

Response to Applicant – Partial Disclosure

July 24, 2024

Dear Applicant:

Re: Your request for access to information under Part II of the *Access to Information and Protection of Privacy Act* [Our File #: HCS-064-2024]

On March 4, 2024, the Department of Health and Community Services received your request for access to the following records:

All briefing material, including drafts, prepared for the Minister, Deputy Ministers, Assistant Deputy Ministers in February 2024. I got Kim Ryans email to withdraw my last briefing note atipp but I want to keep that one too. I know you busy so take what time you need for this requests.

A decision has been made by the Department of Health and Community Services to provide access to some of the requested information.

Access to the remaining records, and/or information contained within the records, has been refused in accordance with the following exception(s) to disclosure, as specified in the **Access to Information and Protection of Privacy Act, 2015 (the Act)**:

Section 6: *Notwithstanding section 5, but except as provided in sections 92 to 94, this Act and the regulations shall not apply and the Personal Health Information Act and regulations under that Act shall apply where a public body is a custodian, and the information or record that is in the custody or control of a public body that is a custodian is personal health information;*

Section 27(1)(i): *In this section, “cabinet record” means that portion of a record which contains information about the contents of a record within a class of information referred to in paragraphs (a) to (h);*

Section 27(2)(a): *The head of a public body shall refuse to disclose to an applicant a cabinet record;*

Section 29(1)(a): *The head of a public body may refuse to disclose to an applicant information that would reveal advice, proposals, recommendations, analyses or policy options developed by or for a public body or minister;*

Section 35(1)(c): *The head of a public body may refuse to disclose to an applicant information which could reasonably be expected to disclose plans that relate to the management of personnel of or the administration of a public body and that have not yet been implemented or made public;*

Section 35(1)(d): *The head of a public body may refuse to disclose to an applicant information which could reasonably be expected to disclose information, the disclosure of which could reasonably be expected to result in the premature disclosure of a proposal or project or in significant loss or gain to a third party;*

Section 35(1)(f): *The head of a public body may refuse to disclose to an applicant information which*

could reasonably be expected to disclose positions, plans, procedures, criteria or instructions developed for the purpose of contractual or other negotiations by or on behalf of the government of the province or a public body, or considerations which relate to those negotiations;

Section 35(1)(g): *The head of a public body may refuse to disclose to an applicant information which could reasonably be expected to disclose information, the disclosure of which could reasonably be expected to prejudice the financial or economic interest of the government of the province or a public body;*

Section 38(1)(a): *The head of a public body may refuse to disclose to an applicant information that would reveal labour relations information of the public body as an employer that is prepared or supplied, implicitly or explicitly, in confidence, and is treated consistently as confidential information by the public body as an employer;*

Section 40(1): *The head of a public body shall refuse to disclose personal information to an applicant where the disclosure would be an unreasonable invasion of a third party's personal privacy;*

Please be advised the following pages are redacted in their entirety under the following exemptions:

Pages Redacted	Sections <i>ATIPPA, 2015</i>
6-7, 37-38	29(1)(a), 35(1)(d)
9	27(1)(i), 27(1)(a), 29(1)(a), 35(1)(c), 35(1)(d), 35(1)(f), 35(1)(g)
10-13	29(1)(a), 35(1)(c), 35(1)(d), 35(1)(f), 35(1)(g)
28-30	29(1)(a), 35(1)(c), 35(1)(d), 35(1)(f), 35(1)(g), 40(1)
46-47	29(1)(a), 35(1)(d), 35(1)(g)

Please be advised that you may ask the Information and Privacy Commissioner to review the processing of your access request, as set out in section 42 of the **Access to Information and Protection of Privacy Act, 2015** (the Act) (a copy of this section has been enclosed for your reference). A request to the Commissioner must be made in writing within 15 business days of the date of this letter or within a longer period that may be allowed by the Commissioner.

The appeal may be addressed to the Information and Privacy Commissioner is as follows:

Office of the Information and Privacy Commissioner
2 Canada Drive
P. O. Box 13004, Stn. A
St. John's, NL. A1B 3V8

Telephone: (709) 729-6309
Toll-Free: 1-877-729-6309

commissioner@oipc.nl.ca

You may also appeal directly to the Supreme Court within 15 business days after you receive the decision of the public body, pursuant to section 52 of the Act (a copy of this section has been enclosed for your reference).

Please be advised that this request may be published on the [Completed Access to Information Requests](#) website. Requests will be posted when possible, but no sooner than three business days after a response is sent electronically, or five business days where a response is sent by mail. Please note that requests for personal information will not be posted online. Additional details regarding the process for publishing requests online can be found [here](#).

If you have any further questions, please feel free to contact me via email at ATIPP-Health@gov.nl.ca.

Sincerely,



Andie George
ATIPP Coordinator

Access or correction complaint

42.(1) A person who makes a request under this Act for access to a record or for correction of personal information may file a complaint with the commissioner respecting a decision, act or failure to act of the head of the public body that relates to the request.

(2) A complaint under subsection (1) shall be filed in writing not later than 15 business days

(a) after the applicant is notified of the decision of the head of the public body, or the date of the act or failure to act; or

(b) after the date the head of the public body is considered to have refused the request under subsection 16(2).

(3) A third party informed under section 19 of a decision of the head of a public body to grant access to a record or part of a record in response to a request may file a complaint with the commissioner respecting that decision.

(4) A complaint under subsection (3) shall be filed in writing not later than 15 business days after the third party is informed of the decision of the head of the public body.

(5) The commissioner may allow a longer time period for the filing of a complaint under this section.

(6) A person or third party who has appealed directly to the Trial Division under subsection 52(1) or 53(1) shall not file a complaint with the commissioner.

(7) The commissioner shall refuse to investigate a complaint where an appeal has been commenced in the Trial Division.

(8) A complaint shall not be filed under this section with respect to

(a) a request that is disregarded under section 21;

(b) a decision respecting an extension of time under section 23;

(c) a variation of a procedure under section 24; or

(d) an estimate of costs or a decision not to waive a cost under section 26.

(9) The commissioner shall provide a copy of the complaint to the head of the public body concerned.

Direct appeal to Trial Division by an applicant

52. (1) Where an applicant has made a request to a public body for access to a record or correction of personal information and has not filed a complaint with the commissioner under section 42, the applicant may appeal the decision, act or failure to act of the head of the public body that relates to the request directly to the Trial Division.

(2) An appeal shall be commenced under subsection (1) not later than 15 business days

(a) after the applicant is notified of the decision of the head of the public body, or the date of the act or failure to act; or

(b) after the date the head of the public body is considered to have refused the request under subsection 16(2).

(3) Where an applicant has filed a complaint with the commissioner under section 42 and the commissioner has refused to investigate the complaint, the applicant may commence an appeal in the Trial Division of the decision, act or failure to act of the head of the public body that relates to the request for access to a record or for correction of personal information.

(4) An appeal shall be commenced under subsection (3) not later than 15 business days after the applicant is notified of the commissioner's refusal under subsection 45(2).

**Decision/Direction Note
Department of Health and Community Services**

Title: Gander Family Care Team (Temporary Space)

Decision/Direction Required:

- To provide approval (or otherwise) for NL Health Services (Central Zone) to issue an open call for bids for the leasing of approximately 4,500 square feet of space on a temporary basis in the Town of Gander to support the operations of its Family Care Team.
- It is recommended that:
 - approval be provided for NL Health Services (Central Zone) to issue an open call for bids for the leasing of approximately 4,500 square feet of space on a temporary basis in the Town of Gander to support the operations of its Family Care Team; and
 - as per previous Departmental direction from June 2021, upon identification of the top ranked proponent, NL Health Services seek ministerial approval to award the open call for bids.

Background and Current Status:

- Budget 2023 announced the advancement of 10 Family Care Teams (FCT's), including one in Gander.
- On January 9, 2024, Ministerial approval was provided for NL Health Services (Central Zone) to issue a Request for Proposals (RFP) for approximately 15,000 square feet of space to establish the permanent family care team location in Gander. This RFP has been posted on MERX with a current scheduled closing date of February 15, 2024.
- Since the RFP for this larger permanent space has yet to close, and which will likely take any successful proponent a number of months (maybe even a year or longer) following award to have the location constructed and ready for occupancy, NL Health Services are requesting approval to issue a RFP for temporary space in order to expedite the establishment of a family care team location in Gander.

Analysis:

- Establishment of a Family Care Team site will provide an additional point of access for area residents to access care.

- [REDACTED] 29(1)(a)
[REDACTED] estimated 4,500 sq. ft. for a 12-to-18-month period (with options to extend).
- [REDACTED] 29(1)(a), 35(1)(d), 35(1)(g)
- [REDACTED] 29(1)(a)

- Budget 2023 allocated \$21M as an initial allocation to support the establishment of additional Family Care Teams in the province. [REDACTED]
- Section 21(2)(a) of the **Provincial Health Authority** states that “subject to the approval of the minister, an authority may purchase, lease or otherwise acquire real property, or an interest in real property, that it considers necessary for its purpose.”

29(1)(a),
35(1)(d),
35(1)(g)

Alternatives:

Alternative 1: Provide approval for NL Health Services to issue an open call for bids for the leasing of approximately 4,5000 square feet of space on a temporary basis in the Town of Gander to support the operations of its Family Care Team. **(Recommended)**

Pros:

- Will advance the establishment of the Family Care Team in Gander as expeditiously as possible;
- Will ensure that Family Care Team staff in Gander have the appropriate spaces from which to provide services; and
- Will provide an additional point of access for area residents to access care.

Cons:

- Requires funding.

Alternative 2: Do not provide approval for NL Health Services to issue an open call for bids for the leasing of approximately 15,000 square feet of space on a temporary basis in the Town of Gander to support the operations of its Family Care Team. **(Not Recommended)**

Pros:

- No funding required.

Cons:

- Delay in establishment of the Family Care Team in Gander; and
- Current Family Care Team staff in Gander will not have the appropriate spaces from which to provide services.

Prepared/approved by: P. Greene/P. Morrissey/ J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne


February 2, 2024




Meeting Note
Department of Health and Community Services
NunatuKavut Community Council
February 12, 2024, 2:30-3:00pm
Boardroom 3/Microsoft Teams

Attendees: Hon. Tom Osborne, Minister of Health and Community Services (HCS)
 Hon. Lisa Dempster, Minister of Indigenous Affairs and Reconciliation (IAR)
 Susan Elliott, Executive Assistant
 John McGrath, Deputy Minister, HCS
 Jason Higgins, Deputy Minister, IAR
 Gillian Sweeney, Assistant Deputy Minister, HCS
 President Todd Russell, NunatuKavut Community Council (NCC)
 Kristy Dyson, Director of Health and Community Services, NCC

Purpose of Meeting:

- This meeting is in follow-up to the meeting held on November 6, 2023 (meeting summary attached as **Annex A**). President Russell requested quarterly meetings with Minister Osborne to discuss health priorities. 29(1)(a), 35(1)(d)
- While an agenda has not been provided, 

Background:

- NunatuKavut Community Council (NCC) is the representative Indigenous organization for approximately 6,000 Inuit of south and central Labrador.
- On May 31, 2023, Ministers Osborne and Dempster, in collaboration with officials from Health Canada and Indigenous Services Canada, hosted a trilateral meeting on shared health priorities. The purpose of the meeting was to discuss how new federal health funding can support the health needs and priorities of Indigenous Governments and Organizations (IGOs) and ensure access to quality and culturally safe health care for Indigenous Peoples in Newfoundland and Labrador. Minister Osborne committed to continued discussions with Indigenous groups in attendance.
- At the May 2023 meeting, key priorities identified by NCC included:
 - Mental health: Access is needed to culturally appropriate mental wellness programs that address intergenerational trauma for sub-populations including women and girls, and families involved with CSSD.
 - Access to health services: Long-standing colonial practices, including residential schools, have led to discriminatory policies and practices in health care. This has resulted in community members not receiving medical treatment. NCC is using its own revenue to fund a medical transport program,  29(1)(a)
35(1)(c)
 - Elder care: Home care support services are needed to assist the elderly population.
 - Social determinants of health: Community members are experiencing food, heat and water insecurity; there is a need to address water and wastewater systems.

- [REDACTED] 29(1)(a)

Agenda item #1 (Mental Health)

- NCC introduced its virtual mental health and wellness services in 2020. This includes a contract with Kullik Psychotherapy (one counsellor) and Priority Health Counselling (one counsellor) to provide virtual and/or telephone short- and long-term counselling.
- Kullik Psychotherapy provides services exclusively to adults 18 and older, while Priority Health Counselling provides services to youth, over the age of eight, and adults. Both providers have connections with NCC and provide culturally aware and appropriate services to address anxiety, depression, suicide ideation, relationship issues, work-life stress, anger, abuse/trauma and PTSD.
- In addition to virtual mental health counselling, NCC contracts Inclusive Health and Fitness (one individual from NCC) to provide private, semi-private and group online training in nutritional coaching and exercise.
- On July 27, 2023, NCC submitted an urgent funding request to Ministers Osborne and Dempster, requesting interim support for their virtual mental health and wellness services, which concluded on July 31, 2023, due to lack of funding. 29(1)(a), 35(1)(d)
- HCS provided \$63,000 in one-time funding to sustain the service for three months [REDACTED] [REDACTED] The service was reinstated on December 4, 2023, until March 3, 2024.

Analysis

- NCC members on the south coast of Labrador receive mental health and addictions services directly from Labrador-Grenfell Zone clinics in several of the south coast communities, and NCC members have access to a suite of e-mental health services offered through Bridge the Gapp. 29(1)(a), 35(1)(d)
- [REDACTED]

Potential Speaking Points

- We were pleased to provide you with one-time funding in support of your virtual mental health services. [REDACTED] 29(1)(a), 35(1)(d)

29(1)(a), 35(1)(d)

Proposed Actions29(1)(a),
35(1)(d)**Agenda item #2 (Medical Transportation)**

- In response to an alleged lack of access to health services in southern and central Labrador, NCC established a Medical Transportation Program (MTP) in January 2020. The program has been extended to May 31, 2024.

