office

Health and community services are provided through 41 facilities, with 264 acute and 518 long-term care beds. The number and types of beds at any facility may fluctuate slightly, as a result of major renovations and capital infrastructure investments.

In addition, Central Health licenses and monitors standards at privately owned personal care homes, and oversees implementation and monitoring of standards for three private ambulance operators and nine community ambulance operators.

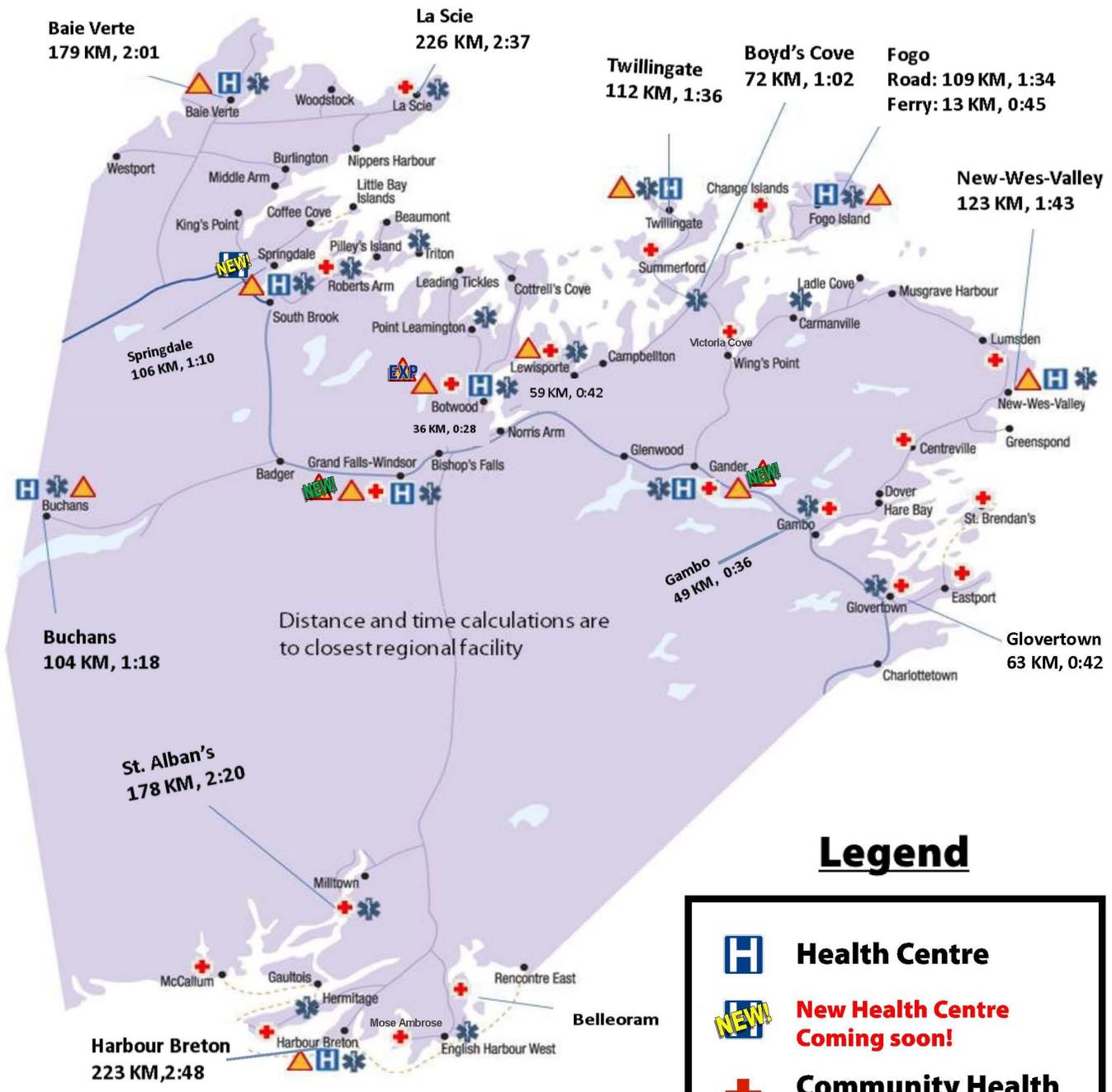
Central Health is committed to a Primary Health Care (PHC) model of service delivery where a multidisciplinary team of health professionals, support staff, and partners provide the right care by the right person at the right place at the right time.

With an annual budget of approximately \$380 million, Central Health invests those funds in three general areas: direct care, support services, and administration.

Central Health has approximately 3,100 dedicated employees. There are approximately 160 physicians practicing within the region, and the organization is supported by approximately 700 volunteers, and two foundations. The Central Northeast Health Foundation and the South and Central Health Foundation operate under the direction of two volunteer Boards of Directors.

Central Health works with the Miawpukek First Nation to support health services delivery in Conne River. This collaboration includes the provision of primary and secondary health care services, including health promotion and protection, supportive care, treatment of illness and injury, as well as access to emergency services.

Central Health works closely with officials of the Department of Health and Community Services on a variety of initiatives including chronic disease self-management, waitlist management, healthy public policy, and provincial strategy development. Central Health maintains a close working relationship with all the regional health authorities in the province and collaborates on projects of mutual benefit.



Distance and time calculations are to closest regional facility

## Legend

	<b>Health Centre</b>
	<b>New Health Centre Coming soon!</b>
	<b>Community Health Centre</b>
	<b>Ambulance Service</b>
	<b>Long Term Care</b>
	<b>New Long Term Care Facility Coming Soon!</b>
	<b>Long Term Care Expansion Starting Soon!</b>



For more information about Central Health's mandate, lines of business, primary clients, and vision, visit: [www.centralhealth.nl.ca](http://www.centralhealth.nl.ca)



# Highlights and Partnerships

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# HIGHLIGHTS AND PARTNERSHIPS

Central Health is pleased to present highlights from some of the notable initiatives, events, and community partnerships supporting the health authority's strategic issues during the 2017-2018 fiscal year. Progress has been made to address strategic directions of government, with the following examples supporting person- and family-centred care, better value through improvement, better health, and better care.

## Person- and Family-Centred Care (PFCC)

Person- and family-centred care can positively impact both the patient experience and health outcomes. Guided by the values of dignity and respect, information sharing, partnership and participation, and collaboration, Central Health made a number of changes in 2017-2018 to shift the culture in line with a PFCC philosophy.

### Patient Experience Advisors

To help raise awareness of person- and family-centred care, and to encourage conversation about how it affects the patient experience and health outcomes, Central Health welcomed Patient Experience Advisors to its team during the 2017-2018 fiscal year. Patient Advisors are community members with personal experiences in the health care system. Their care experiences range from long term care, acute care inpatient stays, health centre outpatient services and programs, and community services. Advisors use their experiences with health care delivery to bring a patient- and family- focused lens to health care improvement.

### Improving the Patient Experience with Menu Choice at Bedside

In January 2018, the Food and Nutrition Services Department at JPMRHC in Gander added menu choice just prior to lunch and dinner meals. Good nutrition plays an important role in maintaining good health and in recovery from illness or surgery. Recognizing that patients have food likes and dislikes at home, and in an effort to improve the patient experience, Food Operations supervisors visit patients prior to the lunch and dinner meals to offer them a choice of meal options.

### Staying Connected

To help patients and residents stay connected with their families and other personal activities, Central Health began offering free Wi-Fi in its acute and long term care facilities in 2017. This service has been particularly well received in long term care facilities, where residents often have family and friends living in other communities or out of province.

### Creating Supportive Spaces

Renowned Grand Falls-Windsor artist, Craig Goudie, donated his time and mural expertise to transform a wall on the Mental Health Unit at CNRHC in Grand Falls-Windsor. His artistic interpretation of the Recovery Tree represents the treatment approach on the unit. The tree was selected as the units symbol of recovery as it represents growth and change. Recovery is a personal, unique process of changing one's attitude, values, feelings, skills, and goals. It is a way of living a satisfying, hopeful, and contributing life despite mental illness. Included in the recovery tree mural is the language of recovery that serves as a daily reminder to both patients and staff of these basic principles and our roles and responsibilities throughout the recovery journey. Paint and supplies for this meaningful gift were generously donated by the Botwood Mural Arts Society.

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# Better Value through Improvement

## Looking at Blood Collection through a Lean Lens

In response to patient and employee concerns about blood collection wait times at JPMRHC in Gander, Central Health used Lean methodology to review the blood collection process. In addition to reviewing data, staff and patients were involved in the review. Two infrastructure challenges were identified: a small patient waiting area and small collection working space that offered little privacy. Renovations were made to the collection area to provide additional privacy and better working space for staff and patients to facilitate patient flow. Staff schedules were adjusted to accommodate both the morning inpatient volume and demand for outpatient collection. Before the Lean improvement project, patients were waiting an average of 90-120 minutes during the collection periods. At the conclusion of the project, the average patient wait time during peak periods was reduced by 50 per cent during the first hour, and the average wait time is now 15 minutes after the first hour each morning.

## Better Health

### Mental Health Access

The Way Forward: Towards Recovery – The Mental Health and Addictions Action Plan for Newfoundland and Labrador focuses on improving service access, collaboration, and continuity of care.

In December 2017, a primary health care team-based initiative was developed to improve access to mental health and addictions services in the Botwood area. An on-site walk-in mental health clinic was introduced as a once a week service, with a telehealth option available on days when the service provider is not on site. In January 2018, a single-session walk-in counselling service called Doorways was introduced in both Gander and Grand Falls-Windsor. Following a number of initiatives stemming from the provincial mental health and addictions action plan, Central Health has no wait time to access an initial mental health and addictions triage.

In an effort to deliver service when and where it is needed, mental health and addictions services team members visit the Bishop's Falls Correctional Centre bi-weekly to offer individual and group therapy sessions. Central Health also provides telehealth counselling to inmates at Her Majesty's Penitentiary in St. John's who will be returning to the Central Health area upon completion of a sentence, so individuals have an established therapeutic relationship with counsellors who can provide ongoing support after return to their communities.

Central Health has over 700 volunteers giving time to 13 volunteer programs. These Rays of Sunshine help enhance the patient experience at acute and long term care facilities. With assistance from volunteers, one of Central Health's psychologists leads 45-minute long Cognitive Stimulation Therapy sessions on the Medical Unit at JPMRHC in Gander. Offered twice a week, the sessions are tailored to patients who have Dementia. As part of these sessions, the psychologist and lead volunteer have developed a calendar of events and created fun, interactive sessions.

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# Better Care

## Healthy Aging

In partnership with community members, Central Health launched its **Healthy Aging Strategy** in the fall of 2017.

Guided by national and provincial healthy aging strategies, health professionals, and the health authority's Healthy Aging Steering Committee, the strategy implementation focuses on building supportive communities, enhancing health and wellbeing, and recognition of older persons in the region. Enhancing community supports and capacity enables older persons throughout the region to remain at home as long as possible, allowing them to progress into other care options as their needs change.

Through a partnership with the Town of Grand Falls-Windsor, psychologists were trained in Learning the Ropes. The six-week evidence-based intervention program developed by Baycrest Hospital in Toronto is offered to individuals experiencing mild cognitive impairment, and their caregivers. The overarching goal of this program is to delay, or even prevent the risk of, further dementia through lifestyle choices, memory training, and participation in training exercises.

Thanks to incorporation of Nurse Practitioners (NPs) in long term care, and collaboration with community supports and services, Central Health was able to discharge 19 long term care residents to receive supports, services, and programs at home in their communities or at personal care homes. This is an example of working with individual residents and their families on individual assessments and care plans to ensure people are receiving the right care at the right time in the right place by the right provider as they age.

