



Central Health



2018-19 ANNUAL REPORT

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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, 2019.

This Annual Performance Report is the second report from the 2017-20 Central Health Strategic Plan and was prepared under the Board's direction, in accordance with a Category Two 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 provides progress updates on Central Health's four strategic issues – person- and family-centred care (PFCC), better value through improvement, better health, and better care. In addition to measured results, stories highlighting the health authority's partnerships and accomplishments are featured.

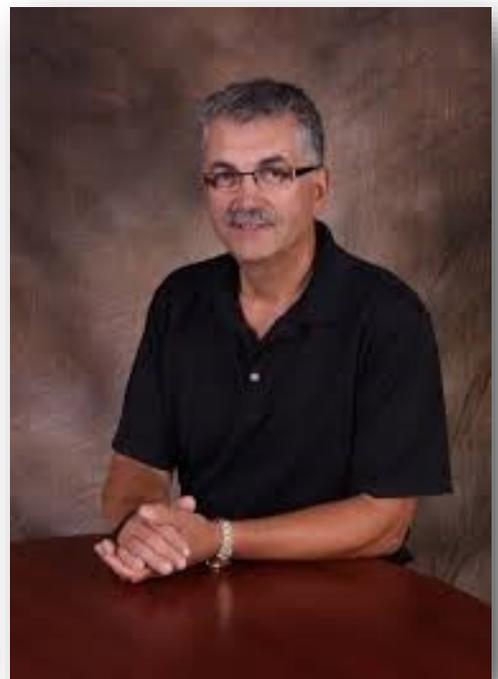
On May 17, 2018, the Minister of Health and Community Services released a report following an external review of Central Health. The report included 36 recommendations that provided the organization with a roadmap for organizational culture change.

A significant amount of time and resources during the 2018-19 fiscal years were focused on addressing and implementing recommendations from the external review of Central Health. Recommendations on governance, leadership, clinical management, relationships, succession planning, and community engagement have been or are in the process of being implemented.

The external review provided a roadmap to all levels of the organization – the governance board, senior management team, managers and directors, physicians, and front-line employees. It was a formal opportunity for employees, physicians, stakeholders, and the people we serve to share their concerns and hopes for the organization. It acknowledged the good care being provided and identified areas where we could work more closely with others to ensure safe and respectful workplaces and improve the overall patient experience.

A new President and CEO joined Central Health in November 2018. Under her collaborative and engaging leadership style, the organization has made great strides in starting conversations, building partnerships, strengthening relationships, and working collaboratively with all the healthcare partners.

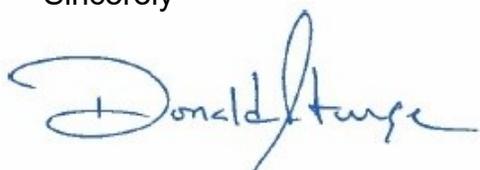
On behalf of the Board of Trustees, I would like to recognize and thank the many individuals, groups, and communities for working together to make Central Health safer and healthier.



As we move forward with our Strategic Plan in 2019-20, we will continue to create safe spaces for conversation, be open to opportunities to work with others, and reaffirm our commitment to quality care through our PFCC transformation.

Our shared vision of **healthy people, healthy communities** is possible when we are all working together.

Sincerely



Donald Sturge
Chair, Central Health Board of Trustees

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OVERVIEW

Population and Geography

Central Health is the second largest health authority in Newfoundland and Labrador, serving approximately 94,000 people (18 per cent of the province's population) living in 177 communities.

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

Facilities and Services

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

- 2 Regional Referral Centres
- 9 Health Centres
- 11 Long-Term Care facilities (5 co-located in Health Centres)
 - ◊ 2 New long-term Care facilities (Gander and Grand Falls-Windsor) and a protective care unit expansion at Dr. Hugh Twomey Health Centre in Botwood are under development, and scheduled to open in 2020.
- 23 Community Health Centres
- 2 Residential Treatment Centres
- 1 Regional Office

Health and community services are provided through 41 facilities, with a total of 803 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 privately owned personal care homes, and oversees implementation and monitoring of standards for three private ambulance operators and nine community ambulance operators.

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

With an annual budget of approximately \$390 million, Central Health invests those funds in three general areas: direct care, support services, and administration.

Central Health has approximately 3,200 dedicated employees. There are approximately 160 physicians practicing within the region, and the organization is supported by approximately 900 volunteers and two foundations. The Central Northeast Health Foundation and the South and Central Health Foundation operate under the direction of two volunteer Boards of Directors.

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

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



Highlights and Partnerships

HIGHLIGHTS AND PARTNERSHIPS

Person- and Family-Centred Care

Resident and Family Experience in Long-Term Care

In alignment with **The Way Forward** commitment to deliver better services and outcomes for residents, Central Health is partnering with communities to enhance the resident and family experience in long-term care. The Lewisporte Protective Community Residence's therapeutic wander garden is an example of such a partnership. The garden opened in the summer of 2018, providing a safe space for residents and their families to enjoy the sunshine and take part in gardening activities, an activity that many residents had participated in earlier in their lives. This is a partnership between the South and Central Health Foundation, Central Health, and the residents of Lewisporte.

Food Security

Central Health and Food First NL are partnering towards better health for communities in the Coast of Bays area by increasing food security. Three Coast of Bays communities were selected to participate in this government-funded project. A community-led food assessment was completed to identify food programs that balance local need and capacity. Initiatives included a community farm, community gardens, backyard gardening, a livestock rearing program, community freezer programs, sharing of food skills, and a fruit program focused on wild fruit trees. This project is helping residents gain easier access to healthy, affordable food in support of the commitment of the province's **The Way Forward** to double provincial food self-sufficiency by 2022.

Better Value through Improvement

Appropriate Use of Antipsychotics

According to the Canadian Institute for Health Information, one in five Canadian long-term care (LTC) residents is on an antipsychotic (AP) medication without a diagnosis of psychosis. For many seniors, AP medication is minimally effective, if at all, and can cause harmful side effects attributed to falls and hospitalizations. Central Health is participating in the Canadian Foundation for Healthcare Improvement's Appropriate Use of Antipsychotic Quality Improvement Collaborative to improve dementia care and the appropriate use of AP in its nursing homes.

Across the province, 36 homes are involved with 11 homes participating from the Central Health region. The collaborative began on June 4, 2018 and at the three-month evaluation point, Central Health exceeded the provincial reduction rate of 43 per cent with 45 per cent (23 residents) having discontinued or reduced inappropriate AP medication in its LTC homes. Among the residents who had reduced or discontinued AP, there has been a decrease in the use of physical restraints and use of other psychotropic drugs with an increase in physical functioning. This collaborative is also responsive to **The Way Forward**, specifically commitments in the **Towards Recovery: The Mental Health and Addictions Plan for Newfoundland and Labrador**.

Surveillance and Evaluation Information Network (SEINET) - The Provincial Public Health Data Management System

SEINET is a public health data management solution for vaccination reporting, designed and developed by Eastern Health and utilized by Central Health. The province of Newfoundland and Labrador invested in the development and implementation of SEINET for all RHAs and the system went live in Central Health in October 2018. This example of technology improvement in the delivery of quality healthcare, as recommended in **The Way Forward**, resulted in the development of a secure, web-based application to replace paper-based data collection. The system also allows users to do all vaccine-related ordering, receiving and transferring electronically. SEINET has allowed for tracking of vaccine movement and inventory, improved reporting of vaccine wastage and efficient generation of up-to-date provincial vaccine inventory reports in instances of vaccine shortages.

Better Health

Partnership for Wellness

A Mental Health and Addictions Wellness Committee was created in the Green Bay area. This is a sub-committee of the Community Advisory Committee, with partnerships between Central Health, Community Youth Network, Life Unlimited for Older Adults, Family Resource Center, private counsellors, Newfoundland and Labrador English School District, Green Bay Community Employment Corporation, and local clergy. In 2018-19, several initiatives were developed under the leadership of this committee, including a Community Café with a guest speaker in recognition of Suicide Prevention Day, Pink Shirt Day to highlight bullying and cyberbullying, and the offering of the two-day Applied Suicide Intervention Skills Training Program. The work of this committee will support **The Way Forward**, specifically the commitments in the **Towards Recovery: The Mental Health and Addictions Plan for Newfoundland and Labrador**.

Healthy Living

During this reporting period, Central Health was involved in a number of partnerships to support healthy living, a recommendation of **The Way Forward** to create communities that support healthy living. Three Healthy Students Healthy Schools Summits (HSHS) were held in 2018-19 with over 800 students and teachers participating. The HSHSs covered a variety of skill-building sessions including ATV safety, youth and the law, safer sex, online mental health resources, positive body image and nutrition. The HSHS brought together youth grades 7-12 from several schools to foster a broader health message in rural and remote communities in the region.

Additionally, ten schools in the Central region availed of Wellness Café grants from the Health Foundations in the Central region totaling a \$4,000 investment in health promotion for youth in grades 7-12. Healthy living topics such as mental health, healthy eating, substance use prevention, healthy relationships and sexual health were the focus of these sessions. The High School Wellness Café has the objective to address school-identified health topics through sessions or programs led by school staff, health professionals or other service providers. Through the program, funding is available to assist schools with various costs associated with hosting a wellness café .

Better Care

Transportation for Seniors

Transportation is a barrier for many seniors accessing local health services. As a shared priority under the province's **The Way Forward** to improve health outcomes for those in rural and remote areas and expanding transportation services for seniors, the Shore Ride Community Transportation Program, a partnership between Central Health and the Town of New-Wes-Valley was initiated following results from an age friendly survey and community member feedback at an Age Friendly Summit. In response, a transportation program has been designed for the Kittiwake region using a bus that runs three days per week, servicing different communities each day. The program was successful in obtaining a Newfoundland and Labrador Transportation Program grant and planning is underway to commence the service in July 2019.

