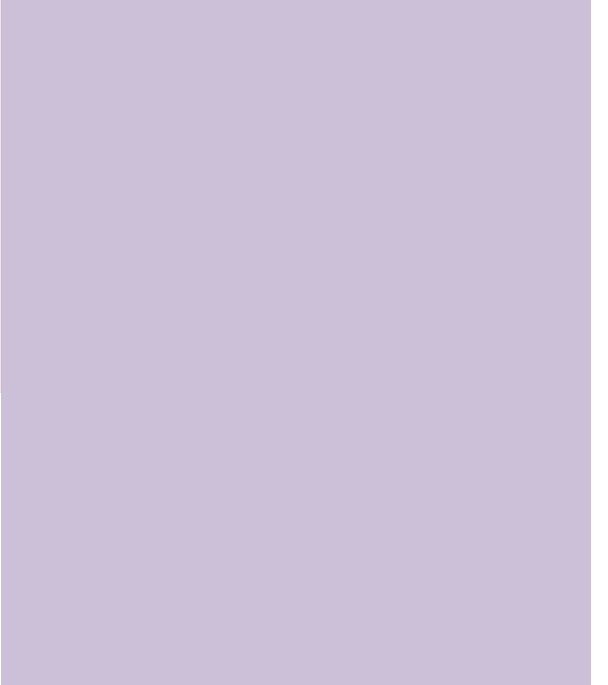
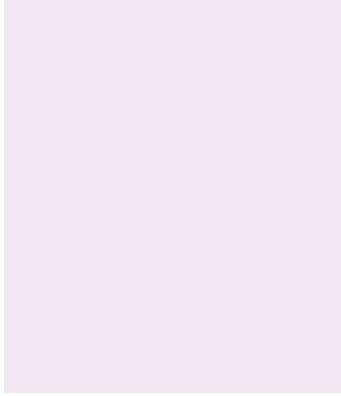
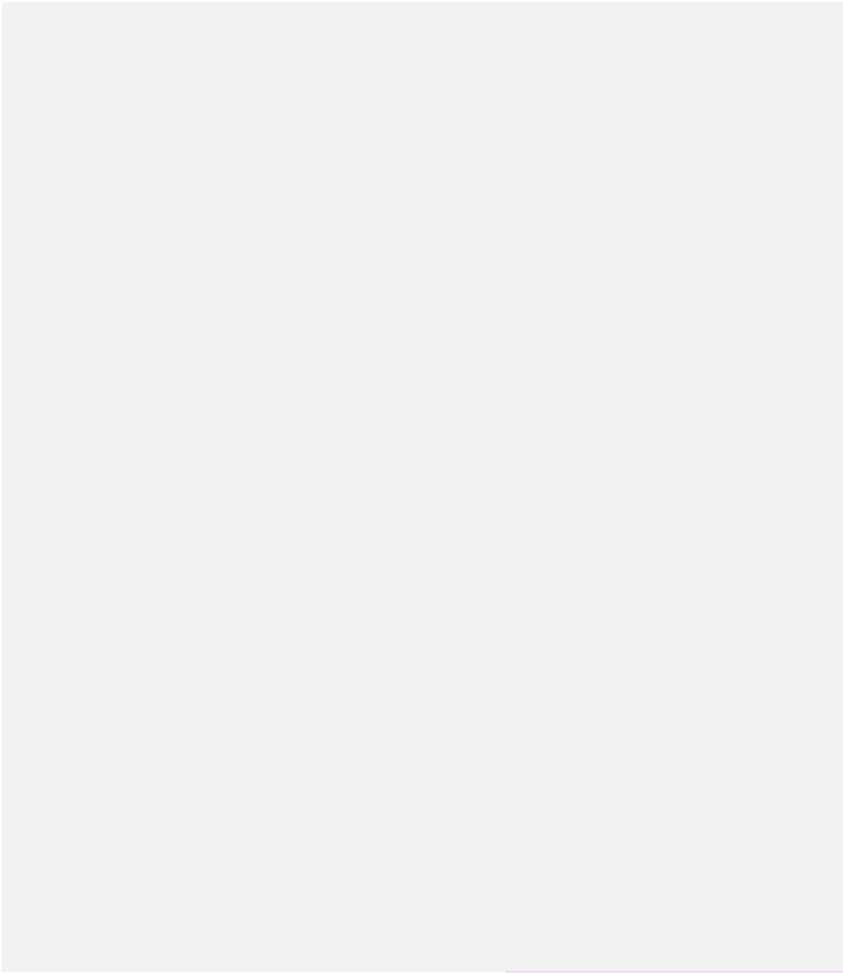




# 2022-2023 Annual Performance Report



# TABLE OF CONTENTS

<b>Message from the Chair</b> .....	<b>4</b>
<b>Board of Trustees</b> .....	<b>5</b>
<b>Region Overview</b> .....	<b>6</b>
Population and Geography.....	6
Facilities and Services.....	8
<b>Senior Leadership Team</b> .....	<b>9</b>
<b>Mandate</b> .....	<b>10</b>
<b>Lines of Business, Mission, Vision and Values</b> .....	<b>11</b>
<b>Highlights and Partnerships</b> .....	<b>12</b>
<b>Report on Performance</b> .....	<b>21</b>
Strategic Issue 1: Our People.....	21
Strategic Issue 2: Quality Patient Experience .....	30
Strategic Issue 3: System Improvement.....	36
Strategic Issue 4: Improved Health .....	46
<b>Opportunities and Challenges Ahead</b> .....	<b>58</b>
<b>Financial Statements</b> .....	<b>65</b>
<b>Appendices</b> .....	<b>89</b>
Facilities and Contact Information .....	90
Abbreviation List.....	92

## MESSAGE FROM THE CHAIR

With the endorsement of my fellow trustees, I present Central Health's Annual Performance Report for the fiscal year ending March 31, 2023. This Annual Performance Report was developed inclusive of supporting the healthcare needs of all people in Newfoundland and Labrador. It is the third and final report for the 2020-23 Central Health Strategic Plan and was prepared under the direction of the Board of Trustees, in accordance with a Category One Entity per the **Transparency and Accountability Act**. As a Board, we are accountable for the information, results, and variances contained within this annual report. This will be Central Health's last annual performance report as a Regional Health Authority. On April 1st, 2023, Central Health amalgamated with Eastern Health, Labrador-Grenfell Health, Western Health and the Newfoundland and Labrador Centre for Health Information to form one Provincial Health Authority – Newfoundland and Labrador Health Services (NL Health Services).

The past three years corresponding to the 2020-23 Strategic Planning Cycle have been unprecedented. COVID-19 has dominated the health care landscape. We also faced significant challenges with the province-wide information technology outage, the largest forest fires to occur in our Province in decades, and staff recruitment and retention issues beyond anything we have ever experienced. These have greatly tested our resolve and propelled us to quickly learn, adapt and seek alternative and innovative ways to deliver health care services. Despite these difficulties, work prevailed in our four strategic priority areas: Our People, Quality Patient Experience, System Improvements, and Improved Health as demonstrated in the progress evidence. There were significant achievements and meaningful partnerships and collaborations formed that we are proud of.



Our People are our greatest resource. The 3,400 dedicated employees and physicians, and over 700 volunteers, demonstrated unwavering commitment and resilience in the face of adversity. As Central Health moves to become a part of a bigger provincial health authority, I am confident in the knowledge, skill and valuable learnings our people have to contribute to the Provincial Health System. On behalf of the Board of Trustees, I wish to thank our tremendous team of employees, physicians, and volunteers for their dedication. I would also like to thank our community partners and the people of Central Newfoundland for your feedback and guidance over the past three years.

Sincerely,

A handwritten signature in blue ink that reads "Don Sturge".

Don Sturge, Chair of the Board of Trustees

# BOARD OF TRUSTEES



Don Sturge

Chair



Thomas Kendell

Vice-Chair



Valerie Hoskins



Rick LeDrew



Des Dillion



Fred J. Penney



Bernice (Bonnie)  
Pritchett



Judy White



Hector Pearce



Jennifer Whelan



David Oxford



Maisie Clark

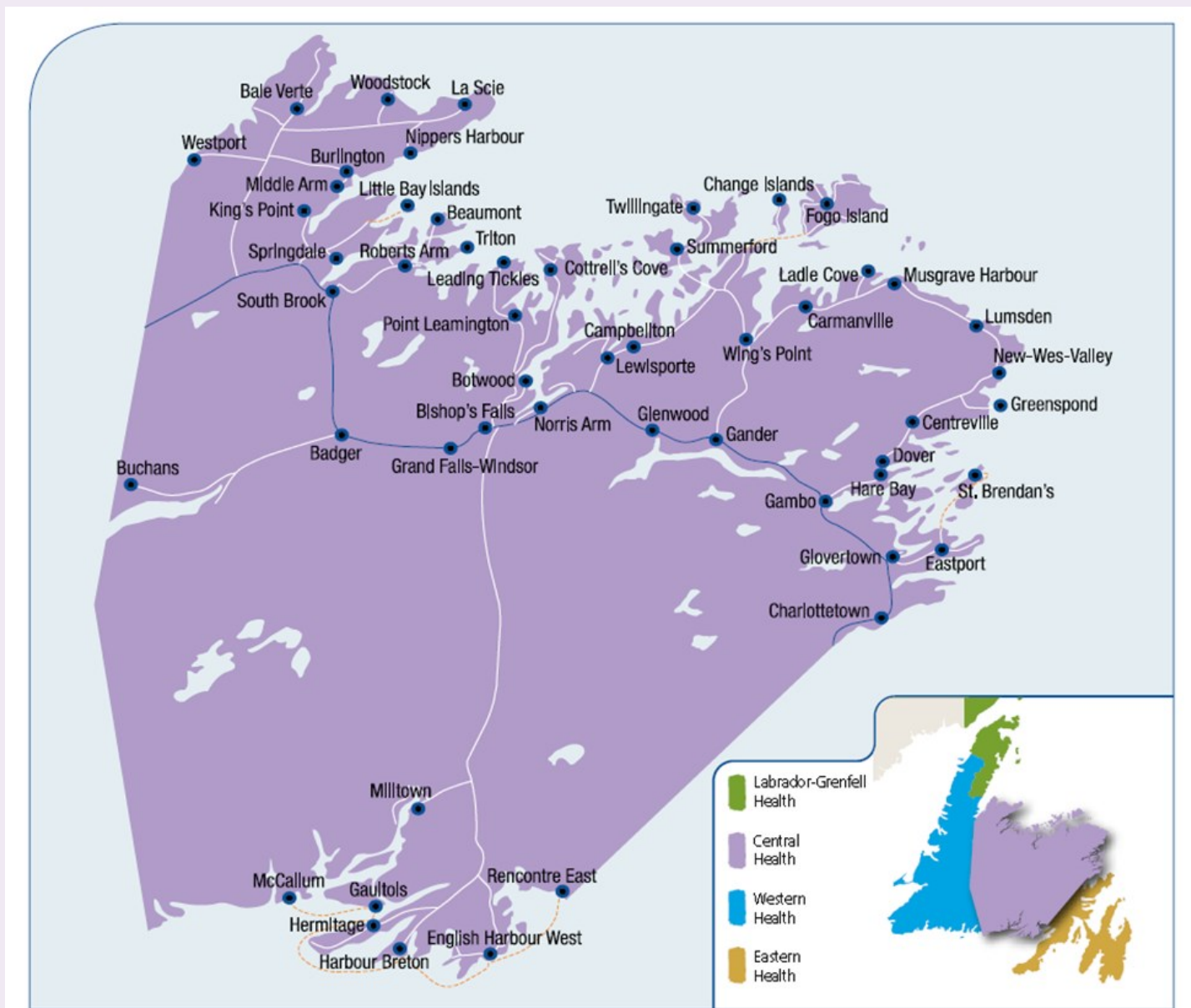


# OVERVIEW

## Population and Geography

Serving approximately 90,000 people (17% of the population of Newfoundland and Labrador), living in 176 communities, Central Health is the second largest Health Authority in the Province.

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



## Facilities and Services

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

- 2 Regional Referral Centres
- 9 Health Centres
- 13 Long-term Care facilities (including seven co-located in Health Centres)
- 23 Community Health Centres
- 2 Residential Treatment Centres
- 1 dedicated Mental Health and Addictions Site
- 1 Business Office
- 1 Regional Office

Health and community services are provided through 45 facilities, with approximately 915 total beds throughout the region. The number and types of beds at any facility may fluctuate slightly as a result of major renovations and capital infrastructure investments.

In addition, Central Health licenses and monitors standards at 26 privately-owned personal care homes and oversees implementation and monitoring of standards for five private ambulance operators and eight 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 \$440 million in 2022-23, Central Health invests its funds in three general areas: direct care, support services, and administration.

Central Health has more than 3,300 dedicated employees. There are approximately 136 physicians practicing within the region, and the organization is supported by over 700 volunteers and two Health 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 continues to engage and collaborate with the Qalipu First Nation and the Miawpukek First Nation. The membership of the Qalipu First Nation is prominent throughout the Central Region while spread across 184 traditional Newfoundland Mi'kmaq communities. Miawpukek (often referred to as Conne River) is a First Nation Reserve located on the South Coast of NL, within the Central Region. Central Health works with the Miawpukek First Nation to support primary and secondary health services delivery in Conne River, including health promotion and protection, supportive care, treatment of illness and injury, as well as access to emergency services.



Central Health partners with officials of the Department of Health and Community Services (DHCS) on a variety of initiatives including chronic disease self-management, waitlist management, healthy public policy, and provincial strategy development. Central Health has maintained a close working relationship with all the Regional Health Authorities (RHAs) in the province and has collaborated 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](http://www.centralhealth.nl.ca)

## SENIOR LEADERSHIP TEAM

<b>Andrée Robichaud</b>	President & Chief Executive Officer
<b>John Kattenbusch</b>	Vice President - Corporate Services Provincial Shared Services Supply Chain
<b>Joanne Pelley</b>	Vice President - Integrated Health & Chief Nursing Executive
<b>Craig Davis</b>	Interim Vice President - People & Transformation
<b>Dr. David Carroll</b>	Interim Vice President Medical Services & Chief of Internal Medicine
<b>Dr. Monika Dutt</b>	Medical Officer of Health
<b>Dr. Jared Butler</b>	Medical Director – Primary Care
<b>Dr. Steve Parsons</b>	Past Chair – Medical Advisory Committee
<b>Dr. Desmond Whalen</b>	Chair – Medical Advisory Committee
<b>Madonna Sparkes</b>	Patient Experience Advisor
<b>David Perry</b>	Senior Director - Facilities Management & Engineering
<b>Kelly Muggridge</b>	Interim Senior Director - Primary Health Care & Community Services
<b>Gayle St. Croix</b>	Director - Communications & Government Relations

# MANDATE

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

In carrying out its responsibilities, Central Health will:

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

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

# LINES OF BUSINESS / VISION / MISSION / VALUES

## Lines of Business

The lines of business of Central Health represent its areas of focus in delivering the mandate. Central Health accomplishes its mandate through five core lines of business:

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

## Vision

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

## Mission

Central Health will provide quality care and services that respond to the needs of the people of Central Newfoundland and enable individuals and communities to improve their health through information, education and partnerships.

## Values



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



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



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



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



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

## HIGHLIGHTS AND PARTNERSHIPS



*Photos: (left) Staff person Allison Jesso receiving an Employee Service Award; (right) Staff appreciation BBQ—Buchans.*



## Our People

### Recognition and Legacy

Every day, employees and physicians bring compassion and expertise to services and programs in hospitals, long-term care (LTC) homes, and communities. Recognizing these efforts and contributions is an important part of the workplace experience and Central Health's recruitment and retention strategy.

Using feedback from the organization-wide survey launched in 2020 and additional surveys seeking ideas from employees and physicians on ways they prefer to be recognized, Central Health increased its thank you events and enhanced its Service Award Program.

Building on its annual holiday meal in December and Employee Appreciation Day in March, as well as the first region-wide staff appreciation BBQ in September of 2019, Central Health hosted site BBQs at both the start and end of summer. As well, ice cream and brown bag snacks were delivered to sites on occasion throughout the year. Central Health also seized opportunities to share unique experiences with staff and physicians including a draw for the 2022 Health Foundations' Fundraising Galas that featured renowned chefs.

As part of its formal recognition, Central Health continued service award presentations but revised the Service Award Program to include recognition for five and ten years of service. For 15 years plus, staff now have the option to choose their gift based on a thoughtfully curated list that covers a range of interests for a more tailored experience.



Central Health held its final recognition event on Thursday, March 30<sup>th</sup>, 2023, in facilities across the region to recognize employees, physicians and volunteers for their tremendous contributions to Central Health as a legacy organization. Cake and refreshments were served, legacy pins (2005-2023) were distributed, and a video highlighting the faces of Central Health over the years as well as thank you messages from the senior leadership team was live streamed. This marked the end of Central Health and the new beginning of NL Health Services on April 1, 2023. The event and words shared reflected upon Central Health’s history from 2005-2023, its tremendous team, and its previous legacy boards (Central West Health Corporation and Central East Health Care Institutions).

## Employee Virtual Assistant

Central Health demonstrated its commitment to supporting psychological health and safety through the implementation of a new Employee Virtual Assistant (EVA) tool. EVA is a technology-based solution that provides employees and their families with access to mental health supports and resources. The successful launch of EVA within Central Health was a result of a valued partnership with Eastern Health and collaborative leadership between Central Health’s People and Culture Department and Mental Health and Addictions Services.

As a complementary tool to existing health services, EVA does not diagnose nor provide medical advice; however, it does provide information regarding supports across the continuum of care. It is an accessible and confidential resource that can direct employees and their families to self-help, virtual services, or emergency care when required. Based on artificial intelligence, the tool helps quickly connect users to relevant topics, services and programs and is available 24/7.

The tool is intuitive for employees and their families. EVA will prompt users with simple questions and provide timely feedback.

When presented with options, the employee can explore types of help available. EVA will outline the details of the available resources and provide contact information to ensure the employee or family member knows how to get connected. Employees can ask more specific questions and the responses are tailored to address the individual’s need or request.



How can I help you today?

I need to speak with someone

Jun 12th 8:45am



I understand you'd like to talk to someone. Here are some options available to you:



- Employee & Family Assistance Program
- Doorways
- Central Newfoundland Regional Health Centre
- Community-Based Counselling Services
- Lifewise Peer Support
- I would like an option outside my employer



Peer support is provided by individuals with lived experience of mental illness and/or addiction, fully integrated into local mental health and addictions teams (FACT, ODT, etc). A peer supporter offers individualized and/or group services, promoting hope and recovery through conversation and interaction with program staff and individuals participating in RHA programs, and identified supports.

In addition, users are encouraged to provide feedback on the process. The People and Culture and Mental Health and Addictions teams will continue to work together and use feedback to improve EVA, to support employees and their families getting help when they need it.



