# Environmental Scan 2019-2020

**Prepared by:**

Mariel Parcon
Regional Director Planning and Performance
People, Quality & Safety Branch

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## Foreword

Dates written in the form "2019" represent a calendar year from January 1 to December 31. Dates written in the form "2019/20" represent a fiscal year from April 1 to March 31.

Dates written in the form of “2019 and 2020” represent two calendar years.

Dates written in the form of “2018 to 2020” represent combined data for the three calendar years.

Many indicators presented in this version of the environmental scan use updated population data, indicator calculations, and changes to coded data. Therefore, data and indicators reported in previous versions of the environmental scan will differ than the information presented here.

Although indicator reporting years vary throughout the report, the most recent available data is reported.

## Our People and Communities

### *Demographics*

*Population*

The Western Regional Health Authority geographical boundaries are from Port aux Basques, southeast to Francois, northwest to Bartlett's Harbour, and on the eastern boundary north to Jackson's Arm. The population of the Western region in 2018 was 77,104 and according to Table 1, there was a 0.6% increase in the population between 2017 and 2018 (Newfoundland and Labrador Centre for Health Information (NLCHI), 2020). The provincial population also increased from 519,715 in 2016 to 525,355 in 2018. Other notable Western region population characteristics include (Canadian Institute for Health Information (CIHI), 2020):

- 25.6% seniors (age 65+) in 2019
- 46.2% rural area population in 2016
- 1.4% immigrant population in 2016
- 25.5% indigenous population in 2016

Table 1. Population

| | 2017 | **2018** | **% Change** | **Median Age 2016** | **Population and Percent Age 65+** |
|---|---|---|---|---|---|
| Western Region | 76,626 | 77,104 | 0.6 | 50 | 18,812 (24.4%) |
| | 2016 | **2018** | **% Change** | | |
| NL | 519,715 | 525,355 | 1.1 | 46 | 107,925 (20.5%) |

Sources: Statistics Canada (Compiled by NLCHI October 2020)
Statistics Canada (Retrieved from Community Accounts November 2020)

*Migration*

According to Community Accounts NL (2020) in 2018, the Western region experienced a residual net migration of -0.19% or -150 individuals, while the province was -0.12% or -615 individuals (Table 2). Net migration is calculated by using the residual method of subtracting the current population from the population in the previous year and then removing the affect that births and deaths has on the population. The remainder or residual is the number of people who migrated into or out of the area (Community Accounts, 2020).

Table 2. Residual Net Migration

| | 2018 |
|---|---|
| Western Region | -0.19% (-150 individuals) |
| Province | -0.12% (-615 individuals) |

Source: Statistics Canada (Retrieved from Community Accounts November 2020)

*Birth Rate*

The birth rate (per 1000) in the Western region increased from 6.3 in 2017 to 6.4 in 2018. Provincially, the birth rate in 2017 was 7.9, and 7.7 in 2018. Table 3 shows there were 500 births in the Western region in 2017 and 505 in 2018.

Table 3. Birth Rates

| | Number of Births | | Percent Change | Total Birth Rate (per 1000) | |
|---|---|---|---|---|---|
| | 2017 | 2018 | | 2017 | 2018 |
| Western Region | 500 | 505 | 1% | 6.3 | 6.4 |
| NL | 4085 | 3990 | -2.3% | 7.9 | 7.7 |

Source: NLCHI (retrieved from Community Accounts November 2020)

*Mortality*

According to Table 4, from 2004-2017 the median age of death for residents in the Western region and NL was 78. In 2018, there was a 3.5% increase in the number of deaths in the Western region - 885 deaths in 2018 compared to 855 in 2017 (Community Accounts, 2020).

Table 4. Number of Deaths

| | Number of Deaths | | Percent Change | Median Age of Death |
|---|---|---|---|---|
| | 2017 | 2018 | | 2004-2017 |
| Western Region | 855 | 885 | 3.5% | 78 |
| NL | 5060 | 5155 | 1.9% | 78 |

Source: Statistics Canada (Retrieved from Community Accounts November 2020)

According to CIHI, from 2015 to 2017, the life expectancy at birth for residents of the Western region and NL was 79.5 years, compared to 82.1 for Canada (Table 5). The life expectancy at age 65 for Western region residents between 2015-2017 was 19.2 years, compared to 18.9 for NL, and 21 for Canada (CIHI, 2020).

Table 5. Life Expectancy

| | Life Expectancy 2015-2017 | |
|---|---|---|
| | **At Birth** | **At Age 65** |
| Western Region | 79.5 | 19.2 |
| NL | 79.5 | 18.9 |
| Canada | 82.1 | 21 |

Source: CIHI, 2020

*Income and Income Support*

The gross income for individuals in the Western region continues to increase incrementally. Research indicates that higher income is typically associated with better health. In 2017, the gross personal income per capita for the Western region was $32,900, compared to $32,000 in 2016 (Table 6). In 2017, the average couple family income was $93,900 for the Western region compared to $108,400 provincially and $116,200 nationally (Community Accounts, 2020). According to CIHI (2020), in 2016, 13.1% of children were living in low-income families in the Western region.

Table 6. Income and Employment

| | **Western Region** | **Province** |
|---|---|---|
| Gross personal income per capita (2017) | $32,900 | $37,100 |
| After tax personal income per capita (2017) (adjusted for inflation) | $20,800 | $22,800 |
| Average Couple Income (2017) | $93,900 | $108,400 |
| Self-Reliance Ratio (2017) | 73.8% | 79.9% |
| Income Support Assistance rate (2019) | 8.9% | 7.6% |
| Employment Insurance rate (2019) | 37.8% | 29.7% |

Source: Canada Revenue Agency (Retrieved from Community Accounts November 2020)

According to Table 6, at some point in 2019, 8.9% of the population in the Western region received income support assistance compared to 9.1% in 2018. Provincially, 7.6% received income support assistance at some point during 2019, compared to 7.7% in 2018. The employment insurance incidence (the percentage of the labor force in the Western region that collected employment insurance at some point in 2019) was 37.8%, compared to 40.2% in 2017. In 2019, the employment insurance incidence was 29.7% for Newfoundland and Labrador (NL) compared to 32.4% in 2017 (Community Accounts, 2020).

*Education*

Based on 2019/20 data from the Department of Education, overall student enrolment in the Western region decreased slightly from the 2018/19 and 2019/20. This trend was also consistent with provincial enrollment (Table 7).

Table 7. Education Enrollment

| | Western Region | | Province | |
|---|---|---|---|---|
| | 2018/19 | **2019/20** | 2018/19 | **2019/20** |
| Primary | 2,499 | 2,469 | 18,543 | 18,164 |
| Elementary | 2,100 | 2,113 | 15,445 | 15,291 |
| Junior High | 2,074 | 2,025 | 14,962 | 15,052 |
| Senior High | 2,328 | 2,258 | 15,386 | 15,215 |
| Total | 9,001 | 8,865 | 64,336 | 63,722 |

Source: Department of Education and Early Childhood Development (Retrieved from Community Accounts November 2020)

According to the 2016 census, 19.4% of residents of the Western region aged 25-64 do not have a high school diploma compared to 15.7% provincially. This is a decrease from 25.5% in for the region, and 20.3% for the province in 2011. According to Table 8, in the Western region 12% of people aged 25 to 64 have a bachelor's degree or higher compared to 16.4% provincially (Community Accounts, 2020).

Table 8. Highest Level of Education 2016 (%)

| Highest Level of Education | Western Region | Province |
|---|---|---|
| Does not have high school | 28 | 23.4 |
| High school (age 15+) | 72 | 76.6 |
| Bachelor's degree or higher (age 15+) | 10.9 | 14.8 |
| Does not have a high school diploma (age 25-54) | 19.4 | 15.7 |
| High school (age 25-54) | 80.6 | 84.3 |
| Bachelor's degree or higher (age 25-54) | 13.6 | 18.3 |

Source: Statistics Canada Census (Retrieved from Community Accounts November 2020)

***Health and Wellness***

*Well-Being*

According to the Canadian Community Health Survey (CCHS) (2017 and 2018), 83.1% of respondents in the Western region reported a strong sense of community belonging, which is a slight decrease from 84.2% in 2015 and 2016. This is higher than both NL (77.7%) and Canada (68.9%).

Table 9. Health Characteristics 2017 and 2018 (%)

| Indicator | Western Region | Province | Canada |
|---|---|---|---|
| Perceived life stress- extreme or quite a bit | 14.0 | 14.9 | 21.4 |
| Satisfaction with life in general as satisfied or very satisfied | 92.1 | 92.5 | 93.1 |
| Sense of belonging to community as very or somewhat strong | 83.1 | 77.7 | 68.9 |
| Perceived health, very good or excellent | 55.5 | 61.1 | 60.8 |
| Perceived mental health as excellent | 67.2 | 69.1 | 69.4 |

Source: Statistics Canada, 2020

The CCHS posed questions on perceived life stress and 14% of Western region indicated perceived life stress as extreme or quite a bit, which is similar to 14.9% for NL, but lower compared to 21.4% for Canada. According to Table 9, general life satisfaction in the Western region is at 92.1% which is comparable to NL (92.5%) and Canada (93.1%) (Statistics Canada, 2020)

A major indicator of well-being is how a person rates his or her own health and mental health. According to the CCHS (2017 and 2018), 55.5% of individuals in the Western region rated their health status as being very good or excellent compared to 61.1% of individuals in the province, and 60.8% in Canada. According to Table 9, 67.2% of respondents in the Western region rated their mental health as excellent which is comparable to 69.1% of the respondents in the province, and 69.4% in Canada.

