2018-19 ANNUAL PERFORMANCE REPORT

Western Health

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Beach in Sandbanks Provincial Park, Burgeo

MESSAGE FROM THE BOARD CHAIR

It is my pleasure, on behalf of the Board of Trustees of Western Health to present our Annual Performance Report for the fiscal year 2018-19. Western Health is a category one public body under the **Transparency and Accountability Act**. The publication of this report is in keeping with the legislative guidelines. In accordance with the requirements of the Act, the Board accepts accountability for the results published in this Annual Performance Report.

This past year was an exciting year for Western Health, one that was filled with much engagement and success. In September 2018, trustees and senior executive travelled throughout the region to have meaningful dialogue with our community partners through seven Community Partner Information Sessions. The Board of Trustees also had the opportunity to showcase Western Health to surveyors from Accreditation Canada during the onsite visit in October 2018. Western Health's Board of Trustees hosted a meeting for trustees from other regional health authorities in Newfoundland and Labrador in November 2018. This was an opportunity for learning and sharing of information. We look forward to collaborating with our colleagues and community partners again in the future as we work towards achieving Western Health's vision of **Our People, Our Communities-Healthy Together**.

On behalf of the Board of Trustees, I would like to take this opportunity to extend our sincere appreciation to staff, physicians, volunteers and partners for their commitment and dedication to enhancing the health and well being of the people of Western Newfoundland. The Board is pleased to share some of their accomplishments for the fiscal year 2018-19 in this Annual Performance Report. We will continue to work together towards achieving our strategic goals and the strategic directions of the Government of Newfoundland and Labrador in 2019-20.

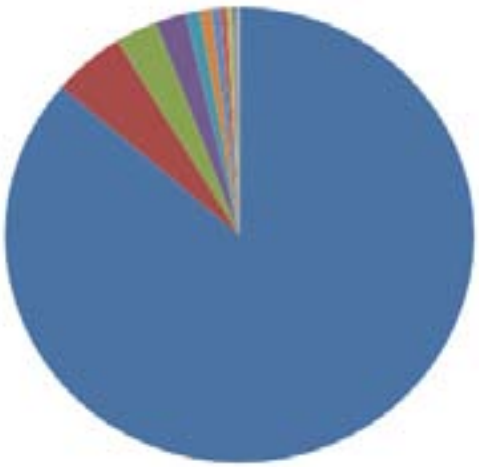
With Sincere Best Wishes,

Bryson Webb
Chairperson

Garden of Hope, Sir Thomas Roddick Hospital

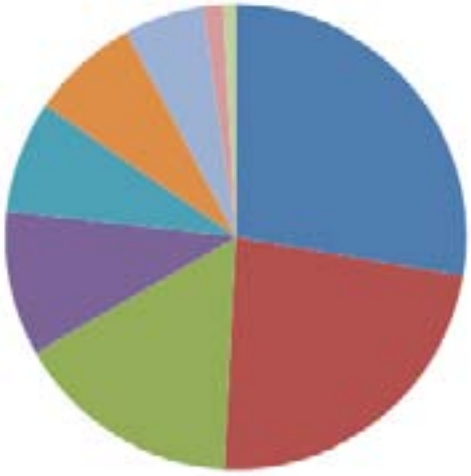
OPERATING REVENUE AND EXPENSES

Operating Revenue
$388,675,000



- Provincial Plan $335,418,000
- MCP Physicians $19,383,000
- Other Recoveries $11,369,000
- Resident Revenue $8,075,000
- Capital Grant $3,754,000
- Other Recoveries $3,210,000
- Outpatient $2,313,000
- Food Services $1,775,000
- Inpatient $1,515,000
- National Child Benefit $951,000
- Capital Grant (Other) $532,000
- Early Childhood Development $359,000
- Mortgage Interest Subsidy $21,000

Expenses
$401,337,000

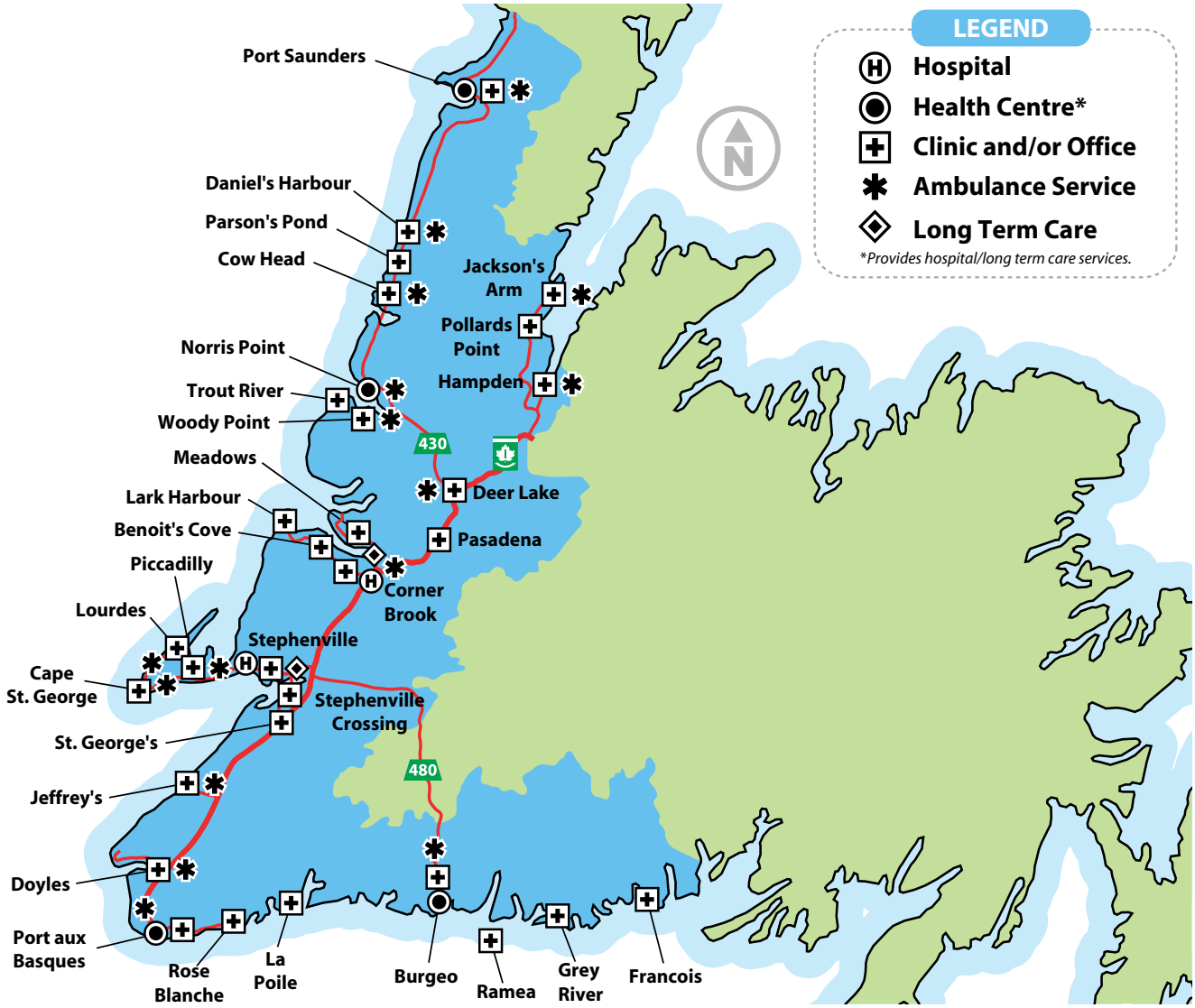


- Community and Social Services $111,103,000
- Nursing Inpatient Services $92,749,000
- Support Services $63,795,000
- Diagnostic and Therapeutic Services $40,374,000
- Ambulatory Care Services $31,371,000
- Administration $30,423,000
- Medical Services $22,358,000
- Education Services $5,650,000
- Undistributed $3,514,000

Winter Olympics celebration at Dr. Charles LeGrow Health Centre

WESTERN HEALTH REGION

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



Western Health offers a broad range of programs and services to approximately 77,980 people in Western Newfoundland. Western Health provides health and community based services from 24 office sites, 26 medical clinics (including travelling clinics), and eight health facilities. Its regional office is located in Corner Brook. The organization employs over 3,000 employees. There are approximately 1,600 volunteers who assist in delivering programs, services and special events, which enhance the quality of life for patients, residents and clients. For information about Western Health's mandate and lines of business, please see the website.

Paramedics at Western Memorial Regional Hospital

HIGHLIGHTS AND PARTNERSHIPS

Western Health's vision, **Our People, Our Communities - Healthy Together**, highlights the important role residents and communities throughout the Western region play 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, 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 and residents that we serve.

The following section highlights accomplishments that support the Government's Strategic Directions for 2017-20 through the Triple Aim[1] approach which implies that health reform has three interconnected and inseparable dimensions: improving population health; enhancing the patient and provider experiences of care; and creating better value for health care expenditures.

Better Value through Improvement

Accreditation with Exemplary Standing

Western Health underwent a rigorous evaluation through the Qmentum Accreditation process in October 2018. Surveyors visited 16 locations throughout Western Health where they assessed the organization's leadership, governance, clinical programs and services against national standards of best practice. Western Health received "Accredited with Exemplary Standing," the highest possible level of achievement. Some of the strengths indicated by surveyors were a strong board, competent and dedicated leadership, and knowledgeable and competent staff.

[1] *The Triple Aim is a framework which was developed by the Institute for Healthcare Improvement in the United States and has been adopted and applied internationally. Additional information can be found at the following link: http://www.ihi.org/Engage/Initiatives/TripleAim/Pages/default.aspx.*

HIGHLIGHTS AND PARTNERSHIPS

Leading Practices
Western Health was honoured to receive four leading practices by the Health Services Organization (HSO), an affiliate of Accreditation Canada. A leading practice is defined by HSO as a practice carried out by a Canadian or international health and/or social service organization that has demonstrated positive change and is people-centred, safe and efficient.

Western Health's leading practices are for:

- Using telehealth to facilitate services related to autism spectrum disorders in rural areas;
- Establishing a psychological health and safety program in the workplace;
- Making Memories in Long Term Care (LTC); and
- Optimizing care of LTC residents with diabetes.