## Quality Patient Experience

### Person-and Family-Centered Care Book Club

Central Health launched its first ever Patient Experience Advisor (PX Advisor) and Employee Book Club in September 2022. Three PX Advisors and 10 team members from the Quality, Planning and Performance Team read the book **Ducks in a Row: Health Care Reimagined** by Canadian author and PFCC Advocate Sue Robbins. In the book, Robbins details her personal experience as a patient and a caregiver, and her learnings working as a Patient Advisor. The book raises awareness of the importance of relationships between health care providers and patients and families, inclusivity of patients and families within the health care culture, and that empathy and compassion are foundational to transforming the healthcare system.

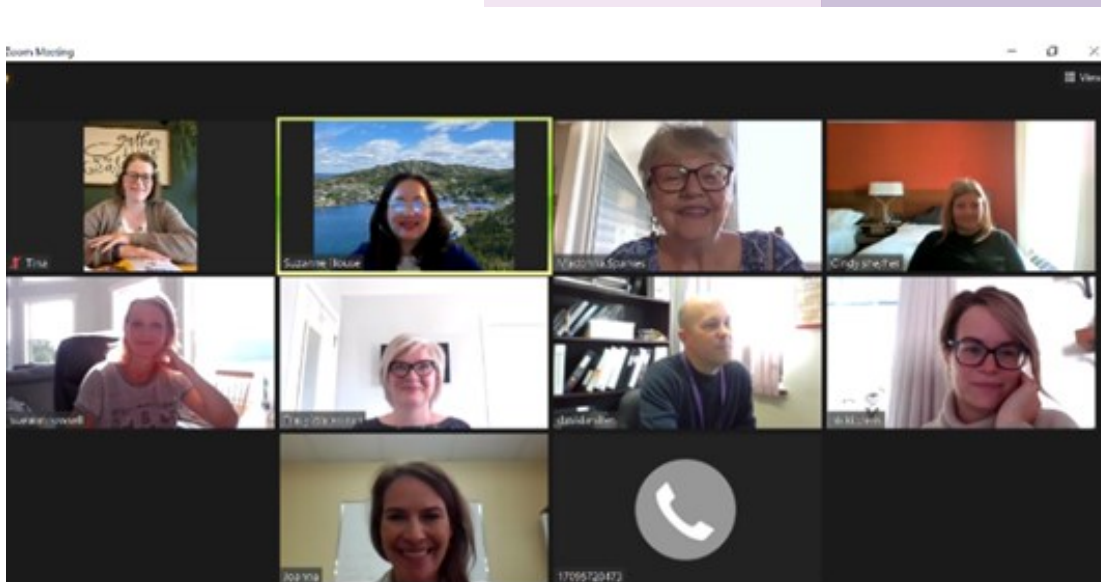


Photo: Virtual Book Club Meeting

Book club members came together for four sessions to dive into meaningful discussion and hear different perspectives and were excited to welcome Robbins for the fourth and final book club session. With survey results indicating 100% of respondents felt the book club was a valuable use of their time, Central Health plans to host another book club, bringing together a new group of advisors and employees and physicians for another meaningful partnership experience.

## Safe Client Handling

Through innovative and collaborative leadership, Central Health's Employee Wellness, Health and Safety (EWS) Team aimed to implement best practices in Safe Client Handling throughout the region. Safe Client Handling is an approach incorporating technology, assessment criteria, and ergonomic techniques to provide safe care to clients, patients, and residents. The approach is beneficial in reducing risk of injury for providers who help clients with movement and repositioning. Musculoskeletal injuries include damage to muscles, ligaments, tendons, nerves, bursae, joints, and cartilage, including intervertebral discs. Such injuries generally result from the long-term cumulative physical effort of patient transfers as well as acute effects, which result from incidents during transfers. Evidence indicates that an ergonomic approach to patient handling, that is part of an overall program to reduce musculoskeletal injuries, can highly benefit both caregivers and employers.

Building on a culture of safety at the unit level, the EWS Team focused on ensuring staff had access to education on best practices in Safe Client Handling. Offering targeted and condensed training sessions, specific to high-risk activities of the unit (e.g., client repositioning), the team worked directly with staff to ensure the education was relevant and accessible. In addition, managers were provided with tools to assist in investigations involving Safe Client Handling to support appropriate hazard identification and subsequent quality improvement.<sup>1</sup>

The newly opened LTC homes in Gander and Grand Falls-Windsor provide a great example of how Safe Client Handling has become innate in facilities design as early engagement and partnerships contributed to design success. For staff working in these facilities, there is mandatory full-day training in Safe Client Handling and orientation to the equipment used to provide care. The Ergonomics Coordinator was consulted on the facility design and equipment purchases to improve client handling, including the installation of ceiling lifts and ensuring the space was conducive to the Safe Client Handling equipment (bariatric equipment, shower equipment, toileting devices, etc.). Initial Safe Client Handling data captured since opening the facilities is very promising. In 2022-23, only 3% of lost staff time due to injury in LTC throughout the Central Region has stemmed from the new LTC facilities. Data will continue to be collected and refined for significance and to drive quality improvement.

---

<sup>1</sup>Canadian Centre for Occupational Health and Safety. (2023). *Ergonomic Safe Patient Handling Program*. [https://www.ccohs.ca/oshanswers/hsprograms/patient\\_handling.html](https://www.ccohs.ca/oshanswers/hsprograms/patient_handling.html).



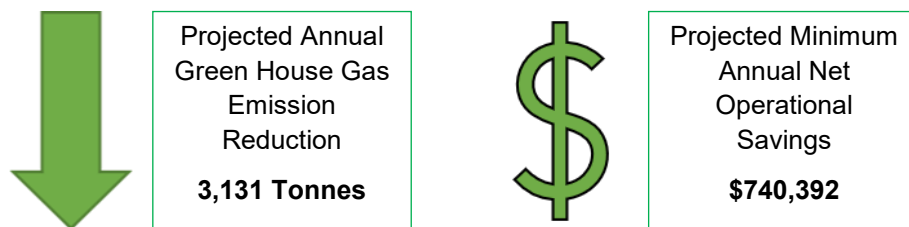


## System Improvements

### Carbon Reduction and Elimination Projects

The effects of climate change are being felt across the province. From reduced sea ice and coastal erosion to changes in animal habitat and flooding, climate change is having a negative impact on the environment and where we live.

To reduce its carbon footprint, Central Health applied for and was awarded funding from the Government of Canada's Low Carbon Economy Fund. The Fund supports projects that help reduce Canada's greenhouse gas (GHG) emissions. Health Accord NL states, "The health care sector itself creates from 4.6% to 5.2% of greenhouse gas (GHG) emissions in Canada and represents an opportunity for dedicated action to support population health in this province."<sup>2</sup> Central Health identified eight facilities with projects that meet the criteria of the Fund, and through an assessment determined a projected annual GHG emission reduction of some 3,100 tonnes and annual net operational savings of over \$740,000 with potential additional future savings. This will be achieved through replacing existing oil boiler systems with renewable energy options, specifically electric boilers, air to water heat pumps, or geothermal heating systems. The first of eight projects was completed in 2023 at the Dr. Hugh Twomey Health Centre in Botwood, and the remaining projects are in the planning and design phase with full implementation expected by March 2024.



Central Health also aims to reduce GHG emissions by replacing gas-powered vehicles with electric cars. Four electric cars have been ordered and charging stations installed in Gander and Grand Falls-Windsor at the two new LTC homes and the Hope Valley Youth Treatment Centre.

<sup>2</sup>Health Accord NL. (2022). *Our Province. Our Health. Our Future. A 10-Year Health Transformation: The Blueprint Summaries of Implementation Recommendations*. <https://healthaccordnl.ca/final-reports/>.

## Accommodating Family Washrooms

Central Health was privileged to partner with the Gill family of Pilley's Island to create a more accessible washroom and change room experience for clients and their family members. The Gills' adult son Danny is a person with intellectual and physical disabilities who requires an accessible washroom that exceeds minimum building code requirements for a more dignified and equitable experience.

In 2020, the Gills launched their **Inclusion with Dignity** initiative and contacted Central Health with their vision to have Accommodating Family Washrooms (AFWs) in larger Central Health facilities across the region that are open 24 hours a day and accessible to the public. Central Health's Engineering and Supports Services team worked with the Gills to create an AFW model that was continually improved throughout the implementation process at several Central Health facilities.

The AFWs are designed for a diverse range of needs and ages. They have a locked exterior door for privacy, and a powered adult change table. The powered adult change tables were supplied through the generous support of the South and Central and Central Northeast Health Foundations.



*"The value, comfort, and convenience of these Accommodating Family Washrooms to persons with disabilities and their families, is immeasurable. We say that every time we use one, without exception."*

Dennis Gill

*Photo: Danny and Dennis Gill utilizing the AFW at the James Paton Memorial Regional Health Centre in Gander*

The AFWs are readily available to both clients within the facilities as well as the public visiting the area or travelling through, and can be found in the following Central Health locations:

- Central Newfoundland Regional Health Centre (Grand Falls-Windsor)
- Grand Falls-Windsor LTC Home
- James Paton Memorial Regional Health Centre (Gander)
- New Gander LTC Home
- Green Bay Health Centre (Springdale)
- Baie Verte Peninsula Health Centre

Work is currently underway at the Notre Dame Bay Memorial Health Centre in Twillingate and several other Central Health sites with a goal of full implementation by 2025. The AFW model has been shared with the other Regional Health Authorities and today AFWs can be found in multiple health care facilities across the province within Labrador-Grenfell Health, Western Health, and Eastern Health.



## Improved Health

### Suicide Prevention Strategy

Upon submission of a project proposal entitled “Preventing Suicide and Attempted Suicide Across the Care Continuum through Improved Training in Suicide Risk Assessment and Tools,” Central Health was awarded a safety grant by HIROC (Healthcare Insurance Reciprocal of Canada) to enhance the education and training needs of health care professionals across LTC, acute care and community.

Best practice evidence indicates that early recognition of suicide risk increases the likelihood of positive outcomes. The World Health Organization (WHO) has stated "Suicide is a serious public health problem; however, suicides are preventable with timely, evidence-based and often low-cost interventions." WHO further asserts that for responses to suicide risk to be effective, a multisectoral suicide prevention strategy is required.<sup>3</sup>

Central Health’s commitment to satisfy the grant requirements was to embed a suicide prevention strategy across the continuum of care. The strategy was developed through the collaboration of the Suicide Risk Working Group inclusive of a PX Advisor, site champions from various sites/programs and co-chairs of the quality improvement teams for Mental Health and Addiction Services (MHAS), LTC and the Emergency Department (ED). The strategy looks to standardize education of staff through a blended learning model, to use best practice evidence and tools to update and combine existing policies, and to provide updated Emergency Suicide Intervention Kits and expand the kits to all program areas.

The current education module for suicide intervention has been reviewed, cross-referenced and an education update is now in its final stages of completion. Education will be a combination of electronic and in-person learning. A pre- and post-education survey will be used to assess participant baseline knowledge versus post education knowledge of suicide risk management/ monitoring strategies.

A policy review was completed inclusive of collaboration with internal and external stakeholders and a Provincial and National jurisdictional review. A new suicide risk policy based on evidence informed research and best practice standards has been developed and submitted for Central Health senior leadership approval. The policy will be consistent across the continuum of care.

Emergency Suicide Intervention Kits provide an easily-accessible collection of all items that would be needed to provide emergency suicide intervention thus saving valuable time and creating a better likelihood of a positive health outcome. Central Health updated and created Emergency Suicide Intervention Kits and made them available throughout key regional Central Health facilities and vehicles. A tracking system has also been implemented detailing location and inventory of all kits.

---

<sup>3</sup>World Health Organization. (2021). *Suicide*. <https://www.who.int/news-room/fact-sheets/detail/suicide>.

This resulted in a leading practice endorsed by Accreditation Canada (a practice carried out by a health and/or social service organization that has demonstrated a positive change, and is people centered, safe and efficient).

As required in the grant agreement, Central Health has submitted a final evaluation to HIROC inclusive of results, progress and challenges. A meeting with HIROC was held as well to discuss the innovative work, and opportunities to collaborate, and publish learnings.

## **Regional Community Advisory Committee Networking Day**

On December 1<sup>st</sup>, 2022, an in-person Regional Community Advisory Committee (CAC) Networking Day was held in Gander, bringing together staff and committee members of 12 CACs from across the region. The theme of the day was “Navigating the New Normal” which was largely driven by questions and concerns from CAC members about access to services and navigating the healthcare system.

To start the day, CAC members were provided with a presentation on health literacy. Focusing particularly on chronic disease prevention and management, information was shared as to the relationship between health literacy and patient outcomes. Members from the Quality Planning and Performance Department also presented on common safety occurrences and measures for patients to take to support safe quality care, including falls prevention measures, asking questions about medications, following up on test results, positive patient identification at all care points, and programs that are available by self-referral.

For the afternoon session, representatives from 811, E-Mental Health, Virtual Emergency Room (VER) services, and the Health Hub formed a virtual care panel to provide an overview of their respective services and answer questions from the audience.

At the end of day, participants were asked to take their learnings back to their respective CACs and actively share the information with their communities. Although the theme was very much rooted in recognizing current challenges the healthcare system is facing, there was a lot of positive discussion on the tangible takeaways for individuals and families on navigating their care.



*Photo CAC Networking Day—Gander (December 1, 2022)*



## Strategic Issue #1: Our People

Making “Our People” a strategic priority displays a commitment to creating a safe, healthy, and engaged workplace where employees, physicians and volunteers can perform to full potential using their training, expertise and professionalism. Central Health has recognized that an engaging and supportive work environment lends to delivery of quality care and provision of a positive patient experience.

In the 2020-23 strategic planning cycle Central Health made significant changes to leadership structures and built and deployed various strategies to solidify and strengthen its human resource sector.

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

Planned Indicators 2020-23	Actual Progress
<p><b>Implemented new leadership structures within the ‘People and Culture’ and ‘Medical Services’ Teams</b></p>	<p>With a purpose of improving employee and physician experience, increasing operational and business efficiency, and creating a more inclusive, team-oriented and supportive environment, early in this strategic planning cycle Central Health implemented new People and Culture and Medical Services leadership structures.</p> <p>The new People and Culture structure included the introduction of a new Senior Director position and the amalgamation of the Human Resources, Employee Wellness, Health and Safety and Professional Development and Continuing Education Programs.</p> <p>Establishing a new leadership structure for Medical Services included the approval and adoption of new Medical Staff bylaws, streamlining three separate Medical Advisory Committees (MAC) to one regional MAC, and introducing various new leadership positions.</p>

<p><b>Implemented a comprehensive performance development system</b></p>	<p>In this strategic planning cycle, a literature review was completed with plans to develop and implement a performance development system in 2022-23.</p> <p>Considering Central Health’s imminent amalgamation to NL Health Services, a decision was made to defer implementation of a system to better align with the other amalgamating Health Authorities. Instead heightened focus was provided on offering employee development opportunities to support employees in their roles and overall career development.</p> <p>Examples of employee development opportunities provided are outlined in the 2022-23 progress information.</p>
<p><b>Implemented a strategy to reduce unplanned absences</b></p>	<p>Central Health was successful in implementing a strategy to reduce unplanned absences.</p> <p>In 2020-21, the REED Group, an industry leader in absence management assessments and solutions, was contracted to provide recommendations to improve Central Health’s disability management program. Based on the REED Report, a strategy was developed to enhance processes, add necessary system components, and to educate managers on program changes and process efficiencies.</p> <p>Strategy implementation was realized in 2022-23, with an initiated action plan. Achieved results are highlighted in the 2022-23 progress information.</p>
<p><b>Implemented a recruitment and retention strategy</b></p>	<p>Central Health has implemented a recruitment and retention strategy. In collaboration with provincial efforts, recruitment and retention planning continues to evolve in response to ongoing challenges.</p> <p>Within the restructuring of Central Health’s People and Culture Team, a recruitment focus was strengthened with new positions devoted to recruitment and oversight provided by a recruitment steering committee. Recruitment and retention efforts included new initiatives with special emphasis on recruiting for difficult-to-fill positions.</p> <p>As noted in the 2022-23 progress information, moving forward, the recruitment team will be undertaking an evaluation of recruitment efforts including, but not limited to: recruitment success resulting from recruitment events, enhancements to efficiencies and data pertaining to hiring (e.g., days to fill positions and overall vacancy rates). To capture important information and to drive improvement on internal recruitment and retention, an employee experience transfer survey has been launched to assess position transfer efficiency. The survey is continuously promoted to staff who transfer to positions internally.</p>

<p><b>Implemented a safe and healthy workplace strategy</b></p>	<p>Throughout this strategic planning cycle Central Health implemented a safe and healthy workplace strategy. Building on the foundation of existing employee health and safety initiatives, violence prevention was identified as a key area of focus, with research conducted for program enhancement. Online violence prevention learning modules have been launched as was in-person Management of Aggressive Behaviour Training (MOAB).</p> <p>In support of the safe and healthy workplace strategy, Central Health also invested in a Just Culture Program and launched a Just Culture Employee training plan. Details can be found in the 2022-23 progress information.</p>
<p><b>Increased workplace engagement opportunities</b></p>	<p>In its commitment to creating a safe, healthy, and engaged work environment, Central Health endeavoured and was successful in increasing workplace engagement opportunities. In 2020-21, an organization-wide engagement survey was deployed to all Central Health staff and physicians. From survey results, an action plan was developed and implemented. Actions included regularly scheduled all staff calls, Chief Nursing Executive engagement sessions, regular program staff huddles, and regular employee recognition events.</p> <p>During the COVID-19 pandemic, a COVID Lessons Learned Survey was launched to the public, staff and physicians. Feedback from staff and physicians confirmed Central Health’s direction in enhancing communication and increasing opportunities for staff engagement including regular huddles and expanding upon staff recognition efforts.</p>
<p><b>Implemented efficiencies in human resource processes</b></p>	<p>In this strategic planning cycle, Central Health implemented human resources (HR) process efficiencies in several areas. In addition to other recruitment initiatives, improvements to recruitment processes were implemented using manager and employee survey feedback. One such improvement was strengthening reference check and job requisitioning processes.</p> <p>A strategic business partner model was introduced to the Health Authority in order to better align HR practices with the business needs of Central Health. With an assigned HR business partner, Central Health operational and program leaders have a direct resource to review HR development planning and to access feedback and coaching on HR topics. There is a plan to evaluate the business partner model. A survey for leaders has been developed and will be launched in 2023-24.</p> <p>From an Occupational Health and Safety lens, the process of onboarding new staff has been made more efficient by improving the flow of Pre-Health Assessments.</p>

	<p>Towards better alignment and efficiency, Central Health repositioned its LEARN management system (provides e-learning, training and development for staff) with Central Health’s Library Services. This has enhanced support available to employees engaging in learning opportunities.</p> <p>Efficiencies have also been realized within the strategy to reduce unplanned absences. Improvements in this area are noted in the 2020-23 and 2022-23 progress information.</p>
<p><b>Improved select performance measures</b></p>	<p>In 2021-22, Central Health reviewed its Balanced Scorecard (management system used to report the measurement of organizational performance objectives) in order to add performance measures most relevant to its strategic directions and to further drive quality improvement initiatives. Several performance measures regarding HR management were added or refined. For refined measures, benchmarks were added or adjusted, for new measures benchmarks are to be built once trending is established. The new Balanced Scorecard was approved by Senior Leadership and the Board of Trustees.</p> <p>Refined/added measures include: Days sick per full-time employee (FTE), sick leave relief per FTE, worker’s compensation days per FTE, lost time due to workplace injury, respectful workplace complaints, and position vacancy rates.</p>





