

Response to Applicant – Partial Disclosure

October 16, 2024

Dear Applicant:

Re: Your request for access to information under Part II of the **Access to Information and Protection of Privacy Act, 2015** [Our File #: HCS-091-2024]

On March 28, 2024, the Department of Health and Community Services received your request for access to the following records:

All emails sent/received re wait times by the Minister, Deputy Ministers, and Assistant Deputy Ministers from January 1, 2024, to present.

On April 10, 2024 you altered the wording of your request to the following:

All information re surgery wait times including statistics, initiatives to reduce wait times, and correspondence by the Minister, Deputy Ministers, and Assistant Deputy Ministers from January 1, 2024, to present

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 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 31(1)(l): *The head of a public body may refuse to disclose information to an applicant where the disclosure could reasonably be expected to reveal the arrangements for the security of*

property or a system, including a building, a vehicle, a computer system or a communications system;

Section 34(1)(a)(i): *The head of a public body may refuse to disclose information to an applicant if the disclosure could reasonably be expected to harm the conduct by the government of the province of relations between that government and the government of Canada or a province or their agencies;*

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 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</i> , 2015
22, 24, 27, 71, 73, 76, 79, 87, 103, 115, 128, 135-136, 139, 142, 145, 197-198, 210, 287, 441-446, 464, 466, 483, 496, 510, 534	29(1)(a), 35(1)(d)
25, 77, 137, 143	29(1)(a), 34(1)(a)(i), 35(1)(d)
26, 78, 138, 144	Section 6, 29(1)(a), 34(1)(a)(i), 35(1)(d), 40(1)
59-61, 148-153, 178-183, 244-249, 267-272, 447-460, 462-463, 465	29(1)(a), 35(1)(c), 35(1)(d)

75, 141	29(1)(a), 31(1)(l), 35(1)(d)
147, 177, 243, 266	29(1)(a), 35(1)(c), 35(1)(d), 35(1)(g)
263	29(1)(a)
461	29(1)(a), 35(1)(c), 35(1)(d), 40(1)
548	Section 6, 40(1)

As required by 8(2) of the Act, we have severed information that is unable to be disclosed and have provided you with as much information as possible.

In accordance with your request for a copy of the records, the appropriate copies have been enclosed.

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-](#)



Government of Newfoundland and Labrador
Department of Health and Community Services
Data Governance and Privacy Division

Health@gov.nl.ca

Sincerely,

Andie George
ATIPP Coordinator

Enclosures

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).

From: [REDACTED]
Sent: Wednesday, January 3, 2024 11:45 AM
To: Minister, HCS
Subject: Cataract surgery wait times

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good day Mr. Osbourne,

Section 6 - Personal Health Information, 40(1)

I am writing [REDACTED] regarding the cataract surgery wait times, [REDACTED]

[REDACTED]

While I can appreciate that everyone's eyes are important, I simply cannot understand how there are not particular situations that warrant faster wait times. [REDACTED]

[REDACTED] Again, I would like to emphasize that I am not downplaying the importance of any seniors sight, or anyone in general [REDACTED]

Looking for an appropriate resolution to this impossible situation.

Thanks,

[REDACTED]

From: Minister, HCS
Sent: Monday, January 8, 2024 1:21 PM
To: [REDACTED]
Cc: Ron Johnson, david.diamond@easternhealth.ca
Subject: Heart surgery
Attachments: [REDACTED] Response - Wait time for heart surgery.pdf

Please see the attached response to your November 11, 2023 e-mail.

-----Original Message-----

From: [REDACTED]
Sent: Saturday, November 11, 2023 6:28 PM
To: Minister, HCS <hcs@gov.nl.ca>
Subject: [REDACTED] Heart surgery

31(1)(l)

CAUTION : This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Minister Osborne,
My name is [REDACTED]

Section 6 - Personal Health Information, 40(1)

[REDACTED]

Can you please help me??
Dont know where else to turn.
Thanks so much in advance.
And thanks for all you do.
Faithfully

[REDACTED]

Sent from my iPhone



Government of Newfoundland and Labrador
Department of Health and Community Services
Office of the Minister

COR-2023-195258/01

January 5, 2024

[Redacted] 40(1)
Dear [Redacted]

I am responding to your email of November 11, 2023, regarding your wait time for heart surgery. I am sorry to hear about your condition and I understand your concerns.

Upon receiving your email an official in my department reached out to Newfoundland and Labrador Health Services (NLHS) Client Relations on your behalf, as NLHS is responsible for cardiac care. I understand that Client Relations followed up with you directly regarding your inquiry.

The cardiac surgeons, in consultation with the cardiologists, are directly responsible for the scheduling of cardiac surgery, with priority given to the most urgent patients. If you have questions regarding the status of your surgery, you are encouraged to contact the Cardiac Surgery Utilization Manager by calling (709) 777-6945. Should your condition change, you should notify your family doctor and the Cardiac Surgery Utilization Manager, as it may impact your priority.

For more information regarding your options for out of province surgery, I would suggest that you also discuss with the Cardiac Surgery Utilization Manager. If you have any questions about travelling out of province for surgery, you may contact Dr. Colleen Crowther, Assistant Medical Director with the Department. Dr. Crowther by calling, 709-758-1557, or by email, AssistantMedicalDirector@gov.nl.ca.

Please note that I have copied your email and this response to Ron Johnson, Vice President and Chief Operating Officer of NLHS as well as David Diamond, CEO of NLHS, for their information.

I hope this information is helpful. I wish you all the best.

Sincerely,

A handwritten signature in black ink, appearing to read "Tom Osborne".

HONOURABLE TOM OSBORNE, MHA
Minister of Health and Community Services
District of Waterford Valley

cc: Ron Johnson, VP/COO, NLHS
David Diamond, CEO, NLHS

From: Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>
Sent: Tuesday, January 9, 2024 10:36 AM
To: Herritt, Jeannine, Nadine McEvoy, Nolan, Karen, Edmonds, Tina, Pike, Ardella
Cc: Gregory Browne (Chief of Staff), Gregory Manning
Subject: RE: RE: HCS/MCP/Medical Services input on Cataract Central Intake

Hi Jeannine and All,
This is fabulous! Hats off to whomever engineered this back in 2020.

29(1)(a)

Thanks again and I will assume any further info-gathering is happening between Nadine and Ardella
Cassie



Cassie Chisholm
Vice President Transformation, Health Systems
Newfoundland and Labrador Health Services

t: 709-730-6852
e: cassie.chisholm@easternhealth.ca
w: NLHealthServices.ca

From: Herritt, Jeannine [mailto:JeannineHerritt@gov.nl.ca]
Sent: Monday, January 8, 2024 5:25 PM
To: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>; Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; knolan <knolan@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Pike, Ardella <ardellapike@gov.nl.ca>
Cc: Gregory Browne (Chief of Staff) <gregory.browne@easternhealth.ca>; Gregory Manning <Gregory.Manning@easternhealth.ca>
Subject: RE: RE: HCS/MCP/Medical Services input on Cataract Central Intake

Hi Everyone,

In follow up to our discussion today- I spoke with Dave Moores- here is the policy: [Policy-for-the-Provision-of-Cataract-Surgery-in-Non-Hospital-Designated-Facilities-1.pdf \(gov.nl.ca\)](#).

Highlighting the following sections to answer the questions below

8.0 Participation in Central Intake

Non-hospital designated facilities will participate in any future central intake developed for cataract surgery. Overseen by the Regional Health Authorities the central intake will cover both hospital and non-hospital designated facilities. The Regional Health Authority will maintain the central intake system and related policies and procedures.

10.0 Wait Time Reporting

Wait times are a measure of how efficiently patients are gaining access to medical treatment and care. They also indicate the health care system's ability to meet the continually changing demands to provide care in the most appropriate setting in a timely way. Wait time information increases accountability and supports decision-making. In Newfoundland and Labrador, the Regional Health Authorities are responsible for monitoring and reporting wait time data to the Department of Health and Community Services on a regular basis in keeping with provincial and national definitions for public wait time reporting. This information is then compiled for reporting on the Department of Health and Community Services web site. The Regional Health Authorities are responsible for ensuring the information they provide is verified and accurate before being sent to the department. Non-hospital designated facilities will also have to

report their wait time data to the Department of Health and Community Services. The Medical Director of a non-hospital designated facility is responsible for ensuring wait time information is collected.

35(1)(f)

NLMA are aware of the policy

Please reach out if you need anything further.

Thank you,

Jeannine

JEANNINE HERRITT BN RN MN | Assistant Deputy Minister – Regional Services
Department of Health and Community Services
Government of Newfoundland and Labrador
PO Box 8700, St. John's NL A1B 4J6
709-729-1716 | JeannineHerritt@gov.nl.ca

From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>

Sent: Monday, January 8, 2024 1:07 PM

To: Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; Nolan, Karen <knolan@gov.nl.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Pike, Ardella <ardellapike@gov.nl.ca>

Cc: Gregory Browne (Chief of Staff) <gregory.browne@easternhealth.ca>; Gregory Manning <Gregory.Manning@easternhealth.ca>

Subject: RE: RE: HCS/MCP/Medical Services input on Cataract Central Intake

Hi all;

Thanks for the discussion today.

Here are the main questions we came away with:

Where is the NLMA's stance with respect to Ophthalmology and participation in a single entry management model?

Please reach out to me if the above list requires any additions or changes.

29(1)(a)

Thanks,
Nadine



**NL Health
Services**

Nadine McEvoy BScPT MBA (She/Her)
Director, Strategic Health Networks

t: 709-691-2794

e: Nadine.mcevoy@easternhealth.ca

w: NLHealthServices.ca

-----Original Appointment-----

From: Valerie Coffey <Valerie.Coffey@easternhealth.ca>

Sent: Thursday, January 4, 2024 12:41 PM

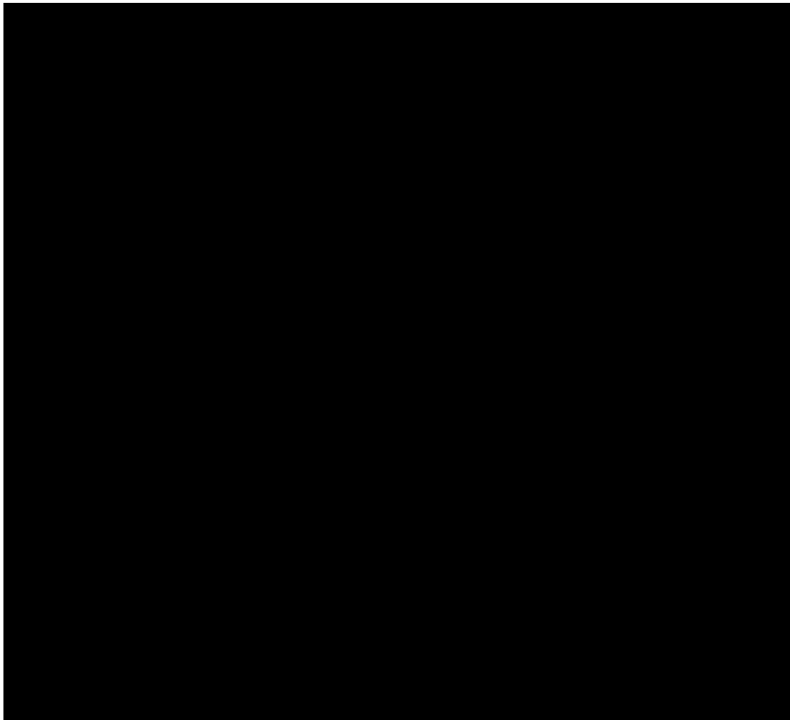
To: Valerie Coffey; Cassie Chisholm; Nadine McEvoy; knolan; jeannineherritt@gov.nl.ca; Edmonds, Tina; Pike, Ardella

Cc: Hodder, Kiana; Snook, Jennifer; Gregory Browne (Chief of Staff); Gregory Manning

Subject: RE: HCS/MCP/Medical Services input on Cataract Central Intake

When: Monday, January 8, 2024 12:00 PM-12:45 PM (UTC-03:30) Newfoundland.

Where: Microsoft Teams Meeting



31(1)(l)

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From: Greeley, Kim
Sent: Wednesday, January 10, 2024 2:07 PM
To: Power, Tara
Subject: FW: Client Inquiry [REDACTED]

Hi Tara

Section 6, 40(1)

I spoke with [REDACTED] this morning he called to say that he hasn't heard from anyone regarding the issue [REDACTED]
[REDACTED]

Thanks,
Kim

From: Client Navigation <Client.Navigation@centralhealth.nl.ca>
Sent: Monday, December 18, 2023 10:22 AM
To: Power, Tara <TaraPower@gov.nl.ca>
Cc: Greeley, Kim <kingreeley@gov.nl.ca>; Rose, Joanne <JoanneRose@gov.nl.ca>
Subject: RE: Client Inquiry [REDACTED]

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning, I just followed up with this client on December 12th. Provided him with information re: current wait time [REDACTED]

[REDACTED] This was information that was provided to me from the program area.

Section 6, 40(1)

Anything further please reach out,

Tracy

T: 1-709-651-6214 | C: 1-709-424-3604
Email: tracy.waterman@centralhealth.nl.ca



From: Power, Tara <TaraPower@gov.nl.ca>
Sent: Thursday, December 14, 2023 10:04 AM
To: Tracy Waterman <Tracy.Waterman@centralhealth.nl.ca>
Cc: Greeley, Kim <kingreeley@gov.nl.ca>; Joanne Rose <JoanneRose@gov.nl.ca>
Subject: Client Inquiry [REDACTED]

Good morning Tracy,
Could you please follow up with [REDACTED]

Thank you
Tara

Tara Power | Senior Manager
Correspondence and Stakeholder Communications
Department of Health and Community Services
Government of Newfoundland & Labrador
709.729.3802 (t)

From: Greeley, Kim <kimgreeley@gov.nl.ca>

Sent: Thursday, December 14, 2023 9:37 AM

To: Power, Tara <TaraPower@gov.nl.ca>

40(1)

Subject: Phone call from [REDACTED]

Good morning Tara

Section 6, 40(1)

Received a call from [REDACTED]

[REDACTED]

Thanks,

Kim

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From: Herritt, Jeannine
Sent: Thursday, January 11, 2024 11:50 AM
To: Herritt, Jeannine
Subject: FW: CHRSP publishes Rapid Decision Support on Improving Operating Room Performance to Address Joint Surgery Backlog
Attachments: Rapid Decision Support Improving OR Performance for Joint Surgery Backlog December 5 2023.pdf [This attachment is available online publicly at the following weblink: https://www.mun.ca/nlcahr/media/production/memorial/administrative/nl-centre-for-applied-health-research/Rapid%20Decision%20Support%20Improving%20OR%20Performance%20for%20Joint%20Surgery%20Backlog%20December%205%202023.pdf](https://www.mun.ca/nlcahr/media/production/memorial/administrative/nl-centre-for-applied-health-research/Rapid%20Decision%20Support%20Improving%20OR%20Performance%20for%20Joint%20Surgery%20Backlog%20December%205%202023.pdf)

JEANNINE HERRITT BN RN MN | Assistant Deputy Minister – Regional Services
Department of Health and Community Services
Government of Newfoundland and Labrador
PO Box 8700, St. John's NL A1B 4J6
709-729-1716 | JeannineHerritt@gov.nl.ca

From: Rochelle.Baker@med.mun.ca <Rochelle.Baker@med.mun.ca>
Sent: Tuesday, December 5, 2023 4:22 PM
To: nlcahr@mun.ca
Subject: CHRSP publishes Rapid Decision Support on Improving Operating Room Performance to Address Joint Surgery Backlog

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

By bcc to our partners from across the NL healthcare system

On a request from our health system partners at NLHS, CHRSP researchers at NLCAHR have produced the attached *Rapid Decision Support* evidence scan that focuses on a range of strategies to improve operating room performance, including capacity, utilization, efficiency, and patient flow with the goal of treating the backlog of patients waiting for joint surgeries. ([LINK](#)) The summary consists mainly of research-based evidence syntheses, but also includes primary research, best practices, and gray literature. The results are categorized by type of strategy and include the following key categories:

- Reviews of Multiple Strategies
- Increasing Supply
- Managing Demand
- Preoperative Management
- Treatment Space Management
- Operating Theatre Efficiency
- Postoperative Management
- Performance Management

[Link to the publication online here.](#)

ROCHELLE BAKER | MANAGER, COMMUNICATIONS, PARTNERSHIPS & RESEARCH EXCHANGE

Newfoundland and Labrador Centre for Applied Health Research
[Putting Research in Place for Newfoundland & Labrador](#)
Faculty of Medicine
Memorial University of Newfoundland
T 709 864 6423 | Rochelle.Baker@med.mun.ca
www.nlcahr.mun.ca/

From: Cabot, Antionette
Sent: Thursday, January 18, 2024 9:14 AM
To: Cassie Chisholm , Herritt, Jeannine, Hodder, Kiana, Nadine Mcevoy , Nolan, Karen, Ron Johnson , Sanger, Janice, Tina Edmonds, Vallerie Coffey
Subject: Reporting HT Surgery
Attachments: HTT Nov 17 Surgery .pptx

Good morning, everyone,
The next round of reporting for this table is Feb 2nd for the Main HT table and Feb 20 (may change – pending a new date) for the Premier’s HT table.

We have been advised to use the same templates that were developed last round, updating on progress, challenges, and future plans.
We have also been asked to add a slide or two on robotics.

Thanks

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca



A 10-YEAR HEALTH TRANSFORMATION

Surgery Sub-table Update November 17, 2023

Click to add notes



Sub-table Members

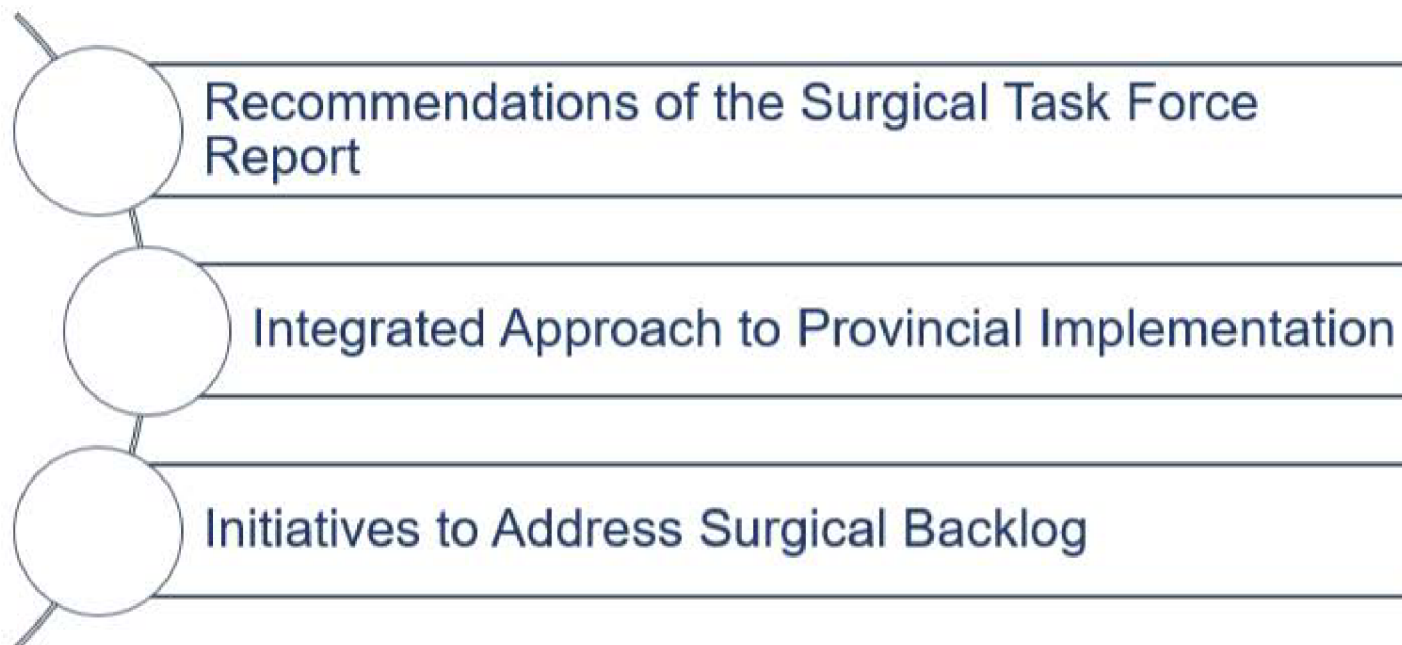
- Assistant Deputy Minister – Regional Services, HCS, Jeannine Herritt, co-chair
- Vice President Transformation Health Systems, NLHS, Cassie Chisholm, co-chair
- Vice President and Chief Operating Officer, Eastern Urban Zone, NLHS, Ron Johnson
- Senior Director, Provincial Health Transformation, NLHS, Tina Edmonds
- Provincial Wait Time Coordinator, Regional Services, HCS, Janice Sanger
- Acting Director, Regional Services, HCS, Karen Nolan
- Special Advisor - Health Transformation, Antionette Cabot, Secretariat and full member



Click to add notes



Key Focus Areas



29(1)(a)



Next Steps

Top Priorities

- Capacity Increase
- Central Intake
- Virtualization of Processes

Strategic Implementation

- Surgery Sub-table
- Strategic Health Networks

- [Redacted]
- [Redacted]

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

29(1)(a)

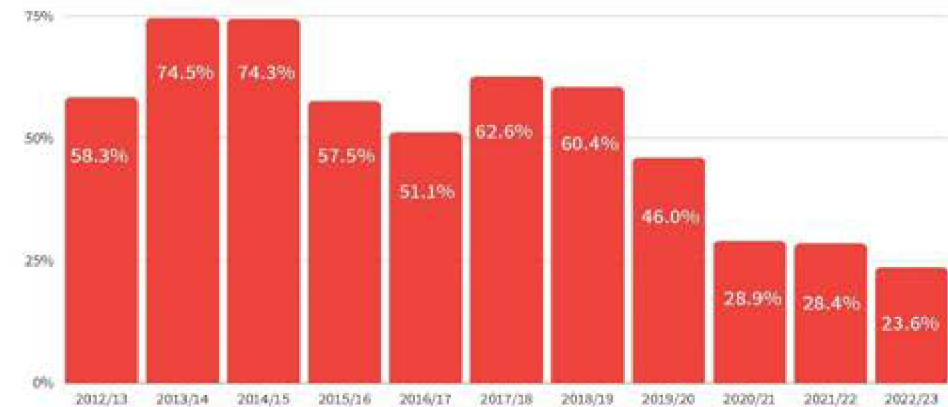
Eastern Urban and Rural Joint Replacements



■ Demand
■ Capacity
■ Waitlist



Eastern Urban and Rural Joint Replacements booked and completed by fiscal year

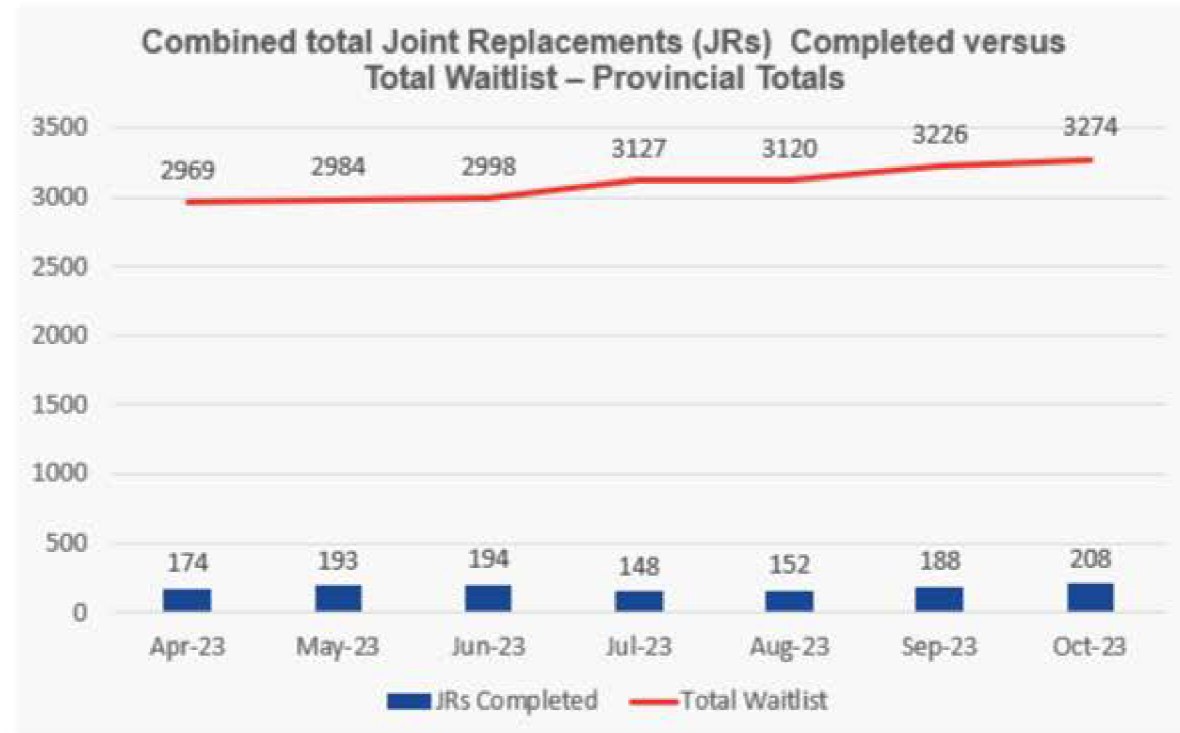


Per cent of osteoarthritis (OA) hip and knee surgery completed within 182 day benchmark (priority I-VI) by fiscal year

29(1)(a)



Provincial Joint Replacements



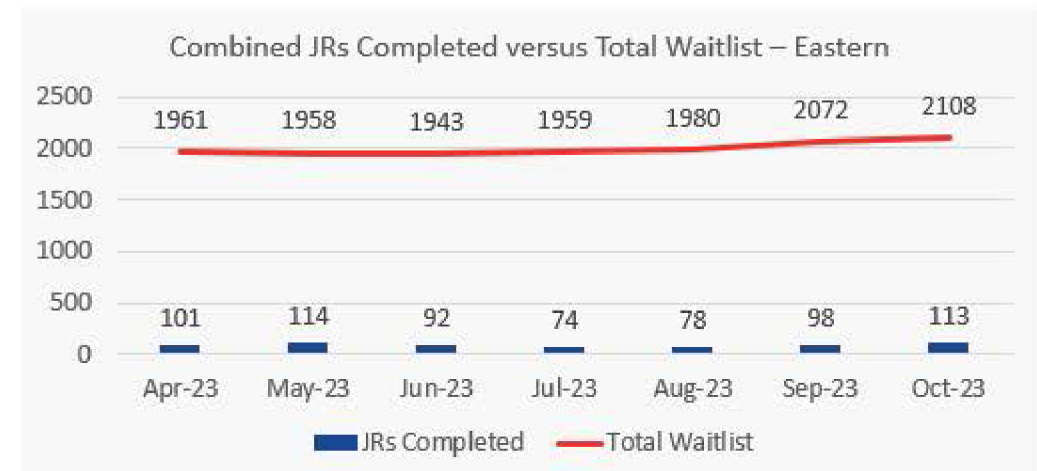
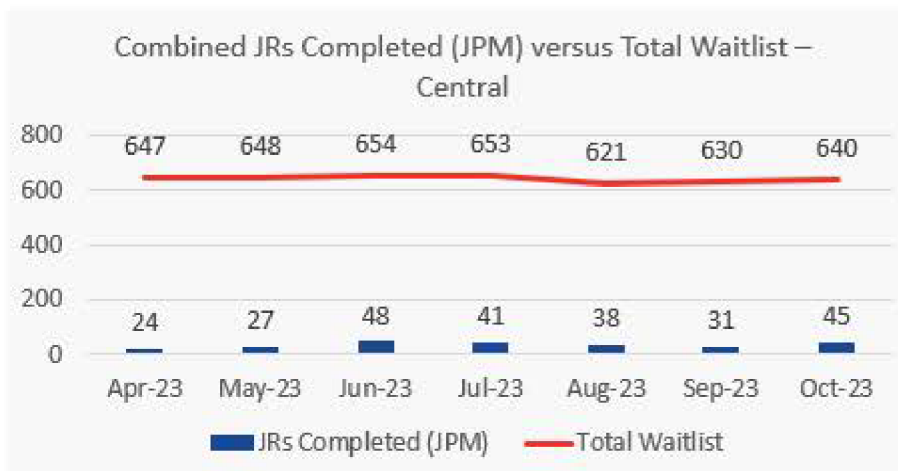
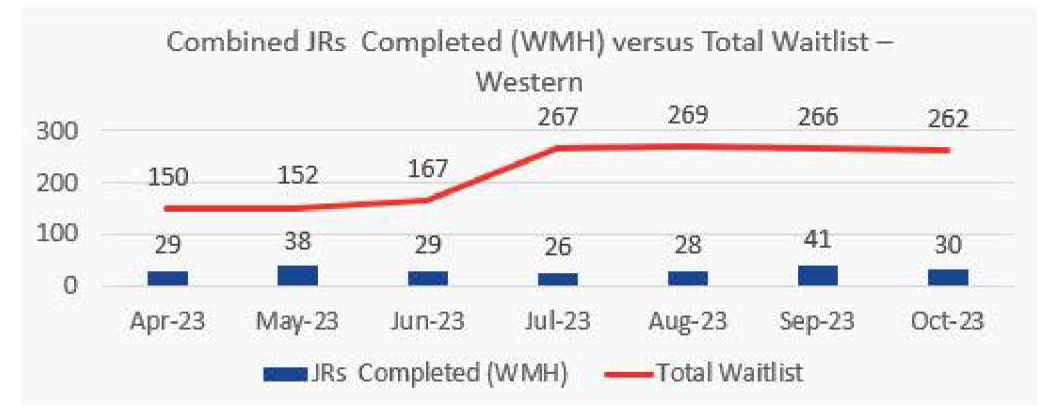
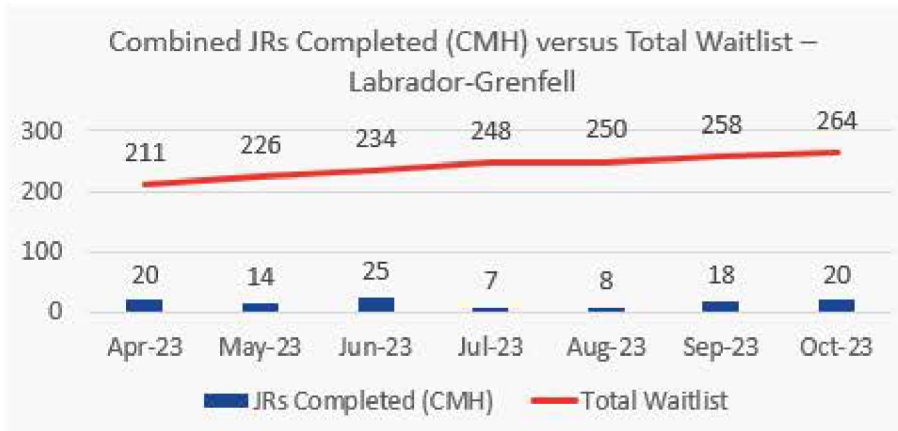
JRs refer to Total Joint Replacements

Wait list includes active and inactive

29(1)(a)



Regional Zones Joint Replacements (JR)s



JRs refer to Total Joints Replaced



National Comparison

Number of hip replacements, by type of care, 2017-2018 to 2021-2022 in Canada

Type of care	2017– 2018	2018– 2019	2019– 2020	2020– 2021	2021– 2022	5-year percentage change
Acute	58,308	61,571	62,167	51,644	51,717	-11.3%
Day surgery	184	445	1,329	3,656	6,918	3,659.8%
Total	58,492	62,016	63,496	55,300	58,635	0.2%

Sources

Discharge Abstract Database–Hospital Morbidity Database and National Ambulatory Care Reporting System, 2017–2018 to 2021–2022, Canadian Institute for Health Information.

- In the past 5 years in NL, the percentage increase in day surgeries for total knee replacement is 230%.

29(1)(a)



Increasing Operating Room Capacity

Beds, Equipment, Infrastructure, Human Resources

- [REDACTED] 29(1)(a)

Timing, Process Efficiencies, Patient Selection

- [REDACTED] 29(1)(a)
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Increasing Post Operative Care Capacity

Timing Process Efficiencies, Patient Selection

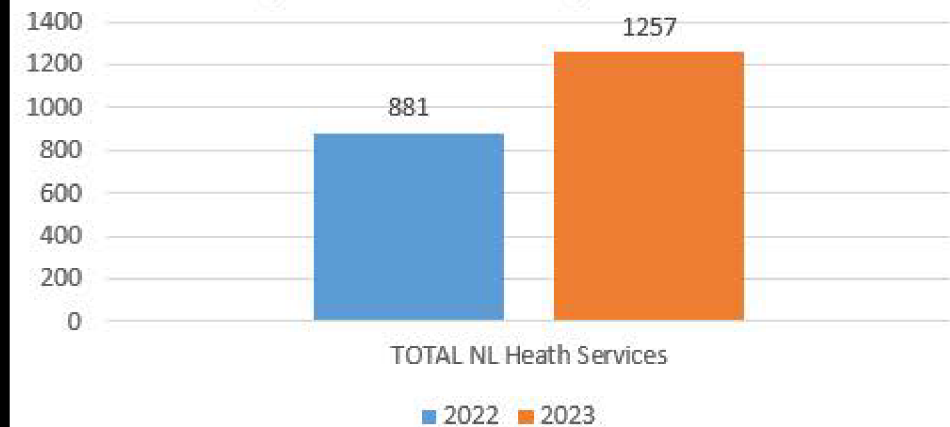
- [REDACTED] 29(1)(a)
- [REDACTED]
- [REDACTED]

[REDACTED] 29(1)(a)



Total Joint Replacement Surgery

Comparing Joint Replacements Completed for
Apr–Oct 2022 and Apr–Oct 2023



Expected Total Procedures Annually once
all Initiatives are Fully Operationalized



Actions

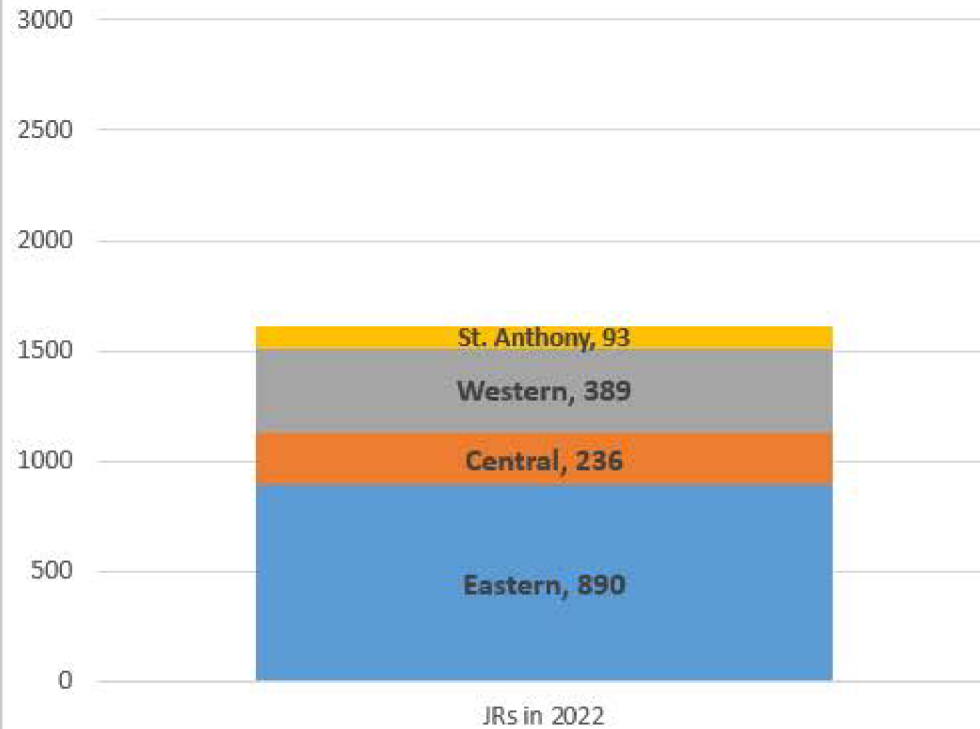
- Review ongoing for additional capacity
- Central Intake provincial implementation

Redactions on this page are pursuant to sections 29(1)(a) and 35(1)(d) of ATIPPA, 2015



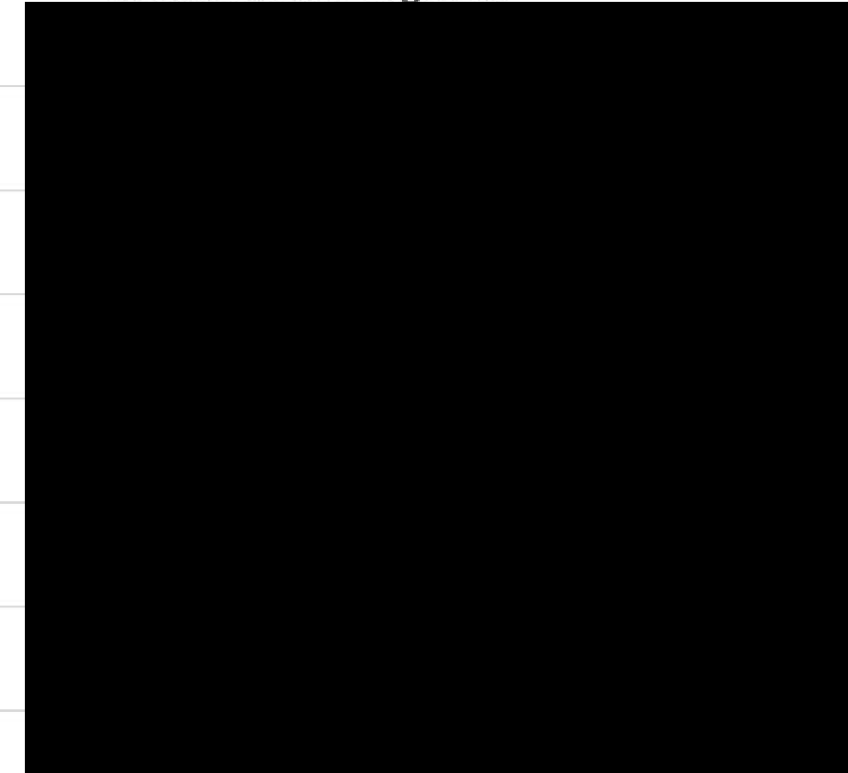
Total Joint Replacement Surgery

Total Joint Replacements (JRs) in 2022
1635



Annualized JR Number with New Initiatives In Progress

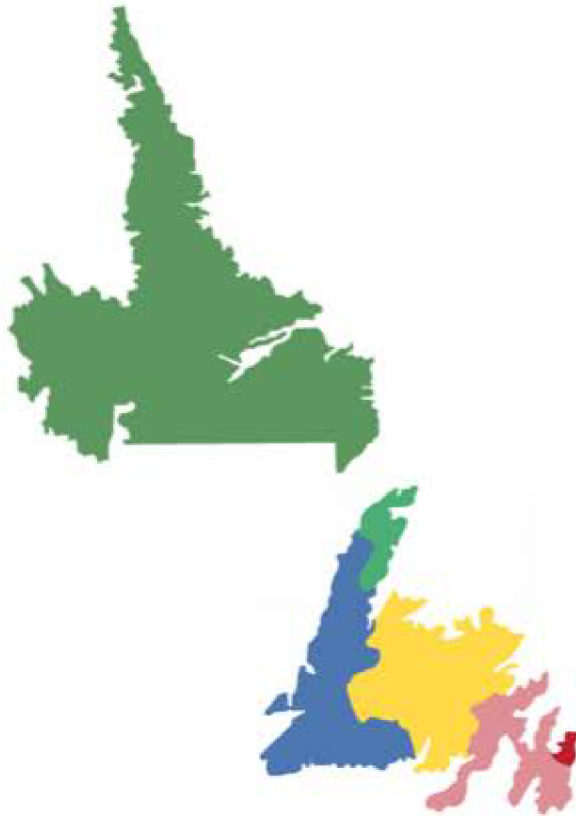
3000
2500
2000
1500
1000
500
0



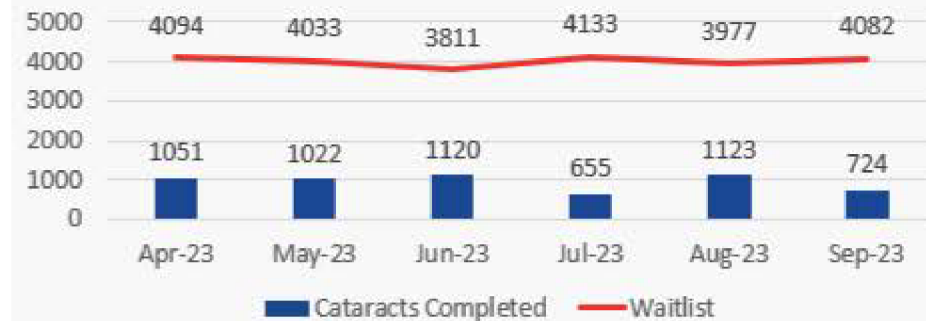
JRs refers to total joint replacement



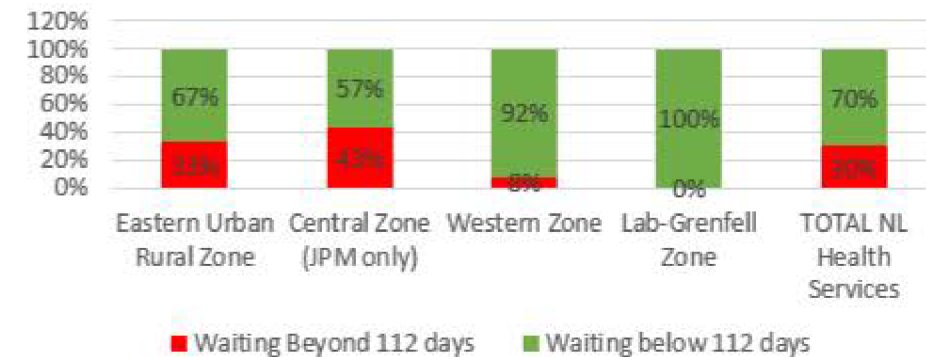
Provincial – Cataract Surgery Service



Cataracts Completed Versus Waitlist – Provincial Totals



Waitlist – Number Actively Waiting Breakdown End-of-Month September 2023 Above Benchmark Versus Below



Provincial waitlist 4082
Total completed April to Sept – 5696

Wait list by zone beyond 112 days and below 112 days

From: Cabot, Antionette
Sent: Monday, January 22, 2024 9:34 AM
To: Cassie Chisholm , Herritt, Jeannine, Hodder, Kiana, Nadine Mcevoy , Nolan, Karen, Ron Johnson , Sanger, Janice, Tina Edmonds, Vallerie Coffey
Subject: RE: Reporting HT Surgery
Attachments: HTT Nov 17 Surgery .pptx
[Attachment included on pages 11-23](#)

Good morning everyone,

Wondering if we can get a time that works this week to review the final draft of the presentation for Surgery HT table for Feb 2nd.

We have been advised to use the previous template, I have attached it again here, thinking with the information updated it should not take an hour.

Hoping to hear back today and I will send along a meeting invite.

Some suggested times:

Jan 23 1- 2,
Jan 24 11 – 12, and 330 – 4
Jan 26 9 – 10

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca

From: Cabot, Antionette
Sent: Thursday, January 18, 2024 9:14 AM
To: Cassie Chisholm <cassie.chisholm@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Nadine Mcevoy <nadine.mcevoy@easternhealth.ca>; Nolan, Karen <knolan@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Sanger, Janice <JaniceSanger@gov.nl.ca>; Tina Edmonds <tinaedmonds@westernhealth.nl.ca>; Vallerie Coffey <valeric.coffey@easternhealth.ca>
Subject: Reporting HT Surgery

Good morning, everyone,

The next round of reporting for this table is Feb 2nd for the Main HT table and Feb 20 (may change – pending a new date) for the Premier's HT table.

We have been advised to use the same templates that were developed last round, updating on progress, challenges, and future plans.

We have also been asked to add a slide or two on robotics.

Thanks

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895

E: antionettecabot@gov.nl.ca

From: Cabot, Antionette
Sent: Monday, January 22, 2024 11:24 AM
To: Cassie Chisholm, Herritt, Jeannine, Donnie Sampson
Subject: FW: Presentation for Premier's Table
Attachments: [REDACTED] CABG in NL (Presentation)_Jan2024 update.pptx, CABG in NL_Jan2024 update.pdf

Non-responsive

This is what Donnie referenced that Owen sent

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca

From: Owen.Parfrey@med.mun.ca <Owen.Parfrey@med.mun.ca>
Sent: Friday, January 19, 2024 9:11 AM
To: Robert.Wilson@med.mun.ca; Cassie.Chisholm@easternhealth.ca; melissa.ennis@mun.ca
Cc: Parfrey, Patrick <PatrickParfrey@gov.nl.ca>; Cabot, Antionette <AntionetteCabot@gov.nl.ca>; donnie.sampson@lghealth.ca; Valerie.Coffey@easternhealth.ca
Subject: RE: Presentation for Premier's Table

Hi Everyone,

Section 6, 40(1)

Non-responsive

[REDACTED] was sent to a few of you on Jan 11 with the CABG update. I have attached both just in case.

Owen Parfrey | Quality of Care Coordinator
Quality of Care NL
Memorial University
St. John's, NL, Canada
709-864-6494
owen.parfrey@med.mun.ca

www.qualityofcarenl.ca

From: Wilson, Robert <Robert.Wilson@med.mun.ca>
Sent: January 18, 2024 10:54 AM
To: Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; Parfrey, Owen <Owen.Parfrey@med.mun.ca>; Ennis, Melissa <melissa.ennis@mun.ca>
Cc: PatrickParfrey@gov.nl.ca; Cabot, Antionette <AntionetteCabot@gov.nl.ca>; Donnie Sampson <donnie.sampson@lghealth.ca>; Valerie Coffey <Valerie.Coffey@easternhealth.ca>
Subject: RE: Presentation for Premier's Table

Okay. I will keep you informed and reach out with any questions
What day do you need this by?

Robert

Robert Wilson PhD| Manager

Quality of Care NL

Memorial University of Newfoundland
St. John's, NL, Canada A1B 3V6
709-864-6502
robert.wilson@med.mun.ca

www.qualityofcarenl.ca

From: Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>

Sent: January 18, 2024 10:46 AM

To: Wilson, Robert <Robert.Wilson@med.mun.ca>; Parfrey, Owen <Owen.Parfrey@med.mun.ca>; Ennis, Melissa <melissa.ennis@mun.ca>

Cc: PatrickParfrey@gov.nl.ca; Cabot, Antionette <AntionetteCabot@gov.nl.ca>; Donnie Sampson <donnie.sampson@lghealth.ca>; Valerie Coffey <Valerie.Coffey@easternhealth.ca>

Subject: RE: Presentation for Premier's Table

Yes absolutely I'm looking for the slides to be spruced up and polished.

 Non-responsive

Not ruling out some minor changes to #'s or adding a slide or info on a slide.

Does that sound ok? I agree no need to meet if this makes sense with you guys.
Cassie



**NL Health
Services**

Cassie Chisholm

Vice President Transformation, Health Systems
Newfoundland and Labrador Health Services

t: 709-730-6852

e: cassie.chisholm@easternhealth.ca

w: NLHealthServices.ca

From: Robert.Wilson@med.mun.ca [<mailto:Robert.Wilson@med.mun.ca>]

Sent: Thursday, January 18, 2024 10:41 AM

To: Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; owen.parfrey <owen.parfrey@med.mun.ca>; Ennis, Melissa <melissa.ennis@mun.ca>

Cc: PatrickParfrey@gov.nl.ca; Cabot, Antionette <AntionetteCabot@gov.nl.ca>; Donnie Sampson <donnie.sampson@lghealth.ca>; Valerie Coffey <Valerie.Coffey@easternhealth.ca>

Subject: RE: Presentation for Premier's Table

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

Hey Cassie,

Are you asking for the slides to just look a bit better? As in no other data or content is to be added?

If so, there is no need to meet. What day next week will you need this by?

Thanks
Robert

Robert Wilson PhD| Manager
Quality of Care NL
Memorial University of Newfoundland
St. John's, NL, Canada A1B 3V6
709-864-6502
robert.wilson@med.mun.ca

www.qualityofcarenl.ca

From: Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>
Sent: January 17, 2024 4:15 PM
To: Parfrey, Owen <Owen.Parfrey@med.mun.ca>; Ennis, Melissa <melissa.ennis@mun.ca>; Wilson, Robert <Robert.Wilson@med.mun.ca>
Cc: Parfrey, Patrick <PatrickParfrey@gov.nl.ca>; Cabot, Antionette <AntionetteCabot@gov.nl.ca>; Donnie Sampson <donnie.sampson@lghealth.ca>; Valerie Coffey <Valerie.Coffey@easternhealth.ca>
Subject: Presentation for Premier's Table

Hi Owen, Melissa, Robert,
Wondering if you would give us a hand to give these slides 'polish' for our CVS presentation to the Premier next week?

I'm not sure if you'd want to meet to discuss? If so, no problem to do that and I've added Val here to help us arrange. You'll see I've used our(your) previous work on a # of the slides. I did my best to move things around and copy and paste but it's not as nice as it could be. The stroke slides are just our own attempt to follow your colour scheme. The rest of the ppt is freestyle but we'd love it to be 'spruced' up if you had ideas or tricks for how to do that.

Non-responsive

Also, we may make some tweaks to the slides based on the feedback from last week. That said, I didn't want to wait any longer before putting this in front of you and asking for your help.

Thanks!

Cassie

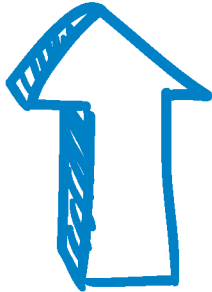
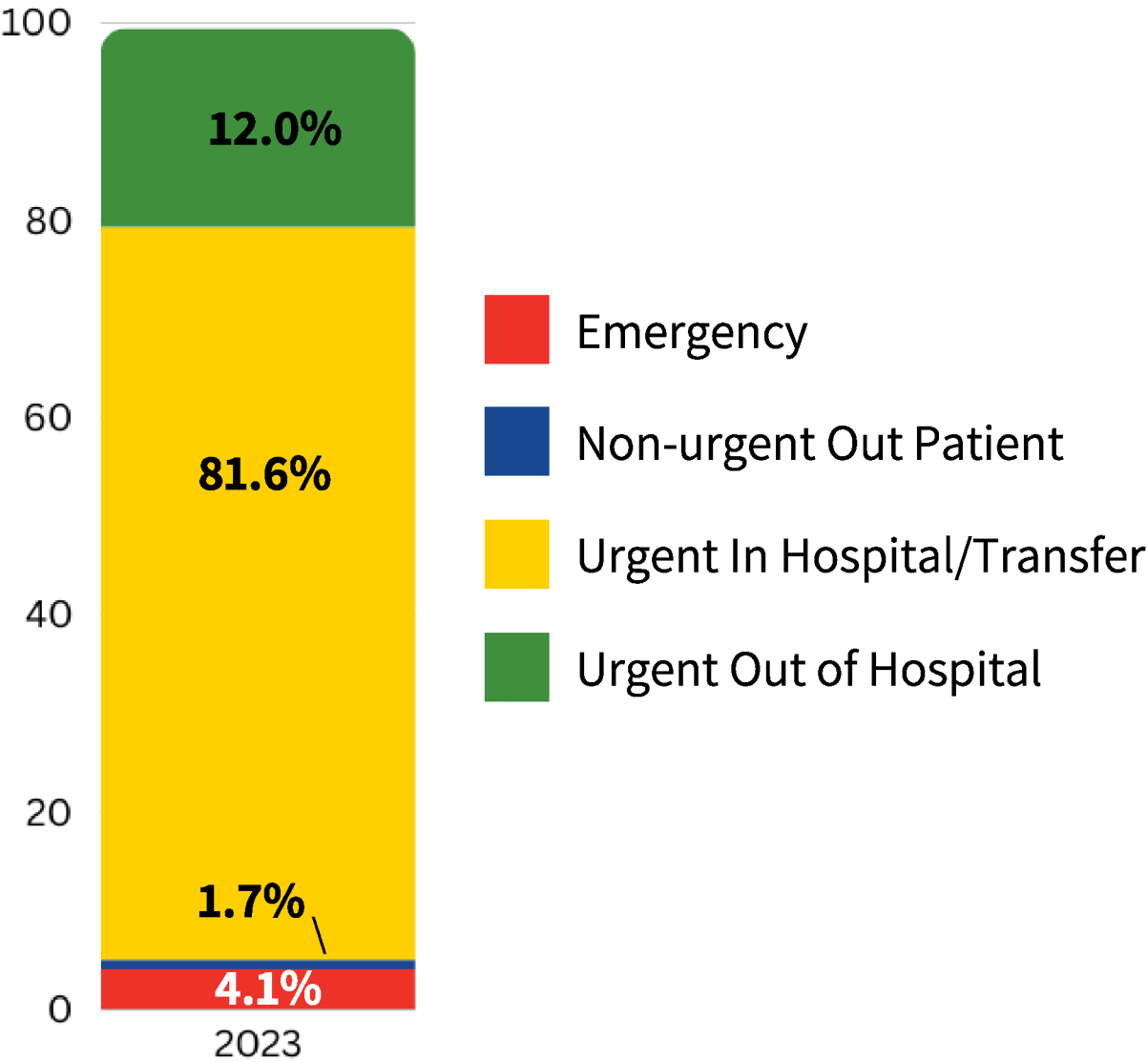
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*** This communication (including all attachments) is intended solely for the use of the person or persons to whom it is addressed and should be treated as a confidential communication from Eastern Health. If you are not the intended recipient, any use, distribution, printing, or copying of this email is strictly prohibited. If you received this email in error, please immediately notify the originator and delete it from your system. Your cooperation is appreciated. ***

Coronary Artery Bypass Graft (CABG) in NL: Examining Quality of Care

Problems

- ➡ Steadily increasing number of urgent in-hospital patients waiting for CABG
- ➡ Long wait times in hospital occupying an average of 20 hospital beds per day



The proportion of urgent in-hospital patients requiring CABG has increased from 2007 to 2023.

<2%

The proportion of non-urgent out patients having CABG is very low.



In 2022, NL's risk-adjusted 30 day mortality rate after CABG was equal to the Canadian average of 1.5 per 100.

Figure 1: Percent of CABGs performed in 2023

CABG data from 2007-2023

~400

capacity per year
(unchanged over last 15 years)

~15%

performed annually in those aged 75+
(unchanged over last 15 years)



increase in the number of patients
with highest severity of angina

Are wait times for CABG for urgent in-hospital patients acceptable?

Ideal time **< 14 days**

Average time in 2023 **22 days**

Waited longer than 14 days in 2023 **47.5%**

Solution



Increase cardiac surgeries from 500 to 700 a year



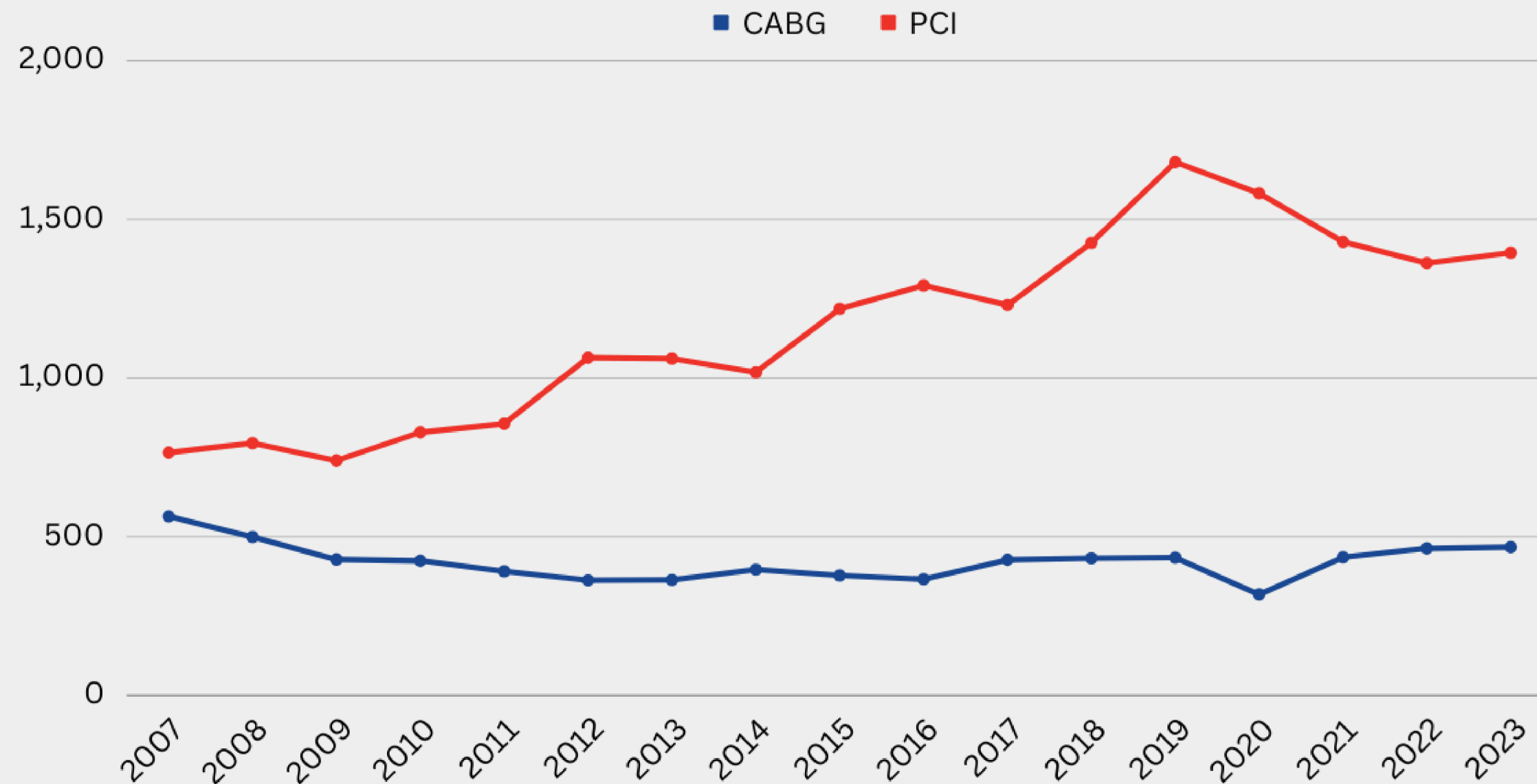


Figure 2: Percutaneous coronary intervention (PCI) and coronary artery bypass graft (CABG) totals (2007-2023)

- Increased demand for coronary revascularization expected from the aging population has been met by PCI, not CABG. PCI volumes have increased by 82% annually from 2007-2023, while CABG volumes have remained around 400 annually.

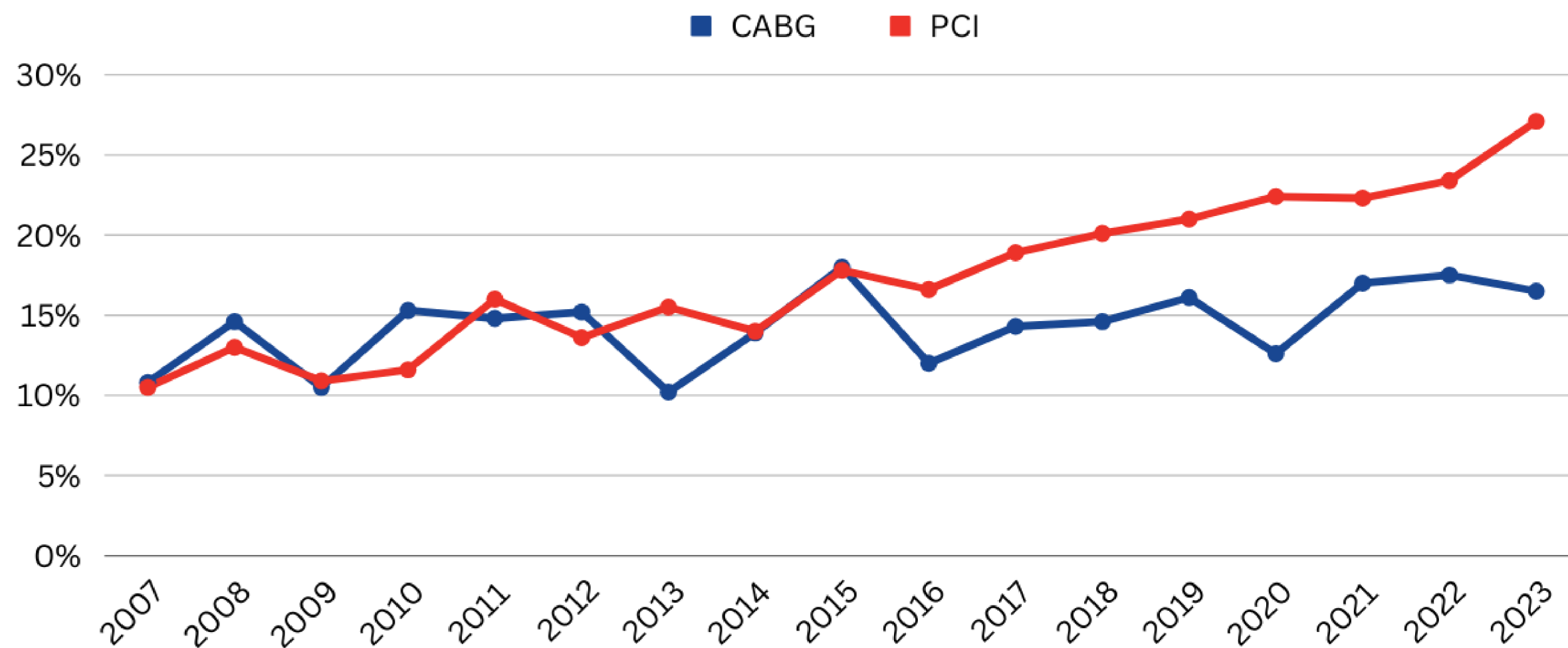


Figure 3: Percentage of PCI and CABG procedures done on patients 75 years or older (2007-2023)

- Over the past 15 years, percent of CABG procedures on patients ≥ 75 years has fluctuated around 15%, whereas the proportion of PCI procedures on patients ≥ 75 years has increased by 160%.

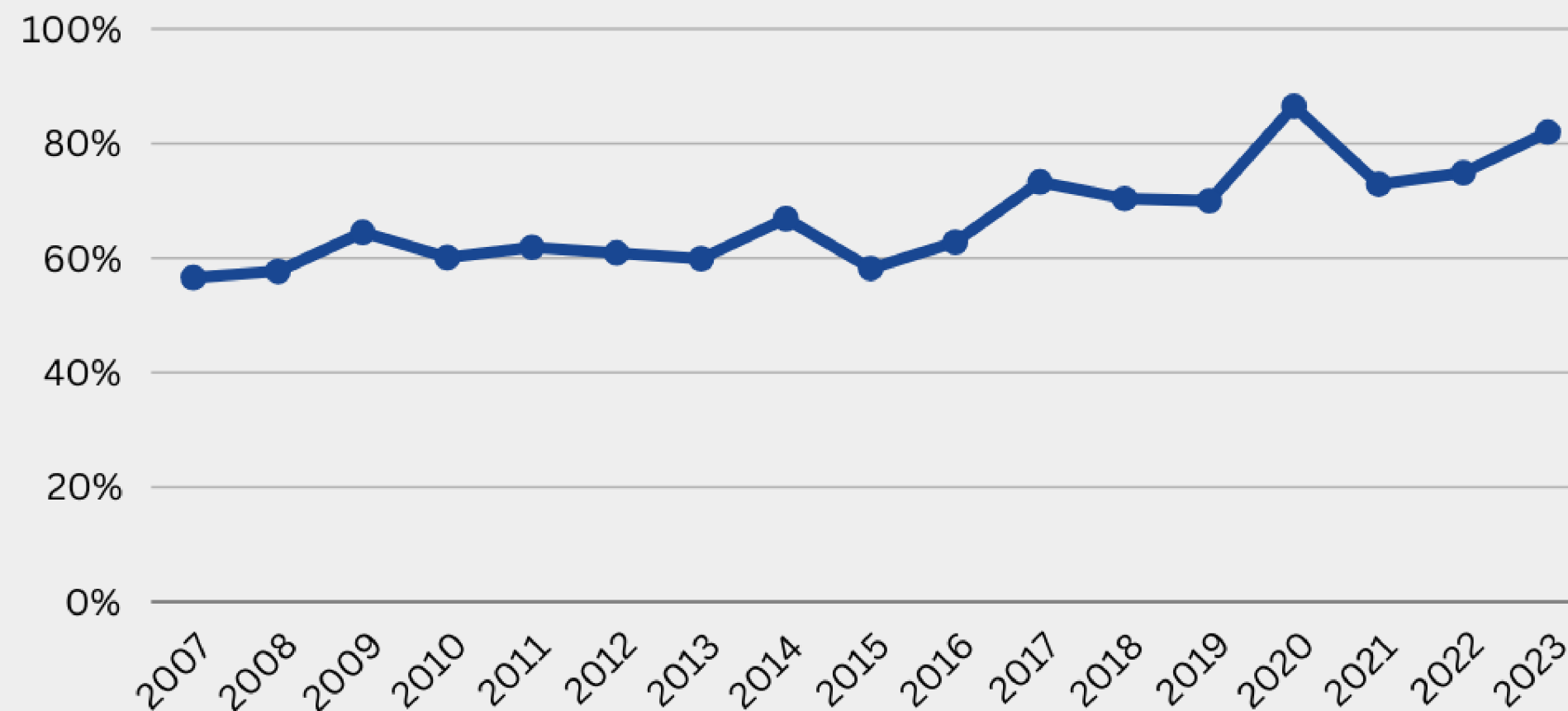
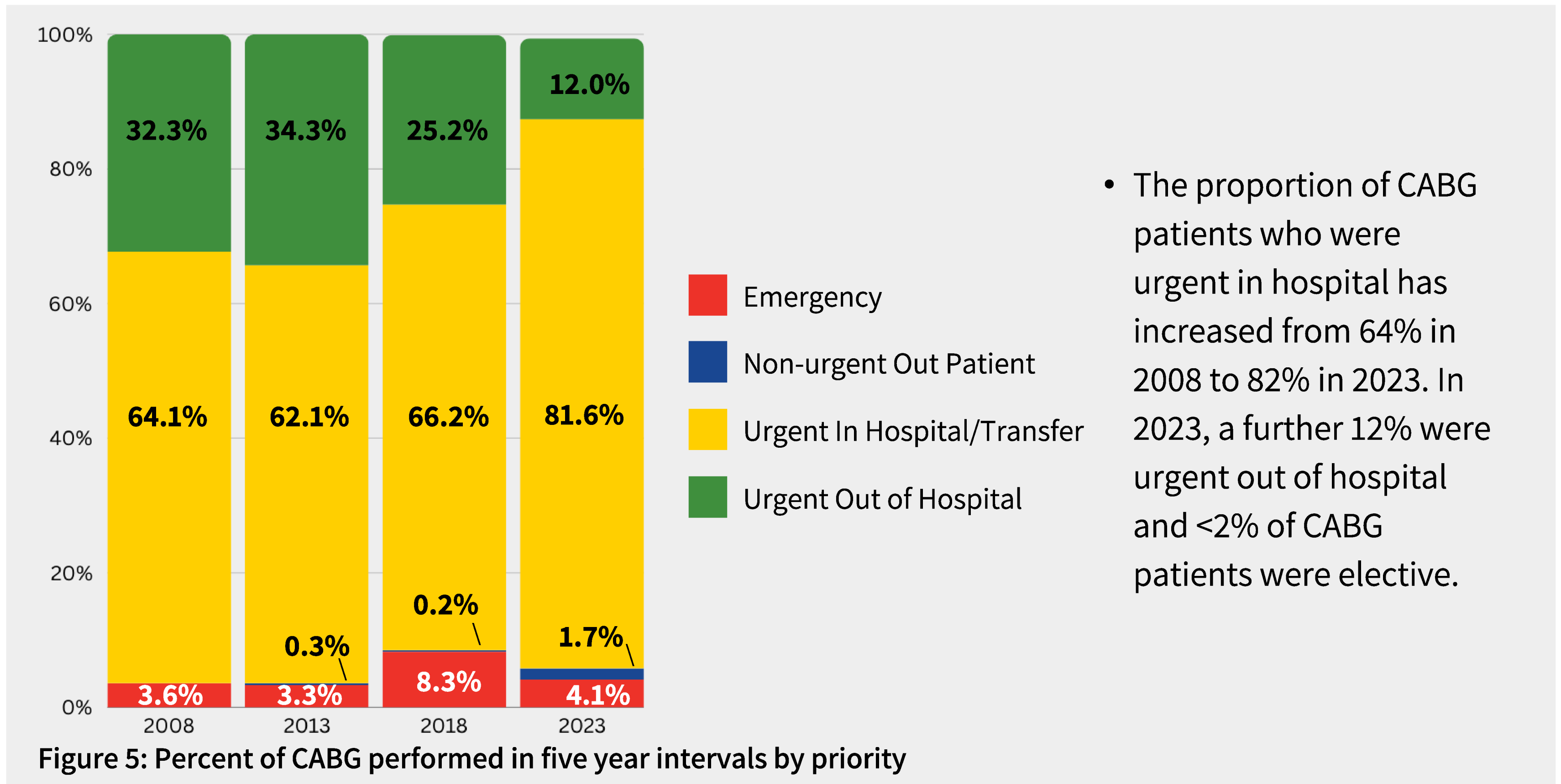


Figure 4: Percentage of CABG procedures done on patients with a CCS score of 4

- The highest angina score on the Canadian Cardiovascular Society (CCS) scale is 4: inability to carry on any physical activity without discomfort; angina symptoms may be present at rest. The proportion of CABG patients with a score of 4 has increased from 57% in 2007 to 82% in 2023.



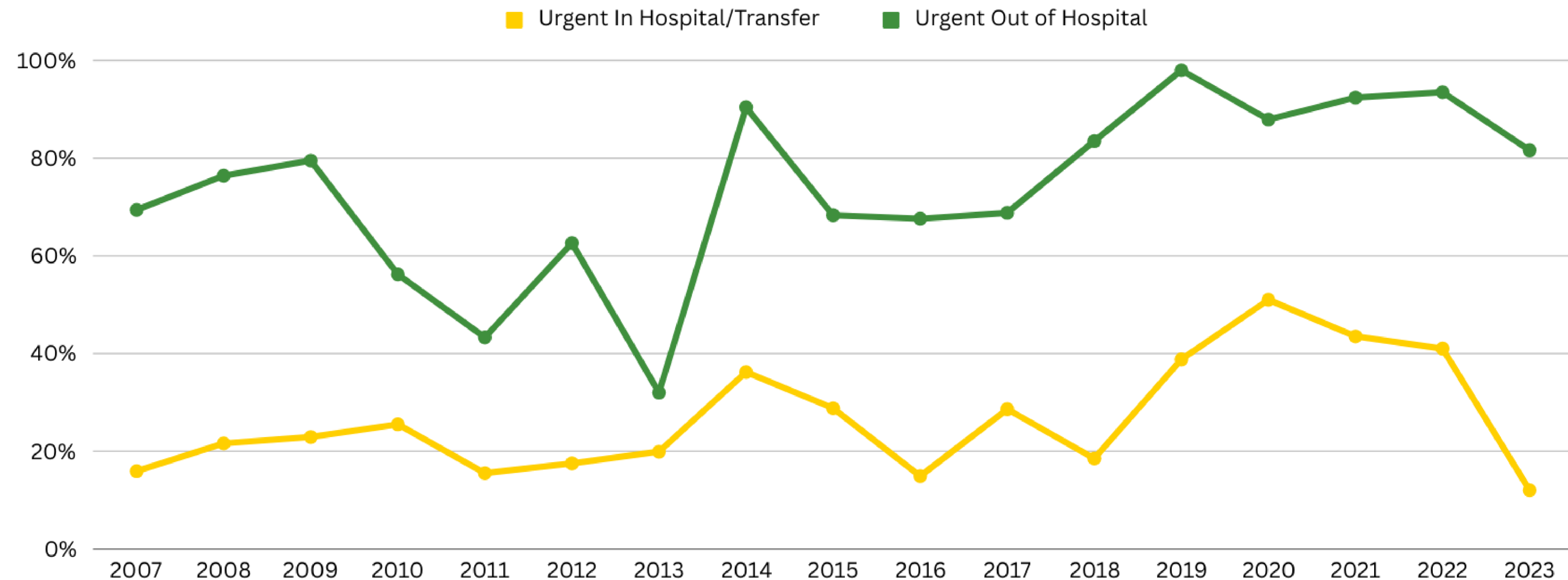


Figure 6: CABG – Percentage over benchmark wait time by priority

- The benchmark time for CABG from decision to surgery in those who are urgent in hospital is <14 days. In 2023, 47.5% of patients waited longer than 14 days and the average length of stay in hospital awaiting CABG was 22 days.
- The benchmark wait time for urgent out of hospital patients is six weeks. In 2023, 95% of patients waited longer than six weeks.

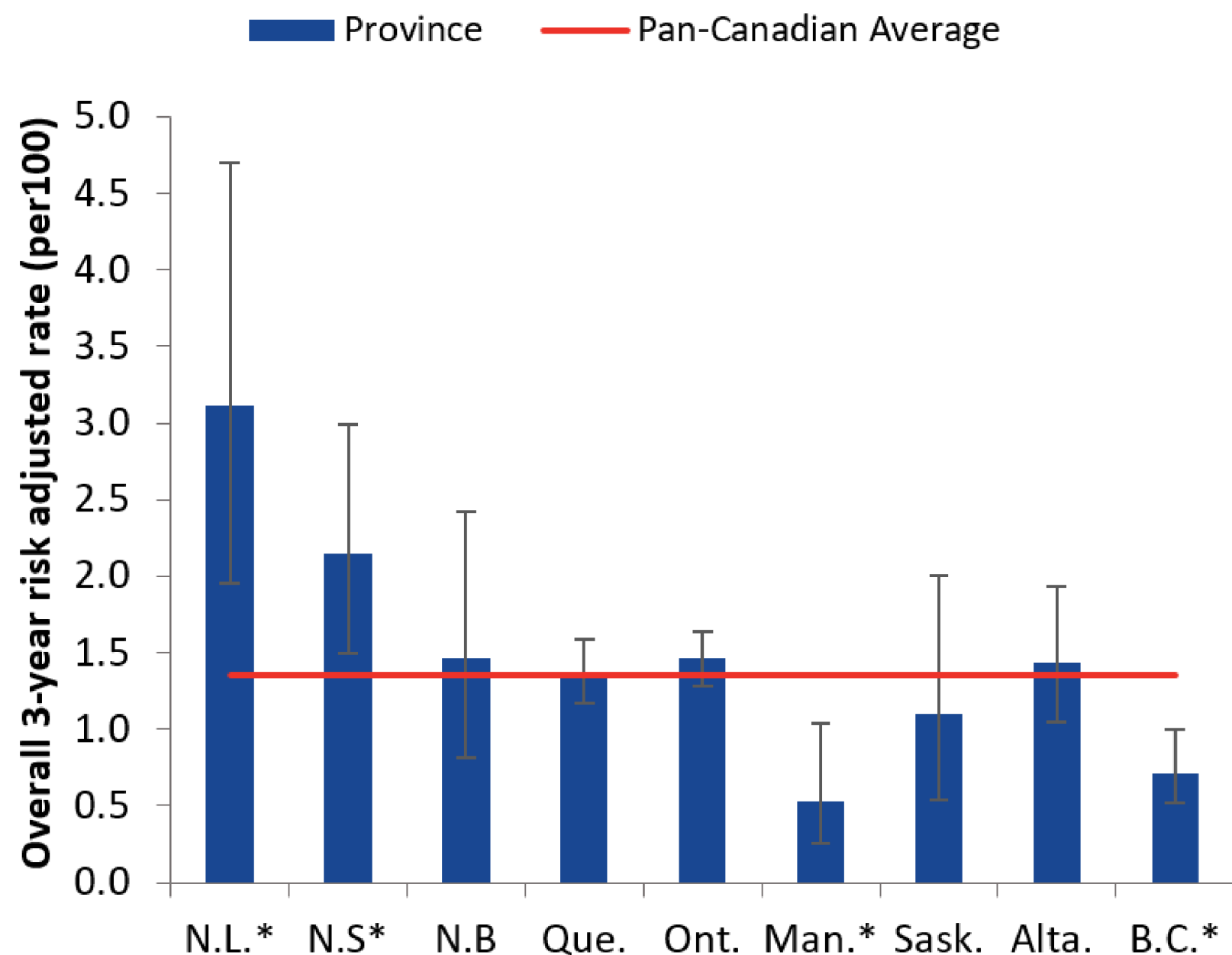


Figure 7A: Provincial risk-adjusted results for 30-day in-hospital mortality after isolated CABG (2017); CIHI

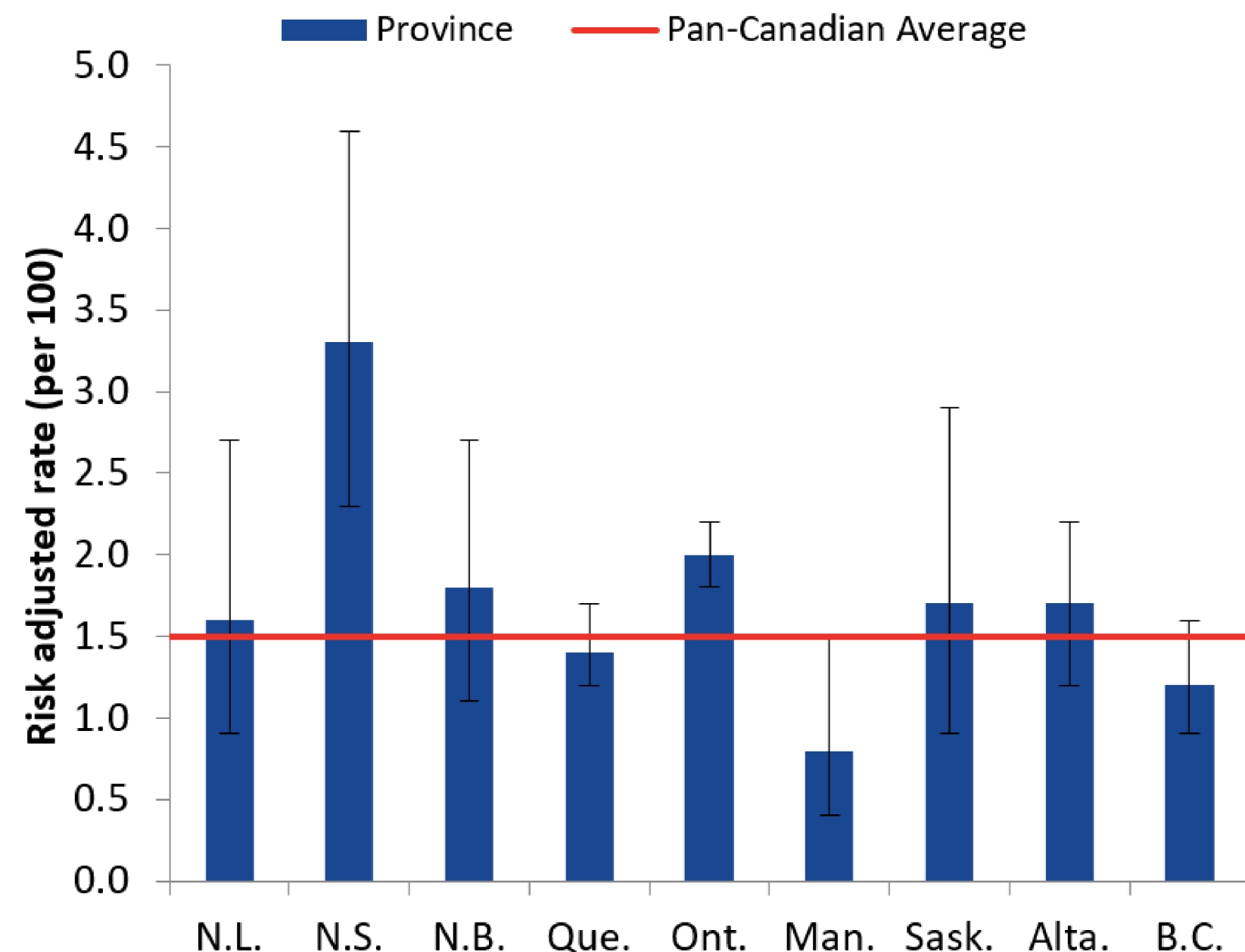


Figure 7B: Provincial risk-adjusted results for 30-day in-hospital mortality after isolated CABG (2022); CIHI

- Adjusted 30-day mortality after CABG is now at the Canadian average.