*Mental Health and Well-Being*

Table 10 outlines the three indicators that assess the performance of the mental health and addictions (MHA) system (CIHI, 2020): self-injury hospitalization, repeat hospitalization stays for mental illness, and hospitalizations entirely caused by alcohol.

Table 10. Mental Health and Addictions Performance Indicators

| Indicator | Western Region | NL | Canada |
|---|---|---|---|
| Self-Harm Hospitalizations (per 100,000) | 2014/15- 84<br>2015/16-118<br>2016/17- 147<br>2017/18 – 146*<br>**2018/19 – 108*** | 2014/15- 84<br>2015/16-85<br>2016/17- 105<br>2017/18 – 114*<br>**2018/19 – 113*** | 2014/15- 65<br>2015/16-66<br>2016/17- 68<br>2017/18 – 69<br>**2018/19 - 67** |
| Repeat hospital stays for mental illness | 2016/17- 16.8<br>2017/18–14.3*<br>2018/19 – 14.4<br>**2019/20 – 14.9** | 2016/17- 13.1<br>2017/18-13.8*<br>2018/19 – 14<br>**2019/20 – 14.3** | 2016/17- 12.1<br>2017/18-12.1<br>2018/19 – 12.4<br>**2019/20 – 12.8** |
| Hospitalizations entirely caused by alcohol (per 100,000) | 2016/17- 157<br>2017/18-163*<br>**2018/19 - 181** | 2016/17- 179<br>2017/18-189*<br>**2018/19 - 178** | 2016/17- 242<br>2017/18-249<br>**2018/19 - 259** |

Data source: CIHI, 2020
*statistically different than Canada

Self-Harm Hospitalization:

This indicator measures the age-standardized rate of hospitalization in a general hospital due to self-injury, per 100,000 population. A lower rate is better and Western Health's (WH) rate has decreased from 146 in 2017/18 to 108 in 2018/19 but remains higher than the national average. In 2019/20 WH continued efforts around life promotion, suicide prevention, and positive coping. In addition to the many resources, programs and initiatives available to support suicide prevention, the partnership with Qalipu First Nation Band for the Life Promotion Collaborative continued in 2019/20, supported by the Canadian Foundation for Healthcare Improvement (CFHI). The group held its Graduation Gathering in June 2019 which involved group members accepting Eagle Feathers to demonstrate their commitment to be life promoters. The group will continue to move forward with new initiatives which is an opportunity to improve services by increasing the knowledge and understanding of people working across two systems to improve continuity of service and connect individuals to enhanced community supports. Looking ahead, a provincial life promotion suicide prevention strategy is in development and expected to be approved in the upcoming fiscal year.

In 2019/20, there was also continued work to transform the MHA system in accordance with the provincial document ***Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador.*** Through combined efforts there has been a significant reduction in both wait lists and wait times in MHA programs within

WH. Some highlights in 2019/20 included the introduction of DoorWays, a mental health and addictions single session, walk in service where clients can be connected with a health care professional, and the introduction of Mobile Crisis Response (MCR) team in Corner Brook. MCR is a team comprised of a police officer ( RNC /RCMP) who has been orientated to mental health crisis response and a Mental Health social worker or nurse that has significant experience in mental health, that travels to assist/intervene with a mental health-related crisis, in a person's home or community. In late 2019/20, related to the COVID-19 pandemic, most of the DoorWays visits were offered virtually but there remained in person service available at all sites, if preferred in adherence with public health guidelines

Repeat Hospitalizations for Mental Illness:

This indicator examines the risk-adjusted percentage of individuals who had three or more episodes of care for a mental illness among all those who had at least one episode of care for a mental illness in general or psychiatric hospitals within a given year. A lower rate is better. Western Health's rate of 14.9 in 2019/20 was a slight increase from 14.4 in 2018/19 and is considered the same as provincial and national rates of 14.3 and 12.8 respectively. During 2019/20, promotion of the Mental Health and Addictions screening program Check It Out, Mental Health and Addictions services, and the revised Bridge the gApp website was completed with internal and external service providers, psychiatry patients, and the general community. Check It Out focuses on the early identification of issues through online self-assessment tools. 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. 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. Correlational data from MHA Screening Program promotions and number of screenings completed was reviewed and a report developed to provide recommendations and inform future promotional efforts.

Hospitalizations Entirely Caused by Alcohol:

Harmful use of alcohol has serious effects on individuals and puts unnecessary strain on health care resources. This indicator provides a pan-Canadian perspective on hospitalizations that are 100% attributable to alcohol among individuals age 10 and older. Measuring alcohol-attributable hospitalizations helps to bring awareness to the seriousness of harm associated with alcohol use and to drive action to manage, reduce, and prevent it. For this indicator a lower rate is better.

Western Health's rate has risen to 181 in 2019/20 from 163 in 2017/18 but remains below Canada and statistically even with the province. In 2019/20 Western Health continued to implement programming aimed to educate youth on the dangers of alcohol including the P.A.R.T.Y program (Prevent Alcohol and Risk Related Trauma in Youth) which is a half day interactive program targeting youth aged 15 and older to recognize injury risks associated

with substance use and make informed decisions to reduce these risks. In keeping with the implementation of Towards Recovery, an alcohol strategy will be released in the upcoming fiscal year to address alcohol use and its associated harms.

### *Health Status*

Indicators such as physical activity participation, consumption of fruits and vegetables, smoking rates, alcohol consumption, and breastfeeding initiation are considered indicators that contribute to health status of a population. Table 11 includes most recent data on these indicators for the Western region, NL, and Canada.

Table 11. Health Status Indicators (Percent of Population) 2017 and 2018

| Indicator | Western Region | Province | Canada |
| --- | --- | --- | --- |
| Physical activity, 150 minutes per week, adult (age 18+) | 46.1 | 49.4 | 56 |
| Physical activity, average 60 minutes per day, youth (12 to 17 years old) | 57.8 | 51.1 | 57.8 |
| Current daily smoker (daily or occasional) | 21.2 | 16.7 | 11.3 |
| Cannabis use in the past three months (4th quarter 2019) | n/a | 25.9 | 16.7 |
| Heavy drinking- having 5 (males) or 4 (females) drinks on one occasion 12 or more times in the past 12 months | 26.6 | 26.7 | 19.3 |
| Breast milk feeding initiation | 63.4 | 72 | 90.9 |

Source: Statistics Canada, 2020

Heavy drinking refers to males who reported having five or more drinks, or women who reported having 4 or more drinks, on one occasion 12 or more times in the past 12 months. According to Table 10, 26.6% of residents of the Western region are heavy drinkers, compared to 26.7% in NL, and 19.3% in Canada. In 2019/20 Western Health continued several initiatives to prevent substance use including the Get Ready program, Challenges, Beliefs, Changes program, Substance Use Activities Toolkits, and What's with Weed program.

Given recent legislation of legal recreational cannabis use in Canada, Statistics Canada has developed a new Cannabis Stats Hub to monitor cannabis use across Canada. In Newfoundland and Labrador, cannabis use has increased from 18.5% in quarter one of 2019 to 25.9% in quarter four of 2019. This increase could be due to the change to non-medical cannabis legislation which was expanded to include additional cannabis products

such as edibles, topicals, & extracts in October 2019. In Canada, cannabis use decreased from 17.5% in quarter one of 2019 to 16.7% in quarter four of 2019.

The Western region is reporting a higher number of daily or occasional smokers compared to provincial and national rates (Table 11). Youth vaping in NL has escalated into an important population health issue. Western Health participated in the design and dissemination of a province-wide vaping prevention campaign. "The New Look of Nicotine Addiction" targeted youth in grades 7 – 12 and included a standardized lesson and learning materials, toolkits for schools with provincial and Health Canada resources and information for parents, guardians and other trusted adults (coaches, mentors, counsellors, etc.). A website was launched as an additional component to the campaign truthaboutvaping.ca. As part of "The New look Of Nicotine Addiction" campaign an orientation webinar for educators, health professionals and other community partners on the issue of youth and vaping was delivered. Over 500 participants from NL and other jurisdictions in Canada participated in the webinars on this issue.

According to Table 11, 46.1% of adults and 57.8% of youth in the Western region meet the recommended physical activity guidelines. Achieving the physical activity recommendations for each age group impacts many health benefits and protective factors for the preventions and management of chronic disease. Western Health has continued to work with partners in the region to support and promote physical activity to all age groups. Social media was used to share messages from leading experts such as ParticipACTION and Recreation NL, to promote physical activity to all age groups in all seasons. To help enhance youth access to physical activity opportunities, Ticker Tom programming was offered in five rural communities during the 2019 summer and the Physical Literacy and Activities for Youth (PLAY) toolkit was finalized. WH staff assisted the community partner Pasadena Ski and Nature Park (PSNP) to apply to the Community Health Living Fund. They were partially successful and PSNP received almost $10,000 in funding for child and adult cross-country skiing programs which will start in 2021 ski season.

Although the fruit and vegetable consumption indicator is not reported, the consumption of fruits and vegetables is an important factor in maintaining a healthy lifestyle. The current guideline is to consume fruit and vegetables at least five times or more per day. In 2019/20 the SucSeed project continued to be a provincially supported initiative. These hydroponic grow systems enable students/ individuals to grow vegetables all year long. This year, 12 additional SucSeed systems were purchased and distributed to schools throughout the Western region. To date, 60 systems have been purchased and distributed to 44 schools throughout the region. The Department of Children's Seniors and Social Development also provided funding for eight systems. Three were distributed to preschools and five to community groups. To date we have 29 systems throughout the region that target preschool and adult-senior population.

