2013-14 ANNUAL PERFORMANCE REPORT

Western Health

TABLE OF CONTENTS

Message from the Board Chair 3

Overview 5

Operating Revenue and Expenses 11

Western Health Regional Map 13

Shared Commitments 15

Highlights and Accomplishments 19

Report on Performance 27

- Mission 27

- Strategic Issue One 28

- Strategic Issue Two 36

- Strategic Issue Three 45

Opportunities and Challenges Ahead for Western Health 53

Financial Statements 57

2014 Healthy Aging Calendar participants Steve and Jenny Mudge in Trout River.

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 2013-14. This is our ninth 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 2013-14, were Mr. Don Fudge, Mr. David Kennedy, Ms. Sonia Lovell, Mr. Tom O'Brien, Mr. Richard Parsons, Mr. Ralph Rice, Mr. Colin Short and Ms. Regina Warren.

The Board is pleased to report that Western Health ended the fiscal year with a balanced budget.

The Board of Trustees is grateful to the dedicated staff, physicians, volunteers and community partners who are committed to the health and well being of the people that we serve. The Board of Trustees initiated sessions with community partners throughout the Western region in March 2014, and will complete the sessions early in 2014-15. Community partners share what is working well in their partnerships with Western Health and help to identify opportunities for improvement. The Board of Trustees considers the information from community partners in its strategic planning processes.

The Board of Trustees also acknowledges and thanks the Chief Executive Officer of Western Health, Dr. Susan Gillam, and other members of the Senior Executive Team. The Board of Trustees' participation in Accreditation 2013, including the onsite visit with surveyors from Accreditation Canada, contributed to the Board's confidence that the Senior Executive has worked diligently to ensure the delivery of quality health and community services to the people of the Western region.

Please join the Board of Trustees in celebrating the accomplishments of the people who contribute so significantly to the success of Western Health.

With Sincere Best Wishes,

Tony Genge, PhD

Resident Dorothy Sheppard (right) with RT Worker Michelle Mitchell plant vegetables at Corner Brook Long Term Care's Therapeutic Garden.

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 strategic plan for April 2011, to March 2014, as well as its new 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 2013-14, Western Health had a budget of $335 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.

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 13). Its regional office is located in Corner Brook. The organization employs over 3,200 staff; approximately 84 per cent of staff is female. There are numerous volunteers 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 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, accomplishments and update on progress with strategic goals 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.

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.

The shared commitments section of this report discusses the partnerships that support Western Health in some achievements related to this line of business.

C. Providing supportive care

Western Health provides broad ranging supportive care services across the continuum of care and lifespan in various situations 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.

OVERVIEW

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

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

Supportive services are delivered within the context of current legislation, where applicable, and guided by the Provincial Government's strategic direction for improved accessibility to priority services.

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 2013-14, one highlight related to this line of business includes Western Health's work with partners including the Departments of Transportation and Works, and Health and Community Services, to advance planning for the new acute and long term care facilities in Corner Brook.

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.

A significant expansion in this line of business occurred in 2013-14, with the opening of the restorative care unit at Corner Brook Long Term Care Home.

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.

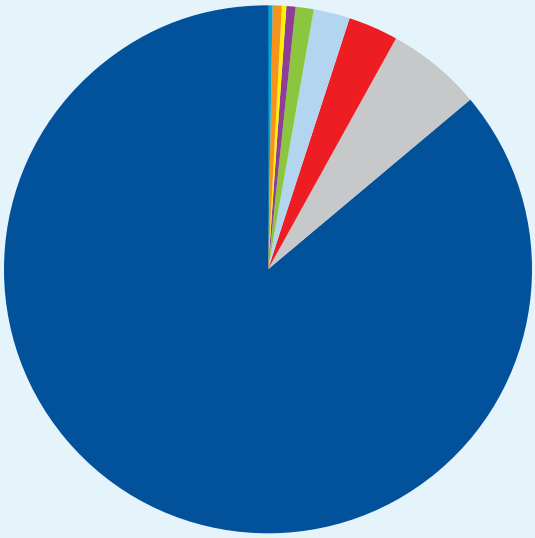
In 2013-14, Western Health initiated work to transfer responsibility for the Provincial Cervical Screening Initiatives Program to Eastern Health.

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

Deer Lake Medical Clinic staff raising awareness against bullying on "Pink T-Shirt Day."

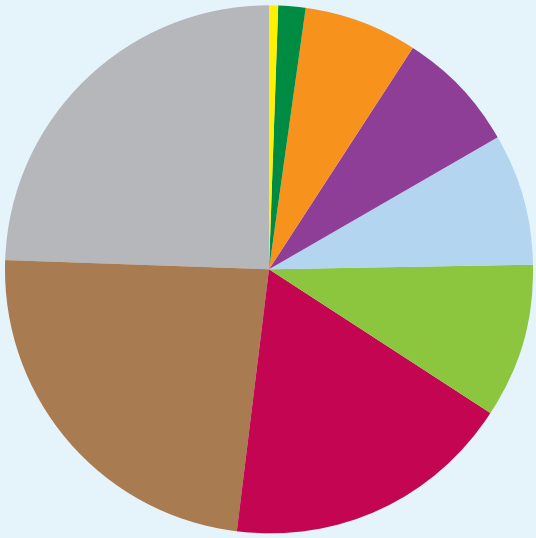
OPERATING REVENUE AND EXPENSES

OPERATING REVENUE
$334,775,000



- Provincial Plan $287,879,000
- MCP Physician Revenue $19,084,000
- Other Recoveries $10,203,000
- Resident Revenue (LTC) $8,199,000
- Other $3,126,000
- Food Service $1,775,000
- Outpatient $1,678,000
- Inpatient $1,583,000
- National Child Benefit $831,000
- Early Childhood Development $394,000
- Mortgage Interest Subsidy $23,000

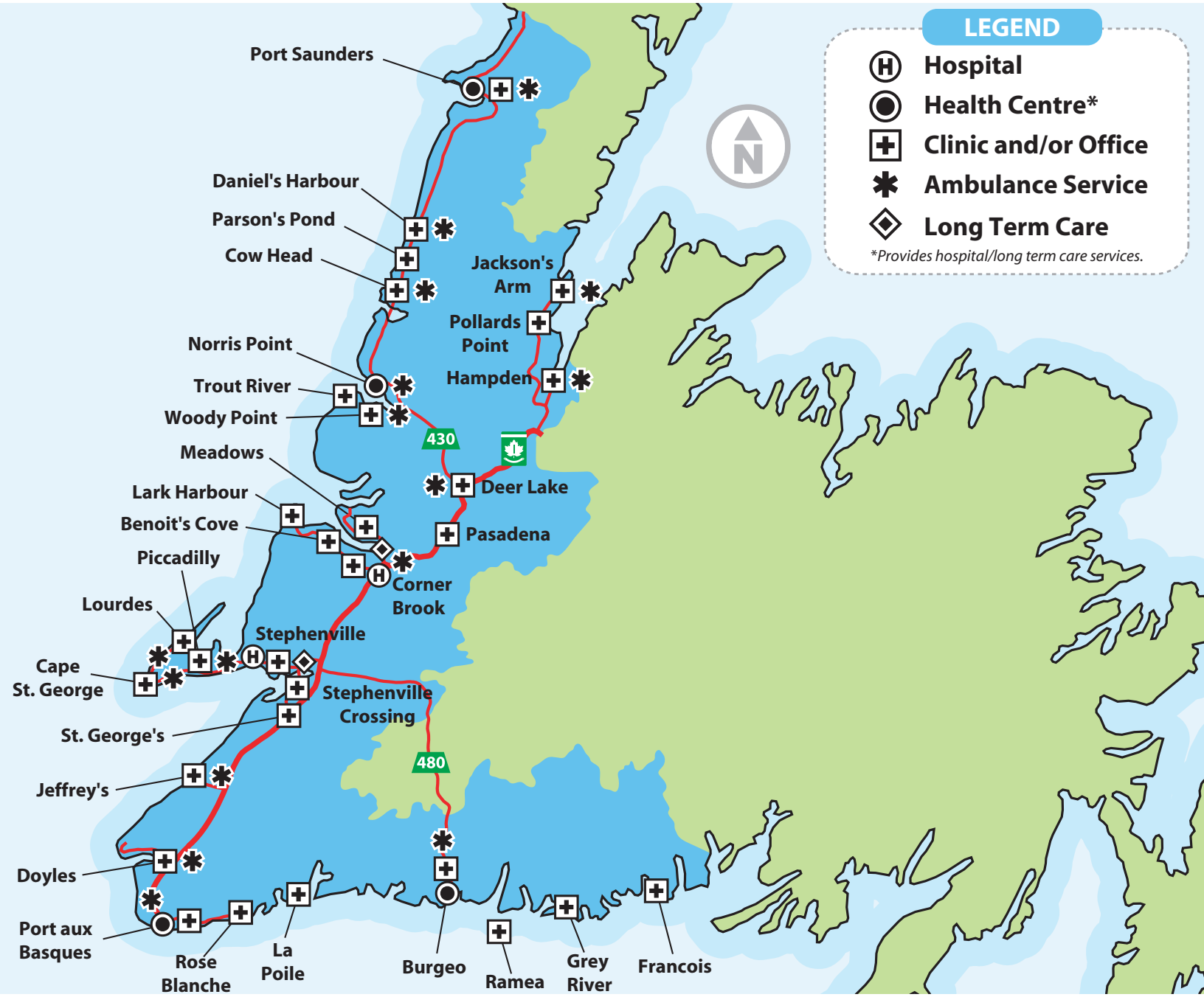
EXPENSES
$334,775,000



- Nursing Inpatient Services $81,612,000
- Community and Social Services $78,972,000
- Support Services $58,880,000
- Diagnostic and Therapeutic Services $32,180,000
- Administration $26,905,000
- Ambulatory Care Services $25,311,000
- Medical Services $23,010,000
- Education Services $5,890,000
- Undistributed $2,015,000

Highlighting a local community - Norris Point waterfront.

WESTERN HEALTH REGIONAL MAP



A resident works to restore function at the new Restorative Care Unit at Corner Brook Long Term Care.

SHARED COMMITMENTS

Western Health values the need for partnership and collaboration with its many stakeholders. Collaboration is integral to the achievement of the vision of Western Health "…that the people of Western Newfoundland have the highest level of health and well being possible." Collaboration is also a value of the organization and is defined as "each person works with others to enhance service delivery and maximize the use of resources." Western Health acknowledges the work achieved through shared commitments with many partners including physicians, private services providers, the Department of Health and Community Services, other departments of the Government of Newfoundland and Labrador, non-governmental agencies, post secondary institutions, municipal councils, professional associations and the general public. Western Health is extremely proud of its volunteers. There are currently over 1,300 volunteers who give generously of their time and talents to support the patients, residents and clients that we serve.

Improving Population Health

Western Health and the Newfoundland and Labrador English School District collaborated to improve the health of children in the school setting. In 2013-14, the health promotion strategies were identified following an assessment of each school by a community health nurse. The promotion of healthy eating and physical activity was targeted with the implementation of the 5-2-1-0 campaign (5 fruit and vegetables, not more than 2 hours of screen time, 1 hour of physical activity, and 0 sugar sweetened drinks). In partnership with other regional health authorities and the Department of Education, the implementation of Learning from the Start was initiated in April 2013. Through this initiative, community health nurses distribute parent resource kits at the two, four and six month child health clinic visits. The evaluation of parent resource kits for the 12 and 18 month child health clinic visits was initiated.

As part of its work to address smoking rates and protection from environmental smoke, Western Health staff continued to co-chair the Tobacco Free Network for the Western region. Other partners of the network included the Lung Association, the Canadian Cancer Society and the Community Mental Health Initiative. All partners worked to raise awareness of tobacco issues and to decrease tobacco use in the Western region. In 2013-14, Western Health staff participated in the Tobacco Radio Ad Campaign and supported the development of 30 Students Working Against Tobacco teams. Twenty-six (26) people were referred to Newfoundland and Labrador Smokers Helpline.

