

20⁰⁷₀₈ ANNUAL
PERFORMANCE REPORT



Western
Health

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Message from the Board Chair



It is my pleasure, on behalf of the Board of Trustees of Western Health to present our Annual Report for the year 2007-2008. This is our third Annual Report as a regional health authority. Western Health is a Category One Public Body under the Transparency and Accountability Act. The publication of this report is in keeping with the legislative guidelines. In accordance with the requirements of the Act, the Board accepts accountability for the results and any variances explained in this Annual Report.

Western Health is responsible for the delivery and administration of health and community services in the Western Health region in accordance with the Regional Health Authorities Act. In keeping with this mandate, this year saw the completion of our first Strategic Plan for 2006-2008, and the Board is pleased to report on its successes in achieving the relevant strategic directions of Government, as communicated by the Minister. We were also successful in drafting a new Strategic Plan for 2008-2011 for Western Health. The Plan was presented to the Department of Health and Community Services for approval and tabled in the House of Assembly June 30, 2008.

The Board continued to make significant gains in financial accountability during the past year and, as you will see in the Audited Financial Statements, for the second consecutive year Western Health had a budgetary surplus and continued to use this surplus for debt retirement. The support of the Department of Health and Community Services is acknowledged in this achievement.

The Board was saddened to lose one of its members tragically. Mr. John Manuel was killed in an accident in Mexico in March of this year. John was a dedicated and active board member who played key roles in many board committees including: Strategic Planning Committee, Executive Committee, Finance and Property Committee and Leadership and Partnership Committee. He was known for his keen insight and very pleasant nature and will be sadly missed.

On behalf of the Board of Trustees, we would like to thank the dedicated staff, physicians, volunteers and community partners who are committed to the health and well being of the people that we serve. We are so proud of the people who contribute so significantly in many ways to the success of Western Health.

The Board also acknowledges and thanks the Chief Executive Officer of Western Health, Ms. Susan Gillam, and other members of the Senior Executive Team for their stewardship. The Board is confident that the Senior Executive has worked diligently to build and grow our organization with its primary focus the delivery of quality health and community services to the people of the Western Region.

With Sincere Best Wishes,

A handwritten signature in cursive script that reads "Tony Genge".

Tony Genge, PhD

Overview



The **vision** of Western Health is that the people of Western Newfoundland have the highest level of health and well being possible. In the pursuit of the vision, the following **mission statement** was determined to provide direction over the next six years: by March 31, 2011, Western Health will have integrated and coordinated programs and services, starting with priority areas, to address the population health needs of the Western region within financial resources.

The **mandate** of Western Health is derived from the Regional Health Authorities Act and its regulations. Western Health is responsible for the delivery and administration of health and community services in the Western Health region in accordance with the above referenced legislation.

Western Health offers a broad range of programs and services to the people of the Western region as delineated in the following **lines of business**.

Primary Health Care

This refers to the first level of contact people have with health and community services and is usually with a family doctor, nurse practitioner, nurse, social worker, paramedic or other community health professional. Primary health care includes child care; child, youth and family; community corrections; community health; community rehabilitation; emergency; mental health and addictions; population health and public health services.

Acute Care

This refers to the institutional, primarily medical and medical support services, offered on an inpatient, day surgery, and ambulatory care basis. Acute care services include diagnostic, laboratory, maternal child health, medical, medical oncology, rehabilitation, surgical and clinical support services such as audiology, nursing, nutrition services, occupational therapy, pharmacy, physiotherapy, psychology, respiratory therapy, social work and speech language pathology.

Long Term Care and Supportive Services

This refers to the community based and institutional services for persons that are not fully capable for self care on a long term basis. Long term care and supportive services include home care, community support, independent living accommodations, supportive living arrangements, institutional long term care and health professional services.

Overview



Education

Western Health operates the Western Regional School of Nursing, one of three provincial sites that offer a four-year baccalaureate degree in nursing.

Provincial Programming

Western Health has the administrative responsibility for the Provincial Cervical Screening Initiatives Program, an initiative to establish a comprehensive, organized approach to cervical screening through a staged implementation process. As well, Western Health has responsibility for the provincial addictions inpatient facility, Humberwood. This facility provides counseling services to adults for chronic addiction to alcohol, drugs and/or gambling.

The authority services a population of 81,595 residents with 49 percent of the total population residing within the Corner Brook-Humber Valley area. Western Health's geographical boundaries are from Port aux Basques southeast to Francois, northwest to Bartlett's Harbour, and on the eastern boundary north to Jackson's Arm (see Western Health Regional Map).

Western Health operates 20 community based offices, 24 medical clinics, and nine health facilities.

The organization employs over 3,000 staff who work in the 53 sites throughout the region. Approximately 84 percent of staff is female. Western Health's regional office is located in Corner Brook.

In 2007-2008, Western Health had a budget of \$249 million with most of its revenue coming from provincial plan funding through the Department of Health and Community Services. Major expenditures include: salaries, direct client payments, fixed capital costs and diagnostic and therapeutic services.

For additional information about Western Health visit online at www.westernhealth.nl.ca.

Shared Commitments



Western Health continues to make every effort to build and strengthen the partnerships within the Western region. The need for partnership and collaboration is integral to the achievement of the vision of Western Health "...that the people of Western Newfoundland have the highest level of health and well being possible." Collaboration is also a value of the organization and is defined as "each person works with others to enhance service delivery and maximize the use of resources."

The work of Western Health is provided by a broad range of dedicated staff across the full continuum of care: acute, long term and community based services. Staff supports the vision, mission and values of Western Health and works in collaboration extensively with many partners. The support and collaboration of the Department of Health and Community Services, Government of Newfoundland and Labrador is acknowledged and valued.

During 2007-2008, Western Health held a forum with its Foundations within the Western region. The forum gave the Board and Senior Executive an opportunity for discussion with our Foundations about the services that we provide. The process enabled us to work with our Foundations to discuss opportunities and collectively celebrate our many successes, as well as the valuable work of the Foundations. Members of Western Health also partnered with the Newfoundland and Labrador Heart and Stroke Foundation in the development of best practices in stroke management. Also significant was the collaboration with the Workplace Health, Safety and Compensation Commission on a research project to Enhance the Safety of Staff in a Community Setting.

Other examples of active partnerships include: the Community Mental Health Initiative, the Western Regional Wellness Coalition, the Seniors Wellness Committee, the Western Injury Prevention Coalition, the Regional Foster Care Committee, the Violence Prevention Initiative, Family Resource Centers, Healthy Baby Clubs, Community Advisory Committees and our many dedicated Volunteers.

Highlights and Accomplishments



Improving Population Health

Healthy Students/Healthy Schools continued to be a major initiative for Western Health. Active Living Western, a community committee with representatives from Western Health, supported a regional in-service to create Living Healthy School Teams. The committee was also successful in receiving a wellness grant to pilot daily physical activity in six schools in the region.

In the fall of 2007, a pilot called Healthier You was introduced at Dr. Charles L. LeGrow Health Centre under the leadership of the dietitian. Healthier You consisted of 10 sessions for community members aimed to promote healthier lifestyles through exercise, healthy food choices and healthy shopping.

A number of health promotion initiatives continued to be supported by staff such as Ticker Tom, Moving for Health, CATCH program (Children Aiming to Choose Health), PARTY Program (Prevent Alcohol and Risk Related Trauma in Youth), You Can Stop by Starting with Us, Families and School Together, Social Work in Schools at C.C. Loughlin, Steady as You Go Falls Prevention Program and Lifestyle/Wellness clinics that focused on healthy aging.

Dedicated resources and the approval of two short term grants helped to increase the number of cervical screenings performed by public health nurse examiners in 2007-2008. Public health nurses also increased focus on health promotion during PAP Test Awareness week.

The regional primary health care management committee developed a plan for the expansion of primary health care for the region, building upon the provincial primary health care framework, primary health care proposals completed in the region and strengths of current team areas. Primary health care teams have been established in the Bonne Bay/Port Saunders, Deer Lake/White Bay and Port aux Basques areas. Community needs assessments have been completed for Dunfield Park in Corner Brook and in partnership with the Francophone Association of Newfoundland, Port Au Port Peninsula. A detailed action plan with seven objectives was developed. The objectives included the following: (1) seven community advisory committees across the Western region will be established; (2) primary health care organizational structures will be established; (3) a plan for staff development related to primary health care will be developed, resourced, implemented and evaluated; (4) a regional communication plan for primary health care will be developed; (5) seven primary health care teams will be established; (6) coordination of services in identified priority areas will be enhanced and (7) standards of accountability in professional practice will be applied. Many areas of the action plan have been implemented. The regional primary health care management committee continues to support the implementation of the regional plan for primary health care.

Highlights and Accomplishments



Western Health, with the support of the Department of Health and Community Services, enhanced its organizational management structure to support primary health care, adding area manager positions. Primary Health Care continued to be an excellent catalyst for improving population health with Community Health Promotion Working Groups established in three team areas.

Enhancing Access and Co-ordination of Services

The Government of Newfoundland and Labrador, through the Department of Health and Community Services invested significantly in capital equipment and human resources for the Western region during 2007-2008.

Approximately \$7 million was spent to acquire or upgrade diagnostic equipment in x-ray, ultrasound, computerized tomography (CT) and magnetic resonance imaging (MRI) services. In August 2007, the hours of operation for MRI expanded from eight per day to 12 per day with the addition of a third technologist. In October 2007, a sixth technologist was added to the Ultrasound Department which extended the hours of operation. These initiatives have increased access to services and have reduced patient wait times.