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

<p><b>Objective #3:</b> By March 31, 2023, Central Health will have continued to implement and evaluate strategies that entrench a safe, healthy and engaged workplace.</p>	
<p><b>Planned Indicators 2022-23</b></p>	<p><b>Actual Progress</b></p>
<p><b>Developed and implemented a performance development system</b></p>	<p>In 2021-22, a literature review was completed with plans to develop and implement a performance development system.</p> <p>Given Central Health’s imminent amalgamation to NL Health Services, a decision was made to defer implementation of a system to better align with the other amalgamating Health Authorities and instead provide heightened focus on offering employee development opportunities to support employees in their roles.</p> <p>Examples of employee development opportunities include:</p> <ul style="list-style-type: none"> <li>• The reinstatement of the Education Assistance Program which provides financial assistance to employees pursuing formal learning opportunities in their area of work or career path.</li> <li>• The establishment of the Provincial Health Employee Salary Advance Program which provides employees the opportunity to finance a planned, approved leave of absence of between six and twenty-four months in order to complete an education program on a full-time basis. Within this program, employees may have a portion of their salary advanced during the leave of absence and repay the advance over a specified timeframe upon returning to work.</li> <li>• An Employee Code of Conduct has been established and includes a list of values-based behaviours that are expected of employees. The Code of Conduct is introduced to all external interview candidates prior to interview and is used ongoing to support performance feedback for employees.</li> <li>• A new learning series for managers was launched. “HR Matters” is a series of one-hour learning sessions focusing on people management. Session topics include performance management, grievance management, and facilitating difficult conversations.</li> <li>• Further development of the Business Partner Model whereby leaders meet regularly with a HR business partner to review HR development planning and to access feedback and coaching on HR topics geared towards fostering a team oriented and supportive environment.</li> </ul>

<p><b>Implemented a strategy to reduce unplanned absences</b></p>	<p>A strategy to reduce unplanned absences has been implemented. From the strategy developed in 2021-22, an action plan was employed with managers throughout the Health Authority. Achieved actions in 2022-23 include:</p> <ul style="list-style-type: none"> <li>• Relevant forms were updated.</li> <li>• Documentation and intake filing systems were revamped to improve process.</li> <li>• Paperless claims management was implemented.</li> <li>• A dashboard was developed to provide monthly updates to the Senior Management Team.</li> <li>• An Occupational Health and Safety Nurse was hired to assist Disability Management with complex medical claims.</li> <li>• A change management strategy was developed to support managers, physicians and employees with the onboarding of new forms and procedural changes.</li> </ul>
<p><b>Implemented a comprehensive recruitment plan and corresponding evaluation measures</b></p>	<p>Recruitment efforts in alignment with the established recruitment plan were implemented. Work evolved throughout the fiscal year in collaboration with DHCS. This was clearly demonstrated by the collective provincial recruitment marketing campaign and the joint international recruitment events in Ireland and India. In 2022-23, two vice presidents from Central Health represented the central region in Ireland as part of the recruitment delegation and a director from Central Health represented the Province in India.</p> <p>In addition to supporting provincial initiatives, the Central Health recruitment team engaged in new initiatives to recruit new employees, particularly for difficult-to-fill positions. This included:</p> <ul style="list-style-type: none"> <li>• Targeted recruitment events for high school and post-secondary students, both in-person and online.</li> <li>• Targeted recruitment events for the general public to learn about career opportunities with Central Health, both in-person and online.</li> <li>• Streamlining the recruitment process through efficiencies such as offering on-site interviews during job fairs.</li> <li>• Increased social media presence and promotion of career opportunities.</li> <li>• Continued partnerships with communities, CACs and other stakeholder groups to recruit and retain staff through local initiatives.</li> </ul> <p>Implemented evaluation measures include:</p> <ul style="list-style-type: none"> <li>• Percentage increase in recruitment events.</li> <li>• Number of job fair attendees.</li> </ul>

	<ul style="list-style-type: none"> <li>• Number of new hires in comparison to previous years.</li> <li>• Process efficiencies that support a favourable recruitment experience (e.g., number of onsite interviews at job fairs) and average number of days from interview to job offer.</li> </ul>
<p><b>Developed and implemented a safe and healthy workplace strategy</b></p>	<p>A strategy was developed and implemented for a safe and healthy workplace, with a focus on strengthening Central Health’s Violence Prevention Program. Violence prevention training was identified as the largest gap requiring attention for a safe workplace for employees and physicians.</p> <p>While Central Health had identified the need to enhance its Violence Prevention Program to improve occupational health and safety in fiscal 2021-22, the training was tabled at the Provincial level this fiscal year requiring all RHAs to implement and deliver a standardized approach.</p> <p>Within the fiscal year, an online violence prevention learning module was launched in Central Health’s LEARN system. Also launched was in-person MOAB training.</p>
<p><b>Evaluated select efficiencies in human resource processes</b></p>	<p>In 2022-23, the following select human resource processes were evaluated:</p> <ul style="list-style-type: none"> <li>• A survey for managers and new hires was developed and launched to evaluate recruitment processes. To date survey response numbers have been insufficient in order to analyze and report data. This evaluation process will be ongoing.</li> <li>• Respectful workplaces policies and processes were reviewed and updated to reflect current state. It had been identified that there were two overlapping policies pertaining to respectful workplaces. Policy has been revised based on review by legal counsel, the Manager responsible for respectful workplaces and from feedback of those who have engaged in the process. In the final stage of development, a single policy will be implemented that is more user friendly while covering all the legislative requirements.</li> </ul>
<p><b>Implemented a Just Culture employee training plan</b></p>	<p>As an initiative to improve patient safety culture, in this fiscal year, Central Health implemented a Just Culture Employee training plan.</p> <p>Literature indicates that just culture in the workplace exists when individuals feel safe to speak up when there is an issue, understanding that an organization will respond fairly, with commitment to a thorough investigation and appropriate individual accountability. Just Culture is firmly grounded in systems thinking where focus on systems improvement to prevent errors is priority. The journey to a Just Culture for Central Health was highlighted in the Patient Safety Day conferences of 2021 and 2022.</p>

	<p>In contract with the company <b>Saegis Solutions</b>, Central Health developed and implemented a training plan with four Central Health managers trained to be trainers for the Health Authority. After training with the Senior Management Team and the Board of Trustees was completed, the plan proceeded with the training of Central Health managers whereby 17 training sessions were held. As training continues for managers, communication for front line staff will begin. Initial engagement of union leaders has also occurred.</p> <p>In anticipation of amalgamating to one Provincial Health Authority (PHA), Central Health worked closely with the other RHAs on the Just Culture project in order to ensure continuity to NL Health Services.</p>
--	--

## Discussion of Results

COVID-19 and staff and physician recruitment and retention challenges have presented substantial threats to healthcare. A global issue, recruitment and retention were a major organizational focus in the 2020-23 planning cycle, requiring strategization and collaboration with the Province and various stakeholders. Successful recruitment and retention of health care workers requires a multi-faceted approach and Central Health demonstrated its tenacity in this area using various means to conduct local, national, and international outreach.

Responding to recommendations of the Central Health External Review and supporting the Provincial Government’s strategic direction “a more efficient public sector,” Central Health restructured leadership of the Medical Services and People and Culture teams. The restructuring of the Medical Services leadership team included the establishment of new Department Chiefs and Site Leads, Deputy Chiefs and Community Leads. New Medical Staff bylaws were adopted and one MAC was established where there had previously been three MACs.

The new People and Culture leadership team serves to better align overall HR, Employee Wellness, Employee Health and Safety and Professional Development / Continuing Education. To help facilitate this, a HR business partner model has been introduced whereby Central Health Departments are assigned a HR business partner who works closely with the Department leadership and assists on HR-related issues while helping embed the various aspects of the organization’s HR strategy.

Significant efforts were made to enhance workplace engagement and recognition and boost physical and psychological support to staff. This need was especially evident during the response to the pandemic. Communication with staff during the pandemic was frequent and consistent. Regular team huddles were mandatory during the heights of the pandemic and all-staff calls were regularly held by the senior leadership team to ensure timely and accurate communication of all relevant information. Staff were provided access to various means of psychological support and recognition events were strategically held in accordance with pandemic restrictions.

In 2022-23, Central Health also made great strides in the implementation phases of a strategy to reduce unplanned absences inclusive of several applications towards efficiency. A safe and healthy workplace strategy was implemented focusing highly on workplace violence prevention. Utilizing best practice research, Central Health launched a “Just Culture” employee training plan which stands to streamline and modernize the organization’s approach to individual accountability while reinforcing value-based behaviour, reducing negative health outcomes and improving employee morale.

Finally, Central Health was also able to implement various HR process efficiencies. In addition to efforts in recruitment and retention and the addition of HR business partners, efficiencies were achieved in hiring processes and in employee learning systems and opportunities.

*Photo: Recruitment team members Leona Strickland and Jordan Foster at a recruitment event*



*Photo: WorkinHealthNL.ca recruitment ad*



## Strategic Issue #2: Quality Patient Experience

Central Health continues to embed the Person-and Family-Centered (PFCC) approach as a philosophy of care. Over the past three years, Central Health has built partnerships with individuals and families to create meaningful change and support a quality patient experience. More than ever, Patient Advisors (PX Advisors) not only have a seat at the table, but a voice. Central Health strives to support the healthcare needs of all people and remains committed to fostering relationships and seeking new partnerships.

Clear communication, information and assistance with navigating the healthcare system are key to a quality experience. Central Health launched its successful Client Navigator Program in 2020. The program as originally recommended in the 2018 Central Health External Review, helps guide individuals, families, and care givers through the healthcare system. Central Health also focused efforts to strengthen health literacy, as well as information sharing on Central Health social media accounts. As well, Central Health created a standard for patient-provider introductions to better facilitate clear communication and relationship building.

Safety is paramount to a quality experience and is one of eight Quality Dimensions promoted by **Accreditation Canada**. Central Health continually seeks improvement to patient safety and continued the implementation of its Patient Safety plan and annual Patient Safety Day event.

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

Planned Indicators 2020-23	Actual Progress
<p><b>Increased input from and partnerships with patients and families</b></p>	<p>Central Health continued to embed PFCC as a philosophy of care by strengthening its relationships with PX Advisors and seeking new partnerships with patients and families. PX Advisors and Councils were valuable partners on longstanding committees and projects as well as new initiatives. Examples include but are not limited to:</p> <ul style="list-style-type: none"> <li>• A PX Advisor continuing to sit as a member of the Senior Management Team.</li> <li>• PX Advisors included as panel members in interviews for leadership positions.</li> </ul>

	<ul style="list-style-type: none"> <li>• The establishment of the PX Advisor role in the Emergency Operations Centre (EOC) structure.</li> <li>• PX Advisors attending COVID-19 tabletop exercises.</li> <li>• PX Advisors partnering in developing the vision and planning of renovations and new builds such as the new LTC homes in Gander and Grand Falls-Windsor, Green Bay Health Centre, and Dr. Hugh Twomey Health Centre Protective Care Unit.</li> </ul> <p>Additional examples can be found in the 2022-23 progress update.</p>
<p><b>Improved communication and information sharing with individuals who access programs and services</b></p>	<p>Communication and information sharing are key to a quality experience for those accessing Central Health programs and services. To improve communication and information sharing, Central Health launched several initiatives.</p> <p>The Client Navigator program was established to better serve clients and family members as they navigate the healthcare system. A formal evaluation of the program demonstrated a high level of client satisfaction.</p> <p>During the height of COVID-19 and the province-wide Information Technology Systems outage, Central Health added an additional temporary resource to the Client Relations Program to respond effectively and in a timely manner to inquiries and concerns.</p> <p>A Communication and Information Sharing strategy was developed and implemented with a focus on improving communication through social media. PX Advisors were engaged on multiple communication tools such as Public Service Announcements.</p> <p>Lastly, Central Health launched the Name, Occupation, Duty (N.O.D) strategy for staff members to use when interacting with patients, and improved health literacy for chronic disease management.</p>
<p><b>Improved health literacy for patients receiving care and services</b></p>	<p>Recognizing the link of higher levels of health literacy to better health outcomes, Central Health researched best practices in health literacy and built and implemented a health literacy strategy. Focusing specifically on chronic disease and aligning with its PFCC philosophy of care, the strategy was created through engagement and partnership with the Chronic Disease Management Clinical Team and a group of PX Advisors. The strategy, inclusive of themes, a vision, mission, goals and actions was approved and implemented. Successful actions have been highlighted in the 2022-23 performance report. This work will continue and evolve building on health literacy improvements witnessed thus far.</p>

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

<p><b>Objective #3:</b> By March 31, 2023, Central Health will have implemented and evaluated strategies to improve quality experience.</p>	
<p><b>Planned Indicators 2022-23</b></p>	<p><b>Actual Progress</b></p>
<p><b>Completed an evaluation of a PX Advisor partnership in a select area</b></p>	<p>The practice of PX Advisors as a member of interview panels for leadership positions began in 2019. Now embedded as a standard practice, Central Health evaluated the practice of PX Advisors as panelists on leadership interviews. The goal of the evaluation was to learn what has worked well and to identify opportunities for improvement. Two evaluation means were created, the Patient Experience Advisor Interview Candidate Feedback survey and the Patient Experience Advisory Panelist Feedback survey. The surveys were shared with managers and directors to gain feedback from those who participated in an interview as either a co-panelist or as an interview candidate.</p> <p>Survey results were very positive and demonstrated strong support for the involvement of a PX Advisor in the leadership interview process. Results indicated that PX Advisor participation affirms Central Health’s commitment to PFCC and is an important link to the organizational values’ compassion and respect; additionally, the participation of a PX Advisor adds transparency to the interview process. The survey did highlight one potential area for improvement, which is to ensure interviewees are aware of the interview panel members prior to the interview.</p>
<p><b>Demonstrated increased partnerships with patients in select priority areas</b></p>	<p>Central Health continued to recruit for PX Advisors and worked in partnership with its approximate 30 PX Advisors and two Family Councils from across the region.</p> <p>PX Advisors were active partners in a variety of areas including renovation planning, wayfinding, privacy rounds, and review of materials such as the 2022-23 Community Health Assessment survey. In addition, Central Health:</p> <ul style="list-style-type: none"> <li>• Partnered with a PX Advisor to participate in the evaluation of the new provincial Health Information System, specifically to evaluate the patient portal.</li> <li>• Partnered with a PX Advisor for the Quality Improvement Team for Environmental Services, Food Services and Maintenance and Facilities.</li> </ul>



	<ul style="list-style-type: none"> <li>Partnered with a PX Advisor for Patient Safety Week as part of Provincial Patient Safety Week initiatives and the planning for Central Health’s 11th annual Patient Safety Day. Advisors also shared their perspective on what safety means to them (i.e. when healthcare workers know my name and take time to speak with me), raising awareness of the importance of connection between health care providers and patients and families.</li> </ul>
<p><b>Developed and implemented an action plan to increase awareness of the Client Navigation Program</b></p>	<p>Central Health’s Client Navigation Program was developed and implemented in 2020-21 and evaluated in 2021-22. Evaluation results indicated a high level of client satisfaction with the program, while also showing an improvement opportunity to raise program awareness. To increase awareness, an action plan was developed and included the re-launching of the internal communications and marketing plan with targeted promotion and site visits to re-introduce the program and further increase awareness with staff and physicians. This was determined to be important given staff transfers and new hires. Internal outreach also included presentations to quality improvement teams and follow up directly with program areas when trends were identified to assist with quality improvement.</p> <p>The external communications and marketing plan was also re-launched, which included promotion to all CACs, placing promotional cards in service areas, and advertisements on media screens in facility waiting rooms. A client/public survey was launched in January to gain feedback on ways to improve communication and promotion of the Client Navigation Program (e.g., where to promote/advertise). The survey remained opened at the end of the fiscal year to increase survey uptake and results are reviewed on a regular basis to identify action items.</p>
<p><b>Developed and implemented an evaluation to measure improvements in communication and information sharing</b></p>	<p>The Communications Department conducted a public survey to gain a better understanding of how clients and staff are accessing and obtaining Central Health information. Of the 143 respondents, 63.9% identified social media as the main source of obtaining RHA information. Word of mouth, the Central Health website, employee communications, radio and television were also identified as a means of obtaining information but to lesser extent. Of the respondents who use social media, 98.5% chose Facebook as their preferred platform. Additional social media platforms used by respondents included Twitter (17.5%), Instagram (4.4%) and LinkedIn (2.9%). The indicated uses for these communication platforms were to search for service information and updates such as influenza clinics, temporary ER closures and VER, as well as job postings and contact information.</p> <p>This information enabled Central Health to better plan its social media approach and create content targeted to audiences on the platforms of their choice.</p>

<p><b>Continued implementation of the Central Health Patient Safety Plan</b></p>	<p>Central Health continued to implement the Patient Safety Plan to address priority patient safety issues identified in the organization, as well as meet the requirements of the <b>Patient Safety Act</b> and the Accreditation Canada Qmentum Program. Key highlights for this fiscal year include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Continued implementation and auditing of medication reconciliation on a quarterly basis. Increased targeted communication and education to identified units.</li> <li>• Completion of a Plan-Do-Study-Act (PDSA) cycle to standardize nursing handover inclusive of environmental safety checks and updating of whiteboards.</li> <li>• Utilization of quality improvement techniques to improve the Early Warning Score System (identifies clinically unwell patients who may require additional support beyond standard care) and determine its effectiveness.</li> <li>• Review of improved data quality and physician documentation related to Hospital Standardized Mortality Rate (HSMR). <ul style="list-style-type: none"> <li>◊ Health Information Management and Quality, Planning and Performance leaders independently reviewed charts for a select period, to identify areas for improvement for coding and documentation and to detect any patient safety concerns.</li> </ul> </li> </ul>
<p><b>Implemented quality improvement activities to increase health literacy for patients and Central Health Staff</b></p>	<p>Following the development of a health literacy strategy with a focus on chronic disease prevention and management, Central Health embarked upon several quality improvement activities. These include but are not limited to:</p> <ul style="list-style-type: none"> <li>• A brochure was developed to support patients to maximize their medical appointment time and participate in the decisions that can affect their health. Using the acronym Take PART, patients are encouraged to <b>P</b>repare for their visit, <b>A</b>sk questions, <b>R</b>epeat back key points talked about in their visit, and <b>T</b>ake action to identify next steps in their care.</li> <li>• Information packages for patients in the Heart Failure Outreach (HFO) Program were reviewed and revised based on health literacy principles and best practices. Information packages now include more simplified, comprehensive resources for patients and a goal setting worksheet. This change eliminated some information that would have been duplicated with materials from different sources and makes it easier for the Registered Nurses (RNs) attached to HFO to refer to information within their package while they are conversing with a patient on the telephone.</li> </ul>

- The Chronic Disease team conducted a health literacy presentation at the Regional CAC Networking Day in December. Audience feedback was obtained on a potential tool for patient use to support health literacy, as well as the communication and promotion plan of the tool once finalized.
- A What to Expect / How to Access document was developed to assist patients and healthcare providers to identify which chronic disease self-management program might best suit their needs.

