Environmental Scan 2020-2021

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Contents

Foreword

Dates written in the form "2020" represent a calendar year from January 1 to December 31. Dates written in the form "2020/21" represent a fiscal year from April 1 to March 31.

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

Dates written in the form of “2019 to 2021” represent combined data for the three calendar years.

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

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

Our People and Communities

POPULATION HEALTH WESTERN REGION 2020-2021

Demographics

76,608 Population	51.5% Female
50 Median Age	48.5% Male
79.5 Life Expectancy	46.2% Rural Area Population
25.6% Over the Age of 65	25.5% Indigenous Population

EDUCATION (Age 25-64)	%
Does not have high school	19.4
High school	80.6
Bachelor degree or higher	13.6

Health Practices

89.8% Has a regular health care provider	42.6% Influenza vaccination within the last year	83.8% Influenza vaccination for long term care residents

INCOME	
Gross personal income	$33,100
After tax personal income per capita	$19,700
Average couple income	$94,200
Self-reliance ratio	73.2%
Income support assistance rate	9.7%
Employment insurance rate	37.8%

Health Status

46.1%	Age 18 and older - participation in physical activity per recommended guidelines
57.8%	Age 12-17 - participation in physical activity per recommended guidelines
21.2%	Current smoker - daily basis
19.5%	Cannabis use in the past three months in NL
26.6%	Heavy drinking: having 5 (male) or 4 (females) drinks on one occasion 12 or more times in the past 12 months

Sources:

Canadian Institute for Health Information (2021). Your Health System In Depth. Retrieved June 2021.
NL Community Accounts (2021). Western Health Profile. Retrieved June 2021.
Statistics Canada (2021). Cannabis Stats Hub. Retrieved June 2021.
Western Health (2021). Director and Branch Annual Reports for 2020-21.

Demographics

Population

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. The population of the Western region in 2019 was 76,608 (Community Accounts, 2021). This was a 0.6% decrease in the population between 2018 and 2019. The provincial population of Newfoundland and Labrador (NL) also decreased from 525,355 in 2018 to 521,542 in 2019 (Table 1). Other notable Western region population characteristics from the Canadian Institute for Health Information (CIHI) (2021) include:

- 25.6% seniors (age 65+) in 2019
- 46.2% Rural area population in 2016
- 1.4% Immigrant population in 2016
- 25.5% Aboriginal population in 2016

Table 1. Population

	2018	2019	% Change	Median Age 2016	Population and Percent Age 65+ 2019
Western Region	77,104	**76,608**	-0.6%	50	19,612 (25.6%)
NL	525,355	**521,542**	-0.7%	46	112,132 (21.5%)

Sources: CIHI, 2021
Statistics Canada (Retrieved from Community Accounts June 2021)

Migration

According to Community Accounts (2021), the Western region experienced a residual net migration of -0.01% or -5 individuals in 2018, compared to -0.04% or -210 individuals provincially (Table 2). Net migration is calculated by using the residual method of subtracting the current population from the population in the previous year and then removing the affect that births and deaths has on the population. The remainder or residual is the number of people who migrated into or out of the area (Community Accounts, 2021).

Table 2. Residual Net Migration

	2018
Western Region	-0.01% (-5 individuals)
Province	-0.04% (-210 individuals)

Source: Statistics Canada (Retrieved from Community Accounts June 2021)

Birth Rate

The birth rate (per 1000) in the Western region decreased from 6.4 in 2018 to 5.8 in 2019. Provincially, the birth rate also decreased from 7.7 in 2018 to 7.2 in 2019. Table 3 shows there were 505 births in the Western region in 2018 and 450 in 2019.

Table 3. Birth Rates

	Number of Births		Percent Change	Total Birth Rate (per 1000)	
	2018	**2019**		2018	**2019**
Western Region	505	**450**	-10.9%	6.4	**5.8**
NL	3990	**3735**	-6.4%	7.7	**7.2**

Source: Statistics Canada (retrieved from Community Accounts June 2021)

Mortality

According to Table 4, from 2004-2019 the median age of death for residents in the Western region and NL was 78. In 2019, there was a 0.6% increase in the number of deaths in the Western region, with 895 deaths in 2019, as compared to 890 in 2018 (Community Accounts, 2021).

Table 4. Number of Deaths

	Number of Deaths		Percent Change	Median Age of Death
	2018	**2019**		**2004-2019**
Western Region	890	**895**	0.6%	**78**
NL	5160	**5190**	0.6%	**78**

Source: Statistics Canada (Retrieved from Community Accounts June 2021)

According to CIHI (2021), from 2015 to 2017, the life expectancy at birth for residents of the Western region and NL was 79.5 years, compared to 82.1 for Canada (Table 5). Between 2015-2017, the life expectancy at age 65 for Western region residents was 19.2 years, compared to 18.9 for NL, and 21 for Canada (CIHI, 2021).

Table 5. Life Expectancy (Years)

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

Source: CIHI, 2021

Income and Income Support

The gross income for individuals in the Western region continues to increase incrementally. Research indicates that higher income is typically associated with better health. The gross personal income per capita for the Western region was $33,100 in 2018, compared to $32,900 in 2017. In 2018, the average couple family income was $94,200 for the Western region compared to $110,600 provincially and $119,600 nationally (Community Accounts, 2021). According to CIHI (2021), in 2016, 13.1% of children were living in low-income families in the Western region.

Table 6. Income and Employment

	Western Region	**NL**
Gross personal income per capita (2018)	$33,100	$37,800
After tax personal income per capita (2018) (adjusted for inflation)	$19,700	$21,700
Average Couple Income (2018)	$94,200	$110,600
Self-Reliance Ratio (2018)	73.2%	79.9%
Income Support Assistance rate (2020)	9.7%	8.5%
Employment Insurance rate (2019)	37.8%	29.7%

Source: Canada Revenue Agency (Retrieved from Community Accounts June 2021)

According to Table 6, 9.7% of the population in the Western region received income support assistance at some point in 2020, compared to 8.9% in 2019. Provincially, 8.5% received income support assistance at some point during 2020, compared to 7.6% in 2019. The percentage of the labor force in the Western region that collected employment insurance at some point in 2019 was 37.8%, compared to 40.2% in 2017. The employment insurance incidence was 29.7% for Newfoundland and Labrador (NL) in 2019, compared to 32.4% in 2017 (Community Accounts, 2021).

Education

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

Table 7. Education Enrollment

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

Source: Department of Education and Early Childhood Development (Retrieved from Community Accounts June 2021)

According to the 2016 census, 19.4% of residents of the Western region aged 25 to 64 do not have a high school diploma compared to 15.7% provincially. This is a decrease from 25.5% in for the region, and 20.3% for the province in 2011. According to Table 8, in the Western region 13.6% of people aged 25 to 64 have a bachelor's degree or higher compared to 18.3% provincially (Community Accounts, 2021).

Table 8. Highest Level of Education 2016 (Percent of Population)

Highest Level of Education	**Western Region (%)**	**NL (%)**
Does not have high school	28	23.4
High school (age 15+)	72	76.6
Bachelor's degree or higher (age 15+)	10.9	14.8
Does not have a high school diploma (age 25-64)	19.4	15.7
High school (age 25-64)	80.6	84.3
Bachelor's degree or higher (age 25-64)	13.6	18.3

Source: Statistics Canada Census (Retrieved from Community Accounts June 2021)

Health and Wellness

Well-Being

According to the Canadian Community Health Survey (CCHS), in 2017 and 2018, 83.1% of respondents in the Western region reported a strong sense of community belonging, which

is a slight decrease from 84.2% in 2015 and 2016. This is higher than both NL (77.7%) and Canada (68.9%).

Table 9. Health Characteristics 2017 and 2018 (Percent of Population)

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

Source: Statistics Canada, 2021

The CCHS posed questions on perceived life stress and 14% of Western region indicated perceived life stress as extreme or quite a bit, which is similar to 14.9% for NL but lower compared to 21.4% for Canada. According to Table 9, general life satisfaction in the Western region is at 92.1% which is comparable to NL (92.5%) and Canada (93.1%) (Statistics Canada, 2021)

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

Mental Health and Substance Use

Table 10 outlines the three indicators that assess the performance of the Mental Health and Addictions (MHA) system (CIHI, 2021): self-injury hospitalization, repeat hospitalization stays for mental illness, and hospitalizations entirely caused by alcohol.

Table 10. MHA Performance Indicators

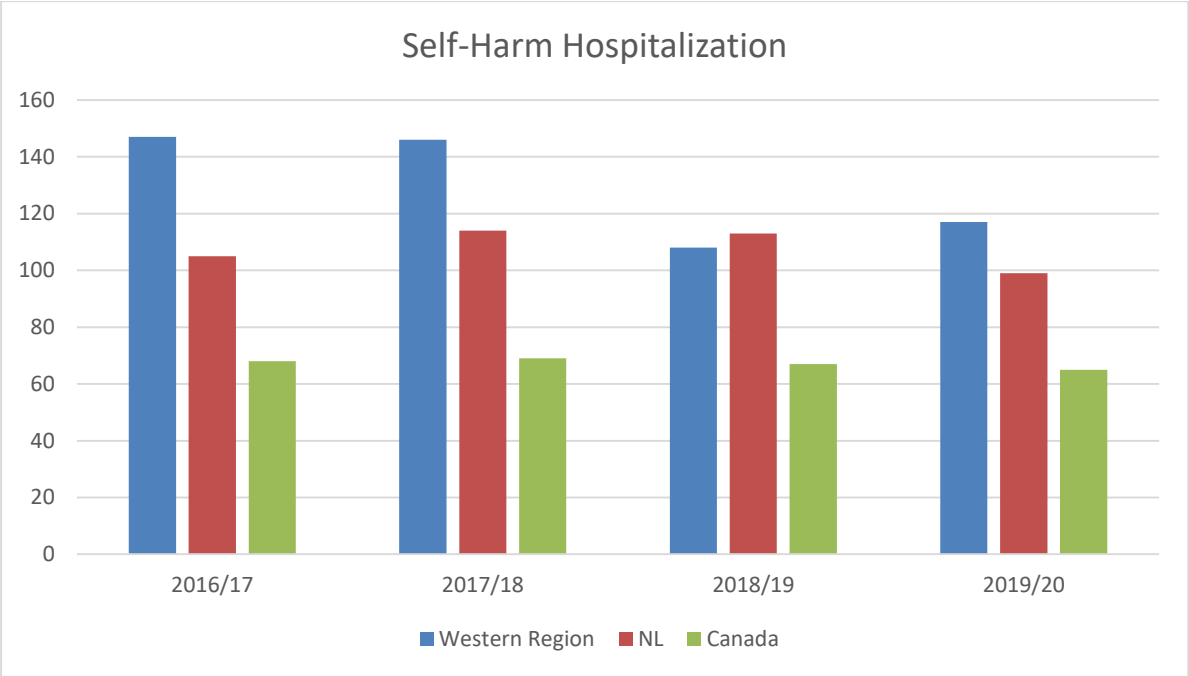
Indicator	Western Region	NL	Canada
Self-Harm Hospitalizations (per 100,000)	2016/17- 147 2017/18 – 146 2018/19 – 108 **2019/20 – 117***	2016/17- 105 2017/18 – 114 2018/19 – 113 **2019/20 – 99***	2016/17- 68 2017/18 – 69 2018/19 – 67 **2019/20 – 65**
Repeat hospital stays for mental illness	2016/17- 16.8 2017/18–14.3 2018/19 – 14.4 **2019/20 – 14.9**	2016/17- 13.1 2017/18-13.8 2018/19 – 14 **2019/20 – 14.3**	2016/17- 12.1 2017/18-12.1 2018/19 – 12.4 **2019/20 – 12.8**
Hospitalizations entirely caused by alcohol (per 100,000)	2016/17- 157 2017/18-163 2018/19 – 181 **2019/20 – 168***	2016/17- 179 2017/18-189 2018/19 – 178 **2019/20 – 197***	2016/17- 242 2017/18-249 2018/19 – 259 **2019/20 - 258**

Source: CIHI, 2021

*Significantly different than Canadian average

In 2020/21, there was continued work to transform the MHA system in accordance with the provincial document *Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador.* Some highlights from the MHA program in 2020/21 included expansion of Doorways, Mobile Crisis Response (MCR), and Flexible Assertive Community Treatment (FACT). As part of the pandemic response, Doorways expanded to 5 days per week throughout the Western region and provided expanded options for virtual care, including video and telephone-based services. Additional Doorways clinics were also added, including a weekly clinic at Blomidon Place for children/youth/families and a biweekly clinic in Trout River for ages 12+. The MCR team broadened its service to collaborate with the RCMP and include the Deer Lake area. Planning has begun to look at how the MCR service can be implemented in the Stephenville area. The FACT model has broadened accessibility of the former Assertive Community Treatment model to now include individuals experiencing significant impacts as a result of a mental illness or addiction. The FACT Teams continued expansion this year, with Stephenville becoming operational. There are FACT services available in the Corner Brook, Deer Lake, Bonne Bay, Stephenville, and Port aux Basques areas.

