

ANNUAL REPORT

2003-2004



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MESSAGE FROM THE PRESIDENT AND THE EXECUTIVE DIRECTOR



Verdon Young,
NLHBA President



John Peddle,
NLHBA Executive Director

Throughout 2004, the Newfoundland and Labrador Health Boards Association (NLHBA) has been building on the strengths identified in the 2003 Strategic Plan, exploring opportunities and addressing new challenges. The year 2003 was a year of internal review and subsequent change. In 2004, the re-energized, streamlined NLHBA structure has generated new initiatives and fostered flexibility and responsiveness in preparation for the restructuring of the fourteen health boards into four Regional Integrated Health Authorities (RIHAs) in 2005.

The history of the NLHBA and its role in the health and community services system has demonstrated time and again that change management has been, and will continue to be, crucial to its success. From its beginnings in 1962 as a hospital boards collective, through the successive addition of nursing homes, community health and non-employment related social services, the NLHBA has met each change proactively and adapted its mandate and services to meet the new needs of the system. As a provincial association the NLHBA is an important element in co-ordinating and articulating the health boards' common, province-wide concerns and issues in today's multi-faceted health and community services system. By representing all regions and the total public health system in the province, the NLHBA provides the balanced overall view,

Advocacy was identified by the Association's members as key for the NLHBA in its role as the collective voice of health boards. The NLHBA advocates for the overall health and community services system to federal and provincial governments, increases and maintains public confidence in the health and community services system, educates and involves the public on public health and their personal responsibilities for healthy lifestyles, and opens up opportunities for all health boards (RIHAs), rural and urban, to inform and influence government decisions. This year our major policy and information papers, briefs and memorandums were presented to governments on topics ranging from regional restructuring, health funding and federal tax issues to management of personal health information, research ethics review, collective bargaining, and health human resources, including medical services issues. We continue to represent health boards, soon to be RIHAs, and our province on national committees on ethics, research transfer, medical services and health human resources. Within the province our partnerships with federal agencies, the Department of Health and Community Services and other provincial government departments are producing results for the benefit

taking the time to of health boards (RIHAs) in professional development, health human resources planning, adverse events and patient safety, labour relations and development of legislation. The partnership with DOHCS on adverse events and patient safety came together with the very successful *Adverse Events Fall Conference*, hosted by NLHBA to promote knowledge and understanding of the topic, and will continue with the Canadian Patient Safety Institute's workshop in partnership with DOHCS and NLHBA in this province in December. Our partnership with Memorial University continues to grow with the aim of strengthening the relationship between health decision makers and health researchers and fostering evidence-based decision making. An Inventory of Research and Quality Practices in Health Boards was launched online in November as a searchable database in partnership with the Newfoundland and Labrador Centre for Health Information to promote and share the activities of health boards. In short, partnerships with other organizations with a provincial mandate has enabled the NLHBA to do what Newfoundland and Labrador does so well, use available resources in innovative and effective ways for the benefit of the provincial population.

Communications with our stakeholders and partners continue with *Newsnet*,

FOUNDATIONAL STATEMENTS (approved by the Board on September 12, 2003)

VISION

The effective voice for a high quality and sustainable health and community services system responsive to the needs of Newfoundlanders and Labradorians

MISSION

As the federation of *publicly-funded* health boards, the NLHBA is the collective voice of its members and provides advocacy, guidance and selected services to support the delivery of high quality health and community services in all regions of Newfoundland and Labrador

GUIDING PRINCIPLES

Member-centred	Collaborative
Strategic	Evidence-based
Accountable	

MESSAGE FROM THE PRESIDENT AND THE EXECUTIVE DIRECTOR (Continued)

our quarterly newsletter, press releases, electronic and paper contacts and through our communications network, our website and the media. We are proud to represent all health boards (RIHAs) to the public in the media. During the public service strike in April of this year we were particularly active in putting forward information on the health and community services system through the media and in facilitating regular teleconferences and meetings to enable health boards to pool their experiences and work together to address strike issues.

