Environmental Scan 2014-2015

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Foreword

Dates written in the form "2013" represent a calendar year from January 1 to December 31.
Dates written in the form "2013/14" represent a fiscal year from April 1 to March 31.
Dates written in the form of "2013 and 2014" represent the two calendar years.
Dates written in the form of "2012 to 2014" represent combined data for the three calendar years.

External Analysis

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 the 2011 Statistics Canada census, the Western region's population continues to decrease and in 2011, the population was 77,980 compared to 79,460 in 2006 and 81,595 in 2001. Those aged 65 and older comprised 20.0% of the population, while in the province, 16% were over the age of 65 and in Canada, this percentage was 14.8%. Although the population in the Western region decreased, the provincial population 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. The medium scenario is considered to be the "most likely" and is utilized in population predictions. Applying medium scenario assumptions, the Government of Newfoundland and Labrador (NL) is projecting that the population will decline from the current 77,980 to 74,239 by 2035 in the Western region, with 34.4% of the population being over the age of 65 years.

Consideration must be given to ethnic background in the delivery of health care programs and services. The segment of the population who are members of the Qalipu Mi'kmaq band has not been determined given the delays in processing the applications for membership. However, the aboriginal population are a significant proportion of the population and cultural sensitivity must be considered in the provision of health care programs and services.

Migration

Based on public consultations, the Government of NL has released a population growth strategy: Live Here, Work Here, Belong Here, A Population Growth Strategy for Newfoundland and Labrador, 2015-2025. The strategy focuses on the workforce, families, communities and immigration.

It is expected that capital investment will increase through advancement in the Muskrat Falls, Hebron projects and Long Harbour. However, the Government of NL (2015) is expecting that employment will decrease, unemployment rate will increase, and population will decrease.
In 2011, 115 individuals migrated out of the Western region while 2750 individuals migrated into the province overall. In the 2013/14 environmental scan, the 2011 residual net migration was

different because Community Accounts did not receive the final taxpayer data (including taxfiler numbers, births and deaths) until November of 2013.

Fertility

According to the Newfoundland and Labrador Centre for Health Information (NLCHI), the birth rate in the Western region continues to decrease slightly. The crude rate per 1000 in 2013 was 7.5, compared to 7.6 in 2012 and 7.7 in 2011. The provincial rate in 2013 was 8.6, compared to 8.5 in 2012 and 8.8 in 2011. In 2013, the fertility rate for the Western region was 1.5 compared to the provincial rate of 1.4. Fertility rates are defined as the average number of children per woman.

Mortality

According to the NLCHI, the median age of death in the Western region in 2013 was 74.6, compared to 74.3 in 2012. The provincial median age of death was 75.0 in 2013. In 2013, there were 806 deaths in the Western region (rate of 1035.6 per 100,000), compared to 749 deaths in 2012 (972 per 100,000).

Income

The gross income for individuals in the Western region continues to increase incrementally and research indicates that higher income is typically associated with better health. In 2011, the gross income was $27,100 compared to $25,600 in 2010, $24,400 in 2009, and $23,800 in 2008 (Community Accounts, based on Canada Customs and Revenue Agency). In 2011, the median income of those aged 65 and older in the Western region was significantly less at $18,800. The gross income for the Western region was lower than for the province and Canada which was $31,000 and $32,800, respectively. In 2011, the provincial personal income per capita was seventh highest of the 13 provinces in Canada.

Income Support

In 2013, 10.2% (8170 individuals) in the Western region received income support assistance at some point during that year compared to 10.9% in 2012 and 11.7% in 2011. The provincial figure was 8.4%. The total number of children aged 0 to 17 in the Western region who were in families receiving income support assistance in 2013 was 2,070 (2,210 in 2010 and 2,430 in 2011). Provincially, the number of children aged 0-17 who were in families receiving income support assistance was 10,960.

Employment

In 2011, the unemployment rate for the Western region was 21.1%, compared to 14.6% in the province and 7.8% in Canada. The unemployment rate is defined by Statistics Canada as the ratio of unemployed individuals to the total labour force. According to Statistics Canada (2011), “Unemployed refers to persons 15 years of age and over, excluding institutional residents, who, during the week (Sunday to Saturday) prior to Census Day, were without paid work and were

available for work and either had actively looked for work in the past four weeks, were on temporary lay-off and expected to return to their job, or had definite arrangements to start a new job in four weeks or less."

Employment Insurance Incidence is the number of people receiving Employment Insurance during the year divided by the number of people in the labour force. Thirty six point eight percent of those in the Western region collected employment insurance at some point in 2013 compared to 28.4% in the province. The percentage of those collecting employment insurance continues to decrease incrementally in both the Western region and the province.

Marital Status

Based on the 2011 Statistics Canada Census, of the 163,875 individuals in the province over the age of 55, 7.6% were divorced, 6.3% were single and were never married, 67% were married, 2% were separated and 17.1% were widowed.

Education

Highest level of schooling data is available from the National Household Survey (NHS) 2011, which replaced the former mandatory long form census and was retrieved from Community Accounts.

The NHS (2011) reported that 25.6% of people 25 to 64 years of age in the Western region do not have a high school diploma compared to 20.3% in the province, and 12.7% in the nation. In 2011, 39.3% of the population within the Western region aged 25 to 54 years had a trade or non-university certificate or diploma, compared to 38.4% in 2006 and 35.7% in 2001. In 2011, 7.5% (8.5% in 2006) of the population aged 25 to 54 years in Western region had a bachelor's degree compared to 11.0% in the province (10.1% in 2006) and 16.5% in Canada (15.8% in 2006) (NHS, 2011).

Based on 2014/15 data from the Department of Education, overall student enrolment in the Western region continues to decline, however, the number of primary students increased since the last fiscal year (Table 1). This trend was consistent with provincial figures (Table 2).

Table 1. Student Enrolment in the Western Region

School Year	2003-2004	2013-2014	2014-2015
Total Students	12,895	9,730	9,615
Primary	3,190	2,645	2,675
Elementary	2,895	2,180	2,105
Junior High	3,415	2,295	2,280
Senior High	3,395	2,610	2,550

Table 2. Student Enrolment in the Province

School Year	1989-1990	2013-2014	2014-2015
Total Students	130,610	67,435	67,295
Primary	36,695	19,945	20,145
Elementary	28,920	14,860	14,795
Junior High	32,420	15,615	15,380
Senior High	31,500	17,015	16,975

Wellness

Well-Being

According to the Canadian Community Health Survey (CCHS) (2013 and 2014), 80.8% of respondents in the Western region reported a stronger sense of community belonging, which is down from the 2011 and 2012 percentage of 84.3%. However, respondents in the Western region continue to feel a stronger sense of community belonging compared to respondents in the province at 77.0% and Canada at 66.2%. This heightened sense of community belonging was reported in rates of giving, volunteering and participating within the province. According to the 2013 Canada Survey of Giving, Volunteering and Participating, 87.5% of those 15 years of age or older in NL donated money in the past year and continues to be the highest in the country and above the national average of 82.4%. Both percentages are down from the 2010 Survey with 92% in NL and 84% in Canada. Just over 46.4% of those respondents in NL said they volunteered during the past year, compared to 43.6% in Canada. These numbers continue to decrease as well.

