Environmental Scan 2011-2012

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External Analysis

Many of the statistics within this document have not changed since the 2009/2010 environmental scan, as the 2011 census data is not available. It is also important to note that prior to 2007, data collection using the Canadian Community Health Survey occurred every two years. In 2007, changes were made to the survey design with the goal of improving its effectiveness and flexibility through data collection on an ongoing basis. Data collection now occurs every year.

Dates written in the form "2011" represent a calendar year from January 1 to December 31. Dates written in the form "2011/12" represent a fiscal year from April 1 to March 31.

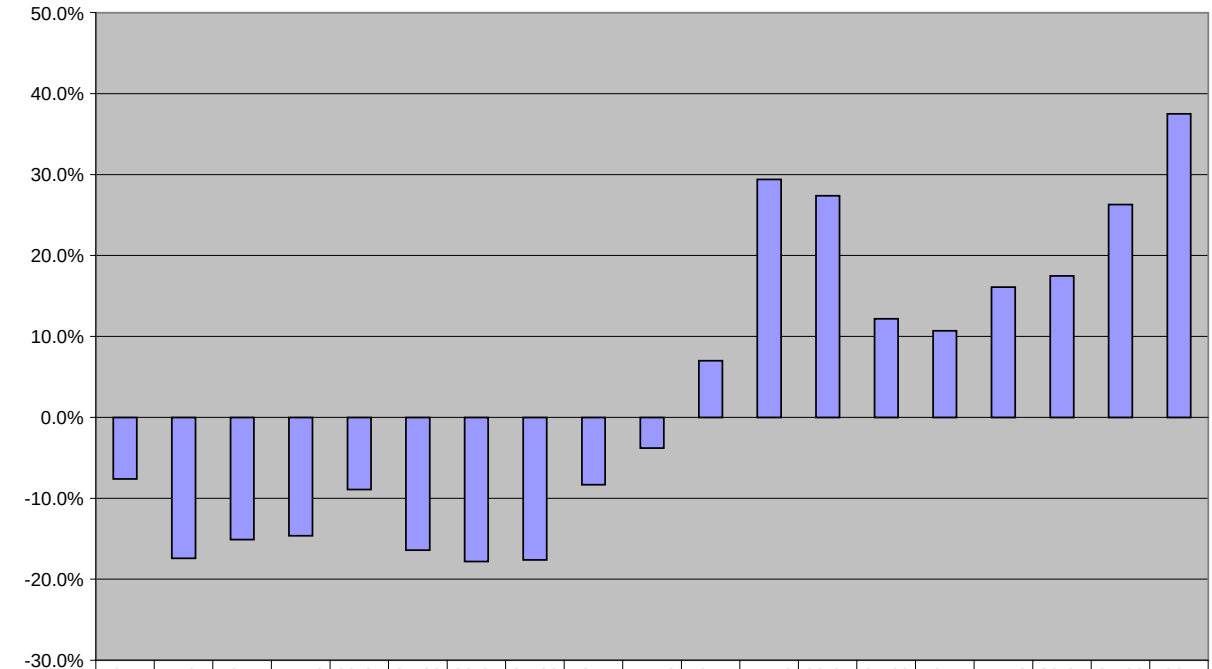
Demographics

Population

The Western Region includes communities from Port aux Basques southeast to Francois, northwest to Bartlett's Harbour, and on the eastern boundary north to Jackson's Arm.

According to Statistics Canada (2006), the Western Region's population is 79,460, down by 2.6% (from 81,595) in 2001, compared to the provincial decline of 1.5% over the same time frame from 2001 to 2006. Based on medium scenario assumptions (fertility rates remaining stable, life expectancies continuing to increase, and net in-migration continuing due to increased levels of employment and construction activity), the Government of Newfoundland and Labrador (NL) is projecting that the population will decline to 75,658 by 2025 in the Western Region, with 29.4% of the population over the age of 65 years. The population of the Western Region has declined by nearly 13% from 1996 to 2006, while the segment of the region's total population over age 65 years actually increased by 26.9% during the same period. In 2006, the median age of individuals in the Western Region was 44 years compared to the provincial median age of 42 years. Figure 1 illustrates the change in population per age group from 2001 to 2006 within the Western Region.

Figure 1. Population Change by Age Group from 2001-2006



	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+
% change	-7.6%	-17.4	-15.1	-14.6	-8.9%	-16.4	-17.8	-17.6	-8.3%	-3.8%	7.0%	29.4%	27.4%	12.2%	10.7%	16.1%	17.5%	26.3%	37.5%

Although health authority statistics are not available for the 2011 census, Statistics Canada (2011) has released information related to age for Canada, provinces and territories. According to Statistics Canada, the largest increases in population growth rate in 2011 were in Saskatchewan, Yukon, Newfoundland and Labrador, New Brunswick, Prince Edward Island and Manitoba. This is the first time that the population of Newfoundland and Labrador has had a positive population change since 1981-1986. The overall population for the province increased from 505,465 in 2006 to 514,540 in 2011 (1.8% change). However, it must be noted that those aged 65 years and over increased from 70,265 in 2006 to 82,110 in 2011 (16.9% change).

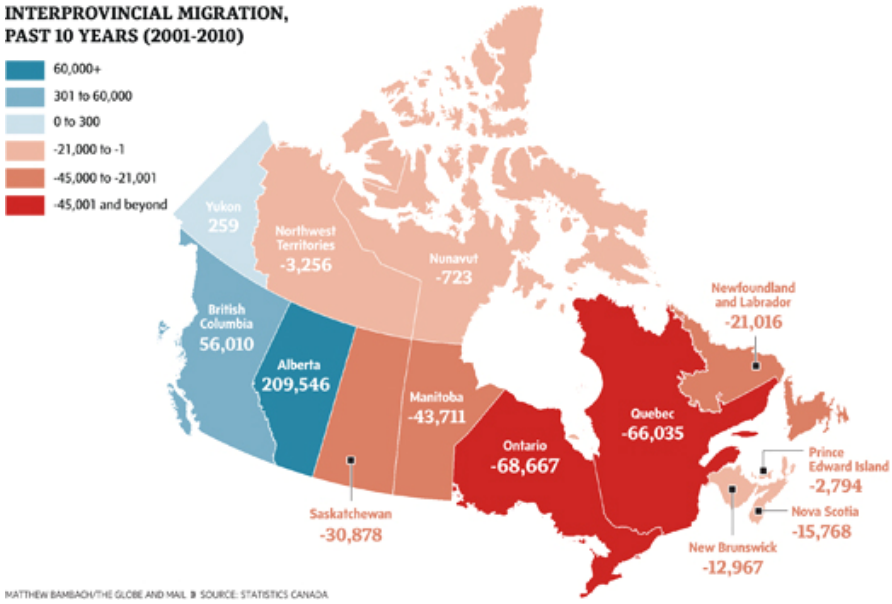
Migration, fertility, and mortality contribute to population change.

Migration. According to Statistics Canada (2011), the increase in the province's population from 2006 to 2011 is attributable to fewer losses in net migratory exchanges with other Canadian provinces and territories as well as to higher numbers of non-permanent residents and, to a lesser extent, to the number of immigrants settling there. The 2011 census data is not available at present for the health authorities.

From 2001 to 2006, 5.9% of Western NL residents migrated to other provinces compared to 5.4% in the province. In this timeframe, 11,355 NL residents migrated to Alberta (Statistics Canada, Demography Division). The Government of NL continues to implement strategies to

strengthen the economy and curb outmigration. The provincial government Speech from the Throne in March of 2011 described the enhancement of employment opportunities and sustainable resources through the development of the hydroelectricity potential of Muskrat Falls and Gull Island, and the investment in physical infrastructure and education as means to strengthening the economy. Over the past year, there has been significant instability at Corner Brook Pulp and Paper which has created uncertainty in the Western Region. Figure 2 illustrates the interprovincial migration within Canada from 2001 to 2010.

Figure 2. Interprovincial Migration within Canada from 2001 to 2010



Fertility. According to the Newfoundland and Labrador Centre for Health Information (2009), the birth rate in the Western Region decreased slightly. The crude rate per 1000 was 8.5 in 2008 and 8.1 in 2009, while the provincial rate remained the same at 9.7 for both 2008 and 2009. The fertility rate in the Western Region in 2008 was 1.48 compared to 1.53 provincially. Fertility rates are defined as the average number of children per woman.

Mortality. According to the Newfoundland and Labrador Centre for Health Information (2009), the death rate per 100,000 within the Western Region was 971.3 for 2007 compared to 880.5 in the province and 714.4 in Canada. The median age of death in the Western Region in 2004-2010 was 77 compared to the provincial median age of 78. In 2010, there were 775 deaths in the Western Health region compared to 700 in 2009 (10.7% increase).

