2015-16 ANNUAL PERFORMANCE REPORT

Western Health

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Woody Point, with The Tablelands in the background.

MESSAGE FROM THE BOARD CHAIR

It is my pleasure, on behalf of the Board of Trustees of Western Health to present our Annual Performance Report for the year 2015-16. This is our eleventh Annual Performance Report as an integrated health authority. Western Health is a Category One Public Body under the *Transparency and Accountability Act*. The publication of this report is in keeping with the legislative guidelines. In accordance with the requirements of the *Act*, the Board accepts accountability for the results published in this Annual Performance Report.

In addition to myself, the members of the Board of Trustees in 2015-16, were Dr. Tom Daniels, Mr. Don Fudge, Mr. Brian Hudson, Mr. David Kennedy, Ms. Sonia Lovell, Mr. Tom O'Brien, Mr. Richard Parsons, Mr. Sheldon Peddle, Mr. Ralph Rice, Mr. Colin Short and Ms. Regina Warren.

The Board of Trustees continues to engage with communities in our region and began a new Community Health Needs and Resources Assessment Survey. As well, as part of our commitment to accountability, the Board of Trustees reviewed and revised bylaws for the Board, the Foundations and Auxiliaries over this past year. On February 18, 2016, the Board of Trustees met with the Honourable Dr. John Haggie, Minister of Health and Community Services. The session included the Board of Trustees, senior executive members from Western Health and the Deputy Minister of the Department of Health and Community Services. The Board of Trustees appreciated the opportunity to discuss shared commitments and priorities.

The Board is pleased to share some of the accomplishments of staff, physicians, volunteers, and partners for fiscal year 2015-16, and acknowledges their commitment and dedication to enhancing the health and well being of the people of Western Newfoundland. On behalf of the Board of Trustees, I would like to take this opportunity to extend our sincere appreciation to them. In 2016-17, we will continue to work together to further achievements related to our strategic goals.

With Sincere Best Wishes,

Tony Genge, PhD

A physiotherapy session.

MESSAGE FROM THE VICE CHAIR

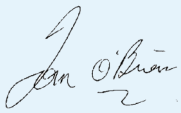
Dr. Anthony Genge was appointed Chair Designate of the Western Regional Integrated Health Authority in November 2004 with the amalgamation of Western Health Care Corporation and Health and Community Services Western. Dr. Genge remained chair of Western Health until his resignation effective April 1, 2016, and subsequently passed away on July 6, 2016.

On behalf of the Board of Trustees, I would like to take this opportunity to extend our sincere appreciation for the leadership that Dr. Genge provided during his time as Chair. Dr. Genge was an exceptional mentor and we will miss his tremendous dedication to the Board of Trustees. Dr. Genge always had compassion for others and cared for the concerns of residents throughout the Western region. We will continue with the work that began under his leadership to further achievements related to our strategic goals.

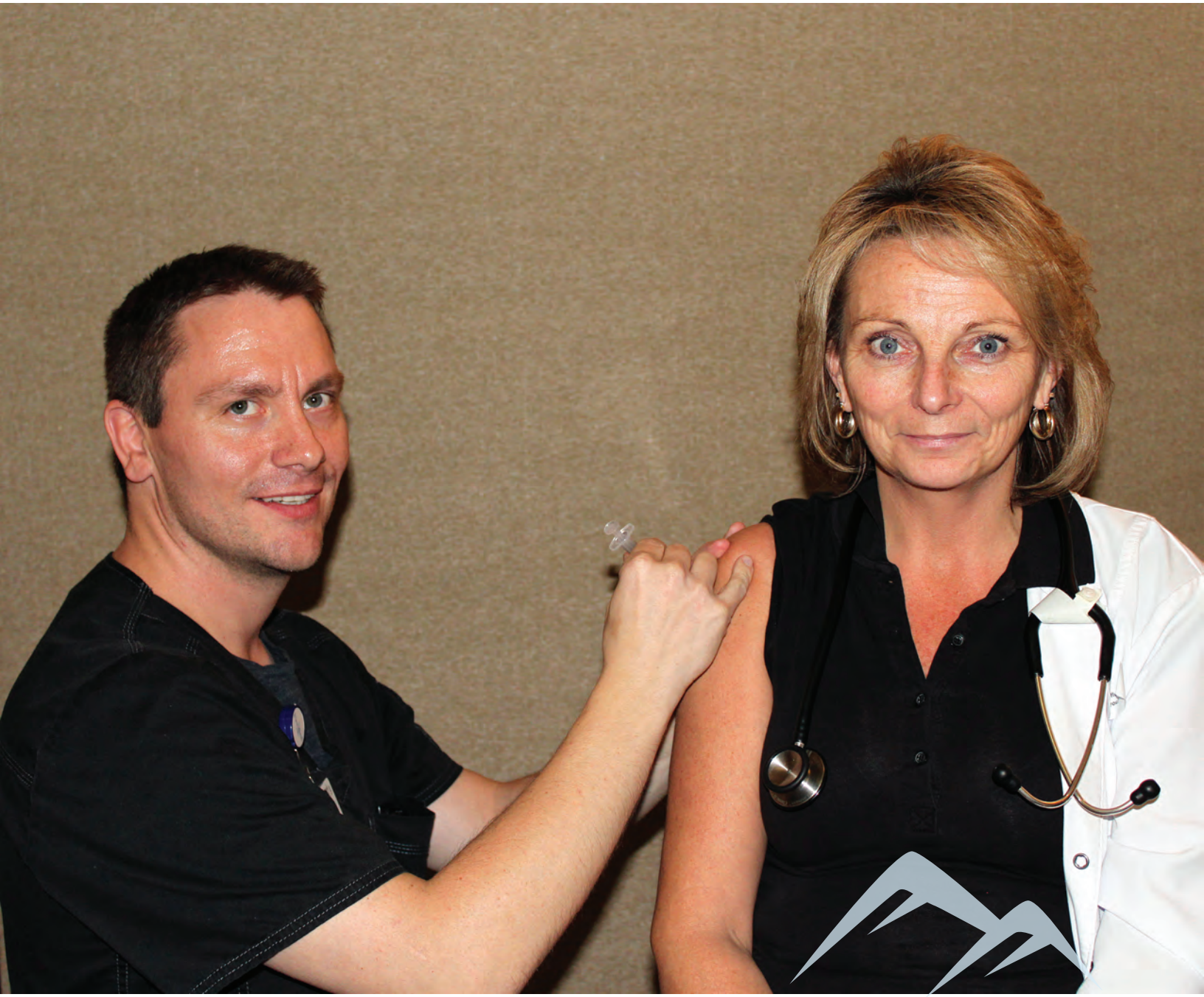
I would like to reiterate Dr. Genge's appreciation for the staff, physicians, volunteers, and partners for fiscal year 2015-16 and acknowledge their commitment and dedication to enhancing the health and well being of the people of Western Newfoundland.

In accordance with the requirements of the *Transparency and Accountability Act*, the Board accepts accountability for the results published in this Annual Performance Report.

With Sincere Best Wishes,



Tom O'Brien



Employee Influenza Prevention campaign.

OVERVIEW

The **vision** of Western Health is that the people of Western Newfoundland have the highest level of health and well being possible - *Your Health Our Priority*. In the pursuit of the vision, the following **mission statement** was determined to provide direction until March 31, 2017: Western Health will have enhanced programs and services, in priority areas, to address the population health needs within the Western region.

The **mandate** of Western Health is derived from the *Regional Health Authorities Act* and its regulations. Western Health is responsible for the delivery and administration of health and community services in the Western Health region in accordance with the above referenced *Act*. Western Health's full mandate is delineated in its current strategic plan for April 2014 to March 2017.

Western Health provides a continuum of programs and services, within allocated resources, to the people of Western Newfoundland. In 2015-16, Western Health had a budget of $367 million with most of its revenue coming from provincial plan funding through the Department of Health and Community Services. Major expenditures include: salaries, direct client payments, fixed capital costs and diagnostic and therapeutic services. An additional breakdown of Western Health's budget and expenditures can be found in the audited financial statements for 2015-16 (see page 58).

Western Health provides health and community services from 24 office sites, 26 medical clinics (including travelling clinics), and eight health facilities (see Western Health Regional Map, page 14). Its regional office is located in Corner Brook. The organization employs over 3,100 employees; approximately 79 per cent of employees are female. There are currently approximately 1,600 volunteers with Western Health who assist in delivering a number of programs and services and special events, which enhance the quality of life for patients, residents and clients.

Western Health is committed to a population health approach to service delivery. Inherent in all lines of business is the need for learning and education in its broadest context. An interdisciplinary team of health professionals, support staff and partners provide the care and services required to meet the mandate of Western Health.

Western Health accomplishes its mandate through six **lines of business**:

- promoting health and well being;
- preventing illness and injury;
- providing supportive care;
- treating illness and injury;
- providing rehabilitative services;
- administering distinctive provincial programs.

OVERVIEW

A. Promoting Health and Well Being

Health promotion is a process of supporting, enabling and fostering individuals, families, groups and communities to take control of and improve their health. Health promotion services address healthy lifestyles, stress management, supportive environments and environmental health. Strategies include working with partners to improve the health of citizens by:

- providing healthy public policy;
- strengthening community action;
- creating supportive environments.

As some of the highlights and accomplishments will suggest, health promotion activities are integrated throughout all lines of business within Western Health.

B. Preventing Illness and Injury

Prevention services offer early intervention and best available information to members of the public to prevent the onset of disease, illness and injury, and/or the deterioration of well being. Available services vary depending on the incidence or potential for disease, illness or injury found in specific areas. Services include but are not limited to:

- screening such as cervical, colorectal and breast screening;
- injury prevention activities such as helmet safety, water safety and violence prevention.

In 2015-16, a program was initiated with the support of Eastern Health which enables all premature babies in the area to receive their immunizations in the outpatient department at Sir Thomas Roddick Hospital.

Health protection services identify, reduce and eliminate hazards and risks to the health of individuals in accordance with current legislation. There is a formal memorandum of understanding in place with Service NL to support and/or monitor health protection activities including licenses, permits and inspections of food establishments, waste management and swimming pools. The main components of health protection are:

- communicable disease surveillance and control;
- immunization;
- monitoring environmental health factors such as water safety and food sanitation;
- disaster planning.

C. Providing Supportive Care

Western Health provides a broad range of supportive services across the continuum of care and lifespan within provincial guidelines, organizational policies, legislation and resources. This includes the provision and/or coordination of access to an array of services generally at the community level, as determined by a professional needs assessment and/or financial means assessment. Supportive care promotes the safety, health and well being of the individual by supporting the existing strengths of the individual, family and community.

Individual, family and community supportive services make up a considerable component of the work of Western Health. These include:

- maternal, child and family health;
- services to families of infants, preschool and school age children who have, or are at risk of, delayed development;
- services to clients who require support as a result of family and/or social issues;
- services to clients with physical and/or cognitive disabilities;
- elder care services including community outreach services;
- mental health and addictions services including specialized services such as Blomidon Place, Humberwood Treatment Centre, West Lane Recycling Program and Sexual Abuse Community Services (SACS);
- home support services;
- community health nursing including immunization, child health and school health;
- health care supplies and equipment;
- respite, convalescent and palliative care services;
- chronic disease prevention and management.

Long term care and residential services encompass an extensive range of Western Health's supports and partnerships including:

- long term care homes;
- seniors cottages and congregate living;
- monitoring of personal care homes;
- alternate family care;
- monitoring of residential services;
- monitoring of transition house;
- hostel accommodations.

OVERVIEW

Western Health has one strategic issue related to enhancing cardiovascular programs and services as part of its provision of supportive care for chronic disease prevention and management. The update on progress with respect to this strategic issue is discussed in the Annual Report on Performance section.

D. Treating Illness and Injury

Western Health investigates, treats and cares for individuals with illness and injury. These services are primary and secondary in nature and are offered in selected locations. These services can also be accessed on an emergency or routine basis.

Primary and secondary services include:

- medical services including internal medicine, family medicine, psychiatry, pediatrics, nephrology, neurology, dermatology, medical oncology including chemotherapy, physiatry, gastroenterology, cardiology, intensive care, renal dialysis, and palliative care;
- surgical services including anesthesiology, general surgery, orthopedics, urology, ophthalmology, otolaryngology, obstetrics and gynecology, colposcopy, vascular and dental;
- maternal child services including obstetrics and pediatrics;
- hospital emergency services including emergency room services, ambulance services and other client transport and the monitoring of community based, private provider and hospital based emergency medical services;
- ambulatory services including day procedures, surgical day care, endoscopic services, diagnostic and laboratory services, specialist clinics both regular and visiting, diabetes education, cardio-pulmonary services, nutritional services and a variety of clinical support services;
- treatment services by physicians, nurses and/or nurse practitioners including primary health care services are available in a number of medical clinics and community health offices.

In 2015-16, Western Health enhanced screening for expectant mothers with the implementation of specialized fetal testing at Western Memorial Regional Hospital. This testing assists in identifying women at high risk for premature delivery, requiring transfer to a tertiary care center.

E. Providing Rehabilitative Services

Western Health offers a variety of rehabilitative services for individuals following illness or injury. These services are offered in selected locations through a referral process and include:

- post-acute nursing services both in clinic and home settings;
- rehabilitation services such as physiotherapy, occupational therapy, speech-language pathology, audiology and social work;
- adult rehabilitation inpatient program.

