ANNUAL PERFORMANCE REPORT
APRIL 1, 2010 - MARCH 31, 2011

Western Health

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MESSAGE FROM THE BOARD CHAIR

It is my pleasure, on behalf of the Board of Trustees of Western Health to present our Annual Performance Report for the year 2010-11. This is our sixth 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.

The Board is extremely proud that the organization achieved accreditation from Accreditation Canada in 2010. Western Health received its accreditation with 92.9 per cent of criteria met. This was a significant accomplishment for Western Health. Our laboratory services at Western Memorial Regional Hospital and the Corner Brook and Deer Lake clinics were also surveyed by the Ontario Laboratory Accreditation (OLA) as part of the accreditation process for laboratories. Results indicated that the survey was a positive one. The surveyors were "very impressed with the amount of effort that had gone into preparing for accreditation and overall they had a wonderful experience." Laboratory services at all other sites will be assessed for accreditation in 2011.

I would like to thank Trustees who have completed their service on the Board and welcome new members who were recently appointed. The contribution of past and present board members is greatly valued and appreciated.

The Board would like to acknowledge the contribution of the Western Health staff who has joined the Department of Child, Youth and Family Services. We are committed to continuing to work together for the betterment of the children, youth and their families.

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 also acknowledges and thanks the Chief Executive Officer of Western Health, Dr. Susan Gillam, and other members of the Senior Executive Team. The Board is confident that the Senior Executive has worked diligently to continue to build and grow our organization with its primary focus the delivery of quality health and community services to the people of the Western region. We are so proud of the people who contribute so significantly in many ways to the success of Western Health.

With Sincere Best Wishes,

Tony Genge, PhD

OVERVIEW

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

The **mandate** of Western Health is derived from the *Regional Health Authorities Act* and its regulations. Western Health is responsible for the delivery and administration of health and community services in the Western Health region in accordance with the above referenced legislation. Western Health's full mandate is delineated in its strategic plan April 2011 to March 2014.

Western Health provides a continuum of programs and services within allocated resources to the people of Western Newfoundland. These programs and services are based in acute care, long term care and community settings. Western Health provides community based services from 26 office sites, community based medical services from 26 medical clinics (including travelling clinics), and eight health facilities; its regional office is located in Corner Brook. The organization employs over 3,100 staff who works in the approximately 50 separate buildings throughout the region. 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 within acute care, long term care and community, which enhance the quality of life for patients, residents, and clients.

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

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

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

It is important to note that programs and services may fall under one or more headings below, and as Western Health is an evolving integrated authority there will be further realigning of programs and services during the life of its strategic plan(s).

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.

Health promotion activities are integrated throughout all lines of business within Western Health and these services can be accessed by contacting one of Western Health's offices.

Health protection identifies, reduces and eliminates hazards and risks to the health of individuals in accordance with current legislation and there is a formal Memorandum of Understanding in place with Services Newfoundland and Labrador (NL). The main components of health protection are:

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

These services can be accessed by contacting health protection staff or one of the community health offices throughout the region.

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

Information on accessing these services is available through Western Health and other provincial partners and agencies.

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. These services are accessed in a variety of ways and this information is available by contacting one of Western Health's community health offices located throughout the region.

Western Health has responsibility for monitoring a number of devolved services including transition house and residential services.


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

- regional child, youth and family services
  - child care services including licensing, monitoring and providing support to child care centres, preschools and family home
  - child care
  - child protection services
  - adoptions
  - youth corrections
- 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 with eligibility criteria
- community health nursing including immunization, child health and school health
- health care supplies and equipment
- respite, convalescent and palliative care services
- chronic disease management.

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

- long term care homes
- seniors cottages
- monitoring of personal care homes
- alternate family care for children and adults
- monitoring of residential services
- hostel accommodations.

Supportive services are delivered within the context of current legislation, where applicable.

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 include 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.

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, audiology and social work
- adult rehabilitation inpatient program.

F. Administering distinctive provincial programs

Western Health operates the Western Regional School of Nursing. A Bachelor of Nursing (BN) program is offered in co-operation with Memorial University of Newfoundland and the Centre for Nursing Studies. 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.

Western Health has the administrative responsibility for the Cervical Screening Initiatives Program. The provincial program is responsible for developing a comprehensive, organized approach to cervical screening. The core concept of the cervical screening program is to enhance the quality of health interventions as it relates to cervical cancer across the cancer care continuum. The scope of the program encompasses public/professional education, identification and recruitment of the target population, standardization of cytology and management of cytological diagnosis, continuous quality improvements, and coordination with other health authorities, organizations and stakeholders on a provincial and national scale. The goal of enhanced participation rates in cervical screening will facilitate the reduction of both incidence and mortality of cervical cancer and improve health outcomes for women in Newfoundland and Labrador.

As well, Western Health has responsibility for the addictions inpatient facility, Humberwood, 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 withdrawl management beds, the program offers clients the ability to detox prior to treatment.

In 2010-11, Western Health had a budget of $331 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.

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


Dr. Charles L. LeGrow
Health Centre

SHARED COMMITMENTS

Western Health continued to make every effort to build and strengthen partnerships within the Western region. The need for partnership and collaboration is integral to the achievement of the vision of Western Health "…that the people of Western Newfoundland have the highest level of health and well-being possible." Collaboration is also a value of the organization and is defined as "each person works with others to enhance service delivery and maximize the use of resources." The work of Western Health is provided by a broad range of dedicated staff across the full continuum of care: acute, long term and community based services. Staff supports the vision, mission and values of Western Health and works in collaboration extensively with many partners. The support and collaboration of the Department of Health and Community Services, Government of Newfoundland and Labrador is acknowledged and valued. Collaboration with the College of Physicians and Surgeons of Newfoundland, the Canadian Medical Protective Association and the Association of Registered Nurses of Newfoundland and Labrador to support enhancements to the quality of work of health professionals is also acknowledged.

To support Government's strategic direction of strengthened public health capacity, during 2010-11, health protection staff of Western Health collaborated with internal and external partners to improve the emergency preparedness and response capacity of the organization. Exercises were completed in cooperation with partners to test existing communication processes and joint operational protocols. On October 26, 2010, staff at the Dr. Charles L. LeGrow Health Centre partnered with 103 Squadron and the Royal Canadian Mounted Police (RCMP) in a casualty simulation that tested the triage skills of paramedics and emergency room staff and tested their communication links with the 103 Squadron and the RCMP. On November 13, 2010, a code yellow (missing resident) exercise was conducted at the Bay St. George Long Term Care Centre in partnership with St. George's Search and Rescue. The exercise included an internal search of the building and was followed by the St. George's Search and Rescue team conducting a search of the community. Memoranda of understanding and letters of intent have also been drafted with the Western School Board, Memorial University of Newfoundland – Grenfell Campus and the Salvation Army for the use of their facilities as alternate sites for Western Health in the event of an emergency or evacuation.

Shared commitments supported Government's strategic direction of improved accountability and stability in the delivery of health and community services. The Western Health ethics committee continued to participate in provincial ethics initiatives. Western Health led the provincial consultation on the proposed violent individual alert system and the flagging of violent clients, patients and residents. Ethics committee members, staff and pastoral care representatives participated in the Ethics Certificate program as well as several Ethics Education Days offered by Eastern Health. Highlights of the education sessions included ethical and legal considerations in: decision making for minors; physiotherapy following liberation treatment; introduction of the *Personal Health Information Act*; rights and responsibilities for clients, patients, and residents and the delivery of health services for people with specific cultural needs. The Western Health research ethics board continued to collaborate with the provincial Health Research Ethics Authority transition team in preparation for the proclamation of the *Health Research Ethics Authority Act*.

In 2010-11, Western Health worked with the Newfoundland and Labrador Centre for Health Information, the Department of Health and Community Services and other regional health authorities to complete the work on the development of the Clinical Safety Reporting System (CSRS), a new provincial electronic occurrence reporting system. In December 2010, Western Health was selected to pilot the CSRS and subsequently hosted two provincial sessions to support preparations for the pilot. The pilot project will begin in April 2011.

Through the continued partnership with the Canadian Patient Safety Institute, the Safer Healthcare Now program continued to support the implementation of best practices to achieve improved performance outcomes in the areas of: improved care for acute myocardial infarction; medication reconciliation; prevention of surgical site infection; prevention of ventilator associated pneumonia and falls prevention. In 2010-11, staff at two secondary services sites participated in the Safe Surgery Collaborative while staff at four rural health sites participated in the National Virtual Learning Collaborative for falls prevention. Western Health was selected as one of the 10 participating organizations to present at the closing session of the National Virtual Learning Collaborative in March 2011.

Western Health continued to provide learning opportunities for a wide range of students from schools throughout Atlantic Canada including medical students from Memorial University of Newfoundland, students from Dalhousie University School of Respiratory Therapy in Nova Scotia, clinical preceptorship for the Advanced Care Paramedic Program from Holland College in Prince Edward Island and nursing students from the Western Regional School of Nursing's collaboration with Memorial University of Newfoundland and the Centre for Nursing Studies.

Strengthened partnerships with other regional health authorities and the Newfoundland and Labrador Health Boards Association have assisted in the development and implementation of common strategies to assist in the recruitment and retention of health professionals. Common goals have assisted in a provincial approach to human resources planning and labour relations. Additionally, Western Health has worked closely with the Department of Health and Community Services to develop a Health Human Resource Information System and with the Public Service Secretariat on a new job evaluation system.

The provincial physician recruitment office of the Newfoundland and Labrador Health Boards Association continued to provide support to Western Health's physician recruitment initiatives. The Department of Health and Community Services provided funding and support to hire a Physician Recruitment Manager for Western Health. This position was recently established and will provide a more focused approach to physician recruitment.

In keeping with Government's strategic direction improved accessibility to priority services, during the past year, there has also been a considerable amount of collaboration with the Department of Child, Youth and Family Services related to the establishment of the department. Collaboration was required to ensure a smooth transition for Western Health staff transferring to the new department. Staff transferred to the department at the end of the fiscal year on March 28, 2011. Western Health is committed to a continued partnership with the Department of Child, Youth and Family Services to ensure quality, coordinated services for the children and families we serve.

Healthy Aging Calendar

AMBITION · INVOLVEMENT · PARTICIPATION

Western Health

HIGHLIGHTS AND ACCOMPLISHMENTS

Improving Population Health

In a continuing effort to improve population health, through healthy eating and obesity prevention, in 2010-11, education sessions on healthy eating were provided by community health nurses. Throughout the Western region, a total of 73 sessions were given with 4,090 people attending. Other population health initiatives continued and/or were expanded including Healthy Student Healthy Schools, Healthy Eating in Arenas, Community Kitchens, and Eat Great and Participate.

Western Health supported its commitment to providing a workplace that promotes healthy eating and nutrition. The nutritional analysis information for more products was collected and posted in cafeterias. Staff developed nutrition criteria and, together with the nutritional analysis information, began to promote healthy food selections in the hospitals' and health centres' cafeterias. Western Health has been using marketing strategies to promote healthy eating. The next step is to introduce pricing incentives which will see the prices for healthy items like fruits and salads to be reduced.