Income

Higher income is typically associated with better health. Based on the 2006 census, 15.3% of the people in the Western Region were below the low income level, compared to 14.7% in the province, and 15.3% in Canada. Low income cut offs represent levels of income where people

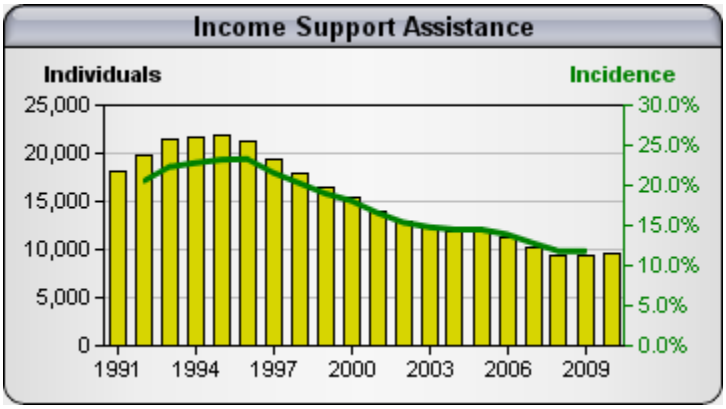
spend 20% more than average of their before-tax income on food, shelter, and clothing and are based on family size and area of residence. The low income cut off level for 2006 was $23,900.

The personal income per capita level in the Western Region continues to increase incrementally: $19,400 in 2005, $20,500 in 2006, to $22,100 in 2007. In 2007, the provincial personal income per capita was $24,900, the fourth lowest in Canada. (data obtained from Community Accounts, based on Canada Customs and Revenue Agency).

In 2006, the median income for those 65 and older in the Western Region was $16,300. The median income of seniors has continued to increase since 2001, however, it is lower than the personal median income per capita and the low income cut off level.

Income support refers to payments received through the Department of Human Resources, Labour and Employment and excludes Child Welfare and any payments made on the recipients' behalf to outside agencies. The number of individuals in the Western Region who received Income Support Assistance at some point in 2010 was 9,670 (2009= 9,395). The average benefits for those people collecting Income Support Assistance in the Western Region in 2010 was $6,800. At some point during the 2009 year, 11.8% of the population in the Western Region received income support, compared to 11.8 % in 2008 and 12.7% in 2007. The 2009 provincial level was 10.0% (compiled by the Community Accounts Unit based on information provided by the provincial Department of Human Resources, Labour and Employment). Figure 3 illustrates the incidence of income support assistance in the Western Region from 1992 to 2009 in comparison to the province.

Figure 3. Incidence of Income Support Assistance in Western Region Compared to the Province



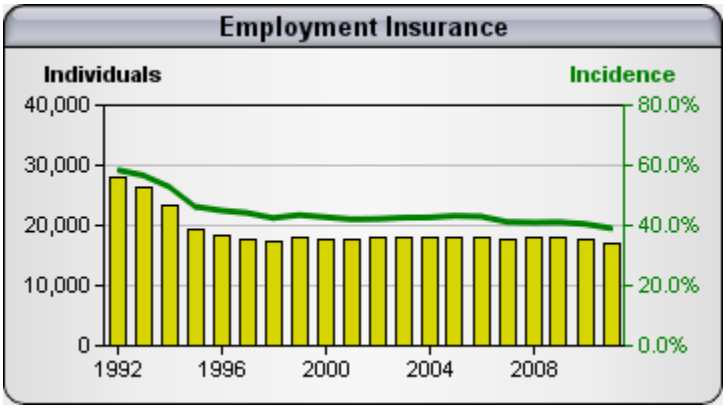
Employment

In NL, the employment rate for those over the age of 15 in 2011 was 52.6 compared to 61.8 in Canada.

In 2011, 39.1% of the labor force in the Western Region collected employment insurance at some point compared to 42.0% in 2009. The 2011 provincial level was 31.3% compared to

34.4% in 2009 (compiled by the Community Accounts Unit based on information provided by Human Resources Development Canada). Employment Insurance Incidence is the number of people receiving Employment Insurance during the year divided by the number of people in the labour force. The employment insurance incidence for the Western Region compared to the province is shown in Figure 4.

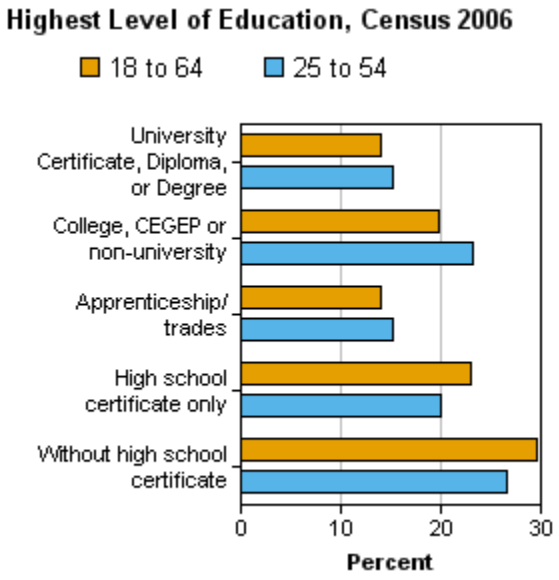
Figure 4. Employment Insurance Incidence for the Western Region Compared to the Province



Education

The 2006 census reported that 19.9% of the population within the Western Region aged 25 to 54 years had a high school certificate only, as their highest level of schooling, compared to 19.8% provincially and 23.8% nationally. In the Western Region, 26.6% of those aged 25 to 54 years had no high school certificate, diploma, or degree compared to 22.0% in the province (compiled by Community Accounts from Statistics Canada). In 2006, 38.4% of the population within the Western Region aged 25 to 54 years had a trade or non-university certificate or diploma, compared to 35.7% in 2001. Eight and one half percent (8.5%) of the population aged 25 to 54 years in Western Region had a bachelor's degree compared to 10.1% in the province and 15.8% in Canada (compiled by the Community Accounts Unit from Statistics Canada, 2006). See Figure 5 for highest level of education for the population of the Western Region.

Figure 5. Highest Level of Education for the Population in the Western Region



Consistent with the aging population trend, student enrolment in the Western Region is declining (Table 1). Significant decreases in school enrolment in the province have also occurred (Table 2).

Table 1. Student Enrolment in the Western Region

School Year	2003-2004	2011-2012
Total Students	12,896	10,069
Primary	3,191	2,677
Elementary	2,893	2,245
Junior High	3,416	2,448
Senior High	3,396	2,699

Table 2. Student Enrolment in the Province

School Year	1989-1990	2011-2012
Total Students	130,610	67,923
Primary	36,697	19,339
Elementary	28,921	15,115
Junior High	32,419	15,998
Senior High	31,498	17,471

Wellness

Well-Being

Compared to other provinces within Canada, residents in the Western Region reported a greater sense of community belonging and research shows a high correlation between sense of community belonging and physical and mental health (Canadian Institute for Health Information (CIHI) Health Indicators, 2008). Eighty-two percent of respondents in the Western Region reported a sense of community belonging, down from 83.5% in 2010, compared to 80.1% in the province and 60.3% in Canada (Canadian Community Health Survey, October, 2011). A sense of community belonging was seen in the rates of giving, volunteering and participating within the province. According to the 2010 Canada Survey of Giving, Volunteering and Participating, 92% of those 15 years of age or older donated money in NL in the past year, which is highest in the country. Just over 52% of those 15 years or older said they volunteered during the past year.

Stress can result in negative health consequences, such as heart disease, stroke, high blood pressure, as well as immune and circulatory complications (Statistics Canada, 2001). In the 2011 Canadian Community Health Survey, the percentage of respondents indicating that their life stress was “quite a lot” was 13.7% compared to 14.2% provincially, and 23.4% nationally. In the same survey, 91.6% of respondents from the Western Region reported being satisfied or very satisfied with life compared to 91.7% in NL and 92.1% in Canada.

Health Status

A major indicator of well-being is how a person rates his or her own health status. According to the 2011 Canadian Community Health Survey, 53.5% of individuals in the Western Region rated their health status as being very good or excellent compared to 57.1% in 2010 and 57.5% in 2009. On a provincial level, in 2011, 60.3% of individuals in the province rated their health status as very good or excellent (63.1% in 2010) as compared to the national rate of 60.3% (60.1% in 2010). Individuals were also asked to rank their mental health. 71.8% of the residents

in the Western Region rated their mental health as very good or excellent compared to 75% in the province and 73.9% in Canada.

