

Environmental Scan 2018-2019



Western
Health

Prepared by:

Mariel Parcon

Regional Manager Research and Evaluation

Long Term Care, Rural Health, & Quality

Table of Contents

| | |
|---|----|
| Foreword..... | 3 |
| Our People and Communities | 4 |
| Demographics..... | 4 |
| Population..... | 4 |
| Migration | 4 |
| Births and Fertility Rate | 5 |
| Mortality | 5 |
| Income and Income Support..... | 6 |
| Education..... | 6 |
| Health and Wellness..... | 7 |
| Well-Being..... | 7 |
| Health Status..... | 10 |
| Health Practices | 12 |
| Health Outcomes | 14 |
| Cancer..... | 16 |
| Our Organization | 17 |
| Introduction..... | 17 |
| Safety..... | 17 |
| Client, Patient, Resident, Family, & Visitor..... | 17 |
| Staff | 19 |
| Access..... | 21 |
| Appropriateness and Effectiveness | 24 |
| Efficiency | 28 |
| Engagement and Experience | 29 |
| Client, Patient, Resident, and Family | 29 |
| Staff | 29 |
| Quality Improvement | 32 |
| Conclusion | 32 |
| References..... | 36 |

Foreword

Dates written in the form "2018" represent a calendar year from January 1 to December 31.

Dates written in the form "2018/19" represent a fiscal year from April 1 to March 31.

Dates written in the form of "2018 and 2019" represent two calendar years.

Dates written in the form of "2017 to 2019" represent combined data for the three calendar years.

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

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

Our People and Communities

Demographics

Population

The Western Regional Health Authority geographical boundaries are from Port aux Basques, southeast to Francois, northwest to Bartlett’s Harbour, and on the eastern boundary north to Jackson’s Arm. The population of the Western region in 2017 was 76,626 (CIHI, 2019) and according to Table 1, there was a 0.3% decrease in the population between the 2011 and 2016 census years, (Statistics Canada Census, 2016). Although the population in the Western region has decreased, the provincial population increased from 514,535 in 2011 to 519,715 in 2016 (Community Accounts, 2019). The median age in 2016 for the Western region was 50 compared to 46 for Newfoundland and Labrador (NL) (Community Accounts, 2018), and according to the Canadian Institute for Health Information (CIHI), 23.1% of the Western region population was over the age of 65 in 2017. In 2016 the Western region had a 46.2% rural area population, 1.4% immigrant population, and 25.5% aboriginal population (CIHI, 2019).

Table 1. Population

| | Census 2011 | Census 2016 | % Change | Median Age 2016 |
|-----------------------|-------------|----------------|----------|-----------------|
| Western Region | 77,980 | 77,720 | 0.3 | 50 |
| NL | 514,535 | 519,715 | 1 | 46 |

Source: Statistics Canada Census 2011 and 2016 (Retrieved from Community Accounts July 2019)

Migration

In 2015, the Government of NL released a population growth strategy: *Live Here, Work Here, Belong Here, A Population Growth Strategy for Newfoundland and Labrador 2015-2025*. The strategy focuses on the workforce, families, communities and immigration. According to the strategy, there was a consistent decrease in the population of NL in the 15 years since the northern cod moratorium in 1992. Between 2008 and 2013, the province’s population began to grow which can be widely attributed to migration from other provinces and countries (Government of NL, 2019).

According to Community Accounts NL (2019) in 2015, the Western region experienced a residual net migration of 0.31% or 245 individuals while the same for the province was 0.63% or 3235 individuals (Table 2). Net migration is calculated by using the residual method of subtracting the current population from the population in the previous year and then removing the affect that births and deaths has on the population. The remainder or residual is the number of people who migrated into or out of the area (Community Accounts, 2019).

Table 2. Residual Net Migration

| | 2015 |
|-----------------------|--------------------------|
| Western Region | 0.31% (245 individuals) |
| Province | 0.63% (3235 individuals) |

Source: Statistics Canada (Retrieved from Community Accounts July 2019)

Births and Fertility Rate

The birth rate (per 1000) in the Western region increased from 6.3 in 2017 to 6.9 in 2018. Provincially, the birth rate in 2017 was 7.9. Table 3 shows there were 500 births in the Western region in 2017 and 532 in 2018 representing a 6.4% increase.

Table 3. Birth Rates

| | Number of Births | | % Change | Total Birth Rate | |
|-----------------------|-------------------------|-------------|-----------------|-------------------------|-------------|
| | 2017 | 2018 | | 2017 | 2018 |
| Western Region | 500 | 532 | 6.4 | 6.3 | 6.9 |

Source: Western Health Statistics

Based on statistics obtained from Community Accounts NL (2019), the fertility rate of women in the Western region decreased to 1.3 in 2015 from 1.5 in 2013. The provincial rate was 1.5 in 2015 compared to 1.4 in 2013. Fertility rates are defined as the average number of children per woman (Community Accounts NL, 2019).

Mortality

According to Table 4, in 2017 the median age of death for residents in the Western region was 78 which is the same provincially. In 2016, the regional and provincial median age of death was 78 and 77 respectively. In 2017, there were 855 deaths in the Western region compared to 880 deaths in 2016 (Community Accounts NL, 2019).

Table 4. Number of Deaths

| | Number of Deaths | | % Change | Median Age of Death | |
|-----------------------|-------------------------|-------------|-----------------|----------------------------|-------------|
| | 2016 | 2017 | | 2016 | 2017 |
| Western Region | 880 | 855 | -2.8 | 78 | 78 |
| Province | n/a | n/a | n/a | 77 | 78 |

Source: Statistics Canada (Retrieved from Community Accounts July 2019)

According to CIHI, from 2014 to 2016, the life expectancy at birth for residents of the Western region was 79.1 years, compared to 79.4 for NL, and 82 for Canada. The life expectancy at age 65 for Western region residents between 2014 and 2016 was 18.9 years, compared to 18.8 for NL, and 20.8 for Canada (CIHI, 2019).

Income and Income Support

The gross income for individuals in the Western region continues to increase incrementally. Research indicates that higher income is typically associated with better health. In 2016, the gross personal income per capita for the Western region was \$32,000, compared to \$31,600 in 2015 (Table 5). In 2016, the average couple family income was \$91,200 for the Western region compared to \$107,000 provincially and \$111,100 nationally (Community Accounts, 2019). According to CIHI (2019), in 2016 13.1% of children were living in low-income families in the Western region.

Table 5. Income and Employment

| | Western Region | Province |
|---|-----------------------|-----------------|
| Gross personal income per capita (2016) | \$32,000 | \$37,000 |
| After tax personal income per capita (2016) (adjusted for inflation) | \$23,000 | \$22,600 |
| Average Couple Income (2016) | \$91,200 | \$107,000 |
| Self-Reliance Ratio (2016) | 74.1% | 80.6% |
| Income Support Assistance rate (2018) | 9.1% | 7.7% |
| Employment Insurance rate (2017) | 40.2% | 32.4% |

Source: Canada Revenue Agency (Retrieved from Community Accounts July 2019)

According to Table 5, at some point in 2018, 9.1% of the population in the Western region received income support assistance compared to 9.4% in 2017. Provincially, 7.7% received income support assistance at some point during 2018. The employment insurance incidence (the percentage of the labor force in the Western region that collected employment insurance at some point in 2017) was 40.2%, compared to 32.4% for NL (Community Accounts, 2019). In 2017, the unemployment rate was 17.9% in the Western region according to CIHI (2019).

Education

Based on 2017/18 data from the Department of Education, overall student enrolment in the Western region increased slightly from the 2016/17 school year. This trend was also consistent with provincial enrollment (Table 6).

Table 6. Education Enrollment

| | Western Region | | Province | |
|--------------------|----------------|--------------|----------|---------------|
| | 2016/17 | 2017/18 | 2016/17 | 2017/18 |
| Primary | 2,702 | 2,701 | 19,995 | 19,882 |
| Elementary | 2,005 | 2,120 | 15,111 | 15,805 |
| Junior High | 2,232 | 2,171 | 15,139 | 15,409 |
| Senior High | 2,368 | 2,362 | 16,078 | 16,306 |
| Total | 9,307 | 9,354 | 66,323 | 67,402 |

Source: Department of Education and Early Childhood Development (Retrieved from Community Accounts July 2019)

According to the 2016 census, 19.4% of residents of the Western region aged 25-64 do not have a high school diploma compared to 15.7% provincially. This is a decrease from 25.5% in for the region, and 20.3% for the province in 2011. According to Table 7, in the Western region 12% of people aged 25 to 64 have a bachelor's degree or higher compared to 16.4% provincially (Community Accounts, 2019).

Table 7. Highest Level of Education 2016

| Highest Level of Education | Western Region (%) | Province (%) |
|---|--------------------|--------------|
| Does not have high school | 28 | 23.4 |
| High school (age 15+) | 72 | 76.6 |
| Bachelor's degree or higher (age 15+) | 10.9 | 14.8 |
| Does not have a high school diploma (age 25-54) | 19.4 | 15.7 |
| High school (age 25-54) | 80.6 | 84.3 |
| Bachelor's degree or higher (age 25-54) | 13.6 | 18.3 |

Source: Statistics Canada Census 2016 (Retrieved from Community Accounts July 2019)

Health and Wellness

Well-Being

According to the Canadian Community Health Survey (CCHS) (2015 and 2016), 84.2% of respondents in the Western region reported a stronger sense of community belonging, which is an increase from 2013-2014 (80.3%). According to Table 8, respondents in the Western region feel a stronger sense of community belonging compared to respondents in the province (79.1%) and Canada (68.4%).

Table 8. Well-Being Indicators 2015 and 2016

| | Western Region | Province | Canada |
|--|-----------------------|-----------------|---------------|
| Perceived life stress- extreme or quite a bit | 13.1% | 13.6% | 21.5% |
| Perceived work stress- extremely or quite a bit | 18.5% | 19.4% | 26.9% |
| Satisfaction with life in general as satisfied or very satisfied | 88.3% | 88% | 88.7% |
| Sense of belonging to community as very or somewhat strong | 84.2% | 79.6% | 68.4% |
| Self-assessed health status as very good or excellent | 57.2% | 62% | 61.5% |
| Perceived mental health as excellent | 72.2% | 71.2% | 71.7% |

Source: Canadian Community Health Survey 2015 and 2016 (Retrieved from Community Accounts July 2019)

The CCHS posed questions on perceived life stress and 13.1% of Western region indicated perceived life stress as extreme or quite a bit, which is similar to 13.6% for NL, but lower compared to 21.5% for Canada. According to Table 8, general life satisfaction in the Western region is at 88.3% which is the same for NL and Canada (CCHS, 2015 and 2016).