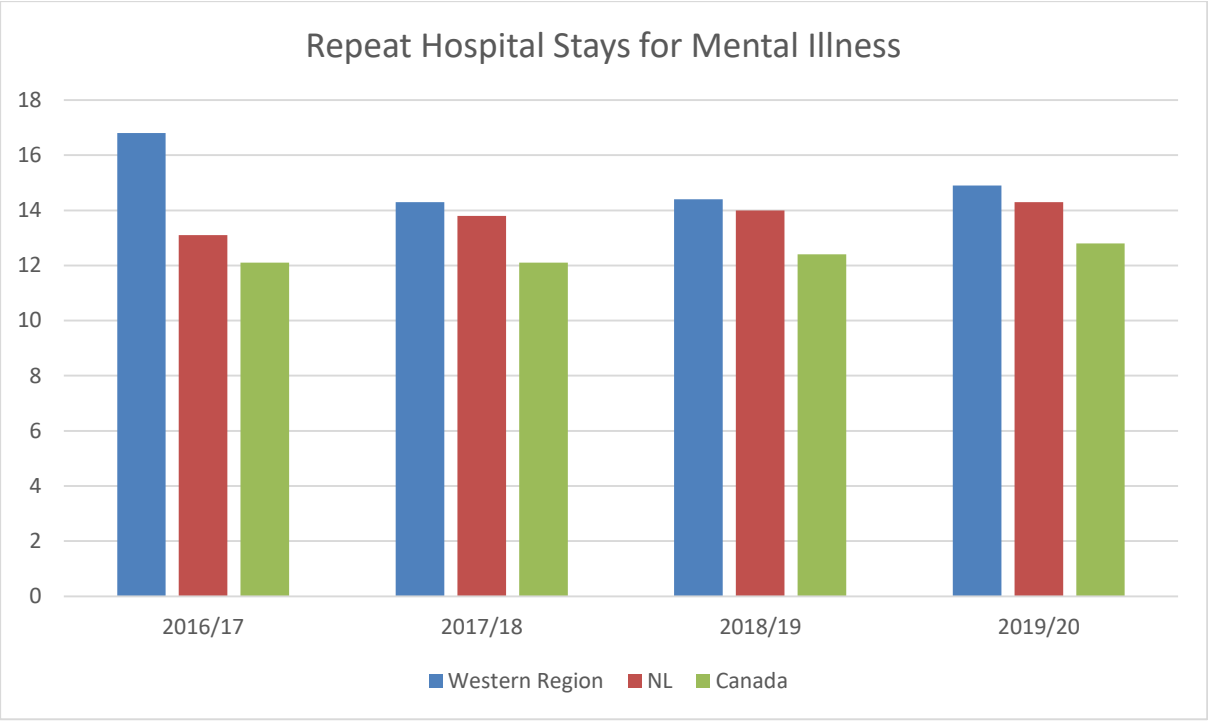
Figure 1. Self-Harm Hospitalization (Per 100,000)



Source: CIHI, 2021

This indicator measures the age-standardized rate of hospitalization in a general hospital due to self-injury, per 100,000 population. A lower rate is better. As outlined in Figure 1, Western Health's rate decreased from 146 in 2017/18 to 108 in 2018/19 and then increased to 117 in 2019/20. The rate remains higher than the national average. In 2020/21, Western Health continued to partner with community organizations and individuals with lived experience to implement projects relating to life promotion, suicide prevention, and positive coping. The Suicide Prevention and Awareness Committee continued to move forward with new initiatives and the Eastern Door Feather Carriers Steering Committee was established to support ongoing work with those who completed the Feather Carriers Training. In addition, the MHA & Emergency Department Project expanded regionally to enhance patient flow and collaboration between these departments. Looking ahead, the Provincial Life Promotion & Suicide Prevention Action Plan is in development under the Toward Recovery Action Plan and expected to be approved in the upcoming fiscal year.

Figure 2. Repeat Hospital Stays for Mental Illness



Source: CIHI, 2021

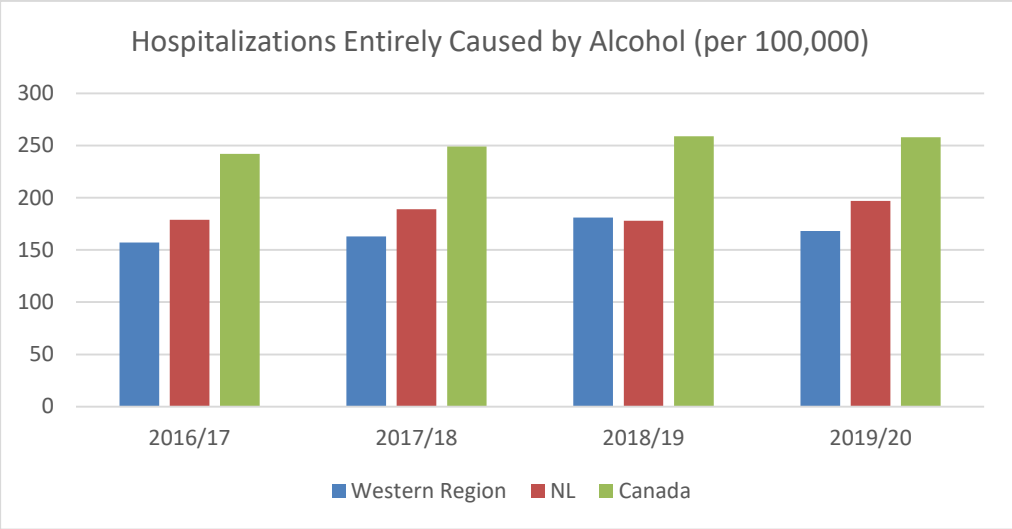
This indicator examines the risk-adjusted percentage of individuals who had three or more episodes of care for a mental illness among all those who had at least one episode of care for a mental illness in general or psychiatric hospitals within a given year. A lower rate is better. As shown in Figure 2, Western Health's rate of 14.9 in 2019/20 was a slight increase from 14.4 in 2018/19 and is considered the same as provincial and national rates of 14.3 and 12.8 respectively.

Access to MHA programs continues to be a priority for Western Health. Work is underway to introduce a provincial standardized triage process that will provide access through three points of entry including telephone (811), online (bridgethegapp.ca), and in-person (Doorways). Triage will use the stepped model of care whereby clients will be matched to the appropriate service based on presenting needs. During 2020/21, plans were developed and training was provided to prepare staff in MCR to support the triage process for all adults and to prepare staff in Blomidon Place to support the triage of all children/youth. In early 2021/22, triage in the Western region will become centralized.

The MHA Screening Program, CheckItOutNL.ca, focuses on the early identification of issues through 13 online self-assessment tools, as well as provision of service information and linkages to local resources. Western Health collaborated with the provincial government and

the other three Regional Health Authorities (RHAs) to expand the program provincially and integrate it as an online program on the Bridge the gapp website.

Figure 3. Hospitalizations Entirely Caused by Alcohol



Source: CIHI, 2021

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

As shown in Figure 3, Western Health's rate has decreased from 181 in 2018/19 to 168 in 2019/20 and is below both the Canadian and provincial averages. In 2020/21 Western Health continued several initiatives and initiated new initiatives to help prevent or delay alcohol use and reduce harms caused by alcohol use. This includes the Let's Talk: Youth & Alcohol Facebook Viewing Party, alcohol resource package, and many virtual resources on coping/resiliency and harm reduction developed and posted to Western Health and provincial websites. Alcohol use and harm reduction have also been a focus provincially, with Western Health engaged in the ongoing work of the Towards Recovery Alcohol Action Plan Working Group. In 2020/21, the draft provincial Alcohol Action Plan was developed and circulated for stakeholder feedback. This Action Plan is expected to be released in the 2021/22 fiscal year. Western Health also partnered with the other RHAs and the Government of Newfoundland and Labrador to develop a set of four Provincial Alcohol Resources which are now available on the Bridge the gapp, RHA, and provincial government websites.

Health Status

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

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

Indicator	Western Region	NL	Canada
Heavy drinking- having 5 (males) or 4 (females) drinks on one occasion 12 or more times in the past 12 months	26.6	26.7	19.3
Cannabis use in the past three months (4th quarter 2020)	n/a	19.5	20.0
Current smoker (daily)	21.2	16.7	11.3
Physical activity, 150 minutes per week, adult (age 18+)	46.1	49.4	56
Physical activity, average 60 minutes per day, youth (12 to 17 years old)	57.8	51.1	57.8
Breast milk feeding initiation	63.4[E]	72	90.9

Source: Statistics Canada, 2021

[E] Use with caution

In October 2018, Canada became the second country in the world to legalize the sale, possession and non-medical use of cannabis by adults, which followed the legalization of cannabis for medical purposes two decades earlier. Following this change, Statistics Canada developed a new Cannabis Stats Hub to monitor cannabis use across Canada. In Newfoundland and Labrador, cannabis use increased slightly, from a pre-legalization rate of 16.4% in the first quarter of 2018 to 19.5% in the fourth quarter of 2020. This 2020 provincial rate is slightly lower than the national rate of 20%. There was a higher provincial increase in the fourth quarter of 2019, to a rate of 25.9%; however, this was not sustained (Statistics Canada, 2021). This increase could have been due to the change to non-medical cannabis legislation which was expanded to include additional cannabis products such as edibles, topicals, and extracts in October 2019.

Heavy drinking refers to males who reported having five or more drinks, or women who reported having 4 or more drinks, on one occasion 12 or more times in the past 12 months. According to Table 11, 26.6% of residents of the Western region are heavy drinkers, compared to 26.7% in NL, and 19.3% in Canada. In 2020/21, Western Health continued several additional initiatives to prevent substance use and reduce harms due to substance

use, including prevention programs in schools, such as the Get Ready and What's With Weed programs. Additional resources were developed with a focus on substance use and harm reduction during the COVID-19 pandemic. A resource developed by the MHA Prevention & Promotion Consultants, *Substance Use during the Pandemic*, was adapted for use provincially and was included in the best practice resources shared nationally by the Canadian Center for Substance Abuse (CCSA).

The Western region is reporting a higher number of daily smokers compared to provincial and national rates (Table 11). Youth vaping in NL has escalated into an important population health issue. Western Health's Regional Health Educator led the Newfoundland and Labrador Alliance for the Control of Tobacco (ACT) through the renewal and updating of the Tobacco and Vaping Reduction Strategy for Newfoundland and Labrador. This document will serve the province and all partners in tobacco and vaping reduction efforts. While the actions outlined in the strategy are applicable to all populations, it will be through the combined effort of all partners, working within their area of expertise and in their communities, that collectively all populations receive attention.

The Regional Health Educator also assisted ACT with the design, development, launch and dissemination of a province-wide vaping prevention campaign: *The New Look of Nicotine Addiction*. Components of this comprehensive and sustained campaign throughout 2020/21 included public messaging to parents on multiple platforms, online resources, and public education, as well as targeted messaging for youth in grades 7–12. The campaign components were made available online at truthaboutvaping.ca.

According to Table 11, 46.1% of adults and 57.8% of youth in the Western region meet the recommended physical activity guidelines. Achieving physical activity recommendations for each age group impacts many health benefits and protective factors for the prevention and management of chronic disease. Western Health has continued to work with partners in the region to support and promote physical activity to all age groups. Physical activity opportunities at the community level are most often provided by community partners. In 2020/21, the Western Regional Wellness Coalition funded 22 community grants and 15 school grants providing $24,150 in funding to community groups to help address identified needs in local schools and communities (Western Health, 2021). Many of the projects had a primary focus on increasing physical activity levels. As schools across the province adapted to alternative learning scenarios throughout the year, the School Health Promotion Liaison Consultant assisted in the development of learning at home resources for staff and students in collaboration with consultants across the province and the Newfoundland and Labrador English School District. These resources included information on how to incorporate physical activity in virtual or in-person classrooms and how to continue to be physically active throughout the day.

Although the fruit and vegetable consumption indicator is not reported, the consumption of fruits and vegetables is an important factor in maintaining a healthy lifestyle. The current guideline is to consume fruit and vegetables at least five times or more per day. The SucSeed program continues to be a provincially supported initiative. These hydroponic grow systems enable students/individuals to grow vegetables all year long. This year, 17 additional SucSeed systems were purchased and distributed to schools throughout the Western region. In addition to the hydroponic grow systems, micro garden kits were introduced and distributed to schools across the region. These kits allow students to have their own small kits to grow various microgreens. This year, 550 of these kits were purchased and distributed to various grades in 15 schools across the region (Western Health, 2021).

There has been continued development of resources to support the messages in the new Canada's Food Guide, which was released in January 2019. In 2020/21, Western Health's Regional Nutritionists completed a Healthy Eating video campaign, revised the healthy eating content on the Bridge the gapp website, created content for the Western Health website, and developed various activities focused on food marketing and mindful eating. The Regional Nutritionist (Prenatal–School Aged) also participated with the Nutritionists Leadership Committee for Healthy Eating to develop new supporting resources, draft new School Food Guidelines, and draft revisions to the Child Care Standards and Guidelines for Healthy Eating.