Perceived life stress can result in negative health outcomes and respondents reported slightly increased life stress in the Western region in the last CCHS survey. Fifteen point five percent of respondents in the Western region reported quite a lot of life stress (CCHS, 2013 and 2014) compared to 12.6% in 2011 and 2012. While provincially the percentage of those perceiving quite a lot of life stress also increased, the national percentage slightly decreased. Fifteen point

six percent of respondents in the province reported quite a lot of life stress compared to 23% in Canada. The same survey indicated a slight increase in life satisfaction in the Western region and the province; 92.6% of respondents from the Western region (92.3% in 2011 and 2012) reported being satisfied or very satisfied with life compared to 93.1% in NL (92.5% in 2011 and 2012) and 92.0% in Canada (92.3% in 2011 and 2012).

Health Status

A major indicator of well-being is how a person rates his or her own health and mental health. According to the CCHS (2013 and 2014), 58.5% of individuals in the Western region rated their health status as being very good or excellent compared to 61.5% of individuals in the province and 59.2% in Canada. Seventy point three percent of respondents in the Western region rated their mental health as very good or excellent compared to 72.2% in the previous survey. In the same survey, 73.4% of the respondents in the province reported their mental health to be very good or excellent, compared to 71.1% in the nation.

The performance of the mental health system are monitored through the following three indicators; self injury hospitalization, 30-day readmission rates and repeat hospitalization rates (Table 3) (CIHI, 2015). Table 4 outlines the suicide rates per 100,000 population by Regional Health Authority and the province (NLCHI, 2015). Although the suicide rate peaked in 2011 in the Western region at 19.45, this rate decreased in 2012 to be more consistent with other years.

Table 3. Mental Health Performance Indicators

Indicator	Source	Western Region	NL	Canada
Age standardized self-injury hospitalization rate per 100,000	Your Health System (YHS) and Health Indicator E-publication	2011/12-100 2012/13-109 2013/14-105	2011/12-86 2012/13-97 2013/14-107	2011/12-67 2012/13-66 2013/14- 67
Risk adjusted 30-day readmission percentage for selected mental illness	Health Indicator E-publication)	2011/12-12.2 2012/13-14.9 2013/14- 12.9	2011/12-13.3 2012/13-12.3 2013/14- 11.2	2011/12-11.6 2012/13-11.5 2013/14- 11.5
Risk adjusted percentage of individuals with repeat hospitalizations for mental illness within one year	YHS	2010/11-18.7 2011/12-17.9 2012/13-20.6	2010/11-11.0 2011/12-13.1 2012/13-13.3	2010/11-10.9 2011/12-11.1 2012/13-11.0

Table 4. Annual Suicide Rates per 100,000 Population for Ages 10 and Older by Regional Health Authority (2007-2012)

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
2010	11.78	9.21	11.11	33.06	12.70
2011	7.77	11.53	19.45	30.01	11.79
2012	9.82	5.78	11.15	Data suppressed	9.23

Health Behaviors

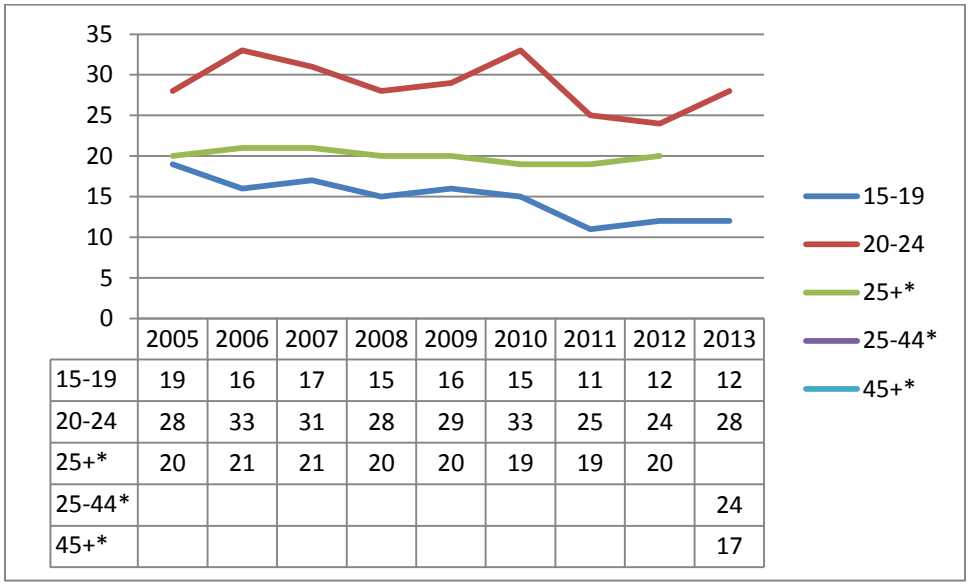
Several lifestyle behaviors contribute to health including alcohol, drug, and tobacco use, tobacco exposure, physical activity, diet, and helmet use.

alcohol use. A definition change of heavy drinking was implemented in 2013 to be consistent with the World Health Organization and Health Canada guidelines for heavy drinking. Heavy drinking refers to males who reported having 5 or more drinks, or women who reported having 4 or more drinks, on one occasion, at least once a month in the past year. While this indicator remains comparable for males to the 5 or more drinks indicator published in previous years, it is no longer comparable for females. According to the CCHS (2013 and 2014), 23.9% of people in the Western region reported heavy drinking compared with 25.0% in NL and 18.4% in Canada.

drug use. The Canadian Tobacco, Alcohol and Drugs Survey (CTADS) replaced Canadian Tobacco Use Monitoring Survey (CTUMS) and the Canadian Alcohol and Drug Use Monitoring Survey (CADUMS). This survey will be conducted every two years to assess tobacco, alcohol and illicit drug use among Canadians aged 15 years and older. According to the CTADS (2013), there has been a slight decrease in the number of people in NL who used cannabis in the past year and a slight increase in the national data. Nine point six percent of the people surveyed in NL reported using cannabis in the past year compared to 11% in 2012. In 2013 in Canada, 10.6% of those surveyed reported using cannabis in the past year compared to 10.2% in 2012. There was also a slight decrease 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 2013, 9.9% of NL respondents reported using one or more of these drugs compared to 11.1% in 2012. In Canada, this figure was 11.3%.

tobacco use. Although some increases in smoking behavior have been reported in the province (CTADS, 2013), the prevalence of students reporting having ever tried smoking a cigarette decreased since 2010-2011 in NL from 35% to 26% (Youth Smoking Survey, 2012-2013). Refer to Figure 1 for smoking behavior by age group in the province.

