

NL-052-2024-156 Responsive Records - Part 2

Redactions under ATIPPA, 2015, used within this file include:

Section 29.1.a Policy advice or recommendations

Section 35.1.d Disclosure harmful to the financial or economic interests of a public body

Section 38.1.a Disclosure harmful to labour relations interests of a public body

From: David Diamond
Sent: Monday, February 19, 2024 1:27 PM
To: Ron Johnson, Scott Bishop
Cc: Regina Coady, Debbie Molloy
Subject: RE: Agency Nurses

Thanks Ron.

Regina from your review, in Eastern do we know who signs off on the other costs outside of hours worked?
Dave

From: Ron Johnson <ron.johnson@nlhealthservices.ca>
Sent: Monday, February 19, 2024 1:18 PM
To: David Diamond <david.diamond@nlhealthservices.ca>; Scott Bishop <Scott.Bishop@easternhealth.ca>
Cc: Regina Coady <Regina.Coady@easternhealth.ca>
Subject: RE: Agency Nurses

Hi
Checked with Patrick:

See response:

No my unit managers have not been signing off on these things. The manager did report that at times they will provide taxi chits to the agency nurse to travel from home to work and return. Other than that they have only signed off on the invoices for the hours worked once received from the agency.



Ronald Johnson
Chief Operating Officer, Eastern Urban Zone
VP, Innovation & Research
Newfoundland and Labrador Health
Services

t: 709-690-2675(Mobile) 709-777-1301
(Office)
e : ron.johnson@nlhealthservices.ca
w: NLHealthServices.ca

From: David Diamond <david.diamond@nlhealthservices.ca>
Sent: Monday, February 19, 2024 1:09 PM
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Subject: FW: Agency Nurses

Hi
See process in Mental Health for Agency Nurse Review



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Newfoundland and Labrador Health
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w: NLHealthServices.ca

From: Glenda Webber <Glenda.Webber@easternhealth.ca>
Sent: Monday, February 19, 2024 11:10 AM
To: Ron Johnson <ron.johnson@nlhealthservices.ca>; Melvin Layden <melvin.layden@easternhealth.ca>;
Melissa Coish <melissa.coish@easternhealth.ca>; Cynthia Brown <cynthia.brown@easternhealth.ca>
Subject: FW: Agency Nurses

FYI from Patrick

Glenda



Glenda Webber BSW, MSW, RSW, CHE
Senior Director - Clinical Services
NL Health Services – Eastern Urban Zone
Office: 709-777-1497
Cell: 709-727-2309
Email: glenda.webber@easternhealth.ca
Pronouns: she/her/hers

Executive Assistant
Ashley Kearney
Email: Ashley.kearney@easternhealth.ca
Office: (709) 777-7200

From: Patrick Whalen <Patrick.Whalen@easternhealth.ca>
Sent: Monday, February 19, 2024 11:09 AM

To: Glenda Webber <Glenda.Webber@easternhealth.ca>

Subject: RE: Agency Nurses

Hey Glenda

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**NL Health
Services**

Patrick Whalen, MSc. OT., OT(R)NL, CHE

Regional Director - Eastern Urban Zone

Mental Health & Addictions

t: 709-730-6866

e: patrick.whalen@easternhealth.ca

w: NLHealthServices.ca

From: Glenda Webber <Glenda.Webber@easternhealth.ca>

Sent: Monday, February 19, 2024 10:30 AM

To: Patrick Whalen <Patrick.Whalen@easternhealth.ca>

Subject: Agency Nurses

Hi

Do our managers have anything specific to do re: signing off expenses/payroll for agency nurses?
If so, can you please advise what the process is?

Thanks

G



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Executive Assistant

Ashley Kearney

Email: Ashley.kearney@easternhealth.ca

Office: (709) 777-7200

From: Regina Coady
Sent: Monday, February 19, 2024 1:56 PM
To: David Diamond, Ron Johnson, Scott Bishop
Cc: Debbie Molloy, Collette Smith
Subject: RE: Agency Nurses

Hi

I think some misunderstanding. I have reached out to Patrick and Glenda to clarify/correct. No managers get invoices from Agency in eastern rural or urban zones for approval. Managers only approve time sheets. The agency nurse submits these to their agency and the invoices come in to Accounts payable and agency finance in EZ. On occasion an agency may send an invoice to a manager if this occurs they are advised not to do this. The admin officer responsible for Agency finance invoice in EZs processes the invoice for all charges including hours, OT, per diems, travel, etc in line with the provisions of that contract. Errors are sent back to agencies for correction. Once invoice is deemed correct, it is sent to Agency HR Manager for approval (currently Hayley O'Neill who reports to Colleen Butler). Weekly Colleen meets with Hayley and the Admin officer re any outstanding invoice issues.

As the provisions vary so much from agency to agency (as per the spreadsheet I sent earlier) leaving it to each clinical manager to know every contract and ensure charges match each contract would add higher error rate, delayed approvals and much increase workload for manager. Lab Gren is only zone still having managers involved in paying and as I noted earlier, we would like to remove from the manager responsibility there as well.



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From: Regina Coady
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To: David Diamond, Ron Johnson, Scott Bishop
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Forgot to note as well housing is not billed by agency, we have direct contracts with accommodations providers through Steve L and Fraser F physician housing offices. Car rentals are booked only through NLHS and billed directly to us for cases where we approve the nurse to have one. If any agency gives the nurse a rental that is not approved by NLHS, this is not paid.

Re travel to NL, is always more expensive than flying and if a nurses plans to drive we tell agency it must be preapproved and only to the equivalent most economical cost.



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From: Cynthia Brown
Sent: Monday, February 19, 2024 3:05 PM
To: Glenda Webber, Ron Johnson, Melissa Coish, Melvin Layden
Subject: RE:

I've done the same with my group

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Sent: Monday, February 19, 2024 10:20:39 AM
To: Scott Bishop <Scott.Bishop@easternhealth.ca>; Debbie Molloy <Debbie.Molloy@easternhealth.ca>
Cc: Freake, Teara <tearafreake@westernhealth.nl.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>;
Regina Coady <Regina.Coady@easternhealth.ca>; Collette Smith <Collette.Smith@easternhealth.ca>; Ron

Johnson <ron.johnson@nlhealthservices.ca>

Subject: RE:

Thanks Scott. After reviewing the article again this morning, I agree with you that we need to understand the rigor around managing and signing off expenses in WZ, CZ and EZ. I'm copying COO's and Collete who might have information to feed into this. Also copying Regina in case she has that information as part of the work she is doing on agency nurses.

Dave

From: Scott Bishop <Scott.Bishop@easternhealth.ca>

Sent: Monday, February 19, 2024 8:34 AM

To: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; David Diamond

<david.diamond@nlhealthservices.ca>

Subject: RE:

Hi Debbie – wondering if we can include something on process re how we (ie. zones) confirm meals/per diems for deployed TRNs as well in one pager. Approval process of invoices by zone would also be an important point to highlight.

This seems to be another highlight of the article.

Scott



Scott Bishop CPA, CGA, CHE
Vice President – Corporate Services
Chief Financial Officer
Executive Offices
70 O'Leary Avenue, St. John's, NL, A1B2C7
e: scott.bishop@easternhealth.ca

Administrative Support
Holly Edwards
e: holly.edwards@easternhealth.ca

web. [NL Health Services](http://NLHealthServices.ca)

From: Debbie Molloy <Debbie.Molloy@easternhealth.ca>

Sent: Sunday, February 18, 2024 3:51 PM

To: David Diamond <david.diamond@nlhealthservices.ca>

Cc: Scott Bishop <Scott.Bishop@easternhealth.ca>

Subject: Re:

No we don't but I will get one put together. Do you want it on CHL specifically?

The latest agency numbers would have been those presented to the finance committee.

I will see if we have numbers broken down by agency and rate.

Sent from my iPhone

On Feb 18, 2024, at 2:16 PM, David Diamond <david.diamond@nlhealthservices.ca> wrote:

Debbie so we have an information note/one pager on this CHL Contract , and also updated info from Regina on the agency nurse numbers? I expect questions on this this week, including from the board so will need to add something to the CEO Report.

Dave

From: Scott Bishop <Scott.Bishop@easternhealth.ca>
Sent: Sunday, February 18, 2024 1:44 PM
To: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; David Diamond <david.diamond@nlhealthservices.ca>
Subject: Re: Travel Nurse Globe Article

Thanks Debbie.
S

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From: Debbie Molloy <Debbie.Molloy@easternhealth.ca>
Sent: Sunday, February 18, 2024 1:42:46 PM
To: David Diamond <david.diamond@nlhealthservices.ca>
Cc: Scott Bishop <Scott.Bishop@easternhealth.ca>
Subject: Re: Travel Nurse Globe Article

Yes that's correct Scott, I am not sure there is anything that we can do legally, we correctly paid per diems in accordance with the contract. [REDACTED]

Thx
Debbie

s.35.1.d

Sent from my iPhone

On Feb 18, 2024, at 1:38 PM, David Diamond <david.diamond@nlhealthservices.ca> wrote:

Thanks Scott

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Sent: Sunday, February 18, 2024 1:34 PM
To: David Diamond <david.diamond@nlhealthservices.ca>; Debbie Molloy <Debbie.Molloy@easternhealth.ca>
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Dave - this comment in the article is in relation to 1.6m nlhs paid to agency for meals (per contract), but chl didn't pass onto their contracted nurses. We do not have any details of contracts between chl and their staff...apparently this article indicates that in the staff contracts with chl - staff were supposed to cover their own meals.

s.35.1.d

Debbie [REDACTED]

[REDACTED] The fact that these reimbursements to chl for meals were apparently not passed onto their staff.

Scott

Article snip below.

CHL invoiced Newfoundland for \$1.6-million in meal allowances for nurses, even though the company's contracts with nurses required them to pay for their own food. The Globe found no evidence of this money being distributed to nurses, and CHL and provincial officials did not respond to multiple questions about the expenses.

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To: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Scott Bishop <Scott.Bishop@easternhealth.ca>
Subject: Fwd: Travel Nurse Globe Article

Hi Debbie and Scott do you know anything about the question Bob raises?

Dave

From: Melvin Layden
Sent: Monday, February 19, 2024 3:25 PM
To: Cynthia Brown, Glenda Webber, Ron Johnson, Melissa Coish
Subject: RE:

I have asked the same as well but the initial answers I got back is it is a function of HR but I need to confirm this by the people approving this.



**NL Health
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Melvin Layden (He/him/his)
Director Long Term Care –
Eastern Urban Zone
Newfoundland and Labrador
Health Services
Room 1W011 PVT
65 Newfoundland Drive
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A1A 0L7

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Hi Debbie – wondering if we can include something on process re how we (ie. zones) confirm meals/per diems for deployed TRNs as well in one pager. Approval process of invoices by zone would also be an important point to highlight.

This seems to be another highlight of the article.

Scott



Scott Bishop CPA, CGA, CHE
Vice President – Corporate Services
Chief Financial Officer
Executive Offices
70 O'Leary Avenue, St. John's, NL, A1B2C7
e: scott.bishop@easternhealth.ca

Administrative Support
Holly Edwards
e: holly.edwards@easternhealth.ca

web. [NL Health Services](http://NLHealthServices.ca)

From: Debbie Molloy <Debbie.Molloy@easternhealth.ca>
Sent: Sunday, February 18, 2024 3:51 PM
To: David Diamond <david.diamond@nlhealthservices.ca>
Cc: Scott Bishop <Scott.Bishop@easternhealth.ca>
Subject: Re:

No we don't but I will get one put together. Do you want it on CHL specifically?
The latest agency numbers would have been those presented to the finance committee.
I will see if we have numbers broken down by agency and rate.

Sent from my iPhone

On Feb 18, 2024, at 2:16 PM, David Diamond <david.diamond@nlhealthservices.ca> wrote:

Debbie so we have an information note/one pager on this CHL Contract , and also updated info from Regina on the agency nurse numbers? I expect questions on this this week, including from the board so will need to add something to the CEO Report.

Dave

From: Scott Bishop <Scott.Bishop@easternhealth.ca>
Sent: Sunday, February 18, 2024 1:44 PM
To: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; David Diamond <david.diamond@nlhealthservices.ca>
Subject: Re: Travel Nurse Globe Article

Thanks Debbie.
S

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From: Debbie Molloy <Debbie.Molloy@easternhealth.ca>
Sent: Sunday, February 18, 2024 1:42:46 PM
To: David Diamond <david.diamond@nlhealthservices.ca>
Cc: Scott Bishop <Scott.Bishop@easternhealth.ca>
Subject: Re: Travel Nurse Globe Article

Yes that's correct Scott, I am not sure there is anything that we can do legally. we correctly paid per diems in accordance with the contract. [REDACTED]

Thx

Debbie

s.35.1.d

Sent from my iPhone

On Feb 18, 2024, at 1:38 PM, David Diamond
<david.diamond@nlhealthservices.ca> wrote:

Thanks Scott

From: Scott Bishop <Scott.Bishop@easternhealth.ca>
Sent: Sunday, February 18, 2024 1:34 PM
To: David Diamond <david.diamond@nlhealthservices.ca>; Debbie Molloy
<Debbie.Molloy@easternhealth.ca>
Subject: Re: Travel Nurse Globe Article

Dave - this comment in the article is in relation to 1.6m nlhs paid to agency for meals (per contract), but chl didn't pass onto their contracted nurses. We do not have any details of contracts between chl and their staff...apparently this article indicates that in the staff contracts with chl - staff were supposed to cover their own meals.

Debbie - [REDACTED]

s.35.1.d

[REDACTED] The fact that these reimbursements to chl for meals were apparently not passed onto their staff.

Scott

Article snip below.

CHL invoiced Newfoundland for \$1.6-million in meal allowances for nurses, even though the company's contracts with nurses required them to pay for their own food. The Globe found no evidence of this money being distributed to nurses, and CHL and provincial officials did not respond to multiple questions about the expenses.

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From: David Diamond <david.diamond@nlhealthservices.ca>
Sent: Sunday, February 18, 2024 12:40 PM
To: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Scott Bishop
<Scott.Bishop@easternhealth.ca>
Subject: Fwd: Travel Nurse Globe Article

Hi Debbie and Scott do you know anything about the question Bob raises?

Dave

From: Glenda Webber
Sent: Monday, February 19, 2024 3:28 PM
To: Ron Johnson, Patrick Whalen
Subject: RE: Agency Nurses

Thanks Ron. Regina reached out. Patrick can you please clarify. I want to make sure there is no "unknown" or incorrect practice occurring. I expect it's a simple error of referring to invoices versus time sheets.

Thanks
Glenda



Glenda Webber BSW, MSW, RSW, CHE
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Sent: Monday, February 19, 2024 3:23 PM
To: Patrick Whalen <Patrick.Whalen@easternhealth.ca>; Glenda Webber <Glenda.Webber@easternhealth.ca>
Subject: FW: Agency Nurses



Ronald Johnson
Chief Operating Officer, Eastern Urban Zone
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Newfoundland and Labrador Health Services
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e : ron.johnson@nlhealthservices.ca
w: NLHealthServices.ca

From: Regina Coady <Regina.Coady@easternhealth.ca>
Sent: Monday, February 19, 2024 1:56 PM

To: David Diamond <david.diamond@nlhealthservices.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Scott Bishop <Scott.Bishop@easternhealth.ca>
Cc: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Collette Smith <Collette.Smith@easternhealth.ca>
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See process in Mental Health for Agency Nurse Review



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Subject: FW: Agency Nurses

FYI from Patrick

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From: Patrick Whalen <Patrick.Whalen@easternhealth.ca>
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Regional Director - Eastern Urban Zone
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w: NLHealthServices.ca

From: Glenda Webber <Glenda.Webber@easternhealth.ca>
Sent: Monday, February 19, 2024 10:30 AM

To: Patrick Whalen <Patrick.Whalen@easternhealth.ca>

Subject: Agency Nurses

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FYI from Patrick

Glenda



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FYI from Patrick

Glenda



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Office: (709) 777-7200

From: Melvin Layden
Sent: Monday, February 19, 2024 8:45 PM
To: Ron Johnson, Cynthia Brown, Melissa Coish, Glenda Webber
Subject: RE:

Hi Ron,

I reviewed the process that occurs in LTC. The Resident Care Manager is responsible for signing off the timesheet and ensuring it's accuracy. Then it goes to HR for payment and the per diems etc that are applicable is billed at the level of HR and paid out.

Any questions please let me know. I suspect this is the way for all our programs.

Thanks
Melvin



**NL Health
Services**

Melvin Layden (He/him/his)
Director Long Term Care –
Eastern Urban Zone
Newfoundland and Labrador
Health Services
Room 1W011 PVT
65 Newfoundland Drive
St. John's NL
A1A 0L7

From: Ron Johnson <ron.johnson@nlhealthservices.ca>
Sent: Monday, February 19, 2024 10:23 AM
To: Cynthia Brown <cynthia.brown@easternhealth.ca>; Melissa Coish <melissa.coish@easternhealth.ca>; Glenda Webber <Glenda.Webber@easternhealth.ca>; Melvin Layden <melvin.layden@easternhealth.ca>
Subject: Fwd:

Hi
See below- can you review

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From: David Diamond <david.diamond@nlhealthservices.ca>
Sent: Monday, February 19, 2024 10:20:39 AM
To: Scott Bishop <Scott.Bishop@easternhealth.ca>; Debbie Molloy <Debbie.Molloy@easternhealth.ca>
Cc: Freake, Teara <tearafreake@westernhealth.nl.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Regina Coady <Regina.Coady@easternhealth.ca>; Collette Smith <Collette.Smith@easternhealth.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>
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Scott Bishop CPA, CGA, CHE
Vice President – Corporate Services
Chief Financial Officer
Executive Offices
70 O'Leary Avenue, St. John's, NL, A1B2C7
e: scott.bishop@easternhealth.ca

Administrative Support
Holly Edwards
e: holly.edwards@easternhealth.ca

web: [NL Health Services](http://NLHealthServices.ca)

From: Debbie Molloy <Debbie.Molloy@easternhealth.ca>
Sent: Sunday, February 18, 2024 3:51 PM
To: David Diamond <david.diamond@nlhealthservices.ca>
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Subject: Re:

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To: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; David Diamond
<david.diamond@nlhealthservices.ca>
Subject: Re: Travel Nurse Globe Article

Thanks Debbie.
S

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Cc: Scott Bishop <Scott.Bishop@easternhealth.ca>
Subject: Re: Travel Nurse Globe Article

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Thx
Debbie

s.35.1.d

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Debbie [REDACTED]

s.35.1.d

[REDACTED] The fact that these reimbursements to chl for meals were apparently not passed onto their staff.

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Article snip below.

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Subject: Fwd: Travel Nurse Globe Article

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Dave

From: Ron Johnson
Sent: Tuesday, February 20, 2024 7:04 AM
To: David Diamond, Scott Bishop
Cc: Regina Coady
Subject: FW:

Hi

See process for LTC- aligns with Regina's procedure.



**NL Health
Services**

Ronald Johnson

Chief Operating Officer, Eastern Urban Zone
VP, Innovation & Research
Newfoundland and Labrador Health
Services

t: 709-690-2675(Mobile) 709-777-1301
(Office)

e : ron.johnson@nlhealthservices.ca

w: NLHealthServices.ca

From: Melvin Layden <melvin.layden@easternhealth.ca>

Sent: Monday, February 19, 2024 8:45 PM

To: Ron Johnson <ron.johnson@nlhealthservices.ca>; Cynthia Brown <cynthia.brown@easternhealth.ca>;
Melissa Coish <melissa.coish@easternhealth.ca>; Glenda Webber <Glenda.Webber@easternhealth.ca>

Subject: RE:

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Thanks
Melvin



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Services**

Melvin Layden (He/him/his)
Director Long Term Care –
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Room 1W011 PVT
65 Newfoundland Drive
St. John's NL
A1A 0L7

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Dave

From: David Diamond
Sent: Tuesday, February 20, 2024 7:17 AM
To: Ron Johnson, Scott Bishop
Cc: Regina Coady
Subject: Re:

great

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From: Ron Johnson <ron.johnson@nlhealthservices.ca>
Sent: Tuesday, February 20, 2024 7:03:48 AM
To: David Diamond <david.diamond@nlhealthservices.ca>; Scott Bishop <Scott.Bishop@easternhealth.ca>
Cc: Regina Coady <Regina.Coady@easternhealth.ca>
Subject: FW:

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Ronald Johnson
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To: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; David Diamond <david.diamond@nlhealthservices.ca>
Subject: Re: Travel Nurse Globe Article

Thanks Debbie.
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Subject: Fwd: Travel Nurse Globe Article

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Dave

From: Cynthia Brown
Sent: Tuesday, February 20, 2024 9:52 AM
To: Glenda Webber, Ron Johnson, Melvin Layden, Melissa Coish
Subject: RE: Agency Nurses

This is the same with my program , having said that we have not had very many nurses from CHL. HR would have the most comprehensive data around this.

C

From: Glenda Webber <Glenda.Webber@easternhealth.ca>
Sent: Monday, February 19, 2024 11:10 AM
To: Ron Johnson <ron.johnson@nlhealthservices.ca>; Melvin Layden <melvin.layden@easternhealth.ca>; Melissa Coish <melissa.coish@easternhealth.ca>; Cynthia Brown <cynthia.brown@easternhealth.ca>
Subject: FW: Agency Nurses

FYI from Patrick

Glenda



Glenda Webber BSW, MSW, RSW, CHE
Senior Director - Clinical Services
NL Health Services – Eastern Urban Zone
Office: 709-777-1497
Cell: 709-727-2309
Email: glenda.webber@easternhealth.ca
Pronouns: she/her/hers

Executive Assistant
Ashley Kearney
Email: Ashley.kearney@easternhealth.ca
Office: (709) 777-7200

From: Patrick Whalen <Patrick.Whalen@easternhealth.ca>
Sent: Monday, February 19, 2024 11:09 AM
To: Glenda Webber <Glenda.Webber@easternhealth.ca>
Subject: RE: Agency Nurses

Hey Glenda

The agency nurse submits their hours to the agency and then the agency invoices NLHS. The Invoices are sent to the unit they agency nurse is working and the PCF/Manager review and sign off that the hours are correct.

Patrick



**NL Health
Services**

Patrick Whalen, MSc. OT., OT(R)NL, CHE
Regional Director - Eastern Urban Zone
Mental Health & Addictions
t: 709-730-6866
e: patrick.whalen@easternhealth.ca
w: NLHealthServices.ca

From: Glenda Webber <Glenda.Webber@easternhealth.ca>
Sent: Monday, February 19, 2024 10:30 AM
To: Patrick Whalen <Patrick.Whalen@easternhealth.ca>
Subject: Agency Nurses

Hi

Do our managers have anything specific to do re: signing off expenses/payroll for agency nurses?
If so, can you please advise what the process is?

Thanks
G



**NL Health
Services**

Glenda Webber BSW, MSW, RSW, CHE
Senior Director - Clinical Services
NL Health Services – Eastern Urban Zone
Office: 709-777-1497
Cell: 709-727-2309
Email: glenda.webber@easternhealth.ca
Pronouns: she/her/hers

Executive Assistant
Ashley Kearney
Email: Ashley.kearney@easternhealth.ca
Office: (709) 777-7200

From: David Diamond
Sent: Wednesday, February 21, 2024 7:54 AM
To: Debbie Molloy, Scott Bishop
Subject: Agency Nurses

s.29.1.a

Good morning. Still thinking about agencies. I think

Wondering this morning what the earliest we could have
to that separately?

ready to allow us to speak

Dave

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From: Debbie Molloy
Sent: Wednesday, February 21, 2024 11:58 AM
To: David Diamond
Subject: Fw: Number of agency nurses in GB and St. Anthony

FYI
Thanks
Debbie

From: Sam Mansfield <sam.mansfield@lghealth.ca>
Sent: Wednesday, February 21, 2024 11:56 AM
To: Debbie Molloy <Debbie.Molloy@easternhealth.ca>
Subject: RE: Number of agency nurses in GB and St. Anthony

Hi Debbie,

We currently have 7 in Goose Bay, 2 in Lab West, 11 in St A and 1 in Roddickton

Sam

From: Debbie Molloy <Debbie.Molloy@easternhealth.ca>
Sent: Wednesday, February 21, 2024 11:24 AM
To: Sam Mansfield <sam.mansfield@lghealth.ca>
Subject: Number of agency nurses in GB and St. Anthony

Hi Sam,
Hoping you can quickly send me the number of agency nurses at these 2 sites?
thanks
Debbie



**NL Health
Services**

Debbie Molloy (she/her)
Vice President Human Resources

t: 709-752-6560
e: debbie.molloy@easternhealth.ca
w: NLHealthServices.ca

*Extraordinary
every day.*

Newfoundland
Labrador

From: Debbie Molloy <Debbie.Molloy@easternhealth.ca>
Sent: Wednesday, February 21, 2024 11:59 AM
To: Sandy Penney
Subject: Fw: Number of agency nurses in GB and St. Anthony

Here you go!

From: Sam Mansfield <sam.mansfield@lghealth.ca>
Sent: Wednesday, February 21, 2024 11:56 AM
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From: Scott Bishop
Sent: Wednesday, February 21, 2024 3:05 PM
To: David Diamond, Debbie Molloy
Subject: Re: Agency Nurses

Hi - looks like [REDACTED] is now due march 15 per recent letter.

Scott

s.29.1.a

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From: David Diamond <david.diamond@nlhealthservices.ca>
Sent: Wednesday, February 21, 2024 7:54:01 AM
To: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Scott Bishop <Scott.Bishop@easternhealth.ca>
Subject: Agency Nurses

Good morning. Still thinking about agencies. I think [REDACTED]

Wondering this morning what the earliest we could have [REDACTED] ready to allow us to speak to that separately?

s.29.1.a

Dave

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From: Debbie Molloy
Sent: Wednesday, February 21, 2024 3:08 PM
To: Scott Bishop, David Diamond
Subject: Re: Agency Nurses

I have asked for an update today, I know that a draft is being actively worked on so just a matter of getting it finished and approved by exec.

