



Western  
Health

**Annual Report  
2022-23**



# TABLE OF CONTENTS

<b>Message from the Board Vice-Chair.....</b>	<b>4</b>
<b>Western Health Regional Map.....</b>	<b>5</b>
<b>Operating Revenue and Expenses .....</b>	<b>6</b>
<b>Highlights and Accomplishments .....</b>	<b>7</b>
<b>Report on Performance .....</b>	<b>13</b>
Strategic Issue 1: Our People .....	14
Strategic Issue 2: Quality and Safety .....	26
Strategic Issue 3: Innovation .....	35
<b>Opportunities and Challenges Ahead .....</b>	<b>45</b>
<b>Financial Statements .....</b>	<b>48</b>

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

# MESSAGE FROM THE VICE-CHAIR



It is my pleasure, on behalf of the Board of Trustees of Western Health to present our Annual Performance Report for the year 2022-23. The Board is pleased to highlight some of the accomplishments over the past year in this Annual Performance Report.

December 2022 marked the passing of Western Health's chair of the Board of Trustees, Mr. Bryson Webb. Mr. Webb served as the chair from 2017 to the time of his passing. He was a strong leader who was committed to providing health care based on the needs of the population. Mr. Webb believed that Western Health's employees provided excellent care and support to people in the region.

In 2022-23, Western Health entered the final year of its Strategic Plan 2020-23. This plan represents the sixth strategic plan for Western Health since it was established in 2005. The results highlighted in this Report demonstrate the significant efforts Western Health has made to achieve the goals and objectives in the three priority areas: Our People, Quality and Safety, and Innovation. It also highlights many of the

accomplishments achieved by dedicated employees, physicians, volunteers and partners throughout the region.

This past year was a significant one for Western Health as it was preparing for the establishment of a new provincial health authority, while undergoing significant weather events and human resources challenges. On behalf of the Board of Trustees, I want to thank all of Western Health's employees for their efforts. Gratitude is extended for their commitment, as well as for their many accomplishments during the past year.

Western Health's success and achievements over the past 18 years can be attributed to employees who have risen to the occasion and responded professionally to every challenge and crisis that presented. It is our belief that employees will continue to work as they always have in the new provincial health authority, providing excellent patient and family-centred care for the people on the west coast of our province.

Western Health is a category one public body under the **Transparency and Accountability Act**. The publication of this report is in keeping with legislative guidelines. In accordance with the requirements of the **Act**, the Board accepts accountability for the results published in this Annual Performance Report.

With sincere best wishes,

A handwritten signature in black ink, which appears to read 'Lloyd Walters'. The signature is fluid and cursive.

Lloyd Walters

Vice-Chairperson

# The Region

Western Health's geographical boundaries are from Port aux Basques southeast to Francois, northwest to Bartlett's Harbour, and on the eastern boundary north to Jackson's Arm.



## Western Health Regional Map

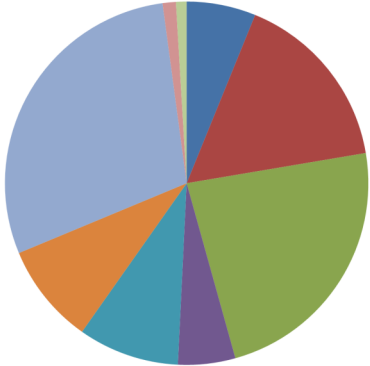
Hospitals, Health Centres, Clinics and/or Offices, Ambulance Service, and Long Term Care Centres



Western Health offers a broad range of programs and services to the people of Western Newfoundland. Its regional office is located in Corner Brook. The organization has over 3,400 employees and approximately 80 per cent of employees are female. There are approximately 1,250 volunteers who assist in delivering programs, services and special events, which enhance the quality of life for patients, residents and clients. Please see [www.westernhealth.nl.ca](http://www.westernhealth.nl.ca) for information about Western Health's mandate and lines of business.

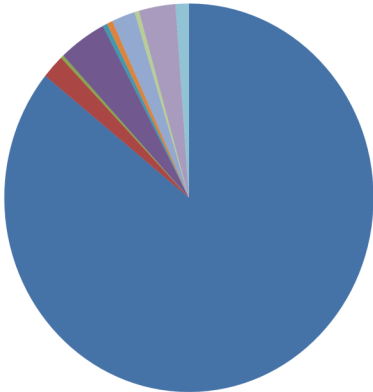
# Operating Revenue and Expenses

**Expenses**  
**\$444,058,000**



- Administration \$27,330,000
- Support services \$71,865,000
- Nursing inpatient services \$103,630,000
- Medical services \$22,636,000
- Ambulatory care services \$39,941,000
- Diagnostic and therapeutic services \$39,778,000
- Community and social services \$129,449,000
- Educational services \$5,247,000
- Undistributed \$4,182,000

**Operating Revenue**  
**\$447,415,000**



- Provincial plan – operating grant \$383,907,000
- Capital grant – provincial \$8,965,000
- Capital grant – other \$1,236,000
- MCP physician revenue \$18,757,000
- Inpatient \$1,777,000
- Outpatient \$2,302,000
- Resident revenue – long term care \$9,172,000
- Mortgage interest subsidy \$0
- Food service \$1,761,000
- Other recoveries \$14,309,000
- Other \$5,229,000



# Highlights and Accomplishments

# HIGHLIGHTS AND ACCOMPLISHMENTS

Western Health's vision, **Our People, Our Communities - Healthy Together**, highlights the important role of residents and communities throughout the Western region in achieving and promoting good health. Western Health works collaboratively with residents, communities, and partners to achieve this vision. "Our People" also includes the staff, physicians, managers, students, and volunteers who contribute to this vision.

Western Health values the partnerships and contributions of its many stakeholders. Western Health acknowledges the work achieved through shared commitments with volunteers, patient and family advisors, physicians, private service providers, the Department of Health and Community Services, other departments of the Government of Newfoundland and Labrador, other regional health authorities, non-governmental agencies, post secondary institutions, municipal councils, professional associations and the general public. Western Health is also extremely grateful for the numerous volunteers who give generously of their time and talents to support the clients, patients, residents and families that we serve.

During 2022-23, Western Health experienced many unanticipated challenges. Western Health employees demonstrated flexibility, adaptability and compassion as they responded to changing needs.

Summer forest fires in the Central Health region resulted in the evacuation of some long-term care residents to Western Health facilities. Significant work was required from Western Health leadership and frontline staff to ensure transportation, meals and supplies were in place to welcome residents from another region.

In September 2022, Hurricane Fiona impacted the southwest coast and brought with it immense devastation to Port aux Basques and surrounding communities. These events exacerbated the human resource challenges and impacted service delivery. Western Health employees aided the communities on the southwest coast during Hurricane Fiona. Counsellors were present and on the ground in Port aux Basques to support staff and community members during clean-up efforts. While the mandate of the Employee Assistance Program (EAP) is to provide a service for staff of Western Health, given the community devastation, it was determined that EAP would support the community alongside Mental Health and Addictions staff. Mental health and self care resources were promoted to support residents impacted by the extreme weather event. Weekly neighbourhood check in sessions were held and training sessions were provided to residents in the community and health care providers in the period following Hurricane Fiona. Leaders and frontline staff in clinical programs worked to ensure services were provided throughout Hurricane Fiona and the difficult period which followed.

## **Family Care Teams**

Health Accord NL included consideration of how physicians and other health care professionals work together to meet health care needs of the population, both in hospital and community settings. A recommendation was to create multi-disciplinary teams that work collaboratively. Establishing Family Care Teams (FCT) was a priority in 2022-23 within the Western Health region. The first FCT was established at Bay St. George Medical Clinic. This clinic acts a hub for rural clinics in the Bay St. George area. Registered nurses (RNs) from the Bay St. George Medical Clinic travel to clinics in Lourdes and DeGrau one day each week to assist with appointments and nursing procedures. The FCT expanded clinic services to provide minor procedures for clients in the area for two days per month. Guidelines were implemented to support licensed practical nurses (LPNs) and RNs as they provide support to physicians within the team. Virtual care was expanded within the clinic with the addition of a digital stethoscope and other equipment to enhance services for clients in the areas.



The staff members at the clinic participated in the development of videos to help clients understand how virtual appointments work. In 2023-24, there will be a focus to implement FCTs in the Port aux Basques and Humber Valley/White Bay areas.

### **Person-and Family-Centred Care**

Grounded in a deep belief that we are better together; Western Health continued with efforts to support and enhance person-and family-centred care (PFCC) in 2022-23. To ensure updates to the framework and the current approach to PFCC are in keeping with best practice and consistent with our PFCC advisor, community partner, and staff experiences to date, a formal evaluation was completed in 2022-23. The evaluation included a jurisdictional scan, a survey of staff and PFCC advisor and community partners. Of the survey respondents, 81 per cent strongly agree or agree that the work of the initiative or group that they participate in makes a difference to the work of the organization. The results of the evaluation identified strengths such as the framework's alignment with Accreditation Canada, Western Health's approach to working with PFCC advisors and community partners, the use of the PFCC advisor and community partner feedback in organizational planning and decision making. There were suggestions for change identified including changes and updating to the PFCC framework, improved engagement of PFCC advisors and community partners, and updates to organizational policies and practices.

### **Journey of Collaboration**



The Journey of Collaboration project is a partnership between Western Health, Qalipu First Nation, Western Regional School of Nursing (WRSON), Grenfell Campus of Memorial University, and the Mi'kmaw community. During 2022-23, project work continued including significant in-person community engagement to validate the developed framework and action plan of key priorities. The considerable feedback that was received from community engagement was summarized in a Community Engagement Report which informed further changes to the framework and action plan. In 2022-23, the framework and action plan were finalized, and a communication plan developed to share internally within Western Health, and externally with

the Journey of Collaboration community network. The next steps for 2023-24 is implementation of the action plan in collaboration with Western Health staff, the Journey of Collaboration Steering Committee, and the Indigenous community.

### **Western Regional School of Nursing Accreditation**

WRSON completed accreditation with the Canadian Association of Schools of Nursing (CASN) during winter 2022. CASN notified WRSON of their decision in July 2023 that the school was granted a full seven-year accreditation term. CASN acknowledged the strengths of the educational unit and nursing education program. Additionally, the Bachelor of Science in Nursing (Collaborative) Program four-year option and third-year accelerated option both received a seven-year accreditation term. Occurring concurrently to the CASN accreditation process was the College of Registered Nurses of Newfoundland and Labrador (CRNNL) approval process. On October 17, 2022, WRSON received a full seven-year approval status from the CRNNL, with an outstanding score of 100 per cent. The program was noted to have several outstanding components including dedicated faculty and staff.

## **Continuous Learning and Improvement**

Several initiatives supported Western Health in achieving success in promoting continuous learning while enhancing the client and family experience in 2022-23. Addressing the health human resource challenges requires all practitioners working to their full or extended scopes of practice. As indicated in their standards of care, Nurse Practitioners (NPs) and RNs have skills and abilities to care for clients with multiple complex needs. As patient care needs continue to increase, the CRNNL evaluate how the scope of RNs and NPs can expand to meet those needs. Several advancements were made to the scope of both RNs and NPs in Western Health in 2022-23. Policy was revised and a training module was developed to enable NPs to perform airway management in emergency situations. This advancement in practice has proven to be extremely valuable to communities in the Western region by helping emergency departments in rural areas to remain open when access to other health care providers is limited.

## **Scope of Practice Expansion**

The scope of practice for LPNs as designated by the College of Licensed Practical Nurses of Newfoundland and Labrador continued to expand in 2022-23. The LPN curriculum recently added training to care for and maintain a central venous access device. Western Health's LPNs previously did not receive education for providing this level of care. To support LPNs to work to their full scope and to enhance service provisions, clinical nurse educators developed a new learning module to provide the necessary education. Policies were updated to reflect the new LPN competency and LPNs completed hands-on training to learn how to care for patients with these devices. LPNs in acute care are now able to provide care and administer medication via central venous access devices, which has been a significant benefit to both patients and the care team.

To support efficient patient flow in emergency departments and the ongoing practice advancements of RNs, policy and learning modules were developed to authorize and enable RNs to perform suturing of superficial wounds. Training has been initiated for this advancement in practice which will contribute to improved access to services for clients throughout the region.

## **Home First Expansion**

The Home First philosophy continues to support the shift from acute and institutional care to the enhancement of home and community-based integrated care. Home First has been focused on removing barriers and wrapping support around people in their homes and communities by providing person- and family-centred care to individuals with complex and unique needs. In April 2022, Home First was expanded to include a short stay option for personal care homes. Individuals who need extra support are able to have a short stay in a personal care home to receive the care they need without being admitted to hospital. Since the expansion there have been 32 individuals supported for short stay arrangements in 10 participating personal care homes. Five individuals were successfully discharged back to their homes and 18 chose to remain in the personal care homes after their short stay.

## **Enhancing Residence Menus in Long-Term Care**

A new menu toolkit was implemented at Corner Brook Long-Term Care Home in 2022-23. The toolkit was created to enhance quality, consistency and safety in long-term care kitchens in the region. The toolkit includes balanced menus, recipes that can be modified to different textures, holiday specials and promotional material to engage residents in the dining experience. An evaluation of the toolkit is ongoing and plans are in place to implement the toolkit to Western Long-Term Care Home as well as rural sites in 2023-24.

## **New Pharmacy Standards**

A celebration was held at Dr. Charles L. LeGrow Health Centre on March 28, 2023, to acknowledge the hard work and contributions of all teams involved to implement new quality standards in the pharmacy department. The Newfoundland and Labrador Pharmacy Board adopted standards of practice developed by the National Association of Pharmacy Regulatory Authorities (NAPRA). The NAPRA standards are intended to ensure quality and safety in pharmacy compounding (mixing medication). Work to implement the NAPRA standards at Dr. Charles L. LeGrow Health Centre began in 2020. There were significant renovations and staff training completed to ensure compliance in meeting all NAPRA standards. The health centre was successful in achieving certification for sterile and non-sterile compounding in early March 2023. This is the first site within the Western Health region to have achieved this status.

## **Working with Partners to Improve Population Health**

Western Health staff members worked closely with the Alliance for the Control of Tobacco (ACT) to develop a social media campaign to raise awareness about vaping risks in Newfoundland and Labrador. Supplementary educational resources on vaping were developed for elementary school children which will be released in 2023-24.