F. Administering Distinctive Provincial Programs

Western Health operates the Western Regional School of Nursing. The School follows the academic path set out by the Senate of Memorial University to offer a Bachelor of Nursing (BN) program. A fast track program is available to individuals who wish to pursue a baccalaureate degree in nursing at an accelerated pace. The Inuit Nursing Access program is offered in conjunction with the College of the North Atlantic.

As well, Western Health has responsibility for the addictions inpatient facility, Humberwood Treatment Centre, which is based in Corner Brook. Through its 11 treatment beds, this facility provides treatment to adults 19 years and older for chronic addiction to alcohol, drugs and/or gambling. Through its four withdrawal management beds, the program offers clients the ability to detox prior to treatment.

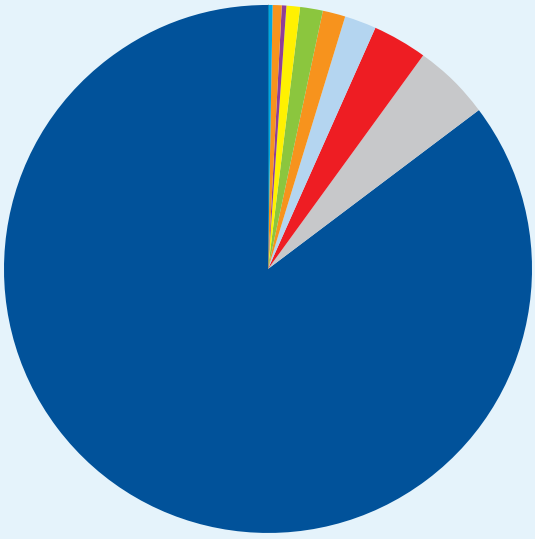
In 2015-16, Western Regional School of Nursing's Bachelor of Nursing (Collaborative) Program earned the gold standard in nursing education, a full seven-year accreditation through the Canadian Association of Schools of Nursing, the governing organization in Canada for nursing education.

Additional information about Western Heath is located online at www.westernhealth.nl.ca.

Grand Bay West Beach, near Port aux Basques.

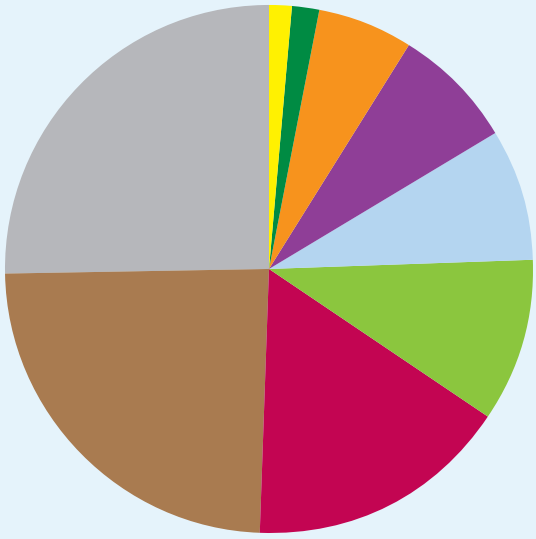
OPERATING REVENUE AND EXPENSES

OPERATING REVENUE
$373,089,000



- Provincial Plan $317,264,000
- MCP Physician Revenue $18,442,000
- Other Recoveries $11,561,000
- Resident Revenue (LTC) $7,476,000
- Capital Grant (NL) $5,633,000
- Other $5,433,000
- Outpatient $2,149,000
- Food Service $1,728,000
- Inpatient $1,686,000
- National Child Benefit $835,000
- Capital Grant (Other) $500,000
- Early Childhood Development $359,000
- Mortgage Interest Subsidy $23,000

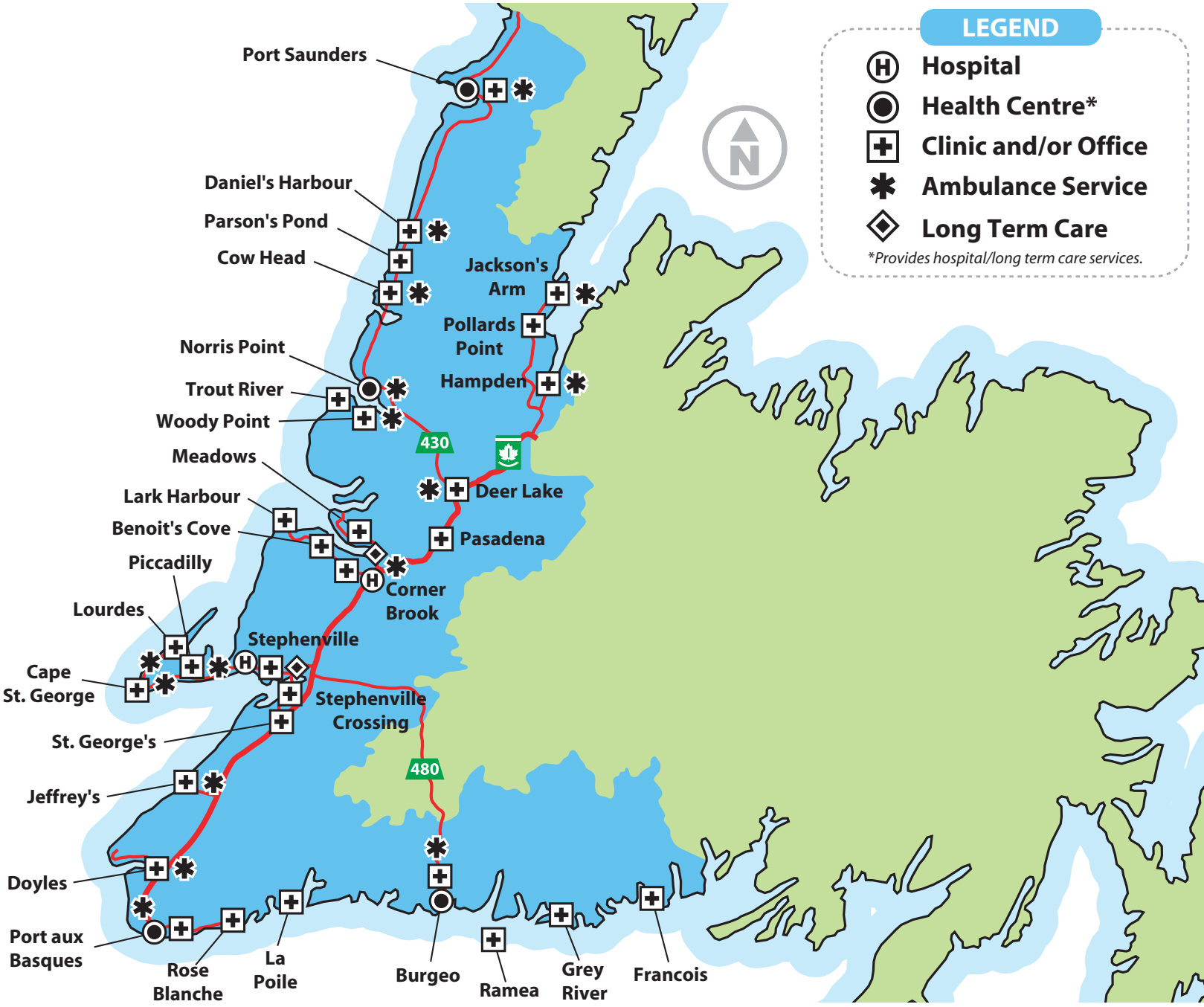
EXPENSES
$366,844,0000



- Community and Social Services $92,637,000
- Nursing Inpatient Services $87,804,000
- Support Services $59,630,000
- Diagnostic and Therapeutic Services $36,239,000
- Ambulatory Care Services $30,212,000
- Administration $27,127,000
- Medical Services $21,739,000
- Education Services $5,797,000
- Undistributed $5,659,000

Sir Thomas Roddick Hospital staff celebrate Breast Cancer Awareness Month.

WESTERN HEALTH REGIONAL MAP



Josephine Kennedy (right) as featured in our Healthy Aging Calendar.

SHARED COMMITMENTS

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

The work of Western Health is provided by a broad range of dedicated staff across the full continuum of care: acute, long term and community based services. Staff support the vision, mission and values of Western Health and work in collaboration with many partners including volunteers, physicians, private service providers, the Department of Health and Community Services, other departments of the Government of Newfoundland and Labrador, other regional health authorities, non-governmental agencies, post secondary institutions, municipal councils, professional associations and the general public. The work achieved through shared commitments with many partners is acknowledged and valued by Western Health.

Strengthening Population Health and Healthy Living

In 2015-16, Western Health in partnership with the Alzheimer Society of Newfoundland and Labrador introduced support groups to enhance the level of support provided to families of persons living with dementia. The groups are held in person at the Corner Brook Long Term Care Home and Bay St. George Long Term Care Centre. Families from throughout the Western region are able to link in virtually to the meetings from any of the four rural health centres. Seven meetings were held in 2015-16 and informal feedback has been positive. A formal evaluation is planned for 2016-17.

Western Health continued its partnership with the Canadian College of Health Leaders, the Canadian Agency for Drugs and Therapeutics (CADTH), and Central Health to improve the clinical management of long term care residents with diabetes. An overall target to reduce blood glucose monitoring with Type II diabetes by 25 per cent within the first year was identified. Results indicated that the frequency of routine testing decreased. Another positive outcome was an increase in the nursing time available for other resident care activities. Families reported an improved quality of life for their loved ones. Results of this quality improvement initiative were to be co-presented virtually with Central Health at the national CADTH conference in May 2016.

Through a partnership with Food First NL, a new resource Healthy Eating for Healthy Aging was developed for seniors. This resource was shared with over 300 seniors who participated in Seniors Food celebrations, and is available on the Western Health website.

SHARED COMMITMENTS

Western Health continued to support the Learning from the Start initiative, offered in partnership with the Departments of Education and Early Childhood Development, and Health and Community Services, through the provision of Parent Resource Kits. The kits, which contain age appropriate information to support early learning and literacy development, are provided to families at child health clinics. In 2015-16, Western Health participated in expansion of the program to include the 24 month to three year age group. During the period April 2015 to February 2016, approximately 3,000 Parent Resource Kits were provided for families in the Western region.

Sharing a commitment to strengthen Aboriginal health, a proposal was submitted to the Health Services Integration Fund in partnership with the Qalipu Mi'kmaq First Nation Band and Central Health and approved to integrate Aboriginal culture into the Improving Health: My Way program. This integration will ensure the content of the program is more appropriate to meeting the unique needs of the Aboriginal population.

Western Health has continued to strengthen its partnership with the Newfoundland and Labrador English School District. In collaboration with the school district, Western Health has worked with children in the school environment to promote healthy eating through programs such as Community Kitchens, Community Gardens, Kids in the Community Kitchens, Food and Fun Camp, and Food Skills Workshops. A new healthy eating program, Color It Up, was introduced this year with six primary health care teams planning for implementation in 2016-17. Western Health also worked with children in the school environment to promote physical activity. Thirteen schools and 806 students participated in the Getting Outside School Challenge making the Western region the winner of the provincial challenge by Recreation Newfoundland and Labrador.

Western Health also worked in partnership with the Newfoundland and Labrador English School District to support mental health promotion in schools in the Western region. Western Health contributed to the FRIENDS for Life program, a school based early intervention and prevention program that builds resilience and reduces the risk of anxiety disorders in children. Western Health also participated in the Promoting Alternate Thinking Strategies program, introduced in two schools in the Corner Brook area as part of a three-year project. This program has been found to significantly improve children's social and emotional skills and prevent the development of anxiety and other mental health problems.

Western Health's continuing partnership with the Western Regional Wellness Coalition supported the approval of 63 grants, to fund a broad range of wellness initiatives within the Western region.

SHARED COMMITMENTS

Improving Accessibility to Programs and Services

Western Health was awarded a research grant of $43,000 from the Newfoundland and Labrador Support Patient Oriented Research Grants Competition to explore the use of telehealth in facilitating Applied Behavioural Analysis (ABA) for families in rural areas of the Western region. This project, a collaborative effort between several programs within Western Health, will focus on the use of home telehealth for the delivery of ABA therapy. The use of telehealth will reduce travel for home visits thereby increasing the number of children who can be seen.

Western Health has continued to expand the use of technology to enhance access to mental health services. In 2014-15, the Government of Newfoundland and Labrador funded the Strongest Families Institute, an e-health solution for mental health, designed to significantly reduce wait times for children and youth. There were 112 referrals to this program from the Western region in 2015-16. In addition, online resources such as Bridge the gAPP, which provides information about self-help and local supports and Breathing Room, a self-management program for ages 13 to 24 to manage stress, depression, and anxiety, were introduced in 2015-16.

Western Health continued to support the provincial endoscopy wait time strategy. Through collaboration with the Department of Health and Community Services and the other regional health authorities, work has been ongoing to support a provincial automated appointment reminder system for endoscopy. Staff from Western Health participated on the Provincial Automated Notification System Steering Committee. In partnership with the Newfoundland and Labrador Statistics Agency, the steering committee conducted a survey to determine client preference related to notification, reminders, and scheduling of hospital tests and appointments. The information collected will be utilized to support the development of a notification system to meet the needs of clients and families. A provincial implementation plan has been developed to support the roll out of the reminder system in the regional health authorities in 2016-17.