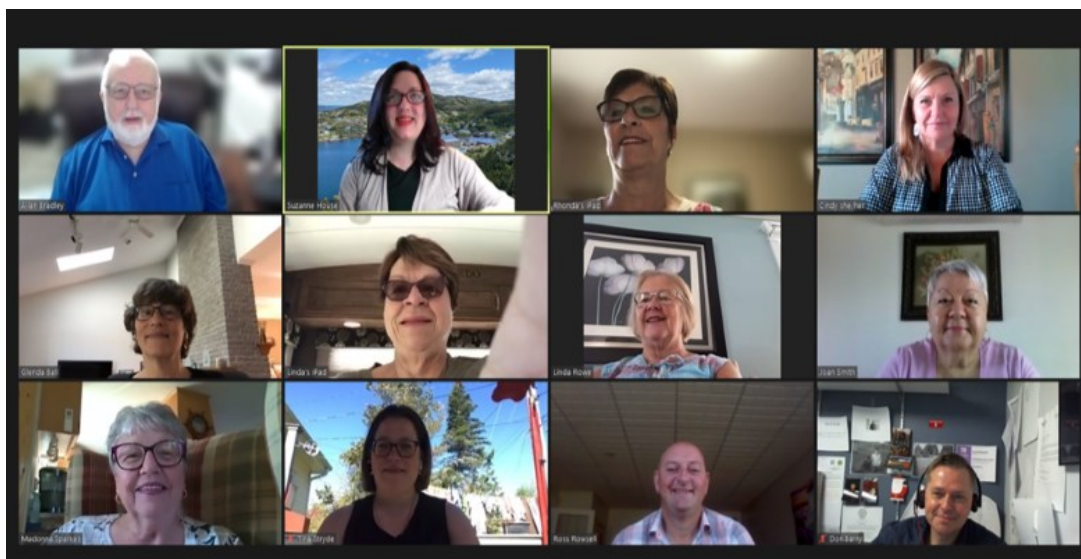
**Discussion of Results:**

Central Health remained focused on embedding PFCC as a philosophy of care through its strong partnerships and collaborations with some 30 PX Advisors and two Family Councils. Multiple roles and opportunities were created including the role of a PX Advisor as part of the EOC, while other roles were further entrenched including PX Advisors on the panel for leadership interviews.

Recognizing that the healthcare system is complex and can be difficult to navigate and understand, Central Health implemented the Client Navigator Program. Clients, families, and caregivers can connect via phone or email with the Client Navigator for one-on-one assistance. This is an excellent resource as the program provides a pathway for clients to connect to the appropriate service and for the general public who may have questions.

In collaboration with PX Advisors and clinical staff, Central Health focused efforts to increase health literacy for clients of the Chronic Disease Prevention and Management (CDPM) Program. Health literacy is the ability for individuals to understand and use the information and services available to them for improved health outcomes. This is important as high health literacy levels are linked to good health, and an improved experience engaging with the healthcare system. In addition to improving health literacy, Central Health further developed its social media presence and strategized improvements for sharing information.

Safety remained paramount as Central Health continued to improve patient safety through its Patient Safety Plan. Several initiatives, processes and program areas were strengthened and standardized through audits and reviews and subsequent action plans.



*Photo: PX Advisors Meeting*



## Strategic Issue #3: System Improvements

Central Health made important process changes to increase operational efficiencies and support safer, more accessible care. The provincial Integrated Capacity Management (ICM) system was implemented to improve patient flow capabilities and better meet patient care needs. Reducing no-shows and their sequential effect on appointment wait times was addressed in several program areas through the application of the Automatic Notification System (ANS).

Responding to challenges from COVID-19 and HR shortages, Central Health advanced virtual care in several areas. VER was implemented to maintain services when necessary to avoid temporary ER closures, and two Health Hubs were opened to provide a virtual care option for patients who require non-emergency services and do not have a primary health care provider or their provider is unavailable. These, along with several other initiatives such as the e-mental health service [bridgetheapp.ca](https://bridgetheapp.ca), continued to support patient flow and access to care.

System improvements were made in stroke care, beginning with the establishment of a regional steering committee and accountability structure. Identified care strategies, protocols, and standards were strengthened to provide safer care. Lastly, several system efficiencies were made to Health Information Management (HIM), and Electronic Medical Records (EMR) were implemented in multiple rural sites. Progress was made to improve data integrity and quality mechanisms and evaluate policy development work.

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

Planned Indicators 2020-23	Actual Progress
<p><b>Implemented a Workforce Management System</b></p>	<p>As part of a provincial initiative, Central Health implemented a workforce management system. ICM is a technology-based solution that enables staff to effectively manage patient flow and better meet patient care needs.</p> <p>Central Health identified the resources required for ICM, established a project lead, collected necessary data to inform the building of the systems, and partnered with internal departments, the other RHAs and the Newfoundland and Labrador Centre for Health Information.</p>

	<p>Central Health established an Internal Advisory Committee and held Integrated Operations Centre (IOC) visioning sessions. The Central Health project lead assumed the role of provincial Project Acuity and Assignment Manager and led several provincial initiatives in addition to Central Health work.</p> <p>In 2022-23, the IOC was operationalized. The IOC is currently home to the ICM Team including the Workforce Manager, Senior Analyst and ATA (Automated Time and Attendance) Payroll Manager, as well as the regional staffing Manager, staffing coordinators and the Medical Command Centre. Much work has been done in the IOC to streamline documentation processes including identification of alternate level of care patients and other patient service types and placement.</p> <p>Standard operating procedures have been developed for daily morning huddles at the regional referral centres. Daily morning huddles have been streamlined and membership expanded to include key stakeholders in order to drive patient flow increase efficiencies and to improve patient experience.</p>
<p><b>Implemented a Virtual Care Strategy</b></p>	<p>Central Health developed and implemented a Virtual Care Strategy focused on VER to help address the impact of human resource shortages on emergency services. Developed in 2021-22, and implemented in 2022-23, the strategy led to significant strides being made in building and expanding VER during a time when COVID-19 exacerbated HR and physician shortages.</p> <p>Given the expansion of VER and challenges facing emergency rooms, a more comprehensive ED strategy was developed in 2022-23 building on the original VER strategy. The ED Strategy outlines a plan to further develop VER based on the comprehensive review of the VER service, engagement of physicians and staff, and a VER fast track pilot and evaluation.</p> <p>Further detail is provided in the 2022-23 progress information.</p>
<p><b>Realized efficiencies in health information management processes</b></p>	<p>Central Health realized several efficiencies in HIM processes inclusive of:</p> <ul style="list-style-type: none"> <li>• The implementation of record scanning and archiving within priority programs and rural facilities.</li> <li>• Realized efficiencies and cost savings through Retention Records Management outsourcing functions.</li> <li>• Admissions module standardization and alignment of competencies between HIM and surgical services at regional referral centres.</li> <li>• Regional standardization of clinical documentation efficiency processes.</li> <li>• HIM scheduling optimization through standardization of scheduling for improved employee experience, efficiency and cost savings.</li> </ul>

	<ul style="list-style-type: none"> <li>• Increased seven-day service delivery for regional transcription and scanning services at regional referral centres.</li> </ul> <p>Additional HIM process efficiencies are highlighted in the 2022-23 progress information.</p>
<p><b>Implemented select data integrity and quality mechanisms</b></p>	<p>Central Health implemented several mechanisms to improve data integrity and quality, which are key elements of safe quality care. The following are examples of this work:</p> <ul style="list-style-type: none"> <li>• The formation of a regional Quality Data structure, which includes two full-time employee resources.</li> <li>• The development of a data quality scorecard with performance measures, quality checks within all HIM regional teams, and a data integrity protocol for correction of clinical records migrated into HEALTHe NL Viewer.</li> <li>• The development and implementation of a Health Information Data Framework that aligns with the Canadian Institute for Healthcare Information’s data quality framework and incorporates the Information Governance Principles for Healthcare.</li> <li>• The implementation of a standard HSMR monthly review process and quality improvement reporting mechanism for HIM.</li> <li>• Regional data review and quality improvement exercise related to ER discharge data.</li> </ul>
<p><b>Improved processes to support booking, cancelling and rescheduling of select appointments</b></p>	<p>Central Health improved processes to support the booking, cancelling and rescheduling of select appointments by implementing ANS in several select areas such as Audiology and Speech Language Pathology and physician led clinics such as Pediatrics and Nephrology (JPMRHC). ANS reminds clients of upcoming appointments and reduces no-shows.</p> <p>Central Booking was also expanded within Cardiopulmonary and Rehabilitative Services to Non-invasive Cardiology (Echocardiogram), Audiology, and Respiratory Therapy. Central Booking gives patients access to the next available appointment slot and shortest wait time. All referrals are sent to general intake and patients are offered the earliest appointment, at either JPMRHC or CNRHC. Patients can choose to travel to avail of the nearest appointment or they can opt to wait for the next available time slot in their area.</p> <p>In response to the pandemic, booking processes were developed and implemented for COVID-19 vaccination and testing clinics. These processes evolved over time to meet the ever-changing landscape of COVID-19.</p> <p>Additional information is outlined in the 2022-23 progress information.</p>

<p><b>Improved access and patient flow</b></p>	<p>Central Health implemented strategies to improve access and patient flow to meet immediate need and develop long-term sustainable practices. Work included:</p> <ul style="list-style-type: none"> <li>• The opening of the Health Hubs in Gander and Grand Falls–Windsor, offering sustainable virtual care for non-emergent patients.</li> <li>• The implementation of VER to deliver emergency services during human resources shortages that may have otherwise resulted in temporary closure of services.</li> <li>• Further expansion of the e-mental health programs inclusive of Bridgethegapp.ca, Breaking Free for individuals seeking help with substance abuse, and the implementation of the Power Over Pain online portal. The portal is designed to improve access to chronic pain care for adults living with chronic pain, family members, caregivers, and healthcare providers.</li> <li>• The implementation and expansion of ANS and Central Booking.</li> <li>• The expansion of the provincial Home First Program which enables clients requiring complex care to access an integrated network of health professionals in community rather than in hospital or LTC.</li> <li>• Enhancements to Central Intake process for Community Support Services programming.</li> </ul>
<p><b>Developed and implemented a Regional EMR strategy</b></p>	<p>In 2020-21, Central Health developed a regional structure to support EMR implementation and approved a designated position to lead clinical information system auditing and data integrity including EMR within the RHA. Additionally, an information management council was established, which is responsible for the EMR strategic implementation in accordance with the Information Governance Principles for Healthcare.</p> <p>In 2021-22, a regional EMR strategy was developed and a briefing note completed regarding strategic EMR implementation priorities, as well as a regional expression of interest for EMR implementation. Central Health also developed a single point of intake for EMR implementation and a standard process / form for prioritization of sites of interest.</p> <p>In 2022-23, the EMR strategy was rolled out in multiple rural sites to assist with continuity of care and increased retrievability of information, and clinical documentation efficiencies.</p>

<p><b>Implemented select system improvement strategies to achieve appropriate, effective and safe care</b></p>	<p>Central Health implemented several system improvement strategies to achieve appropriate, effective, and safe care. Highlights include but are not limited to advancements in stroke care, preliminary work to support a new anticoagulation clinic service, and other Patient Safety Plan initiatives.</p> <p>Central Health made significant headway on stroke care beginning with the establishment of a clear accountability structure which includes a Regional Stroke Steering Committee. Central Health joined the other RHAs in a stroke care improvement initiative titled <b>Atlantic Canada Together Enhancing Acute Stroke Treatment (ACTEAST)</b>. Through the initiative, a working group was created and improvement strategies such as the development of a code stroke kit and pre-registration of patients were implemented to improve door to treatment time. There was also further development of standard practices, resources, and tools including an ER process for code stroke and an improved feedback loop for successful code activation. Further information is provided in the 2022-23 progress information.</p> <p>Central Health conducted a needs assessment for an anticoagulation clinic. A review of applicable endoscopy and surgical procedures was completed to identify the number of patients in a defined period that are prescribed anticoagulants. Anticoagulants must be carefully managed prior to procedures to ensure a safe medication plan is determined which balances the risk of bleeding with the risk of coagulation. Inappropriate management of these medications represent a patient safety concern and contributes to cancelled procedures and subsequent inefficiency. Results of the audit supported the need for improvement. The Pharmacy Department, Quality, Planning and Performance Department and Medical Services Department partnered to begin preliminary groundwork for an anticoagulation clinic for Central Health. A briefing note was submitted, approved, and the team looks forward to developing and offering this new service.</p> <p>Several initiatives from the Patient Safety Plan were implemented including chart audits to understand Central Health’s HSMR. This was a joint initiative by HIM and Quality, Planning and Performance. The HSMR committee reviewed death charts for a select time period to identify potential documentation, coding, and safety issues. Learnings were shared with key stakeholders to improve documentation, care and coding. The audits resulted in system improvements which subsequently corrected and decreased the HSMR. Additional examples of patient safety initiatives are listed in the 2022-23 progress information.</p>
--	--



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

<b>Objective #3:</b> By March 31, 2023, Central Health will have continued implementation and evaluated strategies to achieve system improvements.	
<b>Planned Indicators 2022-23</b>	<b>Actual Progress</b>
<b>Implemented key Integrated Capacity Management tools at Central Health sites in accordance with Provincial planning</b>	<p>Central Health implemented ICM tools in accordance with Provincial planning. The IOC was operationalized, the Capacity Planner went live and was tested for validation. The Capacity Planner is a predictive analytics capacity planning tool that provides forecasting of patient demand to help facilities maximize capacity, improve staffing resource alignment, and deliver safe care.</p> <p>Work remains ongoing for other technology-based solutions that will help to effectively manage patient flow and better meet patient care needs. Central Health is working to implement a workforce management system ANSOS, Web Scheduler, Web Reporter and Acuity and Assignment Manager. Base ANSOS is a scheduling module designed to integrate complex 24-hour schedules with other workforce tools. ANSOS begins with essential employee information and expands to include Enterprise Staff Manager, where scheduling and patient census information comes together to give a view of operations so to effectively manage staffing. Preliminary work including data gathering for all facilities as well as a scoping exercise have been completed to date.</p> <p>To support this work, a Senior Analyst for Capacity Planner and Enterprise Visibility (patient flow software), a Workforce Manager for ANSOS, and an ATA Manager were hired. These positions work alongside the Medical Command Centre Staff and Staffing Coordinators, also located in the IOC.</p>
<b>Implemented a regional Emergency Department virtual care strategy</b>	<p>The regional VER strategy was implemented and steps were taken to successfully incorporate virtual care in emergency services. Through this strategy and a newly-added VER Coordinator role, Central Health was able to provide VER when possible in sites experiencing temporary human resource shortages. Actions include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Equipping ERs with technology needed to provide a quality virtual care service through readiness assessments and a comprehensive list of standard equipment.</li> <li>• Onboarding staff and physicians and providing tools such as workflows outlining processes.</li> </ul>

	<ul style="list-style-type: none"> <li>• Creating standard Public Service Announcements with guidance from PX Advisors.</li> <li>• Placing a Virtual ED and Temporary Closures icon on the main page of the Central Health website for ease of viewing by the general public.</li> <li>• Meeting and sharing information with CACs and other community partners such as municipalities who are experiencing VER and temporary closures.</li> </ul> <p>Building on this strategy, a larger more comprehensive ED strategy was developed and implemented to address the expansion of virtual care in emergency rooms. This included:</p> <ul style="list-style-type: none"> <li>• The creation and hiring of a temporary VER leadership role to lead the work (start date April 3, 2023).</li> <li>• Engagement with staff and physicians operating in VER sites to identify opportunities for improvement.</li> <li>• Engagement with PX Advisors about VER and communication opportunities.</li> <li>• Piloting a fast track VER option.</li> </ul>
<p><b>Continued to implement efficiencies in health information management processes</b></p>	<p>In addition to the efficiencies in HIM processes highlighted under the 2020-23 progress information, the following were implemented during the fiscal year:</p> <ul style="list-style-type: none"> <li>• A Transcription Services Quality Review resulted in the transition to front-end dictation and reinvestment of resources into report distribution and data quality oversight for front-end dictation. Dictation services were also expanded outside of Medical Services to other health care professionals to support digitization of Central Health record sets.</li> <li>• Based on trends noted in the Clinical Safety Reporting System, an opportunity to improve the Code Stroke response through the improvement of a feedback loop for successful code activation was identified. HIM partnered with Risk and Safety and Emergency Services to augment the existing process and supported clinical awareness of code activation.</li> <li>• A HIM scorecard was developed to measure clinical documentation, regional records use, data quality, central disclosure, and collection of personal health information.</li> <li>• A review of historical record sets was completed to determine lifecycle record management opportunities.</li> </ul>

<p><b>Evaluated components of the Regional Policy Development Framework</b></p>	<p>Central Health launched a Policy and Procedures System (Paradigm) Evaluation survey in early March to evaluate the effectiveness of the Paradigm system to support policy awareness and learning moving forward. As well, a 16-member employee group consisting of multiple stakeholders from various program areas and sites, provided feedback on policy direction and learning opportunities.</p> <p>A Central Health Policy Scorecard based on 10 standard metrics was developed to measure excellence in relation to the Central Health Policy Development and Management Framework. The scorecard was developed to provide clear expectations and accountability for policy tool development, consultation, review, approval, implementation and evaluation. It was also developed to ensure quality and informed decision making for policy tool development and management that is compliant with applicable legal, ethical, and professional standards.</p> <p>As a component of a PESTLE Analysis (Political, Economic, Sociological, Technological, Legal, and Environmental) and the Central Health Regulatory Oversight Framework, a policy gap analysis was completed. The analysis reviewed industry standard policy themes and legislation to identify gaps in Central Health policy direction and provide recommendations to the Policy Advisory Committee and Senior Management Team for prioritization of future policy development.</p>
<p><b>Continued to explore new booking processes in select areas</b></p>	<p>Central Health continued to explore new booking processes in select areas. Laboratory Services did a preliminary exploration of an online public portal for appointment bookings and findings will be shared with the provincial NL Health Services laboratory group for consideration.</p> <p>ANS was also expanded to physician lead clinics in Ophthalmology, Orthopedic, General Surgery, Neurology, Internal Medicine, and Minor Procedures (JPMRHC); and Pediatrics and Nephrology (JPMRHC and CNRHC).</p>
<p><b>Further developed standard practices, resources and tools for Stroke care</b></p>	<p>Central Health continued its stroke care work, further developing procedures, resources and tools:</p> <ul style="list-style-type: none"> <li>• For patients with ischemic stroke, the care strategy was defined between Central Health physician leaders and Eastern Health physician leaders to support an efficient decision-making process around Alteplase (tPA).</li> <li>• In collaboration with physician leadership and the HIM Department, code stroke protocols were updated to improve standardization of the process at both referral sites.</li> </ul>

	<ul style="list-style-type: none"> <li>• Admission order sets were developed based on new Canadian Stroke Best Practice Recommendations.</li> <li>• As part of Central Health’s participation with ACTEAST, a virtual site visit was held. ACTEAST’s lead researcher presented on improvement strategies for stroke care for the Central Health region. Members of the Stroke Steering Committee also participated in discussions and learnings specific to the AlphaFIM Instrument (provides objective data regarding disability and stroke severity) and stroke care as part of the provincial collaboration on Rehabilitation Services.</li> <li>• Work began on updating educational material to reflect the new Canadian Stroke Best Practice Recommendations for acute stroke management. Once complete, this material will be uploaded to LEARN for ongoing staff education.</li> </ul>
--	--

## Discussion of Results

Central Health continued to work in collaboration with the RHAs to implement ICM as per provincial planning. ICM is advanced technology-based solutions that deliver an innovative and transformational approach to support decision-making, and includes the IOC, Capacity Planner, Enterprise Visibility and ANSOS solutions. ICM aims to transform provincial healthcare in acute and LTC through effective operational patient flow that better meets the patient care needs.