Improving Accessibility to Priority Services

Staff at Bay St. George Long Term Care Centre and Bonne Bay Health Centre continued their partnership with the Association of Registered Nurses of Newfoundland and Labrador and the College of Licensed Practical Nurses of Newfoundland and Labrador to make enhancements and sustain a Quality Professional Practice Environment (QPPE). Evidence indicates that the quality of work environment directly impacts the nurse's ability to meet professional practice standards and provide safe and competent care in these long term care and rural health settings.

SHARED COMMITMENTS

Western Health worked with the Community Mental Health Initiative's Suicide Prevention and Awareness Committee (SPAC) to support the organization of a walk for World Suicide Prevention Day on September 10, 2013. As part of the day's events, the SPAC launched a video, created in the Western region, which featured a local mother who lost her 17 year old son to suicide. The video, which is hosted on Western Health's YouTube channel, sends a powerful message to viewers about suicide and its impact. It promotes the messages of knowing the warning signs and where to get help as the main ways to prevent suicide. Other activities targeting suicide prevention included:

- presentations to students at Corner Brook Regional High by a family member survivor;
- a suicide awareness workshop, held October 2013, in Corner Brook, with approximately 40 participants in attendance;
- the third annual Tree of Memories, held December 22, 2013, in Corner Brook;
- and, for the first time, a walk for suicide prevention in Stephenville.

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

Through information management and technology enhancements, Western Health, the Department of Health and Community Services, the Newfoundland and Labrador Centre for Health Information and other regional health authorities collaborated to support the ongoing development, utilization and review of the Clinical Safety Reporting System (CSRS). The CSRS is an electronic reporting system that facilitates the identification, monitoring and trending of occurrences within the regional health authorities. Occurrence reporting is considered one of the fundamental tools for improving patient safety and enhancing the quality of care. In 2013-14, the work supported improvements in data integrity and provincial reporting. Western Health staff reported 4181 occurrences in 2013-14, approximately 15 per cent more occurrences than was reported in 2012-13. The increased number of occurrences reported helped Western Health to identify opportunities to improve falls prevention and medication safety. Western Health worked with the Newfoundland and Labrador Centre for Applied Health Research to complete a contextualized health research synthesis project (CHRSP) entitled Falls Prevention for Seniors in Institutional Healthcare Settings in Newfoundland and Labrador (2014). The information from this research will guide Western Health in its review and revision of its falls prevention program to enhance patient safety. Western Health will pursue an opportunity to work with the Canadian Foundation for Healthcare Improvement to identify and use evidence based practice to reduce antipsychotic medication use in long term care.

With the support of funding from the Canadian Patient Safety Institute, Western Health staff participated in the Atlantic Health Quality and Patient Safety Learning Exchange held in Moncton, New Brunswick in May 2013. The learning exchange supported next steps in the implementation of clinical guidelines to enhance quality and safety as staff from the Atlantic provinces shared lessons learned from auditing compliance with evidence based practices and their next steps to enhance compliance and/or performance. Western Health staff presented regional work to improve patient outcomes through the prevention of ventilator associated pneumonia.

SHARED COMMITMENTS

The prevention of venous thromboembolisms (preventing blood clots) is a priority initiative to enhance quality and safety through the use of evidence based clinical guidelines and practices. In collaboration with Eastern Health and Sanofi-Aventis Canada, education sessions were provided for physicians and other key stakeholders, on May 9 and 10, 2013, to support implementation of organizational initiatives related to the identification and prophylactic treatment of venous thromboembolisms (preventing blood clots). The key note speaker was Dr. K. Grewal, specialist in internal medicine and hematology with Eastern Health.

Western Health staff identified six questions for ethics consultations with the Provincial Health Ethics Network of Newfoundland and Labrador (PHENNL). The questions related to the neglected adult, patient rights, sexuality and the elderly, appropriate substitute decision makers, discontinuation of nutrition/hydration, and organ transplantation. Results from the ethics consultations were shared with involved staff and used to revise clinical/administrative guidelines/program standards. A highlight in 2013-14, Ms. Carol Anne Weldon, a community representative on the Western Health Ethics Committee, was a member of a panel discussion on end of life issues at the March 21, 2014, Ethics Day session offered by the PHENNL and hosted by Dr. Brian Goldman, better known for his hosting of CBC Radio's White Coat Black Art program.

Partnerships with industry have been important in meeting Western Health's regional wound and skin care program goals. One vendor, Convatec helped with the completion of a wound prevalence survey at Western Memorial Regional Hospital, Corner Brook Long Term Care Home and with home care clients in Corner Brook. Western Health's analysis of data identified opportunities to enhance compliance with evidence informed practice standards. Two vendors, Convatec, and Coloplast helped to provide education on evidence informed practices with staff. Ongoing compliance auditing will continue to support performance monitoring and improvement.

Throughout 2013-14, laboratory services staff at Western Health provided leadership and/or support to the provincial steering committee for laboratory reform with respect to complying with the provincial committee's recommendations related to the standardization of operations and procurement of equipment and supplies. The objective of laboratory reform is to optimize resources in order to provide a quality patient centered service which is timely and seamless.

Enhancing physician recruitment was a priority of health human resource activities in 2013-14. Western Health worked with the Department of Health and Community Services and other regional health authorities to support recruitment of salaried and locum physicians. Western Health continued to collaborate with Memorial University's Clinical Skills Assessment and Training Program to recruit general practitioners to the region; the physicians who graduated from the program in 2013, were hired to work in the communities of Stephenville, Corner Brook and Pollards Point/Jackson's Arm.

ER Nurse Anne Casey (left) receives a NENA award from fellow ER Nurse, Todd Warren.

HIGHLIGHTS AND ACCOMPLISHMENTS

Improving Population Health

During 2013-14, Western Health released its Community Health Needs and Resource Assessment. Similar to our previous assessments, a population health promotion approach guided the methodology used for the assessment process. Four hundred ninety-seven (497) participant surveys were completed and 12 focus groups were conducted, throughout the Western region. The information from surveying was augmented with health status and community assets information. The results informed strategic planning priorities for 2014-17, as well as guided the development of a shared action plan between the community advisory committee and the primary health care team for each primary health care area. Focus groups supported the sharing of needs and resources specific to the aboriginal and francophone populations within our region. Western Health continued its efforts to connect with organizations such as the Flat Bay Indian Band, Aboriginal Sport and Recreation Circle, Newfoundland Aboriginal Women's Network, Indian Cove Women's Circle, and the Francophone Association, especially as part of the work to enhance self management support and chronic disease prevention and management. Shared commitments that supported aboriginal health included Western Health's participation on the Aboriginal Health Provincial Steering Committee, Health Services Integration Fund Advisory Committee and the Provincial Health Services Integration Fund Projects Steering Committee.

In support of wellness, Western Health's work with the youth population included the implementation of (1) Youth Voices Healthy Choices, a program that supports youth, aged 12 to 18 years, to be engaged as leaders to promote healthy decision making and sexual health, (2) the Safer Bars Campaign, which was an innovative social media campaign with the goal of reducing harm related to risky behaviors associated with drinking alcohol, (3) Promoting Positive Choices, an initiative that targeted youth (aged 12 to 24 years) and parents with a focus on decision making related to alcohol and marijuana use. Other health promotion and prevention activities included: Truth about Drugs, Helping Skills, Peer Mentoring, What's with Weed, Strengthening Families, and Safer Partying.

During 2013-14, work continued to improve staff understanding of the aging process, increase staff skills to care for older adults with complex needs and promote positive images of aging. Six new age related posters for staff, highlighting age related physiological changes as part of the normal aging process, were disseminated during the year. Efforts continued to support staff training in priority areas of Gentle Persuasive Approach and Person Centred Care. Dementia care modules were piloted with staff at Corner Brook Long Term Care Home. Following the pilot, changes were made to enhance the modules. Western Health will complete the work to deliver the dementia care modules through our online eLearning system in 2014-15.

Previous support for the Healthy Aging Calendar's promotion of positive images of aging resulted in a new calendar for 2014. In recognition of Seniors Month, in June 2013, activities including resident art shows, antique shows and resident fashion shows, were held. Mindfulness sessions were offered in June 2013, to help staff enhance their role as caregivers.

HIGHLIGHTS AND ACCOMPLISHMENTS

A pilot project aimed at early diagnosis and treatment of clients with chronic obstructive pulmonary disease (COPD) as well as improved management of those already diagnosed with COPD, was initiated in April 2013, and will continue until November 2014. In 2013-14, 97 initial assessments and one month follow up calls were completed. Patients with a normal spirometry result did not continue in the program. The 83 patients who remained in the program were given appropriate education around medications, redirected back to their physician for further investigation if necessary, supported in education related to smoking cessation and given contact information if further assistance was required. Preliminary evidence suggested that COPD assessment test scores have decreased an average of 3.6 points from the initial to latest visit (the COPD assessment test is a self completed assessment that helps to measure the impact of COPD on a person's life and how this changes over time). From the initial assessment, 67 per cent of patients were on recommended therapy based on Canadian Thoracic Society guidelines. At three months, 74 per cent were on recommended therapy, and at six months, 85 per cent were on recommended therapy. As well, 17 per cent of patients had a completed action plan to support their self management of COPD, at the time of their initial assessment; 34 per cent of patients had a completed action plan at the three month assessment and 85 per cent of patients had a completed action plan at the six month assessment.

Influenza vaccination remained a priority for communicable disease control. In 2013-14, heightened public awareness regarding the importance of influenza vaccination resulted in increased regional uptake of the influenza vaccine by approximately 3,000 doses, 12 per cent greater than last season's uptake.

Western Health completed a number of exercises to test and improve its emergency preparedness and response capacity. In addition to the regularly scheduled drills for codes red, blue and pink, there were 10 table top exercises conducted across the region at the various sites. Events in the Western region also required Western Health to exercise its response capabilities. A spring flood in Deer Lake tested internal and external communication processes. There were two occasions when a telephone service provider experienced outages that affected Western Health facilities and the public's communication with emergency service providers. As part of Western Health's emergency response, satellite phones available at each site and portable radios were used for communication. While Western Health was not significantly affected by the power blackouts experienced across the province in January 2014, there were lessons learned both regionally and provincially regarding back up power generation capabilities, local partnerships with municipalities, communication and the supply of critical commodities.

Improving Accessibility to Priority Services

During 2013-14, Western Health opened a 14 bed restorative care unit in Corner Brook Long Term Care Home. This was a positive addition to Western Health's lines of business in keeping with the long term care and community support strategy. The goal of the restorative care program is to promote the highest level of independence through active involvement in activities of daily living. The program focuses on enabling clients to regain and retain their independence following the debilitating effects of illness and/or injury. In 2013-14, the program targeted inpatients at Western Memorial Regional Hospital with lengths of stay greater than 10 days, who were over the age of 65 years, who scored

greater than 9 but less than 25 on the Blaylock Risk Screening Tool (a standardized screening tool that identifies individuals at risk of functional decline and barriers to discharge). The first patient was admitted to restorative care on November 21, 2013. Between November 21, 2013, and March 31, 2014, there were 26 admissions to restorative care. Clients were on average 83 years of age. As of March 31, 2014, there were 16 discharges from restorative care. These clients experienced a 62 per cent improvement in overall function. Positive feedback has also been received from families and clients regarding the impact of their stay in restorative care and the care received from staff.

