Environmental Scan 2012-2013

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External Analysis

Many of the statistics within this document have not changed since the 2009/2010 environmental scan. The only data that was available from the 2011 Statistics Canada Census was population counts. Statistics from the Canadian Community Health Survey were reported in 2011 and based on the 2009/2010 survey. The 2012 Canadian Tobacco Use Monitoring Survey (CTUMS) results will be reported in September 2013 and therefore the 2011 data is reported in this document.

Dates written in the form "2012" represent a calendar year from January 1 to December 31. Dates written in the form "2012/13" represent a fiscal year from April 1 to March 31.

Demographics

Population

The Western region includes communities from Port aux Basques southeast to Francois, northwest to Bartlett's Harbour, and on the eastern boundary north to Jackson's Arm. Based on an estimate by the Economics and Statistics Branch (2013) from the 2011 Statistics Canada census, the Western region's population in 2011 was 77,983 compared to 79,460 in 2006 and 81,595 in 2001. Data based on age group in the Western region is not available. The provincial population has increased from 505,470 in 2006 to 514,535 in 2011 (1.8% change). This is the first time that the population of Newfoundland and Labrador has had a positive population change since the 1981-1986 Statistics Canada Census. Based on medium scenario assumptions (fertility rates remaining stable, life expectancies continuing to increase, and net in-migration continuing due to increased levels of employment and construction activity), the Government of Newfoundland and Labrador (NL) is projecting that the population will decline to 75,462 by 2025 in the Western region, with a significant percentage of the population being over the age of 65 years.

It is important to note that a significant proportion of the population in the Western region has membership in, or have applied to become members of the Qalipu Mi'kmaq band. Given that large numbers of applications to become members of the Qalipu Mi'kmaq band have yet to be processed, it is difficult to determine the exact number at present.

Migration. According to Statistics Canada (2011), the increase in the province's population from 2006 to 2011 is attributable to fewer losses in net migratory exchanges with other Canadian provinces and territories as well as to higher numbers of non-permanent residents and, to a lesser extent, to the number of immigrants settling there. For many years, a large number of NL residents migrated to Alberta and Ontario. In total, Newfoundland and Labrador received 1,000 more migrants from Ontario than it lost to this province in 2009/2010. The province also experienced a slight net gain of migrants from the province of Alberta (400) in 2009/2010, in contrast to the small net loss of 100 persons observed in 2008/2009.

The Residual Net Migration for the Western region was 0.32% (260 individuals) in 2011. For the province, it was 0.56% (2895 individuals) in 2011. Net migration using the residual method

is calculated by subtracting the current population from the population in the previous year and then removing the effect that births and deaths has on the population.

The provincial government Speech from the Throne in March of 2011 described the enhancement of employment opportunities and sustainable resources through the development of the hydroelectricity potential of Muskrat Falls and Gull Island, and the investment in physical infrastructure and education as means to strengthening the economy. Despite these strategies, the 2012/13 fiscal year bought significant instability to employees of the Corner Brook Pulp and Paper and government departments in the Western region and province. Fiscal restraints created uncertainty for individuals in the province and Western region.

Fertility. According to the Newfoundland and Labrador Centre for Health Information, the birth rate in the Western region continues to decrease slightly. The crude rate per 1000 was 7.6 in 2012, compared to 7.7 in 2011 and 8.1 in 2009 and 2010. The provincial rate was 8.5 in 2012, 8.8 in 2011, and 9.5 in 2010. In 2012, the fertility rate for the Western region was 1.13 compared to the provincial rate of 1.43. Fertility rates are defined as the average number of children per woman.

Mortality. According to the Newfoundland and Labrador Centre for Health Information, the median age of death in the Western region from 2011 to 2012 was 74.4 compared to the provincial median age of 74.7. In 2012, there were 749 deaths compared to 780 in 2011.

Income

Higher income is typically associated with better health. In 2010, the gross income for individuals in the Western region was $25,600 (Community Accounts, based on Canada Customs and Revenue Agency). For the province and Canada, gross personal income per capita was $28,900 and $31,600, respectively.

The personal income per capita level in the Western region continues to increase incrementally: $23,800 in 2008, $24,400 in 2009, and $25,600 in 2010 (Community Accounts, based on Canada Customs and Revenue Agency). In 2010, the provincial personal income per capita was $28,900, the eighth highest of the 13 provinces in Canada.

The median income for individuals 65 and older in the Western region continues to increase incrementally and in 2010, this figure was $18,400. The median income for the province in 2010 was $18,600 and in Canada it was $23,100.

In 2010, 74.1% of residents in the Western region had market income from employment, investments, Registered Retirement Savings Plans, private pensions and others (See Figure 1). Nearly 26% were in receipt of Government Transfer Income (See Figure 2 for sources) including:

•Employment Insurance (18,860 persons reporting $9,700 average income)
•Old Age Security/Net federal supplements (14,670 persons reporting $8,500 average income)
•Canada Pension Plan (20,000 persons reporting $5,300 average income)

•Income Support Assistance (6,070 persons reporting $6,800 average income)
•Child Tax Benefit (9,060 persons reporting $3,300 average income)
•Other Government Transfers (2,810 persons reporting $600 average income)
•GST credit (26,830 persons reporting $400 average income)
•Provincial Tax Credits (26,000 persons reporting $600 average income)
•Workers' Compensation (1,730 persons reporting $10,000 average income)

Figure 1. Sources of Income in Western Region in 2010

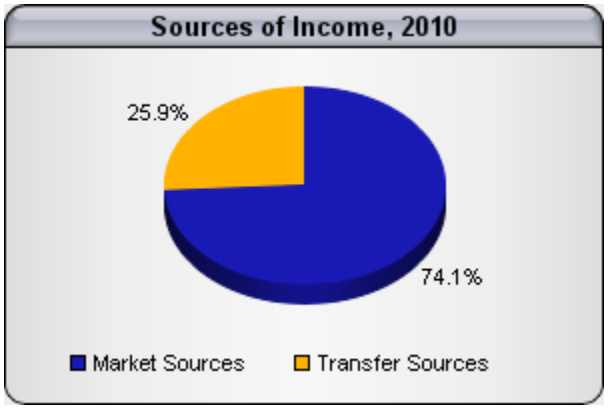
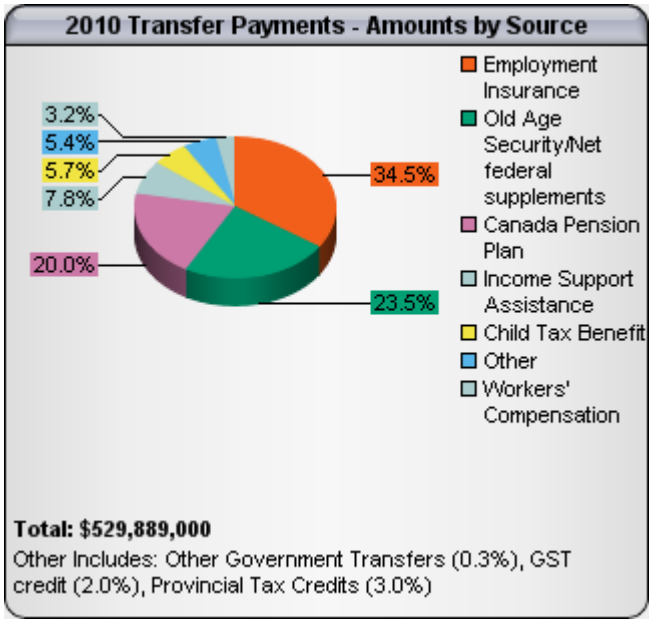


Figure 2. Source of Transfer Payments in Western Region in 2010



Employment

In NL, the employment rate for those over the age of 15 in 2011 was 52.6 compared to 61.8 in Canada.

