



Central
Health

2021-2022

Annual Performance Report



COVER PHOTO: Twillingate Island

OPPOSITE PAGE: Gander Golf Club (left), New-Wes Valley (right)



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MESSAGE FROM THE CHAIR

On behalf of the Board of Trustees, I am pleased to present Central Health's Annual Performance Report for the fiscal year ending March 31, 2022. This Annual Performance Report is the second report for the 2020-23 Central Health Strategic Plan. It was prepared under the direction of the Board of Trustees, in accordance with a Category One Entity per the **Transparency and 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 demonstrates Central Health's progress on its four strategic issues: Our People, Quality Patient Experience, System Improvements, and Improved Health. It shares highlights and partnerships and speaks to the opportunities Central Health is embracing and the challenges it faces.

Human Resource shortages are Central Health's biggest risk. In Newfoundland and Labrador, Canada, and the world, the demand for healthcare professionals outweighs the supply. Providing optimal staffing levels to deliver safe, continual care in communities across the region is a Board of Trustees and organization-wide priority. Every effort is being taken to strengthen Central Health's position to recruit and retain talent. The Board of Trustees is committed to overseeing this work and stewarding the organization to a full complement of staff.

Our People, a team of 3,300 dedicated employees and physicians, continued their unwavering response to the global pandemic and once again demonstrated agility and resilience when faced with an unprecedented situation as a result of the provincial healthcare IT Outage. Despite the challenges, Central Health employees and physicians continued to provide quality care to the people of Central Newfoundland, delivering on all four strategic issues under challenging times.

In April, the Province announced its decision to amalgamate the four Regional Health Authorities to one provincial health body as recommended in the Health Accord NL report: Our Province, Our Health, Our Future. A 10 Year Health Transformation. This is an important move to rebalance and reform our health system to better serve the people of Newfoundland and Labrador, including Central Newfoundland. The Central Health Board of Trustees will help guide this transition as Central Health delivers upon its third and final year of the 2020-2023 strategic plan.



In many respects the 2021-22 year was a challenging one, but we have embraced each challenge as a means of enhancing the continuum of care provided to the people of Central Newfoundland. When we open our minds to a new way of doing things, using the tools available to us and the progressive thinking of employees, we find new opportunities to transform and advance healthcare.

On behalf of the Board of Trustees, I wish to thank our tremendous team of employees and physicians for your dedication, our community partners for your collaboration and engagement, and the people of Central Newfoundland for your feedback, candor and patronage as we work to strengthen our healthcare system.

Sincerely,



Donald Sturge
Chair, Central Health Board of Trustees

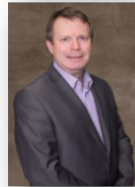
BOARD OF TRUSTEES



Donald Sturge | Thomas Kendell



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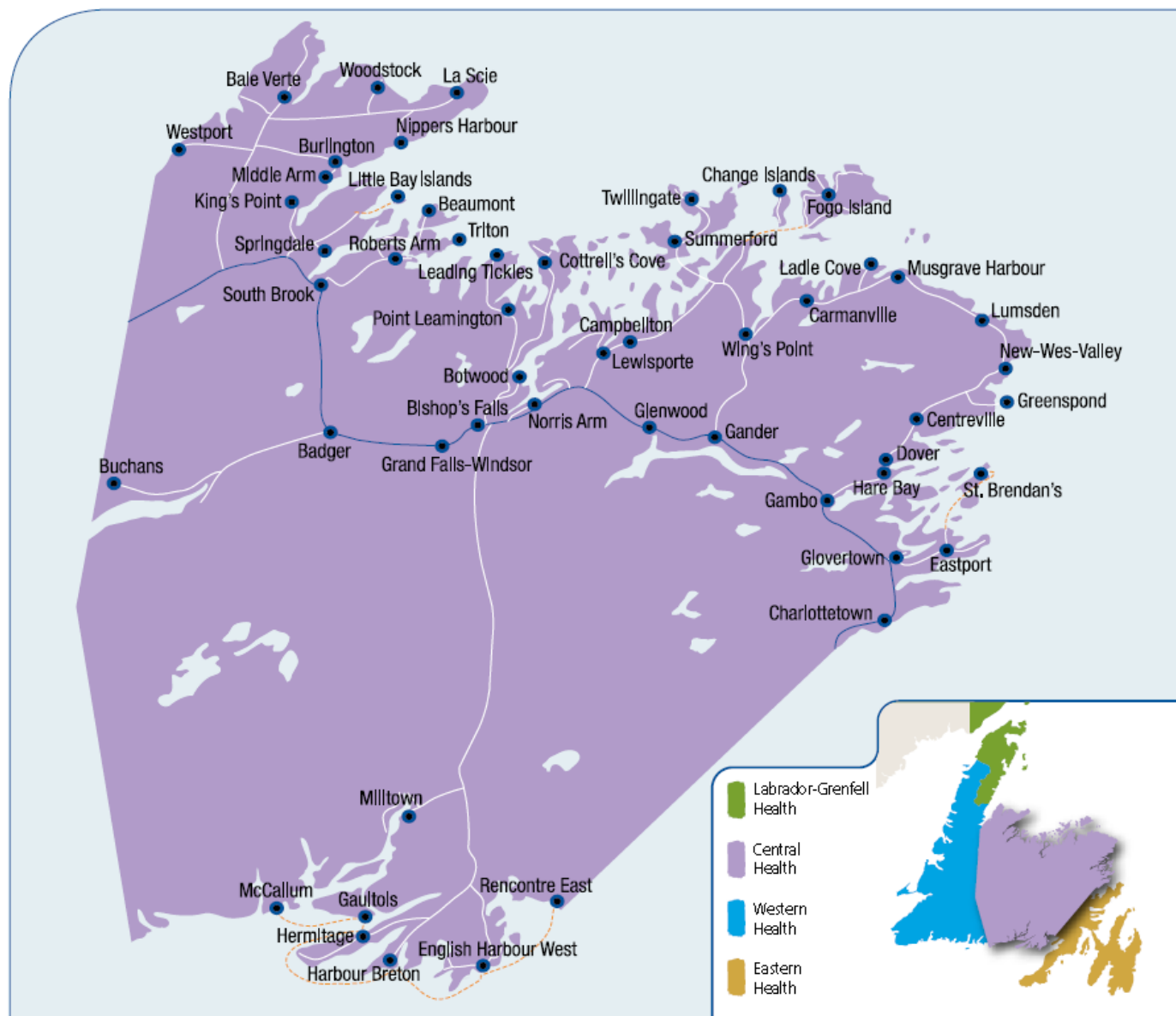


CENTRAL HEALTH REGION: OVERVIEW

Population and Geography

Serving approximately 92,600 people (18 per cent of the population of Newfoundland and Labrador), living in 176 communities, Central Health is the second largest Health Authority in the Province.

With a geographical area encompassing more than half of 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

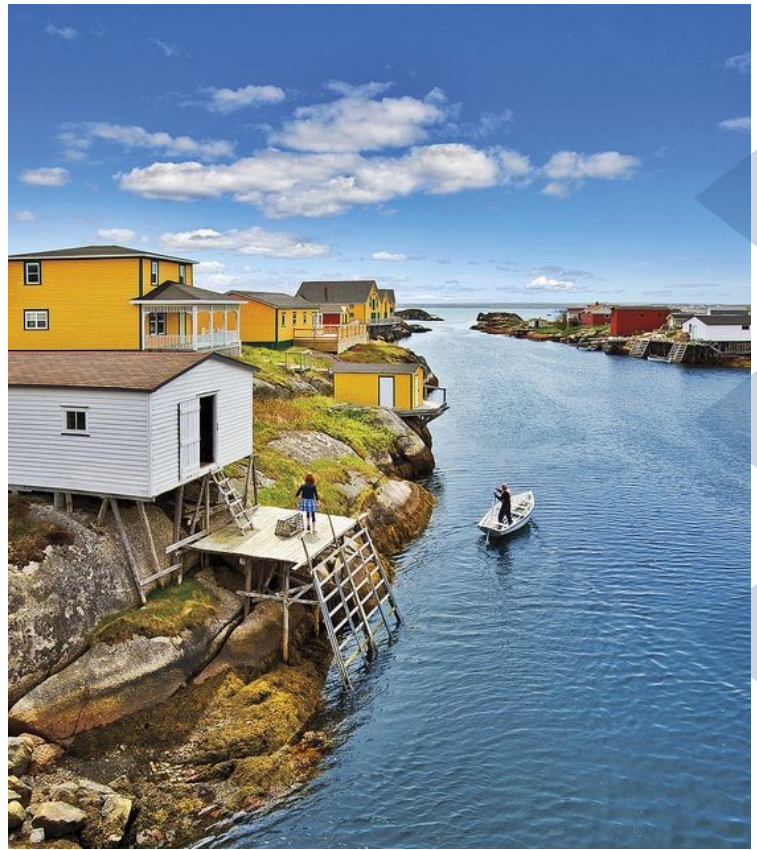
Central Health provides a variety of primary, secondary, long-term care, community health, and other enhanced secondary services through:

- 2 Regional Referral Centres
- 9 Health Centres
 - ◊ Including the new Green Bay Health Centre opened at Springdale in 2021
- 11 Long-term Care facilities
 - ◊ Including seven co-located in Health Centres:
 - * Dr. Hugh Twomey Health Centre,
 - * North Haven Manor,
 - * Notre Dame Bay Memorial Health Centre,
 - * A.M. Guy Memorial Health Centre,
 - * Connaigre Peninsula Health Centre,
 - * Baie Verte Peninsula Health Centre,
 - * Fogo Island Health Centre
- 2 New Long-term Care facilities (Gander and Grand Falls-Windsor). Construction is completed and facilities opened for residents in May 2022
- 23 Community Health Centres
- 2 Residential Treatment Centres
- 1 dedicated Mental Health and Addictions Site
- 1 Regional Office

Health and community services are provided through 43 facilities, with approximately 800 total beds throughout the region. 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 27 privately owned personal care homes and oversees implementation and monitoring of standards for five private ambulance operators and eight community ambulance operators.

PHOTO: NEW-WES-VALLEY



Central Health is committed to a Primary Health Care 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 \$425 million in 2021-22, Central Health invests its funds in three general areas: direct care, support services, and administration.

Central Health has more than 3,300 dedicated employees. There are approximately 155 physicians practicing within the region, and the organization is supported by approximately 800 volunteers and two Health Foundations. The Central Northeast Health Foundation and the South and Central Health Foundation operate under the direction of two volunteer Board of Directors.

Central Health continues to engage and collaborate with the Qalipu First Nation and the Miawpukek First Nation. The membership of the Qalipu First Nation is prominent throughout the Central Region while spread across 184 traditional Newfoundland Mi'kmaq communities. Miawpukek (often referred to as Conne River) is a First Nation Reserve located on the South Coast of NL, within the Central Region. Central Health works with the Miawpukek First Nation to support primary and secondary health services delivery in Conne River, including health promotion and protection, supportive care, treatment of illness and injury, as well as access to emergency services.

Central Health partners 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 (RHAs) in the province and collaborates on projects of mutual benefit.

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



Grand Falls-Windsor

PHOTOS: View of the new 60-bed long-term care homes opened in Grand Falls-Windsor and Gander



Gander



SENIOR LEADERSHIP TEAM

Andrée Robichaud - President & Chief Executive Officer

John Kattenbusch - Vice President - Corporate Services Provincial Shared Services Supply Chain

Joanne Pelley - Vice President - Integrated Health & Chief Nursing Executive

Craig Davis - Interim Vice President - People & Transformation

Dr. David Carroll - Interim Vice President Medical Services & Chief of Internal Medicine

Dr. Monika Dutt - Medical Officer of Health

Madonna Sparkes - Patient Experience Advisor

David Perry - Senior Director - Facilities Management & Engineering

Kelly Muggridge - Interim Senior Director - Primary Health Care & Community Services

Gayle St. Croix - Director - Communications & Government Relations





MANDATE

Central Health's mandate is derived from the **Regional Health Authorities Act** and its regulations. Central Health is responsible for the delivery and administration of health and community services in its health region, in accordance with the above referenced legislation.

In carrying out its responsibilities, Central Health will:

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

Central Health will ensure accountability for its strategic and operational plans by monitoring and reporting, in accordance with legislative, regulatory, and policy requirements.



LINES OF BUSINESS

The lines of business of Central Health represent its areas of focus in delivering the mandate.

Central Health accomplishes its mandate through five core lines of business:

- Promoting health and well-being
- Preventing illness and injury
- Providing supportive care
- Treating illness and injury
- Providing rehabilitative services





VISION AND VALUES

Vision

The Vision of Central Health is healthy people and healthy communities.

Values

Central Health values are its organizational ethics that guide and inspire best practices of employees, physicians, volunteers, and leadership. They encourage us to strive for excellence and grow with purpose to support the health and well-being of the people we serve. They create a guiding framework and enhance our person- and family-centered care philosophy, where the person we serve, and their family are at the heart of every decision we make and every action we take.



We show '**Compassion**' by responding respectfully to the needs and values of our clients, patients, their families and caregivers, as well as that of our employees



We demonstrate '**Accountability**' by advancing a quality patient experience, promoting collaboration and partnerships, and being socially and fiscally responsible



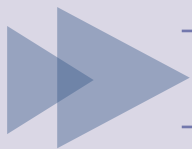
We show '**Respect**' and integrity by honoring and by being inclusive of the uniqueness of each individual and culture of our area



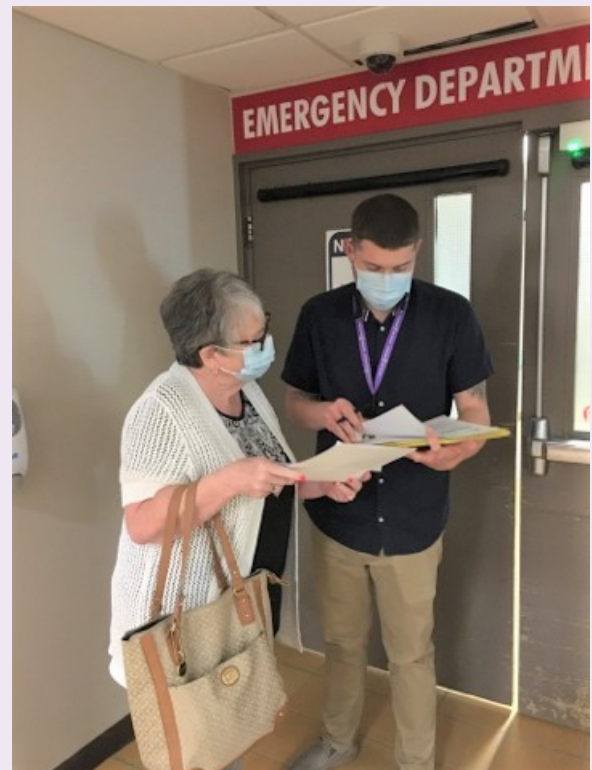
We display '**Stewardship**' through responsibility and innovation towards a sustainable healthcare system for the people of Central Newfoundland

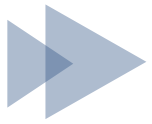


We are committed to '**Quality**' whereby we continuously strive to achieve better outcomes and experiences for our patients and clients



HIGHLIGHTS AND PARTNERSHIPS





HIGHLIGHTS AND PARTNERSHIPS



Our People

Just Culture



As an initiative to improve patient safety culture and in response to surveys completed by staff and physicians, in 2021-22 Central Health invested in the Just Culture program. The Just Culture program is designed to help healthcare organizations develop a modern approach to workplace accountability and a culture of learning. With the core tenets of fairness, justice and accountability, Just Culture supports a learning culture, builds trust, and improves employee and patient safety. In a just culture, there is an improved balance of accountability for both individuals working in the system and the organization responsible for designing and improving the workplace.