A nurse practitioner led Healthy Aging Clinic was introduced at Dr. Charles Legrow Health Centre in July 2013. The goal of this clinic is to deliver targeted geriatric assessment to high risk seniors in order to help these individuals access appropriate services so that functional status, independence and quality of life can be maximized. To support appropriate referral, the Triage Risk Screening Tool was completed by a registered nurse for all adults over the age of 75 years presenting at the emergency room for an unplanned visit. This screening tool identified individuals at risk for repeat emergency visits, hospitalization, and nursing home placement. Individuals identified at risk were referred to the Healthy Aging Clinic where a nurse practitioner completed a targeted, comprehensive geriatric assessment and developed an intervention plan that included referral to other care providers and/or community supports. A six month review post implementation indicated opportunities to enhance compliance with risk screening. The impact of the Healthy Aging Clinic on wait times and resource utilization for pre hospital, emergency and/or community support services will be assessed early in 2014-15. The planning documents and experiences to date, with the Healthy Aging Clinic, has been shared to support planning for the introduction of rapid response team(s) in 2014-15.

With the support of the Department of Health and Community Services, the Dr. Charles Legrow Health Centre also completed a refurbishment of its kitchen. Included in the project was an upgrade of the refrigeration units, new production equipment, including the state of the art rationale cook center, improved storage, establishment of an area for tray assembly, non slip flooring and new furniture, all resulting in a fresh look for the cafeteria.

Western Health's renal service experienced growth in 2013-14. The total numbers of hemodialysis treatments provided in the Western region increased to 15,337. Shifts were extended at Sir Thomas Roddick Hospital to accommodate seven more stable clients who previously travelled to Western Memorial Regional Hospital to receive their treatments. Enrollment into the peritoneal dialysis program also increased to 17 patients, with six of these patients from outside the Western region. Sixty-six (66) clients were followed in the transplant clinic; three of these clients received a transplant in 2013-14. Access management to renal services presented challenges with space, supplies and staffing as well as opportunities to search for improvements in treatment delivery.

The Safer Bars Project Committee showing off their coasters.

HIGHLIGHTS AND ACCOMPLISHMENTS

In December 2013, the Department of Health and Community Services committed to one time funding to support the endoscopy wait time strategy. The one time funding from the Department helped Western Health to complete 64 additional colonoscopy procedures in 2013-14, and reduce the number of patients who waited beyond the clinically recommended wait time targets for urgent and non urgent colonoscopy procedures. In addition to the funding incentives for additional procedures, Western Health staff and physicians met regularly to support ongoing service improvements through validation of wait lists and the identification and monitoring of performance targets for operating room efficiency.

The Department of Health and Community Services also provided one time funding to support Western Health's completion of 10 additional elective joint replacement procedures for patients who waited beyond the national benchmark of 182 days. The one time funding from the Department helped Western Health to complete 64 additional colonoscopy procedures in 2013-14, and reduce the number of patients who waited beyond the clinically recommended wait time targets for urgent and non urgent colonoscopy procedures. This service utilizes a standard referral form to direct initial screening and appropriate multidisciplinary team support prior to surgeon consultation, in an effort to maximize a patient's readiness for, and recovery from, orthopedic surgery.

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

Western Health initiated client/patient/resident experience surveying in January 2013, and continued throughout 2013-14. In keeping with Accreditation Canada requirements, the Hospital Consumer Assessment of Healthcare Provider and Systems was used to survey the acute care, ambulatory care, community based services, emergency and outpatient client/patient experience. The Consumer Assessment of Healthcare Provider and Systems Nursing Home Survey: Resident Instrument was used to survey the long term care resident experience. The response rates for the surveys were approximately 29 per cent (community based services), 30 per cent (emergency and outpatient), 41 per cent (ambulatory care), 47 per cent (acute care) and 77 per cent (long term care residents). Client/patients/residents generally rated their care from providers highly. Ratings for their overall hospital, clinic or nursing home experience (out of a possible best score of 10) were: 7.6 (emergency and outpatient), 8.3 (acute care), 8.4 (long term care residents), 8.7 (ambulatory care) and 9.7 (community based services). Opportunities for improvement included enhancing communication especially with respect to discharge information, improving cleanliness especially in bathrooms and enhancing the availability of activities in long term care. All survey results are available at www.westernhealth.nl.ca. Western Health will continue to use the information from client/patient/resident experience surveying to enhance the quality of service provision.

The use of telehealth continued to grow in areas such as cancer care, wound care, adolescent mental health and pediatrics. Telehealth enables clients who are receiving care from a health professional to have their appointment via technology close to their home. Follow up appointments for cancer care continued to be the primary use of telehealth services in the Western region. During 2013-14, the number of telehealth appointments and consultations increased to 2,310 (approximately 9 per cent more than the 2012-13, total). The use of this information technology to replace travel for specialists' services particularly in the area of cancer care, continued to be positively received by patients and their families.

HIGHLIGHTS AND ACCOMPLISHMENTS

The Acute Care Replacement Program which includes negative pressure wound therapy, intravenous therapy and home chemotherapy, admitted 301 clients during 2013-14, up from 184 clients in the previous fiscal year with a total of 4,846 inpatient bed days saved by clients receiving care in their own homes.

Western Health continued to lead the province wide implementation of software for staff to use to capture home care assessments based on the InterRAI standard. This information management and technology solution also includes a mobile option allowing community based workers to capture the assessment at the point of care in clients' homes. The work completed in 2013-14, will support full implementation of the software in 2014-15.

As of March 31, 2014, Western Health's clinical online documentation (COD) system was live at Western Memorial Regional Hospital, Corner Brook Long Term Care Home and Sir Thomas Roddick Hospital. The clinical online documentation system supports the electronic capture of all clinical documentation for all non-physician disciplines in all acute and long term care settings in the region, introduces new devices such as wireless carts and tablet computers to allow clinical staff to enter information into the electronic chart at the bedside and interfaces with physiological monitoring devices so that electronic data can be fed automatically into the patient record. Implementation at remaining facilities is planned for 2014-15.

In 2013-14, Western Health began to identify some performance monitoring and evaulation results from its 2011-14, implementation of the Safe Resident Handling project. Bay St. George Long Term Care Centre experienced a 90 per cent decrease, and Corner Brook Long Term Care Home experienced a 59 per cent decrease, in soft tissue injuries associated with resident handling. Safe Resident Handling refresher training continued at both sites and will continue on an annual basis. New staff received training as part of their orientation process. The Safe Resident Handling project was supported by the purchase and installation of ceiling tract lifts at Western Health facilities; By March 2014, 83 per cent of long term care beds were equipped with ceiling tract lifts.

In 2013-14, Western Health engaged Kiazen Consultants to evaluate food service production and distribution options as part of operational improvement planning. A full review of regional food services programs was completed. The information from the review will also be used to develop a plan to meet the future needs for food production in the region.

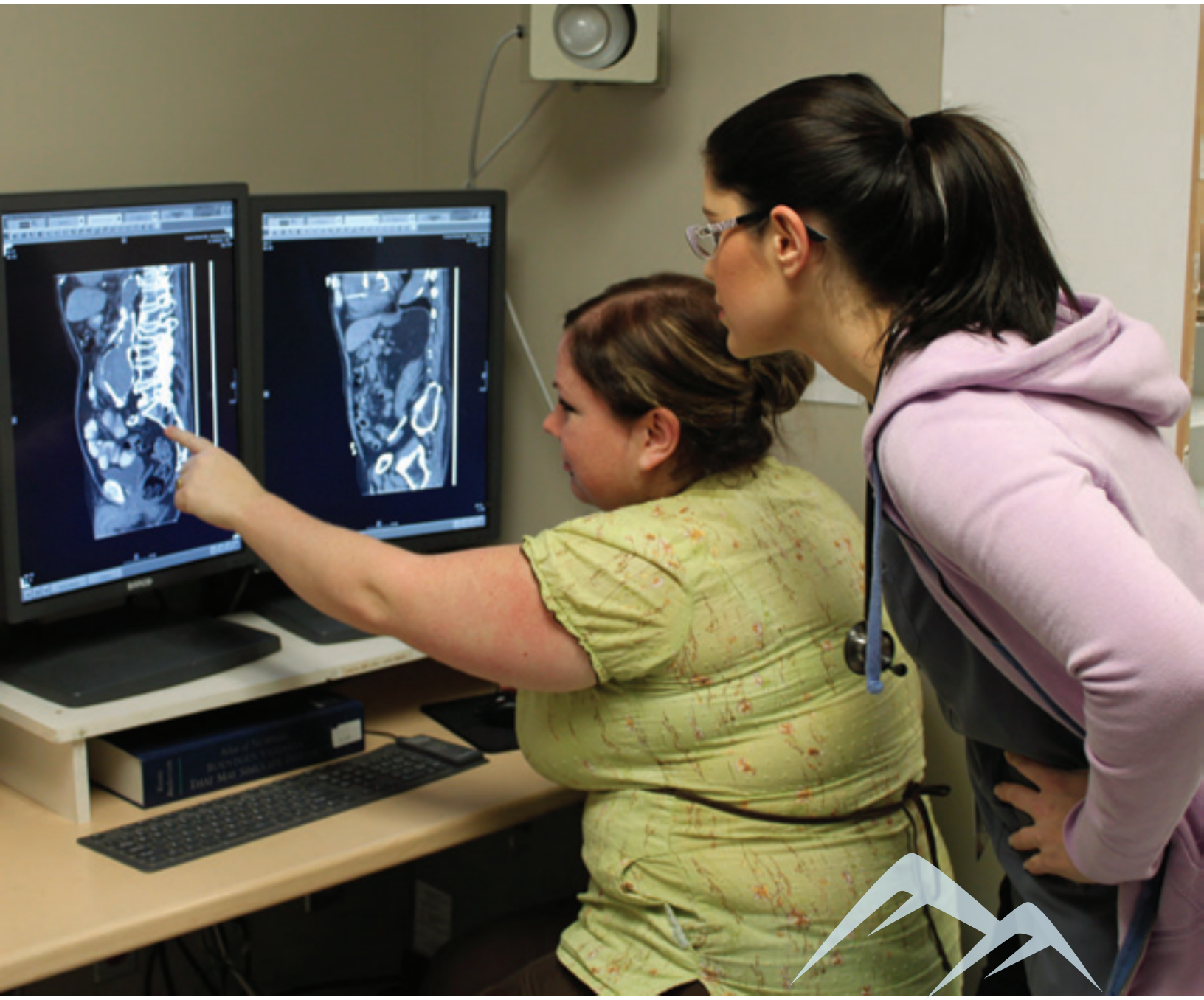
Western Health's implementation of the provincial Health Human Resources Information System project included the employee master file set up and the recruitment module. The implementation of modules related to occupational health and safety, attendance management and staff training is planned for 2014-15. At a regional level, Western Health introduced staff scheduling software to support self scheduling and leave management.

HIGHLIGHTS AND ACCOMPLISHMENTS

Western Health was the first regional health authority in the province to deliver a two day Emergency Nursing Paediatric Course (ENPC) during 2013-14. ENPC is a training program offered nationally through the National Emergency Nurses Association to improve skills and clinical competency to care for the paediatric population from the neonate to the adolescent. ENPC is based on a systematic model including paediatric growth and development, anatomical and physiological characteristics that help identify appropriate interventions for the ill and injured child. Certification is for a four year period.

Western Health, under the leadership of the Pastoral Care program, implemented The Virtues Project for staff and volunteers. The Virtues Project is a global grassroots initiative to inspire the practice of virtues in everyday life. The Project is sparking a global revolution of kindness, justice, and integrity in more than 95 countries. The Virtues Project was founded in Canada in 1991, and was honored by the United Nations during the International Year of the Family as a "model global program for families of all cultures." The Virtues Project empowers individuals to lead more meaningful lives, families to raise children with compassion and integrity, educators to create safe, caring and high performing learning communities and leaders to encourage excellence and ethics in the workplace. A "virtues card" was posted bi-weekly on the Western Health intranet. Extremely positive feedback has been received from staff and volunteers on the project and its impact on them.