In partnership with the Department of Family Medicine, Memorial University of Newfoundland, Western Health has established the WestFam family medicine resident stream. This partnership will enable six family medicine residents to complete most of their family medicine training within the Western region.

Through collaboration with the Department of Health and Community Services, Western Health continued to revise the Ambulance Dispatch and Management System (ADAMS) to support decision making relating to safe and appropriate patient transfers by regional ambulances. A new version of ADAMS was implemented in Western and Central Health in 2015-16, under the leadership of staff from Western Health.

SHARED COMMITMENTS

Improving Accountability and Stability in the Delivery of Health and Community Service within Available Resources

Western Health continued to participate in a National Quality Improvement Collaborative with the Canadian Federation of Health Care Improvement to reduce antipsychotic medication usage in long term care homes. During 2015-16, implementation was completed in Corner Brook Long Term Care Home and initiated at Bay St. George Long Term Care Centre. The evaluation at Corner Brook Long Term Care Home revealed a 54 per cent reduction in the inappropriate use of antipsychotic medications, improved cognition and function, and reduced challenging behaviors and falls in residents who had their medications discontinued or reduced. During 2016-17, the initiative will be implemented within long term care at the four rural health sites and with alternate level of care patients awaiting placement to long term care. The success of this initiative was largely due to interdisciplinary collaboration with a focus on enhancing quality and safety. Policy direction regarding discontinuing antipsychotic medications, a resident order set, and various educational resources have been developed and will be implemented in 2016-17. A review of best practices associated with the use of sedatives in long term care will also be undertaken.

In August 2015, staff working in the emergency and other departments at Sir Thomas Roddick Hospital participated in a three day event, led by a lean[1] consultant group in partnership with the Department of Health and Community Services. As a result of this initiative, there have been improvements in the work flow processes and practices within the emergency department. Temporary funding was obtained from the Department of Health and Community Services to support additional nursing staff in the emergency department. Wait time data three months post implementation of lean initiatives (November 2015) showed improvements in wait time for Canadian Triage Acuity Scale (CTAS) levels 4 and 5 patients[2]. Improvements in wait times since January 2016 have not been as significant. This is largely due to vacancies of three salaried physicians and the recent retirement of a long standing fee-for-service physician, which has increased the numbers of patients presenting to the emergency department for assessment and treatment in the absence of a family physician. Work on this initiative will continue into 2016-17.

The endoscopy reprocessing area located at Sir Thomas Roddick Hospital underwent renovation in 2015-16 to support improved work flow and best practices related to scope reprocessing to enhance quality and safety.

In 2015-16, Western Health worked with Department of Health and Community Services and the other regional health authorities to develop a provincial hand hygiene auditing strategy. Crede Technologies was contracted to provide hand hygiene auditing software, administration, report generation, and training services that would support unit and department staff to more fully participate in a regional hand hygiene improvement program. Training has taken place with staff in Western Health and auditing has commenced. A regional work plan was developed to support full implementation throughout the region in 2016-17.

[1]A process improvement approach which improves quality of care and flow by eliminating waste and adding value to the client, patient, resident and/or program area.
[2]CTAS guidelines determine the level of urgency at which patients should be seen, based on the seriousness of their medical problem. On a five point scale, Level 4 refers to "less urgent" and Level 5 refers to "non-urgent."

SHARED COMMITMENTS

The Corner Brook Care Team consultant group continued to work on design planning for the new campus of care in Corner Brook during 2015-16. In collaboration with the Department of Transportation and Works, Department of Health and Community Services, Eastern Health and the Corner Brook Care Team consultant group, employees from Western Health participated in interactive design planning sessions to advance new facilities.

Western Health continued to support and coordinate ethics education and ethical decision making through partnership with the Provincial Health Ethics Network of Newfoundland and Labrador (PHENNL). During 2015-16, staff participated in several ethics education opportunities offered in collaboration with PHENNL, including webinars regarding Physician Assisted Death, Advance Care Planning, Responding to the Mental Health Needs of our Refugee Communities: Ethics, Culture and Power, and an ethics forum on eating disorders.

During 2015-16, the Western Health Research Resource Review Committee reviewed and approved 12 new studies to be conducted in the Western region.

Using Telehealth to connect with remote areas of the region.

HIGHLIGHTS AND ACCOMPLISHMENTS

Strengthening Population Health and Healthy Living

There continued to be a focus on breastfeeding with Western Health continuing its work towards becoming recognized as "Baby Friendly." In 2015-16, new breastfeeding resources were developed and shared. Promotional work continued and was highlighted during World Breastfeeding Week. Seven additional nurses in public health were trained in the Breastfeeding Essentials Program. All nursing staff working on the maternal newborn unit at Western Memorial Regional Hospital has completed an online breastfeeding course which provided updates on breastfeeding best practice and ongoing strategies to support mothers with breastfeeding.

Western Health supported its annual Healthy Aging Calendar with the production of the 2016 calendar, which also included helpful tips to promote safe, healthy aging. In recognition of Seniors Month, June 2015, Western Health employees and volunteers hosted a number of activities including resident art shows, fashion shows, lobster boils, and garden parties. An article on Nutrition and Food Safety with Age was also featured in Your Health Matters[3] during Seniors Month. On October 15, 2015, Western Health observed International Day of the Older Person by sending cards of recognition to staff members aged 65 and older who continue to contribute to quality programs and services for our clients, patients, and residents.

The implementation of the Toronto Bedside Swallowing Screening Tool (TOR-BSST©) was completed on the stroke unit at Western Memorial Regional Hospital. The TOR-BSST© is a specialty competency for registered nurses that screens the swallowing ability of stroke patients, determines the likelihood of dysphagia[4], and minimizes the risk of complications. Two Speech Language Pathologists at Western Memorial Regional Hospital have been trained to provide this education to staff on the stroke unit. The screening tool has been built into the clinical online documentation (COD) system and policy development was completed to support the process.

A clinical oncology pharmacist position was established at Western Memorial Regional Hospital in December 2015, as well as a pharmacist led toxicity management clinic. The pharmacist meets with cancer patients who receive comprehensive pharmaceutical care that includes toxicity assessment, drug interactions check, adherence review, and a medication review. The pharmacist completes an initial assessment on all patients treated, as well as telephone follow up post chemotherapy and face-to-face consults on subsequent visits for a minimum of two treatment cycles. During the period January to March 2016, the pharmacist provided 870 initial assessments and 1,115 toxicity assessments. There were 355 drug access requests where the pharmacist helped the patient access necessary medications through compassionate programs or facilitated third party coverage.

[3]Your Health Matters is a monthly column written by Western Health staff, which appears in The Western Star.
[4]Difficulty swallowing.

HIGHLIGHTS AND ACCOMPLISHMENTS

Western Health continued to demonstrate a commitment to a population health approach to planning through completion of the Community Health Needs and Resources Assessment (CHNRA). The standardized survey included questions on community services, health services, and where residents obtain their health information. The survey was available in January and February 2016 and had a total of 712 respondents. In addition, seven primary health care engagement sessions were held throughout the region for the purpose of engaging partners in priority primary health care issues. In 2016-17, Western Health will use the information from the CHNRA to guide the development of its next strategic plan as well as the work of the community advisory councils.

Improving Accessibility to Programs and Services

The use of telehealth to enhance access to programs and services continued to expand within Western Health during 2015-16. Telehealth enables clients who are receiving care from a health professional to have their appointment via technology at a location close to their home. There was a 26 per cent increase in booked appointments with 3,278 appointments held. Oncology continued to be the clinical program with highest utilization of telehealth, followed by mental health, and surgery. There was a threefold increase in the number of general practice visits completed using telehealth, most of this increase was in the Burgeo to Ramea and Francois area. Additionally, the number of appointments hosted by Western Health continued to increase. The total number of hosted appointments was 1,455, double the number during the previous year. Telehealth was also employed to improve access to Improving Health: My Way in two remote rural communities. This was the first time that this program was offered via telehealth in Newfoundland and Labrador.

In order to improve access to services and continuity of care in the Jeffrey's and St. George's areas, Western Health implemented a change in the model of primary care in the medical clinics. Services were enhanced with the addition of two full-time nurse practitioners, hired in August 2015. Prior to this, the permanent physician positions located in both St. George's and Jeffrey's had been vacant. The nurse practitioners work in a collaborative, team based model of care supported by two physicians located in Stephenville. Residents in the area have embraced and been supportive of the nurse practitioner positions.

The clinical online documentation (COD) system was implemented on the maternal newborn unit at Western Memorial Regional Hospital in 2015-16. The COD system supports the electronic capture of clinical documentation (i.e., assessments, care plans, progress notes, and vital signs) for all disciplines, except physicians, in all acute and long term care settings within the region. This was the last unit to be implemented within the region. Implementation of COD on maternal newborn was deferred initially due to issues with the fetal heart monitoring electronic storage. This change supported a review and update of documentation standards for care provided to this population.

HIGHLIGHTS AND ACCOMPLISHMENTS

In its progress toward supporting best practices and standardization in the delivery of clinical care, Western Health continued its implementation of physician patient order sets[5]. Implementation has been completed in all acute care sites with the exception of Calder Health Centre, scheduled for April 2016. There are now over 80 order sets for physicians to avail of and to date over 2,700 orders have been completed. In addition to supporting best practice guidelines, all orders generated through this format are automatically sent to pharmacy for processing, thus eliminating the need for faxing. Work has been ongoing on the development of the initial 10 resident order sets for long term care, with implementation planned in 2016-17.

As part of continued improvement in access and wait time management, a number a changes were implemented to improve access to physiotherapy services at Sir Thomas Roddick Hospital. These included use of a standard referral form and screening process, cancellation education for patients, treatment plans based on best practice with expected dates of discharge, and group education sessions. The benefit of this new model was realized in 2015-16 with reductions in wait times for outpatient physiotherapy for the non-urgent category. Work has been initiated to implement standard processes at all sites within the region.

Improving Accountability and Stability in the Delivery of Health and Community Service within Available Resources

Western Health completed a number of exercises to test and improve its emergency preparedness and response capacity. Exercises conducted throughout the region to test the various universal code responses included: Code Amber[6] discussion based exercise on the maternal newborn unit at Western Memorial Regional Hospital that resulted in upgrading of the video surveillance system and policy revisions; Code Orange[7] and Code Green[8] discussion based exercises at Bay St. George Long Term Care Centre to evaluate their role in supporting a mass casualty event at the neighboring acute care facility; and Code Orange functional exercise at Bonne Bay Health Centre in partnership with local municipalities, Fire and Emergency Services, the RCMP, and Search and Rescue to evaluate their response to a mass casualty[9] event within Gros Morne National Park.

Western Health designed and stocked two mass casualty event trailers in 2015-16. One trailer is stationed in Corner Brook and the other trailer is stationed in Port Aux Basques. A third trailer is currently being prepared for the Stephenville area. Mass casualty event trailers are mobile caches of equipment for rapid response to mass casualty incident (MCI) scenes. The primary purpose of an MCI trailer is rapid delivery of supplies for personal protection, treatment of life threats, incident management supplies, and patient care supplies.

A computerized instrument tracking/process system was implemented at Western Memorial Regional Hospital and Sir Thomas Roddick Hospital in 2015-16. This system provides the ability to track surgical instrument trays to and from the operating room, as well as track the instrument sets used on individual patients. The system also maintains a computerized inventory of all surgical sets. Data quality has been enhanced, supporting ongoing quality improvement and patient safety.

[5]Patient order sets are evidence-based clinical checklists for tests or treatments used by clinicians to promote best practices at the point of care. [6]Code Amber is a Universal Emergency Code for Missing Child. [7]Code Orange is a Universal Emergency Code for External Disaster/Mass Casualty. [8]Code Green is a Universal Emergency Code for Evacuation. [9]A mass casualty is any incident in which emergency medical services resources, such as personnel and equipment, are overwhelmed by the number and severity of casualties.

HIGHLIGHTS AND ACCOMPLISHMENTS

In support of an integrated approach to palliative care, 21 health care professionals from Western Health participated in The Learning Essential Approaches to Palliative and End of Life Care (LEAP) facilitator training through Pallium Canada. The LEAP training will be provided to registered nurses, social workers, and physicians in the region. The program is consistent with best practices and designed to support skills building for primary health care professionals and expand upon their skills in palliative care and end of life. Plans are underway to support training of staff throughout the region in 2016-17.

During the past year, work was ongoing to implement recommendations from the comprehensive review of patients and residents who experienced a fall with fracture. Results indicated that in 2015-16, there was a 30 per cent reduction in falls resulting in a fracture, with a 65 per cent reduction occurring in long term care. Performance measures related to falls continued to be monitored by staff, leadership, regional committees, and the Board of Trustees on a quarterly basis. The prevention of falls and injury resulting from falls will continue to be a quality and safety priority for Western Health.

During the latter part of 2015-16, Western Heath participated on a provincial committee with representatives from the Department of Health and Community Services and the other regional health authorities to guide the development of patient safety legislation for the province of Newfoundland and Labrador. Work is ongoing with the development of the legislation.