Improving Safety with Medication Reconciliation (Med Rec)

Medication reconciliation is a process to support the communication of accurate and complete medication information upon acute care transitions with the goal of preventing adverse drug events and patient harm. The foundation of Med Rec is obtaining a quality Best Possible Medication History (BPMH), which is a systematic process of interviewing the patient and at least one other reliable source to obtain an accurate medication list. Central Health was successful in meeting all seven Med Rec Required Organizational Practices (ROPs) during the Accreditation Canada survey in September 2018. This success was attributed to partnerships between nursing, physicians, senior management, pharmacy department, community pharmacies, patients and their families. Central Health is the only RHA to have a pharmacy technician as part of its team in the Emergency Department (ED) with the purpose of gathering a Best Possible Medication History. This practice was highlighted in the 2018 Accreditation Survey report, which stated "the implementation of the Best Possible Medication History initiative in the ED is a shining example of innovations in care". The Steering Committee has also been collaborating with the other RHAs to share best practices related to medication reconciliation. This work aligns with the province's **The Way Forward** to create better health outcomes through innovation.



2018 Safety is Central Award for Medication Reconciliation in Meditech

Pictured here: (left to right) Chair, Board of Trustees, Donald Sturge; Clinical Information Specialist, Derek Pike; Clinical Patient Safety Coordinator, Michelle Hoffe; Trustee, Valerie Hoskins. Missing - IM&T Team

Midwifery Program at Central Health

Central Health continues to prepare to implement midwifery at James Paton Memorial Regional Health Centre in Gander. During 2018-19, Central Health was successful in recruiting three midwives for the program with start dates in summer and fall 2019. A midwifery working group is well established and is active in program development and evaluation requirements. The working group has stakeholders from the Maternal Child and Population Health program area, Department of Health and Community Services, Pediatric and Obstetric physician leadership, as well as a patient advisor. Progress has been made in developing the midwifery care model, with defined roles and accountabilities of the obstetrical care team, along with and raising awareness amongst the Central Health Maternal Child and Population Health program.



Report on Performance

REPORT ON PERFORMANCE

This section outlines the progress on Central Health’s objectives for year two and details the work that is underway to achieve the overall goals for 2017-20. The report on performance update focuses on the health authority’s four strategic issues: Person- and Family-Centred Care, Better Value Through Improvement, Better Health, and Better Care.

PERSON- AND FAMILY-CENTRED CARE (PFCC)

PFCC is an approach that guides all aspects of planning, delivery and evaluation of healthcare services. Accreditation Canada has adopted four values that are integrated into Central Health’s PFCC strategy: dignity and respect, information sharing, partnership and participation, and collaboration. The focus of PFCC at Central Health is putting patients and families at the center of everything we do, with the goal to create partnerships amongst clients, families, physicians and staff, and improve patient experience.

To date, Central Health has developed an organizational PFCC strategy and has been working on identified priorities. In 2017-18, the first year of the 2017-20 plan, Central Health provided education and training to promote and enhance a culture of PFCC throughout the organization, and developed the requirements of a PFCC Advisor Program. With this foundational work completed, the focus for 2018-19 was on the implementation of the PFCC Advisor Program, including the establishment of a Patient Advisory Council and Long-Term Care Resident/Family Councils. In addition, Central Health has implemented several policies and practices related to patient and family presence at the bedside, and improving communication between patients and families and Central Health leaders. Education of physicians, staff, and volunteers continues as recommended by the PFCC Education Plan.

STRATEGIC ISSUE 1- Person- and Family-Centred Care

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

OBJECTIVE #2: By March 31, 2019, Central Health will have implemented the PFCC Advisor Program and PFCC guidelines, policies and practices, in identified priority areas.

Planned Indicators for 2018-19

Actual Progress

Implemented the PFCC Advisor Program, including the establishment of a Patient Advisory Council in a priority area

PFCC Advisor Program was implemented in 2018. There are 16 patient advisors as of March 30, 2019.
The Central Health Patient and Family Advisory Council (PFAC) was formed, terms of reference for the Council established, and inaugural meeting held on March 26, 2019.

STRATEGIC ISSUE 1- Person- and Family-Centred Care	
Planned Indicators for 2017-18	Actual Progress
	The PFAC is a collection of ten volunteer patients and/or family members from across the Central Health region who bring diversity based on geography, age, gender, background, culture, and healthcare experience to their role as Patient Experience Advisors. The committee advises Central Health, including its senior leaders, healthcare providers, staff and physicians on policies, practices, planning, and delivery of PFCC.
Established the final two Long-Term Care Resident/Family Councils in the remaining Long-Term Care facilities without Councils	Family Councils are now established at all 11 long-term care homes. Revised Long Term Care Resident and Family Council policy and standardized terms of reference have been approved and implemented. The final two councils are active. One was established at A.M. Guy Memorial Health Centre in Buchans, and one reactivated at Dr. Y. K. Jeon Kittiwake Health Centre in New-Wes-Valley.
Developed an Open Family Presence Policy and implemented in select sites	An Open Family Presence Policy was developed in consultation with patients and families, employees, and physicians. Policy was piloted in General Surgery at Central Newfoundland Regional Health Centre (CNRHC) , James Paton Memorial Regional Health Centre (JPMRHC) and Baie Verte Peninsula Health Centre (BVPHC). Leadership, staff and physicians provided their feedback on the pilot, which resulted in minor changes to the educational materials. The policy has now been fully expanded to all acute care units at JPMRHC and CNRHC. Planning is underway for future sites in 2020.
Implemented nursing bedside handover on all acute units	Nursing bedside handover is the transfer of care information with the patient and their family present during a nursing shift change. Nursing bedside handover was implemented by December 2018 on all acute care units throughout the region.
70 per cent of physicians, staff, and volunteers completed educational requirements as identified by the PFCC Education Plan	As of March 31, 2019, 72.6 per cent or 2,251 Central Health employees have completed PFCC education module on the Learning Management System.
Fully implemented Leadership Rounding in all sectors (supported in external report recommendations)	Leadership Rounding has been implemented as standard practice in all sectors. Leadership Rounding is a tool used in which leaders purposefully walk through their organization to talk to patients and staff, and observe work where it is happening.

Discussion of Results

Central Health is committed to collaborating with persons and their families in the planning and delivery of safe, quality healthcare services. Continued progress made in 2018-19 directly supports this commitment. The PFAC is rooted in the values of partnership, collaboration, engagement, respect, transparency, and a foundation of ensuring that healthcare services are PFCC.

Central Health's new Open Family Presence Policy recognizes that visitor and family presence are integral to patient safety and the healing process, as well as the patient's medical and psychological well-being, their experience, comfort and quality of life. In accordance with Central Health values and the principles of PFCC, this policy guides, supports and encourages family presence within Central Health settings and ensures consistent practices for patient/resident-directed family presence at Central Health sites.

As referenced in the 2017-18 Annual Report, awareness and education related to PFCC continue to be a key area of focus for the organization. Educational activities are focused on the what, why and how of PFCC. The PFCC Steering Committee developed an education session which is required for all employees and focuses on the belief that all employees impact the patient experience and support a PFCC culture.

Similarly, leadership rounding provides leaders at all levels the opportunity to model Central Health's values of compassion, accountability, respect, equity and safety. Leadership Rounding at Central Health involves leaders (VPs, directors and managers) having purposeful conversations with staff and patients where the work and care happens. Directly linking with employees enables leadership to communicate a focused message to frontline staff, or to ask questions about an issue or initiative and receive feedback about the care and services provided by the organization. This knowledge exchange facilitates improved decision making. This leadership practice is a valuable tool to improve quality, safety and overall patient experience.

While bedside handover has been implemented on select units, sustaining implementation has been a challenge. Recognizing this and building on feedback and experience, managers and employees have been given direction and support to continue with this practice. One example is the use of bedside posters to clearly communicate bedside handover expectations to the patient. Feedback from this initiative is being received and reviewed with the goal of supporting and improving this practice.

Year 3 Objectives

By March 31, 2020 Central Health will have implemented PFCC guidelines, policies and practices, and the PFCC Advisor Program throughout the organization.

Indicators:

- Increased number of patient advisors to 40
- Evaluated the PFCC strategy
- Incorporated PFCC language into all new or newly revised Level 1 and 2 policies
- Increased percentage of leadership, physicians, staff and volunteers with completed PFCC educational requirements to 85 per cent
- Implemented Family Presence Policy in all facilities throughout Central Health
- Developed PFCC Advisor Program in one priority area



Members of the newly formed Patient and Family Advisory Council meet face to face for the first time.

BETTER VALUE THROUGH IMPROVEMENT

Creating better value through improvement, while providing quality care, remains a focus for Central Health. The organization is committed to delivering valuable and sustainable services while pursuing better outcomes. This work is aligned with the principles of **The Way Forward: A Vision for Sustainability and Growth in Newfoundland and Labrador.**

In 2017-18, year one of this planning cycle, Central Health created efficiencies, cost-savings, and enhanced patient experiences through collaboration with provincial and national partnerships, best practices, technological advances, and innovative approaches. The commitment to Lean training and quality improvement capacity building allowed the organization to plan, question, and explore ways to do things better. In 2018-19, Central Health continued to optimize resources and leverage technology to focus on improvement efforts in client flow, enhanced scope of practices, Lean 5S projects and reductions in patient no-show appointments.

STRATEGIC ISSUE 2 - Better Value Through Improvement

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

OBJECTIVE #2: By March 31, 2019, Central Health will have implemented strategies and/or work plans focusing on creating better value through improvement.