A significant highlight for Western Health in 2013-14, was the completion of Accreditation Canada's onsite assessment of organizational performance. Accreditation Canada is an external agency which offers a program designed to improve client outcomes and health system performance. A team of eight surveyors visited Western Health for the week of November 17 to 22, 2013. They travelled throughout the region visiting hospitals, health centres, long term care homes and community clinics. Surveyors spoke with the Board of Trustees, staff, patients, residents and clients in both planned and spontaneous opportunities. Through conversations, observations and documentation review, surveyors assessed Western Health's compliance with internationally used standards for acute care, community and public health, emergency, laboratory, long term care, medical imaging and mental health and addictions services. Western Health met 2,476 of 2,527 applicable criteria giving it a 98 percent compliance rate and Accreditation with Commendation. Western Health is required to provide evidence of action on 11 criteria in two reports to be submitted to Accreditation Canada in April 2014 and April 2015. The full report of Accreditation Canada's onsite assessment is available on the website at www.westernhealth.nl.ca.



Nurses collaborating for patient care.

ANNUAL REPORT ON PERFORMANCE 2013-14

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

Western Health's mission statement was determined to provide direction from April 1, 2011, to March 31, 2017, in the pursuit of its vision. The mission statement supports the vision through primary prevention/health promotion, as well as secondary prevention especially in chronic disease prevention and management.

The Western Health Strategic Plan April 1, 2011 - March 31, 2014, has guided Western Health in its work to achieve its mission statement. The Western Health Strategic Plan April 1, 2014 - March 31, 2017, will guide work over the next three years.

Information from Western Health's annual environmental scanning (more fully presented in the strategic plan documents and on subsequent pages in this report), including (1) incidence rates for, and community concerns with, some chronic diseases, as well as (2) research which suggested that the incidences of chronic diseases may be attributable to unhealthy behaviours and health practices, support Western Health's identification of strategic goals with a focus on health promotion and chronic disease prevention and management. Provincial strategic directions and national accreditation requirements continue to support patient safety as a strategic priority for Western Health.

The accomplishments related to the three strategic goals for 2011-14, continue to support Western Health in its progress toward achievement of its mission.

Mission
By March 31, 2017, Western Health will have enhanced programs and services, in priority areas, to address the population health needs within the Western region.

ANNUAL REPORT ON PERFORMANCE 2013-14

Strategic Issue One: Chronic Disease Prevention and Management of Diabetes

The incidence of chronic diseases especially diabetes, heart disease and some cancers contribute to poorer health outcomes for residents of Newfoundland and Labrador. In the Western region, the percentage of the population, aged twelve years and older with diabetes, rose from 5.8 per cent in 2003, to 9.3 per cent in 2011 (Canadian Community Health Survey, 2003 and 2011). The incidence of diabetes within the Western region is higher than the provincial and national rates. Participants in Western Health's community health needs and resources assessments have indicated their concern with diabetes since our 2002 assessment. In the 2009 assessment, households identified the impact of chronic diseases (especially diabetes and cancer) among their top ten community health concerns. By 2013, residents identified cancer, diabetes, high blood pressure and outmigration as their top four community concerns (Western Health's Community Health Needs and Resources Assessment, 2013). Participants indicated that: (i) enhancing service delivery to families living with diabetes and (ii) enhancing awareness and education regarding diabetes best practice were required in the community to prevent hospitalizations for uncontrolled diabetes.

From 2008-11, one strategic issue for Western Health was to enhance service delivery to support chronic disease prevention and management. Since 2011, Western Health has used the Expanded Chronic Care Model (Barr et al, 2003) to support strategic planning for diabetes and identified priority initiatives that support evidence based practices. 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. To continue to support the Provincial Government's strategic direction of improving population health, enhancing programs and services in diabetes management is a strategic issue for Western Health.

Strategic Goal One

By March 31, 2014, Western Health will have enhanced programs and services in diabetes management to respond to the identified concerns of residents in the Western region.

Measure

Enhanced programs and services

Planned and Actual Performance

Indicators for Strategic Goal One (2011-14)	Accomplishments
Identified evidence based practices consistent with the chronic disease prevention and management model	In 2011-12, Western Health identified the evidence based practices in diabetes prevention and management and assessed their consistency with the model.
Implemented evidence based practices for diabetes management	Western Health implemented evidence based practices in 2012-14, and evaluated staff compliance with the practices in 2013-14, as evidence of implementation. Implemented evidence based practices to manage diabetes included tele-diabetes, self management support and clinical practices as described more fully under Accomplishments on page 31, and the Discussion of Results section.
Increased education in self management	Increased education in self management focused on clients, staff and other key stakeholders. Western Health identified core competencies and an education plan to support excellence in core competencies. Western Health supported staff's participation in national workshops, hosted and supported client, staff and/or stakeholder participation in regional workshops, web sessions and other training events. Events included Improving Health: My Way lay leader and client workshops, Strategies for Engaging Patients and Providers in Effective Self Management sessions as well as quarterly online meetings of the self management support community of practice.
Improved measurement and monitoring	Western Health improved measurement and monitoring of information tracking access to, and utilization of, diabetes services and prevalence of diabetes, in the Western region as described more fully in the Discussion of Results section.

Western Health celebrates being the first region in the province to deliver ENPC (Emergency Nursing Pediatric Course).

Objective Year Three (2013-14)
By March 31, 2014, Western Health will have implemented priority initiatives in diabetes management to support enhanced management.

Measure Year Three (2013-14)
Implemented priority initiatives in diabetes management.

Planned and Actual Performance

Indicators for the Year Three Objective (2013-14)	Accomplishments
Implemented evidence based practices for diabetes management	Evidence based practices that responded to the needs identified by residents in 2011-12, were implemented in 2012--14 and evaluated in 2013-14. Evidence based practices in the clinical management of diabetes were added to policy. Through auditing, staff compliance with policies that supported implementation of evidence based practices in regional service delivery was identified to be approximately 89 per cent. Changes to service delivery that supported improving access to diabetes services, quality of diabetes services and monitoring of diabetes outcomes included the implementation of a single referral form and intake process using the electronic Client and Referral Management System (CRMS). Wait list information was used to realign work to support staff responses to referrals within the access targets of 48 hours, 10 days or 20 days, depending upon priority.

Planned and Actual Performance

Indicators for the Year Three Objective (2013-14)	Accomplishments
Implemented evidence based practices for diabetes management	Western Health standardized assessment forms and flow sheets for use with adult, child/youth and pregnant clients with diabetes. Implemented first in paper form, work to develop electronic versions of the forms has progressed to the point of user acceptance testing. The move from paper to electronic forms will occur in 2014-15. In addition to supporting the consistent use of evidence based practices in the provision of diabetes services, the flow sheet was also used to support data collection on some quality of care indicators.

Discussion of Results

Western Health's work to achieve this goal started with a regional environmental scan of diabetes programs and services, a literature review to identify evidence based practices for diabetes prevention and management and an assessment of the consistency of identified evidence based practices with the Expanded Chronic Care Model (Barr et al, 2003). The report Using the Expanded Chronic Care Model to Support Strategic Planning for Diabetes documented how the model was utilized to inform planning for enhanced programs and services in diabetes prevention and management. This information supported consultation with key stakeholders to validate information and priorities and the preparation of the document: Recommendations for Strategic Improvements: Prevention and Management of Diabetes in the Western Region. This document included three priority initiatives to respond to the needs identified by residents within the Western region: (1) improving access to diabetes services; (2) improving quality of diabetes services and (3) improving monitoring of diabetes outcomes.

ANNUAL REPORT ON PERFORMANCE 2013-14

In 2012-13, a regional diabetes steering committee was established. This group developed the work plan for the implementation of the priority initiatives in diabetes management. In keeping with the work plan the program description for basic and advanced diabetes services was shared with stakeholders in the Regional Diabetes Services: Supporting Enhanced Management of Diabetes in the Western Region document. Highlights of the work to address the priority initiatives included:

Improving Access

Western Health worked to improve awareness and access through: communication to the local medical advisory committees and stakeholder groups; intranet updates to all staff; development of an electronic referral form and intake process; targeted strategies in areas in the region where awareness may have been limited including the introduction of a new local diabetes team in the Burgeo area.

The development of tele-diabetes was a priority to improve access, with telehealth equipment installed in sites in Burgeo, Ramea, Francois, Stephenville and Woody Point. Additional equipment was added to Corner Brook and Port Aux Basques sites.

Increasing access to the Improving Health: My Way program for self management was achieved through partnerships among primary health care teams, community advisory committees and community groups such as the women's centers, aboriginal and francophone groups. Partnerships supported recruitment of lay leaders and local delivery of the program. From 2011-14, six lay leader workshops (to train lay leaders) and 25 Improving Health: My Way workshops were completed.

Improving Quality

Western Health identified evidence based practices to enhance diabetes management and ensured their implementation through the introduction of, and auditing of compliance with, regional standards and clinical policies. The referral form, intake process, assessment forms and flow sheets were all standardized to support providers in the consistent application of evidence based practices as they complete these processes.

Western Health partnered with the Canadian Foundation for Health Care Improvement to evaluate organizational improvement in self management resources and support. In May 2012, baseline measurement of resources and organizational supports for self management were completed using the Primary Care Resources and Supports for Self-Management (PCRS) tool. In 2012-13, assessment results were analyzed and opportunities to improve resources and support for self management were identified in the areas of emotional health, staff training/education and patient input. The PCRS tool was re-administered in January 2014; regional scores for resources and support improved in all categories, in some instances as much as four points on a ten point scale, following Western Health's work to address the areas for improvement.

The first baby born in 2014 in North America.

In addition to evaluating organizational supports, in 2013-14, providers completed a self management support provider questionnaire to obtain a baseline measure of their attitudes, beliefs and skills related to self-management. Results from subsequent questionnaires suggested that provider beliefs changed, moving away from traditional client education to behavior change models. Western Health provided self management training opportunities in each of the three fiscal years from 2011-14.

Improving Monitoring

The regional diabetes steering committee identified information to be collected to track access to, and/or utilization of, diabetes services within Western Health. Performance indicators and targets were identified and shared in the Regional Diabetes Services: Supporting Enhanced Management of Diabetes in the Western Region document and added to regional policies. The indicators included information on new referrals for diabetes services, referrals to the Improving Health: My Way program, telehealth utilization, wait times and active clients. In 2013-14, Western Health enhanced the processes to monitor diabetes services and outcomes by standardizing measuring and reporting mechanisms. Western Health also developed a diabetes database to monitor population level data. Reports on the prevalence of diabetes in the Western region and the frequency of monitoring blood sugar (hemoglobin A1C testing) and cholesterol levels were developed in year three and validation of the data will continue in 2014-15.

Monitoring will continue to be enhanced as electronic solutions support care and reporting processes.

From 2011-14, Western Health enhanced programs and services in diabetes management through the implementation of evidence based practices to improve access, quality and monitoring and the evaluation of compliance with the practices.

ANNUAL REPORT ON PERFORMANCE 2013-14

Strategic Issue Two: Patient Safety in Infection Prevention and Control

In Canada, the emphasis on patient safety increased with the Canadian Adverse Events Study: The Incidence of Adverse Events Among Hospital Patients in Canada (Baker et al 2004). In Newfoundland and Labrador, the emphasis on patient safety increased with the Commission of Inquiry on Hormone Receptor Testing (Cameron) report (2009)[1]. Since 2007, Accreditation Canada has required participating organizations to make patient safety a part of their strategic and operational agendas. Accreditation Canada's required organizational practices direct Western Health to track infection rates, analyze and share the information and implement recommendations to prevent recurrence. Western Health is also required to implement a protocol to support the administration of the influenza and pneumococcal vaccines. Patient safety is enhanced through the implementation of best practices. In keeping with the Provincial Government's strategic direction of improving accountability and stability in the delivery of health and community services, the implementation of priority initiatives, in infection prevention and control, to enhance patient safety is a strategic issue for Western Health.

Strategic Goal Two

By March 31, 2014, Western Health will have enhanced patient safety in infection prevention and control to lead to optimal patient outcomes in Western region.