Conclusions

- The CABG surgery program is operating virtually as an urgent care program, with the vast majority of patients being urgent in hospital and with the highest angina symptom score. In addition, 47.5% of patients wait in hospital longer than the 14 day benchmark waiting time. On 24 April 2023, 21 of 44 beds in cardiology were occupied by patients waiting for CABG.
- There has been no increase in the annual volume of CABG procedures in the last 15 years and the program fails to operate on its weekly target of 14 patients. In addition, the number of CABG patients ≥ 75 years has not changed over 15 years.
- [REDACTED]
- Current use of CABG is highly appropriate and has good outcomes. However, very few elective surgeries are undertaken and waitlist numbers are high, [REDACTED]
- [REDACTED]
- PCI has provided the increase in coronary revascularization expected as a result of the aging population.

29(1)(a)

29(1)(a)

29(1)(a)

Problems

- ➡ Steadily increasing number of urgent in-hospital patients waiting for CABG
- ➡ Long wait times in hospital occupying an average of 20 hospital beds per day

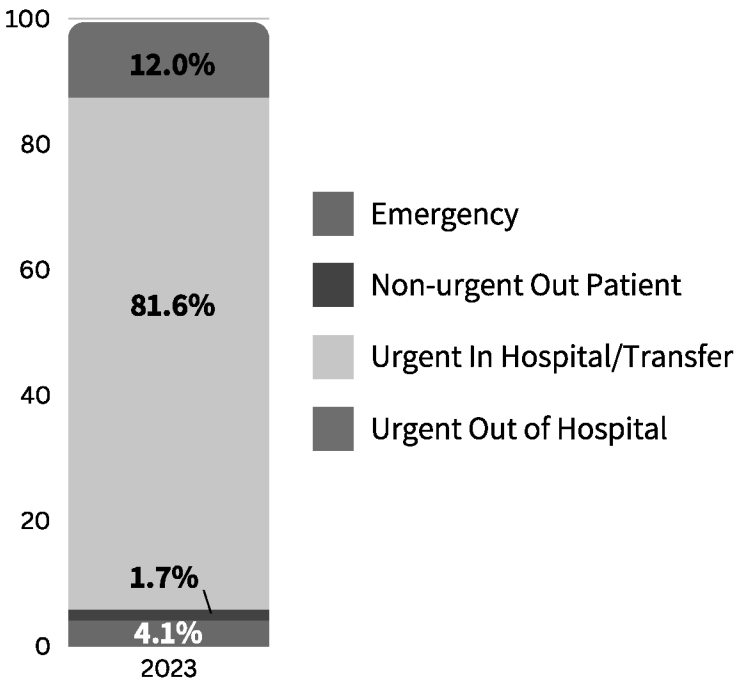


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The proportion of **urgent in-hospital patients** requiring CABG has increased from 2007 to 2023.

<2%

The proportion of **non-urgent out patients** having CABG is very low.



In 2022, NL's risk-adjusted 30 day mortality rate after CABG was equal to the Canadian average of 1.5 per 100.

CABG data from 2007-2023

- ~400** capacity per year (unchanged over last 15 years)
- ~15%** performed annually in those aged 75+ (unchanged over last 15 years)
-  increase in the number of patients with highest severity of angina

Are wait times for CABG for urgent in-hospital patients acceptable?

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Average time in 2023 **22 days**

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Solution

- ➡ Increase cardiac surgeries from 500 to 700 a year



Coronary Artery Bypass Graft (CABG) in NL: Examining Quality of Care

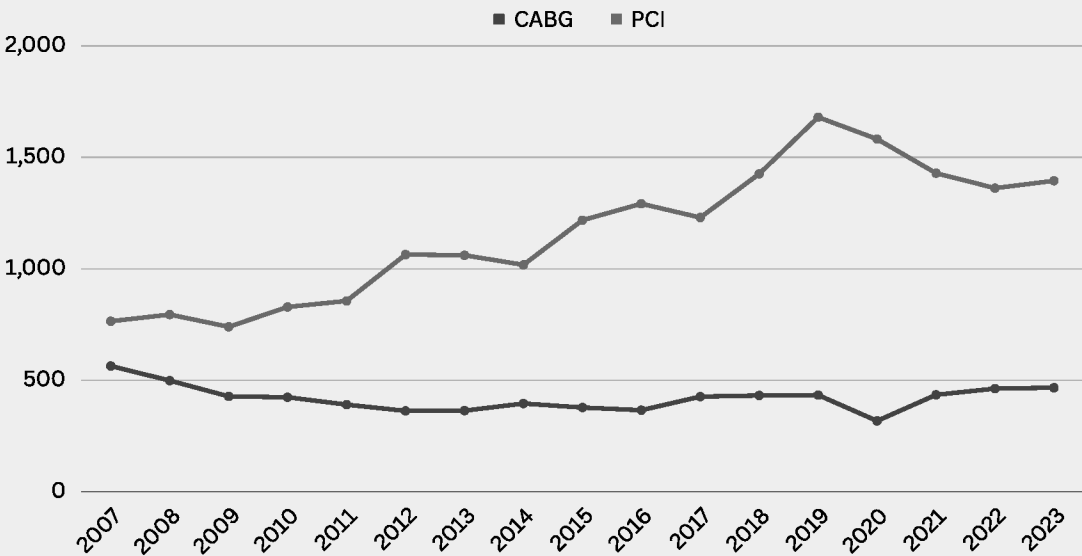


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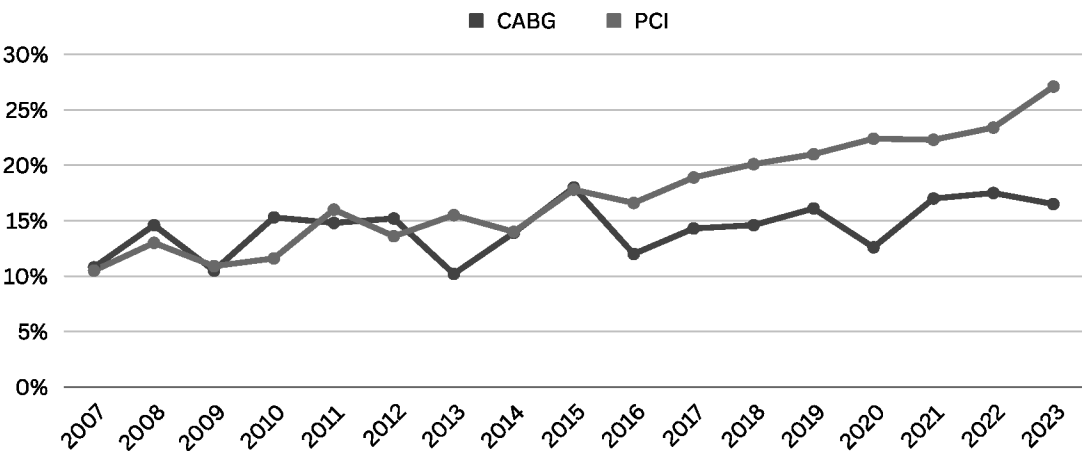


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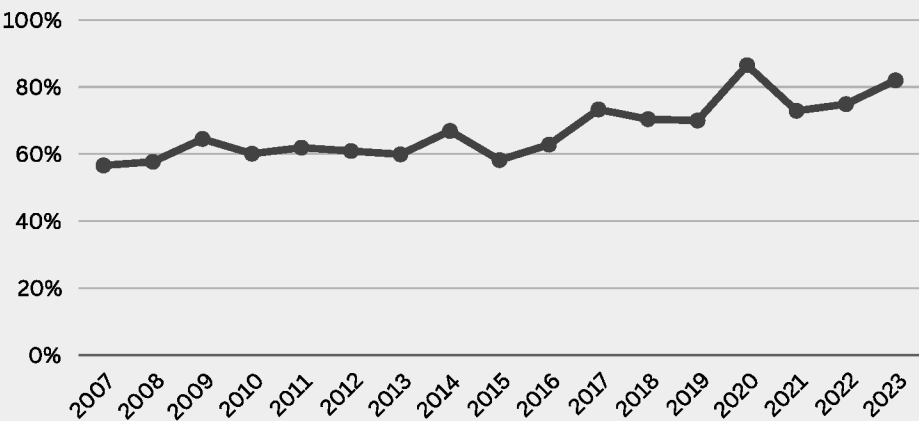
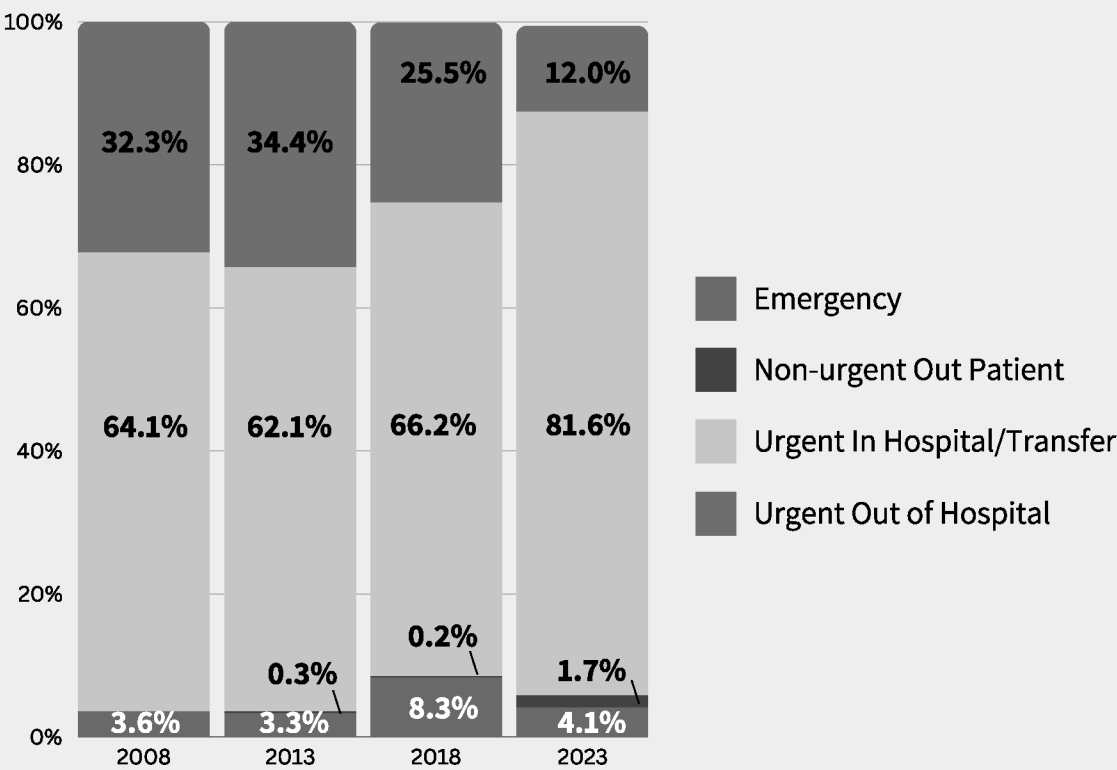


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- The highest angina score on the Canadian Cardiovascular Society (CCS) scale is 4: inability to carry on any physical activity without discomfort; angina symptoms may be present at rest. The proportion of CABG patients with a score of 4 has increased from 57% in 2007 to 82% in 2023.

Coronary Artery Bypass Graft (CABG) in NL: Examining Quality of Care



- The proportion of CABG patients who were urgent in hospital has increased from 64% in 2008 to 82% in 2023. In 2023, a further 12% were urgent out of hospital and <2% of CABG patients were elective.

Figure 5: Percent of CABG performed in five year intervals by priority

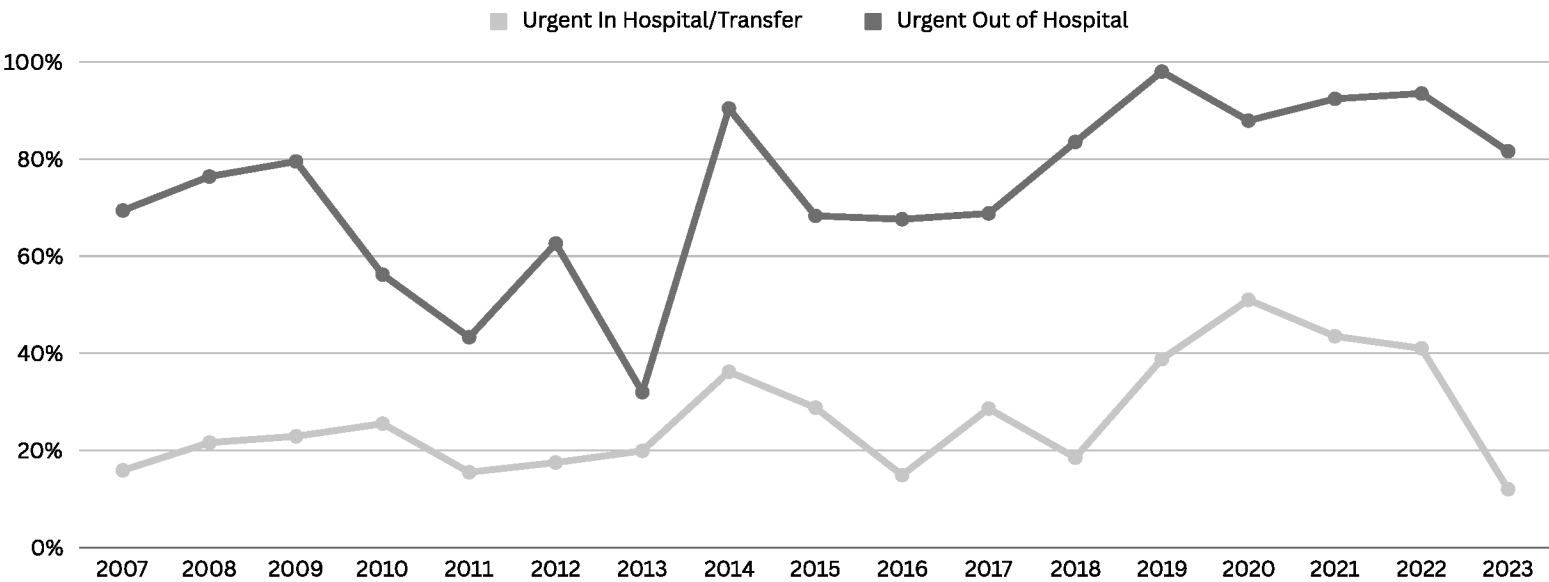


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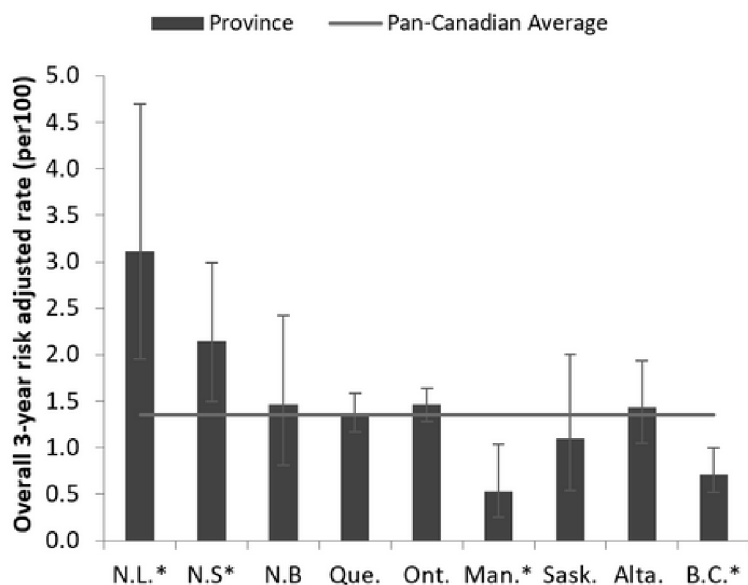


Figure 7A: Provincial risk-adjusted results for 30-day in-hospital mortality after isolated CABG (2017); CIHI

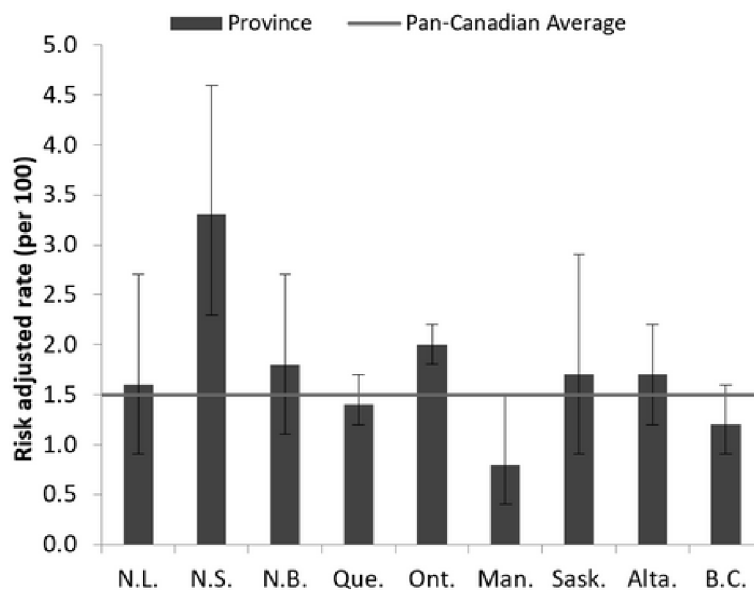


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- Adjusted 30-day mortality after CABG is now at the Canadian average.

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- The CABG surgery program is operating virtually as an urgent care program, with the vast majority of patients being urgent in hospital and with the highest angina symptom score. In addition, 40% of patients wait in hospital longer than the 14 day benchmark waiting time. On 24 April 2023, 21 of 44 beds in cardiology were occupied by patients waiting for CABG.
- There has been no increase in the annual volume of CABG procedures in the last 15 years and the program fails to operate on its weekly target of 14 patients. In addition, the number of CABG patients ≥ 75 years has not changed over 15 years. 29(1)(a)
- The length of stay prior to CABG surgery [REDACTED] 29(1)(a)
- Current use of CABG is highly appropriate and has good outcomes. However, very few elective surgeries are undertaken and waitlist numbers are high. [REDACTED] 29(1)(a)
- PCI has provided the increase in coronary revascularization expected as a result of the aging population.

From: Cabot, Antionette
Sent: Wednesday, January 24, 2024 2:46 PM
To: Cassie Chisholm , Herritt, Jeannine, Hodder, Kiana, Nadine Mcevoy , Nolan, Karen, Ron Johnson , Sanger, Janice, Tina Edmonds, Vallerie Coffey
Subject: Surgery Health Transformation - Materials for Next Meeting Jan 30 2024
Attachments: Minutes Surgery Sub table Jan 16 2024.docx, Surgical Visioning update.pptx, Agenda Surgery Sub table Jan 30 2024 doc.docx

Afternoon everyone,
Please see attached agenda for our next meeting, feel free to add/suggest.
Also attached are the minutes from Jan 16 (big thankyou to Karen for doing these) as well as the presentation from WZ.

Take care, have a lovely day!!

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca

Health Transformation Sub-table – Surgery

Minutes

Date January 16, 2024

Virtual

Time 3 – 4 pm.

Attending: Cassie Chisolm (chair), Jeannine Herriott, Karen Nolan, Nadine McEvoy, Ron Johnson, Tina Edmonds; **Guests:** Dr. Simon Ash, Lindsay Billard, Teara Freake, Barbara Ann Dunphy, Danielle Shea, Paulette Morgan

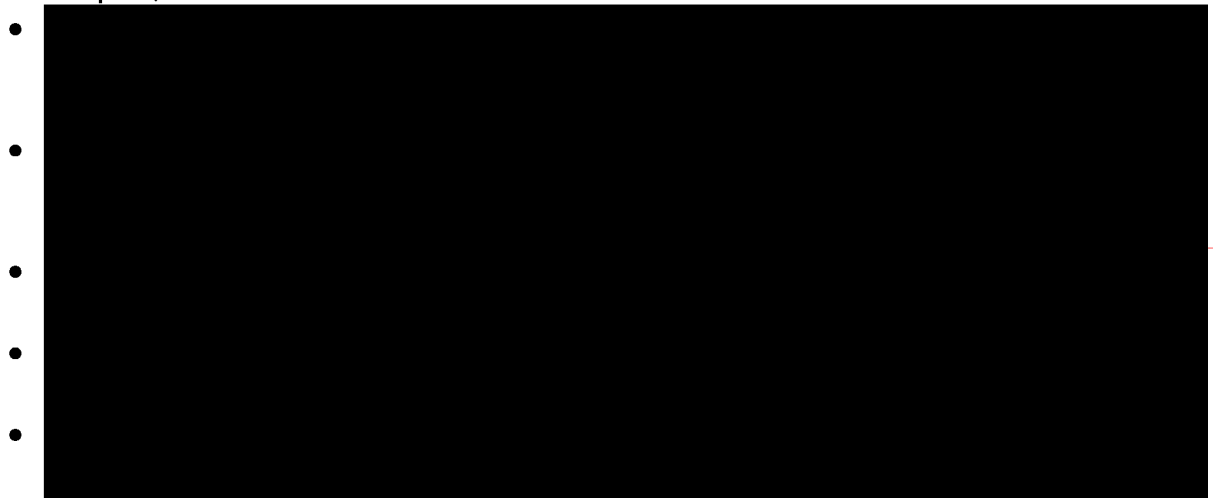
Regrets: Janice Sanger, Antionette Cabot

Key Discussions Points:

1. Minutes accepted as written.

2. Western Zone to present their surgical vision

- Representatives from WZ provided an overview of the report that was completed approximately ten years ago on the future vision of surgical services in that region of the province.
- Numerous achievements were highlighted since this work was completed. It was suggested that officials in WZ prepare a paper to summarize the outcomes of the various initiatives in order to share their learnings/experiences with the other zones.
- Future visioning of surgical services commenced in March 2022 based on evidence from documents, including the Health Accord, Surgical Taskforce Report, Accreditation Standards and a literature review.



3. Next round of reporting potential date Feb 27, 2024

4. Priorities – Written update provided.

- Orthopedics
 - Expansion sites
 - Capacity Review update
 - [REDACTED]

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

5. Surgical Task force 32 recommendations - Deferred.

- Priority and Implementation plan

6. Forward Planning Steps to meet projections for Orthopedics.

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

- [REDACTED]
- Criteria for patient selection for these same day/outpatient surgeries requires further review.
- There was some discussion about existing surgical capacity and options to increase and what HR needs would be required.

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

Actions:

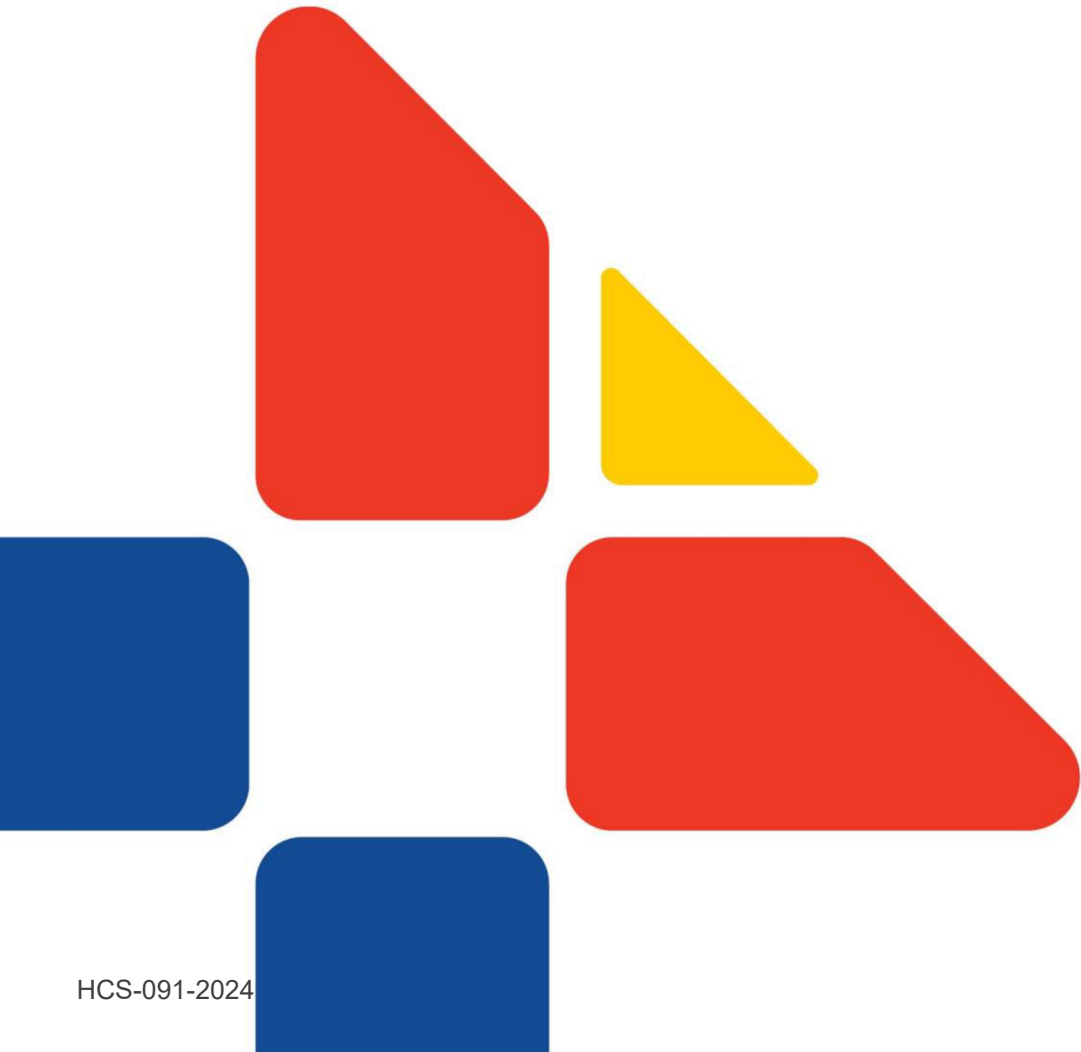
- [REDACTED]
- [REDACTED]
- [REDACTED]

KIV:

- [REDACTED]
- [REDACTED]

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

Next Meeting: Jan 30, 2024, 3-4pm



NL Health Services

Surgical Visioning in Western Zone

Vision Goals



To improve access to surgical services



To provide efficient and effective utilization of surgical ORs at each site



To reduce wait times for surgical procedures

Achievements of the Perioperative Program

- Regionalization and standardization of surgical services within Western Zone
- Discontinuation of evening and weekend shift to on-call coverage only
- Increased complement of OR technicians within the perioperative department and cross training of staff to enhance staff flexibility
- Transition of in-person pre-admission clinic to telephone-based pre-admission clinic using choosing wisely guidelines
- Multidisciplinary huddles to review OR slates to ensure efficient utilization of time and procurement of supplies

Achievements of the Perioperative Program

- Introduction of a same day discharge mastectomy program
- Introduction of a combined pre-operative, post operative recovery and day surgery program
- Efficient utilization of day surgery and endoscopy time by completing schedules months in advance for both sites and adhering to a regional booking policy
- New acute care facility has an anesthesia block room to aid with OR throughput

Current state in Western Zone



Western Memorial	Sir Thomas Roddick
- Provides 24/7 afterhours coverage for emergent and urgent cases. - Funded for elective surgical services Monday through Friday with 5 rooms Monday through Thursday and 4 on Friday.	- Funded for elective services Monday through Friday. - Afterhours coverage diverted to WMRH
- Service from 9 disciplines - Dental - ENT - General Surgery - Gynecology - Locum Cardiac (Pacemakers) - Ophthalmology - Orthopedics - Psychiatry (ECT's) - Urology	- Service from 5 disciplines - Dental - General Surgery - Gynecology - Ophthalmology - Urology

Surgical data for Western Zone

Number of surgical cases waiting at
WMRH and STRH
(January 2024)

**** This number only reflects those patients waiting for surgery at WMRH. It does not include those waiting for cataract surgery at APEX ****

Western Memorial Regional Hospital	# of cases
ENT Surgery	56
General Surgery	324
Gynecologic Surgery	257
Orthopedic Surgery	351
Urologic Surgery	496
Ophthalmology	120**
Dental Surgery	88
Sir Thomas Roddick Hospital	# of cases
General Surgery	Section 6, 40(1)
Gynecologic Surgery	
Urologic Surgery	70
Ophthalmology	Section 6, 40(1)
Dental Surgery	

Facilitated Visioning Session

- The visioning process began in March 2022 starting with engagement sessions to include key program stakeholders in the creation of a surgical vision
- There was participation and engagement from 28 clinical providers and nursing staff
- The purpose of the visioning sessions was to gain insight from providers and staff who work and/or manage the perioperative program regarding their view/perception of surgical services in the region
- The session included six questions for participants to engage in open discussion
- Questions explored such topics as: what was working well, what were the challenges, what would be the ideal future vision, how the new facility impacts this vision, how the vision would be operationalized and what would be the key factors to consider to make this vision a reality

KEY Themes

Facilitated Visioning Session

- Importance of the right service at the right location to support needs of population in the zone
- Visiting specialty clinics on need to occur on a consistent basis at WMRH and STRH
- The need to develop strategies for waitlist management of surgical services
- Recruitment and retention of surgeons at STRH has been a challenge
- Remuneration of physicians who travel within the zone to provide services at each site is necessary
- The new acute care facility provides opportunity to enhance recruitment and retention

Literature Review and Supporting Documents

- In November 2022, a literature review of surgical services in rural and urban Canadian hospitals was completed.
- Most articles reviewed referred to surgical care being delivered within rural and regional surgical programs in a well-functioning network.
- Articles suggested a policy framework for the sustainability of rural surgical programs by nesting them within larger regional programs.
- Burden of call and ability to maintain skills is difficult in rural sites across the country

Literature Review and Supporting Documents

- **Accreditation Survey 2018**
- **The vision of the Health Accord supports Western zone surgical vision.**
 - *“Smaller numbers do not support the basic number of specialists required in a specific discipline to ensure a call schedule rotation and a balanced work-life for the specialists and their families. Specialists who have trained for many years to build their competencies and skills will not be eager to move to a hospital to provide services if there are few patients to be treated or if their on-call burden is considered excessive.”*
- **Provincial Surgical Backlog Task Force Report recommendations**
 - Measuring and Monitoring
 - Operational Improvements
 - Maximizing the Workforce- Recruitment and Retention

Next Steps

- To date vision has been presented to various key stakeholders including physicians throughout the region, nursing staff, and senior leadership.
- Communication and change management plan with identified timelines
- Share with staff at sites and community representatives
- Align with the Surgical Services Strategic Health Network

Health Transformation Sub table - Surgery
January 30, 2024, 3-4pm
Agenda

1. Review Minutes January 16, 2024
2. Reporting potential date to main HT is Feb 2nd, to Premier is Feb 27, 2024
3. Surgical backlog initiative
4. Monthly reporting on all Surgical waitlists to Premier
5. Priorities – Written update provided.
 - Orthopedics
 - Expansion sites
 - Capacity Review update
 - [REDACTED] 29(1)(a), 35(1)(d)
6. Surgical Task force 32 recommendations
 - Priority and Implementation plan
7. [REDACTED] 29(1)(a), 35(1)(d)

Actions:

- [REDACTED]
- [REDACTED]
- [REDACTED]

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

KIV:

- [REDACTED]
- [REDACTED]

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

8. Next Meeting: Feb 13, 2024, 3-4pm

From: Cabot, Antionette
Sent: Thursday, January 25, 2024 2:43 PM
To: Cassie Chisholm , Herritt, Jeannine, Hodder, Kiana, Nadine Mcevoy , Nolan, Karen, Ron Johnson , Sanger, Janice, Tina Edmonds, Vallerie Coffey
Subject: RE: Surgery Health Transformation - Materials for Next Meeting Jan 30 2024
Attachments: Surgical Visioning update.pptx, Minutes Surgery Sub table Jan 16 2024.docx, Agenda Surgery Sub table Jan 30 2024 doc.docx [Attachments included on pages 47-63](#)

Afternoon everyone,

As discussed in our HT presentation review meeting yesterday, I have updated the agenda to invite Dr. Parfrey to the next meeting to discuss the surgical backlog initiative.

Warm regards!!

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca

From: Cabot, Antionette
Sent: Wednesday, January 24, 2024 2:46 PM
To: Cassie Chisholm <cassie.chisholm@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Nadine Mcevoy <nadine.mcevoy@easternhealth.ca>; Nolan, Karen <knolan@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Sanger, Janice <JaniceSanger@gov.nl.ca>; Tina Edmonds <tinaedmonds@westernhealth.nl.ca>; Vallerie Coffey <valeric.coffey@easternhealth.ca>
Subject: Surgery Health Transformation - Materials for Next Meeting Jan 30 2024

Afternoon everyone,

Please see attached agenda for our next meeting, feel free to add/suggest.

Also attached are the minutes from Jan 16 (big thankyou to Karen for doing these) as well as the presentation from WZ.

Take care, have a lovely day!!

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca

From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Sent: Friday, January 26, 2024 2:38 PM
To: Herritt, Jeannine
Subject: draft presentation
Attachments: HTT Jan24 Surgery Draft.pptx

Hi Jeannine;

Please see attached.

I had a lot of questions about slide #8 so it is unchanged from Nov but likely needs to be updated.

Otherwise, appreciate your thoughts/input etc and happy to help with further changes/updates/additions.

Thanks,

Nadine



Nadine McEvoy BScPT MBA (She/Her)

Director, Strategic Health Networks

t: 709-691-2794

e: Nadine.mcevoy@easternhealth.ca

w: NLHealthServices.ca

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A 10-YEAR HEALTH TRANSFORMATION

Surgery Sub-table Update February 2, 2024



Sub-table Members

- Assistant Deputy Minister – Regional Services, HCS, Jeannine Herritt, co-chair
- Vice President Transformation Health Systems, NLHS, Cassie Chisholm, co-chair
- Vice President and Chief Operating Officer, Eastern Urban Zone, NLHS, Ron Johnson
- Senior Director, Provincial Health Transformation, NLHS, Tina Edmonds
- Provincial Wait Time Coordinator, Regional Services, HCS, Janice Sanger
- Acting Director, Regional Services, HCS, Karen Nolan
- Special Advisor - Health Transformation, Antionette Cabot, Secretariat and full member
- Director, Surgical Services Strategic Health Network, Nadine McEvoy



Current Priorities

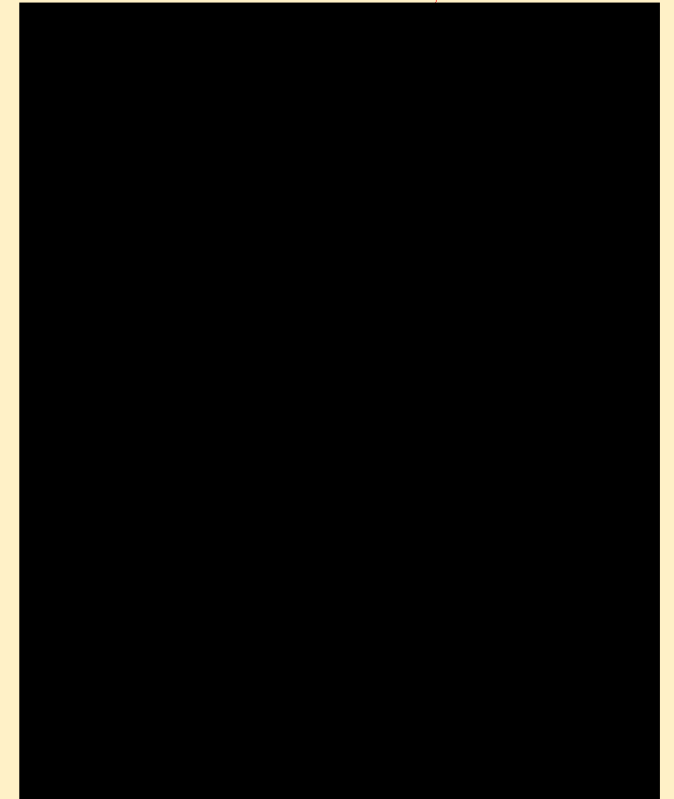
- Central Intake Project – Initial focus Orthopedics and Ophthalmology
- Total Joint Replacement initiatives to address surgical backlog

Challenges

- Low volumes of patients qualify for outpatient TJR procedures based on existing criteria
- Cancellations due to bed availability

Opportunities

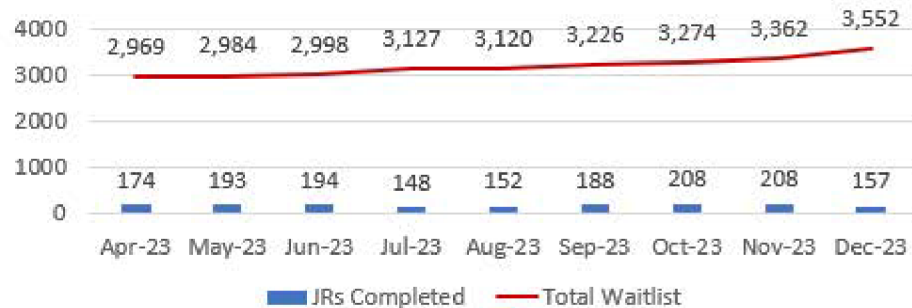
29(1)(a), 35(1)(d)





Provincial Joint Replacements

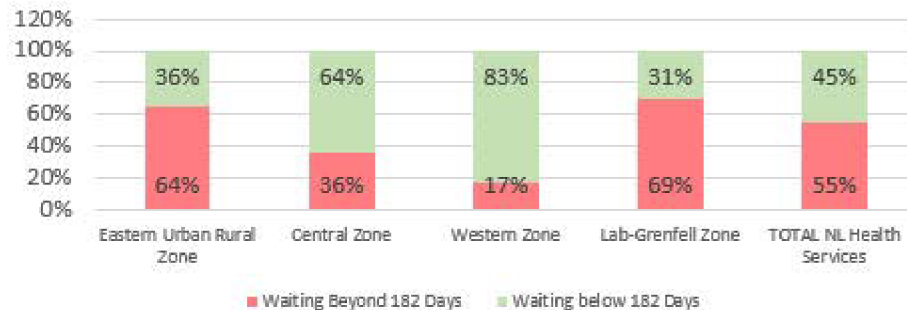
Combine total Joint Replacements (JRs) Completed versus Total Waitlist - Provincial Totals



Comparing Total Joint Replacements Completed for Apr-Dec 2022 and Apr-Dec 2023

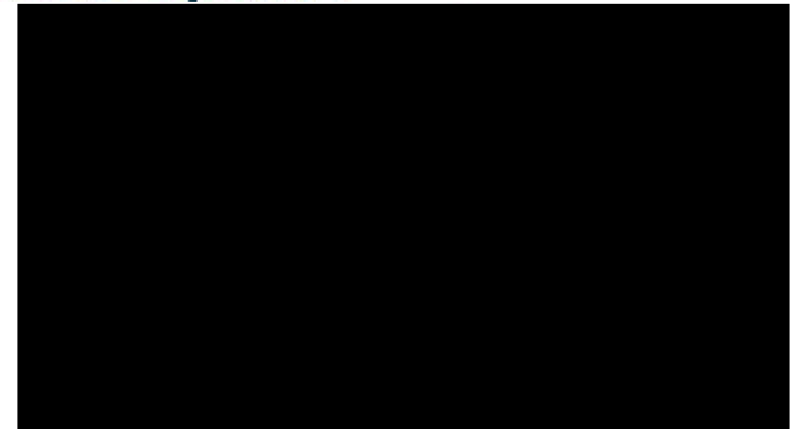


Waitlist - Number Actively Waiting Breakdown End-of-Month December 2023 Above Benchmark versus Below



Ortho Update

-
-
-



JRs refer to Total Joint Replacements

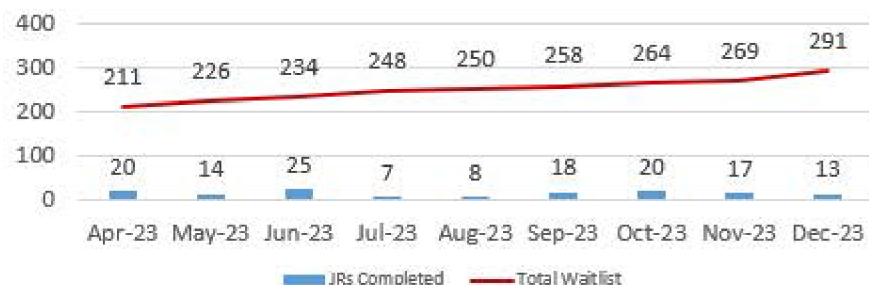
Wait list includes active and inactive

Redactions on this page are pursuant to sections 29(1)(a) and 35(1)(d) of ATIPPA, 2015



Regional Zones Joint Replacements (JRs)

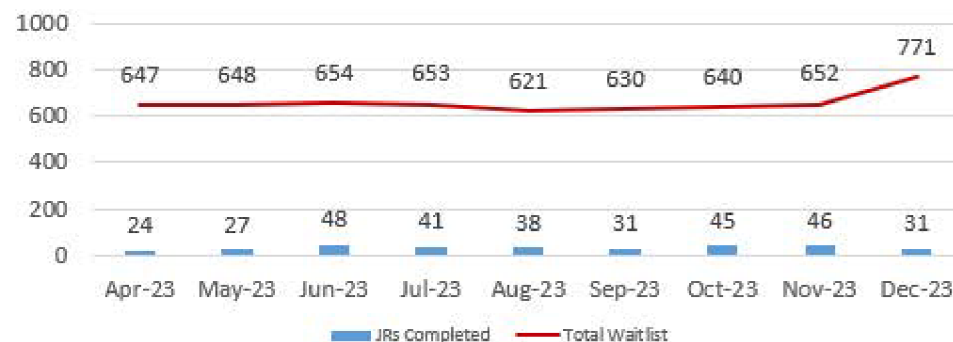
Combined JRs Completed (CMH) versus Total Waitlist - Labrador-Grenfell



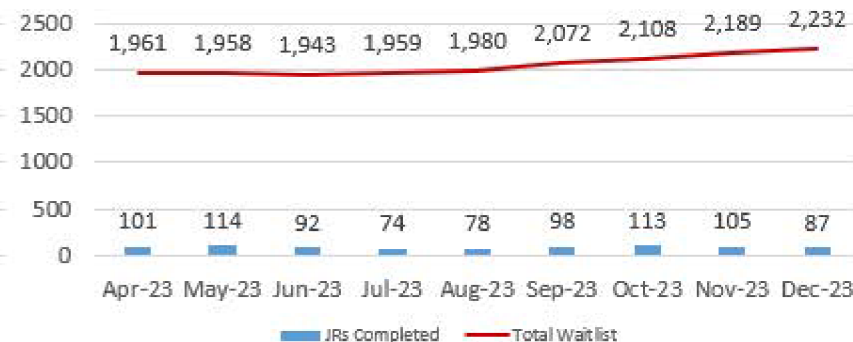
Combined JRs Completed versus Total Waitlist - Western



Combined JRs Completed versus Total Waitlist - Central



Combined JRs Completed versus Total Waitlist - Eastern



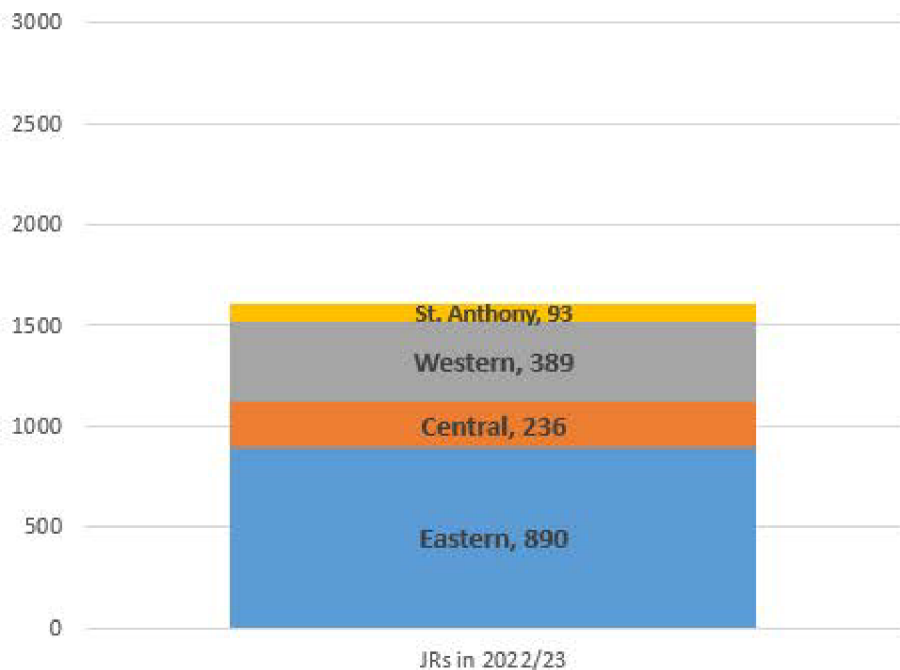
JRs refer to Total Joints Replaced



Total Joint Replacement Surgery

Total Joint Replacements (JRs) in 2022/23

1635



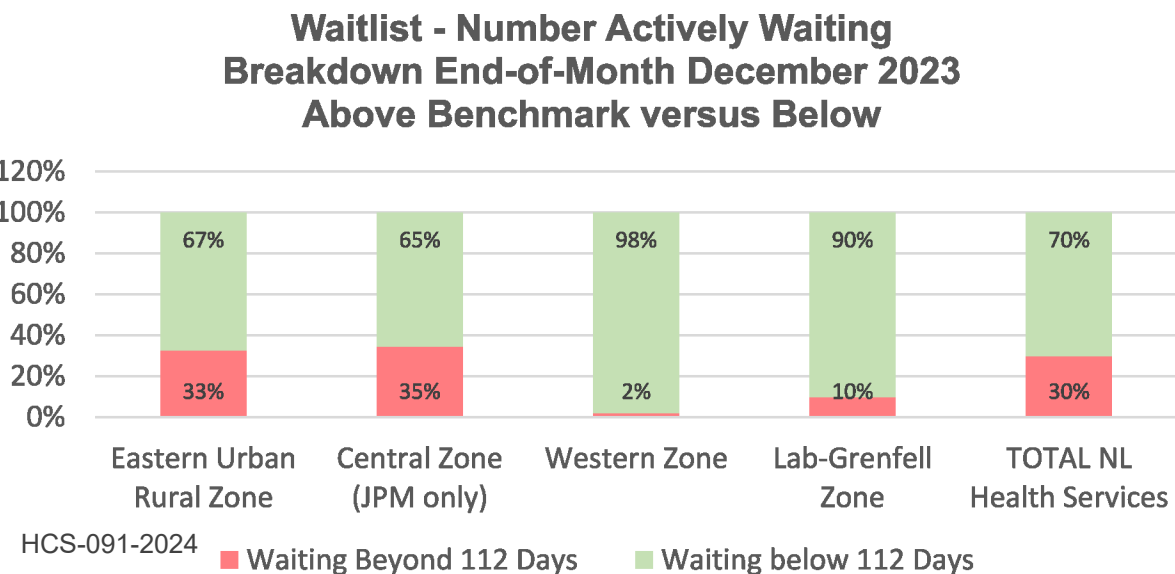
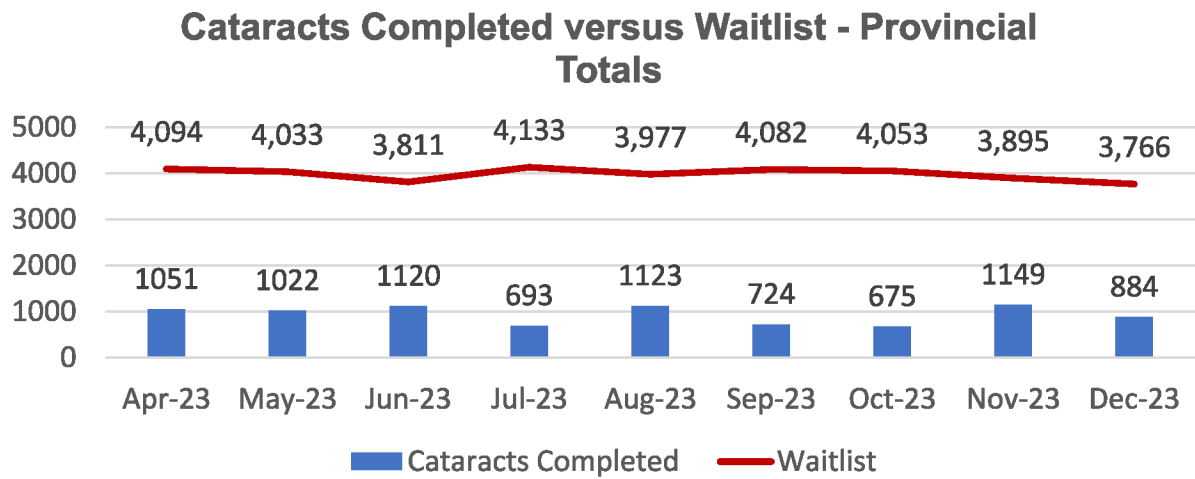
JRs in 2022/23

JRs refers to total joint replacement

Redactions on this page are pursuant to sections 29(1)(a) and 35(1)(d) of ATIPPA, 2015

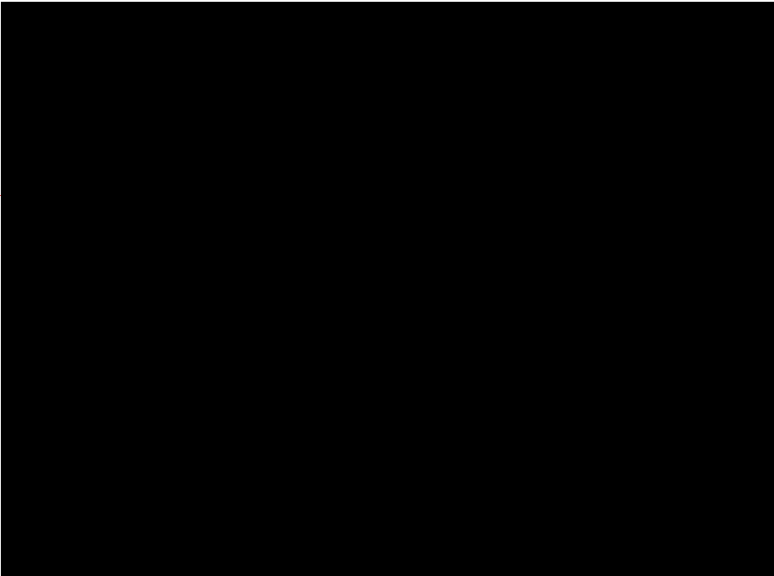


Provincial – Cataract Surgery Service



Cataract Update

- Central Intake Project in progress



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

From: Herritt, Jeannine
Sent: Sunday, January 28, 2024 11:35 PM
To: Nadine Mcevoy
Subject: HTT Jan24 Surgery Draftjh.pptx - Read-Only.pptx
Attachments: HTT Jan24 Surgery Draftjh.pptx - Read-Only.pptx

Hi Nadine,

Please see the attached comments and requests for your review. This looks great- love what you've done so far.

Maybe we can find 15 mins to run through on Monday.

Thanks,
Jeannine



A 10-YEAR HEALTH TRANSFORMATION

Surgery Sub-table Update February 2, 2024



Sub-table Members

- Assistant Deputy Minister – Regional Services, HCS, Jeannine Herritt, co-chair
- Vice President Transformation Health Systems, NLHS, Cassie Chisholm, co-chair
- Vice President and Chief Operating Officer, Eastern Urban Zone, NLHS, Ron Johnson
- Senior Director, Provincial Health Transformation, NLHS, Tina Edmonds
- Provincial Wait Time Coordinator, Regional Services, HCS, Janice Sanger
- Acting Director, Regional Services, HCS, Karen Nolan
- Special Advisor - Health Transformation, Antionette Cabot, Secretariat and full member
- Director, Surgical Services Strategic Health Network, Nadine McEvoy



Current Priorities

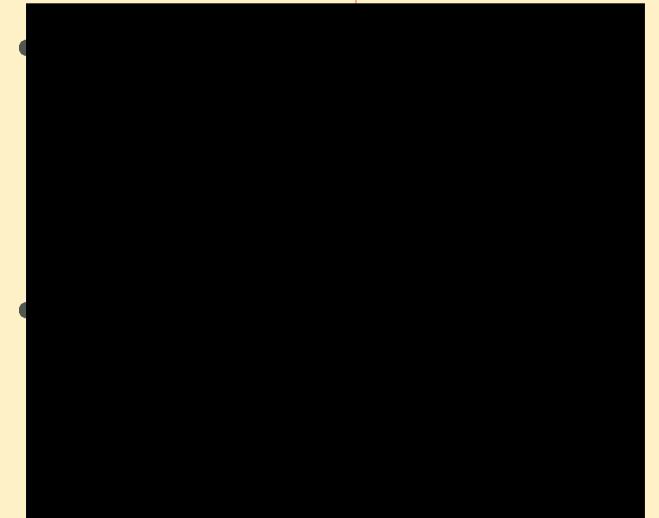
- Central Intake Project – Initial focus Orthopedics and Ophthalmology
- Total Joint Replacement initiatives to address surgical backlog

Challenges

- Low volumes of patients qualify for outpatient TJR procedures based on existing criteria
- Cancellations due to bed availability

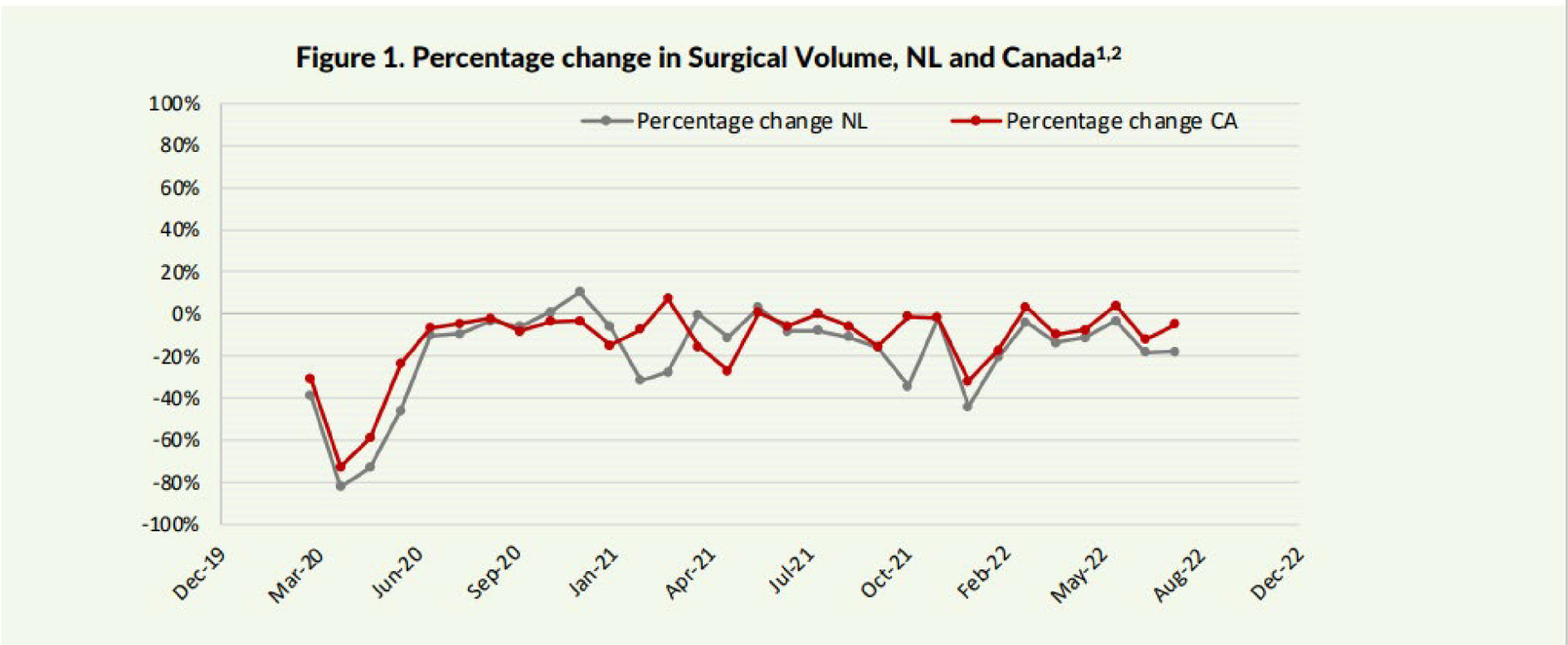
Opportunities

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

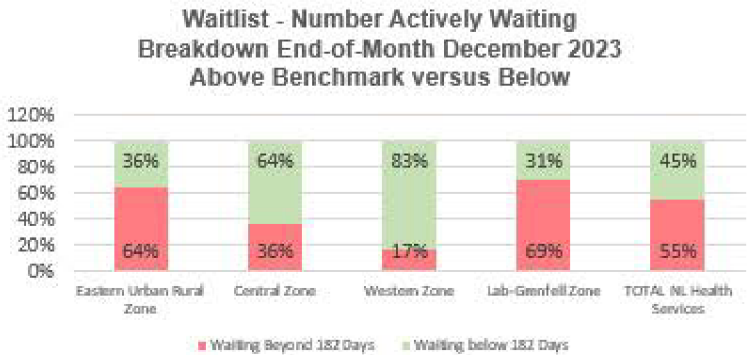
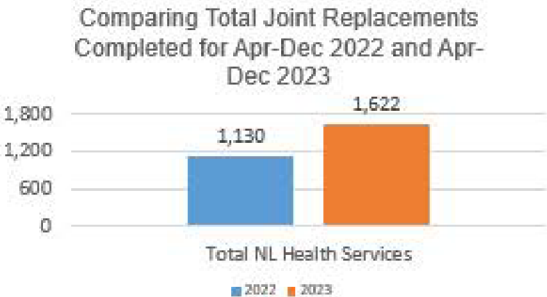
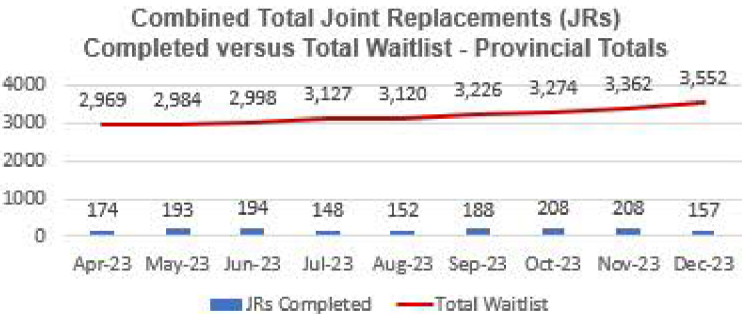


- OR capacity review
- Expanding Central Intake

Update this graph if possible- Tracy Parsons
Digital health



Provincial Joint Replacements



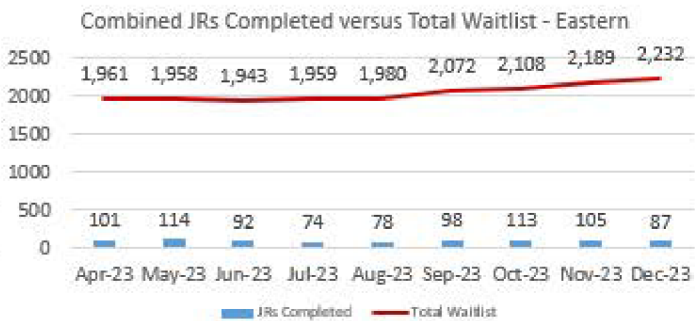
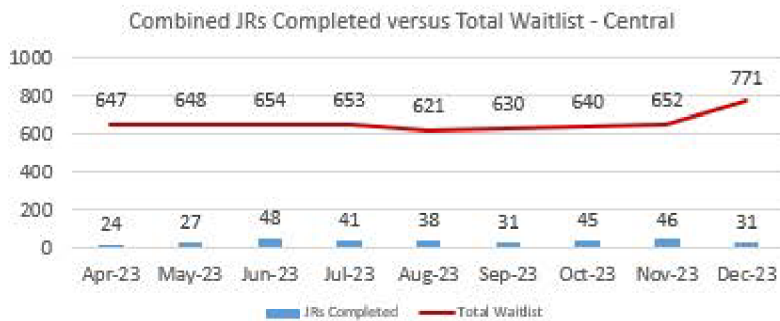
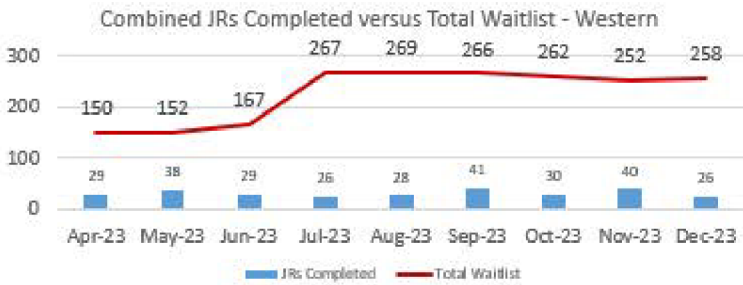
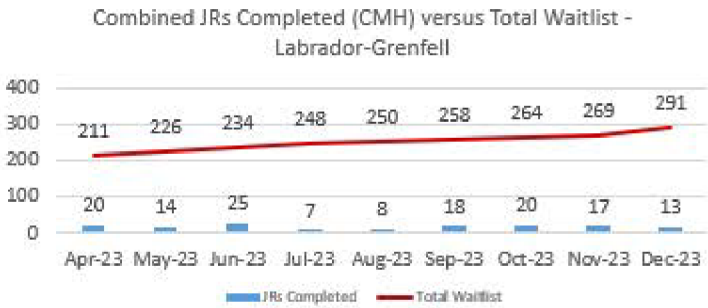
Ortho Update

Comments

New

See more comments

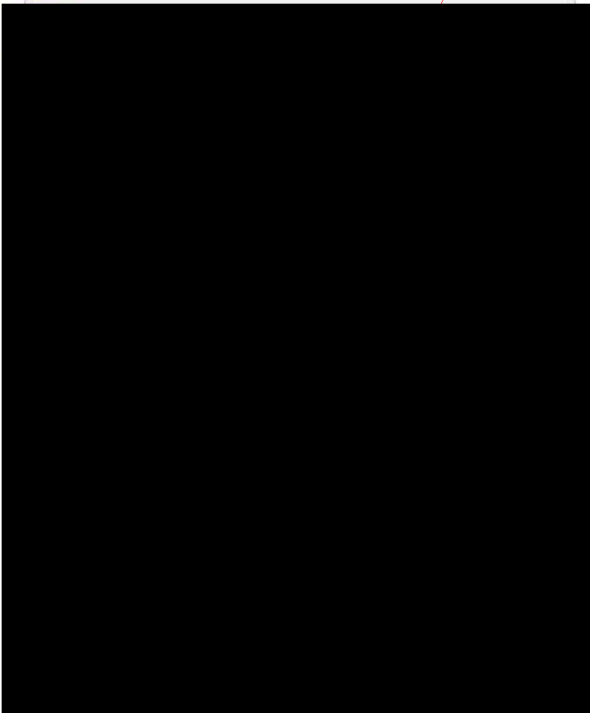
Breakdown by Zone



Comments

New

29(1)(a)



Reply

See more comments

New



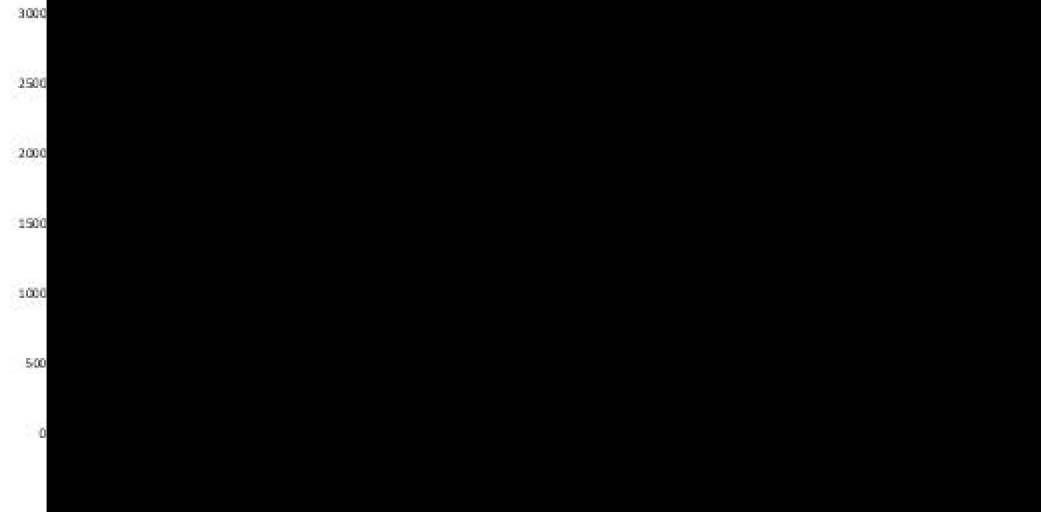
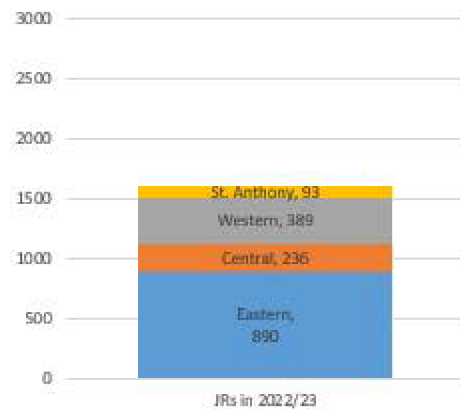
Return to first comment



88

Total Joint Replacement Surgery

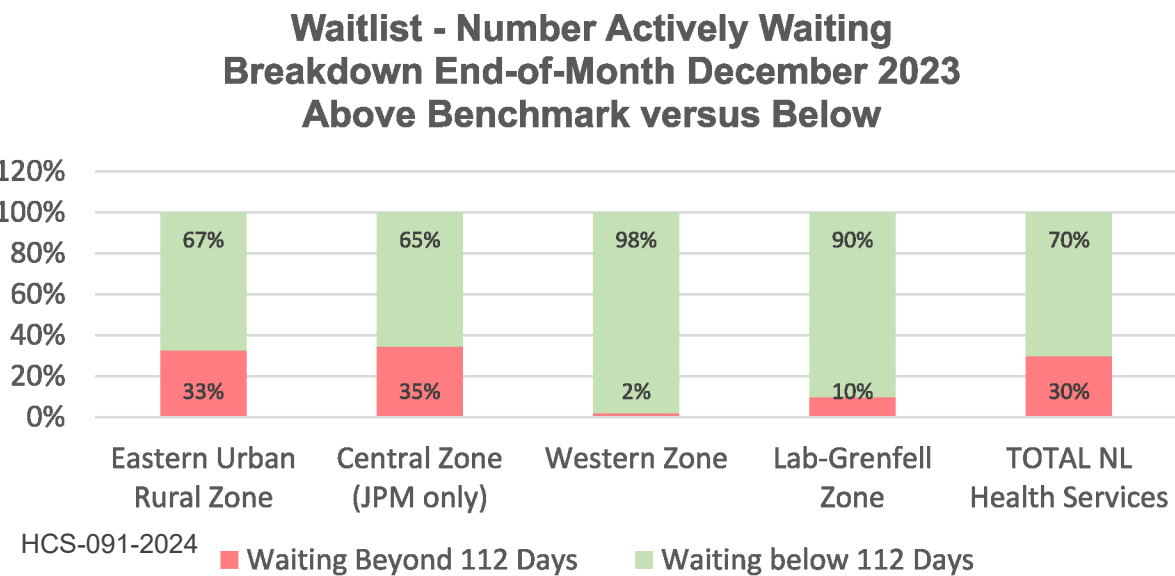
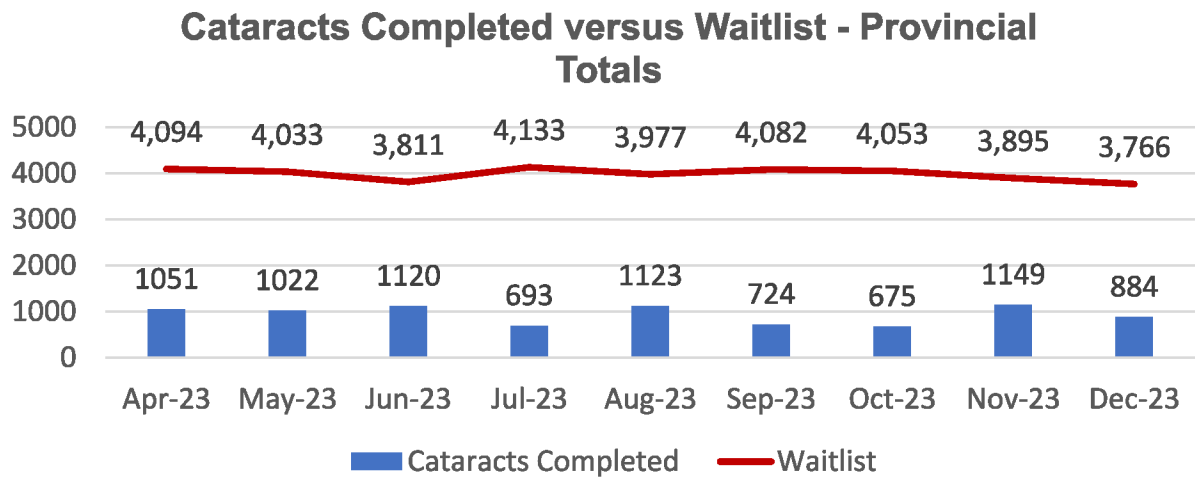
Total Joint Replacements (JRs)
in 2022/23
1635



JRs refers to total joint replacement



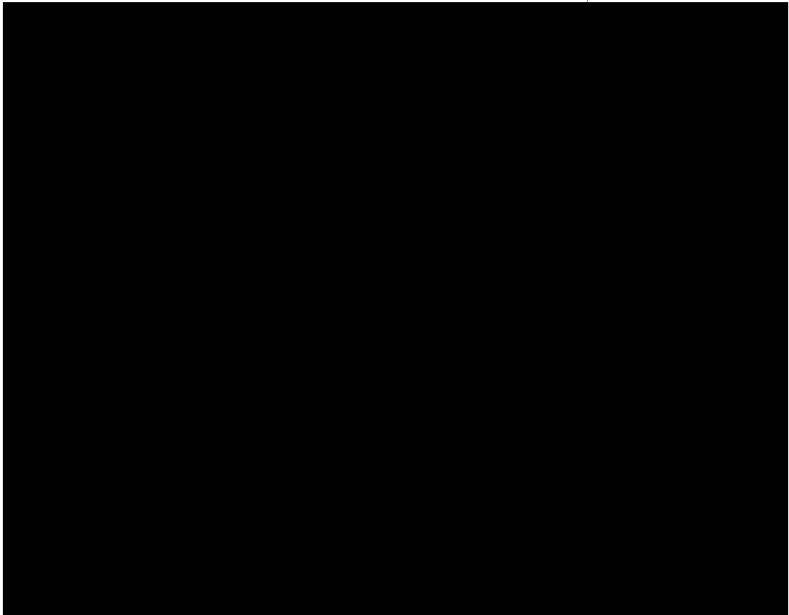
Provincial – Cataract Surgery Service



Cataract Update

- Central Intake Project in progress

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



Next Steps

- Cataracts- OR optimization
- Next Services- for CI
- Wait times and benchmarking
- How to get at OR optimization (internal process improvements and efficiency

From: Nolan, Karen
Sent: Monday, January 29, 2024 12:20 PM
To: Sanger, Janice
Cc: Herritt, Jeannine
Subject: RE: RE: HCS/MCP/Medical Services input on Cataract Central Intake

Hi Janice

Thanks for your feedback below. I am sharing with Jeannine.

Jeannine, perhaps we can discuss.

Karen

From: Sanger, Janice <JaniceSanger@gov.nl.ca>
Sent: Monday, January 29, 2024 11:52 AM
To: Nolan, Karen <knolan@gov.nl.ca>
Subject: RE: RE: HCS/MCP/Medical Services input on Cataract Central Intake

Thanks Karen, As I indicated previously, Cassie and team didn't contact me regarding the email you sent identifying me as the cataract point person.

Just a few pointers re the below Schedule 0 info. Currently, the non-hospital facility (NHF) wait time data is submitted to HCS by the respective wait time office NLHS (EUZ – 2 NHFs, WZ – 1 NHF) and they have no mechanisms to audit any of this data if potential outliers are identified (such as patients with 0-7days wait or patients with 1,000+ days wait as two examples). Further, within the cataract wait time data the type of lens used isn't captured and in the past (2015) the former EH folks identified that patients who paid for the upgraded IOL experienced a much shorter wait time yet these patients are prioritized using the provincial cataract priority classification, which doesn't have a higher priority for upgraded multi-focal lens. (see 2015 email I just fwd'd along to you.)

Also, within Schedule 0 there is no wording that the NHF wait time data will be published on HCS website, just that RHA data is so at this point in time that's all that is published publicly.

Lastly, WZ wait list (wl) is not pooled – three separate wl maintained at this point as detailing in the quarterly wait time briefing notes I've penned.

Happy to discuss this if you need.

Janice

From: Nolan, Karen <knolan@gov.nl.ca>
Sent: Sunday, January 14, 2024 1:49 PM
To: Sanger, Janice <JaniceSanger@gov.nl.ca>
Subject: RE: RE: HCS/MCP/Medical Services input on Cataract Central Intake

You were off when this meeting happened. I will ensure that you are engaged in future meetings.

From: Nolan, Karen
Sent: Sunday, January 14, 2024 1:17 PM
To: Sanger, Janice <JaniceSanger@gov.nl.ca>
Subject: FW: RE: HCS/MCP/Medical Services input on Cataract Central Intake

FYI

From: Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>

Sent: Tuesday, January 9, 2024 10:36 AM

To: Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>; Nolan, Karen <knolan@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Pike, Ardella <ardellapike@gov.nl.ca>

Cc: Gregory Browne (Chief of Staff) <gregory.browne@easternhealth.ca>; Gregory Manning <Gregory.Manning@easternhealth.ca>

Subject: RE: RE: HCS/MCP/Medical Services input on Cataract Central Intake

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Jeannine and All,

This is fabulous! Hats off to whomever engineered this back in 2020.

29(1)(a)

Thanks again and I will assume any further info-gathering is happening between Nadine and Ardella
Cassie



Cassie Chisholm

Vice President Transformation, Health Systems
Newfoundland and Labrador Health Services

t: 709-730-6852

e: cassie.chisholm@easternhealth.ca

w: NLHealthServices.ca

From: Herritt, Jeannine [<mailto:JeannineHerritt@gov.nl.ca>]

Sent: Monday, January 8, 2024 5:25 PM

To: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>; Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; knolan <knolan@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Pike, Ardella <ardellapike@gov.nl.ca>

Cc: Gregory Browne (Chief of Staff) <gregory.browne@easternhealth.ca>; Gregory Manning <Gregory.Manning@easternhealth.ca>

Subject: RE: RE: HCS/MCP/Medical Services input on Cataract Central Intake

Hi Everyone,

In follow up to our discussion today- I spoke with Dave Moores- here is the policy: [Policy-for-the-Provision-of-Cataract-Surgery-in-Non-Hospital-Designated-Facilities-1.pdf \(gov.nl.ca\)](#).

Highlighting the following sections to answer the questions below

8.0 Participation in Central Intake

Non-hospital designated facilities will participate in any future central intake developed for cataract surgery. Overseen by the Regional Health Authorities the central intake will cover both hospital and non-hospital designated facilities. The Regional Health Authority will maintain the central intake system and related policies and procedures.

10.0 Wait Time Reporting

Wait times are a measure of how efficiently patients are gaining access to medical treatment and care. They also indicate the health care system's ability to meet the continually changing demands to provide care in the most appropriate setting in a timely way. Wait time information increases accountability and supports decision-making. In Newfoundland and Labrador, the Regional Health Authorities are responsible for monitoring and reporting wait time data to the Department of Health and Community Services on a regular basis in keeping with provincial and national definitions for public wait time reporting. This information is then compiled for reporting on the Department of Health and Community Services web site. The Regional Health Authorities are responsible for ensuring the information they provide is verified and accurate before being sent to the department. Non-hospital designated facilities will also have to report their wait time data to the Department of Health and Community Services. The Medical Director of a non-hospital designated facility is responsible for ensuring wait time information is collected.

35(1)(f)

NLMA are aware of the policy

Please reach out if you need anything further.

Thank you,
Jeannine

JEANNINE HERRITT BN RN MN | Assistant Deputy Minister – Regional Services
Department of Health and Community Services
Government of Newfoundland and Labrador
PO Box 8700, St. John's NL A1B 4J6
709-729-1716 | JeannineHerritt@gov.nl.ca

From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>

Sent: Monday, January 8, 2024 1:07 PM

To: Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; Nolan, Karen <knolan@gov.nl.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Pike, Ardella <ardellapike@gov.nl.ca>

Cc: Gregory Browne (Chief of Staff) <gregory.browne@easternhealth.ca>; Gregory Manning <Gregory.Manning@easternhealth.ca>

Subject: RE: RE: HCS/MCP/Medical Services input on Cataract Central Intake

Hi all;

Thanks for the discussion today.

Here are the main questions we came away with:

Where is the NLMA's stance with respect to Ophthalmology and participation in a single entry management model?

Please reach out to me if the above list requires any additions or changes.

Thanks,
Nadine

29(1)(a)



**NL Health
Services**

Nadine McEvoy BScPT MBA (She/Her)

Director, Strategic Health Networks

t: 709-691-2794

e: Nadine.mcevoy@easternhealth.ca

w: NLHealthServices.ca

-----Original Appointment-----

From: Valerie Coffey <Valerie.Coffey@easternhealth.ca>

Sent: Thursday, January 4, 2024 12:41 PM

To: Valerie Coffey; Cassie Chisholm; Nadine McEvoy; knolan; jeannineherriott@gov.nl.ca; Edmonds, Tina; Pike, Ardella

Cc: Hodder, Kiana; Snook, Jennifer; Gregory Browne (Chief of Staff); Gregory Manning

Subject: RE: HCS/MCP/Medical Services input on Cataract Central Intake

When: Monday, January 8, 2024 12:00 PM-12:45 PM (UTC-03:30) Newfoundland.

Where: Microsoft Teams Meeting

31(1)(l)

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40(1)

From: [REDACTED]
Sent: Tuesday, January 30, 2024 11:48 AM
To: jennifer.matthews@easternhealth.ca
Cc: sean.connors@easternhealth.ca, Osborne, Tom, Premier of NL
Subject: Pending Cardiac Surgery

Good morning Jennifer,

After several voice messages with no response I am writing out of concern and frustration with not receiving any information on my pending cardiac surgery.

