



Annual Performance Report 2020-2021



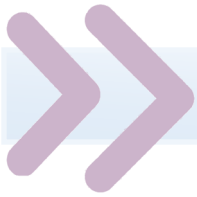
Central
Health



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Message from the Chair

On behalf of the Board of Trustees, I am pleased to present Central Health's Annual Performance Report for the fiscal year ending March 31, 2021. This Annual Performance Report is the first report for the 2020-23 Central Health Strategic Plan. It was prepared under the direction of the Board of Trustees, in accordance with a Category One Entity per the **Transparency and Accountability Act** and the **Regional Health Authorities Act**. As a Board, we are accountable for the information, results, and variances contained within this annual report.

Faced with a global pandemic and the many challenges it brought us, our employees, physicians, leaders, volunteers, and community partners persevered over the past year to continue to provide a quality standard of care for the people of our region and to meet our strategic objectives. This report highlights progress we have made towards Central Health's four strategic issues: Our People, Quality Patient Experience, System Improvements, and Improved Health. It also features highlights of partnerships which were instrumental to our accomplishments.

While advancing our strategic priorities, we are pleased to incorporate the recommendations of the External Review report released May 17, 2018. The remaining 8 of 36 recommendations that are still in progress and focused on leadership, clinical management, succession planning, and community engagement, will now be part of our 2020-23 Strategic Plan.

As we have just finished the first year of the three-year strategic cycle, we can confidently say that work is well underway in pursuit of our strategic priorities. In reflection of the 2020-21 year, I would be remiss if I were not to mention the continued efforts of the employees, physicians and leaders as we faced a second year of the COVID-19 pandemic. It has been a very challenging year for many of us, but through it all, our dedicated team of over 3,300 employees and physicians stepped up to the challenge to protect the health and well-being of our patients, residents, clients, and each other. I am humbled by your tireless efforts and compassion for the people in your care. On behalf of the Board of Trustees, I want to offer my thanks and gratitude.

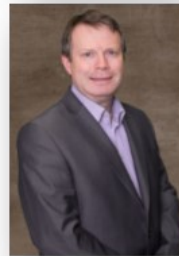
Sincerely,

Donald Sturge
Chair, Central Health Board of Trustees





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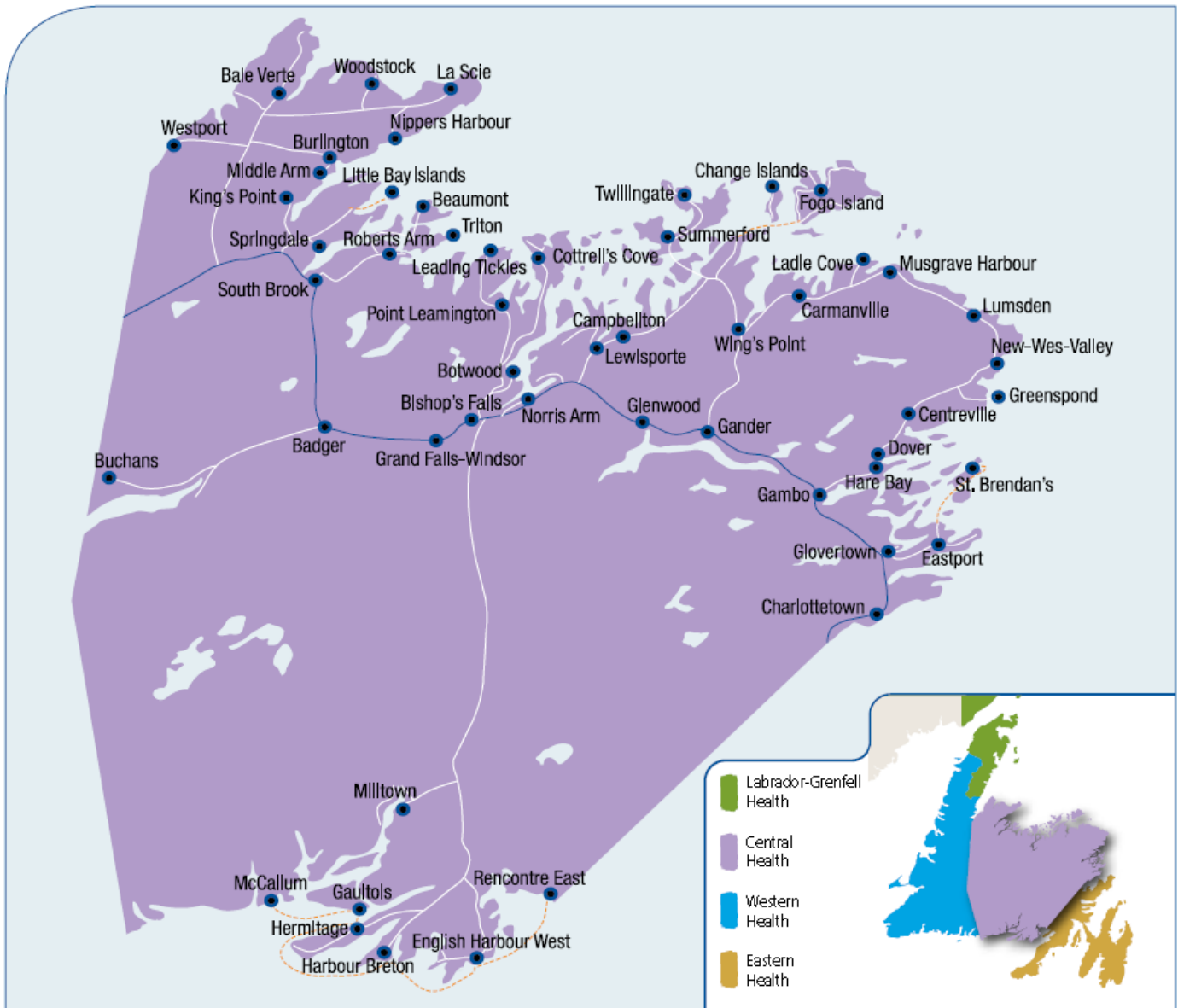


Central Health Region: Overview

Population and Geography

Serving approximately 93,000 people (18 per cent of the population of Newfoundland and Labrador), living in 176 communities, Central Health is the second largest Health Authority in the province.

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



Facilities and Services

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

- 2 Regional Referral Centres
- 9 Health Centres
- 11 Long-term Care facilities

Including seven co-located in Health Centres:

- ◊ Dr. Hugh Twomey Health Centre,
 - ◊ North Haven Manor,
 - ◊ Notre Dame Bay Memorial Health Centre,
 - ◊ A.M. Guy Memorial Health Centre,
 - ◊ Connaigre Peninsula Health Centre,
 - ◊ Baie Verte Peninsula Health Centre,
 - ◊ Fogo Island Health Centre
- 2 New Long-term Care facilities (Gander and Grand Falls-Windsor) and a protective care unit expansion at Dr. Hugh Twomey Health Centre in Botwood are under development and slated to open in 2021
 - 23 Community Health Centres
 - 2 Residential Treatment Centres
 - 1 Regional Office

Health and community services are provided through 43 facilities, with a total of 803 beds throughout the region. The number and types of beds at any facility may fluctuate slightly as a result of major renovations and capital infrastructure investments.

In addition, Central Health licenses and monitors standards at 26 privately owned personal care homes and oversees implementation and monitoring of standards for three private ambulance operators and nine community ambulance operators. Central Health is committed to a Primary Health Care (PHC) model of service delivery where a multidisciplinary team of health professionals, support staff, and partners provide the right care by the right person at the right place at the right time. With an annual budget of approximately \$405 million in 2020-21, 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 160 physicians practicing within the region, and the organization is supported by approximately 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 Board of Directors.

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

process of relationship building. A Mi'kmaq First Nation, Qalipu's membership is spread across 184 traditional Newfoundland Mi'kmaq communities including communities within the Central Health region.

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

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



Central Health's Senior Management Team (SMT) meet virtually on a weekly basis.

From L-R, top row: Dr. Kris Luscombe (Chief of Staff, CNRHC), David Perry (Senior Director, Engineering and Support Services), Dr. Andrew Hunt (Chief of Staff, Rural), and Gayle St. Croix (Interim Director, Corporate Communications and Government Relations)

Middle Row: Catherine Rowsell (Senior Director, People and Culture), John Kattenbusch (VP—Corporate Services), Andrée Robichaud (CEO and President), Adam Randell (Communications Officer), Madonna Sparks (Patient Experience Advisor), Vanessa Mercer-Oldford (VP—People and Transformation), and Joanne Pelley (VP—Integrated Health and Chief Nursing Executive)

Bottom Row: Craig Davis (Senior Director, Primary Health Care and Community Services), Dr. Monika Dutt (Interim Regional Medical Officer of Health), Dr. Martin Vogel (VP (Acting)—Medical Services), and Barbara Parsons (Executive Assistant)

Missing from photo: Dr. David Carroll (Interim Chief of Staff, JPMRHC)

Photo taken February 2021

Philosophy of Care—Person- and Family-Centered Care

Person- and Family-Centred Care (PFCC) was identified as a strategic priority in the 2017-20 Strategic Plan. While great strides were made during that time, Central Health remains committed to strengthening and broadening our partnerships with the patients and families we serve. Central Health has now embedded PFCC as a philosophy of care to guide the future work of the RHA. Work will continue to empower this way of thinking and further embed PFCC principles into all levels of the organization and culture. We will look for every opportunity to build upon our past success and support our new priorities through person and family input and partnerships.



Vision, Mission, and Values



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

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



Compassion



Accountability



Respect



Stewardship



Quality



Highlights and Partnerships



Highlights and Partnerships



Our People

Workplace Engagement

As a result of the COVID-19 pandemic, Central Health placed significant emphasis on innovative ways to engage employees, physicians and volunteers throughout our region. At a time when face-to-face contact was not always possible, ensuring our staff felt connected and supported was paramount. The organization implemented new communication mechanisms to streamline timely and effective information sharing with staff and physicians, such as All-Staff calls with the Senior Management Team (SMT), daily e-mail communication updates, Question and Answer sessions, and daily huddles. Throughout the COVID-19 response, Central Health incorporated feedback and suggestions received from employees for continued improvement of communication.

A second initiative implemented during this reporting period to improve communication and information sharing with Central Health staff was the Employee COVID-19 Navigator service. The purpose of this service is to provide a single point of entry for staff concerns and inquiries related to COVID-19. A designated e-mail and toll-free telephone line were created for ease of access.

Medical Staff Bylaws

Following the completion of Central Health's External Review in 2018, a total of 38 recommendations were put forth, including five physician-based recommendations. These recommendations included the development of a new Medical Staff structure, creating one regional Medical Advisory Committee (MAC) to serve all of the Central region, and revision of the Medical Staff Bylaws. Since that time, the new physician leadership structure has been developed and implemented through a substantial engagement process with participation, input, and feedback from physicians across Central Health. The 2020-21 fiscal year also saw the development, approval and adoption of the new Medical Staff Bylaws and restructuring from two to one regional MAC.



Quality Patient Experience

Mental Health and Addictions (MHAS) Patient Advisory Council

The Mental Health and Addictions Services' Person and Family Advisory Council (PFAC) provides a forum where consumers and family members can provide insight, advice and support on a person-centred approach to the mental health experience. Council members are individuals of varying ages and backgrounds with diverse experience within MHAS across the region. Three Central Health employees from the MHAS Department also participate in this council. The council was formed, and quarterly meetings commenced in June 2020 and continued throughout the 2020-21 fiscal year.

Stakeholder Engagement Sessions

Stemming from a recommendation of the Central Health External Review, Central Health's Board of Trustees developed a comprehensive stakeholder engagement plan. During this reporting period, Central Health's Board of Trustees and SMT committed to holding six stakeholder engagement sessions with residents of the region to engage in meaningful discussion regarding healthcare service delivery. Participants represented various stakeholder groups, including municipal government, education, industry, and clergy. The engagement sessions also provided opportunities for continued quality improvement and growth to better meet the needs of the population we serve. While these meetings would have normally taken place in-person, with the onset of the COVID-19 pandemic, Central Health leveraged virtual technology to continue to host these sessions.