In January 2023, the Canadian Centre on Substance Use and Addiction released new evidence-based [guidance](#) on alcohol to support people in making informed decisions about their health. This guidance is based on the latest research on alcohol-related risks and replaces Canada's Low-Risk Alcohol Drinking Guidelines. Western Health staff have begun knowledge translation and awareness efforts have started focusing on staff, primary care providers, and community partner organizations.

## **Violence Prevention**

Violence prevention continued to be a priority for Western Health in 2022-23. Funding was provided to the Corner Brook Status of Women Council and the Sexual Assault Response and Advocacy (SARA) project to support a community consultation on potential violence prevention initiatives. The community consultation as well as a community survey sought information about violence and opinions on violence prevention initiatives that could be successful in Corner Brook, Bay of Islands, Gallants, and Bonne Bay areas. After the results of the consultation and survey are available in 2023-24, Western Health will continue its efforts in violence prevention along with community partners.

## **New Facility Planning**

Western Health continued to prepare for the new acute care hospital in 2022-23. Construction of the facility remains on schedule with the service commencement date (facility hand-over) planned for November 2023 and the opening scheduled in spring/summer 2024. Engagement continued to be a key priority for Western Health during 2022-23. To increase engagement and encourage excitement for the move to the new facility, many key partners, health care providers, leadership and frontline staff were provided tours of the new hospital. Regular meetings took place with the PFCC steering committee to hear feedback from patient partners about wayfinding, furniture, patient entertainment, and facility name; and construction updates were provided. Engagement also took place with Qalipu First Nation on cultural garden design.

In June 2022, each department that will be in the new hospital began developing operational plans. Workflows and processes were established for the new space to help inform staffing plans and requirements. In March 2023, a full-day operational readiness retreat was held where 20 clinical and support teams presented their operational plans for representatives of Western Health, the Department of Transportation and Infrastructure and the Provincial Supply Chain. The retreat signified the ending of the operational readiness phase of the new hospital project and the commencement of the activation phase.





# Report on Performance

# REPORT ON PERFORMANCE

## STRATEGIC ISSUE One: Our People

Our People are our greatest strength. They make Western Health a great place to work and receive care. Individually and together, our team of approximately 3,400 staff alongside 1,250 volunteers and 145 physicians are deeply committed to delivering high-quality programs and services.

Western Health's success depends upon the strength of our people and our ability to recruit and retain a highly skilled, healthy, compassionate and engaged workforce. Changes within programs and services to meet needs of communities are placing unique demands on our traditional workforce planning processes. While several programs and services have experienced significant growth, the organization struggles to meet the human resource needs required to support this growth. Over the last three years, Western Health has experienced a 67 per cent increase in the number of positions advertised throughout the region. On a yearly basis over the last three consecutive years, we have had an average of 800 staff change positions within the organization and approximately 220 new employees begin work with Western Health annually. In addition to this movement, a decreasing pool of skilled resources coupled with an aging workforce and a 2016 engagement survey suggesting that employees feel disengaged, Western Health requires innovative recruitment and retention strategies to be implemented in order to meet the health care needs of our communities.

Western Health has been focused on enhancing work life culture through the introduction and continuation of programs and initiatives aligned with national standards of best practice for psychological health and safety. One example of this work is our successful integration of psychological health and safety standards into routine workplace safety inspection processes. Working in health care presents a unique set of challenges and opportunities. Evidence suggests that a culture which encourages employees to take care of themselves is especially critical in the health care field. Providing employees with opportunities to enhance their physical, mental and emotional well-being is important to us. We recognize that in addition to the need to focus on strategies that engage staff, optimize their work experience, skills and scopes of practice, we must also focus on continuing to introduce evidence-based strategies that support the health and wellness of staff.

We need to work differently to develop, train, recruit and retain the very best people and to provide the support that enables staff to provide the level of care and service they aspire to provide. Creating an environment where staff feel engaged, are encouraged and supported to suggest improvements, and feel empowered to make change will guide our focus in changing how we work. This priority is well aligned with the Provincial Government's Strategic Directions of a better economy, healthier people, better living, a bright future, and a more efficient public sector.

**GOAL ONE:** By March 31, 2023, Western Health will have enhanced workforce capacity and capability through enabling an engaged, skilled, well-led, and healthy workforce.

Indicators for the Three Year Goal (2020-23)	Accomplishments
<p><b>Implemented evidence-based practices in priority areas to enable an engaged, skilled, and healthy workforce</b></p>	<p>During 2020-23, Western Health implemented evidence-based practices in priority areas to enable an engaged, skilled, and healthy workforce. An environmental scan and an engagement survey were completed during 2020-21 and in 2021-22 the Guarding Minds at Work survey was administered. This information helped inform a gap analysis document called Our People Environmental Scan, which identified three priorities for 2020-23. Priorities were validated with Western Health’s Engagement committee and included:</p> <ul style="list-style-type: none"> <li>a) Improve health, safety, and well-being of staff.           <ul style="list-style-type: none"> <li>• To improve health, safety, and well-being of staff, a gap analysis was completed of the Psychological Health &amp; Safety (PH&amp;S) workplace standard and a PH&amp;S committee was established in 2021-22. Additionally, two action plans were developed to support work in this area. One plan for PH&amp;S and one plan to support lesbian, gay, bisexual, trans, queer, two spirit, or intersex (LGBTQ2SI) diversity and inclusion. To monitor staff PH&amp;S and engagement, a quarterly microsurvey of all staff was implemented. The results were used to inform action plans and were communicated to all staff with promotion of appropriate resources to support PH&amp;S. Lastly, during 2022-23, a Flexible Work policy was developed and approved which provides flexible work options to staff.</li> </ul> </li> <li>b) Enhance overall employee experience.           <ul style="list-style-type: none"> <li>• To enhance overall employee experience, Western Health engaged Kincentric beyond the initial employee engagement survey in 2020-21 to support conducting focus groups and a manager’s survey during 2022-23 to gain insight into concerns related to engagement. There were eight focus groups held. Key themes were identified including staffing, leadership, culture and psychological safety, career and development, and productivity. A communication plan for the results of the focus groups and survey is in development.</li> </ul> </li> </ul>

- As part of the leadership development work plan, in 2021-22, there was revision to the Performance Evaluation and Development process and policy. Promotion of the e-learnings for leaders and staff commenced in 2021-22 and continued through 2022-23.
  - To support improvements in the scheduling department, a Lean green belt project was completed to identify areas for improvement and there was realignment of staffing resources in Central Scheduling based on recommendations.
  - During 2020-23, Western Health continued to participate in the Health Sciences Centre ANSOS<sup>1</sup> program pilot implementation for nursing scheduling.
- c) Grow and develop our workforce.
- To grow and develop our workforce, in 2022-23, based on a scan of recruitment and retention strategies nationally and currently in place at Western Health, as well as those in the other three regional health authorities (RHAs), a Recruitment and Retention Strategy document was developed and implemented. The document was shared widely and is available on Western Health's internal intranet.
  - Public Health guidance limited the number of in-person participants in LEADS sessions during 2021-22; however, during 2022-23, LEADS training sessions for leaders and frontline leaders were offered for the first time virtually in Western Health.
  - To continue efforts to grow and develop our workforce, during 2022-23, a scan was completed to identify programming to support and develop frontline staff as part of a succession planning framework. An Emerging Leaders program was developed. Emerging Leaders is a year-long program which focuses on cultivating the essential knowledge, skills, abilities, and behaviors related to fostering relationships and leading inter-professional teams with an aim of preparing staff for expanded leadership roles and responsibilities in the future.
  - Through collaboration with Kincentric in the focus group sessions, key themes were able to be identified in order to gain a better understanding of why people transfer.
  - Western Health continued to work with the Newfoundland and Labrador Centre for Health Information (NLCHI) and a provincial working group on the enhancement of Human Resource reporting. As a result, general indicators have been standardized and produced at the RHA level, including employee counts and turnover rates.

<sup>1</sup>ANSOS is an enterprise-level healthcare staff scheduling solution designed to align staffing and demand with accurate forecasting and patient acuity data.



<p><b>Improved performance measures in priority areas</b></p>	<p>All performance measures were met or exceeded in all priority areas with the following exceptions:</p> <ul style="list-style-type: none"> <li>The introduction of a Business Partner (BP) model and the number of business partners and specialists in place. This indicator has not been achieved. To support introduction of a BP model in the Human Resources department, education was completed with Human Resources staff. Implementation of a BP model in Western Health has been paused related to transition to a provincial health authority. Implementing a BP model would involve restructuring the Human Resources department and, given that models vary among the RHAs, it was recommended that the best approach would be to pause implementation until a provincial approach can be identified.</li> </ul> <p>The performance measures are more fully described in the year three objective section below.</p>
<p><b>Increased percentage of employees trained in LEADS in a Caring Environment</b></p>	<p>This indicator has been achieved. In 2021-22, 63 per cent of leaders completed LEADS two day session. As of March 31, 2022-23, 79 per cent of leaders have attended the session, a 14 per cent increase. In 2020-21, 58 per cent of employees completed LEADS e-learning. As of March 31, 2022-23, 81 per cent of employees completed the e-learning, a 23 per cent increase.</p>
<p><b>Increased percentage of employees completing The Working Mind</b></p>	<p>This indicator has been achieved. Since the onset of the COVID-19 pandemic, there were no Working Mind sessions offered due to public health guidance. The contract was renewed at the end of 2022 and a session for management was held in March 2023. Prior to 2022-23, 41 per cent of leadership had completed the Working Mind. As of March 31, 2023, 46 per cent of leaders have completed the session, a five per cent increase.</p>
<p><b>Increased employee engagement on employee engagement survey, as indicated by select performance measures</b></p>	<p>To monitor employee engagement and PH&amp;S, a microsurvey was implemented on a quarterly basis commencing in 2021-22. Three key questions from the Guarding Minds at Work survey were monitored. Increases were observed in all indicators over the surveys first implementation in 2021-22; however, the increase for the question ‘my workplace is psychologically safe’ was not sustained. The following results are a comparison between the survey’s first implementation in 2021-22 and the quarterly results in 2022-23:</p> <ol style="list-style-type: none"> <li>My workplace is psychologically safe. Higher results for this indicator are better. <ul style="list-style-type: none"> <li>2021-22: 46 per cent</li> <li>2022-23: June - 52 per cent</li> <li>September - 46 per cent</li> <li>December - 41 per cent</li> </ul> </li> </ol>

	<p>2. My employer promotes work life balance. Higher results for this indicator are better.  2021-22: 40 per cent  2022-23: June - 44 per cent  September - 42 per cent  December - 46 per cent</p> <p>3. Work is having a significant impact on my psychological health. Lower results for this indicator are better.  2021-22: 77 per cent  2022-23: June - 69 per cent  September - 70 per cent  December - 75 per cent</p>
<p><b>Implemented standardized Workforce Management System, in keeping with provincial plan</b></p>	<p>This indicator has been achieved. Western Health continued to participate in the provincial Integrated Capacity Management project roll out, in keeping with the provincial plan. Western Health supported the implementation of the ANSOS scheduling solution pilot at Eastern Health. There is ongoing work toward project implementation in Western Health, in keeping with provincial timelines and considering planning for the new acute care facility.</p>

# REPORT ON PERFORMANCE

## Objective Year Three (2022-23)

By March 31, 2023, Western Health will have implemented priorities to support workforce capacity and capability.

### PLANNED AND ACTUAL PERFORMANCE

#### Indicators for the Year Three Objective (2022-23)

#### Accomplishments

**Implemented priority initiatives to enable an engaged, skilled, well-led, and healthy workforce**

**a) Improve health, safety, and well-being of staff.**

Implementation was completed for the following priority initiatives:

During 2022-23, to support the improvement of health, safety, and well-being of staff, the PH&S work plan was implemented with key priorities including an organizational policy statement on PH&S, an updated manager toolkit, updated resources, promotion of resources, and staff recognition (WOW) awards.

The Employee Virtual Assistant (EVA) project was implemented as a way to enhance current supports. EVA is an online chat bot tool that uses artificial intelligence to connect employees with the most appropriate mental health support for their unique life circumstances. It is available 24/7 and is confidential.

The LGBTQSI work plan was updated in an effort to broaden the scope to an overall diversity and inclusivity work plan. Actions included the creation of a Diversity and Inclusivity committee for the region.

Finally, in 2022-23 the Flexible Work policy was approved and communicated. There was also ongoing implementation of the quarterly microsurvey on PH&S and engagement, and a Working Mind session was delivered in March 2023.

**b) Enhance overall employee experience.**

To enhance overall employee experience in 2022-23, in collaboration with Kincentric, there were eight focus groups completed with front line staff to better understand the engagement survey results. In addition, a management survey was also completed to seek feedback and suggestions from leadership. Information from this engagement will inform opportunities to increase engagement in 2023-24.