The new Canada's Food Guide was released in January 2019. This new national food policy has significant impact on resources, programs and services. In 2019/20, Western Health's Regional Nutritionists revised 13 provincial healthy eating resources and six healthy eating programs. There was development of various displays, and activities focused on different ages to align with the revised Canada's Food Guide.

The Regional Baby Friendly Initiative (BFI) Committee was awarded a Certificate of Participation from the Breastfeeding Committee for Canada which officially acknowledged Western Health's work toward achieving official designation as Baby Friendly. The BFI Committee has been working to prepare for BFI pre-assessment, which is the next step in becoming BFI designated. There was a 46% increase in referrals to the Lactation Consultant in 2019/20. In addition, breast milk feeding initiation rates for 2017 and 2018 were 63.4%.

***Health Practices***

Influenza vaccination and contact with health care providers are examples of health practices which may affect health outcomes (Table 12). Within the Western region 89.8% of the population report having a regular health care provider, and according to CIHI there are 138 family medicine physicians per 100,000 population in the Western region in 2018 (CIHI, 2020).

In 2019/20, 77% of long-term care (LTC) residents availed of the annual influenza vaccine which is a decrease from 87.2% in 2018/19. Influenza vaccination rates for the general population for 2017 and 2018 was 28.4% according to the CCHS survey, which is a decrease from 58.6% in 2015 and 2016. Within the Community Health program, Community Health nurses administered 9.3% more influenza vaccinations during 2019/20, this equated to an increase of over 1,600 vaccinations.

Table 12. Health Practices (Percent of Population) 2017 and 2018

| Indicator | Western Region | Province | Canada |
|---|---|---|---|
| Has a regular health care provider | 89.8 | 87 | 84.9 |
| Influenza vaccination within the last year | 28.4 | 30.8 | 32.0 |
| Influenza vaccination for LTC residents (2019/20)<br>Source: Western Health, 2020 | 77% | n/a | n/a |

Source: Statistics Canada, 2020

***Health Outcomes***

*Chronic Disease*

Newfoundland and Labrador has a high incidence of chronic disease such as high blood pressure, diabetes, and chronic obstructive pulmonary disorder (COPD). According to Table 13, the population of the Western region report having higher rates of all the listed indicators compared to NL and Canada.

Table 13. Health Outcomes (Percent of Population) 2017 to 2018

| Health Outcome | Western Region | NL | Canada |
|---|---|---|---|
| Arthritis (15 years and over) | 32.5 | 27.2 | 19.1 |
| Diabetes | 10.2 | 9.0 | 7.2 |
| Asthma | 8.6 | 7.1 | 8.1 |
| COPD (age 35 years and over) | 9.1 | 5.9 | 4.2 |
| High blood pressure | 26.4 | 23.3 | 17.4 |

Source: Statistics Canada, 2020

Addressing high incidence of chronic diseases continued to be a priority for WH in 2019/20. 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. To date approximately 24% of patients in the target age range (40-65 years old) belonging to the Corner Brook Wellness Collaboration (CBWC) have participated in the BETTER program (target was 10%). The BETTER program was also launched by Western Health Employee Wellness as a pilot program open to employees based at Western Memorial Regional Hospital in January 2020. Since the launch, three employees completed the BETTER screening.

In 2019/20 Western Health continued participation in the Detection of Indicators and Vulnerabilities of Emergency Room Trips - Collaboration, Action, Research, and Evaluation (DIVERT-CARE) Trial for clients with cardio-respiratory diagnoses in partnership with McMaster University and the Department of Health and Community Services. The Community Support team partnered with local physicians, pharmacies, Congestive Heart Failure Clinic and the COPD Clinic, to deliver a complex intervention to identified clients.

The total client count for the intervention group was 105. Although the outcome of the study is not yet available there have been several individual success stories of improved health by residents in our communities.

*Cardiovascular Diseases*

Cardiovascular diseases are also considered chronic diseases and CIHI reports two cardiovascular indicators in Table 14.

Table 14. Cardiovascular Indicators

| Indicator | Western Health | NL | Canada |
|---|---|---|---|
| Hospitalized heart attacks (per 100,000) | 2016/17- 307*<br>2017/18-344*<br>2018/19 – 358* | 2016/17- 350*<br>2017/18-343*<br>2018/19 – 340* | 2016/17- 247<br>2017/18-243<br>2018/19 - 243 |
| Hospitalized Strokes (per 100,000) | 2016/17-158<br>2017/18-162<br>2018/19 – 156 | 2016/17- 166*<br>2017/18-161*<br>2018/19 – 174* | 2016/17- 144<br>2017/18-142<br>2018/19 – 143 |

Source: CIHI, 2020
*Statistically different than Canadian average

Hospitalized Heart Attacks (Per 100,000):

This indicator measures the age-standardized rate of new acute myocardial infarction (AMI) events admitted to an acute care hospital for the population age 18 and older. A new event is defined as a first-ever hospitalization for an AMI or a recurrent hospitalized AMI occurring more than 28 days after the admission for the previous event in the reference period. Western Health's rate is higher than the provincial and national rates and has increased to 358 in 2018/19 from 344 in 2017/18 whereas provincial and national rates decreased or stayed the same. Lower rates are better however Western Health is statistically higher than the Canadian rate. Cardiovascular health is a priority for Western Health. Cardiovascular health was a strategic goal as part of WH's 2014/17 Strategic Plan and since then work has continued to ensure access to cardiology services. In 2019/20, staff from the medicine program represented WH on a provincial cardiac advisory committee which was established to develop a collaborative partnership to promote the development of provincially coordinated cardiac care. As part of this provincial priority, three working groups were established to address the following priority areas: referral to cardiac catherization, heart function, and measuring and monitoring. WH co-leads the cardiac catherization working group and is represented on the others. The work of these working groups will continue into the upcoming fiscal year.

Hospitalized Strokes (Per 100,000):

This indicator measures the age-standardized rate of new stroke events admitted to an acute care hospital for the Canadian population age 18 and older. A lower rate is better. Western Health's hospitalized stroke rate has decreased to 156 in 2018/19 which is lower than the provincial rate of 174 and considered the same as the Canadian average. WH implemented Code Stroke in June 2018 as part of a provincial stroke strategy and during 2019/20, 55 code strokes were implemented which is an increase from 32 cases in 2018/19. Western Memorial Regional Hospital (WMRH) reached the Provincial goal of TPA administration of 21-28% with 27% TPA administration in 2019/20. This is the highest rate of TPA administration over the past ten years. To meet the goal of door to needle in 30 minutes, the WMRH emergency department (ED) partnered with Paramedicine to purchase a "Countdown Clock". When a patient arrives in ED, the clock is activated and initiates a countdown from 30 mins. This clock provides a quick visual reference for staff to promote quick actions and decisions. The slogan "Time is Brain" is above the clock to emphasize the impact of delays.

*Cancer*

According to Table 15, in 2017 the most common cancer type for NL was colon and rectum, followed by lung and bronchus, breast, prostate, and cervical (Statistics Canada, 2020). Western Health continues to participate in the Provincial Colorectal Cancer Screening Initiative and the Provincial Endoscopy Initiative to reduce colon cancer.

Table 15. Number of new cases and age-standardized rates (per 100,000) of primary cancer in NL

| Cancer Type | Number of New Cases | Cancer Incidence |
|---|---|---|
| Colon and rectum | 2013- 560<br>2014- 590<br>2015- 595<br>2016- 615<br>2017 - 560 | 2013- 91.1<br>2014- 95.3<br>2015- 93.9<br>2016- 94.3<br>2017 – 86.2 |
| Lung and bronchus | 2013- 465<br>2014- 515<br>2015- 475<br>2016- 490<br>2017 - 480 | 2013- 75.6<br>2014- 81.3<br>2015- 73.5<br>2016- 73.2<br>2017 – 70.7 |
| Breast | 2013- 425<br>2014- 410<br>2015- 485<br>2016- 460<br>2017 - 410 | 2013- 69.7<br>2014- 66.7<br>2015- 78.0<br>2016- 72.8<br>2017 – 63.4 |

| Cancer Type | Number of New Cases | Cancer Incidence |
|---|---|---|
| Cervix uteri | 2013- 30<br>2014- 35<br>2015- 30<br>2016- 30<br>2017 - 30 | 2013- 5.4<br>2014- 6.4<br>2015- 6.0<br>2016- 5.3<br>2017 – 5.2 |
| Prostate | 2013- 415<br>2014- 445<br>2015- 405<br>2016- 460<br>2017 - 425 | 2013- 65.5<br>2014- 68.5<br>2015- 60.3<br>2016- 65.8<br>2017 – 59.2 |

Data source: Statistics Canada, 2020

## Our Organization

### *Introduction*

Western Health employs approximately 3,100 employees, supports over 1,500 volunteers, and provides support and preceptorship to over 250 students. The organization had an operating budget of $381,576,000 in 2019/20 which includes the operation of two acute care hospitals, four rural health centres, two LTC centers, four protective community residences (enhanced assisted living for individuals with mild to moderate dementia), 26 medical centres, and 26 community offices. Within these facilities, WH has 448 inpatient beds, 434 LTC beds, 14 restorative care beds, and 40 protective community residence beds. WH also operates the Humberwood (inpatient addiction) and the Western Regional School of Nursing; two provincial programs.

