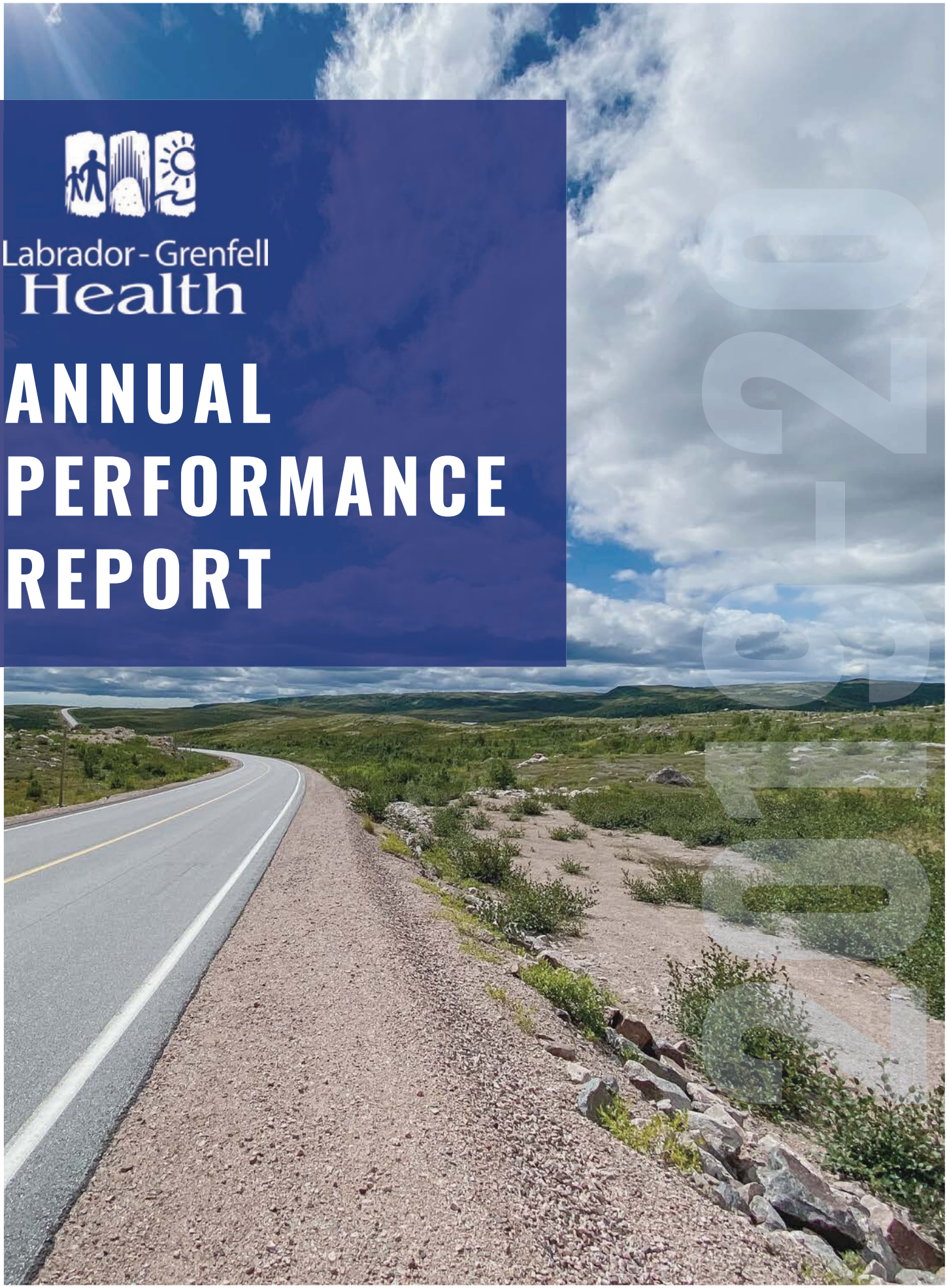
Labrador-Grenfell Health

ANNUAL PERFORMANCE REPORT



COVER PHOTO: SOUTHBOUND ON THE TRANS LABRADOR HIGHWAY - AMANDA MACNEIL

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PHOTO: NORTH WEST RIVER - ELISSA MORGAN

PHOTO: CHARLOTTETOWN - ELISSA MORGAN

MESSAGE FROM THE CHAIR

PHOTO: BLUEBERRIES - KRISTA BAKER

On behalf of the Labrador-Grenfell Health (LGH) Board of Trustees, I present the Annual Performance Report for 2019-20, in accordance with the **Transparency and Accountability Act**. The Board understands that it is accountable for the preparation of this report and any results or variances explained herein.

This past year represents the third and final year of the 2017-20 strategic planning cycle and the Board is pleased to present the results of work completed by LGH towards meeting its strategic issues in the areas of Improved Access, Streamlined Service Delivery and Better Health.

Despite being the smallest health authority in the province by population, we are challenged to provide care over the largest geographical area. Our population is diverse, and we must understand each area of our region, their unique needs and priorities.

In 2019-20, LGH engaged with its communities through a variety of channels including community consultations, key informant interviews and discussions with our Indigenous partners, local businesses and community groups. These engagements were opportunities to listen to our residents and collaborate to identify priority health needs. Much of this information will be included as part of our ongoing Community Health Needs Assessment, which began in 2018. This work will prove invaluable in future years as we continue to assess the emerging health of the region plan programming and services to meet the identified needs of our population.

While we achieved great successes in the 2019-20 year, we would be remiss if we did not acknowledge the challenges our organization and the country faced in March 2020. The COVID-19 pandemic has been difficult for everyone. The world was met with uncertainty and unanswered questions about what was to come. The LGH team stepped up and worked tirelessly to provide comfort and safety in a time of need. We would like to offer our sincerest gratitude to all our employees, from the physicians and nurses on the front line; to our cleaning staff who went above and beyond to ensure our facilities were clean and safe; to our support staff; to our maintenance staff who ensured protective barriers were installed across all of our facilities and ensured waiting areas were arranged for physical distancing. We are thankful to our staff who were working from home and had to also take care of children who were home from school or without childcare due to the pandemic. Everyone within the organization has contributed to the success we have had coping in this unprecedented time.

We would also like to thank the public, who have come together and shown their support for healthcare workers and each other. We are truly grateful for our communities and their outpouring of support throughout the pandemic.

The results of this final year in the strategic planning cycle have provided an opportunity to celebrate continued successes and to strengthen our relationships for future work. The Board and staff are proud of this year's accomplishments and look forward to the beginning of a new strategic cycle.

Sincerely,

Dr. Wayne Button
Board Chair (Interim)

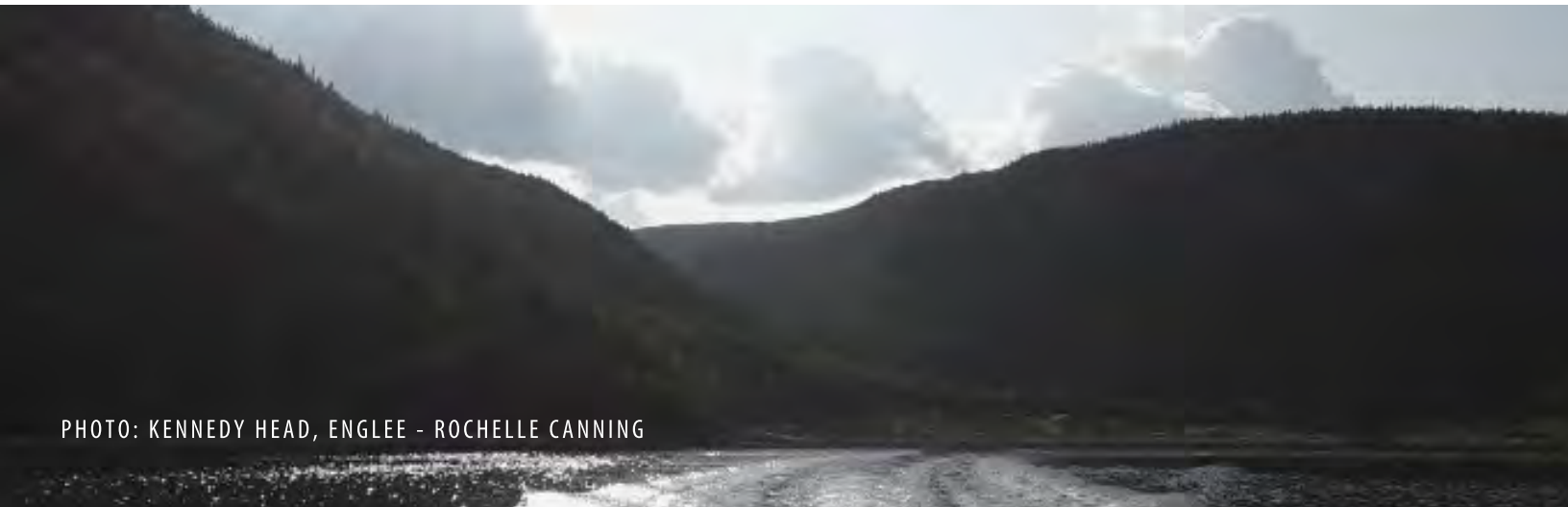


PHOTO: KENNEDY HEAD, ENGLEE - ROCHELLE CANNING

OVERVIEW

LGH is one of Newfoundland and Labrador's four public health authorities (RHA) which covers Labrador and all communities north of Bartlett's Harbour on the Northern Peninsula. LGH provides quality health and community services to approximately 37,000 people (Statistics Canada, Census 2016 data) inclusive of three indigenous groups: Innu, Inuit, and Southern Inuit. LGH operates 22 facilities, including three hospitals, three community health centers, 14 community clinics and two long-term care facilities. Its headquarters is based in Happy Valley-Goose Bay.

The LGH mandate and lines of business can be viewed through the LGH website www.lghealth.ca.

Population by Hospital Catchment Area

Labrador West Health Centre = 9,831

Labrador Health Centre = 13,804

Charles S. Curtis Memorial Hospital = 9,281

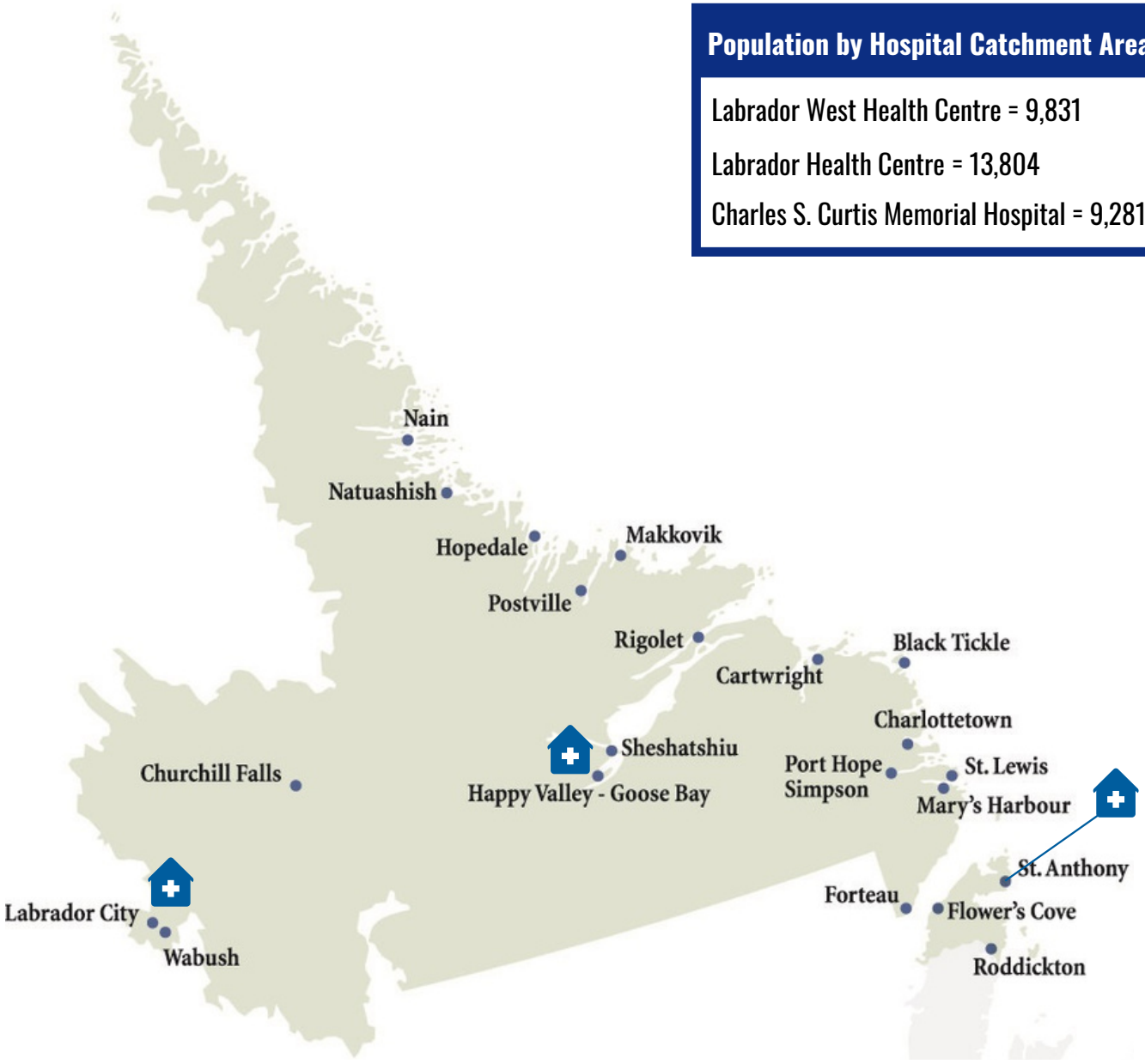


PHOTO: STUDENT READS TO A LONG-TERM CARE RESIDENT DURING AN INTER-GENERATIONAL DAY

KEY STATISTICS

Human Resources Data

As of March 31, 2020, LGH employed 1,449 staff (913 permanent full-time, 40 permanent part-time, 344 temporary and 152 casual workers). Of these, 54 per cent are support staff, 26 per cent are regulated nurses, seven per cent are other health professionals (i.e. social workers, physio-therapists, pharmacists, etc.), six per cent are laboratory and diagnostic imaging tech-nologists, four per cent are management and three per cent are physicians. There are also more than 250 volunteers throughout the region, including those affiliated with various community groups such as the Grenfell Foundation, Auxiliaries, Churches, fund raising groups, plus many individuals who contribute their time to supporting clients and residents in the LGH region.

LGH facilities are based in small population centres (1,000 - 29,999 residents) and rural territories outside the population centres.

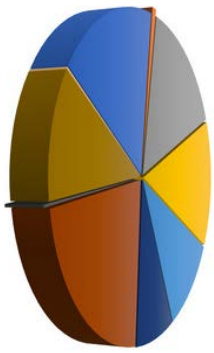
Financial Data

Detailed financial information is available on page 47 of this report.

Operating Revenue - $187,532,000

- Provincial Plan (Operating Grant Only) $152,021,962
- Other Capital Contributions $270,437
- Other $6,840,742
- Provincial Plan (Capital Grant) $2,886,272
- Outpatient $2,534,857
- Inpatient $738,751
- Transportation and Works $1,285,500
- Long-Term Care $2,020,244
- MCP $18,933,235

Expenses - $188,015,646



- Nursing inpatient services $32,655,190
- Education and research $1,448,520
- Community and social services $29,893,924
- Ambulatory care services $26,123,754
- Diagnostic and theraputic services $20,028,775
- Administration $14,608,498
- Support services $40,560,917
- Undistributed $513,089
- Medical Services $21,940,585
- Other $242,394

Service Delivery Data

Key statistics on Acute Care, Health Centres, Community Clinics, Community Health and Wellness, Long-Term Care and Tele-Health Services are available on page 76.