Thanks
Debbie

From: Scott Bishop <Scott.Bishop@easternhealth.ca>
Sent: Wednesday, February 21, 2024 3:05 PM
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Sent: Wednesday, February 21, 2024 3:23 PM
To: Sam Mansfield, Craig Davis, Freake, Teara, Regina Coady
Subject: highest number of Agency nurses

Hi there,
I know that we have not been tracking this in a systematic way until recently (or maybe you have in separate zones which would be awesome)..... but do you have any sense of when you were using the highest number of agency nurses and the number? Also has there been a shift in where you are using them i.e. acute to LTC? Any numbers that you have would be greatly appreciated.
thanks
Debbie



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Vice President Human Resources

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From: Freake, Teara
Sent: Wednesday, February 21, 2024 3:26 PM
To: Debbie Molloy, Sam Mansfield, Craig Davis, Regina Coady
Subject: RE: highest number of Agency nurses

I would defer to HR to be honest



**NL Health
Services**

Teara Freake, RD MBA CHE
Vice President and Chief Operating Officer
Western Zone

t: 709-784-5640 c: 709-632-6038
e: tearafreake@westernhealth.nl.ca
w: NLHealthServices.ca

Executive Assistant
Stephanie Gallant
t: 709-784-5549
e: stephaniegallant@westernhealth.nl.ca

Please check out our opportunities: [Extraordinary Everyday!](#)



From: Debbie Molloy <Debbie.Molloy@easternhealth.ca>
Sent: Wednesday, February 21, 2024 3:23 PM
To: Sam Mansfield <sam.mansfield@lghealth.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Freake, Teara <tearafreake@westernhealth.nl.ca>; Regina Coady <Regina.Coady@easternhealth.ca>
Subject: highest number of Agency nurses

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Debbie



**NL Health
Services**

Debbie Molloy (she/her)

Vice President Human Resources

t: 709-752-6560

e: debbie.molloy@easternhealth.ca

w: NLHealthServices.ca

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every day.*

Newfoundland
Labrador

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From: Regina Coady <Regina.Coady@easternhealth.ca>
Sent: Wednesday, February 21, 2024 4:05 PM
To: Debbie Molloy, Sam Mansfield, Craig Davis, Freake, Teara
Subject: RE: highest number of Agency nurses
Attachments: EZ detail spreadsheet Sample Jan Feb 2024.xlsx

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Human Resources

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Program	Site	Requested	1-Jan	8-Jan	15-Jan	22-Jan	29-Jan	Requested
ICU	CGH	2	2	3	2	2	2	2
ICU	GB Cross	4	4	4	4	4	4	3
ICU	Burin	3	2	2	2	3	3	3
Total ICU RNs		9	8	9	8	9	9	8
Percentage Met			89%	100%	89%	100%	100%	
ER	Burin	1	0	0	0	0	1	1
ER	Bonavista	1	0	1	1	1	1	1
ER	CGH	2	1	1	1	1	1	2
ER	GB Cross	5	5	5	5	4	5	5
ER	HSC	4	3	3	3	3	3	4
ER	Placentia	2	0	1	1	1	1	2
ER	Bell Island	2	1	1	1	2	2	2
Total ER RNs		17	9	11	11	10	12	17
Percentage Met			53%	65%	65%	59%	71%	
CVOR	HSC	1	0	0	0	0	0	1
Total CVOR RNs		1	0	0	0	0	0	1
Percentage Met			0%	0%	0%	0%	0%	
LTC	USM	2	1	1	2	2	2	2
LTC	Placentia	2	2	2	2	2	2	2
LTC	SPM	1	4	4	4	0		0
LTC	GHM	1	1	1	1	1	1	1
LTC	Bell Island	1	0	1	1	1	1	1
LTC	Bonvista	1	1	1	1	1	1	1
LTC	Grand Ban	2	1	1	1	2	2	2
Total LTC RNs		10	8	9	10	6	6	9
Percentage Met			80%	90%	100%	60%	60%	
Med	4NA	2	1	0	0	0	2	3
Med	4W SCM							1
Med	7W SCM							1
Med	GB Cross	3	3	3	4	4	5	6
Med	Burin	1	1	1	1	1	1	1
Total Med RNS		6	5	4	5	5	8	12
Percentage Met			83%	67%	83%	83%	133%	
MHA	E3A Water	3	2	3	3	3	3	3
MHA	W3A Wate	1	2	1	1	1	1	1
MHA	Geriatrics V	6	3	5	5	6	6	6
MHA	ER Waterfo	2	2	2	2	2	1	1
MHA	Acute Care	1	1	1	1	1	1	1
MHA	Short Stay	0						3
MHA	Janeway J4	3						3
Total MHA RNS		16	10	12	12	13	12	18
Percentage Met			63%	75%	75%	81%	75%	
Dialysis	Burin	2	1	1	2	2	2	2
Total Dialysis		2	1	1	2	2	2	2
Percentage Met			50%	50%	100%	100%	100%	
OBS	Burin	1	1	1	1	1	1	1

OBS	Carbonear	4	1	2	4	4	4	4
OBS	Clareville	1	0	0	0	0	0	1
Total OBS RNS		6	2	3	5	5	5	6
Percentage Met		33%	50%	83%	83%	83%		
Surg	Carbonear	2	1	1	1	2	2	2
Surg	SSB	1	0	0	0	0	0	1
Surg	5NA	1		1	1	1	1	1
Surg	6W	2	0	0	0	1	1	2
Surg	6E SCM Ge	3	1	3	3	3	3	3
Surg	4NB Gen S	2	1	2	2	2	2	2
Surg	Urology HS	2	1	1	1	0	0	2
Total Surg RNS		13	2	5	5	7	7	13
Percentage Met		15%	38%	38%	54%	54%		
LTC-LPN	St.Patrick's	7	5	5	7	7	7	7
LTC-LPN	GBL	7	7	7	7	7	7	7
Total LTC LPN		14	12	12	14	14	14	14
Percentage Met		86%	86%	100%	100%	100%		
NP	USM	1	1	1	1	1	1	1
NP	Whitbourn	1	0	1	1	1	1	1
NP	CGH	1	1	0	0	0	0	1
NP	PJSMP LTC	1	1	1	1	1	1	1
NP	Grand Ban	1	0	1	1	1	1	1
Total NP		5	3	4	4	4	4	5
Percentage Met		60%	80%	80%	80%	80%		
Total requested		99						105
Total Met		60						79
Percentage Met		61%						80%

5-Feb	12-Feb	19-Feb	26-Feb
2	2	2	2
3	3	3	3
3	3	3	3
8	8	8	8
100%	100%	100%	100%
1	1	1	1
1	1	1	1
1	2	2	2
4	4	4	5
3	2	4	5
2	2	2	2
2	1	1	2
12	12	14	16
71%	71%	82%	94%
0	0	0	0
0	0	0	0
0%	0%	0%	0%
2	2	2	2
2	2	2	2
1	1	1	1
1	1	1	1
1	1	1	1
1	2	2	2
6	6	6	6
67%	67%	67%	67%
2	2	2	2
0	0	0	0
0	0	1	1
5	6	6	5
1	1	1	1
8	9	10	9
67%	75%	83%	75%
3	3	3	3
1	1	1	1
6	6	6	6
1	1	1	1
1	1	1	1
0	1	1	1
12	12	12	12
67%	67%	67%	67%
2	2	2	2
2	2	2	2
100%	100%	100%	100%
1	1	1	1

4	4	4	4
0	0	0	0
5	5	5	5
83%	83%	83%	83%
2	2	2	2
0	0	1	1
1	1	1	
1	1	2	2
3	3	3	3
2	1	1	1
0	0	1	2
7	7	9	8
54%	54%	69%	62%
7	6	6	6
7	7	7	6
14	13	13	12
100%	93%	93%	86%
1	1	1	1
1	1	1	1
0	0	0	0
1	1	1	1
1	1	1	
4	4	4	3
80%	80%	80%	60%
78	78	83	81
74%	74%	79%	77%

From: Regina Coady <Regina.Coady@easternhealth.ca>
Sent: Wednesday, February 21, 2024 4:06 PM
To: Freake, Teara, Clarke, Melanie
Subject: RE: highest number of Agency nurses

Melanie can you offer any comments on Debbie's question for Western?.



Regina Coady
Human Resources

**NL Health
Services**

e: Regina.Coady@easternhealth.ca
w: NLHealthServices.ca

From: Freake, Teara [mailto:tearafreake@westernhealth.nl.ca]
Sent: Wednesday, February 21, 2024 3:26 PM
To: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Sam Mansfield <sam.mansfield@lghealth.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Regina Coady <Regina.Coady@easternhealth.ca>
Subject: RE: highest number of Agency nurses

I would defer to HR to be honest



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From: Debbie Molloy <Debbie.Molloy@easternhealth.ca>
Sent: Wednesday, February 21, 2024 4:30 PM
To: Regina Coady, Sam Mansfield, Craig Davis, Freake, Teara, Clarke, Melanie
Subject: Re: highest number of Agency nurses

Thanks Regina,
Nothing in the attachment? Melanie, please see my question below to Teara.
Thanks
Debbie

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Sent: Wednesday, February 21, 2024 4:04 PM
To: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Sam Mansfield <sam.mansfield@lghealth.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Freake, Teara <tearafreake@westernhealth.nl.ca>
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From: Clarke, Melanie
Sent: Wednesday, February 21, 2024 5:37 PM
To: Debbie Molloy, Regina Coady, Sam Mansfield, Craig Davis, Freake, Tera
Subject: Re: highest number of Agency nurses

Hi,

Our highest numbers were from June 2023-dec 2023, ranging from 41-39. Majority were in acute care.

Melanie

From: "Debbie Molloy" <Debbie.Molloy@easternhealth.ca>
Subject: highest number of Agency nurses
Date: 21 February 2024 16:30
To: "Regina Coady" <Regina.Coady@easternhealth.ca>, "Sam Mansfield" <sam.mansfield@lghealth.ca>, "Craig Davis" <Craig.Davis@centralhealth.nl.ca>, "Freake, Tera" <tearafreake@westernhealth.nl.ca>, "Clarke, Melanie" <melanieclarke@westernhealth.nl.ca>

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From: Freake, Teara
Sent: Wednesday, February 21, 2024 7:08 PM
To: Clarke, Melanie
Subject: RE: highest number of Agency nurses

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I think we had our highest vacancies there



**NL Health
Services**

Teara Freake, RD MBA CHE
Vice President and Chief Operating Officer
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From: Clarke, Melanie
Sent: Wednesday, February 21, 2024 7:45 PM
To: Freake, Teara
Subject: Re: highest number of Agency nurses

Medicine and surgery had the highest numbers.

From: "Freake, Teara" <tearafreake@westernhealth.nl.ca>
Subject: highest number of Agency nurses
Date: 21 February 2024 19:07
To: "Clarke, Melanie" <melanieclarke@westernhealth.nl.ca>

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Teara Freake, RD MBA CHE
Vice President and Chief Operating Officer
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To: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Sam Mansfield <sam.mansfield@lghealth.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Freake, Tera <tearafreake@westernhealth.nl.ca>

Subject: RE: highest number of Agency nurses

In eastern Zone the highest number now is MH , ER Medicine and Surgery. In Aug 2022 they started in OBS LTC only. By 2023 all other programs added. There has been recent drop in LTC RN city, and in Medicine last summer drop in city. There is growth MH, and surgery. LPN started Aug 2023 steady state .

Attached is a table that can be pulled from the EZ tracking data based for current but cannot go back in 2023 2022 . Too much info I know but helps to ask your question by program in current state. This can be run by site as well.



**NL Health
Services**

**Regina Coady
Human Resources**

e: Regina.Coady@easternhealth.ca

w: NLHealthServices.ca

From: Debbie Molloy

Sent: Wednesday, February 21, 2024 3:23 PM

To: Sam Mansfield <sam.mansfield@lghealth.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Freake, Tera <tearafreake@westernhealth.nl.ca>; Regina Coady <Regina.Coady@easternhealth.ca>

Subject: highest number of Agency nurses

Hi there,

I know that we have not been tracking this in a systematic way until recently (or maybe you have in separate zones which would be awesome)..... but do you have any sense of when you were using the highest number of agency nurses and the number? Also has there been a shift in where you are using them i.e. acute to LTC? Any numbers that you have would be greatly appreciated.

thanks

Debbie



**NL Health
Services**

Debbie Molloy (she/her)

Vice President Human Resources

t: 709-752-6560

e: debbie.molloy@easternhealth.ca

w: NLHealthServices.ca

*Extraordinary
every day.*



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From: David Diamond
Sent: Wednesday, February 21, 2024 8:34 PM
To: Debbie Molloy
Cc: Scott Bishop
Subject: Agency Nurses

Hi Debbie and Scott. Wondering if you think it makes sense for us



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s.35.1.d

From: Scott Bishop
Sent: Wednesday, February 21, 2024 8:38 PM
To: David Diamond, Debbie Molloy
Subject: Re: Agency Nurses

Hi Dave - as I understand, this question was posed [REDACTED]

This is their response.

s.35.1.d

Scott

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From: David Diamond <david.diamond@nlhealthservices.ca>
Sent: Wednesday, February 21, 2024 8:33:38 PM
To: Debbie Molloy <Debbie.Molloy@easternhealth.ca>
Cc: Scott Bishop <Scott.Bishop@easternhealth.ca>
Subject: Agency Nurses

s.35.1.d

Hi Debbie and Scott. Wondering if you think it makes sense for us [REDACTED]

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From: David Diamond
Sent: Wednesday, February 21, 2024 8:39 PM
To: Scott Bishop, Debbie Molloy
Subject: Re: Agency Nurses

That helps that we have that in writing. That should suffice.

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From: Scott Bishop <Scott.Bishop@easternhealth.ca>
Sent: Wednesday, February 21, 2024 8:38:08 PM
To: David Diamond <david.diamond@nlhealthservices.ca>; Debbie Molloy <Debbie.Molloy@easternhealth.ca>
Subject: Re: Agency Nurses

Hi Dave - as I understand, this question was posed [REDACTED]

This is their response. [REDACTED]

s.35.1.d

Scott

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From: David Diamond <david.diamond@nlhealthservices.ca>
Sent: Wednesday, February 21, 2024 8:33:38 PM
To: Debbie Molloy <Debbie.Molloy@easternhealth.ca>
Cc: Scott Bishop <Scott.Bishop@easternhealth.ca>
Subject: Agency Nurses

Hi Debbie and Scott. Wondering if you think it makes sense for us [REDACTED]

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s.35.1.d

From: Debbie Molloy
Sent: Wednesday, February 21, 2024 8:55 PM
To: David Diamond
Cc: Scott Bishop
Subject: Re: Agency Nurses

Thanks Scott, Dave for clarity [REDACTED]

Thx
Debbie

s.35.1.d

Sent from my iPhone

On Feb 21, 2024, at 8:39 PM, David Diamond <david.diamond@nlhealthservices.ca> wrote:

That helps that we have that in writing. That should suffice.

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From: Scott Bishop <Scott.Bishop@easternhealth.ca>
Sent: Wednesday, February 21, 2024 8:38:08 PM
To: David Diamond <david.diamond@nlhealthservices.ca>; Debbie Molloy <Debbie.Molloy@easternhealth.ca>
Subject: Re: Agency Nurses

Hi Dave - as I understand, this question was posed [REDACTED]

[REDACTED]

s.35.1.d

This is their response.

[REDACTED]

Scott

Get [Outlook for iOS](#)

From: David Diamond <david.diamond@nlhealthservices.ca>
Sent: Wednesday, February 21, 2024 8:33:38 PM
To: Debbie Molloy <Debbie.Molloy@easternhealth.ca>
Cc: Scott Bishop <Scott.Bishop@easternhealth.ca>
Subject: Agency Nurses

s.35.1.d

Hi Debbie and Scott. Wondering if you think it makes sense for us [REDACTED]

From: Andree Robichaud
Sent: Thursday, February 22, 2024 7:11 PM
To: David Diamond
Subject: RE: Agency Nurses

Give me a call when you have a minute I spoke to John M on this and you should be aware of a few things.

A

From: David Diamond <david.diamond@nlhealthservices.ca>
Sent: Saturday, February 17, 2024 5:45 PM
To: Andree Robichaud <Andree.Robichaud@centralhealth.nl.ca>
Subject: FW: Agency Nurses

FYI

Dave

INVESTIGATION

Have nurses, will travel

During the pandemic, governments turned to private firms who sent staff from across the country at higher hourly rates. A Globe investigation focusing on one such nursing agency shows those weren't the only costs borne by taxpayers

TU THANH HA, KELLY GRANT AND STEPHANIE CHAMBERSTHE GLOBE AND MAILPUBLISHED
FEBRUARY 16, 2024



ILLUSTRATIONS BY CORNELIA LI

As the Omicron variant of COVID-19 pummelled hospitals across the country in early 2022, health officials in Newfoundland held in their hands a document that promised a solution to their severe staffing shortages. It was a contract from Canadian Health Labs, a Toronto-based private company new to the health care business.

CHL soon began recruiting nurses from outside the province as temporary help for badly understaffed Newfoundland health care facilities. And it did so quickly, even in relatively remote locations that are ordinarily hard to staff on short notice. The infusion of skilled expertise helped shore up hospitals and head off service cuts, including temporary closings of emergency rooms – interruptions for which provincial governments often bear the brunt of the blame.

But this help came at a heavy cost. CHL, part of a burgeoning for-profit health care staffing industry that began expanding aggressively during the pandemic, demanded payments that in some cases worked out to hourly rates of more than \$300 for each nurse, or roughly six times what a nurse on staff at a hospital in Atlantic Canada typically earns. The company's highest rates were more than double even those charged by its private-sector competitors. CHL nevertheless inked tens of millions of dollars in contracts with health authorities in Newfoundland, and later New Brunswick.

What registered nurses earn

General duty, acute care

HOURLY RATE

PROVINCE (UNION)

Canadian Health Labs

\$85 to \$100*

Ont. (ONA)

37.93 to 54.37

B.C. (BCNU)

40.21 to 54.28

Alta. (UNA)

39.21 to 51.46

Sask. (SUN.)

38.58 to 50.07

N.S. (NSNU)

39.76 to 49.01

Man. (MNU)

39.23 to 48.13

Que (FIQ, BScN)

27.08 to 47.98

N.L. (RNUNL)

37.86 to 47.16

PEI (PEINU)

37.85 to 46.19

N.B. (NBNU)

37.56 to 45.67

Que. (FIQ, CEGEP)

25.81 to 41.39

*According to interviews that The Globe conducted with nurses.

THE GLOBE AND MAIL, SOURCE: CANADIAN FEDERATION OF NURSES UNIONS

A Globe and Mail investigation of the health care staffing industry found that public spending on private nursing has skyrocketed since the start of the pandemic, placing strain on the budgets of public health authorities so desperately in need of extra hands that they have adopted a whatever-it-takes approach when it comes to costs. For example, Newfoundland spent \$35.6-million on staffing agency nurses from April to August of last year, up from an average of just over \$1-million annually before the pandemic.

To gain a sense of how the industry operates, The Globe delved into the workings of CHL. The Globe spoke with 35 people who had worked with the company or with its chief executive, Bill Hennessey, including 26 nurses. The investigation included searches of land titles, court papers and corporate registries, as well as 40 freedom of information requests, which produced more than 4,000 pages of documents, including hundreds of pages of CHL invoices and contracts. The records open a rare window into an industry that operates mostly out of public view, even though its clients are taxpayer-funded hospitals and nursing homes.

Although CHL wasn't the only agency to clinch contracts in Newfoundland and New Brunswick during this time, it charged more and invoiced for more things. And it faced scrutiny in the Ontario Legislature. During Question Period on May 31, Ontario NDP critics France Gélinas and Joel Harden said a whistle-blower had told them CHL had hired Ontario nurses away from the public system while turning huge profits, a development Ms. Gélinas called "sickening."

Mr. Hennessey, an entrepreneur who ran an industrial cleaning products business before turning to health care during the pandemic, also sought profits in other ways. He set up corporations that provided accommodations and rental cars to out-of-province nurses. Those costs were reimbursed by CHL's government clients.

Other expenses borne by taxpayers on behalf of CHL nurses included certification classes, a \$312 cab ride, Walmart furniture, pet transportation and, in one case, an air fryer. In another case, it's unclear where the money went. CHL invoiced Newfoundland for \$1.6-million in meal allowances for nurses, even though the company's contracts with nurses required them to pay for their own food. The Globe found no evidence of this money being distributed to nurses, and CHL and provincial officials did not respond to multiple questions about the expenses.

Because CHL did business in Newfoundland, which has the most open freedom of information system in the country, The Globe was able to examine the company's operations in a way that isn't possible in jurisdictions with more restrictive access regimes.

STORY CONTINUES BELOW ADVERTISEMENT

[Open this photo in gallery:](#)



Staff work in the emergency department of Dr. Georges-L.-Dumont University Hospital Centre in Moncton, the main hub of Vitalité Health Network. The New Brunswick health service was CHL's biggest client.**DANIEL ST. LOUIS/SUPPLIED BY VITALITÉ HEALTH NETWORK**

[Open this photo in gallery:](#)



Bill Hennessey, shown in 2015, is the CEO of Canadian Health Labs. AARON COBB/THE GLOBE AND MAIL
The Globe sent CHL and Mr. Hennessey 36 questions about their business practices. The company responded with a four-paragraph statement. "While contract rates for human health resources vary by region and specialty, the terms of CHL's contracts with healthcare professionals are fair and transparent," the statement said. It added that contracts "are tailored to meet each jurisdiction's significant local needs, and reflect the extraordinary logistical challenges of getting and keeping health care professionals in rural, remote and underserved communities."

The costs of using health care staffing agencies are why Newfoundland and Labrador Health Minister Tom Osborne, speaking in his province's legislature in May, 2023, called temporary nursing, sometimes known as travel nursing, a "necessary evil" – necessary because of a national and international health care staffing crisis that has developed as nurses retire early, take fewer shifts or leave the public sector. But the solutions staffing companies offer aren't permanent; they largely shift Canada's finite pool of trained nurses from one place to another.

Several provinces are now trying to wean themselves off for-profit temporary nursing. Some union leaders are calling for a ban on agencies.

Others are searching for a middle ground. Lisa Levin, the chief executive officer of AdvantAge Ontario, which represents municipal and non-profit long-term care homes, said agencies serve a purpose and shouldn't be barred from the public system. "During the pandemic, they saved lives," she said. She lauded them for sending backup when COVID-19 depleted nursing home staff.

But now, some homes surveyed by Ms. Levin's organization say they are too dependent on agencies, despite the exorbitant rates they charge.

"We need the government to step in and hold temporary staffing agencies that are price gouging accountable," Ms. Levin said, speaking about the private nursing industry in general, not CHL in particular. "We also need them to address the health human resource crisis that has caused the reliance to such an extent on temporary agencies."



The regional hospital in Campbellton, N.B., lights up in the distance on a winter's night. The agency running it, Vitalité Health Network, made a deal with CHL to staff its hospitals; in one contract obtained by The Globe, CHL charged Vitalité the equivalent of \$300.72 an hour for a nurse. CHRIS DONOVAN/THE GLOBE AND MAIL

What the health authorities pay to agencies

REGION AND AGENCY

HOURLY RATE

N.L. Western

\$283.63 to

\$312.25

1

†

Canadian Health Labs

N.B. Vitalité Health Network

306.72

2

†

Canadian Health Labs

N.B. Vitalité Health Network

300.72

3

†

Canadian Health Labs

N.L. Central

172.22

4

†

Canadian Health Labs

N.L. Eastern

120 to 159.50

911 Nurses GTA

N.L. Central

145

Northern Medical Connections

N.B. Vitalité Network

141

5

Agence SPI

N.B. Vitalité Network

112 to 128

5

Good Will Staffing

Ontario South West

72.5 to 125

Gracious Home Healthcare, Greenstaff,

Mimak, Medsag Inc. and We Care4U

6

N.L. Eastern, Central, Western, Labrador

120

Good Will Staffing

Yukon

105.88

7

Venture Healthcare Inc.

8

Quebec average hourly rate

101.88

Montreal

70.94

9

Amika - Aide et soins à domicile

B.C.

70.47

†: Calculated from team rates in contracts.

1. Contract extended to Feb. 27, 2024.

2. Second nursing contract. Can extend to Feb. 5, 2026.

3. First nursing contract ended Sept. 30, 2023.

4. Contract extended to April 30, 2024.

5. Estimated rate, based on total amount invoiced and time worked.

6. Contracts of five agencies with Huron Perth Healthcare Alliance, which runs a network of hospitals in southwestern Ontario. In effect until July 31, 2024.

7. Contract ended Sept. 30, 2023.

8. Average rate for agency nurses in Quebec public healthcare system in 2022-2023.

9. Lowest bid for Montreal and several regions in major call for tenders issued by the Quebec government in Dec., 2022.

THE GLOBE AND MAIL

Private agencies have existed in Canada for decades, but they used to be peripheral. They provided staff to remote places, such as First Nations reserves and fly-in communities in the far North.

They also supplied workers for last-minute shifts at some urban hospitals and nursing homes. Although nurses who work for these agencies earn more per hour than they would working for public health care facilities, agency jobs usually have downsides: no pensions, no benefits and no guaranteed hours.

COVID-19 shifted the balance. The need was so great that nurses who left the public sector for private agencies could have their pick of hours, at more than twice what they earned before.

In the first quarter of 2020, before COVID-19 became entrenched, there were 12,860 [vacancies](#) for registered nurses and psychiatric nurses in the country, according to Statistics Canada. A year later, there were 20,090 vacancies – a 56-per-cent increase.

The number of unfilled RN jobs kept climbing: 22,860 in the first quarter of 2022, then 28,335 for the same period in 2023. That jump was “the highest numerical increase observed among all occupations across the labour market,” StatsCan wrote in a [report](#) in July. The categories with the second and third-highest increases in vacancies were licensed practical nurses and nurse aides, who typically have less training than RNs.

“In my 27 years of being a nurse, we’ve never seen a shortage as dire as we have in recent years,” said Paula Doucet, president of the New Brunswick Nurses Union.

STORY CONTINUES BELOW ADVERTISEMENT

The lack of nurses forced health authorities to consider, and sometimes carry out, deep cuts to medical services.

Politicians are attuned to the public uproar that follows temporary closings of emergency departments and other cuts, which means they and their unelected counterparts in health leadership will do – and spend – almost anything to avoid shutting down services, said Michael Gardam, former chief executive of PEI’s health authority.

“It’s that level of desperation, of course, that agency companies thrive on,” he added.

At an October meeting of Canada’s health ministers in Charlottetown, the host, Prince Edward Island Health Minister Mark McLane, told reporters he and his colleagues were well aware of the biggest challenges facing the health care system.

“The top three,” he said, “are staffing, staffing and staffing.”

The Globe asked health authorities in every province and territory which agencies they use, what they pay those agencies and if those costs changed recently.

Nova Scotia spent \$43.9-million on agency RNs for hospitals from April to September of 2023, 10 times what it spent in all of 2018-19. It also doled out \$50.2-million for out-of-province health workers at nursing homes in its 2022-23 fiscal year and \$36-million so far in 2023-24. The province enacted a policy in December limiting the number of days per year travel nurses can work.

Manitoba spent just over \$54-million on travel nurses in 2022 – the last year for which it provided data – up from \$23.3-million in 2019. Neighbouring Saskatchewan spent \$45.3-million on agency nursing in 2022, and \$20.8-million in the first six months of 2023, up from \$12.3-million in all of 2021. (The province didn’t track spending on travel nurses provincewide before the pandemic.)

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Christian Dubé is Health Minister in Quebec, which has passed a law to phase out the use of agency personnel. JACQUES BOISSINOT/THE CANADIAN PRESS

In Quebec, growth in the use of health care staffing agency personnel led the province to adopt Bill 10 last year. The legislation would gradually phase out agency use by 2026. Health Minister Christian Dubé blamed red tape and poor working conditions for pushing nurses toward the private sector. “The status quo is not a long-term solution,” he told a committee of the province’s legislature.

From 2018-19 to 2022-23, the contribution of agency personnel in Quebec’s public health care system more than doubled, from 1.99 to 5.06 per cent of the total time worked by nurses. The average rates agencies charged for nurses also soared, from \$62.33 to \$101.88 an hour. As a result, the financial burden of private staffing tripled, from 2.08 to more than 6 per cent of nursing labour costs.

In total for 2022-23, Quebec spent nearly \$578-million on agency nurses. In December, 2022, the province issued a massive call for bids on more than 8.4 million hours of work for agency staff.

Hospitals in Ontario collectively paid more than \$168.3-million in public funds to for-profit nursing agencies in the first three quarters of 2022-23 alone – more than four times the \$38.1-million the province’s hospitals spent on agency nurses in all of 2020-21.

Ontario’s acting Auditor-General, Nick Stavropoulos, raised the issue in his annual report in December, noting that for-profit nursing costs had skyrocketed in northern hospitals, in long-term care homes and in some emergency wards. Staff at one hospital told the auditor’s office they had become de facto travel agents for out-of-town workers. Another hospital even bought and maintained a property to house travelling nurses.

[Open this photo in gallery:](#)



Acting Ontario Auditor-General Nick Stavropoulos releases his 2023 report, which addressed the soaring cost of agency nursing. NATHAN DENETTE/THE CANADIAN PRESS

The agencies rely on a pool of nurses willing to try something different. CHL nurses who spoke to The Globe said they felt overworked, underpaid, and underappreciated in the public system.

The Globe is not naming them and other sources who have worked at CHL or still do, because they signed non-disclosure agreements.

University of Ottawa professor Ivy Bourgeault, director of the Canadian Health Workforce Network, a group of industry researchers and decision-makers, said private agencies often let nurses control their schedules, a perk rarely available to young staff nurses.

"If you don't have the flexibility to manage the day-to-day demands on your time, you are going to look for an option that may pay you more money, but more importantly allows you to pick and choose where you're working and when," she said.

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CHL's involvement in Newfoundland's health care system began with an e-mail. One evening at the height of COVID-19's Omicron wave, Ken Carter, an aide to Newfoundland Premier Andrew Furey, received a message from a lobbyist who wanted to introduce him to a company that ran COVID-19 testing and vaccination. "I think you'll be very impressed with what they're capable of," the lobbyist, Jordan O'Brien, wrote in the Jan. 12, 2022, e-mail.

The company was CHL. Mr. Hennessey, who was copied on the introduction, chimed in. "We are extremely nimble and could get started essentially immediately if there is a need," he wrote. Mr. Furey's office confirmed that it had been introduced to Mr. Hennessey by e-mail, but said procurement decisions are made by health authority administrators.

Seizing an opportunity was nothing new for Mr. Hennessey. Over the years, he had founded companies that delivered lobsters and offered door-to-door trash pick-up during a Toronto garbage strike. He had also run companies that planned and held events, including annual Irish-themed bashes for which he trademarked the phrase "St. Party's Day."

[Open this photo in gallery:](#)



Mr. Hennessey in 2012, when he was profiled for the 'St. Party's Day' events that his company, Oxford Beach, was organizing in Toronto. TIM FRASER/THE GLOBE AND MAIL

On his LinkedIn profile, he says he is "extremely passionate about providing long term solutions" to Canada's health care human resources challenges. The profile says the 39-year-old has "over 20 years experience in healthcare," citing work he did as a student.

By the 2010s, Mr. Hennessey was selling sanitation products under the name Qwatro RoyalPak. During this time, in 2014, Ernst and Young Canada included him in a list of Ontario's noteworthy entrepreneurs. He continued organizing events, including networking conferences with names such as the Cannabis Society, the Blockchain Society and the E-Gaming Society.

When the pandemic began in 2020, he pivoted to a new business. In the fall, he registered the web domain for Canadian Health Labs.

CHL began selling COVID-19 test kits. Then it began running testing and vaccination clinics.

Then, within three-and-a-half months of Mr. Hennessey's introduction to Mr. Furey's office, Newfoundland sole-sourced a contract to CHL worth as much as \$28.25-million. The company was to provide a service the province needed more than vaccination clinics: temporary nurses.





Newfoundland's capital in the early days of COVID-19: The George Street statue of musician Ron Hynes wears a mask, while Premier Andrew Furey gives an interview at the Confederation Building. CHL first pitched vaccination and testing services to the premier's office, then later signed nursing contracts with regional health authorities. PAUL DALY/THE CANADIAN PRESS; KARA O'KEEFE/THE GLOBE AND MAIL

In early May, 2022, on the same day CHL sent its first-ever nursing invoice to the province, a caller to a show on VOCM, a St. John's radio station, said ads circulating online were inviting nurses to come to Newfoundland for jobs paying \$70 an hour, plus accommodations.

Host Linda Swain inquired, and the province's officials explained that the ads had been posted by CHL so that it could provide "travel teams of health care staff" to Central Health, a local medical authority that serves about 95,000 people in municipalities such as Gander and Grand Falls-Windsor.

