2016-17 ANNUAL PERFORMANCE REPORT

Western Health

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Sea Cave at Bottle Cove

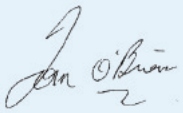
MESSAGE FROM THE BOARD CHAIR

It is my pleasure, on behalf of the Board of Trustees of Western Health to present our Annual Performance Report for the year 2016-17. This is our twelfth Annual Performance Report as an integrated health authority. Western Health is a Category One Public Body under the Transparency and Accountability Act. The publication of this report is in keeping with the legislative guidelines. In accordance with the requirements of the Act, the Board accepts accountability for the results published in this Annual Performance Report. In addition to myself, the members of the Board of Trustees in 2016-17, were Dr. Tom Daniels, Mr. Don Fudge (resigned October 20, 2016), Mr. Brian Hudson, Mr. David Kennedy, Ms. Sonia Lovell, Mr. Richard Parsons, Mr. Sheldon Peddle, Mr. Ralph Rice, Mr. Colin Short and Ms. Regina Warren.

In May of 2016, the Board of Trustees met to review governance standards and the roles and responsibilities of Board Trustees, as part of our commitment to accountability. This past year, the Board of Trustees appreciated the opportunity to participate in the strategic planning process. Working with senior executive and the strategic planning committee, the Board of Trustees was engaged with setting the directions and strategic issues for the upcoming strategic plan, 2017-20, as well as establishing the vision and values of Western Health.

The Board is pleased to share some of the accomplishments of staff, physicians, volunteers and partners for fiscal year 2016-17, and acknowledges their commitment and dedication to enhancing the health and well being of the people of Western Newfoundland. On behalf of the Board of Trustees, I would like to take this opportunity to extend our sincere appreciation to them. We will continue to work together towards achieving our strategic goals and the strategic directions of the Government of Newfoundland and Labrador in 2017-18.

With Sincere Best Wishes,

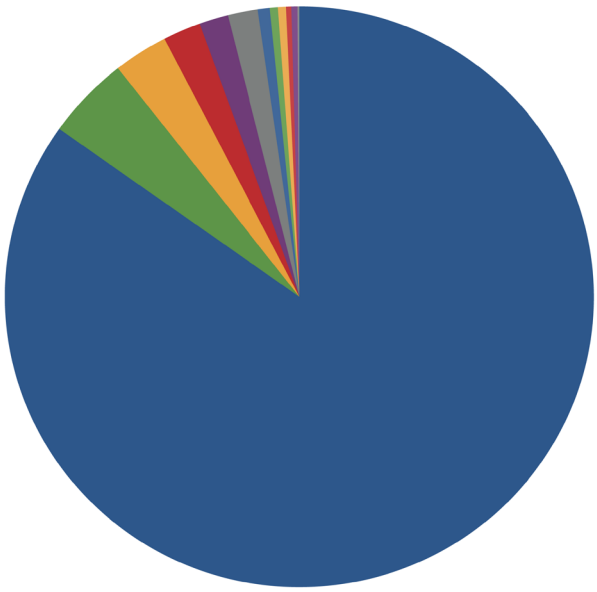


Tom O'Brien

Flat water near Sop's Arm

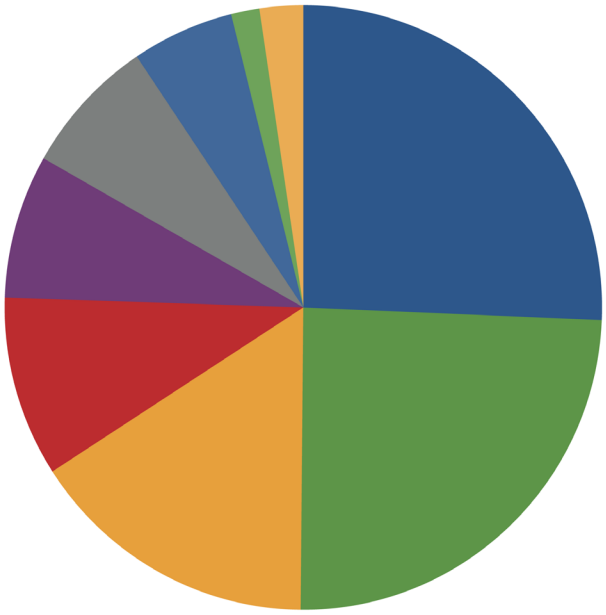
OPERATING REVENUE AND EXPENSES

Operating Revenue
$375,921,000



- Provincial Plan $318,829,000
- MCP Physician $17,375,000
- Other Recoveries $11,230,000
- Resident Revenue $7,794,000
- Capital Grant $6,000,000
- Other $6,178,000
- Outpatient $2,473,000
- Food Services $1,656,000
- Inpatient $1,659,000
- National Child Benefit $1,080,000
- Capital Grant (Other) $1,266,000
- Early Childhood Development $359,000
- Mortgage Interest Subsidy $22,000

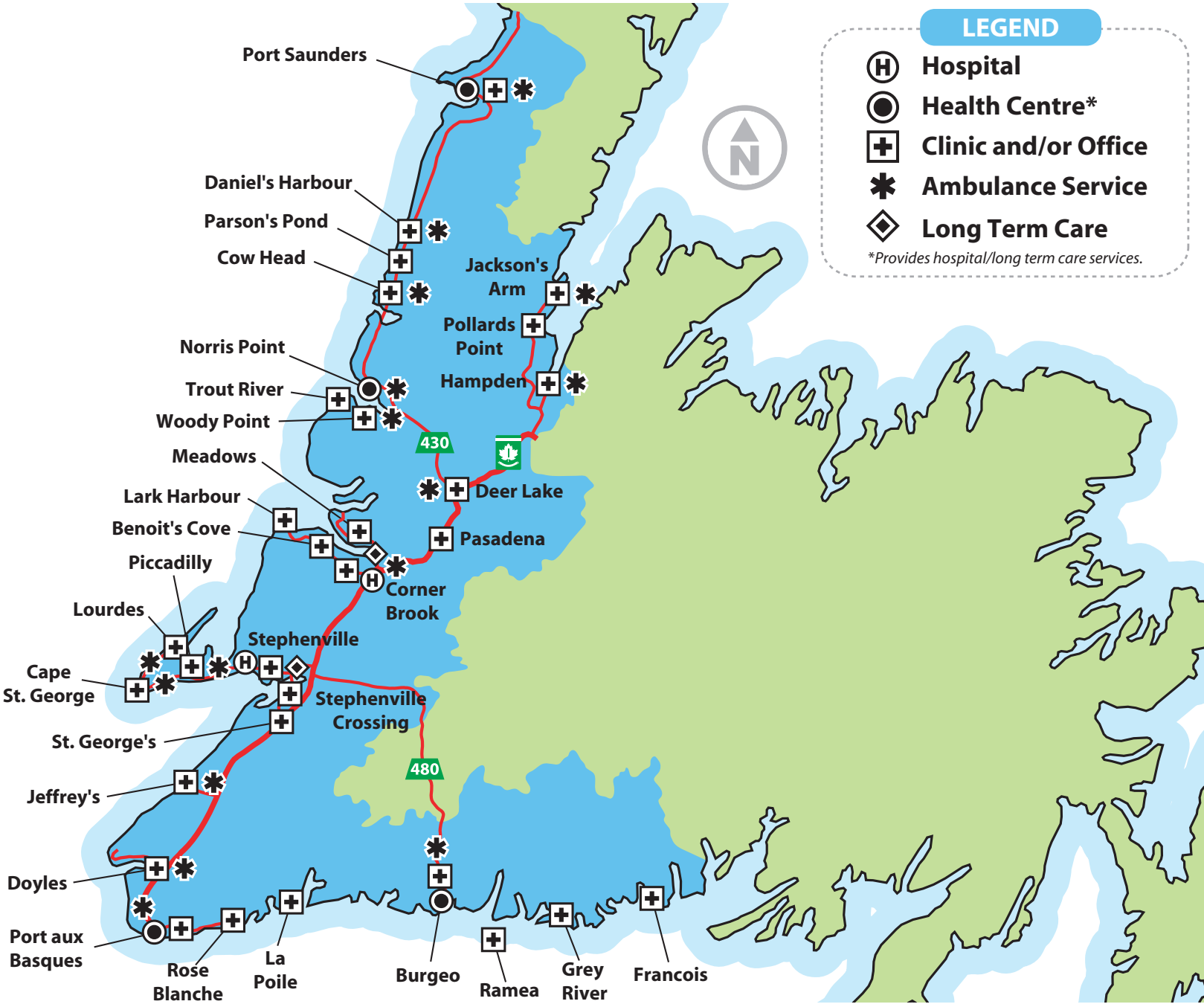
Expenses $370,807,000



- Community and Social Services $95,149,000
- Nursing Inpatient Services $90,780,000
- Support Services $58,326,000
- Diagnostic and Therapeutic Services $35,782,000
- Ambulatory Care Services $28,505,000
- Administration $27,340,000
- Medical Services $20,491,000
- Education Services $5,684,000
- Undistributed $8,750,000

Stand up for Anti Bullying Day

WESTERN HEALTH REGIONAL MAP



Information about Western Health's mandate, lines of business, primary clients and vision can be found at westernhealth.nl.ca.

A Community Garden

HIGHLIGHTS AND PARTNERSHIPS

Highlights and Partnerships

Western Health values the partnerships and contributions of its many stakeholders. Partnerships and collaboration are integral to the achievement of the vision of Western Health ". . . that the people of Western Newfoundland have the highest level of health and well being possible - Your Health Our Priority." Collaboration is a value of the organization and is defined as "each person works with others to enhance service delivery and maximize the use of resources."

Western Health acknowledges the work achieved through shared commitments with many partners including volunteers, physicians, private service providers, the Department of Health and Community Services, other departments of the Government of Newfoundland and Labrador, other regional health authorities, non-governmental agencies, post secondary institutions, municipal councils, professional associations and the general public. Western Health is also extremely grateful for the numerous volunteers who give generously of their time and talents to support the clients, patients and residents that we serve.

Strengthening Population Health and Healthy Living

Healthy Eating

In 2016-17, there was a number of programs and initiatives completed to support healthy eating behaviours in keeping with the provincial commitment as outlined in *The Way Forward* document. Western Health successfully implemented phase one of a provincial vegetable and fruit public awareness campaign that targets parents and caregivers of children aged 5 to 13. As one component of the Provincial Eat Great and Participate Plan, a Provincial Healthy Eating Youth Advisory Council, which includes a youth representative from the Western region, was established to promote healthy eating to children and youth and to increase access to healthy food and beverage choices in the recreation, sport and community settings. There were six Colour it Up programs delivered, to educate and support behaviour change related to women's vegetable and fruit acquisition, preparation, storage and eating.

Healthy School Environment

Western Health has continued to strengthen its partnership with the Newfoundland and Labrador English School District (NLESD). Western Health provided support to enable School Gardens to be offered for the first time in 2016-17. School Gardens offer hands-on, experimental learning opportunities, connecting students with nature and supporting a healthy lifestyle. School Gardens teach students valuable gardening and agriculture concepts and skills that integrate math, science, art, health and physical education, and social studies, as well as several educational goals, including personal and social responsibility. Ten schools in the region were provided with funding to develop their gardens in 2016-17.

Creating a safe and supportive Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) environment was a focus for school health in 2016-17. The School Health Promotion Liaison Consultant co-facilitated LGBTQ professional development sessions for teachers and support staff at eight schools

HIGHLIGHTS AND PARTNERSHIPS

throughout the region which focused on creating safe spaces; language and definitions; social location and Safe and Caring Schools Guidelines.

Western Health continued to support tobacco reduction efforts through school initiatives in 2016-17. Student Wellness Action Teams (SWAT) continued to provide wellness information in the areas of tobacco reduction, physical activity and healthy eating. The in-service session delivered to students was updated to include new online and engaging resources such as Kahoot and GoNoodle.

Western Health's continuing partnership with the Western Regional Wellness Coalition supported the approval of 22 community grants and 12 school grants, to fund a broad range of wellness initiatives within the Western region.

Healthy Aging

Efforts to promote positive images of aging and to ensure delivery of quality programs and services to older adults continued. During 2016-17, work focused on improving staff understanding of the aging process, increasing staff skills to care for older adult with complex needs and sharing positive images of aging. Western Health supported its annual Healthy Aging Calendar, which featured 12 seniors in the region as role models for ambition, involvement, and participation. In recognition of Seniors Month, June 2016, Senior Friendly Parking was launched at all hospitals, health centres and long term care homes in the Western region. As well, the Your Health Matters column featured Alzheimer's and other related dementias as well as information about the Western Health Alzheimer's Support Group. Lastly, long term care residents enjoyed the many celebrations and special events organized by our recreation staff across the region in celebration of Seniors Month.

Violence Prevention

Violence prevention continued to be a priority for Western Health. Significant efforts were made in 2016-17 to promote anti-violence messages and support initiatives to prevent violence throughout the region. Western Health provided facilitation support for the Boys Council, Girls Circle and Roots of Empathy programs. These programs focus on key topics in violence prevention such as friendship, respect, empathy and building positive relationships. Western Health supported efforts of the Bay St. George Status of Women Council in addressing cyber violence with the development of a tool kit, youth and parent presentations, parent handbook, and a peer-led program. The cyber violence resources were shared with Western Health staff, schools and community partners.

Suicide Prevention

Western Health continued its efforts in suicide prevention in 2016-17. In addition to the many ongoing efforts and resources available to support suicide prevention, two new interactive suicide awareness programs were developed: Survivor Challenge and Girls Night Out. The Survivor Challenge program was delivered in Norris Point in October 2016 and at Grenfell Campus-Memorial University of Newfoundland in March 2017.