<p><b>c) Growing and developing our workforce.</b></p>	<p>The final report for the Lean green belt project in the scheduling department was communicated broadly. Priority recommendations were implemented in 2022-23 which included a texting pilot to support efficiencies in processes and increase ability to assess leave requests for staff.</p> <p>During 2022-23, Western Health continued to participate in the ANSOS scheduling solution pilot at Eastern Health.</p> <p>During 2020-23, Western Health remained committed to growing and developing our workforce. In 2022-23, a Recruitment and Retention Strategy was developed and implemented, which included a focus in key areas, including increasing brand awareness, enhancing partnerships, and recruiting for current and forecasted needs.</p> <p>An international recruiter was hired, and a plan developed to expand current opportunities in partnership with the Department of Immigration, Population Growth and Skills.</p> <p>The first Emerging Leaders program was implemented in February 2023, with 43 participants. Through this program these participants will increase their leadership development for future opportunities in leadership roles. In addition, in 2022-23, two LEADS sessions were held, with a total of 43 participants.</p> <p>The BP model implementation was paused related to transition to a provincial health authority; however, multiple education sessions were completed with the Human Resources management team to support the generalist knowledge required for the BP model.</p> <p>During 2022-23, Western Health continued to support the provincial working group established to standardize human resource indicators.</p>
<p><b>Increased number of staff participating in the Working Mind, LEADS, and Performance Evaluation and Development education</b></p>	<p>This indicator has been achieved.</p> <ul style="list-style-type: none"> <li>• A Working Mind session for managers was completed in March 2023, with 12 managers participating.</li> <li>• LEADS</li> </ul> <p>Two LEADS sessions were offered in 2022-23 and 43 individuals participated in these sessions. In 2021-22, 63 per cent of leaders had completed a LEADS two-day session. As of March 31, 2022-23, 79 per cent of leaders have completed the session, a 14 per cent increase.</p> <p>In 2020-21, 58 per cent of employees had completed LEADS e-learning. As of March 31, 2022-23, 81 per cent of employees have completed the e-learning, a 23 per cent increase.</p>

	<ul style="list-style-type: none"> <li>Performance Evaluation and Development Education In 2021-22, 33 per cent of leaders had completed the Performance Evaluation and Development e-learning module for leaders. As of March 31, 2023, 43 per cent of leaders have completed the module, a 10 per cent increase.</li> </ul> <p>In 2021-22, three per cent of staff had completed the Performance Evaluation and Development e-learning module for staff. As of March 31, 2022, seven percent of staff have completed the module, a four per cent increase.</p>
<b>Developed a recruitment and retention strategy</b>	This indicator has been achieved. A Recruitment and Retention Strategy was developed and implemented and communicated broadly. The document is also available on Western Health’s intranet.
<b>Measured and monitored performance measures related to priority areas</b>	<p>Performance measures in priority areas were measured and monitored through numerous work plans including the Regional Occupational Health &amp; Safety (OH&amp;S) committee, the Regional Engagement committee, and the Staffing Issues working group. Indicators selected to measure performance included:</p> <p>a) Improve health, safety, and well-being of staff.</p> <ul style="list-style-type: none"> <li>Work plan in place to support staff who may identify as lesbian, gay, bisexual, transgender, queer or questioning, two spirit, or intersex (LGBTQ2SI). This indicator has been achieved; a work plan is in place to support staff who may identify as LGBTQ2SI.</li> <li>Number of flexible work arrangements. This indicator has been achieved. This policy has been implemented and communicated to all staff. Less than five applications have been received and are being processed.</li> <li>Percentage of employees responding favorably to key Guarding Minds at Work survey questions. This indicator has been achieved. Key Guarding Minds at Work indicators are administered and reported quarterly.</li> </ul> <p>b) Enhance overall employee experience.</p> <ul style="list-style-type: none"> <li>Number of focus groups completed and identified key themes of what staff believe are limiting career development. This indicator has been achieved. Eight focus groups were completed in 2022-23. Key themes identified include current staffing levels, valuing formal education over on the job experience, lack of performance management, ample opportunities, and financial supports.</li> <li>Developed a leadership development work plan that includes enhancing the Performance Evaluation and Development process and policy. This indicator has been achieved. A work plan has been developed and implemented.</li> </ul>

- Number of leaders completing the Performance Evaluation and Development e-learning module for leaders. This indicator has been achieved. 79 leaders have completed the Performance Evaluation and Development e-learning module for leaders.
  - Number of staff completing the Performance Evaluation and Development e-learning module for staff. This indicator has been achieved. 237 staff have completed the Performance Evaluation and Development e-learning module for staff.
  - Realignment of staffing resources in Central Scheduling. This indicator has been achieved. Resources were re-aligned to support efficiency in the scheduling department.
  - Lean green belt project completed in the scheduling department. Priorities identified for process improvement. This indicator has been achieved. Recommendation have been embedded in work plans to support implementation of priorities.
  - Participate in Health Sciences Centre ANSOS program pilot implementation for nursing scheduling. This indicator has been achieved. Western Health continued participation in the Health Sciences ANSOS scheduling pilot.
- c) Growing and developing our workforce
- Recruitment and Retention Strategy developed. This indicator has been achieved.
  - Offer LEADS in a Caring Environment training session for leaders and frontline leaders. This indicator has been achieved. Two LEADS training sessions offered.
  - Complete a scan to identify programming to support and develop emerging leaders including a succession planning framework. This indicator has been achieved. A scan was completed to identify best practices to support emerging leaders as a succession planning framework for frontline staff.
  - Introduction of BP and Delivery Specialist Model. This indicator has not been achieved. The BP and Delivery Specialist Model were paused due to transition to one provincial health authority. No Business Partners or Specialists in place at this time.
  - Number of focus groups held and key themes for why people transfer. This indicator has been achieved. Eight focus groups completed. Key themes were identified, such as work-life balance, department culture, staffing, and scheduling.
  - Enhance Human Resource reporting. This indicator has been achieved. A provincial COGNOS Human Resource working group has been established with the focus on standardizing and increasing available human resource indicators. As of March 31, 2023, a number of organizational indicators are available, such as employee count and turnover rate.

## Discussion of Results

In 2020-21, a scan of current and future internal and external factors impacting workforce capacity and capability in Western Health was completed, including a literature review of evidence-based practices to support workforce capacity and capability. An analysis of the findings of the environmental scan, and the review of evidence-based practices supported the development of the Our People Environmental Scan document which identified three priority areas of focus to improve workforce capacity and capability. The year three objective for 2022-2023 was to have implemented priorities to support workforce capacity and capability and much work has been completed to support and complete this objective. The three priority areas identified include (1) improve health, safety, and well-being of staff, (2) enhance overall employee experience, (3) growing and developing our workforce. Performance measures for each priority were also identified and work plans developed to enable an engaged, skilled, well-led, and healthy workforce.

To improve health, safety and well-being of staff, in year three, the PH&S committee was able to accomplish the completion of their priorities as identified on their work plan. These priorities included a review of current resources, updating the manager's toolkit, a policy statement, and the implementation of EVA. In 2022-23, the Inclusivity and Diversity work plan was expanded beyond LGBTQSI to include employees of different gender, race, nationality, religion, physical ability, sexuality, age, and neurodiversity. Work plan actions such as improving access to all gender washrooms, policy review, and new facility planning have been completed along with the creation of an Employee Diversity, Equity, and Inclusion committee. To monitor staff PH&S, as well as employee engagement, the PH&S and engagement microsurvey continued. The survey results were used to inform actions and communication of results included promotion of appropriate resources to support staff PH&S.

To enhance overall employee experience, in year three Western Health partnered with Kincentric to implement focus groups with frontline staff to understand engagement-related concerns. There were eight staff focus groups implemented with representation from groups such as nursing, support staff, allied health, and physicians. In addition to these focus groups, a management survey was completed in June 2022. Key themes included concerns pertaining to staffing, leadership, culture and psychological safety, career and development, and productivity. A summary of key findings is being compiled and will be used for determining action plans in 2023-24. In 2022-23, an Emerging Leaders program was developed and implemented. The Emerging Leaders program explicitly focuses on cultivating the essential knowledge, skills, abilities, and behaviors related to fostering relationships and leading inter-professional teams.

To meet our goal of growing and developing our workforce, in year three the Recruitment and Retention Strategy was developed and communicated broadly. The strategy included a focus on increasing Western Health's brand awareness, enhancing current and initiating new partnerships, recruiting for current and forecasted needs, increasing applicant pools, and improving employee engagement. Actions completed to support this strategy included increasing attendance for in-person and virtual career fairs, hiring an international recruiter, early and increased presence in educational institutions, and participating in international recruitment missions. A focus on engagement is also part of the strategy and includes increasing professional development opportunities such as funding for Professional Practice committees.

## Discussion of Results continued

During 2020-23, Western Health implemented evidence-based practices in priority areas to enhance workforce capacity and capability through enabling an engaged, skilled, well-led, and healthy workforce. The established yearly indicators were achieved which included: implemented evidence-based practices in priority areas to enable an engaged, skilled, and healthy workforce; improved performance measures in priority areas; increased percentage of employees trained in LEADS in a Caring Environment; increased percentage of employees completing the Working Mind; increased employee engagement on employee engagement survey, as indicated by select performance measures; and implemented standardized Workforce Management System, in keeping with the provincial plan. The work undertaken through each annual objective has improved the capacity and capability of our workforce through improvements in health, safety and well-being, enhancement of overall employee experience, and increased opportunities for growth and development of our employees. These achievements are well aligned with the Provincial Government's Strategic Directions: a better economy, healthier people, better living, a bright future, and a more efficient public sector.



## STRATEGIC ISSUE TWO: Quality and Safety

In Canada, patient safety incidents are the third leading cause of death following heart disease and cancer. A 2018 national survey commissioned by the Canadian Patient Safety Institute (CPSI) found that most people were unaware of patient safety risks, however once aware, patient safety became one of their top health care priorities. Building a culture of quality and safety is an essential priority for Western Health. Over the last two years we focused our actions on improving outcomes and care experiences for clients, patients, residents and families while promoting safety and will continue the same in year three of this strategic issue. Our ability to provide safe, high-quality care and service depends on the health and safety of people who work, practice, learn or volunteer with us. It has been widely documented that care outcomes can be improved by reducing variations in processes and enhancing safety awareness and practices amongst our staff and the people we serve. Encouraging all individuals to speak up about safety concerns without fear of reprisal or ridicule is essential to our work to reduce preventable harm and to promote a Just Culture within an organizational system of safety and accountability.

An important feature of a quality and safety culture is an emphasis on PFCC. PFCC refers to an approach to care that guides all aspect of planning, delivery and evaluating services, with the foundation being mutually beneficial partnerships between clients, families, and health care staff and service providers. Providing PFCC means “working collaboratively with clients and their families to provide care that is respectful, compassionate, culturally safe, and competent, while being responsive to their needs, values, cultural backgrounds and beliefs, and preferences.”

Meaningful engagement with patients, clients, residents, families and staff is a key enabler of PFCC. Our staff are committed to a caring, respectful and compassionate environment. Opportunities to enhance patient, residents, clients and family involvement exists as evident through experience surveys results, as well as Western Health’s 2018 Accreditation report.

Quality and safety are supported by having access to valid, reliable, meaningful information. When the information related to a client, patient or resident is consistent and flows across the system it enables improved quality, safety and experience for the people we serve. Information can also be used to better manage performance of the health care system.

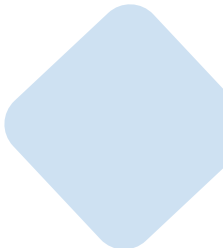
Our priority to improve quality and safety is aligned with the Provincial Government’s Strategic Directions: healthier people, and better living. It also is aligned with Health Standards Organization (HSO) standards of excellence and the National Framework for Quality and Patient Safety led by the CPSI and HSO.

**GOAL TWO:** By March 31, 2023, Western Health will have improved quality and safety across the organization in priority areas.

Indicators for the Three Year Goal 2020-23	Accomplishments
<p><b>Enhanced quality improvement capacity and capability in the organization</b></p>	<p>Western Health enhanced quality improvement capacity and capability in the organization during 2020-23. During 2020-21, an environmental scan and a literature review of evidence-based practices informed a gap analysis of quality and safety culture within Western Health. Through consultation with Quality Council, comprised of physician and program leaders, and the PFCC steering committee, comprised of patient and family partners, four priority areas were identified as follows:</p> <p>a) To reduce preventable patient harm in hospital.</p> <ul style="list-style-type: none"> <li>• To reduce preventable patient harm in hospital, there was a focus on the Regional Deteriorating Patient initiative with implementation completed at all six identified acute care sites by the end of 2022-23. To further support preventable patient harm in hospital, the Recognition and Response to the Deteriorating Patient – National Early Warning policy was finalized and implemented.</li> <li>• Western Health’s Hospital Standardized Mortality Ratio (HSMR) was monitored through to 2022-23. The common causes of hospital harm have been explored with medication errors and falls being the most frequent hospital harm related reported occurrences.</li> </ul> <p>b) To enhance PFCC and improve patient and family partnerships with all aspects of quality and safety.</p> <ul style="list-style-type: none"> <li>• In order to enhance PFCC and improve patient and family partnerships with all aspects of quality and safety, there was a focus on recruiting PFCC advisors to partner with Western Health, and specific recruitment of PFCC advisors to participate on Quality Improvement Teams. Since 2021-22, there were 17 new PFCC advisors recruited, with nine participating on Quality Improvement teams.</li> </ul> <p>c) To enhance a culture of safety.</p> <ul style="list-style-type: none"> <li>• To enhance a culture of safety, there was collaboration with the Provincial Quality and Risk Directors to explore a standardized approach to Just Culture provincially. A Just Culture describes a work environment in which individuals believe they will receive fair and just treatment when involved in an adverse event which is essential to our work to reduce preventable harm. Following discussion with the other RHAs, a Just Culture education module for staff was identified for Western Health.</li> </ul>

	<p>A Just Culture policy draft was updated with key stakeholder feedback and its planned implementation will occur with the roll out of the staff and physician Just Culture education training in 2023-24. A review of Western Health’s employee related policies and frameworks was completed to determine alignment with Just Culture Principles.</p> <ul style="list-style-type: none"> <li>• During 2022-23, Western Health continued work on the Quality framework and all 17 Quality and Safety Improvement Teams have been established. The Quality and Safety Improvement Teams’ mandate is to identify, recommend, and monitor quality of care and patient safety goals, outcomes and strategies as outlined by the regional program. The team structure has proven to provide an opportunity for physicians to participate in, identify, co-lead, and co-design quality improvement initiatives with other team members, including patient partners, to enhance care processes and outcomes for patients and lead care transformation. During 2022-23, 12 of the 17 teams established formalized work plans, while the remaining teams explored priority areas of focus. All teams identified priorities for their 2023-24 work plans. Nine teams completed their team effectiveness survey, with the remaining eight teams to complete by June 30, 2023.</li> </ul> <p>d) To improve measurement of access to services and wait times within priority areas.</p> <ul style="list-style-type: none"> <li>• In 2020-21, to improve measurement of access to services and wait times within priority areas, a central wait time inventory of services that currently collect wait times was developed and shared on Western Health’s intranet page. The inventory is in an accessible location for health care providers to access wait times for services that currently collect these. A jurisdictional scan of wait time measurement and review of national best practices was also completed in 2021-22. In 2022-23, results were compared to the current wait time inventory and four priority areas for improvement were identified. Priority recommendations were validated in collaboration with key stakeholders and include endoscopy, hip and knee replacement, and outpatient physiotherapy. Work plans have been developed to address these identified areas.</li> </ul>
<p><b>Developed and implemented PFCC Education Plan</b></p>	<p>During 2020-23, a PFCC education plan was developed and implemented which included:</p> <ul style="list-style-type: none"> <li>• Education to support staff. In 2021-22, a PFCC e-learning module for Western Health staff was developed and co-designed with PFCC advisors. To further support staff who work with PFCC advisors, a PFCC Handbook was developed in 2022-23. For staff working with PFCC advisors on Quality Improvement Teams, an orientation presentation was developed to include additional information on PFCC.</li> <li>• Education to support education of PFCC advisors participating on Quality Improvement Teams. In 2022-23, quality improvement information was added to the PFCC advisor handbook and the PFCC advisor orientation presentation was revised to include quality improvement education.</li> </ul>

<p><b>Improved client experience on key questions related to engagement</b></p>	<p>Client experience on key questions related to engagement was improved in five of six areas where client experience surveys were completed. Key questions that were monitored included per cent of overall experience of care rating and per cent of patients or families responding positively to being involved in decision making regarding their care.</p>
<p><b>Implemented mechanism to measure patient and family partner experience</b></p>	<p>During 2020-21, a scan of evidence and best practice was completed to identify a survey to measure patient and family partner engagement. The Public and Patient Engagement Evaluation Tool developed by McMaster University was identified and through consultation with the PFCC steering committee was identified as an appropriate tool to measure patient and family partner experience. During 2022-23, the survey was administered. It was distributed to all PFCC advisors and community partners with a 34 per cent response rate. This survey will be used on an annual basis to continuously evaluate patient and family partner experience and strategies to increase response rate will be part of the PFCC work plan in 2023-24.</p>



### Objective Year Three (2022-23)

By March 31, 2023, Western Health will have implemented strategies in priority areas to strengthen the culture of quality and safety.

