

# Environmental Scan 2010-2011



Western  
Health

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**April 2010 to March 2011**

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## **External Analysis**

Many of the statistics within this document have not changed since the 2008/2009 environmental scan, as the 2010 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 "2010" represent a calendar year from January 1 to December 31. Dates written in the form "2010/11" represent a fiscal year from April 1 to March 31.

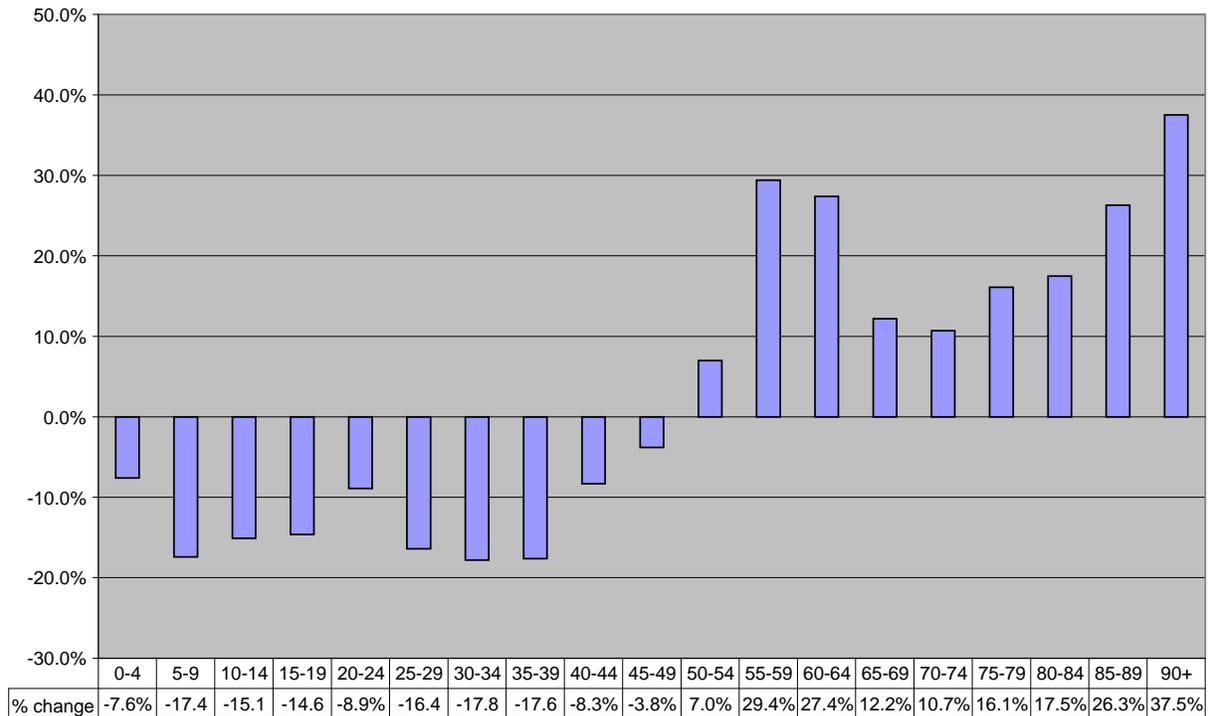
## **Demographics**

### **Population**

The Western Region includes communities from Port aux Basques southeast to Francois, northwest to Bartlett's Harbor, 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.

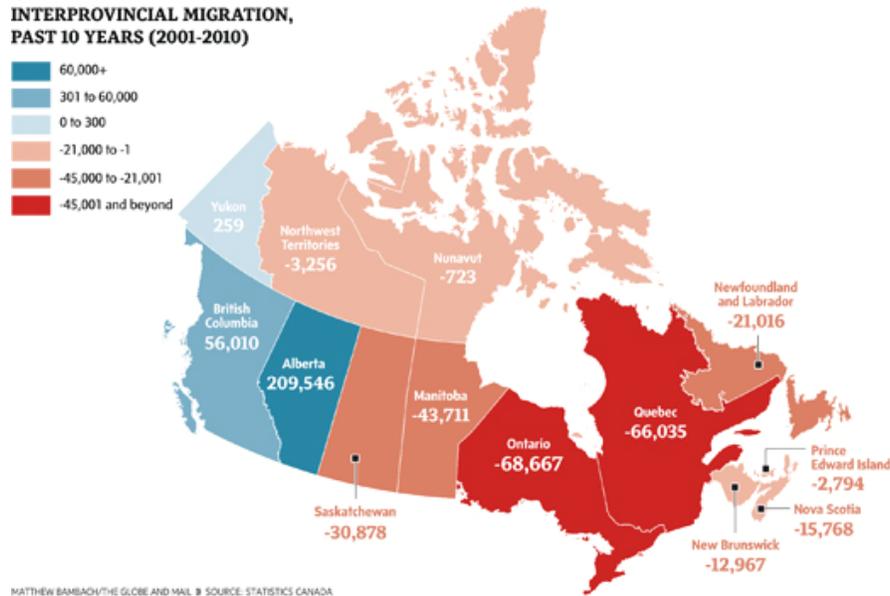
Figure 1. Population Change by Age Group from 2001-2006



Population decline can be attributed to many factors including: out-migration, decreasing fertility rates and high mortality rates.

**Migration.** From 2001 to 2006, 5.9% of Western Newfoundland 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. 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 8.2 in 2009, while the provincial rate remained the same at 9.6 for both 2008 and 2009. The fertility rate in the Western Region in 2008 was 1.46 compared to 1.58 provincially and 1.68 nationally. 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 2004-2009 was 77 compared to the provincial median age of 78.