HIGHLIGHTS AND PARTNERSHIPS

Improving Accessibility to Programs and Services

Enhancing Mental Health and Addictions Services

Naloxone Take Home Kits were made available in 2016-17, as part of the Province's Opiate Action Plan. Naloxone is an antidote to opioid overdose. In the Western region, 30 of the kits were distributed to help combat the growing concern of individuals who are at risk of overdose.

Western Health has continued to work towards a recovery oriented system in mental health and addictions. All new admissions to Humberwood are invited to participate in the Recovery Aftercare Program (RAP). West Lane continues to use a recovery focused model, delivering skills training in accordance to each individual's recovery plan. The mental health recovery treatment program remains an instrumental component of the patient's care, targeting both the self- identified needs and clinical assessment care needs on the mental health unit.

In 2016-17, Western Health supported a regional initiative to improve access to psychiatry services through the implementation of best practices to support a more efficient process and enhance client flow. Recommendations related to data reporting and monitoring have been implemented and a review of current state process from referral to receipt of the service has been completed. Work to address opportunities will continue in 2017-18.

Enhancing Support

Western Health is one of five sites across Canada selected to participate in the DIVERT-CARE (Collaboration Action Research & Evaluation) Trial: A Multi-provincial Pragmatic Trial of Cardio-Respiratory Management in Home Care Project with McMaster University and Department of Health and Community Services. Western Health's experiences and learnings from this trial will be utilized to implement a provincial approach to providing access to proactive care to maintain client's health at home and avoid unnecessary hospitalization and visits to the emergency department.

Access to enhanced services in personal care homes were expanded in the region in 2016-17. Enhanced services allow clients with higher needs to be cared for in a personal care home. Two homes are currently licensed and two additional homes are in the process of licensure. Subsidies are available to support enhanced services for 20 clients who meet eligibility criteria.

Enhancing Services through Technology

Access to programs and services through the use of technology continued to expand within Western Health in 2016-17. An updated Pyxis ES MedStation system[1] was successfully implemented at Dr. Charles L. LeGrow Health Centre, emergency room and acute care; Sir Thomas Roddick Hospital Emergency Room; Corner Brook Long Term Care Home; and at Western Memorial Regional Hospital in the Emergency Room, Operating Room, and Intensive Care Unit. The system was also implemented on inpatient medicine units at Western Memorial Regional Hospital. This technology results in a safer medication distribution system for patients and residents. The newly installed units on medicine units at Western Memorial Regional Hospital were possible in large part by funding from the Western Regional Hospital Foundation.

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[1] *The Pyxis ES MedStation is an automated medication dispensing system supporting decentralized medication management*

HIGHLIGHTS AND PARTNERSHIPS

The pharmacy at Western Memorial Regional Hospital provides long term care pharmacy Services to Corner Brook Long Term Care Home, Calder Health Centre, Bonne Bay Health Centre, as well as Rufus Guinchard Health Centre. The pharmacy department at Western Memorial Regional Hospital transitioned the drug distribution system at these sites to a multi-dose package system in October 2016. This system created efficiencies within the pharmacy through an elimination of manual work processes. The use of multi-dose packaging has shown a reduction in the preparation and administration of medications, giving nurses more time to provide care to residents. It also has been shown to improve adherence and reduce medication errors. The use of these two technology enablers within the dispensary at Western Memorial Regional Hospital supported the redeployment of a 0.5 FTE clinical pharmacist to Corner Brook Long Term Care Home. This redeployment would not have been possible without the use of these automated functions.

In December 2016, the first phase of Epiphany was implemented at Western Memorial Regional Hospital. Epiphany captures EKGs electronically and improves the e-health record through greater provider accessibility and a faster turnaround time for service delivery. Planning is ongoing to expand the use of Epiphany regionally.

The use of telehealth to connect patients with providers continued to expand during 2016-17. The Western region experienced an 11 per cent increase in booked appointments with a total of 3,671 appointments held. During 2016-17, tele rheumatology was introduced as part of a provincial pilot project. Significant work was completed in preparation for the application of home care through telehealth to support the Applied Behavioral Analysis (ABA) program.

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

Research and Planning

Western Health continued to consult with residents of the region to assess their health needs and resources through the Community Health Needs and Resources Assessment. In 2016-17, the results of the surveys were officially released, as well as focus groups completed on the topics of Community Belonging, Chronic Disease, Mental Health Promotion and Addictions Prevention, and Primary Care (Corner Brook). Three additional focus groups are planned for 2017-18. The results have been used to determine priorities and help plan programs and services. The information from surveying was augmented with health status and community assets information to inform the strategic planning priorities for 2017-20.

With collaboration from the Board of Trustees, senior executive and the staff strategic planning committee, Western Health developed the organizational Strategic Plan for 2017-20. The results of the CHNRA helped inform strategic planning priorities, as well as health status and community asset information. In this process, the values and vision of Western Health were also evaluated, reviewed, and revised to meet the

changing needs of Western Health and clients, patients, and residents.

In 2016-17, Western Health concluded a three year Chronic Obstructive Pulmonary Disease (COPD) Education Research Study. This study demonstrated a positive impact of increased knowledge of self-management on patient confidence, quality of life, and health system utilization. Components of the study program have been integrated into a permanent ambulatory COPD clinic that supports individuals upon discharge from hospital.

In 2016-17, in partnership with the Department of Health and Community Services, and the Department of Transportation and Works, Western Health participated in a Request for Qualifications (RFQ) process for the long term care in Corner Brook. The RFQ was issued in January 2017 to identify a short list to solicit proposals for the design, build, financing and maintenance of the new long term care facility in Corner Brook.

Enhancing Efficiency

Through collaboration with the Department of Health and Community Services and the other regional health authorities, a provincial automated appointment reminder system for endoscopy services was implemented in 2016-17. Implementing an automated reminder system will help to reduce the rates of no shows[2]. No shows for appointments can significantly impact wait times for health services and enhance access. The health authorities plan to evaluate the system to inform decision making with regard to expanding the system to other program areas.

Western Health entered into an energy performance contract with Honeywell to develop and implement several long term energy performance and conservation initiatives in February 2014. Energy renovation projects at multiple facilities that were undertaken as part of this initiative were completed in September 2016. These energy savings will result in a net annual savings of approximately $375,000. The energy initiatives were designed to make facilities more environmentally friendly by reducing Western Health's carbon footprint while continuing to provide the highest quality environment for client, patient, and resident care.

The Lean process improvement approach has supported efficient and effective quality health care within Western Health. A Lean strategy was completed at the Bonne Bay Health Centre which focused on the medication room in preparation for the unit dose medication system being implemented. Staff provided input and suggestions for improvement into the process which included creating physical space for the new system as well as minimizing standard stock supplies resulting in cost savings. An "Introduction to Lean" presentation was developed to support staff awareness and presented to leadership and staff within all branches of Western Health in 2016-17.

[2] People who do not attend their appointment or cancel in advance are considered a no show.

HIGHLIGHTS AND PARTNERSHIPS

Enhancing Quality

An audit process was introduced at Western Memorial Regional Hospital and Sir Thomas Roddick Hospital focusing on patients that present with ischemic stroke and whether or not they receive tPA[3] based on eligibility criteria. The results have indicated that 100 per cent of the patients who present to the emergency department within the timeframes and met the eligibility criteria are receiving tPA. The audit also identified opportunities to improve how quickly patients arrive at the emergency department, as many do not present within the four hour window of intervention success. CODE Stroke was implemented in November 2016, building on the work completed in the previous year around role clarity, stroke algorithm and public education.

Continued efforts have been made to implement an integrated approach to palliative care at Western Health in 2016-17. The Learning Essentials Approach to Palliative Care (LEAP) was adopted as a core component of the Western Health palliative care program. Work was completed on a program description, training in LEAP, developing policies to support the use of best practice across the continuum of care and indicators to monitor the program. Skills in end of life and palliative care for primary health care professionals are enhanced through the LEAP program. In 2016-17 there were 97 staff trained, including nursing staff and physicians.

In 2016-17, efforts continued to spread the quality improvement initiative focused on reducing inappropriate antipsychotic usage for older adults with dementia in long term care. A 32 per cent decrease in residents being prescribed an antipsychotic medication inappropriately has been demonstrated at Corner Brook Long Term Care Home since 2015-16. Results after partial implementation of the de-prescribing process at Bay St. George Long Term Care Centre illustrate a 21 per cent decrease in residents prescribed an antipsychotic medication inappropriately.

In November 2016, a new resident-centred program "Making Memories" was launched in the Western region for long term care residents. The program provides an opportunity for residents to submit a special wish and have that wish granted and celebrated with family, staff and friends. This program is supported by partnerships in the community and a total of nine wishes were granted in 2016-17.

In 2016-17, Western Health was successful in maintaining accreditation status with the Canadian Association of Radiologists for the Provincial Breast Screening Centre in Corner Brook, Western Memorial Regional Hospital Mammography and Sir Thomas Roddick Hospital Mammography. Accreditation was granted for a two year cycle from 2017-19.

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[3] tPA (Tissue plasminogen activator) is a medication used to treat stroke.

Enjoying ice cream at Bay St. George Long Term Care

HIGHLIGHTS AND ACCOMPLISHMENTS

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ANNUAL REPORT ON PERFORMANCE 2016-17

This section of the annual performance report will highlight Western Health's progress toward achievement of the goals and objectives of its Strategic Plan April 1, 2014- March 31, 2017.

Information from Western Health's annual environmental scanning (more fully presented in the strategic plan documents and on subsequent pages in this report), including (1) incidence rates for, and community concerns with, some chronic diseases, as well as (2) research which suggested that the incidences of chronic diseases are correlated with unhealthy behaviors and health practices, support Western Health's identification of a strategic goal to strengthen chronic disease prevention and management with a focus on cardiovascular health. In keeping with evidence based best practices and national accreditation requirements, Western Health supported quality and safety as a strategic priority, with a focus on medication safety. Western Health's Community Health Needs and Resources Assessment (2013, 2016) indicated that people in the Western region reported challenges with access to emergency health services and a lack of awareness of Western Health programs and services. This information supports Western Health's strategic issues to improve performance in these two areas.

The accomplishments related to the four strategic goals for 2014-17 continue to support Western Health in the pursuit of its vision that the people of Western Newfoundland have the highest level of health and well being possible- Your Health Our Priority.

Examining a Naloxone Take Home Kit

ANNUAL REPORT ON PERFORMANCE 2016-17

Strategic Issue One: Chronic Disease Prevention and Management and Cardiovascular Health

The World Health Organization defines chronic diseases as "diseases of long duration and generally slow progression." Chronic conditions have many causes but often share common risk factors (i.e. tobacco use, physical inactivity, unhealthy eating, and/or excessive alcohol use), usually begin slowly and develop gradually over time, can occur at any age, although they become more common in later life, can impact quality of life and limit daily activities, and require ongoing actions on a long-term basis to manage the disease, with involvement from individuals, health care providers and the community.

Chronic conditions affect a large portion of the population and have a significant impact on quality of life, as well as the sustainability of the health care system. In Newfoundland and Labrador, over half of residents aged 12 years and older (over 61 per cent) have at least one chronic condition; many people live with more than one. In the Western region these rates are higher, with 66.8 per cent of residents having one or more chronic conditions. Cardiovascular disease is among the leading chronic conditions in Newfoundland and Labrador, along with arthritis, chronic pain, diabetes, lung disease and cancer.

Western Health's Community Health Needs and Resources Assessment (2013) indicated high blood pressure was among the top three community concerns identified by residents. Other survey results which supported the community concern included:

(a) the Canadian Community Health Survey (2015) results: (i) 28.0 per cent of people 12 years of age and older, in the Western region, reported having high blood pressure as compared to 24.0 per cent in Newfoundland and Labrador and 17.7 per cent in Canada; (ii) 66.4 per cent of adults over the age of 18 years reported being overweight or obese as compared to 68.3 per cent in Newfoundland and Labrador and 53.8 per cent in Canada; and (iii) 29.1 per cent of people 12 years of age and older, in the Western region, consume fruits and vegetables five to ten times per day as compared to 40.2 per cent in Canada. Research suggests that unhealthy behaviors and health practices are correlated with chronic diseases such as cardiovascular disease;

(b) the Canadian Institute for Health Information (2015-16) health indicator results: (i) the rate of hospitalization for acute myocardial infarction (i.e., heart attack), in the Western region, was 289 per 100,000 population as compared to 358 per 100, 000 in Newfoundland and Labrador and 244 per 100,000 in Canada and (ii) the rate of hospitalization for stroke, in the Western region, was 174 per 100,000 population as compared to 172 per 100, 000 in Newfoundland and Labrador and 145 per 100,000 in Canada.

Since 2011, Western Health has used the Expanded Chronic Care Model (Barr et al., 2003) to support strategic planning for chronic disease prevention and management. In 2011-12, the provincial Improving Health Together: A Policy Framework for Chronic Disease Prevention and Management was launched in Newfoundland and Labrador. As part of this framework, the Improving Health: My Way, a chronic disease self-management program was implemented. In 2013-14, Western Health implemented evidence-based practices to support chronic disease prevention and management of diabetes in keeping with the provincial framework including increasing access to the Improving Health: My Way program. From 2014-17, Western Health continued its work to enhance chronic disease prevention and management with a focus on cardiovascular health. Enhancing cardiovascular programs and services in keeping with the expanded chronic care model is a strategic issue for Western Health.

ANNUAL REPORT ON PERFORMANCE 2016-17

Strategic Goal One
By March 31, 2017, Western Health will have enhanced cardiovascular programs and services in keeping with the expanded chronic care model.