29(1)(a),
35(1)(d)Analysis

- NCC members are not eligible to receive benefits under the Non-Insured Health Benefits (NIHB) Program, which provides coverage for drugs and ancillary benefits including medical travel to First Nations and Inuit peoples.
- [REDACTED] Further, HCS officials have met with NCC to discuss how the MTP may assist NCC members with submitting applications under the provincial Medical Transportation Assistance Program.
- As per Budget 2023, responsibility for MTAP has been transferred to the Department of Labrador Affairs. As such, Minister Dempster should field any questions related to this program that may arise in the meeting.

29(1)(a),
35(1)(c)Potential Speaking Points

- I will defer to my colleague, Minister Dempster, for further comments as the Medical Transportation Assistance Program now falls under her department.

Proposed Actions

- None identified.

Prepared/Approved by: M. Power/G. Sweeney/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

February 5, 2024

Information Note
Department of Health and Community Services

Title: Move-in / “Go-Live” Date for the new Western Memorial Regional Hospital

Issue:

- To inform on NL Health Services’ (Western) plan with respect to operationalization of the new Western Memorial Regional Hospital

Background and Current Status:

- The Corner Brook Acute Care Hospital (CBACH) Steering Committee has approved the following with respect to the Move-in / “Go-Live” Date for the new Western Memorial Regional Hospital:
 - Move Timeline: A ten-day move plan will be scheduled for **May 22 through to June 2, 2024**.
 - Vacation Deferral Period: The recommendation includes a vacation deferral for all key identified leadership positions be implemented. Based on the Go Live date proposed, the leadership vacation deferral is recommended from **May 6 – June 15, 2024**. In extenuating circumstances, where a key leader must be away during this period, then a clear designate must be identified.
- Guidance on the above plan was provided by Health Care Relocations, a specialty consultant hired to assist in relocating services, and all operational requirements (e.g. platform activation schedules, hospital move plans, etc.).

Action Being Taken:

- NL Health Services (Western) are continuing to take the necessary steps towards operationalizing the new Western Memorial Regional Hospital in line with the above stated timelines.

Prepared/approved by: P. Greene/P. Morrissey/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

February 6, 2024



Decision/Direction Note
Department of Health and Community Services

Title: Increase Block Funding for Western Zone Anesthesia Alternate Payment Plan

Decision/Direction Required:

- The Department of Health and Community Services is requesting approval to increase the Western Zone (WZ) Anesthesia Alternate Payment Plan (APP) block funding by \$426,030 to create one (1 FTE) additional full-time-equivalent (FTE) position.

Background and Current Status:

- The Anesthesia APP for WZ was implemented in 2008 and currently has a complement of seven anesthesiologists for 7.0 FTEs. The service is located at Western Memorial Regional Hospital in Corner Brook and provides 24/7 call with 1:7 service.
- Physicians run one day of pre-admission clinics (PAC) per week and coverage for 24 operating room (OR) services. There is also a required post-call day off built into the APP to allow for patient safety and non-clinical duties.
- Pain Management was previously included in the service offered under this APP; however, those services were moved to Sir Thomas Roddick (STRH) in Stephenville in 2017-18. Moving the pain clinic allowed for better utilization of OR time in Corner Brook and STRH had the capacity to offer five days of pain clinics per week.
- A new hospital is expected to open in Corner Brook in June 2024. This updated facility will be a more modern enhanced hospital that will require the need to add an additional anesthesiologist to this group.

Analysis:

- The current demand for anesthesiology at Western Memorial is being met with the seven physicians in the complement; however, in June 2024, the new hospital in Corner Brook is expected to open.
- This new facility contains a block room which will allow procedural sedations to take place outside of the OR, thereby allowing patients in the OR to be already under sedation and only requiring to be there to have their procedures completed. Currently all the sedation procedures take place in the OR and may take up to 60 minutes, prior to surgery, depending on the patient and type of sedation required.
- This new block room will improve efficiency with the throughput of orthopedic lists (especially total joint replacements), as well as complex general surgery cases.
- The block room serves as a critical component to the new acute care hospital service and will further improve Enhanced Recovery After Surgery (ERAS), allowing increase in ambulatory/day surgeries and reducing the length of stay for same day admissions.

29(1)(a), 35(1)(d)

-

The block room would also be crucial for after surgery care for these

patients as adequate pain medication/treatment to allow for discharge is best managed by block room anesthetists.

- The use of block room was highlighted in the Provincial Surgical Backlog Taskforce report in June 2023, as an essential part of addressing OR turnover.
- The addition of the eighth anesthetist is also anticipated to enhance existing acute care services:
 - Post-op acute pain management which helps decrease potential long term pain and chronic pain burden. Currently pain crisis in the OR must be managed by the anesthesiologist in the OR and can delay room turnover; this sometimes leads to cancellations of surgeries.
 - Post-op care in Post-Anesthesia Care Unit extends beyond pain and also includes things like nausea and other postoperative complications. This is managed by the OR anesthetist and could delay care of the patient and/or cancel other OR procedures.
 - More efficient and equitable labour pain control as epidurals are only provided once anesthetists are able to leave their current patients. This can additionally have consequences in delaying when the next OR procedure can proceed as the anesthetist is providing service for labour.
- Adding an additional anesthetist will also provide flexibility in adding a sixth OR in any given day for emergency surgery (the sixth OR room is available). Currently, any emergency surgery that arises results in moving to the next OR availability, which ultimately cancels another surgery. [REDACTED] 29(1)(a)

- [REDACTED] 29(1)(a), 35(1)(c)
- [REDACTED]

[REDACTED] there are currently [REDACTED] Fellowship anesthesiologists who have expressed interest in a position in WZ. There has been a significant staff turnover in this group in the past five years, and a period where only three anesthetists were available. [REDACTED] 40(1) 29(1)(a)

- [REDACTED] 29(1)(a)

- Adding 1.0 FTE to this APP will bring the total annual budget to \$3,408,238, an increase of \$426,030.

- [Redacted]

29(1)(a)

Alternatives:

Option 1. Approve an increase to the block funding of \$426,030 per year for 1.0 FTE for Western Memorial Regional Hospital Anesthesia APP. **(Recommended)**

Pros:

- Expand OR time that was intended as a part of adding a block room to the new hospital in WZ.
- Enhance services to patients who are waitlisted or who require emergency surgery.
- [Redacted]
- Help stabilize the current complement and expand services into other areas.

29(1)(a)

Cons:

- Increased cost to the FFS budget.

Option 2. Do not approve a block funding increase of \$426,030 for an additional anesthesiology position for the new Western Memorial Regional Hospital. **(Not recommended)**

Pros:

- [Redacted]

29(1)(a)

Cons:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

29(1)(a)

Prepared/Approved by:
Ministerial Approval:

A. Pike/C. Antle/D. Moore/F. Langor/J. McGrath
Received from Hon. Tom Osborne

February 8, 2024



Meeting Note
Department of Health and Community Services
Dr. Rick Singleton, Ruah Counselling Centre
February 13, 2024, from 9:15 a.m. to 10:00 a.m.
Boardroom 3, HCS

Attendees:

Honourable Tom Osborne, Minister of Health and Community Services
John McGrath, Deputy Minister, Health and Community Services
Gillian Sweeney, Assistant Deputy Minister, Health and Community Services
Susan Elliott, Executive Assistant, Health and Community Services
Niki Legge, Provincial Director, Mental Health and Addictions
Danny Barrett, Consultant, Mental Health and Addictions
Dr. Rick Singleton, Board Chairperson, Ruah Counselling Centre
Amelia O’Dea, Executive Director, Ruah Counselling Centre

Purpose of Meeting:

- Dr. Singleton requested a meeting with Minister Osborne to thank him for providing Ruah with \$175,000 in one-time funding and to discuss Ruah’s continued need for long-term funding.

Background:

- Established in 1976, Ruah, formerly the Family Life Bureau, is a non-profit, community-based organization providing counselling and psychosocial educational groups in the St. John’s area.
- Ruah provides individual, couple and family counselling to people with anxiety, depression, trauma, grief, stress, anger, work-life challenges, life transitions, parenting, suicide loss, separation and divorce, and interpersonal relationships.

- Ruah submitted a proposal to HCS in November 2023 (COR-2023-195221) [REDACTED] 35(1)(c)

- [REDACTED] 29(1)(a), 35(1)(c)
[REDACTED] 29(1)(a), 38(1)(a)

- HCS agrees there is a duplication with Ruah’s core lines of business, and other not-for-profit community agencies, who provide clinical services in the community similar to those available via NLHS. [REDACTED] 29(1)(a), 35(1)(c)

- While Ruah’s duplication is noted, there is one aspect of Ruah’s work, group programming for grief and suicide loss, that is not offered broadly by NLHS and is an action item under **Our Path of Resilience: A Plan to Promote Life and Prevent Suicide**.

- HCS has worked closely with NLHS to increase access to virtual and in-person group counselling provincially and has funded a provincial groups coordinator position to that end. While some group programs have been offered to date, including the Gender Journey's program, NLHS is unable to offer bereavement and suicide loss groups provincially at this time or in the near future. Ruah currently offers this service and is represented on a working group under **Our Path of Resilience**.
- In an effort to expedite access to grief and suicide loss groups provincially, HCS is providing one-time funding commitment of \$175,000 (BN-2023-00800) whereby Ruah would continue operations for six months with a special focus on offering additional grief and suicide loss support groups provincially.

Agenda item #1: Ruah wishes to express its appreciation for one-time funding provided in February, 2024

- A meeting was held with HCS officials and Ruah officials on February 9, 2024, concerning the recent funding. Ruah was appreciative of the funding commitment [REDACTED] [REDACTED] 29(1)(a),
35(1)(c)
- HCS officials clearly communicated the current funding commitment is for a six-month period during which time Ruah should make every effort to find sustainable ongoing funding.

Potential Speaking Points

- We appreciate your dedication to delivering community-based mental health and wellness services.
- We look forward to grief and suicide loss groups being offered provincially to support the actions contained in **Our Path of Resilience**.
- We hope this will provide time for you to secure additional funding sources to sustain your operations.

Agenda item #2: Ruah's Continued Need for Long-Term Funding

- Until 2022, Ruah was primarily sponsored by the Roman Catholic Episcopal Corp, (RCED). However, due to financial problems, the RCED advised in May 2021 it could no longer financially support Ruah. In response, staff and supporters took the following steps to avoid closure:
 - Creation of an independent management board;
 - Formation of a fund development committee;
 - Incorporation
 - Achieved charitable organization status;
 - Internal review of revenue and expenses for long-term sustainability;
 - Submitted a request to HCS in October 2021 for \$100,000 which was approved to support the organizational transition; and
 - Submitted a request to HCS for \$50,000 which was approved in August 2023.
- Since 2021, HCS has provided Ruah with three one-time funds for a total of \$325,000. Ruah's annual budget request is \$350,000 which is unfunded within the mental health and addictions budget.

- Ruah notes they receive referrals from Children Seniors and Social Development (CSSD) to aid at risk families in completing anger management counselling and other counselling offerings. [REDACTED]

29(1)(a)

Potential Speaking Points

- The Department of Health and Community Services has provided \$325,000 in funding to Ruah since 2021.
- In consideration of the similar programming provided through NLHS, we are unable to commit to ongoing funding.

- [REDACTED]

29(1)(a),
35(1)(c)

Prepared/Approved by: D. Barrett/ N. Legge/G. Sweeney/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

February 8, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Public Reporting of Influenza and RSV Wastewater Data

Decision/Direction Required:

- Whether to allow the Public Health Agency of Canada (PHAC) to report Influenza and RSV wastewater data for the St. John's sampling site on the national Health Infobase dashboard.

Background and Current Status:

- Wastewater testing has been used for modern disease surveillance since the 1940s, when samples were cultured to detect the presence of polio. With recent advances in genetic sequencing and analysis, wastewater surveillance has gained renewed interest as a relatively low-cost, highly sensitive, non-invasive means to detect infectious diseases.
- Since February 2021, the Government of Newfoundland and Labrador (GNL) has participated in COVID-19 wastewater surveillance in partnership with the PHAC National Microbiology Laboratory (NML). Influenza and RSV wastewater testing was added in May 2022.
- The Department of Environment and Climate Change (ECC) leads and supports wastewater surveillance through: community engagement and training; sample site assessment and troubleshooting; procuring and distributing supplies; sample collection, processing, packing and shipping; data analysis and reporting; communications; and planning.
- The Department of Health and Community Services (HCS) supports wastewater surveillance through data interpretation, planning and public health response. The NL Public Health and Microbiology Laboratory has availed of federal funding to begin wastewater testing in 2024.
- On September 2, 2022, the Ministers of HCS and ECC approved an interim wastewater surveillance expansion plan (BN-2022-00215) including a target to include additional testing parameters beyond COVID-19.
- Currently, the province monitors wastewater in 24 sewershed catchment areas, including residents from 20 communities, representing about 49% of the total population. On average, 24 samples per week are collected. Composite liquid samples are collected with autosamplers in St. John's and Torbay, as well as in Gander during the summer. In all other sites, solid samples are obtained using filter paper inside specialized collection equipment.
- Samples are sent to the NML for qPCR testing and variant sequencing. Currently, only the COVID-19 wastewater test results are reported on the ECC website (<https://www.gov.nl.ca/ecc/waterres/wastewater-surveillance-for-covid-19-virus/>). PHAC also posts selected COVID-19 wastewater data (including for the St. John's catchment area) on the national Health Infobase dashboard (<https://health-infobase.canada.ca/covid-19/wastewater/>).
- On January 23, 2024, PHAC asked GNL for permission to report Influenza and RSV wastewater data for the St. John's catchment area (including most of St. John's, Mount Pearl, and Paradise east of Paradise Road) on the national Health Infobase dashboard, [REDACTED] 29(1)(a)

Analysis:

- Wastewater surveillance using genetic test methods continues to be a new area of research. Global research partners continue to improve test methodologies and data analysis to enhance the usefulness of wastewater surveillance, including the addition of new pathogens of interest (e.g. MPOX, poliovirus, TB, antimicrobial-resistant pathogens, enteric pathogens).
- Each wastewater sampling site has unique characteristics (e.g. catchment area size, flow rates, storm water intrusion) that may impact viral RNA levels. The sample collection method (either composite liquid or solid samples) can also influence test results. As such, individual wastewater test results cannot be directly correlated with clinical case counts and are less useful for decision-making than overall trends, except where wastewater data is used to detect the presence of new pathogens and/or variants in a community.
- Given the uncertainties related to wastewater testing, NML wastewater reports are provided to partners “for research use only”. However, nearly all provinces/territories have access to COVID-19 wastewater data through participating research institution and/or provincial/territorial government websites. Further, some provinces/territories also report influenza and RSV wastewater test results.
- While GNL regularly reports COVID-19 wastewater data, no trend analysis is included, and it is unclear how the data is used by the public. Further, GNL has not provided the public with advice regarding the interpretation of wastewater results.
- Given the local nature of wastewater test data, participating community leaders in St. John’s, Mount Pearl and Paradise should be consulted before regular reporting begins.