In 2010/2011, CIHI introduced three new indicators to assess the performance of the mental health system. Table 3 provides mental health performance indicators for the Western Region, the province and Canada. Table 4 outlines the suicide rates per 100,000 population by Regional Health Authority and the province.

Table 3. Mental Health Performance Indicators

Indicator	Data Source	Western Region	NL	Canada
Age standardized self-injury hospitalization rate per 100,000	Health Indicators CIHI, Discharge Abstract Database	2009/10-107 2010/11-123	2009/10-81 2010/11-83	2009/10-65 2010/11-66
Risk adjusted 30-day readmission rates for selected mental illness	Health Indicators CIHI, Discharge Abstract Database	2009/10-11.5 2010/11-14.1	2009/10-11.4 2010/11-11.0	2009/10-11.4 2010/11-11.4
Risk adjusted percentage of individuals with repeat hospitalizations within one year	Health Indicators CIHI, Discharge Abstract Database	2009/10-15.8 2010/11-15.7	2008/09-13.8 2010/11-12.0	2008/09-11.0 2010/11-10.8
Potential years of life lost to suicide (number of years of life lost when a person dies prematurely (before age 75) rate per 100,000	Statistics Canada Vital Statistics and Death Database		2007-340.6	2007-351.4

Table 4. Annual Suicide Rates per 100,000 Population by Regional Health Authority of Residence, 2007-2009. Ages 10 plus, NL

Year of death	Regional Health Authority				Province
	Eastern	Central	Western	Labrador/Grenfell	
2007	11.21	5.82	12.63	20.86	11.13
2008	7.04	8.18	13.97	24.42	9.57
2009	8.46	10.55	14.10	24.52	10.86

Health Behaviors

Behaviors such as alcohol, drug, and tobacco use, tobacco exposure, physical activity, diet, and helmet use contribute to health.

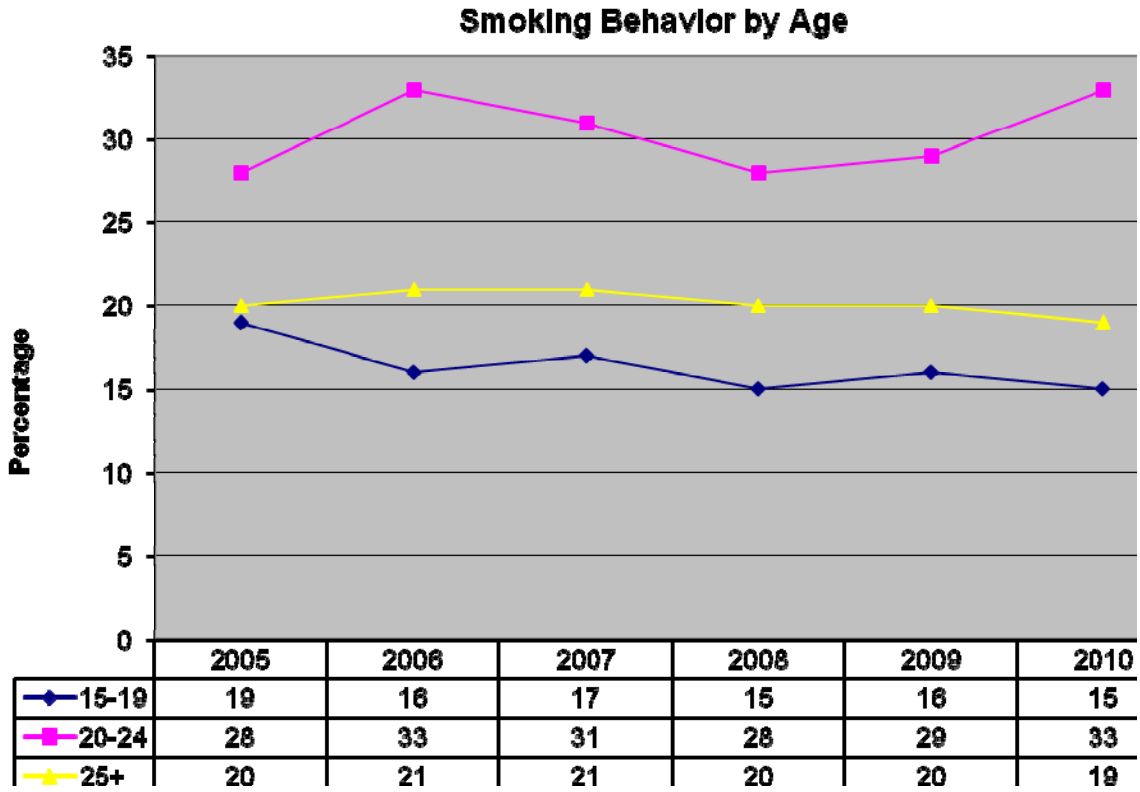
Alcohol Use. Statistics Canada defines a heavy drinker as one who reports drinking five or more drinks on one occasion, at least once a month in the past year. According to the 2011 Canadian Community Health Survey, 21.5% of people in the Western Region reported having 5 or more drinks on one occasion, at least once a month in the past year compared to 20% in 2010.

Provincially, 24.5% reported having more than 5 or more drinks on one occasion at least once a month in the past year, compared to 17.3% nationally.

Drug Use. According to the Health Canada Canadian Alcohol and Drug Use Monitoring Survey (2011), there has been a slight increase in the number of people in NL who used cannabis in the past year. In 2010, 10.0% of those surveyed used cannabis in the past year compared to 8.4% in 2009 and 9.8% in 2008 (9.1% in Canada in 2010). There was also a slight increase in the percentage of NL respondents who reported using cannabis, cocaine/crack, methamphetamine/crystal methamphetamine, ecstasy, hallucinogens, salvia, inhalants, heroin, pain relievers, stimulants, and/or sedatives to get high. In 2010, 10.2% of NL respondents reported using one or more of these drugs compared to 8.4% in 2009 and 10.3% in 2008 (9.9% in Canada in 2010).

Tobacco Use. According to the Canadian Tobacco Use Monitoring Survey (2010), compared to the national smoking prevalence, the NL numbers are somewhat higher in all age groups. Smoking prevalence in those aged 15 to 19 years was 15.1% in NL compared to 12.2% in Canada, 32.9% of those aged 20 to 24 years reported smoking compared to 22.1% in Canada, 32.9% of those aged 25-44 in NL reported smoking compared to 20.4% nationally and 15.2% of those 45 and older reported smoking in NL compared to 14.1% in Canada. Refer to Figure 6 for smoking behavior by age group in the Western Region. According to the Canadian Community Health Survey (2011), 21.8% of respondents in the Western Region reported being daily smokers compared to 18.6% provincially and 15.6% nationally.

Figure 6. Smoking Behavior by Age Group in the Western Region (%)



Tobacco Exposure. The percentage of children up to age 17 years in NL who are regularly being exposed to tobacco smoke continues to decrease. The Health Canada Canadian Tobacco Use Monitoring Survey (2010) reported that 5.5% of children up to the age of 17 years in NL are regularly exposed to tobacco smoke compared to 6.0% in 2009, 8.2% in 2008, 9.7% in 2007, and 18% in 2005. In 2010, the national figure for children up to age 17 years being exposed to tobacco smoke was 6.2%, compared to 6.7% in 2009, 8% in 2008 and 9.5% in the previous year in 2007.

Physical Activity and Diet. Table 5 provides further information on personal behaviors. From this information it is evident that a greater percentage of residents in the Western Region are overweight or obese and consume a lower number of fruits and vegetables when compared to the overall percentage of Canadians. Although a higher percentage of residents in the Western Region reported being overweight or obese, a higher percentage of residents in the Western Region also reported being more physically active than the province and nationally.