In 2011, 39.1% of the labor force in the Western region collected employment insurance at some point compared to 42.0% in 2009. The 2011 provincial level was 31.3% compared to 34.4% in 2009 (compiled by the Community Accounts Unit based on information provided by Human Resources Development Canada). Employment Insurance Incidence is the number of people receiving Employment Insurance during the year divided by the number of people in the labour force.

Education

The 2006 census reported that 19.9% of the population within the Western region aged 25 to 54 years had a high school certificate only, as their highest level of schooling, compared to 19.8% provincially and 23.8% nationally. In the Western region, 26.6% of those aged 25 to 54 years had no high school certificate, diploma, or degree compared to 22.0% in the province (compiled by Community Accounts from Statistics Canada). In 2006, 38.4% of the population within the Western region aged 25 to 54 years had a trade or non-university certificate or diploma, compared to 35.7% in 2001. Eight and one half percent (8.5%) of the population aged 25 to 54 years in Western region had a bachelor's degree compared to 10.1% in the province and 15.8% in Canada (compiled by the Community Accounts Unit from Statistics Canada, 2006).

Consistent with the aging population trend, student enrolment in the Western region is declining (Table 1). Significant decreases in school enrolment in the province have also occurred (Table 2).

Table 1. Student Enrolment in the Western Region

School Year	2003-2004	2012-2013
Total Students	12,895	9,985
Primary	3,190	2,710
Elementary	2,895	2,245
Junior High	3,415	2,375
Senior High	3,395	2,655

Table 2. Student Enrolment in the Province

School Year	1989-1990	2012-2013
Total Students	130,610	68,315
Primary	36,695	19,775
Elementary	28,920	15,125
Junior High	32,420	16,020
Senior High	31,500	17,395

Wellness

Well-Being

Compared to other provinces within Canada, residents in the Western region reported a greater sense of community belonging. According to the Canadian Community Health Survey (2010), 82% of respondents in the Western region reported a sense of community belonging, down from 83.5% in the previous year, compared to 80.1% in the province and 60.3% in Canada. A sense of community belonging was seen in the rates of giving, volunteering and participating within the province. According to the 2010 Canada Survey of Giving, Volunteering and Participating, 92% of those 15 years of age or older in NL donated money in the past year and this is highest in the country and significantly above the national average of 84%. Just over 52% of those 15 years or older said they volunteered during the past year. Findings from the Community Health Needs and Resources Assessment (2013) suggested that informal community networking underlies and defines the Newfoundland culture.

Research indicates that stress can result in negative health consequences. In the 2010 Canadian Community Health Survey, the percentage of respondents indicating that their life stress was "quite a lot" or "extremely stressful" was 13.7% compared to 14.2% provincially, and 23.4% nationally. In the same survey, 91.6% of respondents from the Western region reported being satisfied or very satisfied with life compared to 91.7% in NL and 92.1% in Canada.

Health Status

A major indicator of well-being is how a person rates his or her own health status. According to the 2010 Canadian Community Health Survey, 53.5% of individuals in the Western region rated their health status as being very good or excellent compared to 60.3% of individuals in the province and 60.3% in Canada. Individuals were also asked to rank their mental health. 71.8% of the residents in the Western region rated their mental health as very good or excellent compared to 75% in the province and 73.9% in Canada.

In 2010/2011, CIHI introduced three new indicators to assess the performance of the mental health system; self injury, 30-day readmission rates and repeat hospitalization rates. Table 3

provides mental health performance indicators for the Western region, the province and Canada. Table 4 outlines the suicide rates per 100,000 population by Regional Health Authority and the province.

Table 3. Mental Health Performance Indicators

Indicator	Data Source	Western Region	NL	Canada
Age standardized self-injury hospitalization rate per 100,000	Health Indicators CIHI, Discharge Abstract Database	2009/10-107 2010/11-123 2011/12-100	2009/10-81 2010/11-83 2011/12-86	2009/10-65 2010/11-66 2011/12-67
Risk adjusted 30-day readmission percentage for selected mental illness	Health Indicators CIHI, Discharge Abstract Database	2009/10-11.5 2010/11-14.1 2011/12-12.2	2009/10-11.4 2010/11-11.0 2011/12-13.3	2009/10-11.4 2010/11-11.4 2011/12-11.6
Risk adjusted percentage of individuals with repeat hospitalizations within one year	Health Indicators CIHI, Discharge Abstract Database	2008/09-15.8 2009/10-15.7 2010/11-18.7	2008/09-13.8 2009/10-12.0 2010/11-11.0	2008/09-11.0 2009/10-10.8 2010/11-10.9

Table 4. Annual Suicide Rates per 100,000 Population by Regional Health Authority of Residence, 2007-2009. Ages 10 plus, NL

Year of death	Regional Health Authority				Province
	Eastern	Central	Western	Labrador/Grenfell	
2007	11.21	5.82	12.63	20.86	11.13
2008	7.04	8.18	13.97	24.42	9.57
2009	8.46	10.55	14.10	24.52	10.86

Health Behaviors

Behaviors such as alcohol, drug, and tobacco use, tobacco exposure, physical activity, diet, and helmet use contribute to health.

