

# MAPPING OUR SUCCESS



Annual Performance Report 2010-2011

ANNUAL PERFORMANCE REPORT  
2010 - 2011



Eastern  
**Health**

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## Message from the Board of Trustees

On behalf of the Board of Trustees of Eastern Health, I am pleased to present the Annual Performance Report for 2010-11, as per *The Transparency and Accountability Act's* requirements of a Category 1 entity.

This Annual Performance Report outlines the highlights and accomplishments achieved during this past year. Eastern Health is very proud of its staff, physicians, volunteers and community partners. Everyday, they make a difference in the lives of the people of this province.

Eastern Health has worked very hard to achieve the mandate outlined in the *Regional Health Authorities Act* and the goals outlined in the Strategic Plan 2008-11. Through its work, Eastern Health has made a substantial contribution to the strategic directions provided by the Minister of the Department of Health and Community Services.

The Board of Trustees has recently drafted its Strategic Plan for 2011-14 which clearly outlines the organization's focus for the next three years. Goals and objectives have been developed around the priority issues of quality and safety, access, sustainability and population health. These goals build on Eastern Health's past successes and will help the organization to continue to work towards its vision of *Healthy People, Healthy Communities*.

The Board of Trustees of Eastern Health is accountable for the preparation of this Annual Performance Report and the results and variances achieved by Eastern Health in 2010-11.

Michael J. O'Keefe  
Chair, Board of Trustees



## 1. Overview

As the largest integrated health authority in Newfoundland and Labrador, Eastern Health serves a regional population of approximately 293,795 and provides the full continuum of health and community services, including public health, long-term care, community services and hospital care. Health and community-based services are offered through community-based offices, hospitals, nursing homes and medical clinics.

In addition to its regional responsibilities, Eastern Health is responsible for provincial tertiary level health services through both its academic healthcare facilities and provincial programs such as organ procurement and air ambulance. Eastern Health also partners with a number of organizations – particularly Memorial University of Newfoundland and the College of the North Atlantic – to educate the next generation of health professionals, advance knowledge, conduct research and improve patient/client/resident care.

For the fiscal year 2010-2011 the organization had a budget of approximately \$1.2 billion, 13,000 employees, over 700 members of medical staff (approximately 200 of whom are employees). Eastern Health benefitted from approximately 2,000 volunteers who provided 59,400 hours of volunteer work.

Eastern Health also enjoys relationships with many service groups and community partners throughout the region. They provide much support to the organization and its clients.

Foundations have a significant relationship with Eastern Health through their contribution of time and resources to raise funds for our facilities and services. Eastern Health's six foundations are overseen by volunteer boards of directors: Burin Peninsula Health Care Foundation, Discovery Health Care Foundation, Dr. H. Bliss Murphy Cancer Care Foundation, Health Care Foundation, Janeway Children's Hospital Foundation, and Trinity Conception Placentia Health Foundation.

Auxiliaries are associated with most of Eastern Health's facilities. These groups provide direct services (e.g., gift shops, volunteer resources) and help to raise funds for equipment and services.

# 1. Overview

## 1.1. The Region

The geographic boundaries for Eastern Health include the island portion of the province east of (and including) Port Blandford. This area includes the entire Avalon, Burin and Bonavista Peninsulas as well as Bell Island, within a total of 21,000 km<sup>2</sup>. Traditionally, the settlement patterns of this area have been tied to the fishing industry, which results in many small communities scattered along the coastline of these three peninsulas. The area also includes the provincial capital, St. John's, and the province's largest metropolitan area, the St. John's CMA (Statistics Canada Census Metropolitan Area). In total, the Eastern Health region includes 111 incorporated municipalities, 69 local service districts and 66 unincorporated municipal units.

Eastern Health has sites in the communities noted on the map below:

## 1.2. Vision

The vision of Eastern Health is **Healthy People, Healthy Communities**. This vision acknowledges that both the individual and the community have important roles to play in maintaining good health. Healthy communities enhance the health of individuals, and when individuals are healthy, communities are generally healthy.

## 1.3. Mission

By March 31, 2011, Eastern Health will provide health and community services along an integrated continuum within both its regional and provincial mandates and available resources to improve the health of people and communities.



## 1.4. Values

Eastern Health's core values provide meaning and direction to its employees, physicians, and volunteers in providing quality programs and services. The Board of Trustees of Eastern Health has identified the following values for the organization:

### RESPECT

Recognizing, celebrating and valuing the uniqueness of each patient/client/resident, employee, discipline, workplace and community that together are Eastern Health.

### INTEGRITY

Valuing and facilitating honesty and open communication across employee groups and communities as well as with patients/clients/residents of Eastern Health.

### FAIRNESS

Valuing and facilitating equity and justice in the allocation of our resources.

### CONNECTEDNESS

Recognizing and celebrating the strength of each part, both within and beyond the structure, that creates the whole of Eastern Health.

### EXCELLENCE

Valuing and promoting the pursuit of excellence in Eastern Health.

## 1.5. Lines of Business

Eastern Health's lines of business are the programs and services delivered to our patients/clients/residents and their families. These programs and services improve the health and well-being of individuals and communities throughout the entire continuum of health and at all stages of life. Eastern Health has four main lines of business:

### 1. Promote Health and Well-Being

Implement measures that promote and protect population health and help prevent disease and injury.

### 2. Provide Supportive Care

Offer residential care options, community-based support and continuing care, home support and nursing home care for individuals.

### 3. Treat Illness and Injury

Investigate, treat, rehabilitate and care for individuals with illness or injury.

### 4. Advance Knowledge

Expand knowledge through research, education and knowledge mobilization.

Various health and community services are offered throughout the region and, in some cases, throughout the province. Each program and service has its own access criteria and local health providers work with individuals to determine the most appropriate services based on identified needs. A detailed listing of Eastern Health's lines of business is in Appendix I.

# 1. Overview

## 1.6. Number of Employees

Eastern Health has 12, 978 employees<sup>1</sup>. Figure 1 shows the percentage of Eastern Health employees based on gender.

Figure 1: Eastern Health Employees by Gender

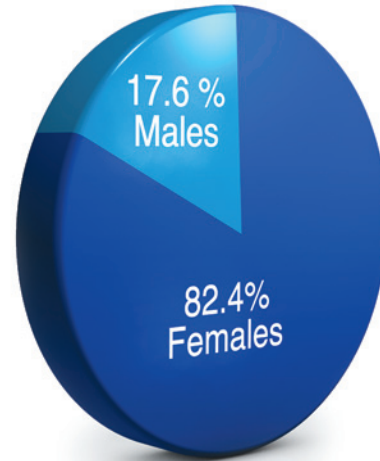
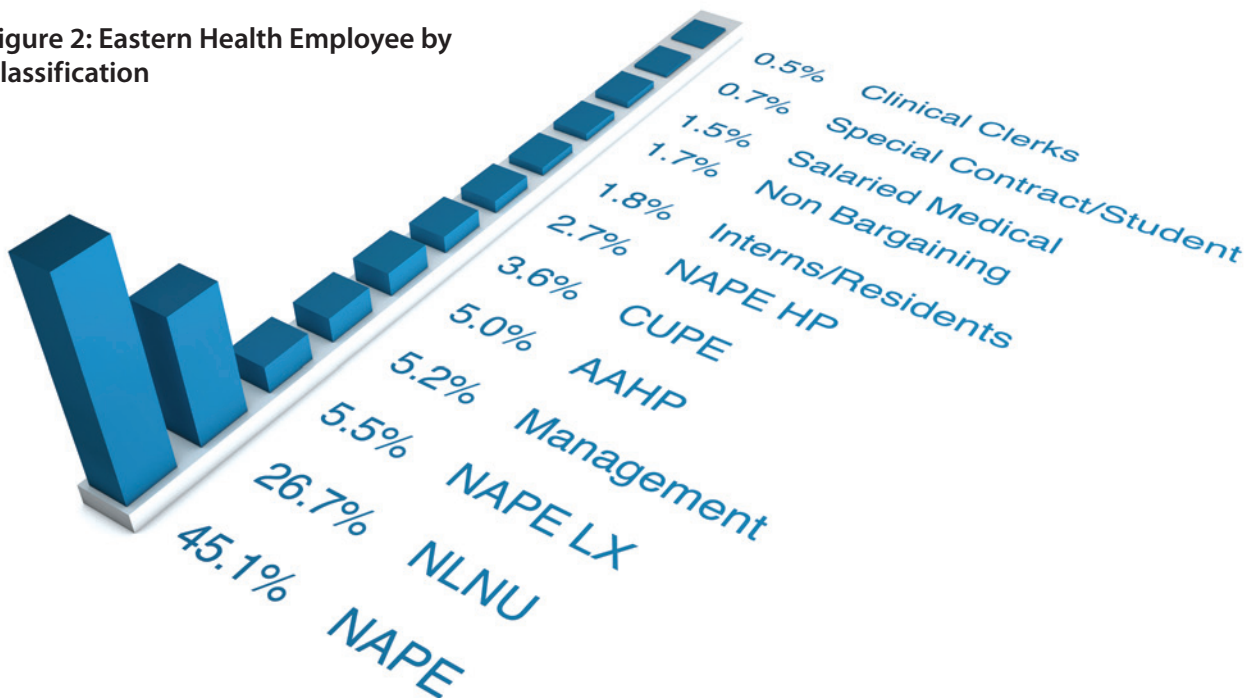


Figure 2 shows Eastern Health employees by classification.

Figure 2: Eastern Health Employee by Classification



<sup>1</sup> The number of employees provides a general “snapshot”, as this number can fluctuate through the year (e.g., during summer hiring).



## 1.7. Responsibility of Authority

The *Regional Health Authorities Act* (2006) outlines the responsibility of health authorities as the following:

### Responsibility of Authority

- (1) An authority is responsible for the delivery and administration of health and community services in its health region in accordance with this Act and the regulations.
- (2) Notwithstanding subsection (1), an authority may provide health and community services designated by the minister on an inter-regional or province-wide basis where authorized to do so by the minister under section 4.
- (3) In carrying out its responsibilities, an authority shall:
  - (a) promote and protect the health and well-being of its region and develop and implement measures for the prevention of disease and injury and the advancement of health and well-being;
  - (b) assess health and community services needs in its region on an on-going basis;
  - (c) develop objectives and priorities for the provision of health and community services which meet the needs of its region and which are consistent with provincial objectives and priorities;
  - (d) manage and allocate resources, including funds provided by the government for health and community services, in accordance with this Act;
  - (e) ensure that services are provided in a manner that coordinates and integrates health and community services;
  - (f) collaborate with other persons and organizations, including federal, provincial and municipal governments and agencies and other regional health authorities, to coordinate health and community services in the province and to achieve provincial objectives and priorities;
  - (g) collect and analyze health and community services information for use in the development and implementation of health and community services policies and programs for its region;
  - (h) provide information to the residents of the region respecting
    - the services provided by the authority,
    - how they may gain access to those services, and
    - how they may communicate with the authority respecting the provision of those services by the authority;
  - (i) monitor and evaluate the delivery of health and community services and compliance with prescribed standards and provincial objectives and in accordance with guidelines that the minister may establish for the authority under paragraph 5 (1)(b); and
  - (j) comply with directions the minister may give.

## 1. Overview

### 1.8. Provincial Mandate

In addition to the regional mandate, Eastern Health has unique provincial responsibilities for tertiary level institutional services including:

- Cancer Care
- Cardiac and Critical Care
- Child And Women's Health
- Diagnostic Imaging
- Laboratory Services
- Mental Health and Addictions
- Rehabilitation
- Surgery

In an effort to bring services closer to where people live, the organization also administers provincial outreach programs:

- Child Rehabilitative Clinics
- Regional Cancer Centres
- Satellite Systemic Therapy (Chemotherapy) Clinics

The organization also administers distinctive provincial services to other areas of the province, including:

- Cardiac Genetics
- Hyperbaric Medicine
- Medical Control And Registration of Pre-Hospital Care Providers
- Neonatal Transport Team
- Provincial Air Ambulance
- Provincial Equipment Program - Community Living and Supportive Services
- Provincial Fertility Services
- Provincial Genetics
- Provincial Insulin Pump Program (up to age 25 years)
- Provincial Kidney Program
- Provincial Organ Procurement Program
- Provincial Pediatric Advice and Poison Control Lines
- Provincial Pediatric Enteral Feeding Program
- Provincial Perinatal Program
- Provincial Post Adoptions Program

- Provincial Synagis® Program – Respiratory Syncytial Virus (RSV)
- Stem Cell Transplantation

The organization has distinctive roles in education and research that are associated with its position within the academic health sciences community. The organization's primary education and research partner is Memorial University of Newfoundland.

### 1.9. Revenues and Expenditures

The provincial budgets covering Eastern Health's Strategic Plan 2008-11 included a number of initiatives. For example, the provincial government's Budget 2008 provided funding for long-term care and community services, workforce planning, mental health and addictions, home care enhancements and additional nurse practitioner and infection control positions.

Budget 2009 announced new initiatives designed to expand current programs and introduce new provincial initiatives. Investments were made in Child, Youth and Family Services, Commission of Inquiry on Hormone Receptor Testing Report, Task Force on Adverse Events Report, Strengthening Long-term Care and Community Supports, Mental Health and Addictions, Healthy Aging Strategy as well as other initiatives such as Workforce Recruitment and Retention.

Budget 2010 announced new initiatives designed to expand current programs and introduce new provincial initiatives. Investments have been made to strengthen long term care and community supports, develop adult residential treatment in the Avalon Region, improve medical transportation assistance program, continue HPV immunization program, and attract health professionals to difficult-to-fill positions. Additionally, Budget 2010 provided funding of \$66.4 million to address current service level adjustments as well as initiatives unique to Eastern Health such as salary related increases, and inflation/utilization increases.

Figure 3 provides Eastern Health's expenditures by sector for 2010-2011.

**Figure 3: Expenditure by Sector**



### *1.10. Other Key Performance Indicators*

Eastern Health tracks numerous key performance indicators, including those outlined in the organization's strategic plan and in departmental operational plans.

Figure 4 shows that acute care admissions were 34,171 for 2010-11, which were consistent with the previous two years

Figure 5 indicates that acute care inpatient days in 2010-2011 totalled 302,436. This was also consistent with the previous two years.

**Figure 4: Acute Care Admissions**



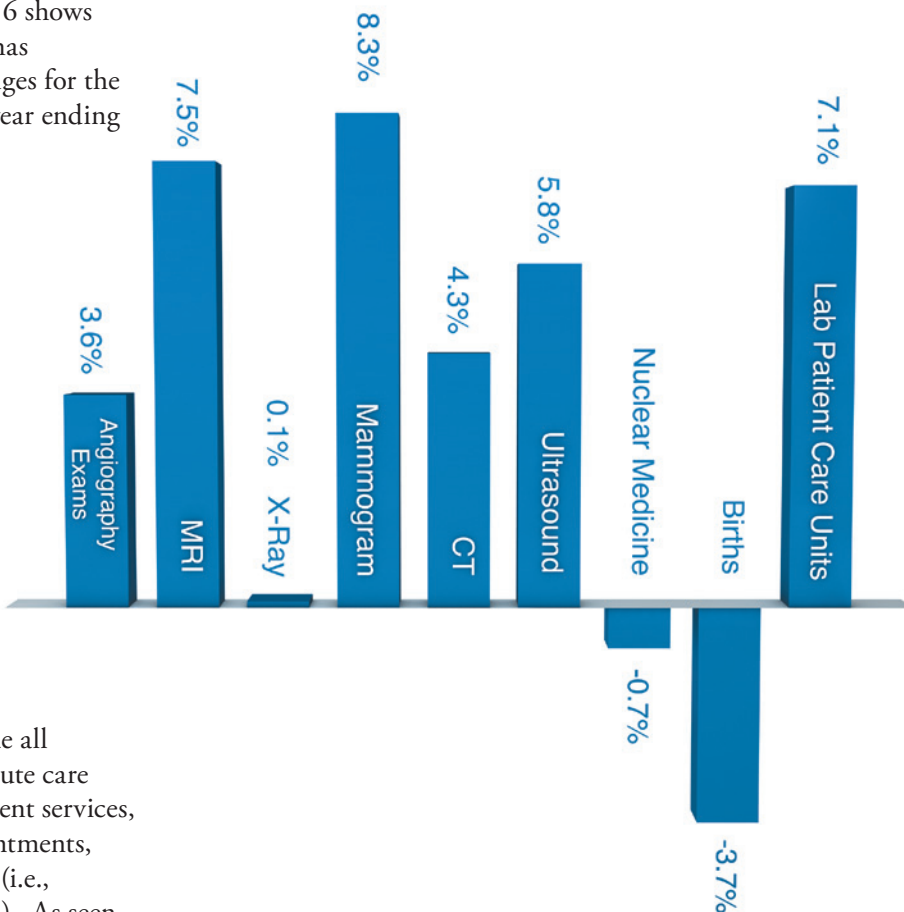
**Figure 5: Acute Care Inpatient Days**



## 1. Overview

The volume comparisons chart in Figure 6 shows some of the areas where Eastern Health has experienced service delivery volume changes for the year ending March 31, 2011, versus the year ending March 31, 2010.

