Western Health

Environmental Scan 2021-2022

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Foreword

Dates written in the form "2021" represent a calendar year from January 1 to December 31. Dates written in the form "2021/22" represent a fiscal year from April 1 to March 31.

Dates written in the form of “2020 and 2021” represent two calendar years.

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

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

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

The Western Region

POPULATION HEALTH WESTERN REGION 2021-2022

Demographics

76,608 Population	-0.43% Net Migration
50 Median Age	1.4% Immigrant Population
79.5 Life Expectancy	46.2% Rural Area Population
26.6% Over the Age of 65	25.5% Indigenous Population

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

Health Practices

29.2% Influenza vaccination 2021-22	89.2% Has a regular health care provider	85.8% COVID-19 Vaccination

INCOME	
Gross personal income	$34,000
After tax personal income per capita	$20,000
Average couple income	$ 96,500
Self-reliance ratio	73.3%
Income support assistance rate	8.1%
Employment insurance rate	45%

Health Status

46.1%	Age 18 and older - participation in physical activity per recommended guidelines
57.8%	Age 12-17 - participation in physical activity per recommended guidelines
21.0%	Current smoker - daily or occasional basis
30.9%	Cannabis use in the past year (NL)
21.7%	Heavy drinking: having 5 (male) or 4 (females) drinks on one occasion 12 or more times in the past 12 months

Sources:
Canadian Institute for Health Information (2022). Your Health System In Depth. Retrieved July 2022.
Health Canada (2021). Canadian Cannabis Survey (CCS) 2021. Retrieved July 2022.
NL Community Accounts (2022). Western Health Profile. Retrieved July 2022.
Western Health (2022). Director and Branch Annual Reports for 2021-22.

Demographics

Population

Western Health's geographical boundaries are from Port aux Basques southeast to Francois, northwest to Bartlett's Harbour, and on the eastern boundary north to Jackson's Arm. The population in the Western region in 2019 was 76,608 (Community Accounts, 2022). While the data is not yet available for the individual health regions, the 2021 Census identified a 1.8% decrease in the overall provincial population in Newfoundland and Labrador, from 519,716 in 2016 to 510,550 in 2021 (Statistics Canada, 2022).

Other notable Western region population characteristics from the Canadian Institute for Health Information (CIHI) (2022) include:

- 26.6% Seniors (age 65+) in 2020
- 46.2% Rural area population in 2016
- 1.4% Immigrant population in 2016
- 25.5% Aboriginal population in 2016

Table 1. Population

	2016	2021	Percent Change	Median Age (2016)	Population and Percent Age 65+ (2020)
Western Region	77,720	**76,608** (2019)	-0.6%	50	20,401 (26.6%)
NL	519,716	**510,550** (2021)	-1.8%	46	116,429 (22.3%)

Sources: CIHI, 2022
Statistics Canada (Retrieved from Community Accounts, June 2021 and July 2022)

Migration

According to Community Accounts (2022), the Western region experienced a residual net migration of -0.43% or -335 individuals in 2019, compared to -0.39% or -1,995 individuals provincially (Table 2). Net migration is calculated by using the residual method of subtracting the current population from the population in the previous year and then removing the affect that births and deaths has on the population. The remainder or residual is the number of people who migrated into or out of the area (Community Accounts, 2022).

Table 2. Residual Net Migration

	2019
Western Region	-0.43% (-335 individuals)
Province	-0.39% (-1,995 individuals)

Source: Statistics Canada (Retrieved from Community Accounts, July 2022)

Birth Rate

The birth rate (per 1000) in the Western region decreased from 5.8 in 2019 to 5.3 in 2020. Provincially, the birth rate also decreased from 7.2 in 2019 to 7.1 in 2020. Table 3 shows there were 450 births in the Western region in 2019 and 415 in 2020 (Community Accounts, 2022).

Table 3. Birth Rates

	Number of Births		Percent Change	Total Birth Rate (per 1000)	
	2019	2020		2019	2020
Western Region	450	**415**	-7.8%	5.8	**5.3**
NL	3735	**3,640**	-2.5%	7.2	**7.1**

Source: Statistics Canada (retrieved from Community Accounts July 2022)

Mortality

According to Table 4, from 2016-2020 the median age of death for residents in the Western region was 79, an increase from 78, as reported for 2004-2019. The median age of death in Newfoundland and Labrador in 2016-2020 was 78. In 2020, there was a 2.2% increase in the number of deaths in the Western region, with 915 deaths in 2020, as compared to 895 in 2019 (Community Accounts, 2022).

Table 4. Number of Deaths

	Number of Deaths		Percent Change	Median Age of Death
	2019	2020		2016-2020
Western Region	895	**915**	2.2%	79
NL	5190	**5405**	4.1%	78

Source: Statistics Canada (Retrieved from Community Accounts July 2022)

According to CIHI (2022), from 2015 to 2017, the life expectancy at birth for residents of the Western region and NL was 79.5 years, compared to 82.1 for Canada (Table 5). Between 2015-2017, the life expectancy at age 65 for Western region residents was 19.2 years, compared to 18.9 for NL, and 21 for Canada (CIHI, 2022).

Table 5. Life Expectancy (Years)

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

Source: CIHI, 2022

Income and Income Support

The gross income for individuals in the Western region continues to increase incrementally. Research indicates that higher income is typically associated with better health. The gross personal income per capita for the Western region was $34,000 in 2019, compared to $33,100 in 2018. In 2019, the average couple family income was $96,500 for the Western region compared to $113,300 provincially and $122,900 nationally (Community Accounts, 2022). Additional regional and provincial comparisons are outline in Table 6. According to CIHI (2022), in 2016, 13.1% of children were living in low-income families in the Western region.

Table 6. Income and Employment

	Western Region		**NL**	
	2018	**2019**	2018	**2019**
Gross personal income per capita	$33,100	**$34,000**	$37,800	**$38,600**
After tax personal income per capita (adjusted for inflation)	$19,700	**$20,000**	$21,700	**$22,000**
Average Couple Family Income	$94,200	**$ 96,500**	$110.600	**$113,300**
Self-Reliance Ratio	73.2%	**73.3%**	79.9%	**80.0%**
	2019	**2021**	2019	**2021**
Income Support Assistance rate	8.9%	**8.8%**	7.6%	**7.8%**
Employment Insurance rate	37.8%	**45%**	29.7%	**38.6%**

***Self-Reliance Ratio** – a measure of the community's dependency on government transfers such as: Canada Pension, Old Age Security, Employment Insurance, Income Support Assistance, etc. A higher self-reliance ratio indicates a lower dependency.*

Source: Statistics Canada, Income Statistics Division
(Retrieved from Community Accounts, June 2021 & July2022)

According to Table 6, 8.8% of the population in the Western region received Income Support Assistance at some point in 2021, compared to 9.6% in 2020. Provincially, 7.8% received income support assistance at some point during 2021, compared to 8.5% in 2020. The percentage of the labor force in the Western region that collected Employment Insurance at some point in 2021 was 45%, compared to 37.8% in 2019. The Employment Insurance

incidence was 38.6% for Newfoundland and Labrador (NL) in 2019, compared to 29.7% in 2019 (Community Accounts, 2022).

Education

Based on 2020/21 data from the Department of Education and Early Childhood Development (2022), overall student enrolment in the Western region decreased slightly from 2019/20. This trend was also consistent with provincial enrollment (Table 7).

Table 7. Education Enrollment

	Western Region		NL	
	2019/20	**2020/21**	2019/20	**2020/21**
Primary	2,469	**2,409**	18,164	**17,997**
Elementary	2,113	**2,027**	15,291	**14,816**
Junior High	2,025	**2,088**	15,052	**15,472**
Senior High	2,258	**2,204**	15,215	**15,242**
Total	8,865	**8,728**	63,722	**63,528**

Source: Department of Education and Early Childhood Development (Retrieved from Community Accounts, July 2022)

According to the 2016 census, 19.4% of residents of the Western region aged 25 to 64 do not have a high school diploma compared to 15.7% provincially. This is a decrease from 25.5% in for the region, and 20.3% for the province in 2011. According to Table 8, in the Western region 13.6% of people aged 25 to 64 have a bachelor's degree or higher compared to 18.3% provincially (Community Accounts, 2022).

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

Highest Level of Education	**Western Region (%)**	**NL (%)**
Does not have high school	28.0	23.4
High school (age 15+)	72.0	76.6
Bachelor's degree or higher (age 15+)	10.9	14.8
Does not have a high school diploma (age 25-64)	19.4	15.7
High school (age 25-64)	80.6	84.3
Bachelor's degree or higher (age 25-64)	13.6	18.3

Source: Statistics Canada Census (Retrieved from Community Accounts, July 2022)

Healthy Populations

Health and Wellness

Well-Being

According to the Canadian Community Health Survey (CCHS), in 2019 and 2020, 81.2% of respondents in the Western region reported a strong sense of community belonging, which is a slight decrease from 83.1% in 2017 and 2018. As outlined in Table 9, this is higher than both NL (80.1%) and Canada (70.0%).

Table 9. Health Characteristics 2019 and 2020 (Percent of Population)

Indicator	Western Region (%)	NL (%)	Canada (%)
Sense of belonging to local community, somewhat strong or very strong	81.2	80.1	70.0
Perceived life stress - most days extremely or quite a bit stressful	13.4*	13.4	20.8
Satisfaction with life in general as satisfied or very satisfied	90.3	93.3	93.3
Perceived health, very good or excellent	56.8	63.9	61.8
Perceived mental health, very good or excellent	62.3	68.9	66.0

* - Use with caution

Source: Statistics Canada, 2022

The CCHS posed questions on perceived life stress and 13.4% of individuals in the Western region indicated that they perceived most days as extremely or quite a bit stressful, which is on par with 13.4% for NL but lower compared to 20.8% for Canada. According to Table 9, general life satisfaction in the Western region is at 90.3% which is comparable to NL (93.3%) and Canada (93.3%) (Statistics Canada, 2022).

A major indicator of well-being is how a person rates his or her own health and mental health. According to the CCHS (2019 and 2020), 56.8% of individuals in the Western region rated their health status as being very good or excellent compared to 63.9% of individuals in the province, and 61.8% in Canada. As noted in Table 9, 62.3% of respondents in the Western region rated their mental health as excellent, compared to 68.9% of the respondents in the province, and 66% in Canada.

Injury and Mental Health Hospitalization

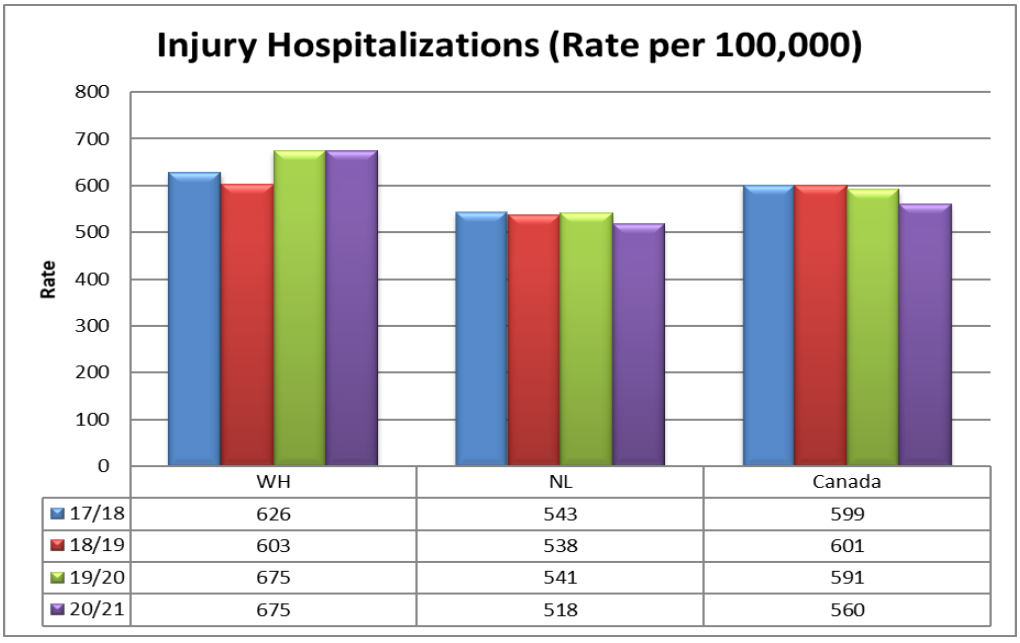
Table 10 outlines the most recent overall rates of injury-related hospitalizations, as well as three hospitalization rate indicators that help assess the performance of the Mental Health and Addictions (MHA) system: self-injury hospitalization, repeat hospital stays for mental illness, and hospitalizations entirely caused by alcohol. Figures 1 through 4 provide additional trends over the past four years.

Table 10. Hospitalization Performance Indicators

Indicator	Western Region	NL	Canada
Injury-Related Hospitalizations (per 100,000) (2020/21)	675	518	560
Self-Harm Hospitalizations (per 100,000) (2019/20)	117*	99*	65
Repeat hospital stays for mental illness (percentage) (2020/21)	20.6%	15.4%	13.3%
Hospitalizations entirely caused by alcohol (per 100,000) (2019/20)	168*	197*	258

*Significantly different than Canadian average
Sources: CIHI 2021 and CIHI, 2022

Figure 1. Injury Hospitalizations (per 100,000)



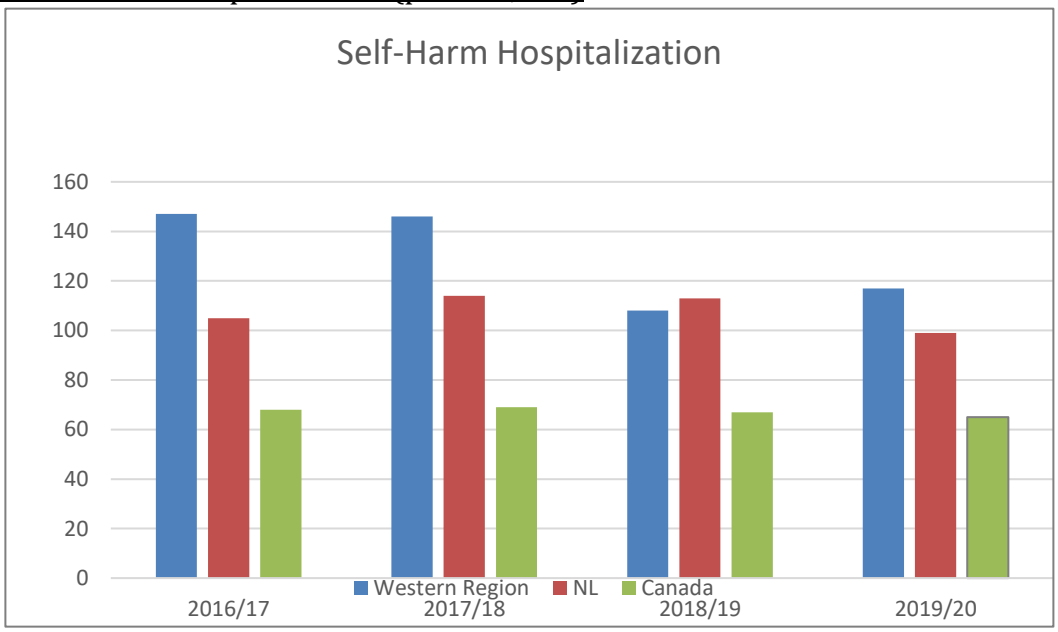
Source: CIHI, 2022

The injury hospitalizations indicator measures the age-standardized rate of acute care hospitalization due to injury resulting from the transfer of energy (excluding poisoning and other non-traumatic injuries), per 100,000 population. A lower rate is desirable. As shown

in Figure 1, Western Health's rate has remained stable since 2019/20, although it continues to be higher than the provincial and national rates.

Injury prevention is one of the focus areas for the Western Regional Wellness Coalition (WRWC). In 2021/22, the WRWC approved 17 community and school grants that included a focus on injury prevention. Violence prevention also continued to be a priority, with Western Health staff involved in ongoing efforts throughout the region. Western Health has established strong partnerships with community-based organizations for support of violence prevention efforts. While the number of in-person activities was reduced over the past year, many promotional efforts continued with virtual sessions offered or messaging provided through social media. Western Health formed a new partnership with the Norpen Status of Women's Council (Norpen SWC) in Port Saunders in 2021/22. Norpen SWC is a new organization in the region, as well as a new community-based Naloxone Distribution site.