Measure
Enhanced cardiovascular programs and services

Planned and Actual Performance

Indicators for the Three-year Goal (2014-17)	Accomplishments
Implemented evidence based practices to improve cardiovascular programs and services	Western Health implemented evidence based practices in 2015-17, and evaluated compliance with these practices in 2016-17. Evidence based practices to improve cardiovascular programs and services included strategies to support smoking reduction, appropriate care for patients presenting to the emergency department with cardiovascular symptoms, increased use of telehealth, and increased self management practices. To support smoking reduction, the Community Action and Referral Program (CARE) referral was incorporated into the assessment process during hospital admission, integrated electronically into the Meditech system, and integrated electronically through the Smoker's Helpline online portal. In 2016-17, referrals to the CARE program from Western Health continued to increase. Following implementation of the updated Western Health CARE policy in 2015-16, an audit tool to assess compliance with policy was implemented in 2016-17. Results indicated that 87 per cent had identified areas appropriate for implementation of CARE, 90.3 per cent had clearly defined processes and procedures for implementing CARE policy within their clinical program area, and 83.9 per cent were aware of the CARE e-learning module. Key performance measures were monitored on a quarterly basis to assess compliance with best practices for patients presenting to emergency department with symptoms of a heart attack or stroke and identify opportunities to enhance performance. An audit tool

Planned and Actual Performance

Indicators for the Three-year Goal (2014-17)	Accomplishments
	was implemented to support capturing of information related to the administration of tPA (medication used to treat stroke) for patients presenting to the emergency department with symptoms of a stroke. To support best practices, a regional emergency department code stroke clinical protocol was implemented. The rate of tPA administration increased from 7.9 per cent in 2014-15, to 11 per cent in 2016-17 with Western Health achieving its target of a 5 per cent increase. Performance measures related to the appropriate and timely administration of TNK (medication used to treat a heart attack) within 30 minutes of hospital arrival were monitored. Work was ongoing to enhance awareness/education related to atypical presentation, the risks/benefits of TNK administration and comfort level/competency with TNK administration. Despite significant work, Western Health was not able to meet its own performance target to increase TNK administration rate by 5 per cent. The rate for 2016-17 remained at 58 per cent, consistent with the rate in 2014-15. In collaboration with key stakeholders, work will continue to identify opportunities based on individual case review to enhance compliance with evidence based practices and appropriate administration of TNK within 30 minutes of hospital arrival.
Increased opportunities for self-management support.	In an effort to support individuals in developing skills to self manage their condition, 15 Improving Health: My Way workshops were held in nine communities in the western region. In total, 121 participants completed the program representing a 62 per cent increase in uptake. The Improving Health: My Way program was also piloted through telehealth in the Burgeo/Ramea area with 12 individuals participating. Nineteen lifestyle awareness sessions, focused on increasing awareness of the signs and symptoms of a heart attack and stroke and the importance of early presentation to the emergency department were offered in all seven primary health care areas in 2016-17 with over 700 participants. In total, 36

ANNUAL REPORT ON PERFORMANCE 2016-17

Planned and Actual Performance

Indicators for the Three-year Goal (2014-17)	Accomplishments
	sessions were provided during 2015-17 with approximately 1400 participants completing the session. Enhancing staff awareness and education in supporting cardiovascular clients with self-management of their condition was also a priority for Western Health. Three Building Better Tomorrow Module Chronic Disease Self Management Support Awareness workshops were held in 2016-17 with 29 staff participating. Since implementation in 2015-16, a total of five workshops have been held in the region with 62 staff participating. An e-learning model, Chronic Disease Self-Management Program Orientation, was developed and implemented in 2016-17. To date, 57 staff employees have completed this learning module.
Improved identified quality indicators	Western Health measured and monitored quality indicators identified for priority cardiovascular initiatives. Referrals to CARE (Community Action and Referral Effort program) increased from 55 in 2014-15 to 359 in 2016-17 exceeding Western Health's target of a 20 per cent increase. There was a 62 per cent increase in uptake of the Improving Health: My Way program by cardiovascular clients. Additionally, lifestyle awareness sessions were offered in all seven primary health care areas meeting the target established by Western Health. The revised regional cardiac inpatient rehabilitation program was implemented at all acute care sites within the region in 2016-17, exceeding the targeted established by Western Health to implement the revised program at 80 per cent of acute care sites. Key quality indicators were monitored quarterly to assess compliance with best practices for patients presenting to emergency department with symptoms of a heart attack or stroke and identify opportunities to enhance performance. This included

Planned and Actual Performance

Indicators for the Three-year Goal (2014-17)	Accomplishments
	monitoring administration of tPA (medication used to treat stroke) for patients presenting to the emergency department with symptoms of a stroke. The rate of tPA administration increased from 7.9 per cent in 2014-15, to 11 per cent in 2016-17 with Western Health achieving its target of a 5 per cent increase. The appropriate and timely administration of TNK (medication used to treat a heart attack) within 30 minutes of hospital arrival was also monitored. Despite significant work to address identified opportunities, Western Health was not able to meet its own performance target to increase TNK administration rate by 5 per cent. The rate for 2016-17 remained at 58 per cent, consistent with the rate in 2014-15. In collaboration with key stakeholders, work will continue within Western Health to identify opportunities based on individual case review to enhance compliance with evidence based practices and appropriate administration of TNK within 30 minutes of hospital arrival.

ANNUAL REPORT ON PERFORMANCE 2016-17

Objective Year Three (2016-17)
By March 31, 2017, Western Health will have implemented priority initiatives to enhance cardiovascular programs and services in keeping with the expanded chronic care model.

Measure Year Three (2016-17)
Implemented priority initiatives for enhanced cardiovascular programs and services.

Planned and Actual Performance

Indicators for the Year Three Objective (2016-17)	Accomplishments
Implemented evidence based practices for priority cardiovascular initiatives	The implementation of evidence based practices to meet the needs in the Western region continued in 2016-17. Changes to service delivery to enhance the referral process to Community Action and Referral Program (CARE) were ongoing. The number of referrals from the Western region increased to 359, representing an increase of 550 per cent from 2014-15. This exceeded Western Health's target of a 20 per cent increase. Western Health identified the CARE e-learning module: "Promoting Smoking Cessation: The CARE Program" as a core competency for staff within programs providing direct services to clients with chronic conditions. In 2016-17, 391 staff completed the e-learning module. Increased education in self management and self management support focused on clients and health care providers. A total of 15 Improving Health: My Way workshops were held in nine communities with 121 participants completing the program. There was a 62 per cent increase in uptake of the program by cardiovascular clients. Referrals to Improving Health: My Way is now a mandatory component of discharge planning. Western Health piloted the Improving Health: My Way through telehealth in the Burgeo/Ramea area with 12 participants. A total of three Building Better Tomorrow Module Chronic Disease Self Management Support Awareness workshops were held in 2016-17 to increase staff awareness and education. A total of 29 staff participated in these three workshops. Since 2015-16, a total of

Planned and Actual Performance

Indicators for the Year Three Objective (2016-17)	Accomplishments
	five workshops have been held with 62 staff participating. An e-learning model, Chronic Disease Self-Management Program Orientation, was developed and implemented in 2016-17. To date, 57 staff employees have completed this learning module. Lifestyle awareness sessions, focused on increasing awareness of the signs and symptoms of a heart attack and stroke and the importance of early presentation to the emergency department, continued to be offered in all seven primary health care areas in 2016-17. Nineteen sessions were provided with over 700 participants. During 2015-17, 36 sessions were held with approximately 1400 participants. The provincial telestroke health pilot project was completed in September 2015 and the report subsequently released in 2016. Priorities will focus on the provincial standardization of telestroke. The use of tablet technology for telestroke and digital stethoscopes for rural and long-term care were identified as opportunities for future enhancements and will be explored. The regional cardiac inpatient rehabilitation program, reviewed and revised in 2015-16, was implemented in September 2016. A regional policy to support the cardiac rehabilitation program was also implemented. The policy and program content have been fully implemented at all acute care sites.
Completed evaluation plan, demonstrating implementation of priority initiatives and monitoring of key performance measures	Western Health completed an evaluation plan in 2016-17 to assess compliance with implementation of priority initiatives and monitoring of key performance measures. This work is described more fully under the Discussion of Results section.

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Discussion of Results

Western Health's work to achieve this goal started with a regional scan of cardiovascular programs and services, a literature review to identify evidence based practices for cardiovascular programs and services and an assessment of the consistency of evidence based practices with the Expanded Chronic Care Model (Barr et al., 2003). This information supported the identification of two priority initiatives to address the needs of residents within the Western region: (1) enhancing the quality of cardiovascular programs and services and (2) enhancing access to cardiovascular programs and services.

In 2015-16, a work plan was developed to support the implementation of the priority initiatives. A regional cardiovascular steering committee was established to monitor implementation of priorities. In 2016-17, an evaluation plan was implemented to monitor progress with implementation of identified actions to support achievement of priority initiatives. The evaluation plan also included monitoring of key performance measures to monitor outcomes of priority initiatives and evaluate whether Western Health had met the established targets. The evaluation plan was monitored by the regional cardiovascular steering committee.

Enhancing the Quality of Cardiovascular Programs and Services

Western Health identified evidence based practices to enhance cardiovascular programs and services and evaluated their implementation. Enhancing awareness and education, for both clients and health care professionals, has been a priority for Western Health. Work was ongoing to enhance the referral processes, the number of referrals to the Community Action and Referral Program (CARE) program, and compliance with policy. In February 2017, employees from Western Health were recognized as top referrers to the Smoker's Helpline and for their outstanding support of the CARE program.

Evidence based resources utilized at lifestyle awareness sessions were reviewed. The updated regional cardiac teaching and program manual and accompanying resources are accessible to staff on the Western Health intranet. To support ongoing education on the program for new staff, an e-learning module was also developed and implemented in 2016-17.

The community based cardiac rehabilitation program was also reviewed and revised to ensure compliance with best practices and consistency with the inpatient program. Information on self management has been enhanced. The Building a Better Tomorrow Module, Chronic Disease Self Management Support Awareness is now a core competency for community health nurses in the community support program.

Improving the quality of care for patients presenting to the emergency department with symptoms of a heart attack or stroke was a priority for Western Health. Key performance measures related to appropriate and timely administration of tPA and TNK continued to be monitored quarterly by established working groups to assess compliance with best practices and identify opportunities to enhance performance. Opportunities will continue to be explored to sustain and/or enhance performance in these areas.

Western Health is participating on the newly established provincial stroke steering committee. Through the work of this committee, a measuring and monitoring working group has been established, a provincial stroke scorecard developed, and provincial priorities identified. Working groups with regional representation have been established to address provincial stroke priorities. Through collaborative efforts, enhanced stroke care will continue to be a priority for Western Health.

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Enhancing Access to Cardiovascular Programs and Services

Western Health identified evidence based practices to enhance access to cardiovascular programs and services. A program description of cardiovascular programs and services available in the western region was developed and approved by the regional cardiovascular steering committee in 2015-16. The content was also modified for the Western Health website in an effort to enhance access to programs and services. In 2016-17, the program description was disseminated throughout Western Health and became available on the website. To date, there have been 245 visits to the website to access this information.

Central intake for cardiac diagnostic testing for inpatients was implemented in June 2016. A policy to support central intake for emergency and inpatient access to stress testing was also developed. Process improvements and monitoring of wait times and a priority process for inpatients were implemented. Standardized schedules were put in place to improve utilization of the two stress test rooms. Renovations to physician space were also completed to enhance flow, privacy for patients and staff efficiency. Planning for community wide scheduling for stress testing has been initiated and will be implemented in 2017-18. To further enhance coordination of services, current resources will be realigned in early 2017-18.

Work initiated to support the development of clinical pathways continued in 2016-17. Clinical pathways for myocardial infarction both Stemi and Non-Stemi, as well as Congestive Heart Failure, were completed and implemented. These pathways were integrated into electronic patient order sets.

In 2016-17, Western Health implemented a revised policy related to access to tertiary services to support changes in Eastern Health policy direction. Wait times for access to tertiary services at Eastern Health are now based on levels of priority. In 2016-17, Western Health also implemented a revised regional policy related to preparation of patients transferring for cardiac catheterization. Benchmarks and regional data based on priority will be shared in 2017-18. Opportunities to enhance regional monitoring of information were also implemented.

From 2014-17, Western Health enhanced cardiovascular programs and services through the implementation of evidence based practices to enhance quality and access to services.

Sunset over the Bay of Islands

Strategic Issue Two: Medication Safety

In assessing compliance with evidence based practices to enhance medication safety, Western Health is guided by Accreditation Canada's required organizational practices and medication management standards. The onsite survey visit by Accreditation Canada in 2013 identified opportunities for improvement in the areas of antimicrobial stewardship (ensuring the appropriate use of antibiotics in the prevention and treatment of infections), medication reconciliation (maintaining a current accurate list of medications as people move through the health system), and venous thromboembolism prophylaxis (preventing blood clots). To identify opportunities to improve client safety, Western Health routinely monitors medication related occurrences through the Clinical Safety Reporting System (CSRS). Western Health works with the occupational health and safety program to identify opportunities to enhance staff safety related to the preparation and handling of hazardous medications and support compliance with provincial standards. Enhanced medication safety to improve outcomes for clients, patients, residents and staff is a strategic issue for Western Health.

Strategic Goal Two

By March 31, 2017, Western Health will have enhanced medication safety to improve outcomes for clients, patients, residents and staff.

