



Central
Health

Annual Report 2019-20



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For the purpose of this annual report, the term ‘patient’ is inclusive of ‘resident’ and ‘client’ unless otherwise stated.

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, 2020. This Annual Performance Report is the third and final report for the 2017-20 Central Health Strategic Plan. It was prepared under the direction of the Board of Trustees, in accordance with a Category One Entity per the **Transparency and Accountability Act** and the **Regional Health Authorities Act**. As a Board, we are accountable for the information, results, and variances contained within this annual report.

This report provides progress on Central Health's four strategic issues – Person-and Family-Centred Care, Better Value through Improvement, Better Health, and Better Care. In addition to measured results, highlights of partnerships and accomplishments are featured in this report.

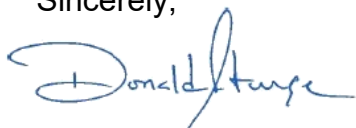
We remained committed to implementing the 36 recommendations from the Central Regional Integrated Health Authority External Review, released on May 17, 2018. The recommendations focus on governance, leadership, clinical management, relationships, succession planning, and community engagement. As of December 31, 2019, 118 of 145 or 81 per cent of the actions supporting the recommendations have been completed. The Implementation Steering Committee monitors the implementation of the recommendations and meets on a quarterly basis and Dr. Peter Vaughan, author of the review, continues to be an active member.

Into the spring, when the world was faced with the COVID-19 global pandemic, our dedicated team of employees, physicians and leaders stepped up to the challenge to protect the health and well-being of our patients, residents and clients. On behalf of the Board of Trustees, I want to thank our team of some 3,200 employees and physicians for your courage, professionalism, and dedication to those in our care. You continue to inspire, and we are grateful for your unwavering commitment amid this unprecedented time.

Over the past year, Central Health made great strides in starting conversations, strengthening relationships, and building new partnerships. Our new strategic planning process gave us the opportunity to visit several communities throughout the region and speak with individuals, families, and groups through our 5 Partner engagement sessions. These engagement sessions helped form our 2020-23 Strategic Plan.

Looking back over 2019-20, Central Health has much to be proud of. As we move forward, we will continue to engage with individuals and communities, actively seek opportunities to work with others, and re-affirm our commitment to quality care. Our shared vision of **healthy people, healthy communities** is possible when we all work together and support one another.

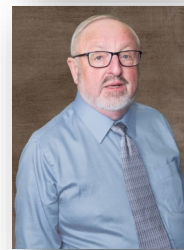
Sincerely,



Donald Sturge



BOARD OF TRUSTEES



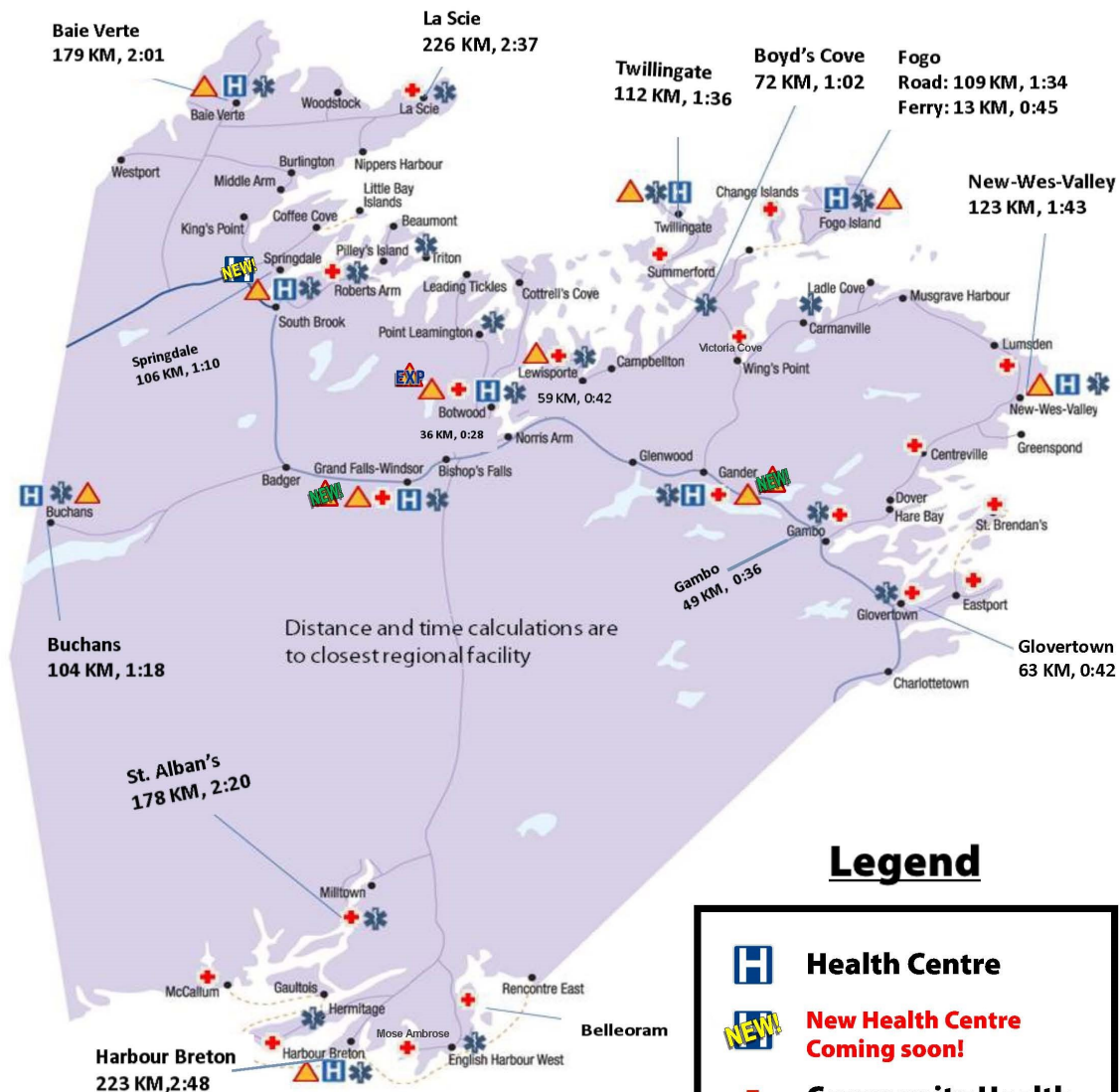
Donald Sturge | Thomas Kendell
Valerie Hoskins | Rick LeDrew | Bernice (Bonnie) Pritchett
Des Dillon | Fred J. Penney | Maxwell (Max) John Taylor
Judy White | Hector Pearce | David Oxford
Maisie Clark | Jennifer Whelan

OVERVIEW

Population and Geography

Central Health is the second largest health authority in Newfoundland and Labrador, serving approximately 93,000 people (18 per cent of the province's population) living in 176 communities.

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



Legend

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



Facilities and Services

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

- 2 Regional Referral Centres
- 9 Health Centres
- 11 LTC facilities (seven co-located in Health Centres – Dr. Hugh Twomey Health Centre, North Haven Manor, Notre Dame Bay Memorial Health Centre, A.M. Guy 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
- 24 Community Health Centres
- 2 Residential Treatment Centres
- 1 Regional Office

Health and community services are provided through 42 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 (PCH) 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 \$397 million in 2019-20, Central Health invests its funds in three general areas: direct care, support services, and administration.

Central Health has more than 3,200 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 Qualipu First Nation are also in the process of establishing a relationship. A Mi'kmaq First Nation, Qualipu's membership is spread across 67 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.



Highlights and Partnerships

HIGHLIGHTS AND PARTNERSHIPS

Person- and Family-Centred Care (PFCC)

Patient Experience Advisors as Partners in Leadership Interview Panels

Developing and utilizing meaningful partnerships with Patient Experience (PX) Advisors in all areas of the organization is imperative to building a PFCC culture. This year, Central Health expanded its partnership with PX Advisors to the Human Resources Department. Human Resources welcomed advisors as equal and valued members of the interview panel team for select positions. The advisor position on the interview panel helps ensure that successful candidates for leadership roles are supportive of PFCC and exhibit the values of the organization. With this new approach, the patient voice is now integrated into the leadership hiring process. Central Health plans to conduct an evaluation of this work and both Human Resources and PX Advisors will determine next steps on how best to build upon this new partnership.



L-R: Lori Combden, Human Resources Manager; Madonna Sparkes, PX Advisor; Vanessa Mercer-Oldford, VP - People and Transformation; and Ross Rowsell, Regional Quality Improvement Manager. All four wait for the applicant as Madonna takes part in her first leadership interview.

Central Health Senior Management Team and the Miawpukek Mi'kamaway Mawi'omi meet to discuss key health care issues for the area.



Central Health Senior Management meets with Miawpukek First Nation and Conne River Health and Social Services

A meaningful event for Central Health took place in Conne River on February 13, 2020. For the first time in the history of Central Health – including previous regional governing bodies – Central Health's Senior Management Team met with the Miawpukek Mi'kamaway Mawi'omi (Miawpukek First Nation) and Conne River Health and Social Services to discuss key health care issues for the area. Miawpukek First Nation provides healthcare to band and non-band patients.

Following a gift presentation to Sagamaw (Chief) Mi'sel Joe and a Smudging ceremony – an Indigenous tradition to purify or cleanse the soul of negative thoughts of a person or place – the group talked about how Central Health can be more reflective of the values, traditions and health care needs of the people of Miawpukek First Nation. Topics included: creating a greater understanding of Indigenous needs, collaborating to enhance care, having a liaison person in place to assist with service referrals to provincial care, data inclusion in Central Health reporting, and traditional food options. Central Health is currently exploring its options to incorporate these ideas. This partnership aligns with a Government Priority commitment to Meet with Indigenous Leaders and to Expand Primary Health Care Delivery.



L-R: Ada Roberts, Director Conne River Health & Social Services; Andrée Robichaud, Central Health President & CEO; and Mi'sel Joe, Miawpukek First Nation Chief

Better Value through Improvement

A Focus on Governance and Population Health

In November 2019, the Central Health Board of Trustees hosted a two-day conference in partnership with the Boards of Trustees from the other RHAs to discuss themes impacting the healthcare system in Newfoundland and Labrador. The conference – Leading Change: Building On Our Vision For Healthy Communities – brought together representatives from the Department of Health and Community Services, Memorial University of Newfoundland and Labrador Faculty of Medicine, the RHAs, and leading experts from a wide-range of healthcare disciplines across the country. It focused on two themes – Good Governance and Population Health – with an overarching goal to begin collaborative dialogue to advance good governance and population health.

Contributing to the conference were plenary speakers Dr. Peter Vaughan, Board Chair of Canada Health Infoway; Jane Parry of Flow Consulting; George Joyce, Chair and CEO of the Public Service Commission; Earl Ludlow, Chair of the Independent Appointments Commission; Steven Lewis, Health Policy and Research Consultant, Adjunct Professor of Health Policy at Simon Fraser University; and Vice Presidents from the RHAs. The Public Engagement and Planning Division supported the planning process and provided leadership and guidance throughout the conference.

The conference marked the first collaborative effort between the province's health boards to address shared challenges. Following the conference, the Board Chairs of the RHAs developed a series of recommendations that will support stronger governance and population health in Newfoundland and Labrador. This collaboration aligns with a provincial commitment to Partner with the Community Sector to Improve Services and Find Efficiencies, Create Better Health Outcomes through Innovation, and Create Communities that Support Healthy Living.

Participants at the Leading Change: Building On Our Vision For Healthy Communities conference



Accreditation

Accreditation Canada is a not-for-profit organization that assesses health care and social service organizations in affiliation with the Health Standards Organization. Central Health was successfully accredited by Accreditation Canada in the fall of 2019 following the evaluation of the Leadership and Governance Standards where Central Health achieved 99.6 per cent compliance of 231 standards, and the 2018 evaluation where Central Health achieved 95.9 per cent compliance of 2,685 service standards. All unmet standards have been reviewed and incorporated in the applicable program workplans. The accreditation evaluation was conducted by independent surveyors from other Canadian health organizations who conducted site visits, on-site surveys, and staff interviews to assess Central Health's leadership, governance, and clinical programs and services against Accreditation Canada's requirements for quality and safety. As part of the overall evaluation, Central Health was measured by national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning and client experience.



Employees and leadership groups attending Accreditation Canada information session.



Better Health

Dialysis Home Based Program: AMIA Cycler for Home-Based Peritoneal Dialysis Patients

The American Medical Information Association (AMIA) Automated Peritoneal Dialysis Cycler provides nurses with real-time data that is recorded during the patient's home-based dialysis session – blood pressure, heart rate, weight, dialysis solutions used, dwell and drain times, ultrafiltration (fluid removal) – and advises of any alarms during treatment. The implementation of this equipment has resulted in timely information to inform the patient's dialysis prescription and decisions regarding prescription changes that are warranted to improve outcomes. These prescription changes mitigate treatment risks by ensuring more timely intervention, and this data can also be used by nurses to assist patients when they call with concerns.

Prior to implementation of this equipment, Central Health dialysis patients had to complete monthly journaling of health indicators through pen and paper means. This resulted in significant time delays and potential data integrity issues related to daily treatments and lack of documentation of alarms. Furthermore, the previous peritoneal cycler did not have live data sharing capability and patients had to return to the home-based clinic on a monthly basis and provide the manual recorded data.

The AMIA Automated Peritoneal Dialysis Cycler has improved the overall care experience for the patient and created a significant improvement in timely access to accurate information for nursing staff to effectively manage clinical care. This highlight aligns with a Government Priority commitment to Personalize the Health Care System.

Healthy Living – Focus on Safety

Throughout 2019-20, Public Health Nurses conducted several education sessions covering a variety of health promotion topics. This highlight aligns with provincial commitments to Create Communities that Support Healthy Living and Increase Awareness and Engage Individuals to Take Action for Healthy Living. The following education initiatives specifically focused on safety and injury prevention and there was a notable increase in participation from previous years.