### *Safety*

*Client, Patient, Resident, Family, & Visitor*

Western Health is committed to providing safe health care to residents of the Western region. Safety is integrated into all programs and services, and several safety initiatives have been continued or implemented across the continuum of care in 2019/20 including venous thrombosis embolism (VTE) prophylaxis, safety huddles, falls prevention, safe client handling, and medication reconciliation.

In LTC, safety indicators are reported by CIHI and include falls in the last 30 days, and worsened pressure ulcers.

Table 16. LTC Safety Indicators

| Indicator | Western Health | NL | Canada |
|---|---|---|---|
| Falls in the last 30 days in LTC | 2016/17 – 13.3%<br>2017/18 – 13.4%<br>**2018/19 – 11.1%*** | **2018/19 – 10.4%*** | **2018/19 – 16.7%** |
| Worsened pressure ulcer in LTC | 2016/17 – 1.3%<br>2017/18 – 0.7%<br>**2018/19 – 1.0%*** | **2018/19 – 1.9%*** | **2018/19 – 2.7%** |

Source: CIHI, 2020

*Statistically different than Canadian average

According to Table 16, there was a decrease in fall rates to 11.1% in 2018/19 from 13.4% in 2017/18, but an increase in the percentage of residents with a worsened pressure ulcer to 1% in 2018/19 compared to 0.7% in 2017/18. Both indicators are considered statistically lower than the Canadian average. In LTC, preventing falls and reducing injuries

associated with falls continues to be a priority area. Vitamin D plays an important role in keeping a person's bones health and strong. However, it is important to note that a reduction in the percentage of eligible residents taking Vitamin D and calcium supplementation continued to be observed. During 2019/20, there were 73% of residents taking Vitamin D and calcium supplementation compared to 74% in 2018/19, 76% in 2017/18, and 91% in 2015/16.

Another safety initiative in LTC has been an effort to increase awareness of suicide risk. An enhanced screening process and education was introduced in 2018/19 and an electronic screening tool was created and adapted to the electronic documentation system. Screening is completed on admission, eight weeks post admission and then quarterly thereafter. Screening can be done at any time if clinically indicated.

In acute care, in-hospital sepsis rates are reported by CIHI. The indicator measures the risk-adjusted rate of sepsis that is identified after admission. The rate is measured per 1000 discharges and a lower rate is better. In 2018/19 WH's rate is 3.6 which is considered statistically the same as the Canadian average of 3.9 (CIHI, 2020).

In 2019/20, a patient safety improvement project focused on preventing clinical deterioration in acute care was initiated at Bonne Bay Health Centre (BBHC). This 18-month patient safety collaborative in partnership with the Canadian Patient Safety Institute (CPSI) began in April 2019 and focused on the launch of two initiatives: National Early Warning Score (NEWS2) and TeamSTEPPS. A Core Team has been supported by CPSI staff and expert faculty from across Canada, receiving professional development, tools, resources and individual coaching sessions. Further, a local, interdisciplinary Implementation Team was established to support the Core Team in applying the Quality Improvement/Knowledge Translation approach to the local BBHC setting, by bringing voice and experience of patients, families and health care providers to the improvement process.

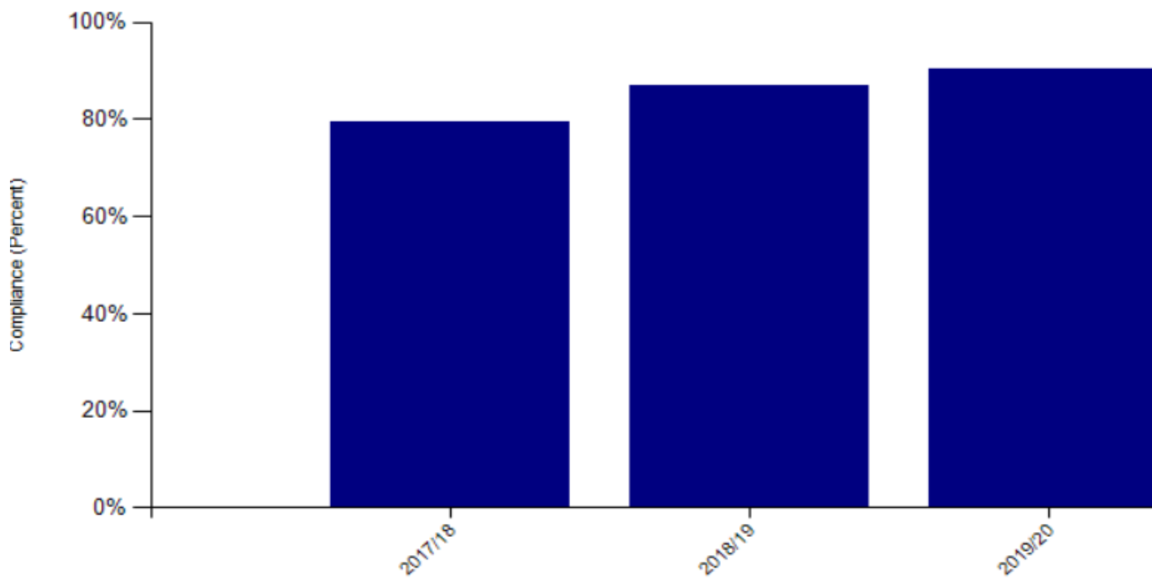
In June 2019, the Quality Branch of WH in collaboration with all branches throughout the region completed Year One of the Healthcare Insurance Reciprocal of Canada (HIROC)'s Risk Assessment Checklist. Risk Assessment Checklists, also referred to as RAC, is an innovative tool that enables healthcare organizations to systematically self-assess compliance with evidence-based mitigation strategies for HIROC's top risks. The top risks are ranked by those which lead to greatest harm and significant medical malpractice claims.

Following the completion of year one, the top three areas of focus were identified which is a mandatory step in the RAC program for year two. The top three areas of focus (modules) identify a set of mitigation strategies that will concentrate on implementing over the next year. The top three RAC modules chosen by WH were: assisted vaginal deliveries, failure to

recognize deteriorating patient, and failure to provide adequate discharge and follow up instructions.

The hand hygiene program has been proving to be a continued success as the numbers of audits and compliance with hand hygiene practice has been increasing steadily over the past four years. In 2019/20, hand hygiene compliance was 89.7% which exceeded the target of 85%. The Infection Prevention and Control (IPAC) team continues to train new staff to become hand hygiene auditors as the need arises. In 2019/20 significant effort was made to engage managers to view their unit reports regularly so they know how many audits are being completed and what the compliance rates are, before the end of the quarter when quarterly reports are shared.

Figure 1. Regional Hand Hygiene Compliance – Annual Trends




| | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|
| Compliance | 79.4% | 87.0% | 90.4% |
| Observations | 11194 | 22916 | 24872 |

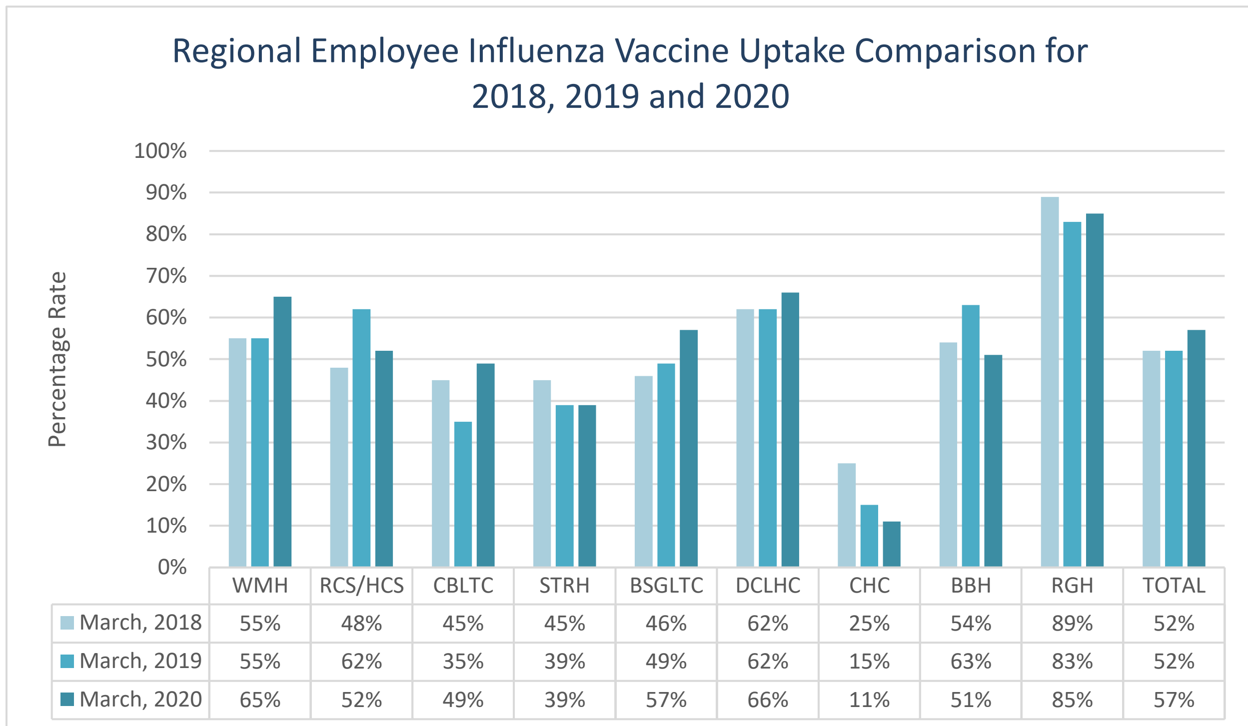
In the fall of 2019, IPAC engaged volunteers throughout the region to help support a new hand hygiene ambassador program during the influenza season. Volunteers were trained as hand hygiene ambassadors to teach patients as they enter facilities and while in waiting areas, how to properly clean their hands via demonstration using alcohol-based hand rub. Individual sized bottles of hand sanitizer were donated by Ecolab to help support this initiative at the outset. The goal of this initiative is to help educate the public about the importance of hand hygiene, and to help decrease outbreaks of influenza like illness in WH facilities.