Figure 2. Self-Harm Hospitalization (per 100,000)



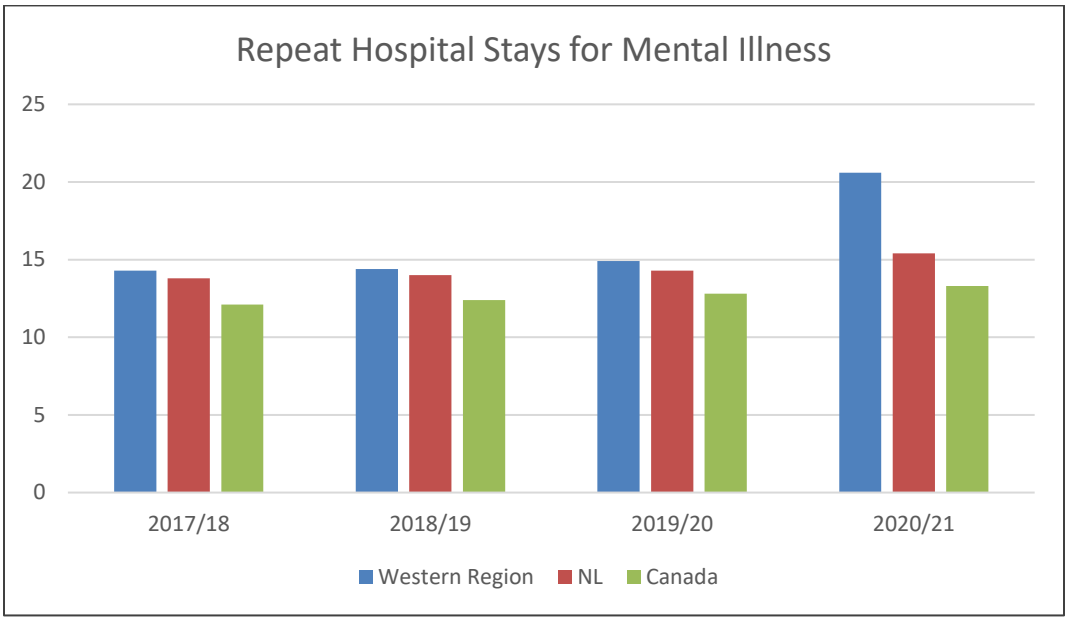
Source: CIHI, 2021

The self-harm hospitalizations indicator measures the age-standardized rate of hospitalization in a general hospital due to self-injury, per 100,000 population. A lower rate is better. As outlined in Figure 2, Western Health's rate decreased from 147 in 2016/17 to 108 in 2018/19 and then increased to 117 in 2019/20. The rate remains higher than the national average.

Suicide prevention and life promotion were a focus locally and provincially in 2021/22. The Survivor Challenge suicide prevention program was completed with 109 students in

2021/22. The work of the Towards Recovery, Life Promotion and Suicide Prevention Workgroup continued provincially. This group was responsible for developing a provincial life promotion and suicide prevention action plan in 2021/22. The *What We Heard* report was released May 2021. This summary of findings from the Provincial Life Promotion Suicide Prevention consultations was used to inform the development of the Provincial Action Plan. In preparation for the release of the Action Plan, the Workgroup transitioned to a new Our Path of Resilience Steering Committee in November 2021. The Plan is anticipated for release early in the 2022/23 fiscal year.

Figure 3. Repeat Hospital Stays for Mental Illness (percentage)

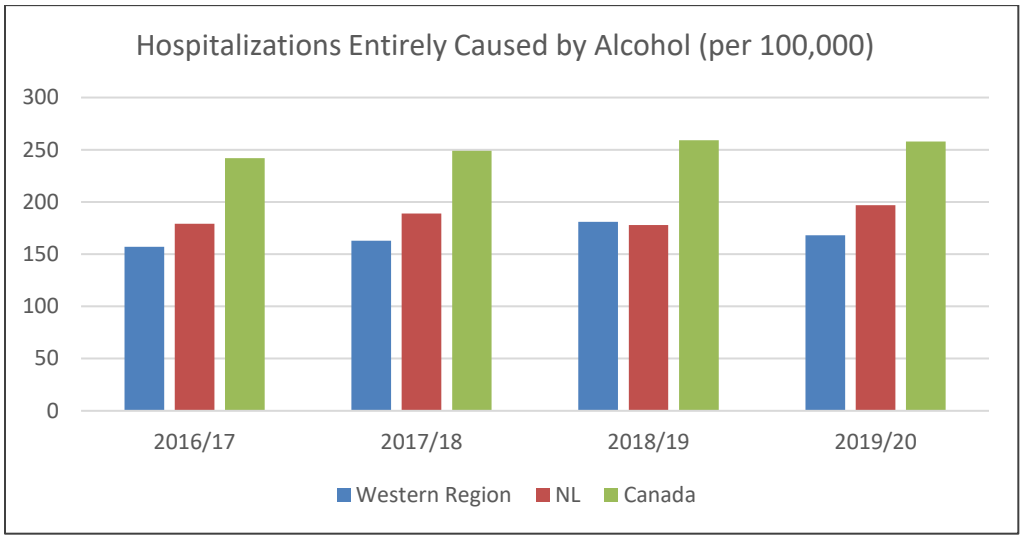


Source: CIHI, 2022

The repeat hospital stays for mental illness indicator examines the risk-adjusted percentage of individuals who had three or more episodes of care for a mental illness among all those who had at least one episode of care for a mental illness in general or psychiatric hospitals within a given year. A lower rate is better. Western Health's rate increased significantly since 2019/20 and remained higher than both the provincial and national rates (Figure 3).

The ability of the Mobile Crisis Response (MCR) team to identify safety plans, utilize supports, and provide information on available services in the community, such as Doorways, has diverted the majority of individuals away from the Emergency departments, the justice system, and avoided unnecessary admissions to hospital. Outcome disposition has consistently demonstrated that individuals accessing services have their needs met and are able to be supported in the community. Of the 260 in-person MCR visits over the 2021/22 fiscal year, a total of 117 individuals (45%) attended hospital. The top three reasons for accessing MCR services in 2021/22 were suicidality, situational crisis, and mental illness.

Figure 4. Hospitalizations Entirely Caused by Alcohol (per 100,000)



Source: CIHI, 2021

Harmful use of alcohol has serious effects on individuals and puts strain on health care resources. This indicator provides a pan-Canadian perspective on hospitalizations that are 100% attributable to alcohol among individuals age 10 and older. Measuring alcohol-attributable hospitalizations helps to bring awareness to the seriousness of harm associated with alcohol use and to drive action to manage, reduce, and prevent it. For this indicator a lower rate is better. As shown in Figure 4, Western Health's rate decreased from 181 in 2018/19 to 168 in 2019/20 and is below both the Canadian and provincial averages.

Alcohol use and harm reduction continued to be a focus provincially, with Western Health engaged in the ongoing work of the Towards Recovery Alcohol Action Plan Working Group. In 2021/22, work continued on the draft provincial Alcohol Action Plan. This Action Plan is expected to be released in the 2022/23 fiscal year.

Despite challenging circumstances, virtual and in-person addictions prevention and mental health promotion sessions were offered in schools in 2021/22, including Get Ready, Talking Cannabis, Vaping, Roots of Empathy, Youth Voices, Level Up, Survivor Challenge, and Party Safer. Party Safer & Safe Grad initiatives are part of regular prevention and promotion programming offered in schools. The Safe Grad Initiative fits within Western Health's School Health Promotion Policy to provide safer use and harm reduction messaging throughout high school. The Safe Grad initiative includes the delivery of a Party Safer presentation and the distribution of Safe Grad Kits to Level III students. These initiatives, along with innovations in other MHA services, will enhance early intervention and timely access to effective services in the community, helping individuals avoid deterioration and unnecessary admission to hospital for mental health and substance use-related concerns.

Health Status

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

Table 11. Health Status Indicators (Percent of Population)

Indicator	Western Region	NL	Canada
Physical activity, 150 minutes per week, adult (age 18+) (2017 and 2018)	46.1	49.4	56
Physical activity, average 60 minutes per day, youth (12 to 17 years old) (2017 and 2018)	57.8	51.1	57.8
Breast milk feeding initiation (2017 and 2018)	63.4*	72	90.9
Breastfeeding rate at initiation (Perinatal Program) (2020)	61.4	n/a	n/a
Current smoker (daily or occasional) (2019 and 2020)	21.0	19.3	13.9
Fruit and vegetable consomption (5 times or more per day) (2020)	n/a	17.5	25.4
Chlamydia rates (per 100,000 population)	123.5 (2019) 131.0 (2020)	n/a	370.8 (2019)
Heavy drinking - having 5 (males) or 4 (females) drinks on one occasion 12 or more times in the past 12 months (2019 and 2020)	21.7	22.3	17.5
Cannabis use in the past 12 months (2021)	n/a	30.9	25.2

* - Use with caution
Sources: Health Canada, 2021
Public Health Agency of Canada, 2022
Statistics Canada, 2022
Western Health, 2022

As outlined in Table 11, 46.1% of adults and 57.8% of youth in the Western region met the recommended physical activity guidelines. Achieving physical activity recommendations for each age group impacts many health benefits and protective factors for the prevention and management of chronic disease. The WRWC had a successful year and despite the restrictions and challenges of living with the pandemic, many grant applicants presented

innovative and productive ways to address community and school needs. In total, $30,135.00 funded 44 projects distributed through every Health Neighborhood of the region, addressing a wide variety of health priorities and health inequities. The WRWC supported schools with best practice initiatives including physical activity equipment bins to encourage outdoor play, snowshoes to encourage physical activity, outdoor and indoor cooking and food skills programs, SucSeed and garden clubs, as well as resources to support social and emotional wellbeing and mental health promotion.

The Western region is reporting a higher number of daily or occasional smokers compared to provincial and national rates (Table 11). Youth vaping in NL has also escalated into an important population health issue. A total of 47% of the province's students in grades 7-12 have tried vaping, with almost 30% of those students using vapes in the last 30 days (Health Canada, 2020). Due to the extent of youth vaping, more and more young people are at risk of becoming addicted to nicotine. Western Health worked closely with the Alliance for the Control of Tobacco on the Youth Vaping Prevention Working Group to design several province-wide awareness campaigns about vaping risks. Using a collaborative and comprehensive approach, this group created several campaigns targeting parents, schools and teachers, other youth influencers and youth directly.

The consumption of fruits and vegetables is an important factor in maintaining a healthy lifestyle. The rate of consumption in Newfoundland and Labrador was 17.5% in 2020, which remained lower than the national rate of 25.4% (Statistics Canada, 2022). The Regional Nutritionist supported work related to the new School Food Guidelines, the SucSeed program, the revised National Nutritious Food Basket, food security initiativies, the Government of NL Healthy Eating website, new menu planning standards for regulated childcare, and the K-12 Health Curriculum.

Heavy drinking refers to males who reported having five or more drinks, or women who reported having 4 or more drinks, on one occasion 12 or more times in the past 12 months. According to Table 11, 21.7% of residents of the Western region are heavy drinkers, compared to 22.3% in NL, and 17.5% in Canada. In 2021/22, significant efforts were made to promote the online mental health and substance use self-screening tools available at CheckItOutNL.ca or bridegthegapp.ca. The provincial MHA Consultants met to develop an online/digital communication plan for CheckItOutNL.ca, targeting community partners to share through email and social media. The creation of a men's mental health video featuring men from each of the health regions is an example of this work. Youth Outreach Workers and MHA Coordinators were also very active providing community-based programming and online resources to enhance awareness and access to programming throughout the region. The Let's Talk: Youth and Alcohol Your Health Matters session premiered on Facebook in April 2021 and the recording link was shared through email. The peak number of live viewers was 56 and there were approximately 1300 views in total. This video is also

available on YouTube as a parent education tool. It provides a condensed, virtual option for the Parent Night Out program.

Health Practices

Contact with health care providers and influenza vaccination are examples of health practices which may affect health outcomes (Table 12).

Within the Western region, 89.2% of the population reported having a regular health care provider in 2019 to 2020. There were 117 family medicine physicians per 100,000 population in the Western region in 2020 (Statistics Canada, 2022). The number of residents without an assigned Primary Care Provider (PCP) is an ongoing concern in the Western region and across the province. Since this data collection period in 2020, Western Health has implemented a variety of initiatives to improve access to PCPs, including the Regional Virtual Care Clinic, the Patient Health Home Model, and innovative PCP waitlist processes. In an effort to support residents with a streamlined and managed process to finding a provider, Western Health put considerable effort into developing a regional process for managing the PCP waitlist. Western Health continued to promote the Find a Provider processes in 2021/22 through direct messaging with residents, clinic notices, social media, and the Western Health website. These waitlists are available for both Western Health PCPs and private practice providers who have capacity to add to their patient panels.

Table 12. Health Practices (Percent of Population)

Indicator	Western Region (%)	NL (%)	Canada (%)
Has a regular health care provider (2019 and 2020)	89.2	87.1	85.6
Influenza vaccination within the last year (2019 and 2020)	43.8	43.4	36.3
Influenza vaccination (2021/22)	29.2	n/a	n/a
Influenza vaccination for Long Term Care residents (2021/22)	87.2	n/a	n/a
Pneumococcal vaccination for Long Term Care residents (2021/22)	66.2	n/a	n/a
COVID-19 vaccination (fully vaccinated – 2 doses) (2021/22)	85.8	n/a	n/a

Sources: Statistics Canada, 2022
Western Health, 2022

Public Health continued to lead the delivery of mass immunization campaigns for COVID-19 vaccinations in 2021/22, with the support of many other programs and teams. Mass immunization clinics were offered for both flu and COVID-19 immunizations, along with school-based vaccination. During 2021/22, there was opportunity for anyone over the age of 18 years to have 1st, 2nd, and booster COVID-19 doses. There were also 1st and 2nd vaccinations for those aged 12 to 18 years and 5 to 11 years.

Table 13 outlines total vaccinations delivered over the past two fiscal years. As of March 31, 2022, 89.6% of residents in the Western region received at least one COVID-19 vaccination, 85.8% received two vaccinations, and 50.9% of the population received a booster. Also, 71.1% of children aged 5-11 were vaccinated with at least one dose and 94.2% of children 12-19 years received at least one vaccination as of March 31, 2022 (Western Health, 2022).

Table 13: COVID-19 Vaccinations delivered by Public Health Clinics by fiscal year

Vaccine	2020/21 (Jan-March)	2021/22
Pfizer	16, 330	**100,756**
Moderna	11, 630	**30,532**
CoviShield	0	**1,537**
AstraZeneca	n/a	**2,751**
Janssen	n/a	**9**
Total	27, 960	**135,585**

[1] Information is current as of April 1, 2021, and includes all vaccinations documented in EMR, Pharmacy Network, and Meditech as of March 31, 2022.

[2] Report based on RHA where vaccine was administered and not RHA of Residence.

Source: Compiled by Data and Information Services, NL Centre for Health Information using data from EMR, Meditech and Pharmacy Network, April 1, 2022.

Throughout 2021/22, Western Health continued to engage municipalities and key stakeholders during vaccine campaigns and COVID-19 outbreaks. Relationships were further strengthened through virtual meetings and collaborations to better support the communities in the Western region. COVID-19 testing sites and pop-up vaccine clinics are examples where Western Health teams partnered with key stakeholders.

Testing for COVID-19 was extensive in 2021/22. As outlined in Table 14, there were 56,519 tests completed in the Western region during the fiscal year. This was an increase from 19,218 tests completed in 2020/21. Testing was completed in many locations, including emergency departments, clinics, inpatient departments, and community testing sites. Public Health continued to lead community based COVID-19 testing on a regional basis. To support efficient and timely access to COVID-19 testing for clients, professionals outside of nursing were trained to administer COVID-19 tests. Western Health worked with regulatory bodies on training requirements to support this function and with employees and managers to

ensure competence in skills prior to implementation. This expansion in scope of practice enabled easier access to testing for clients and contributed to employees' continued competence.

Permanent testing clinics were operational in Stephenville, Corner Brook and Port aux Basques and testing was also offered in health centres in Burgeo, Bonne Bay, and Port Saunders. Pop-op testing locations were also added as the need arose, such as at Elwood Elementary and Stephenville High so that residents had increased access to testing in their own communities when there were outbreak areas.

Table 14: COVID-19 Testing by All Western Health Locations

Grouped Location	2020/21 [1]	2021/22
Public Health/Mobile	10,221	**43,494**
Inpatient	5,065	**5,605**
Lab/EKG/DI/OPD Clinics	2,449	**1,427**
ED/EDFT	1,301	**5,987**
Flu Assessment Clinics	182	**6**
Grand Total	19,218	**56,519**

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

Source: Western Health, 2022

Health Outcomes

Chronic Disease

Newfoundland and Labrador has a high incidence of chronic disease such as high blood pressure, diabetes, and chronic obstructive pulmonary disorder (COPD). As noted in Table 15, compared to NL and Canada, the population of the Western region report having higher rates of all but one of the listed indicators.

Table 15. Health Outcomes (Percent of Population) 2019 to 2020

Health Outcome	Western Region (%)	NL (%)	Canada (%)
Arthritis (15 years and over)	30.2	29.0	19.5
Diabetes	12.1	11.0	7.5
Asthma	7.7*	8.7	8.3
COPD (age 35 years and over)	5.8	5.3	3.9

Health Outcome	Western Region (%)	NL (%)	Canada (%)
High blood pressure	24.9	23.6	17.3

* - Use with caution
Source: Statistics Canada, 2022

Addressing the high incidence of chronic diseases continued to be a priority for Western Health in 2021/22. In October 2021, the Western Health Primary Care Clinics turned on eleven Provincial Screening Clinical Decision Support Triggers. These triggers pop up upon entry of applicable patients EMR screen during appointments, to trigger the providers to ask or seek additional information, mostly pertaining to chronic disease prevention and screening initiatives.