A major indicator of well-being is how a person rates his or her own health and mental health. According to the CCHS (2015 and 2016), 57.2% of individuals in the Western region rated their health status as being very good or excellent compared to 62% of individuals in the province, and 61.5% in Canada. According to Table 8, 72.2% of respondents in the Western region rated their mental health as excellent which is comparable to 71.2% of the respondents in the province, and 71.7% in Canada.

Mental Health and Well-Being

Table 9 outlines the three indicators that assess the performance of the mental health and addictions system (CIHI, 2019): self-injury hospitalization, repeat hospitalization stays for mental illness, and hospitalizations entirely caused by alcohol.

Table 9. Mental Health and Addictions Performance Indicators

| Indicator | Western Region | NL | Canada |
|---|--|--|---|
| Self-Injury Hospitalization (per 100,000) | 2014/15- 84 2015/16-118 2016/17- 147 2017/18 – 146* | 2014/15- 84 2015/16-85 2016/17- 105 2017/18 – 114* | 2014/15- 65 2015/16-66 2016/17- 68 2017/18 - 69 |
| Repeat hospital stays for mental illness | 2013/14- 14.4 2014/15-17.8 2016/17- 16.8 2017/18-14.3* | 2013/14- 11.0 2014/15-13.5 2016/17- 13.1 2017/18-13.8* | 2013/14- 11.2 2014/15-11.5 2016/17- 12.1 2017/18-12.1 |
| Hospitalizations entirely caused by alcohol (per 100,000) | 2016/17- 157 2017/18-163* | 2016/17- 179 2017/18-189* | 2016/17- 242 2017/18-249 |

Data source: CIHI, 2019

*statistically different than Canada

Self-Injury Hospitalization:

This indicator measures the age-standardized rate of hospitalization in a general hospital due to self-injury, per 100,000 population. A lower rate is better and Western Health’s rate has decreased slightly from 147 in 2016/17 to 146 in 2017/18 but remains higher than the Provincial and National averages. It is worth noting that the Provincial average also increased to 114 in 2018/18 from 105 in 2016/17. Western Health is statistically higher than the Canadian rate. At Western Health there is significant work happening with regards to mental health and addictions programming in life promotion, suicide prevention, and positive coping. There has been significant efforts to transform the mental health and addiction system including the significant reduction of wait list and wait times, the introduction of immediate access to services through Doorways, introduction of Mobile crisis response teams in Corner Brook as well as many other planned initiatives that are contained in [Towards Recovery](#) provincial document – the all-party report that contains 54 recommendations for a transformed system.

Repeat Hospitalizations for Mental Illness:

This indicator examines the risk-adjusted percentage of individuals who had three or more episodes of care for a mental illness among all those who had at least one episode of care for a mental illness in general or psychiatric hospitals within a given year. A lower rate is better. Although Western Health’s rate of 14.3 in 2017/18 has decreased from 16.8 in 2016/17, Western Health is still higher than the Provincial and National rates. However, Western Health’s rate is not statistically different from the Canadian rate. In 2016/17 a review of patients who had three or more admissions in one year was conducted. Care received from community-based services, psychiatry, emergency departments, and hospital were examined. Opportunities for improvement

were identified and actions implemented, and new services are now available and are being planned in the community which should have positive impacts on the further lowering of this rate.

Hospitalizations Entirely Caused by Alcohol:

This indicator measures the age-standardized rate of hospitalizations with conditions that are wholly (100%) attributable to alcohol per 100,000 population age 10 and older which CIHI began reporting in 2016/17. A lower rate is better, but Western Health's rate has risen to 163 in 2017/18 from 157 in 2016/17. Western Health implements programs that aim to educate youth on the dangers of alcohol including the P.A.R.T.Y program (Prevent Alcohol and Risk Related Trauma in Youth) which is a half day interactive program targeting youth aged 15 and older to recognize injury risks associated with substance use and make informed decisions to reduce these risks.

During 2018/19 significant efforts were made to promote available Mental Health and Addictions supports and services including the online mental health and substance use screening program (CheckItOutNL.ca). The screening program focuses on the early identification of issues through the promotion of online self-assessment tools. The program consists of an evidence-based screening tools website customized with links to local resources, as well as structured screening awareness events to promote utilization of the online tools. Digital promotion with the use of social media and other electronic promotions have proven a big success with 41 social media posts, 39 screening awareness events, and 2739 screenings completed.

The Mental Health and Addictions program significantly changed access to services by introducing DoorWays which provides rapid access through a walk-in service. In 2018/19, there were 1358 DoorWays appointments within the region with 986 unique clients. Feedback from clients and referral sources has been very positive. This service is available throughout the region, including in the West Coast Correctional Center.

Access to adult outpatient Psychiatry services has also significantly improved in 2018/19. Despite the growth in referrals (580 new adult referrals), there are 40% less adults waiting as compared to March 31, 2018 (n=882). Unfortunately, for children and youth, despite an increase in referrals (176 new child/youth referrals as compared to 149, March 31, 2018) there are 18% more children waiting at the end of March 2019.

Health Status

Indicators such as physical activity participation, consumption of fruits and vegetables, smoking rates, alcohol consumption, and breastfeeding initiation are considered indicators that contribute to health status of a population. Table 10 includes most recent data on these indicators for the Western region NL, and Canada.

Table 10. Health Status Indicators (Percent of Population) 2015 and 2016

| | Western Region | Province | Canada |
|---|-----------------------|-----------------|----------------------|
| Physical activity, 150 minutes per week, adult (age 18+) | 43% | 49.8% | 57.7% |
| Physical activity, 60 minutes per day, for youth (age 12-17) | 50.7% | 57.6% | 59.8% |
| Fruit and vegetable consumption, 5 times or more per day | 19.9% | 20.4% | 30.9% |
| Current daily smoker | 18.9% | 18.2% | 12.3% |
| Cannabis use in the past three months (1 st quarter 2019) Source: Statistics Canada, 2019 | n/a | 18.5% | 17.5% |
| Heavy drinking- having 5 (males) or 4 (females) drinks on one occasion 12 or more times in the past 12 months | 36.2% | 34.8% | 25.1% |
| Breastfeeding initiation (2018/19) Source: Western Health and Perinatal Program NL | 72% | 70.5% | 89.4% (2011-2012) |

Source: Canadian Community Health Survey 2015 and 2016 (Retrieved from Community Accounts July 2019)

Heavy drinking refers to males who reported having five or more drinks, or women who reported having 4 or more drinks, on one occasion 12 or more times in the past 12 months. According to Table 10, 36.2% of residents of the Western region are heavy drinkers, compared to 34.8% in NL, and 25.1% in Canada. In 2018/19 Western Health has started or continued several initiatives to prevent substance use including the Get Ready program, Challenges, Beliefs, Changes program, Substance Use Activities Toolkits, and What’s with Weed program.

Given the new legislation of legal recreational cannabis use in Canada, Statistics Canada has developed a new Cannabis Stats Hub to monitor cannabis use across Canada. In Newfoundland and Labrador, cannabis use has increased from 16.4% in quarter one of 2018 to 18.5% in quarter one of 2019. In Canada, cannabis use increased from 14% in quarter one of 2018 to 17.5% in quarter one of 2019. In 2018/19, as part of the National Cannabis Dialogue Project, Western Health supported 11 Cannabis Dialogue events within 7 communities throughout the region. A variety of partnerships were formed to assist the implementation of these events: College of the North Atlantic Stephenville Campus, Community Mental Health Initiative, the Newfoundland & Labrador Association of Social Workers, & the Deer Lake Area Community Drug Awareness Committee. Over 257 residents participated in open conversations about cannabis and cannabis policy. In preparation the legalization of recreational cannabis use, key messaging documents were developed to support health care providers and community service providers to integrate evidence-informed knowledge into service delivery. These documents were distributed to all Western Health staff, as well as key community stakeholders.

There has been a decrease in the reported percentage of daily smokers of the Western region from 24% in 2013 and 2014 to 18.9% in 2015 and 2016 (CCHS, 2015 and 2016). This decrease has also been seen in NL from 20.8% in 2013 and 2014 to 18.2% in 2015 and 2016. Western Health has been involved in provincial initiatives to promote tobacco control including the “Helping Women Live Smoke Free” program, and collaboration with the Alliance for Tobacco Control to address increasing rates of youth vaping.

According to Table 10, residents of the Western region participate in less physical activity compared to NL for both youth and adult age groups. However, significant work is being done to promote physical activity within the Western region. In 2018/19, Western Health and Gros Morne National Park partnered to develop a promotional campaign (Nature Rx) linking outdoor physical activity with positive health outcomes. Two separate print materials have been developed including a brochure for residents and visitors that outlines 25 Ways to get Healthy in Gros Morne National Park, and a Prescription for Nature tear off sheet for health care providers to give clients//patients/residents to encourage their participation in outdoor active living for physical and mental health. The Parks Canada Ambassador Program is a new partnership with Parks Canada established with the Youth Outreach Worker and a group of youth in the Bonne Bay area. Youth will be participating in outdoor initiatives in the park in the upcoming year. Youth will learn about forest health and outdoor pursuits, positive use of technology, social media etiquette, and the importance of decreasing screen time.

The percentage of Western region residents who consume 5-10 portions of fruits and vegetables a day is comparable to the rest of NL (19.9% and 20.4% respectively) but lower than Canada (30.8%). In 2018/19, several new initiatives have been introduced to promote health eating including the SucSeed project. Project SucSeed is an award winning hydroponic system developed by Memorial University students to address the overwhelming need for fresh affordable produce in our province. This project took top prize at the Enactus World Cup in 2016 and is focused on addressing food security and vegetable and fruit consumption within NL. Newfoundland and Labrador has the lowest consumption rate of fruits and vegetables in the country. SucSeed helps to address this issue as it provides the ability to grow fresh produce anywhere as it uses no soil; instead, the primary components are a nutrient-rich solution and a specialized UV light, both designed to optimize plant growth. This allows the system to use 90% less water than traditional growing methods, with a 75% higher yield and can grow produce much faster. Nearly any fruit or vegetable, except root vegetables, can be grown using this system. According to the Sucseed website one system can yield up to 12 heads of lettuce in only five weeks, which translates to over 1,000 lbs. of produce annually per system.