Technology also supported the implementation of VER, which was expedited due to COVID-19 and human resource shortages. Central Health established a regional VER committee and developed a strategy. ERs were equipped with the required technological tools, and staff and physicians were trained on the equipment, processes and protocols. In addition, a VER Coordinator was hired. Building on this work, a comprehensive review of VER was conducted and a more in-depth strategy was developed. The strategy has some 100 recommendations and in addition to the original VER Coordinator position, included a new temporary leadership role which was hired in March 2023 with a start date of April 3, 2023. Work is underway to continue to improve the efficiency and effectiveness of VER, support staff and physicians, and enhance the overall experience for patients.

Access improved in several areas including MHAS and Primary Care, due to special initiatives such as the Health Hubs. The Health Hubs provide non-emergency care to individuals without access to a primary health care provider. ANS, which was implemented in several program areas, also increased access by providing clients with a reminder telephone call for an upcoming appointment and reducing unfulfilled appointments.

Central Health made notable traction in HIM through several actions including the standardization of regional processes, increased availability of services, comprehensive reviews of information and data sets, and the development of an HIM scorecard. EMR was also implemented in several rural sites which provides staff and physicians with increased access to information and supports clinical documentation efficiencies.

To support policy development, a framework was created to guide the work, as well as a policy scorecard, to measure excellence in 10 standards. A 16-member employee group supported the policy work providing feedback on policy direction and learning opportunities for staff and physicians.

Advances in stroke care were made. A regional steering committee and accountability structure were formed, and standard practices, resources and tools were updated. A key highlight for Central Health in 2022-23, was further defining and clarifying the care strategy for patients with an ischemic stroke in partnership with Eastern Health physician leaders. This supports an efficient decision-making process for tPA.

Headway was also made in laying the groundwork for an anticoagulant clinic in Central Newfoundland. Using a needs assessment, an opportunity for an anticoagulant clinic was identified, which will help reduce patient risk as well as reduce cancelled procedures due to inappropriate management of anticoagulants prior to a procedure.



*Photo: Virtual Care*



## Strategic Issue #4: Improved Health

Central Health’s vision of Healthy People and Healthy Communities aligns with the strategic directions of the Government of Newfoundland and Labrador, “healthier people” and “better living.” Central Health has demonstrated commitment to improving the health of the population through engaging and enabling individuals and communities, building partnerships, and implementing and utilizing various health frameworks and strategies.

Central Health’s performance under “Improved Health” displays the vastness of service provision across the continuum of care, the value and commitment placed on developing and utilizing partnerships in care programming and provision, the importance of enhancing available community care as well as multiple and varying care options and methods.

In 2020-23, Central Health was successful in expanding its approach to Home First and implementing recommendations of the Provincial Home Support Review. Central Health implemented a CDPM Strategy and as well as the **Towards Recovery** Action Plan. In partnership with communities, PHC initiatives were and continue to be implemented and several activities were undertaken to help engage individuals and increase awareness for healthy living. Although Central Health has not yet implemented an Indigenous Health Strategy, work continued to develop and strengthen meaningful relationships with First Nation communities. The foundation for a health strategy continues to be built with several components now in place.

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

Planned Indicators 2020-23	Actual Progress
<p><b>Implemented an Indigenous Health strategy in partnership with First Nation communities</b></p>	<p>Although there was much collaboration and partnership building between Central Health and First Nation communities during this strategic planning cycle, implementation of an Indigenous Health strategy in partnership with First Nation communities is still in development.</p> <p>Central Health is committed to continued meaningful engagement with First Nation communities. In partnership with First Nation communities, work has begun towards building an Indigenous Health strategy that responds to</p>

	<p>key health issues, is culturally safe and supportive, and improves the health and quality experience of First Nation people. Through collaboration, requirements for a health strategy including action items have been identified. Such items include:</p> <ul style="list-style-type: none"> <li>• Research on National Indigenous strategies to help inform strategy planning and development.</li> <li>• EOC engagement with Indigenous leaders is identified as an initial component in building the strategy.</li> <li>• Continued engagement in the development of a PHC Framework and PHC neighbourhoods. A collaborative relationship with Indigenous Health leadership will be maintained in order to build inclusive teams.</li> <li>• Palliative and End-of-Life Care will be a component of emphasis. <b>Pallium Canada</b> will be engaged with DHCS and provincial zones to work with Indigenous partners to support Cultural Sensitivity Learning at End-of-Life.</li> <li>• In line with Health Accord NL, an Indigenous Health Strategy will be considerate of the lived experience of First Nation People and be responsive to the Truth and Reconciliation Commission’s Principles for Reconciliation and Calls to Action. Central Health commits to reviewing the Calls to Action and aligning health strategy components for implementation.</li> <li>• Exploration of and subsequent education for staff on the concepts of trauma-informed care.</li> </ul> <p>As Central Health amalgamates to the new PHA, learnings will be shared with other provincial zones and efforts continued to engage leadership of the Miawpukek and Qalipu First Nations to collaborate on development of the Indigenous Health Strategy and to identify areas of further consideration.</p>
<p><b>Expanded Home First Approach</b></p>	<p>A Home First approach to health care provides opportunity for individuals requiring complex care to avail of community based multidisciplinary services from an integrated network of healthcare professionals. In this strategic planning cycle, Central Health expanded its approach by:</p> <ul style="list-style-type: none"> <li>• Adding additional numbers of health professionals and by further realigning existing staff to support Home First.</li> <li>• Enhancing accessibility to the Home First Integrated Network through the expansion of hours of its CONNECT-ER initiative (creates a pathway for medically-stable clients who present to ERs at Central Health’s two regional health centres to be assessed for services) and by implementing a 24-hour on-call system for Home First related matters.</li> </ul>

	<ul style="list-style-type: none"> <li>Implementing a short stay option within personal care homes (PCHs). This was a six-month pilot project enabling clients experiencing barriers to safely remain in community, to receive supportive care and avoid an unnecessary acute care admission. As noted in the 2022-23 performance report, an evaluation of this project was completed with results indicating viability of the option remaining long term.</li> </ul>
<p><b>Implement Home Support Program Review recommendations</b></p>	<p>To further support individuals to live in their own home and communities, Central Health continued to implement Home Support Program Review recommendations. In addition to progress for 2022-23, Central Health has implemented improvements in program access and clinical development. Specifically:</p> <ul style="list-style-type: none"> <li>To improve program access and streamline the client entry process, Central Health continued to build a central intake model for new referrals seeking supportive services. This included process enhancements, staff additions and realignment, and improvements in data collection.</li> <li>A clinical mentor position has been established with a goal to provide professional and clinical mentorship within the Community Supports Program, to lead various staff education initiatives, to assess clinical competence within the program and promote clinical excellence.</li> </ul>
<p><b>Implemented Central Health Chronic Disease Prevention and Management Strategy</b></p>	<p>Central Health was successful in implementing a CDPM Strategy. A Chronic Disease Steering Committee inclusive of a PX Advisor was formed to devise the strategy and to develop/confirm a comprehensive workplan. The goals of the strategy were identified as:</p> <ul style="list-style-type: none"> <li>To improve access to specialist expertise and build capacity to better meet the needs of the population with chronic disease.</li> <li>To define and standardize information sharing processes at care transitions to ensure clients with chronic disease receive safe, quality care across the care continuum.</li> <li>To help empower and prepare individuals to manage their health and healthcare.</li> </ul> <p>In addition to implementation components described in the 2022-23 performance report, the development and implementation of a health literacy strategy for chronic disease complemented this work.</p>
<p><b>Implemented Towards Recovery action plan</b></p>	<p>Central Health was successful in implementing priority initiatives of the <b>Towards Recovery</b> Action Plan. Examples of progress and achievements are as follows:</p>



Recommendation #11 – e-mental health / technology-based interventions to promote wellness and early intervention:

- Delivered Bridge the Gapp (BTG) services, programming and materials in the region including the new e-mental health service “Breaking Free.”
- Implemented the stepped-care approach which highlights e-mental health options.

Recommendation #13 - Reduce waitlists and wait times:

- Central Health continued the use of the provincial triage screening tool that ensures individuals with more severe MHAS needs are seen in a prioritized approach.
- Continued to provide rapid access to counselling through “Doorways” (single-session walk-in counselling) which is available in the majority of MHAS offices at select times across the Central Region and five days a week in Gander and Grand Falls-Windsor.

Recommendation #14 – Stepped Care:

- Central Health launched the Stepped-Care Approach training for frontline MHAS and Primary Care staff. The training highlights e-mental health options and the overall approach to MHAS in the province.
- Central Health transitioned Assertive Community Treatment (ACT) to Flexible Assertive Community Treatment (FACT) in Grand Falls-Windsor with the FACT team fully operational and working to scope according to FACT standards.
- FACT team availability in Gander expanded from weekdays to also include weekday evenings. Staff complement was also increased.

Recommendation #15 - Provide access to evidence-based services via technology:

- The Health Promotion and Prevention (HPP) team provided multiple virtual programs and services such as stress management and wellness webinars to various populations, from youth to older adults. The HPP team is trained in BTG and utilizing the various online tools.

Recommendation #17 - Assign responsibility for the provision of health services in prisons:

- Responsibility was assigned to Central Health’s MHAS Department.
- Weekly services to inmates in the Bishop Falls’ Correctional Centre was provided by Central Health’s MHAS Team.

	<p>Recommendation #30 - Provide web-based information on education, self-care and self-management for families and caregivers:</p> <ul style="list-style-type: none"> <li>• Central Health continued to support the provincial BTG program through resource development, program delivery, and materials review that benefit families and caregivers.</li> </ul> <p>Recommendation #43 - Continue to support the implementation and evolution of the provincial Opioid Implementation Plan:</p> <ul style="list-style-type: none"> <li>• Central Health has Opioid Dependency Treatment (ODT) hubs in Gander and Grand Falls-Windsor. These teams are staffed with an Addictions Counsellor, Licensed Practical Nurse, Nurse Practitioner, and clerical support. In collaboration with the Gander hub, the ODT complex case manager provides ODT services to the Gambo, Glovertown and Eastport areas. A consultant for the ODT Program has started and will lead further development of the Hub and Spoke Model in the region.</li> <li>• An Addictions Consultant to work the ODT Team has been hired to further develop the ODT Program in the Central Region and facilitate relationship building with Primary Care practitioners and community partners.</li> </ul> <p>Recommendation #49 - Regional Health Authorities and community agencies work closely together for improved service delivery:</p> <ul style="list-style-type: none"> <li>• Mobile Crisis Response Teams were established and are based in the regional referral centres at Grand Falls-Windsor and Gander. The hours of service are currently 10 a.m. to 10 p.m., seven days a week. When team members (RN and Registered Social Worker) are not responding to a call with the Royal Canadian Mounted Police, they work in the ER department offering mental health and addictions support for the individuals in crisis and their families.</li> <li>• Upon positive feedback, Central Health is continuing its partnership with Exploits Valley High in Grand Falls-Windsor where Doorways (single session counselling) was piloted to be available for students in school as well as virtually. Central Health is now building on this successful partnership to extend Doorways in the same manner to the students of Botwood Collegiate and Gander Collegiate.</li> </ul>
<p><b>Implement primary health care initiatives in at least two priority areas</b></p>	<p>In this Strategic Planning Cycle, Central Health, in partnership with communities, has implemented various PHC initiatives. Most notably, the foundation is being built for a fully functioning Family Care Team (FCT) model to exist in key regional areas.</p>

	<p>Building on previous PHC work and the strength of the Coast of Bays Advocacy Committee, Central Health looked to the Coast of Bays to initiate the FCT model. Using the Coast of Bays model, Central Health is in the early stages of planning/developing FCTs for the areas of Exploits, Gander/ Gander Bay and Brookfield/Centreville. In forming the model for FCTs, Central Health is partnering with the Shalloway Family Practice Network (FPN) to engage, consult and collaborate with physicians to capture their vision and expectations of the teams. As well, Central Health and the FPN are working together to identify challenges, opportunities and pathways in moving forward with FCTs.</p> <p>As another example of regional PHC activity, Central Health is partnering with The Town of Twillingate, who has formed a Dementia Friendly Community Coalition. Twillingate has been engaged in the provincial initiative to become one of eight dementia-friendly communities across the province. Sixteen interested individuals including two Central Health staff have come together to form the coalition. Meeting regularly and consulting with the NL Alzheimer’s Society, the coalition has developed an action plan to reduce stigma and to include individuals with dementia in the community, supporting them and their care partners.</p>
<p><b>Increased awareness and engaged individuals to take action for healthy living</b></p>	<p>Although COVID-19 had a major impact in the provision of community education and programming throughout this strategic planning cycle, much work in this area has been completed:</p> <ul style="list-style-type: none"> <li>• Central Health’s CDPM Program implemented a program strategy and a health literacy strategy inclusive of actions to help empower and prepare individuals to better understand and manage their health and healthcare.</li> <li>• In 2022, Central Health and the Brimstone Head Lion’s Club partnered to conduct a Diabetes education event on Fogo Island. Attendees received information about diabetes and how it impacts the body, healthy eating practices specifically for individuals living with diabetes, blood pressure monitoring, chronic disease self-management programs: BETTER and Health Coaching; and heard patient experience testimony from a nursing perspective.</li> <li>• Also in 2022, Central Health was a partner in holding the 13th Annual Healthy Aging Celebration in New-Wes-Valley. Central Health employees provided presentations to 60 attendees on the BETTER Program, Health Coach Program and Mental Wellness. In addition, participants received information from a local pharmacist on Heart Health and the role of community pharmacists.</li> <li>• As described in the 2022-23 performance progress notes, Central Health has developed an interdisciplinary virtual component to enhance prenatal education.</li> </ul>

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

**Objective #3:** By March 31, 2023, Central Health will have continued to implement and evaluate initiatives to improve the health and well-being of the population.

Planned Indicators 2022-23	Actual Progress
<p><b>Developed and Implemented an Indigenous Health Strategy in partnership with First Nation communities</b></p>	<p>As noted in 2020-23 performance report, an Indigenous Health Strategy remains in development. Central Health is committed to continue meaningful engagement with First Nation communities. Although partnerships continue to strengthen and the requirements for a health strategy have been identified, competing priorities and the pending amalgamation to a PHA have caused the full development and implementation of a strategy to be deferred.</p>
<p><b>Implemented and evaluated a short stay option for Personal Care Homes</b></p>	<p>In 2022-23, a short stay option for PCHs was implemented and evaluated. PCHs are privately-owned residential settings providing care and accommodations primarily for seniors and adults requiring assistance with activities of daily living. RHAs license and monitor each home to ensure compliance to provincial operational standards and clinically and financially assess potential clients for residential suitability.</p> <p>A short stay option within PCHs was implemented as a six-month pilot project with aim to provide supportive care to clients experiencing barriers to safely remain in community, to alleviate premature / unnecessary acute care admissions and to align with the provincial Home First philosophy.</p> <p>The purpose of the project evaluation was to assess the project’s implementation, uptake, client experience, impact on health system utilization, and sustainability. The evaluation used a variety of sources including Provincial Steering Committee meeting notes, administrative data, and stakeholder feedback. The final evaluation report highlighted project benefits, challenges and areas for improvement.</p> <p>Results weighed in favour of the short stay option becoming a permanent service option.</p>

<p><b>Continued to implement recommendations of the Provincial Home Support Program Review</b></p>	<p>Central Health continued work in implementing recommendations of the Provincial Home Support Program Review. In the past fiscal year:</p> <ul style="list-style-type: none"> <li>• In line with DHCS, a support plan evaluation has been completed. An action plan based on evaluation recommendations is being developed.</li> <li>• The RAI-ID (standardized assessment for persons with intellectual disability) was formally implemented with utilization of a staff training and education plan.</li> <li>• A new Central Intake data collection form was implemented to help strengthen intake process and identify areas for improvement.</li> </ul>
<p><b>Implemented and evaluated components of the Central Health Chronic Disease Prevention and Management Strategy</b></p>	<p>In 2022-23, Central Health implemented and evaluated components of its newly-developed CDPM Strategy. Implemented components include:</p> <ul style="list-style-type: none"> <li>• A remote patient monitoring vendor was selected as part of a provincial Request for Proposal process. Patients will now be provided access to customizable programs to support their self-management, targeting a wide variety of conditions, including but not limited to, chronic disease.</li> <li>• A requisition to hire a temporary part-time Virtual Care Coordinator was submitted with the goal to embed Remote Patient Monitoring (RPM) into existing chronic disease programming.</li> <li>• The CDPM team collaborated with internal medicine physicians to develop a pathway for patients in the Heart Failure Outreach program to use RPM. This will result in significantly less travel time for patients while also providing patients with education and self-management support.</li> <li>• An organizational scan was completed, and promotion plan developed to increase awareness of programs, services and guidelines in CDPM.</li> <li>• A chronic disease resource portal was added to the Central Health website to provide information to patients about accessing services and about living with chronic disease.</li> <li>• A patient partnership was utilized to promote chronic disease self-management programs during the Central Health Patient Safety Day event in October.</li> <li>• Licensure for the “Improving Health My Way” Program was renewed. Leaders have been retrained and to date three telephone and one in-person workshop have been held. A program evaluation plan is developed which will assess participant changes, pre- and post-program, in self-efficacy, social/role activities and limitations, communication with physicians and healthcare utilization, as well as client experience related to the different methods of participation (phone, virtual, or in-person).</li> </ul>