Enhanced Patient Flow
Western Health made significant efforts to enhance patient flow in acute care facilities in 2018-19. Provision of real-time information to support patient flow remained a priority. An electronic communication tool was introduced to support timely identification and communication of barriers to discharge and notification of discharge time. As well, measuring and monitoring of performance measures identified provincially for patient flow was initiated through an electronic scorecard. In January 2019 an Estimated Date of Discharge (EDD) improvement project was initiated on two acute care units at Western Memorial Regional Hospital (WMRH). EDD supports timely and appropriate discharge by providing a focus for discharge planning and plays an important role in monitoring and evaluating the discharge plan. Identifying and regularly reviewing the EDD helps the multidisciplinary team to proactively plan and action a patient's discharge from the start of their admission.

Expansion of Automated Notification System for Clinical Appointments
In 2018-19 Western Health continued to support the reduction of no shows (missed appointments) in clinical areas through the expansion of the Automated Notification System (ANS)[2]. Missed appointments can affect patient outcomes and place additional demands on wait times for appointments. The automated notification gives people an opportunity to either confirm their appointment, or to cancel it, allowing other patients to be booked in any unfilled appointment slots. The ANS was implemented in Medical Imaging in September 2018 and in outpatient Respiratory Therapy in February 2019. The ANS will be implemented in other program areas as determined by ongoing evaluation of readiness and provincial direction in 2019-20.

Hand Hygiene
Western Health made significant progress in improving hand hygiene compliance in 2018-19. The hand hygiene program aims to prevent the spread of infection among Western Health's employees, volunteers, patients, and visitors. The overall compliance rate for hand hygiene was the highest rate

[2] *The Automated Notification System (ANS) is an appointment reminder system which sends a notification of an upcoming appointment to a patient by their preferred method (telephone or text).*

ever achieved at 87 per cent, exceeding the target of 85 per cent. The number of hand hygiene audits also more than doubled from 2017-18 to 2018-19. To be compliant with hand hygiene practices, employees need to demonstrate that they have cleaned their hands appropriately either with soap and water or alcohol based hand rub before and after patient or patient environment contact. A hand hygiene ambassador program was initiated at WMRH, whereby volunteers on occasion deliver hand hygiene messages and demonstrate effective hand hygiene technique to patients as they wait in select waiting rooms. Western Health will expand this program to the other inpatient facilities in the region in 2019-2020.

In 2018-19 Western Health became involved in an improvement initiative led by the Atlantic Health Quality and Patient Safety Collaborative and the Canadian Patient Safety Institute designed to increase the effectiveness of patient engagement in improving patient safety and quality. A team, which includes a patient advisor, was established to focus on improving hand hygiene at the blood collection clinic of the Western Memorial Health Clinic. Auditing by patients at the clinic was initiated in December 2018 and by the end of March 2019, there was a 90 per cent compliance with hand hygiene practices. Input from patients has guided this improvement initiative.

New Client Relations Office

In June 2018 Western Health established a new Regional Client Relations Office and a new central intake option for clients, patients, residents, families or visitors to provide feedback. A dedicated Regional Client Relations Manager is now responsible for the compliments and complaints handling process and is available to support clients, patients, residents' families, visitors and Western Health staff and leadership. This new process supports monitoring of timelines for responding and following up with people who provide feedback based on their experiences at Western Health.

Staff at Western Memorial Regional Hospital supporting Rock your Socks

HIGHLIGHTS AND PARTNERSHIPS

Provincial eHealth Initiatives
In partnership with the Newfoundland and Labrador Centre for Health Information (NLCHI), Western Health participated in several provincial initiatives including the Electronic Medical Record (EMR), catheterization lab referral program (MyCCath), and the telehealth expansion project in 2018-19. Each initiative enhanced clinical documentation and access in many areas throughout the region. Expansion of these initiatives will continue in 2019-20.

Better Health for the Population

Person and Family-Centred Approach to Care
Western Health continued with its efforts to implement a Person and Family-Centered Care (PFCC) approach in 2018-19. PFCC is an approach that fosters respectful, compassionate, culturally appropriate, and competent care and services that are responsive to the needs, values, beliefs, and preferences of patients and their family members. PFCC supports engaging patients and families as partners at all levels to ensure their input is integrated into programs in the health care system. A Long Term Care Advisory Council and a Hospital Care Advisory Council were established to provide an opportunity for patients, families and residents with lived experience to be partners in planning, implementing and evaluating services and programs. Numerous patient, resident, and family advisors were recruited to participate in various organizational program and service design activities. The advisors participated in the development of the Medical Cannabis policy, revision of the Enhanced Recovery after Surgery booklet, and review of recreational activities in LTC, among other activities.

Enhancing Drug Awareness
On October 17, 2018, non-medical cannabis use became legalized within Canada. In preparation for this legislative shift, information was developed and shared with health care providers to support evidence-informed service delivery. As part of the National Cannabis Dialogue Project, 257 residents participated in open conversations about cannabis and cannabis policy through 11 events held throughout the region. Western Health worked with many partners to host Cannabis Dialogue events, including College of the North Atlantic, Community Mental Health Initiative, Newfoundland and Labrador Association of Social Workers, and the Deer Lake Area Community Drug Awareness Committee.

In partnership with the Community Mental Health Initiative, Vine Place Community Centre, and Parent Action on Drugs, 19 facilitators were trained in three peer-led substance use prevention programs: Get Ready; Challenges, Beliefs, & Changes; and What's with Weed. Since this training, in partnership with local schools, 17 programs were implemented and 535 youth engaged.

Western Health, in partnership with the Community Drug Response Committee, engaged 25 different community groups, agencies and individuals in the Stephenville area. In 2018-19, this committee was instrumental in the establishment of a local Narcotics Anonymous group, as well as an Alcoholics Anonymous for women in the Bay St. George area. The committee also established Safe Sharps Disposal, in partnership with the Town of Stephenville.

HIGHLIGHTS AND PARTNERSHIPS

Healthy Decision Making
Three schools have participated in the Youth Voices, Healthy Choices Program in the Port aux Basques Area. The aim of the program is to involve youth as leaders in the promotion of healthy decision making. Led by 26 peer leaders, more than 700 students were engaged in activities focused on healthy relationships, self-esteem/body image, sexual identity, decision making, and risky behaviours/harm reduction.

Violence Prevention
In partnership with Violence Prevention West, Western Health supported a Youth Violence Symposium in August 2018. The symposium brought together key stakeholders in violence prevention to discuss key issues and possible actions needed to address these issues. Western Health also provided facilitation support for the Boys Council, Girls Circle and Roots of Empathy Programs. These programs focus on some key topics in violence prevention such as friendship, respect, empathy and building positive relationships.

Better Care for Individuals

New Facilities
In partnership with the Department of Health and Community Services, and the Department of Transportation and Works, Western Health continued to plan for the new facilities in Corner Brook. These new facilities provide an opportunity to highlight Western Health's focus on patient and resident care. Construction of the new LTC home is nearing completion, with an expected opening in the spring of 2020. Substantial progress towards the realization of a new acute care hospital has been made. Following a Request for Qualifications (RFQ) in January 2018, two industry partnerships were selected to advance to the next stage of the procurement process and received the Request for Proposal (RFP) documents. Western Health's staff have been involved in all phases of the RFP process, which included a four-month collaborative phase with both companies to help inform the design of the building. In 2019-20 the successful proponent will be selected and construction of the facility will begin.

Home First
Western Health continued implementing a Home First approach in keeping with the provincial plan in 2018-19. Home First represents a shift from acute care and institutional care to the enhancement of home and community based integrated care. It is a person-centered, evidence informed approach to support individuals with complex needs in their own homes and communities. Initial results suggest there have been many positive outcomes for clients who have received intensive case management

using a Home First approach. There have been 251 clients who have received intensive intervention through the Home First network and 721 clients have received enhanced supports to remain at home, avoid hospitalization or enable timely discharge from hospital.

Code Stroke

In June 2018 Western Health implemented Code Stroke as part of a provincial stroke strategy. Code Stroke is a standardized process to diagnose and treat stroke patients with tPA[3] in accordance with best practice standards within an established time frame. Stroke protocols were developed, and education provided to key stakeholders within the region. Based on data from June 1, 2018 to April 1, 2019 Code Stroke was called for 32 cases at WMRH. Upon analysis, tPA was administered in 100 per cent of the eligible cases.

Enhancing Dining Experience in Long Term Care

Improvements were introduced to create a pleasurable dining experience for residents in LTC in 2018-19. Enhancements were made to the physical environment and the menu. Additionally, a dining companion initiative was piloted with two residents at Raspberry Road in Corner Brook Long Term Care Home in July 2018. This initially is designed to promote an improved social experience of dining for residents who require assistance. Volunteers were recruited and trained to support implementation of the dining companion initiative, which has received positive feedback. Volunteer recruitment to support expansion throughout the region will take place in 2019-20.

Enhancing Palliative and End of Life Care

Western Health has undertaken efforts to enhance palliative and end of life care at home. Education and support have been given to providers in all care settings through the Learning Essential Approaches to Palliative and End-of-Life Care (LEAP). In 2018-19 the Palliative Care Approach Description guide was revised, and a toll-free Palliative Care support line for patients, families, caregivers and health providers was introduced. Western Health is also participating in a Canadian Foundation for Healthcare Improvement (CFHI) collaborative called Embedding Palliative Approaches to Care (EPAC) in LTC. The goal of the initiative is to identify, discuss, and plan issues around palliative care at least eight weeks prior to anticipated end of life. To support the collaborative, local improvement teams have been established in both Corner Brook and Port aux Basques which include family advisors, as well as representatives from interdisciplinary teams. In addition, patients and families can avail of support to receive end of life care at home with a Home First approach.

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[3] tPA (Tissue plasminogen activator) is a medication used to treat stroke.

A multi-generational program at LeGrow Health Centre

ANNUAL REPORT ON PERFORMANCE 2018-19

This section of the annual performance report will highlight Western Health's progress toward achievement of its strategic goals in support of Government's strategic directions. Progress achieved in 2018-19 supports Western Health in the pursuit of its vision of **Our People, Our Communities - Healthy Together**.

Strategic Issue One: Mental Health Promotion and Addictions Prevention
Western Health's Community Health Needs and Resources Assessment (2016) indicated that people in the Western region identified mental health and addictions as among the top three community concerns. In the Western Health Mental Health and Addictions Patient Experience Survey (2016), clients in the Western region who accessed Mental Health and Addictions services reported a very good experience. The number of referrals for Mental Health and Addictions services has continued to increase. Since 2011-12 there has been a 62 per cent increase in referrals for Mental Health and Addictions services. Significant progress has been made with improving access to Mental Health and Addictions services in the Western region and this will continue to be a priority for Western Health. However, it is recognized that the continued increase in demand for services must be addressed through an upstream approach. The Mental Health Commission of Canada recognized that the impact of mental health problems and illness will not be addressed through treatment alone. It was recommended that improving mental health requires greater attention to the promotion of mental health for the entire population and the prevention of mental illness. The Government of Newfoundland and Labrador is committed to supporting implementation of **Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador,** released on June 27, 2017 in response to the All-Party Committee report on Mental Health and Addictions. The need for improved mental health promotion and mental illness and addiction prevention was identified in this report. To support local concerns and Government's strategic direction for better health for the population, improving health outcomes through enhancing mental health promotion and addictions prevention is a strategic issue for Western Health.