The breast milk feeding initiation rate in the Western region was 63.4% for 2017 and 2018, which is lower than the provincial and national averages. However, there was an 18% increase in referrals to the Lactation Consultant in 2020/21 (Western Health, 2021). Two provincial resources were developed by a working group consisting of Government of NL, Baby-Friendly NL and the Regional Nutritionist, including *Breastfeeding and COVID-19* and *Guidance on Using Infant Formula during the COVID-19 Pandemic*. With the reduction in print media opportunities, the Health Promotion Network transitioned from the Your Health Matters newspaper column to a virtual format using Western Health's Facebook account. Following this transition, a session was created on breastfeeding/infant feeding. This work will continue in 2021/22.

Health Practices

Contact with health care providers and influenza vaccination are examples of health practices which may affect health outcomes (Table 12). Within the Western region 89.8% of the population reported having a regular health care provider (2017-2018). There were 134 family medicine physicians per 100,000 population in the Western region in 2019 (CIHI, 2021).

Table 12. Health Practices (Percent of Population)

Indicator	Western Region (%)	NL (%)	Canada (%)
Has a regular health care provider (2017 and 2018)	89.8	87	84.9
Influenza vaccination within the last year (2017 and 2018)	28.4	30.8	32.0
Influenza vaccination (April 1 – Feb. 23, 2021)	42.5	n/a	n/a
Influenza vaccination for Long Term Care residents (March 1-31, 2021 vaccination blitz)	83.8	n/a	n/a

Sources: Statistics Canada, 2021
Western Health, 2021

To support access and as a key priority related to the Innovation Strategic Goal, Western Health launched a webpage (http://www.westernhealth.nl.ca/healthneighbourhood) in December 2020 that helps people access family doctor or nurse practitioner services. The new webpage provides information about the primary care services available based on division of the region into seven geographically-defined Health Neighbourhoods. Individuals who do not have a regular family doctor or nurse practitioner can also fill out an online request to be added to a waitlist.

According to the CCHS survey, the influenza vaccination rate for the general population for 2017 and 2018 was 28.4% (Statistics Canada, 2021). This was a decrease from 58.6% in 2015 and 2016. To support increased efficiencies and enhanced provincial flu vaccine campaigns, flu vaccines were documented and tracked using the electronic medical record (EMR). This allowed tracking of vaccines administered across the province, and allowed this technology to be developed and deployed in advance of the COVID-19 vaccine. For the 2020/21 fiscal year, 42.6% of the population received the flu vaccine. Approximately 10,385 of these vaccines were delivered by public health mass clinics. This is significantly lower than the previous year when over 19,000 vaccines were delivered through public health (Western Health, 2021). However, this year a significant portion of the population that typically accessed flu clinics obtained vaccinations from pharmacists and physicians. In comparison, 83.8% of Long Term Care residents availed of the annual influenza vaccine during the 2021 vaccination blitz, which is an increase from 77% in 2019/20 (Western Health, 2021).

Health Outcomes

Chronic Disease

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

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

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

Source: Statistics Canada, 2021

[E] Use with caution

Addressing high incidence of chronic diseases continues to be a priority for Western Health in 2020/21. To support the Innovation Strategic Goal, the Regional Chronic Disease Prevention and Management (CDPM) Advisory Committee changed their membership and the terms of reference to now consist of managers and coordinators chosen by each VP/Director to represent their branch. This group meets bi-monthly and is led by the Manager for CDPM. The CDPM work plan is a three year plan and has been developed for 2020-23.

Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Primary Care (BETTER) is an approach to chronic disease prevention and screening (CDPS) that utilizes evidence-based strategies, resources, and tools to improve CDPS in primary care settings. Western Health continues to expand the BETTER program as part of efforts to improve chronic disease prevention and management and to build multidisciplinary Health Homes within the seven Health Neighbourhoods. As part of the Innovation Strategic Goal, there was success in implementing virtual care for the BETTER program in 2020/21, as well as in expanding the BETTER program to the new Cox's Cove Clinic and introducing BETTER as part of a pilot Registered Nurse role in Deer Lake. The BETTER program rollout was challenged due to the prioritization of pandemic work, as well as staffing challenges. This has been reflected in the program not currently being offered in both the Bay St. George and Burgeo areas. The BETTER program will shift toward a train the trainer model in 2021/22.

The Manager of CDPM and the CDPM Coordinator will be trained in the upcoming year and this will increase access for practitioner training, as well as aide in overall sustainability of the program in our region.

Cardiovascular Diseases

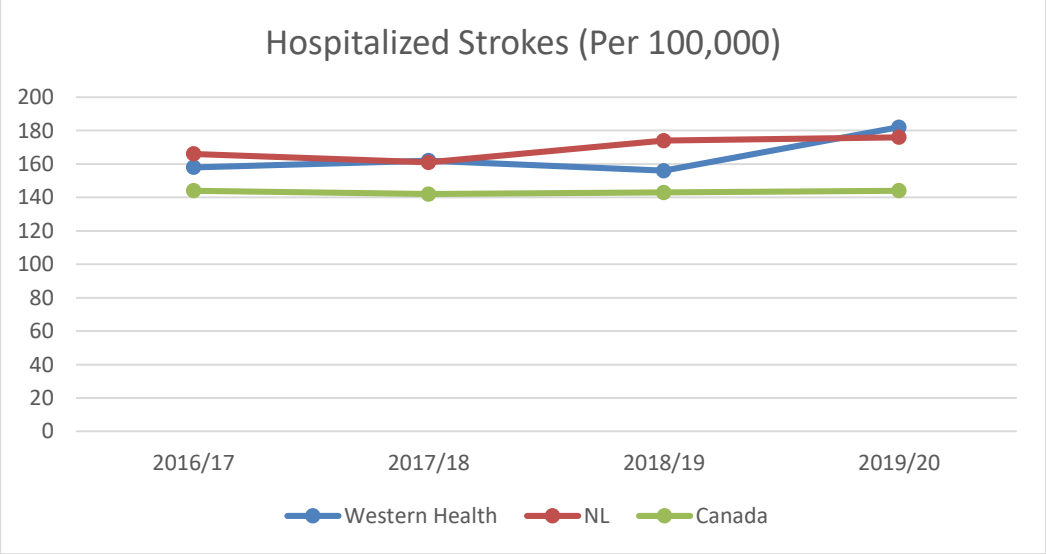
Cardiovascular diseases are also considered chronic diseases and CIHI reports two cardiovascular indicators in Table 14.

Table 14. Cardiovascular Indicators

Indicator	Western Health	NL	Canada
Hospitalized strokes (per 100,000)	2016/17 – 158 2017/18 – 162 2018/19 – 156 **2019/20 – 182***	2016/17 – 166 2017/18 – 161 2018/19 – 174 **2019/20 – 176***	2016/17 – 144 2017/18 – 142 2018/19 – 143 **2019/20 - 144**
Hospitalized heart attacks (per 100,000)	2016/17 – 307 2017/18 – 344 2018/19 – 358 **2019/20 – 301***	2016/17 – 350 2017/18 – 343 2018/19 – 340 **2019/20 – 317***	2016/17 – 247 2017/18 – 243 2018/19 – 243 **2019/20 – 241**

Source: CIHI, 2021
*Statistically different than Canadian average

Figure 4. Hospitalized Strokes (Per 100,000)



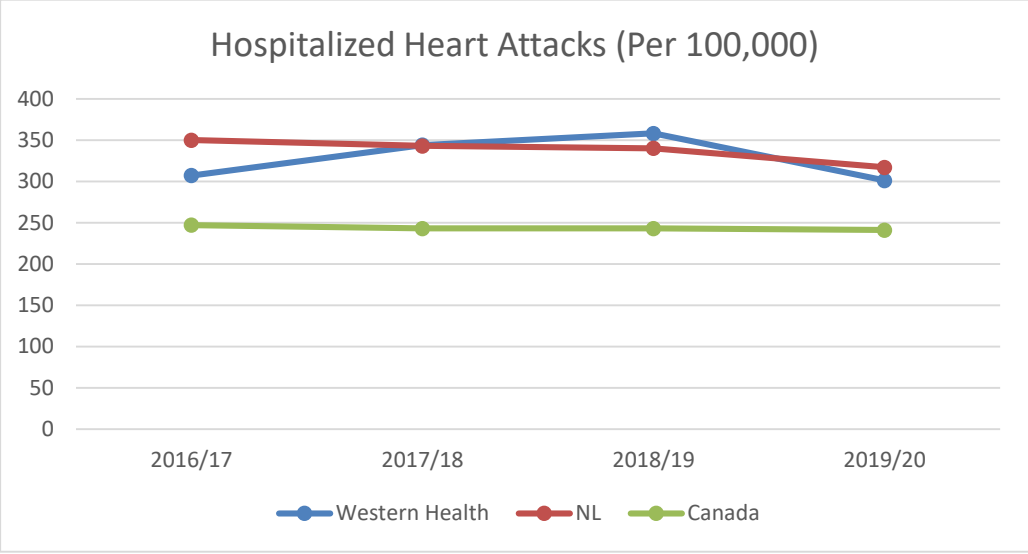
Source: CIHI, 2021

This indicator measures the age-standardized rate of new stroke events admitted to an acute care hospital for the Canadian population age 18 and older. A lower rate is better. As outlined

in Figure 4, Western Health's hospitalized stroke rate increased from 156 in 2018/19 to 182 in 2019/20, which is slightly higher than the provincial rate of 176 and higher than the Canadian average of 144. Western Health participates in a regional and provincial Stroke Committees that monitor key performance indicators related to access to stroke care.

Code Stroke is a clinical protocol that is activated when a patient is diagnosed with a suspected acute stroke and the time from stroke onset is known to be less than 4.5 hours. As identified in Practice Points Volume 8, the rate for thrombolysis for Western Health was 11% in 2020/21, compared to 12% in 2019/20 (Quality of Care NL, 2021). Western Health has been monitoring Code Stroke since implementation in 2018. In 2020/21, Code Stroke was discussed in Emergency Department staff meetings and additional follow-up was completed for concerns and occurrences. During the fiscal year, Code Stroke was implemented on 49 occasions, compared to 70 implementations in 2019/20 (Western Health, 2021). This decrease was related to an increase in knowledge of Code Stroke and the appropriateness of when to call a Code Stroke. In 2020/21, monitoring at WMRH found that all cases without contraindications received tPA (Western Health, 2021). The Provincial Stroke Measuring and Monitoring Working Group is working to include Code Stroke data in the provincial scorecard. This would be beneficial as it would allow clinicians to better understand the rationale when tPA is not administered and the tPA rates reported nationally.

Figure 5. Hospitalized Heart Attacks (Per 100,000)



Source: CIHI, 2021

This indicator measures the age-standardized rate of new acute myocardial infarction (AMI) events admitted to an acute care hospital for the population age 18 and older. A new event is defined as a first-ever hospitalization for an AMI or a recurrent hospitalized AMI occurring more than 28 days after the admission for the previous event in the reference period. Lower

rates are better. While Western Health is statistically higher than the Canadian rate, Figure 5 demonstrates that the regional rate has decreased, from 358 in 2018/19 to 301 in 2019/20, and is now lower than the provincial rate.

Cardiovascular health is a priority for Western Health. The organization has initiated a formalized Regional Cardiac Rehabilitation Program and Heart Failure Clinic (HFC). In the fall of 2020, the HFC linked with Eastern Health to support remote patient monitoring (RPM), a free at-home monitoring program. Through the use of very simple technology, healthcare professionals monitor patients' biometrics and symptoms remotely, while also providing education, coaching, self-management support and intervention. Patients are provided with a tablet and monitoring devices, such as blood pressure monitor, weight scale, and a device to measure oxygen levels. Patients input the results from the home monitoring equipment into the tablet and experienced clinicians use this data for assessment and intervention. Follow-up occurs via telephone or videoconferencing through the tablet, directly into the patients' homes.

During 2020/21, 49 patients enrolled in the HFC were readmitted back to hospital. Of these, 78% were readmitted for diagnosis other than heart failure. There were 11 patients that required hospitalization for heart failure (Western Health, 2021). This provides evidence that the clinic is appropriately managing this population and assisting with maintaining people at home. In October 2020, the HFC partnered with the Community Support Program (CSP) to review the Cardiac Rehabilitation Program and include a community component that incorporates a standardized care path from hospital to home for the cardiac population. This program will focus on cardiac self-management. Referrals will be sent to the Community Health Nurse for follow-up post discharge. The CSP is finalizing the community-based portion of the cardiac rehab program that utilizes the same resources and builds on the learnings of the inpatient cardiac rehab program.

Cancer

Nationally, the five most commonly diagnosed cancers in 2018 remained breast (13%), lung and bronchus (12.4%), prostate (12%), colorectal (10.5%) and urinary bladder (4.9%) (Statistics Canada, 2021). As outlined in Table 15, the most common cancer type for NL in 2018 was colon and rectum, followed by lung and bronchus, breast, prostate, and urinary bladder.