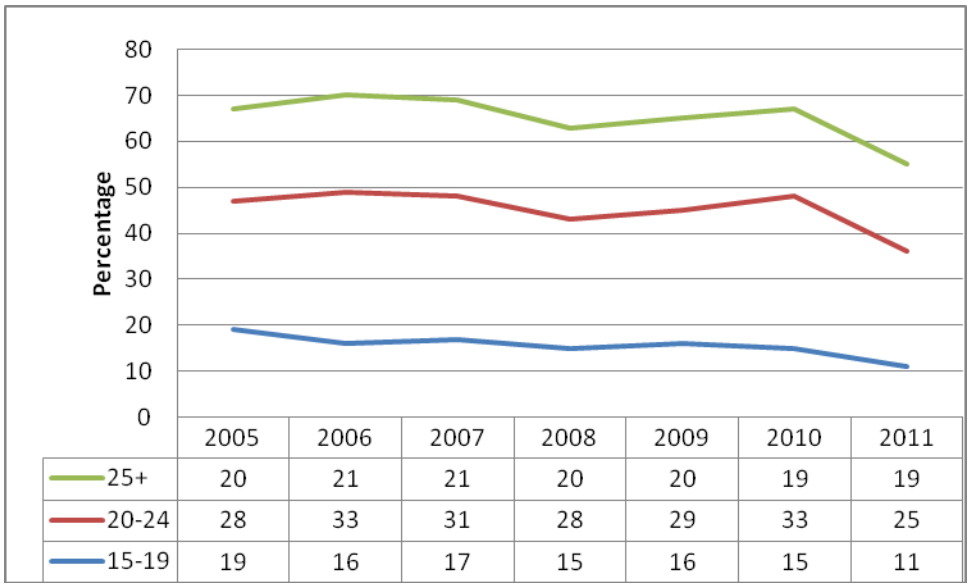
Alcohol Use. Statistics Canada defines a heavy drinker as one who reports drinking five or more drinks on one occasion, at least once a month in the past year. According to the 2010 Canadian Community Health Survey, 21.5% of people in the Western region reported having 5 or more drinks on one occasion, at least once a month in the past year compared to 20% in the previous year. Provincially, 24.5% reported having more than 5 or more drinks on one occasion at least once a month in the past year, compared to 17.3% nationally.

Drug Use. According to the Health Canada Canadian Alcohol and Drug Use Monitoring Survey (2012), there has been a slight increase in the number of people in NL who used cannabis in the past year and this was consistent with the national data. In 2012, 11% of those surveyed used cannabis in the past year compared to 10% in 2010 (10.2% in 2012 in Canada). There was also a slight increase in the percentage of NL respondents who reported using cannabis, cocaine/crack, methamphetamine/crystal methamphetamine, ecstasy, hallucinogens, salvia, inhalants, heroin, pain relievers, stimulants, and/or sedatives to get high. In 2012, 11.1% of NL

respondents reported using one or more of these drugs as compared to 10.2% in 2010 and 8.4% in 2009.

Tobacco Use. According to the CTUMS (2011), the NL percentages are somewhat higher than national percentages in the 20-24 and 25 plus age groups. Decreases in all age groups have been reported in the province from the 2010 to the 2011 CTUMS surveys. Smoking prevalence in those aged 15 to 19 years was 11.1% in NL compared to 11.8% in Canada, 25.0% of those aged 20 to 24 years reported smoking compared to 21.5% in Canada, 24.5% of those aged 25-44 in NL reported smoking compared to 19.7% nationally and 16.2% of those 45 and older reported smoking in NL compared to 15.9% in Canada. Refer to Figure 3 for smoking behavior by age group in the Western region. According to the 2010 Canadian Community Health Survey, 21.8% of respondents in the Western region reported being daily smokers compared to 18.6% provincially and 15.6% nationally.

Figure 3. Smoking Behavior by Age Group in the Western Region (%)



	2005	2006	2007	2008	2009	2010	2011
25+	20	21	21	20	20	19	19
20-24	28	33	31	28	29	33	25
15-19	19	16	17	15	16	15	11

Tobacco Exposure. The percentage of children up to age 17 years in NL who are regularly being exposed to tobacco smoke continues to decrease. The CTUMS (2010) reported that 5.5% of children up to the age of 17 years in NL are regularly exposed to tobacco smoke compared to 6.0% in 2009, 8.2% in 2008, 9.7% in 2007, and 18% in 2005. In 2010, the national figure for children up to age 17 years being exposed to tobacco smoke was 6.2%, compared to 6.7% in 2009, 8% in 2008 and 9.5% in the previous year in 2007.

Physical Activity and Diet. Table 5 provides further information on personal behaviors. From this information it is evident that a greater percentage of residents in the Western region are overweight or obese and consume a lower number of fruits and vegetables when compared to the overall percentage of Canadians.

Table 5. Personal Behaviors

Personal Behaviors	Data Source	Western	NL	Canada
Estimated % of adult population (aged 18 +) who are overweight (BMI 25.0 – 29.9) (Excludes pregnant women)	Canadian Community Health Survey	2009-40.2 2010- 36.0 2011-37.8	2009-37.8 2010- 34.4 2011-36.1	2009-33.7 2010- 34.2 2011-33.9
Estimated % of adult population (aged 18+) who are obese (BMI 30.0 or higher) (Excludes pregnant women)	Canadian Community Health Survey	2009-27.1 2010- 24.8 2011-25.9	2009-26.8 2010- 28.8 2011-27.8	2009-17.9 2010- 18.1 2011-18.0
Estimated % of adult population (aged 18+) who are overweight or obese (BMI 25.0 or higher) (Excludes pregnant women)	Canadian Community Health Survey	2007/08-60.7 2009/10-63.4 2011-63.7	2007/08-63.5 2009/10-64.7 2011-63.9	2007/08-51.1 2009/10-52.1 2011-52.0
Estimated % of adult population (aged 12+) who are physically active or moderately active	Canadian Community Health Survey	2009-50.6 2010- 56.3 2011-53.5	2009-47.1 2010- 47.8 2011-47.4	2009-52.5 2010- 52.1 2011-52.3
Population % aged 12 and over, that consume fruits and vegetables 5 to 10 times per day	Canadian Community Health Survey	2009-37.8 2010- 37.0 2011-37.5	2009-29.9 2010- 28.6 2011-29.0	2009-45.6 2010- 43.3 2011-44.2

Helmet Use. According to the 2010 Canadian Community Health Survey, 40.7% of the population over the age of 12 reported always wearing a helmet when riding a bicycle in the last 12 months compared to 39.7% in the province and 36.9% in Canada.

Health Practices

Among other health practices, cervical screening, mammography, and overall uptake of influenza vaccine continue to be monitored to assess overall health. Table 6 outlines statistics related to these health practices. In the 2010/11 fiscal year, the Provincial Breast Screening Program and Cervical Screening commenced sharing space in the Western Memorial Health Clinic to further develop a holistic Women's Wellness Program in the Western Region. In 2011/12, 58.5% of women aged 50 to 69 years in the Western region had mammograms under the Provincial Breast Screening Program, compared to 60% in 2010/11 and 58% in 2009/10. However, it must be noted that some women chose to have breast screening completed in other acute care facilities within the region that were not included in the percentages reported in the Provincial Breast Screening Program. Cervical screening is now analyzed in three year periods to reflect new screening recommendations where women repeat screening annually until there are three consecutive negative results and then extend the interval to every three years. The Western Health screening rate for women aged 20 to 69, from 2009 to 2011 was 69% compared to 72% in the province.

Community Health Nurses continue to provide information and education on the benefits of cervical screening, mammography, and influenza vaccinations. In the prevention of cervical cancer, in 2012, 92.9% of the eligible girls received the HPV vaccination compared to 95% in

2011 and 85% in 2010. Staff influenza vaccinations increased from 50% in 2009 and 2010 to 55% in 2011.