Strategic Goal One
By March 31, 2020, Western Health will have enhanced mental health promotion and addictions prevention through the implementation of priority initiatives based on best practice.

Objective Year Two (2018-19)
By March 31, 2019, Western Health will have initiated implementation of priority initiatives to enhance mental health promotion and addictions prevention.

ANNUAL REPORT ON PERFORMANCE 2018-19

Planned and Actual Performance

Indicators for the Annual Objective (2018-19)	Status Update and Accomplishments
Developed work plan for priority initiatives to support achievement of performance outcomes.	A work plan for year two was developed and monitored by the Regional Working Group to support the implementation of priority initiatives and to support the achievement of performance outcomes. Priority initiatives include: a) to standardize the process for appropriate care and follow up for individuals presenting at an emergency department in a mental health or substance use crisis; b) to increase access to groups and peer support for family/caregivers of individuals with mental health or substance use issues; and c) to increase the promotion of available mental health and addiction services and supports.
Initiated implementation of priority initiatives. (a) To standardize the process for appropriate care and follow up for individuals presenting at an emergency department in a mental health or substance use crisis.	A review of best practice research was completed, and recommendations identified. A quality improvement team was established to identify the current process that occurs when a patient presents to the Emergency Department (ED) at WMRH and identify opportunities for improvement. The team included quality improvement facilitators, staff from both Mental Health and Addictions and the ED, the Regional Waitlist Manager, as well as an individual with lived experience. Implementation of changes commenced in February 2019; changes included: • The development and implementation of a standardized consultation form using the Situation, Background, Assessment, Response (SBAR) model. SBAR is a structured method for communication that prompts and supports effective communication

Planned and Actual Performance

Indicators for the Annual Objective (2018-19)	Status Update and Accomplishments
	between health care providers. A SBAR consultation form was created to support effective consultation between community based counsellors, acute care social workers, ED staff and physicians. • An electronic process was developed and implemented for referrals from ED to Mental Health and Addictions services in order to reduce delays in the referral process. • Corner Brook community based mental health and addictions counselling offices implemented a process to call all new referrals within 72 hours to discuss needs and service options, including offering telephone intake, same day in-person intake process, and Doorways. Doorways is a single-session walk-in mental health and addictions counseling service. Recommendations from the quality improvement team as well as results from an evaluation of Doorways, influenced expanding the Doorways service to three days per week in Corner Brook. • Education was provided by Mental Health and Addictions staff to ED staff regarding the referral process and services available for patients being discharged from the ED. • A standard process was developed and implemented to support ED triage staff in identifying when to refer and consult with the Mental Health Liaison Nurse, acute care social workers, and community based services.

Planned and Actual Performance

Indicators for the Annual Objective (2018-19)	Status Update and Accomplishments
	• Electronic reporting for baseline and ongoing monitoring of referrals and wait times to support achievement of performance outcomes was implemented. • Learnings from this quality improvement process will be used to inform spread of this initiative to ED and community based Mental Health and Addiction services throughout the region in 2019-20.
(b) To increase access to groups and peer support for family/caregivers of people with mental health and substance use issues.	A virtual platform was selected as a technique to increase access. The Persons Impacted by a Loved One's Addiction (Rediscovering Hope) program was offered in-person in Corner Brook at the Boone's Road location, and virtually between July and December 2018. Thirteen people participated. Various support groups were initiated in 2018-19. A new, weekly, in-person family support group was initiated in Stephenville through CHANNAL (Consumers' Health Awareness Network of Newfoundland and Labrador). Weekly sessions were offered throughout the spring of 2019, but unfortunately there was no attendance. The group will be offered again in the fall of 2019-20. As well, Western Health provided a virtual platform for the Schizophrenia Society of Newfoundland to offer a monthly in-person and virtual family support group to individuals across the region. A partnership was established with the Survivors of Suicide Loss Support Group in Corner Brook, which will provide virtual access to individuals across the region starting in April 2019. The first mental health family/caregiver group, Family Ties, was developed and piloted in

Planned and Actual Performance

Indicators for the Annual Objective (2018-19)	Status Update and Accomplishments
	Corner Brook in September 2019, this group was face to face only, three people participated. Family Ties is a seven-week support group for individuals impacted by an adult loved one's mental health concerns. In addition, the group offers the opportunity to learn about self-care, coping, mental health and mental illness. A second Family Ties group was offered in Corner Brook in January 2019 with both face to face and virtual access for seven participants. An evaluation tool was developed for Family Ties and includes questions about virtual access. The results of the evaluation will inform further development of virtual access in 2019-20. Virtual access presented some challenges for implementation of peer and co-led groups. Solutions were developed, and additional partnerships were formed to meet the goal of increasing participation by four sites.
(c) To increase promotion of available mental health and addiction services and supports.	A communication plan was developed for the Mental Health and Addictions screening program. This included various mechanisms to target students, seniors, first responders, and the general public. It also included a plan to disseminate information about available supports to key service providers including physicians, medical clinics, hospitals, health centres, Youth Outreach Worker sites, Mental Health and Addictions offices, other key Western Health locations, Community Health offices, pharmacies, post-secondary schools, other government departments/ agencies, towns and municipalities, churches, community organizations and groups, in an

Planned and Actual Performance

Indicators for the Annual Objective (2018-19)	Status Update and Accomplishments
	effort to reach the target audience. As part of the dissemination plan to enhance awareness, packages of informational material were distributed to key service providers. These packages included: • Bridge the gApp posters. Bridge the gApp is an online resource designed to support mental wellness and provide a directory of local and provincial mental health and addiction services and supports. • Posters and business cards for Check It Out screening program. Check It Out focuses on the early identification of issues through online self-assessment tools. Online self-assessment tools are not diagnostic tools or a substitute for clinical evaluation, they cannot provide an actual diagnosis. Self-assessment screening does, however, encourage individuals to access self-help, connect with peer and community led resources, and contact local service providers for additional services and support. Check It Out provides access to nine validated screening tools and provides links to resources available within the province and Western region. These online tools do not ask for identifying information and are confidential. • Helpline business cards • Mental Health and Addictions Services information card which was developed to promote new mental health and addictions services and the Bridge the gApp website. Three hundred information cards were distributed to individuals on the psychiatry wait list and 300 packages were also distributed to

Planned and Actual Performance

Indicators for the Annual Objective (2018-19)	Status Update and Accomplishments
	the key service providers identified. This was in addition to the ongoing promotion completed by staff across the region through presentations, wellness events, resource distribution, email updates, tweets, and other activities. During December 2018, a large-scale email campaign and a social media campaign in collaboration with the Community Mental Health Initiative (CMHI) was implemented specifically for the screening program Check It Out. Through combined efforts of these promotional activities, there was a 63 per cent increase in screening completed in 2018-19 as compared to 2017-18. The social media promotion also resulted in 102 retweets. While the CMHI Facebook post is only considered as one social media promotion, one post on March 7 reached 918 people, had 18 likes, reactions or comments, and 10 shares, reflecting the wide reach of this one social media promotional activity.

ANNUAL REPORT ON PERFORMANCE 2018 -19

Objective Year Three (2019-20)
By March 31, 2020, Western Health will have implemented priority initiatives to enhance mental health promotion and addictions prevention.

Indicators for the Year Three Objective (2019-20)
- Completed implementation of a standardized process for appropriate care and follow up when a person presents at an emergency department in a mental health or substance use crisis.
- Increased access to groups and peer support for family/caregivers of individuals with mental health or substance use issues.
- Increased the promotion of available mental health and addiction services and supports.

Discussion of Results
To standardize the process for appropriate care and follow up when a person presents at an ED in a mental health or substance use crisis, a best practice review was completed, and a quality improvement team was established to assess the current process, consider best practice, and make recommendations for change. Having representatives on the team with quality improvement knowledge and people with lived experience enabled person-centered, innovative solutions which helped standardize the process for referral and intake in the Corner Brook area. As part of changes, a clinician calls the client as a method to provide outreach. During the call the client needs are discussed, and the client is offered an option for same day telephone intake or scheduling for another time, as well as provided with information about the Doorways service. Learnings from the implementation within the Corner Brook area will inform plans to expand the initiative across the region in 2019-20.

To increase access to groups and peer support for family/caregivers of people with mental health and substance use issues, virtual access options were explored. Virtual access did present some challenges for implementation of peer and co-led groups. Some of the challenges included creating partnerships with community groups to expand their groups via virtual access and accessing a platform that met the unique needs of both Western Health and its community partners. Once agreement was obtained for the technology to support access to community groups, operationalizing the technology required new strategies for consent and data collection. Solutions were developed, and additional partnerships were formed in order to meet the goal of increasing participation by four sites. The Rediscovering Hope group did not meet the targeted 25 per cent increase in participation. Although 13 individuals participated in the program, there were a number of individuals who registered but who subsequently chose not to participate in the program. It is possible that the other improvements throughout, such as the introduction of Doorways, the reduction of wait times for individual counseling across the region, and the uptake in e-mental health services may have impacted participation in group services. Survey results did identify that staff, community partners, and clients were very positive about their experience using the selected virtual platform to participate in groups. For example, 100 per cent of participants reported that the Family

ANNUAL REPORT ON PERFORMANCE 2018 -19

Ties group increased their support and 100 percent of staff and community partners reported that the program worked well and that participants were very engaged in the group process. During 2019-20 efforts will continue to expand the number and types of groups being offered through virtual access by staff and community partners.

A significant amount of work was undertaken to promote the available mental health and addiction services and supports. The promotion of the Mental Health and Addictions screening program met all performance indicators. The social media campaign was more successful than anticipated. Partnership with community organizations was a key in this success. Evaluation of the association between the types of promotion and the outcomes on screening completed will inform recommendations that can be applied to additional prevention and promotion initiatives in 2019-20.