Cardiovascular Diseases

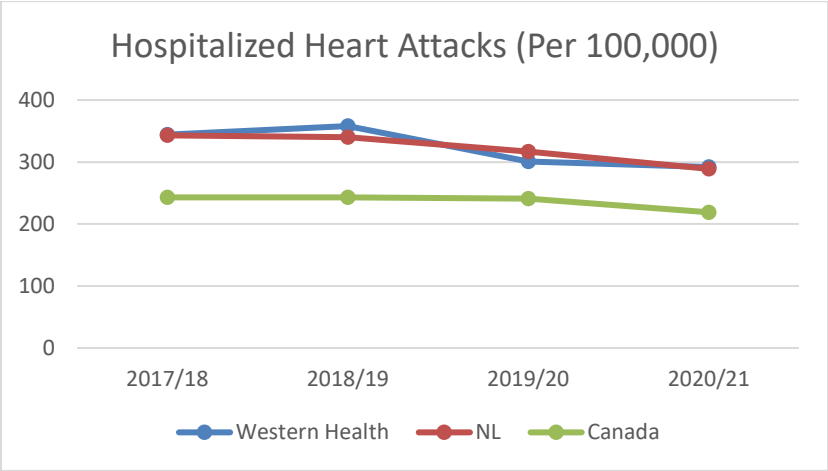
Cardiovascular diseases are also considered chronic diseases and CIHI reports two cardiovascular indicators, as outlined in Table 16.

Table 16. Cardiovascular Indicators

Indicator	Western Health	NL	Canada
Hospitalized heart attacks (per 100,000)	2017/18 – 344 2018/19 – 358 2019/20 – 301 **2020/21 - 292**	2017/18 – 343 2018/19 – 340 2019/20 – 317 **2020/21 - 289**	2017/18 – 243 2018/19 – 243 2019/20 – 241 **2020/21 - 219**
Hospitalized strokes (per 100,000)	2017/18 – 162 2018/19 – 156 2019/20 – 182 **2020/21 - 148**	2017/18 – 161 2018/19 – 174 2019/20 – 176 **2020/21 - 163**	2017/18 – 142 2018/19 – 143 2019/20 – 144 **2020/21 - 136**

Source: CIHI, 2022

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



Source: CIHI, 2022

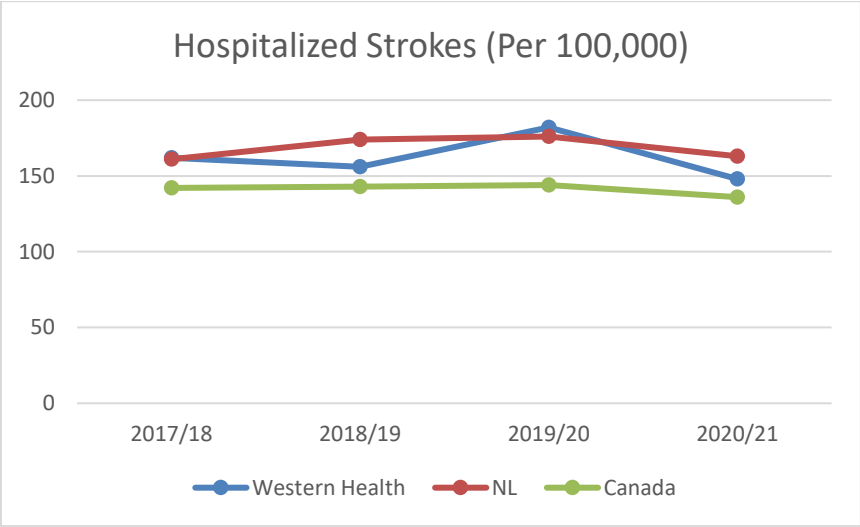
The hospitalized heart attacks indicator measures the age-standardized rate of new acute myocardial infarction (AMI) events admitted to an acute care hospital for the population age 18 and older. A new event is defined as a first-ever hospitalization for an AMI or a recurrent hospitalized AMI occurring more than 28 days after the admission for the previous event in the reference period. Lower rates are better. While Western Health is statistically higher than the Canadian rate, Figure 5 demonstrates that the regional rate has decreased, from 358 in 2018/19 to 301 in 2019/20, and to 292 in 2020/21, which remained comparable to the provincial rate.

Support from Eastern Health's Cardiology department remained strong and consistent throughout the 2021/22 fiscal year. Since the closure of Western Health's Heart Function clinic in August 2021, Western Health has relied more heavily on the Eastern Health team. The Eastern Health Cardiologist has remained readily available and easily accessible through telephone or email. Most recently a Microsoft Teams group has been developed to support communication and improve access to the Cath Lab.

Western Health is a partner in a provincial initiative to establish standardized care paths and optimize heart function management for this population. The Provincial Steering Group developed an action plan and came up with a Spoke-Hub-Node model of care. This three-tiered system will support heart function patients across the continuum of care. The spoke level is the first level of access for patients and will be the foundation for this initiative. The spoke will be supported by hub level. The hub level will include the Heart Function Clinics within three RHAs and will be the support for the spoke level of care. The node will be a specialized area within Eastern Health, developed apart from the Heart Function Clinic that will provide the highest level of specialized care, which all clinics will avail of when a higher level of care is required, such as device therapy or transplant. A workshop is planned for

April 2022, to develop an action plan at the spoke level which will be the first level of access for heart function patients and will pertain specifically to care provided at the Primary Health and Community level.

Figure 6. Hospitalized Strokes (Per 100,000)



Source: CIHI, 2022

The hospitalized strokes indicator measures the age-standardized rate of new stroke events admitted to an acute care hospital for the Canadian population age 18 and older. Although strokes admitted to a hospital do not reflect all strokes in the community, this information provides a useful and timely estimate of the disease occurrence in the population. For this indicator, a lower rate is better. As outlined in Figure 6, Western Health has seen a large decrease from 2019/20 in this indicator. Western Health's hospitalized stroke rate decreased in 2020/21 to the lowest in the past four years. The regional rate of 148 is lower than the provincial rate of 163 but higher than the national rate of 136.

Work is ongoing to improve stroke care within Western Health. Western Health's STRH and WMRH sites, along with other sites across the province, joined the Atlantic Canada Together Enhancing Acute Stroke Treatment Project (ACTEAST), which was initiated in November 2021. The goal of this project is to improve access and efficiency of acute stroke treatment through a series of improvement collaboratives. Improvement strategies were discussed during two day-long virtual learning sessions, a virtual site visit, and bimonthly webinar events throughout the 2021/22 fiscal year. Some current practices at the sites were changed and new strategies were implemented to improve overall stroke care times. Pre-registration has been implemented which is assisting Emergency departments toward reaching the under 30 minutes door to needle time recommendation. Stroke kits have been created for easy access to all necessary equipment, policies, and protocols for thrombolysis within a

timely manner. Stroke data is being collected within the departments for analysis, with the goal to be more consistent with Canadian benchmarks for standards of care.

Cancer

Nationally, the five most commonly diagnosed cancers in 2018 remained breast (13%), lung and bronchus (12.4%), prostate (12%), colorectal (10.5%) and urinary bladder (4.9%) (Statistics Canada, 2021). Table 17 shows that the most common cancer type for NL in 2018 was colon and rectum, followed by lung and bronchus, breast, prostate, and urinary bladder.

Table 17. New cases and age-standardized rates (per 100,000) of primary cancer in NL

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

Source: Statistics Canada, 2022

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

Better Care Experiences and Outcomes

Quality Improvement and Risk Management

Strategic Planning

Along with Western Health's vision and values, the Strategic Plan helps guide the organization to provide quality programs and services in the Western region. The 2021/22 fiscal year was the second year of the 2020-2023 Strategic Plan. This represents the sixth strategic plan for Western Health since the process was established in 2005.

A significant amount of feedback was received from stakeholders to inform the Strategic Plan. This included consultations and surveys from staff, community partners, external stakeholders, patients, clients, residents, and families. Guidance was also taken from the Provincial Government's Strategic Directions. The goals and objectives for each of the issues outlined in the Plan will guide the organization toward the vision of Our People, Our Communities – Healthy Together. The three priority issues in the 2020-2023 Strategic Plan include: Our People, Quality and Safety, and Innovation. The three strategic goals include:

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

Detailed updates on the objectives, indicators and accomplishments for the three strategic goals are outlined in the Western Health 2021-2022 Annual Report.

Quality Framework

Within Western Health, quality is viewed from the perspective of the people we serve and embedded in the work we do. In 2021/22, Western Health continued the implementation of the recently revised Quality Improvement (QI) Framework, which supports an integrated, consistent approach to quality and allows a common understanding of Western Health's approach to quality improvement. The QI Framework was developed to guide Western Health in its relentless pursuit of providing exemplary care experiences and best possible outcomes for everyone, everywhere, every time. The Framework is grounded in and centered around people, continuous improvement, learning, and engagement. The

Framework supports the achievement of Western Health's vision: Our People, Our Communities - Healthy Together, and the strategic priorities.

The implementation of the QI Framework saw the creation of 16 Regional Quality and Safety Improvement Teams (QI Teams) with a mandate to identify, recommend, and monitor quality of care and patient safety goals, outcomes and strategies as outlined by the regional program. The QI Team structure provides an opportunity for physicians to participate in, identify, co-lead and co-design quality improvement initiatives to enhance care processes and outcomes for patients with other team members, including patient partners. As of March 31, 2022, most QI Teams were formed and were in various stages of development. In 2021/22, some very early adopters completed their annual work plans and identified priority areas.

The Team Effectiveness Questionnaire (TEQ) is a tool developed to assess the current effectiveness of the QI Teams. The results provide indicators of areas that are working well and provide an opportunity for discussion and planning to address any concerns or deficits identified that need to be improved to increase effectiveness. In 2021/22, the TEQ was completed with three QI Teams, including Mental Health and Addictions, Emergency Care, and Long Term Care.

Work will continue in 2022/23, in support of the Quality and Safety Strategic Goal, to further expand implementation of the Framework and establish the remaining QI Teams throughout the organization.

HIROC Risk Assessment Checklist

The 2021/22 fiscal year was the third year in the four-year cycle of the HIROC Risk Assessment Checklist Program. Risk Assessment Checklists, also referred to as RAC, are innovative tools that enable health care organizations to systematically self-assess compliance with evidence-based mitigation strategies for HIROC's top risks. The top risks are ranked by those which lead to greatest harm and significant medical malpractice claims.

The top three RAC modules being worked on by Western Health in 2021/22 were visitor falls, misinterpretation of laboratory and diagnostic imaging, and failure to perform or communicate critical test results.

Patient Safety Plan 2021 - 2023

Western Health's Regional Client Safety Committee was restructured in 2021/22, with new membership and a revised Terms of Reference. The Committee's main goal is to develop,

implement and evaluate a comprehensive Patient Safety Program for Western Health. A Patient Safety Plan was developed for 2021 to 2023, with three main goals:

1. Implement measures to ensure health services are safe and free from preventable harm.
2. Enable people using health services to be equal partners in planning, developing and monitoring safe care.
3. Ensure patients have timely and equitable access to quality health services.

Ethics

The Quality program continued to lead and promote ethics within the organization, which included the promotion of various education opportunities in partnership with the Provincial Health Ethics Network of Newfoundland and Labrador (PHENNL), presentations by the Regional Manager Research and Evaluation to departments as requested, and development of Fast Facts and other resources promoted on the intranet and in the Western Health Newsletter. The Ethics Committee also supported other departments through their review of three policies from an ethics standpoint.

As the COVID-19 pandemic continued in 2021/22, provincial ethics consultations took place related to the pandemic. During 2021/22, Western Health participated in eight provincial COVID-19 consultations, which involved topics such as mandatory vaccination, vaccine passports, and various distribution plans. Other non-COVID-19 ethics consultations also took place within the region with support of PHENNL. During 2021/22, there were two ethics consultations requested by Western Health that were supported in collaboration with PHENNL. The first was initiated by a family regarding a Community Support Program client care plan and included a consultation with PHENNL director and the care team. The second was regarding a Mental Health Services client care plan and included a formal consultation with the care team, client, and a Memorial University Bioethicist. There were an additional two ethics consults that were supported by the Regional Manager Research and Evaluation but did not involve a formal ethics consult with PHENNL. These consults involve ethical concerns brought forward from staff and program areas in which the Regional Manager Research and Evaluation provided guidance on the Ethics Framework, ethics policy, or ethics decision making process.

During 2021/22, Western Health completed an evaluation of the organization's Ethics Framework. The evaluation included an internal evaluation of the Ethics Committee; a review of current best practices for ethics frameworks and Accreditation Canada standards; a review of ethics resources from the other RHAs, PHENNL, and other Canadian health organizations; and surveys with internal stakeholders and external partners to evaluate the awareness, use, and satisfaction with the various components of the Ethics Framework. The

evaluation report will be shared with all stakeholders and used to inform revisions to the Ethics Framework in 2022/23.

Client, Family, and Community Engagement

Person and Family Centred Care

An important feature of a quality and safety culture is an emphasis on person and family centred care (PFCC). PFCC refers to an approach to care that guides all aspect of planning, delivery and evaluating services, with the foundation being mutually beneficial partnerships between clients, families, and health care staff and service providers. Providing PFCC means working collaboratively with clients and their families to provide care that is respectful, compassionate, culturally safe, and competent, while being responsive to their needs, values, cultural backgrounds and beliefs, and preferences.

An objective of the Quality and Safety Strategic Goal for 2021/22 was to enhance PFCC and improve patient and family partnerships with all aspects of quality and safety. To do this, an additional six Advisors were recruited, five of which participate on regional QI teams.

A PFCC e-learning for staff was developed and finalized in 2020/21, and was promoted to all staff and new hires as a core competency in 2021/22. As of March 31, 2022, 809 staff had completed the e-learning. To support staff working with Advisors on regional QI teams and initiatives, potential education and orientation materials were gathered for review and adaptation. These will be finalized and implemented in 2022/23. In addition, specific quality improvement resources and education materials were developed to support Advisors participating on regional QI teams and initiatives, and the drafts were shared with the PFCC Steering Committee for review and feedback. These will be finalized and implemented in 2022/23.

A working group was also established in 2021/22 to plan and implement an evaluation of Western Health's PFCC Framework. The Public and Patient Engagement Evaluation Tool (PPEET) developed by McMaster University was chosen to be adapted for use at Western Health. In 2021/22, the evaluation working group reviewed the survey tool for Advisors, which was contextualized and inputted into Western Health's electronic survey platform. In the upcoming 2021/22 fiscal year, this survey will be reviewed by the PFCC Steering Committee, finalized, and promoted to all Western Health PFCC Advisors to complete.

Community Engagement

Western Health continued engagement with community partners and external stakeholders through a variety of mechanisms in 2021/22. There are seven Community Advisory Committees (CACs) throughout the Western region. While there were some struggles with meeting during the pandemic, Western Health continued efforts to engage existing members and recruit new members. The committee members were included in opportunities to engage with senior team for community consultations, provided COVID updates pertaining to their areas, and regular CAC meetings were held wherever possible. Additionally, QI Teams and individual departments also endeavored to engage community partners and individuals with lived experience in the design and evaluation of programs and initiatives wherever possible. One example in 2021/22 was the Community Partner Engagement Sessions, which were hosted by the Board of Trustees of Western Health, along with senior executive. Through these seven sessions, Western Health was able to connect with community partners to obtain valuable input to help inform the priorities for the 2023-26 Strategic Plan. Sessions were held with community partners from each of the seven Health Neighbourhoods and over 60 community partners virtually connected either by Microsoft Teams or by phone. Overall feedback from participants was positive, with participants expressing their appreciation for the sessions and the importance of collaboration with community partners.

Indigenous Community Engagement and Cultural Awareness

The Journey of Collaboration project is a partnership between Western Health, Qalipu First Nation, WRSON, Grenfell Campus-Memorial University, and the Mi'kmaw community. During 2021/22, project work continued and a framework and action plan were developed that will support improvement of health and wellness outcomes and access for Indigenous peoples of the Western region. The Journey of Collaboration Framework lays the foundation for a health care system that follows a two-eyed seeing approach which benefits all people. It has three core principles: share, include, and collaborate, which community consider essential to the co-design of health and wellness programs. Progress will be made on this journey through weaving together the principles of inclusion, sharing, and collaboration to create a braid which encompasses holistic health and wellness for all. The braid serves as a reflection of and to honor the ancestors and the culture of the Mi'kmaw people. Its explicit purpose is to show the strength that comes from the interconnectedness of the three principles of sharing, inclusion, and collaboration with the whole being exponentially stronger than the sum of its parts.

Western Health staff continued to participate in cultural awareness activities and initiatives to support a culturally safe approach to providing services. Staff participated in

remembrance activities when remains of children were found at former Indian Residential Schools. They also participated in Orange Shirt Day and an education event on the Calls of Action of the Truth and Reconciliation. In July 2021, MHA staff who are part of the Eastern Door Feather Carriers program supported a ceremony to memorialize Indigenous children. The Corner Brook FACT team also built a connection with Qualipu Mi'kmaw First Nation during 2021/22 to offer Medicine Walk sessions to FACT clients. These sessions were well received and had a high turnout of both clients and staff. There have been discussions to offer additional sessions in the upcoming fiscal year.