Alternatives:

Alternative 1: Following community leader consultation (Appendix 1), allow PHAC to begin reporting Influenza and RSV wastewater test results for the St. John’s catchment area on the national Health Infobase dashboard. **(Recommended)**

Advantages:

- Increases public access to health-related data;
- Demonstrates government transparency;
- Helps to ensure consistency of wastewater data reporting across Canada;
- Demonstrates a commitment to expanding wastewater surveillance;
- No additional costs for reporting.

29(1)(a)

Disadvantages:

- [Redacted]
- [Redacted]
- [Redacted]

Alternative 2: Do not allow PHAC to begin reporting influenza and RSV wastewater test results for the St. John’s catchment area on the national Health Infobase dashboard. (Not Recommended).

Advantages:

- [Redacted]
- [Redacted]
- No additional costs for reporting.

29(1)(a)

Disadvantages:

- Does not increase public access to health-related data;
- Does not demonstrate government transparency;
- Hinders PHAC from providing consistent wastewater data reporting across Canada;
- Does not demonstrate a commitment to expanding wastewater surveillance.

Prepared/Approved by: D. Howse/J. Fitzgerald/ A. Tucker/G. Sweeney/J. McGrath

Ministerial Approval: Received from Hon. Tom Osborne

February 9, 2024

A handwritten signature in black ink, appearing to read "Tom Osborne", is centered on the page. The signature is fluid and cursive, with a large initial "T" and "O".

Appendix 1

Community Leader Consultation Process

Target audience:

- The City of St. John's
- The City of Mount Pearl
- The Town of Paradise

Method of consultation:

- Email correspondence to key contacts, as follows:
 - Kevin Breen, City Manager, City of St. John's
 - Deanne Harper, Process Engineer, Riverhead Treatment Plant, City of St. John's
 - Dana Spurrell, Chief Administrative Officer, City of Mount Pearl
 - Lisa Niblock, Chief Administrative Officer, Town of Paradise

Sample correspondence text:

"Thank you for your continued support of the provincial wastewater surveillance program. Wastewater surveillance showed its value throughout the COVID-19 Public Health Emergency as a means of detecting SARS-CoV-2 even before the appearance of clinical cases. As this technology developed, other pathogens of interest were added to the testing suite, including influenza, RSV, and MPOX.

The National Microbiology Laboratory (NML), which continues to offer wastewater testing services for Newfoundland and Labrador, has requested permission to begin public reporting of influenza and RSV wastewater testing data for the St. John's catchment area (including most of St. John's, Mount Pearl, and Paradise east of Paradise Road) on the national [Health Infobase dashboard](#), similar to current COVID-19 reporting, possibly beginning in late February 2024.

Please contact Douglas Howse, Manager of Environmental Public Health, at douglashowse@gov.nl.ca or 709-729-3422, no later than February 23, 2024 to indicate whether you support this public reporting by the NML and/or if you have any questions."

Decision/Direction Note
Department of Health and Community Services

Title: Dialysis Unit Expansion, Carbonear General Hospital

Decision/Direction Required:

- Whether or not to provide funding in the amount of \$500,000 to Newfoundland and Labrador Health Services (Eastern Rural) to initiate the expansion of the dialysis unit at the Carbonear General Hospital.
- It is recommended that funding in the amount of \$500,000 to Newfoundland and Labrador Health Services (Eastern Rural) to initiate the expansion of the dialysis unit at the Carbonear General Hospital.

Background and Current Status:

- In its 2023-24 repair and renovation request, Newfoundland and Labrador Health Services (Eastern Rural) requested funding to commence the expansion of the dialysis unit at the Carbonear General Hospital (CGH) from its current 9 stations to 15 stations. Total project cost was estimated at **\$1,500,000** to be funded over a two-year period.
- Approval of that request was deferred at the time pending the submission of a detailed briefing note by NLHS outlining the rationale, implications of not proceeding, and any operational cost impacts. A detailed briefing note was subsequently submitted.
- The CGH dialysis unit operates M/W/F 0700-2300 - 3 runs for a total of 27 treatments per day (operating until 11pm); and T/T/S 07-1900 - 2 runs for a total of 18 treatments per day. The current capacity is a total of 135 treatments per week, which approximates to 45 patients (at 3 treatments per week), however this number may increase slightly at times if some patients only require two treatments per week.
- NLHS advises that the existing CGH dialysis unit is no longer adequate to meet the current patient demand for the catchment area, [REDACTED] 29(1)(a)
 - Over the past two (2) years there has been an average of two (2) to four (4) patients waiting to go to the CGH dialysis unit. Patients in the area who are unable to be accommodated at CGH have to travel to St. John's to receive treatment.
 - As well, there are a number of patients who start at two (2) treatments per week but progress to requiring three (3) treatments or more per week which creates issues as there is no spare capacity.
 - In addition, there are times when patients require an extra treatment or when patients need appointment changes to accommodate medical appointments or family commitments, and the current full capacity leaves no room to effectively manage such situations.
- Apart from the capacity challenges, the existing dialysis space has a number of infrastructure shortcomings and space constraints, including:
 - two machines each share a water supply connection and drainage receptacle;
 - IPAC guidelines of 2400mm from one chair center to another cannot be met in all areas due to space limitations;

- [REDACTED] 29(1)(a)
- the department entry door does not accommodate bariatric equipment;
- the patient weigh scale is positioned in a corner, therefore ambulatory patients must back off the scale. [REDACTED] 29(1)(a)
- the only washroom within the unit is located in the isolation room, with all other washroom access requiring patients/staff to leave the unit [REDACTED] 29(1)(a)
- [REDACTED] The washroom outside the unit also serves as a public washroom, thus there is no adequate disposal for bedpans in this washroom;
- the medication room and the supply room is a shared space and is often overfilled and cluttered. With increased patient acuity there is an increase in wheelchairs and mobility assist items used by patients that require storage during treatment, further adding to clutter within the area;
- required equipment such as ultrasound, blanket warmer, IV pumps, as well as the printer/fax machine, are kept in the treatment area due to space constriction;
- the utility room has cleaning supply storage along with the hopper used for disposal as well as the safety shower (with no floor drain);
- the safety eye wash station is located next to the patient chart storage as there is no other option to locate elsewhere; and
- there is inadequate chart storage for the current chart volume. 29(1)(a), 35(1)(d)

- [REDACTED]

Analysis:

- An increase to a 15-station dialysis unit will result in an increased capacity of 45 treatments, equating to approximately 15 additional patients (@ 3 treatments / week).
- The additional capacity will:
 - mean that patients within the catchment area who currently have to travel to St. John's to avail of treatment will be able to receive such services closer to home (i.e. less travel, less costly, better patient experience);
 - eliminate the need for the evening shift (until 11pm) which will improve the quality of life for those involved (i.e. both patients and staff).
 - provide flexibility to accommodate patient requests to change appointment times because of competing medical appointments or family reasons.
- The redeveloped dialysis unit will address the current infrastructure shortcomings and space constraints that have been noted above.
- NLHS have commenced planning for the development / expansion, and funding is required to advance the design and commence redevelopment activities.

- [REDACTED]

- In allocating its 2023-24 repairs / renovations funding, the Department set aside \$500,000 for the CGH dialysis expansion pending the submission of a detailed briefing note from NLHS. As such, funding has already been factored into the repair / renovations allocations and thus is available to fund this request, if approved.

- [REDACTED]

29(1)(a)

Alternatives:

Alternative 1: Provide funding in the amount of \$500,000 to Newfoundland and Labrador Health Services (Eastern Rural) to initiate the expansion of the dialysis unit at the Carbonear General Hospital. **(Recommended)**

Pros:

- Increase in the number of patients within the catchment area who will be able to avail of treatment closer to home (i.e. less travel, less costly, better patient experience).
- Eliminate the need for the evening shift (until 11pm) which will improve the quality of life for those involved (i.e. both patients and staff).
- Provide flexibility to accommodate patient requests to change appointment times due to competing medical appointments or family reasons.
- Redevelopment will address the infrastructure shortcomings and space constraints that exist within the current dialysis unit.

Cons:

- Requires funding in the amount of \$500,000.

Alternative 2: Do not provide funding in the amount of \$500,000 to Newfoundland and Labrador Health Services (Eastern Rural) to initiate the expansion of the dialysis unit at the Carbonear General Hospital. **(Not Recommended)**

Pros:

- Will not require funding in the amount of \$500,000.

Cons:

- A number of patients within the catchment area will have to continue to travel to St. John's for treatment.
- Need for the evening shift (until 11pm) will continue, which is less than ideal for both patients and staff.

- Hinder the ability to accommodate patient requests to change appointment times because of competing medical appointments or family reasons.
- Current infrastructure shortcomings and space constraints will remain unaddressed.

Prepared/Approved by: P. Greene/P. Morrissey/J. Herritt/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

February 9, 2024

A handwritten signature in black ink, appearing to read "Tom Osborne", is written in a cursive style.

Decision/Direction Note
Department of Health and Community Services

Title: Part-Time Annual Commitment Program for Family Physicians at Primary Care and Category B Sites.

Decision/Direction Required:

- The Department of Health and Community Services (HCS) is requesting approval to continue the Part-Time Annual Commitment Program for family physicians to provide stability and continuity of care in communities classified as Tier 3 Category B sites to facilitate stable Emergency Department and Primary Care Clinic coverage.

Background and Current Status:

- NL Health Services is battling shortages of primary care providers. In many rural and remote locations there are prolonged vacancies of both fee-for-service (FFS) and salaried family medicine positions.
- In November 2022, a Part-Time Annual Commitment Program Pilot was approved (BN-2022-00614 refers). The pilot program was launched in recognition of the need for flexibility in clinical practice settings, alternate work arrangements, and financial compensation to incentivize physicians to work in rural and remote locations.
- Initially, the pilot was approved to be implemented at four sites (one in each of the former Regional Health Authorities). Central Zone (CZ) was later approved to pilot the program at two sites, with the second facility being the Dr. Y.K. Jeon Kittiwake Health Centre in New-Wes-Valley (NWV) (BN-2023-00031 refers). Other approved sites were the emergency departments in Stephenville and Carbonear during the summer 2023 period and the Labrador Health Zone; however, there was no uptake in any of these areas.
- Initiatives under the Part-Time Annual Commitment Program include:
 - Commitment bonus (one agreement per 6-month period)
 - 45-60 days - \$10,000 upon completion of contract
 - 61-110 days- \$15,000 upon completion of contract
 - 110+ days - \$25,000 upon completion of contract
 - Retention elevator (10 per cent increase in commitment bonus after 12 months of service)
 - Referral bonus (10 per cent of total commitment bonus for physicians who refer other physicians to the program)
 - Paid travel days
 - Meal allowance (maximum of one month per work session)
 - Paid transportation
 - Vehicle allowance (one month per work session)
 - License reimbursement (application and annual costs)
 - Canadian Medical Protective Association (CMPA) reimbursement
 - Guaranteed income (i.e., Category B Emergency Department Incentive Rates or family medicine sessional payment of \$188.72 per hour to a maximum of 10 hours per day)
- Under this program, participating physicians located at Category B Tier 3 sites can only bill a maximum rate of Tier 2. This program was not piloted at Tier 1 or 2 sites [REDACTED]

29(1)(a),
35(1)(c),
35(1)(d)

Analysis:

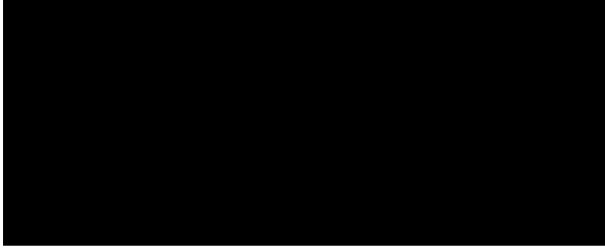
- HCS had previously costed the program pilot for one location (Connaigre Peninsula Health Centre in Harbour Breton) with four physicians providing rotating services for six months:

Component	Costing	Source
Commitment bonus		New Funding
Referral bonus		New Funding
Paid travel days		Currently provided by CH
Meal allowance		Currently provided by CH
Paid transportation		Currently provided by CH
Vehicle allowance		Currently provided by CH
License		Currently provided by CH (note: licence fees for 12 months)
Registration		Currently provided by CH
Application Costs (CMPA) reimbursement		New Funding
		Currently provided by CH (note: CMPA fees for 12 months)
Guaranteed Income: Cat B ED (7 days per week)		New Funding
Primary Care (7 days per week)		New Funding
Estimated Required Funding		
LESS		Currently covered by CH
LESS		Vacant FFS Salaries
NEW Funding		