PHOTO: TERRINGTON BASIN - LESLEY TUCKER

HIGHLIGHTS AND PARTNERSHIPS

Welcome NL

Welcome NL is a provincial initiative focused on building community capacity to welcome and retain immigrants and newcomers across the province. In 2019, the project was established in Happy Valley-Goose Bay and LGH partnered with Welcome NL to enhance the onboarding experience for incoming employees new to the area. Through the partnership, LGH participated within a steering committee along with the College of the North Atlantic, the Department of National Defense, the Town of Happy Valley-Goose Bay and other members from the business community.

Welcome NL coordinated various activities for new staff including greeting new staff upon their arrival, providing immigration information sessions and hosted community potluck events. The initiative was also responsible for the creation of a Welcome Guide which provides information on local amenities such as: fitness and recreation, arts and culture, and the schooling system.

Bedside Shift Report

In October 2019, LGH implemented the Bedside Shift Report initiative at the Labrador Health Centre. This initiative is an evidence-based best practice which focuses on person-family centered care and communication. By providing a change of shift report at the patient's bedside, the patient and their family are able to interact with the care team and provides real-time exchange of information between nurses.

This initiative improves accountability and efficiency while establishing trust, reducing anxiety, decreasing errors, and building therapeutic relationships with our patients. While the COVID-19 pandemic delayed plans to implement the initiative at other sites, LGH is planning to expand as early as the Fall of 2020, conditional on the global outlook.

Order of Newfoundland and Labrador

On March 6, 2020, the Happy Valley-Goose Bay Long -Term Care Home hosted an event to invest a resident, Mr. Robert Charles Lyall, into the Order of Newfoundland and Labrador. In attendance were Her Honour, Judy Foote, Lieutenant Governor of Newfoundland and Labrador, the Honourable Dwight Ball, former Premier of Newfoundland and Labrador, as well as leadership and staff of LGH, as Mr. Lyall was a long time employee of the health authority and worked in Northwest River and Happy Valley-Goose Bay during his career. Mr. Lyall's investiture was also celebrated by his family members, residents and staff of the long-term care home and supported by the media.

PHOTO: MR. ROBERT LYALL JOINS LGH MAINTENANCE STAFF

PHOTO: ORDER OF NL MEDAL

PHOTO: MR. LYALL IS JOINED BY PROVINCIAL GOVERNMENT REPRESENTATIVES AND FAMILY AT HIS ORDER OF NL CEREMONY

Home First

In partnership with the Department of Health and Community Services (HCS), the province's four RHAs have implemented a Home First approach to care. The Home First Philosophy is an interdisciplinary approach meeting the needs of clients while promoting safe and timely care in the most appropriate setting. It is an initiative designed to provide enhanced supports to clients allowing them to remain in their homes and communities, avoid unnecessary hospitalization and premature long-term care placement, and successfully transition back into the community following an admission.

On September 11, 2019, representatives from HCS provided a day-long education session around the Home First Initiative for health professionals from across the LGH region.

LGH implemented a Home First Project Manager position whose role is to implement the Home First Network and to continue to educate and provide support and consultation to all staff for Home First clients. This position provided education to staff in the coastal communities and health centers during the 2019-20 year and helped to develop two Home First bulletins for staff which provides opportunities for information-sharing on the Home First initiative as well as sharing success stories.

LGH has taken a Home First approach with 91 clients from the initial implementation in September 2017 to April 2020. Of the 91 clients, 85 are seniors and six clients have intellectual disabilities. Forty-eight of the referrals came from acute care and 39 referrals came from community. Through this referral process LGH was able to assist clients in successfully transitioning back to their homes.

PHOTO: MEMBERS OF THE LGH TEAM ATTEND THE HOME FIRST IEDUCATION SESSION

Indigenous Partnerships in Health

LGH continues its journey to better understand the unique health needs of Indigenous populations and to identify opportunities for change.

In 2019, funding through the Health Services Integration Fund (HSIF) was received to support collaborative projects between LGH, Innu First Nation (IFN), and Nunatsiavut Government (NG) to address the need for improving culturally safe care. The Moving Forward Together: Ensuring Cultural Safety in Healthcare initiative aims to increase collaboration as well as to design and deliver educational awareness and relationship building opportunities for staff of LGH and its Indigenous partners.

In the 2019-20 year, LGH began establishing an inpatient room that recognizes and provides for the cultural needs of Indigenous patients and their families during times of illness. The work is carried out under the guidance of Indigenous Elders.

Future work within the initiative will include implementation of a staff survey around to assist in determining LGH's location on the journey to cultural safety and understanding how to better support staff.

Cultural Safety education is now a part of the General Orientation for new hires. There is an Indigenous Culture Module on e-Learning and beginning in the Fall of 2020, face to face sessions will commence at LGH facilities.

Since 2018, Rehabilitation and Intervention Services has been engaged in regular meetings with staff working with Sheshatshiu Innu First Nation (SIFN). This partnership continues to focus on improving culturally safe and appropriate access to rehabilitation, early Intervention (including Autism services) and behavior management services to clients and families. This allows improved utilization of existing resources within the community such as family-friendly meeting spaces and translation services.

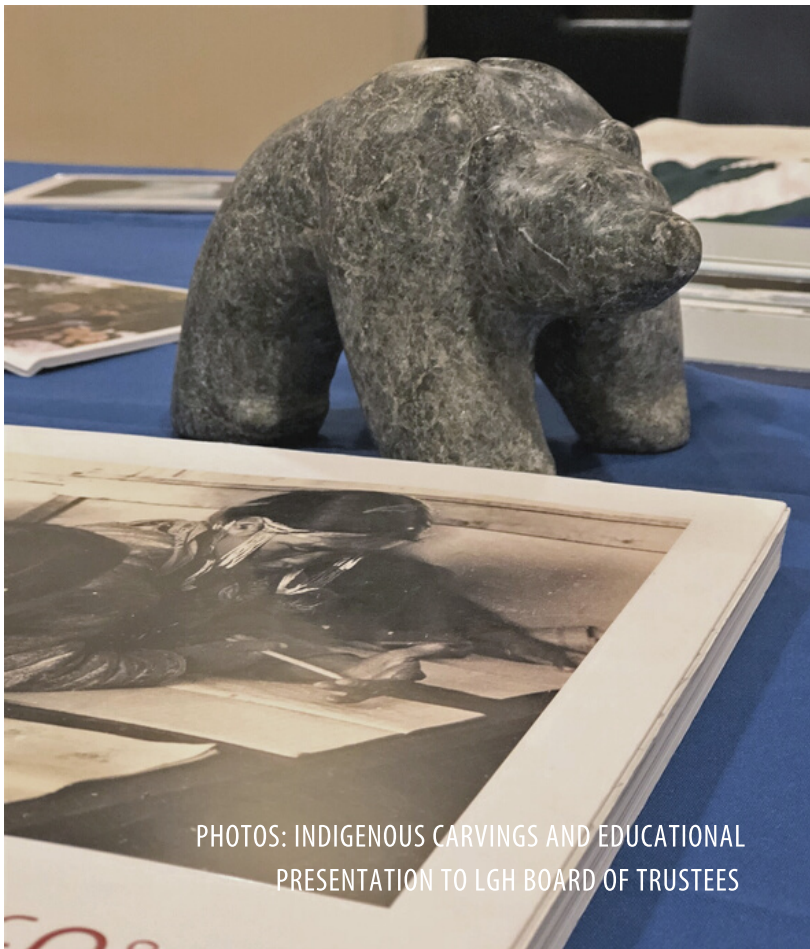
Through partnerships with Eastern Health's Janeway Lifestyle program, NG, Mushua Innu First Nation (MIFN), SIFN and NunatuKavut Community Council secured funding to expand the Janeway Lifestyle program to ensure the delivery of culturally sensitive and safe care, as well as enhance access by increasing the number of visits to the LGH region.

LGH partnered with MIFN to incorporate injury prevention education into their first Teddy Bear Health Fair in Natuashish on March 9, 2019. The fair was open to families with children up to seven years old. Participants spoke with various health professionals from areas including nursing, occupational therapy, speech-language pathology,behavior management, psychology, dentistry, health promotion and representatives for the Jordan's principal supports. Resources were available at each table, and each child received a teddy bear for visiting each station.

On September 11, 2019, representatives from HCS provided a day-long education session around the Home First Initiative for health professionals from across the LGH region.

Here and Now

In the Fall of 2019, LGH partnered with the arts community to bring "Here and Now" to Labrador City and Happy Valley-Goose Bay. The event consisted of a show and workshop created by Steve Coombs, a cancer survivor and comedian. The show took attendees through Steve Coombs' cancer journey followed by a writing workshop for cancer patients, care givers and staff. The event aimed to break down stigma and misconceptions surrounding cancer survivors.



PHOTOS: INDIGENOUS CARVINGS AND EDUCATIONAL PRESENTATION TO LGH BOARD OF TRUSTEES

REPORT ON PERFORMANCE

ISSUE 1: IMPROVED ACCESS

Access to essential care remains a priority for LGH as it is vital in ensuring the overall health of the population from health promotion and the prevention of illness to treatment and management of disease as well as rehabilitative care. Having the opportunity to receive services greatly impacts physical, social and mental health.

Appropriate access in healthcare means having the opportunity to obtain services from the healthcare system. A key component of improving access is reducing the time individuals wait to receive services they need, which is inclusive of the time an individual decides to seek health assistance to the time they receive needed health services. This differs from the 'wait times' described in the clinical setting, i.e. time spent waiting to see a physician in the Emergency Department (ED).

In late 2016, LGH launched a Client Experience Survey (CES), called "Please Tell Us…". This ongoing initiative, which is available in multiple service areas, represented the first time that LGH invited feedback through an ongoing anonymous online survey from clients who accessed services. The CES is available in a variety of program areas including cancer care, diabetes care, dialysis, home care, hospital emergency services, community clinics and health centres, hospital inpatient services, long-term care, mental health and addictions, public health, obstetrics, surgical services, diagnostic imaging, laboratory and rehabilitation.

Early results from the CES showed that nearly half of respondents did not feel that they were able to access care in a timely manner and only 60 per cent of respondents were provided information on what to expect during their appointment/visit. By regularly monitoring the results, LGH was able to develop strategies to improve access and communication, resulting in an eight per cent increase in satisfaction in the above-mentioned areas in the 2019-20 year.

Survey results help shape LGH's goal to enhance access to primary healthcare services and supports Provincial Government priorities.

THREE YEAR PERFORMANCE

GOAL: By March 31, 2020, LGH will have enhanced access to primary health care services.

PLANNED FOR 2017-20 Improved communications to benefit clients presenting for selected services.

ACTUAL PERFORMANCE 2017-20

Pre-Visit Surgical Calls

Pre-visit surgical calls were implemented in November 2018. The calls were implemented to decrease no shows; improve appointment access, decrease tardiness, increase patient preparation, and improve engagement and satisfaction within the nurse-patient relationship.

Some challenges which have been noted include identifying time to complete the calls and difficulty reaching clients.

From November 2018 to March 31, 2020, 934 calls have been made. Of those calls, 44 per cent of clients have asked questions, 31 per cent of clients required direction to the hospital and/or day surgery unit, and three per cent of clients required further follow-up by a nurse and/or physician.

Post Discharge Calls

A nurse calls all patients discharged from acute care within 48 to 72 hours to assess their understanding and compliance of discharge instructions such as with medication and follow up appointments. This initiative is aimed to improve continuity of care, transitions in care, improve patient experience, and reduce re-admissions. Post Discharge Calls also help to identify employees that have made a positive impact on patient care by personally acknowledging and thanking staff for excellent in the care provided. Data collected also measures services provided and identifies improvements have been made as well as identify opportunities for improvement. Between 2018 and 2020, 4,053 calls were made and 402 employees were identified and recognized for having made a positive impact on client care.

PLANNED FOR 2017-20 Expanded and implemented new uses of technology to improve access to care (i.e. e-mental health and technology-based interventions, remote patient monitoring, point-of care testing, echocardiography services, and telehealth).

ACTUAL PERFORMANCE 2017-20

Electronic Medical Record

The provincial Electronic Medical Record (EMR) was successfully implemented at the Labrador South Health Centre, Strait of Belle Isle Health Centre and White Bay Central Health Centre by February 2020.

These sites were the first Primary health care sites within the province:

- to implement the system within facilities that are open 24 hours a day,
- to include other providers in addition to physicians and Nurse Practitioners and
- to have included workload into the data collection.

The EMR contains key elements that improve patient flow in the healthcare system; encourage community, patient and provider engagement; enable self-management and healthy living support; and ensures a collaborative team-based approach to client care.

Therapy Assistance Online

All Mental Health & Addictions clinicians have been trained as Therapy Assistance Online (TAO) providers and can provide this online counselling service to clients anywhere in the region.

PHOTO: STAFF AT THE WHITE BAY CENTRAL HEALTH CENTRE CELEBRATE THE IMPLEMENTATION OF THE EMR.

Remote Patient Monitoring

In 2017, LGH partnered with Eastern Health to implement a pilot project to deploy Remote Patient Monitoring (RPM) technology to one of LGH's most remote facilities in Black Tickle. In June 2019, the pilot ended and LGH expanded RPM in other areas for diabetic patients. By implementing RPM, Diabetic Nurse Educators and the Diabetes Dietitian can monitor/visit clients virtually. Assessments are also able to be documented within the EMR at the three health centres, improving communication around client care.

Digital Radiography

Between October and December 2019, LGH successfully updated its radiography equipment from computed radiography to digital radiography at the three health centres. The new equipment allows the ordering physician to view the digital images of their patient at all times as well as reduces radiation exposure to the patient.

Echocardiography

In December 2018, the first Adult Echo Clinic was completed with the installation of new echocardiography equipment at the Labrador West Health Centre. Between April 1, 2019 and March 31, 2020, the number of adult echocardiograms completed were:

- St Anthony - 366.
- Labrador City - 199.

Point of Care Testing

In January 2020, LGH made changes to Point of Care Testing service to centralize Quality Care testing across all three hospitals. Additionally, the Laboratory Department began overseeing inventory of point of care equipment at the community clinics and health centres. Procedures have been implemented to ensure results of point of care testing are comparable to laboratory results.

Training has been made available to applicable staff which includes performing a final exam at the end of the course. The results of the exams are automatically delivered to the Regional Laboratory Point of Care Testing Coordinator who monitors the staff education.

PHOTO: STAFF AT THE STRAIT OF BELLE ISLE HEALTH CENTRE CELEBRATE THE IMPLEMENTATION OF THE EMR.

PLANNED FOR 2017-20 Implemented new program delivery options which result in improved and integrated access to selected services, such as a stepped-care approach to mental health and addictions services, and group client appointments for diabetes and prenatal care.

ACTUAL PERFORMANCE 2017-20

BETTER Program

The BETTER Program is a Provincial program that focuses on prevention and screening of chronic diseases including cancer, diabetes, heart disease and associated lifestyle factors (nutrition, exercise, smoking and alcohol) for clients between 40 and 65.