During the 2020-21 reporting period, virtual engagement sessions were held in Gander, Grand Falls-Windsor and area, Glovertown and area, Buchans and area, the Baie Verte peninsula, and the Green Bay area. Discussion topics were largely focused on recruitment and retention of physicians, access to and quality of healthcare services, Mental Health and Addictions services, and the COVID-19 pandemic response. As a result of the session held with the Baie Verte group, a need was identified to increase medical support at the La Scie Community Health Centre and virtual care technology was set-up at this facility. Additionally, a PHC Facebook page was created to serve the residents of the Eastport Peninsula after concerns were expressed that local healthcare information was not being circulated effectively throughout the community.



System Improvements

Paradigm Document Management and Control System

During the 2020-21 fiscal year, Central Health invested in the Paradigm Document Management and Control System (DMCS) for management of Central Health policy tools currently posted to the internal Central Health website. This system will serve as an organization wide DMCS for policy management and compliance reporting purposes. The system will enhance the integrity and quality of Central Health's policy system and optimize the organization's resources through better workflow and archival capabilities. It will assist with organization wide regulatory oversight for documentation purposes related to Auditor General reporting, Office of the Information and Privacy Commissioner privacy recommendations, government directives, Occupational Health and Safety orders, and other regulatory oversight purposes. The system will allow managers to assign policies to employees and generate compliance reports of staff review of such policies. Furthermore, Paradigm will also assist with policy review, revision and approval.

Privacy Review and Action Plan

Central Health has a legal and ethical obligation to promote an environment where privacy and confidentiality are protected. The organization is committed to building a strong foundation to support a robust privacy culture. In the Fall of 2020, a review related to the RHAs current Privacy Management and Accountability Framework, practices, and culture was completed by Drawbridge Consulting Inc. The Privacy Review 2020 proposed 14 recommendations related to 13 risks of varying likelihood and impact within Central Health, which were later incorporated into an action plan for the RHA.

The following pieces of work have been completed or implemented as a result of the review and subsequent action plan:

- Revision of the Central Health Privacy Walk Rounds checklist for leadership and employees.
- Amendment of the Central Health Confidentiality and Oath/Affirmation of Confidentiality policies following the review to ensure all Central Health employees observe both policies and re-affirm the Oath/Affirmation on a yearly basis. Additionally, all Central Health employees are now required to complete the Personal Health Information Act (PHIA) Education session annually. As of March 11, 2021, 3,605 PHIA Education sessions have been completed and 2,529 employees and affiliated individuals have signed Central Health's Oath/Affirmation of Confidentiality.
- Communication of a weekly privacy update is sent to all Central Health employees in support of building a robust privacy culture. Multimedia communication channels within the RHA such as News You Can Use, client facing communication mediums, and print media have been utilized.
- Development of a Privacy Action Plan 2020 report card which provides quarterly progress updates to the Quality Assurance and Performance Committee. To date, 33 out of 56 action items have been completed.

Health Emergency Management

Health Emergency Management (HEM) is a priority for Central Health. During the 2020-21 fiscal year, the organization created a central point of intake for HEM. This initiative allows for greater oversight and monitoring of organizational preparedness. A new information-organization algorithm was created to ensure COVID-19 documents are saved in a succinct and intuitive fashion that supports clinical as well as operational access to key documents across the organization.

A Central Health portal was also leveraged, in partnership with the Newfoundland and Labrador Centre for Health Information (NLCHI), to provide intranet access to physicians and staff when not connected to the Central Health server. Access to the internal website ensured greater access to COVID-19 related documents as well as access to recordings of All-Staff calls with SMT to employees who were unable to participate live.

In March 2021, the organization also completed its first of a series of COVID-19 virtual tabletop exercises (TTXs), bringing together all stakeholders, including Patient Experience (PX) Advisors, to discuss step-by-step patient flow through the organization for a COVID-19 suspected patient. These quality improvement exercises help highlight organizational strengths and opportunities for improvement.



Improved Health

Utilization of e-Mental Health Services and Bridge the Gapp

Bridge the Gapp (BTG) is a resource unique to Atlantic Canada for Mental Health and Addictions services and information. The online portal provides access to a service directory outlining services available in each region of the province. It also provides information on a variety of mental health, wellness and addiction topics inclusive of videos and links to other trusted sources of information.

While BTG is a provincially driven initiative and hosts a suite of e-Mental Health tools available to all citizens, Central Health has endorsed the utilization of BTG services. Specifically, through the online portal, Central Health users can also select their geographical area to obtain information on services closest to them. These tools provide a wealth of opportunities for individuals looking for services and information that is available 24 hours a day, seven days a week, inclusive of self-help resources, guided mindfulness activities, and coach-assisted programs. These services are also provided free of charge which aids in eliminating barriers for service use of vulnerable populations.

During the COVID-19 pandemic, there has been a substantial increase in the number of people accessing BTG. According to provincial data, in 2019-20, approximately 58,000 individuals utilized BTG services; as compared to 2020-21, where the number nearly doubled to 103,000 individuals, accounting for a 70 per cent increase in total service users for the year.

Supportive Services for Children (SSCP) Program

In keeping with the new Provincial Autism Services and Supports direction, including new provincial Autism Diagnostic Standards and Intervention programs, Central Health made changes to the referral process for Autism services to provide better care to children, youth and their families. Central Health currently has two diagnosticians with offices located in Gander and Grand Falls-Windsor. Following diagnosis, the Autism Intake Team determines the appropriate pathway for intervention. Two new intervention programs developed at the University of California, Los Angeles have been adopted; JASPER and PEERS®. JASPER (Joint Attention Symbolic Play Engagement Regulation) is an Autism Spectrum Disorder therapy that has shown significant, long-term positive results in children. PEERS® (Program for the Education and Enrichment of Relational Skills) is currently being piloted in the region in collaboration with the Department of Education and The Autism Society of NL.

The Supportive Services to Children Program (SSCP) expanded service eligibility based on functional need for supports, including individualized case management for children and youth with complex needs. SSCP has expanded to include individuals up to age 21 if they remain in school as opposed to the previous cut-off age of 18. This ensures better continuity of care throughout the school years.

Throughout the 2020-21 fiscal year, the Intervention Services team also embraced the challenge of delivering services virtually in response to the COVID-19 pandemic. Previously, the intervention services teams completed home visits with families on a weekly or bi-weekly basis.

Since utilizing the platform of Zoom for Healthcare, the need for home visitation has reduced significantly, while enhancing the clinician's ability to plan more efficiently while remaining in their offices. The reduction in travel has also created increased capacity for caseload size and has decreased wait times.



Below: Midwifery services being provided to a mother and newborn at Bell Place Community Health Centre



Above: Continuing Care Nursing services being provided to a client in her home.



Above: Central Health staff in the newly constructed accessible washroom and change area at the James Paton Memorial Regional Health Center in Gander.



Report on Performance





REPORT ON PERFORMANCE

This section outlines the progress on Central Health's objectives for year one (2020-21) and details the work underway to achieve the overall goals in its 2020-23 Strategic Plan. This report on performance focuses on the health authority's four strategic issues: Our People, Quality Patient Experience, System Improvements, and Improved Health. Central Health has adopted a robust accountability work planning process to guide the activities in meeting each indicator established within the yearly objectives.



Strategic Issue #1: Our People

Having engaged, well-trained and supported staff in a safe and healthy work environment is instrumental to the delivery of quality health care. Central Health recognizes that the experience of our employees, physicians, and volunteers is inextricably linked to patient experience such that for Our People to take care of others, Our People must be a priority. During this fiscal year, a number of changes, assessments and actions were taken towards helping achieve this strategic goal.

The Central Health External Review recommended organizational shifts that required structural leadership changes in the areas of human resources and medical services. During this fiscal year, Central Health merged several programs focused on Our People into the one new Department of People and Culture and moved to implement a new leadership structure; as well a new Medical Services Leadership Structure was implemented. These changes support the Provincial Government's strategic direction "a more efficient public sector" and will help drive the long-term change that was envisioned in the External Review.

In its efforts to foster a culture across the organization that supports a safe, healthy, and engaged work environment, Central Health has committed to listening to its employees. In late November 2020, Central Health administered the Kincentric Engagement survey to assess the level of engagement of employees and physicians across the organization. With a focus on the health and safety of Our People, Central Health undertook a comprehensive review of its disability management program.

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

Strategic Issue 1: Our People

Objective #1: By March 31, 2021, Central Health will have implemented new program structures, identified and implemented activities to assess and improve organizational culture and selected indicators to measure progress.

Planned Indicators for 2020-2021	Actual Progress for 2020-21
<p>Implemented a new People and Culture structure, including a human resources business partner model</p>	<p>In May 2020, a new Senior Director of People and Culture was recruited, and, in the Fall of 2020, a new structure was approved. In January 2021, Human Resources, Employee Wellness, Health and Safety, and Professional Development and Continuing Education were merged to formally create the Department of People and Culture. The COVID-19 pandemic added many additional work pressures to the Department of People and Culture and as a result, a human resources business partner model was not fully implemented during this reporting period. However, the new Regional Manager leadership positions have been posted and recruitment is underway. These positions include the Regional Managers of Employee Experience, Workplace Health and Safety, and Business Partners. Several other positions have also been approved and posted including several Strategic Business Partner positions.</p>
<p>Implemented a new Medical Services Physician Leadership Structure, including one Regional Medical Advisory Committee</p>	<p>A new Medical Services Physician Leadership Structure was implemented. At the end of this reporting cycle, the following positions have been established/recruited:</p> <ul style="list-style-type: none"> • Department Chief (11 positions total): ten offered and awarded, one awaiting decision. • Department Site Lead (nine positions): six offered and awarded, one interim appointment, one in interview process, one recruitment ongoing. • Deputy Chief (four positions total): three offered and awarded, one interim appointment with ongoing recruitment. • Community Leads: (ten positions): two offered and awarded, one interim appointment with ongoing recruitment. <p>A component of this structure included the approval and adoption of new Medical Staff bylaws. This structure is also inclusive of a Regional Medical Advisory Committee (MAC) within Central Health; it has been streamlined from three separate MACs to one regional MAC.</p>

Strategic Issue 1: Our People

Planned Indicators for 2020-2021	Actual Progress for 2020-21
Completed a comprehensive review of the disability management system	Commencing in December 2020, a comprehensive review of the Disability Management System, including the Worker's Compensation Program began. A Request for Proposals (RFP) was issued and a contract was awarded to the REED Group, who are an industry leader in absence management assessments and solutions. The REED Group delivered their final report in early March 2021 which included a pathway forward to improve the disability management system within Central Health.
Implemented a recruitment plan for new Long-Term Care (LTC) facilities	<p>A recruitment plan for the LTC facilities in Gander and Grand Falls-Windsor was developed and implemented. The People and Culture team and the Long-Term Care Operations team worked together in the development and implementation of the plan. The following actions were completed:</p> <ul style="list-style-type: none"> • All new positions identified and final approval obtained. • A new Human Resources Specialist was hired to oversee the recruitment plan/project. • Central Health partnered with training schools to ensure access to trained graduates to fill anticipated vacancies; including releasing several nursing staff to deliver the required training. • Conditional offers. • Student recruitment/hiring practices were reviewed and updated. • Recruitment companies contracted to recruit staff.
Deployed an organization wide engagement survey	An organization-wide engagement survey was deployed to all Central Health staff and physicians in November 2020; with the results being shared with the Senior Management Team in January 2021. Approximately 35% of the staff and physicians completed the survey.
Selected indicators to measure progress	<p>In 2020-21, Central Health identified and selected several key performance indicators to monitor progress related to the Our People strategic issue. The following are some of the indicators selected:</p> <ul style="list-style-type: none"> • # of employees who have an up-to-date performance evaluation on file. • # of employees injured with lost time and medical aid. • Vacancy rate. • # of workplace engagement opportunities. • # of leaders, including physicians, who attend the Civil Work Spaces® Leader Civility and Respect Program.