As a condition of the accreditation decision from the onsite survey visit in November 2013, Western Health provided evidence of action on seven priority criteria to Accreditation Canada in April 2015. Evidence of action for two of the seven priority criteria: evaluation of the antimicrobial stewardship program and auditing compliance with appropriate thromboprophylaxis (preventing blood clots) also supported work to achieve the year two (2015-16) objective for the strategic goal related to medication safety (as described later in this report). The remaining five priority criteria required evidence of compliance to support evaluation of the preventive maintenance program, separation of look-alike/sound-alike medications, transport of items to and from the operating room, storage and handling of linen, supplies, devices, and equipment, and layout of the endoscopy reprocessing areas. This evidence was accepted by Accreditation Canada and completed the follow up requirements from the December 2013 onsite survey.

In 2015-16, Western Health received notification that laboratories within the region achieved four year accreditation from the Institute for Quality Management in Healthcare (IQMH). This included laboratories at Sir Thomas Roddick Hospital, Dr. Charles L. LeGrow Health Centre, Calder Health Centre, Bonne Bay Health Centre, and Rufus Guinchard Health Centre and meant that Western Health was successful in receiving IQMH accreditation for all laboratories in the organization.

HIGHLIGHTS AND ACCOMPLISHMENTS

The plan for client/patient/resident experience surveying was finalized in 2015-16, and the first sample of surveys was completed with residents in long term care and their families. Surveying will continue into the next year and summary reports will be available for all programs surveyed. The information obtained from these surveys will provide Western Health with opportunities for improvement from the client, patient, and resident/family perspectives. The results from the last survey, completed in 2013, will also provide comparative information.

Evaluation of programs and services to support evidence informed improvements and decision making remained a priority for Western Health. A total of 39 evaluations were initiated or completed in 2015-16 including evaluations of Preventing Alcohol Related Trauma, Kids in Community Kitchens, antipsychotic medication review, patient order sets, and policies and procedures.

To support new facilities planning, an operational readiness framework was developed, highlighting the project management approach that will support operational improvements in transitioning to a new facility. Work commenced with the various branches to identify the changes required to prepare for the move. This work will support the development of an organizational change map and guide the direction of future operational readiness work in 2016-17.

Western Health Staff recognized as "CARE Champions" by the Newfoundland and Labrador Smokers' Helpline.

ANNUAL REPORT ON PERFORMANCE 2015-16

This section of the annual performance report will highlight Western Health's progress toward achievement of its mission and strategic goals.

Western Health's mission statement provides direction to March 31, 2017, in the pursuit of its vision that the people of Western Newfoundland have the highest level of health and well being possible - *Your Health Our Priority*. The mission statement supports the vision through primary prevention with a health promotion focus on healthy living, secondary prevention especially in chronic disease prevention and management and a commitment to improving performance to provide quality services.

Two strategic plans have guided Western Health in its work to achieve its mission statement: the Western Health Strategic Plan April 1, 2011 - March 31, 2014 and the Western Health Strategic Plan April 1, 2014 - March 31, 2017.

Information from Western Health's annual environmental scanning, including information from the Community Health Needs and Resources Assessment (2013) indicated high blood pressure was among the top three concerns identified by residents in the Western region. This community concern was supported by information from other surveys including the Canadian Community Health Surveys (2011, 2015) which suggested the incidence of high blood pressure was higher in the Western region, as compared to the provincial and national rates. Research also suggests that the incidences of chronic diseases such as cardiovascular disease are correlated with unhealthy behaviors and health practices. Western Health continued its work to enhance health promotion and chronic disease prevention and management to help address population health needs with a strategic goal focused on enhancing cardiovascular programs and services in keeping with the expanded chronic care model.

In keeping with evidence based practices including national accreditation standards, enhancing medication safety is a strategic priority for Western Health. Western Health's Community Health Needs and Resources Assessment (2013) identified community concerns with access to emergency health services as well as a lack of awareness of Western Health's programs and services. This information supports Western Health's strategic goals to improve performance related to emergency room access and awareness of programs and services.

The accomplishments shared in this annual performance report, complement and augment those shared in previous annual performance reports, and continue to support Western Health in its progress toward achievement of its mission.

ANNUAL REPORT ON PERFORMANCE 2015-16

Strategic Issue One: Chronic Disease Prevention and Management and Cardiovascular Health
Western Health's Community Health Needs and Resources Assessment (2013) indicated high blood pressure was among the top three concerns identified by residents within the Western region. This community concern was supported by results from other surveys including:

(a) the Canadian Community Health Survey (2015) results: (i) 28.0 per cent of people 12 years of age and older, in the Western region, reported having high blood pressure as compared to 24.0 per cent in Newfoundland and Labrador and 17.7 per cent in Canada; (ii) 66.4 per cent of adults over the age of 18 years reported being overweight or obese as compared to 68.3 percent in Newfoundland and Labrador and 53.8 per cent in Canada; (iii) 29.1 per cent of people 12 years of age and older, in the Western region, consume fruits and vegetables five to ten times per day as compared to 40.2 per cent in Canada. Research suggests that unhealthy behaviors and health practices are correlated with chronic diseases such as cardiovascular disease;

(b) the Canadian Institute for Health Information (2014-15) health indicator results: (i) the rate of hospitalization for acute myocardial infarction (i.e., heart attack), in the Western region, was 269 per 100,000 population as compared to 252 per 100,000 in Canada and (ii) the rate of hospitalization for stroke, in the Western region, was 192 per 100,000 population as compared to 151 per 100,000 in Canada.

Since 2011, Western Health has used the Expanded Chronic Care Model (Barr et al., 2003) to support strategic planning for enhanced programs and services in diabetes prevention and management. In 2011-12, the Department of Health and Community Services launched Improving Health Together: A Policy Framework for Chronic Disease Prevention and Management in Newfoundland and Labrador and released Improving Health: My Way, a chronic disease self-management program. In 2013-14, Western Health implemented evidence based practices to support chronic disease prevention and management of diabetes, including increasing access to the Improving Health: My Way program. Health promotion and chronic disease prevention and management continue to be a priority for Western Health with a focus on cardiovascular health. Enhancing cardiovascular programs and services in keeping with the expanded chronic care model, is a strategic issue for Western Health.

ANNUAL REPORT ON PERFORMANCE 2015-16

Strategic Goal One
By March 31, 2017, Western Health will have enhanced cardiovascular programs and services in keeping with the expanded chronic care model.

Objective Year Two (2015-16)
By March 31, 2016, Western Health will have initiated implementation of the priority initiatives to enhance cardiovascular programs and services.

Measure Year Two (2015-16)
Initiated implementation of priority initiatives.

Planned and Actual Performance

Indicators for the Year Two Objective (2015-16)	Accomplishments
Developed work plan for the implementation of priority initiatives.	In collaboration with the Chronic Disease Prevention and Management Committee, a work plan was developed to support implementation of priority initiatives. The work plan outlined the actions to be taken to guide implementation of the priority initiatives and support achievement of established performance outcomes. A regional cardiovascular steering committee was established to monitor implementation of the work plan.
Developed program description for cardiovascular programs and services.	A program description of cardiovascular programs and services available in the western region was developed and approved by the regional cardiovascular steering committee. The content was modified for the Western Health website in an effort to enhance access to programs and services. Further work to improve patient navigation will continue in 2016-17.

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Planned and Actual Performance

Indicators for the Year Two Objective (2015-16)	Accomplishments
Initiated priority initiatives to enhance cardiovascular programs and services.	Priority initiatives were initiated to enhance the quality and access to cardiovascular programs and services. Lifestyle awareness sessions focused on increasing awareness of the signs and symptoms of a heart attack and stroke and the importance of early presentation to the emergency department were held in all seven primary health care areas. Seventeen sessions were provided at numerous locations with a total of 702 participants. A number of actions were taken to enhance existing referral processes and increase the number of referrals to the Community Action and Referral Effort (CARE) program. This program is designed to provide information and support individuals with smoking cessation. As a result, 142 referrals were made to the CARE program in 2015-16, representing an increase of 158 per cent from the previous year. Key performance measures related to appropriate treatment of patients presenting to the emergency department with symptoms of a heart attack and stroke were monitored by established working groups on a quarterly basis. This included appropriate and timely utilization of TPA (medication used to treat stroke) and TNK (medication used to treat a heart attack) upon arrival to hospital. Through quarterly review, opportunities for improvement were identified and actions implemented to enhance performance. There was demonstrated improvement in performance for both TPA and TNK administration during 2015-16.

Planned and Actual Performance

Indicators for the Year Two Objective (2015-16)	Accomplishments
Initiated priority initiatives to enhance cardiovascular programs and services (continued).	In an effort to support self-management with cardiovascular clients, Improving Health: My Way workshops were held in nine communities to support individuals in developing skills to self manage their condition. A Building Better Tomorrow Module, Chronic Disease Self Management Support Awareness was also developed, piloted, and introduced for Western Health staff. Work was initiated to support implementation of central intake in priority areas, implementation of a revised regional inpatient cardiac rehabilitation program, review of best practices related to cardiac rehabilitation in the community, policy revision, monitoring of the provincial telestroke health pilot project, explore use of telehealth for follow-up regarding cardiovascular related health issues, and development of clinical pathways to support compliance with best practice guidelines for cardiovascular care.
Identified processes to monitor outcomes of priority initiatives.	To support the identification of processes to monitor outcomes of priority initiatives, Western Health identified the performance indicators and targets to be monitored. Established working groups and/or the regional cardiovascular steering committee monitored the information. An evaluation plan was also developed to monitor outcomes of priority initiatives.

Taking a break from hiking on the Port au Port Peninsula.

Objective Year Three (2016-17)
By March 31, 2017, Western Health will have implemented priority initiatives to enhance cardiovascular programs and services in keeping with the expanded chronic care model.

Measure Year Three (2016-17)
Implemented priority initiatives for enhanced cardiovascular programs and services.

Indicators for the Year Three Objective (2016-17)
Implemented evidence-based practices for priority cardiovascular initiatives.
Completed evaluation plan, demonstrating implementation of priority initiatives and monitoring of key performance measures.

Discussion of Results
In 2014-15, priority initiatives were identified to enhance cardiovascular programs and services in keeping with evidence based practices. Priorities included (a) enhancing the quality of cardiovascular programs and services and (b) enhancing access to cardiovascular programs and services. A work plan was developed in 2015-16 to support achievement of performance outcomes for the priority initiatives. A regional cardiovascular steering committee was established to monitor implementation of the priority initiatives.

Improving the quality of cardiovascular programs and services with a focus on enhancing awareness and education, for clients requiring services and health care professionals, was a priority in 2015-16. Lifestyle Awareness sessions were held in the seven primary health care areas to increase awareness and education related to a heart attack and stroke. In an effort to improve the assessment of participant's knowledge a new survey tool has been developed and will implemented in 2016-17. Actions taken to enhance existing referral processes and increase the number of referrals to the Community Action and Referral Effort (CARE) program included: integration of the CARE referral into Meditech, revision and implementation of the Western Health CARE policy, education in targeted areas, and promotion of the CARE e-learning module with health professionals to increase their knowledge of the program. An audit tool was developed and monitoring to ensure compliance with the Care policy will be implemented in 2016-17.

ANNUAL REPORT ON PERFORMANCE 2015-16

To improve the quality of care for patients presenting to the emergency department with symptoms of a heart attack or stroke key performance measures were monitored on a quarterly basis. An audit tool was developed and implemented to capture information related to the administration of TPA for patients presenting to the emergency department with stroke. Quarterly measures were reviewed by the regional stroke working group to identify opportunities for improvement and implement actions to address. The utilization of TNK within 30 minutes of patients presenting to the emergency department and diagnosed with a STEMI was monitored by the regional acute myocardial infarction (AMI) working group. Opportunities to enhance awareness of atypical presentation and awareness/education related to the risks/benefits of TNK administration were initiated.

To improve access to cardiovascular programs and services, the Improving Health: My Way program was a priority in 2015-16. Ten workshops were provided in nine communities. This represented a decrease in the number of workshops from the previous year which was largely attributed to the vacancy of the coordinator position and availability of leaders. Western Health acknowledges challenges with the recruitment of leaders and participants. Recruitment of leaders and increasing uptake of the program as well as strengthening linkages between referrals to Improving Health: My Way and regional cardiovascular programs and services will be a priority in 2016-17.

To enhance coordination of cardiovascular programs and services, the revised inpatient cardiac program will be implemented throughout the region in 2016-17. Western Health's policy related to access to tertiary services was revised to support changes in Eastern Health policy direction. Wait times for access to tertiary services at Eastern Health will be available in 2016-17 and monitored to ensure appropriate access.

Strategic Issue Two: Medication Safety

Accreditation Canada requires that health care organizations make client and staff safety a part of their strategic and operational plans. Accreditation Canada's required organizational practices and medication management standards guide Western Health in its assessment of compliance with evidence based practices to enhance medication safety. During the onsite survey visit in 2013, Accreditation Canada identified opportunities for improvement in the areas of antimicrobial stewardship (ensuring the appropriate use of antibiotics in the prevention and treatment of infections), medication reconciliation (maintaining a current accurate list of medications as people move through the health system), and venous thromboembolism prophylaxis (preventing blood clots). Accreditation Canada accepted Western Health's work to enhance antimicrobial stewardship and venous thromboembolism prophylaxis through progress reports submitted to Accreditation Canada in 2014-15 and 2015-16. Western Health monitors medication related occurrences through the Clinical Safety Reporting System (CSRS) to identify opportunities for improvement in client safety. Western Health works with occupational health and safety to identify opportunities to enhance staff safety related to the preparation and handling of hazardous medications. Enhancing medication safety to improve outcomes for clients, patients, residents and staff is a strategic issue for Western Health.