At the Western Memorial Regional Hospital, health promotion materials were placed in the cafeteria and menu changes were introduced including stir fry Mondays. Food product specifications in tenders were revised to ensure that only items that meet the nutrition criteria were purchased. To improve nutrition services to new mothers, a snack cart service was initiated. Every afternoon, healthy choices such as fresh fruit, yoghurt, biscuits, cheese, milk and 100 per cent fruit juice are provided at the unit, making it more convenient for mothers to get the extra fluids and nourishment they need.

Significant efforts were made to enhance the breastfeeding rates of new mothers in the Western region. Two maternal newborn nurses completed education to become master trainers in breastfeeding education and support. The program, entitled Making a Difference, was then provided to 68 staff and 11 physicians to enhance best practice in education and support for breastfeeding. The promotion of breastfeeding remained a priority for staff. Nurses celebrated National Breastfeeding Week by hosting nutrition breaks, information displays and providing information kits with educational and promotional material to new mothers.

The Ticker Tom program continued to support heart health promotion as 40 leaders were trained and Ticker Tom events were organized in nine communities. As this was the tenth anniversary of the program, many sites hosted a birthday party for Ticker Tom.

In a continued effort to support Western Health's Smoke Free Properties Policy, nicotine replacement therapy was offered, as a pilot project, to residents undergoing treatment at Humberwood. Information from the pilot project will be used to decide ongoing policy direction with respect to nicotine replacement therapy at Humberwood.

Western Health and the Tobacco Free Network were awarded the President's Vote of Thanks from the Newfoundland and Labrador Lung Association for their work in tobacco control.

As part of a comprehensive falls prevention strategy, a pilot project to offer calcium and vitamin D supplementation was designed for residents at Bay St. George Long Term Care Centre. The goal of the pilot project was to promote health and maximize the quality of life for residents. The 2010 clinical practice guidelines for the diagnosis and management of osteoporosis in Canada state that adequate calcium and vitamin D are essential for the prevention of fragility fractures. An evaluation of the project will be completed to facilitate implementation across all long term care sites.

In 2011, a healthy aging calendar was produced by Western Health. The calendar was developed to recognize seniors who have made valuable contributions to communities in our region. Nominations were sought from staff to identify seniors in one of three key categories: "participation is ageless, ambition is ageless and involvement is ageless." The working group received 28 nominations and had the difficult task of selecting 12 seniors to be featured in the calendar.

Western Health was represented on the provincial steering committee developing the aboriginal health framework and will be involved in the implementation of the recommendations of the framework to guide planning to address aboriginal health needs.

Strengthening Public Health Capacity

Vaccination remained the single most effective means to prevent disease. Western Health's childhood immunization rates continued to reach approximately 95 to 99 per cent of the target population. The communicable disease control nurses provided education sessions to community health nurses to help support their knowledge of new vaccines and improvements in the provincial immunization and disease control programs.

Emergency health management continued to progress in the development of site specific, universal code response policies and training opportunities. On-line training in the incident command system (ICS) for key positions with Western Health continued; approximately 180 people throughout our region have received this training since its adoption in 2007. Mock exercises were conducted throughout the year to continue to build and strengthen emergency response.

Western Health was recognized for its commitment to environmental health. The organization was awarded the Wayne McLellan Award of Excellence in Healthcare Facilities Management by the Canadian Healthcare Engineering Society (CHES). The award is an annual award that is given to an organization that exemplifies success in facilities management practices and significant contributions to healthcare facilities management. CHES exists to help its members manage the environment which is essential for efficient and effective health care delivery.

Improving Accessibility to Priority Services

Significant investment in capital equipment replacement, throughout the past fiscal year, continued to support access, patient safety and early intervention and treatment. With the support of the Department of Health and Community Services, funding was received to support the purchase of a nuclear medicine gamma camera with six slice diagnostic computerized tomography (CT) capabilities, a cardiology workstation, an ultrasound unit, a fluoroscopy unit and an electrocardiogram (EKG) unit. New urology equipment was also purchased as well as equipment and resources to support a new regional eye care centre.

In response to a world wide shortage of radioactive isotopes used in nuclear medicine exams, the nuclear medicine technologists worked creatively, through staffing and scheduling of examinations, to maximize productivity from a limited supply of isotopes and to minimize the impact on patient care.

Access to community mental health and addictions was supported by the addition of a case manager in Port aux Basques and a 0.7 full time equivalent psychiatric nurse position at the mental health unit at Western Memorial Regional Hospital. The assertive community treatment team (ACTT) within mental health and addictions enhanced access through the provision of 24/7 on-call services to the clients on their caseload.

The acute care replacement program with community support continued to significantly enhance the care available to residents in their own homes. In 2010-11, there were a total of 2,834 bed days saved in acute care through services (including negative pressure wound therapy, intravenous therapy, home chemotherapy and end of life care) provided in the community. This was an increase over last year when there were 1,105 bed days saved. In addition, the home chemotherapy program was expanded to the Codroy Valley. Hours of operation for community nursing support increased to seven days a week in Corner Brook, Bay of Islands, Stephenville, and Stephenville Crossing.

In March 2011, community support opened its first community based ambulatory clinic in Deer Lake. The clinic provided services to ambulatory clients who require wound care, suture and staple removal, and dressing changes.

Several program areas experienced decreases in waitlist over the last year. Diabetes education reduced waitlists from 10 weeks to two weeks in the Corner Brook area, nine weeks to two weeks in the Stephenville area, and from 28 weeks to six weeks in the Port aux Basques area. The waitlists in diabetes education were reduced through the addition of resources and through the implementation of waitlist management strategies to reduce 'no shows'. Mental health and addictions also reduced waitlists in several parts of the region including Blomidon Place, Bonne Bay addiction services, adult mental health services in Corner Brook, and the assertive community treatment team.

Telehealth continued to move forward within the organization. For example, the use of telehealth to support child/adolescent psychiatry services increased from six to 20 appointments in the last fiscal year. New equipment to support telehealth was purchased for Deer Lake and Pollards Point.

Community trauma teams throughout the region continued to provide a very valuable service to residents who were impacted by community trauma events. Teams responded to 16 events, with varying levels of intervention, during the year.

Western Health continued to support coordination of services to children and youth. Protocols were drafted to assist with transition of youth from the regional child, youth and family services to the community support programs. An action plan was developed to enhance coordination of services for clients with intellectual disabilities and mental health and addiction issues.

Improving Accountability and Stability in the Delivery of Health and Community Services

In 2010-11, Western Health introduced technology and process changes to significantly reduce the turnaround time for the transcription of medical reports. These reports remained essential in timely patient care as the information often supported decisions related to the next steps in patient treatment. The turnaround time for the transcription of urgent reports decreased to within 24 hours.

Western Health continued to work with other regional health authorities and the Department of Health and Community Services on the recommendations from the Commission of Inquiry on Hormone Receptor Testing (Cameron) report. In 2010-11, combined efforts contributed to a progress report which noted that 43 of the 60 recommendations were complete and a further 12 recommendations were substantially complete. Substantial progress was made with respect to recommendations on laboratory services accreditation, provincial occurrence reporting, electronic health record planning and laboratory services human resource planning including licensing and continuing education. Partial progress was made with respect to recommendations requiring review and revision of legislation.

As evidenced in the progress report on the Cameron recommendations, Western Health, through its laboratory services program, continued to develop a quality management system to support efficient, effective, high quality and appropriate laboratory services. This involved comprehensive and coordinated efforts to plan, direct and control laboratory services to meet quality objectives. To support this work, several positions were hired and were instrumental in the successes identified in the accreditation assessments. These positions included a regional laboratory safety officer and a regional laboratory information technology specialist. As well, to assist pathologists with their workload, a pathology grossing technologist position was implemented.

In collaboration with the provincial blood coordinating program, the transfusion safety officer and transfusion medicine department were successful in standardizing policies and procedures throughout the province. This resulted in significant gains in efficiencies and cost effectiveness within Western Health. A transfusion safety committee was implemented, with representatives from nursing and physician groups, with a mandate to ensure the safe and effective delivery of a transfusion medicine program to patients within Western Health.

As part of the plan for adverse health events management in keeping with evidence informed practices, in June 2010, two staff were certified as trainers for disclosure training with the Institute for Healthcare Communication (IHC). An action plan, developed to guide a regional roll out for the disclosure training to all staff and physicians, was implemented.

REPORT ON PERFORMANCE

Annual Report on Performance 2010-11
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 came into existance through the integration of the former Health and Community Services Western and Western Health Care Corporation on April 1, 2005. As a new organization, the integration of programs and services was identified as integral to supporting residents in achieving the highest level of health and well being possible. The following mission statement was determined to provide direction over the six years from April 1, 2005 to March 31, 2011, in the pursuit of our vision. As the measures and indicators suggest, the mission statement supported all four of Government's strategic directions.

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

Measure 1
Programs and services are integrated and coordinated to address the population health needs of the Western region.

INDICATORS	PROGRESS
Mechanism established for ongoing evaluation of community needs in the Western region.	The mechanisms for ongoing evaluation of community needs include environmental scanning, strategic planning, evaluation and community health needs and resources assessment. Frameworks for each of these mechanisms were established and implemented. In February 2009, A Summary Report on the Community Health Needs and Resources Assessment Study of the Western Region was completed in partnership with Memorial University of Newfoundland School of Nursing. The information from the study was shared with the public at the October 2009, Annual General Meeting.

INDICATORS	PROGRESS
Mechanism established for ongoing evaluation of community needs in the Western region.	From 2009 to 2011, the framework for community health needs and resources assessment was reviewed and revised to incorporate activities from the regional primary health care plan. Primary health care managers accepted responsibility for leading community assessments every three years to support the strategic planning cycle. An implementation plan ensured that the community health needs and resources assessment framework and policy was executed to support environmental scanning, strategic planning and ongoing evaluation.

INDICATORS	PROGRESS
Improved access to programs and services starting with five key priority areas identified by federal and provincial ministers.	Western Health identified and implemented strategies for improving access in four of the priority areas identified by the federal and provincial ministers: joint replacement (hip and knee replacement and hip fixation); vision restoration (cataract surgery); cancer surgery and diagnostic imaging. One priority area, cardiac surgery, is a tertiary service not provided by Western Health. The strategies for improving access were implemented in each of the four priority areas and included utilization monitoring, protocols to assess appropriate utilization and reviewing resource requirements. In keeping with provincially standard definitions, Western Health tracked wait time data related to the four priority areas and reported it quarterly to the Department of Health and Community Services. Our performance was measured against national benchmarks established for hip and knee replacement, hip fixation repair and vision restoration. Median wait times for hip replacement decreased from a high of 83 days in 2007-08, to a low of 46 days in 2010-11. The median wait times for knee replacement decreased from a high of 97 days in 2008-09 to a low of 61 days in 2010-11. These wait times continued to remain lower than the national benchmark of 182 days. The median wait time to access vision restoration services decreased to 32 days in 2010-11 (down from 47 days in 2009-10), and continued to remain below the national benchmark of 112 days. The wait times for cancer care surgery remained low, ranging from 13 to 16 days. National wait time benchmarks for

INDICATORS	PROGRESS
Improved access to programs and services starting with five key priority areas identified by federal and provincial ministers.	cancer care surgery have not yet been established. Information from wait time measurement and utilization monitoring, initiated a review of the resource requirements to increase capacity in diagnostic imaging. Implemented changes included expanded hours of work and/or new equipment. Access to computerized tomography improved as the median wait time decreased from 101 days (in 2006-07) to seven days (in 2010-11). In 2010-11, the median wait time for access to non-urgent ultrasound decreased to 28 days, which was, for the first time, under the provincial access target of 30 days. In 2010-11, Western Health saw in increase in the demand for non-urgent magnetic resonance imaging, as compared to the previous year. This contributed to an increase in the median wait time for access to non-urgent magnetic resonance imaging which remained over the provincial access target of 30 days.