Table 6. Health Practices

Health Practices	Data Source	Western Region
Cervical Screening	Western Health	2009-2011-69%
Mammography	Provincial Breast Screening Program	2009/10-58% 2010/11-60% 2011/12-58.5%
Influenza Vaccination for staff of Western Health who received influenza vaccine through employer	Western Health	2010-50% 2011-50% 2012-55%
Influenza Vaccination for Long Term Care residents	Western Health	2010-88% 2011-88% 2012-90%
Population aged 65 and older receiving influenza vaccination	Canadian Community Health Survey	2008-53.8% 2009-53.8% 2010-56.0%

Healthy Child Development

Children born in low-income families are more likely than those born in high-income families to have low birth weights, to eat less nutritious food, and to have more difficulty in school. Half of the lone parent families in the Western region had incomes of less than $29,000 in 2010, compared to $28,000 in 2009 and $26,800 in 2008 (compiled by the Community Accounts Unit based on Canada Customs and Revenue Agency, Statistics Canada). In 2010, half of the lone parent families in the province had incomes of less than $31,100. The national figure was $37,100.

The total number of children ages up to the age of 17 in the Western region who were in families receiving Income Support Assistance in 2011 was 2,430 compared to 2,595 in 2010 and 2,875 children in 2007.

The incidence of obesity and diabetes is high in the Western region of NL. Literature indicates that breastfeeding is a strategy that can deter the incidence of obesity and diabetes through healthy feeding practices early in life. The 2012 breastfeeding initiation rates for the Western region were 61.4% compared to 62.5% in 2011 and 59.9% in 2010. The 2012 breastfeeding initiation rates for the province were 68% compared to 66.7% in 2011 and 65.6% in 2010.

Chronic Disease

Health Outcomes

Research indicates that unhealthy practices are correlated with chronic diseases such as diabetes, heart disease, and cancer. The incidence of chronic diseases produces poorer health outcomes. Higher incidence rates of chronic diseases such as diabetes, high blood pressure, and hospitalized Acute Myocardial Infarction (AMI) and stroke, are evident in NL (See Table 7).

Table 7. Health Outcomes

Health Outcomes	Data Source	Western Region	NL	Canada
Injury hospitalization (Age standardized rate per 100,000)	Health Indicators National Trauma Registry	2009/10-599 2010/11- 631 2011/12-689	2009/10-514 2010/11-525 2011/12-537	2009/10-517 2010/11-514 2011/12-516
Asthma % (Aged 12+)	Canadian Community Health Survey	2009-8.3 2010- 7.5 2011- 8.1	2009-8.7 2010- 8.0 2011- 8.4	2009-8.1 2010- 8.5 2011- 8.3
Diabetes % (Aged 12+)	Canadian Community Health Survey	2009-10.0 2010- 8.8 2011-9.3	2009-8.1 2010- 8.3 2011-8.4	2009-6.0 2010- 6.4 2011-6.2
High Blood Pressure % (Aged 12+)	Canadian Community Health Survey	2009-25.5 2010- 23.5 2011-24.5	2009-21.6 2010- 24.2 2011-22.9	2009-16.9 2010- 17.1 2011-17.0
Hospitalized AMI (rate per 100,000)	Health Indicators CIHI, Discharge Abstract Database	2009/10-280 2010/11-267 2011/12-237	2009/10-329 2010/11-320 2011/12-292	2009/10-209 2010/11-209 2011/12-205
Hospitalized Stroke (rate per 100,000)	Health Indicators CIHI, Discharge Abstract Database	2009/10-143 2010/11-133 2011/12-97	2009/10-141 2010/11-146 2011/12-137	2009/10-124 2010/11-124 2011/12-121
Lung and Bronchus Cancer (age standardized rate per 100,000)	Cancer Incidence in Canada	--	2006-66.6 2007-48.8 2008-49.6 2009-54.8	2006-67.6 2007-56.0
Breast Cancer (age standardized rate per 100,000 in the female population)	Cancer Incidence in Canada	--	2006-79.6 2007-93.7 2008-93.0 2009-84.6	2006-97.3 2007-98.4
Colon Cancer excluding rectum (age standardized rate per 100,000)	Cancer Incidence in Canada	--	2006-58.3 2007-47.0 2008-42.9 2009-41.5	2006-40.5 2007- 33.3
Colorectal Cancer (age standardized rate per 100,000)	Cancer Incidence in Canada	--	2007-72.4 2008-67.0 2009-63.8	2007-49.6
Prostate Cancer (age standardized rate per 100,000)	Cancer Incidence in Canada	--	2006-56.0 2007-63.0 2008-64.0 2009-68.6	2006-68.9 2007-57.8

Cervical Cancer (age standardized rate per 100,000) Estimate	Cancer Incidence in Canada	--	2006-1.9 2007-4.6 2008-4.0 2009-5.3	2006-4.0 2007-3.9

-- indicates data suppressed to meet confidentiality requirements

Note:

- The Canadian Community Health Survey is self report information. Percentages indicate the proportion of the population aged 12 and over who reported being diagnosed by a health care professional.
- Acute care hospitalization due to injury resulting from the transfer of energy (excludes poisoning and other non-traumatic injuries) per 100,000 population. This indicator contributes to an understanding of the adequacy and effectiveness of injury prevention efforts, including public education, product development and use, community and road design, and prevention and treatment resources.

There is a higher incidence of colorectal cancer in NL compared to Canada. Initiatives to prevent colorectal cancer have commenced within this region and in fact, Western Health was selected as the pilot site for the Provincial Colorectal Cancer Screening Initiative. Western Health is monitoring and reporting colorectal screening demand and the capacity for services within endoscopy.

Also, Western Health participated in the Atlantic Collaborative for Health Care Improvement-Self Management Support. The collaborative supports health care providers through implementing and evaluating change processes. Western Health is implementing self management support in diabetes with plans to roll this out to other chronic diseases.

According to the Newfoundland and Labrador Centre for Health Information (2012), the leading causes of death for the province in 2009 were cancer (32.2%), diseases of the circulatory system (31.7%), and diseases of the respiratory system (8.4%). In the Western region, 31.2% of deaths were caused by diseases of the circulatory system, 30.5% by cancer and 8.9% by diseases of the respiratory system. Among the provinces, the highest rates of colorectal cancer are generally reported in the Atlantic Provinces (especially Newfoundland and Labrador) and lowest rates in British Columbia and Alberta. See Table 8 for causes of death in the Western region, NL, and Canada.