ANNUAL REPORT ON PERFORMANCE 2018 -19

Strategic Issue Two: Primary Health Care Services

Primary health care is typically a person's first point of contact with the health care system. It encompasses a range of community based services essential to maintaining and improving health and well-being. Primary health care includes health promotion, disease prevention, curative, rehabilitative, and supportive care. A needs assessment conducted in 2013 by the Government of Newfoundland and Labrador, in collaboration with the Faculty of Medicine, Memorial University of Newfoundland, identified challenges with access to a regular family physician. Participants in Western Health's Community Health Needs and Resources Assessment (2016) reported having difficulty accessing health services such as family physicians, specialists, nurse practitioners, and rehabilitation specialists. Issues identified as impacting access included services not being available, distance required to travel, wait times, and physician turnover. Access to primary health care services is further compromised by the broad geography and the growing aging population within the Western region. The Government of Newfoundland and Labrador is committed to enhancing access to appropriate primary health care services and improving health care outcomes as outlined in **The Way Forward** and **Provincial Primary Health Care Framework**. In keeping with Government's strategic directions of better health for the population including expanding primary health care and achieving better value through improvement, enhancing primary health care services is a strategic issue for Western Health.

Strategic Goal Two

By March 31, 2020, Western Health will have enhanced primary health care services in priority areas to address the needs of the residents within the Western region.

Objective Year Two (2018-19)

By March 31, 2019, Western Health will have initiated implementation of priority initiatives to enhance primary care services.

ANNUAL REPORT ON PERFORMANCE 2018-19

Planned and Actual Performance

Indicators for Year Two Objective (2018-19)	Status Update and Accomplishments
Develop a work plan for priority initiatives to support achievement of performance outcomes.	A review of primary health care programs and services offered in the Western region was completed. Through analysis of this information, two gaps were identified. A significant number of patients accessing non-urgent care in the Corner Brook area were identified as not having a family physician, and WMRH showed high rates of treating ambulatory care sensitive conditions (ACSC) compared to provincial and national rates. ACSC are health conditions that can be managed or prevented through access to appropriate primary health care. The majority of patients that presented at the ED at Sir Thomas Roddick Hospital (STRH) had access to a family physician but were using the ED to access primary care due to long wait times for appointments. The following priority initiatives were identified to address these gaps: a) Establishment of a multidisciplinary primary care clinic (Corner Brook Wellness Collaborative) in Corner Brook to improve access and support management and follow up of individuals with ACSC; and b) introduction of an alternate scheduling model in Stephenville that enables same day appointments for a portion of the physicians' scheduled day to improve access and reduce no show rates. Individual work plans were established to support implementation within these priority areas. Each work plan outlines actions to be taken to guide implementation of initiatives and support achievement of performance

Planned and Actual Performance

Indicators for the Annual Objective (2018-19)	Accomplishments
	outcomes. Examples of actions contained within each plan include, but are not limited to, completing a literature review on best practice for ACSC clinics and advanced access alternate scheduling models; procuring equipment; securing space for the clinic and/ or making renovations; orientation and training of health care professionals; etc. A Regional Primary Health Care Committee supports the ongoing monitoring and evaluation of work plans to support achievement of performance outcomes.
Initiated implementation of Primary Health Care Collaborative in Corner Brook.	The Corner Brook Wellness Collaborative, a multidisciplinary primary health care clinic was initiated to improve access and support management and follow up of individuals with ACSC. A review of space, necessary renovations and procurement of equipment were completed to facilitate opening of the Corner Brook Wellness Collaborative. Best practice recommendations and clinic protocols were also identified through literature review for implementation of an ACSC focused clinic. Recruitment and orientation of the physician and licensed practical nurse (LPN) was completed prior to opening in June 2018. An EMR Working Group was established to support implementation of an EMR in the clinic. An EMR provides health care teams with a more complete picture of their patients' health. It is a digital health solution designed

Planned and Actual Performance

Indicators for the Annual Objective (2018-19)	Accomplishments
	to improve practice efficiency, facilitated decision making, and improved communication. It enhances the patient experience and positively impact health outcomes when used for preventive care and chronic disease management. The physician and LPN were both trained in the EMR and a communication plan was developed. Implementation of the EMR occurred in June 2018. In 2018-19, 100 per cent of patients in the Corner Brook Wellness Collaborative were registered using EMR to support best practice. The LPN at the clinic was trained to provide BETTER screening. Building on Existing Tools To Improve Chronic Disease Prevention and Screening in Primary Care (BETTER) is an approach to chronic disease prevention and screening (CDPS) that utilizes evidence-based strategies, resources, and tools to improve CDPS in primary care settings. The focus is on chronic diseases that have strong evidence for prevention and screening, specifically cancer, diabetes, and cardiovascular disease and their associated lifestyle factors. In 2018-19, 32 per cent of clients registered at the clinic between the ages of 45-65 had completed BETTER screening through the Corner Brook Wellness Collaborative surpassing the target of 10 per cent. Recruitment of patients for the Corner Brook Wellness Collaborative and monitoring of performance outcomes will continue during 2019-20. Outcomes for patients enrolled in the clinic for 12 months will be monitored and reported to enable ongoing improvements.

Planned and Actual Performance

Indicators for the Annual Objective (2018-19)	Accomplishments
Initiated pilot of alternate appointment scheduling process in Stephenville area.	Implementation was initiated to pilot an alternative appointment scheduling process for primary care physicians in Stephenville to enable access to same day appointments. A local working group was established to support this priority initiative. The Bay St. George Medical Clinic was selected as the pilot site for the alternate scheduling process. A review of the traditional scheduling practices at the clinic was completed, and an advanced access alternate scheduling model consistent with best practice standards was selected. The alternate scheduling model enables same day appointments for a portion of the physicians' scheduled day to improve timely access and reduce no show rates. Based on feedback from discussions following a community stakeholder session with the Bay St. George Community Advisory Committee (CAC) some modifications to the model were incorporated. Initiation of the pilot required EMR implementation in physician offices at the Bay St. George Medical Clinic. Training was completed and EMR fully implemented in February 2019. The alternate appointment scheduling process pilot commenced in March 2019. The pilot will be evaluated during 2019-20 to identify recommendations for continued improvement. Evaluation will include monitoring of performance measures and targets, as well as qualitative feedback from clients and providers.

Planned and Actual Performance

Indicators for the Annual Objective (2018-19)	Accomplishments
	Performance indicators and targets associated with the alternate scheduling model were established in 2018-19 as follows: • Reduction in wait time for the next available appointment at the Bay St. George Medical Centre target: 10 per cent decrease. • Reduction in the no show rate at the Bay St George Medical Clinic target: 10 per cent decrease. • Reduction in the number of Canadian Triage Acuity Scale (CTAS)[4] level 4 and 5 ED visits, Monday through Friday, of patients associated with physicians utilizing the alternate scheduling model target: 10 per cent decrease. Monitoring of performance outcomes will occur in 2019-20.

[4] CTAS supports appropriately assigning acuity scores to a broad scope of Emergency department presentations. CTAS has five levels ranging from Level 1 (Resuscitation) to Level 5 (Non-Urgent). Level 4 is indicative of a less urgent condition. Level 5 is indicative of a non-urgent condition.

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Objective Year Three (2019-20)
By March 31, 2020, Western Health will have implemented priority initiatives to enhance primary health care services.

Indicators for the Year Three Objective (2019-20)
- Implemented primary health care clinic in Corner Brook.
- Reduction in the number of CTAS level 4 and 5 visits to the ED for individuals with ACSC who have been followed by the collaborative for at least one year by 10 per cent.
- Reduction in the number of inpatient admissions for individuals with ACSC who have been followed by the collaborative for at least one year by 10 per cent.
- 80 percent of individuals registered on EMR in the collaborative.
- 10 percent of individuals between the ages of 45-65 registered in the collaborative, will have completed the BETTER screening.
- Increase in the percentage of individuals registered in the collaborative for at least one year and who have tested positive for diabetes who have had their cholesterol checked at least once in the past three years; and have had four or more HgA1C and one ACR test in the past year, by 10 per cent.
- Implemented an alternate scheduling model for Bay St. George Medical Clinic.
- Reduction in wait time for the next available appointment at the Bay St. George Medical Centre by 10 per cent.
- Reduction in the no show rate at the Bay St George Medical Clinic by 10 per cent.
- Reduction in the number of CTAS level 4 and 5 ED visits, Monday through Friday, of patients associated with physicians utilizing the alternate scheduling model, by 10 per cent.

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Discussion of Results

Evidence informed priority initiatives were identified to address two main trends noted in the gap analysis completed in 2017-18. These initiatives include (a) establishment of a multidisciplinary Primary Care Clinic (Corner Brook Wellness Collaborative) in Corner Brook to improve access and support the management and follow up of individuals with conditions that may be prevented or managed by access to appropriate primary health care and (b) introduction of an alternate scheduling model in Stephenville that enables same day appointments for a portion of the physicians' scheduled day to improve access and reduce no show rates. The Primary Health Care Management Committee was assigned responsibility to monitor actions and performance outcomes related to these priority initiatives to enhance primary health care services.

In June 2018, the Corner Brook Wellness Collaborative opened with a focus of addressing the needs of patients without a family doctor who have conditions that may be prevented or managed by access to appropriate primary health care. The Corner Brook Wellness Collaborative was designed as a multidisciplinary clinic that offers individuals with chronic disease the services of a family doctor, LPN and diabetes educator. The Corner Brook Wellness Collaborative works with patients and other health professionals such as respiratory therapists and social workers to help patients improve their overall health. The LPN at the Corner Brook Wellness Collaborative utilizes the BETTER screening assessment for patients between the ages of 45-65 who wish to participate. The BETTER screening tool utilizes evidence-based strategies, resources, and tools to improve chronic disease prevention and screening in primary care settings. The initial acceptance criteria for the Corner Brook Wellness Collaborative included residents in the Corner Brook/Bay of Islands area, age greater than 18, and have at least one of the following conditions: arthritis, cancer, chronic pain, diabetes, heart disease (such as heart failure, or high blood pressure) kidney disease, lung disease (such as asthma or COPD), seizures or stroke. The Corner Brook Wellness Collaborative's acceptance criteria was expanded in 2018-19, to allow the collaborative's services to be extended and permit a larger patient population to avail of the services. Monitoring of performance outcomes associated with this priority area will occur in 2019-20.

During 2018-19, prior to March 2019, the Bay St. George Medical Clinic located in Stephenville operated utilizing a pre-booked scheduling model. With this model, patients were unable to avail of rapid access to their primary health care provider at this clinic. In March 2019, an advanced access scheduling model was implemented at the Bay St. George Clinic in Stephenville, as a result several appointment slots are open for same day access for patients who request a same day appointment for routine, urgent, or preventive visits. Currently all same day appointment slots at the Bay St. George Medical Clinic are filled by 10:00 am and the clinic is operating at capacity. Performance outcomes have been identified and the implementation of an advanced access scheduling model Bay St. George Medical Clinic will be evaluated in 2019-20, to determine if modifications are required to further enhance access to primary care.