With the exception of remote Labrador communities, travel nursing was new to the province. Pandemic-related staffing shortages had forced local authorities to reach outside for relief, Central officials said in a May 25, 2022, [briefing note](#) approved by John Haggie, who was then the province's minister of health.

Internal documents show that Central was short 141 nurses, 70 of them full-time. Two agencies had been unable to attract enough nurses. CHL had promised 65 nurses by the end of June.

Two days after the VOCM show, Jerry Earle, the president of the Newfoundland and Labrador Association of Public and Private Employees, the province's largest union, wrote to Mr. Haggie and Finance Minister Siobhan Coady. "You pay a private company to fly workers in here at additional costs while the local workers who've given so much of themselves in the past two years to get us through this pandemic are treated as second class workers," his May 11 letter said. He asserted that CHL was "clearly making a sizable profit."

But neither Mr. Earle, nor anyone outside of CHL and the health care bureaucracy, knew just how much money the company was taking in.

CHL's one-year contract with Central, effective April 30, 2022, had a cap of \$28.25-million, not including travel, accommodations, rental vehicles or other expenses the nurses incurred. It was later extended to Feb. 27 of this year, adding \$16-million to the cap.

Unlike other agencies, which charge hourly rates, CHL told Central that its staff came in teams. For \$15,480, Central would get a 12-hour shift from a team of eight RNs, one "virtual clinic lead" and one "virtual operations lead." The contract doesn't explain what those virtual jobs entailed. The result was that CHL's hourly costs were not explicitly laid out in the contracts, unlike at other agencies, which included their overhead, such as support staff, in their hourly rates.

In order to reflect the actual cost of getting a nurse into a health care facility, The Globe excluded the virtual positions from its calculations of CHL's hourly rates, and divided the team rates by the number of nurses the company provided. By this measure, Central was effectively paying CHL \$161.25 for each hour of work from a nurse. Around the same time, the province's eastern health authority had inked a contract with another agency, GoodWill Staffing. Their hourly rate for an RN was \$80.

CHL's contracts provide for annual increases pegged to inflation. Starting May 1, 2023, it began billing Central the equivalent of \$172.22 an hour. (Like all staffing agencies, CHL passes on only a portion of its fees to its nurses.)

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A nurse from Newfoundland's Eastern Health prepares a dose of COVID-19 vaccine. Eastern Health initially did not employ CHL nurses and paid a lower hourly rate to a different company. PAUL DALY/THE CANADIAN PRESS

The Globe asked CHL about its pricing system. In its statement, CHL said that its "team-based models are tailored to the needs of the local health authority."

"CHL compensation packages include competitive hourly rates and wraparound supports such as housing, travel accommodations, and infield onboarding services, which increase the retention of healthcare professionals to the benefit of local communities," the statement added.

The Globe also sent Newfoundland officials detailed questions about the contracts.

Newfoundland and Labrador Health Services, the entity now responsible for regional medical authorities in the province, including Central, said in a statement that it was created last year and therefore can't comment on contract decisions made by "previous organizations."

Newfoundland's Health Department said in a statement that "given the ongoing staffing challenges and the need to support staff, travel nursing agencies have been used to ... fill vacant positions, avoid disruptions, and provide human resources relief."

The rates CHL negotiated in Central pale in comparison to those it began receiving when it expanded to the island's west, where Corner Brook and Stephenville are located.

Western Regional Health's distress can be detected in records obtained through access to information. On June 27, 2022, the authority's interim CEO, Michelle House, checked on negotiations with CHL in an e-mail to an assistant deputy minister. "Any update on this? Really rough weekend with staffing," she wrote. Three days later, Western signed a deal with CHL. The hourly rates worked out to \$283.63 for general RNs and \$312.25 for specialty nurses. CHL nurses who spoke to The Globe said they were paid between \$85 and \$100 an hour while working in Newfoundland.

A July 7, 2022, briefing prepared by Health Department officials and approved by Mr. Haggie, the former health minister, said reasons for the higher rates included the fact that Western had signed its contract later than Central, at a time when "demand for agency nurses [and prices] have increased."

In an interview, a former CHL administrator said officials had little choice but to turn to his agency, despite its limited track record. "You have a massive need and crisis, and we had nurses willing to go, because we were paying them more," he said.

Bringing dozens of nurses from across Canada to small-town Newfoundland turned into a costly logistical process.

But CHL's willingness to cover all sorts of expenses was behind its recruiting success, one nurse explained. "CHL seemed to reimburse everything, almost, in terms of courses, licensing, education. So that was quite significant. And I think that's why a lot of people joined," he said.

Those reimbursements were ultimately funded by taxpayers. CHL billed health authorities for the nurses' police checks, for their professional liability insurance, their tuberculosis tests, their \$412 Newfoundland nursing licences.

Some nurses needed further certifications. So CHL charged Newfoundland \$232 to \$680 for each staffer who took courses on topics such as trauma nursing or pediatric life support. In one case it charged \$155 for a nurse's textbook.

[Open this photo in gallery:](#)



A lounge sits empty at the Gander airport. Regional health agencies reimbursed CHL for airfare and hotels to get its travel nurses to Newfoundland. GREG LOCKE/THE GLOBE AND MAIL

CHL covered airfare, and hotels during layovers. To help nurses stay longer in the field, the company allowed them to drive to Newfoundland, so they could bring more personal belongings. One-way mileage costs from Ontario ran as high \$2,065, plus hotels along the way. One nurse drove from Saskatchewan, another from northern Alberta. A nurse from Vancouver Island claimed \$3,741 in mileage.

Once they arrived, some stayed in hotels or Airbnbs, for \$4,000 a month. Others were assigned rented apartments that had to be furnished. Their expense claims included items such as “Rogers Bill,” furniture from Walmart and, in one case, a \$68.95 air fryer.

Some nurses took cab rides between airports and their homes that cost between \$230 and \$312.

One significant cost that CHL passed on to taxpayers was meals for its travelling staff. As part of its contracts, CHL invoiced Newfoundland health authorities for dozens of per diems that it said it was incurring daily. Initially, the per diems were \$50.20 for three meals, but they were indexed last summer to \$60.24.

CHL billed for more than 87,000 meals, totalling almost \$1.6-million.

But The Globe found that nurses were told they had to pay for their own food, raising questions about why public funds were paid to CHL for an expense that appears not to have been incurred.

The Globe spoke with 26 nurses who worked for CHL in Newfoundland in 2022 and 2023. All said they had not received money for meals. Contracts signed by the nurses – copies of which were obtained by The Globe – said specifically that “food/groceries/take out is the sole responsibility of said contractor and CHL does not provide any financial reimbursement.” (CHL hires nurses as independent contractors rather than employees.) That language was also consistent with some ads that CHL used to recruit staff.

Two weeks after its contract with Central went into effect on April 30, 2022, CHL advertised job openings on Facebook. “You can make up to 12k per month with zero cost of living (other than food) all while travelling to our many contracts across Canada. We are currently seeking registered nurses to travel to Newfoundland,” the May 13 post said.

Three sources who worked at CHL said the company at times offered an explanation for this: it told people who inquired that nurses’ paid breaks were the equivalent of meal allowances. But invoices obtained by The Globe show that CHL billed health authorities for meals even when nurses weren’t on duty, and therefore weren’t taking breaks. And this policy was not explained in contracts seen by The Globe.

The Globe sent written questions to CHL on three separate occasions about its practice of billing for meal allowances. The company never addressed the questions.

Mr. Hennessey was also developing another source of revenue. By last August, CHL was invoicing Central more than \$11,000 a week for rentals of eight vehicles from Canadian Sustainability Labs, a company that lists him as its sole director. Similarly, CHL’s contracts in New Brunswick gave it the right to be reimbursed for renting cars from a company called Canadian EV Labs, which also lists Mr. Hennessey as its director.

In August, 2023, CHL brokered two other contracts with Newfoundland, one for ER nurses and one for nurse practitioners. E-mails show that the company also pitched a new line of business called “CHL 4.0.” CHL wanted Newfoundland to pay it to recruit 100 overseas nurses and settle them with “A-Z white glove” service. If Newfoundland agreed, CHL’s contract said it would provide nurse practitioners for \$130 an hour. If not, the company would charge \$235 an hour.

Health officials declined, and invoices show Newfoundland and Labrador Health Services is paying the higher rate.







A February snowstorm blankets Campbellton, where retiree Francine O'Brien spoke with The Globe about her experiences with CHL. A company linked to Mr. Hennessey bought the building where Ms. O'Brien lived, and tried to terminate the leases to make room for travel nurses. CHRIS DONOVAN/THE GLOBE AND MAIL

CHL's contracts with New Brunswick's francophone medical authority, the Vitalité Health Network, are even larger than its Newfoundland deals. Vitalité has refused to release any documents The Globe has requested concerning CHL, citing an exemption in New Brunswick's freedom of information legislation for commercial interests – despite past rulings by the

province's Privacy Commissioner that contracts between public bodies and private suppliers shouldn't be kept secret, except under exceptional circumstances supported by clear, specific reasons.

The Globe nevertheless obtained copies of three contracts between Vitalité and CHL. The first, which ran from July 29, 2022, to Sept. 23, 2023, for a maximum of \$20-million, provided a mix of registered and licensed practical nurses at the equivalent of \$300.72 an hour. Licensed practical nurses are typically paid less than RNs.

A second contract, with a maximum of \$45-million, supplied personal support workers at \$162.29 an hour. The largest deal went into effect on Dec. 2, 2022, and runs until February, 2026, with a cap of \$93-million. It effectively charges Vitalité \$306.70 an hour for a nurse.

According to data that the New Brunswick Nurses Union obtained through access to information, most of the money that Vitalité spends on temporary staff goes to CHL. From July, 2022, to August, 2023, the medical authority paid \$53.5-million to four agencies. CHL received 83 per cent of it, around \$44.3-million.

"Paying travel nurses three times what a salaried New Brunswick nurse earns makes no sense," Ms. Doucet, the NBNU president, said.

Vitalité declined to address The Globe's detailed questions about its contracts with CHL. Instead, it issued a statement from its CEO, France Desrosiers, emphasizing that it was facing an acute staffing shortage that could have forced hospitals to close.

Another costly feature of the New Brunswick contracts is a phrase in a section about travel and accommodation. It says Vitalité is responsible for reimbursing these expenses "not exceeding current market rates for rental vehicles and/or hotels/Airbnbs."

Those words committed Vitalité to reimbursing CHL at hotel-like rates even as the company eventually began lodging its personnel in regular apartments.

In Moncton, Campbellton and Edmunston, three cities where CHL supplied nurses, Canadian EV Labs and CSL RE Inc., two companies that list Mr. Hennessey as their sole director, purchased five properties between 2022 and 2023. A CHL nurse confirmed that while working in New Brunswick she was billeted at one of those properties.

Last spring in Campbellton, a mostly French-speaking city in northern New Brunswick, a notice arrived for tenants of a seven-unit building on Andrew Street. The new owner, CSL RE Inc., wanted to terminate their leases. "I was stunned," recalled one resident, Francine O'Brien.

CHL had a contract to staff Campbellton's hospital, and Ms. O'Brien was among several retirees being told to make room for travel nurses. The community is in the midst of a housing shortage.

The tenants who had to relocate were in their 70s and 80s, said another resident, Geraldine Levesque. They were paying between \$1,000 and \$1,100 a month in rent. "When we had moved there, we expected to be there for the rest of our life. After four years, getting a letter like that, it's a shock," she said.

[Open this photo in gallery:](#)



Ms. O'Brien and Geraldine Levesque used to live in this apartment building in Campbellton until its owners decided it should house travel nurses. CHRIS DONOVAN/THE GLOBE AND MAIL

As it supplied nurses to Newfoundland and New Brunswick, CHL looked for other markets. In 2023, it hired a lobbyist to help it bid on a massive call to supply agency health workers across Quebec.

But CHL made no further inroads. Quebec gave priority to lowest-bidding firms, and CHL was not on the list of companies pre-screened by the province's public procurement authority.

Mr. Hennessey has started a new company dedicated to overseas health care recruitment, World Health Labs, registered in Barbados. He is the sole director.

In a job posting last year for an executive assistant to Mr. Hennessey, World Health Labs said the CEO is "quite demanding ... works 100+ hours a week from a variety of time zones ... lives between Barbados, Nice (France), Toronto, Atlantic Canada and Miami."

Although New Brunswick and Newfoundland officials say they are working on better ways to recruit and retain health care workers, travel nursing will remain a reality for a while.

"It would be irresponsible as a health care organization to phase them out completely at this time, given the immediate needs to be met," Dr. Desrosiers's statement said.

Vitalité, she said, won't be in a position to phase out travel nurses completely until the winter of 2026. CHL's longest-running contract with New Brunswick ends on Feb. 5, 2026.

Data-extraction coding by Yang Sun, graphics by Murat Yükselir, and additional contributions from Rick Cash, Chen Wang and Frédéric-Xavier Duhamel.

The authors can be contacted at kgrant@globeandmail.com and ha@globeandmail.com. Documents can be shared confidentially via [The Globe and Mail's SecureDrop page](#).

From: David Diamond
Sent: Thursday, February 22, 2024 7:12 PM
To: Andree Robichaud
Subject: Re: Agency Nurses

Will do.

Get [Outlook for iOS](#)

From: Andree Robichaud <Andree.Robichaud@centralhealth.nl.ca>
Sent: Thursday, February 22, 2024 7:11:06 PM
To: David Diamond <david.diamond@nlhealthservices.ca>
Subject: RE: Agency Nurses

Give me a call when you have a minute I spoke to John M on this and you should be aware of a few things.

A

From: David Diamond <david.diamond@nlhealthservices.ca>
Sent: Saturday, February 17, 2024 5:45 PM
To: Andree Robichaud <Andree.Robichaud@centralhealth.nl.ca>
Subject: FW: Agency Nurses

FYI

Dave

INVESTIGATION

Have nurses, will travel

During the pandemic, governments turned to private firms who sent staff from across the country at higher hourly rates. A Globe investigation focusing on one such nursing agency shows those weren't the only costs borne by taxpayers

TU THANH HA, KELLY GRANT AND STEPHANIE CHAMBERSTHE GLOBE AND MAILPUBLISHED
FEBRUARY 16, 2024



ILLUSTRATIONS BY CORNELIA LI

As the Omicron variant of COVID-19 pummelled hospitals across the country in early 2022, health officials in Newfoundland held in their hands a document that promised a solution to their severe staffing shortages. It was a contract from Canadian Health Labs, a Toronto-based private company new to the health care business.

CHL soon began recruiting nurses from outside the province as temporary help for badly understaffed Newfoundland health care facilities. And it did so quickly, even in relatively remote locations that are ordinarily hard to staff on short notice. The infusion of skilled expertise helped shore up hospitals and head off service cuts, including temporary closings of emergency rooms – interruptions for which provincial governments often bear the brunt of the blame.

But this help came at a heavy cost. CHL, part of a burgeoning for-profit health care staffing industry that began expanding aggressively during the pandemic, demanded payments that in some cases worked out to hourly rates of more than \$300 for each nurse, or roughly six times what a nurse on staff at a hospital in Atlantic Canada typically earns. The company's highest rates were more than double even those charged by its private-sector competitors. CHL nevertheless inked tens of millions of dollars in contracts with health authorities in Newfoundland, and later New Brunswick.

What registered nurses earn

General duty, acute care

HOURLY RATE

PROVINCE (UNION)

Canadian Health Labs

\$85 to \$100*

Ont. (ONA)

37.93 to 54.37

B.C. (BCNU)

40.21 to 54.28

Alta. (UNA)

39.21 to 51.46

Sask. (SUN.)

38.58 to 50.07

N.S. (NSNU)

39.76 to 49.01

Man. (MNU)

39.23 to 48.13

Que (FIQ, BScN)

27.08 to 47.98

N.L. (RNUNL)

37.86 to 47.16

PEI (PEINU)

37.85 to 46.19

N.B. (NBNU)

37.56 to 45.67

Que. (FIQ, CEGEP)

25.81 to 41.39

*According to interviews that The Globe conducted with nurses.

THE GLOBE AND MAIL, SOURCE: CANADIAN FEDERATION OF NURSES UNIONS

A Globe and Mail investigation of the health care staffing industry found that public spending on private nursing has skyrocketed since the start of the pandemic, placing strain on the budgets of public health authorities so desperately in need of extra hands that they have adopted a whatever-it-takes approach when it comes to costs. For example, Newfoundland spent \$35.6-million on staffing agency nurses from April to August of last year, up from an average of just over \$1-million annually before the pandemic.

To gain a sense of how the industry operates, The Globe delved into the workings of CHL. The Globe spoke with 35 people who had worked with the company or with its chief executive, Bill Hennessey, including 26 nurses. The investigation included searches of land titles, court papers and corporate registries, as well as 40 freedom of information requests, which produced more than 4,000 pages of documents, including hundreds of pages of CHL invoices and contracts. The records open a rare window into an industry that operates mostly out of public view, even though its clients are taxpayer-funded hospitals and nursing homes.

Although CHL wasn't the only agency to clinch contracts in Newfoundland and New Brunswick during this time, it charged more and invoiced for more things. And it faced scrutiny in the Ontario Legislature. During Question Period on May 31, Ontario NDP critics France Gélinas and Joel Harden said a whistle-blower had told them CHL had hired Ontario nurses away from the public system while turning huge profits, a development Ms. Gélinas called "sickening."

Mr. Hennessey, an entrepreneur who ran an industrial cleaning products business before turning to health care during the pandemic, also sought profits in other ways. He set up corporations that provided accommodations and rental cars to out-of-province nurses. Those costs were reimbursed by CHL's government clients.

Other expenses borne by taxpayers on behalf of CHL nurses included certification classes, a \$312 cab ride, Walmart furniture, pet transportation and, in one case, an air fryer. In another case, it's unclear where the money went. CHL invoiced Newfoundland for \$1.6-million in meal allowances for nurses, even though the company's contracts with nurses required them to pay for their own food. The Globe found no evidence of this money being distributed to nurses, and CHL and provincial officials did not respond to multiple questions about the expenses.

Because CHL did business in Newfoundland, which has the most open freedom of information system in the country, The Globe was able to examine the company's operations in a way that isn't possible in jurisdictions with more restrictive access regimes.

STORY CONTINUES BELOW ADVERTISEMENT

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Staff work in the emergency department of Dr. Georges-L.-Dumont University Hospital Centre in Moncton, the main hub of Vitalité Health Network. The New Brunswick health service was CHL's biggest client.DANIEL ST. LOUIS/SUPPLIED BY VITALITÉ HEALTH NETWORK

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Bill Hennessey, shown in 2015, is the CEO of Canadian Health Labs. AARON COBB/THE GLOBE AND MAIL

The Globe sent CHL and Mr. Hennessey 36 questions about their business practices. The company responded with a four-paragraph statement. "While contract rates for human health resources vary by region and specialty, the terms of CHL's contracts with healthcare professionals are fair and transparent," the statement said. It added that contracts "are tailored to meet each jurisdiction's significant local needs, and reflect the extraordinary logistical challenges of getting and keeping health care professionals in rural, remote and underserved communities."

The costs of using health care staffing agencies are why Newfoundland and Labrador Health Minister Tom Osborne, speaking in his province's legislature in May, 2023, called temporary nursing, sometimes known as travel nursing, a "necessary evil" – necessary because of a national and international health care staffing crisis that has developed as nurses retire early, take fewer shifts or leave the public sector. But the solutions staffing companies offer aren't permanent; they largely shift Canada's finite pool of trained nurses from one place to another.

Several provinces are now trying to wean themselves off for-profit temporary nursing. Some union leaders are calling for a ban on agencies.

Others are searching for a middle ground. Lisa Levin, the chief executive officer of AdvantAge Ontario, which represents municipal and non-profit long-term care homes, said agencies serve a purpose and shouldn't be barred from the public system. "During the pandemic, they saved lives," she said. She lauded them for sending backup when COVID-19 depleted nursing home staff.

But now, some homes surveyed by Ms. Levin's organization say they are too dependent on agencies, despite the exorbitant rates they charge.

"We need the government to step in and hold temporary staffing agencies that are price gouging accountable," Ms. Levin said, speaking about the private nursing industry in general, not CHL in particular. "We also need them to address the health human resource crisis that has caused the reliance to such an extent on temporary agencies."



The regional hospital in Campbellton, N.B., lights up in the distance on a winter's night. The agency running it, Vitalité Health Network, made a deal with CHL to staff its hospitals; in one contract obtained by The Globe, CHL charged Vitalité the equivalent of \$300.72 an hour for a nurse. CHRIS DONOVAN/THE GLOBE AND MAIL

What the health authorities pay to agencies

REGION AND AGENCY

HOURLY RATE

N.L. Western

\$283.63 to

\$312.25

1

†

Canadian Health Labs

N.B. Vitalité Health Network

306.72

2

†

Canadian Health Labs

N.B. Vitalité Health Network

300.72

3

†

Canadian Health Labs

N.L. Central

172.22

4

†

Canadian Health Labs

N.L. Eastern

120 to 159.50

911 Nurses GTA

N.L. Central

145

Northern Medical Connections

N.B. Vitalité Network

141

5

Agence SPI

N.B. Vitalité Network

112 to 128

5

Good Will Staffing

Ontario South West

72.5 to 125

Gracious Home Healthcare, Greenstaff,

Mimak, Medsag Inc. and We Care4U

6

N.L. Eastern, Central, Western, Labrador

120

Good Will Staffing

Yukon

105.88

7

Venture Healthcare Inc.

8

Quebec average hourly rate

101.88

Montreal

70.94

9

Amika - Aide et soins à domicile

B.C.

70.47

†: Calculated from team rates in contracts.

1. Contract extended to Feb. 27, 2024.

2. Second nursing contract. Can extend to Feb. 5, 2026.

3. First nursing contract ended Sept. 30, 2023.

4. Contract extended to April 30, 2024.

5. Estimated rate, based on total amount invoiced and time worked.

6. Contracts of five agencies with Huron Perth Healthcare Alliance, which runs a network of hospitals in southwestern Ontario. In effect until July 31, 2024.

7. Contract ended Sept. 30, 2023.

8. Average rate for agency nurses in Quebec public healthcare system in 2022-2023.

9. Lowest bid for Montreal and several regions in major call for tenders issued by the Quebec government in Dec., 2022.

THE GLOBE AND MAIL

Private agencies have existed in Canada for decades, but they used to be peripheral. They provided staff to remote places, such as First Nations reserves and fly-in communities in the far North.

They also supplied workers for last-minute shifts at some urban hospitals and nursing homes. Although nurses who work for these agencies earn more per hour than they would working for public health care facilities, agency jobs usually have downsides: no pensions, no benefits and no guaranteed hours.

COVID-19 shifted the balance. The need was so great that nurses who left the public sector for private agencies could have their pick of hours, at more than twice what they earned before.

In the first quarter of 2020, before COVID-19 became entrenched, there were 12,860 [vacancies](#) for registered nurses and psychiatric nurses in the country, according to Statistics Canada. A year later, there were 20,090 vacancies – a 56-per-cent increase.

The number of unfilled RN jobs kept climbing: 22,860 in the first quarter of 2022, then 28,335 for the same period in 2023. That jump was “the highest numerical increase observed among all occupations across the labour market,” StatsCan wrote in a [report](#) in July. The categories with the second and third-highest increases in vacancies were licensed practical nurses and nurse aides, who typically have less training than RNs.

“In my 27 years of being a nurse, we’ve never seen a shortage as dire as we have in recent years,” said Paula Doucet, president of the New Brunswick Nurses Union.

STORY CONTINUES BELOW ADVERTISEMENT

The lack of nurses forced health authorities to consider, and sometimes carry out, deep cuts to medical services.

Politicians are attuned to the public uproar that follows temporary closings of emergency departments and other cuts, which means they and their unelected counterparts in health leadership will do – and spend – almost anything to avoid shutting down services, said Michael Gardam, former chief executive of PEI’s health authority.

“It’s that level of desperation, of course, that agency companies thrive on,” he added.

At an October meeting of Canada’s health ministers in Charlottetown, the host, Prince Edward Island Health Minister Mark McLane, told reporters he and his colleagues were well aware of the biggest challenges facing the health care system.

“The top three,” he said, “are staffing, staffing and staffing.”

The Globe asked health authorities in every province and territory which agencies they use, what they pay those agencies and if those costs changed recently.

Nova Scotia spent \$43.9-million on agency RNs for hospitals from April to September of 2023, 10 times what it spent in all of 2018-19. It also doled out \$50.2-million for out-of-province health workers at nursing homes in its 2022-23 fiscal year and \$36-million so far in 2023-24. The province enacted a policy in December limiting the number of days per year travel nurses can work.

Manitoba spent just over \$54-million on travel nurses in 2022 – the last year for which it provided data – up from \$23.3-million in 2019. Neighbouring Saskatchewan spent \$45.3-million on agency nursing in 2022, and \$20.8-million in the first six months of 2023, up from \$12.3-million in all of 2021. (The province didn’t track spending on travel nurses provincewide before the pandemic.)

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Christian Dubé is Health Minister in Quebec, which has passed a law to phase out the use of agency personnel. JACQUES BOISSINOT/THE CANADIAN PRESS

In Quebec, growth in the use of health care staffing agency personnel led the province to adopt Bill 10 last year. The legislation would gradually phase out agency use by 2026. Health Minister Christian Dubé blamed red tape and poor working conditions for pushing nurses toward the private sector. “The status quo is not a long-term solution,” he told a committee of the province’s legislature.

From 2018-19 to 2022-23, the contribution of agency personnel in Quebec’s public health care system more than doubled, from 1.99 to 5.06 per cent of the total time worked by nurses. The average rates agencies charged for nurses also soared, from \$62.33 to \$101.88 an hour. As a result, the financial burden of private staffing tripled, from 2.08 to more than 6 per cent of nursing labour costs.

In total for 2022-23, Quebec spent nearly \$578-million on agency nurses. In December, 2022, the province issued a massive call for bids on more than 8.4 million hours of work for agency staff.

Hospitals in Ontario collectively paid more than \$168.3-million in public funds to for-profit nursing agencies in the first three quarters of 2022-23 alone – more than four times the \$38.1-million the province’s hospitals spent on agency nurses in all of 2020-21.

Ontario’s acting Auditor-General, Nick Stavropoulos, raised the issue in his annual report in December, noting that for-profit nursing costs had skyrocketed in northern hospitals, in long-term care homes and in some emergency wards. Staff at one hospital told the auditor’s office they had become de facto travel agents for out-of-town workers. Another hospital even bought and maintained a property to house travelling nurses.

[Open this photo in gallery:](#)



Acting Ontario Auditor-General Nick Stavropoulos releases his 2023 report, which addressed the soaring cost of agency nursing. NATHAN DENETTE/THE CANADIAN PRESS

The agencies rely on a pool of nurses willing to try something different. CHL nurses who spoke to The Globe said they felt overworked, underpaid, and underappreciated in the public system.

The Globe is not naming them and other sources who have worked at CHL or still do, because they signed non-disclosure agreements.

University of Ottawa professor Ivy Bourgeault, director of the Canadian Health Workforce Network, a group of industry researchers and decision-makers, said private agencies often let nurses control their schedules, a perk rarely available to young staff nurses.

"If you don't have the flexibility to manage the day-to-day demands on your time, you are going to look for an option that may pay you more money, but more importantly allows you to pick and choose where you're working and when," she said.

[Open this photo in gallery:](#)



CHL's involvement in Newfoundland's health care system began with an e-mail. One evening at the height of COVID-19's Omicron wave, Ken Carter, an aide to Newfoundland Premier Andrew Furey, received a message from a lobbyist who wanted to introduce him to a company that ran COVID-19 testing and vaccination. "I think you'll be very impressed with what they're capable of," the lobbyist, Jordan O'Brien, wrote in the Jan. 12, 2022, e-mail.

The company was CHL. Mr. Hennessey, who was copied on the introduction, chimed in. "We are extremely nimble and could get started essentially immediately if there is a need," he wrote. Mr. Furey's office confirmed that it had been introduced to Mr. Hennessey by e-mail, but said procurement decisions are made by health authority administrators.

Seizing an opportunity was nothing new for Mr. Hennessey. Over the years, he had founded companies that delivered lobsters and offered door-to-door trash pick-up during a Toronto garbage strike. He had also run companies that planned and held events, including annual Irish-themed bashes for which he trademarked the phrase "St. Party's Day."

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Mr. Hennessey in 2012, when he was profiled for the 'St. Party's Day' events that his company, Oxford Beach, was organizing in Toronto. TIM FRASER/THE GLOBE AND MAIL

On his LinkedIn profile, he says he is "extremely passionate about providing long term solutions" to Canada's health care human resources challenges. The profile says the 39-year-old has "over 20 years experience in healthcare," citing work he did as a student.

By the 2010s, Mr. Hennessey was selling sanitation products under the name Qwatro RoyalPak. During this time, in 2014, Ernst and Young Canada included him in a list of Ontario's noteworthy entrepreneurs. He continued organizing events, including networking conferences with names such as the Cannabis Society, the Blockchain Society and the E-Gaming Society.

When the pandemic began in 2020, he pivoted to a new business. In the fall, he registered the web domain for Canadian Health Labs.

CHL began selling COVID-19 test kits. Then it began running testing and vaccination clinics.