Measure

Enhanced medication safety

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Planned and Actual Performance

Indicators for the Three-year Goal (2014-17)	Accomplishments
Implemented evidence based practices in priority areas.	Evidence based practices were implemented. This included (a) practices for reducing medication errors in priority areas; (b) practices for reducing the development of blood clots, through appropriate prevention, in priority areas and (c) developing an effective antimicrobial stewardship program to ensure appropriate use of targeted medications to prevent and treat infections, in priority areas. Evidence based practices were implemented to reduce medication errors related to incorrect identification of clients/patients/residents, copying of medication instructions (transcription errors), and missed dose of a medication. Quarterly occurrence data generated through the Clinical Safety Reporting System (CSRS) was shared with leadership. This supported the identification of opportunities and changes in practice to reduce errors in the priority areas. Information was discussed with staff through a variety of mechanisms and performance measures were shared with key stakeholders on a quarterly basis. Work was completed in 2016-17 to support more timely access to occurrence data. Existing policies to support best practices for medication administration were updated and implemented in 2016-17. Communication to support compliance with policy direction and best practices was enhanced. The process for auditing medication practices and reporting at the program and/or unit levels was enhanced to support increased compliance. Audits to assess compliance with the use of the venous thromboembolism (VTE) risk assessment tool and appropriate treatment in medical/surgical patients were completed on a quarterly basis. Quarterly audits of health records were also completed to assess compliance with best practices for patients

Planned and Actual Performance

Indicators for the Three-year Goal (2014-17)	Accomplishments
	who developed a blood clot during admission and/or were readmitted (within 28 days) with a blood clot. Results of quarterly audits were utilized by key stakeholders to identify opportunities and implement actions to enhance compliance with best practices. This information was shared with staff and identified performance measures were also shared key stakeholders on a quarterly basis. Existing policies to support best practices to prevent and manage blood clots were updated and implemented in 2016-17. Opportunities to standardize existing processes as well as to support electronic integration of processes were addressed. Targeted education occurred to increase awareness and compliance with best practices. Increased efforts to enhance the uptake of patient order sets to support compliance with VTE protocols were implemented and will continue. Quarterly audits to monitor antimicrobial usage supported the identification of opportunities to decrease the use of (IV) ciprofloxacin, moxifloxacin and metronidazole both in the community home infusion program and hospital setting. Performance measures were shared with key stakeholders on a quarterly basis, and opportunities for improvement identified. Within the hospital setting, the existing drug formulary was reviewed and revised to enhance compliance with evidence based practices and electronic patient order sets were reviewed and revised to ensure consistency with the acute care formulary. A new formulary was developed and implemented in the community setting. Existing policies to support compliance with evidenced based practices were reviewed and revised and new policies were also developed. Resources were developed and targeted education was provided to identified staff/physicians and through medical rounds.

Planned and Actual Performance

Indicators for the Three-year Goal (2014-17)	Accomplishments
	In keeping with best practices, the appropriate use of vancomycin and the achievement of targeted therapeutic levels of vancomycin within 72 hours was also monitored on a quarterly basis. Guidelines around the use of loading doses for vancomycin were developed and integrated into patient order sets to support compliance with achieving targeted therapeutic levels.
Improved measurement, compliance, and monitoring of priority initiatives in medication safety.	Western Health identified key performance measures to measure compliance within each of the priority areas. This included measures to support a reduction in medication errors, reported in the Clinical Safety Reporting System (CSRS), in priority areas; reduction in the development of two types of blood clots in medical/surgical patients through appropriate blood clot prevention; and development of an effective antimicrobial stewardship program to ensure the appropriate use of four targeted medications to prevent and treat infections, in priority areas. Western Health measured and monitored compliance with identified performance measures related to incorrect identification of clients/patients/residents, copying of medication instructions (transcription errors), and missed dose of a medication on a quarterly basis. Processes were established to assess compliance with use of the venous thromboembolism (VTE) risk assessment tool and appropriate treatment in hospital occurred on a quarterly basis. In addition, quarterly audits of health records were completed to assess compliance with best practices for patients who developed a blood clot during admission and/or were readmitted (within 28 days) with a blood clot. Quarterly audits to monitor antimicrobial usage were also implemented to assess compliance with appropriate use of (IV) ciprofloxacin, moxifloxacin and metronidazole in the community home infusion program and hospital setting. The appropriate use of vancomycin and the achievement of targeted therapeutic levels of vancomycin within 72 hours was also monitored on a quarterly basis.

Planned and Actual Performance

Indicators for the Three-year Goal (2014-17)	Accomplishments
	Western Health demonstrated improved compliance with priority medication safety initiatives. There was a reduction in the rate of medication errors as a result of incorrect identification of clients/patients/residents and copying of medication instructions (transcription errors). With regard to the prevention of blood clots, there was a demonstrated improvement in the use of the venous thromboembolism (VTE) risk assessment tool for medical/surgical patients and a reduction in the number of patients who developed a blood clot during admission and/or were admitted within 28 days. There was also demonstrated improvement in the appropriate use of (IV) ciprofloxacin, moxifloxacin and metronidazole within the Community Home Infusion Program. Compliance with the identified performance outcomes for the priority medication safety initiatives are more fully described under the Discussion of Results section. Performance measures were monitored by key stakeholders and/or established working groups on a quarterly basis to identify opportunities and implement actions to enhance compliance with best practices. Information was discussed with staff through mechanisms such as huddles on the units, bullet rounds, staff meetings, and leadership walkabouts. Performance measures were shared with staff and physicians, leadership, regional committees, and the Board of Trustees on a quarterly basis.
Improved outcomes in priority initiatives in medication safety.	Western Health met or exceeded established targets in a number of priority areas identified. This included a reduction in rate of medication related occurrences as a result of incorrect identification of clients/patients/residents and copying of medication instructions (transcription errors), an increase in the use of the venous thromboembolism (VTE) risk assessment tool for medical/surgical patients, reduction in the number of patients who developed a

Planned and Actual Performance

Indicators for the Three-year Goal (2014-17)	Accomplishments
	blood clot during admission and/or were admitted within 28 days, and an increase in the appropriate use of ciprofloxacin, moxifloxacin and metronidazole within the Community Home Infusion Program. Performance outcomes are more fully described under the Discussion of Results section.

Mine Pond, near Stephenville

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Objective Year Three (2016-17)
By March 31, 2017, Western Health will have implemented priority initiatives in medication safety to enhance client, patient, resident and staff safety.

Measure Year Three (2016-17)
Implemented priority initiatives for enhanced medication safety.

Planned and Actual Performance

Indicators for the Year Three Objective (2016-17)	Accomplishments
Implemented evidence based practices in priority areas	Evidence based practices were implemented to (a) reduce medication errors in priority areas; (b) reduce the development of blood clots, through appropriate prevention, in priority areas and (c) develop an effective antimicrobial stewardship program to ensure appropriate use of targeted medications to prevent and treat infections, in priority areas. In 2016-17, work was completed to support the generation of CSRS data through business intelligence software that will enable more timely access to occurrence data. The use of this software will be enhanced in 2017-18, with the expansion of its reporting capabilities. Work was also initiated within Western Health to support the implementation of electronic medication reconciliation in 2017-18. Existing policies to support best practices related to reducing medication errors were updated and implemented in 2016-17. The process for auditing medication practices and reporting at the program and/or unit levels was enhanced to support increased compliance and communication to support compliance with policy direction and best practices was also enhanced. The Western Health VTE policy, reviewed and revised in consultation with key stakeholders, was implemented in 2016-17. In an effort to standardize processes, existing risk assessment tools and protocols for medical and surgical patients were integrated. These changes were also incorporated into the electronic patient order sets. Targeted education also continued to increase awareness and compliance with best practices.

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Planned and Actual Performance

Indicators for the Year Three Objective (2016-17)	Accomplishments
Implemented evidence based practices in priority areas	Within the hospital setting, patient order sets were reviewed and revised to ensure consistency with the revised acute care formulary. Revised policies to support compliance with evidenced based practices were implemented.
Improved measurement, compliance, and monitoring of priority initiatives in medication safety	Strategies for improved measurement and monitoring of priority initiatives were identified. These strategies included (a) identification of the numbers of occurrences in priority areas, provision of feedback to staff and implementation of strategies to prevent recurrence; (b) implementation of auditing of health records to identify compliance with evidence based practices in the priority areas and implementing strategies to enhance compliance; and (c) implementation of auditing of health records to identify the use of the targeted medications to prevent and treat infections in priority areas, providing education for staff to support appropriate use of medications, auditing of medications stored in hospital settings, and analyzing vancomycin monitoring forms. Quarterly audits to assess compliance with best practices in priority areas continued during 2016-17. This information continued to be shared with leadership and staff on an ongoing basis.
Improved outcomes in priority initiatives in medication safety	Performance outcomes in medication safety were improved through monitoring and sharing of quarterly audits, targeted education, development of resources, policy review and/or development, and regular reporting at staff, leadership and Board of Trustee levels. This work is described more fully in the Discussion of Results section.

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Discussion of Results

An environmental scan was completed in 2014-15, to assess medication practices in current programs and services and identify gaps in evidence based practices. Three priority initiatives were identified to enhance medication safety: (a) reduction of medication errors, reported in the Clinical Safety Reporting System (CSRS), in three priority areas; (b) reduction in the development of two types of blood clots in medical/surgical patients through appropriate blood clot prevention; and (c) development of an effective antimicrobial stewardship program to ensure the appropriate use of four targeted medications to prevent and treat infections, in priority areas.

Western Health identified performance outcomes for identified priorities and developed a work plan to implement evidence based practices in medication safety. Work to support the implementation and monitoring of priority initiatives was led by the medication safety committee and supported by established committees and/or working groups. From 2015 to 2017, Western Health implemented evidence based practices in priority areas.

Reducing Medication Errors in Priority Areas

Western Health implemented evidence based practices to reduce medication errors related to incorrect identification of clients/patients/residents, copying of medication instructions (transcription errors), and missed dose of a medication. Quarterly occurrence data was shared with appropriate leadership to identify opportunities and changes in practice to reduce errors. Information was discussed with staff through mechanisms such as huddles on the units, bullet rounds, staff meetings, and senior leadership walkabouts. Performance measures were shared with staff, leadership, regional committees, and the Board of Trustees on a quarterly basis. In 2016-17, work was completed to support the generation of CSRS data through business intelligence software that will enable more timely access to occurrence data. The use of this software will be enhanced in 2017-18, with the expansion of its reporting capabilities. Work was also initiated within Western Health to support the provincial plan for implementation of electronic medication reconciliation in 2017-18.

Existing policies to support best practices were updated and implemented in 2016-17. The process for auditing medication practices and reporting this information was enhanced. Communication to support compliance with policy direction and best practices was enhanced through the use of standardized checklists, shared learning bulletins, articles in the Western Health newsletter, online e-learning, medication of the week program, and targeted education during patient safety week.

Table 1: Performance Measures Related to Medication Errors

Performance Measure	Outcome
Rate of medication related occurrences specific to incorrect identification of patients and residents per 1000 patient/resident days	Western Health achieved its target reducing this rate from 0.13 in 2014-15, to 0.07 in 2016-17
Rate of medication related occurrences specific to transcription errors per 1000 patient/resident days	Western Health achieved its target reducing this rate from 0.43 in 2014-15, to 0.37 in 2016-17
Rate of medication related occurrences specific to missed dose of a medication per 1000 patient/resident days.	Western Health did not meet its identified target for this performance measure. Western Health's rate increased from 0.36 in 2014-15, to 0.95 in 2016-17. Although Western Health was not able to meet its performance target significant work has been ongoing. Quarterly analysis of occurrence data revealed that there were increases in missed dose in identified units/sites. Further review determined that changes in the medication packaging system likely contributed to an increase in the number of occurrences related to missed dose. Changes in processes to support the new medication system have been implemented and will continue to be monitored to identify opportunities to reduce this error.

Reducing Blood Clots in Priority Areas

Evidence based practices and initiatives were implemented to support the reduction of blood clots in medical/surgical patients. Audits to assess compliance with use of the venous thromboembolism (VTE) risk assessment tool and appropriate treatment in hospital occurred on a quarterly basis. In addition, quarterly audits of health records were completed to assess compliance with best practices for patients who developed a blood clot during admission and/or were readmitted (within 28 days) with a blood clot. Results of audits were utilized by key stakeholders to identify opportunities and implement actions to enhance compliance with best practices. Information was shared with staff and physicians through huddles on the units, bullet rounds, and staff/physician meetings. Performance measures were shared with staff, leadership, regional committees, and the Board of Trustees on a quarterly basis

The Western Health VTE policy, reviewed and revised in consultation with key stakeholders, was implemented in 2016-17. Existing risk assessment tools and protocols for medical and surgical patients were integrated to standardize processes and also incorporated into the electronic patient order sets. Targeted education through staff meetings, safety huddles, local medical advisory committee meetings, and other activities such as medical rounds and patient safety week communiques also facilitated increased awareness and compliance with best practices. Increased efforts to enhance the uptake of patient order sets to support compliance with VTE protocols were implemented and will continue.

Table 1: Performance Measures Related to Reducing Blood Clots

Performance Measure	Outcome
Percent of medical and surgical patients with venous thromboembolism (VTE) risk assessment completed .	Western Health achieved its target increasing this rate from 43 per cent in 2014-15, to 48 per cent in 2016-17
Percent of readmitted (within 28 days) patients with deep vein thrombosis (DVT) or pulmonary embolism (PE).	Western Health achieved its target decreasing this rate from 1.00 per cent in 2014-15, to 0.21 per cent in 2016-17
Percent of inpatients with appropriate venous thromboembolism (VTE) prophylaxis.	Western Health increased this rate from 90 per cent in 2014-15, to 92 per cent in 2016-17. Despite compliance with best practices, Western Health was not able to meet its performance target of 95 per cent and will continue to monitor compliance with evidence based practices to identify opportunities to enhance appropriate VTE prophylaxis. Efforts to enhance compliance with use of patient order sets will also continue.
Percent of admitted patients with deep vein thrombosis (DVT) or pulmonary embolism (PE).	This rate increased from 0.25 per cent in 2014-15, to 0.26 per cent in 2016-17. Although Western Health was not able to meet its own performance target, there was compliance with best practices and ongoing improvement over the course of the four quarters in 2016-17. Western Health will continue to monitor compliance with evidence based practices to support further reduction.