### Income

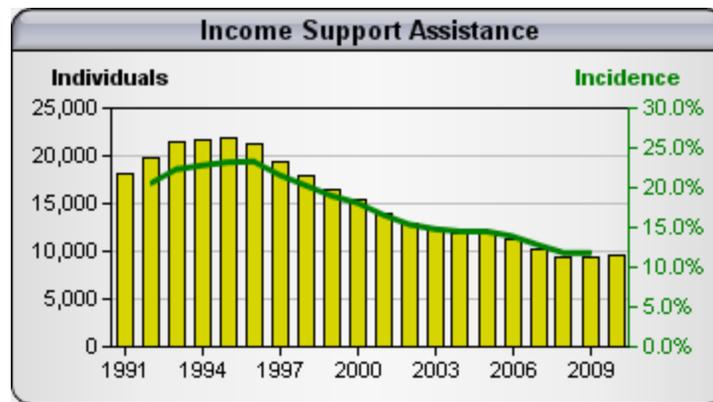
Higher income is typically associated with better health. Based on the 2006 census, 16.3% of the people in the Western Region were below the low income level, compared to 14.7% in the province, and 15.3% in Canada. Low income cut offs represent levels of income where people spend 20% more than average 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: \$18,300 in 2004, \$19,400 in 2005, to \$20,500 in 2006. In 2006, the provincial personal income per capita was \$22,800 and the national was \$28,900 (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. 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.

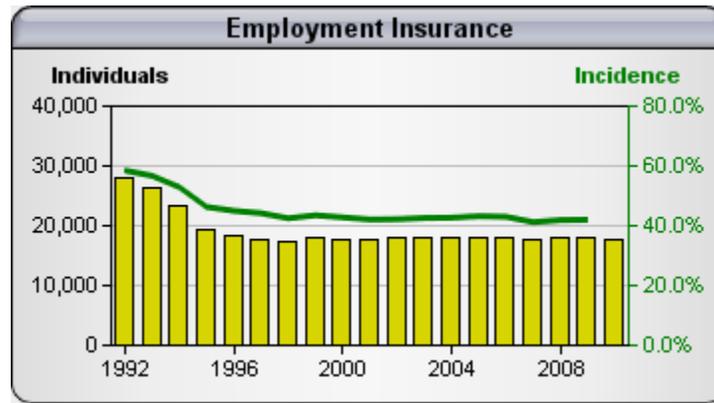
Figure 3. Incidence of Income Support Assistance in Western Region Compared to the Province



### Employment

The employment rate is defined as the ratio of those aged 18 to 54 years reporting at least one week of work in 2005, to the total population of this segment. The employment rate for the entire 2005 year was 80.4% (78.2% in 2002) compared to the provincial rate of 82.9% (81.3% in 2002). In 2009, 42.0% of the labor force in the Western Region collected employment insurance at some point compared to 42.7% in 2008. The 2009 provincial level was 34.4% (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.

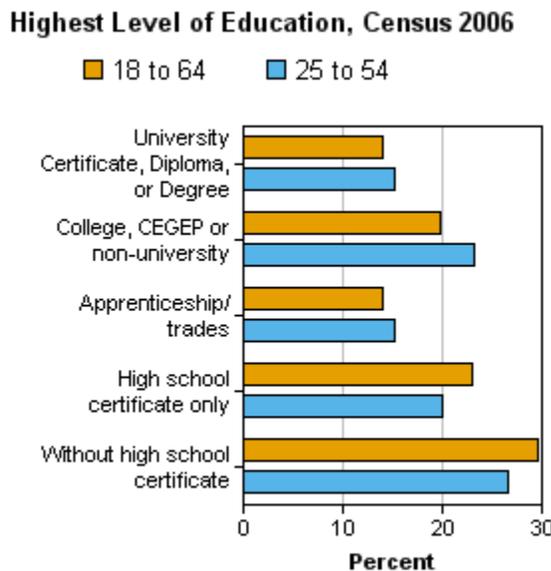
Figure 4. Employment Insurance Incidence for the Western Region Compared to the Province



**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 enrollment 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	2010-2011
Total Students	12,896	10,445
Primary	3,191	2,802
Elementary	2,893	2,269
Junior High	3,416	2,534
Senior High	3,396	2,840

Table 2. Student Enrolment in the Province

School Year	1989-1990	2010-2011
Total Students	130,610	68,729
Primary	36,697	19,319
Elementary	28,921	15,384
Junior High	32,419	16,210
Senior High	31,498	17,816

## 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-three and one half percent (83.5%) of respondents in the Western Region reported a sense of community belonging compared to 81.1% in the province and 65.4% in Canada (Canadian Community Health Survey, 2010). A sense of community belonging was seen in the rates of giving, volunteering and participating within the province. According to the 2007 Canada Survey of Giving, Volunteering and Participating, 91% of those 15 years of age or older donated money in NL in the past year and 46% of those 15 years or older said they volunteered during the past year. The provinces of Newfoundland and Labrador and Nova Scotia had the highest rate of giving, volunteering and participating at 87%.

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 2010 Canadian Community Health Survey, the percentage of respondents indicating that their life stress was “quite a lot” was 13.4% compared to 15.5% provincially, and 23.5% nationally. In the same survey, 91.4% of respondents from the Western Region reported being satisfied or very satisfied with life compared to 92.0% 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 2010 Canadian Community Health Survey, 57.1% of individuals in the Western Region rated their health status as being very good or excellent compared to 57.5% in 2009 and 62.8% in 2007. On a provincial level, in 2010, 63.1% of individuals in the province rated their health status as very good or excellent (61.8% in 2009) as compared to the national rate of 60.1% (60.5% in 2009). Individuals were also asked to rank their mental health. 73.9% of the residents in the Western Region rated their mental health as very good or excellent compared to 76% in the province and 73.9% in Canada.

In an effort to assess the performance of the mental health system, CIHI introduced three new indicators:

1. self injury, which is a risk factor for suicide and may provide insight into the effectiveness of the mental health system in reducing these types of injuries,
2. 30-day readmission rates for mental illness, which in part reflect the coordination and continuity of services in the mental health system as, if services are not coordinated and there is a lack of follow up care and support after discharge, a readmission to hospital may result,
3. repeat hospitalization rates for mental illness, which partially reflect the ability to use and access appropriate mental health community based services and these rates reflect the availability of community based services that might be used to reduce or prevent another hospitalization.

Suicides and potential years of life lost to suicide are also being monitored to assist in the understanding of the adequacy and effectiveness of preventing suicide which is a major social and public health concern. Table 3 provides mental health performance indicators for the Western Region, the province and Canada.