Then, within three-and-a-half months of Mr. Hennessey's introduction to Mr. Furey's office, Newfoundland sole-sourced a contract to CHL worth as much as \$28.25-million. The company was to provide a service the province needed more than vaccination clinics: temporary nurses.





Newfoundland's capital in the early days of COVID-19: The George Street statue of musician Ron Hynes wears a mask, while Premier Andrew Furey gives an interview at the Confederation Building. CHL first pitched vaccination and testing services to the premier's office, then later signed nursing contracts with regional health authorities. PAUL DALY/THE CANADIAN PRESS; KARA O'KEEFE/THE GLOBE AND MAIL

In early May, 2022, on the same day CHL sent its first-ever nursing invoice to the province, a caller to a show on VOXM, a St. John's radio station, said ads circulating online were inviting nurses to come to Newfoundland for jobs paying \$70 an hour, plus accommodations.

Host Linda Swain inquired, and the province's officials explained that the ads had been posted by CHL so that it could provide "travel teams of health care staff" to Central Health, a local medical authority that serves about 95,000 people in municipalities such as Gander and Grand Falls-Windsor.

With the exception of remote Labrador communities, travel nursing was new to the province. Pandemic-related staffing shortages had forced local authorities to reach outside for relief, Central officials said in a May 25, 2022, [briefing note](#) approved by John Haggie, who was then the province's minister of health.

Internal documents show that Central was short 141 nurses, 70 of them full-time. Two agencies had been unable to attract enough nurses. CHL had promised 65 nurses by the end of June.

Two days after the VOCM show, Jerry Earle, the president of the Newfoundland and Labrador Association of Public and Private Employees, the province's largest union, wrote to Mr. Haggie and Finance Minister Siobhan Coady. "You pay a private company to fly workers in here at additional costs while the local workers who've given so much of themselves in the past two years to get us through this pandemic are treated as second class workers," his May 11 letter said. He asserted that CHL was "clearly making a sizable profit."

But neither Mr. Earle, nor anyone outside of CHL and the health care bureaucracy, knew just how much money the company was taking in.

CHL's one-year contract with Central, effective April 30, 2022, had a cap of \$28.25-million, not including travel, accommodations, rental vehicles or other expenses the nurses incurred. It was later extended to Feb. 27 of this year, adding \$16-million to the cap.

Unlike other agencies, which charge hourly rates, CHL told Central that its staff came in teams. For \$15,480, Central would get a 12-hour shift from a team of eight RNs, one "virtual clinic lead" and one "virtual operations lead." The contract doesn't explain what those virtual jobs entailed. The result was that CHL's hourly costs were not explicitly laid out in the contracts, unlike at other agencies, which included their overhead, such as support staff, in their hourly rates.

In order to reflect the actual cost of getting a nurse into a health care facility, The Globe excluded the virtual positions from its calculations of CHL's hourly rates, and divided the team rates by the number of nurses the company provided. By this measure, Central was effectively paying CHL \$161.25 for each hour of work from a nurse. Around the same time, the province's eastern health authority had inked a contract with another agency, GoodWill Staffing. Their hourly rate for an RN was \$80.

CHL's contracts provide for annual increases pegged to inflation. Starting May 1, 2023, it began billing Central the equivalent of \$172.22 an hour. (Like all staffing agencies, CHL passes on only a portion of its fees to its nurses.)

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A nurse from Newfoundland's Eastern Health prepares a dose of COVID-19 vaccine. Eastern Health initially did not employ CHL nurses and paid a lower hourly rate to a different company. PAUL DALY/THE CANADIAN PRESS

The Globe asked CHL about its pricing system. In its statement, CHL said that its "team-based models are tailored to the needs of the local health authority."

"CHL compensation packages include competitive hourly rates and wraparound supports such as housing, travel accommodations, and infield onboarding services, which increase the retention of healthcare professionals to the benefit of local communities," the statement added.

The Globe also sent Newfoundland officials detailed questions about the contracts.

Newfoundland and Labrador Health Services, the entity now responsible for regional medical authorities in the province, including Central, said in a statement that it was created last year and therefore can't comment on contract decisions made by "previous organizations."

Newfoundland's Health Department said in a statement that "given the ongoing staffing challenges and the need to support staff, travel nursing agencies have been used to ... fill vacant positions, avoid disruptions, and provide human resources relief."

The rates CHL negotiated in Central pale in comparison to those it began receiving when it expanded to the island's west, where Corner Brook and Stephenville are located.

Western Regional Health's distress can be detected in records obtained through access to information. On June 27, 2022, the authority's interim CEO, Michelle House, checked on negotiations with CHL in an e-mail to an assistant deputy minister. "Any update on this? Really rough weekend with staffing," she wrote. Three days later, Western signed a deal with CHL. The hourly rates worked out to \$283.63 for general RNs and \$312.25 for specialty nurses. CHL nurses who spoke to The Globe said they were paid between \$85 and \$100 an hour while working in Newfoundland.

A July 7, 2022, briefing prepared by Health Department officials and approved by Mr. Haggie, the former health minister, said reasons for the higher rates included the fact that Western had signed its contract later than Central, at a time when "demand for agency nurses [and prices] have increased."

In an interview, a former CHL administrator said officials had little choice but to turn to his agency, despite its limited track record. "You have a massive need and crisis, and we had nurses willing to go, because we were paying them more," he said.

Bringing dozens of nurses from across Canada to small-town Newfoundland turned into a costly logistical process.

But CHL's willingness to cover all sorts of expenses was behind its recruiting success, one nurse explained. "CHL seemed to reimburse everything, almost, in terms of courses, licensing, education. So that was quite significant. And I think that's why a lot of people joined," he said.

Those reimbursements were ultimately funded by taxpayers. CHL billed health authorities for the nurses' police checks, for their professional liability insurance, their tuberculosis tests, their \$412 Newfoundland nursing licences.

Some nurses needed further certifications. So CHL charged Newfoundland \$232 to \$680 for each staffer who took courses on topics such as trauma nursing or pediatric life support. In one case it charged \$155 for a nurse's textbook.

[Open this photo in gallery:](#)



A lounge sits empty at the Gander airport. Regional health agencies reimbursed CHL for airfare and hotels to get its travel nurses to Newfoundland. GREG LOCKE/THE GLOBE AND MAIL

CHL covered airfare, and hotels during layovers. To help nurses stay longer in the field, the company allowed them to drive to Newfoundland, so they could bring more personal belongings. One-way mileage costs from Ontario ran as high \$2,065, plus hotels along the way. One nurse drove from Saskatchewan, another from northern Alberta. A nurse from Vancouver Island claimed \$3,741 in mileage.

Once they arrived, some stayed in hotels or Airbnbs, for \$4,000 a month. Others were assigned rented apartments that had to be furnished. Their expense claims included items such as “Rogers Bill,” furniture from Walmart and, in one case, a \$68.95 air fryer.

Some nurses took cab rides between airports and their homes that cost between \$230 and \$312.

One significant cost that CHL passed on to taxpayers was meals for its travelling staff. As part of its contracts, CHL invoiced Newfoundland health authorities for dozens of per diems that it said it was incurring daily. Initially, the per diems were \$50.20 for three meals, but they were indexed last summer to \$60.24.

CHL billed for more than 87,000 meals, totalling almost \$1.6-million.

But The Globe found that nurses were told they had to pay for their own food, raising questions about why public funds were paid to CHL for an expense that appears not to have been incurred.

The Globe spoke with 26 nurses who worked for CHL in Newfoundland in 2022 and 2023. All said they had not received money for meals. Contracts signed by the nurses – copies of which were obtained by The Globe – said specifically that “food/groceries/take out is the sole responsibility of said contractor and CHL does not provide any financial reimbursement.” (CHL hires nurses as independent contractors rather than employees.) That language was also consistent with some ads that CHL used to recruit staff.

Two weeks after its contract with Central went into effect on April 30, 2022, CHL advertised job openings on Facebook. “You can make up to 12k per month with zero cost of living (other than food) all while travelling to our many contracts across Canada. We are currently seeking registered nurses to travel to Newfoundland,” the May 13 post said.

Three sources who worked at CHL said the company at times offered an explanation for this: it told people who inquired that nurses’ paid breaks were the equivalent of meal allowances. But invoices obtained by The Globe show that CHL billed health authorities for meals even when nurses weren’t on duty, and therefore weren’t taking breaks. And this policy was not explained in contracts seen by The Globe.

The Globe sent written questions to CHL on three separate occasions about its practice of billing for meal allowances. The company never addressed the questions.

Mr. Hennessey was also developing another source of revenue. By last August, CHL was invoicing Central more than \$11,000 a week for rentals of eight vehicles from Canadian Sustainability Labs, a company that lists him as its sole director. Similarly, CHL’s contracts in New Brunswick gave it the right to be reimbursed for renting cars from a company called Canadian EV Labs, which also lists Mr. Hennessey as its director.

In August, 2023, CHL brokered two other contracts with Newfoundland, one for ER nurses and one for nurse practitioners. E-mails show that the company also pitched a new line of business called “CHL 4.0.” CHL wanted Newfoundland to pay it to recruit 100 overseas nurses and settle them with “A-Z white glove” service. If Newfoundland agreed, CHL’s contract said it would provide nurse practitioners for \$130 an hour. If not, the company would charge \$235 an hour.

Health officials declined, and invoices show Newfoundland and Labrador Health Services is paying the higher rate.







A February snowstorm blankets Campbellton, where retiree Francine O'Brien spoke with The Globe about her experiences with CHL. A company linked to Mr. Hennessey bought the building where Ms. O'Brien lived, and tried to terminate the leases to make room for travel nurses. CHRIS DONOVAN/THE GLOBE AND MAIL

CHL's contracts with New Brunswick's francophone medical authority, the Vitalité Health Network, are even larger than its Newfoundland deals. Vitalité has refused to release any documents The Globe has requested concerning CHL, citing an exemption in New Brunswick's freedom of information legislation for commercial interests – despite past rulings by the

province's Privacy Commissioner that contracts between public bodies and private suppliers shouldn't be kept secret, except under exceptional circumstances supported by clear, specific reasons.

The Globe nevertheless obtained copies of three contracts between Vitalité and CHL. The first, which ran from July 29, 2022, to Sept. 23, 2023, for a maximum of \$20-million, provided a mix of registered and licensed practical nurses at the equivalent of \$300.72 an hour. Licensed practical nurses are typically paid less than RNs.

A second contract, with a maximum of \$45-million, supplied personal support workers at \$162.29 an hour. The largest deal went into effect on Dec. 2, 2022, and runs until February, 2026, with a cap of \$93-million. It effectively charges Vitalité \$306.70 an hour for a nurse.

According to data that the New Brunswick Nurses Union obtained through access to information, most of the money that Vitalité spends on temporary staff goes to CHL. From July, 2022, to August, 2023, the medical authority paid \$53.5-million to four agencies. CHL received 83 per cent of it, around \$44.3-million.

"Paying travel nurses three times what a salaried New Brunswick nurse earns makes no sense," Ms. Doucet, the NBNU president, said.

Vitalité declined to address The Globe's detailed questions about its contracts with CHL. Instead, it issued a statement from its CEO, France Desrosiers, emphasizing that it was facing an acute staffing shortage that could have forced hospitals to close.

Another costly feature of the New Brunswick contracts is a phrase in a section about travel and accommodation. It says Vitalité is responsible for reimbursing these expenses "not exceeding current market rates for rental vehicles and/or hotels/Airbnbs."

Those words committed Vitalité to reimbursing CHL at hotel-like rates even as the company eventually began lodging its personnel in regular apartments.

In Moncton, Campbellton and Edmundston, three cities where CHL supplied nurses, Canadian EV Labs and CSL RE Inc., two companies that list Mr. Hennessey as their sole director, purchased five properties between 2022 and 2023. A CHL nurse confirmed that while working in New Brunswick she was billeted at one of those properties.

Last spring in Campbellton, a mostly French-speaking city in northern New Brunswick, a notice arrived for tenants of a seven-unit building on Andrew Street. The new owner, CSL RE Inc., wanted to terminate their leases. "I was stunned," recalled one resident, Francine O'Brien.

CHL had a contract to staff Campbellton's hospital, and Ms. O'Brien was among several retirees being told to make room for travel nurses. The community is in the midst of a housing shortage.

The tenants who had to relocate were in their 70s and 80s, said another resident, Geraldine Levesque. They were paying between \$1,000 and \$1,100 a month in rent. "When we had moved there, we expected to be there for the rest of our life. After four years, getting a letter like that, it's a shock," she said.

[Open this photo in gallery:](#)



Ms. O'Brien and Geraldine Levesque used to live in this apartment building in Campbellton until its owners decided it should house travel nurses. CHRIS DONOVAN/THE GLOBE AND MAIL

As it supplied nurses to Newfoundland and New Brunswick, CHL looked for other markets. In 2023, it hired a lobbyist to help it bid on a massive call to supply agency health workers across Quebec.

But CHL made no further inroads. Quebec gave priority to lowest-bidding firms, and CHL was not on the list of companies pre-screened by the province's public procurement authority.

Mr. Hennessey has started a new company dedicated to overseas health care recruitment, World Health Labs, registered in Barbados. He is the sole director.

In a job posting last year for an executive assistant to Mr. Hennessey, World Health Labs said the CEO is "quite demanding ... works 100+ hours a week from a variety of time zones ... lives between Barbados, Nice (France), Toronto, Atlantic Canada and Miami."

Although New Brunswick and Newfoundland officials say they are working on better ways to recruit and retain health care workers, travel nursing will remain a reality for a while.

"It would be irresponsible as a health care organization to phase them out completely at this time, given the immediate needs to be met," Dr. Desrosiers's statement said.

Vitalité, she said, won't be in a position to phase out travel nurses completely until the winter of 2026. CHL's longest-running contract with New Brunswick ends on Feb. 5, 2026.

Data-extraction coding by Yang Sun, graphics by Murat Yükselir, and additional contributions from Rick Cash, Chen Wang and Frédéric-Xavier Duhamel.

The authors can be contacted at kgrant@globeandmail.com and ha@globeandmail.com. Documents can be shared confidentially via [The Globe and Mail's SecureDrop page](#).

From: David Diamond
Sent: Wednesday, February 28, 2024 6:56 AM
To: Cathy Fitzpatrick (Executive Offices)
Cc: Debbie Molloy, Scott Bishop
Subject: Agency Nurses

Cathy can we get three of us together sometime today to discuss?

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From: David Diamond <david.diamond@nlhealthservices.ca>
Sent: Wednesday, February 28, 2024 4:45 PM
To: Cathy Fitzpatrick (Executive Offices)
Cc: Sandy Penney, Freake, Teara, Craig Davis, Debbie Walsh, Glenda Webber, Debbie Molloy, Scott Bishop, Murray Doucette, Regina Coady, Collette Smith
Subject: Agency Nurses

Hi Cathy would you send an invitation to this group for a 45 minute discussion Thurs at 10:30am on agency nurses? I expect not everyone is available on short notice but I'd like to chat with as many as can make it on some of the latest thinking and next steps.

Dave

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From: Regina Coady <Regina.Coady@easternhealth.ca>
Sent: Thursday, February 29, 2024 12:48 PM
To: Freake, Teara, Craig Davis, Sandy Penney, Debbie Walsh, Ron Johnson, Glenda Webber, Joanne Pelley
Cc: Debbie Molloy, Collette Smith, Tara Hunt
Subject: Review of Agency Nursing Utilization - Follow up on Actions
Attachments: Provincial Agency Supply Demand Feb 19th V.2.xlsx, Criteria for Agency Nurse utilization.docx

Exec COO Team

This morning at a meeting called by Dave D to discuss moving forward with measures to control the management of agency nursing one of the actions arising was bringing uniformity to the way agency nurses would be managed with over site at COO level. The suggested actions related to this were:

- 1.
- 2.
- 3.
- 4.

s.29.1.a

To begin action related to this I am reaching out to seek your suggestions how to begin this or enhance where you already have similar processes. Do you want me to set up a meeting of the COO group with myself and zone Agency leads? Meet each Zone COO/Agency separately? Other suggestions?

Other simultaneous actions are moving forward too including NLHS centralize Agency Nursing management team, RFP to reset agencies; audit preparations.

Dave has asked for follow up discussion at exec next week so if we can determine how best to move this piece forward that will be great progress.



**NL Health
Services**

Regina Coady
Human Resources

e: Regina.Coady@easternhealth.ca
w: NLHealthServices.ca

Criteria for Agency Nurse utilization.

Reviewed by Executive Feb 29th, 2024

Formalize criteria for the use of agency nurses. Agency Nurse request must meet these criteria:

- There is defined vacant position (s) that is/are posted internally and externally
- Efforts to fill the vacancy externally have been unsuccessful (eg. posted through Career Beacon and the external NLHS website)
- Other measures to deal with the vacancy have been unsuccessful such as increased shifts by casual or part time, redeploy staff from another area, skill mix change, cross training, posting TFT floats if viable
- Reduction of services is not possible
- Agency Nurse personnel will not be considered for:
 - Annual leave replacement*** For further discussion
 - Short term Sick leave replacement
 - Irregular extra workload
 - Replace other team members (i.e. RN to replace vacant LPN positions)
- Tighter controls be implemented:
 - Requests for any further new Agency Nursing personnel must be completed by the Manager and signed by the Senior Director and VP/COO before submitting to the Agency Nursing Unit.
 - Deviations from the criteria must be approved by their respective Vice President/COO
 - Reports on deployment supply /demand will be reviewed monthly by Senior Directors and Executive
- Length of the contract should be limited to the shortest anticipated time based on recruitment efforts. Contracts longer than 2-3 month should be cautionary and subject to cancellation or redeployment to another site subject to successful recruitment, casual or part time staff willing to increase shifts, or incumbent returning from long term Sick leave or Worker's Compensation Claim(WCC) or Maternity Leave (ML) for example. Longer contracts up to 6 months can be considered where there is no anticipated source of NLHS staff to fill the vacancy.
- Use most economical agency nurse if schedule and qualifications are met until all agencies are moved to one uniform rate structure.

Site	NLHS- WESTERN M. Hos RN		
Western M.Hospital	UNIT	DEMAND	SUPPLY
	SURGERY	12	11
	MEDICINE	16	10
	OBS	1	2
	ER	4	7
	ICU	2	4
	TOTAL	35	34
	NP		
NP LTC Corner Brook	LTC	1	0
	Total	1	0
2 sites LTC Corner Brook	2 sites in Corner Brook LPN		
	UNIT	DEMAND	SUPPLY
	LTC	36	29
	Total	36	29
Bay St George LTC	Stephenville LTC RN		
	UNIT	DEMAND	SUPPLY
	LTC	2	2
	Total	2	2
Bay St George LTC	Stephenville LTC LPN		
	UNIT	DEMAND	SUPPLY
	LTC	7	1
	Total	7	1
	Western- RURAL RN		
	FACILTY	DEMAND	SUPPLY
CALDER -BURGEO	ER/INP	1	2
CHARLES LEGROW-	ER/INP	2	1
	TOTAL	3	3
RN Stephenville Health Centre	RN - Stephenville		
	UNIT	DEMAND	SUPPLY
	MED-SURG	4	3
	ER/ICU	2	1
	Total	6	4
Total Demand RN		46	43
Fill Rate RN			
Total Demand Agency LPN		36	30
Fill Rate LPN			
Total Demand Agency NP		1	0

Fill rate NP			
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Site	Program	Requested	Jan 15/24
JPM Gander	ED	13	13
JPM Gander	ICU	6	5
JPM Gander	MED (14) Dialysis (2)	26	22
JPM Gander	Overflow (12)		
JPM Gander	Ortho	10	8
JPM Gander	OBS		
JPM Gander	Surg	3	3
Gander	LTC (2 Sites) LSH & Gander LTC facility	11	10
Total RNS		69	61

CNRHC GFW	ER	10	8
CNRHC GFW	ICU	7	7
CNRHC GFW	Med	11	10
CNRHC GFW	Dialysis	5	
CNRHC GFW	MHA	2	2
CNRHC GFW	OBS	7	7
CNRHC GFW	Overflow	12	13
CNRHC GFW	Surg	4	3
GFW	LTC(2 sites) CML & GFW LTC facility	13	11
Total RNS		71	61

Baie Verte	ER	2	0
Baie Verte	Acute	1	0
Baie Verte	Airway MNGMT NP	2	0
Total RNS		3	0
Total NPS		2	0

Botwod	ER	1	1
Botwod	LTC	2	0
Total RNS		3	1

Buchans	ER	3	2
Primary	ER Primary NP	1	0
Total RNS		3	2
Total NPS		1	0

Fogo	ER	1	0
Total RNS		1	0

Harbour Breton	ER	4	3
Total RNS		4	3

Lewisporte	ER	3	1
Total RNS		3	1

NWV	ER	2	2
NWV	LTC	2	2
NWV	Airway MNGMT NP	1	1
Total RNS		4	4
Total NPS		1	1

Springdale	Acute/ER	6	4
Springdale	LTC	5	5
Springdale	Primary NP	1	0
Total RNS		11	9
Total NPS		1	0

Twillingate	ER	3	1
Total RNS		3	1

Total RNS Requested	175	
Total RNS Met		143
Percentage Met		82%

Total NPS Requested	#REF!	
Total NPs Met		#REF!
Percentage Met		#REF!

Requested	Feb. 19/24
11	12
9	9
16	16
0	0
12	9
8	10
5	3
11	13
72	72

9	8
7	7
10	8
5	2
2	1
7	7
12	11
8	5
12	13
72	62

2	1
1	0
2	0
3	1
2	0

1	1
2	1
3	2

3	2
1	0
3	2
1	0

1	0
1	0

5	5
5	5

3	1
3	1

2	2
3	2
1	0
5	4
1	0

6	3
5	5
1	0
11	8
1	0

3	2
3	2

181	
***	159
***	88%

5	0
	0%

one leaving 25th

Med & DU combined

Closed, moved nurses to other areas, cancelled contracts, OBS opened

2 came from OF (overlap x 3 weeks b/c of overflow closing) 1 ending Feb 24,

*requested 6 additional RNs for Feb. Nurses placed then unable to open beds, still adjusting contract dates

	RN	LPN	PCA
Labrador Grenfell (total needs/demand)	34	18	30
LHC OBS	8	0	0
LHC OR	4	0	0
LHC Inpts	6	1	7
LHC LTC	0	11	18
LWHC Inpts	2	0	0
CSCMH LTC	1	2	5
CSCMH Inpts	8	2	0
CSCMH ER	1	0	0
CSCMH ICU	2	0	0
Roddickton ER	2	0	0
Forteau LTC	0	2	0
Labrador Grenfell (total supply "on the ground")	21	12	23
LHC inpts	2	1	5
LHC LTC	0	7	12
LHC OBS	4	0	0
LHC OR	1	0	0
LWHC inpts	2	0	0
CSCMH Inpts	8	2	0
CSCMH LTC	1	2	4
CSCMH ER	1	0	0
CSCMH ICU	1	0	0
Roddickton ER	1	0	0
Forteau LTC	0	0	2

Site	Program	Requested	19-Feb
CGH	ICU	2	2
CGH	ER	2	2
CGH	OBS	4	4
CGH	Surg	2	2
CGH PJSMP	LTC NP	1	1
CGH	Ortho/ NP	1	0
Total CGH RNS		10	10
Percentage Met		100%	
Total NPs		2	1
Percentage Met		50%	
Burin	ER	1	1
Burin	MED	1	1
Burin	ICU	3	3
Burin	Dialysis	2	2
Burin	OBS	1	1
Total Burin RNS		8	8
Percentage Met		100%	
Grand Bank	Grand Bank LTC	2	2
Grand Bank	Grand NP	1	1
Total Grand Bank RNS		2	2
Percentage Met		100%	
Total NPs		1	1
Percentage Met		100%	
GBC Clarendville	ER	5	4
GBC Clarendville	ICU	3	3
GBC Clarendville	OBS	1	0
GBC Clarendville	Med	6	6
Total GBC RNS		15	13
Percentage Met		87%	
St. Lawrence	LTC USM	2	2
St. Lawrence	NP	1	1
Total St. Lawrence RNS		2	2
Percentage Met		100%	
Total NPs		1	1
Percentage Met		100%	
Placentia	LTC	2	2
Placentia	ER	2	2
Total Placentia RNS		4	4
Percentage Met		100%	
Bonavista	LTC	1	1
Bonavista	ER	1	1
Total Bonavista		2	2
Percentage Met		1	100%
Whitbourne	NP	1	1
Total Whitbourne		1	1

Percentage Met		100%
Bell Island	LTC	1
Bell Island	ER	2
Total Bell Island		3
Percentage Met		67%

Total Rural RNs Requested	46
Total Rural RNsMet	43
Rural Percentage Met	93%

Rural NPs Requested	5
Total NPS Met	4
Rural Percentage Met	80%

Site	Program	Requested	19-Feb
HSC	4NA-Med	3	2
HSC	ER	4	4
HSC	5NA	1	1
HSC	Urology	2	1
HSC	4NB	2	1
HSC	5SB	1	1
HSC	CVOR	1	0
HSC	MHA Acute Care	1	1
Total HSC RNS		15	11
Percentage Met		73%	
Waterford	Geriatrics	6	6
Waterford	E3A Acute Care	3	3
Waterford	W3A Acute Care	1	1
Waterford	ER Services	1	1
Waterford	W2A SSU	3	1
Total Waterford RNS		14	12
Percentage Met		86%	
St. Clare's Merch Hospital	4W SCM	1	0
St. Clare's Merch Hospital	7W SCM	1	1
St. Clare's Merch Hospital	6W Ortho	2	2
St. Clare's Merch Hospital	General SURG	3	3
Total SCM RNS		7	6
Percentage Met		86%	
GBL	LTC/LPN	7	7
Total GBL		7	7
Percentage Met		100%	
SPMH	LTC/LPN	7	6
Total SPMH		7	6
Percentage Met		86%	

Total Urban RNs Requested	36	
Total Urban RNsMet		29
Urban Percentage Met		81%

Urban LPNS Requested	14	
Total LPNS Met		13
Urban Percentage Met		93%

Western Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand	NP Supply	PCA Demand	PCA Supply
Total Demand/Supply RN	46	43						
Fill Rate RN		93%						
Total Demand/Supply Agency			36	30				
Fill Rate LPN				83%				
Total Demand/Supply					1	0		
Fill rate NP						0%		
Central Zone	RN	RN	LPN	LPN	NP	NP	PCA	PCA
Total Demand /Supply RN	181	159						
Fill Rate RN		88%						
Total Demand / Supply					5	0		
Fill rate NP						0%		
Lab Gren Zone	RN	RN	LPN	LPN	NP	NP	PCA	PCA
Total Demand /Supply RN	34	21						
Fill Rate RN		62%						
Total Demand /Supply Agency LPN			18	12				
Fill Rate LPN				67%				
Total Demand/Supply PCA							30	23
Fill rate PCA								77%
Eastern Rural Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand	NP Supply	PCA Demand	PCA Supply
Total Demand/Supply RN	46	43						
Fill Rate RN		93%						
Total Demand Agency NP					5	4		
Fill rate NP						80%		
Eastern Urban Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand	NP Supply	PCA Demand	PCA Supply
Total Demand/Supply RN	36	29						
Fill Rate RN		81%						

Total Demand/Supply Agency LPN			14	13				
Fill Rate LPN				93%				
Provincial Total	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand	NP Supply	PCA Demand	PCA Supply
Total Demand /Supply RN	343	295						
Fill Rate RN		86%						
Total Demand /Supply Agency LPN			68	55				
Fill Rate LPN				81%				
Total Demand/Supply PCA							30	23
Fill rate PCA								77%
Total Demand Agency NP					10	4		
Fill rate NP						40%		
Total All Agency Nursing Personnel All Zones	Demand 451	Supply 376	Fill rate 83%					
Other Provincial Trends								
RNs as percent of all Agency Demand			76%					
LPN as percent of all Agency Demand			15%					
PCA as percent of all Agency Demand			7%					
NP as percent of all Agency Demand			<1%					
% of all Agency RNs in speciality areas demand			53%	ICU/ER/ OBS/OR				

Western Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand/Supply RN	46	27		
Fill Rate RN		59%		
Total Demand/Supply Agency LPN			38	29
Fill Rate LPN				76%
Total Demand/Supply Agency NP				
Fill rate NP				
Central Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand /Supply RN	175	143		
Fill Rate RN		82%		
Total Demand / Supply Agency NP				
Fill rate NP				
Lab Gren Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand /Supply RN	26	24		
Fill Rate RN		92%		
Total Demand /Supply Agency LPN			17	13
Fill Rate LPN				76%
Total Demand/Supply PCA				
Fill rate PCA				
Eastern Rural Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand/Supply RN	45	35		
Fill Rate RN		78%		
Total Demand Agency NP				
Fill rate NP				
Eastern Urban Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand/Supply RN	36	28		
Fill Rate RN		78%		
Total Demand/Supply Agency LPN			14	14
Fill Rate LPN				100%
Provincial Total	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand /Supply RN	328	257		
Fill Rate RN		78%		

Total Demand /Supply Agency LPN			69	56
Fill Rate LPN				81%
Total Demand/Supply PCA				
Fill rate PCA				
Total Demand Agency NP				
Fill rate NP				
Total All Agency Personnel All Zones	435	334	77%	

NP Demand	NP Supply	PCA Demand	PCA Supply
1	0		
	0%		
NP Demand	NP Supply	PCA Demand	PCA Supply
5	1		
	20%		
NP Demand	NP Supply	PCA Demand	PCA Supply
		23	18
			78%
NP Demand	NP Supply	PCA Demand	PCA Supply
5	4		
	80%		
NP Demand	NP Supply	PCA Demand	PCA Supply
NP Demand	NP Supply	PCA Demand	PCA Supply

		23	18
			78%
15	3		
	20%		

Western Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand/Supply RN	44	39			
Fill Rate RN		89%			
Total Demand/Supply Agency LPN			38	29	
Fill Rate LPN				76%	
Total Demand/Supply Agency NP					1
Fill rate NP					
Central Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand /Supply RN	132	116			
Fill Rate RN		88%			
Total Demand / Supply Agency NP					8
Fill rate NP					
Lab Gren Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand /Supply RN	37	16			
Fill Rate RN		43%			
Total Demand /Supply Agency LPN			19	10	
Fill Rate LPN				53%	
Total Demand/Supply PCA					
Fill rate PCA					
Eastern Rural Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand/Supply RN	41	36			
Fill Rate RN		88%			
Total Demand Agency NP					6
Fill rate NP					
Eastern Urban Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand/Supply RN	40	29			
Fill Rate RN		73%			
Total Demand/Supply Agency LPN			14	12	
Fill Rate LPN				86%	
Provincial Total	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand /Supply RN	294	236			
Fill Rate RN		80%			

Total Demand /Supply Agency LPN			71	51	
Fill Rate LPN				72%	
Total Demand/Supply PCA					
Fill rate PCA					
Total Demand Agency NP					15
Fill rate NP					

NP Supply	PCA Demand	PCA Supply
0		
0%		
NP Supply	PCA Demand	PCA Supply
0		
0%		
NP Supply	PCA Demand	PCA Supply
	21	14
		67%
NP Supply	PCA Demand	PCA Supply
3		
50%		
NP Supply	PCA Demand	PCA Supply
NP Supply	PCA Demand	PCA Supply

	21	14
		67%
3		
20%		

From: Freake, Teara <tearafreake@westernhealth.nl.ca>
Sent: Thursday, February 29, 2024 1:40 PM
To: Regina Coady, Craig Davis, Sandy Penney, Debbie Walsh, Ron Johnson, Glenda Webber, Joanne Pelley
Cc: Debbie Molloy, Collette Smith, Tara Hunt
Subject: RE: Review of Agency Nursing Utilization - Follow up on Actions

EXTERNAL EMAIL: This email originated from outside the organization. Please ensure you use additional caution before opening attachments or clicking on URL links.