LGH also partnered with SIFN and provided training on BETTER for staff to ensure the program can be delivered in a culturally safe and appropriate manner. Support was provided to the practitioner to enable access to the appropriate LGH databases, through an information sharing agreement.

Stepped-Care Approach

Stepped Care is an evidence-based approach to care that involves matching individuals to the most appropriate level of care based on their specific needs. Clients enter services at the level that best meets their current needs and abilities and may move up and/or down the steps throughout the course of their treatment as their needs change.

The Stepped Care and Wellness Plan for Mental Health and Addictions service delivery was implemented January 2019. LGH continues to pilot the same and is working with the province to providing input for a finalized provincial model that will be implemented in 2020.

Centering Pregnancy

In January 2018, LGH partnered with SIFN in the implementation of Centering Pregnancy at the Mani Ashini Clinic in Sheshatshiu. This program incorporates group sessions for pregnant moms over the course of their pregnancies. Following completion of sessions and after babies were born, a "graduation" session was held with moms and babies.

The International Grenfell Association provided funding to continue the program throughout the 2019-20 year.

A total of 62 individuals attended the Centering Pregnancy between 2018 and 2020.

YEAR THREE PERFORMANCE

OBJECTIVE: By March 31, 2020, LGH will have implemented specific improvements that result in the right care, provided by the right providers, to the right client, in the right place and at the right time.

PLANNED FOR 2019-20 Continued to implement strategies to decrease no-show rates in the Outpatient Departments

ACTUAL PERFORMANCE 2019-20

Appointment Notification System

LGH has partnered with the HCS and Central Health in implementing a patient Appointment Notification System (ANS), a system which reminds clients of their upcoming appointments via text, call or email. The client is given the option to confirm or cancel the appointment within their notification. This is two-tiered strategy which aims to reduce the number of missed appointments (by reminding the client of the scheduled time) and reduce the wait time for appointments (by freeing up an appointment time if there is a cancellation). Reminders also allow clients to carry out any required preparations for their appointment.

Specialty Services

In 2019-20, LGH expanded their work implementing regional No-Show policies within specialty areas. These policies help to reduce inconsistencies and improve wait times by implementing standardized processes for missed or cancelled appointments.

A regional No-Show policy was implemented for local specialist appointments in July 2019.

Implementation of the ANS within Psychiatry in late 2019 has resulted in improvements, in no-show rates from16 per cent in 2018-19 to 11 per cent in 2019-20.

Primary Care Appointments

Expansion of the ANS throughout primary care appointments was scheduled to be implemented regionally by the end of the 2019-20 year but was postponed due to the COVID-19 pandemic.

In October 2019, Outpatient Department (OPD) clerical staff at the Labrador Health Centre began providing reminder telephone calls for appointments to reduce no-shows/ cancellations. Improvement has been seen in this area with a decrease in no-shows from 16.7 per cent in 2018-19 to14 per cent of appointments in 2019-20.

PLANNED FOR 2019-20 Continued to implement strategies to increase access to primary care providers in select Outpatient Departments.

ACTUAL PERFORMANCE 2019-20

Access to primary care

In keeping with LGH strategic plan of improved access to primary care providers in select outpatient departments, LGH has implemented delivery of ambulatory care services in outpatient setting rather than EDs within five sites. Services such as injections, infusions and wound care are delivered by RN's and LPN's, improving patient access and decreasing wait times for services in our ED's.

In April 2019, LGH expanded the services to a seven day a week clinic at the Labrador Health Centre. In 2019-20, there was a total of 19,349 face-to-face visits completed in ambulatory care compared across the region, compared with 15,929 visits in 2018-19. This effort produced a 21.5% increase in service provision.

Air Ambulance Services

Beginning July 1, 2019, LGH's provision of scheduled flights to the North and South coasts of Labrador were separated from the provision of medical air ambulance emergency flights. This new process resolved disruptions in scheduled flights for individuals accessing the Schedevac service ensuring clients improved access to scheduled appointments for services that are not able to be provided in community clinics.

PHOTO: STAFF AT THE NAIN COMMUNITY CLINIC GATHER BY A MEDICAL AIRCRAFT

PLANNED FOR 2019-20 Completed implementation of a Family Advisory Council.

ACTUAL PERFORMANCE 2019-20

Over the past three years, LGH has been working to implement patient-centered initiatives at all of our sites and across all of our programming.

An integral part to this approach is establishing processes to ensure patient and family input in the planning of services across the region. As members of a Family Advisory Council, it was felt clients would have the opportunity to provide direct input into policies, programs and practices which affect patient care and services. LGH also recognizes that by partnering with our communities, residents can contribute to improved health care experiences and improving health outcomes of the population.

Upon further examination of LGH's implementation of person and family centred care, it was identified that a broader framework should be developed prior to establishing a council, to ensure understanding of the approach and to identify goals for the organization which will meet the needs of the population.

For this reason, committees were not established in the 2019-20 year. LGH continues to plan the development of a person-centered framework and will implement committees in the upcoming 2020-23 cycle.

PLANNED FOR 2019-20 Identified strategies to improve access to Pediatric services throughout the region.

ACTUAL PERFORMANCE 2019-20

In August 2019, LGH recruited a permanent pediatrician with regional responsibilities, based at Charles S. Curtis Memorial Hospital in St. Anthony. Visiting clinics began in the Fall of 2019 to other hospitals in the region and opportunities for education sessions were also implemented.

LGH has successfully recruited another regional Pediatrician for a position to be based at the Labrador Health Centre in Happy Valley- Goose Bay. While scheduled to start in February 2020, the start date has been delayed due to the COVID-19 pandemic.

Recruitment is ongoing for a third position. These new staff will also work together to provide service across the LGH region.

PLANNED FOR 2019-20 Implemented Remote Patient Monitoring for Chronic Obstructive Pulmonary Disease throughout the region.

ACTUAL PERFORMANCE 2019-20

RPM is a form of technology which allows health care providers to monitor patients with specific conditions remotely. RPM assists patients, families and health care providers connect and provides primary care services while overcoming some of the unique geographical challenges within the LGH the region.

The program also promotes chronic disease management, with a goal of supporting patients at home with a goal of preventing unnecessary acute care admissions.

LGH first implemented RPM for diabetes patients in June 2019 with a plan to expand the program to include Chronic Obstructive Pulmonary Disease (COPD) patients. Due to challenges around resources required for the expansion. LGH was unable to complete the implementation with in the 2019-20 year.

DISCUSSION OF RESULTS

One of the key objectives for 2019-20 was to improve client access to primary care services. A large factor contributing to access of primary care appointments has been a high volume of no-shows. By implementing the ANS in select areas LGH continues to improve access to clients by ensuring appointments are completed as well as by identifying available times for clients waiting for a scheduled appointment. The expansion of this system throughout the authority will assist LGH in providing its services to more clients with reduced waiting periods.

Additionally, by providing reminder calls within OPD for upcoming appointments, LGH has been able to increase timely service and re-book clients whose appointments no longer suit their schedule.

LGH has also observed improvements in primary health care service delivery through the expansion of ambulatory care clinics. This initiative not only improves access to routine services such as suture care and intravenous medications for those in need, but by having those individuals access services via the OPD clinic setting it also, frees up resources in the ED, allowing those who need emergent care to be seen faster.

LGH is committed to continuing engagement with the region to improve service delivery and provide person centered care.

PHOTO: LONG-TERM CARE RESIDENTS ENJOY ART THERAPY

ISSUE 2: STREAMLINED SERVICE DELIVERY

Within the 2017-20 strategic plan, LGH committed to making the best possible use of resources allotted in its trust to ensure the delivery of quality health programs and services to its region. By focusing on the development of key initiatives, the efficiency and effectiveness of service delivery has been at the forefront of the authority's priorities.

With the increasing burden of chronic illness, hospitals across the country are faced with the task of ensuring best practices in bed utilization are employed. Acute Care Bed Management (ACBM) is a key area where LGH is working to streamline service delivery. ACBM strategies aim to improve patient flow, shorten lengths of stay and reduce overcapacity. Recommendations from the 2016 Auditor General Report continue to be implemented at LGH facilities to ensure availability of beds for those requiring acute care admission.

A vital piece to reducing unnecessary admissions is the accessibility of supports in the community. Through the implementation of a Home First approach, a growing network of clinicians and community-based programs are enabling clients across the region to receive care in their homes. This frees up acute care resources and ensures that individuals receive appropriate care. By implementing a flagging system linking clinicians to their clients when and where they present at an ED, LGH is better able to monitor clients and assess changes to their health needs.

As the Home First program continues to grow, a decrease in acute care admissions and ED visits will positively impact bed utilization and improve health outcomes for clients across the region.

THREE YEAR PERFORMANCE

GOAL: By March 31, 2020, LGH will have streamlined operations to appropriately realign and match resources with demonstrated utilization.

PLANNED FOR 2017-20 Improved financial performance.

ACTUAL PERFORMANCE 2017-20

Significant savings for several capital projects have been achieved by using internal teams to complete the work. For example:

- A total of $61,000 in savings was achieved for renovations to add three long-term care beds at the Labrador South Health Centre, which began in October 2020 and was completed at the end of January 2020.
- A total of $238,000 in savings was realized for installation of X-Ray equipment at our three Health Centres, which were installed beginning in May 2019 and completed in December 2019.
- A total of $58,000 in savings was achieved for Installation of new flooring at several community clinics completed in December 2019.

Provincial Health Shared Services Supply Chain Department

LGH began working more closely with Shared Services- Supply Chain Division within 2019-20 to use centralized procurement to meet supplies and contracting needs. As the COVID-19 pandemic impacts began to be experienced in Newfoundland and Labrador in March 2020, the buying power of centralized procurement proved to be a great asset to LGH with vendors being interested in working with larger clients. Without this system in place, it would have been likely that LGH would not have gained sufficient resources on its own during this period, where a global scarcity in the production and supply of personal protective equipment occurred.

PHOTO: FALL COLOURS IN LABRADOR - KRISTA BAKER

PLANNED FOR 2017-20 Realigned regional pharmacy services.

ACTUAL PERFORMANCE 2017-20

Changes to medication dispensing

In 2017, through consultation with the Newfoundland and Labrador Pharmacy Board (NLPB) and the College of Registered Nurses of Newfoundland and Labrador (CRNNL), it was determined that LGH was unable to meet the regulatory standard of pharmacists dispensing chronic medications at community clinics as the authority's clinics do not have pharmacists on site.

To align with this standard and best practices, LGH began the transition of medication dispensing services from the community clinic setting to licensed community pharmacies. LGH previously transitioned medication dispensing services from community clinics in the southern part of the region in 2018.

LGH began partnering with NG in 2018 to implement best practices for implementing these changes to pharmacy services in Nunatsiavut communities. Changes were implemented at the Hopedale Community Clinic in August 2019 followed by the Nain Community Clinic in November 2019. In March 2020, the three remaining NG community clinics located in Postville, Makkovik and Rigolet, completed implementation of community- based medication dispensing.

Clients in these areas of the region were notified of the impending changes to medication dispensing services and the health authority began transitioning these services from the community clinic setting to licensed community pharmacies.

By stepping back from its longstanding involvement in the provision of medication dispensing services at the community clinics throughout the health authority, LGH is aligning with the Standards of Practice of the NLPB and CRNNL.

LGH continues to work to implement these changes in the remaining communities of Black Tickle, Cartwright and Natuashish in the 2020-21 year, while working with MIFN to implement in the latter.

Implementation of unit-dose packaging for medications

LGH has made a significant step forward in the area of medication management. Supported through funding from HCS, LGH acquisitioned unit-dose packaging equipment for the pharmacy at the Charles S. Curtis Memorial Hospital in St. Anthony. Implementation of this technology is fundamental to support medication-related patient safety and quality improvements and will assist LGH in achieving compliance with Accreditation Canada Medication Management Standards and the NLPB Standards of Pharmacy Operation around medication distribution systems.

PLANNED FOR 2017-20 Decreased average length of stay in selected hospital facilities.

ACTUAL PERFORMANCE 2017-20

A full time Clinical Efficiency Manager position was established to ensure appropriate use of beds and facilitate safe discharge for our clients. To date this position has developed guidelines to facilitate the flow of clients which assess acute and long- term care bed availability at the three main facilities with a daily census disseminated. Algorithms and processes have also been developed to manage capacity and overflow.

A 'first bed available' and complex discharge policies have been implemented as well as new designations for clients who are Alternate Level of Care (ALC)/ Medically Discharged (MD). This allows LGH to better capture those who are in beds and reasons for being there.

Physiotherapists (PT)/Occupational Therapists (OT) III work with admitted clients to help decrease length of stay and supply equipment to help them go home safely, if necessary.

While the average length of stay decreased from 6.5 days in 2017-18 to 5.9 days in 2019-20, LGH continues work to further decrease length of stay for patients through a collaborative approach using best practices.

Multidisciplinary rounds and an enhanced emphasis on the expected date of discharge (EDD) have assisted in decreasing the average length of stay (ALOS). EDD's are displayed in patient rooms and on in-patient white boards. This demonstrates a target discharge date for patients as well as members of the multidisciplinary team and assists with safe and efficient discharges to home.

LGH has established an admission policy whereby discharge planning begins at the time of admission.

PHOTO: PARTRIDGE BERRIES - KRISTA BAKER

PLANNED FOR 2017-20 Strengthened inter-disciplinary team approaches to client care to reduce admissions to hospital for selected conditions.

ACTUAL PERFORMANCE 2017-20

Home First

Home First is supported by a team approach of community health (home and public health nurses), social work, mental health and addictions, nurse practitioner/ family physician to reduce hospital admissions and supports clients to live at home healthier and longer.

LGH was also provided funding to hire two Personal Care Attendants (PCA) within the Community Supports Program. In alignment with the Home First Initiative of keeping clients at home and transitioning them out of acute care, there are often struggles with securing home support workers to support the clients and families, especially on the Northern Peninsula. This position provides access to a PCA who will provide personal care, home management and respite to families until they can secure a home support worker.

Additionally, a centralized intake for Community and Home Supports was implemented. These processes ensure the right provider is assigned based on client need. In 2019–20, there were 181 referrals to the centralized intake line; 35 were assigned to community nursing and 43 to community support social workers. Seventy-nine of the referrals were not assigned a case manager as they did not require case management through LGH community supports programs or refused this service. This initiative has ensured clients who require a service are provided with a case manager or directed to the appropriate service provider.

Integrating Physio and Occupational Therapy

To enhance and streamline services, PT/OTs are involved in the Home First program and assess clients in their homes to determine equipment needs and home modifications. This assists in allowing clients to remain in their homes for as long as possible and reduces the need for long-term care admission. PT and OTs also work with inpatient admissions to decrease the length of stay and repatriate clients back into their communities.

To reduce the amount of time spent in hospital waiting for PT/OT services, education is provided to clients receiving amputations prior to admission. This ensures all patients receive consistent information and understands what to expect before, during and after the procedure. Clients are also provided a pre-admission visit by a PT via telephone, virtual appointment or during their pre-op visit day and provided with education to facilitate a safe and efficient discharge.

Alternate Level of Care/Medically Discharged

Several initiatives have been implemented to monitor and reduce the ALC and MD days in the acute care setting including:

- Utilization of Expected Date of Discharge (EDD) to support early discharge as discharge planning starts at the beginning of a patient's admission to acute care.
- Unit white boards on each unit which display admission date, EDD and status of various consults for each patient.
- Patient care boards in each patient room which display EDD and care plans which patients and members of the multidisciplinary team review and discuss.
- Daily staff huddles and weekly multidisciplinary rounds to discuss discharge plans.
- Adoption of the Home First Philosophy to reduce ALC days.