Table 5. Personal Behaviors

Personal Behaviors	Data Source	Western	NL	Canada
Estimated % of adult population (aged 18 +) who are overweight (BMI 25.0 – 29.9) (Excludes	Canadian Community Health Survey	2003-37.9 2005-41.9 2007- 39.4	2003-40.4 2005- 38.3 2007- 36.1	2003-33.3 2005- 34.2 2007-33.8

pregnant women)		2009-40.2 2010- 36.0 2011-37.8	2009-37.8 2010- 34.4 2011-36.1	2009-33.7 2010- 34.2 2011-33.9
Estimated % of adult population (aged 18+) who are obese (BMI 30.0 or higher) (Excludes pregnant women)	Canadian Community Health Survey	2003-18.4 2005-23.6 2007- 22.1 2009-27.1 2010- 24.8 2011-25.9	2003-20.6 2005-19.0 2007- 27.4 2009-26.8 2010- 28.8 2011-27.8	2003-14.9 2005-15.8 2007- 17.2 2009-17.9 2010- 18.1 2011-18.0
Estimated % of adult population (aged 18+) who are overweight or obese (BMI 25.0 or higher) (Excludes pregnant women)	Canadian Community Health Survey	2007/08- 60.7 2009/10- 63.4 2011-63.7	2007/08- 63.5 2009/10- 64.7 2011-63.9	2007/08- 51.1 2009/10- 52.1 2011-52.0
Estimated % of adult population (aged 12+) who are physically active or moderately active	Canadian Community Health Survey	2003-50.9 2005-49.6 2007-46.8 2009-50.6 2010- 56.3 2011-53.5	2003-45.4 2005-45.6 2007-43.6 2009-47.1 2010- 47.8 2011-47.4	2003-52.1 2005-52.3 2007-50.6 2009-52.5 2010- 52.1 2011-52.3
Population % aged 12 and over, that consume fruits and vegetables 5 to 10 times per day	Canadian Community Health Survey	2003-26.5 2005-N/A 2007-36.1 2009-37.8 2010- 37.0 2011-37.5	2003-22.8 2005-22.2 2007-32.6 2009-29.9 2010- 28.6 2011-29.0	2003-35.3 2005-39.2 2007-43.7 2009-45.6 2010- 43.3 2011-44.2

Helmet Use. According to the Canadian Community Health Survey (2012), 40.7% of the population over the age of 12 reported always wearing a helmet when riding a bicycle in the last 12 months compared to 39.7% in the province and 36.9% in Canada.

Health Practices

Among other health practices, cervical screening, mammography, and overall uptake of influenza vaccine continue to be monitored to assess overall health. Table 6 outlines statistics related to these health practices. In the 2010/11 fiscal year, the Provincial Breast Screening Program and Cervical Screening commenced sharing space in the Western Memorial Health Clinic to further develop a holistic Women's Wellness Program in the Western Region. Between 2009 and 2010, 58% of women aged 50 to 69 years in the Western Region had screening mammograms under the Provincial Breast Screening Program and in 2010/11, this percentage increased to 60%. However, it must be noted that some women chose to have breast screening completed in other acute care facilities within the region that were not included in the percentages reported in the Provincial Breast Screening Program. Cervical screening is now analyzed in three year periods to reflect new screening recommendations where women repeat screening annually until there are three consecutive negative results and then extend the interval to every three years. The Western Health screening rate for women aged 20 to 69, from 2009 to 2011 was 69% compared to 72% in the province.

Community Health Nurses continue to provide information and education on the benefits of cervical screening, mammography, and influenza vaccinations. In the prevention of cervical cancer, in 2011, 95% of the eligible girls received the HPV vaccination, compared to 85% in 2010 and 87% in 2009. Efforts to increase staff uptake of the influenza vaccination continue. Despite these efforts, the percentage of staff who received the influenza vaccination though Western Health was 50% in 2010 and 2011.

Table 6. Health Practices

Health Practices	Data Source	Western Region
Cervical Screening	Western Health	2006-36% 2007-38% 2008-37% 2009-37% 2010-39%
Mammography	Provincial Breast Screening Program	2008/09-54.3% 2009/10-58% 2010/11-60%
Influenza Vaccination for staff of Western Health who received influenza vaccine through employer	Western Health	2006- 47% 2007-52% 2008-40% 2010-50% 2011-50%

Influenza Vaccination for Long Term Care residents	Western Health	2006- 85% 2007- 86% 2008-85% 2009-88% 2010-88% 2011-88%
Population aged 65 and older receiving influenza vaccination	Canadian Community Health Survey	2007-51.4% 2008-53.8% 2009-53.8% 2010-56.0%

Healthy Child Development

Children born in low-income families are more likely than those born in high-income families to have low birth weights, to eat less nutritious food, and to have more difficulty in school. Half of the lone parent families in the Western Region had incomes of less than $25,600 in 2007, compared to $23,900 in 2006, or less than $22,100 in 2005 (compiled by the Community Accounts Unit based on Census of Population 2006, Statistics Canada). In 2007, half of the lone parent families in the province had incomes of less than $27,500. The national figure was $34,500.

The total number of children ages up to the age of 17 in the Western Region who were in families receiving Income Support Assistance in 2010 was 2,595 compared to 2,875 children in 2007 and 3,165 in 2006.

The incidence of obesity and diabetes is high in the Western Region of NL. Literature indicates that breastfeeding is a strategy that can deter the incidence of obesity and diabetes through healthy feeding practices early in life. The 2011 breastfeeding initiation rates for the Western Region were 62.5% compared to 59.9% in 2010. The 2011 breastfeeding initiation rates for the province were 66.7% compared to 65.6% in 2010.

Chronic Disease

Health Outcomes

Research indicates that unhealthy practices are correlated with chronic diseases such as diabetes, heart disease, and cancer. The incidence of chronic diseases produces poorer health outcomes. Higher incidence rates of chronic diseases such as diabetes, high blood pressure, and hospitalized Acute Myocardial Infarction (AMI) and stroke, are evident in NL (See Table 7).

Table 7. Health Outcomes

Health Outcomes	Data Source	Western Region	NL	Canada
Injury hospitalization (Age	Health Indicators		2005/06-532	2005/06-554

standardized rate per 100,000)	National Trauma Registry	2005/06-594 2006/07-589 2007/08-549 2008/09-587 2009/10-599 2010/11-631	2006/07-515 2007/08-537 2008/09-539 2009/10-514 2010/11-525	2006/07- 544 2007/08-541 2008/09-534 2009/10-517 2010/11-514
Asthma % (Aged 12+)	Canadian Community Health Survey	2005- 10.8 2007-7.9 2009-8.3 2010- 7.5 2011- 8.1	2005-9.2 2007-5.2 2009-8.7 2010- 8.0 2011- 8.4	2005-8.3 2007-8.0 2009-8.1 2010- 8.5 2011- 8.3
Diabetes % (Aged 12+)	Canadian Community Health Survey	2005-7.6 2007-10.2 2009-10.0 2010- 8.8 2011-9.3	2005-6.8 2007-8.8 2009-8.1 2010- 8.3 2011-8.4	2005-4.9 2007-5.8 2009-6.0 2010- 6.4 2011-6.2
High Blood Pressure % (Aged 12+)	Canadian Community Health Survey	2005-19.5 2007-23.2 2009-25.5 2010- 23.5 2011-24.5	2005-19.2 2007-20.2 2009-21.6 2010- 24.2 2011-22.9	2005-14.9 2007-16.4 2009-16.9 2010- 17.1 2011-17.0
Hospitalized AMI (rate per 100,000)	Health Indicators CIHI, Discharge Abstract Database	2007/08-300 2008/09-267 2009/10-280 2010/11-267	2007/08-351 2008/09-347 2009/10-329 2010/11-320	2007/08-219 2008/09-217 2009/10-209 2010/11-209
Hospitalized Stroke (rate per 100,000)	Health Indicators CIHI, Discharge Abstract Database	2007/08-152 2008/09-142 2009/10-143 2010/11-133	2007/08-155 2008/09-151 2009/10-141 2010/11-146	2007/08-130 2008/09-128 2009/10-124 2010/11-124
Lung and Bronchus Cancer (age standardized rate per 100,000)	Cancer Incidence in Canada	--	2004-50.6 2005-60.1 2006-66.6 2007-48.8 2008-49.6 2009-54.8	2004-67.5 2005-68.7 2006-67.6 2007-56.0 No current data
Breast Cancer (age standardized rate per 100,000 in the female population)	Cancer Incidence in Canada	--	2004-86.3 2005-91.5 2006-79.6 2007-93.7 2008-93.0 2009-84.6	2004-95.5 2005-95.9 2006-97.3 2007-98.4 No current data
Colon Cancer excluding rectum (age standardized rate per 100,000)	Cancer Incidence in Canada	--	2004-58.2 2005- 59.0 2006-58.3 2007-47.0 2008-42.9 2009-41.5	2004-40.7 2005-41.2 2006-40.5 2007- 33.3 No current data
Colorectal Cancer (age standardized rate per 100,000)	Cancer Incidence in Canada	--	2007-72.4 2008-67.0 2009-63.8	2007-49.6 No current data

Prostate Cancer (age standardized rate per 100,000)	Cancer Incidence in Canada	--	2004-52.2 2005-81.6 2006-56.0 2007-63.0 2008-64.0 2009-68.6	2004-64.5 2005-65.2 2006-68.9 2007-57.8 No current data
Cervical Cancer (age standardized rate per 100,000) Estimate	Cancer Incidence in Canada	--	2004-6.2 2005-4.9 2006-1.9 2007-4.6 2008-4.0 2009-5.3	2004-4.2 2005-4.0 2006-4.0 2007-3.9 No current data

-- indicates data suppressed to meet confidentiality requirements

Note:

- The Canadian Community Health Survey is self report information. Percentages indicate the proportion of the population aged 12 and over who reported being diagnosed by a health care professional.
- Acute care hospitalization due to injury resulting from the transfer of energy (excludes poisoning and other non-traumatic injuries) per 100,000 population. This indicator contributes to an understanding of the adequacy and effectiveness of injury prevention efforts, including public education, product development and use, community and road design, and prevention and treatment resources.