Central Health has proven commitment to this work through partnership with the SAEGIS Safety Institute, a provider of accredited educational programs for healthcare providers in Canada and a subsidiary of the Canadian Medical Protective Association.

Participants of the Just Culture program will learn how to reinforce behaviour that supports Central Health's core values while also improving systems, reducing negative outcomes and enhancing team morale. Central Health is committed to a just culture because:

- Learning from failures, errors and close calls strengthens care
- An approach that examines both human behavior and systems helps us better understand what happens and why
- Tools that are grounded in systems engineering, human factors and law are highly practical and beneficial

Central Health currently has 10 employees certified in the SAEGIS Just Culture Certification Course and four employees as certified trainers of the program. Training is to begin with all Central Health Directors and Managers completing the Just Culture Online Managers course. The course will equip them with the knowledge and skills to utilize the Just Culture principles and allow for a more consistent and objective approach to managing incidents. All staff at Central Health will be formally briefed on Just Culture concepts and provided with information on what Just Culture will mean for them.

Safe Walk Program

Originally implemented in 2018, Central Health further promoted and revitalized its Safe Walk Program at the Central Newfoundland Regional Health Centre (CNRHC) and at the James Paton Memorial Regional Health Centre (JPMRHC). As a demonstration to strengthening its commitment to making a safe work environment for employees, the Safe Walk Program enables staff to enlist a security person to escort them to or from their vehicle at night, during stormy weather, or for any other purpose. This service is also available to the general public who are visiting either of these facilities and validates Central Health's dedication to Person-and Family-Centered Care (PFCC) and the provision of a quality patient experience.

It is notable that as security personnel are most often responsible to first greet clients at Central Health facilities, it is important they are well versed with knowledge as to how to communicate with and take steps to help clients and families be at ease. Orientation for security personnel encompasses perspectives from Central Health Patient Experience (PX) Advisors as to being mindful of patient experience in all interactions.

For staff working at other Central Health locations, general safety tips regarding approaching and leaving facilities have also been provided.



Quality Patient Experience

Doorways Walk-In Counselling Services

In 2021-22 Central Health partnered with Exploits Valley High (EVH) in Grand Falls-Windsor to deliver Doorways, a walk-in service that provides rapid access to mental health and addictions counselling. EVH reached out to Central Health in Spring 2021 regarding the delivery of Doorways in their school and constructed a welcoming and safe area that Central Health and other community partners can use. Counselling services were offered both in-person and virtually and Central Health delivered over 85 hours of counselling to approximately 30 students. Partnering with EVH, the Mental Health and Addictions Services Program (MHAS) was able to increase access to mental health and addictions services for this population. As stated by EVH administration, "bringing the service to the students, in a place they are comfortable has been an overwhelming success this year." Building on this success, Central Health looks to continue this partnership and facilitate further access to mental health and addictions counselling for students. Doorways is available at several drop-in locations across the central region. For locations, visit nl.bridgethegapp.ca.



Privacy Walk Rounds



PX Advisors took on a new role in 2021-22 in assisting with Privacy Walk Rounds. Privacy Walk Rounds is a tool to review current practices in select areas and look for opportunities that Central Health can improve upon. By partnering with PX Advisors, Central Health learned what is important to patients and family members when it comes to their privacy that otherwise may not be identified by a staff member. Due to COVID-19, PX Advisors joined Privacy Walk Rounds virtually at the beginning of the fiscal year but were able to attend in person in December 2021 and March 2022 at the Outpatient Mental Health area at JPMRHC and in the Emergency Room (ER) at CNRHC respectively. PX Advisors' feedback was instrumental in creating change to increase privacy and confidentiality. From an Advisor's experience at CNRHC: "It was a great partnership, I felt that I was genuinely heard and a real partner; that it was us working together to increase privacy in the ER." The voice of PX Advisors continue to enrich the PFCC philosophy of care at Central Health.



System Improvements

ACTEAST



The ACTEAST (Atlantic Canada Together Enhancing Acute Stroke Treatment) Project aims to improve access and efficiency of acute stroke treatment by conducting improvement collaboratives. In November 2021, Central Health along with the other RHAs in the province, joined an improvement initiative enrolling both alteplase (tPA) capable sites, JPMRHC and CNRHC. tPA is the medication given to breakdown blood clots in patients who are experiencing a stroke that is caused by a blockage or narrowing of an artery leading to the brain (ischemic strokes). The improvement collaborative aligns with the Canadian Stroke Best Practice Recommendations set out by the Heart and Stroke Foundation.

In a typical acute ischemic stroke, 1.9 million neurons die every minute. For ischemic stroke patients, opening the blocked artery as soon as possible saves brain cells. By treating patients faster with both tPA and endovascular thrombectomy (EVT), the chance that a patient can return home with no or little disability improves dramatically. EVT is currently not available in the province therefore our goals for this project are:

- To increase the proportion of ischemic stroke patients that receive tPA by 5 per cent.
- To reduce the door-to-needle time for tPA administration to a median of 30 minutes; time from patients arrival to ER to the time the tPA (medication) bolus is initiated.

Central Health has created an ACTEAST working group with representation from all key stakeholder groups. This working group is a subcommittee of the Central Health Stroke Steering Committee. In partnership with the ACTEAST project and the other RHAs, an action plan was developed, and strategies were explored to meet Central Health's goals. At the end of the fiscal year, two of four strategies have successfully been embedded into practice. Preliminary data has shown an improvement in door to needle time, however, data collection is ongoing.

Health Emergency Management

Central Health continues to strengthen its Health Emergency Management (HEM) Program. During the 2021-22 fiscal year the continued COVID-19 pandemic and the prominent Information Technology (IT) outage necessitated organized and coordinated HEM support. In both instances, timely and accurate information was essential to be disseminated internally to Central Health staff and externally to the public, partners and stakeholders. The Emergency Planning Coordinator supported both the COVID-19 Emergency Operations Centre as well as the IT Outage Emergency Operations Centre in the dual capacity of liaison / information officer.

As the Public Health State of Emergency continued in 2021-22, the Emergency Planning Coordinator facilitated two COVID-19 discussion-based tabletop exercises that allowed teams to test emergency plans and identify areas for improvement. There were also regular coordinated meetings between Central Health's Senior Management Team (SMT) and municipalities in the Central Region to ensure strong communication and collaboration with these key stakeholders; all of which were imperative in building partnerships during rapidly evolving times.

As events in the past two years have reinforced the necessity of strong and continuous Health Emergency Planning, in 2021-22, Central Health refined its Pandemic Plan and HEM Framework and created interactive learning modules to support these updates. In addition, work began towards the regionalization of emergency colour codes, the standardization of Business Continuity Plans regionally, and the updating of the Crisis Communication Plan. These initiatives are supported by a HEM Advisory Committee that had its inaugural meeting in January 2022. The Advisory Committee reports directly to SMT through the Vice President of People and Transformation.

Privacy Action Plan

Central Health has an ethical and legal obligation to protect confidential information entrusted to its care. In 2020, a review was completed by Drawbridge Consulting Inc., in relation to the RHA's Privacy Management and Accountability Framework, practices, and culture. The Review proposed 14 recommendations related to 13 risks of varying likelihood and impact within Central Health.

To ensure integration of privacy safeguards as a component of quality care, all Central Health managers are now required to incorporate privacy goals or activities within their annual work plans, one of which is hosting Privacy Walk Rounds in partnership with a PX Advisor. Central Health has committed to completing a monthly Privacy Walk Round within its facilities or program areas to increase awareness of privacy safeguards and support positive privacy practices within Central Health.

In this fiscal year, Central Health has also assertively pursued its annual privacy education campaign. All Central Health employees are assigned and mandated to complete annual privacy education requirements. Annual completion of the Personal Health Information Act [PHIA] training session and review of the Confidentiality Policy and Attestation of Confidentiality serves to better position the organization in preventing adverse privacy events. All employees are deemed to be integral in Central Health's work towards fostering a positive privacy culture, thus privacy education for all employees is vital. The privacy education campaign was quite successful with greater than 99 per cent of Central Health active employees fulfilling their requirements by fiscal end.



Improved Health

Home Dementia Care Program



In 2021-22, Central Health launched its regional Home Dementia Care Program which is an expansion of a provincial program previously introduced at Eastern Health in 2019. The goal of the Home Dementia Care Program is to help support people with dementia and their caregivers at home, to avoid unnecessary visitation to the ER or premature placement to Long-Term Care (LTC), and to educate caregivers and family members about dementia and its progression. The team supporting the program consists of two Nurse Practitioners, a Care of the Elderly Physician, and a clerical support person.

To date, 150 individuals and families in the Central Region have availed of services from the program and new referrals continue to be accepted. The program has seen positive outcomes for patients in several key areas. For example;

- 37 per cent of clients in the Central / West area of the region saw a reduction in potentially harmful medications. In the Central / East area of the region, the care team was able to work with families and LTC sites to have individuals transition directly to LTC from home rather than being admitted to acute care first. Transitioning directly from home has several benefits including the client having to experience less care transitions and acute care pressures are lessened because of decreased admissions.
- 21 per cent of home visits prevented ER presentations as clients were able to be adequately assessed and effectively treated at home versus having to present to hospital. Home visits by healthcare professionals can create a much safer care experience for individuals and provides opportunity to observe and assess clients in their home environment.

Opportunities for continued program growth and refinement have been identified. As the program continues to grow, the care team will look for additional ways to partner with Primary Care Providers to increase referrals to the program. There are also many opportunities to streamline processes where the program intersects with other program areas of Central Health. Continued relationship development with these various programs will yield continued positive outcomes for the clients involved.

BETTER Program

Focusing on people between the ages 40-65, the BETTER (Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Primary Care) Program is an evidence-based approach to chronic disease screening and prevention, focusing on cancer, diabetes, cardiovascular disease and their associated lifestyle factors.

Central Health's BETTER Program Prevention Practitioner (PP) accepts referrals of those who are interested in participating. The PP utilizes necessary patient screening data and medical chart information to complete assessments and collaborates with the patient to identify lifestyle change goals towards improved health. The PP later completes follow-up with the patient at determined intervals.

Working mainly from Central Health's Gander Breast Screening Centre, the PP is well positioned to identify patients who may benefit from the BETTER Program. In addition, a community partnership has been formed such that the PP is embedded in work at the Gander Medical Clinic in partnership with a family physician. Central Health has circulated an expression of interest to develop program partnerships in other areas of the region and is also exploring the possibility of immersing the program within the Health Hub (non-emergent virtual assessment clinics) model.

To determine program success, an evaluation process has been implemented. Data is collected from a patient experience survey and other measures include the rate of out of date screenings identified and eventually completed (i.e. overdue cervical, breast, diabetes, and/or colorectal screenings), and the establishment and meeting of lifestyle goals. To date, the data and feedback are very promising.



RIGHT: Prevention Practitioner Michelle Parsons.
MIDDLE: Program Participant Maisie Rogers.
LEFT: Michelle Parsons is with colleagues at the Gander Medical Clinic; Dr. Tony Gabriel and Mary Broomfield.



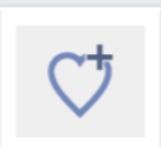
Strategic Issue #1: Our People



Strategic Issue #2: Quality Patient Experience



Strategic Issue #3: System Improvements



Strategic Issue #4: Improved Health

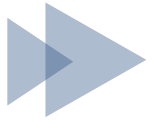


**THERE IS
A JOB FOR YOU
IN CENTRAL
NEWFOUNDLAND**



REPORT ON PERFORMANCE





REPORT ON PERFORMANCE

This section outlines the progress on Central Health's objectives for year two (2021-22) and details the work underway to achieve the overall goals in its 2020-23 Strategic Plan. This report on performance focuses on the health authority's four strategic issues: Our People, Quality Patient Experience, System Improvements, and Improved Health. Central Health has implemented a robust accountability work planning process to guide the activities in meeting each indicator established within the yearly objectives.



Strategic Issue #1: Our People



Our People are at the heart of the organization and every service and program Central Health offers. They are the staff who fulfill a wide spectrum of expertise in clinical and non-clinical roles, the physicians who practice quality medicine, and the volunteers who enhance the experience of those in our care to brighten one's day. Our People contribute to and embody Central Health's PFCC philosophy of care. They are Central Health.

Taking care of Our People is a priority because we know that for Our People to take care of others, they must be taken care of first. Recognizing the world-wide shortage of healthcare workers, Central Health, like all health authorities provincially and nationally, is challenged with delivering optimal staffing levels. Building on the previous fiscal year's progress, areas of focus for 2021-2022 were recruitment and retention, a healthy and safe workplace with reduced unplanned absences, increased Human Resource (HR) process efficiencies, and employee and physician engagement.

With the new People and Culture structure in place inclusive of Business Partners, and the regional managers of Employee Experience and Workplace Health and Safety, Central Health developed a strategic recruitment and retention plan and developed a strategy to reduce unplanned absences. Central Health increased HR efficiencies through research of best practices, evaluation of current practices, and implementing improvements. Lastly, it began its focused efforts on employee engagement to create a healthy and enjoyable work environment where all employees and physicians feel appreciated, valued, and supported.