- 12 **Prevent Alcohol and Risk-Related Trauma in Youth (P.A.R.T.Y.)** half day workshops with 351 students in attendance. P.A.R.T.Y. workshops focus on injury awareness and prevention for youth age 15 years and older. Snow safety mazes were held in three schools with approximately 260 students participating from the Bishop's Falls, Gander Bay and Twillingate areas.
- National distracted driving sessions with 400 individuals in attendance.
- Concussion Awareness sessions with 100 students in attendance.
- The Home Alone Program delivered to 10-year-old students in four separate communities. This program focuses on safety while at home after school.
- Central Health's Injury Prevention Consultant distributed 3,521 incentive items in 2019 through Public Health, paramedics and other Central Health partners, supporting and reinforcing injury prevention messages to the population.

Lewisporte Family Resource Centre Healthy Together Project

Through support from Central Health, the Lewisporte Family Resource Centre created and delivered a 12-week project targeted at families to increase outdoor activities and eat healthy throughout January, February and early March. It increased regular physical activities for both children and adults by making community spaces and activities such as bowling, skating and snowshoeing available. One very successful part of the project involved a partnership with the Town of Lewisporte where the Family Resource Centre was able to rent facility space at a reduced cost for bowling and skating. It also partnered with the local O2 Activity Club for the in-kind use of their ski and snowshoe building, groomed trails, and adult snowshoes with snowshoe instruction. With funding from the Central Wellness Coalition, the Centre purchased homemade toddler size snowshoes so children could also participate in the snowshoeing activity with the adults. Transportation to the activities was also provided to those who needed it, as transportation was identified as a barrier to participation. Following each physical activity event, a healthy snack such as fresh, frozen or canned fruits was offered to all participants.

The Lewisporte Family Resource Centre delivered a successful program that helped increase physical activity as well as socialization for both parents and children, provided healthy snacks, and mental health benefits. The project was funded through the Community Grants Funds for a total of \$850.00 and aligns with Government Priority commitments to Create Communities that Support Health Living and Increase Awareness and Engage Individuals to Take Action for Health Living.

Better Care

Midwifery Program at Central Health

Registered Midwives play an important role in our health care system and contribute greatly to maternal and infant health. In January 2020, Central Health integrated Midwifery Care Services into its Obstetrical Service in Gander. This was the first registered Midwifery program within the province of Newfoundland and Labrador. The program was implemented following the appointment of a Midwifery Consultant with the Department of Health and Community Services and aligns with a provincial commitment to Personalize the Health Care System and Expand Primary Health Care Delivery.

The Midwifery Program provides an on-call 24-hour service to patients of the program. Patients can self-refer or be referred to the Midwifery Program by a care provider such as a nurse practitioner, general practitioner or obstetrician. At the patient's initial visit, the midwife gathers medical and obstetrical history and may request all necessary prenatal investigations if not completed previously. The midwives continue to offer prenatal care if all investigations/reports are normal as they conduct low risk births. Should there be any deviation from the norm, a consult or a transfer of care will occur with the Obstetrician or Pediatrician on-call. Patients also receive six weeks of postnatal support through the program.

Progress continues to be made in developing the midwifery care model, with defined roles and accountabilities of the obstetrical care team along with raising awareness among care recipients of the Central Health Maternal, Child, Population Health Program. As of March 31, 2020, midwives had participated in five births in Central Newfoundland.



Midwife, Brianna Thompson, meeting new and expectant mothers during appointments at the Bell Place Community Health Centre, Gander.

CONNECT-ing Communities with the Right Care at the Right Time

Central Health has made significant progress in the implementation of the Home First provincial framework to support appropriate utilization of acute care and emergency department visits. Implementation includes the creation of Community CONNECT - ER.

The Community CONNECT - ER is an acute care community partnership to prevent avoidable acute care admissions through coordination of services, patient engagement and communication. The team completes a clinical assessment, engages the patient and/or family around care planning and coordinates community follow-up. Supports can also be approved, as required, through the Home First Integrated Network. Community CONNECT - ER provides support to the Emergency Department (ED) through the availability of Acute Care Social Workers or Liaison Nurses who can respond quickly to assess individuals who do not require admission but have barriers to returning home. Many of the patients presenting are often in crisis and have complex psychosocial needs in addition to their acute medical need, and through this program, patients can be quickly identified, assessed, and receive coordinated community follow-up.

A key component of the Community CONNECT - ER program is the quality of conversations between healthcare workers and patients, which supports informed decision-making and effective safety plans. Community CONNECT - ER exemplifies our PFCC approach and aligns with provincial commitments to Improve Community Home Supports Services and Enhance Healthy Living for Seniors.

Over 2019-20, the service expanded to include rural sites and traditional working hours for Acute Care Social Workers and liaison nurses expanded to include coverage until 9 pm on weekdays. In 2019-20, there were 215 direct consults to CONNECT - ER; 102 cases were screened for a safe return to community and 77 admissions were prevented.



Recovery Tree Mural—located at the Mental Health and Addictions Unit in Central Newfoundland Regional Health Centre in Grand Falls-Windsor. Painted by volunteer Craig Goudie.

The tree represents new growth, new life— new beginnings.

Report on Performance

REPORT ON PERFORMANCE

This section outlines the progress on Central Health’s objectives for year three (2019-20) of this planning cycle and details the progress made over 2017-20. This report on performance focuses on the health authority’s four strategic issues: Person- and Family-Centred Care (PFCC), Better Value Through Improvement, Better Health, and Better Care.

STRATEGIC ISSUE 1:

PERSON- AND FAMILY-CENTRED CARE

Accreditation Canada has defined PFCC as an approach that guides all aspects of planning, delivering and evaluating health care services. In recognition of this, at Central Health, we strive to place the person we care for and their family at the centre of everything we do; PFCC— seeks out the voice of the person (patient, resident, client, and family), listens and learns from their experience and utilizes this information to improve the experience for others. A PFCC approach can impact interactions, guidelines, policies, programs and space design to improve client experiences while engaging staff throughout the organization.

The focus of PFCC is always on creating and nurturing mutually beneficial partnerships amongst clients, families, physicians, and staff. It is grounded in the core principles of dignity and respect, information sharing, participation and partnership, and collaboration; principles that lay the strong foundation of Central Health’s culture and align with Accreditation Canada standards. By partnering with the patient and their family members, Central Health will continue to improve the experience of those in our care and in our communities.

Strategic Issue 1: Person- and Family-Centred Care (PFCC)	
GOAL: By March 31, 2020, Central Health will have embedded a PFCC approach to care that is integral to guiding the planning, delivery, and evaluation of health care services throughout the organization.	
Planned Indicators for 2017-20	Actual Progress for 2017-20
Developed PFCC Strategy	A PFCC strategy was developed and the following components of the strategy were implemented during the 2017-20 strategic planning cycle: PFCC Framework, PFCC Principles, PFCC Education Plan, and the PFCC Communications Plan. The Patient Experience Advisor Program was also developed and implemented as a part of this strategy, along with integration of PX Advisors throughout the organization.
Implemented PFCC Education Plan	As of March 31, 2020, 85.7 per cent of Central Health staff completed PFCC educational requirements, of which 13.3 per cent completed it in 2019-20. PFCC education is also integrated into orientation for all new Central Health staff members as part of the General Orientation Program. In 2017-18, Central Health developed a PFCC Education Plan and implementation occurred over 2017-20.

<p>Implemented PFCC Communications Plan</p>	<p>In 2017-18, a PFCC Communications Plan was developed and implementation began that same year and continued over the 2017-20 reporting period, inclusive of the:</p> <ul style="list-style-type: none"> • identification of target audiences; • development of PFCC key messages; PFCC language incorporated into both internal and external communications and marketing tools; • internal communications with employees, physicians and leadership; and, • external communications with community stakeholders and media. <p>A key element of the PFCC Communications Plan was the storytelling of lived experiences by patients and family members, and staff who partner with patients and families to deliver the PFCC experience. The practice of PFCC storytelling has been included as an agenda item for various committees and organizational gatherings. For instance, a PFCC story is shared by a patient, family member, or staff member at Central Health Board of Trustees' public meetings.</p>
<p>Implemented PFCC Advisor Program</p>	<p>In 2018-19, a Patient and Family Advisory Council (PFAC) was created. It is a formal collection of volunteer patients and families from across the Central Health region who bring diversity based on geography, age, gender, background, culture and healthcare experience. The committee advises Central Health's senior leaders, healthcare providers, staff and physicians on policies, practices, planning and delivery of PFCC. As of March 31, 2020, Central Health had 42 PX Advisors with 27 recruited in 2019-20.</p> <p>In 2017-18, Central Health's Patient Experience Advisor Program was developed by Central Health's PFCC Steering Committee. 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.</p>
<p>Increased number of LTC Resident and Family Councils</p>	<p>Four Resident and Family Councils were established at all LTC homes within Central Health; throughout the 2017-20 reporting cycle, councils were established in all 11 LTC homes.</p> <p>A Resident and Family Council is an organized, self-led, self-determining, democratic group composed of family and friends of residents at a LTC home. A Resident and Family Council works with residents' family members or friends and the LTC home to identify and resolve issues that affect residents' quality of life; plan activities for residents, families and staff; promote optimal quality of life; and care for all residents in a culture of compassion, dignity and respect amongst staff, family and friends.</p>
<p>Implemented select PFCC guidelines, policies, and standards in identified priority areas</p>	<p>The following PFCC policies and practices were implemented in priority areas:</p> <ul style="list-style-type: none"> • The Family Presence Policy (2018-20) • The Nursing Bedside Handover Policy (2018-20) • The Practice of Leadership Rounding (2018-19) • The Long-Term Care Resident and Family Council Policy (original 2011/revised 2018)

Improved client experience, as indicated by select performance measures	<p>Patient Experience Surveys with questions specific to PFCC were deployed. Six out of eight PFCC related questions demonstrate improvement during the 2017-20 reporting period:</p> <ul style="list-style-type: none"> • Providing information/explanations about your care - 82.3 per cent (increase of 6.4 per cent) • Speaking in a way that was understood - 87.2 per cent (increase of 7.8 per cent) • Providing opportunities to ask questions - 85.8 per cent (increase of 7.5 per cent) • Providing courtesy and respect - 90.7 per cent (increase of 9.8 per cent) • Respecting your privacy and confidentiality - 91.1 per cent (increase of 10.3 per cent) • Communication Board completed daily - 88.9 per cent (increase of 8.1 per cent) • Involving you in decisions about your treatment and care – 77.8 per cent (increase of 1.9 per cent). This is an area of opportunity to increase the number of respondents who feel involved in decisions about their treatment and care. • Staff, physicians and volunteers introducing themselves – 92.9 per cent (increase of 1.8). While there was no significant increase for this question, the 92.9 per cent demonstrates the successful practice of Central Health staff, physicians and volunteers in introducing themselves to patients and families upon each new interaction.
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<p>GOAL: By March 31, 2020, Central Health will have embedded a PFCC approach to care that is integral to guiding the planning, delivery, and evaluation of health care services throughout the organization.</p>	
<p>OBJECTIVE #3: By March 31, 2020, Central Health will have implemented the PFCC guidelines, policies and practices, and the PFCC Advisor Program throughout the organization.</p>	
<p>Planned Indicators for 2019-20</p>	<p>Actual Progress for 2019-20</p>
<p>Increased number of PX Advisors to 40</p>	<p>Central Health is committed to partnering with PX Advisors in all areas that have an impact on health care services. 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. As of March 31, 2020, Central Health had 42 PX Advisors with 27 recruited in 2019-20.</p>
<p>Evaluated the PFCC strategy</p>	<p>Evaluation is integral to the success of the PFCC Strategy and consisted of the following:</p> <ul style="list-style-type: none"> • Survey of PFAC members following each council meeting. Evaluation to date has indicated positive experience with meeting format, agenda, project work and engagement. Face-to-face meetings have been identified as an important venue to connect.

	<p>Patient Experience Surveys with questions specific to PFCC were deployed. Six out of eight PFCC related questions demonstrate improvement since 2017 as noted under the indicator Improved client experience, as indicated by select performance measures.</p> <ul style="list-style-type: none"> • Evaluation of the PFCC education course for employees, physicians and leadership. The results indicate a 92.7 per cent increase in users' knowledge about PFCC at course completion and 70 per cent of those completing the course indicated they will do something different in their role as a result of course learning.
Incorporated PFCC language into all new or newly revised Level 1 and 2 policies	PFCC language is evaluated by the Policy Review Committee when reviewing all new or revised policies. The committee includes PFAC engagement in policy development or revision as an expectation for all new policies. Three policies were Report Client Abuse Policy, Client Relations Policy, and Personal Mobile Device Policy.
Increased percentage of leadership, physicians, staff and volunteers with completed PFCC educational requirements to 85 per cent	As of March 31 st , 2020, 85.7 per cent of staff members completed the PFCC education session on the Central Health Learning Management System, of which 13.3 per cent completed it in 2019-20. PFCC education is also integrated into orientation for all new Central Health staff members as part of the General Orientation.
Implemented Family Presence Policy in all facilities throughout Central Health	Family presence and visitors are integral to patient safety and the healing process, as well as the patient's medical and psychological well-being, their experience, comfort and quality of life. The Family Presence Policy has been implemented in all facilities throughout Central Health throughout 2018-20, and guides, supports and encourages family presence within Central Health settings.
Developed PFAC Advisor Program in one priority area	A Person and Family Advisory Council (PFAC) for Mental Health and Addictions was formed in March 2020. The purpose of the Mental Health and Addictions PFAC is to create a forum where people can provide insight, advice and support on a person-centred approach to the mental health experience.

Discussion of Results

Central Health is committed to engaging its patients, residents, clients and family members to enhance programs and services that are reflective of their experiences. Through Central Health's PFCC strategy, awareness was raised of this care philosophy among staff and physicians. Patients and family members were engaged to inform the work, and important changes were made that positively impact the experience of those receiving care and services.

At the start of the planning cycle Central Health developed and implemented the PFCC strategy, inclusive of an education and communications plan. Over 85 per cent of employees, physicians and leaders completed the PFCC learning module. Central Health also offered a formal Person-Centred Care educational option through the Institute for Healthcare Improvement.