Planned Indicators for 2018-19	Actual Progress
Continued implementation of Choosing Wisely initiatives	Central Health continued to support the Choosing Wisely initiatives: The Overuse of Antibiotics for Treatment of Urinary Infections in Nursing Homes and The Drop the Pre-op Project.
Implemented improvement initiatives to reduce length of stay in priority areas	<p>A Central Health Client Flow and Access Workplan was developed for the organization. Improvement initiatives for 2018-19 included:</p> <ul style="list-style-type: none"> • Development of a multidimensional Length of Stay Dashboard using the business intelligence tool Cognos. • Home First initiative – Changes to working hours of social work staff with availability until 9 p.m. provided after-hours coverage to improve ED Flow. • Improved communication – Site directors have increased their communication efforts with physicians, Diagnostic Imaging, Cardiopulmonary Services, Diabetes Clinic, and Mental Health and Addictions managers to improve discharge planning. • Bedside rounding and bedside handover – Allowed for better communication with patients and families regarding early discharge. • Changes in daily bed huddles structure – Addition of an admitting clerk and Manager of Mental Health and Addictions Services attending morning huddles to focus on effective and early discharge. • Implementation of a Hospitalist at CNRHC. • Enhanced utilization of restorative care beds. • Utilization of Home First resources to improve discharge planning for Alternate Level of Care (ALC) patients. ALC patients are patients who have been admitted to an acute care unit or occupying an acute care bed, but not in receipt of acute care services.
Enhanced utilization of Advanced Care Paramedics scope of practice at three (3) sites	<p>This work continues from 2017-18 strategic year.</p> <p>As of March 1, 2019, Advanced Care Paramedics (ACP) are operating in the following locations:</p> <ul style="list-style-type: none"> • One (1) ACP in Baie Verte (implemented previously in 2017-18) • Two (2) ACPs in Grand Falls-Windsor (implemented in 2018-19) • Two (2) ACPs in Gander (implemented in 2018-19) • Two (2) ACPs in Twillingate (implemented in 2018-19)

STRATEGIC ISSUE 2 - Better Value Through Improvement

Planned Indicators for 2018-19	Actual Progress
Increased the number of Long-Term Care facilities with access to Nurse Practitioner (NP) services	A new NP shared position between Notre Dame Bay Memorial Health Centre and Fogo Island Health Centre is now in place. The NP positions were newly created for LTC. Central Health now has enhanced the scope of practice of NPs in all 11 LTC Homes throughout Central Health, with involvement in quality improvement initiatives and implementation of best practices in care of the elderly in LTC. Previously, NPs in Central Health were working primarily in acute care and rural community health clinics, this initiative has also enhanced their scope of practice.
Enhanced the delivery and/or coordination of services through development of two new partnerships	<p>Central Health partnered with the Atlantic Canada Opportunity Agency (ACOA) for the telehealth expansion project as well as the Gander Women's Centre to improve access to prenatal and obstetrical service information.</p> <p>The ACOA telehealth expansion project is a partnership between the Newfoundland and Labrador Centre of Health Information (NLCHI) and other RHAs to build a provincial infrastructure that supports telehealth calls throughout the province (and out of the province), multi-party calls and home-based telehealth, enhancing both the delivery and coordination of telehealth.</p> <p>The Gander Women's Centre partnership resulted in enhanced communication and an education session on deliveries, obstetrical services, the Midwifery program and other information regarding prenatal care at Central Health.</p>
Completed seven (7) additional 5S Lean projects in departmental stock/supply rooms	<p>Eight 5S Lean projects were completed during 2018-19 as follows:</p> <ul style="list-style-type: none"> · Medical Device Reprocessing inventory and disposables in the Operating Room · Operating Room procedure rooms · Twillingate Community Health Supply Room · Information Systems Supply Room · Special Care Unit at Lakeside Homes · Botwood Community Health Supply Room · Lewisporte Community Health Supply Room · Transitional Unit at CNRHC <p>5S is a way of organizing and managing workspaces to improve efficiency by eliminating waste, improving flow and reducing processes. Specifically, 5S represents the processes of Sort, Set in Order, Shine, Standardize and Sustain.</p>

STRATEGIC ISSUE 2 - Better Value Through Improvement

Planned Indicators for 2018-19	Actual Progress
<p>Developed a plan to centralize patient registration throughout the health region and to scan health records in select areas</p>	<p>A current state analysis was completed regarding centralization of patient registration, along with the identification of key tasks for implementation. Given the results of the current state analysis, it was decided that additional resources were required to implement this plan successfully.</p> <p>A current state analysis was also completed related to the scanning of health records at rural sites along with a plan for targeted implementation. Implementation of scanning is underway at the first rural site.</p>
<p>Integrated the Central Health Information System with private Electronic Medical Records (EMRs)</p>	<p>The integration of all acute, diagnostic, and laboratory reports directly into all EMRs within the Central Health region was completed by September 2018.</p>
<p>Implemented the Automated Appointment Reminder System in Cardiopulmonary, and Diagnostic Imaging Services</p>	<p>The implementation of the Automated Appointment Reminder System was completed for all Diagnostics Imaging appointment types as follows:</p> <ul style="list-style-type: none"> • Mammography - implemented May 2018 • Computed Tomography (CT) - implemented June 2018 • Magnetic Resonance Imaging (MRI) - implemented July 2018 • Nuclear Medicine - implemented September 2018 <p>The implementation of the reminder system was completed for all Cardiology and Respiratory appointment types as follows:</p> <ul style="list-style-type: none"> • Echocardiograms (ECG) - implemented February 2019. • Respiratory Therapy appointments (Pulmonary Function, Chronic Obstructive Pulmonary Disorder (COPD), Home Oxygen Assessment, Sleep Studies, Asthma) - implemented March 2019. • Cardiology appointments (Holter Monitor, Ambulatory Blood Pressure Monitor, ECG, Cardiac Stress Test, Heart Monitor, Pacemaker Clinic) - implemented March 2019.
<p>Reduced distribution of printed clinical reports</p>	<p>The process to reach this outcome was delayed and work continues to identify quality assurance practices and safeguards to reduce patient safety and risk issues associated with electronic transfer of clinical reports.</p> <p>Such quality assurance practices and safeguards are required in this process to monitor the transfer of clinical reports between electronic systems, including when reports are sent and received by the ordering physician. Also, notifications are required regarding time reports that are not opened or viewed and transferred to other provider(s). These practices will support greater continuity and safety in flow of information.</p>

Discussion of Results

Many opportunities exist to realize better value through improvement via the optimization of resources, partnerships and technology leverage. Central Health realized value through the implementation of several key initiatives in 2018-19.

The Central Health Access and Client Flow Workplan consists of best practices and indicators in support of the organizational strategic goals and Accreditation Canada Required Organizational Practices that focus on improving access and flow throughout Central Health. As referenced, several strategies have been implemented and changes made in practice to reduce patient's length of stay in acute care. The completion of a length of stay dashboard is a significant step and will allow the organization to monitor performance in meeting the length of stay indicator, with the ability of comparison between fiscal years, service areas and providers.

Reducing length of stay requires different approaches and targeted initiatives throughout a health system. Targeting different levers has been a focus in 2018-19 as a result of the Central Health Access and Client Flow Workplan. Following the plan, efforts are underway to increase efficiency and appropriate placement of clients in Personal Care Homes (PCHs) which have been approved to provide an enhanced level of care. For instance, through the Home First initiative, Central Health is working to enhance relationships between the acute care and community sectors, and there is an ongoing review of physiotherapy, occupational therapy, and social work workload and location of resources.

Throughout 2018-19, Central Health continued to support two Choosing Wisely initiatives: Overuse of Antibiotics for Treatment of Urinary Infections in Nursing Homes and The Drop the Pre-op Project. Choosing Wisely is a campaign to help physicians and patients engage in healthy conversations about unnecessary tests, treatments and procedures, and to help physicians and patients make smart and effective choices to ensure quality care. The Provincial Quality of Care NL/Choosing Wisely NL (QCNL/CWNL) leads this work for the province.

The Overuse of Antibiotics for Treatment of Urinary Infections in Nursing Homes project focuses on reducing inappropriate prescribing of antibiotics for asymptomatic bacteriuria and heightening awareness of overutilization and unnecessary use of antibiotics in long term care. In the past year, data was collected and reviewed for accuracy and completeness in partnership with QCNL/CWNL leads. The second project, Drop the Pre-op, is focused on reducing pre-operative testing in healthy patients prior to low-risk surgeries through changes in pre-operative testing ordering guidelines. A pre-operative requisition form was drafted and implemented, with significant input from physicians, consistent with the Choosing Wisely recommendations. Data collection and analysis continues and is being completed by NLCHI and QCNL/CWNL analytical team.

ACPs offer an enhanced scope of practice, performing independent advanced medical care and interventions to patients at pre-hospital scene settings and within healthcare facilities. Following the initiation of projects dating back to 2016, Central Health benefited from expanded use of ACPs. Moving forward, Central Health will focus on implementing the use of ACPs at all sites, and

additional ACPs at regional referral centres, through vacancies and/or attrition to reach desired staffing complements.

Along with NP positions in Central Health LTC homes, the Central Health LTC NP Community of Practice Working Group has been established. The purpose of this working group is to create a structure that will allow NPs to collaborate and facilitate knowledge exchange, to promote best practice, and build capacity in NP practice throughout LTC in Central Health.

Central Health's 5S Lean projects provide an excellent example of direct cost savings through resource optimization. Total cost savings in the units participating in the 5S projects in 2018-19 equaled \$100,000 which does not include soft cost savings in time wasted looking for products or space wasted by having items overstocked. In total, over \$190,000 in cost savings has been realized to date in all the 5S projects completed at Central Health, with additional projects to be completed in the coming months.