Developing an Effective Antimicrobial Stewardship Program

Western Health addressed opportunities to enhance the appropriate utilization of medications used to prevent and treat infections through the implementation of evidence based practices. Quarterly audits to monitor usage supported the identification of opportunities to decrease the use of (IV) ciprofloxacin, moxifloxacin and metronidazole both in the community home infusion program and hospital setting. Performance measures were shared with staff, leadership, physician groups, regional committees, and the Board of Trustees on a quarterly basis.

Within the hospital setting, the existing formulary was reviewed and revised to enhance compliance with evidence based practices related to IV ciprofloxacin, moxifloxacin and metronidazole usage. Patient order sets were reviewed and revised to ensure consistency with the acute care formulary. A new formulary was developed and implemented in the community setting. Existing policies to support compliance with evidenced based practices were reviewed and revised and new policies were also developed. Resources were developed and targeted education was provided to identified staff/physicians and through medical rounds.

In keeping with best practices, the appropriate use of vancomycin and achievement of targeted therapeutic levels of vancomycin within 72 hours was also monitored on a quarterly basis. Guidelines around the use of loading doses for vancomycin were developed and integrated into patient order sets. These guidelines will ensure compliance with achieving targeted therapeutic levels.

Through regular monitoring and evaluation, it was identified that there were challenges with addressing identified opportunities in the acute care setting. In September 2016, changes were implemented which involved allocating dedicated pharmacy staff to the antimicrobial stewardship program on a daily basis. This supported the individual review of patient profiles and the required actions and/or follow-up with physicians. As a result, there was enhanced compliance with evidence based practices during Quarters 3 and 4 of 2016-17 resulting in a reduction in the inappropriate use of antimicrobials and reduced associated risk of hospital acquired illnesses.

Performance Measures Related to Antimicrobial Stewardship

Performance Measure	Outcome
Per cent of intravenous (IV) use of ciprofloxacin in the Community Home Infusion Program	Western Health achieved its target reducing this rate from 3.6 grams in 2014-15, to 0.0 grams in 2016-17
Per cent of intravenous (IV) use of moxifloxacin in the Community Home Infusion Program	Western Health achieved its target reducing this rate from 8.0 grams in 2014-15, to 0.0 grams in 2016-17
Per cent of intravenous (IV) use metronidazole in the Community Home Infusion Program	Western Health achieved its target reducing this rate from 15.0 grams in 2014-15, to 0.5 grams in 2016-17
Percent of in hospital use of intravenous (IV) ciprofloxacin	Western Health increased this rate from 24.0 grams in 2014-15, to 26.0 grams in 2016-17. Although Western Health was not able to meet its own performance target, improvements were noted in quarters 3 and 4 of 2016-17. This was achieved through the allocation of dedicated resources to the antimicrobial stewardship program. Western Health's continued development of its antimicrobial stewardship program will help to achieve future improvements in this area.

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Performance Measure	Outcome
Percent of in hospital use of intravenous (IV) moxifloxacin	Western Health rate remained the same at 22.0 grams in 2014-15 and in 2016-17. Although Western Health was not able to meet its own performance target, improvements were noted in Quarters 3 and 4 of 2016-17. As noted above, this was achieved through the allocation of dedicated resources to the antimicrobial stewardship program. Western Health's continued development of its antimicrobial stewardship program will help to achieve future improvements in this area.
Percent of in hospital use of intravenous (IV) metronidazole	Western Health increased this rate from 51.0 grams in 2014-15, to 56.0 grams in 2016-17. Although Western Health was not able to meet its own performance target, improvements were noted in Quarters 3 and 4 of 2016-17. As noted above, this was achieved through the allocation of dedicated resources to the antimicrobial stewardship program. Western Health's continued development of its antimicrobial stewardship program will help to achieve future improvements in this area.
Percent of patients achieving therapeutic levels vancomycin within 72 hours of initial review	Western Health reduced this rate from 66 per cent in 2014-15, to 62 per cent in 2016-17. Although Western Health was not able to meet its own performance target, improvements were noted in Quarters 3 and 4 of 2016-17. As noted above, this was achieved through the allocation of dedicated resources to the antimicrobial stewardship program. Western Health's continued development of its antimicrobial stewardship program will help to achieve future improvements in this area.

Western Brook Pond, from the Snug Harbour Trail

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Strategic Issue Three: Access to Emergency Room Services

Western Health's Community Health Needs and Resources Assessment (2013, 2016) reported that people in the Western region identified challenges with access to emergency health services including long wait times and lack of availability of emergency health services in some areas. In 2012, the Department of Health and Community Services developed "A Strategy to Reduce Emergency Department Wait Times" (2012). In June 2012, Western Health completed an internal review of the emergency department at Western Memorial Regional Hospital (WMRH) to identify and/or enhance efficiency of current processes focusing on the patient journey from arrival to discharge, utilizing lean principles. In 2013, the Department of Health and Community Services supported an external review at WMRH which ensured alignment with the provincial strategy. In 2015, the Department of Health and Community Services also supported an external review of the emergency department at Sir Thomas Roddick Hospital (STRH) to identify and/or enhance efficiency of current work flow processes and practices, utilizing lean principles. Improving access to emergency room services with a focus on Category A[4] emergency departments, in keeping with provincial strategy, is a strategic issue for Western Health.

Strategic Goal Three

By March 31, 2017, Western Health will have improved access to emergency room services in keeping with the provincial strategy.

Measure

Improved access to emergency room services

[4] Category A emergency departments have a minimum of one physician dedicated to providing emergency services and on-site 24-hours a day and are in hospitals that, by definition, have acute care beds and specialty services.

Planned and Actual Performance

Indicators for the Three-year Goal (2014-17)	Accomplishments
Implemented priority initiatives consistent with the provincial strategy	Priority initiatives consistent with provincial strategy were implemented. Priority initiatives identified to improve access to emergency room services included: (a) improved standardization of processes to support efficiency and patient flow and (b) improved communication through the reporting of performance measures. Western Health implemented a number of priority initiatives to improve standardization of emergency room services throughout the region. Priority initiatives included the standardization of medical directives utilized in emergency departments, implementation of regional policies to standardize access and transfer processes across sites and improve patient flow, and the standardization of treatment rooms within the emergency department at all sites including standardization of equipment in the trauma room. A number of initiatives were implemented to standardize documentation processes within the emergency department. This included development and implementation of a number of standardized forms: face sheet, triage form, medication reconciliation, and emergency department assessment. Work continues to standardize the auditing of nursing documentation practices and turnaround time for laboratory and medical imaging services within the emergency department at all sites within the region. An emergency department scorecard was implemented at Western Memorial Regional Hospital (WMRH), Sir Thomas Roddick Hospital (STRH), and Dr. Charles L. LeGrow Health Centre (DCLHC) through business intelligence software. This supported the communication of identified performance measures for the emergency department with key stakeholders and will enable more timely access to real time emergency room data to support decision making.

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Planned and Actual Performance

Indicators for the Three-year Goal (2014-17)	Accomplishments
Measured and monitored emergency room services performance outcomes.	Performance outcomes for the priority initiatives were identified. Performance outcomes for the priority initiatives were measured and monitored. Outcomes included the minimum wait times reporting requirements of the provincial strategy. The average wait time (in minutes) from emergency room triage to Practitioner Initial Assessment (PIA) by triage level and average wait time (in minutes) from emergency room triage to left emergency room by triage level was targeted for improvement at the WMRH site. There was minimum improvement in meeting expected wait times in keeping with CTAS guidelines. Potential factors included family physician vacancies in the community and emergency department and difficulty recruiting nurse practitioners for fast track. Western Health did not meet the established target with regard to the left without being seen rate. This is largely due to the current lengthy waiting times to be seen in the emergency department at WMRH.
Improved access through standardization and flow/throughput.	Access to emergency room services was improved through standardization of existing processes/protocols, medical directives, policies and procedures, equipment and treatment rooms, as well as implementation of initiatives to enhance patient flow. An electronic patient tracker to monitor patient flow and tracking of patients within the emergency department at WMRH has been developed and will be implemented in early 2017-18. Simultaneous registration by the triage nurse was implemented at WMRH[5]. This process is currently being evaluated and will inform decision making with regard to implementation at STRH and the rural health centres. Demand capacity analysis was completed for WMRH and STRH emergency departments and recommendations implemented to enhance patient flow. The physical space in the main emergency departments and fast track locations at both WMRH and STRH were reorganized and renovated to improve patient flow.

[5] *Simultaneous registration is the process of registration of patients at the same time as the triage process. This approach is designed to streamline the registration and triage process for patients presenting to the emergency department.*

Planned and Actual Performance

Indicators for the Three-year Goal (2014-17)	Accomplishments
Improved communication to patients	To improve communication, patients are advised of their CTAS triage level and expected wait time by nursing staff upon completion of triage. In an effort to enhance awareness and education, a poster outlining the CTAS levels and waiting times based on urgency are displayed in waiting areas/emergency departments within the region. Work was initiated to improve patient and public knowledge of expected emergency department wait times through the communication of average wait times, based on historical data, on the Western Health website. Opportunities to provide wait time information in real time will continue to be explored. A regional emergency department patient experience survey was administered between January to March 2017. This survey was available to residents of the western region who accessed emergency department services during this time. Regional and site specific results are being utilized to identify opportunities to improve emergency department services based on feedback from residents in the Western region.
Improved appropriate monitoring and reassessment of patients waiting for emergency room services.	Western Health improved the monitoring and reassessment of patients waiting for emergency room services at WMRH, STRH, and DCLHC. Changes included delineation of roles and responsibilities of the various disciplines in the emergency department, identification of criteria for patients requiring re-triaging and designation of location(s) for re-triaging. Auditing has been implemented to assess compliance with re-triaging and identification of opportunities to improve processes. Processes for re-triaging of patients will be explored at the remaining rural health sites based on lessons learned.

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Objective Year Three (2016-17)
By March 31, 2017, Western Health will have implemented priority initiatives to improve access to emergency room services, in keeping with the provincial strategy.

Measure Year Three (2016-17)
Improved access to emergency room services.

Planned and Actual Performance

Indicators for the Year Three Objective (2016-17)	Accomplishments
Implemented priority initiatives consistent with the provincial strategy	The implementation of priority initiatives consistent with provincial strategy continued in 2016-17. Priority initiatives to improve access to emergency room services included: (a) improved standardization of processes to support efficiency and patient flow and (b) improved communication through the reporting of performance measures.
Measured and monitored emergency room services performance outcomes	Work to enhance the measuring, monitoring and utilization of emergency department performance measures continued in 2016-17. An emergency department scorecard implemented at WMRH, STRH, and DCLHC will enable more timely access to real time emergency room data to support decision making. Performance measures include door to doctor time based on Canadian Triage Acuity Scale (CTAS) level, length of stay in the emergency department from arrival to departure, and left without being seen rate. Work has been ongoing in the remaining rural health sites to review current processes and implement changes to support the capturing and monitoring of performance measures considering lessons learned from the larger sites.

Planned and Actual Performance

Indicators for the Year Three Objective (2016-17)	Accomplishments
Improved access through standardization and flow/throughput	Work continued in 2016-17 to improve access through implementation of initiatives to enhance standardization. An electronic patient tracker to monitor patient flow and tracking of patients within the emergency department at WMRH has been developed and will be implemented in early 2017-18. White boards continue to be utilized to support patient flow/tracking until implementation of the tracker. Simultaneous registration by the triage nurse was implemented at WMRH. This process is currently being evaluated and will inform decision making with regard to implementation at STRH and the rural health sites. Work to support regional standardization of medical directives, policy development, documentation processes and forms, and implementation of patient order sets continued. A regional policy to support patient flow across acute care was implemented, a policy related to emergency department overcapacity was implemented in the rural sites, and an existing policy to support transfers between sites was reviewed and revised to enhance patient flow. Physician patient order sets have been implemented in all emergency departments within the region. A regional protocol for management of stroke in the emergency department was also implemented. Demand capacity analysis was completed for WMRH and STRH emergency departments with recommendations implemented. Staffing levels, skill mix, and scheduling adjustments were made at both sites. Staffing schedules were adjusted to match patient volumes, acuity and time of presentation. Skill mix was adjusted to ensure that the most appropriate providers are available to meet patient needs. Evaluation of the changes introduced at WMRH and STRH will be utilized to inform future work at the rural health sites.

ANNUAL REPORT ON PERFORMANCE 2016-17

Planned and Actual Performance

Indicators for the Year Three Objective (2016-17)	Accomplishments
Improved access through standardization and flow/throughput (continued)	The physical spaces in the main emergency departments and fast track locations at both WMRH and STRH were reorganized and renovated to improve patient flow. The fast track clinic was opened seven days a week at WMRH and five days a week at STRH. Staffing recruitment challenges have created barriers to the opening of the fast track clinic seven days a week at STRH.
Improved communication to patients	Improved communication to patients focused on the implementation of strategies to enhance the sharing of information related to triage level and expected wait time and obtain feedback from patients through completion of a regional emergency department patient experience survey.
Improved appropriate monitoring and reassessment of patients waiting for emergency room services	Western Health improved the monitoring and reassessment of patients waiting for emergency room services at WMRH, STRH, and DCLHC through implementation of changes in existing processes, re-alignment of roles and responsibilities, identification of criteria for patients requiring re-triaging and designation of location(s) for re-triaging. Auditing to assess compliance will support the identification of opportunities to improve processes.