PX Advisors are integral to the organization and contribute at the operational, strategic and national level. Through consistent outreach and referrals from staff, Central Health met its goal of having 42 active PX Advisors engaged at Central Health. PX Advisors have also been involved in national collaboratives including the National Baby Friendly Initiative and Consumer Medication Incident Reporting Project (ISMP Canada). In addition, PFAC have provided important guidance on enhancing the experience of those receiving care and services at Central Health.

Throughout 2017-20, several PFCC policies and standards were implemented with the support of PX Advisors and PFACs. The LTC Resident and Family Council Policy supports councils at all LTC facilities in providing guidance to meet resident, community and facility needs. Developed in 2018-19, the Family Presence Policy supports, encourages and ensures consistent practices for patient and resident-directed family presence at Central Health sites. The Nursing Bedside Handover policy, where the patient and family are present during the transfer of care information during a nursing shift change was also implemented. Recognizing the need to embed this as a standard of practice, bedside posters were dispersed throughout the organization to clearly communicate bedside handover expectations to the patient. Communication Boards are another tool utilized to support communication between the care team, the patient and their family.

The standard of Leadership Rounding was implemented in 2018-19, providing leaders, vice presidents, directors and managers, the opportunity to have purposeful conversations with staff and patients where the work and care happens. Directly linking with employees enables leadership to communicate a focused message to frontline staff or ask questions about an issue or initiative, and receive feedback about the care and services provided by the organization. This knowledge exchange facilitates improved decision-making and efficiency.



Central Health staff and physicians participate in bedside rounding exercise.

STRATEGIC ISSUE 2:

BETTER VALUE THROUGH IMPROVEMENT

Creating better value through continuous improvement of processes and services delivers a more efficient and sustainable healthcare system. Continuous improvement leads to quality care, and better outcomes and experiences for those receiving care and services at Central Health. Given our fiscal reality, it is imperative for healthcare to focus on value and lower costs to ensure sustainability.

Central Health has undertaken initiatives to enhance the appropriateness of care, optimize resources and partnerships, and leverage technology. This work aligns with the guiding principles set forth in the province's vision for sustainability and growth in Newfoundland and Labrador, with a focus on better value, enhanced collaboration and continuous innovative and improvement.

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

Planned Indicators for 2017-20	Actual Progress for 2017-20
Increased appropriateness of health care utilization through implementation of strategies in select areas	<p>Throughout 2017-20, Central Health partnered with the Provincial Quality of Care NL/Choosing Wisely NL (QCNL/CWNL) and participated in Choosing Wisely initiatives focused on the quality care dimension of appropriateness. Choosing Wisely is a campaign to help physicians and patients engage in healthy conversations about unnecessary tests, treatments and procedures, and to help physicians and patients make smart and effective choices to ensure quality care. Central Health's participation varied from data collection and reporting to new protocol implementation. Specifically, for this reporting cycle, Central Health supported the following QCNL/CWNL projects:</p> <ul style="list-style-type: none"> • The Overuse of Antibiotics for Treatment of Urinary Infections in Nursing Homes • Access to Colonoscopy • Improvement in Time from Abnormal Screening Mammogram to Final Diagnostic Test • Reduction of Antipsychotic Use in Long-Term Care Facilities • Potentially Unnecessary Biochemical Testing by Family Physicians <p>See discussion section for further description.</p>
Reduced Length of Stay (LOS) in select areas by 10 per cent	<p>During this reporting period, the total number of admissions decreased 6.1 per cent (5,517 in 2019-20 compared to 5,878 in 2016-17). There was a 9.5 per cent reduction in total LOS (29,710 patient days in 2019-20 compared to 32,820 patient days in 2016-17) and a reduction in acute average LOS (5.1 days in 2019-20 compared to 5.3 days in 2016-17). The 10 per cent reduction in LOS was demonstrated in the following service areas (comparison between 2019-20 to 2016-17 year):</p> <ul style="list-style-type: none"> • Family Practice: A 12.6 per cent decrease; 7,955 patient days compared to 9,104 patient days. • General Medicine: A 26.8 per cent decrease; 14,223 patient days compared to 19,421 patient days.

	<ul style="list-style-type: none"> • General Surgery: A 13.3 per cent decrease; 4,446 patient days compared to 5,129 patient days. • Obstetrics: A 13.1 per cent decrease; 1,633 patient days compared 1,879 patient days. <p>The Canadian Institute for Health Information (CIHI) was the data source for this indicator. Note: only typical cases were included in analysis and atypical cases were removed as atypical cases are considered outliers in examining LOS. Atypical cases are defined as deaths, transfers to or from other acute care institutions, voluntary discharges, and long stay outliers.</p>
<p>Enhanced scope of practice and appropriate skill mix within service delivery models</p>	<p>Central Health enhanced the scope of practice and appropriate skill mix through the implementation of Advanced Care Paramedics (ACPs) in hospital-based paramedicine sites and the expansion of Nurse Practitioners (NPs) to LTC facilities and the Home First Initiative.</p> <p>ACPs offer an enhanced scope of practice, performing independent advanced medical care and interventions to patients at pre-hospital scene settings and within healthcare facilities. As of March 31, 2020, ACPs are operating in four out of six hospital-based locations:</p> <ul style="list-style-type: none"> • Three ACPs in Grand Falls-Windsor (implemented in 2018-20) • Two ACPs in Gander (implemented in 2018-19) • Two ACPs in Twillingate (implemented in 2018-19) • One ACP in Baie Verte (implemented in 2017-18) <p>Central Health enhanced the scope of practice of NPs by expanding from acute care and rural community settings to LTC homes throughout the Central Health region, as well as the expansion of their roles to support the Home First initiative in Grand Falls-Windsor and Gander.</p>
<p>Enhanced quality improvement capacity and capability in the organization through education and training</p>	<p>Central Health has built capability and capacity through implementation of the Quality Improvement Training and Development Plan. Throughout the 2017-20 cycle:</p> <ul style="list-style-type: none"> • 142 staff attended the Lean Education Series Training Webinars to gain an awareness and basic understanding of Lean. • 249 staff, including managers and physicians, attended the two-day Lean Apprentice Training offered by Lean Black Belts. • 34 staff, including managers, completed the Lean Green Belt Program. Through this program staff completed a project aimed at creating better value through improvement (including several 5S projects). 5S is a lean methodology that helps reduce inventory costs in departmental stockrooms and make lean process improvements. <p>Central Health has six staff members certified as Lean Black Belts and two staff members certified as Lean Master Black Belts.</p>

Developed partnerships with communities, non-profit organizations and other RHAs to deliver and/or coordinate services, while optimizing organizational resources

Central Health developed partnerships with communities, non-profit organizations and other RHAs to coordinate and deliver services, optimizing organizational resources. The following are highlights of such partnerships, but are not limited to:

Mental Health and Addictions Services (MHAS)

- MHAS partnered with the Town of Grand Falls-Windsor for the Learning the Ropes program, developed specifically for the aging population.
- MHAS partnered with the Bishop Falls Correctional Centre and Her Majesty’s Penitentiary in St. John’s, providing services to inmates and following release.
- Regional Mental Health Promotion Consultants from Central Health and Western Health met face-to-face with representatives from the Qalipu First Nation and Miawpukek First Nation to assist in planning a one-day summit focused on mental health and service delivery as well as information sharing.
- MHAS Promotion team engaged in health promotion activities with organizations in several communities throughout the region including Fogo Island, New-Wes-Valley, Springdale and Coast of Bays.

Teleheath

- Central Health partnered with the Atlantic Canada Opportunity Agency (ACOA), Newfoundland and Labrador Centre of Health Information (NLCHI) and the other RHAs to build a provincial infrastructure that enhances the delivery and coordination of telehealth.

Women’s Health

- Central Health partnered with Gander Women’s Centre to improve access to prenatal and obstetrical services information inclusive of communication and education on deliveries, obstetrical services, the Midwifery program and other information regarding prenatal care at Central Health.

Implemented efficiencies in health information management processes

Efficiency improvements were made in Central Health’s Information Management processes as follows:

- Efficiencies were made to same-day surgery workflow processes resulting in reduced human resource effort by 2.5 hours per day (equating to nearly 500 hours annually).
- A protocol was implemented for Central Health court orders to be centrally registered and processed according to a standard work protocol and completed accurately within the ordered time period 100 per cent of the time. This resulted in efficiencies (client wait time and operational time), introduction of quality oversight, assurance mechanisms and improved stakeholder relations. Court order requests are now completed within the day of receipt in comparison to greater than five days. This protocol was developed through a Lean Green Belt Project.

	<ul style="list-style-type: none"> • A new remote registration model was developed and implemented at select sites. This model of remote registration is functioning at both regional referral sites wherein an assigned Health Information Management (HIM) registration clerk completes all ED registrations, 24 hours per day during the clinical triage process. Central Health is now expanding this model to rural sites. The remote registration model will realign clinical and non-clinical roles according to their core competencies and improve data quality through adherence to provincial registration standards. • A new regional working pool for transcription services was developed between Central Newfoundland Regional Health Centre (CNRHC) and James Paton Memorial Regional Health Centre (JPMRHC). Before this implementation, both sites had separate functioning work pools; JPMRHC had six transcriptionists and CNRHC had five transcriptionists which transcribed for their respective work sites. The new regional working pool was created in fall 2019 and entails transcribing in order of when a patient report is dictated, (first in - first out), helping meet turnaround times and improve inefficiencies. • Central Health's Provincial Shared Services Supply Chain Department (SS-SCD) leads supply chain activities on behalf of the four RHAs and NLCHI. Initiated in 2017, the Provincial Supply Chain Department efficiently manages the selection of suppliers, negotiation of contracts, purchase of supplies, management of inventory (including distribution to all five health organizations) and also proactively manages vendor performance. <p>The Professional Services and Internal Audit Division completed a review of inventory management processes across the four RHAs in March 2018, with a focus on medical supply inventory (excluding pharmaceuticals). Implementation of this inventory report is being led by SS-SCD. 90 per cent of the recommendations have been implemented. The following major items have been achieved: review of inventory to support standardization, identification of critical items within each RHA, strategy to mitigate risk against back orders, Lean practices and other initiatives to reduce product waste.</p>
<p>Decreased client no-show appointments by 25 per cent in select areas</p>	<p>The Automated Notification System (ANS) was introduced to help reduce no-show appointments at CNRHC and JPMRHC in the following service areas: Endoscopy, Medical Imaging, Cardiopulmonary Services and Mental Health and Addictions (JPMRHC site).</p> <p>With ANS being implemented at various times throughout the reporting cycle, a data comparison was completed between Q4 2018-19 and Q4 2019-20. There are several service areas in which no-show rates have decreased by greater than 25 per cent during this time frame as follows:</p> <ul style="list-style-type: none"> • CNRHC Mammography – 41.5 per cent decrease

	<ul style="list-style-type: none"> • CNRHC Ultrasound – 27.0 per cent decrease • CNRHC Pulmonary Function Test – 55 per cent decrease • CNRHC Echocardiogram – 31.1 per cent decrease • JPMRHC Bone Mineral Density – 64.5 per cent decrease • JPMRHC Pulmonary Function Test – 32.6 per cent decrease
Implemented select eHealth strategies	<p>The following eHealth strategies progressed over 2017-20:</p> <ul style="list-style-type: none"> • Electronic Medical Record (EMR): Foundation has been set for the implementation of an electronic report notification mechanism through the EMR for subscribed physicians. This limits the unnecessary duplication and inefficiency of sending paper results from RHAs to EMR-equipped physicians. A workplan and briefing note were completed for Central Health coinciding with the Newfoundland and Labrador Medical Association with recommended transition dates. The integration of select diagnostic and laboratory reports directly into all EMRs within the Central Health region was completed. • ANS: Over 2017-20 there has been a continued implementation of the ANS for select services throughout Central Health, specifically in Cardiology Services and MHAS. The system provides telephone, e-mail or text reminders to patients of scheduled appointments. • Telehealth services: Telehealth services were expanded to several new services/areas including Wound Care, Lactation, Urgent ED Psychiatry, Nephrology, Nutritional Services and select LTC facilities.

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

OBJECTIVE #3

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

Planned Indicators for 2019-20	Actual Progress for 2019-20
Increased utilization of ACPs scope of practice at all remaining hospital-based paramedicine sites	<p>In 2019-20, one ACP position was implemented in Grand Falls-Windsor, increasing utilization of ACPs to eight positions in four out of six hospital-based paramedicine sites.</p> <p>This indicator was not achieved. ACP positions are filled as they become available through attrition and position vacancies. For this strategic year the number of vacancies did not align with the organization's forecasted goal to implement ACP positions in all remaining hospital-based paramedicine sites.</p>

<p>Reduced LOS in select acute care areas</p>	<p>Work continued with the Client Flow Working Group in providing leadership to improve patient flow. During the 2019-20 reporting period, the Client Flow Working Group also made progress in the Estimated Date of Discharge (EDD) process; a best practice that is used to proactively plan and coordinate patient discharge from the start of admission. Chronic Obstructive Pulmonary Disease (COPD) inpatients were identified as the focal area of this EDD work as it is one of the top five diagnosis by clinical programs with highest volumes and the highest variance between LOS and Expected Length of Stay (ELOS).</p> <p>There was a 9.5 per cent reduction in total LOS (29,710 patient days in 2019-20 compared to 32,820 patient days in 2016-17) and a reduction in acute average LOS (5.1 days in 2019-20 compared to 5.3 days in 2016-17).</p> <p>Reduced LOS was noted in the following acute care areas:</p> <ul style="list-style-type: none"> • Family Practice: A 12.6 per cent decrease in total length of stay; in 2019-20 (7,955 patient days) when compared to 2016-17 (9,104 patient days). • General Medicine: A 26.8 per cent decrease in total length of stay in 2019-20 (14,223 patient days) when compared to 2016-17 (19,421 patient days). • General Surgery: A 13.3 per cent decrease in total length of stay in 2019-20 (4,446 patient days) compared to 2016-17 (5,129 patient days). • Obstetrics: There was a 13.1 per cent reduction in total length of stay in 2019-20 (1,633 patient days) compared to 2016-17 (1,879 patient days).
<p>Implemented Automated Appointment Reminder System in priority areas</p>	<p>The ANS went live for MHAS patients at JPMRHC on March 6, 2020. Plans for further implementation was delayed due to COVID-19.</p>
<p>Reduced distribution of printed clinical reports</p>	<p>Print reduction has been completed for all Laboratory clinical reports for EMR users. There was a 10.73 per cent reduction with 24,181 reports delivered digitally.</p>
<p>Implemented scanning of health records in select areas</p>	<p>The scanning of ED, outpatient clinic, and acute care health records was implemented at the Dr. Y.K. Jeon Kittiwake Health Centre.</p> <p>The scanning of health records was set to be implemented in Green Bay Health Centre and the Midwifery Program in the 2019-20 reporting period, however due to COVID-19, the implementation was delayed.</p>

Discussion of Results

Central Health created better value and care through enhanced appropriateness of care, reduction in LOS and missed appointments, implementation of lean processes, and utilization of technology.