Western Health was pleased to receive a special allocation of \$4.3 million in capital equipment spending dollars in February 2008, just before fiscal year end. Western Health was able to use the much needed capital money to purchase equipment for the region. Examples of the items purchased include: beds, wheelchairs, stretchers, sterilizers, medication dispensing cabinets, blood gas analyzers, automated external defibrillators, electrocardiographs (ECG), electromyographs (EMG), cardiac monitors, and nursing inpatient equipment to name a few.

Forty new positions were approved to support population health and the provision of community based services. The successful recruitment to all of the positions will continue into the next fiscal year.

Western Health successfully recruited 33 new physicians to our region including: 19 Family Practice physicians; 10 specialists in the disciplines of Respiriology, Radiology, Cardiology, Orthopedic Surgery, Anesthesiology, Dermatology, Pathology and General Surgery; and four Emergency Room physicians.

In partnership with the Newfoundland and Labrador Centre for Health Information, Western Health launched its Telehealth program. The use of Telehealth reduces the need for the providers and the patients to travel, which may impact on costs and waiting times. The first application, Teledialysis, was introduced in February 2008; using secure videoconferencing technology, the Corner Brook based nephrologist was able to see dialysis patients in the Stephenville area more often. Western Health will continue to enhance and spread Telehealth to support access and service delivery.

Highlights and Accomplishments



Strengthening Public Health Capacity

The region has been actively involved in the development of a provincial public health strategy. By March 2008, Western Health increased its human resource capacity by six full time equivalent public health nurse positions, one Communicable Disease Control Nurse position and an Emergency Health Planning Coordinator position.

The communicable disease control program continued to maintain or improve vaccine uptake rates throughout the region. Influenza uptake for the priority groups increased slightly in all but the 6 to 24 months of group. Approximately 92 percent of the grade nine students received meningococcal vaccine. HPV vaccine was introduced to grade six students with 84 to 91 percent of students immunized in 2007-2008. Clients accessing services for international travel increased from 1126 to 1914. Employees fit tested increased from 57 percent to 82 percent. Western Health also dedicated additional human resources to the management and control of vaccine inventories. Policy development was started to enhance the provincial immunization database. As well, three additional commercial vaccine refrigerators were acquired, to improve the safe storage of vaccines throughout the region.

All Hazards Emergency planning was integrated into regional emergency response plans and health care facilities emergency plans. The development and implementation of universal emergency codes was initiated. Western Health's participation in multi-jurisdictional emergency exercises supported continued integration of response plans with municipalities. A regional health emergency preparedness committee was formed to oversee the planning aspects of the Western Health capacity to respond to emergency incidents.

Western Health participated on provincial groups that provide support and direction for provincial and regional pandemic planning activities. Regional work plans align the western regional pandemic plan with the new provincial and national pandemic plans. In March 2008, a mass immunization operational level planning project was undertaken.

Highlights and Accomplishments



Improving Accountability and Stability in Service Delivery

As many of you may be aware, Western Health recently received Accreditation from Accreditation Canada, following our December 2007, survey. The following comments were noted by the surveyors:

"Since the amalgamation the organization has overcome many obstacles that normally face a new organization very successfully. It has made a great deal of progress in restructuring service delivery and taking advantage of many integration opportunities."

"The organization has begun implementing a number of best practice components and has endeavoured to identify, view, and understand best practice as it relates to the Western Regional Health Authority (WRHA). This has been complimented by solid research to seek best practice theory."

The Western Regional School of Nursing participated in the Canadian Association of Schools of Nursing and the Association of Registered Nurses of Newfoundland and Labrador accreditation and approval review process. The final report is expected in June 2008.

Western Health continues to develop a comprehensive Employee Wellness Program for staff. The creation of a safe, healthy, and supportive work environment is an important component of Western Health's efforts to improve the health of its employees. To date, an Employee Wellness Framework has been developed, a Survey was completed and an Advisory Committee is in place helping to develop an Employee Wellness Plan for the organization. Of special note, two staff in nutrition services won the Healthcare Innovation Safety Solution 2007 award from the Newfoundland and Labrador Health Boards Association for creating a culture of workplace safety through Ergo Cartoons.

Western Health identified the components of its accountability framework and implemented the components to ensure compliance with legislative obligations including access to information and protection of privacy, and accountability and transparency. The components include financial management, performance monitoring through the balanced scorecard, strategic planning and policy and procedures.

Report on Performance



This section of the annual performance report will highlight Western Health's progress toward achievement of its mission, strategic goals and operational goals in support of Government's strategic directions. As written in the strategic plan, the measure and indicators for the year two objectives are also the measure and indicators for the strategic and operational goals.

Mission

By March 31, 2011 Western Health will have integrated and coordinated programs and services, starting with priority areas, to address the population health needs of the Western Region within financial resources.

Measure 1

Programs and services are integrated and coordinated to address the population health needs of the Western region.

INDICATORS

Mechanism established for ongoing evaluation of community needs in the Western region.

Improved access to programs and services starting with five key priority areas identified by federal and provincial ministers.

The development of a regional health services plan, in keeping with the foundational components developed by Department of Health and Community Services.

PROGRESS

The mechanisms for ongoing evaluation of community needs include environmental scanning, strategic planning, evaluation and community health needs and resources assessment. Frameworks for each of these mechanisms were established and implemented.

Western Health identified and implemented strategies for improving access in four priority areas. One priority area, cardiac surgery, is outside the lines of business for Western Health. The strategies included utilization monitoring, protocols to assess appropriate utilization and reviewing resource requirements. Information from wait time measurement and utilization monitoring, initiated a review of the resource requirements to increase capacity in one priority area. Western Health implemented changes to improve access to diagnostic imaging. The changes included expanded hours of work and/or new equipment.

Western Health developed its regional health services plan in the priority areas for integration of community based programs for children and youth, priority areas for integration of community based and acute care mental health and addictions services, access to priority services and priority areas of the provincial framework for primary health care.

Report on Performance



INDICATORS

Implementation of components of a regional health services plan:

- (1) integration of services based on current needs and fiscal resources within priority areas within community based services to Children and Youth: (a) a framework is in place for community based services to children and youth; (b) initiated program and service changes to reflect coordination;
- (2) integration of priority areas of community based and acute care mental health and addiction services: (a) a framework is in place for mental health and addiction services; (b) initiated program and service changes to reflect coordination;
- (3) implementation of priority areas within regional primary health care plan in keeping with the provincial framework for primary health care;
- (4) improved access to programs and services starting with five key priority areas identified by federal and provincial ministers;
- (5) devolution of programs and services identified by the Department of Health and Community Services to Western Health;
- (6) development of a health promotion framework.

PROGRESS

Western Health initiated implementation of its regional health services plan in priority areas for integration of community based programs for children and youth, priority areas for integration of community based and acute care mental health and addictions services, access to priority services and priority areas of the provincial framework for primary health care. As well, devolved programs and services were integrated and the health promotion framework was approved. Because of the significant amount of work done in the 2006-2008 planning cycle, Western Health added to the indicators, with respect to components of a regional health services plan, for the 2008-2011 planning cycle.

Measure 2

Programs and services are provided within financial resources.

INDICATORS

Financial plan, is developed in consultation with the Department of Health and Community Services, to achieve an operating budget up to the level of expected revenues, and outlines implications for service delivery.

Financial plan is implemented.

Programs and service indicators are developed and reported on a regular basis to the Board including provincial or national benchmarks where available and targets.

A plan is developed to address the organization's operating deficit that outlines implications for service delivery.

PROGRESS

The financial plan was developed in consultation with the Department of Health and Community Services in keeping with the indicator.

The financial plan was implemented.

The balanced scorecard provided the framework for indicator development and reporting on a regular basis to the Board.

A plan was developed and implemented.

Report on Performance



Strategic Issue One: Financial Stability

Western Health recognizes the seriousness of an inability to operate within funding provided through the Department of Health and Community Services. One of the four strategic goals of Department of Health and Community Services is to improve accountability and stability in the delivery of health and community services within available resources.

Strategic Goal One

By March 31, 2008 Western Health will have achieved a balanced operating budget, including a debt retirement plan, unless otherwise directed by Government, while monitoring impacts on programs and services.

Objective Year Two (2007-2008)

By March 31, 2008 Western Health will have achieved a balanced operating Budget, with a debt retirement plan while monitoring impacts on programs and services.

Measure

Balanced operating budget with monitoring processes.

INDICATORS FOR THE 2007-2008 OBJECTIVE

ACCOMPLISHMENTS

Balanced operating budget.

A surplus operating budget was achieved for the fiscal year. With the approval of the Department of Health and Community Services, the operating budget surplus contributed to debt retirement. A debt retirement plan was not finalized with Government and will continue into the next planning cycle(s).

Program impact analysis processes.

Program impact analysis processes were developed and used to inform budget planning.

Monitoring program in place for operations.

A monitoring program was in place for operations and it included financial reporting and monitoring that met the requirements of the Department of Health and Community Services.

Report on Performance



Measure

Balanced operating budget with debt retirement plan with risk assessment.