Goal: By March 31, 2023, Central Health will have fostered a culture that supports a safe, healthy and engaged workplace.

Objective #2: By March 31, 2022, Central Health will have developed and/or implemented strategies to advance a safe, healthy and engaged workplace.

Planned Indicators for 2021-22	Actual Progress
Researched best practices in performance development systems	In 2021-2022, a literature review of best practices in performance development systems was completed. A collection of applicable journal articles has been identified and compiled to help inform this work moving forward.
Developed a strategy to reduce unplanned absences	<p>In this fiscal year, a strategy was developed to reduce unplanned absences based on Central Health's REED Group report. Contracted by Central Health, the REED Group is an industry leader in absence management assessments and solutions.</p> <p>Strategy implementation began in 2021-2022 and includes:</p> <ul style="list-style-type: none"> • Improvements to Early and Safe Return to Work (ESRTW) processes. • Physician packages to reduce claim turnaround times and advocacy of modified work programs. • A plan to educate and inform Central Health managers of the changes to the Disability Management Program and its process efficiencies.
Developed a comprehensive recruitment plan	<p>A recruitment plan was developed in 2021 and continues to evolve in response to ongoing recruitment challenges. As part of the plan, Central Health contracted National Public Relations to develop an integrated Communications and Marketing plan for provincial, national, and global brand awareness and targeted recruitment. This work has transitioned to the Province for an all-encompassing provincial recruitment approach.</p> <p>Additional efforts in 2021-2022 included the hiring of an Employee Experience Manager and a new strategic recruitment position, as well as the establishment of a Recruitment Steering Committee. The Committee is under the leadership of Central Health's CEO, is aligned with the Recruitment Strategy, and focuses on immediate solutions to current recruitment challenges inclusive of:</p>

Planned Indicators for 2021-22	Actual Progress
	<ul style="list-style-type: none"> Enhanced social media presence and promotional opportunities. Tailored recruitment strategies: conduct targeted searches and connect directly with potential candidates about current opportunities. Enhanced partnerships with communities and other stakeholders, including Community Advisory Committees (CACs), on various approaches to recruitment and retention. Explored opportunities for the recruitment of internationally educated professionals in collaboration with the Provincial Office of Immigration and Multiculturalism. Ongoing plans to create meaningful connections with students from the Central Region and beyond via clinical placements and learning opportunities, and by offering bursaries to eligible candidates. Strategies to engage with employees, unions, and communities on ideas to recruit and retain healthcare professionals. <p>The work of the recruitment team is supported by a temporary Opportunities Specialist and will be further sustained by an International Recruitment Consultant.</p>
Researched best practices in safe and healthy workplace strategies	<p>Research was completed to better enhance Central Health's Violence Prevention Program and improve occupational health and safety. As a result of the research findings, a training program was developed for implementation in 2022-2023. It is a tiered training program based on the assessment of risk of violence in the workplace. MHAS and ER Services are slated to be trained first.</p>
Identified and commenced implementation of efficiencies in human resource processes	<p>Human resource processes that require increased efficiencies were identified through a LEAN review (principles and methodologies that help create value, improve processes and implement change throughout an organization) and other evaluation work and feedback. Work commenced as outlined:</p> <p><u>Recruitment</u></p> <ul style="list-style-type: none"> Development, promotion, and administration of two separate surveys targeted to managers and employees who utilized recruitment services within six months of the survey. Data was compiled, analyzed, and used to inform benchmarking and process improvement. Workflow in recruitment was realigned. Recruitment coordinators and recruitment assistants have been paired, and sites of responsibility have been realigned to mirror sites of responsibility for the Business Partner Model.

Planned Indicators for 2021-22	Actual Progress
	<ul style="list-style-type: none"> • The reference check process for job competitions was revised in consultation with unions. • Process mapping on the job requisition process was undertaken to time stamp process and identify opportunities for improvement. • Recruitment coordinators and assistants tracked volume of identified activities such as interview booking and job offer process, and the time required for completion in order to set benchmarks. <p><u>Professional Development</u></p> <p>A review of Professional Development services and resource allocation was completed. As a result, the LEARN management system (provides eLearning, training and development for staff) was repositioned within the Professional Development portfolio and is now an offering of Central Health's Library Services, which will enhance the support provided to Central Health employees who engage in learning opportunities.</p> <p><u>Strategic Business Partner Model</u></p> <p>As part of the new People and Culture structure, the Business Partner Model was introduced to better align HR practices with the business needs of the organization. Soft implementation of the model began in February 2022, with full implementation to be completed by April 2022.</p> <p><u>Occupational Health</u></p> <p>Utilizing a LEAN process review, Occupational Health and Safety have improved the flow of Pre-Health Assessments for new staff commencing employment. This improvement has increased efficiencies and streamlined the process.</p>
Developed and commenced implementation of an Action Plan based on the results of the organization-wide engagement survey	<p>An Action Plan was developed in March 2022 and presented to Central Health's Management Group in April 2022. The plan is based on results from the organization wide engagement survey conducted in November 2020 and feedback gathered from management, staff and physicians throughout 2021-2022.</p> <p>While the scheduled planning and formal implementation of the plan was delayed due to the IT outage in November and heightened COVID-19 response in January / February 2022, aspects of the plan were carried out in this fiscal year including regularly scheduled all staff calls and Chief Nursing Executive engagement sessions.</p> <p>Full implementation of the plan will take place in 2022-2023.</p>



Discussion of Results

With the new People and Culture departmental structure in place inclusive of the regional managers of Employee Experience, Workplace Health and Safety, Business Partners, and their complement of full teams, progress was made in the research, development and implementation of key HR priority areas.

Recruitment and retention efforts require a multi-stakeholder approach. Under the leadership of the CEO, the Recruitment Steering Committee was formed. The Employee Experience Team, inclusive of recruitment personnel, worked with the Steering Committee to further develop recruitment opportunities and raise awareness of the Central Health brand to address immediate needs and meet long term goals. Tangible actions were undertaken from increased social media job advertisements and targeted recruitment, to community partnerships and working with the Province to explore options to recruit internationally educated professionals. Central Health has hired a temporary Opportunities Specialist and is recruiting for an International Recruitment Consultant.

Research was conducted to strengthen Central Health's Violence Prevention Program and to improve occupational health and safety. As a result, a training program was developed and is scheduled for implementation in 2022-23. Following the REED Group report in 2020-21, a strategy was developed to reduce unplanned absences and length of absence through improvements to the ESRTW program and by developing physician packages to reduce claim turnaround time and to advocate for modified work programs.

Recruitment efficiencies are key to the experience of applicants, new hires (external and internal), and managers. Through a LEAN review, data collection and process mapping, and feedback from new hires and managers who have hired within six months of being surveyed, the Employee Experience team implemented structure, workflow and process changes. Offerings of learning modules and classes were reviewed and the online LEARN management system was re-positioned under Library Services to enhance the support provided. Lastly, soft implementation of the Business Partner Model began in February 2022, with full implementation completed by April 2022. The Model supports the organization's business and operational goals through strategic alignment and integrated HR practices.

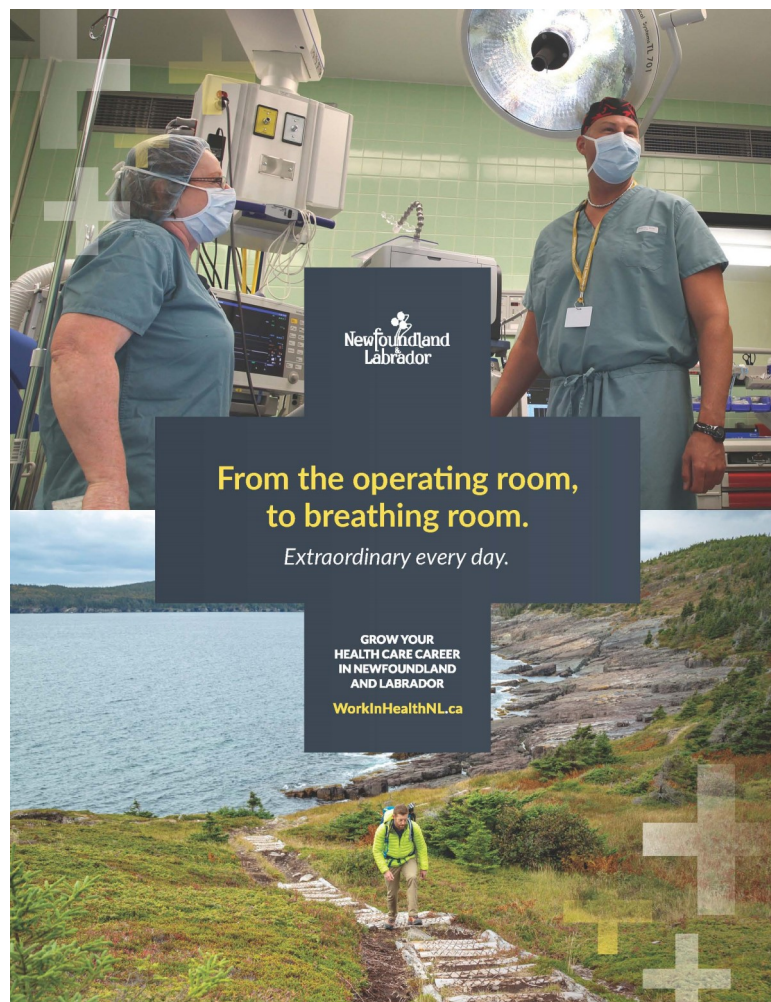
In follow-up to an organization-wide employee engagement survey administered in 2020, an action plan was developed. Although formal implementation of the plan did not occur in the fiscal year, some actions identified in the plan had commenced.

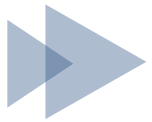
▶ Year 3 Objective:

By March 31, 2023, Central Health will have continued to implement and evaluate strategies that entrench a safe, healthy and engaged workplace.

▶ Year 3 Indicators:

- Developed and implemented a performance development system
- Implemented a strategy to reduce unplanned absences
- Implemented a comprehensive recruitment plan and corresponding evaluation measures
- Developed and implemented a safe and healthy workplace strategy
- Evaluated select efficiencies in human resource processes
- Implemented a Just Culture employee training plan





REPORT ON PERFORMANCE



Strategic Issue #2: Quality Patient Experience



Central Health exists to provide quality care to the people of Central Newfoundland and Labrador. A quality patient experience is one that is safe and meets the needs and expectations of an individual and their family. To provide quality care, Central Health actively seeks out and engages with patients, residents, clients, and family members through its PFCC philosophy of care. By partnering with PX Advisors and family councils, we learn what matters most.

In 2021-22, Central Health evaluated its Client Navigation program demonstrating the value of a person-centered approach to assist individuals and families one-on-one as they navigate the healthcare system. Being able to find one's way in our facilities through tools that are consistent throughout the region is also key to navigation and as such Central Health has implemented a Wayfinding project starting at JPMRHC and CNRHC. Communication and understanding who is interacting with you and why, are important aspects of a quality patient experience. A Communications and Information Sharing strategy specific to social media and a Health Literacy strategy were developed. The N.O.D strategy (Name, Occupation, Duty) was implemented in the select area of Protection Services.

Goal: By March 31, 2023, Central Health will have transformed the person and family care experience through engagement and partnership across the continuum of care.

Objective #2: By March 31, 2022, Central Health will have continued to develop and implement strategies to improve quality experience.	
Planned Indicators for 2021-22	Actual Progress
Increased partnerships with Patient Experience Advisors	<p>PFCC continues to be embedded as a philosophy of care. Central Health increased its partnerships with PX Advisors in 2021-2022 as demonstrated below:</p> <ul style="list-style-type: none">• PX Advisors participated in renovation plans and development for the Dr. Hugh Twomey Health Centre (DHTHC) in Botwood and the Obstetrics renovation project at CNRHC.• PX Advisors participated in Central Health's COVID-19 tabletop exercises at CNRHC, JPMRHC and DHTHC.

Planned Indicators	Actual Progress
	<ul style="list-style-type: none"> • PX Advisors contributed to the development of and participated in orientation for Central Health COVID-19 site screeners. • The PX Advisory Council was engaged by the Quality, Planning, and Performance Department to discuss patient, client, resident and family survey uptake and opportunities. • PX Advisors participated as members of Quality Improvement (QI) teams – Chronic Disease, Mental Health, Community Health, Long Term Care and Emergency. Recruitment efforts were ongoing for several other QI teams that were later filled in April 2022. • The Patient and Family Advisory Council (PFAC) participated in a focus group to inform the development of the Patient Safety Plan. Advisors also participated on the Patient Safety Day Planning Committee, Policy Advisory Committee, and Wayfinding Committee. • PX Advisors provided feedback on public service announcements and education material on an on-going basis throughout the year. • PX Advisors partnered with the Central Health clinical team to inform the Health Literacy Strategy. • PX Advisors continued to participate in leadership interviews as panelists. This is now standard practice for leadership interviews.
<p>Completed a formal evaluation of the Client Navigation Program</p>	<p>After being launched in 2020, a robust evaluation framework was developed and implemented to assess whether the Client Navigation Program was achieving its goals and objectives and to identify future quality improvement opportunities. The evaluation focused on four Performance Domains: Access, Communication / Education, Client Experience, and System Improvement. These domains were directly linked with the eight Quality Dimensions identified by Accreditation Canada: Safety, Client Centred Services, Worklife, Efficiency, Appropriateness, Accessibility, Population Focus, and Continuity.</p> <p>A formal evaluation was completed for the 2021-22 fiscal year. The evaluation combined system / user data with data collected through a running client survey and two periodic staff surveys. Interviews were completed with the Client Navigator and the Regional Quality Improvement Coordinator and the interview feedback was also included in the evaluation.</p> <p>Evaluation findings indicated a high level of client satisfaction on interactions with, and services received from, the client navigator. Also indicated was an increase in staff awareness of the navigator position from 67 per cent in Q1 to 81 per cent in Q4. As well, the results suggested opportunities to further raise the awareness of the program and boost the amount of client experience data collected in order to improve data integrity.</p>

Planned Indicators	Actual Progress
Implemented the N.O.D strategy in a priority area	<p>N.O.D. stands for Name, Occupation, and Duty. Building on the N.O.D. strategy developed in 2020-21 whereby personal introductions by staff begin with them providing their name, occupation and duty, Central Health has since implemented the strategy amongst its Protective Services team in 2021-22. As N.O.D. was identified as a means where Central Health can improve interactions amongst staff, and with patients, clients, and families, Protective Services at Central Health sites incorporated N.O.D. in screening individuals upon entering Central Health facilities (a COVID-19 requirement) and in day to day rounds with staff and clients.</p> <p>Protective Services have also effectively incorporated providing a Quality Patient Experience into their staff orientation including education on PFCC, demonstrating Central Health values when interacting with patients, and practicing N.O.D. at the beginning of each interaction.</p>
Implemented the Wayfinding Project in a select area	<p>In partnership with the design firm Cygnus, Central Health has implemented a regional Wayfinding project aimed to improve how patients and clients navigate Central Health facilities and access healthcare. Central Health is placing initial focus on implementation at its two regional referral sites, CNRHC and JPMRHC.</p> <p>In 2021-22:</p> <ul style="list-style-type: none"> • A wayfinding experience survey was launched to all staff, patients, volunteers, and visitors of both JPMRHC and CNRHC to engage and provide constructive feedback on their own personal and overall wayfinding experience. 391 survey results were analyzed by a Cygnus consultant with results presented to the Wayfinding Steering Committee. • From the feedback collected, a wayfinding master plan and a sign family plan which includes sign orientation, room identification, directional information, and environmental graphics have been developed. • Clinical nomenclature and pictogram plans have been developed. • Design documents have been completed. • A program budget has been developed and a tender prepared.