**Figure 6: Volume Comparisons Chart**



Acute care ambulatory encounters include all outpatient activity in Eastern Health's acute care sites: people who come in for any outpatient services, from blood tests to x-rays to clinic appointments, to emergency room visits, to day surgery (i.e., procedures that do not require admission). As seen in Figure 7, there was an increase of 1.54% (24,357 more encounters) in the acute care sites in 2010-11 than in the previous year.

**Figure 7: Acute Care Ambulatory Encounters**



Figure 8 shows that long-term care resident days increased slightly in 2010-2011 from 2009-2010.

**Figure 8: Long-term Care Resident Days**



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Figure 9 shows the number of community health service events from 2008-2009 to 2010-2011.<sup>2</sup> These numbers continue to increase.

Figure 10 provides statistics regarding Eastern Health's hospitals, primary health care centres, and long-term care resident days.

**Figure 9: Community Health Service Events**



**Figure 10: Statistics from a Three-Year Period**

	2008-2009	2009-2010	2010-2011
<b>Hospitals and Primary Health Care Centres</b>			
Acute Care Inpatient Days	302,233	302,669	302,436
Emergency Room Visits	227,824	231,396	230,057
Surgical Daycare	45,848	46,025	47,182
Births	3,114	3,142	3,035
Ambulatory Encounters	1,548,936	1,582,083	1,606,440
<b>Community Health Service Events</b>			
Family Support Programs	146,580	169,908	172,035
Community Support Programs	193,346	206,169	212,237
Community Youth Corrections	5,882	6,233	5,835
Health Promotion and Protection	55,769	57,289	60,797
Mental Health and Addictions	20,052	27,362	40,867 <sup>3</sup>
<b>Long-term Care</b>			
Long-term Care Resident Days	518,298	542,034	553,786

<sup>2</sup>Caution must be exercised when reviewing the data from the community sector. This data is calculated by entries into the Client Referral Management System (CRMS), an electronic database system. Not all program data is entered electronically in CRMS. Some service events are collected manually and this information is not included in the figures provided above, resulting in an under-reporting of service events. A service event is used as a measure for a patient or client visit in the community.

<sup>3</sup>An increase in Mental Health and Addictions numbers in 2010-2011 reflect an increase in the number of services being entered into the Client Referral Management System.

## 1. Overview

Figure 11 outlines the percentage of cancer treatment and surgeries completed within national benchmarks and/or internal access targets.

**Figure 11: Percentage of Cases Completed within National Benchmarks and/ or Internal Access Targets**

Service Area	Benchmark National and Internal Access Targets	Percentage of cases completed within the benchmark by quarter 2010-2011				Total Number of Procedures performed 2010-2011	
		Q1	Q2	Q3	Q4		
Cancer Treatment	Curative Radiotherapy	94%	94%	99%	97%	1776	
	Surgery: <sup>4</sup>	Internal Benchmark of 21 days except Prostate which is 42 days					
	Breast	St. Johns (21 days)	72%	58%	81%	78%	197
		Carbonear (30 days)	N/A	43%	100%	67%	25
		Clarenville (30 days)	N/S	100%	100%	100%	7
		Burin (30 days)	100%	75%	N/S	100%	8
	Colorectal	St. Johns (21 days)	79%	70%	78%	67%	204
		Carbonear (30 days)	N/A	0%	100%	100%	13
		Clarenville (30 days)	100%	75%	100%	100%	16
		Burin (30 days)	100%	100%	100%	100%	11
Prostate	St. John's (42 days)	67%	65%	41%	70%	104	
Bladder	St. John's (21 days)	45%	43%	52%	55%	108	
Lung	St. John's (21 days)	37%	50%	60%	64%	70	
Coronary Bypass Surgery (CABG)	182 days for Level III (equiv. to OPD CABG patient population)	100%	100%	100%	100%	348	
Cataract (local anaesth.-1st eye)	Within 16 weeks (112 days) for patients who are at high risk.	82%	77%	70%	80%	1672	
Hip Replacement	Within 26 weeks (182 days)	62%	59%	67%	44%	184	
Knee Replacement	Within 26 weeks (182 days)	46%	43%	39%	30%	381	
Hip Fracture repair	Within 48 hours from time of ED registration in a St. John's Hospital	71%	59%	64%	77%	211	

<sup>4</sup>Internal benchmarks are provided for surgery

N/A indicates that data is unavailable

N/S indicates that no surgeries were completed

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Figure 12 provides the surgical wait time for adult care. This is an internally generated consensus target by mean wait times for adult acute care hospitals in St. John's.

**Figure 12: Surgical Mean Wait Time – Adult Acute Care – St. John's Hospitals**

Priority	Target Timeframe	Target	2009-2010 Mean	2010-2011 Mean
I	Within 1 week	95%	84%	82%
II	1-3 weeks	95%	61%	58%
III	3-6 weeks	90%	56%	55%
IV	6 weeks - 3 months	80%	50%	57%
V	3 -6 months	80%	83%	89%
VI	6-12 months	80%	82%	85%

Urgency Classification	Description	Acceptable Time Frame
I	Conditions which are not yet true emergencies, but which should be done quickly to prevent death or disability.	within 1 week
II	Conditions which will threaten or have a profound effect on the patient's life if not done in a timely manner.	1-3 weeks
III	Conditions which have a severe impact on the patient's life due to a <b>high degree</b> of pain, suffering, or loss of function	3-6 weeks
IV	Conditions which cause a <b>moderately severe degree</b> of pain, suffering, and loss of function.	6 weeks-3 months
V	Conditions which cause a <b>moderate degree</b> of discomfort or loss of function.	3-6 months
VI	Conditions which cause a <b>mild degree</b> of discomfort or loss of function, or which have some impact on a patient's health or ability to function, but for whom delay will not adversely affect the ultimate outcome.	6-12 months

Approved and adopted by the Surgery Waitlist Committee, Hospitals of St. John's, Eastern Health April 2005, revised 2007.

Appendix II provides a listing of bed numbers by facility.



## 2. Shared Commitments

Partnerships are of tremendous importance to Eastern Health and are inherent in the organization's vision and values. Partnerships are encouraged at various levels from direct program and service delivery to policy and advocacy. At the community level, for example, the Board of Trustees has held community stakeholder meetings and the organization has conducted community health needs assessments in almost all of the region, with the final assessment to be conducted in the Trinity-Conception area. Eastern Health works with professional associations, regulatory boards, unions, school boards, police, ambulance service providers and numerous other agencies; such partnerships are the cornerstone of true collaboration for the purpose of providing multiple benefits to individuals and their communities.

Eastern Health collaborates closely with officials from the Department of Health and Community Services on a variety of activities, ensuring alignment of the Strategic Directions provided by the Minister of Health and Community Services. Eastern Health is also working closely with the new provincial Department of Child, Youth and Family Services.

Eastern Health works with all provincial regional health authorities and the Newfoundland and Labrador Health Boards Association on a variety of common priorities such as planning, professional development and information technology.

Education and research are collaborative endeavours. Eastern Health has partnerships with over 40

educational institutions and organizations to help educate the next generation of health providers. The organization has a particularly strong affiliation with Memorial University of Newfoundland in achieving its mandate of education and research. Eastern Health has permanent representation on the Board of Directors of both the Newfoundland and Labrador Centre for Applied Health Research (NLCAHR) and the Newfoundland and Labrador Centre for Health Information (NLCHI).

Eastern Health's many volunteers and auxiliaries are dedicated to enhancing the quality of life for patients/clients/residents and their families. In addition to the efforts of approximately 2,000 individual volunteers, Eastern Health benefits from the commitment of volunteer agencies and community partners.

Foundations play a tremendous role in the healthcare sector by helping secure funds to purchase healthcare equipment. We acknowledge the role of the Board of Directors, staff, and volunteers of each of our six foundations: Burin Peninsula Health Care Foundation, Discovery Health Care Foundation, Dr. H. Bliss Murphy Cancer Care Foundation, Health Care Foundation, Janeway Children's Hospital Foundation and Trinity Conception Placentia Health Care Foundation.

Eastern Health continues to enhance working relationships with a number of community-based groups that have been devolved to the organization. These groups provide a broad range of services, including youth diversion (i.e., Burin-Placentia West



Alternative Measures Program), family resource centres (e.g., Daybreak Parent Child Centre), community living and infant childcare centres in schools.

Close connections continue between Eastern Health and the faith and fraternity-based owner boards for long-term care services in both St. John's and Clarke's Beach. Eastern Health recognizes the work of these boards in providing long-term care services and will continue to work collaboratively to define each others' roles and accountabilities.

The organization maintains a unique relationship with the hospital/health centres in Saint-Pierre et Miquelon. There is a tripartite agreement with Caisse de Prévoyance Sociale (CPS) and Centre Hospitalier F. Dunan (CHFD) to provide services to that population.

### 3. Highlights and Accomplishments

This section of the report highlights some of the accomplishments achieved by Eastern Health during 2010-11. These highlights are presented according to the Strategic Directions provided by the Minister of Health and Community Services: *Improved Population Health; Strengthened Public Health Capacity; Improved Accessibility to Priority Services and Improved Accountability and Stability in the Delivery of Health and Community Services within Available Resources.* These accomplishments also reflect Eastern Health's values of respect, integrity, fairness, connectedness and excellence. Additionally, accomplishments specific to the Commission of Inquiry on Hormone Receptor Testing and Eastern Health's response to Hurricane Igor are provided at the end of this section.

#### *Improved Population Health*

The focus areas of the Strategic Direction *Improved Population Health* are: *obesity, smoking rates and protection from environmental smoke, dental health of children, support for healthy aging, and Aboriginal health needs.* The following bullets list some of the accomplishments Eastern Health has achieved in these areas in 2010-11:

- Partnered with Eastern School District and Government Services Centre to deliver workshops to front-line school food providers which focused on the School Food Guidelines and food safety.
- Formed partnership with the Canadian Hard of Hearing Association to develop a DVD on hearing loss in seniors.
- Developed an education plan related to the Human Immunodeficiency Virus (HIV) in partnership with the AIDs Committee of Newfoundland and Labrador.
- Established an amputee support group with an emphasis on health promotion, lifestyle change, nutrition and education on optimum care for patients with amputation, and their families.
- Developed and implemented a Healthy Aging pilot project which included education sessions on a variety of topics.
- Enhanced breastfeeding support by using a train-the-trainer approach and providing training to 31 Community Health Nurses.
- Approved the regional *Breastfeeding: Protection, Promotion and Support Policy.*
- Supported 20 community groups that received Provincial Wellness Grants.
- Supported Wellness Coalition members in a number of ways, including support with the distribution of 57 community grants.

### 3. Highlights and Accomplishments

- Reviewed and supported \$48,000 in grants to 12 community groups throughout the region under the Community Addictions Prevention and Mental Health Promotion Fund.
- Focused on sexual health by launching the *Take Care Down There* social marketing campaign to promote safer sex among 18-30 year olds and offered sexual health workshops for staff and community partners to discuss sexual and reproductive health for youth.
- Completed an external evaluation of Aboriginal Patient Navigators (APN) which recommended that the program continue.
- Initiated the implementation of a Colorectal Cancer Screening program.
- Participated in the Colon Cancer Network with Cancer Care Ontario to complete a comprehensive analysis of colorectal cancer in Newfoundland and Labrador.
- Launched a Diabetes Ketoacidosis Prevention Toolkit which provides simple instructions to help prevent Diabetes Ketoacidosis from occurring in children who use an insulin pump. Newfoundland is the first province to launch these toolkits.
- Established a dedicated Pediatric Research and Family Resource Centre – The Colonel Harland Sanders Pediatric Research and Family Resource Centre.
- Continued to offer smoking cessation supports as part of Eastern Health's Smoke Free Environment Policy. Over 160 employees and their family members received help with smoking cessation. Eastern Health was recognized with a CARE Award from the Smokers' Help Line for its exemplary work in the area of tobacco cessation.
- Initiated an applied health research project to measure the acute care burden resulting from poorly managed chronic diseases in the community.
- Struck a Chronic Disease Prevention and Management Steering Committee to oversee the development, implementation and evaluation of a chronic disease strategy.

#### *Strengthened Public Health Capacity*

Under the Strategic Direction of *Strengthened Public Health Capacity*, the focus areas are *surveillance for communicable disease, health emergency plan for the health and community services system, and environmental health policy*. The following bullets list some of the accomplishments Eastern Health has achieved in these areas in 2010-11:

- Developed a Public Health Framework and began work on developing a regional Health Status Report.
- Completed a Public Health program utilization review which identified where Public Health capacity challenges exist.
- Completed a review of the Communicable Disease program, resulting in improvements in follow up reporting mechanisms with community physicians, improved linkages with Occupational Health and Infection Control and development of web-based tools to assist with vaccine storage and handling.
- Participated in reviewing cases of community-associated MRSA infections in Labrador Grenfell Health Region and in the development of a package of clinical practice guidelines for primary care and information for the general public.
- Partnered with other agencies in mock disaster exercises
- Responded to Hurricane Igor.

- Developed, launched and facilitated Fire Safety Team (Fire Marshal/Fire Warden) training sessions.
- Collaborated with the Departments of Government Services and Human Resources, Labour and Employment to develop a new approach to safe food at Multicultural Festivals in the region.
- Continued to implement the recommendations from the Patient Flow Study (2009).
- Initiated a pilot project that provides follow up and intense case management for clients with chronic diseases who present to the Emergency Departments several times in a year.

### ***Improved Accessibility to Priority Services***

Within this Strategic Direction, the focus areas are: *access to community-based mental health and addictions services; access to appropriate primary health services; home care and support services in the areas of end of life care, acute short-term community mental health, case management, short-term post discharge IV medications and wound management; options to support choices of individuals in need of long-term care and community supports; access to a strengthened Child, Youth and Family service and access to quality early learning and child care.* The following bullets list some of the accomplishments Eastern Health has achieved in these areas in 2010-11:

- Expanded waitlist management strategies across the region, including Regional Endoscopic Services, Mental Health Standardized referral for all adult Mental Health and Addictions services, Orthopedic Central Intake Initiative and Review of Adult Surgical Waitlist for City Hospitals (involved almost 6,000 patients).
- Initiated a Physiotherapy and Occupational Therapy Waitlist Strategy which identifies client service priorities and allows for a more timely service provision to clients with high service needs.
- Implemented a new physician Discharge Summary that will improve both timeliness and quality of information that family physicians receive when their patients are discharged from hospital.
- Revised the provincial Healthy Beginnings Manual which has been adopted by the other Regional Health Authorities.
- Offered ten Parent Resource Information Development and Education (PRIDE) pre-service programs. Twenty adoptive applicants and 33 foster care applicants completed these sessions.
- Designed and implemented Eligibility Assessment for Community Behavioural Support Services (CBSP) that has been adopted as the provincial tool and will be included in Provincial Standard Manual for Intervention Services.
- Developed a peer navigation project for breast cancer patients, through a funding grant from Health Canada.
- Received funding from the Public Health Agency of Canada and the Canadian Breast Cancer Foundation for the development of a comprehensive breast screening database, in collaboration with the Nova Scotia Breast Screening Program.
- Implemented a Community Chemotherapy program in the St. John's area which provides treatment to clients with a diagnosis of colorectal cancer who require 46 hours of continuous infusion chemotherapy.
- Expanded the Home Chemotherapy Program to other regions, and from the Chemotherapy Unit to community based nurses. This provides a home chemotherapy infusion program for colorectal cancer treatment enabling patients to be treated at home rather than hospital.