### PLANNED AND ACTUAL PERFORMANCE

#### Indicators for the Three Year Goal 2020-23

#### Accomplishments

#### Completed implementation of priority initiatives

a) To reduce preventable patient harm in hospital.

Implementation was completed for the following priority initiatives:

To reduce preventable patient harm in hospital, the Recognition and Response to the Deteriorating Patient – National Early Warning policy was finalized. The Regional Deteriorating Patient initiative was completed with the implementation of the sixth and final acute care site, Sir Thomas Roddick Hospital (STRH), in January 2023. A deeper analysis was completed on Western Health's 2021-22 HSMR data which demonstrated there were no data quality issues. Western Health's HSMR improved in 2021-22 with a decrease from 112 in 2019-20 to 86 in 2021-22, indicating that Western Health is doing better than the average Canadian experience with regard to hospital mortality. The common causes of hospital harm have been explored annually from 2020 to 2023, with medication errors and falls being the most frequent hospital harm reported. A medication errors and falls fast facts information sheet was shared with staff as a collaborative effort among Quality, the Regional Medication Safety Committee, and the Regional Falls Prevention Committee. Falls are also monitored quarterly on Western Health's balanced scorecard.

b) To enhance person and family centred care and improve patient and family partnerships with all aspects of quality and safety.

To PFCC and improve patient and family partnerships with all aspects of quality and safety, PFCC advisors were actively recruited to partner with Western Health and participate on Quality Improvement Teams. As of March 31, 2023, four new PFCC advisors were on boarded and an additional seven in progress, for a total of 42 active advisors, and nine quality teams have a PFCC advisor participating on them. Additionally, there are seven advisors in process of completing their orientation, one of whom will be participating on a Quality Improvement Team.

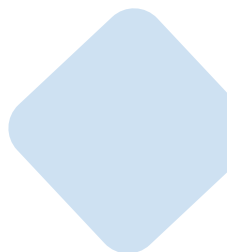
c) To enhance culture of safety.

To enhance culture of safety in 2022-23, Western Health identified staff and physician Just Culture education would be implemented. Just Culture education was set to commence in the Fall of 2022. However, this was delayed due to external contractor issues. Western Health is committed to enhancing the culture of safety through Just Culture and work is ongoing in collaboration with the other regional health authorities to identify a plan for Just Culture education. To continue work to support Just Culture the draft Just Culture policy was updated with key stakeholder feedback, Implementation of this policy will occur with the roll out of the staff and physician Just Culture education training in 2023-24.

<p>d) To improve measurement of access to services and wait times within priority areas.</p>	<p>All Western Health employee related policies and frameworks were reviewed to determine if Just Culture principles are embedded, and all framework and policy authors have been followed up with to ensure alignment.</p> <p>To improve measurement of access to services and wait times within priority areas, a jurisdictional scan was finalized in 2022-23 and compared to the wait time inventory to identify areas for improvement. The identified areas for improvement were chosen in collaboration with key stakeholders and work plans were developed to address the areas for improvement which include endoscopy, hip and knee replacement, and outpatient physiotherapy. Promotion of the wait time inventory continued in 2022-23 with the development and implementation of a communication plan.</p>
<p><b>Completed implementation of the Regional Early Warning Signs (EWS) policy</b></p>	<p>This indicator has been achieved. The Recognition and Response to the Deteriorating Patient: National Early Warning policy has been finalized and implemented.</p>
<p><b>Completed implementation of the PFCC e-learning module for staff</b></p>	<p>This indicator has been achieved. The PFCC e-learning for staff implementation was completed with 56 per cent of staff completing the e-learning, which exceeded the target of 50 per cent. Promotion will be ongoing as part of the PFCC work plan in 2023-24.</p>
<p><b>Completed measurement of patient partner engagement</b></p>	<p>This indicator has been achieved. Measurement of patient partner engagement was completed. There were 27 responses received, which was a 34 per cent response rate. Of the survey respondents, 81 per cent strongly agree or agree that the work of the initiative or group that they participate on makes a difference to the work of the organization. The results of the survey were used to inform an evaluation of Western Health's PFCC framework and strategy. Some of the recommendations include continuous evaluation of PFCC advisor and community partner experience.</p>
<p><b>Completed implementation of the Regional Just Culture policy and framework</b></p>	<p>This indicator has not been achieved. Just Culture education roll out set for 2022-23 was delayed due to external contractor issues. A draft Just Culture policy was updated with key stakeholder feedback. Both the Just Culture policy and framework's planned implementation will occur with the roll out of the staff and physician Just Culture education training in 2023-24.</p>
<p><b>Measured and monitored performance measures related to quality and safety priority areas</b></p>	<p>Performance measures related to quality and safety priority areas were measured and monitored through numerous work plans including the PFCC work plan, the Quality framework implementation plan, the patient safety plan, and risk assessment checklist work plan. Indicators selected to measure performance included:</p> <p>a) To reduce preventable patient harm in hospital.</p> <ul style="list-style-type: none"> <li>• Implemented regional policy and early warning signs (EWS) pathway in all acute care sites. This indicator was achieved.</li> </ul>

- Increased number of staff trained in EWS pathways. This indicator was achieved. There were 68 additional staff trained in EWS pathways.
  - Increased number of staff trained in TEAMSteps. This indicator was achieved. There were 68 additional staff trained in TEAMSteps.
  - Improved Hospital Standardized Mortality Ratio. This indicator was achieved. HSMR has improved with a decrease from 112 in 2019-20 to 86 in 2021-22.
- b) To enhance person and family centered care and improve patient and family partnerships with all aspects of quality and safety.
- Increased number of patient and family partners. This indicator was achieved. Since 2021-22, there are 17 new PFCC advisors recruited.
  - Increased number of patient and family partners involved in quality and safety improvements. This indicator was achieved. Since 2021-22, there are nine new PFCC advisors participating in quality and safety improvements.
  - Increased number of staff, physicians and leaders completing the PFCC e-learning module. This indicator was achieved. Since the development of the e-learning in 2020-21, 56 per cent of staff have completed the e-learning, exceeding the target of 50 per cent.
  - Percentage of patient partners responding positively to the patient partner engagement survey. This indicator was achieved, 81 per cent of respondents to the patient partner engagement survey strongly agree or agree that the work of the initiative or group that they participate on makes a difference to the work of the organization.
- c) To enhance a culture of safety.
- Implemented a Just Culture policy to create a system of justice and create fairness for providers and better outcomes for patients. This indicator was not achieved. Draft Just Culture policy was updated with key stakeholder feedback, implementation was delayed due to external contractor issues. Planned implementation of the policy will occur with the roll out of the staff and physician Just Culture education training in 2023-24.
  - Number of staff completed Just Culture education. This indicator was not achieved. Staff Just Culture education was not implemented as of March 31, 2023 due to external contractor issues.
  - Reviewed Western Health policies, frameworks, and programs to determine if the Just Culture principles are embedded. This indicator was achieved. Western Health's employee related policies, frameworks, and programs were reviewed.

	<p>d) To improve measurement of access to services and wait times within priority areas.</p> <ul style="list-style-type: none"><li>• Established inventory of services that currently measure wait times. This indicator was achieved.</li><li>• Review of wait time measurement processes and comparison to best practice. This indicator was achieved.</li><li>• Identified priority areas for wait time measurement improvement. This indicator was achieved. Priority areas include endoscopy, hip and knee replacement, and outpatient physiotherapy.</li></ul>
--	--





## Discussion of Results

Western Health's work towards Strategic Issue Two: Quality and Safety commenced in 2020-21, with the exploration of quality and safety within Western Health through an environmental scan, a review of the current quality and safety evidence-based practice literature, a jurisdictional scan regarding quality and safety within other health care organizations both provincially and nationally, and finally a gap analysis was completed comparing quality and safety within Western Health with best practice to identify priority areas of focus for improvement. As such, the development of work plans for the four priority initiatives to support the achievement of the established performance outcomes were created in 2021-22. Priority initiatives include (a) to reduce preventable patient harm in hospital; (b) to enhance PFCC and improve patient and family partnerships with all aspects of quality and safety; (c) to enhance a culture of safety; and (d) to improve measurement and access to services and wait times within priority areas. A number of committees were assigned responsibility to support implementation and monitor actions and performance outcomes related to these priority initiatives in order to ensure their completion and success.

For year three of this strategic issue, there was completed implementation of priority initiatives. To reduce preventable patient harm in hospital, the Regional Deteriorating Patient Initiative was completed with implementation at all six identified acute care sites, as well as implementation of the EWS pathways, and TEAMStepps framework. The common causes of hospital harm were identified and explored and embedded in Western Health's Patient Safety work plan in order to help identify related patient safety improvement initiatives. Western Health's HSMR for 2021-22 was assessed for data quality issues and closely monitored and there was identified improvement.

To enhance PFCC and improve patient and family partnerships with all aspects of quality and safety, in year three there was continued focus on recruitment of PFCC advisors, the development of PFCC education materials for both staff and PFCC advisors, continued promotion of the PFCC e-learning for staff, and a survey implemented to measure patient and family partner engagement.

To enhance a culture of safety, planning for Just Culture continued in 2022-23. Unfortunately, the Just Culture education roll out was delayed due to external contractor issues. Work continues to explore how Just Culture education can be delivered and it is anticipated that Just Culture education for staff and physicians will occur in 2023-24. The draft Just Culture policy implementation will occur with the roll out of the staff and physician Just Culture education training in 2023-24. All Western Health employee-related policies and frameworks were reviewed to determine if Just Culture principles were embedded.

To improve measurement and access to services and wait times within priority areas, in year three, the jurisdictional scan was finalized and areas for improvement were identified. Work plans were developed to address these priority areas which include endoscopy, hip and knee replacement, and outpatient physiotherapy.

During 2020-23, Western Health improved quality and safety across the organization. There was a significant amount of engagement and collaboration with key stakeholders, including front line staff, physicians, and patient and family partners, to continue to support the completed implementation of the four priority initiatives of the quality and safety strategic issue. The work undertaken through each annual objective has enhanced quality and safety capacity and capability in the organization, improved PFCC education for both staff and PFCC advisors, improved client experience, and measured patient and family partner experience, which is aligned with the Provincial Government's Strategic Directions: healthier people and better living.

## STRATEGIC ISSUE THREE: Innovation

In the Western region our population is aging, we also experience a higher incidence of chronic diseases such as high blood pressure, diabetes, and chronic obstructive pulmonary disorder (COPD) compared to NL and Canada. The gross personal income per capita in the Western region is less than the provincial average and the incidence of unemployment is higher, in addition 19.4 per cent of the Western region's population does not have a high school education. It is the interrelationships among these and other factors that influence individual and population health. Accessibility to health services is an important determinant of health. Accessibility of health services refers to the extent to which people can readily obtain care when and where they need it. Increasing accessibility can involve reducing physical, financial, cultural and psychological barriers that individuals maybe encounter when trying to access information and care.

Western Health's geographically-dispersed population can pose challenges to the delivery of sustainable health care services across the continuum of health care. Western Health is committed to ensuring that the regional population, including those people who experience the greatest barriers, have a fair opportunity to attain their highest health potential. Innovative care and service models are necessary to address these challenges, enabling interprofessional teams to work to their full scope to deliver high quality care. These models would be enhanced by leveraging technology and evidence-based care solutions including virtual care to enable more accessible, efficient, and connected care for the people we serve.

Over the next three years, Western Health intends to focus on identifying innovative solutions to improve access to services in key priority areas. Integrated health systems that wrap services around the needs of individuals will improve the value of care provided by ensuring that the right people receive the right care at the right place and time. This will involve organizing services and supports that minimize unnecessary barriers, align with the population's needs, address identified health inequities and are either available in the local area, within a reasonable distance, or through assistive technologies.

Western Health's innovation priority is well aligned with each of the Provincial Government's Strategic Directions for 2020-23, which include a better economy, healthier people, better living, a bright future, a more efficient public sector. It is also in line with the 2015-25 Primary Health Care Framework for Newfoundland and Labrador which identified the need to fully utilize appropriate technologies to make services more convenient, reduce barriers to access, and limit the need for travel as crucial to improving primary health care in Newfoundland and Labrador.