Planned Indicators	Actual Progress
<p>Developed a Communication and Information Sharing Strategy</p>	<p>Aligning with other indicators within this strategic issue, a communication and information sharing strategy was developed with focus on Central Health's social media presence.</p> <p>With a vision of the residents of Central Newfoundland having clear, consistent access to current information through their chosen social media platform, Central Health plans to implement measures to improve messaging on its social media channels such that all information is easy to find, easy to access, and easy to understand.</p>
<p>Revised and commenced implementation of the Central Health Patient Safety Plan</p>	<p>In this fiscal year, Central Health's Patient Safety Plan was revised and reestablished. The <i>Central Health Patient Safety Plan 2021-2023</i> aims to address priority patient safety issues identified in the organization, meets the requirements set forth in the Patient Safety Act NL and in the Accreditation Canada Qmentum Program. The plan is organized around seven overarching goals which Central Health will use as a driving mechanism of change to advance the safety culture and achieve desired outcomes. The goals were established by evidence and analyzed through many internal and external processes at Central Health. The plan is applicable to all employees and physicians at Central Health with the guiding principle that everyone has a role to play in patient safety.</p> <p>The goals of the Patient Safety Plan are to:</p> <ul style="list-style-type: none"> • Enhance organizational safety culture through education and utilization of tools. • Improve medication safety by strengthening the systems for reducing medication errors and avoidable medication-related harm. • Improve communication through information transfer at care transitions. • Identify system level changes that can reduce mortality. • Identify strategies to implement standardized stroke care to meet Canadian Stroke Best Practices. • Develop a strategy to ensure safe and effective Virtual Emergency Departments (ED). • Improve compliance with positive patient identification and reduce related patient safety incidents.

Planned Indicators	Actual Progress
Developed a strategy to promote health literacy in a select area	<p>Building on the research results of health literacy completed during the previous fiscal year and focused work ongoing at Central Health related to chronic disease, a comprehensive health literacy strategy was developed specifically for chronic disease programming. Aligning with best practice and Central Health's PFCC philosophy, the strategy was created through the engagement of and partnership with the Chronic Disease Management Clinical Team and a group of PX Advisors. This resulted in the establishment of strategy themes, a vision, mission, and goals. Actions were then identified and confirmed by all participants.</p> <p>An action plan has been constructed with assigned accountabilities and timelines, and focuses on the following:</p> <ul style="list-style-type: none"> • Enhancing Knowledge and Education • Health Promotion • Relationship Building / Communication • System Improvements

Discussion of Results

Central Health continued to partner with PX Advisors and the PFAC to hear perspectives and feedback on ways it can improve to enhance the patient experience. Work continued with PX advisors in a variety of areas with Advisors participating on interview panels for leadership roles and on renovation plans that affect patients and residents such as the renovation projects at DHTHC and the Obstetrics Unit at CNRHC.

The Client Navigation Program was launched in 2020 and provides guidance and information to clients to better serve them as they navigate the Central Health system, which can be difficult when feeling alone, overwhelmed and/or in pain. Any client or family member can contact the Client Navigator with a question or concern. The year-end evaluation for 2021-2022 demonstrates a high level of client satisfaction and an increase in staff and physician awareness of the program by 14 per cent. The evaluation also identified areas of opportunity that will guide work in 2022-2023, from increasing internal knowledge of who the Client Navigator is and contact information, to increasing public promotion of the program and advancing the collection of client experience data to better inform program development.

Communication is key to a quality patient experience. The N.O.D strategy has been very successful to date, and most recently was implemented in Protection Services in 2021-22 as part of the screening process for COVID-19, and day to day rounds and interactions with clients and staff. N.O.D is an effective way to promote communication and efficiently identify staff members and their role. Central Health will continue its roll out of the N.O.D. practice to other select areas.

In 2021-22, Central Health developed a communication and information sharing strategy and a health literacy strategy. The communication and information strategy is based on providing residents of Central Newfoundland with consistent and easy access to information through social media platforms. The health literacy strategy was developed for the Chronic Disease Program based on extensive engagement and feedback from clinicians and PX Advisors. An action plan has been developed for the health literacy strategy with implementation timelines set for 2022-23.

Finding one's way in facilities for appointments and services or to visit a loved one can be challenging and stressful, especially in the larger referral centres. With the design firm Cygnus, Central Health implemented a regional Wayfinding project to improve how patients and clients navigate facilities and access healthcare across the region. Starting with JPMRHC and CNRHC, a Wayfinding master plan and a sign family plan were developed, and design documents completed.

The safety of those in Central Health's care remains paramount. In alignment with **Patient Safety Act NL** and the Accreditation Canada Qmentum program, Central Health revisited and re-established its Patient Safety Plan (2021-2023). The plan has seven goals to drive the organizational safety culture and achieve safety outcomes such as improved compliance with positive patient identification and reduce related patient safety incidents. The plan will continue to embed patient safety in Central Health's culture and impact specific programs and services, processes and procedures for patient safety.

Year 3 Objective:

By March 31, 2023, Central Health will have implemented and evaluated strategies to improve quality experience.

Year 3 Indicators:

- Completed an evaluation of a PX Advisor partnership in a select area
- Demonstrated increased partnerships with patients in select priority areas
- Developed and implemented an action plan to increase awareness of the Client Navigation Program
- Developed and implemented an evaluation to measure improvements in communication and information sharing
- Continued implementation of the Central Health Patient Safety Plan
- Implemented quality improvement activities to increase health literacy for patients and Central Health Staff



REPORT ON PERFORMANCE



Strategic Issue #3: System Improvements



Acknowledging the positive impact system improvements have on service provision, Central Health continuously strives to enhance quality and improve health outcomes through organizational stewardship and by making systems more efficient, effective and sustainable.

The continued COVID-19 pandemic and other significant challenges such as the IT outage, and staff recruitment further supported Central Health's commitment towards creating technological and client flow efficiencies. Along with the other three RHAs, the Newfoundland and Labrador Centre for Health Information (NLCHI), and other stakeholders, Central Health continued work towards building the Integrated Capacity Management System (ICM) and has continued to strengthen and build accountability in Health Information Management (HIM) oversight and processes. Central Health has increased its virtual health capacity and is working toward establishing a virtual care strategy for EDs. An accountability structure for stroke care has been established with a focused vision towards a standardized and enhanced response to all patients requiring stroke intervention.

Goal: By March 31, 2023, Central Health will have achieved system improvements and better value through the optimization of resources, partnerships and technology.

Objective #2: By March 31, 2022, Central Health will have implemented strategies focusing on system improvement.

Planned Indicators for 2021-22	Actual Progress
Identified improvement opportunities in anticipation of the implementation of Integrated Capacity Management at Central Health	<p>Central Health continued its work in anticipation of ICM implementation.</p> <p>An Internal Advisory Committee was established at Central Health in March 2022. This Advisory Committee and its members aim to align project goals with organizational goals (and Strategic Plans) and ensure appropriate internal and external stakeholders are involved in the planning, transitioning, and implementation and evaluation phases of the ICM system.</p> <p>Central Health's SMT held Integrated Operations Center (IOC) visioning sessions in November 2021 and identified site, scope and function of the IOC in December 2021. Activation is targeted for summer 2022 and planning is underway.</p>

Planned Indicators	Actual Progress
	<p>Capacity Planner (a predictive analytics capacity planning tool that provides forecasting of patient demand to help facilities maximise capacity, improve staffing resource alignment, and deliver safe care) has been implemented at the pilot sites in the Eastern Regional Health Authority; the Health Sciences Centre and the Janeway, and will be implemented at the other RHAs in June 2022.</p> <p>Central Health's project lead is also the provincial Project Acuity and Assignment Manager (AAM) and led the following provincial work:</p> <ul style="list-style-type: none"> • A Provincial Advisory Committee comprised of RHA Chief Nurses and Professional Practice Coordinators, RNUNL, NAPE, CUPE, CRNNL, CLPNNL, NLCHI leaders and ICM Project Team members. • Engagement of frontline nursing staff of the 18 inpatient nursing units at the pilot sites, Health Sciences Centre and Janeway to determine each units' specifications. • Development of provincial clinical teams to complete AAM workbook requirements including the gathering of information on patient / service types by RHA / Facility and Units. Teams were representative of the following clinical areas; Medicine, Surgery, Psychiatry, Critical Care, OBS and Pediatrics and comprised of Educators and Facilitators from all RHAs.
Developed a Virtual Care Strategy	<p>The COVID-19 pandemic expedited virtual care practice at Central Health. In 2021-22, Central Health solidified a Regional Virtual Care Steering Committee in order to provide leadership, direction and support for all virtual care in the RHA. Furthermore, as virtual care in ERs has become a viable and necessary option in many cases, a virtual care strategy was developed to advance this practice. With a vision to connect people of Central NL to virtual emergency services through integrated systems and advanced technology, the committee developed a strategy with goals and activities structured around the domains of:</p> <ul style="list-style-type: none"> • Technology, Information Sharing and Training • Access • Evaluation and Quality Improvement
Implemented records scanning and archiving within a priority area	<p>In 2021-22 an historical record indexing project at CNRHC, JPMRHC, and Green Bay Health Centre (GBH) proceeded. Records at CNRHC have been outsourced with project completion slated for April 2022. JPMRHC record indexing was initiated in January 2022.</p>

Planned Indicators for 2021-22	Actual Progress
	<p>Scanning and archiving have been implemented at GBH. This will create disclosure and coding efficiencies, as well as support record accessibility and integration for virtual ER at the GBH and host sites. In tandem, record indexing and outsourcing is occurring at the GBH historic site to digitally scan historical record sets, on demand, to support medicolegal disclosure and record retrievability for data quality purposes.</p> <p>Additional sites for scanning implementation are currently under review in partnership with rural site leadership.</p>
Implemented a Regional Data Quality framework	<p>A Health Information Data Quality Framework has been researched, developed and implemented for application within Central Health. The framework aligns with the Canadian Institute for Healthcare Information's data quality framework and incorporates the Information Governance Principles for Healthcare: Accountability, Transparency, Integrity, Protection, Compliance, Availability, Retention, and Disposition. The Framework outlines a data flow cycle with the following four components:</p> <ol style="list-style-type: none"> 1. Collect and Process: Collecting and processing health information according to legislation and adopted standards. 2. Perform and Analyze: Monitor performance through existing data quality tools, daily and monthly reports, and adopted indicators. 3. Review and Recommend: Identify trends, review data and practices against the adopted standards and guidelines and make recommendations for improvement. 4. Educate and Prevent: Provide education based on trends or anticipated trends, implement continuous feedback loop, and support preventive efforts to increase accuracy and integrity. <p>The framework will drive regional processes to ensure accuracy and standardization of health information collected across Central Health facilities.</p>
Explored new booking processes in a select area	<p>Cardiopulmonary and Rehabilitative Services expanded the Automatic Notification System to include Audiology (September 2021) and Speech Language Pathology (October 2021). Cardiopulmonary and Rehabilitative Services also explored expanding its Centralized Booking to Non-invasive Cardiology, Occupational Therapy and Audiology, with plans to begin by September 2022.</p>

Planned Indicators for 2021-22	Actual Progress
	<p>New booking processes were also explored and implemented for COVID-19 vaccination and testing clinics. Appointments for vaccination clinics were available to book online or by telephone, and walk-ins were accommodated depending on the availability of the clinic. The booking process for testing evolved over time to meet the changing landscape of COVID-19 and testing needs. The standard process for testing was clients accessing the online portal and receiving a call back to discuss eligibility for a booking. Walk-in testing clinics were also offered when necessary.</p>
<p>Developed a Regional EMR strategy</p>	<p>Central Health has developed a Regional Electronic Medical Record (EMR) strategy. A briefing note regarding strategic EMR implementation priorities has been completed and approved. A regional expression of interest was completed for strategic implementation of EMR; however, the expression of interest and implementation is currently on hold as the current program platform is being transitioned to a new platform.</p> <p>Central Health has developed a single point of intake for EMR implementation and standard process / form for prioritization of sites of interest. These can be utilized once a new Collaborative Health Record is available for implementation.</p> <p>Existing EMR sites will transition to the new platform once it is available.</p>
<p>Identified and developed standard practices, resources and tools for stroke care, including a regional accountability structure</p>	<p>Central Health identified its Patient Safety Coordinator to lead the work of stroke care. The coordinator co-chairs the Regional Stroke Steering Committee along with the Regional Director of Primary Health Care and Community Nursing, is one of four members of the Provincial Stroke Steering Committee from Central Health and supports the regional working group.</p> <p>The regional steering committee's terms of reference were approved, and the workplan finalized with subgroups reporting to the steering committee.</p> <p>A regional accountability structure was put in place with the regional steering committee reporting to the Vice President of Medical Services and Vice President of Integrated Health / Chief Nursing Executive, both of whom are members of the committee.</p> <p>Standard practices, resources, and tools for stroke care were identified by the regional steering committee and regional working group. The ER process map for code stroke was completed in 2021-22, and work commenced on updating the Admission order sets and stroke care plan and Alteplase (tPA) order set.</p>



Discussion of Results

Central Health's 2020-23 Strategic Plan emphasized a commitment towards sustainable system improvements through partnerships with key stakeholder groups including clients, residents, and families. Improvements in virtual and digital health were noted to be essential in order to improve access to care and services while advancements and strategic alignment in information management were to be pursued in order to better support clinical decision making.