Breastfeeding is critical for achieving global goals on nutrition, health and survival, economic growth and environmental sustainability. The World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) recommend that breastfeeding be initiated within the first hour after birth, continued exclusively for the first 6 months of life and continued, with safe and adequate complementary foods, up to 2 years or beyond. Western Health currently measures

breastfeeding initiation rate as an indicator of healthy eating for infants born in this region. The Western region has seen a steady increase in breastfeeding initiation rates and according to Table 10, the breastfeeding initiation rate for the Western region in 2018/19 was 72%, which is an increase from 59.3% in 2013/14. In 2018/19 within the Western region, there has been increased support for breastfeeding with referrals to the Lactation Consultant increasing from 125 to 145. A Breastfeeding Support Group pilot project was launched in Corner Brook in partnership with the Corner Brook Public Library and the Family Outreach Resource Centre. Three municipalities in Western region have also been identified to adopt Breastfeeding Toolkits which includes policy development, resolution, proclamation and creating supportive spaces. In 2018/19 Western Health began the process of pursuing Baby-Friendly Initiative designation. “Baby-Friendly” is the official description of an initiative created by the WHO and UNICEF to encourage hospitals all over the world to promote healthy feeding choices for infants. As part of this process a Regional BFI Committee was established to lead this initiative in 2018/19.

Health Practices

Table 11. Health Practices (Percent of Population) 2015 and 2016

| | Western Region | Province | Canada |
|---|-----------------------|-----------------|---------------|
| Contact with a medical doctor in the past 12 months | 77.2% | 68.8% | 73.4% |
| Had at least one colonoscopy or sigmoidoscopy | 46.7% | 42.2% | 37.4% |
| Influenza vaccination within the last year | 58.6% | 54.2% | 55.5% |
| Influenza vaccination for LTC residents (2018/19) | 87.2% | n/a | n/a |

Source: Western Health (2019)

Source: Canadian Community Health Survey 2015 and 2016 (Retrieved from Community Accounts July 2019)

Influenza vaccination, cancer screening, and contact with health care providers are examples of health practice indicators which may affect health outcomes (Table 11). Within the Western region, 77.2% of Western region residents report having contact with a medical doctor in the past 12 months, which is higher than NL (68.8%), and Canada (73.4%) (CCHS, 2015 and 2016). CIHI reports there are 150 family medicine physicians per 100,000 population in the Western region in 2017 (CIHI, 2019).

Appropriate cancer screening is an important health practice. According to the CCHS 2015-2016, in the Western region 46.7% of residents report having had at least one colonoscopy or sigmoidoscopy which is higher than NL (42.2%) and Canada (37.4%). This is an important test for colon cancer screening (Community Accounts, 2019).

In 2018/19, 87.2% of long term care (LTC) residents availed of the annual influenza vaccine. This percentage is relatively consistent over the past three fiscal years (88.8% in 2017/18, 86.7% in 2015/16, and 90% in 2014/15). Influenza vaccination rates for the general population continue to increase and in the 2015 and 2016 CCHS survey, 58.6% of the population aged 12 and older reported being vaccinated within the last year, compared to 51.8% in 2013 and 2014 (CCHS, 2015 and 2016).

Within the Community Health program, there continues to be tremendous success with uptake of childhood vaccinations which ranged from 91% to 99% during 2018/19. There was an increase in the administrations of the flu vaccine by community health nurses to 17,194 doses in 2018/19 from 15,621 doses in 2017/18.

Health Outcomes

Newfoundland and Labrador has a high incidence of chronic disease such as high blood pressure, diabetes, and chronic obstructive pulmonary disorder (COPD). According to Table 12, the population of the Western region report having higher rates of all the listed indicators compared to NL and Canada.

Table 12. Health Outcomes (Percent of Population) 2015 to 2016

| Health Outcome | Western Region | NL | Canada |
|------------------------------|-----------------------|-----------|---------------|
| Arthritis | 33.5% | 28.2% | 20.5% |
| Diabetes | 13.7% | 10.2% | 6.9% |
| Asthma | 9.7% | 7.6% | 8.5% |
| COPD (age 35 years and over) | 6.3% | 4.3% | 4.1% |
| High blood pressure | 28.8% | 23.8% | 17.3% |

Source: Canadian Community Health Survey 2015 and 2016 (Retrieved from Community Accounts July 2019)

Addressing high incidence of chronic diseases continued to be a priority for Western Health in 2018/19. The *Improving Health My Way* program was promoted to residents of the Western region with 46 completing the program in 2018/19. This program consists of group sessions which are designed to help individuals with chronic conditions manage their health, and maintain active and fulfilling lives, despite the challenges associated with their chronic disease. In 2018/19 the Corner Brook Wellness Collaborative Clinic was also established to provide access to appropriate health care for clients without family physicians. This clinic now provides services to approximately 200 residents in the Corner Brook/Bay of Islands area who would otherwise utilize the emergency department for chronic disease management. This clinic also uses the *Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Primary Care (BETTER)* program to promote chronic disease prevention and screening in primary care.

These tools are an approach to chronic disease prevention and screening (CDPS) that utilizes evidence-based strategies, resources, and tools to improve CDPS in primary care settings. The focus is on chronic diseases that have strong evidence for prevention and screening, specifically cancer, diabetes, and cardiovascular disease and their associated lifestyle factors.

Cardiovascular diseases are also considered chronic diseases and CIHI reports two cardiovascular indicators in Table 13.

Table 13. Cardiovascular Indicators

| Indicator | Western Health | NL | Canada |
|---|--------------------------------------|--------------------------------------|------------------------------------|
| Hospitalized heart attacks (per 100,000) | 2016/17- 307* 2017/18-344* | 2016/17- 350* 2017/18-343* | 2016/17- 247 2017/18-243 |
| Hospitalized Strokes (per 100,000) | 2016/17-158 2017/18-162 | 2016/17- 166* 2017/18-161* | 2016/17- 144 2017/18-142 |

Source: CIHI, 2019

*Statistically different than Canadian average

Hospitalized Heart Attacks (Per 100,000):

This indicator measures the age-standardized rate of new acute myocardial infarction (AMI) events admitted to an acute care hospital for the population age 18 and older. A new event is defined as a first-ever hospitalization for an AMI or a recurrent hospitalized AMI occurring more than 28 days after the admission for the previous event in the reference period. Western Health's rate is higher than the provincial and national rates and has increased to 344 in 2018/19 from 307 in 2016/17 whereas provincial and national rates decreased. Lower rates are better however Western Health is statistically higher than the Canadian rate. Western Health has initiated a formalized cardiac rehab program when patients are admitted to hospital. This program provides education to patients on how to manage following an AMI and would include an exercise and dietary component. Referrals are then sent to the community health nurse post discharge for follow up. In 2018/19 Western Health continued participation in the Detection of Indicators and Vulnerabilities of Emergency Room Trips- Collaboration, Action, Research, and Evaluation (DIVERT-CARE) Trial in partnership with McMaster University. This chronic disease management model aims to increase health literacy, optimize self-management behaviors, strengthen community supports, and increase co-management between home care and primary care providers. At the end of March 2019, 64 clients were enrolled in the intervention and 106 clients were in the control group. Memorial University's School of Pharmacy has also been engaged to evaluate the utilization of community pharmacy services with the clients accessing the DIVERT intervention and 9 clients have received pharmacy services as part of this study.

Hospitalized Strokes (Per 100,000):

This indicator measures the age-standardized rate of new stroke events admitted to an acute care hospital for the Canadian population age 18 and older. A lower rate is better. As part of Western Health's Strategic Plan 2014-2017, there was significant work and progress on cardiovascular programs and services through the goal related to enhancing cardiovascular programs and services in keeping with the expanded chronic care model. Since 2017/18, cardiology has been identified as a provincial priority and Western Health participates on a provincial working group to examine access to cardiovascular services across all of the regional health authorities. In 2018/19 a code stroke protocol was also implemented to ensure patients meet the required targets for access.

Cancer

According to Table 14, in 2015 the most common cancer type for NL was colon and rectum, followed by lung and bronchus, breast, prostate, and cervical (Statistics Canada, 2019). Western Health continues to participate in the Provincial Colorectal Cancer Screening Initiative and the Provincial Endoscopy Initiative to reduce colon cancer.

Table 14. Number of new cases and age-standardized rates (per 100,000) of primary cancer in NL

| Cancer Type | Number of New Cases | Cancer Incidence |
|--------------------------|---------------------|-------------------|
| Colon and rectum | 2012- 565 | 2012- 96.3 |
| | 2013- 555 | 2013- 90.9 |
| | 2014- 585 | 2014- 95.1 |
| | 2015- 595 | 2015- 93.3 |
| | 2016- 610 | 2016- 93.4 |
| Lung and bronchus | 2012- 440 | 2012- 73.2 |
| | 2013- 465 | 2013- 75.4 |
| | 2014- 510 | 2014- 80.6 |
| | 2015- 470 | 2015- 72.8 |
| | 2016- 480 | 2016- 71.9 |
| Breast | 2012- 380 | 2012- 64.5 |
| | 2013- 425 | 2013- 69.8 |
| | 2014- 410 | 2014- 66.6 |
| | 2015- 485 | 2015- 78.0 |
| | 2016- 455 | 2016- 73.0 |
| Cervix uteri | 2012- 20 | 2012- 3.7 |
| | 2013- 30 | 2013- 5.4 |
| | 2014- 35 | 2014- 6.4 |
| | 2015- 35 | 2015- 5.9 |
| | 2016- 35 | 2016- 5.4 |
| Prostate | 2012- 410 | 2012- 65.9 |
| | 2013- 415 | 2013- 65.2 |
| | 2014- 450 | 2014- 68.3 |
| | 2015- 405 | 2015- 60.3 |
| | 2016- 455 | 2016- 65.6 |

Data source: Statistics Canada Canadian Cancer Registry 2019 (Retrieved July 2019)

Our Organization

Introduction

Western Health employs over 3,100 employees, of which 158 (as of April 1, 2019) are medical staff physicians. There are approximately 1,500 volunteers who actively participate in enhancing the quality of health care delivery for client, patients, residents, and families. The organization had an operating budget of \$396,526,000 in 2018/19 which includes the operation of two acute care hospitals, four rural health centres, two LTC centers, four protective community residences (enhanced assisted living for individuals with mild to moderate dementia), 26 medical centres, and 26 community offices. Within these facilities, Western Health has 448 inpatient beds, 434 LTC beds, 14 restorative care beds, and 40 protective community residence beds. Western Health also operates the Humberwood (inpatient addiction) and the Western Regional School of Nursing provincial programs.