Table 3. Mental Health Performance Indicators

Indicator	Data Source	Western Region	NL	Canada
Age standardized self-injury hospitalization rate per 100,000	Health Indicators 2011 CIHI, Discharge Abstract Database	2009/10-107	2009/10-81	2009/10-65
Risk adjusted 30-day readmission rates for selected mental illness	Health Indicators 2011 CIHI, Discharge Abstract Database	2009/10-11.5	2009/10-11.4	2009/10-11.4
Risk adjusted percentage of individuals with repeat hospitalizations within one year	Health Indicators 2011 CIHI, Discharge Abstract Database	2009/10-15.8	2008/09-13.8	2008/09-11.0
Age standardized rate of suicide deaths per 100,000	Statistics Canada Vital Statistics and Death Database		2007-10	2007-10.2
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

Note:

1. Age standardized self-injury hospitalization rate per 100,000 ranged from 58 per 100,000 in Ontario and Manitoba to 81 per 100,000 in both NL and New Brunswick. Rates were significantly higher in the territories ranging from 192 per 100,000 in the Yukon and 379 per 100,000 in Nunavut.
2. Risk adjusted 30-day readmission rates had a low of 9.6% in Manitoba and a high of 12.9% in British Columbia.
3. Risk adjusted percentage of individuals with repeat hospitalizations within one year ranged from 10.2% in Quebec to 16.3% in the Northwest Territories.
4. Rate of suicides ranged from 7.1 in Yellowknife to 55.8 in Nunavut.
5. Potential years lost ranged from 252 in Yellowknife to 3208.1 in Nunavut.

**Health Behaviors**

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

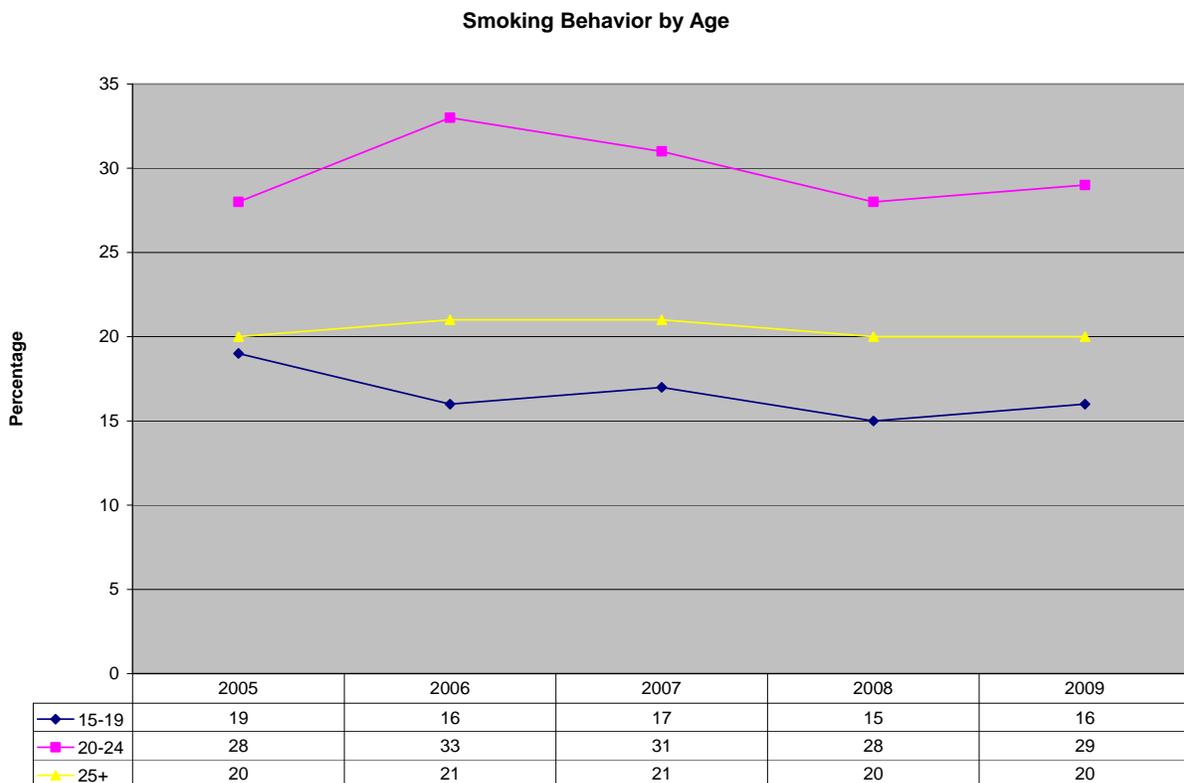
***Alcohol Use.*** Statistics Canada defines a heavy drinker as one who reports drinking five or more drinks on one occasion, at least once a month in the past year. According to the 2010 Canadian Community Health Survey, 20% of people in the Western Region reported having 5 or more drinks on one occasion, at least once a month in the past year compared to 22.7% in 2009 and 32.1% in 2007. Provincially, 23.8% reported having more than 5 or more drinks on one occasion, compared to 17.3% nationally.

***Drug Use.*** According to the Canadian Alcohol and Drug Use Monitoring Survey (2008 to 2009), there has been a decrease in the number of people in NL who used cannabis. In 2009,

8.4% of those surveyed used cannabis compared to 9.8% in 2008. There was also a decrease 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 2009, 8.4% of NL respondents reported using these drugs compared to 10.3% in 2008.

**Tobacco Use.** According to the Canadian Tobacco Use Monitoring Survey (2009), smoking prevalence in those aged 15 to 19 years was 16% in NL compared to 13% in Canada. Compared to the national prevalence, the NL numbers are somewhat higher in the 20 to 24 and 25+ age groups; in those aged 20 to 24 years, the percentage was 29% in NL and nationally, 23%, in those aged 25 and older, the percentage was 20% in NL and 17% in Canada. Refer to Figure 6 for smoking behavior by age group in the Western Region. The percentages of those smoking continue to decrease each year. According to the Canadian Community Health Survey (2010), 19.7% of respondents in the Western Region reported being daily smokers compared to 18.7% 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 (2009) reported that 6.0% of children up to age 17 years in NL are regularly exposed to tobacco smoke compared to 8.2% in 2008, 9.7% in 2007, and 18% in

2005. In 2009, the national figure for children up to age 17 years being exposed to tobacco smoke was 6.7% compared to 8% in 2008 and 9.5% in the previous year in 2007.