There is a higher incidence of colorectal cancer in NL compared to Canada. Initiatives to prevent colorectal cancer have commenced within this region and in fact, Western Health was selected as the pilot site for the Provincial Colon Cancer Screening Initiative.

According to the Newfoundland and Labrador Centre for Health Information (2012), the leading causes of death for the province in 2009 were cancer (32.2%), diseases of the circulatory system (31.7%), and diseases of the respiratory system (8.4%). In the Western Region, 31.2% of deaths were caused by diseases of the circulatory system, 30.5% by cancer and 8.9% by diseases of the respiratory system. Among the provinces, the highest rates of colorectal cancer are generally reported in the Atlantic Provinces (especially Newfoundland and Labrador) and lowest rates in British Columbia and Alberta. See Table 8 for causes of death in the Western Region, NL, and Canada.

Table 8. Causes of Death

Indicator	Western Region	NL	Canada
30-day AMI In-hospital Mortality (Health Indicators Report)	2005/08 – 12.8 2006/09- 10.1 2007/10-8.2 2008/2011-6.9	2005/08-10.9 2006/09-9.0 2007/10-8.2 2008/2011-8.0	2005/08 – 9.4 2006/09- 8.9 2007/10-8.2 2008/2011-7.8

30-day Stroke In-hospital Mortality (Health Indicators Report)	2005/08 – 20.5 2006/09 – 18.9 2007/10-19.3 2008/2011-18.0	2005/08-23.2 2006/09-21.2 2007/10-20.4 2008/2011-19.9	2005/08 – 18.0 2006/09 – 17.7 2007/10-16.9 2008/2011-16.0
Lung Cancer mortality rate age standardized rate per 100,000 Statistics Canada, Health Profile	2000/02- 55.8 2005/07- 58.6	2000/02- 45.0 2005/07- 50.7	2000/02- 47.4 2005/07- 45.4
Prostate Cancer mortality rate age standardized rate per 100,000 Statistics Canada, Health Profile	2000/02- 12.3 2005/07- 14.0	2000/02- 11.9 2005/07- 9.8	2000/02- 10.2 2005/07- 8.3
Breast Cancer mortality rate age standardized rate per 100,000 Statistics Canada, Health Profile	2000/02- 15.8 2005/07- 13.9	2000/02- 14.9 2005/07- 13.7	2000/02- 13.7 2005/07- 11.9
Colorectal Cancer mortality rate age standardized rate per 100,000 Statistics Canada, Health Profile	2000/02- 17.1 2005/07- 21.8	2000/02- 20.7 2005/07- 23.7	2000/02- 18.8 2005/07- 17.9
Cervical Cancer mortality - Estimated, age standardized rate per 100,000 Canadian Cancer Statistics		2007- 4 2008- 4 2009- 4 2010- 3	2007- 2 2008- 2 2009- 2 2010-2
Cerebrovascular Disease age standardized rate per 100,000 Statistics Canada, Health Profile	2000/02- 53.3 2005/07- 49.1	2000/02- 49.2 2005/07- 46.6	2000/02- 40.9 2005/07- 30.8
Circulatory Diseases (includes ischemic heart and cerebrovascular diseases, and all others) Age standardized rates per 100,000 Statistics Canada, Health Profile	2000/02- 255.4 2005/07- 225.5	2000/02- 256.9 2005/07- 232.4	2000/02- 201.1 2005/07- 157.3
Total Mortality (rate per 100,000) NLCHI	2006-912.5 2007-971.3 2008-963.7 2009-895.7 2010-999.7 2011- 992.8	2006-873.2 2007-880.5 2008-884.4 2009-854.5 2010-877.5 2011- 870.3	2006-698.6 2007-714.4 2008- 716.2 2009- 706.8
Life Expectancy (age) 2007-2009 Statistics Canada, Health Profile	78.9	78.3	81.1

CIHI introduced three new indicators of avoidable mortality which CIHI refers to as "untimely deaths that should not occur in the presence of timely and effective health care, including prevention" (p. ix, Health Indicators Report, 2012). These indicators were outlined and defined by CIHI in the Health Indicators Report (2012): 1. Potentially avoidable mortality, premature deaths that could potentially have been avoided through primary, secondary or tertiary prevention (p. ix). 2. mortality from preventable causes, subset of avoidable mortality that informs efforts to reduce the number of initial cases; through these efforts, deaths can be prevented by avoiding new cases altogether (p. ix). 3. Mortality from treatable causes, subset of avoidable mortality that informs efforts to reduce the number of people who die once they have a condition, or case fatality reduction (p. ix). The Western Region is higher than Canada on all indicators and higher than the province on potentially avoidable mortality and avoidable mortality from preventable causes.

Table 9. Avoidable Mortality Indicators (CIHI, 2012)

Indicator	Western Region	NL	Canada
Potentially avoidable mortality (age standardized mortality rate per 100,000)	2006/08- 224	2006/08- 220	2006-08- 187
Avoidable mortality from Preventable Causes (age standardized mortality rate per 100,000)	2006/08- 140	2006/08- 132	2006/08- 120
Avoidable Mortality from treatable Causes (age standardized mortality rate per 100,000)	2006/08- 84	2006/08- 88	2006/08- 66

Internal Analysis
Internal Business Processes

The Canadian Hospital Reporting Project (CHRP) was initiated in the last fiscal year by CIHI. This new national quality improvement initiative provides comparable clinical and financial indicators to support performance measurement, quality and efficiency within acute care facilities (CIHI, 2011). The CHRP report outlined indicators requiring follow up and/or improvement categorized by effectiveness (Table 10), patient safety (Table 11), appropriateness (Table 12), and accessibility. Western Health developed an action plan outlining the indicators, actions, individuals responsible, and deadlines for completion.

Effectiveness

Effectiveness performance indicators include 5-day in hospital mortality following major surgery, 30-day AMI in hospital mortality, and 30-day stroke in-hospital mortality. These indicators are included in the Western Health's action plan as areas for follow-up and further investigation. The 28-day readmission after AMI and stroke do not require action at this time and in fact are below the provincial and national average. See Table 10.

Table 10. CHRP Effectiveness Performance Indicators (CIHI, 2012)

Indicator	Western Health	NL	Canada
5-day In-hospital mortality following major survey (rate per 100)	2007/08- 6.65 2008/09- 10.15 2009/10- 7.66 2010/11- 13.48	2007/08- 11.07 2008/09- 11.67 2009/10- 8.2 2010/11-10.57	2007/08- 10.28 2008/09- 9.92 2009/10- 10.05 2010/11- 9.26

30-day AMI In-hospital Mortality (%)	2005/08 – 12.8 2006/09- 10.1 2007/10-8.2 2008/2011-6.9	2005/08-10.9 2006/09-9.0 2007/10-8.2 2008/11-8.0	2005/08 – 9.4 2006/09- 8.9 2007/10-8.2 2008/11-7.8
30-day Stroke In-hospital Mortality (%)	2005/08 – 20.5 2006/09 – 18.9 2007/10-19.3 2008/11-18.0	2005/08-23.2 2006/09-21.2 2007/10-20.4 2008/11-19.9	2005/08 – 18.0 2006/09 – 17.7 2007/10-16.9 2008/11-16.0
28-day readmission after AMI (rate per 100)	2007/08- 14.37 2008/09- 14.8 2009/10- 11.98 2010/11- 9.54	2007/08- 11.45 2008/09- 11.6 2009/10- 12.05 2010/11- 11.3	2007/08- 12.17 2008/09- 11.68 2009/10- 11.13 2010/11- 10.81
28-day readmission after stroke (rate per 100)	2007/08- 11.44 2008/09- 5.78 2009/10- 3.08 2010/11- 4.17	2007/08- 8.56 2008/09- 5.58 2009/10- 5.11 2010/11- 6.35	2007/08- 7.47 2008/09- 7.01 2009/10- 6.79 2010/11- 7.37
28-day readmission after hysterectomy (rate per 100)	2007/08- 4.18 2008/09- 3.48 2009/10- 2.69 2010/11- 7.05	2007/08- 4.29 2008/09- 4.46 2009/10- 2.43 2010/11- 4.29	2007/08- 3.28 2008/09- 3.48 2009/10- 3.41 2010/11- 3.4

Patient Safety

Actions are planned to address all patient safety performance indicators as these indicators are higher that the Canadian average (See Table 11).