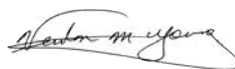
In **Director/Trustee Development** we continue to implement the Strategic Plan developed and approved by our Board of Directors, and to support and resource the Board.

Our **Accountability** measures have resulted in a budget surplus for this year due to the prudent management of our resources, and we continue to report to the Board as required.

In **Programs and Services**, we are consolidating the progress made in 2003, undertaking reviews of particular services, and developing new programs such as the health managers training modules, in response to identified needs. The NAPE strike in April 2004 required a great deal of work by the Labour Relations department

to provide appropriate and proactive solutions as the strike continued, and to work with health boards after the strike. Our Group Purchasing program continues to fine tune the changes to the online tendering process and new contracts result in continued savings for our members. The number of physicians in the province has increased thanks in part to our Physician Recruitment program, and many positions are filled with graduates of the MUN Medical School. Our successful Pastoral/Spiritual Care program started work on the first health and community services pastoral/spiritual care program in Canada.

In conclusion, this year has been a year of partnerships, in which we have been demonstrating effective responses to the mandate of change. We look forward to continuing to generate innovative initiatives to support the provincial health and community services system through the change to the new regional structure in 2005.



Verdon Young
President



John Peddle
Executive Director

BALANCE SHEET		
ASSETS	2003-04	2002-03
CURRENT		
Cash and cash equivalents	\$3,243,931	\$2,747,524
Receivables	69,469	73,413
Prepaid expenses	15,427	17,562
	<u>3,328,827</u>	<u>2,838,499</u>
CAPITAL ASSETS		
	81,157	106,718
	<u>3,409,984</u>	<u>2,945,217</u>
LIABILITIES		
CURRENT		
Payables and accruals	170,396	117,230
Year 2000 capital fund	586,593	571,402
Program liabilities	1,252,957	1,033,441
Recruitment bursaries payable	190,379	196,162
Deferred revenue		
-Funding provisions - non-core services	243,066	219,815
-Funding provision - student bursaries	48,885	-
-Other	29,675	29,675
	<u>2,521,951</u>	<u>2,167,725</u>
Accrued severance pay	171,743	141,106
Accrued paid leave provision	159,830	174,990
	<u>2,853,524</u>	<u>2,483,821</u>
NET ASSETS		
Unrestricted net assets	225,303	104,678
Reserve for capital and project development	250,000	250,000
Equity invested in capital assets	81,157	106,718
	<u>556,460</u>	<u>461,396</u>
	<u>\$3,409,984</u>	<u>\$2,945,217</u>

STATEMENT OF REVENUE AND EXPENDITURES		
REVENUE	2003-04	2002-03
Membership core fees	\$1,055,775	\$1,055,775
Interest	84,148	56,960
Government grants	-	101,015
Miscellaneous	86,748	169,038
	<u>1,226,671</u>	<u>1,382,788</u>
Labour relations, non-core	149,846	118,618
Physician recruitment, non-core	208,764	162,435
Pastoral care, non-core	51,189	-
	<u>409,799</u>	<u>281,053</u>
	1,636,470	1,663,841
EXPENDITURES		
Administration	113,258	107,372
Advocacy and information	512,003	503,931
Group purchasing	164,870	228,089
Labour relations/provincial negotiations	341,476	428,817
Labour relations, non-core	149,846	118,618
Pastoral care	51,189	97,594
Physician recruitment, non-core	208,764	163,524
	<u>1,541,406</u>	<u>1,647,945</u>
Excess of revenue over expenditures (expenditures over revenue)	\$95,064	\$15,896

PROGRAMS AND SERVICES HIGHLIGHTS

Physician Recruitment

In 2004, almost 100% of our Family Medicine graduates set up practice in the province.

Promoting Rural Family Medicine as a career choice starts early. In the first week of MUN Medical School the recruitment office invites a physician in rural practice to talk about working in Newfoundland and Labrador.

The Family Medicine Program at MUN is taking a very proactive approach: promoting a Family Medicine Interest Group for students, fund raising to sponsor students to attend national Family Medicine conferences, promoting electives in the discipline and creating opportunities for faculty to build relationships and share program information with students.