***Physical Activity and Diet.*** Table 4 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, however, this gap is slowly closing. Also, for the first time in many years, a higher percentage of residents in the Western Region reported being more physically active than the province and nationally.

Table 4. Personal Behaviors

Personal Behaviors	Data Source	Western	NL	Canada
Estimated % of adult population (aged 18 +) who are overweight (BMI 25.0 – 29.9) (Excludes pregnant women)	Canadian Community Health Survey	2003-37.9	2003-40.4	2003-33.3
		2005-41.9	2005- 38.3	2005- 34.2
		2007- 39.4	2007- 36.1	2007-33.8
		2009-40.2	2009-37.8	2009-33.7
		2010- 36.0	2010- 34.4	2010- 34.2
Estimated % of adult population (aged 20 – 64) who are obese (BMI 30.0 or higher) (Excludes pregnant women)	Canadian Community Health Survey	2003-18.4	2003-20.6	2003-14.9
		2005-23.6	2005-19.0	2005-15.8
		2007- 22.1	2007- 27.4	2007- 17.2
		2009-27.1	2009-26.8	2009-17.9
		2010- 24.8	2010- 28.8	2010- 18.1
Estimated % of adult population (aged 12+) who are physically active or moderately active	Canadian Community Health Survey	2003-50.9	2003-45.4	2003-52.1
		2005-49.6	2005-45.6	2005-52.3
		2007-46.8	2007-43.6	2007-50.6
		2009-50.6	2009-47.1	2009-52.5
		2010- 56.3	2010- 47.8	2010- 52.1
Population % aged 12 and over, that consume fruits and vegetables 5 to 10 times per day	Canadian Community Health Survey	2003-26.5	2003-22.8	2003-35.3
		2005-N/A	2005-22.2	2005-39.2
		2007-36.1	2007-32.6	2007-43.7
		2009-37.8	2009-29.9	2009-45.6
		2010- 37.0	2010- 28.6	2010- 43.3

### **Health Practices**

Among other health practices, cervical screening, mammography, and overall uptake of influenza vaccine continue to be monitored to assess overall health. Table 5 outlines statistics related to these health practices. In the 2010/2011 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 2008 and 2009, 54% of women aged 50 to 69 years in the Western Region had screening mammograms under the Provincial Breast Screening Program and in 2009/2010, this percentage increased to 58%. Some women are choosing to have breast screening completed in other acute care facilities within the region that are not included in the percentages reported in the Provincial Breast Screening Program. Including the percentage of those non-programmatic mammograms

within the diagnostic sector, the percentage of women who had breast screening was 73.6% in 2009/2010. The national benchmark for breast screening is 70%.

Community Health Nurses continue to provide information and education on the benefits of cervical screening. In the prevention of cervical cancer, in 2010, 85% of eligible girls received the HPV vaccine compared to 87% in 2009. Influenza vaccination uptake is an important consideration when assessing health practices. Given the growing numbers of individuals aged 65 and older, the percentage of influenza vaccination uptake for this age group is monitored. According to the Canadian Community Health Survey (2010), 56% of those aged 65 and older in the Western Region had the influenza vaccination compared to 54.6% in the province and 59.4% in Canada.

Table 5. Health Practices

Health Practices	Data Source	Western Region
Cervical Screening	Western Health	2006-36% 2007-38% 2008-37% 2009-37%
Mammography	Provincial Breast Screening Program	2008/09-54.3% 2009/10-58%
Influenza Vaccination % for staff (Western Health who received flu vaccine through employer)	Western Health	2006- 47% 2007-52% 2008-40% 2010-56.2%
Influenza Vaccination % for Long Term Care residents	Western Health	2006- 85% 2007- 86% 2008-85% 2009-88% 2010-88%
Percentage of population aged 65 and older receiving influenza vaccination	Canadian Community Health Survey 2007, 2008, 2009, 2010	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 province had incomes below the low income cut off levels of less than \$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). The total number of children ages 0 to 17 in the Western Region who were in families receiving Income Support Assistance in 2010 was 2,595 compared to 2875 children in 2007 and 3165 in 2006.

Literature indicates that breastfeeding is a strategy that can deter the incidence of obesity and diabetes through healthy feeding practices early in life. The 2010 breastfeeding initiation

statistics for the Western Region were 59.9% compared to 65.6% in the province. The breastfeeding initiation rate for the Western Region has declined slightly since 2009 (60.8%).

## 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 6).

Table 6. Health Outcomes

Health Outcomes	Data Source	Western Region	NL	Canada
Injury hospitalization (Age standardized rate per 100,000)	Health Indicators 2011 National Trauma Registry	2005/06-594 2006/07-589 2007/08-549 2008/09-587 2009/10-599	2005/06-532 2006/07-515 2007/08-537 2008/09-539 2009/10-514	2005/06-554 2006/07- 544 2007/08-541 2008/09-534 2009/10-517
Asthma % (Aged 12+)	Canadian Community Health Survey 2005, 2007, 2009, 2010	2005- 10.8 2007-7.9 2009-8.3 2010- 7.5	2005-9.2 2007-5.2 2009-8.7 2010- 8.0	2005-8.3 2007-8.0 2009-8.1 2010- 8.5
Diabetes % (Aged 12+)	Canadian Community Health Survey 2005, 2007, 2009, 2010	2005-7.6 2007-10.2 2009-10.0 2010- 8.8	2005-6.8 2007-8.8 2009-8.1 2010- 8.3	2005-4.9 2007-5.8 2009-6.0 2010- 6.4
High Blood Pressure % (Aged 12+)	Canadian Community Health Survey 2005, 2007, 2009, 2010	2005-19.5 2007-23.2 2009-25.5 2010- 23.5	2005-19.2 2007-20.2 2009-21.6 2010- 24.2	2005-14.9 2007-16.4 2009-16.9 2010- 17.1
Hospitalized AMI (rate per 100,000)	Health Indicators 2011 CIHI, Discharge Abstract Database	2007/08-300 2008/09-267 2009/10-280	2007/08-351 2008/09-347 2009/10-329	2007/08-219 2008/09-217 2009/10-209
Hospitalized Stroke (rate per 100,000)	Health Indicators 2011 CIHI, Discharge Abstract Database	2007/08-152 2008/09-142 2009/10-143	2007/08-155 2008/09-151 2009/10-141	2007/08-130 2008/09-128 2009/10-124
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	2004-67.5 2005-68.7 2006-67.6 2007-56.0
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	2004-95.5 2005-95.9 2006-97.3 2007-98.4

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	2004-40.7 2005-41.2 2006-40.5 2007- 33.3
Colorectal Cancer (age standardized rate per 100,000)	Cancer Incidence in Canada	--	2007-72.4 2008-67.0	2007-49.6
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	2004-64.5 2005-65.2 2006-68.9 2007-57.8
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	2004-4.2 2005-4.0 2006-4.0 2007-3.9

-- 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 recourses.