29(1)(a),
35(1)(d),
35(1)(g)

- Central Zone (CZ) reported that they were successful in signing four physicians in short stay contracts under the Part-Time Annual Commitment Program Pilot. With the addition of the Tier 3 billing for Category B emergency departments, and the inability to bill Tier 3 if working within the short stay contract, [REDACTED] of the physicians did not stay in the short stay contract (they were given the choice due to the timing of signing the contracts and announcement of Tier 3 rates). 40(1)

- The 40(1) physicians who continued with the Part-Time Annual Commitment Program Pilot were employed at [REDACTED] 40(1) and have provided the following service:



40(1)

- 40(1) CZ has reported that the Part-Time Annual Commitment Program pilot provided consistency in primary care access and they now have recruited a physician interested in providing primary care to [REDACTED]. As such, they are requesting that the physician be eligible for the Part-Time Annual Commitment Program.
- Physicians in the CZ noted the benefit of working with the same physicians consistently. They have been able to build relationships and understand each other practices clinically leading to more effective hand off between work sessions. The physicians enjoyed the rotational work model and the mix of primary care and emergency services.
- CZ indicated that overall, the pilot was a success. Short term contracts provided a level of consistency that transient locums cannot provide. The physicians understand the area, the patient population and each other.
- Financial Services Division has reviewed and advises that Budget 2023 contained one-time funding of \$7,630,900 for this program. To date very little has been billed as NLHS has been paying physicians out of their operating funding. 29(1)(a)

Alternatives:

Option 1: Continue to offer a Part-Time Annual Commitment Program for family physicians in additional Category B Tier 3 sites (at the Tier 2 Interim Rates for Emergency Department coverage and the sessional hourly rate for Primary Care coverage) to provide stability and continuity of care at these Emergency Departments and Primary Care Clinics. **(Recommended)**

Pros:

- Increase stability at rural primary care clinics and Category B facilities.
- Reduce dependency on locums for service provision.
- Improve continuity of care and access to primary care for residents.
- Relieve pressure on Category A facilities.
- Opportunity to recruit out of province physicians.

Cons:

- Additional funding will be required.

Option 2: Do not continue to offer a Part-Time Annual Commitment Program. (Not Recommended)

Pros:

- No additional funding required.

Cons:

- Continued instability at rural primary care clinics and Category B facilities.
- Dependency on locums for service provision.
- Limited access to primary care and long travel times for patients.
- Continued burden on Category A facilities.
- Missed opportunity to recruit out of province physicians into the workforce.

Prepared/Approved by: C. Crocker/A. Pike/D. Moore/C. Antle/F. Langor/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

February 12, 2024

A handwritten signature in black ink, appearing to read "Tom Osborne", is centered on the page. The signature is written in a cursive, flowing style.

Decision/Direction Note
Department of Health and Community Services

Title: Lease Extension – 70 O’Leary Avenue

Decision/Direction Required:

- To provide approval (or otherwise) for NL Health Services to extend their existing lease at 70 O’Leary Avenue in St. John’s.
- It is recommended that:
 - approval be provided for NL Health Services to extend their existing lease at 70 O’Leary Avenue in St. John’s for a period of 12-months, and
 - NL Health Services be directed to fund the increase in lease costs from within their existing budgetary allocation.

Background and Current Status:

- The former Newfoundland and Labrador Centre for Health Information, now Digital Health within NL Health Services (NLHS), has been leasing approximately 36,700 sq. ft. of space at 70 O’Leary Avenue in St. John’s from Deacon Investments Limited since 2009. NLHS has exercised all its extension options under the original lease terms with the last extension set to expire in April 2024.
- 70 O’Leary Avenue currently houses one of three provincial health data centres. [REDACTED] 29(1)(a), 35(1)(c), 35(1)(d)
- [REDACTED] NLHS previously sought approval to remain in the current space for an additional five-year period. 29(1)(a)
- [REDACTED] 29(1)(a), 35(1)(c)
- With the current lease expiring in April 2024, [REDACTED] 29(1)(a)

[REDACTED] As such, NLHS will have to remain in the current space for a period of time. Subsections 6(a)(iv) and 18(2) of the **Public Procurement Regulations** allows for the occupancy of a particular space on an urgent basis with the term not to exceed 12-months in duration during which time an open call for bids shall be issued.
- NLHS advises that the lease rate under their current contract (expiring April 2024) is \$31/sq. ft., at a cost of \$1.1M annually, with the landlord having provided two extension options/rates for consideration:
 - 12-month extension: \$41/sq. ft. (\$1.5M); or [REDACTED] 29(1)(a), 35(1)(c), 35(1)(d), 35(1)(g)

Analysis:

29(1)(a)

- [Redacted]
- The new lease rate of \$41/sq. ft. is approximately 33% higher than the current rate equating to an increase in annual leasing costs of approximately \$400,000. NLHS should be directed to absorb this cost within its existing budgetary appropriation. [Redacted]
- Section 21(2)(a) of the **Provincial Health Authority Act** states that "subject to the approval of the minister, an authority may purchase, lease or otherwise acquire real property, or an interest in real property, that it considers necessary for its purpose."

29(1)(a),
35(1)(c),
35(1)(d),
35(1)(g)

Alternatives:

Alternative 1: Provide approval for NL Health Services to extend their existing lease at 70 O'Leary Avenue in St. John's for a period of 12-months. **(Recommended)**

Pros:

- Will ensure continuity of business operations with respect to the provincial data centre.

Cons:

- Increase in leasing costs.

Alternative 2: Do not provide approval NL Health Services to extend their existing lease at 70 O'Leary Avenue in St. John's for a period of 12-months. **(Not Recommended)**

Pros:

- None identified.

Cons:

- [Redacted] 29(1)(a)

Prepared/Approved by: P. Greene/P. Morrissey/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

February 12, 2024



**Decision/Direction Note
Department of Health and Community Services**

Title: Funding for U-Turn Drop-In Centre

Decision/Direction Required:

- It is recommended the Minister of Health and Community Services (HCS) approve \$84,296 in one-time funding to U-Turn Drop-In Centre for continued programming (COR-2024-196507 refers).
- Funds are available under the Alcohol Action Plan budget.

Background and Current Status:

- Established in 2011, U-Turn Drop-In Centre in Carbonear provides peer support for people with substance use disorder across the province. It offers in-person, telephone-based and online individual support, as well as in-person and online self-help support groups and education groups four days per week. In addition, U-Turn staff meet with people attending in-patient addictions treatment at the Grace Centre and Humberwood to provide peer support and help people make connections for their after-care.
- U-Turn's Executive Director (ED) and Peer Support Worker are active members on several advisory and working groups to provide the voice of lived experience, including the Vulnerable Populations Task Group, Remote Patient Monitoring Project, and the Provincial Alcohol Action Plan Steering Committee. Further, Mr. Jeff Bourne, ED of U-Turn, is the Chair of the Provincial Recovery Council.
- U-Turn receives \$120,000 annually from HCS for its Peer Support Program, and \$30,600 from the Support to Community Agencies core funding. It also receives approximately \$3,500 yearly through fundraising efforts, for a total annual income of approximately \$154,100.
- In 2021-22 and 2022-23, U-Turn requested an additional \$49,820 each year to meet its increased operational needs, including an increase in salary and benefits for the ED, coverage for its annual lease and utilities, and operating expenses, such as insurance and travel costs.
- The current annual funding for the ED salary is \$56,000 with an additional one-time salary increase of \$15,589 in both 2021-22 and 2022-23, for a total of \$71,589 each year.
- U-Turn has requested an increase of \$84,296 to its current annual government funding of \$150,600, for a total of \$234,896. Of the \$84,296 requested, \$43,221 is for the increased salary for the ED (total annual salary of \$99,221 inclusive of benefits), \$33,600 for building lease and utilities, and \$7,474 for insurance and travel costs.

Analysis:

- While there are some peer support workers with Lifewise who have lived experience with substance use, U-Turn provides a very unique, and much needed, peer support service for people with substance use disorder currently not provided by any other non-profit, community-based organization within the province.
- The ED salary (\$56,000) is well below the average salary of the same position with similar non-profit organizations in Canada. By comparison, the current salary of a peer support

worker with Lifewise who reports into a ED gets paid approximately \$55,000. Given the additional responsibilities of ED, it is reasonable the annual salary for this position would be higher.

- While U-Turn was established in 2011, the ED position was not funded until 2015. This salary has not increased since that time despite the many increased responsibilities assigned to the ED, including the expansion of peer support in the province, increased program offerings at U-Turn, and consultation roles throughout Towards Recovery, the Provincial Alcohol Action Plan and Opioid Dependence Treatment Advisory Group.
- U-Turn’s ED salary is not aligned with other ED salaries in comparable community organizations in the province. Further, the ED provides on-call support after-hours to people who use substances and their family members across the province.
- Funding is available under the Alcohol Action Plan budget for 2023-24. [Redacted] 29(1)(a)

Alternatives:

Alternative 1: Provide \$84,296 in one-time funding to U-Turn Drop-In Centre (**Recommended**).

Advantages:

- Acknowledges the invaluable contribution of U-Turn in the delivery of mental health and addictions programming;
- Supports the continued input of lived experience into initiatives, such as the Provincial Alcohol Action Plan and opioid dependence treatment programming;
- Provides direct support to U-Turn as a valued community partner;
- Brings ED salary in line with similar positions in other non-profit organizations;
- Ensures the sustainability of needed services and programs in the community; and
- Continues to support the well-being of people who use substances.

Disadvantages:

- Requires financial commitment; and
- [Redacted] 29(1)(a)

Alternative 2. Do not provide one-time funding (**Not Recommended**).

Advantages:

- No financial commitment required.

Disadvantages:

- Missed opportunity to help fulfill the **Alcohol Action Plan** recommendations related to harm reduction initiatives, including peer support services; and
- [Redacted] 29(1)(a)

Prepared/Approved by: D. Curtis/G. Hussey/N. Legge/G. Sweeney/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

February 14, 2024



Decision/Direction Note
Department of Health and Community Services

Title: Miscellaneous Equipment Replacements, Various Facilities, Labrador-Grenfell Zone

Decision/Direction Required:

- Whether or not to provide funding in the amount of \$170,000 for Newfoundland and Labrador Health Services (Labrador-Grenfell Zone) to replace a number of pieces of equipment at various facilities throughout the region.
- It is recommended that funding in the amount of \$170,000 for Newfoundland and Labrador Health Services (Labrador-Grenfell Zone) to replace a number of pieces of equipment at various facilities throughout the region.

Background and Current Status:

- Newfoundland and Labrador Health Services (Labrador-Grenfell Zone) advises that they have a number of pieces of equipment throughout the Zone that are in need of replacement, as follows:

John M. Gray Home (St. Anthony) – Undercounter Dishwasher (\$6,000):

- The undercounter dishwasher is used daily to clean and sanitize residents' dishware and is required as part of the food safety management program. The current dishwasher is not functioning resulting in staff to have to manually clean the dishes. Parts and cost to repair is \$6,900, whereas replacement with a new unit is \$6,000.

Labrador Health Centre (HV-GB) – Convection Steamer (\$9,000):

- The steamer prepares a high volume of meals on a daily basis to provide meal service to patients, residents, and staff. The current steamer has been experiencing more frequent breakdowns and requiring more maintenance. Loss of the steamer would negatively impact on the ability of staff to ensure timely meal service.

Labrador Health Centre (HV-GB) – Bathing Unit (\$40,000):

- A bathing system is fully integrated unit with a wide range of mobility and lifting aids, allowing for the transport of residents and patients from bed or wheelchair into the bath and out again in one seamless routine. This current bathing unit is broken, meaning there is no ability to provide baths for patients who are unable to use a normal sit-down tub.

Labrador Health Centre (HV-GB) – Cautery Unit (\$50,000):

- A cautery unit is an electrosurgical generator that provides the power for cutting, dissecting, and fulgurating tissue during surgery. The existing cautery unit (which has been discontinued by the manufacturer since March 2015), is currently malfunctioning and in need of replacement. A malfunctioning unit can result in trauma to tissue and the inability to cauterize patients when needed.

Labrador Health Centre (HV-GB) – Verafit Audioscan (\$25,000):

- A Verafit Audioscan is a piece of diagnostic equipment required to fit patients with hearing aids. The current unit is no longer functioning and has been identified as being obsolete and cannot be repaired.

Charles S. Curtis Memorial Hospital (St. Anthony) – CO2 Incubator (\$15,000):

- A carbon dioxide (CO2) incubator is used for cell culture which helps to maintain the optimal conditions required for the growth and survival of cells. One of the existing incubators (which was 18 years old) is no longer operational and unable to be repaired. Staff are currently utilizing the second incubator (which is also 18 years old). A replacement incubator is required to mitigate any potential negative operational impacts.

Charles S. Curtis Memorial Hospital (St. Anthony) – Stryker Console (\$17,000):

- The Stryker Console provides a convenient, single control center for a multitude of powered instruments. The current console is not operational and unable to be repaired. Orthopedic surgery requires the use of this equipment and without it there may be delays or postponement of procedures.

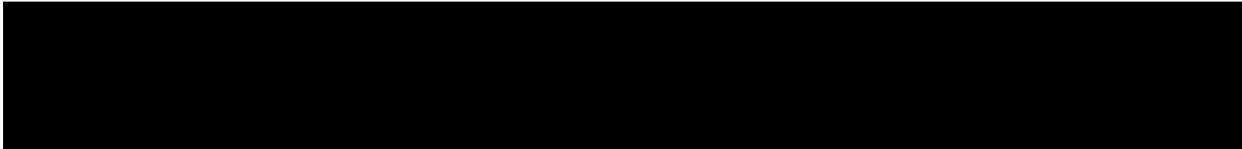
Strait of Belle Isle Health Centre (Flower’s Cove) – Pharmacy Refrigerator (\$8,000):

- A pharmacy refrigerator is designed to store pharmaceuticals, vaccines, and other medical products at controlled temperatures to ensure their efficacy and safety. Currently, a regular kitchen-grade refrigerator is being used to house vaccines at this site. A pharmacy-grade refrigerator is needed to prevent the potential loss of vaccines.