Safety

Client, Patient, Resident, Family, & Visitor

Western Health is committed to providing safe health care to residents of the Western region. Safety is integrated into all programs and services and several safety initiatives have been continued or implemented across the continuum of care in 2018/19 including suicide screening in LTC, deprescribing of antipsychotics, establishment of a Radiation Quality and Assurance Committee, and implementation of falls risk armbands.

For LTC, safety indicators are reported by CIHI including falls in the last 30 days, and worsened pressure ulcers. For 2017/18, there was an increase in the percentage of falls to 13.4% from 13.3% in 2016/17, but a decrease in the percentage of worsened pressure ulcer to 0.7% in 2017/18 from 1.3% in 2016/17. Both indicators are considered statistically lower than the Canadian average. In LTC, reducing falls and pressure ulcers continues to be a priority. An audit conducted in March 2019 demonstrated increased compliance with newly revised policies for the completion of the Braden pressure ulcer screening tool. There was also significant work to prevent pressure ulcers through the work of the Pressure Injury Prevention Program (PIP). In 2018/19, for stage 3 and stage 4 as well as unstageable pressure injuries combined, at Western Memorial Regional Hospital (WMRH) the rate was 2.39% and for Corner Brook Long Term Care (CBLTC) it was 1.88%. For stage 3 and 4 combined only, it was 0.59 % at WMRH, and 0.38% CBLTC. There was a significant decrease in the prevalence of skin tears at CBLTC from 14% in 2013 to 0.4 % in 2018. Of note there were no stage 4 pressure injuries at either site.

For safety measures in acute care, CIHI reports in-hospital sepsis (per 1,000) and obstetric trauma (with instrument). Obstetric trauma (with Instrument) is an indicator that measures the rate of obstetric trauma (lacerations that are third degree or greater in severity) for instrument-assisted vaginal deliveries. A lower rate is better and efforts around data quality and coding

continue to be a challenge in this area. Within the organization, health records are working with Physicians and staff to ensure proper documentation is presented for accuracy. The rate of obstetric trauma (with instrument) has increased in 2017/18 to 8.8% from 6.1% in 2015/16, this rate is considered statistically the same as the Canadian average of 18.4%. The in-hospital sepsis indicator measures the risk-adjusted rate of sepsis that is identified after admission. The rate is measured per 1000 discharges and a lower rate is better. Western Health's rate fell below the Canadian rate in 2017/18. For 2017/18, Western Health's in-hospital sepsis rate of 3.2 is considered statistically the same as the Canadian average of 4.0 (CIHI, 2019).

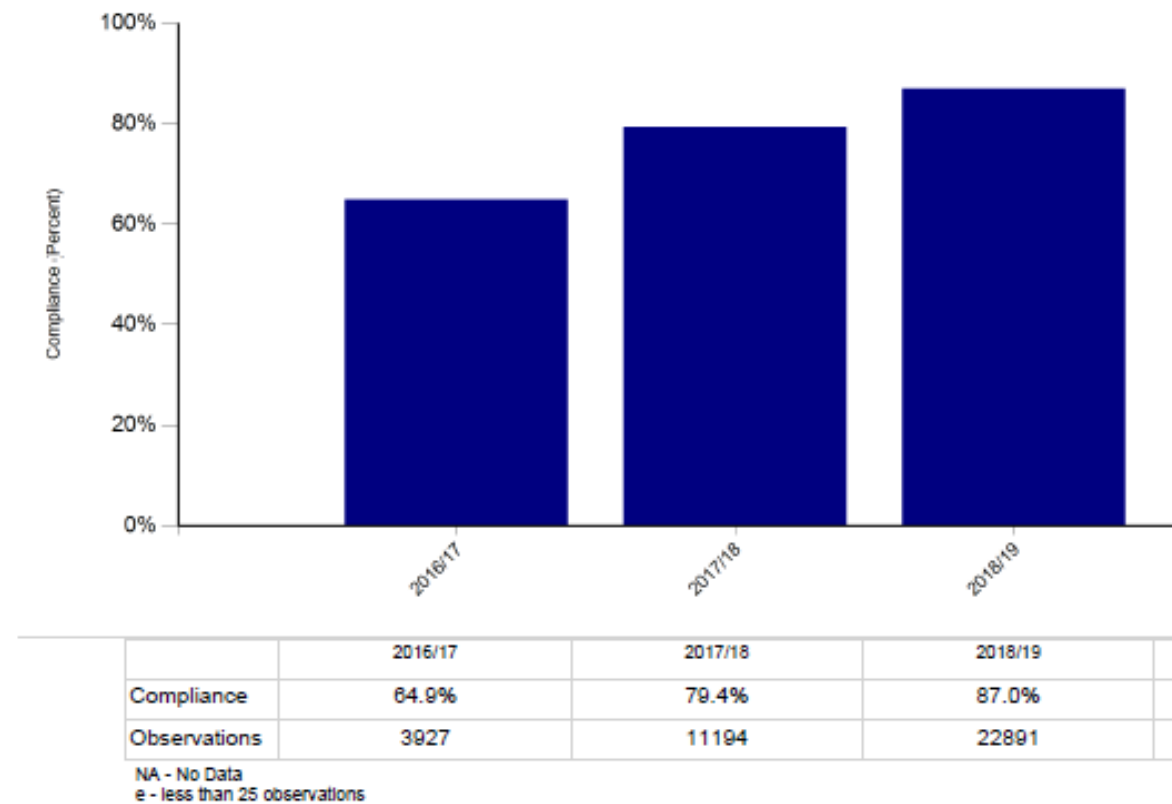
Western Health is focused on implementing an early warning system for deteriorating clients that will escalate a plan of care thereby preventing an adverse event. The National Early Warning Score (NEWS) is a tool which involves a standardize assessment tool and response to acute illness. It was developed in the National Health System in UK to facilitate early detection of deterioration by categorizing a patient's severity and prompting staff to request medical review at specific trigger points. A structured communication tool and definitive escalation plan are supportive components of the early warning system. The Health Insurance Reciprocal of Canada (HIROC) risk assessment ranked Deteriorating Patient as the number two risk for hospitals across the country. In 2018/19, the NEWS2 was implemented at LeGrow Health Centre (LHC). A regional working group provided organizational and clinical leadership for the development, implementation and ongoing review of early warning system. The efforts of the regional working group are supporting patient safety goal of reduced harm.

In 2018/19 Western Health embarked on a regional assessment of risk using the HIROC's National Risk Assessment Checklist. Risk Assessment Checklists (RAC) enable healthcare organizations to systematically self-assess compliance with evidence-based mitigation strategies for top health care risks documented in Canada. Risks are ranked based on malpractice claims. The benefits of participating in this three year program include the streamlined approach to assessment and prioritization of top risks within Western Health, engagement of staff in risk management and patient safety conversations, reducing risk through implementation of national evidence based practices and the ability to track changes over time through compliance scores. Western Health is nearing completion of year one of this risk management process and will begin implementing improvements in 2019/20 based on assessment findings.

As an organization, improving hand hygiene compliance continues to be a significant success story. The overall target for hand hygiene compliance for 2018/19 was 85% and the year-end compliance rate was 87%. This marks the first year Western Health's target for hand hygiene compliance was met and exceeded. The 2018/19 fiscal year also saw double the number of observations take place from 2017/18 to 2018/19 (Figure 1). A new hand hygiene brochure for patients and families was developed and launched on hand hygiene day in May 2018. A hand hygiene ambassador program was initiated at Western Memorial Regional Hospital, whereby volunteers deliver hand hygiene messages and demonstrate effective hand hygiene technique to

patients as they wait in specific waiting rooms. In 2018/19, Infection Prevention and Control (IPAC) partnered with Laboratory Services in a patient engagement initiative with the Atlantic Health Quality and Patient Safety Collaborative. The goal of this initiative is to engage patients in a patient safety initiative. The specific project chosen by the team was to engage patients as partners in hand hygiene auditing in the Western Health blood collection clinic. The project plan was co-designed with a volunteer patient advisor who remains an active member of the project team. Auditing by patients at the clinic was initiated in December of 2018 and to date the clinic is averaging 350 audits per month and 90% compliance with hand hygiene practices.