It is interesting to note that while the incidence of Breast and Lung Cancer is lower in the province than in Canada, the mortality rates for these two diseases are higher.

Specific to diabetes, within the Western Region, the incidence of diabetes is higher than the provincial and national rates. The 2011-2014 Strategic Goal related to enhanced programs and services in diabetes management will first identify priority initiatives related to diabetes. There is also a higher incidence of colorectal cancer in NL compared to Canada. Initiatives to prevent colorectal cancer have commenced within this region.

According to the Newfoundland and Labrador Centre for Health Information (2010), the leading causes of death for the province in 2007 were diseases of the circulatory system, cancer, and diseases of the respiratory system. Thirty-three point four (33.4%) of deaths in the province were caused by diseases of the circulatory system, 30.6% by cancer, and 7.5% by diseases of the respiratory system. In the Western Region, 32.5% of deaths were caused by diseases of the circulatory system, 32.4% by cancer and 8.9% by diseases of the respiratory system.

Western Health continues organization wide initiatives to address the 30-day AMI and 30-day stroke in-hospital mortality rates. The 30-day AMI in-hospital mortality rate declined from 12.8

in 2005/08 to 8.2 in 2007/10. See Table 7 for causes of death data in the Western Region, NL, and Canada.

**Table 7. Causes of Death**

<b>Disease</b>	<b>Western Region</b>	<b>NL</b>	<b>Canada</b>
30-day AMI In-hospital Mortality (Health Indicators Report, 2011)	2005/08 – 12.8 2006/09- 10.1 2007/10-8.2	2005/08-10.9 2006/09-9.0 2007/10-8.2	2005/08 – 9.4 2006/09- 8.9 2007/10-8.2
30-day Stroke In-hospital Mortality (Health Indicators Report, 2011)	2005/08 – 20.5 2006/09 – 18.9 2007/10-19.3	2005/08-23.2 2006/09-21.2 2007/10-20.4	2005/08 – 18.0 2006/09 – 17.7 2007/10-16.9
Lung Cancer mortality rate age standardized rate per 100,000 Statistics Canada, Health Profile 2011	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 2011	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 2011	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 2011	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 2011		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 2011	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 2011	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 2008-2010 are preliminary data	2006-912.5 2007-971.3 2008-963.7 2009-895.7 2010-999.7	2006-873.2 2007-880.5 2008-884.4 2009-854.5 2010-877.5	2006-698.6 2007-714.4
Life Expectancy (age) 2005-2007 Statistics Canada, Health Profile 2011	78.1	78.3	80.7

## **Internal Analysis Internal Business Processes**

### **Accessibility**

Provincial reporting of median wait times using standard definitions and tracking mechanisms continues on a quarterly basis. In the Western Region, from 2006 to 2009, median wait times for joint replacement, vision restoration, and cancer surgery were low. Benchmarks, where established, were met 85% to 100% of the time.

Access to computerized tomography within the Western Region has remained stable and median wait times for other non-urgent diagnostic imaging, such as magnetic resonance imaging and ultrasound, remained over the provincial benchmark of 30 days.

The wait list for neurology service in the Western Region has been significantly reduced with the introduction of outreach neurology clinics and improved scheduling practices.

Western Health continues to expand services through outreach programs, clinics, and telehealth such as: orthopedic surgery, palliative care, urology, obstetrics/gynecology, radiology and neurology at Sir Thomas Roddick Hospital and through travelling clinics such as dermatology, respirology and pediatric surgery at Western Memorial Regional Hospital (WMRH). The new Eye Care Centre was opened in Corner Brook in the last fiscal year.

Several policies supporting enhanced accessibility were approved in the last fiscal year including: Report Turn Around Time and Wait Listing of Surgical Procedures. Initiatives such as the Provincial Endoscopy Access Initiative, establishment of a working group to monitor emergency room wait times, and a physiotherapy scheduling pilot at Sir Thomas Roddick Hospital commenced in the last fiscal year to address access issues.

The Acute Care Replacement program in partnership with Community Support 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 which is now available in Codroy Valley. In fact, the Home Infusion/Home Chemotherapy program saved approximately 2834 bed days in 2010/2011 and 1318 in 2009/2010. In addition, a Community Based Ambulatory Clinic has opened in Deer Lake providing wound care, suture and staple removal and dressing changes.

## Efficiency

Regional median wait times for placement into long term care increased between 2009/2010 and 2010/2011. Most sites experienced longer wait times with the exceptions of Bay St. George Long Term Care Centre and Dr. Charles LeGrow Health Centre (See Table 8).

Table 8. 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
Corner Brook Long Term Care Home	78 days	69 days	47 days	74 days
Bay St. George Long Term Care Centre	139 days	135 days	48 days	26 days
Calder Health Centre	76 days	78 days	22 days	All individuals repatriated from other sites
Dr. Charles LeGrow Health Centre	18 days	113 days	25 days	6 days
Rufus Guinchard Health Centre	49 days	46 days	14 days	18 days
Bonne Bay Health Centre	451 days	78 days	172 days	194 days
Overall	76 days	78 days	40 days	54 days

CIHI trends specific health system performance indicators as they are indicative of potential opportunities for improvement and are outlined in Table 9.

- 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 catheterization 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 avoidable with early and consistent access to primary care. Rates in the Western Region decreased slightly as did rates on a provincial and national level. The rates in the province and region continue to be significantly higher than the rest of the country.

- Although hysterectomy rates in 2009/2010 were slightly higher than the rest of Canada, the rates dropped significantly in the Western Region.