Figure 1. Smoking Behavior by Age Group in the province (%)



	2005	2006	2007	2008	2009	2010	2011	2012	2013
15-19	19	16	17	15	16	15	11	12	12
20-24	28	33	31	28	29	33	25	24	28
25+*	20	21	21	20	20	19	19	20	
25-44*									24
45+*									17

* Note that the reporting by age groups has changed.

According to the CCHS (2013 and 2014), 24% of respondents in the Western region reported being a currently daily or occasional smoker compared to 27.1% in the previous survey. Twenty point eight percent of respondents in NL reported being daily smokers and 18.7% of respondents in Canada reported being daily smokers (CCHS, 2013 and 2014).

tobacco exposure. The percentage of children up to age 17 years in NL who are regularly exposed to tobacco smoke continues to decrease which is a significant success for health promotion efforts across the country. The CTADS (2013) reported that 2.4% of children up to the age of 17 years in NL were regularly exposed to tobacco smoke compared to 3.1% in 2012, 5.5% in 2010, 6.0% in 2009, 8.2% in 2008, and 9.7% in 2007. In 2013, the national figure for children up to age 17 years being exposed to tobacco smoke was 3.9%, compared to 4.5% in 2012, 6.2% in 2010, 6.7% in 2009, and 8% in 2008.

physical activity and diet. Although 53.8% of the population in the Western region reported being active, 66.4% of the adult population reported being obese or overweight and 24.3% of youth reported being obese or overweight (See Table 5). The percentage of individuals in the Western region who report consuming 5 to 10 vegetables a day is higher than the provincial percentage and lower than the national percentage, however, has increased since the 2011 and 2012 CCHS survey.

Table 5. Personal Behaviors

Personal Behaviors	Data Source	Western	NL	Canada
Estimated % of youth population (aged 12-17) who are overweight or obese (BMI 25.0 or higher)	CCHS	2009 and 2010-42.4 2011 and 2012-20.6 2013 and 2014- 27.3	2009 and 2010-31.3 2011 and 2012-34.7 2013 and 2014-39.5	2009 and 2010-19.9 2011 and 2012-21.1 2013 and 2014-21.9
Estimated % of adult population (aged 18+) who are overweight or obese (BMI 25.0 or higher) (Excludes pregnant women)	CCHS	2009 and 2010-63.7 2011 and 2012-65.5 2013 and 2014- 66.4	2009 and 2010-63.9 2011 and 2012-66.2 2013 and 2014-68.3	2009 and 2010-52.0 2011 and 2012-52.3 2013 and 2014-53.8
Estimated % of adult population (aged 12+) who are physically active or moderately active	CCHS	2009 and 2010-53.5 2011 and 2012-55.1 2013 and 2014-53.8	2009 and 2010-47.4 2011 and 2012-50.3 2013 and 2014-48.0	2009 and 2010-52.3 2011 and 2012-53.8 2013 and 2014-54.4
Population % aged 12 and over, that consume fruits and vegetables 5 to 10 times per day	CCHS	2009 and 2010-37.5 2011 and 2012-24.0 2013 and 2014-29.1	2009 and 2010-29.0 2011 and 2012-25.9 2013 and 2014-25.6	2009 and 2010-44.2 2011 and 2012-40.5 2013 and 2014-40.2

helmet use. According to CCHS (2013 and 2014), 47.6% of the respondents over the age of 12 in the Western region reported always wearing a helmet when riding a bicycle in the last 12 months compared to 47% in the previous survey. Forty five point nine percent of the respondents in the province and 42.0% in the nation reported always wearing a helmet (CCHS, 2013 and 2014).

Health Practices

Indicators of health practice include cervical screening, mammography, and influenza vaccination uptake. Table 6 outlines statistics related to these health practices. Health practices of a population may be reflective of overall health.

The Provincial Breast Screening Program uptake remains relatively consistent (See Table 6). A large number of women in the Western region also have screening mammograms in other diagnostic imaging departments within the region. The Western Health cervical screening rates for women aged 20 to 69 continue to decrease and in 2012 to 2014, this percent was 59%, compared to 63% in 2011 to 2013, and 69% from 2009 to 2011.

In the prevention of cervical cancer, the HPV vaccination is offered to eligible girls. In 2014/15, 93.63% of eligible girls received dose 1 and 2 of the HPV vaccine.

Within the Western region, influenza vaccinations continue to increase and in the 2013 and 2014 CCHS survey, 30.4% of the population aged 12 and older were vaccinated. Within Western Health, staff and long term care (LTC) resident influenza vaccinations remained consistent over the past three fiscal years (See Table 6).

Table 6. Health Practices

Health Practices	Data Source	Western Region
Cervical Screening	Western Health	2009 to 2011- 69% 2011 to 2013-63% 2012 to 2014- 59%
Mammography	Provincial Breast Screening Program	2009/10-58% 2010/11-60% 2011/12-58.5% 2012/13-59.4%
Influenza Vaccination for staff of Western Health who received influenza vaccine through employer	Western Health	2012/13-55% 2013/14-58% 2014/15-57%
Influenza Vaccination for LTC residents	Western Health	2010/11-88% 2011/12-88% 2012/13-90%
Population aged 12 and older receiving influenza vaccination less than one year ago	CCHS	2009 and 2010-23.9% 2011 and 2012-28.1% 2013 and 2014-30.4%

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 $30,900 compared to $29,000 in 2010 and $28,000 in 2009 (compiled by the Community Accounts Unit based on Canada Customs and Revenue Agency, Statistics Canada). In 2011, half of the lone parent families in the province had incomes of less than $32,900. The national figure was $37,900.

The total number of children up to the age of 17 in the Western region in families receiving Income Support Assistance has continued to steadily decline and in 2013, this number was 2070 compared to 2210 in 2012.

The incidence of obesity and diabetes is high in the Western region of NL and continues to increase. Literature indicates that breastfeeding is a strategy that can deter the incidence of obesity and diabetes through healthy feeding practices early in life. Based on statistics provided by the Perinatal Program Newfoundland and Labrador, breastfeeding initiation rates in the Western region have increased from 64.2% in 2013 to 72.4% in 2014 (See Table 7).

Table 7. Provincial and Western Region Breastfeeding Initiation Rates

Year	Western Region	NL
2010	59.9%	65.6%
2011	62.5%	66.7%
2012	61.4%	68.0%
2013	64.2%	69.6%
2014	72.4%	72.0%

Chronic Disease

Health Outcomes

Unhealthy practices are correlated with chronic diseases such as asthma, diabetes, cardiac disease, and cancer. The incidence of chronic diseases produces poorer health outcomes. The Western region of NL has higher rates of asthma, diabetes and high blood pressure than the province and Canada (See Table 8). The rates of cancer, specifically bronchus and lung, colon, prostate, and cervical cancers, are higher in the province than the rest of Canada (See Table 8). Colorectal cancer incidence rates for both males and females are higher in NL than any other province in Canada. Western Health continues to participate in the Provincial Colorectal Cancer Screening Initiative and the Provincial Endoscopy Initiative.