	<ul style="list-style-type: none"> <li>• Six Chronic Disease self-management workshops were completed, reaching 96% of the CDPM and regional Diabetes Care Program teams.</li> <li>• Promising practices in care transitions in chronic disease programs were identified. A PDSA process was utilized to improve referral forms, prioritization of referrals and processes to improve continuity of care.</li> <li>• A virtual care environmental scan was initiated to determine program offering and uptake of virtual care in chronic disease programs. Still in progress, information collected from the scan will be used to establish current state and then identify opportunities for growth and quality improvement.</li> </ul> <p>The following components were evaluated:</p> <ul style="list-style-type: none"> <li>• The ‘Take PART’ tool (tool developed to help patients maximize their medical appointment time and participate in the decisions that can affect their health) was presented to CAC members with their feedback incorporated into the final print version of the tool.</li> <li>• With a goal to improve Central Health’s referral forms and processes, a scan of promising practices in care transitions was conducted. This scan included review of Accreditation Canada’s required organizational practices. Central Health’s own referral forms and processes have been reviewed in comparison with improvement areas identified.</li> </ul>
<p><b>Used outcomes of the Heart Failure Outreach Program evaluation to develop an action plan for program improvement</b></p>	<p>In the previous fiscal year, an evaluation framework and a program scorecard were implemented for the HFO Program and an action plan was developed from the evaluation results. Actions included the increased use of goal setting and the gathering of patient experience data to inform quality improvement. As well, staff looked to identify barriers for patients switching from the active program phase to the maintenance phase of treatment.</p>
<p><b>Implemented select priority initiatives of the Provincial Alcohol Action Plan and Life Promotion and Suicide Prevention Plan</b></p>	<p>Due to competing Provincial demands, the implementation of select priority initiatives have not yet been completed.</p> <p><b>Our Path of Resilience: An Action Plan to Promote Life and Prevent Suicide in Newfoundland and Labrador</b> was launched in June 2022. <b>Our Path of Resilience</b> is a five-year plan, with a budget of \$20.5M over the duration of the plan, and includes 12 action items under the following categories: community mental health literacy and capacity building, socially-equitable prevention and intervention and follow-up services, and development of a comprehensive suicide monitoring and surveillance system to track risk and protective factors, evaluate the impact of programs and policies, and use data to inform evidence-based decision making. A</p>

	<p>provincial steering committee and four working groups began meeting in September 2022, and work is in progress on all action items within the plan.</p> <p><b>Our Path of Resilience</b> includes \$300,000 yearly (\$50,000 each for the six Indigenous Governments and Organizations (Sheshatshiu Innu First Nation, Mushuau Innu First Nation, Nunatsiavut Government, NunatuKavut Community Council, Miawpukek First Nation and Qalipu First Nation) for the duration of the five-year plan. This will support the implementation of culturally informed land-based wellness programming for Indigenous partners to develop and sustain life promotion initiatives that connect people with land, culture, and language to foster healing and increase accessibility to basic needs and social determinants of health.</p> <p>The <b>Provincial Alcohol Action Plan: Reducing Alcohol Harms and Costs in Newfoundland and Labrador</b> was launched in July 2022. The <b>Provincial Alcohol Action Plan</b>, the first of its kind in the province, is a five-year plan with a \$12.5M budget. The plan includes 13 action items that strive to reduce alcohol-related costs and harms in the province and has three focus areas: prevention/promotion, treatment, and availability. A provincial steering committee and three working groups have been established.</p> <p>One of the 13 actions is the expansion of the Provincial Centre of Excellence for Opioid Dependence Treatment (ODT) and Regional ODT hubs to include services for other substance use disorders. Over the next year, work will be completed to develop new policies and guidelines for this expansion. Expansion plans will also include collaboration to ensure integration of addiction medicine into the regional FCTs.</p>
<p><b>Continue to implement Primary Health Care initiatives in select areas</b></p>	<p>Central Health continues to implement PHC initiatives throughout the Central Region:</p> <ul style="list-style-type: none"> <li>• In 2022-23, Central Health continued to build the structure for a FCT on the Coast of Bays. Building on the structure identified, expansion of this model is in early stages for the areas of Exploits, Gander/Gander Bay and Brookfield/Centreville. In building the model for FCTs, Central Health is partnering with the Shalloway FPN to engage, consult and collaborate with physicians in order to capture their vision and expectations of the teams. As well, Central Health and the FPN are working together to identify challenges, opportunities and pathways in moving forward with FCTs.</li> <li>• As noted in the 2020-23 progress information, Central Health is partnering with The Town of Twillingate who has formed a Dementia Friendly Community Coalition.</li> </ul>

<b>Developed an interdisciplinary virtual component to enhance prenatal education by the Families, Children, and Population Health Program</b>	<p>Central Health has developed an interdisciplinary virtual component to enhance prenatal education. Using the “Best Start” prenatal program, four sessions – Infant Nutrition, Labour and Delivery Part 1, Labour and Delivery Part 2, and Postpartum Changes and Newborn Care and Safety – are ready to be piloted.</p> <p>An interdisciplinary working group comprised of program managers for Public Health and Obstetrics, the Parent and Child Health Coordinator, the Regional Lactation Consultant, a Public Health Clinical Educator, Midwives, and Public Health Nurses (PHNs) was utilized for component development. Virtual sessions will be facilitated via the “Zoom” communication platform by the Lactation Consultant, Midwives, and PHNs.</p> <p>A survey was developed to evaluate virtual prenatal education to inform the working group on session flow, delivery, content and the overall client experience. Survey responses were positive in that participants were very satisfied with sessions overall and would recommend to others. Some comments were provided as suggestions to improve experience. Such comments will allow for further assessment and development of ongoing virtual education sessions.</p> <p>In addition, a script for a hospital tour video for the CNRHC was developed with expectation for video finalization and release in the 2023-24 fiscal year. This video is meant to provide an overview of the physical space and what to expect upon arrival to CNRHC given that many patients would not have had previous visits to the site.</p>
--	--





## Discussion of Results

Although an Indigenous Health Strategy in partnership with First Nation communities has not yet been implemented, Central Health has engaged in meaningful dialogue with First Nation communities in the Central Region. Requirements for a health strategy have been identified and Central Health will seek to build on existing partnerships and bring these connections and learnings to the PHA in order to help inform a provincial approach to Indigenous health.

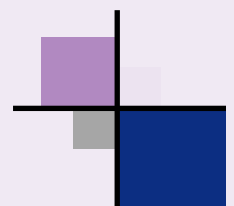
Increased and easier access to health care remains a paramount priority at Central Health. Noting the increasing strain on institutional availability to access care, community service provision continues to become more and more essential. Central Health has remained committed to the Home First philosophy of providing complex care to medically stable patients in the person's home. Utilizing an integrated network of health care professionals including nurses and nurse practitioners, social workers, physiotherapists, occupational therapists, recreation specialists, and behaviour management specialists, Central Health has expanded its Home First approach. As well, by continuing to implement recommendations of the Provincial Home Support review, clients can more easily access needed care and services while remaining in community.

Improved access and patient outcomes and experience are the focal points of Central Health's CDPM Strategy. As measures are taken for overall access and process improvement, emphasis is as well placed on helping build patient knowledge and participation in health care in order to better their self-management ability and thus achieve better health outcomes.

Central Health's MHAS Program has made great strides in implementing various initiatives of the **Towards Recovery** action plan. The initiatives pursued and achieved to date all lend to the provincial vision of improvements in promotion and prevention, better access to and quality of care, improved policy and programming and strengthened support in communities.

Although there were many examples of PHC activity in this planning cycle, in line with Health Accord NL, Central Health has put much effort in utilizing existing and forming and strengthening community partnerships towards the establishment of FCTs in key regional areas. As recruitment and retention of health care providers is a growing concern, the successful development of this avenue to connect patients to a health care team who together have the expertise to provide care across the continuum is essential.

In the 2020-23 planning cycle, there are many examples of Central Health advancing program access through virtual means. One such example is the development of virtual prenatal education sessions. An exercise in efficiency, this virtual learning is available to bring together expectant families from across the region removing geography, travel, and staff availability barriers.



# OPPORTUNITIES AND CHALLENGES AHEAD



## Recruitment and Retention

Central Health, like other health organizations, has experienced challenges in maintaining optimal staffing levels. This is due to a global labour shortage of healthcare professionals and other professions in general, and the impact of COVID-19 on workers' availability to report to work during the height of the pandemic. Central Health's vacancy rate steadily increased from 2020 to 2023 despite considerable efforts to recruit and retain employees and physicians. This created strain on the system, impacting some programs and services, such as emergency departments where temporary closures were sometimes required.

Central Health actively promoted career opportunities through increased online activity, career information sessions and job fairs with immediate on-site interviews and strengthened student connections. It collaborated with its community partners such as CACs, the Shalloway FPN, municipalities, post-secondary educational institutions, and various departments within the Government of Newfoundland and Labrador (Gov NL) on a provincial recruitment campaign and recruitment activities in Ireland and India. Central Health was also pleased to welcome nursing students to Memorial University of Newfoundland's new Faculty of Nursing satellite sites in Gander and Grand Falls-Windsor in September 2022 and looks forward to further engagement with students on Central Health career opportunities.

Central Health also worked to enhance the physician and employee experience. Based on survey results from an engagement survey in 2020 and subsequent surveys on ways to thank and recognize staff, Central Health increased the number of staff appreciation events, such as staff BBQs and launched new activities such as Ice Cream Day and held a ticket draw for the Health Foundations' 2022 Fall Gala Dinner Fundraising events. Changes were also made to how Central Health recognizes staff for their years of service, which included a new personalized approach where employees and physicians choose their preferred appreciation gift from a select list.

Central Health looks forward to further advancing retention and recruitment work in partnership with the other RHAs and various departments within Gov NL. Working together will lead to combined resources, the establishment of best practices, and efficiencies through standardization, measurement and evaluation.



*Photos: (right and previous page) Rahul Girijappan, Director of Critical Care and Medicine Services (Interim) in India as part of the NL Health recruitment campaign*

## Access to Emergency Services / Virtual ER

Significant challenges in maintaining optimal staffing levels has had direct impact on access to emergency services at Central Health's "Category B" (rural) ERs. When adequate staffing is not available, ERs will temporarily close and direct patients to another ER in the general proximity or to the regional referral centres in Grand Falls-Windsor or Gander. When patients are diverted, not only are patients in the area of closure affected, patient volume is then increased at the destination ER, thus impacting the larger system.

In 2022-23, a comprehensive plan was developed to improve access to emergency services in the Central Region. The plan is derived from an assessment of current state. Stakeholder interviews and engagement were conducted inclusive of PX Advisors, DHCS and other RHAs, community partners, front-line employees, management, and physicians. A literature/document review was completed including, but not limited to briefing notes, a jurisdictional scan, Virtual Care Standards of Practice for Physicians and RNs, Accreditation Canada Standards for Emergency Departments, National Standard of Canada – Standards for Virtual Health, Deloitte Rural ER Health Services Review, quality reviews, and legal opinions. Regional data and key indicators were reviewed as were other existing Provincial VER proposals and vendor presentations.

The developed plan focuses primarily on rural ERs while noting the indirect subsequent positive impact on the ERs in Grand Falls-Windsor and Gander as well. Several plan objectives were identified including to reduce/eliminate temporary ER closures in rural sites, to improve patient and staff/physician experience, to focus on sustainability of the service and consistency for the area residents, and to increase access to VER services in rural sites experiencing temporary closures. Recommendations are categorized as general (applicable across regional sites) and site specific and are structured under broader categories of:

- Accountability and Structure
- Transport
- Staff Training and Education
- Communications
- Scheduling of VERs and Temporary Closures
- VER Equipment and Technology
- Information Management
- Orders / Standing Orders / Protocols / Medical Directives
- ER Infrastructure and Site / Staff Security
- VER Staffing
- Pilot New Models of Service Delivery
- Quality Improvement Initiatives / Evaluation Preparation Needed to Interface with Provincial VER Service
- Preparation Needed to Interface with Virtual Primary Health Care Service
- Documentation – Policy and Processes.

When suitable to address the patient concern, VER has proven to be an alternate means of healthcare provision for the patient, the care provider and for the healthcare system. While still relatively new to Central Health, much opportunity exists to evaluate VER towards quality improvement. An evaluation framework is being developed to assess implementation as per the recommendations noted above.

## Scope of Practice

A scope of practice is the responsibilities, functions, and activities that fall within a profession and are authorized to be performed by the profession's regulatory body, the employer and through legislation. By working to their maximum scope, a healthcare professional is applying their full knowledge, skills, and competency levels to their role. This creates greater efficiencies within the system and contributes to the overall experience of the employee.

COVID-19 and the labour shortage accelerated Central Health's need to increase the scope of practice within identified roles through updated policies, processes, procedures, and training. This was particularly important for VER and continues to be as it provides innovative staffing options that enable ERs to remain open. For instance, some RNs in rural sites are trained to perform advance airway management with the use of an i-gel LMA (Laryngeal Mask Airway), simple suturing, and back slab application. In many cases in a traditional ER situation, an emergency physician performs these procedures. By supporting RNs to work to their full scope of practice in conjunction with an Advanced Care Paramedic or Respiratory Therapist, a physician or nurse practitioner are not required on site and can attend virtually. This enables an ER to remain open and empowers health care professionals to perform to their highest level, maintaining skillset and contributing to job satisfaction.

Recognizing that full scope of practice contributes directly to quality care through increased efficiencies and supports professional development, Central Health will continue to seek opportunities in partnership with professional regulatory bodies to further expand scopes of practice moving forward.

## Dementia Care

Literature and data indicate that Newfoundland and Labrador is facing a significant increase of the number persons with dementia. The Alzheimer's Society of NL has reported that while in 2021 there was an estimated 10,000 people in the province living with dementia, by 2035 this number is anticipated to increase to 14,000 (40% increase).<sup>4</sup> The significance of this increase and the subsequent potential pressure on the healthcare system as a result is enormous thus requiring immediate preparation.

Central Health is partnering with DHCS and counterparts in the other RHAs with the continued development of a regional Home Dementia Care Program (HDCP). Launched in Central Health in 2021-22, the program provides funding for a Care of the Elderly Physician, two nurse practitioners, and a clerical support person. The program is structured to support people with dementia and their caregivers at home while attempting to avoid unnecessary ER visitation or pre-mature placement to LTC. The HDCP often works in tandem with other community programming such as Community Support Services and Continuing Care and adds a multidisciplinary component to service planning with individuals. While positive outcomes continue to be reported for patients of the program, to better monitor client flow and identify barriers to service provision, data collection processes and tools have been enhanced.

---

<sup>4</sup>CBC. (2021). 'A big strain on the system': Spike in dementia diagnoses expected by 2030. <https://www.cbc.ca/news/canada/newfoundland-labrador/stark-increase-dementia-diagnoses-2030-1-6235300-1.6235300>.

Central Health has also had active participation on the Dementia Action Council which was established to support the development and implementation of the Provincial Dementia Care Action Plan. This three-year plan is comprehensive with intent to change people's perceptions about dementia, increase understanding and acceptance and enhance the quality of life for people living with dementia. NL Health Services, inclusive of health professionals and partners from the Central Region will be integral in implementing the 36 actions identified in the plan which are categorized into four focus areas: (1) Increase Awareness, Reduce Risk of Dementia, and Address Stigma, (2) Diagnosis and Coordination of Care, (3) Supports and Services for Individuals Living With Dementia, their Care Partners and Families, and (4) Professional Learning and Development.

## Forest Fire Emergency Response

In the summer of 2022, Central Health mobilized to support the implementation of emergency plans and maintenance of operations in response to forest fires impacting the Connaigre Peninsula, Bishop Falls, Botwood, and Grand Falls-Windsor areas, as well as surrounding communities. The forest fires presented a significant challenge with road closures, air quality concerns and states of emergency declared in several communities. While the Bay D'Espoir Highway closure impacted supply routes, teams of providers in our health care centres and clinics in the Coast of Bays worked diligently to provide care and service to clients, patients, and residents. In regional referral centres, leaders and provincial partners collaborated to ensure consistent delivery of human resources and supplies to the Connaigre Peninsula Health Centre through coordinated air support.

The wildfires in the region resulted in an unprecedented response from Central Health. On August 7, 2022, as a result of poor air quality, Central Health commenced evacuation of over 100 acute care patients and LTC residents in Grand Falls-Windsor to other facilities within the province. Coordinated through the EOC, with unwavering support from employees, communities, emergency partners, and other RHAs, the team facilitated a timely and safe evacuation. Central Health's team commitment to its values and person-and family-centered care was demonstrated during the evacuation, as providers from the region travelled with patients and residents to ensure continuity of service with a familiar care team member.



*Photo: Forest fire burns near the Bay D'Espoir Highway*

The evacuation and subsequent repatriation of patients and residents was supported through effective communication and supportive leadership from partners in Western and Eastern Health. Information was communicated as quickly as possible to patients, families, and communities and resources were put in place to assist community members with a point of contact within the health authority. Central Health's community teams demonstrated exceptional commitment to client care by following protocols and processes to check in with the most vulnerable residents.

The impact of the forest fires and subsequent evacuation demonstrated the resilience of clients, families, patients, residents, physicians, employees, and leaders. Learnings will be used for improvement and highlight the importance of Health Emergency Management (HEM) in building resilience within the system through planning and preparation efforts, focused on risk mitigation and effective response and recovery. HEM will continue to support work in building strong business continuity plans and standardization of universal emergency codes.

## **Family Care Teams**

Central Health has demonstrated a long-standing commitment to systems transformation based on the pillars of PHC. Our teams and leadership are committed to active community engagement, access and continuity of care, inter-professional collaboration, building capacity in improvement and evaluating those improvements. In the past year, work on the Coast of Bays implementing a FCT in partnership with Shalloway FPN focused on enhancing these pillars of care and laid the foundation for FCTs within Central region.

A FCT is a model of care, based on the recommendations of Health Accord NL, that focuses on multidisciplinary community teams supporting positive health outcomes and progressive change within the health system. The goal of this model is to ensure everyone has timely access to healthcare grounded in a community approach. Within the community approach, people have access to a well-connected network strengthened by interprofessional teams supporting all aspects of a person's health and wellness. Central Health's role is to support further establishment of FCTs in the region, ensuring that each team is constructed to serve the needs of the local population.

Significant progress establishing the Coast of Bays FCT was realized with the recruitment of several critical positions, including a RN, clerical support, social worker, and pharmacist. While recruitment for the remaining team members is ongoing, community and staff engagement sessions and implementation of the EMR have started to form the basis for the collaborative network. Working with the local community, team members are maximizing their scope of practice to best serve the health and wellness needs on the Coast of Bays.

Learnings from the partnership with Shalloway FPN and the work of the community, team, and leadership in the Coast of Bays, will be applied as the FCT model is expanded to the Gander, Grand-Falls Windsor, and New-Wes-Valley areas. Building on success and highlighting the importance of team-based care, physician engagement sessions in several communities have been completed. These sessions and the development of tools for onboarding have contributed to progress with plans to support continuity of care, timely access, and chronic disease management. The groundwork is in place to ensure information flows and communication can be supported through the FCTs. In addition, building pathways to care and understanding what resources are available in communities has strengthened the networks in which the FCTs will exist.