Section 6, 40(1)

[REDACTED]

Thank you.

Section 6, 40(1)

[REDACTED]

From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Sent: Tuesday, January 30, 2024 2:01 PM
To: Herritt, Jeannine
Subject: Presentation with comments
Attachments: HTT Jan24 Surgery Draft V3.pptx

Hi Jeannine;

See attached. Waiting on a couple of updated slides from Tracy's team. They may not be able to reproduce the CIHI slide.

Nadine



**NL Health
Services**

Nadine McEvoy BScPT MBA (She/Her)
Director, Strategic Health Networks

t: 709-691-2794

e: Nadine.mcevoy@easternhealth.ca

w: NLHealthServices.ca

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A 10-YEAR HEALTH TRANSFORMATION

Surgery Sub-table Update February 2, 2024



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- Vice President Transformation Health Systems, NLHS, Cassie Chisholm, co-chair
- Vice President and Chief Operating Officer, Eastern Urban Zone, NLHS, Ron Johnson
- Senior Director, Provincial Health Transformation, NLHS, Tina Edmonds
- Provincial Wait Time Coordinator, Regional Services, HCS, Janice Sanger
- Acting Director, Regional Services, HCS, Karen Nolan
- Special Advisor - Health Transformation, Antionette Cabot, Secretariat and full member
- Director, Surgical Services Strategic Health Network, Nadine McEvoy



Current Priorities

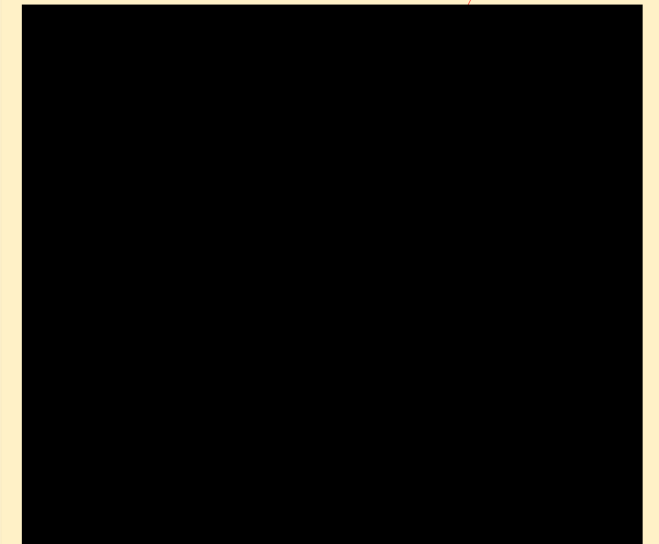
- Central Intake Project – Initial focus Orthopedics and Ophthalmology
- Total Joint Replacement initiatives to address surgical backlog

Challenges

- Low volumes of patients qualify for outpatient TJR procedures based on existing criteria
- Cancellations due to bed availability

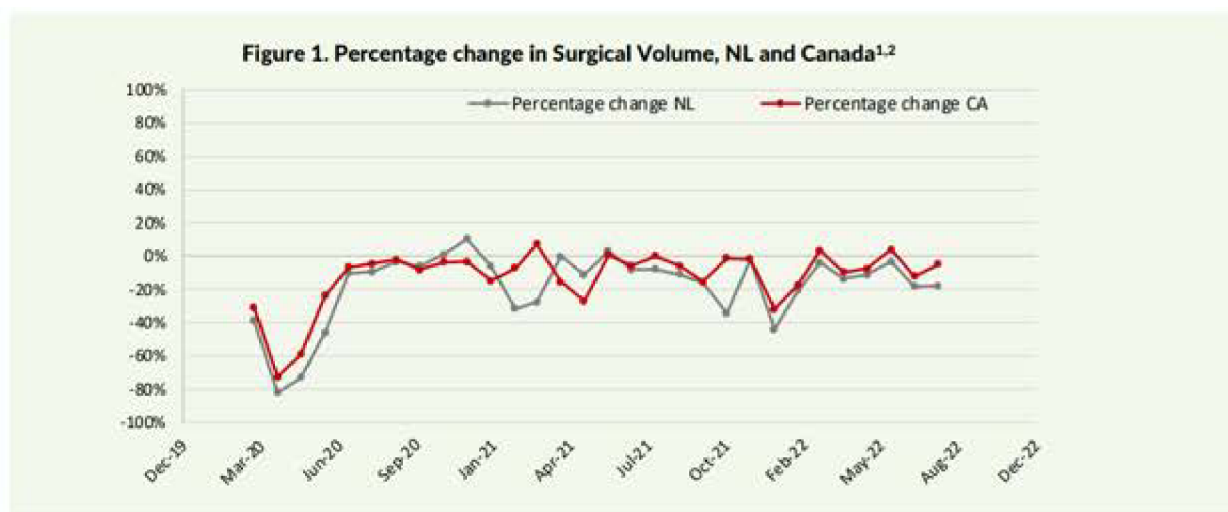
Opportunities

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



- OR capacity review
- Expanding Central Intake

Update this graph if possible- Tracy Parsons
Digital health



Comments

New



Nadine McEvoy

This graph came from CIHI but Tracy and Team are trying to reproduce

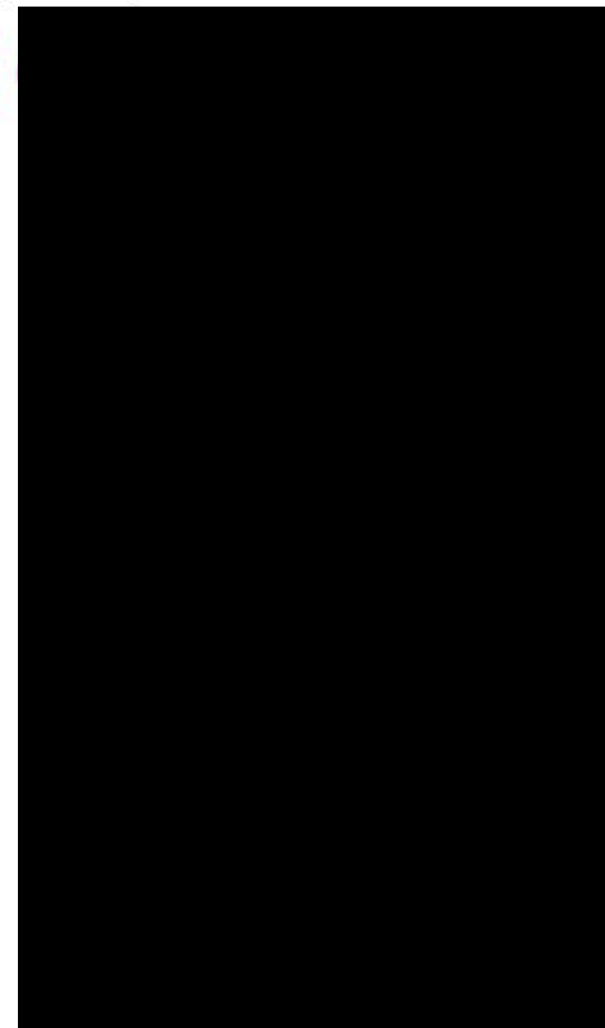
Reply

Click to add notes

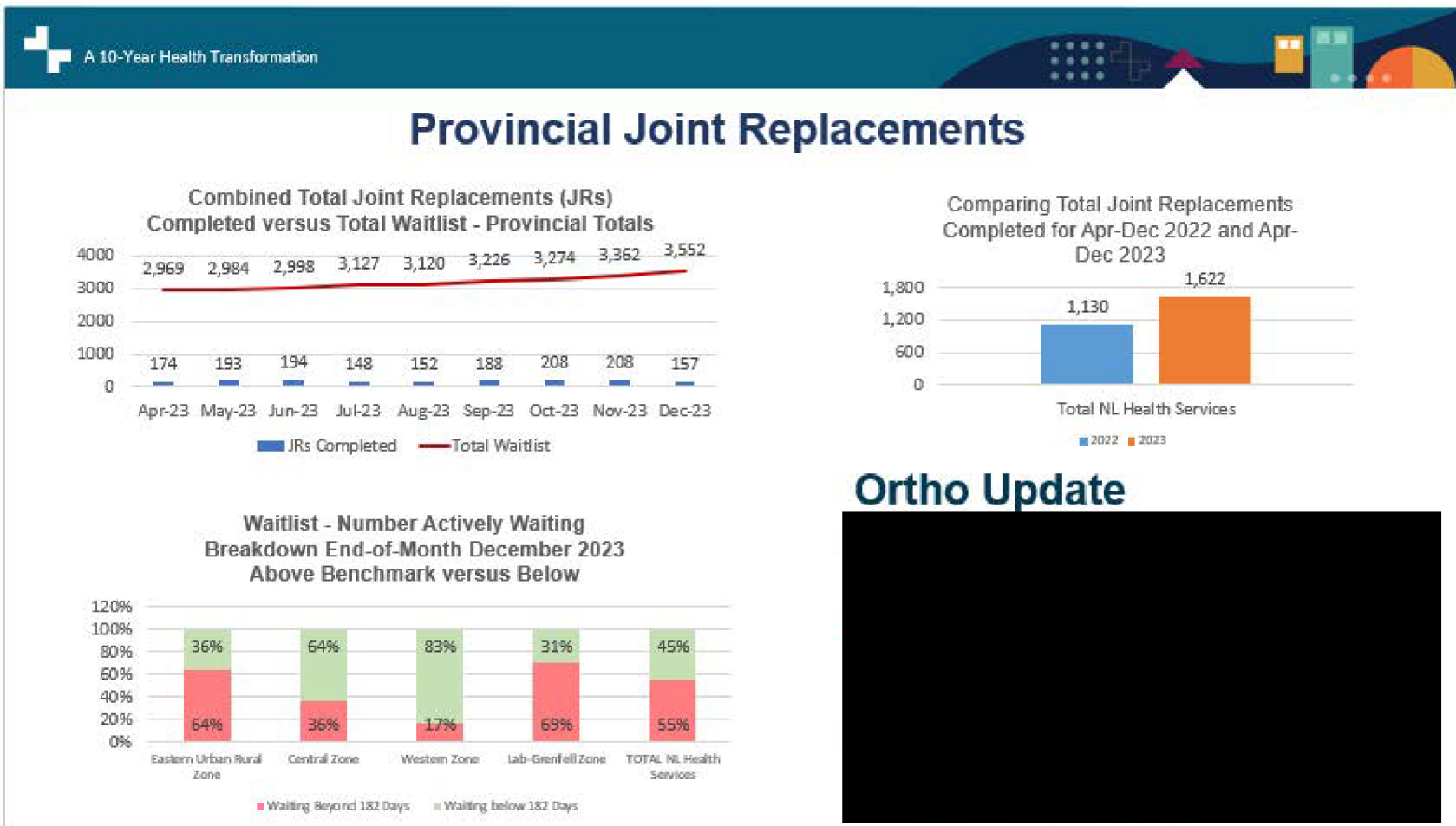
See more comments



New



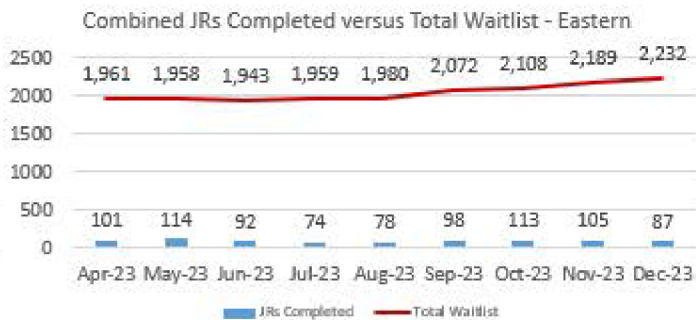
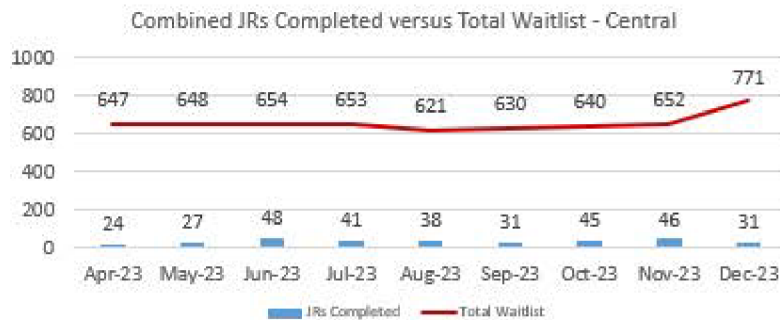
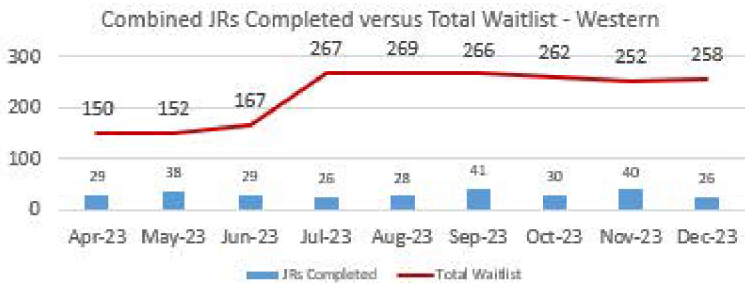
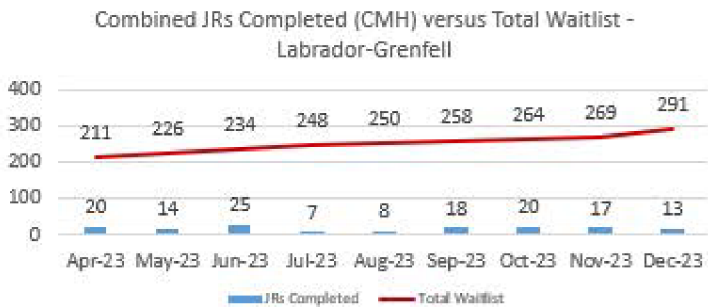
See more comments



JRs refer to Total Joint Replacements

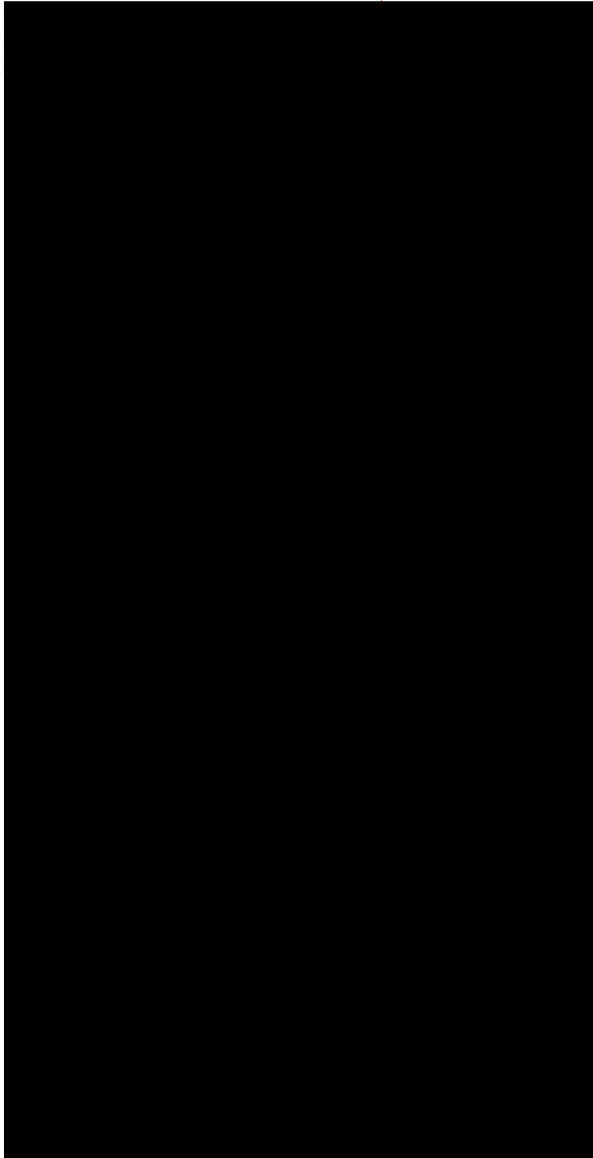
Wait list includes active and inactive

Breakdown by Zone



 New

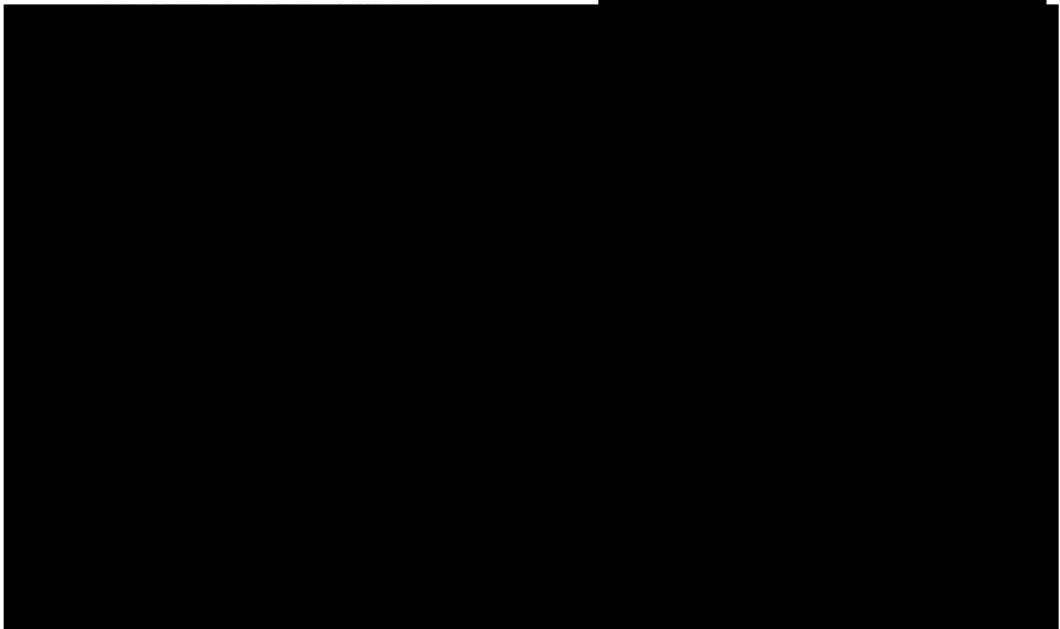
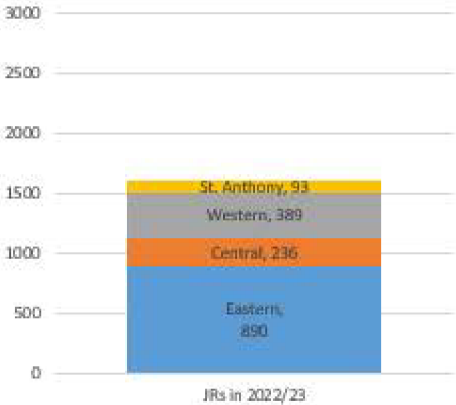
29(1)(a)



See more comments

Total Joint Replacement Surgery

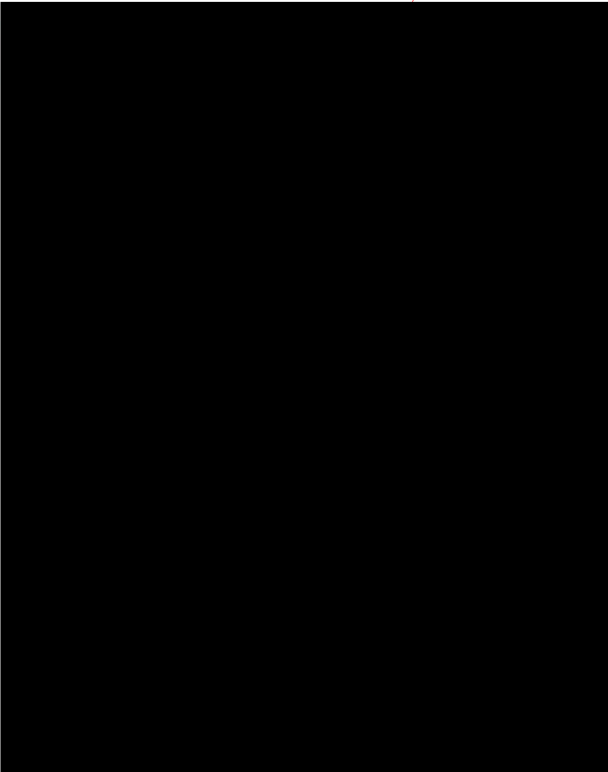
Total Joint Replacements (JRs)
in 2022/23
1635



Comments

New

29(1)(a)

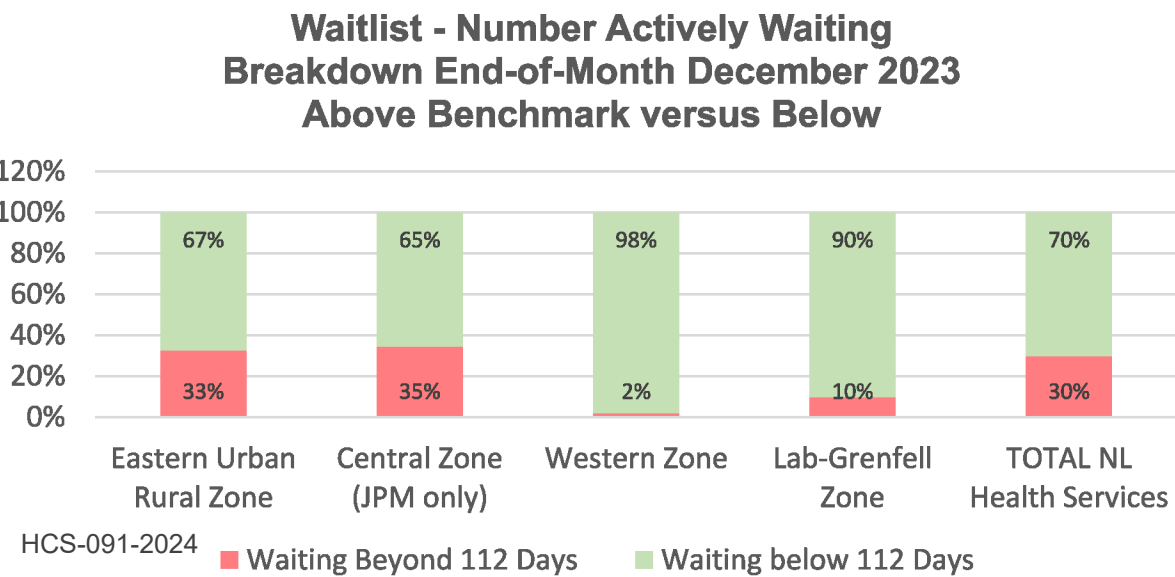
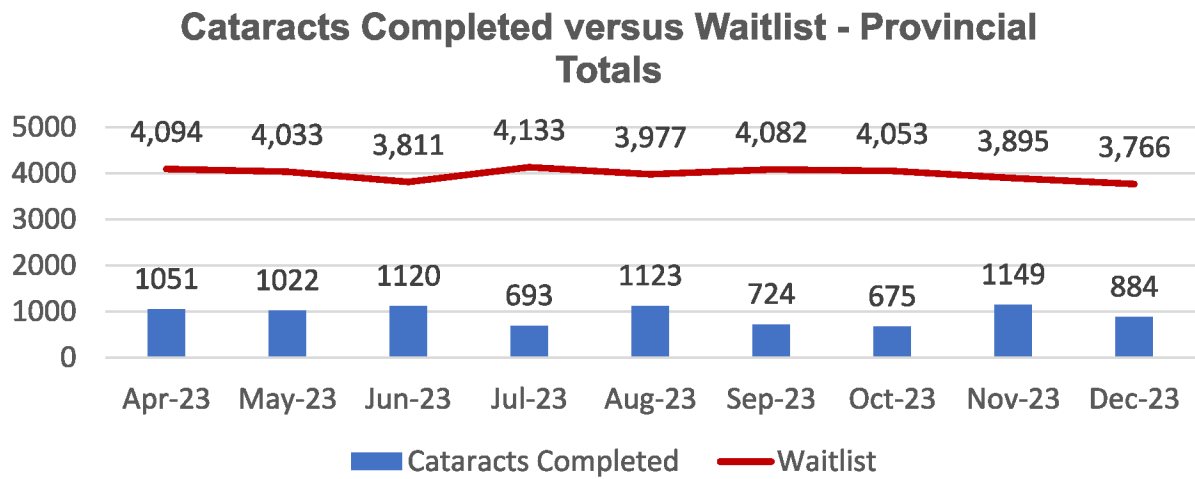


JRs refers to total joint replacement

See more comments



Provincial – Cataract Surgery Service



Cataract Update

- Central Intake Project in progress

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



Next Steps

Cataracts

- Optimization through combined Central Intake, provincial OR capacity data, [REDACTED]

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

Central Intake

- Once implemented, consistent provincial reporting on volumes, wait times and benchmarking
- Identification and prioritization of next service lines for Central Intake solution

OR Optimization

- Provincial current state analysis required
- Identification of opportunities to improve internal processes and efficiency
- Data informed decision making utilizing Central Intake analytics

Next Steps

- Cataracts- OR optimization
- Next Services- for CI
- Wait times and benchmarking
- How to get at OR optimization (internal process improvements and efficiency

Comments



New



Nadine McEvoy



Added previous slide. Appreciate your input.

Reply

Click to add notes

[Return to first comment](#)



From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Sent: Wednesday, January 31, 2024 5:28 PM
To: Herritt, Jeannine, Edmonds, Tina, Cassie Chisholm, Ron Johnson, Sanger, Janice, Nolan, Karen, Cabot, Antionette
Subject: Updated presentation for your review
Attachments: HTT Jan24 Surgery Draft V4.pptx

Hi;
Please see attached draft presentation for your review.
Thanks,
Nadine



Nadine McEvoy BScPT MBA (She/Her)
Director, Strategic Health Networks

t: 709-691-2794
e: Nadine.mcevoy@easternhealth.ca
w: NLHealthServices.ca

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A 10-YEAR HEALTH TRANSFORMATION

Surgery Sub-table Update February 2, 2024



Sub-table Members

- Assistant Deputy Minister – Regional Services, HCS, Jeannine Herritt, co-chair
- Vice President Transformation Health Systems, NLHS, Cassie Chisholm, co-chair
- Vice President and Chief Operating Officer, Eastern Urban Zone, NLHS, Ron Johnson
- Senior Director, Provincial Health Transformation, NLHS, Tina Edmonds
- Provincial Wait Time Coordinator, Regional Services, HCS, Janice Sanger
- Acting Director, Regional Services, HCS, Karen Nolan
- Special Advisor - Health Transformation, Antionette Cabot, Secretariat and full member
- Director, Surgical Services Strategic Health Network, Nadine McEvoy



Current Priorities

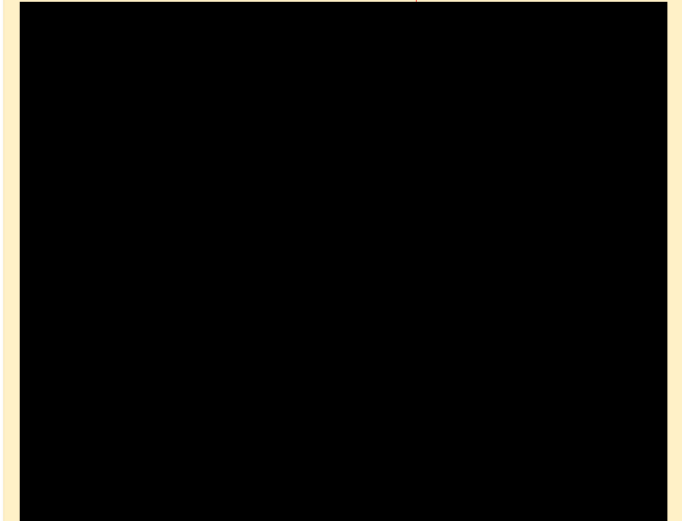
- Central Intake Project – Initial focus Orthopedics and Ophthalmology
- Total Joint Replacement initiatives to address surgical backlog

Challenges

- Low volumes of patients qualify for outpatient TJR procedures based on existing criteria
- Cancellations due to bed availability

Opportunities

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

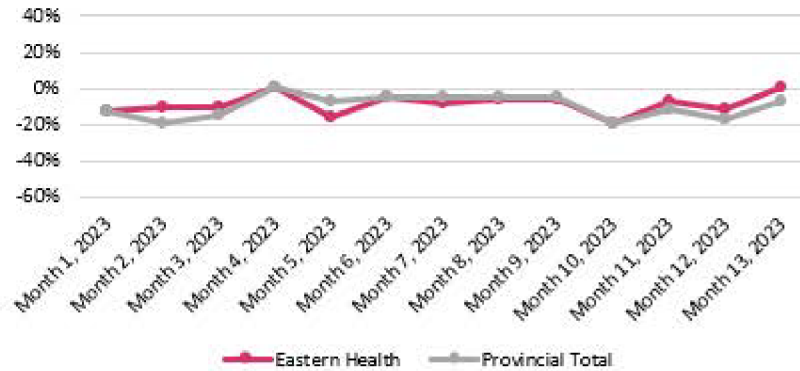


- OR capacity review
- Expanding Central Intake

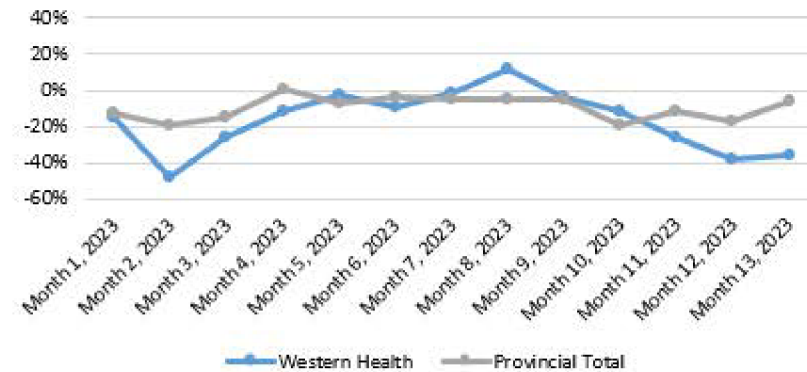


Percent Change in Surgical Volumes (2023 compared to 2019)

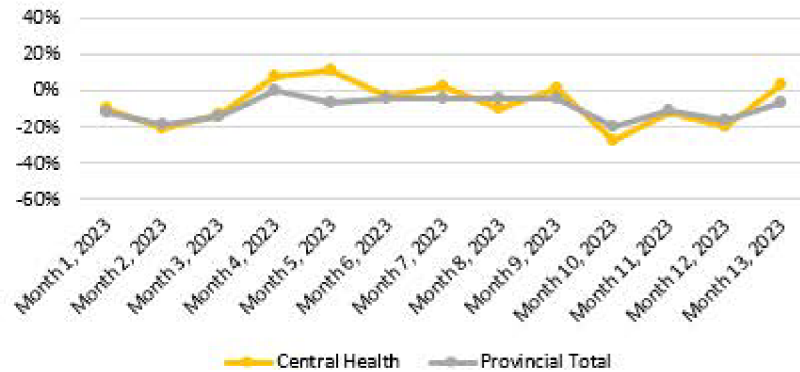
Percentage Change in Surgical Volumes Compared to 2019, Eastern Health



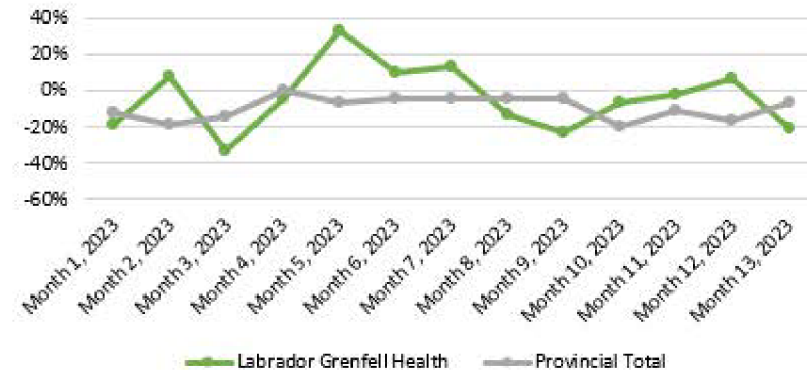
Percentage Change in Surgical Volumes Compared to 2019, Western Health



Percentage Change in Surgical Volumes Compared to 2019, Central Health



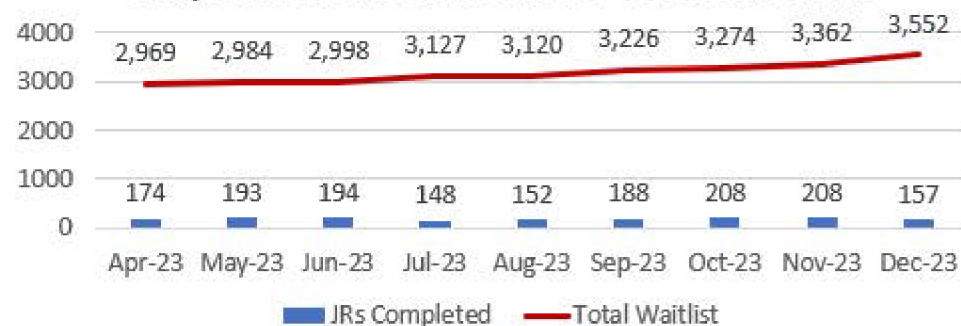
Percentage Change in Surgical Volumes Compared to 2019, Labrador-Grenfell Health



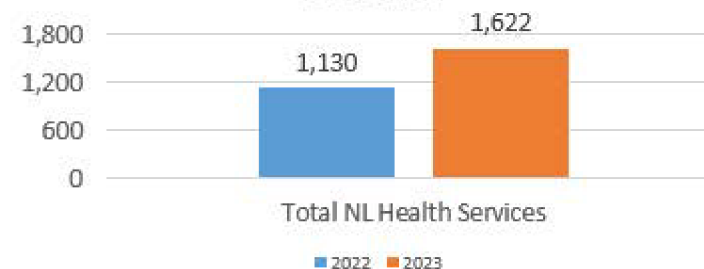


Provincial Joint Replacements

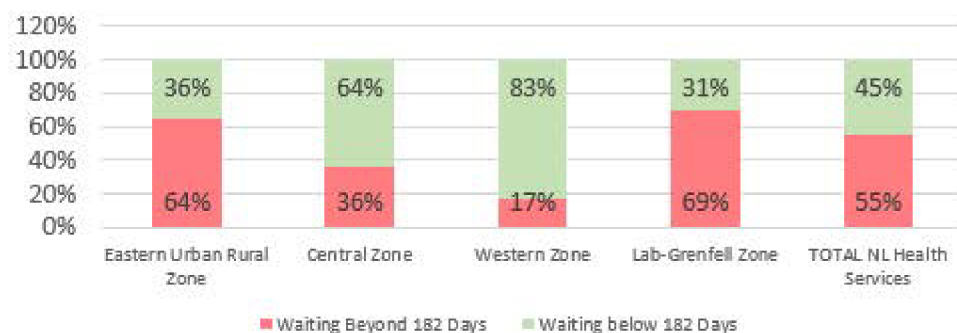
Combined Total Joint Replacements (JRs)
Completed versus Total Waitlist - Provincial Totals



Comparing Total Joint Replacements
Completed for Apr-Dec 2022 and Apr-
Dec 2023

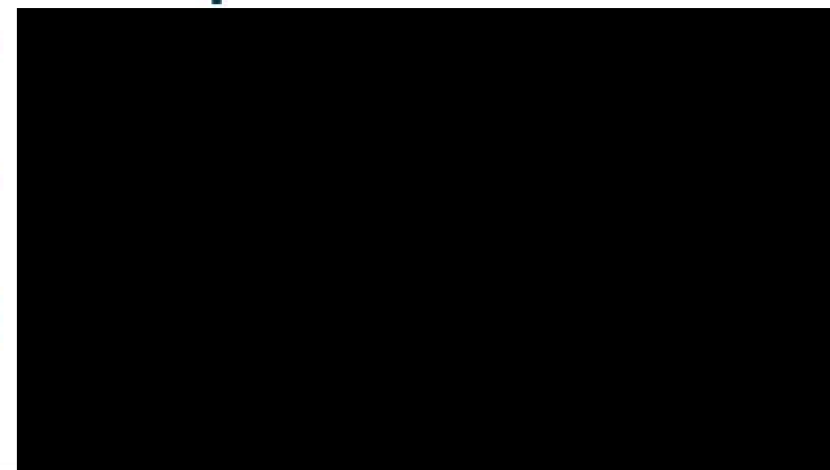


Waitlist - Number Actively Waiting
Breakdown End-of-Month December 2023
Above Benchmark versus Below



Ortho Update

-
-
-



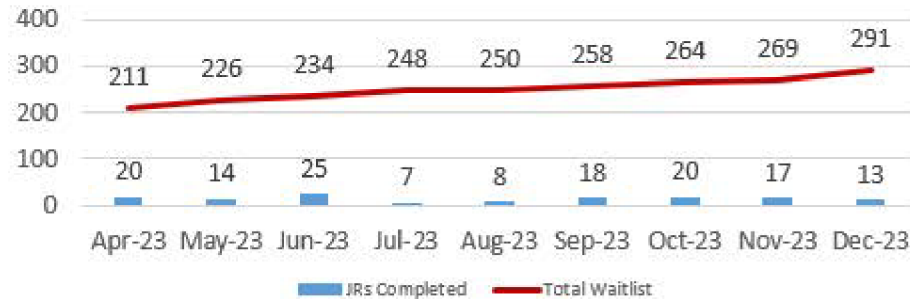
JRs refer to Total Joint Replacements

Wait list includes active and inactive

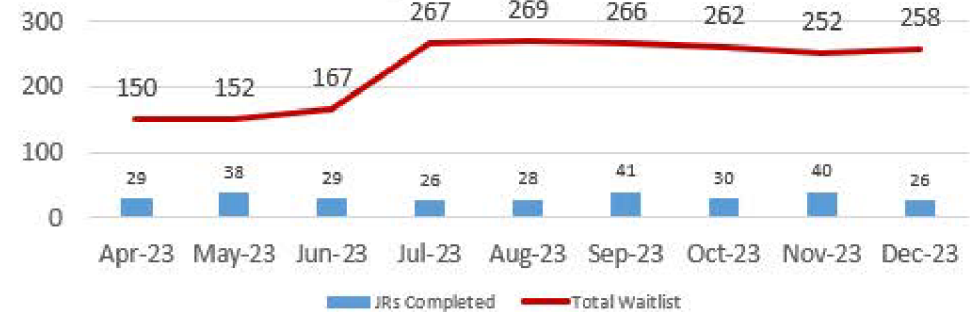


Breakdown by Zone

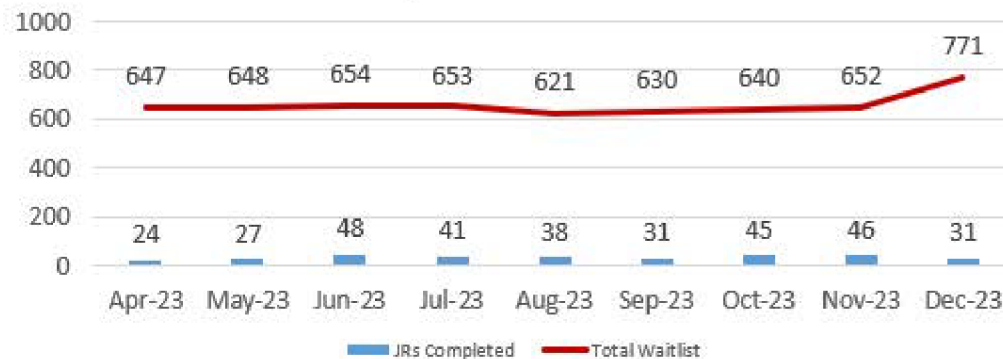
Combined JRs Completed (CMH) versus Total Waitlist - Labrador-Grenfell



Combined JRs Completed versus Total Waitlist - Western



Combined JRs Completed versus Total Waitlist - Central



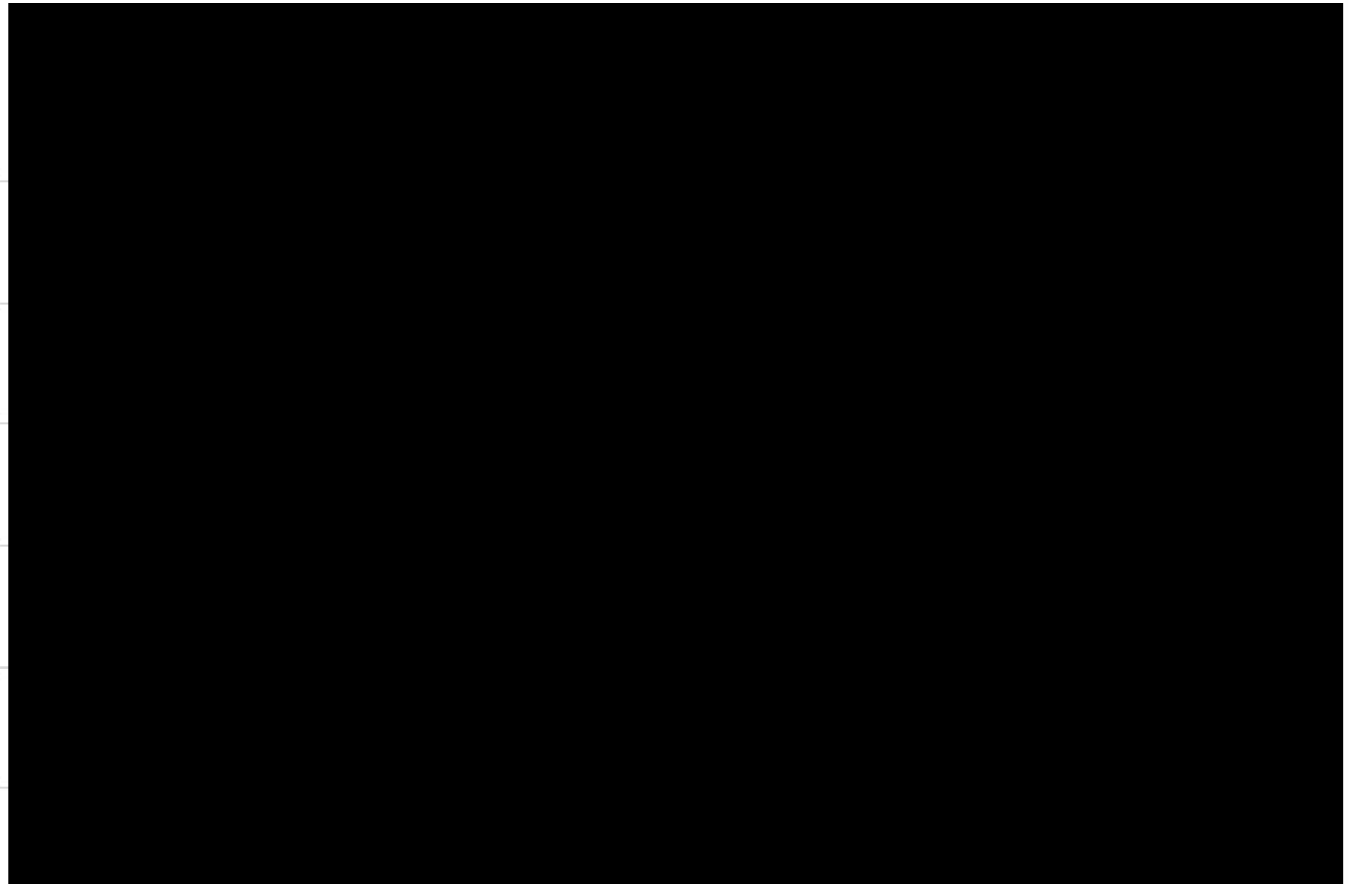
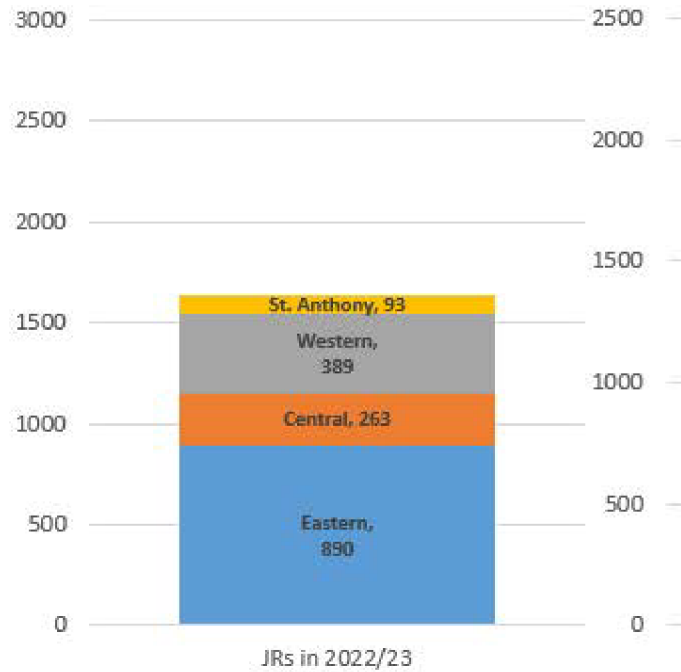
Combined JRs Completed versus Total Waitlist - Eastern





Total Joint Replacement Surgery

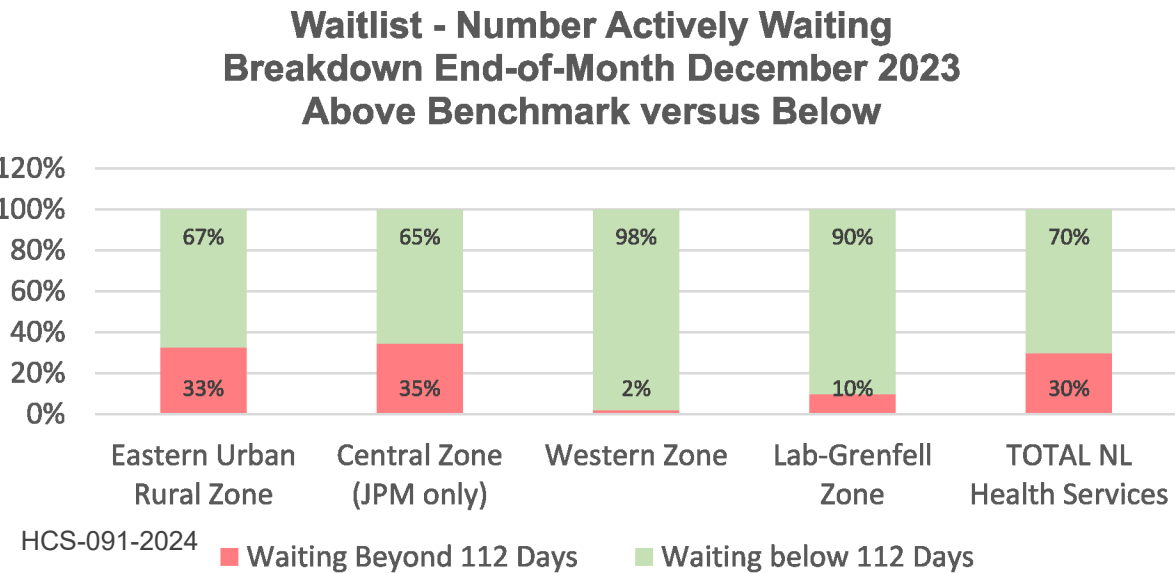
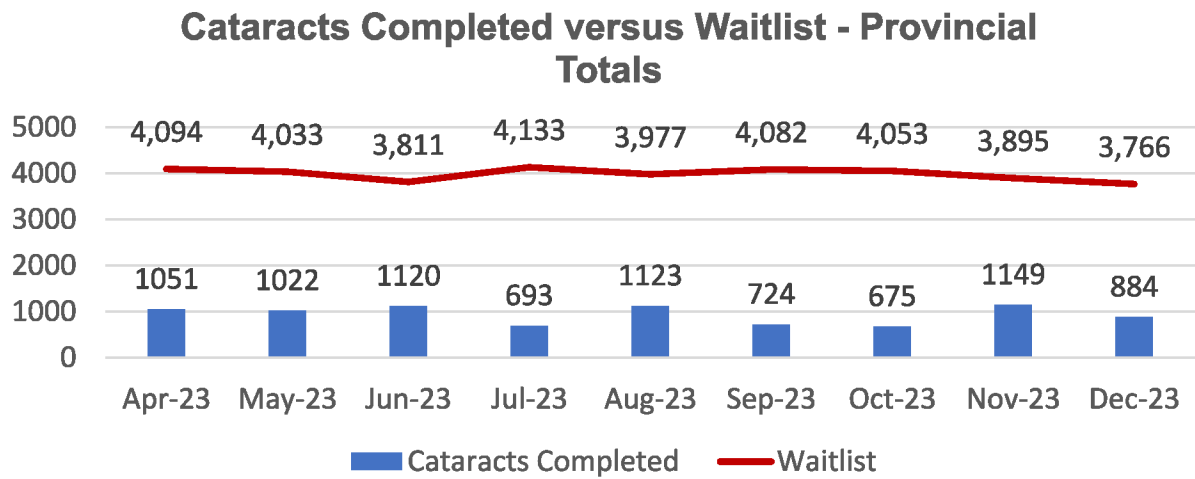
JRs in
2022/23
1635



JRs refers to total joint replacement

Redactions on this page are pursuant to
sections 29(1)(a) and 35(1)(d) of ATIPPA, 2015

Provincial – Cataract Surgery Service



Cataract Update

- Central Intake Project in progress

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





Next Steps

- Creation of Provincial Surgical Backlog Initiative
- Focus on Capacity Building through Optimization:

OR Infrastructure

- Consider a Provincial OR Capacity Review
- Identification of opportunities to improve internal processes and efficiency
- Data informed decision making utilizing Central Intake and other analytics

Health Human Resources

- Recruitment and retention strategies
- Optimizing scope of practice
- Adopting enabling technologies
- Use of data to support effective workforce planning and management

From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Sent: Thursday, February 1, 2024 3:24 PM
To: Cabot, Antionette, Nolan, Karen, Herritt, Jeannine, Edmonds, Tina, Cassie Chisholm, Ron Johnson, Sanger, Janice
Subject: RE: Updated presentation for your review
Attachments: HTT Jan24 Surgery Draft V5.pptx

Hi;
Please see attached.

Changes:

Slide 3 updated to add HHR challenges

Slide 4 updated with month labels and went with single Title top of page. Team was not able to redo the graphs by this afternoon to provide within zone comparison. The grey line is provincial percent change, coloured is individual zone percent change over same time frame.

Slide 6 updated with single title top of page.

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

Reach out to me with any questions or concerns.

Thanks,
Nadine



Nadine McEvoy BScPT MBA (She/Her)
Director, Strategic Health Networks

t: 709-691-2794

e: Nadine.mcevoy@easternhealth.ca

w: NLHealthServices.ca

From: Cabot, Antionette <AntionetteCabot@gov.nl.ca>
Sent: Thursday, February 1, 2024 2:36 PM
To: knolan <knolan@gov.nl.ca>; Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; janicesanger <janicesanger@gov.nl.ca>
Subject: RE: Updated presentation for your review

When do anticipate the final version for sending to Heather?

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca

From: Nolan, Karen <knolan@gov.nl.ca>
Sent: Thursday, February 1, 2024 12:03 PM
To: 'Nadine McEvoy' <Nadine.McEvoy@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; Ron Johnson

<ron.johnson@nlhealthservices.ca>; Sanger, Janice <JaniceSanger@gov.nl.ca>; Cabot, Antionette <AntionetteCabot@gov.nl.ca>

Subject: RE: Updated presentation for your review

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

Thanks Nadine.

Thanks again,
Karen

From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>

Sent: Thursday, February 1, 2024 11:22 AM

To: Nolan, Karen <knolan@gov.nl.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Sanger, Janice <JaniceSanger@gov.nl.ca>; Cabot, Antionette <AntionetteCabot@gov.nl.ca>

Subject: RE: Updated presentation for your review

Hi Karen;

Yes, HHR still an issue and I can add to challenges slide 3.

I agree with your suggestion for slide 4 titles (and likely could take similar approach to slide 6).

Thanks for your input!

Nadine

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



Nadine McEvoy BScPT MBA (She/Her)

Director, Strategic Health Networks

t: 709-691-2794

e: Nadine.mcevoy@easternhealth.ca

w: NLHealthServices.ca

From: Nolan, Karen <knolan@gov.nl.ca>

Sent: Thursday, February 1, 2024 10:32 AM

To: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; janicesanger <janicesanger@gov.nl.ca>; Cabot, Antionette <AntionetteCabot@gov.nl.ca>

Subject: RE: Updated presentation for your review

Thanks for sharing presentation for review. It looks good. I have a few small comments:

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

Slide 2 – Are HHR still considered an issue and should it be highlighted.

or maybe you intend to capture on slide 10.

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

Slide 4 – this is a minor point but the title appears to be the same for all and noted up top. If so, perhaps could remove from each slide and only note the Zone name... ..this could create a little more room which may help visibility. You could do the same with slide 6.

thanks
Karen

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

From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Sent: Wednesday, January 31, 2024 5:28 PM
To: Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Sanger, Janice <JaniceSanger@gov.nl.ca>; Nolan, Karen <knolan@gov.nl.ca>; Cabot, Antionette <AntionetteCabot@gov.nl.ca>
Subject: Updated presentation for your review

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi;
Please see attached draft presentation for your review.
Thanks,
Nadine



Nadine McEvoy BScPT MBA (She/Her)
Director, Strategic Health Networks

t: 709-691-2794
e: Nadine.mcevoy@easternhealth.ca
w: NLHealthServices.ca

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A 10-YEAR HEALTH TRANSFORMATION

Surgery Sub-table Update February 2, 2024



Sub-table Members

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- Vice President Transformation Health Systems, NLHS, Cassie Chisholm, co-chair
- Vice President and Chief Operating Officer, Eastern Urban Zone, NLHS, Ron Johnson
- Senior Director, Provincial Health Transformation, NLHS, Tina Edmonds
- Provincial Wait Time Coordinator, Regional Services, HCS, Janice Sanger
- Acting Director, Regional Services, HCS, Karen Nolan
- Special Advisor - Health Transformation, Antionette Cabot, Secretariat and full member
- Director, Surgical Services Strategic Health Network, Nadine McEvoy



Current Priorities

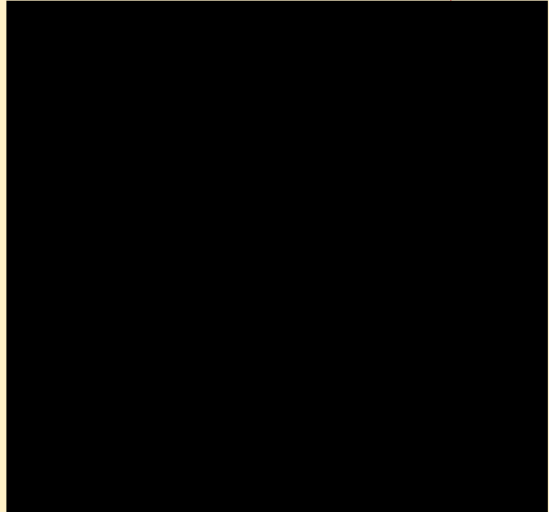
- Central Intake Project – Initial focus Orthopedics and Ophthalmology
- Total Joint Replacement initiatives to address surgical backlog

Challenges

- Health Human Resource availability
- Low volumes of patients qualify for outpatient TJR procedures based on existing criteria
- Cancellations due to bed availability

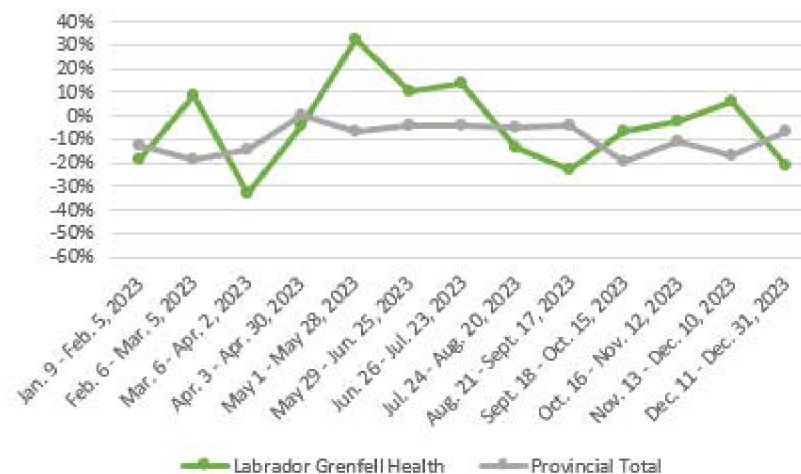
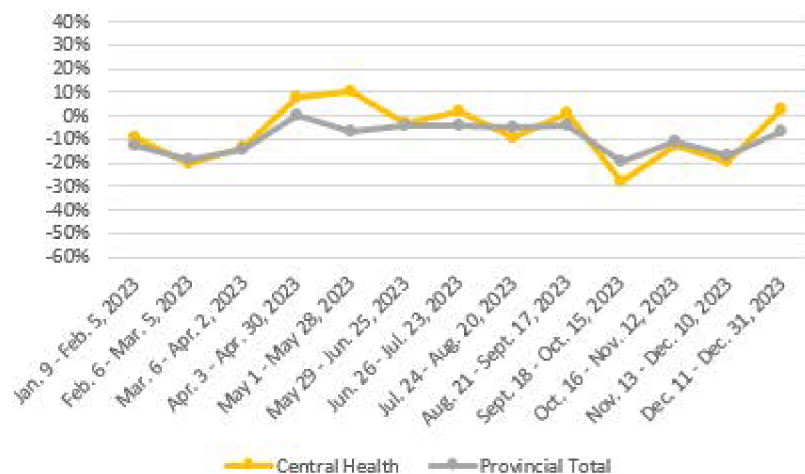
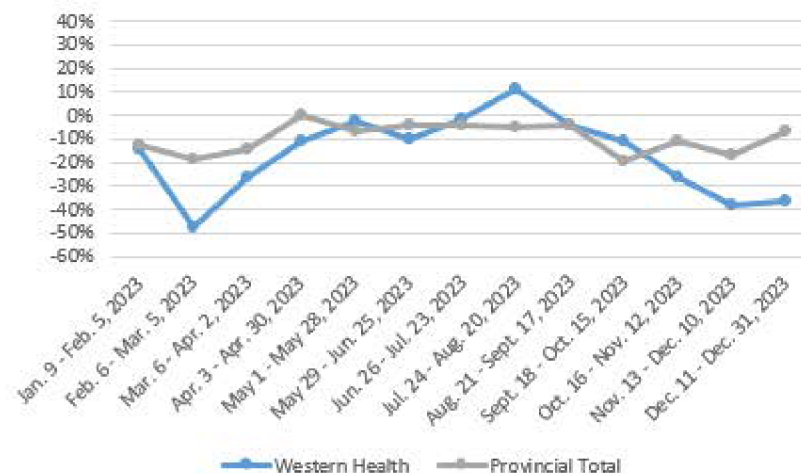
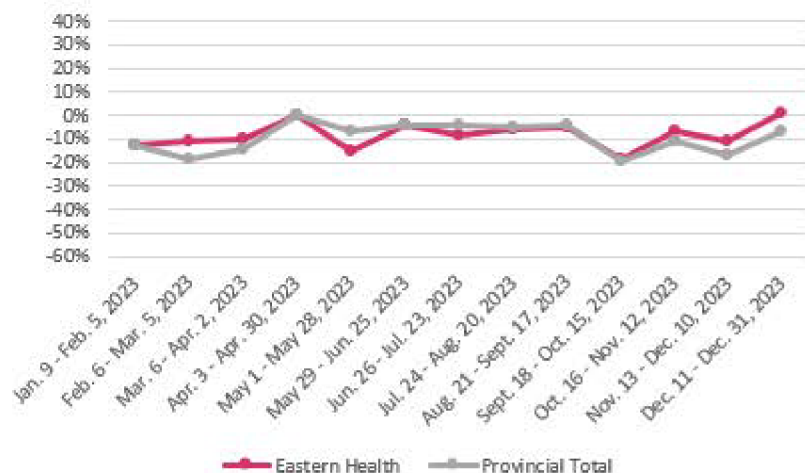
Opportunities

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

- 
- OR capacity review
- Expanding Central Intake



Percent Change in Surgical Volumes (2023 compared to 2019)



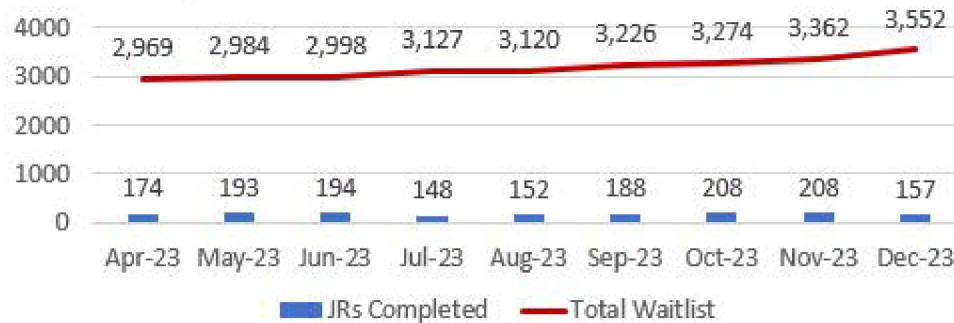
Percent change. 2019 being a baseline. Data comes from resumption report

The resumption report is a weekly report. In order to present information by month, 4 weeks data is summed up to be a month.

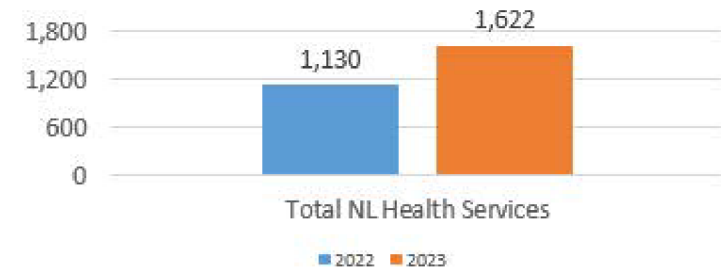


Provincial Joint Replacements

**Combined Total Joint Replacements (JRs)
Completed versus Total Waitlist - Provincial Totals**



**Comparing Total Joint Replacements
Completed for Apr-Dec 2022 and Apr-
Dec 2023**



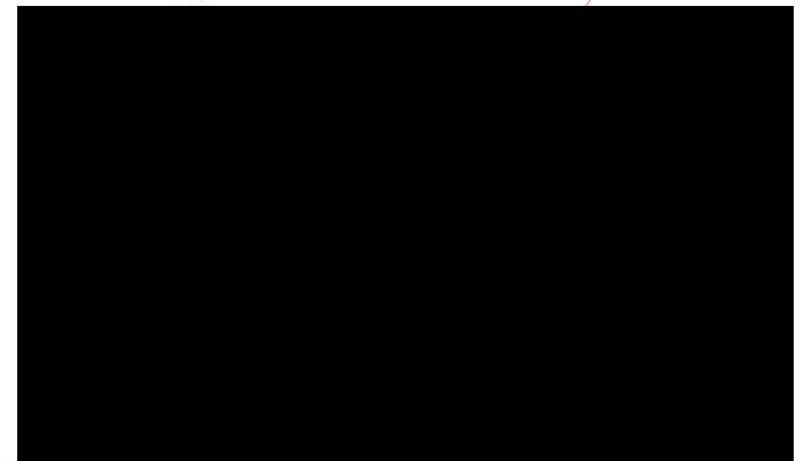
**Waitlist - Number Actively Waiting
Breakdown End-of-Month December 2023
Above Benchmark versus Below**



Ortho Update

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

-
-
-



JRs refer to Total Joint Replacements

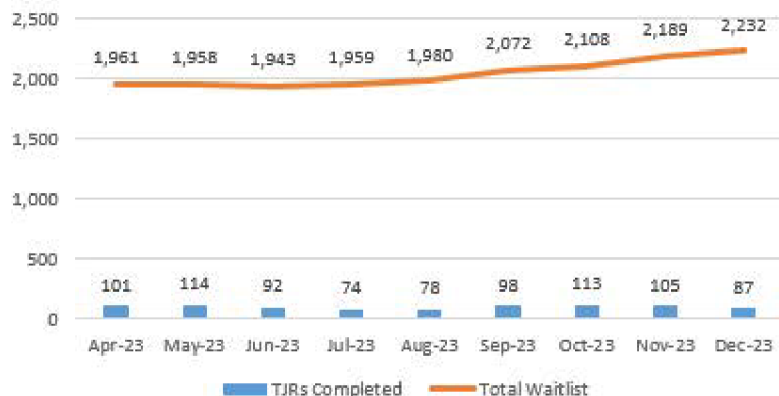
Wait list includes active and inactive

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

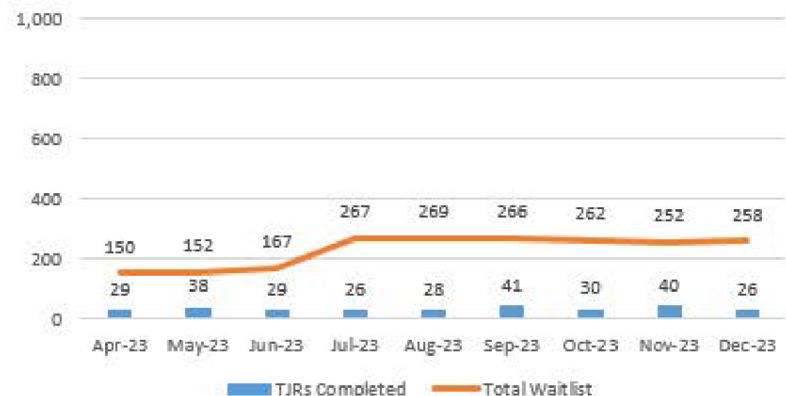


Combined JRs Completed Versus Total Waitlist by Zone

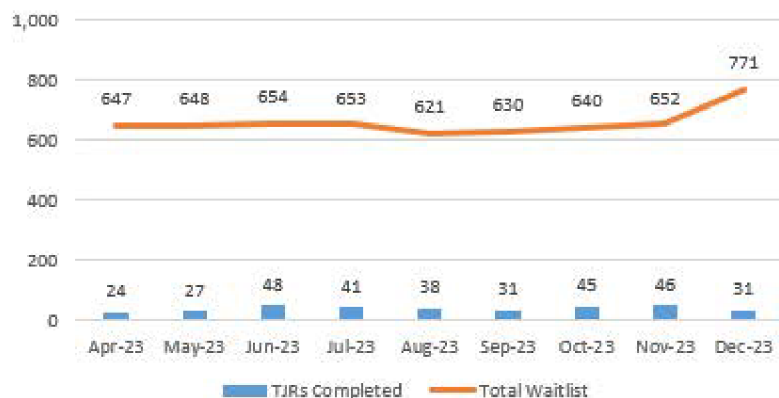
Eastern Health



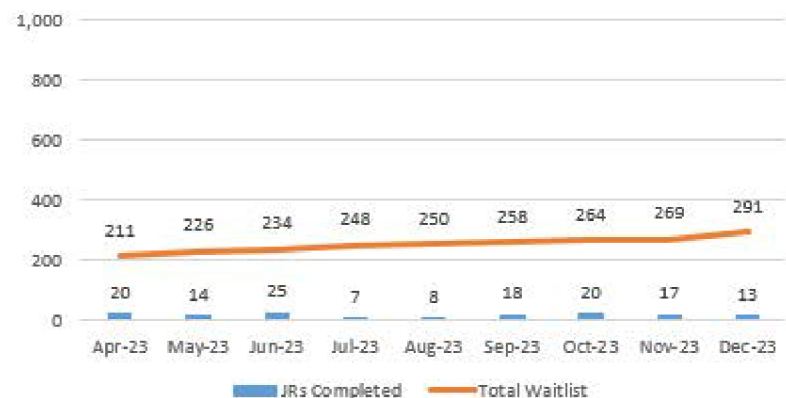
Western Health



Central Health

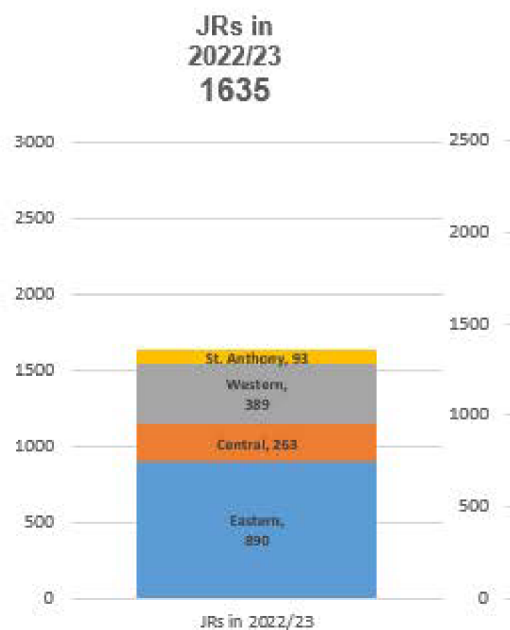


Labrador-Grenfell Health





Total Joint Replacement Surgery

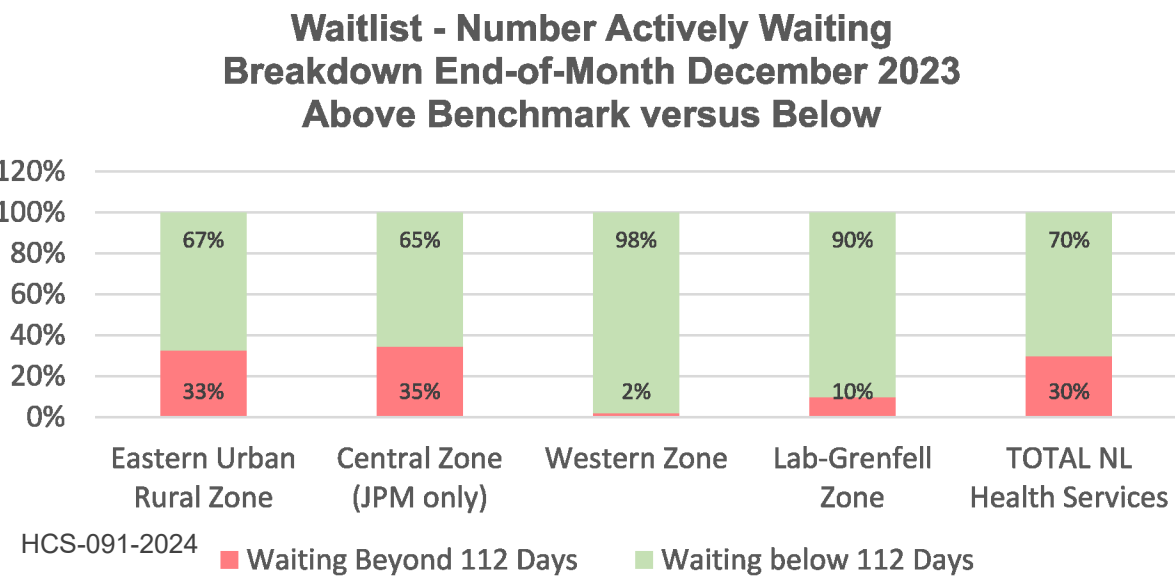
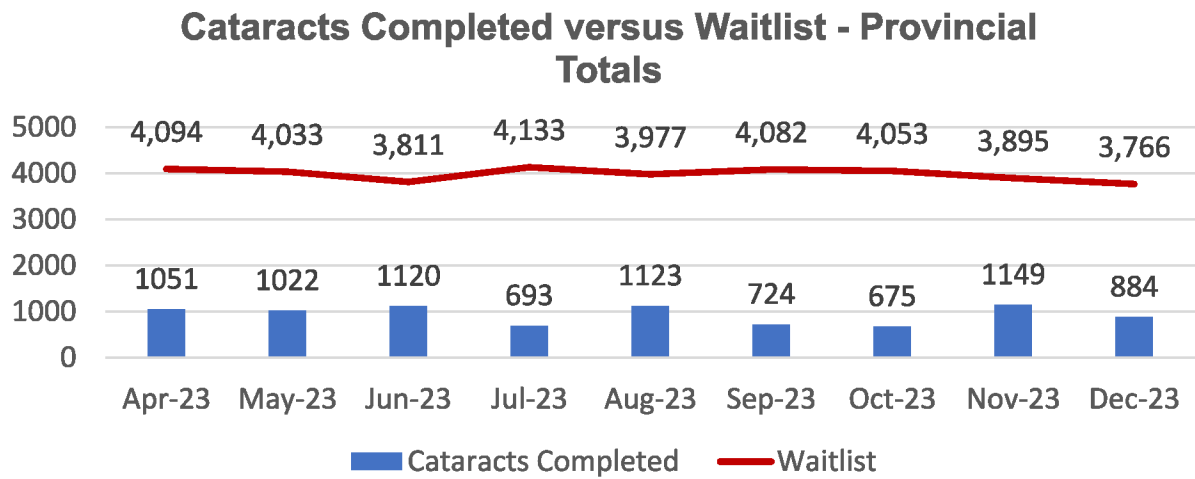


JRs refers to total joint replacement

Redactions on this page are pursuant to sections 29(1)(a) and 35(1)(d) of ATIPPA, 2015



Provincial – Cataract Surgery Service



Cataract Update

- Central Intake Project in progress 29(1)(a), 35(1)(d)





Next Steps

- Creation of Provincial Surgical Backlog Initiative
- Focus on Capacity Building through Optimization:

OR Infrastructure

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- Data informed decision making utilizing Central Intake and other analytics

Health Human Resources

- Recruitment and retention strategies
- Optimizing scope of practice
- Adopting enabling technologies
- Use of data to support effective workforce planning and management

From: Cabot, Antionette
Sent: Thursday, February 1, 2024 3:51 PM
To: Hanrahan, Heather
Cc: Cassie Chisholm, Herritt, Jeannine
Subject: HTT Jan24 Surgery Draft V5.pptx
Attachments: HTT Jan24 Surgery Draft V5.pptx

[Attachment included on pages 122-131](#)

Please find attached the presentation for tomorrows HT table update.

Thanks

Antionette

From: Osborne, Tom
Sent: Friday, February 2, 2024 9:53 AM
To: Lamb, Tina
Subject: Fwd: Pending Cardiac Surgery

Tom Osborne, M.H.A.
District of Waterford Valley
Minister of Health and Community Services

Begin forwarded message:

40(1)

From: [REDACTED]
Date: January 30, 2024 at 6:03:13 PM NST
To: jennifer.matthews@easternhealth.ca
Cc: sean.connors@easternhealth.ca, "Osborne, Tom" <tosborne@gov.nl.ca>, Premier of NL <Premier@gov.nl.ca>
Subject: Re: Pending Cardiac Surgery

Good afternoon,

40(1)

I look forward to receiving a response.

40(1)

Sent from my iPad

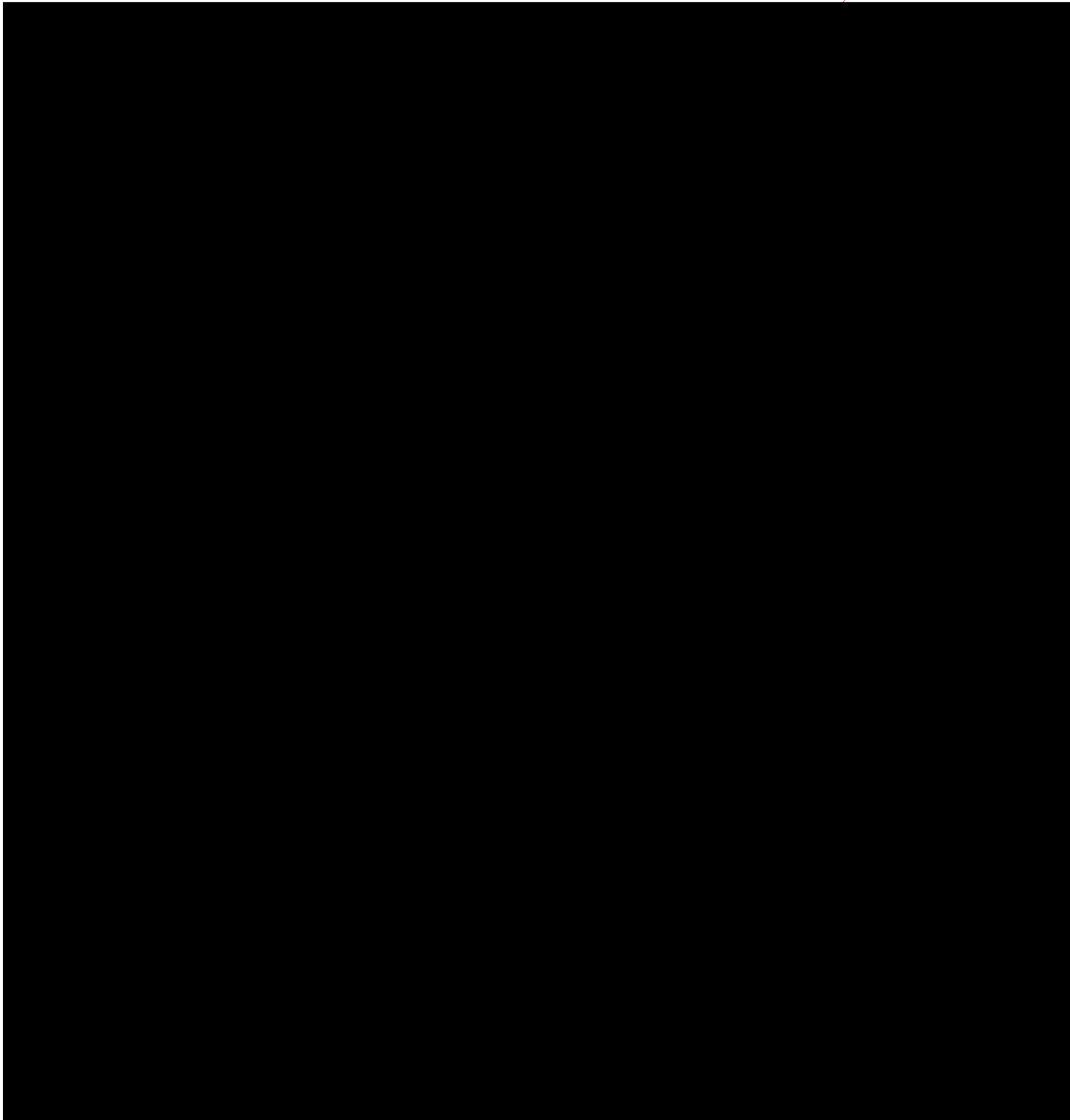
On Jan 30, 2024, at 11:48 AM, [REDACTED]
wrote:

40(1)

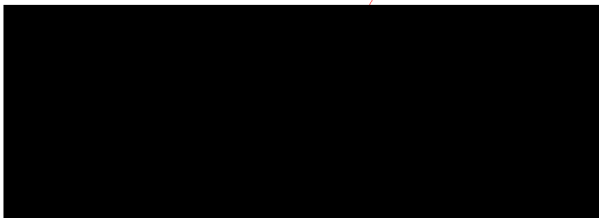
Good morning Jennifer,

After several voice messages with no response I am writing out of concern and frustration with not receiving any information on my pending cardiac surgery.

Section 6, 40(1)



Thank you.



From: Petten, Renee
Sent: Thursday, February 8, 2024 2:05 PM
To: Crowther, Colleen
Subject: RE: [REDACTED] CORRESPONDENCE RESPONSE : COR-2023-192637/02 : Follow-up Correspondence - [REDACTED]
[REDACTED] cataract surgery

Ok, thanks Colleen. I will draft and action to Dave for review.