Hi Regina, this is really helpful. I'll confirm our utilization and level of approvals and get back to you.

I think the criteria where we would not consider an agency nurse needs closer review and more feedback from scheduling and frontline managers to codevelop or at a min speak into. Teams need clearer direction around use of OT 1.5; 2.0, mandations, working short, risk of working 24 hour shifts, pulling from other units, alternate skills mix, etc vs when they cant use agency. If positions require 100% relief then we need flexibility. Most clinical areas have min staffing levels – ie LTC, ICU, obs –

s.29.1.a

Every decision needs to be balanced against the risk of not having a qualified person to provide care. From a due diligence perspective, I want to be confident managers/schedulers booking agency nursing have worked through the options they have before choosing agency but I can't support blanket statements of when we cant use.

The second concern I have is that this is a change in current practice. Once we land on the algothim, we will need to roll it out. I expect considerable questions from staff and mangers about operationalizing this. We will need to communicate to frontline managers and schedulers including opportunity for Q and A. We also need to communicate to our staff. This will impact them and their worklife balance potentially and the care they provide if our deicson is to work short vs bring in agency.

I don't want to make this bigger than it needs to be but want to be congizant that this is a considerable change (for my zone at least) as we have used for many of the do not use cases listed to support worklife balance, continuity of care, to manage risk to pt care and to prepare for the opening of the new build.

Will I work thought this in the zone with HR or will we do this collectively across zones and HR?

Thanks Regina for all you have done to get us here.
Thanks Teara



**NL Health
Services**

Teara Freake, RD MBA CHE
Vice President and Chief Operating Officer
Western Zone

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e: tearafreake@westernhealth.nl.ca
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Executive Assistant
Stephanie Gallant
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From: Regina Coady <Regina.Coady@easternhealth.ca>
Sent: Thursday, February 29, 2024 12:48 PM
To: Freake, Teara <tearafreake@westernhealth.nl.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Sandy Penney <sandy.penney@lghealth.ca>; Debbie Walsh <Debbie.Walsh@easternhealth.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Glenda Webber <Glenda.Webber@easternhealth.ca>; Joanne Pelley <Joanne.Pelley@centralhealth.nl.ca>
Cc: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Collette Smith <Collette.Smith@easternhealth.ca>; Tara Hunt <Tara.Hunt@easternhealth.ca>
Subject: Review of Agency Nursing Utilization - Follow up on Actions

Exec COO Team

This morning at a meeting called by Dave D to discuss moving forward with measures to control the management of agency nursing one of the actions arising was bringing uniformity to the way agency nurses would be managed with over site at COO level. The suggested actions related to this were:

- 1.
- 2.
- 3.
- 4.

s.29.1.a

To begin action related to this I am reaching out to seek your suggestions how to begin this or enhance where you already have similar processes. Do you want me to set up a meeting of the COO group with myself and zone Agency leads? Meet each Zone COO/Agency separately? Other suggestions?
Other simultaneous actions are moving forward too including NLHS centralize Agency Nursing management team, RFP to reset agencies; audit preparations.
Dave has asked for follow up discussion at exec next week so if we can determine how best to move this piece forward that will be great progress.



**NL Health
Services**

**Regina Coady
Human Resources**

e: Regina.Coady@easternhealth.ca

w: NLHealthServices.ca

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From: Debbie Walsh
Sent: Thursday, February 29, 2024 2:59 PM
To: LeslieAnn Rowsell, Michelle Alexander
Subject: Fwd: Review of Agency Nursing Utilization - Follow up on Actions
Attachments: Provincial Agency Supply Demand Feb 19th V.2.xlsx, Criteria for Agency Nurse utilization.docx

Please review and let me know by Monday please

Many Thanks
Debbie

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From: Regina Coady <Regina.Coady@easternhealth.ca>
Sent: Thursday, February 29, 2024 11:18:22 AM
To: Freake, Teara <tearafreake@westernhealth.nl.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Sandy Penney <sandy.penney@lghealth.ca>; Debbie Walsh <Debbie.Walsh@easternhealth.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Glenda Webber <Glenda.Webber@easternhealth.ca>; Joanne Pelley <Joanne.Pelley@centralhealth.nl.ca>
Cc: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Collette Smith <Collette.Smith@easternhealth.ca>; Tara Hunt <Tara.Hunt@easternhealth.ca>
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**NL Health
Services**

**Regina Coady
Human Resources**

e: Regina.Coady@easternhealth.ca
w: NLHealthServices.ca

Criteria for Agency Nurse utilization.

Reviewed by Executive Feb 29th, 2024

Formalize criteria for the use of agency nurses. Agency Nurse request must meet these criteria:

- There is defined vacant position (s) that is/are posted internally and externally
- Efforts to fill the vacancy externally have been unsuccessful (eg. posted through Career Beacon and the external NLHS website)
- Other measures to deal with the vacancy have been unsuccessful such as increased shifts by casual or part time, redeploy staff from another area, skill mix change, cross training, posting TFT floats if viable
- Reduction of services is not possible
- Agency Nurse personnel will not be considered for:
 - Annual leave replacement*** For further discussion
 - Short term Sick leave replacement
 - Irregular extra workload
 - Replace other team members (i.e. RN to replace vacant LPN positions)
- Tighter controls be implemented:
 - Requests for any further new Agency Nursing personnel must be completed by the Manager and signed by the Senior Director and VP/COO before submitting to the Agency Nursing Unit.
 - Deviations from the criteria must be approved by their respective Vice President/COO
 - Reports on deployment supply /demand will be reviewed monthly by Senior Directors and Executive
- Length of the contract should be limited to the shortest anticipated time based on recruitment efforts. Contracts longer than 2-3 month should be cautionary and subject to cancellation or redeployment to another site subject to successful recruitment, casual or part time staff willing to increase shifts, or incumbent returning from long term Sick leave or Worker's Compensation Claim(WCC) or Maternity Leave (ML) for example. Longer contracts up to 6 months can be considered where there is no anticipated source of NLHS staff to fill the vacancy.
- Use most economical agency nurse if schedule and qualifications are met until all agencies are moved to one uniform rate structure.

Site	NLHS- WESTERN M. Hos RN		
Western M.Hospital	UNIT	DEMAND	SUPPLY
	SURGERY	12	11
	MEDICINE	16	10
	OBS	1	2
	ER	4	7
	ICU	2	4
	TOTAL	35	34
	NP		
NP LTC Corner Brook	LTC	1	0
	Total	1	0
2 sites LTC Corner Brook	2 sites in Corner Brook LPN		
	UNIT	DEMAND	SUPPLY
	LTC	36	29
	Total	36	29
Bay St George LTC	Stephenville LTC RN		
	UNIT	DEMAND	SUPPLY
	LTC	2	2
	Total	2	2
Bay St George LTC	Stephenville LTC LPN		
	UNIT	DEMAND	SUPPLY
	LTC	7	1
	Total	7	1
	Western- RURAL RN		
	FACILTY	DEMAND	SUPPLY
CALDER -BURGEO	ER/INP	1	2
CHARLES LEGROW-	ER/INP	2	1
	TOTAL	3	3
RN Stephenville Health Centre	RN - Stephenville		
	UNIT	DEMAND	SUPPLY
	MED-SURG	4	3
	ER/ICU	2	1
	Total	6	4
Total Demand RN		46	43
Fill Rate RN			
Total Demand Agency LPN		36	30
Fill Rate LPN			
Total Demand Agency NP		1	0

Fill rate NP			
--------------	--	--	--

Site	Program	Requested	Jan 15/24
JPM Gander	ED	13	13
JPM Gander	ICU	6	5
JPM Gander	MED (14) Dialysis (2)	26	22
JPM Gander	Overflow (12)		
JPM Gander	Ortho	10	8
JPM Gander	OBS		
JPM Gander	Surg	3	3
Gander	LTC (2 Sites) LSH & Gander LTC facility	11	10
Total RNS		69	61

CNRHC GFW	ER	10	8
CNRHC GFW	ICU	7	7
CNRHC GFW	Med	11	10
CNRHC GFW	Dialysis	5	
CNRHC GFW	MHA	2	2
CNRHC GFW	OBS	7	7
CNRHC GFW	Overflow	12	13
CNRHC GFW	Surg	4	3
GFW	LTC(2 sites) CML & GFW LTC facility	13	11
Total RNS		71	61

Baie Verte	ER	2	0
Baie Verte	Acute	1	0
Baie Verte	Airway MNGMT NP	2	0
Total RNS		3	0
Total NPS		2	0

Botwod	ER	1	1
Botwod	LTC	2	0
Total RNS		3	1

Buchans	ER	3	2
Primary	ER Primary NP	1	0
Total RNS		3	2
Total NPS		1	0

Fogo	ER	1	0
Total RNS		1	0

Harbour Breton	ER	4	3
Total RNS		4	3

Lewisporte	ER	3	1
Total RNS		3	1

NWV	ER	2	2
NWV	LTC	2	2
NWV	Airway MNGMT NP	1	1
Total RNS		4	4
Total NPS		1	1

Springdale	Acute/ER	6	4
Springdale	LTC	5	5
Springdale	Primary NP	1	0
Total RNS		11	9
Total NPS		1	0

Twillingate	ER	3	1
Total RNS		3	1

Total RNS Requested	175	
Total RNS Met		143
Percentage Met		82%

Total NPS Requested	#REF!	
Total NPs Met		#REF!
Percentage Met		#REF!

Requested	Feb. 19/24
11	12
9	9
16	16
0	0
12	9
8	10
5	3
11	13
72	72

9	8
7	7
10	8
5	2
2	1
7	7
12	11
8	5
12	13
72	62

2	1
1	0
2	0
3	1
2	0

1	1
2	1
3	2

3	2
1	0
3	2
1	0

1	0
1	0

5	5
5	5

3	1
3	1

2	2
3	2
1	0
5	4
1	0

6	3
5	5
1	0
11	8
1	0

3	2
3	2

181	
***	159
***	88%

5	0
	0%

one leaving 25th

Med & DU combined

Closed, moved nurses to other areas, cancelled contracts, OBS opened

2 came from OF (overlap x 3 weeks b/c of overflow closing) 1 ending Feb 24,

*requested 6 additional RNs for Feb. Nurses placed then unable to open beds, still adjusting contract dates

	RN	LPN	PCA
Labrador Grenfell (total needs/demand)	34	18	30
LHC OBS	8	0	0
LHC OR	4	0	0
LHC Inpts	6	1	7
LHC LTC	0	11	18
LWHC Inpts	2	0	0
CSCMH LTC	1	2	5
CSCMH Inpts	8	2	0
CSCMH ER	1	0	0
CSCMH ICU	2	0	0
Roddickton ER	2	0	0
Forteau LTC	0	2	0
Labrador Grenfell (total supply "on the ground")	21	12	23
LHC inpts	2	1	5
LHC LTC	0	7	12
LHC OBS	4	0	0
LHC OR	1	0	0
LWHC inpts	2	0	0
CSCMH Inpts	8	2	0
CSCMH LTC	1	2	4
CSCMH ER	1	0	0
CSCMH ICU	1	0	0
Roddickton ER	1	0	0
Forteau LTC	0	0	2

Site	Program	Requested	19-Feb
CGH	ICU	2	2
CGH	ER	2	2
CGH	OBS	4	4
CGH	Surg	2	2
CGH PJSMP	LTC NP	1	1
CGH	Ortho/ NP	1	0
Total CGH RNS		10	10
Percentage Met		100%	
Total NPs		2	1
Percentage Met		50%	
Burin	ER	1	1
Burin	MED	1	1
Burin	ICU	3	3
Burin	Dialysis	2	2
Burin	OBS	1	1
Total Burin RNS		8	8
Percentage Met		100%	
Grand Bank	Grand Bank LTC	2	2
Grand Bank	Grand NP	1	1
Total Grand Bank RNS		2	2
Percentage Met		100%	
Total NPs		1	1
Percentage Met		100%	
GBC Clarendville	ER	5	4
GBC Clarendville	ICU	3	3
GBC Clarendville	OBS	1	0
GBC Clarendville	Med	6	6
Total GBC RNS		15	13
Percentage Met		87%	
St. Lawrence	LTC USM	2	2
St. Lawrence	NP	1	1
Total St. Lawrence RNS		2	2
Percentage Met		100%	
Total NPs		1	1
Percentage Met		100%	
Placentia	LTC	2	2
Placentia	ER	2	2
Total Placentia RNS		4	4
Percentage Met		100%	
Bonavista	LTC	1	1
Bonavista	ER	1	1
Total Bonavista		2	2
Percentage Met		1	100%
Whitbourne	NP	1	1
Total Whitbourne		1	1

Percentage Met		100%
Bell Island	LTC	1
Bell Island	ER	2
Total Bell Island		3
Percentage Met		67%

Total Rural RNs Requested	46
Total Rural RNsMet	43
Rural Percentage Met	93%

Rural NPs Requested	5
Total NPS Met	4
Rural Percentage Met	80%

Site	Program	Requested	19-Feb
HSC	4NA-Med	3	2
HSC	ER	4	4
HSC	5NA	1	1
HSC	Urology	2	1
HSC	4NB	2	1
HSC	5SB	1	1
HSC	CVOR	1	0
HSC	MHA Acute Care	1	1
Total HSC RNS		15	11
Percentage Met		73%	
Waterford	Geriatrics	6	6
Waterford	E3A Acute Care	3	3
Waterford	W3A Acute Care	1	1
Waterford	ER Services	1	1
Waterford	W2A SSU	3	1
Total Waterford RNS		14	12
Percentage Met		86%	
St. Clare's Merch Hospital	4W SCM	1	0
St. Clare's Merch Hospital	7W SCM	1	1
St. Clare's Merch Hospital	6W Ortho	2	2
St. Clare's Merch Hospital	General SURG	3	3
Total SCM RNS		7	6
Percentage Met		86%	
GBL	LTC/LPN	7	7
Total GBL		7	7
Percentage Met		100%	
SPMH	LTC/LPN	7	6
Total SPMH		7	6
Percentage Met		86%	

Total Urban RNs Requested	36	
Total Urban RNsMet		29
Urban Percentage Met		81%

Urban LPNS Requested	14	
Total LPNS Met		13
Urban Percentage Met		93%

Western Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand	NP Supply	PCA Demand	PCA Supply
Total Demand/Supply RN	46	43						
Fill Rate RN		93%						
Total Demand/Supply Agency			36	30				
Fill Rate LPN				83%				
Total Demand/Supply					1	0		
Fill rate NP						0%		
Central Zone	RN	RN	LPN	LPN	NP	NP	PCA	PCA
Total Demand /Supply RN	181	159						
Fill Rate RN		88%						
Total Demand / Supply					5	0		
Fill rate NP						0%		
Lab Gren Zone	RN	RN	LPN	LPN	NP	NP	PCA	PCA
Total Demand /Supply RN	34	21						
Fill Rate RN		62%						
Total Demand /Supply Agency LPN			18	12				
Fill Rate LPN				67%				
Total Demand/Supply PCA							30	23
Fill rate PCA								77%
Eastern Rural Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand	NP Supply	PCA Demand	PCA Supply
Total Demand/Supply RN	46	43						
Fill Rate RN		93%						
Total Demand Agency NP					5	4		
Fill rate NP						80%		
Eastern Urban Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand	NP Supply	PCA Demand	PCA Supply
Total Demand/Supply RN	36	29						
Fill Rate RN		81%						

Total Demand/Supply Agency LPN			14	13				
Fill Rate LPN				93%				
Provincial Total	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand	NP Supply	PCA Demand	PCA Supply
Total Demand /Supply RN	343	295						
Fill Rate RN		86%						
Total Demand /Supply Agency LPN			68	55				
Fill Rate LPN				81%				
Total Demand/Supply PCA							30	23
Fill rate PCA								77%
Total Demand Agency NP					10	4		
Fill rate NP						40%		
Total All Agency Nursing Personnel All Zones	Demand 451	Supply 376	Fill rate 83%					
Other Provincial Trends								
RNs as percent of all Agency Demand			76%					
LPN as percent of all Agency Demand			15%					
PCA as percent of all Agency Demand			7%					
NP as percent of all Agency Demand			<1%					
% of all Agency RNs in speciality areas demand			53%	ICU/ER/ OBS/OR				

Western Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand/Supply RN	46	27		
Fill Rate RN		59%		
Total Demand/Supply Agency LPN			38	29
Fill Rate LPN				76%
Total Demand/Supply Agency NP				
Fill rate NP				
Central Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand /Supply RN	175	143		
Fill Rate RN		82%		
Total Demand / Supply Agency NP				
Fill rate NP				
Lab Gren Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand /Supply RN	26	24		
Fill Rate RN		92%		
Total Demand /Supply Agency LPN			17	13
Fill Rate LPN				76%
Total Demand/Supply PCA				
Fill rate PCA				
Eastern Rural Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand/Supply RN	45	35		
Fill Rate RN		78%		
Total Demand Agency NP				
Fill rate NP				
Eastern Urban Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand/Supply RN	36	28		
Fill Rate RN		78%		
Total Demand/Supply Agency LPN			14	14
Fill Rate LPN				100%
Provincial Total	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand /Supply RN	328	257		
Fill Rate RN		78%		

Total Demand /Supply Agency LPN			69	56
Fill Rate LPN				81%
Total Demand/Supply PCA				
Fill rate PCA				
Total Demand Agency NP				
Fill rate NP				
Total All Agency Personnel All Zones	435	334	77%	

NP Demand	NP Supply	PCA Demand	PCA Supply
1	0		
	0%		
NP Demand	NP Supply	PCA Demand	PCA Supply
5	1		
	20%		
NP Demand	NP Supply	PCA Demand	PCA Supply
		23	18
			78%
NP Demand	NP Supply	PCA Demand	PCA Supply
5	4		
	80%		
NP Demand	NP Supply	PCA Demand	PCA Supply
NP Demand	NP Supply	PCA Demand	PCA Supply

		23	18
			78%
15	3		
	20%		

Western Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand/Supply RN	44	39			
Fill Rate RN		89%			
Total Demand/Supply Agency LPN			38	29	
Fill Rate LPN				76%	
Total Demand/Supply Agency NP					1
Fill rate NP					
Central Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand /Supply RN	132	116			
Fill Rate RN		88%			
Total Demand / Supply Agency NP					8
Fill rate NP					
Lab Gren Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand /Supply RN	37	16			
Fill Rate RN		43%			
Total Demand /Supply Agency LPN			19	10	
Fill Rate LPN				53%	
Total Demand/Supply PCA					
Fill rate PCA					
Eastern Rural Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand/Supply RN	41	36			
Fill Rate RN		88%			
Total Demand Agency NP					6
Fill rate NP					
Eastern Urban Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand/Supply RN	40	29			
Fill Rate RN		73%			
Total Demand/Supply Agency LPN			14	12	
Fill Rate LPN				86%	
Provincial Total	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand /Supply RN	294	236			
Fill Rate RN		80%			

Total Demand /Supply Agency LPN			71	51	
Fill Rate LPN				72%	
Total Demand/Supply PCA					
Fill rate PCA					
Total Demand Agency NP					15
Fill rate NP					

NP Supply	PCA Demand	PCA Supply
0		
0%		
NP Supply	PCA Demand	PCA Supply
0		
0%		
NP Supply	PCA Demand	PCA Supply
	21	14
		67%
NP Supply	PCA Demand	PCA Supply
3		
50%		
NP Supply	PCA Demand	PCA Supply
NP Supply	PCA Demand	PCA Supply

	21	14
		67%
3		
20%		

From: Pye, Tara J (Communications)
Sent: Friday, March 1, 2024 11:55 AM
To: Debbie Molloy, Lynette Oates (Lynette.Oates@easternhealth.ca), Freake, Teara
Cc: Morgan, Paulette, Tracey Boland (Communications), Collette Smith, Mikaela Etchegary, Regina Coady
Subject: RE: Request from CBC Re: Agency Nurses

Hi,
Apologies for the duplication, but given there were multiple responses with overlapping messages, we have combined below with the aim to reduce confusion and the number of emails. Please advise if you have feedback or approve.
Thank you.

Media:

VOCM, Linda Swain
CBC, Mark Quinn
CBC NL Morning Show, Bernice Hillier

Context:

The Registered Nurses Union has said publicly that the CHL contract in the western zone came to an end and nurses in that zone have been mandated to work OT to fill the gap. Multiple reporters have reached out looking for more information.

Questions (CBC Mark Quinn):

Have the contracts with CHL ended? Or are there nurses provided by CHL still working in the province?

Questions (VOCM):

1. What's the situation there? Was the contract terminated, or did it expire?
2. Will they be renewed?
3. What kind of an impact does this have on operations?
4. How many travel nurses are involved?
5. How is the gap being addressed?
6. What is the reason behind the end of the contract and what is the way forward?
7. Are the western and central zones the only ones affected?

Questions (CBC Bernice Hillier):

A contract with Canadian Health Labs expired at midnight Tuesday night, and I'm told that, as a result, some RNs were mandated to extend their shifts and were on duty for 21 hours in a 24-hour period as a result. What can you tell me about what happened surrounding this contract expiring and how it was that other nurses weren't scheduled in advance to replace those who were supposed to be coming off shift? The contract in question began on February 27, 2023 and was clearly outlined as being for a 1-year term.

DRAFT Response:

Given ongoing staffing challenges and to maintain workplace staffing levels, NL Health Services has engaged private health-care staffing agencies to provide support to fill vacant positions, temporarily, on an as-needed basis. These health-care workers are used as a short-term measure to fill vacancies, help relieve some pressure on human resources within our health-care system, and ensure the continued delivery of quality, safe care for patients.

A contract between NL Health Services – Western Zone and Canadian Health Labs expired on February 27, 2024, and will not be renewed.

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From: Pye, Tara J (Communications)

Sent: Friday, March 1, 2024 10:08 AM

To: 'Debbie Molloy' <Debbie.Molloy@easternhealth.ca>; 'Lynette Oates (Lynette.Oates@easternhealth.ca)' <Lynette.Oates@easternhealth.ca>; Freake, Teara <tearafreake@westernhealth.nl.ca>

Cc: Morgan, Paulette <paulettmorgan@westernhealth.nl.ca>; Tracey Boland (Communications) <TraceyL.Boland@easternhealth.ca>; 'Collette Smith' <Collette.Smith@easternhealth.ca>

Subject: Request from CBC Re: Agency Nurses

Hi,

Please see media response for your approval:

Media

CBC Bernice Hillier

Context

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Approved by:

Paulette Morgan
Tracey Boland
Collette Smith
Melanie Clarke

From: Collette Smith <Collette.Smith@easternhealth.ca>
Sent: Friday, March 1, 2024 10:03 AM
To: Pye, Tara J (Communications) <tarajpye@westernhealth.nl.ca>; Morgan, Paulette <paulettmorgan@westernhealth.nl.ca>; Tracey Boland (Communications) <TraceyL.Boland@easternhealth.ca>
Subject: RE: Request from CBC

Good with me thanks



**Collette Smith RN, BSc, MBA,
CHE
Human Resources**

t: 709-466-5130
e: collette.smith@easternhealth.ca
w: NLHealthServices.ca

From: Pye, Tara J (Communications) <tarajpye@westernhealth.nl.ca>
Sent: Friday, March 1, 2024 9:58 AM
To: Morgan, Paulette <paulettmorgan@westernhealth.nl.ca>; Collette Smith <Collette.Smith@easternhealth.ca>; Tracey Boland (Communications) <TraceyL.Boland@easternhealth.ca>
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s.29.1.a

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From: Clarke, Melanie <melanieclarke@westernhealth.nl.ca>
Sent: Friday, March 1, 2024 8:08 AM
To: Pye, Tara J (Communications) <taraipye@westernhealth.nl.ca>
Subject: RE: Request from CBC

Hi Tara,

This is fine from my perspective.

Melanie



**NL Health
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Melanie Clarke (She/Her)
Regional Manager of Recruitment
Human Resources – Western Zone

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e: melanieclarke@westernhealth.nl.ca
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From: Freake, Teara
Sent: Friday, March 1, 2024 12:35 PM
To: Pye, Tara J (Communications), Debbie Molloy, Lynette Oates (Lynette.Oates@easternhealth.ca)
Cc: Morgan, Paulette, Tracey Boland (Communications), Collette Smith, Mikaela Etchegary, Regina Coady
Subject: Re: Request from CBC Re: Agency Nurses

Looks good

Only addition would be to add Wz or NLHS staff nurse to the response for Bernice vs staff nurse.

From: "Pye, Tara J (Communications)" <tarajpye@westernhealth.nl.ca>
Subject: Request from CBC Re: Agency Nurses
Date: 01 March 2024 11:54
To: "Debbie Molloy" <Debbie.Molloy@easternhealth.ca>, "Lynette Oates (Lynette.Oates@easternhealth.ca)" <Lynette.Oates@easternhealth.ca>, "Freake, Teara" <tearafreake@westernhealth.nl.ca>
Cc: "Morgan, Paulette" <paulettmorgan@westernhealth.nl.ca>, "Tracey Boland (Communications)" <TraceyL.Boland@easternhealth.ca>, "Collette Smith" <Collette.Smith@easternhealth.ca>, "Mikaela Etchegary" <Mikaela.Etchegary@easternhealth.ca>, "Regina Coady" <Regina.Coady@easternhealth.ca>

Hi,
Apologies for the duplication, but given there were multiple responses with overlapping messages, we have combined below with the aim to reduce confusion and the number of emails. Please advise if you have feedback or approve.
Thank you.

Media:
VOCM, Linda Swain
CBC, Mark Quinn
CBC NL Morning Show, Bernice Hillier

Context:
The Registered Nurses Union has said publicly that the CHL contract in the western zone came to an end and nurses in that zone have been mandated to work OT to fill the gap. Multiple reporters have reached out looking for more information.

Questions (CBC Mark Quinn):
Have the contracts with CHL ended? Or are there nurses provided by CHL still working in the province?

Questions (VOCM):

1. What's the situation there? Was the contract terminated, or did it expire?
2. Will they be renewed?
3. What kind of an impact does this have on operations?
4. How many travel nurses are involved?
5. How is the gap being addressed?
6. What is the reason behind the end of the contract and what is the way forward?
7. Are the western and central zones the only ones affected?

Questions (CBC Bernice Hillier):

A contract with Canadian Health Labs expired at midnight Tuesday night, and I'm told that, as a result, some RNs were mandated to extend their shifts and were on duty for 21 hours in a 24-hour period as a result. What can you tell me about what happened surrounding this contract expiring and how it was that other nurses weren't scheduled in advance to replace those who were supposed to be coming off shift? The contract in question began on February 27, 2023 and was clearly outlined as being for a 1-year term.