Figure 1. Regional Hand Hygiene Compliance- Annual Trends



Data source: Western Health (2019)

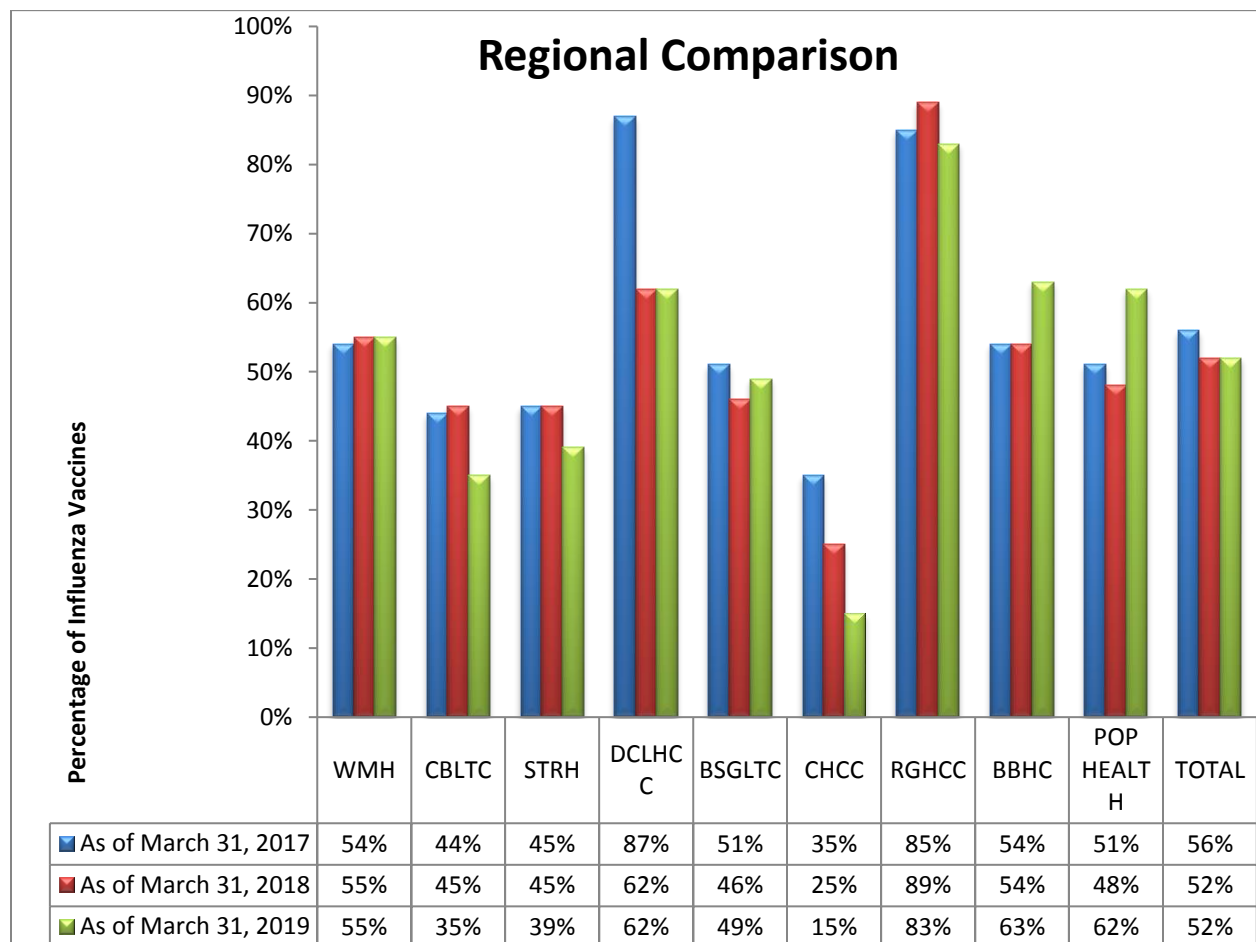
Staff

Western Health is also committed to providing a safe environment for all staff. Several staff safety initiatives were continued or implemented during the 2018/19 fiscal year including: delivery of a resiliency program for staff, hazard assessments that include psychological health and safety, and the inclusion of safety pauses at leadership meetings. Safety pause topics include winter driving, appropriate maintenance of fire alarms, and mindfulness. Throughout 2018/19,

Western Health’s Senior Management also participated in safety walkabouts at sites and facilities throughout the region. Safety walkabouts give staff the opportunity for engagement between senior management and frontline staff.

As health care providers, it is important to take measures to protect ourselves and the public from influenza. Western Health offers influenza vaccination to all employees throughout the region. Figure 2 demonstrates uptake of the vaccination by site and overall for the last three fiscal years. There has been a decrease to 52% uptake in 2017/18 and 2018/19 from 56% in 2016/17. Employee Health and Wellness at Western Health continues to promote staff uptake of the vaccination by providing flu shots via mobile carts and setting up drop in clinics at all locations.

Figure 2. Staff Influenza Vaccination Uptake



Data source: Western Health (2019)

In LTC, efforts continued to ensure the sustainability of the Safe Resident Handling and Movement (SRH&M) program at Bay St. George Long Term Care Centre (BSGLTCC) and CBLTC Home in 2018/19. This program is becoming an integral part of LTC as staff remain very engaged and several co-leaders provide training to new staff and refreshers for all staff at

required intervals. The positive correlation between the program and the reduction of lost time incidents and a decrease in total claims cost was evident with implementation. An evaluation of the program completed in 2018 noted that there was a 62% decrease in SRH&M incidents from 2014 to 2017, 100% of staff reported that they felt the program is important and that they have the education, tools, and comfort level to safely move residents, and 56% of employees felt that managers listened to their ideas about improving resident safety. SRH&M increases quality care for the residents of LTC as well as provides resources to employees so they may continue to practice safely and competently while contributing to a culture of safety.

Psychological Health & Safety continues to be area of focus for Western Health under the leadership of Human Resources. In 2018 a representative from Human Resources was selected to present at the National Health Leaders Conference outlining how, with the assistance and support of Occupational Health & Safety Committees, Western Health has been successful in integrating Psychological Health & Safety into daily operations including a specific section on Psychological Health & Safety in Workplace Inspection forms. Western Health's adoption and implementation of the CSA Standard Z1003 on Psychological Health & Safety in the Workplace was recognized as a Leading Practice by Health Standards Organization (HSO), an affiliate of Accreditation Canada. Enhancing work life culture through the introduction and continuation of programs and initiatives to align with the national standard for Psychological Health and Safety in the Workplace was recognized as a practice that demonstrates positive change, is people centered, safe and efficient.

Access

CIHI defines access as getting needed care at the right time, without financial, organizational, or geographical barriers. To address geographic barriers to health care delivery, Western Health continues to support the spread of telehealth as a tool that has enabled improved access, and its use continues to grow within the organization. In 2018/19, a regional review of equipment was conducted, and implementation of replacement equipment commenced. New equipment will be installed in 2019/20, expanding capacity for staff and clients through the addition of five new telehealth sites. During 2018/19, 4359 telehealth appointments for clients in the Western region took place which was a 2% increase from 4291 appointments in 2017/18. Oncology and Mental Health programs comprise 70% of all telehealth appointments. The number of appointments hosted by Western Health for individual clients was relatively unchanged in 2018/19. The total number of Western Health hosted appointments was 1943, a 3% decrease from the previous year (1996 appointments). During 2018/19, Western Health was awarded a Leading Practice with HSO and Accreditation Canada for its tele-home care application for the Applied Behavioral Analysis (ABA) intervention. Evaluation results demonstrated increased efficiency as well as cost-savings for clients and providers. Results also indicated that Telehealth was a satisfactory mode of program delivery for three-day ABA training for families and home therapists.

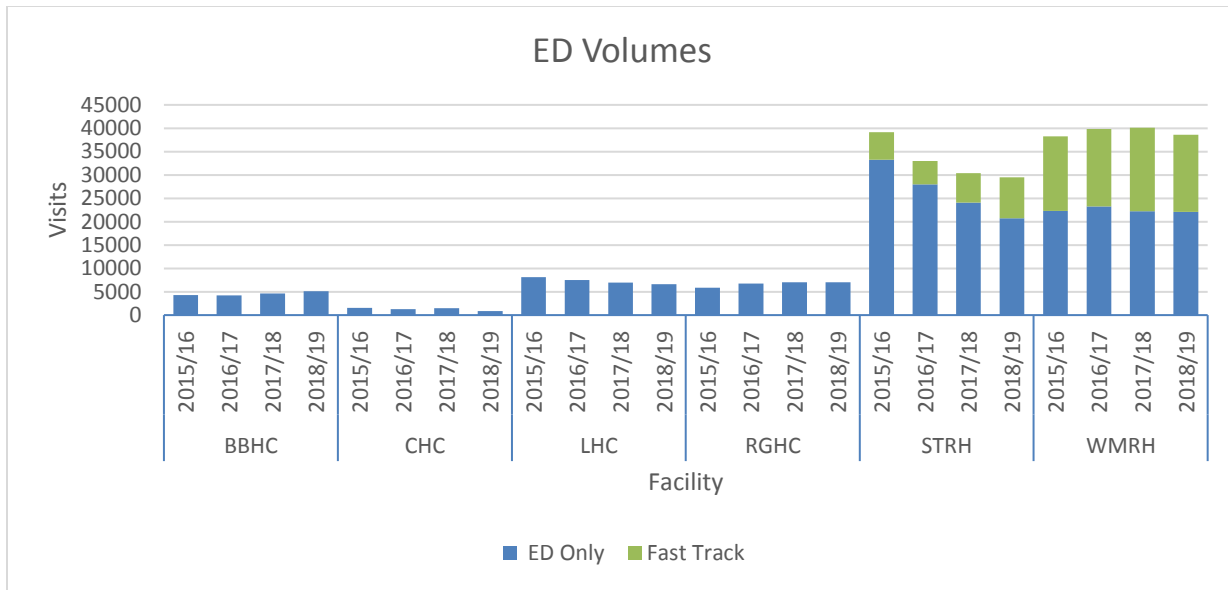
With overwhelming evidence of an aging population in the Western region, a new LTC facility was announced for the Corner Brook area. During 2018/19 significant work was completed on the new facility planning for the new LTC home. Working groups were established to ensure operational readiness and a smooth transition for the anticipated opening date in the Spring of 2020. Resident, patient, family and staff engagement sessions were also held in February 2019. Surveys were distributed regionally in relation to the interior finishes of the building. The facility planning team received a considerable amount of valuable feedback which has been incorporated into the project.

Substantial progress towards the realization of a new Western Health Acute Care Facility have also been made. Based on the Government of NL directions, a P3 (public-private partnership) model has been chosen for the design, building, financing and maintenance of the new acute care hospital facility. Following a Request for Qualifications (RFQ) in January 2018, Corner Brook Health Partnership and Atlantic Health Partnership were selected to advance to the next stage of the procurement process and received the Request for Proposal (RFP) documents. The successful proponent will be selected in the Spring/Summer of 2019, with construction of the facility scheduled to begin later that year and completed in 2023.

Western Health's staff have been heavily involved in all phases of the RFP process, which included a 4-month collaborative phase with both proponents to help inform the design of the building, with a focus on the patient experience and improved service delivery. Further, staff have been engaged on the specification of equipment to be procured for the new facility for all key areas of the hospital.

Client and patient volumes continue to be monitored throughout Western Health facilities. Table 16 outlines patient volumes for Emergency Departments (ED) at Western Memorial Regional Hospital (WMRH), Sir Thomas Roddick Hospital (STRH), Dr. Charles LeGrow Health Centre (LHC), Calder Health Centre (CHC), Bonne Bay Health Centre (BBHC), and Rufus Guinchard Health Centre (RGHC). It's important to note that WMRH, STRH, and LHC are the only sites that have standardized Canadian Triage and Acuity Scale (CTAS) level reporting.