Partnerships provide Central Health with valuable opportunities to enhance the delivery of services. The ACOA telehealth expansion project was initiated with the goals of enhancing current provincial telehealth infrastructure and improving access to telehealth services across the province for patients of the healthcare system. This has been facilitated through the following improvements: replacement of 31 telehealth units, telehealth equipment established in CNRHC and JPMRHC, and telehealth expansion to seven locations in the Central Health region, including LTC and community buildings. Testing of the home-based application (telehealth services provided direct to clients in their homes via video) continues with hopes of implementation in the future.

In the summer of 2018, the Gander Women's Centre reached out to Central Health on behalf of their clients to request information regarding deliveries and status of obstetrical services. This partnership led to a public information session hosted by the Women's Centre with representatives from Central Health including public health, nursing, and Obstetrical Services. Topics covered included: obstetrical services including diversion, doula services, and midwifery information. Participants of the session expressed their gratitude for the session and the benefit of sharing such information. The director of the Women's Centre has since expressed interest in further partnerships on post-partum programs and services.

While the objective to reduce distribution of printed clinical reports was not achieved there was some progress made on this initiative including an inventory and categorization of all printed reports. Reduction of printed reports was delayed until the groundwork of inventory and categorization was completed. That effort took longer than anticipated, as the reliance of paper in some professional workflows required further education and changes in practices. It was therefore decided that abruptly stopping report distribution without the necessary education, change management and safeguards in place would only introduce confusion and unnecessary risk in the information exchange.

Year 3 Objectives

By March 31, 2020, Central Health will have implemented/modified strategies and/or work plans to improve value throughout the organization.

Indicators

- Increased utilization of ACPs scope of practice at all remaining hospital-based paramedicine sites
- Reduced length of stay in select acute care areas
- Implemented Automated Appointment Reminder System in priority areas
- Reduced distribution of printed clinical reports
- Implemented scanning of health records in select areas

BETTER HEALTH

Positively affecting health outcomes for people in Central Newfoundland is core to the work of Central Health. Central Health is committed to enhancing collaboration with community members and primary healthcare teams to develop creative strategies that will contribute to Central Health’s vision of ‘healthy people and healthy communities’.

The development and implementation of initiatives to improve the health and well-being of the population was prioritized in the first year of Central Health’s 2017-20 Strategic Plan, with focus on primary health care team-based initiatives, chronic disease prevention and management, mental health and addictions, and a Health Promotion and Wellness Plan for the Central Health workforce. This work continued in 2018-19 with further development and refinement of strategies and work plans related to primary health care, healthy living, chronic disease prevention and management, mental health and addictions, and employee wellness.

STRATEGIC ISSUE 3– Better Health	
GOAL: By March 31, 2020, Central Health will have improved the health and well-being of the population through focus on primary health care, healthy living, chronic disease prevention and management, and mental health and addictions.	
OBJECTIVE #2: By March 31, 2019, Central Health will have implemented strategies or work plans in the areas of primary health care, healthy living, chronic disease prevention and management, and mental health and addictions.	
Planned Indicators for 2018-19	Actual Progress
Completed implementation of three primary healthcare team-based projects in Botwood, St. Alban’s, and Gander	<p>Three primary healthcare team-based projects have been implemented and are underway.</p> <p>St. Alban’s:</p> <ul style="list-style-type: none"> Following identification of priorities, the use of telehealth at the Bay d’Espoir Community Health Centre was implemented to eliminate travel to regional referral centres for general surgery pre-admission screenings where appropriate. <p>Gander:</p> <ul style="list-style-type: none"> A stakeholder group was created inclusive of healthcare professionals, community pharmacy, and fire and life safety. Partnership undertaken with NLCHI to collect and review data pertaining to ED visits in the Gander area. Drafted a current state and developed an action plan with high volume of ED visits as priority, specifically focusing on Personal Care Home residents. A process flow improvement was developed to ensure appropriate use of resources (NP and Family Physician) and data is being monitored, including Personal Care Home resident referrals to Home First Program and ED utilization.

STRATEGIC ISSUE 3– Better Health

Planned Indicators for 2018-19	Actual Progress
	<ul style="list-style-type: none"> Strategies continue to be trialed to reduce ED visits using Plan-Do-Study-Act (PDSA) methodology. PDSA is a valuable tool for documenting change and is shorthand for developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act). Results are being collected. <p>Botwood:</p> <ul style="list-style-type: none"> Needs were explored, and a new collaborative team is focusing on improved care of the aging population.
<p>Implemented priority recommendations from the Central Health Chronic Disease Prevention and Management Advisory Committee Work Plan</p>	<p>The following recommendations from the Central Health Chronic Disease Prevention and Management Advisory Committee Work Plan were implemented in 2018-19.</p> <ul style="list-style-type: none"> Expanded Chronic Care Model Component #1- Delivery System Design/Re-Orient Health Services: To maximize function, improve quality of life and reduce the risk of further complications for people with chronic disease. This was achieved by progress on the Regional Stroke Program. The primary focus for the 2018-19 year was to standardize stroke assessment tools throughout the region and to collect baseline data in support of future Stroke Unit Designations throughout Central Health. Code Stroke was also implemented in May 2019 with purpose to move at risk patients through the stages of stroke assessment smoothly and quickly, and to reduce the rate of death and disability related to stroke. Expanded Chronic Care Model Component #1- Delivery System Design/Re-Orient Health Services: To establish chronic care services to an agreed standard of consistently across Central Health. This was achieved by the development and enhancement of existing quality improvement mechanisms for the prevention and management of chronic disease through the establishment of a Diabetes Quality Improvement Team.
<p>Expanded initiatives to engage residents of the Central Region in taking action for healthy living, and continue initial work with Health Coaching</p>	<p>Throughout 2018-19, Public health nurses hosted 1,075 health promotion education sessions to engage the population in taking action for healthy living. This was the first year Central Health monitored the uptake of these sessions with 26,797 participants attending sessions in a variety of settings, including school venues and adult health promotion events. Examples of sessions include:</p> <ul style="list-style-type: none"> 151 sessions held on healthy eating, with 4,624 participants 167 sessions held on injury prevention topics, with 6,382 participants 14 sessions held on physical activity, with 248 participants <p>The Health Coaching Program continues to use a central intake process and is now available to the following areas: New-Wes-Valley, Gambo, Gander, Exploits, and Lewisporte.</p>

STRATEGIC ISSUE 3– Better Health

Planned Indicators for 2018-19	Actual Progress
<p>Implemented priority recommendations of the Provincial Action Plan on Mental Health & Addictions</p>	<p>Several recommendations of the Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador have been implemented or are in progress throughout the region, including the following:</p> <ul style="list-style-type: none"> • In relation to the priority of promotion, prevention and early intervention in the provincial Mental Health and Addictions action plan, the E-Mental Health Coordinator started in June 2018. Employees have received training on e-mental health services available in the province, and information sessions on e-mental health services have been delivered to external groups. (recommendation # 11) • A nurse and a word processing equipment operator has been dedicated to Psychiatry Triage in Central Health. (recommendation # 13) • The new Flexible Assertive Community Treatment team is in development stages in Gander. (recommendation # 14) • Four staff have been hired for Mobile Crisis Response and will start offering services in ED and in the community in August 2019. (Recommendation # 14) • Doorways services are being offered in six sites throughout the region. (recommendation # 14) • Mental Health and Addiction clients are being informed of and provided with access to evidence-based services via technology (telehealth, telephone, online, text, social media and virtual reality). (recommendation # 15) • Community staff are providing Doorways services and counselling to inmates at the Bishop’s Falls Correctional Center on a weekly basis. (recommendation # 17) • The NP for the Opioid Dependency Treatment program has completed training and is now able to prescribe Suboxone and Methadone. (recommendation # 32) • The Opioid Dependency Treatment program started in Gander in April 2019 with plans to expand to Grand Falls-Windsor in the fall 2019. (recommendation # 42 and # 43)
<p>Expanded priority mental health and addictions prevention and promotion programming</p>	<p>‘Doorways’ walk-in counselling service capacity was expanded substantially in 2018-19. This service is currently offered in Gander five days per week and in Grand Falls-Windsor five afternoons per week, compared to two days a week in Grand Falls-Windsor and one day per week in Gander in 2017-18. In 2018-19 the service also expanded to rural clinics, including Springdale, Lewisporte, and St. Albans.</p> <p>The health promotion team continues to work within the communities of the Central region to promote mental wellness and awareness of mental health concerns via activities and presentations. This includes connecting with schools throughout the region to coordinate age-appropriate mental health promotion and prevention activities to students of all ages.</p>

STRATEGIC ISSUE 3– Better Health	
Planned Indicators for 2018-19	Actual Progress
Implemented select recommendations from the Health Promotion and Wellness Plan for employees of Central Health	As per the ‘Health Promotion and Wellness Plan’ for employees of Central Health, Central Health staff were surveyed to identify their awareness, readiness, interests, and barriers to healthy living. Over 80% of respondents identified their health as “good” or “very good.” The survey results emphasized the importance of cultural and relationship impacts in the workplace, reinforcing the need to continue offering the Working Mind and Trust Your Canary training, and select occupational health and safety training such as Safe Resident Handling and Safe Work Practices and Procedures. The results have been used to identify options and initiatives to support employees in better health in addition to informing initiatives underway.
Re-administered the Guarding Minds at Work® survey	This survey was re-administered in one site in February 2019 to validate the results of previously held focus groups and contribute to the action plan developed for Dr. Hugh Twomey Health Centre.

Discussion of Results

Emphasis on improving the health and well-being of the population continued in 2018-19, with a focus on initiatives related to primary health care, healthy living, chronic disease prevention and management, and mental health and addictions.