Table 8. Health Outcomes

Health Outcomes	Data Source	Western Region	NL	Canada
Asthma% (Aged 12+)	CCHS	2009 and 2010- 8.1 2011 and 2012-8.4 2013 and 2014-8.3	2009 and 2010- 8.4 2011 and 2012-8.3 2013 and 2014-8.3	2009 and 2010- 8.3 2011 and 2012-8.3 2013 and 2014-8.0
Diabetes% (Aged 12+)	CCHS	2009 and 2010-9.3 2011 and 2012-9.4 2013 and 2014-11.9	2009 and 2010-8.2 2011 and 2012-9.4 2013 and 2014-8.8	2009 and 2010-6.2 2011 and 2012-6.3 2013 and 2014-6.6
High Blood Pressure % (Aged 12+)	CCHS	2009 and 2010-24.5 2011 and 2012-26.9 2013 and 2014-28.0	2009 and 2010-22.9 2011 and 2012-22.5 2013 and 2014-24.0	2009 and 2010-17.0 2011 and 2012-17.5 2013 and 2014-17.7
Bronchus and Lung Cancer incidence (age standardized rate per 100,000)	Statistics Canada Canadian Cancer Registry	2003 to 2005-44.1 2004 to 2006-42.9 2005 to 2007-42.5 2008-not available 2009- not available 2010-not available	2003 to 2005-44.3 2004 to 2006-57.4 2005 to 2007-49.7 2008-65.5 2009-75.5 2010-70.9	2003 to 2005-57.4 2004 to 2006-57.3 2005 to 2007-56.9 2008-70.3 2009-70.7 2010-68.2
Breast Cancer incidence (age standardized rate per 100,000 in the female population)	Statistics Canada Canadian Cancer Registry	2003 to 2005-80.8 2004 to 2006-76.8 2005 to 2007-83.4 2008-not available 2009- not available 2010-not available	2003 to 2005-88.9 2004 to 2006-86.8 2005 to 2007-85.8 2008-66.5 2009-61.0 2010-64.2	2003 to 2005-97.5 2004 to 2006-98.0 2005 to 2007-98.4 2008-64.1 2009-66.2 2010-67.2

Colon, rectum and recto sigmoid junction Cancer incidence (age standardized rate per 100,000)	Statistics Canada Canadian Cancer Registry	2003 to 2005-62.1 2004 to 2006-70.2 2005 to 2007-69.2 2008-not available 2009- not available 2010-not available	2003 to 2005-68.4 2004 to 2006-67.7 2005 to 2007-68.7 2008-89.9 2009-88.1 2010-92.9	2003 to 2005-50.4 2004 to 2006-50.2 2005 to 2007-49.9 2008- 63.5 2009-63.4 2010- 61.6
Prostate Cancer incidence (age standardized rate per 100,000)	Statistics Canada Canadian Cancer Registry	2003 to 2005-92.5 2004 to 2006-102.4 2005 to 2007-105.7 2008-not available 2009- not available 2010-not available	2003 to 2005-93.3 2004 to 2006-107.1 2005 to 2007-120.3 2008-88.0 2009-95.8 2010-91.0	2003 to 2005-121.7 2004 to 2006-123.6 2005 to 2007-124.3 2008-66.5 2009-66.5 2010-64.5
Cervical Cancer (age standardized rate per 100,000)	Statistics Canada Canadian Cancer Registry	Not available	2006-4.9 2007-4.9 2008-3.9 2009-5.8 2010-7.7	2006-4.1 2007-4.3 2008-4.1 2009-4.3 2010-4.1

In Western Health's Strategic Plan (2014-2017), a goal related to enhanced cardiovascular programs and services in keeping with the expanded chronic care model was established. Given this focus, cardiovascular indicators, including those outlined in table 9, are being monitored (Health Indicator E-publication interactive website, 2015).

Table 9. Cardiovascular Indicator Rates (per 100,000)

Indicator	Western Region	NL	Canada
Cardiac Revascularization	2011/12-200 2012/13-not available 2013/14-175	2011/12-226 2012/13-not available 2013/14-233	2011/12-233 2012/13-not available 2013/14-228
Coronary Artery Bypass Graft	2011/12-67 2012/13-not available 2013/14-66	2011/12-71 2012/13-not available 2013/14-66	2011/12-62 2012/13-not available 2013/14-58
Percutaneous Coronary Intervention	2011/12-137 2012/13-not available 2013/14-109	2011/12-157 2012/13-not available 2013/14-167	2011/12-172 2012/13-not available 2013/14-172
30-Day Acute Myocardial Infarction Readmission	2011/12-9.7 2012/13-not available 2013/14-15.5	2011/12-11.6 2012/13-not available 2013/14-10.5	2011/12-11.5 2012/13-not available 2013/14-11.4

According to the NLCHI (2015), 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. Table 10 outlines mortality rates and cancer, cerebrovascular, circulatory, and total mortality and life expectancy in the Western region, NL, and Canada. According to NLCHI (2015), the 2010 and 2011 mortality data has some data quality issues and therefore, data cannot be broken down by health authority.

Table 10. Mortality Rates and Life Expectancy

Indicator	Western Region	NL	Canada
Lung Cancer mortality rate age standardized rate per 100,000 Statistics Canada, CANSIM 102-0552	2000 to 2002- 55.8 2005 to 2007- 58.6 2008- not available 2009- not available 2010- not available 2011- not available	2000 to 2002- 45.0 2005 to 2007- 50.7 2008-45.2 2009-53.8 2010-45.9 2011-42.8	2000 to 2002- 47.4 2005 to 2007- 45.4 2008-44.2 2009-43.9 2010-43.1 2011-41.7
Prostate Cancer mortality rate age standardized rate per 100,000 Statistics Canada, CANSIM 102-0552	2000 to 2002- 12.3 2005 to 2007- 14.0 2008- not available 2009- not available 2010- not available 2011- not available	2000 to 2002- 11.9 2005 to 2007- 9.8 2008-10.1 2009-9.1 2010-7.5 2011-9.3	2000 to 2002- 10.2 2005 to 2007- 8.3 2008-8.1 2009-7.9 2010-7.8 2011-7.3
Breast Cancer mortality rate age standardized rate per 100,000 Statistics Canada, CANSIM 102-0552	2000 to 2002- 15.8 2005 to 2007- 13.9 2008- not available 2009- not available 2010- not available 2011- not available	2000 to 2002- 14.9 2005 to 2007- 13.7 2008-12.9 2009-10.6 2010-14.9 2011-13.0	2000 to 2002- 13.7 2005 to 2007- 11.9 2008-11.5 2009-11.2 2010-10.8 2011-10.5
Colorectal Cancer mortality rate age standardized rate per 100,000 Statistics Canada, CANSIM 102-0552	2000 to 2002- 17.1 2005 to 2007- 21.8 2008- not available 2009- not available 2010- not available 2011- not available	2000 to 2002- 20.7 2005 to 2007- 23.7 2008-20.6 2009-27.0 2010-25.3 2011-22.7	2000 to 2002- 18.8 2005 to 2007- 17.9 2008-17.9 2009-17.3 2010-16.8 2011-17.0
Major Cardiovascular Diseases Age standardized rate per 100,000 Statistics Canada, CANSIM 102-0552	Not available	2008-207.6 2009-193.3 2010-184.6 2011-170.2	2008-147.3 2009-139.9 2010-132.7 2011-125.1
Cerebrovascular Disease age standardized rate per 100,000 Statistics Canada, CANSIM 102-0552	2000 to 2002- 53.3 2005 to 2007- 42.0 2008- not available 2009- not available 2010- not available 2011- not available	2000 to 2002- 49.2 2005 to 2007- 46.6 2008-45.3 2009-42.4 2010-39.3 2011-34.9	2000 to 2002- 40.9 2005 to 2007- 30.8 2008-28.8 2009-28.4 2010-26.6 2011-24.8
Other Disorders of the Circulatory System Age standardized rates per 100,000 Statistics Canada, CANSIM 102-0552	Not available	2008-0.7 2009-0.8 2010-0.7 2011-0.7	2008-1.3 2009-0.1 2010-1.3 2011-1.0
Total Mortality (rate per 100,000) NLCHI	2011- 992.8 2012- 972.0 2013-1035.6	2011- 870.3 2012- 896.9 2013- 916.8	2007-714.4 2008- 716.2 2009- 706.8
Life Expectancy (age) 2007-2009 Statistics Canada, Health Profile	78.9	78.9	81.1