Partnerships and collaboration have been integral as Central Health continues work in anticipation of ICM implementation. As ICM aims to transform provincial healthcare in acute and long-term care, achieving system readiness must be as thoughtful as it is complex. Central Health is ensuring that ICM aligns with its strategic directions by partnering with appropriate stakeholders in applying a critical lens to the work.

The onset of the COVID-19 pandemic greatly expedited widespread virtual care implementation at Central Health. 2021-22 saw a growing need to provide virtual emergency services throughout the region. Now with much practice experience to evaluate, Central Health has developed a virtual care strategy for EDs. The strategy concentrates on paralleling increased accessibility of emergency services with the optimization of human resources and the provision of quality care via advanced technology. Continuous quality improvement of virtual systems will be integral in the future of healthcare as is well noted and emphasized in the Health Accord for Newfoundland and Labrador. Central Health looks to well position itself for the future as it establishes, evaluates, and refines virtual care processes.

Central Health continues to make great strides in HIM as it works to enhance the protection and security of its data assets, to increase data quality by ensuring accuracy and the standardization of health information collection, and strategizes for the implementation of EMR. In 2021-22 an Information Management Framework for Central Health was approved and implemented for digitalization and strategic management of Central Health Information Assets. The Central Health Information Management Policy [Level I] has been revised to incorporate several appendices to support digitization of historical record sets and secure lifecycles records management, including authorized record disposal of transitory record sets. With this policy Central Health has mapped a process to request authorized disposal of historical record sets through the Government Records Committee [GRC], pursuant to the Newfoundland and Labrador Management of Information Act. Central Health has been granted approval by the GRC for one-time record disposal of a historical record set and is currently pursuing authorization for disposal of other identified record sets. This will create efficiencies for records management outsourcing and mitigate privacy and integration risks related to historical paper record sets.

In further pursuit of optimizing data quality, a HIM program scorecard has been implemented and includes regional team quality indicators to support integrity of personal health information in the custody or control of Central Health, including an EMR data quality protocol and dedicated Reconcile User role. Review of current downtime procedures is occurring across all HIM client value streams to support accuracy, completeness and availability of health information to inform clinical decision making and quality healthcare. In addition, a Central Health Information Management policy has been drafted to direct the collection and strategic management of clinical, administrative, and/or business records, in any form, in the custody or control of Central Health. The policy will establish regional standards and guidelines for retention and disposal of information in the custody or control of Central Health to satisfy clinical, business, legal, and stakeholder requirements, in alignment with the Central Health Information Management Framework and Information Governance Principles for Healthcare.

Pandemic and IT outage challenges further emphasized the need for efficiencies in the scheduling and booking of client and patient appointments. Central Health has closely examined processes in various areas from a quality improvement lens and implemented program targeted measures such as an Automated Notification System, Centralized Booking and downtime booking procedures.

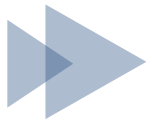
Focusing on better health outcomes, Central Health solidified a Regional Stroke Steering Committee. The regional committee aligns with the Provincial Stroke Steering Committee and is structured to oversee the development, implementation, monitoring and evaluation of a regional stroke program based on Canadian Stroke Best Practice Recommendations and provincial direction. Leadership and oversight from the committee lends to an integrated approach to stroke care and comprehensive planning towards achieving a formal stroke unit designation at Central Health.

Year 3 Objective:

By March 31, 2023, Central Health will have continued implementation and evaluated strategies to achieve system improvements.

Year 3 Indicators:

- Implemented key Integrated Capacity Management tools at Central Health sites in accordance with Provincial planning
- Implemented a regional Emergency Department virtual care strategy
- Continued to implement efficiencies in health information management processes
- Evaluated components of the Regional Policy Development Framework
- Continued to explore new booking processes in select areas
- Further developed standard practices, resources and tools for Stroke care



REPORT ON PERFORMANCE



Strategic Issue #4: Improved Health



Central Health's vision of Healthy People and Healthy Communities aligns with "healthier people" and better living" which are strategic directions of the Government of Newfoundland and Labrador. Central Health is committed to improving the health of the population through engaging and enabling individuals and communities, building partnerships, and utilizing various health frameworks and strategies.

In 2021-22, Central Health strengthened its relationships with the Miawpukek and Qalipu First Nations in sight of partnering on a regional Indigenous Health Strategy. Central Health took additional steps towards organization-wide expansion of its Home First Approach as clients are supported to age in place while unnecessary ER presentations and premature LTC placements are lessened or avoided. Central Health also further committed to the quality improvement of chronic disease individual and group self-management programs including its Heart Failure Outreach Program which was formally evaluated. Once again, the **Towards Recovery Mental Health and Addictions Action Plan for Newfoundland and Labrador** remained in focus as Central Health continued to implement several priority initiatives. In line with recommendations of Health Accord NL and PHC principles, Central Health is drawing from community strength and partnerships to optimize health outcomes.

Goal: By March 31, 2023, Central Health will have implemented strategies and fostered partnerships to enable the population to improve their health and well-being.

Objective #2: By March 31, 2022, Central Health will have implemented initiatives to improve the health and well-being of the population.	
Planned Indicators for 2021-22	Actual Progress
Identified the requirements for an Indigenous Health Strategy in partnership with First Nation communities	Central Health is committed to continued meaningful engagement with First Nation communities. In partnership with First Nation Communities, work has begun towards building an Indigenous Health strategy that responds to key health issues, is culturally safe and supportive, and improves the health and quality experience of First Nation people. Through collaboration, requirements for a health strategy have been identified. These include:

Planned Indicators for 2021-22	Actual Progress
	<ul style="list-style-type: none"> • Research on National Indigenous Strategies to help inform strategy planning and development. • Engagement with Qalipu First Nation leaders and application of learnings of the current 10-year health strategy being built by the Qalipu First Nation. • Representation of Indigenous leaders in Central Health operational structures, for example the Emergency Operations Center. • Engagement in the development of a PHC Framework. A collaborative relationship with Indigenous Health leadership will be maintained in order to build inclusive teams. • A focus on Palliative End of Life Care. Pallium Canada will be engaged with the Department of Health and Community Services and the RHAs to work with Indigenous partners to support Cultural Sensitivity Learning at End of Life. • The addition of Indigenous Health Navigators to help First Nation people navigate the healthcare system while also serving to provide education to Central Health staff as to indigenous culture and beliefs. <p>Central Health will continue efforts to engage leadership of the Miawpukek and Qalipu First Nations to collaborate on development of the Indigenous Health Strategy and to identify areas of further consideration.</p>
Continued to implement strategies to support organization-wide expansion of a Home First Approach	<p>Central Health continues to expand on a Home First model of care. In 2021-22:</p> <ul style="list-style-type: none"> • There was a realignment of Community Supports Clinical Coordinators in order to streamline and expedite approval processes for support services. Home First and Home Support Coordinators are responsible for consultation, review and approval of referrals that support the home first initiative. Knowledge and information exchanged through ongoing clinical consultation has supported the enhancement of Home First within the community supports and acute care teams. In addition, noting that staff education is integral in expanding Home First, the Community Supports clinical lead for acute care was assigned responsibility for training and educating the regional acute care social work / liaison nurse team regarding the Home First initiative. • Community Supports instituted a Home First Quarterly newsletter which is distributed to all Central Health staff and physicians.

Planned Indicators for 2021-22	Actual Progress
	<ul style="list-style-type: none"> • A 24-hour On-Call system was implemented for Home First matters. • To reduce ER presentations, the administration of intravenous therapy in community was successfully implemented within the Baie Verte District.
Continued to implement select recommendations of the Provincial Home Support Program Review	<p>Central Health continued work in implementing recommendations of the Provincial Home Support Review. In the past fiscal year:</p> <ul style="list-style-type: none"> • A Social Worker II position was instituted specific to clinical supervision / mentoring of Clinical Coordinators and to client support plan training for all community support clinicians. With a goal of increasing clinical capacity of coordinators and staff, clinical efficiencies throughout the program is to be realized. • In line with the Department of Health and Community Services and the other RHAs, an evaluation for support planning has been launched. • Expansion of service eligibility is facilitated through the Community Supports Management Review Panel. The Panel meets bi-weekly to discuss cases requiring consideration beyond policy parameters. • A soft-launch of the RAI-ID (standardized assessment for persons with intellectual disability) has been facilitated. • Staff training has begun for the newly acquired standardized RAI Child and Youth Mental Health Assessment tool suite.
Developed Chronic Disease Prevention and Management Strategy	<p>In 2021-22, Central Health developed a chronic disease prevention and management strategy. To devise the strategy the Chronic Disease Steering Committee was established inclusive of a PX Advisor. To guide the work of the Steering Committee, a SWOT (strengths, weaknesses, opportunities, and threats) analysis and Accreditation Canada's Self-Assessment were completed. Information gathered was used to create a comprehensive workplan.</p> <p>The Chronic Disease Prevention and Management Strategy has three main goals:</p> <ul style="list-style-type: none"> • To improve access to specialist expertise and build capacity to better meet the needs of the population with chronic disease(s). • Define and standardize information sharing processes at care transitions to ensure clients with chronic disease receive safe, quality care across the care continuum. • To help empower and prepare individuals to manage their health and healthcare.

Planned Indicators for 2021-22	Actual Progress
Conducted an evaluation of the Heart Failure Outreach Program	<p>In this fiscal year, an evaluation framework and a program score card were developed. Program flow was evaluated and altered to ensure evaluation data aligns with the evaluation framework. This was completed by reviewing the Remote Patient Monitoring and Non-Remote Patient Monitoring streams. From the evaluation information collected, the program developed anticipated client program duration timelines, instituted goal setting to evaluate a client's progress and determine next steps if client goals are achieved, in progress, or not identified, and implemented a mechanism to prompt a client experience interview when a goal(s) is met or a client has completed the program.</p> <p>Additional outcomes in 2021-2022 include:</p> <ul style="list-style-type: none"> • The re-development of the Client Experience Survey with a health literacy lens, considering the experience and feedback of clients who had previously completed an earlier version of the survey. • An increase in the number of referrals after the implementation of a communication strategy with primary care providers. • Program re-design to embrace a self-management support philosophy.
Continued to implement select priority initiatives of the Towards Recovery Action Plan	<p>Central Health continued to implement select initiatives of the Provincial Towards Recovery action plan as demonstrated below:</p> <p>Recommendation #11 – e-mental health / technology-based interventions to promote wellness and early intervention:</p> <ul style="list-style-type: none"> • Central Health delivered Bridge the Gapp (BTG) services, programming and materials in the region including the new e-mental health service “Breaking Free.” <p>Recommendation #13 - Reduce waitlists and wait-times:</p> <ul style="list-style-type: none"> • Central Health continued the use of the provincial triage screening tool that ensures individuals with more severe MHAS needs are seen in a prioritized approach. Due to staff shortages, a waitlist for in-person appointments exists. Clients can however gain rapid access to counselling through “Doorways” (single-session walk-in counselling) which is available in the majority of MHAS offices at select times across the Central Region and five days a week in Gander and Grand Falls-Windsor. <p>Recommendation #14 – Stepped Care:</p> <ul style="list-style-type: none"> • Central Health launched the Stepped-Care Approach training in March 2022 for front-line MHAS and Primary Care staff. The training highlights e-mental health options and the overall approach to MHAS in the province.

Planned Indicators for 2021-22	Actual Progress
	<ul style="list-style-type: none"> • The transition of Assertive Community Treatment (ACT) to Flexible Assertive Community Treatment (FACT) in Grand Falls-Windsor was completed with the FACT team fully operational and working to scope according to FACT standards. • The Gander FACT team increased to full staff complement. This included the hiring of the Peer Support Worker as per the Memorandum of Understanding between Central Health and Consumer's Health Awareness Network of Newfoundland and Labrador. The FACT team's availability expanded from weekdays to include weekday evenings. <p>Recommendation #15 - Provide access to evidence-based services via technology:</p> <ul style="list-style-type: none"> • The Health Promotion and Prevention (HPP) team provided multiple virtual programs and services such as stress management and wellness webinars to various populations, from youth to older adults. The HPP team is trained in BTG and utilizing the various online tools. <p>Recommendation #17 - Assign responsibility for the provision of health services in prisons:</p> <ul style="list-style-type: none"> • Responsibility was assigned to Central Health's MHAS department. • Consultation between Central Health and the Department of Health and Community Services was held to determine plans to recruit or realign current human resources to provide correctional health services. In the interim, a Mental Health clinician provides weekly services to inmates in the Bishop Falls' Correctional Centre. <p>Recommendation #30 - Provide web-based information on education, self-care and self-management for families and caregivers:</p> <ul style="list-style-type: none"> • Central Health continued to support the provincial BTG program through resource development, program delivery, and materials review that benefit families and caregivers. <p>Recommendation #43 - Continue to support the implementation and evolution of the provincial Opioid Implementation Plan:</p> <ul style="list-style-type: none"> • The recruitment process is underway for an Addictions Consultant to work with the Opioid Dependency Treatment (ODT) team. This individual will help further develop the ODT program in the Central Region and facilitate relationship building with Primary Care practitioners and community partners. • A Licenced Practical Nurse for ODT services was hired for Gander.

Planned Indicators for 2021-22	Actual Progress
	<p>Recommendation #49 - Regional Health Authorities and community agencies work closely together for improved service delivery:</p> <ul style="list-style-type: none"> Recruitment challenges for the Mobile Crisis Response (MCR) Teams in Grand Falls-Windsor and Gander have impeded the sustained full implementation of MCR. Central Health continued its partnership work with the RCMP with the goal of moving towards full implementation. Central Health partnered with EVH in Grand Falls-Windsor to pilot Doorways (single session counselling).
<p>Implemented a Primary Health Care initiative in a priority area</p>	<p>Building on previous PHC work, and the strength of the existing Coast of Bays Advocacy Committee, Central Health is in the process of implementing a Collaborative Community Team (CCT) on the Coast of Bays. Using a “Hub and Spoke Model” of team-based care delivery and in partnership with the Shalloway Family Practice Network, the CCT will be made up of interdisciplinary PHC team members that will provide an array of patient services to fit the needs of the individuals and communities within the Coast of Bays. Central Health continues to use a model of extensive community engagement to inform proper implementation of the initiative.</p>

Discussion of Results

Central Health continues to build partnerships and engage in meaningful dialogue with First Nation communities within the Central Region. Central Health and its Indigenous partners have taken steps to identify components of an Indigenous Health Strategy. The Strategy development and implementation will entail on-going collaboration and education of Central Health leaders and staff in order to incorporate Indigenous culture and beliefs into health care delivery.