## Preparing to Welcome Midwives

Central Health has had a busy year preparing to implement midwifery at JPMRHC in Gander. While Newfoundland and Labrador has a rich history of midwifery, this will be the first time licensed midwives will practice as part of an integrated and collaborative primary health care team. Much of 2017-2018 was focused on developing the care model, defining roles and accountabilities of the obstetrical care team, preparing to recruit midwives, and raising awareness of midwifery services. Midwifery services are expected to be offered at JPMRHC in fall 2018.



# Report on Performance

# REPORT ON PERFORMANCE

This section outlines the progress on Central Health’s three-year goals (2017-2020) and yearly objectives (2017-2018). The report on performance update focuses on the health authority’s four strategic issues: Person- and Family-Centred Care, Better Value through Improvement, Better Health, and Better Care.

## PERSON- AND FAMILY-CENTRED CARE

At Central Health, Person- and Family-Centred Care (PFCC) is about putting patients and families at the centre of everything we do. It is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among patients, families and health care providers. The principles of respect and dignity, information sharing, partnership/participation, and collaboration are integrated into the Accreditation Canada Standards and provide guidance toward a PFCC culture at Central Health. This approach will shape all interactions, guidelines, policies, programs and space design to improve client experiences while engaging staff throughout the organization.

PFCC represents a truly transformative shift in healthcare culture. It means seeking out patient voice, listening to and learning from how patients experience care, and then incorporating that patient perspective into healthcare improvements. It involves developing authentic partnerships with patients and families at all levels of the organization. Patient partnership will help realize improved outcomes, improved patient experience, lower costs and improved staff experience.

During this fiscal year, Central Health has continued to focus on building the foundation for successful adoption of a person- and family-centred approach to care across the organization. Focus this year has been on leadership and staff awareness and education, communication, the development of a Patient Experience Advisor Program which provides the framework for initiating successful partnerships, and increasing the number of Resident/Family Councils in long term care facilities.

### 3-Year Goal

By March 31, 2020, Central Health will have embedded a person- and family-centred (PFCC) approach to care that is integral to guiding the planning, delivery, and evaluation of health care services throughout the organization.

### Objective

- By March 31, 2018, Central Health will have provided education and training to promote and enhance a culture of PFCC throughout the organization, and will have developed a process for establishing the PFCC Advisor Program.

STRATEGIC ISSUE 1 Person- and Family-Centred Care	
Planned Indicators for 2017-2018	Actual Progress
Developed PFCC Education Plan	Central Health developed a PFCC Education Plan and began implementation.
100 per cent of Central Health leadership will have completed educational requirements as identified by the PFCC Education Plan	100 per cent of Central Health’s leaders completed education on PFCC.  The PFCC Education Plan includes a number of formal education options, including an online education module as well as a series of three online courses via the Institute for Healthcare Improvement (IHI) Open School - a global learning community offering various courses including patient safety, quality improvement and person-centred care.

**STRATEGIC ISSUE 1**  
**Person- and Family-Centred Care**

<b>Planned Indicators for 2017-2018</b>	<b>Actual Progress</b>
20 per cent of physicians, staff, and volunteers will have completed educational requirements as identified by the PFCC Education Plan	<p>31 per cent of staff, physicians, and volunteers completed the PFCC education module.</p> <p>A key component of the PFCC Education Plan is the PFCC online education module, developed for all Central Health staff. Along with existing staff, all new employees, physicians, and volunteers complete the PFCC module on Central Health's Learning Management System (LMS). This education format offers employees flexibility and convenience.</p>
Developed PFCC Communications Plan and implemented selected components	<p>A PFCC Communications Plan was developed in 2017-2018 with several components implemented.</p> <p>PFCC language and messaging was introduced through social media posts, internal communications, and public messaging.</p>
Defined PFCC Advisor Program principles and implementation requirements	<p>The Patient Experience Advisor Program, with principles and implementation requirements, was developed by the PFCC Steering Committee.</p> <p>Four Patient Experience Advisors are members of the PFCC Steering Committee, as of March 31, 2018.</p>
Established two additional Long Term Care Resident/Family Councils	<p>Two Long Term Care Resident and Family Councils were established in the Green Bay Health Centre/Valley Vista and the Baie Verte Peninsula Health Centre/Copper Crescent.</p> <p>In addition, a revised policy and standardized terms of reference was developed, approved, and implemented, in partnership with key stakeholders, including resident and family council members.</p>

## Discussion of Results

Raising awareness is the first important step in the change process. By engaging staff, physicians, patients, clients, residents, families, and community members, Central Health has made significant progress in education and conversations regarding person- and family-centred care (PFCC). To begin the shift to a more PFCC culture, education for all employees and leadership was an essential first step thus the need for the PFCC Education Plan. Formal leaders within Central Health participated in one or more learning opportunities such as the PFCC education module, IHI Open School PFCC courses, and/or PFCC focused presentations to enhance their knowledge.

In addition to 31 per cent of staff, physicians, and volunteers completing the PFCC education module, over 400 staff members attended presentations offered between September 2017 and March 2018. The Patient Experience Leader for Central Health hosted presentations and facilitated discussions with various groups to increase organizational knowledge regarding PFCC. Presentations were offered to a variety of teams including Quality Improvement Teams, Leadership Council, and nursing staff. A presentation was also provided at the annual Patient Safety Day Forum.

The PFCC Education Plan also focuses on the need for education to support the Patient Experience Advisor Program. The program, with principles and implementation requirements, was developed by the Person- and Family-Centred Care Steering Committee in 2017-2018. The program outlines the recruitment process, including how teams within the organization can request a Patient Experience Advisor to be a member of their team, committee or project. It also outlines the onboarding process for advisors, including orientation to the

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new role. The program includes tools to assist teams and advisors in creating the successful partnership needed to improve the quality of healthcare.

Early implementation of the PFCC Communications Plan focused on raising awareness of PFCC within Central Health and encouraged the conversation and storytelling. Communicating messages regarding the organizations shift to a PFCC philosophy is important within Central Health, as well as externally to the people and communities served. A cornerstone of the communications plan is storytelling. Sharing stories that demonstrates the principles of PFCC brings this approach to care to life.

## **Year 2 Objectives**

By March 31, 2019, Central Health will have implemented the PFCC Advisor Program and PFCC guidelines, policies and practices, in identified priority areas.

- Implemented the PFCC Advisor Program, including the establishment of a Patient Advisory Council in a priority area
- Established the final two Long Term Care Resident/Family Councils in the remaining long term care facilities without Councils
- Developed an Open Family Presence Policy and implemented in select sites
- Implemented nursing bedside handover on all acute care units
- 70 per cent of physicians, staff, and volunteers completed educational requirements as identified by the PFCC Education Plan
- Fully implemented Leadership Rounding in all sectors (supported in external report recommendations)

## **BETTER VALUE THROUGH IMPROVEMENT**

Creating better value through improvement, while providing quality care, continues to be a focus for Central Health. Given the fiscal reality, it is imperative that the organization focus on value and lower costs to ensure sustainability, while pursuing better outcomes. The guiding principles set forth in The Way Forward: A Vision for Sustainability and Growth in Newfoundland and Labrador informed the selection of this strategic issue.

Focused on improving efficiency while providing quality care, Central Health embarked on several improvement initiatives to create better value. During this reporting period, Central Health worked to optimize resources and leverage technology, continued to maximize and create value and reduce waste through Lean, and partnered with Choosing Wisely Newfoundland and Labrador (CWNL). CWNL is a multi-strategy approach that involves healthcare providers, patients, clinicians and funding agencies to design strategies to reduce the inappropriate use of tests and treatments in Newfoundland and Labrador.

### **3-Year Goal**

By March 31, 2020, Central Health will have improved value through ensuring appropriateness of care, optimizing resources and partnerships, and leveraging technology, while pursuing better outcomes.

### **Objective**

- By March 31, 2018, Central Health will have implemented initiatives to improve value through enhancing appropriateness of care, optimizing resources and partnerships, and leveraging technology in select areas.

**STRATEGIC ISSUE 2**  
**Better Value Through Improvement**

Planned Indicators for 2017-2018	Actual Progress
<p>Determined potential for introducing Choosing Wisely initiatives in the region and implemented initiatives in select areas</p>	<p>Throughout 2017-2018, Central Health explored the potential for Choosing Wisely initiatives focused on the quality care dimension of appropriateness, and implemented initiatives in two areas. This process started through discussions with the Provincial Quality of Care NL/Choosing Wisely NL (QCNL/CWNL) team and stakeholders within the region. Dr. Patrick Parfrey, one of the principal leads of QCNL/CWNL, facilitated an education session with Central Health staff in April 2017. In December 2017, a QCNL/CWNL working group with Central Health representation was created to develop a project approval process to help streamline data access throughout the RHAs.</p> <p>Central Health began work on two initiatives approved through the QCNL/CWNL Provincial Working Group. The Overuse of Antibiotics for Treatment of Urinary Infections in Nursing Homes and the Drop the Pre-op Projects were chosen based on the availability of administrative and clinical leadership in the region and alignment with regional priorities.</p>
<p>Implemented improvement initiatives in priority areas focused on reducing length of stay</p>	<p>The health authority partnered with the Newfoundland and Labrador Center for Applied Health Research (NLCAHR) to assist in the development of their Evidence in Context Report on Reducing Acute Care Length of Stay in Newfoundland and Labrador. Released in October 2017, the report provides best practices and direction on how to target reductions in acute care length of stay. This research is helping to guide the work at Central Health through a reestablished working group to focus efforts and identify initiatives to reduce length of stay.</p> <p>Weekly Multidisciplinary Rounds with physicians have been implemented at JPMRHC in Gander, to provide an opportunity to discuss discharge planning, and to identify discharge dates for identified patients to ensure discharge goals are met.</p> <p>Collaboration and partnership with long term care facilities and personal care homes to trial admissions of patients with challenging care needs has also proven to reduce lengths of stay in acute care. In addition, collaboration with community partners is ongoing to facilitate safe, timely discharge to the most appropriate place.</p>
<p>Enhanced scope of practice and skill mix by implementing improvement initiatives</p>	<p>Enhancing the scope of practice and skill mix is underway at Central Health, and is focused on two areas:</p> <ul style="list-style-type: none"> <li>• Implementation of Advanced Care Paramedics - in Grand Falls-Windsor, Gander, and Twillingate</li> <li>• Increasing the number of Nurse Practitioners (NPs) - in long term care</li> </ul> <p>Central Health Advanced Care Paramedics completed mentorship with Advanced Care Paramedics at Eastern Health in February and March 2018. 75 per cent of the equipment and supplies needed to implement this change has been purchased, and medication processes for narcotics determined. Once all equipment/supplies have arrived for each site, Provincial Medical Oversight (PMO) will come to the Central region to complete the site inspections/approval for implementation. The inspection and subsequent approval is expected in May 2018.</p> <p>To support appropriate skill mix within long term care service delivery models, a</p>