Strategic Issue 1: Our People

Planned Indicators for 2020-2021	Actual Progress for 2020-21
	<ul style="list-style-type: none"> • # of leaders who report using the program to improve civility and respect within their program areas. • # of employees who attend the 'Working Mind' training. • Waste reduction measured in cost and/or time.
<p>Continued implementation of employee health and safety initiatives in select areas</p>	<p>Central Health continued implementation of employee health and safety initiatives in this fiscal year, with a focus on mental health, civility and respect. With concentration on leadership, 92 members of Central Health's leadership team completed the Civil Work Spaces® Leader Civility and Respect Program during the reporting period. In addition, while largely suspended due to COVID-19, The Working Minds Program was completed by 42 staff in 2020-21.</p> <p>In 2020-21, the continued implementation of employee health and safety initiatives also included:</p> <ul style="list-style-type: none"> • Regional training in the areas of Falls Prevention, Aerial Lift, Infection Control, and Asbestos Awareness. • An exterior lighting assessment and subsequent upgrades at the Central Newfoundland Regional Health Centre (CNRHC). • Ergonomic assessment and application within the facility design of Central Health's 2 new long-term care facilities. • The addition of "Safety Moments" to all organization staff meeting agendas. "Safety Moments" provide opportunity for management or staff to highlight safety learning in relation to a specific relevant subject. <p>Health and Safety initiatives were highly emphasized throughout 2020-21 in relation to COVID-19 to assist Central Health employees to work in safe environments. Examples include:</p> <ul style="list-style-type: none"> • Facilities underwent structural changes to address infection control concerns. • Organization-wide Personal Protective Equipment (PPE) compliance audits were completed. • Infection Prevention and Control (IPAC) educational videos for staff were developed regarding PPE and respiratory droplets. <p>During periods of high COVID-19 prevalence, daily staff huddles were held within every Central Health Department to ensure staff were provided with up to date COVID-19 information and education.</p>



Discussion of Results

In 2020-21, following the recommendations of the External Review, Central Health embarked on developing new leadership structures for the People and Culture and Medical Services teams to help drive improvements in quality, including work life.

The removal of silos within the Human Resources, Employee Wellness, Health & Safety and Professional Development and Continuing Education team is underway. The new structure will support a more strategic service offering from the team while providing career development opportunities to employees. Reflective of best practice, the new structure includes a business partner model to assist in advising and supporting managers throughout the organization to implement high-performing integrated human resource practices.

The development of a new physician leadership structure within Medical Services was also completed in 2020-21. As noted, the purpose of this restructure was grounded in the External Review 2018 recommendations aimed at streamlining physician leadership and developing regional programs throughout the organization. While recruitment for the new structure was well underway by the end of this reporting period and many positions awarded, efforts are continuing into 2021-22.

Having awarded the Disability Management System review through a competitive RFP process, an ambitious 12-week delivery schedule was agreed upon. On schedule, the REED Group delivered their final report to Central Health on March 9, 2021. Work is on-going to map the path forward while acquiring the necessary resources to advance this work.

In addition to implementing a recruitment plan for the new LTC facilities in Grand Falls-Windsor and Gander and an expansion of the current LTC facility in Botwood, a comprehensive recruitment strategy is in development. These new facilities have created opportunities for both current and new employees to advance their careers at Central Health.

On the belief that highly engaged teams are more passionate about their work and better performing, Central Health sought to determine the level of engagement of all employees and physicians by deploying an organization-wide engagement survey. By learning how staff feel about culture and work environment, Central Health will look to build on perceived organizational strengths and address concerns in order to assist staff to stay energized, focused, and committed to high achievement. At the end of this reporting period, work is ongoing to inform the organization of outcomes and developing an action plan in relation.

Central Health continued to implement employee health and safety initiatives in select areas during this fiscal year. The Civil Work Spaces® program provides assessment and training solutions that seek to improve business results through strong teamwork, collaboration, and high performance. The Civil Work Spaces® platform boosts leaders' competencies in taming workplace incivility and motivates front-line staff to become more active contributors to a civil workplace culture. The Working Mind is an evidence-based program designed to promote mental health in the workplace by transforming the way participants think and talk about mental health and mental illness. The Working Mind seeks to create a more supportive work environment while reducing the stigma around mental illness.

Tracking progress by monitoring performance measures is an important part of all quality improvements. A number of indicators have been selected to measure progress during this planning cycle and over time given cultural change takes time.

Year 2 Objective:

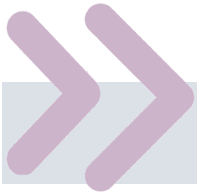
By March 31, 2022, Central Health will have developed and/or implemented strategies to advance a safe, healthy and engaged workplace.

Year 2 Indicators:

- Researched best practices in performance development systems
- Developed a strategy to reduce unplanned absences
- Developed a comprehensive recruitment plan
- Researched best practices in safe and healthy workplace strategies
- Developed and commenced implementation of an Action Plan based on the results of the organization-wide engagement survey
- Identified and commenced implementation of efficiencies in human resource processes



Laboratory team members at the James Paton Memorial Regional Health Center in Gander



REPORT ON PERFORMANCE



Strategic Issue #2: Quality Patient Experience

Central Health has embraced Person- and Family-Centred Care (PFCC) as a philosophy of care and this philosophy guides the organization’s work in this planning cycle. PFCC seeks out the voice of the person (patient, resident, client, and family), partners with them, learns from their experience and utilizes this information to improve the healthcare experience for others. The focus of this strategic issue is the transformation of the patient experience. To achieve this, Central Health continued to build upon its work completed through the 2017-20 strategic plan and further engaged patients and families as partners throughout all levels of the organization.

In 2020-21, Central Health made progress in assisting patients, clients and families as they navigate the healthcare system. A Client Navigator Program was implemented which supports a coordinated, streamlined and person-centred approach. Recognizing that communication is vital to delivering a quality care experience, a Communication and Information Sharing Strategy was also developed. In addition, Central Health continued to strengthen its partnership with Patient Experience (PX) Advisors whose impact can be seen throughout the organization. A PX Advisor is a patient or patient’s family member that has experienced care within the past five years and shares their valuable insights and first-hand knowledge to help shape the care and services people receive at Central Health.

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.

Strategic Issue 2: Quality Patient Experience	
Objective #1: By March 31, 2021, Central Health will have identified, developed and/or implemented requirements to improve quality experience.	
Planned Indicators for 2020-2021	Actual Progress for 2020-21
Demonstrated an increase in partnership with Patient Experience Advisors	<p>Central Health demonstrated an increase in partnerships with PX Advisors in the 2020-21 reporting period as follows:</p> <ul style="list-style-type: none"> Policy Advisory Committee: PX Advisor completed orientation and is now a standing member. Active PX Advisor participation in review of some new and revised Central Health policies, including the Virtual Privacy Walk Rounds policy and checklist updates.

Strategic Issue 2: Quality Patient Experience

Planned Indicators for 2020-2021	Actual Progress for 2020-21
	<ul style="list-style-type: none"> • Engagement of PX Advisors throughout renovation projects and new facility construction work. Specifically, the construction of the new Green Bay Health Centre (2 PX Advisors involved), Protective Care Unit extension in Botwood, and in the development of the new Mental Health and Addictions Services (MHAS) space in Gander (1 PX Advisor involved). • Two additional PX Advisors recruited to sit on Central Health leadership interview panels. • A PX Advisor added to Central Health’s Emergency Operations Centre (EOC) structure. • Engagement of PX Advisors on Central Health’s Wayfinding Committee and Health Information Management (HIM) Remote Registration project at North Haven Manor in Lewisporte. • Patient and Family Advisory Council (PFAC) engagement in the development of the Client Navigator Program and the subsequent communication plan, and the Fall 2020 Privacy Review.
Launched a Client Navigator Program	Central Health successfully launched its Client Navigator Program. Recruitment for the Client Navigator position was completed in March 2020 and Central Health formally announced the program in September 2020. Since its launch, the Client Navigator Program has assisted with over 480 inquiries.
Developed the N.O.D. Strategy (Name, Occupation, Duty)	In this fiscal year, a strategy for N.O.D., an acronym for Name, Occupation & Duty, was developed. This strategy requires that each professional introduce themselves to the patient by giving their name, occupation and an explanation of what they are going to do. The N.O.D. Strategy has been identified as one means where Central Health can improve interactions with each other and the patients, clients, and families we serve. A strategy and respective workplan has been developed and is inclusive of purpose and background information, education requirements, communication plan, and monitoring and evaluation needs. This strategy was developed in partnership with PX Advisors.

Strategic Issue 2: Quality Patient Experience

Planned Indicators for 2020-2021	Actual Progress for 2020-21
Identified additional priority initiatives to improve quality experience	<p>Central Health identified additional priority initiatives to improve quality experience. One of the priority initiatives identified was the implementation of Wayfinding which will incorporate information systems to help guide individuals through Central Health facilities. During this fiscal year a Wayfinding Committee was formed inclusive of frontline staff, management, and PX Advisors. A Terms of Reference (TOR) to guide the work of the committee was established, a project implementation plan was developed, and a consultant was selected to assist in navigating various wayfinding models. Work is underway to develop both an internal and external feedback survey to facilitate both staff and public engagement.</p> <p>Through increased collaboration within the Quality, Planning and Performance Department, additional support was identified to assist in the increased volume of client inquiries associated with the COVID-19 pandemic. This collaboration increased accessibility to the Client Relations Coordinator and Client Navigator as it pertained to the rapidly evolving COVID-19 policies, procedures and protocols. This collaboration also provided improved communication between the organization and the public, specifically, in relation to vaccination roll-out, service restrictions, and visitation guidelines.</p>
Developed requirements for a Communication and Information Sharing Strategy	<p>The requirements for a Communication and Information Sharing Strategy were developed as Central Health has acknowledged through various forms of engagement with service users that communication and information sharing is paramount to quality patient experience. A project implementation plan has been developed which includes a stated objective, background information, identification of target groups, tasks, and education requirements. The project aims to utilize leadership throughout all Central Health departments to target a specific area where communication and information sharing can be improved.</p>
Researched best practices in health literacy	<p>Research was conducted to identify best practices in health literacy. A literature review of best practices in health literacy was compiled inclusive of both national and international scope. The literature review identified areas of best practice including:</p> <ul style="list-style-type: none"> • Training and education for interdisciplinary health care professionals on the importance of health literacy as well as techniques to promote increased health literacy when working with service users.

Strategic Issue 2: Quality Patient Experience

Planned Indicators for 2020-2021

Actual Progress for 2020-21

- Leveraging digital technology to advance health literacy of service users.
- Focusing on an approach that gives the patient a greater voice and empowering them to be active participants in their care, which can help develop their decision-making and shared decision-making skills.
- Linkages between high health literacy levels and positive health behaviors, specifically in relation to chronic disease management, are evident.



Discussion of Results

At the center of all programs and services provided by Central Health is the inherent value of the patients, clients, residents and families we serve. The patient experience is one that influences service delivery across the continuum of care and is invaluable in respect to quality improvement.

Over the 2020-21 fiscal year, Central Health increased engagement with PX Advisors in multiple areas of increasing complexity. The Emergency Operations Centre (EOC) was activated following the declaration of the COVID-19 pandemic in March 2020, at which time a PX Advisor was incorporated to provide a pathway into the unique needs and experiences of the patient. PX Advisors continued to participate in the leadership interview process throughout 2020-21 and they have been engaged in both policy development and review, inclusive of active participation on the Central Health Policy Advisory Committee.