### 3. Highlights and Accomplishments

- Improved accessibility to dialysis services by expanding hours of operation for satellite dialysis in Clarenville and implementing dialysis services within St. Clare's Mercy Hospital
- Installed new equipment, including a multi-slice CT simulator, and began the implementation of four-dimensional scanning for lung cancer patients, and installed and commissioned an Orthovoltage treatment unit to treat skin cancer.
- Installed new ultrasound and CT units throughout the region and increased hours of service.
- Offered new services such as a virtual colonography (CTC) service in Clarenville.
- Implemented a Stereotactic Radiosurgery Program, a treatment modality used to treat brain metastases and acoustic neuroma.
- Initiated Fetal Fibronectin Screening systems for obstetrical patients in Burin, Clarenville and Carbonear Hospitals.
- Formed a Community Addictions Awareness Group which received \$50,000 from the Department of Health and Community Services to create a Recovery Drop-in Centre in Carbonear.
- Implemented a youth outreach program in Mental Health and Addictions with staff hired in St. John's, Clarenville, Marystown and Placentia.
- Reduced wait time in the community children's mental health services through the introduction of a change clinic based on a brief therapy model.
- Introduced two new youth case management coordinators.
- Developed Safe Rooms at hospital Emergency Rooms at Carbonear, Clarenville and Burin.
- Launched a Primary Health Care Clinic at the Salvation Army's New Hope Community Centre in downtown St. John's.
- Introduced an interdisciplinary team within the Rheumatology Program to improve access and care for patients with arthritis.
- Established a chronic ventilated resident care unit at Hoyles-Escasoni (respiratory therapy).
- Initiated a capacity program that has resulted in the development of new child care spaces in the region: 14 part-time and 27 school age spaces (urban); 34 full time and 23 school age spaces (Marystown).
- Initiated a pilot program providing occupational therapy services to improve inclusion of children in day care centres. An occupational therapist works with day care staff to create an environment that enables children with various challenges to participate in activities.
- Reorganized stroke care with the creation of a 16 bed stroke unit and recruited a Regional Stroke Co-ordinator to implement the National Stroke Guidelines.
- Expanded Bereavement Service throughout the region.
- Partnered with Ability Employment to offer a "Transitions to Work" project that assisted 6 individuals to obtain meaningful employment.
- Completed first year of Mobile Crisis Response service in St. John's and surrounding area and began to evaluate this service.
- Established committees throughout the region under the guidance of the Regional Palliative End of Life Care Leadership team to establish standardized palliative and end of life care approaches, policies, and processes.

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

The focus areas of this Strategic Direction are: *identify and monitor outcomes for selected programs; achievement of balanced budgets; stabilize human resources and quality management and patient safety.* The following bullets list some of the accomplishments Eastern Health has achieved in these areas in 2010-11:

- Received a three-year accreditation with Condition (Report) from Accreditation Canada with a 91% compliance rate.
- Achieved National Quality Institute Healthy Workplace Level I designation.
- Met all Health Canada standards in an audit of the Organ Donor Program.
- Improved wait times for a number of areas in diagnostic imaging for the time period March 2010 to March 2011:
  - o CT: Head, St. John's reduced from 69 days to 5 days
  - o CT: Chest/Abdomen, St. John's reduced from 168 days to 5 days
  - o Pelvic Ultrasound, St. John's decreased from 212 days to 78 days
  - o Abdominal Ultrasound, St. John's reduced from 176 days to 113 days
  - o CT: Spine, Carbonear reduced from 62 days to 16 days
  - o Breast Ultrasound, Burin, decreased from 47 days to 13 days
  - o Pediatric MRI (requires general anesthesia, accounting for approximately 40 per cent of cases) decreased from 300 days to 106 days
- Developed an Eastern Health Diversity Framework.
- Began construction of a new long-term care facility in St. John's and worked on a master plan for a new long-term care facility in Carbonear.
- Initiated mandatory education sessions for all employees entitled "Clinical Safety – Everyone's Responsibility".
- Participated in year three of the Health Insurance Reciprocal of Canada (HIROC) Risk Management Self-Appraisal Modules (RMSAM™) as part of HIROC's risk management services.
- Enrolled in six *Safer Health Care Now* initiatives aimed at reducing the number of injuries and deaths related to adverse events: surgical site infection, ventilator acquired pneumonia, acute myocardial infarct, central line associated – blood stream infection, medication reconciliation and VTE (Venous Thrombolism).
- Launched a Patient Safety Champion Program designed to recognize individuals/groups who demonstrate a commitment to clinical safety by advocating safety as everyone's responsibility, promoting the reporting of occurrences and close calls and recognizing the importance of learning from these events in order to have improved clinical outcomes.
- Provided support to provincial implementation of the provincial electronic occurrence reporting system, Clinical Safety Reporting System (CSRS), a tool to provide information about patient safety issues, allowing for enhanced communication and trending of occurrence reporting data.
- Initiated the Good Catch Award, an incentive program to promote the reporting of close calls in the Clinical Safety Reporting System (CSRS).

### 3. Highlights and Accomplishments

- Acquired new laboratory analyzers for all testing sites in the region that will enable standardization of testing.
- Completed an audit on the organization's carbon footprint.
- Processed approximately 26,000 inquiries related to personal health information and managed 437 media inquiries.
- Focused on recruitment and retention strategies, and recruited 40 physicians for Eastern Health.
- Implemented the CRMS Client Pay enabling Eastern Health to unify all community sector payments into one system and establish standardized processes for the issuance of all client payments.
- Established working groups for development and implementation of initiatives to support the proclamation of the *Personal Health Information Act* (PHIA).
- Released the results of community health needs assessment for the Northeast Avalon and initiated needs assessments for the Discovery Zone and Trinity-Conception area.
- Produced and broadcast Ethics Education Days across the province for all health regions and held over 30 ethics consultations in the region.
- Initiated a research project to assess diagnostic imaging services in an attempt to identify variations in referral patterns, wait-times by modality, and adverse events and health outcomes associated with wait-times.
- Reduced cardiac surgery cancellations by 36% by putting various initiatives into place.
- Graduated 46 students from the Practical Nursing Program at the Centre for Nursing Studies and admitted 62 students.
- Graduated 101 students from the Bachelor of Nursing (Collaborative Program) at the Centre for Nursing Studies.
- Approved 97 new research projects. The Clinical Trials Research Group is actively involved in over 100 clinical trials in cardiology, child health, clinical epidemiology/nephrology, endocrinology, gastroenterology, hematology, neurology, respiratory, rheumatology, women's health, radiation and medical oncology.
- Implemented a Falls Prevention Program for community clients within the Home and Community Care program to identify risk factors associated with falling and implementing strategies to reduce those risk factors.

#### *Progress on Recommendations from the Commission of Inquiry on Hormone Receptor Testing*

Eastern Health has made significant progress towards implementing the recommendations of Commission of Inquiry (COI) on Hormone Receptor Testing. Patient navigators for cancer care have been recruited. Disclosure training has been developed and provided using guidelines from the Canadian Patient Safety Institute. An electronic occurrence reporting program has been implemented. Vice Presidents responsible for patient safety and cancer care are in place. A joint research venture between provincial government, Eastern Health, and the Dr. H. Bliss Murphy Cancer Care Foundation has been established.

A Patient Advisory Council has been established to oversee implementation of the COI recommendations. Two academic bursaries to support post-secondary education projects on key topics identified during the COI have been established. The process to initiate the creation of a physical monument to honour people has begun.

Within the Laboratory Medicine perspective, the laboratories at Eastern Health have received accreditation from the Ontario Laboratory Accreditation. In addition, the following enhancements have taken place:

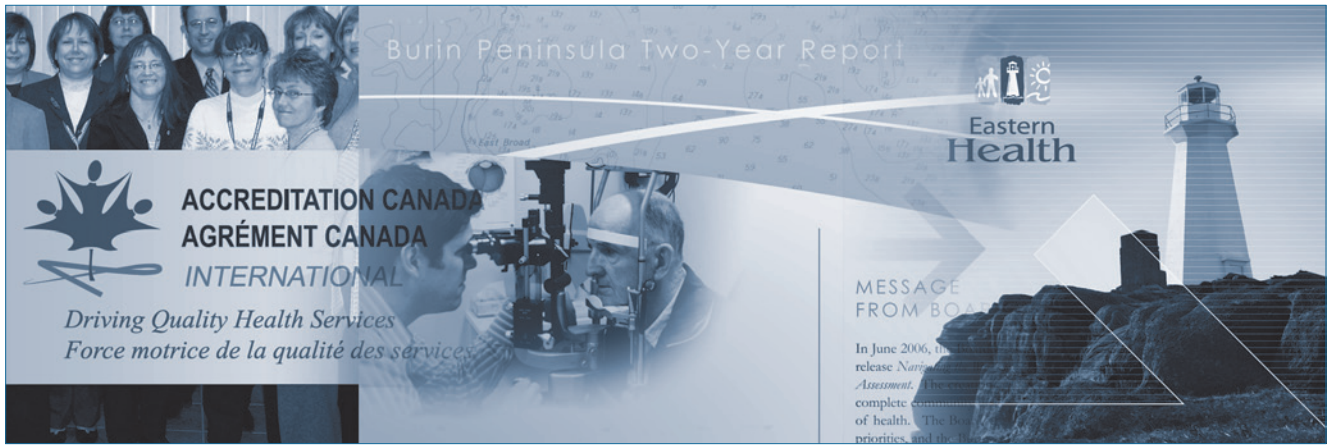
- A new division of quality management in Laboratory Medicine has been created and 8 Quality Control Coordinators have been hired.
- A new Clinical Chief for Laboratory Medicine is now in place.
- Policies and procedure revisions have been made to ensure the quality and consistency of laboratory practices and procedures are followed.
- The number of quality indicators being monitored is increased to ensure a more thorough approach to quality management and control of laboratory data and processes.
- A new Laboratory Quality Manual has been completed.
- Daily quality assurance information is now maintained and logged
- A laboratory human resources plan has been developed.
- Laboratory standards are implemented according to International ISO-standards of laboratory practice.
- Regularly scheduled training is provided to laboratory staff.
- A full complement of pathologists is in place.

### *Helping our Communities – Responding to Hurricane Igor*

On September 21, 2011, Hurricane Igor hit the island of Newfoundland. Many areas in Eastern Health's region were impacted with 150 communities temporarily isolated due to road washouts. Hurricane Igor had an incredible impact on Eastern Health and the organization's clients.

A Logistics Centre was established by Eastern Health to help co-ordinate emergency medical responses to isolated communities, and command centres were established throughout the region. From co-ordinating helicopter transportation to picking up dialysis patients to arranging transportation of medication, Eastern Health employees showed great commitment to the health and well-being of their communities. Eastern Health employees, some stranded themselves, helped care for people within their communities.

Thanks to the outstanding commitment of Eastern Health employees and strong community partnerships, the organization was able to respond to needs in a timely manner.



## 4. Report on Performance

### – Mission Statement

The vision of Eastern Health is *Healthy People, Healthy Communities*.

Eastern Health’s current strategic plan, *Moving Forward Together*, was developed for 2008-11 as per the legislative requirements of the *Transparency and Accountability Act*. The plan is available at [www.easternhealth.ca](http://www.easternhealth.ca).

This section of the Annual Performance Report outlines the progress made towards the mission statement outlined in the 2008-11 strategic plan. Progress in 2006-08 was previously reported.

Eastern Health made substantial progress on the mission statement it developed in 2006. The mission statement indicators below clearly

demonstrate the achievements of the organization for the past five years. Eastern Health has made major accomplishments in the area of safety including implementing Accreditation Canada survey and Required Organizational Practice recommendations. The organization has assessed the needs of its population and implemented the recommendations associated with these assessments. As part of the needs assessment process, strong community linkages have been made. One area that the organization must continue to work on is to ensure the standardization of policies regionally. In some cases, there are practices and policies that were different in various areas of the region and work to achieve consensus and consistency has taken more time than anticipated.

The work outlined below clearly helped the organization achieve its mission of providing health and community services along an integrated continuum.

**Mission:** By March 31, 2011, Eastern Health will provide health and community services along an integrated continuum within both its regional and provincial mandates and available resources to improve the health of people and communities.

**Measure 1:** Provide health and community services along an integrated continuum within regional and provincial mandates.

**Measure 2:** Provide health and community services along an integrated continuum within available resources.

**Result:** Health and community services are offered along an integrated continuum within regional and provincial mandates and available resources.



## Eastern Health Annual Performance Report 2010 - 2011

Twenty indicators were identified for measure 1 associated with the mission statement. Progress on those indicators is outlined in the following table:

Mission Statement Indicators	Results
1. Safety oriented “Required Organizational Practices (ROPs)” of Accreditation Canada implemented and monitored by the Board.	To date, tests for compliance for ROPs in both the 2007 and 2010 Accreditation Canada surveys have been successfully met.
2. An organizational safety plan approved, implemented and monitored.	Safety Plan comprised of both Clinical and Occupational Health and Safety components has been approved, implemented and monitored.
3. Core safety indicators identified by Regional Quality Council.	Regional Quality Council (RQC) identified and monitored safety indicators. The RQC also receives quarterly regional reports on occurrences, sentinel events and complaints.
4. The Accreditation Canada recommendations implemented.	To date, all recommendations arising from 2007 and 2010 Accreditation Canada survey reports have been met. The second of two reports required from the 2010 survey is due in August 2011.
5. Needs assessment for all geographic areas of the Eastern Health region completed.	Burin Peninsula, Southern Avalon, Northeast Avalon and Discovery Zone needs assessments completed. Eastern Health participated in a Bell Island needs assessment in partnership with the Bell Island Health and Wellness Committee. The remaining area to assess is Trinity-Conception (Economic Zone 17), which began in fall 2010 and will continue into 2011. Resources did not permit needs assessments of different geographic areas to be ongoing concurrently, so the Trinity-Conception assessment was re-scheduled for conclusion May 2012.
6. Reports provided to the Board and the community regarding the progress of needs assessment recommendations.	Six-month updates to the Board of Trustees and two-year follow up reports to the community were completed according to timelines outlined in the needs assessment reports.  Reporting for the Bell Island report is being followed up by the Bell Island Health and Wellness Committee.