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Strategic Issue Three: Programs and Services for Older Adults

The population of the Western region continues to decrease while the proportion of the population over the age of 65 is increasing (Community Accounts, 2016). Within the Western region, individuals aged 65 and older comprise 20 per cent of the population. It is predicted that by 2035, 34.4 per cent of the population will be over the age of 65 (Government of NL, 2016). Residents of the Western region who participated in the Community Health Needs and Resources Assessment (2016) identified care of the older person as among the top three community concerns. While age alone is not a predictor of the need for health services, older adults are more likely to experience one or more chronic illnesses that contribute to the need for support. Given that the average age of clients accessing programs and services within Western Health is increasing, it is essential that safe, quality, appropriate programs and services be available to meet the unique needs of this population. The Government of Newfoundland and Labrador is committed to supporting seniors to live safely and independently in their homes and communities in keeping with the Provincial Home First initiative. The Home First initiative supports individuals to return home following a hospital stay, stay in their homes, and avoid or delay admission to LTC. The **Provincial Home Support Program Review** provides direction for system transformation towards achieving better value through improvement. To support Government's strategic direction for better care for individuals, enhancing programs and services for older adults is a strategic issue for Western Health.

Strategic Goal Three

By March 31, 2020, Western Health will have enhanced programs and services to improve outcomes for older adults.

Objective Year Two (2018-19)

By March 31, 2019, Western Health will have initiated implementation of priority initiatives to enhance the delivery of programs and services for older adults.

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Planned and Actual Performance

Indicators for the Year Two Objective (2018-19)	Accomplishments
Developed work plan for priority initiatives to support achievement of performance outcomes.	A work plan for year two was developed and monitored by the Regional Operations Working Group to support the implementation of priority initiatives and the achievement of performance outcomes. Priority initiatives include: a) to prevent or delay inappropriate admission to acute care for older adults; b) to ensure appropriate care and timely discharge of older adults in acute care; and c) to develop integrated service delivery models in priority areas of rehabilitative and palliative care.
Initiated implementation of priority initiatives. (a) To prevent or delay inappropriate admission to acute care for older adults.	Initiatives to prevent or delay admission to acute care for older adults through early identification of individuals at risk were initiated in 2018-19. The introduction of a Home First approach was one area of focus. To strengthen collaboration across the health care sector and facilitate the spread of a Home First approach, a Regional Home First Working Group was established. Beginning in the Corner Brook/Bay of Islands area, orientation sessions for health professionals were held to introduce a Home First approach. A regional stakeholder session comprised of clinical leaders was held in fall of 2018 to plan for regional implementation. Beginning in early 2019, six site visits were held across the region to support implementation. During 2018-19, Western Health supported a total of 251 clients through the Home First network and 721 clients through enhanced home supports to enable clients to remain at home. Western Health also initiated several other strategies to prevent or delay admission to acute care for older adults. Western Health collaborated with the University of Waterloo

Planned and Actual Performance

Indicators for the Annual Objective (2018-19)	Accomplishments
	to participate in the interRAI ED Screener project at WMRH. The interRAI ED screener is a standardized, rapid screening tool that helps clinicians identify patients who may require a more in-depth assessment, the interRAI ED Contact Assessment (interRAI ED-CA). The interRAI ED-CA is a brief assessment completed in the ED that supports the assessment of patients who are potentially being discharged to home from the ED, yet who have concerns that warrant careful discharge planning and possibly ongoing support. Work will be ongoing in 2019-20 to meet targets required to support the research completed by University of Waterloo. Findings of the research will help inform care of older adults who present to the ED. The inter-RAI ED-CA was implemented across all hospital emergency departments beginning May 2018. To support the implementation of the interRAI ED-CA within the ED at WMRH, a 1 p.m. to 9 p.m. social work shift was introduced. Expanded social work services enabled the assessment of patients presenting in the ED to support transitions to home and avoid unnecessary hospital admission. In this ED role social workers were able to approve home supports through a home care agency for a time-limited period. For clients requiring Home First, a community based nurse or social worker would conduct a home visit within one business day to reassess care requirements. An evaluation of the expansion of social work services in ED identified areas for improvement. As a result, the social work team commenced ED on call after hours. Plans are underway to expand on-call

Planned and Actual Performance

Indicators for the Annual Objective (2018-19)	Accomplishments
	coverage to other EDs in the region. As well, further education is planned for 2019-20 to clarify roles and responsibilities of the on-call social worker. In order to better identify home care clients at risk of decline, Western Health is participating in the DIVERT-CARE trial with McMaster University. The DIVERT-CARE tool is an evidence-based case-finding tool for home care known as the Detection of Indicators and Vulnerabilities of Emergency Room Trips (DIVERT) Scale. The tool targets higher risk home care clients with cardiovascular conditions and allows for early identification and intervention of seniors who are at risk for ED visits in the Corner Brook-Bay of Islands, Stephenville and Deer Lake areas. The trial will explore effectiveness of the tool and person-centered care model among frail home care clients. Results of the research will help inform care of the frail older adult in the home care setting.
(b) To ensure appropriate care and timely discharge of older adults in acute care.	An age friendly patient order set reflective of best practice in cases of older adults was developed and piloted on one unit at WMRH. A patient order set is a pre-defined template that guides clinicians while treating patients to ensure they do not miss any critical components of care. In 2019-20, this patient order set will be revised based on results of the evaluation. Appropriateness of referrals will be explored, and electronic interventions will be developed and implemented to support assessments.

Planned and Actual Performance

Indicators for the Annual Objective (2018-19)	Accomplishments
	Western Health is participating in the appropriate use of antipsychotics (AUA) provincial collaborative to support action plans around reducing inappropriate use of antipsychotics in LTC. To support appropriateness of care of older adults in acute care, learnings from the collaborative are being shared with Alternate Level of Care (ALC) units in acute care. ALC refers to a patient who is occupying an acute care bed but is not acutely ill or does not require the intensity of resources provided in a hospital setting. To focus efforts around improvements in inappropriate antipsychotic use in the ALC patient population, in 2018-19, an audit was completed on new residents of LTC who were transferred from ALC units identifying those prescribed potentially inappropriate antipsychotic medications. This audit provides a baseline to implement improvements strategies and monitor in 2019-20. To support timely discharge of older adults, an ALC dashboard was developed and implemented regionally to enable improved monitoring of this patient population. The dashboard allows staff to see current number of ALC patients, current ALC length of stay (LOS) and the reason for ALC. It also identifies historic trends around discharge disposition and percentage of ALC days. Early signs of these efforts are promising and suggest a slight reduction in ALC days during the third quarter of 2018-19 which refers to the time period September to December 2018. A total of 7,191 ALC days were observed, compared 8378 ALC days during the same time period in 2017-18.

Planned and Actual Performance

Indicators for the Annual Objective (2018-19)	Accomplishments
	As well, an EDD improvement project was initiated in January 2019 on two acute care units at WMRH in order to support timely discharge of older adults in acute care. EDD supports timely and appropriate discharge by providing a focus for discharge planning and plays an important role in monitoring and evaluating the discharge plan. Identifying and regularly reviewing EDD helps the multidisciplinary team to proactively plan and action a patient's discharge from the start of their admission. Early results of implementation on these two units are positive. Post implementation, 45 per cent of all charts on one of the medicine units included a written EDD while on the other unit written EDD was recorded on 60 per cent of all charts. Similar results were noted in the documentation on patients' whiteboards in their rooms with one unit at 47 per cent and the other unit 56 per cent. Work is ongoing to support continuous improvements. In 2019-20 plans will be developed and initiated to support implementation across all hospitals. Effective communication amongst health care providers is crucial to ensure that patients receive safe, high-quality care while in hospital and a safe timely discharge from hospital. In order to facilitate improved hospital discharge planning and communication of discharge barriers an electronic communication tool was developed in collaboration with key stakeholders. During 2018-19, the electronic communication tool was implemented regionally in all acute care sites and evaluated. A standard discharge summary was also developed to support safe, timely discharge

Planned and Actual Performance

Indicators for the Annual Objective (2018-19)	Accomplishments
	from hospital. This summary ensures standardized written communication of a patient's hospital stay, diagnoses, interventions and recommendations. The standard discharge summary will be implemented in 2019-20.
(c) To develop integrated service delivery models in priority areas of rehabilitative and palliative care.	A scan on rehabilitative services was completed. Findings from the Provincial Review of occupational therapy (OT) and physiotherapy (PT) services released in December 2018 helped inform the development of work plan. The Regional Rehabilitative Services Working Group guided the development of integrated service delivery models for rehabilitation services. Priority areas for integrated service delivery models in 2019-20 include: implementation of an alternate model of delivery for PT across the continuum of care in one rural area, development of a plan to improve coverage across programs, introduction of a PT-led fall prevention exercise program in community settings, and development of a work plan to implement recommendations from the Provincial PT/OT Review in collaboration with the Department of Health and Community Services. The Palliative Care Approach Description Guide was revised, and a toll-free palliative care support line for patients, families, caregivers and health providers was introduced. In order to increase awareness of palliative care within the region as well as the role of local and advance teams, information sessions were held in 2018-19. In developing the palliative care program to

Planned and Actual Performance

Indicators for the Annual Objective (2018-19)	Accomplishments
	support a Home First approach, Western Health has supported individuals to remain at home at end of life. In 2018-19, 70 per cent of clients receiving end of life supports through Home First died at home surpassing the target of 60 per cent. In addition, in 2018-19, there was a 37.5 per cent decrease in the number of unplanned ED visits in last 30 days of life among those who die at home, from 24 visits in 2017-18 to 15 visits in 2018-19. In 2019-20, efforts will continue to create common understanding of roles at local and advanced care levels, and to promote the 24-hour support line. In addition, the Palliative Care Advisory Committee will establish and implement a standardized approach for intake and receipt of services. There will also be participation with Cancer Care and the Canadian Partnership Against Cancer (CPAC) collaborative to develop an inventory of services and resources available in the region.

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Objective Year Three (2019-20)
By March 31, 2020, Western Health will have implemented priority initiatives to enhance the delivery of programs and services for older adults.

Indicators for the Year Three Objective (2019-20)
- Implemented priority initiatives to enhance the delivery of programs and services for older adults.
- Measured and monitored performance outcomes of priority initiatives.
- Reduced the number of admissions to acute care (for target group).
- Reduced the number of non-urgent ED visits for clients enrolled in Home First initiative.
- Decreased the percentage of clients accessing LTC from acute care by 10 per cent.
- Decreased inpatient days designated as ALC by 5 per cent.
- Increased percentage of clients receiving end of life supports through Home First who die at home.
- Reduced the number of unplanned ED visits in last 30 days of life among those who die at home.