Volunteer Engagement

Inclusion of volunteers across the organization is another way that Western Health engages and partners with the community. Although volunteers were limited in their capacity to provide their usual participation in 2021/22 due to the COVID-19 pandemic, they were quick to assist when needed. Volunteers in the community continued to assist Western Health through donations to various programs such as the Comfort Care Cupboards at Long Term Care (LTC) and donation of lap quilts and knitted shawls for the Cancer Care and Dialysis units. When the Provincial Government announced the return of volunteers to the RHAs, Western Health quickly reviewed and updated COVID-19 safety measures to ensure that volunteers would have the proper education and training when they returned. Within one hour of contacting the friendly visitor volunteers about returning, Volunteer Resources had a schedule competed for the initial weeks of their return. Volunteers have shared that they are very happy to be back doing their important work with Western Health.

Client Relations

The contact information for the Client Relations Office was increasingly provided on various media releases in response to major key events during 2021/22, such as COVID-19 related changes, environmental impacts such as weather events and road closures, and the provincial cyberattack event.

The Client Relations Manager provided the initial intake of 93% percent of submitted complaints and ensured clients, patients, residents and families were provided with empathy, direction, and an explanation of the complaints handling process. Of the complaints received, 97% were acknowledged within the provincial benchmark of three business days and 90% were resolved within the provincial benchmark of 21 days. The top five concerns, or complaint, categories were: access (i.e., clients without a primary care provider), communication (i.e., breakdown, disagree, misunderstanding in conversations), policy (i.e., disagree with COVID-19 restrictions or other policies), quality of care (i.e., not satisfied with

the level of care provided) and wait-time for service (i.e., delay in procedures, appointments). Of note, approximately 30% percent of complaints were related to the impacts of COVID-19, such as visitation restrictions, procedure cancellations, or issues relating to COVID-19 vaccines and testing.

Experience of Care

The implementation of the client/patient/resident/family experience survey cycle continued in 2021/22. The Long Term Care (LTC) and Emergency Care Experience Survey results and one-page summaries were shared in 2021/22. The Acute Care Experience Survey was implemented in Fall 2021 but paused due to the multiple emergency response incidents happening at the time. Likewise, the Community Support Program Experience Survey launch was planned for January 2022 but delayed to Spring 2022. These surveys, as well as the Ambulatory Care Experience Survey, will be completed in 2022/23. Information from these surveys is used to support program and organizational planning and improvement activities. Two key indicators that are tracked from the surveys are overall quality of care and inclusion of clients and families in decision-making regarding health services. As outlined in Table 18, Western Health has continued to perform well on both of these indicators.

Table 18. Western Health Experience of Care Indicators

Indicator		**2015-2019 Survey Cycle**	**2019-2023 Survey Cycle**
Overall experience of care rating	Mental Health and Addictions	83%	**82%**
	LTC (Resident)	8.7	**9.0**
	LTC (Family)	9.2	**8.6**
	Emergency Care	6.8	**6.7**
	Acute Care - Inpatient	7.9	**n/a**
	Community Support	9.4	**n/a**
	Ambulatory Care	8.9	**n/a**
Patient involvement in decision-making	Mental Health and Addictions	89%	**90%**
	LTC (Family)	81%	**84%**
	Emergency Care	80% *(doctors involved)*	**74%** *(health care providers involved)*
	Acute Care - Inpatient	87%	**n/a**
	Community Support	97%	**n/a**
	Ambulatory Care	94%	**n/a**

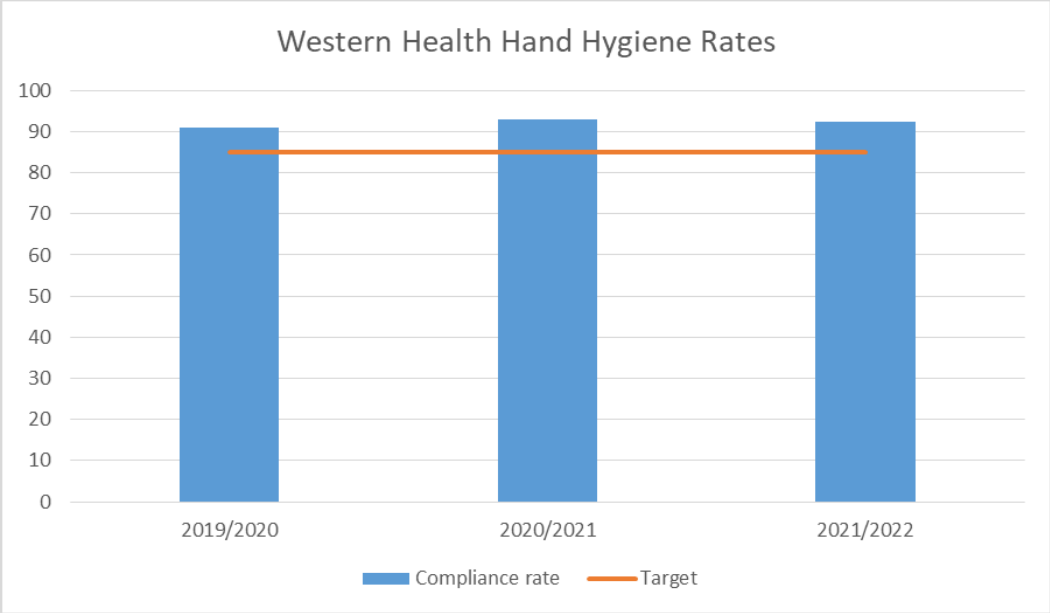
Source: Western Health, 2022

Client, Patient, and Resident Safety

Western Health is committed to providing safe health care to residents of the Western region. As such, building a culture of quality and safety is an essential priority for Western Health. During 2021/22, Western Heath continued to focus on actions to improve outcomes and care experiences for clients, patients, residents, and families while promoting safety.

Safety is integrated into all programs and services. In addition to the various safety measures implemented in 2021/22 in response to the COVID-19 pandemic, many other safety initiatives have been continued or implemented across the continuum of care, including suicide awareness and screening, recognition of clinical deterioration, risk assessment and management, safe patient and resident handling, medication reconciliation, and hand hygiene.

Figure 7. Regional Hand Hygiene Compliance – Annual Trends



Source: Western Health, 2022

The hand hygiene program was a continued success in 2021/22. As shown in Figure 7, the overall hand hygiene rate for Western Health in 2021/22 was 92.5% and was above the target compliance rate of 85%. The overall rates within the region continued to improve and units continued to improve on the goal of completing 50 observations per month. Western Health implemented hand hygiene monitors to display facts and compliance rates at Western Memorial Regional Hospital (WMRH), Sir Thomas Roddick Hospital (STRH), and Dr. Charles LeGrow Health Centre (LHC). The Infection Prevention and Control team intends to expand this technology to other sites during the 2022/23 fiscal year.

Western Health monitors a variety of safety indicators, both those measured solely internally and those reported by CIHI. Key indicators include hospital harm rate, hospital standardized mortality ratio (HSMR), as well as other hospital harm and outbreak indicators, as outlined in Table 19 and Table 20.

Table 19. CIHI Safety Indicators

Indicator	Western Health	NL	Canada
Hospital Harm Rate	2018/19 – 4.1 2019/20 – 3.7 **2020/21 – 6.2** **2021/22 – 5.2**	n/a	2018/19 – 5.3 2019/20 – 5.4 **2020/21 – 5.9**
Hospital Standardized Mortality Ratio (HSMR)	2017/18- 87 2018/19 – 103 2019/20 – 112* **2020/21 –74***	2017/18- 109* 2018/19 – 116* 2019/20 – 117* **2020/21 – 113***	2017/18- 89 2018/19 – 97 2019/20 – 95 **2020/21 – 96**
In-hospital sepsis (per 1000)	2017/18 – 3.4 2018/19 – 3.6 2019/20 – 3.2 **2020/21 – 5.6**	2017/18 – 3.4 2018/19 – 2.8 2019/20 – 3.1 **2020/21 – 4.4**	2017/18 – 4.0 2018/19 – 3.9 2019/20 – 3.9 **2020/21 – 4.3**
Worsened pressure ulcer in LTC	2017/18 – 0.7% 2018/19 – 1.0%* 2019/20 – 1.2%* **2020/21 – 1.3%***	2017/18 – 1.9% 2018/19 – 1.9%* 2019/20 – 1.6%* **2020/21 – 1.7%***	2017/18 – 2.8% 2018/19 – 2.7% 2019/20 – 2.6% **2020/21 – 2.7%**
Falls in the last 30 days in LTC	2017/18 – 13.4% 2018/19 – 11.1%* 2019/20 – 12.4%* **2020/21 – 11.7%***	2017/18 – 10.5% 2018/19 – 10.4%* 2019/20 – 10.4%* **2020/21 – 10.2%***	2017/18 – 16.3% 2018/19 – 16.7% 2019/20 – 16.7% **2020/21 – 16.7%**

* - Statistically different than Canadian average
Source: CIHI, 2022

Table 20. Western Health Safety Indicators

Indicator	2020/21	2021/22
Percentage of new LTC residents who move to LTC from acute care.	84%	**66%**
Outbreaks in LTC (number and duration)	1 (10 days)	**11 (190 days)**

Outbreaks in acute care (number and duration)	0	**5 (92 days)**
Percentage of targeted inpatient units with National Early Warning Signs Score (NEWS2) implemented	18%	**91%**

Source: Western Health, 2022

The hospital harm rate measures the unintended occurrences of harm in acute care hospitals that could have been potentially prevented by implementing evidence-informed practices. The indicator includes 31 clinical groups that fall under four categories of harm: health care–and medication-associated conditions, health care–associated infections, patient accidents, and procedure-associated conditions. This is measured as a crude rate, per 100 hospitalizations, based on discharges. A lower rate for this indicator is desirable and Western Health's rate decreased from 6.2 in 2020/21 to 5.2 in 2021/22 (CIHI, 2022).

The common causes of hospital harm were explored in 2020/21, with medication errors and falls being the most frequent hospital harm related occurrences. A Medication Errors Fast Fact was shared with staff in 2021/22 as a collaborative effort between Quality and Risk and the Regional Medication Safety Committee. During 2022/23, review of Hospital Harm Reports will continue on a regular basis to determine priority areas for further review and follow-up.

Hospital Standardized Mortality Ratio (HSMR) is the ratio of the actual number of in-hospital deaths in a region or hospital to the number that would have been expected, based on the types of patients a region or hospital treats. As outlined in Table 19, Western Health's rate dropped significantly from 112 in 2020/21 to 74 in 2021/22 and is now below the provincial and national rates.

Western Health's Health Records department has a process for ensuring data quality for HSMR that involves reviewing death charts every quarter to identify palliative cases. This process has recently been expanded regionally.

Western Health has recognized the relationship between failure to recognize deteriorating patients and HSMR. Through completion of the HIROC Risk Assessment Checklist, failure to appreciate changes in deteriorating patients was identified by Western Health as one of the organization's top three risks. Strategies to mitigate this risk have been identified for implementation.

Clinical deterioration that is not promptly recognized can result in increased morbidity and mortality. To reduce preventable patient harm, there was a focus on the Regional Deteriorating Patient Initiative in 2021/22, which involves the adoption of the National Early Warning Score (NEWS2) to provide staff with a standard approach to recognize early warning signs of clinical deterioration. Part of the initiative also includes embedding the

Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) Framework in implementation of NEWS2. The TeamSTEPPS framework aims to improve patient safety through effective communication and teamwork skills, it provides teachable, learnable skills that lead to better teamwork, communication, leadership, situation monitoring, and mutual support within and among teams. The Early Warning Signs (EWS) Pathways for acute care and rural health were implemented in 2021/22. These pathways provide health care providers with competencies in acute illness assessment and clinical management. Also in 2021/22, a Regional Deteriorating Patient Policy was developed, and supporting training provided. Training topics included NEWS2, TeamSTEPPS, and the EWS Pathways.

Appropriateness and Effectiveness

Appropriateness and effectiveness are defined by CIHI as providing care to only those who could benefit, thus reducing the incidence, duration, intensity, and consequences of health problems (CIHI, 2021). Performance indicators are monitored by CIHI to assess health care appropriateness and effectiveness (Table 21). Compared to Canada, Western Health is performing on average or better for all patients readmitted to hospital, medical patients readmitted to hospital, surgical patients readmitted to hospital, pediatric patients readmitted to hospital, potentially inappropriate use of antipsychotics in LTC, and low risk caesarean sections. However, Western Health is statistically significantly higher than the Canadian average for restraint use in LTC (CIHI, 2022).

Table 21. CIHI Appropriateness and Effectiveness Performance Indicators

Indicator	Western Health	NL	Canada
All patients readmitted to hospital (%)	2017/18- 8.2* 2018/19 – 8.9 2019/20 – 9.2 **2020/21 – 9.0**	2017/18- 9.2 2018/19 – 9.3 2019/20 – 9.5 **2020/21 – 9.3**	2017/18- 9.2 2018/19 – 9.4 2019/20 – 9.5 **2020/21 – 9.4**
Hospital deaths following major surgery (%)	2017/18- 1.5 2018/19 – 1.0 2019/20 – 2.2* **2020/21 – 1.6**	2017/18- 2.1* 2018/19 – 1.7 2019/20 – 1.8 **2020/21 – 2.1**	2017/18- 1.6 2018/19 – 1.6 2019/20 – 1.5 **2020/21 – 1.7**
Medical patients readmitted to hospital (%)	2017/18- 12.2* 2018/19 – 12.8* 2019/20 – 13.4 **2020/21 – 13.8**	2017/18- 13.9 2018/19 – 13.7 2019/20 – 14.3 **2020/21 – 14.1**	2017/18- 13.7 2018/19 – 14.1 2019/20 – 14.2 **2020/21 – 14.1**

Indicator	Western Health	NL	Canada
Obstetric patients readmitted to hospital (%)	2017/18- 1.3 2018/19 – 1.5 2019/20 – 1.9 **2020/21 – 2.1**	2017/18- 2.3 2018/19 – 2.5 2019/20 – 2.9 **2020/21 – 2.6***	2017/18- 2.1 2018/19 – 2.2 2019/20 – 2.2 **2020/21 – 2.0**
Surgical patients readmitted to hospital (%)	2017/18- 6.6 2018/19 – 6.5 2019/20 – 6.9 **2020/21 – 5.7***	2017/18- 6.5 2018/19 – 2.5 2019/20 – 6.5 **2020/21 – 6.4***	2017/18- 6.8 2018/19 – 2.2 2019/20 – 6.8 **2020/21 – 7.0**
Pediatric patients readmitted to hospital (%)	2017/18- 6.2 2018/19 – 7.6 2019/20 – 7.4* **2020/21 – 5.9**	2017/18- 6.1 2018/19 – 7.2 2019/20 – 6.8 **2020/21 – 6.3**	2017/18- 6.9 2018/19 – 6.9 2019/20 – 6.9 **2020/21 – 6.6**
Low-Risk Caesarean Sections (%)	2017/18-6.1 2018/19 – 27.4* 2019/20 – 6.1* **2020/21 – 7.4***	2017/18-14.7 2018/19 – 18.3 2019/20 – 12.3 **2020/21 – 17.1**	2017/18-16.2 2018/19 – 16.3 2019/20 – 16 **2020/21 – 17.6**
Potentially Inappropriate Use of Antipsychotics in LTC (%)	2017/18- 32.4* 2018/19 – 27.1* 2019/20 – 20.3 **2020/21 – 21.7**	2017/18- 35.4* 2018/19 – 28.2* 2019/20 – 23.1 **2020/21 – 22.3**	2017/18- 21.1 2018/19 – 20.7 2019/20 – 20.2 **2020/21 – 22.0**
Restraint Use in LTC (%)	2017/18- 9.0* 2018/19 – 8.2* 2019/20 – 7.0* **2020/21 – 9.7***	2017/18- 12.1* 2018/19 – 12.4* 2019/20 – 11.1 **2020/21 – 10.5***	2017/18- 5.7 2018/19 – 5.2 2019/20 – 4.6 **2020/21 – 5.6**
High users of Hospital Beds (per 100)	2017/18-5.1 2018/19 – 5.3* 2019/20 – 5.4* **2020/21 – 4.9**	2017/18-4.7 2018/19 – 4.7 2019/20 – 4.8 **2020/21 – 4.3**	2017/18-4.5 2018/19 – 4.6 2019/20 – 4.7 **2020/21 – 4.6**

* - Statistically different than Canadian average
Source: CIHI, 2022

The indicator for restraint use in LTC looks at how many LTC residents are in daily physical restraints. A lower rate is better. Restraints are sometimes used to manage behaviours or to prevent falls. Restraint use grew in 2020/21, after a continual decline from 2017/18 to 2019/20. While remaining lower than the provincial rate, Western Health is higher than the national rate. This increase may have been impacted by visitor restrictions and limitations during the COVID-19 pandemic. Western Health has a definition clarification and education process for staff who report on restraint use. With this increased knowledge, it was expected there would be higher reporting. Western Health also participates in a provincial working group on the use of restraints in LTC.

Access

Access is defined by CIHI (2021) as getting needed care at the right time, without financial, organizational, or geographical barriers.