INDICATORS	PROGRESS
The development of a Regional Health Services Plan, in keeping with the foundational components developed by Department of Health and Community Services	Western Health developed its regional health services plan in the priority areas for integration of community based programs for children and youth, priority areas for integration of community based and acute care mental health and addictions services, access to priority services, priority areas of the provincial framework for primary health care, priority areas of the provincial healthy aging framework and chronic disease prevention and management.

INDICATORS	PROGRESS
Implementation of components of a Regional Health Services Plan:	Western Health implemented components of its regional health services plan.

INDICATORS	PROGRESS
(a) Integration of services based on current needs and fiscal resources within priority areas within community based services to children and youth: (i) A framework is in place for community-based services to children and youth; (ii) Initiated program and service changes to reflect coordination;	With respect to priority areas for integration of community based programs for children and youth, Western Health consolidated information from a literature review and stakeholder consultation process to identify three priority areas for integration: education and support standards for prenatal, birth and early parenting; healthy beginnings long term follow up; child protection services. The Model for the Coordination of Services to Children and Youth (1997) served as the framework to support integration of services. Three working groups developed action plans, in the identified priority areas, to support policy development, orientation/training and collaborative practice. Implementation of the action plans was initiated. Some examples of program and service changes included: • new policies to support the integration and coordination of services to families including consent for service and sharing appropriate information at transition points (i.e., referral and discharge); • the initiation of training events for staff in community based and secondary services to support consistent application of the standards guiding pregnancy, birth and early parenting education – newly named the BABIES program (Before birth And Beyond, Information Education and Support); • policy development and continued training to support application of the Model for the Coordination of Services to Children and Youth (1997) and to require staff to work from an Individual Support Services Plan (ISSP) approach to collaborative practice; • joint training initiatives with key community partners including regional Family Resources programs and the Western School District; • joint initiatives (supported by policy and training) focused on improved coordination of all health promotion activities within the school setting; • review and revision of orientation practices.

INDICATORS	PROGRESS
(a) Integration of services based on current needs and fiscal resources within priority areas within community based services to children and youth: (i) A framework is in place for community-based services to children and youth; (ii) Initiated program and service changes to reflect coordination;	In 2009, the Government of Newfoundland and Labrador announced the creation of a new Department of Child, Youth and Family Services. Provincial and regional activities, to facilitate the transfer of programs, services and resources from Western Health to the Department, were initiated. Western Health was the first region to complete this planned transfer on March 28, 2011. As part of the transition, and in keeping with the requirements of the *Personal Health Information Act*, policies to support collaborative practice to children at risk were revised including those related to reporting and investigating suspected child abuse. Memoranda of Understanding have been established to ensure appropriate information sharing to support collaborative practice to children, youth and families who avail of services from both entities.

INDICATORS	PROGRESS
(b) Integration of priority areas of community based and acute care mental health and addiction services: (i) A framework is in place for mental health and addiction services; (ii) Initiated program and service changes to reflect coordination;	With respect to priority areas for integration of community based and acute care mental health and addictions services, Western Health consolidated information from a literature review and stakeholder consultation process to identify priority areas for integration. The summary report Enhancing Services: The integration of Acute and Community Mental Health and Addiction Services served as the framework to support integration of services. An integration committee developed the action plan to support enhanced coordination of services from acute to community based care, improved coordination of services to high risk families in receipt of child protection services and the integration of the health promotion framework. Implementation of the action plan was initiated. Some examples of program and service changes that reflect coordination included: • the introduction of new policies or processes to support the integration and coordination of services to clients including consent for service, sharing appropriate information at transition points (i.e., review and revision of the discharge planning process on the adult mental health unit) and requiring staff to work from an Individual Support Services Plan (ISSP) approach to collaborative practice;

INDICATORS	PROGRESS
(b) Integration of priority areas of community based and acute care mental health and addiction services: (i) A framework is in place for mental health and addiction services; (ii) Initiated program and service changes to reflect coordination;	• the revision and implementation of integrated community based mental health and addictions policies; • the implementation of a process to address concerns from health centers regarding access issues to the adult mental health unit; • the introduction of a mental health/emergency room liaison nurse position to assess and direct psychiatric emergencies at Western Memorial Regional Hospital; • the introduction of intake/consultation services to emergency room and/or inpatients at Rufus Guinchard, Bonne Bay and Calder Health Centres; • the transfer of social work and psychology positions to the mental health and addictions team; • ongoing training for all health care workers on mental health and illness; • enhancement of short term intervention services to community based services; • the introduction of the Assertive Community Treatment Team (ACTT) in the Corner Brook, Bay of Islands, Deer Lake area to provide intensive intervention to clients with severe and persistent mental illness.

INDICATORS	PROGRESS
(c) Implementation of priority areas within regional primary health care plan in keeping with the Provincial Framework for Primary Health Care;	The regional primary health care management committee developed a plan for the expansion of primary health care for the region, building upon the provincial primary health care framework. The plan was implemented in priority areas. In keeping with the plan, seven primary health care team areas were identified: Bay St. George, Bonne Bay, Burgeo, Corner Brook, Deer Lake/ White Bay, Port aux Basques and Port Saunders areas. By March 2011, the primary health care team areas were


PPE: Removal Sequence

INDICATORS	PROGRESS
(c) Implementation of priority areas within regional primary health care plan in keeping with the Provincial Framework for Primary Health Care;	supported by five primary health care managers. As well, five community advisory committees facilitated public participation in health promotion and wellness initiatives. Three wellness facilitators worked with staff and communities to deliver healthy living activities and messages. At the end of March 2011, two community advisory committees remained in development: in the Burgeo and Corner Brook primary health care team areas. The plan supported orientation and training for community advisory committee members and staff. In addition to the staff and leadership development modules, an introduction to primary health care session was incorporated into general orientation for all staff. A regional conference for community advisory committee members and staff was held October 2010. The regional plan enhanced access to, or coordination of primary health services. A nurse practitioner position was established in the Deer Lake/ White Bay area to impact positively on the access to primary care. The establishment of weekly pap test clinics in Deer Lake was one outcome of this position. The regional Telehealth program was launched to improve access to, and/or coordination of, services in rural areas. By March 2011, all team areas had access to Telehealth and/or video conferencing. The Bonne Bay and Port Saunders primary health care teams received funding for a Vial of LIFE project. Work to develop a community based paramedic program was initiated and remained ongoing.

INDICATORS	PROGRESS
(d) Improved access to programs and services starting with five key priority areas identified by federal and provincial ministers;	Progress on this indicator was discussed previously.

INDICATORS	PROGRESS
(e) Devolution of programs and services identified by the Department of Health and Community Services to Western Health;	Western Health worked with the Department of Health and Community Services to complete the devolution of the following programs and services: emergency medical services, transition house, family resource centres, family child care agency, school childcare project, community youth network, youth correction group homes and residential group homes. All service agreements, to guide devolved services, were completed.

INDICATORS	PROGRESS
(f) Development of a Health Promotion Framework;	The health promotion framework was approved and implementation initiated. An education module, to introduce all staff to the framework and their role in health promotion, was developed and offered in 2010.

INDICATORS	PROGRESS
(g) Implemented programs and services supporting the Provincial Healthy Aging Framework in priority areas;	An environmental scan to identify the health service needs of the aging population within the Western region was completed. A plan was implemented in two priority areas: (i) promoting an age friendly culture and (ii) implementing best practices in the care of seniors with respect to dementia, medication use and challenging behaviours. Programs and services were implemented in priority areas of the Provincial Healthy Aging Framework including: seniors' month events, seniors' lens toolkit, Protective Community Residences, revised processes for financial assessment for support services, standards of care for long term care. The Provincial Healthy Aging Framework was supported in its priority directions (a) recognition of older persons, (b) supportive communities, (c) financial well-being, (d) health and well-being.

INDICATORS	PROGRESS
(h) Implemented chronic disease management and prevention model in priority areas.	A chronic disease prevention and management model was approved. The implementation plan for the chronic disease prevention and

INDICATORS	PROGRESS
(h) Implemented chronic disease management and prevention model in priority areas.	management model was developed and implemented in the priority areas. Service delivery was enhanced in (i) diabetes prevention and management, i.e., public awareness and self management; (ii) heart and stroke prevention and management, i.e., establishment of a congestive heart failure clinic and implemented protocols in organized stroke care from pre hospital to rehabilitation; (iii) cervical cancer prevention and management, i.e., targeted action planning and implementation to address low screening rates.

Measure 2

Programs and services are provided within financial resources.

INDICATORS	PROGRESS
Financial Plan, is developed in consultation with the Department of Health and Community Services, to achieve an operating budget up to the level of expected revenues, and outlines implications for service delivery.	The financial plan was developed in consultation with the Department of Health and Community Services in keeping with the indicator.

INDICATORS	PROGRESS
Financial Plan is implemented.	The financial plan was implemented.

INDICATORS	PROGRESS
Programs and service indicators are developed and reported on a regular basis to the Board including provincial or national benchmarks where available and targets.	The balanced scorecard provided the framework for indicator development and reporting on a regular basis to the Board. The balanced scorecard approach supported performance measurement in four areas: how we strengthen our relationship with the client/community, if we provide services in the best possible way considering evolving knowledge and benchmarks, if we achieve desired benefits for clients cost effectively

INDICATORS	PROGRESS
Programs and service indicators are developed and reported on a regular basis to the Board including provincial or national benchmarks where available and targets.	and how we provide a work atmosphere conducive to excellence.

INDICATORS	PROGRESS
A plan is developed to address the organization's operating deficit that outlines implications for service delivery.	A plan was developed and implemented. The plan included the identification of the need for additional financial resources, the implementation of utilization efficiency measures and agreement, with the Department of Health and Community Services, on the operational plan. A balanced operating budget was achieved for four fiscal years.