Throughout 2017-20, Central Health continued to support Choosing Wisely initiatives. Highlights of this work include: data collection to heighten awareness of overutilization and unnecessary use of antibiotics in long-term care for treatment of urinary infections; implementation of a pre-operative requisition form to reduce pre-operative testing in healthy patients prior to low-risk surgeries; and participation in the Canadian Foundation for Healthcare Improvement's Appropriate Use of Antipsychotic Quality Improvement Collaborative resulting in reduction of prescribed antipsychotics.

Enabling a patient to further recover safely at home (or most appropriate place) is important to the patient and their family, as well as to the facility's management of beds. While improving patient flow is a shared accountability for the organization, the Client Flow Working Group was directed to provide leadership. The group membership changed over time due to leadership and structural changes and in 2019-20, the group was re-established. An "Overcapacity Review" of the organization was completed in June 2019 and an "Acute Care Nursing Review" in March 2019 in support of this work.

Example of initiatives to reduce LOS are changes to daily huddles, improved communications between directors, managers and physicians, and communication with patients and families regarding discharge during bedside handover. Other examples are modified working hours of social workers in acute care, as part of the Home First Initiative, to provide after-hours coverage to improve ED flow, improved discharge planning, and piloting the EDD strategy in two high LOS areas – COPD and pneumonia.

The implementation of the ANS throughout 2017-20 was successful in reducing no-shows. This technology is significant in creating efficiencies that enable quicker access to care for patients as well as adding valuable cost savings.

Lean capacity continued to increase through the organization's delivery of Lean education. Central Health has saved the organization approximately \$182,000 since 2017 and a total savings of \$240,000 has been realized to date in all the Lean 5S projects completed at Central Health.



Adam Fisher ACP, CNRHC, Grand Falls-Windsor

Central Health enhanced the scope of practice and appropriate skill mix through the implementation of ACPs in four out of six hospital-based paramedicine sites. While Central Health did not meet its 2019-20 goal to have ACPs in all six hospital paramedicine sites, it did add eight ACPs in four locations over 2017-20 and continues to work towards a 50 per cent compliment of ACPs at hospital-based paramedicine sites. ACP positions are hired based on availability through attrition or vacancy at each site. Central Health has submitted three candidates to attend the College of the North Atlantic's first ACP program in January 2021, in partnership with the Department of Health and Community Services.

Central Health enhanced the scope of practice of NPs by expanding from acute care and rural community settings to LTC facilities throughout Central Health region, as well as the expansion of their roles to support the Home First initiative in Grand Falls-Windsor and Gander. In LTC alone, NPs enhance the interdisciplinary care team efforts to improve the quality of life for residents, increase access to clinical pharmacy services by leveraging Telehealth for remote medication reviews, demonstrate a decrease in acute care admissions and ED visits and contribute toward an increase in discharges from LTC to community services (25 discharges since 2017).

Progress has been made in reducing the distribution of printed clinical reports. Communication was provided to subscribers of the Central Health EMR system in fall 2019 regarding the reduced distribution of dictated reports available within the Health NL. Print reduction has been completed for all Laboratory clinical reports for EMR users and Medical Imaging reports is the next target area. NLCHI continues to address the reduction of Laboratory Services print distribution through a phase-out process and printed reports are diminishing as providers join the provincial EMR system.

Scanning of health records was completed at the Dr. Y.K. Jeon Kittiwake Health Centre in 2019. Work at the Green Bay Health Centre began in 2019 with a readiness assessment, the development of a workflow map, and the purchase of scanning equipment. Scanning will begin at the site of the new Green Bay Health Centre in Fall 2020. Scanning consultations were also completed for the Midwifery program in Spring 2020; workflow analysis is scheduled for Summer 2020 and Midwifery paper-based records will be scanned and archived in Meditech for acute care and home-based births.

STRATEGIC ISSUE 3:

BETTER HEALTH

Better health for the population is imperative to Central Health’s vision of healthy people and healthy communities. Better Health and well-being will strengthen our ability to thrive physically and psychologically, enhance our individual and familial quality of life, and lead to us building strong social connections and communities.

Within this strategic goal, Central Health utilized a collaborative, multi-faceted approach and focused on the following priorities: primary health care, healthy living, community support, chronic disease prevention and management, and mental health and addictions. Central Health’s collaboration with community members and primary healthcare teams to develop strategies to better the health of the population was instrumental to the implementation of this work.

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

Planned Indicators for 2017-20	Actual Progress for 2017-20
Expanded PHC initiatives in at least three priority areas	<p>Central Health was successful in expanding primary care initiatives in three priority areas:</p> <ul style="list-style-type: none"> • The Botwood Primary Care Collaborative Team identified the need to improve access to MHAS in the local area. In December 2017, the team guided the development and initiation of a walk-in mental health service. This service provides an on-site service provider with a telehealth option for the days when the service provider is not on-site. • The St. Alban’s Primary Care Collaborative Team identified Telehealth as a means to address challenges with access and transportation. The use of Telehealth at the Bay d’Espoir Community Health Centre was implemented to eliminate travel to regional referral centres for general surgery pre-admission screenings where appropriate. • The Gander Primary Care Collaborative Team identified improving access and increasing patient-centredness as their priority with a focus on PCH residents. Lean methodology was used to identify opportunities for improvement and a partnership with NLCHI to understand baseline health service utilization data was developed. A new collaborative pathway was also created to better meet care needs of the PCH residents, targeting reduction in ED visits. It was trialed and evaluation has been delayed due to COVID-19.
Continued implementation of the Central Health Chronic Disease Prevention and Management Strategy, including a focus on improved care and services for patients with diabetes	<p>The Central Health Chronic Disease Prevention and Management Strategy continued to be implemented with a focus on the following:</p> <ul style="list-style-type: none"> • Self-management Health Coaching Program development including education, recruitment and evaluation plan developed. The program started accepting referrals in 2019 with several patients accessing the program; virtual care access was also introduced inclusive of telephone and video conferencing. Plans for further growth are underway. • Implementation of Regional Code Stroke Protocol in May 2018 in alignment with the provincial protocol.

	<ul style="list-style-type: none"> • Establishment of a Diabetes Quality Improvement Team. The Regional Diabetes Care Program (DCP) expanded its structure to include a DCP Quality Improvement Team, in addition to the regional program team. The Quality Improvement Team led the program to implementation of Medication Reconciliation, development and implementation of a DCP orientation program and standard procedures for the regional insulin pump program, as well as improvements around transitions of care. • Implementation of the Better Program in Green Bay – The Better Program is the Building on Existing Tools To Improve Chronic Disease Prevention and Screening in Primary Care with a focus on cancer, diabetes, and cardiovascular disease and associated lifestyle factors. • Planning and implementation of requirements for the Regional Stroke Program with focus on standardization, stroke assessment tools and collection of baseline data in support of future Stroke Unit designation. • Leader training to support the Improving Health: My Way Program.
Reduced obesity rate of Central Health residents by 1.5 per cent	According to the Canadian Community Health Survey, there was an improvement in adult obesity rates for Central Health residents over the last three years. In 2017-18, 37.9 per cent reported their weight in the obese range (BMI 30+) compared to 43 per cent for the previous 2015-16 data cycle.
Reduced smoking rate of Central Health residents by 1 per cent	According to the Canadian Community Health Survey, there was a reduction in smoking rates of residents of Central Health over the last three years. In 2017-18, 16.6 per cent of respondents reported daily or occasional smoking rates compared to 20.7 per cent in previous 2015-16 data cycle. Rates for Central Health are lower in comparison to the province (20.8 per cent) but comparable to the country (16.0 per cent).
Increased physical activity rate of Central Health residents by 2 per cent	<p>According to the Canadian Community Health Survey, there was no improvement of the physical activity rate for adults (150 minutes/week); 44.6 per cent in 2017-18 compared to 44.2 per cent in 2016-17. This indicator was not achieved as planned due to other social determinants of health realities related to personal and environmental barriers. For instance there are many personal, physiological, behavioural, and psychological factors that impact a population’s desire and action to become more physically active.</p> <p>Although the indicator was not met, Central Health did implement and support multiple physical activity strategies and initiatives throughout 2017-2020 for residents of all ages to increase their physical activity. For example, during the three year reporting cycle, Public Health Nurses delivered 33 sessions specific to physical activity to 779 participants and 605 sessions on injury prevention to 21,018 participants, which included the importance of being visible while physically active at night and dressing for cold weather when skiing and snowshoeing. In addition, the Wellness Coalition – which Central Health is a partner of – supported wellness days (which included physical activity) and community-based initiatives and municipalities to increase physical activity for all ages.</p>

<p>Increased vegetable and fruit consumption of Central Health residents by 1.5 per cent</p>	<p>Unable to report on this indicator. Data for vegetable and fruit consumption was not provided by the Canadian Community Health survey for the three-year reporting cycle.</p>
<p>Collaborated with the Department of Health and Community Services to implement the Provincial Action Plan on Mental Health and Addictions</p>	<p>Progress was made on the following Provincial Action Plan on Mental Health and Addictions:</p> <p>Recommendation #11:</p> <ul style="list-style-type: none"> • e-Mental Health Initiatives implemented to ensure access to evidence-based services via technology. • Community-based outpatient counseling continues to be offered via Telehealth throughout the region. • Pilot sites (Springdale, Lewisporte and Grand Falls-Windsor) were chosen to deliver Therapist Assisted Online (TAO), with the intention that any person in the region could access this due to nature of service model. TAO is now available throughout the entire Central region. • Triage system implemented. • The e-Mental Health Coordinator commenced employment in June 2018. • Employees have received training on e-Mental Health services available in the province and information sessions on e-Mental Health services have been delivered to external groups. All new employees of Mental Health and Addictions receive orientation to e-Mental Health services and updates are provided when changes/new initiatives are introduced. <p>Recommendation #13:</p> <ul style="list-style-type: none"> • A nurse and a word processing equipment operator have been dedicated to Psychiatry Triage in Central Health. <p>Recommendation #14:</p> <ul style="list-style-type: none"> • The Flexible Asserted Community Treatment (FACT) team has been developed for Grand Falls-Windsor and Gander with transition to be completed by August 8, 2020, with 2.5 new positions added. Gander FACT team currently has three members and funding has been awarded for four more positions. • Doorways Services is now offered in nine locations throughout the region and at the Bishop's Falls Correctional Centre. • Four staff were hired for Mobile Crisis Response (MCR) and started offering services in the ED and community in August 2019. <p>Recommendation #15:</p> <ul style="list-style-type: none"> • e-Mental Health technology was promoted and utilized throughout the region inclusive of programs and services such as Strongest Families Program (SFP), TAO, and Bridge the gApp. • Mental Health and Addiction Services patients are informed of and provided access to evidence-based services via technology (telehealth, telephone, online, text, social media and virtual reality).

	<p>Recommendation #17:</p> <ul style="list-style-type: none"> Community staff are providing Doorways services and counselling to inmates at the Bishop's Falls Correctional Centre on a weekly basis. <p>Recommendation #32:</p> <ul style="list-style-type: none"> The NP for the Opioid Dependency Treatment (ODT) program independently provides ODT services and continues to work closely with physician providers. <p>Recommendations #42 and #43:</p> <ul style="list-style-type: none"> Access to ODT was increased throughout the region including Glovertown, Gambo, Eastport Peninsula, Grand Falls-Windsor, and Gander where an ODT clinic was opened. Plans continue to be developed for an ODT clinic in Grand Falls-Windsor.
<p>Expanded prevention and promotion strategies to improve self-efficacy and resilience to address mental health and addictions related issues within the region</p>	<p>Several prevention and promotion strategies to improve self-efficacy and resilience to address mental health and addictions related issues were implemented throughout 2017-20, including:</p> <ul style="list-style-type: none"> Learning the Ropes - Psychologists in MHAS received training to facilitate this program. The sessions cover education on Mild Cognitive Impairment (MCI) and lifestyle factors for promoting cognitive health. SFP is an evidence-based nationally and internationally recognized parenting and family strengthening program for high-risk and general population families. Intergenerational Program - Early Youth Outreach Workers within MHAS deliver intergenerational programs in long-term care facilities.
<p>Established a streamlined referral process for MHAS to provide timely access to the appropriate level of intervention</p>	<p>MHAS established a centralized referral and triage system. This triage system includes Mental Health and Addictions and Psychiatry Services. Under the streamlined referral process, the team has integrated several programs to assist clients in accessing the appropriate level of care. Through Central Triage, clients can be connected with self-help, e-mental health, Doorways walk-ins, community-based counselling, youth case management and adult case management. In following the provincial vision of the Towards Recovery Action Plan for Stepped Care, there are additional services such as FACT, ODT, and MCR that are being integrated into the service delivery model and these programs will need a method to process referrals.</p>

Implemented a Health Promotion and Wellness Plan for the Central Health workforce and achieved Excellence Canada Mental Health at Work® Gold/Level 3 Certification

A Health Promotion and Wellness Work Plan for the Central Health workforce was developed in 2017-20. Input from employee and physicians informed the plan and the following was achieved:

- A resource list of existing programs and services that support employee health and well-being was developed.
- A dedicated Employee Health and Wellness Coordinator was hired to focus on psychological health and safety.
- The Employee, Family Assistance Program was contracted to an external provider such that services are available for employees and their families 24/7.
- A Respectful Workplace Coordinator was identified and started to provide services based on need.
- Evaluation of employee awareness, readiness, interests, and barriers to healthy living were assessed through administering a survey. The survey results emphasized the importance of cultural and relationship impacts in the workplace, reinforcing the need to continue offering the Working Mind and Trust Your Canary training and select occupational health and safety training such as Safe Resident Handling and Safe Work Practices and Procedures.
- Implementation of the Working Mind Program has continued as a required training for leaders and staff.