<u>INDICATORS FOR THE 2006-2008 GOAL</u>	<u>ACCOMPLISHMENTS</u>
An agreement with government to retire the debt.	With the approval of the Department of Health and Community Services, the operating budget surplus contributed to debt retirement, reducing the accumulated deficit to \$27.5 million. An agreement with government on a plan to retire the debt, that included a risk assessment component in the plan, was not finalized and will continue into the next planning cycle(s).
Balanced operating budget.	Balanced operating budget achieved for two fiscal years.
Program impact analysis including long term implications, provincial impacts, and other impacts.	Program impact analysis processes were developed and used to inform budget planning. Program impact analysis included long term implications, impacts on other programs and services including provincial impacts, political considerations, legal/policy considerations and risks.
Monitoring program in place for operations.	The monitoring program in place for operations included financial reporting and monitoring and met the requirements of the Department of Health and Community Services for both fiscal years.

Discussion of Results

Western Health, in consultation with the Department of Health and Community Services, completed a plan for a balanced budget. This plan included the identification of the need for additional financial resources, the implementation of utilization efficiency measures and the agreement between the Department of Health and Community Services and Western Health regarding the operational plan. These measures, combined with financial monitoring and impact analysis processes, resulted in a balanced budget for the second fiscal year, and facilitated contribution to debt retirement.

Report on Performance



Strategic Issue Two: Community Based Programs for Children and Youth

Prenatal and early childhood experiences have a powerful influence on subsequent health, well being, and coping skills. Improved population health is a strategic direction of the Department of Health and Community Services. To support this direction, emphasis on early intervention and prevention is essential.

Strategic Goal Two

By March 31, 2008 Western Health will have a plan for integration of priority community based programs for children and youth.

Objective Year Two (2007-2008)

By March 31, 2008 Western Health will have commenced implementation of the completed plan for integration of priority community based programs for children and youth.

Measure

A plan for integration of community based programs for children and youth.

INDICATORS FOR THE 2007-2008 OBJECTIVE

Policies and procedures implemented; protocols for team work in place.

Evaluation of organizational structure and identified priority service areas established.

ACCOMPLISHMENTS

From the summary report "Consolidated data to support the identification of Priority Community Based programs for Integration and Coordination of Services for Children and Youth" three priority areas for integration were identified and three working groups established. The working groups completed and commenced initiation of the plan for integration. Policies that support the priority areas for integration were developed and implemented. The complete list of policies reviewed was noted in the action plans of the three working groups. The protocols for team work to guide working with families receiving child protection intervention were developed and implemented.

Evaluation of organizational structure and the priority service areas occurred. The priority areas included provider and client satisfaction and an evaluation of services provided to breastfeeding mothers. Some of the recommendations from the evaluations were addressed and others will be addressed in the next planning cycle(s).

Report on Performance



INDICATORS FOR THE 2007-2008 OBJECTIVE

Regional training on the provincial standards completed.

ACCOMPLISHMENTS

80 percent of public health nursing and 56 percent of maternal/newborn staff were trained on the provincial standards for pregnancy, childbirth and parenting. All staff was not reached due primarily to staff turnover and position vacancies. Training will continue in the next planning cycle(s).

Measure

A plan for integration of priority community based programs for children and youth.

INDICATORS FOR THE 2006-2008 GOAL

Policies and procedures that support integration:
(1) substance abuse screening in mental health, addictions and youth corrections;
(2) individual support services plan (ISSP) and profile process, which includes auditing process in community based programs;
(3) school health promotion;
(4) protocols for team work required in working with families receiving child protection intervention.

ACCOMPLISHMENTS

Policies, procedures and protocols that support the priority areas for integration were developed and implemented including the four identified as indicators. The complete list of policies developed was noted in the action plans of the working groups.

A completed plan.

From the summary report "Consolidated data to support the identification of Priority Community Based programs for Integration and Coordination of Services for Children and Youth" (completed in 2006-2007) three priority areas for integration were identified and three working groups established. The working groups completed and commenced initiation of the plan for integration, in priority areas, in 2007-2008.

Evaluation of organizational structure and some priority service areas:
(1) provider satisfaction;
(2) client satisfaction;
(3) evaluation of services provided to breastfeeding mothers;
(4) evaluation of Diagnostic Screening Inventory (Direct Home Services Programs).

Evaluation of organizational structure and the priority services areas of provider and client satisfaction and an evaluation of services provided to breastfeeding mothers, occurred. Some of the recommendations from the evaluations were addressed and others will be addressed in the next planning cycle(s).

Report on Performance



INDICATORS FOR THE 2006-2008 GOAL

(continued from previous section)

Processes are established for stakeholder input in development of the plan.

Consolidation of data on needs and services to children and youth in the Western Region.

Integration of the provincial Model for the Coordination of Services to Children and Youth in the development of the plan.

Regional training for appropriate staff on the provincial standards for pregnancy, childbirth and parenting.

ACCOMPLISHMENTS

(continued from previous section)

Of note, the evaluation of the Diagnostic Screening Inventory did not occur since this was to be done in partnership with the Department of Health and Community Services, who subsequently delayed this evaluation. An evaluation framework was approved to support ongoing evaluation.

Processes were established and stakeholders were identified and included in the development of the plan and in the working groups to address the priority areas for integration.

The summary report "Consolidated data to support the identification of Priority Community Based programs for Integration and Coordination of Services for Children and Youth" was completed in 2006-2007, and used to identify three priority areas for integration. The working groups completed and commenced initiation of the plan for integration, in the priority areas, in 2007-2008.

The Model was integrated in the development of the plan and was implemented as part of the plan.

80 percent of public health nursing and 56 percent of maternal/newborn staff were trained on the standards. All staff was not reached due primarily to staff turnover and position vacancies. Training will continue in the next planning cycle(s).

Outcomes of Objective

The review of current research, best practice documents, provincial reports and stakeholder consultation/input occurred. The consolidation of the information supported a summary report that identified the initial priorities for integration including: (1) Education and Support Standards for Prenatal, Birth and Early Parenting; (2) Healthy Beginnings Long Term Follow-up and (3) Child Protection Services. Three integration committees were established to support stakeholder participation in the development and implementation of the plan. Each of the committees has developed a detailed action plan with focus in areas of policy development, orientation/training and collaborative practice. Implementation has occurred in several areas of the three action plans.

Report on Performance



Western Health continues to actively promote the Model for the Coordination of Services to Children and Youth as a strategy for integration of community based programs for children and youth. Information from the December 2007 accreditation survey suggested that the organization has made progress in restructuring service delivery and has taken advantage of integration opportunities including development of the maternal, child and family health regional quality improvement team. This team was multidisciplinary, with members representing programs across the organization and continuum of care.

Initiated in 2007, the community health needs and resources assessment provided preliminary information on individual and household satisfaction with existing health and community services in the Western region.

Strategic Issue Three: Community Based and Acute Care Mental Health and Addictions

Access to community based mental health and addiction services is a focus area of the strategic direction of Department of Health and Community Services to improve accessibility to priority services. The integration of community based and acute care mental health and addictions services will improve delivery of services to clients across the continuum.

Strategic Goal Three

By March 31, 2008 Western Health will have a plan for integration of priority community based and acute care mental health and addictions programs.

Objective Year Two (2007-2008)

By March 31, 2008 Western Health will have commenced implementation of a plan for integration of priority community based and acute care mental health and addictions.

Measure

A plan is for integration of community based and acute care mental health and addictions programs.

INDICATORS FOR THE 2007-2008 OBJECTIVE

A plan that includes:
(1) formation of an integration working group;
(2) stakeholder input into development of an action plan in relation to priority areas;
(3) policies and procedures identified;
(4) evaluation of organizational structure and integration plan.

ACCOMPLISHMENTS

A plan was completed and a working group to address the priority areas for integration was established. Stakeholders were identified and included in the development of the plan, and in the working group, to address the priority areas for integration. Policies and procedures that support the priority areas for integration were identified and developed.

Report on Performance



INDICATORS FOR THE 2007-2008 OBJECTIVE

(continued from previous section)

ACCOMPLISHMENTS

(continued from previous section)

Evaluation of organizational structure and integration occurred. Some of the recommendations from the evaluations were addressed and others will be addressed in the next planning cycle(s).

Measure

A plan for integration of community based and acute care mental health and addictions programs.

INDICATORS FOR THE 2006-2008 GOAL

Policies and procedures that support integration:
(1) substance abuse screening in mental health, addictions and youth corrections;
(2) individual support services plan (ISSP) and profile process, which includes auditing process in community based programs;
(3) protocols for screening of psychiatric emergencies in acute care settings;
(4) integrated policy manual for community based mental health and addictions.

A completed plan.

ACCOMPLISHMENTS

Policies, procedures and protocols that support the priority areas for integration were developed and implemented including those on substance abuse screening, ISSP, profiling process and protocols for screening, as delineated in the list of indicators. Of note, the integrated policy manual for community based mental health and addictions was revised but not yet approved. The delay was to facilitate staff input into policy development. This indicator will be completed in the next planning cycle(s).

The summary report "Enhancing Services: the Integration of Acute and Community Mental Health and Addiction Services" was completed in 2006-2007, consolidating data to support the identification of four priority areas for integration. The working group completed and commenced initiation of the plan for integration, in the priority areas, in 2007-2008.

Evaluate organizational structure:
(1) provider satisfaction;
(2) client satisfaction;
(3) review mandate of Sexual Abuse Community Services (SACS) in relation to an integrated regional community based and acute care mental health and addictions programs.