With commitment to evaluation within the FCT model, it is anticipated that information will continue to evolve to assist with the establishment of strong teams and networks. With the recruitment of full team complements, there are opportunities to support better health outcomes, reduced hospitalizations, improved provider satisfaction and overall progressive health systems transformation.

## Looking Ahead

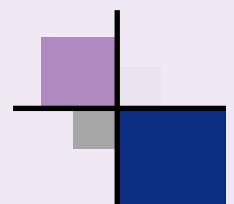
On April 1, 2023, Central Health became a legacy organization of NL Health Services. With this change comes much optimism of enhanced healthcare efficiency and consistency across the Province. The strategic priorities and performance of Central Health from 2020-23 lead nicely into the strategic priorities of NL Health Services and Health Accord NL which emphasizes transforming the health system, providing better healthcare access and quality, and strengthening the human resource sector. Central Health leadership, staff, physicians, and volunteers offer much knowledge, skill, learnings and partnerships to the provincial health system and look forward to a bright future in healthcare in Newfoundland and Labrador.



Key information regarding NL Health Services can be found at: <https://nlhealthservices.ca/>

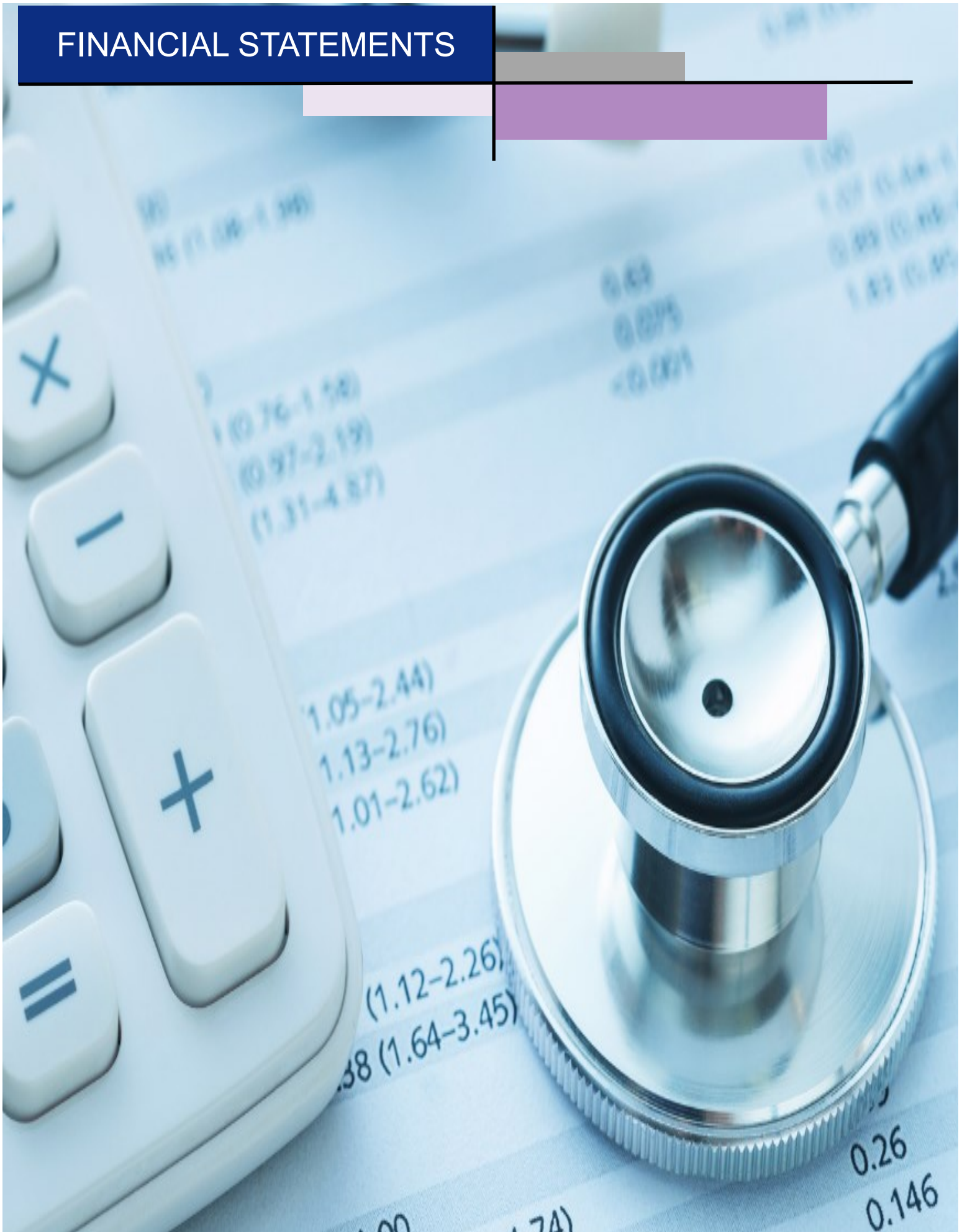


*Photo: Greenspond*





# FINANCIAL STATEMENTS





# Consolidated Financial Statements

Central Regional Health Authority

March 31, 2023

# Contents

	<b>Page</b>
Independent Auditors' Report	1-2
Consolidated	
Statement of Financial Position	3
Statement of Operations	4
Statement of Changes in Net Financial Debt	5
Statement of Cash Flows	6
Notes to the Consolidated Financial Statements	7-21

# Independent Auditors' Report

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, 2023, and the consolidated statements of operations, changes in net financial debt and cash flows for the year then ended, and notes to the consolidated financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying consolidated financial statements present fairly in all material respects, the financial position of Central Regional Health Authority as at March 31, 2023, and its results of operations, its changes in its net financial debt, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

## Basis for Opinion

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

## Responsibilities of Management and Those Charged with Governance for the Consolidated Financial Statements

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

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

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

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

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

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

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

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

St. John's, Canada  
July 13, 2023

*Grant Thornton LLP*

Chartered Professional Accountants

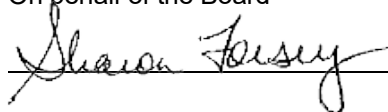
# Central Regional Health Authority

## Consolidated Statement of Financial Position

March 31	2023	2022
<b>Financial assets</b>		
Receivables (Note 3)	\$ 13,071,372	\$ 15,025,999
Residents' trust funds held on deposit	544,804	639,412
Cash restricted for security deposits	63,671	60,289
Replacement reserve funding (Note 8)	<u>272,949</u>	<u>258,181</u>
	<u>13,952,797</u>	<u>15,983,881</u>
<b>Liabilities</b>		
Bank indebtedness (Note 12)	34,939,938	5,837,002
Payables and accruals (Note 4)	42,173,999	41,965,355
Employee future benefits		
Accrued vacation pay	20,860,401	20,761,864
Accrued severance pay	264,274	1,229,377
Accrued sick pay (Note 5)	19,372,141	19,010,016
Deferred grants and revenue (Note 6)	30,651,861	28,687,884
Long-term debt (Note 7)	3,241,100	4,157,373
Asset Retirement Obligation (Note 15)	6,741,125	-
Trust funds payable	544,804	639,412
Security deposits liability	63,671	60,289
Replacement reserves (Note 8)	272,949	258,181
J.M. Olds scholarship and library funds	<u>88,474</u>	<u>86,314</u>
	<u>159,214,737</u>	<u>122,693,067</u>
<b>Net financial debt</b>	<u>(145,261,940)</u>	<u>(106,709,186)</u>
<b>Non-financial assets</b>		
Tangible capital assets (Note 9)	73,782,308	69,157,369
Deposits on tangible capital assets	2,879,581	-
Inventories (Note 10)	3,531,080	3,591,114
Prepays (Note 11)	<u>4,403,780</u>	<u>2,841,294</u>
	<u>84,596,749</u>	<u>75,589,777</u>
<b>Accumulated deficit</b>	<u>\$ (60,665,191)</u>	<u>\$ (31,119,409)</u>

Commitments (Note 13)  
Contingencies (Note 14)  
Subsequent event (Note 18)

On behalf of the Board

 Trustee

 Trustee

## Central Regional Health Authority Consolidated Statement of Operations

Year ended March 31	Budget 2023	Actual 2023	Actual 2022
<b>Revenue</b>			
Provincial plan operating	\$ 392,606,300	\$ 401,193,917	\$ 380,537,945
Provincial capital grants	8,034,000	7,281,083	16,373,456
Other capital contributions	-	406,676	465,320
MCP	12,284,704	11,640,961	10,903,667
Patient-resident services	12,862,000	13,519,756	13,222,573
Capital project funding	1,000,000	6,156,813	5,511,947
Recoveries	10,332,460	12,998,739	12,089,218
Cottage operations	1,552,702	1,543,788	1,470,574
Other revenue	1,877,000	2,641,445	2,955,453
	<u>440,549,166</u>	<u>457,383,178</u>	<u>443,530,153</u>
<b>Expenditure</b>			
Administration	34,724,938	39,260,018	48,216,971
Community and social services	119,554,520	121,077,939	119,012,139
Support services	75,913,057	84,812,725	74,350,014
Nursing inpatient services	102,613,551	111,931,338	94,775,988
Ambulatory care services	27,007,947	31,313,740	27,900,296
Diagnostic and therapeutic services	53,164,148	56,402,710	50,670,471
Medical services	15,748,704	19,998,989	15,960,993
Educational services	829,822	711,510	789,825
Undistributed	1,292,600	6,698,325	5,753,444
Cottage, operations, including amortization of \$93,525 (2022 - \$92,878)	1,552,702	1,551,533	1,460,557
	<u>432,401,989</u>	<u>473,758,827</u>	<u>438,890,698</u>
<b>Surplus (deficit) – shareable</b>	<u>8,147,177</u>	<u>(16,375,649)</u>	<u>4,639,455</u>
<b>Non-shareable items</b>			
Gain (loss) on disposal of tangible capital assets	-	145,005	(15,457)
Amortization of tangible capital assets	(6,594,282)	(7,078,455)	(6,927,015)
Accrued vacation pay – increase	(500,000)	(98,537)	(2,599,135)
Accrued severance pay – (decrease) increase	-	965,104	(21,782)
Accrued sick pay – increase	(500,000)	(362,125)	(390,508)
	<u>(7,594,282)</u>	<u>(6,429,008)</u>	<u>(9,953,897)</u>
<b>Deficit</b> - shareable and non-shareable	552,895	(22,804,657)	(5,314,442)
<b>Accumulated deficit</b>			
Beginning of year	(31,119,409)	(31,119,409)	(25,804,967)
Asset retirement obligation, prior year	-	(6,741,125)	-
	<u>(31,119,409)</u>	<u>(37,860,534)</u>	<u>(25,804,967)</u>
End of year	<u>\$ (30,566,514)</u>	<u>\$ (60,665,191)</u>	<u>\$ (31,119,409)</u>

See accompanying notes to the consolidated financial statements

Central Regional Health Authority  
Consolidated Statement of Changes in Net Financial Debt

March 31	Budget 2023	Actual 2023	Actual 2022
<b>Net debt - beginning of year</b>	<b>\$(106,709,186)</b>	<b>\$(106,709,186)</b>	\$ (99,398,405)
<b>Deficit</b>	<u><b>552,895</b></u>	<u><b>(22,804,657)</b></u>	<u>(5,314,442)</u>
<b>Changes in tangible capital assets</b>			
Acquisition of tangible capital assets	<b>(8,034,000)</b>	<b>(11,836,652)</b>	(10,660,208)
Amortization of tangible capital assets	<b>6,594,282</b>	<b>7,171,980</b>	7,020,116
(Gain) loss on disposal of tangible capital assets	-	<b>(145,005)</b>	15,457
Proceeds on disposal of tangible capital assets	-	<b>184,738</b>	-
(Increase) decrease in deposits on tangible capital assets	<u>-</u>	<u><b>(2,879,582)</b></u>	<u>83,225</u>
<b>Increase in net book value of tangible capital assets</b>	<u><b>(1,439,718)</b></u>	<u><b>(7,504,520)</b></u>	<u>(3,541,410)</u>
<b>Changes in non-financial assets</b>			
Decrease in inventories	-	<b>60,034</b>	1,179,548
(Increase) decrease in prepaids	<u>-</u>	<u><b>(1,562,486)</b></u>	<u>365,523</u>
<b>Decrease (increase) in non-financial assets</b>	<u>-</u>	<u><b>(1,502,452)</b></u>	<u>1,545,071</u>
<b>Increase in net debt</b>	<u><b>(886,823)</b></u>	<u><b>(31,811,630)</b></u>	<u>(7,310,781)</u>
Asset retirement obligation, prior year	<u>-</u>	<u><b>(6,741,125)</b></u>	<u>-</u>
<b>Net debt, end of year</b>	<u><b>\$(107,596,009)</b></u>	<u><b>\$(145,261,940)</b></u>	<u><b>\$(106,709,186)</b></u>

See accompanying notes to the consolidated financial statements



# Central Regional Health Authority

## Consolidated Statement of Cash Flows

Year ended March 31

2023

2022

**Operations**

Deficit	\$ (22,804,657)	\$ (5,314,442)
Amortization	7,171,980	7,020,116
(Gain) loss on disposal of tangible capital assets	<u>(145,005)</u>	<u>15,457</u>

(15,777,682) 1,721,131

## Changes in

Receivables	1,954,627	2,892,520
Payables and accruals	208,644	5,163,445
Accrued vacation pay	98,537	2,599,135
Accrued severance pay	(965,103)	21,782
Accrued sick pay	362,125	390,508
Deferred grants	1,963,977	(4,394,639)
Inventories	60,034	1,179,548
Prepays	<u>(1,562,486)</u>	<u>365,523</u>

**Net cash (applied to) provided from operations**(13,657,327) 9,938,953**Financing**

Repayment of long-term debt	(916,273)	(868,295)
Net change in J.M. Olds funds	<u>2,160</u>	<u>1,141</u>

**Net cash applied to financing**(914,113) (867,154)**Investing**

Acquisition of tangible capital assets	(11,836,652)	(10,660,208)
(Increase) decrease in deposits on tangible capital assets	(2,879,582)	83,225
Proceeds on disposal of tangible capital assets	<u>184,738</u>	<u>-</u>

**Net cash applied to investing**(14,531,496) (10,576,983)**Net decrease in cash**

(29,102,936) (1,505,184)

**Cash, net of bank indebtedness:**

Beginning	<u>(5,837,002)</u>	<u>(4,331,818)</u>
Ending	<u>\$ (34,939,938)</u>	<u>\$ (5,837,002)</u>

See accompanying notes to the consolidated financial statements

---

# Central Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2023

---

### 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

For accounting purposes, control is defined as the power to govern the financial and operating policies of another organization with expected benefits or the risk of loss to Government from the other organization’s activities.

#### **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, allowance for doubtful receivables and asset retirement obligations.

Estimates are based on the best information available at the time of preparation of the consolidated financial statements and are reviewed annually to reflect new information as it becomes available. Measurement uncertainty exists in these financial statements. Actual results could differ from these estimates. The results of the sick accrual do not reflect the unknown impacts of the COVID-19 pandemic nor related measures to slow the spread of the disease.

---

---

Central Regional Health Authority  
Notes to the Consolidated Financial Statements  
March 31, 2023

---

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

**Cash and cash equivalents**

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

**Revenues**

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

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

**Expenses**

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

**Deferred revenue**

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

**Non-financial assets**

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

---

---

# Central Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2023

---

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

#### Severance and sick pay liability

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

Based on collective agreements signed with the Newfoundland and Labrador Association of Public and Private Employees ("NAPE") as at March 31, 2018, NAPE employees with at least one year of eligible service will receive a lump sum payout of their accrued severance benefit based on pay and service as at March 31, 2018. This was extended to management and non-bargaining employees with at least one year of service as at May 31, 2018. Individuals have either taken payment by March 31, 2020 or have elected to defer payment for a short period, but no further changes in the amount payable will occur due to salary change or the accrual of additional service. In May 2020, this was extended to NLNU employees with at least one year of service as at March 31, 2018. Individuals have either taken payment by March 31, 2021 or have elected to defer payment for a short period, but no further changes in the amount payable will occur due to salary change or the accrual of additional service. An estimate for the provision of the remaining employees with less than nine years of service has been determined and recorded by the Authority.

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

#### Inventories

Inventories have been determined using the following methods for the various areas. Cost includes purchase price plus the non-refundable portion of applicable taxes. Inventories are recorded at the lower of cost and net realizable value.

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. Consequently, these assets are not recorded under Central Health tangible capital assets.

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

Land improvements	5.0%
Buildings and service equipment	5.0%
Equipment	12.5% – 33.3%
Motor vehicles	20.0%

---

---

# Central Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2023

---

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

#### Capital and operating leases

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

#### Impairment of long-lived assets

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

#### Asset retirement obligations

An asset retirement obligation is recognized when, as at the financial reporting date, all of the following criteria are met:

- There is a legal obligation to incur retirement costs in relation to a tangible capital asset;
- The past transaction or event giving rise to the liability has occurred;
- It is expected that future economic benefits will be given up; and
- A reasonable estimate of the amount can be made.

A liability for the removal of asbestos in several of the buildings owned by the Entity has been recognized based on estimated future expenses on closure of the site and post-closure care. The liability is measured at the Authority's best estimate of the amount required to retire a tangible capital asset (or a component thereof) at the financial statement date. The estimate includes costs directly attributable to the asset retirement activities. The costs also include post-retirement operation, maintenance and monitoring that are an integral part of the retirement of the tangible capital asset and the costs of tangible capital assets acquired as part of asset retirement activities to the extent those assets have no alternative use. Under the modified retroactive method, the assumptions used on initial recognition are those as of the date of adoption of the standard. Assumptions used in the subsequent calculations are revised yearly.

The asset retirement costs are amortized over the remaining useful life of the asset.

A recovery related to asset retirement obligation is recognized when the recovery can be appropriately measured; reasonably estimated and it is expected that future economic benefits will be obtained. The recovery is not netted against the liability.

#### Replacement reserves

Under certain operating agreements with Newfoundland and Labrador Housing Corporation (NLHC) the Authority is required to maintain a Replacement Reserve Fund which is to be used to fund major maintenance and the purchase of tangible capital assets. These funds may only be used as approved by NLHC. Transactions in the reserves are shown in Note 8.

---

---

# Central Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2023

---

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

#### Pension costs

Employees of Central Health are covered by the Public Service Pension Plan and the Government Money Pension Plan administered by the Province of Newfoundland and Labrador. Contributions to the plans are required from both the employees and Central Health. The annual contributions for pensions are recognized in the accounts on a current basis. Current year pension expenditures totaled \$15,321,373 (2022 - \$15,067,144).

#### Financial instruments

The Authority considers any contract creating a financial asset, liability or equity instrument as a financial instrument, except in certain limited circumstances. The Authority accounts for the following as financial instruments:

- cash and cash equivalents
- receivables
- trust funds on deposit
- replacement reserve funding
- restricted cash and investments
- bank indebtedness
- payables and accruals
- security deposits
- scholarship and library funds
- long term debt
- trust funds payable

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-arm's length transactions. The Authority subsequently measures all its financial assets and liabilities at amortized cost except for investments restricted for endowment purposes which are subsequently measured at fair value.