Have a good day!

Renee

-----Original Message-----

From: Crowther, Colleen <ColleenCrowther@gov.nl.ca>
Sent: Thursday, February 8, 2024 12:18 PM
To: Petten, Renee <ReneePetten@gov.nl.ca>
Cc: Moore, Dave <DaveMoore@gov.nl.ca>
Subject: [REDACTED] CORRESPONDENCE RESPONSE : COR-2023-192637/02 : Follow-up Correspondence - Appeal
[REDACTED] cataract surgery

Renee, here is the suggested messaging. It will be important for Dave to sign off on this messaging once the document is in [REDACTED]

I sympathize with the wait time you have described to access publically funded cataract surgery. In such instances, it is important to discuss wait times with your attending primary care provider, ophthalmologist, or optometrist, all of whom can advocate on your behalf. The Department of Health and Community Services has also worked hard to reduce wait times for cataract surgery for our residents, including increasing caps on cataract surgeries offered in publically funded non-hospital designated facilities.

I hope this correspondence helps to further address your concerns regarding access to insured cataract surgery within our province.

Record Number: COR-2023-192637/02
Title: Follow-up Correspondence - [REDACTED] cataract surgery

From: Herritt, Jeannine
Sent: Sunday, February 11, 2024 9:49 PM
To: Cabot, Antionette, Cassie Chisholm, Parfrey, Patrick
Cc: Valerie Coffey, Carey, Cassandra, Baker, Marianne
Subject: RE: surgical back log initiative
Attachments: [REDACTED] 29(1)(a), 35(1)(d)

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

Please see the [REDACTED] for discussion tomorrow.

Thank you,
Jeannine

JEANNINE HERRITT BN RN MN | Assistant Deputy Minister – Regional Services
Department of Health and Community Services
Government of Newfoundland and Labrador
PO Box 8700, St. John's NL A1B 4J6
709-729-1716 | JeannineHerritt@gov.nl.ca

-----Original Appointment-----

From: Cabot, Antionette <AntionetteCabot@gov.nl.ca>
Sent: Thursday, February 8, 2024 3:46 PM
To: Cabot, Antionette; Cassie Chisholm; Herritt, Jeannine; Parfrey, Patrick
Cc: 'Valerie Coffey'; Carey, Cassandra; Baker, Marianne
Subject: surgical back log initiative
When: Monday, February 12, 2024 9:00 AM-10:00 AM (UTC-03:30) Newfoundland.
Where: Microsoft Teams Meeting

Sending an invite to regroup
This is the earliest time that works for everyone

31(1)(l)

From: Cabot, Antionette
Sent: Tuesday, February 13, 2024 10:21 AM
To: Cassie Chisholm, Herritt, Jeannine, Nadine McEvoy, Nolan, Karen, Sanger, Janice, Tina Edmonds, Ron Johnson
Cc: Hodder, Kiana, Valerie Coffey
Subject: FW: Surgery Sub Table - Materials Required for Next Meeting
Attachments: Minutes Surgery Sub table Jan 30 2024.docx, 2023-0829-ToR-SurgeryHTSubTable 2.docx, Agenda Surgery Sub table Feb 13 2024 doc.docx, NLHS Ortho Update Feb 9 2024.docx

Good morning. Everyone,
Please see attached updated agenda, feel free to add/make suggestions
The minutes for Jan 30 are attached and I have included Nadine's written update as well.
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Thanks, in advance!

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca

From: Cabot, Antionette
Sent: Tuesday, February 6, 2024 3:16 PM
To: Cassie Chisholm <cassie.chisholm@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Nadine Mcevoy <nadine.mcevoy@easternhealth.ca>; Nolan, Karen <knolan@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Sanger, Janice <JaniceSanger@gov.nl.ca>; Tina Edmonds <tinaedmonds@westernhealth.nl.ca>; Vallerie Coffey <valeric.coffey@easternhealth.ca>
Subject: Surgery Sub Table - Materials Required for Next Meeting

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Also find attached the minutes from Jan 30th

Thank you in advance

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca

Terms of Reference

Surgery Health Transformation Sub-table

In 2022 Health Accord NL provided a five year plan for a 10 year health transformation comprising actions and recommendations in strategic areas of health and health care.

Government of Newfoundland and Labrador has adopted the Health Accord Calls to Action and these actions will inform Government's Health Transformation Plans.

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Going forward, health leaders in Government and NLHS, must be closely aligned in their efforts to improve the health system and in turn the health outcomes of the people of the province.

To this end a Health Transformation Table has been created comprised of the CEO NLHS; Deputy Minister - Health and Community Services; and, Deputy Minister - Health Transformation; with Sub-tables, including this one, created to move forward and report on key transformation areas.

Objectives

1. To create a collaborative forum between Health Transformation (HT), the Department of Health and Community Services (HCS) and Newfoundland and Labrador Health Services (NLHS) and potentially other organizations that facilitates the implementation of the major policies of the Government of NL.
2. To assure an integrated approach to implementation of Government policies that includes the capacity for implementers and operations to influence policy.
3. To focus on the integration of policy and operations in the creation of processes to improve efficiency within surgery programs, including but not limited to wait lists, access, prioritization, and quality and outcomes.
4. To action the recommendations of the Surgical Backlog Task Force Report

Background

1. During Covid-19 many surgeries of various types were postponed leading to substantial increases in wait lists.
2. It is a priority of the federal government to eliminate these backlogs, and it will provide funding to assist in the effort.
3. A provincial Taskforce has prepared recommendations on how to eliminate the backlogs.
4. St John's orthopaedic surgeons have undertaken surgeries in St Anthony this year and will commence in Carbonear soon.
5. The small community hospitals that operate on small volumes of patients (Burin, Clarenville, St. Anthony, Labrador City, HV-GB) are vulnerable to surgeon loss and need to plan for this eventuality.
6. Provincial standards of care for surgery are necessary.

Membership

The members of the sub-table include key leaders in the NL Health System responsible for implementing a specific Call to Action.

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ADM HCS and VP NLHS will co-chair meetings. One COO NLHS will be included in membership, and be responsible for engaging with other COOs as necessary.

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Members

- Assistant Deputy Minister – Regional Services, HCS, Jeannine Herritt, co-chair

- Vice President Transformation Health Systems, NLHS, Cassie Chisholm, co-chair
- Chief Operating Officer, Eastern Urban, NLHS, Ron Johnson, member
- Special Advisor, Health Transformation, Antionette Cabot, Secretariat and full member
- Clinical Chief ?????
- Wait Times Manager, Regional Services, Janice Sanger, member
- Senior Director, Health Transformation, Tina Edmonds, member
- Director (Acting), Regional Services, HCS, Karen Nolan, member
- Others as determined necessary.
- It would be preferable not to have alternate designates.

Meeting Logistics

- Sub-table to report to the Health Transformation Table on a predetermined schedule.
- Meeting frequency to be determined by the sub-table but must align with scheduled reporting to the Health Transformation Table. Depending on the pace of progress meetings will be bimonthly (twice per month), monthly, or every second month, but not less frequently. Additional meetings can be held at the call of any member.
- Meetings will be held virtually or in-person.

Resources

- Key leaders in the health system, government and elsewhere may be invited to attend meetings related to specific topic areas.
- Secretariat support including meeting planning and minute taking will be provided by the Special Advisor Health Transformation.

Date Adopted June 6, 2023.

The Terms of Reference will be reviewed annually (next review: June 2024).

Health Transformation Sub table - Surgery
Feb 13, 2024, 3-4pm
Agenda

1. Review Minutes January30, 2024
2. Reporting potential date to Premier is Feb 27, 2024 (potential to add waitlist?)
3. Surgical backlog initiative – Update
4. Medical lead for sub table
5. Surgical Task force 32 recommendations
 - Priority and Implementation plan
6. Cataract surgery – update
7. Monthly reporting on all Surgical waitlists to Premier
8. Priorities – Written update provided.
 - Orthopedics
 - Expansion sites
 - Capacity Review update
 - [REDACTED] 29(1)(a), 35(1)(d)
9. Forward Planning Steps to meet projections for Orthopedics.

Actions:

- Antionette to set up Surgical Backlog Initiative meeting for Dr. Parfrey, Cassie, & Jeannine. **(completed)**
- [REDACTED]

KIV:

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

- [REDACTED]
- [REDACTED]

10. Next Meeting: Feb 27, 2024, 3-4pm

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

Health Transformation Sub-table – Surgery

Minutes

Date January 30, 2024

Virtual

Time 3 – 4 pm.

Attending: Cassie Chisolm (chair), Jeannine Herriott, Karen Nolan, Nadine McEvoy, Ron Johnson, Tina Edmonds, Janice Sanger, Antionette Cabot

Guests: Dr. Parfrey

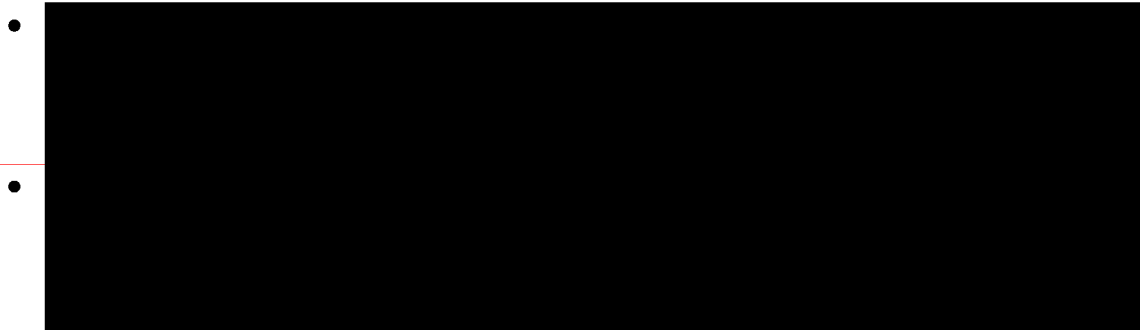
Regrets: N/A

Key Discussions Points:

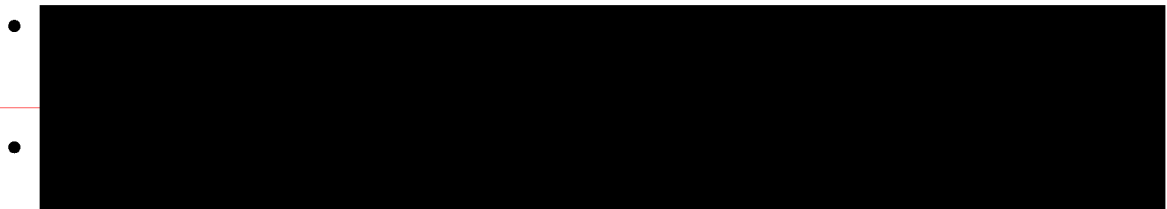
1. Minutes: accepted as written.

2. Surgical backlog initiative

- Cassie welcomed Dr. Parfrey to the meeting.
- DR. Parfrey – the surgical backlog initiative, is a focused approach, that is innovative and can get work completed quickly. The initiative evolved from the surgical task force recommendations and the need to develop an implementation plan that aligns policy, transformation & operations.



3. Priorities – written update provided.



4. Reporting to HT table.

- The remainder of the meeting was focused on reviewing the presentation to the HT main table for Feb 2nd.
- Next round of reporting potential date Feb 27, 2024

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

Actions:

-
-



KIV:

-
-



Next Meeting: Feb 13, 2024, 3-4pm

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

Ortho Update **February 9 2024**

	Total TJRs Since Last Update		Total Outpatient TJRs Since Last Update		Total Short Stay TJRs Since Last Update		Total *New* Initiatives since December 2022		Comments
	TKR	THR	TKR	THR	TKR	THR	TKR	THR	
Eastern Urban Zone	33 primary revisions	14 primary revisions	knees admitted	scheduled admitted			132	122	Number of attempted outpatient procedures that converted to inpatient in this timeframe: 1 254 total outpatient procedures attempted since the start of the initiative. Of these, 44 have converted to inpatient (17.3%) * in these reports, the OPD joints are included in number entered in total TJRs since last update numbers
Eastern Rural Zone (Carbonear initiative)	10						54	17	Moved to two joint lists as of week of January 22, 2024
Central Zone	16				11		63		Initiated Short Stay total hip replacement procedures this period
Western Zone									more successful outpatient TKR completed since Jan 16 th . More Outpatient Joint replacements scheduled. Ongoing work to update Joint replacement guideline booklets for improved patient education of outpatient pathway. Team continues to evaluate patient pathway for outpatient joint replacement procedure.
Lab/Grenfell Zone	L: V:	L: V:					V:81	V:59	Next travel date scheduled: Feb 12-16, Dr. O'Dea

*New initiatives are EUZ and WZ outpatient procedures; CZ Short Stay Initiative and Carbonear and St. Anthony Travel Initiative

From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Sent: Tuesday, February 13, 2024 10:33 AM
To: Cabot, Antionette, Cassie Chisholm, Herritt, Jeannine, Nolan, Karen, Sanger, Janice, Edmonds, Tina, Ron Johnson
Cc: Hodder, Kiana, Valerie Coffey
Subject: RE: Surgery Sub Table - Materials Required for Next Meeting
Attachments: Subtable CI Update.xlsx

Hi;
Please see attached Central Intake update.
Thanks,
Nadine



Nadine McEvoy BScPT MBA (She/Her)

Director, Strategic Health Networks

t: 709-691-2794

e: Nadine.mcevoy@easternhealth.ca

w: NLHealthServices.ca

From: Cabot, Antionette <AntionetteCabot@gov.nl.ca>
Sent: Tuesday, February 13, 2024 10:21 AM
To: Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>; knolan <knolan@gov.nl.ca>; janicesanger <janicesanger@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>
Cc: Hodder, Kiana <KianaHodder@gov.nl.ca>; Valerie Coffey <Valerie.Coffey@easternhealth.ca>
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Cabinet Secretariat
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E: antionettecabot@gov.nl.ca

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Central Intake Action Plan

Central Intake Action Plan								
Description			Develop a centralized Surgical Intake process encompassing all regions of the province including a system which can record and analyze metrics associated with trends, processes and performance. Initial focus on orthopedics and cataracts					Date of update 2/13/2024
Related Taskforce Recommendations			Timeline					
			Task	Start	Finish	Progress	Risk	Status Comments
Recommendation 2: Standardize Waitlist Patient's Time Zero Recommendation 3: Centralized Surgical Waitlist for Province Recommendation 5: Provincial Centralized Intake System for Surgical Specialties for Standardized, High Volume Surgeries			Current state analysis - all zones	11/6/2023		60%		Delayed
			Established time stamps	11/6/2023	1/17/2024	100%		Complete
			Establish waitlist time zero	11/6/2023		50%		On Track
			Establish governance for CI Project	12/4/2023	1/17/2024	100%		Complete Working group - Network - Steering Committee
			Singular provincial referral per service line	11/6/2023		40%		Delayed Ortho referral demo to provincial Orthopedic Surgeons scheduled for Thursday, February 15. Limited engagement from ophthalmologists to date
			Provincial Triage/Prioritization criteria and internal benchmarks by service line (Ortho and Ophthal)	1/29/2024		20%		On Track Early stages provincially with orthopedics. Ltd ophthalmology engagement to date

			Technology Access and Integrations	1/15/2024		10%		On Track	Includes Privacy Impact Assessment and Security Assessment Change request has gone into Orion for HealthNL integration - Awaiting response
			Data and Reports	1/25/2024		10%		On Track	Determine existing operational and wait time reports Determine future reporting needs/state Develop data framework
			Current Data Import	1/17/2024				On Track	
			Evaluation Framework					Not started	
			Provincial Change Management					Not started	
			Deployment					Not started	
			Sustainability					Not started	

29(1)(a)

29(1)(a)

From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Sent: Tuesday, February 13, 2024 3:56 PM
To: Cabot, Antionette, Cassie Chisholm, Herritt, Jeannine, Nolan, Karen, Sanger, Janice, Edmonds, Tina, Ron Johnson
Cc: Hodder, Kiana, Valerie Coffey
Subject: RE: Surgery Sub Table - Materials Required for Next Meeting
Attachments: SBAR - Surgical Dashboard.docx [DRAFT](#)

Hi;
Please see attached SBAR for consideration regarding the Surgical Dashboard.
Please reach out with any questions/concerns.
Thanks,
Nadine



Nadine McEvoy BScPT MBA (She/Her)
Director, Strategic Health Networks

t: 709-691-2794
e: Nadine.mcevoy@easternhealth.ca
w: NLHealthServices.ca

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SBAR: Surgical Dashboard

Situation

There are extensive surgical backlogs across several disciplines in Newfoundland and Labrador and waitlists are growing. The NL Government has committed to action to reduce surgical wait times by implementation of the Surgical Taskforce Report recommendations and requires monthly reporting of key surgical waitlists as a performance indicator.

Background

Newfoundland and Labrador Health Services (NLHS) has a dashboard underdevelopment to provide timely and accurate information on zone and provincial level wait times and procedures completed in key surgical areas: Cataracts; Total Joint Replacements (Total Hip and Total Knee); Coronary Artery Bypass Grafts; and Cancer surgical procedures (specifically bladder, breast, colorectal, lung and prostate).

29(1)(a)

Assessment

Traditionally, information was reported at the zone level, compiled provincially by waitlist managers and sent to the Department of Health and Community Services (DOHCS). Digital Health received the information back from the DOHCS. This process delayed Digital Health's receipt of the information and thus delayed the updating of the dashboard.

A process has been implemented to improve communication flow between waitlist managers and Digital Health within NLHS to improve the timeliness of information availability and facilitate monthly updating of the dashboard. While this process will facilitate timely access to TJR, Cataract and CABG data,

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

Recommendations:

29(1)(a)

From: Cabot, Antionette
Sent: Thursday, February 15, 2024 2:05 PM
To: Cassie Chisholm , Dr. Moores, Herritt, Jeannine, Hodder, Kiana, Nadine Mcevoy , Nolan, Karen, Ron Johnson , Sanger, Janice, Tina Edmonds, Vallerie Coffey
Subject: Surgery HT sub table - Meeting Material for Next meeting Feb 27th
Attachments: Agenda Surgery Sub table Feb 13 2024 doc.docx, SBAR - Surgical Dashboard.docx, Minutes Surgery Sub table Feb 13 2024.docx, Subtable CI Update.xlsx, NLHS Ortho Update Feb 9 2024.docx, 2023-0829-ToR-SurgeryHTSubTable updated Feb 15, 2024.docx

Good afternoon, everyone,

Please find attached the agenda for Feb 27th meeting, feel free to add or suggest edits to the agenda.

Also please find attached the minutes for the Feb 13 meeting, the SBAR referenced in the minutes, the written updates provided by Nadine, and the updated ToR.

Dr. Moores, hopefully these documents will provide you with some context, also can you please review your title int the ToR for accuracy.

If you have any questions, please reach out.

Thanks in advance.

Antionette Cabot
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4. St John's orthopedic surgeons have undertaken surgeries in St Anthony this year and will commence in Carbonear soon.
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- Special Advisor, Health Transformation, Antionette Cabot, Secretariat and full member
- Clinical Chief, Orthopedic Surgery, NLHS, Dr. William Moores (interim)
- Wait Times Manager, Regional Services, Janice Sanger, member
- Senior Director, Health Transformation, Tina Edmonds, member
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- Meeting frequency to be determined by the sub-table but must align with scheduled reporting to the Health Transformation Table. Depending on the pace of progress meetings will be bimonthly (twice per month), monthly, or every second month, but not less frequently. Additional meetings can be held at the call of any member.
- Meetings will be held virtually or in-person.

Resources

- Key leaders in the health system, government and elsewhere may be invited to attend meetings related to specific topic areas.
- Secretariat support including meeting planning and minute taking will be provided by the Special Advisor Health Transformation.

Date Adopted June 6, 2023.

The Terms of Reference will be reviewed annually (next review: June 2024).

Health Transformation Sub table - Surgery
Feb 27, 2024, 3-4pm
Agenda

1. Welcome Dr. Moores
2. Review minutes Feb 13, 2024
3. Review updated ToR
4. Debrief from Premier's HT table.
5. Surgical backlog initiative – Update
6. Monthly reporting to Premier on priority surgeries waitlists
7. Priorities – Written update provided.

Actions:

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

- [REDACTED]
- NLHS to identify a medical lead & forward to sub table, Antionette to forward invites and ToR **Completed**
- [REDACTED]

KIV:

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

- [REDACTED]
- [REDACTED]

8. Next Meeting: March 12, 2024, 3-4pm

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

Health Transformation Sub-table – Surgery

Minutes

Date February 13, 2024

Virtual

Time 3 – 4 pm.

Attending: Cassie Chisolm (chair), Jeannine Herritt, Karen Nolan, Nadine McEvoy, Ron Johnson, Tina Edmonds, Janice Sanger, Antionette Cabot

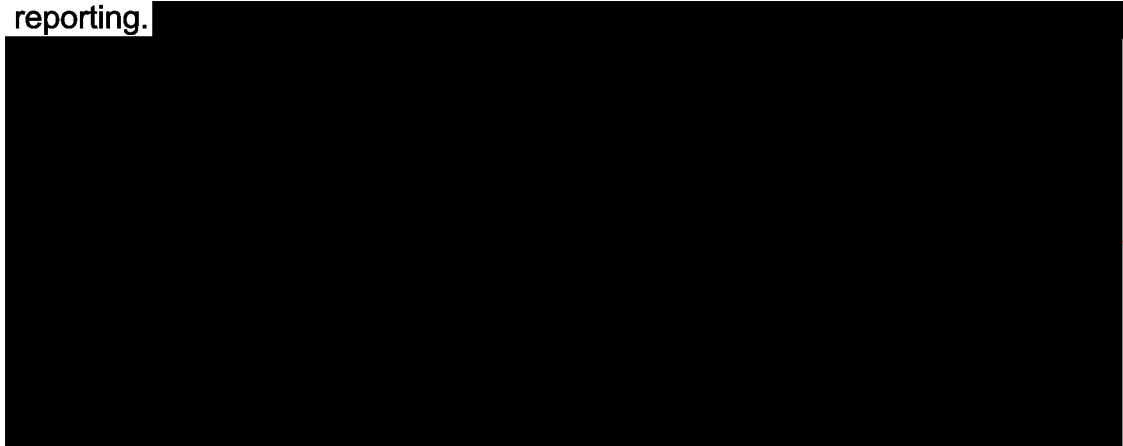
Guests:

Regrets: Janice Sanger

Key Discussions Points:

1. Minutes: accepted as written.

- New business added - Dashboards – Tina/Nadine
- Nadine reviewed data collection methodology for the priority areas: ortho – knees & hips, cardiac, cancer, & cataract surgery, and the request for monthly reporting.



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

2. Surgical backlog initiative update - **deferred**

3. Medial lead for sub table

- Discussion occurred regarding the need to add a medical clinical lead to the sub table.

4. Priorities – written update provided (see attached)

5. Reporting to Premier HT table.

- Scheduled for Feb 27, 2024, discussion occurred regarding updating data in presentation. A touch point to review presentation was suggested, meeting invite forwarded for Feb 21, at 1230 NL time.

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

Actions:

- [REDACTED]
- NLHS to identify a medical lead and forward to sub table, Antionette to forward invites and ToR. **Completed**
- [REDACTED]

KIV:

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

- [REDACTED]
- [REDACTED]

Next Meeting: Feb 27, 2024, 3-4pm

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

From: Herritt, Jeannine
Sent: Sunday, February 18, 2024 9:39 PM
To: Cabot, Antionette, Cassie Chisholm, Parfrey, Patrick
Subject: RE: Strategies for [REDACTED] Feb 14, 2024.docx
Attachments: [REDACTED] 29(1)(a), 35(1)(d)

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

[REDACTED]

Thank you,
Jeannine
JEANNINE HERRITT BN RN MN | Assistant Deputy Minister – Regional Services
Department of Health and Community Services
Government of Newfoundland and Labrador
PO Box 8700, St. John’s NL A1B 4J6
709-729-1716 | JeannineHerritt@gov.nl.ca

From: Cabot, Antionette <AntionetteCabot@gov.nl.ca>
Sent: Wednesday, February 14, 2024 4:30 PM
To: Cassie Chisholm <cassie.chisholm@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Parfrey, Patrick <PatrickParfrey@gov.nl.ca>
Subject: Strategies for [REDACTED] Feb 14, 2024.docx

Afternoon Jeannine, 29(1)(a), 35(1)(d) 29(1)(a), 35(1)(d)
I did a bit of organizing to the final draft of the strategies [REDACTED] Pat had shared via email, hope this is helpful to you.

29(1)(a), 35(1)(d)
[REDACTED]

Thanks
Antionette

From: Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>
Sent: Monday, February 19, 2024 8:03 AM
To: Herritt, Jeannine, Cabot, Antionette, Parfrey, Patrick
Subject: RE: Strategies for [REDACTED] Feb 14, 2024.docx

Hi All,

See you shortly. I've reviewed the latest draft. I think it's coming together nicely. A couple of thoughts:

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

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

- [REDACTED]

- [REDACTED]

- [REDACTED]

Food for thought.

C



**NL Health
Services**

Cassie Chisholm

Vice President Transformation, Health Systems
Newfoundland and Labrador Health Services

t: 709-730-6852

e: cassie.chisholm@easternhealth.ca

w: NLHealthServices.ca

From: Herritt, Jeannine [mailto:JeannineHerritt@gov.nl.ca]

Sent: Sunday, February 18, 2024 9:39 PM

To: Cabot, Antionette <AntionetteCabot@gov.nl.ca>; Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; Parfrey, Patrick <PatrickParfrey@gov.nl.ca>

Subject: RE: Strategies for [REDACTED] Feb 14, 2024.docx

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

Hi Everyone,

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

Please see V.2 for [REDACTED] maybe we can review them again tomorrow. [REDACTED]

Thank you,
Jeannine

JEANNINE HERRITT BN RN MN | Assistant Deputy Minister – Regional Services
Department of Health and Community Services
Government of Newfoundland and Labrador
PO Box 8700, St. John's NL A1B 4J6
709-729-1716 | JeannineHerritt@gov.nl.ca

From: Cabot, Antionette <AntionetteCabot@gov.nl.ca>

Sent: Wednesday, February 14, 2024 4:30 PM

To: Cassie Chisholm <cassie.chisholm@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Parfrey, Patrick <PatrickParfrey@gov.nl.ca>

Subject: Strategies for [REDACTED] Feb 14, 2024.docx

Afternoon Jeannine,

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

I did a bit of organizing to the final draft of the strategies for operations Pat had shared via email, hope this is helpful to you.

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

Thanks

Antionette

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From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Sent: Monday, February 19, 2024 2:46 PM
To: Cabot, Antionette, Cassie Chisholm, Herritt, Jeannine, Edmonds, Tina, Nolan, Karen, Sanger, Janice, William Moores, Ron Johnson
Cc: Hodder, Kiana, Valerie Coffey
Subject: RE: Urgent meeting request NLHS
Attachments: SBAR - Ophthalmology Eastern Zone.docx
[Attachment included on page 168](#)

Hi everyone;

Attached is the SBAR detailing the situation, background and assessment of current challenges with ophthalmology services. We are hoping our discussion tomorrow can extend to some potential recommendations.

Thanks,
Nadine



Nadine McEvoy BScPT MBA (She/Her)
Director, Strategic Health Networks

t: 709-691-2794

e: Nadine.mcevoy@easternhealth.ca

w: NLHealthServices.ca

-----Original Appointment-----

From: Cabot, Antionette <AntionetteCabot@gov.nl.ca>

Sent: Thursday, February 15, 2024 8:59 AM

To: Cabot, Antionette; Cassie Chisholm; Herritt, Jeannine; Edmonds, Tina; knolan; janicesanger; Nadine McEvoy; William Moores; Ron Johnson

Cc: Hodder, Kiana; Valerie Coffey

Subject: Urgent meeting request NLHS

When: Tuesday, February 20, 2024 12:00 PM-1:00 PM (UTC-03:30) Newfoundland.

Where: Microsoft Teams Meeting

31(1)(l)

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From: Donnie Sampson <donnie.sampson@lghealth.ca>
Sent: Tuesday, February 20, 2024 2:02 PM
To: Cabot, Antionette, Herritt, Jeannine, Nolan, Karen, Sean Connors
Cc: Cassie Chisholm
Subject: Cardiac Surgery BN CVOR Feb 2024
Attachments: Cardiac Surgery BN CVOR Feb 2024.pdf

Good Afternoon

Here is our BN for dc today ...apologies I was doing the cost analysis and money is never straight 😊

Hopefully its helpful in painting the picture for us and helps determine next steps.

Kind regards

D

All information in this communication, including attachments, is strictly confidential and intended solely for delivery to and authorized use by the addressee(s) identified above, and may contain privileged, confidential, and/or proprietary information entitled to protection and/or exemption from disclosure under applicable law. If you are not the intended recipient, please take notice that any disclosure, copying, distribution, and/or any action taken or omitted to be taken in reliance upon it, is unauthorized and may be unlawful. If you have received this communication in error, please notify the sender immediately and delete the message and any attachments from your system. *** This communication (including all attachments) is intended solely for the use of the person or persons to whom it is addressed and should be treated as a confidential communication from Labrador Grenfell Health. If you are not the intended recipient, any use, distribution, printing, or copying of this email is strictly prohibited. If you received this email in error, please immediately notify the originator and delete it from your system. Your cooperation is appreciated. ***



Proposal

Title: Cardiac Surgery Optimization

Issue: Inability to meet Cardiac Surgery demand with currently allocated human resources, model of care delivery, and operating suite availability.

Background and Current State:

- NLHS' Surgery (CS) waitlist has increased by 61.5 % since 2019. Wait times for priority 3 patients have increased by 50% and the proportion of CABG patients with CCS score of 4 has steadily increased from 57% in 2007 to 76% in 2022.
- The proportion of urgent in-hospital patients requiring CABG has increased from 2007 to 2022 from 58% to 74%. Less than two percent in 2023 of those patients accessing CS are non-urgent outpatients.
- In 2022/2023 there were 121 CS cancellations, 35% of these due to the second CS case finishing later than 3 pm and the second reason was human resource issues. Cancellation not only resulted in extending the CS waitlist and reduced access for those individual patients but also resulted in a payout of \$484K to anesthesia for non-value work, as they are paid for short notice cancellations.
- In response to restricted capacity, in 2022, a Memorandum of Understanding was signed with the University of Ottawa Cardiac Heart Institute (UOHI) enabling 50 patients to access CS out of province between May 2022 and June 2023 with an estimated cost of 3M.
- In January 2023, CS began the move to become a "closed program" which entails shifting operational oversight for the human resources needed for CS from the main perioperative program to the cardiovascular program. It was reinforced by NLHS executive and operational leadership that there would be a transitional period during which the CS OR must depend on the general OR for staff until such time as CV had its own team in place and fully trained.
- Dedicated staffing transitioned from the main OR to the CS OR included six registered cardiac nurse first assists (RNFA), six perfusionists, (\$25,000.00 and \$ 32,974.50 market adjustment respectively) and one RN II – no attached incentives.

- While it was essential to move to a closed CS OR program there remained operational challenges including;securing appropriate human resources; delivering CS services in the current model of care; and having sufficient access to operating suites.
- In July 2023, TFT funding was approved for two years to hire 7.6 RN positions to support the operationalization of the CSOR program. Positions were posted internally and externally with limited success in recruiting the necessary RN resources.
- In January 2024, 4 additional CS OR staff were hired including a clinical nurse educator (CNE) and three novice CS OR RNs. These are critical to build a quality training and onboarding program as well as to support the retention of existing CS OR staff. This approach was innovative as for the first time the CS OR hired and onboarded “novice” RNs to practice in the CS OR program.
- In 2022, a surgical task force was instituted to address the surgical backlog with a focus on cataracts and orthopedics. A new initiative called Operation Access is being launched to support the implementation of the surgical backlog recommendations, this time including CV surgery as a priority.
- In December 2023, Health and Community Services (HCS) approved incentives to assist with attracting the remaining 3.6 full-time equivalent (FTE) experienced CS OR RNs needed. To date there have been no applicants internal or external.
- Currently, the CS OR uses a central intake process. CV Surgery rounds are carried out weekly using an evidence-based “Heart Team” approach to determine appropriateness and clinically triage all patients to the CS waitlist.
- See Appendix A for an overview of the CS OR including human resources, model of care, and OR suite availability.

Service Delivery Model

CS OR Health Human Resource

Anesthesia

- In current state, two Anesthetists attend each CS case, one cardiac-trained and one general anesthetist. These providers are fee-for-service however they have been awarded a specialized funding arrangement for CS that remunerates \$2000 per case for each anesthetist.
- In addition, an agreement was put in place some years ago that enabled anesthetists to be paid for cases that were formally scheduled by 2:00PM the previous day i.e., if a case booked by 2:00PM is cancelled the anesthetist is paid for the cancelled case.
- A single Anesthesia Assistant works within the CS OR program but has not had the opportunity to fully practice in CS.

Perfusion

- At present, Perfusionists attend CS OR cases as teams of two. In contrast, the national perfusionist organization endorses the **n+1+call** coverage model where n=the number of CS ORs operating at a given time and the “+1” perfusionist circulates between rooms and relieves as necessary.

Nursing

- In current state and historically, CS OR nurses work an 8-hr shift beginning at ~7:30AM. This has been problematic, given the average length of a CS OR day is much longer, in the vicinity of 12 hours. At present, nurses are scheduled as “Stay Late” meaning they are informed when scheduled that they will be expected to stay until the second CS OR case is completed and will be paid overtime to do so.
- Additionally, in current state, the CS OR utilizes RNs **only** within its nursing complement i.e., not utilization of Operating Room Technicians or Scrub Techs.
- At present, RNs attend CS OR cases as teams of three – Scrub and two circulating.

CS OR Operational Efficiency

- Data analysis shows average start times and room turnover times are not optimized for the CS OR.
- CS OR days are routinely in the vicinity of 12hrs, with increases in length of day seen when start times and turnover times are delayed.
- The CS OR does not currently operate a formal call schedule and does not routinely schedule more than 2 cases per list or CS OR lists on weekends.

CS OR Cancellation Process

- The process for cancelling a CS OR has historically followed the “3:00PM rule” whereby the second case of the room is cancelled if the skin has not been closed on the first case by 3:00 PM. This process was put in place some years ago to mitigate the CS OR team being at work for exorbitantly long hours. This was beneficial at the time to prevent staff burnout due to the practice patterns of specific surgeons who frequently worked past 10:00PM.

Provincial CS Program – Proposed Model

HHR Service Model

- Other jurisdictions across Canada, including our affiliated partner, the UOHI, have improved the efficient utilization of cardiac-trained anesthesiologists by implementing Anesthesia Care Teams (ACTs) which include a specialist anesthesiologist and certified anesthesia assistant (AA).
- A position paper from the Canadian Anesthesiologists Society (2022) stated that AAs work to their full scope of practice under the direct supervision of the specialist anesthesiologist to provide safe and optimal patient care.¹

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

- [Redacted]

ACT Cost Analysis

[Redacted]

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

CS OR Operational Efficiency

[Redacted]

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

Table 1
Current Outline of CS Care Delivery

Model of Care Delivery	OR Suite Availability	Human Resources
2 anesthesia per case*	Capacity: 14 cases per week	1 RN II
2 perfusionists per case	2 OR suites two days a week (M/W)	6 FTE perfusionist
3 RNs per case	1 OR suite three days a week (T/T/F)	6 RNFA
* No formal CS call schedule	Hours of operations: M-F: 8-1600 hrs (7.5 hr)	Shared Staff with general OR
* Anesthesia is paid if the second case is cancelled		

Table 2
Future Outline of CS Care Delivery

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

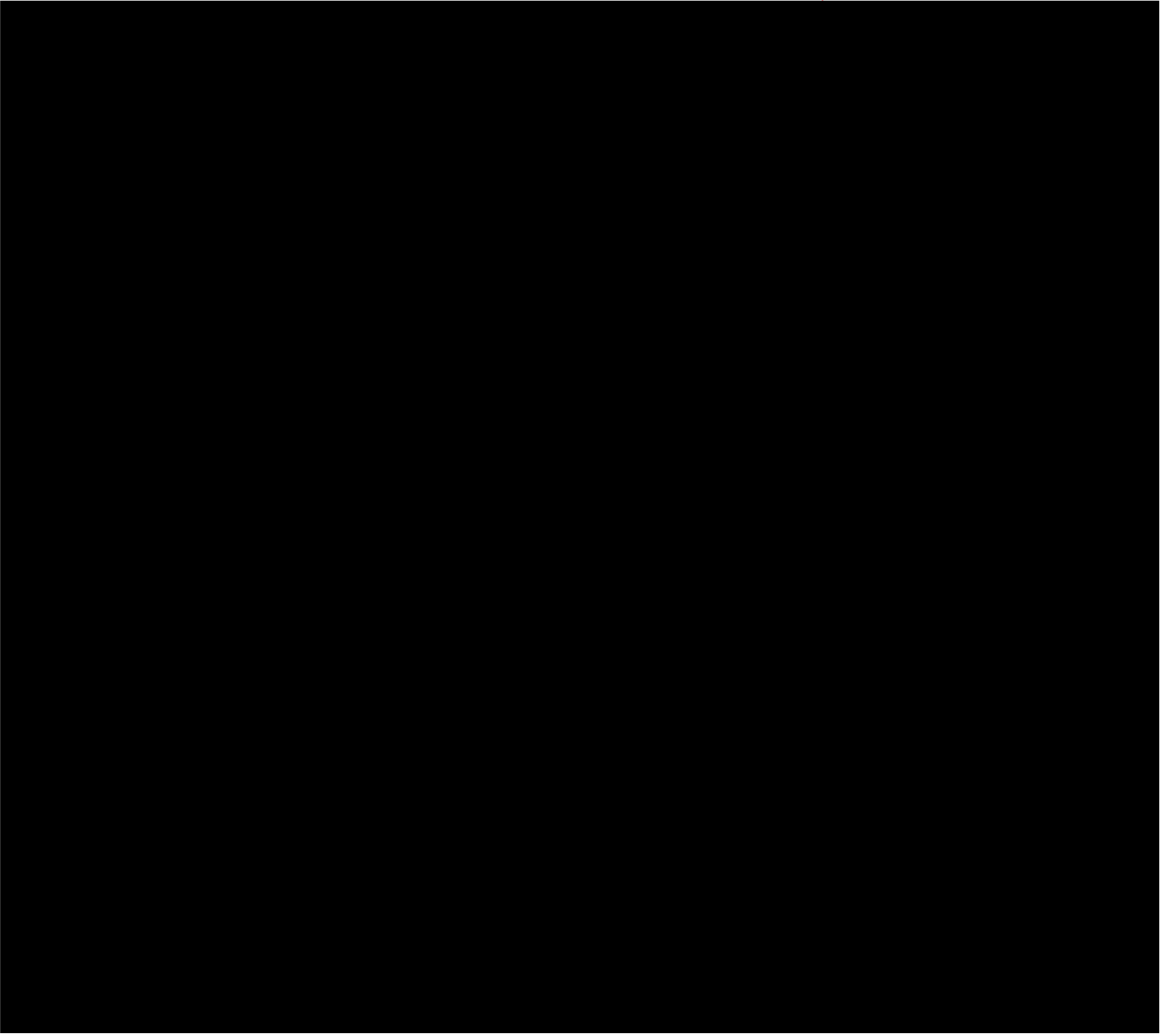
Actions Required:

- The urgency of the situation requires both immediate and long-term strategies. NLHS is seeking approval for additional human resources necessary to stabilize and advance our CS OR program.

Immediate Strategies (1-2 Months):

Increasing Capacity to Provide Surgery

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



Long-term Strategies (6-12 months):

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



Key Considerations

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

Action taken to date:

- Cardiac Program ring-fenced 8 CS beds **(completed)**.
- Expand Cardiac Surgery operating team to 5 surgeons **(completed)**.
- \$25k market adjustment was introduced in July 2023 to support RNFA recruitment and retention **(completed)**.
- \$32K market adjustment was introduced to support perfusionist recruitment and retention **(completed)**.
- January 2024 hired three TFT novice RNs who have started and are currently orientating **(completed)**.
- February 2024 hired TFT CNE to begin the onboarding program **(completed)**.
- HCS secured incentives to hire externally experienced RNs to take TFT positions in CS OR x 2 years **(completed)**.
- Implement novice / experienced RN skill mix – This has been completed with three novice nurses hired in January 2024 **(completed)**.
- Working with HR to bring in locum perfusionists (\$150.00 is the Canada rate) and LPN Scrub Techs **(in progress)**.
- Working with HR to secure Agency RNs **(in progress)**.
- Working with HR and HCS to secure IENs **(in progress)**.
- Working with HCS to explore attaching incentives for experienced internal RN applicants to take positions in CS OR **(in progress)**.
- Offered funding with the program to sponsor perfusionist student for fall 2024 (not approved by HR or TB) **(in progress)**.

Recommendations:

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

Prepared by: Donnie Sampson & Dr. Sean Connors

Prepared for: CVS Sub-Table

Appendices

Appendix A:

Current Situation- Human Resources; Model of Care Delivery and OR Availability

1. Human Resources

- Five out of six RNFA positions are filled. One of those is currently in training
- Five out of six perfusionist positions are filled.
 - We have one perfusionist resignation effective [REDACTED] 40(1)
 - [REDACTED]
 - As of March 1, 2024 there will be 3/6 positions
 - One recent perfusionist was hired [REDACTED] 40(1)
- One RNII – not filled
- Five Cardiac Surgeons
- There is no other staff

2. Model of Care Delivery

- To work in the CS OR all RNs must be highly experienced and background in the perioperative operating room
- The only skill mix in the CS OR is RNs and Perfusionist
- The current CS OR staffing model requires two anesthesia, two perfusionists and three RNs (Scrub and two circulating RNs) for each CS OR case
- CS OR has no established training program
- The CS OR and General OR operates Monday – Friday from 0745-1545 with RN staff having to “stay late” daily, incurring significant overtime costs as well as concerns about quality of work life and burnout

3. OR Availability

- The CS OR has access to an OR suite five days a week and on Monday and Wednesday has an additional room assigned. This allows for 14 cases per week

References

1. Canadian Journal of Anesthesia. (2022). Position paper on anesthesia assistants: An official position paper of the Canadian Anesthesiologists' Society. *Canadian Anesthesiologists' Society*. Retrieved from https://www.cas.ca/CASAssets/Documents/Practice-Resources/Guidelines/Appendix-5_2023.pdf.

From: Nolan, Karen
Sent: Tuesday, February 20, 2024 4:10 PM
To: Herritt, Jeannine
Subject: FW: Cardiac Surgery BN CVOR Feb 2024
Attachments: Cardiac Surgery BN CVOR Feb 2024.pdf
[Attachment included on pages 189-199](#)

From: Donnie Sampson <donnie.sampson@lghealth.ca>
Sent: Tuesday, February 20, 2024 2:02 PM
To: Cabot, Antionette <AntionetteCabot@gov.nl.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Nolan, Karen <knolan@gov.nl.ca>; Sean Connors <Sean.Connors@easternhealth.ca>
Cc: Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>
Subject: Cardiac Surgery BN CVOR Feb 2024

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Afternoon

Here is our BN for dc today ...apologies I was doing the cost analysis and money is never straight 😊

Hopefully its helpful in painting the picture for us and helps determine next steps.

Kind regards

D

All information in this communication, including attachments, is strictly confidential and intended solely for delivery to and authorized use by the addressee(s) identified above, and may contain privileged, confidential, and/or proprietary information entitled to protection and/or exemption from disclosure under applicable law. If you are not the intended recipient, please take notice that any disclosure, copying, distribution, and/or any action taken or omitted to be taken in reliance upon it, is unauthorized and may be unlawful. If you have received this communication in error, please notify the sender immediately and delete the message and any attachments from your system. *** This communication (including all attachments) is intended solely for the use of the person or persons to whom it is addressed and should be treated as a confidential communication from Labrador Grenfell Health. If you are not the intended recipient, any use, distribution, printing, or copying of this email is strictly prohibited. If you received this email in error, please immediately notify the originator and delete it from your system. Your cooperation is appreciated. ***

From: Sanger, Janice
Sent: Thursday, February 22, 2024 11:32 AM
To: Nolan, Karen, Herritt, Jeannine
Subject: ONT Surg BL Modelling
Attachments: ONT Surgical Backlog Modelling.full.pdf
[Attachment is available online at the following weblink:
https://www.cmaj.ca/content/cmaj/192/44/E1347.full.pdf](https://www.cmaj.ca/content/cmaj/192/44/E1347.full.pdf)

FYI, one approach.
Janice

From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Sent: Thursday, February 22, 2024 1:07 PM
To: Cabot, Antionette, Cassie Chisholm, William Moores, Herritt, Jeannine, Hodder, Kiana, Nolan, Karen, Ron Johnson, Sanger, Janice, Edmonds, Tina, Vallerie Coffey
Subject: RE: Touch point for surgical presentation
Attachments: HTT Surgery Draft V3 Feb 22.pptx

Hi all;

Here is the updated presentation.

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

Slide 4 is the percent change in surgical volume 2023 versus 2019 with each region plotted against the percent provincial change and slide 5 is change in surgical volumes 2023 versus 2019 with each region plotted against itself.

Appreciate your input.

Thanks,
Nadine



Nadine McEvoy BScPT MBA (She/Her)
Director, Strategic Health Networks

t: 709-691-2794

e: Nadine.mcevoy@easternhealth.ca

w: NLHealthServices.ca

From: Cabot, Antionette <AntionetteCabot@gov.nl.ca>
Sent: Wednesday, February 21, 2024 1:24 PM
To: Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; William Moores <William.Moores@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>; knolan <knolan@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; janicesanger <janicesanger@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Vallerie Coffey <valeric.coffey@easternhealth.ca>
Subject: Touch point for surgical presentation

Afternoon Cassie and Jeannine,

We met as a team to review the presentation, some suggested edits was put forward.

Nadine will update and share via email for feedback, if you think we should meet to review prior to going to the Premier on Feb 29th, please let me know
I can arrange a meeting.

Thanks, in advance

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca



A 10-YEAR HEALTH TRANSFORMATION

Surgery Sub-table Update February 27, 2024



Sub-table Members

- Assistant Deputy Minister – Regional Services, HCS, Jeannine Herritt, co-chair
- Vice President Transformation Health Systems, NLHS, Cassie Chisholm, co-chair
- Vice President and Chief Operating Officer, Eastern Urban Zone, NLHS, Ron Johnson
- Senior Director, Provincial Health Transformation, NLHS, Tina Edmonds
- Provincial Wait Time Coordinator, Regional Services, HCS, Janice Sanger
- Acting Director, Regional Services, HCS, Karen Nolan
- Special Advisor - Health Transformation, Antionette Cabot, Secretariat and full member
- Director, Surgical Services Strategic Health Network, Nadine McEvoy
- Interim Medical Lead, Surgical Services Strategic Health Network, Dr. William Moores



Current Priorities

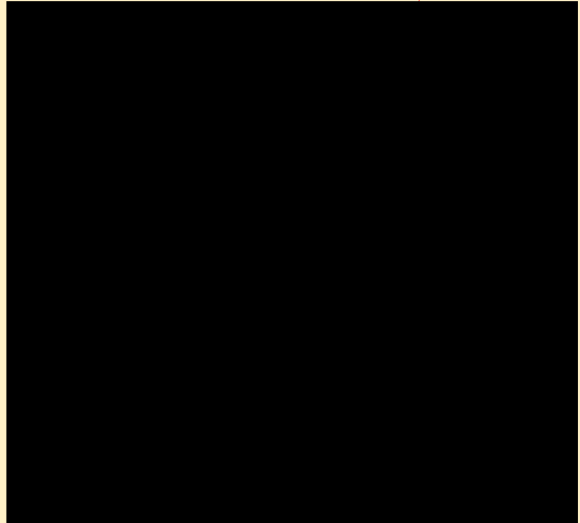
- Central Intake Project – Initial focus Orthopedics and Ophthalmology
- Total Joint Replacement initiatives to address surgical backlog

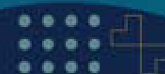
Challenges

- Low volumes of patients qualify for outpatient TJR procedures based on existing criteria
- Cancellations due to bed availability

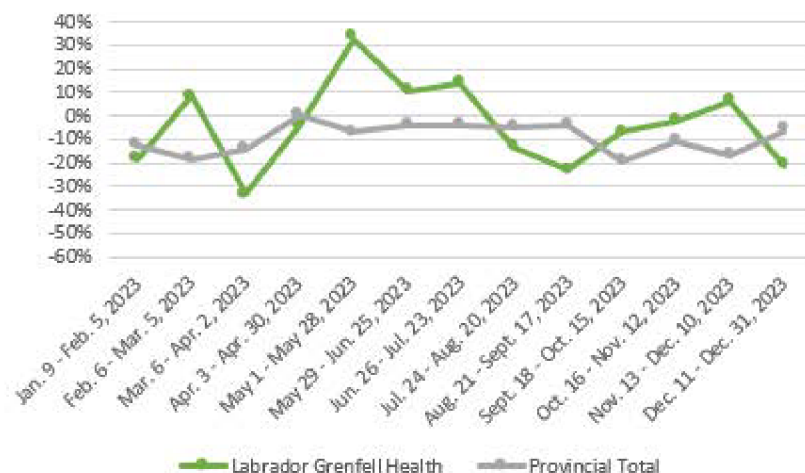
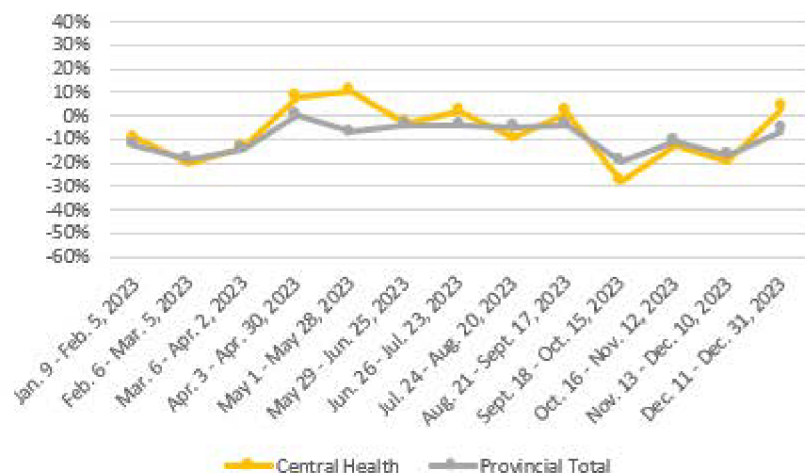
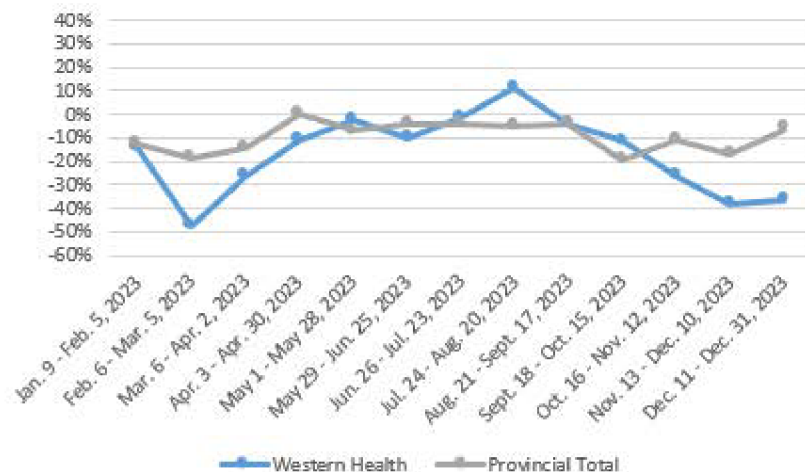
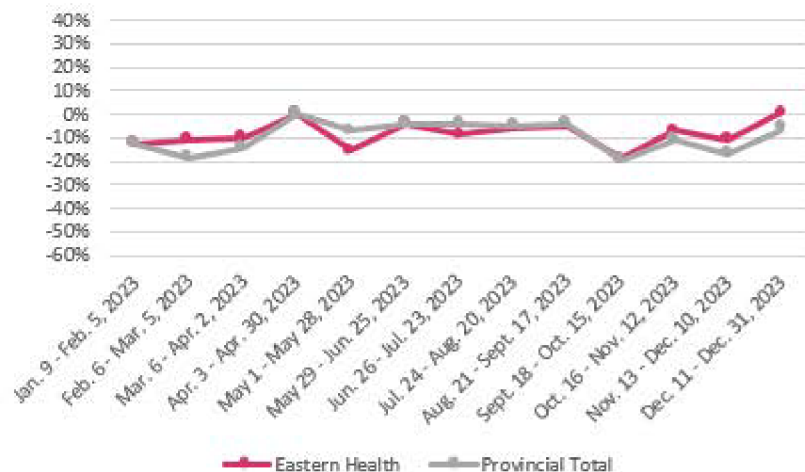
Opportunities

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

- 
- OR capacity review
- Expanding Central Intake



Percent Change in Surgical Volumes (2023 compared to 2019)



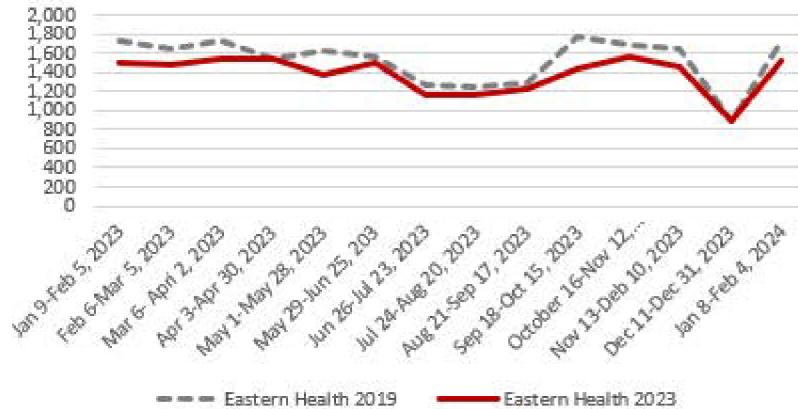
Percent change. 2019 being a baseline. Data comes from resumption report

The resumption report is a weekly report. In order to present information by month, 4 weeks data is summed up to be a month.

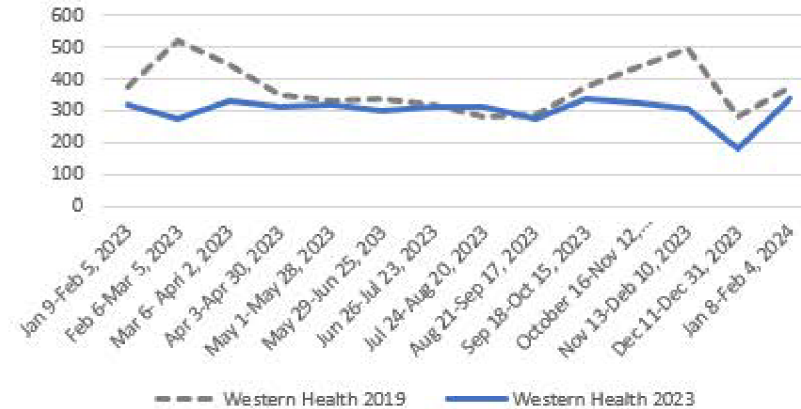


Change in Surgical Volumes (2023 compared to 2019)

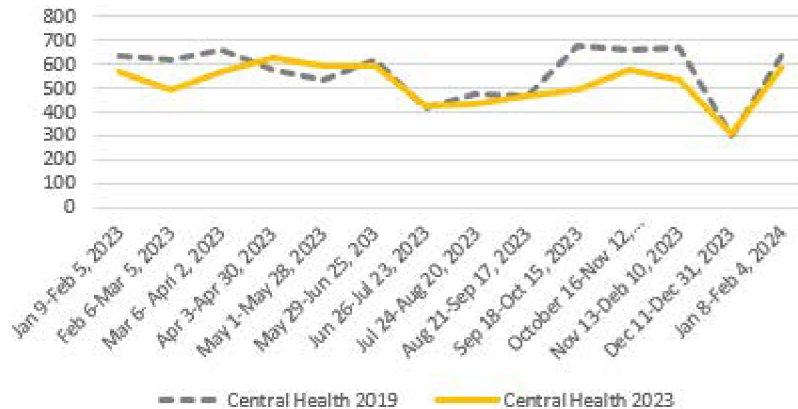
Eastern 2019 vs 2023



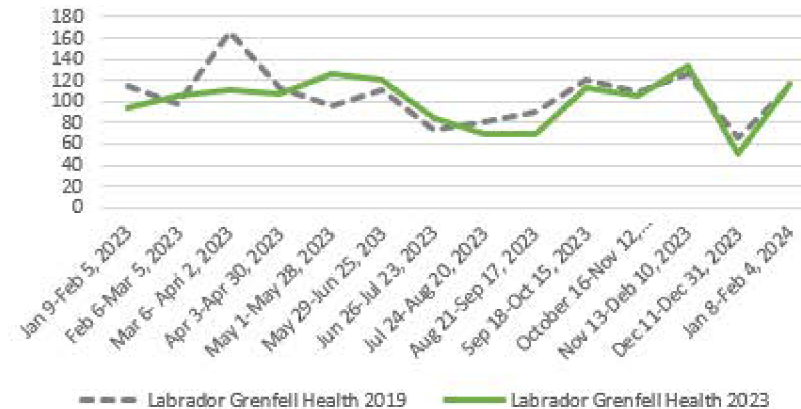
Western 2019 vs 2023



Central 2019 vs 2023



Labrador Grenfell 2019 vs 2023



Volume Difference. Data comes from resumption report

The resumption report is a weekly report. In order to present information by month, 4 weeks data is summed up to be a month.

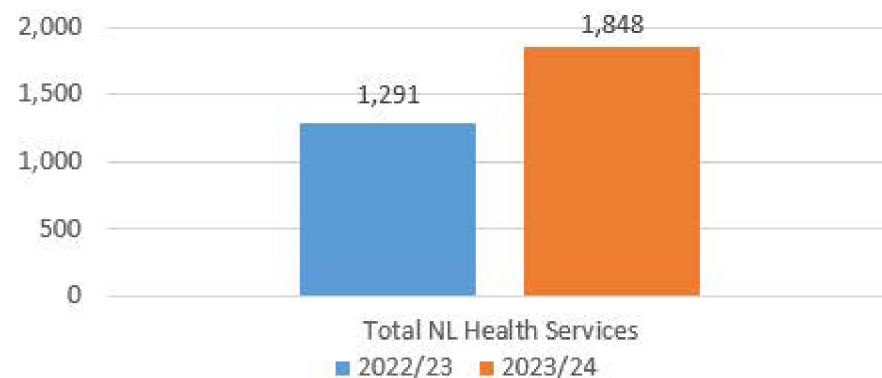


Provincial Joint Replacements

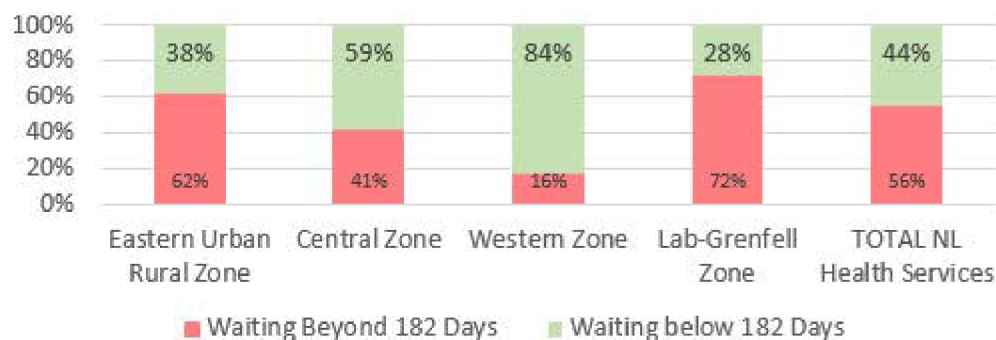
Combined Total Joint Replacements (JRs)
Completed versus Total Waitlist - Provincial Totals



Comparing Total Joint Replacements Completed
for Apr-Jan 2022/23 and Apr-Jan 2023/24



Waitlist - Number Actively Waiting
Breakdown End-of-Month January 2024
Above Benchmark versus Below



Ortho Update

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

-
-
-

JRs refer to Total Joint Replacements

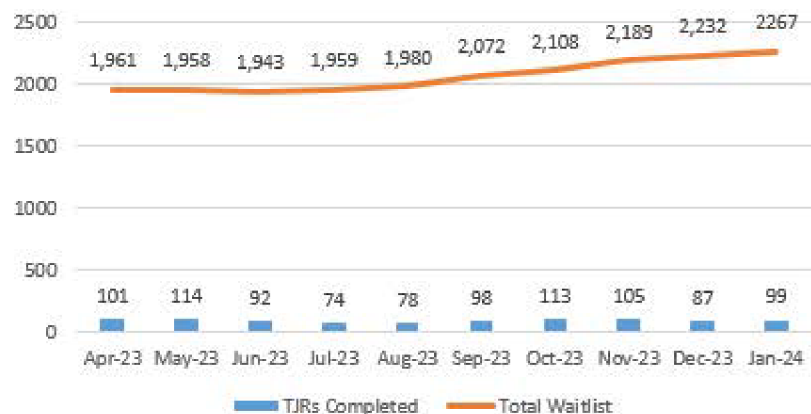
Wait list includes active and inactive

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

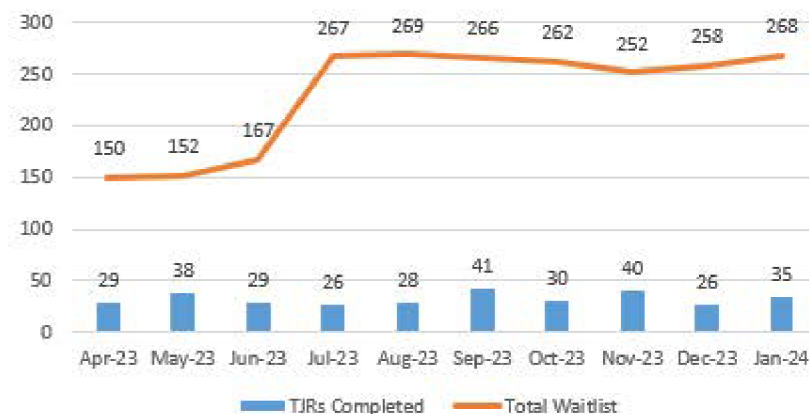


Combined JRs Completed Versus Total Waitlist by Zone

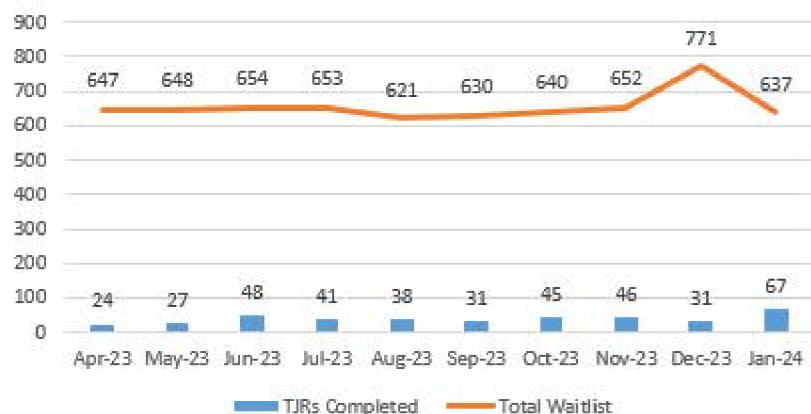
Eastern



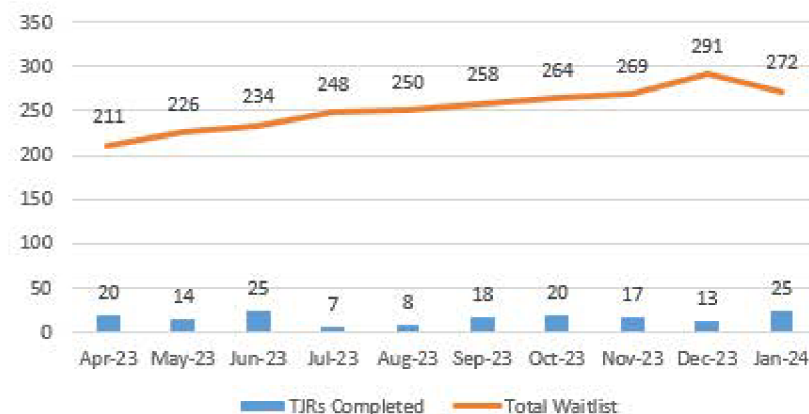
Western



Central



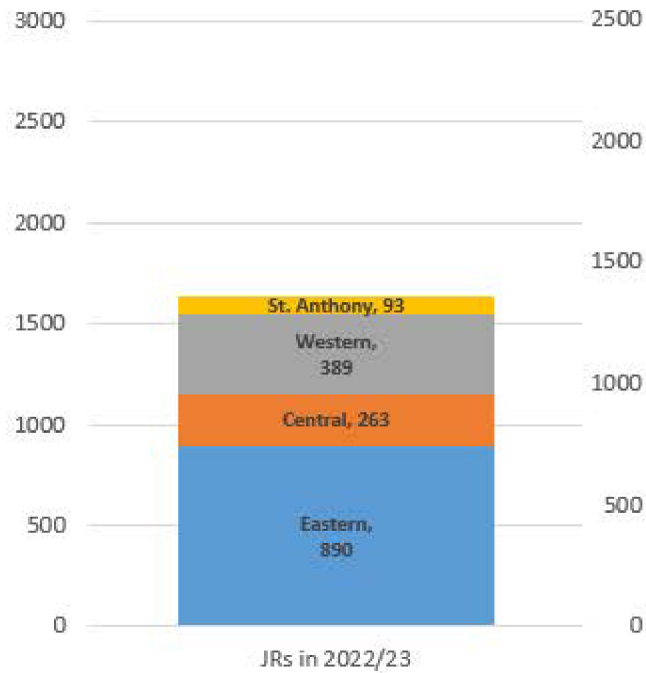
Labrador-Grenfell





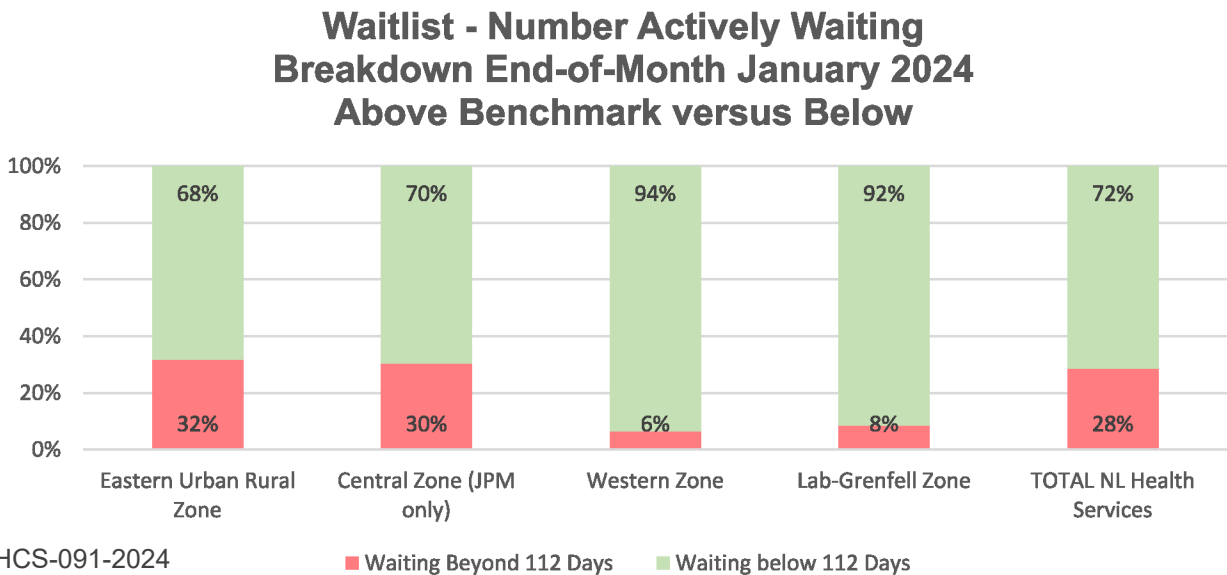
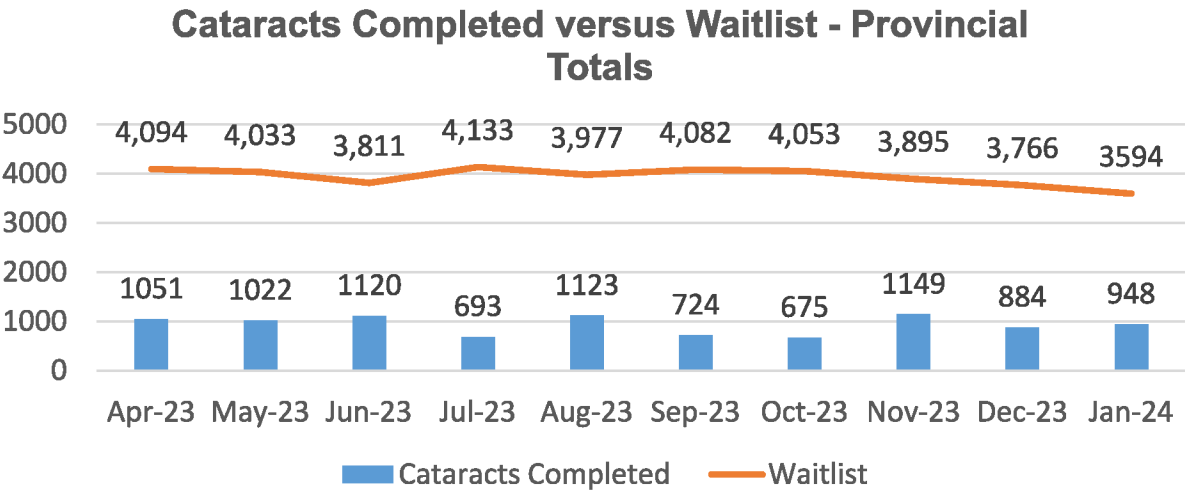
Total Joint Replacement Surgery

JRs in
2022/23
N=1635



Not Area

Provincial – Cataract Surgery Service



Cataract Update

-
-
-

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



Next Steps

- Creation of Provincial Surgical Backlog Initiative
- Focus on Capacity Building through Optimization:

OR Infrastructure

- Provincial OR Capacity Review
- Identification of opportunities to improve internal processes and efficiency
- Data informed decision making utilizing Central Intake and other analytics

Health Human Resources

- Recruitment and retention strategies
- Optimizing scope of practice
- Adopting enabling technologies
- Use of data to support effective workforce planning and management

From: Herritt, Jeannine
Sent: Thursday, February 22, 2024 2:59 PM
To: Edmonds, Tina, Nadine McEvoy, Nolan, Karen
Cc: Cassie Chisholm
Subject: RE: STF Recommendation Updates January 28.xlsx

Hi Tina,

Will need an update on this before end of the week if that's ok?

Thanks,
Jeannine

JEANNINE HERRITT BN RN MN | Assistant Deputy Minister – Regional Services
Department of Health and Community Services
Government of Newfoundland and Labrador
PO Box 8700, St. John's NL A1B 4J6
709-729-1716 | JeannineHerritt@gov.nl.ca

From: Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>
Sent: Tuesday, January 30, 2024 9:30 AM
To: Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Cc: Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>
Subject: RE: STF Recommendation Updates January 28.xlsx

Yes I can make that work, did you want to send an invite or me
Thanks
Tina

From: Herritt, Jeannine <JeannineHerritt@gov.nl.ca>
Sent: Tuesday, January 30, 2024 9:27 AM
To: Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Cc: Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>
Subject: RE: STF Recommendation Updates January 28.xlsx

Thanks Tina,

Does 1pm work?

Jeannine

JEANNINE HERRITT BN RN MN | Assistant Deputy Minister – Regional Services
Department of Health and Community Services
Government of Newfoundland and Labrador
PO Box 8700, St. John's NL A1B 4J6
709-729-1716 | JeannineHerritt@gov.nl.ca

From: Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>
Sent: Tuesday, January 30, 2024 9:14 AM
To: Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Cc: Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>
Subject: RE: STF Recommendation Updates January 28.xlsx

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Jeannine,

Wondering if you have some time to connect today to discuss below. We are in the process of updating but as it relates to the recommendation and status updates there are a number of areas we need to clarify to make sure everyone is on the same page and understands what is being committed to/produced.

Thanks

Tina

From: Herritt, Jeannine <JeannineHerritt@gov.nl.ca>

Sent: Sunday, January 28, 2024 10:50 PM

To: Waddleton, Deena <DeenaWaddleton@gov.nl.ca>; Wells, Andrew <AndrewWells@gov.nl.ca>; Nolan, Karen <knolan@gov.nl.ca>; Cassie Chisholm <cassie.chisholm@easternhealth.ca>; Nadine Mcevoy <nadine.mcevoy@easternhealth.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>

Subject: STF Recommendation Updates January 28.xlsx

Hi Everyone,

Can you please provide an update on the STF recommendations by EOD Tuesday, please. Any questions, please reach out.

Thanks,
Jeannine

[Formatting issues - please see pages 219 - 222 for full table](#)

#	Recommendation
26	Provide funding to Eastern Urban Zone to maximize surgical capacity at the Janeway by opening the sixth, unused, operating room. Expand staff to allow any available Janeway beds to be utilized.
32	Explore the possibility of increasing final year nursing students' placement on surgical wards with appropriate and graduated levels of care. This will lessen the extreme burden of our nursing shortage and provide additional experience and income for senior nursing students. Explore compensation for nursing students' placement on surgical wards.
8	Repurpose underutilized beds in personal care and long term care homes for alternate level-care and non-surgical patients who are occupying surgical beds in acute care hospitals.
13	Explore the use of "step down" or transition facilities for patients who do not need acute care services but still require assistance (e.g., IV treatment or physiotherapy). These facilities can also be used to house patients who are medically fragile, cannot be discharged from the hospital but have needs that do not allow them to return home yet (e.g., patients with mobility issues). Consideration should be given to using the following as potential sites: ~Offsite facilities, such as a hotel; ~Creation of a dedicated hostel; ~Vacant space at the Janeway; ~Former Women's Health space (Health Sciences Centre)

23	Explore the use of community based care such as personal care homes to accommodate short stay patients. This will require input from many levels of patient caregivers (e.g., RN, LPN, NP, etc.).
31	Task force would like an update from government and RNUNL regarding their strategy to increase number of staff. The current situation is related to nursing and related provider human resource shortfalls.
29	Current and future surgeons recruitment and retention may be significantly impacted by COVID and recent case compensation data. There are few specialty vacancies, however, the group is concerned that without a reasonable cancellation agreement with government, significant deficiencies are likely to occur. A protective, proactive discussion with MCP and government is required to ensure FFS specialists remain in the province. There have been an unacceptable number of cancellations in the last 12 months without any financial compensation. This poses a significant threat to the long-term stability of the entire surgical discipline.
3	Develop a centralized surgical waitlist, encompassing all regions of the province, to optimize utilization of all facilities, including with orthopedics
1	Develop a standardized provincial methodology for data collection of booked surgical cases and prioritize according to benchmarks. Prioritize according to national and/or established benchmarks. Not all surgical disciplines have benchmarks. Benchmarks need to be obtained where possible, from national associations and developed where they are absent.
2	Standardize waitlist patients' time zero. This should include an OR booking package, to be completed when the patient is willing and able. This will enable more accurate data collection and better identify areas of need.
5	Develop a provincial centralized intake system for surgical specialties for standardized, high-volume surgeries. There is no standard, robust system for capturing wait time information and managing wait time access. Need a system that allows capacity to record and analyze the metrics associated with trends, processes and performance. There are limitations with current systems and some wait lists exist in physician offices only and the process for ensuring the validity of the wait list is not managed or monitored which does not allow for appropriate OR planning or the ability to look at trends in the data, [REDACTED]
	29(1)(a)
4	Develop a centralized list of operating rooms across the province and match surgical availability with facility underutilization
6	6. Develop standardized provincial nomenclature to track surgical cancellations. Collect and review this data quarterly
7	7. Implement a standardized Expected Length of Stay benchmark within all RHAs for select procedures

9	9. Develop a provincial patient rounding policy that tracks expected patient disposition to mitigate late cancellations and availability issues. The policy should include the requirement for all departments [REDACTED] 29(1)(a) [REDACTED] have: - begin at 8:00 a.m; ~Rounds be completed by 9:00 a.m; ~Rounds be logged by 10:00 a.m; ~Discharge plans tabled no later than 8:00 p.m. the day before the intended discharge. [REDACTED] [REDACTED]
10	10. Expand home care IV capacity to include selective self-care and wound care cases and nurse-assisted programs province wide. Ensure assistance is available for patients who are otherwise able to be discharged on a weekend.
11	11. Require that regional health authorities have post-op resources and community health nursing resources available weekends to reduce patient length of stay (e.g., physiotherapy for joint replacements and musculoskeletal trauma).
12	12. Increase ambulance/transportation assistance for patients who are otherwise ready for discharge. This should include weekend discharges.
17	Develop a policy whereby in-person PAC assessments can occur at a facility near the patient's home when the patient is being performed at another facility not within a reasonable distance of their home.
16	Explore the use of virtual stethoscopes and virtual PAC assessments to support pre-admission assessments close to home. If necessary, a second in-person PAC appointment may still be required closer to the day of surgery.
18	Explore and implement the use of ambulatory surgery centers – facilities focused on providing same-day surgical care.
19	Extend OR days to complete backlogged cases – once staffing and bed constraints have been addressed. Number of cases completed over a given timeline will vary by division and region.
20	20. Develop a new policy for joint replacements where the first surgery is done on an outpatient basis and the next surgery is done as inpatients.
21	Establish anesthesia block rooms for procedures, as appropriate, to maximize OR rooms. Much of the anesthesia prep and intervention can be completed outside of the operating room. This will require a compensation package for physicians that will maximize operating room case completion and throughput.
22	22. Subsidize Obstructive Sleep Apnea assessments and, when necessary, Continuous Positive Airway Pressure (CPAP) equipment. CPAP use should be considered equivalent to other sponsored medical care such as medical implants and medications.
24	24. Develop a program that involves willing family members in pre-operative assessments (PAC and Total Joint Assessment Clinics) so that they can better assist family members in post-operative care.

25	25. Develop standardized medical directives for common routine elective procedures and authorize senior nursing staff to authorize progression and discharge on the physician's behalf.
27	Review and evaluate inpatient resource allocations to ensure resources meet current demand. This will ensure insufficient inpatient resources do not negatively affect surgical beds. ALC patients should not occupy acute care beds.
28	28. Form a LEAN team, consisting of individuals with Lean expertise from RHAs, mandated to facilitate Lean improvement initiatives in priority areas to realize OR efficiencies.
30	Establish and maintain a list of nursing and related allied health professionals who are interested in overtime and/or additional shifts.
15	15. Develop a Pre-Admission Clinic (PAC) policy whereby: a. PAC appointments occur three to five days before a scheduled surgery, where possible. This will allow for further perioperative investigation and/or treatment to prevent surgical cancellations. b. Under certain circumstances, the booking surgeon can select when a patient's PAC appointment is scheduled. Healthy patients undergoing minor procedures may be suitable to be seen the day before surgery, whereas others may be seen several days pre op. c. In situations where there is a significant delay between booking and performing a procedure, the booking surgeon or designee completes a phone review with the patient to ensure there have been no notable changes in their medical condition.
14	Ensure that RHA policies and practices enable surgical staff to have full autonomy over its resources. This will ensure that issues in other areas of healthcare do not impede the surgical program. Other disciplines should be discouraged from using surgical resources. Off-service patients greatly impair the throughput resulting in cancellations.