Measure

Enhanced patient safety in infection prevention and control

Planned and Actual Performance

Indicators for Strategic Goal Two (2011-14)	Accomplishments
Identified evidence based practices consistent with the national standards	Evidence based practices were identified from provincial and national best practice documents, Accreditation Canada standards and provincial and national strategic plans.
Implemented evidence based practices	Evidence based practices were implemented in priority initiatives as discussed more fully under Accomplishments on page 39, and in the Discussion of Results section.

[1]*The Commission of Inquiry on Hormone Receptor Testing (Cameron) report was the report from the investigation into estrogen and progesterone receptor (ER/PR) tests performed in Newfoundland and Labrador from 1997 to 2005.*

Planned and Actual Performance

Indicators for Strategic Goal Two (2011-14)	Accomplishments
Improved measurement and monitoring	Measurement and monitoring was improved through the implementation of evidence based practices in targeted surveillance and development of the infection prevention and control surveillance system. The Provincial Infection Control – Newfoundland Labrador (PIC-NL) guidelines were used to guide changes to regional surveillance practices and improve measurement of priority initiatives. Targeted surveillance for surgical site infections in caesarean sections was initiated in 2012-13. In 2013-14, targeted surveillance in hip and knee replacement surgeries was initiated. An electronic solution for the collection and reporting of information was developed.
Improved tracking of infection rates	The infection prevention and control surveillance system, installed in the Fall of 2013, supported improved tracking and reporting of infection rates, in real time, at a regional, program and unit level.
Enhanced communication to support compliance with best practices	Communication to support compliance with best practices was enhanced through the use of promotional materials, targeted education and regular reporting at program and unit levels. This work is described more fully in the Discussion of Results section.

Accreditation Canada's on-site survey debriefing session.

Objective Year Three (2013-14)
By March 31, 2014, Western health will have implemented priority initiatives in an infection prevention and control work plan for enhanced patient safety.

Measure Year Three (2013-14)
Implemented priority initiatives in an infection prevention and control work plan.

Planned and Actual Performance

Indicators for the Year Three Objective (2013-14)	Accomplishments
Implemented evidence based practices	Evidence based practices were implemented to (a) reduce infection rates in high risk areas and populations; (b) improve hand hygiene and (c) improve compliance with infection prevention and control practices. The examples of evidence based practices implemented are discussed more fully in the Discussion of Results section and include, as one example, the Safer Healthcare Now interventions to prevent surgical site infections.
Improved tracking of infection rates	PIC-NL guidelines were used to update regional definitions and ensure that regional infection rates were calculated in keeping with provincial and national definitions. The infection prevention and control surveillance system, installed in the Fall of 2013, supported tracking and reporting of infection rates, in real time, at a regional, program and unit level.

ANNUAL REPORT ON PERFORMANCE 2013-14

Planned and Actual Performance

Indicators for the Year Three Objective (2013-14)	Accomplishments
Enhanced communication to support compliance with best practices	Communication to support compliance with best practices was enhanced through the use of promotional materials, displays during infection control week, Stop and Clean Your Hands Day activities, regular articles in the Western Health newsletter, general rounds presentations. Targeted education also enhanced communication to support compliance with best practices for specific initiatives including improved hand hygiene. Quarterly reporting at program and unit levels included information on best practice(s) to address the infection rate(s) of concern for the area. This information was discussed in staff huddles on the units. As well, best practices to support MRSA screening and the prevention of catheter associated urinary tract infections have been incorporated into clinical online documentation systems.

Discussion of Results

An environmental scan was completed in 2011-12, which assessed practices, in current infection prevention and control programs and services, against identified standards in provincial and national best practice documents, Accreditation Canada standards, provincial and national strategic plans. The following priority initiatives, in infection prevention and control, were identified to enhance patient safety: (1) reduce infection rates in high risk areas and populations; (2) improve hand hygiene and (3) improve compliance with infection prevention and control practices. The actions required to support achievement of the three priority initiatives were identified and included: enhanced targeted surveillance to improve tracking of infection and compliance rates; enhanced communication to support compliance with best practices; strategies to expand infection control education and the development of a more comprehensive hand hygiene program.

ANNUAL REPORT ON PERFORMANCE 2013-14

In 2012-13, Western Health reviewed regional performance with respect to infection rates in high risk areas and populations and compliance with select infection prevention and control practices. Western Health identified performance outcomes for priority initiatives and developed the work plan to implement evidence based practices, in infection prevention and control, to enhance patient safety. From 2012 to 2014, Western Health implemented the following evidence based practices in priority initiatives.

Reducing Infection Rates in High Risk Areas and Populations
Western Health:

- enhanced measurement of infection rates in keeping with PIC-NL guidelines and increased reporting at program and unit levels;
- implemented the Safer Healthcare Now Preventing Surgical Site Infections evidence based practices and monitored compliance with each practice. Safer Healthcare Now is a program of the Canadian Patient Safety Institute which invests in front line providers and the delivery system to improve the safety of care throughout Canada by implementing interventions known to reduce avoidable harm. To prevent surgical site infections, the interventions included antimicrobial coverage before surgery, appropriate hair removal, maintenance of blood glucose control and maintenance of normal body temperature after surgery;
- initiated targeted surveillance for surgical site infections in caesarean sections, total hip replacements and total knee replacements. The targeted surveillance practices support accurate identification of infections 6 to 8 weeks after surgery and enhance Western Health's compliance with best practices in surveillance;
- developed an electronic solution for the collection, trending and reporting of infection prevention and control information including infection rates, results of compliance audits and antimicrobial stewardship. Use of the infection prevention and control surveillance system will be enhanced in 2014-15, with the expansion of its reporting capabilities;
- increased screening for methicillin resistant staphylococcus aureus (MRSA) to all new inpatients of facilities as the implementation of the electronic clinical online documentation system progressed throughout the region. This practice supported Western Health's consistent approach to earlier identification of, and appropriate intervention with, patients with MRSA;
- provided education on, and added a checklist to support implementation of, best practices in catheter use and care. The checklist was added to the electronic clinical online documentation system to enhance staff compliance with best practices that support reducing catheter associated urinary tract infections.

Pledging to learn the facts about Pap Testing during a "Kick'n Cancer" event.

Improving Hand Hygiene

Support for the use of best practices in hand hygiene was initiated through employee and volunteer education and auditing of hand hygiene compliance in all facilities. Additionally, Western Health:

- participated in the Safer Healthcare Now improving hand hygiene collaborative and enhanced hand hygiene compliance on one unit at Western Memorial Regional Hospital;
- increased auditing and enhanced reporting at program and/or unit levels to support enhance compliance;
- used the results of auditing to target groups or areas for promotion of, and/or education on, best practices in hand hygiene.

Improving Compliance with Infection Prevention and Control Practices

In addition to the practices to reduce infection rates and improve hand hygiene, Western Health addressed opportunities to improve compliance with infection prevention and control practices for some of its environments. Western Health completed infection prevention and control practice compliance audits in the sterile processing department, in the endoscopy suite and on inpatient room terminal cleaning practices. Results of audits were shared with appropriate leadership to develop corrective actions and necessary changes in practice to comply with standards and best practices. Online education modules on routine and additional precautions, personal protective equipment and environmental cleaning were developed to support staff with compliance.

In keeping with the standards from Accreditation Canada, Western Health's regional antimicrobial stewardship committee developed and implemented an antimicrobial stewardship program to reduce inappropriate use of antimicrobials and the associated risk of hospital acquired illnesses. The goal of the program was supported by: (1) audit protocols and feedback loops; (2) targeted formulary inclusions and (3) ongoing policy development and refinement. The program included: (1) the use of new order forms and clinical care guidelines for antimicrobial selection; (2) dose optimization and (3) timely conversion from parenteral to oral routes. The initial focus has been on appropriate vancomycin use and dosing, methicillin resistant staphylococcus aureus (MRSA) prevention and/or treatment and pneumonia treatment. The committee developed work plans to implement an expanded antimicrobial stewardship program in 2014-15.

ANNUAL REPORT ON PERFORMANCE 2013-14

Western Health met or surpassed its identified performance outcome for the following priority initiatives:

(1) hand hygiene compliance rate - Western Health increased this rate from 62 per cent in 2011-12, to 68 per cent in 2013-14;
(2) clostridium difficile hospital acquired infection rate per 10,000 resident days – Western Health reduced this rate from 0.5 in 2011-12, to 0.2 in 2013-14;
(3) methicillin resistant staphylococcus aureus (MRSA) rate per 10,000 patient days – Western Health reduced this rate from 4.1 in 2011-12, to 1.4 in 2013-14;
(4) surgical site infection rate – Western Health reduced this rate from 7.9 per cent in 2012-13, to 7.5 per cent in 2013-14;
(5) catheter associated urinary tract infection (CAUTI) rate per 1,000 patient/resident days – Western Health reduced this rate from 0.33 to 0.29 in 2013-14.

Western Health did not meet its identified performance outcome for the following priority initiatives:

(1) clostridium difficile hospital acquired infection rate per 10,000 patient days – Western Health's rate increased from 1.5 in 2011-12, to 1.7 in 2013-14. Although Western Health was not able to meet its own performance target, it continued to exceed the Canadian Nosocomial Infection Surveillance Program's national benchmark of 6.02. This was achieved through the implementation of best practices in hand hygiene and environmental cleaning. Since the clostridium difficile hospital acquired infection rate is also associated with previous antibiotic use, Western Health's continued development of its antimicrobial stewardship program will help achieve any future reductions in this rate.
(2) methicillin resistant staphylococcus aureus (MRSA) rate per 10,000 resident days – Western Health maintained this rate at 1.0 in 2011-12, and 2013-14. Western Health's enhanced screening for MRSA may have contributed to the identification of additional infections during this time. As previously mentioned, Western Health's continued development of its antimicrobial stewardship program will help to achieve any future reductions in this rate.
(3) ventilator associated pneumonias – Western Health increased from one infection in 2011-12, to two infections in 2013-14. Western Health monitored its compliance with the Safer Healthcare Now evidence based practices in preventing ventilator associated pneumonia and was successful in reducing the number of days that patients needed to use a ventilator. Despite compliance with the best practices, Western Health was not able to meet its performance target and will continue to monitor compliance with evidence based practices to identify opportunities to prevent a ventilator associated pneumonia.

Strategic Issue Three: Health Promotion

Health promotion, according to the World Health Organization (1998), is the process of enabling people to increase control over, and to improve their health. Health promotion not only embraces actions directed at strengthening the skills and capabilities of individuals, but also actions directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Within Newfoundland and Labrador, the Government of Newfoundland and Labrador identified population health as a strategic direction. To achieve population health, Government will focus on public health interventions that will promote healthy lifestyles and reduce health inequalities, prevent acute and chronic illness and injury, and protect people from health hazards. Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland and Labrador (2006) provided a focus on improving the health of residents of Newfoundland and Labrador through the following key directions: strengthening partnerships and collaboration; developing and expanding wellness initiatives; increasing public awareness; enhancing capacity for health promotion and evaluating and monitoring progress. The incidence of chronic diseases, especially diabetes, heart disease and some cancers, contributes to poorer health outcomes for residents of Newfoundland and Labrador, and may be attributable to unhealthy behaviors and health practices. In the Community Health Needs and Resources Assessment of the Western region (2009), households identified the impact of lifestyle, including smoking, illegal drug abuse, unhealthy eating habits and alcohol abuse, among their top community health concerns. In 2011-12, the Department of Health and Community Services implemented new initiatives in priority wellness areas including the promotion and support of breastfeeding and the creation of a new print resource Healthy Eating for Your Toddler Age 12-24 Months. To support the Provincial Government's direction of improving population health, enhanced health promotion is a strategic issue for Western Health.

Strategic Goal Three

By March 31, 2014, Western Health will have enhanced health promotion through the implementation of priority initiatives in a health promotion plan to support improving population health.