Financial assets measured at amortized cost include cash and cash equivalents, receivables, restricted cash, 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, long-term debt, trust funds payable, security deposits, replacement reserves and scholarship and library funds payable.

The Authority removes financial liabilities, or a portion of, when the obligation is discharged, cancelled or expires.

---

---

Central Regional Health Authority  
Notes to the Consolidated Financial Statements  
March 31, 2023

---

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

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

---

<b>3. Receivables</b>	<b><u>2023</u></b>	<b><u>2022</u></b>
Provincial grants	\$ 2,902,616	\$ 5,679,902
Patient, rents and other	6,970,390	7,702,786
MCP	1,457,118	810,880
Cancer Foundation	883,498	520,618
Foundations	242,531	421,737
HST	2,510,469	1,711,370
Due from NLHC	<u>6,479</u>	<u>3,200</u>
	<b>14,973,101</b>	16,850,493
Allowance for doubtful	<u>(1,901,729)</u>	<u>(1,824,495)</u>
	<b><u>\$13,071,372</u></b>	<b><u>\$15,025,999</u></b>

---

<b>4. Payables and accruals</b>	<b><u>2023</u></b>	<b><u>2022</u></b>
Trade	\$24,356,646	\$26,545,580
Due to NLHC subsidy	748	3,487
Residents comfort fund	107,099	97,557
Accrued - wages	17,699,493	15,305,748
- interest	<u>10,013</u>	<u>12,983</u>
	<b><u>\$42,173,999</u></b>	<b><u>\$41,965,355</u></b>

---

---

Central Regional Health Authority  
Notes to the Consolidated Financial Statements  
March 31, 2023

---

**5. Employee future benefits**

Future employee benefits related to accrued sick obligations have been calculated based on an actuarial valuation as at March 31, 2021 and extrapolated to March 31, 2023. 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>2023</u>	<u>2022</u>
Wages and salary escalation	3.50%	3.50%
Interest	4.47%	3.57%

Based on actuarial valuation of the liability, at March 31, 2023 the results for sick leave are:

Accrued sick pay obligation, beginning	<b>\$18,241,972</b>	\$19,204,894
Current period benefit cost	<b>1,644,800</b>	1,651,351
Benefit payments	<b>(2,095,005)</b>	(2,038,933)
Interest on the accrued benefit obligations	<b>643,202</b>	570,958
Actuarial gains	<b><u>(1,160,176)</u></b>	<u>(1,146,298)</u>
Accrued sick pay obligations, at end	<b><u>\$17,274,793</u></b>	<b><u>\$18,241,972</u></b>

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

Sick benefits

Accrued benefit obligation	<b>\$17,274,793</b>	\$18,241,972
Unamortized actuarial gains	<b><u>2,097,348</u></b>	<u>768,044</u>
Accrued benefit liability	<b><u>\$19,372,141</u></b>	<b><u>\$19,010,016</u></b>

---

**6. Deferred grants and revenue**

	<u>2023</u>	<u>2022</u>
Deferred operating grants	<b>\$ 6,691,655</b>	\$ 3,199,360
Deferred capital grants	<b><u>23,960,206</u></b>	<u>25,488,524</u>
	<b><u>\$30,651,861</u></b>	<b><u>\$28,687,884</u></b>

---



---

Central Regional Health Authority  
Notes to the Consolidated Financial Statements  
March 31, 2023

---

7. Long-term debt	<u>2023</u>	<u>2022</u>
<b>Operating</b>		
7.5% CMHC mortgage on Lakeside Homes; repayable in equal monthly instalments of \$4,574, interest included; maturing July 2023.	\$ 19,310	\$ 70,687
2.72% Canadian Imperial Bank of Commerce loan for Carmelite House, unsecured; repayable in equal monthly instalments of \$56,108, interest included; maturing January 2027.	2,446,051	3,043,964
4.49% Canadian Imperial Bank of Commerce mortgage on land and building at 3 Twomey Dr, Botwood; repayable in equal monthly instalments of \$399, interest included; maturing July 2027.	18,864	22,758
3.54% Canadian Imperial Bank of Commerce mortgage on land and building at 145 Commonwealth Ave, Botwood; repayable in equal monthly instalments of \$357, interest included; mortgage paid September 2022.	-	20,714
8.0% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Senior Citizens Home; repayable in equal monthly instalments of \$10,124, interest included; maturing August 2027.	455,620	537,696
7.88% Newfoundland and Labrador Housing Corporation mortgage on Authority offices; repayable in equal monthly instalments of \$8,165, interest included; maturing August 2024.	<u>144,662</u>	<u>227,620</u>
	<b>\$ <u>3,084,507</u></b>	<b>\$ <u>3,923,439</u></b>

---

---

15

Central Regional Health Authority  
Notes to the Consolidated Financial Statements  
March 31, 2023

---

7. Long-term debt (cont'd.)	<u>2023</u>	<u>2022</u>
<b>North Haven Manor Cottages Phase IV</b>		
1.81% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor Cottages; repayable in equal monthly instalments of \$3,046, interest included maturing July 2025.	\$ <u>83,452</u>	\$ <u>118,153</u>
<b>Bonnews Lodge Apartment Complex</b>		
2.14% Newfoundland and Labrador Housing Corporation 1st mortgage on Bonnews Apartment Complex; repayable in equal monthly instalments of \$3,725, interest included; maturing November 2024.	<u>73,141</u>	<u>115,781</u>
	<u>\$ 3,241,100</u>	<u>\$ 4,157,373</u>

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

2024	\$ 899,053
2025	855,940
2026	772,601
2027	672,400
Thereafter	41,106

---

8. Replacement reserves	<u>2023</u>	<u>2022</u>
Balance, beginning	\$ 258,181	\$ 231,592
Add:		
Allocation for year	60,220	60,220
Contributions from Authority	12,900	12,900
Interest	<u>1,333</u>	<u>98</u>
	332,634	304,810
Less:		
Approved expenditures	<u>59,685</u>	<u>46,629</u>
Balance, ending	<u>\$ 272,949</u>	<u>\$ 258,181</u>
Funding		
Replacement reserve funds	\$ 127,906	\$ 113,138
Due from Newfoundland and Labrador Housing Corporation	<u>145,043</u>	<u>145,043</u>
	<u>\$ 272,949</u>	<u>\$ 258,181</u>

---

Central Regional Health Authority  
Notes to the Consolidated Financial Statements

March 31, 2023

9. Tangible capital assets

	<u>Land</u>	<u>Land improvements</u>	<u>Building and service equipment</u>	<u>Equipment</u>	<u>Motor vehicles</u>	<u>Total</u>
<b>March 31, 2023</b>						
<b>Cost</b>						
Opening balance	\$ 499,541	\$ 1,212,046	\$93,945,672	\$158,744,224	\$ 4,197,443	\$ 258,598,926
Adjustment for asset retirement obligation, prior year	<u>-</u>	<u>-</u>	<u>6,741,125</u>	<u>-</u>	<u>-</u>	<u>6,741,125</u>
Adjusted opening balance	499,541	1,212,046	100,686,797	158,744,224	4,197,443	265,340,051
Additions	-	-	3,441,882	8,187,536	207,234	11,836,652
Disposals	<u>-</u>	<u>-</u>	<u>(87,733)</u>	<u>-</u>	<u>(140,437)</u>	<u>(228,170)</u>
Closing balance	<u>499,541</u>	<u>1,212,046</u>	<u>104,040,946</u>	<u>166,931,760</u>	<u>4,264,239</u>	<u>276,948,533</u>
<b>Accumulated amortization</b>						
Opening balance	-	1,010,812	61,965,052	123,625,356	2,840,338	189,441,558
Adjustment for asset retirement obligation, prior year	<u>-</u>	<u>-</u>	<u>6,741,125</u>	<u>-</u>	<u>-</u>	<u>6,741,125</u>
Adjusted opening balance	-	1,010,812	68,706,177	123,625,356	2,840,338	196,182,683
Additions	-	10,062	1,607,585	5,243,122	311,211	7,171,980
Disposals	<u>-</u>	<u>-</u>	<u>(56,282)</u>	<u>-</u>	<u>(132,156)</u>	<u>(188,438)</u>
Closing balance	<u>-</u>	<u>1,020,874</u>	<u>70,257,480</u>	<u>128,868,478</u>	<u>3,019,393</u>	<u>203,166,225</u>
Net book value	<u>\$ 499,541</u>	<u>\$ 191,172</u>	<u>\$33,783,466</u>	<u>\$38,063,282</u>	<u>\$ 1,244,847</u>	<u>\$ 73,782,308</u>

Central Regional Health Authority  
Notes to the Consolidated Financial Statements

March 31, 2023

9. Tangible capital assets (cont'd.)

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

Book value of capitalized items that have not been amortized is \$6,143,654 (2022- \$1,989,888).

2023 opening balances for buildings and improvements have been restated by \$6,741,125 due to the modified retroactive approach under Section PS 3280, asset retirement obligation.

## Central Regional Health Authority

### Notes to the Consolidated Financial Statements

March 31, 2023

<b>10. Inventories</b>	<b><u>2023</u></b>	<b><u>2022</u></b>
General stores	\$ 1,715,384	\$ 1,806,560
Drugs	<u>1,815,696</u>	<u>1,784,554</u>
	<b><u>\$ 3,531,080</u></b>	<b><u>\$ 3,591,114</u></b>

<b>11. Prepaids</b>	<b><u>2023</u></b>	<b><u>2022</u></b>
Equipment maintenance	\$ 765,461	\$ 497,875
Malpractice and membership fees	47,615	57,193
General insurance	378,449	379,434
Municipal taxes	1,026,121	840,092
Workers' Compensation	-	29,403
Other	<u>2,186,134</u>	<u>1,037,297</u>
	<b><u>\$ 4,403,780</u></b>	<b><u>\$ 2,841,294</u></b>

#### **12. Line of credit**

The Authority has access to a \$45 million line of credit in the form of revolving demand loans at its bankers. These loans have been approved by the Minister of Health and Community Services. The balance outstanding on this line of credit at March 31, 2023 is \$34,849,125 which is included in the bank indebtedness balance (2022 - \$6,469,894). Interest is being charged at prime less 1.11% on any overdraft.

#### **13. Commitments**

##### Operating leases

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

2024	\$ 297,029
2025	237,304
2026	153,588
2027	30,534
2028	7,249

---

# Central Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2023

---

### 14. Contingencies

As of March 31, 2023, 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.

---

### 15. Asset retirement obligation

PS 3280 Asset Retirement Obligations:

On April 1, 2022, the Entity adopted Canadian public sector accounting standard PS 3280 Asset Retirement Obligations. The new accounting standard addresses the reporting of legal obligations associated with the retirement of certain tangible capital assets, such as asbestos removal in retired buildings by public sector entities. The new accounting standard has resulted in a withdrawal of the existing accounting standard PS 3270 Solid Waste Landfill Closure and Post-Closure Liability. The standard was adopted on the modified retroactive basis at the date of adoption.

On April 1, 2022, the Entity recognized an asset retirement obligation relating to several buildings owned by the Entity that contain asbestos. The buildings were originally purchased more than 40 years ago, and the liability was measured as of the date of purchase of the buildings, when the liability was assumed. The buildings had an expected useful life of 40 years, and the estimate has not been changed since purchase.

In accordance with the provisions of this new standard, the Entity reflected the following adjustments at April 1, 2022:

Asbestos obligation:

- An increase of \$6,741,125 to the buildings tangible capital asset account, representing the original estimate of the obligation as of the date of purchase, and an accompanying increase of \$6,741,125 to accumulated amortization, representing increased amortization had the liability originally been recognized.
  - An asset retirement obligation in the amount of \$6,741,125, representing the original obligation.
  - A decrease to opening accumulated deficit of \$6,741,125, because of the recognition of the liability and accompanying increase in amortization expense for the years since construction
-

# Central Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2023

16. Expenditures by object	<u>2023</u>	<u>2022</u>
<b>Expenditure</b>		
Salaries	\$ 237,282,607	\$ 206,786,920
Employee benefits	41,619,213	38,894,369
Supplies		
- plant operations and maintenance	10,896,689	8,162,453
- drugs	14,402,027	12,631,257
- medical and surgical	11,769,255	11,735,508
- other	12,171,332	17,151,296
Direct client costs - MHA, CS, HP, and CC	79,275,391	75,247,535
Other shareable expenses		
- sundry	15,336,415	21,086,945
- equipment expense	7,765,713	7,637,257
- contracted-out services	25,021,752	23,954,667
- building, grounds and equipment expense	16,535,115	13,978,978
Long-term debt - interest	131,784	162,957
Cottage operations	<u>1,551,533</u>	<u>1,460,556</u>
	<u>\$ 473,758,827</u>	<u>\$ 438,890,698</u>

### 17. Financial instruments

The main risks the Authority is exposed to through its financial instruments are credit risk, liquidity risk, and market risk.

#### Credit risk

Credit risk is the risk of financial loss to the Authority if a debtor fails to discharge their obligation (e.g., pay the accounts receivable owing to the Authority). The Authority is exposed to this risk arising from its receivables. The entity provides credit to its clients in the normal course of its operations. There was no significant change in exposure from the prior year. The Authority has a collection policy and monitoring process intended to mitigate potential credit losses. Management believes that the credit risk with respect to accounts receivable is not material.

#### Liquidity risk

Liquidity risk is the risk that the Authority will not be able to meet all cash outflow obligations as they come due. The Authority is exposed to this risk mainly in respect of its bank indebtedness, long-term debt, and accounts payable, totaling \$62.5 million at March 31, 2023. There was no significant change in exposure from the prior year. The Authority mitigates this risk by having access to a line of credit in the amount of \$45 million. In addition, consideration will be given to obtaining additional funds through third party funding in the Province, assuming these can be obtained.

#### Market risk

Market risk is the risk that the fair value or expected future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The Authority is not significantly impacted by these market risks.

---

# Central Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2023

---

### **18. Subsequent Event**

Effective April 1, 2023, the Provincial Health Authority was established through the Provincial Health Authority Act (RSNL2022 Chapter P-30.1). All title to property and assets as well as interests to real property and obligations and liabilities of the former regional health authorities (Eastern Health, Central Health, Western Health, Labrador-Grenfell Health) and Newfoundland and Labrador Centre for Health Information were transferred to the Provincial Health Authority trading as Newfoundland and Labrador Health Services. This was a recommendation of the Health Accord NL to ensure consistent and quality health care delivery across Newfoundland and Labrador.



# APPENDICES



*Photos: (above) Cobbs Pond, Gander  
(right and below) Loon Bay*



## 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 Islands	709.621.6161
Dr. Brian Adams Community Health Centre, Gambo	709.674.4403
Dr. C. V. Smith Community Health Centre, Glovertown	709.533.2372
Eastport Community Health Centre, Eastport	709.677.2530
Exploits Community Health Centre, Botwood	709.257.4900
Gaultois Community Health Centre, Gaultois	709.841.7331
Grand Falls-Windsor Community Health Centre, Grand Falls Windsor	709.489.8150
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	709.292.2528
Grand Falls-Windsor P3 LTC	709.292.0400
Lakeside Homes, Gander	709.256.8850
Gander P3 LTC	709.651.0300
Bonnews Lodge, New-Wes-Valley	709.536.2160
Valley Vista Senior Citizens' Home, Springdale	709.673.3936

**Therapeutic Treatment Centres**

Hope Valley Centre, Grand Falls-Windsor	709.292.8360
Juniper Place, Grand Falls-Windsor	709.489.6651
ODT Clinic, McCurdy Complex, Gander	709.256.1359

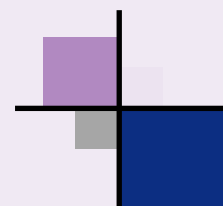
**Regional Office**

People and Culture	709.292.2460
Financial Services	709.292.2168

## Abbreviations

<b>ACT</b>	Assertive Community Treatment
<b>ACTEAST</b>	Atlantic Canada Together Enhancing Acute Stroke Treatment
<b>AFW</b>	Accommodating Family Washroom
<b>ANS</b>	Automatic Notification System
<b>ATA</b>	Automated Time and Attendance
<b>BTG</b>	Bridge the Gapp
<b>CAC</b>	Community Advisory Committee
<b>CDPM</b>	Chronic Disease Prevention and Management
<b>CNRHC</b>	Central Newfoundland Regional Health Centre
<b>DHCS</b>	Department of Health and Community Services
<b>ED</b>	Emergency Department
<b>ER</b>	Emergency Room
<b>EMR</b>	Electronic Medical Record
<b>EOC</b>	Emergency Operations Centre
<b>EVA</b>	Employee Virtual Assistant
<b>EWHS</b>	Employee Wellness Health and Safety
<b>FACT</b>	Flexible Assertive Community Treatment
<b>FCT</b>	Family Care Team
<b>FPN</b>	Family Practice Network
<b>FTE</b>	Full-Time Employee
<b>Gov NL</b>	Government of Newfoundland and Labrador
<b>GHG</b>	Greenhouse Gas
<b>HDCP</b>	Home Dementia Care Program
<b>HEM</b>	Health Emergency Management
<b>HFO</b>	Heart Failure Outreach
<b>HIM</b>	Health Information Management
<b>HIROC</b>	Healthcare Insurance Reciprocal of Canada
<b>HPP</b>	Health Promotion and Prevention
<b>HR</b>	Human Resources
<b>HSMR</b>	Hospital Standardized Mortality Rate
<b>ICM</b>	Integrated Capacity Management
<b>IOC</b>	Integrated Operations Center
<b>JPMRHC</b>	James Paton Memorial Regional Health Centre
<b>LMA</b>	Laryngeal Mask Airway
<b>LTC</b>	Long-term Care
<b>MAC</b>	Medical Advisory Committee

<b>MOAB</b>	Management of Aggressive Behaviour
<b>MHAS</b>	Mental Health and Addictions Services
<b>N.O.D</b>	Name, Occupation, and Duty
<b>ODT</b>	Opioid Dependency Treatment
<b>PCA</b>	Personal Care Attendant
<b>PCH</b>	Personal Care Home
<b>PCN</b>	Primary Care Neighbourhood
<b>PDSA</b>	Plan-Do-Study-Act
<b>PFCC</b>	Person- and Family-Centered Care
<b>PHA</b>	Provincial Health Authority
<b>PHC</b>	Primary Health Care
<b>PX</b>	Patient Experience
<b>RHA</b>	Regional Health Authority
<b>RN</b>	Registered Nurse
<b>RPM</b>	Remote Patient Monitoring
<b>tPA</b>	alteplase
<b>VER</b>	Virtual Emergency Room
<b>WHO</b>	World Health Organization





[www.centralhealth.nl.ca](http://www.centralhealth.nl.ca)

[www.nlhealthservices.ca](http://www.nlhealthservices.ca)