Table 9. Health Indicators (Health Indicators: CIHI, 2007-2011)

Indicator	Western Region	Newfoundland and Labrador	Canada
Coronary Artery Bypass Graft Standardized rate per 100,000	2005/06-117.3	2005/06-125.9	2005/06-83.8
	2006/07-97.4	2006/07-115.4	2006/07- 77.7
	2007/08- 100	2007/08- 105	2007/08-75
	2008/09- 59	2008/09- 98	2008/09-70
	2009/10-77	2009/10-79	2009/10-66
Percutaneous Coronary Intervention (PCI) Standardized rate per 100,000	2005/06-96	2005/06-135.6	2005/06-176.9
	2006/07-123.4	2006/07-158.4	2006/07-174.8
	2007/08- 83	2007/08- 142	2007/08- 162
	2008/09- 114	2008/09- 147	2008/09- 168
	2009/10-98	2009/10-143	2009/10-169
Cardiac Revascularization Standardized rate per 100,000	2006/07-218.3	2006/07-272.4	2006/07- 251.2
	2007/08- 182	2007/08- 247	2007/08- 235
	2008/09- 173	2008/09- 244	2008/09-237
	2009/10-175	2009/10-221	2009/10-236
	2005/2006-619	2005/2006-586	2005/2006-385
Ambulatory Care Sensitive Conditions (Age standardized rate per 100,000)	2006/2007-495	2006/2007-522	2006/2007-351
	2007/2008- 503	2007/2008- 516	2007/2008- 326
	2008/2009- 529	2008/2009- 504	2008/2009-320
	2009/2010-469	2009/2010-473	2009/2010-302
	Caesarean sections %	2005/06-27.4	2005/06-30.1
2006/2007- 27.7		2006/2007-30.6	2006/2007- 27.3
2007/2008- 24.3		2007/2008- 30.4	2007/2008- 27.7
2008/09-28.3		2008/09-31.5	2008/09- 26.9
2009/10-27.9		2009/10-31.5	2009/10-26.8
Hysterectomy (Age standardized rate per 100,000)	2005/06-528	2005/06-458	2005/06-353
	2006/07-557	2006/07-469	2006/07- 361
	2007/08- 442	2007/08- 439	2007/08-352
	2008/09- 508	2008/09- 421	2008/09- 338
	2009/10-388	2009/10-368	2009/10-328
Knee Replacement (age Standardized rate per 100,000)	2005/06-143.7	2005/06-106.1	2005/06-170.8
	2006/07-99.5	2006/07-107.6	2006/07- 179.6
	2007/08- 120.0	2007/08- 116.0	2007/08- 179.0
	2008/09- 117	2008/09- 123	2008/09- 158
	2009/10-119	2009/10-128	2009/10-158
Hip Replacement (age Standardized rate per 100,000)	2005/06-88.6	2005/06-80.6	2005/06-113.8
	2006/07-68.8	2006/07-69.2	2006/07- 112.3
	2007/08- 86.0	2007/08- 81.0	2007/08- 109.0
	2008/09- 65.0	2008/09- 74.0	2008/09- 99.0
	2009/10-69	2009/10-80	2009/10-100

Note that Canadian data does not include Quebec.

Diagnoses related to chronic obstructive pulmonary disease, convalescent care, palliative care, diabetes and heart disease are within the top ten reasons for admission to Western Health.

The age of those accessing services has remained fairly consistent. The average age of the adult population accessing acute care services in 2010/2011 was 63.34 years compared to 62.53 years in 2009/2010. In 2010/2011, 19% of the adult population accessing services was 80 years or older compared to 18% in the 2009/10 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 2010/2011, Western Health utilized 48.79 acute care beds for ALC care, with an average length of stay of 41.41 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, 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. Western Health continues to address the issue of ALC through ongoing work on recommendations made by the ALC working group.

### **Client/Patient/Resident Safety**

Client/Patient/Resident Safety is integrated across all branches throughout the organization. Initiatives to enhance the safety of clients/patients/residents include;

- Safety cafes, patient safety walkabouts, and/or Safety Rounds
- Participation in a National Falls Prevention Virtual Learning Collaborative
- Medication reconciliation
- Medication Safety Walkabouts
- Medication Safety Blitz
- Purchase of safe client handling equipment
- Implementation of the Safer Health Care Now Ventilator Associated Pneumonia (VAP) bundle
- Introduction of Mock Code Blue
- Training on Advanced Airway Management
- Failure Mode and Effects Analysis (FMEA) on medication management in the Protective Community Residences
- Buddy System
- Training on harm reduction
- Implementation of Risk and Safety Management Alert System (RASMAS)
- Hand Hygiene Education Program
- Hand Hygiene Audits
- Infection Control Process Audits
- Influenza immunization of employees and LTC residents

Some units/departments at WMRH were selected as pilot sites for the provincial Clinical Safety Reporting System (CSRS). This web-based tool will provide a standardized method for reporting occurrences electronically with the goal of reducing adverse events and improving safety.

The Regional Patient Safety Advisory Committee continued to lead, support, and/or facilitate the ongoing development, implementation and evaluation of the patient safety program for 2010/2011.

### **Health Protection**

The Health Protection Branch continues to support employee and public health through initiatives such as:

- Development of an outbreak tool kit for Community Health Nurses for communicating information during outbreaks such as norovirus
- Enhancement of Community Health Nurses knowledge through offering Public Health Agency of Canada's Immunization Competency teleconferences
- Participation and support in the development of the Employee Health Program
- Integration of Infection Prevention and Control into the Health Protection Branch to support Western Health's mission
- Facilitating the ongoing development of Universal Codes and coordinated emergency response exercises in STR, DCLHCC and BSG LTC.
- Collaboration with the Population Health branch in responding to the increase in the number of clients seen for the Travel Vaccine Program by 57% from 2004 to 2010

## **Finances**

### **Financial Conditions and Infrastructure**

Over the 2010/2011 fiscal year, Western Health received funding to invest in capital equipment (\$5.5 million) and repairs and renovations (\$4.75 million). Funding was received to make improvements to a number of Western Health medical clinics, including upgrades to clinics in Lourdes and Daniel's Harbour and the construction of a new clinic in Jeffrey's. Capital equipment was purchased over the last fiscal year including: dialysis equipment for the satellite dialysis unit at Dr. Charles LeGrow Health Centre, a new multipurpose digital fluoroscopy unit, ultrasound unit, and nuclear medicine gamma camera at WMRH, and medication dispensing machines.