Table 8. Causes of Death

Indicator	Western Region	NL	Canada
30-day AMI In-hospital Mortality (Health Indicators Report)	2007/10-8.2 2008/11-6.9 2009/12-7.2	2007/10-8.2 2008/11-8.0 2009/12-8.1	2007/10-8.2 2008/11-7.8 2009/12-7.3
30-day Stroke In-hospital Mortality (Health Indicators Report)	2007/10-19.3 2008/11-18.0 2009/12-17.4	2007/10-20.4 2008/11-19.9 2009/12-20.4	2007/10-16.9 2008/11-16.0 2009/12-15.0
Lung Cancer mortality rate	2000/02- 55.8	2000/02- 45.0	2000/02- 47.4

age standardized rate per 100,000 Statistics Canada, Health Profile	2005/07- 58.6	2005/07- 50.7	2005/07- 45.4
Prostate Cancer mortality rate age standardized rate per 100,000 Statistics Canada, Health Profile	2000/02- 12.3 2005/07- 14.0	2000/02- 11.9 2005/07- 9.8	2000/02- 10.2 2005/07- 8.3
Breast Cancer mortality rate age standardized rate per 100,000 Statistics Canada, Health Profile	2000/02- 15.8 2005/07- 13.9	2000/02- 14.9 2005/07- 13.7	2000/02- 13.7 2005/07- 11.9
Colorectal Cancer mortality rate age standardized rate per 100,000 Statistics Canada, Health Profile	2000/02- 17.1 2005/07- 21.8	2000/02- 20.7 2005/07- 23.7	2000/02- 18.8 2005/07- 17.9
Cervical Cancer mortality - Estimated, age standardized rate per 100,000 Canadian Cancer Statistics		2007- 4 2008- 4 2009- 4 2010- 3	2007- 2 2008- 2 2009- 2 2010-2
Cerebrovascular Disease age standardized rate per 100,000 Statistics Canada, Health Profile	2000/02- 53.3 2005/07- 42.0	2000/02- 49.2 2005/07- 46.6	2000/02- 40.9 2005/07- 30.8
Circulatory Diseases (includes ischemic heart and cerebrovascular diseases, and all others) Age standardized rates per 100,000 Statistics Canada, Health Profile	2000/02- 255.4 2005/07- 225.5	2000/02- 256.9 2005/07- 232.4	2000/02- 201.1 2005/07- 157.3
Total Mortality (rate per 100,000) NLCHI	2010-999.7 2011- 992.8 2012- 972.0	2010-877.5 2011- 870.3 2012- 896.9	2007-714.4 2008- 716.2 2009- 706.8
Life Expectancy (age) 2007-2009 Statistics Canada, Health Profile	78.9	78.3	81.1

In 2012, CIHI introduced three new indicators of avoidable mortality which were outlined and defined in the Health Indicators Report (p. ix., 2012). The Western region is higher than Canada on all indicators and higher than the province on avoidable mortality from preventable causes.

Table 9. Avoidable Mortality Indicators (CIHI, 2012)

Indicator	Western Region	NL	Canada
Potentially avoidable mortality (age standardized mortality rate per 100,000)	2006/08- 224 2007/09-211	2006/08- 220 2007/09-211	2006/08- 187 2007/09-183
Avoidable mortality from Preventable Causes (age standardized mortality rate per 100,000)	2006/08- 140 2007/09- 133	2006/08- 132 2007/09- 128	2006/08- 120 2007/09- 118
Avoidable Mortality from treatable Causes (age standardized mortality rate per 100,000)	2006/08- 84 2007/09- 78	2006/08- 88 2007/09- 83	2006/08- 66 2007/09- 65

Internal Analysis
Internal Business Processes

Canadian Hospital Reporting Project

The Canadian Hospital Reporting Project (CHRP) was initiated in 2012 and provided data related to 21 clinical and financial indicators to support performance measurement, quality and efficiency (CIHI, 2011). Western Health continues to monitor and implement actions related to the CHRP indicators to support effectiveness, patient safety, appropriateness and accessibility. Tables 10, 11, and 12 provide data for some indicators reported in CHRP. Highlighted below are several indicators from the CHRP report. CIHI has added a CHRP e-tool on their public website that reports key indicators at regional, provincial and national levels.

Table 10. CHRP Effectiveness Performance Indicators (CIHI, 2013)

Indicator	Western Health	NL	Canada
28-day readmission after AMI (rate per 100)	2009/10- 11.98 2010/11- 9.54 2011/12-11.68	2009/10- 12.05 2010/11- 11.3 2011/12-10.74	2009/10- 11.13 2010/11- 10.81 2011/12-11.63
28-day readmission after stroke (rate per 100)	2009/10- 3.08 2010/11- 4.17 2011/12-6.28	2009/10- 5.11 2010/11- 6.35 2011/12-4.07	2009/10- 6.79 2010/11- 7.37 2011/12-6.73
28-day readmission after hysterectomy (rate per 100)	2009/10- 2.69 2010/11- 7.05 2011/12-2.42	2009/10- 2.43 2010/11- 4.29 2011/12-3.82	2009/10- 3.41 2010/11- 3.4 2011/12-2.96

Table 11. CHRP Patient Safety Performance Indicators (CIHI, 2013)

Indicator	Western Health	NL	Canada
Age 65+ In-hospital hip fractures (rate per 1000)	2009/10- .95 2010/11- 2.11 2011/12-1.95	2009/10- .87 2010/11- .99 2011/12-0.6	2009/10- .89 2010/11- .79 2011/12-.13
90-day readmission after knee replacement (rate per 100)	2009/10- 1.39 2010/11- 3.43 2011/12-6.22	2009/10- 2.1 2010/11- 2.45 2011/12-4.01	2009/10- 3.46 2010/11- 3.31 2011/12-3.35
Nursing sensitive adverse events for medical conditions (rate per 1000)	2009/10- 25.92 2010/11- 33.29 2011/12-36.84	2009/10- 31.02 2010/11- 31.26 2011/12-29.83	2009/10- 28.46 2010/11- 28.65 2011/12- 19.82
Nursing sensitive adverse events for surgical conditions (rate per 1000)	2009/10- 30.52 2010/11- 44.1 2011/12-38.45	2009/10- 45.06 2010/11- 48.97 2011/12-42.86	2009/10- 34.25 2010/11- 36.15 2011/12-21.62

Table 12. CHRP Appropriateness Performance Indicators (CIHI, 2013)

Indicator	Western Health	NL	Canada
Caesarean Section (rate per 100)	2009/10- 32.31 2010/11- 33.69 2011/12- 34.01	2009/10- 34.75 2010/11- 33.94 2011/12- 33.5	2009/10- 27.89 2010/11- 28.05 2011/12- 28.96
Use of coronary angiography after AMI (rate per 100)	2009/10- 21.59 2010/11- 31.04 2011/12-36.74	2009/10- 50.5 2010/11- 52.5 2011/12-56.26	2009/10- 68.6 2010/11- 70.85 2011/12-66.27

Efficiency

In the last fiscal year, regional median wait times for placement into long term care decreased from 68 to 52 days. The most significant decrease was experienced at Calder Health Care Centre from 235 days in 2011/2012 to 14 days in 2012/2013 (See Table 13). Calder had many repatriations in the previous year. Also, there were few individuals on the wait list.