Evaluation of organizational structure and the priority services areas of provider and client satisfaction occurred. Some of the recommendations from the evaluations were addressed and others will be addressed in the next planning cycle(s). The review of the mandate of SACS was initiated but not completed and this work will continue into the next planning cycle(s). An evaluation framework was approved to support ongoing evaluation.

Report on Performance



INDICATORS FOR THE 2006-2008 GOAL

Processes are established for stakeholder input in development of the plan.

Consolidation of data on community based and acute care mental health and addictions.

ACCOMPLISHMENTS

Processes were established and stakeholders were identified and included in the development of the plan and in the working group to address the priority areas for integration.

The summary report "Enhancing Services: the Integration of Acute and Community Mental Health and Addiction Services" was completed in 2006-2007, consolidating data to support the identification of four priority areas for integration. The working group completed and commenced initiation of the plan for integration, in the priority areas, in 2007-2008.

Outcomes of Objective

The review of current research, best practice documents, provincial reports and stakeholder consultation/input occurred. The consolidation of the information supported the development of a summary report that identified the initial priorities for integration including: (1) enhanced coordination of services for transitions from acute to community based care for children and youth; (2) enhanced coordination of services between adult acute care and community based services; (3) improved coordination of services to high-risk families in receipt of child protection services and (4) integration of the health promotion framework throughout mental health and addictions services. An integration committee was established and an action plan delineated. Implementation has occurred in several areas of the action plan.

Western Health continues to support organizational policy review and revision as a strategy for integration of community based and acute care mental health and addictions programs. Information from the external review of acute mental health and addictions services suggested that the organizational structure supported the integration of these services. Initiated in 2007, the community health needs and resources assessment provided preliminary information on individual and household satisfaction with existing health and community services in the Western region.

Report on Performance



Strategic Issue Four: Access to Priority Services

The 2004 First Ministers Meeting acknowledged Canadians' concern with timely access to health care and committed to improving access and reducing waiting times. Addressing the wait times for selected services is an area of focus for the Department of Health and Community Services in keeping with Government's strategic direction.

Strategic Goal Four

By March 31, 2008 Western Health will have initiated the implementation of a regional strategy for improving access starting in four priority areas.

Objective Year Two (2007-2008)

By March 31, 2008 Western Health has initiated implementation of strategies to improve access in the four priority areas.

Measure

Initiation of implementation of a regional strategy starting with four priority areas.

INDICATORS FOR THE 2007-2008 OBJECTIVE

A regional strategy that includes:
(1) regional, central system for reporting wait times that includes baseline data and benchmarks for wait times and volumes for priority programs and service areas;
(2) framework in place for reporting performance and indicator outcomes;
(3) identification of strategies for improving access in key priority areas.

ACCOMPLISHMENTS

A regional strategy to improve access was developed and implementation initiated in four priority areas of joint replacement, vision restoration (cataract surgery), diagnostic imaging and cancer surgery. A regional system for reporting wait times was developed and maintained by the Regional Wait List Manager. Working with the provincial director, standard definitions and assessment tools have been developed and revised for the priority areas. Baseline data was collected in keeping with the standard definitions. Service volumes in the priority areas was collected and shared regionally and provincially. Under the direction of the provincial director, benchmarks have been established for joint replacement and vision restoration. Work to establish benchmarks for diagnostic imaging and cancer surgery will continue into the next planning cycle(s). Western Health used the balanced scorecard framework to report performance measures and indicator outcomes. Western Health also reported to the Department of Health and Community Services quarterly, in keeping with the provincial definitions for wait time performance measurement.

Report on Performance



INDICATORS FOR THE 2007-2008 OBJECTIVE

(continued from previous section)

ACCOMPLISHMENTS

(continued from previous section)

Western Health identified and implemented the strategies for improving access. The strategies included utilization monitoring, protocols to assess appropriate utilization (including participation in national benchmarking initiatives) and reviewing resource requirements. Information from wait time measurement and utilization monitoring, initiated a review of the resource requirements to increase capacity in one priority area. Western Health implemented changes to improve access to diagnostic imaging. The changes included expanded hours of work and/or new equipment.

Measure

Initiation of implementation of a regional strategy starting with four priority areas.

INDICATORS FOR THE 2006-2008 GOAL

Development of regional strategy.

ACCOMPLISHMENTS

A regional strategy to improve access was developed and implementation initiated in four priority areas of joint replacement, vision restoration (cataract surgery), diagnostic imaging and cancer surgery.

Involvement of major stakeholders:
 (1) establish multi-disciplinary steering committee;
 (2) aligned with provincial direction;
 (3) mechanisms exist to engage clients in the identification of community needs related to access and working in partnership to find solutions.

In 2006-2007, the regional wait list management steering committee with regional and provincial stakeholders was established and continued to meet in 2007-2008. Regional representation on the provincial wait list management committee was maintained to ensure alignment with provincial direction. Mechanisms to engage clients included public awareness through education, pamphlets, website development and client surveying through the community health needs and resources assessment.

Report on Performance



INDICATORS FOR THE 2006-2008 GOAL

Regional, central system for reporting wait times:
(1) human resource requirements identified and acquired;
(2) information technology requirements identified;
(3) standardized definitions regionally consistent with province for priority program and service areas;
(4) assessment tools agreed upon and in place in priority program and service areas;
(5) baseline of wait time data in priority areas.

Benchmarks for wait times and volumes established for priority programs and service areas.

Framework in place for reporting performance and indicator outcomes in relation to access in key priority programs and services.

Identification of strategies for improving access in key priority areas:

- (1) review of capital and human resource requirements to increase capacity;
- (2) protocols to assess appropriate utilization;
- (3) monitoring of appropriate utilization.

ACCOMPLISHMENTS

A regional system was developed and maintained by the Regional Wait List Manager, a new position identified and acquired in 2006-2007. In 2007-2008, a clerk position was added to support the system. Information technology (IT) requirements (training and system upgrades) have been acquired. The continuing pace of IT growth suggests that this will be an ongoing need. Working with the provincial director, provincially standard definitions and assessment tools have been developed and revised for the priority areas. Baseline data was collected, in keeping with the standard definitions, in the priority areas.

Under the direction of the provincial director, benchmarks have been established for joint replacement and vision restoration. Work to establish benchmarks for diagnostic imaging and cancer surgery will continue into the next planning cycle(s). Service volumes in the priority areas was collected and shared regionally and provincially. Wait times in the priority areas was reported quarterly.

Western Health used the balanced scorecard framework to report performance measures and indicator outcomes. Western Health also reported to the Department of Health and Community Services quarterly, in keeping with the provincial definitions for wait time performance measurement.

Western Health identified and implemented the strategies for improving access in the priority areas. The strategies included utilization monitoring, protocols to assess appropriate utilization (including participation in national benchmarking initiatives) and reviewing resource requirements. Information from wait time measurement and utilization monitoring, initiated a review of the resource requirements to increase capacity in one priority area. Western Health implemented changes to improve access to diagnostic imaging. The changes included expanded hours of work and/or new equipment.

Report on Performance



INDICATORS FOR THE 2006-2008 GOAL

(continued from previous section)

ACCOMPLISHMENTS

(continued from previous section)

From 2006-2008, median wait times for joint replacement, vision restoration and cancer surgery were low and, where benchmarks were established, met the benchmarks 85-100 percent of the time. Western Health wait times are available on the website at www.westernhealth.nl.ca.

Outcomes of Objective

In February 2006, the regional waitlist management steering committee was established at Western Health to develop the action plan and monitor the progress related to improving access in the four priority areas. This committee was multidisciplinary with representation from regional stakeholders and the Department of Health and Community Services. In keeping with provincially standard definitions, Western Health tracked wait time data related to the four priority areas and reported it quarterly to the Provincial Government. Our performance was measured against benchmarks established for hip and knee replacement, hip fixation and cataract surgery. The committee and its working groups also identified strategies to improve access outside the four priority areas including physiotherapy and mental health and addictions.

The balanced scorecard provided the framework for performance monitoring related to all strategic or operational goals for Western Health, including waitlist management.

In June 2006, a full time Regional Wait List Manager position was established to ensure human resource requirements were aligned with our strategic goals. A full time Wait List Clerk was hired in September 2007, to continue to support the activities in this area.

Report on Performance



Strategic Issue Five: Ongoing Evaluation of Community Needs

Ongoing planning is essential to ensure that Western Health continues to maximize the use of funding while responding to the changing health needs of the region's population. Planning is required to better anticipate future needs based on provincial and national trends, as well as to identify best practices. The identification and utilization of information for evidence based planning in service delivery is an area of focus for the Department of Health and Community Services.

Strategic Goal Five

By March 31, 2008 Western Health will have a mechanism in place for the ongoing evaluation of community needs in the western region.

Objective Year Two (2007-2008)

By March 31, 2008 Western Health will have an established mechanism for ongoing evaluation of community needs.

Measure

Existence of a mechanism.

<u>INDICATORS FOR THE 2007-2008 OBJECTIVE</u>	<u>ACCOMPLISHMENTS</u>
Priority areas for evaluation are identified and database of evaluations maintained.	An evaluation framework was approved and implemented. The framework includes a process for prioritizing requests for evaluation. Regional staff identified priority areas for evaluation, in keeping with the framework. A regional database of evaluations was maintained.
Process established for community input.	A process was established and included community health needs and resources assessment, community partners sessions, primary health care needs assessment and review of other survey data.
Yearly branch work plans and indicators are developed and reported to key stakeholders.	Branch work plans and indicators were developed annually, monitored every one to two months and reported to stakeholders annually. Branch planning occurred in keeping with the regional strategic planning framework.
Process established for annual updating of the environmental scan.	The process was established and environmental scanning was completed annually and used to guide strategic planning.