Table 15. New cases and age-standardized rates (per 100,000) of primary cancer in NL
Source: Statistics Canada, 2021

Cancer Type	New Cases	Cancer Incidence
All primary sites of cancer	2014 – 3560 2015 – 3495 2016 – 3645 2017 – 3575 **2018 – 3580**	2014 – 575.6 2015 – 555.8 2016 – 566.1 2017 – 545.8 **2018 – 535.2**
Colon and rectum	2014 – 590 2015 – 590 2016 – 615 2017 – 570 **2018 – 550**	2014 – 95.3 2015 – 93.9 2016 – 94.3 2017 – 87.9 **2018 – 82.2**
Lung and bronchus	2014 – 515 2015 – 475 2016 – 490 2017 – 495 **2018 - 515**	2014 – 81.2 2015 – 73.5 2016 – 73.2 2017 – 72.7 **2018 – 73.0**
Breast	2014 – 410 2015 – 485 2016 – 460 2017 – 410 **2018 – 425**	2014 – 66.7 2015 – 78.0 2016 – 72.8 2017 – 63.8 **2018 – 65.2**
Prostate	2014 – 450 2015 – 405 2016 – 460 2017 – 420 **2018 – 455**	2014 – 68.5 2015 – 60.3 2016 – 65.8 2017 – 59.2 **2018 – 63.0**
Urinary bladder	2014 – 165 2015 – 160 2016 – 175 2017 – 170 **2018 – 195**	2014 – 26.5 2015 – 24.9 2016 – 26.8 2017 – 25.8 **2018 – 28.5**

Cancer incidence is influenced by factors such as screening, prevention and population aging. Advancing age is considered the most important risk factor for most cancers, with over 70% of all cancers being diagnosed among people aged 60 and older. While risk factors such as aging and family history are not avoidable, risk can be reduced through health practices such as healthy eating, physical activity, reducing alcohol consumption, not smoking, and learning effective ways to cope with stress (Statistics Canada, 2021). Western Health continues to participate in the provincial colorectal, endoscopy, cervical, and breast screening initiatives.

COVID-19 Pandemic Response

The 2020/21 fiscal year was an exception in many ways due to the global COVID-19 pandemic. On March 11, 2020, the World Health Organization declared COVID-19 a global pandemic. On this date, Western Health's Emergency Operations Centre (EOC) was activated as a response. Although preparations for the pandemic were already initiated in various areas of the organization, the start of the pandemic brought on significant change within the organization. Since this time, the world has faced profound economic and social impacts due to the COVID-19 pandemic. Within Western Health, the effects and implications of the pandemic affected all sites, services, and programs throughout the year.

Significant work was completed to support operations with the COVID-19 business continuity plans, COVID-19 dedicated units, public health testing and screening clinics, community-based assessment clinics, staff workflow recommendations, and personal protective equipment (PPE) recommendations. During 2020/21, the pandemic provided many challenges. Western Health rose to these challenges and there are many accomplishments completed that are worthy of note.

Staffing & Service Impacts

The pandemic presented many challenges but also provided an opportunity to think differently, be creative, be flexible and adapt to find new ways to effectively engage clients and deliver services. During the last two weeks of the 2019/20 fiscal year many Western Health staff were sent home to work which involved an immense effort throughout the beginning of 2020/21 to procure and provide appropriate equipment to enable staff to work effectively from home. Many services were completely disrupted at times and all facilities were locked down with severely restricted visitation at the beginning of the fiscal year. Throughout the year, service levels and safety protocols continued to be adjusted to match provincial alert levels and associated public health measures.

Services that were able to be provided remotely transitioned to a virtual mode of service delivery. While this implementation was challenging, virtual care options increased access for clients and patients to avail of services from a safe distance. Many of the virtual care expansions and innovations are expected to continue as permanent service delivery models.

COVID-19 EOC Dashboard

A dashboard of relevant COVID-19 indicators was created for EOC to support pandemic response, planning, and decision-making. This dashboard brought together a wide array of information from Communicable Disease Control, Community Supports, acute care, lab, and staffing. Indicators included personal care home influenza like illness, emergency

department visits, daily admissions, occupancy, clinic visits, ventilator usage, and real time information around positive and suspect cases, as well as the number of swabs within the acute care facilities and in the community. All of this was accomplished through partnerships with key stakeholders within Western Health and the Newfoundland and Labrador Centre for Health Information (NLCHI).

Infection Prevention & Control

The Infection Prevention and Control (IPAC) and Employee Wellness, Health and Safety departments worked with every sector of the organization to respond to the pandemic. A major focus of the IPAC program was education for all health care workers to ensure they had best practice information available to them to be as prepared as possible. As new information evolved, IPAC continued to update and support staff education. A great success that resulted from the increased IPAC education was the reinforcement of the Point of Care Risk Assessment (PCRA). Consistent and targeted education enabled staff to fully understand how to apply the PCRA and it was a very positive and successful shift.

In addition to focus on PCRA and Personal Protective Equipment (PPE), numerous other activities and changes were introduced to prevent infections and protect staff, including daily self-assessment tool, staff movement guidelines, accommodations for staff requiring isolation, COVID-19 workplace inspection tool, psychological health and safety tips and toolkit for leaders, and remote work options.

As a part of federal Safe Restart funding, Western Health was supported to hire a dedicated temporary IPAC position to support infection prevention and control efforts in personal care homes, home care agencies, and community living arrangements.

Testing & Positive Cases

Testing for COVID-19 was extensive in 2020/21. As outlined in Table 16, there were 19,218 tests completed in the Western region during the 2020/21 fiscal year. Testing was completed in many locations, including emergency departments, clinics, inpatient departments, and community testing sites. Public Health took the lead for community based COVID-19 testing on a regional basis. Permanent testing locations were established in Corner Brook, Stephenville and Port Aux Basques. In other areas, Public Health Nurses completed swabbing for public health reasons either by home visit or in temporary locations.

Table 16: COVID Testing by All Western Health Locations

Grouped Location	April 1 - June 30	July 1 – Sept. 30	Oct. 31 – Dec. 31	Jan. 31 – March 31	Total	% of Total
Public Health/Mobile	872	1,988	3,398	3,963	**10,221**	53%
Inpatient	775	1,374	1,411	1,505	**5,065**	26%
Lab/EKG/DI/OPD Clinics	353[1]	578[1]	1,098[1]	420	**2,449**	13%
ED/EDFT	265	208	294	534	**1,301**	7%
Flu Assessment Clinics	165	17	0	0	**182**	1%
Total	2,430	4,165	4,412	6,422	**19,218**	100%

Source: Western Health, 2021

[1]Public Health Tests completed outside of Mobile Testing Sites in Corner Brook and Stephenville were included in Lab totals until Quarter 4.

As of March 31, 2021, there had been 39 total cases of COVID-19 in the Western region, with two individuals having been hospitalized and one death (Government of Newfoundland and Labrador, 2021). Public Health staff completed intake assessments and contact tracing for each case. In addition, Public Health Nurses completed daily symptom monitoring and case management for each of these individuals.

Vaccination

Public Health took the lead for delivery of a mass immunization campaign for COVID-19 vaccinations with the support of many other programs and teams. This campaign was logistically complicated, as the vaccine is a two dose schedule and available vaccines have strict storage, handling and transportation requirements. Vaccines were administered in priority groups as outlined in the provincial immunization plan, beginning with pre-registration of Phase 1 health care workers in late 2020. As outlined in Table 17, 10,548 individuals were immunized with their first dose and 1003 individuals were also immunized with their second dose between January 1 and March 31, 2021.

As of March 31, 2021, 2413 health care workers in the Western region had received at least their first dose of the COVID-19 vaccine (Western Health, 2021). It is important to note that this number includes health care workers such as paramedics, students, home support workers, and physicians who also work in high risk areas but who may not be Western Health employees.

Table 17: COVID-19 Vaccinations delivered between Jan – March 2021

Vaccine	First Dose	Second Dose	Total
Total	10,548	1003	**11,551**

Source: NLCHI, 2021

Vaccine supply was a major factor in the ability to vaccinate. To support roll out of vaccinations, Public Health initiated seven primary vaccinations sites in Corner Brook, Stephenville, Port Aux Basque, Burgeo, Deer Lake, Norris Point and Port aux Choix. Secondary sites in smaller communities were used on a less frequent basis.

To help track trends and impacts of the COVID-19 pandemic, Statistics Canada created *Canadian's Health and COVID-19: Interactive Dashboard* (2021). In Newfoundland and Labrador, the public intention to get vaccinated increased from 75.4% in September 2020 to 87.1% in February 2021. This was higher than the nation rate of 82.3%. This, coupled with improvements in vaccine supply, indicates that the Western region is well-aligned to meet the targets outlined in the provincial vaccination plan.

Our Organization

Overview

Western Health employs approximately 3,100 employees, supports over 1,500 volunteers, and provides support and preceptorship to over 250 students. The organization had a total expenditure budget of $415,440,000 in 2020/21, which includes the operation of two acute care hospitals, four rural health centres, three long term care centers, four protective community residences (enhanced assisted living for individuals with mild to moderate dementia), 27 medical centres, and 26 community offices. Western Health also operates two provincial programs, the Humberwood Centre (inpatient addiction treatment) and the Western Regional School of Nursing (Western Health, 2021).

New hospital planning continues to be a priority for Western Health. The department of Health and Community Services, the Department of Transportation and Works, and Western Health continue to work in partnership to support the delivery of the new acute care hospital in Corner Brook. In 2020/21, Western Health managers and staff had an opportunity to review mockup rooms to provide feedback and gain insight into the outcomes of the planning sessions. Over the course of the fiscal year, the focus of the teams transitioned from user group engagements and design and layout reviews into a construction and delivery model. The acute care hospital project is on schedule, with the anticipated completion of the first floor expected by early 2022. The focus of the Western Health team throughout the 2021/22 fiscal year will be final equipment specification, procurement, and delivery.

Quality Improvement

Strategic Planning

Along with Western Health's values and vision, the Strategic Plan helps guide the organization to provide quality programs and services in the Western region. In 2020/21, Western Health entered the first year of the new 2020-2023 Strategic Plan. This represents the sixth strategic plan for Western Health since the process was established in 2005.

A significant amount of feedback was received from stakeholders to inform the Strategic Plan. This included consultations and surveys from staff, community partners, external stakeholders, patients, clients, residents, and families. Guidance was also taken from the Provincial Government's Strategic Directions. The goals and objectives for each of the issues outlined in the Plan will guide the organization toward the vision of Our People, Our

Communities – Healthy Together. The three priority issues in the 2020-2023 Strategic Plan include: Our People, Quality and Safety, and Innovation. The three strategic goals include:

1. By March 31, 2023 Western Health will have enhanced workforce capacity and capability through enabling an engaged, skilled, well-led and healthy workforce.
2. By March 31, 2023, Western Health will have improved quality and safety across the organization in priority areas.
3. By March 31, 2023, through innovative models of service delivery, Western Health will have improved access to health services in key priority areas.

Quality Framework

Within Western Health, quality is viewed from the perspective of the people we serve and embedded in the work we do. The newly revised Quality Improvement (QI) Framework was implemented in 2020/21 and ten Quality and Safety Improvement Teams were identified.

The QI Framework supports priority setting, strategic and operational services planning, accountability, and the development and reporting of quality performance measures through integration of existing processes. The Framework defines key structures and processes that are in place or needed to support quality and accountability within Western Health. These structures and processes, together with employees, physicians, patients, volunteers, and partners, are in place to provide oversight for purposes of maintaining and improving quality or standards, advancing performance improvement, and facilitating the integration of a quality improvement and just culture in order to achieve person-centred, high quality and safe care and services.

The Quality Teams are aligned with Western Health's organizational structures and involve leadership, frontline staff, and patient partners. The teams will identify, recommend, and monitor quality of care and patient safety goals, outcomes and strategies as outlined by the regional programs. Work will continue in 2021/22, in support of the Quality and Safety Strategic Goal to further expand implementation of the Framework and establish the remaining Quality Teams throughout the organization.

Ethics

The Quality program continued to lead and promote ethics within the organization. During 2020/21, Western Health participated in a total of 13 provincial ethics consults related to the COVID-19 pandemic, including emergency medical services protocols, Community Health Nursing and protected code blue, isolation of geriatric patients waiting for Long Term Care, immunity passports, vaccine distribution, and isolation exemptions for locum

providers. The Regional Manager of Research and Evaluation also participated on the Western Health Personal Protective Equipment (PPE) Distribution Committee and provided an ethical lens and support for allotment of PPE throughout the organization's facilities.

Other non-pandemic ethics consultations continued to take place within the region as well. During 2020/21, there were two ethics consultations requested by Western Health which were facilitated in collaboration with the Provincial Health Ethics Network of Newfoundland and Labrador (PHENNL) and a Memorial University Bioethicist. These consultations included discussions of Long Term Care restraint use and Community Support Program client care plan. There were an additional two ethics consults that were supported by the Regional Manager Research and Evaluation but did not involve a formal ethics consult with PHENNL. These consults involve ethical concerns brought forward from staff and program areas in which the Regional Manager of Research and Evaluation provided guidance on the Ethics Framework, Ethics Policy, or ethical decision making.

Western Health also promoted various education opportunities in partnership with PHENNL. In October 2020, a webinar titled *Harm Reduction, Ethics, Acute Care and Community: Exploring the Possibilities*, was hosted by PHENNL and promoted to Western Health staff. National Health Ethics Week was widely promoted in November throughout the organization. This included the distribution staff memos, Tweets, and promotion of daily PHENNL webinars. The Regional Manager of Research and Evaluation also presented to Inter-Professional Education Rounds. This session included information on Western Health's Ethics Framework, the ethics consultation process, and ethical issues related to the COVID-19 pandemic.