Strategic Issue One: Healthy Aging

Western Health recognized that the population of the Western region has declined by nearly 13 per cent from 1996 to 2006 (the second largest decline in the province), while the segment of the region's total population over age 65 actually increased 26.9 per cent during the same period (2006 Census). The proportion of population aged 65 and older was marginally greater in the Western region (15.8 per cent) when compared to the provincial proportion (13.9 per cent). It was predicted that within 10 years, 20 per cent of Newfoundland and Labrador's residents will be over the age of 65. In June 2007, the province released its healthy aging policy framework. The document outlined the key issues and strategic directions that will prepare the province to respond to the needs of seniors now and in the future. In keeping with the provincial Government's strategic direction to improve population health, supporting healthy aging and a culture of respect for older adults through the development of a plan for the implementation of the provincial framework, was a strategic issue for Western Health.

Strategic Goal One

By March 31, 2011, Western Health will have implemented programs and services which support the Provincial Healthy Aging Framework to meet the needs of the aging population of the Western region.

Objective Year One (2008-09)
By March 31, 2009, Western Health will have identified the health service needs of the aging population within the Western region.

Measure Year One (2008-09)
Needs of the aging population identified

INDICATORS FOR THE 2008-09 OBJECTIVE	ACCOMPLISHMENTS
Environmental scan completed	In keeping with the directions of the Provincial Healthy Aging Framework, an environmental scan of Western Health strengths and opportunities for improvement was completed.

Objective Year Two (2009-10)
By March 31, 2010, Western Health will develop a plan which supports the Provincial Healthy Aging Framework to meet the health services needs of the aging population in the Western region.

Measure Year Two (2009-10)
A plan is developed

INDICATORS FOR THE 2009-10 OBJECTIVE	ACCOMPLISHMENTS
A plan with an evaluation component and a communication strategy is developed The Provincial Healthy Aging Framework is supported	In keeping with the directions of the Provincial Healthy Aging Framework and Western Health's environmental scan, a plan was developed. Development of the evaluation component and communication strategy was initiated in year two and completed in year three.

Objective Year Three (2010-11)
By March 31, 2011, Western Health will have implemented a plan which supports the Provincial Healthy Aging Framework in priority areas.

Measure Year Three (2010-11)
A plan is implemented

INDICATORS FOR THE 2010-11 OBJECTIVE	ACCOMPLISHMENTS
A plan is implemented in priority areas The Provincial Healthy Aging Framework is supported	In keeping with the directions of the Provincial Healthy Aging Framework to respond to the identified needs of seniors now and in the future and Western Health's environmental scan of strengths and opportunities for improvement, a plan was implemented in priority areas. Development of the evaluation component and communication strategy, initiated in year two, was completed in year three. Priorities for improvement were identified in two areas: (i) promoting an age friendly culture and (ii) implementing best practices in the care of seniors with respect to dementia, medication use and challenging behaviours. The Provincial Healthy Aging Framework was supported in its priority directions (a) recognition of older persons, (b) supportive communities, (c) financial well-being, (d) health and well-being.

Measure Goal One (2008-11)
Implemented programs and services

INDICATORS FOR THE 2008-11 OBJECTIVE	ACCOMPLISHMENTS
Implemented programs and services in priority areas of the Framework	Considering information from the completed environmental scan, programs and services were implemented in priority areas of the Provincial Healthy Aging Framework including: seniors' month events, seniors' lens toolkit, Protective Community Residences, revised processes for financial assessment for support services, standards of care for long term care.

Discussion of Results

A regional advisory committee was established with membership linkages to the provincial division of aging and seniors. In 2008-09, an environmental scan of Western Health programs and services was completed. This scan identified strengths and opportunities with respect to supporting the priority directions of the Provincial Healthy Aging Framework including (a) recognition of older persons, (b) supportive communities, (c) financial well-being, (d) health and well-being. Priorities for improvement were identified in two areas: (i) promoting an age friendly culture and (ii) implementing best practices in the care of seniors with respect to dementia, medication use and challenging behaviours. In 2009-10, a plan was developed that supported the Provincial Healthy Aging Framework to meet the health services needs of the aging population in the Western region in the priority areas. Implementation of the plan continued in 2010-11.

To promote an age friendly culture, a regional working group established work plans to support: (i) screening of older adults upon admission to acute care and interventions to prevent decline; (ii) provider education and (iii) seniors' recognition. The triage risk screening tool was introduced at one health centre to identify older adults at risk who visit emergency departments. The tool identified risk factors such as cognitive impairment, medication usage and falls. Information from the evaluation of this project will guide the regional implementation plan. Western Health developed and delivered education on the prevention and reduction of hospital acquired de-conditioning to help prevent decline in older adults admitted to acute care. Standards of care for long term care residents and alternate level of care patients were reviewed and implemented. The alternate level of care unit at Western Memorial Regional Hospital was relocated to an area renovated to incorporate evidence informed practices in physical design, equipment and staffing for the care of older adults. A seniors' lens toolkit was developed to help ensure that programs and policies support an age friendly culture. Working groups supported planning for senior's month. Events held in June 2010, were successfully attended throughout the Western region. Western Health supported the development and distribution of a 2011 calendar which featured local seniors, nominated for exemplifying that involvement, ambition and participation were ageless.

Implemented best practices in the care of seniors with respect to dementia included linking with organizations and groups to increase dementia awareness and preparation of a family/caregiver support toolkit. The Protective Community Residences, a new option in the range of housing options that support the care of seniors with dementia, opened in a phased approach. Research was completed and published on the relocation experience. With respect to medication usage, regional policy was implemented to guide medication reconciliation, risk assessment for polypharmacy and medication reviews. Auditing of compliance with policy helped to evaluate medication usage. A public brochure to support medication safety was developed. Staff training, documentation tools and policy direction supported the implementation of the P.I.E.C.E.S. (physical, intellectual, emotional, capabilities, environment, social) and gentle persuasive approaches to care for challenging behaviours. A new model of care was implemented at the Bay St. George and Corner Brook long term care homes. Evaluation of the model of care was completed at one home and follow up on the recommendations initiated.

In addition to these priorities, Western Health worked with the Department of Health and Community Services to implement a revised income based financial assessment process for home support and the special assistance program. This work highlighted implementation of programs and services which supported the Provincial Healthy Aging Framework to meet the needs of the aging population of the Western region.

Strategic Issue Two: Chronic Disease Prevention and Management

The incidence of chronic diseases especially diabetes, heart disease and some cancers contributed to poorer health outcomes for residents of Newfoundland and Labrador. In the Western region, the percentage of the population aged 12 years and older, with diabetes, rose from 5.8 per cent in 2003 to 10.0 per cent in 2009 (Canadian Community Health Survey). The 2006 Western regional mortality rate (per 100,000 population) for stroke was 70.5 as compared to 48.7 nationally. In 2006, the leading causes of death for the province and regional integrated health authorities were diseases of the circulatory system and cancer (Mortality Statistics Newfoundland and Labrador Regional Integrated Health Authorities). The incidences of the chronic diseases such as diabetes, heart disease, and cancer, may be attributable to unhealthy behaviors and health practices. The Canadian Community Health Survey 2009 stated that 20.3 per cent of the population reported that they were occasional smokers, 40.2 per cent of the population aged 18 years and older reported that they were overweight, 27.1 per cent of the population aged 20 to 64 years reported that they were obese and 50.6 per cent of the population aged 12 years and older reported that they were physically active. To support Government's strategic direction of improving population health, strengthening chronic disease prevention and management through the implementation of an integrated chronic disease prevention and management model was a strategic issue for Western Health.

Strategic Goal Two

By March 31, 2011, Western Health will have enhanced service delivery to support chronic disease prevention and management.

Objective Year One (2008-09)

By March 31, 2009, Western Health will have approved a chronic disease prevention and management model.

Measure Year One (2008-09)

Board approved model

INDICATORS FOR THE 2008-09 OBJECTIVE	ACCOMPLISHMENTS
Chronic disease prevention and management model with priority action areas identified	Chronic disease prevention and management model with identified priority action areas was approved by the Board of Trustees. The three priority areas for action included: (i) diabetes prevention and management; (ii) heart and stroke prevention and management; (iii) cervical cancer prevention and management.

Objective Year Two (2009-10)
By March 31, 2010, Western Health will have developed an implementation plan for a chronic disease management and prevention model in priority areas.

Measure Year Two (2009-10)
A plan for implementation in priority areas is developed

INDICATORS FOR THE 2009-10 OBJECTIVE	ACCOMPLISHMENTS
The implementation plan for the chronic disease management and prevention model in priority areas is developed	The implementation plan for the chronic disease prevention and management model was developed for the three priority areas.

INDICATORS FOR THE 2009-10 OBJECTIVE	ACCOMPLISHMENTS
The implementation plan is developed with an evaluation component and a communication strategy	The implementation plan included an evaluation component for each of the priority areas and a communication strategy.

Objective Year Three (2010-11)
By March 31, 2011, Western Health will have implemented a chronic disease management and prevention model in priority areas.

Measure Year Three (2010-11)
A model is implemented

INDICATORS FOR THE 2010-11 OBJECTIVE	ACCOMPLISHMENTS
A chronic disease prevention and management model is implemented in priority areas	The approved chronic disease prevention and management model was implemented in three priority areas.

Measure Goal Two (2008-11)
Enhanced service delivery

INDICATORS FOR THE 2008-11 GOAL	PROGRESS IN YEAR THREE OF THREE
Implemented a chronic disease prevention and management model in priority areas	In year one, the model was approved and three priority areas were identified. The process to identify strengths and gaps with current service provision was initiated. In year two, the implementation plan for the model, in the priority areas was developed. In year three, the chronic disease prevention and management model was implemented in the priority areas. Service delivery was enhanced in (i) diabetes prevention and management, i.e., public awareness and self management; (ii) heart and stroke prevention and management, i.e., establishment of a congestive heart failure clinic and implemented protocols in organized stroke care from pre hospital to rehabilitation; (iii) cervical cancer prevention and management, i.e., targeted action planning and implementation to address low screening rates.

Discussion of Results

A regional advisory committee led the review of best practices and current service activities in the Western region. Linkages with the policy and planning division of the Department of Health and Community Services were initiated to ensure that model development proceeded in keeping with provincial directions. Western Health's chronic disease prevention and management model was approved. The model was based upon V.J. Barr's (2003) expanded chronic care model which integrated concepts and strategies from population health promotion including the role of social determinants of health. The three priority areas for action were identified; they included diabetes, heart and stroke, and cervical cancer prevention and management. Linkages with regional and/or provincial initiatives supporting chronic disease prevention and management in each of the priority areas were established. The regional advisory committee initiated the process to identify strengths, gaps and strategies for improvement with respect to regional programs and services that support chronic disease prevention and management in the three priority areas. In consultation with stakeholders, the regional advisory committee identified the need for six working groups to develop work plans to support implementation of the model in priority areas. The six working groups include the following: (i) self management; (ii) measuring and monitoring; (iii) heart health; (iv) organized stroke care; (v) diabetes health and (vi) cervical cancer care.

Working with the Department of Health and Community Services and other regional health authorities, Western Health adopted Standford University's program for self management (2011) to guide self management as one important component of chronic disease prevention and management. A temporary regional coordinator position ensured that the license to use the Standford program was acquired for the province and master training, of staff and community facilitators, was initiated for the province.