Discussion of Results

Western Health's work to achieve this goal commenced in 2014-15 with reviews of emergency room services at Western Memorial Regional Hospital (WMRH), Sir Thomas Roddick Hospital (STRH) and a review of evidenced based practices for emergency room services. Priority initiatives consistent with provincial strategy were identified to improve access to emergency room services and included: (a) improved standardization including standardization of patient flow and (b) improved communication including the measurement, monitoring, and reporting of performance measures. Performance outcomes for the priority initiatives were also identified and include the provincial strategy's minimum wait times reporting requirements.

A two year work plan (2015-17) was developed to support the implementation of priority initiatives to improve access to emergency room services, in keeping with the provincial strategy. Implementation and monitoring of priority initiatives was monitored by the regional emergency department access improvement committee. The work of this committee was supported by other committees and/or working groups.

Western Health implemented a number of priority initiatives in 2015-17 to improve standardization of emergency room services throughout the region. Priority initiatives included the standardization of medical directives, implementation of regional policies to standardize processes and improve patient flow, and the standardization of treatment rooms including the standardization of equipment in trauma rooms within the emergency departments.

Standardization of documentation processes commenced with the development of standardized forms implemented regionally within emergency departments. Emergency department forms are available electronically at WMRH and STRH and are being implemented electronically at the rural health sites. Work continues to standardize auditing of nursing documentation practices and turnaround time for laboratory and medical imaging services within the emergency department at all sites within the region.

Measuring and monitoring of emergency room performance measures were enhanced at WMRH, STRH and DCLHC sites allowing more timely access to information for decision making. An electronic scorecard was implemented and will be expanded to include all sites once performance measures are available electronically. The average wait time (in minutes) from emergency room triage to Practitioner Initial Assessment (PIA) by triage level and average wait time (in minutes) from emergency room triage to left emergency room by triage level was targeted for improvement at the WMRH site. There was minimum improvement in meeting expected wait times in keeping with CTAS guidelines. Potential factors included family physician vacancies in the community contributing to increased visits to the emergency department, physician vacancies in the emergency department, and difficulty recruiting nurse practitioners for fast track. Western Health did not meet the established target with regard to the left without being seen rate. This is largely due to the current lengthy waiting times to be seen in the emergency department at WMRH.

Efforts to improve access to emergency room services, including improvement in current wait times and standardization of practices, will continue to be a priority for Western Health. In keeping with provincial direction, this will include a focus on primary health care and community supports in the coming years in an effort to reduce emergency department demand, thereby increasing access to the emergency department for those individuals who most require these services.

ANNUAL REPORT ON PERFORMANCE 2016-17

Strategic Issue Four: Enhanced Awareness of Programs and Services and Evidence Based Resources

Western Health's Community Health Needs and Resources Assessment (2013, 2016) indicated that there was a lack of awareness of Western Health's programs and services. The report indicated that residents throughout the Western region access health related information on the internet and many were not aware that Western Health had a website or used the website to post information about accessing programs and services. Western Health's Acute Care Patient Experience Survey (2013) results indicated that there was a lack of written information provided to patients about what symptoms or health problems to look for when they leave the hospital. This information supports enhancing access to information about programs and services through the implementation of a communication strategy as a strategic issue for Western Health.

Strategic Goal Four

By March 31, 2017, Western Health will have enhanced access to information about programs and services through the implementation of a communication strategy.

Measure

Enhanced access to information about programs and services

Planned and Actual Performance

Indicators for the Three-year Goal (2014-17)	Accomplishments
Implemented and evaluated communication strategy	Western Health implemented a communication strategy and evaluated this strategy in 2016-17. Priorities in the communication strategy included enhancements to the Western Health website, continued growth and development of Western Health's social media presence, primarily through the use of twitter, and development of an e-learning module for administrative support staff to enhance their ability to assist with the navigation of programs and services at Western Health. The evaluation plan included measurement and monitoring of key performance outcomes. Western Health met or surpassed performance outcomes identified for the following priority initiatives: (1) number of hits to the website - Western Health increased from 224,546 in 2014-15, to 436,365 in 2016-17; (2) number of tweets - Western Health increased from 189 in 2014-15, to 576 Western Health tweets in 2016-17; and (3) development and implementation of an e-learning module - Western Health implemented an e-learning module in 2016-17.
Increased staff and public use of the Western Health website	Western Health increased use of the website by both staff and the public as described more fully under the Discussion of Results section.

The Gravels coastal hiking trail near Port au Port

ANNUAL REPORT ON PERFORMANCE 2016-17

Objective Year Three (2016-17)
By March 31, 2017, Western Health will have implemented the priority initiatives in a communication strategy.

Measure Year Three (2016-17)
Implemented priority initiatives.

Planned and Actual Performance

Indicators for the Year Three Objective (2016-17)	Accomplishments
Priority initiatives implemented	Work initiated in 2015-16 to support implementation of three priority initiatives was completed in 2016-17. Western Health's new website was implemented in 2016-17. Work continued to enhance health related information available on the website, provide links to reputable sources, provide contact points for programs and services, and increase the website's ease of use for the public. Work also continued to increase the use of Twitter as a means to enhance awareness of programs and services. An e-learning module to support administrative support staff in assisting the public with questions about programs and services at Western Health was implemented.
Enhanced access to information about programs and services on the Western Health website	To ensure enhanced access to information about Western Health's programs and services on the new website, an evaluation was completed with Community Advisory Committees (CACs) in the Western region and members of the public who accessed the website. Results of the evaluation indicated that approximately 76 per cent of respondents reported that they could find the information they were looking for on the website. Based on feedback from the evaluation opportunities to further enhance access to information about programs and services were implemented.
Increased use of the Western Heath website	As noted above, there was increased use of the Western Health website in 2016-17 from 2014-15.
Completed development of e-learning module to support navigation of programs and services	An e-learning module to enhance the ability of administrative support staff to assist with the navigation of programs and services at Western Health was developed, piloted, and implemented following the transfer to the new website in 2016-17. The module was piloted with a group of administrative support staff, as well as the regional primary health care management committee. Feedback received was incorporated prior to implementation of the module. To date, 41 administrative support staff within Western Health have completed the e-learning module.

ANNUAL REPORT ON PERFORMANCE 2016-17

Discussion of Results

The completion of an environmental scan in 2014-15 identified Western Health's strengths and opportunities to enhance awareness of programs and services. Priority initiatives identified from the scan included enhancements to the Western Health website, continued growth and development of social media specifically Twitter, and development of an e-learning module for administrative support staff to support and enhance their ability to assist with the navigation of programs and services at Western Health. An evaluation plan was developed in 2014-15 and performance outcomes were identified for the priority initiatives.

A work plan to support implementation of the priority initiatives and achievement of identified performance outcomes was developed in 2015. Work to support the priorities began in 2015-16 and was subsequently completed in 2016-17. Progress was monitored by the regional primary health care management committee.

A comprehensive review of Western Health's website was completed in consultation with an external website consultant. The Regional Director of Communications in collaboration with the regional primary health care management committee worked with the external consultant to develop the architecture of the new website. The new website was designed to be more user friendly, easier to navigate, and accessible on mobile devices. In addition to enhancing the architecture, there was also a focus on enhancing access to programs and services and health related information and resources. The new website was implemented and evaluated in 2016-17. Results of the evaluation were utilized to further enhance access to information about programs and services prior to implementation. An e-learning module, developed to enhance the ability of administrative support staff to assist with the navigation of programs and services at Western Health, was implemented in 2016-17. Work will continue to support completion by all administrative support staff and to establish a process to ensure completion by staff new to Western Health.

Opportunities for staff to increase the use of Twitter to communicate key messages to the public related to programs and services continued in 2016-17. Information was tweeted about physical activity, healthy eating, injury prevention, tobacco control, sexual and reproductive health, mental health and addictions, community events, Western Health ethics and many other topics. Links to Western Health's website, or other websites that provided more health information related to the specific topic, were included in the tweets when possible.

Work will continue to further evaluate and enhance Western Health's website on an ongoing basis.

Sprockids Leader Training

OPPORTUNITIES AND CHALLENGES AHEAD FOR WESTERN HEALTH

Access to Primary Care

Difficulty with accessing primary care services was reported by respondents in Western Health's Community Needs and Resources Assessment (2016). Access to primary care can be impacted by the distance required to travel, wait times, services not being available and physician turnover. Access to primary care services may be further influenced by the broad geography and the growing aging population within the Western region. The Government of Newfoundland and Labrador is committed to enhancing access to appropriate primary health care services and improving health care outcomes as outlined in *The Way Forward* document and Provincial Primary Health Care Framework. Western Health will continue to explore opportunities to increase access to primary care through new primary health care services arrangements.

Mental Health Promotion and Addictions Prevention

Western Health has seen an increase in demand for mental health and addictions services. Western Health will continue to explore opportunities to improve access to mental health and addictions services in the Western region. Western Health recognizes that the impact of mental health and mental illness will not be addressed through treatment alone. Improving mental health requires greater attention to the promotion of mental health for the entire population and the prevention of mental illness. The Government of Newfoundland and Labrador is committed to supporting implementation of the Provincial Action Plan on Mental Health and Addictions in response to the All-Party Committee report on Mental Health and Addictions. In support of this provincial action plan, Western Health will explore opportunities to enhance mental health promotion and addictions prevention in communities throughout the region.

Chronic Disease Prevention and Management

The health status of residents in the Western region continues to be a major concern as evidenced by our high rates of chronic diseases such as asthma, diabetes, and high blood pressure. Western Health will continue to explore opportunities to enhance chronic disease prevention and management in keeping with the expanded chronic care model. To improve the health status of residents of the Western region, opportunities to partner with communities will also be explored to enhance the awareness and practice of healthy eating and active living.

New Facilities Planning

Western Health, in partnership with the Department of Health and Community Services and the Department of Transportation and Works, will continue to plan for new facilities. In January 2017, a Request for Qualifications (RFQ) was issued to establish an industry short list to solicit proposals to design, build, finance and maintaining a new long term care home for Corner Brook. A Request for Proposals for a Procurement Advisor was also issued as the first step in the implementation of the acute care hospital project in February 2017. Operational readiness will continue to provide opportunities for improvement within programs areas, as well as prepare for the transition of existing services to the new facilities.

Home and Community Care

Building on the Provincial Home Support Program Review, Western Health will be implementing a Home First approach. This will be a priority initiative under the strategic issue, Care of the Older Adult. Home First involves a strengthened and structured partnership between home and community care/home support services, acute care, rehabilitation services, long term care and primary care. The Home First philosophy facilitates a return home after a hospital stay as soon as possible; prevents or delays emergency room visits; and delays re-admission to hospital, or admission to residential care until absolutely necessary.

Staff at Bay St. George Long Term Care

FINANCIAL STATEMENTS

In keeping with the *Transparency and Accountability Act*, Western Health is pleased to share its audited financial statement for 2016-17

Non-Consolidated Financial Statements

Western Regional Health Authority

March 31, 2017

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Statement of responsibility

The accompanying non-consolidated financial statements are the responsibility of the Board of Trustees of the Western Regional Health Authority (the "Board") and have been prepared in compliance with legislation, and in accordance with Canadian Public Sector Accounting Standards as recommended by the Chartered Professional Accountants of Canada.

In carrying out its responsibilities, management maintains appropriate systems of internal and administrative controls designed to provide reasonable assurance that transactions are executed in accordance with proper authorization, that assets are properly accounted for and safeguarded, and that financial information produced is relevant and reliable.

The Board met with management and its external auditors to review a draft of the non-consolidated financial statements and to discuss any significant financial reporting or internal control matters prior to their approval of the non-consolidated finalized financial statements.

Grant Thornton LLP as the Board's appointed external auditors, have audited the non-consolidated financial statements. The auditor's report is addressed to the Board and appears on the following page. Their opinion is based upon an examination conducted in accordance with Canadian generally accepted auditing standards, performing such tests and other procedures as they consider necessary to obtain reasonable assurance that the non-consolidated financial statements are free of material misstatement and present fairly the financial position and results of the Board in accordance with Canadian public sector accounting standards.

Director Director

Independent auditors' report

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To the Board of Trustees

Western Regional Health Authority

We have audited the accompanying non-consolidated financial statements of Western Regional Health Authority, which comprise the non-consolidated statement of financial position as at March 31, 2017, and the non-consolidated statement of operations, changes in net debt, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

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

Auditor's responsibility

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

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

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

Opinion

In our opinion, the non-consolidated financial statements present fairly, in all material respects, the non-consolidated financial position of the Western Regional Health Authority as at March 31, 2017, and the results of its operations, changes in net debt, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis of Presentation and Restriction of Use

Without modifying our opinion, we draw attention to Note 2 to the non-consolidated financial statements, which describe the basis of presentation of the non-consolidated financial statements of Western Regional Health Authority. These non-consolidated financial statements have been prepared for specific users and may not be suitable for another purpose.