## 4. Report on Performance – Mission Statement

<p>7. Gaps in services are identified based upon a comparison between current services and future needs.</p>	<p>Various mechanisms are used at different levels to identify gaps between current services and future needs. Demographic trends are monitored to assist in predicting age groups and geographic locations that will require services. Primary health care community advisory committees, in the process of identifying priorities in their communities, also identified needs and gaps in service. Program and department directors and managers, while monitoring utilization indicators and developing operational plans, identify gaps in service/over-resourced sectors. Community health needs assessments allow residents to indicate their community service needs.</p> <p>The newly developed Master Program for city hospitals is a significant piece of work and identifies future delivery needs based on the changing environment such as demographics and technology.</p>
<p>8. Eastern Health's strategies and frameworks aligned with provincial strategies and frameworks.</p>	<p>Eastern Health's Strategic Plan, Operational Plan, strategies and frameworks align with the Department of Health and Community Services' Strategic Directions and other provincial strategies and frameworks.</p>
<p>9. Progress on <i>Safer Healthcare Now</i> initiative communicated.</p>	<p>Implementation of <i>Safer Healthcare Now</i> initiatives are ongoing and progress has been communicated using various mechanisms, including staff meetings and internal publications.</p>
<p>10. Policies and standards evaluated to demonstrate regional consistency and equity in the provision of programs and services.</p>	<p>Work is ongoing in ensuring policies and standards are consistent across the region. This work has taken much longer than anticipated. In some cases, there are practices and policies that were different in various areas of the region and work to achieve consensus and consistency has taken more time than anticipated. A revised target date of December 30, 2011 was established for all legacy policies (both clinical and administrative) to be implemented.</p>

**Eastern Health  
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<p>11. Communication and partnerships formalized with other Regional Health Authorities related to provincial mandate.</p>	<p>Provincial health board CEOs met with the Deputy Minister of Health and Community Services and the Executive Director of the NLHBA on a regular basis to discuss common issues. Numerous linkages were in place at many levels between Eastern Health and other regional health authorities. A provincial committee exists between regional health authorities and the Department of Human Resources Labour and Employment to consider issues of common concern.</p>
<p>12. Linkages to outside partners (school boards, post-secondary institutions, fee-for-service family physicians) formalized.</p>	<p>Executive Team leads are assigned to develop formal linkages with the provincial government departments of Education, Justice, Human Resources and Labour and Employment. Formal linkages also exist with the Rural Secretariat. A Community Medical Advisory Committee (CMAC) was established.</p> <p>Formal committee linkages exist throughout the organization at various levels (e.g., Health Promotion staff liaison with schools).</p>
<p>13. Progress made towards the development of an integrated patient record system.</p>	<p>An integrated patient record system plan has been drafted by the Information Management Committee. Progress has been made towards the development of an integrated patient record system, including acquiring new scanning software and hardware in support of bridging the Electronic Health Record solution and expanding scanning/digitizing paper records to include complete health records from adult discharges in city sites.</p>
<p>14. Access and/or wait times consolidated for selected diagnostics and clinical services.</p>	<p>A Client Centred Waitlist Management Strategy was developed. Regional waitlist processes are developed for diagnostics, including a provincial priority tool that began roll-out in Fall 2007.</p>

## 4. Report on Performance – Mission Statement

<p>15. Regional plan developed to address wait lists particularly in the area of diagnostics.</p>	<p>Eastern Health’s Client Centred Waitlist Management Strategy is addressing wait lists for Diagnostic Imaging (DI). Regional waitlist processes are developed for diagnostics, including a provincial priority tool that began roll-out in Fall 2007.</p> <p>Since 2007, Eastern Health has been participating in the provincial Diagnostic Imaging Urgency Classification Strategy. This provincial initiative will also enable comparisons between Regional Health Authorities.</p>
<p>16. Referral and follow-up processes standardized, starting with high volume areas.</p>	<p>Changes implemented and staffing adjustments made to decrease patient registration wait times (for referrals and diagnostics) at St. John’s acute care sites. Peak times continue to present a challenge. Efforts are underway to begin implementation of single entry referral system to Diagnostic Imaging and to specific areas of general surgery.</p> <p>Central intake has begun in some programs (e.g., Psychiatric Emergency Services at the Waterford Hospital) to simplify the intake process.</p>
<p>17. Infrastructure and capital assessment completed and an action plan for priority areas developed and submitted to government for approval.</p>	<p>Infrastructure assessments have been completed. Submissions have been made to government for the funding to address deficient areas.</p> <p>A replacement plan for Biomedical Equipment was completed and presented to the Capital Infrastructure Review Committee.</p> <p>Annual capital equipment requests are forwarded to government with the budget submission. Priority projects are completed.</p>
<p>18. Approved components of the infrastructure plan implemented.</p>	<p>Capital infrastructure funding for major maintenance work has been identified. Eastern Health submits an annual capital equipment request to government with its budget submission.</p>

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<p>19. Accessibility to information through the system improved for the benefit of the client.</p>	<p>An Access and Privacy Office was established in 2009-10. This office oversees initiatives to support Eastern Health’s compliance with provincial access to information and protection of privacy legislation. The office also has responsibility to facilitate responses to queries and investigations from provincial oversight bodies such as the Office of the Citizens’ Representative, the Office of the Information and Privacy Commissioner and the Child and Youth Advocate. This office ensures a consistent approach to clients and ensures compliance with legislation. It also makes navigation of this topic easier for clients who can now be directed to this office for assistance.</p> <p>Eastern Health has implemented a Privacy Advisory Committee to provide advice on compliance with relevant access and privacy legislation: Access to Information and Protection of Privacy Act (ATIPPA) and Personal Health Information Act (PHIA)</p>
<p>20. Approved components of a Regional Health Services Plan implemented:</p> <ul style="list-style-type: none"> <li>• Regional mental health plan</li> <li>• Regional Child Health Services plan</li> <li>• Regional model for primary health care in line with the provincial framework</li> <li>• Improved access to priority services throughout the region</li> </ul>	<p>Components of the regional mental health plan are being implemented as funding permits.</p> <p>A number of assessments have been ongoing in different areas related to Child Health. These processes are ongoing and will cumulate into a Child Health plan.</p> <p>A number of initiatives, including the New Hope clinic in St. John’s, are advancing Primary Health Care within Eastern Health.</p> <p>A number of initiatives have been ongoing to improve access to priority services, including expanding the pre-admission clinic for Pediatric Surgery and implementing dialysis services in various parts of the region.</p>

## 4. Report on Performance – Mission Statement

A further eight indicators were identified for the mission statement's second measure. Progress on those eight indicators is provided in the following table:

Planned for 2006-2011	Actual for 2006-11
21. Balanced budget plan	Plan developed.
22. Annual operating budgets balanced	Annual operating budgets balanced 2005-06; 2006-07; 2007-08. For 2008-09, 2009-10 and 2010-11, budgets balanced following additional funding from the Department of Health and Community Services.
23. Internal budget reallocations completed with service impacts identified	The organization has a comprehensive budgeting process and internal budget reallocations identify service impacts.
24. Resource implications for unmet needs analyzed and presented to government	Budgetary requests are reviewed and analysed at the Executive Team level prior to submission to government. Key budget pressures are analyzed and communicated to the Executive Team, Board and government.
25. Productivity and workload measures linked to budgeting	Productivity and workload data are collected throughout the city hospitals in accordance with the Standards for Management Information Systems in Canadian Health Service Organizations (MIS Standards). This data is reported monthly as part of the statistical accounts of the General Ledger. Workload measurement has developed a 4-year plan to implement and integrate workload data throughout Eastern Health in a comprehensive and consistent manner.
26. Resource allocation framework established as a mechanism for decision-making	Resource allocation document has been developed and provides guidance on the ethics lens re: resource allocation.

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<p>27. Clear communication to the community established regarding resource limitations and unmet needs.</p>	<p>Community health needs assessment reports identify community health needs but also resource limitations. This information is communicated to the public through reports and public meetings held two years after the release of needs assessment reports on the progress of the implementation of the needs assessment recommendations.</p> <p>The Budgeting Department regularly identifies key budget pressures and communicates to Executive Team, Board of Trustees and Government.</p>
<p>28. Movement, sharing and appropriate utilization of services practiced throughout the region.</p>	<p>Eastern Health's response to both the HINI pandemic and Hurricane Igor are two key examples of the sharing of resources between acute, community and long-term care to best meet needs of patients/clients/residents.</p>

**Report on Performance - Mission Statement : Measure 2**





## 5. Report on Performance

### – Goals and 2010-2011 Objectives

In the Strategic Plan 2008-11, the Board of Trustees identified six priority issues: accountability; stewardship; safety; integration; confidence in the health system; and navigating the health and community services system. This section of the report outlines each of these priority issues and the progress made towards achieving the goals and the 2010-11 objectives.

As the indicators and results below show, by-laws respecting medical staff have been implemented and evaluation is ongoing. Work continues between Eastern Health and long-term care owner boards and devolved services. The process to develop Memorandums of Understanding with these groups has taken longer than anticipated to develop and thus evaluation has not occurred.

The goal, its measure, indicators and results are outlined in the tables below.

#### 5.1. Accountability

In the 2008-11 Strategic Plan the Board of Trustees outlined the need to affirm its role with physicians, long-term care owner boards and providers of devolved services.

**Goal:** By March 31, 2011, Eastern Health will have affirmed its role with physicians, owner boards, devolved services and government to support fulfillment of its mandate.

**Measure:** Affirmed the Board's role

**Result:** Board's role affirmed in some areas.

Goal Indicator	Results
Developed, implemented and evaluated mechanisms such as Memorandums of Understanding and By-laws with specific groups (physicians, owner boards, devolved services and government)	<p>By-laws respecting medical staff have been finalized and implemented. Evaluation is ongoing.</p> <p>Work continues between Eastern Health and long-term care owner boards and devolved services. The process to develop MOUs with these groups has taken longer than anticipated. As Child, Youth and Family Services becomes a new government department, this will impact on Eastern Health's relationship with some devolved services.</p> <p>As the development and implementation of some of these mechanisms has taken longer than planned, no formal evaluation of these mechanisms has taken place.</p>



## Eastern Health Annual Performance Report 2010 - 2011

The 2010-11 objective, its measure, indicators and results are outlined in the tables below.

<b>2010-11 Objective:</b> By March 31, 2011, Eastern Health will have evaluated mechanisms with owner boards, government and physicians.
<b>Measure:</b> Mechanisms evaluated
<b>Result:</b> This objective was not achieved. Development of MOUs with long-term care owner boards has taken much longer than anticipated. The creation of the new government department of Child, Youth and Family Services has impacted on the necessity of developing MOUs with devolved services. This process is unfolding.

2010-11 Objective Indicators	Results
MOUs with long-term care owner boards evaluated	Work continues between Eastern Health and the owner boards. The process to develop MOUs has taken longer than originally anticipated; therefore, there has been no formal evaluation to date. Work on this target is ongoing.
MOUs with devolved services evaluated	Work is ongoing between Eastern Health and various devolved services. As Child, Youth and Family Services becomes a new government department, this will impact on Eastern Health's relationship with some devolved services. As the MOUs have not been finalized, no formal evaluation could be completed by the target date.
Communications protocol with government evaluated	Eastern Health has developed a communications protocol with government that involves a number of elements.  Evaluation of this communications protocol is required once sufficient time has passed to evaluate it.

The progress made in this area supports government's strategic directions of improved accountability and stability by clarifying roles and responsibilities throughout the organization.

## 5. Report on Performance – Goals and 2010-2011 Objectives

### 5.2. Stewardship

Eastern Health's Board of Trustees recognizes its stewardship role and the importance of ensuring the long-term sustainability of the organization. This goal focused on ensuring appropriate plans and tools are in place to help ensure the sustainability of the organization.

The results of the indicators associated with this goal show many achievements. Plans related to health facilities, human resources and leadership, capital equipment, budgeting and information management are the foundations of a successful organization and will help to secure the long-term sustainability of the organization.

The stewardship goal, its measure, indicators and results achieved are outlined in the tables below.

**Goal:** By March 31, 2011, Eastern Health will have implemented approved components of a comprehensive sustainability plan.

**Measure:** Implement approved components.

**Result:** Approved components implemented.

Goal Indicators	Results
Health facilities plan developed	Eastern Health's Master Program/Master Plan for Acute Care redevelopment of the St. John's hospital facilities was developed in May 2010.
Human Resources and Leadership Strategy developed	Eastern Health has developed a <i>People Plan 2008-11</i> , which includes a Leadership Strategy.
Approved components of the capital equipment plan implemented	Eastern Health has developed and implemented a Capital Equipment Replacement Plan. This plan is updated on a yearly basis using projections until 2013-2014.
Comprehensive budgeting system that is date driven and aligned with service needs developed and implemented	Eastern Health developed and implemented a comprehensive budgeting system aligned with service needs.
Information management plan developed within the provincial electronic health record	Eastern Health's Information Management Plan was developed to align with the provincial electronic health record initiative (EHR).

## Eastern Health Annual Performance Report 2010 - 2011

The 2010-11 objective, its measure, indicators and results are outlined in the tables below.

<b>2010-11 Objective:</b> By March 31, 2011, Eastern Health will have completed a comprehensive budgeting system aligned with service needs.
<b>Measure:</b> Budgeting system completed.
<b>Result:</b> Budgeting system completed.

2010-11 Objective Indicator	Results
Comprehensive budgeting system aligned with service needs completed.	Eastern Health has completed a comprehensive budgeting system aligned with its service needs. A comprehensive budgeting process is in place within each planning cycle. Budgeting reviews all new requests and an analysis was presented to the Executive Team. Significant budget pressures are analyzed and communicated to the Executive Team, Board of Trustees and government.

The progress made in this area supports government's strategic direction of improved accountability and stability by identifying future planning needs and by proactively planning for human resources needs.



## 5. Report on Performance – Goals and 2010-2011 Objectives

### 5.3. Safety

Everyone at Eastern Health has worked hard to ensure a culture of safety throughout the organization. This goal references the need for a safety plan in order to promote and strengthen safety of patients, residents and clients.

The results indicated here show a clear focus and a commitment on safety throughout the organization. The development of a Safety Plan, along with indicator reports and monitoring, help to ensure a culture of safety. While the existence of such tools is important, ensuring the effectiveness of the Safety Plan is critical in order to demonstrate improvement. Developing indicators, determining benchmarks and evaluating the Safety Plan all help to improve safety throughout the organization.

The goal, measure, indicators and results are outlined in the tables below.

**Goal:** By March 31, 2011, Eastern Health's Board of Trustees will have implemented an approved Safety Plan, with a monitoring schedule, that combines components of the Quality and Risk Management Framework and an Occupational Health and Safety Plan, in order to promote and strengthen the safety of clients/patients/residents and staff.

**Measure:** Safety Plan

**Result:** Safety plan implemented.

Goal Indicators	Results
Clinical Safety Plan within Quality and Risk Management Framework approved	Eastern Health's Safety Plan was approved.
Clinical Safety Plan implemented	Eastern Health's Safety Plan, which includes both clinical and occupational health and safety components, has been implemented.
Occupational Health and Safety Indicator Report monitored through Board of Trustees Executive Limitation and Ends Policies	Occupational Health and Safety Indicator Reports have been monitored through the Board of Trustees Executive Limitation and Ends Policies.
Monitoring schedule established	Both clinical and Occupational Health and Safety Reports are presented to the Board of Trustees at regular intervals. Eastern Health's Regional Quality Council regularly receives safety monitoring reports from each portfolio.
Evidence that corrective action is taken as a result of the monitoring activities	Evidence exists that corrective action is taken as a result of monitoring activities. For example, the rate of workplace injury has declined and a culture of occurrence reporting is fostered through the regional implementation of the Client Safety Reporting System (CSRS).

## Eastern Health Annual Performance Report 2010 - 2011

The 2010-11 objective, measure, indicators and results are outlined in the tables below.

<b>2010-11 Objective:</b> By March 31, 2011, Eastern Health will have evidence of the effectiveness of the Safety Plan.
<b>Measure:</b> Evidence of Safety Plan effectiveness
<b>Result:</b> Evidence of Safety Plan effectiveness exists.

2010-11 Objective Indicators	Results
Benchmarks developed for clinical and Occupational Health and Safety components of the Safety Plan	A number of indicators have been developed for both clinical and Occupational Health and Safety (OH&S) components of Eastern Health's Safety Plan, which enable comparisons with national benchmarks.
Commencement of monitoring and evaluation process to measure Safety Plan	Eastern Health has commenced a monitoring and evaluation process to measure the effectiveness of its Safety Plan. Through selected indicators, Eastern Health has been able to make quarterly and annual comparisons and refine its Safety Plan where needed. Examples of such indicators include reporting within the Clinical Safety Reporting System (CSRS).

Progress made in implementing this plan supports government's strategic direction of improved accountability and stability in the delivery of health and community services.