Strategic Goal Two

By March 31, 2017, Western Health will have enhanced medication safety to improve outcomes for clients, patients, residents and staff.

Objective Year Two (2015-16)

By March 31, 2016, Western Health will have initiated implementation of priority initiatives in medication safety to enhance client, patient, resident and staff safety.

Measure Year Two (2015-16)

Initiated implementation of priority initiatives.

ANNUAL REPORT ON PERFORMANCE 2015-16

Planned and Actual Performance

Indicators for the Year Two Objective (2015-16)	Accomplishments
Developed work plan for priority initiatives to support achievement of performance outcomes.	A work plan to support achievement of performance outcomes for priority initiatives was developed. Progress with monitoring implementation of the work plan was led by the medication safety committee and supported by established committees and/or working groups.
Initiated implementation of priority initiatives.	Opportunities to support a reduction of medication errors in priority areas were initiated. This included incorrect identification of clients/patients/residents, copying of medication instructions (transcription errors), and missed dose of a medication. Occurrence data was reviewed on a quarterly basis to identify trends, establish mechanisms for providing feedback to staff, and identify strategies to address opportunities for improvement and prevent reoccurrence. Performance measures were shared with key stakeholders on a quarterly basis. A communication plan was developed to enhance awareness and education related to the priority areas. Existing policies and resources to support the priority areas were also reviewed and revised in consultation with key stakeholders. Quarterly audits to assess compliance with established regional venous thromboembolism (VTE) protocols were completed on a quarterly basis. Audits were reviewed by the VTE working group to identify trends and actions were taken/strategies implemented to enhance compliance. Performance measures were shared with key stakeholders on a quarterly basis.

Planned and Actual Performance

Indicators for the Year Two Objective (2015-16)	Accomplishments
Initiated implementation of priority initiatives (continued).	There was a focus on education and in May 2015, Dr. Chitsike, hematologist with Eastern Health presented at Western Health medical rounds highlighting the importance of completing the risk assessment tool and ensuring appropriate treatment in the prevention of blood clots. To support best practices and standardization in the delivery of clinical care, the risk assessment tool and treatment of VTE were incorporated into patient order sets implemented within Western Health. Opportunities to decrease the use of intravenous (IV) ciprofloxacin, moxifloxacin and metronidazole both in the community home infusion program and inpatient use were initiated. Usage of these medications was reviewed by the regional antimicrobial stewardship committee on a quarterly basis. Opportunities to reduce usage were identified and actions taken/strategies implemented. Existing formulary were reviewed and/or new formulary were developed to support this initiative. Existing policies were also reviewed and revised in consultation with key stakeholders. Education was provided during medical rounds and targeted sessions were held.

Mine Pond, near Stephenville.

Planned and Actual Performance

Indicators for the Year Two Objective (2015-16)	Accomplishments
Initiated implementation of priority initiatives (continued).	Audits of the number of patients achieving targeted therapeutic levels within 72 hours were reviewed on a quarterly basis to identify and address opportunities for improvement. Guidelines around the use of loading doses for vancomycin are being explored to help ensure patients reach targeted therapeutic levels and work will continue into 2016-17. Performance measures related to antimicrobial stewardship were shared with key stakeholders on a quarterly basis.

Objective Year Three (2016-17)

By March 31, 2017, Western Health will have implemented priority initiatives in medication safety to enhance client, patient, resident and staff safety.

Measure Year Three (2016-17)

Implemented priority initiatives for enhanced medication safety.

Indicators for the Year Three Objective (2016-17)

Implemented evidence based practices in priority areas.
Improved measurement, compliance, and monitoring of priority initiatives in medication safety.
Improved outcomes in priority initiatives in medication safety.

Discussion of Results

In 2014-15, priority initiatives to enhance medication safety were identified based on an assessment of current practices and environmental scan. These priorities included: (a) reduction of medication errors in priority areas, (b) reduction in the development of blood clots, through appropriate intervention, in priority areas and (c) development of an effective antimicrobial stewardship program to support the appropriate use of targeted medications to prevent and treat infections in priority areas. Strategies for improved measurement and monitoring of priority initiatives were also developed.

The medication safety committee led the work in 2015-16 to support the implementation and monitoring of the priority initiatives as outlined in the work plan. The work of the medication safety committee was supported by established committees and/or working groups.

A medication errors committee, consisting of representation from key branches, was established to provide leadership in reducing medication errors in the priority areas as identified through occurrence reporting. Mechanisms to enhance awareness and education for staff and physicians included memos, newsletter articles, staff meetings, bullet rounds, safety huddles[10], and walkabouts conducted by senior leadership. Performance measures related to the priority areas were shared with employees, leadership, regional committees, and the Board of Trustees on a quarterly basis.

Policies to support correct identification of clients, patients and residents as well as regional medication administration and transcription policies were reviewed and revised, in consultation with key stakeholders. Additionally, the Western Health auditing policy which outlines the schedule and process for all medication related audits was revised to include auditing of the transcription policy. An e-learning module developed to support correct identification was reviewed and will become a core competency for targeted professionals. The policies and e-learning module will be finalized and implemented in 2016-17. In consultation with information management, work was initiated to explore the potential for computer generated medication administration record.

[10]A safety huddle is a multidisciplinary group that meets to assess why events occur and prevent them from happening again.

The regional venous thromboembolism (VTE) working group led the implementation of initiatives to support the reduction of blood clots in medical/surgical patients. Quarterly audits were completed to assess compliance with use of the VTE risk assessment tool and appropriate treatment in hospital. In addition, quarterly audits of health records were completed to assess compliance with the risk assessment tool and appropriate treatment for all surgical/medical patients who developed a blood clot during admission and/or were readmitted (within 28 days) with a blood clot. Performance measures were shared with employees, leadership, regional committees, and the Board of Trustees on a quarterly basis. The VTE policy, initially introduced in 2013, was reviewed and revised through consultation with key stakeholders. The revised policy will be implemented in 2016-17. Education was provided for key groups through staff meetings, local medical advisory committee meetings, memos, bullet rounds, safety huddles, senior leadership walkabouts, and medical rounds.

The regional antimicrobial stewardship committee led the implementation of initiatives to support the appropriate use of targeted medications used to prevent and treat infections. Actions were taken to decrease the use of intravenous (IV) ciprofloxacin, moxifloxacin and metronidazole both in the community home infusion program and inpatient use. To support this work, a home infusion antimicrobial formulary and policy was developed. Within acute care, the existing formulary was reviewed and revised to support the most appropriate use of IV ciprofloxacin, moxifloxacin and metronidazole. The IV to Oral Antimicrobial Conversion policy was reviewed and revised and will be implemented in 2016-17.

Work was also initiated to ensure appropriate use and monitoring of patients on vancomycin. Western Health acknowledges that there have been challenges with current processes for pharmacy follow-up with individual patients. As a result, guidelines around the use of loading doses for vancomycin, especially for serious infections (i.e., bacteremia, meningitis, endocarditis, pneumonia), are being explored to help ensure patients reach targeted therapeutic levels. Performance measures were shared with staff, leadership, regional committees, and the Board of Trustees on a quarterly basis.

Additional work included the development and implementation of processes to support the treatment of septic shock. Septic shock boxes with the appropriate antimicrobials were developed and placed in all emergency departments and intensive care units within the region. This will facilitate the timely and appropriate treatment. An algorithm to support the treatment of septic shock was developed and implemented. Education on recognition and management for nursing staff and physicians in the emergency departments and intensive care units was initiated and will continue in 2016-17.

During patient safety week in October 2015, Western Health focused on medication safety specifically the reduction of medication errors in the three priority areas, the prevention of blood clots, and developing an effective antimicrobial stewardship program. Throughout the week, staff supported displays at sites throughout the region, sharing of key messages and opportunities to participate in other activities related to medication safety.

ANNUAL REPORT ON PERFORMANCE 2015-16

Strategic Issue Three: Access to Emergency Room Services

According to Western Health's Community Health Needs and Resources Assessment (2013) people in the Western region indicated challenges with access to emergency health services including long wait times to access services. The report stated that there was a lack of availability of emergency health services in some areas within the Western region. In 2012, A Strategy to Reduce Emergency Department Wait Times was developed by the Department of Health and Community Services. In June 2012, Western Health completed an internal review of the emergency department at Western Memorial Regional Hospital (WMRH), to identify and/or enhance efficiency of current processes, from patient arrival to discharge, utilizing lean principles. In 2013, the Department of Health and Community Services supported additional review at WMRH with an external consultant which ensured comprehensiveness in keeping with the provincial strategy. In 2015, the Department of Health and Community Services supported an external review of the emergency department at Sir Thomas Roddick Hospital (STRH), to identify and/or enhance efficiency of current work flow processes and practices, utilizing lean principles. Improving access to emergency room services is a strategic issue for Western Health.

Strategic Goal Three

By March 31, 2017, Western Health will have improved access to emergency room services in keeping with the provincial strategy.

Objective Year Two (2015-16)

By March 31, 2016, Western Health will have completed a review of emergency room services throughout the region to determine the adaptability of initiatives at other sites and initiated implementation of the priority initiatives.

Measure Year Two (2015-16)

Completed review of emergency room services throughout the region and implementation of priority initiatives initiated.

Planned and Actual Performance

Indicators for the Year Two Objective (2015-16)	Accomplishments
Completed review of emergency room services throughout the region.	Formal reviews of emergency room services were completed at both Western Memorial Regional Hospital (WMRH) and Sir Thomas Roddick Hospital (STRH). Following a formal review at WMRH in 2014-15, a review of emergency room services at STRH was completed in August 2015 with the support of the Department of Health and Community Services. Initiatives to support triage first, quick registration, and fast track of patients Canadian Triage Acuity Scale (CTAS) level 4 and 5 were implemented. Formal reviews of emergency room services were not completed at the rural health sites. The findings from the reviews completed at WMRH and STRH were utilized to inform the work required at the remaining rural health sites based on the environment and current practices. Work will continue in 2016-17 to support improved work flow processes and standardization of practices, as appropriate within the emergency departments.
Initiated implementation of priority initiatives.	Opportunities to improve communication through electronic measuring and monitoring of performance measures in keeping with provincial strategy were initiated. The time from triage to initial assessment by practitioner based on CTAS level, length of stay from arrival to departure, left without being seen rate, and patient satisfaction were measured and monitored at WMRH, STRH, and Dr. Charles L. LeGrow Health Centre. Significant progress was made with enhancing the quality of data to support decision making.

Western Brook Pond, from the Snug Harbour Trail.

Planned and Actual Performance

Indicators for the Year Two Objective (2015-16)	Accomplishments
Initiated implementation of priority initiatives (continued).	The focus in 2016-17 will be on establishing electronic performance monitoring through review of current processes at the remaining rural health sites. Work initiated to support the development of an electronic patient tracker at WMRH will continue in 2016-17. Patient experience surveys were piloted at WMRH and STRH in 2015-16. The response rate to the surveys at both sites was low and limited information was obtained. Patient experience will be assessed as part of the organizational surveying process to be completed in 2016-17. To enhance access to the emergency department, work to support regional standardization was initiated. This included standardization of medical directives, policy development to support issues related to overcapacity, standardization of documentation processes and forms utilized in the emergency department, and implementation of physician patient order sets to support standardization in the delivery of clinical care. The treatment rooms within the emergency department were standardized at all sites including standardization of equipment in the trauma room. Additionally, the procedure carts were standardized at WMRH and STRH. Opportunities to standardize auditing tools utilized within the emergency departments were initiated. This included auditing of nursing documentation practices and turnaround time for laboratory and medical imaging services. Regional audits of the turnaround time for lab services were reviewed on a quarterly basis.

ANNUAL REPORT ON PERFORMANCE 2015-16

Planned and Actual Performance

Indicators for the Year Two Objective (2015-16)	Accomplishments
Initiated implementation of priority initiatives (continued).	The clinical role of the paramedics within the emergency department at WMRH was expanded and included supporting nursing staff with the re-triaging of patients. Opportunities to expand the clinical role of paramedics at Rufus Guinchard Health Centre will be explored in 2016-17.

Objective Year Three (2016-17)
By March 31, 2017, Western Health will have implemented priority initiatives to improve access to emergency room services, in keeping with the provincial strategy.

Measure Year Three (2016-17)
Improved access to emergency room services.

Indicators for the Year Three Objective (2016-17)
Implemented priority initiatives consistent with the provincial strategy.
Measured and monitored emergency room services performance outcomes.
Improved access through standardization and flow/throughput.
Improved communication to patients.
Improved appropriate monitoring and reassessment of patients waiting for emergency room services.

Discussion of Results

In 2014-15, priority initiatives were identified to improve access to emergency room services in keeping with the provincial strategy. The priority initiatives included: (a) improved standardization including standardization of patient flow and (b) improved communication including the measurement, monitoring, and reporting of performance measures. Performance outcomes for the priority initiatives were also identified and included the provincial strategy's minimum wait times reporting requirements.

A two year work plan was developed to improved access to emergency room services in keeping with the provincial strategy. Implementation of the plan was monitored by the regional emergency department access improvement committee established in 2015-16. The work of the committee was supported by other established committees and/or working groups.