Two priority recommendations from the Central Health Chronic Disease Prevention and Management Advisory Committee Work Plan were implemented this year. Specifically, the Regional Stroke Program benefitted from continued collaboration with Provincial Stroke Steering Committee and its associated working groups. An education program was developed, and dedicated stroke beds were identified at both referral centres (CNRHC and JPMRHC). Code Stroke has been implemented using standard assessment tools and is being evaluated using the Code Stroke Record. In partnership with NLCHI, a stroke report card and dashboard monitoring system are being developed.

The Diabetes Quality Improvement Team met Accreditation Canada national standards during the 2018 survey, and related successes include medication reconciliation process developed, diabetes insulin pump program defined, diabetes orientation developed and implemented, and improvements made to documentation.

The implementation of priority recommendations of the provincial action plan on mental health and addictions continued in 2018-19. In addition to the achievements referenced related to e-mental health services, members of Central Health’s Mental Health and Addictions Services team engaged with provincial committees in developing the provincial stepped care model which seeks to provide services across the population including promotion, prevention and early intervention. Additionally,

all individuals who complete the triage process for services are directed to bridgethegap.ca, which is the provincial website for people to access mental health information and services.

As referenced in the performance section, 'Doorways' is a walk-in counselling service that is available without an appointment or referral. This program has been expanded since program commencement in January 2018. The Health Promotion team works with schools, community groups and other programs within the region to promote mental wellness and awareness of mental health concerns.

Better health for employees also continues to be a priority for Central Health. As a continuation of the Health Promotion and Wellness Plan developed last year, a survey was administered to evaluate employee awareness, readiness, interests and barriers to healthy living. While over 80 per cent of respondents identified their health as "good" or "very good", managing stress was the number one identified health priority.

Central Health continues to offer The Working Mind to all employees of Central Health and in 2018-19, 168 employees and 40 managers completed the program. There has been a decline in participation during this year for the employee group which has resulted in a new plan for how to engage staff. Seventy-eight per cent of the manager group completed the course by the end of the 2018-19 fiscal year which compares to 48 per cent in 2017-18 year, and 15 per cent of the employee group in the 2018-19 year which compares to nine per cent in 2017-18 year.

Central Health has also collaborated with the other RHAs in the development of an online learning tool for post-traumatic stress disorder for first responders. To increase employee awareness of resources, a list of existing programs and services that can support healthy living is underway and will be accessible to employees by summer 2019. The survey results will further inform action planning.

Year 3 Objectives

By March 31, 2020, Central Health will have implemented strategies or work plans in the areas of primary health care, healthy living, chronic disease prevention and management, and mental health and addictions.

Indicators:

- Continued implementation of the Central Health Chronic Disease Prevention and Management Strategy
- Continued implementation of primary health care team-based projects
- Engaged residents of the Central region to take action for healthy living, with a focus on obesity, smoking, physical activity, and healthy eating
- Implemented priority recommendations of the **Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador**

BETTER CARE

The provision of better care is an ongoing commitment that Central Health makes to the people it serves. In efforts to support this commitment, Central Health recognizes the importance of community supports and capacity, improving access to service, and acute care bed management.

In 2017-18, Central Health worked on the development and implementation of select initiatives from the Healthy Aging Strategy, the Provincial Home Support Program Review and Central Health’s Wait Time Management Framework. The authority also expanded the Chronic Obstructive Pulmonary Disease (COPD) Outreach Program and the Congestive Heart Failure (CHF) Outreach Program, developed a new triaging process for palliative care service referrals, and expanded the use of Telehealth in two additional program areas. In this second year of the plan, additional priorities of Central Health’s Healthy Aging Strategy were implemented including the ‘Home First’ Framework and the Provincial Home Support Program Review. Additionally, success was realized in the provision of services for people with COPD, as well as access to telehealth services. Implementation of initiatives to reduce wait times in priority areas continued, and work was undertaken on the development of a standardized process for admissions to palliative care beds. Each of these initiatives supports Central Health’s commitment to better care.

STRATEGIC ISSUE 4– Better Care	
GOAL: By March 31, 2020, Central Health will have provided better care for individuals through enhancing community supports and capacity, improving acute care bed management, and maximizing access to select health and community services.	
OBJECTIVE #2: By March 31, 2019, Central Health will have implemented initiatives to enhance community supports and capacity, improvement management of acute care beds, and maximize access to select health and community services.	
Planned Indicators for 2018-19	Actual Progress for 2018-19
Implemented additional priority recommendations of the Healthy Aging Strategy	<p>The following recommendations were completed in 2018-19:</p> <ul style="list-style-type: none"> • Age friendly parking designation at referral centres, LTC sites, community health, and rural sites throughout Central Health. • Continued partnership with the Alzheimer’s Society to implement First Link Program/Family Support Group in three health services areas (New-Wes-Valley, Botwood, and Grand Falls-Windsor). • Development of a plan that promotes advanced care planning. Advanced care planning is a way to help people think, talk about, and document their wishes for healthcare. This planning can help people make healthcare decisions for the future. These preferences are often reflective in an Advanced Directive, a legal document that goes into effect if the patient is incapacitated and unable to speak for themselves.

STRATEGIC ISSUE 4– Better Care

Planned Indicators for 2018-19	Actual Progress for 2018-19
Increased the number of patients participating in the COPD Outreach Program by 40 per cent	While staffing resource challenges resulted in a reduction of service to 8 months in 2018-19, based on the data collected for these 8 months it is projected that if the program was able to run for the full year it would equate to a 47 percent increase in participation (20 new participants over 8 months).
Implemented additional select priorities of the 'Home First' Framework	<p>Priorities implemented during this reporting period include:</p> <ul style="list-style-type: none"> • 1.4 additional acute care social work positions, including a Social Work Clinical Lead, to better support workflow and early discharge from two major acute sites (CNRHC and JPMRHC). • Addition of a Home First Social Work Coordinator in community services to accept referrals and provide consultation to staff in relation to Home First case presentations. • Addition of a community occupational therapist and a rehabilitative aide to better support the needs of clients in, or returning to their community. • Identification of a NP and Continuing Care Nurse Coordinator to provide nursing assessment and support to clients in the community who otherwise would require intervention in acute care. • CONNECT-ER initiative which involved the placement of an Acute Care social worker or liaison nurse in the ED to quickly identify patients who can be safely cared for in the community, and to launch timely discharge planning.
Implemented select recommendations from the Provincial Home Support Program Review	<p>Implemented select recommendations as follows:</p> <ul style="list-style-type: none"> • In alignment with the Provincial Case Management Framework, formal support planning is being phased in with all Community Support Services clients, clients designated with complex needs, and all new applicants have a support plan established. • The establishment of a central intake process that provides a regional single point of entry for all new clients who are consistently screened, assigned a case manager, and assessed for service. • Implementation of the new Provincial Financial Assessment Policy changes for Community Support Services, which simplifies the financial assessment process for clients and improves access to services overall.
Established a Respiratory Care Centre for adult patients with COPD at CNRHC in Grand Falls-Windsor	Respiratory Care Centre programming for adult patients at CNRHC commenced in March 2019.

STRATEGIC ISSUE 4– Better Care

Planned Indicators for 2018-19	Actual Progress for 2018-19
Expanded Telehealth Services to additional program areas and sites	<p>Telehealth has been expanded to a total of 27 telehealth sites in 2018-19 up from 19 sites as compared to 2017-18. Two new telehealth sites were set up in 2018-19 in LTC facilities; a new program area that has great opportunities for telehealth use for appointments, such as wound care consults. Other new sites added in 2018-19 include expansion of the service to community health buildings.</p> <p>Pre-Admission clinics are now using telehealth to provide service to their clients. This service was trialed in the St. Alban's area and expansion is planned for other sites throughout the region.</p>
Continued implementation of initiatives to reduce wait times in priority areas	<p>The following initiatives were completed to reduce wait times during this reporting cycle:</p> <ul style="list-style-type: none"> • Implementation of the Automated Appointment Reminder System for Diagnostic Imaging and Cardiopulmonary Services appointment types. • Targeted efforts to improve wait times for Diagnostics Imaging appointments, specifically improvements in non-urgent ultrasound appointment wait time at JPMRHC. Median wait in March 2018 was 327 days and this decreased to 170 days in days by March 2019. A decrease in urgent wait time was also noted with a median wait of 43 days in March 2018 down to 26 days in March 2019.
Developed a standardized process for admissions to palliative care beds	<p>The following actions to develop a standardized process for admission to palliative care beds was completed:</p> <ul style="list-style-type: none"> • A jurisdictional scan to determine categories of palliative care admissions and criteria for admission to institutional beds. • The creation of a draft policy incorporating best practice for palliative care to help ensure appropriate admissions for end of life care, symptom management and respite care. It consists of a standardized process to efficiently manage and appropriately use designated palliative care beds in all facilities, while optimizing client flow from all admission points of entry. The policy also outlines the criteria for admission to the palliative care beds and utilizes standardized tools such as Palliative Prognostic Index, Edmonton Symptom Assessment System, and the Karnofsky Performance Status, as well as other factors to determine if a client meets the criteria for admission into a palliative care bed in a facility. • Revision of palliative care standing order set is reflective of new best practice standards for palliative care. A standing order set provides a list of comfort measures and medications with dosages that are commonly used with clients who are palliative and/or end of life for pain and symptom management. The use of the standing orders helps to ensure that care is standardized and that all symptoms associated with palliation and end of life are addressed by the physician.

Discussion of Results

Home First is a person-centred care philosophy which supports individuals with complex care needs to remain in their home and community, to avoid unnecessary hospitalization, long term care placement and facilitate discharges from hospital. It is intended to be responsive and flexible, to remove barriers within regular programming and provide intensive case management services from a Home First integrated network multidisciplinary team.