Measure

Enhanced health promotion

A Grade 5 class dances while entertaining seniors at intergenerational event at Dr. Charles L. LeGrow Health Centre.

Planned and Actual Performance

Indicators for Strategic Goal Three (2011-14)	Accomplishments
Identified priority initiatives	In 2011-12, Western Health identified two priority initiatives following its review of the environmental scan. These priorities included: (1) healthy eating and (2) physical activity for children aged 12 years and under and their families.
Implemented work plan	The work plan to address the identified priority initiatives in health promotion, necessary for healthy growth and the prevention of obesity in children, aged 12 and under and their families, was implemented in 2012-14. The health promotion steering, through its membership, ensured that the work plan was implemented through ongoing monitoring of progress.
Implemented priority initiatives in keeping with evidence based practices	Western Health implemented priority initiatives and evaluated compliance with evidence based practices. This work is described more fully under Accomplishments on page 48, as well as the Discussion of Results section.

Objective Year Three (2013-14)
By March 31, 2014, Western Health will have implemented priority initiatives in the health promotion plan.

Measure Year Three (2013-14)
Implemented priority initiatives in the health promotion plan

ANNUAL REPORT ON PERFORMANCE 2013-14

Planned and Actual Performance

Indicators for the Year Three Objective (2013-14)	Accomplishments
Continued implementation of work plan	Western Health continued implementation of a work plan that supported the implementation of the priority initiatives.
Implemented priority initiatives in keeping with evidence based practices	Western Health staff identified the priority initiatives from their review of evidence based practices. The work plan included: (1) increasing access to best practice information on healthy eating behaviors, food choice and healthy weights for prenatal women; (2) increasing breastfeeding initiation rates among mothers of newborns in the Western region; (3) increasing access to best practice information on healthy eating for parents of toddlers and preschool children; (4) promoting healthy eating for the school age population, targeting children aged five to 12 years; (5) increasing community action; (6) providing access to programming to increase skill necessary to support healthy eating and physical activity, for children, aged 12 years and under, and their families. The priority initiatives were implemented.

Discussion of Results

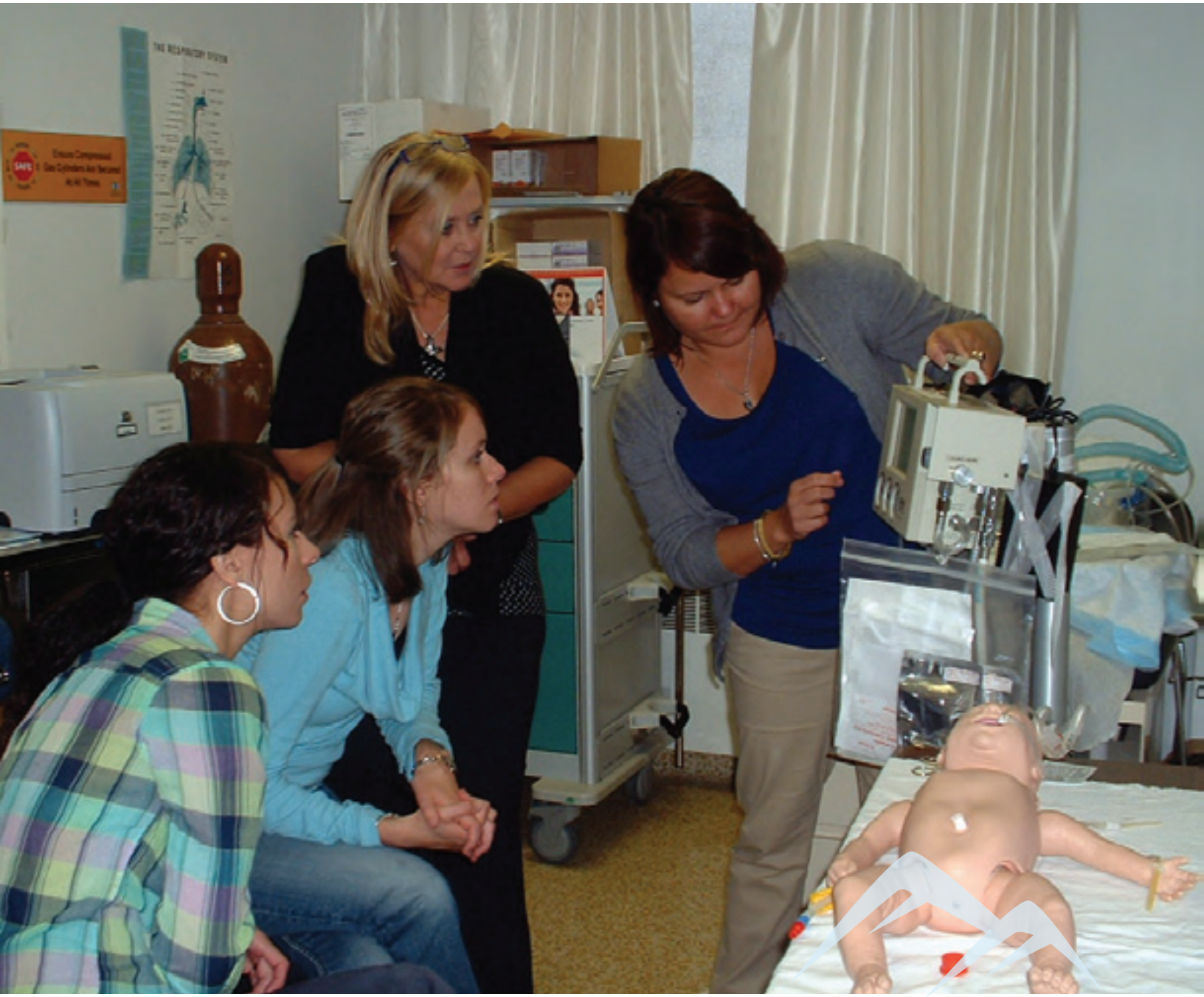
The completion of the environmental scan of health promotion in Western Health in June 2011, identified Western Health's strengths, weaknesses, opportunities, and threats in all six areas of the provincial wellness plan. The health promotion steering committee was established in November 2011, and, identified two priority areas for health promotion efforts in Western Health over the next two years, both supportive of the provincial wellness plan. These priorities included (1) healthy eating for children, aged 12 years and under, and their families and (2) physical activity for children, aged 12 years and under, and their families. The health promotion steering committee then developed a work plan to enhance health promotion to address the priority initiatives. The following highlights the work plan accomplishments.

Increasing access to best practice information on healthy eating behaviours, food choice and healthy weights for prenatal women was started in 2012-13, as staff efforts supported increased referrals to the Before Birth and Beyond Information Education Support (BABIES) program; 279 women participated in the BABIES program in 2013-14, as compared to 275 in 2011-12, and 85 per cent of women were referred earlier in their pregnancy. Western Health made best practice information on healthy eating available to prenatal women on the Western Health website. Staff initiated work on the use of telehealth to increase access to services for prenatal women and service providers related to healthy eating during pregnancy.

A regional breastfeeding policy was implemented to increase breastfeeding initiation rates among mothers of newborns in the Western region. Monitoring to ensure compliance with the policy was also initiated. In 2013-14, community health nurses contacted 99 percent of breastfeeding mothers within 24 to 48 hours after discharge from hospital (as compared to 97 per cent in 2012-13). Best practice information on breastfeeding was made available, to the public, on the Western Health website. In addition, Western Health worked with family resource centres and community partners to enhance support for breastfeeding moms. Western Health saw an increase in the breastfeeding initiation rates from 62.5 per cent in 2011-12, to 64.2 per cent in 2013-14.

Changes in community health nursing practice at child health clinics supported increased access to best practice information on healthy eating for parents of toddlers and preschool children. In 2012-13, community health nurses: (1) provided education, in keeping with the Healthy Eating for Your Toddler Age 12-24 Months booklet, to parents and (2) completed a clinical assessment, using the World Health Organization growth chart and guideline, to identify children at risk of health complications related to his/her weight. In 2013-14, Western Health implemented policies to guide appropriate intervention when a child is assessed at risk of health issues related to his/her weight. Best practice information on healthy eating for toddlers and preschool children was made available on the Western Health website.

Promoting healthy eating for the school age population (children aged five to 12 years) was initiated as Western Health completed an evaluation of school menus to assess the level of compliance with the School Food Guidelines and worked with schools to remove specific food items. Working with schools in the Western region, Western Health assessed the healthy eating needs of children and implemented the 5-2-1-0 campaign (five fruit and vegetables, no more than two hours of screen time, one hour of physical activity, and zero sugar sweetened beverages) as one best practice strategy to address priority initiatives in healthy eating and physical activity. Results from the follow up survey of 2,361 students in 52 schools indicated increases in the percentages of students drinking healthy beverages (milk and water) at recess and lunch and consuming fruits and vegetables at recess and lunch, while the percentages of students drinking sugar sweetened beverages at recess and lunch had decreased.



Acute Care of the at Risk Newborn (ACoRN) Training Session.

ANNUAL REPORT ON PERFORMANCE 2013-14

In 2012-13, Western Health facilitated a community forum in each of the seven primary health care team areas. Representatives from primary and elementary school councils, community advisory committees, schools and other key stakeholders were invited to identify opportunities to promote physical activity and healthy eating for the promotion of healthy weights and the prevention of obesity.

Following the community forums, the activities to provide access to programming to increase skill necessary to support healthy eating and physical activity, for children, aged 12 years and under and their families, were identified. In 2013-14, Western Health implemented two programs to support healthy eating: Kids in Community Kitchens (KICK) and Food and Fun Camp. These programs were implemented at 13 locations throughout the region. Both programs support evidence based practices to improve the capacity of families of children, aged 12 years and under, to be physically active and eat healthy. Information from the evaluations indicated that the participants learned new food skills, experimented with new foods and looked forward to the weekly sessions as reflected in the high attendance rates in both programs. The pre and post test results showed improvement in knowledge of nutrition, specifically Canada's Food Guide, and food safety. There was also a noted increase in interest and involvement in meal preparation at home.

The two strategies to support physical activity included: incorporating physical activity into community events through the addition of an obstacle course and the development of action bins for community resource centres and schools. Nine communities incorporated an obstacle course in a community event over the summer and fall of 2013-14. The evaluations from the children who participated in an obstacle course were positive and volunteers suggested making a course longer and more challenging for older children. The action bin program was piloted with one community resource centre and evaluation results indicated that the physical activity equipment was well received by children.

Breast Cancer Awareness Month at the Breast Screening Clinic in Corner Brook.

OPPORTUNITIES AND CHALLENGES AHEAD FOR WESTERN HEALTH

Aging Population

Promoting positive images of aging provides an ongoing opportunity for Western Health. The age of our client base is increasing, and it is essential that our programs and services are designed and modified to meet the unique needs of the older adult. The planning and development of a new campus of care in Corner Brook will improve access to appropriate care for adults requiring long term care. This capital development also presents an opportunity to integrate principles of age friendly and healthy aging into the design and operational plans for all the buildings within the new campus.

Timely Access

Access to services continues to be an issue due to wait times in some program areas including audiology, occupational therapy, developmental psychology, and radiology services. One issue contributing to increased wait time is no shows of scheduled appointments. Strategies are currently being developed across Western Health to address the issue including an organizational policy to address the issue of no shows.

Green Initiatives

In the fall of 2013, Western Health released an Energy Performance Contract Request for Proposal (EPC RFP). The purpose of the EPC RFP was to reach out to the marketplace for expert opinions on what energy conservation opportunities exist within the facilities of Western Health. The end objective of the competitive RFP process was the selection of an ideal Energy Performance partner that would then enter into an in-depth study of all our pertinent facilities to prescribe a scope of work and draft the framework of an energy conservation program tied to financial savings. In February of 2014, Western Health entered into an EPC partnership with Honeywell to begin the development of a long term performance contract and conservation initiatives. Moving into 2014-15, work will continue on the development of a project plan to guide the implementation of those opportunities identified in the RFP process.