DRAFT Response:

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Tracey Boland
Collette Smith
Melanie Clarke

From: Collette Smith <Collette.Smith@easternhealth.ca>

Sent: Friday, March 1, 2024 10:03 AM

To: Pye, Tara J (Communications) <tara.pye@westernhealth.nl.ca>; Morgan, Paulette <paulettmorgan@westernhealth.nl.ca>; Tracey Boland (Communications) <TraceyL.Boland@easternhealth.ca>

Subject: RE: Request from CBC

Good with me thanks



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e: collette.smith@easternhealth.ca

w: NLHealthServices.ca

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<Collette.Smith@easternhealth.ca>; Tracey Boland (Communications) <TraceyL.Boland@easternhealth.ca>

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Administrative Support

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e: natashapayne@westernhealth.nl.ca

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s.29.1.a

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w: NLHealthServices.ca

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From: Freake, Teara
Sent: Friday, March 1, 2024 12:37 PM
To: Pye, Tara J (Communications)
Subject: Re: Request from CBC Re: Agency Nurses

Good

From: "Pye, Tara J (Communications)" <tarajpye@westernhealth.nl.ca>
Subject: Request from CBC Re: Agency Nurses
Date: 01 March 2024 10:08
To: "Debbie Molloy" <Debbie.Molloy@easternhealth.ca>, "Lynette Oates (Lynette.Oates@easternhealth.ca)" <Lynette.Oates@easternhealth.ca>, "Freake, Teara" <tearafreake@westernhealth.nl.ca>
Cc: "Morgan, Paulette" <paulettmorgan@westernhealth.nl.ca>, "Tracey Boland (Communications)" <TraceyL.Boland@easternhealth.ca>, "Collette Smith" <Collette.Smith@easternhealth.ca>

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NL Health Services is working to address any potential gaps in staffing levels in facilities in Western Zone through recruitment and through other private health-care staffing agency resources.

From: Clarke, Melanie <melanieclarke@westernhealth.nl.ca>
Sent: Friday, March 1, 2024 8:08 AM
To: Pye, Tara J (Communications) <tarajpye@westernhealth.nl.ca>
Subject: RE: Request from CBC

Hi Tara,

This is fine from my perspective.

Melanie



**NL Health
Services**

Melanie Clarke (She/Her)
Regional Manager of Recruitment
Human Resources – Western Zone

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From: Lynette Oates <Lynette.Oates@easternhealth.ca>
Sent: Friday, March 1, 2024 12:44 PM
To: Freake, Teara, Pye, Tara J (Communications), Debbie Molloy
Cc: Morgan, Paulette, Tracey Boland (Communications), Collette Smith, Mikaela Etchegary, Regina Coady
Subject: Re: Request from CBC Re: Agency Nurses

Thanks Tara



**NL Health
Services**

Lynette Oates

Chief - Public Engagement and Communications
NL Health Services

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e: lynette.oates@easternhealth.ca
w: NLHealthServices.ca

From: Freake, Teara <tearafreake@westernhealth.nl.ca>
Sent: March 1, 2024 12:35 PM
To: Pye, Tara J (Communications) <tarajpye@westernhealth.nl.ca>; Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Lynette Oates <Lynette.Oates@easternhealth.ca>
Cc: Morgan, Paulette <paulettmorgan@westernhealth.nl.ca>; Tracey Boland (Communications) <TraceyL.Boland@easternhealth.ca>; Collette Smith <Collette.Smith@easternhealth.ca>; Mikaela Etchegary <Mikaela.Etchegary@easternhealth.ca>; Regina Coady <Regina.Coady@easternhealth.ca>
Subject: Re: Request from CBC Re: Agency Nurses

Looks good

Only addition would be to add Wz or NLHS staff nurse to the response for Bernice vs staff nurse.

From: "Pye, Tara J (Communications)" <tarajpye@westernhealth.nl.ca>
Subject: Request from CBC Re: Agency Nurses
Date: 01 March 2024 11:54
To: "Debbie Molloy" <Debbie.Molloy@easternhealth.ca>, "Lynette Oates (Lynette.Oates@easternhealth.ca)" <Lynette.Oates@easternhealth.ca>, "Freake, Teara" <tearafreake@westernhealth.nl.ca>
Cc: "Morgan, Paulette" <paulettmorgan@westernhealth.nl.ca>, "Tracey Boland (Communications)" <TraceyL.Boland@easternhealth.ca>, "Collette Smith" <Collette.Smith@easternhealth.ca>, "Mikaela Etchegary" <Mikaela.Etchegary@easternhealth.ca>, "Regina Coady" <Regina.Coady@easternhealth.ca>

Hi,
Apologies for the duplication, but given there were multiple responses with overlapping messages, we have combined below with the aim to reduce confusion and the number of emails. Please advise if you have feedback or approve.
Thank you.

Media:
VOCM, Linda Swain
CBC, Mark Quinn

Context:

The Registered Nurses Union has said publicly that the CHL contract in the western zone came to an end and nurses in that zone have been mandated to work OT to fill the gap. Multiple reporters have reached out looking for more information.

Questions (CBC Mark Quinn):

Have the contracts with CHL ended? Or are there nurses provided by CHL still working in the province?

Questions (VOCM):

1. What's the situation there? Was the contract terminated, or did it expire?
2. Will they be renewed?
3. What kind of an impact does this have on operations?
4. How many travel nurses are involved?
5. How is the gap being addressed?
6. What is the reason behind the end of the contract and what is the way forward?
7. Are the western and central zones the only ones affected?

Questions (CBC Bernice Hillier):

A contract with Canadian Health Labs expired at midnight Tuesday night, and I'm told that, as a result, some RNs were mandated to extend their shifts and were on duty for 21 hours in a 24-hour period as a result. What can you tell me about what happened surrounding this contract expiring and how it was that other nurses weren't scheduled in advance to replace those who were supposed to be coming off shift? The contract in question began on February 27, 2023 and was clearly outlined as being for a 1-year term.

DRAFT Response:

Given ongoing staffing challenges and to maintain workplace staffing levels, NL Health Services has engaged private health-care staffing agencies to provide support to fill vacant positions, temporarily, on an as-needed basis. These health-care workers are used as a short-term measure to fill vacancies, help relieve some pressure on human resources within our health-care system, and ensure the continued delivery of quality, safe care for patients. A contract between NL Health Services – Western Zone and Canadian Health Labs expired on February 27, 2024, and will not be renewed.

NL Health Services continues to work on recruitment strategies to support staffing levels in facilities in Western Zone and throughout the province. We are implementing strategic, long-term solutions to stabilize the workforce and decrease dependence on agency nursing services. There are many positive strategies in play that are bringing success to our efforts to stabilize the workforce. These include recruiting provincially trained graduates, incentivizing health-care workers to return back to the province, attracting national and international health professionals, and retaining current employees through promotion of workplace safety and employee wellness initiatives.

For CBC (Mark) and VOCM Only:

As of February 28, 2024, there are three active contracts with Canadian Health Labs in the province. The contracts have varying lengths, with some ending as early as April 30, 2024, in Central Zone.

For CBC NL Morning Show Only (Bernice):

There were two agency nurses booked to work the evening shift February 27 due to a scheduling error, given the contract ended at midnight. At that time two staff nurses were recalled to work at midnight, after working the day shift until 8 p.m. We apologize to the nurses who worked longer than their scheduled shift.

From: Pye, Tara J (Communications)
Sent: Friday, March 1, 2024 10:08 AM
To: 'Debbie Molloy' <Debbie.Molloy@easternhealth.ca>; 'Lynette Oates (Lynette.Oates@easternhealth.ca)' <Lynette.Oates@easternhealth.ca>; Freake, Teara <tearafreake@westernhealth.nl.ca>
Cc: Morgan, Paulette <paulettmorgan@westernhealth.nl.ca>; Tracey Boland (Communications) <TraceyL.Boland@easternhealth.ca>; 'Collette Smith' <Collette.Smith@easternhealth.ca>
Subject: Request from CBC Re: Agency Nurses

Hi,
Please see media response for your approval:

Media
CBC Bernice Hillier

Context
I am contacting you now to get information or an interview from NL Health Services about an occurrence at WMRH on Tuesday evening.

A contract with Canadian Health Labs expired at midnight Tuesday night, and I'm told that, as a result, some RNs were mandated to extend their shifts and were on duty for 21 hours in a 24-hour period as a result. What can you tell me about what happened surrounding this contract expiring and how it was that other nurses weren't scheduled in advance to replace those who were supposed to be coming off shift? The contract in question began on February 27, 2023 and was clearly outlined as being for a 1-year term.

I have an interview on tape with the nurses union which we will be airing tomorrow. I would like to be able to include a response from NL Health Services

Response

Given ongoing staffing challenges and to maintain workplace staffing levels, NL Health Services has engaged private health-care staffing agencies to provide support to fill vacant positions, temporarily, on an as-needed basis. These health-care workers are used as a short-term measure to fill vacancies, help relieve some pressure on human resources within our health-care system, and ensure the continued delivery of quality, safe care for patients.

A contract between NL Health Services – Western Zone and Canadian Health Labs expired on February 27, 2024, and will not be renewed. When agency nurses were booked to work the evening shift February 27 due to a scheduling error, two staff nurses were recalled to work at midnight, after working the day shift, until 8 p.m.

NL Health Services continues to work on recruitment strategies to support staffing levels in facilities in Western Zone.

Approved by:

Paulette Morgan
Tracey Boland
Collette Smith
Melanie Clarke

From: Collette Smith <Collette.Smith@easternhealth.ca>
Sent: Friday, March 1, 2024 10:03 AM
To: Pye, Tara J (Communications) <tarajpye@westernhealth.nl.ca>; Morgan, Paulette <paulettmorgan@westernhealth.nl.ca>; Tracey Boland (Communications) <TraceyL.Boland@easternhealth.ca>
Subject: RE: Request from CBC

Good with me thanks



**Collette Smith RN, BSc, MBA,
CHE
Human Resources**

t: 709-466-5130
e: collette.smith@easternhealth.ca
w: NLHealthServices.ca

From: Pye, Tara J (Communications) <tarajpye@westernhealth.nl.ca>
Sent: Friday, March 1, 2024 9:58 AM
To: Morgan, Paulette <paulettmorgan@westernhealth.nl.ca>; Collette Smith <Collette.Smith@easternhealth.ca>; Tracey Boland (Communications) <TraceyL.Boland@easternhealth.ca>
Subject: RE: Request from CBC

Hi,
Incorporating message from Paulette, are you okay with this response?:

Given ongoing staffing challenges and to maintain workplace staffing levels, NL Health Services has engaged private health-care staffing agencies to provide support to fill vacant positions, temporarily, on an as-needed basis. These health-care workers are used as a short-term measure to fill vacancies, help relieve some pressure on human resources within our health-care system, and ensure the continued delivery of quality, safe care for patients.

A contract between NL Health Services – Western Zone and Canadian Health Labs expired on February 27, 2024, and will not be renewed. When agency nurses were booked to work the evening shift February 27 due to a scheduling error, two staff nurses were recalled to work at midnight, after working the day shift, until 8 p.m.

NL Health Services continues to work on recruitment strategies to support staffing levels in facilities in Western Zone.

Kind Regards,
Tara

From: Morgan, Paulette <paulettmorgan@westernhealth.nl.ca>
Sent: Friday, March 1, 2024 9:43 AM
To: Collette Smith <Collette.Smith@easternhealth.ca>; Pye, Tara J (Communications)

<tarajpye@westernhealth.nl.ca>; Tracey Boland (Communications) <TraceyL.Boland@easternhealth.ca>
Subject: RE: Request from CBC

Hi Colette,

I feel we should makes a statement similar toNL Health Services continues to work on recruitment strategies to support staffing levels in facilities in Western Zone.

There will be gaps left in staffing due the end of CHL contract.

p



Paulette Morgan BN RN MHST LSS (she/her)
Hospital and Clinical Services
Western Zone

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e: paulettmorgan@westernhealth.nl.ca
w: NLHealthServices.ca

Administrative Support
t: Natasha Payne o: 709-784-5245
e: natashapayne@westernhealth.nl.ca

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From: Collette Smith <Collette.Smith@easternhealth.ca>
Sent: Friday, March 1, 2024 9:14 AM
To: Pye, Tara J (Communications) <tarajpye@westernhealth.nl.ca>; Tracey Boland (Communications) <TraceyL.Boland@easternhealth.ca>; Morgan, Paulette <paulettmorgan@westernhealth.nl.ca>
Subject: RE: Request from CBC



**Collette Smith RN, BSc, MBA,
CHE**
Human Resources

t: 709-466-5130
e: collette.smith@easternhealth.ca
w: NLHealthServices.ca

s.29.1.a

From: Pye, Tara J (Communications) <taraipye@westernhealth.nl.ca>
Sent: Friday, March 1, 2024 8:44 AM
To: Tracey Boland (Communications) <TraceyL.Boland@easternhealth.ca>; Collette Smith <Collette.Smith@easternhealth.ca>; Morgan, Paulette <paulettmorgan@westernhealth.nl.ca>
Subject: Request from CBC

Hi,
Please see response below for your feedback/approval.

Media:
CBC/Bernice Hillier

Context
I am contacting you now to get information or an interview from NL Health Services about an occurrence at WMRH on Tuesday evening.

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I have an interview on tape with the nurses union which we will be airing tomorrow. I would like to be able to include a response from NL Health Services

Draft Response:
Given ongoing staffing challenges and to maintain workplace staffing levels, NL Health Services has engaged private health-care staffing agencies to provide support to fill vacant positions, temporarily, on an as-needed basis. These health-care workers are used as a short-term measure to fill vacancies, help relieve some pressure on human resources within our health-care system, and ensure the continued delivery of quality, safe care for patients.

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NL Health Services is working to address any potential gaps in staffing levels in facilities in Western Zone through recruitment and through other private health-care staffing agency resources.

From: Clarke, Melanie <melanieclarke@westernhealth.nl.ca>
Sent: Friday, March 1, 2024 8:08 AM
To: Pye, Tara J (Communications) <taraipye@westernhealth.nl.ca>
Subject: RE: Request from CBC

Hi Tara,

This is fine from my perspective.

Melanie



**NL Health
Services**

Melanie Clarke (She/Her)
Regional Manager of Recruitment
Human Resources – Western Zone

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w: NLHealthServices.ca

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From: Regina Coady <Regina.Coady@easternhealth.ca>
Sent: Friday, March 1, 2024 4:13 PM
To: Freake, Teara, Craig Davis, Sandy Penney, Debbie Walsh, Ron Johnson, Glenda Webber, Joanne Pelley
Cc: Debbie Molloy, Collette Smith, Tara Hunt
Subject: RE: Review of Agency Nursing Utilization - Follow up on Actions
Attachments: Provincial Agency Supply Demand Feb 19th V.2.xlsx, Criteria for Agency Nurse utilization V.2.docx

Thanks Teara

Welcoming any feedback from other COOs?

Yes Agency Nurses on the ground filling vacancies can absolutely fill in for OT needed for SL, AL etc as needed. The guideline we operate under is that NLHS staff must be offered OT before Agency and I think that's well known to managers. s.29.1.a

If I can request immediate steps before Exec next week can each of you share the reports and criteria with your Sr Directors and if possible review your Feb Zone Supply and Demand? If you are having a meeting with your Sr Directors etc to review I would be happy to attend with the Lead Agency Contract in your Zone. Open to any others suggestions? . Dave asked for Agency nsg to be added to the Agenda for next week and if I can help to advance discussions in your Zone please advise.
Have a great weekend.



Regina Coady
Human Resources

**NL Health
Services**

e: Regina.Coady@easternhealth.ca
w: NLHealthServices.ca

From: Freake, Teara [mailto:teara.freake@westernhealth.nl.ca]
Sent: Thursday, February 29, 2024 1:40 PM
To: Regina Coady <Regina.Coady@easternhealth.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Sandy Penney <sandy.penney@lghealth.ca>; Debbie Walsh <Debbie.Walsh@easternhealth.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Glenda Webber <Glenda.Webber@easternhealth.ca>; Joanne Pelley <Joanne.Pelley@centralhealth.nl.ca>
Cc: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Collette Smith <Collette.Smith@easternhealth.ca>; Tara Hunt <Tara.Hunt@easternhealth.ca>
Subject: RE: Review of Agency Nursing Utilization - Follow up on Actions

Hi Regina, this is really helpful. I'll confirm our utilization and level of approvals and get back to you.

I think the criteria where we would not consider an agency nurse needs closer review and more feedback from scheduling and frontline managers to codevelop or at a min speak into. Teams need clearer direction around use of OT 1.5; 2.0, mandations, working short, risk of working 24 hour shifts, pulling from other units, alternate skills mix, etc vs when they cant use agency. If positions require 100% relief then we need flexibility. Most clinical areas have min staffing levels – ie LTC, ICU, obs –

Every decision needs to be balanced against the risk of not having a qualified person to provide care. From a due diligence perspective, I want to be confident managers/schedulers booking agency nursing have worked through the options they have before choosing agency but I can't support blanket statements of when we can't use.

The second concern I have is that this is a change in current practice. Once we land on the algorithm, we will need to roll it out. I expect considerable questions from staff and managers about operationalizing this. We will need to communicate to frontline managers and schedulers including opportunity for Q and A. We also need to communicate to our staff. This will impact them and their worklife balance potentially and the care they provide if our decision is to work short vs bring in agency.

I don't want to make this bigger than it needs to be but want to be cognizant that this is a considerable change (for my zone at least) as we have used for many of the do not use cases listed to support worklife balance, continuity of care, to manage risk to patient care and to prepare for the opening of the new build.

Will I work through this in the zone with HR or will we do this collectively across zones and HR?

Thanks Regina for all you have done to get us here.

Thanks Teara



**NL Health
Services**

Teara Freake, RD MBA CHE
Vice President and Chief Operating Officer
Western Zone

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Executive Assistant
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*Extraordinary
every day.*

Newfoundland
Labrador

From: Regina Coady <Regina.Coady@easternhealth.ca>
Sent: Thursday, February 29, 2024 12:48 PM
To: Freake, Teara <teara.freake@westernhealth.nl.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Sandy Penney <sandy.penney@lghealth.ca>; Debbie Walsh <Debbie.Walsh@easternhealth.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Glenda Webber <Glenda.Webber@easternhealth.ca>; Joanne Pelley <Joanne.Pelley@centralhealth.nl.ca>
Cc: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Collette Smith <Collette.Smith@easternhealth.ca>; Tara Hunt <Tara.Hunt@easternhealth.ca>
Subject: Review of Agency Nursing Utilization - Follow up on Actions

Exec COO Team

This morning at a meeting called by Dave D to discuss moving forward with measures to control the management of agency nursing one of the actions arising was bringing uniformity to the way agency nurses would be managed with over site at COO level. The suggested actions related to this were:

- 1.
- 2.
- 3.
- 4.

s.29.1.a

To begin action related to this I am reaching out to seek your suggestions how to begin this or enhance where you already have similar processes. Do you want me to set up a meeting of the COO group with myself and zone Agency leads? Meet each Zone COO/Agency separately? Other suggestions? Other simultaneous actions are moving forward too including NLHS centralize Agency Nursing management team, RFP to reset agencies; audit preparations. Dave has asked for follow up discussion at exec next week so if we can determine how best to move this piece forward that will be great progress.



**NL Health
Services**

Regina Coady
Human Resources

e: Regina.Coady@easternhealth.ca
w: NLHealthServices.ca

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received this communication in error, please notify the sender immediately and delete the message and any attachments from your system.

Criteria for Agency Nurse utilization.

Reviewed by Executive Feb 29th, 2024

Formalize criteria for the use of agency nurses. Agency Nurse request must meet these criteria:

- There is defined vacant position (s) that is/are posted internally and externally
- Efforts to fill the vacancy externally have been unsuccessful (eg. posted through Career Beacon and the external NLHS website)
- Other measures to deal with the vacancy have been unsuccessful such as increased shifts by casual or part time, redeploy staff from another area, skill mix change, cross training, posting TFT floats if viable
- Reduction of services is not possible
- Where there are no vacancies, Agency Nurse personnel will not be contracted solely for the purpose of:
 - Annual leave replacement*** For further discussion
 - Short term Sick leave replacement
 - Irregular extra workload
 - Replace other team members (i.e. RN to replace vacant LPN positions)

Note that Agency Nurses on site filling vacancies can be assigned OT to cover SL, AL, extra workload etc as needed understanding that NLHS staff must be offered OT before Agency.

- Tighter controls be implemented:
 - Requests for any further new Agency Nursing personnel must be completed by the Manager and signed by the Senior Director and VP/COO before submitting to the Agency Nursing Unit.
 - Deviations from the criteria must be approved by their respective Vice President/COO
 - Reports on deployment supply /demand will be reviewed monthly by Senior Directors and Executive
- Length of the contract should be limited to the shortest anticipated time based on recruitment efforts. Contracts longer than 2-3 month should be cautionary and subject to cancellation or redeployment to another site subject to successful recruitment, casual or part time staff willing to increase shifts, or incumbent returning from long term Sick leave or Worker's Compensation Claim(WCC) or Maternity Leave (ML) for example. Longer contracts up to 6 months can be considered where there is no anticipated source of NLHS staff to fill the vacancy.

- Use most economical agency nurse if schedule and qualifications are met until all agencies are moved to one uniform rate structure.

Site	NLHS- WESTERN M. Hos RN		
Western M.Hospital	UNIT	DEMAND	SUPPLY
	SURGERY	12	11
	MEDICINE	16	10
	OBS	1	2
	ER	4	7
	ICU	2	4
	TOTAL	35	34
	NP		
NP LTC Corner Brook	LTC	1	0
	Total	1	0
2 sites LTC Corner Brook	2 sites in Corner Brook LPN		
	UNIT	DEMAND	SUPPLY
	LTC	36	29
	Total	36	29
Bay St George LTC	Stephenville LTC RN		
	UNIT	DEMAND	SUPPLY
	LTC	2	2
	Total	2	2
Bay St George LTC	Stephenville LTC LPN		
	UNIT	DEMAND	SUPPLY
	LTC	7	1
	Total	7	1
	Western- RURAL RN		
	FACILTY	DEMAND	SUPPLY
CALDER -BURGEO	ER/INP	1	2
CHARLES LEGROW-	ER/INP	2	1
	TOTAL	3	3
RN Stephenville Health Centre	RN - Stephenville		
	UNIT	DEMAND	SUPPLY
	MED-SURG	4	3
	ER/ICU	2	1
	Total	6	4
Total Demand RN		46	43
Fill Rate RN			
Total Demand Agency LPN		36	30
Fill Rate LPN			
Total Demand Agency NP		1	0

Fill rate NP			
--------------	--	--	--

Site	Program	Requested	Jan 15/24
JPM Gander	ED	13	13
JPM Gander	ICU	6	5
JPM Gander	MED (14) Dialysis (2)	26	22
JPM Gander	Overflow (12)		
JPM Gander	Ortho	10	8
JPM Gander	OBS		
JPM Gander	Surg	3	3
Gander	LTC (2 Sites) LSH & Gander LTC facility	11	10
Total RNS		69	61

CNRHC GFW	ER	10	8
CNRHC GFW	ICU	7	7
CNRHC GFW	Med	11	10
CNRHC GFW	Dialysis	5	
CNRHC GFW	MHA	2	2
CNRHC GFW	OBS	7	7
CNRHC GFW	Overflow	12	13
CNRHC GFW	Surg	4	3
GFW	LTC(2 sites) CML & GFW LTC facility	13	11
Total RNS		71	61

Baie Verte	ER	2	0
Baie Verte	Acute	1	0
Baie Verte	Airway MNGMT NP	2	0
Total RNS		3	0
Total NPS		2	0

Botwod	ER	1	1
Botwod	LTC	2	0
Total RNS		3	1

Buchans	ER	3	2
Primary	ER Primary NP	1	0
Total RNS		3	2
Total NPS		1	0

Fogo	ER	1	0
Total RNS		1	0

Harbour Breton	ER	4	3
Total RNS		4	3

Lewisporte	ER	3	1
Total RNS		3	1

NWV	ER	2	2
NWV	LTC	2	2
NWV	Airway MNGMT NP	1	1
Total RNS		4	4
Total NPS		1	1

Springdale	Acute/ER	6	4
Springdale	LTC	5	5
Springdale	Primary NP	1	0
Total RNS		11	9
Total NPS		1	0

Twillingate	ER	3	1
Total RNS		3	1

Total RNS Requested	175	
Total RNS Met		143
Percentage Met		82%

Total NPS Requested	#REF!	
Total NPs Met		#REF!
Percentage Met		#REF!

Requested	Feb. 19/24
11	12
9	9
16	16
0	0
12	9
8	10
5	3
11	13
72	72

9	8
7	7
10	8
5	2
2	1
7	7
12	11
8	5
12	13
72	62

2	1
1	0
2	0
3	1
2	0

1	1
2	1
3	2

3	2
1	0
3	2
1	0

1	0
1	0

5	5
5	5

3	1
3	1

2	2
3	2
1	0
5	4
1	0

6	3
5	5
1	0
11	8
1	0

3	2
3	2

181	
***	159
***	88%

5	0
	0%

one leaving 25th

Med & DU combined

Closed, moved nurses to other areas, cancelled contracts, OBS opened

2 came from OF (overlap x 3 weeks b/c of overflow closing) 1 ending Feb 24,

*requested 6 additional RNs for Feb. Nurses placed then unable to open beds, still adjusting contract dates

	RN	LPN	PCA
Labrador Grenfell (total needs/demand)	34	18	30
LHC OBS	8	0	0
LHC OR	4	0	0
LHC Inpts	6	1	7
LHC LTC	0	11	18
LWHC Inpts	2	0	0
CSCMH LTC	1	2	5
CSCMH Inpts	8	2	0
CSCMH ER	1	0	0
CSCMH ICU	2	0	0
Roddickton ER	2	0	0
Forteau LTC	0	2	0
Labrador Grenfell (total supply "on the ground")	21	12	23
LHC inpts	2	1	5
LHC LTC	0	7	12
LHC OBS	4	0	0
LHC OR	1	0	0
LWHC inpts	2	0	0
CSCMH Inpts	8	2	0
CSCMH LTC	1	2	4
CSCMH ER	1	0	0
CSCMH ICU	1	0	0
Roddickton ER	1	0	0
Forteau LTC	0	0	2

Site	Program	Requested	19-Feb
CGH	ICU	2	2
CGH	ER	2	2
CGH	OBS	4	4
CGH	Surg	2	2
CGH PJSMP	LTC NP	1	1
CGH	Ortho/ NP	1	0
Total CGH RNS		10	10
Percentage Met		100%	
Total NPs		2	1
Percentage Met		50%	
Burin	ER	1	1
Burin	MED	1	1
Burin	ICU	3	3
Burin	Dialysis	2	2
Burin	OBS	1	1
Total Burin RNS		8	8
Percentage Met		100%	
Grand Bank	Grand Bank LTC	2	2
Grand Bank	Grand NP	1	1
Total Grand Bank RNS		2	2
Percentage Met		100%	
Total NPs		1	1
Percentage Met		100%	
GBC Clarendville	ER	5	4
GBC Clarendville	ICU	3	3
GBC Clarendville	OBS	1	0
GBC Clarendville	Med	6	6
Total GBC RNS		15	13
Percentage Met		87%	
St. Lawrence	LTC USM	2	2
St. Lawrence	NP	1	1
Total St. Lawrence RNS		2	2
Percentage Met		100%	
Total NPs		1	1
Percentage Met		100%	
Placentia	LTC	2	2
Placentia	ER	2	2
Total Placentia RNS		4	4
Percentage Met		100%	
Bonavista	LTC	1	1
Bonavista	ER	1	1
Total Bonavista		2	2
Percentage Met		1	100%
Whitbourne	NP	1	1
Total Whitbourne		1	1

Percentage Met		100%
Bell Island	LTC	1
Bell Island	ER	2
Total Bell Island		3
Percentage Met		67%

Total Rural RNs Requested	46
Total Rural RNsMet	43
Rural Percentage Met	93%

Rural NPs Requested	5
Total NPS Met	4
Rural Percentage Met	80%

Site	Program	Requested	19-Feb
HSC	4NA-Med	3	2
HSC	ER	4	4
HSC	5NA	1	1
HSC	Urology	2	1
HSC	4NB	2	1
HSC	5SB	1	1
HSC	CVOR	1	0
HSC	MHA Acute Care	1	1
Total HSC RNS		15	11
Percentage Met		73%	
Waterford	Geriatrics	6	6
Waterford	E3A Acute Care	3	3
Waterford	W3A Acute Care	1	1
Waterford	ER Services	1	1
Waterford	W2A SSU	3	1
Total Waterford RNS		14	12
Percentage Met		86%	
St. Clare's Merch Hospital	4W SCM	1	0
St. Clare's Merch Hospital	7W SCM	1	1
St. Clare's Merch Hospital	6W Ortho	2	2
St. Clare's Merch Hospital	General SURG	3	3
Total SCM RNS		7	6
Percentage Met		86%	
GBL	LTC/LPN	7	7
Total GBL		7	7
Percentage Met		100%	
SPMH	LTC/LPN	7	6
Total SPMH		7	6
Percentage Met		86%	

Total Urban RNs Requested	36	
Total Urban RNsMet		29
Urban Percentage Met		81%

Urban LPNS Requested	14	
Total LPNS Met		13
Urban Percentage Met		93%

Western Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand	NP Supply	PCA Demand	PCA Supply
Total Demand/Supply RN	46	43						
Fill Rate RN		93%						
Total Demand/Supply Agency			36	30				
Fill Rate LPN				83%				
Total Demand/Supply					1	0		
Fill rate NP						0%		
Central Zone	RN	RN	LPN	LPN	NP	NP	PCA	PCA
Total Demand /Supply RN	181	159						
Fill Rate RN		88%						
Total Demand / Supply					5	0		
Fill rate NP						0%		
Lab Gren Zone	RN	RN	LPN	LPN	NP	NP	PCA	PCA
Total Demand /Supply RN	34	21						
Fill Rate RN		62%						
Total Demand /Supply Agency LPN			18	12				
Fill Rate LPN				67%				
Total Demand/Supply PCA							30	23
Fill rate PCA								77%
Eastern Rural Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand	NP Supply	PCA Demand	PCA Supply
Total Demand/Supply RN	46	43						
Fill Rate RN		93%						
Total Demand Agency NP					5	4		
Fill rate NP						80%		
Eastern Urban Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand	NP Supply	PCA Demand	PCA Supply
Total Demand/Supply RN	36	29						
Fill Rate RN		81%						