Grant Thornton LLP

Corner Brook, Canada
June 15, 2017

Chartered Professional Accountants

Western Regional Health Authority

Non-Consolidated statement of financial position

March 31 (in thousands of dollars)	2017	2016
Financial assets		
Cash and cash equivalents	$ 10,562	$ 11,282
Receivables (Note 3)	8,240	12,306
Due from associated funds (Note 4)	3,456	2,183
Trust funds on deposit (Note 5)	523	560
Restricted cash and investments	163	154
	$ 22,944	$ 26,485
Liabilities		
Payables and accruals	$ 27,708	$ 24,047
Vacation pay accrual	8,651	8,907
Severance pay accrual (Note 6)	32,483	31,789
Sick leave accrual (Note 6)	17,998	17,502
Deferred contributions – operating	6,315	8,772
Deferred contribution – capital	8,655	11,996
Long term debt (Note 7 & 8)	5,697	5,406
Trust funds payable	523	560
	$ 108,030	$ 108,979
Net debt	$ (85,086)	$ (82,494)
Non-financial assets		
Tangible capital assets (Note 9)	$ 67,699	$ 68,186
Inventory (Note 10)	4,927	5,000
Prepaid expenses	3,346	3,756
	75,972	76,942
Accumulated deficit	$ (9,114)	$ (5,552)

Contingencies and commitments (Note 11)

On behalf of the Board

Member

Member

See accompanying notes to the non-consolidated financial statements

Western Regional Health Authority

Non-Consolidated statement of operations

Year ended March 31 (in thousands of dollars)	Budget 2017 (Note 12)	Actual 2017	Actual 2016
Revenue			
Provincial plan – operating grant	**$ 318,829**	**$ 318,829**	$ 317,264
Capital grant – provincial	**6,000**	**6,000**	5,633
Capital grant – other	**1,266**	**1,266**	500
National Child Benefit	**1,016**	**1,080**	835
Early Childhood Development	**359**	**359**	359
MCP physician revenue	**17,460**	**17,375**	18,442
Inpatient	**1,607**	**1,658**	1,686
Outpatient	**2,121**	**2,473**	2,149
Resident revenue – long term care	**7,687**	**7,794**	7,476
Mortgage interest subsidy	**23**	**22**	23
Food service	**1,672**	**1,656**	1,728
Other recoveries	**10,776**	**11,230**	11,561
Other	**6,030**	**6,178**	5,433
	374,846	**375,920**	373,089
Expenditures			
Administration	**27,823**	**27,340**	27,127
Support services	**57,712**	**57,842**	59,630
Nursing inpatient services	**89,761**	**90,780**	87,804
Medical services	**20,909**	**20,491**	21,739
Ambulatory care services	**28,756**	**28,505**	30,212
Diagnostic and therapeutic services	**36,349**	**35,782**	36,239
Community and social services	**97,880**	**95,149**	92,637
Educational services	**5,974**	**5,684**	5,797
Undistributed	**1,931**	**8,750**	5,659
	367,095	**370,323**	366,844
Surplus	**$ 7,751**	**$ 5,597**	$ 6,245

See accompanying notes to the non-consolidated financial statements

Western Regional Health Authority

Non-Consolidated statement of operations (cont'd)

Year ended March 31 (in thousands of dollars)	**Budget 2017 (Note 12)**	**Actual 2017**	Actual 2016
Adjustments for undernoted items – net expenses			
Amortization expense	**$ 8,225**	**$ 8,225**	$ 7,835
Accrued vacation expense – (decrease)	**(256)**	**(256)**	(169)
Accrued severance expense – increase	**694**	**694**	1,368
Accrued sick expense – increase	**496**	**496**	642
Total adjustments for above noted items	**9,159**	**9,159**	9,676
Deficit	**(1,408)**	**(3,562)**	(3,431)
Accumulated (deficit), beginning of year	**(5,552)**	**(5,552)**	(2,121)
Accumulated deficit, end of year	**$ (6,960)**	**$ (9,114)**	$ (5,552)

See accompanying notes to the non-consolidated financial statements

Western Regional Health Authority

Non-Consolidated statement of changes in net debt

Year ended March 31 (in thousands of dollars)	**Budget 2017 (Note 12)**	**Actual 2017**	Actual 2016
Net debt, beginning of year	**$ (82,494)**	**$ (82,494)**	$ (79,334)
Deficit for the year	**(1,408)**	**(3,562)**	(3,431)
Changes in tangible capital assets			
Acquisition of tangible capital assets	**(7,738)**	**(7,738)**	(9,934)
Amortization of tangible capital assets	**8,225**	**8,225**	7,835
Decrease (increase) in net book value of tangible capital assets	**487**	**487**	(2,099)
Changes in other non-financial assets			
Acquisition of prepaid expense (net of usage)	**-**	**410**	2,477
Acquisition of inventories of supplies (net of usage)	**-**	**73**	(107)
Decrease in other non-financial assets	**-**	**483**	2,370
Increase in net debt	**(921)**	**(2,592)**	(3,160)
Net debt, end of year	**$ (83,415)**	**$ (85,086)**	$ (82,494)

See accompanying notes to the non-consolidated financial statements

Western Regional Health Authority

Non-Consolidated statement of cash flows

Year ended March 31 (in thousands of dollars)		**2017**		2016
Operating				
Annual deficit	**$**	**(3,562)**	$	(3,431)
Add (deduct) non-cash items:				
Amortization of capital assets		**8,225**		7,835
Accrued vacation expense – decrease		**(256)**		(169)
Accrued severance expense – increase		**694**		1,368
Accrued sick expense – increase		**496**		642
Changes in:				
Receivables		**4,066**		7,990
Due from associated funds		**(1,273)**		(62)
Inventory		**73**		(107)
Prepaid expenses		**410**		2,477
Deferred contributions - operating		**(2,457)**		(746)
Payables and accruals		**3,661**		(7,301)
Net cash provided by operating transactions		**10,077**		8,496
Capital				
Acquisitions of tangible capital assets		**(7,738)**		(9,934)
Net cash applied to capital transactions		**(7,738)**		(9,934)
Financing				
Capital lease		**703**		3,766
Repayment of long term debt		**(412)**		(201)
Capital contributions		**(3,341)**		(2,055)
Net cash (applied to) provided by financing transactions		**(3,050)**		1,510
Investing				
Restricted cash and investments		**(9)**		3
Net cash (applied to) provided by investing transactions		**(9)**		3
Net cash (applied to) provided by		**(720)**		75
Cash and cash equivalents - beginning of year		**11,282**		11,207
Cash and cash equivalents - end of year	**$**	**10,562**	$	11,282

See accompanying notes to the non-consolidated financial statements

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2017
(in thousands of dollars)

1. Nature of operations

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

Western Health is an incorporated not-for-profit with no share capital, and as such, is exempt from income tax.

2. Summary of significant accounting policies

The non-consolidated financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards (PSAS) and reflect the following significant accounting policies:

Basis of presentation
These non-consolidated financial statements reflect the assets, liabilities, revenue and expenditures of the operating fund. These non-consolidated financial statements have not been consolidated with those other organizations controlled by Western Health because they have been prepared for the Authority's Board of Trustees and the Department of Health and Community Services. Since these non-consolidated financial statements have not been prepared for general purposes, they should not be used by anyone other than the specified users. Consolidated financial statements have been issued.

Use of estimates
The preparation of non-consolidated financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities, at the date of the non-consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Items requiring the use of significant estimates include accrued severance, accrued sick leave, useful life of tangible capital assets, impairment of assets and allowance for doubtful accounts.

Estimates are based on the best information available at the time of preparation of the non-consolidated financial statements and are reviewed annually to reflect new information as it becomes available. Measurement uncertainty exists in these financial statements. Actual results could differ from these estimates.

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

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2017
(in thousands of dollars)

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

Accrued severance and sick leave
Upon termination, retirement or death, the organization provides their employees, with at least nine years of services with severance benefits equal to one week of pay per year of service up to a maximum of 20 weeks. An actuarially determined accrued liability for severance has been recorded in the statements. This liability has been determined using management's best estimate of employee retention, salary escalation, long term inflation and discount rates.

The organization provides their employees with sick leave benefits that accumulate but do not vest. The benefits provided to employees vary based upon classification within the various negotiated agreements. An actuarially determined accrued liability has been recorded on the statements for non-vesting sick leave benefits. The cost of non-vesting sick leave benefits are actuarially determined using management's best estimate of salary escalation, accumulated sick days at retirement, long term inflation rates and discount rates.

Accrued vacation pay
An accrued liability for vacation pay is recorded in the accounts at year end for all employees who have a right to receive these benefits.

Non-financial assets
Non-financial assets are not available to discharge existing liabilities and are held for use in the provision of services. They have useful lives generally extending beyond the current year and are not intended for sale in the ordinary course of operations. The change in non-financial assets during the year, together with the annual deficit (surplus), provides the change in net financial debt for the year.

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

Tangible capital assets
Western Health has control over certain assets for which title resides with the Government of Newfoundland and Labrador. These assets have not been recorded in the financial statements of Western Health. Capital assets are recorded at cost. Assets are not amortized until placed in use. Assets in use are amortized over their useful life on a declining balance basis at the following rates:

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

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2017
(in thousands of dollars)

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

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

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

Revenue recognition
Provincial plan revenues for operating and capital purposes are recognized in the period in which all eligibility criteria or stipulations have been met. Any funding received prior to satisfying these conditions is deferred until conditions have been met. When revenue is received without eligibility criteria or stipulations, it is recognized when the transfer from the Province of Newfoundland and Labrador is authorized.

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

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

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

Funds and reserves
Certain amounts, as approved by the Board are set aside in accumulated surplus for future operating and capital purposes. Transfers to/from funds and reserves are an adjustment to the respective fund when approved.

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2017
(in thousands of dollars)

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

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

Pension contributions were made in the following amounts:

		2017		2016
GMPP	**$**	**3,314**	**$**	3,367
PSPP	**$**	**24,498**	$	24,251

Financial instruments

Western Health considers any contract creating a financial asset, liability or equity instrument as a financial instrument, except in certain limited circumstances. Western Health accounts for the following as financial instruments:

- cash and cash equivalents
- receivables
- trust funds on deposit
- restricted cash and investments
- bank indebtedness
- payables and accruals
- long term debt
- trust funds payable

A financial asset or liability is recognized when Western Health becomes party to contractual provisions of the instrument. Amounts due to and from related parties are measured at the exchange amount, being the amount agreed upon by the related parties.

Measurement
The Authority initially measures its financial assets and financial liabilities at fair value, except for certain non-arm's length transactions.

Financial assets or liabilities obtained in related party transactions are measured in accordance with the accounting policy for related party transactions except for those transactions that are with a person or entity whose sole relationship with Western Health is in the capacity of management in which case they are accounted for in accordance with financial instruments.

Financial assets measured at cost include cash and cash equivalents, receivables, trust funds on deposit, and restricted cash and investments.

Financial liabilities measured at cost include bank indebtedness, payables and accruals, long term debt and trust funds payable.

Western Regional Health Authority
Notes to the non-consolidated financial statements
March 31, 2017
(in thousands of dollars)

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

Impairment

Western Health removes financial liabilities, or a portion of, when the obligation is discharged, cancelled or expires.

A financial asset (or group of similar financial assets) measured at cost or amortized cost are tested for impairment when there are indicators of impairment. Impairment losses are recognized in the statement of operations. Previously recognized impairment losses are reversed to the extent of the improvement provided the asset is not carried at an amount, at the date of the reversal, greater than the amount that would have been the carrying amount had no impairment loss been recognized previously. The amounts of any write-downs or reversals are recognized in annual surplus.

3. Receivables	**2017**	2016
Province of Newfoundland and Labrador		
Capital contributions	**$ 242**	$ 255
Provincial plan	**249**	1,698
MCP	**2,572**	2,650
Patient services	**786**	942
Employees' pay and travel advances	**314**	266
Harmonized sales tax rebate	**418**	585
Department of veteran affairs	**116**	127
Child Youth and Family Services	**1,781**	2,362
Other	**1,762**	3,421
	$ 8,240	$ 12,306

4. Due from associated funds	**2017**	2016
Cottages	**$ 2,522**	$ 1,833
Foundations	**934**	350
	$ 3,456	$ 2,183

5. Trust funds

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

Western Regional Health Authority
Notes to the non-consolidated financial statements
March 31, 2017
(in thousands of dollars)

6. Employee future benefits

Future employee benefits related to accrued severance and accrued sick obligations have been calculated based on an actuarial valuation completed on March 31, 2015 and extrapolated to March 31, 2017. The assumptions are based on future events. The economic assumptions used in the valuation are Western Health's best estimates of expected rates as follows:

	2017	2016
Wages and salary escalation	**3.75%**	3.75%
Discount rate	**3.70%**	3.70%

Based on actuarial valuation of the liability, at March 31, 2017 the results for sick leave are:

		2017		2016
Accrued sick pay obligation, beginning	**$**	**23,311**	$	18,502
Current period benefit cost		**1,799**		1,883
Benefit payments		**(2,668)**		(2,590)
Interest on the accrued benefit obligations		**846**		711
Actuarial losses		**-**		4,805
Accrued sick pay obligations, at end	**$**	**23,288**	$	23,311

Based on actuarial valuation of the liability, at March 31, 2017 the results for severance are:

		2017		2016
Accrued benefit obligation, beginning	**$**	**30,057**	$	34,006
Current period benefit cost		**2,152**		2,392
Benefit payments		**(2,149)**		(2,124)
Interest on the accrued benefit obligation		**1,112**		929
Actuarial gains		**-**		(5,146)
Accrued severance obligation, at end	**$**	**31,172**	$	30,057

A reconciliation of the accrued benefit liability and the accrued benefit obligation is as follows:

		2017		2016
Sick benefits:				
Accrued benefit liability	**$**	**17,998**	$	17,502
Unamortized actuarial losses		**5,290**		5,809
Accrued benefit obligation	**$**	**23,288**	$	23,311
Severance benefits:				
Accrued benefit liability	**$**	**32,483**	$	31,789
Unamortized actuarial losses		**(1,670)**		(1,732)
Severance paid subsequent to report data		**359**		-
Accrued benefit obligation	**$**	**31,172**	$	30,057

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2017
(in thousands of dollars)

7. Long term debt

	2017	2016
1.8% mortgage on the Bay St. George Seniors Home, maturing in 2021, repayable in blended monthly payments of $12,113	**$ 582**	$ 717
8% mortgage on the Bay St. George Seniors Home, maturing in 2026, repayable in blended monthly payments of $9,523	**769**	820
4.56% mortgage on the Woody Point Clinic, maturing in 2020, repayable in blended monthly payments of $2,304	**79**	103
Obligations under capital lease, 3% maturing in 2029, payable in blended monthly payments which escalate on an annual basis	**4,267**	3,766
	$ 5,697	$ 5,406

As security for the mortgages, Western Health has provided a first mortgage over land and buildings at the Bay St. George Senior Citizens Home and Woody Point Clinic having a net book value of $1,430 (2016 - $1,641).