Recruitment and Retention

Maintaining the continuity of providers in all areas including family physicians and specialists, nurses, nurse practitioners, allied health, laboratory and x-ray technologists and key support professionals such as biomedical engineers, continues to be a challenge specifically in programs with lone providers. Western Health will continue to partner with other regional health authorities and the Department of Health and Community Services to recruit for these hard to fill vacancies.

Simulation as part of the Model of Nursing Clinical Practice implementation.

OPPORTUNITIES AND CHALLENGES AHEAD FOR WESTERN HEALTH

New Acute Care Facility

Western Health continued, in partnership with the Department of Health and Community Services and the Department of Transportation and Works, to plan for the construction of a new regional acute care facility, a new long term care facility, a hostel and an administrative complex at the top of Wheeler's Road, off the Lewin Parkway in Corner Brook. Planning work to finalize the master program was ongoing and will be finalized in the next fiscal year including the plan for radiation treatment services at the new regional hospital. As well, two tenders were issued for site work to be completed during 2014–15, for excavation and site grading at the location as well as on- site water and water and sewer infrastructure. The new regional campus will provide health and community services for the people of Corner Brook and the entire Western region for generations.

2014 Healthy Aging Calendar participant Gary Graham plays piano at Corner Brook Long Term Care.

FINANCIAL STATEMENTS

In keeping with the *Transparency and Accountability Act*, Western Health is pleased to share its audited financial statement for 2013-14[2].

[2] *As supplied by auditors Grant Thornton.*

Non-Consolidated Financial Statements

Western Regional Health Authority

March 31, 2014

Contents

	Page
Statement of responsibility	1
Independent auditor's report	2-3
Non-Consolidated statement of financial position	4
Non-Consolidated statement of operations	5-6
Non-Consolidated statement of changes in net debt	7
Non-Consolidated statement of cash flows	8
Notes to the non-consolidated financial statements	9-21
Schedule I – Non-Consolidated expenditures – operating/shareable	22-23
Schedule II – Non-Consolidated revenue and expenditures for government reporting	24-25
Schedule III – Non-Consolidated funding and expenditures for government reporting - capital transactions	26
Schedule IVA - Accumulated operating deficit for government reporting	27
Schedule IVB – Reconciliation of consolidated accumulated operating deficit for government reporting	28

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 Canadian Institute of Chartered Accountants.

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.

Chair Director

Independent auditors' report

Grant Thornton LLP
Suite 201
4 Herald Avenue
Corner Brook, NL
A2H 4B4

T (709) 634-4382
F (709) 634-9158
www.GrantThornton.ca

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, 2014 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 financial position of the Western Regional Health Authority as at March 31, 2014 and the results of its operations and 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 19, 2014

Chartered Accountants

Western Regional Health Authority

Non-Consolidated statement of financial position

March 31 (in thousands of dollars)	2014	2013
Financial assets		
Cash and cash equivalents	$ -	$ 103
Receivables (Note 3)	25,637	24,177
Due from associated funds (Note 4)	1,922	2,125
Trust funds on deposit (Note 5)	638	580
Restricted cash – NLHBA program liabilities (Note 6)	5,503	-
Restricted cash and investments	150	141
	$ 33,850	$ 27,126
Liabilities		
Bank indebtedness (Note 7)	$ 1,743	$ 8,510
Payables and accruals	31,169	27,225
Vacation pay accrual	8,659	9,237
Severance pay accrual (Note 8)	29,804	30,460
Sick leave accrual (Note 8)	16,967	17,806
Deferred contributions – operating	3,090	2,748
Deferred contributions – capital	13,694	11,789
Long term debt (Note 9)	2,035	2,226
NLHBA program liabilities (Note 6)	5,503	-
Trust funds payable	638	580
	$ 113,302	$ 110,581
Net debt	$ (79,452)	$ (83,455)
Non-financial assets		
Tangible capital assets (Note 11)	$ 67,807	$ 70,314
Inventory (Note 12)	5,061	6,156
Prepaid expenses	6,852	7,362
	79,720	83,832
Accumulated surplus	$ 268	$ 377

Contingencies and commitments (Note 13)

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 2014 (Note 14)	Actual 2014	Actual 2013
Revenue			
Provincial plan – operating grant	$ 287,879	$ 287,879	$ 292,661
Capital grant – provincial	5,021	5,021	5,259
Capital grant – other	562	562	1,037
National Child Benefit	744	831	757
Early Childhood Development	359	394	359
MCP physician revenue	19,215	19,084	16,961
Inpatient	1,615	1,583	1,725
Outpatient	1,651	1,678	1,759
Resident revenue – long term care	7,763	8,199	7,538
Mortgage interest subsidy	40	23	23
Food service	1,700	1,775	1,877
Other recoveries	9,551	10,203	9,468
Other	3,119	3,126	4,976
	339,219	340,358	344,400
Expenditures			
Administration	26,091	25,311	29,950
Support services	56,831	58,689	57,241
Nursing inpatient services	80,580	81,612	80,672
Medical services	23,437	23,010	21,891
Ambulatory care services	25,159	26,905	25,206
Diagnostic and therapeutic services	32,321	32,180	32,062
Community and social services	80,923	78,972	77,809
Educational services	6,049	5,890	5,446
Undistributed	2,245	2,015	2,061
	333,636	334,584	332,338
Surplus	$ 5,583	$ 5,774	$ 12,062

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 2014 (Note 14)**	**Actual 2014**	Actual 2013
Adjustments for undernoted items – net expenses			
Amortization expense	**$ 7,956**	**$ 7,956**	$ 8,274
Accrued vacation expense decrease	**(578)**	**(578)**	(150)
Accrued severance expense- (decrease) increase	**(656)**	**(656)**	2,089
Accrued sick expense-(decrease) increase	**(839)**	**(839)**	475
Total adjustments for above noted items	**5,883**	**5,883**	10,688
Surplus(deficit)	**(300)**	**(109)**	1,374
Accumulated (deficit) surplus, beginning of year	**377**	**377**	(997)
Accumulated surplus (deficit), end of year	**$ 77**	**$ 268**	$ 377

See accompanying notes to the non-consolidated financial statements

Western Regional Health Authority

Non-Consolidated statement of changes in net debt

Year ended March 31 (in thousands of dollars)	**Budget 2014 (Note 14)**	**Actual 2014**	Actual 2013
Net debt, beginning of year	$ **(83,455)**	$ **(83,455)**	**$** (86,289)
Surplus (deficit) for the year	**(300)**	**(109)**	1,374
Changes in tangible capital assets			
Acquisition of tangible capital assets	**(5,449)**	**(5,449)**	(6,468)
Disposal of tangible capital assets	**-**	**-**	534
Amortization of tangible capital assets	**7,956**	**7,956**	8,274
Decrease in net book value of tangible capital assets	**2,507**	**2,507**	2,340
Changes in other non-financial assets			
Acquisition of prepaid expense (net of usage)	**-**	**510**	(564)
Acquisition of inventories of supplies (net of usage)	**-**	**1,095**	(316)
Decrease (increase) in other non-financial assets	**-**	**1,605**	(880)
Decrease in net debt	**2,207**	**4,003**	2,834
Net debt, end of year	**$ (81,248)**	$ **(79,452)**	**$** (83,455)

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)	**2014**	2013
Operating		
Annual surplus (deficit)	**$ (109)**	$ 1,374
Add (deduct) non-cash items:		
Amortization of capital assets	**7,956**	8,274
Accrued vacation expense –decrease	**(578)**	(150)
Accrued severance expense – (decrease) increase	**(656)**	2,089
Accrued sick expense – (decrease) increase	**(839)**	475
Changes in:		
Receivables	**(1,460)**	(10,973)
Due from associated funds	**203**	(828)
Inventory	**1,095**	(316)
Prepaid expenses	**510**	(564)
Deferred contributions - operating	**342**	(75)
Payables and accruals	**3,944**	(3,643)
Net cash provided (applied to) by operating transactions	**10,408**	(4,337)
Capital		
Disposal of tangible capital assets	**-**	534
Acquisitions of tangible capital assets	**(5,449)**	(6,468)
Net cash applied to capital transactions	**(5,449)**	(5,934)
Financing		
Debt assumed	**(6,767)**	8,510
Repayment of long term debt	**(191)**	(180)
Capital contributions	**1,905**	440
Net cash (applied to) provided by financing transactions	**(5,053)**	8,770
Investing		
Restricted cash and investments	**(9)**	(6)
Net cash applied to investing transactions	**(9)**	(6)
Net cash applied	**(103)**	(1,507)
Cash and cash equivalents - beginning of year	**103**	1,610
Cash and cash equivalents - end of year	$ **-**	**$** 103

See accompanying notes to the non-consolidated financial statements

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2014
(in thousands of dollars)

1. Nature of operations

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

Western Health is 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) Canadian Institute of Chartered Accountants (CICA) 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, 2014
(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 balances 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, 2014
(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 acquired after January 1, 1996 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.

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2014
(in thousands of dollars)

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

Revenue recognition (cont'd)
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.

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.

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
- NLHBA program liabilities
- 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.

Western Regional Health Authority
Notes to the non-consolidated financial statements
March 31, 2014
(in thousands of dollars)

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

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 Health subsequently measures all of its financial assets and financial liabilities at cost or amortized cost less any reduction for impairment, except for investments in equity instruments that are quoted in an active market, which are measured at fair value; derivative contracts, which are measured at fair value; and certain financial assets and financial liabilities which the Authority has elected to measure at fair value. Changes in fair value are recognized in annual surplus.

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, trust funds payable and NLHBA program liabilities.

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 which 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.

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2014
(in thousands of dollars)

3. Receivables

	2014	2013
Province of Newfoundland and Labrador		
Capital contributions	**$ -**	$ 1,534
Provincial plan	**13,216**	9,538
MCP	**3,840**	2,918
Patient services	**1,166**	2,229
Employees' pay and travel advances	**327**	351
Harmonized sales tax rebate	**516**	321
Department of veteran affairs	**564**	2,554
Child Youth and Family Services	**2,775**	2,359
Other	**3,233**	2,373
	$ 25,637	$ 24,177

4. Due from associated funds

	2014	2013
Cottages	**$ 1,190**	$ 1,249
Foundations	**732**	876
	$ 1,922	$ 2,125

5. Trust funds

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

6. NLHBA funds on deposit

Beginning April 1, 2013 the Newfoundland and Labrador Health Boards Association ceased operations. Western Health was tasked with custody of the association's assets in order to decrease the liabilities remaining. Funds from this restricted cash balance can only be distributed based upon direction from Government.

7. Bank indebtedness

Western Health has access to a line of credit with the Bank of Montreal in the amount of $17,500 (2013 - $17,500) in the form of revolving demand loans and/or bank overdrafts. The authorization to borrow has been approved by the Minister of Health and Community Services. The balance outstanding on this line of credit at March 31, 2014 is $Nil (2013 - $Nil). Interest is being charged at prime less 1.15% on any overdraft March 31, 2014 – 1.15% (March 31, 2013 - 1.85%).