Figure 3. ED Volumes by Site



Data source: Western Health

Of note in Table 15 is that from 2017/18 to 2018/19 STRH no longer had the highest volume of ED visits in the region. The work initiated with the Primary Health Care Strategic Goal for 2017-2020 focused efforts on improving accessibility of primary health care in the Stephenville/Bay St. George area may have influenced the volume of ED visits for STRH ED. Other initiatives within the organization that aim to improve access include DoorWays, reporting of wait times on the Western Health website, continued expansion of the Automated Reminder System (ANS) and a new model for the outpatient physiotherapy waitlist.

Regional and site-specific median wait times for placement into LTC from approval to placement are monitored (Table 16). Median wait time has decreased from 140 days in 2017/18 to 106 in 2018/19. There continues to be concerns with the point of entry to LTC being primarily through acute care. During, 2018/19, 73% of all admissions to LTC were admitted from hospital, 13% from home, and 14% from facility-based care such as personal care homes, or Protective Community Residences (PCRs). The percentage of residents whose point of entry was from hospital-based care from the Western region exceeded the provincial measure of 55.1% and the national measure of 43.2% in 2018/19 (CIHI, 2019). During 2018/19, there has been a strategic focus on implementation of a Home First strategy, and it is anticipated that point of entry for admission to LTC will be more closely aligned with the overall provincial measure.

Table 16. Median Wait Times (days) to Access Institutionally Based LTC from Approval to Placement

| Site | 2015/16 | 2016/17 | 2017/18 | 2018/19 |
|--------------------------------------|---------|---------|---------|-----------------------|
| Corner Brook Long Term Care Home | 304.5 | 170.5 | 179.5 | 164 |
| Bay St. George Long Term Care Centre | 11 | 96 | 54 | 47 |
| Calder Health Centre | 6 | 8 | 40 | 35 |
| Dr. Charles LeGrow Health Centre | 2 | 3 | 5.5 | 10 |
| Rufus Guinchard Health Centre | 39 | 259 | 45 | 171 |
| Bonne Bay Health Centre | 231 | 594 | 568.5 | No admissions* |
| Overall | 19 | 110.5 | 140 | 106 |

Data source: Western Health 2019

*Wait times are based on original placement to LTC

Significant work was also completed to accurately capture wait time data for Mental Health and Addictions services. Wait time data is now available for over 10 years and reports are providing significant information to drive change and celebrate successes. The overall median wait time for adult clients seen for a first appointment, excluding client related delays was 23 days in 2018/19 compared to 30 days in 2017/18. There has been an overall positive impact for client access due to clinical efficiency efforts related to flow, increased sessions per day, offering of DoorWays, Therapy Assisted Online (TAO) and Strongest Families along with a continued focus on terminating inactive clients, regularly reviewing caseloads in clinical supervision, monitoring of electronic documentation reports and adhering to the client contact policy.

Appropriateness and Effectiveness

Appropriateness and effectiveness is defined by CIHI as providing care to only those who could benefit, thus reducing the incidence, duration, intensity, and consequences of health problems (CIHI, 2019). CIHI monitors and updates performance indicators to assess health care appropriateness and effectiveness (Table 18). Compared to Canada, Western Health is performing on average for Hospital Standardized Mortality Ratio (HSMR), obstetric patients readmitted to hospital, surgical patients readmitted to hospital, patients 19 and younger readmitted to hospital, and hospital deaths following major surgery, but performing better for all patients readmitted to hospital, and medical patients readmitted to hospital when compared to Canada. Western Health is significantly higher than the rest of Canada and the province on the following measures of appropriateness and effectiveness: Ambulatory Care Sensitive Conditions (ACSC), potentially inappropriate use of anti-psychotics in LTC, restraint use in LTC, and high users of hospital beds (CIHI, 2019). A significant improvement was observed in 2017/18 in the percentage of low risk caesarian sections. The percentage decreased from 25.4% in 2016/17 to 6.1% in 2017/18.

Table 18. CIHI Appropriateness and Effectiveness Performance Indicators

| Indicator | Western Health | NL | Canada |
|---|--|---|---|
| Hospital Standardized Mortality Ratio (HSMR) | 2015/16-89 2016/17- 108* 2017/18- 87 | 2015/16-109* 2016/17- 118* 2017/18- 109* | 2015/16-93 2016/17- 91 2017/18- 89 |
| All patients readmitted to hospital (%) | 2015/16-8.7 2016/17- 8.3 2017/18- 8.2* | 2015/16-8.8 2016/17- 9.0 2017/18- 9.1 | 2015/16-9.1 2016/17- 9.1 2017/18- 9.1 |
| Hospital deaths following major surgery (%) | 2015/16-1.2 2016/17- 2.4 2017/18- 1.4 | 2015/16-2.1* 2016/17-2.0 2017/18- 2.0* | 2015/16-1.6 2016/17- 1.6 2017/18- 1.6 |
| Medical patients readmitted to hospital (%) | 2015/16-13.4 2016/17- 12.4 2017/18- 12.2* | 2015/16-13.4 2016/17- 13.4 2017/18- 13.9 | 2015/16-13.7 2016/17- 13.7 2017/18- 13.7 |
| Obstetric patients readmitted to hospital (%) | 2015/16-2.7 2016/17- 1.3 2017/18- 1.3 | 2015/16-2.7 2016/17- 2.4 2017/18- 2.3 | 2015/16-2.1 2016/17- 2.1 2017/18- 2.1 |
| Surgical patients readmitted to hospital (%) | 2015/16-5.6 2016/17- 6.3 2017/18- 6.6 | 2015/16-5.9 2016/17- 6.8 2017/18- 6.5 | 205/16-6.9 2016/17-6.9 2017/18- 6.8 |
| Patients 19 and younger readmitted to hospital (%) | 2015/16-8.4 2016/17- 9.0 2017/18- 6.6 | 2015/16-7.8 2016/17- 7.1 2017/18- 6.6 | 2015/16-6.7 2016/17- 6.8 2017/18- 6.8 |
| Ambulatory care sensitive conditions (ACSC) (per 100,000) | 2015/16-588* 2016/17- 548* 2017/18-534 | 2015/16-458* 2016/17- 442* 2017/18-443 | 2015/16-326 2016/17- 325 2017/18-327 |
| Low-Risk Caesarean Sections (%) | 2015/16-22.7 2016/17- 25.4* 2017/18-6.1 | 2015/16-18.4 2016/17- 16.5 2017/18-14.7 | 2015/16-14.3 2016/17- 15.6 2017/18-16.2 |
| Potentially Inappropriate Use of Antipsychotics in Long Term Care (%) | 2015/16-41.4* 2016/17- 36.6* 2017/18- 32.4* | 2015/16-37.5* 2016/17- 38.3* 2017/18- 35.4* | 2015/16-23.9 2016/17- 21.9 2017/18- 21.1 |
| Restraint Use in Long Term Care (%) | 2015/16- 21.1* 2016/17- 19.9* 2017/18- 9.0* | 2015/16- 12.1* 2016/17- 14.2* 2017/18- 12.1* | 2015/16- 7.4 2016/17- 6.5 2017/18- 5.7 |
| High users of Hospital Bed (per 100) | 2016/17- 5.4* 2017/18-5.1 | 2016/17- 4.6 2017/18-4.7 | 2016/17- 4.5 2017/18-4.5 |

Source: CIHI, 2019

*Statistically different than Canadian average

Western Health is involved in many initiatives to improve and monitor our performance in the above indicators to ensure services are appropriate and effective. Related to the ACSC indicator significant work has been completed on the establishment of a new primary health care clinic in Corner Brook. The Corner Brook Wellness Collaborative initiated services in June 2018 and operates with the vision of wholistic collaborative care for persons with chronic diseases.

Staffed with a Physician, Licensed Practical Nurse and Administrative Support, this clinic improves access to primary care for residents of Corner Brook and Bay of Islands area who do not have a family physician and would otherwise utilize Emergency Department services for chronic or non-emergent needs. This clinic will focus on providing evidence-based care using the BETTER (Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Primary Care) screening tool to provide primary care to patients so their conditions can be managed at home to reduce unnecessary admissions to hospital. BETTER screenings were launched at the Corner Brook Wellness Collaborative and 71 assessments were completed. Anecdotally, patients involved in this assessment have experienced new identification of diagnosis of diabetes, increased cancer screening uptake, and strengthened of knowledge related to chronic conditions. Clients are also taking a more active role in their health with goal setting and follow up.

Another initiative that aims to keep clients in their homes is delivery of programs within a Home First philosophy. Home First is a shift from acute and institutional-based care to the enhancement of home and community-based integrated care. It is a person centered, evidence informed approach to support individuals with complex needs in their own homes and communities. Work continued in implementing the Home First approach in the western region in 2018/19. The Home First Working group was formed and the Western Health Home First Framework was completed. Regional Home First and Contact Assessment orientation sessions were held in May and June 2018 which included 24 webinars, and 4 site visits at Sir Thomas Roddick Hospital and Western Memorial Regional Hospital. Home First education sessions with professional practice groups were also held in May and June 2018. Through this approach a total of 251 clients have been supported through the Home First Network and 721 clients through enhanced supports to support clients to remain at home, avoid hospitalization or timely discharge. Over the last year there have been positive outcomes for clients who have received intensive case management using a Home First approach, with the decrease in Emergency Room visits pre/post Home First, decrease length of stay when hospitalized pre/post Home First and decrease in frequency of admission.

The organization has continued to implement strategies to improve patient flow in 2018/19. Flow within acute care is a continuous collaborative effort across all disciplines, programs, and facilities across the health care continuum. At WMRH in 2018/19 admissions to overflow decreased from 282 to 133 admissions with 778 patient days utilized in overflow in 2017/18 compared to 305 days in 2018/19. This reflects a 61% decrease in the number of days utilized in overflow. At STRH, admission to ED overflow increased from 183 to 193 but the patient days utilized in 2017/18 decreased from 163 to 143 days in 2018/19. This reflects a 0.8% decrease in number of days utilized in overflow. The length of stay (LOS) at WMRH has decreased from 7.50 to 7.2 which represents a 4% decrease and the occupancy rate has decreased by 2% from 93% to 91%. The LOS at STRH has decreased from 15.9 to 13.6 which represents a 14.5% decrease and the occupancy rate has decreased by 3% from 98% to 95%.