**STRATEGIC ISSUE 2**  
**Better Value Through Improvement**

Planned Indicators for 2017-2018	Actual Progress
	<p>NP was hired for Copper Crescent in Baie Verte, and for Dr. Hugh Twomey Health Centre in Botwood. Recruitment is underway for a NP for Notre Dame Bay Memorial Health Centre in Twillingate and the Fogo Island Health Centre. In this fiscal year, Central Health also expanded the role of the NP to the Home First initiative in Grand Falls-Windsor and Gander.</p> <p>The Long Term Care NP Community of Practice Working Group has been established to create a structure that allows NPs to collaborate and facilitate knowledge exchange, to promote best practice, and to build capacity in NP practice throughout Central Health.</p>
Enhanced quality improvement efforts through continued implementation of the Quality Improvement Training and Development Plan	<p>Central Health continues to build capability and capacity through implementation of the Quality Improvement Training and Development Plan. This year:</p> <ul style="list-style-type: none"> <li>• 73 staff attended the Lean Education Series Training Webinars to gain an awareness and basic understanding of Lean</li> <li>• 87 staff, including managers and physicians, attended the two-day Lean Apprentice Training offered by Lean Black Belts</li> <li>• 10 staff, including managers, completed the Lean Green Belt Program. All staff completed a project aimed at creating better value through improvement (including several 5S projects)</li> </ul>
Reduced inventory costs in departmental stock/supply rooms by completing five (5) 5S Lean projects	<p>Central Health is focused on better value through improvement and reducing inventory costs in departmental stockrooms, and has used Lean methodology and tools to make improvements. 5S is a workplace organization method that utilizes the following five principles: sort, shine, set in order, standardize and sustain. Applying 5S organizes the workplace to support an effective and efficient workflow.</p> <p>In 2017-2018, the 5S tool was used in eight stock/supply rooms. The reduced inventory costs for these stock/supply rooms total \$32,439.20.</p>
Enhanced the delivery and/or coordination of services by developing new partnerships	<p>Central Health has enhanced the delivery and/or coordination of services by developing new partnerships within the Central region.</p> <p><b>Mental Health and Addictions Services</b> Mental Health and Addictions Services Department partnered with the Town of Grand Falls-Windsor to address issues specific to the aging population. The Learning the Ropes Program is training designed to improve seniors' cognitive health. This partnership falls under one of the recommendations of the All-Party Committee on Mental Health and Addictions Action Plan entitled Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador. As well, to enhance the delivery and/or coordination of mental health and addictions services, Central Health partnered with the Bishop's Falls Correctional Centre and Her Majesty's Penitentiary in St. John's. Inmates can receive mental health and addictions counseling services throughout their incarceration, and be assured of access to services upon release.</p> <p><b>Public Health Programs</b> Public Health Programs in the central region were successful in receiving 18 school-funded initiatives with the Healthy School Planner, totaling \$54,000 in</p>

**STRATEGIC ISSUE 2**  
**Better Value Through Improvement**

Planned Indicators for 2017-2018	Actual Progress
	<p>grants, as per Governments commitment in The Way Forward to engage schools to create settings that support healthy living and learning. The Healthy School Planner is a self-assessment tool that helps schools:</p> <ul style="list-style-type: none"> <li>• Evaluate current conditions</li> <li>• Validate untapped resources within the community</li> <li>• Organize increased support for change</li> <li>• Lead the decision-making process to determine action steps</li> <li>• Visualize outcomes through shared success stories</li> <li>• Evaluate progress over time</li> </ul> <p>Public Health Nurses (PHN) are partnering with schools in the region to complete the planner and support grant initiative identification to enable an increased number of schools to submit requests in the next funding round. Memorial Academy in Botwood used the Healthy School Planner funding to create a wellness trail at the school, and has partnered with the Bishop's Falls Correctional Centre and the Town of Botwood community volunteers to maximize the use of funds to enhance this trail for educational outcomes.</p> <p>In addition, the Healthy Students Healthy Schools (HSHS) initiative has partnered with schools to place 16 SucSeed pods around the region. Through this provincial initiative, hydroponic systems in schools encourage youth to eat vegetables. By being involved in growing their own food, students learn about food sustainability. The program's success is reflected in student, teacher, and parent feedback, and the high number of new school requests for SucSeed pods.</p>
Improved health information management processes by implementing improvement initiatives	<p>Health Information and Technology reviewed same-day surgery workflow processes using Lean methods and tools to define value for patients, identify areas for improvement, engage staff in the development and execution of countermeasures/experiments, and to demonstrate measurable efficiencies. The team documented workflow processes; determined wait time, process time, and turnaround times; and identified areas for improvement.</p> <p>By changing the registration process the following improvements were realized:</p> <ul style="list-style-type: none"> <li>• Reduction in the amount of human resource effort by 2.5 hours per day (equating to nearly 500 hours annually)</li> <li>• Enhanced information accuracy, with a goal of improved patient safety, patient experience, and quality care outcomes</li> </ul>
Reduced no-show appointments by implementing initiatives in two program areas	<p>Automated reminder notifications were introduced to help reduce no-show appointments in Diagnostic Imaging (Ultrasound in February 2018, CT in March 2018). While it is statistically too soon to demonstrate any trending or outcomes, a comparison of March 2017 to March 2018 data shows a reduction from 141 to 95 no-show appointments, totaling a 2.6 per cent decline in overall ultrasound no show rates.</p> <p>As a recommendation from a Lean Black Belt project, volunteer calls to reduce holter monitor and sleep study no-show appointments were introduced in Cardiopulmonary Services in January 2018. From January to March, there was more than a 50 per cent decrease in no-show rates for sleep studies, and a 40 per cent decrease in holter monitor testing no-shows compared to the first quarter of 2016-2017.</p>

**STRATEGIC ISSUE 2**  
**Better Value Through Improvement**

Planned Indicators for 2017-2018	Actual Progress
Reduced print distribution by utilizing electronic notification technology	<p>In 2017, Central Health’s goal was to reduce the number of printed reports it processes by leveraging innovative technologies such as electronic notification. Electronic notification provides a healthcare provider with an electronic notification or trigger that a test report is available for review. This allows Central Health to reduce the number of reports it prints. This provides benefit to the provider, the patient, and Central Health.</p> <p>While this goal has not yet been fully realized, due to system functionality and feedback from physicians regarding workflow, there has been significant progress. The following are complete:</p> <ul style="list-style-type: none"> <li>• compliance with <b>Personal Health Information Act (PHIA)</b> and other legislative mandates for secure electronic delivery of medical records</li> <li>• conversion of files so that physicians and Nurse Practitioners do not need special software or devices to receive or reports</li> <li>• a comprehensive set of audit logging processes to ensure the safe, traceable delivery of health information</li> </ul> <p>Notifications functionality in the HEALTHeNL (the Province’s electronic health record) application is undergoing final quality testing and is scheduled to be available to health providers in fall 2018.</p>

## Discussion of Results

Central Health has realized efficiencies, cost-savings, and enhanced patient experiences through collaboration with provincial and national partnerships, best practices, and innovative approaches. The investment in Lean training has helped challenge the organization to plan, question, and explore ways to do things better.

Throughout 2017-2018 Central Health explored the potential for Choosing Wisely initiatives focused on the quality care dimension of appropriateness, and implemented initiatives in two areas. Choosing Wisely is a campaign to help physicians and patients engage in healthy conversations about unnecessary tests, treatments and procedures, and to help physicians and patients make smart and effective choices to ensure high quality care.

The Overuse of Antibiotics for Treatment of Urinary Infections in Nursing Homes Project focuses on reducing inappropriate prescribing of antibiotics for asymptomatic bacteriuria and heightening awareness of overutilization and unnecessary use of antibiotics in long term care. To date, urinary tract infection rates at Central Health’s 11 long term care facilities have been collected and compiled to provide a baseline measurement. The data is currently being reviewed by CWNL.

The second project, Drop the Pre-op, is focused on reducing pre-operative testing in healthy patients prior to low risk surgeries through changes in pre-operative testing ordering guidelines. The initial focus of the Drop the Pre-op project has been on the drafting of a Pre-operative requisition form that is consistent with the Choosing Wisely recommendations. Laboratory and Diagnostic Imaging forms have been reviewed from both referral centres and cross-referenced with Choosing Wisely templates. Baseline data requirements are being reviewed, with plans for data collection in Q2 2018.

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Central Health implemented a number of improvement initiatives with the goal of reducing length of stay. As noted, The Evidence in Context Report on Reducing Acute Care Length of Stay in Newfoundland and Labrador, released in October 2017, is being used to direct initiatives in this area. Daily huddles with an expanded team are now in place Monday to Friday at JPMRHC and CNRHC, and occur in collaboration with nurse managers, care facilitators, community liaison nurses, the lead RN from the operating room and admitting personnel. The team discusses potential discharges, identifies challenges and works through strategies to optimize discharge planning and therefore reduces the length of stay for identified patients. There is also a focus on community outreach programming, the utilization of enhanced community services, and the promotion of Home First. Daily review of upcoming same day admissions and smoothing of the OR schedule through effective communication with the OR team to prevent cancellations is a daily priority.

Focused efforts to enhance scope of practice and skill mix were undertaken in two areas this year, with the implementation of Advanced Care Paramedics and increasing the number of NPs in long term care and with Home First. The Provincial Home First Initiative is a person-centered approach to supporting individuals with complex care needs in their own homes and communities by ensuring clients can access the right care at the right time from the right provider and at the right cost.

Automated notifications were introduced to help reduce no-show appointments in Diagnostic Imaging. The Automated Notification System (ANS) offers automated telephone, email and text reminders for scheduled appointments to help reduce no-show appointments. Volunteer calls to reduce no-show appointments were introduced at CNRHC in January 2018 in select areas of Cardiopulmonary Services. Efforts to reduce no show appointments in this area will continue with the implementation of the ANS in fall 2018.

## **Year 2 Objectives**

**By March 31, 2019**, Central Health will have implemented strategies and/or work plans focusing on creating better value through improvement.

- Continued implementation of Choosing Wisely initiatives
- Implemented improvement initiatives to reduce length of stay in priority areas
- Enhanced utilization of Advanced Care Paramedic's scope of practice at three sites
- Increased the number of Long Term Care facilities with access to NP services
- Completed seven (7) additional Lean 5S projects in departmental stock/supply rooms
- Enhanced the delivery and/or coordination of services through development of two new partnerships
- Developed a plan to centralize patient registration throughout the health region and to scan health records in select areas
- Integrated the Central Health Information System with private Electronic Medical Records (EMRs)
- Implemented the Automated Appointment Reminder System in Cardiopulmonary and Diagnostic Imaging services
- Reduced distribution of printed clinical reports

# BETTER HEALTH

Better health for the population is a focus in the pursuit of Central Health’s vision of ‘healthy people and healthy communities’. Central Health is using a collaborative approach to focus efforts in areas that have the potential to positively affect health outcomes for the population of the region. Improving the health of the population by focusing on primary health care, healthy living, chronic disease prevention and management, and mental health and addictions are priorities.

The Newfoundland and Labrador Primary Health Care Framework lays out a vision where individuals, families, and communities are supported and empowered to achieve optimal health and well-being within a sustainable system. Central Health’s work this year has focused on expanding primary health care initiatives in priority areas to enable the continuation of primary health care reform, as well as continued implementation of the Central Health Chronic Disease Prevention and Management Strategy.

Central Health has also focused on supporting the implementation of recommendations from the Provincial Action Plan on Mental Health and Addictions, as well, prevention and promotion strategies to improve self-efficacy and resilience to address mental health and addictions related issues have been expanded. Central Health continues to be focused on its workforce through the development of a Health Promotion and Wellness Plan and continued efforts to implement recommendations to achieve Gold level of the Excellence Canada Program, Mental Health at Work®.

## 3-year Goal

By March 31, 2020, Central Health will have improved the health and well-being of the population through focus on primary health care, healthy living, chronic disease prevention and management, and mental health and addictions.

## Objective

- By March 31, 2018, Central Health will have developed and/or implemented initiatives to improve the health and well-being of the population.