Client, Patient, Resident, & Family Engagement

Engaging clients and families as partners at all levels of the health care system is important to ensure their input is integrated into the design, planning, implementation, and evaluation of programs and services within Western Health. Grounded in a deep belief that we are Better Together, efforts continued in 2020/21 to support and enhance our Person and Family Centred Care (PFCC) Strategy. Recruitment of advisors was impacted by COVID-19; however, new advertisements for the Quality Teams were co-designed with the PFCC Steering Committee. During 2020/21, the Steering Committee finalized the e-learning for staff about person and family centred care, which will be launched in 2021/22 as part of the Quality Strategic Goal. The PFCC Committee was actively involved in planning for the recruitment and orientation for patient partners for the Quality Teams, as well as in the identification of an instrument to measure patient partners' experience with engagement with Western Health. Patient partners are also being explored for the Patient Safety Working Group, as supported by the literature review that was completed in relation to the Quality

Strategic Issue. In addition, Western Health plans to include patient partners in work with prospective analysis in 2021/22, such as Failure Mode and Effects Analysis, a structured approach to discovering potential failures that may exist.

During 2020/21, a PFCC Newsletter was created to enhance communication with our valued partners during COVID-19. Additionally, senior executive hosted two meetings with patient partners and Community Advisory Committee representatives, in order to provide an opportunity to hear their concerns and to share updates.

Western Health, in partnership with Qalipu First Nation, the Western Regional School of Nursing, Grenfell Campus – Memorial University, and the Mi'kmaq community, started the Journey of Collaboration project thanks to generous funding from the Health Services Integration fund. As part of this project, a Project Coordinator was hired at the start of the 2020/21 fiscal year to lead the project and carry out community engagement to support the project's goals and objectives. The original vision of the project was for the Project Coordinator to do community engagement by having a significant presence in the community, attending community events, and hosting engagement sessions. Due to COVID-19, this vision was adapted to do this engagement virtually over the phone, video calls, emails, and physically distanced interviews. Community engagement was carried out in a phased approach which included initial consultation with community leaders to provide input and feedback as to how to engage the broader Mi'kmaq community meaningfully throughout the project. The subsequent spring and fall engagement sessions provided an opportunity for the Mi'kmaq community to voice their thoughts on the project and for the project Steering Committee to listen and use the information to create a framework to support priorities identified by the community. The framework will be finalized in 2021/22 and will set the foundation for continuous and meaningful partnership with the Mi'kmaq community.

Measurement of client experience is an essential component of quality improvement. A new client/patient/resident experience survey cycle commenced during 2019/20. To date, the Mental Health and Addictions Experience Survey was completed and the survey summary report was finalized and disseminated. The completion of the Long Term Care Experience Survey was delayed due to COVID-19 and will be undertaken in 2021/22. Additionally, plans to introduce a real-time survey process were put on hold in 2020/21 and will be introduced on the Western Health website during 2021/22.

Safety

Client, Patient, Resident, Family, & Visitor

Western Health is committed to providing safe health care to residents of the Western region. Safety is integrated into all programs and services. In addition to the various safety measures implemented in 2020/21 in response to the COVID-19 pandemic, many safety initiatives have been continued or implemented across the continuum of care, including falls prevention, suicide awareness and screening, recognition of clinical deterioration, risk assessment and management, safe client handling, medication documentation standardization, medication reconciliation, and hand hygiene.

Safety indicators are reported by CIHI and include falls in the last 30 days, worsened pressure ulcers, and in-hospital sepsis. According to Table 18, there was an increase in fall rates from 11.1% in 2018/19 to 12.4% in 2019/20 and an increase in the percentage of residents with a worsened pressure ulcer from 1% in 2018/19 to 1.2% in 2019/20. Both indicators are considered statistically lower than the Canadian average.

Table 18. Safety Indicators

Indicator	Western Health	NL	Canada
Falls in the last 30 days in Long Term Care	2016/17 – 13.3% 2017/18 – 13.4% 2018/19 – 11.1%* **2019/20 – 12.4%***	2016/17 – 11.2% 2017/18 – 10.5% 2018/19 – 10.4%* **2019/20 – 10.4%***	2016/17 – 15.9% 2017/18 – 16.3% 2018/19 – 16.7% **2019/20 – 16.7%***
Worsened pressure ulcer in Long Term Care	2016/17 – 1.3% 2017/18 – 0.7% 2018/19 – 1.0%* **2019/20 – 1.2%**	2016/17 – 1.7% 2017/18 – 1.9% 2018/19 – 1.9%* **2019/20 – 1.6%***	2016/17 – 2.8% 2017/18 – 2.8% 2018/19 – 2.7% **2019/20 – 2.6%**
In-hospital sepsis (per 1000)	2016/17 – 4.1 2017/18 – 3.4 2018/19 – 3.6 **2019/20 – 3.2**	2016/17 – 4.4 2017/18 – 3.4 2018/19 – 2.8 **2019/20 – 3.1**	2016/17 – 3.9 2017/18 – 4.0 2018/19 – 3.9 **2019/20 – 3.9**

Source: CIHI, 2021
*Statistically different than Canadian average

In Long Term Care (LTC), preventing falls and reducing injuries associated with falls continues to be a priority. The LTC Falls Risk Committee has been established and meets monthly. This committee is in the process of reviewing best practices and processes to enhance the current Falling Stars Program. Vitamin D plays an important role in keeping a person's bones healthy and strong. It is important to note that an increase in the percentage

of eligible residents taking Vitamin D and calcium supplementation was observed following a steady decline over the preceding four years. There were 83% residents taking Vitamin D and calcium supplementation in 2020/21 compared to 73% in 2019/20 (Western Health, 2021).

In addition to life promotion and suicide prevention initiatives in the community, efforts have continued in 2020/21 to strengthen awareness of suicide risk and screening in LTC. Audit tools were initiated in 2019/20 to evaluate compliance with enhanced suicide risk screening processes on admission, with sites experiencing high compliance rates. An expanded audit tool was created in 2020/21 and will be implemented in April 2021 in all LTC homes in the region.

The in-hospital sepsis rate measures the risk-adjusted rate of sepsis that is identified after admission. The rate is measured per 1000 discharges and a lower rate is better. As shown in Table 18, Western Health's rate was 3.2 in 2019/20, which was a decrease from the rate of 3.6 in 2018/19 and is considered statistically the same as the Canadian average of 3.9.

In 2020/21, work continued on the Regional Deteriorating Patient Initiative. This initiative has two components: National Early Warning Score (NEWS2) and TeamSTEPPS Framework. The NEWS2 involves a standardized assessment tool and response to acute illness. It was developed to facilitate early detection of deterioration by categorizing a patient's severity and prompting staff to request medical review at specific trigger points utilizing a structured communication tool and definitive escalation plan. The TeamSTEPPS Framework has been proven to improve patient safety through effective communication and teamwork skills including teachable, learnable skills that lead to better teamwork, communication, leadership, situation monitoring, and mutual support within and among teams.

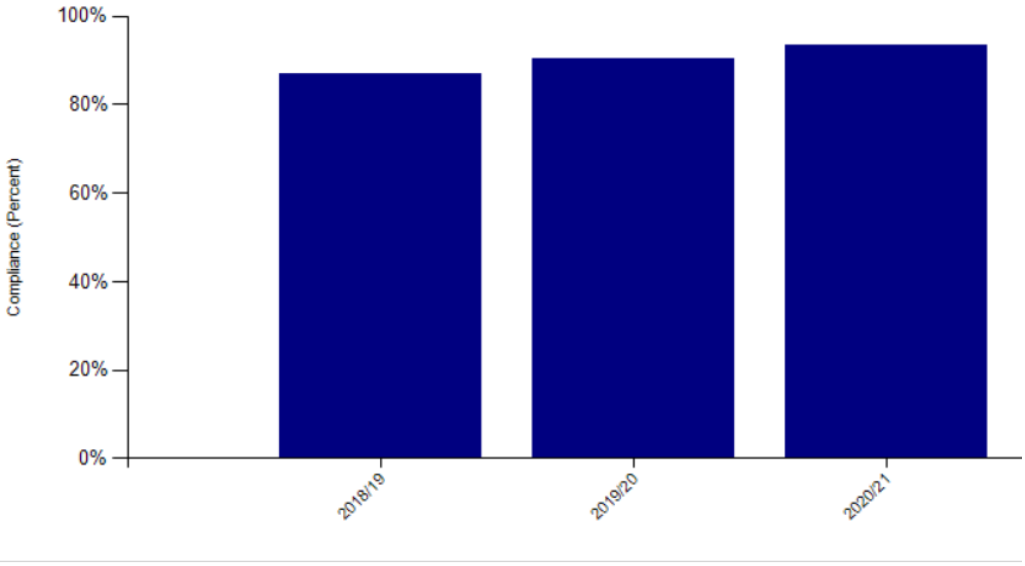
Bonne Bay Health Centre concluded implementation of a safety improvement collaborative with the Canadian Patient Safety Institute (CPSI) focused on implementing NEWS2 and TeamSTEPPS and the initiative was expanded in 2020/21. The regional initiative was implemented in two of the four rural health centres. As part of the Quality Strategic Goal, the initiative will be implemented at Western Memorial Regional Hospital (WMRH), with plans to spread to the two remaining rural health centres and Sir Thomas Roddick Hospital (STRH) by the end of 2021/22. Western Health was successful in receiving a Healthcare Insurance Reciprocal of Canada (HIROC) 2020 Safety Grant of $17,500 to support this work.

The 2020/21 fiscal year was the second year in the four-year cycle of the HIROC Risk Assessment Checklist Program. Risk Assessment Checklists, also referred to as RAC, are innovative tools that enable health care organizations to systematically self-assess compliance with evidence-based mitigation strategies for HIROC's top risks. The top risks are ranked by those which lead to greatest harm and significant medical malpractice claims.

The top three areas of focus (modules) identify a set of mitigation strategies that Western Health will concentrate on implementing over the upcoming year. While there was no change in the overall risk mitigation implementation score, improvements were noted in 15 of the 36 modules, including the three priority areas for 2020/21, which were assisted vaginal deliveries, failure to recognize deteriorating patient, and failure to provide adequate discharge and follow up instructions (Western Health, 2021). The priorities identified for 2021/22 are visitor falls, misinterpretation of laboratory/diagnostic imaging, and failure to perform/communicate critical test results.

Policy direction was implemented to support the Integrated Risk Management (IRM) Framework in 2020/21. The next step for the Framework implementation is the establishment of the Risk Registry, which will be completed in 2021/22 in collaboration with HIROC. The Risk Registry will improve overall monitoring and measuring of risk within programs and services.

Figure 6. Regional Hand Hygiene Compliance – Annual Trends



	2018/19	2019/20	2020/21
Compliance	87.0%	90.4%	93.3%
Observations	22916	24883	23890

Source: Western Health, 2021

The hand hygiene program proved to be a continued success in 2020/21, as compliance with hand hygiene practice has been increasing steadily over the past five years. As outlined in Figure 6, the hand hygiene compliance rate was 93.3% in 2020/21, up from 90.4% in 2019/20. In addition to overall rates improving, unit specific rates have improved and areas where audits were not occurring strived to reach the goal of at least 50 moments of hand

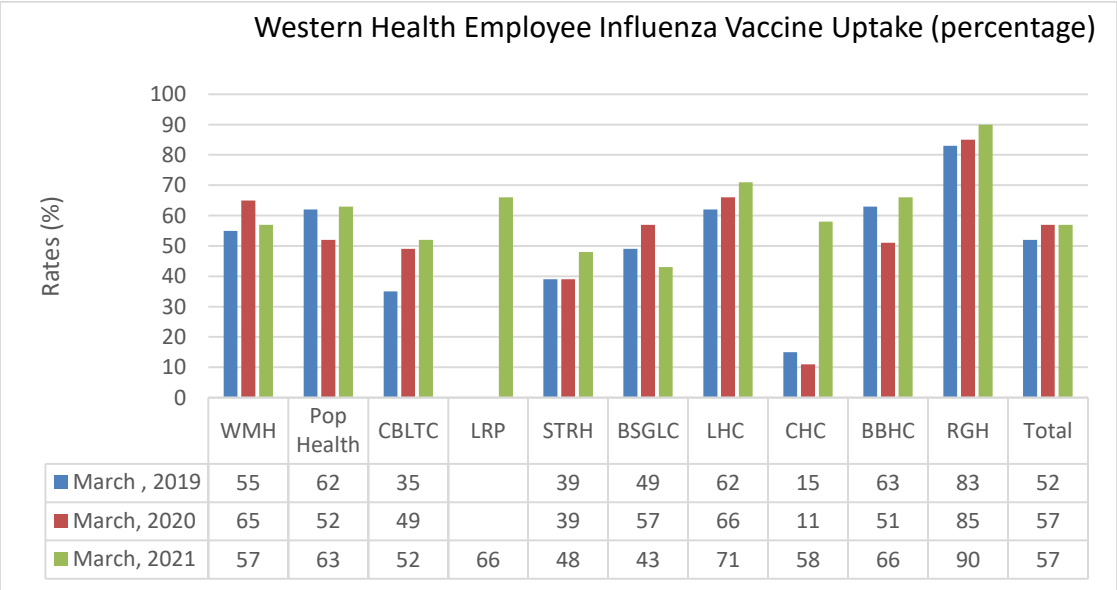
hygiene audited per month. Western Health saw significant improvements in compliance with hand hygiene practices at WMRH and STRH. WMRH improved from 82% compliance to 87% within the last year and STRH climbed from 72% to 90% (Western Health, 2021).