*Staff*

Western Health is committed to providing a safe environment for all staff. Several staff safety initiatives were continued or implemented during the 2019/20 fiscal year including: the Provincial Employee Incident Reporting System (PEIRS), the launch of the BETTER program for staff, a COVID-19 inspection checklist, and prevention of falls among staff. The PEIRS system is an electronic employee incident reporting system which permits users to enter all data related to any employee incident online. The PIERS system enables the Occupational Health & Safety (OH&S), Occupational Rehab and Ergonomic Services (ORES) as well as Disability Management to develop reports on numerous themes and trends to assist in the prioritization and development of injury prevention strategies. The BETTER program is an evidence-based approach to chronic disease prevention and screening, focusing on cancer, diabetes, heart disease and associated lifestyle factors (diet, physical activity, smoking and alcohol) for staff aged 40-65. The COVID-19 inspection checklist and is a one-page inspection that is specific workplace inspection related to COVID related hazards. It was developed by OH&S staff in collaboration with IPAC and was initiated through OH&S Committees and Worker Representatives. One area of success is related to slips trips and falls on Western Health property. OH&S collaborated with the Grounds department over the winter of 2019/2020 to review and implement best practices for managing snow clearing which resulted in a 19% decrease in slips trips and falls in parking lots from the previous year.

Health care providers recognize the importance of taking measures to protect ourselves and the public from influenza. WH offers influenza vaccination to all employees throughout the region. Figure 2 demonstrates uptake of the vaccination by site and overall, for the last three fiscal years. There has was an increase to 57% uptake in 2019/20 compared to 52% in 2018/19. The Employee Health and Wellness program at WH continues to promote staff uptake of the vaccination by providing flu shots via mobile carts and offering drop-in clinics at all locations.

Figure 2. Staff Influenza Vaccination Uptake




| | WMH | RCS/HCS | CBLTC | STRH | BSGLTC | DCLHC | CHC | BBH | RGH | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| March, 2018 | 55% | 48% | 45% | 45% | 46% | 62% | 25% | 54% | 89% | 52% |
| March, 2019 | 55% | 62% | 35% | 39% | 49% | 62% | 15% | 63% | 83% | 52% |
| March, 2020 | 65% | 52% | 49% | 39% | 57% | 66% | 11% | 51% | 85% | 57% |

In 2019/20, WH hosted its fourth annual Occupational Health & Safety Symposium OH&S committee members from across the region were invited to take part in this full day event which celebrated the great work of our Committees and shone a spotlight on the organization's integration of Psychological Health & Safety in our workplaces. Throughout the day, the 75 attendees participated in education sessions highlighting the many online and in person resources available in the province and the region to assist individuals in managing their mental health.

***Access***

CIHI (2020) defines access as getting needed care at the right time, without financial, organizational, or geographical barriers. To address geographic barriers to health care delivery, WH continues to support the spread of telehealth as a tool that has enabled improved access, and its use continues to grow within the organization. In 2019/20, telehealth continued to be utilized to allow patients in Ramea and Francois better access to services at Calder Health Care Centre, eliminating the need for travel. Telehealth appointments were provided for prescription refills, emergency appointments, as well as primary care appointments for patients that find it difficult to travel. Telehealth was also expanded to medical clinics in Trout River, Woody Point, and La Poile.

Access to MHA continues to be a priority for the region. There was a substantial increase of 51% in the use of the Doorways service with 2,052 sessions held with 1,338 unique clients

as compared to 1,358 sessions in 2018/19 with 986 unique clients. The median wait time (MWT) for both adults and children/ youth for priority one referrals was reduced with adult wait times having a MWT of 15 days as compared to 18 days last year, and for children/youth the MWT decreased to 20 days from the previous 27 days. As of March 31, 2020, there were 171 clients awaiting services in the region as opposed to 330 clients last year (all clients waiting, including clients awaiting intake), which is a 48% decrease. There were 149 clients waiting with intakes completed as compared to 251 last year, which is a 41% decrease.

Long term care sustained improvements in bed turnaround times with significant efforts to increase family/next of kin involvement. There was an overall decrease in the wait time for LTC during 2019/20, with the average wait time of 58 days for LTC which is a significant decrease from 2018/19 (Table 17). Variability was seen however in wait times, with wait times of less than 60 days for homes west of Corner Brook to 150 days for Corner Brook Long Term Care Home (CBLTCH) and 172 days for Rufus Guinchard Health Centre (RGHC).

In keeping with the strategic goal of care of the older adult, significant efforts were placed during 2019/20, on implementing home first approach to care and on improving discharge planning. There has been a decrease in the number of applications to LTC initiated in acute care. It is anticipated that point of entry for admission to LTC will be more closely aligned with province as system continues to transform towards Home First. In 2019/20, there were 10 Home First discharges from LTC.

Table 17. Median Wait Times (days) to Access Institutionally Based LTC from Approval to Placement

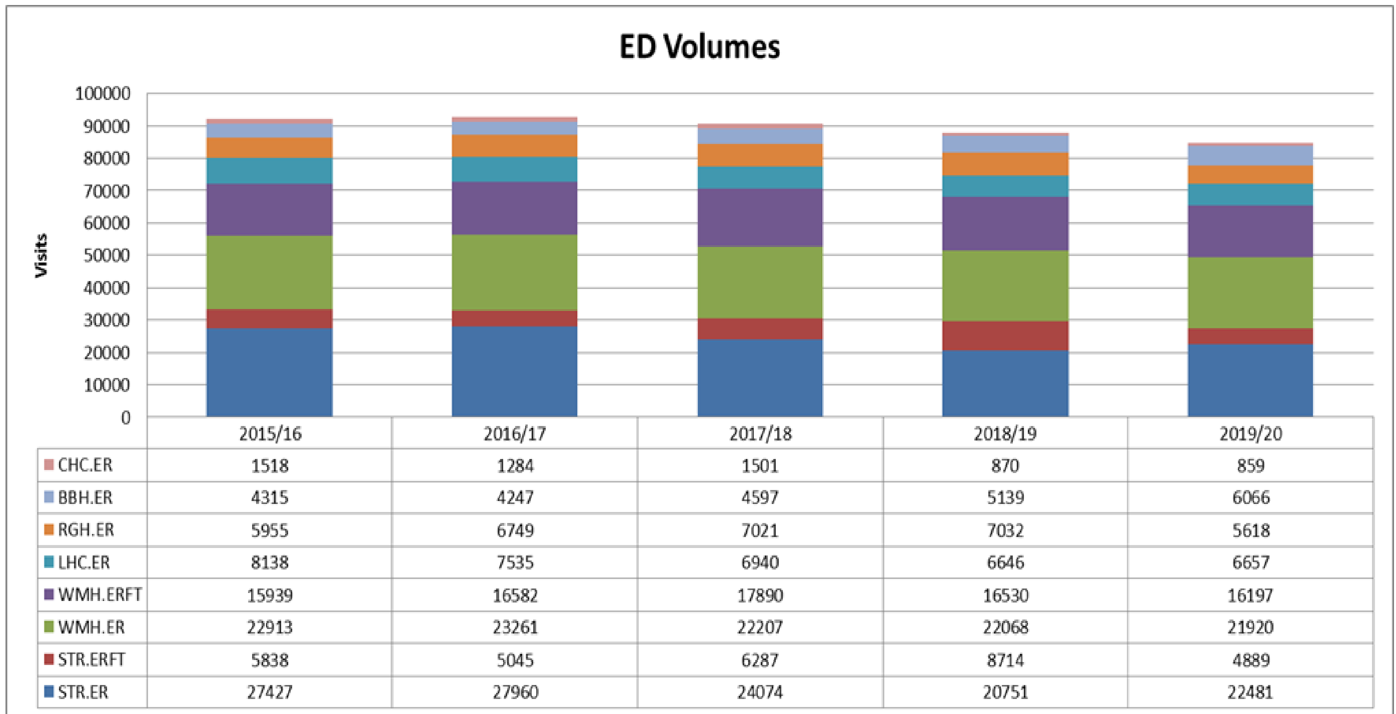
| Site | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|---|
| Corner Brook Long Term Care Home | 304.5 | 170.5 | 179.5 | 164 | **150** |
| Bay St. George Long Term Care Centre | 11 | 96 | 54 | 47 | **26** |
| Calder Health Centre | 6 | 8 | 40 | 35 | **5.5** |
| Dr. Charles LeGrow Health Centre | 2 | 3 | 5.5 | 10 | **7** |
| Rufus Guinchard Health Centre | 39 | 259 | 45 | 171 | **6** |
| Bonne Bay Health Centre | 231 | 594 | 568.5 | No admissions * | **530** |
| Overall | 19 | 110.5 | 140 | 106 | **58** |

Data source: Western Health 2020

*Wait times are based on original placement to LTC

Access to emergency care is a priority within Western Health and emergency department visits continues to be monitored throughout Western Health facilities.  Figure 3 outlines patient volumes for EDs at WMRH, Sir Thomas Roddick Hospital (STRH), Dr. Charles LeGrow Health Centre (LHC), Calder Health Centre (CHC), BBHC, and RGHC.  It's important to note that WMRH, STRH, and LHC are the only sites that have standardized Canadian Triage and Acuity Scale (CTAS) level reporting.