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All information in this communication, including attachments, is strictly confidential and intended solely for delivery to and authorized use by the addressee(s) identified above, and may contain privileged, confidential, and/or proprietary information entitled to protection and/or exemption from disclosure under applicable law. If you are not the intended

#	Recommendation	Status
26	Provide funding to Eastern Urban Zone to maximize surgical capacity at the Janeway by opening the sixth, unused, operating room. Expand staff to allow any available Janeway beds to be utilized.	Complete - [REDACTED]
32	Explore the possibility of increasing final year nursing students' placement on surgical wards with appropriate and graduated levels of care. This will lessen the extreme burden of our nursing shortage and provide additional experience and income for senior nursing students. Explore compensation for nursing students' placement on surgical wards.	Complete HCS A Wells to provide update
8	Repurpose underutilized beds in personal care and long term care homes for alternate level-care and non-surgical patients who are occupying surgical beds in acute care hospitals.	Complete- HCS- Deena to provide response
13	Explore the use of "step down" or transition facilities for patients who do not need acute care services but still require assistance (e.g., IV treatment or physiotherapy). These facilities can also be used to house patients who are medically ready to be discharged from the hospital but have needs that do not allow them to return home yet (e.g., patients with mobility issues). Consideration should be given to using the following as potential sites: ~Offsite facilities, such as a hotel; ~Creation of a dedicated hostel; ~Vacant space at the Janeway; ~Former Women's Health space (Health Sciences Centre)	Complete HCS- Deena to provide update
23	Explore the use of community based care such as personal care homes to accommodate short stay patients. This will require input from many levels of patient caregivers (e.g., RN, LPN, NP, etc.).	Complete- HCS- Deena to provide update
31	Task force would like an update from government and RNUNL regarding their strategy to increase number of staff. Much of the current situation is related to nursing and related provider human resource shortfalls.	Complete. Public reporting on number of new hires. [REDACTED]
29	Current and future surgeons recruitment and retention may be significantly impacted by COVID and recent case completion data. There are few specialty vacancies, however, the group is concerned that without a reasonable cancellation agreement with government, significant deficiencies are likely to occur. A protective, proactive discussion with MCP and government is required to ensure FFS specialists remain in the province. There have been an unacceptable number of cancellations in recent months without any financial compensation. This poses a significant threat to the long-term stability of the entire surgical discipline.	Deferred [REDACTED]

3	Develop a centralized surgical waitlist, encompassing all regions of the province, to optimize utilization of all facilities, starting with orthopedics	In- progress - [REDACTED]
1	Develop a standardized provincial methodology for data collection of booked surgical cases and prioritize according to national benchmarks. Prioritize according to national and/or established benchmarks. Not all surgical disciplines have benchmarks. These need to be obtained where possible, from national associations and developed where they are absent.	In- progress - [REDACTED]
2	Standardize waitlist patients' time zero. This should include an OR booking package, to be completed when the patient is ready, willing and able. This will enable more accurate data collection and better identify areas of need.	In- progress - [REDACTED]
5	Develop a provincial centralized intake system for surgical specialties for standardized, high-volume surgeries. There is no standard, robust system for capturing wait time information and managing wait time access. Need a system that allows for the capacity to record and analyze the metrics associated with trends, processes and performance. There are limitations with the current systems and some wait lists exist in physician offices only and the process for ensuring the validity of the wait list is not managed or monitored which does not allow for appropriate OR planning or the ability to look at trends in the data, [REDACTED] [REDACTED]	In- progress - [REDACTED]
4	Develop a centralized list of operating rooms across the province and match surgical availability with facility underutilization.	In- progress; send list to HCS as soon as possible
6	6. Develop standardized provincial nomenclature to track surgical cancellations. Collect and review this data quarterly.	In-progress- send update to HCS
7	7. Implement a standardized Expected Length of Stay benchmark within all RHAs for select procedures	NLHS
9	9. Develop a provincial patient rounding policy that tracks expected patient disposition to mitigate late cancellations and bed availability issues. The policy should include the requirement for all departments [REDACTED] [REDACTED] have: begin at 8:00 a.m; ~Rounds HCS-091-2024 ~Rounds be completed by 9:00 a.m; ~Rounds be logged by 10:00 a.m;	NLHS Redactions on this page are pursuant to section 29(1)(a) of ATIPPA, 2015

	~Discharge plans tabled no later than 8:00 p.m. the day before the intended discharge. [REDACTED]	29(1)(a)
10	10. Expand home care IV capacity to include selective self-care and wound care cases and nurse-assisted programs province-wide. Ensure assistance is available for patients who are otherwise able to be discharged on a weekend.	NLHS
11	11. Require that regional health authorities have post-op resources and community health nursing resources available on weekends to reduce patient length of stay (e.g., physiotherapy for joint replacements and musculoskeletal trauma).	NLHS
12	12. Increase ambulance/transportation assistance for patients who are otherwise ready for discharge. This should include weekend discharges.	NLHS
17	Develop a policy whereby in-person PAC assessments can occur at a facility near the patient's home when the patient's surgery is being performed at another facility not within a reasonable distance of their home.	NLHS
16	Explore the use of virtual stethoscopes and virtual PAC assessments to support pre-admission assessments close to home. When necessary, a second in-person PAC appointment may still be required closer to the day of surgery.	NLHS
18	Explore and implement the use of ambulatory surgery centers – facilities focused on providing same-day surgical care.	NLHS
19	Extend OR days to complete backlogged cases – once staffing and bed constraints have been addressed. Number of cases to be completed over a given timeline will vary by division and region.	NLHS
20	20. Develop a new policy for joint replacements where the first surgery is done on an outpatient basis and the next three are done as inpatients.	NLHS
21	Establish anesthesia block rooms for procedures, as appropriate, to maximize OR rooms. Much of the anesthesia preparation and intervention can be completed outside of the operating room. This will require a compensation package for physicians. This will maximize operating room case completion and throughput.	NLHS

22	22. Subsidize Obstructive Sleep Apnea assessments and, when necessary, Continuous Positive Airway Pressure (CPAP) equipment. CPAP use should be considered equivalent to other sponsored medical care such as medical implants and medications.	NLHS
24	24. Develop a program that involves willing family members in pre-operative assessments (PAC and Total Joint Assessment Clinics) so that they can better assist family members in post-operative care.	NLHS
25	25. Develop standardized medical directives for common routine elective procedures and authorize senior nursing staff to authorize progression and discharge on the physician's behalf.	NLHS
27	Review and evaluate inpatient resource allocations to ensure resources meet current demand. This will ensure insufficient inpatient resources do not negatively affect surgical beds. ALC patients should not occupy acute care beds.	NLHS
28	28. Form a LEAN team, consisting of individuals with Lean expertise from RHAs, mandated to facilitate Lean improvement initiatives in priority areas to realize OR efficiencies.	NLHS
30	Establish and maintain a list of nursing and related allied health professionals who are interested in overtime and/or additional shifts.	NLHS
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14 HCS-091-2024	Ensure that RHA policies and practices enable surgical staff to have full autonomy over its resources. This will ensure capacity issues in other areas of healthcare do not impede the surgical program. Other disciplines should be discouraged from utilizing surgical resources. Off-service patients greatly impair the throughput resulting in cancellations.	NLHS write update re: physician engagement, leadership, co-leadership model, et

From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Sent: Thursday, February 22, 2024 3:23 PM
To: Herritt, Jeannine
Cc: Cassie Chisholm, Edmonds, Tina
Subject: STF Recommendation Updates January 28.xlsx

Hi Jeannine;

Sorry for the delay. Please see below. Updates are provided in the status column. Minor suggested changes to the recommendations noted in red.

Please reach out to me with any questions/concerns.

Thanks,
Nadine



**NL Health
Services**

Nadine McEvoy BScPT MBA (She/Her)

Director, Strategic Health Networks

t: 709-691-2794

e: Nadine.mcevoy@easternhealth.ca

w: NLHealthServices.ca

Formatting issues - see pages 227 - 231 for full table

#	Recommendation
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25	25. Develop standardized medical directives for common routine elective procedures and authorize senior nursing staff to authorize progression and discharge on the physician's behalf.
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28	28. Form a LEAN team, consisting of individuals with Lean expertise from RHAs, mandated to facilitate Lean improvement initiatives in priority areas to realize OR efficiencies.
30	Establish and maintain a list of nursing and related allied health professionals who are interested in overtime and/or additional shifts.
15	15. Develop a Pre-Admission Clinic (PAC) policy whereby: a. PAC appointments occur three to five days before a scheduled surgery, where possible. This will allow for further perioperative investigation and/or treatment to prevent surgical cancellations. b. Under certain circumstances, the booking surgeon can select when a patient's PAC appointment is scheduled. Healthy patients undergoing minor procedures may be suitable to be seen the day before surgery, whereas others may be seen several days pre op. c. In situations where there is a significant delay between booking and performing a procedure, the booking surgeon or designee completes a phone review with the patient to ensure there have been no notable changes in their medical status.
14	Ensure that RHA policies and practices enable surgical staff to have full autonomy over its resources. This will ensure that issues in other areas of healthcare do not impede the surgical program. Other disciplines should be discouraged from using surgical resources. Off-service patients greatly impair the throughput resulting in cancellations.

“This email and any attached files are intended for the sole use of the primary and copied addressee(s) and may contain privileged and/or confidential information. Any distribution, use or copying by any means of this information is strictly prohibited. If you received this email in error, please delete it immediately and notify the sender.”

*** This communication (including all attachments) is intended solely for the use of the person or persons to whom it is addressed and should be treated as a confidential communication from Eastern Health. If you are not the intended recipient, any use, distribution, printing, or copying of this email is strictly prohibited. If you received this email in error, please immediately notify the originator and delete it from your system. Your cooperation is appreciated. ***

#	Recommendation	Status
26	Provide funding to Eastern Urban Zone to maximize surgical capacity at the Janeway by opening the sixth, unused, operating room. Expand staff to allow any available Janeway beds to be utilized.	Complete - [REDACTED]
32	Explore the possibility of increasing final year nursing students' placement on surgical wards with appropriate and graduated levels of care. This will lessen the extreme burden of our nursing shortage and provide additional experience and income for senior nursing students. Explore compensation for nursing students' placement on surgical wards.	Complete HCS A Wells to provide update
8	Repurpose underutilized beds in personal care and long term care homes for alternate level-care and non-surgical patients who are occupying surgical beds in acute care hospitals.	Complete- HCS- Deena to provide response
13	Explore the use of "step down" or transition facilities for patients who do not need acute care services but still require assistance (e.g., IV treatment or physiotherapy). These facilities can also be used to house patients who are medically ready to be discharged from the hospital but have needs that do not allow them to return home yet (e.g., patients with mobility issues). Consideration should be given to using the following as potential sites: ~Offsite facilities, such as a hotel; ~Creation of a dedicated hostel; ~Vacant space at the Janeway; ~Former Women's Health space (Health Sciences Centre)	Complete HCS- Deena to provide update RFP for short stay in EUZ and CZ? Redactions on this page are pursuant to section 29(1)(a) of ATIPPA, 2015
23	Explore the use of community based care such as personal care homes to accommodate short stay patients. This will require input from many levels of patient caregivers (e.g., RN, LPN, NP, etc.).	Complete- HCS- Deena to provide update
31	Task force would like an update from government and RNUNL regarding their strategy to increase number of staff. Much of the current situation is related to nursing and related provider human resource shortfalls.	Complete. Public reporting on number of new hires. [REDACTED]
29	Current and future surgeons recruitment and retention may be significantly impacted by COVID and recent case completion data. There are few specialty vacancies, however, the group is concerned that without a reasonable cancellation agreement with government, significant deficiencies are likely to occur. A protective, proactive discussion with MCP and government is required to ensure FFS specialists remain in the province. There have been an unacceptable number of cancellations in recent months without any financial compensation. This poses a significant threat to the long-term stability of the entire surgical discipline.	[REDACTED]

3	Develop a centralized surgical waitlist, encompassing all regions of the province, to optimize utilization of all facilities, starting with orthopedics	In- progress – [REDACTED] [REDACTED]
1	Develop a standardized provincial methodology for data collection of booked surgical cases and prioritize according to national benchmarks. Prioritize according to national and/or established benchmarks. Not all surgical disciplines have benchmarks. These need to be obtained where possible, from national associations and developed where they are absent.	In- progress – [REDACTED] [REDACTED]
2	Standardize waitlist patients’ time zero. This should include an OR booking package, to be completed when the patient is ready, willing and able. This will enable more accurate data collection and better identify areas of need.	In- progress – [REDACTED] [REDACTED]
5	Develop a provincial centralized intake system for surgical specialties for standardized, high-volume surgeries. There is no standard, robust system for capturing wait time information and managing wait time access. Need a system that allows for the capacity to record and analyze the metrics associated with trends, processes and performance. There are limitations with the current systems and some wait lists exist in physician offices only and the process for ensuring the validity of the wait list is not managed or monitored which does not allow for appropriate OR planning or the ability to look at trends in the data [REDACTED] [REDACTED]	In- progress – [REDACTED] [REDACTED] Redactions on this page are pursuant to section 29(1)(a) of ATIPPA, 2015
4	Develop a centralized list of operating rooms across the province and match surgical availability with facility underutilization.	In- progress; send list to HCS as soon as possible Nadine McEvoy to lead development of inventory of OR capacity by zone, facility, specialty etc. [REDACTED] [REDACTED] Provincial OR Capacity Review
6 HCS-091-2024	6. Develop standardized provincial nomenclature to track surgical cancellations. Collect and review this data quarterly.	In-progress- send update to HCS Work has been done provincially to standardize provincial nomenclature to track cancellations. Nadine McEvoy to provide update to government and lead development under SHN in collaboration with Quality (Kelli O’Brien and Amy Folkes)

7	7. Implement a standardized Expected Length of Stay benchmark within all RHAs for select procedures	NLHS Nadine McEvoy to lead development under SHN
9	9. Develop a provincial patient rounding policy that tracks expected patient disposition to mitigate late cancellations and bed availability issues. The policy should include the requirement for all departments [REDACTED] [REDACTED] have: ~Rounds begin at 8:00 a.m; ~Rounds be completed by 9:00 a.m; ~Rounds be logged by 10:00 a.m; ~Discharge plans tabled no later than 8:00 p.m. the day before the intended discharge. [REDACTED] [REDACTED]	NLHS Nadine McEvoy to lead development under SHN in collaboration with Provincial Clinical Efficiency. Redactions on this page are pursuant to section 29(1)(a) of ATIPPA, 2015
10	10. Expand home care IV capacity to include selective self-care and wound care cases and nurse-assisted programs province-wide. Ensure assistance is available for patients who are otherwise able to be discharged on a weekend.	NLHS Zone level operations with support from SHN
11	11. Require that regional health authorities have post-op resources and community health nursing resources available on weekends to reduce patient length of stay (e.g., physiotherapy for joint replacements and musculoskeletal trauma).	NLHS Zone level operations with support from SHN
12	12. Increase ambulance/transportation assistance for patients who are otherwise ready for discharge. This should include weekend discharges.	NLHS Zone level operations with support from SHN
17	Develop a policy whereby in-person PAC assessments can occur at a facility near the patient's home when the patient's surgery is being performed at another facility not within a reasonable distance of their home.	NLHS Zone level operations with support from SHN.
16	Explore the use of virtual stethoscopes and virtual PAC assessments to support pre-admission assessments close to home. When necessary, a second in-person PAC appointment may still be required closer to the day of surgery.	NLHS Zone level operations with support from SHN
18 HCS-091-2024	Explore and implement the use of ambulatory surgery centers – facilities focused on providing same-day surgical care.	NLHS RFP awarded for EUZ with timelines to be determined.

		Consider Provincial OR Capacity Review
19	Extend OR days to complete backlogged cases – once staffing and bed constraints have been addressed. Number of cases to be completed over a given timeline will vary by division and region.	NLHS Nadine McEvoy to lead development under SHN Consider Provincial OR Capacity Review
20	20. Develop a new policy for joint replacements where the first surgery is done on an outpatient basis and the next three are done as inpatients. Redactions on this page are pursuant to section 29(1)(a) of ATIPPA, 2015	NLHS Nadine McEvoy to lead development under SHN, assuming each zone operationalize. [REDACTED] Consider Provincial OR Capacity Review
21	Establish anesthesia block rooms for procedures, as appropriate, to maximize OR rooms. Much of the anesthesia preparation and intervention can be completed outside of the operating room. This will require a compensation package for physicians. This will maximize operating room case completion and throughput.	NLHS Nadine McEvoy to lead development under SHN Provincial OR Capacity Review
22	22. Subsidize Obstructive Sleep Apnea assessments and, when necessary, Continuous Positive Airway Pressure (CPAP) equipment. CPAP use should be considered equivalent to other sponsored medical care such as medical implants and medications.	NLHS Nadine McEvoy to lead development under SHN [REDACTED]
24	24. Develop a program that involves willing family members in pre-operative assessments (PAC and Total Joint Assessment Clinics) so that they can better assist family members in post-operative care.	NLHS Nadine McEvoy to lead development under SHN
25	25. Develop standardized medical directives for common routine elective procedures and authorize senior nursing staff to authorize progression and discharge on the physician's behalf.	NLHS Nadine McEvoy and Medical Director for SHN to lead development
27	Review and evaluate inpatient resource allocations to ensure resources meet current demand. This will ensure insufficient inpatient resources do not negatively affect surgical beds. ALC patients should not occupy acute care beds.	NLHS Nadine McEvoy to lead development under SHN collaboratively with provincial Clinical Efficiency Consider Provincial OR Capacity Review
28	28. Form a LEAN team, consisting of individuals with Lean expertise from RHAs, mandated to facilitate Lean improvement initiatives in priority areas to realize OR efficiencies.	NLHS Nadine McEvoy to lead development under SHN Consider Provincial OR Capacity Review
30 HCS-091-2024	Establish and maintain a list of nursing and related allied health professionals who are interested in overtime and/or additional shifts.	NLHS [REDACTED]

		Consider Provincial OR Capacity Review
15	15. Develop a Pre-Admission Clinic (PAC) policy whereby: a. PAC appointments occur three to five days before a scheduled surgery, where possible. This will allow for further perioperative investigation and/or treatment to prevent surgical cancellations. b. Under certain circumstances, the booking surgeon can select when a patient's PAC appointment is scheduled. Healthy patients undergoing minor procedures may be suitable to be seen the day before surgery, whereas others may be better seen several days pre op. c. In situations where there is a significant delay between booking and performing a procedure, the booking surgeon or designate completes a phone review with the patient to ensure there have been no notable changes in their medical status.	NLHS Nadine McEvoy to lead development under SHN with collaboration with zones to operationalize Consider Provincial OR Capacity Review Redactions on this page are pursuant to section 29(1)(a) of ATIPPA, 2015
14	Ensure that RHA policies and practices enable surgical staff to have full autonomy over its resources. This will ensure capacity issues in other areas of healthcare do not impede the surgical program. Other disciplines should be discouraged from utilizing surgical resources. Off-service patients greatly impair the throughput resulting in cancellations.	
HCS-091-2024		231

From: Cabot, Antionette
Sent: Friday, February 23, 2024 9:38 AM
To: Cassie Chisholm , Dr. Moores, Herritt, Jeannine, Hodder, Kiana, Nadine Mcevoy , Nolan, Karen, Ron Johnson , Sanger, Janice, Tina Edmonds, Vallerie Coffey
Subject: Surgery HT Table - Materials for Next Meeting Feb 27
Attachments: 02092400.PDF, Agenda Surgery Sub table Feb 27 2024 doc.docx, 2023-0829-ToR-SurgeryHTSubTable updated Feb 15, 2024.docx, Special Meeting Request Surgical Sub table Ophthalmology Feb 20 2024.docx, Minutes Surgery Sub table Feb 13 2024.docx

Good morning, everyone,
Please find attached:

- the updated Agenda for our meeting Feb 27th, feel free to add or make suggestions
- the minutes for Feb 13 meeting
- ToR for review
- Minutes from special meeting request Feb 20th
- a letter that supports the addition of an agenda item

Thanks, in advance!

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca



HOUSE OF ASSEMBLY
Newfoundland and Labrador

Jordan Brown, M.H.A.
District of Labrador West

Tom Osborne
Minister of Health and Community Services
PO Box 8700
St. John's, NL
A1B 4J6

February 9th 2024

Minister Osborne, I'm writing today to raise concerns from the residents of Labrador West that have to travel to St. John's and Corner Brook every 3 or 4 weeks for eye injections.

There has been a steady increase of patients visiting my office requiring this procedure. The treatment plan for these patients are eye injections every 3 to 4 weeks. Given the vital nature to preserve an individual's eyesight, the frequency of travel creates a financial burden for those needing to travel every month. Eye injection treatments also require an escort to be with them after this treatment. Even with the current MTAP program, that many trips out of Labrador is taking a toll on these residents who are needing to pay their portion of the costs and also take this time off of work.

I'm asking that the Department of Health and NL Health Services to look into having a service that can come to Labrador and do this procedure and reduce the need for so many Labradorians to travel every 3 to 4 weeks to the island at a great personal cost.

I hope that this can be looked into to benefit Labradorians and save their eyesight.

Regards,

Jordan Brown
MHA for Labrador West

CC: David Diamond, CEO NL Health Services
Sandy Penney, COO Labrador Grenfell Zone
Minister Lisa Dempster, Labrador Affairs

Terms of Reference

Surgery Health Transformation Sub-table

In 2022 Health Accord NL provided a five-year plan for a 10-year health transformation comprising actions and recommendations in strategic areas of health and health care.

Government of Newfoundland and Labrador has adopted the Health Accord Calls to Action and these actions will inform Government's Health Transformation Plans.

One provincial health authority, Newfoundland and Labrador Health Services (NLHS), started on April 1, 2023.

Going forward, health leaders in Government and NLHS, must be closely aligned in their efforts to improve the health system and in turn the health outcomes of the people of the province.

To this end a Health Transformation Table has been created comprised of the CEO NLHS; Deputy Minister - Health and Community Services; and Deputy Minister - Health Transformation; with Sub-tables, including this one, created to move forward and report on key transformation areas.

Objectives

1. To create a collaborative forum between Health Transformation (HT), the Department of Health and Community Services (HCS) and Newfoundland and Labrador Health Services (NLHS) and potentially other organizations that facilitates the implementation of the major policies of the Government of NL.
2. To assure an integrated approach to implementation of Government policies that includes the capacity for implementers and operations to influence policy.
3. To focus on the integration of policy and operations in the creation of processes to improve efficiency within surgery programs, including but not limited to wait lists, access, prioritization, and quality and outcomes.
4. To action the recommendations of the Surgical Backlog Task Force Report

Background

1. During Covid-19 many surgeries of various types were postponed leading to substantial increases in wait lists.
2. It is a priority of the federal government to eliminate these backlogs, and it will provide funding to assist in the effort.
3. A provincial Taskforce has prepared recommendations on how to eliminate the backlogs.
4. St John's orthopedic surgeons have undertaken surgeries in St Anthony this year and will commence in Carbonear soon.
5. The small community hospitals that operate on small volumes of patients (Burin, Clarenville, St. Anthony, Labrador City, HV-GB) are vulnerable to surgeon loss and need to plan for this eventuality.
6. Provincial standards of care for surgery are necessary.

Membership

The members of the sub-table include key leaders in the NL Health System responsible for implementing a specific Call to Action.

The size of Committee membership should be kept lean to facilitate agile progress but at the same time ensure key players are included. Members should include the leaders for primary care at the NLHS, HCS and a member of the HT team.

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To prevent duplication the sub-table should complete a review and determine any preexisting committees or working groups that can be folded into this sub-table.

ADM HCS and VP NLHS will co-chair meetings. One COO NLHS will be included in membership, and be responsible for engaging with other COOs as necessary.

Final membership will be reviewed and approved by the Health Transformation Table inclusive of the Deputy Minister - HCS; CEO NLHS and Deputy Minister - HT.

Members

- Assistant Deputy Minister – Regional Services, HCS, Jeannine Herritt, co-chair

- Vice President Transformation Health Systems, NLHS, Cassie Chisholm, co-chair
- Chief Operating Officer, Eastern Urban, NLHS, Ron Johnson, member
- Special Advisor, Health Transformation, Antionette Cabot, Secretariat and full member
- Clinical Chief, Orthopedic Surgery, NLHS, Dr. William Moores (interim)
- Wait Times Manager, Regional Services, Janice Sanger, member
- Senior Director, Health Transformation, Tina Edmonds, member
- Director (Acting), Regional Services, HCS, Karen Nolan, member
- Others as determined necessary.
- It would be preferable not to have alternate designates.

Meeting Logistics

- Sub-table to report to the Health Transformation Table on a predetermined schedule.
- Meeting frequency to be determined by the sub-table but must align with scheduled reporting to the Health Transformation Table. Depending on the pace of progress meetings will be bimonthly (twice per month), monthly, or every second month, but not less frequently. Additional meetings can be held at the call of any member.
- Meetings will be held virtually or in-person.

Resources

- Key leaders in the health system, government and elsewhere may be invited to attend meetings related to specific topic areas.
- Secretariat support including meeting planning and minute taking will be provided by the Special Advisor Health Transformation.

Date Adopted June 6, 2023.

The Terms of Reference will be reviewed annually (next review: June 2024).

Health Transformation Sub table - Surgery
Feb 27, 2024, 3-4pm
Agenda

Standing agenda items:

1. Welcome Dr. Moores
2. Review minutes Feb 13, 2024
3. Review updated ToR
4. Reporting presentation to premier – new date Feb 29
5. Priority Implementation Plan – Written update provided.

New business:

1. Letter to Minister – Jeannine 29(1)(a), 35(1)(d)
2. Surgical backlog initiative – [REDACTED] – Cassie/Jeannine
3. Monthly reporting to Premier on priority surgical waitlist
4. Review of minutes from special meeting request
5. Ophthalmology SBAR – update
6. Rapid additions to CI – Cassie
 - a. General Surgery – breast, choles, hernias, other cancers

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

Old business:

1. [REDACTED]
2. [REDACTED]

6. Next Meeting: March 12, 2024, 3-4pm

Health Transformation Sub-table – Surgery

Minutes

Date February 13, 2024

Virtual

Time 3 – 4 pm.

Attending: Cassie Chisolm (chair), Jeannine Herritt, Karen Nolan, Nadine McEvoy, Ron Johnson, Tina Edmonds, Janice Sanger, Antionette Cabot

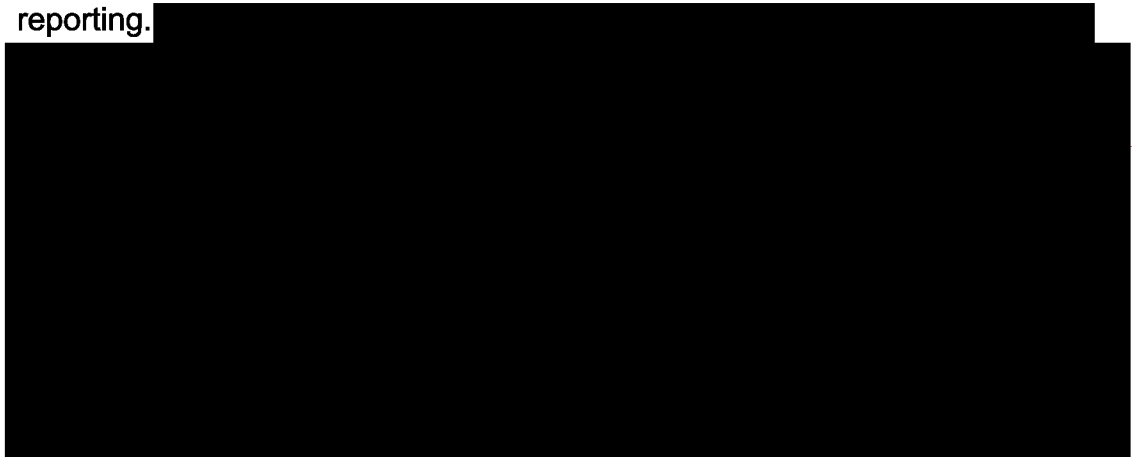
Guests:

Regrets: Janice Sanger

Key Discussions Points:

1. Minutes: accepted as written.

- New business added - Dashboards – Tina/Nadine
- Nadine reviewed data collection methodology for the priority areas: ortho – knees & hips, cardiac, cancer, & cataract surgery, and the request for monthly reporting.



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

2. Surgical backlog initiative update - **deferred**

3. Medial lead for sub table

- Discussion occurred regarding the need to add a medical clinical lead to the sub table.

4. Priorities – written update provided (see attached)

5. Reporting to Premier HT table.

- Scheduled for Feb 27, 2024, discussion occurred regarding updating data in presentation. A touch point to review presentation was suggested, meeting invite forwarded for Feb 21, at 1230 NL time.

Actions:

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

- [REDACTED]
- [REDACTED]
- [REDACTED]

KIV:

- [REDACTED]
- [REDACTED]

Next Meeting: Feb 27, 2024, 3-4pm

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

Health Transformation Sub-table – Surgery

Special Request Meeting

Minutes

Date February 20, 2024

Virtual

Time 1200 - 1300

Attending: Cassie Chisolm (chair), Jeannine Herritt, Dr. Moores, Karen Nolan, Nadine McEvoy, Tina Edmonds, Janice Sanger, Antionette Cabot

Guests: Ron Johnson,

Regrets: Janice Sanger

Key Discussions Points:

1. Cassie welcomed Dr. Moores to the committee.

2. Ophthalmology SBAR: (see attached for reference)

- Cassie provided an overview of concerns regarding Ophthalmology referral that was brought forward from Family Practice Physicians (FPP). [REDACTED]

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

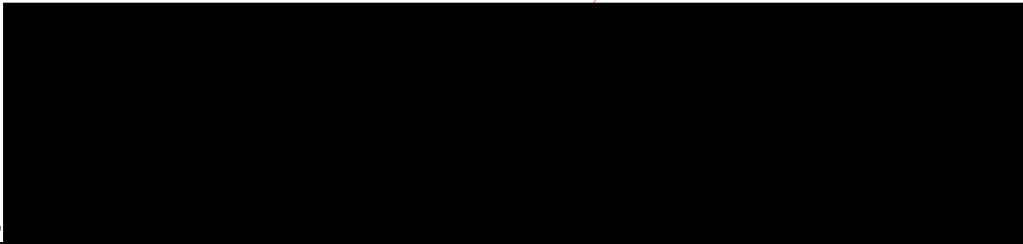
- Acknowledging there are information gaps to fully understanding the referral process and refusals for Ophthalmology a current state discussion occurred. Referrals are being accepted for patients requiring cataract follow up and for services that triggers the on-call process but not for all other requests.
- A need for more information was identified to better understand the situation.

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

- [REDACTED]

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

- Central Intake:



3. Next Steps

-
-
-
-

From: Herritt, Jeannine
Sent: Monday, February 26, 2024 1:38 PM
To: Cabot, Antionette
Attachments: [REDACTED]

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

Hi Antionette,

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

Please see the attached latest draft [REDACTED] for your review and edits.

Thanks,
Jeannine

JEANNINE HERRITT BN RN MN | Assistant Deputy Minister – Regional Services
Department of Health and Community Services
Government of Newfoundland and Labrador
PO Box 8700, St. John's NL A1B 4J6
709-729-1716 | JeannineHerritt@gov.nl.ca

From: Cabot, Antionette
Sent: Monday, February 26, 2024 4:10 PM
To: Cassie Chisholm, Herritt, Jeannine, Dr. Moores, Hodder, Kiana, Nadine McEvoy, Nolan, Karen, Ron Johnson, Sanger, Janice, Tina Edmonds, Valerie Coffey, Dickson, Karen
Subject: FW: Surgery HT Table - Materials for Next Meeting Feb 27
Attachments: 02092400.PDF, Agenda Surgery Sub table Feb 27 2024 doc.docx, Special Meeting Request Surgical Sub table Ophthalmology Feb 20 2024.docx, Minutes Surgery Sub table Feb 13 2024.docx, 2023-0829-ToR-SurgeryHTSubTable updated Feb 26, 2024.docx
[Attachments included on pages 233-241](#)

Popping to top of your email for our meeting tomorrow

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca

From: Cabot, Antionette
Sent: Friday, February 23, 2024 9:38 AM
To: Cassie Chisholm <cassie.chisholm@easternhealth.ca>; Dr. Moores <william.moores@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Nadine Mcevoy <nadine.mcevoy@easternhealth.ca>; Nolan, Karen <knolan@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Sanger, Janice <JaniceSanger@gov.nl.ca>; Tina Edmonds <tinaedmonds@westernhealth.nl.ca>; Vallerie Coffey <valeric.coffey@easternhealth.ca>
Subject: Surgery HT Table - Materials for Next Meeting Feb 27

Good morning, everyone,
Please find attached:

- the updated Agenda for our meeting Feb 27th, feel free to add or make suggestions
- the minutes for Feb 13 meeting
- ToR for review
- Minutes from special meeting request Feb 20th
- a letter that supports the addition of an agenda item

Thanks, in advance!

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca

From: Cabot, Antionette
Sent: Monday, February 26, 2024 4:09 PM
To: Dickson, Karen
Cc: Herritt, Jeannine
Subject: Health Transformation Sub Tables
Attachments:

Non-responsive

2023-0829-ToR-SurgeryHTSubTable updated Feb 26, 2024.docx

Good afternoon, Karen,

Welcome to the team and looking forward to working with you.

I have attached the ToR for the three Health Transformation Sub Tables and have added you to the membership.

Non-responsive

I have added to you the email distribution list and will be forwarding meeting invites shortly as well as the meeting material for the Surgery sub table tomorrow.

If you have any question, please feel free to reach out.

Warm regards!

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca

Terms of Reference

Surgery Health Transformation Sub-table

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Members

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- Vice President Transformation Health Systems, NLHS, Cassie Chisholm, co-chair
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- Special Advisor, Health Transformation, Antionette Cabot, Secretariat and full member
- Clinical Chief, Orthopedic Surgery, NLHS, Dr. William Moores (interim)
- Wait Times Manager, Regional Services, Janice Sanger, member
- Senior Director, Health Transformation, Tina Edmonds, member
- Director (Acting), Regional Services, HCS, Karen Nolan, member
- Senior Issues Advisor, HCS, Karen Dickson, member
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Date Adopted June 6, 2023.

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From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Sent: Tuesday, February 27, 2024 11:53 AM
To: Cabot, Antionette, Cassie Chisholm, Dickson, Karen, William Moores, Herritt, Jeannine, Hodder, Kiana, Nolan, Karen, Ron Johnson, Sanger, Janice, Edmonds, Tina, Vallerie Coffey
Subject: RE: Reminder re presentation
Attachments: HTT Surgery Draft V3 Feb 22.pptx
[Attachment included on pages 203-213](#)

Hi;

For clarity, this is the most recent version of the presentation. Please let me know any comments/concerns/suggested changes.

Thanks,
Nadine



Nadine McEvoy BScPT MBA (She/Her)

Director, Strategic Health Networks

t: 709-691-2794

e: Nadine.mcevoy@easternhealth.ca

w: NLHealthServices.ca

From: Cabot, Antionette <AntionetteCabot@gov.nl.ca>
Sent: Tuesday, February 27, 2024 11:47 AM
To: Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; Dickson, Karen <KarenDickson@gov.nl.ca>; William Moores <William.Moores@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>; knolan <knolan@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; janicesanger <janicesanger@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Vallerie Coffey <valeric.coffey@easternhealth.ca>
Subject: Reminder re presentation

Good morning, everyone,
Sending a reminder that HH is hoping to receive the final version by end of day today, that gives a day for review and briefing prior to presenting on the 29th

Thanks so much

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca

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From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Sent: Tuesday, February 27, 2024 11:58 AM
To: Cabot, Antionette, Cassie Chisholm, Herritt, Jeannine, William Moores, Hodder, Kiana, Nolan, Karen, Ron Johnson, Sanger, Janice, Edmonds, Tina, Valerie Coffey, Dickson, Karen
Subject: RE: Surgery HT Table - Materials for Next Meeting Feb 27
Attachments: Subtable CI Update.xlsx

Hi;
Please see attached Subtable CI update for Feb 27, 2024.
Thanks,
Nadine



Nadine McEvoy BScPT MBA (She/Her)
Director, Strategic Health Networks

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Absolutely

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Good Morning All,
For this afternoon's meeting can we also add F/U on Western Zone's vision.
I've been asked to ensure this comes back to the subtable for next steps.

Thanks,
Cassie



Cassie Chisholm

Vice President Transformation, Health Systems
Newfoundland and Labrador Health Services

t: 709-730-6852
e: cassie.chisholm@easternhealth.ca
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Subject: FW: Surgery HT Table - Materials for Next Meeting Feb 27

Popping to top of your email for our meeting tomorrow

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
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From: Cabot, Antionette
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To: Cassie Chisholm <cassie.chisholm@easternhealth.ca>; Dr. Moores <william.moores@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Nadine Mcevoy <nadine.mcevoy@easternhealth.ca>; Nolan, Karen <knolan@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Sanger, Janice <JaniceSanger@gov.nl.ca>; Tina Edmonds <tinaedmonds@westernhealth.nl.ca>; Vallerie Coffey <valeric.coffey@easternhealth.ca>
Subject: Surgery HT Table - Materials for Next Meeting Feb 27

Good morning, everyone,
Please find attached:

- the updated Agenda for our meeting Feb 27th, feel free to add or make suggestions

- the minutes for Feb 13 meeting
- ToR for review
- Minutes from special meeting request Feb 20th
- a letter that supports the addition of an agenda item

Thanks, in advance!

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Central Intake Action Plan

Description	Develop a centralized Surgical Intake process encompassing all regions of the province including a system which can record and analyze metrics associated with trends, processes and performance. Initial focus on orthopedics and cataracts						Date of update	2/13/2024
Related Taskforce Recommendations	Timeline							
	Task	Start	Finish	Progress	Risk	Status	Comments	
Recommendation 2: Standardize Waitlist Patient's Time Zero Recommendation 3: Centralized Surgical Waitlist for Province Recommendation 5: Provincial Centralized Intake System for Surgical Specialties for Standardized, High Volume Surgeries	Current state analysis - all zones	11/6/2023		60%		Delayed		
	Established time stamps	11/6/2023	1/17/2024	100%		Complete		
	Establish waitlist time zero	11/6/2023		50%		On Track		
	Establish governance for CI Project	12/4/2023	1/17/2024	100%		Complete	Working group - Network - Steering Committee	
	Singular provincial referral per service line	11/6/2023		60%		Delayed	Ortho Demo with specialists complete. Well received. Minor revisions. To arrange demo with ophthalmologists for coming weeks.	
	Provincial Triage/Prioritization criteria and internal benchmarks by service line (Ortho and Ophthal)	1/29/2024		40%		On Track	Ortho near complete. Early stages with ophthalmology.	
	Technology Access and Integrations	2024-01-15		10%		Delayed	Includes Privacy Impact Assessment and Security Assessment Change request has gone into Orion for HealthNL integration. Mobia working with same	

February 27 2024

	Data and Reports	1/25/2024		10%		Delayed	Determine existing operational and wait time reports Determine future reporting needs/state Define Data Dictionary Develop data framework and establish transfer protocols and connection
	Current Data Import	1/17/2024		10%		Delayed	
	Evaluation Framework					Not started	
	Provincial Change Management					Not started	
	Deployment					Not started	
	Sustainability					Not started	

29(1)(a)

29(1)(a)

Central Intake Action Plan

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			Establish governance for CI Project	12/4/2023	1/17/2024	100%		Complete	Working group - Network - Steering Committee
			Singular provincial referral per service line	11/6/2023		40%		Delayed	Ortho referral demo to provincial Orthopedic Surgeons scheduled for THursday, February 15. Limited engagement from ophthalmologists to date
			Provincial Triage/Prioritization criteria and internal benchmarks by service line (Ortho and Ophthal)	1/29/2024		20%		On Track	Early stages provincially with orthopedics. Ltd ophthalmology engagement to date

February 13 2024

			Technology Access and Integrations	1/15/2024		10%		On Track	Includes Privacy Impact Assessment and Security Assessment Change request has gone into Orion for HealthNL integration - Awaiting response
			Data and Reports	1/25/2024		10%		On Track	Determine existing operational and wait time reports Determine future reporting needs/state Develop data framework
			Current Data Import	1/17/2024				On Track	
			Evaluation Framework					Not started	
			Provincial Change Management					Not started	
			Deployment					Not started	
			Sustainability					Not started	

29(1)(a)

29(1)(a)

Getting Started: Organizational Risk Identification and Risk Rating



Risk Name: _____

[\(Refer to the Taxonomy of Healthcare Organizational Risks\)](#)

Step 1: Identifying a Risk

Pose the following questions to help identify significant risks:

- Is there the potential for significant impact on patient care and/or safety?
- Is there the potential for significant impact on strategic objectives?
- Are there internal or emerging trends in healthcare that could result in exposure?
- Is there the potential for significant impact on financials?
- Is there the potential for significant reputational impact?
- Does it require complex mitigation efforts?
- Are you working to prevent reoccurrence?
- Other:

Consider future risks (in the next 3-12 months)



Step 2: Rating a Risk (Risk Rating = Likelihood x Impact)

Rate the risk to determine which risks should take priority over another.

Example: Low Likelihood [2] x High Impact [4] = Rating of 8 (Medium Level)

		Impact				
		1	2	3	4	5
		Very Low	Low	Medium	High	Very High
Likelihood	Very High 5	5	10	15	20	25
	High 4	4	8	12	16	20
	Medium 3	3	6	9	12	15
	Low 2	2	4	6	8	10
	Very Low 1	1	2	3	4	5

Risk Level:

1, 2, 3, 4	Low
5, 6, 8, 9, 10	Medium
12, 15, 16	High
20, 25	Very high

From: Parfrey, Patrick
Sent: Tuesday, February 27, 2024 2:31 PM
To: David Diamond, Cathy Fitzpatrick (Executive Offices)
Cc: Herritt, Jeannine, Cassie Chisholm, Cabot, Antionette, Angela Bussey
Subject: [REDACTED]
Attachments: [REDACTED]

Hi Dave , I believe Cassie has mentioned to you about the creation of Surgical backlog [REDACTED] committee [REDACTED]
[REDACTED] We would like to meet with you this week if possible to discuss this before we engage any informants .
[REDACTED]

With thanks
Pat

From: Cabot, Antionette <AntionetteCabot@gov.nl.ca>
Sent: Tuesday, February 27, 2024 10:38 AM
To: Parfrey, Patrick <PatrickParfrey@gov.nl.ca>
Subject: [REDACTED]

Good morning,
Please see the attached draft of the [REDACTED] Jeannine shared yesterday.
[REDACTED]

When I get your feedback, I will incorporate and share with the team.

Also, of note the meeting are biweekly, we have them set up for weekly.
I will send an email to the team and change to biweekly.

Thanks
Antionette

From: Parfrey, Patrick
Sent: Tuesday, February 27, 2024 2:36 PM
To: McGrath, John
Cc: Cabot, Antionette, Herritt, Jeannine, Cassie Chisholm, Angela Bussey
Subject: [REDACTED]
Attachments: [REDACTED]

This attachment was included on pages 266-272, which have been withheld under sections 29(1)(a), 35(1)(c), 35(1)(d), 35(1)(g) of ATIPPA, 2015

Hi John, I have mentioned to you the creation of Surgical backlog [REDACTED] committee [REDACTED]
[REDACTED] We would like to meet with you and Minister Osbourne this week if possible to discuss this before we engage any informants .
[REDACTED]

With thanks
Pat

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Sent: Tuesday, February 27, 2024 4:05 PM
To: Dickson, Karen
Subject: FW: Surgery HT Table - Materials for Next Meeting Feb 27
Attachments: Subtable CI Update.xlsx
[Attachment included on pages 259-264](#)

JEANNINE HERRITT BN RN MN | Assistant Deputy Minister – Regional Services
Department of Health and Community Services
Government of Newfoundland and Labrador
PO Box 8700, St. John's NL A1B 4J6
709-729-1716 | JeannineHerritt@gov.nl.ca

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Thanks,
Nadine



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Director, Strategic Health Networks

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Special Advisor, Health Transformation

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Cassie Chisholm
Vice President Transformation, Health Systems
Newfoundland and Labrador Health Services

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- Minutes from special meeting request Feb 20th
- a letter that supports the addition of an agenda item

Thanks, in advance!

Antionette Cabot

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Cabinet Secretariat

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From: Herritt, Jeannine
Sent: Tuesday, February 27, 2024 4:14 PM
To: Dickson, Karen
Subject: FW: Reminder re presentation
Attachments: HTT Surgery Draft V3 Feb 22.pptx
[Attachment included on pages 203-213](#)

JEANNINE HERRITT BN RN MN | Assistant Deputy Minister – Regional Services
Department of Health and Community Services
Government of Newfoundland and Labrador
PO Box 8700, St. John's NL A1B 4J6
709-729-1716 | JeannineHerritt@gov.nl.ca

From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Sent: Tuesday, February 27, 2024 11:53 AM
To: Cabot, Antionette <AntionetteCabot@gov.nl.ca>; Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; Dickson, Karen <KarenDickson@gov.nl.ca>; William Moores <William.Moores@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Nolan, Karen <knolan@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Sanger, Janice <JaniceSanger@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Vallerie Coffey <valeric.coffey@easternhealth.ca>
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Sending a reminder that HH is hoping to receive the final version by end of day today, that gives a day for review and briefing prior to presenting on the 29th

Thanks so much

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From: McGrath, John
Sent: Tuesday, February 27, 2024 5:39 PM
To: Keith, Nadine
Cc: Herritt, Jeannine, Parfrey, Patrick
Subject: [REDACTED]
Attachments: [REDACTED]

This attachment was included on pages 266-272, which have been withheld under sections 29(1)(a), 35(1)(c), 35(1)(d), 35(1)(g) of ATIPPA, 2015

Hi Nadine,

Please arrange a half hour to brief with Minister, Jeannine and Pat.

Regards,

John McGrath, CPA, CA | Deputy Minister
Department of Health and Community Services
Government of Newfoundland & Labrador
P.O. Box 8700, St. John's, NL A1B 4J6
T: (709) 729-3125 | E: JohnMcGrath@gov.nl.ca

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[REDACTED]

When I get your feedback, I will incorporate and share with the team.

Also, of note the meeting are biweekly, we have them set up for weekly.
I will send an email to the team and change to biweekly.

Thanks
Antionette

From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Sent: Wednesday, February 28, 2024 9:22 AM
To: Cabot, Antionette, Herritt, Jeannine, Cassie Chisholm
Subject: Presentation and answer from Central
Attachments: HTT Surgery Draft V3 Feb 22.pptx

Hi;
See attached presentation.
Central also just responded. They completed a validation of their waitlist between the last two data points on the graph resulting in the decrease.
Thanks,
Nadine

Nadine McEvoy
Director, Strategic Health Networks

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A 10-YEAR HEALTH TRANSFORMATION

Surgery Sub-table Update February 27, 2024



Sub-table Members

- Assistant Deputy Minister – Regional Services, HCS, Jeannine Herritt, co-chair
- Vice President Transformation Health Systems, NLHS, Cassie Chisholm, co-chair
- Vice President and Chief Operating Officer, Eastern Urban Zone, NLHS, Ron Johnson
- Senior Director, Provincial Health Transformation, NLHS, Tina Edmonds
- Provincial Wait Time Coordinator, Regional Services, HCS, Janice Sanger
- Acting Director, Regional Services, HCS, Karen Nolan
- Special Advisor - Health Transformation, Antionette Cabot, Secretariat and full member
- Director, Surgical Services Strategic Health Network, Nadine McEvoy
- Interim Medical Lead, Surgical Services Strategic Health Network, Dr. William Moores



Current Priorities

- Central Intake Project – Initial focus Orthopedics and Ophthalmology
- Total Joint Replacement initiatives to address surgical backlog

Challenges

- Low volumes of patients qualify for outpatient TJR procedures based on existing criteria
- Cancellations due to bed availability

Opportunities

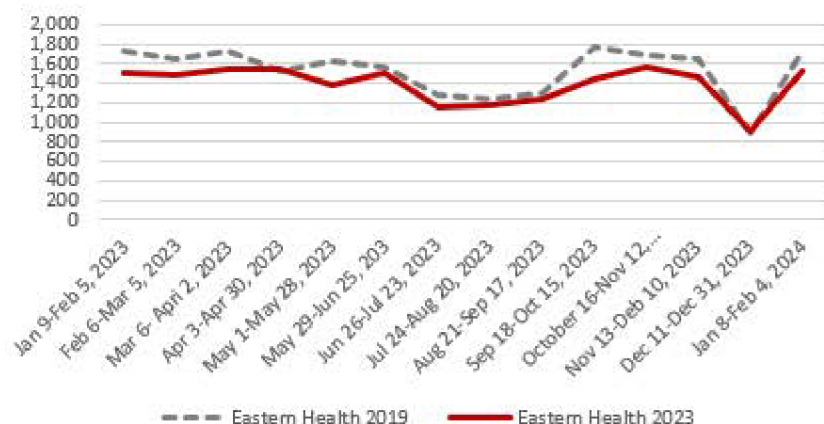
29(1)(a), 35(1)(d)

- OR capacity review
- Expanding Central Intake

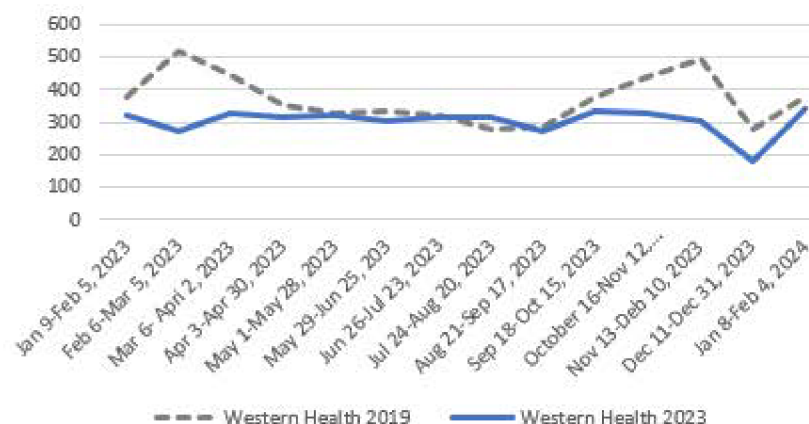


Change in Surgical Volumes (2023 compared to 2019)

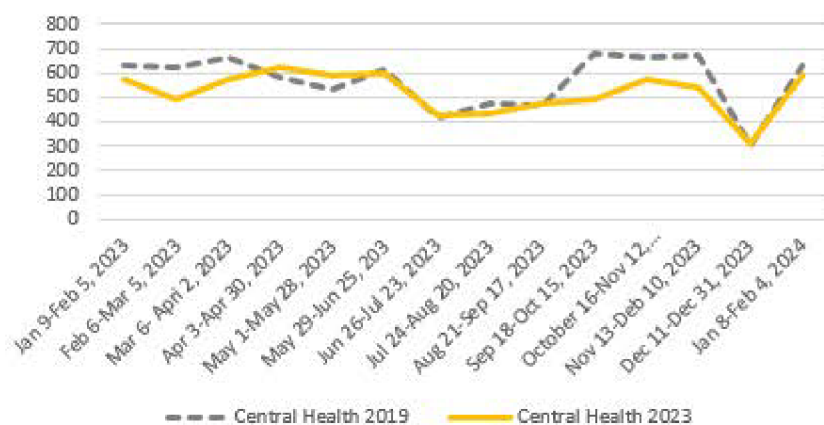
Eastern 2019 vs 2023



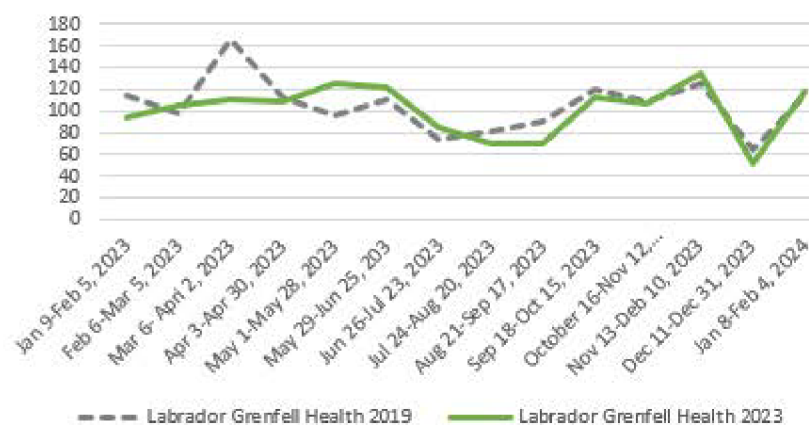
Western 2019 vs 2023



Central 2019 vs 2023



Labrador Grenfell 2019 vs 2023



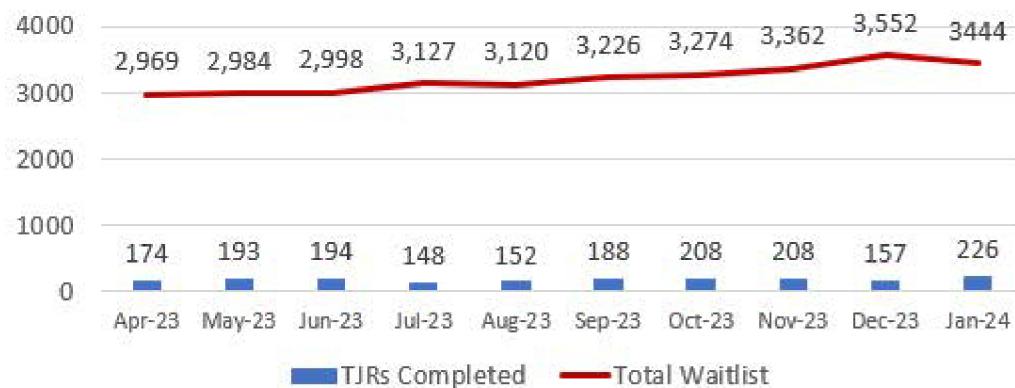
Volume Difference. Data comes from resumption report

The resumption report is a weekly report. In order to present information by month, 4 weeks data is summed up to be a month.
HCS-091-2024
Cataract procedures completed in designated facilities ARE included in these numbers.

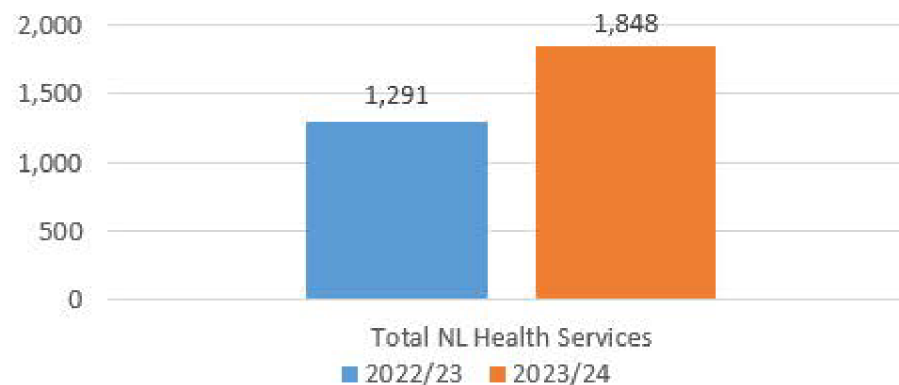


Provincial Joint Replacements

**Combined Total Joint Replacements (JRs)
Completed versus Total Waitlist - Provincial Totals**



**Comparing Total Joint Replacements Completed
for Apr-Jan 2022/23 and Apr-Jan 2023/24**



**Waitlist - Number Actively Waiting
Breakdown End-of-Month January 2024
Above Benchmark versus Below**



Ortho Update

-
-
-

JRs refer to Total Joint Replacements

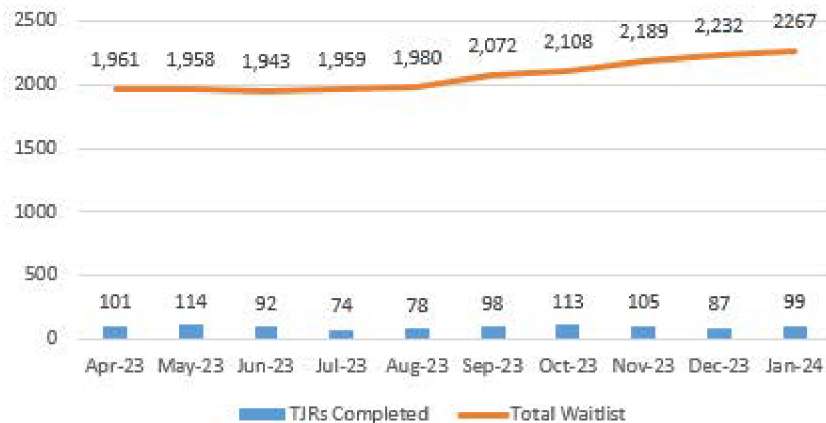
Wait list includes active and inactive

Redactions on this page are pursuant to sections 29(1)(a) and 35(1)(d) of ATIPPA, 2015

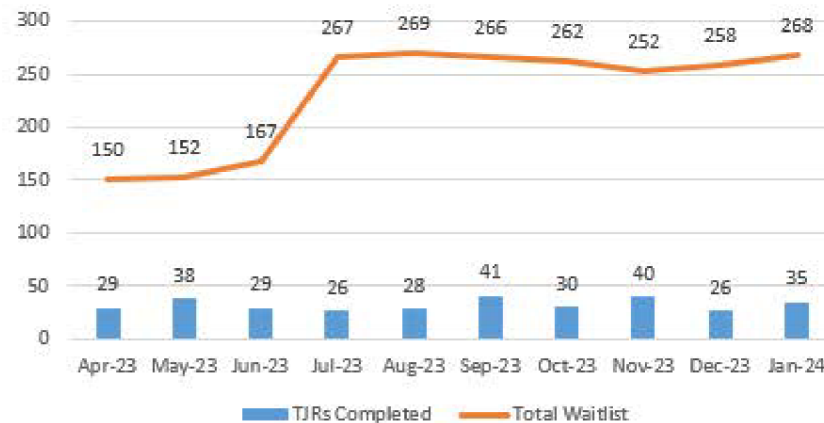


Combined JRs Completed Versus Total Waitlist by Zone

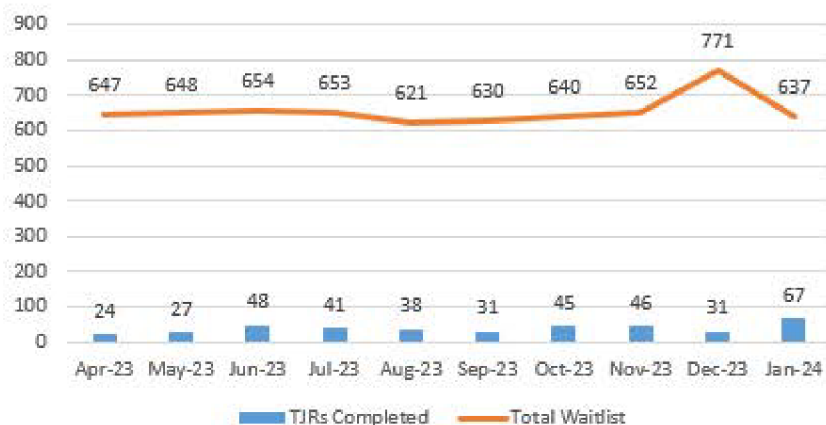
Eastern



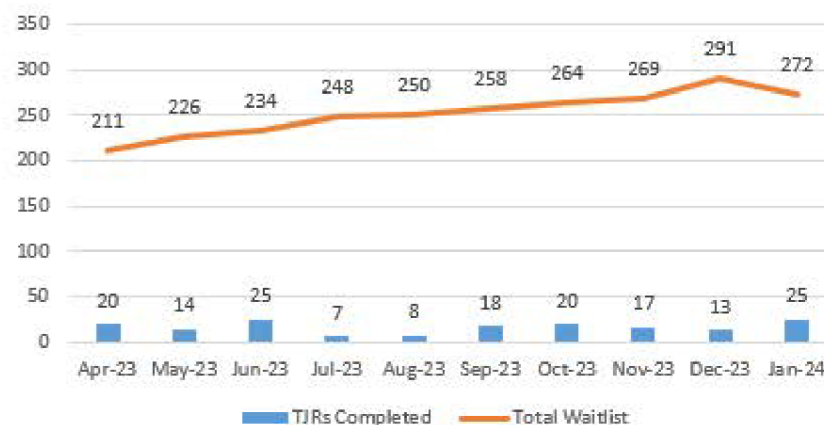
Western



Central



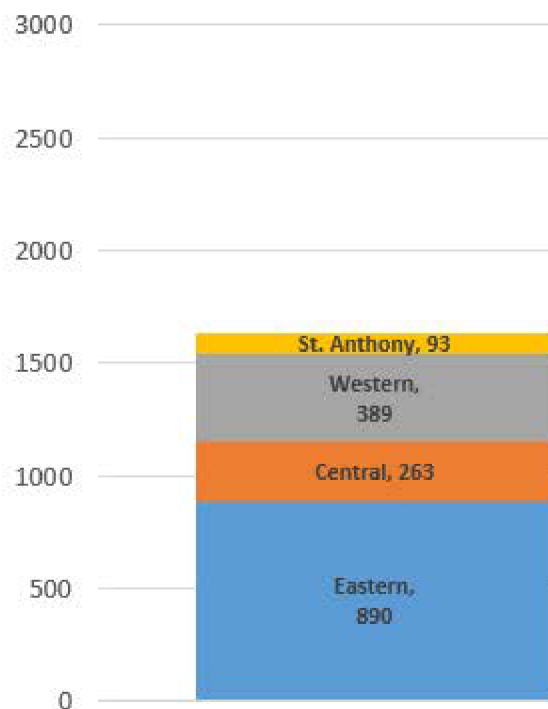
Labrador-Grenfell



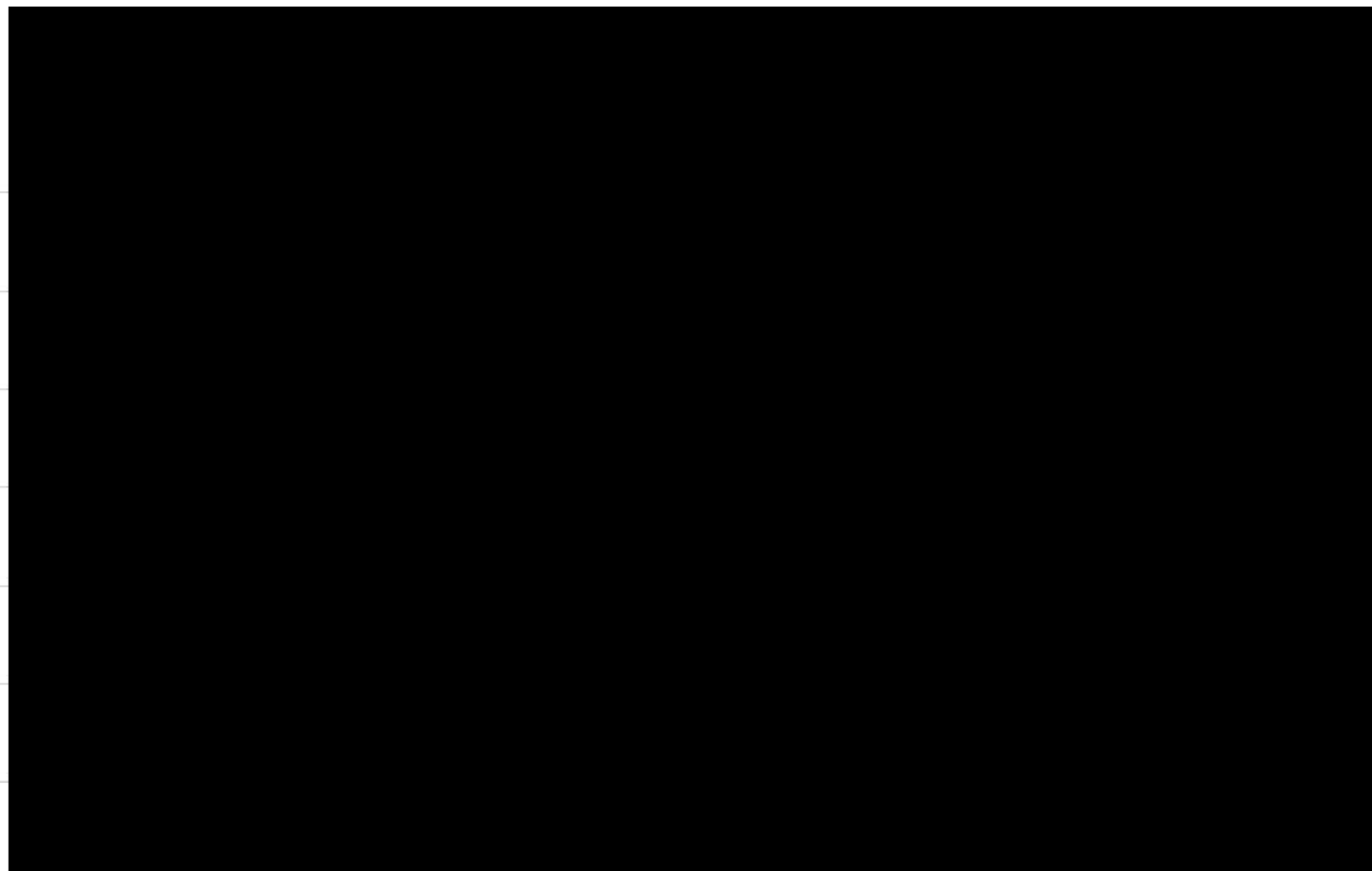


Total Joint Replacement Surgery

JRs in
2022/23
N=1635



JRs in 2022/23

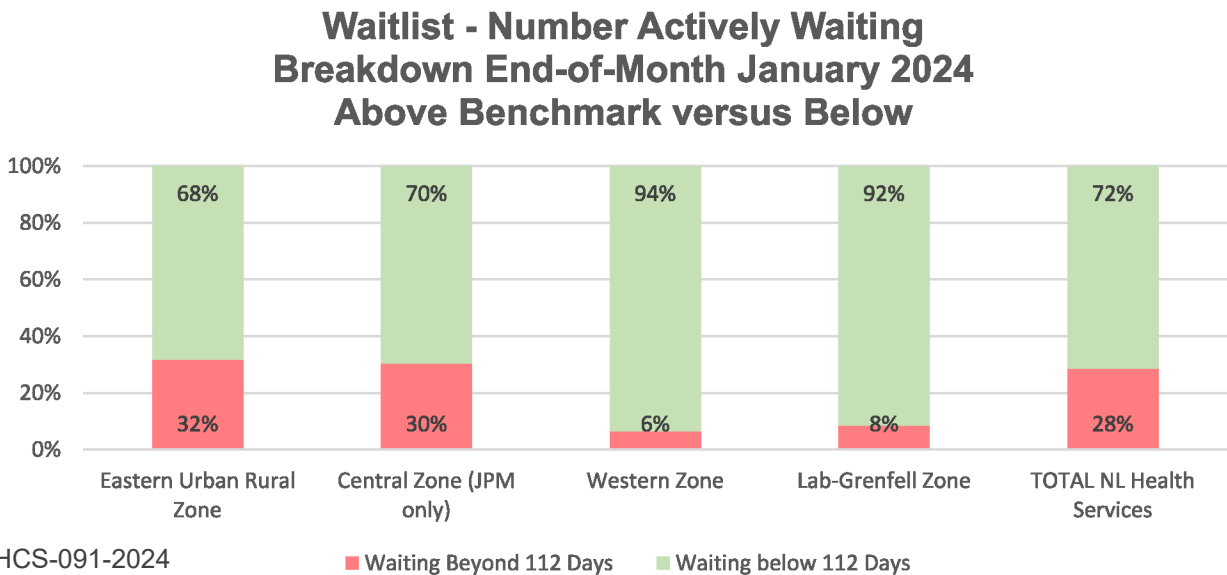
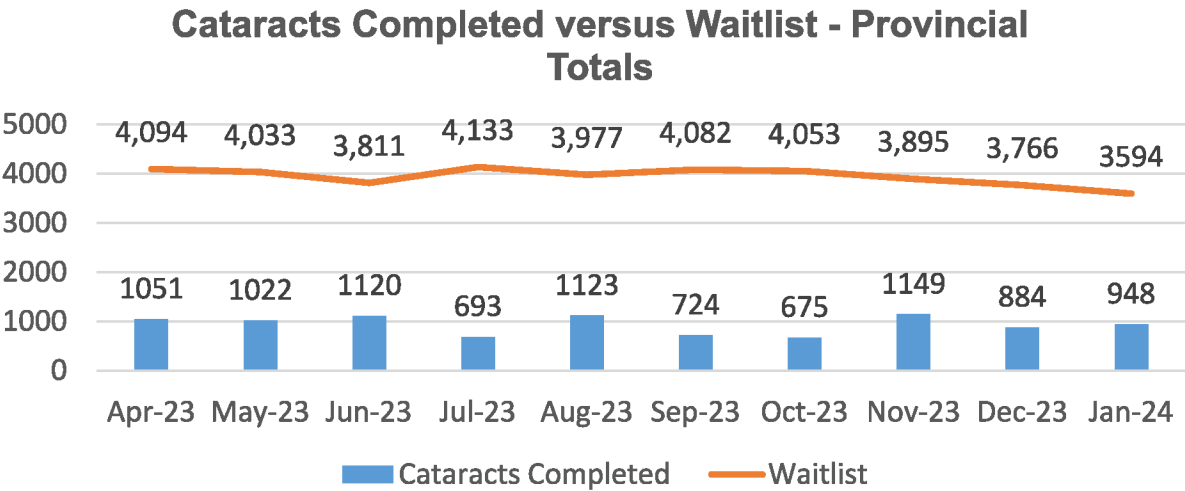


JRs refers to total joint replacement

Redactions on this page are pursuant to
sections 29(1)(a) and 35(1)(d) of ATIPPA, 2015

Provincial – Cataract Surgery Service

Redactions on this page are pursuant to sections 29(1)(a) and 35(1)(d) of ATIPPA,



Cataract Update

-
-
-



Next Steps

- Creation of Provincial Surgical Backlog Initiative
- Focus on Capacity Building through Optimization:

OR Infrastructure

- Provincial OR Capacity Review
- Identification of opportunities to improve internal processes and efficiency
- Data informed decision making utilizing Central Intake and other analytics

Health Human Resources

- Recruitment and retention strategies
- Optimizing scope of practice
- Adopting enabling technologies
- Use of data to support effective workforce planning and management

From: Cabot, Antionette
Sent: Wednesday, February 28, 2024 9:29 AM
To: Hanrahan, Heather
Cc: Herritt, Jeannine, Cassie Chisholm
Subject: Surgery presentation
Attachments: HTT Surgery Draft V3 Feb 22.pptx
[Attachment included on pages 281-290](#)

29(1)(a)

Moring Heather,
See attached for surgery, I know your timeline just got bumped up,

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca

"02092400.PDF" included on page 233

"Special Meeting Request Surgical Sub table Ophthalmology Feb 20 2024.docx" included on pages 240-241

"2023-0829-ToR-SurgeryHTSubTable updated Feb 26, 2024.docx" included on pages 252-254

From: Cabot, Antionette
Sent: Wednesday, February 28, 2024 12:13 PM
To: Cassie Chisholm , Dickson, Karen, Dr. Moores, Herritt, Jeannine, Hodder, Kiana, Nadine Mcevoy , Nolan, Karen, Ron Johnson , Sanger, Janice, Tina Edmonds, Vallerie Coffey
Subject: Surgical Sub table - Meeting Materials for March 12, 2024
Attachments: Agenda Surgery Sub table March 12 2024 doc.docx, Minutes Surgery Sub table Feb 27 2024.docx, 02092400.PDF, Special Meeting Request Surgical Sub table Ophthalmology Feb 20 2024.docx, 2023-0829-ToR-SurgeryHTSubTable updated Feb 26, 2024.docx, Surgical Visioning update.pptx, SBAR surgical services subtable submission - WZ Feb 27 2024.docx

Good morning, everyone,

Please find attached the agenda for March 12 meeting with supporting documents for review prior to the meeting.

WZ surgical visioning presentation,

WZ SBAR

Minutes from Feb 20 special meeting re ophthalmology, and

Letter to minister.

Feel free to add or make suggestions to the agenda at any time.

Also find attached the minutes for Feb 27th meeting.

Thanks, in advance!

Antionette Cabot

Special Advisor, Health Transformation

Cabinet Secretariat

T: 709-853-6895

E: antionettecabot@gov.nl.ca

Health Transformation Sub table - Surgery
March 12, 2024, 3-4pm
Agenda

Agenda items:

1. Debrief Premier presentation
2. Ophthalmology SBAR – update
3. Western Zone SBAR feedback
4. Rapid additions to CI – Cassie
 - a. General Surgery – breast, choles, hernias, other cancers
5. Letter to Minister – Jeannine
6. Allied Health – Jeannine
7. Surgical backlog initiative – “Operation Access” – Cassie/Jeannine
8. Monthly reporting to Premier on priority surgical waitlist
9. Review of minutes from special meeting request
10. TOR – feedback

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

Old business:

- 

1. Next Meeting: March 26, 2024, 3-4pm

Health Transformation Sub-table – Surgery
Minutes
Date February 27, 2024
Virtual
Time 3 – 4 pm.

Attending: Cassie Chisolm, Jeannine Herriott (chair), Karen Nolan, Nadine McEvoy, Ron Johnson, Tina Edmonds, Janice Sanger, Antionette Cabot

Guests:

Regrets: Ron Johnson

Key Discussions Points:

1. Minutes: accepted as written, edit Janice Sangers had sent regrets.
2. Jeannine welcomed Dr. Moores and Karen Dickson.
3. TOR – please review and provide feedback at next meeting.
4. Reporting presentation – an overview of the presentations and process for reporting to the Premier was shared with the new members.

○

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

•

5. Western Zone's Surgical Vision

- Western Zone forwarded a SBAR (see attached) in follow up of their visioning presentation (see attached) to the sub table Jan 16. Please review the SBAR and provide feedback for the next meeting.

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

6.

7. Remaining agenda items deferred to next meeting.

Actions:

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

- [REDACTED]

KIV:

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

- [REDACTED]

Next Meeting: March 12, 2024, 3-4pm



NL Health Services

Western Zone Surgical Services Vision SBAR **Feb 27 2024**

S

NLHS has identified surgical services as a high priority. To address the need for increased access to surgical services the Western Zone (WZ), the Perioperative Executive Committee have created a vision and improvement initiatives that will support this need. WZ presented this to the Surgical Services Sub-table in Jan 2024. It was suggested that WZ complete an SBAR to formalize this vision and purpose improvement initiatives.

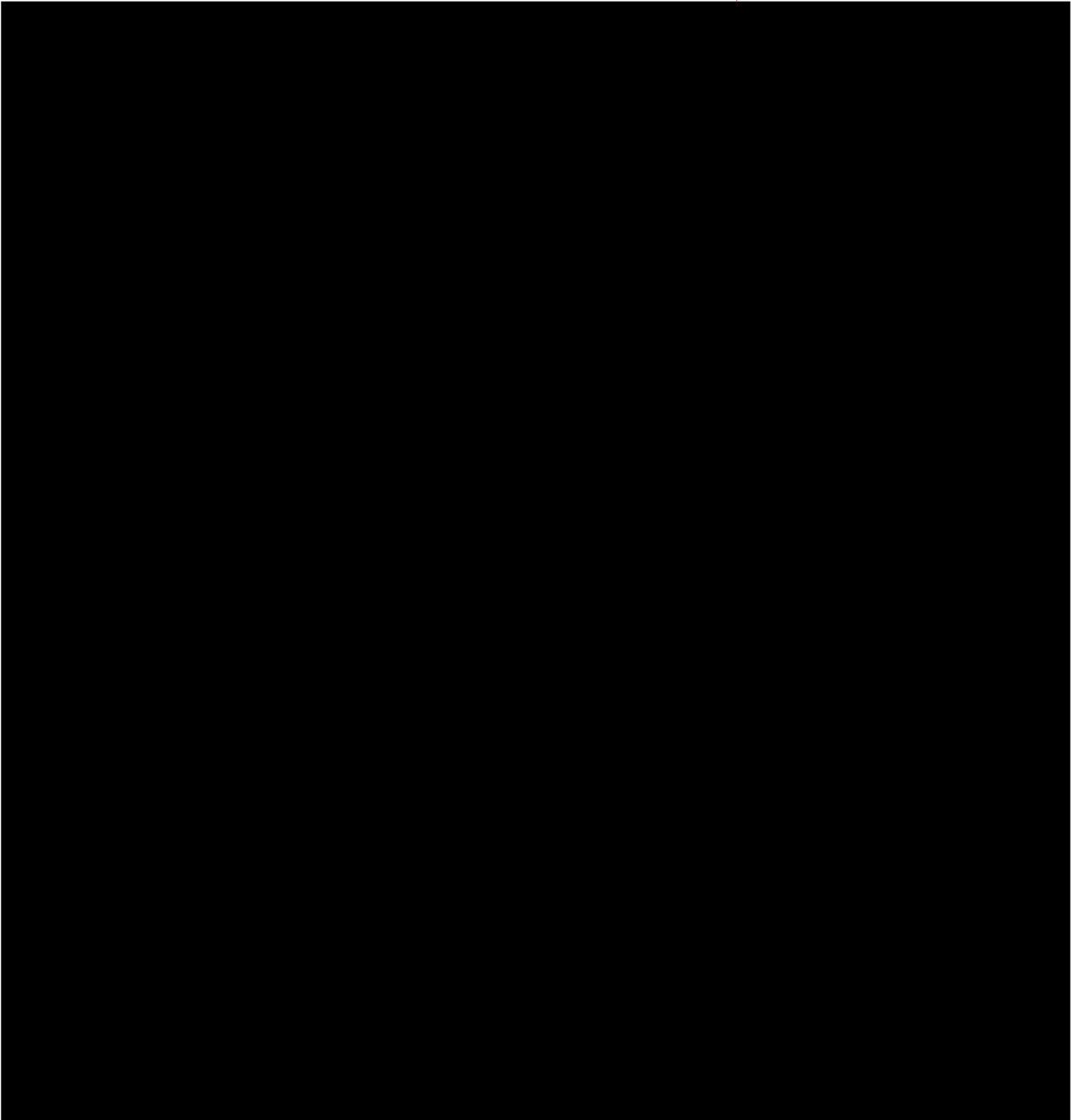
B

- WZ is comprised of two sites that offer surgical services: Western Memorial Regional Hospital (WMRH) and Sir Thomas Roddick Hospital (STRH).
- WMRH has six operating suites that operate 5 days a week, with a total of 24 surgical lists per week. 1 room is set up for urology exclusively.
- The Surgical program at WMRH is comprised of 9 surgical disciplines, including: orthopedics, glaucoma/retinal ophthalmology, dental, ENT, gynecology/obstetrics, general surgery, urology, locum pacemakers, and trauma. The perioperative program has dedicated nursing and support staff that provide surgical services for 24 lists only.
- WMRH provides on call coverage after hours and on weekends. Strict utilization and review of cases completed after hours occurs with peer monitoring via the OR committee and enforcement of the afterhours booking policy.
- STRH has two operating suites, with staffing for 1 surgical team that are utilized to provide services for endoscopy, urology, pain, minor procedures preadmission clinic and infusions.
- The surgical program at STRH is comprised of general surgery, with visiting services provided by urology and gynecology.
- Historically there was an after hours service at STRH however sustainability and utilization has been challenging. Due to the call being one in 2 for surgeon and anathesia, it has been seen as a barrier to recruitment
- As of approximately 2020, there is no after-hours call service currently, nor foreseen, provided at STRH. Cases are diverted to WMRH.
- The target benchmark adopted by WMRH for utilization is 90%. WMRH meets or exceeds this rate while STRH has limited utilization due to vacant general surgeon/anathesia position coverage at the site and inconsistent travel from WMRH to the site.