## 5. Report on Performance – Goals and 2010-2011 Objectives

### 5.4. Integration

Since Eastern Health was formed in 2005, work has been ongoing to ensure an integrated clinical and administrative organization. This goal references the need to move forward with clinical and administrative integration in order to achieve improved service delivery.

On April 1, 2010, the organization reorganized to a regional reporting structure. This has resulted in effective integration. Substantial work has gone on in terms of ensuring consistency and standardization, however, more work is required to integrate clinical policies which has taken longer than anticipated.

The goal, measure, indicators and results are outlined in the tables below.

**Goal:** By March 31, 2011, Eastern Health will have improved service delivery through effective integration of clinical health and community services.

**Measure:** Improved service delivery

**Result:** Service delivery has been improved with work ongoing.

Goal Indicators	Results
Regional clinical policies standardized.	Over 60% of clinical policies have been standardized. However, more work remains. A revised target date of December 30, 2011 has been set whereby all legacy policies (both clinical and administrative) must be implemented.
Program and service criteria standardized.	Significant progress has been made toward standardizing program and service criteria. Restructuring to a regional reporting structure across Eastern Health's various portfolios took place as of April 1, 2010. Standardization across programs and services is a key component of this restructuring.

## Eastern Health Annual Performance Report 2010 - 2011

The 2010-11 objective, measure, indicators and results are outlined in the tables below.

<p><b>2010-11 Objective:</b> By March 31, 2011, Eastern Health will have monitored and evaluated implementation of the integration of clinical aspects with health and community services.</p>
<p><b>Measure:</b> Integration of clinical aspects evaluated.</p>
<p><b>Result:</b> Some integration of clinical aspects has been evaluated.</p>

2010-11 Objective Indicator	Results
Monitoring and evaluation of the implementation process for the integration of clinical aspects with health and community services completed	When the integration of all policies has been completed, more formal monitoring and evaluation will be required.

The progress made in this area supports government's strengthened public health capacity and improved accountability and stability in the delivery of health and community services within available resources.



## 5. Report on Performance – Goals and 2010-2011 Objectives

### 5.5. Confidence in the Health System

In 2008, confidence in the health system was identified as a priority issue by the Board of Trustees.

Significant work has been ongoing in this area. The organization regularly conducts client satisfaction surveys of various programs and services. In order to achieve a more integrated and co-ordinated approach to client satisfaction and confidence in the system, Eastern Health has developed a comprehensive Client Satisfaction Survey Plan. In addition to this work, the organization has been implemented a number of strategies which will help to improve confidence. A Statement of Rights and Responsibilities for Patients, Clients and Residents

is being developed with extensive stakeholder consultation. The emphasis on safety throughout the organization (see 5.3) will also help to ensure confidence. While much has been accomplished, the organization is cognizant that changes in this area occur over the long-term.

The goal, measure, indicators and results are outlined in the tables below.

**Goal:** By March 31, 2011, Eastern Health will improve confidence in the health system.

**Measure:** Confidence in the health system

**Result:** Confidence in the health system

Goal Indicators	Results
Measures of confidence audited	<p>Developing measures of confidence has been complex work and has taken longer than originally planned. A Client Satisfaction Survey Plan has been developed, which includes an integrated and co-ordinated approach, including regularly conducting client satisfaction surveys. The first survey will be distributed early in the 2011-12 fiscal year.</p> <p>When implementing new strategies and services, evaluation is an important component. Evaluation of new strategies and services occurs and provides an indication of level of confidence.</p>
Components of strategies approved and implemented	<p>Numerous components of strategies have been approved and implemented. These include:</p> <ul style="list-style-type: none"> <li>• A Client Satisfaction Survey Plan has been approved and the first surveys are scheduled to commence early in the 2011-12 fiscal year;</li> <li>• A Statement of Rights and Responsibilities for Patients, Clients and Residents of Eastern Health has been developed based on extensive stakeholder consultation.</li> <li>• Widespread disclosure training has begun, which will assist staff and physicians to communicate with patients/clients/residents in the event of an occurrence.</li> </ul>



## Eastern Health Annual Performance Report 2010 - 2011

The 2010-11 objective, measure, indicators and results are outlined in the tables below.

<b>2010-11 Objective:</b> By March 31, 2011, Eastern Health will have evaluated its actions and modified its plan to improve confidence in the health system.
<b>Measure:</b> Plan evaluated and modified.
<b>Result:</b> Plan has been developed with some evaluation and modifications taken place.

2010-11 Indicators	Results
Evaluation completed	A Client Satisfaction Survey Plan has been developed, which includes work towards regularly conducting client satisfaction surveys. The first of these surveys will be distributed early in the 2011-12 fiscal year.
Plan to improve confidence in the health system modified and finalized	The Client Satisfaction Survey Plan will comprise a major component of the plans to improve confidence in the health system. In addition, the Board of Trustees has identified a number of ways to improve programs and services which, in turn, will improve both confidence in the health system and client satisfaction. This will involve increasing an emphasis on such aspects as quality, safety and timely access, all of which will carry over into Eastern Health's Strategic and Operational Plan for 2011-14.

Progress in this area supports all of government's strategic directions.

## 5. Report on Performance – Goals and 2010-2011 Objectives

### 5.6. *Navigating the Health and Community Services System*

In such a large and complex entity as Eastern Health, it can be difficult for internal and external stakeholders to navigate throughout the organization. As new programs, services and technologies are offered, navigation challenges can change. The organization has put into place a number of strategies which have helped to ease navigation issues. Initiatives such as adding and evaluating Aboriginal Patient Navigators and Peer and Nurse-led Navigators have greatly assisted navigation. In addition to human resources, communication mechanisms such as the internet are being used to provide timely information to clients. It is clear that navigation of the system is a dynamic topic. As new programs and services are offered, navigation must be addressed. While substantial

progress has been made, the work in this area must continue to ensure that patients, clients and resident can navigate through the health and community services system to reflect changes in the system and changes in the needs of clients.

The goal, measure, indicators and results are outlined in the tables below.

**Goal:** By March 31, 2011, Eastern Health has improved clients' and staff's ability to navigate the health and community services system.

**Measure:** Clients' and staff's ability to navigate the system improved

**Result:** Clients' and staff's ability to navigate the system has improved.

Goal Indicators	Results
Plan developed and implemented	<p>Work has been ongoing related to navigation of the health and community services system both internally and externally to the organization. For example, Aboriginal Patient Navigators have been in place and those roles have been evaluated. A Central Intake Service for Children and Youth (i.e., a single point of entry for six different child and adolescent mental health/addictions services) has been implemented. Peer and Nurse-led Navigators within the Cancer Care Program have been established. Centralization of Psychiatric Emergency Services at the Waterford Hospital. Navigators and Networks (NavNet) – a multi-partner initiative to address system barriers impacting on individuals with complex needs has been established.</p> <p>Both the Internet and Intranet are continually improving to provide timely information to the general public, managers, staff and physicians.</p> <p>Various elements of a plan have been developed and implemented. Navigation is dynamic and requires ongoing work.</p>
Improvements recognized by staff and clients through surveys and/or focus groups	<p>Some improvements have been recognized by staff and clients. Specifically, the Aboriginal Patient Navigator program was evaluated by an outside agency. This program was recommended to continue based on key informant interviews with clients who have used the service, Aboriginal communities, and health care providers.</p>

## Eastern Health Annual Performance Report 2010 - 2011

The 2010-11 objective, measure, indicators and results are outlined in the tables below.

<p><b>2010-11 Objective:</b> By March 31, 2011, Eastern Health will have improved clients' and staff's ability to navigate the health and community services system.</p>
<p><b>Measure:</b> Improvement in ability to navigate the health and community services system</p>
<p><b>Result:</b> Ability to navigate the health and community services system improved but additional work required.</p>

2010-11 Objective Indicators	Results
<p>Identify criteria for developing measures</p>	<p>A number of initiatives have been undertaken to improve navigation, which include Aboriginal Patient Navigators, Peer and Nurse-led Navigators within the Cancer Care Program and a Central Intake process to simplify intake for some programs (e.g., Psychiatric Emergency Services at the Waterford Hospital).</p> <p>Identifying criteria for developing measures has begun but will need further refinement as the various initiatives evolve and new initiatives unfold. For example, an external evaluation was conducted of the Aboriginal Patient Navigators program that included key informant interviews with clients who have used the service, Aboriginal communities, and health care providers.</p>
<p>Develop measures to evaluate clients' and staff's ability to navigate the health and community services system.</p>	<p>Given the varied nature of Eastern Health's navigation initiatives, there are no set measures in place to evaluate clients' and staff's ability to navigate the health and community services system; however, some evaluation has begun, which will enable some knowledge transfer for conducting further evaluations.</p> <p>In particular, an external agency completed an evaluation of the Aboriginal Patient Navigator program and recommended that the program continue, based on key informant interviews with clients who have used the service, Aboriginal communities, and health care providers.</p>

Progress in this area supports all of government's strategic directions.



## 6. Opportunities and Challenges Ahead

Within the health and community services, there are many opportunities and challenges and Eastern Health strives to identify and meet them.

### *Our People*

Eastern Health is comprised of individuals and groups that are passionate about the work they do. They are dedicated to excellence, and they understand their important roles within the health care system.

### *Sustainability*

This sector is one that changes and evolves as new knowledge and technology is introduced. While we enjoy many opportunities to implement innovative approaches, we are also challenged to meet a wide array of demands within approved budgets.

Similar to most every health care organization across Canada, Eastern Health is concerned with increasing costs and the sustainability of programs and services. Eastern Health must continually respond to changing needs such as shifting resources from the acute care setting to community-based care. In particular, hospital stays for many procedures have shortened and rehabilitative services

have increasingly been required in the community setting over the last several decades. At the same time, there have been changes in funding models and additional pressures to increase effectiveness and efficiency.

### *Access*

Timely access to programs and services is an area of concern for Eastern Health and a concern for the public. We are working to find innovative ways to address this issue, and Eastern Health has identified access as one of its priority issues in its Strategic Plan 2011-14.

### *Population Health*

Like most jurisdictions, Eastern Health faces increasingly diverse needs and increasing expectations of the population. We are challenged with balancing the need for preventative approaches, which are known to improve health outcomes over the long-term, with the expectation of immediate treatment and care of current health problems. Residents of this province have numerous risk factors for chronic diseases such as diabetes and asthma. For instance, the rate of obesity in this province is 28.6% while the rate for Canada is

18.0%.<sup>7</sup> Such factors have implications for the health of our citizens and communities, as well as for the health system, overall. There are competing priorities between providing treatment for illness and injury with redistributing resources to focus on preventative approaches and health promotion. At the same time, there is also growing public awareness of these public health issues. In its Strategic Plan 2011-14, Eastern Health has identified population health as one of its priorities.

### *Demographics*

Shifting and changing demographics of both the region and province have an impact upon policy and service delivery. While the population of the Northeast Avalon and a number of service centres continue to increase, out-migration and an aging population affect the viability of many rural communities. For example, there is a reduced labour supply in many areas, and community life is changing as families are generally smaller and/or family members are living further away.

Eastern Health, through its strategic planning process, monitors its internal and external environment to be aware of the challenges and opportunities. Through the dedicated individuals and groups that comprise Eastern Health, we are committed to working towards the vision of *Healthy People, Healthy Communities*.

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<sup>7</sup>Canadian Community Health Survey, Statistics Canada, 2009/2010. CANSIM table no.: 105-0502. Body mass index (BMI) is a method of classifying body weight according to health risk. The index is calculated for the population aged 18 and over, excluding pregnant females and persons less than 3 feet (0.914 metres) tall or greater than 6 feet 11 inches (2.108 metres).



## **7. Audited Financial Statements**

*Combined Financial Statements of*

**EASTERN REGIONAL HEALTH  
AUTHORITY – OPERATING FUND**

*March 31, 2011*

# EASTERN REGIONAL HEALTH AUTHORITY – OPERATING FUND

March 31, 2011

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## Independent Auditor's Report

To the Board of Trustees of  
Eastern Regional Health Authority

We have audited the accompanying financial statements of Eastern Regional Health Authority – Operating Fund which comprise the statement of financial position as at March 31, 2011 and the statements of operations, changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

### *Management's Responsibility for the Financial Statements*

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

### *Auditor's Responsibility*

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

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

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

### *Opinion*

In our opinion, the financial statements present fairly, in all material respects, the financial position of Eastern Regional Health Authority – Operating Fund as at March 31, 2011 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

*Deloitte & Touche LLP*

Chartered Accountants  
July 13, 2011



**EASTERN REGIONAL HEALTH AUTHORITY -  
OPERATING FUND  
Combined Statement of Operations**

Year Ended March 31, 2011

(in thousands of dollars)

	2011	2010
	\$	\$
<b>Revenue</b>		
Provincial plan	1,175,250	1,084,568
MCP	67,567	55,020
Other	35,678	40,053
Resident	17,714	17,452
Inpatient	9,058	13,303
Outpatient	8,733	8,519
	<b>1,314,000</b>	<b>1,218,915</b>
<b>Expenditures</b>		
Patient and resident services	351,763	332,144
Client services	274,202	243,520
Diagnostic and therapeutic	162,476	149,639
Support	145,794	142,771
Ambulatory care	116,670	113,667
Administration	109,165	106,106
Medical services	93,726	77,149
Other	29,636	23,472
Research and education	17,738	17,366
Interest on long-term debt	9,715	9,866
	<b>1,310,885</b>	<b>1,215,700</b>
<b>Surplus before non-shareable items</b>	<b>3,115</b>	<b>3,215</b>
<b>Adjustments for non-shareable items:</b>		
Amortization of deferred capital contributions	17,961	17,101
Amortization of capital assets	(27,767)	(24,881)
Interest on sinking fund	588	538
Accrued vacation	(3,270)	(6,469)
Accrued severance	(5,676)	(10,569)
<b>Deficiency of revenue over expenditures</b>	<b>(15,049)</b>	<b>(21,065)</b>

**EASTERN REGIONAL HEALTH AUTHORITY -  
OPERATING FUND**

**Combined Statement of Changes in Fund Balances**

Year Ended March 31, 2011

(in thousands of dollars)

	2011		2010	
	Net Investment in Capital Assets	Operating Fund	Total	Total
	\$	\$	\$	\$
Balance, beginning of year	50,328	(228,888)	(178,560)	(157,495)
Deficiency of revenue over expenditures	-	(15,049)	(15,049)	(21,065)
Repayment of long-term debt	2,367	(2,367)	-	-
Increase in sinking fund	1,336	(1,336)	-	-
Amortization of deferred capital contributions	17,961	(17,961)	-	-
Amortization of capital assets	(27,767)	27,767	-	-
<b>Balance, end of year</b>	<b>44,225</b>	<b>(237,834)</b>	<b>(193,609)</b>	<b>(178,560)</b>

**EASTERN REGIONAL HEALTH AUTHORITY -  
OPERATING FUND**

**Combined Statement of Financial Position**

March 31, 2011

(in thousands of dollars)

	2011	2010
	\$	\$
<b>Assets</b>		
Current assets		
Accounts receivable (Note 5)	116,082	97,228
Supplies inventory	12,832	12,954
Prepaid expenses	7,766	5,645
	<u>136,680</u>	<u>115,827</u>
Deferred charges	-	84
Capital assets (Note 6)	336,589	309,985
General Hospital Hostel Association loan (Note 7)	1,497	1,617
Trust funds	3,891	3,820
	<u>478,657</u>	<u>431,333</u>
<b>Liabilities</b>		
Current liabilities		
Bank indebtedness (Note 8)	11,614	1,047
Accounts payable and accrued liabilities	125,942	111,461
Accrued vacation pay	47,153	43,883
Current portion of long-term debt (Note 9)	2,417	2,370
Current portion of accrued severance pay	8,200	6,004
Deferred revenue - operating	20,008	26,603
Deferred capital grants	52,549	50,353
	<u>267,883</u>	<u>241,721</u>
Long-term debt (Note 9)	130,328	134,078
Accrued severance pay	110,545	107,065
Deferred capital contributions (Note 10)	159,619	123,209
Trust funds	3,891	3,820
	<u>672,266</u>	<u>609,893</u>
Contingencies (Note 12)		
Commitments (Note 13)		
<b>Net deficiency</b>		
Operating fund	(237,834)	(228,888)
Net investment in capital assets	44,225	50,328
	<u>(193,609)</u>	<u>(178,560)</u>
	<u>478,657</u>	<u>431,333</u>

Approved by the Board



Director



Director

**EASTERN REGIONAL HEALTH AUTHORITY -  
OPERATING FUND  
Combined Statement of Cash Flows**

Year Ended March 31, 2011  
(in thousands of dollars)

	2011	2010
	\$	\$
<b>Operating activities</b>		
Deficiency of revenue over expenditures	(15,049)	(21,065)
Adjustments for:		
Amortization of capital assets	27,767	24,881
Amortization of deferred capital contributions	(17,961)	(17,101)
Increase in severance pay accrual	5,676	10,569
Amortization of deferred charges	84	104
Changes in non-cash operating working capital (Note 11)	(7,501)	(11,303)
	<u>(6,984)</u>	<u>(13,915)</u>
<b>Investing activities</b>		
Construction and purchase of capital assets	(54,371)	(39,550)
Repayment of loan to General Hospital Hostel Association	120	119
	<u>(54,251)</u>	<u>(39,431)</u>
<b>Financing activities</b>		
Capital asset contributions	54,371	39,550
Repayment of long-term debt	(2,367)	(2,468)
Sinking fund payments	(1,336)	(1,286)
Increase in bank indebtedness	10,567	1,047
	<u>61,235</u>	<u>36,843</u>
Net decrease in cash resources	-	(16,503)
Cash, beginning of year	-	16,503
<b>Cash, end of year</b>	<u>-</u>	<u>-</u>
<b>Supplementary disclosure of cash flow information:</b>		
Interest paid	10,461	10,613

# EASTERN REGIONAL HEALTH AUTHORITY – OPERATING FUND

## Notes to the Combined Financial Statements

March 31, 2011

(tabular amounts expressed in thousands of dollars)

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### 1. NATURE OF OPERATIONS

The Eastern Regional Health Authority (“Eastern Health” or “the Authority”) is responsible for the governance of health services in the Eastern Region of Newfoundland and Labrador.