Report on Performance



Measure

Existence of a mechanism.

<u>INDICATORS FOR THE 2006-2008 GOAL</u>	<u>ACCOMPLISHMENTS</u>
Mechanisms in place.	The mechanisms for ongoing evaluation of community needs included environmental scanning, strategic planning, evaluation and community health needs and resources assessment. Frameworks for each of these mechanisms were approved and implemented.
Planning Committee established: (1) terms of reference defined; (2) roles and responsibilities defined; (3) linkages identified; (4) mechanism for monitoring of indicators in strategic and operational plans established; (5) reports to Board on progress of strategic plan; (6) collate and disseminate information.	Two planning committees were required and established: the Board strategic planning committee and the staff strategic planning committee. Both committees actively lead strategic planning, in keeping with the framework. Both committees have: defined their terms of reference, roles and responsibilities; identified linkages; established a mechanism and monitored indicators in the plans; reported to the Board on progress and disseminated information on meetings, plans, status updates and achievements.
Process established for collection of completed evaluations of programs and services (regional, provincial and national).	An evaluation framework was approved and implemented. The framework included a process for collecting completed evaluations.
Priority areas for evaluation are identified.	An evaluation framework was approved and implemented. The framework included a process for prioritizing requests for evaluation. Regional staff identified priority areas for evaluation, in keeping with the framework. A regional database of evaluations is maintained.
Process established for community input.	A process was established and included community health needs and resources assessment, community partners sessions, primary health care needs assessment and review of other survey data. Information from community was included in annual environmental scans and used in planning.
Yearly branch work plans and indicators are developed and reported to key stakeholders.	Branch work plans and indicators were developed annually, monitored every one to two months and reported to stakeholders annually. Branch planning occurred in keeping with the regional strategic planning framework.
Process established for annual updating of the Board's internal and external environmental scan.	The process was established and environmental scanning was completed annually and used to guide strategic planning.

Report on Performance



Outcomes of Objective

Western Health established a number of processes that facilitate the collection of information from, and sharing of information with, staff, clients/patients/residents, partners and communities. Key processes supporting ongoing evaluation of community needs included community partner sessions, primary health care needs assessments, program evaluations and community health needs and resources assessment. Western Health combined the information from these and other consultative processes with the information from key databases to generate an environmental scan of risks and opportunities annually. The environmental scan was integral to Board strategic, organizational operational and branch planning and ongoing performance improvement.

Of special note, the community health needs and resources assessment neared completion. Partnering with Memorial University of Newfoundland School of Nursing, the study was a repeat of a similar study completed in 2002. It will assess the health beliefs and practices of households in the Western region and determine their satisfaction with existing health and community services. The results of the study will be compared with those of the previous study to identify changes in health beliefs and practices and satisfaction with Western Health. Information from this study will guide planning in response to the changing health needs of the region's population.

A Look Ahead for Western Health



The Provincial Government through the Department of Health and Community Services committed \$3.6 million to build a new inpatient addictions treatment centre to replace Humberwood Centre in Corner Brook. Construction is near completion with an anticipated opening date of April 2008. The new facility will provide an enhanced treatment program including a non-medical detox program which will allow for seamless transfer from detox to treatment, and will incorporate clients who are in the latter stages of detox allowing for a better opportunity for rehabilitation. Additionally the facility will provide counselling and office space for the outpatients mental health and addictions program in Corner Brook.

The construction and operational plan for the new Protective Community Residences (PCR's) in Corner Brook is near completion. Western Health will be the first in the province to operate this alternative housing and care option for individuals with mild to moderate dementia. The PCR's will provide a supportive environment and are designed to promote independence and improve quality of life. The design and operational plan is based on the best evidence available to date. An evaluation is being planned to assist with future direction in the area of dementia care and housing and care options.

The provincial and regional Telehealth plan provides many opportunities for improving access to services for individuals residing in rural and remote areas. Technology can significantly reduce the burden for clients related to travel for secondary and tertiary specialist appointments. As Telehealth expands there will be increased applications for clinical consultation and case review by staff and physicians.

Western Health is developing its Strategic Plan for 2008-2011. Areas of focus will include healthy aging, chronic disease management and patient safety. Strategic, operational and branch planning are ongoing processes. They include feedback from many sources, including information from staff meetings, sessions with community partners, site visits and safety walkabouts, to name just a few. This information, combined with regional and provincial statistics and reports, provides a solid basis for our planning. You are encouraged to review the Strategic Plan for 2006-2008, and the Annual Report for 2006-2007. Your input into the Strategic and Branch Plans of Western Health is appreciated. On a continual basis, Western Health is challenged to deliver quality programs and services while managing risks. Western Health's operational plan will focus attention on our challenges related to infrastructure and human resources planning.

Building upon the success of the Home Infusion Program, Western Health has been working with the Newfoundland Cancer Treatment and Research Foundation to develop a Home Chemotherapy Program. This development is expected to positively improve access for cancer patients during their treatment.

Western Health looks forward to the completion of the community health needs and resources assessment. A research partnership with Memorial University's School of Nursing, the information from the household survey and key informant interviews will guide Western Health planning in the next fiscal year.

Financial Statements



In keeping with the Transparency and Accountability Act, Western Health is pleased to share its audited financial statement for 2007-2008. Any variances from projected results was discussed previously in this Annual Report, under Strategic Issue One: Financial Stability.



Financial Statements

Western Regional Health Authority

March 31, 2008

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Auditors' report

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To the Board of Trustees of
Western Regional Health Authority

We have audited the statement of financial position of the Western Regional Health Authority as at March 31, 2008 and the statements of changes in deficiency, statement of operations and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2008 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Corner Brook, Newfoundland and Labrador

June 16, 2008

Chartered Accountants

Western Regional Health Authority

Statement of financial position

March 31	2008	2007
Assets		
Current		
Cash and cash equivalents	\$ 168,454	\$ 181,679
Receivables (Note 3)	12,368,400	8,812,476
Inventory	3,363,852	3,355,248
Prepaid expenses	<u>5,589,056</u>	<u>5,233,006</u>
	21,489,762	17,582,409
Due from associated funds (Note 4)	540,627	411,847
Capital assets (Note 5)	61,234,871	57,767,291
Trust funds on deposit	511,690	513,787
Restricted cash and investments	<u>135,499</u>	<u>137,806</u>
	<u>\$ 83,912,449</u>	<u>\$ 76,413,140</u>
Liabilities		
Current		
Bank indebtedness (Note 6)	\$ 13,697,073	\$ 15,905,642
Payables and accruals	24,471,886	22,732,279
Deferred contributions – operating	3,338,084	3,747,283
Deferred contributions - capital	8,052,198	4,903,868
Vacation pay accrual	7,667,852	6,739,776
Current portion of severance pay accrual	1,500,000	1,000,000
Current portion of long term debt (Note 7)	<u>785,600</u>	<u>822,100</u>
	59,512,693	55,850,948
Severance pay accrual	22,633,517	22,616,982
Trust funds payable	511,690	513,787
Long term debt (Note 7)	5,195,960	5,987,635
Deferred contributions		
– unamortized portion of capital asset grants	<u>51,615,494</u>	<u>47,097,207</u>
	<u>139,469,354</u>	<u>132,066,559</u>
Net assets (deficiency)		
Net assets invested in capital assets	3,637,813	3,860,344
Restricted net assets, endowments	137,134	136,305
Unrestricted deficiency (Note 8)	<u>(59,331,852)</u>	<u>(59,650,068)</u>
	<u>(55,556,905)</u>	<u>(55,653,419)</u>
	<u>\$ 83,912,449</u>	<u>\$ 76,413,140</u>

Contingencies and commitments (Note 10)

On behalf of the Board

M. Moore

Member

A. Henge

Member

Western Regional Health Authority

Statement of changes in deficiency

March 31	2008		2007	
	Unrestricted	Capital	Endowments (Restricted)	Total
Net assets (deficiency), Beginning of year	\$ (59,650,068)	\$ 3,860,344	\$ 136,305	\$ (54,982,075)
Prior period Adjustment (Note 11)	-	-	-	<u>(283,012)</u>
Balance restated	(59,650,068)	3,860,344	136,305	(55,265,087)
Operating surplus	96,514	-	-	(388,332)
Principal repayment of long term debt	(155,235)	155,235	-	-
Principal repayment of capital lease	(586,623)	586,623	-	-
Restricted interest income	(829)	-	829	-
Amortization of capital assets				
Shareable	741,858	(741,858)	-	-
Non-shareable	5,736,764	(5,736,764)	-	-
Non-shareable interest on capital lease	1,723	(1,723)	-	-
Amortization of capital asset grants	<u>(5,515,956)</u>	<u>5,515,956</u>	-	-
Net assets (deficiency), end of year	<u>\$ (59,331,852)</u>	<u>\$ 3,637,813</u>	<u>\$ 137,134</u>	<u>\$ (55,556,905)</u>

See accompanying notes to the financial statements.