- WMRH efforts to improve efficiency have been ongoing for the past number of years and there has been a reduction in worked hours per case; skill mix and room turnover. Much of the efficiency gained was around management of after-hours cases. This required significant change management and leadership.
- WZ has been working with its partners, staff, and providers to develop a surgical services vision with the goal of creating a sustainable regional surgical services program. A regional program would support efficient and effective utilization of surgical services in the zone, as well as aid in the recruitment and retention of surgeons, anesthesiologists, and specialty trained nursing staff.

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

A



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

[Redacted]

R

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

[Redacted]

Respectfully submitted by WZ Perioperative Executive

From: Dickson, Karen
Sent: Wednesday, February 28, 2024 2:20 PM
To: Herritt, Jeannine
Subject: FW: Report on ambulatory surgery centres
Attachments: Ambulatory Surgery Centres.pdf

Attached is the ambulatory surgery centre report I wrote this past summer.

Karen

From: Karen Dickson <Karen.Dickson@easternhealth.ca>
Sent: Wednesday, February 28, 2024 2:17 PM
To: Dickson, Karen <KarenDickson@gov.nl.ca>
Subject: Fw: Report on ambulatory surgery centres

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

From: Karen Dickson
Sent: Monday, August 28, 2023 5:48 PM
To: Ron Johnson <ron.johnson@nlhealthservices.ca>
Subject: Report on ambulatory surgery centres

Hi Ron,

As requested, attached is the report on ambulatory surgery centres.

Karen



Karen Dickson PhD
Clinical Research Scientist & Manager of Innovation
Research and Innovation

e: Karen.Dickson@easternhealth.ca
w: NLHealthServices.ca

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**NL Health
Services**

REPORT

Ambulatory Surgery Centres in Canada

Prepared by: Karen Dickson, PhD
Clinical Research Scientist & Manager of Innovation

Prepared on: August 28, 2023

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Context.....	4
Ambulatory Surgery Centres	5
Increasing Outpatient Procedures.....	5
Quality of Care.....	6
Human Resource Impacts	7
Efficiency and Financial Impacts	8
Conclusion.....	10
References	12

Key Findings

- Long wait times for elective surgery in Canada have been worsened by the COVID-19 pandemic.
- Expanding or creating ambulatory surgery centres, which perform elective surgery outside of hospitals, has been announced as a measure to reduce surgical backlogs in several jurisdictions in Canada.
- Research evidence demonstrates that ambulatory surgery centres are efficient and cost-effective facilities to safely perform a growing range of outpatient procedures for low-complexity patients.
- There is greater empirical support, as well as support among health care professional organizations in Canada, for ambulatory surgery centres to be developed in the public health care system rather than outsourcing to private ambulatory surgery centres. This is based on three primary criticisms of private delivery of public health care: poorer quality, siphoning of public health care staff, and higher cost.
- Research data predominately indicates that public health care outsourced to private providers is usually lower quality and results in poorer patient outcomes than care provided in the public system. However, there is limited evidence on surgical outcomes specifically.
- A significant limitation for ambulatory surgery centres is the shortage of health care staff. Without proper human resource planning, ambulatory surgery centres could worsen hospital staff shortages and thus, worsen underutilization of hospital operating rooms. This is of particular concern for private ambulatory surgery centres, which usually operate in Canada with no measures in place to prevent competing with the public health care system for staff.
- Greater efficiency and reduced costs have been demonstrated in ambulatory surgery centres compared to hospital outpatient surgery. However, most evaluations have revealed that, in Canada, surgical procedures are more expensive in private ambulatory care centres compared to public hospitals.

Context

Long wait times for elective surgery in Canada has been problem for decades and the COVID-19 pandemic significantly exacerbated the situation. As a result of measures taken in the health care system during the pandemic, wait lists have increased significantly over the last few years in Canada, and in Newfoundland and Labrador specifically. While numbers of surgeries initially returned to pre-pandemic levels, the departure of health care staff after the pandemic again reduced the capacity for surgeries to be performed, resulting in insufficient volume to clear backlogs and improve wait times.^{1 2 3} This has resulted in fewer patients receiving surgeries within established benchmark timeframes⁴ (see Table 1). Looking ahead it is anticipated that staffing shortages will continue, limiting the potential for greater efficiency or allocating more resources specifically to surgical programs with long wait times to achieve improvements.¹

Table 1. Percentage of patients receiving elective surgery within the relevant established benchmark timeframe by procedure.

	Newfoundland and Labrador		Canada	
	2018	2022	2018	2022
Hip Replacement	88%	45%	75%	57%
Knee Replacement	75%	36%	69%	50%
Cataract Surgery	77%	39%	70%	66%

Source: CIHI⁴

Reducing wait times for surgeries has benefits both for patients and for the health care system. Patients who suffer from a health issue longer than is appropriate experience an impact on their quality of life, to the extent that reducing wait times can also provide economic benefits as patients' health does not deteriorate to the point where they can no longer work.¹ Shorter wait also improves patient outcomes after surgery. With shorter wait times, operations are performed on healthier patients leading to fewer complications, and reducing potentially costly care for complications.¹ Shorter wait times for surgery could potentially reduce premature deaths, however this can be difficult to measure because these deaths may not occur while waiting for surgery or at the time of surgery, but rather in the future due to the deterioration of health while waiting for surgery.¹

Ambulatory Surgery Centres

One solution that has been proposed to address surgical wait times is establishing and expanding ambulatory surgery centres.^{1 2 3 5 6 7 8 9} Ambulatory surgery centres are health care facilities focused on providing outpatient same-day surgical care.¹⁰ Ambulatory surgery centres are increasingly common in other countries, particularly in the US, but are not very established in Canada and only have a small presence in the country.^{2 7} While ambulatory surgery and procedures tend to be performed in large full-service hospitals in Canada,² ambulatory surgery centres do exist to some extent in almost all jurisdictions across Canada.^{11 12} This includes both public (hospital-affiliated or standalone) and standalone private (for-profit or not-for-profit) ambulatory surgery centres. Many hospitals in Canada have established affiliated ambulatory surgery centres,¹³ however, most ambulatory surgery centres in Canada are private.¹⁴ Outside of Quebec, most private ambulatory surgery centres are located in Western Canada. In Alberta, approximately 20% of surgeries are outsourced to private ambulatory surgery centres.³ The surgical procedures most widely performed in ambulatory surgery centres include ophthalmologic and orthopedic procedures.¹¹

Evidence suggests that, compared to hospitals, ambulatory surgery centres may be more cost-effective and efficient for delivering ambulatory surgical services that are safe and high quality. Thus, they have the potential to play an important role in reducing the current elective surgery backlog.^{2 7 12}

Increasing Outpatient Procedures

Performing surgeries as outpatient procedures, rather than requiring inpatient admission to hospital, offers numerous benefits to patients and the health care system. Research supports the notion that patients prefer to recover from surgery at home rather than in a hospital inpatient setting so moving more procedures to outpatient aligns with principle of patient-centred care. As well, this is also consistent with the Home First philosophy which promotes, among other aspects, discharging patients from hospital as soon as possible.² Additionally, performing outpatient surgery when possible can improve patient outcomes by reducing the risk of a hospital acquired infection.^{2 14}

Research has demonstrated that many procedures that have previously been required to be performed as inpatient surgeries can now be safely and feasibly performed as outpatient procedures. Further, it has been proposed that moving ahead, even more procedures and surgeries will be performed as outpatient procedures with same day discharge.^{2 12} This will be enabled by the development of less invasive, safer, and more expedient surgical procedures,

increased use of home monitoring and enhanced virtual care, development of patient selection criteria, and implementation of enhanced recovery after surgery (ERAS) protocols.^{2 11 12 14}

Quality of Care

Evidence, including a review of the largest public ambulatory surgery centre in Canada, demonstrates that ambulatory surgery centres provide safe, high quality care to patients.^{2 7 14 15} The surgeries performed at this facility were relatively complex for outpatient surgery, often beyond the capacity of most standalone ambulatory surgery centres. Over a two-year period, the unplanned transfer rate was 1.19% and the rate of hospital transfer and admission was 1.01%. The overall rate of readmission within the first week post-surgery was 1.81% for all surgical disciplines. For all cases, readmission was due to surgical complications, such as hematoma or surgical site infection.¹⁴

Research has examined performing more complex outpatient surgeries, such as bariatric surgery, in a public ambulatory surgery centre affiliated with a hospital and noted the importance of ensuring a connection to a hospital, in case of complications, to have an established process for inpatient admission to the hospital if necessary,¹⁶ which is not a feature of private ambulatory surgery centres. However, much of the research conducted on the safety and efficacy of outpatient surgical procedures does not distinguish between the types of outpatient facilities, and includes hospital-based outpatient surgery, ambulatory surgery centres affiliated with hospitals, as well as private ambulatory surgery centres.²

One of the main criticisms raised in opposition to outsourcing surgeries to private clinics is that they provide a poorer quality of care.^{3 17 18} Existing literature comparing surgical outcomes between private clinics and public facilities is limited, however, one study in British Columbia found that injured workers who received knee surgery in a public hospital returned to work sooner than those who received knee surgery in a private clinic, despite longer wait times for surgery in a public hospital.¹⁷ Further, there is a large amount of evidence that, in general, privatized care results in poorer patient outcomes.^{3 19} For example, a study conducted in England found that an annual increase of 1% for outsourcing to the private sector by the NHS corresponded with an annual increase of 0.38% in treatable mortality the following year. This corresponded to an additional 557 treatable deaths from 2014 to 2020.²⁰ It is not feasible to directly compare quality of care and patient outcomes in private ambulatory surgery centres to public ambulatory surgery centres or hospital outpatient surgery services because of patient selection bias, such that only the healthiest patients, who would be expected to have the fewest complication and best outcomes, receive care at private ambulatory surgery centres.²

Human Resource Impacts

One of the main challenges for creating ambulatory surgery centres is human resource planning. The expansion of surgical services through ambulatory surgery centres does not add additional human resources to the health care system. These facilities don't address the lack of surgery capacity due to a lack of OR staffing (particularly nurses) or a lack of beds (due to insufficient staffing). In fact, because the number of surgeons, and particularly the number of nurses in the health care system is limited, creating new ambulatory surgery centres has the potential to pull human resources from hospitals. This can then increase wait times for the sickest patients who must be treated in hospital and cannot avail of ambulatory surgery centres. As well, it can increase underutilization of existing ORs in hospitals, as they manage a greater proportion of complex cases requiring inpatient surgery. Thus, bed availability would become an even greater limiting factor for OR capacity in hospitals. ^{1 2 3 13}

This issue is particularly raised as another main criticism of private ambulatory surgery centres. ^{3 8 9 13 18} It has been suggested that private facilities would have a greater potential detrimental impact on worsening existing public sector health care staff shortages. The pool of health care workers is expected to be relatively fixed for the foreseeable future and it is anticipated that many health care workers would choose to work in a private ambulatory surgery centre, instead of a public hospital, because of the reduced workload, lower patient complexity, regular hours, and higher pay they could offer. Diverting the workforce to private ambulatory surgery centres would then worsen staffing shortages in hospitals and increase wait times for other patients who require care in hospital. ^{1 3 9 13}

Creating ambulatory surgery centres that are part of the public health care system and directly affiliated with a hospital has been proposed to address the negative consequences associated with private ambulatory surgery centres. Specifically, it has been suggested that hospital-affiliated ambulatory surgery centres could manage health human resources by restricting movement of hospital staff to ambulatory surgery centres until their positions in the hospital are filled, require physicians working in ambulatory surgery centres to maintain on call responsibilities at the affiliated hospital, and allow for resource sharing and easy admission of patients who experience complications and require inpatient care in hospital. Further, if ambulatory surgery centres are affiliated with a public hospital system, single entry surgical waitlists can be created for common procedures to ensure that wait times are equitable across facilities and across pathologies. ^{1 2 8}

However, it is also possible to manage health human resources with private ambulatory surgery centres. The Saskatchewan surgical initiative addressed human resource concerns and prevented private clinics from luring health care professionals away from the public sector by

requiring companies to provide a human resources plan. In some instances this included an agreement that the clinics and public health authority would not compete for staff. For example, this included hiring retired nurses in the private clinics, who were attracted to regular working hours, with no on-call shifts or weekend work, as well as other workplace benefits.²¹

Efficiency and Financial Impacts

Ambulatory surgery centres usually are limited to same-day discharge, and this has been identified as a factor that prevents unnecessary admissions from these facilities.¹⁴ There can be significant differences in the same-day discharge rates of ambulatory surgical centres versus hospitals. One study in British Columbia found an institutional bias in admitting, where the rate was almost nine times higher at a hospital than at a public stand-alone ambulatory surgical centre, primarily because of the ease of admitting. Therefore, stand-alone ambulatory surgical centres have a greater chance of optimizing same-day discharge on a routine basis. Unplanned overnight admissions following surgery unnecessarily tie up inpatient beds and add unnecessary expense. Thus, ambulatory surgical centres can facilitate efficient resource use and improve patient access to services.¹⁴

However, it has been proposed that ambulatory surgery centres should have the capacity for overnight care allowing patients who require monitoring or observation to utilize the centres.² According to an environmental scan conducted in 2015, procedures requiring an extended stay were performed in surgical facilities outside hospitals in only Alberta and Saskatchewan.¹¹ However, British Columbia has considered extending the length of stay in private ambulatory surgery centres to three days.²² This proposal has been met with criticism based on the fact that any surgeries with such a length of stay would not be categorized as ambulatory procedures. Therefore, it has been argued that this change reflects the establishment of private hospitals outside of the public hospital system, rather than the expansion of ambulatory surgery services.²³

Ambulatory surgery centres have the potential to have more reliable scheduling because they do not have to accommodate urgent and emergent cases.² Although this hasn't been examined in the context of ambulatory surgery centres specifically, reliable scheduling has been demonstrated to be associated with greater efficiency and lower costs within hospital surgery programs.²⁴

One of the most common criticisms raised in opposition to private ambulatory surgery centres is that they are more expensive compared to the public sector.^{3 18} For example, in 2004, the BC workers' compensation system paid almost four times as much for expedited knee surgery in a private ambulatory surgery centre compared to the cost for a non-expedited surgery in a public

hospital (\$3,222 vs. \$859).^{3 17} Another analysis found that in Ontario cataract surgeries are more expensive in private clinics than in hospitals (\$605 vs. \$500).^{3 13}

Similarly, analysis of data from a pilot project in Quebec conducted by the provincial department of health, and obtained through an access to information request by the Institut de recherche et d'informations socioéconomiques (IRIS), demonstrated that for all five types of surgeries and procedures examined in the pilot project the cost was significantly higher in private medical centres compared to in public sector facilities. In 2019, the cost of these procedures was 4% to 155% more expensive in private clinics, with an average of a 66% higher cost across all procedures. One element of the pilot project implementation that may have contributed to increased costs in the private clinics was that the private clinics were funded for actual expenses, as well as a profit margin of 10%. Thus, the conditions incentivized increasing costs because private clinics had no financial risk since reimbursement of expenses was guaranteed, and the higher the costs, the higher the dollar value of the 10% profit margin.^{25 26}

As well as adding a cost to the public health care system, public outsourcing to private clinics cannot be entirely separated from the issue of direct billing to patients.³ Quebec is the only province in which patients can pay directly for medically necessary surgery from private providers, as a result of a 2005 court decision that applied only to Quebec.⁹ However, upselling of optional add-ons or unregulated costs for uninsured services associated with surgery, such as the type of artificial lenses for cataract surgery, occurs in private ambulatory surgery centres.¹³ The Auditor General of Ontario notes that cataract surgery is the specialty area with the highest risk of misleading sales practices, and that many patients were charged by private clinics after receiving publicly-funded cataract surgery because they were misinformed about the option to receive standard surgery without any add-ons through the Ontario Health Insurance Plan (OHIP).²⁷

Additionally, in the Western provinces, private ambulatory surgery centres, including those with government contracts, have been associated with unlawful extra-billing to patients, in contravention of the Canada Health Act. As well as being an added cost to patients, extra-billing is also a cost to provincial governments. For example, British Columbia had \$83.3 million dollars withheld from its federal health transfer from 2016-2020 as a penalty for extra-billing.³ For 2020-21, Health Canada reported that British Columbia had \$6 million deducted from its Canada Health Transfer due to patient charges for medically necessary services specifically at private surgical clinics, as well as for access to insured abortion services.²⁸

Consideration must also be given to the costs for community-based health care services required for outpatient surgery that would otherwise be provided as part of care during an inpatient hospital admission. If these costs are not covered by the public health care system

then there is inequitable access to surgery based on the ability of patients to pay for post-operative care. Patients who don't have private medical insurance or can't afford to pay out of pocket will not be able to access services in ambulatory surgical centres because they will have no access to the required postoperative care. ²

As well, some private surgery clinics have been reported to be exploiting a loophole in the Canada Health Act in which medically necessary non-emergency surgeries are not an insured service outside of a patient's home province. Therefore doctors can bill patients directly if they travel to another province. It has been reported that the prices these clinics are charging Canadian patients range from \$20,000 to almost \$30,000 for joint replacement surgery. ^{3 9}

One exception to the observed trend of higher costs in private ambulatory surgery centres is from the Saskatchewan Surgical Initiative. One of the foundational principles for creating private surgery clinics as part of this initiative was that "third party delivery must be financially responsible and the cost of the services must be equal to or less than what is offered by the publicly delivered health system". ²¹ In order to establish what the costs were for publicly funded procedures the process of procedural activity based costing was applied. As a result, cost savings were achieved in the private ambulatory surgery centres compared to hospitals. An analysis was conducted for 34 procedures and the results demonstrated that all procedures were less expensive in the clinics. Depending on the procedure, cost savings ranged from 3% to over 50%, with an overall cost for the 34 procedures that was 26% less in private clinics compared to if they had been performed in hospitals. ²¹

One of the key factors to ensure the quality of private delivery of outsourced health care services is measuring and monitoring of performance. However, performance monitoring and data collection can be both costly and difficult, and the additional costs associated with oversight of private delivery of ambulatory surgery services is not normally accounted for in cost comparisons of public versus private ambulatory surgery centres. ²¹

Conclusion

Ambulatory surgery centres present an opportunity to deliver more cost-effective and efficient ambulatory surgical services, and be an effective initiative to reduce the current elective surgery backlog. ^{2 7 12} The general consensus is that to achieve the most benefits and avoid many of the potential problems of ambulatory surgery centres, they should be integrated with the public hospital system. ² Despite its success utilizing private ambulatory surgery centres, the evaluation of the Saskatchewan Surgical Initiative pointed out that while it was successful in achieving the goal of reduced wait times for patients through the measures implemented, this initiative simply treated the symptom of the problem. It bypassed, rather than addressed, the

underlying structural problems in the publicly funded and operated health care system in Canada that cause extended wait times for elective surgeries and procedures.²¹

Correspondingly, much of the research on elective surgery wait times in Canada highlights that the key solutions to this issue involve structural changes in the public health care system to make the best use of existing surgical capacity and reduce underuse of hospital operating rooms.^{3 12 27 29}

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From: Cabot, Antionette
Sent: Wednesday, February 28, 2024 4:44 PM
To: Parfrey, Patrick, Herritt, Jeannine, Cassie Chisholm, Angela Bussey
Subject: [REDACTED] notes for Feb 26 2024. 2.docx
Attachments: [REDACTED] notes for Feb 26 2024. 2.docx

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

Good afternoon, everyone,
Please see attached notes and action items from Feb 26 meeting.

Thanks
Antionette

**Health Transformation
Surgical Backlog Initiative
February 26, 2024, 10 -11am
Notes**

1. Welcome Dr. Bussey
2. An overview of [REDACTED] was provided
 1. Priority areas were discussed, CV OR, Joints, Ca surgery, & Cataracts,
 2. [REDACTED]
 3. Capacity –
 - a. [REDACTED]
 - b. [REDACTED]
3. [REDACTED]
4. Cataract – utilization of central intake, it was identified that all ophthalmologists agreed to this change.
5. [REDACTED]
6. Informants for engagements
 1. CEO NLHS as first step and share the TOR.
 2. Ron Johnson
 3. Cassie to set up a meeting with Dr. Greg Brown
 4. Dr. Bugden
 5. Anesthesia
 6. Medical Services at HCS??
7. Data:
 1. Collect wait times for priority surgeries.[REDACTED]
8. Review CV OR template (will share when I receive it)

Action items:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

From: Minister, HCS
Sent: Wednesday, March 6, 2024 11:20 AM
To: 40(1) [REDACTED]
Cc: client.relations@easternhealth.ca, David Diamond, Ron Johnson
Subject: Cataract surgery wait times
Attachments: 40(1) [REDACTED] Response - Concern - wait time for cataract surgery.pdf

Please see the attached response to your January 3, 2024 e-mail.

From: [REDACTED] 40(1)
Sent: Wednesday, January 3, 2024 11:45 AM
To: Minister, HCS <hcs@gov.nl.ca>
Subject: [REDACTED]: Cataract surgery wait times
Importance: High 31(1)(l)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good day Mr. Osbourne,

Section 6, 40(1)

I am writing on behalf of myself regarding the cataract surgery wait times, [REDACTED]

[REDACTED]

Section 6, 40(1)

While I can appreciate that everyone's eyes are important, I simply cannot understand how there are not particular situations that warrant faster wait times. [REDACTED]

[REDACTED] Again, I would like to emphasize that I am not downplaying the importance of any seniors sight, or anyone in general [REDACTED]

Looking for an appropriate resolution to this impossible situation.

Thanks,

[REDACTED] 40(1)

COR-2024-196377/01

March 5, 2024

40(1)

Dear [REDACTED]

I am responding to your email of January 3, 2024, regarding the wait time for cataract surgery. I am sorry to hear of your wait time and I appreciate your frustration.

The prioritization of patients for the purpose of scheduling specialty appointments, tests and surgical procedures is determined through communication and consultation between the referring physician or optometrist and specialist. If there are concerns with the priority that has been assigned to you, I would encourage you to follow up with your referring physician or optometrist to determine whether your circumstances warrant more urgent attention, particularly if your condition has changed since the time of your referral.

We are working in cooperation with NLHS to address the wait list of cataract surgeries. I am pleased to say that two new Ophthalmologists have been recruited to the province. We have also more than doubled the allocation of cataract procedures that can be performed in non-hospital designated facilities in 2023-24, with a focus on addressing the longest-waiting patients. NLHS has been actively managing the cataract wait list and developing a central intake to enable patients to see the next available provider anywhere in the province. I am hopeful that the combination of these measures will improve wait times for individuals such as you.

While the department sets provincial priorities and strategic objectives for the health system in Newfoundland and Labrador, Newfoundland and Labrador Health Services (NLHS) is directly responsible for the administration and delivery of health services. In light of your concerns, I asked one of my officials to reach out to you to obtain your consent and personal health information in order to follow up with Client Relations at NLHS to check on the status of your referral. If you wish to speak to Client Relations directly, you may reach them by phone at 1-877-444-1399 or by email, Client.Relations@easternhealth.ca. Please note that I have also copied your letter and this response to Client Relations as well as David Diamond, CEO of NLHS and Ron Johnson, Vice President and Chief Operating Officer of NLHS, for their information.

I hope that this information is helpful. I wish you all the best.

Sincerely,

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

HONOURABLE TOM OSBORNE, MHA
Minister of Health and Community Services
District of Waterford Valley

cc: Client Relations, NLHS (Eastern)
David Diamond, CEO, NLHS
Ron Johnson, VP/COO, NLHS

From: Dickson, Karen
Sent: Wednesday, March 6, 2024 2:06 PM
To: Parfrey, Patrick
Cc: Herritt, Jeannine
Subject: Revised Surgery Wait Time Data
Attachments: Surgery wait times REVISED.xlsx

Hi Pat,

Attached is the updated data on surgery wait times as discussed. I've added in the additional data that's available for Q3Q4 (October-March) for 2019-2021 and clearly labelled all the data to indicate Q1Q2 or Q3Q4. I've also added in volume data to the regional data for hip and knee replacements [REDACTED] 29(1)(a)
[REDACTED] however no Q3Q4 data was available at the regional level so regional volumes are all for only 6 months of each year. 29(1)(a)

Karen

Karen Dickson PhD
Senior Issues Advisor, Regional Services

Department of Health and Community Services
Government of Newfoundland and Labrador

T: 709-729-6455
E: KarenDickson@gov.nl.ca

Overview

2022 Q1Q2 (Apr-Sep)

	Wait Times								
	50th Percentile (days)			90th Percentile (days)			% Meeting Benchmark		
	Canada	NL	NL Rank	Canada	NL	NL Rank	Canada	NL	NL Rank
Surgery									
Hip Replacement	164	197	5 (of 10)	411	505	6 (of 10)	57	45	6 (of 10)
Knee Replacement	198	252	5 (of 10)	479	552	4 (of 10)	50	36	5 (of 10)
Cataract	73	151	10 (of 10)	276	433	9 (of 10)	66	39	10 (of 10)
CABG	8	10	7 (of 8)	78	192	8 (of 8)			
Bladder Cancer	27	25	4* (of 9)	71	48	2 (of 9)			
Breast Cancer	21	20	3** (of 10)	44	43	4* (of 10)			
Colorectal Cancer	22	16	1* (of 9)	49	36	1 (of 9)			
Lung Cancer	25	15	1 (of 9)	57	41	2 (of 9)			
Prostate Cancer	53	29	1 (of 8)	122	69	1 (of 8)			

*tied with one other province

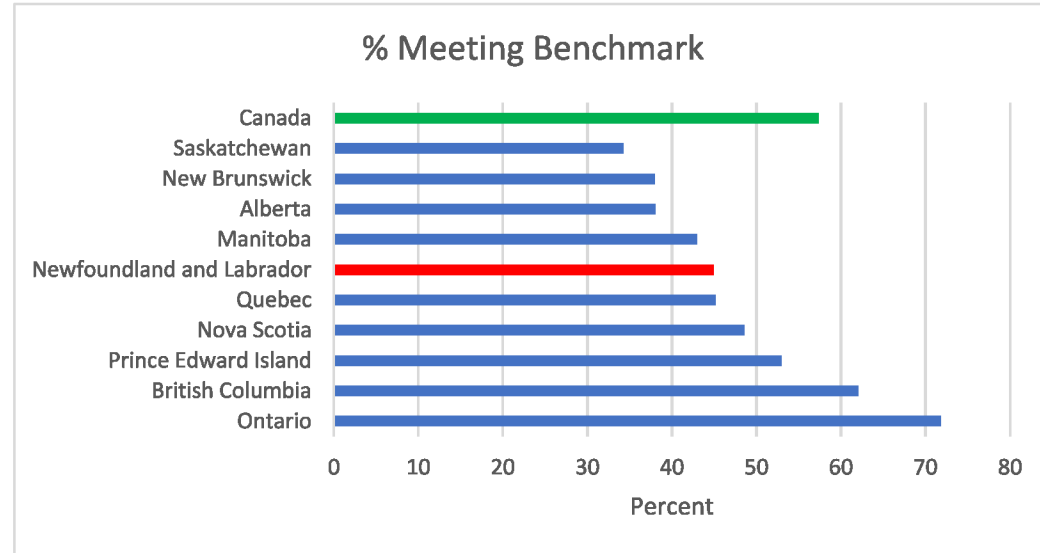
** tied with two other provinces

Hip

Hip Replacement (2022 Q1Q2 unless otherwise specified)

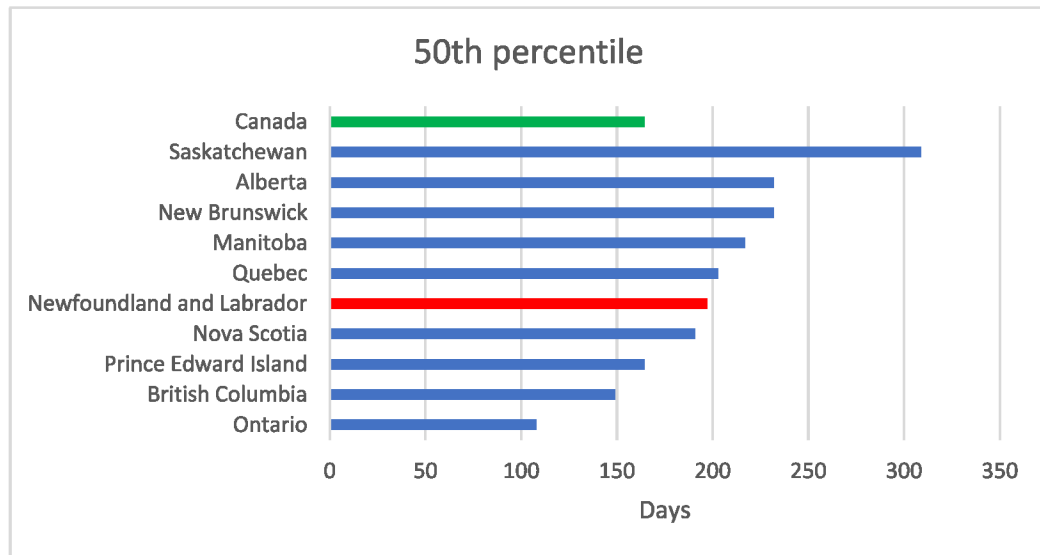
Province % Meeting Benchmark

Ontario	72
British Columbia	62
Prince Edward	53
Nova Scotia	49
Quebec	45
Newfoundland	45
Manitoba	43
Alberta	38
New Brunswick	38
Saskatchewan	34
Canada	57



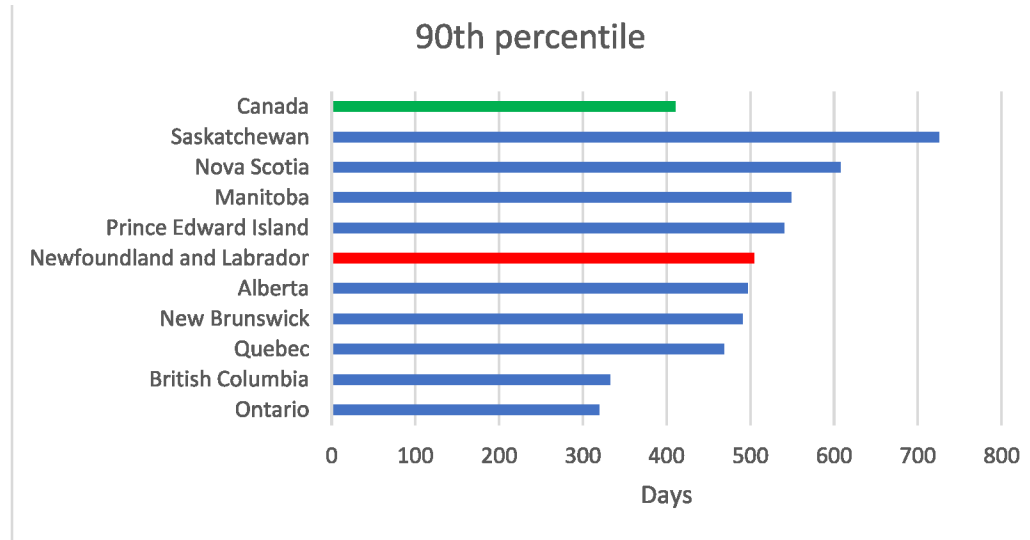
Province 50th percentile

Ontario	108
British Columbia	149
Prince Edward	164
Nova Scotia	191
Newfoundland	197
Quebec	203
Manitoba	217
New Brunswick	232
Alberta	232
Saskatchewan	309
Canada	164

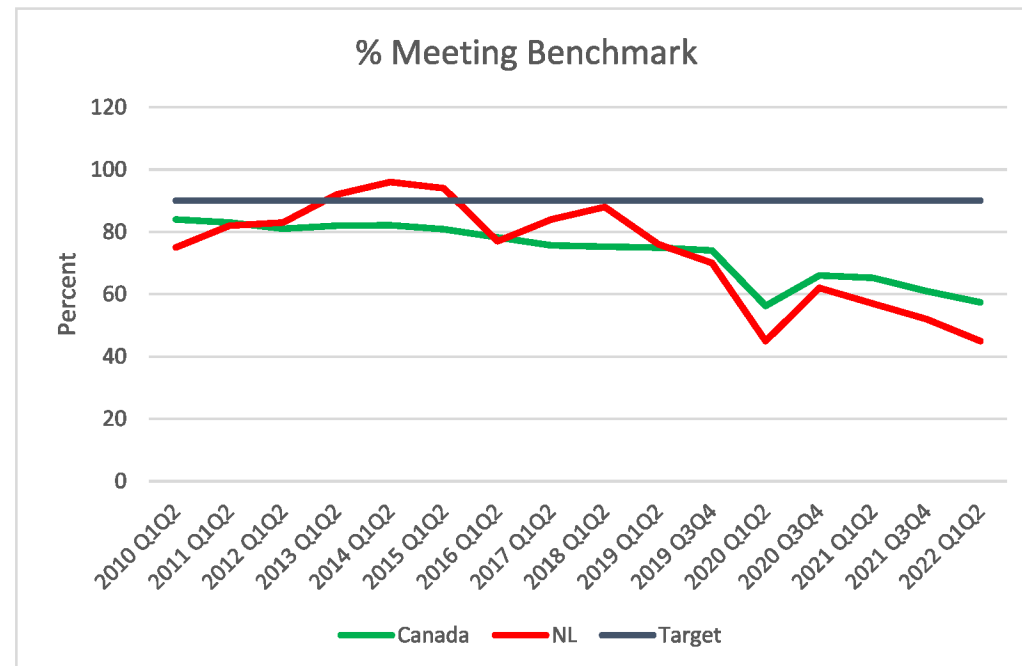


Hip

Province	90th percentile
Ontario	320
British Columbia	333
Quebec	469
New Brunswick	491
Alberta	497
Newfoundland	505
Prince Edward	540
Manitoba	549
Nova Scotia	608
Saskatchewan	726
Canada	411

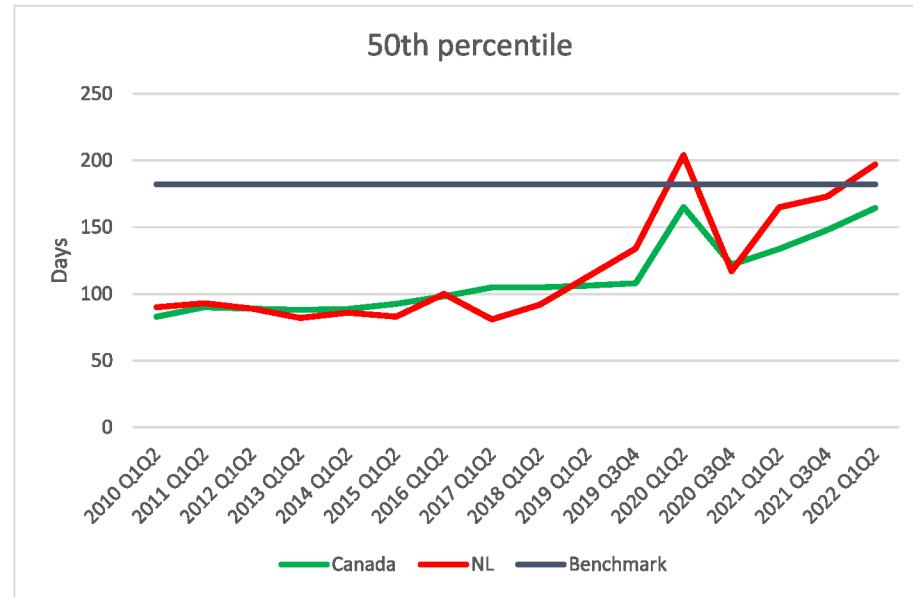


Year	% Meeting Benchmark		Target
	Canada	NL	
2010 Q1Q2	84	75	90
2011 Q1Q2	83	82	90
2012 Q1Q2	81	83	90
2013 Q1Q2	82	92	90
2014 Q1Q2	82	96	90
2015 Q1Q2	81	94	90
2016 Q1Q2	78	77	90
2017 Q1Q2	76	84	90
2018 Q1Q2	75	88	90
2019 Q1Q2	75	76	90
2019 Q3Q4	74	70	90
2020 Q1Q2	56	45	90
2020 Q3Q4	66	62	90
2021 Q1Q2	65	57	90
2021 Q3Q4	61	52	90
2022 Q1Q2	57	45	90

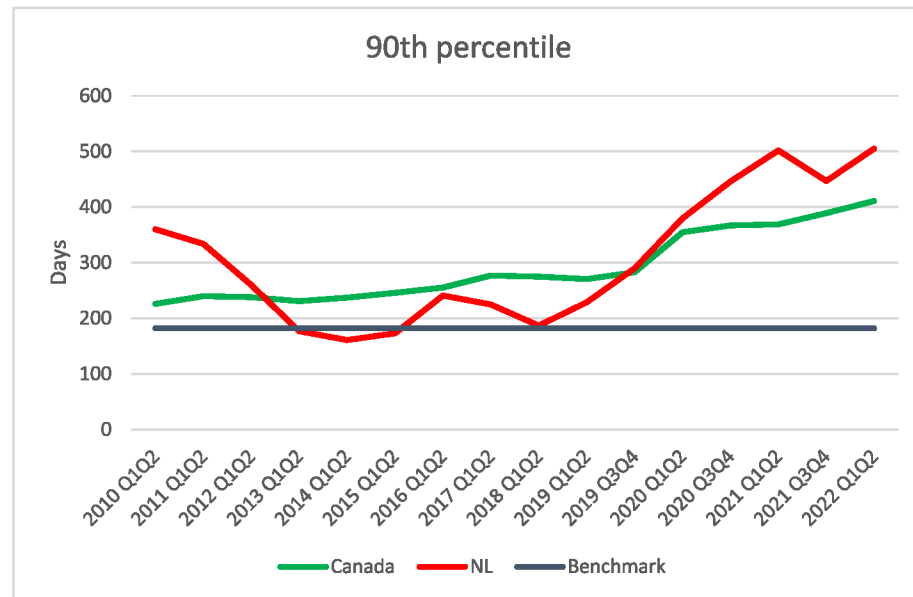


Hip

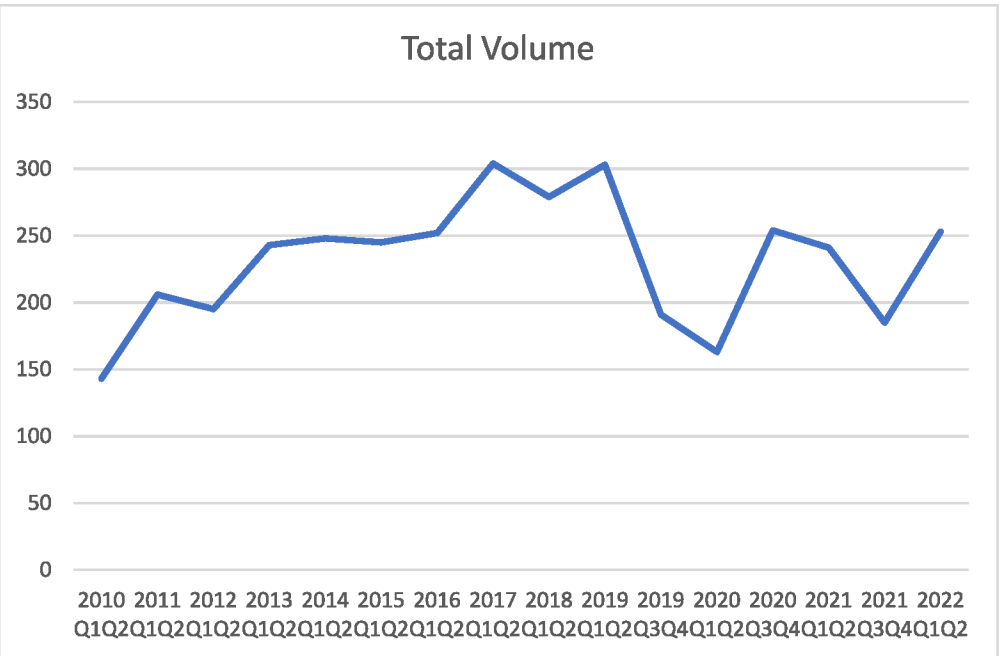
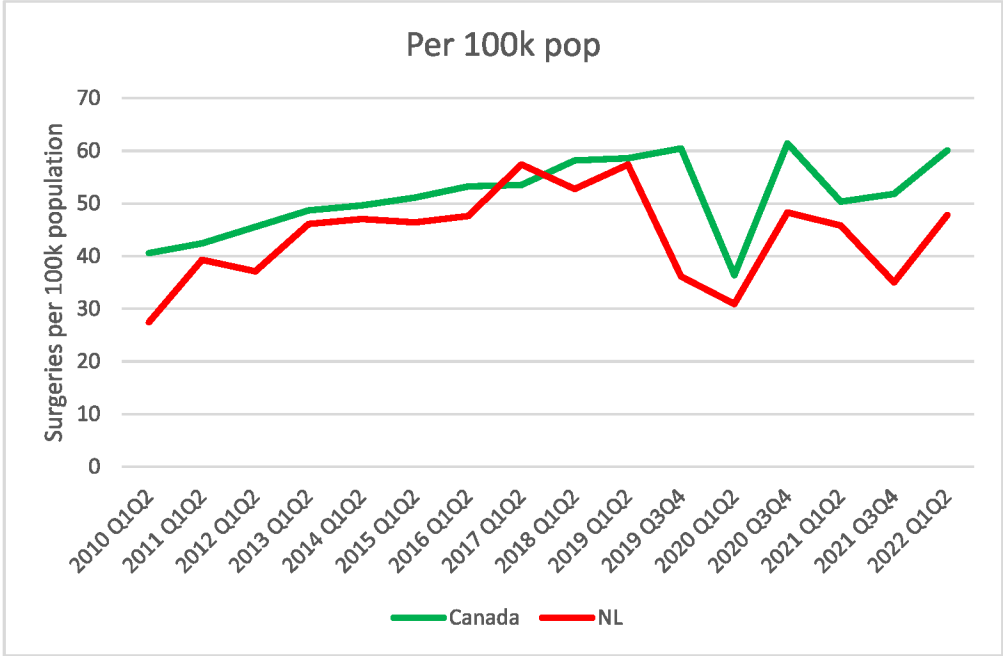
Year	50th percentile		Benchmark
	Canada	NL	
2010 Q1Q2	83	90	182
2011 Q1Q2	90	93	182
2012 Q1Q2	89	89	182
2013 Q1Q2	88	82	182
2014 Q1Q2	89	86	182
2015 Q1Q2	93	83	182
2016 Q1Q2	98	100	182
2017 Q1Q2	105	81	182
2018 Q1Q2	105	92	182
2019 Q1Q2	106	113	182
2019 Q3Q4	108	134	182
2020 Q1Q2	165	204	182
2020 Q3Q4	122	117	182
2021 Q1Q2	134	165	182
2021 Q3Q4	148	173	182
2022 Q1Q2	164	197	182



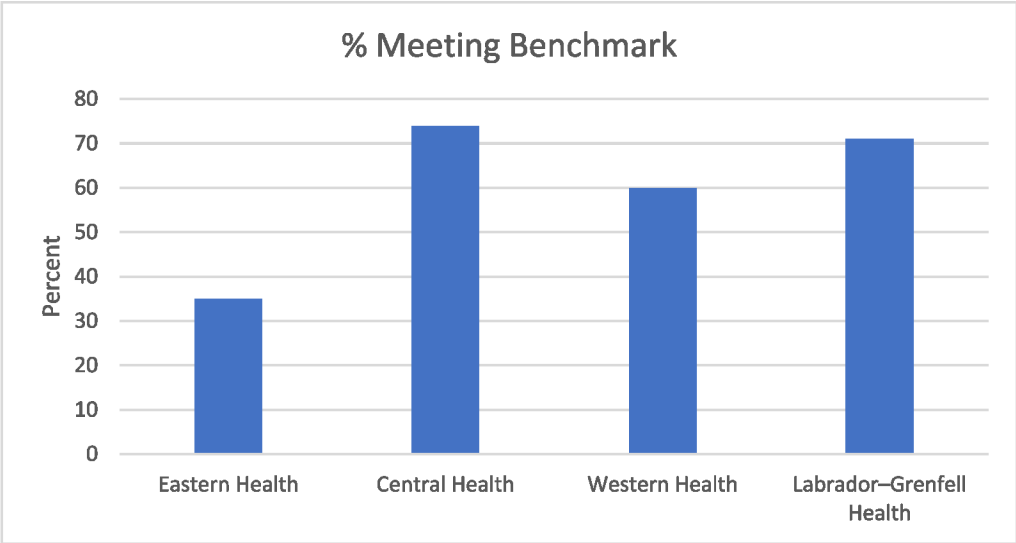
Year	90th percentile		Benchmark
	Canada	NL	
2010 Q1Q2	226	360	182
2011 Q1Q2	240	334	182
2012 Q1Q2	238	260	182
2013 Q1Q2	231	177	182
2014 Q1Q2	237	161	182
2015 Q1Q2	246	173	182
2016 Q1Q2	255	241	182
2017 Q1Q2	277	225	182
2018 Q1Q2	275	187	182
2019 Q1Q2	271	229	182
2019 Q3Q4	283	290	182
2020 Q1Q2	355	380	182
2020 Q3Q4	367	446	182
2021 Q1Q2	369	502	182
2021 Q3Q4	389	447	182
2022 Q1Q2	411	505	182



Year	Volume		Population		Per 100k pop	
	Canada	NL	Canada	NL	Canada	NL
2010 Q1Q2	13746	143	33,890,461	521,197	40.56009	27.43684
2011 Q1Q2	14523	206	34,230,555	524,238	42.42701	39.29513
2012 Q1Q2	15761	195	34,592,192	525,550	45.5623	37.10399
2013 Q1Q2	17018	243	34,956,567	527,177	48.68327	46.09458
2014 Q1Q2	17532	248	35,320,540	527,314	49.63684	47.0308
2015 Q1Q2	18202	245	35,606,734	527,859	51.11954	46.41391
2016 Q1Q2	19154	252	35,970,407	529,083	53.24933	47.62958
2017 Q1Q2	19474	304	36,397,141	529,700	53.5042	57.39098
2018 Q1Q2	21472	279	36,903,671	528,924	58.18391	52.7486
2019 Q1Q2	21941	303	37,437,243	527,993	58.60741	57.38712
2019 Q3Q4	22863	191	37,828,162	528,442	60.4391	36.14399
2020 Q1Q2	13823	163	38,006,941	527,733	36.36967	30.88683
2020 Q3Q4	23359	254	38,027,406	526,046	61.42675	48.28475
2021 Q1Q2	19209	241	38,140,918	526,195	50.36323	45.80051
2021 Q3Q4	19928	185	38,451,454	528,335	51.82639	35.01566
2022 Q1Q2	23245	253	38,683,567	529,249	60.09012	47.80359



Region	% Meeting Benchmark
Eastern Health	35
Central Health	74
Western Healt	60
Labrador–Gre	71

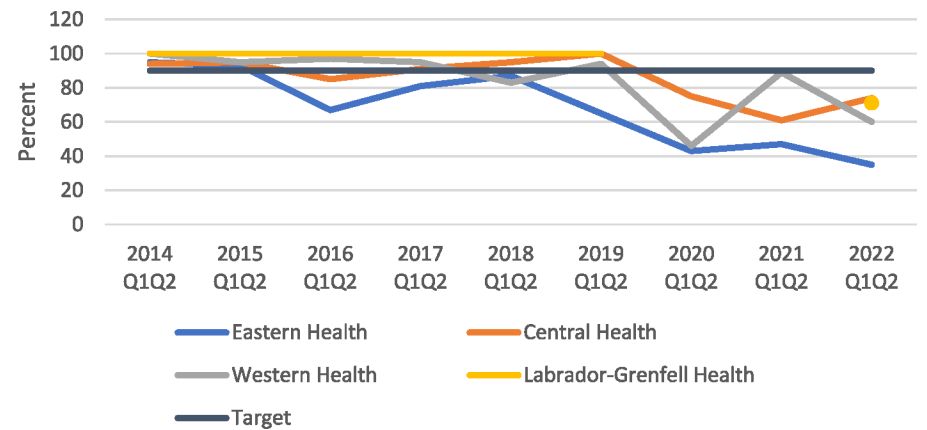


Hip

% Meeting Benchmark

Year	Eastern He	Central He	Western He	Labrador-G	Target
2014 Q1Q2	95	94	100	100	90
2015 Q1Q2	93	95	95	100	90
2016 Q1Q2	67	85	97	100	90
2017 Q1Q2	81	91	95	100	90
2018 Q1Q2	87	95	83	100	90
2019 Q1Q2	65	100	94	100	90
2020 Q1Q2	43	75	46	#N/A	90
2021 Q1Q2	47	61	89	#N/A	90
2022 Q1Q2	35	74	60	71	90

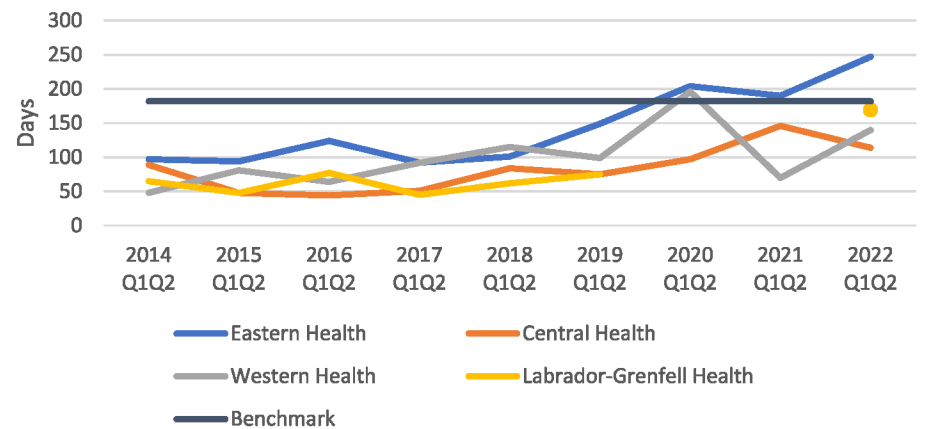
% Meeting Benchmark



50th percentile

Year	Eastern He	Central He	Western He	Labrador-G	Benchmark
2014 Q1Q2	97	89	48	65	182
2015 Q1Q2	94	48	81	48	182
2016 Q1Q2	124	44	64	77	182
2017 Q1Q2	92	51	92	45	182
2018 Q1Q2	101	84	115	62	182
2019 Q1Q2	149	75	99	75	182
2020 Q1Q2	204	97	196	#N/A	182
2021 Q1Q2	190	146	70	#N/A	182
2022 Q1Q2	247	114	140	169	182

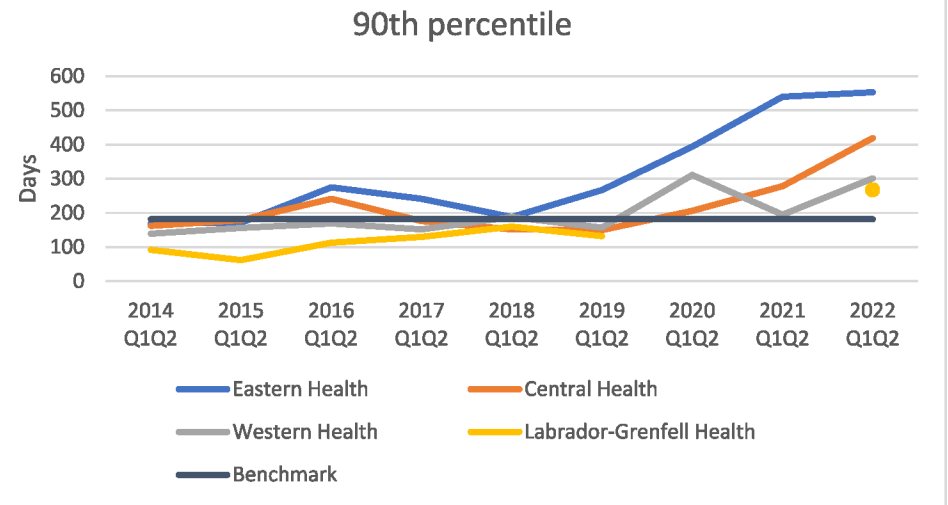
50th percentile



Hip

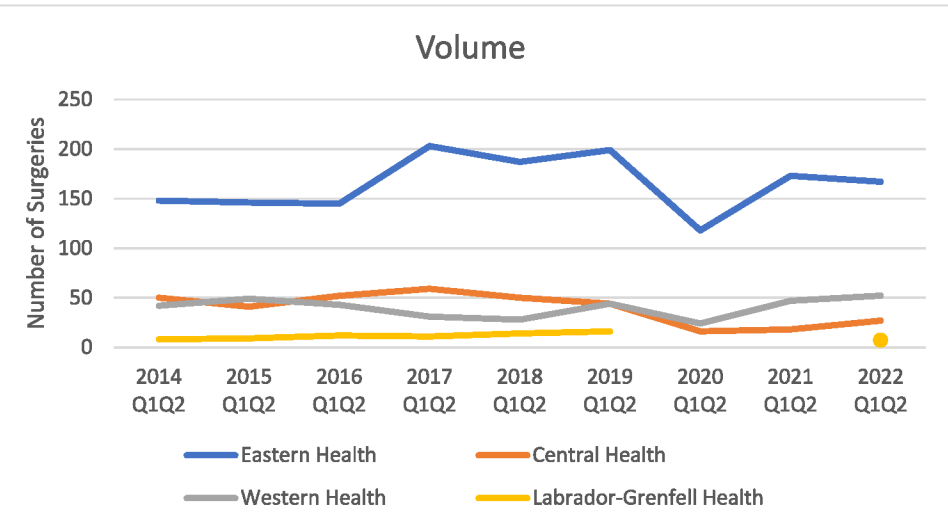
90th percentile

Year	Eastern Health	Central Health	Western Health	Labrador-Grenfell Health	Benchmark
2014 Q1Q2	169	162	139	92	182
2015 Q1Q2	171	179	156	62	182
2016 Q1Q2	275	241	169	113	182
2017 Q1Q2	241	176	152	130	182
2018 Q1Q2	188	152	188	160	182
2019 Q1Q2	267	150	157	132	182
2020 Q1Q2	394	206	311	#N/A	182
2021 Q1Q2	540	278	195	#N/A	182
2022 Q1Q2	553	419	301	267	182



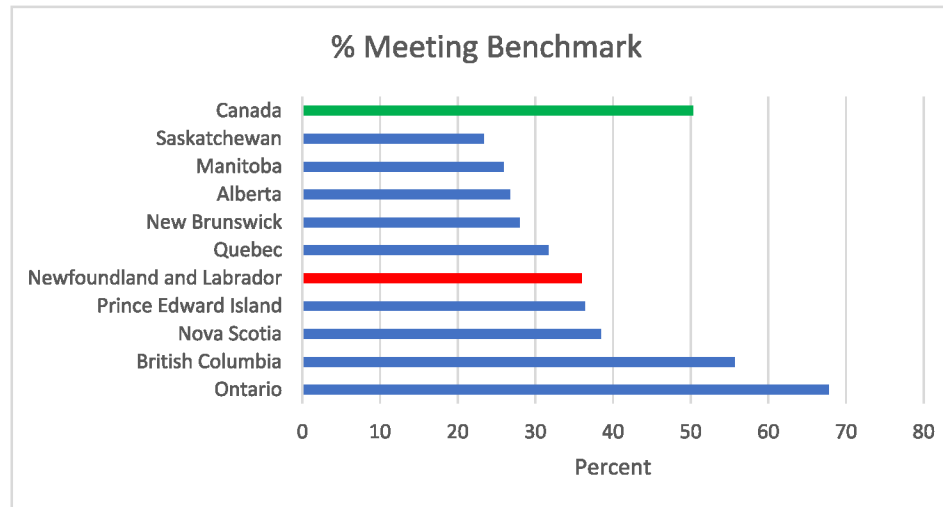
Volume

Year	Eastern Health	Central Health	Western Health	Labrador-Grenfell Health
2014 Q1Q2	148	50	42	8
2015 Q1Q2	146	41	49	9
2016 Q1Q2	145	52	43	12
2017 Q1Q2	203	59	31	11
2018 Q1Q2	187	50	28	14
2019 Q1Q2	199	44	44	16
2020 Q1Q2	118	16	24	#N/A
2021 Q1Q2	173	18	47	#N/A
2022 Q1Q2	167	27	52	7

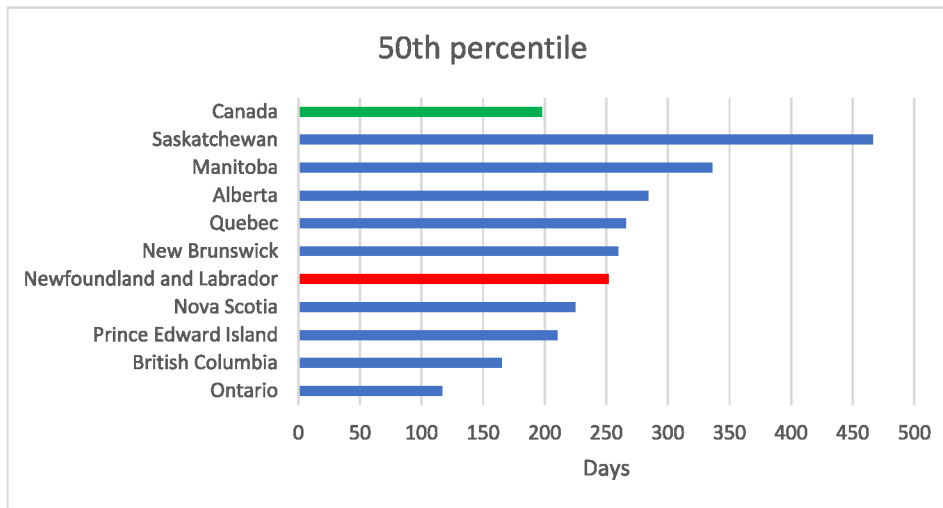


Knee Replacement (2022 Q1Q2 unless otherwise specified)

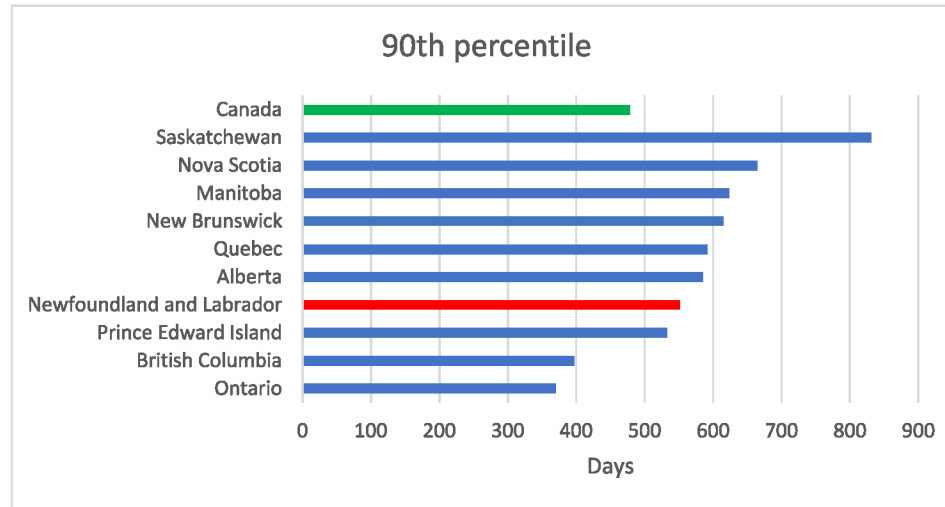
Province	% Meeting Benchmark
Ontario	68
British Columbia	56
Nova Scotia	39
Prince Edward Island	36
Newfoundland and Labrador	36
Quebec	32
New Brunswick	28
Alberta	27
Manitoba	26
Saskatchewan	23
Canada	50



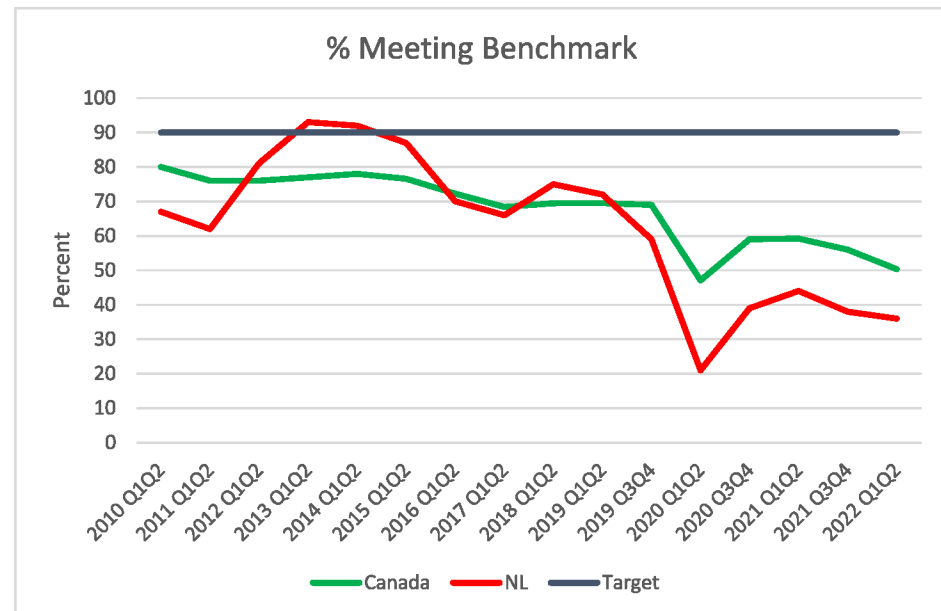
Province	50th percentile
Ontario	117
British Columbia	165
Prince Edward Island	210
Nova Scotia	225
Newfoundland and Labrador	252
New Brunswick	260
Quebec	266
Alberta	284
Manitoba	336
Saskatchewan	467
Canada	198



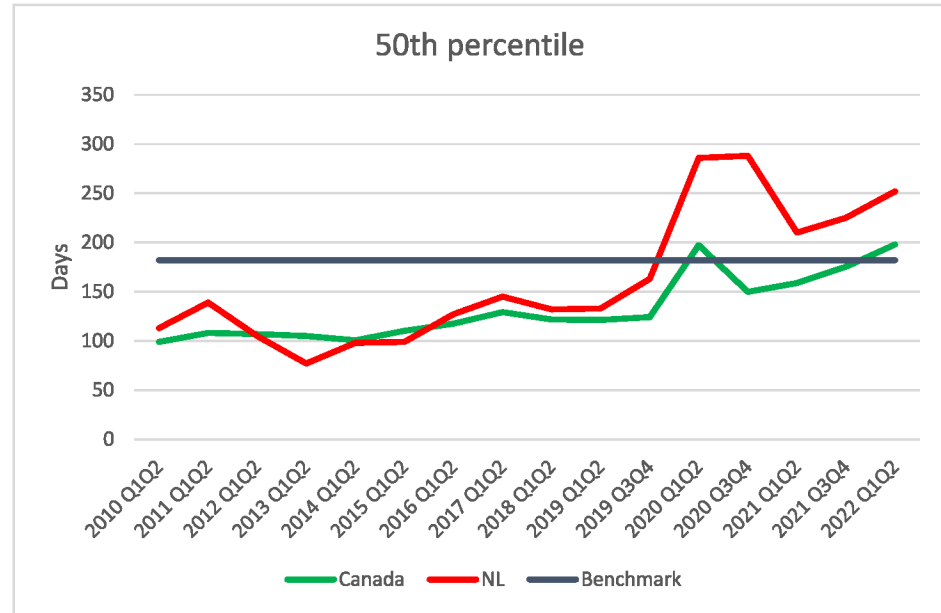
Province	90th percentile
Ontario	370
British Columbia	397
Prince Edward Island	533
Newfoundland and Labrador	552
Alberta	585
Quebec	592
New Brunswick	615
Manitoba	624
Nova Scotia	665
Saskatchewan	831
Canada	479



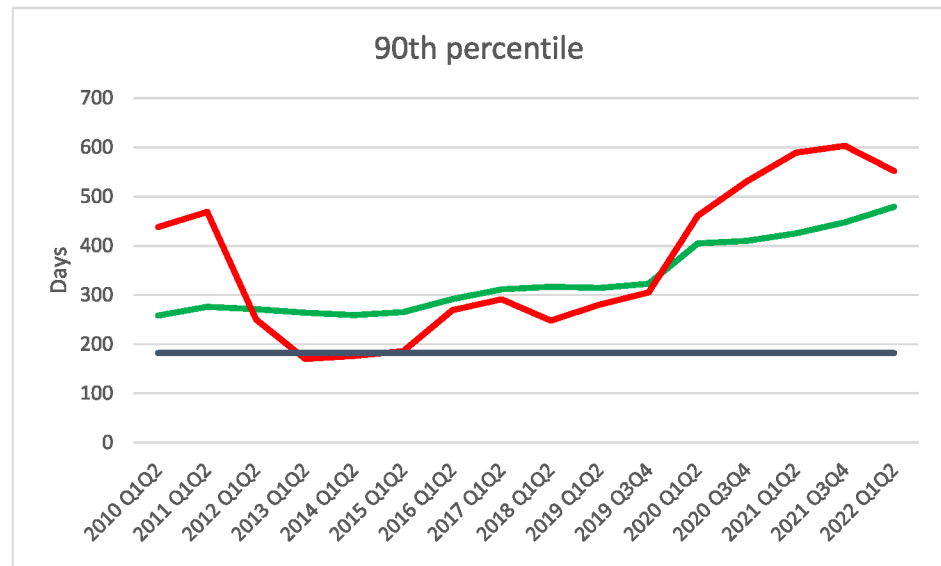
Year	% Meeting Benchmark		Target
	Canada	NL	
2010 Q1Q2	80	67	90
2011 Q1Q2	76	62	90
2012 Q1Q2	76	81	90
2013 Q1Q2	77	93	90
2014 Q1Q2	78	92	90
2015 Q1Q2	77	87	90
2016 Q1Q2	72	70	90
2017 Q1Q2	68	66	90
2018 Q1Q2	69	75	90
2019 Q1Q2	70	72	90
2019 Q3Q4	69	59	90
2020 Q1Q2	47	21	90
2020 Q3Q4	59	39	90
2021 Q1Q2	59	44	90
2021 Q3Q4	56	38	90
2022 Q1Q2	50	36	90



Year	50th percentile		Benchmark
	Canada	NL	
2010 Q1Q2	99	113	182
2011 Q1Q2	108	139	182
2012 Q1Q2	107	105	182
2013 Q1Q2	105	77	182
2014 Q1Q2	101	98	182
2015 Q1Q2	110	99	182
2016 Q1Q2	118	127	182
2017 Q1Q2	129	145	182
2018 Q1Q2	122	132	182
2019 Q1Q2	121	133	182
2019 Q3Q4	124	163	182
2020 Q1Q2	197	286	182
2020 Q3Q4	150	288	182
2021 Q1Q2	159	210	182
2021 Q3Q4	175	225	182
2022 Q1Q2	198	252	182



Year	90th percentile		Benchmark
	Canada	NL	
2010 Q1Q2	258	438	182
2011 Q1Q2	276	469	182
2012 Q1Q2	271	250	182
2013 Q1Q2	264	170	182
2014 Q1Q2	259	176	182
2015 Q1Q2	265	186	182
2016 Q1Q2	291	269	182
2017 Q1Q2	311	291	182
2018 Q1Q2	317	248	182
2019 Q1Q2	314	280	182
2019 Q3Q4	323	305	182
2020 Q1Q2	405	461	182
2020 Q3Q4	410	531	182
2021 Q1Q2	425	589	182
2021 Q3Q4	448	603	182



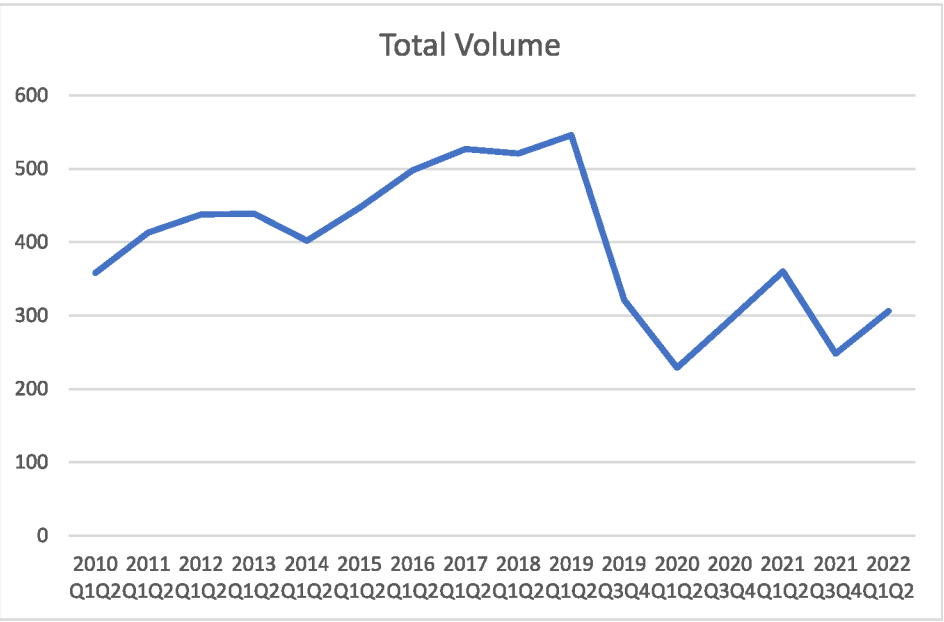
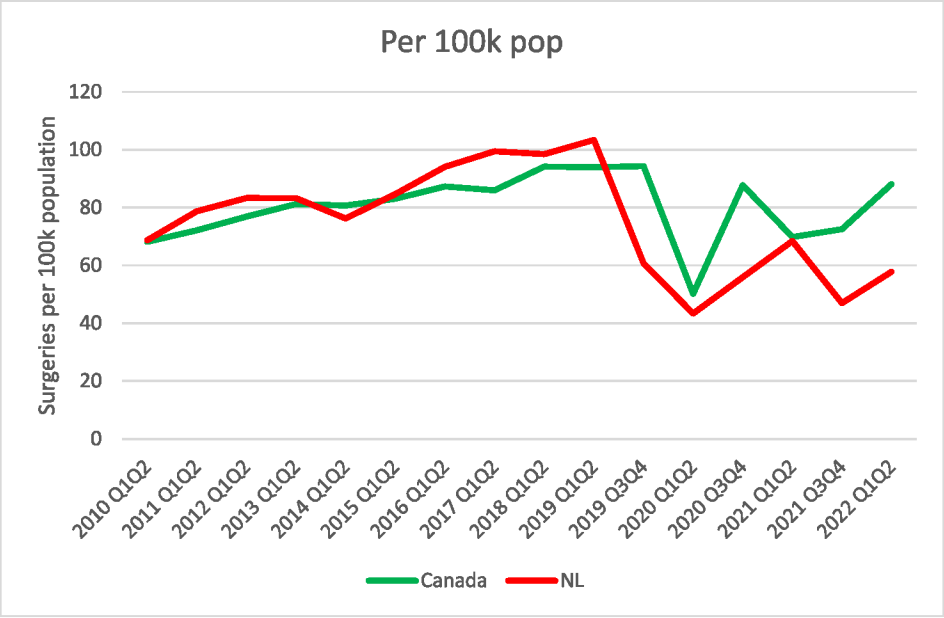
Knee

2022 Q1Q2	479	552
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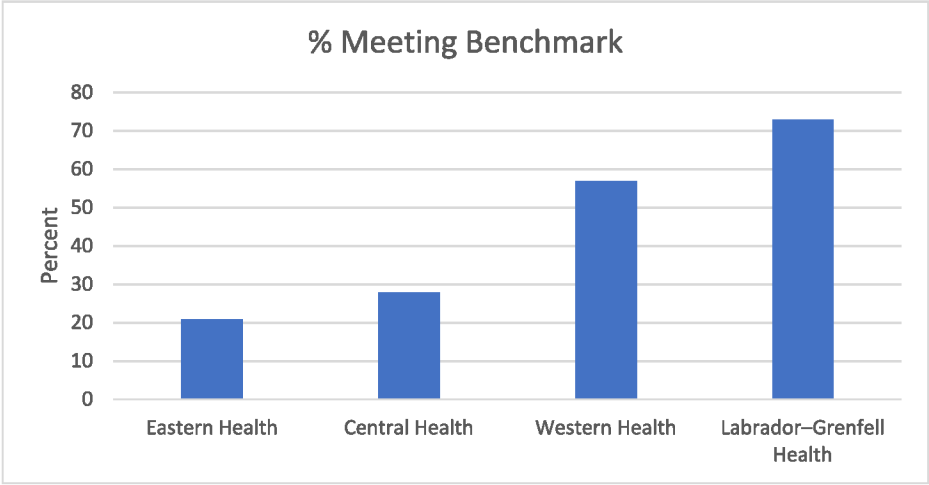
182

Canada NL Benchmark

Year	Volume		Population		Per 100k pop	
	Canada	NL	Canada	NL	Canada	NL
2010 Q1Q2	23082	358	33,890,461	521,197	68.10766	68.68804
2011 Q1Q2	24683	413	34,230,555	524,238	72.10809	78.78101
2012 Q1Q2	26603	438	34,592,192	525,550	76.90464	83.34126
2013 Q1Q2	28402	439	34,956,567	527,177	81.2494	83.27374
2014 Q1Q2	28525	402	35,320,540	527,314	80.76037	76.23541
2015 Q1Q2	29583	447	35,606,734	527,859	83.0826	84.6817
2016 Q1Q2	31407	498	35,970,407	529,083	87.31344	94.12512
2017 Q1Q2	31311	527	36,397,141	529,700	86.02599	99.49028
2018 Q1Q2	34751	521	36,903,671	528,924	94.16678	98.50186
2019 Q1Q2	35182	546	37,437,243	527,993	93.97594	103.4105
2019 Q3Q4	35679	321	37,828,162	528,442	94.31862	60.7446
2020 Q1Q2	19073	229	38,006,941	527,733	50.18294	43.39316
2020 Q3Q4	33374	294	38,027,406	526,046	87.76302	55.88865
2021 Q1Q2	26629	360	38,140,918	526,195	69.81741	68.4157
2021 Q3Q4	27877	248	38,451,454	528,335	72.49921	46.93992
2022 Q1Q2	34105	306	38,683,567	529,249	88.16405	57.81778

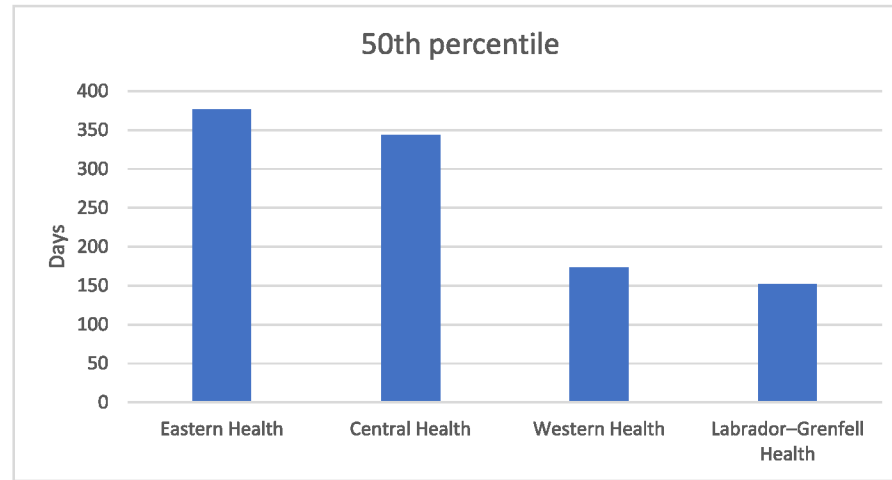


Region	% Meeting Benchmark
Eastern Health	21
Central Health	28
Western Health	57
Labrador–Grenfell Health	73

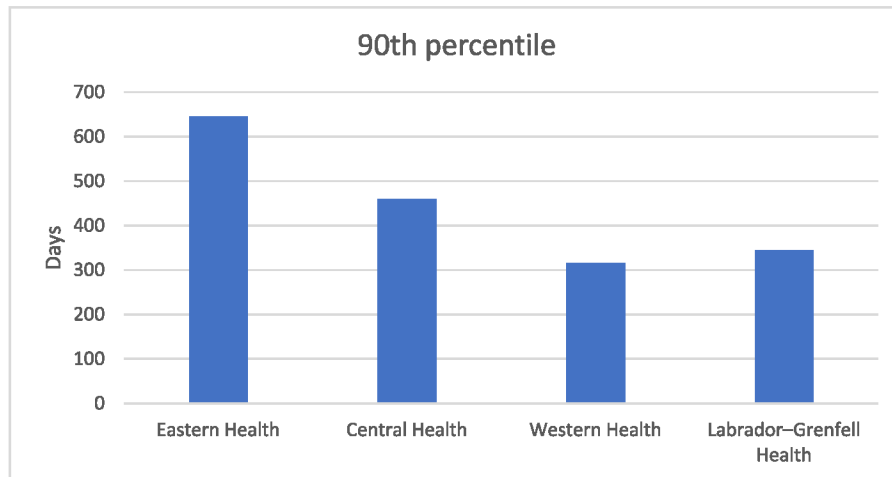


Knee

Region	50th percentile
Eastern Health	377
Central Health	344
Western Health	174
Labrador–Grenfell Health	152

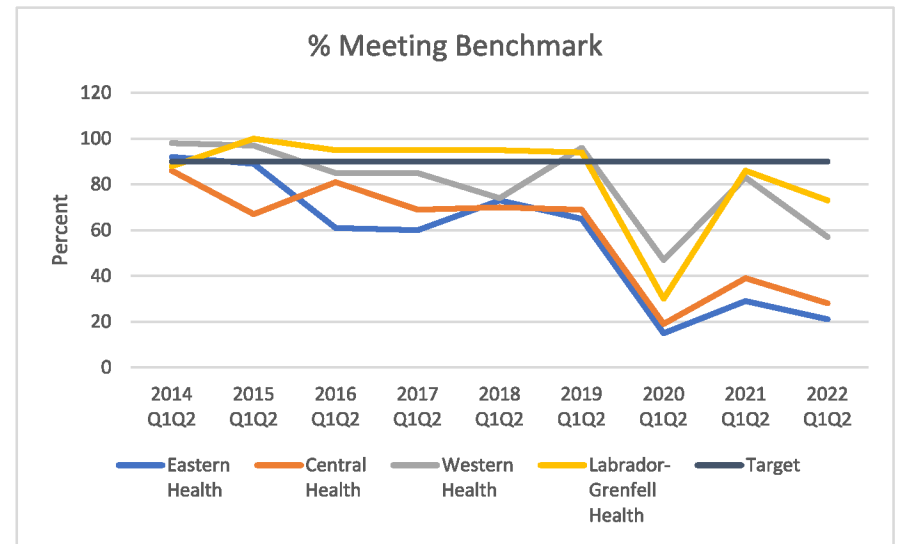


Region	90th percentile
Eastern Health	646
Central Health	460
Western Health	317
Labrador–Grenfell Health	345