Table 13. Median Wait Times to Access Institutionally Based Long Term Care

Site	Median Wait Time 2007/2008	Median Wait Time 2008/2009	Median Wait Time 2009/2010	Median Wait Time 2010/2011	Median Wait Time 2011/2012	Median Wait Time 2012/2013
Corner Brook Long Term Care Home	78 days	69 days	47 days	74 days	74 days	71 days
Bay St.George Long Term Care Centre	139 days	135 days	48 days	26 days	87 days	34 days
Calder Health Centre	76 days	78 days	22 days	All individuals repatriated from other sites	235 days	14 days
Dr. Charles LeGrow Health Centre	18 days	113 days	25 days	6 days	9 days	35 days
Rufus Guinchard Health Centre	49 days	46 days	14 days	18 days	8 days	17 days
Bonne Bay Health Centre	451 days	78 days	172 days	194 days	127 days	153 days
Overall	**76 days**	**78 days**	**40 days**	**54 days**	**68 days**	**52 days**

Work continues to enhance efficiency related to hip and knee replacement services. To advance the provincial hip and knee replacement strategy, Western Health completed an analysis of the regional wait list and identified clients waiting beyond established benchmarks.

CIHI trends specific health system performance indicators as they are indicative of potential opportunities for improvement and these indicators are outlined in Table 14.

- The cardiac revascularization rate is an age standardized rate of coronary artery bypass graft surgery plus percutaneous coronary intervention (PCI) performed on patients in acute care hospitals, same day surgery facilities or catheterization labs, per 100,000 population age 20 years and over. The Western region has continued to have low rates of cardiac revascularization, especially PCI, when compared to provincial and Canadian rates.
- Ambulatory care sensitive conditions refer to a group of hospitalizations that are considered to be potentially preventable with early and consistent access to primary care. Rates in the Western region continue to be higher that the province and Canada.
- Although hysterectomy rates decreased from 2010/2011 to 2012/2013, rates continue to be higher than the province and Canada.

Table 14. Health Indicators (Health Indicators: CIHI, 2007-2011)

Indicator	Western Region	NL	Canada
Coronary Artery Bypass Graft Standardized rate per 100,000	2009/10-77 2010/11-68 2011/12- 67	2009/10-79 2010/11-75 2011/12- 71	2009/10-66 2010/11-63 2011/12- 62
Percutaneous Coronary Intervention (PCI) Standardized rate per 100,000	2009/10-98 2010/11-126 2011/12- 137	2009/10-143 2010/11-146 2011/12- 157	2009/10-169 2010/11-173 2011/12- 172
Cardiac Revascularization Standardized rate per 100,000	2009/10-175 2010/11-194 2011/12- 200	2009/10-221 2010/11-221 2011/12-226	2009/10-236 2010/11-235 2011/12- 233
Ambulatory Care Sensitive Conditions (Age standardized rate per 100,000)	2009/10-469 2010/11-530 2011/12-518	2009/10-473 2010/11-461 2011/12-423	2009/10-302 2010/11-299 2011/12-290
Hysterectomy (Age standardized rate per 100,000)	2009/10-388 2010/11-504 2011/12- 473	2009/10-368 2010/11-510 2011/12- 396	2009/10-328 2010/11-325 2011/12- 320
Knee Replacement (Age standardized rate per 100,000)	2009/10-119 2010/11-146 2011/12- 147	2009/10-128 2010/11-136 2011/12-165	2009/10-158 2010/11-160 2011/12- 169
Hip Replacement (Age standardized rate per 100,000)	2009/10-69 2010/11-57 2011/12- 53	2009/10-80 2010/11-70 2011/12- 88	2009/10-100 2010/11-100 2011/12- 105

Note that Canadian data does not include Quebec.

The analyses of diagnoses admitted to health care facilities provide further insight into the health and subsequent health needs of the population. Diagnoses admitted to Western Health facilities vary depending upon the program area. The most responsible diagnoses within the Medicine

Program are diseases and disorders of the heart, COPD, palliative care, pneumonia, and signs/ symptom of the digestive system. In the Surgery Program, the most responsible diagnoses are unilateral knee replacement, interventions on the upper and lower urinary tract, hysterectomy with non-malignant diagnosis, partial excision of prostate using open approach, and unilateral hip replacement. Within the Acute Mental Health Program, the most responsible diagnoses are depressive episode without Electroconvulsive Therapy (ECT), schizophrenia, bipolar disorder without ECT, and stress reaction/adjustment disorder.

The average age of the adult population accessing acute care services, excluding admission related to pregnancy and childbirth has remained fairly stable in 2012/13 fiscal year as compared to the previous year. In 2012/13 the average age was 63.92 years compared to 63.46 years in 2011/12. Of this population, 20% were 80 years or older.

The concept of alternate level of care (ALC) was designed to separate true acute care patients from those non-acute patients occupying acute care beds. An ALC patient is defined as a patient who has finished the acute care phase of his/her treatment but remains in an acute care bed. The patient may be awaiting placement (i.e., community services, transfer to another facility) or sometimes may be admitted to hospital because no alternate care is available (i.e., respite). ALC days continue to represent 20% of all the acute care days for Western Health. In 2012/13, Western Health utilized 52.67 acute care beds for ALC care, with an average length of stay of 39.33 days. This high occupancy places pressures on acute care beds, as full acute care occupancy is not available. This may lead to inefficient patient flow, longer stays in emergency departments and cancellation of services. Rural sites experiencing difficulties providing acute care services may transfer acute patients, who would be otherwise cared for at that site, to other centers to obtain services. It is also difficult for patients who wait in acute care for alternate care services, as the acute services no longer meet their needs. Functional, social, and emotional decline may be precipitated by the environment where the waiting is occurring.

Efforts to improve clinical effectiveness of programs and services throughout Western Health using Lean principles continue.

Finance

Financial Conditions and Infrastructure

In the last fiscal year, Western Health received just over 4.6 million dollars from the Provincial Government for capital equipment. Investments included software upgrade to the MRI machine at Western Memorial Regional Hospital, a new Ultrasound machine at Sir Thomas Roddick Hospital, Integrated Nursing Communication Link at Bay St. George Long Term Care Centre, upgrades to X-Ray units at Bonne Bay Health Centre, Rufus Guinchard Health Centre, and Calder Health Centre, renovations of the kitchen and cafeteria at Dr. Charles LeGrow Health Centre, Logi-D 2-Bin RFID Inventory System at Western Memorial Regional Hospital and so on.

Clinical Online Documentation was implemented in acute care at Western Memorial Regional Hospital in the last fiscal year. This tool has supported the implementation of other initiatives to enhance patient care.

Discussions related to hospital planning continue.

Human Resources

Human Resource Planning

Partnerships with educational institutions continued in an effort to recruit and retain health professionals. Over the past fiscal year, there were significant efforts made to recruit Nurse Practitioners for the rural sites.