In line with the Provincial Home First Framework, Central Health continues to implement measures in order to increase capacity to support individuals with complex needs to remain in their own homes and community, to avoid unnecessary hospitalization or LTC placement and to facilitate timely hospital discharge. Strategic staff realignment has occurred to expedite approval processes and mitigate barriers to clients being supported to age in place. Central Health also continues to improve the provision of home support services by adding measures towards clinical efficiency, expanding client eligibility for service, adding standardized assessment tools, and evaluating support planning for the purpose of quality improvement.

Recognizing that chronic disease is of great prominence in the Central Region and the leading causes of death in Canada, Central Health has prioritized the development of a chronic disease prevention and management strategy. Working from the tenet that effective self-management is key to addressing the escalation of chronic disease rates, Central Health has drawn from patient

experience in building a strategy which looks to help empower patients to manage their healthcare, improve access to specialist services and ensure patients receive safe, quality care.

The Provincial **Towards Recovery** action plan aims to improve self-efficiency and resilience to address mental health and addictions. In 2021-22, Central Health continued to implement several initiatives of the action plan. As the Healthcare system in NL faces universal staffing challenges, MHAS continues to accentuate the use of technology in order to diversify and increase access to their services. A multitude of mental health resources are now available in web and virtual format. In-person treatment options are still facilitated as they are vital to patients and to help meet this need and to positively address wait times, MHAS extended its “Doorways” Program successfully at EVH in Grand Falls-Windsor. MHAS were also successful in further establishing its FACT model, extending counselling services to within the Bishop’s Falls Correctional Centre, and adding staff to provide ODT.

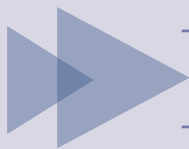
Health Accord NL describes a shift to multidisciplinary community teams in order to provide communities with more accessible, integrated and coordinated healthcare. In line with this vision, Central Health is implementing a CCT on the Coast of Bays. The establishment of this model is building on community engagement from previous PHC initiatives and is being informed by the existing Coast of Bays Advocacy Committee. This team approach to care looks to positively affect access, outcomes and continuity of care, reduce the strain on acute / institutional care, and improve worker satisfaction.

Year 3 Objective:

By March 31, 2023, Central Health will have continued to implement and evaluate initiatives to improve the health and well-being of the population.

Year 3 Indicators:

- Developed and Implemented an Indigenous Health Strategy in partnership with First Nation communities
- Implemented and evaluated a short stay option for Personal Care Homes
- Continued to implement recommendations of the Provincial Home Support Program Review
- Implemented and evaluated components of the Central Health Chronic Disease Prevention and Management Strategy
- Used outcomes of the Heart Failure Outreach Program evaluation to develop and action plan for program improvement
- Implemented select priority initiatives of the Provincial Alcohol Action Plan and Life Promotion and Suicide Prevention Plan
- Continue to implement Primary Health Care initiatives in select areas
- Developed an interdisciplinary virtual component to enhance prenatal education by the Families, Children, and Population Health Program.



OPPORTUNITIES AND CHALLENGES AHEAD

**WE ARE
HIRING**

Join Our Team

Registered
Nurses

Permanent Full-time
Positions

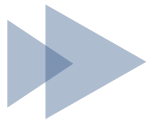
View the listing at:
<https://employment.centralhealth.nl.ca/>

Call Jordan at (709) 292-2450 for more information



Virtual ER and Temporary ER Closures





OPPORTUNITIES AND CHALLENGES AHEAD

Recruitment and Retention Challenges



Central Health, like all RHAs and health authorities across Canada, is challenged with a shortage of physicians and healthcare workers. Shortages are a result of a world-wide labour market shortage and are expected to escalate in Canada and globally over the next decade. Staff shortages are impacting the healthcare system and the people of Central Newfoundland, from family physician access to EDs being temporarily closed and service diversions in place. Staffing shortages also negatively affect staff morale and can result in staff burn out.

As a result, recruitment and retention remains a top priority for Central Health and every effort is underway to increase staffing levels inclusive of physician, healthcare professionals, and non-clinical roles. Recognizing the importance of branding and promotion (who Central Health is, what it has to offer to employees and physicians), Central Health hired National Public Relations to develop a recruitment campaign targeted at Newfoundlanders and Labradorians, Canadians, and Internationally educated physicians, nurses, and healthcare professionals. Market research, insights based on consultations with staff, physicians and communities, and a creative brief were developed. With the upcoming transition to one provincial health authority, the foundation of this work has been transferred to the Province for further development and execution.

A Recruitment Steering Committee was established under the leadership of the Central Health Chief Executive Officer, and the People and Culture Department increased strategic recruitment endeavors from increasing social media promotion of job opportunities to working with the Provincial Office of Immigration and Multiculturalism to explore ways to efficiently recruit internationally educated professionals. Central Health also looks forward to the opportunity to partner with the students and faculty of the Bachelor of Nursing program that will be offered in Grand Falls-Windsor and Gander commencing in the fall of 2022.

The opportunity to make meaningful connections with individuals seeking career opportunities is an area of focus for the Recruitment Team, and the team is actively engaging in connecting candidates with recruitment personnel via networking calls, targeted virtual career fairs, and engaging with the many students who avail of learning opportunities in our facilities. A great opportunity also exists to build on many of the initiatives that CACs have engaged in to enhance recruitment and retention throughout the region.



Medical Services continued its work to recruit physicians with marketing campaigns. Targeted recruitment efforts focused on Memorial University of Newfoundland's current medical students and medical graduates from the past 20+ years, as well as on physician groups across Canada and internationally educated and/or based physicians. In addition, recruiters attended virtual and in-person physician conferences to actively recruit new hires. Central Health works in collaboration with community partners, including the Shalloway Family Practice Network and CACs, to identify potential candidates and support new hires and their families for a more engaging and welcoming experience as they arrive in the Central Region. This process includes hosting site visits to showcase the community and workplace destination. The New Family Physician Income Guarantee and Family Practice Start-Up Program launched in March 2022 by the Province will also be a valuable recruitment tool to engage physicians interested in setting up a new Fee for Service practice.

Building on recruitment is retention. With a goal to provide a quality work experience to retain staff, strengthening the employee experience and increasing satisfaction is also a priority of Central Health. Based on insights from employees and physicians, Central Health developed an employee engagement action plan which will be rolled out in 2022-23. It is the goal that moving the bar on employee experience and satisfaction will have a direct impact on retention.

COVID-19

Central Health continued to respond to evolving COVID-19 variants and outbreaks and manage and administer COVID-19 testing and vaccination clinics. In 2021-22, 192,214 vaccine doses and 63,876 COVID-19 swabs were administered. With learnings from the previous year and processes and procedures in place, Central Health made every effort to minimize service disruptions where possible.

Visitation restrictions remained a consequence of COVID-19, impacting the ability of family and friends to visit loved ones in order to control the risk of COVID-19 in the most vulnerable populations such as residents in LTC homes. Screeners remained in LTC and acute care facilities to facilitate screening of visitors and clients until mid-March when the Province lifted restrictions. Central Health employees, physicians, and volunteers continued to follow Central Health COVID-19 policies, including Personal Protection Equipment and self-screening. Masks remain mandatory in Central Health facilities for all, including clients and visitors.

Virtual Care was delivered in conjunction with in-person care, and Central Health explored and implemented digital health service solutions to increase service access and efficiency. Based on learnings from COVID-19, advanced technology can help maintain healthcare services and expand access to residents across Central Newfoundland.

Responsible for the licensing and oversight of Personal Care Homes (PCH), Central Health continued to work in partnership with PCHs to protect residents from COVID-19. A Central Health Infection Prevention and Control (IPAC) practitioner was hired as part of a pilot program to provide support to PCHs on IPAC standards and practices. Central Health also supported PCHs and home support agencies when required with personal protective equipment and redeployment of staff.

Information Technology Systems Outage



Central Health and the other RHAs faced a unique challenge in 2021-22. On October 30, 2021, a cyber incident impacted critical IT systems supporting healthcare providers in Newfoundland and Labrador. The subsequent provincial investigation identified that patient health and employee information had been accessed. Immediately following the incident, Central Health experienced service disruption in various areas. In addition to challenges already persisting from the COVID-19 pandemic, systems now needed to be recovered and restored. As employees worked tirelessly to continue critical care services and resume other services from disruption, examining the privacy impact and taking remedial steps to prevent further harm was of utmost importance.

To ensure record integrity and data quality following the outage, several actions were taken including:

- For record disclosure requests encompassing timeframes within the outage, additional quality checks were put in place to confirm all systems were validated so to ensure accuracy and complete disclosure of the record.
- The telephone dictation system for transcription was made widely available to physicians who used the Fusion™ system. Once the system was validated for use, records were transcribed as per normal process with standard quality checks maintained.
- Regional oversight and application of data quality mechanisms were maintained and integral to resumption of services. Adherence to registration standards were ensured when inputting the backlog of registrations into the system.
- A medical record scanning audit was completed for sites practicing medical record scanning into the Meditech system. Discrepancies discovered in relation to the outage discovery date were remediated.
- The registration and admitting team ensured all handwritten registrations, transfers, observations and discharges that occurred during the IT downtime were entered into Meditech. The team partnered with IMaT and Data Quality to address any technical issues or concerns with adherence to standards.

Working with the NL Office of the Information and Privacy Commissioner (OIPC), in 2022 Central Health will implement various measures to address all identified risk factors and remediation strategies moving forward.



Client Relations / Navigation

In 2021-22 the COVID-19 pandemic continued to challenge the healthcare system causing service pressures and disruptions. The province-wide healthcare IT outage in late October / November further amplified pressures and disruptions. During these unprecedented times, Central Health endeavored to keep its patients, clients and stakeholders informed of health systems status. Central Health has seen a significant increase in the volume of concerns and inquiries received within its Client Relations Department. To address volume, additional support was provided at times by various staff members of the Quality, Planning and Performance department however work diversion of these staff members was not maintainable as a long-term solution. In order to provide an increased quality patient experience, Central Health added a temporary intake position and adjusted workflow within its Client Relations Department. Incorporating a central intake process for all concerns, compliments and navigation inquiries, allowed for much easier and timely access for clients to reach personnel. Quick inquiries were easily satisfied by the added intake specialist. More complex inquiries were appropriately referred to the Client Relations Officer or Client Navigator for follow-up. These temporary measures helped Central Health positively address its spike in inquiries and was essential in keeping the public informed and having their concerns heard. New processes have also laid the foundation for continuous quality improvement work in this area.

Chronic Disease Self-Management Programming

As Central Health strives to address recruitment and retention issues and provide easier access to primary care, work to strengthen chronic disease self-management programming is essential. As noted in this report, in this past year Central Health has developed a health literacy strategy and a chronic disease prevention and management strategy in order to help clients and patients better manage their healthcare and achieve better health outcomes. Programs including the Diabetes Care Program, Improving Health: My Way, the Health Coach Program, the BETTER Program, and the Heart Failure Outreach Program are structured to partner with clients and help empower them with knowledge and self-management techniques thus lessening their need to access primary care.

Opportunities have been identified to expand the BETTER Program throughout the region and to solicit better client uptake for Health Coaching services. It is notable that provincial licensing for the Improving Health: My Way Program has not been renewed leaving a gap in self-management programming. Central Health continues to strategize in and promote various areas of Chronic Disease Self-Management Programming which may be needed now more than ever given the current challenges facing the healthcare system.





Meeting the demand for qualified healthcare professionals is a challenge for organizations providing care in remote locations. Human resource shortages and the pandemic exacerbated physician shortages, prompting Central Health to consider a different model of delivering emergency services. When no physician is available at a healthcare facility to provide emergency services, Central Health implements Virtual ER or temporary closure of services (also known as a diversion) to address temporary physician shortages.

Central Health is increasing its communication on Virtual ER and temporary closure of services to ensure the public is aware of what Virtual ER is (what it looks like, what patients can expect) and what temporary closure of services means. This includes a public awareness radio campaign, social media shareables, public town halls, and an improved process for sharing public service announcements with the general public.

Virtual ER

Advanced technology has created an opportunity to offer Virtual ER. In many respects, a Virtual ER operates the same as a traditional ER. A patient requiring emergency services would present to the healthcare site. The patient will be seen and assessed by the local healthcare team, which could include a Registered Nurse and/or Nurse Practitioner and sometimes an Advanced Care Paramedic and/or a Respiratory Therapist and/or Nurse with Advanced Training. An Advanced Care Paramedic / Respiratory Therapist / Nurse with Advanced Training will support airway management during Virtual ER, when required. The patient will be assessed by a physician virtually from another hospital in Central Health and managed with the support of the team on the ground. As required, patients would be transported to the nearest Category A Hospital, Grand Falls-Windsor or Gander, to further manage their needs.

Temporary Closure of Services

When a Virtual ER is not an option, a temporary closure of a service such as the ER is enacted. Temporary closure of a service is an absolute last resort when there are no healthcare providers (including physicians, advanced care paramedics, respiratory therapists and regional nurses) who can manage a patient who arrives at the health care facility extremely unwell and who needs hands-on care that simply can't be done over a virtual connection.

In that event, the only way to manage the patient in the safest way possible is to quickly move them to the closest hospital that can provide the necessary care. A temporary closure of an ER (diversion) means clients would have to go to a different ER than the one that they would normally visit.



Central Health recognizes the many opportunities presented by Health Accord NL. Formally established in November 2020, Health Accord NL is a task force created to reimagine the provincial health system in order to improve health, health outcomes, and health equity of Newfoundlanders and Labradorians. Health Accord NL emphasizes the need to intervene in factors which impact health (social, economic, and environmental) while rebalancing the current provincial health system to better respond to our current and future realities.

The many challenges facing Central Health as it strives to provide optimal healthcare access and services throughout the Central Region and across the continuum of care are not unlike those facing the other Provincial RHAs. As the Province moves to one Provincial Health Authority, Central Health aspires to bring its accomplishments and learnings to the united entity, to contribute to the building of a better health system for all people of the Province.