The measuring and monitoring of emergency department performance was a priority in 2015-16. In keeping with provincial strategy, outcomes were measured and monitored at WMRH, STRH, and Dr. Charles L. LeGrow Health Centre. The focus in 2016-17 will be on establishing electronic performance monitoring at the remaining rural health sites. Work is planned to commence at Rufus Guinchard Health Centre (RGHC) in May 2016. Enhanced performance measurement and monitoring will be instrumental in improving communication related to the emergency department in keeping with provincial strategy. A regional emergency department scorecard will be developed once performance measures are available electronically for all sites. Work was ongoing in 2015-16 to support the development of an electronic patient tracker at WMRH and will continue during the coming year. In the interim measures were implemented to monitor patient flow/tracking through the use of a white board.

Patient experience surveys were piloted at WMRH and STRH in 2015-16. Upon discharge, nurses in the emergency/fast track departments were required to distribute business cards with the survey information and link to access the survey electronically. Posters similar to the business card were displayed in emergency/fast track areas presenting survey information. A link to the survey was posted on the main page of the Western Health website and regular tweets were provided. Given the low response rate, satisfaction will be assessed as part of the organizational surveying process to be completed in 2016-17.

ANNUAL REPORT ON PERFORMANCE 2015-16

To enhance access to the emergency department, a number of initiatives supported standardization throughout the region. Existing medical directives applicable to the emergency department were reviewed and standardized for use on a regional level. Processes were also established to support the development of new medical directives, as required. A policy related to overcapacity has been standardized and implemented within the rural health sites. Work continues to finalize a policy on overcapacity for WMRH and STRH. Standardization of documentation processes commenced with the development of standardized forms utilized in the emergency department. As noted earlier, implementation of physician patient order sets supports standardization in the delivery of clinical care. Work has been ongoing to standardize three forms to be utilized regionally: face sheet for initial contact, discharge prescription, and nursing secondary assessment. The discharge prescription was implemented, with the remaining two forms to be implemented in 2016-17.

The treatment rooms within the emergency department at all sites were standardized including standardization of equipment in the trauma room. Opportunities to standardize auditing of nursing documentation practices and turnaround time for laboratory and medical imaging services within the emergency department were initiated. An audit tool developed to assess compliance with nursing documentation standards was piloted at STRH and subsequently implemented at WMRH. Implementation will be explored at the rural sites in 2016-17.

Changes were implemented at WMRH to support the monitoring and re-assessment of patients waiting for emergency room services. This included delineation of roles and responsibilities of the various disciplines, identification of patients requiring re-triaging as well as designation of physical space for re-triaging. The clinical role of the paramedics within the emergency department at WMRH was expanded and opportunities to expand the clinical role of paramedics at RGHC will be explored in 2016-17.

Strategic Issue Four: Enhanced Awareness of Programs and Services and Evidence Based Resources

Western Health's Community Health Needs and Resources Assessment (2013) indicated that there was a lack of awareness of Western Health's programs and services. The report indicated that residents throughout the Western region access health related information on the internet and many were not aware that Western Health had a website. The report also indicated that residents were not aware that Western Health's website provides information about its programs and services including information about how to access services. Results of Western Health's Patient Experience Survey (2013) in acute care indicated that there was a lack of written information provided to patients about what symptoms or health problems to look for when they leave the hospital. Enhancing access to information about programs and services through the implementation of a communication strategy is a strategic issue for Western Health.

Strategic Goal Four

By March 31, 2017, Western Health will have enhanced access to information about programs and services through the implementation of a communication strategy.

Objective Year Two (2015-16)

By March 31, 2016, Western Health will have initiated implementation of priority initiatives in a communication strategy.

Measure Year Two (2015-16)

Initiated implementation of priority initiatives.

Planned and Actual Performance

Indicators for the Year Two Objective (2015-16)	Accomplishments
Completed work plan for 2015-16 to support achievement of performance outcomes.	A work plan was developed to support achievement of performance outcomes for the three priority initiatives. The work plan outlined the actions to be taken to guide implementation of the priority initiatives and support achievement of established performance outcomes.

The Gravels coastal hiking trail near Port au Port.

Planned and Actual Performance

Indicators for the Year Two Objective (2015-16)	Accomplishment
Initiated implementation of priority initiatives.	Work to support implementation of priority initiatives was initiated. A comprehensive review of Western Health's website was completed in consultation with an external web consultant. Work was initiated to enhance health related information, links to reputable sources, and contact points for programs and services on the website and ease of website use for the public. There were a total of 249,326 visits to the website in 2015-16, representing an increase from the previous year. Opportunities to increase the use of Twitter as a means to enhance awareness of programs and services were initiated. Staff and leadership were encouraged to consider the use of Twitter to communicate key messages with the public as it relates to programs and services. When possible, links to Western Health's website, or other websites that provided more health information related to the specific topic were included in the tweets. There was an increase in the total number of Western Health tweets in 2015-16. The development of an e-learning module for administrative support staff to enhance their ability to assist the public with questions about programs and services was initiated. To support this work, a literature review of best practices in customer service was completed.

ANNUAL REPORT ON PERFORMANCE 2015-16

Objective Year Three (2016-17)
By March 31, 2017, Western Health will have implemented the priority initiatives in a communication strategy.

Measure Year Three (2016-17)
Implemented priority initiatives.

Indicators for the Year Three Objective (2016-17)
Priority initiatives implemented.
Enhanced access to information about programs and services on the Western Health website.
Increased use of the Western Health website.
Completed development of e-learning module to support navigation of programs and services.

Discussion of Results
An environmental scan was completed in 2014-15 to identify opportunities to enhance awareness of programs and services. Priority initiatives identified from the environmental scan included enhancements to the Western Health website, continued growth and development of social media specifically Twitter, and development of an e-learning module for administrative support staff to support and enhance their ability to assist with the navigation of programs and services at Western Health. An evaluation plan was also developed in 2014-15 and performance outcomes were identified for the priority initiatives.

A work plan was developed in 2015-16 to support achievement of performance outcomes for the three priority initiatives. Progress with implementing the work plan was monitored by the primary health care management committee.

In consultation with an external web consultant, a comprehensive review of Western Health's website was completed. The Regional Director Corporate Communications in collaboration with the regional primary health care management committee completed a card sorting exercise[11] with the external consultant which helped develop the architecture of the new website. Focus was on ensuring the new website is more user friendly with an enhanced layout, ease of navigation, use of plain language, and is supported on mobile devices. Work was also initiated to enhance access to health related information and resources. The regional primary health care management committee had the opportunity to preview the new website and provide feedback to the consultant. Work will continue to support the final transfer to the new website in 2016-17.

[11]A card is made for every page on a website and organized with similar pages to suggest new structure of a website.

Staff and leadership were solicited to consider the use of Twitter to communicate key messages with the public about programs and services. Examples of information tweeted included messages about: physical activity, healthy eating, injury prevention, tobacco control, sexual and reproductive health, mental health, and addictions, as well as events being held in communities throughout the Western region. Links that provided additional information were also included in the tweets.

An e-learning module to enhance the ability of administrative support staff to assist with the navigation of programs and services at Western Health will be implemented following the transfer to the new website in 2016-17.

Christmas Tree Lighting Ceremony - Corner Brook Long Term Care Home.

OPPORTUNITIES AND CHALLENGES AHEAD FOR WESTERN HEALTH

Operational Efficiency

During the fiscal year, Western Health continued to look for opportunities to improve its performance by participating in benchmarking activities and comparing itself to similar health organizations in an effort to enhance efficiency. The improvements to date have benefited from coordinated efforts across the region and province. Operational efficiency will continue to be a priority during the coming year. Western Health will work to ensure services are provided as efficiently as possible while continuing to deliver safe and quality programs and services to the residents of the Western region.

Population Health

The health status of the residents within the Western region continues to be a major concern. Western Health will continue to explore opportunities to enhance chronic disease prevention and management in keeping with the expanded chronic care model. The organization will also continue to build and strengthen partnerships, particularly with communities in an effort to enhance health promotion and prevention to improve health status. These efforts are integral to ensuring that the residents of the Western region achieve the highest level of health and well being possible.

Primary Health Care

The Department of Health and Community Services released a new Primary Health Care framework and solidified its commitment to primary health care reform. Furthermore, the Minister's mandate letter of December 2015 highlighted primary health care as a philosophy and service delivery model, instructing the development of regional primary health care teams. This provides an opportunity to highlight the many successes within Western Health. It also provides opportunity to work with the Department of Health and Community Services and other primary care stakeholders to address the existing issues related to primary care within the Western region. This includes access to primary care providers which ultimately places pressure on other areas of the health care system such as visits to the emergency department and access to services. Western Health will continue to explore implementation of new telehealth applications as well as opportunities to increase usage of telehealth as a means to enhance access to services, particularly for residents in rural areas.

New Facilities Planning

Western Health, in partnership with the Department of Health and Community Services and Department of Transportation will continue to plan for new facilities. Operational readiness will continue to be utilized to provide opportunities for improvement within program areas in the transition of existing services to new facilities. Some of the challenges with operational readiness will be related to change and supporting the organization in a new perspective or approach.

Cape Ray Beach, near Port aux Basques.

FINANCIAL STATEMENTS

In keeping with the *Transparency and Accountability Act*, Western Health is pleased to share its audited financial statement for 2015-16.

Non-Consolidated Financial Statements

Western Regional Health Authority

March 31, 2016

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Statement of responsibility

The accompanying non-consolidated financial statements are the responsibility of the Board of Trustees of the Western Regional Health Authority (the "Board") and have been prepared in compliance with legislation, and in accordance with Canadian Public Sector Accounting Standards as recommended by the Chartered Professional Accountants of Canada.

In carrying out its responsibilities, management maintains appropriate systems of internal and administrative controls designed to provide reasonable assurance that transactions are executed in accordance with proper authorization, that assets are properly accounted for and safeguarded, and that financial information produced is relevant and reliable.

The Board met with management and its external auditors to review a draft of the non-consolidated financial statements and to discuss any significant financial reporting or internal control matters prior to their approval of the non-consolidated finalized financial statements.

Grant Thornton LLP as the Board's appointed external auditors, have audited the non-consolidated financial statements. The auditor's report is addressed to the Board and appears on the following page. Their opinion is based upon an examination conducted in accordance with Canadian generally accepted auditing standards, performing such tests and other procedures as they consider necessary to obtain reasonable assurance that the non-consolidated financial statements are free of material misstatement and present fairly the financial position and results of the Board in accordance with Canadian public sector accounting standards.

Director

Director

Independent auditors' report

Grant Thornton LLP
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Corner Brook, NL
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To the Board of Trustees

Western Regional Health Authority

We have audited the accompanying non-consolidated financial statements of Western Regional Health Authority, which comprise the non-consolidated statement of financial position as at March 31, 2016, and the non-consolidated statement of operations, changes in net debt, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these non-consolidated financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of non-consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on these non-consolidated financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the non-consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the non-consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the non-consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the non-consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the non-consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the non-consolidated financial statements present fairly, in all material respects, the non-consolidated financial position of the Western Regional Health Authority as at March 31, 2016, and the results of its operations, changes in net debt, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis of Presentation and Restriction of Use

Without modifying our opinion, we draw attention to Note 2 to the non-consolidated financial statements, which describe the basis of presentation of the non-consolidated financial statements of Western Regional Health Authority. These non-consolidated financial statements have been prepared for specific users and may not be suitable for another purpose.