The indicator for Excellence Canada's Mental Health at Work® Gold/Level 3 Certification was not achieved. This indicator was developed without an understanding of the organizational transformational requirements to achieve Gold/Level 3 Certification and such requirements were therefore not able to be completed in this strategic cycle. Central Health demonstrates its commitment to a psychologically healthy and safe workplace through the ongoing implementation of Excellence Canada's Mental Health at Work framework. This framework is a detailed roadmap for organizations wishing to encourage, support and implement exemplary mental health related programs in the workplace, and consists of four levels, Bronze – Foundation, Silver – Advancement, Gold – Role Model, and Platinum – Sustained World Class Performance. Having achieved the Bronze and Silver certifications, Central Health continues to advance the strategic implementation of proactive organization-wide strategies and approaches to achieve Level 3 – Role Model certification. In 2021, as we examine the employee experience at Central Health, our focus on physical and psychological safety will be further embedded into both work plans and programs.

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

OBJECTIVE #3: Central Health will have implemented strategies or work plans in the areas of primary health care, healthy living, chronic disease prevention and management, and mental health and addictions.

Planned Indicators for 2019-20	Actual Progress for 2019-20
Continued implementation of the Central Health Chronic Disease Prevention and Management Strategy	<p>Implementation of the Chronic Disease Prevention and Management Strategy continued, inclusive of:</p> <ul style="list-style-type: none"> • Training of prevention practitioners for the Better Approach Program including Central Health Employee Wellness in Fall 2019 and Twillingate in February 2020. The Better Approach Program is delivered by prevention practitioners in the primary care setting and focuses on prevention and screening of cancer, diabetes, heart disease and associated lifestyle factors. • An updated work plan for Diabetes management; • The implementation of the Self-Management program; and
Continued implementation of PHC team-based projects	<p>PHC team-based projects remain a priority at Central Health and the Botwood, St.Alban’s and Gander teams continued to meet over 2019-20 to meet requirements of their priority initiatives.</p> <p>Building on the foundation efforts to date from these PHC team-based projects and strengths in the community, the Exploits Health Service Area (Botwood) was given the opportunity to partner with the Department of Health and Community Services to work with Collaborative Care Consultants and identified a second priority: Improved Care for the Aging Population. A current state has been established and work is underway to move this work forward.</p> <p>There was also re-engagement with St. Alban’s group in November 2019. With success of their efforts using Telehealth, the group was conveyed to discuss identifying a new priority. While one meeting was held, this work was delayed due to COVID-19.</p>
Engaged residents of the Central region to take action for healthy living, with a focus on obesity, smoking, physical activity, and healthy eating	<p>Throughout 2019-20, the following initiatives supported Healthy Living:</p> <ul style="list-style-type: none"> • The School-Based Fruit and Veggie campaign(s) reached 1,600 students through the Month of Munch challenge; inclusive of 80 classrooms in 23 schools in the Central region and Exploits Valley High’s Farmer Market where 500 students in levels 1-3 participated. The three classrooms with the highest points at the end of the four-week challenge received a classroom prize of outdoor play equipment for recess/ lunch time free play enhancement. The prize pack included an assortment of balls, skipping ropes, hurdles, cones, hula hoops and horseshoes valued at approximately \$650 each, and \$100 in gift cards to support vegetable and fruit snacks during end of year sports days.

- Public Health Nurses (PHNs) conducted 1,031 education sessions covering a variety of health promotion topics ranging from healthy eating and injury prevention, to sexual health topics, reaching some 31,230 participants in 2019: an increase in attendance from 29,594 participants in 2018. Incentive items such as reflective arm bands/ pocket sized flashlights and key chain light/ whistle items were well received by our adult population to promote nighttime walking and promote visibility as well as falls prevention with the ability to illuminate their pathway. Additionally, a partnership with paramedicine and PHNs distributed reflective wrist bands to school aged children to increase visibility while trick or treating on October 31st, and to highlight the message of visibility while active during the early fall evenings at outdoor play.
- A Health Summit was hosted with 350 students from five schools attending. A health summit is the coming together of geographically close schools to engage in health promotion education sessions on a variety of topics in a positive environment.
- Two Gender Sexual Alliance summits were held in Grand Falls-Windsor and Springdale with approximately 160 students participating.
- Two schools in Gander and Wing's Point, Gander Bay were supported as pilot sites for School Food Guidelines.
- The Food First NL conference was held in Harbour Breton in October 2019 with approximately 50 people in attendance. This was supported by Central Health staff and celebrated the community development food security initiatives in the Coast of Bays area. Highlights included Community Wellness Coalition (CWC) funding initiatives for community cook ups where the community would arrange family hikes and a traditional NL cook up using outdoor cookware purchased from a grant. The 50 plus group, snow shoe groups and local exercise groups were also supported through CWC grants throughout the region.
- The 2019 Smoke Free poster contest had approximately 100 participants in grades four to six from over 20 schools.

<p>Implemented priority recommendations of Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador</p>	<p>Several recommendations of the Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador have been implemented or are in progress throughout the region, with focus on the following for the 2019-20 reporting period:</p> <ul style="list-style-type: none"> • Access to ODT was increased throughout the region including Glovertown, Gambo, Eastport Peninsula, Grand Falls-Windsor, and Gander where an ODT clinic was opened. Plans continue to be developed for an ODT clinic in Grand Falls-Windsor. (Recommendations #42 and #43). • The ACT team in Grand Falls-Windsor continued to transition to the FACT team and is set to become operational in August 2020 with team members increasing from 9 to 11. (Recommendation #14). • The development of the FACT team for Gander continues and will be operational in August 2020 with team members increasing from 2 to 11. (Recommendation #14). • Doorways Services expanded by two sites - Glovertown and New-Wes-Valley - and is now offered in nine locations throughout the region, including the Bishop's Falls Correctional Centre. (Recommendation #14). • The Triage system continued for MHAS. (Recommendation #13). • e-Mental Health technology was promoted and utilized throughout the region inclusive of programs and services such as SFP, TAO, and Bridge the gApp. (Recommendation #15).
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Discussion of Results

Creating better health for individuals, families and communities is at the heart of Central Health's vision **healthy people, healthy communities**. Central Health made strides in PHC, healthy living, chronic disease prevention and management, and mental health and addictions.

Central Health partnered with three communities – Botwood, St. Alban's, and Gander – in establishing Primary Health Care Teams to identify community priorities. Through this work, initiatives were implemented to improve local services and programs such as utilizing Telehealth to eliminate travel to regional referral centres for general surgery pre-admission screenings where appropriate. While some efforts were postponed due to COVID-19, Central Health continues its work with the teams to identify and implement local healthcare initiatives.

Throughout 2017-20, Central Health implemented and strengthened initiatives under its Chronic Disease Prevention and Management Strategy. With a focus on diabetes care, Central Health established a Diabetes Quality Improvement Team, updated the Diabetes Management Plan and

implemented the Better program. A regional acute stroke working group was established and work progressed on hyperacute stroke care and acute stroke care including assessment tools and support of a future stroke unit designation. Central Health also engaged residents through community and school initiatives focused on physical activity, healthy eating, safety, sexual education, and leading a smoke free lifestyle.

Central Health continued to collaborate with the Department of Health and Community Services to implement recommendations from the Province's **Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador**. A centralized triage system was applied where referrals are processed for e-Mental Health services, outpatient mental health and addictions counselling, as well as early psychosis and case management. Implementation for Doorways, a walk-in counselling service, began in January 2018 and is now in nine Central Health sites. Access to ODT has increased including the opening of an ODT clinic in Gander in 2019. Support for self-efficacy and resilience to address mental health and addictions was targeted through programs such as SFP. The program was found to improve parenting skills and family relationships, reduce problem behaviors, delinquency, alcohol and drug abuse in children, and improve social competencies and school performance.



Queensway Community Health Centre, Grand Falls-Windsor

While Central Health was successful in addressing some of its indicators related to wellness, it is important to note that this work will be also be embedded in future strategic plans. This is particularly demonstrated in the obesity and overweight indicators from the Canadian Community Health Survey. Furthermore, obesity rates are still higher for Central Health in comparison to the country at 26.9 per cent.

Central Health also focused its attention on its employees, physicians and leaders in developing and implementing a Health Promotion and Wellness Work Plan. The workplan supported Central Health's efforts to create a psychologically safe workplace through various initiatives, processes and courses such as Working Mind and Trust Your Canary. Despite making traction towards the Gold/Level 3 certification from Excellent Canada, Central Health did not apply nor obtain the designation given other organizational priorities.

STRATEGIC ISSUE 4:

BETTER CARE

Central Health is committed to delivering better care that is responsive to the needs of the population. Collaboration with our communities, the Department of Health and Community Services and other regional health authorities is essential to providing better support and care for residents of the region.

Improvements in services and programs leads to better care. Central Health has developed and implemented strategies to provide better care with a focus on health enhanced community supports and capacity, improved health and well-being, improved access to services, and the efficient coordination and management of beds in acute care facilities.

GOAL: By March 31, 2020, Central Health will have provided better care for individuals through enhancing community supports and capacity, improving acute care bed management, and maximizing access to select health and community services	
Planned Indicators for 2017-20	Actual Progress for 2017-20
Continued implementation of the Healthy Aging Strategy, including enhanced dementia care for clients and families	<p>Central Health's Healthy Aging Strategy was launched on October 6, 2017. It consists of building healthy public policies, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services.</p> <p>Continued implementation activities occurred over 2017-20, including the following:</p> <ul style="list-style-type: none"> • Age friendly designated parking spaces at CNRHC, JPMRHC, LTC sites, community health, and rural sites throughout Central Health. • Partnership with the Alzheimer's Society to implement the First Link Program/Family Support Group in three health services areas (New- Wes -Valley, Botwood and Grand Falls-Windsor). • Implementation of advanced care planning which help people think, talk about, and document their wishes for healthcare. • A jurisdictional scan of healthy aging initiatives. • A Healthy Aging section of Central Health's website as a resource to promote and encourage communities to engage in healthy aging and supportive community initiatives and activities across the region.
Increased capacity to support individuals to stay in the community	<p>Throughout 2017-20, Central Health increased capacity to support individuals to stay in the community through activities implemented in support of the Home First Integrated Network and the Provincial Home Support Review as follows:</p> <ul style="list-style-type: none"> • Addition of a Community Occupational Therapist and a Rehabilitative Aide to better support the needs of individuals in or returning to their community. • Identification of a NP and Continuing Care Nurse Coordinator to provide nursing assessment and support to individuals in the community who otherwise would require intervention in acute care.

- Training opportunities for Central Health staff. In January 2018, Central Health provided a 2-day training session on Case Management to staff working within the Community Supports Program.
- Implementation of the new Provincial Financial Assessment Policy changes for Community Support Services, which simplifies the financial assessment process for clients and improves access to services overall.
- Implementation of the Provincial Home Support Review recommendations:
 - ◊ Formalized support planning for Community Supports patients as per the phase-in plan. By March 31, 2020, over 800 clients (approximately 55 per cent) in receipt of home support services had formalized support plans.
 - ◊ The establishment of a central intake process that provides a regional single point of entry for all new clients who are then assigned a case manager and assessed for service. This supports consistent, coordinated, timely, and appropriate care by triaging and prioritizing new referrals. In 2019-20, there were 1,251 clients screened by Central Intake.
 - ◊ The addition of a temporary Clinical Mentoring position aimed towards leadership development of our Clinical Coordinators.
 - ◊ The addition of a Home Support Program Client Handbook and a Home Support Brochure to the Central Health website.
- Implementation of the Home First provincial framework to support appropriate utilization of acute care/ED visits. The framework supports seniors to age in place through clinical assessment and access to an interdisciplinary community approach. The implementation of the framework resulted in the following:
 - ◊ Addition of three full-time positions to the Home First Integrated Network: two temporary Behaviour Management/Recreation Specialist positions in Botwood and surrounding areas and one permanent Social Worker II position in Twillingate, Lewisporte and surrounding areas.
 - ◊ Provincial funding acquired to expand Home First response beyond traditional working hours with an on-call response system in development.
 - ◊ Addition of a Home First Social Work Coordinator in community services to accept referrals and provide consultation to staff in relation to Home First case presentations.
 - ◊ In 2019-20, there were 523 referrals to Home First Intake generating 298 professional referrals.
- The creation of Community CONNECT - ER in June 2018. An acute/ community partnership to prevent avoidable acute care admissions through appropriate coordination of services and effective patient engagement and communication. Further details on the performance of Community CONNECT- ER is noted in the highlights and partnerships section.