Discussion of Results
In 2017-18 three priority initiatives to enhance the delivery of programs and services for older adults were identified based on a review of existing programs and services for older adults as well as a review of evidence-based practices. Priority initiatives were identified as follows: (a) to prevent or delay inappropriate admission to acute care for older adults; (b) to ensure appropriate care and timely discharge of older adults in acute care; and (c) to develop integrated service delivery models in priority areas of rehabilitative and palliative care. A work plan was developed in 2018-19 to support achievement of performance outcomes for the priority initiatives. The Regional Operations Working Group supported the implementation of the work plan and monitoring of performance measures.

In order to prevent or delay admission to acute care for older adults, Western Health focused its efforts on implementation of the Home First approach. Fundamental in a Home First approach is integrated care across the continuum with a focus on continuity of care, intensive care coordination, and a multi-disciplinary approach. Education and promotion of the Home First approach through information sessions and provider engagement across the region has been essential for the early success experienced within Western Health. In 2018-19 there were many positive outcomes for clients who have received intensive case management using a Home First approach. Western Health will continue to monitor this patient group in 2019-20.

Implementation of the interRAI ED-CA in collaboration with the Department of Health and Community Services and other regional health authorities, participation in the interRAI ED Screener project with the University of Waterloo and participation in the DIVERT-CARE trial with McMaster University and the Department of Health and Community Services, are examples of efforts to prevent or delay admission to acute care. Results will inform care of the older adult population in 2019-20.

To support appropriateness of care for the older adult in acute care, learnings from the provincial AUA collaborative are being used to inform quality improvement strategies for ALC patients and and monitoring of improvement efforts will continue in 2019-20. A standard discharge summary was developed with implementation to occur in 2019-20.

Staff at Corner Brook Long Term Care Home

A patient order set reflective of best practice in cases of older adults was developed and piloted on one unit at WMRH. In 2019-20, this order set will be revised based on results of the evaluation to support implementation regionally. To support timely discharge planning for the older adult in acute care an ALC Dashboard was developed and implemented to identify the reason for the ALC designation and how long ALC patients are waiting in acute care beds. This information is being shared with stakeholders involved in the discharge planning for these patients. Also, to ensure timely discharge for older adults in acute care, a quality improvement project around EDD was implemented on two medicine units at WMRH in January 2019. EDD is expected to be established by the physician and transcribed to whiteboards in patient rooms by nursing staff within 24 to 48 hours of admission. Initial findings for both medicine units where EDD has been implemented have been positive, with a 45 and 60 per cent increase in EDD documentation respectively. Learnings from this pilot, as well as participation in the provincial EDD Subcommittee, will inform regional implementation of EDD.

As a result of the intensive effort and combined actions across all health care sectors in the Home First approach there have been many positive changes. Clients and families are choosing to remain at home with the enhanced supports that meet their needs for as long as possible. Within Western Health there has been a 133 per cent increase of clients in the community refusing a LTC bed when offered in 2018-19 as compared to 2017-18. The goal is to enable clients to move into LTC from their home instead of from an acute care setting. Western Health has not yet observed this change. Clients who moved to LTC from acute care in 2018-19 were unable to avail of the Home First approach as their level of care was beyond what could be managed in the community setting. However, in 2018-19, there was a 21 per cent increase in referrals to LTC from community when compared to 2017-18, and a 15 per cent decrease in referrals to LTC from acute care in 2018-19 when compared to 2017-18. This observation does suggest this trend will likely shift over time.

During 2018-19 integrated service delivery models in rehabilitative and palliative care were developed and implementation was initiated. The outpatient PT waitlist has seen significant improvement over the last year with the initiation of group intake and group therapy. The established wait time benchmark of 90 days from referral to intake for group therapy is being consistently met. A working group has been established to address inappropriate and duplicate referrals in acute care PT, resulting in improved efficiency. Some education has also been rolled out in acute care on the role of PT. Also, in support of the Home First approach, two new PT positions were created in the Community Support program, one position has been filled and recruitment is ongoing for the other. A new OT-led adult complex seating service was implemented in Corner Brook, based out of Corner Brook Long Term Care Home. This service provides expertise in wheelchair and seating and enhances independence and function for adults over the age of 18 in the community with complex wheelchair and seating needs. This service has resulted in expansion of the OT role at that site. OT now has the support of a half-time rehabilitation assistant to enable improved OT services to LTC residents as well as the adult complex seating service.

Many efforts were also undertaken within palliative care to support implementation of the integrated service delivery model for palliative care. The palliative care approach description guide was revised, and a toll-free palliative care support line for patients, families, caregivers and health providers was introduced. Implementation will continue in 2019-20 with further development to support of the Home First philosophy and to enhance the delivery of programs and services for older adults.

OPPORTUNITIES AND CHALLENGES AHEAD

New Facilities
Construction of the new LTC home is nearing completion, with an expected opening in the spring of 2020. Staff engagement and operational readiness have been a priority in preparation for the transition to the new facility. Improving services and client, patient and resident experiences will remain a focus for Western Health employees involved in the process to inform the design for the new acute care hospital. These new facilities provide an opportunity to highlight Western Health's focus on patient and resident care. The new home will have 120 LTC beds, 10 beds for rehabilitative care and 15 beds for palliative care. The new acute care hospital will have 164 beds and will include a cancer care facility which will provide enhanced cancer treatments for residents of the Western region.

Human Resource Planning
The demand for physicians, registered nurses, nurse practitioners, licensed practical nurses, personal care attendants and other health professionals are expected to increase in the near future as a result of an increase in retirements, the opening of new LTC home and acute care facility in Corner Brook, and the introduction of the Cancer Care Western program. Challenges to meet the workforce demand for these health practitioners is expected based on the current supply in the province. Innovative models of service delivery will be required to meet client, patient and resident needs. Western Health has implemented strategies to enhance recruitment, including developing partnerships with post-secondary and secondary education institutions to inform new graduates of upcoming employment opportunities and about the learning required to be eligible for those opportunities.

Supporting Transformational Change
There are a significant number of projects, at various stages of implementation, aimed at creating transformational change and sustainability in the healthcare system within the province. Western Health is experiencing significant challenges in its capacity to successfully support the rate of change required to achieve these initiatives, amongst the multiple competing priorities within the region. Engagement at multiple levels within Western Health and with patients, residents, clients and community partners is essential to sustain these transformational changes. Balancing the high number of competing priorities for change with ongoing system operational requirements is challenging.

Appropriateness of Care Initiatives
Western Health has identified operational efficiency as a key priority. During 2019-20 efforts will continue to reduce potentially inappropriate testing and treatments as well as to increase education and training opportunities for staff regarding Lean methodology for process improvement. In collaboration with Quality of Care NL and physicians, Western Health will implement best practice changes in key priority areas and ensure the right treatments for the right patients at the right times.

FINANCIAL STATEMENTS

In keeping with the **Transparency and Accountability Act**, Western Health is pleased to share its audited financial statement for 2018-19

Non-Consolidated Financial Statements

Western Regional Health Authority

March 31, 2019

Contents

Statement of responsibility

The accompanying non-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 non-consolidated financial statements and to discuss any significant financial reporting or internal control matters prior to their approval of the non-consolidated finalized financial statements.

Grant Thornton LLP as the Board's appointed external auditors, have audited the non-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 non-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

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Independent auditor's report

To the Board of Trustees

Western Regional Health Authority

Opinion

We have audited the non-consolidated financial statements of Western Regional Health Authority ("the Entity"), which comprise the non-consolidated statement of financial position as at March 31, 2019, and the non-consolidated statements of operations, change in net debt and cash flow for the year then ended, and notes to the non-consolidated financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying non-consolidated financial statements present fairly in all material respects, the financial position of Western Regional Health Authority as at March 31, 2019, 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 Non-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 non-consolidated financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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

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

In preparing the non-consolidated financial statements, management is responsible for assessing the 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 Non-Consolidated Financial Statements

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

As part of an audit in accordance with 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 non-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 non-consolidated financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, 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 non-consolidated financial statements, including the disclosures, and whether the non-consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

Corner Brook, Canada
June 17, 2019

Chartered Professional Accountants

Western Regional Health Authority

Non-Consolidated statement of financial position

March 31 (in thousands of dollars)	2019	2018
Financial assets		
Cash and cash equivalents	$ -	$ 482
Temporary investments	130	125
Receivables (Note 3)	15,589	17,990
Due from associated funds (Note 4)	2,018	1,811
Trust funds on deposit (Note 5)	492	483
	$ 18,229	$ 20,891
Liabilities		
Bank indebtedness (Note 6)	$ 8,864	$ -
Payables and accruals	29,918	26,665
Vacation pay accrual	8,019	8,442
Severance pay accrual (Note 7)	13,654	34,305
Sick leave accrual (Note 7)	18,691	18,467
Deferred contributions - operating	4,374	4,154
Deferred contribution - capital	11,558	8,653
Long term debt (Note 8 & 9)	4,715	5,220
Trust funds payable	492	483
	$ 100,285	$ 106,389
Net debt	$ (82,056)	$ (85,498)
Non-financial assets		
Tangible capital assets (Note 10)	$ 62,129	$ 65,572
Inventory (Note 11)	5,147	5,029
Prepaid expenses	3,794	3,391
	71,070	73,992
Accumulated deficit	$ (10,986)	$ (11,506)

Contingencies and commitments (Note 12)

On behalf of the Board

Member

Member

See accompanying notes to the non-consolidated financial statements

Western Regional Health Authority

Non-Consolidated statement of operations

Year ended March 31 (in thousands of dollars)	Budget 2019 (Note 13)	Actual 2019	Actual 2018
Revenue			
Provincial plan – operating grant	**$ 335,418**	**$ 335,418**	$ 320,745
Capital grant – provincial	**4,468**	**3,754**	5,465
Capital grant – other	**532**	**532**	801
National child benefit	**951**	**951**	1,377
Early childhood development	**359**	**359**	359
MCP physician revenue	**17,952**	**19,383**	18,581
Inpatient	**1,507**	**1,515**	1,569
Outpatient	**2,267**	**2,313**	2,304
Resident revenue – long term care	**7,845**	**8,075**	8,066
Mortgage interest subsidy	**21**	**21**	21
Food service	**1,696**	**1,775**	1,736
Other recoveries	**8,659**	**11,369**	9,290
Other	**2,749**	**3,210**	4,531
	384,424	**388,675**	374,845
Expenditures			
Administration	**25,995**	**30,423**	26,110
Support services	**62,813**	**63,795**	56,906
Nursing inpatient services	**92,690**	**92,749**	88,583
Medical services	**21,221**	**22,358**	21,594
Ambulatory care services	**30,126**	**31,371**	28,733
Diagnostic and therapeutic services	**40,844**	**40,374**	35,844
Community and social services	**105,733**	**111,103**	99,943
Educational services	**6,006**	**5,650**	5,487
Undistributed	**2,754**	**3,514**	3,880
	388,182	**401,337**	367,080
(Deficit) surplus	**$ (3,758)**	**$ (12,662)**	$ 7,765