As security for the capital lease, Western Health has provided specific capital equipment having a net book value of $5,432 (2016 - $5,651)

See Note 8 for five year principal repayment schedule.

8. Obligations under long term debt

Western Health has acquired building additions and equipment under the terms of long term debt. Payments under these obligations for the next five years are as follows:

Fiscal year ended	
2018	$ 480
2019	513
2020	546
2021	554
2022	452
	$ 2,545

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2017
(in thousands of dollars)

9. Tangible capital assets

	Land	Land Improvements	Buildings	Parking Lot	Equipment	Motor Vehicles	Leasehold Improvements	Total
March 31, 2017								
Cost								
Opening balance	$ 675	$ 435	$ 57,287	$ 1,142	$ 145,153	$ 1,902	$ 232	$ 206,826
Additions	-	-	31	-	7,317	428	-	7,776
Disposals	-	-	(38)	-	-	-	-	(38)
Closing balance	675	435	57,280	1,142	152,470	2,330	232	214,564
Accumulated amortization								
Opening balance	-	266	33,050	775	103,007	1,317	225	138,640
Additions	-	3	1,612	23	6,425	160	2	8,225
Disposals	-	-	-	-	-	-	-	-
Closing balance	-	269	34,662	798	109,432	1,477	227	146,865
Net book value	**$ 675**	**$ 166**	**$ 22,618**	**$ 344**	**$ 43,038**	**$ 853**	**$ 5**	**$ 67,699**

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2017
(in thousands of dollars)

9. Tangible capital assets (cont'd)

	Land	Land Improvements	Buildings	Parking Lot	Equipment	Motor Vehicles	Leasehold Improvements	Total
March 31, 2016								
Cost								
Opening balance	$ 675	$ 435	$ 57,232	$ 1,142	$ 135,479	$ 1,697	$ 232	$ 196,892
Additions	-	-	55	-	9,674	205	-	9,934
Disposals	-	-	-	-	-	-	-	-
Closing balance	675	435	57,287	1,142	145,153	1,902	232	206,826
Accumulated amortization								
Opening balance	-	261	31,467	751	96,908	1,196	222	130,805
Additions	-	5	1,583	24	6,099	121	3	7,835
Disposals	-	-	-	-	-	-	-	-
Closing balance	-	266	33,050	775	103,007	1,317	225	138,640
Net book value	**$ 675**	**$ 169**	**$ 24,237**	**$ 367**	**$ 42,146**	**$ 585**	**$ 7**	**$ 68,186**

Book value of capitalized items that have not been amortized in 2017 $3,248 (2016-$3,016)

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2017
(in thousands of dollars)

10. Inventory	2017	2016
Dietary	**$ 109**	$ 105
Pharmacy	**1,656**	1,860
Supplies	**3,162**	3,035
	$ 4,927	$ 5,000

11. Contingencies and commitments

Claims

As of March 31, 2017, there were a number of claims against Western Health in varying amounts for which no provision has been made. It is not possible to determine the amounts, if any, that may ultimately be assessed against Western Health with respect to these claims, but management believes any claim, if successful, will be covered by liability insurance.

Operating leases

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

Fiscal year ended	
2018	$ 4,467
2019	2,243
2020	1,142
2021	655
2022	511
	$ 9,018

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2017
(in thousands of dollars)

12. Budget

Western Health prepares an initial budget for a fiscal period that is approved by the Board of Trustees and Government [the "Original Budget"]. The Original Budget may change significantly throughout the year as it is updated to reflect the impact of all known service and program changes approved by Government. Additional changes to services and programs that are initiated throughout the year would be funded through amendments to the Original Budget and an updated budget is prepared by Western Health. The updated budget amounts are reflected in the budget amounts as presented in the non-consolidated statement of operations [the "Budget"].

The Original Budget and Budget do not include amounts relating to certain non-cash and other items including capital asset amortization, the recognition of provincial capital grants and other capital contributions, adjustments required to the accrued benefit obligations associated with severance and sick leave, and adjustments to accrued vacation pay.

The following presents a reconciliation of budgeted revenue and expenditures for the year ended March 31, 2017:

Original budgeted provincial plan revenue	$	313,915
Add: Net provincial plan budget adjustments		4,914
Ending budgeted provincial plan revenue		318,829
Original budgeted other revenue		45,554
Add: Net budget increases - other		3,197
Ending budgeted revenue	$	367,580
Original budgeted salary expenditure	$	228,054
Add: Net salary budget adjustments		(3,766)
Ending budgeted salary expenditure		224,288
Original budgeted supply expenditure		137,320
Add: Net supply budget adjustments		5,487
		142,807
Ending budgeted expenditures	$	367,095

Western Regional Health Authority

Notes to the non-consolidated financial statements

March 31, 2017
(in thousands of dollars)

13. Financial instruments

The main risks Western Health is exposed to through its financial instruments are credit risk, liquidity risk and market risk.

Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The Authority's main credit risks relate to its accounts receivable. The entity provides credit to its clients in the normal course of its operations. There was no significant change in exposure from the prior year.

Western Health has a collection policy and monitoring process intended to mitigate potential credit losses. Management believes that the credit risk with respect to accounts receivable is not material.

Liquidity risk

Liquidity risk is the risk that the Authority will encounter difficulty in meeting the obligations associated with its financial liabilities. The Authority is exposed to this risk mainly in respect of its long term debt, contributions to the pension plan and accounts payable. There was no significant change in exposure from the prior year.

The Authority mitigates this risk by having access to a line of credit in the amount of $14,000. In addition, consideration will be given to obtaining additional funds through third party funding in the Province, assuming these can be obtained.

Market risk

Market risk is the risk that the fair value or expected future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The Authority is not significantly impacted by foreign exchange risk or interest rate risk.

Western Regional Health Authority

Non-Consolidated expenditures – operating/shareable

Schedule I

Year ended March 31 (in thousands of dollars)	**2017**	2016
Administration		
General administration	**$ 8,430**	$ 8,348
Finance	**3,213**	3,019
Personnel services	**4,293**	4,056
System support	**5,229**	5,748
Other administrative	**6,175**	5,956
	27,340	27,127
Support services		
Housekeeping	**10,100**	10,460
Laundry and linen	**2,446**	2,442
Plant services	**16,335**	16,974
Patient food services	**12,857**	13,038
Other support services	**16,104**	16,716
	57,842	59,630
Nursing inpatient services		
Nursing inpatient services – acute	**60,815**	58,145
Medical services	**20,491**	21,739
Nursing inpatient services – long term care	**29,965**	29,659
	111,271	109,543
Ambulatory care services	**28,505**	30,212
Diagnostic and therapeutic services		
Clinical laboratory	**11,748**	11,975
Diagnostic imaging	**9,878**	10,250
Other diagnostic and therapeutic	**14,156**	14,014
	35,782	36,239

Western Regional Health Authority

Non-Consolidated expenditures – operating/shareable

Schedule I (cont'd)

Year ended March 31 (in thousands of dollars)	**2017**	2016
Community and social services		
Mental health and addictions	**8,982**	8,674
Community support programs	**76,201**	73,858
Family support programs	**3,609**	3,443
Health promotion and protection program	**6,357**	6,662
	95,149	92,637
Education	**5,684**	5,797
Undistributed	**8,750**	5,659
Shareable amortization	**485**	201
Total expenditures	**$ 370,808**	$ 367,045

Western Regional Health Authority

Non-Consolidated revenue and expenditures for government reporting

Schedule II

Year ended March 31 (in thousands of dollars)	**2017**	2016
Revenue		
Provincial plan – operating grant	**$ 318,829**	$ 317,264
Capital grant – provincial	**6,000**	5,633
Capital grant – other	**1,266**	500
MCP physician revenue	**17,375**	18,442
National Child Benefit	**1,080**	835
Early Childhood Development	**359**	359
Inpatient	**1,658**	1,686
Outpatient	**2,473**	2,149
Resident revenue – long term care	**7,794**	7,476
Mortgage interest subsidy	**22**	23
Food service	**1,656**	1,728
Other recoveries	**11,230**	11,561
Other	**6,178**	5,433
Total revenue	**375,920**	373,089
Expenditures		
Worked and benefit salaries and contributions	**191,092**	189,963
Benefit contributions	**36,296**	36,586
	227,388	226,549
Supplies – plant operations and maintenance	**5,226**	5,695
Supplies – drugs	**8,749**	9,445
Supplies – medical and surgical	**12,866**	11,804
Supplies – other	**13,394**	13,450
	40,235	40,394
Direct client costs – mental health and addictions	**441**	427
Direct client costs – community support	**55,763**	54,506
Direct client costs – family support	**1,510**	1,368
	57,714	56,301
Other shareable expenses	**44,790**	43,514

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

Year ended March 31 (in thousands of dollars)	**2017**	2016
Expenditures (cont'd)		
Long term debt – interest	**77**	86
Long term debt – principal	**210**	201
Capital lease – interest	**119**	-
Capital lease - principal	**275**	-
	681	287
Total expenditures	**370,808**	367,045
Less: Capital grant – provincial	**6,000**	5,633
Less: Capital grant – other	**1,266**	500
Deficit for government reporting	**(2,154)**	(89)
Long term debt - principal	**210**	201
Capital lease – principal	**275**	-
Surplus(Deficit) inclusive of other operations	**(1,669)**	112
Shareable amortization	**485**	201
Deficit before non-shareable items	**(2,154)**	(89)
Non-shareable items		
Amortization expense	**7,740**	7,634
Accrued vacation expense - decrease	**(256)**	(169)
Accrued severance expense – increase	**694**	1,368
Accrued sick expense – increase	**496**	642
Capital grant – Provincial	**(6,000)**	(5,633)
Capital grant - Other	**(1,266)**	(500)
	1,408	3,342
Deficit as per Statement of Operations	**$ (3,562)**	$ (3,431)

Western Regional Health Authority

Non-Consolidated funding and expenditures for government reporting

Capital transactions

Schedule III

Year ended March 31 (in thousands of dollars)		**2017**		2016
Sources of funds				
Provincial capital equipment grant for current year	**$**	**1,805**	$	3,369
Provincial facility capital grant in current year		**1,672**		984
Add: Deferred capital grant from prior year		**11,997**		14,051
Add: Transfer from operating fund		**12**		-
Less: Capital facility grant reallocated for operating fund purchases		**(831)**		(773)
Less: Deferred capital grant from current year		**(8,655)**		(11,997)
		6,000		5,634
Other contributions				
Foundations, auxiliaries and other		**1,266**		500
Capital lease funding		**679**		3,766
Total funding		**7,945**		9,900
Capital expenditures				
Asset, building and land		**31**		55
Asset, equipment		**7,707**		9,879
Total expenditures		**7,738**		9,934
Surplus (deficit) on capital purchases	**$**	**207**	$	(34)

Western Regional Health Authority

Accumulated operating deficit for government reporting

Schedule IVA

Year ended March 31 (in thousands of dollars)	**2017**	2016
Accumulated operating deficit		
Current assets		
Cash and cash equivalents	**$ 10,562**	$ 11,282
Accounts receivable	**8,240**	12,306
Due from associated funds	**3,456**	2,183
Inventory	**4,927**	5,000
Prepaid expenses	**3,346**	3,756
Other	**(111)**	(23)
Total assets	**30,420**	34,504
Current liabilities		
Accounts payable and accrued liabilities	**27,708**	24,047
Deferred contributions – operating	**6,315**	8,772
Deferred contributions - capital	**8,655**	11,996
Total current liabilities	**42,678**	44,815
Accumulated operating deficit	**$ (12,258)**	$ (10,311)
Reconciliation of operating deficit		
Accumulated operating deficit – beginning of year	**$ (10,311)**	$ (10,188)
Add: Net operating loss per schedule II	**(2,154)**	(89)
Add: Net surplus (deficit) on capital purchases per schedule III	**207**	(34)
Accumulated operating deficit – end of year	**(12,258)**	(10,311)
Less: Net surplus on capital purchases – prior years	**1,162**	1,196
Less: Net deficit on capital purchases - 2016	-	(34)
Less: Net surplus on capital purchases - 2017	**207**	-
Accumulated operating deficit – per Department of Health and Community Services	**$ (13,627)**	$ (11,473)

Western Regional Health Authority

Reconciliation of non-consolidated accumulated operating deficit for government reporting

Schedule IVB

Year ended March 31 (in thousands of dollars)	**2017**	2016
Accumulated operating deficit – end of year per Schedule IVA	**$ (12,258)**	$ (10,311)
Adjustments:		
Other assets	**111**	23
Restricted cash and investments	**163**	154
Vacation pay accrual	**(8,651)**	(8,907)
Severance pay accrual	**(32,483)**	(31,789)
Sick pay accrual	**(17,998)**	(17,502)
Long term debt	**(5,697)**	(5,406)
Tangible capital assets	**67,699**	68,186
	3,144	4,759
Accumulated deficit per Statement of Financial Position	**$ (9,114)**	$ (5,552)

Western Health

Our Vision

The vision of Western Health is that the people of Western Newfoundland have the highest level of health and well being possible - Your Health Our Priority.

www.westernhealth.nl.ca

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