Central Health has started some of the work outlined by Health Accord NL. Building on existing partnerships in the Coast of Bays area, Central Health is establishing its first CCT. This multidisciplinary team will work collaboratively to provide team based comprehensive, patient centered, and culturally safe healthcare to meet the needs of patients and communities. This new approach will enable the delivery of a range of quality care for patients within their own communities while facilitating interdisciplinary work amongst healthcare providers.

Central Health has been well represented on various Health Accord NL committees in bringing forward the perspective of healthcare in the Central Region. Central Health remains well engaged in this transformative process and is invested in creating a better health system and better health outcomes for the people of Central NL and beyond.



PHOTOS: Interior photos of Central Health's new long-term care homes opened in Grand Falls-Windsor and Gander



FINANCIAL STATEMENTS





Consolidated Financial Statements

Central Regional Health Authority

March 31, 2022

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Independent Auditors' Report

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To the Board of Trustees of
Central Regional Health Authority

Opinion

We have audited the consolidated financial statements of Central Regional Health Authority ("the Entity"), which comprise the consolidated statement of financial position as at March 31, 2022, and the consolidated statements of operations, changes in net financial debt and cash flows for the year then ended, and notes to the consolidated financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying consolidated financial statements present fairly in all material respects, the financial position of Central Regional Health Authority as at March 31, 2022, and its results of operations, its changes in its net financial debt, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the consolidated financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Consolidated 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.

In preparing the consolidated financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to a going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these consolidated financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the consolidated financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the Entity and the organizations it controls to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit opinion.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

St. John's, Canada
June 28, 2022



Chartered Professional Accountants

Central Regional Health Authority

Consolidated Statement of Financial Position

March 31

2022

2021

Financial assets

Receivables (Note 3)	\$15,025,999	\$ 17,918,519
Residents' trust funds held on deposit	639,412	704,526
Cash restricted for security deposits	60,289	56,804
Replacement reserve funding (Note 8)	<u>258,181</u>	<u>231,592</u>
	<u>15,983,881</u>	<u>18,911,441</u>

Liabilities

Bank indebtedness	5,837,002	4,331,818
Payables and accruals (Note 4)	41,965,355	36,801,910
Employee future benefits		
Accrued vacation pay	20,761,864	18,162,729
Accrued severance pay	1,229,377	1,207,595
Accrued sick pay (Note 5)	19,010,016	18,619,508
Deferred grants and revenue (Note 6)	28,687,884	33,082,523
Long-term debt (Note 7)	4,157,373	5,025,668
Trust funds payable	639,412	704,526
Security deposits liability	60,289	56,804
Replacement reserves (Note 8)	258,181	231,592
J.M. Olds scholarship and library funds	<u>86,314</u>	<u>85,173</u>
	<u>122,693,067</u>	<u>118,309,846</u>

Net financial debt

(106,709,186) (99,398,405)

Non-financial assets

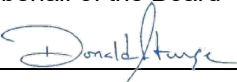
Tangible capital assets (Note 9)	69,157,369	65,532,734
Deposits on tangible capital assets	-	83,225
Inventories (Note 10)	3,591,114	4,770,662
Prepays (Note 11)	<u>2,841,294</u>	<u>3,206,817</u>
	<u>75,589,777</u>	<u>73,593,438</u>

Accumulated deficit


\$ (31,119,409) \$ (25,804,967)

Commitments (Note 13)
Contingencies (Note 14)
COVID-19 (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

Year ended March 31	Budget 2022	Actual 2022	Actual 2021
Revenue			
Provincial plan operating	\$ 352,956,707	\$ 380,537,945	\$ 340,501,886
Provincial capital grants	4,000,000	16,373,456	10,235,577
Other capital contributions	-	465,320	289,124
MCP	11,981,878	10,903,667	11,639,394
Patient-resident services	12,800,000	13,222,573	12,420,411
Capital project funding	2,440,000	5,511,947	3,426,703
Recoveries	10,332,460	12,089,218	12,288,309
Cottage operations	1,571,644	1,470,574	1,530,700
Other revenue	2,744,600	2,955,453	3,178,595
	<u>398,827,289</u>	<u>443,530,153</u>	<u>395,510,699</u>
Expenditure			
Administration	48,946,926	48,216,971	33,698,496
Community and social services	115,062,398	119,012,139	112,830,567
Support services	67,461,892	74,350,014	67,490,917
Nursing inpatient services	93,820,122	94,775,988	88,034,625
Ambulatory care services	25,972,051	27,900,296	25,858,693
Diagnostic and therapeutic services	50,895,433	50,670,471	46,636,608
Medical services	15,364,876	15,960,993	16,740,742
Educational services	1,220,945	789,825	1,006,719
Undistributed	1,224,500	5,753,444	4,635,121
Cottage, operations, including amortization of \$92,878 (2021 - \$92,323)	1,536,644	1,460,557	1,388,787
	<u>421,505,787</u>	<u>438,890,698</u>	<u>398,321,275</u>
Surplus (deficit) – shareable	<u>(22,678,498)</u>	<u>4,639,455</u>	<u>(2,810,576)</u>
Non-shareable items			
(Loss) gain on disposal of tangible capital assets	-	(15,457)	49,799
Amortization of tangible capital assets	(6,000,000)	(6,927,015)	(5,981,867)
Accrued vacation pay – increase	(500,000)	(2,599,135)	(3,376,239)
Accrued severance pay – (increase) decrease	-	(21,782)	311,071
Accrued sick pay – increase	(500,000)	(390,508)	(186,558)
	<u>(7,000,000)</u>	<u>(9,953,897)</u>	<u>(9,183,794)</u>
Deficit			
- shareable and non-shareable	(29,678,498)	(5,314,442)	(11,994,370)
Accumulated deficit			
Beginning of year	(25,804,967)	(25,804,967)	(11,260,618)
Adjustment for Foundations	-	-	(2,549,979)
	<u>(25,804,967)</u>	<u>(25,804,967)</u>	<u>(13,810,597)</u>
End of year	<u>\$ (55,483,465)</u>	<u>\$ (31,119,409)</u>	<u>\$ (25,804,967)</u>

See accompanying notes to the consolidated financial statements

Central Regional Health Authority

Consolidated Statement of Changes in Net Financial Debt

March 31	Budget 2022	Actual 2022	Actual 2021
Net debt - beginning of year	\$ (99,398,405)	\$ (99,398,405)	\$(77,285,019)
Adjustment for Foundations	-	-	(2,549,979)
	(99,398,405)	(99,398,405)	(79,834,998)
Deficit	<u>(29,678,498)</u>	<u>(5,314,442)</u>	<u>(11,994,370)</u>
Changes in tangible capital assets			
Acquisition of tangible capital assets	(10,200,000)	(10,660,208)	(12,058,916)
Amortization of tangible capital assets	6,000,000	7,020,116	6,074,188
Adjustment for Foundations	-	-	96,528
Loss (gain) on disposal of tangible capital assets	-	15,457	(49,799)
Proceeds on disposal of tangible capital assets	-	-	69,426
Decrease in deposits on tangible capital assets	83,225	83,225	43,391
Increase in net book value of tangible capital assets	<u>(4,116,775)</u>	<u>(3,541,410)</u>	<u>(5,825,182)</u>
Changes in non-financial assets			
Decrease (increase) in inventories	1,179,548	1,179,548	(1,921,739)
Decrease in prepaids	365,524	365,523	176,305
Prepaids – adjustment for Foundations	-	-	1,579
Increase (decrease) in non-financial assets	<u>1,545,072</u>	<u>1,545,071</u>	<u>(1,743,855)</u>
Increase in net debt	<u>(32,250,198)</u>	<u>(7,310,781)</u>	<u>(19,563,407)</u>
Net debt, end of year	<u>\$(131,648,603)</u>	<u>\$(106,709,186)</u>	<u>\$(99,398,405)</u>

See accompanying notes to the consolidated financial statements

Central Regional Health Authority

Consolidated Statement of Cash Flows

Year ended March 31

2022

2021

Operations

Deficit	\$ (5,314,442)	\$ (11,994,370)
Adjustment for Foundations	-	(2,549,979)
Amortization	7,020,116	6,074,188
Gain on disposal of tangible capital assets	15,457	(49,799)

1,721,131 (8,519,960)

Changes in

Receivables	2,892,520	(4,899,810)
Payables and accruals	5,163,445	7,983,582
Accrued vacation pay	2,599,135	3,362,713
Accrued severance pay	21,782	(311,071)
Accrued sick pay	390,508	186,558
Deferred grants	(4,394,639)	7,896,259
Inventories	1,179,548	(1,921,739)
Prepays	365,523	177,884

Net cash provided from operations

9,938,953 3,954,416

Financing

Repayment of long-term debt	(868,295)	(846,055)
Net change in J.M. Olds funds	1,141	352

Net cash applied to financing

(867,154) (845,703)

Investing

Acquisition of tangible capital assets	(10,660,208)	(12,058,916)
Adjustment for Foundations – capital assets	-	96,528
Decrease in deposits on tangible capital assets	83,225	43,391
Decrease in general endowment fund investments	-	1,193,104
Proceeds on disposal of tangible capital assets	-	69,426

Net cash applied to investing

(10,576,983) (10,656,467)

Net decrease in cash

(1,505,184) (7,547,754)

Cash, net of bank indebtedness:

Beginning	(4,331,818)	3,215,936
Ending	\$ (5,837,002)	\$ (4,331,818)

See accompanying notes to the consolidated financial statements

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2022

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.

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

In the previous year, the consolidated statements included Central Northeast Health Foundation Inc. and South and Central Health Foundation (the "Foundations"). In the current year, upon completion of the reporting entity assessment and reviewing the indicators of control applicable under the accounting standards, Central Health concluded that the indicators of control have not been met. For accounting purposes, control is defined as the power to govern the financial and operating policies of another organization with expected benefits or the risk of loss to Government from the other organization's activities. Therefore, in the current year, the Foundations are not included in Central Health's consolidated statements.

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 expenditures 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.

See accompanying notes to the consolidated financial statements

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2022

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

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. The results of the sick accrual do not reflect the unknown impacts of the COVID-19 pandemic nor related measures to slow the spread of the disease.

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.

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2022

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

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. This was extended to management and non-bargaining employees with at least one year of service as at May 31, 2018. Individuals have either taken payment by March 31, 2021 or have elected to defer payment for a short period, but no further changes in the amount payable will occur due to salary change or the accrual of additional service. In May 2021, this was extended to NLNU employees with at least one year of service as at March 31, 2018. Individuals have either taken payment by March 31, 2022 or have elected to defer payment for a short period, but no further changes in the amount payable will occur due to salary change or the accrual of additional service. An estimate for the provision of the remaining employees with less than nine years of service has been determined and recorded by the Authority.

An actuary 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
Drugs

Average cost
First-in, first-out

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2022

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

Tangible 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 tangible capital assets.

Purchased tangible capital assets are recorded at cost. Assets are not amortized until placed in use. Contributed tangible capital assets are recorded at fair value at the date of contribution. Other tangible 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% – 33.3%
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.

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 tangible capital assets. These funds may only be used as approved by NLHC. Transactions in the reserves are shown in Note 8.

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. Current year pension expenditures totaled \$15,067,144 (2021 - \$14,650,599).

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

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,

See accompanying notes to the consolidated financial statements

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2022

except for certain non-arm's 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, long-term debt, trust funds payable, security deposits, replacement reserves and scholarship and library funds payable.

Financial assets measured at cost are tested for impairment when there are indicators of impairment. Previously recognized impairment losses are reversed to the extent of the improvement provided the asset is not carried at an amount, at the date of the reversal, greater than the amount that would have been the carrying amount had no impairment loss been recognized previously. The amounts of any write-downs or reversals are recognized in net annual surplus.

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2022

3. Receivables	<u>2022</u>	<u>2021</u>
Provincial grants	\$ 5,679,902	\$ 9,994,044
Patient, rents and other	7,702,786	6,987,020
MCP	810,880	367,097
Cancer Foundation	520,618	611,144
Foundations	421,737	128,122
HST	1,711,370	1,049,450
Due from NLHC	<u>3,200</u>	<u>31,713</u>
	16,850,493	19,168,590
Allowance for doubtful	<u>(1,824,495)</u>	<u>(1,250,071)</u>
	<u>\$15,025,999</u>	<u>\$17,918,519</u>

4. Payables and accruals	<u>2022</u>	<u>2021</u>
Trade	\$26,545,580	\$23,816,055
Due to NLHC subsidy	3,487	23,065
Residents comfort fund	97,557	98,509
Accrued - wages	15,305,748	12,848,670
- interest	<u>12,983</u>	<u>15,611</u>
	<u>\$41,965,355</u>	<u>\$36,801,910</u>

See accompanying notes to the consolidated financial statements

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2022

5. Employee future benefits

Future employee benefits related to accrued sick obligations have been calculated based on an actuarial valuation as at March 31, 2021 and extrapolated to March 31, 2022. 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:

	<u>2022</u>	<u>2021</u>
Wages and salary escalation	3.50%	2.75%
Interest	3.57%	3.11%

Based on actuarial valuation of the liability, at March 31, 2022 the results for sick leave are:

Accrued sick pay obligation, beginning	\$19,204,894	\$19,429,483
Current period benefit cost	1,651,351	1,699,643
Benefit payments	(2,038,933)	(2,401,433)
Interest on the accrued benefit obligations	570,958	620,055
Actuarial gains	<u>(1,146,298)</u>	<u>(142,854)</u>
Accrued sick pay obligations, at end	<u>\$18,241,972</u>	<u>\$19,204,894</u>

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

Sick benefits

Accrued benefit obligation	\$18,241,972	\$19,204,894
Unamortized actuarial gains	<u>768,044</u>	<u>(585,386)</u>
Accrued benefit liability	<u>\$19,010,016</u>	<u>\$18,619,508</u>

6. Deferred grants and revenue

	<u>2022</u>	<u>2021</u>
Deferred operating grants	\$ 3,199,360	\$ 3,334,307
Deferred capital grants	<u>25,488,524</u>	<u>29,748,216</u>
	<u>\$28,687,884</u>	<u>\$33,082,523</u>