There have been a significant number of operational projects over the 2020-21 fiscal year in which PX Advisors have been engaged as partners. In addition to the specific work of our PX Advisors, Central Health's Patient and Family Advisory Council (PFAC) supported the development of the Client Navigator Program, as well as aided in the external Privacy Review in the Fall of 2020.

Central Health fully implemented a Client Navigator Program which was a recommendation stemming from the Central Health External Review. The Client Navigator helps patients and families navigate the system, provides information, and helps identify needed resources and supports. In line with Central Health's philosophy of PFCC, the Client Navigator is also a visible and enthusiastic champion for quality patient experience. As the Client Navigation Program matures, trending of client inquiries will be utilized towards quality improvement initiatives and overall system improvement.

While the importance of communication and transparency has been a long-standing focus for Central Health, it has become more evident throughout the 2020-21 fiscal year as unfamiliar

territory was navigated related to the COVID-19 pandemic. The N.O.D. Strategy is one way Central Health will improve communication with service users. N.O.D. is an acronym for Name, Occupation, and Duty that will serve as an introduction action at the beginning of all patient encounters. The N.O.D. approach has been credited with improving patient satisfaction and used successfully in many organizations and businesses.

In addition, Central Health has considered the role that health literacy plays in the overall quality patient experience. Health literacy improves the delivery and quality of information to patients to enable them to work in partnership with their care providers to improve their health. In 2020-21, a literature review was completed on best practices in health literacy, which will influence next steps for the RHA. The results of this review will inform the development of a strategy in 2021-22.

Year 2 Objective:

By March 31, 2022, Central Health will have continued to develop and implement strategies to improve quality experience.

Year 2 Indicators:

- Increased partnerships with Patient Experience Advisors
- Completed a formal evaluation of the Client Navigation Program
- Implemented the N.O.D. Strategy in a priority area
- Implemented the Wayfinding Project in a select area
- Developed a Communication and Information Sharing Strategy
- Revised and commenced implementation of the Central Health Patient Safety Plan
- Developed a strategy to promote health literacy in a select area



Central Health's Patient and Family Advisory Council (PFAC) meets virtually during the holiday season.

REPORT ON PERFORMANCE



Strategic Issue #3: System Improvements

Central Health acknowledges that system improvements can directly impact quality and improve health outcomes. By increasing operational efficiencies and organizational stewardship, Central Health strives to become more effective, efficient and sustainable in light of a challenging fiscal reality.

Central Health has developed new partnerships and leveraged technology to provide quality care and services while navigating the profound challenges introduced by the COVID-19 pandemic. Focused on improving access to care and services, Central Health embraced the urgent need for virtual and digital health enhancements and identified regional priorities. Additional priority was given to client flow and wait times throughout the organization during the 2020-21 fiscal year as Central Health continued to refine and implement Estimated Date of Discharge (EDD) and Estimated Length of Stay (ELOS) work. In addition, Central Health completed work that will better ensure strategic alignment and integration of information to support clinical decision-making, such as the development of an Information Management Council (IMC) and a regional quality data team to support both new and on-going quality assurance mechanisms.

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

Strategic Issue 3: System Improvements

Objective #1: By March 31, 2021, Central Health will have identified requirements and/or implemented select initiatives.

Planned Indicators for 2020-2021

Actual Progress for 2020-21

Identified resources required for the Workforce Management System

In 2020-21, partnering with all other RHAs in the province, Central Health commenced planning for a Workforce Management System which was later named Integrated Capacity Management (ICM).
Resources required for the ICM system were identified. Central Health established a project lead position to strategically lead the planning, implementation, and monitoring of this health system project for the RHA. Central Health also initiated work to collect necessary data to inform the building of the various systems. Partnering with the other RHA's, human resource experts in the areas of payroll, client flow, and staff scheduling have been identified to be utilized as needed.

Strategic Issue 3: System Improvements

Strategic Issue 3: System Improvements	
Planned Indicators for 2020-2021	Actual Progress for 2020-21
<p>Identified regional virtual care priorities, commenced planning and increased virtual appointments</p>	<p>Regional virtual care priorities were identified, planning commenced, and virtual appointments increased. Central Health has seen a substantial increase in healthcare service delivery via virtual technology over the course of the 2020-21 fiscal year. The onset of the COVID-19 pandemic further demonstrated the need to shift how healthcare services are provided to communities. As an example, home-based virtual appointments, nearly non-existent in 2019-20 (8 appointments in total), increased drastically to 1,386 appointments in 2020-21.</p> <p>The following work has been completed related to virtual care:</p> <ul style="list-style-type: none"> • Partnership with NLCHI and Western Health to create the Virtualizing Primary Care committee in October 2020. An action plan has been developed to support the development of the “Neighborhood Concept” towards primary care and priority work identified, inclusive of: <ul style="list-style-type: none"> ◊ The development of Primary Care Virtual Assessment Clinics ◊ Better accessibility ◊ Engagement in Health Neighborhoods ◊ Digital upgrades ◊ Communication planning ◊ EMR / Electronic documentation ◊ The development of integration goals • Development of the Central Health Virtual Care Steering Committee in March 2021 to help guide all regional virtual care initiatives. A TOR and committee membership has been approved. • In light of the COVID-19 pandemic, Cardiopulmonary and Rehabilitative Services proceeded with the advancement of “Zoom for Healthcare” and began by having the Speech Language Pathology team roll-out utilization of this virtual service. A subsequent policy, process map, informational materials and a Consent for Service form was developed.

Strategic Issue 3: System Improvements

Planned Indicators for 2020-2021	Actual Progress for 2020-21
Implemented Remote Patient Registration in a priority area	<p>Remote Patient Registration proceeded in 2020-21 in three program areas:</p> <p>North Haven Manor:</p> <p>While the official implementation of the remote patient registration project at North Haven Manor was delayed due to COVID-19 restrictions and subsequent operational challenges in February 2021, the following work was completed during the 2020-21 fiscal year:</p> <ul style="list-style-type: none">• Creation of a working group comprised of Quality, Planning & Performance Department staff, Health Information Management (HIM) team members, site operational management, and a PX Advisor.• Development of a project charter document highlighting objectives, opportunities, resources, and key stakeholders.• Observation and documentation of current registration processes at the site.• Collection and review of registration data to support implementation.• Development of an evaluation framework, including client and staff experience surveys.• Implementation of a staff survey to establish baseline for current registration process. <p>Midwifery Program:</p> <p>HIM supported Central Health’s Midwifery Program to establish a process for registration of out of hospital births. The Midwifery Program provides PFCC while supporting women and their families through a range of services. One of the fundamental philosophies of midwifery care is choice of where the baby is born. With the establishment of the home birth protocol, there was an opportunity for collaboration between the Midwifery Program and HIM to support best practices in collection of information and record integrity. The HIM team provides support to midwifery care through a remote registration model, allowing the mother and the newborn to be registered for care in their own home. Through this remote registration process, health care providers can support continuity of care through flow of accurate information.</p>

Strategic Issue 3: System Improvements

Planned Indicators for 2020-2021	Actual Progress for 2020-21
	<p>Mental Health and Addictions Services (MHAS): The MHAS team was also successful in the implementation of remote patient registration for the Mobile Crisis Response (MCR) team services. Remote registration was launched on December 2, 2020.</p>
Developed a regional quality data team and implemented quality assurance mechanisms	In 2020-21, Central Health's Information, Privacy and Regulatory Oversight Department developed a regional data quality structure which included three full-time employee resources (two Medical Records Technicians and one Privacy Compliance Analyst). To date, a data quality scorecard with key performance indicators to ensure quality assurance has been developed by the regional data quality team and will be implemented in Year 2. Additional quality assurance mechanisms were developed and implemented during the reporting period, including the development of data quality checks within all HIM regional teams, a data integrity protocol for correction of clinical records migrated into the Health-E NL Viewer, and reporting capability within program areas for reporting clinical safety occurrences for all data incidents identified through clinical documentation workflows.
Developed a plan to improve booking, cancelling and rescheduling of appointments	No progress to report due to competing priorities related to COVID-19. Resources were utilized to support COVID-19 related access and flow needs, such as work related to the monitoring and evaluation of service closure and resumption and roll out of the COVID-19 vaccination program.
Implemented initiatives to improve flow and access in priority areas	<p>Central Health continued to focus efforts on improving client flow and access throughout the 2020-21 fiscal year. While the COVID-19 pandemic presented new and increased challenges associated with wait times and service restrictions, work continued in relation to EDD within sites across the region. The regional Client Flow and Access working group was re-established and met on a monthly basis throughout 2020-21.</p> <p>Areas of specific focus for the working group were the revision of the current Repatriation Policy for the RHA, data collection on EDD as well as ELOS from a regional, provincial and national perspective to determine current trends and areas of potential risk. An education plan for staff was developed specific to EDD to further reinforce the importance of identifying EDD upon admissions throughout the RHA.</p>

Strategic Issue 3: System Improvements

Planned Indicators for 2020-2021	Actual Progress for 2020-21
<p>Implemented a regional structure to support Electronic Medical Record (EMR) implementation</p>	<p>Central Health recognizes the impact of leveraging technology to positively affect change in relation to privacy and efficiency. During the 2020-21 fiscal year, a current state EMR “Snapshot” was completed and a subsequent briefing note compiled to support the regional structure that will focus on EMR implementation. A designated position was approved to lead clinical information system auditing and data integrity, including EMR, within the RHA. Additionally, an Information Management Council (IMC) and TOR has been established, which will be responsible for the EMR strategic implementation in accordance with the Information Governance Principles for Healthcare (Accountability, Transparency, Integrity, Protection, Compliance, Availability, Retention, and Disposition). The first meeting of the committee was in March 2021.</p>
<p>Identified and developed standard practices, resources and tools for Stroke care including regional accountability</p>	<p>Due to competing priorities related to COVID-19, this indicator was not achieved. Some progress can be noted;</p> <p>In 2020-21, Central Health’s Regional Acute Stroke working group was re-activated to examine and develop requirements for a regional accountability structure. The Central Health Stroke Advisory Committee was developed along with a TOR and membership list.</p>
<p>Achieved formal designation of Acute Stroke Units at Regional Stroke Centres</p>	<p>This indicator was not achieved as planned due to multiple factors relative to facility space and delays in pre-existing operational projects as a result of the COVID-19 pandemic. Due to a potential surge in bed utilization and specialized care as a result of COVID-19, a designated COVID-19 unit was constructed at CNRHC in Grand Falls-Windsor. This space would have otherwise been constructed as one of two proposed designated Acute Stroke Units. The second, which was proposed for the James Paton Memorial Regional Health Centre (JPMRHC) in Gander, was deferred due to the extension of pre-existing renovation work that was delayed due to the COVID-19 restrictions and guidelines.</p>



Discussion of Results

An integral component of our success in achieving the system improvements put forth in our 2020-23 Strategic Plan is the development of new and strengthening of existing partnerships, both internally and externally. A notable partnership formed throughout 2020-21 was that of Central Health, the three additional RHAs, the Newfoundland and Labrador Centre for Health Information (NLCHI), and a third-party partner, HealthStream. Together, this partnership will lead and oversee the implementation of Integrated Capacity Management (ICM) systems throughout the four RHAs. The ICM system is a technology-based solution that delivers an innovative and transformational approach to support proactive decision-making in healthcare delivery. Leveraging information from various sources, ICM aims to transform healthcare operations in acute and long-term care facilities, enables and empowers staff to effectively manage patient flow, and better meet patient care needs. Central Health's Project Lead sits on the provincial team and represents the voice of Central Health along with its unique strengths and needs as it relates to this project. In Fall 2020, work was initiated to collect necessary data to inform the construction of the various systems and data collection will continue into 2021-22.