- NL Health Services advise that they have been unable to identify any residual capital funding to fund these purchases, and as such are requesting funding in the amount of \$170,000 to complete these purchases.

Analysis:

- Ensuring that service providers have the appropriate equipment available to perform their duties is critical to ensuring that patients have access to such a service when required.
- In 2023-24, the Department of Health and Community Services was provided with \$32,000,000 in capital equipment funding. To date, \$31,830,000 of this amount has been allocated thereby leaving \$170,000 in funding available to support these purchases, if approved.

- 

29(1)(a)

Alternatives:

Alternative 1: Provide funding in the amount of \$170,000 for Newfoundland and Labrador Health Services (Labrador-Grenfell Zone) to replace a number of pieces of equipment at various facilities throughout the region. **(Recommended)**

Pros:

- Will mitigate risks associated with not having the appropriate equipment.

Cons:

- Requires a funding allocation of \$170,000.

Alternative 2: Do not funding in the amount of \$170,000 for Newfoundland and Labrador Health Services (Labrador-Grenfell Zone) to replace a number of pieces of equipment at various facilities throughout the region. **(Not Recommended)**

Pros:

- Does not require an allocation of funding.

Cons:

- [REDACTED]

29(1)(a)

Prepared/approved by:
Ministerial approval:

P. Greene/P. Morrissey/J. McGrath
Received from Hon. Tom Osborne

February 21, 2024



Decision/Direction Note
Department of Health and Community Services

Title: Funding for Mental Health Research Canada Poll

Decision/Direction Required:

- It is recommended the Minister of Health and Community Services (HCS) provide one-time funding of \$10,000 to Mental Health Research Canada (MHRC) to expand the provincial sample size and add additional questions relevant to Newfoundland and Labrador in a national survey taking place in April 2024.
- Funds are available under the **Our Path of Resilience** Budget.

Background and Current Status:

- MHRC is a charitable research organization dedicated to improving the lives of Canadians by advancing mental health knowledge through engagement of lived-experience stakeholders in the research process and brokering relationships to facilitate collaboration and capacity building.
- In March 2020, MHRC launched a national polling initiative to produce data on the impact of COVID-19 on the mental health of Canadians. Since then, MHRC has conducted quarterly polls to collect information on a number of mental health and addictions indicators, with the next poll planned for April 2024.
- In 2020-21 and 2022-23, HCS provided \$29,800 in total to MHRC to increase the sample size and add additional questions related to Newfoundland and Labrador in two of its national polls.
- MHRC's typical sample collected in this province is small (<50 people) and not large enough to produce meaningful information at the provincial level. To mitigate this, MHRC has advised it can sample an additional 500 participants from Newfoundland and Labrador at a cost of \$5,500.
- Further, for an additional \$4,500, MHRC will add 20 questions targeting Newfoundland and Labrador respondents to measure gambling prevalence in the province, and produce a final report with demographic analysis for all questions and a basic outline of overall mental health indicators for the province.

Analysis:

- According to Canadian research, people with problem gambling have higher rates of suicidality. Increasing the sample size and adding questions related to gambling prevalence in Newfoundland and Labrador will provide updated baseline information that will assist in developing future programs and services to address problem gambling and suicide in the province. The last gambling prevalence study conducted in the province was in 2009.
- MHRC collects and publicly reports national level data. Therefore, information collected in the Newfoundland and Labrador sample will also be comparable to national data and can provide information on strengths and challenges in the province relative to the rest of the country.

- Working with MHRC would allow the province to avail of pre-established, independent research processes and modalities, which is more cost effective and less labour intensive than HCS conducting the survey directly.

Alternatives:

Alternative #1: Approve \$10,000 in one-time funding for MHRC (**Recommended**).

Advantages:

- Increases sample size enough to produce mental health and addictions data relevant to Newfoundland and Labrador.
- Supports recommendations outlined in the **Our Path of Resilience: A plan to Promote Life and Prevent Suicides in Newfoundland and Labrador**.
- Allows for the comparison of NL mental health and addictions data with other provinces and territories, as well as data collected in NL in past polls.
- Provides meaningful baseline information that will assist in developing future programs and services to address problem gambling in the province.

Disadvantages:

- Additional funding required.

Alternative #2: Do not approve the funding (**Not Recommended**).

Advantages:

- No one-time funding required.

Disadvantages:

- Missed opportunity to obtain cost-effective, baseline information about the prevalence of gambling in the province and inform future programs and services to address problem gambling locally.

- [Redacted]

29(1)(a)

Prepared/Approved by: N. Dalton/S. Hawkins/G. Hussey/N. Legge/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

February 22, 2024



Meeting Note
Department of Health and Community Services
Mayor Danny Breen, City of St. John's
February 28, 2004 at 4:00 p.m.
Boardroom #3 (HCS)

Attendees:

Mayor Danny Breen, City of St. John's
Jason Sinyard, Deputy City Manager, City of St. John's
Hon. Tom Osbourne, Minister (HCS)
Hon. John. Abbott, Minister (TI)
Susan Elliott, Executive Assistant (to Minister Osbourne)
John McGrath, Deputy Minister (HCS)
Cory Grandy, Deputy Minister (TI)
Pat Parfrey, Deputy Minister (Health Transformation)
Patrick Morrissey, Assistant Deputy Minister (HCS)
Paul Greene, Manager, Capital Infrastructure (HCS)

Purpose of Meeting:

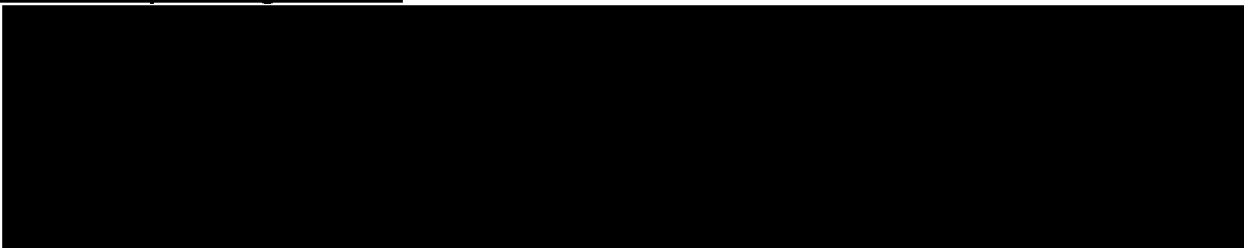
- To discuss the location of the St. Clare's Mercy Hospital replacement facility.

Background:

- On Friday, February 16, 2024, Minister Abbott (TI) was quoted as saying that the old Grace Site may not be big enough to house the new St. Clare's replacement facility.
- Concerns regarding the location have been raised, including from St. John's City Council, and the topic was the question of the day on VOCM on February 22, 2024 with 22% indicating that it should be located downtown and 78% indicating either "no" it shouldn't or were indifferent to its location.
- On February 20, 2024, Mayor Breen requested a meeting with Minister Osbourne and Minister Abbott, indicating that:
"The City has a keen interest in the new facility and in ensuring its location in the downtown area. We are concerned that a very important vulnerable population will be left without access to health care services should the hospital be located outside the downtown area. As you are aware, St. Clare's is in walking distance of those who live in the downtown area, as is many of the clinics on LeMarchant Road that are necessarily situated in proximity to the hospital. The loss of this facility will be a major setback for those that live in this area."

Agenda Item # 1: Location for the St. Clare's Mercy Hospital replacement facility.

Potential Speaking Points:

- 

29(1)(a),
35(1)(d)

- [Redacted]
- [Redacted]

29(1)(a),
35(1)(d)

- The replacement of St. Clare's is not the only initiative that is currently underway. There are also plans for a new stepped-down community health facility (which would include the ACT/FACT team, PIER program, etc.), as well as a Downtown Community Health Hub (which would include primary care).

- [Redacted]

29(1)(a),
35(1)(d)

- Emergent care services for the downtown area is currently serviced by the St. Clare's emergency department.

- [Redacted]

29(1)(a)

Prepared/Approved By: Paul Greene/Patrick Morrissey/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

February 23, 2024

Meeting Note
Department of Health and Community Services
NL Nurse Practitioner Association (NLNPA)
February 26, 2004 at 4:00 p.m.
TEAMS

Attendees:

Jessica Peddle, VP, NLNPA
 Stephanie Sullivan, NLNPA
 Shannon Murphy, NLNPA
 Mary Beresford, NLNPA
 Travis Sheppard, President, NLNPA
 Hon. Tom Osbourne, Minister (HCS)
 Susan Elliott, Executive Assistant (to Minister Osbourne)
 John McGrath, Deputy Minister (HCS)
 Jeannine Herritt, ADM (Regional Services)
 Daphne Osborne (Chief Nurse)
 Brain Scott, HCS Communications (or alternate)

Purpose of Meeting:

- Follow up to November 30, 2023 meeting to discuss promotion of the role of nurse practitioners in the province.

Background:

- On November 30th, 2023 the Newfoundland and Labrador Nurse Practitioner Association (NLNPA) president and executive members met with HCS to discuss several issues namely concerns regarding the recent rewarded virtual care RFP and a revised billing model for NPs.
- The NLNPA highlighted the many roles and work settings of NPs in Newfoundland and Labrador and emphasized that the scope of practice in our province is higher than in many other provinces and territories.
- In response to advocacy for a billing model that would enable NPs to access the current medical care plan, government's commitment to ensuring the public system is adequately resourced with health care providers, including NPs, was emphasized. Initiatives to 'draw' NPs out of the public system would not be considered at this time.
- Cognizant of the critical role NPs play in our public health care system, the Department of Health and Community Services committed to increase promotional efforts to highlight the scope of practice of NPs and the various health care settings in which they work in to deliver health care in the province.

Potential Speaking Points:

- We recognize and appreciate the vital role that NPs play in the delivery of health care services in the province, and they are well suited to close the gaps in access to care in all settings.

- As we discussed in our November 30, 2023 meeting, I am committed to ensuring the public system is adequately resourced with health care providers, including NPs.
- Acknowledging the critical role NPs play in our public health care system, we will work with the NLNPA on promotional efforts to highlight the scope of practice of NPs and the various health care settings in which they provide care within the province's public health care system.

Prepared/Approved By: Daphne Osborne/ Jeannine Herritt/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

February 23, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Funding for Old School Intergenerational Projects

Decision/Direction Required:

- Whether to approve one time funding for Old School Intergenerational Projects of \$175,000 for core funding to expand their reach across the province.
- It is recommended HCS approve this funding.

Background and Current Status:

- Building on project successes and an identified need in the community, Old School Intergenerational Projects became a non-profit organization in 2020 and a registered charity in 2022.
- Old School Intergenerational Projects (Old School) has a mission to create arts programs and performances to connect generations, maintain wellness, support dementia care, fight ageism, foster volunteerism, reduce isolation, and offer inclusive opportunities to all ages and abilities. Their vision is an intergenerational province with an abundance of opportunities for the young and old to connect and have a better understanding of aging and dementia with access to inclusive theater and arts programs.
- To date Old School has offered several programs in the community to fulfill their mission and vision including:
 - **The Pen Pal Project** – facilitated classroom workshops with grade six students to help them learn about aging, communication, and people living with dementia. Students participated in a four-month pen pal writing program with seniors living in care homes. The project concluded with students meeting their pen pals, sharing stories, and playing games. Twenty-four grade six classes and seven care homes have participated in the project.
 - **Telephone Tunes** – To help ease isolation during Covid-19, Old School created a volunteer program of musical phone calls and chats from professional and community singers to seniors who could use some joy.
 - **The Reminiscence Project** – experiences, stories, and insights from older adults are offered to elementary school students to bring to life the social studies curriculum.
 - **By the Sea, A Sensory Theatre Experience** – a musical and sensory experience for people living with dementia. Older adults helped to develop the show. The show has been performed at six personal care homes and two public performance venues.
 - **Activation Stations** – engaged visitors to the St. John's pedestrian mall to make postcards for residents at St. Patrick's' Mercy Home.
 - **Music Together** – an intergenerational music program in one personal care home.
 - **Skill Sharing Workshop Series** – an intergenerational skill sharing program for all ages to share skills in hydroponics, magic, swing dancing, and creative writing.
 - **The Old School Bus** – a mobile intergenerational programming space to allow reach to smaller communities across Newfoundland and Labrador. Old School will visit eight communities in the province this fall.
- To support these projects, Old School has successfully applied for one time grant funding from the Department of Children, Seniors and Social Development and the Government of

Canada (New Horizons funding). This funding has been critical to offer a range of programs, however with limited project-based funding they are unable to scale and spread their programs across the province.

- Old School is seeking funding for staff salaries and operational funding to run the organization to its full capacity and expand their reach to more youth and older adults across the province.

Analysis:

- The **Dementia Care Action Plan** identified the importance of intergenerational programming through action 3.14: identify and implement opportunities for intergenerational programming where children, youth, and younger adults interact with individuals living with dementia through formal, informal, or volunteer based programming.
- Evidence shows that intergenerational programs can have a positive impact on everyone involved. They have the potential to improve the well-being of older adults, reduce stigma associated with aging and cognitive changes from dementia, and reduce discrimination against older adults, while also supporting youth development.
- Supporting intergenerational programming supports recommendations in the **Health Accord NL**, specifically promoting intergenerational activities within communities and schools.
- Old School is the only non-profit organization in the province dedicated to providing intergenerational programming through the arts. It is recommended that one-time funding of \$175,000 be provided to Old School to expand their work to enable a greater impact on the health and well-being of people in the province.
- Funding is available to support this project in the Dementia Care Action Plan budget.
- If approved, HCS will work closely with Old School to evaluate project reach and outcomes.