STRATEGIC ISSUE 3 Better Health	
Planned Indicators for 2017-2018	Actual Progress
Selected priority areas for primary health care team-based initiatives and commenced two initiatives	<p>Botwood and St. Alban’s were identified for primary health care team-based initiatives. The following initiatives to improve the health and well-being of clients were identified and initiated:</p> <p>The Botwood Collaborative Team identified the need to improve access to mental health and addictions services in the local area. In December 2017, the team guided the development and initiation of a walk-in mental health service. This service provides for an on-site service provider one day per week, with a telehealth option available for the days when the service provider is not on-site.</p> <p>The St. Alban’s Collaborative Team identified telehealth as a way to address challenges with access and transportation to appointments outside of the immediate geographical area. Work continues in 2018.</p>

## STRATEGIC ISSUE 3

### Better Health

Planned Indicators for 2017-2018	Actual Progress
<p>Implemented priority recommendations from the Central Health Chronic Disease Prevention and Management (CDPM) Advisory Committee Work Plan</p>	<p>A number of priority recommendations of the Central Health Chronic Disease Prevention and Management (CDPM) Advisory Committee were implemented.</p> <p>Better Program implemented in Green Bay – The Building on Existing Tools To Improve Chronic Disease Prevention and Screening in Primary Care (BETTER) approach to chronic disease prevention and screening (CDPS) harnesses high level evidence-based strategies, resources and tools that currently exist to improve CDPS in primary care and focuses on chronic diseases that have strong evidence for prevention and screening, specifically cancer, diabetes, and cardiovascular disease and their associated lifestyle factors.</p> <p>Improving Health My Way - In September 2017, five participants completed the Leader training for the Improving Health My Way Program. Individuals who live with chronic diseases were trained to facilitate the six-week, group-based program.</p> <p>Stroke Program - A regional acute stroke working group was established to implement provincial priorities. Regional stroke improvement work is progressing in two main areas:</p> <ul style="list-style-type: none"> <li>• Hyperacute Stroke Care. Regional implementation of the approved Provincial Code Stroke Protocol is progressing with a spring 2018 implementation date.</li> <li>• Acute Stroke Care. Regional Acute Stroke Care Working Group has been established. Work plan drafted and moving towards implementation of identified priorities.</li> </ul> <p>Self-management Health Coaching - An education plan has been developed, with identified educators and facilitators, including the following</p> <ul style="list-style-type: none"> <li>• Health Coach Program development complete</li> <li>• Health Coach Program manual draft complete</li> <li>• Education/training schedule developed</li> <li>• 18 Health Coaches confirmed</li> <li>• Targeted Participant Recruitment Plan developed</li> <li>• Evaluation Plan drafted</li> </ul>
<p>Implemented select initiatives of the Provincial Action Plan on Mental Health and Addictions</p>	<p>Central Health implemented select initiatives of the Provincial Action Plan on mental health and addictions this year.</p> <p>Walk-in mental health and addictions services commenced in Botwood in December 2017. Evaluation is ongoing with a continued focus on improving access to services.</p> <p>Doorways single-session counselling started January 2018 in Grand Falls-Windsor and Gander. All mental health and addictions staff in the region have been trained in this approach. The current focus of this initiative is regional implementation of single session services.</p> <p>E-Mental Health Initiatives are underway to ensure access to evidence-based services via technology. Community-based outpatient counseling continues to be offered via telehealth throughout the region. In addition, three pilot sites (Springdale, Lewisporte and Grand Falls-Windsor) were chosen to deliver Therapist Assisted Online (TAO), with the intention that any person in the region could access this due to nature of service model. The service allows clients to access services in their own home at their convenience.</p>

**STRATEGIC ISSUE 3  
Better Health**

Planned Indicators for 2017-2018	Actual Progress
	<p>A recommendation under the Provincial Action Plan is to provide online information about mental health and addictions services and how to navigate them. Central Health has updated information on the website to meet this recommendation.</p>
<p>Increased mental health and addictions prevention and promotion strategies across the lifespan</p>	<p>Several prevention and promotion strategies to improve self-efficacy and resilience to address mental health and addictions related issues were implemented in this fiscal year, including:</p> <ul style="list-style-type: none"> <li>• Learning the Ropes Program. Psychologists in Mental Health and Addictions Services Department received training to facilitate this program. The Learning the Ropes Program is a six class program for patients experiencing mild cognitive impairment (MCI). The sessions cover education on MCI and lifestyle factors for promoting cognitive health. The program was delivered in Grand Falls-Windsor and is slated for roll-out in other areas in 2018-2019</li> <li>• Strengthening Families Program (SFP). SFP is an evidence-based nationally and internationally recognized parenting and family strengthening program for high-risk and general population families. The program is found to significantly improve parenting skills and family relationships, reduce problem behaviors, delinquency and alcohol and drug abuse in children and improve social competencies and school performance. The program for families with younger children has been offered once for families with children aged 7-11 and the program for adolescents has been purchased for implementation next year</li> <li>• Intergenerational Program. Early Youth Outreach Workers within Mental Health and Addictions Services Department deliver intergenerational programs in long term care facilities throughout the region. This activity-based program brings together youth and seniors and provides benefits for both groups. There are 12 participants each time it runs in Springdale (monthly during the fall, winter, spring and summer). The program ran twice in Twillingate, with a total of 20 participants. The goal for 2018-2019 is to expand to two more sites in the region</li> </ul>
<p>Increased awareness and engaged individuals to take action for healthy living</p>	<p>There was an increase in targeted health promotion activities in school and public forums from 977 sessions in 2016 to 1288 sessions in 2017.</p> <p>Some initiatives or activities undertaken in 2017-2018:</p> <ul style="list-style-type: none"> <li>• From April 1, 2017 to March 31, 2018, Central Health delivered 276 sessions on injury prevention topics to 8,352 participants</li> <li>• Non-Smoking week initiatives in January 2018 included messaging on social media (Facebook and Twitter), radio, and school tele-prompters. Education session on tobacco awareness, risks, and importance of remaining smoke-free was delivered. 376 students participated in a poster contest for grades 4 to 6, focused on a remaining smoke-free message. From April 2017 to March 2018 there were 46 sessions on tobacco reduction, with a total of 980 participants</li> <li>• A multidisciplinary health care team and community partners including the RCMP, EMS, Canadian Rangers, Search and Rescue, along with others, promoted snowmobile safety with high school students through the Winter Snowmobile Safety Maze. The winter maze sessions were completed at 5 schools across the Central Health region, reaching approximately 600 students from December 2017 to February 2018</li> </ul>

**STRATEGIC ISSUE 3**  
**Better Health**

Planned Indicators for 2017-2018	Actual Progress
	<ul style="list-style-type: none"> <li>• In collaboration with school teachers, the Distracted Driver Awareness initiative was delivered in October 2017</li> <li>• Central Health launched National Falls Prevention month in an event that coincided with the first day of the seasonal influenza mass immunization clinics in Lewisporte. The health authority was able to share falls prevention messages with the senior age population attending the flu clinics. To help prevent trips and falls at home, clinic participants were given mini flashlights and reflective bands to increase visibility when walking at night, as well as items to wrap and contain long cords around the house</li> <li>• Food First NL received multi-year federal funding from the Public Health Agency of Canada to spread the success of its community-led food assessment model – identifying issues affecting a community’s access to healthy, affordable, and culturally appropriate food. In the Coast of Bays region, three community projects have started conversations and actions about food security: a new community garden using up-cycled fishery gear in Pool’s Cove, a preschool vegetable garden on the Miawpukek First Nation, and a new community heritage garden in Rencontre East to keep 150-year old rhubarb plants alive</li> </ul>
Established a plan for Centralized Triage within Mental Health and Addictions Services	<p>A plan has been developed for Centralized Triage within the Mental Health and Addictions Services Department. All community mental health and addictions service referrals are now processed through a central triage. In response to the provincial plan for Stepped Care, the current referral process encompasses access to e-mental health services, outpatient mental health and addictions counseling services, and youth case management.</p> <p>Plans are underway for processing referrals for other services, including early psychosis and case management. Mental Health and Addictions Services Department has worked closely with Psychiatry to outline what resources are required in order to move forward with an integrated referral process. Central Health is currently working with the other regional health authorities to develop a provincial referral/intake process for all mental health and addictions services, including psychiatry.</p>
Developed a Health Promotion and Wellness Plan for the Central Health workforce	<p>A Health Promotion and Wellness Work Plan for the Central Health workforce was developed. Input from employee and physicians informed the plan which identifies activities for the 2018-2019 fiscal year, including:</p> <ul style="list-style-type: none"> <li>• Developing a resource list of existing programs and services that can support employee health and wellbeing</li> <li>• Creating a psychologically safe workplace, building on the work being done to achieve the Gold/Level 3 certification from Excellence Canada</li> <li>• Evaluation of employee awareness, readiness, interests, and barriers to healthy living through administering a survey</li> <li>• Developing processes to allow Central Health employees to avail of health promotion services</li> <li>• Supporting employee vaccination and smoking cessation efforts</li> </ul>

**STRATEGIC ISSUE 3  
Better Health**

<b>Planned Indicators for 2017-2018</b>	<b>Actual Progress</b>
<p>Implemented recommendations from the Excellence Canada Mental Health at Work® Gold level 3 Verification Report for Central Health employees</p>	<p>Recommendations from the Excellence Canada Mental Health at Work® Gold/ level 3 Verification Report were implemented in 2017-2018, and work is ongoing. Re-submission for Gold level is due by the end of 2019.</p> <p>These four primary recommendations from Excellence Canada were completed:</p> <ul style="list-style-type: none"> <li>• Leverage upcoming strategic planning process to ensure alignment of Mental Health at Work (MH@W) plan to Central Health strategic priorities and indicators. Commitment to MH@W and the implementation of the National Standard for Psychological Health and Safety were integrated into the Better Health strategic issue for 2017-2020</li> <li>• Establish evaluation metrics and indicators for Mental Health at Work initiative. A scorecard has been completed and submitted</li> <li>• Ensure management accountability for completion of an action planning process for Guarding Minds at Work 2016 assessment – especially in areas that have not done so for previous assessments. Twenty-five directors, managers, and the Senior Leadership Team members attended a Workplace Mental Health Leadership Certification Program through Morneau Shepell</li> <li>• Cascade Mental Health in the Workplace training to frontline employees to build awareness. Education for front line staff began in May 2017, with the implementation of the Working Mind from the Mental Health Commission of Canada. Twenty-five sessions were offered, with approximately 400 front line staff and managers attending. Funding for a third facilitator for The Working Mind has been secured from the Department of Health and Community Services through the Strategic Health Workforce Plan</li> </ul>

## Discussion of Results

Central Health follows the Newfoundland and Labrador Primary Health Care Framework to support and empower individuals, families, and communities to achieve optimal health and well-being within a sustainable system. Two initiatives were identified based on community needs and have been initiated or fully implemented. The continued implementation of the Central Health Chronic Disease Prevention and Management Strategy, along with Central Health’s Employee Health Promotion and Wellness Plan, aims to increase awareness and engage individuals to take action for healthy living. Central Health enhanced access and decreased wait times through the implementation of recommendations from the Provincial Action Plan on Mental Health and Addictions. Prevention and promotion strategies to improve self-efficacy and resilience to address mental health and addictions related issues continue to be expanded.

As identified, Central Health has implemented a number of quality programs and new initiatives focused on maintaining and improving the health and well-being of the population within the Central region. Evidence that such initiatives have either improved, and/or decreased, the rate of determination of an individual’s health status generally cannot be measured in a single year. Future regional health status surveys and indicator reports will be required to determine the effectiveness of the programs and initiatives implemented.