In accordance with the newly released **Provincial Home First Framework**, Central Health has made progress in a Home First Network enabling the region to better support clients in the community, and to support a quick return to the community for individuals presenting to one of the regional referral sites. With funding provided by the Department of Health and Community Services, staff have been added and positioned in key areas to facilitate mobilization of appropriate resources. These added resources compliment several instances of realignment and utilization of existing resources to enhance the organization's Home First approach. In addition, Central Health recognizes and supports that all community intervention is Home First in nature, and thus Home First is the responsibility of all front-line clinicians.

To solidify the Home First approach, work processes in community and acute care have been developed and established. In June 2018, specifically to address presentation in the emergency department at JPMRHC and CNRHC, Central Health launched a CONNECT- ER initiative. CONNECT- ER targets clients who present at an emergency room but are medically stable and able to return home to be assessed for services at home, as opposed to being admitted to acute care.

This initiative places an acute care Social worker or Liaison Nurse, on rotation, directly in the ED to allow patients who can safely be cared for in the community to be quickly identified and discharge planning launched immediately. Traditional working hours have been expanded for CONNECT-ER to widen referral opportunity. From June to December 2018, 64 avoidable admissions were successfully prevented through the CONNECT- ER project. In 2019, CONNECT- ER is being expanded to other rural acute sites, and currently reviewing Twillingate as a location of implementation.

In 2018, Community Support Services established a central intake line, for all applicants, using a Lean improvement approach to improve workload capacity for Community Support Services Social Workers and Continuing Care Nurses.

Throughout 2018-19, Central Health was successful in expanding its COPD outreach programming with the addition of a second team which included a certified Respiratory Educator and Social worker, working from CNRHC in Grand Falls-Windsor and servicing the western portion of the region. Additionally, there was realignment to a case management model of care. Initial work included recruitment of staff and subsequent training and credentialing. While staffing resource challenges resulted in a reduction of service during the 2018-19 and the program only being offered for eight months of the year, the team was successful in increasing the intake of new participants by 47 per cent (20 new participants).

During this reporting cycle, Central Health also realigned its service delivery model for patients with COPD. This model includes a central intake process and through an evaluation and consultation process with the patient and family, determines the most appropriate program to meet the individual's needs. Through this realignment, Central Health was able to capitalize on the certified respiratory educator and physician resource working with the COPD Outreach Program to establish a secondary Respiratory Care Centre located at CNRHC. Programming at this site commenced in March 2019 using this initial model and plans to integrate into the respiratory therapy service at CNRHC are ongoing.

Year 3 Objectives

By March 31, 2020, Central Health will have implemented initiatives to maximize access to select health and community services.

Indicators

- Implemented select initiatives of the Provincial Home First Framework
- Implemented select initiatives of the Provincial Home Support Review
- Reduced ALC bed utilization in acute care
- Increased participation in the COPD Outreach Program by 20 per cent
- Integrated the Respiratory Care Program into the Cardiopulmonary Department structure
- Implemented strategies to enhance palliative care services

A Change Islands resident avails of telehealth services to speak with diabetes educators at the Fogo Island Health Centre.





Gander Fire Rescue

OPPORTUNITIES AND CHALLENGES AHEAD

Engagement and Partnerships

Stemming from an external review recommendation, Central Health's Board of Trustees began hosting open Board meetings in December 2018, creating opportunities for engagement and partnerships. This makes the Board more open and transparent to community stakeholders, partners, and members of the public about health governance decisions. The Board is committed to ongoing engagement with communities, and to building strong and effective partnerships throughout the health region. The Board of Trustees will continue to travel in 2019-20 to host open meetings in communities across the Central Health region. During the meetings, observers hear examples of what PFCC care looks like in action, get updates on regional services/programs, the strategic plan, and observe regular Board business. While there is no question period, representatives from the Board of Trustees and Senior Management Team met with community stakeholders before the regular Board meetings.

In 2018-19, Central Health created an opportunity for a new advisory group aimed at improving work environment and organizational culture – the iLead Group. The iLead Group will act in an advisory capacity, under the authority and responsibility of the President and CEO. With an understanding that everyone has a role in organizational change, all staff, including fee-for-service physicians, were invited to complete an expression of interest to be a member of the iLead Group. Sixty members were selected with representatives throughout Central Health. A terms of reference has been created and the first iLead Group is scheduled for May 2019. The focus of the session will be on the draft personal cell phone policy and the development of the new 'Walk the Talk' awards for recognition of staff within Central Health.

Additionally, Central Health will be administering the AON Hewitt Engagement Survey and re-administering the Excellence Canada Guarding Minds at Work survey in the coming months. Action plans will be developed in partnership with staff to address the results of the surveys. This assessment of the current culture and resulting actions to address any identified concerns and challenges, along with the implementation of new leadership practices, presents an opportunity for Central Health to improve its organizational culture.

Regionalization as a Driver to Organizational Transformation

In the 2018 Central Health External Review, combining four Medical Advisory Committees (MAC) into one regional MAC was recommended. In December 2018, a physician forum was held with physicians, the senior management team and Board Trustees to embark on a new way of working together to achieve region-wide healthcare for the residents of Central Newfoundland. The number one priority from the forum was to improve regional decision-making processes involving physicians, and the Central Health MAC will help achieve this goal. In January 2019, the Central Health MAC Steering Committee was formed consisting mainly of physician leaders with the purpose of making recommendations to the Board of Trustees regarding the development and implementation of one MAC through a change in the Medical Staff Bylaws. From January 2019 to March 2019, the committee met on nine (9) occasions and work to recommend changes to the Central Health Medical Staff Bylaws progressed with decisions being made through consensus. The Central Health MAC presents an opportunity for improved decision-making within the health authority, and in turn

Finances - A provincial list of vendors is being drafted and the budget structure was updated to support the new Supply Chain provincial model.

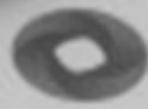
Employee Safety – A Commitment to Our Employees

Central Health continues to focus on safety and has 'zero harm to patient, families and its workforce' as its goal for safety. The integration of worker and patient safety is a focus and Central Health is concentrating on shifting the culture to a place where safety is a priority, for both employees and patients. The reduction of musculoskeletal injuries through resident handling remains the highest employee safety priority and continues to be a challenge given an aging workforce, infrastructure and resources. Training is focused on long term care where the highest percentage of injuries occur. Central Health has also expanded the focus on safety in the workplace to include psychological health and safety. In 2017, Central Health signed the HealthCareCAN commitment to psychological health and safety and this intention was further solidified in the inclusion of the **National Standard of Canada for Psychological Health and Safety in the Workplace** in the 2017-20 Strategic Plan. The standard, the first of its kind in the world, is a set of voluntary guidelines, tools and resources intended to guide organizations in promoting mental health and preventing psychological harm at work. A new position within the Employee Wellness, Health and Safety Division at Central Health has been dedicated to this work and will assist in the preparation for the upcoming 2020 change in provincial legislation that will see the inclusion of workplace harassment. Although much work is underway there continues to be significant work needed to ensure compliance with this change in legislation.

Recruitment and Retention Challenges

Central Health continues to be challenged with recruitment and retention of family physicians and specialists in order to provide reliable and consistent care for many service areas and sites. The Central Health Medical Services Department provides a full range of recruitment and retention functions and services for over 160 physicians. Physician attrition is a concern and recruitment is increasingly challenging. Central Health is currently the largest teaching site outside of the city of St. John's and is fortunate to have many medical students, clerks and residents that visit annually. Six family medicine residents per year are matched to Memorial University's Central Stream where residents come to work at local sites for two years. This has proved to be an effective recruitment strategy for Central Health Family Medicine physicians. Central Health continues to work with the Department of Health and Community Services and the other RHAs to explore successful recruitment and retention strategies.

Central Health, together with its partners in the community and with support from the Department of Health and Community Services, also continues to work toward meeting professional staffing needs through strategic workforce planning and strong partnerships. Even with these partnerships and regular collaboration, Central Health has vacancies in nursing, technologist, audiologists and psychologists positions. Despite these ongoing challenges, creative ways to address shortages are sought. Initiatives involve regular contact with nursing schools and their students in Eastern and Western Newfoundland, building a student registry, attending national and international recruitment events, reassigning staff where the need is greatest, and developing a new concept of a traveling nurse. Central Health is exploring other options to attract talent such as developing an employee referral program and increasing our social media presence.



Grant Thornton

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FINANCIALS



Consolidated Financial Statements

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Independent auditor's 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, 2019, and the consolidated statements of operations, change in net debt and cash flow 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, 2019, and its results of operations, its changes in its net 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 18, 2019



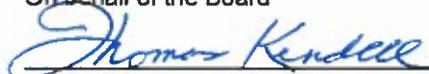
Chartered Professional Accountants

Central Regional Health Authority
Consolidated Statement of Financial Position

March 31	2019	2018
Financial assets		
Cash	\$ 15,439,390	\$ 10,222,093
Receivables (Note 3)	13,504,798	20,303,620
Residents' trust funds held on deposit	593,844	658,690
Cash restricted for security deposits	48,209	44,912
Investments restricted for general endowment purposes (Note 4)	1,129,527	1,073,205
Replacement reserve funding (Note 9)	<u>158,550</u>	<u>194,892</u>
	<u>30,874,318</u>	<u>32,497,412</u>
Liabilities		
Payables and accruals (Note 5)	29,604,864	28,277,092
Employee future benefits		
Accrued vacation pay	13,876,494	14,508,033
Accrued severance pay (Note 6)	11,586,348	33,102,737
Accrued sick pay (Note 6)	18,156,956	17,882,975
Deferred grants (Note 7)	23,177,721	23,050,780
Long-term debt (Note 8)	6,855,854	8,001,964
Trust funds payable	593,844	658,690
Security deposits liability	48,209	44,912
Replacement reserves (Note 9)	158,550	194,892
J.M. Olds scholarship and library funds	<u>84,227</u>	<u>83,949</u>
	<u>104,143,067</u>	<u>125,806,024</u>
Net financial debt	<u>(73,268,749)</u>	<u>(93,308,612)</u>
Non-financial assets		
Tangible capital assets (Note 10)	57,540,215	57,327,297
Deposits on tangible capital assets	172,291	72,870
Inventories (Note 11)	2,503,257	2,118,801
Prepays (Note 12)	<u>4,124,374</u>	<u>3,950,089</u>
	<u>64,340,137</u>	<u>63,469,057</u>
Accumulated deficit	<u>\$ (8,928,612)</u>	<u>\$ (29,839,555)</u>