The new long term care facility was nearly completed in April 2010 with only some final finishing work to be done. All residents from the long term care facilities within Corner Brook were relocated to the new facility in July 2010.

In 2007, Accreditation Canada recommended that nursing payroll be relocated, as at that time, it was situated in a clinical area. The nursing payroll department is now located on the sixth floor. In addition, the 5<sup>th</sup> floor at WMRH was completely renovated to accommodate the new adult rehabilitation and alternate level of care units.

Accomplishments in information management included: electronic clinical documentation project for acute and long term care, standardized resident assessment tool for long term care with the exception of long term care in Corner Brook, arm banding solution for positive patient identification, and Clinical Safety Reporting System.

Western Health was recognized by the Canadian Healthcare Engineering Society with the presentation of the Wayne McLellan Award for excellence in facilities management, energy conservation and sustainability. Accreditation Canada recognized the value of the organization's Preventative Maintenance Program, however, recommended that the program be evaluated to ensure effectiveness. A framework was developed to evaluate the effectiveness of the preventative maintenance program.

### **Human Resource Planning**

Partnerships with educational institutions continued in an effort to recruit and retain health professionals. For example, Western Health is working with Memorial University of Newfoundland in the expansion of the medical school.

Western Health collaborated with the new Department of Child, Youth and Family Services in the establishment of this new department and transfer of employees.

A permanent Physician Recruitment Manager was hired for Western Health as funding was allocated from the Provincial Department of Health and Community Services. In the last fiscal year, six general practitioners and four specialists have been hired including a psychiatrist at WMRH. Challenges with psychiatry services continue as Western Health had three vacancies in psychiatrist positions during the 2010/2011 fiscal year.

Some of new positions within the organization include a Regional Pharmacy Manager, Psychiatric Nurse, Community Health Nurse, a manager for Chronic Disease Prevention and Management, and two Cardiology Technologists.

Interviews were completed with some managers in the reclassification process.

Table 10 illustrates the number of health care professionals per 100,000 in Newfoundland and Labrador compared to Canada.

Table 10. Health Human Resource Workforce Rate per 100,000 (Health Indicators: CIHI, 2011)

Occupation	Western NL	Newfoundland	Canada
Family Physicians	2008- 110 2009-125	2008- 115 2009-118	2008- 101 2009- 103
Specialists	2008- 70 2009- 73	2008- 104 2009-102	2008- 95 2009-99
Registered Nurses	---	2008- 1127 2009-1140	2008- 786 2009-785
Licensed Practical Nurses	---	2008- 498 2009-494	2008- 223 2009-227
Pharmacists	---	2008- 112 2009-116	2008- 88 2009-90
Dentists*	---	2008- 35	2008- 58
Dental Hygienists*	---	2008- 23	2008- 67
Dietitians*	---	2008- 30	---
Occupational Therapists	---	2008- 30 2009-30	2008- 38 2009-39
Physiotherapists	---	2008- 39 2009-38	2008-51 2009-51
Chiropractors*	---	2008- 10	23
Optometrists*	---	2008- 10	14
Psychologists*	---	2008- 39	2008- 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 \*).

Access to a regular medical doctor does not seem to be problematic. According to the Canadian Community Health Survey (2010), 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.

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## **Learning and Growth**

### **Best Practice**

Employee Development continues to support employees in education and one such means is through e-learning. Organizational development supported the development of e-learning modules for leadership modules, in particular, occupational health and safety.

The regional library continues to assist all staff throughout the region to support evidence-informed decisions and best practice. The library performed 1491 literature searches in the 2010 year.

Policies continue to be developed, and implemented within all branches of Western Health to ensure best practice. In the last fiscal year, the Western Health intranet site became the official site for current policies with all other paper and electronic policies being removed from circulation.

### **Accreditation**

Western Health participated in the onsite survey visit with Accreditation Canada and met 93% of the criteria from 20 program/service standards, receiving accreditation with condition. Progress is ongoing to address the unmet criteria.

Laboratory services participated in an accreditation process with Ontario Laboratory Accreditation and they are currently working with this group to address all non-conformities. Of the sixty Cameron recommendations, forty three are complete and twelve are substantially complete with the remaining five to be addressed. Medical Imaging Services maintained accreditation for the Provincial Breast Screening Program.

### **Research and Evaluation**

Quality Management and Research experienced a significant increase in evaluations with 27 evaluation projects initiated or completed. Some of these evaluations included the Affordable Housing Program for Seniors and the Social Work Transfer to Long Term Care and Rural Health from Rehabilitative Services, Secondary Services. An evaluation of the implementation of the Model of Nursing Care in Long Term Care has also been completed.

The Western Health Research Ethics Board approved 17 research projects in 2010/2011. A partnership between Sir Wilfred Grenfell College, Western Regional School of Nursing, and Western Health resulted in an article being published in the Canadian Journal on Aging titled "From Institution to Home: Family Perspectives of a Unique Relocation Process".

## **Ethics**

Western Health Ethics Committee has been involved in provincial and regional ethics case consultations. Case consultations, including end of life, medical futility, feeding issues, Advance Health Care Directives, and pharmaceutical preceptorships, assist staff and clients/patients/residents in dealing with ethical issues. In partnership with Eastern Health, the Ethics Certificate program and several ethics education days were offered.

## **Employee Wellness**

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

- Transitional work project
- Safe work practices developed and posted on intranet
- Personal care attendant mentorship program
- PRIME
- Laser safety program
- Physical activity program
- Occupational Health & Safety audits, inspections and signage campaign
- Fit Testing
- Workplace safety hazards assessments
- Ergonomic assessments
- Safe client handling pilot study
- Injury prevention initiatives
- Smoking cessation support program
- Violence preventions initiatives
- Influenza campaign
- Employee wellness grants

## **Clients/Patients/Residents**

Satisfaction surveys with clients/patients/residents were completed across programs and services within Western Health, survey results were distributed to Regional Quality Improvement Teams to identify areas for improvement, and summary reports were posted on the intranet for all staff.