Wait Times

To improve the measurement of access to services and wait times within priority areas, a wait time inventory of services offered by Western Health was developed and displayed on the Western Health intranet via a Wait Time Inventory Widget in December of 2021. Program areas provide an updated wait time each fiscal quarter for intranet updates. Key wait time indicators are outlined in Table 22. The calculation of wait times varies and is dependent on each specific type of program or service. The Wait Time Inventory supports health care providers throughout the organization by enabling access to relevant information on current wait times in key areas and supports informed decision making and open communication with patients and clients on wait times for specific services.

Table 22. Western Health Wait Time Indicators

Indicator	2020/21	2021/22
Median wait time (in days) for MRI scan	64 days	**24 days**
Median wait time (in days) to LTC admission	100 days	**48 days**
Total hip replacement (% within 182 day benchmark)	79.2%	**80.8%**
Total knee replacement (% within 182 day benchmark)	77.3%	**75%**
Urgent colonoscopy (% within 14 day benchmark)	57.4%	**66.4%**
Cataract surgery (% within 112 day benchmark)	46%	**90.5%**

Source: Western Health, 2022

In 2021/22, a jurisdictional scan of best practices was completed and compared to the current Wait Time Inventory. The comparison generated recommendations to address gaps in wait time reporting and services that have wait time outside current benchmarks. Validating these recommendations in collaboration with key stakeholders will be a focus in 2022/23.

Elective joint replacement surgery wait times were affected by COVID-19 pandemic, as elective surgeries were often canceled during the peak of pandemic response. Initiatives,

such as same day joint replacement surgery, are being explored provincially to help reduce the wait lists. The Endoscopy Working Group continued to monitor wait times for urgent colonoscopy. An Endoscopy Coordinator was hired in 2021/22, which is also expected to assist in implementing initiatives to reduce wait times.

Mental Health and Addiction Services

Wait time data for MHA Services is now available for over 14 years and reports are providing significant information to drive change, identify gaps, and celebrate successes. All referrals in 2021/22 continued to be prioritized and the medium wait times (MWT) are reflective of prioritization, in that the MWT for priority 1 is less than the other priorities. The established benchmarks for wait times based on priority are: P1 – 30 days, P2 – 90 days, and P3 – 182 days. The MWT for Mental Health Services combined for the region were: P1 – 35 days, P2 – 43 days, and P3 – 36 days. The MWT for Addiction Services combined for the region were: P1 – 16.5 days, P2 – 1 day, and P3 – 30.5 days. As of March 31, 2022, there were 124 people waiting for MHA service with intake completed. This is a decrease from 369 from the previous year. Of those waiting, 107 can access the walk-in service and 17 people are waiting for specialized services (Western Health, 2022).

In the 2021/22, there were 6303 psychiatry outpatient appointments, which is an increase of 11.9%, from 2020/21. Of these, there were 771 new appointments and the MWT for new clients was 54 days. This wait time was comparable to the data from the previous year (Western Health, 2022). Significant work continued in 2021/22 to improve access to outpatient psychiatry. The child and youth psychiatry services transitioned to be offered through a provincial model from the Janeway outpatient psychiatry service. The MCR Team provided coordination of new psychiatry referrals and assessment clinics.

Access to MHA programs continued to be a priority for Western Health during 2021/22. As part of the COVID-19 response, Doorways rapid access counselling service was expanded to 5 days per week throughout the entire region. Evening clinics continued to be available for walk-in or video and telephone services in Corner Brook and Stephenville, while afterhours appointments were available upon request at the other sites. The rebranding of the Doorways program to “one session at a time” had a positive impact on access to service. Doorways helped individuals to access service when it is most needed and prevented people from being on the waitlist unnecessarily. In January 2022, an implementation team, which included people with lived experience, worked to develop a model of drop-in counselling services that aims to eliminate the wait time for services. Implementation is planned for April 2022.

Centralized triage was implemented in May, 2021. Triage is a brief assessment, completed to gain a synopsis of presenting concerns, in order to direct individuals to the appropriate service in a timely manner. All referrals for adult MHA Services are now directed to the MCR

team and children and youth referrals are now directed to Blomidon Place to be completed. Individuals are contacted within three days of receipt of a referral. During this telephone contact, the triage assessment is completed, priority for service determined, and individuals are informed of treatment options available along the continuum of services.

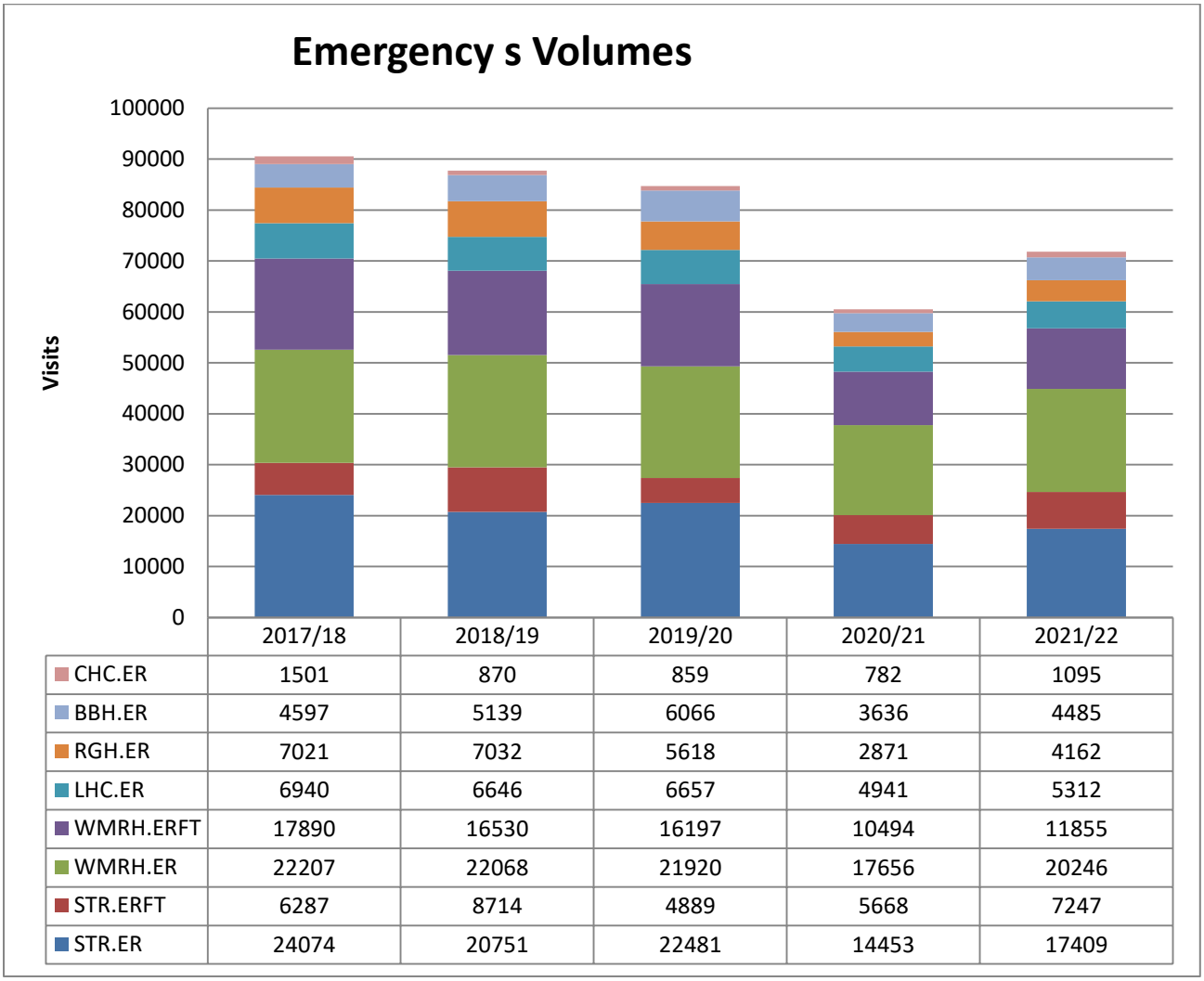
Western Health also worked with Department of Health and Community Services and the other RHAs, as well as partners and stakeholders across the province, to finalize the provincial Stepped Care Model for MHA Services. Stepped Care is an evidence-based model of care that organizes care according to the least intensive and most effective options, so that clients have the greatest likelihood of improvement with the most cost-effective, minimally invasive intervention. The goal of this model is to provide the right care, at the right time, by the right person. Access to services will include a standardized processes for referral and triage. It expected that clients will be able to access services through 811, the bridge the gapp website, or through Doorways at local offices. This model will be implemented in 2022/23. Educations sessions and webinars are being developed to support staff and partners at all levels and will be spread widely throughout the province.

Emergency Care

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

Of note in Figure 8 is that, while there was an increase in visits from 2020/21 to 2021/22, the overall volumes in 2021/22 remained considerably lower than pre-pandemic volumes. The continued reduction in visits may be attributed to the lower number of visits to the ED during the pandemic, as this trend was noted across Canada.

Figure 8. Emergency Department Volumes by Site



	2017/18	2018/19	2019/20	2020/21	2021/22
CHC.ER	1501	870	859	782	1095
BBH.ER	4597	5139	6066	3636	4485
RGH.ER	7021	7032	5618	2871	4162
LHC.ER	6940	6646	6657	4941	5312
WMRH.ERFT	17890	16530	16197	10494	11855
WMRH.ER	22207	22068	21920	17656	20246
STR.ERFT	6287	8714	4889	5668	7247
STR.ER	24074	20751	22481	14453	17409

Source: Western Health, 2022

During 2021/22, the medicine program was also successful in the establishment of a Regional Emergency Care QI Team, which consists of representatives of the Emergency department across the region, Quality department staff, and two very engaged PFCC Advisors. In April 2021, a work plan was developed to guide quality improvement work. Actions for 2021/22 included reviewing and identifying work required for unmet ED Accreditation standards, implementation of a regional patient experience survey, implementation of recommendations from a quality review, and a review of the ED scorecard with a focus on improving wait times.

The wait times for access continues to be a priority for the EDs and the ED working group. Collaboration with local medical clinics and other identified areas is key to identifying solutions to inappropriate ED use. In addition, initiatives to address access to primary care services are anticipated to decrease the influx of patients to the ED for non-urgent medical

needs. Some of these initiatives include the Regional Virtual Care Clinic, the Patient Health Home Model, and innovative primary care provider waitlist processes, as well as provincial exploration of the potential ability of the existing 811 program to provide requisitions and follow up for testing. Improvements in inappropriate ED access and increased access to primary care providers are anticipated to support decreasing overall ED volume and improving wait times for the higher acuity patients.

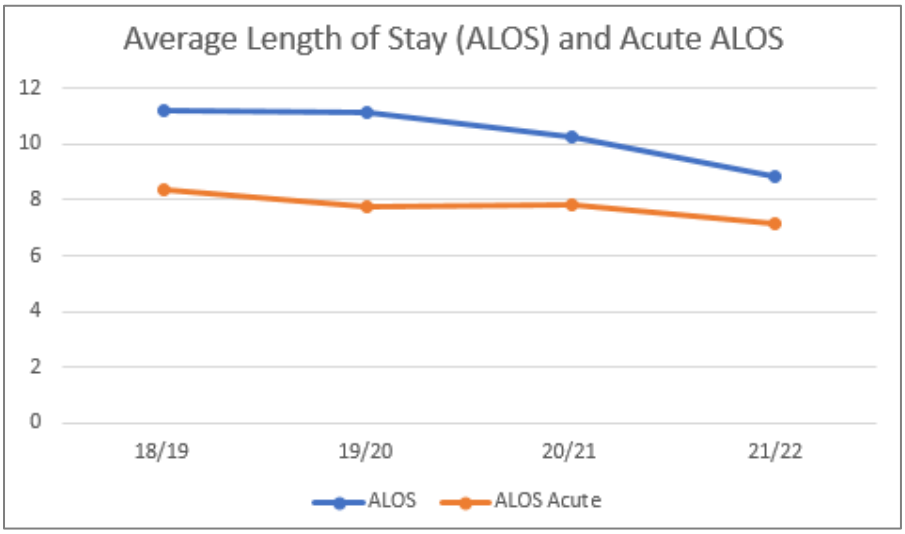
Better Value

Patient Flow

Western Health tracks a number of additional patient flow indicators, as outlined in Figure 9, Figure 10, and Table 23. The organization has continued to implement strategies to improve patient flow. While many of the patient flow indicators are reported through the Patient Services branch, flow within acute care units is a continuous collaborative effort across all disciplines, programs, and facilities.

Length of stay (LOS) is the total length of time that a patient is occupying an acute care bed, from admission to discharge. Average length of stay (ALOS) is the average length of stay of all patients, while acute average length of stay (Acute ALOS) is the average length of acute days for patients in hospital. Western Health also calculates the expected length of stay (ELOS) for all patients. ELOS is calculated based on the patient's diagnosis, age category, and resource intensity. ELOS is modeled nation-wide and is used as an indicator of acute care efficiency.

Figure 9: Average Length of Stay (ALOS) and Acute ALOS

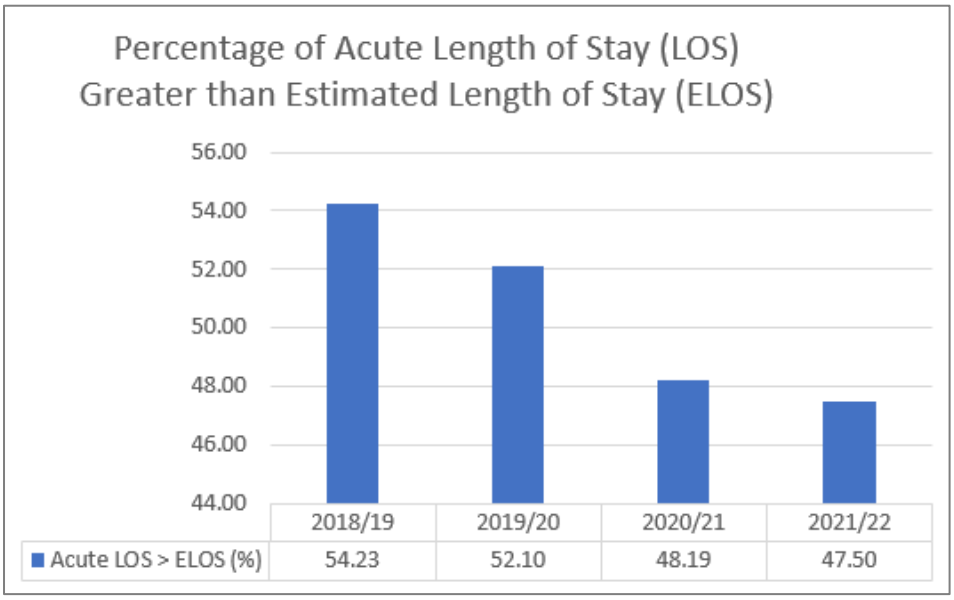


Source: Western Health, 2022

Figure 9 illustrates the trending regional ALOS compared to the trending regional Acute ALOS. The regional ALOS, which includes both acute and non-acute patient populations, decreased from 10.25 in 2020/21 to 8.84 in 2021/22. Comparably, regional ACUTE ALOS saw a smaller decrease from 6.31 in 2020/21 to 6.16 in 2021/22. These results indicate that acute patients were being discharged closer to target LOS and the non-acute patient population was also discharged or transferred earlier during the course of admission. With

the variance between ELOS and Acute ALOS decreasing from 1.06 days in 2020/21 to 1.01 days in 2021/22, Western Health also saw improvement in acute care efficiency in 2021/22, getting closer to reaching the nationally set benchmarks for LOS.

Figure 10: Acute ALOS > ELOS



Source: Western Health, 2022

Acute LOS>ELOS is the number of patients whose LOS is longer than the nationally set benchmark LOS days for their particular diagnosis, age category and resource intensity. As depicted in Figure 10, the Acute LOS>ELOS has continued to decrease, with rate of 47.5% in 2021/22.