As a result of the COVID-19 pandemic, Central Health acted quickly to shift how we have traditionally delivered services in our region. Namely, the need to continue only urgent and emergent service delivery in a manner that upheld the safety of our patients, clients, and families, but also the safety of our dedicated staff during times of heightened COVID-19 prevalence. Central Health was successful in leveraging virtual and digital health technologies such as Telehealth, Cisco Jabber, Microsoft Teams, and Zoom for Healthcare to ensure service delivery continued virtually where at all possible in accordance with the provincial Public Health guidelines and procedures.

Throughout the 2020-21 fiscal year, the Central Health Virtual Care Steering Committee was established. Additionally, the Virtualizing Primary Care Committee was created in collaboration with Western Health and NLCHI to identify shared goals and opportunities.



Specific to the delivery of virtual care in primary care services within our region, Central Health also began development of a Primary Care Framework to inform future strategies related to delivery of primary care throughout Central Health in which virtual care strategies will be essential; this work will continue into 2021-22.

All Central Health rural sites offering Emergency Department services utilize a decentralized clinical registration model, in which patient registration may be completed by clerical or a hybrid complement of clerical and/or a health care professional. At North Haven Manor in Lewisporte, patient registration is completed solely by the health care professionals on site. An opportunity for improvement was highlighted following a Lean exercise and subsequent Project Charter. With the support of Provincial Registration Standards and HIM involvement to standardize data collection, risks associated with data integrity and potential patient safety issues would be decreased substantially. It is anticipated that remote registration would see increased positive patient identification and a decrease in number of client overlays. While the official launch of this work at North Haven Manor was delayed due to COVID-19, the implementation of the project is expected to resume in the 2021-22 year. However, it is important to note, that during this reporting period, Central Health was successful in implementing remote patient registration in two additional program areas; the Midwifery Program and the Mobile Crisis Response team within MHAS.

Throughout 2020-21, Central Health focused on system improvements in information and data collection as well as quality assurance processes. A regional IMC was developed that will help lead a strategy for the continued implementation of the EMR and ensure alignment with the Information Governance Principles for Healthcare. A current state assessment was completed to capture current EMR utilization and to inform priority areas. Central Health made progress in the development of a regional structure to support the EMR implementation, inclusive of a lead clinical position who focuses specifically on information system auditing and data integrity. A regional Data Quality team was also created and a scorecard to report on progress as it pertains to data collection and quality.



Year 2 Objective:

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



Year 2 Indicators:

- Identified improvement opportunities in anticipation of the implementation of Integrated Capacity Management at Central Health
- Developed a Virtual Care Strategy
- Implemented records scanning and archiving within a priority area
- Implemented a Regional Data Quality framework
- Explored new booking processes in a select area
- Developed a Regional EMR Strategy
- Identified and developed standard practices, resources and tools for stroke care, including a regional accountability structure

REPORT ON PERFORMANCE



Strategic Issue #4: Improved Health

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

In 2020-21, Central Health continued to expand its Home First initiative by adding resources to enhance access to home support services. The RHA committed to the quality improvement of chronic disease individual and group self-management programs as well as its Heart Failure Outreach Program by developing evaluation frameworks to measure program satisfaction, progress and effectiveness. The **Towards Recovery** action plan remained in focus as Central Health continued to implement several priority initiatives. Central Health also embarked on a partnership agreement in order to develop a digital health project aimed towards improving the health of participants throughout the Central region.

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.

Strategic Issue 4: Improved Health	
Objective #1: By March 31, 2021, Central Health will have identified requirements and implemented initiatives to improve the health and well-being of the population.	
Planned Indicators for 2020-2021	Actual Progress for 2020-21
Implemented strategies to support organization-wide expansion of a Home First Approach	<p>Central Health continues to support and advance a Home First model of care. In 2020-21, the RHA added a Physician and two Nurse Practitioners to the Home First Integrated Network to support assessment and comprehensive care planning for clients with dementia, caregivers and primary care physicians.</p> <p>Central Health also expanded the hours of its CONNECT-ER initiative which creates a pathway for medically stable clients who present to the Emergency Departments of Central Health’s two regional health centres to be assessed for services. Weekday hours were expanded from 4:30 p.m. to 9:00 p.m. for the availability of direct intervention by a social worker or a liaison nurse.</p>

Strategic Issue 4: Improved Health

Planned Indicators for 2020-2021	Actual Progress for 2020-21
<p>Implemented select recommendations of the Provincial Home Support Program Review</p>	<p>Central Health implemented select recommendations of the Provincial Home Support Program Review. The Community Support Services Program has continued to improve its intake process by adding resources and system improvements through the following quality improvements:</p> <ul style="list-style-type: none"> • Addition of four telephone lines for Central Intake to help ensure a live answer and a quick intake referral for callers. • Addition of a temporary Registered Nurse to support Central Intake. This has improved response time for clients such that an intake assessment can be completed consistently within 24 to 48 hours of calling as opposed to fluctuating wait times. • Enhancement of Central Intake data collection and reporting in order to trend requests for service and thus be better able to deploy resources in anticipation of increased service demand.
<p>Evaluated group and individual Central Health chronic disease self-management programs</p>	<p>Central Health evaluated group and individual chronic disease self-management programs during this fiscal year. The RHA continued to administer its Health Coach (individual) and Improving Health My Way (group) programs. The following evaluations were completed:</p> <p>Health Coach Program – A client experience survey was developed and implemented. Reporting of results is delayed due to low number of survey responses. Work continues to increase survey participation.</p> <p>Improving Health My Way – in collaboration with Labrador Grenfell Health, key informant interviews and a qualitative analysis were completed to identify themes. Data from the analysis was used to inform process improvements in the program, including improved support for leaders, increased support for participants beyond the six-week program intervention, improved referral system, and expanded options for self-management.</p>

Strategic Issue 4: Improved Health

Planned Indicators for 2020-2021	Actual Progress for 2020-21
<p>Identified requirements for evaluation and monitoring of the Heart Failure Outreach program</p>	<p>Guided by Accreditation Canada's eight Dimensions of Quality (Safety, Client-Centered Services, Worklife, Efficiency, Appropriateness, Accessibility, Population Focus, and Continuity) the requirements for the evaluation of the Heart Failure Outreach Program have been identified and an Evaluation Framework has been developed with the evaluation to be launched in May 2021. A client experience survey/interview has been developed to support this work.</p>
<p>Implemented select priority initiatives of the Towards Recovery action plan</p>	<p>Central Health continues its implementation of initiatives as outlined in the Provincial Towards Recovery action plan. The following demonstrates progress and achievements for the 2020-21 reporting period:</p> <p>Recommendation #11 – e-Mental Health/technology-based interventions to promote wellness and early intervention:</p> <ul style="list-style-type: none"> • Expansion of materials, programs and services available through Bridge the Gapp (BTG). • Implementation of the stepped-care approach which highlights e-Mental Health options. <p>Recommendation #13 - Reduce waitlists and wait-times:</p> <ul style="list-style-type: none"> • Further enhancement to MHAS centralized triage by implementation of the provincial triage screening tool. <p>Recommendation #14 – Stepped Care:</p> <ul style="list-style-type: none"> • Transition of Assertive Community Treatment (ACT) to Flexible Assertive Community Treatment (FACT) in Grand Falls-Windsor. FACT allows for a more expansive and flexible approach to care for individuals with serious mental illness and related complexities. • Expansion of Case Management to the FACT Team in Gander: <ul style="list-style-type: none"> ◇ Increased clinical staffing from 2 staff to 4 staff. ◇ Signed a Memorandum of Understanding between Central Health & the Consumer's Health Awareness Network of Newfoundland and Labrador (CHANNAL) regarding the offering of Peer Support to clients.

Strategic Issue 4: Improved Health

Planned Indicators for 2020-2021	Actual Progress for 2020-21
	<p>Recommendation #15 - Provide access to evidence-based services via technology:</p> <p>Continued support / implementation of virtual care offerings: Stress Management for Adults 18+, MHAS Overview for Older Adults 65+, Cool Little Kids for parents of children aged 3-6, Wellness Webinars for Older Adults (“No Health Without Mental Health”).</p> <p>Recommendation #17 - Assign responsibility for the provision of health services in prisons to the health and community services system:</p> <ul style="list-style-type: none"> • Provision of education and training to staff and inmates regarding the utilization of virtual care options/e-mental health resources. <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"> • Contributed to the continued expansion of BTG to enhance materials and information. • Staff participation in material review and rewrites for BTG content. <p>Recommendation #43 - Continue to support the implementation and evolution of the Provincial Opioid Implementation Plan:</p> <ul style="list-style-type: none"> • Expansion of Opioid Dependency Treatment (ODT) services to Grand Falls-Windsor. • Hired staff to support the ODT Grand Falls-Windsor Hub (Licensed Practical Nurse (LPN), Addictions Counsellor). • Hired an LPN to enhance the ODT Gander Hub. <p>Recommendation #49 - Regional Health Authorities and community agencies work closely together for improved service delivery:</p> <ul style="list-style-type: none"> • Full implementation of Mobile Crisis Response teams at Grand Falls-Windsor and Gander.

Strategic Issue 4: Improved Health	
Planned Indicators for 2020-2021	Actual Progress for 2020-21
Explored Remote Patient Monitoring options for Chronic Disease	<p>In 2020-21, Central Health explored remote patient monitoring in the Heart Failure Outreach (HFO) Program. In this reporting period, a software demo and a privacy impact assessment were launched. Once the program is embedded, Central Health HFO patients will be monitored remotely through a provincial initiative.</p> <p>Over a 4-month timespan, patients will be provided with a monitoring kit (iPad, Wi-Fi device, weight scale, blood pressure cuff, and other tools). Central Health HFO nurses have been trained on how to use the monitoring documentation/tracking software.</p>
Developed a public-private partnership agreement and planned an initiative to support healthy living	<p>Central Health is partnering with two academic researchers (one from Dalhousie University and one from Memorial University of Newfoundland and Labrador) to develop a digital health project which aims to improve overall health and wellness of targeted cohorts in Central Newfoundland through intervention and movement. Using both fitness tracking and targeted health apps, over the course of a 16-week program (followed by a further 8 months of support), device and qualitative data will be collected from a pool of participants.</p> <p>The aim of this project is to prevent disease through a combination of education and increased physical activity through incentive-based challenges. The project plan also includes patient-centered interventions and coaching for individuals and small groups.</p>



Discussion of Results

Home first is a person-centered care philosophy which supports individuals with complex needs to remain in their own homes and community, to avoid unnecessary hospitalization or long-term care placement and to facilitate timely hospital discharge. The success of this service is inherent to the availability of intensive case management from the Home First Integrated Network multidisciplinary team. In 2020-21, a Physician specializing in geriatric care and 2 Nurse Practitioners were recruited and added to the Home First Integrated Network to support assessment and comprehensive care planning for clients with dementia, caregivers and primary care physicians.

As access to services in community is key to helping clients age in place, Central Health continues to refine and bolster its model of intake for community support services. In this reporting year, Central Health has added a temporary resource and aligned existing resources in order to decrease wait-times associated with intake assessments. These measures will be evaluated to inform future processes.

The Provincial **Towards Recovery** action plan aims to improve self-efficiency and resilience to address mental health and addictions. In 2020-21, Central Health continued to implement several initiatives of the action plan. With a stepped-care approach, MHAS will be more accessible, collaborative, and patient-centered. MHAS has transitioned from Assertive Community Treatment (ACT) to Flexible Assertive Community Treatment (FACT). FACT focuses on helping individuals to live successfully in their communities while fostering a seamless pathway towards necessary admissions to hospital and discharge back to community.