See accompanying notes to the non-consolidated financial statements

Western Regional Health Authority

Non-Consolidated statement of operations (cont'd)

Year ended March 31 (in thousands of dollars)	**Budget 2019 (Note 13)**	**Actual 2019**	Actual 2018
Adjustments for undernoted items – net expenses			
Amortization expense	**$ 7,844**	**$ 7,669**	$ 8,075
Accrued vacation expense – (decrease)	**200**	**(423)**	(209)
Accrued severance expense – (decrease) increase	**-**	**(20,652)**	1,822
Accrued sick expense – increase	**300**	**224**	469
Total adjustments for above noted items	**8,344**	**(13,182)**	10,157
Surplus (deficit)	**(12,102)**	**520**	(2,392)
Accumulated deficit, beginning of year	**(11,506)**	**(11,506)**	(9,114)
Accumulated deficit, end of year	**$ (23,608)**	**$ (10,986)**	$ (11,506)

See accompanying notes to the non-consolidated financial statements

Western Regional Health Authority

Non-Consolidated statement of changes in net debt

Year ended March 31 (in thousands of dollars)	**Budget 2019 (Note 13)**	**Actual 2019**	Actual 2018
Net debt, beginning of year	**$ (85,498)**	**$ (85,498)**	$ (85,086)
Surplus (deficit) for the year	**(12,102)**	**520**	(2,392)
Changes in tangible capital assets			
Acquisition of tangible capital assets	**(4,226)**	**(4,226)**	(6,330)
Amortization of tangible capital assets	**7,844**	**7,669**	8,075
Disposal of capital asset	**-**	**-**	382
Decrease in net book value of tangible capital assets	**3,618**	**3,443**	2,127
Changes in other non-financial assets			
Acquisition of prepaid expense (net of usage)	**(403)**	**(403)**	(45)
Acquisition of inventories of supplies (net of usage)	**(118)**	**(118)**	(102)
Increase in other non-financial assets	**(521)**	**(521)**	(147)
Decrease (increase) in net debt	**(9,005)**	**3,442**	(412)
Net debt, end of year	**$ (94,503)**	**$ (82,056)**	$ (85,498)

See accompanying notes to the non-consolidated financial statements

Western Regional Health Authority

Non-Consolidated statement of cash flows

Year ended March 31 (in thousands of dollars)	**2019**	2018
Operating		
Annual surplus (deficit)	**$ 520**	$ (2,392)
Add (deduct) non-cash items:		
Amortization of capital assets	**7,669**	8,075
Accrued vacation expense – decrease	**(423)**	(209)
Accrued severance expense – (decrease) increase	**(20,651)**	1,822
Accrued sick expense – increase	**224**	469
Changes in:		
Receivables	**2,401**	(9,750)
Due from associated funds	**(207)**	1,645
Inventory	**(118)**	(102)
Prepaid expenses	**(403)**	(45)
Deferred contributions - operating	**220**	(2,161)
Payables and accruals	**3,253**	(1,043)
Gain on sale of capital assets	**-**	(43)
Net cash applied to operating transactions	**(7,515)**	(3,734)
Capital		
Proceeds on sale of capital assets	**-**	425
Acquisitions of tangible capital assets	**(4,226)**	(6,330)
Net cash applied to capital transactions	**(4,226)**	(5,905)
Financing		
Capital lease	**(281)**	(262)
Repayment of long term debt	**(224)**	(215)
Capital contributions	**2,905**	(2)
Net cash provided by (applied to) by financing transactions	**2,400**	(479)
Investing		
Temporary investment	**(5)**	(125)
Restricted cash and investments	**-**	163
Net cash (applied to) provided by investing transactions	**(5)**	38
Net cash applied to	**(9,346)**	(10,080)
Cash and cash equivalents - beginning of year	**482**	10,562
(Bank indebtedness) cash and cash equivalents - end of year	**$ (8,864)**	$ 482

See accompanying notes to the non-consolidated financial statements

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2019
(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.

2. Summary of significant accounting policies

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

Basis of presentation
These non-consolidated financial statements reflect the assets, liabilities, revenue and expenditures of the operating fund. These non-consolidated financial statements have not been consolidated with those other organizations controlled by Western Health because they have been prepared for the Authority's Board of Trustees and the Department of Health and Community Services. Since these non-consolidated financial statements have not been prepared for general purposes, they should not be used by anyone other than the specified users. Consolidated financial statements have been issued.

Use of estimates
The preparation of non-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 non-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 and allowance for doubtful accounts.

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

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

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2019
(in thousands of dollars)

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

Accrued severance and sick leave
Upon termination, retirement or death, the organization provides their employees, with the exception of the NAPE bargaining unit, 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. An actuarially determined accrued liability for severance has been recorded in the statements. This 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 average cost. Cost includes purchase price plus the non-refundable portion of applicable taxes.

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 ½%
Buildings	6 ¼%
Parking lot	6 ¼%
Equipment	15%
Motor vehicles	20%
Leasehold improvements	20%

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2019
(in thousands of dollars)

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

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

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

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.

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.

Western Regional Health Authority
Notes to the non-consolidated financial statements
March 31, 2019
(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:

		2019		2018
GMPP	**$**	**3,633**	$	3,474
PSPP	**$**	**24,694**	$	24,022

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.

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.

Western Regional Health Authority
Notes to the non-consolidated financial statements
March 31, 2019
(in thousands of dollars)

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

Measurement (cont'd)
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.

3. Receivables	**2019**	2018
Province of Newfoundland and Labrador		
Capital contributions	**$ 498**	$ 276
Provincial plan	**6,797**	8,614
MCP	**2,851**	3,065
Patient services	**1,250**	1,089
Employees' pay and travel advances	**196**	258
Harmonized sales tax rebate	**360**	331
Department of Veterans Affairs	**80**	86
Child Youth and Family Services	**3**	1,995
Other	**3,554**	2,276
	$ 15,589	$ 17,990

4. Due from associated funds	**2019**	2018
Cottages	**$ 1,641**	$ 1,561
Foundations	**377**	250
	$ 2,018	$ 1,811

Western Regional Health Authority
Notes to the non-consolidated financial statements
March 31, 2019
(in thousands of dollars)

5. Trust funds

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

6. Bank indebtedness

Western Health has access to a line of credit with the Bank of Montreal in the amount of $18,500 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, 2019 is $5,780. Interest is being charged at prime less 1.15% on any overdraft.

7. Employee future benefits

Future employee benefits related to accrued severance and accrued sick obligations have been calculated based on an actuarial valuation completed on March 31, 2019. During the year severance accumulation for CUPE, executives, managers, and non-management/non-union employees was curtailed and adjusted in the valuation. 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:

	2019	2018
Wages and salary escalation	**0.75%**	0.75%
Discount rate	**3.05%**	3.30%

Based on actuarial valuation of the liability, at March 31, 2019 the results for sick leave are:

		2019		2018
Accrued sick pay obligation, beginning	**$**	**21,093**	$	23,288
Current period benefit cost		**1,527**		1,854
Benefit payments		**(2,557)**		(2,748)
Interest on the accrued benefit obligations		**746**		845
Actuarial gains		**2,359**		(2,146)
Accrued sick pay obligations, at end	**$**	**23,168**	$	21,093

Based on actuarial valuation of the liability, at March 31, 2019 the results for severance are:

		2019		2018
Accrued benefit obligation, beginning	**$**	**30,520**	$	31,172
Current period benefit cost		**754**		2,216
Benefit payments		**(23,141)**		(2,722)
Interest on the accrued benefit obligation		**794**		1,144
Settlement losses		**1,238**		1,536
Actuarial gains		**3,476**		(2,826)
Accrued severance obligation, at end	**$**	**13,641**	$	30,520

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2019
(in thousands of dollars)

7. Employee future benefits (cont'd)		2019		2018
A reconciliation of the accrued benefit liability and the accrued benefit obligation is as follows:				
Sick benefits:				
Accrued benefit liability	**$**	**18,691**	$	18,467
Unamortized actuarial losses		**4,477**		2,626
Accrued benefit obligation	**$**	**23,168**	$	21,093
Severance benefits:				
Accrued benefit liability	**$**	**13,654**	$	34,305
Unamortized actuarial gains		**(13)**		(3,785)
Accrued benefit obligation	**$**	**13,641**	$	30,520

8. Long term debt		2019		2018
1.8% mortgage on the Bay St. George Seniors Home, maturing in 2021, repayable in blended monthly payments of $12,113	**$**	**306**	$	445
8% mortgage on the Bay St. George Seniors Home, maturing in 2026, repayable in blended monthly payments of $9,523		**654**		713
4.56% mortgage on the Woody Point Clinic, maturing in 2020, repayable in blended monthly payments of $2,304		**31**		57
Obligations under capital lease, 3% maturing in 2029, payable in blended monthly payments which escalate on an annual basis		**3,724**		4,005
	$	**4,715**	$	5,220

As security for the mortgages, Western Health has provided a first mortgage over land and buildings at the Bay St. George Senior Citizens Home and Woody Point Clinic having a net book value of $994 (2018 - $1,215).

As security for the capital lease, Western Health has provided specific capital equipment having a net book value of $3,924 (2018 - $4,617).

(in thousands of dollars)

See Note 9 for five year principal repayment schedule.