Table 23. Patient Flow Indicators

Fiscal Year	Institution Name	ALOS	ELOS	Acute ALOS	Acute LOS>ELOS	ALC ALOS	ALC Cases	ALC Days
18/19	BBH	17.99	5.16	7.99	45.58%	75.10	20	1502
	CHC	9.42	5.22	6.53	47.44%	38.67	6	232
	CLHC	11.27	5.05	5.73	43.63%	35.94	66	2372
	RHC	10.49	3.89	7.61	55.56%	47.31	13	615
	STR	13.78	5.83	9.81	65.56%	36.76	125	4595
	WMRH	10.67	5.15	6.97	53.18%	54.66	452	24706
18/19 Total		**11.22**	**5.21**	**7.31**	**54.23%**	**49.89**	**682**	**34022**
19/20	BBH	17.59	5.02	6.26	42.14%	58.21	28	1630
	CHC	10.73	4.27	6.10	50.00%	40.57	7	284
	CLHC	8.68	4.38	4.94	43.69%	21.13	91	1923
	RHC	6.78	4.05	6.30	46.67%	9.47	19	180
	STR	13.04	5.85	10.10	66.73%	23.61	142	3353

Fiscal Year	Institution Name	ALOS	ELOS	Acute ALOS	Acute LOS>ELOS	ALC ALOS	ALC Cases	ALC Days
	WMRH	10.99	5.27	6.92	50.54%	47.38	551	26107
19/20 Total		**11.15**	**5.26**	**7.21**	**52.10%**	**39.95**	**838**	**33477**
20/21	BBH	15.11	5.23	6.32	42.15%	41.70	27	1126
	CHC	14.35	5.21	7.93	49.12%	73.20	5	366
	CLHC	7.61	4.46	4.98	47.59%	17.60	75	1320
	RHC	7.95	3.95	5.98	44.63%	13.90	21	292
	STR	11.77	6.33	8.72	56.57%	23.86	124	2959
	WMRH	10.13	5.11	6.00	47.04%	42.81	562	24058
20/21 Total		**10.25**	**5.21**	**6.31**	**48.19%**	**37.00**	**814**	**30121**
21/22	BBH	14.62	5.37	6.07	32.41%	50.84	19	966
	CHC	10.36	4.64	7.18	46.97%	35.00	6	210
	CLHC	10.37	4.57	5.71	54.42%	23.52	86	2023
	RHC	8.26	3.86	5.39	47.41%	17.29	28	484
	STR	12.98	6.26	9.95	61.58%	22.36	140	3131
	WMRH	7.93	5.04	5.56	44.93%	26.73	539	14406
21/22 Total		**8.84**	**5.15**	**6.16**	**47.50%**	**25.94**	**818**	**21220**

Institution Name:

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

Indicators:

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

Source: Western Health, 2022

Alternate level of care (ALC) patients are those who are in hospital for a non-acute reason and do not require the resource intensity of the bed they are occupying. These patients may have originally been admitted for an acute reason but are now medically stable and waiting discharge or transfer for reasons such as LTC or Personal Care Home placement, home supports, or a variety of other reasons. ALC is monitored and reported daily and monthly to the provincial Department of Health and Community Services. Table 26 depicts a favorable downward trend in ALC ALOS, from 37 days in 2020/21 to 25.94 days in 2021/22. While the total number of ALC cases remained relatively the same, from 818 in 2020/21 to 814 in 2021/22, the total ALC days decreased by 8901 days, indicating that the organization was able to discharge or transfer ALC patients more quickly in 2021/22.

A short stay Personal Care Home placement option was implemented in March 2022. This enables patients to receive safe care in the most appropriate location and supports a potential earlier discharge to their home. Individuals who need extra support are able to have a short stay in a Personal Care Home to receive the care they need without being admitted to hospital. Services are provided for up to four weeks in Personal Care Homes which have short stay placements available.

Virtual Care and E-Health

In addition to addressing geographic barriers to improve access, virtual care has played an integral role in sustaining service delivery throughout the pandemic. Additionally, virtual care has provided more accessible opportunities for staff training and professional development.

Western Health's Regional Virtual Care Steering Committee continued to provide leadership, direction, and support for virtual care in 2021/22. A Virtual Care work plan was developed for 2020-2023 and, despite many challenges during the 2021/22 fiscal year, incremental strategic gains continued to be made in improving the experience and efficacy of virtual care in Western Health. Opportunities for further enhancements such as the Regional Virtual Care Clinic, Collaborative Team Clinic workflows, virtual emergency departments, and e-mental health services will continue to be supported.

A Western Health leadership steering team, with representation from Primary Health Care, NLCHI, and Rural Health, submitted a successful application and participated in the Virtual Care Together Design Collaborative. The Collaborative, facilitated by Healthcare Excellence Canada and Canada Health Infoway, was an opportunity to avail of funding, evidenced-based education, and national information sharing to enhance virtual care in primary care. Participation in the collaborative supported efforts to access current evidence-based best practice information and tools; focus on model, process and practice development; and engage in information sharing. The tools, presentations, and support provided through this collaborative have been integral in developing service models, processes and practices that improve both the experience and efficacy of virtual health care in the Western region.

As of March 31, 2022, there were a total of 67 telehealth endpoints (hard-wired units), 28 EMR virtual visit clinics, and 80 iPads with Jabber accounts throughout the Western region. Table 24 also shows the number of virtual care sites, as well as platform accounts within the region as of March 31, 2021. This does not include videoconferencing platform accounts available through other e-health initiatives, such as the providers across MHA Services who utilize the videoconferencing platform with the Therapy Assistance Online (TAO) Program.

Table 24: Virtual Care by Platform/Modality Type, as of March 31, 2022

Virtual Care Platform	Number of sites or units	Use Examples
Jabber	350 individual accounts, 190 generic accounts	Used for a variety of programs and services. Available in all rural clinics, LTC, and acute care units in health centres.
Zoom for Health Care	60 accounts	
EMR Virtual Visits	28 Clinics	Services include: Primary Care, Regional Virtual Care Clinic, Diabetes Services, The BETTER program, specialists services (Pediatrics, Physiatrist, Geriatric Speciality, and Gender Clinics); flu shots and COVID-19 immunizations (Provincial)
Telehealth Endpoints (Hard-Wired Units)	67	Used to support various specialists' services. Some services require a health care provider with the client at the hard-wired telehealth unit. Used for a variety of other services that include but are not limited to Diabetes Services and MHA.
iPads	80	iPads with Jabber accounts available in all units of LTC sites in the region. Used for Primary Care, specialists, and allied health consults, as well as for family visits. All Personal Care Homes have iPads and an attached Primary Care Provider. All EDs and ICUs are also virtually connected.
Peripheral Devices (type and location)	Digital Stethoscopes: 5 with 10 additional ordered Digital Exam Cameras: (horus scopes + AMD) 12 in place and 2 additional ordered	Digital Stethoscopes: Located – BSGM, BBHC, WMRH Maternal/Newborn, CHC, RGHC Digital Exam Cameras: Located – BSG LTC, STRH (2), BSGM, RGHC, BBHC (2), WMRH, WLTC, LHC, CHC (2),
Remote Patient Monitoring Provincial Program	4 pathways (utilized in Western Health): 1. COVID-19 2. Pre- Cardiac (Diabetes) 3. Heart Failure 4. COPD	RPM Enrollments – Western Health Residents (statistics provided by RPM Provincial Program): 1. COVID-19: 38 – Jan 2021 – Dec 2021 13 – Jan 2022 – Mar 2022 2. Pre-Cardiac (Diabetes): 11 – Jan 2020 – Dec 2020 3 – Jan 2022 – Mar 2022

Virtual Care Platform	Number of sites or units	Use Examples
		3. Heart Failure: 3 – 2021 4. COPD Enrollments: 29 – Jan 2021 – Dec 2021 4 – Jan 2022 – Mar 2022

Source: Western Health, 2022

Throughout 2021/22, Western Health continued to support virtual visiting across the region to maintain connections between individuals receiving inpatient care and their families, caregivers, and loved ones when they were not able to visit in-person due to distance or during times of visitor restrictions. This initiative provided support, reduced stress, reduced isolation, and promoted overall well-being. In LTC, virtual visits were tracked for each site. As shown in Table 25, there were 4777 virtual visits in 2021/22 through videoconferencing, telephone connections, photo sharing, and email connections. These virtual visits increased during times of visitor restrictions. There were also some periods where Recreation Therapy staff were redeployed, resulting in some inabilities to complete the regularly planned virtual visits. Virtual visits were a way to connect families for ongoing support, as well as for special events and those challenging times of palliation and funerals.

Table 25: Total Long Term Care Virtual Visits

Total Long Term Care Virtual Visits: April 1, 2021 to March 31, 2022										
Type of Virtual Visit	**CBLTC**	**PCRs**	**WLTC**	**BSGLTCC**	**LHC**	**RGHC**	**BBHC**	**CHC**	**RCU**	**TOTAL**
Videoconference	1849	142	279	422	392	70	63	24	0	**3241**
Telephone	50	0	26	187	40	29	3	69	0	**404**
Photo Shares	82	43	50	168	62	262	51	370	0	**1088**
Emails	0	0	3	10	0	0	31	0	0	**44**
TOTAL	**1981**	**185**	**358**	**787**	**494**	**361**	**148**	**463**	**0**	**4777**

Source: Western Health, 2022

Regional Virtual Care Clinic

Continued Primary Care Provider (PCP) shortages and staffing instabilities in 2021/22 created challenges to maintaining consistent, appropriate, and equitable access to Primary Health Care (PHC). In response, the PHC team developed the concept and work plan for a Regional Virtual Care Clinic (RVCC). The goal of the RVCC is to provide a comprehensive and high-quality primary care adjunct that will maximize the use of resources and improve

access to virtual care for all areas of the Western region. It is envisioned that this virtual care clinic concept will be an opportunity to improve continuity of care by going beyond the episodic or one-time appointment-based concept. The end goal is to provide increased service to regional PHC waitlist patients and support existing patients of Western Health providers by supplementing current resources as appropriate. A soft launch in the Humber Valley - White Bay neighbourhood to trial a newly built EMR RVCC dashboard and trial the proposed workflows began on March 15, 2022. The phased expansion to other Health Neighbourhoods was hastened by needs identified in the Stephenville/Bay St George and Bonne Bay Health Neighbourhoods. As of March 31, 2022, the RVCC was operating, on a capacity limited basis, with initial feedback being very positive.

Patient Health Home Model

Within Western Health, PHC transformation and renewal is taking place under a new provincial approach called The Health Home Model of Team-Based Care or, the Health Home Model. The model involves a hub of team-based care within a community or region. Within the model, a collaborative PHC team provides or coordinates a comprehensive range of integrated services that meet the needs of individuals and communities throughout the lifespan based on the available resources of the Health Neighbourhood (Department of Health and Community Services, 2020). As shown in Table 26, Western Health saw increases in all areas targeted to improve Health Home access in 2021/22.

Table 26. Western Health Patient Health Home Indicators

Indicator	2020/21	2021/22
WH Primary care provider virtual care visits : % virtual visits by video (video/total)	0% (4/25356)	**0.33% (130/39468)**
# WH Primary Care providers using electronic medical record (EMR)	100% (36/36)	**100% (40/40)**
# Targeted sites with Collaborative Care Teams	n/a	**2**
# targeted sites with same day appointments	1	**2**
# Targeted sites with afterhours access	1	**2**
# Targeted sites with patient self- scheduling	n/a	**1**

Source: Western Health, 2022

Western Health has seven Health Neighbourhoods with 24 Health Homes (clinics) plus two travelling Health Homes (visiting clinics) to Grey River and Francois that provide primary care services (Physician/Nurse Practitioner services) to the area. May 2021 saw the opening

of the new Cox's Cove Health Home clinic. This clinic is housed in a newly renovated space, co-located with a community pharmacy and several town infrastructures, including the town office, community hall, daycare, and post office. Operating five days per week, 8:30am to 4:30pm, this clinic has a clerical onsite daily to support the 547 currently attached patients, as well as the continuing onboarding of new patients. A Nurse Practitioner provides virtual care three days per week from Corner Brook and in-person care in Cox's Cove two days per week. Telehealth services are available at this site.

The Health Neighbourhood website launched in 2020/21 as part of the Innovation Strategic Goal. The addition of a Health Neighbourhood widget on the Western Health website in 2021/22 provided the public with easy access to information about each of the seven Health Neighbourhoods. The website includes the *Find A Provider* email process whereby individuals who do not have a health care provider can submit their information to be added to a waitlist for attachment in their Health Neighbourhood. As of March 31, 2022, there were 4834 people on the waitlist to be attached and 415 emails waiting to be processed. The rate of attachment varied throughout the region and was directly related to staffing levels, position vacancies, and service models which limit capacity.

Timely access to care is one of the pillars of the Health Home and a key priority related to the Innovation Strategic Goal. Western Health's Health Home clinics continued actions in 2021/22 toward ensuring that there are dedicated same day appointments available for each health care provider. Eight Health Homes and the Regional Virtual Care Clinic now offer same day appointments. The number of same day appointments offered varies depending on capacity and the number of providers at the clinic.

Pomelo patient self-scheduling launched in October 2021 in Deer Lake Medical Clinic for three PCPs. Significant challenges related to managing technology, patient challenges, instability of provider schedules, and the departure of one permanent PCP stalled a regional roll out in 2021/22 and will require further review of the costs and benefits of continuing with Pomelo for Primary Care.

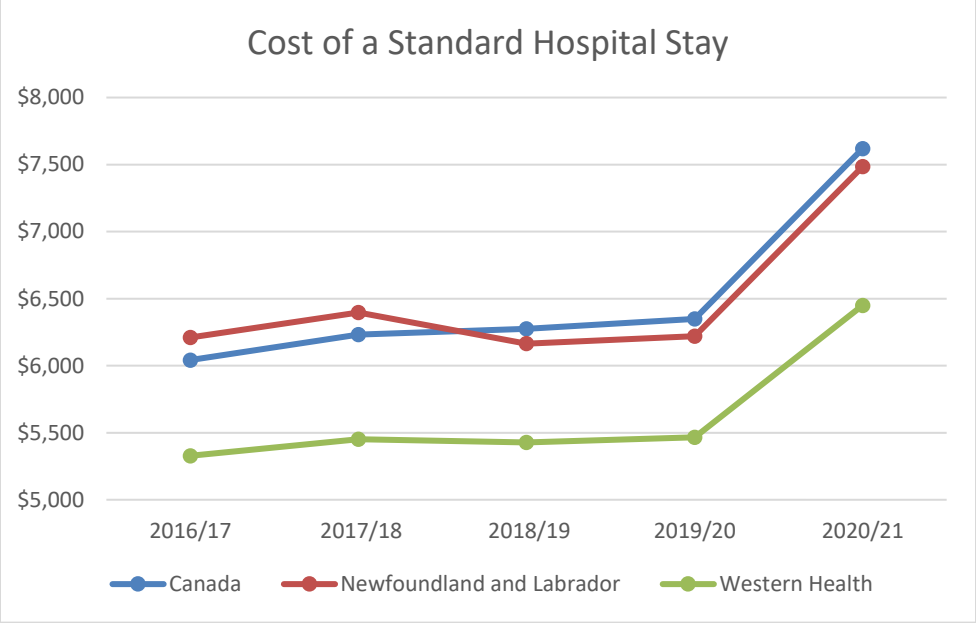
Efficiency

Health Care Spending

Health care spending has trended upwards since 1975 and it was forecasted that Canada would spend $308 billion, or $8,019 per person on health care in 2021. This represents 12.7% of Canada's Gross Domestic Product (GDP). Total health expenditure in Canada rose by 12.8% in 2020 due to pandemic response funding. Prior to the pandemic, from 2015 to 2019, growth in health spending averaged 4% per year. (CIHI, 2021).

Newfoundland and Labrador continues to spend more on health care than the national average, with a revised estimated health expenditure of $ 9,585 per capita in 2021, compared to $8,019 nationally (CIHI, 2021). As outlined in Figure 11, the cost of a standard hospital stay increased locally and nationally in 2020/21, although Western Health's average cost of a hospital stay has remained lower than NL and Canada. It is important to note that the 2020/21 results should be interpreted in the context of the COVID-19 pandemic (CIHI, 2022). Opportunities also exist to further improve efficiency within the organization.

Figure 11. Cost of a Standard Hospital Stay

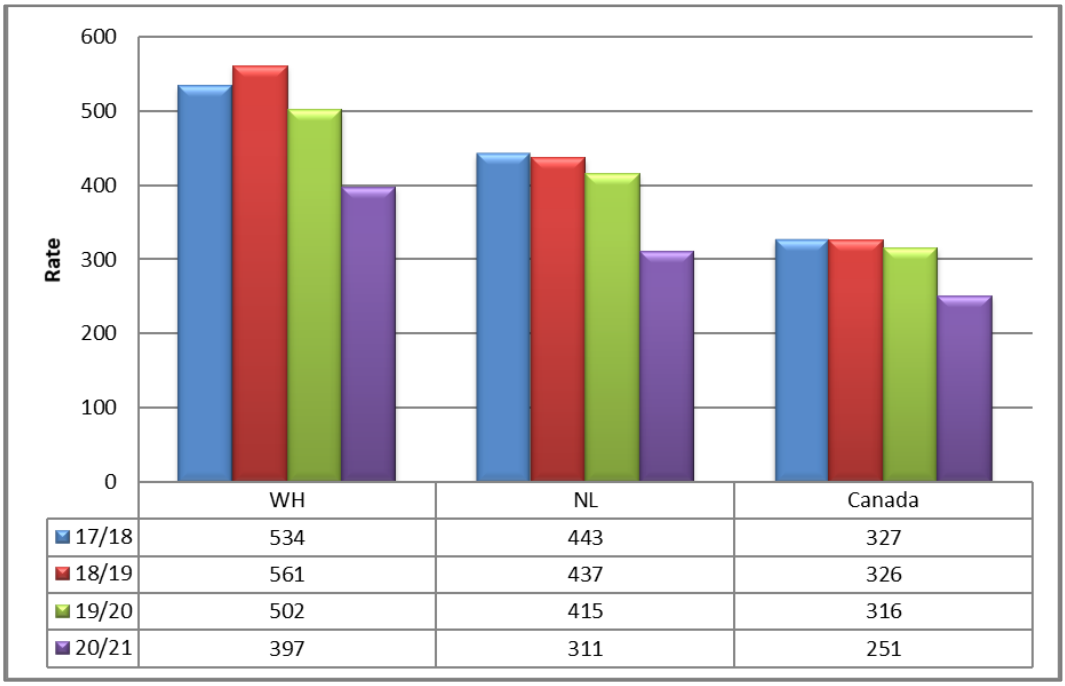


Source: CIHI, 2022

Ambulatory Care Sensitive Conditions

The hospitalization rate for ambulatory care sensitive conditions indicator measures the age-standardized acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for admission to hospital, per 100,000 population younger than age 75. For this indicator, a lower rate is better. Western Health saw a significant improvement in this rate from 502 in 2019/20 to 397 in 2020/21. Western Health continues to be statistically significantly higher than both the provincial and Canadian rates.