Commitments (Note 14)
Contingencies (Note 15)

On behalf of the Board

 Trustee

 Trustee

See accompanying notes to the consolidated financial statements

Central Regional Health Authority Consolidated Statement of Operations

March 31	Budget 2019	Actual 2019	Actual 2018
Revenue			
Provincial plan operating	\$ 359,970,593	\$ 359,970,593	\$346,431,522
Provincial capital grants	-	7,689,260	4,350,256
Other capital contributions	-	147,253	533,133
MCP	11,408,074	11,006,269	11,246,490
Patient-resident services	13,325,000	14,282,345	13,297,427
CMHC mortgage interest subsidy	50,000	50,503	50,503
Capital project funding	1,503,329	3,337,801	4,172,291
Recoveries	10,297,862	10,740,581	10,552,756
Cottage operations	1,542,972	1,466,781	1,489,088
Foundations	1,001,600	1,184,593	1,051,967
Other revenue	4,005,358	5,270,358	4,323,572
	<u>403,104,788</u>	<u>415,146,337</u>	397,499,005
Expenditure			
Administration	38,092,989	37,149,274	33,169,843
Community and social services	108,740,768	105,214,426	103,649,830
Support services	69,455,141	69,717,717	63,279,987
Nursing inpatient services	94,687,275	95,854,472	91,771,834
Ambulatory care services	26,861,745	27,277,490	26,479,026
Diagnostic and therapeutic services	54,187,499	52,043,001	48,306,971
Medical services	15,462,187	15,102,604	15,666,108
Educational services	1,561,998	1,328,040	1,332,072
Undistributed	1,067,000	4,496,754	5,279,018
Cottage, operations, including amortization of \$160,721 (2018 - \$336,994)	1,419,154	1,475,332	1,630,453
Foundations, including amortization of \$3,512 (2018 - \$3,697)	930,800	797,595	1,346,929
	<u>412,466,556</u>	<u>410,456,705</u>	391,912,071
Surplus (Deficit) – shareable	<u>\$ (9,361,768)</u>	<u>4,689,632</u>	<u>5,586,934</u>
Non-shareable items			
Gain (loss) on disposal of tangible capital assets		118,398	(24,312)
Amortization of tangible capital assets		(5,774,411)	(5,769,258)
Accrued vacation pay – decrease		634,916	487,997
Accrued severance pay – decrease (increase)		21,516,389	(1,627,456)
Accrued sick pay – increase		(273,981)	(464,039)
		<u>16,221,311</u>	<u>(7,397,068)</u>
Surplus (deficit) - shareable and non-shareable		20,910,943	(1,810,134)
Accumulated deficit			
Beginning of year		<u>(29,839,555)</u>	<u>(28,029,421)</u>
End of year		<u>\$ (8,928,612)</u>	<u>\$ (29,839,555)</u>

See accompanying notes to the consolidated financial statements

5

Central Regional Health Authority
Consolidated Statement of Changes in Net Financial Debt
March 31 2019 2018

Net debt - beginning of year	<u>\$ (93,308,612)</u>	<u>\$ (89,939,915)</u>
Surplus (deficit)	<u>20,910,943</u>	<u>(1,810,134)</u>
Changes in tangible capital assets		
Acquisition of tangible capital assets	(6,268,603)	(8,177,485)
Amortization of tangible capital assets	5,938,644	6,109,949
(Gain) loss on disposal of tangible capital assets	(118,398)	24,312
Proceeds on disposal of tangible capital assets	235,438	56,457
(Increase) decrease in deposits on tangible capital assets	<u>(99,420)</u>	<u>644,917</u>
Increase in net book value of tangible capital assets	<u>(312,339)</u>	<u>(1,341,850)</u>
Changes in non-financial assets		
(Increase) decrease in inventories	(384,456)	315,033
Increase in prepaids	<u>(174,285)</u>	<u>(531,746)</u>
(Increase) in non-financial assets	<u>(558,741)</u>	<u>(216,713)</u>
Decrease (increase) in net debt	<u>20,039,863</u>	<u>(3,368,697)</u>
Net debt, end of year	<u>\$ (73,268,749)</u>	<u>\$ (93,308,612)</u>

See accompanying notes to the consolidated financial statements

Central Regional Health Authority

Consolidated Statement of Cash Flows

Year ended March 31	2019	2018
Operations		
Surplus (deficit)	\$ 20,910,943	\$ (1,810,134)
Amortization	5,938,644	6,109,949
(Gain) loss on disposal of tangible capital assets	(118,398)	24,312
Investment loss	3,344	16,026
	<u>26,734,533</u>	<u>4,340,153</u>
Changes in		
Receivables	6,798,822	1,140,766
Payables and accruals	1,327,772	3,030,964
Accrued vacation pay	(631,539)	(485,333)
Accrued severance pay	(21,516,389)	1,627,456
Accrued sick pay	273,981	464,039
Deferred grants	126,941	4,557,308
Inventories	(384,456)	315,033
Prepays	(174,285)	(531,746)
	<u>12,555,380</u>	<u>14,458,640</u>
Net cash provided from operations	12,555,380	14,458,640
Financing		
Repayment of long-term debt	(1,146,110)	(1,270,941)
Net changes in J.M. Olds funds	277	152
	<u>(1,145,833)</u>	<u>(1,270,789)</u>
Net cash applied to financing	(1,145,833)	(1,270,789)
Investing		
Additions to tangible capital assets	(6,268,603)	(8,177,485)
(Increase) decrease in deposits on tangible capital assets	(99,420)	644,917
Increase in general endowment fund investments	(59,665)	(103,303)
Proceeds on disposal of tangible capital assets	235,438	56,457
	<u>(6,192,250)</u>	<u>(7,579,414)</u>
Net cash applied to investing	(6,192,250)	(7,579,414)
Net increase in cash	5,217,297	5,608,437
Cash, net of bank indebtedness:		
Beginning	<u>10,222,093</u>	<u>4,613,656</u>
Ending	<u>\$ 15,439,390</u>	<u>\$ 10,222,093</u>

See accompanying notes to the consolidated financial statements

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2019

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
- Central Northeast Health Foundation Inc.
- South and Central Health Foundation

Use of estimates

The preparation of consolidated financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities, at the date of the consolidated financial statements and the reported amounts of revenues and 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.

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.

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.

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2019

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

Revenues

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

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

Expenses

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

Deferred revenue

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

Non-financial assets

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

Severance and sick pay liability

An accrued liability for severance is recorded in the accounts for all employees who have a vested right to receive such payments. Central Health provides their employees, upon termination, retirement or death with at least nine years of service, with severance benefits equal to one week of pay per year of service up to a maximum of twenty weeks.

Based on collective agreements signed with the Newfoundland and Labrador Association of Public and Private Employees ("NAPE") as at March 31, 2018, NAPE employees with at least one year of eligible service will receive a lump sum payout of their accrued severance benefit based on pay and service as at March 31, 2018. 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, 2019 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 employees with less than nine years of service has been determined by actuarial analysis.

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2019

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

Severance and sick pay liability (cont'd.)

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

Inventories

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

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

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. In accordance with an operating agreement with Newfoundland and Labrador Housing Corporation, certain assets of the North Haven Manor Cottage Units Phase I, II, III, North Haven Manor Cottage Units Phase IV, Valley Vista Cottages, and Bonnews Lodge Apartment Complex are being amortized at a rate equal to the annual principal reduction of the mortgages related to the properties.

Purchased 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%
Information systems equipment	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.

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2019

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

Impairment of long-lived assets

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

Replacement reserves

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

Pension costs

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

Financial instruments

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

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

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

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

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2019

3. Receivables	<u>2019</u>	<u>2018</u>
Provincial grants	\$ 7,562,400	\$13,664,737
Patient, rents and other	4,184,428	4,566,498
MCP	1,619,170	1,667,416
Cancer Foundation	381,652	464,611
HST	632,000	601,360
Due from NLHC	<u>34,365</u>	<u>3,628</u>
	14,414,015	20,968,250
Allowance for doubtful	<u>(909,217)</u>	<u>(664,630)</u>
	<u>\$13,504,798</u>	<u>\$20,303,620</u>

4. Investments restricted for general endowment purposes

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

	<u>2019</u>	<u>2018</u>
Central Northeast Health Foundation Inc.	\$ 374,228	\$ 358,214
South and Central Health Foundation	<u>755,299</u>	<u>714,991</u>
	<u>\$ 1,129,527</u>	<u>\$ 1,073,205</u>

5. Payables and accruals	<u>2019</u>	<u>2018</u>
Trade	\$18,883,866	\$17,516,942
Due to NLHC subsidy	13,568	11,482
Residents comfort fund	88,342	83,580
Accrued - wages	10,598,057	10,642,304
- interest	<u>21,031</u>	<u>22,784</u>
	<u>\$29,604,864</u>	<u>\$28,277,092</u>

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2019

6. Employee future benefits 2019 2018

Future employee benefits related to accrued severance and accrued sick obligations have been calculated based on an actuarial valuation as at March 31, 2018 and extrapolated to March 31, 2019. 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>2019</u>	<u>2018</u>
Wages and salary escalation	0.75%	0.75%
Interest	3.05%	3.30%