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2014
(in thousands of dollars)

8. Employee future benefits

The actuarial valuation was completed on May 22, 2014. 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:

	2014	2013
Wages and salary escalation	**4%**	4%
Interest	**3.9%**	3.6%

The sick leave accrual as at March 31 are as follows:

		2014		2013
Accrued sick pay obligation beginning of year	**$**	**17,806**	$	17,331
Current period benefit cost		**1,794**		1,715
Benefit payments		**(2,222)**		(2,152)
Interest on the accrued benefit sick leave obligations		**633**		658
Actuarial (gains)/losses		**(1,044)**		254
Accrued sick pay obligations end of year	**$**	**16,967**	$	17,806

The severance pay accrual as at March 31 are as follows:

		2014		2013
Accrued severance obligation beginning of year	**$**	**30,460**	$	28,371
Current period benefit cost		**2,105**		2,090
Benefit payments		**(1,767)**		(1,767)
Interest on the accrued Severance obligation		**1,102**		1,098
Actuarial (gains)/losses		**(2,096)**		668
Accrued severance obligation end of year	**$**	**29,804**	$	30,460

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2014
(in thousands of dollars)

9. Long term debt	2014	2013
1.8% mortgage on the Bay St. George Seniors Home, maturing in 2021, repayable in blended monthly payments of $12,113	**$ 977**	$ 1,104
8% mortgage on the Bay St. George Seniors Home, maturing in 2026, repayable in blended monthly payments of $9,523	**912**	953
4.56% mortgage on the Woody Point Clinic, maturing in 2020, repayable in blended monthly payments of $2,304	**146**	169
	$ 2,035	$ 2,226

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 $2,035 (2013 - $ 2,226)

See Note 10 for five year principal repayment schedule.

10. Obligations under long term debt

Western Health has acquired building additions and equipment under the terms of long term debt. Payments under these obligations, scheduled to expire at various dates to 2019 are as follows:

Fiscal year ended	
2015	$ 188
2016	198
2017	208
2018	219
2019	231
	$ 1,044

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2014
(in thousands of dollars)

11. Tangible capital assets

	Land	Land Improvements	Buildings	Parking Lot	Equipment	Motor Vehicles	Leasehold Improvements	Total
March 31, 2014								
Cost								
Opening balance	$ 675	$ 435	$ 56,087	$ 1,142	$ 125,448	$ 1,549	$ 232	$ 185,568
Additions	-	-	430	-	4,998	21	-	5,449
Disposals	-	-	-	-	-	-	-	-
Closing balance	675	435	56,517	1,142	130,446	1,570	232	191,017
Accumulated amortization								
Opening balance	-	253	28,321	697	84,796	969	218	115,254
Additions	-	4	1,600	28	6,204	118	2	7,956
Disposals	-	-	-	-	-	-	-	-
Closing balance	-	257	29,921	725	91,000	1,087	220	123,210
Net book value	**$ 675**	**$ 178**	**$ 26,596**	**$ 417**	**$ 39,446**	**$ 483**	**$ 12**	**$ 67,807**

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2014
(in thousands of dollars)

11. Tangible capital assets (cont'd)

	Land	Land Improvements	Buildings	Parking Lot	Equipment	Motor Vehicles	Leasehold Improvements	Total
March 31, 2013								
Cost								
Opening balance	$ 675	$ 435	$ 55,391	$ 1,142	$ 120,298	$ 1,461	$ 232	$ 179,634
Additions	-	-	1,230	-	5,150	88	-	6,468
Disposals	-	-	534	-	-	-	-	534
Closing balance	675	435	56,087	1,142	125,448	1,549	232	185,568
Accumulated amortization								
Opening balance	-	248	26,686	668	78,329	835	214	106,980
Additions	-	5	1,635	29	6,467	134	4	8,274
Disposals	-	-	-	-	-	-	-	-
Closing balance	-	253	28,321	697	84,796	969	218	115,254
Net book value	**$ 675**	**$ 182**	**$ 27,766**	**$ 445**	**$ 40,652**	**$ 580**	**$ 14**	**$ 70,314**

Book value of capitalized items that have not been amortized is $ 5,590 (2013 - $4,389)

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2014
(in thousands of dollars)

12. Inventory	2014	2013
Dietary	**$ 103**	$ 135
Pharmacy	**1,711**	1,985
Supplies	**3,247**	3,667
Consignment	**-**	369
	$ 5,061	$ 6,156

13. Contingencies and commitments

Claims
As of March 31, 2014, 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	
2015	$ 4,447
2016	2,848
2017	2,313
2018	1,519
2019	469
	$ 11,596

14. 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"].

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2014
(in thousands of dollars)

14. Budget (cont'd)

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 for the year ended March 31, 2014:

Original budgeted provincial plan revenue	$	273,803
Add: Net provincial plan budget adjustments		14,076
Ending budgeted provincial plan revenue		287,879
Original budgeted other revenue		45,199
Add: Net budget increases - other		558
Ending budgeted revenue	$	333,636
Original budgeted salary expenditure	$	206,705
Add: Net salary budget adjustments		1,949
Ending budgeted salary expenditure		208,654
Original budgeted supply expenditure		122,223
Add: Net supply budget adjustments		2,759
Ending budgeted expenditures	$	333,636

15. 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 related 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.

The Authority's credit risk is primarily attributable to accounts receivable. 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.

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2014
(in thousands of dollars)

15. Financial instruments (cont'd)

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 $17,500. 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.

16. 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)	2014	2013
Administration		
General administration	**$ 8,055**	$ 10,356
Finance	**2,853**	3,340
Personnel services	**4,142**	5,257
System support	**4,337**	5,049
Other administrative	**5,924**	5,948
	25,311	29,950
Support services		
Housekeeping	**10,688**	10,547
Laundry and linen	**2,489**	2,655
Plant services	**19,360**	18,835
Patient food services	**12,067**	11,502
Other support services	**14,085**	13,702
	58,689	57,241
Nursing inpatient services		
Nursing inpatient services – acute	**55,184**	55,237
Medical services	**23,010**	21,891
Nursing inpatient services – long term care	**26,428**	25,435
	104,622	102,563
Ambulatory care services	**26,905**	25,206
Diagnostic and therapeutic services		
Clinical laboratory	**10,728**	10,808
Diagnostic imaging	**8,834**	8,725
Other diagnostic and therapeutic	**12,618**	12,529
	32,180	32,062

Western Regional Health Authority

Non-Consolidated expenditures – operating/shareable

Schedule I (cont'd)

Year ended March 31 (in thousands of dollars)	**2014**	2013
Community and social services		
Mental health and addictions	**7,542**	7,485
Community support programs	**61,899**	59,051
Family support programs	**3,055**	2,936
Health promotion and protection program	**6,476**	8,337
	78,972	77,809
Education	**5,890**	5,446
Undistributed	**2,015**	2,061
Shareable amortization	**191**	180
Total expenditures	**$ 334,775**	$ 332,518

Western Regional Health Authority

Non-Consolidated revenue and expenditures for government reporting

Schedule II

Year ended March 31 (in thousands of dollars)	**2014**	2013
Revenue		
Provincial plan – operating grant	**$ 287,879**	$ 292,661
Capital grant – provincial	**5,021**	5,259
Capital grant – other	**562**	1,037
MCP physician revenue	**19,084**	16,961
National Child Benefit	**831**	757
Early Childhood Development	**394**	359
Inpatient	**1,583**	1,725
Outpatient	**1,678**	1,759
Resident revenue – long term care	**8,199**	7,538
Mortgage interest subsidy	**23**	23
Food service	**1,775**	1,877
Other recoveries	**10,203**	9,468
Other	**3,126**	4,976
Total revenue	**340,358**	344,400
Expenditures		
Worked and benefit salaries and contributions	**178,062**	174,728
Benefit contributions	**31,336**	30,553
	209,398	205,281
Supplies – plant operations and maintenance	**7,245**	6,640
Supplies – drugs	**8,830**	8,818
Supplies – medical and surgical	**12,152**	11,926
Supplies – other	**13,381**	12,780
	41,608	40,164
Direct client costs – mental health and addictions	**358**	357
Direct client costs – community support	**46,198**	44,156
Direct client costs – family support	**1,313**	1,304
	47,869	45,817
Other shareable expenses	**35,612**	40,969

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

Year ended March 31 (in thousands of dollars)	**2014**	2013
Expenditures (cont'd)		
Long term debt – interest	**97**	107
Long term debt – principal	**191**	180
	288	287
Total expenditures	**334,775**	332,518
Less: Capital grant – provincial	**5,021**	5,259
Less: Capital grant – other	**562**	1,037
Surplus for government reporting	**-**	5,586
Long term debt - principal	**191**	180
Surplus inclusive of other operations	**191**	5,766
Shareable amortization	**191**	180
Surplus before non-shareable items	**-**	5,586
Non-shareable items		
Amortization expense	**7,765**	8,094
Accrued vacation expense decrease	**(578)**	(150)
Accrued severance expense – (decrease) increase	**(656)**	2,089
Accrued sick expense – (decrease) increase	**(839)**	475
Capital grant – Provincial	**(5,021)**	(5,259)
Capital grant - Other	**(562)**	(1,037)
	109	4,212
Surplus (deficit) as per Statement of Operations	**$ (109)**	$ 1,374

Western Regional Integrated Health Authority

Non-Consolidated funding and expenditures for government reporting

Capital transactions

Schedule III

Year ended March 31 (in thousands of dollars)	**2014**	2013
Sources of funds		
Provincial capital equipment grant for current year	**$ 3,957**	$ 5,313
Provincial facility capital grant in current year	**2,757**	1,575
Add: Proceeds on sale of Interfaith Home	**1,278**	-
Add: Deferred capital grant from prior year	**11,789**	11,349
Add: Transfer from operating fund	**-**	500
Less: Capital facility grant reallocated for operating fund purchases	**(1,066)**	(1,689)
Less: Deferred capital grant from current year	**(13,694)**	(11,789)
	5,021	5,259
Other contributions		
Foundations, auxiliaries and other	**562**	1,037
Total funding	**5,583**	6,296
Capital expenditures		
Asset, building and land	**430**	1,231
Asset, equipment	**5,019**	5,237
	5,449	6,468
Total expenditures	**5,449**	6,468
Surplus (deficit) on capital purchases	**$ 134**	$ (172)

Western Regional Health Authority

Accumulated operating deficit for government reporting

Schedule IVA

Year ended March 31 (in thousands of dollars)	**2014**	2013
Accumulated operating deficit		
Current assets		
Cash and cash equivalents	**$ -**	$ 103
Accounts receivable	**25,637**	24,177
Due from associated funds	**1,922**	2,125
Inventory	**5,061**	6,156
Prepaid expenses	**6,852**	7,362
Other	**(16)**	(14)
Total assets	**39,456**	39,909
Current liabilities		
Bank indebtedness	**1,743**	8,510
Accounts payable and accrued liabilities	**31,169**	27,225
Deferred contributions – operating	**3,090**	2,748
Deferred contributions - capital	**13,694**	11,789
Total current liabilities	**49,696**	50,272
Accumulated operating deficit	**$ (10,240)**	$ (10,363)
Reconciliation of operating deficit		
Accumulated operating deficit – beginning of year	**$ (10,363)**	$ (16,304)
Add: IFH mortgage settlement	**-**	535
Add: Net operating income (loss) per schedule II	**-**	5,586
Add: Net surplus (deficit) on capital purchases per schedule III	**134**	(172)
Less: Restricted interest (income) loss	**(11)**	(8)
Accumulated operating deficit –end of year	**(10,240)**	(10,363)
Less: Net surplus on capital purchases – prior years	**998**	1,170
Less: Net surplus (deficit) on capital purchases -2013	**-**	(172)
Less: Net surplus (deficit) on capital purchases -2014	**134**	-
Accumulated operating deficit – per Department of Health and Community Services	**$ (11,372)**	$ (11,361)

Western Regional Health Authority

Reconciliation of consolidated accumulated operating deficit for government reporting

Schedule IVB

Year ended March 31 (in thousands of dollars)	**2014**	2013
Accumulated operating deficit – end of year per Schedule IVA	**$ (10,240)**	$ (10,363)
Adjustments:		
Other assets	**16**	14
Restricted cash and investments	**150**	141
Vacation pay accrual	**(8,659)**	(9,237)
Severance pay accrual	**(29,804)**	(30,460)
Sick pay accrual	**(16,967)**	(17,806)
Long term debt	**(2,035)**	(2,226)
Tangible capital assets	**67,807**	70,314
	10,508	10,740
Accumulated surplus per Statement of Financial Position	**$ 268**	$ 377

2013-14 ANNUAL PERFORMANCE REPORT

Western Health

www.westernhealth.nl.ca