Total Demand/Supply Agency LPN			14	13				
Fill Rate LPN				93%				
Provincial Total	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand	NP Supply	PCA Demand	PCA Supply
Total Demand /Supply RN	343	295						
Fill Rate RN		86%						
Total Demand /Supply Agency LPN			68	55				
Fill Rate LPN				81%				
Total Demand/Supply PCA							30	23
Fill rate PCA								77%
Total Demand Agency NP					10	4		
Fill rate NP						40%		
Total All Agency Nursing Personnel All Zones	Demand 451	Supply 376	Fill rate 83%					
Other Provincial Trends								
RNs as percent of all Agency Demand			76%					
LPN as percent of all Agency Demand			15%					
PCA as percent of all Agency Demand			7%					
NP as percent of all Agency Demand			<1%					
% of all Agency RNs in speciality areas demand			53%	ICU/ER/ OBS/OR				

Western Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand/Supply RN	46	27		
Fill Rate RN		59%		
Total Demand/Supply Agency LPN			38	29
Fill Rate LPN				76%
Total Demand/Supply Agency NP				
Fill rate NP				
Central Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand /Supply RN	175	143		
Fill Rate RN		82%		
Total Demand / Supply Agency NP				
Fill rate NP				
Lab Gren Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand /Supply RN	26	24		
Fill Rate RN		92%		
Total Demand /Supply Agency LPN			17	13
Fill Rate LPN				76%
Total Demand/Supply PCA				
Fill rate PCA				
Eastern Rural Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand/Supply RN	45	35		
Fill Rate RN		78%		
Total Demand Agency NP				
Fill rate NP				
Eastern Urban Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand/Supply RN	36	28		
Fill Rate RN		78%		
Total Demand/Supply Agency LPN			14	14
Fill Rate LPN				100%
Provincial Total	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand /Supply RN	328	257		
Fill Rate RN		78%		

Total Demand /Supply Agency LPN			69	56
Fill Rate LPN				81%
Total Demand/Supply PCA				
Fill rate PCA				
Total Demand Agency NP				
Fill rate NP				
Total All Agency Personnel All Zones	435	334	77%	

NP Demand	NP Supply	PCA Demand	PCA Supply
1	0		
	0%		
NP Demand	NP Supply	PCA Demand	PCA Supply
5	1		
	20%		
NP Demand	NP Supply	PCA Demand	PCA Supply
		23	18
			78%
NP Demand	NP Supply	PCA Demand	PCA Supply
5	4		
	80%		
NP Demand	NP Supply	PCA Demand	PCA Supply
NP Demand	NP Supply	PCA Demand	PCA Supply

		23	18
			78%
15	3		
	20%		

Western Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand/Supply RN	44	39			
Fill Rate RN		89%			
Total Demand/Supply Agency LPN			38	29	
Fill Rate LPN				76%	
Total Demand/Supply Agency NP					1
Fill rate NP					
Central Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand /Supply RN	132	116			
Fill Rate RN		88%			
Total Demand / Supply Agency NP					8
Fill rate NP					
Lab Gren Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand /Supply RN	37	16			
Fill Rate RN		43%			
Total Demand /Supply Agency LPN			19	10	
Fill Rate LPN				53%	
Total Demand/Supply PCA					
Fill rate PCA					
Eastern Rural Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand/Supply RN	41	36			
Fill Rate RN		88%			
Total Demand Agency NP					6
Fill rate NP					
Eastern Urban Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand/Supply RN	40	29			
Fill Rate RN		73%			
Total Demand/Supply Agency LPN			14	12	
Fill Rate LPN				86%	
Provincial Total	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand /Supply RN	294	236			
Fill Rate RN		80%			

Total Demand /Supply Agency LPN			71	51	
Fill Rate LPN				72%	
Total Demand/Supply PCA					
Fill rate PCA					
Total Demand Agency NP					15
Fill rate NP					

NP Supply	PCA Demand	PCA Supply
0		
0%		
NP Supply	PCA Demand	PCA Supply
0		
0%		
NP Supply	PCA Demand	PCA Supply
	21	14
		67%
NP Supply	PCA Demand	PCA Supply
3		
50%		
NP Supply	PCA Demand	PCA Supply
NP Supply	PCA Demand	PCA Supply

	21	14
		67%
3		
20%		

From: Sandy Penney <sandy.penney@lghealth.ca>
Sent: Friday, March 1, 2024 6:25 PM
To: Regina Coady, Freake, Teara, Craig Davis, Debbie Walsh, Ron Johnson, Glenda Webber, Joanne Pelley
Cc: Debbie Molloy, Collette Smith, Tara Hunt
Subject: RE: Review of Agency Nursing Utilization - Follow up on Actions

Hi Regina,

Your response clarifies Teara's qtns. Thanks

And I have shared with the SD's, Wanda will be covering for me while I'm away, she will bring feedback from LG.

Thanks



**NL Health
Services**

Sandy Penney (she/her)

Vice-President & Chief Operating Officer
Labrador Grenfell Zone

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e: sandy.penney@lghealth.ca

w: NLHealthServices.ca

From: Regina Coady <Regina.Coady@easternhealth.ca>
Sent: Friday, March 1, 2024 3:43 PM
To: Freake, Teara <teara@freake@westernhealth.nl.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Sandy Penney <sandy.penney@lghealth.ca>; Debbie Walsh <Debbie.Walsh@easternhealth.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Glenda Webber <Glenda.Webber@easternhealth.ca>; Joanne Pelley <Joanne.Pelley@centralhealth.nl.ca>
Cc: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Collette Smith <Collette.Smith@easternhealth.ca>; Tara Hunt <Tara.Hunt@easternhealth.ca>
Subject: RE: Review of Agency Nursing Utilization - Follow up on Actions

Thanks Teara

Welcoming any feedback from other COOs?

Yes Agency Nurses on the ground filling vacancies can absolutely fill in for OT needed for SL, AL etc as needed. The guideline we operate under is that NLHS staff must be offered OT before Agency and I think that's well known to managers.

s.29.1.a

If I can request immediate steps before Exec next week can each of you share the reports and criteria with your Sr Directors and if possible review your Feb Zone Supply and Demand? If you are having a meeting with your Sr Directors etc to review I would be happy to attend with the Lead Agency Contract in your Zone. Open to any others suggestions? . Dave asked for Agency nsg to be added to the Agenda for next week and if I can help to advance discussions in your Zone please advise.
Have a great weekend.



**NL Health
Services**

**Regina Coady
Human Resources**

e: Regina.Coady@easternhealth.ca
w: NLHealthServices.ca

From: Freake, Teara [<mailto:teara.freake@westernhealth.nl.ca>]

Sent: Thursday, February 29, 2024 1:40 PM

To: Regina Coady <Regina.Coady@easternhealth.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Sandy Penney <sandy.penney@lghealth.ca>; Debbie Walsh <Debbie.Walsh@easternhealth.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Glenda Webber <Glenda.Webber@easternhealth.ca>; Joanne Pelley <Joanne.Pelley@centralhealth.nl.ca>

Cc: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Collette Smith <Collette.Smith@easternhealth.ca>; Tara Hunt <Tara.Hunt@easternhealth.ca>

Subject: RE: Review of Agency Nursing Utilization - Follow up on Actions

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s.29.1.a

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The second concern I have is that this is a change in current practice. Once we land on the algothim, we will need to roll it out. I expect considerable questions from staff and mangers about operationalizing this. We will need to communcate to frontline managers and schedulers including opportunity for Q and A. We also need to communucate to our staff. This will impact them and their worklife balance potentially and the care they provide if our deicson is to work short vs bring in agency.

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Will I work thought this in the zone with HR or will we do this collectively across zones and HR?

Thanks Regina for all you have done to get us here.
Thanks Teara



Teara Freake, RD MBA CHE
Vice President and Chief Operating Officer
Western Zone

t: 709-784-5640 c: 709-632-6038
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w: NLHealthServices.ca

Executive Assistant
Stephanie Gallant
t: 709-784-5549
e: stephaniegallant@westernhealth.nl.ca

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From: Regina Coady <Regina.Coady@easternhealth.ca>
Sent: Thursday, February 29, 2024 12:48 PM
To: Freake, Teara <tearafreake@westernhealth.nl.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Sandy Penney <sandy.penney@lghealth.ca>; Debbie Walsh <Debbie.Walsh@easternhealth.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Glenda Webber <Glenda.Webber@easternhealth.ca>; Joanne Pelley <Joanne.Pelley@centralhealth.nl.ca>
Cc: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Collette Smith <Collette.Smith@easternhealth.ca>; Tara Hunt <Tara.Hunt@easternhealth.ca>
Subject: Review of Agency Nursing Utilization - Follow up on Actions

Exec COO Team

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- 1.
- 2.
- 3.
- 4.

s.29.1.a

To begin action related to this I am reaching out to seek your suggestions how to begin this or enhance where you already have similar processes. Do you want me to set up a meeting of the COO group with myself and zone Agency leads? Meet each Zone COO/Agency separately? Other suggestions?
Other simultaneous actions are moving forward too including NLHS centralize Agency Nursing management team, RFP to reset agencies; audit preparations.

Dave has asked for follow up discussion at exec next week so if we can determine how best to move this piece forward that will be great progress.



**NL Health
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**Regina Coady
Human Resources**

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From: Debbie Walsh
Sent: Friday, March 1, 2024 6:26 PM
To: Michelle Alexander, LeslieAnn Rowsell
Subject: Fwd: Review of Agency Nursing Utilization - Follow up on Actions
Attachments: Provincial Agency Supply Demand Feb 19th V.2.xlsx, Criteria for Agency Nurse utilization V.2.docx

For feedback by end of day Monday. Thinking that I may have already sent this but just in case

Debbie

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From: Regina Coady <Regina.Coady@easternhealth.ca>
Sent: Friday, March 1, 2024 2:42:45 PM
To: Freake, Teara <teara.freake@westernhealth.nl.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Sandy Penney <sandy.penney@lghealth.ca>; Debbie Walsh <Debbie.Walsh@easternhealth.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Glenda Webber <Glenda.Webber@easternhealth.ca>; Joanne Pelley <Joanne.Pelley@centralhealth.nl.ca>
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**Regina Coady
Human Resources**

e: Regina.Coady@easternhealth.ca
w: NLHealthServices.ca

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Sent: Thursday, February 29, 2024 1:40 PM
To: Regina Coady <Regina.Coady@easternhealth.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Sandy Penney <sandy.penney@lghealth.ca>; Debbie Walsh <Debbie.Walsh@easternhealth.ca>; Ron

Johnson <ron.johnson@nlhealthservices.ca>; Glenda Webber <Glenda.Webber@easternhealth.ca>; Joanne Pelley <Joanne.Pelley@centralhealth.nl.ca>

Cc: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Collette Smith <Collette.Smith@easternhealth.ca>; Tara Hunt <Tara.Hunt@easternhealth.ca>

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Teara Freake, RD MBA CHE
Vice President and Chief Operating Officer
Western Zone

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From: Regina Coady <Regina.Coady@easternhealth.ca>

Sent: Thursday, February 29, 2024 12:48 PM

To: Freake, Tera <tearafreake@westernhealth.nl.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Sandy Penney <sandy.penney@lghealth.ca>; Debbie Walsh <Debbie.Walsh@easternhealth.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Glenda Webber <Glenda.Webber@easternhealth.ca>; Joanne Pelley <Joanne.Pelley@centralhealth.nl.ca>

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**Regina Coady
Human Resources**

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Criteria for Agency Nurse utilization.

Reviewed by Executive Feb 29th, 2024

Formalize criteria for the use of agency nurses. Agency Nurse request must meet these criteria:

- There is defined vacant position (s) that is/are posted internally and externally
- Efforts to fill the vacancy externally have been unsuccessful (eg. posted through Career Beacon and the external NLHS website)
- Other measures to deal with the vacancy have been unsuccessful such as increased shifts by casual or part time, redeploy staff from another area, skill mix change, cross training, posting TFT floats if viable
- Reduction of services is not possible
- Where there are no vacancies, Agency Nurse personnel will not be contracted solely for the purpose of:
 - Annual leave replacement*** For further discussion
 - Short term Sick leave replacement
 - Irregular extra workload
 - Replace other team members (i.e. RN to replace vacant LPN positions)

Note that Agency Nurses on site filling vacancies can be assigned OT to cover SL, AL, extra workload etc as needed understanding that NLHS staff must be offered OT before Agency.

- Tighter controls be implemented:
 - Requests for any further new Agency Nursing personnel must be completed by the Manager and signed by the Senior Director and VP/COO before submitting to the Agency Nursing Unit.
 - Deviations from the criteria must be approved by their respective Vice President/COO
 - Reports on deployment supply /demand will be reviewed monthly by Senior Directors and Executive
- Length of the contract should be limited to the shortest anticipated time based on recruitment efforts. Contracts longer than 2-3 month should be cautionary and subject to cancellation or redeployment to another site subject to successful recruitment, casual or part time staff willing to increase shifts, or incumbent returning from long term Sick leave or Worker's Compensation Claim(WCC) or Maternity Leave (ML) for example. Longer contracts up to 6 months can be considered where there is no anticipated source of NLHS staff to fill the vacancy.

- Use most economical agency nurse if schedule and qualifications are met until all agencies are moved to one uniform rate structure.

Site	NLHS- WESTERN M. Hos RN		
Western M.Hospital	UNIT	DEMAND	SUPPLY
	SURGERY	12	11
	MEDICINE	16	10
	OBS	1	2
	ER	4	7
	ICU	2	4
	TOTAL	35	34
	NP		
NP LTC Corner Brook	LTC	1	0
	Total	1	0
2 sites LTC Corner Brook	2 sites in Corner Brook LPN		
	UNIT	DEMAND	SUPPLY
	LTC	36	29
	Total	36	29
Bay St George LTC	Stephenville LTC RN		
	UNIT	DEMAND	SUPPLY
	LTC	2	2
	Total	2	2
Bay St George LTC	Stephenville LTC LPN		
	UNIT	DEMAND	SUPPLY
	LTC	7	1
	Total	7	1
	Western- RURAL RN		
	FACILTY	DEMAND	SUPPLY
CALDER -BURGEO	ER/INP	1	2
CHARLES LEGROW-	ER/INP	2	1
	TOTAL	3	3
RN Stephenville Health Centre	RN - Stephenville		
	UNIT	DEMAND	SUPPLY
	MED-SURG	4	3
	ER/ICU	2	1
	Total	6	4
Total Demand RN		46	43
Fill Rate RN			
Total Demand Agency LPN		36	30
Fill Rate LPN			
Total Demand Agency NP		1	0

Fill rate NP			
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[illegible]

Site	Program	Requested	Jan 15/24
JPM Gander	ED	13	13
JPM Gander	ICU	6	5
JPM Gander	MED (14) Dialysis (2)	26	22
JPM Gander	Overflow (12)		
JPM Gander	Ortho	10	8
JPM Gander	OBS		
JPM Gander	Surg	3	3
Gander	LTC (2 Sites) LSH & Gander LTC facility	11	10
Total RNS		69	61

CNRHC GFW	ER	10	8
CNRHC GFW	ICU	7	7
CNRHC GFW	Med	11	10
CNRHC GFW	Dialysis	5	
CNRHC GFW	MHA	2	2
CNRHC GFW	OBS	7	7
CNRHC GFW	Overflow	12	13
CNRHC GFW	Surg	4	3
GFW	LTC(2 sites) CML & GFW LTC facility	13	11
Total RNS		71	61

Baie Verte	ER	2	0
Baie Verte	Acute	1	0
Baie Verte	Airway MNGMT NP	2	0
Total RNS		3	0
Total NPS		2	0

Botwod	ER	1	1
Botwod	LTC	2	0
Total RNS		3	1

Buchans	ER	3	2
Primary	ER Primary NP	1	0
Total RNS		3	2
Total NPS		1	0

Fogo	ER	1	0
Total RNS		1	0

Harbour Breton	ER	4	3
Total RNS		4	3

Lewisporte	ER	3	1
Total RNS		3	1

NWV	ER	2	2
NWV	LTC	2	2
NWV	Airway MNGMT NP	1	1
Total RNS		4	4
Total NPS		1	1

Springdale	Acute/ER	6	4
Springdale	LTC	5	5
Springdale	Primary NP	1	0
Total RNS		11	9
Total NPS		1	0

Twillingate	ER	3	1
Total RNS		3	1

Total RNS Requested	175	
Total RNS Met		143
Percentage Met		82%

Total NPS Requested	#REF!	
Total NPs Met		#REF!
Percentage Met		#REF!

Requested	Feb. 19/24
11	12
9	9
16	16
0	0
12	9
8	10
5	3
11	13
72	72

9	8
7	7
10	8
5	2
2	1
7	7
12	11
8	5
12	13
72	62

2	1
1	0
2	0
3	1
2	0

1	1
2	1
3	2

3	2
1	0
3	2
1	0

1	0
1	0

5	5
5	5

3	1
3	1

2	2
3	2
1	0
5	4
1	0

6	3
5	5
1	0
11	8
1	0

3	2
3	2

181	
***	159
***	88%

5	0
	0%

one leaving 25th

Med & DU combined

Closed, moved nurses to other areas, cancelled contracts, OBS opened

2 came from OF (overlap x 3 weeks b/c of overflow closing) 1 ending Feb 24,

*requested 6 additional RNs for Feb. Nurses placed then unable to open beds, still adjusting contract dates

	RN	LPN	PCA
Labrador Grenfell (total needs/demand)	34	18	30
LHC OBS	8	0	0
LHC OR	4	0	0
LHC Inpts	6	1	7
LHC LTC	0	11	18
LWHC Inpts	2	0	0
CSCMH LTC	1	2	5
CSCMH Inpts	8	2	0
CSCMH ER	1	0	0
CSCMH ICU	2	0	0
Roddickton ER	2	0	0
Forteau LTC	0	2	0
Labrador Grenfell (total supply "on the ground")	21	12	23
LHC inpts	2	1	5
LHC LTC	0	7	12
LHC OBS	4	0	0
LHC OR	1	0	0
LWHC inpts	2	0	0
CSCMH Inpts	8	2	0
CSCMH LTC	1	2	4
CSCMH ER	1	0	0
CSCMH ICU	1	0	0
Roddickton ER	1	0	0
Forteau LTC	0	0	2

Site	Program	Requested	19-Feb
CGH	ICU	2	2
CGH	ER	2	2
CGH	OBS	4	4
CGH	Surg	2	2
CGH PJSMP	LTC NP	1	1
CGH	Ortho/ NP	1	0
Total CGH RNS		10	10
Percentage Met		100%	
Total NPs		2	1
Percentage Met		50%	
Burin	ER	1	1
Burin	MED	1	1
Burin	ICU	3	3
Burin	Dialysis	2	2
Burin	OBS	1	1
Total Burin RNS		8	8
Percentage Met		100%	
Grand Bank	Grand Bank LTC	2	2
Grand Bank	Grand NP	1	1
Total Grand Bank RNS		2	2
Percentage Met		100%	
Total NPs		1	1
Percentage Met		100%	
GBC Clarendville	ER	5	4
GBC Clarendville	ICU	3	3
GBC Clarendville	OBS	1	0
GBC Clarendville	Med	6	6
Total GBC RNS		15	13
Percentage Met		87%	
St. Lawrence	LTC USM	2	2
St. Lawrence	NP	1	1
Total St. Lawrence RNS		2	2
Percentage Met		100%	
Total NPs		1	1
Percentage Met		100%	
Placentia	LTC	2	2
Placentia	ER	2	2
Total Placentia RNS		4	4
Percentage Met		100%	
Bonavista	LTC	1	1
Bonavista	ER	1	1
Total Bonavista		2	2
Percentage Met		1	100%
Whitbourne	NP	1	1
Total Whitbourne		1	1

Percentage Met		100%
Bell Island	LTC	1
Bell Island	ER	2
Total Bell Island		3
Percentage Met		67%

Total Rural RNs Requested	46
Total Rural RNsMet	43
Rural Percentage Met	93%

Rural NPs Requested	5
Total NPS Met	4
Rural Percentage Met	80%

Site	Program	Requested	19-Feb
HSC	4NA-Med	3	2
HSC	ER	4	4
HSC	5NA	1	1
HSC	Urology	2	1
HSC	4NB	2	1
HSC	5SB	1	1
HSC	CVOR	1	0
HSC	MHA Acute Care	1	1
Total HSC RNS		15	11
Percentage Met		73%	
Waterford	Geriatrics	6	6
Waterford	E3A Acute Care	3	3
Waterford	W3A Acute Care	1	1
Waterford	ER Services	1	1
Waterford	W2A SSU	3	1
Total Waterford RNS		14	12
Percentage Met		86%	
St. Clare's Merch Hospital	4W SCM	1	0
St. Clare's Merch Hospital	7W SCM	1	1
St. Clare's Merch Hospital	6W Ortho	2	2
St. Clare's Merch Hospital	General SURG	3	3
Total SCM RNS		7	6
Percentage Met		86%	
GBL	LTC/LPN	7	7
Total GBL		7	7
Percentage Met		100%	
SPMH	LTC/LPN	7	6
Total SPMH		7	6
Percentage Met		86%	

Total Urban RNs Requested	36
Total Urban RNsMet	29
Urban Percentage Met	81%

Urban LPNS Requested	14
Total LPNS Met	13
Urban Percentage Met	93%

Western Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand	NP Supply	PCA Demand	PCA Supply
Total Demand/Supply RN	46	43						
Fill Rate RN		93%						
Total Demand/Supply Agency			36	30				
Fill Rate LPN				83%				
Total Demand/Supply					1	0		
Fill rate NP						0%		
Central Zone	RN	RN	LPN	LPN	NP	NP	PCA	PCA
Total Demand /Supply RN	181	159						
Fill Rate RN		88%						
Total Demand / Supply					5	0		
Fill rate NP						0%		
Lab Gren Zone	RN	RN	LPN	LPN	NP	NP	PCA	PCA
Total Demand /Supply RN	34	21						
Fill Rate RN		62%						
Total Demand /Supply Agency LPN			18	12				
Fill Rate LPN				67%				
Total Demand/Supply PCA							30	23
Fill rate PCA								77%
Eastern Rural Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand	NP Supply	PCA Demand	PCA Supply
Total Demand/Supply RN	46	43						
Fill Rate RN		93%						
Total Demand Agency NP					5	4		
Fill rate NP						80%		
Eastern Urban Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand	NP Supply	PCA Demand	PCA Supply
Total Demand/Supply RN	36	29						
Fill Rate RN		81%						

Total Demand/Supply Agency LPN			14	13				
Fill Rate LPN				93%				
Provincial Total	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand	NP Supply	PCA Demand	PCA Supply
Total Demand /Supply RN	343	295						
Fill Rate RN		86%						
Total Demand /Supply Agency LPN			68	55				
Fill Rate LPN				81%				
Total Demand/Supply PCA							30	23
Fill rate PCA								77%
Total Demand Agency NP					10	4		
Fill rate NP						40%		
Total All Agency Nursing Personnel All Zones	Demand 451	Supply 376	Fill rate 83%					
Other Provincial Trends								
RNs as percent of all Agency Demand			76%					
LPN as percent of all Agency Demand			15%					
PCA as percent of all Agency Demand			7%					
NP as percent of all Agency Demand			<1%					
% of all Agency RNs in speciality areas demand			53%	ICU/ER/ OBS/OR				

Western Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand/Supply RN	46	27		
Fill Rate RN		59%		
Total Demand/Supply Agency LPN			38	29
Fill Rate LPN				76%
Total Demand/Supply Agency NP				
Fill rate NP				
Central Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand /Supply RN	175	143		
Fill Rate RN		82%		
Total Demand / Supply Agency NP				
Fill rate NP				
Lab Gren Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand /Supply RN	26	24		
Fill Rate RN		92%		
Total Demand /Supply Agency LPN			17	13
Fill Rate LPN				76%
Total Demand/Supply PCA				
Fill rate PCA				
Eastern Rural Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand/Supply RN	45	35		
Fill Rate RN		78%		
Total Demand Agency NP				
Fill rate NP				
Eastern Urban Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand/Supply RN	36	28		
Fill Rate RN		78%		
Total Demand/Supply Agency LPN			14	14
Fill Rate LPN				100%
Provincial Total	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand /Supply RN	328	257		
Fill Rate RN		78%		

Total Demand /Supply Agency LPN			69	56
Fill Rate LPN				81%
Total Demand/Supply PCA				
Fill rate PCA				
Total Demand Agency NP				
Fill rate NP				
Total All Agency Personnel All Zones	435	334	77%	

NP Demand	NP Supply	PCA Demand	PCA Supply
1	0		
	0%		
NP Demand	NP Supply	PCA Demand	PCA Supply
5	1		
	20%		
NP Demand	NP Supply	PCA Demand	PCA Supply
		23	18
			78%
NP Demand	NP Supply	PCA Demand	PCA Supply
5	4		
	80%		
NP Demand	NP Supply	PCA Demand	PCA Supply
NP Demand	NP Supply	PCA Demand	PCA Supply

		23	18
			78%
15	3		
	20%		

Western Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand/Supply RN	44	39			
Fill Rate RN		89%			
Total Demand/Supply Agency LPN			38	29	
Fill Rate LPN				76%	
Total Demand/Supply Agency NP					1
Fill rate NP					
Central Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand /Supply RN	132	116			
Fill Rate RN		88%			
Total Demand / Supply Agency NP					8
Fill rate NP					
Lab Gren Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand /Supply RN	37	16			
Fill Rate RN		43%			
Total Demand /Supply Agency LPN			19	10	
Fill Rate LPN				53%	
Total Demand/Supply PCA					
Fill rate PCA					
Eastern Rural Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand/Supply RN	41	36			
Fill Rate RN		88%			
Total Demand Agency NP					6
Fill rate NP					
Eastern Urban Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand/Supply RN	40	29			
Fill Rate RN		73%			
Total Demand/Supply Agency LPN			14	12	
Fill Rate LPN				86%	
Provincial Total	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand /Supply RN	294	236			
Fill Rate RN		80%			

Total Demand /Supply Agency LPN			71	51	
Fill Rate LPN				72%	
Total Demand/Supply PCA					
Fill rate PCA					
Total Demand Agency NP					15
Fill rate NP					

NP Supply	PCA Demand	PCA Supply
0		
0%		
NP Supply	PCA Demand	PCA Supply
0		
0%		
NP Supply	PCA Demand	PCA Supply
	21	14
		67%
NP Supply	PCA Demand	PCA Supply
3		
50%		
NP Supply	PCA Demand	PCA Supply
NP Supply	PCA Demand	PCA Supply

	21	14
		67%
3		
20%		

From: Debbie Walsh
Sent: Friday, March 1, 2024 6:27 PM
To: Michelle Alexander, LeslieAnn Rowsell
Subject: Re: Review of Agency Nursing Utilization - Follow up on Actions

Same here. I am out of the province but have sent senior directors for feedback.

Debbie

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From: Debbie Walsh <Debbie.Walsh@easternhealth.ca>
Sent: Friday, March 1, 2024 4:56:23 PM
To: Michelle Alexander <Michelle.Alexander@easternhealth.ca>; LeslieAnn Rowsell <LeslieAnn.Rowsell@easternhealth.ca>
Subject: Fwd: Review of Agency Nursing Utilization - Follow up on Actions

For feedback by end of day Monday. Thinking that I may have already sent this but just in case

Debbie

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From: Regina Coady <Regina.Coady@easternhealth.ca>
Sent: Friday, March 1, 2024 2:42:45 PM
To: Freake, Teara <teara@freake@westernhealth.nl.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Sandy Penney <sandy.penney@lghealth.ca>; Debbie Walsh <Debbie.Walsh@easternhealth.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Glenda Webber <Glenda.Webber@easternhealth.ca>; Joanne Pelley <Joanne.Pelley@centralhealth.nl.ca>
Cc: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Collette Smith <Collette.Smith@easternhealth.ca>; Tara Hunt <Tara.Hunt@easternhealth.ca>
Subject: RE: Review of Agency Nursing Utilization - Follow up on Actions

Thanks Teara

Welcoming any feedback from other COOs?

Yes Agency Nurses on the ground filling vacancies can absolutely fill in for OT needed for SL, AL etc as needed. The guideline we operate under is that NLHS staff must be offered OT before Agency and I think that's well known to managers.

s.29.1.a

If I can request immediate steps before Exec next week can each of you share the reports and criteria with your Sr Directors and if possible review your Feb Zone Supply and Demand? If you are having a meeting with your Sr Directors etc to review I would be happy to attend with the Lead Agency Contract in your Zone. Open to any others suggestions? . Dave asked for Agency nsg to be added to the Agenda for next week and if I can help to advance discussions in your Zone please advise.
Have a great weekend.