**GOAL THREE: By March 31, 2023, through innovative models of service delivery, Western Health will have improved access to health services in key priority areas.**

Indicators for the Three Year Goal (2020-23)	Accomplishments
<p><b>Implemented innovative models of service delivery within priority areas to improve access</b></p>	<p>Western Health implemented innovative models of service delivery within priority areas to improve access during 2020-23.</p> <p>During 2020-21, a review of existing programs and services, needs assessment results, stakeholder engagement, and a review of evidence-based practices identified four priority areas of focus to improve access through innovative means. A work plan was developed in 2021-22, with a focus on identifying strategies and initiating an implementation plan to enhance access and support achievement of performance outcomes for all four priority areas. A Regional Operations working group supported the implementation of the work plan and monitoring of performance measures while focusing on sustainability planning.</p> <p>The four priority areas were identified as follows:</p> <ul style="list-style-type: none"> <li>a) To develop and initiate implementation of a collaborative care model of service delivery for Western Health’s rural Emergency Departments (EDs). <ul style="list-style-type: none"> <li>• To support implementation of a collaborative care model in rural EDs in 2021-22, five rural ED collaborative care models were identified. These models aim to address rural human resource challenges with a focus on identifying and implementing strategies to enhance access through virtual care and alternate staffing models. To support model implementation, in 2021-22, all Western Health hospital and rural health centre EDs were virtually linked using video supporting software and portable tablets. During 2022-23, models were refined and implementation continued with a focus on staff orientation and training, development of workflow, and documentation processes.</li> </ul> </li> <li>b) To develop and initiate implementation of strategies to enhance access to primary care. <ul style="list-style-type: none"> <li>• In 2021-22, Western Health focused its efforts on implementing the Health Home Model for Team Based Care<sup>2</sup> for both virtual and in-person care at Western Health primary care medical clinics. During 2020-23, Western Health rebranded its primary health care areas into Health Neighbourhoods and launched a <a href="#">website</a> to introduce the concept of Health Neighbourhoods and the Health Home Model of service delivery. To support attachment to primary care and identify the number of unattached patients in the region, a centralized waitlist process was developed and implemented.</li> </ul> </li> </ul>

<sup>2</sup>The Health Home Model of Team Based Care is based on continuity, attachment, and interprofessional collaboration through Collaborative Care Teams. These Teams provide a forum for health care providers to work together to identify opportunities to improve quality of care and participate in quality improvement initiatives that focus on improved health outcomes, better patient/client and provider experiences, and better value while providing comprehensive and coordinated care to a defined patient population.

- To support enhanced access to primary care several initiatives were implemented. Same day appointments were implemented in all targeted sites; afterhours access was implemented in two out of three sites; there were enhancements in virtual care integration at two sites; open appointment access was implemented in all seven hub sites throughout the region, one in each Health Neighbourhood; Western Health primary care providers commenced documentation in one electronic medical record (EMR); and shared documentation was initiated with Diabetes Services, various specialists, and the Heart Function Clinic. Virtual care was incorporated into all Western Health primary care clinics with a focus on offering the most appropriate visit type to meet client need. Virtual care options include virtual care to home or virtual care to clinic (by telephone or video), and enhanced virtual care to clinic by video with nursing support and supportive equipment to allow for enhanced patient assessment.
- c) To develop and initiate implementation of strategies to enhance access to Chronic Disease Prevention and Management (CDPM) program.
- To enhance access to CDPM programs, in 2021-22 the Diabetes Services program started using a diabetes flow sheet in the EMR. The diabetes flow sheet was developed to reflect current clinical practice guidelines and also ensures assessment of the full impact of diabetes on all areas of the body. A focus for 2023-24 will be team education and expanding shared care documentation with stronger linkages to primary care providers and other team members.
  - The Building on Existing Tools To Improve Chronic Disease Prevention and Screening in Primary Care (BETTER<sup>3</sup>) program was identified to enhance CDPM. As of March 31, 2022, all BETTER prevention practitioners in Western Health clinics are on the EMR and are offering both virtual video visits and virtual telephone visits. A preferred staffing model was identified for the clinics, utilizing LPNs as BETTER prevention practitioners and providing clinic support to primary care providers.
- d) To develop and initiate a plan to expand the community paramedicine program.
- To enhance access, Western Health supported the implementation of various community paramedicine program initiatives in 2021-22. Blood collection services was established in partnership with two community-based ambulance services. A second ambulance team, including an Advanced Care Paramedic and a primary care paramedic, provided support to pandemic response, as well as to the Humberwood Addictions Treatment Centre through blood collection and weekly check-ins with clients as needed. Implementation continued throughout 2022-23 and a sustainability plan for this model is being explored.

<sup>3</sup>The Building on Existing Tools To Improve Chronic Disease Prevention and Screening in Primary Care (BETTER) program utilizes evidence-based strategies, resources, and tools to improve chronic disease prevention and screening in primary care settings.

<p><b>Increased the number of Health Homes that utilize technology to enable access</b></p>	<p>This indicator has been achieved. To increase the number of Health Homes that utilize technology to enable access, there was a focus on implementation of new technologies, virtual platforms, and upgrading of equipment to ensure clinical and process efficiency and effective service delivery. Implementation continued throughout the 2022-23 year with an increase in telehealth endpoint access and the number of user accounts for software to support virtual care service delivery, such as Zoom for Health Care, Jabber, as well as Telus EMR program implementation. In 2019-20, 10 clinics/health homes were using EMR, in 2022-23 this increased to 26, a 160 per cent increase.</p>
<p><b>Decreased percentage of hospitalizations for Ambulatory Care Sensitive Conditions (ACSC) within Western Health</b></p>	<p>This indicator has been achieved. Since 2019-20, Western Health has experienced a 29 per cent decrease in ACSC. In 2021-22, Western Health's ACSC was 358, which decreased from 502 in 2019-20.</p>
<p><b>Increased percentage of virtual visits by primary care providers utilizing the Western Health instance of the electronic medical record (EMR)</b></p>	<p>This indicator has been achieved. There was a 12,506 per cent increase in virtual visits (telephone and video combined) by primary care providers utilizing the Western Health instance of EMR when comparing 2019-20 to 2022-23. While the impact of the pandemic created a surge in virtual visits from 2020-22, the overall increase in the number of virtual visits remained significant.</p> <ul style="list-style-type: none"> <li>• 2019-20: 144 virtual visits</li> <li>• 2020-21: 24,963 virtual visits</li> <li>• 2021-22: 39,468 virtual visits</li> <li>• 2022-23: 18,152 virtual visits</li> </ul>
<p><b>Implemented mechanism to measure client experience</b></p>	<p>This indicator has been achieved. During 2020-23, Western Health implemented a variety of mechanisms to measure client experience. This included implementation of a Community Health Assessment survey in 2022-23, with 1172 responses regionally; implementation of a client needs survey focused on virtual care in the Stephenville/Bay St. George Health Neighbourhood with 89 responses; completion of seven client experience interviews and five provider experience interviews focused on virtual care; facilitation of three community information/stakeholder engagement sessions focused on virtual care and collaborative care teams held in Port aux Basques, Stephenville/Bay St. George, and Humber Valley/White Bay Health Neighbourhoods; meetings with town councils; and regular engagement with local Community Advisory Committees (CACs) in all seven Health Neighborhoods.</p>

### Objective Year Three (2022-23)

By March 31, 2023, Western Health will have implemented initiatives to improve access to services in priority areas.

### PLANNED AND ACTUAL PERFORMANCE

#### Indicators for the Year Three Objective (2022-23)

#### Accomplishments

#### Collaborative care model implemented in targeted Western Health rural EDs

This indicator has been achieved. All four rural health centres have collaborative care models implemented or plans in place to support a virtual ED as needed.

As of 2022-23, all Western Health EDs were virtually linked. Virtual ED models were implemented at Rufus Guinchard Health Centre, Bonne Bay Health Centre, and Calder Health Centre, and a model was identified for Dr. Charles LeGrow Health Centre. A documentation solution for virtual physicians working from home has been implemented and education with nursing and physicians is ongoing.

A virtual urgent care stream was implemented at Sir Thomas Roddick Hospital in partnership with Fonemed/811 in January 2023. This trial project aims to relieve pressures of the ED with virtual NPs to support patients with lower acuity health issues being seen by the appropriate provider.

Opportunities to increase scope of practice for NPs and Registered RNs were identified. Opportunities to enhance utilization of Advanced Care Paramedics (ACPs) were also identified. Implementation is in varying stages for each of these disciplines.

#### Strategies to enhance access to primary care implemented at targeted sites

This indicator has been achieved. To enhance access to primary care, the following strategies were implemented:

A [Health Neighbourhood website](#) was launched in 2020, which includes links to information about 811 and Health Home information. A regional waitlist management process was also initiated in 2020-21 for patients in need of a primary care provider. As of March 31, 2023, there were 8583 individuals from the Western region registered on the waitlist. During 2022-23, there was a continued focus on waitlist management and support for unattached patients using open appointments at all hub sites, initiation of a Regional Virtual Care Clinic, and attachment from the waitlist as capacity permitted throughout the region.

In addition, there were targeted approaches undertaken to enhance access to primary care, including increasing awareness of primary care supports for unattached patients; offering supportive services to patients awaiting attachment; and calls to patients who had a high volume of ED visits and who also did not have a primary care provider, in order to offer support from the Regional Virtual Care Clinic and to ensure they are added to the waitlist.

### Objective Year Three (2022-23)

By March 31, 2023, Western Health will have implemented initiatives to improve access to services in priority areas.

### PLANNED AND ACTUAL PERFORMANCE

#### Indicators for the Year Three Objective (2022-23)

#### Accomplishments

A model was identified for virtual and in-person care at Western Health primary care medical clinics, and work continued on virtual care enhancement and integration into existing models in Western Health primary care clinics throughout 2022-23. The focus was on enhanced virtual care integration in the Stephenville/Bay St. George Health Neighbourhood with hub and spoke outreach to support improving access to primary care. During 2022-23, hub and spoke support from Bay St. George Medical Clinic was provided to Lourdes, DeGrau and Jeffery's with RNs/LPNs traveling to support enhanced virtual care clinics.

In addition, a Regional Virtual Care Clinic was established to support diversion of unattached patients from the EDs, as well as to support to clinics during long periods of provider vacancies. Since the Regional Virtual Care Clinic was established in January 2022, there have been 5,176 visits diverted from the EDs throughout the region.

There was a continued focus on implementation of the Health Home Model for Team Based Care in Western Health operated medical clinics throughout 2022-23. The model was only partially implemented at some of the targeted sites related to human resource, technical, and infrastructure issues. Implementation will continue to be a focus in 2023-24, with an emphasis on expanding hours of operation, continuing the focus on data quality, and exploring options for patient self-scheduling. Successes in the implementation of the Health Home Model for Team Based Care in Western Health operated Medical Clinics include:

- integration of RNs and LPNs into the Bay St. George Medical Clinic to support collaborative primary care;
- shared documentation in the EMR with primary care, Diabetes Services, the Heart Function Clinic, and various specialty services;
- development of patient panel dashboards;
- attachment of rostered clients and clients from the waitlist at many clinics as capacity allows;
- offering open appointments at all hub sites to support in person visits for unattached patients;
- same day access and afterhours access at some clinics; and
- providing a combination of virtual and in-person care to meet client health care needs.

### Objective Year Three (2022-23)

By March 31, 2023, Western Health will have implemented initiatives to improve access to services in priority areas.

### PLANNED AND ACTUAL PERFORMANCE

<b>Indicators for the Year Three Objective (2022-23)</b>	<b>Accomplishments</b>
	<p>Partnership with the College of the North Atlantic continued to be a priority for 2022-23. The focus of this partnership was to develop a program to assess patterns of patient travel associated with medical appointments to inform service planning and resource allocation with a focus on improving access to care. The project was initially focused on the Humber Valley/White Bay Health Neighbourhood but was expanded to include the entire region. Data gathering and assessment phases are now complete. The focus for 2023-24 will be on finalizing the report and implementing the communication plan.</p>
<b>Strategies to enhance access to CDPM programs implemented in priority areas</b>	<p>This indicator has been achieved. The following strategies were identified and implemented to enhance access to CDPM programs in priority areas:</p> <p>Various service delivery models for the BETTER program were evaluated. A model was identified and implemented that supported both virtual and in-person visits and program expansion. The recommended model was an LPN who would function as both the BETTER program provider and provide clinical support for primary care providers. LPNs were trained at the Bay St. George Medical Clinic in line with the recommended model. This model was adopted in clinics in Stephenville, Ramea, and Corner Brook, with plans to expand throughout the region. All BETTER practitioners in Western Health medical clinics document in the Telus EMR and are part of the local health care team. Usage indicators were developed and reported on monthly. In addition, Employee Health Nurses were trained in BETTER to support Western Health staff.</p> <p>The Smokers Help Line referral process was integrated with the EMR to support tobacco cessation efforts enabling health care providers to refer through EMR, making this an efficient best practice.</p> <p>Implementation of the e-referral Network was completed in 2022-23. This network allows health care providers within the health authority to communicate with other health care providers who use an external instance of the Telus EMR. E-referral access includes the Heart Function Clinic, Diabetes Services, BETTER program, and some fee-for-service providers.</p>



### Objective Year Three (2022-23)

By March 31, 2023, Western Health will have implemented initiatives to improve access to services in priority areas.

### PLANNED AND ACTUAL PERFORMANCE

#### Indicators for the Year Three Objective (2022-23)

#### Accomplishments

A partnership with Eastern Health's Remote Patient Monitoring (RPM) program was established to support RNs within Western Health's primary care clinics to deliver the RPM program, targeting clients with hypertension. Training and implementation is planned for early 2023-24.

#### Strategies to enhance access through a community paramedicine program initiated

This indicator has been achieved. The following strategies were initiated to enhance access through a community paramedicine program:

Usage indicators have been identified and are being monitored for community paramedicine programs.

Western Health was successful in securing a grant to support enhanced virtual care integration, utilizing community paramedicine to expand services into the client's home. This will further increase access to primary care in rural and remote areas. This will be a focus for 2023-24.

Blood collection services in the White Bay area continued in 2022-23 in partnership with two community-based ambulance services and community paramedicine continued to support personal care homes and Humberwood Addictions Treatment Centre as needed, with the support of the second team.

## Discussion of Results

In 2020-21, four priority areas of focus were identified to improve access through innovative means based on a review of existing programs and services, needs assessment results, stakeholder engagement, and a review of evidence-based practices. These priority areas of focus that were identified are as follows: (a) rural EDs; (b) primary care; (c) CDPM; and (d) community paramedicine. A work plan was developed in 2021-22 with a focus on identifying key actions to initiate implementation of initiatives to improve access and support achievement of performance outcomes for all four priority areas. A regional operations working group supported the implementation of the work plan and monitoring of performance measures. During 2020-23, through innovative models of service delivery, Western Health had great success improving access in the four identified priority areas, all performance measures identified were achieved or surpassed.