MHAS continues to enhance the use of technology in service provision by offering several targeted programs and by contributing to the expansion of materials available on the BTG platform. MHAS also uses e-Mental Health and virtual resources to provide education to staff and inmates at the Bishop's Falls Correctional Centre. Central Health's MHAS Program has implemented the provincial triage screening tool to enhance centralized triage such to reduce waitlists and wait-times for services. Opioid Dependency Treatment (ODT) is also offered in both Gander and Grand Falls-Windsor sites with additional staffing added.

Using a PFCC approach, Central Health is working to support individuals to achieve improved health and well-being. The RHA has formed a partnership with health researchers in developing a digital health project. Participants in the project will use a digital device and receive coaching and support. The first half of the 16-week program will focus on the basic tenets of healthy eating and physical activity, while the second half will focus on environmental and social triggers that impact health behavior. At the end of this reporting period, the digital health project will be at the stage of sourcing a private funder.



Mental Health and Addictions Services Community Health Team in Gander. Services offered here include FACT, ODT, and the Home Dementia Care Program.



Year 2 Objective:

By March 31, 2022, Central Health will have implemented initiatives to improve the health and well-being of the population.



Year 2 Indicators:

- Identified the requirements for an Indigenous Health Strategy in partnership with First Nation communities
- Continued to implement strategies to support organization-wide expansion of a Home First Approach
- Continued to implement select recommendations of the Provincial Home Support Program Review
- Developed a Chronic Disease Prevention and Management Strategy
- Conducted an evaluation of the Heart Failure Outreach Program
- Continued to implement select priority initiatives of the Towards Recovery action plan
- Implemented a Primary Health Care initiative in a priority area



Central Health's Home Dementia Program Team participates in the Walk for Alzheimer's



Opportunities and Challenges





COVID-19

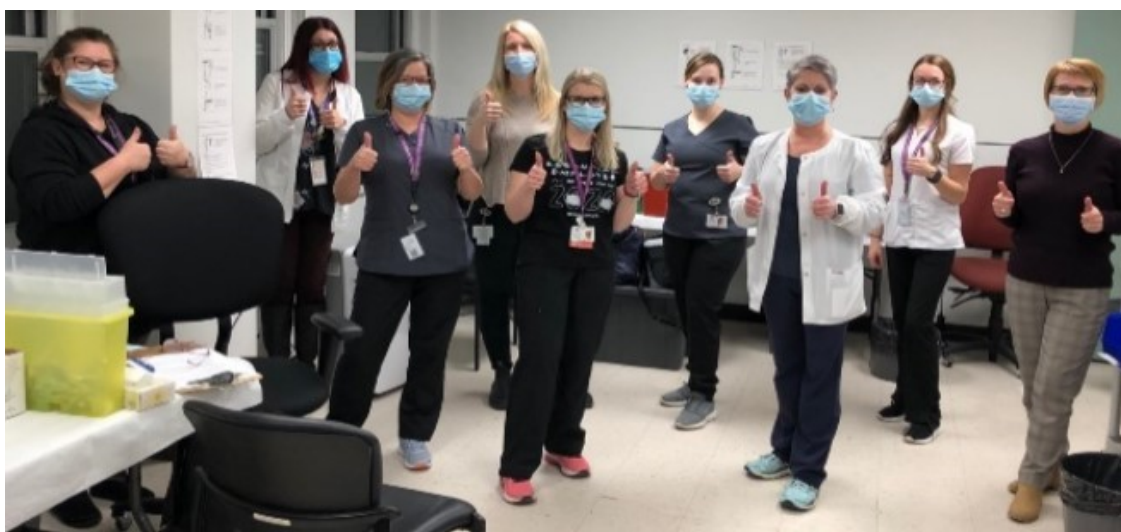
With the emergence of COVID-19, Central Health responded in tandem with evolving information and direction from the Chief Medical Officer of Health and the Department of Health and Community Services. Learning how to provide quality healthcare amidst a global pandemic was an adaptive process of continuous quality improvement.

Central Health concentrated on providing safe work environments for staff. A plan was quickly devised to lessen traffic at work sites by moving many staff to a work from home model. For staff required to be physically present at facilities, measures were enacted to ensure proper COVID-19 screenings and protocols and utilization of Personal Protective Equipment (PPE).

Because of COVID-19, many health services were reduced or delayed. This resulted in increased wait times which further escalated fear and frustration among users. As well, strict visitation protocols were embedded to reduce risk to patients and residents. As 2020-21 progressed, access to healthcare and communication to our clients, including healthcare navigation, became increasingly important and a focus for the RHA.

Working within a global pandemic highlighted many areas for system improvements, most notably the need to advance virtual care capability and to further explore digital health solutions. Central Health has and will continue to build partnerships and devote much time and resources to advancing and improving these areas in order to increase service access and efficiency.

COVID-19 not only presented challenges within Central Health facilities, but also presented us the opportunity to enhance service and support to clients, families, and care providers in community. The provision of PPE, training, and support to meet the pandemic needs of personal care homes and home support clients was a high priority. COVID-19 also amplified our need to enhance availability and means of Mental Health and Addictions Services and by doing so verified and hastened ongoing planning in this area.



Some of Central Health's Public Health team members

Following the first COVID-19 wave, Central Health conducted a COVID-19 Lessons Learned survey in September 2020. The survey was disseminated to staff, physicians, vendors, volunteers, unions and consumers of healthcare services. Information was collected to identify what went well, the gaps and challenges, and areas for improvement. Public response highlighted areas of success inclusive of the facilitation of Telehealth appointments and implementation of visitor precautions in Long-Term Care. The two most notable areas of concern from the public were access to services (e.g. non-emergent care) and the ability of patient support persons to access Central Health facilities during the pandemic.

The Central Health staff survey results identified internal communication as an area of strength for the organization in addition to inter-departmental collaboration and the transition to virtual care and working from home. The largest area of needed improvement was perceived to be human resource planning (work equity and lack of human resources). The pandemic response had significant impact on human resources as many physicians, managers, and staff were diverted from their day-to-day duties to address challenges presented by COVID-19. Employees in many cases were required to work hours well-beyond the normal work week, further highlighting recruitment and retention pressures of the RHA.

Focusing on quality improvement, Central Health also started using TTXs to examine site specific patient flow processes for suspected COVID-19 patients. In March 2021, the first TTX exercise was completed at CNRHC. This TTX focused on current processes and protocols, had substantial multidisciplinary representation, and included PX Advisors. Feedback from participants revealed challenges and barriers to overcome such as gaps in internal communication amongst teams during patient transitions from one department to another, an opportunity to improve transportation protocols, and to enhance communication with patients and service users. As per a feedback survey that was circulated following the exercise, 95% of attendees felt the TTX to be worthwhile and planning is underway to roll-out this TTX model to various Central Health sites and to encompass other relevant scenarios.



Workforce Management System

As identified in our 2020-23 Strategic Plan, Central Health is committed to the implementation of a workforce management system by the end of the 3-year planning cycle. Throughout the 2020-21 fiscal year, focus was placed on planning, identifying resources, and engaging key stakeholders. A strong partnership was forged between Central Health, the three additional RHAs, the Newfoundland and Labrador Centre for Health Information (NLCHI), and a third-party partner, HealthStream. This partnership was tasked with leading the implementation of the Integrated Capacity Management (ICM) workforce management system throughout the province.

The system aims to increase visibility, support improved patient flow and quality outcomes, therefore enhancing the patient and employee experience and optimizing the effectiveness and efficiency of our employees. The system also enables acuity-based scheduling and forecasting of admissions and discharges to support care planning, ensuring the right resources are in the right place at the right time, and contributes to enhanced staff satisfaction. Lastly, because of its integrated nature and enhanced visibility, ICM will optimize staff scheduling and improve accuracy of pay adding to improved financial performance and cost savings.

In 2020-21, a Project Lead position was established to strategically lead the successful planning, implementation, and monitoring of this significant health system project for Central Health. In addition, collaboration with the People and Culture Department has been completed to map out resources specific to payroll that will be required as the project progresses into year 2. Central Health's Project Lead has maintained active participation in the provincial ICM working group and has liaised with other RHAs as a means of utilizing shared resources.

Next steps include the implementation of the ICM system at the Health Sciences Centre within Eastern Health as a pilot, before expanding to remaining regions. Central Health's Project Lead and Subject Matter Experts will continue to support the provincial team in data collection activities, support standardization where possible, and continue to identify opportunities for improvement within the RHA in preparation for the future implementation of ICM within Central Health.



Virtual Care Opportunities

As referenced, the COVID-19 pandemic undoubtedly unveiled many challenges and concerns for Central Health over the 2020-21 reporting period. From the onset of the pandemic in March 2020, though the second wave and increased prevalence in February 2021, and now to vaccination roll-out, the individuals and communities of Central Newfoundland proved steadfast and resilient. While the organization's delivery of non-urgent services was significantly impacted over the past year, strides have been made to leverage digital technology to increase virtual service delivery throughout the region.

The development and implementation of Non-Emergent Assessment Clinics (NEAC), now known as the Health Hub, one of each located in Gander and Grand Falls-Windsor, has served to be an imperative resource for service users in the region. Through this service, individuals with non-emergent medical issues can access virtual care appointments with a physician and/or nurse practitioner. If an in-person assessment is required, arrangements are made for an appointment at the respective NEAC. While the initial intent of this service was focused on reducing in-person traffic of regional Emergency Departments, it has since proven its value in respect to increased and timely access for non-emergent medical concerns with reduced physical contact.



Additionally, Central Health's utilization of Telehealth for home-based service delivery has seen a vast increase over the 2020-21 reporting period. This is evidenced through the number of scheduled home-based virtual appointments with service users over the 2020-21 fiscal year. In 2019-20, there were only 8 home-based virtual appointments scheduled. In contrast, in 2020-21, there were 1,386. Notably, while facility-based virtual appointments were in a similar usage range in 2019-20, accounting for 1,376 scheduled appointments, this level of service delivery was able to completely shift from facility-based to home-based appointments to better protect staff and service users during the COVID-19 pandemic. While some barriers remain in relation to connectivity and bandwidth capabilities in some rural communities, Central Health has continued to explore solutions to offer services remotely where at all possible.

Recruitment and Retention Challenges

Maintaining optimal staffing levels is key to providing quality healthcare. In recognizing current and future challenges with recruitment and retention, Central Health has placed strategic priority on reducing unplanned absences, delivering a robust recruitment and retention plan, and succession planning.

A comprehensive recruitment plan for Central Health has been developed which outlines a multi-pronged approach to recruitment and builds on recommendations and feedback gained through the Central Health External Review and during the 2020-23 strategic planning process wherein Dr. Charles Boelen's "5 Partners in Healthcare Approach to Engagement" was utilized. The 5 Partners in Healthcare are identified to be health professionals, health managers, communities, academic institutions, and policy makers.

In concentrating on physicians, a regional Physician Recruitment and Retention Committee has been re-engaged with regular occurring meetings and workplan development. As part of the workplan, a working group process and bursary program have been developed. Central Health maintains a collaborative relationship with Memorial University of Newfoundland and Labrador in focusing on family medicine and is engaged with several communities to support and assist them with recruiting family physicians.