Figure 3. ED Volumes by Site




| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|---|
| CHC.ER | 1518 | 1284 | 1501 | 870 | 859 |
| BBH.ER | 4315 | 4247 | 4597 | 5139 | 6066 |
| RGH.ER | 5955 | 6749 | 7021 | 7032 | 5618 |
| LHC.ER | 8138 | 7535 | 6940 | 6646 | 6657 |
| WMH.ERFT | 15939 | 16582 | 17890 | 16530 | 16197 |
| WMH.ER | 22913 | 23261 | 22207 | 22068 | 21920 |
| STR.ERFT | 5838 | 5045 | 6287 | 8714 | 4889 |
| STR.ER | 27427 | 27960 | 24074 | 20751 | 22481 |

Of note in Figure 3 is that the main ED (non-fast track) at STRH experienced the highest volume of visits (22,481) in 2019/20. This is an increase from 2018/19 when WMRH's main ED accounted for the highest volumes. Although there has been significant work in the Stephenville/Bay St. George area to increase access to primary care, vacancies in the area contribute to a rise in ED visits.

### *Appropriateness and Effectiveness*

Appropriateness and effectiveness are defined by CIHI as providing care to only those who could benefit, thus reducing the incidence, duration, intensity, and consequences of health problems (CIHI, 2020).  CIHI monitors and updates performance indicators to assess health care appropriateness and effectiveness (Table 18).  Compared to Canada, WH is performing on average or better for all patient readmitted to hospital, medical patients readmitted to hospital, obstetric patients readmitted to hospital, surgical patients readmitted to hospital, potentially inappropriate use of antipsychotics in long term care, and low risk c-sections.

However, WH is statistically significantly higher than the Canadian average for hospital standardized mortality ration (HSMR), hospital deaths following major surgery, ambulatory care sensitive conditions (ACSC), restraint use in LTC, and high users of hospital beds (CIHI, 2020).

Table 18. CIHI Appropriateness and Effectiveness Performance Indicators

| Indicator | Western Health | NL | Canada |
|---|---|---|---|
| Hospital Standardized Mortality Ratio (HSMR) | 2015/16-89<br>2016/17- 108*<br>2017/18- 87<br>2018/19 – 103<br>**2019/20 – 112*** | 2015/16-109*<br>2016/17- 118*<br>2017/18- 109*<br>2018/19 – 116*<br>**2019/20 – 117** | 2015/16-93<br>2016/17- 91<br>2017/18- 89<br>2018/19 – 97<br>**2019/20 - 95** |
| All patients readmitted to hospital (%) | 2015/16-8.7<br>2016/17- 8.3<br>2017/18- 8.2*<br>2018/19 – 8.9<br>**2019/20 – 9.2** | 2015/16-8.8<br>2016/17- 9.0<br>2017/18- 9.1<br>2018/19 – 9.3<br>**2019/20 – 9.5** | 2015/16-9.1<br>2016/17- 9.1<br>2017/18- 9.1<br>2018/19 – 9.4<br>**2019/20 – 9.5** |
| Hospital deaths following major surgery (%) | 2015/16-1.2<br>2016/17- 2.4<br>2017/18- 1.4<br>2018/19 – 1.0<br>**2019/20 – 2.2*** | 2015/16-2.1*<br>2016/17-2.0<br>2017/18- 2.0*<br>2018/19 – 1.7<br>**2019/20 – 1.8** | 2015/16-1.6<br>2016/17- 1.6<br>2017/18- 1.6<br>2018/19 – 1.6<br>**2019/20 – 1.5** |
| Medical patients readmitted to hospital (%) | 2015/16-13.4<br>2016/17- 12.4<br>2017/18- 12.2*<br>2018/19 – 12.8*<br>**2019/20 – 13.4** | 2015/16-13.4<br>2016/17- 13.4<br>2017/18- 13.9<br>2018/19 – 13.7<br>**2019/20 – 14.3** | 2015/16-13.7<br>2016/17- 13.7<br>2017/18- 13.7<br>2018/19 – 14.1<br>**2019/20 – 14.2** |
| Obstetric patients readmitted to hospital (%) | 2015/16-2.7<br>2016/17- 1.3<br>2017/18- 1.3<br>2018/19 – 1.5<br>**2019/20 – 1.9** | 2015/16-2.7<br>2016/17- 2.4<br>2017/18- 2.3<br>2018/19 – 2.5<br>**2019/20 – 2.9** | 2015/16-2.1<br>2016/17- 2.1<br>2017/18- 2.1<br>2018/19 – 2.2<br>**2019/20 – 2.2** |
| Surgical patients readmitted to hospital (%) | 2015/16-5.6<br>2016/17- 6.3<br>2017/18- 6.6<br>2018/19 – 6.5<br>**2019/20 – 6.9** | 2015/16-5.9<br>2016/17- 6.8<br>2017/18- 6.5<br>2018/19 – 2.5<br>**2019/20 – 6.5** | 205/16-6.9<br>2016/17-6.9<br>2017/18- 6.8<br>2018/19 – 2.2<br>**2019/20 – 6.8** |
| Pediatric patients readmitted to hospital (%) | 2015/16-8.4<br>2016/17- 9.0<br>2017/18- 6.6<br>2018/19 – 7.6<br>**2019/20 – 7.4*** | 2015/16-7.8<br>2016/17- 7.1<br>2017/18- 6.6<br>2018/19 – 7.2<br>**2019/20 – 6.8** | 2015/16-6.7<br>2016/17- 6.8<br>2017/18- 6.8<br>2018/19 – 6.9<br>**2019/20 – 6.9** |

| Indicator | Western Health | NL | Canada |
|---|---|---|---|
| Ambulatory care sensitive conditions (ACSC) (per 100,000) | 2015/16-588*<br>2016/17- 548*<br>2017/18-534<br>2018/19 – 561*<br>**2019/20 – 502*** | 2015/16-458*<br>2016/17- 442*<br>2017/18-443<br>2018/19 – 437*<br>**2019/20 - 415** | 2015/16-326<br>2016/17- 325<br>2017/18-327<br>2018/19 – 326<br>**2019/20 - 316** |
| Low-Risk Caesarean Sections (%) | 2015/16-22.7<br>2016/17- 25.4*<br>2017/18-6.1<br>2018/19 – 27.4*<br>**2019/20 – 6.1*** | 2015/16-18.4<br>2016/17- 16.5<br>2017/18-14.7<br>2018/19 – 18.3<br>**2019/20 – 12.3** | 2015/16-14.3<br>2016/17- 15.6<br>2017/18-16.2<br>2018/19 – 16.3<br>**2019/20 - 16** |
| Potentially Inappropriate Use of Antipsychotics in Long Term Care (%) | 2015/16-41.4*<br>2016/17- 36.6*<br>2017/18- 32.4*<br>2018/19 – 27.1*<br>**2019/20 – 20.3** | 2015/16-37.5*<br>2016/17- 38.3*<br>2017/18- 35.4*<br>2018/19 – 28.2*<br>**2019/20 – 23.1** | 2015/16-23.9<br>2016/17- 21.9<br>2017/18- 21.1<br>2018/19 – 20.7<br>**2019/20 – 20.2** |
| Restraint Use in Long Term Care (%) | 2015/16- 21.1*<br>2016/17- 19.9*<br>2017/18- 9.0*<br>2018/19 – 8.2*<br>**2019/20 – 7.0*** | 2015/16- 12.1*<br>2016/17- 14.2*<br>2017/18- 12.1*<br>2018/19 – 12.4*<br>**2019/20 – 11.1** | 2015/16- 7.4<br>2016/17- 6.5<br>2017/18- 5.7<br>2018/19 – 5.2<br>**2019/20 – 4.6** |
| High users of Hospital Bed (per 100) | 2016/17- 5.4*<br>2017/18-5.1<br>2018/19 – 5.3*<br>**2019/20 – 5.4*** | 2016/17- 4.6<br>2017/18-4.7<br>2018/19 – 4.7<br>**2019/20 – 4.8** | 2016/17- 4.5<br>2017/18-4.5<br>2018/19 – 4.6<br>**2019/20 – 4.7** |

Source: CIHI, 2020
*Statistically different than Canadian average

Western Health is involved in many initiatives to improve and monitor our performance in the above indicators to ensure services are appropriate and effective. To address the high rate of ACSCs, Western Health has expanded and implemented programs and services to help patients and providers better manage chronic diseases. Remote Patient Monitoring (RPM) was initiated for patients with chronic obstructive pulmonary disorder (COPD), with the first patient participating in November 2019. Further utilization of RPM is being explored. In August 2020, Diabetes Services rolled out the Electronic Medical Record (EMR) in their program area. Western Health Diabetes services are piloting a flowsheet of clinical practice guidelines built into the EMR created in a partnership of Diabetes Canada and eDOCSNL. Ongoing primary care initiatives, such as a centralized primary care provider waitlist, enhanced access, and the Health Neighborhood website, are aimed at patient access and attachment which will better service the population with chronic diseases.