Staff

Western Health is committed to providing a safe environment for all staff. Many of the safety initiatives in 2020/21 centered on supporting staff health and safety in relation to the COVID-19 pandemic, including significant work with IPAC and PPE, expansion of fit testing, COVID-19 related accommodations, the Leadership Support Program, and the COVID-19 Workplace Inspection Checklist, among many others. In addition, many non-pandemic staff safety initiatives were also continued or implemented during the 2020/21 fiscal year, including the Provincial Employee Incident Reporting System (PEIRS), SucSeed in the Workplace, a Gratitude Challenge, and re-administration of the Guarding Minds at Work Staff Survey.

Health care providers recognize the importance of taking measures to protect ourselves and the public from influenza. Western Health offers influenza vaccination to all employees throughout the region. Figure 7 demonstrates uptake of the vaccination by site and overall, for the last three fiscal years. The rate of uptake remained at 57% in 2020/21, following an increase from 52% in 2018/19. The Employee Health and Wellness program at Western Health continues to promote staff vaccination uptake by providing flu shots at all locations.

Figure 7. Staff Influenza Vaccination Uptake



	WMH	Pop Health	CBLTC	LRP	STRH	BSGLC	LHC	CHC	BBHC	RGH	Total
March , 2019	55	62	35		39	49	62	15	63	83	52
March, 2020	65	52	49		39	57	66	11	51	85	57
March, 2021	57	63	52	66	48	43	71	58	66	90	57

Source: Western Health, 2021

The COVID-19 pandemic disrupted Western Health's traditional work arrangements, and prompted the organization to think and act differently. At the outset of the declaration of the public health emergency, a public health directive to send staff home resulted in the implementation of temporary measures to limit staff in workplaces by supporting remote work and alternate and non-traditional schedules. By mid-May 2020, approximately 226 staff were working remotely. As services resumed and additional measures were introduced to keep employees safe, most of these staff returned to work sites by the fall of 2020. This experience enabled a better understanding that working from home might be a viable option for certain positions. Subsequently, a Remote Work Policy was developed and introduced in February 2021 to support these types of arrangements.

A special measures order issued on April 20, 2020 impacted staff and scheduling processes by limiting staff movement between acute care units and LTC and limiting staff who work in LTC homes to work solely in that home. This measure was very important to limit risk of COVID-19 for our most vulnerable populations. However, it also created significant challenges in staffing programs and services. Exemptions were granted in extraordinary circumstances to enable a number of staff in sole positions, such as Allied Health, to provide support across Patient Service and LTC, with implementation of specific risk mitigation strategies.

In response to the many safety questions from staff, physicians and managers related to COVID-19, Occupational Health & Safety (OH&S) collaborated with IPAC to develop a specific workplace inspection related to these hazards. A one-page inspection form was initiated through OH&S Committees and Worker Representatives. This approach was successful in identifying gaps in staff knowledge and disseminating important health and safety information. These inspections were implemented on a weekly basis and then transitioned to a monthly requirement for all departments. The COVID-19 inspection is also incorporated into the bi-annual inspections required through OH&S legislation. As a point of central intake for inquires and questions, Western Health also implemented a toll-free COVID-19 Navigation Line and email address to support staff. There were 146 calls or emails received, with questions related to leave, isolation, PPE use, work from home, access to guidelines, and vaccination (Western Health, 2021).

The COVID-19 pandemic had a significant impact on the health of health care workers as well. In the fall of 2020, Employee Wellness launched a Support Strategy for Leadership. This program consisted of sessions, tools, and resources to assist leaders in maintaining their health and well-being, as well as in supporting their teams. Different topics were covered over a four-week time period, including *Checking In; Supporting Your Staff During a Pandemic; Fostering Respect, Kindness and Happiness*; and *Mindfulness and Self-Care*. In addition, the *Taking Care of You* online session was offered, and a variety of pre-recorded

sessions and videos from MHA and other organizations were shared. With each topic, resources for supporting each other and employees were provided. Ensuring staff are appraised of resources available to support their needs during the pandemic was a focus of EOC communications. The Employee Wellness and MHA programs partnered to support staff wellness messages throughout the year. Each update provided valuable messages on tips for self-care and promoted available resources and psychosocial supports for staff. Furthermore, live webinars were offered to all staff, including *Self-care During a Pandemic, Parenting During a Pandemic*, and *Parenting Tips for Back to School*.

The Disability Management Program faced a significant increase in workplace accommodation requests from employees across the region in relation to the COVID-19 pandemic. In total, the program received 63 COVID-19 related requests and were able to accommodate 43 (Western Health, 2021). To support those who were not approved, the program made connections or redirected staff to organizational resources such as OH&S, IPAC, and the Employee Assistance Program (EAP).

Access

Virtual Care & E-Health

Access is defined by CIHI (2021) as getting needed care at the right time, without financial, organizational, or geographical barriers. The use of virtual care has increased dramatically over the past year. In addition to addressing geographic barriers to improve access, virtual care provided an opportunity for service delivery during times that did not allow for in-person interaction.

As of March 31, 2021, there were a total of 67 telehealth end points/sites throughout the Western region. New telehealth wired-in units were installed in Deer Lake Medical Clinic, Hampden Medical Clinic, Lapoile Medical Clinic, and WMRH Medical Day Care. Virtual care expansion was also supported by the provision of various virtual platforms and portable video equipment (webcams, headsets, and tablets) which enabled connections to virtual care from sites across the region, as well as by staff in remote work arrangements. Table 19 shows the number of virtual care platform accounts/sites within the region as of March 31, 2021. This does not include videoconferencing platform accounts available through other e-health initiatives, such as the 42 provider accounts through MHA's Therapy Assistance Online (TAO) Program. To further enhance client access to virtual care, some programs also acquired equipment to lend to clients for use at home and accessed external programs to provide clients with tablets and cell phones.

Table 19: Virtual Care by Platform/Modality Type, as of March 31, 2021

Virtual Care Platform	Number of sites or units	Use Examples
Jabber	350 individual accounts 190 generic accounts	Used for a variety of programs and services. Available in all rural clinics, LTC sites, and acute care units in health centres.
Zoom for Health Care	60 accounts	
EMR Virtual Visits	27 Clinics	27 clinics on-boarded to the EMR. Services include: Primary Care, Diabetes Services, the BETTER Program, and specialists' services (Pediatrics, Physiatrist, Geriatric Specialty and Gender Clinics)
Telehealth End Points	67	Used to support various programs and specialists' services. Some services require a health care provider with the client at the end point.
iPads	80	iPads with Jabber accounts in all units of Long Term Care sites in the region. Used for Primary Care, Specialists and Allied Health consults, as well as for virtual visitation. All personal care homes have iPads and an attached Primary Care Provider. All Emergency Department and Intensive Care Units are also virtually connected.
Remote Patient Monitoring Program (Eastern)		Currently offering monitoring for COPD patients and COVID + patients.

Source: Western Health, 2021

Virtual care was a significant support for the provision of patient care while adhering to public health measures during the pandemic. Some programs that saw new successes with virtual care include the HFC, the Restorative and Adult Rehab Units, Community Support Program, and Speech-Language Pathology. There was also significant growth in the utilization of virtual care in MHA, Child Management, Occupational Therapy, and Physiotherapy.

A two-part virtual care planning session was held in June 2020. The purpose was to provide information on best practices and standards of virtual care, share virtual care experiences, as well as to inform how virtual care can be operationalized across the region and province to better meet the needs of our clients, patients, residents, and communities. A summary report was prepared and shared with senior executive and the Regional Virtual Care Steering Committee for review and discussion of recommendations.

The heightened reliance on virtual programming and the expanded use of social media inspired the development of many new e-health initiatives in 2020/21. There was a shift toward live and interactive sessions that provide participant engagement using tools such as polling, quizzes, and hand-raising. As a way to provide information and answer questions from residents in the region throughout the year, physicians Dave Thomas and Amy Pieroway hosted live sessions on Facebook. In Health Promotion, new webinars, quick tip videos, and other resources were created and posted online for easy access by staff and the public. Virtual delivery of traditionally in-person programming enabled Western Health to reduce barriers and improve the reach of initiatives beyond the common small group in a singular community to large groups across the full Western region. There was also increased collaboration with other RHAs for the shared promotion and delivery of educational workshops and webinars.

Patients in acute care facilities, residents in LTC, and clients in the Humberwood Centre experienced periods of visitor restrictions throughout 2020/21. In response, Western Health implemented virtual visiting across the region to maintain connections between these individuals and their families, caregivers, and loved ones. This initiative provided support, reduced stress, reduced isolation, and promoted overall well-being. The combined effort of many departments enabled quick implementation of this important initiative. The sites received their equipment and individuals were completing virtual visits within only a few weeks. In LTC, virtual visits were tracked for each site. As shown in Table 20, there were 11,798 virtual visits in 2020/21 through videoconferencing, telephone connections, photo sharing, and email connections. These virtual visits connected families for weddings, birthdays, anniversaries, grandchild introductions, and family gatherings, as well as supported those challenging times of palliation and funerals.

Table 20: Total Long Term Care Virtual Visits

Total Long Term Care Virtual Visits: April 1, 2020 to March 31, 2021										
Type of Virtual Visit	**CBLTC**	**PCRs**	**WLTC**	**BSGLTCC**	**LHC**	**RGHC**	**BBHC**	**CHC**	**RCU**	**TOTAL**
Videoconference	4109	188	433	779	1116	163	244	437	6	**7475**
Telephone	764	0	596	155	449	54	13	297	8	**2336**
Photo Shares	804	67	40	238	82	57	10	485	0	**1783**
Emails	55	11	25	19	2	0	10	82	0	**204**
TOTAL	5732	266	1094	1191	1649	274	277	1301	14	**11798**

Source: Western Health, 2021

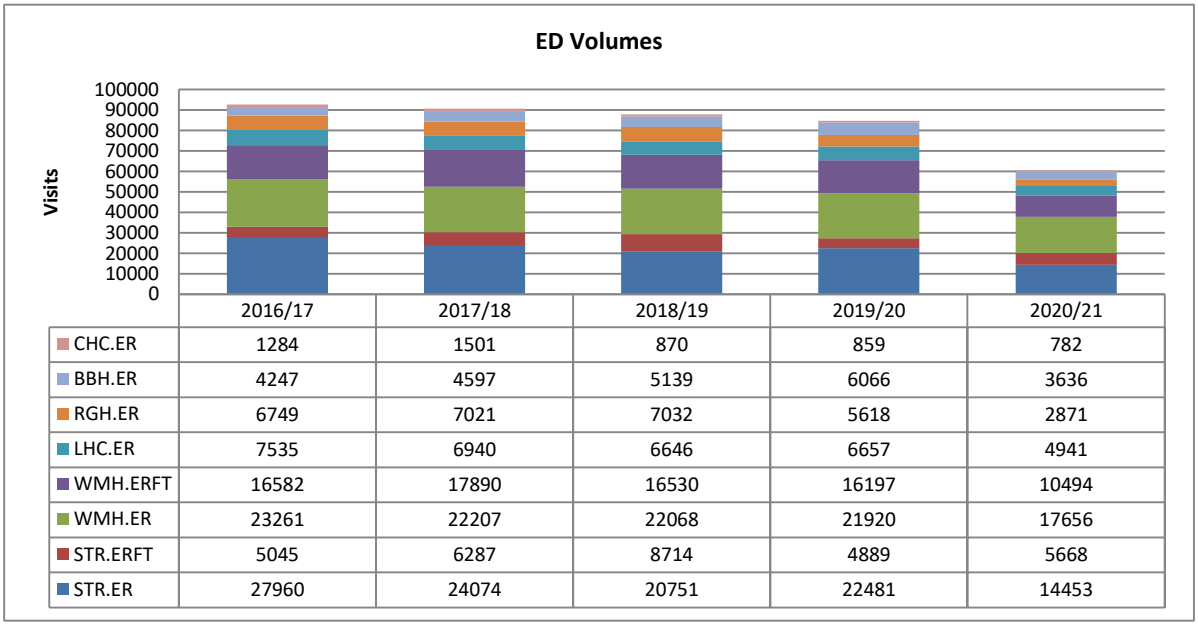
Communicable Disease Control Services

Communicable Disease Control (CDC) Services were significantly enhanced to support the COVID-19 Pandemic. While many of these services began in March 2020, they continued to evolve over the 2020/21 year. New after hours on-call supports were added for Community Health managers, CDC nurses, and Community Health nurses to provide coverage for essential duties during the evenings and weekends. The COVID-19 Intake Line was also operational daily from 8:00am to 8:00pm. There were COVID-19 Testing Sites in Corner Brook and Stephenville operational daily from 8:30am to 4:30pm. Annual influenza and COVID-19 vaccinations were available evenings and weekends in most locations.