Work continues on the implementation of the Health Human Resources Information System. Through continued efforts of the Attendance Management Program, sick leave decreased from 15.37 per employee in 2010 to 13.17 in 2012.

A number of new hires occurred within the organization including a Clinical Educator in Orthopedics, Knowledge Exchange Facilitator funded through the Federal Drug Strategy, Psychiatric Nurses, Radiologists, an Ultrasound Technologist, and twenty physicians.

Table 15 illustrates the number of health care professionals per 100,000 in Newfoundland and Labrador compared to Canada.

Table 15. Health Human Resource Workforce Rate per 100,000 (Health Indicators: CIHI, 2013)

Occupation	Western NL	NL	Canada
Family Physicians	2009-125 2010-121 2011-116	2009-118 2010-118 2011-123	2009- 103 2010- 104 2011-106
Specialists	2009- 73 2010-75 2011-74	2009-102 2010- 108 2011- 108	2009-99 2010- 101 2011- 103
Registered Nurses	---	2009-1140 2010- 1181 2011-1184	2009-785 2010- 783 2011-781
Licensed Practical Nurses	---	2009-494 2010- 490 2011-485	2009-227 2010- 237 2011-244
Pharmacists	---	2009-116 2010- 122 2011-127	2009-90 2010- 92 2011-94
Dentists*	---	2008- 35 2010- 35 2011-35	2008- 58 2010- 58 2011-60
Dental Hygienists*	---	2008- 23 2010- 30 2011-34	2008- 67 2010- 75 2011-77

Dietitians*	---	2008- 30 2010- 31 2011- 34	--- 2010- 28 2011- 29
Occupational Therapists	---	2009-30 2010-32 2011- 34	2009-39 2010-38 2011-39
Physiotherapists	---	2009-38 2010- 40 2011-43	2009-51 2010- 49 2011-51
Chiropractors*	---	2008- 10 2010- 11 2011-12	2008- 23 2010- 23 2011-24
Optometrists*	---	2008- 10 2010- 10 2011-10	2008- 14 2010- 14 2011-15
Psychologists*	---	2008- 39 2010- 47 2011-38	2008- 47 2010- 47 2011-49
Social Workers	---	2008-245	2008-100
Psychiatrists	---	2009-12	2009-13

Notes:
1. Registered Nurses, Licensed Practical Nurses and pharmacists do not include Quebec, Manitoba, and Nunavut.
2. Physiotherapists do not include Nova Scotia, Manitoba, and Nunavut.
3. Occupational Therapists do not include Quebec.
4. Rates reflect health professionals registered with active-practicing status who are employed in these health professions. For other health professionals, data reflect personnel regardless of employment status and include the number of active registered individuals (indicated with an *).

Learning and Growth

Best Practice

Employee Development supports employees in education. One such means is through e-learning. E-learning modules such as evaluation, WHMIS, and Safe Resident Handling Program have been developed in collaboration with Employee Development. Employee Development has continued to coordinate, support and/or provide education programs such as the Advanced Care Paramedic Program, Pediatric Advanced Life Support, Canadian Triage Acuity Scale, and Acute Care of the at-risk Newborns.

Conferences such as the Consortium's Nursing Research Conference coordinated through the Western Regional School of Nursing provide opportunities for staff to share best practices, research, and evaluations with other health care professionals throughout the province.

The regional library continues to provide regional assistance to support evidence-informed decisions and best practice. The library performed 1110 literature searches in the 2012/13 year.

A three year review of all Western Health policies has commenced. Work on the migration of the policy site to another more accessible site on the intranet has been completed. Development, review and updating of policies throughout the organization continued in the last fiscal year.

Accreditation

Work has been ongoing within Western Health to achieve the key activities in the critical path to accreditation 2013. The self assessment process, using Accreditation Canada's online questionnaires and instruments, was completed by July 2012. Accreditation Canada's self assessment process supports staff assessment of compliance with standards of excellence in the provision of programs and services provided within Western Health. Using the results of the self assessment, regional quality leads, in collaboration with their respective program area(s) and/or established committees, worked to develop and/or implement actions to address the identified opportunities for improvement. In 2012-2013, all regional leads reported to Western Health's quality council on their progress with addressing priorities from the self assessment and/or progress with achievement of unmet criteria from the accreditation 2010 survey as well as Accreditation Canada's required organizational practices for 2013.

Accreditation from the Canadian Association of Radiologists was maintained by the Provincial Breast Screening Program, Western Memorial Regional Hospital and Sir Thomas Roddick Hospital. Also, all six laboratories throughout the Western region have been certified by the Ontario Laboratory Accreditation.

Research and Evaluation

Quality Management and Research initiated, continued or completed 36 evaluations in the 2012/2013 fiscal year. Quality improvement evaluations included fall prevention, diabetes self-management support, dialysis satellite site in Port Aux Basques, Comprehensive School Health Assessment, and the Women's Wellness clinic. In addition to Western Health's participation in quality improvement and assurance projects, the Research Resource Review Committee reviewed and approved ten new studies to be conducted within the Western region.

An evaluation of post occupancy in the Corner Brook Long Term Care Home was completed and the corresponding article titled "Transitioning to a New Nursing Home: One Organization's Experience" was accepted for publication in the Health Care Manager Journal. Also, an article titled "Affecting Change Through Continuing Education: Improving Vaccine Administration Technique" was published in the Journal of Continuing Education in Nursing.

Ethics

The four regional health authorities signed a memorandum of understanding to guide their partnership in ethics. In 2012-2013, Provincial Health Ethics Network Newfoundland and

Labrador (PHENNL) served as a resource to the partners in the areas of education, policy, consultation and accreditation. One significant outcome of the partnership in 2012-2013, was the work of the provincial drug shortage resource group that developed the Decision Making Framework for Drug Shortage Planning. The Western Health Ethics Committee conducted five clinical case consultations to help staff with ethical issues related to disclosure of confidential information and duty to report, drugs in short supply, nutrition/hydration, competency and capacity in treatment decisions, and moral distress of staff caring for violent patients. Staff supported the development of provincial feeding guidelines to guide ethical decision making and practice.

Employee Wellness

Many initiatives to ensure the wellness, health and safety of all staff commenced in the last fiscal year. Some projects included:

- Regional Occupational Health and Safety training
- Working Alone Program Development
- Canadian Health Care Influenza Immunization Network Pilot
- Years of Service Award Program
- Smoking Cessation Support Program
- Employee Assistance Program

Policies such as Nonviolent Crisis Intervention, Staff Safety Alert, Preparing for an Office Visit with Known Aggressive Client and Responding to Abusive Phone Calls have been developed to enhance the safety of staff.

Audits conducted within Western Health in March 2013 determined that the criteria for PRIME were met.

Clients/Patients/Residents

Best Practice

Based on best practice and research, several changes and initiatives have been implemented or continued in the last fiscal year:

- Ottawa Hospital Model of Clinical Nursing Practice
- Chronic Obstructive Pulmonary Disease (COPD) Pilot Project
- Revision of the Cardiac Rehab Program
- Assertive Community Treatment Team
- Safe Client Handling and Movement Program

The Pharmacy Network Access Program provided feedback to the NL Centre for Health Information which resulted in changes and a provincial program is being planned.