The mandate of Eastern Health spans the full health care continuum including primary and secondary level health and community services for the Eastern Region (Avalon, Bonavista and Burin Peninsulas, west to Port Blandford) as well as tertiary and other provincial programs/services for the entire Province. The Authority also has a mandate to work to improve the overall health of the population through its focus on public health as well as on health promotion and prevention initiatives. Services are both community and institutional based. In addition to the provision of comprehensive health care services, Eastern Health also provides education and research in partnership with all stakeholders.

Eastern Health is a registered charity and, while registered, is exempt from income taxes.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Authority has elected to use the exemption provided by the Canadian Institute of Chartered Accountants (“CICA”) permitting not-for-profit organizations not to apply Sections 3862 and 3863 of the CICA Handbook which would otherwise have applied to the financial statements of the Authority for the year ended March 31, 2011. The Authority applies the requirements of Section 3861 of the CICA Handbook.

The financial statements of the Authority have been prepared in accordance with Canadian generally accepted accounting principles for not-for-profit organizations. The more significant accounting policies of the Authority are as follows:

#### *Basis of presentation*

These financial statements include the assets, liabilities, revenues, and expenditures of the operating fund and the residents’, clients’ and patients’ trusts.

The Authority administers trust funds on behalf of residents, clients and patients. These funds are the property of the individual residents, clients and patients.

As disclosed in Note 4, there are other entities that, while controlled by Eastern Health, are not consolidated as permitted under CICA Handbook Section 4450 “Reporting controlled and related entities for not-for-profit organizations”. Summary financial information for entities that are not consolidated is provided in Note 4.

#### *Fund accounting*

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

# EASTERN REGIONAL HEALTH AUTHORITY – OPERATING FUND

## Notes to the Combined Financial Statements

March 31, 2011

(tabular amounts expressed in thousands of dollars)

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### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

#### *Fund accounting (continued)*

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

The net investment in capital assets represents assets purchased for the use of the operating fund.

#### *Revenue recognition*

Provincial plan revenues are recognized in the period in which entitlement arises. MCP, inpatient, outpatient and resident revenues are recognized in the period services are provided. Revenue received for a future period is deferred until that future period and is recorded as deferred revenue. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

The Authority is funded by the Department of Health and Community Services (the “Department”) for the total of its operating costs, after the deduction of specified revenue and expenditures, to the extent of the approved budget. The final amount to be received by the Authority for the 2011 fiscal year will not be determined until the Department has completed its review of the Authority’s financial statements. Adjustments resulting from the Department’s review and final position statements will be considered by the Authority and reflected in the year of assessment.

#### *Cash and cash equivalents*

Cash and cash equivalents include cash on hand and balances with banks, net of any overdrafts.

#### *Inventory*

Inventory is valued at average cost, determined on a first-in first-out basis.

#### *Capital assets*

Capital assets are recorded at cost, although title to certain of these assets is held by the Government of Newfoundland and Labrador (the “Government” or the “Province”). Contributed capital assets are recorded at their estimated fair value at the date of contribution. Minor equipment purchases are charged to operations in the year of acquisition.

# EASTERN REGIONAL HEALTH AUTHORITY – OPERATING FUND

## Notes to the Combined Financial Statements

March 31, 2011

(tabular amounts expressed in thousands of dollars)

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### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

#### *Capital assets (continued)*

Amortization is calculated on the straight-line and declining balance bases at the rates set out below. It is expected that these rates will charge operations with the total cost of the assets less estimated salvage value over the useful life of the assets.

Buildings and improvements	2% - 5%
Equipment	6.5% - 20%
Equipment under capital leases	14.3% - 25%
Land improvements	10% - 20%

Gains and losses on disposal of individual assets are recognized in income in the year of disposal.

Construction in progress is not amortized until the project is substantially complete at which time the project costs are transferred to the appropriate asset class and amortized accordingly.

#### *Impairment of long-lived assets*

Long-lived assets are tested for recoverability whenever events or changes in circumstances indicate that their carrying amount may not be recoverable. The amount of any impairment loss is determined as the excess of the carrying value of the asset over its fair value.

#### *Capital and operating leases*

A lease that transfers substantially all of the benefits and risks associated with ownership of property is accounted for as a capital lease. At the inception of a capital lease, an asset and an obligation are recorded at an amount equal to the lesser of the present value of the minimum lease payments and the asset's fair value. Assets acquired under capital leases are amortized on the same basis as other similar capital assets. All other leases are accounted for as operating leases and the payments are expensed.

#### *Capital contributions*

Capital contributions are recorded as deferred capital contributions and amortized to income on the same basis and using the same rates as the amortization related to the capital assets purchased. Capital contributions for capital assets that are not amortized are recorded as direct increases in net assets.

#### *Accrued vacation pay*

Vacation pay is accrued for all employees as entitlement is earned.

# EASTERN REGIONAL HEALTH AUTHORITY – OPERATING FUND

## Notes to the Combined Financial Statements

March 31, 2011

(tabular amounts expressed in thousands of dollars)

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### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

#### *Accrued severance pay*

Severance pay is accounted for on an accrual basis and is calculated based upon years of service and current salary levels. The right to be paid severance pay vests with employees with nine years of continual service with the Eastern Health or another public sector employer. Accordingly, no provision has been made for employees who have less than nine years of continual service. Severance is payable when the employee ceases employment with Eastern Health.

#### *Pension costs*

Employees of the Authority are members of the Public Service Pension Plan and the Government Money Purchase Plan (the “Plans”) administered by the Government. Contributions to the Plans are required from both the employees and the Authority. The annual contributions for pensions are recognized as a current expenditure and amounted to \$38,745,593 for the year ended March 31, 2011 (2010 - \$36,355,178).

#### *Sinking funds*

Sinking funds established for the retirement of debentures are held and administered in trust by the Government.

#### *Contributed services*

A substantial number of volunteers contribute a significant amount of their time each year to assist Eastern Health in carrying out its service delivery activities. Because of the difficulty in determining fair value, contributed services are not recognized in these financial statements.

#### *Financial instruments*

Financial assets and liabilities are classified according to their characteristics and management’s choices and intentions related thereto for the purposes of ongoing measurements. The fair value of a financial instrument is the estimated amount that received or paid to terminate the instrument’s agreement at the reporting date. Various market value data and other valuation techniques are used, as appropriate, to estimate the fair value of each type of financial instrument.



# EASTERN REGIONAL HEALTH AUTHORITY – OPERATING FUND

## Notes to the Combined Financial Statements

March 31, 2011

(tabular amounts expressed in thousands of dollars)

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### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

#### *Financial instruments (continued)*

Financial assets and liabilities are generally classified and measured as follows:

<u>Asset/Liability</u>	<u>Classification</u>	<u>Measurement</u>
Cash	Held for trading	Fair value
Accounts receivable	Loans and receivables	Amortized cost
Bank indebtedness	Other liabilities	Amortized cost
Accounts payable and accrued liabilities	Other liabilities	Amortized cost
Long-term debt	Other liabilities	Amortized cost

Other balance sheet accounts do not meet the criteria to be considered financial instruments.

#### *Use of estimates*

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and reported amounts of revenue and expenditures during the year. Actual results could differ materially from these estimates.

### 3. FUTURE ACCOUNTING PRONOUNCEMENTS

The CICA has issued a new accounting framework applicable to Canadian government enterprises. Effective for fiscal years beginning on or after January 1, 2011, government enterprises are required to adopt accounting principles set forth by the Public Sector Accounting Board (“PSAB”). The Authority currently plans to adopt the new accounting standards for government enterprises for its fiscal year beginning April 1, 2011; however, the impact of this transition has not yet been determined.

### 4. NOT-FOR-PROFIT ENTITIES

The Health Care Foundation of St. John’s Inc., Janeway Children’s Hospital Foundation, Ever Green Environmental Corporation, Trinity-Conception-Placentia Health Foundation Inc., Burin Peninsula Health Care Foundation Inc., Discovery Health Foundation Inc. and the Dr. H. Bliss Murphy Cancer Care Foundation were formed to support Eastern Health by raising funds for the capital equipment needs of the Authority. The entities are incorporated under the Corporations Act of Newfoundland and Labrador and are registered charities under the Income Tax Act.

The Authority controls the General Hospital Hostel Association, Northwest Rotary-Janeway Hostel Corporation, Lions Manor Inc., TCRHB Housing Complex Inc., Blue Crest Cottages and Golden Heights Manor Cottages. These entities were established to provide accommodations for family members of patients and housing to senior citizens.

# **EASTERN REGIONAL HEALTH AUTHORITY – OPERATING FUND**

## **Notes to the Combined Financial Statements**

**March 31, 2011**

**(tabular amounts expressed in thousands of dollars)**

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### **4. NOT-FOR-PROFIT ENTITIES (Continued)**

Eastern Health has memoranda of understanding/governance agreements with the following nursing home owner/operators (“homes”) in the region:

- Masonic Park – Nursing Home
- Saint Luke’s Homes (A Division of Anglican Homes Inc.)
- St. Patrick’s Mercy Home
- The Agnes Pratt Home
- The Salvation Army Glenbrook Lodge
- The Pentecostal Assemblies Benevolent Association of Newfoundland and Labrador – Clarke’s Beach Seniors Citizen’s Home

Eastern Health is responsible for policy direction, distribution of operating funds and capital grants, and providing certain services to homes, which are individually controlled entities. Ultimate ownership of assets and liabilities rests with the individual homes or the respective governing bodies.

**EASTERN REGIONAL HEALTH AUTHORITY –  
OPERATING FUND**

**Notes to the Combined Financial Statements**

March 31, 2011

(tabular amounts expressed in thousands of dollars)

**4. NOT-FOR-PROFIT ENTITIES (Continued)**

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

	Foundations		Hostels and Cottages		Nursing Homes	
	2011	2010	2011	2010	2011	2010
	\$	\$	\$	\$	\$	\$
<b>Financial position</b>						
Total assets	16,495	13,869	10,244	11,175	25,309	24,796
Total liabilities	5,464	3,253	10,949	11,546	41,158	40,281
Total net assets	11,031	10,616	(705)	(371)	(15,849)	(15,485)
	16,495	13,869	10,244	11,175	25,309	24,796
<b>Results of operations</b>						
Total revenues	14,887	14,022	2,102	2,086	60,841	59,280
Total expenditures	13,364	12,224	2,576	2,371	61,206	59,455
Excess (deficiency) of revenues over expenditures	1,523	1,798	(474)	(285)	(365)	(175)
<b>Cash flows</b>						
Cash from operations	2,307	887	319	557	924	1,050
Cash used in financing and investing activities	(2,925)	(1,322)	(549)	(527)	(926)	(906)
Increase (decrease) in cash	(618)	(435)	(230)	30	(2)	144

**5. ACCOUNTS RECEIVABLE**

	2011	2010
	\$	\$
Government of Newfoundland and Labrador	65,541	60,199
Services to patients, residents and clients	16,072	14,597
Other	34,469	22,432
	116,082	97,228

**EASTERN REGIONAL HEALTH AUTHORITY –  
OPERATING FUND**

**Notes to the Combined Financial Statements**

March 31, 2011

(tabular amounts expressed in thousands of dollars)

**6. CAPITAL ASSETS**

	2011		2010	
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
	\$	\$	\$	\$
Land and land improvements	2,810	492	2,318	2,337
Buildings and improvements	341,232	134,918	206,314	209,271
Equipment	409,515	323,591	85,924	70,614
Equipment under capital leases	15,445	14,786	659	827
Construction in progress	41,374	-	41,374	26,936
	<b>810,376</b>	<b>473,787</b>	<b>336,589</b>	<b>309,985</b>

**7. GENERAL HOSPITAL HOSTEL ASSOCIATION LOAN**

The General Hospital Hostel Association loan is repayable to the Authority in monthly instalments of principal and interest of \$12,647 at an interest rate of prime minus 1.75%. The loan matures April 2023, and is presented net of the current portion of \$120,650.

**8. BANK INDEBTEDNESS**

The Authority has access to lines of credit totaling \$64,000,000 in the form of revolving demand loans and/or bank overdrafts at its financial institution, of which \$56,124,872 was unused as at March 31, 2011 (2010 - \$64,000,000). The authority to borrow has been approved by the Province's Minister of Health and Community Services.

# EASTERN REGIONAL HEALTH AUTHORITY – OPERATING FUND

## Notes to the Combined Financial Statements

March 31, 2011

(tabular amounts expressed in thousands of dollars)

### 9. LONG-TERM DEBT

	2011	2010
	\$	\$
Sinking Fund Debenture, Series HCCI, 6.90%, to mature June 15, 2040, interest payable semi-annually on June 15 and December 15.	130,000	130,000
Royal Bank of Canada (Central Kitchen), 6.06% loan, unsecured, maturing May 2014, payable in blended monthly instalments of \$101,670.	3,508	4,485
Newfoundland and Labrador Housing Corporation 2.75% mortgage, maturing December 2020, repayable in blended monthly instalments of \$18,216, secured by land and building with a net book value of \$2,362,000.	1,869	2,022
Canadian Imperial Bank of Commerce loan, unsecured, bearing interest at prime lending rate less 0.625 basis points, maturing 2016, repayable in monthly instalments of \$21,200 plus interest.	1,375	1,630
Royal Bank of Canada (Veterans Pavilion), 4.18% loan, unsecured, maturing April 2013, payable in blended monthly instalments of \$55,670.	1,329	1,928
Newfoundland and Labrador Housing Corporation 10% mortgage, maturing December 2028, repayable in blended monthly instalments of \$8,955, secured by land and building with a net book value of \$973,000.	906	924
Bank of Montreal 4.96% term loan, unsecured, amortized to December 2014, repayable in blended monthly instalments of \$7,070.	224	296
Newfoundland and Labrador Housing Corporation 2.40% mortgage, amortized to July 1, 2020, repayable in blended monthly instalments of \$1,022, secured by property with a net book value of \$2,313,000.	102	112

**EASTERN REGIONAL HEALTH AUTHORITY –  
OPERATING FUND**

**Notes to the Combined Financial Statements**

March 31, 2011

(tabular amounts expressed in thousands of dollars)

9. LONG-TERM DEBT (Continued)

	2011	2010
	\$	\$
Canada Mortgage and Housing Corporation mortgages on land and buildings with a net book value of \$5,757,000:		
8%, on Blue Crest Home; repayable in blended monthly instalments of \$7,777, maturing November 2025	811	840
10.5% on Golden Heights Manor, repayable in blended monthly instalments of \$7,549, maturing August 2027	719	734
2.65% on Golden Heights Manor, repayable in blended monthly instalments of \$20,482, maturing June 2023	2,572	2,740
Bank of Montreal, 3.82% loan repaid during the year.	-	71
	<u>143,415</u>	<u>145,782</u>
Less: Current portion	2,417	2,370
	<u>140,998</u>	<u>143,412</u>
Less: Sinking funds available	10,670	9,334
	<u>130,328</u>	<u>134,078</u>

A sinking fund, established for the retirement of the debenture is held in trust by the Government. The annual principal payment to the sinking fund is \$747,500. The interest and mandatory debenture sinking fund payments are guaranteed by the Government.