Service delivery was enhanced in the priority area of heart health through the establishment of a congestive heart failure clinic. Physician and nursing services supported clients' chronic disease prevention and management through primary health and primary care activities. Western Health also implemented evidence informed practices to enhance care following an acute myocardial infarction. Measurement and monitoring continued to identify levels of compliance with the evidence informed practices. As reported by the Canadian Institute for Health Information, Western Health's 30 day acute myocardial infarction in hospital mortality rate decreased from 12.8 (2009 reporting year) to 10.1 per cent (2010 reporting year). As well, the multidisciplinary cardiac rehabilitation program was revised.

Western Health worked with provincial groups to implement enhanced service delivery in organized stroke care. Health care providers received education on the evidence informed practices to enhance care. Policies and protocols were developed and implemented to support enhanced care in the pre hospital, emergency, acute care, rehabilitation and community settings. Posters were added to settings to enhance compliance with protocols. Patient information to support self management was developed. Measurement and monitoring continued to identify levels of compliance with the evidence informed practices. As reported by the Canadian Institute for Health Information, Western Health's 30 day stroke in hospital mortality rate decreased from 20.5 (2009 reporting year) to 18.9 per cent (2010 reporting year). Work with partners to increase public awareness of the warning signs of acute coronary syndrome and stroke was continued.

Service delivery was enhanced in the priority area of diabetes through the development of resource kits to support self management and education kits to support public awareness. Sessions on reducing the risk of diabetes were delivered in Port aux Basques, Stephenville and Deer Lake. A diabetes registry was developed to enhance monitoring of the people in the Western region who have diabetes. Hypoglycemia and hyperglycemia protocols were developed and piloted at one unit; Western Health will use information from the evaluation of the pilot to guide regional implementation.

The provincial, comprehensive cervical cancer concept model was implemented in Western region. Auditing to support quality assurance was completed. Working with primary health care teams, access to service grants were awarded and plans were implemented to increase screening rates in those communities with low rates. Participation on provincial committees contributed to standardization in cytology practices and determination of screening intervals. This work supported implementation, in priority areas, to help enhance service delivery to support chronic disease prevention and management.

Strategic Issue Three: Patient Safety

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). Following the study, the National Steering Committee on Patient Safety presented a national strategy on patient safety. In Newfoundland and Labrador, the Report on the Task Force on Adverse Health Events was released December 2008 and the findings of the Commission of Inquiry on Hormone Receptor Testing were released in 2009.

In support of the national strategy, Western Health defined patient safety as: the reduction and mitigation of unsafe acts within the health care system, as well as through the use of best practices shown to lead to optimal patient outcomes (The Canadian Patient Safety Dictionary, October 2006). Western Health recognized this definition and was committed to the following: (a) creating a culture that supports the identification and reporting of unsafe acts; (b) effective measurement of client/patient/resident injuries and other relevant outcome indicators; (c) tools for developing or adapting structures and processes to reduce reliance on individual vigilance. In keeping with Government's strategic direction of improving accountability and stability in the delivery of the health and community services, the development, implementation and evaluation of priority initiatives, in a patient safety work plan, to enable a culture of safety was a strategic issue for Western Health.

Strategic Goal Three

By March 31, 2011, Western Health will have implemented priority initiatives in a patient safety work plan for improved performance outcomes.

Objective Year One (2008-09)

By March 31, 2009, Western Health will have identified the components of a patient safety work plan.

Measure Year One (2008-09)

Components of the work plan identified

INDICATORS FOR THE 2008-09 OBJECTIVE	ACCOMPLISHMENTS
Completed literature review	Literature review of patient safety programs and services was completed. Key themes were presented to the patient safety advisory committee January 2009.

INDICATORS FOR THE 2008-09 OBJECTIVE	ACCOMPLISHMENTS
Completed regional environmental scan	Environmental scan of regional patient safety programs and services was completed November 2008.

INDICATORS FOR THE 2008-09 OBJECTIVE	ACCOMPLISHMENTS
Identified components of a patient safety work plan	Components of a patient safety work plan were identified. The components included fostering a culture of safety; identifying patient safety priorities and monitoring priority initiatives through effective measurement of performance indicators; facilitating a coordinated approach to patient safety; facilitating the implementation of information technology to support patient safety and enhancing public awareness related to patient safety.

Objective Year Two (2009-10)
By March 31, 2010, Western Health will have developed and implemented a consultative process for identifying and prioritizing the components of a patient safety work plan.

Measure Year Two (2009-10)
Consultative process implemented

INDICATORS FOR THE 2009-10 OBJECTIVE	ACCOMPLISHMENTS
Implemented processes for stakeholder involvement	The regional patient safety advisory committee identified key stakeholders and implemented the mechanisms for stakeholder involvement.

INDICATORS FOR THE 2009-10 OBJECTIVE	ACCOMPLISHMENTS
Priority components of patient safety work plan identified	Priority components of a patient safety work plan were identified in 2008-09. In 2009-10, implementation of the work plan was initiated.

Objective Year Three (2010-11)
By March 31, 2011, Western Health will have implemented priority initiatives of a patient safety work plan.

Measure Year Three (2010-11)
Priority initiatives implemented

INDICATORS FOR THE 2010-11 OBJECTIVE	ACCOMPLISHMENTS
Priority initiatives of patient safety work plan implemented	Implementation of priority components of a patient safety work plan was initiated in 2009-10. The priority components of the patient safety work plan were reviewed in 2010-11, and revised to include facilitating a coordinated approach to patient safety priority initiatives in the area of preventing ventilator associated pneumonia. Priority initiatives of the patient safety work plan were implemented including: leadership walkabouts; regional electronic occurrence reporting; prospective analysis; implementation of (i) medication safety practices, (ii) falls prevention, (iii) improved care for acute myocardial infarction, (iv) prevention of surgical site infection and (v) preventing ventilator associated pneumonia; distribution of materials to support medication safety, falls prevention and hand hygiene.

Measure Goal Three (2008-11)
Implementation of priority initiatives in a patient safety work plan

INDICATORS FOR THE 2008-11 GOAL	ACCOMPLISHMENTS
Established processes for stakeholder involvement	The regional patient safety advisory committee established and implemented processes for stakeholder involvement.

INDICATORS FOR THE 2008-11 GOAL	ACCOMPLISHMENTS
Completed environmental scan	Environmental scan was completed.

INDICATORS FOR THE 2008-11 GOAL	ACCOMPLISHMENTS
Implemented initiatives to address the priority components of a patient safety work plan	Priority components of a patient safety work plan, identified in year two, were reviewed and revised by the regional patient safety advisory committee at the start of year three. The implementation of initiatives to address priority components was begun in year two and continued in year three (2010-11).

INDICATORS FOR THE 2008-11 GOAL	ACCOMPLISHMENTS
Regional processes for reporting, analyzing and evaluating patient safety performance outcomes	Regional processes for quarterly reporting and analysis of patient safety performance indicators were approved by the regional patient safety advisory committee and implemented. Quarterly reports were shared with staff, leadership and the Board of Trustees.

INDICATORS FOR THE 2008-11 GOAL	ACCOMPLISHMENTS
Improved performance outcomes related to the initiatives	Patient safety performance outcomes improved in the following areas: reported occurrences; the rate of falls per 1000 patient days; the 30 day acute myocardial infarction in hospital mortality rate; the rates of surgical site infections per 100 class I surgeries; the hospital standardized mortality ratio.

Discussion of Results

A regional patient safety advisory committee met to lead, support and/or facilitate the ongoing development, implementation and evaluation of the patient safety program including establishing an annual work plan and indicator monitoring process. Through a review of its terms of reference, the patient safety advisory committee reconfirmed its role in the consultative process for identifying and prioritizing components of the patient safety work plan. This review also identified gaps in membership which did not support full stakeholder participation in the consultative process. This issue was addressed with the addition of members from identified program areas to support full stakeholder participation.

Following the completion of an environmental scan of current patient safety programs, consideration of recommendations from the Report of the Task Force on Adverse Health Events and a comparative discussion on the key themes in patient safety from the literature review, components of an annual work plan were identified and shared with the patient safety advisory committee. Through its membership, and the membership of (sub)committees which reported to the regional patient safety advisory committee, stakeholder involvement in identifying and prioritizing components of the patient safety work plan was established. In 2009-10, the patient safety advisory committee approved and prioritized the components of the work plan. The approved components included:

(a) fostering a culture of safety through leadership walkabouts, enhanced reporting of patient safety information, education and support for prospective analysis;
(b) identifying patient safety priorities and monitoring priority initiatives through effective measurement of performance indicators;
(c) facilitating a coordinated approach to patient safety priority initiatives in the areas of (i) medication safety, (ii) falls prevention, (iii) improved care for acute myocardial infarction and (iv) prevention of surgical site infection;
(d) facilitating the implementation of information technology to support patient safety;
(e) enhancing public awareness related to patient safety.

Implementation of priority components of a patient safety work plan was initiated.

In 2010-11, the components of the work plan were reviewed, revised and approved by the patient safety advisory committee. The approved revisions included the following addition to one component:

(c) facilitating a coordinated approach to patient safety priority initiatives in the areas of (i) medication safety, (ii) falls prevention, (iii) improved care for acute myocardial infarction; (iv) prevention of surgical site infection and (v) preventing ventilator associated pneumonia.

Implementation of the work plan continued in 2010-11. Priority initiatives of the patient safety work plan that were implemented included the following examples:

- leadership walkabouts at facilities;
- development and implementation of a regional electronic occurrence reporting system;
- from the review of occurrence information, identification of opportunities and completion of prospective analysis to change processes to prevent serious harm;


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Employee Health
Health
Grand Opening

- considering required organizational practices from Accreditation Canada and evidence based practices from Safer Healthcare Now, regional committees guided the implementation of (i) medication safety practices, (ii) falls prevention, (iii) improved care for acute myocardial infarction, (iv) prevention of surgical site infection and (v) preventing ventilator associated pneumonia;
- working with community partners, development and distribution of materials to support medication safety, falls prevention and hand hygiene.

Progress with implementation of components of the work plan was monitored by the regional patient safety advisory committee.

Regional processes for reporting, analyzing and evaluating patient safety performance indicators were approved by the regional patient safety advisory committee and implemented. Patient safety performance outcomes were reviewed and evaluated by the regional patient safety advisory committee on a quarterly basis and continued to facilitate the determination of improvement. Quarterly reports also were shared with staff, management and the Board of Trustees. The work plan for 2010-11, was reviewed and revised, as required, by the regional patient safety advisory committee, to ensure improved performance outcomes related to initiatives implemented. Patient safety performance outcomes improved in the following areas:

- the annual number of reported occurrences increased each year from 3,411 in 2008-09, to 3,772 in 2009-10, and 4,436 in 2010-11;
- the rate of falls per 1,000 patient days decreased from 3.9 to 3.6 in acute care; 5.3 to 4.6 in long term care;
- the 30 day acute myocardial infarction in hospital mortality rate (published by the Canadian Institute for Health Information) decreased from 12.8 (2005-08) to 10.1 (2006-09) to 8.2 (2007-10);
- the rates of surgical site infections per 100 surgeries changed as follows
  - for class I surgeries, the rate decreased from 1.2 to 0.7
  - for class II surgeries, the rate remained constant at 1.1
  - for class III surgeries, the rate increased from 0 to 0.5 but remained below the national benchmark of 15.0;
- the hospital standardized mortality ratio (published by the Canadian Institute for Health Information) decreased from 94 (2008-09) to 90 (2009-10).