Financial Statements





Consolidated Financial Statements

Central Regional Health Authority

March 31, 2021

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Independent Auditors' Report

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To the Board of Trustees of
Central Regional Health Authority

Opinion

We have audited the consolidated financial statements of Central Regional Health Authority ("the Entity"), which comprise the consolidated statement of financial position as at March 31, 2021, 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, 2021, and its results of operations, its changes in its net financial debt, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

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

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

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

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

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

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

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

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

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

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

St. John's,
Canada
June 29, 2021



Chartered Professional Accountants

Central Regional Health Authority Consolidated Statement of Financial Position

March 31

2021

2020

Financial assets

Cash	\$ -	\$ 3,215,936
Receivables (Note 3)	17,918,519	13,018,709
Residents' trust funds held on deposit	704,526	649,363
Cash restricted for security deposits	56,804	55,245
Investments restricted for general endowment purposes	-	1,193,104
Replacement reserve funding (Note 8)	231,592	198,616
	<u>18,911,441</u>	<u>18,330,973</u>

Liabilities

Bank indebtedness	4,331,818	-
Payables and accruals (Note 4)	36,801,910	28,818,328
Employee future benefits		
Accrued vacation pay	18,162,729	14,800,016
Accrued severance pay	1,207,595	1,518,666
Accrued sick pay (Note 5)	18,619,508	18,432,950
Deferred grants (Note 6)	33,082,523	25,186,264
Long-term debt (Note 7)	5,025,668	5,871,723
Trust funds payable	704,526	649,363
Security deposits liability	56,804	55,245
Replacement reserves (Note 8)	231,592	198,616
J.M. Olds scholarship and library funds	85,173	84,821
	<u>118,309,846</u>	<u>95,615,992</u>

Net financial debt(99,398,405) (77,285,019)**Non-financial assets**

Tangible capital assets (Note 9)	65,532,734	59,664,161
Deposits on tangible capital assets	83,225	126,616
Inventories (Note 10)	4,770,662	2,848,923
Prepays (Note 11)	3,206,817	3,384,701
	<u>73,593,438</u>	<u>66,024,401</u>

Accumulated deficit\$ (25,804,967) \$ (11,260,618)

Commitments (Note 13)

Contingencies (Note 14)

COVID-19 (Note 15)

On behalf of the Board



____ Trustee



____ Trustee

Board Chair - Central Health

See accompanying notes to the consolidated financial statements

Central Regional Health Authority Consolidated Statement of Operations

March 31	Budget 2021	Actual 2021	Actual 2020
Revenue			
Provincial plan operating	\$ 340,501,886	\$ 340,501,886	\$342,235,621
Provincial capital grants	8,735,000	10,235,577	3,545,811
Other capital contributions	-	289,124	487,885
MCP	10,852,158	11,639,394	11,530,967
Patient-resident services	12,916,000	12,420,411	13,462,962
CMHC mortgage interest subsidy	35,000	-	34,263
Capital project funding	1,000,000	3,426,703	4,843,625
Recoveries	10,368,460	12,288,309	11,997,689
Cottage operations	1,529,114	1,530,700	1,559,469
Foundations	-	-	983,132
Other revenue	2,913,800	3,178,595	4,260,551
	<u>388,851,418</u>	<u>395,510,699</u>	<u>394,941,975</u>
Expenditure			
Administration	38,664,923	33,698,496	29,867,515
Community and social services	115,416,892	112,830,567	107,211,371
Support services	66,702,607	67,490,917	65,317,390
Nursing inpatient services	90,928,585	88,034,625	96,029,338
Ambulatory care services	25,861,671	25,858,693	27,814,289
Diagnostic and therapeutic services	49,392,477	46,636,608	48,490,947
Medical services	15,814,448	16,740,742	16,461,885
Educational services	1,112,734	1,006,719	1,375,532
Undistributed	1,200,239	4,635,121	5,251,762
Cottage operations including amortization of \$92,323 (2020 - \$91,801)	1,526,294	1,388,787	1,467,408
Foundations	-	-	1,206,746
	<u>406,620,870</u>	<u>398,321,275</u>	<u>400,494,183</u>
Deficit – shareable	<u>(17,769,452)</u>	<u>(2,810,576)</u>	<u>(5,552,208)</u>
Non-shareable items			
Gain on disposal of tangible capital assets	-	49,799	-
Amortization of tangible capital assets	(5,997,027)	(5,981,867)	(5,651,181)
Accrued vacation pay – increase	-	(3,376,239)	(920,305)
Accrued severance pay – decrease	500,000	311,071	10,067,682
Accrued sick pay – increase	(250,000)	(186,558)	(275,994)
	<u>(5,747,027)</u>	<u>(9,183,794)</u>	<u>3,220,202</u>
Deficit			
- shareable and non-shareable	(23,516,479)	(11,994,370)	(2,332,006)
Accumulated deficit			
Beginning of year	(11,260,618)	(11,260,618)	(8,928,612)
Adjustment for Foundations	(2,549,979)	(2,549,979)	-
	<u>(13,810,597)</u>	<u>(13,810,597)</u>	<u>(8,928,612)</u>
End of year	<u>\$ (37,327,076)</u>	<u>\$ (25,804,967)</u>	<u>\$ (11,260,618)</u>

See accompanying notes to the consolidated financial statements

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

March 31	Budget 2021	Actual 2021	Actual 2020
Net debt - beginning of year	\$ (77,285,019)	\$ (79,736,888)	\$ (73,268,749)
Adjustment for Foundations	<u>(2,549,979)</u>	<u>(2,549,979)</u>	-
	(79,834,998)	(79,834,998)	(73,268,749)
Deficit	<u>(23,516,479)</u>	<u>(11,994,370)</u>	<u>(2,332,006)</u>
Changes in tangible capital assets			
Acquisition of tangible capital assets	(8,735,000)	(12,058,916)	(7,870,267)
Amortization of tangible capital assets	5,997,027	6,074,188	5,746,319
Adjustment for Foundations	96,528	96,528	-
Gain on disposal of tangible capital assets	(49,799)	(49,799)	-
Proceeds on disposal of tangible capital assets	69,426	69,426	-
Decrease in deposits on tangible capital assets	<u>43,391</u>	<u>43,391</u>	<u>45,677</u>
Increase in net book value of tangible capital assets	<u>(2,578,427)</u>	<u>(5,825,182)</u>	<u>(2,078,271)</u>
Changes in non-financial assets			
Increase in inventories	(1,921,739)	(1,921,739)	(345,666)
Decrease in prepaids	176,305	176,305	-
Decrease in prepaids	<u>1,579</u>	<u>1,579</u>	<u>-</u>
Increase (decrease) in non-financial assets	<u>(1,743,855)</u>	<u>(1,743,855)</u>	<u>394,007</u>
Increase in net debt	<u>(27,838,761)</u>	<u>(19,563,407)</u>	<u>(4,016,270)</u>
Net debt, end of year	<u>\$(107,673,759)</u>	<u>\$(99,398,405)</u>	<u>\$(77,285,019)</u>

See accompanying notes to the consolidated financial statements

Central Regional Health Authority

Consolidated Statement of Cash Flows

Year ended March 31

2021

2020

Operations

Deficit	\$ (11,994,370)	\$ (2,332,006)
Adjustment for Foundations	(2,549,979)	-
Amortization	6,074,188	5,746,319
Gain on disposal of tangible capital assets	(49,799)	-
Investment loss	-	123,997

(8,519,960) 3,538,310

Changes in

Receivables	(4,899,810)	486,089
Payables and accruals	7,983,582	(786,536)
Accrued vacation pay	3,362,713	923,522
Accrued severance pay	(311,071)	(10,067,682)
Accrued sick pay	186,558	275,996
Deferred grants	7,896,259	2,008,543
Inventories	(1,921,739)	(345,666)
Prepays	176,884	739,673

Net cash provided from (applied to) operations

3,954,416 (3,227,751)

Financing

Repayment of long-term debt	(846,055)	(984,131)
Net changes in J.M. Olds funds	352	594

Net cash applied to financing

(845,703) (983,537)

Investing

Acquisition of tangible capital assets	(12,058,916)	(7,870,267)
Adjustment for Foundations – capital assets	96,528	-
Decrease in deposits on tangible capital assets	43,391	45,676
Decrease (increase) in general endowment fund investments	1,193,104	(187,575)
Proceeds on disposal of tangible capital assets	69,426	-

Net cash applied to investing

(10,656,467) (8,012,166)

Net decrease in cash

(7,547,754) (12,223,454)

Cash, net of bank indebtedness:

Beginning	3,215,936	15,439,390
Ending	\$ (4,331,818)	\$ 3,215,936

See accompanying notes to the consolidated financial statements

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2021

1. Nature of operations

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

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

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

2. Summary of significant accounting policies

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

Basis of consolidation

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

- North Haven Manor Cottages
- Valley Vista Cottages
- Bonnews Lodge Apartment Complex

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

Use of estimates

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

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

See accompanying notes to the consolidated financial statements

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2021

disease.

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, 2021

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.

General stores
Drugs

Average cost
First-in, first-out

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2021

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

Tangible capital assets

The Authority has control over certain lands, buildings and equipment with the title resting with the Government and consequently these assets are not recorded under tangible capital assets.

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

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

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

Capital and operating leases

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

Impairment of long-lived assets

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

Replacement reserves

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

Pension costs

Employees of Central Health are covered by the Public Service Pension Plan and the Government Money Pension Plan administered by the Province of Newfoundland and Labrador. Contributions to the plans are required from both the employees and Central Health. The annual contributions for pensions are recognized in the accounts on a current basis. Current year pension expenditures totaled \$14,650,599 (2020 - \$14,481,578).

See accompanying notes to the consolidated financial statements

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2021

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

Financial instruments

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

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

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

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

Central Regional Health Authority
Notes to the Consolidated Financial Statements

March 31, 2021

3. Receivables	<u>2021</u>	<u>2020</u>
Provincial grants	\$ 9,994,044	\$ 6,061,660
Patient, rents and other	6,987,020	5,073,153
MCP	367,097	381,207
Cancer Foundation	611,144	1,148,375
Foundations	128,122	-
HST	1,049,450	1,251,260
Due from NLHC	<u>31,713</u>	<u>60,174</u>
	19,168,590	13,975,826
Allowance for doubtful	<u>(1,250,071)</u>	<u>(957,120)</u>
	<u>\$17,918,519</u>	<u>\$13,018,709</u>

4. Payables and accruals	<u>2021</u>	<u>2020</u>
Trade	\$23,816,055	\$17,371,458
Due to NLHC subsidy	23,065	-
Residents comfort fund	98,509	92,343
Accrued - wages	12,848,670	11,336,319
- interest	<u>15,611</u>	<u>18,208</u>
	<u>\$36,801,910</u>	<u>\$28,818,328</u>

See accompanying notes to the consolidated financial statements

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2021

5. Employee future benefits

Future employee benefits related to accrued severance and accrued sick obligations have been calculated based on an actuarial valuation as at March 31, 2018 and extrapolated to March 31, 2021. 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>2021</u>	<u>2020</u>
Wages and salary escalation	2.75%	3.50%
Interest	3.11%	3.25%

Based on actuarial valuation of the liability, at March 31, 2021 the results for sick leave are:

Accrued sick pay obligation, beginning	\$19,429,483	\$20,009,153
Current period benefit cost	1,699,643	1,707,996
Benefit payments	(2,401,433)	(2,342,849)
Interest on the accrued benefit obligations	620,055	600,599
Actuarial gains	<u>(142,854)</u>	<u>(545,416)</u>
Accrued sick pay obligations, at end	<u>\$19,204,894</u>	<u>\$19,429,483</u>

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

Sick benefits

Accrued benefit obligation	\$19,204,894	\$19,429,483
Unamortized actuarial gains	<u>(585,386)</u>	<u>(996,553)</u>
Accrued benefit liability	<u>\$18,619,508</u>	<u>\$18,432,950</u>

6. Deferred grants and revenue

	<u>2021</u>	<u>2020</u>
Deferred operating grants	\$ 3,334,307	\$ 1,495,754
Deferred capital grants	29,748,216	23,680,702
Deferred revenue	<u>-</u>	<u>9,808</u>
	<u>\$ 33,082,523</u>	<u>\$25,186,264</u>

See accompanying notes to the consolidated financial statements

Central Regional Health Authority
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March 31, 2021