Grant Thornton LLP

Corner Brook, Canada
June 16, 2016

Chartered Professional Accountants

Western Regional Health Authority

Non-Consolidated statement of financial position

March 31 (in thousands of dollars)	2016	2015
Financial assets		
Cash and cash equivalents	$ 11,282	$ 11,207
Receivables (Note 3)	12,306	20,296
Due from associated funds (Note 4)	2,183	2,121
Trust funds on deposit (Note 5)	560	639
Restricted cash and investments	154	157
	$ 26,485	$ 34,420
Liabilities		
Payables and accruals	$ 24,047	$ 31,348
Vacation pay accrual	8,907	9,076
Severance pay accrual (Note 6)	31,789	30,421
Sick leave accrual (Note 6)	17,502	16,860
Deferred contributions – operating	8,772	9,518
Deferred contributions – capital	11,996	14,051
Long term debt (Note 7 & 8)	5,406	1,841
Trust funds payable	560	639
	$ 108,979	$ 113,754
Net debt	$ (82,494)	$ (79,334)
Non-financial assets		
Tangible capital assets (Note 9)	$ 68,186	$ 66,087
Inventory (Note 10)	5,000	4,893
Prepaid expenses	3,756	6,233
	76,942	77,213
Accumulated deficit	$ (5,552)	$ (2,121)

Contingencies and commitments (Note 11)

On behalf of the Board

Member Member

See accompanying notes to the non-consolidated financial statements

Western Regional Health Authority

Non-Consolidated statement of operations

Year ended March 31 (in thousands of dollars)	**Budget 2016 (Note 12)**	**Actual 2016**	Actual 2015
Revenue			
Provincial plan – operating grant	**$ 317,264**	**$ 317,264**	$ 300,303
Capital grant – provincial	**5,627**	**5,633**	5,123
Capital grant – other	**500**	**500**	816
National Child Benefit	**835**	**835**	780
Early Childhood Development	**359**	**359**	359
MCP physician revenue	**18,495**	**18,442**	19,179
Inpatient	**1,376**	**1,686**	1,334
Outpatient	**1,630**	**2,149**	1,581
Resident revenue – long term care	**7,557**	**7,476**	7,978
Mortgage interest subsidy	**23**	**23**	22
Food service	**1,695**	**1,728**	1,725
Other recoveries	**11,552**	**11,561**	10,488
Other	**4,940**	**5,433**	5,498
	371,853	**373,089**	355,186
Expenditures			
Administration	**28,053**	**27,127**	26,597
Support services	**60,188**	**59,630**	58,502
Nursing inpatient services	**88,274**	**87,804**	86,923
Medical services	**22,277**	**21,739**	22,707
Ambulatory care services	**28,692**	**30,212**	27,866
Diagnostic and therapeutic services	**36,146**	**36,239**	32,430
Community and social services	**93,999**	**92,637**	83,164
Educational services	**6,096**	**5,797**	5,715
Undistributed	**1,999**	**5,659**	5,149
	365,724	**366,844**	349,053
Surplus	**$ 6,129**	**$ 6,245**	$ 6,133

See accompanying notes to the non-consolidated financial statements

Western Regional Health Authority

Non-Consolidated statement of operations (cont'd)

Year ended March 31 (in thousands of dollars)	**Budget 2016 (Note 12)**	**Actual 2016**	Actual 2015
Adjustments for undernoted items – net expenses			
Amortization expense	**$ 7,835**	**$ 7,835**	$ 7,595
Accrued vacation expense – (decrease) increase	**(169)**	**(169)**	417
Accrued severance expense - increase	**1,368**	**1,368**	617
Accrued sick expense – increase (decrease)	**642**	**642**	(107)
Total adjustments for above noted items	**9,676**	**9,676**	8,522
Deficit	**(3,547)**	**(3,431)**	(2,389)
Accumulated (deficit) surplus, beginning of year	**(2,121)**	**(2,121)**	268
Accumulated deficit, end of year	**$ (5,668)**	**$ (5,552)**	$ (2,121)

Western Regional Health Authority

Non-Consolidated statement of changes in net debt

Year ended March 31 (in thousands of dollars)	**Budget 2016 (Note 12)**	**Actual 2016**	Actual 2015
Net debt, beginning of year	**$ (79,334)**	**$ (79,334)**	$ (79,452)
Deficit for the year	**(3,547)**	**(3,431)**	(2,389)
Changes in tangible capital assets			
Acquisition of tangible capital assets	**(9,934)**	**(9,934)**	(5,875)
Amortization of tangible capital assets	**7,835**	**7,835**	7,595
(Increase) decrease in net book value of tangible capital assets	**(2,099)**	**(2,099)**	1,720
Changes in other non-financial assets			
Acquisition of prepaid expense (net of usage)	**-**	**2,477**	619
Acquisition of inventories of supplies (net of usage)	**-**	**(107)**	168
Decrease in other non-financial assets	**-**	**2,370**	787
(Increase) decrease in net debt	**(5,646)**	**(3,160)**	118
Net debt, end of year	**$ (84,980)**	**$ (82,494)**	$ (79,334)

See accompanying notes to the non-consolidated financial statements

Western Regional Health Authority

Non-Consolidated statement of cash flows

Year ended March 31 (in thousands of dollars)		**2016**		2015
Operating				
Annual deficit	**$**	**(3,431)**	$	(2,389)
Add (deduct) non-cash items:				
Amortization of capital assets		**7,835**		7,595
Accrued vacation expense – (decrease) increase		**(169)**		417
Accrued severance expense – increase		**1,368**		617
Accrued sick expense – increase (decrease)		**642**		(107)
Changes in:				
Receivables		**7,990**		5,341
Due from associated funds		**(62)**		(199)
Inventory		**(107)**		168
Prepaid expenses		**2,477**		619
Deferred contributions - operating		**(746)**		6,428
Payables and accruals		**(7,301)**		179
Net cash provided by operating transactions		**8,496**		18,669
Capital				
Acquisitions of tangible capital assets		**(9,934)**		(5,875)
Net cash applied to capital transactions		**(9,934)**		(5,875)
Financing				
Capital lease		**3,766**		-
Debt assumed		-		(1,743)
Repayment of long term debt		**(201)**		(194)
Capital contributions		**(2,055)**		357
Net cash applied to financing transactions		**1,510**		(1,580)
Investing				
Restricted cash and investments		**3**		(7)
Net cash applied to investing transactions		**3**		(7)
Net cash applied		**75**		11,207
Cash and cash equivalents - beginning of year		**11,207**		-
Cash and cash equivalents - end of year	**$**	**11,282**	$	11,207

See accompanying notes to the non-consolidated financial statements

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2016
(in thousands of dollars)

1. Nature of operations

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

Western Health is an incorporated not-for-profit with no share capital, and as such, is exempt from income tax.

2. Summary of significant accounting policies

The non-consolidated financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards (PSAS) and reflect the following significant accounting policies:

Basis of presentation
These non-consolidated financial statements reflect the assets, liabilities, revenue and expenditures of the operating fund. These non-consolidated financial statements have not been consolidated with those other organizations controlled by Western Health because they have been prepared for the Authority's Board of Trustees and the Department of Health and Community Services. Since these non-consolidated financial statements have not been prepared for general purposes, they should not be used by anyone other than the specified users. Consolidated financial statements have been issued.

Use of estimates
The preparation of non-consolidated financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities, at the date of the non-consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Items requiring the use of significant estimates include accrued severance, accrued sick leave, useful life of tangible capital assets, impairment of assets and allowance for doubtful accounts.

Estimates are based on the best information available at the time of preparation of the non-consolidated financial statements and are reviewed annually to reflect new information as it becomes available. Measurement uncertainty exists in these financial statements. Actual results could differ from these estimates.

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2016
(in thousands of dollars)

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

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

Accrued severance and sick leave
Upon termination, retirement or death, the organization provides their employees, with at least nine years of services with severance benefits equal to one week of pay per year of service up to a maximum of 20 weeks. An actuarially determined accrued liability for severance has been recorded in the statements. This liability has been determined using management's best estimate of employee retention, salary escalation, long term inflation and discount rates.

The organization provides their employees with sick leave benefits that accumulate but do not vest. The benefits provided to employees vary based upon classification within the various negotiated agreements. An actuarially determined accrued liability has been recorded on the statements for non-vesting sick leave benefits. The cost of non-vesting sick leave benefits are actuarially determined using management's best estimate of salary escalation, accumulated sick days at retirement, long term inflation rates and discount rates.

Accrued vacation pay
An accrued liability for vacation pay is recorded in the accounts at year end for all employees who have a right to receive these benefits.

Non-financial assets
Non-financial assets are not available to discharge existing liabilities and are held for use in the provision of services. They have useful lives generally extending beyond the current year and are not intended for sale in the ordinary course of operations. The change in non-financial assets during the year, together with the annual deficit (surplus), provides the change in net financial debt for the year.

Inventory
Inventory is valued at average cost. Cost includes purchase price plus the non-refundable portion of applicable taxes.

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2016
(in thousands of dollars)

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

Tangible capital assets
Western Health has control over certain assets for which title resides with the Government of Newfoundland and Labrador. These assets have not been recorded in the financial statements of Western Health. Capital assets are recorded at cost. Assets are not amortized until placed in use. Assets in use are amortized over their useful life on a declining balance basis at the following rates:

Land improvements	2 ½%
Buildings	6 ¼%
Parking lot	6 ¼%
Equipment	15%
Motor vehicles	20%
Leasehold improvements	20%

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

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

Revenue recognition
Provincial plan revenues for operating and capital purposes are recognized in the period in which all eligibility criteria or stipulations have been met. Any funding received prior to satisfying these conditions is deferred until conditions have been met. When revenue is received without eligibility criteria or stipulations, it is recognized when the transfer from the Province of Newfoundland and Labrador is authorized.

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

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

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

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2016
(in thousands of dollars)

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

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

Pension contributions were made in the following amounts:

		2016		2015
GMPP	**$**	**3,367**	**$**	3,258
PSPP	**$**	**24,251**	$	18,938

Funds and reserves
Certain amounts, as approved by the Board are set aside in accumulated surplus for future operating and capital purposes. Transfers to/from funds and reserves are an adjustment to the respective fund when approved.

Financial instruments

Western Health considers any contract creating a financial asset, liability or equity instrument as a financial instrument, except in certain limited circumstances. Western Health accounts for the following as financial instruments:

- cash and cash equivalents
- receivables
- trust funds on deposit
- restricted cash and investments
- bank indebtedness
- payables and accruals
- long term debt
- trust funds payable

A financial asset or liability is recognized when Western Health becomes party to contractual provisions of the instrument. Amounts due to and from related parties are measured at the exchange amount, being the amount agreed upon by the related parties.

Measurement
The Authority initially measures its financial assets and financial liabilities at fair value, except for certain non-arm's length transactions.

Financial assets or liabilities obtained in related party transactions are measured in accordance with the accounting policy for related party transactions except for those transactions that are with a person or entity whose sole relationship with Western Health is in the capacity of management in which case they are accounted for in accordance with financial instruments.

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2016
(in thousands of dollars)

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

Measurement (cont'd)
Financial assets measured at cost include cash and cash equivalents, receivables, trust funds on deposit, and restricted cash and investments.

Financial liabilities measured at cost include bank indebtedness, payables and accruals, long term debt and trust funds payable.

Impairment

Western Health removes financial liabilities, or a portion of, when the obligation is discharged, cancelled or expires.

A financial asset (or group of similar financial assets) measured at cost or amortized cost are tested for impairment when there are indicators of impairment. Impairment losses are recognized in the statement of operations. Previously recognized impairment losses are reversed to the extent of the improvement provided the asset is not carried at an amount, at the date of the reversal, greater than the amount that would have been the carrying amount had no impairment loss been recognized previously. The amounts of any write-downs or reversals are recognized in annual surplus.

3. Receivables	**2016**	2015
Province of Newfoundland and Labrador		
Capital contributions	**$ 255**	$ 400
Provincial plan	**1,698**	9,860
MCP	**2,650**	2,832
Patient services	**942**	818
Employees' pay and travel advances	**266**	314
Harmonized sales tax rebate	**585**	337
Department of veteran affairs	**127**	477
Child Youth and Family Services	**2,362**	2,191
Other	**3,421**	3,067
	$ 12,306	$ 20,296

4. Due from associated funds	**2016**	2015
Cottages	**$ 1,833**	$ 2,071
Foundations	**350**	50
	$ 2,183	$ 2,121

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2016
(in thousands of dollars)

5. Trust funds

Funds belonging to patients of Western Health are being held in trust for the benefit of the patients.

Western Regional Health Authority
Notes to the non-consolidated financial statements
March 31, 2016
(in thousands of dollars)

6. Employee future benefits

Future employee benefits related to accrued severance and accrued sick obligations have been calculated based on an actuarial valuation completed effective March 31, 2016. The assumptions are based on future events. The economic assumptions used in the valuation are Western Health's best estimates of expected rates as follows:

	2016	2015
Wages and salary escalation	**3.75%**	3.75%
Discount rate	**3.70%**	2.90%

Based on actuarial valuation of the liability, at March 31, 2016 the results for sick leave are:

	2016	2015
Accrued sick pay obligation, beginning	**$ 18,502**	$ 16,967
Current period benefit cost	**1,883**	1,749
Benefit payments	**(2,590)**	(2,312)
Interest on the accrued benefit obligations	**711**	651
Actuarial losses	**4,805**	1,447
Accrued sick pay obligations, at end	**$ 23,311**	$ 18,502

Based on actuarial valuation of the liability, at March 31, 2016 the results for severance are:

	2016	2015
Accrued benefit obligation, beginning	**$ 34,006**	$ 29,804
Current period benefit cost	**2,392**	2,015
Benefit payments	**(2,124)**	(1,642)
Interest on the accrued benefit obligation	**929**	1,170
Actuarial (gains) losses	**(5,146)**	2,659
Accrued severance obligation, at end	**$ 30,057**	$ 34,006

A reconciliation of the accrued benefit liability and the accrued benefit obligation is as follows:

	2016	2015
Sick benefits:		
Accrued benefit liability	**$ 17,502**	$ 16,860
Unamortized actuarial losses	**5,809**	1,642
Accrued benefit obligation	**$ 23,311**	$ 18,502
Severance benefits:		
Accrued benefit liability	**$ 31,789**	$ 30,421
Unamortized actuarial losses	**(1,732)**	3,585
Accrued benefit obligation	**$ 30,057**	$ 34,006

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2016
(in thousands of dollars)

7. Long term debt

	2016	2015
1.8% mortgage on the Bay St. George Seniors Home, maturing in 2021, repayable in blended monthly payments of $12,113	**$ 717**	$ 848
8% mortgage on the Bay St. George Seniors Home, maturing in 2026, repayable in blended monthly payments of $9,523	**820**	868
4.56% mortgage on the Woody Point Clinic, maturing in 2020, repayable in blended monthly payments of $2,304	**103**	125
Obligations under capital lease, 3% maturing in 2029, payable in blended monthly payments which escalate on an annual basis	**3,766**	-
	$ 5,406	$ 1,841

As security for the mortgages, Western Health has provided a first mortgage over land and buildings at the Bay St. George Senior Citizens Home and Woody Point Clinic having a net book value of $1,641 (2015 - $1,841).