While LGH has improved processes for ALC/MD patients, the authority has not seen a reduction of admissions in the 2019-20 year and continues to do more work to meet this goal. LGH is planning an electronic data collection process for ALC. The implementation of an ALC dashboard in Meditech will assist with the electronic capturing of data as presently it is collected manually. Electronic data collection allows for more accurate monitoring of ALC patient days, assists staff in responding to patient needs and improves patient flow. This implementation will require an employee education component which was set to "Go Live" pre- Pandemic and was subsequently put on hold. Work on this project has re-commenced with a target date of summer/ early fall 2020.

PHOTO: PORT HOPE SIMPSON

PLANNED FOR 2017-20 Achieved more efficient and appropriate use of resources in selected areas, such as using a streamlined financial assessment process for community support services and residential long-term care services.

ACTUAL PERFORMANCE 2017-20

Service Eligibility Assessments

In keeping with LGH strategic plan of streamlining services, LGH was able to finalize our financial application package that will be used for the assessment of all Community Support services requests as well as eligibility for financial support for long term care residential living. This is the final step in moving the financial file management to Financial Assessors and away from community support case managers. This action streamlines the processes for assessment of need for seniors and persons with disabilities, using the same package. By streamlining this process to the Financial Assessor, it allows social workers and nurses to focus on the clinical aspect of case management.

Control and Monitoring of Overtime Claims

Through diligent monitoring of the overtime approval process, LGH significantly reduced the challenges faced by payroll employees regarding incorrect payroll which subsequently reduced the volume of rework demand on the Payroll Department.

PHOTO: WEST ST. MODESTE

YEAR THREE PERFORMANCE

OBJECTIVE: By March 31, 2020, LGH will have realized improvements in select financial indicators.

PLANNED FOR 2019-20 Reduced overtime expenditures by 10%.

ACTUAL PERFORMANCE 2019-20

While overall costs for salaries and benefits were lower and under budget in 2019-20, than in the previous year, LGH was unable to reduce overtime costs within this period. Overtime costs represented 7.88 per cent of (non-physician) salaries and compensation costs in 2019-20 compared to 6.48 per cent in 2018-19.

A significant contributor to overtime expenses remains the challenge in recruiting permanent full-time staff to support daily work schedules. Where gaps exist, essential roles must be performed via the use of overtime, to ensure patient safety and operational capacity. Physicians, Registered Nurses, Primary Care Paramedics (PCP), PCAs, Social Workers and Clerks continued to be difficult to recruit and retain within a competitive labour market.

Furthermore, without a sufficient pool of casual staff that can be called upon as needed, oftentimes call backs were required at premium rates. In some cases, not having the necessary skill mix available to meet peaks in workload resulted in a higher skilled employee being assigned to provide the service at a higher premium.

Service expansion and overtime

With service expansion in areas such as Mental Health and Addictions, overtime has been regularly utilized during periods when insufficient permanent staff were available.

Additional demands have been placed on Clerks as a result of a 10% increase in the use of Telehealth Clinical Services in 2019-20. Other specialised roles with vacancies, such as Obstetrics Nursing, required use of overtime to ensure 24/7 service availability.

High call volumes for PCP's in Happy Valley-Goose Bay and Northwest River in particular have also resulted in higher use of overtime.

Acute Care

Acute Care has introduced several initiatives to reduce overtime expenditures:

- Increased monitoring of overtime
  - Replacement of staff only when necessary
  - Utilizing Floats/Casuals when available
  - Utilizing support during peak hours only
  - Requiring approval/signature by Site Manager for all missed meals claims
  - Reducing Extra Workload Costs

- Implementation of electronic Nursing Extra Workload Form
  - Monitoring requests for extra assistance based on acuity
  - Utilizing PCA's where applicable
  - Requiring approval/signature by applicable manager for extra staff

- Employee Awareness
  - Sharing monthly overtime report with Clinical Nurse Managers (CNM)
  - Standing agenda item for manager and staff meetings
  - Completion of departmental variance reports by CNMs

Although total overtime expenditures have increased, several departments have reduced their overtime costs in 2019-20.

PHOTO: LONG-TERM CARE RESIDENTS ENJOYING SOME OUTDOOR GARDENING

PLANNED FOR 2019-20 Implemented strategies to reduce the cost of constant observations in Acute Care.

ACTUAL PERFORMANCE 2019-20

Provision of Constant Observation

A strategy to use Safety and Security Monitors to perform Constant Observations, rather than highly skilled LPN and PCA staff, has resulted in a lower average hourly rate being paid for regular hours. As a result, the Charles S. Curtis Memorial Hospital saw a reduction of $19,148 regular hours. However, increased hours demanded for Constant Observation services at the Labrador West Health Centre (+$3,300) and the Labrador Health Centre (+$18,129) meant that the overall cost for the organization did not decrease in 2019-20.

A shortage of temporary call-in staff also meant more overtime hourly rates during 2019-20, leading to a $66,716 increase in Constant Observation overtime costs. Overall, the total cost paid for Constant Observations saw an 11 per cent increase from 2018-19 to 2019-20.

A number of factors contributed to the higher Constant Observation costs during the year:

- Recurrence of complex acute care cases requiring constant one-on-one nursing attention pending the transfer of clients to services outside the region;
- Increased demand for mental health and addictions related client admissions to acute care requiring support from constant observation; and
- Increased numbers of Alternate Level of Care/Medically Discharged patients awaiting placement in Long-Term Care requiring Constant Observation to protect clients with dementia, and in danger of wandering etc.

PHOTO: DR. BOLU OGUNYEMI PRESENTS EDUCATION ON DERMATOLOGY IN NATUASHISH

PLANNED FOR 2019-20 Achieved appropriate length of admission for select diagnosis through continued implementation of Acute Care Bed Management strategies.

ACTUAL PERFORMANCE 2019-20

Average Length of Stay/ Expected Date of Discharge

The average length of stay (ALOS) for 2017-18 was 6.5 days, decreasing in 2018-19 to 5.5 and maintaining similar numbers in 2019-20 at 5.9 days. Multidisciplinary rounds and an enhanced emphasis on the EDD have assisted in decreasing the ALOS. EDD's are displayed in patient rooms and on in-patient white boards. This demonstrates a target discharge date for patients as well as members of the multidisciplinary team and assists with safe and efficient discharges home.

An admission policy has been implemented at LGH facilities which states that discharge planning should occur at the time of admission. Current physician order sets include the Estimated Length of Stay (ELOS) for each patient.

To streamline service delivery, LGH works with provincial and national benchmarks to determine an appropriate length of stay for admission diagnosis. As part of a provincial committee, LGH has been engaged in establishing an EDD policy for the development of a standardized process. EDD is a best practice and helps the multidisciplinary team to proactively start discharge when clients are admitted. The development of guidelines from the committee will ensure each RHA can implement and follow the same process. Due to the onset of the COVID-19 pandemic, progress on this initiative was delayed.

LGH's overall percentage in comparison to national benchmarks continues to be lower for EDD in 2019-20 (as seen below). With the implementation of a new policy and clinical efficiency working closely with mangers, overall numbers are expected to improve.

Expected Discharge Date 2019-20:

	LGH	PROVINCIAL BENCHMARCK	NATIONAL BENCHMARCK
MAJORITY OF DISCHARGES BEFORE 11:00 A.M.*	16.35 per cent	11.5 per cent	18.9 per cent

*"Before 11 am," includes events occurring between 12:00 a.m. and 10:59 a.m. and "After 11 am" includes events occurring between 11:00 a.m. and 11:59 p.m.

DISCUSSION OF RESULTS

LGH has experienced challenges with the cost incurred in compensating staff when they are required to work overtime. Overtime is incurred for a variety of reasons, such as when a member of staff unexpectedly calls in sick and has to be replaced, or client demand for services exceeds normal staffing levels. While initiatives aimed at reducing these costs have been effective in some areas, it still remains a challenge due to factors such as vacancies, small staffing pools and expansion of services.

Another challenge contributing to financial expenditure and temporary overtime costs lies with providing constant observation. Clients may require constant observation for a number of reasons to protect their health and safety.

Although there is more work to be completed in the area, initiatives such as discharge planning during admission and monitoring of EDDs has helped LGH to reduce the ALOS of patients across the region. The expansion of the Home First Initiative will further assist in decreasing unnecessary admissions and ensure clients receive the care they need as close to home as possible.

PHOTO: BIRCH ISLAND BOARDWALK IN HAPPY VALLEY-GOOSE BAY - LESLEY TUCKER

ISSUE 3: BETTER HEALTH

Improving population health is complex and involves working with communities and stakeholders to implement a variety of strategies to improve the health of the entire population. This approach is required to improve the quality of life for the population served and requires the attention of stakeholders to create a balance between the efforts of the clinical health system and supports within communities.

In 2015, the Government of Newfoundland and Labrador published a Primary Health Care Framework titled '**Healthy People, Healthy Families, Healthy Communities**' which outlines a vision where individuals, families and communities are supported and empowered to achieve optimal health and wellbeing within a sustainable system.

Primary health care focuses on caring for individuals, families and communities, rather than simply treating illnesses or injuries. It is essential health care. This allows for a system which meets the majority of an individual's health needs throughout their life-long health journey.

By focusing on the promotion of healthy living and prevention of illness and injury, health care services can ensure an optimal and sustainable system which improves health outcomes, efficiencies and quality of care.

Implementing a comprehensive and co-ordinated community-based strategy for improving priority health outcomes across the region plays a large role in achieving this goal.

PHOTO: MARY'S HARBOUR

THREE YEAR PERFORMANCE

GOAL: By March 31, 2020, LGH will have implemented a comprehensive and co-ordinated community-based strategy to begin to realize improvements in selected priority health outcomes.

PLANNED FOR 2017-20 Completed an inventory of available community-based population health and primary health care initiatives.

ACTUAL PERFORMANCE 2017-20

During the current strategic cycle, a review of primary health care services was completed across the region which included all providers delivering services. This work will be utilized to develop and implement primary health care initiatives and to evaluate how services are delivered.

PHOTO: PET THERAPY FOR LONG-TERM CARE RESIDENTS

PLANNED FOR 2017-20 Developed a coordinated and comprehensive strategy to address selected priority health outcomes.

ACTUAL PERFORMANCE 2017-20

Community Health Needs Assessment
LGH carried out a community health needs assessment (CHNA) to identify and address priority health outcomes across its region. The process involved collecting quantitative data from sources such as Statistics Canada, the Newfoundland and Labrador Centre for Health Information (NLCHI), Canadian Institute for Health Information, Community Accounts and LGH.

Through phase two of the CHNA, LGH utilized multiple engagement strategies to collect qualitative data across the region. Firstly, a community health survey was implemented collecting information from individuals in LGH communities. LGH hosted engagement sessions with key stakeholders in communities across the region in order to identify priority needs, specific to each area. Working with stakeholders, LGH engaged with many communities in how to collaboratively address needs and promote awareness around primary healthcare strategies. One such strategy is the establishment of community advisory committees. These groups will work together to identify opportunities within their communities as well as to determine best practices in meeting the health needs of the area, working with LGH primary health representatives.

Recruitment for community advisory committees began in 2018. Planning to call for committee members was set to occur in the 2019-20 year. Working with an existing community group in the Labrador West area, LGH was able to coordinate a committee in that area, but due to the onset of the COVID-19 pandemic LGH was unable to establish committees in other areas within that time. The LGH team will continue to move forward with this initiative pending global outlook around the pandemic.

The CHNA highlighted significant inequalities in median household income, high school completion and unemployment throughout the LGH. The health needs and community concerns vary considerably throughout the LGH region from areas with a young population and high birth rate, to an aging population. Communities discussed an interest in improvements in primary care attachment, better mental health services and improved chronic disease prevention and management.

PLANNED FOR 2017-20 Implemented selected priority recommendations from the Provincial Action Plan on Mental Health and Addictions.

ACTUAL PERFORMANCE 2017-20

As a result of the **Towards Recovery** action plan, LGH has made many improvements within Mental Health and Addictions services:

Mobile Crisis Response (MCR) teams (recommendation #14)
In partnership with HCS and the Royal Newfoundland Constabulary (RNC), the Action Plan endorsed a collaborative approach in implementing a MCR team across the region. In March 2019, the first MCR in the LGH region was established in Labrador West. LGH continues to move forward with the expansion of this recommendation, partnering with the Happy Valley-Goose Bay RCMP to implement MCR in 2020.

Re-designed Service Delivery: Walk-In Approach (recommendation #14)
The waitlist for Mental Health and Addiction services was concerning for LGH, particularly in the Happy Valley-Goose Bay area. Therefore, a review of current processes was conducted to determine what could be done differently to better meet client needs. A scan of Canadian and provincial healthcare models indicated a shift towards less traditional models of service delivery. LGH consulted with the Mental Health and Addictions Department in Eastern Health which had recently found success transitioning to a walk-in model of service delivery in the Burin area, after experiencing similar issues with wait times. LGH reached out to community partners, such as the Mental Health Community Coalition, community agencies and individuals with lived experience to determine if a "walk-in model" would better meet their needs. Based upon the various consultations, the decision was made to transition to a walk-in service. By doing so, LGH eliminated waitlists and increasing access to service. The transition began within the Happy Valley-Goose Bay area in August 2018 and by March 2019 all areas of the LGH region were offering walk-in service. Appointment-based service continues to be provided as needed.

Improvements to Psychiatry services (recommendation #37)
LGH received funding from HCS for a one-year pilot of a tele-psychiatry position. Telepsychiatry is the application of telemedicine to the specialty field of psychiatry. The term typically describes the delivery of psychiatric assessment and care through telecommunications technology, usually videoconferencing. In December 2018, a psychiatrist began full-time tele-psychiatry services throughout the LGH region. This initiative improves the timeliness of access, minimizes the need for travel, reduces costs associated with on-site locum-based services for these hard to recruit positions and lowers cost of service delivery while providing better care for our clients.

Enhancements to E-Mental Health services (recommendation #15)
TAO has been implemented and all providers have been trained in this initiative, Strongest Families, virtual groups and individual sessions are also available through TAO Zoom.

New mental health unit (recommendation #36)
In collaboration with Indigenous partners, individuals with lived experiences from across the LGH region, HCS and the Department of Transportation and Works, LGH has engaged in the design of the new six-bed mental health unit. During the first year, consultations have been held to design the unit based on best practice models and with patient and family input.

COVID-19 Impact on Mental Health and Addictions Services
Mental Health and Addictions services were available using telephone, virtual and e-mental health options to individuals with the onset of the COVID-19 pandemic.

In-person counselling was available for urgent cases and ensured pre-screening of clients was provided. On March 30, 2020, Mental Health and Addictions clinical staff began a rotational schedule to ensure that all hospitals, health centers and community clinics had sufficient staff on site to provide services to individuals throughout the region.

PHOTO: MCR TRAINING IN HAPPY VALLEY-GOOSE BAY

YEAR THREE PERFORMANCE

OBJECTIVE: By March 31, 2020, LGH will have realigned its efforts and services at the community level to coordinate a new approach to improving selected priority health outcomes.

PLANNED FOR 2019-20 Implemented Community Advisory Committees in selected areas.

ACTUAL PERFORMANCE 2019-20

In the Fall of 2019, LGH defined its Primary Health Care/ Community Advisory Committee (CAC) zones, developed a Terms of Reference and a call for interest.