Internal Analysis

Internal Business Processes

Client/Patient Volumes

Western Health continues to experience increases in such services as hemodialysis, specifically at the satellite sites at STRH and CLHC, emergency room visits at WMRH and STRH, and the number of clients receiving home support. See table 11 for client/patient volumes for select Western Health services.

Table 11. Client/Patient Volumes for Select Western Health Services

Service	2012/13	2013/14	2014/15
Hemodialysis visits (WMRH)	9571	10,923	10,351
Hemodialysis (STRH)	2869	3212	3989
Hemodialysis (CLHC)	1700	1820	1833
Emergency room visits (WMRH)	26,368	25,189	22,128
Fast Track visits (WMRH)		6852 (opened October 2013)	16,166
Emergency room visits (STRH)	28,445	28,248	29,882
Humberwood admissions	183	192	183
Long term care admissions (Approved placement LTC)	233	238	237
Client served home support (number of clients)	1792	1844	1915
BABIES (accepted and referred)	290	290	249

Performance Indicators

CIHI (2015) updates performance indicators to assess health care appropriateness and effectiveness through the YHS (Table 12). Western Health is significantly lower than Canada on 30 day medical readmissions and significantly higher than Canada on 30 day surgical readmission and ambulatory care sensitive conditions.

Table 12. Appropriateness and Effectiveness Performance Indicators (CIHI, 2015)

Indicator	Western Health	NL	Canada
Hospital Standardized Mortality Ratio (HSMR)	2011/12-105 2012/13-90 2013/14-71	2011/12-114 2012/13-110 2013/14-104	2011/12-91 2012/13-89 2013/14-85
30-Day Overall Readmission (Percent)	2011/12-7.6 2012/13-8.0 2013/14-8.3	2011/12-8.4 2012/13-8.5 2013/14-8.4	2011/12-8.7 2012/13-8.8 2013/14-8.9

Hospital Deaths Following Major Surgery (Rate per 100)	2011/12-.5 2012/13-1.8 2013/14-1.4	2011/12-1.9 2012/13-2.1 2013/14-2.0	2011/12-1.8 2012/13-1.8 2013/14-1.7
30-Day Medical Readmission (Percent)	2011/12-12.1* 2012/13-12.6 2013/14- 12.1*	2011/12-12.6* 2012/13-12.8* 2013/14-12.0*	2011/12-13.4 2012/13-13.5 2013/14-13.5
30-Day Obstetric Readmission (Percent)	2011/12-1.7 2012/13-1.3 2013/14-1.2	2011/12-2.6* 2012/13-2.4 2013/14-2.6*	2011/12-2.0 2012/13-2.0 2013/14-2.0
30-Day Surgical Readmission (Percent)	2011/12-6.2 2012/13-6.3 2013/14-8.4*	2011/12-6.5 2012/13-6.6 2013/14-7.0	2011/12-6.6 2012/13-6.7 2013/14-6.9
30-Day Readmission of Patients 19 and Younger (Percent)	2011/12-6.6 2012/13-6.6 2013/14-6.4	2011/12-5.9 2012/13-6.4 2013/14-7.4	2011/12-6.6 2012/13-6.5 2013/14-6.7
Ambulatory Care Sensitive Conditions (Age standardized rate per 100,000)	2011/12-518* 2012/13-540* 2013/14-496*	2011/12-423* 2012/13-419* 2013/14-405*	2011/12-290 2012/13-289 2013/14-283

*** statistically different than Canada**

The safety performance indicators presented in table 13 were made available to Western Health upon request and continue to be monitored.

Table 13. Safety Performance Indicators

Indicator	Western Health	NL	Canada
In-hospital hip fractures Age 65+ (rate per 1000)	2010/11- 2.11 2011/12-1.95 2012/13-1.1 2013/14-0.3	2010/11- .99 2011/12-0.6 2012/13-0.9 2013/14-0.7	2010/11- .79 2011/12-.13 2012/13-0 2013/14-0.8
30-day AMI In-hospital Mortality (rate per 100)	2011/12-8.0 2012/13-7.2 2013/14-5.4	2011/12-8.5 2012/13-7.5 2013/14-9.8	2011/12-7.0 2012/13-6.9 2013/14-6.6
30-day Stroke In-hospital Mortality (rate per 100)	2011/12-15.5 2012/13-13.1 2013/14-3.4	2011/12-20.4 2012/13-20.4 2013/14-15.4	2011/12-14.7 2012/13-13.8 2013/14-14.0
Nursing sensitive adverse events for medical conditions (rate per 1000)	2011/12-36.84 2012/13-31.3 2013/14-21.2	2011/12-29.83 2012/13-32.8 2013/14-29.2	2011/12- 19.82 2012/13-21.7 2013/14-28.8
Nursing sensitive adverse events for surgical conditions (rate per 1000)	2011/12-38.45 2012/13-34.9 2013/14-36.9	2011/12-42.86 2012/13-48.4 2013/14-45.9	2011/12-21.62 2012/13-25.6 2013/14-34.6
Obstetric Trauma (with instrument) (rate per 100)	2011/12-3.1 2012/13-8.1 2013/14-7.8	2011/12-10.6 2012/13-11.5 2013/14-10.4	2011/12-18.0 2012/13-18.9 2013/14-18.9

Efficiency

Regional median wait times for placement into LTC from approval to placement are monitored (Table 14). With the exception of Rufus Guinchard Health Centre and Bonne Bay Health Centre, all median wait times increased. When wait times were assessed for those still waiting LTC placement (dated March 31, 2015), the median wait time was 278.39 days. There were no individuals waiting placement for Bay St. George Long Term Care Centre, Calder Health Centre, or Dr. Charles Legrow Health Centre.