In rural EDs, enhanced virtual care integration improved access when there was no physician on site. A virtual ED coverage model for rural health centres was implemented using NP or RN support on site with ACPs or Primary Care Paramedics with support from a virtual physician and Western Memorial Regional Hospital. A virtual urgent care model was also implemented for Sir Thomas Roddick Hospital in partnership with Fonemed/811. This trial aims to relieve pressures of the ED with virtual NPs to support patients with lower acuity health issues.

In primary care, enhanced virtual care improved access throughout the region through a hub and spoke model of care that addresses the needs of the attached and unattached patients. Expectations in implementing a collaborative care model to increase access to primary care at all targeted sites were exceeded. A waitlist management program was implemented for primary care services, access to primary care was enhanced through virtual care integration, and access to care for the unattached patient population was improved through access to open appointments at Health Home Hub sites and the implementation of the Regional Virtual Care Clinic.

In CDPM, program expansions and EMR integrations enhanced access and services. Virtual access expanded the reach of the BETTER program by providing services virtually into a client's home, the implementation of triggers in the EMR enhanced screening, and an INR<sup>4</sup> management program enhanced access to services for unattached patients. In addition, shared documentation with Diabetes Services, the Heart Function Clinic, and various specialty services within Western Health enhanced coordination of care and communication between providers.

In community paramedicine, new service delivery and staffing models increased access in areas challenged with staffing shortages. Blood collection services were offered in the White Bay area using a community paramedicine model. A second paramedicine team supported virtual EDs, swabbing and COVID-19 vaccinations in personal care homes, patient monitoring, and outreach to Humberwood Addictions Treatment Centre.

<sup>4</sup>The International Normalized Ratio (INR) blood test tells you how long it takes for your blood to clot. It is commonly used to test clotting times in people taking warfarin (a medicine used to treat and prevent blood clots).

---

## Discussion of Results continued

Mechanisms were implemented to measure experience. Feedback was obtained through a variety of surveys, interviews, and community consultations. Clients, patients, residents, and members of the health care team provided positive feedback about their experiences regarding these innovative initiatives.

During 2020-23, Western Health enhanced access to services in all key priority areas. The initiatives implemented improved access to care, improved care coordination, strengthened team communication, responded to local concerns, and are well aligned with each of the Provincial Government's Strategic Directions: a better economy, healthier people, better living, a bright future, and a more efficient public sector.



# Opportunities and Challenges

# OPPORTUNITIES AND CHALLENGES AHEAD

## Health System Human Resources

Health human resources poses the greatest strategic challenge for health care. Maintaining optimal staffing levels is key to providing high quality care. Significant growth and change within programs and services to meet the needs of the people in our communities, combined with demographic, social, and technological impacts are placing unique and increased demands on our traditional workforce planning processes. Recognizing current and future challenges with recruitment and retention, a strategic focus on 'Our People' should remain following the transition to a provincial health system. Agile and innovative recruitment and retention strategies and ongoing collaboration with the Provincial Health Professional Recruitment and Retention Office will continue to be essential to meet the health care needs of our communities.

## Transition to a New Provincial Health Authority

On April 1, 2023, Western Health, along with other regional health authorities and the Newfoundland and Labrador Centre for Health Information, will transition to a single provincial health authority. The significant transformation will support opportunities to improve efficiency, effectiveness, integration and sustainability of the health system. Using the Health Accord NL Blueprint as a guide, the new provincial health authority, Newfoundland and Labrador Health Services, will be focused on the significant challenge of improving health care and health outcomes in Newfoundland and Labrador. Health zones in the new organization will be faced with the challenge of being both responsive to the localized needs of the population as well as being consistent within the province.

## New Facilities

With the substantial completion date (facility hand-over) of the new acute care facility in Corner Brook planned for November 2023 and the opening scheduled in June 2024, there is great anticipation and excitement among employees and residents of the region. To successfully transition to a new hospital there is significant work expected throughout the upcoming year. A priority will be to maintain the continuity of operations while minimizing disruption to patient care throughout the transition period. The activation process will support this priority by organizing the transition phase and ensuring leadership and staff are prepared to provide patient care on opening day. The ability to offer radiation therapy in the new hospital will be an enhancement to services available in the region and benefit residents who are able to receive that treatment closer to home.

## Primary Care Access

While significant work has been undertaken to enhance access to primary care as part of the Innovation strategic issue, ensuring residents have appropriate access to health care will continue to be a priority. Improving access to primary care was a recommendation in the Health Accord NL through collaborative community teams (since renamed Family Care Teams).

---

## OPPORTUNITIES AND CHALLENGES AHEAD

A Family Care Team (FCT) began operating in the Stephenville/Bay St. George area in June 2022, and in the upcoming year work will continue to implement FCTs in the Port aux Basques and Humber Valley/White Bay areas. Retention and recruitment of health care providers continues to be a challenge and is impacting the ability to fully implement a primary care model responsive to the needs of the population. Creating innovative solutions to provide health care in the most efficient way is a potential solution to help minimize the demand for health care resources where possible. Using virtual models to provide care in our hospitals and enhancing the scope of our current health care providers may support our ability to further meet the challenges ahead. Stabilizing resources in the community is key to reducing unnecessary admissions to hospitals, reducing the demand in EDs and improving overall health of the population.



# Financials

31

25



Consolidated Financial Statements

Western Regional Health Authority

March 31, 2023



# Contents

	<u>Page</u>
Statement of responsibility	1
Independent auditor's report	2-3
Consolidated statement of financial position	4
Consolidated statement of operations	5-6
Consolidated statement of changes in net debt	7
Consolidated statement of cash flows	8
Notes to the consolidated financial statements	9-24
Financial statement appendix	25-30

## Statement of responsibility

The accompanying consolidated financial statements are the responsibility of the Board of Trustees of the Western Regional Health Authority (the "Board") and have been prepared in compliance with legislation, and in accordance with Canadian Public Sector Accounting Standards as recommended by the Chartered Professional Accountants of Canada.

In carrying out its responsibilities, management maintains appropriate systems of internal and administrative controls designed to provide reasonable assurance that transactions are executed in accordance with proper authorization, that assets are properly accounted for and safeguarded, and that financial information produced is relevant and reliable.

The Board met with management and its external auditors to review a draft of the consolidated financial statements and to discuss any significant financial reporting or internal control matters prior to their approval of the consolidated finalized financial statements.

Grant Thornton LLP as the Board's appointed external auditors, have audited the consolidated financial statements. The auditor's report is addressed to the Board and appears on the following page. Their opinion is based upon an examination conducted in accordance with Canadian generally accepted auditing standards, performing such tests and other procedures as they consider necessary to obtain reasonable assurance that the consolidated financial statements are free of material misstatement and present fairly the financial position and results of the Board in accordance with Canadian public sector accounting standards.

 Director  Director

# Independent auditors' report

To the Board of Trustees of Western Regional Health Authority

## Opinion

We have audited the consolidated financial statements of Western Regional Health Authority ("the Entity"), which comprise the consolidated statement of financial position as at March 31, 2023, and the consolidated statements of operations, change in net debt and cash flow for the year then ended, and notes to the consolidated financial statements, including a summary of significant accounting policies.

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

## Basis for Opinion

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

## Other Matter – Supplementary Information

Our audit was conducted for the purposes of forming an opinion on the financial statements taken as a whole. The appendix on page 25-30 is presented for purposes of additional information and is not a required part of the financial statements. Such information has been subjected to the auditing procedures applied only to the extent necessary to express an opinion in the audit of the financial statements taken as a whole.

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

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

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

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

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

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

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

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

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

*Grant Thornton LLP*

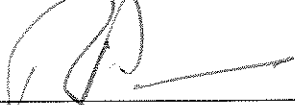
# Western Regional Health Authority


## Consolidated Statement of Financial Position

March 31	2023	2022
(in thousands of dollars)		
<b>Financial assets</b>		
Receivables (Note 3)	\$ 15,341	\$ 8,512
Trust funds on deposit (Note 4)	584	614
Replacement reserve fund	<u>220</u>	<u>220</u>
	<u>\$ 16,145</u>	<u>\$ 9,346</u>
<b>Liabilities</b>		
Bank indebtedness (Note 5)	\$ 51,732	\$ 45,758
Payables and accruals	30,829	30,586
Vacation pay accrual	13,246	14,674
Severance pay accrual	486	2,047
Sick leave accrual (Note 6)	19,547	19,276
Deferred contributions	9,295	7,191
– operating		
Deferred contributions	23,010	17,152
– capital		
Long term debt (Notes 7 & 8)	3,861	4,564
Trust funds payable (Note 4)	584	614
Asset retirement obligation (Note 14)	<u>1,699</u>	<u>-</u>
	<u>\$ 154,289</u>	<u>\$ 141,862</u>
<b>Net debt</b>	<u>\$ (138,144)</u>	<u>\$ (132,516)</u>
<b>Non-financial assets</b>		
Tangible capital assets (Note 9)	\$ 73,830	\$ 71,632
Inventory (Note 10)	6,198	6,188
Prepaid expenses	<u>3,034</u>	<u>2,864</u>
	<u>83,062</u>	<u>80,684</u>
<b>Accumulated deficit</b>	<u>\$ (55,082)</u>	<u>\$ (51,832)</u>

Contingencies and commitments (Note 11)  
Subsequent event (Note 15)

On behalf of the Board

  
Trustee

  
Trustee

See accompanying notes to the consolidated financial statements

# Western Regional Health Authority

## Consolidated Statement of Operations

Year ended March 31 (in thousands of dollars)	<b>Budget 2023 (Note 12)</b>	<b>Actual 2023</b>	<b>Actual 2022</b>
<b>Revenue</b>			
Provincial plan – operating grant	\$ 383,907	\$ 383,907	\$ 371,559
Capital grant – provincial	5,455	8,965	9,327
Capital grant – other	1,545	1,236	103
MCP physician revenue	22,933	18,757	16,221
Inpatient	628	1,777	962
Outpatient	2,192	2,302	2,357
Resident revenue – long term care	8,906	9,172	8,920
Mortgage interest subsidy	-	-	2
Food service	1,586	1,761	1,567
Other recoveries	15,632	14,309	12,736
Other	<u>2,254</u>	<u>5,229</u>	<u>3,920</u>
	<u>445,038</u>	<u>447,415</u>	<u>427,674</u>
<b>Expenditures</b>			
Administration	25,027	27,330	29,882
Support services	65,853	71,865	66,855
Nursing inpatient services	101,012	103,630	97,117
Medical services	25,049	22,636	19,713
Ambulatory care services	39,790	39,941	33,875
Diagnostic and therapeutic services	38,364	39,778	38,006
Community and social services	135,038	129,449	126,798
Educational services	5,514	5,247	5,439
Undistributed	<u>3,164</u>	<u>4,182</u>	<u>4,353</u>
	<u>438,811</u>	<u>444,058</u>	<u>422,038</u>
<b>Surplus</b>	<u>\$ 6,227</u>	<u>\$ 3,357</u>	<u>\$ 5,636</u>

See accompanying notes to the consolidated financial statements

## Western Regional Health Authority

### Consolidated Statement of Operations (cont'd)

Year ended March 31 (in thousands of dollars)	<b>Budget 2023 (Note 12)</b>	<b>Actual 2023</b>	Actual 2022
<b>Adjustments for undernoted items</b>			
<b>– net expenses</b>			
Loss on disposal	\$ -	\$ -	\$ 57
Amortization expense	9,669	7,757	8,345
Accrued vacation expense			
– (decrease) increase	500	(1,428)	1,843
Accrued severance expense – decrease	-	(1,561)	(258)
Accrued sick expense – increase	200	271	310
Cottages – deficit	<u>(196)</u>	<u>(131)</u>	<u>(160)</u>
<b>Total adjustments for above noted items</b>	<u>10,173</u>	<u>4,908</u>	<u>10,137</u>
<b>Deficit</b>	<b>(3,946)</b>	<b>(1,551)</b>	<b>(4,501)</b>
Asset retirement obligation (Note 14)	-	(1,699)	-
<b>Accumulated deficit, beginning of year</b>	<u>(52,141)</u>	<u>(51,832)</u>	<u>(47,331)</u>
<b>Accumulated deficit, end of year</b>	<u>\$ (56,087)</u>	<u>\$ (55,082)</u>	<u>\$ (51,832)</u>

See accompanying notes to the consolidated financial statements

## Western Regional Health Authority

### Consolidated Statement of Changes in Net Debt

Year ended March 31 (in thousands of dollars)	Budget 2023 (Note 12)	Actual 2023	Actual 2022
<b>Net debt, beginning of year</b>	\$ (132,516)	\$ (132,516)	\$ (128,102)
Asset retirement obligation (Note 14)	-	(1,699)	-
<b>Deficit for the year</b>	<u>(3,946)</u> (3,946)	<u>(1,551)</u> (3,250)	<u>(4,501)</u> (4,501)
<b>Changes in tangible capital assets</b>			
Acquisition of tangible capital assets	(10,510)	(10,201)	(9,344)
Loss on disposal	-	-	57
Amortization of tangible capital assets	9,669	7,757	8,345
Amortization of tangible capital assets - cottages	<u>243</u>	<u>246</u>	<u>237</u>
<b>Decrease in net book value of tangible capital assets</b>	<u>(598)</u>	<u>(2,198)</u>	<u>(705)</u>
<b>Changes in other non-financial assets</b>			
Acquisition of prepaid expense (net of usage)	(170)	(170)	1,029
Acquisition of inventories of supplies (net of usage)	<u>(10)</u>	<u>(10)</u>	<u>(237)</u>
<b>(Decrease) increase in other non-financial assets</b>	<u>(180)</u>	<u>(180)</u>	<u>792</u>
<b>Increase in net debt</b>	<u>(4,724)</u>	<u>(5,628)</u>	<u>(4,414)</u>
<b>Net debt, end of year</b>	<u>\$ (137,240)</u>	<u>\$ (138,144)</u>	<u>\$ (132,516)</u>

See accompanying notes to the consolidated financial statements



# Western Regional Health Authority

## Consolidated Statement of Cash Flows

Year ended March 31 (in thousands of dollars)	2023	2022
<b>Operating</b>		
Annual deficit	\$ (1,551)	\$ (4,501)
Add (deduct) non-cash items:		
Loss on disposal	-	57
Amortization of capital assets	7,757	8,345
Amortization of capital assets - cottages	246	237
Accrued vacation expense – (decrease) increase	(1,428)	1,843
Accrued severance expense – decrease	(1,561)	(258)
Accrued sick expense – increase	271	310
Changes in:		
Receivables	(6,829)	9,967
Inventory	(10)	(237)
Prepaid expenses	(170)	1,029
Deferred contributions - operating	2,104	717
Payables and accruals	243	3,489
<b>Net cash (applied to) provided by operating transactions</b>	<u>(928)</u>	<u>20,998</u>
<b>Capital</b>		
Acquisitions of tangible capital assets	<u>(10,201)</u>	<u>(9,344)</u>
<b>Net cash applied to capital transactions</b>	<u>(10,201)</u>	<u>(9,344)</u>
<b>Financing</b>		
Capital lease	(374)	(349)
Repayment of long term debt	(329)	(337)
Capital contributions	<u>5,858</u>	<u>2,371</u>
<b>Net cash provided by financing transactions</b>	<u>5,155</u>	<u>1,685</u>
<b>Net (decrease) increase in cash</b>	<b>(5,974)</b>	13,339
Cash and cash equivalents - beginning of year	<u>(45,758)</u>	<u>(59,097)</u>
Cash and cash equivalents - end of year	<u>\$ (51,732)</u>	<u>\$ (45,758)</u>

See accompanying notes to the consolidated financial statements

---

# Western Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2023

(in thousands of dollars)

---

### 1. Nature of operations

The Western Regional Health Authority (“Western Health”) is constituted under the Regional Health Authority’s Act Constitution Order and is responsible for the management and control of the operations of acute and long-term care facilities as well as community health services in the western region of the Province of Newfoundland and Labrador.