7. Long-term debt	<u>2021</u>	<u>2020</u>
Operating		
0.99% CMHC mortgage on Lakeside Homes; repaid during the year	\$ -	\$ 11,711
7.5% CMHC mortgage on Lakeside Homes; repayable in equal monthly instalments of \$4,574, interest included; maturing July 2023.	118,417	162,783
2.67% Canadian Imperial Bank of Commerce loan for Carmelite House, unsecured; repayable in equal monthly instalments of \$56,038, interest included; maturing January 2027.	3,628,721	4,196,053
3.54% Canadian Imperial Bank of Commerce mortgage on land and building at 3 Twomey Dr, Botwood; repayable in equal monthly instalments of \$390, interest included; maturing June 2027.	26,883	30,261
3.54% Canadian Imperial Bank of Commerce mortgage on land and building at 145 Commonwealth Ave, Botwood; repayable in equal monthly instalments of \$357, interest included; maturing July 2027.	24,207	27,307
8.0% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Senior Citizens Home; repayable in equal monthly instalments of \$10,124, interest included; maturing September 2027.	613,579	683,853
7.88% Newfoundland and Labrador Housing Corporation mortgage on Authority offices; repayable in equal monthly instalments of \$8,165, interest included; maturing November 2024.	304,103	375,297
2.60% Bank of Nova Scotia 1st mortgage, repaid during the year	-	349
	<u>4,715,910</u>	<u>5,487,614</u>

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2021

7. Long-term debt (cont'd.)	<u>2021</u>	<u>2020</u>
North Haven Manor Cottages Phase IV		
1.81% Newfoundland and Labrador Housing Corporation mortgage on North Haven Manor Cottages; repayable in equal monthly instalments of \$3,046, interest included maturing July 2025.	<u>152,234</u>	<u>185,713</u>
Bonnews Lodge Apartment Complex		
2.04% Newfoundland and Labrador Housing Corporation 1st mortgage on Bonnews Apartment Complex; repayable in equal monthly instalments of \$3,714, interest included; maturing November 2024.	<u>157,524</u>	<u>198,396</u>
	<u>\$ 5,025,669</u>	<u>\$ 5,871,723</u>

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

2022	\$ 866,202
2023	899,753
2024	899,045
2025	855,740
2026	772,608
Thereafter	732,320

8. Replacement reserves	<u>2021</u>	<u>2020</u>
Balance, beginning	\$ 198,616	\$ 158,550
Add:		
Allocation for year	60,220	60,220
Contributions from Authority	12,900	12,900
Interest	<u>28</u>	<u>-</u>
	<u>271,764</u>	<u>231,670</u>
Less:		
Approved expenditures	<u>40,172</u>	<u>33,054</u>
Balance, ending	<u>\$ 231,592</u>	<u>\$ 198,616</u>
Funding		
Replacement reserve funds	\$ 86,549	\$ 53,573
Due from Newfoundland and Labrador Housing Corporation	<u>145,043</u>	<u>145,043</u>
	<u>\$ 231,592</u>	<u>\$ 198,616</u>

Central Regional Health Authority
Notes to the Consolidated Financial Statements

March 31, 2021

9. Tangible capital assets

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

Central Regional Health Authority
Notes to the Consolidated Financial Statements

March 31, 2021

9. Tangible capital assets (cont'd.)

	<u>Land</u>	<u>Land improvements</u>	<u>Building and service equipment</u>	<u>Equipment</u>	<u>Motor vehicles</u>	<u>Total</u>
March 31, 2020						
Cost						
Opening balance	\$ 532,675	\$ 1,212,046	\$83,058,621	\$140,450,817	\$ 3,505,174	\$228,759,333
Additions	-	-	3,967,528	3,724,836	177,903	7,870,267
Disposals	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Closing balance	<u>532,675</u>	<u>1,212,046</u>	<u>87,026,149</u>	<u>144,175,653</u>	<u>3,683,077</u>	<u>236,629,600</u>
Accumulated amortization						
Opening balance	-	977,336	57,883,310	109,843,496	2,514,977	171,219,119
Additions	-	11,736	1,220,734	4,280,231	233,619	5,746,320
Disposals	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Closing balance	<u>-</u>	<u>989,072</u>	<u>59,104,044</u>	<u>114,123,727</u>	<u>2,748,596</u>	<u>176,965,439</u>
Net book value	<u>\$ 532,675</u>	<u>\$ 222,974</u>	<u>\$27,922,105</u>	<u>\$30,051,926</u>	<u>\$ 934,481</u>	<u>\$59,664,161</u>

Book value of capitalized items that have not been amortized is \$9,850,819 (2020 - \$6,515,354)

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2021

10. Inventories	<u>2021</u>	<u>2020</u>
General stores	\$ 3,095,328	\$ 1,065,919
Drugs	<u>1,675,334</u>	<u>1,783,004</u>
	<u>\$ 4,770,662</u>	<u>\$ 2,848,923</u>

11. Prepaids	<u>2021</u>	<u>2020</u>
Operating		
Equipment maintenance	\$ 567,859	\$ 419,179
Malpractice and membership fees	6,440	12,588
General insurance	336,843	322,217
Municipal taxes	820,176	836,265
Other	<u>1,475,499</u>	<u>1,794,452</u>
	<u>\$ 3,206,817</u>	<u>\$ 3,384,701</u>

12. Line of credit

The Authority has access to a \$15 million line of credit in the form of revolving demand loans at its bankers. These loans have been approved by the Minister of Health and Community Services. The balance outstanding on this line of credit at March 31, 2021 is \$4,968,024 which is included in the \$4,719,246 current accounts balance above (2020 - NIL). 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:

2022	\$ 188,439
2023	158,932
2024	84,362
2025	60,189
2026	19,228

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2021

14. Contingencies

As of March 31, 2021 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. Impacts of COVID-19

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

During the year, the organization had to manage many operational challenges due to the global pandemic. In response, Central Health reduced services several times throughout the year during high alert levels and setup numerous testing, assessment, and vaccination clinics throughout the region, as well as new COVID inpatient and ICU units in one of our acute care centers. Central Health was provided additional funding to help offset the extra costs of staffing, equipment and personal protective equipment requirements due to ongoing public health measures. A provincial warehouse was setup under Eastern Health for storing personal protective equipment. Central Health also had a small amount of COVID vaccine inventory on hand with costing unavailable at year end.

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

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2021

16. Expenditures by object	<u>2021</u>	<u>2020</u>
Expenditure		
Salaries	\$ 195,880,267	\$ 202,290,850
Employee benefits	35,926,999	36,873,190
Supplies - plant operations and maintenance	6,109,740	6,680,531
- drugs	11,763,621	12,649,833
- medical and surgical	9,629,578	10,489,027
- other	13,518,162	10,496,129
Direct client costs - MHA, CS, HP, and CC	72,707,689	69,766,286
Other shareable expenses		
- sundry	11,722,064	9,341,977
- equipment expense	6,630,201	8,238,383
- contracted-out services	21,059,031	19,842,820
- building, grounds and equipment expense	11,791,194	10,927,696
Long-term debt - interest	193,940	223,307
Cottage operations	1,388,789	1,467,408
Foundations	<u>-</u>	<u>1,206,746</u>
	<u>\$ 398,321,275</u>	<u>\$ 400,494,183</u>

17. Financial instruments

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



Appendices





Central Health Facilities

Regional Health Centres

Central Newfoundland Regional Health Centre, Grand Falls-Windsor	709-292-2500
James Paton Memorial Regional Health Centre, Gander	709-256-2500

Health Centres

A.M. Guy Memorial Health Centre, Buchans	709-672-3304
Baie Verte Peninsula Health Centre, Baie Verte	709-532-4281
Connaigre Peninsula Health Centre, Harbour Breton	709-885-2043
Dr. Hugh Twomey Health Centre, Botwood	709-257-2874
Dr. Y.K. Jeon Health Centre, New-Wes-Valley	709-536-2405
Fogo Island Health Centre, Fogo Island	709-266-2221
Green Bay Health Centre, Springdale	709-673-3911
Lewisporte Health Centre, Lewisporte	709-535-6767
Notre Dame Bay Memorial Health Centre, Twillingate	709-884-2131

Community Health Centres

Bay d'Espoir Community Health Centre, Bay d'Espoir	709-538-3244
Belleoram Community Health Centre, Belleoram	709-881-6101
Bell Place Community Health Centre, Gander	709-651-3306
Centreville Community Health Centre, Centreville	709-678-2342
Change Islands Community Health Centre, Change Island	709-621-6161
Dr. Brian Adams Community Health Centre, Gambo	709-674-4403
Dr. C. V. Smith Community Health Centre, Glovertown	709-533-2372
Eastport Community Health Centre, Eastport	709-677-2530
Exploits Community Health Centre, Botwood	709-257-4900
Gaultois Community Health Centre, Gaultois	709-841-7331
Grand Falls-Windsor Community Health Centre, Grand Falls Windsor	709-489-8150
Green Bay Community Health Centre, Springdale	709-673-4974
Hermitage Community Health Centre, Hermitage	709-883-2222
La Scie Community Health Centre, LaScie	709-675-2429
Lewisporte Community Health Centre, Lewisporte	709-535-0905
McCallum Community Health Centre, McCallum	709-846-4104
Mose Ambrose Community Health Centre, Mose Ambrose	709-888-3541
Musgrave Harbour Community Health Centre, Musgrave Harbour	709-655-2518
New World Island Community Health Centre, Summerford	709-629-3682
Rencontre East Community Health Centre, Rencontre East	709-848-3410
Robert's Arm Community Health Centre, Robert's Arm	709-652-3410
St. Alban's Community Health Centre, St. Alban's	709-538-3738
St. Brendan's Community Health Centre, St. Brendan's	709-669-5381



Central Health Facilities

Community Health Centres

Victoria Cove Community Health Centre, Gander Bay 709-676-2155

Long-term Care Facilities

Carmelite House, Grand Falls-Windsor 709-292-2528

Lakeside Homes, Gander 709-256-8850

Bonnews Lodge, New-Wes-Valley 709-536-2160

Valley Vista Senior Citizen's Home, Springdale 709-673-3936

Therapeutic Treatment Centres

Juniper Place, Grand Falls-Windsor 709-489-6651

Hope Valley Centre, Grand Falls-Windsor 709-292-8360

Regional Office

Regional Office, Grand Falls-Windsor

People and Culture 709-292-2460

Financial Services 709-292-2168

Quality, Planning and Performance 709-292-2146

Facilities Management and Engineering 709-292-3014



Abbreviations List

BTG – Bridge the Gapp	N.O.D – Name, Occupation, and Duty
CHANNAL – Consumers Health Awareness Network of Newfoundland & Labrador	NP – Nurse Practitioner
CNRHC – Central Newfoundland Regional Health Centre	ODT - Opioid Dependency Treatment
CSS – Community Support Services	PCH – Personal Care Home
DMCS - Document Management and Control System	PFCC – Person- and Family-Centred Care
ED – Emergency Department	PFAC – Patient and Family Advisory Council
EDD - Estimated Date of Discharge	PHC – Primary Health Care
ELOS - Expected Length of Stay	PHIA – Personal Health Information Act
EMR - Electronic Medical Record	PPE - Personal Protective Equipment
EOC – Emergency Operations Centre	PX - Patient Experience
FACT - Flexible Assertive Community Team	RFP - Request for Proposals
HEM – Health Emergency Management	RHA – Regional Health Authority
HR – Human Resources	SSCP - Supportive Services to Children Program
HFO – Heart Failure Outreach	SMT – Senior Management Team
HIM - Health Information Management	TOR – Terms of Reference
ICM – Integrated Capacity Management	TTXs – Tabletop Exercises
IMC – Information Management Council	
JPMRHC – James Paton Memorial Regional Health Centre	
LEAP - Learning Essentials in Palliative Care	
LPN - Licensed Practical Nurse	
LOS - Length of Stay	
LTC – Long-term Care	
MAC – Medical Advisory Committee	
MCR - Mobile Crisis Response	
MHAS - Mental Health and Addiction Services	
NEAC – Non-Emergent Assessment Clinic	
NLCHI - Newfoundland and Labrador Centre of Health Information	