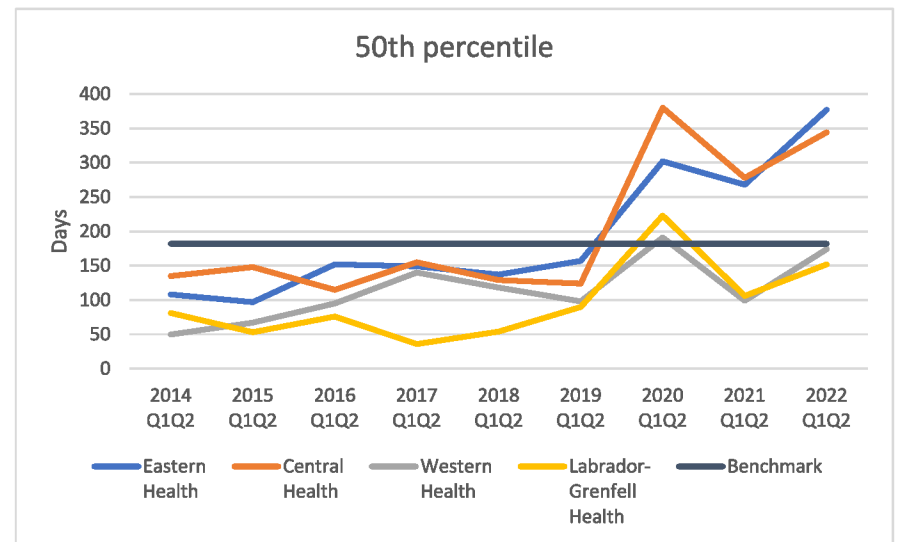
% Meeting Benchmark

Year	Eastern Health	Central Health	Western Health	Labrador-Grenfell Health	Target
2014 Q1Q2	92	86	98	88	90
2015 Q1Q2	89	67	97	100	90
2016 Q1Q2	61	81	85	95	90
2017 Q1Q2	60	69	85	95	90
2018 Q1Q2	73	70	74	95	90
2019 Q1Q2	65	69	96	94	90
2020 Q1Q2	15	19	47	30	90
2021 Q1Q2	29	39	83	86	90
2022 Q1Q2	21	28	57	73	90



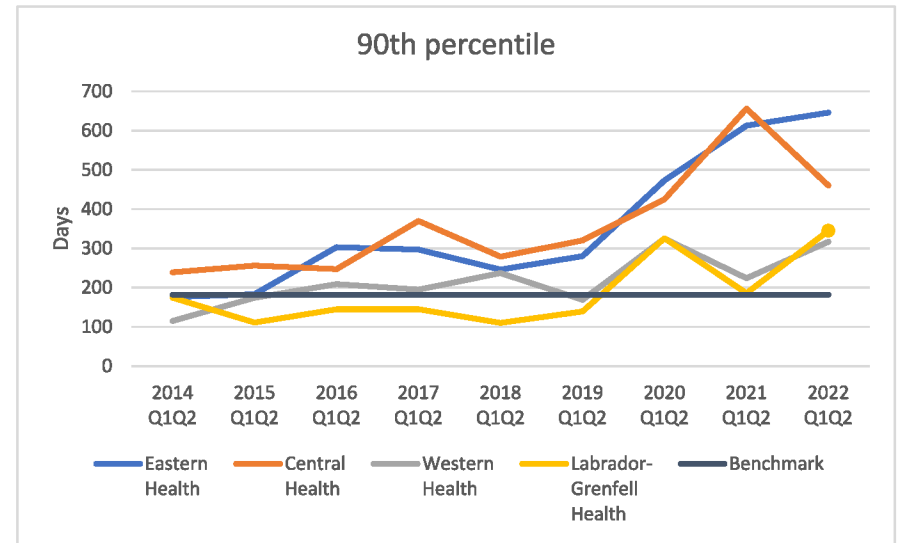
50th percentile

Year	Eastern Health	Central Health	Western Health	Labrador-Grenfell Health	Benchmark
2014 Q1Q2	108	135	50	81	182
2015 Q1Q2	97	148	67	53	182
2016 Q1Q2	152	115	95	76	182
2017 Q1Q2	149	155	140	36	182
2018 Q1Q2	137	129	118	54	182
2019 Q1Q2	157	124	98	90	182
2020 Q1Q2	302	380	191	223	182
2021 Q1Q2	268	278	99	106	182
2022 Q1Q2	377	344	174	152	182



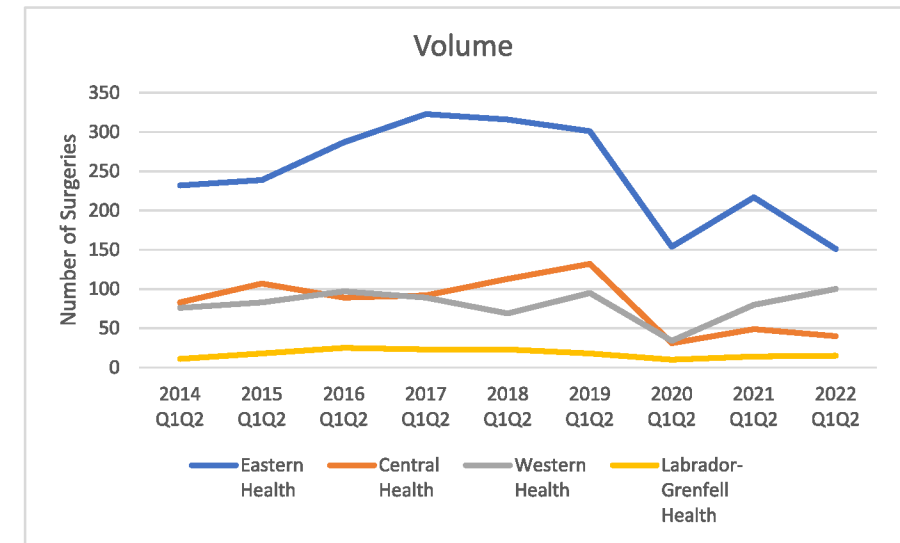
90th percentile

Year	Eastern Health	Central Health	Western Health	Labrador-Grenfell Health	Benchmark
2014 Q1Q2	176	239	115	174	182
2015 Q1Q2	183	256	174	111	182
2016 Q1Q2	303	247	209	145	182
2017 Q1Q2	297	370	195	145	182
2018 Q1Q2	246	279	237	110	182
2019 Q1Q2	280	320	169	139	182
2020 Q1Q2	473	425	325	326	182
2021 Q1Q2	613	656	224	186	182
2022 Q1Q2	646	460	317	345	182



Volume

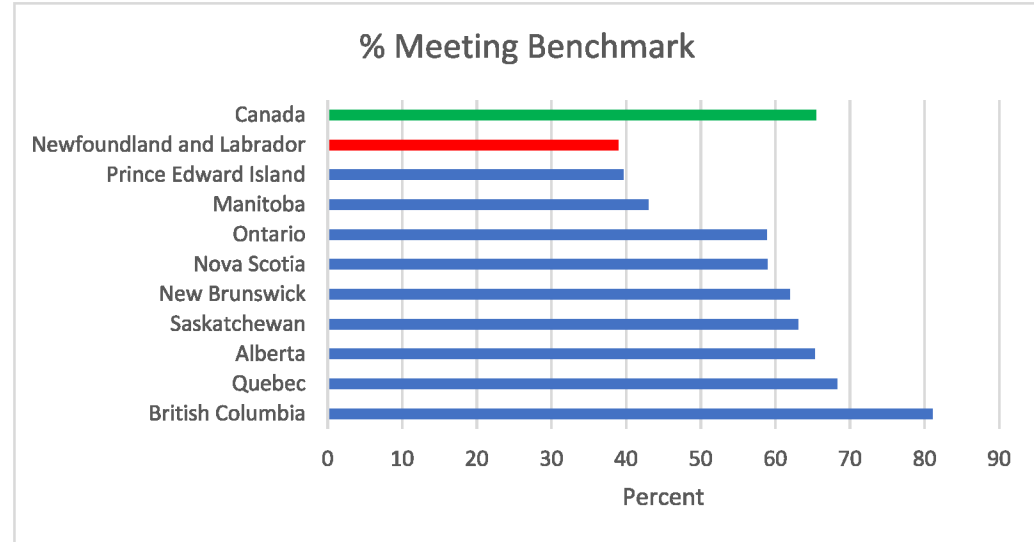
Year	Eastern Health	Central Health	Western Health	Labrador-Grenfell Health
2014 Q1Q2	232	83	76	11
2015 Q1Q2	239	107	83	18
2016 Q1Q2	287	89	97	25
2017 Q1Q2	323	92	89	23
2018 Q1Q2	316	113	69	23
2019 Q1Q2	301	132	95	18
2020 Q1Q2	154	31	34	10
2021 Q1Q2	217	49	80	14
2022 Q1Q2	151	40	100	15



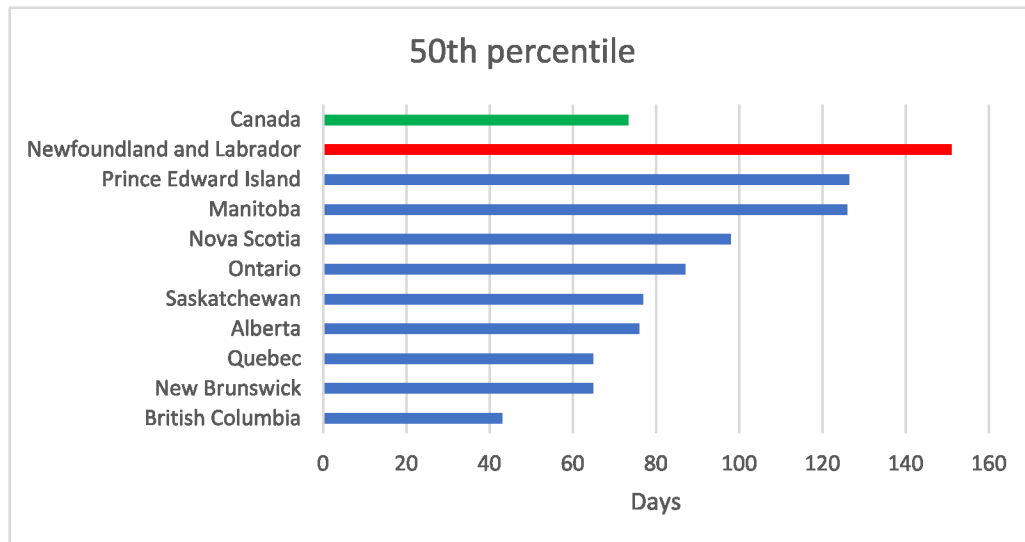
Cataracts

Cataract Surgery (2022 Q1Q2 unless otherwise specified)

Province	% Meeting Benchmark
British Columbia	81
Quebec	68
Alberta	65
Saskatchewan	63
New Brunswick	62
Nova Scotia	59
Ontario	59
Manitoba	43
Prince Edward Island	40
Newfoundland and Labrador	39
Canada	66

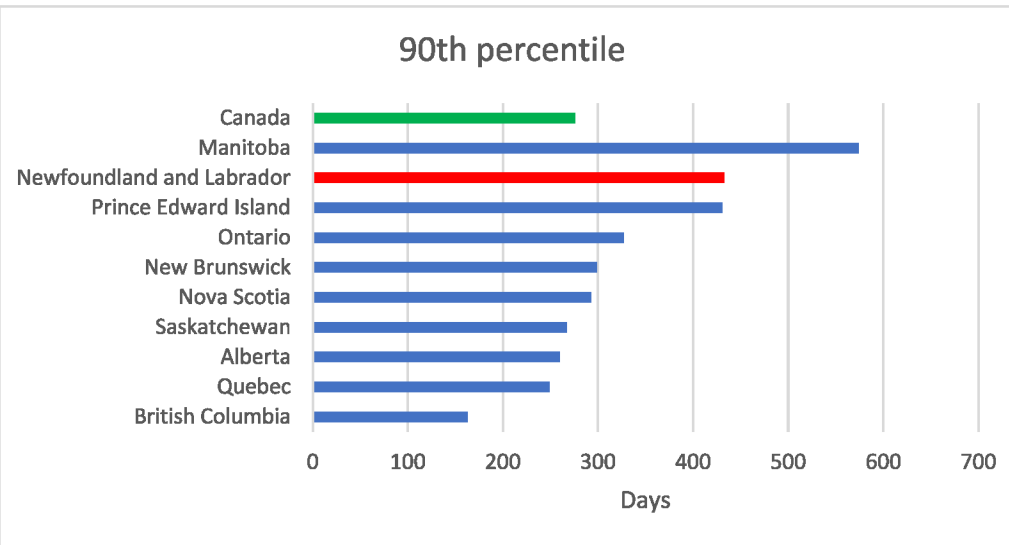


Province	50th percentile
British Columbia	43
New Brunswick	65
Quebec	65
Alberta	76
Saskatchewan	77
Ontario	87
Nova Scotia	98
Manitoba	126
Prince Edward Island	127
Newfoundland and Labrador	151
Canada	73

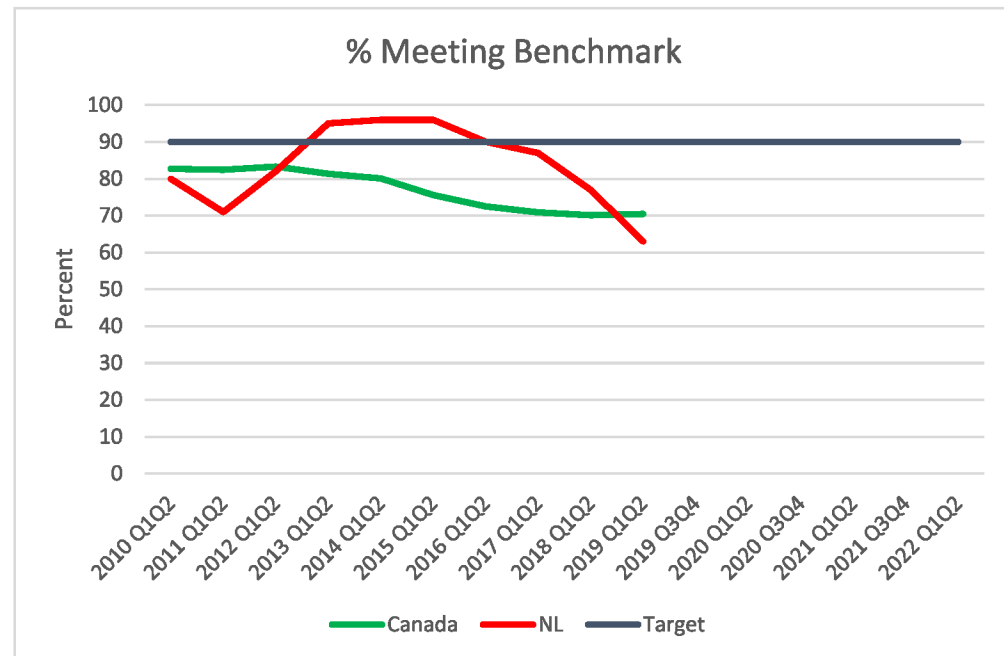


Cataracts

Province	90th percentile
British Columbia	163
Quebec	249
Alberta	260
Saskatchewan	267
Nova Scotia	293
New Brunswick	299
Ontario	327
Prince Edward Island	430
Newfoundland and Labrador	433
Manitoba	574
Canada	276

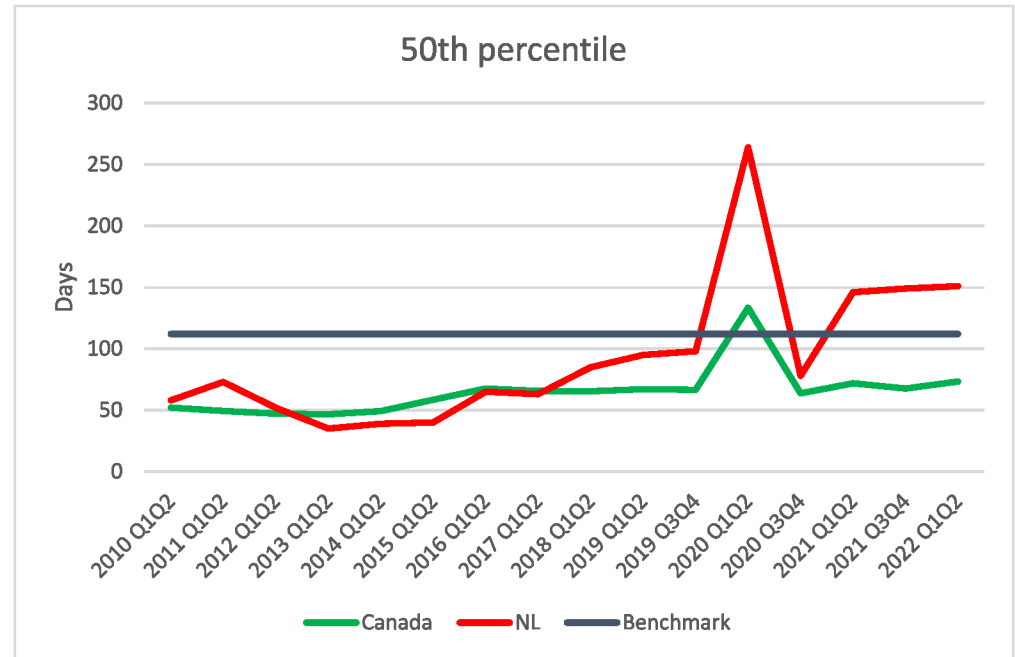


Year	Canada	NL	Target
2010 Q1Q2	83	80	90
2011 Q1Q2	82	71	90
2012 Q1Q2	83	82	90
2013 Q1Q2	81	95	90
2014 Q1Q2	80	96	90
2015 Q1Q2	76	96	90
2016 Q1Q2	73	90	90
2017 Q1Q2	71	87	90
2018 Q1Q2	70	77	90
2019 Q1Q2	70	63	90
2019 Q3Q4			90
2020 Q1Q2	45	33	90
2020 Q3Q4			90
2021 Q1Q2	66	42	90
2021 Q3Q4			90
2022 Q1Q2	66	39	90



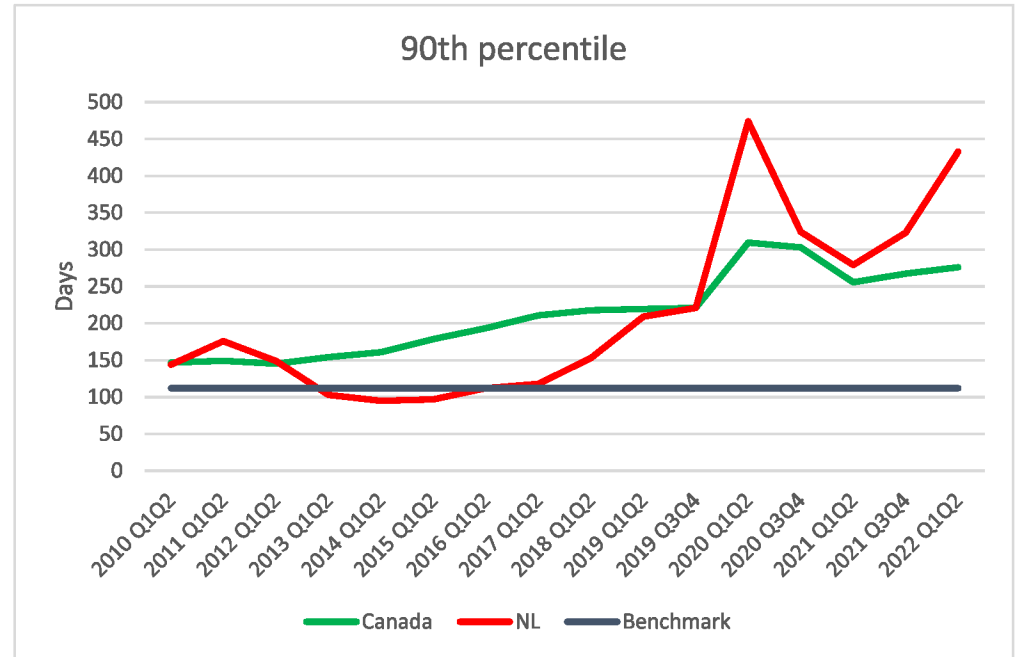
Cataracts

Year	50th percentile		Benchmark
	Canada	NL	
2010 Q1Q2	52	58	112
2011 Q1Q2	49	73	112
2012 Q1Q2	47	52	112
2013 Q1Q2	47	35	112
2014 Q1Q2	49	39	112
2015 Q1Q2	58	40	112
2016 Q1Q2	68	65	112
2017 Q1Q2	66	63	112
2018 Q1Q2	65	85	112
2019 Q1Q2	67	95	112
2019 Q3Q4	67	98	112
2020 Q1Q2	133	264	112
2020 Q3Q4	64	78	112
2021 Q1Q2	72	146	112
2021 Q3Q4	68	149	112
2022 Q1Q2	73	151	112



Cataracts

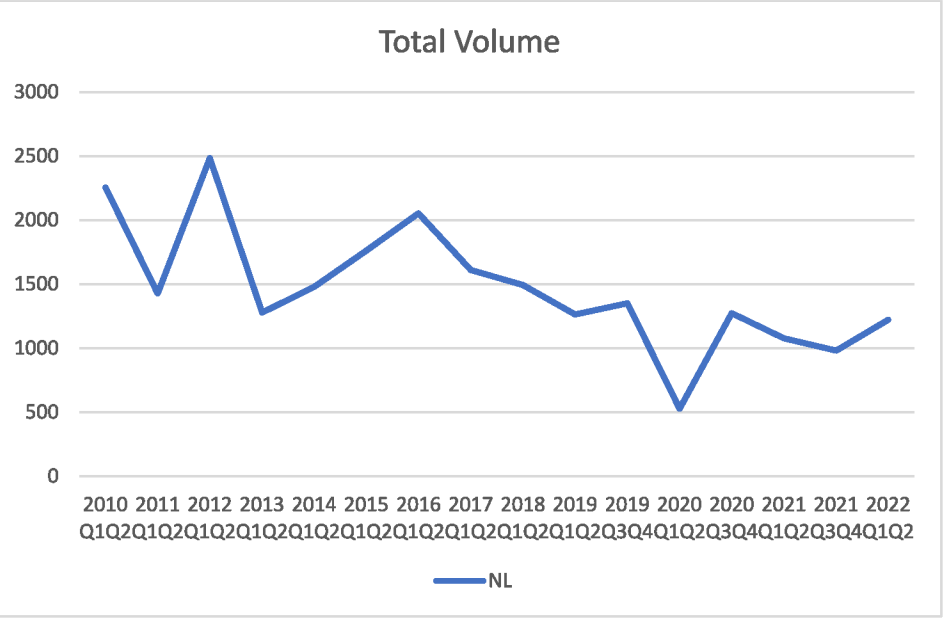
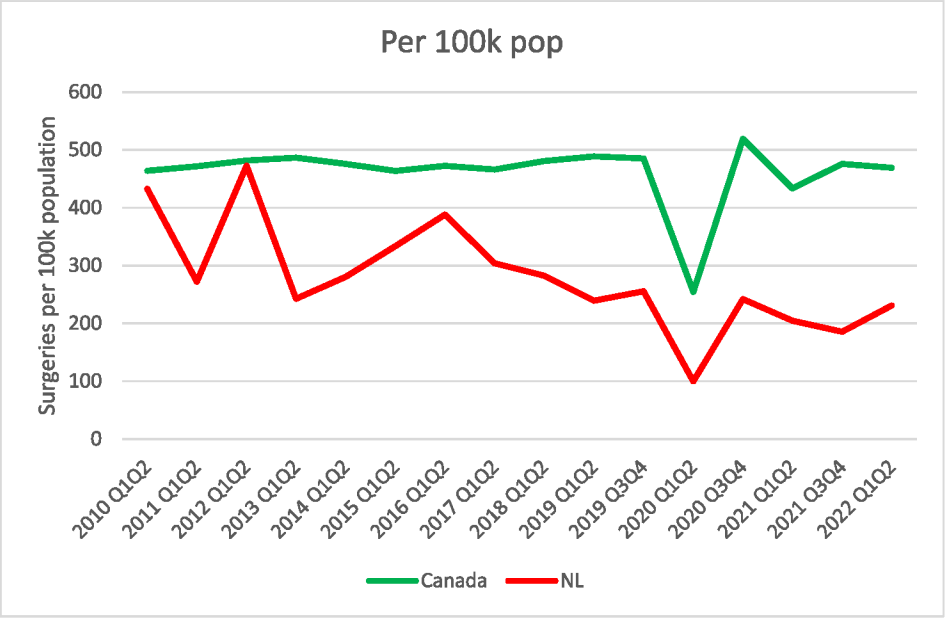
Year	90th percentile		Benchmark
	Canada	NL	
2010 Q1Q2	147	144	112
2011 Q1Q2	149	176	112
2012 Q1Q2	145	149	112
2013 Q1Q2	154	103	112
2014 Q1Q2	161	95	112
2015 Q1Q2	179	97	112
2016 Q1Q2	194	112	112
2017 Q1Q2	211	118	112
2018 Q1Q2	218	153	112
2019 Q1Q2	219	209	112
2019 Q3Q4	221	221	112
2020 Q1Q2	310	474	112
2020 Q3Q4	303	324	112
2021 Q1Q2	256	279	112
2021 Q3Q4	267	323	112
2022 Q1Q2	276	433	112



Cataracts

Year	Volume		Population		Per 100k pop	
	Canada	NL	Canada	NL	Canada	NL
2010 Q1Q2	157278	2256	33,890,461	521,197	464.0775	432.8498
2011 Q1Q2	161524	1427	34,230,555	524,238	471.8708	272.2046
2012 Q1Q2	166596	2484	34,592,192	525,550	481.6	472.6477
2013 Q1Q2	170160	1278	34,956,567	527,177	486.7755	242.4233
2014 Q1Q2	168072	1479	35,320,540	527,314	475.8478	280.478
2015 Q1Q2	165133	1761	35,606,734	527,859	463.769	333.6118
2016 Q1Q2	170016	2053	35,970,407	529,083	472.6552	388.0299
2017 Q1Q2	169667	1610	36,397,141	529,700	466.1547	303.9456
2018 Q1Q2	177463	1493	36,903,671	528,924	480.8817	282.2712
2019 Q1Q2	183017	1263	37,437,243	527,993	488.8635	239.2077
2019 Q3Q4	183542	1350	37,828,162	528,442	485.1994	255.468
2020 Q1Q2	96706	527	38,006,941	527,733	254.443	99.8611
2020 Q3Q4	197290	1273	38,027,406	526,046	518.81	241.994
2021 Q1Q2	165352	1077	38,140,918	526,195	433.5292	204.677
2021 Q3Q4	183019	981	38,451,454	528,335	475.9742	185.6776
2022 Q1Q2	181557	1222	38,683,567	529,249	469.3388	230.8932

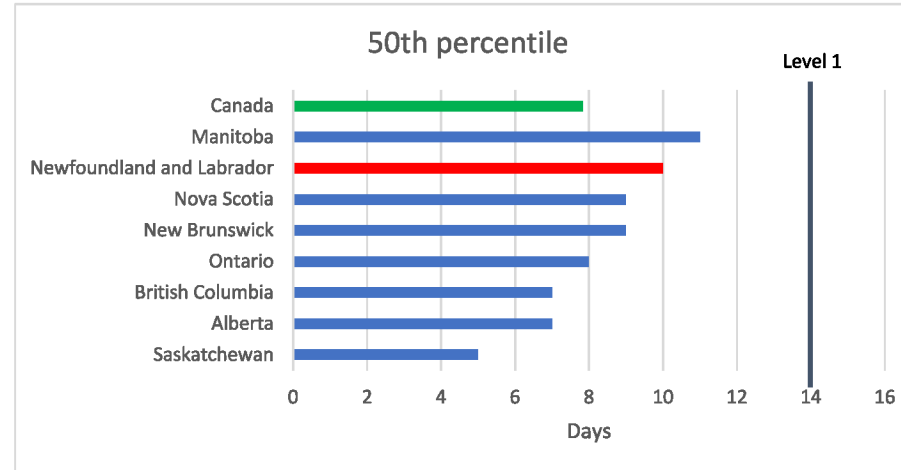
NOTE: No regional data available



Coronary Artery Bypass Graft (2022 Q1Q2 unless otherwise specified)

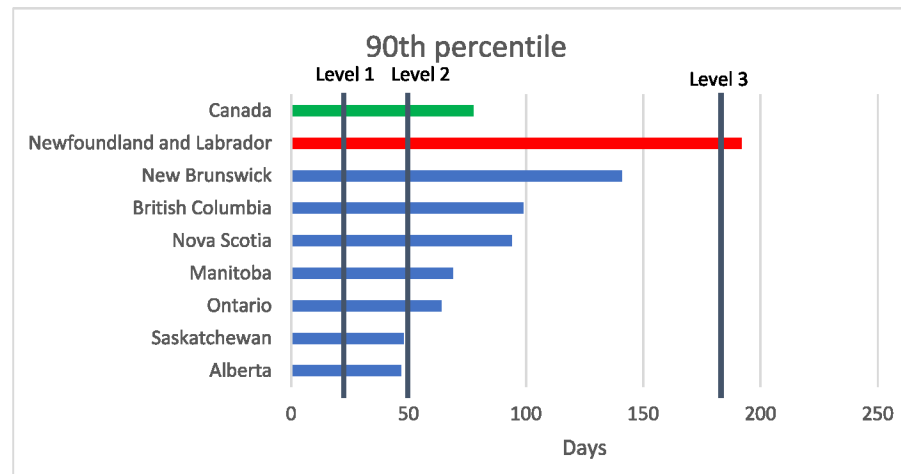
Province	50th percentile
Saskatchewan	5
Alberta	7
British Columbia	7
Ontario	8
New Brunswick	9
Nova Scotia	9
Newfoundland and Labrador	10
Manitoba	11
Canada	8

Note: No data Quebec or PEI

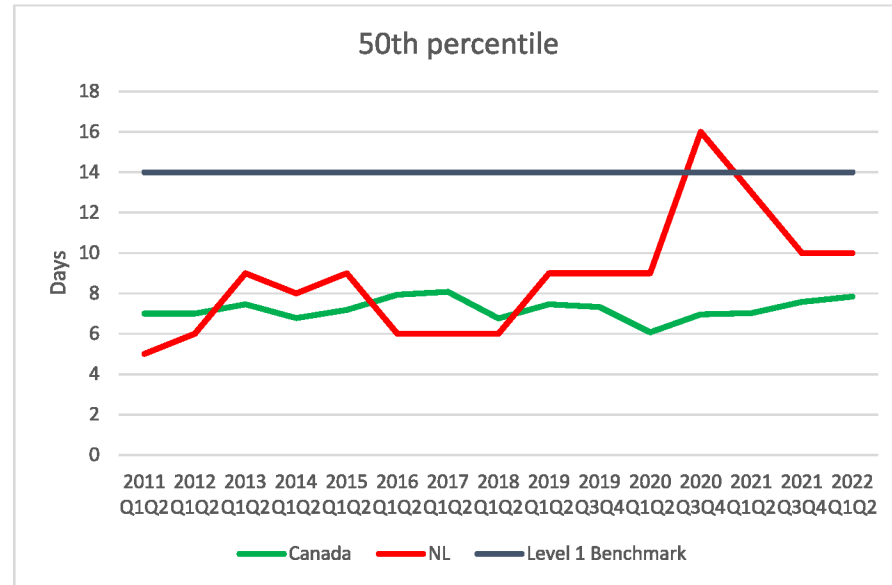


Province	90th percentile
Alberta	47
Saskatchewan	48
Ontario	64
Manitoba	69
Nova Scotia	94
British Columbia	99
New Brunswick	141
Newfoundland and Labrador	192
Canada	78

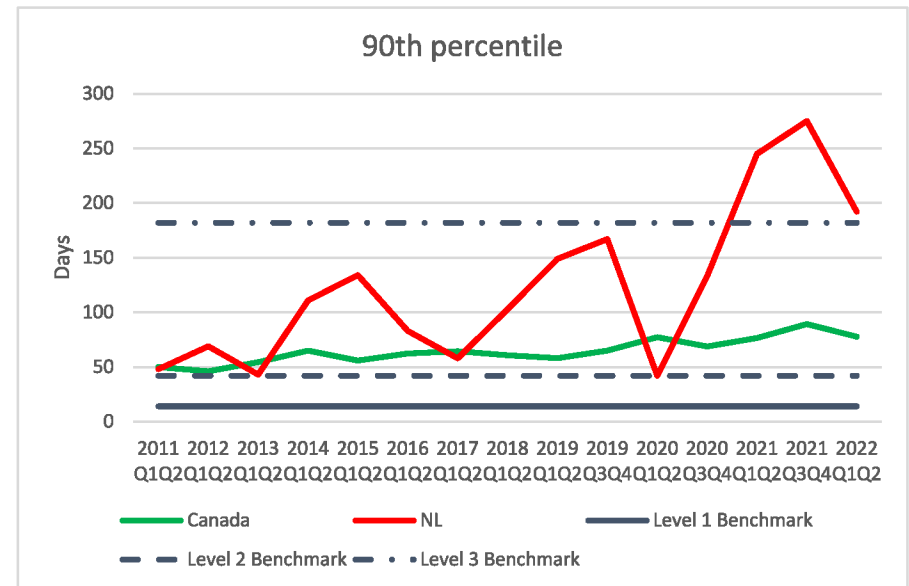
Note: No data Quebec or PEI



Year	50th percentile		Level 1 Benchmark
	Canada	NL	
2011 Q1Q2	7	5	14
2012 Q1Q2	7	6	14
2013 Q1Q2	7	9	14
2014 Q1Q2	7	8	14
2015 Q1Q2	7	9	14
2016 Q1Q2	8	6	14
2017 Q1Q2	8	6	14
2018 Q1Q2	7	6	14
2019 Q1Q2	7	9	14
2019 Q3Q4	7	9	14
2020 Q1Q2	6	9	14
2020 Q3Q4	7	16	14
2021 Q1Q2	7	13	14
2021 Q3Q4	8	10	14
2022 Q1Q2	8	10	14



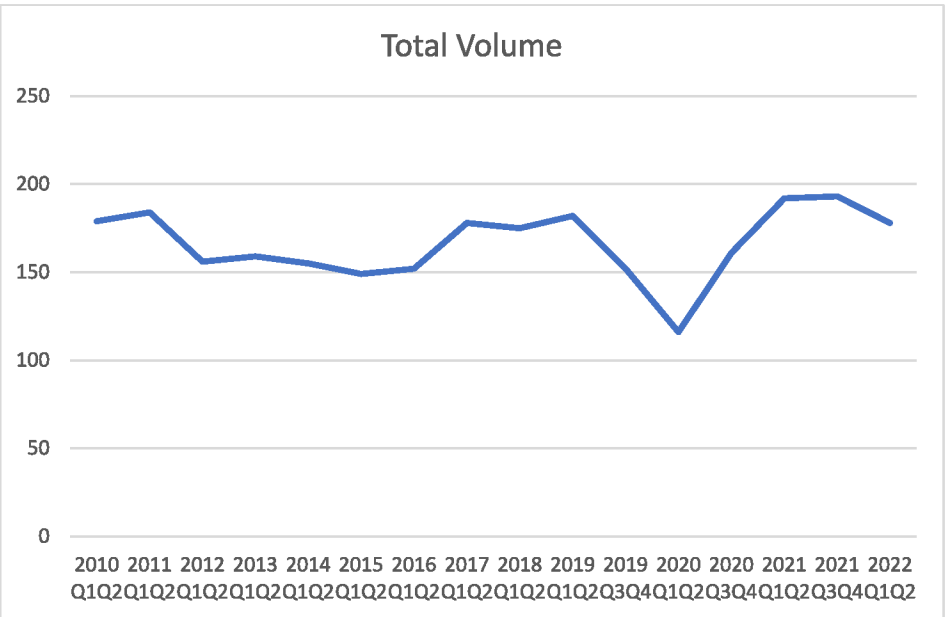
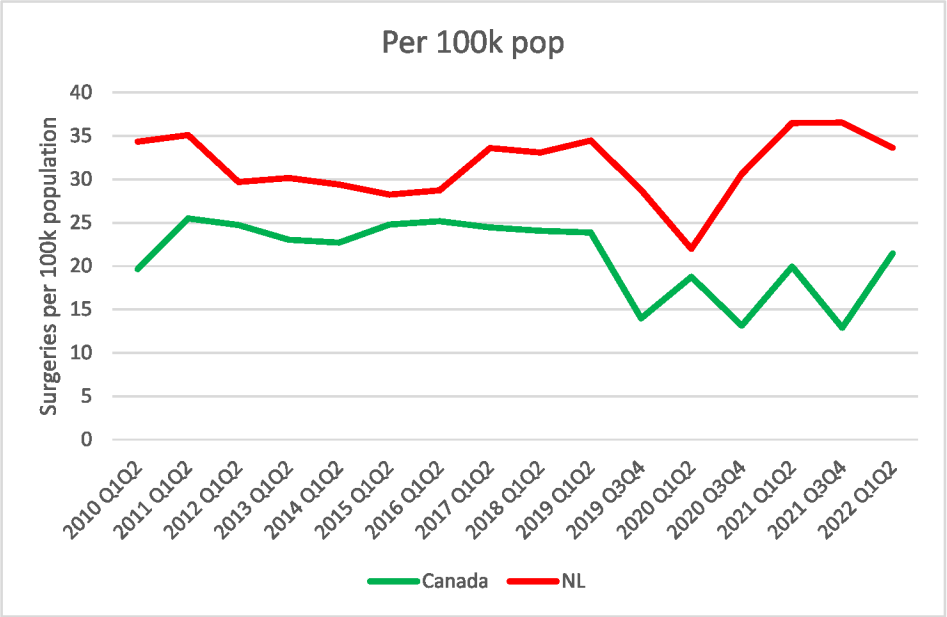
Year	90th percentile		Level 1 Benc	Level 2 Ber	Level 3 Benchmark
	Canada	NL			
2011 Q1Q2	50	48	14	42	182
2012 Q1Q2	46	69	14	42	182
2013 Q1Q2	54	43	14	42	182
2014 Q1Q2	65	111	14	42	182
2015 Q1Q2	56	134	14	42	182
2016 Q1Q2	62	83	14	42	182
2017 Q1Q2	64	58	14	42	182
2018 Q1Q2	61	103	14	42	182
2019 Q1Q2	58	149	14	42	182
2019 Q3Q4	65	167	14	42	182
2020 Q1Q2	77	42	14	42	182
2020 Q3Q4	69	133	14	42	182
2021 Q1Q2	77	245	14	42	182
2021 Q3Q4	89	275	14	42	182
2022 Q1Q2	78	192	14	42	182



Year	Volume		Population		Per 100k pop	
	Canada	NL	Canada	NL	Canada	NL
2010 Q1Q2	6662	179	33,890,461	521,197	19.65745	34.34402
2011 Q1Q2	8727	184	34,230,555	524,238	25.49477	35.09856
2012 Q1Q2	8557	156	34,592,192	525,550	24.7368	29.68319
2013 Q1Q2	8050	159	34,956,567	527,177	23.02858	30.16065
2014 Q1Q2	8019	155	35,320,540	527,314	22.7035	29.39425
2015 Q1Q2	8826	149	35,606,734	527,859	24.78745	28.22723
2016 Q1Q2	9055	152	35,970,407	529,083	25.17347	28.72895
2017 Q1Q2	8899	178	36,397,141	529,700	24.44972	33.60393
2018 Q1Q2	8879	175	36,903,671	528,924	24.05994	33.08604
2019 Q1Q2	8937	182	37,437,243	527,993	23.87195	34.47015
2019 Q3Q4	5287	152	37,828,162	528,442	13.97636	28.7638
2020 Q1Q2	7132	116	38,006,941	527,733	18.76499	21.98081
2020 Q3Q4	4999	161	38,027,406	526,046	13.14578	30.60569
2021 Q1Q2	7604	192	38,140,918	526,195	19.93659	36.48837
2021 Q3Q4	4954	193	38,451,454	528,335	12.88378	36.52985
2022 Q1Q2	8296	178	38,683,567	529,249	21.4458	33.63256

NOTE: No regional data available

CABG

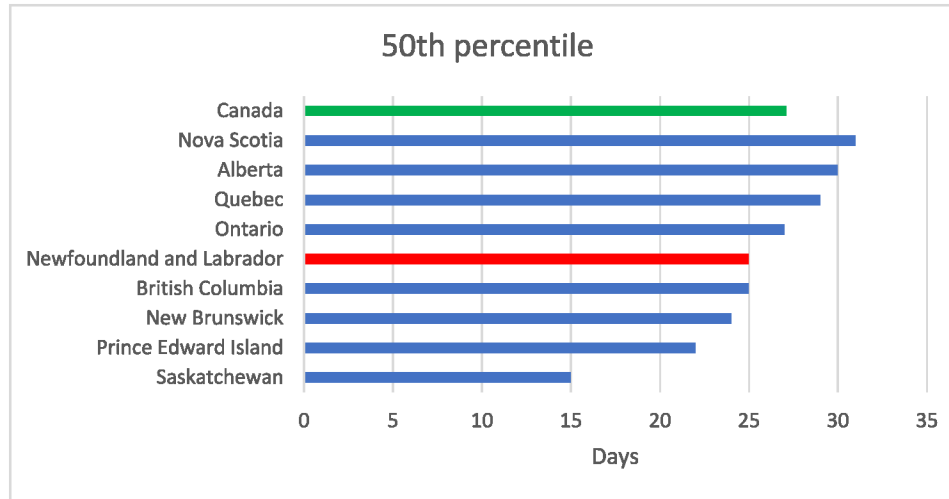


Bladder

Bladder Cancer Surgery (2022 Q1Q2 unless otherwise specified)

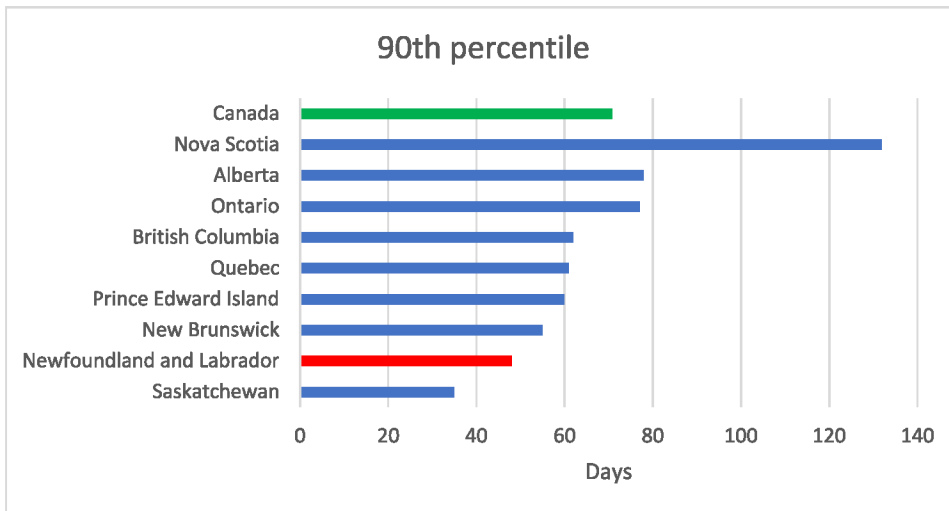
Province	50th percentile
Saskatchewan	15
Prince Edward Island	22
New Brunswick	24
British Columbia	25
Newfoundland and Labrador	25
Ontario	27
Quebec	29
Alberta	30
Nova Scotia	31
Canada	27

Note: No data Manitoba



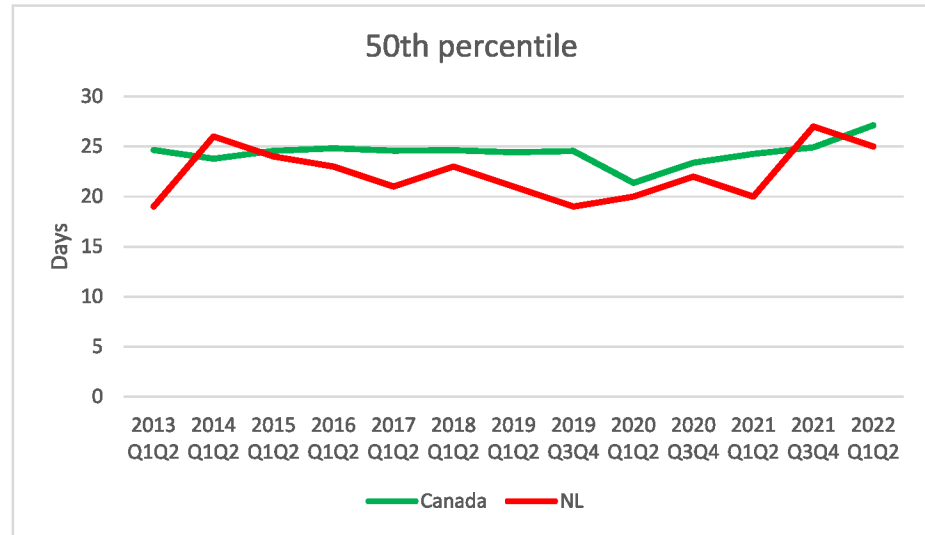
Province	90th percentile
Saskatchewan	35
Newfoundland and Labrador	48
New Brunswick	55
Prince Edward Island	60
Quebec	61
British Columbia	62
Ontario	77
Alberta	78
Nova Scotia	132
Canada	71

Note: No data Manitoba

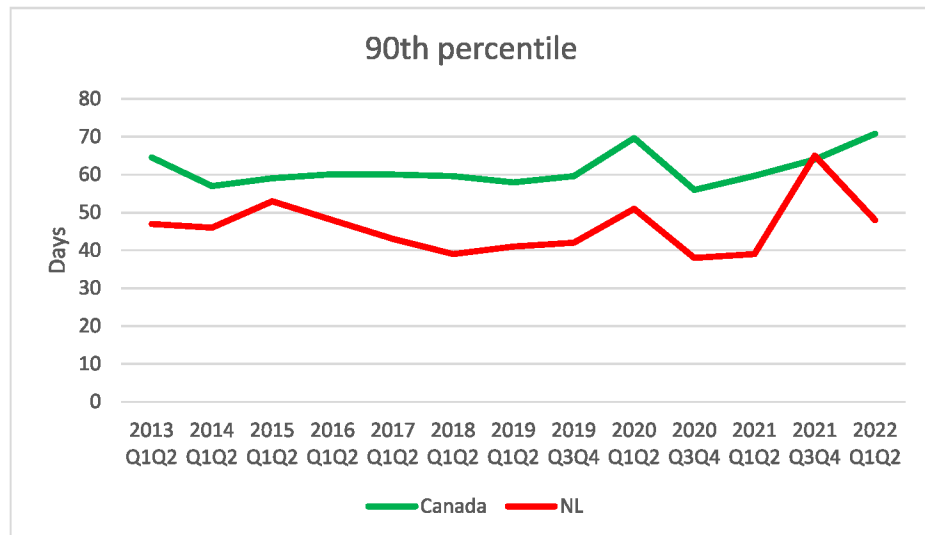


Bladder

Year	50th percentile	
	Canada	NL
2013 Q1Q2	25	19
2014 Q1Q2	24	26
2015 Q1Q2	25	24
2016 Q1Q2	25	23
2017 Q1Q2	25	21
2018 Q1Q2	25	23
2019 Q1Q2	24	21
2019 Q3Q4	25	19
2020 Q1Q2	21	20
2020 Q3Q4	23	22
2021 Q1Q2	24	20
2021 Q3Q4	25	27
2022 Q1Q2	27	25

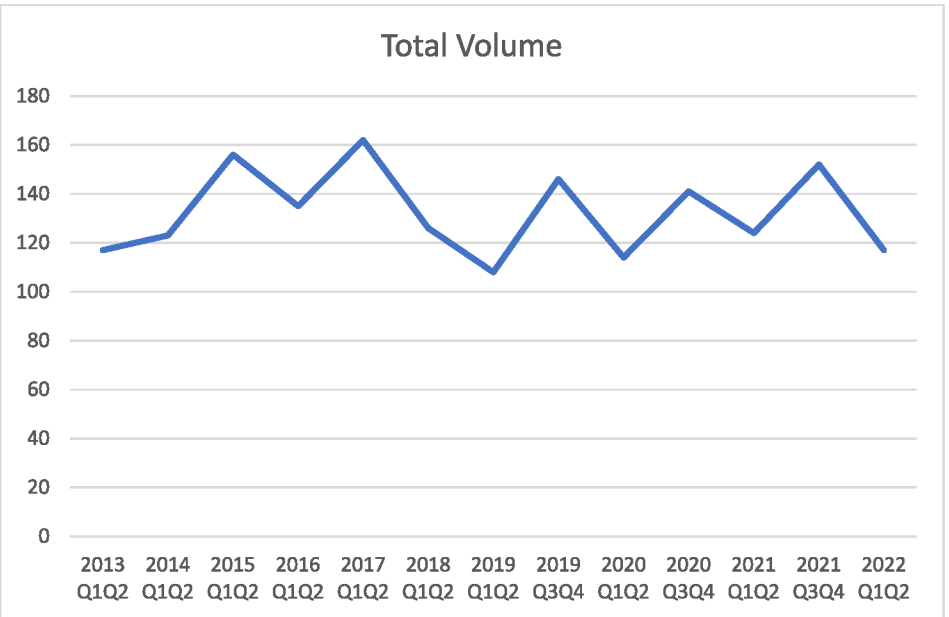
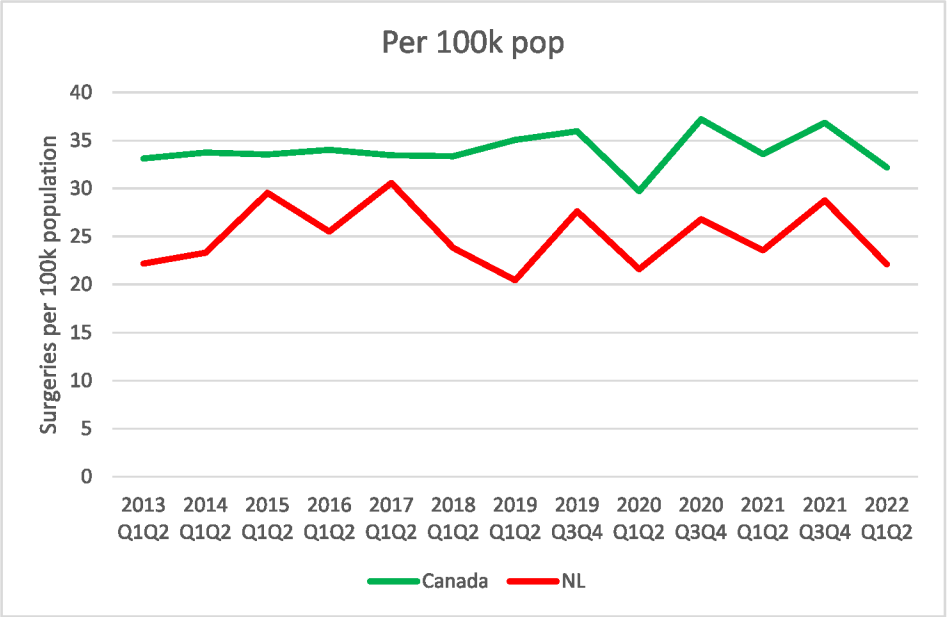


Year	90th percentile	
	Canada	NL
2013 Q1Q2	65	47
2014 Q1Q2	57	46
2015 Q1Q2	59	53
2016 Q1Q2	60	48
2017 Q1Q2	60	43
2018 Q1Q2	60	39
2019 Q1Q2	58	41
2019 Q3Q4	60	42
2020 Q1Q2	70	51
2020 Q3Q4	56	38
2021 Q1Q2	60	39
2021 Q3Q4	64	65
2022 Q1Q2	71	48



Bladder

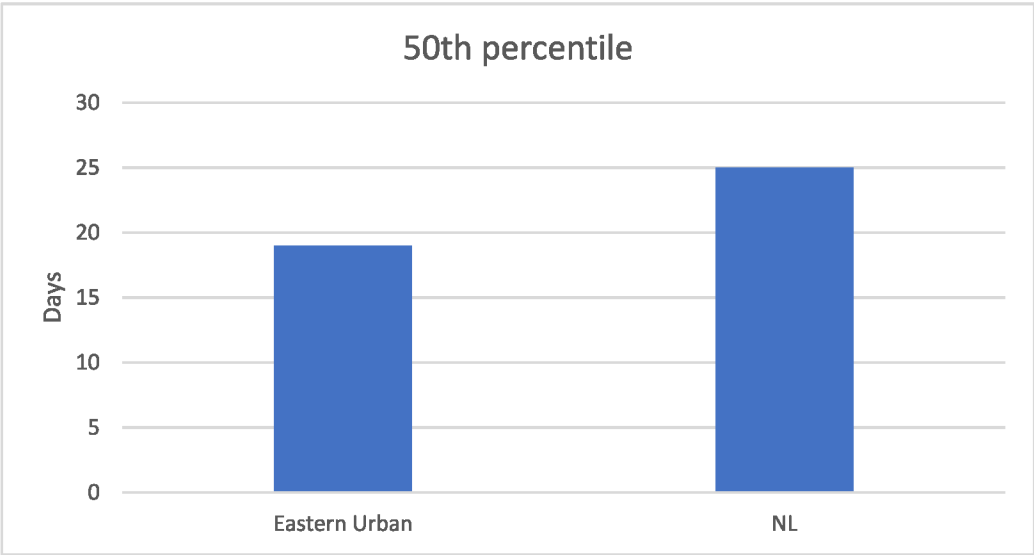
Year	Volume		Population		Per 100k pop	
	Canada	NL	Canada	NL	Canada	NL
2013 Q1Q2	11581	117	34,956,567	527,177	33.12968	22.19368
2014 Q1Q2	11918	123	35,320,540	527,314	33.74241	23.32576
2015 Q1Q2	11944	156	35,606,734	527,859	33.54422	29.55335
2016 Q1Q2	12239	135	35,970,407	529,083	34.02519	25.51585
2017 Q1Q2	12178	162	36,397,141	529,700	33.45867	30.58335
2018 Q1Q2	12314	126	36,903,671	528,924	33.36795	23.82195
2019 Q1Q2	13132	108	37,437,243	527,993	35.07737	20.45482
2019 Q3Q4	13610	146	37,828,162	528,442	35.97849	27.62839
2020 Q1Q2	11301	114	38,006,941	527,733	29.73404	21.60183
2020 Q3Q4	14151	141	38,027,406	526,046	37.21264	26.80374
2021 Q1Q2	12808	124	38,140,918	526,195	33.58073	23.56541
2021 Q3Q4	14171	152	38,451,454	528,335	36.85426	28.76963
2022 Q1Q2	12456	117	38,683,567	529,249	32.19972	22.1068



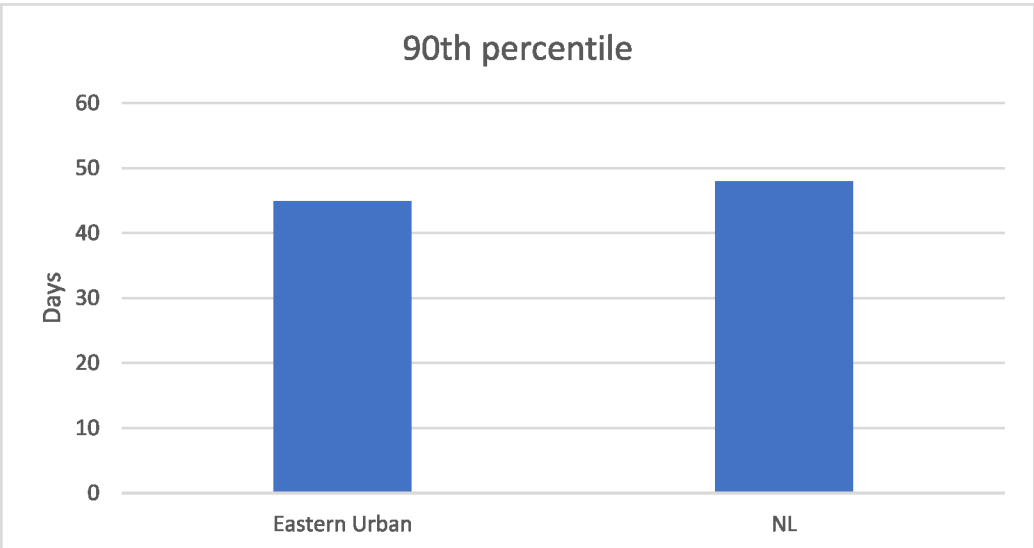
NOTE: No regional data available except for Eastern Urban. Eastern Urban data fiscal year Q1 only vs. NL data Q1Q2

Bladder

Region	50th percentile
Eastern Urban	19
NL	25

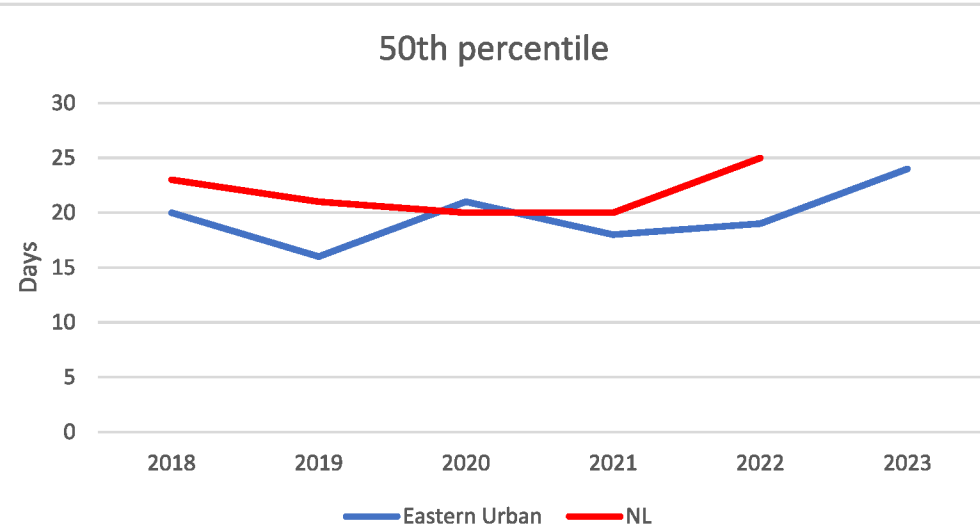


Region	90th percentile
Eastern Urban	45
NL	48

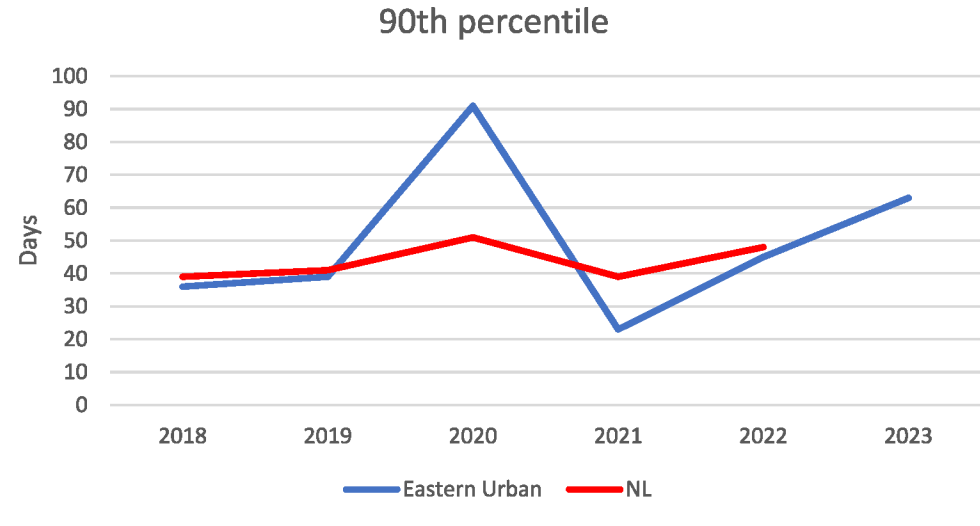


Bladder

Year	50th percentile	
	Eastern Urban	NL
2018	20	23
2019	16	21
2020	21	20
2021	18	20
2022	19	25
2023	24	



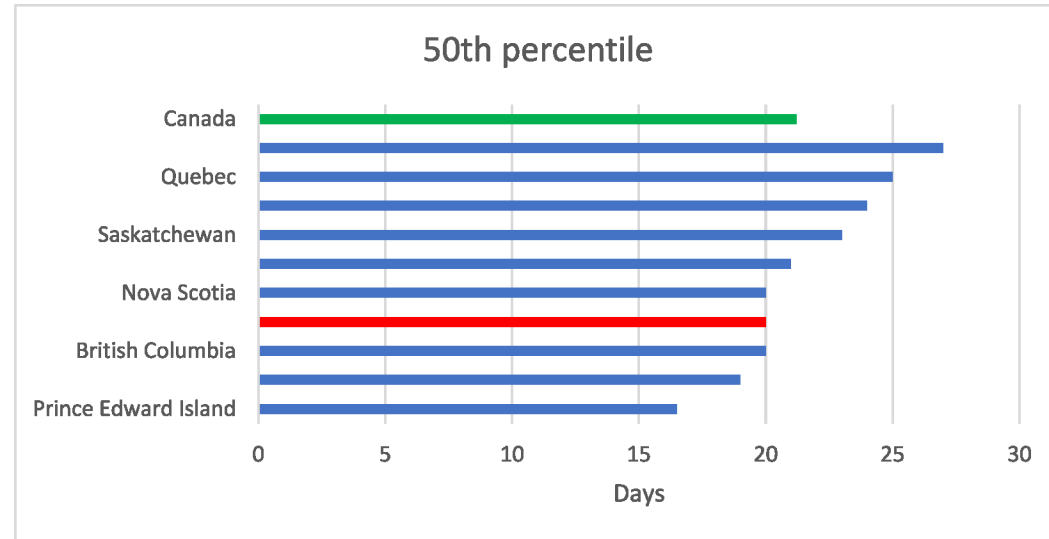
Year	90th percentile	
	Eastern Urban	NL
2018	36	39
2019	39	41
2020	91	51
2021	23	39
2022	45	48
2023	63	



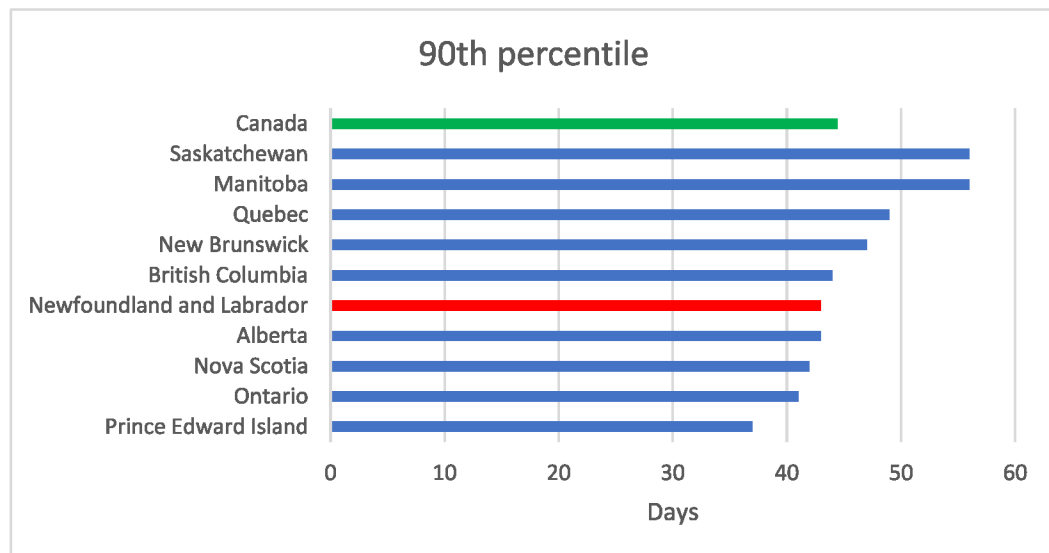
Breast

Breast Cancer Surgery (2022 Q1Q2 unless otherwise specified)

Province	50th percentile
Prince Edward Island	17
Ontario	19
British Columbia	20
Newfoundland and Labrador	20
Nova Scotia	20
Alberta	21
Saskatchewan	23
New Brunswick	24
Quebec	25
Manitoba	27
Canada	21



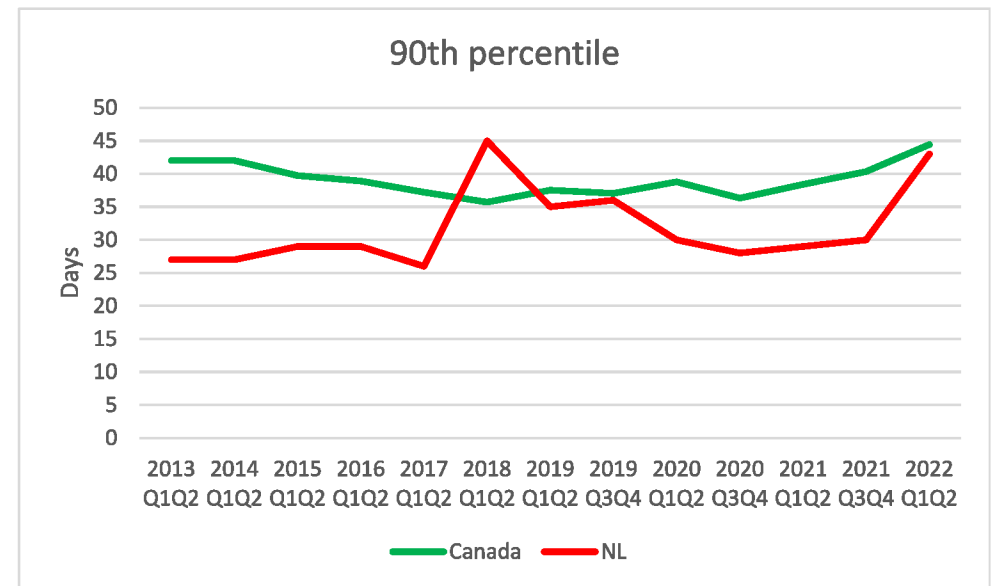
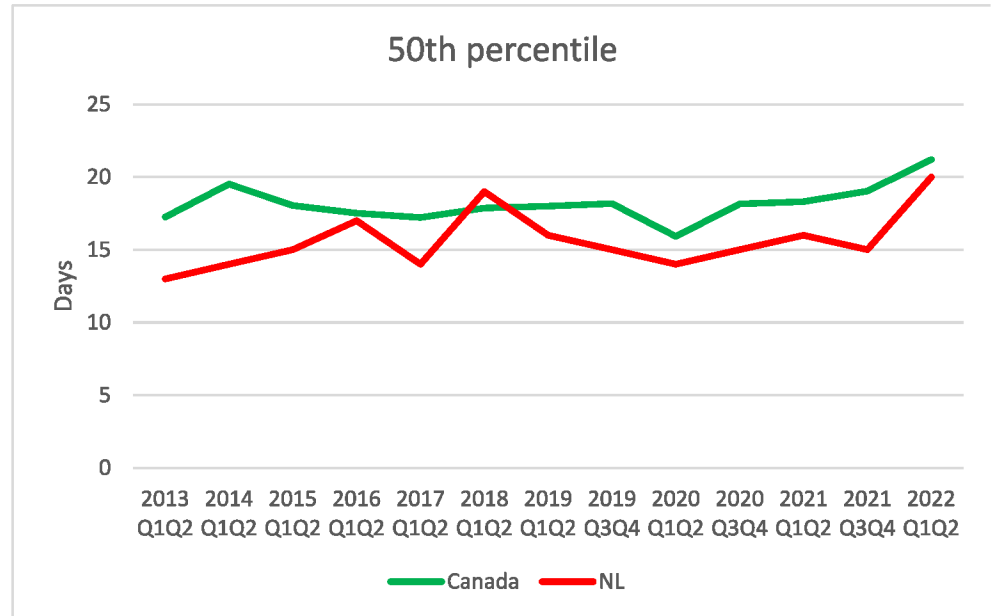
Province	90th percentile
Prince Edward Island	37
Ontario	41
Nova Scotia	42
Alberta	43
Newfoundland and Labrador	43
British Columbia	44
New Brunswick	47
Quebec	49
Manitoba	56
Saskatchewan	56
Canada	44



Breast

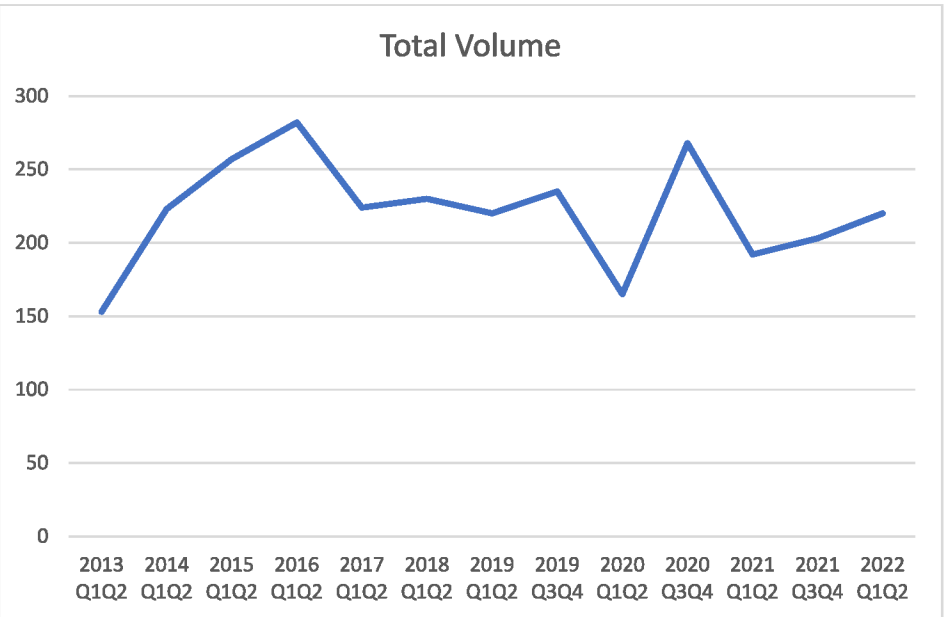
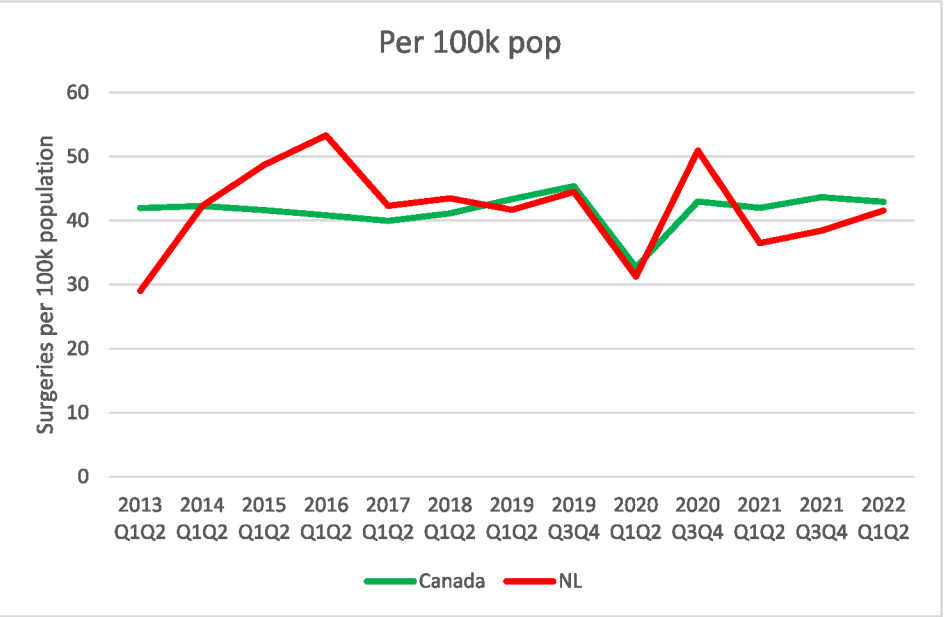
Year	50th percentile	
	Canada	NL
2013 Q1Q2	17	13
2014 Q1Q2	20	14
2015 Q1Q2	18	15
2016 Q1Q2	18	17
2017 Q1Q2	17	14
2018 Q1Q2	18	19
2019 Q1Q2	18	16
2019 Q3Q4	18	15
2020 Q1Q2	16	14
2020 Q3Q4	18	15
2021 Q1Q2	18	16
2021 Q3Q4	19	15
2022 Q1Q2	21	20

Year	90th percentile	
	Canada	NL
2013 Q1Q2	42	27
2014 Q1Q2	42	27
2015 Q1Q2	40	29
2016 Q1Q2	39	29
2017 Q1Q2	37	26
2018 Q1Q2	36	45
2019 Q1Q2	38	35
2019 Q3Q4	37	36
2020 Q1Q2	39	30
2020 Q3Q4	36	28
2021 Q1Q2	38	29
2021 Q3Q4	40	30
2022 Q1Q2	44	43



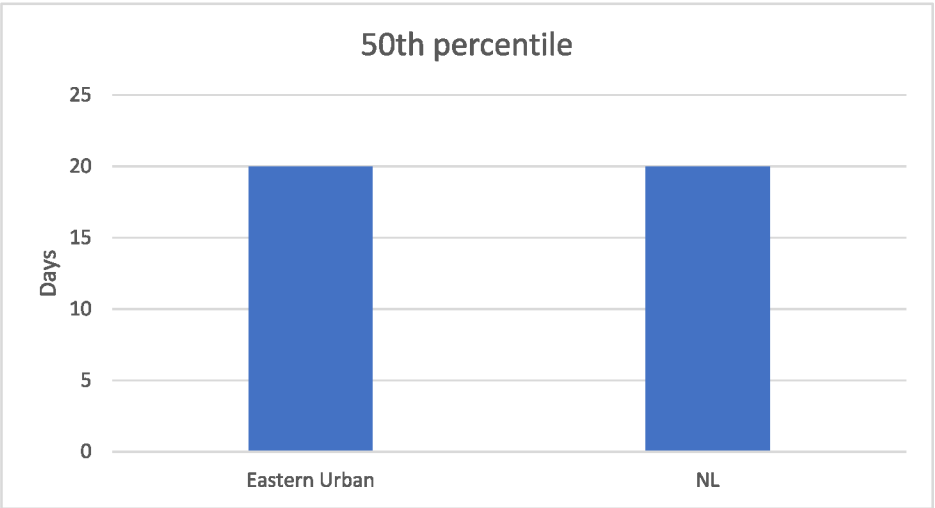
Breast

Year	Volume		Population		Per 100k pop	
	Canada	NL	Canada	NL	Canada	NL
2013 Q1Q2	14665	153	34,956,567	527,177	41.95206	29.02251
2014 Q1Q2	14931	223	35,320,540	527,314	42.27285	42.28979
2015 Q1Q2	14821	257	35,606,734	527,859	41.62415	48.68724
2016 Q1Q2	14682	282	35,970,407	529,083	40.81689	53.29977
2017 Q1Q2	14540	224	36,397,141	529,700	39.94819	42.28809
2018 Q1Q2	15176	230	36,903,671	528,924	41.12328	43.48451
2019 Q1Q2	16224	220	37,437,243	527,993	43.33652	41.66722
2019 Q3Q4	17169	235	37,828,162	528,442	45.38682	44.47035
2020 Q1Q2	12420	165	38,006,941	527,733	32.67824	31.26581
2020 Q3Q4	16341	268	38,027,406	526,046	42.97164	50.94611
2021 Q1Q2	16010	192	38,140,918	526,195	41.97592	36.48837
2021 Q3Q4	16787	203	38,451,454	528,335	43.65765	38.42259
2022 Q1Q2	16604	220	38,683,567	529,249	42.92262	41.56834



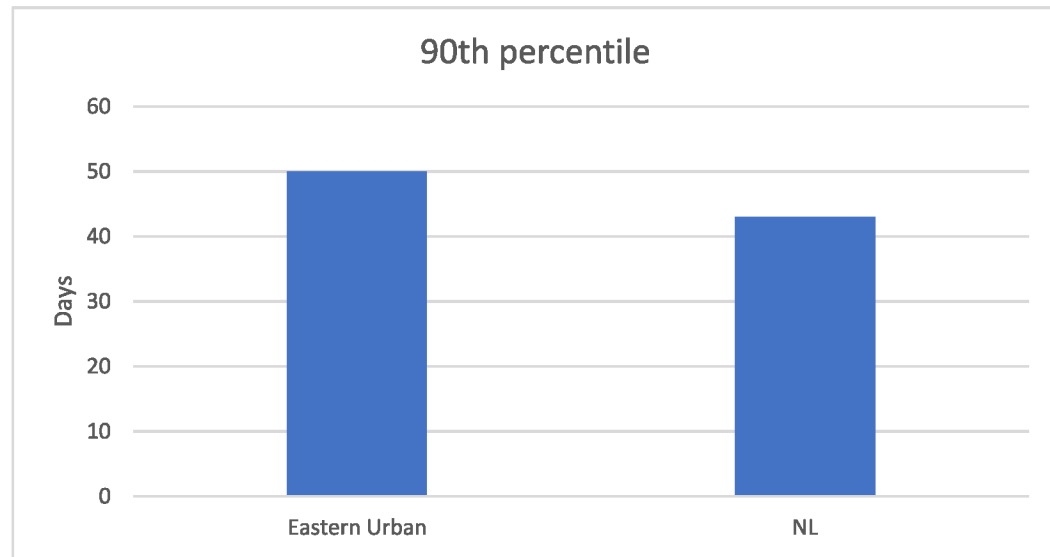
NOTE: No regional data available except for Eastern Urban. Eastern Urban data fiscal year Q1 only vs. NL data Q1Q2

Region	50th percentile
Eastern Urban	20
NL	20

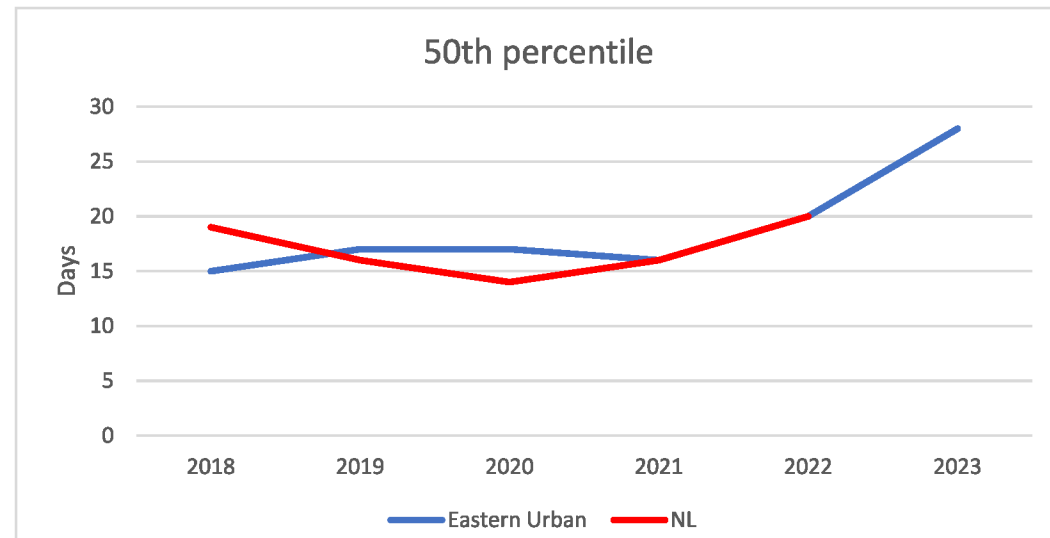


Breast

Region	90th percentile
Eastern Urban	50
NL	43



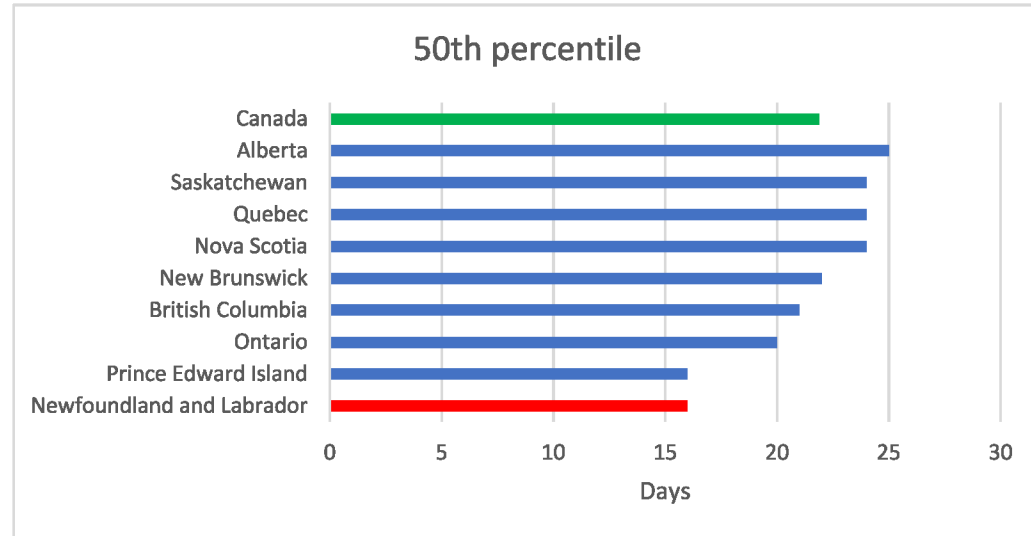
Year	50th percentile	
	Eastern Ur	NL
2018	15	19
2019	17	16
2020	17	14
2021	16	16
2022	20	20
2023	28	