OPPORTUNITIES AND CHALLENGES AHEAD FOR WESTERN HEALTH

New Acute Care Facility

Western Health continued to partner with the Department of Transportation and Works and the Department of Health and Community Services to plan for the construction of a new acute care facility for the Western region to be located and built in Corner Brook. Site development for the new facility, at the top of Wheeler's Road, off the Lewin Parkway, advanced with an investment $11.8 million to support this progress.

Personal Health Information Act

In 2010-11, in preparation for the proclamation of the new *Personal Health Information Act (PHIA)*, extensive efforts were taken to raise awareness of information access and privacy issues among staff, providers and the public. The new *Act* serves as both an opportunity and a challenge for Western Health in our ongoing efforts to strike the correct balance between keeping personal health information confidential and providing care providers with all the information they require to provide optimal care. This new legislation will serve to clarify how Western Health staff can work as a team in providing services and include other custodians in the team through information sharing. At the same time, it sets a high standard for protecting individuals' rights and securing their information. We have made great progress in the last year towards being able to comply with *PHIA*.

Timely Access

Recruitment and retention of qualified personnel, changing demands for service, growth in referrals for service and information management technologies continued to present opportunities and challenges to timely access to some services. Vacancies in leadership positions continued to present significant challenges. Managers and staff will continue to work to improve access in rehabilitative, residential, mental health and addictions, chronic disease prevention and management and endoscopy services.

Satellite Dialysis for Port aux Basques

Significant progress was made to support the establishment of a satellite dialysis unit in Port aux Basques. Planning and implementation is underway for the renovations, training of staff and implementation of this new program at Dr. Charles L. LeGrow Health Centre. The satellite unit is anticipated to be open in late spring 2011.

Green Team

Western Health will continue to work with its partners within the community, such as the Principal's Advisory Council in Sustainability at Memorial University of Newfoundland – Grenfell Campus, to support a workplace environment that reduces environmental and occupational hazards while maintaining and promoting safe, quality health and community services for the people of the Western region. Paper reduction has been chosen as the major initiative for the upcoming year as well as a continued focus on the environmental efficiency of its facilities.

Population Health

The population health status of the Western region continues to cause much concern to Western Health. Data collected in 2010-11, through the regional child health clinic program indicated that 28.6 per cent of children aged three years nine months included in screening, are considered overweight because their body mass index (BMI) was greater than the 85th percentile based on the standardized growth charts. In the Community Health Needs and Resources Assessment of the Western region (2009), households identified the impact of lifestyle, including smoking and unhealthy eating habits, among their top community health concerns. Considering trends in birth rates, out migration and life expectancies, the median age of the population in the Western region is expected to increase to be among the oldest in Canada. Western Health has identified health promotion as a priority in its strategic plan for 2011-14.

Financial Health

Western Health continued to be challenged to maintain the financial health of the organization. Although significant progress has been made in this area, increasing demands for services such as home support and surgical programs continue to challenge the organization to maintain a balanced budget. Maintaining financial health will be a priority in the upcoming fiscal year.

FINANCIAL REPORTS

In keeping with the *Transparency and Accountability Act*, Western Health is pleased to share its audited financial statement for 2010-11.

Financial Statements

Western Regional Health Authority

March 31, 2011

Contents

Independent auditors' report

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To the Board of Trustees

Western Regional Health Authority

We have audited the statement of financial position of the Western Regional Health Authority at March 31, 2011, and the statements of operations, changes in deficiency 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 financial statements in accordance with Canadian generally accepted accounting standards and for such internal control as management determines is necessary to enable the preparation of 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 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 financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the 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 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.

Grant Thornton

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 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, these financial statements present fairly, in all material respects, the financial position of the Board as at March 31, 2011, and the results of its operations and changes in deficiency and its cash flows for the year then ended in accordance with the Canadian generally accepted accounting principles.

Grant Thornton LLP

Corner Brook, Newfoundland and Labrador

June 23, 2011

Chartered Accountants

Western Regional Health Authority

Statement of financial position

March 31

	2011	2010 (As restated Note 15)
Assets		
Current		
Cash and cash equivalents	$ 226,542	$ 851,658
Receivables (Note 4)	21,706,705	14,642,569
Inventory (Note 5)	5,819,972	5,224,088
Prepaid expenses	7,413,904	6,807,514
	35,167,123	27,525,829
Due from associated funds (Note 6)	1,421,134	725,950
Capital assets (Note 7)	71,545,607	68,561,950
Trust funds on deposit (Note 8)	603,999	543,725
Restricted cash and investments	135,814	129,145
	$ 108,873,677	$ 97,486,599
Liabilities		
Current		
Bank indebtedness (Note 9)	$ 8,736,624	$ 900,892
Payables and accruals	24,937,325	23,315,659
Deferred contributions – operating	5,541,488	5,553,309
Deferred contributions - capital	17,180,944	18,283,370
Vacation pay accrual	9,295,886	9,381,457
Current portion of severance pay accrual	1,500,000	1,500,000
Current portion of long term debt (Note 10)	567,100	881,000
	67,759,367	59,815,687
Severance pay accrual	27,480,587	26,916,001
Trust funds payable	603,999	543,725
Long term debt (Note 10)	2,915,907	3,482,848
Deferred contributions		
– unamortized portion of capital asset grants	64,980,873	60,947,519
	163,740,733	151,705,780
Net assets (deficiency)		
Net assets invested in capital assets	3,081,720	3,250,580
Restricted net assets, endowments	145,240	136,172
Unrestricted deficiency (Note 11)	(58,094,016)	(57,605,933)
	(54,867,056)	(54,219,181)
	$ 108,873,677	$ 97,486,599

Contingencies and commitments (Note 13)

On behalf of the Board

Member

Member

See accompanying notes to the financial statements.

Western Regional Health Authority

Statement of changes in deficiency

March 31

	Unrestricted	Capital	Endowments (Restricted)	**2011** Total	2010 Total
Net assets (deficiency), beginning of year as previously reported	$ (58,033,537)	$ 3,250,580	$ 136,172	**$ (54,646,785)**	$ (55,083,897)
Prior period adjustment (Note 15)	427,604	-	-	**427,604**	**-**
Net assets (deficiency), beginning of year, as restated	(57,605,933)	3,250,580	136,172	**(54,219,181)**	(55,083,897)
Operating surplus (deficit)	(647,875)	-	-	**(647,875)**	864,716
Principal repayment of long term debt	(183,206)	183,206	-	**-**	-
Principal repayment of capital lease	(697,635)	697,635	-	**-**	-
Restricted interest income	(9,068)	-	9,068	**-**	-
Amortization of capital assets					
Shareable	880,841	(880,841)	-	**-**	-
Non-shareable	7,495,771	(7,495,771)	-	**-**	-
Amortization of deferred capital asset grants	(7,326,911)	7,326,911	-	-	-
Net assets (deficiency), end of year	$ (58,094,016)	$ 3,081,720	$ 145,240	**$ 54,867,056**	$ (54,219,181)

See accompanying notes to the financial statements.

Western Regional Health Authority

Statement of operations

Year ended March 31

	2011	2010 (As restated Note 15)
Revenue		
Provincial plan	**$ 279,870,622**	$ 257,801,362
Other	**51,508,302**	47,194,533
	331,378,924	304,995,895
Expenditures		
Administration	**23,943,235**	23,224,356
Support services	**59,191,397**	53,353,298
Nursing inpatient services	**80,745,087**	73,275,739
Medical services	**19,997,452**	17,595,220
Ambulatory care services	**23,105,791**	20,870,643
Diagnostic and therapeutic services	**30,756,735**	28,438,599
Community and social services	**85,336,432**	74,114,397
Educational services	**5,319,850**	4,855,476
Undistributed	**2,102,104**	3,434,142
	330,498,083	299,161,870
Operating surplus before shareable amortization and non-shareable items	**880,841**	5,834,025
Shareable amortization	**880,841**	831,870
Operating surplus for government reporting before non-shareable items	**-**	5,002,155
Adjustments for non-shareable items		
Amortization expense	**7,495,771**	6,834,728
Accrued vacation expense – (decrease) increase	**(85,571)**	1,398,095
Accrued severance expense – increase	**564,586**	2,554,623
Amortization of deferred capital equipment grants	**(7,326,911)**	(6,650,007)
	647,875	4,137,439
(Deficit) surplus on operations	**$ (647,875)**	$ 864,716

See accompanying notes to the financial statements.

Western Regional Health Authority

Statement of cash flows

Year ended March 31

	2011	2010 (As restated Note 15)
Decrease in cash and cash equivalents		
Operating		
Operating (deficit) surplus	**$ (647,875)**	$ 864,716
Increase in severance and vacation pay accrual	**479,015**	3,952,718
Amortization of capital assets – non-shareable	**7,495,771**	6,834,728
Amortization of capital assets – shareable	**880,841**	831,870
Amortization of capital asset grants	**(7,326,911)**	(6,650,007)
	880,841	5,834,025
Changes in		
Receivables	**(7,064,136)**	4,317,759
Inventory	**(595,884)**	(1,711,578)
Prepaid expenses	**(606,390)**	(872,695)
Due from associated funds	**(695,184)**	49,537
Deferred contributions - operating	**(11,821)**	1,348,044
Payables and accruals	**1,621,666**	1,062,671
	(6,470,908)	10,027,763
Financing		
Increase (decrease) in bank indebtedness	**7,835,732**	(7,483,082)
Capital contributions	**10,257,839**	12,040,333
Repayment of long term debt – operating	**(880,841)**	(831,870)
	17,212,730	3,725,381
Investing		
Purchase of capital assets	**(11,360,269)**	(13,048,996)
Increase in restricted cash and investments	**(6,669)**	(12,559)
	(11,366,938)	(13,061,555)
Net (decrease) increase in cash and cash equivalents	**(625,116)**	691,589
Cash and cash equivalents		
Beginning of year	**851,658**	160,069
End of year	**$ 226,542**	$ 851,658

See accompanying notes to the financial statements.

Western Regional Health Authority

Notes to the financial statements

March 31, 2011

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

Basis of presentation
These financial statements include the assets, liabilities, revenues, and expenditures of the operating, capital, and endowment funds.

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

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

The net investment in capital assets represents assets purchased with the operating fund.