Western Health is an incorporated not-for-profit with no share capital, and as such, is exempt from income tax.

Western Health controls Gateway Apartments, Emile Benoit House & Units, Interfaith Cottages, Bay St. George Cottages and Gateway Cottages. These entities were established to provide housing to senior citizens. These entities have been included in the consolidated financial statements.

---

### 2. Summary of significant accounting policies

The consolidated financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards (PSAS) and reflect the following significant accounting policies:

#### **Basis of consolidation**

The consolidated financial statements include the assets, liabilities, revenues and expenses of the reporting entity. The reporting entity is comprised of all organizations which are controlled by Western Health including Gateway Apartments, Emile Benoit House & Units, Interfaith Cottages, Bay St. George Cottages and Gateway Cottages.

#### **Use of estimates**

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

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

---

# Western Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2023

(in thousands of dollars)

---

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

#### **Cash and cash equivalents**

Cash and cash equivalents include cash on hand and balances with banks and short term deposits, with original maturities of three months or less. Bank borrowings are considered to be financing activities.

#### **Accrued severance and sick leave**

Upon termination, retirement or death, the organization previously provided their employees, with at least nine years of services, with severance benefits equal to one week of pay per year of service up to a maximum of 20 weeks. Severance accumulation for employees has been curtailed and only a few benefits remain to be paid. The remaining liability has been determined using management's best estimate of employee retention, salary escalation, long term inflation and discount rates.

The organization provides their employees with sick leave benefits that accumulate but do not vest. The benefits provided to employees vary based upon classification within the various negotiated agreements. An actuarially determined accrued liability has been recorded on the statements for non-vesting sick leave benefits. The cost of non-vesting sick leave benefits are actuarially determined using management's best estimate of salary escalation, accumulated sick days at retirement, long term inflation rates and discount rates.

#### **Accrued vacation pay**

An accrued liability for vacation pay is recorded in the accounts at year end for all employees who have a right to receive these benefits.

#### **Non-financial assets**

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

#### **Inventory**

Inventory is valued at the lower of average cost and net realizable value. Cost includes purchase price plus the non-refundable portion of applicable taxes.

#### **Expenses**

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

# Western Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2023

(in thousands of dollars)

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

#### Tangible capital assets

Western Health has control over certain assets for which title resides with the Government of Newfoundland and Labrador. These assets have not been recorded in the financial statements of Western Health. Capital assets are recorded at cost. Assets are not amortized until placed in use. Assets in use are amortized over their useful life on a declining balance basis at the following rates:

Land improvements	2 1/2%
Buildings	6 1/4%
Parking lot	6 1/4%
Equipment	15%
Motor vehicles	20%
Leasehold improvements	20%

#### Asset retirement obligations

A liability for an asset retirement obligation is recognized when all the following criteria are met:

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

The liability is measured at the authority's best estimate of the amount required to retire a tangible capital asset (or a component thereof) at the financial statement date. The estimate includes costs directly attributable to the asset retirement activities. The costs also include post-retirement operation, maintenance and monitoring that are an integral part of the retirement of the tangible capital asset and the costs of tangible capital assets acquired as part of asset retirement activities to the extent those assets have no alternative use.

Upon initial recognition of the liability for an asset retirement obligation, the carrying amount of the corresponding tangible capital asset (or component thereof) is increased by the same amount. The capitalized asset retirement cost is expensed in a rational and systematic manner over the useful life of the tangible capital asset (or a component thereof). For obligations for which there is no tangible capital asset recognized or for tangible capital assets that are no longer in productive use, the asset retirement costs are expensed immediately. Subsequently, the liability is reviewed at each financial statement reporting date and adjusted for (1) changes as a result of the passage of time with corresponding accretion expense and (2) adjusted for any revisions to the timing, amount of the original estimate of undiscounted cash flows, or the discount rate. Adjustments to the liability as a result of revisions to the timing, amount of the estimate of undiscounted cash flows or the discount rate are adjusted to the cost of the related tangible capital asset and the revised carrying amount of the related tangible capital asset is amortized except for adjustments related to tangible capital assets that are not recognized or no longer in productive use, which are expensed in the period they are incurred.

---

# Western Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2023

(in thousands of dollars)

---

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

#### Asset retirement obligations (cont'd)

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

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

The standard was adopted on the modified retroactive basis at the date of adoption.

#### Capital and operating leases

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

#### Impairment of long-lived assets

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

#### Revenue recognition

Provincial plan revenues for operating and capital purposes are recognized in the period in which all eligibility criteria or stipulations have been met. Any funding received prior to satisfying these conditions is deferred until conditions have been met. When revenue is received without eligibility criteria or stipulations, it is recognized when the transfer from the Province of Newfoundland and Labrador is authorized.

Donations of materials and services that would otherwise have been purchased are recorded at fair value when a fair value can be reasonably determined.

Revenue from the sale of goods and services is recognized at the time the goods are delivered or the services are provided.

Western Health reviews outstanding receivables at least annually and provides an allowance for receivables where collection has become questionable.

---

# Western Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2023

(in thousands of dollars)

---

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

#### Pension costs

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

Pension contributions were made in the following amounts:

	<u>2023</u>	<u>2022</u>
GMPP	\$ 3,598	\$ 3,716
PSPP	\$ 25,967	\$ 26,737

#### Funds and reserves

Certain amounts, as approved by the Board are set aside in accumulated surplus for future operating and capital purposes. Transfers to/from funds and reserves are an adjustment to the respective fund when approved.

#### Financial instruments

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

- cash and cash equivalents
- receivables
- trust funds on deposit
- bank indebtedness
- payables and accruals
- long term debt
- trust funds payable

A financial asset or liability is recognized when Western Health becomes party to contractual provisions of the instrument. Amounts due to and from related parties are measured at the exchange amount, being the amount agreed upon by the related parties.

---

---

# Western Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2023

(in thousands of dollars)

---

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

#### Measurement

The Authority initially measures its financial assets and financial liabilities at fair value, except for certain non-arm's length transactions.

Financial assets or liabilities obtained in related party transactions are measured in accordance with the accounting policy for related party transactions except for those transactions that are with a person or entity whose sole relationship with Western Health is in the capacity of management in which case they are accounted for in accordance with financial instruments.

Western Health subsequently measures all of its financial assets and financial liabilities at cost or amortized cost less any reduction for impairment, except for investments in equity instruments that are quoted in an active market, which are measured at fair value; derivative contracts, which are measured at fair value; and certain financial assets and financial liabilities which the Authority has elected to measure at fair value. Changes in fair value are recognized in annual surplus.

Financial assets measured at cost include cash and cash equivalents, receivables, and trust funds on deposit.

Financial liabilities measured at cost include bank indebtedness, payables and accruals, long term debt, and trust funds payable.

#### Impairment

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

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

---

# Western Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2023

(in thousands of dollars)

<b>3. Receivables</b>	<u>2023</u>	<u>2022</u>
Province of Newfoundland and Labrador		
Capital contributions	\$ 5,500	\$ 30
Provincial plan	826	2,182
MCP	2,799	1,778
Patient services	1,638	1,171
Foundations	365	110
Employees' pay and travel advances	81	101
Harmonized sales tax rebate	357	547
Department of Veterans Affairs	32	51
Other	<u>3,682</u>	<u>2,522</u>
	15,280	8,492
Cottages	<u>61</u>	<u>20</u>
	<u>\$ 15,341</u>	<u>\$ 8,512</u>

### 4. Trust funds

Funds belonging to patients of Western Health are being held in trust for the benefit of the patients.

### 5. Bank indebtedness

Western Health has access to a line of credit with the Bank of Montreal in the amount of \$55,000 in the form of revolving demand loans and/or bank overdrafts. The authorization to borrow has been approved by the Minister of Health and Community Services. The balance outstanding on this line of credit at March 31, 2023 is \$47,181 (2022 – \$42,749). The balance outstanding on this line of credit is in the bank account balances listed below. Interest is being charged at prime less 0.75% on any overdraft.

The bank indebtedness balance includes the following items:

	<u>2023</u>	<u>2022</u>
Bank accounts (including outstanding items)	\$ (52,203)	\$ (46,662)
Cash	<u>83</u>	<u>118</u>
	(52,120)	(46,544)
Cottage cash	<u>388</u>	<u>786</u>
	<u>\$ (51,732)</u>	<u>\$ (45,758)</u>



# Western Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2023

(in thousands of dollars)

### 6. Employee future benefits 2023 2022

Future employee benefits related to accrued sick obligations have been calculated based on an actuarial valuation as at March 31, 2021 and extrapolated to March 31, 2023. The assumptions are based on future events. The economic assumptions used in the valuation are Western Health's best estimates of expected rates as follows:

Wages and salary escalation	3.50%	3.50%
Discount rate	4.47%	3.57%

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

Accrued sick pay obligation, beginning	\$ 19,493	\$ 21,626
Current period benefit cost	1,635	1,641
Benefit payments	(2,359)	(2,296)
Interest on the accrued benefit obligations	683	613
Actuarial gains/losses	(1,002)	(2,091)
Accrued sick pay obligations, at end	<u>\$ 18,450</u>	<u>\$ 19,493</u>

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

Sick benefits:

Accrued benefit liability	\$ 19,547	\$ 19,276
Unamortized actuarial losses	(1,097)	217
Accrued benefit obligation	<u>\$ 18,450</u>	<u>\$ 19,493</u>

# Western Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2023

(in thousands of dollars)

<b>7. Long term debt</b>	<b><u>2023</u></b>	<b><u>2022</u></b>
8% mortgage on the Bay St. George Seniors Home, maturing in 2026, repayable in blended monthly payments of \$9,523	\$ 359	\$ 442
Obligations under capital lease, 3% maturing in 2029, payable in blended monthly instalments which escalate on an annual basis	<b>2,373</b>	2,747
10% CMHC loan on the Inter-Faith Home for Senior Citizens – Cottages #1, due in 2028, repayable in monthly blended instalments of \$8,028	<b>379</b>	436
1.81% NLHC loan on the Gateway Apartments Project, due in 2024, repayable in monthly blended instalments of \$6,382 amortized until March 2024	<b>76</b>	150
2.04% NLHC loan on the Inter-Faith Home for Senior Citizens – Cottages # 3, due in 2029, repayable in monthly blended instalments of \$3,924 until March 2024	<b>287</b>	328
1.81% NLHC mortgage on the Bay St. George Senior Citizens Home – 8 Unit Cottages, due in 2027, repayable in monthly blended instalments of \$2,292 amortized until March 2027	<b>117</b>	142
1.81% NLHC mortgage on the Bay St. George Senior Citizens Home – Emile Benoit House, due in 2027 repayable in monthly blended instalments of \$4,563 amortized until May 2028	<u>270</u>	<u>319</u>
	<b><u>\$ 3,861</u></b>	<b><u>\$ 4,564</u></b>

As security for the mortgages, Western Health has provided a first mortgage over land and buildings at Corner Brook Interfaith Home and Cottages, Bay St. George Senior Citizens Home, Gateway Cottages, Cottages #1 & 2, having a net book value of \$1,997 (2022 – \$2,080).

As security for the capital lease, Western Health has provided specific capital equipment having a net book value of \$2,048 (2022 – \$2,410).

See Note 8 for five year principal repayment schedule.