Alternatives:

Alternative 1: Approve one time funding for Old School Intergenerational Projects of \$175,000 for core funding to expand their reach across the province. **(Recommended)**

Advantages:

- Aligns with the department's priority to support people living with dementia.
- Directly supports actions in the Provincial **Dementia Care Action Plan**.
- Directly supports recommendations from **Health Accord NL**.
- Enhances the well-being of youth and older adults and decreases stigma associated with aging and dementia.
- Supports programming that is geared to the skills of people living with dementia, promotes independence and self-esteem, and provides an opportunity for recreation, enjoyment, and social contact.
- Builds on success of a community group that has advanced this work significantly over the past four years and allows expansion of work.

Disadvantages:

- Funding is required.

Alternative 2: Do not approve one time funding for Old School Intergenerational Projects of \$175,000 for core funding to expand their reach across the province. **(Not Recommended)**

Advantages:

- No funding required.

Disadvantages:

- Inconsistent with the department's priorities to support people living with dementia.
- Ability to fulfill actions in the Provincial **Dementia Care Action Plan** will be diminished.
- Ability to action recommendations to support intergenerational programming from the **Health Accord NL** will be diminished.
- Decreases the opportunity to address stigma associated with aging and dementia.
- Decreases opportunities for older adults in the province to participate in programming that is geared to their skills, promotes independence and self-esteem, and provides an opportunity for recreation, enjoyment, and social contact.

Prepared/Approved by: P. Orbasli/D. Waddleton/J. Herritt/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

February 24, 2024



Decision/Direction Note
Department of Health and Community Services

Title: Funding for Long-Term Care Facilities to Enhance Dementia Inclusive Environments

Decision/Direction Required:

- Whether to approve one time funding of \$1,983,600 to NLHS to enhance dementia inclusive environments for residents living with dementia in long-term care (LTC) homes.
- It is recommended the Department of Health and Community Services (HCS) approve this funding.

Background and Current Status:

- The **Dementia Care Action Plan** aims to increase awareness and inclusion, reduce stigma, and improve supports and services so individuals living with dementia and their families have a better quality of life and feel included in our communities.
- The design of the environment for an individual living with dementia can be incredibly important for the well-being and independence of that person. Research demonstrates how relatively simple design modifications to the physical environment of existing LTC settings can have significant benefits for people living with dementia.
- Best practice evidence supports the addition of dementia inclusive features that compensate for lost abilities, maintain remaining skills, promote independence and self-esteem, and provide an opportunity for recreation, enjoyment and social contact for people living with dementia in LTC.

Analysis:

- The **Dementia Care Action Plan** identified the importance of supporting dementia inclusive LTC settings through action 3.11: identify and implement opportunities to improve quality of care and quality of life for individuals living with dementia in residential care homes, including opportunities to make LTC homes more familiar and less institutional, with an increased focus on person centered care, and flexible delivery of programs and services.
- A review of the research and consultation with Newfoundland and Labrador Health Services (NLHS) identify the following enhancements to LTC settings can improve the quality of life for people living with dementia:
 - Physical Environment Supports
 - access to outdoor spaces and gardens,
 - items to support quiet social spaces, colour and contrast, wayfinding, locating resident rooms,
 - items to make the setting more home like and familiar.
 - Assistive Measures to Support Independence
 - items to support toileting, person-centered bathing, falls prevention, adaptive mealtime supports.
 - Social Environment Supports
 - items to support social contact and enjoyment, therapy pets, sensory blankets, day and date clocks.
 - Inclusive Recreation Opportunities
 - art and music program equipment

- Support for Residents or Families During End-of-Life Care
 - amenities to support family presence, items to optimize the ambient environment.
- Enhanced Dementia Training for Staff
- Providing one-time funding to LTC facilities to enhance dementia inclusive environments for people living with dementia will directly support action 3.11 in the **Dementia Care Action Plan**.
- Supporting dementia-inclusive environments in LTC supports the vision of a rebalanced health care system outlined in the **Health Accord NL**.
- Funding will be provided to NLHS to purchase items that will create or enhance dementia-inclusive spaces in LTC homes which will directly impact quality of life for residents. Funding will be provided to LTC homes based on the population in each LTC home as follows:

Zone	Number of LTC Facilities	Number of LTC Beds	Funding (calculated at \$600 per bed)
Eastern Urban	8	1342	\$805,200
Eastern Rural	8	542	\$325,200
Central	14	688	\$412,800
Western	8	593	\$355,800
Labrador Grenfell	4	141	\$84,600
Total	42	3291	\$1,983,600

- If approved, HCS will provide NLHS with reporting requirements for funding for accountability purposes and to inform the Dementia Care Action Plan evaluation.
- Funding is available to support this initiative in the Dementia Care Action Plan budget.

Alternatives:

Alternative 1: Approve one time funding of \$1,983,600 to NLHS to enhance dementia inclusive environments for residents living with dementia in LTC homes. **(Recommended)**

Advantages:

- Aligns with the department's priority to enhance the quality of live of people living with dementia.
- Directly supports actions in the Provincial **Dementia Care Action Plan**.
- Supports vision of the **Health Accord NL**.

Disadvantages:

- Funding is required.

Alternative 2: Do not approve one time funding of \$1,983,600 to NLHS to enhance dementia inclusive environments for residents living with dementia in LTC homes. **(Not Recommended)**

Advantages:

- No funding required.

Disadvantages:

- Inconsistent with the department's priorities to enhance the quality of life of people living with dementia.
- Missed opportunity to implement actions committed in **Dementia Care Action Plan**.
- Does not advance recommendations of **Health Accord NL**.

Prepared/Approved by: P. Orbasli/D. Waddleton/J. Herritt/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

February 25, 2024

A handwritten signature in black ink, appearing to read "Tom Osborne". The signature is written in a cursive style with a large, looping initial "T".

Decision/Direction Note
Department of Health and Community Services

Title: Funding for Alzheimer Society of Newfoundland and Labrador to Support the Provincial Dementia Care Action Plan

Decision/Direction Required:

- Whether to approve one time funding of \$400,000 for the Alzheimer Society of Newfoundland and Labrador to provide dementia support and education through the following initiatives:
 - \$150,000 to deliver the First Link Program,
 - \$50,000 to support the delivery of the Dementia Passport education program to home/personal support workers,
 - \$125,000 to train business owners to make their services more dementia friendly, and
 - \$75,000 to provide enhanced dementia training to first responders.
- It is recommended HCS approve this funding.

Background and Current Status:

- According to the Alzheimer Society of Newfoundland and Labrador (ASNL), there are over 10,000 people in this province living with dementia, this number is anticipated to increase to over 14,000 by 2035.
- In 2018, the bilateral health accord between the Federal Government and Newfoundland and Labrador allocated \$43 million over five years to support home and community care. The bilateral agreement will be re-negotiated for the remaining four years (2023-2027) of the 10-year commitment. Enhancements to community-based dementia care, including education for care providers, are also key focus areas in the **Newfoundland and Labrador Health Accord**.
- The **Provincial Dementia Care Action Plan** was launched in March 2023. Professional learning and development is a key focus area for this plan. ASNL, in partnership with HCS, was identified as having responsibility for specific actions in the plan, including offering awareness/training to first responders, businesses, home/personal support workers, and expanding support groups for individuals living with dementia and their families/caregivers.
- ASNL has a mandate to connect individuals with dementia and their essential care partners to health information and community services, along with educational resources for health care providers. They are the leading not-for-profit organization working to improve the quality of life for those living with Alzheimer's disease and other dementias.
- ASNL has been delivering the First Link Program (FL) since 2012.
- FL connects individuals living with dementia, their families, friends and essential care partners to health information and services in their community, from the time of diagnosis and throughout the progress of the disease. FL connects people to:
 - **Information:** Offers access to four information kits depending on the stage of the disease.
 - **Education:** A 15 week learning series about the diagnosis, what to expect, day to day living, positive approaches to care, and how to be proactive in preparing for the future.

- **Support:** Access to meetings for people with shared experiences.
- **Resources:** Access to community programs and how to navigate the health care system.
- Dementia Passport is an e-learning program developed by the ASNL to support health care providers including home support/personal care home workers in providing high-quality care to people living with dementia. The program is available at a cost of \$25 per module.
- The table below represents the funding provided to ASNL since 2018:

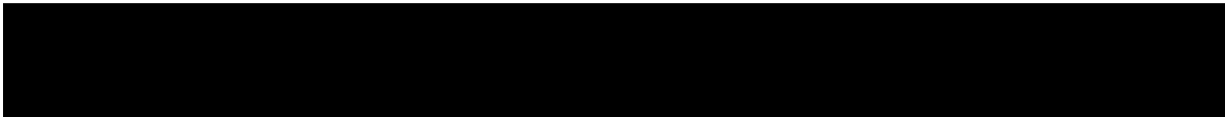
Year	Funding
2018-19	\$80,000 for FL and \$25,000 for Dementia Passport (program development)
2019-20	\$80,000 for FL and \$20,000 for Dementia Passport
2020-21	\$100,000 for FL and \$30,000 for Dementia Passport
2021-22	\$100,000 for FL and \$50,000 for Dementia Passport
2022-23	\$100,000 for FL and \$50,000 for Dementia Passport

- ASNL has reported that all funds have been expended to support these programs.
- The Alzheimer Society of Canada has been leading the development of training materials for businesses to become more dementia friendly. Through partnership with the Canadian Alzheimer Society Federation, ASNL is well positioned to provide this training to business across the province.
- ASNL also provides training to first responders across the province on how to recognize, communicate with and respond to someone living with dementia.
- HCS in collaboration with ASNL and Newfoundland and Labrador Health Services (NLHS) were successful in securing funding from the Public Health Agency of Canada to implement the project “Partnering for Dementia Friendly Communities”.
- ASNL has requested funding of \$100,000 to support FL, \$50,000 to continue delivery of the Dementia Passport program, \$125,000 to train dementia friendly business, and \$75,000 to provide dementia training to first responders.

Analysis:

First Link Program

- ASNL conducts an annual evaluation of the FL program. The most recent FL Impact Evaluation Report 2022-23 reports that the program had the following reach of community members:
 - 4128 calls made during the 2022-23 year.
 - 5472 emails as direct contact with clients.
 - 214 participants in family support groups.
 - 87 participants in the 15-week learning series.
- ASNL has increased their FL Dementia Helpline to support families post COVID-19 as phone calls have increased. This resulted in more calls from families seeking general information on dementia, diagnosis, progression of the disease, coping strategies, resources available in the community, information on navigating the health care system, and support.

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- HCS is recommending increasing funding to \$150,000 to support this program to respond to action 3.13 in the **Dementia Care Action Plan** to expand dementia support groups for individuals living with dementia and their care partners. The additional funding will allow ASNL to expand their reach.

35(1)(d)

Dementia Passport Program

- A key theme arising from the **Dementia Care Action Plan** consultation sessions in 2019 was workforce development. Participants noted significant gaps in knowledge related to dementia care. There was overwhelming support for the implementation of dementia education for home/personal support workers who are working with people living with dementia.
- ASNL has taken a leadership role in developing and delivering dementia education to home support and personal care home workers. Through the development of Dementia Passport, ASNL has developed evidence-based learning modules that provide education about dementia care. Learners can select the modules of most interest and employers can monitor completion of modules.
- The program was launched in November 2020. Since that time, home/personal support workers and self-managed care workers have collectively completed 5300 training modules. Interest in the program remains high.
- Survey feedback from the program revealed a very positive experience with the Dementia Passport program. Respondents noted that the information provided through the Dementia Passport was relevant and useful when caring for people with dementia, increased their confidence, improved communications with individuals and families, and improved the quality of life for those they are supporting in the community.
- ASNL continues to develop new modules and revise current module content to align with new research and best practice evidence.

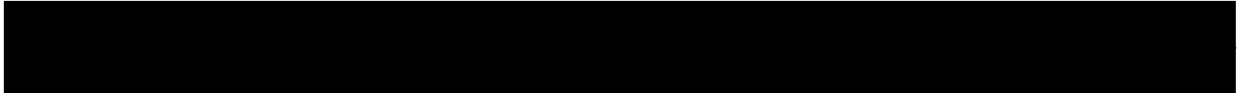
Dementia-Friendly Business Training

- Businesses and other key organizations such as libraries, financial institutions and recreational facilities can support those living with dementia remain valued customers and patrons. Training can ensure local service providers understand how they can support a person living with dementia.
- Through partnerships formed during the Partnering for Dementia Friendly Communities project, ASNL began providing dementia friendly training to businesses in eight communities.
- ASNL is seeking funding to continue to support these communities and expand to an additional four communities.

- A commitment in the **Dementia Care Action Plan** is to work with ASNL to support business owners make their services more dementia friendly.

First Responder Training

- As a first responder, it's critical to understand how to best approach situations involving someone living with dementia.
- ASNL has developed first responder training with topics including communication, wandering, disaster response, and responsive behaviours.

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29(1)(a),
35(1)(d)

- Funding is available to support these initiatives in the **Dementia Care Action Plan** budget.

Alternatives:

Alternative 1: Approve one time funding of \$400,000 for the Alzheimer Society of Newfoundland and Labrador to provide dementia support and education through the First Link Program, Dementia Passport, dementia friendly training for businesses, and first responder training. **(Recommended)**

Advantages:

- Aligns with the department's priority to support people living with dementia in the community.
- Aligns with objectives of the National Dementia Strategy.
- Supports actions in the **Provincial Dementia Care Action Plan**.
- Enables continuation of a program with demonstrated qualitative value in dementia care.
- Demonstrates support for a community advocacy group that has acted as a resource for HCS.
- Supports recommendations from the **Health Accord NL**.
- Increases capacity of the workforce to support those living with dementia.

○ Disadvantages:

- Funding is required.