On March 11, LGH met with the Labrador West Community Advisory Panel to discuss collaborating with the panel and expanding its function to include operating as a CAC. The COVID-19 pandemic delayed finalizing any agreement.

LGH has a pre-existing community Primary Health Care working group in St. Anthony and began discussions around redesigning the committee to become the CAC with a request to include representatives from across the Northern Peninsula. While the agreement was made in the 2019-20 year, a call for interest was delayed due to the COVID-19 pandemic.

PLANNED FOR 2019-20 Implemented the Primary Health Care working groups in selected areas.

ACTUAL PERFORMANCE 2019-20

Collaborated approach to Primary Health Care

LGH has engaged in community stakeholder sessions with the Innu First Nation community of Sheshatshiu and within the St. Anthony area. Working with community members to determine how to work together to provide the highest quality and respectful care to the people within the LGH region. Community engagement sessions and key informant interviews are ongoing.

PLANNED FOR 2019-20 Implemented the Guarding Minds at Work program to enhance employee wellness.

ACTUAL PERFORMANCE 2019-20

In line with LGH's goal to improve organizational health and employee wellness, plans were developed to implement the Guarding Minds at Work program in March 2020. The program is an evidence-based comprehensive set of resources to assess and address psychological health and safety in the workplace through evaluation of 13 psycho-social factors identified as impacting an organization on an individual level, as a whole and on a financial level.

A working group developed materials and worked with the management team to identify reporting groups and to ensure adequate education and knowledge around the initiative was established prior to beginning the staff survey portion of the program.

Due to the onset of the COVID-19 pandemic on March 16, the staff survey and further expansion of the program was delayed. LGH continues to plan for implementation in 2020-21.

PLANNED FOR 2019-20 Implemented an Employee Wellness Committee to create an Employee Wellness Plan.

ACTUAL PERFORMANCE 2019-20

An Employee Wellness Committee was initiated in March 2020. The committee is comprised of employees and managers representing departments from across the organization. The Employee Wellness Committee's terms of reference were created by its members.

Initial development for "Lunch and Learn" sessions aimed at engaging employees on how they can improve their health began, but as a result of the COVID-19 pandemic were not completed.

The pandemic also delayed further planning of wellness strategies by the committee.

PLANNED FOR 2019-20 Began the implementation of home-based dialysis.

ACTUAL PERFORMANCE 2019-20

Home-based dialysis modalities have shown to be more efficient, more cost effective, and increase a client's quality of life. Currently, LGH has clients throughout the region who meet the criteria for home-based dialysis therapies with numbers steadily increasing.

Building upon work done in the 2018-19 year, LGH continued its partnership with SIFN to plan for a home-based dialysis program and determine how to deliver the program in the most effective and culturally appropriate way.

In October 2019, LGH met with partners in Sheshatshiu to discuss a home-based dialysis program. Working with SIFN, LGH engaged in discussions around improving health outcomes for individuals with diabetes. Discussions centered around available locations for the housing of treatment equipment which would provide a safe environment for clients within their own community.

LGH also received assistance in planning for a home-based dialysis program from a consultant review for the region in January 2020. The review provided experienced guidance in establishing a renal program including an assessment of the current LGH dialysis program and the number of pre-renal insufficiency clients to determine future needs.

A second meeting between SIFN, LGH and the consultant took place in January 2020 to discuss the review and community needs.

There are currently 170 LGH residents who would benefit from receiving support from a Pre-Renal Insufficiency Nurse to decrease and/or delay the need for renal replacement therapy and improve health outcomes.

While the provision of the care has not yet begun, implementation of the program and planning with unique community needs has.

PLANNED FOR 2019-20 Identified opportunities in community-based service models for seniors living in rural and remote areas.

ACTUAL PERFORMANCE 2019-20

Understanding there is a large and growing aging population, LGH engaged with community partners to identify needs and opportunities to support seniors across the region. As part of the Community Health Needs Assessment and within Primary Health Care engagement, community consultations facilitated discussions with municipal partners, local businesses, and community residents on the subject and to identify how these collaborations may enable communities to fill gaps in community services available and improve health outcomes.

Through these discussions, some of the challenges which were consistently identified were around transportation and socialization.

While priority areas were identified, further work is needed to develop sustainable solutions at a community level. Through collaborations such as the CAC's, LGH will continue this planning with its community partners.

DISCUSSION OF RESULTS

LGH began a Community Health Needs Assessment in 2018-19, gathering information from communities across the region which allowed communities to identify priority areas in need of improvement. This work also provides LGH with a foundation for building a person-centered framework and increasing opportunities for engagement with communities to better address needs. In the upcoming strategic cycle, LGH will focus on developing a framework to support engagement strategies such as community advisory committees and identify opportunities to collaborate with its communities to support priority areas.

Improving the health of the population includes the health of its workforce. Understanding areas within the organization which require improvement to better support staff is crucial to ensuring the health of the organization itself and to improve the care it provides to the population. Initiatives such as an employee wellness program and Guarding Minds at work will allow LGH to build and support a healthy and sustainable workforce.

OPPORTUNITIES AND CHALLENGES AHEAD

RECRUITMENT AND RETENTION

LGH continues to face challenges in the retention of various positions. In 2019-20 it was particularly difficult for positions such as Physicians, Registered Nurses, Paramedicine, Clerks, PCAs, Rehabilitation Staff and Social Workers. The turnover rate in March 2019 was 15.9 per cent compared to the provincial average of 8.2 per cent while the turnover rate in March 2020 was 14.9 per cent.

There was a total of 17 Registered Nurses that left the organization in 2019- 20, 11 LPNs and eight PCAs.

The Human Resources department provides voluntary exit interviews for staff leaving the organization to understand reasons for their departure. In 2019-20, a total of 68 staff completed exit interviews. The top three reasons selected for leaving were 'Personal,' 'Other Employment' and 'Career Growth and Experience'. Staff who selected 'Other Employment' also identified reasons of 'being closer to home,' 'better incentives' and 'higher pay' as the main reasons for departure.

LGH has established a Recruitment and Retention subcommittee of the Board that has a mandate to oversee the development of a strategic plan for the recruitment and retention of staff. The committee is identifying priority areas for LGH to ensure LGH has the capacity to continue to deliver its services, monitor the implementation of the strategic plan and to advocate for incentives to assist in the recruitment and retention of staff. The committee will also advocate for educational opportunities to residents from within the LGH region "grow our own."

LGH has also partnered with the Registered Nurses Union (RNUNL), nursing staff and HCS to establish a working group to review initiatives. Various initiatives developed by the working group include: welcome packages for new staff; review of recruitment and retention strategies from the Harris Report; Attracting and Retaining Health Professionals in Labrador; and implementation of two Clinical Mentor positions, to recruit and retain Registered Nurses and to support novice nurses.

NEWFOUNDLAND AND LABRADOR PHARMACY BOARD IMPLEMENTATION PLAN FOR NATIONAL ASSOCIATION OF PHARMACY REGULATORY AUTHORITIES (NAPRA) COMPOUNDING STANDARDS

With a three-year phased implementation plan for the NAPRA Sterile and Non-Sterile Compounding Standards for pharmacies in Newfoundland and Labrador, regional health authorities have until December 31, 2021 to achieve full compliance. This is an area of concern for LGH as we work towards compliance.

Pharmacy compounding refers to a process in which medications are prepared in unique formulations or customized dosages for use by a specific patient. These Standards encompass all areas of compounding, from the combination of multiple medications to prepare specialized creams and ointments to the sterile preparation of specific intravenous medications, like chemotherapy.

The NAPRA Standards represent the minimum requirements to be applied in compounding non-sterile and sterile preparations and are intended to ensure preparation quality as well as the safety of both patients and the personnel involved in compounding. The implementation of these Standards is under the authority of the NL Pharmacy Board and must be met in order for pharmacies and personnel to provide compounding services for patients.

Implementation of these Standards, will include renovations and investment in the pharmacy compounding environments including equipment and facilities, and also the training of personnel and quality assurance procedures.

VIRTUAL CARE OPPORTUNITIES

In many ways, LGH has been a leader in the province in virtual care with significant utilization for several years between the hospitals and community clinics. As an example, LGH has retained a Regional Telepsychiatry position since 2018.

However, there have been many challenges to expanding the virtual care opportunities for primary care visits and for consultation with outside specialists. Access to user-friendly platforms and increasing acceptability of this service by clients are two main barriers within the region. This is particularly concerning as we know that improved access to specialists within our communities is a priority for residents of the LGH region.

The COVID-19 pandemic opened many possibilities for virtual care with the removal of many local and provincial obstacles. Over the span of a few months, many began offering services virtually. Virtual care became a priority for the RHAs, HCS, NLCHI and health care providers to ensure safe, socially distanced care could continue.

LGH has an opportunity to work with NLCHI to build sustainable and accessible virtual care opportunities.

WORKFORCE MANAGEMENT SYSTEM

In partnership with HCS and the other RHAs, LGH will be implementing a new Workforce Management System (WFM). The WFM system is an opportunity to enhance the quality of work life for employees through the scheduling of staff resources based upon client needs, decreasing the need for overtime and reducing staff burnout.

PERSON AND FAMILY CENTERED CARE

Providing Person and Family Centered care (PFCC) is a key priority for LGH and has received increased attention internationally and more specifically across Canada. Accreditation Canada now requires PFCC approaches to be implemented across organizations as a best practice in many program area standards. All RHAs in the province have committed to ensure PFCC is embedded into philosophy of care.

PFCC puts patients at the forefront of health care and provides an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among patients, families and health care providers (Institute for Patient- and Family-Centered Care). Working collaboratively with patients and their families provides care that is respectful, compassionate and competent, thereby improving the quality and safety of the services provided.

PFCC is responsive to patients and family's needs, values, cultural backgrounds, beliefs and preferences, again consistent with cultural safety which is predicated on understanding power differentials inherent in health service delivery and redressing these inequities through educational processes.[1] Recognizing that a significant proportion of the population that we serve is Indigenous, embedding cultural safety is paramount in how we deliver health care.

A patient-centered approach that encourages self-reflection among health care practitioners is seen as an essential skill fundamental to the relationship between patient and physician.[2]

Photo: Staff take part in LEAN training

1. Cultural Competency Framework for Nursing Education. Aboriginal Nurses Association of Canada
2. Indigenous Physician's Association of Canada

APPENDIX I: AUDITED FINANCIAL STATEMENTS

Labrador-Grenfell Regional Health Authority – Operating Fund

Non-consolidated financial statements
March 31, 2019

Labrador-Grenfell Regional Health Authority – Operating Fund

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March 31, 2020

Statement of management's responsibility

The accompanying non-consolidated financial statements of the **Labrador-Grenfell Regional Health Authority – Operating Fund** as at and for the year ended March 31, 2020 have been prepared by management in accordance with Canadian public sector accounting standards, and the integrity and objectivity of these statements are management's responsibility. Management is also responsible for all the notes to the nonconsolidated financial statements and schedules.

In discharging its responsibilities for the integrity and fairness of the non-consolidated financial statements, management developed and maintains systems of internal control to provide reasonable assurance that transactions are properly authorized and recorded, proper records are maintained, assets are safeguarded, and the Labrador-Grenfell Regional Health Authority complies with applicable laws and regulations.

The Board of Trustees [the "Board"] is responsible for ensuring that management fulfills its responsibilities for financial reporting and is ultimately responsible for reviewing and approving the non-consolidated financial statements. The Board carries out this responsibility principally through its Planning and Finance Committee [the "Committee"]. The Committee meets with management and the external auditors to review any significant accounting and auditing matters, to discuss the results of audit examinations, and to review the non-consolidated financial statements and the external auditors' report. The Committee reports its findings to the Board for consideration when approving the non-consolidated financial statements.

The external auditors, BDO Canada LLP, conducted an independent examination in accordance with Canadian generally accepted auditing standards and expressed an opinion on the non-consolidated financial statements for the year ended March 31, 2020.

Wayne Button
Board Chair

Heather Brown
President & Chief Executive Officer

Tel: 709-579-2161
Fax: 709-579-2120
www.bdo.ca

BDO Canada LLP
300 Kenmount Road, Suite 100
St. John's, NL
A1B 3R2

Independent Auditor's Report

To the Board of Trustees of
Labrador-Grenfell Regional Health Authority

Opinion

We have audited the accompanying non-consolidated financial statements of the Labrador-Grenfell Regional Health Authority – Operating Fund (the "Authority"), which comprise the non-consolidated statement of financial position as at March 31, 2020, and the non-consolidated statements of operations and accumulated deficit, changes in net debt and cash flows for the year then ended, including a summary of significant accounting policies and other explanatory information.

In our opinion, the accompanying non-consolidated financial statements present fairly, in all material respects, the non-consolidated financial position of the Authority as at March 31, 2020, and its results of operations, its change in net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Authority in accordance with the ethical requirements that are relevant to our audit of the non-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.

Other matters

We have not audited, reviewed or otherwise attempted to verify the accuracy or completeness of the schedules or exhibits on pages 25 through 27 of the Authority's Financial Statements.

Basis of presentation

Without modifying our opinion, we draw attention to Note 2 of the non-consolidated financial statements, which describes the basis of presentation of the non-consolidated financial statements of the Authority. These non-consolidated financial statements have been prepared for specific users and may not be suitable for another purpose.

Responsibilities of Management and Those Charged with Governance for the Non-consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these non-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 non-consolidated financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Non-consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the non-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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these non-consolidated financial statements.

As part of an audit in accordance with 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 non-consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsible 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 Authority'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 Authority'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 non-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, the future events or conditions may cause the Authority to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the non-consolidated financial statements, including the disclosures, and whether the non-consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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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.

Chartered Professional Accountants
St. John's, Newfoundland and Labrador
July 27, 2020

Labrador-Grenfell Regional Health Authority – Operating Fund

Non-consolidated statement of financial position

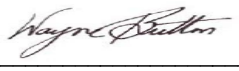
As at March 31

	2020	2019
	$	$
Financial assets		
Cash	**1,054,670**	1,076,643
Restricted cash *[note 3]*	**727,832**	588,595
Accounts receivable *[note 4]*	**5,047,917**	3,595,248
Due from Government/other Government entities *[note 5]*	**5,435,336**	5,615,767
Inventories for resale	**1,452,605**	1,156,119
	13,718,360	12,032,372
Liabilities		
Bank overdraft *[note 7]*	**2,499,558**	1,823,169
Demand credit facility *[note 7]*	**13,070,000**	15,520,000
Accounts payable and accrued liabilities *[note 8]*	**16,977,625**	13,459,049
Due to Government/other Government entities *[note 9]*	**1,286,740**	1,252,115
Employee future benefits		
Accrued severance pay *[note 10]*	**2,121,980**	7,313,283
Accrued sick leave *[note 10]*	**8,781,153**	8,585,346
Accrued vacation pay and other accrued benefits	**7,792,804**	7,665,613
Deferred contributions *[note 11]*		
Deferred operating contributions	**2,823,701**	2,462,579
National Child Benefit [“NCB”] initiatives	**21,944**	19,192
Deferred capital grants	**10,439,253**	8,381,627
Special purpose funds	**511,916**	372,679
	66,326,674	66,854,652
Net debt	**(52,608,314)**	(54,822,280)
Non-financial assets		
Tangible capital assets, net *[note 6]*	**49,136,651**	51,090,641
Prepaid expenses	**1,043,900**	1,897,908
Supplies inventory	**1,357,347**	1,246,961
	51,537,898	54,235,510
Accumulated deficit	**(1,070,416)**	(586,770)

Contractual obligations *[note 12]*
Contingencies *[note 13]*
COVID-19 *[note 19]*

See accompanying notes to the non-consolidated financial statements.