Table 11. CHRP Patient Safety Performance Indicators (CIHI, 2012)

Indicator	Western Health	NL	Canada
Age 65+ In-hospital hip fractures (rate per 1000)	2007/08- .31 2008/09- .63 2009/10- .95 2010/11- 2.11	2007/08- .59 2008/09- .83 2009/10- .87 2010/11- .99	2007/08- .8 2008/09- .82 2009/10- .89 2010/11- .79
Nursing sensitive adverse events for medical conditions (rate per 1000)	2007/08- 15.57 2008/09- 18.66 2009/10- 25.92 2010/11- 33.29	2007/08- 21.3 2008/09- 27.02 2009/10- 31.02 2010/11- 31.26	2007/08- 23.49 2008/09- 26.48 2009/10- 28.46 2010/11- 28.65
Nursing sensitive adverse events for surgical conditions (rate per 1000)	2007/08- 29.64 2008/09- 23.97 2009/10- 30.52 2010/11- 44.1	2007/08- 30.87 2008/09- 38.58 2009/10- 45.06 2010/11- 48.97	2007/08- 23.09 2008/09- 25.73 2009/10- 34.25 2010/11- 36.15
Obstetrical trauma without instrument	2007/08- 1.2 2008/09- 1.94 2009/10- 0 2010/11- 1.08	2007/08- 2.56 2008/09- .64 2009/10- .39 2010/11- .75	2007/08- 1.04 2008/09- .95 2009/10- .66 2010/11- .61

Appropriateness

Caesarean section rate is higher in Western Health than the Canadian average rate and is therefore included in the action plan as requiring further analysis. As well, although use of

coronary angiography after AMI has increased in Western Health, the rate continues to be lower than the province and Canada. Further investigation is planned for this indicator. See Table 12.

Table 12. CHRP Appropriateness Performance Indicators (CIHI, 2012)

Indicator	Western Health	NL	Canada
Caesarean Section (rate per 100)	2007/08- 29.55 2008/09- 33.71 2009/10- 32.31 2010/11- 33.69	2007/08- 32.93 2008/09- 34.32 2009/10- 34.75 2010/11- 33.94	2007/08- 27.75 2008/09- 28.04 2009/10- 27.89 2010/11- 28.05
Use of coronary angiography after AMI (rate per 100)	2007/08- 14.85 2008/09- 18.38 2009/10- 21.59 2010/11- 31.04	2007/08- 42.58 2008/09- 46.1 2009/10- 50.5 2010/11- 52.5	2007/08- 61.89 2008/09- 64.98 2009/10- 68.6 2010/11- 70.85

Efficiency

Regional median wait times for placement into long term care have continued to increase since 2009/10. Most sites experienced longer wait times with the exceptions of Rufus Guinchard Health Centre, Bonne Bay Health Centre and Dr. Charles LeGrow Health Centre (See Table 13).

Table 13. Median Wait Times to Access Institutionally Based Long Term Care

Site	Median Wait Time 2007/2008	Median Wait Time 2008/2009	Median Wait Time 2009/2010	Median Wait Time 2010/2011	Median Wait Time 2011/2012
Corner Brook Long Term Care Home	78 days	69 days	47 days	74 days	74 days
Bay St. George Long Term Care Centre	139 days	135 days	48 days	26 days	87 days
Calder Health Centre	76 days	78 days	22 days	All individuals repatriated from other sites	235 days
Dr. Charles LeGrow Health Centre	18 days	113 days	25 days	6 days	9 days
Rufus Guinchard Health Centre	49 days	46 days	14 days	18 days	8 days
Bonne Bay Health Centre	451 days	78 days	172 days	194 days	127 days
Overall	76 days	78 days	40 days	54 days	68 days

CIHI trends specific health system performance indicators as they are indicative of potential opportunities for improvement and these indicators are outlined in Table 14.

- The cardiac revascularization rate is an age standardized rate of coronary artery bypass graft surgery plus percutaneous coronary intervention (PCI) performed on patients in acute care hospitals, same day surgery facilities or catherization labs, per 100,000 population age 20 years and over. The Western Region has continued to have low rates of cardiac revascularization, especially PCI, when compared to provincial and Canadian rates. PCI is utilized to open obstructed coronary arteries. Angioplasty is the most common procedure performed. In cases amenable to treatment with less invasive procedures, PCI may be utilized as an alternate to coronary artery bypass graft surgery.
- Ambulatory care sensitive conditions refer to a group of hospitalization conditions such as pneumonia, asthma, ulcer, diabetes, chronic obstructive pulmonary disease (COPD), heart failure, seizures, hypertension, and angina that are considered to be potentially preventable with early and consistent access to primary care. Rates in the Western Region increased while the rates decreased on a provincial and national level. The rates in Western Newfoundland are substantially higher than the province and the country.
- The hysterectomy rates in 2010/2011 were higher than the rest of Canada. The rates increased significantly in the Western Region since the last fiscal year.

Table 14. Health Indicators (Health Indicators: CIHI, 2007-2011)

Indicator	Western Region	NL	Canada
Coronary Artery Bypass Graft Standardized rate per 100,000	2005/06-117.3 2006/07-97.4 2007/08- 100 2008/09- 59 2009/10-77 2010/11-68	2005/06-125.9 2006/07-115.4 2007/08- 105 2008/09- 98 2009/10-79 2010/11-75	2005/06-83.8 2006/07- 77.7 2007/08-75 2008/09-70 2009/10-66 2010/11-63
Percutaneous Coronary Intervention (PCI) Standardized rate per 100,000	2005/06-96 2006/07-123.4 2007/08- 83 2008/09- 114 2009/10-98 2010/11-126	2005/06-135.6 2006/07-158.4 2007/08- 142 2008/09- 147 2009/10-143 2010/11-146	2005/06-176.9 2006/07-174.8 2007/08- 162 2008/09- 168 2009/10-169 2010/11-173
Cardiac Revascularization Standardized rate per 100,000	2006/07-218.3 2007/08- 182 2008/09- 173 2009/10-175 2010/11-194	2006/07-272.4 2007/08- 247 2008/09- 244 2009/10-221 2010/11-221	2006/07- 251.2 2007/08- 235 2008/09-237 2009/10-236 2010/11-235
Ambulatory Care Sensitive Conditions (Age standardized rate per 100,000)	2005/06-619 2006/07-495 2007/08- 503 2008/09- 529 2009/10-469 2010/11-530	2005/06-586 2006/07-522 2007/08- 516 2008/09- 504 2009/10-473 2010/11-461	2005/06-385 2006/07-351 2007/08- 326 2008/09-320 2009/10-302 2010/11-299
Hysterectomy (Age standardized rate per 100,000)	2005/06-528 2006/07-557 2007/08- 442 2008/09- 508	2005/06-458 2006/07-469 2007/08- 439 2008/09- 421	2005/06-353 2006/07- 361 2007/08-352 2008/09- 338

	2009/10-388 2010/11-504	2009/10-368 2010/11-510	2009/10-328 2010/11-325
Knee Replacement (Age standardized rate per 100,000)	2005/06-143.7 2006/07-99.5 2007/08- 120.0 2008/09- 117 2009/10-119 2010/11-146	2005/06-106.1 2006/07-107.6 2007/08- 116.0 2008/09- 123 2009/10-128 2010/11-136	2005/06-170.8 2006/07- 179.6 2007/08- 179.0 2008/09- 158 2009/10-158 2010/11-160
Hip Replacement (Age standardized rate per 100,000)	2005/06-88.6 2006/07-68.8 2007/08- 86.0 2008/09- 65.0 2009/10-69 2010/11-57	2005/06-80.6 2006/07-69.2 2007/08- 81.0 2008/09- 74.0 2009/10-80 2010/11-70	2005/06-113.8 2006/07- 112.3 2007/08- 109.0 2008/09- 99.0 2009/10-100 2010/11-100

Note that Canadian data does not include Quebec.

The analyses of diagnoses admitted to health care facilities provide further insight into the health and subsequent health needs of the population. Diagnoses admitted to Western Health facilities vary depending upon the program area. The most responsible diagnosis within Medical programs is related to heart disease, chronic obstructive pulmonary disease, urinary tract infection, pneumonia, and signs and symptoms of the digestive system. Common diagnoses within surgical programs include hysterectomy with non-malignant diagnosis, hip/knee replacement, surgeries related to the urinary tract and prostate cancer. Within the program of acute mental health services the top diagnoses include depressive episode without electroconvulsive therapy (ECT), schizophrenia, stress reaction/adjustment disorder, and bipolar disorder without ECT.