## **Improving Population Health**

In partnership with Quality Management and Research, the Primary Health Care Managers have developed a standardized community health needs and resources assessment process. The results will assist in determining health needs and gaps throughout the region. Western Health continues to work on improving population health within the Western Region. In partnership with external organizations, Primary Health Care Managers and Community Advisory Committees have coordinated, developed, and/or supported initiatives such as:

- New Horizons and Wellness Coalition Grants

- Community Kitchens and healthy cooking classes
- Violence Prevention Initiative/Lipstick Campaign
- Laugh, Lunch and Learn
- Face book safety awareness
- Cyber bullying
- Seniors' Days
- Wellness Days
- National Child Day Event
- Tea, Talk and Social
- Youth Engagement Strategy
- Tobacco Free Network
- Vial of Life
- Nobody's Perfect
- Healthy Futures
- Eat Great and Participate

### **Improving Access**

Telehealth continues to offer an alternative means to access medical services when travel is not possible. Several new initiatives commenced in the 2010/11 fiscal year including: a Telehealth Intervention Clinic, expansion of telehealth to specialty services such as child and adolescent psychiatry and long term care, completion of training at the Pollards Point Medical Clinic, new telehealth equipment at Dr. Charles LeGrow Health Centre, Humberwood Centre, and Bay St. George Long Term Care Centre, and clinical dietitian telehealth services in Port Saunders.

Access to emergency services in rural areas can be quite challenging. Emergency First Responders are now in all remote sites within rural health.

As a result of the implementation of the Income Based Test in December of 2009, the Home Support Program for seniors has expanded significantly. The caseload increased from 508 in April of 2010 to 682 in March of 2011. Since 2009/2010, there has been an 87% increase, or an increase of 317 clients. In an attempt to recruit home support workers, the government increased wages to this group but did not increase the provincial ceiling of allowable home support service.

Mental Health and Addictions referrals increased from 2007 in 2009/10 to 2368 in 2010/2011. Access to mental health and addictions services was enhanced through the hiring of a methadone nurse and youth early intervention outreach positions. Western Health also continues to support Community Mental Health Initiative in the construction of Summit Place which provides housing for those individuals living with mental illness. The Assertive Community Treatment Teams with Mental Health and Addictions now provide 24/7 on call services to the clients on their caseload. To improve mental health and addictions access to services, two mental health liaison nurses were hired and an evaluation of these positions was completed.

## **Pastoral Care Services**

Pastoral Care provides many services to clients/patients/residents and staff of Western Health. In 2010, they coordinated 19 memorial services, provided education, reactivated the Regional Pastoral Care Advisory Committee, hosted the Pastoral Care Allied Health Provincial Conference, and provided bereavement support.

## **Healthy Child Development**

The number of child health clinic visits increased from 7722 in 2009/2010 to 8281 in 2010/2011 and the birth rates increased from 655 to 665 in the same time period. The number of children referred to Healthy Beginnings long-term follow-up continues to increase incrementally: 1079 referrals in 2008/2009, 1091 in 2009/2010, 1097 in 2010/2011. Of the 665 births in 2010/2011, 243 were referred to the Healthy Beginnings program. In keeping with the strategic goal related to improving population health, several new projects have commenced including the BABIES program and the Universal Newborn Hearing Screening Program. These programs would not be possible without the partnership and collaboration of many agencies. The goal of the BABIES program is to offer prenatal education as early as possible in pregnancy. When the BABIES program commenced in 2010, 65.4% of women were referred in their second and third trimester, however, recent data indicate that 65.4% are now being referred in their first trimester. The Universal Newborn Hearing Screening Program involves the nurse screening of all infants born at WMRH to identify those requiring follow up. The program was implemented on January 1, 2011. Also, two Western Health nurses were certified through a train the trainer approach to educate staff on breastfeeding.

## **Aging**

Western Health continued to support the Provincial Healthy Aging Framework through the provincial wellness strategy and strategic and branch plans. Core competencies for providers working with older adults were identified and training was provided including P.I.E.C.E.S and Gentle Persuasive Approach.

The Regional Advisory Committee for Healthy Aging has been involved in many initiatives to support health aging such as: seniors lens tool, Seniors' Month, and best practices in the areas of polypharmacy, dementia, and challenging behaviors. In addition to these initiatives, Western Health is piloting a calcium and vitamin D supplementation program in the promotion of health and maximization of quality of life. Age friendly working groups were established in Corner Brook, Stephenville and Stephenville Crossing and Port Aux Basques. The groups are involved in the promotion of positive aging through such activities as Tea, Talk and Socials and Seniors Wellness Days. Given the aging population and the desire for many to stay home during their later years, Western Health is piloting a tool in four rural health centres to identify older adults at risk of functional decline who visit emergency departments.

New initiatives to curb adult/elder abuse have been mandated. Social workers are responsible to assess and investigate allegations of neglect under the Neglected Adults Welfare Act. Over the past year, 35 referrals of elder abuse were received.

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## **Chronic Disease Prevention and Management**

Western Health has continued to make significant progress in the enhancement of Chronic Disease Prevention and Management. The four priority areas were heart, stroke, diabetes, and cervical cancer. The new strategic goal related specifically to diabetes management has commenced. Obesity is related to chronic diseases, including diabetes. Preschool health checks now include the monitoring of the number of children who have a Body Mass Index (BMI) greater than 85%. A BMI greater than 85% indicates that the child is significantly overweight. In 2010, the percentage of preschool children with a BMI greater than 85% was 28.64%, compared to 21.74% in 2009.

### **Opportunities and Challenges**

Western Health has had significant accomplishments over the 2010/2011 year. Some upcoming challenges include: the implementation of programs such as Cognos and Health Human Resources Information System, recruitment and retention of difficult to fill positions, improving access to programs and services, particularly, mental health and addictions and home support programs, continued development and implementation of programs to enhance client/patient/resident safety, initiatives to address population health concerns such as obesity, and continued policy development.

### **Conclusion**

Western Health's Annual Report for 2009/2010 was tabled in the House of Assembly. The 2009/2010 environmental scan provided the basis for the new draft Western Health Strategic Plan for 2011-2014. Significant progress was made in all priority areas outlined in Western Health's 2008-2011 Strategic Plan, accreditation and best practices review.

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