Annual principal repayments to maturity are as follows:

	\$
2012	2,417
2013	2,569
2014	1,946
2015	933
2016	746
Thereafter	132,387

**EASTERN REGIONAL HEALTH AUTHORITY –  
OPERATING FUND**

**Notes to the Combined Financial Statements**

March 31, 2011

(tabular amounts expressed in thousands of dollars)

**10. DEFERRED CAPITAL CONTRIBUTIONS**

Deferred capital contributions represent the unamortized portion of restricted contributions, related to capital assets, which will be reported in revenue in future accounting periods. Deferred capital contributions are amortized on a basis and at a rate consistent with the amortization for the related capital asset purchased.

The changes in deferred capital contributions balance for the year are as follows:

	2011	2010
	\$	\$
Balance, beginning of the year	123,209	100,760
Grants received	54,371	39,550
Amortization	(17,961)	(17,101)
Balance, end of the year	159,619	123,209

**11. CHANGES IN NON-CASH OPERATING WORKING CAPITAL**

	2011	2010
	\$	\$
Accounts receivable	(18,854)	(18,925)
Supplies inventory	122	(5,118)
Prepaid expenses	(2,121)	(1,925)
Accounts payable and accrued liabilities	14,481	3,334
Accrued vacation pay	3,270	6,470
Deferred revenue - operating	(6,595)	(11,548)
Deferred capital grants	2,196	16,409
	(7,501)	(11,303)

**12. CONTINGENCIES**

*Guarantees*

The Authority has guaranteed a first mortgage and a term loan of the General Hospital Hostel Association (the "Association"). The balances outstanding at March 31, 2011 were \$1,102,358 (2010 - \$1,214,094) and \$712,966 (2010 - \$765,145), respectively.

In the opinion of management, the Authority will not be called upon to honour these guarantees.

# EASTERN REGIONAL HEALTH AUTHORITY – OPERATING FUND

## Notes to the Combined Financial Statements

March 31, 2011

(tabular amounts expressed in thousands of dollars)

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### 12. CONTINGENCIES (Continued)

#### *Legal claims*

A number of claims have been filed against the Authority. An estimate of loss, if any, relative to these matters, is not determinable at this time and no provision has been recorded in the accounts for these matters. In the view of management, the Authority's insurance program adequately addresses the risk of loss in these matters.

### 13. COMMITMENTS

#### *Operating leases*

Under the terms of operating leases related to hospital and office equipment, the Authority is committed to make approximate annual lease payments to March 31, 2016 as follows:

	\$
2012	11,927
2013	10,724
2014	10,872
2015	10,084
2016	9,805
	<u>53,412</u>

#### *Energy performance contract*

The Authority entered into an energy performance contract on August 11, 1998 for the design, implementation and monitoring of energy efficiency improvements. The cost of the contract was \$5,605,094. Lump sum amounts aggregating \$1,008,555 have been paid and recorded as deferred charges with the remaining balance of \$4,596,439 being financed by the vendor. The deferred charge amount is being amortized at \$103,442 annually for 9.75 years, while the payments to the vendor are \$56,833 per month over a period of 9.75 years.

As at March 31, 2011 the outstanding balance of the financing through the vendor was \$169,342. The Authority's obligation for payment is limited to actual cost savings as the vendor has guaranteed the reduction in operating costs would equal or exceed the costs incurred under the contract.

Funding for the contract is from operating savings and has been approved by the Province. The monthly payments and the amortization of the deferred charges relating to lump sum amounts under the contract are reported as an expense in the Authority's Statement of Operations.



# EASTERN REGIONAL HEALTH AUTHORITY – OPERATING FUND

## Notes to the Combined Financial Statements

March 31, 2011

(tabular amounts expressed in thousands of dollars)

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### 14. RELATED PARTY TRANSACTIONS

Contributions to the Authority during the year are as follows:

	2011	2010
	\$	\$
Janeway Children's Hospital Foundation	1,771	463
Health Care Foundation of St. John's Inc.	1,765	1,326
Dr. H. Bliss Murphy Cancer Care Foundation	739	2,091
General Hospital Hostel Association	551	562
Trinity-Conception-Placentia Health Foundation	162	13
Golden Heights Manor Cottages	57	22
Discovery Health Care Foundation	52	59
Hoyles Foundation	44	192
Burin Peninsula Health Care Foundation	29	47
Janeway Auxiliary	15	-
Lions Manor Inc.	12	12
Blue Crest Cottages	11	11
TCRHB Housing Complex Inc.	3	3
	<u>5,211</u>	<u>4,801</u>

**EASTERN REGIONAL HEALTH AUTHORITY –  
OPERATING FUND**

**Notes to the Combined Financial Statements**

March 31, 2011

(tabular amounts expressed in thousands of dollars)

**14. RELATED PARTY TRANSACTIONS (Continued)**

At March 31, 2011, the amounts receivable from related parties are as follows:

	2011	2010
	\$	\$
Northwest Rotary - Janeway Hostel Corporation	1,428	1,343
Dr. H. Bliss Murphy Cancer Care Foundation	1,276	1,895
Janeway Children's Hospital Foundation	1,231	441
Ever Green Environmental Corporation	416	536
Golden Heights Manor Cottages	267	226
Health Care Foundation of St. John's Inc.	189	221
Blue Crest Cottages	167	190
Trinity-Conception-Placentia Health Foundation	140	18
General Hospital Hostel Association	332	87
Lions Manor Inc.	85	23
TCRHB Housing Complex Inc.	32	-
Discovery Health Care Foundation	7	43
Burin Peninsula Health Care Foundation	5	56
	<u>5,575</u>	<u>5,079</u>

At year end, the amounts due to nursing homes are as follows:

	2011	2010
	\$	\$
St. Patrick's Mercy Home	1,021	978
The Pentecostal Assemblies Benevolent Association of Newfoundland and Labrador - Clarke's Beach Senior Citizen's Home	604	617
The Agnes Pratt Home	433	658
Saint Luke's Homes	407	499
The Salvation Army Glenbrook Lodge	329	238
Masonic Park - Nursing Home	16	181
	<u>2,810</u>	<u>3,171</u>

# EASTERN REGIONAL HEALTH AUTHORITY – OPERATING FUND

## Notes to the Combined Financial Statements

March 31, 2011

(tabular amounts expressed in thousands of dollars)

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### 14. RELATED PARTY TRANSACTIONS (Continued)

#### *Other*

Various volunteer and auxiliary associations/organizations solicit donations, operate gift shops and hostels and undertake fundraising activities to provide operating and capital donations to further the objectives of the Authority.

Transactions between these related parties are measured at their exchange value.

### 15. CAPITAL MANAGEMENT

The capital structure of the Authority consists of fund balances and long-term debt. The Authority's objective when managing capital is to ensure it maintains adequate capital to support its continued operations.

The Authority is not subject to externally imposed capital requirements.

### 16. FINANCIAL INSTRUMENTS AND RISK MANAGEMENT

#### *Financial risk factors*

The Authority has exposure to credit risk, liquidity risk and interest risk. The Authority's Board of Directors has overall responsibility for the oversight of these risks and reviews the Authority's policies on an ongoing basis to ensure that these risks are appropriately managed. The source of risk exposure and how each is managed is outlined below:

#### *Credit risk*

Credit risk is the risk of loss associated with a counterparty's inability to fulfil its payment obligation. The Authority's credit risk is primarily attributable to receivables. Management believes that the credit risk with respect to accounts receivable is not material.

#### *Liquidity risk*

Liquidity risk is the risk that the Authority will not be able to meet its financial obligations as they become due. As at March 31, 2011 the Authority was in a bank indebtedness position of \$11,614,000 however, the Authority has an authorized credit facility totaling \$64,000,000. To the extent that the Authority does not believe it has sufficient liquidity to meet current obligations, consideration will be given to obtaining additional funds through third party funding or the Province, assuming these could be obtained.

**EASTERN REGIONAL HEALTH AUTHORITY –  
OPERATING FUND**

**Notes to the Combined Financial Statements**

March 31, 2011

(tabular amounts expressed in thousands of dollars)

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**17. FINANCIAL INSTRUMENTS AND RISK MANAGEMENT**

*Market risk*

Market risk is the risk that changes in market prices, such as interest rates, foreign exchange rates and price risk will affect the Authority's operations or the value of its financial instruments. The Authority is not subject to foreign exchange or price risk.

*i. Interest risk*

Long-term debt principally bears fixed interest rates. The Authority does not consider its cash flow exposure significant.

*Fair value*

The fair value of the Authority's short-term financial instruments approximate the carrying value due to the short-term maturity and normal credit terms of those instruments.

Information to determine the fair value of long-term debt is presently not available.

**EASTERN REGIONAL HEALTH AUTHORITY -  
OPERATING FUND**

**Combined Schedule of Expenditures for Government Reporting (DHCS)**

Year Ended March 31, 2011

(in thousands of dollars)

	2011	2010
	\$	\$
<b>Patient and resident services</b>		
Acute care	196,852	184,505
Long-term care	135,829	130,908
Other patient and resident services	19,082	16,731
	<b>351,763</b>	<b>332,144</b>
<b>Client services</b>		
Community support programs	148,361	130,279
Health promotion and protection	15,057	14,701
Mental health and addictions	12,012	10,695
Family support programs	9,893	8,229
	<b>185,323</b>	<b>163,904</b>
<b>Diagnostic and therapeutic</b>		
Other diagnostic and therapeutic	73,918	67,838
Clinical laboratory	46,385	41,855
Diagnostic imaging	41,797	39,946
	<b>162,100</b>	<b>149,639</b>
<b>Support</b>		
Facilities management	50,531	51,090
Food services	29,567	28,265
Other support	28,314	27,651
Housekeeping	28,069	26,850
Laundry and linen	9,313	8,915
	<b>145,794</b>	<b>142,771</b>
<b>Ambulatory care</b>		
Outpatient clinics	70,146	69,858
Emergency	27,061	26,151
Dialysis	14,804	13,159
Other ambulatory	4,659	4,499
	<b>116,670</b>	<b>113,667</b>

**EASTERN REGIONAL HEALTH AUTHORITY -  
OPERATING FUND**

**Combined Schedule of Expenditures for Government Reporting (DHCS)**

Year Ended March 31, 2011

(in thousands of dollars)

	2011	2010
	\$	\$
<b>Administration</b>		
Other administrative	35,970	33,132
Materials management	19,233	17,636
Executive offices	14,866	12,915
Systems support	14,620	13,421
Human resources	13,125	13,136
Finance and budgeting	10,353	9,442
Emergency preparedness	974	6,424
	<u>109,141</u>	<u>106,106</u>
<b>Medical services</b>		
Physician services	78,287	61,796
Interns and residents	15,439	15,353
	<u>93,726</u>	<u>77,149</u>
<b>Other</b>		
Undistributed	29,636	23,472
<b>Research and education</b>		
Research	14,898	14,448
Education	2,840	2,918
	<u>17,738</u>	<u>17,366</u>
<b>Interest on long-term debt</b>		
Interest on long-term debt	9,715	9,866
<b>Total shareable expenditures</b>	<u>1,221,606</u>	<u>1,136,084</u>

**EASTERN REGIONAL HEALTH AUTHORITY -  
OPERATING FUND**

**Combined Schedule of Expenditures for Government Reporting (CYFS)**

Year Ended March 31, 2011

(in thousands of dollars)

	2011	2010
	\$	\$
<b>Client services</b>		
Family support programs	82,554	72,983
Community youth corrections	4,254	4,464
Health promotion and protection	2,016	1,968
Mental health and addictions	55	201
	<u>88,879</u>	<u>79,616</u>
<b>Diagnostic and therapeutic</b>		
Other diagnostic and therapeutic	376	-
<b>Administration</b>		
Other administrative	24	-
<b>Total shareable expenditures</b>	<u>89,279</u>	<u>79,616</u>

**EASTERN REGIONAL HEALTH AUTHORITY -  
OPERATING FUND**

**Combined Schedule of Revenue and Expenditures for  
Government Reporting (DHCS)**

Year Ended March 31, 2011

(in thousands of dollars)

	2011	2010
	\$	\$
<b>Revenue</b>		
Provincial plan	1,085,892	1,007,022
MCP	67,567	55,020
Other	33,841	39,951
Resident	17,714	17,452
Inpatient	9,058	13,303
Outpatient	8,733	8,519
	<b>1,222,805</b>	<b>1,141,267</b>
<b>Expenditures</b>		
<b>Compensation</b>		
Salaries	655,038	611,230
Employee benefits	106,005	100,146
	<b>761,043</b>	<b>711,376</b>
<b>Supplies</b>		
Other	223,473	216,566
Medical and surgical	54,583	52,043
Drugs	41,460	37,577
Plant operations and maintenance	18,464	17,112
	<b>337,980</b>	<b>323,298</b>
<b>Direct client costs</b>		
Community support	108,184	87,766
Family support	4,436	3,668
Mental health and addictions	248	110
	<b>112,868</b>	<b>91,544</b>



**EASTERN REGIONAL HEALTH AUTHORITY -  
OPERATING FUND**

**Combined Schedule of Revenue and Expenditures for  
Government Reporting (DHCS)**

Year Ended March 31, 2011

(in thousands of dollars)

	2011	2010
	\$	\$
<b>Long-term debt</b>		
Long-term debt - interest	9,715	9,866
Long-term debt - principal	3,115	3,215
	<u>12,830</u>	<u>13,081</u>
	<u>1,224,721</u>	<u>1,139,299</u>
<b>Surplus for government reporting</b>	<u>(1,916)</u>	<u>1,968</u>
Long-term debt - principal	<u>3,115</u>	<u>3,215</u>
<b>Surplus before non-shareable items</b>	<u>1,199</u>	<u>5,183</u>
<b>Adjustments for non-shareable items:</b>		
Amortization of deferred capital contributions	17,880	17,101
Amortization of capital assets	(27,699)	(24,830)
Interest on sinking fund	588	538
Accrued vacation	(3,270)	(6,469)
Accrued severance	(5,373)	(10,569)
	<u>(17,874)</u>	<u>(24,229)</u>
<b>Deficiency of revenue over expenditures</b>	<u>(16,675)</u>	<u>(19,046)</u>

**EASTERN REGIONAL HEALTH AUTHORITY -  
OPERATING FUND**

**Combined Schedule of Revenue and Expenditures for  
Government Reporting (CYFS)**

Year Ended March 31, 2011

(in thousands of dollars)