On behalf of the Board:


_____ Trustee


_____ Trustee

Labrador-Grenfell Regional Health Authority – Operating Fund

Non-consolidated statement of operations and accumulated deficit

Year ended March 31

	2020 Budget	2020	2019
	$	$	$
	[note 17]		
Revenue			
Provincial plan – operating	**151,971,794**	**152,021,962**	157,527,314
Medical Care Plan [“MCP”] physicians	**24,566,000**	**18,933,235**	20,332,199
Provincial plan – capital grant	**—**	**2,886,272**	2,199,057
Other capital contributions	**—**	**270,437**	364,319
Other	**7,160,740**	**6,840,742**	7,345,919
Outpatient	**2,228,850**	**2,534,857**	2,228,781
Long-term care	**2,095,600**	**2,020,244**	2,118,668
Inpatient	**723,855**	**738,751**	494,822
Transportation and works	**1,285,500**	**1,285,500**	1,285,500
	190,032,339	**187,532,000**	193,896,579
Expenses *[note 15]*			
Support services	**37,070,994**	**40,560,917**	40,584,770
Community and social services	**31,496,719**	**29,893,924**	30,585,842
Nursing inpatient services	**32,446,142**	**32,655,190**	33,292,362
Ambulatory care services	**25,732,659**	**26,123,754**	25,177,211
Medical services	**26,475,741**	**21,940,585**	23,098,511
Diagnostic and therapeutic services	**20,167,971**	**20,028,775**	21,462,528
Administration	**16,258,713**	**14,608,498**	17,495,442
Amortization of tangible capital assets	**—**	**5,110,699**	5,560,294
Education and research	**1,474,895**	**1,448,520**	1,179,029
Accrued severance pay	**—**	**(5,191,303)**	(9,001,439)
Undistributed	**413,206**	**513,089**	365,634
Accrued vacation pay	**—**	**127,191**	(207,701)
Accrued sick leave	**—**	**195,807**	192,580
	191,537,040	**188,015,646**	189,785,063
Annual surplus (deficit)	**(1,504,701)**	**(483,646)**	4,111,516
Accumulated deficit, beginning of year		**(586,770)**	(4,698,286)
Accumulated deficit, end of year	**—**	**(1,070,416)**	(586,770)

See accompanying notes to the non-consolidated financial statements.

Labrador-Grenfell Regional Health Authority – Operating Fund

Non-consolidated statement of changes in net debt

Year ended March 31

	2020	2019
	$	$
Annual surplus (deficit)	**(483,646)**	4,111,516
Changes in tangible capital assets		
Acquisition of tangible capital assets	**(3,156,709)**	(2,563,376)
Amortization of tangible capital assets	**5,110,699**	5,560,294
(Increase) decrease in net book value of tangible capital assets	**1,953,990**	2,996,918
Changes in other non-financial assets		
Net (increase) decrease in prepaid expenses	**854,008**	(97,526)
Net decrease (increase) in supplies inventory	**(110,386)**	539,152
Decrease in non-financial assets	**743,622**	441,626
Decrease (increase) in net debt	**2,213,966**	7,550,060
Net debt, beginning of year	**(54,822,280)**	(62,372,340)
Net debt, end of year	**(52,608,314)**	(54,822,280)

See accompanying notes to the non-consolidated financial statements.

Labrador-Grenfell Regional Health Authority – Operating Fund

Non-consolidated statement of cash flows

Year ended March 31

	2020	2019
	$	$
Operating activities		
Annual surplus (deficit)	**(483,646)**	4,111,516
Adjustments for non-cash items		
Amortization of tangible capital assets	**5,110,699**	5,560,294
Changes in accrued severance pay	**(5,191,303)**	(9,001,439)
Changes in accrued sick leave	**195,807**	192,580
Net change in non-cash assets and liabilities related to operations *[note 14]*	**3,219,164**	4,682,916
Cash provided by operating activities	**2,850,721**	5,545,867
Capital activities		
Acquisition of tangible capital assets	**(3,156,709)**	(2,563,376)
Capital asset contributions, net	**2,057,626**	2,286,028
Cash used in capital activities	**(1,099,083)**	(277,348)
Investing activities		
Changes to restricted cash	**(139,237)**	233,935
Cash provided by (used in) investing activities	**(139,237)**	233,935
Financing activities		
Deferred contributions		
Special purpose funds	**139,237**	(585,491)
Repayment of demand credit facility	**(2,450,000)**	(3,845,000)
Cash used in financing activities	**(2,310,763)**	(4,430,491)
Net change in cash during the year	**(698,362)**	1,071,963
Bank indebtedness, beginning of year	**(746,526)**	(1,818,489)
Bank indebtedness, end of year	**(1,444,888)**	(746,526)
Bank indebtedness comprised of:		
Cash	**1,054,670**	1,076,643
Bank overdraft	**(2,499,558)**	(1,823,169)
Bank indebtedness	**(1,444,888)**	(746,526)

See accompanying notes to the non-consolidated financial statements.

Notes to non-consolidated financial statements

March 31, 2020

1. Nature of operations

The Labrador-Grenfell Regional Health Authority ["Labrador-Grenfell Health" or the "Authority"] manages and operates all health facilities, services and programs on the Northern Peninsula and all of Labrador in the Province of Newfoundland and Labrador. The Authority manages and controls the operations of the following facilities:

- Labrador Health Centre, Happy Valley-Goose Bay
- Long-Term Care Facility, Happy Valley-Goose Bay
- Labrador West Health Centre, Labrador City
- Charles S. Curtis Memorial Hospital, St. Anthony
- John M. Gray Centre, St. Anthony

The Authority also manages and controls the operations of all community clinics, health centres, facilities, programs and other services in the geographic area. The Authority has a mandate to work to improve the overall health of the population through its focus on public health as well as on health promotion and prevention initiatives. In addition to the provision of comprehensive health care services, Labrador-Grenfell Health also provides education and research in partnership with all stakeholders.

The operations of the Authority are primarily funded by the Government of Newfoundland and Labrador [the "Government"].

The Authority is incorporated under the *Regional Health Authorities Act* of Newfoundland and Labrador and is a registered charitable organization under the provisions of the *Income Tax Act* (Canada) and, as such, is exempt from income taxes.

2. Summary of significant accounting policies

Basis of accounting

The non-consolidated financial statements have been prepared in accordance with Canadian public sector accounting standards ["PSAS"] established by the Public Sector Accounting Standards Board of the Chartered Professional Accountants of Canada.

The significant accounting policies used in the preparation of these non-consolidated financial statements are as follows:

Basis of presentation

These non-consolidated financial statements reflect the assets, liabilities, revenue and expenses of the Operating Fund. Trusts administered by Labrador-Grenfell Health are not included in the non-consolidated statement of financial position [note 16]. These non-consolidated financial statements have not been consolidated with those of other organizations controlled by the Authority because they have been prepared for the Authority's Board of Trustees and the Department of Health and Community Services [the "Department"]. Since these non-consolidated financial statements have not been prepared for general purposes, they should not be used by anyone other than the specified users. Consolidated financial statements have also been issued.

Notes to non-consolidated financial statements

March 31, 2020

Asset classification

Assets are classified as either financial or non-financial. Financial assets are assets that could be used to discharge existing liabilities or finance future operations and are not to be consumed in the normal course of operations. Non-financial assets are acquired, constructed or developed assets that do not provide resources to discharge existing liabilities, but are employed to deliver health care services, may be consumed in normal operations and are not for resale.

Cash, bank overdraft and restricted cash

Bank balances, including bank overdrafts with balances that fluctuate from positive to overdrawn, are presented under cash and bank overdraft, respectively. Cash also includes cash on hand.

Restricted cash relates to amounts held for special purpose funds and endowment funds [note 3].

Inventories for resale

Inventories for resale include pharmaceuticals and are recorded at the lower of cost, determined on a first-in, first-out basis, and net realizable value.

Employee future benefits

Accrued severance pay

Employees of the Authority are entitled to severance pay benefits as stipulated in their conditions of employment. The right to be paid severance pay vests for employees with nine years of continuous service with the Authority or another Newfoundland and Labrador Government employer. Severance pay is payable when the employee ceases employment with the Authority or the public sector employer, upon retirement, resignation or termination without cause. In accordance with PSAS for post-employment benefits and compensated absences, the Authority recognizes the liability in the period in which the employee renders service. The severance benefit obligation has been actuarially determined using assumptions based on management's best estimates of future salary and wage changes, employee age, years of service, the probability of voluntary departure due to resignation or retirement, the discount rate and other factors. Discount rates are based on the Government's long-term borrowing rate. Actuarial gains and losses are deferred and amortized over the average remaining service life of employees, which is 13 years. Adjustments to the liability arising from plan amendments are recognized immediately.

Accrued sick leave

Employees of the Authority are entitled to sick leave benefits that accumulate, but do not vest. In accordance with PSAS for post-employment benefits and compensated absences, the Authority recognizes the liability in the period in which the employee renders service. The obligation is actuarially determined using assumptions based on management's best estimates of the probability of use of accrued sick leave, future salary and wage changes, employee age, the probability of departure, retirement age, the discount rate and other factors. Discount rates are based on the Government's long-term borrowing rate. Actuarial gains and losses are deferred and amortized over the average remaining service life of employees, which is 13 years. Adjustments to the liability arising from plan amendments are recognized immediately.

Accrued vacation pay and other accrued benefits

Vacation pay and other accrued benefits are accrued for all employees as entitlement is earned.

Notes to non-consolidated financial statements

March 31, 2020

Pension costs

The employees of the Authority are included in the Public Service Pension Plan ["PSPP"], a multi-employer defined benefit plan, and the Government Money Purchase Plan administered by the Government [collectively the "Plans"]. The Government also provides for the continuation of certain dental and medical benefits for retirees. The Government determines the required plan contributions annually. Contributions to the Plans are required from both the employees and Labrador-Grenfell Health. The annual contributions are recognized as an expense as incurred and amounted to $6,238,786 for the year ended March 31, 2020 [2019 – $6,338,976].

The plan is accounted for as a defined contribution plan as insufficient information is available to account for the plan as a defined benefit plan. The Authority is only one of a number of employers that participates in the plan and the financial information provided to the Authority on the basis of the contractual agreements is usually insufficient to reliably measure the organization's proportionate share in the plan assets and liabilities on defined benefit accounting requirements.

The costs of insured benefits reflected in these non-consolidated financial statements are the employer's portion of the insurance premiums owed for coverage of employees during the period.

Tangible capital assets

The Authority utilizes certain land, buildings and equipment, with the title resting with the Government and, consequently, these assets are not recorded as tangible capital assets. The Government does not charge the Authority any amounts for the use of such assets. Certain additions and improvements made to such tangible capital assets are paid for by the Authority and are reflected in the non-consolidated financial statements of the Authority.

Tangible capital assets are recorded at historical cost, which includes amounts that are directly related to the acquisition, design, construction, development, improvement or betterment of the assets. The cost, less estimated salvage value, of the tangible capital assets, excluding land, is amortized on a declining balance basis over their estimated useful lives as follows:

Land improvements	20%
Buildings	5%
Leasehold improvements	5%
Equipment and vehicles	20%

Notes to non-consolidated financial statements

March 31, 2020

Contributed capital assets represent assets that are donated or contributed to the Authority by third parties. Revenue is recognized in the year the assets are contributed and have been recognized at their fair market value on the date of donation, except in circumstances where fair value cannot be reasonably determined, in which case the assets are then recognized at a nominal value. Transfers of capital assets from related parties are recorded at carrying value.

Gains and losses on disposal of individual assets are recognized in operations in the period of disposal.

Works of art, historical treasures, intangible assets and items inherited by right of the Crown, such as artwork displayed in the facilities, are not recognized in these non-consolidated financial statements.

Construction in progress is not amortized until the project is substantially complete, at which time the project costs are transferred to the appropriate asset class and amortized accordingly.

Impairment of long-lived assets

Tangible capital assets are written down when conditions indicate that they no longer contribute to the Authority's ability to provide goods and services, or when the value of future economic benefits associated with the tangible capital assets are less than their net book value. The net write-downs are accounted for as expenses in the non-consolidated statement of operations and accumulated deficit throughout.

Prepaid expenses

Prepaid expenses include equipment service contracts, insurance and other miscellaneous items that are charged to expenses over the periods expected to benefit from them.

Supplies inventory

Supplies inventory includes medical, surgical, general supplies, fuel oil and pharmaceuticals.

Medical surgical and general supplies are valued at the lower of cost, determined on an average cost basis, and net realizable value.

Fuel oil and pharmaceuticals are valued at the lower of cost, determined on a first-in, first-out basis, and net realizable value.

Revenue

Provincial plan revenue without eligibility criteria and stipulations restricting their use are recognized as revenue when the Government transfers are authorized.

Government transfers with stipulations restricting their use are recognized as revenue when the transfer is authorized and the eligibility criteria are met by the Authority, except when and to the extent the transfer gives rise to an obligation that constitutes a liability. When the transfer gives rise to an obligation that constitutes a liability, the transfer is recognized in revenue when the liability is settled.

Medical Care Plan ["MCP"], inpatient, outpatient and long-term care revenue is recognized in the period services are provided.

The Authority is funded by the Department for the total of its operating costs, after deduction of specified revenue and expenses, to the extent of the approved budget. The final amount to be received by the Authority for a particular

fiscal year will not be determined until the Department has completed its review of the Authority's non-consolidated financial statements. Adjustments resulting from the Department's review and final position statement will be considered by the Authority and reflected in the period of assessment. There were no changes from the previous year.

Other revenue includes, but is not limited to, drug revenue, rental revenue from accommodations, dental revenue and salary recoveries from Workplace Health, Safety and Compensation Commission of Newfoundland and Labrador ["WorkplaceNL"]. Rebates and salary recovery amounts are recorded once the amounts to be recorded are known and confirmed by WorkplaceNL.

Expenses

Expenses are recorded on an accrual basis as they are incurred and measurable when goods are consumed or services received.

Contributed services

Volunteers contribute a significant amount of their time each year assisting the Authority in carrying out its service delivery activities. Due to the difficulty in determining fair value, contributed services are not recognized in these non-consolidated financial statements.

Use of estimates

The preparation of non-consolidated financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities as at the date of the non-consolidated financial statements, and the reported amounts of revenue and expenses during the reporting period. Areas requiring the use of management estimates include the assumptions used in the valuation of employee future benefits and the useful life of tangible capital assets. Actual results could differ from these estimates.