9. 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	
2020	$ 546
2021	554
2022	452
2023	456
2024	489
	$ 2,497

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2019
(in thousands of dollars)

10. Tangible capital assets

March 31, 2019	Land	Land Improvements	Buildings	Parking Lot	Equipment	Motor Vehicles	Leasehold Improvements	Total
Cost								
Opening balance	$ 675	$ 435	$ 57,006	$ 1,142	$ 157,809	$ 2,388	$ 232	$ 219,687
Additions	-	-	1,544	-	2,597	85	-	4,226
Disposals	-	-	-	-	-	-	-	-
Closing balance	675	435	58,550	1,142	160,406	2,473	232	223,913
Accumulated amortization								
Opening balance	-	275	35,326	819	115,814	1,653	228	154,115
Additions	-	4	1,481	20	6,008	155	1	7,669
Disposals	-	-	-	-	-	-	-	-
Closing balance	-	279	36,807	839	121,822	1,808	229	161,784
Net book value	**$ 675**	**$ 156**	**$ 21,743**	**$ 303**	**$ 38,584**	**$ 665**	**$ 3**	**$ 62,129**

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2019
(in thousands of dollars)

10. Tangible capital assets (cont'd)

March 31, 2018	Land	Land Improvements	Buildings	Parking Lot	Equipment	Motor Vehicles	Leasehold Improvements	Total
Cost								
Opening balance	$ 675	$ 435	$ 57,280	$ 1,142	$ 152,470	$ 2,330	$ 232	$ 214,564
Additions	-	-	933	-	5,339	58	-	6,330
Disposals	-	-	(1,207)	-	-	-	-	(1,207)
Closing balance	675	435	57,006	1,142	157,809	2,388	232	219,687
Accumulated amortization								
Opening balance	-	269	34,662	798	109,432	1,447	227	146,865
Additions	-	6	1,489	21	6,382	176	1	8,075
Disposals	-	-	(825)	-	-	-	-	(825)
Closing balance	-	275	35,326	819	115,814	1,653	228	154,115
Net book value	$ 675	$ 160	$ 21,680	$ 323	$ 41,995	$ 735	$ 4	$ 65,572

Book value of capitalized items that have not been amortized in 2019 $4,794 (2018 - $3,849)

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2019
(in thousands of dollars)

11. Inventory	2019	2018
Dietary	**$ 130**	$ 145
Pharmacy	**2,066**	1,746
Supplies	**2,951**	3,138
	$ 5,147	$ 5,029

12. Contingencies and commitments

Claims

As of March 31, 2019, 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	
2020	$ 5,928
2021	2,947
2022	2,242
2023	1,040
2024	102
	$ 12,259

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2019
(in thousands of dollars)

13. 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 non-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 and expenditures for the year ended March 31, 2019:

Original budgeted provincial plan revenue	**$**	**307,188**
Add: Net provincial plan budget adjustments		**28,230**
Ending budgeted provincial plan revenue		**335,418**
Original budgeted other revenue		**48,349**
Add: Net budget increases - other		**657**
Ending budgeted revenue	**$**	**384,424**
Original budgeted salary expenditure	**$**	**219,212**
Add: Net salary budget adjustments		**24,002**
Ending budgeted salary expenditure		**243,214**
Original budgeted supply expenditure		**151,402**
Add: Net supply budget adjustments		**1,910**
		153,312
Ending budgeted expenditures	**$**	**396,526**

Western Regional Health Authority
Notes to the non-consolidated financial statements
March 31, 2019
(in thousands of dollars)

14. 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 that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The Authority's main credit risks relate to its accounts 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 encounter difficulty in meeting the obligations associated with its financial liabilities. 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 $18,500. 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 foreign exchange risk or interest rate risk.

15. Subsequent events

On May 31, 2019, there was an announcement with respect to the curtailment of severance for NLNU. Management is currently estimating the impact on the severance liability as presented in Note 7 to the financial statements.

Western Regional Health Authority
Non-Consolidated expenditures – operating/shareable
Schedule I

Year ended March 31 (in thousands of dollars)	**2019**	2018
Administration		
General administration	**$ 8,523**	$ 6,754
Finance	**3,923**	3,454
Personnel services	**4,614**	3,991
System support	**6,785**	5,659
Other administrative	**6,578**	6,252
	30,423	26,110
Support services		
Housekeeping	**11,451**	9,959
Laundry and linen	**3,268**	2,551
Plant services	**17,488**	15,600
Patient food services	**14,216**	12,842
Other support services	**17,372**	15,954
	63,795	56,906
Nursing inpatient services		
Nursing inpatient services – acute	**61,091**	59,116
Medical services	**22,358**	21,594
Nursing inpatient services – long term care	**31,658**	29,467
	115,107	110,177
Ambulatory care services	**31,371**	28,733
Diagnostic and therapeutic services		
Clinical laboratory	**13,061**	11,944
Diagnostic imaging	**10,714**	9,604
Other diagnostic and therapeutic	**16,599**	14,296
	40,374	35,844

Western Regional Health Authority

Non-Consolidated expenditures – operating/shareable

Schedule I (cont'd)

Year ended March 31 (in thousands of dollars)	**2019**	2018
Community and social services		
Mental health and addictions	**10,345**	9,736
Community support programs	**89,944**	80,037
Family support programs	**4,251**	4,059
Health promotion and protection program	**6,563**	6,111
	111,103	99,943
Education	**5,650**	5,487
Undistributed	**3,514**	3,880
Shareable amortization	**505**	477
Total expenditures	**$ 401,842**	$ 367,557

Western Regional Health Authority

Non-Consolidated revenue and expenditures for government reporting

Schedule II

Year ended March 31 (in thousands of dollars)	**2019**	2018
Revenue		
Provincial plan – operating grant	**$ 335,418**	$ 320,745
Capital grant – provincial	**3,754**	5,465
Capital grant – other	**532**	801
MCP physician revenue	**19,383**	18,581
National child benefit	**951**	1,377
Early childhood development	**359**	359
Inpatient	**1,515**	1,569
Outpatient	**2,313**	2,304
Resident revenue – long term care	**8,075**	8,066
Mortgage interest subsidy	**21**	21
Food service	**1,775**	1,736
Other recoveries	**11,369**	9,290
Other	**3,210**	4,531
Total revenue	**388,675**	374,845
Expenditures		
Worked and benefit salaries and contributions	**211,628**	188,770
Benefit contributions	**36,352**	35,192
	247,980	223,962
Supplies – plant operations and maintenance	**6,486**	5,676
Supplies – drugs	**10,613**	8,718
Supplies – medical and surgical	**11,732**	12,404
Supplies – other	**13,578**	13,151
	42,409	39,949
Direct client costs – mental health and addictions	**613**	678
Direct client costs – community support	**66,679**	59,138
Direct client costs – family support	**1,677**	1,840
	68,969	61,656
Other shareable expenses	**41,786**	41,310

Western Regional Health Authority

Non-Consolidated revenue and expenditures for government reporting

Schedule II (cont'd)

Year ended March 31 (in thousands of dollars)	**2019**	2018
Expenditures (cont'd)		
Long term debt – interest	**64**	68
Long term debt – principal	**224**	215
Capital lease – interest	**126**	135
Capital lease – principal	**281**	262
	695	680
Total expenditures	**401,839**	367,557
Less: Capital grant – provincial	**3,754**	5,465
Less: Capital grant – other	**532**	801
(Deficit) surplus for government reporting	**(17,450)**	1,022
Long term debt – principal	**224**	215
Capital lease – principal	**281**	262
(Deficit) surplus inclusive of other operations	**(16,945)**	1,499
Shareable amortization	**505**	477
(Deficit) surplus before non-shareable items	**(17,450)**	1,022
Non-shareable items		
Amortization expense	**7,167**	7,598
Accrued vacation expense – decrease	**(423)**	(209)
Accrued severance expense – (decrease) increase	**(20,652)**	1,822
Accrued sick expense – increase	**224**	469
Capital grant – provincial	**(3,754)**	(5,465)
Capital grant – other	**(532)**	(801)
	(17,970)	3,414
Surplus (deficit) as per Statement of Operations	**$ 520**	$ (2,392)

Western Regional Health Authority

Non-Consolidated funding and expenditures for government reporting

Capital transactions

Schedule III

Year ended March 31 (in thousands of dollars)		**2019**		2018
Sources of funds				
Provincial capital equipment grant for current year	**$**	**3,939**	$	4,114
Provincial facility capital grant in current year		**2,840**		1,775
Add: Deferred capital grant from prior year		**8,653**		8,655
Less: Capital facility grant reallocated for operating fund purchases		**(120)**		(426)
Less: Deferred capital grant from current year		**(11,558)**		(8,653)
		3,754		5,465
Other contributions				
Foundations, auxiliaries and other		**532**		801
Total funding		**4,286**		6,266
Capital expenditures				
Asset, building and land		**1,544**		933
Asset, equipment		**2,682**		5,397
Total expenditures		**4,226**		6,330
Surplus (deficit) on capital purchases	**$**	**60**	$	(64)

Western Regional Health Authority

Accumulated operating deficit for government reporting

Schedule IVA

Year ended March 31 (in thousands of dollars)	**2019**	2018
Accumulated operating deficit		
Current assets		
Cash and cash equivalents	**$ -**	$ 482
Temporary investments	**130**	125
Accounts receivable	**15,589**	17,990
Due from associated funds	**2,018**	1,811
Inventory	**5,147**	5,029
Prepaid expenses	**3,794**	3,391
Other	**(104)**	(106)
Total assets	**26,574**	28,722
Current liabilities		
Bank indebtedness	**8,864**	-
Accounts payable and accrued liabilities	**29,918**	26,665
Deferred contributions – operating	**4,374**	4,154
Deferred contributions – capital	**11,558**	8,653
Total current liabilities	**54,714**	39,472
Accumulated operating deficit	**$ (28,140)**	$ (10,750)
Reconciliation of operating deficit		
Accumulated operating deficit – beginning of year	**$ (10,750)**	$ (12,258)
Add: Net operating loss per schedule II	**(17,450)**	1,022
Add: Transfer of restricted funds to operations	**-**	125
Add: Proceeds on sale of building	**-**	425
Add: Net surplus (deficit) on capital purchases per schedule III	**60**	(64)
Accumulated operating deficit – end of year	**(28,140)**	(10,750)
Less: Net surplus on capital purchases – prior years	**1,305**	1,369
Less: Net surplus (deficit) on capital purchases – 2018	**-**	(64)
Less: Net surplus on capital purchases – 2019	**60**	-
Accumulated operating deficit – per Department of Health and Community Services	**$ (29,505)**	$ (12,055)

Western Regional Health Authority

Reconciliation of non-consolidated accumulated operating deficit for government reporting

Schedule IVB

Year ended March 31 (in thousands of dollars)	**2019**	2018
Accumulated operating deficit – end of year per Schedule IVA	**$ (28,140)**	$ (10,750)
Adjustments:		
Other assets	**104**	106
Vacation pay accrual	**(8,019)**	(8,442)
Severance pay accrual	**(13,654)**	(34,305)
Sick pay accrual	**(18,691)**	(18,467)
Long term debt	**(4,715)**	(5,220)
Tangible capital assets	**62,129**	65,572
	17,154	(756)
Accumulated deficit per Statement of financial position	**$ (10,986)**	$ (11,506)

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