Based on actuarial valuation of the liability, at March 31, 2019 the results for sick leave are:

Accrued sick pay obligation, beginning	\$20,347,504	\$22,434,399
Current period benefit cost	1,629,918	1,831,893
Benefit payments	(2,283,651)	(2,675,814)
Interest on the accrued benefit obligations	640,205	814,461
Actuarial gains	(324,823)	(2,057,435)
Accrued sick pay obligations, at end	<u>\$20,009,153</u>	<u>\$20,347,504</u>

Based on actuarial valuation of the liability, at March 31, 2019 the results for severance are:

Accrued benefit obligation, beginning	\$31,709,730	\$30,810,527
Current period benefit cost	711,070	2,199,628
Benefit payments	(23,896,161)	(2,716,642)
Interest on the accrued benefit obligation	703,909	1,130,424
Actuarial gains	717,171	(2,832,606)
Settlement losses	647,080	3,118,399
Accrued severance obligation, at end	<u>\$10,592,799</u>	<u>\$31,709,730</u>

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

Sick benefits

Accrued benefit obligation	\$20,009,153	\$20,347,504
Unamortized actuarial gains	<u>(1,852,197)</u>	<u>(2,464,529)</u>
Accrued benefit liability	<u>\$18,156,956</u>	<u>\$17,882,975</u>

Severance benefits

Accrued benefit obligation	\$10,592,799	\$31,709,730
Unamortized actuarial losses	<u>993,549</u>	<u>1,393,007</u>
Accrued benefit liability	<u>\$11,586,348</u>	<u>\$33,102,737</u>

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2019

7. Deferred grants and revenue	<u>2019</u>	<u>2018</u>
Deferred operating grants	\$ 925,755	\$ 1,346,013
Deferred capital grants	22,240,588	21,704,767
Deferred revenue	<u>11,378</u>	<u>-</u>
	<u>\$ 23,177,721</u>	<u>\$23,050,780</u>

8. Long-term debt	<u>2019</u>	<u>2018</u>
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Operating

0.99% CMHC mortgage on Lakeside Homes; repayable in equal monthly instalments of \$11,734, interest included; maturing April 2020.	\$ 151,649	\$ 290,213
7.5% CMHC mortgage on Lakeside Homes; repayable in equal monthly instalments of \$4,574, interest included; maturing July 2023.	203,947	242,217
1.59% Canadian Imperial Bank of Commerce deferred demand loan; repayable in equal monthly instalments of \$3,056, plus interest; paid in full 2018/19	-	27,425
2.67% Canadian Imperial Bank of Commerce loan for Carmelite House, unsecured; repayable in equal monthly instalments of \$56,038, interest included; maturing January 2027.	4,748,454	5,286,317
3.54% Canadian Imperial Bank of Commerce mortgage on 3 Twomey Dr, Botwood housing; repayable in equal monthly instalments of \$390, interest included; maturing June 2027.	33,807	37,282
3.54% Canadian Imperial Bank of Commerce mortgage on 145 Commonwealth Ave, Botwood housing; repayable in equal monthly instalments of \$357, interest included; maturing July 2027.	30,562	33,748
8.0% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Senior Citizens Home; repayable in equal monthly instalments of \$10,124, interest included; maturing September 2027.	748,587	808,560

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2019

8. Long-term debt (cont'd.)	<u>2019</u>	<u>2018</u>
7.88% Newfoundland and Labrador Housing Corporation mortgage on Authority offices; repayable in equal monthly instalments of \$8,165, interest included; maturing November 2024.	441,119	502,099
1.82% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Senior Citizens Home; repayable in equal monthly instalments of \$7,752, interest included; maturing July 2019.	30,810	122,368
2.80% Bank of Nova Scotia 1st mortgage on land and building at 1 Newman's Hill, Twillingate; repayable in equal monthly instalments of \$403, interest included; paid in full 2018/19	-	28,061
2.60% Bank of Nova Scotia 1st mortgage on land and building at 42 Howlett's Road, Twillingate; repayable in equal monthly instalments of \$350, interest included; maturing April 2020.	4,478	8,503
2.69% Bank of Nova Scotia 1st mortgage on land and building at 30 Smith's Lane, Twillingate; repayable in equal monthly instalments of \$349, interest included; maturing July 2020.	<u>5,472</u>	<u>9,451</u>
	<u>6,398,885</u>	<u>7,396,244</u>
North Haven Manor Cottages Phase I, II, III		
1.64% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor Cottages; repayable in equal monthly instalments of \$8,541, interest included; paid in full 2018/19	-	67,610
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>218,580</u>	<u>250,867</u>

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2019

8. Long-term debt (cont'd.)	<u>2019</u>	<u>2018</u>
Valley Vista Cottages		
1.67% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Cottages; repayable in equal monthly instalments of \$4,807, interest included; maturing May 2018	-	9,569
	-	9,569
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>238,389</u>	<u>277,674</u>
	<u>\$ 6,855,854</u>	<u>\$ 8,001,964</u>

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

2020	982,924
2021	847,726
2022	866,202
2023	899,753
2024	899,025
Thereafter	2,360,224

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2019

9. Replacement reserves	<u>2019</u>	<u>2018</u>
Balance, beginning	\$ 194,892	\$ 178,804
Add:		
Allocation for year	60,220	60,220
Contributions from Authority	<u>12,900</u>	<u>12,900</u>
	268,012	251,924
Less:		
Approved expenditures	<u>109,462</u>	<u>57,032</u>
Balance, ending	<u>\$ 158,550</u>	<u>\$ 194,892</u>
Funding		
Replacement reserve funds	\$ 13,507	\$ 49,849
Due from Newfoundland and Labrador Housing Corporation	<u>145,043</u>	<u>145,043</u>
	<u>\$ 158,550</u>	<u>\$ 194,892</u>

10. Tangible capital assets			<u>2019</u>	<u>2018</u>
	<u>Cost</u>	Accumulated <u>Amortization</u>	<u>Net Book Value</u>	<u>Net Book Value</u>
Operating				
Land	\$ 532,674	\$ -	\$ 532,674	\$ 551,219
Land improvements	1,212,046	977,336	234,710	268,773
Buildings and service equipment	83,572,666	57,883,308	25,689,358	23,408,301
Equipment	137,154,874	107,157,628	29,997,246	32,291,787
Equipment under capital lease	2,781,898	2,685,867	96,031	116,271
Motor vehicles	3,308,670	2,324,071	984,599	683,951
Motor vehicles under capital lease	<u>196,503</u>	<u>190,906</u>	<u>5,597</u>	<u>6,995</u>
	<u>\$ 228,759,331</u>	<u>\$ 171,219,116</u>	<u>\$ 57,540,215</u>	<u>\$ 57,327,297</u>

Book value of capitalized items that have not been amortized is \$2,678,784 (2018 - \$4,246,694).

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2019

11. Inventories	<u>2019</u>	<u>2018</u>
General stores	\$ 1,003,591	\$ 966,795
Drugs	<u>1,499,666</u>	<u>1,152,006</u>
	<u>\$ 2,503,257</u>	<u>\$ 2,118,801</u>

12. Prepaids	<u>2019</u>	<u>2018</u>
Operating		
Equipment maintenance	\$ 1,250,055	\$ 1,125,659
Malpractice and membership fees	59,480	62,607
General insurance	311,230	282,715
Municipal taxes	807,918	788,832
Other	<u>1,695,691</u>	<u>1,690,276</u>
	<u>\$ 4,124,374</u>	<u>\$ 3,950,089</u>

13. Line of credit

The Authority has access to a \$15 million line of credit in the form of revolving demand loans at its bankers. These loans have been approved by the Minister of Health and Community Services. This line of credit was unused at March 31, 2019 and March 31, 2018.

14. Commitments

Operating leases

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

2020	\$ 383,997
2021	253,902
2022	166,166
2023	131,929
2024	62,225

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2019

15. Contingencies

As of March 31, 2019 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.

16. Subsequent event

On May 30, 2019 there was an announcement, effective March 31, 2018 there will be a curtailment of severance benefits for nurses. Management is currently estimating the impact on the severance liability as presented in Note 6 to the financial statements.



FACILITIES AND CONTACT INFORMATION

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. Bryan 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, GFW 709.489.8150

Green Bay Community Health Centre, Springdale 709.673.4974 (*CNA Building*)

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

Long-term Care Facilities

Carmelite House, Grand Falls-Windsor	709.489.2274
Lakeside Homes, Gander	709.256.8850
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	
Human Resources	709.292.2460
Financial Services	709.292.2301
Quality Improvement	709.292.2146

Abbreviation List:

ACOA – Atlantic Canada Opportunities Agency
ACP – Advanced Care Paramedics
ALC – Alternate Level of Care
AP – Antipsychotic
BPMH – Best Possible Medication History
BVPHC – Baie Verte Peninsula Health Centre
CHF – Congestive Heart Failure
COPD – Chronic Obstructive Pulmonary Disorder
CNRHC – Central Newfoundland Regional Health Centre
CT – Computed Tomography
ECG – Echocardiogram
ED – Emergency Department
EMR - Electronic Medical Record
HSHS – Healthy Students Healthy Schools
JPMRHC – James Paton Memorial Regional Health Centre
LTC – Long-term Care
MAC – Medical Advisory Committee
MRI – Magnetic Resonance Imaging
NLCHI – Newfoundland and Labrador Centre of Health Information
NP – Nurse Practitioner
PCH – Personal Care Home
PFCC – Person- and Family-Centred Care
PFAC – Patient and Family Advisory Council
PHC – Primary Health Care
PDSA – Plan-Do-Study-Act
QCNL/CWNL – Quality of Care NL/Choosing Wisely NL
RHA – Regional Health Authority
ROP—Required Organizational Practice
VP—Vice President



Central Health

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