ALC refers to a patient who is occupying an acute care bed but is not acutely ill or does not require the intensity of resources provided in a hospital setting.

At WMRH, although 2018/19 saw a 25% decrease in the ALOS for ALC cases when compared to 2017/18, the number of cases rose by 43% (Table 19). These measures demonstrate that flow of ALC cases rose exponentially within WMRH.

Table 19. ALC Statistics for WMRH

| Fiscal Year | ALC Cases | ALC Days | ALC ALOS | % ALC Days |
|-------------|-----------|----------|----------|------------|
| 2016/17 | 336 | 25420 | 75.65 | 33.8% |
| 2017/18 | 315 | 22852 | 72.55 | 31.6% |
| 2018/19 | 450 | 24513 | 54.47 | 34.5% |

Source: Western Health 2019

At STRH, a similar decrease (22%) in ALOS for ALC patients was seen in 2018/19 when compared to 2017/18, however there was only a small increase in number of ALC cases (Table 20). The net effect was a small reduction in total percentage of ALC days at STRH.

Table 20. ALC Statistics for STRH

| Fiscal Year | ALC Cases | ALC Days | ALC ALOS | % ALC Days |
|-------------|-----------|----------|----------|------------|
| 2016/17 | 80 | 4635 | 57.94 | 30.1% |
| 2017/18 | 120 | 5766 | 48.05 | 33.3% |
| 2018/19 | 121 | 4535 | 37.48 | 28.7% |

Source: Western Health 2019

During 2018/19, Western Health, the Department of Health and Community Services and the other three regional health authorities have been working together to ensure appropriate designation of ALC cases. This work is expected to impact ALC cases and LOS.

In 2018/19 Western Health continued to participate on the Provincial Quality of Life for Residents in Long Term Care: The Appropriate Use of Antipsychotics (AUA) Collaborative to reduce inappropriate use of antipsychotics in LTC in partnership with the Canadian Foundation for Healthcare Improvement (CFHI). Continued improvements have been evident through focused efforts that engage families, residents, providers and frontline staff. In 2016/17, 36.6% of residents in LTC in the region were potentially inappropriately prescribed an antipsychotic, and most recent data indicates that 29.5% of residents were potentially inappropriate prescribed antipsychotic. Both Alternate Level of Care (ALC) units at WMRH and the medicine unit at STRH are participating in the collaborative.

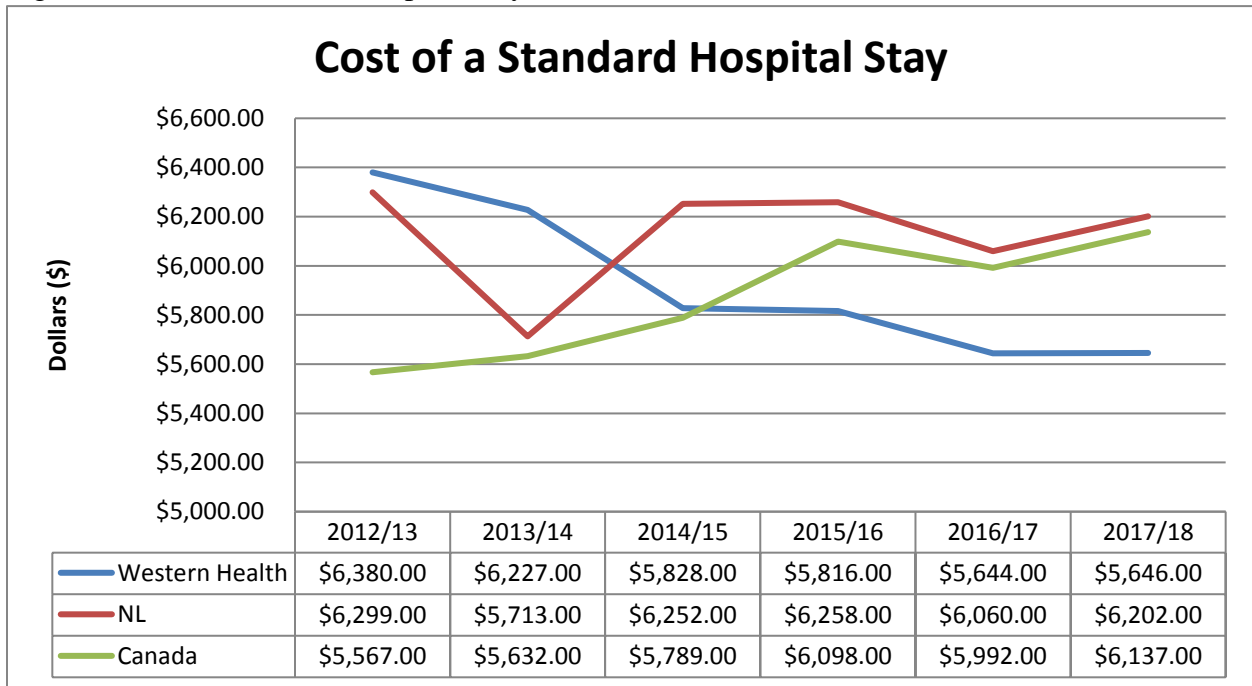
To support appropriate use of anti-biotics, LTC in partnership with Infection Prevention and Control (IPAC) spread the initiative to improve the treatment asymptomatic bacteriuria (ASB) and decrease urinalysis testing in LTC. Across LTC inappropriate treatment of ASB has decreased (from 8.8 per 10,000 resident care days in 2017/18 to 6.08 per 10,000 resident days

2018/19) and the number of urinalysis tests ordered in LTC decreased by 57% since 2016/17. Plans are in place to spread these initiatives to ALC units at WMRH.

Efficiency

Healthcare spending has had a rising trend since 1975 and it was forecasted that Canada spent \$253.5 billion on healthcare in 2018. This represents 11.3% of Canada’s Gross Domestic Product (GDP) and equals \$6,839 per Canadian (CIHI, 2019). Newfoundland and Labrador continues to spend more on health care than the national average- in 2018 it was predicted that NL would spend \$7,443 on healthcare per person compared to \$6,839 per person in Canada (CIHI, 2019). In terms of cost of a hospital stay, Western Health is lower than NL and Canada (Figure 4). While Western Health’s average cost of a hospital stay is lower than NL and Canada, and has continuously decreased since 2012/13, there exists opportunities to improve efficiency within the organization.

Figure 4. Cost of Standard Hospital Stay



Data source: CIHI, 2019

Western Health has supported efficiency through implementation of projects utilizing Lean process improvement methodology. In 2018/19, two staff members obtained their Lean Six Sigma Black Belt certification. On site Lean Six Sigma Green Belt education was provided in collaboration with the Ontario Hospital Association in 2018/19 for 11 staff. Of these 11 staff, two have obtained their Lean Six Sigma Green Belt certification, and nine others are in various states of project completion. These participants are supporting projects based on organizational priorities. During 2019/20, two Lean Yellow Belt training sessions are planned.

The burden associated with missed appointments can affect not only patient outcomes but also place additional the demand on wait times for appointments. The Automated Notification System (ANS) is a reminder system which sends a notification of an upcoming appointment to a patient via the method of their choice (phone or text). This system allows the patient the opportunity to either confirm or cancel their appointment. A cancelled appointment permits the opportunity for program areas to book another patient into the unfilled appointment. Supporting the reduction of no shows in clinical areas through implementation of the ANS remains a priority within Western Health. In 2018/19 Western Health continued to participate on the Provincial Automated Notification System (ANS) Steering Committee. Within the organization, regional committees supported the continued expansion of ANS. Medical Imaging implemented ANS in September 2018 and the outpatient Respiratory Therapy program implemented in February of 2019. Work is ongoing in 2019/20 to implement ANS within the outpatient Cardiology program, Mental Health and Addictions, as well as other priority areas as identified through ongoing evaluation of readiness and provincial direction.

Western Health continues to support utilization of clinical resources through ongoing monitoring of discharge notification times as well as bed turnaround time (TAT). Discharge notification time (time between a patient's physical departure and a staff member entering the discharge in Meditech) sustained at 19.2 minutes regionally in 2018/19. To support continuous quality improvement efforts are now underway to develop reporting to support discharge notification and TAT in Cognos.

Engagement and Experience

Client, Patient, Resident, and Family

As part of branch planning for 2018/19, program areas created actions to address the objective of improving client, patient, resident, and family experience and engagement. Examples of initiatives that were started or continued in 2018/19 include the Making Memories Program, pleasurable dining experience, primary health care engagement session, cultural connection sessions, and the development of informal support groups in mental health and addictions.

Engaging clients and families as partners at all levels of the health care system is important to ensure their input is integrated into the design, planning, implementation, and evaluation of programs and services within Western Health. During the 2018-2019 fiscal year, Western Health's approach to implementing Person and Family Centered Care (PFCC) was continued through the establishment of a Long-Term Care Advisory Council and a Hospital Care Advisory Council. There were numerous patient, resident, and family advisors recruited to these councils to provide input, feedback, and participate in various organizational program and service design activities. These councils met bi-monthly to meet objectives as outlined in their terms of reference. Some of the activities they have participated in include the development of the

medical marijuana policy, revision of the Enhanced Recovery after Surgery booklet, development of Our Commitment guiding document, and a review of recreational activities in long term care. The terms of reference for the Community Advisory Committees (CAC) were also revised to include representation of clients with lived experience and current members of the CAC received PFCC education.

Western Health's PFCC framework continues to be led by the PFCC Steering Committee. There are currently five advisors participating on this committee and together with Western Health staff, the committee sets direction and identifies priorities related to PFCC. During 2018/19, the PFCC Steering Committee provided feedback on the Client Relations processes, supported advisor recruitment strategy and actively participated in Accreditation. Some of the work of the steering committee for the upcoming year will be to develop toolkits to support both staff and advisors in engagement.