**NL Health
Services**

**Regina Coady
Human Resources**

e: Regina.Coady@easternhealth.ca
w: [NLHealthServices.ca](mailto:Regina.Coady@easternhealth.ca)

From: Freake, Teara [mailto:teara.freake@westernhealth.nl.ca]
Sent: Thursday, February 29, 2024 1:40 PM
To: Regina Coady <Regina.Coady@easternhealth.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Sandy Penney <sandy.penney@lghealth.ca>; Debbie Walsh <Debbie.Walsh@easternhealth.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Glenda Webber <Glenda.Webber@easternhealth.ca>; Joanne Pelley <Joanne.Pelley@centralhealth.nl.ca>
Cc: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Collette Smith <Collette.Smith@easternhealth.ca>; Tara Hunt <Tara.Hunt@easternhealth.ca>
Subject: RE: Review of Agency Nursing Utilization - Follow up on Actions

Hi Regina, this is really helpful. I'll confirm our utilization and level of approvals and get back to you.

I think the criteria where we would not consider an agency nurse needs closer review and more feedback from scheduling and frontline managers to codevelop or at a min speak into. Teams need clearer direction around use of OT 1.5; 2.0, mandations, working short, risk of working 24 hour shifts, pulling from other units, alternate skills mix, etc vs when they cant use agency. If positions require 100% relief then we need flexibility. Most clinical areas have min staffing levels – ie LTC, ICU, obs –

Every decision needs to be balanced against the risk of not having a qualified person to provide care. From a due diligence perspective, I want to be confident managers/schedulers booking agency nursing have worked through the options they have before choosing agency but I can't support blanket statements of when we cant use.

s.29.1.a

The second concern I have is that this is a change in current practice. Once we land on the algorithm, we will need to roll it out. I expect considerable questions from staff and managers about operationalizing this. We will need to communicate to frontline managers and schedulers including opportunity for Q and A. We also need to communicate to our staff. This will impact them and their worklife balance potentially and the care they provide if our decision is to work short vs bring in agency.

I don't want to make this bigger than it needs to be but want to be cognizant that this is a considerable change (for my zone at least) as we have used for many of the do not use cases listed to support worklife balance, continuity of care, to manage risk to pt care and to prepare for the opening of the new build.

Will I work through this in the zone with HR or will we do this collectively across zones and HR?

Thanks Regina for all you have done to get us here.
Thanks Teara



Teara Freake, RD MBA CHE
Vice President and Chief Operating Officer
Western Zone

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From: Regina Coady <Regina.Coady@easternhealth.ca>
Sent: Thursday, February 29, 2024 12:48 PM
To: Freake, Teara <tearafreake@westernhealth.nl.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Sandy Penney <sandy.penney@lghealth.ca>; Debbie Walsh <Debbie.Walsh@easternhealth.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Glenda Webber <Glenda.Webber@easternhealth.ca>; Joanne Pelley <Joanne.Pelley@centralhealth.nl.ca>
Cc: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Collette Smith <Collette.Smith@easternhealth.ca>; Tara Hunt <Tara.Hunt@easternhealth.ca>
Subject: Review of Agency Nursing Utilization - Follow up on Actions

Exec COO Team

This morning at a meeting called by Dave D to discuss moving forward with measures to control the management of agency nursing one of the actions arising was bringing uniformity to the way agency nurses would be managed with over site at COO level. The suggested actions related to this were:

- 1.
- 2.
- 3.
- 4.

s.29.1.a

To begin action related to this I am reaching out to seek your suggestions how to begin this or enhance where you already have similar processes. Do you want me to set up a meeting of the COO group with myself and zone Agency leads? Meet each Zone COO/Agency separately? Other suggestions?

Other simultaneous actions are moving forward too including NLHS centralize Agency Nursing management team, RFP to reset agencies; audit preparations.

Dave has asked for follow up discussion at exec next week so if we can determine how best to move this piece forward that will be great progress.



**NL Health
Services**

**Regina Coady
Human Resources**

e: Regina.Coady@easternhealth.ca

w: NLHealthServices.ca

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From: Sandy Penney
Sent: Friday, March 1, 2024 6:28 PM
To: Jennifer Foley, Nadine Calloway, Wanda Slade
Subject: FW: Review of Agency Nursing Utilization - Follow up on Actions
Attachments: Provincial Agency Supply Demand Feb 19th V.2.xlsx, Criteria for Agency Nurse utilization V.2.docx

Hi Ladies,

Please see below....Wanda up to you, if you want to pull the team together to gather feedback.

Take care !

I'll miss you, but def the break !!



**NL Health
Services**

Sandy Penney (she/her)

Vice-President & Chief Operating Officer
Labrador Grenfell Zone

t: 709-285-8221

e: sandy.penney@lghealth.ca

w: NLHealthServices.ca

From: Regina Coady <Regina.Coady@easternhealth.ca>
Sent: Friday, March 1, 2024 3:43 PM
To: Freake, Teara <tearafreake@westernhealth.nl.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Sandy Penney <sandy.penney@lghealth.ca>; Debbie Walsh <Debbie.Walsh@easternhealth.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Glenda Webber <Glenda.Webber@easternhealth.ca>; Joanne Pelley <Joanne.Pelley@centralhealth.nl.ca>
Cc: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Collette Smith <Collette.Smith@easternhealth.ca>; Tara Hunt <Tara.Hunt@easternhealth.ca>
Subject: RE: Review of Agency Nursing Utilization - Follow up on Actions

Thanks Teara

Welcoming any feedback from other COOs?

Yes Agency Nurses on the ground filling vacancies can absolutely fill in for OT needed for SL, AL etc as needed. The guideline we operate under is that NLHS staff must be offered OT before Agency and I think that's well known to managers.

s.29.1.a

If I can request immediate steps before Exec next week can each of you share the reports and criteria with your Sr Directors and if possible review your Feb Zone Supply and Demand? If you are having a meeting with your Sr Directors etc to review I would be happy to attend with the Lead Agency Contract in your Zone. Open to any others suggestions? . Dave asked for Agency nsg to be added to the Agenda for next week and if I can help to advance discussions in your Zone please advise.

Have a great weekend.



Regina Coady
Human Resources

NL Health
Services

e: Regina.Coady@easternhealth.ca
w: NLHealthServices.ca

From: Freake, Teara [<mailto:tearafreake@westernhealth.nl.ca>]
Sent: Thursday, February 29, 2024 1:40 PM
To: Regina Coady <Regina.Coady@easternhealth.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Sandy Penney <sandy.penney@lghealth.ca>; Debbie Walsh <Debbie.Walsh@easternhealth.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Glenda Webber <Glenda.Webber@easternhealth.ca>; Joanne Pelley <Joanne.Pelley@centralhealth.nl.ca>
Cc: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Collette Smith <Collette.Smith@easternhealth.ca>; Tara Hunt <Tara.Hunt@easternhealth.ca>
Subject: RE: Review of Agency Nursing Utilization - Follow up on Actions

Hi Regina, this is really helpful. I'll confirm our utilization and level of approvals and get back to you.

I think the criteria where we would not consider an agency nurse needs closer review and more feedback from scheduling and frontline managers to codevelop or at a min speak into. Teams need clearer direction around use of OT 1.5; 2.0, mandations, working short, risk of working 24 hour shifts, pulling from other units, alternate skills mix, etc vs when they cant use agency. If positions require 100% relief then we need flexibility. Most clinical areas have min staffing levels – ie LTC, ICU, obs –

s.29.1.a

Every decision needs to be balanced against the risk of not having a qualified person to provide care. From a due diligence perspective, I want to be confident managers/schedulers booking agency nursing have worked through the options they have before choosing agency but I can't support blanket statements of when we cant use.

The second concern I have is that this is a change in current practice. Once we land on the algothim, we will need to roll it out. I expect considerable questions from staff and mangers about operationalizing this. We will need to communicate to frontline managers and schedulers including opportunity for Q and A. We also need to communicate to our staff. This will impact them and their worklife balance potentially and the care they provide if our deicson is to work short vs bring in agency.

I don't want to make this bigger than it needs to be but want to be congizant that this is a considerable change (for my zone at least) as we have used for many of the do not use cases listed to support worklife balance, continuity of care, to manage risk to pt care and to prepare for the opening of the new build.

Will I work thought this in the zone with HR or will we do this collectively across zones and HR?

Thanks Regina for all you have done to get us here.
Thanks Teara



Teara Freake, RD MBA CHE
Vice President and Chief Operating Officer
Western Zone

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From: Regina Coady <Regina.Coady@easternhealth.ca>
Sent: Thursday, February 29, 2024 12:48 PM
To: Freake, Teara <tearafreake@westernhealth.nl.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Sandy Penney <sandy.penney@lghealth.ca>; Debbie Walsh <Debbie.Walsh@easternhealth.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Glenda Webber <Glenda.Webber@easternhealth.ca>; Joanne Pelley <Joanne.Pelley@centralhealth.nl.ca>
Cc: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Collette Smith <Collette.Smith@easternhealth.ca>; Tara Hunt <Tara.Hunt@easternhealth.ca>
Subject: Review of Agency Nursing Utilization - Follow up on Actions

Exec COO Team

This morning at a meeting called by Dave D to discuss moving forward with measures to control the management of agency nursing one of the actions arising was bringing uniformity to the way agency nurses would be managed with over site at COO level. The suggested actions related to this were:

- 1.
- 2.
- 3.
- 4.

s.29.1.a

To begin action related to this I am reaching out to seek your suggestions how to begin this or enhance where you already have similar processes. Do you want me to set up a meeting of the COO group with myself and zone Agency leads? Meet each Zone COO/Agency separately? Other suggestions?

Other simultaneous actions are moving forward too including NLHS centralize Agency Nursing management team, RFP to reset agencies; audit preparations.

Dave has asked for follow up discussion at exec next week so if we can determine how best to move this piece forward that will be great progress.



**NL Health
Services**

**Regina Coady
Human Resources**

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Criteria for Agency Nurse utilization.

Reviewed by Executive Feb 29th, 2024

Formalize criteria for the use of agency nurses. Agency Nurse request must meet these criteria:

- There is defined vacant position (s) that is/are posted internally and externally
- Efforts to fill the vacancy externally have been unsuccessful (eg. posted through Career Beacon and the external NLHS website)
- Other measures to deal with the vacancy have been unsuccessful such as increased shifts by casual or part time, redeploy staff from another area, skill mix change, cross training, posting TFT floats if viable
- Reduction of services is not possible
- Where there are no vacancies, Agency Nurse personnel will not be contracted solely for the purpose of:
 - Annual leave replacement*** For further discussion
 - Short term Sick leave replacement
 - Irregular extra workload
 - Replace other team members (i.e. RN to replace vacant LPN positions)

Note that Agency Nurses on site filling vacancies can be assigned OT to cover SL, AL, extra workload etc as needed understanding that NLHS staff must be offered OT before Agency.

- Tighter controls be implemented:
 - Requests for any further new Agency Nursing personnel must be completed by the Manager and signed by the Senior Director and VP/COO before submitting to the Agency Nursing Unit.
 - Deviations from the criteria must be approved by their respective Vice President/COO
 - Reports on deployment supply /demand will be reviewed monthly by Senior Directors and Executive
- Length of the contract should be limited to the shortest anticipated time based on recruitment efforts. Contracts longer than 2-3 month should be cautionary and subject to cancellation or redeployment to another site subject to successful recruitment, casual or part time staff willing to increase shifts, or incumbent returning from long term Sick leave or Worker's Compensation Claim(WCC) or Maternity Leave (ML) for example. Longer contracts up to 6 months can be considered where there is no anticipated source of NLHS staff to fill the vacancy.

- Use most economical agency nurse if schedule and qualifications are met until all agencies are moved to one uniform rate structure.

Site	NLHS- WESTERN M. Hos RN		
Western M.Hospital	UNIT	DEMAND	SUPPLY
	SURGERY	12	11
	MEDICINE	16	10
	OBS	1	2
	ER	4	7
	ICU	2	4
	TOTAL	35	34
	NP		
NP LTC Corner Brook	LTC	1	0
	Total	1	0
2 sites LTC Corner Brook	2 sites in Corner Brook LPN		
	UNIT	DEMAND	SUPPLY
	LTC	36	29
	Total	36	29
Bay St George LTC	Stephenville LTC RN		
	UNIT	DEMAND	SUPPLY
	LTC	2	2
	Total	2	2
Bay St George LTC	Stephenville LTC LPN		
	UNIT	DEMAND	SUPPLY
	LTC	7	1
	Total	7	1
	Western- RURAL RN		
	FACILTY	DEMAND	SUPPLY
CALDER -BURGEO	ER/INP	1	2
CHARLES LEGROW-	ER/INP	2	1
	TOTAL	3	3
RN Stephenville Health Centre	RN - Stephenville		
	UNIT	DEMAND	SUPPLY
	MED-SURG	4	3
	ER/ICU	2	1
	Total	6	4
Total Demand RN		46	43
Fill Rate RN			
Total Demand Agency LPN		36	30
Fill Rate LPN			
Total Demand Agency NP		1	0

Fill rate NP			
--------------	--	--	--

Site	Program	Requested	Jan 15/24
JPM Gander	ED	13	13
JPM Gander	ICU	6	5
JPM Gander	MED (14) Dialysis (2)	26	22
JPM Gander	Overflow (12)		
JPM Gander	Ortho	10	8
JPM Gander	OBS		
JPM Gander	Surg	3	3
Gander	LTC (2 Sites) LSH & Gander LTC facility	11	10
Total RNS		69	61

CNRHC GFW	ER	10	8
CNRHC GFW	ICU	7	7
CNRHC GFW	Med	11	10
CNRHC GFW	Dialysis	5	
CNRHC GFW	MHA	2	2
CNRHC GFW	OBS	7	7
CNRHC GFW	Overflow	12	13
CNRHC GFW	Surg	4	3
GFW	LTC(2 sites) CML & GFW LTC facility	13	11
Total RNS		71	61

Baie Verte	ER	2	0
Baie Verte	Acute	1	0
Baie Verte	Airway MNGMT NP	2	0
Total RNS		3	0
Total NPS		2	0

Botwod	ER	1	1
Botwod	LTC	2	0
Total RNS		3	1

Buchans	ER	3	2
Primary	ER Primary NP	1	0
Total RNS		3	2
Total NPS		1	0

Fogo	ER	1	0
Total RNS		1	0

Harbour Breton	ER	4	3
Total RNS		4	3

Lewisporte	ER	3	1
Total RNS		3	1

NWV	ER	2	2
NWV	LTC	2	2
NWV	Airway MNGMT NP	1	1
Total RNS		4	4
Total NPS		1	1

Springdale	Acute/ER	6	4
Springdale	LTC	5	5
Springdale	Primary NP	1	0
Total RNS		11	9
Total NPS		1	0

Twillingate	ER	3	1
Total RNS		3	1

Total RNS Requested	175	
Total RNS Met		143
Percentage Met		82%

Total NPS Requested	#REF!	
Total NPs Met		#REF!
Percentage Met		#REF!

Requested	Feb. 19/24
11	12
9	9
16	16
0	0
12	9
8	10
5	3
11	13
72	72

9	8
7	7
10	8
5	2
2	1
7	7
12	11
8	5
12	13
72	62

2	1
1	0
2	0
3	1
2	0

1	1
2	1
3	2

3	2
1	0
3	2
1	0

1	0
1	0

5	5
5	5

3	1
3	1

2	2
3	2
1	0
5	4
1	0

6	3
5	5
1	0
11	8
1	0

3	2
3	2

181	
***	159
***	88%

5	0
	0%

one leaving 25th

Med & DU combined

Closed, moved nurses to other areas, cancelled contracts, OBS opened

2 came from OF (overlap x 3 weeks b/c of overflow closing) 1 ending Feb 24,

*requested 6 additional RNs for Feb. Nurses placed then unable to open beds, still adjusting contract dates

	RN	LPN	PCA
Labrador Grenfell (total needs/demand)	34	18	30
LHC OBS	8	0	0
LHC OR	4	0	0
LHC Inpts	6	1	7
LHC LTC	0	11	18
LWHC Inpts	2	0	0
CSCMH LTC	1	2	5
CSCMH Inpts	8	2	0
CSCMH ER	1	0	0
CSCMH ICU	2	0	0
Roddickton ER	2	0	0
Forteau LTC	0	2	0
Labrador Grenfell (total supply "on the ground")	21	12	23
LHC inpts	2	1	5
LHC LTC	0	7	12
LHC OBS	4	0	0
LHC OR	1	0	0
LWHC inpts	2	0	0
CSCMH Inpts	8	2	0
CSCMH LTC	1	2	4
CSCMH ER	1	0	0
CSCMH ICU	1	0	0
Roddickton ER	1	0	0
Forteau LTC	0	0	2

Site	Program	Requested	19-Feb
CGH	ICU	2	2
CGH	ER	2	2
CGH	OBS	4	4
CGH	Surg	2	2
CGH PJSMP	LTC NP	1	1
CGH	Ortho/ NP	1	0
Total CGH RNS		10	10
Percentage Met		100%	
Total NPs		2	1
Percentage Met		50%	
Burin	ER	1	1
Burin	MED	1	1
Burin	ICU	3	3
Burin	Dialysis	2	2
Burin	OBS	1	1
Total Burin RNS		8	8
Percentage Met		100%	
Grand Bank	Grand Bank LTC	2	2
Grand Bank	Grand NP	1	1
Total Grand Bank RNS		2	2
Percentage Met		100%	
Total NPs		1	1
Percentage Met		100%	
GBC Clarendville	ER	5	4
GBC Clarendville	ICU	3	3
GBC Clarendville	OBS	1	0
GBC Clarendville	Med	6	6
Total GBC RNS		15	13
Percentage Met		87%	
St. Lawrence	LTC USM	2	2
St. Lawrence	NP	1	1
Total St. Lawrence RNS		2	2
Percentage Met		100%	
Total NPs		1	1
Percentage Met		100%	
Placentia	LTC	2	2
Placentia	ER	2	2
Total Placentia RNS		4	4
Percentage Met		100%	
Bonavista	LTC	1	1
Bonavista	ER	1	1
Total Bonavista		2	2
Percentage Met		1	100%
Whitbourne	NP	1	1
Total Whitbourne		1	1

Percentage Met		100%
Bell Island	LTC	1
Bell Island	ER	2
Total Bell Island		3
Percentage Met		67%

Total Rural RNs Requested	46
Total Rural RNsMet	43
Rural Percentage Met	93%

Rural NPs Requested	5
Total NPS Met	4
Rural Percentage Met	80%

Site	Program	Requested	19-Feb
HSC	4NA-Med	3	2
HSC	ER	4	4
HSC	5NA	1	1
HSC	Urology	2	1
HSC	4NB	2	1
HSC	5SB	1	1
HSC	CVOR	1	0
HSC	MHA Acute Care	1	1
Total HSC RNS		15	11
Percentage Met		73%	
Waterford	Geriatrics	6	6
Waterford	E3A Acute Care	3	3
Waterford	W3A Acute Care	1	1
Waterford	ER Services	1	1
Waterford	W2A SSU	3	1
Total Waterford RNS		14	12
Percentage Met		86%	
St. Clare's Merch Hospital	4W SCM	1	0
St. Clare's Merch Hospital	7W SCM	1	1
St. Clare's Merch Hospital	6W Ortho	2	2
St. Clare's Merch Hospital	General SURG	3	3
Total SCM RNS		7	6
Percentage Met		86%	
GBL	LTC/LPN	7	7
Total GBL		7	7
Percentage Met		100%	
SPMH	LTC/LPN	7	6
Total SPMH		7	6
Percentage Met		86%	

Total Urban RNs Requested	36	
Total Urban RNsMet		29
Urban Percentage Met		81%

Urban LPNS Requested	14	
Total LPNS Met		13
Urban Percentage Met		93%

Western Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand	NP Supply	PCA Demand	PCA Supply
Total Demand/Supply RN	46	43						
Fill Rate RN		93%						
Total Demand/Supply Agency			36	30				
Fill Rate LPN				83%				
Total Demand/Supply					1	0		
Fill rate NP						0%		
Central Zone	RN	RN	LPN	LPN	NP	NP	PCA	PCA
Total Demand /Supply RN	181	159						
Fill Rate RN		88%						
Total Demand / Supply					5	0		
Fill rate NP						0%		
Lab Gren Zone	RN	RN	LPN	LPN	NP	NP	PCA	PCA
Total Demand /Supply RN	34	21						
Fill Rate RN		62%						
Total Demand /Supply Agency LPN			18	12				
Fill Rate LPN				67%				
Total Demand/Supply PCA							30	23
Fill rate PCA								77%
Eastern Rural Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand	NP Supply	PCA Demand	PCA Supply
Total Demand/Supply RN	46	43						
Fill Rate RN		93%						
Total Demand Agency NP					5	4		
Fill rate NP						80%		
Eastern Urban Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand	NP Supply	PCA Demand	PCA Supply
Total Demand/Supply RN	36	29						
Fill Rate RN		81%						

Total Demand/Supply Agency LPN			14	13				
Fill Rate LPN				93%				
Provincial Total	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand	NP Supply	PCA Demand	PCA Supply
Total Demand /Supply RN	343	295						
Fill Rate RN		86%						
Total Demand /Supply Agency LPN			68	55				
Fill Rate LPN				81%				
Total Demand/Supply PCA							30	23
Fill rate PCA								77%
Total Demand Agency NP					10	4		
Fill rate NP						40%		
Total All Agency Nursing Personnel All Zones	Demand 451	Supply 376	Fill rate 83%					
Other Provincial Trends								
RNs as percent of all Agency Demand			76%					
LPN as percent of all Agency Demand			15%					
PCA as percent of all Agency Demand			7%					
NP as percent of all Agency Demand			<1%					
% of all Agency RNs in speciality areas demand			53%	ICU/ER/OBS/OR				

Western Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand/Supply RN	46	27		
Fill Rate RN		59%		
Total Demand/Supply Agency LPN			38	29
Fill Rate LPN				76%
Total Demand/Supply Agency NP				
Fill rate NP				
Central Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand /Supply RN	175	143		
Fill Rate RN		82%		
Total Demand / Supply Agency NP				
Fill rate NP				
Lab Gren Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand /Supply RN	26	24		
Fill Rate RN		92%		
Total Demand /Supply Agency LPN			17	13
Fill Rate LPN				76%
Total Demand/Supply PCA				
Fill rate PCA				
Eastern Rural Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand/Supply RN	45	35		
Fill Rate RN		78%		
Total Demand Agency NP				
Fill rate NP				
Eastern Urban Zone	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand/Supply RN	36	28		
Fill Rate RN		78%		
Total Demand/Supply Agency LPN			14	14
Fill Rate LPN				100%
Provincial Total	RN Demand	RN Supply	LPN Demand	LPN Supply
Total Demand /Supply RN	328	257		
Fill Rate RN		78%		

Total Demand /Supply Agency LPN			69	56
Fill Rate LPN				81%
Total Demand/Supply PCA				
Fill rate PCA				
Total Demand Agency NP				
Fill rate NP				
Total All Agency Personnel All Zones	435	334	77%	

NP Demand	NP Supply	PCA Demand	PCA Supply
1	0		
	0%		
NP Demand	NP Supply	PCA Demand	PCA Supply
5	1		
	20%		
NP Demand	NP Supply	PCA Demand	PCA Supply
		23	18
			78%
NP Demand	NP Supply	PCA Demand	PCA Supply
5	4		
	80%		
NP Demand	NP Supply	PCA Demand	PCA Supply
NP Demand	NP Supply	PCA Demand	PCA Supply

		23	18
			78%
15	3		
	20%		

Western Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand/Supply RN	44	39			
Fill Rate RN		89%			
Total Demand/Supply Agency LPN			38	29	
Fill Rate LPN				76%	
Total Demand/Supply Agency NP					1
Fill rate NP					
Central Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand /Supply RN	132	116			
Fill Rate RN		88%			
Total Demand / Supply Agency NP					8
Fill rate NP					
Lab Gren Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand /Supply RN	37	16			
Fill Rate RN		43%			
Total Demand /Supply Agency LPN			19	10	
Fill Rate LPN				53%	
Total Demand/Supply PCA					
Fill rate PCA					
Eastern Rural Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand/Supply RN	41	36			
Fill Rate RN		88%			
Total Demand Agency NP					6
Fill rate NP					
Eastern Urban Zone	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand/Supply RN	40	29			
Fill Rate RN		73%			
Total Demand/Supply Agency LPN			14	12	
Fill Rate LPN				86%	
Provincial Total	RN Demand	RN Supply	LPN Demand	LPN Supply	NP Demand
Total Demand /Supply RN	294	236			
Fill Rate RN		80%			

Total Demand /Supply Agency LPN			71	51	
Fill Rate LPN				72%	
Total Demand/Supply PCA					
Fill rate PCA					
Total Demand Agency NP					15
Fill rate NP					

NP Supply	PCA Demand	PCA Supply
0		
0%		
NP Supply	PCA Demand	PCA Supply
0		
0%		
NP Supply	PCA Demand	PCA Supply
	21	14
		67%
NP Supply	PCA Demand	PCA Supply
3		
50%		
NP Supply	PCA Demand	PCA Supply
NP Supply	PCA Demand	PCA Supply

	21	14
		67%
3		
20%		

From: Michelle Alexander
Sent: Friday, March 1, 2024 6:54 PM
To: Debbie Walsh, LeslieAnn Rowsell
Subject: Re: Review of Agency Nursing Utilization - Follow up on Actions

Yes we have it. I'm waiting on detail from Bonavista but have the rest of the detail filled in for you .
M

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From: Debbie Walsh <Debbie.Walsh@easternhealth.ca>
Sent: Friday, March 1, 2024 6:26:23 PM
To: Michelle Alexander <Michelle.Alexander@easternhealth.ca>; LeslieAnn Rowsell <LeslieAnn.Rowsell@easternhealth.ca>
Subject: Fwd: Review of Agency Nursing Utilization - Follow up on Actions

For feedback by end of day Monday. Thinking that I may have already sent this but just in case

Debbie

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From: Regina Coady <Regina.Coady@easternhealth.ca>
Sent: Friday, March 1, 2024 2:42:45 PM
To: Freake, Teara <teara@freake@westernhealth.nl.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Sandy Penney <sandy.penney@lghealth.ca>; Debbie Walsh <Debbie.Walsh@easternhealth.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Glenda Webber <Glenda.Webber@easternhealth.ca>; Joanne Pelley <Joanne.Pelley@centralhealth.nl.ca>
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Have a great weekend.



**NL Health
Services**

Regina Coady Human Resources

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From: Freake, Teara [mailto:tearafreake@westernhealth.nl.ca]
Sent: Thursday, February 29, 2024 1:40 PM
To: Regina Coady <Regina.Coady@easternhealth.ca>; Craig Davis <Craig.Davis@centralhealth.nl.ca>; Sandy Penney <sandy.penney@lghealth.ca>; Debbie Walsh <Debbie.Walsh@easternhealth.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Glenda Webber <Glenda.Webber@easternhealth.ca>; Joanne Pelley <Joanne.Pelley@centralhealth.nl.ca>
Cc: Debbie Molloy <Debbie.Molloy@easternhealth.ca>; Collette Smith <Collette.Smith@easternhealth.ca>; Tara Hunt <Tara.Hunt@easternhealth.ca>
Subject: RE: Review of Agency Nursing Utilization - Follow up on Actions

Hi Regina, this is really helpful. I'll confirm our utilization and level of approvals and get back to you.

I think the criteria where we would not consider an agency nurse needs closer review and more feedback from scheduling and frontline managers to codevelop or at a min speak into. Teams need clearer direction around use of OT 1.5; 2.0, mandations, working short, risk of working 24 hour shifts, pulling from other units, alternate skills mix, etc vs when they cant use agency. If positions require 100% relief then we need flexibility. Most clinical areas have min staffing levels – ie LTC, ICU, obs –

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Every decision needs to be balanced against the risk of not having a qualified person to provide care. From a due diligence perspective, I want to be confident managers/schedulers booking agency nursing have worked through the options they have before choosing agency but I can't support blanket statements of when we cant use.

The second concern I have is that this is a change in current practice. Once we land on the algothim, we will need to roll it out. I expect considerable questions from staff and mangers about operationalizing this. We will need to communicate to frontline managers and schedulers including opportunity for Q and A. We also need to communicate to our staff. This will impact them and their worklife balance potentially and the care they provide if our deicson is to work short vs bring in agency.

I don't want to make this bigger than it needs to be but want to be congizant that this is a considerable change (for my zone at least) as we have used for many of the do not use cases listed to support worklife balance, continuity of care, to manage risk to pt care and to prepare for the opening of the new build.

Will I work thought this in the zone with HR or will we do this collectively across zones and HR?

Thanks Regina for all you have done to get us here.
Thanks Teara



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From: Regina Coady <Regina.Coady@easternhealth.ca>
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Subject: Review of Agency Nursing Utilization - Follow up on Actions

Exec COO Team

This morning at a meeting called by Dave D to discuss moving forward with measures to control the management of agency nursing one of the actions arising was bringing uniformity to the way agency nurses would be managed with over site at COO level. The suggested actions related to this were:

- 1.
- 2.
- 3.
- 4.

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To begin action related to this I am reaching out to seek your suggestions how to begin this or enhance where you already have similar processes. Do you want me to set up a meeting of the COO group with myself and zone Agency leads? Meet each Zone COO/Agency separately? Other suggestions?

Other simultaneous actions are moving forward too including NLHS centralize Agency Nursing management team, RFP to reset agencies; audit preparations.

Dave has asked for follow up discussion at exec next week so if we can determine how best to move this piece forward that will be great progress.



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