Monitoring and trending of stroke indicators identified through the Canadian Stroke Strategy continues within Western Health. Within the 2011/12 fiscal year Western Health experienced a decrease in the number of admissions related to stroke.

The average age of the adult population accessing acute care services, excluding admission related to pregnancy and childbirth, has remained fairly stable in 2011/12 fiscal year. In 2011/12 the average age was 63.46 years compared to 63.34 years in 2010/11. In 2011/12, 18% of the adult population accessing services was 80 years or older compared to 19% in the 2010/11 fiscal year.

The concept of alternate level of care (ALC) was designed to separate true acute care patients from those non-acute patients occupying acute care beds. An ALC patient is defined as a patient who has finished the acute care phase of his/her treatment but remains in an acute care bed. The patient may be awaiting placement (i.e., community services, transfer to another facility) or sometimes may be admitted to hospital because no alternate care is available (i.e., respite). ALC days continue to represent 20% of all the acute care days for Western Health. In 2011/12, Western Health utilized 51.14 acute care beds for ALC care, with an average length of stay of 41.07 days. This high occupancy places pressures on acute care beds, as full acute care occupancy is not available. This may lead to inefficient patient flow, longer stays in emergency departments and cancellation of services. Rural sites experiencing difficulties providing acute care services may transfer acute patients, who would be otherwise cared for at that site, to other

centers to obtain services. It is also difficult for patients who wait in acute care for alternate care services, as the acute services no longer meet their needs. Functional, social, and emotional decline may be precipitated by the environment where the waiting is occurring.

Finance

Financial Conditions and Infrastructure

Over the 2011/12 fiscal year, Financial and Decision Support Branch had many shared commitments including enhanced utilization of Cognos, delegation of spending authority and fixed asset monitoring and data tracking. In the last fiscal year, Western Health received just over 6.8% million from the Provincial Government for capital equipment. Investments included upgrading the dialysis equipment, a new ambulance, the purchase and installation of the new Direct Digital Radiography room, three new Pyxis Drug Dispensary systems, and funding for three new laboratory chemistry analyzers. Medical imaging also purchased and installed new equipment such as a cardiology workstation, ultrasound and multi-purpose fluoroscopy units at Western Memorial Regional Hospital, an EKG unit at Rufus Guinchard Health Care Centre, and a PACS Broker. In the last fiscal year, an Ostomy/Wound Clinic was also established at WMRH.

In the 2011/12 fiscal year, $1.725 million dollars was received for major renovations and repairs. The new Medical Clinic in Jeffrey's was constructed and renovations were completed in the Medical Clinics at Lourdes, Daniel's Harbour, and Bay St. George.

Clinical Online Documentation and the Ambulance Dispatch and Management system were implemented in the 2011/12 fiscal year. In an effort to facilitate this transition, focused charting was developed and implemented throughout some of Western Health facilities.

Human Resources

Human Resource Planning

Partnerships with educational institutions continued in an effort to recruit and retain health professionals. Given the high number of nursing retirements and resignations over the past fiscal year, significant efforts were made to recruit nurses. With the use of bursaries, Western Health successfully recruited nurses to fill these vacant positions. Partnerships with post secondary schools such as Michener Institute, Memorial University, Mount St. Vincent University, and Acadia University, enabled residents and students to complete clinical rotations, internships, and have accredited clinical placements within Western Health.

Work continues on the implementation of the Health Human Resources Information System project to ensure provincial consistency related to data collection and reporting.

In the last fiscal year, nine general practitioners and five specialists have been hired. Despite the successful recruitment efforts, there are currently 13 specialist vacancies and 11 general practitioner vacancies.

Some new positions within the organization include a Clinical Educator in Long Term Care, Regional Home Care Coordinator, Community Support Manager, Youth Early Intervention Outreach Worker, Mental Health Case Manager, Nurse Practitioner, Child Management Specialists, Community Health Nurses, and an Enterostomal Therapy Clinical Nurse Specialist.

Table 15 illustrates the number of health care professionals per 100,000 in Newfoundland and Labrador compared to Canada.

Table 15. Health Human Resource Workforce Rate per 100,000 (Health Indicators: CIHI, 2012)

Occupation	Western NL	NL	Canada
Family Physicians	2008- 110 2009-125 2010-121	2008- 115 2009-118 2010-118	2008- 101 2009- 103 2010- 104
Specialists	2008- 70 2009- 73 2010-75	2008- 104 2009-102 2010- 108	2008- 95 2009-99 2010- 101
Registered Nurses	---	2008- 1127 2009-1140 2010- 1181	2008- 786 2009-785 2010- 783
Licensed Practical Nurses	---	2008- 498 2009-494 2010- 490	2008- 223 2009-227 2010- 237
Pharmacists	---	2008- 112 2009-116 2010- 122	2008- 88 2009-90 2010- 92
Dentists*	---	2008- 35 2010- 35	2008- 58 2010- 58
Dental Hygienists*	---	2008- 23 2010- 30	2008- 67 2010- 75
Dietitians*	---	2008- 30 2010- 31	--- 2010- 28
Occupational Therapists	---	2008- 30 2009-30 2010-32	2008- 38 2009-39 2010-38
Physiotherapists	---	2008- 39 2009-38 2010- 40	2008-51 2009-51 2010- 49
Chiropractors*	---	2008- 10 2010- 11	2008- 23 2010- 23
Optometrists*	---	2008- 10 2010- 10	2008- 14 2010- 14
Psychologists*	---	2008- 39 2010- 47	2008- 47 2010- 47

Social Workers		2008-245	2008-100
Psychiatrists	---	2009-12	2009-13

Notes:
1. Registered Nurses, Licensed Practical Nurses and pharmacists do not include Quebec, Manitoba, and Nunavut.
2. Physiotherapists do not include Nova Scotia, Manitoba, and Nunavut.
3. Occupational Therapists do not include Quebec.
4. Rates reflect health professionals registered with active-practicing status who are employed in these health professions. For other health professionals, data reflect personnel regardless of employment status and include the number of active registered individuals (indicated with an *).

Learning and Growth

Best Practice

Employee Development supports employees in education. One such means is through e-learning which has increased to over 1600 active users in the last fiscal year. Such modules as Occupational Health and Safety Responsibilities, Hazard Assessments, Safe Work Practices Development, Workplace Inspections, Safe Lifting, Carrying, and Pushing and Pulling, Computer Workstation Set Up, and Occupational Rehabilitation Ergonomics Services nursing orientation were developed and will be or are currently on line for access by staff. Employee Development has continued to coordinate and/or provide education programs such as Advanced Cardiac Life Support Provider Program, Pediatric Advanced Life Support Provider Course, Trauma Nursing Core Course Provider Program, and many others to ensure ongoing competency of Western Health staff.

The regional library assists all staff throughout the region to support evidence-informed decisions and best practice. The library performed 1196 literature searches in the 2011/12 year.

Policies continue to be revised, developed, and implemented within all branches of Western Health to ensure best practice. Further progress has been made on emergency preparedness in the approval of Code White, Code Green, Code Red, and Code Blue policies.

Accreditation

Western Health achieved the priority unmet criteria for the May and November 2011 progress reports to Accreditation Canada. The Regional Quality Improvement Framework was also revised. The self assessment process commenced in the last fiscal year with the online completion of two instruments; Worklife Pulse and Patient Safety Culture.

Laboratory services at Western Memorial Regional Hospital received a four year accreditation certificate through the Ontario Laboratory Accreditation. Medical Imaging Services also maintained accreditation from the Canadian Association of Radiologists for the Provincial Breast Screening Program.

Research and Evaluation

Quality Management and Research experienced a significant increase in evaluations with 38 evaluations being initiated or completed in the 2011/12 year compared to 27 in 2010/11. Some of these evaluations included the Falls Prevention Program, the Calcium and Vitamin D Supplementation Pilot Project, the evaluation of the Deer Lake ambulatory care clinic, Primary Health Care Team Effectiveness, Walking Western for Wellness physical activity program, evaluation of the Youth Outreach Worker positions, the evaluation of Healthy Food Choices in the Western School District, evaluation of total patient care, and surveys for the Community Health Needs and Resources Assessment.

The 2011/12 fiscal year was a year of transition for the Western Health Research Ethics Board. All research now conducted within Western Health requires review and approval by the provincial Health Research Ethics Authority which was proclaimed on July 1, 2011. The Western Health Research Ethics Board discontinued providing ethics reviews for research, however, the Board continues to be the board of record for studies it previously approved. The Research Resource Review Committee was established to determine if proposed studies could be accommodated and/or of benefit to Western Health. The Western Health Research Resource Review Committee reviewed and approved five new studies for resource impact.