	2011	2010
	\$	\$
<b>Revenue</b>		
Provincial plan	89,358	77,546
Other	1,837	102
	<u>91,195</u>	<u>77,648</u>
<b>Expenditures</b>		
<b>Compensation</b>		
Salaries	23,722	21,068
Employee benefits	3,763	3,362
	<u>27,485</u>	<u>24,430</u>
<b>Supplies</b>		
Other	3	-
<b>Direct client costs</b>		
Family support	57,332	50,543
Mental health and addictions	4	4
Health promotion	2,016	1,968
Community youth corrections	2,439	2,671
	<u>61,791</u>	<u>55,186</u>
	<u>89,279</u>	<u>79,616</u>
<b>Surplus for government reporting, before non-shareable items</b>	<u>1,916</u>	<u>(1,968)</u>
<b>Adjustments for non-shareable items:</b>		
Amortization of deferred capital contributions	81	-
Amortization of capital assets	(68)	(51)
Accrued severance	(303)	-
	<u>(290)</u>	<u>(51)</u>
<b>Excess (deficiency) of revenue over expenditures</b>	<u>1,626</u>	<u>(2,019)</u>

**EASTERN REGIONAL HEALTH AUTHORITY -  
OPERATING FUND**

**Combined Schedule of Capital Transactions Funding and Expenditure  
for Government Reporting**

Year Ended March 31, 2011

(in thousands of dollars)

	2011	2010
	\$	\$
<b>Revenue</b>		
Provincial plan	40,554	49,464
Deferred grants previous year	50,353	33,944
Foundations and auxiliaries	3,789	3,747
Transfer from operations	12,191	4,531
Transfer to other regions	(572)	(2,655)
Other	605	872
Deferred grant current year	(52,549)	(50,353)
	<b>54,371</b>	<b>39,550</b>
<b>Expenditures</b>		
Equipment	34,908	19,678
Construction in progress	14,747	19,872
Buildings	4,267	-
Vehicles	449	-
	<b>54,371</b>	<b>39,550</b>
<b>Surplus on capital transactions</b>	<b>-</b>	<b>-</b>

**EASTERN REGIONAL HEALTH AUTHORITY -  
OPERATING FUND  
Combined Schedule of Accumulated Operating Deficit  
for Government Reporting**

March 31, 2011

(in thousands of dollars)

	2011	2010
	\$	\$
<b>Assets</b>		
Current assets		
Accounts receivable	116,082	97,228
Supplies inventory	12,832	12,954
Prepaid expenses	7,766	5,645
	<u>136,680</u>	<u>115,827</u>
Deferred charges	-	84
General Hospital Hostel Association loan	1,497	1,617
	<u>138,177</u>	<u>117,528</u>
<b>Liabilities</b>		
Current liabilities		
Bank indebtedness	11,614	1,047
Accounts payable and accrued liabilities	125,942	111,461
Deferred revenue - operating	20,008	26,603
Deferred capital grant	52,549	50,353
	<u>210,113</u>	<u>189,464</u>
<b>Accumulated deficit for government reporting</b>	<u>(71,936)</u>	<u>(71,936)</u>

## Appendix I – Lines of Business

### 1. Promote Health and Well-Being

Eastern Health implements measures that promote and protect population health and help prevent disease and injury. The primary initiatives in this line of business include: Health Protection; Health Promotion; Disease and Injury Prevention; Health Surveillance and Population Health Assessment.

#### *a. Health Protection*

Health protection includes the regulatory framework, programs and services for the control of diseases and protection from public health threats. Health protection identifies, reduces and eliminates hazards and risk to the health of individuals and communities. Health protection is delivered within the context of current legislation, where applicable.

The major categories of service include:

- Immunization
- Communicable disease surveillance and control
- Environmental Health Services (conducted in cooperation with Government Services Centre (GSC))
- All hazards emergency planning (AHEP)

#### *b. Health Promotion*

Health promotion is the process of enabling individuals, families and communities to increase control over and to improve their own health. Health promotion programs and services involve the work of many internal and external partners working together to focus on:

- Building healthy public policy (e.g., smoke free policies)
- Strengthening community action (e.g., Regional Wellness Coalitions)
- Creating Supportive Environments (e.g., safe walking routes within communities)
- Supporting development of personal skills (e.g., child and family health programs)
- Re-orienting health services to focus on prevention and early intervention (e.g., through partnerships with community agencies, engaging the public through the media)
- Re-orienting health services to focus on population health as well as individual health outcomes
- Health Service Delivery (e.g., Healthy Baby Clubs, Child Health Clinics)

### *c. Disease and Injury Prevention*

Many illnesses can either be prevented or delayed and injuries can be avoided. Actions include programs and services that are focused on eradicating, eliminating or minimizing the impacts of disease and disability. Programs and services vary depending on the incidence or potential for disease, illness or injury identified in particular areas of the region.

The major categories of service include but are not limited to:

- Screening (e.g., child development screening, cervical screening)
- Falls prevention
- Chronic disease prevention and management

### *d. Health Surveillance*

Health surveillance involves the systematic and ongoing collection, analysis and dissemination of public health data. Intended for early detection and control of outbreaks and identification of disease trends that cause illness, this assists with our understanding of the impacts and efforts to improve health and reduce the impact of disease.

### *e. Population Health Assessment*

Population health assessment identifies the factors that underlie good health and those that create risks. These assessments lead to better services and policies. Initiatives include community health needs assessments and health status reports.

## **2. Provide Supportive Care**

Eastern Health offers residential care options, community-based support and continuing care, home support and nursing home care for individuals based on assessed needs. These services are provided in select locations and in some cases may be means-tested and/or criteria-based. There is occasionally a relationship with other government agencies such as the Department of Human Resources, Labour and Employment for subsidized funding to supplement program funding.

### *a. Individual, Family and Community Supportive Services*

These programs provide financial and supportive services and case management for individuals of all ages with assessed needs. The program focuses on supporting individuals, families and caregivers and promotes community inclusion, independence, safety and well-being. Services are limited and some may be based upon both a financial assessment and an individual's ability to pay for such services.

The main categories of services are included below:

- Alternate residential options, home support, medical supplies, and assessment and placement services for nursing homes, personal care homes, palliative care and behavioural supports.
- The *Neglected Adults Service* investigates and follows up on referrals of neglect as defined under the *Neglected Adults Act*.
- *Day Support* provides individuals who continue to live in the community with a day-based service that includes health, education, social and recreational activities within a supportive group setting.
- *Community Behavioural Services* is a behavioural support and training program offered to individuals with developmental challenges.

- *Direct Home Services* offers a family-centred, home-based, early intervention program for families of infants and preschool children who have delayed development.

### ***b. Short-term Adult Residential Care***

This program involves short respite stays for individuals. The services are offered in selected locations.

- *Respite care* enables caregivers to avail of respite for defined periods with potential for extension in specific circumstances.

### ***c. Long-term Adult Residential Care***

This long-term program provides residential nursing home care for individuals who require ongoing support due to their disability, frailty, or chronic illness. This involves a single entry system where an individual's needs are assessed and matched with available placements as appropriate.

The major categories of services involve the following:

- Eastern Health has a number of operating arrangements with its long-term care beds for people assessed as having high level needs. In certain areas of the region, beds are part of nursing homes while in other areas they are part of hospitals or medical clinics.
- *Personal Care Homes* are operated by private owners but are licensed and monitored through Eastern Health. These homes provide care for residents assessed as having low level needs.
- Through *Alternative Family Care Placements*, Eastern Health approves care giver homes and monitors and supports placements of individuals who require care.
- Eastern Health owns and manages a limited number of cottages in various areas of the region.

## **3. Treat Illness and Injury**

The organization investigates, treats, rehabilitates, and cares for individuals with illness or injury. The clinical intent of these services is to treat illness and injuries, relieve symptoms, reduce the severity of an illness or injury, and educate patients. Additionally, we provide care at the beginning of life (new born care) and at the end of life (palliative care).

Services are offered in a variety of locations throughout the region, depending on factors such as the level of care required (primary, secondary or tertiary), access to health professionals and access to appropriate facilities. Certain services are self-referred, while others require a referral from a health professional. The organization offers services through a variety of inpatient and outpatient settings.

The key aspects are outlined as follows:

- *Outreach Services* offer selected clinical services throughout the region and some parts of the province. These include outreach clinics for cancer care, mental health and specialized children's services (e.g., physiotherapy).
- Throughout the region, people have access to *Primary Health Care*. The main form of primary care is through fee-for-service physicians who operate their own offices independently of Eastern Health. In many other cases, physicians work within one of Eastern Health's facilities to provide primary care. There are also a growing number of primary health care projects in which physicians and other health professionals work in a coordinated manner to offer care.
- Through *Community Health Centres*, health professionals provide assessment and care in a medical clinic setting within certain areas of the region.

- *Regional Cancer Centres* are staffed by Eastern Health employees, and patients are visited by specialists of the Cancer Care Program who work closely with local physicians. These centres are located in Gander, Grand Falls and Corner Brook.
- *Regional Hospitals* throughout the Eastern Health catchment area provide both primary and secondary level care. The primary disciplines are ambulatory, emergency, diagnostic imaging, general surgery, gynecology, laboratory medicine, obstetrics and medicine. These services are provided by multidisciplinary teams of health professionals.
- *Tertiary Hospitals* are located in St. John's and provide primary, secondary and tertiary level services. These tertiary facilities are academic healthcare facilities that accept referrals and transfers from all parts of the province for both inpatient and outpatient services. The majority of these specialty services are provided in the footnote.<sup>8</sup>
- Throughout the region, *Rehabilitation Centres* provide patient rehabilitation following an illness or injury. The Miller Centre and the Janeway Children's Hospital and Rehabilitation Centre provide specialized rehabilitation services.
- *Patient Transport* provides both ground and air transport of patients. These services are conducted by both public and private operators and include ambulance and client transport for medical services.
- *Mental Health and Addictions Services* are offered to those who are experiencing mental health problems, mental illness, or difficulties with alcohol, drugs, gambling, or are affected by someone else's use. These services range from health promotion-based programs to diagnosis and treatment (both inpatient and outpatient) to follow-up services. There are strong links with community-based partners such as advocacy groups, self-help groups, employment and housing.
- *Home visits* are another mechanism for health professionals to deliver care within the community setting.

#### 4. Advance Knowledge

Eastern Health is dedicated to advancing research, education and knowledge mobilization. With its many academic links, the organization plays a key role in ensuring that the next generation of health professionals has opportunities to gain relevant educational experience. Staff and physicians are encouraged to seek the best information and knowledge from multiple sources and to incorporate quality evidence into their practice. As well, the organization is committed to ensuring that the issues faced in daily practice bring about innovative research and learning.

Education and research are collaborative endeavours, and overall success depends upon partnerships with affiliated organizations, particularly Memorial University of Newfoundland. Eastern Health also

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<sup>8</sup>Medical, Surgical and Radiation Oncology; Cardiac and Critical Care; Specialized Diagnostics – Laboratory Medicine, Imaging, Nuclear Medicine, Pathology; Children and Women's Health – Specialty Pediatrics, Gynecology, Obstetrics, Pediatric Critical Care, Perinatology Medicine – Allergy & Immunology, Emergency Medicine, Endocrinology & Metabolism, Family Medicine, Gastroenterology, General Internal Medicine, Geriatrics, Haematology, Nephrology, Pharmacy, Respiratory, Rheumatology; Surgery – Anaesthesia and Perioperative Medicine, Cardiac Surgery, Dentistry, General Surgery, Neuro Surgery Ophthalmology, Orthopaedics, Otolaryngology, Plastic Surgery, Thoracic Surgery, Urology, Vascular Surgery; Psychiatry - child/adolescent psychiatry geriatric psychiatry, adult and general psychiatry, forensic psychiatry.



has close ties with the College of the North Atlantic and has affiliation agreements with numerous other post secondary institutions across the country and further abroad to provide student placements within clinical settings. Additionally, Eastern Health has permanent representation on the Board of Directors of the Newfoundland and Labrador Centre for Applied Health Research (NLCAHR) and the Newfoundland and Labrador Centre for Health Information (NLCHI).

The main categories within this area are listed below:

- Education of the next generation of health care providers is offered through affiliation agreements with numerous educational institutions. These arrangements enable students to study and participate in fieldwork experiences. Eastern Health's primary educational partnerships are with Memorial University of Newfoundland and College of the North Atlantic, in addition to various universities, colleges, and other educational institutions that educate many of our staff.
- The Patient Research Centre provides for the coordination and implementation of clinical trials. During 2010-11, the centre was actively involved in over 100 clinical trials in cardiology, child health, clinical epidemiology/nephrology, endocrinology, gastroenterology, hematology, neurology, respirology, rheumatology, and women's health.
- The Centre for Nursing Studies (CNS) offers LPN, BN, Nurse Practitioner and various continuing education programs.
- Continuing Education is offered throughout Eastern Health in various formats. We also partner with other health boards and community agencies to offer training to health professionals and the general public.

## Appendix II – Bed Numbers

### Acute Care Facility Beds

Facility	Acute Care	Non-Acute	Bassinettes	Holding <sup>6</sup>
Janeway Children's Health and Rehabilitation Centre	81	0	0	0
General Hospital	342	0	25	0
L.A. Miller Centre	0	0	0	0
St. Clare's Mercy Hospital	209	0	0	0
Waterford Hospital	63	103	0	3
Dr. Walter Templeman Health Centre	1	0	0	0
Carbonear General Hospital	76	0	10	0
Placentia Health Centre	9	0	0	0
Dr. G. B. Cross Memorial Hospital	41	0	0	0
Burin Peninsula Health Care Centre	39	0	0	0
Bonavista Community Health Care Centre	9	0	0	0
<b>Total</b>	<b>870</b>	<b>103</b>	<b>35</b>	<b>3</b>

### Breakdown by Bed Type

Facility	Critical Care	Palliative	Rehab	Long-term Care
Janeway Children's Health and Rehabilitation Centre	32	0	0	0
General Hospital	32	0	0	0
L.A. Miller Centre	0	10	62	0
St. Clare's Mercy Hospital	16	0	0	0
Waterford Hospital	0	0	0	0
Dr. Walter Templeman Health Centre	0	1	3	15
Carbonear General Hospital	6	4	0	0
Placentia Health Centre	0	1	0	0
Dr. G. B. Cross Memorial Hospital	4	0	0	0
Burin Peninsula Health Care Centre	4	2	0	0
Bonavista Community Health Care Centre	0	1	0	0
<b>Total</b>	<b>94</b>	<b>19</b>	<b>65</b>	<b>15</b>

\*Bed numbers as of March 31, 2011

<sup>6</sup>The term "holding beds" refers to those beds used for temporary care of patients waiting for transfer, consults or tests for longer than two hours.

## Long-term Care Beds

Facility	Long-term Care Beds	Resident Days
Agnes Pratt Home	134	46,787
Blue Crest Interfaith Nursing Home	61	21,541
Bonavista Health Centre	13	4,325
Chancellor Park	30	10,878
Dr. Albert O'Mahony Memorial Manor	44	15,672
Dr. Walter Templeman Health Centre	17	4,644
Golden Heights Manor	70	24,263
Harbour Lodge Nursing Home	105	31,799
Hoyles-Escasoni Complex	369	130,606
Interfaith Senior Citizens Home	53	14,649
Lions Manor Nursing Home	75	24,281
Masonic Park Nursing Home	40	14,557
Pentecostal Home Clarke's Beach	69	22,062
Saint Luke's Home	124	44,314
Salvation Army Glenbrook Lodge	106	38,065
St. Patrick's Mercy Home	213	72,546
U.S. Memorial Community Health Centre	40	13,890
Veteran's Pavilion	56	18,907
<b>Total</b>	<b>1,619</b>	<b>553,786</b>

## Community Health Centres

Facility	Holding Beds
<b>Community Health Centres</b>	
Dr. Wm. Newhook Community Health Centre	3
Dr. A. A. Wilkinson Health Centre	4
Grand Bank Community Health Centre	4
<b>Total</b>	<b>11</b>

\*Bed numbers as of March 31, 2011