Table 14. Median Wait Times (days) to Access Institutionally Based LTC from Approval to Placement

Site	Median Wait Time 2012/13	Median Wait Time 2013/14	Median Wait Time 2014/15
Corner Brook Long Term Care Home	57	126	184
Bay St. George Long Term Care Centre	10	15	21
Calder Health Centre	6	6	8
Dr. Charles LeGrow Health Centre	34.5	4	5
Rufus Guinchard Health Centre	19	65	12
Bonne Bay Health Centre	103	97	81
Overall	28	21	25

Most responsible admitting diagnoses vary throughout Western Health facilities depending upon the program area. Further analyses of these diagnoses provide insight into the health and subsequent health needs of the population. The most responsible diagnosis admitted to acute care programs has remained relatively stable for the past two years. The most responsible admitting diagnoses within the Medicine Program are diseases and disorders of the heart, COPD, pneumonia, signs/symptom of the digestive system, and lower urinary tract infection. In the Surgery Program, the most responsible diagnoses are unilateral knee replacement, hysterectomy with non-malignant diagnosis, partial excision/destruction of prostate closed approach, convalescence, and unilateral hip replacement. Within the adult acute Mental Health Program, the most responsible diagnoses are depressive episode, schizophrenia/schizoaffective disorder, stress reaction/adjustment disorder, bipolar disorder, and substance abuse with other state.

The average age of the adult population accessing acute care services, excluding admissions related to pregnancy and childbirth, in 2014/15 was 64.99 years compared to 63.73 in 2013/14 fiscal year. Of this population, 22% were 80 years or older in comparison to 20% for the previous two fiscal years.

Patient flow becomes inefficient when organizations experience length of stay beyond the expected length of stay and a high percentage of alternate level of care (ALC) days. Inefficient patient flow has the potential to lead to longer stays in emergency departments, cancellation of services, and overflow areas. The number of admissions to Western Health acute care facilities has decreased from 9206 cases in 2013/14 to 8780 cases in 2014/15. The decrease in the number

of admissions may be related to the increase in the length of stay. The length of stay for acute care facilities within Western Health has increased on average by 1.37 days. In 2014/15 the average length of stay for each admission was 10.85 days compared to 9.48 days in 2013/14. ALC continues to utilize a significant portion of patient days within Western Health. ALC days represent 31% of all the acute care days for Western Health. In 2014/15, Western Health utilized 82.54 acute care beds for ALC care, compared to 57.84 beds in 2013/14. The average length of stay for ALC cases in 2014/15 was 61.63 days.

The cost of a standard hospital stay in the Western region was $6227 in 2013/14, slightly down from 2012/13 at $6380 (CIHI, 2015). In 2013/14, the provincial cost of a standard hospital stay was $5713 and the national cost was $5632 (See Table 15). This indicator is based on financial Management Information System data and the province is working towards improving standardization. Ongoing efforts within Western Health to improve system efficiency and effectiveness are in progress.

Table 15. Cost of a Standard Hospital Stay (Dollars)

Indicator	2010/11	2011/12	2012/13	2013/14
Western Health	6194.00	6278.00	6380.00	6227.00
NL	6461.00	6537.00	6299.00	5713.00
Canada	5338.00	5409.00	5567.00	5632.00

Finance

Financial Conditions and Infrastructure

Over the past fiscal year, Western Health has invested in capital equipment and construction such as air conditioning units at Bay St. George Long Term Care Centre, B-Lean tray assembly system at WMRH, continued expansion of Logi-D throughout units within WMRH, and many other investments. In addition, renovations were completed at Jackson's Arm and Pollards Point medical clinics.

Infrastructure related to information technology is integral in the implementation and expansion of many programs and services. Initiatives include:

- development of a diabetes reporting system based on relevant laboratory data for monitoring of diabetes prevalence by community, age group, gender, and other demographics;
- development of a surveillance tool to actively monitor the use of anti-microbial drugs which is to be fully tested and implemented in 2015/16;
- implementation of Patient Order Sets at Dr. Charles LeGrow Health Centre;

- implementation of Clinical Online Documentation at all Acute and LTC sites throughout the Western region; and
- implementation of software in Community Supports and Acute Care to use in Home Care Assessments based on the InterRAI standard.

Discussions related to hospital planning continue.

Human Resources

Human Resource Planning

Western Health currently employs 2640 FTEs and 3185 staff. As of March 31, 2015, 163 physicians were appointed to Medical Staff at Western Health (60 salaried physicians, 103 fee for service or an alternate payment plan). Fifteen new physicians were hired during this fiscal year. The Health Human Resources Information System continues to be implemented and expanded within the Human Resources Branch.

In 2014/15, staff in the Attendance Management Program reviewed sick leave records and met with individuals whose records indicated that they had established a pattern for sick leave usage. A total of 250 employees were placed on the Attendance Management Program as of March 2015. In 2014/15, the average number of sick days per FTE at Western Health was 13.42 days.

Learning and Growth

Best Practice

Employee Development continued to support Western Health employees in their knowledge of best practices through the provision of education, training, and e-learning. E-Learning modules on topics including Pastoral Care, Child Maltreatment, Age Related Changes, and Understanding Dementia, continue to be developed and published for employees to access at their convenience.

The Western Health regional library provides information to employees and students to support evidence-informed decisions and best practice. The library performed 642 literature searches in the 2014/15 year.

Staff throughout Western Health continue to develop, review and update policies as appropriate to ensure best practices.

Accreditation

As a condition of the accreditation decision from the onsite survey visit in November 2013, Western Health provided evidence of action on four priority criteria to Accreditation Canada in April 2014. This evidence was accepted by Accreditation Canada and as a result of the review; the accreditation decision awarded to Western Health was changed to Accredited with

Commendation. Work was ongoing to address the remaining seven unmet priority criteria for the April 2015 report to Accreditation Canada. If the evidence submitted is accepted, this will complete the follow-up requirements from the December 2013 onsite survey. During the coming months, Western Health will move forward with the planning for Accreditation 2017.

Research and Evaluation

Evaluation has become integral to program planning. Quality Management and Research initiated, continued or completed 34 evaluations in the 2014/15 fiscal year. The Community Health Needs and Resources Assessment (CHNRA) (2013) and the Client/Patient/Resident Experience Surveys (2013) were evaluated. Outcomes were incorporated into appropriate branch plans and the CHNRA policy was revised. Other evaluations included; the use of antipsychotic medications in LTC, Team Effectiveness, Chronic Pulmonary Disease Education Program, and many others. The Western Health Research Resource Review Committee reviewed and approved 15 new studies to be conducted within the Western region.