3. Restricted cash

Restricted cash is as follows:

	2020	2019
	$	$
Deferred contributions – special purpose funds (note 11)	**511,916**	372,679
Endowment fund	**215,916**	215,916
	727,832	588,595

Notes to non-consolidated financial statements

March 31, 2020

4. Accounts receivable

Accounts receivable are as follows:

	2020					
			Past due			
	Total	Current	1 – 30 days	31 – 60 days	61 – 90 days	Over 90 days
	$	$	$	$	$	$
Patient receivable	**5,443,267**	**2,220,881**	**-**	**196,090**	**4,250**	**3,022,046**
Other receivable	**582,188**	**582,188**	**-**	**-**	**-**	**-**
Gross receivables	**6,025,455**	**2,803,069**	**-**	**196,090**	**4,250**	**3,022,046**
Less impairment allowance	**977,538**	**-**	**-**	**-**	**-**	**-**
Net accounts receivable	**5,047,917**	**2,803,069**	**-**	**196,090**	**4,250**	**3,022,046**

	2019					
			Past due			
	Total	Current	1 – 30 days	31 – 60 days	61 – 90 days	Over 90 days
	$	$	$	$	$	$
Patient receivable	4,071,327	943,588	32,381	705,841	114,636	2,274,881
Other receivable	269,393	269,393	-	-	-	-
Gross receivables	4,340,720	1,212,981	32,381	705,841	114,636	2,274,881
Less impairment allowance	745,472	-	-	-	-	-
Net accounts receivable	3,595,248	1,212,981	32,381	705,841	114,636	2,274,881

5. Due from Government/other Government entities

The amounts due from Government/other Government entities are as follows:

	2020	2019
	$	$
The Government	**3,895,189**	4,835,951
Department of Children, Seniors and Social Development	**240,757**	121,693
Harmonized sales tax recoverable	**963,428**	289,427
Due from St. Anthony Interfaith Home Apartment Complexes	**335,962**	368,696
	5,435,336	5,615,767

Outstanding balances at year-end are unsecured and interest-free and settlement occurs in cash. For the year ended March 31, 2020, the Authority has not recorded any impairment of receivables from the Government [2019 – nil].

Notes to non-consolidated financial statements

March 31, 2020

6. Tangible capital assets

Tangible capital assets consist of the following:

	Land	Land improvements	Construction in progress	Buildings	Leasehold improvements	Equipment and vehicles	Total
	$	$	$	$	$	$	$
2020							
Cost							
Opening balance	**36,201**	**191,211**	**2,083,749**	**34,967,596**	**21,271,022**	**95,869,838**	**154,419,617**
Net additions	**-**	**-**	**1,430,537**	**-**	**-**	**1,726,172**	**3,156,709**
Disposals	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Transfers	**-**	**-**	**(561,994)**	**-**	**561,994**	**-**	**-**
Closing balance	**36,201**	**191,211**	**2,952,292**	**34,967,596**	**21,833,016**	**97,596,010**	**157,576,326**
Accumulated amortization							
Opening balance	**-**	**184,780**	**-**	**20,482,648**	**3,295,271**	**79,366,277**	**103,328,976**
Disposals	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Amortization	**-**	**1,288**	**-**	**723,244**	**912,837**	**3,473,330**	**5,110,699**
Closing balance	**-**	**186,068**	**-**	**21,205,892**	**4,208,108**	**82,839,607**	**108,439,675**
Net book value	**36,201**	**5,143**	**2,952,292**	**13,761,704**	**17,624,908**	**14,756,403**	**49,136,651**

	Land	Land improvements	Construction in progress	Buildings	Leasehold improvements	Equipment and vehicles	Total
	$	$	$	$	$	$	$
2019							
Cost							
Opening balance	36,201	191,211	4,706,967	34,967,596	17,484,028	94,470,238	151,856,241
Net additions	-	-	1,163,776	-	-	1,399,600	2,563,376
Disposals	-	-	-	-	-	-	-
Transfers	-	-	(3,786,994)	-	3,786,994	-	-
Closing balance	36,201	191,211	2,083,749	34,967,596	21,271,022	95,869,838	154,419,617
Accumulated amortization							
Opening balance	-	183,170	-	19,721,338	2,448,837	75,415,337	97,768,682
Disposals	-	-	-	-	-	-	-
Amortization	-	1,610	-	761,310	846,434	3,950,940	5,560,294
Closing balance	-	184,780	-	20,482,648	3,295,271	79,366,277	103,328,976
Net book value	36,201	6,431	2,083,749	14,484,948	17,975,751	16,503,561	51,090,641

Assets included in construction in progress are not amortized until construction of the asset is substantially complete.

The Authority has works of art displayed in its facilities valued at $195,714 that are not recognized in these non-consolidated financial statements as these assets are the legal property of the Government.

Notes to non-consolidated financial statements

March 31, 2020

7. Bank overdraft and demand credit facility

Bank overdraft represents bank accounts for which outstanding cheques exceed bank cash balances. The Authority was in a bank overdraft position of $2,499,558 as at March 31, 2020 [2019 – $1,823,169].

The Authority has a demand credit facility [the "Facility"] with a Canadian chartered bank for a maximum amount of $20,000,000, bearing interest at the bank's prime rate less 0.25%. The relevant prime rate was 3.25% as at March 31, 2020 [2019 – 3.95%]. As at March 31, 2020, the Authority has drawn $13,070,000 in funds from the Facility [2019 – $15,520,000]. The effective interest rate for the year ended March 31, 2020 was 3.00% [2019 – 3.70%].

8. Accounts payable and accrued liabilities

Accounts payable and accrued liabilities are as follows:

	2020	**2019**
	$	$
Accounts payable and accrued liabilities	**8,378,125**	5,749,204
Salaries, wages and other benefits payable	**8,599,500**	7,709,845
	16,977,625	13,459,049

9. Due to Government/other Government entities

The amounts due to Government/other Government entities are as follows:

	2020	**2019**
	$	$
Government remittances	**1,172,211**	1,156,973
Due to other Government	**114,529**	95,142
	1,286,740	1,252,115

10. Employee future benefits

The Authority provides its employees who have at least nine years of service, upon termination, retirement or death, with severance pay benefits equal to one week of pay per year of service up to a maximum of 20 weeks. The Authority provides these benefits through an unfunded defined benefit plan.

Based on collective agreements signed with the Registered Nurses Union of Newfoundland and Labrador ("RNUNL") as at July 30, 2019, RNUNL employees with at least one year of eligible service received a lump sum payout during the current fiscal year of their accrued severance benefit based on pay and service as at March 31, 2018.

10. Employee future benefits (continued)

Employees who were eligible for lump sum payments during this and the previous fiscal year had an option to leave the amounts owing within the Authority at the value of March 31, 2018.

The Authority also provides its employees with sick leave benefits that accumulate, but do not vest, as follows:

	Accumulated rate	Maximum accumulation	Maximum utilization per 20-year period
NLNU hired up to December 1, 2006	15 hours per 162.5 hours	1,800 hours	N/A
NLNU hired after December 1, 2006	7.5 hours per 162.5 hours	1,800 hours	1,800 hours
CUPE/NAPE hired up to May 4, 2004	2 days per month	N/A	480 days
CUPE/NAPE hired after May 4, 2004	1 day per month	N/A	240 days
CUPE/NAPE hired up to May 4, 2004 – 12-hour shifts	15 hours per 162.5 hours	N/A	3,600 hours
CUPE/NAPE hired after May 4, 2004 – 12-hour shifts	7.5 hours per 162.5 hours	N/A	1,800 hours

In addition, while management employees do not accrue additional sick leave days, they may use accrued sick leave banked after first using two days of paid leave.

The accrued benefit obligations for post-employment benefit plans as at March 31, 2020 are based on an actuarial valuation for accounting purposes as at March 31, 2019, and an extrapolation of that valuation has been performed to March 31, 2020.

The actuarial valuation is based on assumptions about future events. Significant actuarial assumptions used in measuring the accrued severance and accrued sick leave liabilities are as follows:

Discount rate – liability	3.25% as at March 31, 2020 3.05% as at March 31, 2019
Discount rate – benefit expense	3.25% in fiscal 2020 3.05% in fiscal 2019
Rate of compensation increase	0.75% for promotions and merit as at March 31, 2020 0.75% for promotions and merit as at March 31, 2019

The probability that the employee will use more sick days than the annual accrual and the excess number of sick days used are within range of 9.2 to 114.1 days respectively for age groups ranging from 21 and under to 66 and over in bands of 3 years.

Notes to non-consolidated financial statements

March 31, 2020

10. Employee future benefits (continued)

[a] Severance pay and sick leave liabilities

	Severance	Sick leave	2020
	$	$	$
Accrued benefit liability, beginning of year	**7,313,283**	**8,585,346**	**15,898,629**
Employee future benefit expenses	**143,065**	**1,328,531**	**1,471,596**
Less benefits paid	**(5,811,583)**	**(1,132,724)**	**(6,944,307)**
Accrued benefit liability, end of year	**1,644,765**	**8,781,153**	**10,425,918**
Lump sum payouts unpaid at March 31, 2020	**477,215**	**-**	**477,215**
Total accrued benefit liability, end of year	**2,121,980**	**8,781,153**	**10,903,133**
Unamortized actuarial (gains)/losses	**(280,000)**	**490,640**	**210,640**
Accrued benefit obligation, end of year	**1,841,980**	**9,271,793**	**11,113,773**

	Severance	Sick leave	2019
	$	$	$
Accrued benefit liability, beginning of year	16,314,722	8,392,766	24,707,488
Employee future benefit expenses	(27,092)	1,292,312	1,265,220
Less benefits paid	(8,974,347)	(1,099,732)	(10,074,079)
Accrued benefit liability, end of year	7,313,283	8,585,346	15,898,629
Unamortized actuarial losses	119,921	886,933	1,006,854
Accrued benefit obligation, end of year	7,433,204	9,472,279	16,905,483

[b] Severance pay and sick leave expenses

	Severance	Sick leave	2020
	$	$	$
Current service cost	**122,423**	**913,541**	**1,035,964**
Interest on accrued benefit obligation	**39,850**	**285,562**	**325,412**
Amortization of actuarial (gain)/loss	**(19,208)**	**129,428**	**110,220**
Employee future benefit expenses	**143,065**	**1,328,531**	**1,471,596**

	Severance	Sick leave	2019
	$	$	$
Current service cost	512,561	871,956	1,384,517
Interest on accrued benefit obligation	403,450	301,475	704,925
Settlement adjustment on unamortized loss(gain)	(214)	-	(214)
Settlement loss (gain) end of year	(962,100)	270	(961,830)
Amortization of actuarial loss	19,211	118,611	137,822
Employee future benefit expenses	(27,092)	1,292,312	1,265,220

Notes to non-consolidated financial statements

March 31, 2020

11. Deferred contributions

Deferred contributions are set aside for specific purposes as required either by legislation, regulation or agreement:

	2020				
	Balance, beginning of year $	**Receipts during the year** $	**Recognized as revenue** $	**Transfers to other revenue** $	**Balance, end of year** $
Deferred operating contributions	2,462,579	**692,586**	**331,464**	**-**	**2,823,701**
NCB initiatives	19,192	**131,700**	**128,948**	**-**	**21,944**
Deferred capital grants	8,381,627	**5,057,640**	**3,000,014**	**-**	**10,439,253**
Special purpose funds	372,679	**365,091**	**225,854**	**-**	**511,916**
	11,236,077	**6,247,017**	**3,686,280**	**-**	**13,796,814**

	2019				
	Balance, beginning of year $	**Receipts during the year** $	**Recognized as revenue** $	**Transfers to other revenue** $	**Balance, end of year** $
Deferred operating contributions	2,106,305	645,124	288,850	-	2,462,579
NCB initiatives	97,015	209,453	287,276	-	19,192
Deferred capital grants	6,095,599	4,897,200	2,611,172	-	8,381,627
Special purpose funds	958,170	143,840	729,331	-	372,679
	9,257,089	5,895,617	3,916,629	-	11,236,077

Notes to non-consolidated financial statements

March 31, 2020

12. Contractual obligations

The Authority has entered into a number of multiple year operating leases and contracts for the delivery of services. These contractual obligations will become liabilities in the future when the terms of the contracts are met. Disclosure relates to the unperformed portion of the contracts.

	2021 $	2022 $	2023 $	2024 $	2025 $
Contractual obligations					
Future operating lease payments – properties	497,342	85,800	85,800	-	
Future operating lease payments – vehicles	-	-	-	-	
Future operating lease payments – equipment service	87,231	82,650	-	-	
	584,573	168,450	85,800	-	

13. Contingencies

A number of legal claims have been filed against the Authority. An estimate of loss, if any, relative to these matters is not determinable at this time and no provision has been recorded in the accounts for these matters. In the view of management, the Authority's insurance program adequately addresses the risk of loss in these matters.

14. Net change in non-cash assets and liabilities related to operations

The net change in non-cash assets and liabilities related to operations consists of the following:

	2020 $	2019 $
Accounts receivable	**(1,452,669)**	181,859
Inventories for resale and supplies inventory	**(406,872)**	452,255
Prepaid expenses	**854,008**	(97,526)
Accounts payable and accrued liabilities	**3,518,576**	(441,194)
Accrued vacation pay and other accrued liabilities	**127,191**	(207,701)
Deferred contributions – operating and NCB initiatives	**363,874**	278,451
Due from/to Government/other Government entities	**215,056**	4,516,772
	3,219,164	4,682,916

Notes to non-consolidated financial statements

March 31, 2020

15. Expenses by object

This disclosure supports the functional display of expenses provided in the non-consolidated statement of operations and accumulated deficit by offering a different perspective of the expenses for the year. The following presents expenses by object, which outlines the major types of expenses incurred by the Authority during the year:

	2020 $	2019 $
Salaries and benefits	**124,809,369**	128,206,939
Direct client costs	**14,296,758**	14,228,176
Other supplies	**9,155,365**	9,141,295
Medical-surgical supplies, drugs and medical gases	**8,050,080**	7,670,522
Amortization of tangible capital assets *[note 6]*	**5,110,699**	5,560,294
Patient and staff travel	**8,928,562**	7,506,311
Equipment expenses	**4,175,073**	4,615,590
Grants	**1,301,722**	1,522,722
Referred out services	**3,980,946**	3,785,096
Insurance	**1,014,356**	811,260
Sundry – other	**7,192,716**	6,736,858
	188,015,646	189,785,063

16. Trusts under administration

Trusts administered by the Authority have not been included in these non-consolidated financial statements as they are excluded from the Government reporting entity. As at March 31, 2020, the balance of funds held in trust for long-term care residents was $378,372 [2019 – $348,128]. These trust funds consist of a monthly comfort allowance provided to residents who qualify for subsidization of their boarding and lodging fees.

17. Budget

The Authority prepares an initial budget for a fiscal period that is approved by the Board of Trustees and the Government [the “Original Budget”]. The Original Budget may change significantly throughout the year as it is updated to reflect the impact of all known service and program changes approved by the Government. Additional changes to services and programs that are initiated throughout the year are funded through amendments to the Original Budget and an updated budget is prepared by the Authority. The updated budget shown below is the updated budget after all amendments that have been processed. These final updated budget amounts are reflected in the budget column as presented in the non-consolidated statement of operations and accumulated deficit [the “Budget”].

Notes to non-consolidated financial statements

March 31, 2020

17. Budget (continued)

The following presents a reconciliation between the Original Budget and the Budget as presented in the non-consolidated statement of operations and accumulated deficit for the year ended March 31, 2020:

	Revenue	Expenses	Annual deficit
	$	$	$
Original Budget	**182,620,140**	**184,110,235**	**1,490,095**
Adjustments during the year for service and program changes, net	**7,412,199**	**7,426,805**	**14,606**
Revised Budget	**190,032,339**	**191,537,040**	**1,504,701**

18. Related party transactions

The Authority's related party transactions occur between the Government and other Government entities. Other Government entities are those who report financial information to the Government. Transactions between the Authority and related parties are conducted at the carrying amount.

The Authority handles payments for other Government entities. As a result of these transactions, the Authority has a net asset of $240,757 as at March 31, 2020 [2019 – $121,693].