Alternative 2: Do not approve one time funding of \$400,000 for the Alzheimer Society of Newfoundland and Labrador to provide dementia support and education through the First Link Program, Dementia Passport, dementia friendly training for businesses, and first responder training. **(Not Recommended)**

Advantages:

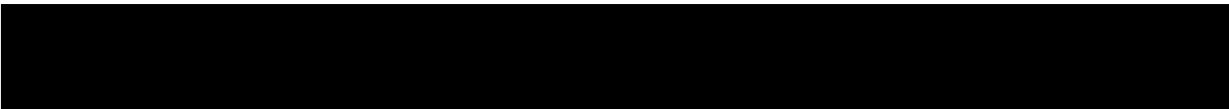
- No funding required.

Disadvantages:

- Inconsistent with the department's priorities to support people living with dementia in the community.
- Ability to fulfill actions in the **Provincial Dementia Care Action Plan** will be diminished.
- Contrary to the objectives of the National Dementia Strategy.

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29(1)(a)



29(1)(a)

Prepared/Approved by: P. Orbasli/D. Waddleton/J. Herritt/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

February 25, 2024

Meeting Note
Department of Health and Community Services
February 28th, 2024, at 12:00
TEAMS

Attendees:

- Hon. Tom Osborne, Minister (HCS)
- Susan Elliott, Executive Assistant (to Minister Osbourne)
- John McGrath, Deputy Minister (HCS)
- Jeannine Herritt, ADM (Regional Services)
- Daphne Osborne (Chief Nurse)
- Sandy Penney COO , LG Zone
- Hon. Krista-Lynn Howell, Minister (Education)

Purpose of Meeting:

- To discuss options for local dialysis treatments for hemodialysis patients in the Flowers Cove vicinity to mitigate travel for treatments.

Background:

- LGH's renal program consists of three in-center dialysis units, a Progressive Renal Insufficiency (PRI) clinic and a Self-Care Home-Based Therapy (HBT) program in First Nations communities of Natuashish and Sheshatshiu
- Multiple inquiries have been received [REDACTED] 40(1) [REDACTED] about the implementation of a dialysis unit in Flowers Cove. [REDACTED] Flowers Cove have cited concerns regarding the total amount of time spent commuting and the adverse weather in the winter as barriers to care.
- Multiple options have been explored since 2019 which included an emphasis on home dialysis, and the potential of tendering a taxi or bus service to provide patients with transportation.
- HCS, in The Way Forward set a provincial target of 15 per cent penetration of home-based therapies (HBT), meaning that 15 per cent of all patients receiving a dialysis therapy in the province would do so at home. Currently the provincial percentage fluctuates between 10-11% of uptake.

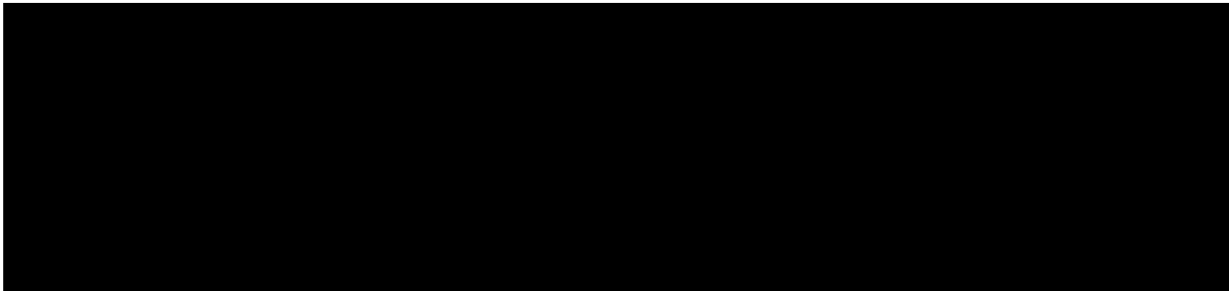
Section 6 - Personal Health Information, 40(1)

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- The development of a "modified" HBT unit similar to Natuashish and Sheshatshiu would make a NLHS space and dialysis equipment available for patients and their care partners to perform dialysis treatments independently. Such a model would require water treatment

infrastructure and equipment at a cost of approximately \$300,000 and annual operating costs of \$400,000.

- Space requirements include isolation room, water treatment room, bedspaces and storage.
- Human resource requirements for modified home based dialysis unit include biomedical, housekeeping, laundry, maintenance, laboratory, supply chain, nephrologists (Eastern Urban Zone) and a care partner per patient (unpaid).

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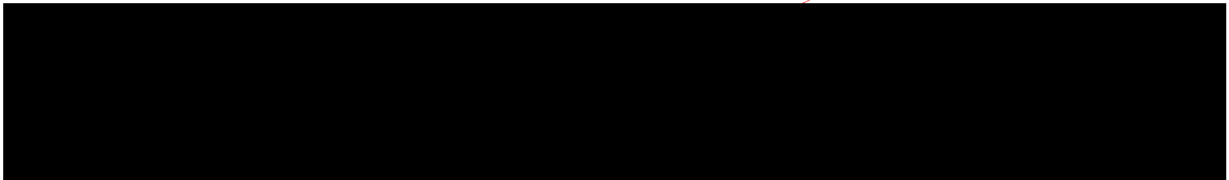
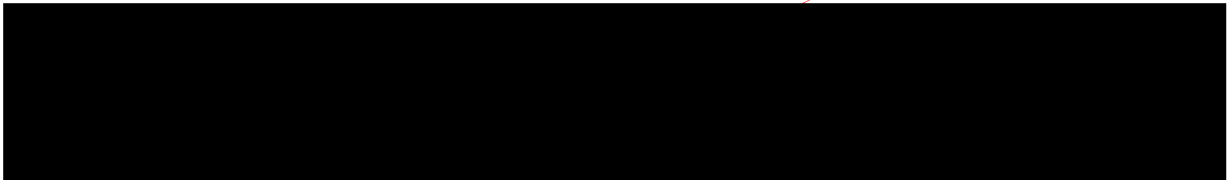
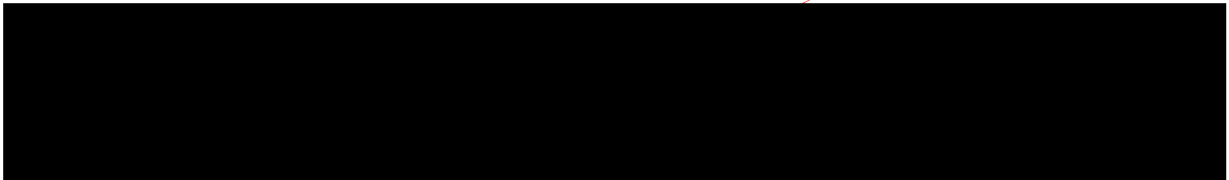
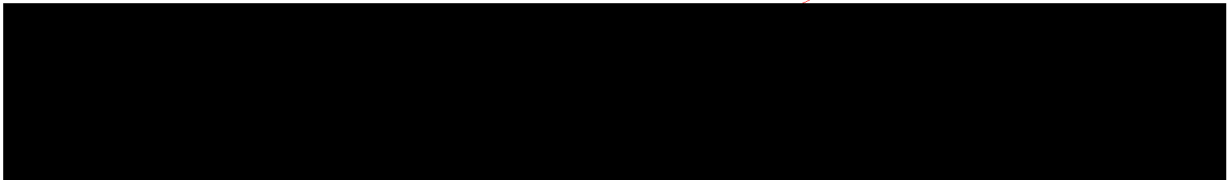
29(1)(a)

Potential Speaking Points

- Are patients receptive to a modified HBT unit (self-care)?
- Do the patients meet the criteria for home based dialysis? Is there a contingency plan for when these patients who eventually transition from suitable to unsuitable for modified HBT.
- Is there a physical space in Flowers Cove Health Centre to implement a modified HBT unit?
- Is LGH able to staff a modified self-care unit?
- If there is a local solution implemented, it should be noted that as patients care needs increase, travel to a larger site such as ST Anthony will be required.

29(1)(a), 35(1)(d)

Proposed Actions:

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Prepared/Approved by: S. Hayse/D. Osborne/J. Herritt/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

February 26, 2024

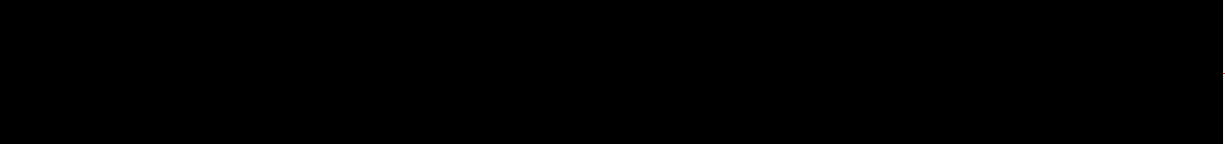
**Decision/Direction Note
Department of Health and Community Services**

Title: Extend the Physician Signing Bonus Program to Include Physicians Hired in March 2023

Decision/Direction Required:

- The Department of Health and Community Services (HCS) is requesting approval to provide a Physician Signing Bonus to three physicians hired in March 2023 at a cost of up to \$425,000.

Background and Current Status:

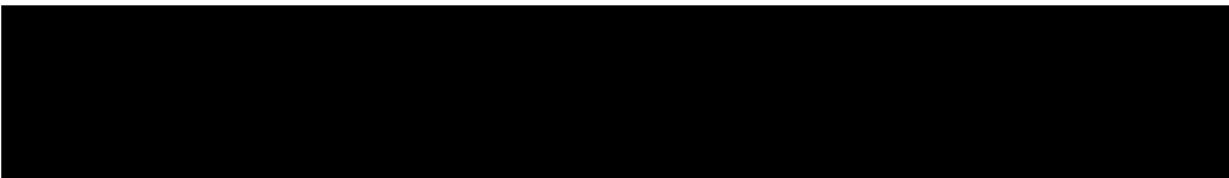
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40(1)

- A Physician Signing Bonus Program is available to support the recruitment of physicians to positions within NL Health Services. The Program is available to new physicians who started work with NL Health Services from April 1, 2023, onward.
- The 2023-24 program budget is \$5,975,000. To date fifty-eight physicians have been approved for the bonus totaling \$6,515,000. The 2023-24 budget request was based on historical numbers of physicians hired by the former Regional Health Authorities on an annual basis (estimated at 53 physicians for 2023-24). Funding from this allocation has also been earmarked for special bonuses such as the Category A Emergency Department recruitment incentive (\$200,000) and the Carbonear General Hospital Internal Medicine incentive (\$200,000).
- Funding is tiered and dependent on practice location, with \$100,000 available to those practicing within the Northeast Avalon and \$150,000 available for physicians practicing in rural Newfoundland or Labrador on a full-time basis for five (5) years.
- The Physician Signing Bonus Program can be pro-rated but only to a minimum of two-year Return-in-Service (RIS) to promote stability. Candidates that sign on to work in “difficult-to-fill” positions within the province are eligible to receive a top-up of an additional \$25,000 under this program.

Analysis:

- The Janeway PICU is the primary clinical service for critically ill children in the province. The service is available 24 hours per day, 7 days per week.
 - Services include providing consultations to other healthcare providers, providing oversight to medical transportation of patients, admissions to PICU, and providing support to other services within the Janeway.

- 

40(1)

- NL Health Services has requested that  receive a Physician Signing Bonus and that  also receive a Physician Signing Bonus to ensure equitable treatment.

40(1)

- [Redacted] 29(1)(a)

Alternatives:

Option 1. Approve a variance to the Physician Signing Bonus Program eligibility criteria to include physicians hired in March 2023. **(Recommended)**

Pros:

- Fulfill the request that is supported by NL Health Services for [Redacted] 40(1)
- Helps ensure the retention of a physician in a position that has been difficult to fill.
- Fair treatment to the other two physicians [Redacted] 40(1)
- Up to a five-year return in service arrangement.

Cons:

- [Redacted] 29(1)(a)
- Additional cost of up to \$425,000.
- [Redacted] 29(1)(a)

Option 2. Do not approve a variance to the Physician Signing Bonus Program eligibility criteria to include physicians hired in March 2023. **(Not recommended)**

Pros:

- No increased funding required.
- [Redacted] 29(1)(a)

Cons:

- [Redacted] 29(1)(a)

Prepared/Approved by: C. Crocker/A. Pike/D. Moore/C. Antle/F. Langor/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

February 27, 2024



Meeting Note
Department of Health and Community Services
Town of Harbour Grace
Wednesday, February 28, 2024 9:45 am – 10:15 am
MS Teams/Department of Health and Community Services, Executive Board Room

Attendees:

- Honorable Tom Osborne, Minister
- Susan Elliott, Executive Assistant to the Minister
- John McGrath, Deputy Minister
- Fiona Langor, Assistant Deputy Minister, Programs
- Jason Letto, Director, Emergency Health and Paramedicine Services
- Don Coombs, Mayor, Town of Harbour Grace
- Keith Skinner, Deputy Mayor, Town of Harbour Grace
- Amy Dwyer, Town Manager, Town of Harbour Grace
- Brendan Chafe, Councillor, Town of Harbour Grace
- Randy Wrice, Councillor, Town of Harbour Grace
- Terry Barnes, Councillor, Town of Harbour Grace
- Dave Earle, Fire Chief, Town of Harbour Grace
- Paul Ash, Assistant Fire Chief, Town of Harbour Grace
- Jim Barnes, Hr. Grace Volunteer Fire Brigade
- Matthew McCarthy, EDO, Town of Harbour Grace

Purpose of Meeting:

29(1)(a), 35(1)(d), 35(1)(f)

- To discuss the integration of ambulance services [REDACTED]

Background:

- The RFP has been issued for Newfoundland and Labrador Integrated Ambulance Services, seeking a proponent to design, manage, and operate a single, integrated road and air ambulance service in the province.
- Ambulance services are provided in the region by Collins Ambulance Services (owned by Fewer Group of Ambulance Operations), providing service bases in Harbour Grace (3 ambulances and approx. 1,600 annual transport), Bay Roberts (2 ambulances and approx. 1,800 annual transports) and Clarkes Beach (1 ambulance and approx. 1,200 annual transports).
- NLHS ambulance service operating out of Carbonear General Hospital performs approximately 1,250 transport annually. Mutual aid is available through adjacent services.