Western Regional Health Authority

Statement of operations

Year ended March 31	2008	2007
Revenue		
Provincial plan	\$ 208,206,193	\$ 193,789,444
Other	<u>41,163,301</u>	<u>37,029,789</u>
	<u>249,369,494</u>	<u>230,819,233</u>
Expenditures		
Administration	19,172,701	18,068,877
Support services	46,169,414	41,110,694
Nursing inpatient services	61,892,769	58,297,376
Medical services	16,408,008	16,043,159
Ambulatory care services	18,232,413	16,700,675
Diagnostic and therapeutic services	23,492,806	22,055,043
Community and social services	55,678,414	49,778,627
Educational services	3,845,049	4,059,208
Undistributed	<u>1,972,407</u>	<u>2,095,251</u>
	<u>246,863,981</u>	<u>228,208,910</u>
Operating surplus before shareable amortization and non-shareable items	2,505,513	2,610,323
Shareable amortization	<u>741,858</u>	<u>696,576</u>
Operating surplus for government reporting before non-shareable items	<u>1,763,655</u>	<u>1,913,747</u>
Adjustments for non-shareable items		
Amortization expense	5,736,764	5,978,897
Accrued vacation expense – increase	928,076	702,018
Accrued severance expense – increase	516,535	1,354,520
Non shareable interest on capital lease	1,723	18,169
Amortization of deferred capital equipment grants	<u>(5,515,957)</u>	<u>(5,751,525)</u>
	<u>1,667,141</u>	<u>2,302,079</u>
Surplus (deficit) on operations	<u>\$ 96,514</u>	<u>\$ (388,332)</u>

See accompanying notes to the financial statements.

Western Regional Health Authority

Statement of cash flows

Year ended March 31

2008

2007

Decrease in cash and cash equivalents

Operating

Operating surplus (deficit)	\$ 96,514	\$ (388,332)
Increase in severance and vacation pay accrual	1,444,611	2,056,538
Amortization of capital assets - shareable	5,736,764	5,978,897
Amortization of capital assets – non-shareable	741,858	696,575
Amortization of capital asset grants	(5,515,957)	(5,751,525)
Loss on sale of capital assets	-	597
	<u>2,503,790</u>	<u>2,592,750</u>

Changes in

Receivables	(3,555,924)	(4,728,867)
Inventory	(8,604)	(34,330)
Prepaid expenses	(356,050)	(1,696,202)
Due from associated funds	(128,780)	286,034
Deferred contributions - operating	(409,199)	1,331,553
Payables and accruals	<u>1,739,607</u>	<u>3,141,360</u>
	<u>(215,160)</u>	<u>892,298</u>

Financing

Increase in bank indebtedness	(2,208,569)	(4,479,456)
Capital contributions	13,182,574	7,346,420
Repayment of long term debt – operating	(741,858)	(696,575)
Repayment of long term debt - capital	<u>(86,317)</u>	<u>(193,215)</u>
	<u>10,145,830</u>	<u>1,977,174</u>

Investing

Purchase of capital assets	(9,946,202)	(3,638,894)
Disposal of capital assets	-	11,995
Decrease (increase) in restricted cash and investments	<u>2,307</u>	<u>(3,564)</u>
	<u>(9,943,895)</u>	<u>(3,630,463)</u>

Net decrease in cash and cash equivalents (13,225) (760,991)

Cash and cash equivalents

Beginning of year	<u>181,679</u>	<u>942,670</u>
End of year	<u>\$ 168,454</u>	<u>\$ 181,679</u>

See accompanying notes to the financial statements.

Western Regional Health Authority

Notes to the financial statements

March 31, 2008

1. Nature of operations

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

Western Health is a registered charity and, while registered, is exempt from income tax.

2. Summary of significant accounting policies

Basis of presentation

These financial statements include the assets, liabilities, revenues, and expenditures of the operating fund.

Fund accounting

The Authority applies fund accounting principles in recording its financial transactions in the operating fund or net investment in capital assets.

The operating fund contains all the operating assets, liabilities, revenue and expenditures of the Authority related to the provision of health care services. The assets of the operating fund are available for the satisfaction of debts, contingent liabilities and commitments of the Authority.

The net investment in capital assets represents assets purchased for the use of the operating fund.

Use of estimates

In preparing Western Health’s financial statements in conformity with generally accepted accounting principles, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosures of contingent assets and liabilities at the date of financial statements, and reported amounts of revenue and expenses during the year. Actual results could differ from these estimates.

Cash and cash equivalents

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

Inventory

Inventory is valued at average cost.

Western Regional Health Authority

Notes to the financial statements

March 31, 2008

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

Capital assets

Western Health has control over certain assets for which title resides with the Government of Newfoundland and Labrador. These assets have not been recorded in the financial statements of Western Health. Capital assets acquired after January 1, 1996 are recorded at cost. Assets are not amortized until placed in use. Assets that are acquired through long term borrowing are amortized at an amount equal to the annual principal repayment of the debt obligation. The remaining assets in use are amortized on a declining balance basis at the following rates:

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

Capital and operating leases

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

Severance and vacation pay liability

An accrued liability for severance and vacation pay is recorded in the accounts for all employees who have a vested right to receive such payments. Severance pay vests after nine years of continuous service and no provision has been made for employees with less than nine years of service.

Impairment of long-lived assets

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

Western Regional Health Authority

Notes to the financial statements

March 31, 2008

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

Revenue recognition

Provincial plan revenue is recognized in the period in which entitlement arises. Revenue received for a future period is deferred until that future period and is reflected as deferred contributions - operating.

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

Capital contributions expended are recorded as deferred contributions and amortized to income on a declining balance basis using the same rates as depreciation expense related to the capital assets purchased. Capital contributions expended for non-depreciable capital assets are recorded as direct increases in net assets. Non-expended capital contributions are deferred and are not amortized until expended.

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

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

Pension costs

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

Accounting standards and policies adopted during the year

(i) Accounting changes

In July 2006, the Canadian Institute of Chartered Accountants ("CICA") issued section 1506 of the CICA Handbook, "Accounting Changes", which describes the criteria for changing accounting policies, along with the accounting and disclosure for changes in accounting policies, changes in accounting estimates and correction of errors. These changes came into effect as of January 1, 2007 and are applicable for the Authority's year end March 31, 2008.

Western Regional Health Authority

Notes to the financial statements

March 31, 2008

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

(ii) Financial instruments

On April 1, 2007, the Authority implemented the CICA Handbook Sections 3855, "Financial Instruments - Recognition and Measurement" and 3861, "Financial Instruments - Disclosure and Presentation". These standards have been applied without restatement of prior years.

Section 3855, "Financial Instruments - Recognition and Measurement", requires the Authority to revalue all of its financial assets and liabilities at fair value on the initial date of implementation and at each subsequent financial reporting date.

This standard also requires the Authority to classify financial assets and liabilities according to their characteristics and management's choices and intentions related thereto for the purposes of ongoing measurements. Classification choices for financial assets include: a) held for trading - measured at fair value with changes in fair value recorded in net earnings; b) held to maturity - recorded at amortized cost with gains and losses recognized in net earnings in the period that the asset is no longer recognized or impaired; c) available-for-sale - measured at fair value with changes in fair value recognized in net assets for the current period until realized through disposal or impairment; and d) loans and receivables - recorded at amortized cost with gains and losses recognized in net earnings in the period that the asset is no longer recognized or impaired.

Classification choices for financial liabilities include: a) held for trading - measured at fair value with changes in fair value recorded in net earnings and b) other - measured at amortized cost with gains and losses recognized in net earnings in the period that the liability is no longer recognized. Subsequent measurement for these assets and liabilities are based on either fair value or amortized cost using the effective interest method, depending upon their classification. Any financial asset or liability can be classified as held for trading as long as its fair value is reliably determinable.

In accordance with the new standard, the Authority's financial assets and liabilities are generally classified and measured as follows:

Asset/Liability	Classification	Measurement
Cash and cash equivalents	Held for trading	Fair value
Receivables	Loans and receivables	Amortized cost
Due from associated funds	Loans and receivables	Amortized cost
Trust funds on deposit	Held for trading	Fair value
Restricted cash and investments	Held for trading	Fair value
Bank indebtedness	Held for trading	Fair value
Payables and accruals	Other liabilities	Amortized cost
Long term debt	Other liabilities	Amortized cost
Trust funds payable	Held for trading	Fair value

Other balance sheet accounts, such as inventory, prepaid expenses, capital assets, and deferred contributions are not within the scope of the new accounting standards as they are not financial instruments.

Western Regional Health Authority

Notes to the financial statements

March 31, 2008

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

Financial instruments (cont'd)

Embedded derivatives are required to be separated and measured at fair values if certain criteria are met. Under an election permitted by the new standard, management reviewed contracts entered into or modified subsequent to April 1, 2003 and determined that the Authority does not currently have any significant embedded derivatives in its contracts that require separate accounting treatment.

The fair value of a financial instrument is the estimated amount that the Authority would receive or pay to terminate the instrument agreement at the reporting date. To estimate the fair value of each type of financial instrument various market value data and other valuation techniques were used as appropriate. The fair values of cash approximated its carrying value.

Financial instruments - disclosure and presentation

Section 3861, "Financial Instruments - Disclosure and Presentation", which replaces 3860, of the same title, establishes standards for the presentation of financial instruments and non-financial derivatives, and identifies the information that should be disclosed about them.