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## Year 2 Objectives

**By March 31, 2019**, Central Health will have implemented strategies or work plans in the areas of primary health care, healthy living, chronic disease prevention and management, and mental health and addictions.

- Completed implementation of three primary healthcare team-based projects in Botwood, St. Alban's, and Gander
- Implemented priority recommendations from the Central Health Chronic Disease Prevention and Management Advisory Committee Work Plan
- Implemented priority recommendations of the Provincial Action Plan on Mental Health and Addictions
- Expanded initiatives to engage residents of the Central region take action for healthy living, and continue initial work with Health Coaching
- Expanded priority mental health and addictions prevention and promotion programming
- Implemented select recommendations from the Health Promotion and Wellness Plan for employees of Central Health
- Re-administered the Guarding Minds at Work® survey

## BETTER CARE

Central Health is committed to providing better care for individuals through a focus on enhancing community supports and capacity, improving access to services, making improvements in acute care bed management, and maximizing access to select health and community services. In partnership with community members, Central Health developed a Healthy Aging Strategy and continued implementation will see a focus on building supportive communities, enhancing health and well-being, and recognition of older persons in the region.

Central Health is working with the Department of Health and Community Services to implement recommendations from the Provincial Home Support Program Review, which is focused on supporting eligible individuals to live in their homes and remain independent. Efforts are also underway to try and reduce the number of patients who remain in acute care once they are medically discharged and no longer require this level of care. Providing better care for clients with Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD) is also expected to reduce admissions and length of stay, thus helping to improve overall bed management and patient outcomes.

Central Health continues to improve access to services by implementing telehealth in new program areas. The health region has also focused on reducing wait times in priority areas through the continued implementation of the Central Health Wait Time Management Framework. Enhancing palliative care services is resulting in improved access to services at Central Health.

### 3-year Goal

By March 31, 2020, Central Health will have provided better care for individuals through enhancing community supports and capacity, improving acute care bed management, and maximizing access to select health and community services.

### Objective

- By March 31, 2018, Central Health will have developed and/or implemented initiatives to improve care for individuals through enhancing community supports and capacity, improving acute care bed management, and maximizing access to select health and community services.

**STRATEGIC ISSUE 4  
Better Care**

Planned Indicators for 2017-2018	Actual Performance Progress
<p>Implemented select initiatives of the Healthy Aging Strategy</p>	<p>Central Health’s Healthy Aging Strategy was launched on October 6, 2017 at the Seniors’ Fair in Grand Falls-Windsor. Central Health’s Healthy Aging Strategy focuses on:</p> <ul style="list-style-type: none"> <li>• Building healthy public policies</li> <li>• Creating supportive environments</li> <li>• Strengthening community action</li> <li>• Developing personal skills</li> <li>• Reorienting health services</li> </ul> <p>The Healthy Aging Steering Committee identified supportive communities as the top priority to help enhance the role that communities play in supporting an aging population.</p> <p>The following was accomplished in 2017-2018:</p> <ul style="list-style-type: none"> <li>• In fall 2017, Central Health partnered with the Alzheimer’s Society to begin offering First Link Program/Family Support Group in New-Wes-Valley, Botwood, and Grand Falls-Windsor</li> <li>• Age friendly designated parking spaces were implemented at referral centers in Gander and Grand Falls-Windsor and there is a plan to roll out to various other sites throughout Central Health</li> <li>• Central Health has partnered with the Town of Grand Falls-Windsor to engage in a needs assessment for an adult care centre in Grand Falls-Windsor</li> <li>• A jurisdictional scan of healthy aging initiatives was completed. The Healthy Aging section of Central Health’s new website will be a source for healthy aging resources and activities to promote and encourage communities to engage in healthy aging and supportive community initiatives and activities across the region</li> </ul>
<p>Implemented select recommendations of the Provincial Home Support Program Review</p>	<p>In January 2018, Central Health provided a 2-day training session on Case Management to staff working within the Community Supports Program. The new Provincial Case Management Framework, and associated policies and standards on Assessment and Support Planning, were also introduced to staff. This training facilitates client-centered care by individualizing support plans and increasing accountability for quality health and supportive services through the effective and efficient use of resources. Detailed support plans are client led with the help of a clinician ensuring collaborative and purposeful care.</p> <p><b>Implemented:</b></p> <ul style="list-style-type: none"> <li>• Materials for Home Support Program Promotion</li> <li>• A Provincial Home Support Client Handbook has been published by the Department of Health and is available on their website for client viewing and distribution. Printed copies are also available in each RHA for distribution</li> <li>• Provincial Assessment and Support Planning Policies</li> <li>• Provincial Case Management Framework</li> <li>• Assessment/Support Planning/Case Management Training Modules</li> </ul> <p>Central Health is continuing to collaborate with the Department of Health and Community Services to develop frameworks and service agreements to ensure</p>

**STRATEGIC ISSUE 4  
Better Care**

Planned Indicators for 2017-2018	Actual Performance Progress
	<p>equitable access to health care services, and to utilize health care resources responsibly and sustainably. Central Health is developing a centralized intake process for new clients requesting service. Centralized intake will support coordinated, timely, and appropriate care by triaging and prioritizing new referrals.</p> <p><b>Near completion/implementation:</b></p> <ul style="list-style-type: none"> <li>• Provincial Individualized Funding Framework</li> <li>• Provincial Levels of Care Framework</li> <li>• Provincial Performance Management Framework</li> <li>• Standard Service Level Agreement with Agencies</li> <li>• Regional Community Supports Centralized Intake</li> </ul> <p><b>Home First</b>            Along with the other regional health authorities and the Department of Health and Community Services, Central Health is finalizing a Provincial Home First Framework. Home First is a health care management philosophy that realizes engagement and collaboration across all health care sectors, including home and continuing care, acute care, rehabilitation services, long term care and primary health care. The vision is that all citizens will have access to the supports and services they need to help them remain independent in their homes and communities and avoid unnecessary hospitalization and/or long term care placement.</p>
<p>Identified priority initiatives to reduce Alternate Level of Care (ALC) bed utilization</p>	<p>Similar initiatives and strategies used to reduce acute care length of stay were applied to reducing ALC bed utilization including:</p> <ul style="list-style-type: none"> <li>• Morning huddle team discussions and strategizing</li> <li>• Utilizing Home First resources</li> <li>• Collaboration with acute care team members to avail of opportunities for discharge planning (e.g. enhanced home care opportunities in personal care homes for patients requiring increased level of care)</li> </ul> <p><b>NOTE</b>            The term Alternate Level of Care (ALC) is used in hospitals to describe patients who occupy a bed but do not require the intensity of services provided in that care setting.            -Canadian Institute for Health Information</p>
<p>Expanded the Chronic Obstructive Pulmonary Disorder (COPD) Outreach Program</p>	<p>The successful COPD Outreach Program continued in 2017-2018, with 50 new referrals. 29 new clients were accepted into the program.</p> <p>Funding was received through the Primary Healthcare initiative in March 2018 to allow for a second team (Certified Respiratory Educator and Social Worker) to facilitate programming to areas serviced by CNRHC. Recruitment, training and program expansion has begun.</p>

**STRATEGIC ISSUE 4  
Better Care**

Planned Indicators for 2017-2018	Actual Performance Progress
Expanded the Congestive Heart Failure (CHF) Outreach Program	<p>Central Health's CHF Outreach Program provides ambulatory service one day a week by Chronic Disease Prevention and Management nurses, via remote telephone contact. An additional resource was added to the team in March 2018. Development and finalization of the following program components were established:</p> <ul style="list-style-type: none"> <li>• Central referral intake process, booking and registration process</li> <li>• Welcome/Intake process</li> <li>• Evaluation components</li> <li>• Program documentation in Meditech: Baseline Knowledge Assessment, Health Risk Assessment, Heart Failure Assessment</li> </ul>
Implemented Telehealth in two additional program areas	<p>Telehealth was restructured and established as a program and is now guided by a steering committee.</p> <p>In 2017-2018, the goal to add two additional programs was exceeded with telehealth implemented in the following Central Health programs:</p> <ul style="list-style-type: none"> <li>• Wound Care</li> <li>• Lactation Consulting</li> <li>• Improving Health My Way</li> <li>• Nephrology</li> <li>• Nutrition Services</li> <li>• JASPER (provider certification and access to home-based treatment for autistic children)</li> <li>• Janeway Outreach</li> <li>• Physiotherapy</li> </ul>
Implemented initiatives to reduce wait times in priority areas	<p>The following initiatives to reduce wait times were undertaken during this reporting cycle:</p> <ul style="list-style-type: none"> <li>• Implementation of the Automated Notification System (ANS) in Diagnostic Imaging in both Ultrasound and Computed Tomography</li> <li>• In March 2018, a validation of an orthopedic surgery waitlist at JPMRHC was completed, reducing the number of patients waiting for a service</li> <li>• Improvements continue with the Physiotherapy centralized booking process, which continues to improve access</li> <li>• Diversion of Ultrasound appointments from JPMRHC to CNRHC was initiated to smooth the wait times across the region</li> <li>• A Lean green belt project was completed to improve access to JPMRHC cataract surgical services. Several actions were taken including: education of booking staff and surgeons regarding the importance of wait time management and electronically capturing of information, a new data field added to Meditech and Cognos reports, surgeon education on the appropriate use of priority categories, and efficiencies gained in wait time analysis. With these strategies in place, improvement to cataract surgical wait times continues at JPMRHC, with 97 per cent of surgeries meeting the wait time target of 112 days</li> </ul>

**STRATEGIC ISSUE 4  
Better Care**

<b>Planned Indicators for 2017-2018</b>	<b>Actual Performance Progress</b>
Developed a process for triaging referrals to determine priority for palliative care services	<p>The Palliative End of Life Program began triaging all patient referrals in 2017 using the Edmonton Symptom Assessment System (ESAS). The ESAS is administered by the End of Life Coordinator over the telephone when a referral for palliative care services is received. 157 people were triaged through the Palliative End of Life Program in 2017-2018.</p> <p>The tool assesses nine symptoms common to cancer patients, and is scored based on the coordinator’s clinical assessment of the severity of symptoms. Prior to triaging, clients were seen as referrals were received. Now patients are seen in order based on the severity of their symptoms.</p>

## Discussion of Results

Central Health’s Healthy Aging Strategy was launched in the fall of 2017. The Healthy Aging Steering Committee identified supportive communities as the top priority to help enhance the role that communities play in supporting an aging population. Central Health continues to partner to achieve better health and care for residents of the region. Telehealth was introduced to eight new program areas to improve access to services, reduce wait times, and enhance efficiency.

Over the past year, Central Health has been collaborating closely with the Department of Health and Community Services, and the other regional health authorities, to strengthen and provide stability to the Provincial Home Support Program by preparing for the implementation of all 25 recommendations in the Provincial Home Support Review. Implementation of the recommendations is based on set timelines, with several initiatives already being implemented or near implementation.

Central Health continued to work with the Department of Health and Community Services to implement recommendations from the Provincial Home Support Program Review, and support eligible individuals to live in their homes and remain independent. The Community Supports Program works from a philosophy of least restrictive treatment and community inclusion so individuals are provided assistance to stay in their communities for as long as possible. The Home First philosophy enhances the ability to provide intensive intervention in the community for clients with complex care needs, delaying and/or preventing unnecessary acute care admissions and premature long term care placements.

Central Health has strategically added professional staff to develop and enhance the Home First network. Work processes and flow have been developed across health care sectors and will be continually refined to provide optimal response to clients with complex needs who can live successfully in the community, while having their health care needs met.