	<ul style="list-style-type: none"> • Introduction of the new Provincial Case Management Framework, and associated policies and standards on Assessment and Support Planning. <ul style="list-style-type: none"> ◊ Formal support planning phased in with all Community Support Services patients; patients designated with complex needs and all new applicants have a support plan established.
<p>Reduced Alternate Level of Care (ALC) bed utilization by 15 per cent</p>	<p>ALC patients are patients who have been admitted to acute care services or are occupying an acute care bed, but not in receipt of acute care services.</p> <p>This indicator was not achieved as planned. Over the reporting period, for typical cases (atypical cases removed) there was an 8.9 per cent reduction of total ALC patient days (1,403 for 2019-20; 1,540 for 2016-17). Strategies were implemented to reduce ALC bed utilization, however ALC volumes demonstrate the need for LTC beds. Two new LTC facilities with 60 beds in each and 20 protective care beds are planned for 2021 and will reduce ALC bed utilization.</p> <p>The following areas observed the most reduction in ALC utilization:</p> <ul style="list-style-type: none"> • Family Practice: There was a 29.2 per cent reduction in total ALC patient LOS for typical cases from 2016-17 (1,080 ALC patient days) to 2019-20 (765). • General Medicine: There was a 47.4 per cent reduction in total ALC patient LOS from 2016-17 (2,296) to 2019-20 (1,207). • Palliative Care: There was a 67.9 per cent reduction in total ALC patient LOS from 2016-17 (601) to 2019-20 (193). <p>Data was extracted from CIHI Insight July 23, 2020.</p>
<p>Decreased ED visits, LOS and admissions for patients with Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD) participating in Outreach Programs by 10 per cent</p>	<p>For patients enrolled in the COPD outreach program throughout 2017-20, there was a reduction in ED visits, admissions to hospital and LOS. The most significant reduction was demonstrated in comparing three months pre-program to three months post-program. There was a 67 per cent reduction in visits to the emergency room, 74 per cent reduction in the number of admissions to hospital and a 46 per cent reduction in LOS of those patients that were admitted.</p> <p>With respect to the CHF program, this indicator was not achieved as planned. Evaluation of the CHF program was delayed and will be incorporated into the next strategic planning cycle.</p>
<p>Enhanced access by expanding Telehealth services throughout the region in priority areas</p>	<p>Telehealth was restructured and established as a program in Central Health. Home-Based Telehealth became available in 2020, with many different primary care providers using this option during the COVID-19 pandemic to offer services to clients.</p>


	<p>Throughout the 2017-20 cycle, access to Telehealth services in the region increased in following Central Health programs:</p> <ul style="list-style-type: none"> • Wound Care • Lactation Consulting • Improving Health: My Way • Nephrology • Nutrition Services • JASPER (provider certification and access to home-based treatment for children with Autism) • Janeway Outreach • Physiotherapy • Two new telehealth sites were set up in 2018-19 in LTC facilities • Pre-Admission Clinics • Regional Referral Centre EDs (Urgent Psychiatry consults) • Between March-June 2020 all 26 PCHs in Central Health were set up with Telehealth technology in response to COVID-19 restrictions. • All rural site EDs were set up with Telehealth technology between March-June 2020 in response to COVID-19 restrictions • Other new sites added in 2018-19 include expansion of the service to community health buildings
<p>Reduced wait times in select priority areas by 20 per cent</p>	<p>Central Health has made improvement in wait times in select areas:</p> <ul style="list-style-type: none"> • At JPMRHC in comparing days waiting for services, there has been a 54 per cent decrease in wait times for non-urgent Computed Tomography (CT) scans and a 39 per cent reduction for urgent CT scans. This means that most patients waited 70 days in 2017 and only 32 days in 2020 for non-urgent CT and 36 days in 2017 compared to 22 days in 2020. • Other areas at JPMRHC with improvements included reductions in non-urgent mammography (67 per cent) and urgent mammography (19 per cent) as well as urgent ultrasound (58 per cent) and non-urgent ultrasound (42 per cent). • CNRHC saw a reduction in non-urgent ultrasound (26 per cent) and urgent ultrasound (27 per cent). • Cataract surgery at JPMRHC saw a 15 per cent reduction in wait time for service. <p>Central Health has made improvements to wait times in the ED specifically for Boarded patients. Boarded patients are patients who remain in the ED after being admitted but have not been transferred to an inpatient unit. In 2017, the time a patient waited to be admitted was 39.3 hours at CNRHC and 15.8 hours for JPMRHC. In 2020, patients waited 6.0 hours at CNRHC and 9.6 hours at JPMRHC.</p>

<p>Continued implementation of the Wait Time Management Framework</p>	<p>Central Health’s Wait Time Management Framework continues to be endorsed throughout the region and acts a guideline to improve access.</p> <p>Examples of implementation activities related to the framework include:</p> <ul style="list-style-type: none"> • Implementation of the ANS in Medical Imaging, Cardiopulmonary Services and Mental Health inpatient appointments. • Validation of an orthopedic surgery waitlist at JPMRHC was completed, reducing the number of patients waiting for a service. • Improvements with access and efficiency of the Physiotherapy centralized booking process. • Diversion of ultrasound appointments from JPMRHC to CNRHC was initiated to smooth the wait times across the region. • A Lean Green Belt project to improve access to JPMRHC cataract surgical services. • Reporting of wait times on Central Health’s Balanced Scorecard.
<p>Enhanced palliative care services</p>	<p>Central Health enhanced its palliative care services throughout this reporting cycle as follows:</p> <ul style="list-style-type: none"> • Approval of the Palliative Care Beds policy and implementation plans for 2020-21. • Learning Essentials in Palliative Care (LEAP) educational workshop offered to providers. • A third Palliative/End-of-Life Care Nurse Consultant was hired for the Central region using temporary funding received from the Department of Health and Community Services. • New Triage system of all patient referrals using the Edmonton Symptom Assessment System (ESAS). This has improved appropriate access to the program with patients now being seen in order based on the severity of their symptoms. • The revision of a palliative care standing order set reflective of new best practice standards for palliative care. The use of the standing orders helps to ensure that care is standardized and that all symptoms associated with palliation and end-of-life care are addressed by the physician.

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

OBJECTIVE #3: By March 31, 2020, Central Health will have implemented initiatives to maximize access to select health and community services

Planned Indicators for 2019-20	Actual Progress for 2019-20
<p>Implemented select initiatives of the Provincial Home First Framework</p> 	<p>In 2019-20, there were 523 referrals to Home First Intake generating 298 professional referrals.</p> <p>The following Home First initiatives from the Provincial Home First Framework were implemented:</p> <ul style="list-style-type: none"> • The addition of three full-time positions to the Home First Integrated Network: <ul style="list-style-type: none"> ◊ Temporary Behaviour Management Specialist and Recreation Specialist positions were added to provide service to Botwood and the surrounding area. ◊ A permanent Social Worker II position was added to provide service to Twillingate, Lewisporte, and surrounding areas. • Provincial funding was acquired to expand Home First response beyond traditional working hours. An on-call response system is being developed.
<p>Implemented select initiatives of the Provincial Home Support Review</p>	<p>The following initiatives of the Provincial Home Support Review were implemented:</p> <ul style="list-style-type: none"> • Formalized support planning for Community Support patients as per a phase-in plan. By March 31, 2020, over 800 clients (approximately 55 per cent) in receipt of home support services had formalized support plans. • The continued refinement of the Community Supports Central Intake Model provides consistent screening and contact assessment for all new referrals. In 2019-20, there were 1,251 patients screened by Central Intake. • The addition of a temporary Clinical Mentoring position aimed towards leadership development of our Clinical Coordinators. • The addition of a Home Support Program Client Handbook and a Home Support Brochure to the Central Health website.
<p>Reduced ALC bed utilization in acute care</p>	<p>For typical cases (atypical cases removed) there was an 8.9 per cent reduction of total ALC patient days (1,403 for 2019-20; 1,540 for 2016-17).</p>

<p>Increased participation in the COPD Outreach Program by 20 per cent</p>	<p>Increased participation in the COPD Outreach Program by 38 per cent from 2017-20.</p> <ul style="list-style-type: none"> • 2019-20 (40 new clients) • 2018-19 (20 new clients) * • 2017-18 (29 new clients) <p>* The program was operational for eight months due to staffing resource challenges.</p>
<p>Integrated the Respiratory Care Program into the Cardiopulmonary Department structure</p>	<p>Note an error in language of indicator: It should read: Integrated the Respiratory Care Centre (RCC) into the Respiratory Therapy Department located at CNRHC.</p> <p>This indicator was not achieved as planned due to staff turnover and vacancy in the RCC at CNRHC. The RCC was operational for three months (mid-January 2018 to mid-April 2019). Following the staff resignation at CNRHC, services were and continue to be offered through the JPMRHC RCC.</p>
<p>Implemented strategies to enhance palliative care services</p> 	<p>The following initiatives were implemented to enhance palliative care services:</p> <ul style="list-style-type: none"> • The Admission to the Palliative Care Beds policy was approved in March 2020 and requires an associated Physician Order Set and legal review before implementation. • Four LEAP workshops were offered, reaching 62 participants. The two-day LEAP workshop teaches health care providers best practices for caring for individuals who are palliative and end of life. • Temporary funding was received from the Department of Health and Community Services and a third Palliative/End-of-Life Care Nurse Consultant was hired for the Central region.

Discussion of Results

Throughout 2017-20, Central Health enhanced community supports and capacity, increased access to select health and community services, made improvements in acute care bed management, and decreased wait times for select services.

The Healthy Aging Strategy was launched in 2017 and several initiatives were implemented with guidance from the steering committee. This included a scan of healthy aging initiatives, a partnership with the Alzheimer’s Society, the promotion of advanced care planning, and the designation of age-friendly parking spots. Central Health also partnered with communities to enhance their role in supporting an aging population in their area.

Central Health was successful in increasing capacity to support individuals to remain in their home and in their community and avoid unnecessary hospitalization and admission to long-term care. The Provincial Home First Framework (2018) defines Home First as a “health care management philosophy which represents a shift from acute and institutional care to the enhancement of home

and community-based integrated care.” Central Health continues to build on and strengthen its Home First Initiative by expanding interdisciplinary response with additional resources and continued realignment of existing resources.

Within the 2019-20 period, Central Health added three new professional resources to its Home First Integrated Network with funding from the Department of Health and Community Services. This provides greater support planning assistance for patients with complex needs, enhanced focus on acute care discharge planning and overall coordination of community intervention.

Central Health continues with implementation of select initiatives of the Provincial Home Support Review (2016). The Provincial Home Support Review identified a greater need for clients to have integrated care plans to improve continuity of care. Continuing with a phase-in approach of support planning, Central Health has now established formal support plans with over 800 active clients. A Home Support Program Client Handbook and Home Support Brochure are now accessible on the Central Health public website. As well, a new Service Level Agreement has been finalized and is ready for implementation with Home Support Agencies.

In 2019-20, the Community Supports Program received 1,251 new referrals at Central Intake. Central Health continues to evaluate and refine its Central Intake Model which provides consistent screening and contact assessment for all new referrals. As well, all new patient referrals and annual client reassessments are subject to the now fully implemented Provincial Financial Assessment Policy.

Strategies were implemented to reduce ALC bed utilization including morning huddle team discussions, utilizing Home First resources, and collaboration on discharge planning with acute care and PCHs. ALC data volumes and LOS have demonstrated the need for LTC beds. The announcement of two new LTC facilities with 60 beds in each and the additional 20 protective care beds planned for 2021 will reduce ALC bed utilization.

Telehealth connects a patient remotely to their healthcare provider by using videoconferencing technology. It provides better care by reducing unnecessary travel and challenges of being away from home for the individual and family, from financial stress to childminding. Telehealth was successfully piloted for pre-admission clinics in St. Alban’s with plans to expand to other sites. During COVID-19, Telehealth was instrumental in connecting patients with virtual medical care.

Continued implementation of the Wait Time Management Framework was successful in reducing wait times in targeted areas listed in the table above. The reduction of no shows was accomplished through the automatic notification system and volunteer reminder phone calls, implementation of a centralized booking processes for select services, and Lean processes.

Due to staff turnover, the RCC expansion to CNRHC was operational only for three months following which services were redirected and delivered from JPMRHC’s RCC. The JPMRHC RCC continues to offer services for patients from throughout the Central Region.



Opportunities and Challenges

OPPORTUNITIES AND CHALLENGES AHEAD

COVID-19

Central Health has been responding to the emergence and subsequent spread of the coronavirus, officially titled COVID-19 by the World Health Organization. COVID-19 was declared a pandemic on March 11, 2020. This has prompted concerns over the organization's readiness to respond and has caused substantial strain on the healthcare system.

With the alarming rate of spread and concern for public health safety, Central Health, along with its partners the Department of Health and Community Services, the Chief Medical Officer of Health, Public Health officials, and the other RHAs, has organized efforts to minimize physical interactions and implement testing protocols.

Central Health worked quickly to reduce its occupancy rate to build surge capacity should COVID-19's presence escalate in the region requiring an increased demand for healthcare services. Central Health also implemented structural changes to address infection control concerns, increased internal communication and public dissemination of information, coordinated screening protocols for patients, residents, clients, employees and physicians, efficiently reduced non-urgent services, and implemented visitation protocols. These actions were imperative to the safety of those receiving care and services, employees and physicians, and the prudent management of healthcare services.

Due to the pandemic, the supply chain has been significantly impacted. Personal Protective Equipment (PPE) shortages have been an ongoing struggle and required extensive effort from the provincial shared services team (supply chain) and all levels of the organization to effectively manage PPE inventory and use accordingly. Protecting frontline health care workers by providing necessary resources to respond to the ongoing COVID-19 crisis was a vital consideration in the response to the pandemic. Central Health needed to ensure frontline health care providers had the necessary PPE resources to protect themselves while providing care.

COVID-19 has affected the organization's delivery of non-urgent services, which is now evident in increased wait times. Over the last several years the organization made progress focusing on improving access, however the pandemic has impacted this progress and it will be a challenge in the future.

The pandemic has also impacted the PFCC strategy. With changes to visitation due to COVID-19, the family presence model has been impacted and it will be a challenge to regain the momentum that was generated over the past three years.

While there are undoubtedly many challenges and concerns related to COVID-19, it has highlighted some areas of innovation with delivering care using virtual means. The learnings will be explored to support future innovation in delivering health care services.

With the pandemic unfolding, the organization has demonstrated its ability to pivot quickly and adapt service delivery in an efficient and effective manner. This has built resiliency and stronger connections within the health authority and with external partners from communities and not-for-profits to other healthcare providers. This unprecedented situation has also demonstrated the spirit of individuals and resiliency of communities and what can be achieved when everyone comes together and supports one another during times of turmoil.

Central Health employees and physicians wearing their PPE.



Client Navigator

Central Health implemented the new Client Navigator role on March 16, 2020 based on a recommendation from the Central Health External Review, overwhelming feedback from the Community Advisory Councils (CACs) and the 5 Partner engagement sessions held throughout 2019-20. The Client Navigator will help patients navigate the healthcare system to ensure continuity of care and an improved quality experience. The Client Navigator will connect patients with healthcare professionals and community programs, coordinate healthcare services, and be available to answer questions. This role will enhance the experience of those served who require this assistance and was instrumental in supporting patients during COVID-19 when services and programs were impacted due to the public health crisis. The program will be fully launched in the fall of 2020 and aligns with a Government Priority commitment to Personalize the Health Care System.

Increased Engagement

Central Health continues to concentrate on improving engagement opportunities within the organization and external to the organization with its key stakeholders.