Western Health staff contribute to knowledge and best practice through publication in academic journals and presentation at conferences. An article titled "Analysis of the Influencing Factors Associated with Being Designated Alternate Level of Care" was published in Home Health Care Management & Practice. Evaluation and research results have also been disseminated to the Western Health Board of Directors, leadership and staff through the intranet, internet, presentations, leadership meetings, and summary reports. The Western Regional School of Nursing continues to provide a BN Collaborative Program. These staff conduct scholarly research to contribute to the academic literature and continuously evaluate their curriculum.

Ethics

Staff continued to represent Western Health on the Provincial Health Ethics Network Newfoundland and Labrador (PHENNL) in 2014/15. In partnership with PHENNL, educational opportunities were provided to Western Health staff including Food Related Risks: Guidelines when Caring for Clients/Patients/Residents and Decision Making in Discharge Planning: The Health Care Professional's Dilemma. In collaboration with PHENNL, the Western Health Ethics Committee conducted five case consultations to help staff with ethical issues related to Advance Health Care Directives, long term care policy, eating disorders and patient rights. Participation in National Health Ethics Week enabled Western Health staff and Ethics Committee members to attend educational sessions and receive ethics and research ethics bulletins.

Employee Wellness/Health and Safety

Western Health continues to support employees health and safety through programs and services such as:

- Injury Prevention Program
- Electronic monitoring system for employees conducting client home visits
- Employee Assistance Program

- Western Outstanding Work Awards
- Disability Management Program
- Years of Service Award
- Walking Western for Wellness
- Influenza Vaccination Program

Western Health was successful in the last PRIME audit which demonstrated compliance with occupational health and safety programming.

Emergency Preparedness

Activities have occurred to ensure that Western Health is prepared for emergencies. Education to staff in acute care, including Personal Protective Equipment, has been completed. Staff in LTC and Rural Health were involved in an Emergency Codes Education Day.

Clients/Patients/Residents

Best Practice

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

- Optimizing the management of blood glucose monitoring for the frail elderly in LTC settings
- Model of Medical Care at WMRH
- Stroke Education Program
- Chronic Obstructive Pulmonary Disease Education Program
- Emergency Department Wait Time Strategy
- Highly Sensitive Patient Program
- LEADS framework

Many best practice initiatives resulted from Western Health's partnerships with external agencies such as Canadian Agency for Drugs and Therapeutics, Canadian Foundation of Health Care Improvement, and PHENNL.

Volunteers have significantly improved the delivery of programs and services throughout Western Health. The Volunteer Greeter Program was developed and implemented for WMRH and several volunteer training programs were developed including a Volunteer Palliative Care Program and Volunteers in Mental Health Program. In addition, one hundred and thirty seven volunteers provide pastoral care services throughout the Western region.

Audits are being completed throughout the organization and across the continuum of care to ensure best practice. Examples of audits completed include High Alert Medication Audit, Work Flow in Sterile Area Audit, and the Surgical Safety Checklist Audit.

Client/Patient/Resident Feedback

The compliments and complaints reporting process is one method for clients/patients/residents to provide feedback. Compliments and complaints are monitored, trended, and disseminated to enhance service provision. Clients/patients/residents of Western Health also have an opportunity to provide feedback through experience surveys that are administered every three years.

Safety

Client/patient/resident safety is a priority for all programs and services throughout Western Health and many programs have been implemented across the continuum of care to reduce risk;

- Falling Star Program
- Calcium and Vitamin D Supplementation Program
- Safe Client Handling Program for LTC
- Antipsychotic medications in LTC
- Best Possible Medication History
- Venous Thromboembolism Prophylaxis
- Surgical Site Infections
- Safer Healthcare Now!
- Medication Reconciliation
- Central Venous Catheter-Related Bloodstream Infections
- Stop Infections Now
- Antimicrobial Stewardship Program
- Pyxis Machine
- Failure Mode and Effects Analysis

Clinical Safety Reporting System (CSRS) is a system to monitor occurrences, thereby improving patient safety and quality of care. These data continue to be monitored to support timely approval of occurrences in keeping with regional and provincial direction.

Improving Population Health

Western Health has partnered with many external organizations to enhance population health such as Royal Newfoundland Constabulary, Royal Canadian Mounted Police, Newfoundland English School District, Family Resource Centers and many others. With the support of the Community Advisory Committees, grants provided by the Western Regional Wellness Coalition, and other internal and external partners, healthy behaviors and practices were promoted through initiatives including:

- Tobacco Free Network
- Lifestyle Awareness Workshops
- Western Regional Wellness Coalition
- Community Kitchens
- Women Senior’s Fitness

- Hand Hygiene Campaign
- Improving Health My Way
- Joining Generations Projects
- Action Bins Program
- Kids Live Well Marathon
- Children Aiming to Choose Health
- Safer Bar/Safer Parties
- #practicesafetext
- Preventing Alcohol Related Trauma in Youth
- Safe Kids Week
- Friends for Life
- Healthy Choices in Gift Shops
- National Teen Driver Safety Week

Collaboration with populations such as the aboriginal and francophone groups was highlighted in the Community Health Needs and Resources Assessments (2013). As such, the Primary Health Care Teams and wellness facilitators have initiated partnerships with these groups in an effort to enhance collaboration.

The Improving Health My Way program has had significant growth with 349 referrals in the 2014/15 year, up from 189 in 2013/14 and is designed to support clients within the Western region to manage their own health as it relates to chronic disease.

Access

According to the CCHS (2013 and 2014), 91.5% of residents in the Western region of NL reported having a regular medical doctor (89.5% in previous survey) compared to 89.0% in the province and 84.8% in Canada.

In 2014/15, telehealth usage increased by 36%, enhancing access to programs and services for residents of the Western region. Three new telehealth sites were established in Corner Brook LTC, Rehabilitation Annex in Stephenville and Monaghan Hall.

Telehealth has alleviated some issues related to access, however, access continues to be a challenge for residents in the Western region, particularly in rural areas. Initiatives to improve access include satellite Public Health Clinics, recruitment of lay leaders for the Improving Health My Way program, and others. Nurse practitioners have been employed in some areas of the Western region, for example the Deer Lake Ambulatory Care Clinic, to further enhance access to services for residents in rural areas of the Western region. In addition to these efforts to improve access, Outreach Clinics and Visiting Specialist Clinics are offered and provide pediatric, internal medicine, surgical, and obstetrics/gynecological services to residents of the Western region. New clinics were initiated in the last fiscal year including the Methadone Clinic and the Janeway Lifestyle Team.

Western Health is committed to supporting clients in their need for access to programs and services. A needs assessment for a satellite dialysis site in the Bonne Bay and Port Saunders areas is currently being compiled. Also, a Physiotherapy Access Improvement Initiative at STRH was established to enhance physiotherapy access. Data is being collected to determine program effectiveness. An alternate level of care unit was also established in April 2014 at WMRH in which standards of care for this population were developed and implemented.