Volunteers play a significant role in the delivery of programs and services and to assist in best practice initiatives such as Pastoral Care, Pet Therapy, recreation, meals on wheels and so on.

Client/Patient/Resident Feedback

Efforts to obtain client/patient/resident feedback are ongoing. The acute care patient experience surveys were administered at the beginning of the 2012/2013 fiscal year. Overall results indicate that among Western Health's many strengths are care from nurses and doctors, other aspects of patient care such as pain control and management, and hospital environment. Opportunities for improvement include communication with patients about possible medication side effects and information and communication upon discharge. Reports will be uploaded to the intranet for staff to review and the Western Health website.

Safety

Client/Patient/Resident safety is integrated across all branches throughout the organization. Of the many initiatives to enhance the safety of clients/patients/residents, some examples are;

- Safer Healthcare Now
- Canadian Patient Safety Institute-Stop Infections Now
- Failure Mode and Effects Analysis
- Medication Reconciliation
- Ventilated Associated Pneumonia
- Purchase of hi/low beds
- Situation-Background-Assessment-Recommendation (SBAR)
- KinderGuard Infant Security System
- Regional Interprofessional Wound Intervention Clinic

To enhance the timely management of occurrences, face to face and/or webinar sessions to train staff on Clinical Safety Reporting System (CSRS) were completed. Reporting templates and reminders of overdue occurrences were developed to enhance performance monitoring and improvement.

Improving Population Health

In partnership with Quality Management and Research, the Population Health Branch Primary Health Care Managers developed and conducted Community Health Needs and Resources Assessments throughout the Primary Health Care areas of Western Health. Summary reports were compiled for each Primary Health Care area and the region. Recommendations were outlined in these reports. These reports highlight strengths in the Western region related to the use of technology, specifically telehealth, and community services and support. Overall, access to health care programs and services and community services, chronic disease prevention and management, and health promotion and wellness were cited as key challenges confronting community members in the PHC areas.

Western Health continues to work on improving population health within the Western region. In partnership with external organizations and through the community advisory committees, initiatives have taken place to promote healthy behaviors and practices both within Western Health facilities and throughout the Western region including:

- Healthy Choices Nutrition Criteria
- Green initiatives
- Eat Great and Participate
- Community Gardens
- Kids in the Community Kitchen
- Fun Food Camp
- Take Back the Night
- White Ribbon Campaign
- Promoting Equality and Accountability through Community Engagement
- Sexual Health Resources
- Body Image Tool Kit
- Youth Voices, Healthy Choices

Access

According to the 2010 Canadian Community Health Survey, 88.5% of residents in the Western Region of NL reported having a regular medical doctor compared to 88.2% in the province and 84.8% in Canada.

Telehealth continued to grow in the last fiscal year with an overall increase of 26%. The Deer Lake Clinic now has dedicated space for Telehealth and equipment has been purchased for the provision of Telehealth at Sir Thomas Roddick Hospital (Diabetes Nurse Educator Office), Francois, Dr. Charles LeGrow Health Centre (Diabetes Nurse Educator Office), Western Memorial Regional Hospital (Diabetes Education Room) and the Woody Point Clinic. Provision of programs such as the chronic disease prevention and management of diabetes, dietitian, social work, mental health and addictions, psychiatry, internal medicine, and wound care through telehealth enhanced access for clients living in remote areas of the Western region. Plans to enhance Telehealth in other programs and services are ongoing.

Access to services in the rural areas of Western Health can be challenging. Travelling clinics, outreach clinics and visiting specialists continue to enhance access to programs and services in the rural areas of the Western region. Also, programs such as Acute Care Replacement, End of Life, and the Assertive Community Treatment Team allow clients to receive treatment in the community rather than in an acute care facility. The implementation of a Child Development Team within Community Health and Family Services provides families with services that would otherwise have to be accessed through the Janeway.

Focusing on clinical efficiency is having a positive impact on access to programs and services such as Mental Health and Addictions. Although Mental Health and Addictions referrals increased by 11%, staff provided services to more clients and decreased the number of clients

waiting for service as compared to the previous year. In addition to the Assertive Community Treatment Teams, setting psychiatric appointments through community wide scheduling has enhanced efficiency.

Healthy Child Development

Although births continue to decrease in the Western region, referrals to programs such as Healthy Beginnings continue to increase. Programs such as BABIES continue to promote healthy child development. In 2012/13 290 women participated in the BABIES program compared to 275 in 2011/12. Forty six percent of women were referred in their first trimester and 38% in the second. A small increase was noted in referrals for the first trimester which is the goal of the program. Under the Newborn Hearing Screening Program, nearly 98% of infants were screened prior to discharge from hospital.

A partnership with the Western Regional School Board enhanced healthy eating activities throughout the region. Programs such as Engaging Parents, 5-2-1-0 Campaign, Healthy Lunch Challenge and Sip 'N' Crunch Campaign were implemented. As well, a nutrition survey and Comprehensive School Health Assessment were conducted throughout many schools in the region to determine students eating behaviors, activity, and concerns.

Healthy Aging

Western Health continues to foster a healthy aging environment through initiatives such as: the introduction of a Nurse Practitioner led healthy aging clinic at Dr. Charles LeGrow Health Centre, Healthy Aging Calendar, "Dance Like a Butterfly" performance, "Myth busters Campaign", elearning modules related to dementia, policies on hydration and wandering, development of a restorative care unit, medication reconciliation, and many other activities.

Western Health has partnered with the province in the development of the Act Respecting Protection of Adults. In doing so, work has been completed on the policy manual, the education and training plan, public awareness and the evaluation.

Opportunities and Challenges

The dedication of staff has led Western Health to many successes and accomplishments in the 2012/13 fiscal year. Some challenges for the upcoming fiscal year include: planning for the new hospital, improving access to programs and services through such means as Telehealth and waitlist management, improving awareness of programs and services, process improvements through the use of Lean principles, and recruitment and retention of difficult to fill positions.

Conclusion

Progress continues on the strategic and operational goals outlined in Western Health's Strategic Plan for 2011-2014 and a new strategic plan will be developed for 2014-2017.

Strategic Goals:

1. By March 31, 2014, Western Health will have enhanced programs and services in diabetes management to respond to the identified concerns of residents in the Western region.
2. By March 31, 2014, Western Health will have enhanced patient safety in infection prevention and control to lead to optimal patient outcomes in the Western region.
3. By March 31, 2014, Western Health will have enhanced health promotion through the implementation of priority initiatives in a health promotion plan to support improving population health.

Operational Goal:

1. By March 31, 2014, Western Health will have enhanced its work life culture to support employee recruitment, retention and engagement, in keeping with provincial and regional policy direction and fiscal responsibilities.

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