Working cooperatively with the Medical Student Society creates valuable recruitment opportunities: webpage development, newsletters, social gatherings, wellness programs, class orientation and many others.

Medical Directors and Recruiters work closely with the NLHBA Recruitment Office, support the student initiatives and welcome students visiting their sites. Student feedback after electives, recruitment fairs or casual contact is always positive and welcoming.

The Provincial Bursary Program available to 4th year students and Family Medicine Residents has experienced a second year of over-subscription. Fortunately, the annual budget was increased to accommodate all interested applicants confirming a return in service period of practice and therefore helping recruitment goals. In 2005, the program will be in a position to structure the selection criteria in favor of graduates planning to begin practice in our rural communities.

Recruitment Networking: NLHBA recruiter will be participating in the first Canadian meeting of 60 staff physician recruiters on November 24th in Toronto.

Group Purchasing

A major upgrade to the Group Purchasing Online Tendering System (GPOTS) is now allowing us to capture and report on information regarding medical device licenses, latex content and scent content. Members identified these issues as requiring more attention, and we are pleased that we can now provide these additional features for all NLHBA tenders/contracts.

An updated version of our Standard Terms and Conditions was approved by the members and released to the vendor community in early November. This document, written in conjunction with the Association's lawyer, and with input from members, details the regulations that vendors must adhere to when bidding one of our tenders.

A summer student was hired to audit Medical Device Licences for products on contract, as well as Medical Device Establishment Licences for all registered vendors. The Medical Device Licence legislation was implemented by Health Canada and it appears that we are one of the first organizations to place this sort of emphasis on ensuring our contracts are for licensed items.

A recent awarding for Disposable Examination and Surgical Gloves has resulted in a three year contract with an annual weighted savings of approximately 20% over the last contract. This contract has an option to extend for an additional two years if the Group feels it is in their best interests.

Pastoral/Spiritual Care

Prepared the Provincial Proclamation for Pastoral/Spiritual Care Week, October 17 – 23, 2004, for Minister John Ottenheimer.

Accepted as the main speaker at the Pastoral/Spiritual Care Education Session for Central West Health Corporation with 40 clergy in attendance.

January 18, 2005 will be the first meeting for the new Regional Pastoral Care Committee for the new Regional Central Health Authority, with the chairpersons of the 19 Pastoral Care Committees in the region as part of the new committee.

A new Regional Pastoral Care Committee is formed for the Health and Community Services Eastern Board with 10 clergy serving along with senior managers.

Work is proceeding on a Regional Pastoral Care Committee for the St. John's Nursing Home Board, and the planned hiring of an ecumenical chaplain for the Hoyles/Escasoni Complex.

Continuing to work on the Provincial Pastoral Care MIS Workload Measurement Committee.

Arrangements for the 2005 Clinical Pastoral Education Unit in the Avalon Health Care Institutions Board are now complete.

Health Human Resource Planning

In 2004, the Health Human Resources Planning Unit continued to collect, analyze, and report key workforce data.

Several initiatives including the Registered Nurse Supply Report, the Licensed Practical Nurse Supply Report, Workforce Retirement Estimates, and the Health Human Resource Indicator Report are completed or ongoing.

The HR Planning Unit has facilitated professional development for managers and professionals in the health system. Feedback has been positive and more courses and workshops are scheduled in the New Year.

Staff have participated in several provincial, Atlantic and national health human resource initiatives.

See www.nlhba.nf.ca/hr for more information.

Labour Relations

LR department receives positive feedback from member organizations on conduct during negotiations with NAPE and CUPE and coordination of essential employees during ensuing strike.

Facilitation of Cam Hill Harassment Investigation Level II workshop.

Arbitration awards to note: work of the Bargaining unit award confirms that appropriately trained Licensed Practical Nurses can distribute medications; Arbitrator upholds Employer policy to grant paid union leave solely for joint negotiations under Nape LX agreement.

Participation in numerous WHSCC Roundtable meetings surrounding policy changes. Currently presenting member perspectives on proposed implementation of PRIME rate model.

Conducted several educational workshops and scheduling of interpretation sessions to explain changes to collective agreements.