Other highlights of work related to PFCC strategy include the development of a proposal for the Health Services Integrated Fund , participation in the virtual *Patient Engagement in Patient Safety and Quality Collaborative* led by Canadian Patient Safety Institute and the Atlantic Canada Health Quality and Safety Collaborative, and the recruitment of advisors to Western Health's Ethics Committee and other quality improvement activities such as the Bridge to Home Collaborative. There are currently 14 PFCC Advisors working with various councils, committees, quality improvement activities, and collaboratives within Western Health.

To continuously engage clients in the design, planning, implementation, and evaluation of Western Health programs and services, client feedback is sought through client experience surveys. In 2018/19 Ambulatory Care Client Experience surveys were completed and summary reports and one-page infographics for each of these surveys are available on the intranet and Western Health website. The completion of the Ambulatory Care Client Experience survey completes the most recent client/patient/resident experience survey cycle. Information from these surveys is used to support program/organizational planning and improvement activities. During the coming year, there are plans area in place to support commencement of a new survey cycle. During 2018/19, work commenced to plan the next Community Health Assessment (CHA) process. The first step of the process is to administer the CHA Survey to residents of the Western region, this step is expected to begin in April 2019. Feedback received from both the client/patient/resident/family experience surveys and CHA is used to support program/organizational planning and improvement activities.

The newly established Regional Client Relations Office provides an additional mechanism for client feedback. This office uses a new central intake option (Toll Free Confidential Feedback Telephone and Client Relations E-mail) established for clients, patients, residents' families/visitors to share compliments or complaints. A dedicated Regional Client Relations Manager oversees the compliments and complaints handling process and is available to help guide and support the process for clients, patients, residents' families/visitors and Western

Health staff and leadership. Positive feedback has been received with respect to the introduction of the Regional Client Relations Office. Evaluation is underway through complainant surveys, health care provider surveys and focus groups. The evaluation will provide additional opportunities for continuous improvement focused on processes surrounding client relations.

Staff

Engagement is a state of emotional and intellectual involvement that motivates employees to do their best work. Western Health's Talent Management "*Growing the We in Western Health*" plan is a set of integrated Human Resource processes designed to attract, develop, motivate, and retain productive and engaged employees. To support employee engagement the Talent Management plan has achieved several accomplishments related to its three objectives in 2018/19:

1. Promote continuous learning and development:
 - 9 LEADS sessions provided with 66 managers participating
 - Performance Appraisal tools for managers revised to integrate LEADS
 - Performance Management e-learning module updated
2. Be our healthiest selves:
 - 2 work-life balance sessions offered
 - 4 resiliency sessions provided
 - Workplace inspection forms monitored for issues related to psychological health and safety
 - 2 Improving Health My Way sessions offered for staff with 29 participants attending
3. Build Collaborative Relationships:
 - Recognition and reward promote through communication of Our Stories, WOW awards, Good Call Awards on intranet and newsletter
 - Increased uptake of Building Better tomorrow (BBT) modules
 - 4 Respectful Workplace session completed with 53 managers attending

The Accreditation 2018 Report highlights the organizations Talent Management Plan noting that it was developed based on leading practices. The survey further states that during the survey staff described the organizational culture as: "supportive, getting better, willing to help." The Accreditation report also noted the positive feedback and observations of employees towards the work of the Wellness Committee and the numerous recognition programs in place with specific mention of the number of staff members proudly displaying their "Years of Service" pins. Western Health administered its second annual "Why People Stay" survey this year. This survey is delivered with service recognition pins and asks employees a series of questions around their work experience at Western Health. Highlights of this survey's results include 100% of respondents agreed and strongly agreed that they liked the working environment at Western

Health, 100% of respondents agreed or strongly agreed that they love the work they do, 93.4% of respondents agreed or strongly agreed that their work is recognized and valued, and 96.3% of respondents agreed or strongly agreed that they have a supportive manager.

Efforts to improve engagement must be continuous and multifaceted. To identify priorities for 2019/20, a comprehensive review of the organization's strengths, opportunities, and accomplishments during 2018/19 was completed. A Stakeholder Engagement Session was also held that included 30 participants from across the organization. The following four objectives were identified as priorities for 2019/20:

1. Improve work-life balance
2. Improve health and safety
3. Increase opportunities for learning and development
4. Increase access to senior executive

Quality Improvement

A significant quality improvement activity within the organization is participation in Accreditation Canada's Qmentum program and preparation for the onsite peer survey component of the process. During the week of October 14th-19th, 2019, surveyors visited 16 locations throughout Western Health where they reviewed documents, met with clients, families, staff and leadership and evaluated our services against standards of excellence. The surveyors reviewed 3012 criteria across numerous system wide, population specific, and service excellence standards for quality and service

As part of this survey some of the main strengths mentioned by the Surveyors included an appointed strong board, competent and dedicated leadership, and staff which are knowledgeable and competent to delivery of safe patient care. Also acknowledged as strengths within the Organization was the Home First Program, Leading Practices, Electronic Documentation, E-learning System, implementation of PFCC, and RHA Partnerships.

Western Health received Accredited with Exemplary Standing. Accredited with Exemplary Standing is awarded to organizations who achieve excellence in meeting the requirements of the accreditation program. This is a significant achievement of the organization and reflects the excellent work and commitment of staff and leaders across the organization to provision of high quality, safe, person and family centred care and services within Western Health. For information and for the full Accreditation report, click [here](#).

An improvement initiative that was implemented in the weeks leading up to accreditation was the implementation of Quality Boards. Quality staff consulted with stakeholders to develop and implement Quality Boards within Western Health utilizing four quadrants that reflect the Department of Health and Community Services strategic directions. Indicators were identified through stakeholder consultation for each quadrant: Better Value, Better Care, Better Health, and

Engaged Staff, Volunteers, Client's, Patients Residents, and Families. A blank area for staff 'shout-outs' or accomplishments also appears on each board. In March 2019 a survey was administered to stakeholders to identify what was working well and what could use improvement on the Quality Boards. These results will be help inform ongoing improvements for the quality boards.

To further facilitate quality improvement within the organization, Western Health participates in evaluation and research activities. During the 2018/19, 39 evaluations were initiated, continued or completed. Examples of these evaluations include: Making Memories project, Social Work Shift Change, Corner Brook Wellness Collaborative, Client Relations Office, Provincial Patient Order Sets, Safe, Resident Handling, and Embedding Palliative Approaches to Care. These evaluations will support quality improvement initiatives throughout Western Health.

The Regional Research Review Committee reviewed and approved 17 outside research applications to be conducted within the organization. Collaboration between Western Health the Health Research Ethics Authority (HREA) continued to ensure the monitoring of HREA approved research projects that impact Western Health and research occurring throughout the province. Western Health continues to be represented on the Grenfell Campus, Memorial University of Newfoundland Research Ethics Board. Western Health is also participating on a provincial working group that is working toward creating a common research review application that will standardize and streamline this process. This work will continue into the 2019/20 fiscal year.

To address ethical dilemmas, ethics consultations take place within the region and across the province, with support of the Provincial Health Ethics Network of Newfoundland and Labrador (PHENNL). There were four ethics consultations facilitated in collaboration with the PHENNL and Western Health staff during the past year. While, still a low number of consultations, this was double the number of consultations that took place in 2017/18. These consultations included discussions of elder abuse, nutritional decision making in LTC, duty to accommodate, and client autonomy. Western Health was involved in a fifth ethics consultation around medical assistance in dying (MAiD) which was brought forward by the provincial MAiD coordinator.

The Western Health Ethics Committee successfully recruited a client representative to replace a vacancy in 2018/19. Based on the results of the evaluation of the ethics framework and the self-assessments completed in preparation for accreditation, a plan to enhance awareness and education related to ethics processes for both staff as well as the general public was implemented in 2018/19. Various types of engagement strategies were utilized including tweets, fast facts, and communicating ethics related education and opportunities widely. Several opportunities for education were provided to Western Health staff in collaboration with PHENNL. This included webinars on the following: Let's Talk Cannabis, Minors and Health Care Decision Making, Diversity Café, and Medical Assistance in Dying (MAiD).

The organization also completed significant work to achieve the Year Two Objectives outlined in the strategic goals of the 2017-2020 cycle. The three strategic goals area as follows

1. Enhanced mental health promotion and addictions prevention based on best practice
2. Enhanced primary health care services to address the needs of residents of the Western region
3. Enhanced programs and services to improve outcomes for older adults

For more information on the strategic goals and status updates for year two (2018/19), please refer to Western Health's [annual report](#).

Conclusion

Western Health had many accomplishments and successes during the 2018/19 fiscal year such as the increase in hand hygiene compliance, implementation of the Home First philosophy, and most notably the achievement of Accredited with Exemplary standing. The organization also has several opportunities for improvement and challenges that are common across the organization's branches such as an aging population, high incidence of chronic disease, operational efficiency, staff engagement, patient safety, and improving access to health services. Addressing key issues, opportunities for improvement, and challenges will largely inform the work of the upcoming 2019/20 fiscal year.

References

- Canadian Institute for Health Information. (2014). Health System Efficiency in Canada, Why Does Efficiency Vary Among Regions? Ottawa, Ontario.
- Canadian Institute for Health Information. (2019). Your Health System: In Depth. Retrieved October 2018 from <http://yourhealthsystem.cihi.ca/hsp/indepth#/theme/C10149/3/>
- Community Accounts. (2019). Western Health Profile. Retrieved July 2019 from: https://nl.communityaccounts.ca/profiles.asp?_vb7En4WVgaSzyHI_
- Government of Newfoundland and Labrador. (2015). Live here, work here, belong here. A population growth strategy for Newfoundland and Labrador. Retrieved October 2018 from <http://www.gov.nl.ca/populationgrowth/pdf/strategy.pdf>
- Government of Newfoundland and Labrador. (2016). The Way Forward: A vision for sustainability and growth in Newfoundland and Labrador. Retrieved October 2018 from https://www.gov.nl.ca/pdf/the_way_forward.pdf
- Statistics Canada. (2019). Cannabis Stats Hub. Retrieved July 2019 from: <https://www150.statcan.gc.ca/n1/pub/13-610-x/cannabis-eng.htm>
- Statistics Canada. (2019). Table 13-10-0747-01. Number of new cases and age-standardized rates of primary cancer by cancer type and sex. Retrieved July 2019 from <https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1310074701>
- Western Health. (2019). Director and Branch Annual Reports for 2018/19. Unpublished manuscripts.