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## Year 2 Objectives

**By March 31, 2019**, Central Health will have implemented initiatives to enhance community supports and capacity, improve management of acute care beds, and maximize access to select health and community services.

- Implemented additional priority recommendations of the Healthy Aging Strategy
- Implemented additional select priorities of the 'Home First' Framework
- Implemented select recommendations from the Provincial Home Support Program Review
- Increased the number of patients participating in the COPD Outreach Program by 40 per cent
- Established a Respiratory Care Centre for adult patients with COPD at CNRHC in Grand Falls-Windsor
- Expanded Telehealth Services to additional program areas and sites
- Continued implementation of initiatives to reduce wait times in priority areas
- Developed a standardized process for admissions to palliative care beds



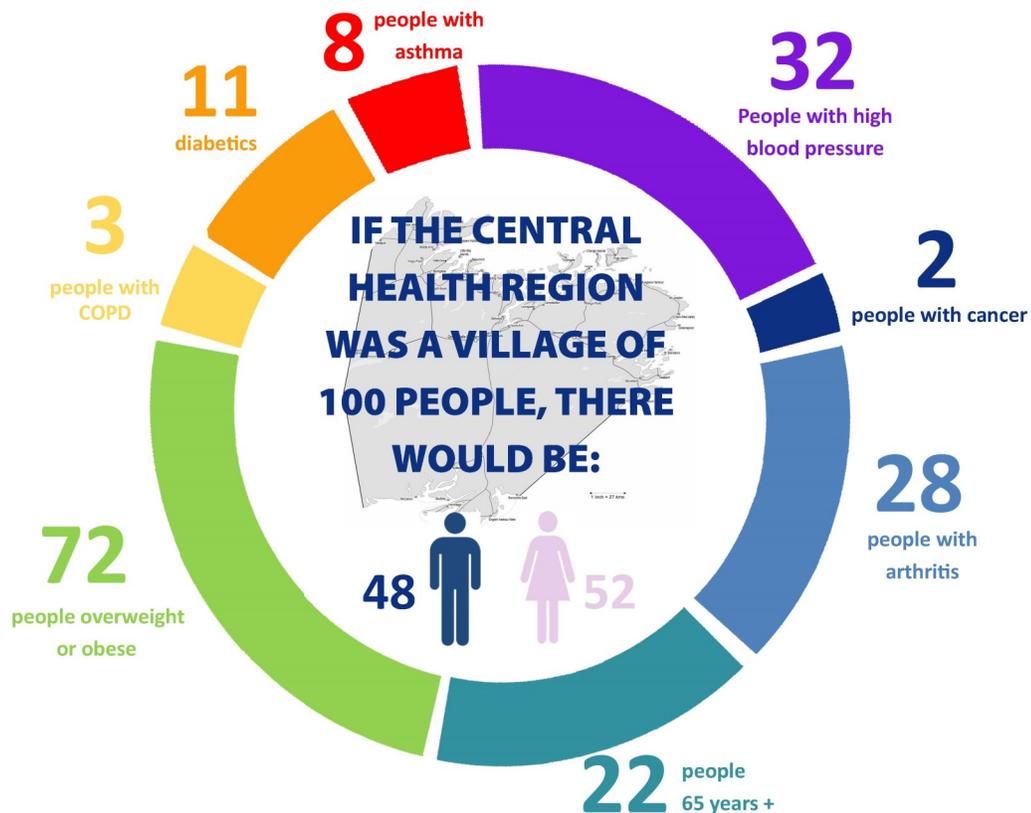
# **OPPORTUNITIES AND CHALLENGES AHEAD**

# OPPORTUNITIES AND CHALLENGES AHEAD

## Outreach. Partnerships. Innovation.

### Chronic Disease Prevention and Management

Central Health has the fastest aging population in the province, and a significant number of residents in the health region are living with chronic diseases or have lifestyles that increase their risks for chronic diseases.



### Telehealth

Central Health will continue to expand and build on the successes of telehealth in delivering community-based services and programs for chronic disease prevention and self-management, as well as mental health services.

### Mental Health and Addictions Services

Central Health will continue to explore partnerships and innovative ways to increase access to mental health and addictions services in rural communities and to vulnerable populations.

### Healthy Aging

In addition to continuing to expand enhanced programs and services to help people age at home in their communities, new long term care facilities and expansions were recently announced. These present opportunities to engage with residents and families to design and build person- and family-centred homes in supportive communities.

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## Improving Access

Through two Lean projects, Central Health will focus on both the Emergency and Diagnostic Imaging departments to identify opportunities for improvement. Targeted interventions will aim to improve access and flow, decrease wait times, and improve the patient experience. A scorecard will be used to track progress and outcomes.

## Welcoming Midwives

Central Health looks forward to welcoming midwives to JPMRHC in fall 2018, as part of a provincial program to offer women care choices from an integrated and collaborative obstetrical care team. Licensed midwives will provide pre-natal, labour and delivery, and post-natal care for low-risk patients as part of revitalized obstetrical services at JPMRHC.

# External Review and Recommendations

In February 2018, the Minister of Health and Community Services initiated an external review of Central Health, focused on the effectiveness of the current governance, senior management and clinical management of the organization.

A report was released in May 2018, with 32 recommendations focused on governance, leadership, clinical management, relationships, succession planning, and community engagement.

An implementation committee has been established, with membership from the Department of Health and Community Services, Memorial University Faculty of Medicine, and Central Health's Board of Trustees.

Over the summer of 2018, the committee met to review the recommendations, assess the status of each one, and develop an action plan to move the recommendations forward. Directly responding to the external review recommendations, the action plan has three goals:

1. Support Central Health in cultivating and fostering a culture that lives its values of compassion, accountability, respect, equity, and safety
2. Enable the continued development and implementation of a person- and family-centred care approach, regional programs and services, collaborative practice, and respectful workplaces
3. Serve as the basis for regular reporting to the Department of Health and Community Services, and the public



Grant Thornton

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# FINANCIALS



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Central Regional Health Authority

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## Independent Auditors' Report

To the Board of Trustees of  
Central Regional Health Authority

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We have audited the accompanying consolidated financial statements of Central Regional Health Authority which comprise the consolidated statement of financial position as at March 31, 2018, and the consolidated statements of operations, 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 consolidated financial statements in accordance with Canadian public sector accounting standards and for such internal control as management determines is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditors' responsibility**

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

An audit involves performing procedures to obtain evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Authority'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 Authority's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

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

**Opinion**

In our opinion, the consolidated financial statements present fairly, in all material respects, the consolidated financial position of Central Regional Health Authority as at March 31, 2018 and the results of its consolidated operations and changes in net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Gander, Canada  
June 26, 2018

*Grant Thornton LLP*

Chartered Professional Accountants

# Central Regional Health Authority

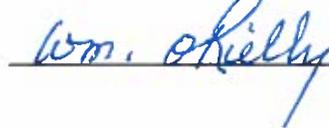
## Consolidated Statement of Financial Position

March 31	2018	2017
<b>Financial assets</b>		
Cash	\$ 10,222,093	\$ 4,613,656
Receivables (Note 3)	20,303,620	21,444,386
Residents' trust funds held on deposit	658,690	789,754
Cash restricted for security deposits	44,912	43,048
Investments restricted for general endowment purposes (Note 4)	1,073,205	985,928
Replacement reserve funding (Note 9)	<u>194,892</u>	<u>178,804</u>
	<u>32,497,412</u>	<u>28,055,576</u>
<b>Liabilities</b>		
Payables and accruals (Note 5)	28,277,092	25,246,128
Employee future benefits		
Accrued vacation pay	14,508,033	14,993,366
Accrued severance pay (Note 6)	33,102,737	31,475,281
Accrued sick pay (Note 6)	17,882,975	17,418,936
Deferred grants (Note 7)	23,050,780	18,493,472
Long-term debt (Note 8)	8,001,964	9,272,905
Trust funds payable	658,690	789,754
Security deposits liability	44,912	43,048
Replacement reserves (Note 9)	194,892	178,804
J.M. Olds scholarship and library funds	<u>83,949</u>	<u>83,797</u>
	<u>125,806,024</u>	<u>117,995,491</u>
<b>Net financial debt</b>	<u>(93,308,612)</u>	<u>(89,939,915)</u>
<b>Non-financial assets</b>		
Capital assets (Note 10)	57,327,297	55,340,528
Deposits on capital assets	72,870	717,787
Inventories (Note 11)	2,118,801	2,433,834
Prepays (Note 12)	<u>3,950,089</u>	<u>3,418,345</u>
	<u>63,469,057</u>	<u>61,910,494</u>
<b>Accumulated deficit</b>	<u>\$ (29,839,555)</u>	<u>\$ (28,029,421)</u>

Commitments (Note 14)

Contingencies (Note 15)

On behalf of the Board

 \_\_\_\_\_ Trustee

 \_\_\_\_\_ Trustee

See accompanying notes to the consolidated financial statements

# Central Regional Health Authority

## Consolidated Statement of Operations

March 31	Budget 2018	Actual 2018	Actual 2017
<b>Revenue</b>			
Provincial plan operating	\$ 345,909,152	\$ 346,431,522	\$346,351,686
Provincial capital grants	-	4,350,256	6,155,267
Other capital contributions	-	533,133	308,884
MCP	10,854,744	11,246,490	11,440,138
Patient-resident services	13,237,000	13,297,427	13,811,616
CMHC mortgage interest subsidy	50,000	50,503	50,503
Capital project funding	1,541,818	4,172,291	2,538,228
Recoveries	9,604,700	10,552,756	9,809,745
Cottage operations	1,556,141	1,489,088	1,571,651
Foundations	1,085,600	1,051,967	1,427,007
Other revenue	<u>3,304,000</u>	<u>4,323,572</u>	<u>5,327,960</u>
	<u>387,143,155</u>	<u>397,499,005</u>	<u>398,792,685</u>
<b>Expenditure</b>			
Administration	35,156,397	33,169,843	34,390,729
Community and social services	104,229,500	103,649,830	103,130,452
Support services	63,461,456	63,279,987	63,779,560
Nursing inpatient services	89,421,603	91,771,834	90,995,861
Ambulatory care services	25,441,196	26,479,026	25,882,560
Diagnostic and therapeutic services	48,838,721	48,306,971	47,935,533
Medical services	15,548,745	15,666,108	16,542,546
Educational services	1,339,796	1,332,072	1,233,771
Undistributed	1,064,000	5,279,018	3,296,908
Cottage, operations, including amortization of \$336,994 (2017 - \$452,129)	1,467,318	1,630,453	1,625,751
Foundations, including amortization of \$3,697 (2017 - \$3,892)	<u>1,050,800</u>	<u>1,346,929</u>	<u>982,149</u>
	<u>387,019,532</u>	<u>391,912,071</u>	<u>389,795,820</u>
<b>Surplus – shareable</b>	<u>\$ 123,623</u>	<u>5,586,934</u>	<u>8,996,865</u>
<b>Non-shareable items</b>			
(Loss) gain on disposal of capital assets		(24,312)	444,887
Amortization of capital assets		(5,769,258)	(5,924,116)
Accrued vacation pay – decrease		487,997	1,270,345
Accrued severance pay – increase		(1,627,456)	(445,081)
Accrued sick pay – increase		<u>(464,039)</u>	<u>(489,226)</u>
		<u>(7,397,068)</u>	<u>(5,143,191)</u>
<b>(Deficit) surplus</b>			
- shareable and non-shareable		(1,810,134)	3,853,674
<b>Accumulated deficit</b>			
Beginning of year		<u>(28,029,421)</u>	<u>(31,883,095)</u>
End of year		<u>\$ (29,839,555)</u>	<u>\$ (28,029,421)</u>