WH was fortunate to participate in the provincial collaborative to reduce inappropriate use of antipsychotics in LTC in partnership with the Canadian Foundation for Healthcare Improvement (CFHI). In Western Health there were six LTC homes who participated and submitted resident level data as part of the provincial collaborative. Of these six homes there were 21 residents remained with complete data from baseline to quarter 3. There were 55% or 11 residents discontinued or reduced inappropriate antipsychotic medications, 30% or 6 residents completely discontinued, and 25% or 5 residents with reduced dose. There have been continued improvements through focused efforts to engage families, residents, providers and frontline staff. Although participation in this collaborative came to an end in 2019/2020, work is ongoing to decrease inappropriate use of antipsychotics. Data continues to be collected data and submitted on a regular basis and the regional deprescribing committee meets monthly to help sustain momentum and share ideas with partners both in LTC and acute care. The significant work Western Health has accomplished in the last number of years in relation to addressing inappropriate use of antipsychotics is reflected in the significant decrease to 20.3 in 2019/20 from 41.4 in 2015/16.

The organization has continued to implement strategies to improve patient flow. While many of the patient flow indicators are reported through the medicine program, flow within acute care is a continuous collaborative effort across all disciplines, programs, and facilities. In 2019/20, admissions to overflow areas of WMRH increased from 129 admissions in 2018/19 to 192 admissions in 2019/20. The associated number of patient days in overflow areas also increased from 292 in 2018/19 to 487 in 2019/20. Of note a high number of admissions and days were noted in January of 2020, this increase in overflow days is attributed to an outbreak at WMRH during this period and the need to use semi-private rooms as private isolation rooms. The limited capacity on inpatient units during this time created the need to open overflow areas.

The medicine program acute average length of stay (ALOS) increased from 7.6 in 2018/19 to 7.9 in 19/20. While there was an increase in the acute ALOS the variance between the between the expected length of stay (ELOS) and the acute length of stay remained stable at 2.5 days in 2018/19 to 2.6 days in 2019/20. The reflects an increase in the ELOS of patients in the 2019/20 fiscal year.

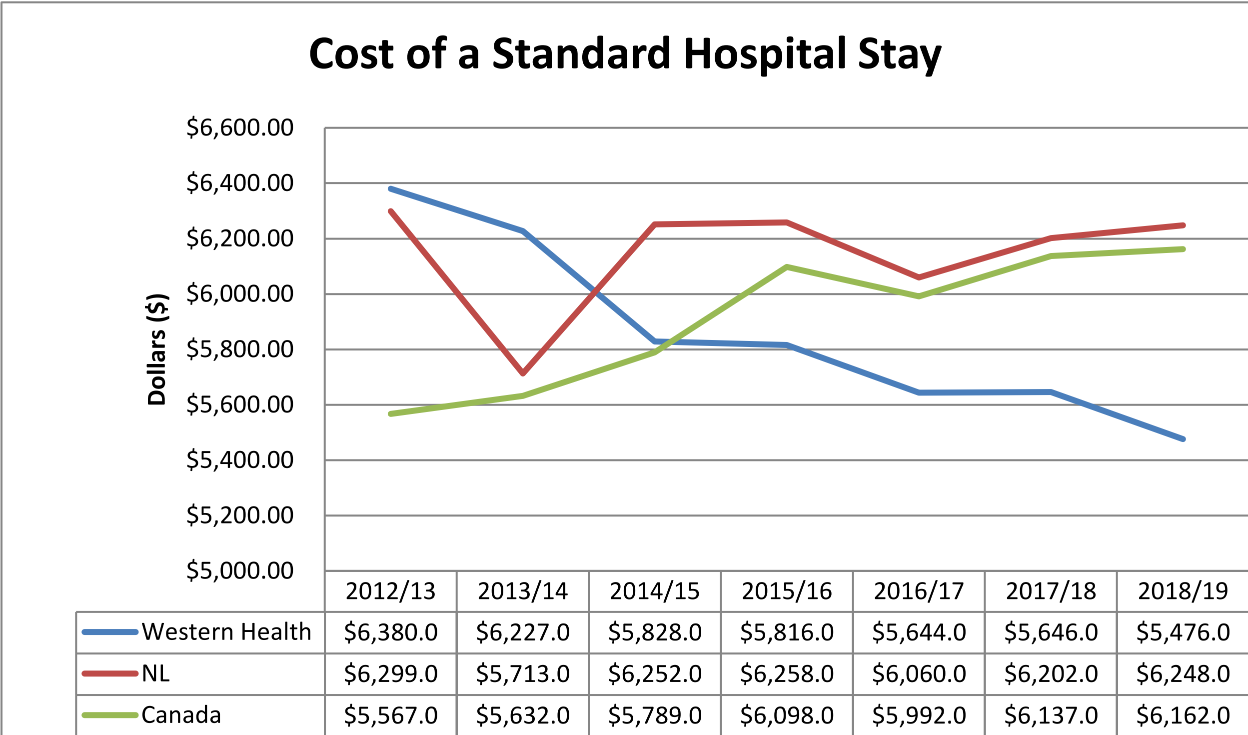
The number of alternate level of care (ALC) cases and days has also increased. In 2018/19 the number of ALC cases were 320 with 18,712 associated days. In 2019/20 there were 410 ALC cases and 20, 933 days. While the number of cases increased the average length of stay for these cases decreased. In 2018/19 the ALC ALOS was 58.48 days in 2019/20 the ALOS was 51.06 days. This reflects trends that patients that are designated as ALC are remaining in acute care less days with a lower length of stay. The increase in ALC cases reflects activity within the medicine program as well as provincial work to ensure

appropriate designation of ALC cases as well as work related to complex cases and transfer to appropriate post discharge destination.

***Efficiency***

Healthcare spending has trended upwards since 1975 and it was forecasted that Canada will spend $264 billion, or $7,068 per person on healthcare in 2019. This represents 11.6% of Canada's Gross Domestic Product (GDP) (CIHI, 2020). Newfoundland and Labrador continues to spend more on health care than the national average - in 2019 it was predicted that NL would spend $8,190 on healthcare per person compared to $7,443 in 2018. At WH, the cost of a standard hospital stay in 2018/19 was $5,476 which is considered lower than the Canadian average (Figure 4).

Figure 4. Cost of Standard Hospital Stay




| | 2012/13 | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 |
|---|---|---|---|---|---|---|---|
| Western Health | $6,380.0 | $6,227.0 | $5,828.0 | $5,816.0 | $5,644.0 | $5,646.0 | $5,476.0 |
| NL | $6,299.0 | $5,713.0 | $6,252.0 | $6,258.0 | $6,060.0 | $6,202.0 | $6,248.0 |
| Canada | $5,567.0 | $5,632.0 | $5,789.0 | $6,098.0 | $5,992.0 | $6,137.0 | $6,162.0 |

While WH's average cost of a hospital stay is lower than NL and Canada, and has continuously decreased since 2012/13, there still exists opportunities to improve efficiency within the organization.

In recognition that timely access to patient reports results in reduced costs and better care, Corporate Services undertook a project to move physician dictation from a recorded and typed process to a speech recognition and standardized template process. With physicians being able to dictate reports through voice recognition, the processing time is reduced

significantly, and resources can be more appropriately redirected. The number of eligible reports being done through the historical method compared to the preferred speech recognition method has decreased significantly during the 2019/20 year and is anticipated to be the majority of all reports in the 2020/21 fiscal year.

Missed appointments or ‘no-shows ‘are a reality in healthcare. The burden associated with missed appointments can affect not only patient outcomes but also place additional the demand on wait times for appointments. The Automated Notification System (ANS) is a reminder system which sends a notification of an upcoming appointment to a patient via the method of their choice (phone or text). This system allows the patient the opportunity to either confirm or cancel their appointment. A cancelled appointment permits the opportunity for program areas to book another patient into the unfilled appointment. Supporting the reduction of no shows in clinical areas through implementation of the ANS remains a priority within Western Health. The outpatient cardiology unit at Western Memorial Hospital implemented ANS in June of 2019. Work is ongoing to commence electronic booking of appointments at the Cardiology Unit at STRH to support further roll out of ANS in this area. Outpatient psychiatry within WH implemented the ANS in July 2019. In January 2020, planning commenced to implement ANS within community-based MHA outpatient appointments starting with Stephenville clinics. The ANS implementation is an ongoing effort with direction from province and through consultation, other priority areas will be identified through ongoing evaluation of readiness.

Lean education supports the development of an in-depth comprehensive set of skills related to continuous process improvement. Western Health has supported efficiency through implementation of projects utilizing Lean process improvement methodology. In 2019/20, five staff members obtained their Lean Six Sigma Green Belt certification by supporting projects based on organizational priorities. This brings the organizational total to seven Green Belt certified staff. The two remaining staff who received Green Belt education are in various states of project completion.

There were two internal WH Novice Yellow Belt Sessions held in June and November 2019 with 12 participants each. Yellow Belts help support small improvements in their own program areas and can support Green and Black Belts with larger projects. To date there are 36 staff through the Western Health Novice Yellow belt program and 34 who have completed the requirements, resulting in a 92% completion rate. The remain two Yellow Belt candidates are in varying states of project completion.

### *Engagement and Experience*

*Client, Patient, Resident, & Family*

Engaging clients and families as partners at all levels of the health care system is important to ensure their input is integrated into the design, planning, implementation, and evaluation of programs and services within Western Health. During 2019/20, WH's Person and Family Centred Care (PFCC) strategy continued through the work of the PFCC Steering Committee, the Long-Term Care Advisory Council, the Hospital Care Advisory Council, and the Community Advisory Committees (CACs).