Figure 12: Hospitalization rate for ambulatory care sensitive conditions (per 100,000)



	WH	NL	Canada
17/18	534	443	327
18/19	561	437	326
19/20	502	415	316
20/21	397	311	251

Source: CIHI, 2022

In support of the Innovation Strategic Goal, Western Health engaged in several actions to enhance primary care and to develop and initiate strategies to enhance access to chronic disease prevention and management programs. The previously discussed Health Home initiatives, such as the Health Neighbourhood website, a centralized primary care provider waitlist, and enhanced access options, are aimed at patient access and attachment which will enhances services for the population with chronic diseases.

In addition, several models were identified and implemented in 2021/22 to support the expansion of the Building on existing tools to Improve Chronic Disease Prevention and Screening in Primary Care (BETTER) program. Furthermore, Western Health initiated exploration of a partnership with the community-based ambulance services in Lourdes and Cape St. George to support expansion of the BETTER program.

Home First and Long Term Care Access

Significant efforts continued to be placed on supporting the Home First philosophy of care and on improving discharge planning in LTC during 2021/22. The goal is that these services will support those within our communities to remain at home and to avoid unnecessary acute and institutional care.

Table 27. Hospital stay (days) extended until home care service or supports ready

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

Source: CIHI, 2021

As indicated in Table 27, Western Health has continued to decrease the median number of days that patients remain in hospital when no longer requiring it, until home care services or supports are ready. While this remains higher than the provincial and national average, this number has decreased significantly, reduced to 13 days in 2019/20 from 27.5 days in 2017/18. Reports that display the number of patients that are ALC and awaiting home supports or LTC are reviewed weekly by Western Health leadership.

The overall number of referrals to LTC increased from 286 in 2020/21 to 302 in 2021/22 (Western Health, 2022). In 2021/22, Community Support saw an increase of 24.5% of referrals for supporting Home First. In 2021/22, the renamed and expanded Home First Philosophy Steering Committee added membership from LTC, Primary Care, and MHA. Two working groups for acute and LTC also expanded membership and continued to lead the way for supporting the Home First philosophy of care.

Long Term Care sustained improvements in bed turnaround times with significant efforts to increase family and next-of-kin involvement. There was an overall increase in the number of residents who moved into LTC during 2021/22. With the opening of 15 new LTC beds at Western Long Term Care Home, Western Health was again able to place additional people from the waitlist. There were 217 admissions in 2021/22. The average wait time for placement fell to 49 days in 2021/22, compared to 62 days in 2020/21. The median wait time for each LTC home is provided in Table 28. Differences in wait times varied throughout the region from less than 49 day to over 400 days. As of January 2020, Western Health changed the criteria for selection to a first come first served basis, as opposed to needs based. As such, those who had been on the waitlist for multiple years based on the old policy were placed in cottages. This resulted in an increase in the wait times reported for 2021/22.

Table 28. Median Wait Times (days) to Access Institutionally Based LTC from Approval to Placement

Site	2015/ 2016	2016/ 2017	2017/ 2018	2018/ 2019*	2019/ 2020	2020/ 2021	2021/ 2022
Bay St. George Long Term Care Centre	11	96	54	45	26	14	**15.5**
Bonne Bay Health Centre	231	594	568.5	No admissions	530	No admissions	No admissions

Site	2015/ 2016	2016/ 2017	2017/ 2018	2018/ 2019*	2019/ 2020	2020/ 2021	2021/ 2022
Calder Health Centre	6	8	40	33	5.5	151	**32**
Corner Brook Long Term Care Home	304.5	170.5	179.5	163	150	48	**68**
Dr. Charles LeGrow Health Centre	2	3	5.5	23	7	20	**14.5**
Rufus Guinchard Health Centre	39	259	45	172	6	72	**14.5**
Western Long Term Care	n/a	n/a	n/a	n/a	n/a	71.5	**72**
Overall	19	110.5	140	107	58	38	**48**

* - average wait times, not median, for 2018/19

Source: Western Health 2022

Automated Notification System (ANS)

Missed appointments or "no-shows" are a reality in health care. The burden associated with missed appointments can affect not only patient outcomes but also place additional demand on wait times for appointments. The Automated Notification System (ANS) is a reminder system which sends a notification of an upcoming appointment to a patient or client via the method of their choice (phone or text). This system allows the individual the opportunity to either confirm or cancel their appointment. As opposed to a no-show, a cancelled appointment provides the opportunity for program area to book another individual into the unfilled appointment. As outlined in Table 29, Western Health tracks the number of new ANS programs implemented, as well as the overall no–show rates in areas with ANS implemented.

Table 29. Western Health Wait Time Indicators

Indicator		2020/21	2021/22
# New ANS programs implemented		n/a	**4**
Overall no show rates in areas with ANS implemented:	Psychiatry	10.2%	**10.3%**
	Respiratory Therapy	4.8%	**6.1%**

Indicator		2020/21	2021/22
Overall no show rates in areas with ANS implemented:	Cardiology	21.3%	**19.7%**
	Endoscopy	1.8%	**2.4%**
	Diagnostic Imaging	4.4%	**7.6%**
	Orthopedic Central Intake	1%	**1.3%**
	Outpatient Physiotherapy	n/a	**5.6%**

Source: Western Health, 2022

The no-show rates for 2021/22 may have been affected by the suspension of the ANS system for a period of time during the cyberattack event. The Orthopedic Central Intake Clinic ANS was implemented in August 2021 and Outpatient Physiotherapy was implemented in December 2021. MHA Boone's Road office completed preparations and anticipates implementation in April 2022. Supporting the reduction of no shows in clinical areas through implementation of the ANS remains a priority within Western Health. The implementation of ANS can be explored in areas where no-show rates are high, there are long wait times for service, appointments are being booked in Meditech, and there is dedicated clerical support. A memo will be sent to directors in early 2022/23 to help identify additional programs of interest. The Regional Wait Time Manager continues to work with each program to determine how the use of ANS can benefit their program areas.

Integrated Capacity Management System

Western Health embarked on a journey in 2020/21, in collaboration with the all RHAs, NLCHI, and HealthStream, an external vested partner, to commence planning and implementation of the Integrated Capacity Management (ICM) system across the province. The ICM project is being built and implemented across acute and long term care and has the ability to provide strategic views of organizational flow, robust scheduling/payroll, and aide in strategic decision making in the short, medium, and long term.

As part of the ICM System preparation within Western Health, a site for the Integrated Operations Centre (IOC) was identified at WMRH in 2021/22. This IOC serves as the central location for information related to staffing, scheduling, and patient flow with rollout occurring in March 2022. Furthermore, a location was identified and secured at the new acute care centre in Corner Brook to ensure the IOC continues with increased use of the ICM solutions.

During 2021/22, Western Health participated in large planning groups, engagement sessions, and change management committees with focus on Eastern Health for solution rollout. In 2022/23, Western Health anticipates delivery and rollout of multiple ICM solutions, including Capacity Planner and Enterprise Visibility.

Lean Education

Lean education supports the development of an in-depth comprehensive set of skills related to continuous process improvement. Western Health continued to support efficiency through the implementation of projects utilizing Lean process improvement methodology. The projects of Western Health's two Green Belt candidates continued in 2021/22. In addition, two Western Health staff initiated their Lean Six Sigma Black Belt certification, with one project focused on efficiencies in Human Resources processes and the other focused on central intake, waitlist, booking for cardio-diagnostics. To date, 36 staff have completed the Western Health Novice Yellow Belt program, 7 have completed the Green Belt program, and 2 have completed the Black Belt program.

Healthy and Engaged Teams

Western Health Overview

Organizational Profile

Western Health offers a broad range of programs and services and over 3,100 employees. There are approximately 1,500 volunteers who assist in delivering programs, services and special events, which enhance the quality of life for patients, residents and clients (Western Health, 2022).

The organization had a total expenditure budget of $427,674,000 in 2021/22, which includes the operation of two acute care hospitals, four rural health centres, three long term care centres, four protective community residences (enhanced assisted living for individuals with mild to moderate dementia), 27 medical centres, and 26 community offices. Western Health also operates two provincial programs, the Humberwood Centre (inpatient addiction treatment) and the Western Regional School of Nursing (Western Health, 2022).

Western Health's vision, Our People, Our Communities - Healthy Together, highlights the important role of residents and communities throughout the Western region in achieving and promoting good health. Western Health works collaboratively with residents, communities, and partners to achieve this vision. "Our People" also includes the staff, physicians, managers, students, and volunteers who contribute to this vision.

Please visit Western Health's website for information about its mandate and lines of business.

www.westernhealth.nl.ca

@WesternHealthNL

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Achieving Success during Significant Challenges

While 2021/22 brought significant challenges to Western Health, the strength of teams working together within the organization was highlighted.

Since the World Health Organization declared COVID-19 a global pandemic in March 2020, the world has faced profound economic and social impacts due to the COVID-19 pandemic. Within Western Health, the effects and implications of the pandemic affected all sites, services, and programs throughout the 2021/22 fiscal year. The COVID-19 pandemic continued to have significant impact on programs and services, particularly with the arrival of the Omicron variant in December 2021, which resulted in a significant surge in the number of cases among employees, as well as outbreaks in facilities and in communities throughout the region. During these unprecedented times, Western Health staff members and leadership demonstrated flexibility, innovation, and compassion while providing safe care. Significant work continued in 2021/22 to support operations with the COVID-19 business continuity plans, COVID-19 dedicated units, public health testing and screening clinics, community-based assessment clinics, staff workflow recommendations, and personal protective equipment (PPE) recommendations.

In October 2021, an information systems outage, which was later determined to be a cyberattack, also had significant impacts on service delivery. Western Health staff members and leaders quickly implemented backup procedures in its emergency response. In the days and weeks that followed, Western Health worked with the Newfoundland and Labrador Centre for Health Information (NLCHI), who assessed and worked to resolve the situation, and collaborated with the Department of Health and Community Service and the other Regional Health Authorities (RHAs).

Furthermore, in December 2021, a severe weather event on the southwest coast caused road washouts and transportation challenges. Numerous logistical, human resource, and clinical issues followed, as supplies, staff, and patients could not travel in or out of the area. Once again, leadership and staff members worked together to respond to the challenges of this event. With patient safety as a top priority, Western Health quickly mobilized a command centre to liaise with the Department of Health and Community Services to arrange for transport from isolated areas to necessary medical appointments by helicopter and ambulance. Laundry, pharmaceuticals, COVID-19 vaccines, laboratory specimens, and medical supplies were all moved by helicopter, into and out of the area. Coordinating helicopters to transport 80 patients, over 1000 pounds of freight, and 10 staff members over a seven-day period required collaboration of many partners.

At times where there were exceptional challenges to fill staffing requirements during 2021/22, requests were made for health care professionals to volunteer for additional

support. These requests were met and staff members traveled outside their area, sometimes by bus or helicopter, to support their colleagues and provide care where it was needed. The commitment and dedication of Western Health staff members and leaders was unwavering throughout 2021/22. Even though the organization faced many challenges, there are many successes and achievements to recognize and celebrate.

New Hospital Planning

New hospital planning continued to be a priority for Western Health in 2021/22. Construction of the new acute care facility in Corner Brook was ongoing with the service commencement date (facility hand-over) planned for November 2023. Exterior and interior construction was on schedule and the new hospital project remained on target as of March 31, 2022. Engagement continued to be a key priority for Western Health throughout 2021/22 to support the planning for this hospital. Regular meetings took place with the Person and Family Centred Care (PFCC) Steering Committee to hear feedback from patient partners about wayfinding, patient entertainment, facility name, and construction updates. Feedback from the Qalipu First Nation was received for the cultural garden design. Western Health leaders and staff members continued to be involved in planning for equipment and workflows as a part of operational readiness for the new hospital. This engagement was crucial in identifying areas of improvement and future workflows, as well as contributing to suggestions for the new equipment required. An effective transition to the new facility is dependent on finalizing the plan and location for the four areas which will not be included in the new facility, including laundry, WRSON, hostel, and ambulatory/non-clinical programs. This will continue to be a priority for the upcoming 2022/23 year.

Health Accord and Provincial Health Authority Announcement

Western Health has played an important role in engagement and development of the Health Accord for Newfoundland and Labrador. In February 2022, the Health Accord NL released its final report, which outlined its recommendations for a ten-year health transformation for the province. The Blueprint document is anticipated to be released in early 2022/23, which will outline an action plan for the implementation of these recommendations. A key recommendation that was identified in the Health Accord final report was the amalgamation of the four RHAs to form one provincial health authority. In March 2022, the provincial government announced its intention to follow through on this recommendation. This transformative change has the potential to create many opportunities for improvement and implementation will require significant engagement from staff, leadership, and community partners. Western Health is committed to engaging with a transition team to support a smooth changeover to a single health authority.

Western Health's success depends upon the strength of our people and the ability to recruit and retain a highly skilled, healthy, compassionate, and engaged workforce. Western Health's Our People Strategic Goal guides priorities and actions to enhance workforce capacity and capability through enabling an engaged, skilled, well-led, and healthy workforce. The three broad priorities for 2021/22 were to enhance overall employee experience; improve health, safety, and wellbeing; and grow and develop our workforce. Western Health tracks various indicators to measure effectiveness of our recruitment, retention, health and safety, training, and engagement efforts.

Human Resources

Table 30: Human Resources Indicators

Indicator	2020/21	2021/22
Overtime hours (%)	2.6%	**4%**
Average paid sick leave hours per full time equivalent (FTE)	76.4	**93**
Performance appraisal completion rate	30.5%	**30.7%**
Turnover rate	6.3%	**8.3%**
Leave approval rate	66.8%	**76.9%**
Number of remote work arrangements approved	n/a	**28**

Source: Western Health, 2022

Western Health's overtime hours increased from 2.6% in 2020/21 to 4% in 2021/22. This increase can be attributed to the COVID-19 pandemic response and other staffing challenges that the organization experienced during the fiscal year. Changes within programs and services to meet needs of communities placed unique demands on Western Health's traditional workforce planning processes. While several programs and services have experienced significant growth, the organization struggled to meet the human resource needs required to support this growth. Many strategies were developed and implemented in 2021/22 to alleviate staffing challenges, such as an increased overtime rate, hiring of nurse collegians, and the use of overtime for orientation. The Human Resources department also initiated multiple actions to support staffing needs, including the establishment of scheduling supervisor position and extension of scheduling staff hours, as well as initiation of a lean green belt project and a text messaging overtime pilot.

The continuing COVID-19 pandemic and isolation requirements have also contributed to the increase of sick leave hours. These high levels of absenteeism led to staffing shortages and a reduction in the delivery of services, as well as increased costs and staffing burnout. In addition to these paid sick leave costs, the organization was also impacted by the associated replacement costs, as well as a continuing trend of increasing unpaid sick leave hours per employee (Western Health, 2022). In December 2021, a redeployment team was created, led by Human Resources. This team focused on meeting the ever-increasing staffing needs during periods of outbreak.

During 2021/22, the flexible work policy, application, and FAQs document were drafted. Stakeholder review was also completed through the Engagement Committee. The final steps of broad stakeholder feedback and policy approval are anticipated in 2022/23. The other flexible work option in place for staff is remote work, which provides staff more balance and flexibility in their work and home lives. The Remote Work policy was approved in early 2021 and Western Health saw uptake, with 28 approved applications during 2021/22.

The new business partner model was identified this fiscal year, including revised structure and roles for Human Resources staff. A Human Resources Strategist was recruited in 2021/22 and will assist with implementation of the model in the upcoming fiscal year. This model is being implemented as a part of best practice, to find efficiencies and provide better customer service to staff and leadership.

The scope of practice for Licensed Practical Nurses (LPNs), as designated by the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL), continued to expand in 2021/22. Western Health managers, clinical nurse educators, and LPNs worked together to ensure LPNs were educated, authorized and competent to perform the skills as defined by their scope of practice. A new education module on the administration of blood and blood products, as well as IV initiation and IV therapy, was implemented for LPNs in acute care. In the Community Support program, the scope of LPNs expanded to include negative pressure wound therapy and compression dressings and administration of IV medications. This advancement in practice supports LPNs to work to their full scope of practice and enables better utilization of resources, allowing Registered Nurses (RNs) to provide other necessary care.

Occupational Health and Safety

Western Health is committed to providing a safe environment for all staff. This includes both physical and psychological health and safety. As outlined in Tables 31 and 32, Western Health tracks a variety of indicators to measure health and safety throughout the organization.