Based on managerial review and valuation of the Authority's financial instruments, no significant differences between carrying value and fair value were identified. Therefore, no transitional adjustments were required.

Future changes in accounting policies

(i) Inventories

In March 2007, the CICA issued section 3031 "Inventories", which has replaced existing Section 3030 with the same title. The new Section establishes that inventories should be measured at the lower of cost and net realizable value, with guidance on the determination of cost. This standard is effective for financial statements relating to fiscal years beginning on or after January 1, 2008.

(ii) Financial Instruments – Disclosure and Financial Instruments - Presentation

Section 3862 "Financial Instruments – Disclosure" and Section 3863 "Financial Instruments – Presentation" replaces Section 3861, "Financial Instruments – Disclosure and Presentation". Section 3862 requires increased disclosures regarding the risks associated with financial instruments such as credit risk, liquidity risk and market risks and the techniques used to identify, monitor and manage these risks. Section 3863 carries forward standards for presentation of financial instruments and non-financial derivatives and provides additional guidance for the classification of financial instruments, from the perspective of the issuer, between liabilities and equity. These standards are effective for financial statements relating to fiscal years beginning on or after October 1, 2007.

The Authority does not expect the adoption of these standards to have a significant impact on its financial disclosure and results of operations.

Western Regional Health Authority

Notes to the financial statements

March 31, 2008

3. Receivables	<u>2008</u>	<u>2007</u>
Province of Newfoundland and Labrador		
Capital contributions	\$ 4,938,819	\$ 507,381
Provincial plan	1,580,116	2,290,404
MCP	1,739,094	1,964,543
Patient services	1,287,130	1,374,484
Employees' pay and travel advances	550,662	580,089
Harmonized sales tax rebate	709,610	386,971
Other	<u>1,562,969</u>	<u>1,708,604</u>
	<u>\$ 12,368,400</u>	<u>\$ 8,812,476</u>

4. Due from associated funds	<u>2008</u>	<u>2007</u>
Cottages	\$ 498,153	\$ 262,350
Foundations	<u>42,474</u>	<u>149,497</u>
	<u>\$ 540,627</u>	<u>\$ 411,847</u>

Amounts due from associated funds are non-interest bearing with no set terms of repayment.

5. Capital assets	<u>2008</u>		
	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land	\$ 674,808	\$ -	\$ 674,808
Land improvements	147,791	71,230	76,561
Buildings	48,650,757	20,169,172	28,481,585
Parking lot	1,164,080	693,316	470,764
Equipment	77,793,078	49,105,376	28,687,702
Equipment under capital lease	7,162,767	4,578,623	2,584,144
Motor vehicles	726,005	510,923	215,082
Leasehold improvements	<u>232,458</u>	<u>188,233</u>	<u>44,225</u>
	<u>\$ 136,551,744</u>	<u>\$ 75,316,873</u>	<u>\$ 61,234,871</u>

Western Regional Health Authority

Notes to the financial statements

March 31, 2008

5. Capital assets (cont'd)	<u>2007</u>		
	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land	\$ 674,808	\$ -	\$ 674,808
Land improvements	147,791	69,267	78,524
Buildings	47,939,215	18,471,594	29,467,621
Parking lot	1,164,080	667,270	496,810
Equipment	68,589,944	45,127,428	23,462,516
Equipment under capital lease	7,162,767	3,864,420	3,298,347
Motor vehicles	694,478	461,095	233,383
Leasehold improvements	<u>232,458</u>	<u>177,176</u>	<u>55,282</u>
	<u>\$ 126,605,541</u>	<u>\$ 68,838,250</u>	<u>\$ 57,767,291</u>

6. Bank indebtedness

The Authority has access to a line of credit with the Bank of Montreal in the amount of \$24,500,000 (2007 - \$26,000,000) in the form of revolving demand loans and/or bank overdrafts at its financial institution. The authorization to borrow has been approved by the Minister of Health and Community Services. The balance outstanding in this line of credit at March 31, 2008 is \$13,697,073. Interest is being charged at prime less 0.5% on any overdraft (March 31, 2008 4.75%; March 31, 2007 – 5.5%).

7. Long term debt	<u>2008</u>	<u>2007</u>
4.28% mortgage on the Bay St. George Seniors Home, maturing in 2021, payable in blended monthly payments of \$13,544	\$ 1,639,200	\$ 1,730,219
8% mortgage on the Bay St. George Seniors Home, maturing in 2026, payable in blended monthly payments of \$9,523	1,115,137	1,140,343
7.875% mortgage on the Corner Brook Interfaith Home, maturing in 2022, repayable in blended monthly payments of \$6,056	620,340	643,809
4.56% mortgage on the Woody Point Clinic, maturing in 2020, repayable in blended monthly payments of \$2,304	256,553	272,094

Western Regional Health Authority

Notes to the financial statements

March 31, 2008

7. Long term debt (cont'd)	<u>2008</u>	<u>2007</u>
Obligations under capital lease, 5.83%, maturing in 2011, payable in blended monthly payments of \$61,855	2,350,330	2,936,953
Obligations under capital lease, repaid during the year	-	86,317
	5,981,560	6,809,735
Less: Current portion	<u>785,600</u>	<u>822,100</u>
	<u>\$ 5,195,960</u>	<u>\$ 5,987,635</u>

As security for the mortgages, Western Health has provided a first mortgage over land and buildings at the Corner Brook Interfaith Home, the Bay St. George Senior Citizens Home and Woody Point Clinic.

As security for the capital leases Western Health has provided specific capital equipment having a net book value of \$2,584,144 (2007 - \$3,298,347).

8. Unrestricted deficiency	<u>2008</u>	<u>2007</u>
Accumulated operating deficit	\$ 27,530,483	\$ 29,293,310
Accrued severance pay	24,133,517	23,616,982
Accrued vacation pay	<u>7,667,852</u>	<u>6,739,776</u>
	<u>\$ 59,331,852</u>	<u>\$ 59,650,068</u>

9. Obligations under long term debt and leases

Western Health has acquired building additions and equipment under the terms of long term debt and capital leases. Payments under these obligations, scheduled to expire at various dates to 2013, are as follows:

Fiscal year ended

2009	\$ 785,600
2010	833,900
2011	883,200
2012	559,100
2013	<u>204,600</u>
	3,266,400
Less: Current portion	<u>785,600</u>
	<u>\$ 2,480,800</u>

Western Regional Health Authority

Notes to the financial statements

March 31, 2008

10. Contingencies and commitments

Claims

As of March 31, 2008, there were a number of claims against the Authority in varying amounts for which no provision has been made. It is not possible to determine the amounts, if any, that may ultimately be assessed against the Authority with respect to these claims, but management believes any claim, if successful, will be covered by liability insurance.

Operating leases

Western Health has a number of agreements whereby it leases vehicles and office equipment, in addition to those disclosed under Note 9. These agreements range in terms from five to ten years. These leases are accounted for as operating leases. Future minimum lease payments under operating leases for the next five years are estimated as follows:

Fiscal year ended

2009	\$	400,000
2010	\$	400,000
2011	\$	400,000
2012	\$	400,000
2013	\$	400,000

Capital assets

During the year, the Authority entered into a contract with Toshiba for the purchase and installation of two CT Scanners. At year end, the Authority still has a commitment to pay \$2,372,101 once the equipment is installed.

11. Prior period adjustment

The Operating Fund and the Board Fund integrated during the prior year. As a result, the authority changed its accounting policy with respect to the Board Fund relating to donations for various projects or specific purposes that were previously recorded in the Statement of Operations. The Authority changed its accounting policy to record these donations as deferred contribution operating until such time the funds have been expended for the required purpose. The actual donations were identified and reclassified accordingly. The following accounts have been reclassified:

	Increase	Decrease
Unrestricted deficiency	\$ 283,012	\$ -
Deferred contribution – operating	\$ 283,012	\$ -
Other revenue	\$ -	\$ 19,310
Administration and support services	\$ -	\$ 15,897

Western Regional Health Authority

Notes to the financial statements

March 31, 2008

12. Comparative figures

Certain of the prior year comparative figures have been reclassified to conform with the financial statement presentation adopted for the current year.