The PFCC Steering Committee led the development and implementation of a recruitment plan for advisors. The PFCC Steering Committee also provided valuable input into the Community Health Assessment (CHA) process, aspects of the new facility planning, strategic planning sessions, and facility wayfinding improvements.

There are currently 37 PFCC Advisors working with various councils, committees, quality improvement activities, and collaboratives within Western Health.

Western Health partnered with CFHI to implement the Bridge to Home (B2H) Collaborative. The goal of this collaborative is to partner with patients and caregivers to improve quality and patient experience through transitions of care. A planning day session was held June 2019 with three patient partners in attendance. A standardized patient-orientated transition bundle was developed to include patient-orientated discharge summary (PODS) as well as revisions to the current discharge summary being utilized within the organization. The goal of the project was to improve the patient and family satisfaction with discharge experience by 10%. There were education sessions held in September 2019 that were provided by designated medicine and surgery and lead by the medicine educator. There were 145 staff on medicine and surgery units attending the session. In October 2019, the team successfully implemented the collaborative within the medicine/surgery units at WMRH. A review of post survey results identifies an overall increase in patient and caregiver satisfaction during transition from hospital to home in all indicators and the target of 10% increase has been met.

The Regional Making Memories Project (RMMP) was launched in November 2016 and continues to enhance the lives of residents one wish at a time. This person-centred program provides an opportunity to work closely with families and residents to create lasting personal memories. The RMMP is a small but important step in creating positive images of aging and LTC and of transforming LTC to enable person centered care. In 2018/19 and 2019/20 the RMMC applied for the National Human Spirit Award with the College of Canadian Health Leaders and were listed for final selections for a second year in a row.

The Community Health Assessment (CHA) is a dynamic, on-going process which helps in understanding both the strengths and the needs of a community. Through direct public feedback this process assists in establishing health and wellness priorities and helps prioritize, plan and act on unmet community needs to improve the health of residents of the Western region. The CHA survey was implemented in 2019/20, a total of 1471 surveys were completed throughout the Western region, double the number of responses received during the last CHA survey in 2016.

To continuously engage clients in the design, planning, implementation, and evaluation of Western Health programs and services, client feedback is sought through client experience surveys. Implementation of a new client/patient/resident/family experience survey cycle commenced in 2019/20. During this period, the Mental Health and Addictions Experience survey was completed. The final survey summary report is under review and will be finalized in the 2020-21 fiscal year. The summary report and one-page infographic will be available on the intranet and Western Health website. The completion of the LTC and ED experience surveys is upcoming in the 2020/21 fiscal year. Information from these surveys will be used to support program/organizational planning and improvement activities.

*Staff*

Engagement is a state of emotional and intellectual involvement that motivates employees to do their best work. WH's Engagement Strategy outlines four broad objectives crafted in response to areas of concern identified in the 2016 employee opinion survey as well as from feedback obtained through yearly stakeholder engagement sessions. Objectives for 2019/20 included:

1. Improve work-life balance
2. Improve health and safety
3. Increase opportunities for learning and development
4. Increase access to Senior Executive

Throughout 2019/20, the Engagement Committee led by Human Resources has supported and led many pieces of work that have helped the organization to achieve success towards all four objectives noted in the organizations Engagement Strategy. Some of these initiatives included the development of a draft flexible work policy for all employees throughout the region, new performance appraisal tools based on the LEADS principles for Health Care Leadership, new vacancy tools for managers, enhancements to the HR Dashboard, a revision of the 2-day LEADS workshop to permit the inclusion of frontline leaders, clinical leads and other informal leaders throughout the organization. The addition of union leadership on the Engagement Committee has also significantly assisted in the advancement of the organization's engagement strategy, with transparency and open communication fundamental pillars in this strategy.

***Quality Improvement***

*Quality Framework*

In 2019/20, a Quality Improvement (QI) framework was developed. The framework enables an integrated, consistent approach to quality and allows a common understanding of WH's approach to quality. The QI framework guides leaders within the organization in their continuing improvement work and, in conjunction with the Integrated Risk Management Framework supports leaders in preventing and mitigating risks. The QI framework provides a mechanism to foster and spread learning and innovation through the organization and facilitates the accountability for, and approval of standards.

Within WH, quality must always be viewed from the perspective of the people we serve and embedded in the work we do. The purpose of the QI framework is to guide the organization in promoting a culture that supports highly resilient, reliable, and sustainable health care system where exemplary care and service experiences with best possible outcomes occurs for all people every time. Work continues into 2020/21 to further implement the framework and establish Quality Teams throughout the organization.

*Strategic Planning*

In 2019/20, WH saw the close of the 2017-2020 strategic planning cycle and commencement of the sixth strategic planning process for the development of the 2020-2023 strategic plan. A two-day Strategic Planning retreat was held October 28th and 29th, 2019 to engage staff, patient advisors, senior leadership, and external partners in identifying strategic issues facing Western Health that should be a priority for action over the coming three years. Nine members of the board were in attendance along with 51 stakeholder participants. Through discussion, feedback and facilitated Strengths, Weakness, Opportunities and Threats (SWOT) activities, members established three priority topics/issues which included: Quality, Innovation, and People. An executive summary including next steps in the strategic planning process along with results of an evaluation of the event was circulated to attendees. The evaluation of the two-day event indicated that the event was well received by attendees and highlighted some opportunities for improvement for future sessions.

*Ethics*

The Quality program continues to lead and promote ethics within the organization which includes the promotion of various education opportunities in partnership with the Provincial Health Ethics Network of Newfoundland and Labrador (PHENNL). This included a webinar on the following: Ethics and Artificial Intelligence (AI) in Healthcare: Possibilities, Pitfalls, and Parameters. Ethics consultations take place within the region and

across the province, with support of the PHENNL. During 2019/20, there were three ethics consultations requested by Western Health which were facilitated in collaboration with the PHENNL and a Memorial University bioethicist. These consultations included discussions of duty to accommodate, community supports complaint handling, and a COVID-19 related consult on adult critical care triage protocol.  This last one was requested by Western Health but evolved into a province-wide consult. There were an additional three ethics consults that were supported but did not involve a formal ethics consult with PHENNL. These consults involve ethical concerns brought forward from staff and program areas in which guidance on the ethics framework, ethical decision making, or ethics policy was provided.

In an effort to provide contextualized ethics education to Western Health staff, members of the WH ethics committee with bioethicist Dr. Fern Brunger, and two Masters of Health Ethics (MHE) students  created an education module on the ethics of providing ED staff with the Sexual Assault Nurse Examiner (SANE) training. The MHE students completed a literature review on SANE and explored ethics issues related to the training.  The education will be delivered in the upcoming fiscal year.

As preparations for the COVID-19 began in January 2020, WH was heavily involved in the development of the Ethical Decision-Making Framework for Pandemic Planning led by PHENNL and in collaboration with the other four regional health authorities.  When the pandemic was officially declared several provincial COVID-19 related ethics consults followed.  Between March 11 and March 31, 2020, there were four provincial ethics consults in which WH participated.  They included adult care triage protocol, ethical allocation of personal protective equipment (PPE), visitor restrictions for pediatric and obstetric units, and visitor restrictions for critical care and palliative/end of life patients.

*Project and Collaboratives*

Western Health strives to be an innovative organization and find best practices for delivering the highest standard of care to the residents of the Western region. In 2019/20, WH pursued and was awarded funding for new projects and collaboratives including:

1. *Aging Well: Early Identification of Frailty in our Communities Project* - in partnership with Eastern Health and supported by CFHI's Advancing Frailty Care in the Community Collaborative
2. *smART Aging Project* - in partnership with Gros Morne Summer Music and the Western Regional School of Nursing, and supported by the Centre for Brain Aging and Health (CABHI)'s Spark program
3. *Journey of Collaboration Project* – in partnership with the Mi'kmaq community, Grenfell Campus, Qalipu First Nation, and the Western Regional School of Nursing, supported by the Health Services Integration Fund

***COVID-19 Pandemic***

On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic. On this date, WH's Emergency Operations Centre (EOC) was activated as a response. Although preparations for the pandemic were already initiated in various areas of the organization, the start of the pandemic brought on significant change within the organization. During the last two weeks of the 2019/20 fiscal year many WH staff were sent home to work which involved an immense effort to procure and provide appropriate equipment to enable this. In addition, many WH services transitioned to virtual care delivery. While initially this was challenging, virtual care options increased access for clients and patients to avail of services from a safe distance. The effects and implications of the pandemic affected all sites, services, and programs – many services were completely disrupted including operating rooms, and all facilities were locked down with severely restricted visitation. WH will continue to respond to the pandemic and face new challenges into the 2020/21 fiscal year.

## Conclusion

Western Health had many accomplishments and successes during the 2019/20 fiscal year such as the increase in hand hygiene compliance, the distribution of employee WOW awards, and continuation of new facility planning. The organization has several opportunities for improvement and challenges that are common across the organization's branches such as an aging population, high incidence of chronic disease, operational efficiency, staff engagement, patient safety, and improving access to health services. Most notably, the declaration of the COVID-19 pandemic at the end of the 2019/20 fiscal year was a major disruption to everyday services and lines of business. Western Health's response to the pandemic will have broad impacts and present many challenges which will be the foremost priority going into the subsequent 2020/21 fiscal year.

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