See accompanying notes to the consolidated financial statements

# Central Regional Health Authority

## Consolidated Statement of Changes in Net Financial Debt

March 31	2017	2016
<b>Net debt - beginning of year</b>	<b>\$ (89,939,915)</b>	<b>\$ (93,975,922)</b>
<b>(Deficit) surplus</b>	<b><u>(1,810,134)</u></b>	<b><u>3,853,674</u></b>
<b>Changes in capital assets</b>		
Acquisition of capital assets	(8,177,485)	(7,452,118)
Amortization of capital assets	6,109,949	6,380,140
(Loss) gain on disposal of capital assets	24,312	(444,887)
Proceeds on disposal of capital assets	56,457	568,437
Deposits on capital assets	<u>644,917</u>	<u>(108,459)</u>
<b>Increase in net book value of capital assets</b>	<b><u>(1,341,850)</u></b>	<b><u>(1,056,887)</u></b>
<b>Changes in non-financial assets</b>		
Decrease (increase) in inventories	315,033	(47,503)
(Increase) decrease in prepaids	<u>(531,746)</u>	<u>1,286,723</u>
<b>(Increase) decrease in non-financial assets</b>	<b><u>(216,713)</u></b>	<b><u>1,239,220</u></b>
<b>(Increase) decrease (increase) in net debt</b>	<b><u>(3,368,697)</u></b>	<b><u>4,036,007</u></b>
<b>Net debt, end of year</b>	<b><u>\$ (93,308,612)</u></b>	<b><u>\$ (89,939,915)</u></b>

See accompanying notes to the consolidated financial statements

# Central Regional Health Authority

## Consolidated Statement of Cash Flows

Year ended March 31

2018

2017

**Operating**

(Deficit) surplus	\$ (1,810,134)	\$ 3,853,674
Amortization	6,109,949	6,380,140
Loss (gain) on disposal of capital assets	24,312	(444,887)
Investment (loss) gain	<u>16,026</u>	<u>(43,984)</u>

4,340,153 9,744,943

## Changes in

Receivables	1,140,766	(5,486,804)
Payables and accruals	3,030,964	(584,056)
Accrued vacation pay	(485,333)	(1,272,144)
Accrued severance pay	1,627,456	445,081
Accrued sick pay	464,039	489,226
Deferred grants	4,557,308	(2,041,305)
Inventories	315,033	(47,503)
Prepays	<u>(531,746)</u>	<u>1,286,723</u>

**Net cash provided from operations**14,458,640 2,534,161**Financing**

Repayment of long-term debt	(1,270,941)	(1,332,524)
Net changes in J.M. Olds funds	<u>152</u>	<u>817</u>

**Net cash applied to financing**(1,270,789) (1,331,707)**Investing**

Additions to capital assets	(8,177,485)	(7,452,118)
Deposits on capital assets	644,917	(108,459)
Increase in general endowment fund investments	(103,303)	(28,580)
Proceeds on disposal of capital assets	<u>56,457</u>	<u>568,437</u>

**Net cash applied to investing**(7,579,414) (7,020,720)**Net increase (decrease) in cash**

5,608,437 (5,818,266)

**Cash, net of bank indebtedness:**

Beginning	<u>4,613,656</u>	<u>10,431,922</u>
Ending	<u>\$ 10,222,093</u>	<u>\$ 4,613,656</u>

See accompanying notes to the consolidated financial statements

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# Central Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2018

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### 1. Nature of operations

The Central Regional Health Authority (“Central Health”) or (“The Authority”) is charged with the responsibility for the provision of health care services in the Central region of Newfoundland and Labrador.

The mandate of Central Health is to provide the best possible health and community services and programs which respond to the identified needs of the people of Central Newfoundland and Labrador within available resources.

Central Health is a not-for-profit corporation and is exempt from income taxes and is constituted under the Regional Health Authority’s Act.

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### 2. Summary of significant accounting policies

These consolidated financial statements have been prepared in accordance with Canadian public sector accounting standards. Outlined below are those policies considered particularly significant by the Authority.

#### **Basis of consolidation**

These consolidated statements represent the consolidated assets, liabilities, revenues and expenses of the following entities which comprise the reporting entity. The reporting entity is comprised of all organizations which are controlled by Central Health including the following:

- North Haven Manor Cottages
- Valley Vista Cottages
- Bonnews Lodge Apartment Complex
- Central Northeast Health Foundation Inc.
- South and Central Health Foundation

#### **Use of estimates**

The preparation of consolidated financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities, at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Items requiring the use of significant estimates include accrued severance, accrued sick leave, useful life of tangible capital assets and allowance for doubtful receivables.

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

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# Central Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2018

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### 2. Summary of significant accounting policies (cont'd.)

#### **Cash and cash equivalents**

Cash and cash equivalents include cash on hand and balances with banks, net of any overdrafts. Bank overdrafts are considered a component of cash and cash equivalents and are secured by approved authority to borrow authorized by the Province's Minister of Health and Community Services.

#### **Revenues**

Revenues are recognized in the period in which the transactions or events occurred that gave rise to the revenues. All revenues are recorded on an accrual basis, except when the accruals cannot be determined with a reasonable degree of certainty or when their estimation is impracticable.

Transfers are recognized as revenues when the transfer is authorized, any eligibility criteria are met, and reasonable estimates of the amounts can be made. Transfers are recognized as deferred revenue when amounts have been received but not all eligibility criteria have been met.

#### **Expenses**

Expenses are reported on an accrual basis. Expenses are recognized as they are incurred and measurable based upon the receipt of goods and services or the creation of an obligation to pay.

#### **Deferred revenue**

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

#### **Non-financial assets**

Non-financial assets are not available to discharge existing liabilities and are held for use in the provision of services. They have useful lives generally extending beyond the current year and are not intended for sale in the ordinary course of operations. The change in non-financial assets during the year, together with the excess of revenues over expenses, provides the change in net financial assets for the year.

#### **Severance and sick pay liability**

An accrued liability for severance is recorded in the accounts for all employees who have a vested right to receive such payments. Central Health provides their employees, upon termination, retirement or death with at least nine years of service, with severance benefits equal to one week of pay per year of service up to a maximum of twenty weeks. Based on collective agreements signed with the Newfoundland and Labrador Association of Public and Private Employees ("NAPE") as at March 31, 2018, NAPE employees with at least one year of eligible service will receive a lump sum payout of their accrued severance benefit based on pay and service as at March 31, 2018. An estimate for the provision of employees with less than nine years of service has been determined by actuarial analysis.

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# Central Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2018

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### 2. Summary of significant accounting policies (cont'd.)

#### Severance and sick pay liability (cont'd.)

An actuarially determined accrued liability has been recorded on the consolidated financial statements for non-vesting sick leave benefits. The cost of non-vesting sick leave benefits are actuarially determined using management's best estimate of salary escalation, accumulated sick days at retirement, long-term inflation rates and discount rates. Actuarial gains or losses are being amortized to the liability and the related expense straight-line over the expected average remaining service life of the employee group.

#### Inventories

Inventories have been determined using the following methods for the various areas. Cost includes purchase price plus the non-refundable portion of applicable taxes.

General stores	Average cost
Drugs	First-in, first-out

#### Capital assets

The Authority has control over certain lands, buildings and equipment with the title resting with the Government and consequently these assets are not recorded under capital assets. In accordance with an operating agreement with Newfoundland and Labrador Housing Corporation, certain assets of the North Haven Manor Cottage Units Phase I, II, III, North Haven Manor Cottage Units Phase IV, Valley Vista Cottages, and Bonnews Lodge Apartment Complex are being amortized at a rate equal to the annual principal reduction of the mortgages related to the properties.

Purchased capital assets are recorded at cost. Assets are not amortized until placed in use. Contributed capital assets are recorded at fair value at the date of contribution. Other capital assets are being amortized on a declining balance basis over their useful lives, at the following rates:

Land improvements	5.0%
Buildings and service equipment	5.0%
Equipment	12.5%
Motor vehicles	20.0%

#### Capital and operating leases

A lease that transfers substantially all of the risks and rewards incidental to the ownership of property is accounted for as a capital lease. Assets acquired under capital lease result in a capital asset and an obligation being recorded equal to the lesser of the present value of the minimum lease payments and the property's fair value at the time of inception. All other leases are accounted for as operating leases and the related payments are expensed as incurred.

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# Central Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2018

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### 2. Summary of significant accounting policies (cont'd.)

#### **Impairment of long-lived assets**

Long-lived assets are reviewed for impairment upon the occurrence of events or changes in circumstances indicating that the value of the assets may not be recoverable, as measured by comparing their net book value to the estimated undiscounted cash flows generated by their use. Impaired assets are recorded at fair value, determined principally using discounted future cash flows expected from their use and eventual disposition.

#### **Replacement reserves**

Under certain operating agreements with Newfoundland and Labrador Housing Corporation (NLHC) the Authority is required to maintain a Replacement Reserve Fund which is to be used to fund major maintenance and the purchase of capital assets. These funds may only be used as approved by NLHC. Transactions in the reserves are shown in Note 9.

#### **Pension costs**

Employees of Central Health are covered by the Public Service Pension Plan and the Government Money Pension Plan administered by the Province of Newfoundland and Labrador. Contributions to the plans are required from both the employees and Central Health. The annual contributions for pensions are recognized in the accounts on a current basis.

#### **Financial instruments**

The Authority recognizes a financial asset or a financial liability on its statement of financial position when the Authority becomes a party to the contractual provision of the financial instrument. The Authority initially measures its financial assets and liabilities at fair value, except for certain non-arms length transactions. The Authority subsequently measures all its financial assets and liabilities at amortized cost except for investments restricted for endowment purposes which are subsequently measured at fair value.

Financial assets measured at amortized cost include cash and cash equivalents, receivables, trust funds and replacement reserve funding. Financial assets measured at fair value are investments restricted for endowment purposes.

Financial liabilities measured at amortized cost include bank indebtedness, payables and accruals, employee future benefits, deferred grants, long-term debt, obligations under capital lease, trust funds payable, security deposits, replacement reserves and scholarship and library funds payable.

Unless otherwise noted, it is management's opinion that the Authority is not exposed to significant interest, currency or credit risks.