Western Regional Health Authority

Expenditures – operating/shareable

Schedule I

Year ended March 31	2008	2007
Administration		
General administration	\$ 8,203,798	\$ 7,214,507
Finance	2,374,339	2,590,514
Personnel services	2,758,086	2,409,587
System support	1,618,054	1,708,254
Other administrative	<u>4,218,424</u>	<u>4,146,015</u>
	<u>19,172,701</u>	<u>18,068,877</u>
Support services		
Housekeeping	7,387,980	7,067,496
Laundry and linen	2,194,199	2,073,044
Plant services	15,845,282	13,308,264
Patient food services	10,145,901	9,297,980
Other support services	<u>10,596,052</u>	<u>9,363,910</u>
	<u>46,169,414</u>	<u>41,110,694</u>
Nursing inpatient services		
Nursing inpatient services – acute	39,876,168	37,432,382
Medical services	16,408,008	16,043,159
Nursing inpatient services – long term care	<u>22,016,601</u>	<u>20,864,994</u>
	<u>78,300,777</u>	<u>74,340,535</u>
Ambulatory care services	<u>18,232,413</u>	<u>16,700,675</u>
Diagnostic and therapeutic services		
Clinical laboratory	7,452,118	6,976,173
Diagnostic imaging	6,514,994	6,076,404
Other diagnostic and therapeutic	<u>9,525,694</u>	<u>9,002,466</u>
	<u>23,492,806</u>	<u>22,055,043</u>

Western Regional Health Authority

Expenditures – operating/shareable

Schedule I (cont'd)

Year ended March 31	2008	2007
Community and social services		
Mental health and addictions	3,861,327	3,656,761
Community support programs	28,832,624	25,364,704
Family support programs	13,418,482	11,655,232
Community youth corrections program	2,352,018	2,730,553
Health promotion and protection program	<u>7,213,963</u>	<u>6,371,377</u>
	<u>55,678,414</u>	<u>49,778,627</u>
Education	<u>3,845,049</u>	<u>4,059,208</u>
Undistributed	<u>1,972,407</u>	<u>2,095,251</u>
Shareable amortization	<u>741,858</u>	<u>696,576</u>
Total expenditures	<u>\$ 247,605,839</u>	<u>\$ 228,905,486</u>

Western Regional Health Authority
 Revenue and expenditures for government reporting
 Operating fund
 Schedule II

Year ended March 31	2008	2007
Revenue		
Provincial plan	\$ 208,206,193	\$ 193,789,444
MCP physician	13,642,719	12,830,232
ELCC	1,325,244	968,570
NCB	1,361,902	1,181,263
ECD	404,711	421,028
Inpatient	1,987,353	1,617,282
Outpatient	1,114,398	1,426,334
LTC resident	6,945,209	6,975,653
Mortgage interest subsidy	40,507	48,230
Food service	2,548,292	2,005,831
Other recoveries	7,740,476	7,466,903
Other	<u>4,052,490</u>	<u>2,088,463</u>
Total revenue	<u>249,369,494</u>	<u>230,819,233</u>
Expenditures		
Worked and benefit salaries and contributions	131,486,723	123,577,599
Benefit contributions	<u>23,026,509</u>	<u>21,658,683</u>
	<u>154,513,232</u>	<u>145,236,282</u>
Supplies – plant operations and maintenance	6,057,335	5,565,636
Supplies – drugs	7,340,267	7,247,780
Supplies – medical and surgical	8,044,325	7,547,743
Supplies – other	<u>12,424,275</u>	<u>10,723,875</u>
	<u>33,866,202</u>	<u>31,085,034</u>
Direct client costs – mental health and addictions	50,677	25,677
Direct client costs – community support	21,136,157	19,462,099
Direct client costs – family support	6,573,948	5,902,031
Direct client costs – community youth corrections	<u>38,580</u>	<u>97,284</u>
	<u>27,799,362</u>	<u>25,487,091</u>
Other shareable expenses	<u>30,308,643</u>	<u>25,972,117</u>
Long term debt – interest	221,194	239,748
Long term debt – principal	155,235	142,664
Capital lease – interest	155,348	188,639
Capital lease – principal	<u>586,623</u>	<u>553,911</u>
	<u>1,118,400</u>	<u>1,124,962</u>
Total expenditures	<u>247,605,839</u>	<u>228,905,486</u>

Western Regional Health Authority
 Revenue and expenditures for government reporting
 Operating fund
 Schedule II (cont'd)

Year ended March 31	2008	2007
Operating surplus for government reporting	1,763,655	1,913,747
Long term debt - principal	155,235	142,665
Capital lease – principal	<u>586,623</u>	<u>553,911</u>
Surplus inclusive of other operations	2,505,513	2,610,323
Shareable amortization	<u>741,858</u>	<u>696,576</u>
Surplus before non-shareable items	<u>1,763,655</u>	<u>1,913,747</u>
Non-shareable items		
Amortization expense	5,736,764	5,978,897
Accrued vacation expense increase	928,076	702,018
Accrued severance expense - increase	516,535	1,354,520
Non-shareable interest on capital lease	1,723	18,169
Amortization of deferred capital equipment grants	<u>(5,515,957)</u>	<u>(5,751,525)</u>
	<u>1,667,141</u>	<u>2,302,079</u>
Surplus (deficit) inclusive of non-shareable items	<u>\$ 96,514</u>	<u>\$ (388,332)</u>

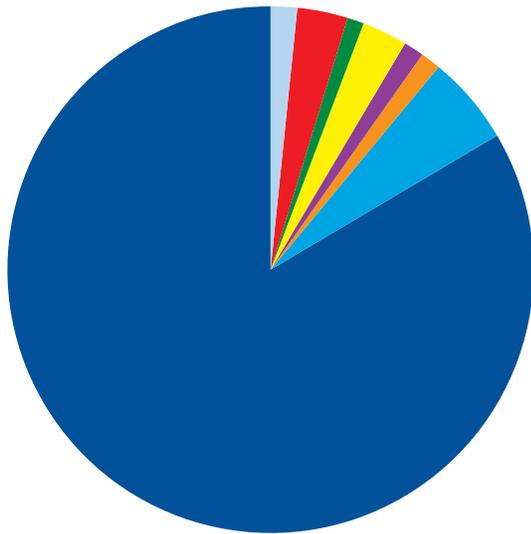
Western Regional Integrated Health Authority
 Funding and expenditures for government reporting
 Capital transactions
 Schedule III

Year ended March 31	2008	2007
Sources of funds		
Provincial capital equipment grant in current year	\$ 10,935,191	\$ 3,888,874
Provincial facility capital grant in current year	2,760,000	2,815,052
Add: deferred capital grant from prior year	4,903,868	1,582,297
Less: deferred capital grant from current year	<u>(8,052,198)</u>	<u>(4,903,868)</u>
	10,546,861	3,382,355
Other contributions		
Foundations, auxiliaries and other	<u>726,053</u>	<u>642,494</u>
Total funding	<u>11,272,914</u>	<u>4,024,849</u>
Expenditures		
Asset, building and land	856,655	1,198,043
Asset, equipment	9,089,547	2,440,851
Expense, facilities, repair and maintenance	<u>1,238,670</u>	<u>-</u>
	11,184,872	3,638,894
Other expenditures		
Repayment of capital lease	<u>88,042</u>	<u>211,384</u>
Total expenditures	<u>11,272,914</u>	<u>3,850,278</u>
Surplus on capital purchases	<u>\$ -</u>	<u>\$ 174,571</u>

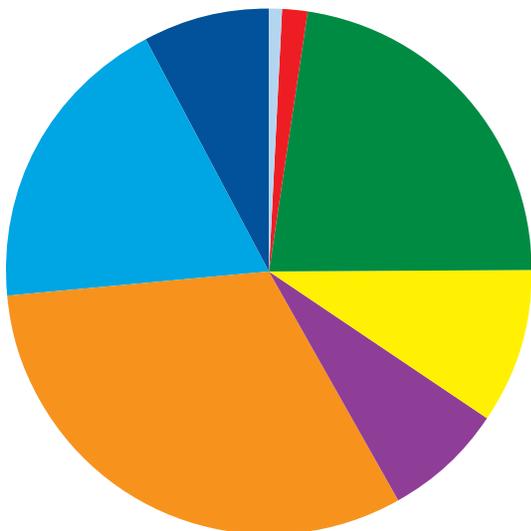
Western Regional Health Authority
Accumulated operating deficit for government reporting
Schedule IV

Year ended March 31	2008	2007
Accumulated operating deficit		
Current assets		
Cash and cash equivalents	\$ 168,454	\$ 181,679
Accounts receivable	12,368,400	8,812,476
Inventory	3,363,852	3,355,248
Prepaid expenses	5,589,056	5,233,006
Due from associated funds	540,627	411,847
Other	<u>(1,630)</u>	<u>1,506</u>
Total current assets	<u>22,028,759</u>	<u>17,995,762</u>
Current liabilities		
Bank indebtedness	13,697,073	15,905,642
Accounts payable and accrued liabilities	24,471,886	22,732,279
Deferred contributions – operating	3,338,084	3,747,283
Deferred contributions - capital	<u>8,052,199</u>	<u>4,903,868</u>
Total current liabilities	<u>49,559,242</u>	<u>47,289,072</u>
Accumulated operating deficit	<u>\$ (27,530,483)</u>	<u>\$ (29,293,310)</u>
Reconciliation of operating deficit – operating fund only		
Accumulated operating deficit –		
Beginning of year	\$ (29,293,310)	\$ (31,387,901)
Add: Net operating income/loss per schedule II	1,763,655	1,913,747
Add: Net surplus/deficit on capital purchases per schedule III	-	174,571
Add: Restricted interest income	(828)	(6,322)
Less: Net book value on disposed asset	<u>-</u>	<u>12,595</u>
Accumulated operating deficit –end of year	<u>\$ (27,530,483)</u>	<u>\$ (29,293,310)</u>

Operating Revenue and Expenses



- Provincial Plan \$208,206,193
- MCP Physician Revenues \$13,642,719
- Early Learning and Childhood Care \$3,091,857
- Patient Revenues \$3,101,751
- Long Term Care Resident Revenues \$6,945,209
- Food Services Revenues \$2,548,292
- Other Recoveries \$7,740,476
- Other Revenues \$4,052,490



- Administration \$19,172,701
- Support Services \$46,169,414
- Nursing Inpatient Services \$78,300,777
- Ambulatory Care Services \$18,232,413
- Diagnostic and Therapeutic Services \$23,492,800
- Community and Social Services \$55,678,414
- Education \$3,845,049
- Undistributed \$1,972,407

Western Health Regional Map





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