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

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

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

Western Regional Health Authority

Notes to the financial statements

March 31, 2011

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

Capital assets

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

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

Capital and operating leases

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

Severance and vacation pay liability

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

Impairment of long-lived assets

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

Western Regional Health Authority

Notes to the financial statements

March 31, 2011

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

Revenue recognition

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

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

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

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

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

Pension costs

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

Financial instruments

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

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

Western Regional Health Authority

Notes to the financial statements

March 31, 2011

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

Financial instruments (cont'd)

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

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

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

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

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

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

Western Regional Health Authority

Notes to the financial statements

March 31, 2011

3. Control of not-for-profit entities

The Authority controls Gateway Apartments, Emile Benoit House & Units, Interfaith Home and Cottages, Bay St. George Cottages and LHC Cottages. These entities were established to provide housing to senior citizens.

The Authority is responsible for policy direction, distribution of operating funds and capital grants, and providing certain services to the homes, which are individually operated.

The above not-for–profit entities have not been consolidated into the Authority's financial statements; however separate financial statements are available on request. Financial summaries of these non-consolidated entities as at March 31, 2011 and 2010 and for the years then ended are as follows:

	2011	2010
Financial position		
Total assets	**$ 7,700,744**	$ 7,661,881
Total liabilities	**7,906,158**	7,641,034
Total net assets	**(205,414)**	20,847
	$ 7,700,744	$ 7,661,881
Results of operations		
Total revenue	**$ 1,761,750**	$ 1,551,258
Total expenditures	**1,841,864**	1,590,757
Transfer (to) from NLHC	**(6,979)**	10,296
Excess of expenditures over revenue	**$ (87,093)**	$ (29,203)
Cash flows		
Cash from operations	**$ 571,478**	$ 356,742
Cash used in financing and investing activities	**(427,858)**	(405,716)
Increase (decrease) in cash	**$ 143,620**	$ (48,974)

Western Regional Health Authority

Notes to the financial statements

March 31, 2011

4. Receivables	2011	2010
Province of Newfoundland and Labrador		
Capital contributions	**$ 1,357,196**	$ 669,945
Provincial plan	**8,293,765**	7,393,684
MCP	**5,082,878**	2,014,762
Patient services	**1,994,430**	1,224,515
Employees' pay and travel advances	**446,597**	477,178
Harmonized sales tax rebate	**305,978**	607,457
Other	**4,225,861**	2,255,028
	$ 21,706,705	$ 14,642,569

5. Inventory	2011	2010
Dietary	**$ 140,018**	$ 119,995
Pharmacy	**1,746,181**	1,776,457
Supplies	**3,933,773**	3,327,636
	$ 5,819,972	$ 5,224,088

6. Due from associated funds	2011	2010
Cottages	**$ 1,304,909**	$ 677,958
Foundations	**116,225**	47,992
	$ 1,421,134	$ 725,950

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

Western Regional Health Authority

Notes to the financial statements

March 31, 2011

7. Capital assets

2011

	Cost	**Accumulated Depreciation**	**Net Book Value**
Land	**$ 674,808**		**$ 674,808**
Land improvements	**435,092**	**$ 243,523**	**191,569**
Buildings	**54,104,308**	**25,077,820**	**29,026,488**
Parking lot	**1,141,683**	**635,456**	**506,227**
Equipment	**105,087,845**	**64,853,429**	**40,234,416**
Equipment under capital lease	**7,162,767**	**6,645,731**	**517,036**
Motor vehicles	**1,096,229**	**723,810**	**372,419**
Leasehold improvements	**232,458**	**209,814**	**22,644**
	$ 169,935,190	**$ 98,389,583**	**$ 71,545,607**

2010

	Cost	Accumulated Depreciation	Net Book Value
Land	$ 674,808	$	$ 674,808
Land improvements	435,091	238,608	196,483
Buildings	51,706,863	23,515,388	28,191,475
Parking lot	1,141,682	601,708	539,974
Equipment	96,276,411	58,880,730	37,395,681
Equipment under capital lease	7,162,767	5,922,756	1,240,011
Motor vehicles	944,842	649,628	295,214
Leasehold improvements	232,458	204,154	28,304
	$ 158,574,922	$ 90,012,972	$ 68,561,950

Book value of capitalized items that have not been amortized $ $6,172,115 (2010 - $5,854,308)

8. Trust funds

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

Western Regional Health Authority

Notes to the financial statements

March 31, 2011

9. Bank indebtedness

The Authority has access to a line of credit with the Bank of Montreal in the amount of $17,000,000 (2010 - $21,500,000) 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, 2011 is $8,736,624. Interest is being charged at prime less 1.15% on any overdraft (March 31, 2011 - 1.10%; March 31, 2010 – 1.10%).

10. Long term debt

		2011		2010
4.26% mortgage on the Bay St. George Seniors Home, maturing in 2021, payable in blended monthly payments of $13,544	**$**	**1,341,282**	$	1,444,752
8% mortgage on the Bay St. George Seniors Home, maturing in 2026, payable in blended monthly payments of $9,523		**1,025,588**		1,057,741
7.875% mortgage on the Corner Brook Interfaith Home, maturing in 2022, repayable in blended monthly payments of $6,056		**537,512**		567,243
4.56% mortgage on the Woody Point Clinic, maturing in 2020, repayable in blended monthly payments of $2,304		**205,180**		223,032
Obligations under capital lease, 5.83%, maturing in 2011, payable in blended monthly payments of $61,759		**373,445**		1,071,080
		3,483,007		4,363,848
Less: Current portion		**567,100**		881,000
	$	**2,915,907**	$	3,482,848

As security for the mortgages, Western Health has provided a first mortgage over land and buildings at the Corner Brook Interfaith Home, the Bay St. George Senior Citizens Home and Woody Point Clinic having a net book value of 2011 - $ 3,109,562 (2010 - 3,292,768)

As security for the capital leases Western Health has provided specific capital equipment having a net book value of 2011 - $ 517,036, (2010 – 1,240,011)

See Note 12 for five year principal repayment schedule.

Western Regional Health Authority

Notes to the financial statements

March 31, 2011

11. Unrestricted deficiency

	2011	2010
Accumulated operating deficit	**$ 19,817,543**	$ 19,808,475
Accrued severance pay	**28,980,587**	28,416,001
Accrued vacation pay	**9,295,886**	9,381,457
	$ 58,094,016	$ 57,605,933

12. Obligations under long term debt and leases

Western Health has acquired building additions and equipment under the terms of long term debt and capital leases. Payments under these obligations, scheduled to expire at various dates to 2016 are as follows:

Fiscal year ended

2012	$ 567,100
2013	204,600
2014	216,200
2015	228,700
2016	241,800
	$ 1,458,400

13. Contingencies and commitments

Claims

As of March 31, 2011, there were a number of claims against the Authority in varying amounts for which no provision has been made. It is not possible to determine the amounts, if any, that may ultimately be assessed against the Authority with respect to these claims, but management believes any claim, if successful, will be covered by liability insurance.

Operating leases

Western Health has a number of agreements whereby it leases vehicles, office equipment and buildings, in addition to those disclosed under Note 10. These leases are accounted for as operating leases. Future minimum lease payments for the next five years are as follows:

2011/2012	$ 2,730,687
2012/2013	1,917,269
2013/2014	1,481,104
2014/2015	958,914
2015/2016	157,665
	$ 7,245,639

Western Regional Health Authority

Notes to the financial statements

March 31, 2010

13. Contingencies and commitments (cont'd)

Capital assets

During the year, the Authority entered into various contracts for the purchase and installation of capital equipment. At year end the Authority has a commitment to pay $917,663 once the equipment is delivered and installed.

14. Subsequent event

Subsequent to year-end the Department of Child Youth and Family Services began operating independently from the Authority. The impact on the Authority's operating surplus/deficit is nil as operating revenues in the current fiscal year were $19,646,764 and operating expenses were $19,646,764 (see schedule IIB)

15. Prior period adjustment

The Authority had previously deferred the "prime rebate" on the Worker's Compensation expenditures. The rebate was matched against the related expenditures in prior years after the likelihood of retaining the rebate was determined. As a result of this adjustment revenue and ending surplus/deficit has been affected. The 2010 comparative figures have been affected as follows:

	Increase
Revenue	$ 427,604
Surplus	$ 427,604

16. Comparative figures

Certain of the comparative figures have been restated to conform to the financial statement presentation used in the current year.

Western Regional Health Authority
Expenditures – operating/shareable
Schedule I

Year ended March 31	**2011**	2010
Administration		
General administration	**$ 9,372,643**	$ 9,076,337
Finance	**3,222,147**	2,996,312
Personnel services	**3,660,804**	3,339,738
System support	**2,670,617**	2,994,153
Other administrative	**5,017,024**	4,817,816
	23,943,235	23,224,356
Support services		
Housekeeping	**10,159,295**	8,879,292
Laundry and linen	**2,698,726**	2,487,591
Plant services	**21,902,283**	17,777,495
Patient food services	**11,330,207**	11,245,110
Other support services	**13,100,886**	12,963,810
	59,191,397	53,353,298
Nursing inpatient services		
Nursing inpatient services – acute	**54,844,512**	48,535,820
Medical services	**19,997,452**	17,595,219
Nursing inpatient services – long term care	**25,900,575**	24,739,920
	100,742,539	90,870,959
Ambulatory care services	**23,105,791**	20,870,643
Diagnostic and therapeutic services		
Clinical laboratory	**9,991,958**	9,355,396
Diagnostic imaging	**8,684,373**	7,946,276
Other diagnostic and therapeutic	**12,080,404**	11,136,927
	30,756,735	28,438,599

Western Regional Health Authority
Expenditures – operating/shareable
Schedule I (cont'd)

Year ended March 31	**2011**	2010
Community and social services		
Mental health and addictions	**$ 6,709,567**	$ 5,446,838
Community support programs	**49,019,442**	39,384,366
Family support programs	**19,263,192**	18,558,503
Community youth corrections program	**2,470,441**	2,419,751
Health promotion and protection program	**7,873,790**	8,304,939
	85,336,432	74,114,397
Education	**5,319,850**	4,855,476
Undistributed	**2,102,104**	3,434,142
Shareable amortization	**880,841**	831,870
Total expenditures	**$ 331,378,924**	$ 299,993,740

Western Regional Health Authority

Expenditures – operating/shareable – CYFS Excluded

Schedule IA

Year ended March 31	2011
Administration	
General administration	$ 9,372,643
Finance	3,222,147
Personnel services	3,660,804
System support	2,670,617
Other administrative	5,017,024
	23,943,235
Support services	
Housekeeping	10,159,295
Laundry and linen	2,698,726
Plant services	21,623,363
Patient food services	11,330,207
Other support services	13,100,886
	58,912,477
Nursing inpatient services	
Nursing inpatient services – acute	54,844,512
Medical services	19,997,452
Nursing inpatient services – long term care	25,900,575
	100,742,539
Ambulatory care services	23,105,791
Diagnostic and therapeutic services	
Clinical laboratory	9,991,958
Diagnostic imaging	8,684,373
Other diagnostic and therapeutic	12,080,404
	30,756,735

Western Regional Health Authority

Expenditures – operating/shareable – CYFS Excluded

Schedule IA(cont'd)