Emergency Care

Access to emergency care is a priority within Western Health and Emergency Department (ED) visits continued to be monitored throughout Western Health facilities. Figure 8 outlines patient volumes for EDs at Western Memorial Regional Hospital (WMR), Sir Thomas Roddick Hospital (STR), Dr. Charles LeGrow Health Centre (LHC), Calder Health Centre (CHC), Bonne Bay Health Centre (BBH), and Rufus Guinchard Health Centre (RGH).

Figure 8. ED Volumes by Site



	2016/17	2017/18	2018/19	2019/20	2020/21
CHC.ER	1284	1501	870	859	782
BBH.ER	4247	4597	5139	6066	3636
RGH.ER	6749	7021	7032	5618	2871
LHC.ER	7535	6940	6646	6657	4941
WMH.ERFT	16582	17890	16530	16197	10494
WMH.ER	23261	22207	22068	21920	17656
STR.ERFT	5045	6287	8714	4889	5668
STR.ER	27960	24074	20751	22481	14453

Source: Western Health, 2021

Of note in Figure 8 is that there was significant decrease in visits to the ED and Fast Track in 2020/21. The reduction in visits may be attributed to the lower number of visits to the ED during the pandemic, as this trend was noted across Canada. One initiative in 2020/21 to

address ED volume and wait times focused on appropriateness of care. The ED manager for WMRH collaborated with Clinical Efficiency to explore the reason for visit to the ED and identify the top reasons for potentially inappropriate visits. Discussion took place with stakeholders to share learnings and recommendations for change.

Primary Health Care

Western Health has divided the region into seven Health Neighbourhoods with geographic boundaries to assist in identifying and supporting community needs. Within each Health Neighbourhood, there are Health Homes that provide primary care services (Physician/Nurse Practitioner), as well as Health Hubs that provide additional services and extended hours of operation. In 2020/21, the Primary Health Care program made significant advances in moving the 23 primary care clinics towards becoming Health Homes and started to roll out Health Neighbourhoods to staff and the public.

There are seven Community Advisory Committees (CACs) throughout the Western region; one in each Health Neighbourhood. CACs continued to work with Western Health to enhance patient, client and family experience in 2020/21. A local action plan has been drafted for each Health Neighbourhood, in consultation with the CACs, primary health care teams, community partners, and other local stakeholders.

The new Health Neighbourhood website launched in 2020/21 as part of the Innovation Strategic Goal. The website includes information about the primary care services available within each Neighbourhood, as well as the *Find A Provider* email process whereby individuals who do not have a health care provider can submit their information to be added to a waitlist for attachment in their Health Neighbourhood. As of March 31, 2021, there were 1859 people on the waitlist and the areas with the highest waitlist were Deer Lake, Corner Brook, and Stephenville.

Timely access to care is one of the pillars of the Health Home and a key priority related to the Innovation Strategic Goal. As such, there were several efforts underway in 2020/21 to increase urgent and same day access, as well as evening and weekend access for primary care within each Health Neighbourhood. The intention is for the Health Home Hubs to provide expanded access such as afterhours and open appointments. Throughout the year, all clinics endeavored to accommodate urgent fit-ins and urgent attachment in special circumstances. The level of same day access varied from clinic to clinic and was largely dependent on patient caseload, staffing complement, position vacancies, and coverage arrangements.

Paramedicine also saw substantial changes and growth in service over the past year, with the implementation of an Advance Life Support intercept process at Dr. Charles LeGrow Health Centre and Sir Thomas Roddick Hospital, enhancement of services for two Advanced Care Paramedics (ACP) in Burgeo and Cow Head to work to their full scope of practice, utilization of paramedicine staff to support flu shot and COVID-19 immunization clinics, and trialing of the use of an ACP to compensate for the absence of a back-up Emergency Room physician at LeGrow Health Centre. In addition, the temporary relocation of the Advance Care Paramedic at Calder Health Care Centre, as well as training this provider as a BETTER practitioner, supported preventative health care for the residents of Burgeo and resulted in a reduction of the use of RN escorts required to be sent from Calder Health Centre.

Mental Health & Addiction Services

The overall median wait time (MWT) for MHA services for adults decreased from 26 days in 2019/20 to 24 days in 2020/21. The overall MWT for children/youth increased from the previous 24 days to 27 days in 2020/21. The MWT for children/youth for priority one referrals was reduced 17.5 days from the previous 20 days. In comparison, the MWT for adult priority one referrals increased from 15 days in 2019/20 to 20 days in 2020/21. As of March 31, 2021, there were 369 clients awaiting services in the region, as opposed to 171 clients on March 31, 2020, which is a 116% increase. This includes all clients waiting, including clients awaiting intake. Most of those individuals were waiting for Mental Health Services in Corner Brook and Stephenville. Many programs have no wait list, including ODT, FACT, many Addictions caseloads, and rural offices. Blomidon Place had significant success in reducing the waitlist. As of March 31, 2021, there were 5 people waiting with a median wait time of 20 days (Western Health, 2021).

Appropriateness and Effectiveness

Appropriateness and effectiveness are defined by CIHI as providing care to only those who could benefit, thus reducing the incidence, duration, intensity, and consequences of health problems (CIHI, 2021). Performance indicators are monitored by CIHI to assess health care appropriateness and effectiveness (Table 23). Compared to Canada, Western Health is performing on average or better for all patient readmitted to hospital, medical patients readmitted to hospital, obstetric patients readmitted to hospital, surgical patients readmitted to hospital, potentially inappropriate use of antipsychotics in LTC, and low risk caesarean sections. However, Western Health is statistically significantly higher than the Canadian average for hospital standardized mortality ratio (HSMR), hospital deaths

following major surgery, ambulatory care sensitive conditions (ACSC), restraint use in Long Term Care, and high users of hospital beds (CIHI, 2021).

Table 23. CIHI Appropriateness and Effectiveness Performance Indicators

Indicator	Western Health	NL	Canada
Hospital Standardized Mortality Ratio (HSMR)	2016/17- 108* 2017/18- 87 2018/19 – 103 **2019/20 – 112***	2016/17- 118* 2017/18- 109* 2018/19 – 116* **2019/20 – 117**	2016/17- 91 2017/18- 89 2018/19 – 97 **2019/20 - 95**
All patients readmitted to hospital (%)	2016/17- 8.3 2017/18- 8.2* 2018/19 – 8.9 **2019/20 – 9.2**	2016/17- 9.0 2017/18- 9.2 2018/19 – 9.3 **2019/20 – 9.5**	2016/17- 9.2 2017/18- 9.2 2018/19 – 9.4 **2019/20 – 9.5**
Hospital deaths following major surgery (%)	2016/17- 2.4 2017/18- 1.5 2018/19 – 1.0 **2019/20 – 2.2***	2016/17-2.1 2017/18- 2.1* 2018/19 – 1.7 **2019/20 – 1.8**	2016/17- 1.6 2017/18- 1.6 2018/19 – 1.6 **2019/20 – 1.5**
Medical patients readmitted to hospital (%)	2016/17- 12.4 2017/18- 12.2* 2018/19 – 12.8* **2019/20 – 13.4**	2016/17- 13.4 2017/18- 13.9 2018/19 – 13.7 **2019/20 – 14.3**	2016/17- 13.7 2017/18- 13.7 2018/19 – 14.1 **2019/20 – 14.2**
Obstetric patients readmitted to hospital (%)	2016/17- 1.3 2017/18- 1.3 2018/19 – 1.5 **2019/20 – 1.9**	2016/17- 2.4 2017/18- 2.3 2018/19 – 2.5 **2019/20 – 2.9**	2016/17- 2.1 2017/18- 2.1 2018/19 – 2.2 **2019/20 – 2.2**
Surgical patients readmitted to hospital (%)	2016/17- 6.3 2017/18- 6.6 2018/19 – 6.5 **2019/20 – 6.9**	2016/17- 6.8 2017/18- 6.5 2018/19 – 2.5 **2019/20 – 6.5**	2016/17-6.9 2017/18- 6.8 2018/19 – 2.2 **2019/20 – 6.8**
Pediatric patients readmitted to hospital (%)	2016/17- 7.7 2017/18- 6.2 2018/19 – 7.6 **2019/20 – 7.4***	2016/17- 6.6 2017/18- 6.1 2018/19 – 7.2 **2019/20 – 6.8**	2016/17 – 6.9 2017/18- 6.9 2018/19 – 6.9 **2019/20 – 6.9**
Hospitalizations for ambulatory care sensitive conditions (ACSC) (per 100,000)	2016/17- 548* 2017/18-534 2018/19 – 561* **2019/20 – 502***	2016/17- 442* 2017/18-443 2018/19 – 437* **2019/20 - 415**	2016/17- 325 2017/18-327 2018/19 – 326 **2019/20 - 316**
Low-Risk Caesarean Sections (%)	2016/17- 25.4* 2017/18-6.1 2018/19 – 27.4* **2019/20 – 6.1***	2016/17- 16.5 2017/18-14.7 2018/19 – 18.3 **2019/20 – 12.3**	2016/17- 15.6 2017/18-16.2 2018/19 – 16.3 **2019/20 - 16**

Indicator	Western Health	NL	Canada
Potentially Inappropriate Use of Antipsychotics in Long Term Care (%)	2016/17- 36.6* 2017/18- 32.4* 2018/19 – 27.1* **2019/20 – 20.3**	2016/17- 38.3* 2017/18- 35.4* 2018/19 – 28.2* **2019/20 – 23.1**	2016/17- 21.9 2017/18- 21.1 2018/19 – 20.7 **2019/20 – 20.2**
Restraint Use in Long Term Care (%)	2016/17- 19.9* 2017/18- 9.0* 2018/19 – 8.2* **2019/20 – 7.0***	2016/17- 14.2* 2017/18- 12.1* 2018/19 – 12.4* **2019/20 – 11.1**	2016/17- 6.5 2017/18- 5.7 2018/19 – 5.2 **2019/20 – 4.6**
High users of Hospital Bed (per 100)	2016/17- 5.4* 2017/18-5.1 2018/19 – 5.3* **2019/20 – 5.4***	2016/17- 4.6 2017/18-4.7 2018/19 – 4.7 **2019/20 – 4.8**	2016/17- 4.5 2017/18-4.5 2018/19 – 4.6 **2019/20 – 4.7**

Source: CIHI, 2021

*Statistically different than Canadian average

Ambulatory Care Sensitive Conditions

Western Health expanded and implemented programs and services in 2020/21 to help patients and providers better manage chronic diseases. In addition to the continued implementation of the Primary Care Health Neighbourhoods and Health Hubs, Remote Patient Monitoring Programs (RPM) have been established for COPD and Peritoneal Dialysis. Further utilization of RPM programming is being explored. In August 2020, Diabetes Services rolled out the EMR in their program area. Diabetes Services also began piloting a flowsheet of clinical practice guidelines built into the EMR that was created in a partnership of Diabetes Canada and the eDOCSNL provincial EMR program. Western Health has been working to increase uptake of patients on the Peritoneal Dialysis Program. Western Health is also currently exploring options to broaden the Home Dialysis Program to include the option of Home Hemodialysis for patients in the Western region.

Patient Flow

The organization has continued to implement strategies to improve patient flow. While many of the patient flow indicators are reported through the Medicine Program, flow within acute care units is a continuous collaborative effort across all disciplines, programs, and facilities.

An overflow area includes beds that are not included in a facility's normal operating capacity. Admissions to overflow areas of WMRH decreased from 192 admissions in 2019/20 to 20 admissions in 2020/21. However, the associated number of patient days in overflow areas increased from 487 in 2019/20 to 494 in 2020/21 (Western Health, 2021). Of note is that,

due to pandemic protocol, an overflow unit was used for isolation. This need was created by the limited capacity on inpatient units during this time.

Length of stay (LOS) is the total length of time that a patient is occupying an acute care bed, from admission to discharge. Average length of stay (ALOS) is the average length of stay of all patients, while acute average length of stay (Acute ALOS) is the average length of acute days for patients in hospital. Western Health also calculates the expected length of stay (ELOS) for all patients. ELOS is calculated based on the patient's diagnosis, age category, and resource intensity. ELOS is modeled country wide and is used as an indicator of acute care efficiency. As outlined in Table 21, the regional Acute ALOS decreased from 7.8 in 2019/20 to 7.1 in 2020/21. In addition, along with a decrease in the overall ALOS from 13.6 in 2019/20 to 13.1 in 2020/21, the variance between the between the ELOS and the Acute ALOS also decreased from 2.7 days in 2019/20 to 1.8 days in 2020/21. Both of the decreases above show that not only those in acute care closer to matching benchmarked standards for length of stay in hospital but also that those non-acute patients in hospital are being discharged faster. This could include those going home with supports or those who go to LTC or a personal care home (PCH). The Estimated Date of Discharge (EDD) project continued to expand in 2020/21. Some initiatives included new provider order forms that now print via E-Forms, badge buddies with a quick-reference to ELOS for top admissions, and updating of the EDD dashboard to provide real time data.