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2022

7. Long-term debt	<u>2022</u>	<u>2021</u>
7.5% CMHC mortgage on Lakeside Homes; repayable in equal monthly instalments of \$4,574, interest included; maturing July 2023.	\$ 70,687	\$ 118,417
2.67% Canadian Imperial Bank of Commerce loan for Carmelite House, unsecured; repayable in equal monthly instalments of \$56,108, interest included; maturing January 2027.	3,043,964	3,628,721
3.54% Canadian Imperial Bank of Commerce mortgage on land and building at 3 Twomey Dr, Botwood; repayable in equal monthly instalments of \$390, interest included; maturing June 2027.	22,758	26,883
3.54% Canadian Imperial Bank of Commerce mortgage on land and building at 145 Commonwealth Ave, Botwood; repayable in equal monthly instalments of \$357, interest included; maturing July 2027.	20,714	24,207
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 August 2027.	537,696	613,579
7.88% Newfoundland and Labrador Housing Corporation mortgage on Authority offices; repayable in equal monthly instalments of \$8,165, interest included; maturing August 2024.	<u>227,620</u>	<u>304,103</u>
	<u>3,923,439</u>	<u>4,715,910</u>

See accompanying notes to the consolidated financial statements

Central Regional Health Authority
Notes to the Consolidated Financial Statements
 March 31, 2022

7. Long-term debt (cont'd.)	<u>2022</u>	<u>2021</u>
North Haven Manor Cottages Phase IV		
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.	<u>118,153</u>	<u>152,234</u>
Bonnews Lodge Apartment Complex		
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.	<u>115,781</u>	<u>157,524</u>
	<u>\$ 4,157,373</u>	<u>\$5,025,668</u>

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

2023	\$899,753
2024	899,053
2025	855,940
2026	772,601
2027	672,400
Thereafter	57,626

8. Replacement reserves	<u>2022</u>	<u>2021</u>
Balance, beginning	\$ 231,592	\$ 198,616
Add:		
Allocation for year	60,220	60,220
Contributions from Authority	12,900	12,900
Interest	<u>98</u>	<u>28</u>
	304,810	271,764
Less:		
Approved expenditures	<u>46,629</u>	<u>40,172</u>
Balance, ending	<u>\$ 258,181</u>	<u>\$ 231,592</u>
Funding		
Replacement reserve funds	\$ 113,138	\$ 86,549
Due from Newfoundland and Labrador Housing Corporation	<u>145,043</u>	<u>145,043</u>
	<u>\$ 258,181</u>	<u>\$ 231,592</u>

See accompanying notes to the consolidated financial statements

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2022

9. Tangible capital assets

	<u>Land</u>	<u>Land improvements</u>	<u>Building and service equipment</u>	<u>Equipment</u>	<u>Motor vehicles</u>	<u>Total</u>
March 31, 2022						
Cost						
Opening balance	\$ 499,541	\$ 1,212,046	\$91,047,218	\$151,435,365	\$ 3,888,503	\$ 248,082,673
Additions	-	-	2,898,455	7,308,859	452,894	10,660,208
Disposals	-	-	-	-	(143,954)	(143,954)
Closing balance	<u>499,541</u>	<u>1,212,046</u>	<u>93,945,673</u>	<u>158,744,224</u>	<u>4,197,443</u>	<u>258,598,927</u>
Accumulated amortization						
Opening balance	-	1,000,221	60,301,987	118,618,171	2,629,560	182,549,939
Additions	-	10,591	1,663,065	5,007,185	339,275	7,020,116
Disposals	-	-	-	-	(128,497)	(128,497)
Closing balance	<u>-</u>	<u>1,010,812</u>	<u>61,965,052</u>	<u>123,625,356</u>	<u>2,840,338</u>	<u>189,441,558</u>
Net book value	<u>\$ 499,541</u>	<u>\$ 201,234</u>	<u>\$31,980,621</u>	<u>\$35,118,868</u>	<u>\$ 1,357,105</u>	<u>\$ 69,157,369</u>

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2022

9. Tangible capital assets (cont'd.)

	<u>Land</u>	<u>Land improvements</u>	<u>Building and service equipment</u>	<u>Equipment</u>	<u>Motor vehicles</u>	<u>Total</u>
March 31, 2021						
Cost						
Opening balance	\$ 532,675	\$ 1,212,046	\$87,026,149	\$144,175,653	\$ 3,683,077	\$ 236,629,600
Adjustment for Foundations	(33,134)	-	(119,141)	-	-	(152,275)
Additions	-	-	4,140,210	7,259,712	658,994	12,058,916
Disposals	-	-	-	-	(453,568)	(453,568)
Closing balance	<u>499,541</u>	<u>1,212,046</u>	<u>91,047,218</u>	<u>151,435,365</u>	<u>3,888,503</u>	<u>248,082,673</u>
Accumulated amortization						
Opening balance	-	989,072	59,104,044	114,123,727	2,748,596	176,965,439
Adjustment for Foundations	-	-	(55,747)	-	-	(55,747)
Additions	-	11,149	1,253,690	4,494,444	314,734	6,074,017
Disposals	-	-	-	-	(433,770)	(433,770)
Closing balance	<u>-</u>	<u>1,000,221</u>	<u>60,301,987</u>	<u>118,618,171</u>	<u>2,629,560</u>	<u>182,549,939</u>
Net book value	<u>\$ 499,541</u>	<u>\$ 211,825</u>	<u>\$30,745,231</u>	<u>\$32,817,194</u>	<u>\$ 1,258,943</u>	<u>\$ 65,532,734</u>

Book value of capitalized items that have not been amortized is \$1,989,888 (2021- \$9,850,819).

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2022

10. Inventories	<u>2022</u>	<u>2021</u>
General stores	\$ 1,806,560	\$ 3,095,328
Drugs	<u>1,784,554</u>	<u>1,675,334</u>
	<u>\$ 3,591,114</u>	<u>\$ 4,770,662</u>

11. Prepaids	<u>2022</u>	<u>2021</u>
Equipment maintenance	\$ 497,875	\$ 567,859
Malpractice and membership fees	57,193	6,440
General insurance	379,434	336,843
Municipal taxes	840,092	820,176
Workers' Compensation	29,403	-
Other	<u>1,037,297</u>	<u>1,475,499</u>
	<u>\$ 2,841,294</u>	<u>\$ 3,206,817</u>

12. 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. The balance outstanding on this line of credit at March 31, 2022 is \$6,469,894 which is included in the current accounts balance (2021 - \$4,968,024). Interest is being charged at prime less 1.11% on any overdraft.

13. 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:

2023	\$ 226,450
2024	162,947
2025	139,369
2026	99,024
2027	19,030

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2022

14. Contingencies

As of March 31, 2022, 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.

During the year, on October 30, 2021, a cyber incident impacted critical IT systems supporting healthcare providers in Newfoundland and Labrador. The incident disrupted the Authority's systems which have now been restored. The investigation into the nature and impact of the incident is still ongoing.

15. Impacts of COVID-19

The outbreak of a novel strain of coronavirus ("COVID-19") was declared a global pandemic by the World Health Organization in March 2020. COVID-19 has severely impacted many economies around the globe. In many countries, including Canada, businesses were forced to cease or limit operations for long periods of time. Measures taken to contain the spread of the virus, including travel bans, quarantines, social distancing, and closures of non-essential services have triggered significant disruptions to businesses worldwide, resulting in an economic slowdown. Global stock markets have also experienced great volatility and a significant weakening. Governments and central banks have responded with monetary and fiscal interventions to stabilize economic conditions.

During the year, the organization had to manage many operational challenges due to the global pandemic. In response, Central Health reduced services several times throughout the year during high alert levels and setup numerous testing, assessment, and vaccination clinics throughout the region, as well as new COVID inpatient and ICU units in one of its acute care centers. Central Health was provided additional funding to help offset the extra costs of staffing, equipment and personal protective equipment requirements due to ongoing public health measures. A provincial warehouse was setup under Eastern Health for storing personal protective equipment, therefore, Central Health's inventory has not significantly increased. Central Health had a small amount of donated inventory on hand including covid rapid test kits at year end which were immaterial and have not been recorded in the financial statements. Central Health also had a small amount of COVID vaccine inventory on hand with costing unavailable at year end.

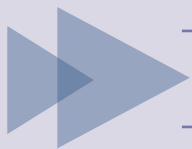
The duration and impact of the COVID-19 pandemic, as well as the effectiveness of government and central bank responses, remains unclear at this time. It is not possible to reliably estimate the duration and severity of these consequences, as well as their impact on the financial position and results of the Authority for future periods.

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2022

16. Expenditures by object	<u>2022</u>	<u>2021</u>
Expenditure		
Salaries	\$ 206,786,920	\$ 195,880,267
Employee benefits	38,894,369	35,926,999
Supplies		
- plant operations and maintenance	8,162,453	6,109,740
- drugs	12,631,257	11,763,621
- medical and surgical	11,735,508	9,629,578
- other	17,151,296	13,518,162
Direct client costs - MHA, CS, HP, and CC	75,247,535	72,707,689
Other shareable expenses		
- sundry	21,086,945	11,722,064
- equipment expense	7,637,257	6,630,201
- contracted-out services	23,954,667	21,059,031
- building, grounds and equipment expense	13,978,978	11,791,194
Long-term debt - interest	162,957	193,940
Cottage operations	<u>1,460,556</u>	<u>1,388,789</u>
	<u>\$ 438,890,698</u>	<u>\$ 398,321,275</u>

17. Financial instruments

The Authority, as part of its operations, carries a number of financial instruments. It is management's opinion the Authority is not exposed to significant interest, currency, liquidity or credit risk arising from these financial instruments. The fair value of these financial instruments approximates their carrying values.



APPENDICES



Central Health Facilities



Regional Health Centres

Central Newfoundland Regional Health Centre, Grand Falls-Windsor	709.292.2500
James Paton Memorial Regional Health Centre, Gander	709.256.2500

Health Centres

A.M. Guy Memorial Health Centre, Buchans	709.672.3304
Baie Verte Peninsula Health Centre, Baie Verte	709.532.4281
Connaigre Peninsula Health Centre, Harbour Breton	709.885.2043
Dr. Hugh Twomey Health Centre, Botwood	709.257.2874
Dr. Y.K. Jeon Health Centre, New-Wes-Valley	709.536.2405
Fogo Island Health Centre, Fogo Island	709.266.2221
Green Bay Health Centre, Springdale	709.673.3911
Lewisporte Health Centre, Lewisporte	709.535.6767
Notre Dame Bay Memorial Health Centre, Twillingate	709.884.2131

Community Health Centres

Bay d'Espoir Community Health Centre, Bay d'Espoir	709.538.3244
Belleoram Community Health Centre, Belleoram	709.881.6101
Bell Place Community Health Centre, Gander	709.651.3306
Centreville Community Health Centre, Centreville	709.678.2342
Change Islands Community Health Centre, Change Island	709.621.6161
Dr. Brian Adams Community Health Centre, Gambo	709.674.4403
Dr. C. V. Smith Community Health Centre, Glovertown	709.533.2372
Eastport Community Health Centre, Eastport	709.677.2530
Exploits Community Health Centre, Botwood	709.257.4900
Gaultois Community Health Centre, Gaultois	709.841.7331
Grand Falls-Windsor Community Health Centre, Grand Falls Windsor	709.489.8150
Green Bay Community Health Centre, Springdale	709.673.4974
Hermitage Community Health Centre, Hermitage	709.883.2222
La Scie Community Health Centre, LaScie	709.675.2429
Lewisporte Community Health Centre, Lewisporte	709.535.0905
McCallum Community Health Centre, McCallum	709.846.4104
Mose Ambrose Community Health Centre, Mose Ambrose	709.888.3541
Musgrave Harbour Community Health Centre, Musgrave Harbour	709.655.2518
New World Island Community Health Centre, Summerford	709.629.3682
Rencontre East Community Health Centre, Rencontre East	709.848.3410
Robert's Arm Community Health Centre, Robert's Arm	709.652.3410
St. Alban's Community Health Centre, St. Alban's	709.538.3738
St. Brendan's Community Health Centre, St. Brendan's	709.669.5381
Victoria Cove Community Health Centre, Gander Bay	709.676.2155

Central Health Facilities



Long-Term Care Facilities

Carmelite House, Grand Falls-Windsor /	709.292.2528
New Facility	709.292.0400
Lakeside Homes, Gander /	709.256.8850
New Facility	709.651.0300
Bonnews Lodge, New-Wes-Valley	709.536.2160
Valley Vista Senior Citizen's Home, Springdale	709.673.3936

Therapeutic Treatment Centres

Juniper Place, Grand Falls-Windsor	709.489.6651
Hope Valley Centre, Grand Falls-Windsor	709.292.8360

Regional Office

Regional Office, Grand Falls-Windsor	
People and Culture	709.292.2460
Financial Services	709.292.2168
Quality, Planning and Performance	709.292.2146
Facilities Management and Engineering	709.292.3014

Abbreviations



AAM – Acuity and Assignment Manager

ACT – Assertive Community Treatment

ACTEAST – Atlantic Canada Together
Enhancing Acute Stroke Treatment

BTG – Bridge the Gapp

CAC – Community Advisory Committee

CCT—Collaborative Community Team

CNRHC – Central Newfoundland Regional
Health Centre

CSS – Community Support Services

CTC – Collaborative Team-Based Care Clinic

ED – Emergency Department

ER - Emergency Room

EMR - Electronic Medical Record

EOC – Emergency Operations Centre

ESRTW – Early and Safe Return to Work

EVH – Exploits Valley High

EVT – Endovascular Thrombectomy

FACT - Flexible Assertive Community Treatment

GBH – Green Bay Health Centre

HEM – Health Emergency Management

HFO – Heart Failure Outreach

HIM – Health Information Management

HR – Human Resources

HPP – Health Promotion and Prevention

ICM – Integrated Capacity Management

IOC – Integrated Operations Center

IPAC – Infection Prevention and Control

IT – Information Technology

JPMRHC – James Paton Memorial Regional
Health Centre

LTC – Long-term Care

MCR - Mobile Crisis Response

MHAS - Mental Health and Addiction Services

NLCHI - Newfoundland and Labrador Centre of
Health Information

N.O.D – Name, Occupation, and Duty

ODT - Opioid Dependency Treatment

OIPC - Office of the Information and Privacy
Commissioner

PCH – Personal Care Home

PCN – Primary Care Neighbourhood

PFCC – Person- and Family-Centered Care

PFAC – Patient and Family Advisory Council

PHC – Primary Health Care

PHIA – Personal Health Information Act

PP – Prevention Practitioner

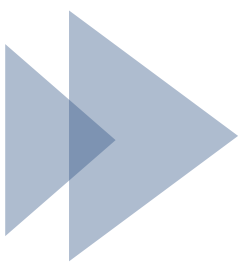
PX - Patient Experience

QI - Quality Improvement

RHA – Regional Health Authority

SMT – Senior Management Team

tPA - alteplase





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