Year ended March 31

	2011
Community and social services	
Mental health and addictions	$ 6,709,567
Community support programs	49,019,442
Family support programs	2,365,789
Community youth corrections program	
Health promotion and protection program	7,873,790
	65,968,588
Education	5,319,850
Undistributed	2,102,104
Shareable amortization	880,841
Total expenditures	$ 311,732,160

Western Regional Health Authority
Expenditures – operating/shareable – CYFS Only
Schedule IB

Year ended March 31 | **2011**

Support services	
Plant services	**$ 278,920**
Community and social services	
Family support programs	**16,897,403**
Community youth corrections program	**2,470,441**
	19,367,844
Total expenditures	**$ 19,646,764**

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

Year ended March 31

	2011	2010 (As restated Note 15)
Revenue		
Provincial plan	**$ 279,870,622**	$ 257,801,362
MCP physician	**17,188,620**	14,502,037
ELCC	**1,728,277**	1,614,935
NCB	**1,502,441**	1,424,222
ECD	**1,406,226**	1,039,073
Inpatient	**1,968,001**	2,150,953
Outpatient	**1,670,204**	1,701,154
LTC resident	**6,962,113**	7,361,501
Mortgage interest subsidy	**40,507**	40,507
Food service	**2,152,488**	2,745,474
Other recoveries	**8,657,592**	9,014,756
Other	**8,231,833**	5,599,921
Total revenue	**331,378,924**	304,995,895
Expenditures		
Worked and benefit salaries and contributions	**174,922,085**	159,055,531
Benefit contributions	**29,929,004**	27,514,425
	204,851,089	186,569,956
Supplies – plant operations and maintenance	**6,484,050**	5,686,499
Supplies – drugs	**7,946,415**	7,340,397
Supplies – medical and surgical	**11,122,657**	9,366,780
Supplies – other	**13,467,103**	14,233,855
	39,020,225	36,627,531
Direct client costs – mental health and addictions	**268,193**	200,803
Direct client costs – community support	**36,252,880**	27,796,578
Direct client costs – family support	**8,829,223**	8,291,379
Direct client costs – community youth corrections	**9,740**	13,654
	45,360,036	36,302,414
Other shareable expenses	**41,030,135**	39,376,362

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

Year ended March 31	**2011**	2010 (As restated Note 15)
Expenditures (cont'd)		
Long term debt – interest	**$ 193,131**	$ 202,724
Long term debt – principal	**183,206**	173,650
Capital lease – interest	**43,467**	82,883
Capital lease – principal	**697,635**	658,220
	1,117,439	1,117,477
Total expenditures	**331,378,924**	299,993,740
Operating surplus for government reporting	**-**	5,002,155
Long term debt - principal	**183,206**	173,650
Capital lease – principal	**697,635**	658,220
Surplus inclusive of other operations	**880,841**	5,834,025
Shareable amortization	**880,841**	831,870
Surplus before non-shareable items	**-**	5,002,155
Non-shareable items		
Amortization expense	**7,495,771**	6,834,728
Accrued vacation expense (decrease) increase	**(85,571)**	1,398,095
Accrued severance expense - increase	**564,586**	2,554,623
Amortization of deferred capital equipment grants	**(7,326,911)**	(6,650,007)
	647,875	4,137,439
(Deficit) surplus inclusive of non-shareable items	**$ (647,875)**	$ 864,716

Western Regional Health Authority
Revenue and expenditures for government reporting
Operating fund – CYFS Excluded
Schedule IIA

Year ended March 31 | **2011**

Revenue	
Provincial plan	**$ 264,753,998**
MCP physician	**17,188,620**
ELCC	-
NCB	**464,306**
ECD	**285,802**
Inpatient	**1,968,001**
Outpatient	**1,670,204**
LTC resident	**6,962,113**
Mortgage interest subsidy	**40,507**
Food service	**2,152,488**
Other recoveries	**8,616,075**
Other	**7,630,046**
Total revenue	**311,732,160**
Expenditures	
Worked and benefit salaries and contributions	**168,190,492**
Benefit contributions	**28,811,426**
	197,001,918
Supplies – plant operations and maintenance	**6,484,050**
Supplies – drugs	**7,946,415**
Supplies – medical and surgical	**11,122,657**
Supplies – other	**13,390,881**
	38,944,003
Direct client costs – mental health and addictions	**268,193**
Direct client costs – community support	**36,252,880**
Direct client costs – family support	**1,096,784**
Direct client costs – community youth corrections	**-**
	37,617,857
Other shareable expenses	**37,050,943**

Western Regional Health Authority
Revenue and expenditures for government reporting
Operating fund – CYFS Excluded
Schedule IIA (cont'd)

Year ended March 31

	2011
Expenditures (cont'd)	
Long term debt – interest	$ 193,131
Long term debt – principal	183,206
Capital lease – interest	43,467
Capital lease – principal	697,635
	1,117,439
Total expenditures	311,732,160
Operating surplus for government reporting	-
Long term debt - principal	183,206
Capital lease – principal	697,635
Surplus inclusive of other operations	880,841
Shareable amortization	880,841
Surplus before non-shareable items	-
Non-shareable items	
Amortization expense	7,495,771
Accrued vacation expense (decrease) increase	(85,571)
Accrued severance expense - increase	564,586
Amortization of deferred capital equipment grants	(7,326,911)
	647,875
(Deficit)/surplus inclusive of non-shareable items	$ (647,875)

Western Regional Health Authority
Revenue and expenditures for government reporting
Operating fund – CYFS Only
Schedule IIB

Year ended March 31

	2011
Revenue	
Provincial plan	$ 15,116,624
ELCC	1,728,277
NCB	1,038,135
ECD	1,120,424
Other recoveries	41,517
Other	601,787
Total revenue	19,646,764
Expenditures	
Worked and benefit salaries and contributions	6,731,593
Benefit contributions	1,117,578
	7,849,171
Supplies – other	76,222
Direct client costs – family support	7,732,439
Direct client costs – community youth corrections	9,740
	7,742,179
Other shareable expenses	3,979,192
Total expenditures	19,646,764
Surplus inclusive of non-shareable items	$ -

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

Year ended March 31	2011	2010
Sources of funds		
Provincial capital equipment grant for current year	**$ 7,776,062**	$ 8,305,453
Provincial facility capital grant in current year	**6,145,900**	4,990,000
Add: Deferred capital grant from prior year	**18,283,370**	19,292,033
Less: Capital facility grant reallocated for operating fund purchases	**(3,999,334)**	(2,458,095)
Less: Deferred capital grant from current year	**(17,180,944)**	(18,283,370)
	11,025,054	11,846,021
Other contributions		
Foundations, auxiliaries and other	**335,215**	1,202,975
Total funding	**11,360,269**	13,048,996
Capital expenditures		
Asset, building and land	**2,397,445**	2,932,175
Asset, equipment	**8,962,824**	10,116,821
	11,360,269	13,048,996
Total expenditures	**11,360,269**	13,048,996
Surplus on capital purchases	**$ -**	$ -

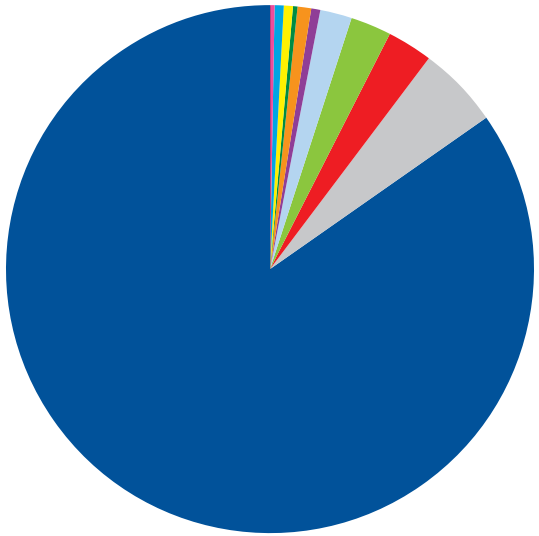
Western Regional Health Authority

Accumulated operating deficit for government reporting

Schedule IV

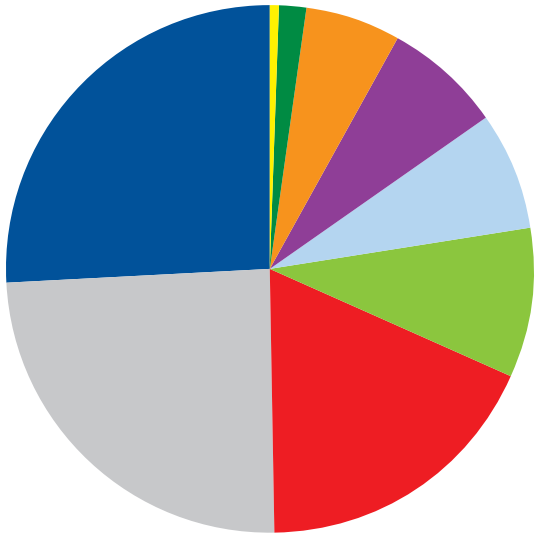
Year ended March 31	2011	2010
Accumulated operating deficit		
Current assets		
Cash and cash equivalents	**$ 226,542**	$ 851,658
Accounts receivable	**21,706,705**	14,642,569
Inventory	**5,819,972**	5,224,088
Prepaid expenses	**7,413,904**	6,807,514
Due from associated funds	**1,421,134**	725,950
Other	**(9,419)**	(7,024)
Total assets	**36,578,838**	28,244,755
Current liabilities		
Bank indebtedness	**8,736,624**	900,892
Accounts payable and accrued liabilities	**24,937,325**	23,315,659
Deferred contributions – operating	**5,541,488**	5,553,309
Deferred contributions - capital	**17,180,944**	18,283,370
Total current liabilities	**56,396,381**	48,053,230
Accumulated operating deficit	**(19,817,543)**	(19,808,475)
Reconciliation of operating deficit – operating fund only		
Accumulated operating deficit – beginning of year	**(19,808,475)**	(24,795,490)
Add: Net operating income per schedule II	**-**	5,002,155
Less: Restricted interest (income) loss	**(9,068)**	(15,140)
Accumulated operating deficit –end of year	**$ (19,817,543)**	$ (19,808,475)

OPERATING REVENUE



- Provincial Plan $279,870,622
- MCP Physician $17,188,620
- Other Recoveries $8,657,592
- Other $8,231,833
- LTC Resident $6,962,113
- Food Service $2,152,488
- Inpatient $1,968,001
- ELCC $1,728,277
- Outpatient $1,670,204
- NCB $1,502,441
- ECD $1,406,226
- Mortgage Interest Subsidy $40,507

EXPENSES



- Community/Social Services $85,336,432
- Nursing Inpatient Services $80,745,087
- Support Services $59,191,397
- Diagnostic/Therapeutic Services $30,756,735
- Administration $23,943,235
- Ambulatory Care Services $23,105,791
- Medical Services $19,997,452
- Educational Services $5,319,850
- Undistributed $2,102,104

WESTERN HEALTH REGIONAL MAP

Hospitals, Health Centres, Clinics and/or Offices, Ambulance Service, and Long Term Care Centres.

www.westernhealth.nl.ca