Alternate level of care (ALC) patients are those who are in hospital for a non-acute reason. These patients may have originally been admitted for an acute reason but are now medically stable and waiting discharge for reasons such as LTC/PCH placement, home supports, or a variety of other reasons. ALC is monitored and reported daily and monthly to the provincial Department of Health and Community Services. Table 21 also show that the ALOS for ALC cases decreased from 42.1 days in 2019/20 to 39.5 days on 2020/21. The number of ALC cases and days also decreased. In 2019/20, there were 618 ALC cases and 26,015 associated days. In comparison, there were 610 ALC cases and 24097 associated days in 2020/21. This reflects a trend that patients who were designated as ALC remained in acute care for less days with a lower length of stay. The decrease in ALC cases reflected activity within the Medicine Program and provincial work to ensure appropriate designation of ALC cases, as well as work related to complex cases and transfer to appropriate post discharge destination.

Table 21. Patient Flow Indicators

Fiscal Year	Institution Name	ALOS	ELOS	Acute ALOS	ALC ALOS	ALC Cases	ALC Days
17/18	BBH	26.27	4.69	8.89	140.21	14	1963
	CHC	9.51	4.16	5.78	62.50	4	250
	CLHC	8.67	4.71	5.22	26.06	54	1407
	RHC	8.55	3.70	6.80	33.78	9	304
	STR	15.39	5.66	9.90	47.56	91	4328
	WMR	14.99	4.95	8.55	75.71	224	16959
	17/18 Total	**14.40**	**4.99**	**8.37**	**63.66**	**396**	**25211**
18/19	BBH	18.31	5.05	7.91	89.00	16	1424
	CHC	9.75	4.69	6.48	43.80	5	219
	CLHC	11.01	4.92	5.66	34.45	60	2067
	RHC	9.39	3.64	6.51	74.86	7	524
	STR	13.19	5.23	9.33	39.75	83	3299
	WMR	14.23	5.10	7.64	58.48	320	18712
	18/19 Total	**13.62**	**5.04**	**7.73**	**53.45**	**491**	**26245**
19/20	BBH	12.90	4.94	5.91	41.90	21	880
	CHC	10.57	3.70	5.76	49.00	5	245
	CLHC	7.84	4.16	4.80	18.51	72	1333
	RHC	5.99	3.49	5.66	14.67	3	44
	STR	12.83	5.23	9.72	24.11	107	2580
	WMR	15.18	5.35	7.93	51.06	410	20933
	19/20 Total	**13.63**	**5.12**	**7.80**	**42.10**	**618**	**26015**
20/21	BBH	11.61	5.02	5.93	38.60	15	579
	CHC	15.79	5.03	8.00	73.20	5	366
	CLHC	7.20	4.25	4.92	19.23	48	923
	RHC	8.25	3.42	6.18	17.58	12	211
	STR	11.65	5.36	8.36	26.12	86	2246
	WMR	14.50	5.46	7.23	44.53	444	19772
	20/21 Total	**13.08**	**5.26**	**7.14**	**39.50**	**610**	**24097**

Institution Name:

BBH - Bonne Bay Health Centre
CHC - Calder Health Centre
CLHC - Dr. Charles LeGrow Health Centre
RHC - Rufus Guinchard Health Centre
STR - Sir Thomas Roddick Hospital
WMR - Western Memorial Regional Hospital

Indicators:

ALOS - Average Length of Stay (all patients)
ELOS - Expected Length of Stay (all patients
Acute ALOS - Average Length of Stay for all acute care days
ALC ALOS - Average Length of Stay for all Alternative Level of Care days
ALC Cases - Alternate Level of Care (total cases with at least 1 ALC day)
ALC Days - Alternate Level of Care (total days coded as ALC)

Source: Western Health, 2021

Care of the Older Adult

In continuation of work from the prior strategic issue of Care of the Older Adult, significant efforts were placed on implementing the Home First approach to care and on improving discharge planning in LTC during 2020/21. The goal is that these services will support those within our communities to remain at home and to avoid unnecessary acute and institutional care.

Table 22. Hospital stay (days) extended until home care service or supports ready

Western Health	NL	Canada
2017/18 – 27.5 2018/19 – 18 **2019/20 – 13**	2017/18 – 8 2018/19 – 8 **2019/20 – 7**	2017/18 – 8 2018/19 – 8 **2019/20 – 8**

Source: CIHI, 2021

As indicated in Table 22, Western Health has continued to decrease the median number of days that patients remain in hospital when no longer requiring it, until home care services or supports are ready. While this remains higher than the provincial and national average, this number has decreased significantly, reduced to 13 days in 2020/21 from 27.5 days in 2017/18. Information related to patient flow, such as ALC awaiting Home Support or LTC, is distributed to key Western Health leadership on a regular basis to support operations.

While referrals from acute care facilities to LTC increased by 11.2% in 2020/21, referrals from Community to LTC decreased by 32.1% (Western Health, 2021). Home First services were further expanded in 2020/21, with the addition of after-hours supports by Community Support social workers in September 2020, the initiation of a 6-month pilot of on-call services by Community Support nurses in February 2021, and the development of a Home First policy for Western Health. In 2020/21, referrals to the Home First increased by 2.3% (Western Health, 2021).

Improvements in bed turnaround times were sustained in LTC, with significant efforts to increase family/next of kin involvement. There was an overall increase in the number of residents who moved into LTC, with 269 admissions during 2020/21 compared to 192 in 2019/20 (Western Health, 2021). The wait list was reduced after the opening of 60 new LTC beds at Western LTC Home. As outlined in Table 23, the median wait time for placement decreased from 58 days in 2019/20 to 38 days in 2020/21. Variability was seen in wait times, however, ranging from 14 days for Bay St. George LTC to 151 days for Calder Health Centre.

Table 23. Median Wait Times (days) to Access Institutionally Based LTC from Approval to Placement

Site	2015/ 16	2016/ 17	2017/ 18	2018/ 19	2019/ 20	2020/ 21
Corner Brook Long Term Care Home	304.5	170.5	179.5	164	150	**48**
Bay St. George Long Term Care Centre	11	96	54	47	26	**14**
Calder Health Centre	6	8	40	35	5.5	**151**
Dr. Charles LeGrow Health Centre	2	3	5.5	10	7	**20**
Rufus Guinchard Health Centre	39	259	45	171	6	**72**
Bonne Bay Health Centre	231	594	568.5	No admissions*	530	No admissions*
Overall	19	110.5	140	106	58	**38**

Source: Western Health 2021

*Wait times are based on original placement to LTC

In addition to the initiatives from the previous strategic issue, the SmART Aging Project was implemented to reach socially and geographically isolated older adults, including older adults with mild to moderate frailty or mild to moderate cognitive decline. The project was a partnership between Western Health, Gros Morne Summer Music and the Western Regional School of Nursing, and was supported by the Centre for Brain Aging and Health (CABHI) Spark Program. Eight sessions were delivered virtually and included a variety of artistic approaches to enhance cognitive health and allow for social engagement through activities that keep participants' minds active and stimulated.

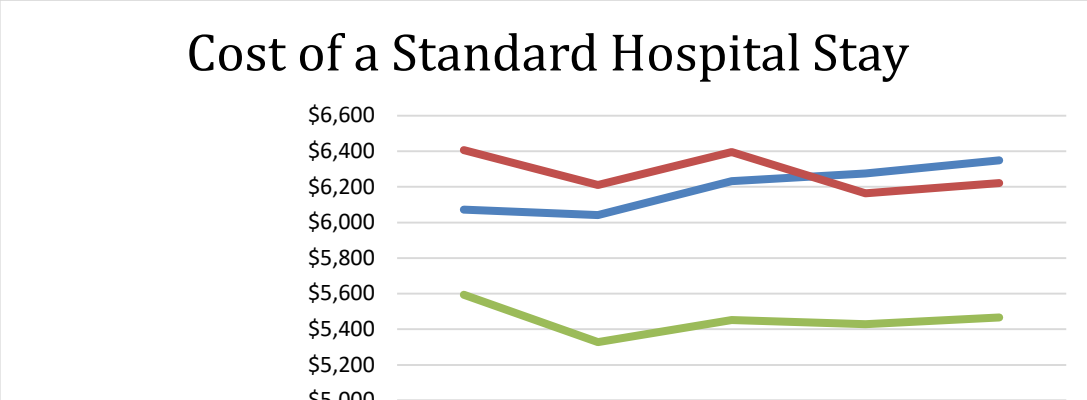
Efficiency

Health care spending has trended upwards since 1975 and it was forecasted that Canada will spend $265.5 billion, or $7,064 per person on health care in 2019. This represents 11.5% of Canada's Gross Domestic Product (GDP). As of early October 2020, COVID-19–related health funding announced by federal, provincial and territorial levels of government amounted to more than $29 billion (CIHI, 2021).

Newfoundland and Labrador continues to spend more on health care than the national average, with a revised estimated health expenditure of $8,598 per person in 2019, compared to $8,039 in the previous period (CIHI, 2021). As outlined in Figure 9, Western

Health's average cost of a hospital stay has remained lower than NL and Canada. However, opportunities exist to further improve efficiency within the organization.

Figure 9. Cost of a Standard Hospital Stay



	2015/16	2016/17	2017/18	2018/19	2019/20
Canada	6072	6042	6232	6275	6349
Newfoundland and Labrador	6406	6210	6396	6164	6221
Western Health	5594	5328	5452	5428	5466

Source: CIHI, 2021

To ensure efficiency, an organization needs to be able to measure performance in program areas through the use of key performance indicators and comparative information. Western Health worked with Benchmark Intelligence Group (BIG) in 2020/21 to access healthcare performance data across multiple jurisdictions. As the data is analyzed, it will support the identification of opportunities for efficiencies and assist with program planning through the identification of new technology, equipment, and processes for ongoing improvement.

Missed appointments or "no-shows" are a reality in health care. The burden associated with missed appointments can affect not only patient outcomes but also place additional the demand on wait times for appointments. The Automated Notification System (ANS) is a reminder system which sends a notification of an upcoming appointment to a patient/client via the method of their choice (phone or text). This system allows the patient the opportunity to either confirm or cancel their appointment. A cancelled appointment provides the opportunity for program area to book another individual into the unfilled appointment.

Supporting the reduction of no shows in clinical areas through implementation of the ANS remains a priority within Western Health. The MHA program in Stephenville was fully implemented with ANS as of February 2021. Work will be ongoing in 2021/22 to implement ANS with the Corner Brook MHA program. The implementation of ANS is ongoing, in partnership with the Department of Health and Community Services. Other priority areas will be identified based on consultation and ongoing evaluation of readiness.

Lean education supports the development of an in-depth comprehensive set of skills related to continuous process improvement. Western Health has supported efficiency through implementation of projects utilizing Lean process improvement methodology. In 2020/21, two Western Health staff initiated their Lean Six Sigma Green Belt certification. To support this work, a network of other Green Belt candidates was created through a partnership between Red Deer College, the College of the North Atlantic, New Brunswick Community College, KPMG, and Western Health. The projects of the two Green Belt candidates from Western Health will continue into the next fiscal year.

Western Health has also nominated a Green Belt staff to complete the Lean Black Belt program, with initial consultations taking place in February 2021. To date, 36 staff have completed the Western Health Novice Yellow Belt program.

Staff Engagement and Experience

Engagement is a state of emotional and intellectual involvement that motivates employees to do their best work. Western Health's Engagement Strategy outlines four broad objectives crafted in response to areas of concern identified in the 2016 Employee Engagement Survey as well as from feedback obtained through yearly stakeholder engagement sessions. Objectives for 2020/21 included improving work-life balance, improving health and safety, increasing opportunities for learning and development, and increasing access to Senior Executive.

Throughout 2020/21, the Engagement Committee, led by Human Resources, supported and led many pieces of work that have helped the organization to achieve success towards all four objectives. Some of these initiatives included the development of a remote work policy, establishment of a Regional Scheduling Working Group, preparation for implementation of the Integrated Capacity Management system, implementation of a COVID-19 specific workplace inspection, development of physical activity at work guidelines, continued efforts to expand LEADS and Lean training, development of a funding proposal to enhance access to professional development opportunities for employees, continued promotion of the Professional Practice Newsletter, and continuation of inter-professional education rounds. The addition of union leadership on the Engagement Committee assisted in the advancement of the organization's Engagement Strategy, with transparency and open communication being fundamental pillars in this Strategy.

Throughout 2020/21, Western Health's senior executive hosted 28 staff meetings and 21 leadership meetings, with excellent participation. In November 2020, Kincentric, a third-party organization, administered the 2020 Employee Engagement Survey. Results will be

shared in 2021/22. These results, along with other information gathered though a review of internal and external data, will be used to inform an Our People Scan. The scan will support the identification of key priorities to support achievement of outcomes in the Our People Strategic Goal.

Conclusion

Western Health had many accomplishments and successes during the 2020/21 fiscal year. The COVID-19 pandemic presented many challenges but also provided an opportunity to think differently, be creative, and find new ways to effectively engage clients and staff in the delivery of high quality services. The pandemic-related safety measures and restrictions will continue to challenge the health care system during the upcoming year. Necessary changes and restrictions required during outbreak and alert level changes are anticipated to be ongoing and will be challenging for health care workers, clients, and families. In addition, there are several challenges and opportunities that are common across the organization's branches such as an aging population, high incidence of chronic disease, operational efficiency, staff engagement, patient safety, and improving access to health services. Western Health will continue to work together with our staff, as well as clients, patients, and families, to ensure the best possible care is delivered in the changing environment.

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