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# Central Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2018

3. Receivables	<u>2018</u>	<u>2017</u>
Operating		
Provincial plan grants - operating	\$ 13,554,737	\$ 14,126,300
Patient, rents and other	4,559,282	5,405,009
MCP	1,667,416	1,473,041
Cancer Foundation	464,611	461,416
HST	601,360	513,964
Due from NLHC	<u>120,844</u>	<u>4,039</u>
	20,968,250	21,983,769
Allowance for doubtful	<u>(664,630)</u>	<u>(539,383)</u>
	<u>\$ 20,303,620</u>	<u>\$ 21,444,386</u>

### 4. Investments restricted for general endowment purposes

The Central Northeast Health Foundation Inc. and the South and Central Health Foundation maintain investments restricted for general endowment purposes, with their market value as follows:

	<u>2018</u>	<u>2017</u>
Central Northeast Health Foundation Inc.	\$ 358,214	\$ 287,120
South and Central Health Foundation	<u>714,991</u>	<u>698,808</u>
	<u>\$ 1,073,205</u>	<u>\$ 985,928</u>

5. Payables and accruals	<u>2018</u>	<u>2017</u>
Operating		
Trade	\$ 17,516,942	\$ 15,694,287
Due to NLHC subsidy	11,482	23,169
Residents comfort fund	83,580	80,643
Accrued - wages	10,642,304	9,417,272
- interest	<u>22,784</u>	<u>30,757</u>
	<u>\$ 28,277,092</u>	<u>\$ 25,246,128</u>

# Central Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2018

### 6. Employee future benefits 2018 2017

Future employee benefits related to accrued severance and accrued sick obligations have been calculated based on an actuarial valuation as at March 31, 2016 and extrapolated to March 31, 2018. The assumptions are based on future events. The economic assumptions used in the valuation are Central Health's best estimates of expected rates as follows:

Wages and salary escalation	<b>0.75%</b>	3.75%
Interest	<b>3.30%</b>	3.70%

Based on actuarial valuation of the liability, at March 31, 2018 the results for sick leave are:

Accrued sick pay obligation, beginning	<b>\$ 22,434,399</b>	\$ 22,438,672
Current period benefit cost	<b>1,831,893</b>	1,778,536
Benefit payments	<b>(2,675,814)</b>	(2,597,878)
Interest on the accrued benefit obligations	<b>814,461</b>	815,069
Actuarial gains	<b>(2,057,435)</b>	-
Accrued sick pay obligations, at end	<b><u>\$ 20,347,504</u></b>	<b><u>\$ 22,434,399</u></b>

Based on actuarial valuation of the liability, at March 31, 2018 the results for severance are:

Accrued benefit obligation, beginning	<b>\$ 30,810,527</b>	\$ 30,392,738
Current period benefit cost	<b>2,199,628</b>	2,135,560
Benefit payments	<b>(2,716,642)</b>	(2,829,468)
Interest on the accrued benefit obligation	<b>1,130,424</b>	1,111,697
Actuarial gains	<b>(2,832,606)</b>	-
Settlement losses	<b><u>3,118,399</u></b>	<u>-</u>
Accrued severance obligation, at end	<b><u>\$ 31,709,730</u></b>	<b><u>\$ 30,810,527</u></b>

A reconciliation of the accrued benefit obligation and the accrued benefit liability is as follows:

#### Sick benefits

Accrued benefit obligation	<b>\$ 20,347,504</b>	\$ 22,434,399
Unamortized actuarial gains	<b><u>(2,464,529)</u></b>	<u>(5,015,463)</u>
Accrued benefit liability	<b><u>\$ 17,882,975</u></b>	<b><u>\$ 17,418,936</u></b>

#### Severance benefits

Accrued benefit obligation	<b>\$ 31,709,730</b>	\$ 30,810,527
Unamortized actuarial losses	<b><u>1,393,007</u></b>	<u>664,754</u>
Accrued benefit liability	<b><u>\$ 33,102,737</u></b>	<b><u>\$ 31,475,281</u></b>

# Central Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2017

7. Deferred grants	<u>2018</u>	<u>2017</u>
Deferred operating grants	\$ 1,346,013	\$ 815,954
Deferred capital grants	<u>21,704,767</u>	<u>17,677,518</u>
	<u>\$ 23,050,780</u>	<u>\$ 18,493,472</u>

8. Long-term debt	<u>2018</u>	<u>2017</u>
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### Operating

0.99% CMHC mortgage on Lakeside Homes; repayable in equal monthly instalments of \$11,734, interest included; maturing April 2020, renewable April 2020.

\$ 290,213	\$ 427,416
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7.5% CMHC mortgage on Lakeside Homes; repayable in equal monthly instalments of \$4,574, interest included; maturing July 2023.

242,217	277,772
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1.59% Canadian Imperial Bank of Commerce deferred demand loan; repayable in equal monthly instalments of \$3,056, plus interest; maturing December 2018.

27,425	64,097
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2.67% Canadian Imperial Bank of Commerce loan for Carmelite House, unsecured; repayable in equal monthly instalments of \$56,038, interest included; maturing January 2027.

5,286,317	5,813,756
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2.97% Canadian Imperial Bank of Commerce mortgage on 3 Twomey Dr, Botwood housing; repayable in equal monthly instalments of \$384, interest included; maturing June 2027, renewable July 2018.

37,282	40,737
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2.89% Canadian Imperial Bank of Commerce mortgage on 145 Commonwealth Ave, Botwood housing; repayable in equal monthly instalments of \$347, interest included; maturing July 2027, renewable August 2018.

33,748	36,888
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8.0% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Senior Citizens Home; repayable in equal monthly instalments of \$10,124, interest included; maturing September 2027.

808,560	864,008
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**Central Regional Health Authority**  
**Notes to the Consolidated Financial Statements**  
 March 31, 2017

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<b>8. Long-term debt (cont'd.)</b>	<u><b>2018</b></u>	<u><b>2017</b></u>
7.88% Newfoundland and Labrador Housing Corporation mortgage on Authority offices; repayable in equal monthly instalments of \$8,165, interest included; maturing November 2024.	<b>502,099</b>	558,607
1.82% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Senior Citizens Home; repayable in equal monthly instalments of \$7,752, interest included; maturing July 2019.	<b>122,368</b>	212,281
2.80% Bank of Nova Scotia 1st mortgage on land and building at 1 Newman's Hill, Twillingate; repayable in equal monthly instalments of \$403, interest included; maturing August 2024, renewable May 2021.	<b>28,061</b>	31,730
2.60% Bank of Nova Scotia 1st mortgage on land and building at 42 Howlett's Road, Twillingate; repayable in equal monthly instalments of \$350, interest included; maturing April 2020.	<b>8,503</b>	12,099
2.69% Bank of Nova Scotia 1st mortgage on land and building at 30 Smith's Lane, Twillingate; repayable in equal monthly instalments of \$349, interest included; maturing July 2020, renewable December 2019.	<u><b>9,451</b></u>	<u>13,006</u>
	<u><b>7,396,244</b></u>	<u>8,352,397</u>
<b>North Haven Manor Cottages Phase I, II, III</b>		
1.64% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor Cottages; repayable in equal monthly instalments of \$8,541, interest included; maturing November 2018.	<u><b>67,610</b></u>	<u>168,242</u>
<b>North Haven Manor Cottages Phase IV</b>		
1.81% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor Cottages; repayable in equal monthly instalments of \$3,046, interest included maturing July, 2025, renewable April, 2027.	<u><b>250,867</b></u>	<u>282,562</u>

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**Central Regional Health Authority**  
**Notes to the Consolidated Financial Statements**  
 March 31, 2018

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8. Long-term debt (cont'd.)	<u>2018</u>	<u>2017</u>
<b>Valley Vista Cottages</b>		
1.53% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Cottages; matured December, 2017.	-	86,954
1.67% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Cottages; repayable in equal monthly instalments of \$4,807, interest included; maturing May, 2018.	<u>9,569</u>	<u>66,578</u>
	<u>9,569</u>	<u>153,532</u>
<b>Bonnews Lodge Apartment Complex</b>		
2.04% Newfoundland and Labrador Housing Corporation 1st mortgage on Bonnews Apartment Complex; repayable in equal monthly instalments of \$3,714, interest included; maturing November, 2024, renewable April, 2019.	<u>277,674</u>	<u>316,172</u>
	<u>\$ 8,001,964</u>	<u>\$ 9,272,905</u>

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

2019	\$ 1,121,889
2020	987,137
2021	852,061
2022	870,666
2023	904,344
Thereafter	3,265,867

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# Central Regional Health Authority

## Notes to the Consolidated Financial Statements

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9. Replacement reserves	<u>2018</u>	<u>2017</u>
Balance, beginning	\$ 178,804	\$ 175,516
Add:		
Allocation for year	60,220	60,220
Contributions from Authority	<u>12,900</u>	<u>12,900</u>
	251,924	248,636
Less:		
Approved expenditures	<u>57,032</u>	<u>69,832</u>
Balance, ending	<u>\$ 194,892</u>	<u>\$ 178,804</u>
Funding		
Replacement reserve funds	\$ 49,849	\$ 33,761
Due from Newfoundland and Labrador Housing Corporation	<u>145,043</u>	<u>145,043</u>
	<u>\$ 194,892</u>	<u>\$ 178,804</u>

10. Capital assets			<u>2018</u>	<u>2017</u>
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net Book Value</u>	<u>Net Book Value</u>
<b>Operating</b>				
Land	\$ 551,219	\$ -	\$ 551,219	\$ 551,219
Land improvements	1,212,046	943,273	268,773	287,271
Buildings and service equipment	80,069,849	56,661,548	23,408,301	20,739,063
Equipment	135,105,840	102,814,053	32,291,787	32,887,821
Equipment under capital lease	2,781,898	2,665,627	116,271	142,662
Motor vehicles	3,043,538	2,359,587	683,951	723,748
Motor vehicles under capital lease	<u>196,503</u>	<u>189,508</u>	<u>6,995</u>	<u>8,744</u>
	<u>\$ 222,960,893</u>	<u>\$ 165,633,596</u>	<u>\$ 57,327,297</u>	<u>\$ 55,340,528</u>

Book value of capitalized items that have not been amortized is \$4,246,694 (2017 - \$952,599).

# Central Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2017

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11. Inventories	<u>2018</u>	<u>2017</u>
General stores	\$ 966,795	\$ 1,106,770
Drugs	<u>1,152,006</u>	<u>1,327,064</u>
	<u>\$ 2,118,801</u>	<u>\$ 2,433,834</u>

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12. Prepaids	<u>2018</u>	<u>2017</u>
Operating		
Equipment maintenance	\$ 1,125,659	\$ 1,559,772
Malpractice and membership fees	62,607	63,098
General insurance	282,715	313,021
Municipal taxes	788,832	785,552
Other	<u>1,690,276</u>	<u>696,902</u>
	<u>\$ 3,950,089</u>	<u>\$ 3,418,345</u>

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### 13. Line of credit

The Authority has access to a \$15 million line of credit in the form of revolving demand loans at its bankers. These loans have been approved by the Minister of Health and Community Services. This line of credit was unused at March 31, 2018 and March 31, 2017.

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### 14. Commitments

#### Operating leases

The Authority has a number of agreements whereby it leases property and equipment. These agreements range in terms from one to five years. These leases are accounted for as operating leases. Future minimum lease payments under operating leases are as follows:

2019	\$ 319,642
2020	265,789
2021	128,152
2022	44,907
2023	16,159

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# Central Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2018

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### **15. Contingencies**

As of March 31, 2018 there were a number of legal claims against the Authority in varying amounts for which no provision has been made. It is not possible to determine the amounts, if any, that may ultimately be assessed against the Authority with respect to these claims, but management and the insurers believe any claims, if successful, will be covered by liability insurance.

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### **16. Related party transactions**

As of March 31, 2018 there were no material related party transactions to disclose.

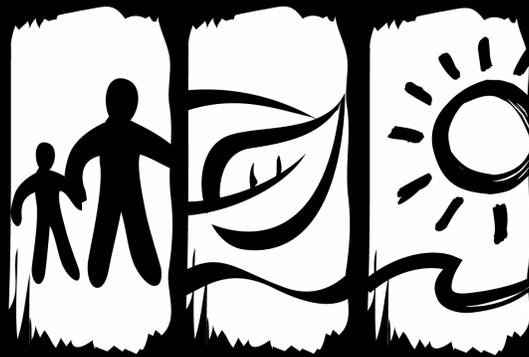
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### **17. Subsequent events**

On May 29, 2018 there was an announcement, effective June 1, 2018 there will be a curtailment of severance benefits for executives, managers, non-management/non-union employees. Management is currently estimating the impact on the severance liability as presented in Note 7 to the financial statements.

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# Central Health