The Authority had the following transfers from the Government and other Government controlled entities:

	2020	2019
	$	$
Transfers from the Government	**154,908,234**	159,726,371
Transfers from other Government entities	**20,218,735**	21,617,699
	175,125,969	181,344,070

Transfers to other Government entities include PSPP and Government Money Purchase Pension Plan contributions of $6,238,786 for the year ended March 31, 2020 [2019 – $6,338,976].

Notes to non-consolidated financial statements

March 31, 2020

19. COVID-19

On March 11, 2020, the World Health Organization declared the outbreak COVID-19 a pandemic. This triggered the Federal and Provincial governments of Canada to respond by implementing a series of public health and emergency measures to combat the spread of the virus. The Authority is working diligently to mitigate the financial impacts of its response to COVID-19. The impact of COVID-19 has led to significant volatility and declines in the global equity and fixed income markets during the first and second quarter of 2020, and it is uncertain how long this volatility will continue. As COVID-19 continues to spread, the potential impacts, including a global, regional or other economic recession, are increasingly uncertain and difficult to assess. Management considered the impact of COVID-19 in its assessment of the Authority's assets and liabilities and its ability to continue providing all services in the normal course. Although COVID-19 has had an impact on funding and operations, mechanisms are in place to ensure that the Authority is still able to maintain its core operations.

Non-consolidated schedule of expenses for government reporting

Year ended March 31

	2020 $	2019 $
Expenses		
Administration		
General administration	**6,324,606**	6,621,291
Finance	**1,966,822**	2,210,626
Personnel services	**1,873,793**	1,952,609
Systems support	**1,634,419**	3,437,168
Other	**2,808,858**	3,273,748
	14,608,498	17,495,442
Support services		
Housekeeping	**4,877,083**	5,227,761
Laundry and linen	**1,142,856**	1,377,761
Plant services	**12,803,386**	12,919,421
Patient food services	**5,389,258**	5,528,214
Other	**16,348,334**	15,531,613
	40,560,917	40,584,770
Nursing inpatient services		
Nursing inpatient services – acute	**21,976,945**	22,133,642
Nursing inpatient long-term care	**10,678,245**	11,158,720
	32,655,190	33,292,362
Medical services	**21,940,585**	23,098,511
Ambulatory care services	**26,123,754**	25,177,211
Diagnostic and therapeutic services		
Clinical laboratory	**8,315,080**	8,687,269
Diagnostic imaging	**4,525,116**	4,654,689
Other	**7,188,579**	8,120,570
	20,028,775	21,462,528
Community and social services		
Mental health and addictions	**4,864,899**	5,320,666
Community support programs	**19,728,720**	19,917,228
Health promotion and protection programs	**5,300,305**	5,347,948
	29,893,924	30,585,842
Research	**88,657**	103,320
Education	**1,359,863**	1,075,709
Undistributed	**513,089**	365,634
Total expenses	**187,773,252**	193,241,329

Non-consolidated schedule of revenue and expenses for government reporting

Year ended March 31

	2020	2019
	$	$
	[unaudited]	*[unaudited]*
Revenue		
Provincial plan [operating grant only]	**152,021,962**	157,527,314
Provincial plan – capital grant	**2,886,272**	2,199,057
Other capital contributions	**270,437**	364,319
MCP	**18,933,235**	20,332,199
Inpatient	**738,751**	494,822
Resident	**2,020,244**	2,118,668
Outpatient	**2,534,857**	2,228,781
Transportation and Works	**1,285,500**	1,285,500
Other	**6,840,742**	7,345,919
	187,532,000	193,896,579
Expenses		
Worked and benefit salaries and contributions	**113,294,024**	119,571,810
Benefit contributions [third party]	**16,383,650**	17,651,691
	129,677,674	137,223,501
Supplies		
Operation and maintenance	**3,770,243**	3,429,443
Drugs	**3,672,460**	3,243,667
Medical and surgical	**4,159,208**	4,219,365
Other	**5,603,534**	5,919,340
	17,205,445	16,811,815
Direct client costs		
Mental health and addictions	**110,041**	84,952
Community support	**14,186,717**	14,143,225
	14,296,758	14,228,177
Other shareable expenses	**26,593,375**	24,977,836
Total expenses	**187,773,252**	193,241,329
Annual (deficit) surplus	**(241,252)**	655,250
Less: Provincial plan - capital grant	**(2,886,272)**	(2,199,057)
Other capital contributions	**(270,437)**	(364,319)
Deficit for government reporting	**(3,397,961)**	(1,908,126)
Deficit before non-shareable items	**(3,397,961)**	(1,908,126)
Non-shareable items		
Provincial plan – capital grant	**2,886,272**	2,199,057
Other capital contributions	**270,437**	364,319
Amortization expense	**(5,110,699)**	(5,560,294)
Accrued vacation pay	**(127,191)**	207,701
Accrued severance pay	**5,191,303**	9,001,439
Accrued sick leave	**(195,807)**	(192,580)
	2,914,315	6,019,642
Surplus (Deficit) as per statement of operations and accumulated deficit	**(483,646)**	4,111,516

Non-consolidated schedule of capital transactions funding and expenses for government reporting

Year ended March 31

	2020	2019
	$	$
	[unaudited]	*[unaudited]*
Sources of Funds		
Provincial capital equipment grant for current year	**2,157,640**	1,526,900
Provincial facility capital grant for current year	**2,900,000**	3,203,300
	5,057,640	4,730,200
Add: deferred capital grant from prior year	**8,381,627**	6,095,599
Less: deferred capital grant from current year	**(10,439,253)**	(8,381,627)
Less: transfers to other revenue	**—**	—
Provincial funding used in current year	**3,000,014**	2,444,172
Other contributions – Grenfell Foundation and other	**270,437**	364,319
Total funding	**3,270,451**	2,808,491
Capital expenditures		
Equipment	**3,156,709**	2,563,376
Total expenditure	**3,156,709**	2,563,376

Non-consolidated schedule of accumulated deficit for government reporting

As at March 31

	2020	2019
	$	$
	[unaudited]	*[unaudited]*
Accumulated operating deficit		
Current assets		
Cash	**727,832**	588,595
Accounts receivable	**10,483,253**	9,211,015
Inventory	**2,809,952**	2,403,080
Prepaid expenses	**1,043,900**	1,897,908
	15,064,937	14,100,598
Current liabilities		
Bank indebtedness	**14,514,888**	16,266,526
Accounts payable and accrued liabilities	**18,264,365**	14,711,164
Deferred contributions – operating	**3,357,561**	2,854,450
Deferred contributions – capital	**10,439,253**	8,381,627
	46,576,067	42,213,767
Accumulated operating deficit	**(31,511,130)**	(28,113,169)
Adjustments:		
Add:		
Tangible capital assets, net	**49,136,651**	51,090,641
Less:		
Accrued vacation pay and other benefits	**(7,792,804)**	(7,665,613)
Accrued sick leave	**(8,781,153)**	(8,585,346)
Accrued severance pay	**(2,121,980)**	(7,313,283)
	(18,695,937)	(23,564,242)
Accumulated deficit per statement of financial position	**(1,070,416)**	(586,770)

APPENDIX II: SERVICE DELIVERY STATISTICS

Client Visits

Service	2017-18	2018-19	2019-20	*Percentage increase or decrease from 2018-19*
Dental Services	1,970	-	-	-
Mental Health and Addictions Services	25,919	21,097	**19,863**	**-5.8 per cent**
Diabetes Nurse Education	6,871	8,804	**9,327**	**+5.9 per cent**
Occupational Therapy	4,814	3,648	**4,818**	**+32 per cent**
Speech Language Pathology	2,479	2,338	**842**	**-64 per cent**
Physiotherapy	15,644	11,348	**9,974**	**-12 per cent**

*In September 2016, a private dental practice assumed responsibility for the St. Anthony Dental Clinic Services. Therefore, the data for that site reflects the period from April 1, 2016 - September 16, 2016. In addition,on October 1, 2016; Labrador-Grenfell Health consolidated services between the Flower's Cove and Roddickton-Bide Arm dental clinics.

Acute Care Statistics

Regional Statistics

	REGIONAL TOTAL/FIGURE (2017-18)	REGIONAL TOTAL/FIGURE (2018-19)	REGIONAL TOTAL/FIGURE (2019-20)	*Percentage increase or decrease from 2018-19*
Number of Acute Care Beds	81*	81	**82**	**+ 1.2 per cent**
Number of Admissions *(including newborn)*	3,827	3,724	**3,267**	**- 14 per cent**
Patient Days	25,628	26,244	**26,180**	**- 0.2 per cent**
Average Length of Stay	6.7 Days	6.7 days	**6.2 days**	**- 7.5 per cent**
Operating Room Procedures	4,532	4,593	**3,968**	**-13.6 per cent**
Number of Births	328	312	**301**	**-3.5 per cent**
Number of Emergency Room Visits Registered to ER	54,549	52,225	**49,383**	**- 5.4 per cent**

*Medical/Surgical beds at the Charles S. Curtis Memorial Hospital in St. Anthony were reduced from 32 to 24, effective February 14, 2018.

Totals by Site

Labrador West Health Centre	2017-18	2018-19	2019-20	*Percentage increase or decrease from 2018-19*
Acute Care Beds	15	15	**15**	**0**
Admissions (including newborn)	907	965	**856**	**-11.3 per cent**
Patient Days	5,113	4,722	**4,606**	**-2.5 per cent**
Average Length of Stay	5.2	4.4	**5.4**	**+22.7 per cent**
Operating Room Procedures	1,021	1,043	**775**	**-25.7 per cent**
Births	92	73	**72**	**-1.4 per cent**
Emergency Room Visits (Registered to ER)	19,040	17,624	**18,513**	**+5 per cent**

Labrador Health Centre	2017-18	2018-19	2019-20	*Percentage increase or decrease from 2018-19*
Acute Care Beds	25	25	**25**	**-**
Admissions (including newborn)	1,687	1,582	**1,574**	**-0.5 per cent**
Patient Days	8,709	8,716	**8,848**	**+1.5 per cent**
Average Length of Stay	5.1	5.3	**5.4**	**+1.8 per cent**
Operating Room Procedures	1,123	1,199	**842**	**-29.8 per cent**
Births	182	191	**161**	**-15.7 per cent**
Emergency Room Visits (Registered to ER)	23,139	23,124	**22,306**	**-3.5 per cent**

Charles S. Curtis Memorial Hospital	2017-18	2018-19	2019-20	*Percentage increase or decrease from 2018-19*
Acute Care Beds	42	42	**42**	-
Admissions (including newborn)	1,233	1,177	**1,186**	**+0.76 per cent**
Patient Days	11,086	12,806	**12,726**	**-0.6 per cent**
Average Length of Stay	7.77	7.9	**7.6**	**-3.8 per cent**
Operating Room Procedures	2,388	2,351	**2,099**	**-10.7 per cent**
Births	54	48	**49**	**+2 per cent**
Emergency Room Visits (Registered to ER)	11,848	11,477	**10,152**	**-11.5 per cent**

Outpatient Department Statistics

Number of appointments attended	2017-18	2018-19	*2019-20*	*Percentage increase or decrease from 2018-19*
Labrador Health Centre	20,458	22,956	**18,161**	**-20.9 per cent**
Charles S. Curtis Memorial Hospital	7,280	7,452	**9,133**	**+22.5 per cent**

Health Centre Statistics

Labrador South Health Centre, Forteau				
	2017-18	2018-19	2019-20	*Percentage increase or decrease from2018-19*
Client Visits	7,469*	7,060*	**7,141**	**+1.2 per cent**
Admissions	146	116	**152**	**+31 per cent**
Clients seen by Regional Nurses	4,354	4,400	**3,674**	**-16.5 per cent**
Clients seen by physicians	3,115	2,660	**3,467**	**+30.3 per cent**
** Includes holding beds for observation.*				

Strait of Belle Isle Health Centre, Flower's Cove				
	2017-18	2018-19	2019-20	*Percentage increase or decrease from 2018-19*
Client Visits	12,135	11,185	**11,405**	**+2 per cent**
Admissions	89	59	**51**	**13.6 per cent**
Clients seen by Regional Nurses	9,637	9,043	**8932**	**-1.2 per cent**
Clients seen by physicians	2,498	2,142	**2,473**	**+15.5 per cent**

White Bay Central Health Centre, Roddickton				
	2017-18	2018-19	2019-20	*Percentage increase or decrease from 2018-19*
Client Visits	10,496	9,264	**9,135**	**-1.4 per cent**
Admissions	80	62	**51**	**-17.8 per cent**
Clients seen by Regional Nurses	7,257	6,625	**7,053**	**+6.5 per cent**
Clients seen by physicians	2,976	2,639	**2,082**	**-21 per cent**

Community Clinics Statistics

	2017-18	2018-19	*2019-20*	*Percentage increase or decrease from 2018-19*
Clients seen by regional nurses	36,627	39,807	**34,148**	**-14.2 per cent**
Clients seen by physicians	5,493	6,422	**7,359**	**+14.6 per cent**

Community Health and Welless Statistics

	2017-18	2018-19	2019-20	*Percentage increase or decrease from 2018-19*
Continuing Care Visits *(includes both clinic and home visits)*	20,161	18,550	**23,942**	**+29 per cent**
Home Support Hours – Developmental Disabilities	360,601	360,646	**317,697**	**-12 per cent**
Home Support Hours – Seniors and Under 65 Physical Disabilities	144,277	172,239	**201,543**	**+17 per cent**
Number of Children Attending Child Health Clinics	2,672	1,743	**1,727**	**-0.9 per cent**
Number of Clients Receiving Home Support Programs* *(provincial only)*	312	317	**345**	**+8.8 per cent**

*Does not include clients receiving home supports under the End of Life or Short-term Acute Care programs.

Long-Term Care Statistics

	Regional Total 2017-18	Regional Total 2018-19	Regional Total 2019-20	*Percentage Increase or Decrease from 2018-19*
Number of Beds	140	140	**140**	-
Resident Days	49,575	50,186	**47,669**	**-5 per cent**
Number of Admissions	56	57	**57**	-

Telehealth Statistics

	Regional – Annual (2017-2018)		Regional – Annual (2018-2019)		Regional – Annual (2019-20)	
	Consults between providers within LGH	Consults with providers outside LGH	Consults between providers within LGH	Consults with providers outside LGH	Consults between providers within LGH	Consults with providers outside LGH
Oncology	0	602	0	582	**0**	**610**
Nephrology	0	1,852	0	1,792	**0**	**1,731**
ACUTE CARE						
General Surgery	420	84	376	61	**399**	**89**
General Practitioners	103	4	249	6	**433**	**5**
MENTAL HEALTH						
Psychiatry, Adult	137	431	435	282	**574**	**207**
Psychiatry, Child	0	381	0	403	**2**	**500**
Other - Psychologists, MH Counsellors	146	67	57	262	**207**	**99**
TOTAL	283	879	492	947	**783**	**806**
REHAB						
Physiotherapy	68	1	49	1	**63**	**1**
Occupational Therapy	6	12	2	21	**2**	**3**
HEALTH & WELLNESS						
Dietician	139	0	202	0	**167**	**0**
Social Work	0	3	0	13	**0**	**6**
Other*	205	279	248	385	**351**	**456**
Total # of consults	***1,224***	***3,716***	***1,618***	***3,808***	***2,198***	***3,707***

*Other includes: (Cardiology, child management, dietician, endocrinology, general practice, genetics, haematology, interpretive services, neurology, nursing, occupational therapy, paediatrics, pain management, physiotherapy, respirology, social work, speech-language, urology, surgery [neuro, ortho, plastic, and thoracic], urology, and wound care).

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Health