---

# Western Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2023

(in thousands of dollars)

---

### 8. Obligations under long term debt

Western Health has acquired building additions and equipment under the terms of long term debt. Payments under these obligations for the next five years are as follows:

Fiscal year ended		
2024	\$	742
2025		710
2026		756
2027		756
2028		717
		<hr/>
	\$	3,681

---

## Western Regional Health Authority

### Notes to the Consolidated Financial Statements

March 31, 2023

(in thousands of dollars)

#### 9. Tangible capital assets

	<u>Land</u>	<u>Land Improvements</u>	<u>Buildings</u>	<u>Parking Lot</u>	<u>Equipment</u>	<u>Motor Vehicles</u>	<u>Total</u>
<b>March 31, 2023</b>							
<b>Cost</b>							
Opening balance	\$ 1,102	\$ 435	\$ 74,834	\$ 1,142	\$ 184,448	\$ 2,972	\$ 264,234
Additions	-	-	2,100	-	8,006	95	10,201
Disposals	-	-	-	-	-	-	-
Closing balance	<u>1,102</u>	<u>435</u>	<u>76,934</u>	<u>1,142</u>	<u>192,454</u>	<u>3,067</u>	<u>275,134</u>
<b>Accumulated amortization</b>							
Opening balance	-	290	51,566	893	138,280	2,272	193,301
Additions	-	3	1,420	16	6,415	149	8,003
Disposals	-	-	-	-	-	-	-
Closing balance	-	<u>293</u>	<u>52,986</u>	<u>909</u>	<u>144,695</u>	<u>2,421</u>	<u>201,304</u>
Net book value	<u>\$ 1,102</u>	<u>\$ 142</u>	<u>\$ 23,948</u>	<u>\$ 233</u>	<u>\$ 47,759</u>	<u>\$ 646</u>	<u>\$ 73,830</u>

## Western Regional Health Authority

### Notes to the Consolidated Financial Statements

March 31, 2023

(in thousands of dollars)

#### 9. Tangible capital assets (cont'd)

	<u>Land</u>	<u>Land Improvements</u>	<u>Buildings</u>	<u>Parking Lot</u>	<u>Equipment</u>	<u>Motor Vehicles</u>	<u>Leasehold Improvements</u>	<u>Total</u>
<b>March 31, 2022</b>								
<b>Cost</b>								
Opening balance	\$ 1,102	\$ 435	\$ 71,015	\$ 1,142	\$ 181,089	\$ 2,972	\$ 232	\$ 257,987
Additions	-	-	2,120	-	7,224	-	-	9,344
Disposals	-	-	-	-	(3,865)	-	(232)	(4,097)
Closing balance	<u>1,102</u>	<u>435</u>	<u>73,135</u>	<u>1,142</u>	<u>184,448</u>	<u>2,972</u>	<u>-</u>	<u>263,234</u>
<b>Accumulated amortization</b>								
Opening balance	-	286	48,401	876	135,170	2,097	230	187,060
Additions	-	4	1,466	17	6,920	175	-	8,582
Disposals	-	-	-	-	(3,810)	-	(230)	(4,040)
Closing balance	<u>-</u>	<u>290</u>	<u>49,867</u>	<u>893</u>	<u>138,280</u>	<u>2,272</u>	<u>-</u>	<u>191,602</u>
<b>Net book value</b>	<u>\$ 1,102</u>	<u>\$ 145</u>	<u>\$ 23,268</u>	<u>\$ 249</u>	<u>\$ 46,168</u>	<u>\$ 700</u>	<u>\$ -</u>	<u>\$ 71,632</u>

Book value of capitalized items that have not been amortized is \$ 14,960 (2022 – \$9,273).

# Western Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2023

(in thousands of dollars)

---

10. Inventory	<u>2023</u>	<u>2022</u>
Dietary	\$ 237	\$ 211
Pharmacy	2,797	2,899
Supplies	<u>3,164</u>	<u>3,078</u>
	<u>\$ 6,198</u>	<u>\$ 6,188</u>

---

### 11. Contingencies and commitments

#### Claims

As of March 31, 2023, there were a number of claims against Western Health in varying amounts for which no provision has been made. It is not possible to determine the amounts, if any, that may ultimately be assessed against Western Health with respect to these claims, but management believes any claim, if successful, will be covered by liability insurance.

#### Operating leases

Western Health has a number of agreements whereby it leases vehicles, office equipment and buildings. These leases are accounted for as operating leases. Future minimum lease payments for the next five years are as follows:

Fiscal year ended

2024	\$ 3,295
2025	2,070
2026	1,348
2027	1,038
2028	<u>613</u>
	<u>\$ 8,364</u>

---

# Western Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2023

(in thousands of dollars)

### 12. Budget

Western Health prepares an initial budget for a fiscal period that is approved by the Board of Trustees and 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 Government. Additional changes to services and programs that are initiated throughout the year would be funded through amendments to the Original Budget and an updated budget is prepared by Western Health. The updated budget amounts are reflected in the budget amounts as presented in the consolidated statement of operations [the “Budget”].

The Original Budget and Budget do not include amounts relating to certain non-cash and other items including capital asset amortization, the recognition of provincial capital grants and other capital contributions, adjustments required to the accrued benefit obligations associated with severance and sick leave, and adjustments to accrued vacation pay.

The following presents a reconciliation of budgeted revenue for the year ended March 31, 2023:

Original budgeted provincial plan revenue	\$ 372,422
Add: Net provincial plan budget adjustments	<u>11,484</u>
Ending budgeted provincial plan revenue	383,906
Original budgeted other revenue	61,132
Add: Net budget increases - other	<u>-</u>
Ending budgeted revenue	<u>\$ 445,038</u>
Original budgeted salary expenditure	\$ 241,745
Add: Net salary budget adjustments	<u>14,771</u>
Ending budgeted salary expenditure	<u>256,516</u>
Original budgeted supply expenditure	188,958
Add: Net supply budget adjustments	<u>3,706</u>
	<u>192,664</u>
Ending budgeted expenditures	<u>\$ 449,180</u>

---

# Western Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2023

(in thousands of dollars)

---

### 13. Financial instruments

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

#### Credit risk

Credit risk is the risk of financial loss to the Authority if a debtor fails to discharge their obligation (e.g., pay the accounts receivable owing to the Authority). The Authority is exposed to this risk arising from its accounts receivable and notes receivable. The entity provides credit to its clients in the normal course of its operations. There was no significant change in exposure from the prior year.

Western Health has a collection policy and monitoring process intended to mitigate potential credit losses. Management believes that the credit risk with respect to accounts receivable is not material.

#### Liquidity risk

Liquidity risk is the risk that the Authority will not be able to meet all cash outflow obligations as they come due. The Authority is exposed to this risk mainly in respect of its long-term debt, contributions to the pension plan and accounts payable. There was no significant change in exposure from the prior year.

The Authority mitigates this risk by having access to a line of credit in the amount of \$55,000. In addition, consideration will be given to obtaining additional funds through third party funding in the Province, assuming these can be obtained.

#### Market risk

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

---

### 14. Asset retirement obligation

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

On April 1, 2022 the entity recognized an asset retirement obligation relating to several buildings that contain asbestos. The buildings were built in 1960, 1963 and 1976, and the liability was measured as of the date of construction of the buildings, when the liability was assumed. The buildings are fully amortized, and the estimate has not been changed since construction.



---

# Western Regional Health Authority

## Notes to the Consolidated Financial Statements

March 31, 2023

(in thousands of dollars)

---

### 14. Asset retirement obligation (cont'd)

In accordance with the provisions of this new standard, the entity reflected the following adjustments:

- An increase of \$1,699 to the buildings tangible capital asset account, representing the original estimate of the obligation as of the date of construction, and an accompanying increase of \$1,699 to accumulated amortization, representing increased amortization had the liability originally been recognized.
- An asset retirement obligation in the amount of \$1,699, representing the original obligation.
- A decrease to opening accumulated deficit of \$1,699, because of the recognition of the liability and accompanying increase in amortization expense for the years since construction.

---

### 15. Subsequent event

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

---

# Western Regional Health Authority

## Appendices

March 31, 2023

---

### Financial Statement Appendix

	<u>Page</u>
Non-consolidated Statement of Financial Position	26
Non-consolidated Statement of Operations	27-28
Non-consolidated Statement of Changes in Net Debt	29
Non-consolidated Statement of Cash Flows	30

# Western Regional Health Authority

## Non-Consolidated Statement of Financial Position

March 31

2023

2022

(in thousands of dollars)

**Financial assets**

Receivables	\$	15,280	\$	8,492
Due from associated funds		1,380		1,875
Trust funds on deposit		<u>584</u>		<u>614</u>
	\$	<u>17,244</u>	\$	<u>10,981</u>

**Liabilities**

Bank indebtedness	\$	52,120	\$	46,544
Payables and accruals		30,793		30,558
Vacation pay accrual		13,246		14,674
Severance pay accrual		486		2,047
Sick leave accrual		19,547		19,276
Deferred contributions		9,294		7,190
– operating				
Deferred contributions		23,010		17,152
– capital				
Long term debt		2,732		3,189
Trust funds payable		584		614
Asset retirement obligation		<u>1,699</u>		<u>-</u>
	\$	<u>153,511</u>	\$	<u>141,244</u>

**Net debt**

	\$	<u>(136,267)</u>	\$	<u>(130,263)</u>
--	----	------------------	----	------------------

**Non-financial assets**

Tangible capital assets	\$	72,096	\$	69,652
Inventory		6,198		6,188
Prepaid expenses		<u>2,898</u>		<u>2,729</u>
		<u>81,192</u>		<u>78,569</u>

**Accumulated deficit**

	\$	<u>(55,075)</u>	\$	<u>(51,694)</u>
--	----	-----------------	----	-----------------

# Western Regional Health Authority

## Non-Consolidated Statement of Operations

Year ended March 31 (in thousands of dollars)	Budget 2023 (Note 12)	Actual 2023	Actual 2022
<b>Revenue</b>			
Provincial plan – operating grant	\$ 383,907	\$ 383,907	\$ 371,559
Capital grant – provincial	5,455	8,965	9,327
Capital grant – other	1,545	1,236	103
MCP physician revenue	22,933	18,757	16,221
Inpatient	628	1,777	962
Outpatient	2,192	2,302	2,357
Resident revenue – long term care	8,906	9,172	8,920
Mortgage interest subsidy	-	-	2
Food service	1,586	1,761	1,567
Other recoveries	15,632	14,309	12,736
Other	<u>2,254</u>	<u>5,229</u>	<u>3,920</u>
	<u>445,038</u>	<u>447,415</u>	<u>427,674</u>
<b>Expenditures</b>			
Administration	25,027	27,330	29,882
Support services	65,853	71,865	66,855
Nursing inpatient services	101,012	103,630	97,117
Medical services	25,049	22,636	19,713
Ambulatory care services	39,790	39,941	33,875
Diagnostic and therapeutic services	38,364	39,778	38,006
Community and social services	135,038	129,449	126,798
Educational services	5,514	5,247	5,439
Undistributed	<u>3,164</u>	<u>4,182</u>	<u>4,353</u>
	<u>438,811</u>	<u>444,058</u>	<u>422,038</u>
<b>Surplus</b>	<u>\$ 6,227</u>	<u>\$ 3,357</u>	<u>\$ 5,636</u>

# Western Regional Health Authority

## Non-Consolidated Statement of Operations (cont'd)

Year ended March 31 (in thousands of dollars)	Budget 2023 (Note 12)	Actual 2023	Actual 2022
<b>Adjustments for undernoted items</b>			
<b>– net expenses</b>			
Loss on disposal	\$ -	\$ -	\$ 57
Amortization expense	9,669	7,757	8,345
Accrued vacation expense			
– (decrease) increase	500	(1,428)	1,843
Accrued severance expense – decrease	-	(1,561)	(258)
Accrued sick expense – increase	200	271	310
<b>Total adjustments for above noted items</b>	<u>10,369</u>	<u>5,039</u>	<u>10,297</u>
<b>Deficit</b>	(4,142)	(1,682)	(4,661)
Asset retirement obligation (Note 14)	-	(1,699)	-
<b>Accumulated deficit, beginning of year</b>	<u>(52,003)</u>	<u>(51,694)</u>	<u>(47,033)</u>
<b>Accumulated deficit, end of year</b>	<u>\$ (56,145)</u>	<u>\$ (55,075)</u>	<u>\$ (51,694)</u>

## Western Regional Health Authority

### Non-Consolidated Statement of Changes in Net Debt

Year ended March 31 (in thousands of dollars)	Budget 2023 (Note 12)	Actual 2023	Actual 2022
<b>Net debt, beginning of year</b>	\$ (130,263)	\$ (130,263)	\$ (125,454)
<b>Deficit for the year</b>	(4,142)	(1,682)	(4,661)
Asset retirement obligation (Note 14)	-	(1,699)	-
<b>Changes in tangible capital assets</b>			
Acquisition of tangible capital assets	(10,510)	(10,201)	(9,344)
Loss on disposal	-	-	57
Amortization of tangible capital assets	9,669	7,757	8,345
<b>Decrease in net book value of tangible capital assets</b>	(841)	(2,444)	(942)
<b>Changes in other non-financial assets</b>			
Acquisition of prepaid expense (net of usage)	(169)	(169)	1,031
Acquisition of inventories of supplies (net of usage)	(10)	(10)	(237)
<b>(Decrease) increase in other non-financial assets</b>	(179)	(179)	794
<b>Increase in net debt</b>	(5,162)	(6,004)	(4,809)
<b>Net debt, end of year</b>	\$ (135,425)	\$ (136,267)	\$ (130,263)

# Western Regional Health Authority

## Non-Consolidated Statement of Cash Flows

Year ended March 31 (in thousands of dollars)	2023	2022
<b>Operating</b>		
Annual deficit	\$ (1,682)	\$ (4,661)
Add (deduct) non-cash items:		
Loss on disposal	-	57
Amortization of capital assets	7,757	8,345
Accrued vacation expense – (decrease) increase	(1,428)	1,843
Accrued severance expense – decrease	(1,561)	(258)
Accrued sick expense – increase	271	310
Changes in:		
Receivables	(6,788)	9,931
Due from associated funds	495	55
Inventory	(10)	(237)
Prepaid expenses	(169)	1,031
Deferred contributions - operating	2,104	718
Payables and accruals	<u>235</u>	<u>3,490</u>
<b>Net cash applied to operating transactions</b>	<u>(776)</u>	<u>20,624</u>
<b>Capital</b>		
Acquisitions of tangible capital assets	<u>(10,201)</u>	<u>(9,344)</u>
<b>Net cash applied to capital transactions</b>	<u>(10,201)</u>	<u>(9,344)</u>
<b>Financing</b>		
Capital lease	(374)	(349)
Repayment of long term debt	(83)	(100)
Capital contributions	<u>5,858</u>	<u>2,371</u>
<b>Net cash provided by financing transactions</b>	<u>5,401</u>	<u>1,922</u>
<b>Net cash (decrease) increase</b>	<b>(5,576)</b>	<b>13,202</b>
<b>Cash and cash equivalents - beginning of year</b>	<u>(46,544)</u>	<u>(59,746)</u>
<b>Cash and cash equivalents - end of year</b>	<u>\$ (52,120)</u>	<u>\$ (46,544)</u>



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



@WesternHealthNL