As security for the capital lease, Western Health has provided specific capital equipment having a net book value of $6,110.

See Note 8 for five year principal repayment schedule.

8. Obligations under long term debt

Western Health has acquired building additions and equipment under the terms of long term debt. Payments under these obligations for the next five years are as follows:

Fiscal year ended	
2017	$ 521
2018	593
2019	604
2020	617
2021	601
	$ 2,936

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2016
(in thousands of dollars)

9. Tangible capital assets

	Land	Land Improvements	Buildings	Parking Lot	Equipment	Motor Vehicles	Leasehold Improvements	Total
March 31, 2016								
Cost								
Opening balance	$ 675	$ 435	$ 57,232	$ 1,142	$ 135,479	$ 1,697	$ 232	$ 196,892
Additions	-	-	55	-	9,674	205	-	9,934
Disposals	-	-	-	-	-	-	-	-
Closing balance	675	435	57,287	1,142	145,153	1,902	232	206,826
Accumulated amortization								
Opening balance	-	261	31,467	751	96,908	1,196	222	130,805
Additions	-	5	1,583	24	6,099	121	3	7,835
Disposals	-	-	-	-	-	-	-	-
Closing balance	-	266	33,050	775	103,007	1,317	225	138,640
Net book value	**$ 675**	**$ 169**	**$ 24,237**	**$ 367**	**$ 42,146**	**$ 585**	**$ 7**	**$ 68,186**

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2016
(in thousands of dollars)

9. Tangible capital assets (cont'd)

	Land	Land Improvements	Buildings	Parking Lot	Equipment	Motor Vehicles	Leasehold Improvements	Total
March 31, 2015								
Cost								
Opening balance	$ 675	$ 435	$ 56,517	$ 1,142	$ 130,446	$ 1,570	$ 232	$ 191,017
Additions	-	-	715	-	5,033	127	-	5,875
Disposals	-	-	-	-	-	-	-	-
Closing balance	675	435	57,232	1,142	135,479	1,697	232	196,892
Accumulated amortization								
Opening balance	-	257	29,921	725	91,000	1,087	220	123,210
Additions	-	4	1,546	26	5,908	109	2	7,595
Disposals	-	-	-	-	-	-	-	-
Closing balance	-	261	31,467	751	96,908	1,196	222	130,805
Net book value	**$ 675**	**$ 174**	**$ 25,765**	**$ 391**	**$ 38,571**	**$ 501**	**$ 10**	**$ 66,087**

Book value of capitalized items that have not been amortized is $ 3,016 (2015 - $ 6,152)

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2016
(in thousands of dollars)

10. Inventory	2016	2015
Dietary	**$ 105**	$ 103
Pharmacy	**1,860**	1,773
Supplies	**3,035**	3,017
	$ 5,000	$ 4,893

11. Contingencies and commitments

Claims

As of March 31, 2016, there were a number of claims against Western Health in varying amounts for which no provision has been made. It is not possible to determine the amounts, if any, that may ultimately be assessed against Western Health with respect to these claims, but management believes any claim, if successful, will be covered by liability insurance.

Operating leases

Western Health has a number of agreements whereby it leases vehicles, office equipment and buildings. These leases are accounted for as operating leases. Future minimum lease payments for the next five years are as follows:

Fiscal year ended	
2017	$ 3,937
2018	1,820
2019	589
2020	418
2021	360
	$ 7,124

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2016
(in thousands of dollars)

12. Budget

Western Health prepares an initial budget for a fiscal period that is approved by the Board of Trustees and Government [the "Original Budget"]. The Original Budget may change significantly throughout the year as it is updated to reflect the impact of all known service and program changes approved by Government. Additional changes to services and programs that are initiated throughout the year would be funded through amendments to the Original Budget and an updated budget is prepared by Western Health. The updated budget amounts are reflected in the budget amounts as presented in the non-consolidated statement of operations [the "Budget"].

The Original Budget and Budget do not include amounts relating to certain non-cash and other items including capital asset amortization, the recognition of provincial capital grants and other capital contributions, adjustments required to the accrued benefit obligations associated with severance and sick leave, and adjustments to accrued vacation pay.

The following presents a reconciliation of budgeted revenue and expenditures for the year ended March 31, 2016:

Original budgeted provincial plan revenue	$	302,359
Add: Net provincial plan budget adjustments		14,904
Ending budgeted provincial plan revenue		317,263
Original budgeted other revenue		45,668
Add: Net budget increases - other		2,793
Ending budgeted revenue	$	365,724
Original budgeted salary expenditure	$	220,674
Add: Net salary budget adjustments		5,308
Ending budgeted salary expenditure		225,982
Original budgeted supply expenditure		128,750
Add: Net supply budget adjustments		10,992
Ending budgeted expenditures	$	365,724

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2016
(in thousands of dollars)

13. Financial instruments

The main risks Western Health is exposed to through its financial instruments are credit risk, liquidity risk and market risk.

Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The Authority's main credit risks relate to its accounts receivable. The entity provides credit to its clients in the normal course of its operations. There was no significant change in exposure from the prior year.

Western Health has a collection policy and monitoring process intended to mitigate potential credit losses. Management believes that the credit risk with respect to accounts receivable is not material.

Liquidity risk

Liquidity risk is the risk that the Authority will encounter difficulty in meeting the obligations associated with its financial liabilities. The Authority is exposed to this risk mainly in respect of its long term debt, contributions to the pension plan and accounts payable. There was no significant change in exposure from the prior year.

The Authority mitigates this risk by having access to a line of credit in the amount of $14,000. In addition, consideration will be given to obtaining additional funds through third party funding in the Province, assuming these can be obtained.

Market risk

Market risk is the risk that the fair value or expected future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The Authority is not significantly impacted by foreign exchange risk or interest rate risk.

14. Comparative figures

Comparative figures have been adjusted to conform to changes in the current year presentation.

Western Regional Health Authority

Non-Consolidated expenditures – operating/shareable

Schedule I

Year ended March 31 (in thousands of dollars)	**2016**	2015
Administration		
General administration	**$ 8,348**	$ 9,128
Finance	**3,019**	2,886
Personnel services	**4,056**	3,965
System support	**5,748**	4,913
Other administrative	**5,956**	5,705
	27,127	26,597
Support services		
Housekeeping	**10,460**	10,683
Laundry and linen	**2,442**	2,445
Plant services	**16,974**	18,653
Patient food services	**13,038**	12,177
Other support services	**16,716**	14,544
	59,630	58,502
Nursing inpatient services		
Nursing inpatient services – acute	**58,145**	57,290
Medical services	**21,739**	22,707
Nursing inpatient services – long term care	**29,659**	29,633
	109,543	109,630
Ambulatory care services	**30,212**	27,866
Diagnostic and therapeutic services		
Clinical laboratory	**11,975**	11,082
Diagnostic imaging	**10,250**	8,568
Other diagnostic and therapeutic	**14,014**	12,780
	36,239	32,430

Western Regional Health Authority

Non-Consolidated expenditures – operating/shareable

Schedule I (cont'd)

Year ended March 31 (in thousands of dollars)	**2016**	2015
Community and social services		
Mental health and addictions	**8,674**	7,974
Community support programs	**73,858**	66,013
Family support programs	**3,443**	2,989
Health promotion and protection program	**6,662**	6,188
	92,637	83,164
Education	**5,797**	5,715
Undistributed	**5,659**	5,149
Shareable amortization	**201**	194
Total expenditures	**$ 367,045**	$ 349,247

Western Regional Health Authority

Non-Consolidated revenue and expenditures for government reporting

Schedule II

Year ended March 31 (in thousands of dollars)	**2016**	2015
Revenue		
Provincial plan – operating grant	**$ 317,264**	$ 300,303
Capital grant – provincial	**5,633**	5,123
Capital grant – other	**500**	816
MCP physician revenue	**18,442**	19,179
National Child Benefit	**835**	780
Early Childhood Development	**359**	359
Inpatient	**1,686**	1,334
Outpatient	**2,149**	1,581
Resident revenue – long term care	**7,476**	7,978
Mortgage interest subsidy	**23**	22
Food service	**1,728**	1,725
Other recoveries	**11,561**	10,488
Other	**5,433**	5,498
Total revenue	**373,089**	355,186
Expenditures		
Worked and benefit salaries and contributions	**189,963**	184,479
Benefit contributions	**36,586**	33,693
	226,549	218,172
Supplies – plant operations and maintenance	**5,695**	6,681
Supplies – drugs	**9,445**	8,972
Supplies – medical and surgical	**11,804**	11,726
Supplies – other	**13,450**	12,836
	40,394	40,215
Direct client costs – mental health and addictions	**427**	394
Direct client costs – community support	**54,506**	48,883
Direct client costs – family support	**1,368**	1,292
	56,301	50,569
Other shareable expenses	**43,514**	40,005

Western Regional Health Authority
Non-Consolidated revenue and expenditures for government reporting
Schedule II (cont'd)

Year ended March 31 (in thousands of dollars)	**2016**	2015
Expenditures (cont'd)		
Long term debt – interest	**86**	92
Long term debt – principal	**201**	194
	287	286
Total expenditures	**367,045**	349,247
Less: Capital grant – provincial	**5,633**	5,123
Less: Capital grant – other	**500**	816
Surplus(Deficit) for government reporting	**(89)**	-
Long term debt - principal	**201**	194
Surplus(Deficit) inclusive of other operations	**112**	194
Shareable amortization	**201**	194
Surplus(Deficit) before non-shareable items	**(89)**	-
Non-shareable items		
Amortization expense	**7,634**	7,401
Accrued vacation expense - (decrease) increase	**(169)**	417
Accrued severance expense – increase	**1,368**	617
Accrued sick expense – increase (decrease)	**642**	(107)
Capital grant – Provincial	**(5,633)**	(5,123)
Capital grant - Other	**(500)**	(816)
	3,342	2,389
Deficit as per Statement of Operations	**$ (3,431)**	$ (2,389)

Western Regional Health Authority
Non-Consolidated funding and expenditures for government reporting
Capital transactions
Schedule III

Year ended March 31 (in thousands of dollars)		**2016**		2015
Sources of funds				
Provincial capital equipment grant for current year	**$**	**3,369**	$	5,021
Provincial facility capital grant in current year		**984**		1,920
Capital lease funding		**3,766**		-
Add: Deferred capital grant from prior year		**14,051**		13,694
Add: Transfer from operating fund		**-**		118
Less: Capital facility grant reallocated for operating fund purchases		**(773)**		(1,579)
Less: Deferred capital grant from current year		**(11,997)**		(14,051)
		9,400		5,123
Other contributions				
Foundations, auxiliaries and other		**500**		816
Total funding		**9,900**		5,939
Capital expenditures				
Asset, building and land		**55**		715
Asset, equipment		**9,879**		5,160
Total expenditures		**9,934**		5,875
(Deficit) surplus on capital purchases	**$**	**(34)**	$	64

Western Regional Health Authority

Accumulated operating deficit for government reporting

Schedule IVA

Year ended March 31
(in thousands of dollars)

	2016	2015
Accumulated operating deficit		
Current assets		
Cash and cash equivalents	**$ 11,282**	$ 11,207
Accounts receivable	**12,306**	20,296
Due from associated funds	**2,183**	2,121
Inventory	**5,000**	4,893
Prepaid expenses	**3,756**	6,233
Other	**(23)**	(21)
Total assets	**34,504**	44,729
Current liabilities		
Accounts payable and accrued liabilities	**24,047**	31,348
Deferred contributions – operating	**8,772**	9,518
Deferred contributions - capital	**11,996**	14,051
Total current liabilities	**44,815**	54,917
Accumulated operating deficit	**$ (10,311)**	$ (10,188)
Reconciliation of operating deficit		
Accumulated operating deficit – beginning of year	**$ (10,188)**	$ (10,240)
Add: Net operating (loss) income per schedule II	**(89)**	-
Add: Net (deficit) surplus on capital purchases per schedule III	**(34)**	64
Less: Restricted interest income	**-**	(12)
Accumulated operating deficit – end of year	**(10,311)**	(10,188)
Less: Net surplus on capital purchases – prior years	**1,196**	1,132
Less: Net surplus on capital purchases - 2015	**-**	64
Less: Net (deficit) surplus on capital purchases - 2016	**(34)**	-
Accumulated operating deficit – per Department of Health and Community Services	**$ (11,473)**	$ (11,384)

Western Regional Health Authority

Reconciliation of non-consolidated accumulated operating deficit for government reporting

Schedule IVB

Year ended March 31 (in thousands of dollars)	**2016**	2015
Accumulated operating deficit – end of year per Schedule IVA	**$ (10,311)**	$ (10,188)
Adjustments:		
Other assets	**23**	21
Restricted cash and investments	**154**	157
Vacation pay accrual	**(8,907)**	(9,076)
Severance pay accrual	**(31,789)**	(30,421)
Sick pay accrual	**(17,502)**	(16,860)
Long term debt	**(5,406)**	(1,841)
Tangible capital assets	**68,186**	66,087
	4,759	8,067
Accumulated deficit per Statement of Financial Position	**$ (5,552)**	$ (2,121)

Western Health

Our Vision

The vision of Western Health is that the people of Western Newfoundland have the highest level of health and well being possible - Your Health Our Priority.

www.westernhealth.nl.ca

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