Healthy Child Development

While the number of live births in the Western region has decreased from 628 in 2013/14 to 560 in 2014/15, an increase in referrals to the Healthy Beginnings Long Term from 180 children in 2013/14 to 221 in 2014/15 was reported. Community Health and Family Services/Health Promotion-Primary Health Care Programs identify and monitor areas of concern related to child health through Preschool Health Checks. Consistent with previous years, in 2013/14, the top three concerns identified within the Preschool Health Check were: speech defects, BMI for age greater than 85%, and vision defects. There has been a significant improvement in the percentage of parents of children identified as having nutritional problems who have refused referrals (80% in 2011/12 to 53% in 2013/14).

Healthy Aging

Healthy aging initiatives are in progress throughout the continuum of care. Palliative care and End of Life Program continue to provide services to clients throughout the Western region and to residents in LTC. The Community Rapid Response Team, implemented in November 2014, is currently being evaluated in partnership with NLCHI. This team was initially introduced to support older individuals to remain in the community with appropriate supports. Other significant initiatives include the implementation of the Falls Prevention Program in Personal Care Homes which is also in the process of being evaluated, the proclamation and evaluation of the Adult Protection Act, the introduction of the RAI-Care Assessment Tool used to assess clients for placement and home support, and the implementation of the Enhanced Care Program which is currently being evaluated.

The Restorative Care program was implemented within Western Health to optimize function and ensure that older adults get the right care so they can regain strength and confidence and return home. Based on the evaluation, this program has had positive impacts on client flow across the continuum and on clients' functioning. The Healthy Aging Clinic established at Dr. Charles LeGrow Health Centre was evaluated in 2014/15. In addition to the benefits realized from this clinic, opportunities for improvement were identified. The goal of this clinic is to help older adults access appropriate services to maintain functional status, independence and quality of life.

To foster a healthy aging environment within LTC, staff continue to be educated in the Gentle Persuasion Approach and Person Centred Care. Other activities such as the Healthy Aging Calendar and Resident Fashion Shows promote positive images of aging within the LTC facilities of Western Health. The LTC facility in Corner Brook has improved quality, access, efficiency and appropriateness for the residents through the Axcess Bus pilot project. In this

pilot, a wheelchair accessible interfacility transportation bus was introduced to improve resident transport and access to transportation and services.

New LTC indicators to assess appropriateness and effectiveness, safety, and health status have been developed and commenced in this fiscal year (CIHI, 2015). These indicators include: restraint use, potentially inappropriate use of antipsychotics, falls in the last 30 days, worsened pressure ulcers, worsened depressive mood, improved physical functioning, worsened physical functioning, experiencing pain, and experiencing worsened pain. Public reporting of Western Health data will commence in the upcoming fiscal year on the YHS.

Conclusion

Opportunities and Challenges

Annual reports reveal commonalities across the branches within Western Health including: recruitment and retention of difficult to fill vacancies, improving awareness of programs and services, improving access to Western Health programs and services, enhancing safety and quality, new facilities planning, and clinical efficiency. As Western Health has nearly completed the 2014-2017 Strategic Plan, progress towards alleviating some of these challenges have been made, however, further opportunities for improvement continue. Western Health is also committed to working provincially to enhance quality and efficiency in the provision of materials management, human resources, information management and technology, communication and finance services through the development of a shared services organization.

Strategic Plan Goals

As Western Health staff continue to lead the organization in successes and accomplishments, new goals and priorities are established. The Western Health Strategic Plan (2014-2017) outlined the following goals:

1. By March 31, 2017, Western Health will have enhanced cardiovascular programs and services in keeping with the expanded chronic care model;
2. By March 31, 2017, Western Health will have enhanced medication safety to improve outcomes for clients, patients, residents and staff;
3. By March 31, 2017, Western Health will have improved access to emergency room services in keeping with the provincial strategy;
4. By March 31, 2017, Western Health will have enhanced access to information about programs and services through the implementation of a communication strategy.

Operational Goal

The following operational goal was also established:

By March 31, 2017 Western Health will continue to enhance work life culture through the introduction and continuation of programs and initiatives, to align with the National Standard for Psychological Health and Safety in the Workplace.

References

Community Accounts. (2015). Western Health Profile. Retrieved July 2015 from:

http://nl.communityaccounts.ca/profiles.asp?_=vb7En4WVgaSzyHI_

Canadian Cancer Society. (2015). Canadian Cancer Statistics. Retrieved 2015 from http://www.cancer.ca/~/media/cancer.ca/CW/cancer%20information/cancer%20101/Canadian%20cancer%20statistics/Canadian-Cancer-Statistics-2015-EN.pdf

Canadian Institute for Health Information. (2015). CIHI Health Indicators E-publication. http://www.cihiconferences.ca/indicators/2015/tables15_e.html

Canadian Institute for Health Information. (2015). Indicators Available upon Organizational Request. Unpublished manuscript.

Canadian Institute for Health Information. (2014). Your Health System Report. Retrieved from

Community Health Needs and Resources Assessment. (2013). Unpublished Manuscript. Retrieved from http://westnet/apps/view_items.cfm?menuID=5943&categoryID=7

Department of Education. (2014). Newfoundland and Labrador Enrolment, 1990-2015. Retrieved from http://nl.communityaccounts.ca/table.asp?_=vb7En4WVgbOxz7ZjS6rIxpuixqOVko7Lqomyv4yplszCmJ6-x84_

Department of Education. (2014). Western Region Enrolment, 1990-2014. Retrieved from http://nl.communityaccounts.ca/table.asp?_=vb7En4WVgaSzyHJYnJvJwKCus6SfY8W4q5OruZKymsm-mZbIzQ__

Government of Newfoundland and Labrador. (2015). 2015 Expectations. Retrieved July 2015 from http://www.economics.gov.nl.ca/E2015/Expectations.pdf

Newfoundland and Labrador Centre for Health Information. (2014). Aggregate Level Information Request on Fertility and Mortality. Unpublished Manuscript.

Statistics Canada. (2015). Canadian Tobacco, Alcohol, and Drugs Survey. Retrieved July 2015 from: http://healthycanadians.gc.ca/science-research-sciences-recherches/data-donnees/ctads-ectad/summary-sommaire-2013-eng.php

Statistics Canada. (2013). Canada Survey of Giving, Volunteering and Participating.

Retrieved July 2015 from http://www5.statcan.gc.ca/cansim/a03?lang=eng&pattern=119-0001..119-0016&p2=31

Statistics Canada. (2013). Health Profile. Retrieved July 2015 from http://www12.statcan.gc.ca/health-sante/82-28/details/page.cfm?Lang=E&Tab=1&Geo1=HR&Code1=1013&Geo2=PR&Code2=01&Data=Rate&SearchText=Canada&SearchType=Contains&SearchPR=01&B1=All&Custom=&B2=All&B3=All

Statistics Canada. (2015). Canadian Community Health Survey. Retrieved from http://www5.statcan.gc.ca/cansim/a26

Western Health. (2015). Director and Branch Annual Reports. Unpublished manuscripts.