Table 31: Occupational Health and Safety Indicators

Indicator	2020/21	2021/22
Workplace NL lost work hours per full time equivalent (FTE)	53.58	**61.5**
Total number of employee incidents	866	**1004**
Patient/resident handling incidents	139	**180**
Violence incidents	324	**335**

Source: Western Health, 2022

Although Western Health employee incidents increased in 2021/22 (Table 31), the reporting of employee incidents is encouraged as part of a culture of safety. The information provides important trends can be used for decision making.

The Occupational Rehab and Ergonomics Services (ORES) program promotes safe client, patient, and resident handling by assessing areas of work and work tasks that place staff at risk for musculoskeletal injuries and working with staff to reduce risk of injury through education and ergonomic interventions. In 2021/22, there was a focus on implementing regular safe patient handling training for acute care hospital staff. Low staffing in the department over the last two fiscal years decreased ability to consistently do this work. Online videos and training modules were developed to help integrate safe patient handling practices into daily patient care activities.

As a focus in 2022/23, ORES will be liaising with management in the LTC facilities in the region to help redesign safe resident handling programs. Many LTC staff have undergone changes to their daily work tasks as a result of the COVID-19 pandemic, which has necessitated a change to how safe resident handling training is delivered and managed on an ongoing basis.

WorkplaceNL lost work hours increased in the 2021/22 fiscal year. Again, the ongoing impacts of the pandemic impacted this indicator in many ways, including delays in medical treatment, appointments, and diagnostics, as well as employee exhaustion and burnout.

In 2021/22, Western Health focused on the introduction and continuation of programs and initiatives aligned with national standards of best practice for psychological health and safety. The National Standard of Canada on Psychological Health and Safety in the Workplace was reviewed and compared to the current status and a gap analysis was completed with support from WorkplaceNL. Moving forward into 2022/23, the newly formed Regional Psychological Health and Safety Committee will use this information to develop and implement an overall psychological health and safety work plan for the organization.

Table 32: Psychological Health and Safety Indicators

Indicator	GM@W 2021	March 2022 Microsurvey
WH workplace is psychologically safe (% employees that strongly agree/agree)	57.9%	**46%**
WH promotes work life balance (% employees that strongly agree/agree)	52.6%	**40%**
Work is having a significant impact on my psychological health (% employees that strongly agree/agree)	45%	**77%**

Source: Western Health, 2022

Additionally, to support psychological health and safety in the workplace, work continued on inclusivity and the LGBTQ2SI work plan. Over the past few years, many of the actions related to education, policy, and benefit review were completed and a Gender Transition in the Workplace toolkit was drafted. Access to more gender-neutral washrooms is outstanding and will remain on the work plan in 2022/23. Work was also completed in 2021/22 regarding gender-neutral washrooms and change rooms for the new hospital, including drafting a policy on the use of these facilities and developing education for staff.

The Guarding Minds at Work (GM@W) survey is a tool that is designed to identify and measure employee experience with psychological health and safety in the workplace. An action plan was developed based on the results and actions are in progress. The results of the 2020 Kincentric Employee Engagement survey were also shared with all staff during Summer 2021/22 and used to inform the priorities for the Our People Strategic Goal. To keep a pulse on both psychological health and safety in the workplace and staff engagement, a quarterly microsurvey was created in 2021/22 using key questions from the Guarding Minds at Work survey and key engagement questions. The survey will be implemented on a quarterly basis in 2022/23. Results will be shared broadly within the organization and with the Regional Engagement Committee, Staffing Issues Working Group, and the Regional Psychological Health and Safety Committee to inform their work plans.

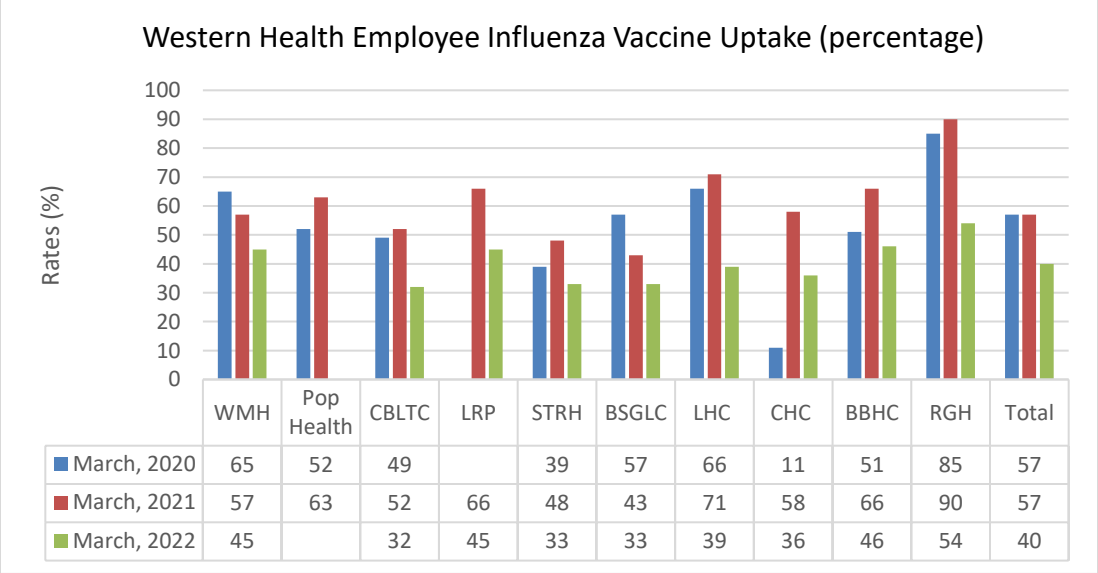
In July 2021, the electronic version of the Manager's Toolkit was released with new and updated resources, including: Team Huddles document, Buddy Support Strategy, Going Home Self-Care Check-in, Employee Assistance Program brochures and resources, information regarding recognition, and toolkit information sheets, among other resources. There were also a number of resources developed by the Employee Assistance Program during 2021/22 that were shared with staff, including infographics on pandemic fatigue, shifting negative thinking, and supporting children returning to the classroom.

Employee Health Practices

Western Health recognizes the importance of supporting staff to implement health practices which may affect their overall health outcomes, such as the importance of taking measures to protect against COVID-19 and influenza. Employee Health COVID-19 vaccine work continued in 2021/22 with COVID-19 vaccine clinics being offered to employees at Western Health facilities throughout the region. In addition, Employee Health led employee COVID-19 case and contact management. This work continued and involved following up with symptomatic and COVID-19 positive staff, providing recommendations and guidance, reporting cases in the COVID-19 tracker and completing workplace contact tracing. This work was the focus of the pandemic surge that occurred from December 2021 to March 2022, with several staff re-deployed to the Employee Health department to help with the increased volume.

The Employee Health program at Western Health also continued to promote staff influenza vaccination uptake by providing flu immunizations across the region. Figure 13 demonstrates uptake of the vaccination, by site and overall, for the last three fiscal years. There was a noted drop in the flu vaccine uptake for the 2021/22 fiscal year. This may be attributed to the increased focus on the COVID-19 vaccine for healthcare workers.

Figure 13. Staff Influenza Vaccination Uptake



	WMH	Pop Health	CBLTC	LRP	STRH	BSGLC	LHC	CHC	BBHC	RGH	Total
March, 2020	65	52	49		39	57	66	11	51	85	57
March, 2021	57	63	52	66	48	43	71	58	66	90	57
March, 2022	45		32	45	33	33	39	36	46	54	40

Source: Western Health, 2022

In June 2021, the Guidelines for Reducing Sedentary Behaviour at Work were released to Western Health employees. These guidelines provide ideas, resources, and tools to help increase activity at work and reduce time spent sitting, in an effort to promote health, safety

and wellbeing. A Move More at Work campaign was also implemented in 2021/22 to promote more movement among staff during their workdays. The goal is to create a workplace culture where movement is part of the healthy workplace and daily physical activity is encouraged, modeled, and embraced. An inventory of indoor spaces at Western Health facilities for physical activity was also established. This is available on Western Health's intranet and was promoted at leadership and staff meetings. In 2022/23, there will be ongoing efforts to promote these guidelines and resources to all staff.

Western Health continued development of resources to support the messages in the updated Canada's Food Guide. Five Healthy Eating Modules targeting Western Health staff were developed, focusing on Canada's Food Guide. The modules were promoted and available on the LEARN e-learning system.

With increased numbers of COVID-19 cases in January 2022, Western Health developed a Psychosocial Support Plan. The plan included promotional messaging and supports for staff and community. Employee Health provided information to contacts regarding the Employee Assistance Program, Doorways, and bridge the gapp website. The voice message on the COVID-19 Navigation Line was also revised to include the same. The staff Emergency Operations Centre (EOC) updates throughout 2021/22 included staff wellness and psychosocial support messages and a Wellness Calendar was launched during the month of May 2021 to promote tips for taking care of oneself and others. In addition, a Peer Support during Difficult Times virtual group was established for staff in January 2022 and was facilitated by a MHA counsellor. It was available for drop-in Monday to Friday online from 3:00-4:00 PM daily and provided a safe place to talk and share information, relaxation tips, and coping strategies.

Learning and Development

Western Health recognizes that one of the organization's greatest assets is our people and that the organization needs to invest in our workforce. In 2021/22, a leadership development work plan was created, which includes enhancing the performance evaluation and development process and establishing policy to support the process.

Unfortunately, the Working Mind training session was not offered during the 2021/22 fiscal year due to competing priorities and the need to reduce the session size to accommodate physical distancing requirements. The delivery of this program in person will be revisited and is a priority for 2022/23. Although COVID-19 placed limitations on group meetings in 2021/22, two LEADS sessions were completed in Fall 2021, with a total of 15 staff trained in

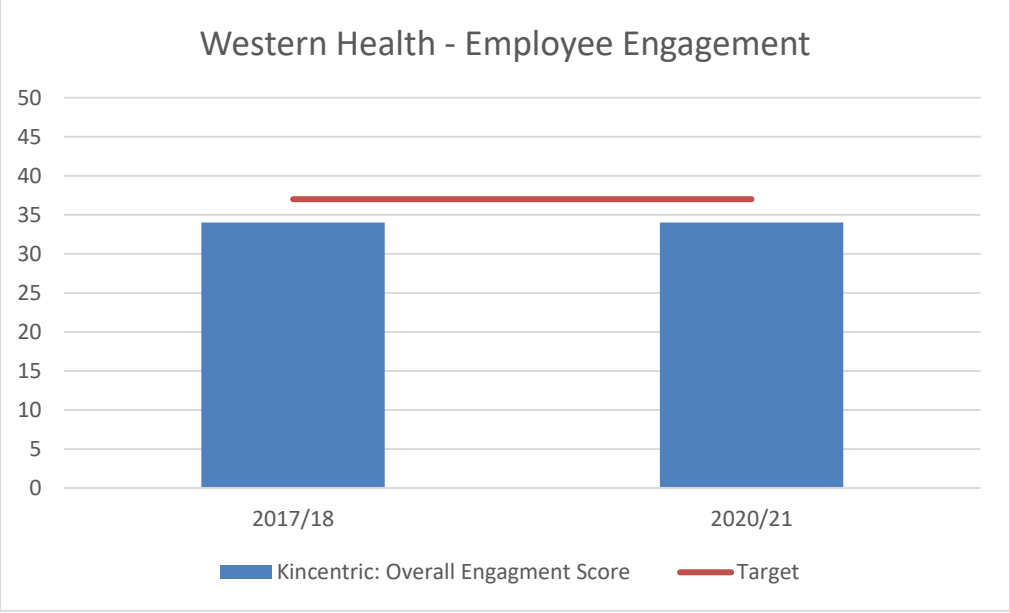
small groups. Western Health is also planning for a virtual LEADS program for Fall 2022. In addition, 429 employees completed the LEADS e-learning session in 2021/22.

Western Health also saw the creation of the Educational Salary in Advance Program in 2021/22. The purpose of the program is to offer permanent full-time employees, of more than 12 months, with a salary advanced loan for the purpose of educational advancement. In 2021/22, Western Health identified key positions that are currently difficult to recruit and are being considered for the program and one employee took advantage of this opportunity. The Human Resources and Employee Development departments will continue to work together to determine other ways to invest in our people to strengthen the organization.

Staff Engagement

Engagement is a state of emotional and intellectual involvement that motivates employees to do their best work. Engagement is not a standalone initiative or project but rather occurs when people feel their personal needs are being met through active participation in their organization.

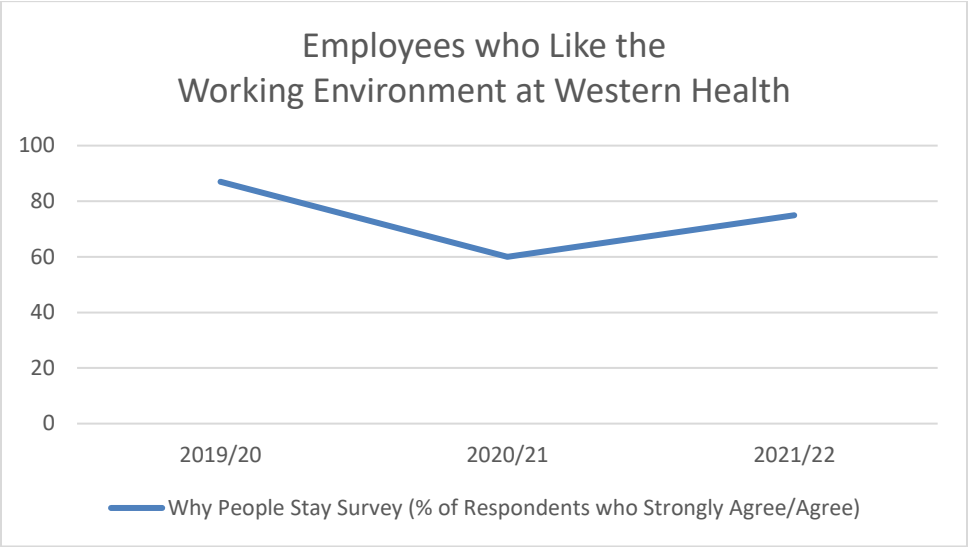
Figure 14. Overall Employee Engagement Score (percentage)



Source: Western Health, 2022

As outlined in Figure 14, the overall employee engagement score in 2020/21 was 34%, remaining the same as in 2017/18. Figure 15 shows that, while the overall number of employees who like the working environment has decreased from 87% 2019/20, there was an increase from 60% in 2020/21 to 75% in 2021/22.

Figure 15. Western Health Working Environment



Source: Western Health, 2022

Western Health's Engagement Strategy outlines four broad objectives crafted in response to areas of concern identified in the 2016 Employee Engagement Survey, as well as from feedback obtained through ongoing surveying and stakeholder engagement. Objectives for 2021/22 included improving health, safety, and wellbeing of staff; enhancing growth and development of our workforce, enhancing overall employee experience; and increasing access to Senior Executive. The Regional Engagement Committee was active throughout 2021/22. The Committee is led by Human Resources, with membership from across the organizational branches, as well as physician and union leadership. The Committee monitors the objectives of the Our People Strategic Goal and also supported and led many pieces of work that have helped the organization to achieve success towards all four objectives within the Engagement Strategy. Please see the Year 2 Update for Strategic Issue One: Our People and the Engagement Strategy Accomplishments for 2021/22 for additional details.

The previously discussed areas of human resources, health and safety, and learning and development all contribute to overall employee engagement. In addition, Western Health continued work in 2021/22 regarding the Kincentric Engagement Survey. A communication and implementation plan for survey results was created and meetings were held with directors and chiefs to review findings. Branch leadership meetings also occurred through the fall of 2021 to review branch level results and complete an action planning session. The identified actions will be built into branch plans to support engagement.

Western Health also endeavored to increase employee recognition and engagement with senior executive throughout the 2021/22 fiscal year. Throughout 2021/22, Western Health's senior executive hosted 6 all-staff meetings and 10 leadership meetings, with

excellent participation. One Western Outstanding Work (WOW) Award review took place during 2021/22. In total, 12 individuals and 4 groups received WOW Awards. Due to the pandemic surge, the second review did not occur.

In 2022/23, Western Health will continue to build on successes and implement new initiatives to enable an engaged, skilled, well-led, and healthy workforce.

Conclusion

Western Health had many accomplishments and successes during the 2021/22 fiscal year. The COVID-19 pandemic, cyberattack, and a significant weather event presented many challenges but also provided many opportunities to think differently, be creative, and find new ways to effectively engage staff, clients and families, volunteers, and community partners in the delivery of high quality services.

Western Health's vision, values, strategic goals, and ongoing staff and community engagement will continue to help guide the organization to provide quality programs and services in the Western region.

The pandemic-related safety measures and restrictions will continue to challenge the health care system during the 2022/23 fiscal year. Necessary changes and restrictions required during outbreak and alert level changes are anticipated to be ongoing and will present complexities for health care workers, clients, and families. In addition, there are several ongoing challenges and opportunities that are common across the organization's branches such as an aging population, high incidence of chronic disease, operational efficiency, staff engagement, patient safety, and improving access to health services.

Western Health will continue to work together with our staff, clients and families, volunteers, and community partners to ensure the best possible care is delivered. Western Health will also work with these regional stakeholders and provincial partners to support the creation of a Provincial Health Authority. Western Health looks forward to the opportunity to engage in these discussions and represent the unique needs our population and communities in the Western region.

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