Central Health made much progress in its planning efforts for the 2020-23 strategic planning cycle by utilizing an enhanced planning process. This new process is grounded in partnership and engagement with the use of Dr. Charles Boelen's 5 Partners in Healthcare Approach¹ (reference below). Engagement of policy makers, healthcare professionals, health managers, communities, and academic institutions are the tenets to the success of this approach.

Throughout 2019-20, eight 5 Partner sessions were held in the following communities: New-Wes-Valley, Sandringham, Twillingate, Gander, Grand Falls-Windsor, St. Alban's, Harbour Breton and Springdale. The 5 Partner sessions were a reported success by those in attendance and reached over 400 participants. With Central Health's leadership team, Board of Trustees and representation from each of the 5 Partners, each session provided a recap of Central Health's strategic planning process, results of an environmental scan and a round table discussion to generate consensus of what should be the focus of the 2020-23 strategic plan. A qualitative analysis was completed on the session results to help identify the strategic issues, goals and indicators for the 2020-23 strategic plan. Evaluation was also completed with positive feedback received, highlighting satisfaction in the session format and appreciation for the opportunity to be involved as partners. Central Health will return to the community both in-person and virtually to share the strategic plan and will continue its engagement work through CACs and with local communities. It was through existing relationships and partnerships cultivated by PHC Facilitators, Community Development Public Health Nurses with CACs and local communities that enabled Central Health to be successful in this approach.

¹World Health Organization. (2000). Towards unity for health: challenges and opportunities for partnership in health development/ working paper by Charles Boelen. <https://apps.who.int/iris/handle/10665/66566>

Leadership forums were held to connect Central Health's leadership team with directors and managers to address our shared challenges and focus on our future by contributing to the strategic priorities and work plans. These sessions were held on June 6, 2019 and December 18, 2019 with over 130 in attendance per session. The sessions focused on improving communication skills, setting clear expectations, determining what leaders need to be successful, how to lead through transformation and uncertainty, and strategic planning. These sessions were successful, and the leaders will continue to come together on a regular basis either virtually or physically in the future.

Central Health also created an opportunity for a new advisory group aimed at improving the work environment and organizational culture – the iLead Group. The iLead Group is an advisory group comprised of some 54 employees, physicians and leaders from across the region that brings diverse perspectives, experiences and new ideas to selected issues. The group acts under the authority and responsibility of the President and CEO. The first iLead session was held on May 16, 2019. The iLead group also convened to support the strategic planning work, providing input into the drafting of the strategic issues for the 2020-23 cycle.

Central Health embarked on engaging physicians through three Physician Forums between December 2018 and October 2019 to support a new Regional Physician Leadership Model at Central Health. Central Health physicians, board members, leadership team members and government officials met to confirm and influence changes to Central Health's bylaws, governance, Medical Advisory Committee (MAC) leadership structure and discipline practices to support quality, safety and engagement in the regional model of healthcare in Central Newfoundland.

Central Health's iLead group meeting



Dr. Roger Strasser speaks to group about rural recruitment and retention at an engagement session hosted by Central Health



Keith Taylor, PX Advisor from Thunder Bay, ON speaking at Central Health engagement session



Realignment

Central Health announced the need for organizational realignment in January 2019. This realignment is in part a result of several reviews carried out throughout 2018 and 2019 such as the Central Regional Integrated Health Authority External Review, the Central Health Management Survey, the Nursing Model Review and the Acute Care Nursing Review.

The realignment for Central Health included five phases with phases 1-2 completed to date:

Phase 1: Realignment of Senior Management Team

Phase 2: Hiring of Senior Directors, Budget Analyst, and Director of Quality, Planning and Performance

Phase 3: Management realignment, scheduled for August (delayed due to COVID-19)

Phase 4: New Talent and Culture structure (Fall 2020)

Phase 5: Implementation of a new medical structure and Medical Advisory Committee (MAC) (Fall 2020).

The guiding principles of the realignment are to: provide efficient and effective care and services in a more integrated approach; provide increased management support to front-line employees; provide a respectful, healthy and well-functioning workplace; reduce travel and travel time of managers; improve decision support and project management; and drive improvement throughout the organization.

While it has been a challenge for the organization and its people throughout this realignment, it provides an opportunity for a flatter and leaner leadership structure, more support to employees on the front-line and better decision support for the organization. This challenge and opportunity aligns with a Government Priority commitment to Adopt a Flatter, Leaner Management Structure.



Financials



Consolidated Financial Statements

Central Regional Health Authority

March 31, 2020

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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, 2020, 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, 2020, and its results of operations, its changes in its net financial debt, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

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

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

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

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

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

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

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

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

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

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

St. John's, Canada
July 2, 2020



Chartered Professional Accountants

Central Regional Health Authority

Consolidated Statement of Financial Position

March 31

2020

2019

Financial assets

Cash	\$ 3,215,936	\$ 15,439,390
Receivables (Note 3)	13,018,709	13,504,798
Residents' trust funds held on deposit	649,363	593,844
Cash restricted for security deposits	55,245	48,209
Investments restricted for general endowment purposes (Note 4)	1,193,104	1,129,527
Replacement reserve funding (Note 9)	<u>198,616</u>	<u>158,550</u>
	<u>18,330,973</u>	<u>30,874,318</u>

Liabilities

Payables and accruals (Note 5)	28,818,328	29,604,864
Employee future benefits		
Accrued vacation pay	14,800,016	13,876,494
Accrued severance pay (Note 6)	1,518,666	11,586,348
Accrued sick pay (Note 6)	18,432,950	18,156,956
Deferred grants (Note 7)	25,186,264	23,177,721
Long-term debt (Note 8)	5,871,723	6,855,854
Trust funds payable	649,363	593,844
Security deposits liability	55,245	48,209
Replacement reserves (Note 9)	198,616	158,550
J.M. Olds scholarship and library funds	<u>84,821</u>	<u>84,227</u>
	<u>95,615,992</u>	<u>104,143,067</u>

Net financial debt(77,285,019) (73,268,749)**Non-financial assets**

Tangible capital assets (Note 10)	59,664,161	57,540,215
Deposits on tangible capital assets	126,616	172,291
Inventories (Note 11)	2,848,923	2,503,257
Prepays (Note 12)	<u>3,384,701</u>	<u>4,124,374</u>
	<u>66,024,401</u>	<u>64,340,137</u>

Accumulated deficit\$ (11,260,618) \$ (8,928,612)

Commitments (Note 14)

Contingencies (Note 15)

On behalf of the Board


 _____ Trustee


 _____ Trustee

See accompanying notes to the consolidated financial statements

Central Regional Health Authority Consolidated Statement of Operations

March 31	Budget 2020	Actual 2020	Actual 2019
Revenue			
Provincial plan operating	\$ 342,235,621	\$ 342,235,621	\$359,970,593
Provincial capital grants	7,850,000	3,545,811	7,689,260
Other capital contributions	-	487,885	147,253
MCP	11,481,417	11,530,967	11,006,269
Patient-resident services	14,107,000	13,462,962	14,282,345
CMHC mortgage interest subsidy	50,000	34,263	50,503
Capital project funding	1,300,000	4,843,625	3,337,801
Recoveries	11,411,000	11,997,689	10,740,581
Cottage operations	1,481,445	1,559,469	1,466,781
Foundations	1,137,600	983,132	1,184,593
Other revenue	3,872,800	4,260,551	5,270,358
	<u>394,926,883</u>	<u>394,941,975</u>	415,146,337
Expenditure			
Administration	31,778,165	29,867,515	37,149,274
Community and social services	108,870,759	107,211,371	105,214,426
Support services	64,390,941	65,317,390	69,717,717
Nursing inpatient services	93,558,558	96,029,338	95,854,472
Ambulatory care services	28,057,981	27,814,289	27,277,490
Diagnostic and therapeutic services	47,727,462	48,490,947	52,043,001
Medical services	15,442,005	16,461,885	15,102,604
Educational services	1,229,442	1,375,532	1,328,040
Undistributed	1,179,000	5,251,762	4,496,754
Cottage, operations, including amortization of \$91,801 (2019 - \$160,721)	1,471,645	1,467,408	1,475,332
Foundations, including amortization of \$3,336 (2019 - \$3,512)	1,060,800	1,206,746	797,595
	<u>394,766,758</u>	<u>400,494,183</u>	410,456,705
(Deficit) surplus – shareable	<u>160,125</u>	<u>(5,552,208)</u>	<u>4,689,632</u>
Non-shareable items			
Gain on disposal of tangible capital assets	-	-	118,398
Amortization of tangible capital assets	(5,925,804)	(5,651,181)	(5,774,411)
Accrued vacation pay – (increase) decrease	(400,000)	(920,305)	634,916
Accrued severance pay – decrease	-	10,067,682	21,516,389
Accrued sick pay – increase	-	(275,994)	(273,981)
	<u>(6,325,804)</u>	<u>3,220,202</u>	<u>16,221,311</u>
(Deficit) surplus - shareable and non-shareable	<u>(6,165,679)</u>	<u>(2,332,006)</u>	<u>20,910,943</u>
Accumulated deficit			
Beginning of year	<u>(8,928,612)</u>	<u>(8,928,612)</u>	<u>(29,839,555)</u>
End of year	<u>\$ (15,094,291)</u>	<u>\$ (11,260,618)</u>	<u>\$ (8,928,612)</u>

See accompanying notes to the consolidated financial statements

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

March 31	Budget 2020	Actual 2020	Actual 2019
Net debt - beginning of year	<u>\$ (73,268,749)</u>	<u>\$ (73,268,749)</u>	<u>\$ (93,308,612)</u>
(Deficit) surplus	<u>(6,165,679)</u>	<u>(2,332,006)</u>	<u>20,910,943</u>
Changes in tangible capital assets			
Acquisition of tangible capital assets	(7,870,267)	(7,870,267)	(6,268,603)
Amortization of tangible capital assets	5,925,804	5,746,319	5,938,644
Gain on disposal of tangible capital assets	-	-	(118,398)
Proceeds on disposal of tangible capital assets	-	-	235,438
Decrease(increase) in deposits on tangible capital assets	<u>45,677</u>	<u>45,677</u>	<u>(99,420)</u>
Increase in net book value of tangible capital assets	<u>(1,898,786)</u>	<u>(2,078,271)</u>	<u>(312,339)</u>
Changes in non-financial assets			
Increase in inventories	(345,667)	(345,666)	(384,456)
Decrease (increase) in prepaids	<u>739,674</u>	<u>739,673</u>	<u>(174,285)</u>
Decrease (increase) in non-financial assets	<u>394,007</u>	<u>394,007</u>	<u>(558,741)</u>
(Increase) decrease in net debt	<u>(7,670,458)</u>	<u>(4,016,270)</u>	<u>20,039,863</u>
Net debt, end of year	<u>\$ (80,939,207)</u>	<u>\$ (77,285,019)</u>	<u>\$ (73,268,749)</u>

See accompanying notes to the consolidated financial statements

Central Regional Health Authority

Consolidated Statement of Cash Flows

Year ended March 31

2020

2019

Operations

(Deficit) surplus	\$ (2,332,006)	\$ 20,910,943
Amortization	5,746,319	5,938,644
Gain on disposal of tangible capital assets	-	(118,398)
Investment loss	<u>123,997</u>	<u>3,344</u>

3,538,310 26,734,533

Changes in

Receivables	486,089	6,798,822
Payables and accruals	(786,536)	1,327,772
Accrued vacation pay	923,522	(631,539)
Accrued severance pay	(10,067,682)	(21,516,389)
Accrued sick pay	275,996	273,981
Deferred grants	2,008,543	126,941
Inventories	(345,666)	(384,456)
Prepays	<u>739,673</u>	<u>(174,285)</u>

Net cash (applied to) provided from operations

(3,227,751) 12,555,380

Financing

Repayment of long-term debt	(984,131)	(1,146,110)
Net changes in J.M. Olds funds	<u>594</u>	<u>277</u>

Net cash applied to financing

(983,537) (1,145,833)

Investing

Additions to tangible capital assets	(7,870,267)	(6,268,603)
Decrease (increase) in deposits on tangible capital assets	45,676	(99,420)
Increase in general endowment fund investments	(187,575)	(59,665)
Proceeds on disposal of tangible capital assets	<u>-</u>	<u>235,438</u>

Net cash applied to investing

(8,012,166) (6,192,250)

Net (decrease) increase in cash

(12,223,454) 5,217,297

Cash, net of bank indebtedness:

Beginning	<u>15,439,390</u>	<u>10,222,093</u>
Ending	<u>\$ 3,215,936</u>	<u>\$ 15,439,390</u>

See accompanying notes to the consolidated financial statements

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2020

1. Nature of operations

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

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

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

2. Summary of significant accounting policies

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

Basis of consolidation

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

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

Use of estimates

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

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

Actual results could differ from these estimates.

Cash and cash equivalents

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

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2020

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

Revenues

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

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

Expenses

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

Deferred revenue

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

Non-financial assets

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

Severance and sick pay liability

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

Based on collective agreements signed with the Newfoundland and Labrador Association of Public and Private Employees ("NAPE") as at March 31, 2018, NAPE employees with at least one year of eligible service will receive a lump sum payout of their accrued severance benefit based on pay and service as at March 31, 2018. This was extended to management and non-bargaining employees with at least one year of service as at May 31, 2018. Individuals have either taken payment by March 31, 2019 or have elected to defer payment for a short period, but no further changes in the amount payable will occur due to salary change or the accrual of additional service. In May 2019, 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, 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. An estimate for the provision of the remaining employees with less than nine years of service has been determined and recorded by the Authority.

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2020

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

Severance and sick pay liability (cont'd.)