Agenda item 1: Ambulance Integration Update**Analysis:**

- An integrated ambulance service is a key recommendation of Health Accord NL and will further modernize the province's health care system.

- The RFP for integration closes April 1, 2024. [Redacted]
- [Redacted]
- NLHS will employ all paramedicine staff in the province, as well as control dispatching of all EMS assets through Provincial Central Medical Dispatch.

Potential Speaking Points:

- Ambulance integration is underway and will bring with it a more efficient and coordinated provincial ambulance service. We are excited about the opportunity this presents and with the implementation of province wide central medical dispatch, there will be improvements to service delivery throughout the entire province.
- The RFP closes on April 1, 2024. The successful proponent will be responsible for the design, management and operation of a single integrated road and air ambulance system.
- System design will take place in the coming months and years and based on data collected from all regions of the province. This will inform any decisions to adjust ambulance service coverage to ensure the optimal availability of ambulances for a responsive service.

**Agenda item 2: Potential ambulance base locations in the area – presented by the Town.
Analysis:**

- [Redacted]
- [Redacted]

29(1)(a),
35(1)(d),
35(1)(f)

Potential Speaking Points:

- We will be maintaining the existing ambulance base location footprint across the province in the immediate term as we integrate ambulance services.

- As part of the future system design, we will be reviewing all base locations to determine how best to manage a provincial system and determine optimal ambulance base infrastructure.
- We will be looking at all available options and will make decisions on any changes only after a thorough review of the data and our geographic realities to ensure we have the best footprint across the province to meet the needs of all residents.

Prepared/Approved by: J. Letto/F. Langor/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

February 27, 2024

Decision/ Direction Note
Department of Health and Community Services

Title: One-time Funding for Bell Island Support Network, Inc.

Decision Required:

- Whether or not the Minister of Health and Community Services (HCS) should approve \$40,000 in one-time funding for Bell Island Support Network, Inc. (BISN) to cover costs for April and May 2024 to sustain program operations previously funded by a Federal grant.
- If approved, funds are available under the **Alcohol Action Plan** budget for 2023-24.

Background and Current Status:

- Formed in 2021, BISN works to address substance use on Bell Island through harm reduction, outreach, and peer support initiatives. BISN currently has three full-time staff (two outreach workers and one Peer Support Coordinator) and a network of volunteer peer support workers.
- In 2022, BISN received \$520,000 from the Substance Use and Addictions Program (SUAP) of Health Canada for a two-year project to support harm reduction and peer support initiatives for people who use substances. BISN's funding will expire on March 31, 2024. In fall 2023, BISN submitted a proposal for SUAP funding that if successful will enable the continuation of their initiatives for the next four years. Health Canada has advised successful applicants will not receive their funds until June 2024 at the earliest.
- The BISN serves over 150 people throughout Bell Island, including the distribution of sterile substance use supplies and naloxone kits by its outreach workers, and peer support and life skills programming at its centre, called The Hug. The Hug staff operate Monday to Friday, 9 a.m. to 5 p.m., and provide drop-in peer support, assistance with systems navigation, and life skills and therapeutic recreation programming, including financial planning, sewing, knitting, drone operations, podcasting, and improv classes. Staff also work with the Opioid Dependence Treatment Clinic at the Dr. Walter Templeman Health Care Centre on Bell Island to support people who use that service.
- BISN has requested one-time funding of \$40,000 to fill the two-month gap (April-May 2024) between SUAP funding ending March 31, 2024, and a possible extension of SUAP funding beginning June 2024. This one-time funding will cover salaries (two outreach workers at \$35,000 per year; one Peer Support Coordinator at \$55,000 per year), rent, utilities, software subscriptions, and other essential costs for an additional two month period, and will allow programming to continue without interruption.

Analysis:

- The BISN provides a valuable service to the people of Bell Island, which is currently benefiting 150+ individuals and families in the community and aligns closely with the goals of **Our Path of Resilience. An Action Plan to Promote Life and Prevent Suicide in Newfoundland and Labrador**.
- Bell Island is a small island located in Conception Bay with a population of less than 3,000 people. There has been increased attention on the community as a result of its high rates of IV drug use and blood-borne infections, such as Hepatitis C. Programming aimed at reducing harms of substance use is needed to continue to address these issues.

- Health Canada announced there were over 700 proposals received in response to the latest SUAP Call for Proposals.

[Redacted]

29(1)(a)

-

- This program has operated without funding from the provincial government for two years, and a \$40,000 contribution is less than 10 per cent of the federal funding received.

[Redacted]

29(1)(a)

Alternatives:

Alternative 1: Provide one-time funding to BISN (Recommended).

Advantages:

- Prevents a disruption in the valued harm reduction and peer support services for the people of Bell Island.
- Continues to fulfill a need for harm reduction, peer support and life skills development, which is aligned with the provincial action plan, **Our Path of Resilience**.
- Continued support for capacity building for a community-based organization.

Disadvantages:

- Government funding required.

- [Redacted]

29(1)(a)

Alternative 2: Do not provide funding to BISN to cover costs for April-May 2024 (Not Recommended).

Advantages:

- No funding required.

Disadvantages:

- [Redacted]
- [Redacted]

29(1)(a)

Prepared/Approved by: S. Hawkins / D. Curtis / G. Hussey /N. Legge/G. Sweeney/J. McGrath

Ministerial Approval: Received from Hon. Tom Osborne

February 28, 2024



Decision/Direction Note
Department of Health and Community Services

Title: Hot Water Tank Replacements – Pleasant View Towers, St. John's

Decision/Direction Required:

- Whether or not to provide funding in the amount of \$575,000 to NL Health Services to facilitate the replacement of the hot water tanks at Pleasant View Towers in St. John's.
- It is recommended that funding in the amount of \$575,000 be provided to NL Health Services to facilitate the replacement of the hot water tanks at Pleasant View Towers in St. John's.

Background and Current Status:

- NL Health Services advises that the existing domestic hot water tanks at Pleasant View Towers are failing due to the water composition in the area which has caused severe corrosion to the tanks.
- NL Health Services advises that redesign and replacement of the tanks, including the installation of a water treatment system to treat the water prior to it entering the domestic water system, is required.
- NL Health Services are seeking funding in the amount of \$575,000 to replace the tanks and install the treatment system.

Analysis:

- Failure to replace the tanks could lead to the potential loss of hot water supply to the facility which would have a significant negative impact on operations.
- NL Health Services advises that given the criticality of the issue they have proceeded to commence initial steps for replacement of the tanks.
- In 2023-24, the Department of Health and Community Services was provided with \$28,000,000 in repairs/renovations and building improvements funding. To date \$27,125,000 has been allocated thereby leaving \$875,000 remaining available to fund this request, if approved.

Alternatives:

Alternative 1: Provide funding in the amount of \$575,000 to NL Health Services to facilitate the replacement of the hot water tanks at Pleasant View Towers in St. John's. **(Recommended)**

Pros:

- Will ensure that the facility has an adequate supply of hot water supply to support its operations.

Cons:

- Requires funding in the amount of \$575,000.

Alternative 2: Do not provide funding in the amount of \$575,000 to NL Health Services to facilitate the replacement of the hot water tanks at Pleasant View Towers in St. John's. **(Not Recommended)**

Pros:

- Will not require funding in the amount of \$575,000.

Cons:

- [REDACTED] 29(1)(a)

Prepared/Approved by: P. Greene/P. Morrissey/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

February 28, 2024



Decision/Direction Note
Department of Health and Community Services

Title: St. Clare's Mercy Hospital Elevator Replacement – Budget Shortfall

Decision/Direction Required:

- Whether or not to provide funding in the amount of \$300,000 to NL Health Services to cover a budget shortfall in the replacement of an elevator at St. Clare's Mercy Hospital.
- It is recommended that funding in the amount of \$300,000 be provided to NL Health Services to cover a budget shortfall in the replacement of an elevator at St. Clare's Mercy Hospital.

Background and Current Status:

- NL Health Services were previously provided with \$700,000 to replace one of the two elevators which services the 1939 wing at St. Clare's Mercy Hospital. Both elevators were noted as being well-past their useful life and having multiple OH&S issues related to improper levelling with the floors.
- NL Health Services advises that through a public tender call, the lowest compliant bid was \$839,000, excluding HST, contingencies and design fees. Total revised estimated cost of the replacement is \$1,000,000.
- Accordingly, NL Health Services are requesting additional funding in the amount of \$300,000 to cover the budget shortfall.

Analysis:

- While Government has announced its intention to replace St. Clare's Mercy Hospital, the hospital will remain operational for an indeterminate period of time into the future until the new replacement facility has been completed.
- The replacement of one of the elevators is deemed to be a necessary expenditure to address the current OH&S issues and to mitigate the potentially negative impact on operations should either (or both) of these aged elevators need to be taken out of service.
- In 2023-24, the Department of Health and Community Services was provided with \$28,000,000 in repairs/renovations and building improvements funding. To date \$27,700,000 has been allocated thereby leaving \$875,000 remaining available to fund this request, if approved.

- 

29(1)(a)

Alternatives:

Alternative 1: Provide funding in the amount of \$300,000 to NL Health Services to cover a budget shortfall in the replacement of an elevator at St. Clare's Mercy Hospital.

(Recommended)

Pros:

- Will address the OH&S issues with the current elevator, and
- Will mitigate the potentially negative impact on operations should either (or both) of the elevators need to be taken out of service.

Cons:

- Requires funding in the amount of \$300,000.

Alternative 2: Do not provide funding in the amount of \$300,000 to NL Health Services to cover a budget shortfall in the replacement of an elevator at St. Clare's Mercy Hospital. **(Not Recommended)**

Pros:

- Will not require funding in the amount of \$300,000.

Cons:

- Current OH&S issues will remain unaddressed, and
- Potential risk and impact on operations associated with the failure of one (or both) of the elevators will remain.

Prepared/Approved by: P. Greene/P. Morrissey/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

February 28, 2024



Meeting Note
Department of Health and Community Services
Town of Lewisporte
Thursday, February 29, 2024, 2:30 pm
Microsoft Teams/Executive Boardroom

Attendees:**HCS**

Hon. Tom Osbourne, Minister

John McGrath, Associate Deputy Minister

Susan Elliot, Executive Assistant to Minister

Gillian Sweeney, Assistant Deputy Minister, Population Health & Wellbeing

Mary Slade, Director Primary Health Care

NLHS

Craig Davis, Senior Director, Primary Health Care, Central Zone

Town Council of Lewisporte

Krista Freake, Mayor

Council Members (TBC)

Derek Bennett, MHA

Purpose of Meeting:

- To discuss the delivery of health services in the Lewisporte area, specifically the allocation of a Family Care Team in Lewisporte.

Background:

- Lewisporte Health Centre, located in Lewisporte, is an acute care facility operated by NL Health Services (NLHS) that provides outpatient services, emergency services, acute care, laboratory and diagnostic health services for the people of the Lewisporte area.
- The two closest acute care referral centres are James Paton Memorial Regional Health Centre (JPMH) in Gander and Central Newfoundland Regional Health Centre (CNRHC) in Grand Falls-Windsor, which are equal driving distances away (approximately 55-60 kilometers, or 38-40 minutes).
- The vision for Family Care Teams, inspired by Health Accord NL (HANL), is to give every person in the province timely access to health and social services, and to continuous care centered in the community as part of a well-connected network.
- HANL recommended 35 Family Care Teams to cover the province.

Agenda Item 1: Allocation of a Family Care Team in Lewisporte**Current Status:**

- To date, 19 family care teams have been funded and are in various stages of implementation.
 - St. John's: East (Mundy Pond),
 - St. John's West (Topsail Rd) and

- St. John's Central (three operational)
 - Southern Avalon (operational)
 - Coast of Bays (operational)
 - Conception Bay North (partially operational)
 - Clarenville (partially operational)
 - Bonavista (partially operational)
 - Burin (partially operational)
 - Stephenville-Bay St George (partially operational)
 - Humber Valley-White Bay (partially operational)
 - Port Aux Basques (partially operational)
 - Northern Peninsula (partially operational)
 - Happy Valley-Goose Bay (partially operational)
 - Metro Centre St. John's (partially operational)
 - Grand Falls-Windsor (partially operational)
- Lewisporte is on the list of **proposed areas** for a Family Care Team.

Analysis:

- A Provincial "Family Care Teams Policy Framework" was released this fall by the Department. It sets out the key provincial policy directions and expectations for the implementation of Family Care Teams.
- Planning and Implementation Considerations are a key part of the successful implementation of teams.
- As part of the implementation of new teams, an assessment of readiness is considered that includes items such as a needs assessment of the area, models of care that need to be considered, inventory of existing resources, etc....
- Active Community Engagement will be key to this process.

Potential Speaking Points:

- I recognize the challenges people face with accessing primary health care. Our focus remains on the continuous improvement of the health system to support better health outcomes for the people of NL including the residents of Lewisporte and area.
- I assure you that we are fully committed to supporting the implementation and advancement of a Family Care Team for Lewisporte and area.
- NLHS has responsibility for health services delivery in the province. They will continue to engage with your Town, as a key stakeholder, throughout the continued planning, implementation, and ongoing operations of this team. Such engagement is an expectation and key attribute of the framework for Family Care Teams.

Proposed Actions:

- The department will continue to work with NLHS to support the advancement of Family Care Teams in the province. Based on continued collaboration through a new Provincial Steering Committee and a Primary Health Care Strategic Health Network, Family Care Teams will remain a top priority in the years ahead.

Prepared/Approved by: M. Slade/G. Sweeney/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

February 28, 2024