The article titled “From Institution to “Home”: Family Perspectives of a Unique Relocation Process” was published in the last fiscal year. “Meaning In Life: The Perspectives of Long Term Care Residents” was accepted for publication in the Research on Gerontological Nursing Journal and will be in print in the following fiscal year. Also, an article titled “Affecting Change Through Continuing Education: Improving Vaccine Administration Technique” was submitted to the Journal of Continuing Education in Nursing. A partnership between Quality Management and Research, Patient Services and Western Regional School of Nursing resulted in the data collection for the research project titled “Analysis of the Influencing Factors Associated with Being Designated as Alternate Level of Care”.

Ethics

Western Health is a partner in the new Provincial Health Ethics Network Newfoundland and Labrador (PHENNL) which has been established as a resource and support to the ethics structures and services of the Regional Health Authorities. The Western Health Ethics Committee conducted five clinical case consultations to help staff with ethical issues related to feeding, privacy, and addressing violent behaviors. Articles on ethics were written and submitted to the Western Health newsletter to enhance staff awareness of the Western Health Ethics Framework and the ethics consultation process.

Employee Wellness

Many initiatives to ensure the wellness, health and safety of all staff commenced in the last fiscal year. Some projects included:

- Smoking Cessation Support Program

- Violence Prevention Initiatives
- Occupational Health and Safety audits, inspections and signage campaign
- Policy Development
- Employee Wellness Grants
- Employee Assistance Program

Western Health met the criteria for PRIME from 2008 to 2010 and in 2011 a substantial refund was received. From these savings, Western Health implemented the Walking Western for Wellness physical activity program, safe client handling project at Bay St. George Long Term Care, employee recognition, hearing conservation and digital signage programs.

In addition to the previous initiatives to enhance staff safety, several policies related to working alone, travel during adverse weather and the staff safety alert system were developed, implemented, and evaluated.

Clients/Patients/Residents

Best Practice

Based on best practice and research related to patient services, several changes and initiatives have been or are being implemented:

- Total Patient Care model
- Ottawa Hospital Model of Nursing Clinical Practice
- MORE OB program
- Structural changes
- Point of Care Teams

Safety

Client/Patient/Resident safety is integrated across all branches throughout the organization. Of the many initiatives to enhance the safety of clients/patients/residents, some examples are;

- Safer Healthcare Now! Surgical Site Infection Bundle
- Provincial Integrated Stroke strategy designated Sir Thomas Roddick Hospital as a district stroke centre
- Falls Prevention Program in Personal Care Homes and Humberwood and continued implementation in acute and LTC settings
- Medication Reconciliation
- Patient Identifier and Medication Abbreviation Policies
- Hand Hygiene Campaign
- Ventilated Associated Pneumonia

Since the provincial Clinical Safety Reporting System (CSRS) pilot was completed in the last fiscal year, Western Health has been implementing this web based tool throughout the majority of the region.

Improving Population Health

In partnership with Quality Management and Research, the Primary Health Care Managers developed and conducted a standardized community health needs and resources assessment survey throughout the Western Region. Western Health continues to work on improving population health within the Western Region. In partnership with external organizations and through the community advisory committees, initiatives have taken place to promote healthy behaviors and practices both within Western Health facilities and throughout the Western Region including:

- Nutrition Day Worldwide
- Healthy Eating Initiative
- The Kids Live Well Marathon
- Community Kitchens
- Community Gardens
- Helmet Safety
- Car Seat Safety
- Snowmobile Safety
- Tobacco Free Network

Access

According to the Canadian Community Health Survey (2011), access to a regular medical doctor is not problematic as 88.5% of residents in the Western Region of NL reported having a regular medical doctor compared to 88.2% in the province and 84.8% in Canada.

Provision of programs in the community enhances access for clients. The Acute Care Replacement program in partnership with Community Support Program continues to enhance the care available to residents in their own homes through such programs as the Negative Pressure Wound therapy, intravenous therapy, End of Life, and Home Chemotherapy. These programs saved 2,315 acute care bed days in the last fiscal year.

Telehealth continued to grow in the last fiscal year with an overall increase of 39% for telehealth appointments. The increase in bandwidth to Ramea in 2011/12 allowed for video connection and therefore telehealth to this community. Other telehealth initiatives include tele-diabetes, a Tele-Enterostomal Therapy Program, a Tele-Palliative Care Program, and tele-psychiatry. Telehealth equipment was also purchased for additional facilities areas across the Western Region to further enhance services to clients.

In June 2011, a satellite renal dialysis unit was opened in Dr. Charles LeGrow Health Centre providing access for up to twelve medically stable clients residing in the Port Aux Basques area. Also, a fifth hemodialysis station was installed in the Sir Thomas Roddick Hospital renal unit.

Access to services in the rural areas of Western Health can be challenging. To enhance access for clients residing in rural areas, surgical travelling clinics and travelling clinics for nerve

conduction studies and urology services were held in some areas across the region. Also, access to emergency services in rural areas through Emergency First Responders was expanded to Grey River and dentistry services were provided at Calder Health Care Centre and Rufus Guinchard in 2011/12.

The last of four Protective Community Residences was opened in July 2011 using an enhanced staffing model to provide an alternate housing and care option for individuals with moderate dementia and higher care needs. The criteria was modified to allow residents currently residing in one of the three Protective Community Residences to transfer to this new home rather than being admitted to long term care.

The Income Test Financial Assessment has enabled more clients, particularly seniors, to access the home support program. In the last fiscal year, there were 470 new admissions and 396 were seniors. There was an increase of 13% in the overall number of active cases from 2010/11 to 2011/12, and a 27% increase in the number of seniors.

Mental Health and Addictions referrals increased from 2,007 in 2009/10, 2,368 in 2010/11, to 2,607 in 2011/12. Partnerships with the two psychiatrists for monthly consultations to staff of Humberwood and Adult Mental Health and Addiction Services enhanced mental health services. The median wait time for services in Humberwood decreased from 53 days in 2010/11 to 46 days in 2011/12. An evaluation of the Assertive Community Treatment Teams demonstrated that clients who received the service had a significant decrease in hospitalization rates from 2010 to 2011.

Healthy Child Development

The number of children followed through the Healthy Beginnings long-term follow-up continued to increase incrementally: 1,079 children in 2008/09, 1,091 in 2009/10, 1097 in 2010/11, and 1,311 in 2011/12. Programs such as BABIES and the Universal Newborn Hearing Screening Program were developed to promote healthy child development. In 2011/12, 87.1% of women were referred to the BABIES program in their first or second trimesters and of the 606 newborns screened through the Universal Newborn Hearing Screening Program, 167 required further screening.

Healthy Aging

Western Health promotes healthy aging through promotions and events within long term care and in the community. Healthy aging promotions and events throughout the region included the Healthy Aging Calendar, intergenerational days, entertainment, an Antique Day, Art Show, lobster boil, and many more.

The Minimum Data Set has been implemented throughout the region and will assist in identifying areas for improvement within long term care. Other quality improvement initiatives were completed in long term care such as the Model of Care Evaluation, the Personal Care Attendant Mentorship Pilot Program, and the Calcium and Vitamin D pilot which is currently being rolled out to other long term care facilities within the region.

Chronic Disease Prevention and Management

Western Health has continued to make significant progress in the enhancement of Chronic Disease Prevention and Management. A self management program titled "Improving Health My Way: Chronic Disease Self Management" was implemented in the last fiscal year. The current wait list for Diabetes Education ranges from 2-4 weeks, maintaining the progress made in the previous fiscal year.

Opportunities and Challenges

Health care is a dynamic, challenging environment. In 2011/12 Western Health had many accomplishments. Some challenges for the upcoming fiscal year include: the implementation of the new accounting standards (PSAB), Cognos, improving access to programs and services including the expansion of Telehealth, Health Human Resources Information System, recruitment and retention of difficult to fill positions such as diagnostic imaging, laboratory, nursing, pharmacy, social work and qualified tradespersons. Significant work is planned to address the outcomes of some performance indicators described in the CHRP report.

Conclusion

Although there continued to be challenges and opportunities for improvement, Western Health has made significant progress on the strategic and operational goals outlined in Western Health's Strategic Plan for 2011-2014:

Strategic Goals:

1. By March 31, 2014, Western Health will have enhanced programs and services in diabetes management to respond to the identified concerns of residents in the Western region.
2. By March 31, 2014, Western Health will have enhanced patient safety in infection prevention and control to lead to optimal patient outcomes in the Western region.
3. By March 31, 2014, Western Health will have enhanced health promotion through the implementation of priority initiatives in a health promotion plan to support improving population health.

Operational Goal:

1. By March 31, 2014, Western Health will have enhanced its work life culture to support employee recruitment, retention and engagement, in keeping with provincial and regional policy direction and fiscal responsibilities.

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