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	Average cost
Drugs	First-in, first-out

Tangible capital assets

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

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

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

Capital and operating leases

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

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2020

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

Impairment of long-lived assets

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

Replacement reserves

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

Pension costs

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

Financial instruments

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

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

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

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

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2020

3. Receivables	<u>2020</u>	<u>2019</u>
Provincial grants	\$ 6,061,660	\$ 7,562,400
Patient, rents and other	5,073,153	4,184,428
MCP	381,207	1,619,170
Cancer Foundation	1,148,375	381,652
HST	1,251,260	632,000
Due from NLHC	<u>60,174</u>	<u>34,365</u>
	13,975,826	14,414,015
Allowance for doubtful	<u>(957,120)</u>	<u>(909,217)</u>
	<u>\$13,018,709</u>	<u>\$13,504,798</u>

4. Investments restricted for general endowment purposes

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

	<u>2020</u>	<u>2019</u>
Central Northeast Health Foundation Inc.	\$ 408,497	\$ 374,228
South and Central Health Foundation	<u>784,607</u>	<u>755,299</u>
	<u>\$ 1,193,104</u>	<u>\$ 1,129,527</u>

5. Payables and accruals	<u>2020</u>	<u>2019</u>
Trade	\$17,371,458	\$18,883,866
Due to NLHC subsidy	-	13,568
Residents comfort fund	92,343	88,342
Accrued - wages	11,336,319	10,598,057
- interest	<u>18,208</u>	<u>21,031</u>
	<u>\$28,818,328</u>	<u>\$29,604,864</u>

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2020

6. 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, 2020. 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>2020</u>	<u>2019</u>
Wages and salary escalation	3.50%	0.75%
Interest	3.25%	3.05%

Based on actuarial valuation of the liability, at March 31, 2020 the results for sick leave are:

Accrued sick pay obligation, beginning	\$20,009,153	\$20,347,504
Current period benefit cost	1,707,966	1,629,918
Benefit payments	(2,342,849)	(2,283,651)
Interest on the accrued benefit obligations	600,599	640,205
Actuarial gains	(545,416)	(324,823)
Accrued sick pay obligations, at end	<u>\$19,429,483</u>	<u>\$20,009,153</u>

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

Sick benefits

Accrued benefit obligation	\$19,429,483	\$20,009,153
Unamortized actuarial gains	(996,533)	(1,852,197)
Accrued benefit liability	<u>\$18,432,950</u>	<u>\$18,156,956</u>

7. Deferred grants and revenue

	<u>2020</u>	<u>2019</u>
Deferred operating grants	\$ 1,495,754	\$ 925,755
Deferred capital grants	23,680,702	22,240,588
Deferred revenue	<u>9,808</u>	<u>11,378</u>
	<u>\$ 25,186,264</u>	<u>\$23,177,721</u>

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2020

8. Long-term debt	<u>2020</u>	<u>2019</u>
Operating		
0.99% CMHC mortgage on Lakeside Homes; repayable in equal monthly instalments of \$11,734, interest included; maturing April 2020.	\$ 11,711	\$ 151,649
7.5% CMHC mortgage on Lakeside Homes; repayable in equal monthly instalments of \$4,574, interest included; maturing July 2023.	162,783	203,947
2.67% Canadian Imperial Bank of Commerce loan for Carmelite House, unsecured; repayable in equal monthly instalments of \$56,038, interest included; maturing January 2027.	4,196,053	4,748,454
3.54% Canadian Imperial Bank of Commerce mortgage on 3 Twomey Dr, Botwood housing; repayable in equal monthly instalments of \$390, interest included; maturing June 2027.	30,261	33,807
3.54% Canadian Imperial Bank of Commerce mortgage on 145 Commonwealth Ave, Botwood housing; repayable in equal monthly instalments of \$357, interest included; maturing July 2027.	27,307	30,562
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.	683,853	748,587
7.88% Newfoundland and Labrador Housing Corporation mortgage on Authority offices; repayable in equal monthly instalments of \$8,165, interest included; maturing November 2024.	375,297	441,119
1.82% Newfoundland and Labrador Housing Corporation mortgage on Valley Vista Senior Citizens Home, repaid during the year	-	30,810
2.60% Bank of Nova Scotia 1st mortgage on land and building at 42 Howlett's Road, Twillingate; repayable in equal monthly instalments of \$350, interest included; maturing April 2020.	349	4,478
2.69% Bank of Nova Scotia 1st mortgage on land and building at 30 Smith's Lane, Twillingate, repaid during the year	-	5,472
	<u>5,487,614</u>	<u>6,398,885</u>

Central Regional Health Authority
Notes to the Consolidated Financial Statements
March 31, 2020

8. Long-term debt (cont'd.)	<u>2020</u>	<u>2019</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>185,713</u>	<u>218,580</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>198,396</u>	<u>238,389</u>
	<u>\$ 5,871,723</u>	<u>\$ 6,855,854</u>

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

2021	846,359
2022	866,202
2023	899,753
2024	899,062
2025	856,009
Thereafter	1,504,338

9. Replacement reserves	<u>2020</u>	<u>2019</u>
Balance, beginning	\$ 158,550	\$ 194,892
Add:		
Allocation for year	60,220	60,220
Contributions from Authority	<u>12,900</u>	<u>12,900</u>
	231,670	268,012
Less:		
Approved expenditures	<u>33,054</u>	<u>109,462</u>
Balance, ending	<u>\$ 198,616</u>	<u>\$ 158,550</u>
Funding		
Replacement reserve funds	\$ 53,573	\$ 13,507
Due from Newfoundland and Labrador Housing Corporation	<u>145,043</u>	<u>145,043</u>
	<u>\$ 198,616</u>	<u>\$ 158,550</u>

Central Regional Health Authority
Notes to the Consolidated Financial Statements

March 31, 2020

10. Tangible capital assets

	<u>Land</u>	<u>Land improvements</u>	<u>Building and service equipment</u>	<u>Equipment</u>	<u>Equipment under capital lease</u>	<u>Motor vehicles</u>	<u>Motor vehicles under capital lease</u>	<u>Total</u>
March 31, 2020								
Cost								
Opening balance	\$ 532,675	\$ 1,212,046	\$83,058,621	\$ 137,668,919	\$ 2,781,898	\$ 3,308,671	\$ 196,503	\$228,759,333
Additions	-	-	3,967,528	3,724,836	-	177,903	-	7,870,267
Disposals	-	-	-	-	-	-	-	-
Closing balance	<u>532,675</u>	<u>1,212,046</u>	<u>87,026,149</u>	<u>141,393,755</u>	<u>2,781,898</u>	<u>3,486,574</u>	<u>196,503</u>	<u>236,629,600</u>
Accumulated amortization								
Opening balance	-	977,336	57,883,310	107,157,629	2,685,867	2,324,070	190,906	171,219,118
Additions	-	11,736	1,220,734	4,264,423	15,808	232,500	1,119	5,746,320
Disposals	-	-	-	-	-	-	-	-
Closing balance	<u>-</u>	<u>989,072</u>	<u>59,104,044</u>	<u>111,422,052</u>	<u>2,701,675</u>	<u>2,556,570</u>	<u>192,025</u>	<u>176,965,438</u>
Net book value	<u>\$ 532,675</u>	<u>\$ 222,974</u>	<u>\$27,922,105</u>	<u>\$29,971,703</u>	<u>\$ 80,223</u>	<u>\$ 930,004</u>	<u>\$ 4,478</u>	<u>\$ 59,664,162</u>

Central Regional Health Authority
Notes to the Consolidated Financial Statements

March 31, 2020

10. Tangible capital assets (cont'd.)

	<u>Land</u>	<u>Land improvements</u>	<u>Building and service equipment</u>	<u>Equipment</u>	<u>Equipment under capital lease</u>	<u>Motor vehicles</u>	<u>Motor vehicles under capital lease</u>	<u>Total</u>
March 31, 2019								
Cost								
Opening balance	\$ 551,220	\$ 1,212,046	\$79,918,255	\$135,257,436	\$ 2,781,898	\$ 3,043,538	\$ 196,503	\$ 222,960,896
Additions	-	-	3,310,321	2,411,483	-	546,799	-	6,268,603
Disposals	<u>(18,545)</u>	<u>-</u>	<u>(169,955)</u>	<u>-</u>	<u>-</u>	<u>(281,666)</u>	<u>-</u>	<u>(470,166)</u>
Closing balance	<u>532,675</u>	<u>1,212,046</u>	<u>83,058,621</u>	<u>137,668,919</u>	<u>2,781,898</u>	<u>3,308,671</u>	<u>196,503</u>	<u>228,759,333</u>
Accumulated amortization								
Opening balance	-	943,275	56,661,549	102,814,054	2,665,627	2,359,587	189,507	165,633,599
Additions	-	34,061	1,293,220	4,343,575	20,240	246,149	1,399	5,938,644
Disposals	<u>-</u>	<u>-</u>	<u>(71,459)</u>	<u>-</u>	<u>-</u>	<u>(281,666)</u>	<u>-</u>	<u>(353,125)</u>
Closing balance	<u>-</u>	<u>977,336</u>	<u>57,883,310</u>	<u>107,157,629</u>	<u>2,685,867</u>	<u>2,324,070</u>	<u>190,906</u>	<u>171,219,118</u>
Net book value	<u>\$ 532,675</u>	<u>\$ 234,710</u>	<u>\$25,175,311</u>	<u>\$30,511,290</u>	<u>\$ 96,031</u>	<u>\$ 984,601</u>	<u>\$ 5,597</u>	<u>\$ 57,540,215</u>

Book value of capitalized items that have not been amortized is \$6,515,354 (2019 - \$2,678,784)

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2020

11. Inventories	<u>2020</u>	<u>2019</u>
General stores	\$ 1,065,919	\$ 1,003,591
Drugs	<u>1,783,004</u>	<u>1,499,666</u>
	<u>\$ 2,848,923</u>	<u>\$ 2,503,257</u>

12. Prepaids	<u>2020</u>	<u>2019</u>
Operating		
Equipment maintenance	\$ 419,179	\$ 1,250,055
Malpractice and membership fees	12,588	59,480
General insurance	322,217	311,230
Municipal taxes	836,265	807,918
Other	<u>1,794,452</u>	<u>1,695,691</u>
	<u>\$ 3,384,701</u>	<u>\$ 4,124,374</u>

13. Line of credit

The Authority has access to a \$15 million line of credit in the form of revolving demand loans at its bankers. These loans have been approved by the Minister of Health and Community Services. This line of credit was unused at March 31, 2020 and March 31, 2019.

14. Commitments

Operating leases

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

2021	\$ 193,255
2022	141,766
2023	114,329
2024	35,928
2025	9,560

Central Regional Health Authority

Notes to the Consolidated Financial Statements

March 31, 2020

15. Contingencies

As of March 31, 2020 there were a number of legal claims against the Authority in varying amounts for which no provision has been made. It is not possible to determine the amounts, if any, that may ultimately be assessed against the Authority with respect to these claims, but management and the insurers believe any claims, if successful, will be covered by liability insurance.

16. Expenditures by object	<u>2020</u>	<u>2019</u>
Expenditure		
Salaries	\$ 202,290,850	\$ 215,910,278
Employee benefits	36,873,190	38,573,084
Supplies - plant operations and maintenance	6,680,531	6,568,119
- drugs	12,649,833	11,190,072
- medical and surgical	10,489,027	10,405,997
- other	10,496,129	10,047,908
Direct client costs - MHA, CS, HP, and CC	69,766,286	68,124,746
Other shareable expenses		
- sundry	9,341,977	9,197,663
- equipment expense	8,238,383	9,811,514
- contracted-out services	19,842,820	18,760,347
- building, grounds and equipment expense	10,927,696	9,339,088
Long-term debt - interest	223,307	254,962
Cottage operations	1,467,408	1,475,332
Foundations	<u>1,206,746</u>	<u>797,595</u>
	<u>\$ 400,494,183</u>	<u>\$ 410,456,705</u>



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, GFW	709.489.8150
Green Bay Community Health Centre, Springdale (CNA Building)	709.673.4974



Hermitage Community Health Centre, Hermitage	709.883.2222
La Scie Community Health Centre, LaScie	709.675.2429
Lewisporte Community Health Centre, Lewisporte	709.535.0905
McCallum Community Health Centre, McCallum	709.846.4104
Mose Ambrose Community Health Centre, Mose Ambrose	709.888.3541
Musgrave Harbour Community Health Centre, Musgrave Harbour	709.655.2518
New World Island Community Health Centre, Summerford	709.629.3682
Rencontre East Community Health Centre, Rencontre East	709.848.3410
Robert's Arm Community Health Centre, Robert's Arm	709.652.3410
St. Alban's Community Health Centre, St. Alban's	709.538.3738
St. Brendan's Community Health Centre, St. Brendan's	709.669.5381
Victoria Cove Community Health Centre, Gander Bay	709.676.2155

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 Improvement	709.292.2146
Facilities Management and Engineering	709.292.3014



Abbreviations

ACOA – Atlantic Canada Opportunities Agency

ACP – Advanced Care Paramedics

ALC – Alternate Level of Care

AMIA - American Medical Information Association

ANS - Automatic Notification System

CAC - Community Advisory Council

CHF – Congestive Heart Failure

CIHI - Canadian Institute for Health Information

COPD – Chronic Obstructive Pulmonary Disorder

CNRHC – Central Newfoundland Regional Health Centre

CT – Computed Tomography

DGP - Diabetes Care Program

ED – Emergency Department

EDD - Estimated Date of Discharge

ELOS - Expected Length of Stay

EMR - Electronic Medical Record

ESAS - Edmonton Symptom Assessment System

FACT - Flexible Assertive Community Team

HIM - Health Information Management

JPMRHC – James Paton Memorial Regional Health Centre

LEAP - Learning Essentials in Palliative Care

LOS - Length of Stay

LTC – Long-term Care

MAC – Medical Advisory Committee

MCI - Mild Cognitive Impairment

MCR - Mobile Crisis Response

MHAS - Mental Health and Addiction Services

NLCHI - Newfoundland and Labrador Centre of Health

Information

NP – Nurse Practitioner

ODT - Opioid Dependency Treatment

P.A.R.T.Y - Preventing Alcohol and Risk-related Trauma in Youth

PCH – Personal Care Home

PFCC – Person- and Family-Centred Care

PFAC – Patient and Family Advisory Council

PHC – Primary Health Care

PPE - Personal Protective Equipment

PX - Patient Experience

QCNL/CWNL – Quality of Care NL/Choosing Wisely NL

RCC - Respiratory Care Centre

RHA – Regional Health Authority

SFP - Strengthening Families Program

SS-SCD - Shared Services Supply Chain Department

TAO - Therapist Assisted Online



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