Colorectal Cancer Surgery (2022 Q1Q2 unless otherwise specified)

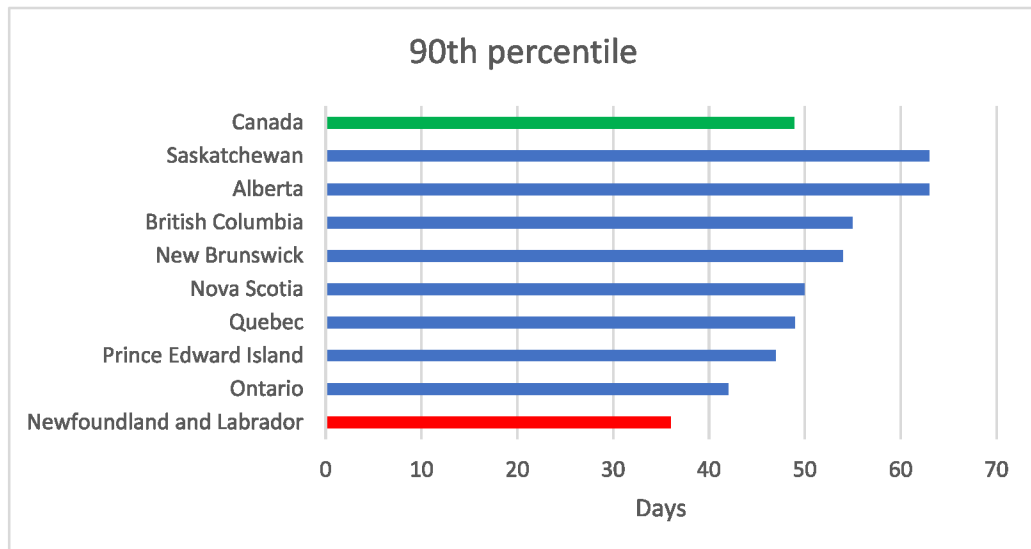
Province	50th percentile
Newfoundland and Labrador	16
Prince Edward Island	16
Ontario	20
British Columbia	21
New Brunswick	22
Nova Scotia	24
Quebec	24
Saskatchewan	24
Alberta	25
Canada	22

Note: No data Manitoba



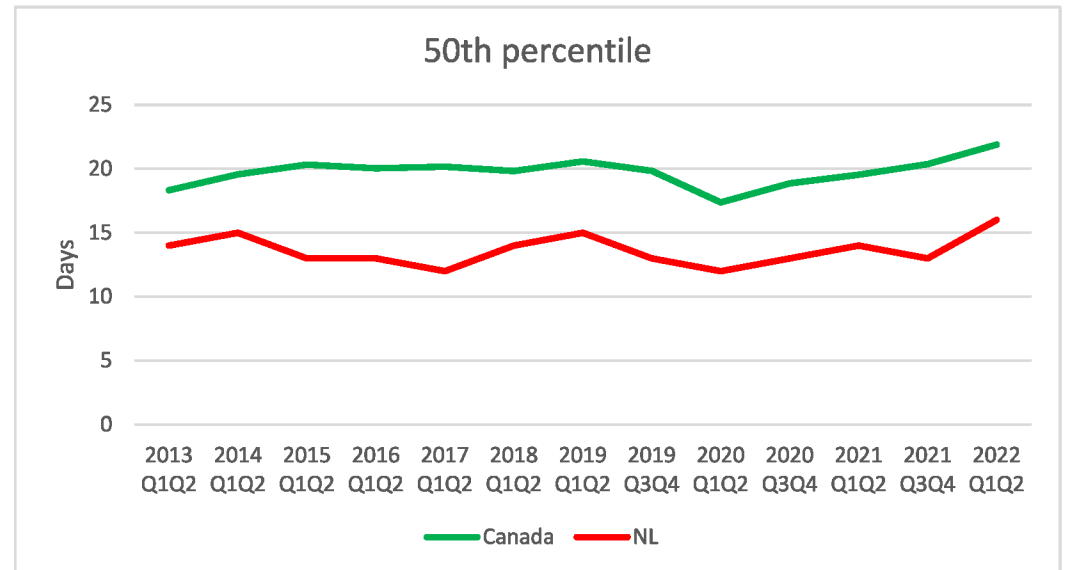
Province	90th percentile
Newfoundland and Labrador	36
Ontario	42
Prince Edward Island	47
Quebec	49
Nova Scotia	50
New Brunswick	54
British Columbia	55
Alberta	63
Saskatchewan	63
Canada	49

Note: No data Manitoba

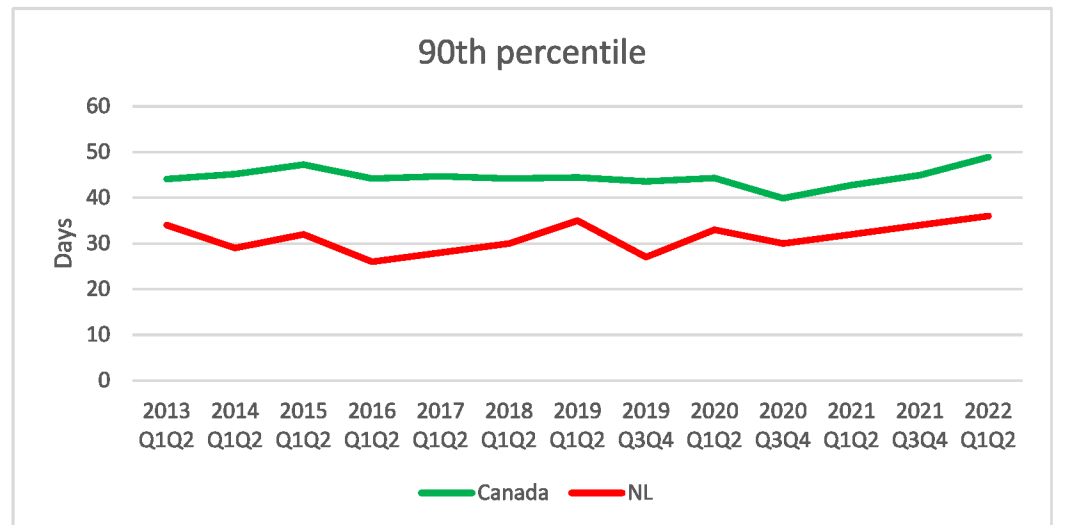


Colorectal

Year	50th percentile	
	Canada	NL
2013 Q1Q2	18	14
2014 Q1Q2	20	15
2015 Q1Q2	20	13
2016 Q1Q2	20	13
2017 Q1Q2	20	12
2018 Q1Q2	20	14
2019 Q1Q2	21	15
2019 Q3Q4	20	13
2020 Q1Q2	17	12
2020 Q3Q4	19	13
2021 Q1Q2	20	14
2021 Q3Q4	20	13
2022 Q1Q2	22	16

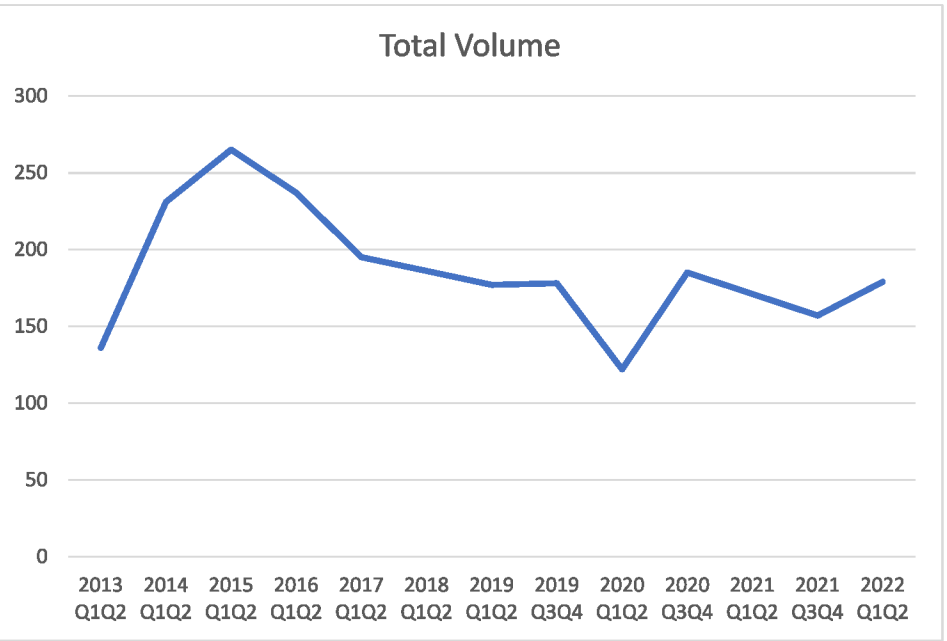
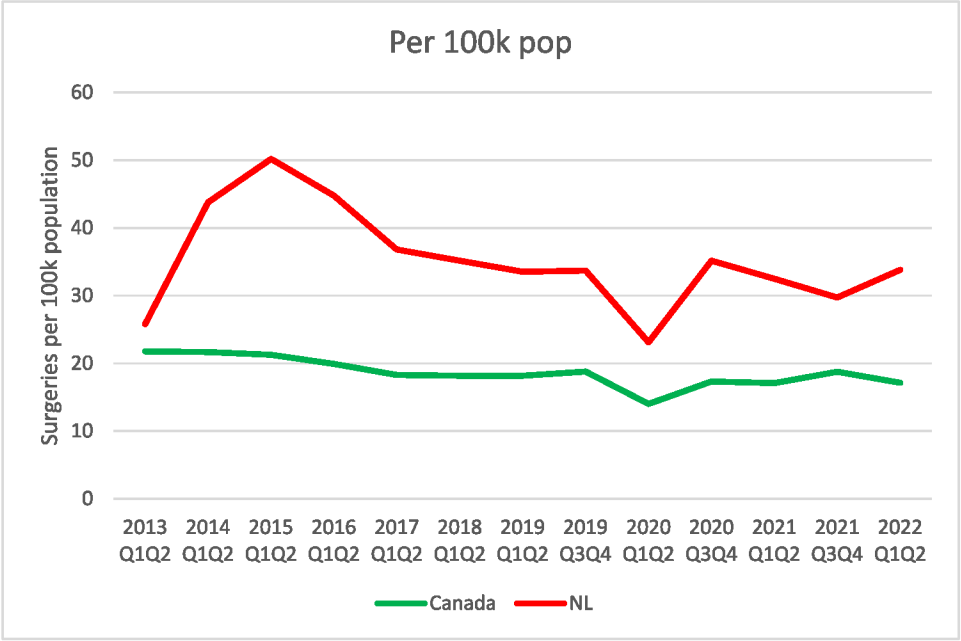


Year	90th percentile	
	Canada	NL
2013 Q1Q2	44	34
2014 Q1Q2	45	29
2015 Q1Q2	47	32
2016 Q1Q2	44	26
2017 Q1Q2	45	28
2018 Q1Q2	44	30
2019 Q1Q2	44	35
2019 Q3Q4	44	27
2020 Q1Q2	44	33
2020 Q3Q4	40	30
2021 Q1Q2	43	32
2021 Q3Q4	45	34
2022 Q1Q2	49	36



Colorectal

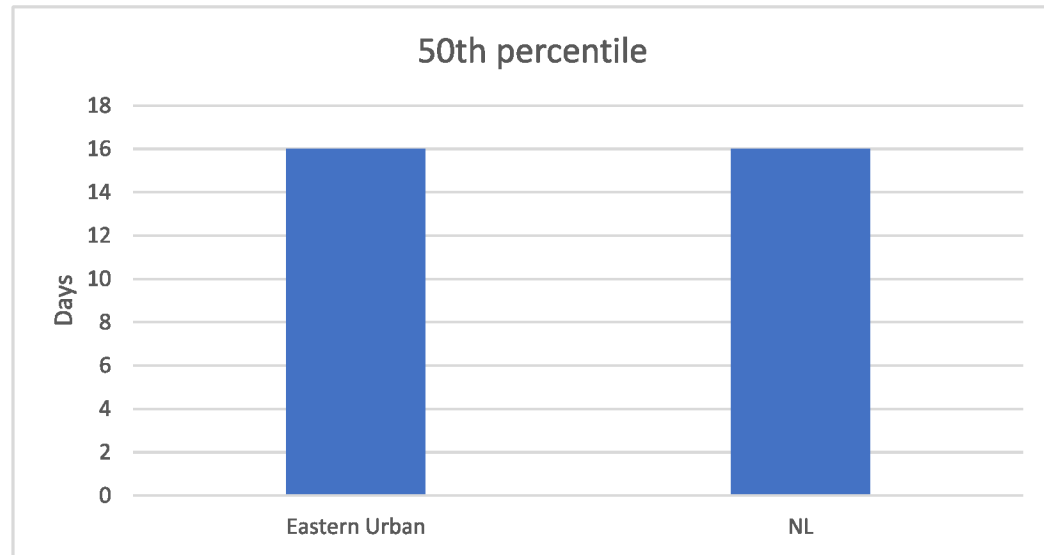
Year	Volume		Population		Per 100k pop	
	Canada	NL	Canada	NL	Canada	NL
2013 Q1Q2	7610	136	34,956,567	527,177	21.76987	25.79779
2014 Q1Q2	7652	231	35,320,540	527,314	21.66445	43.80692
2015 Q1Q2	7576	265	35,606,734	527,859	21.27687	50.2028
2016 Q1Q2	7169	237	35,970,407	529,083	19.93027	44.79448
2017 Q1Q2	6657	195	36,397,141	529,700	18.2899	36.81329
2018 Q1Q2	6708	186	36,903,671	528,924	18.17705	35.16573
2019 Q1Q2	6802	177	37,437,243	527,993	18.16907	33.52317
2019 Q3Q4	7104	178	37,828,162	528,442	18.77966	33.68392
2020 Q1Q2	5332	122	38,006,941	527,733	14.02902	23.11775
2020 Q3Q4	6593	185	38,027,406	526,046	17.3375	35.16803
2021 Q1Q2	6519	171	38,140,918	526,195	17.09188	32.49746
2021 Q3Q4	7216	157	38,451,454	528,335	18.76652	29.71599
2022 Q1Q2	6629	179	38,683,567	529,249	17.13648	33.82151



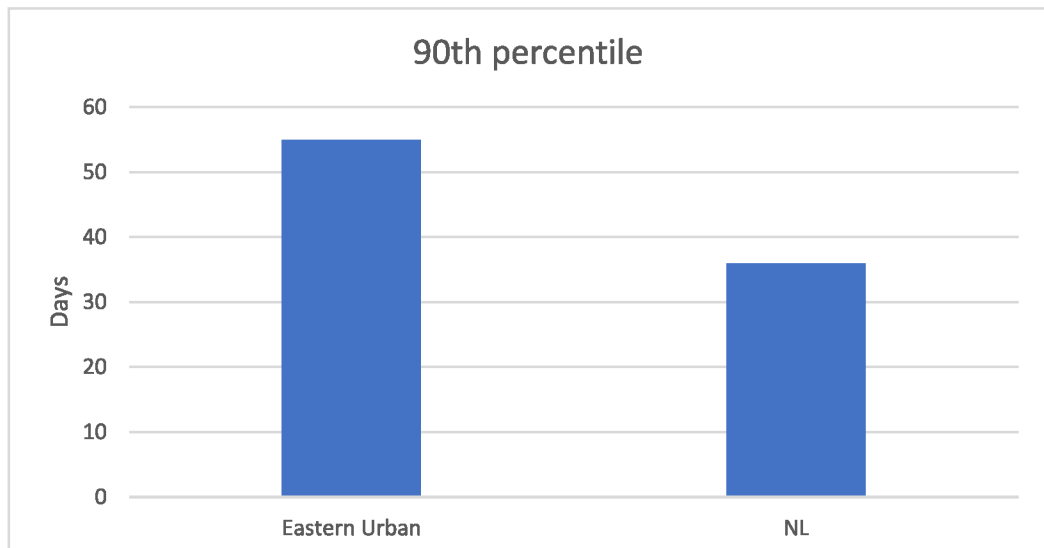
NOTE: No regional data available except for Eastern Urban. Eastern Urban data fiscal year Q1 only vs. NL data Q1Q2

Colorectal

Region	50th percentile
Eastern Urban	16
NL	16

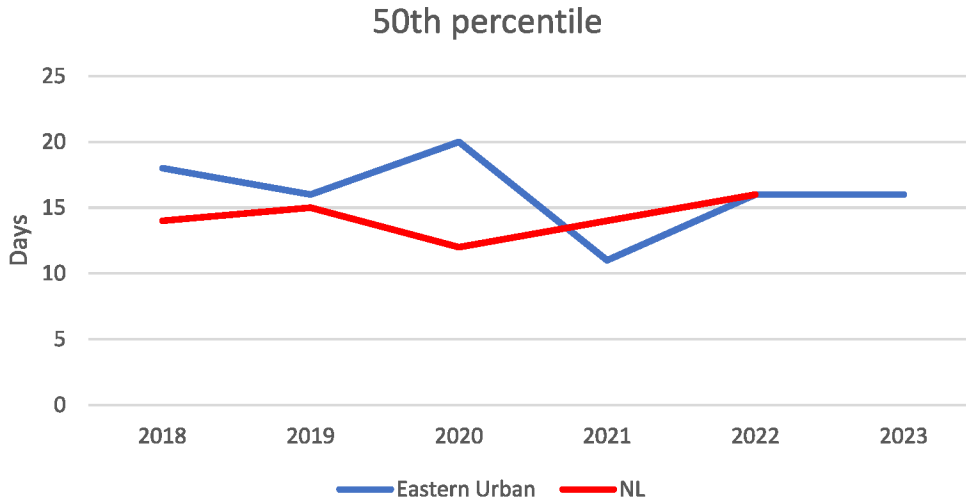


Region	90th percentile
Eastern Urban	55
NL	36

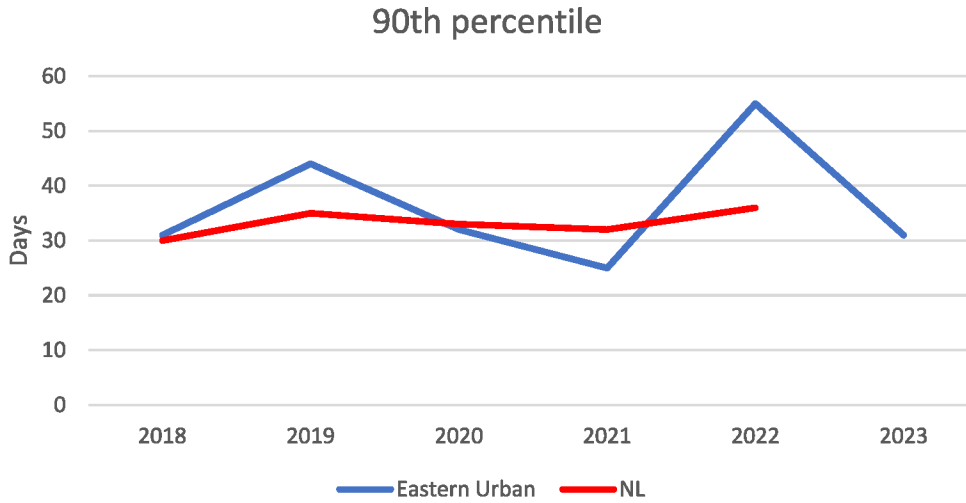


Colorectal

Year	50th percentile	
	Eastern	NL
2018	18	14
2019	16	15
2020	20	12
2021	11	14
2022	16	16
2023	16	



Year	90th percentile	
	Eastern	NL
2018	31	30
2019	44	35
2020	32	33
2021	25	32
2022	55	36
2023	31	

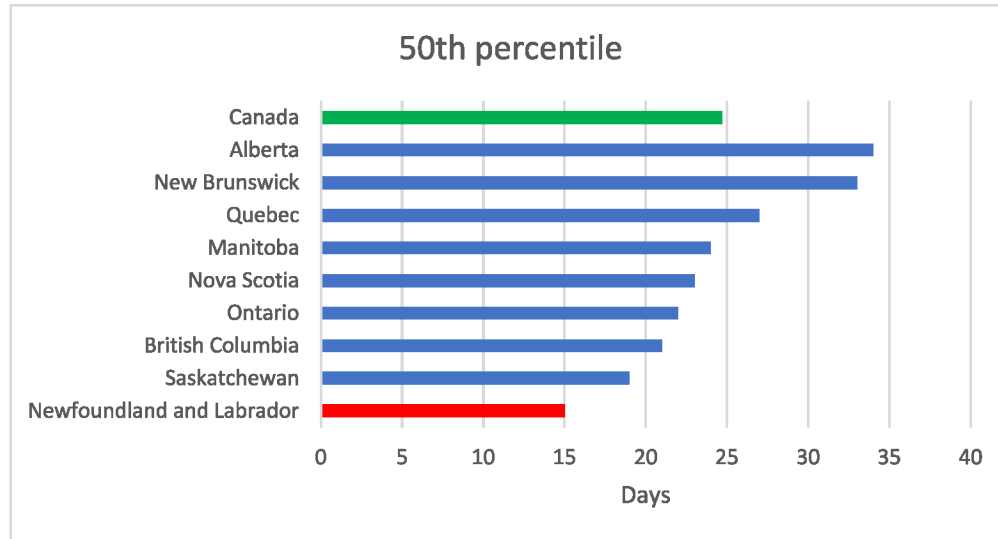


Lung

Lung Cancer Surgery (2022 Q1Q2 unless otherwise specified)

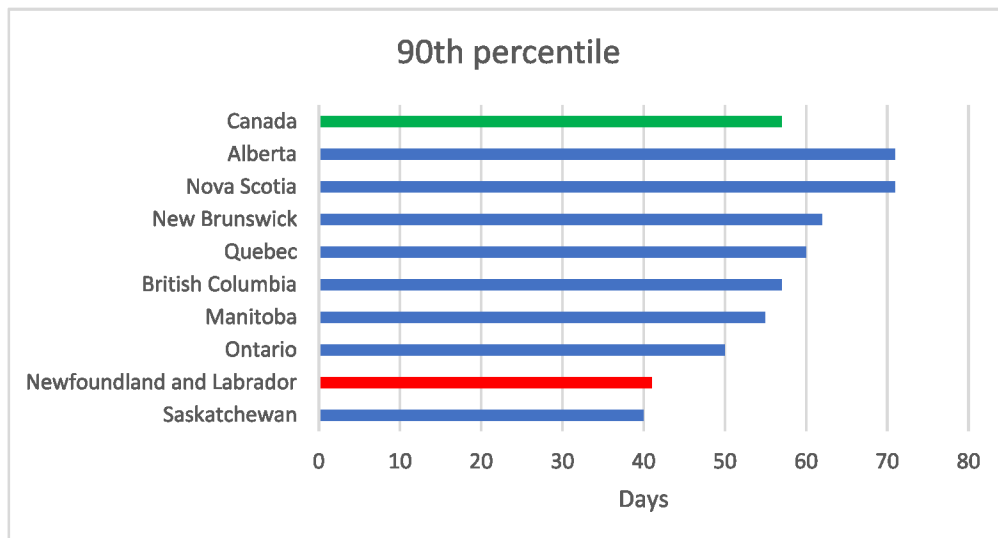
Province	50th percentile
Newfoundland and Labrador	15
Saskatchewan	19
British Columbia	21
Ontario	22
Nova Scotia	23
Manitoba	24
Quebec	27
New Brunswick	33
Alberta	34
Canada	25

Note: No data PEI



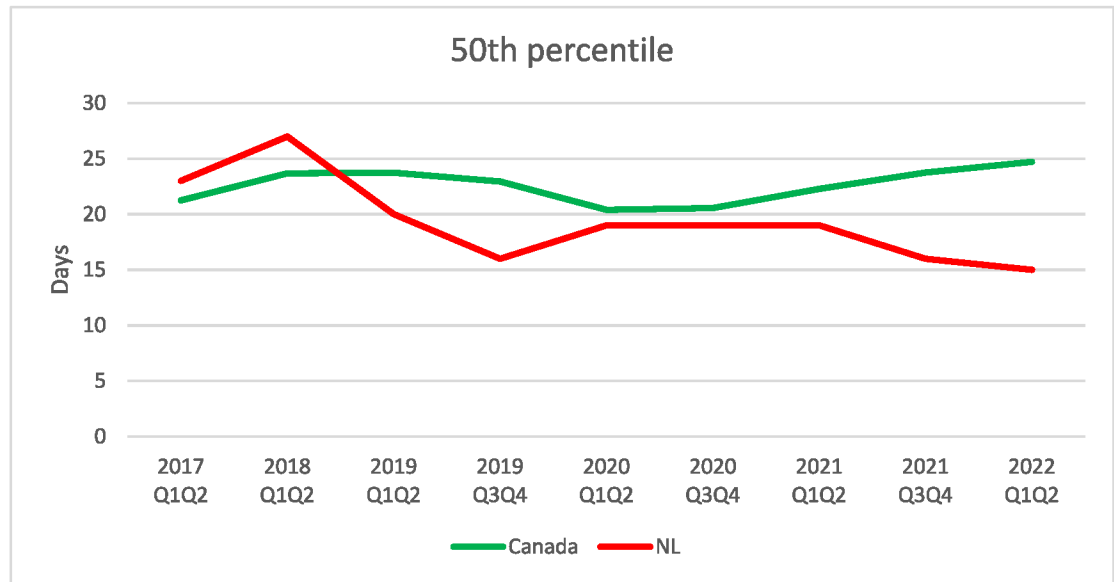
Province	90th percentile
Saskatchewan	40
Newfoundland and Labrador	41
Ontario	50
Manitoba	55
British Columbia	57
Quebec	60
New Brunswick	62
Nova Scotia	71
Alberta	71
Canada	57

Note: No data PEI

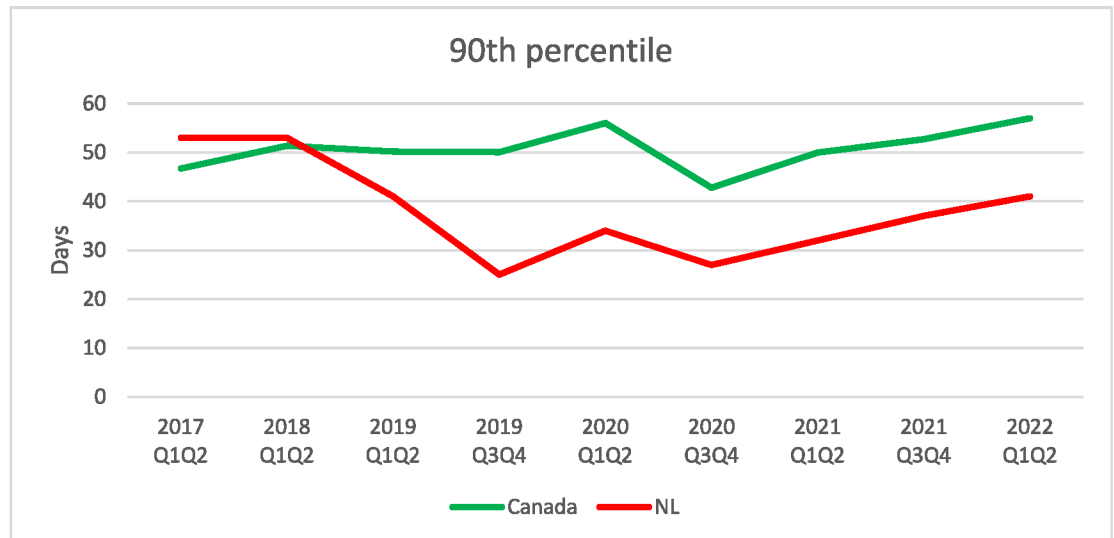


Lung

Year	50th percentile	
	Canada	NL
2017 Q1Q2	21	23
2018 Q1Q2	24	27
2019 Q1Q2	24	20
2019 Q3Q4	23	16
2020 Q1Q2	20	19
2020 Q3Q4	21	19
2021 Q1Q2	22	19
2021 Q3Q4	24	16
2022 Q1Q2	25	15

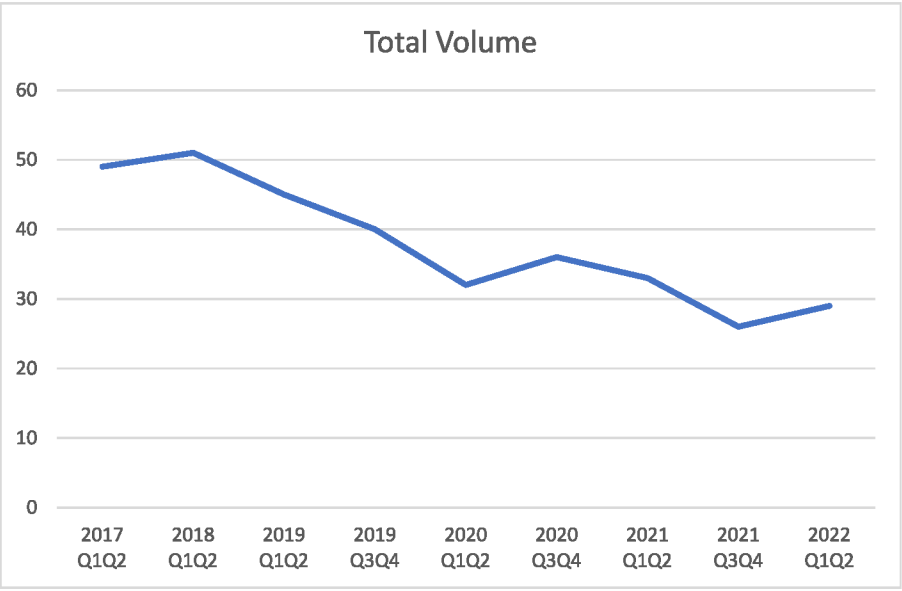
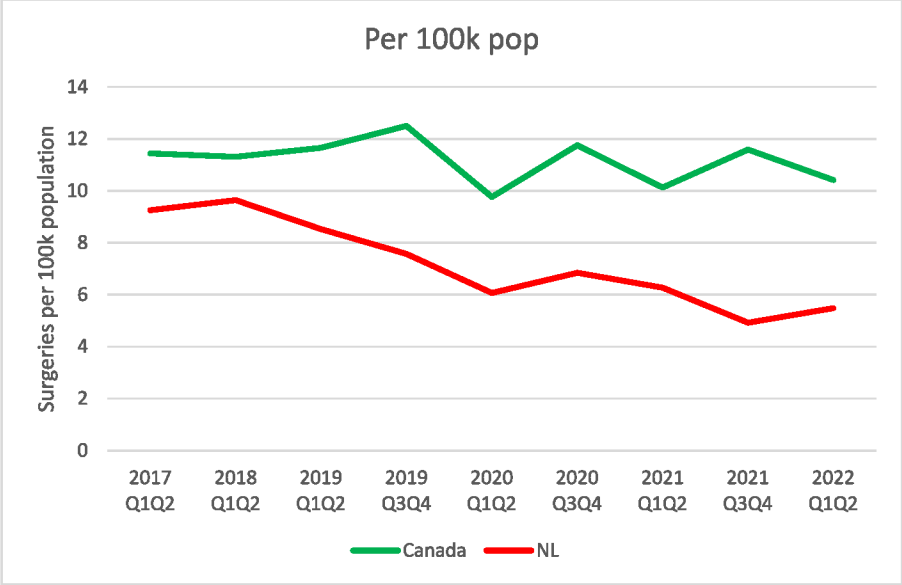


Year	90th percentile	
	Canada	NL
2017 Q1Q2	47	53
2018 Q1Q2	51	53
2019 Q1Q2	50	41
2019 Q3Q4	50	25
2020 Q1Q2	56	34
2020 Q3Q4	43	27
2021 Q1Q2	50	32
2021 Q3Q4	53	37
2022 Q1Q2	57	41



Lung

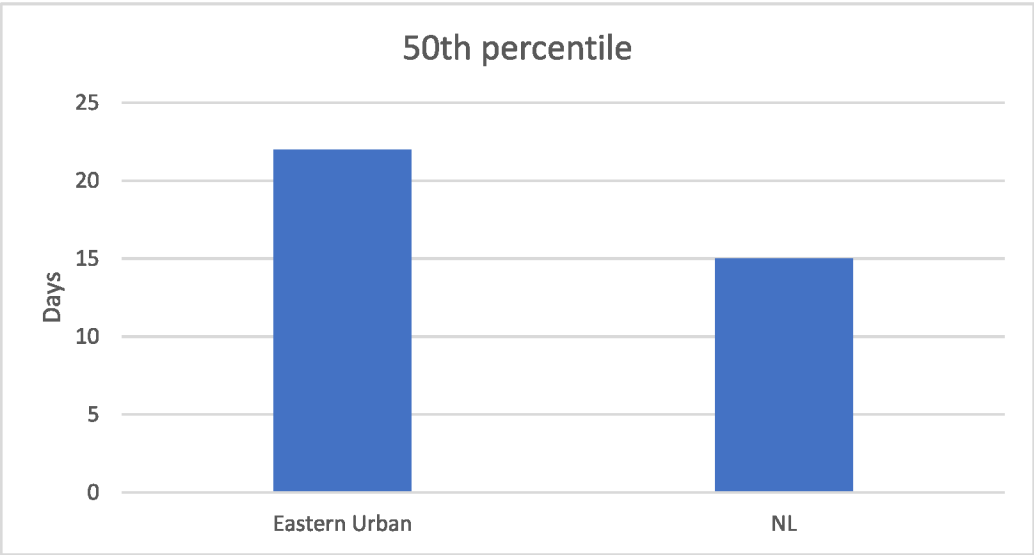
Year	Volume		Population		Per 100k pop	
	Canada	NL	Canada	NL	Canada	NL
2017 Q1Q2	4162	49	36,397,141	529,700	11.43496	9.250519
2018 Q1Q2	4173	51	36,903,671	528,924	11.30782	9.642217
2019 Q1Q2	4362	45	37,437,243	527,993	11.6515	8.52284
2019 Q3Q4	4728	40	37,828,162	528,442	12.49862	7.569421
2020 Q1Q2	3710	32	38,006,941	527,733	9.761375	6.063672
2020 Q3Q4	4470	36	38,027,406	526,046	11.75468	6.843508
2021 Q1Q2	3861	33	38,140,918	526,195	10.12299	6.271439
2021 Q3Q4	4455	26	38,451,454	528,335	11.58604	4.92112
2022 Q1Q2	4029	29	38,683,567	529,249	10.41528	5.479462



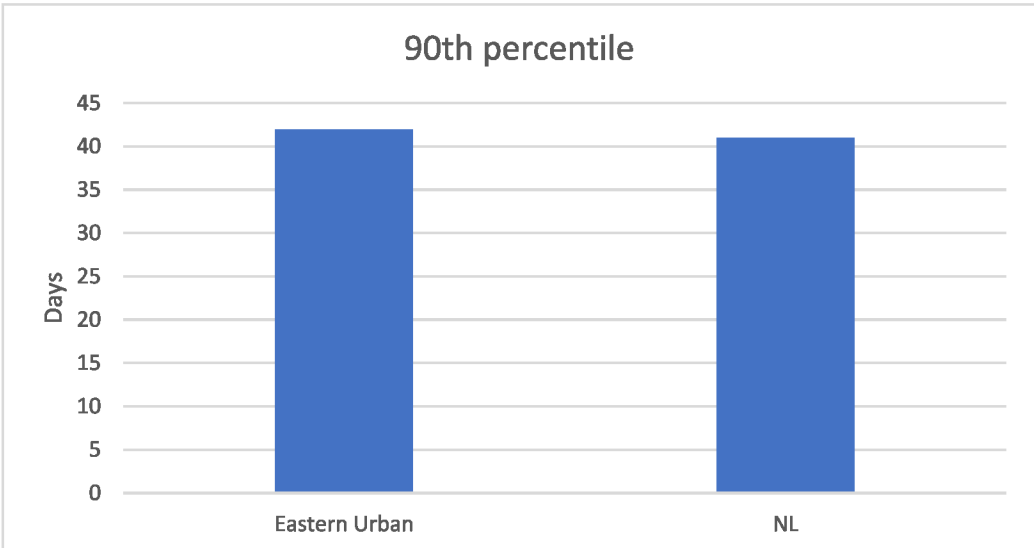
NOTE: No regional data available except for Eastern Urban. Eastern Urban data fiscal year Q1 only vs. NL data Q1Q2

Lung

Region	50th percentile
Eastern Urban	22
NL	15

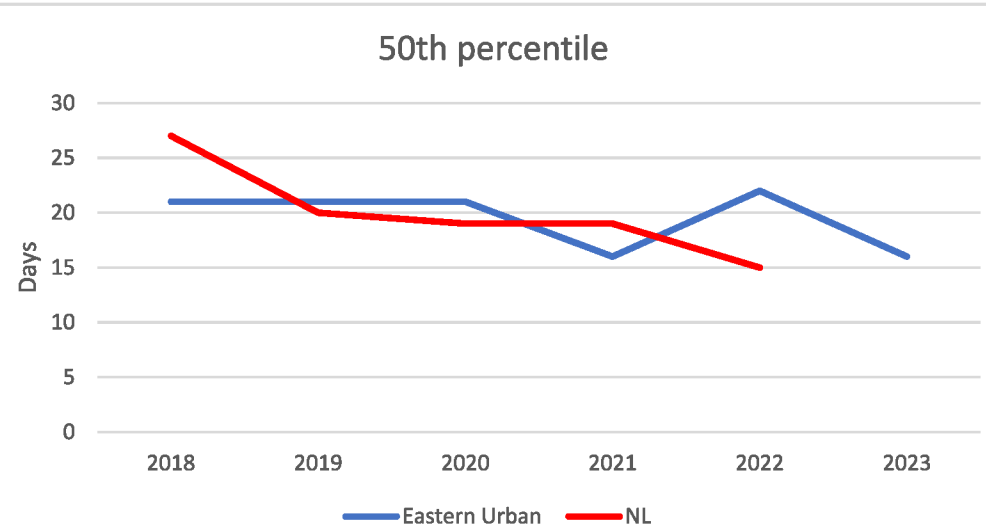


Region	90th percentile
Eastern Urban	42
NL	41

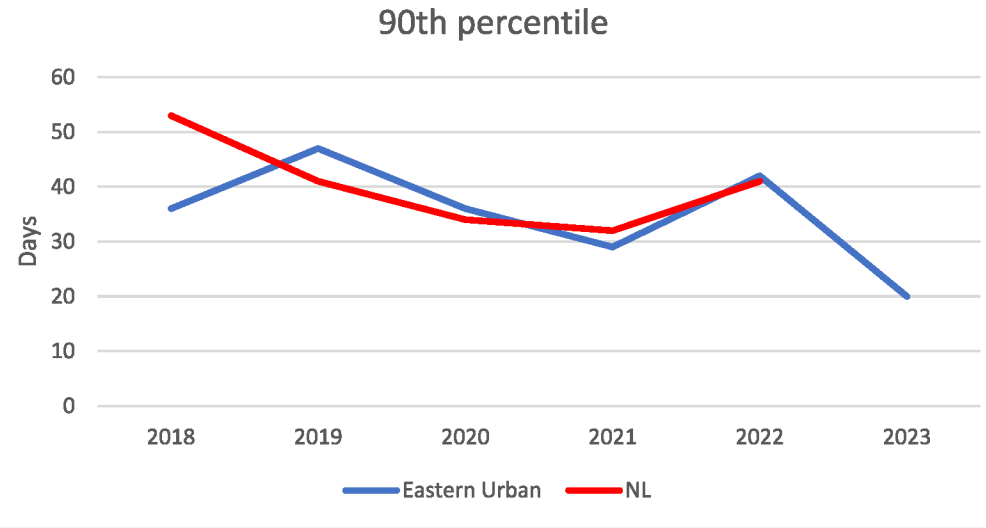


Lung

Year	50th percentile Eastern Url NL	
2018	21	27
2019	21	20
2020	21	19
2021	16	19
2022	22	15
2023	16	



Year	90th percentile Eastern Url NL	
2018	36	53
2019	47	41
2020	36	34
2021	29	32
2022	42	41
2023	20	

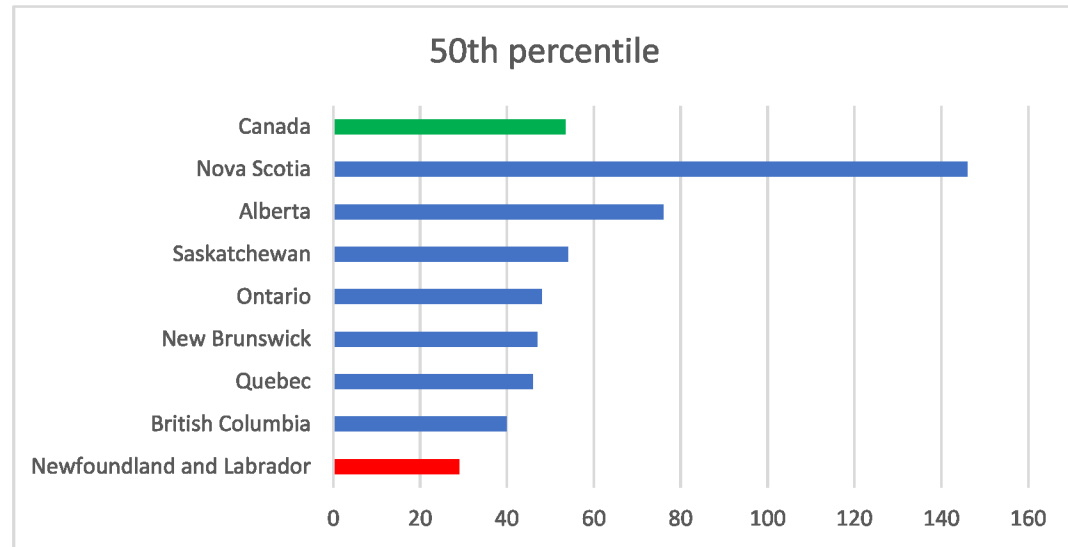


Prostate

Prostate Cancer Surgery (2022 Q1Q2 unless otherwise specified)

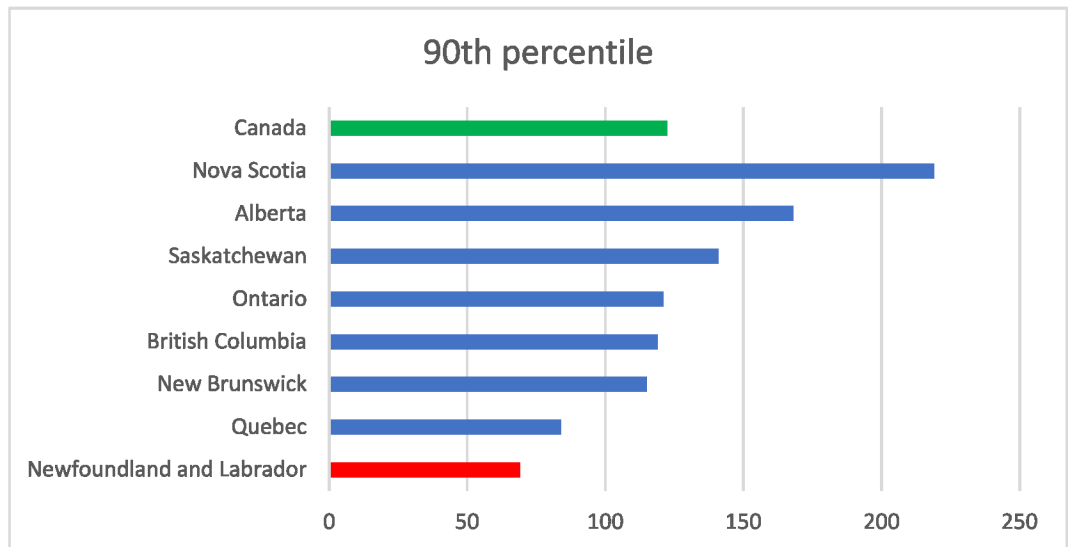
Province	50th percentile
Newfoundland and Labrador	29
British Columbia	40
Quebec	46
New Brunswick	47
Ontario	48
Saskatchewan	54
Alberta	76
Nova Scotia	146
Canada	53

Note: No data PEI or Manitoba



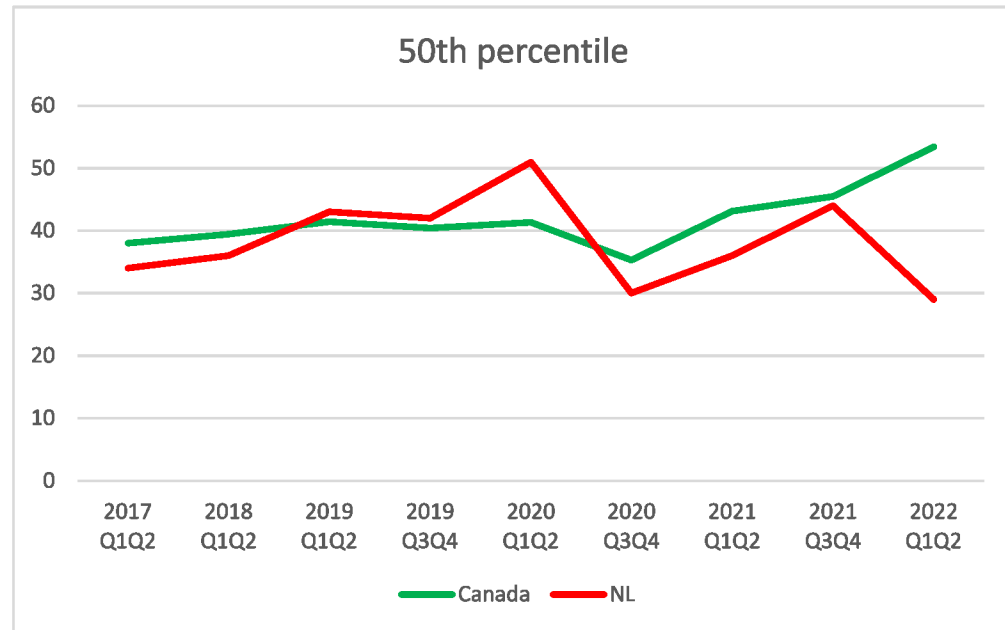
Province	90th percentile
Newfoundland and Labrador	69
Quebec	84
New Brunswick	115
British Columbia	119
Ontario	121
Saskatchewan	141
Alberta	168
Nova Scotia	219
Canada	122

Note: No data PEI or Manitoba

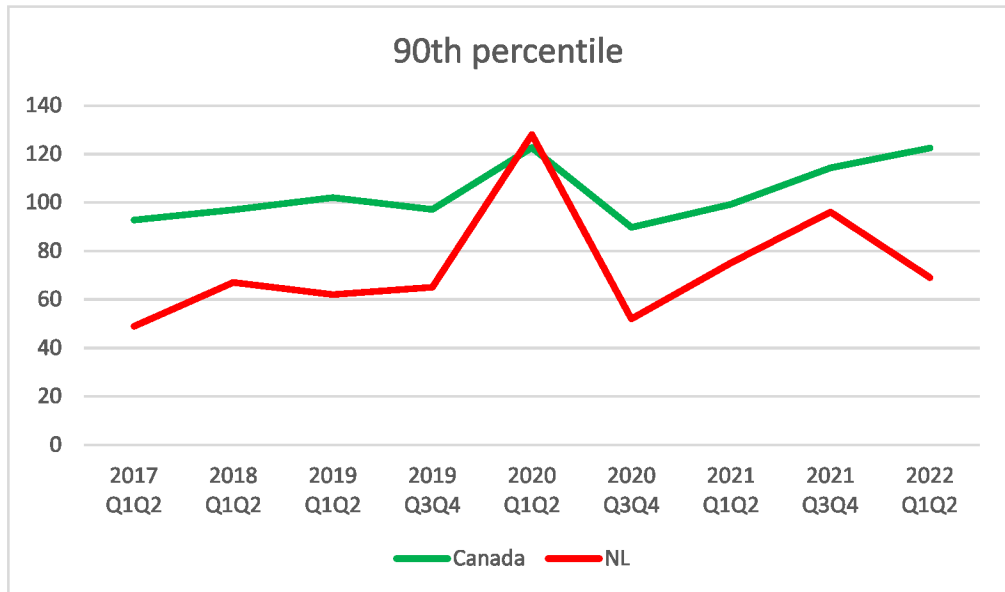


Prostate

Year	50th percentile	
	Canada	NL
2013 Q1Q2	38	31
2014 Q1Q2	35	32
2015 Q1Q2	37	37
2016 Q1Q2	39	27
2017 Q1Q2	38	34
2018 Q1Q2	39	36
2019 Q1Q2	41	43
2019 Q3Q4	40	42
2020 Q1Q2	41	51
2020 Q3Q4	35	30
2021 Q1Q2	43	36
2021 Q3Q4	45	44
2022 Q1Q2	53	29

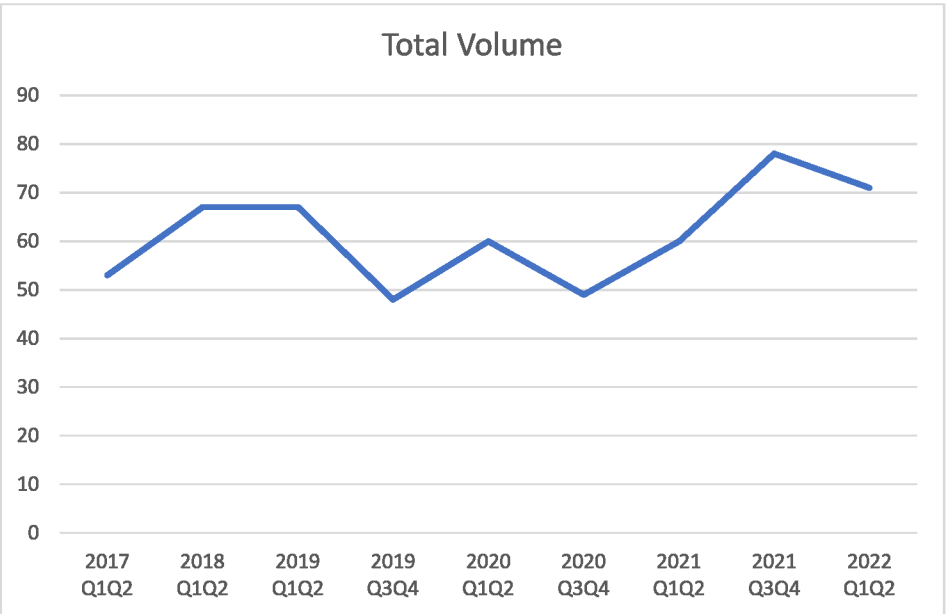
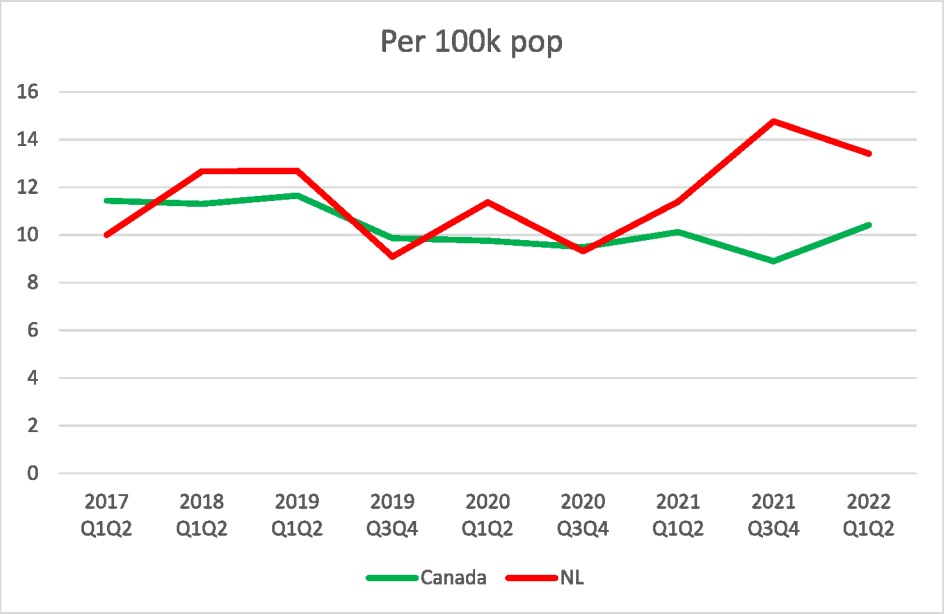


Year	90th percentile	
	Canada	NL
2013 Q1Q2	85	53
2014 Q1Q2	84	64
2015 Q1Q2	85	72
2016 Q1Q2	88	62
2017 Q1Q2	93	49
2018 Q1Q2	97	67
2019 Q1Q2	102	62
2019 Q3Q4	97	65
2020 Q1Q2	123	128
2020 Q3Q4	90	52
2021 Q1Q2	99	75
2021 Q3Q4	114	96
2022 Q1Q2	122	69



Prostate

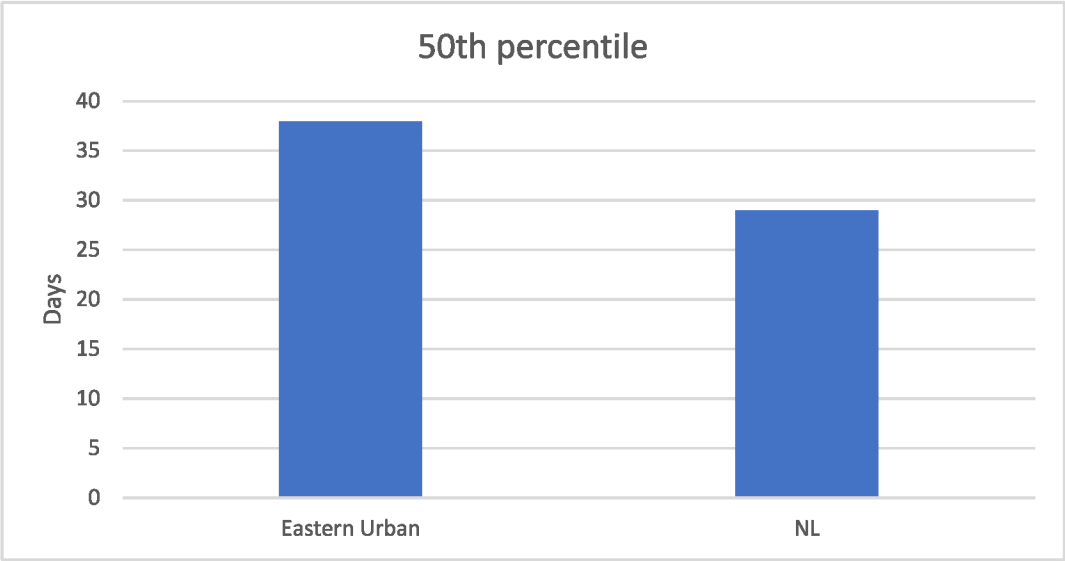
Year	Volume		Population		Per 100k pop	
	Canada	NL	Canada	NL	Canada	NL
2017 Q1Q2	4162	53	36,397,141	529,700	11.43496	10.00566
2018 Q1Q2	4173	67	36,903,671	528,924	11.30782	12.66723
2019 Q1Q2	4362	67	37,437,243	527,993	11.6515	12.68956
2019 Q3Q4	3734	48	37,828,162	528,442	9.870953	9.083305
2020 Q1Q2	3710	60	38,006,941	527,733	9.761375	11.36939
2020 Q3Q4	3611	49	38,027,406	526,046	9.495783	9.314775
2021 Q1Q2	3861	60	38,140,918	526,195	10.12299	11.40262
2021 Q3Q4	3423	78	38,451,454	528,335	8.902134	14.76336
2022 Q1Q2	4029	71	38,683,567	529,249	10.41528	13.41524



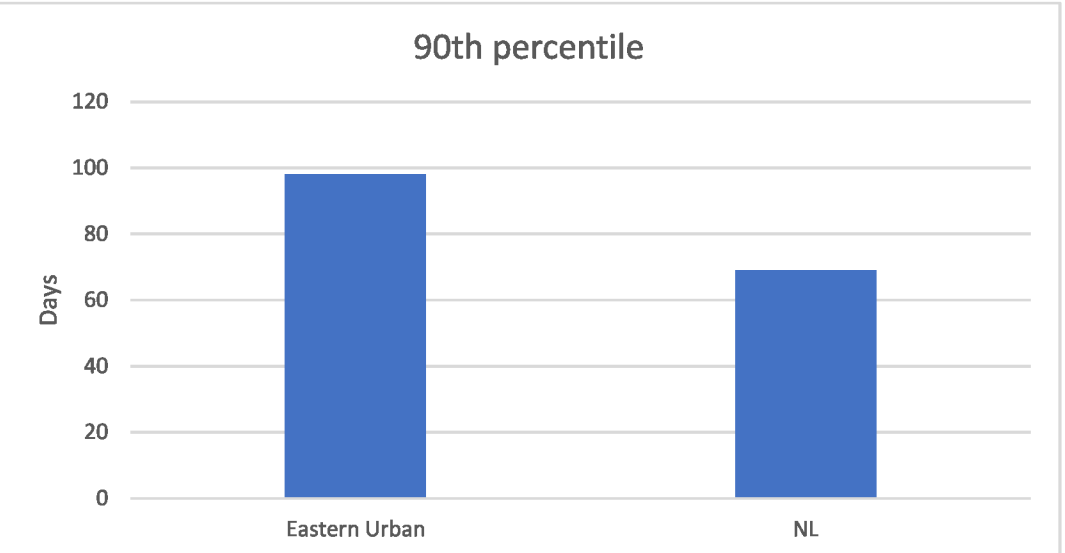
NOTE: No regional data available except for Eastern Urban. Eastern Urban data fiscal year Q1 only vs. NL data Q1Q2

Prostate

Region	50th percentile
Eastern Urban	38
NL	29

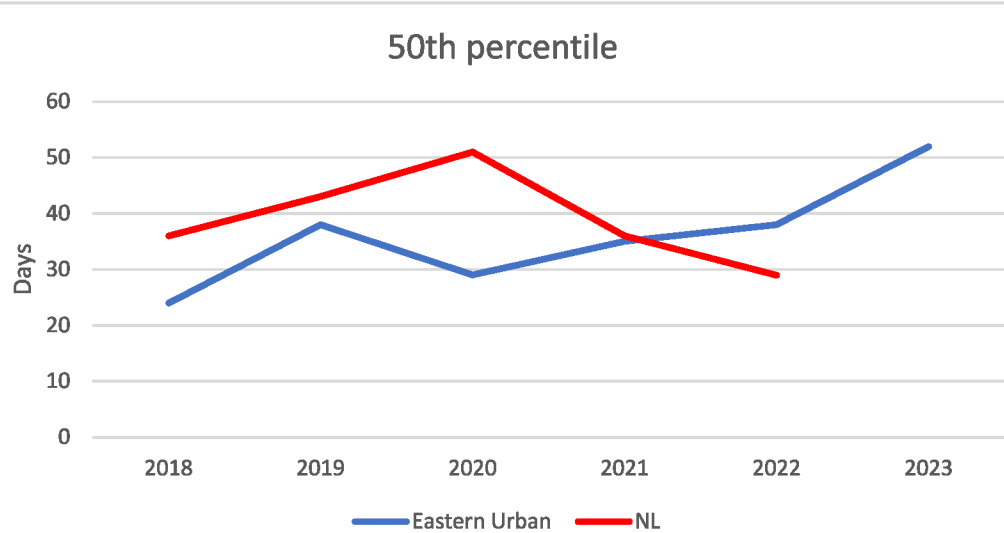


Region	90th percentile
Eastern Urban	98
NL	69

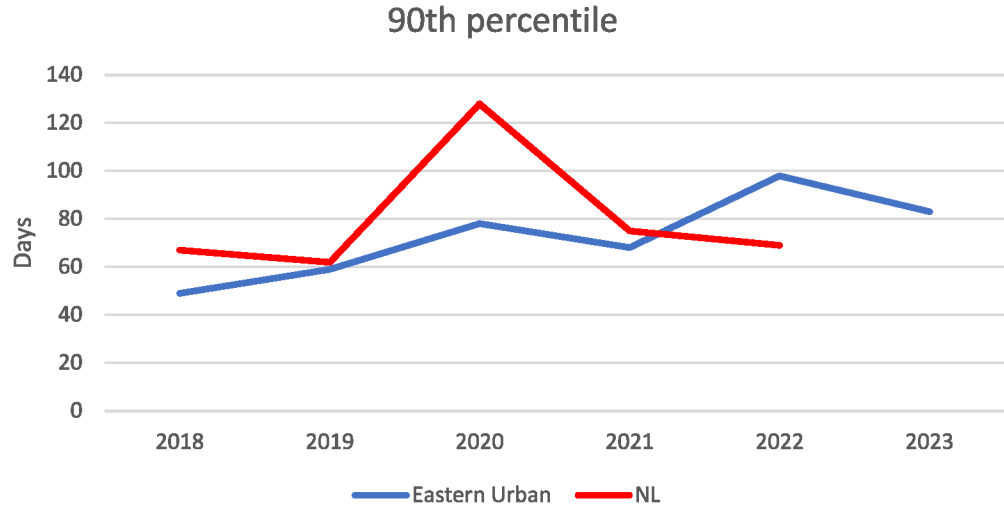


Prostate

Year	50th percentile Eastern Ur NL	
2018	24	36
2019	38	43
2020	29	51
2021	35	36
2022	38	29
2023	52	



Year	90th percentile Eastern Ur NL	
2018	49	67
2019	59	62
2020	78	128
2021	68	75
2022	98	69
2023	83	



From: Dickson, Karen
Sent: Wednesday, March 6, 2024 2:36 PM
To: Parfrey, Patrick
Cc: Herritt, Jeannine
Subject: RE: Revised Surgery Wait Time Data
Attachments: Surgery wait times REVISED.xlsx

Disregard previous attachment. Here is the correct spreadsheet.

Karen

From: Dickson, Karen
Sent: March 6, 2024 2:06 PM
To: Parfrey, Patrick <PatrickParfrey@gov.nl.ca>
Cc: Herritt, Jeannine <JeannineHerritt@gov.nl.ca>
Subject: Revised Surgery Wait Time Data

Hi Pat,

Attached is the updated data on surgery wait times as discussed. I've added in the additional data that's available for Q3Q4 (October-March) for 2019-2021 and clearly labelled all the data to indicate Q1Q2 or Q3Q4. I've also added in volume data to the regional data for hip and knee replacements [REDACTED] 29(1)(a)
[REDACTED] however no Q3Q4 data was available at the regional level so regional volumes are all for only 6 months of each year. 29(1)(a)

Karen

Karen Dickson PhD
Senior Issues Advisor, Regional Services

Department of Health and Community Services
Government of Newfoundland and Labrador

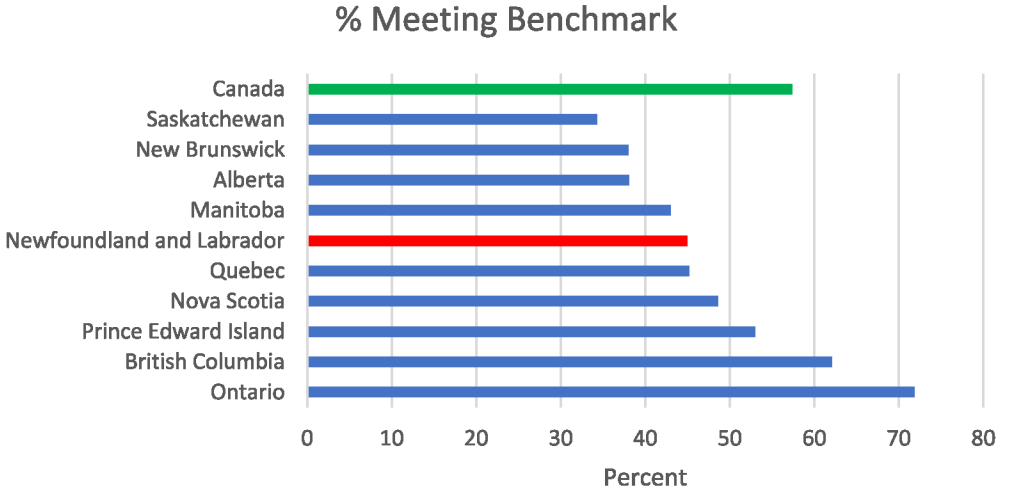
T: 709-729-6455
E: KarenDickson@gov.nl.ca

OVERVIEW

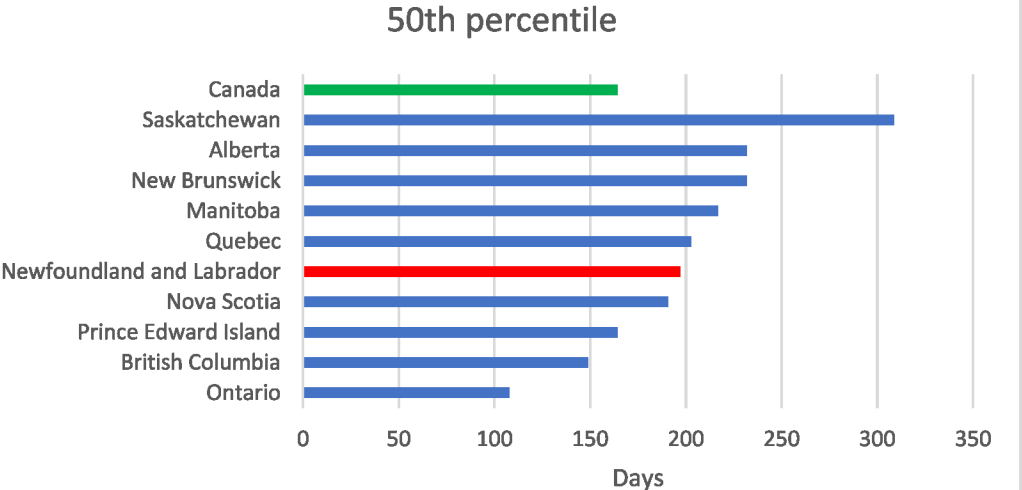
2022 Q1Q2 (Apr-Sep)	Wait Times								
	50th Percentile (days)			90th Percentile (days)			% Meeting Benchmark		
Surgery	Canada	NL	NL Rank	Canada	NL	NL Rank	Canada	NL	NL Rank
Hip Replacement	164	197	5 (of 10)	411	505	6 (of 10)	57	45	6 (of 10)
Knee Replacement	198	252	5 (of 10)	479	552	4 (of 10)	50	36	5 (of 10)
Cataract	73	151	10 (of 10)	276	433	9 (of 10)	66	39	10 (of 10)
CABG	8	10	7 (of 8)	78	192	8 (of 8)			
Bladder Cancer	27	25	4* (of 9)	71	48	2 (of 9)			
Breast Cancer	21	20	3** (of 10)	44	43	4* (of 10)			
Colorectal Cancer	22	16	1* (of 9)	49	36	1 (of 9)			
Lung Cancer	25	15	1 (of 9)	57	41	2 (of 9)			
Prostate Cancer	53	29	1 (of 8)	122	69	1 (of 8)			
*tied with one other province									
** tied with two other provinces									

Hip Replacement (2022 Q1Q2 unless otherwise specified)

Province	% Meeting Benchmark
Ontario	72
British Columbia	62
Prince Edward Island	53
Nova Scotia	49
Quebec	45
Newfoundland and Labrador	45
Manitoba	43
Alberta	38
New Brunswick	38
Saskatchewan	34
Canada	57



Province	50th percentile
Ontario	108
British Columbia	149
Prince Edward Island	164
Nova Scotia	191
Newfoundland and Labrador	197
Quebec	203
Manitoba	217
New Brunswick	232
Alberta	232
Saskatchewan	309
Canada	164



HIP

Province	90th percentile	
Ontario	320	
British Columbia	333	
Quebec	469	
New Brunswick	491	
Alberta	497	
Newfoundland and Labrador	505	
Prince Edward Island	540	
Manitoba	549	
Nova Scotia	608	
Saskatchewan	726	
Canada	411	

90th percentile

% Meeting Benchmark			
Year	Canada	NL	Target
2010 Q1Q2	84	75	90
2011 Q1Q2	83	82	90
2012 Q1Q2	81	83	90
2013 Q1Q2	82	92	90
2014 Q1Q2	82	96	90
2015 Q1Q2	81	94	90
2016 Q1Q2	78	77	90
2017 Q1Q2	76	84	90
2018 Q1Q2	75	88	90
2019 Q1Q2	75	76	90
2019 Q3Q4	74	70	90
2020 Q1Q2	56	45	90
2020 Q3Q4	66	62	90
2021 Q1Q2	65	57	90
2021 Q3Q4	61	52	90
2022 Q1Q2	57	45	90

% Meeting Benchmark

HIP

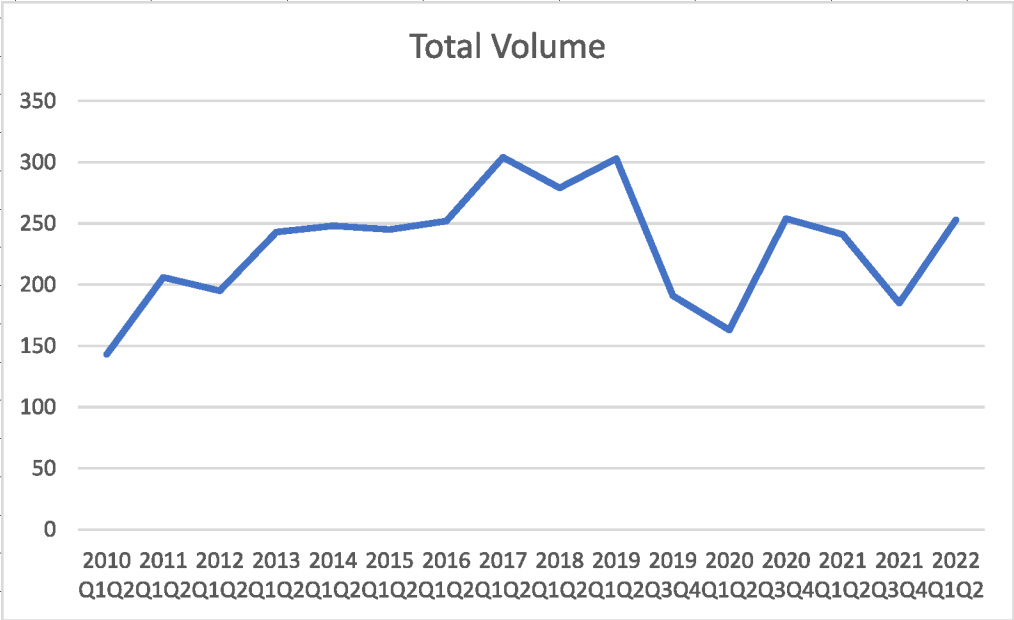
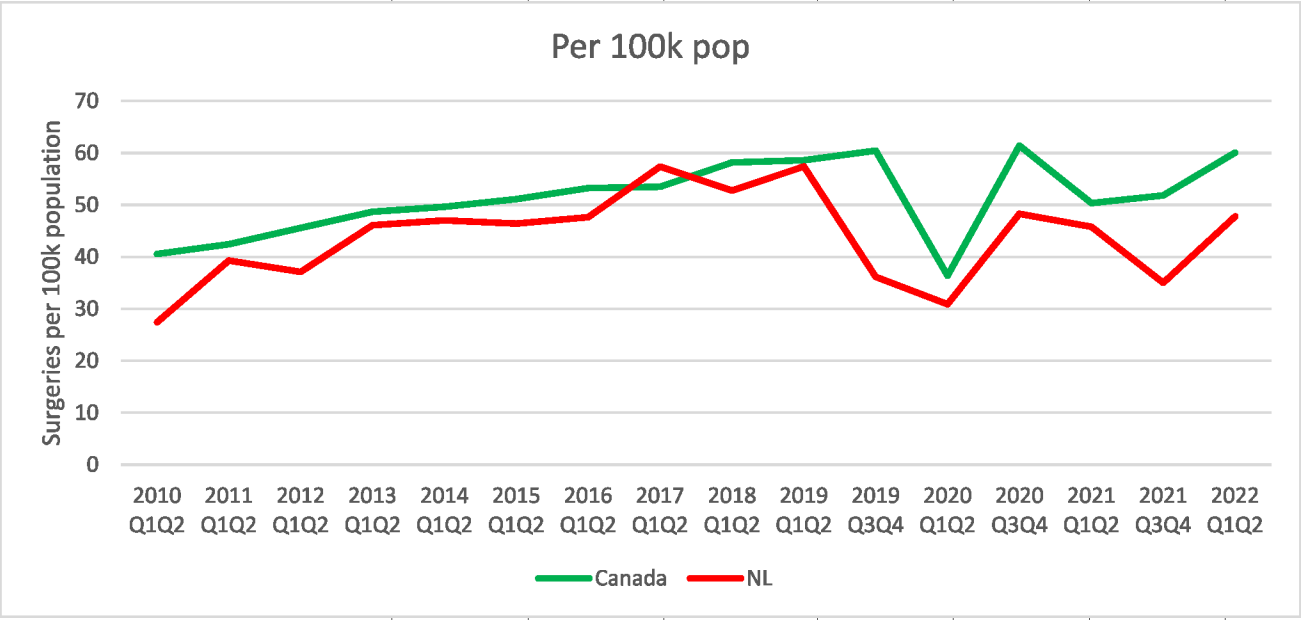
[illegible]

HIP

	90th percentile		
Year	Canada	NL	Benchmark
2010 Q1Q2	226	360	182
2011 Q1Q2	240	334	182
2012 Q1Q2	238	260	182
2013 Q1Q2	231	177	182
2014 Q1Q2	237	161	182
2015 Q1Q2	246	173	182
2016 Q1Q2	255	241	182
2017 Q1Q2	277	225	182
2018 Q1Q2	275	187	182
2019 Q1Q2	271	229	182
2019 Q3Q4	283	290	182
2020 Q1Q2	355	380	182
2020 Q3Q4	367	446	182
2021 Q1Q2	369	502	182
2021 Q3Q4	389	447	182
2022 Q1Q2	411	505	182

Year	Canada	NL	Benchmark
2010 Q1Q2	226	360	182
2011 Q1Q2	240	334	182
2012 Q1Q2	238	260	182
2013 Q1Q2	231	177	182
2014 Q1Q2	237	161	182
2015 Q1Q2	246	173	182
2016 Q1Q2	255	241	182
2017 Q1Q2	277	225	182
2018 Q1Q2	275	187	182
2019 Q1Q2	271	229	182
2019 Q3Q4	283	290	182
2020 Q1Q2	355	380	182
2020 Q3Q4	367	446	182
2021 Q1Q2	369	502	182
2021 Q3Q4	389	447	182
2022 Q1Q2	411	505	182

	Volume		Population		Per 100k pop											
Year	Canada	NL	Canada	NL	Canada	NL										
2010 Q1Q2	13746	143	33,890,461	521,197	40.56009	27.43684										
2011 Q1Q2	14523	206	34,230,555	524,238	42.42701	39.29513										
2012 Q1Q2	15761	195	34,592,192	525,550	45.5623	37.10399										
2013 Q1Q2	17018	243	34,956,567	527,177	48.68327	46.09458										
2014 Q1Q2	17532	248	35,320,540	527,314	49.63684	47.0308										
2015 Q1Q2	18202	245	35,606,734	527,859	51.11954	46.41391										
2016 Q1Q2	19154	252	35,970,407	529,083	53.24933	47.62958										
2017 Q1Q2	19474	304	36,397,141	529,700	53.5042	57.39098										
2018 Q1Q2	21472	279	36,903,671	528,924	58.18391	52.7486										
2019 Q1Q2	21941	303	37,437,243	527,993	58.60741	57.38712										
2019 Q3Q4	22863	191	37,828,162	528,442	60.4391	36.14399										
2020 Q1Q2	13823	163	38,006,941	527,733	36.36967	30.88683										
2020 Q3Q4	23359	254	38,027,406	526,046	61.42675	48.28475										
2021 Q1Q2	19209	241	38,140,918	526,195	50.36323	45.80051										
2021 Q3Q4	19928	185	38,451,454	528,335	51.82639	35.01566										
2022 Q1Q2	23245	253	38,683,567	529,249	60.09012	47.80359										



HIP

Region	% Meeting Benchmark
Eastern Health	35
Central Health	74
Western Health	60
Labrador–Grenfell Health	71

Region	50th percentile
Eastern Health	247
Central Health	114
Western Health	140
Labrador–Grenfell Health	169

% Meeting Benchmark

Region	% Meeting Benchmark
Eastern Health	35
Central Health	74
Western Health	60
Labrador–Grenfell Health	71

50th percentile

Region	50th percentile
Eastern Health	247
Central Health	114
Western Health	140
Labrador–Grenfell Health	169

Region		90th percentile	
Eastern Health		553	
Central Health		419	
Western Health		301	
Labrador–Grenfell Health		267	

90th percentile

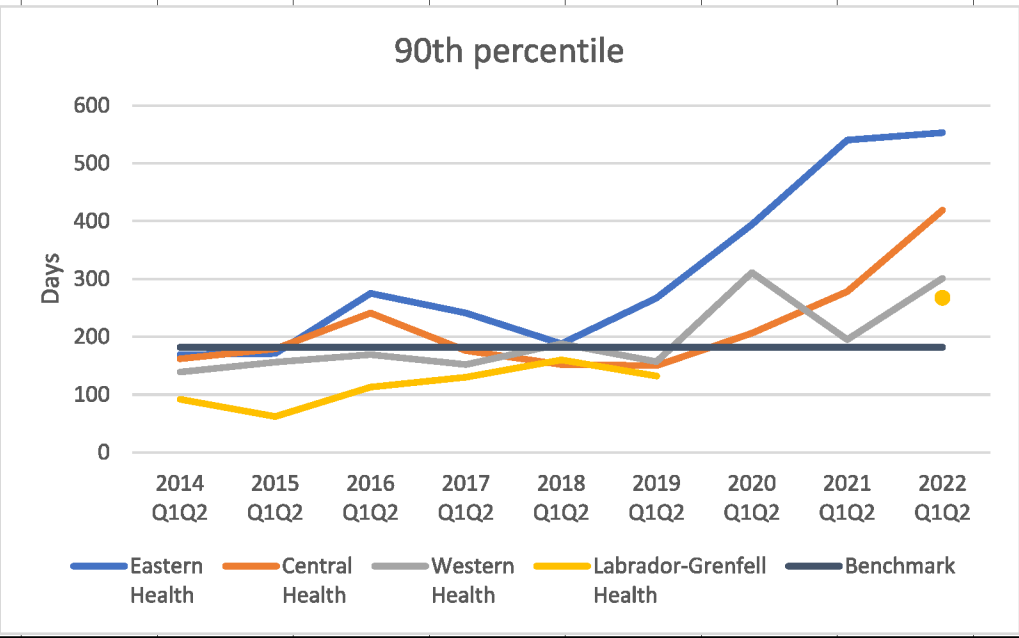
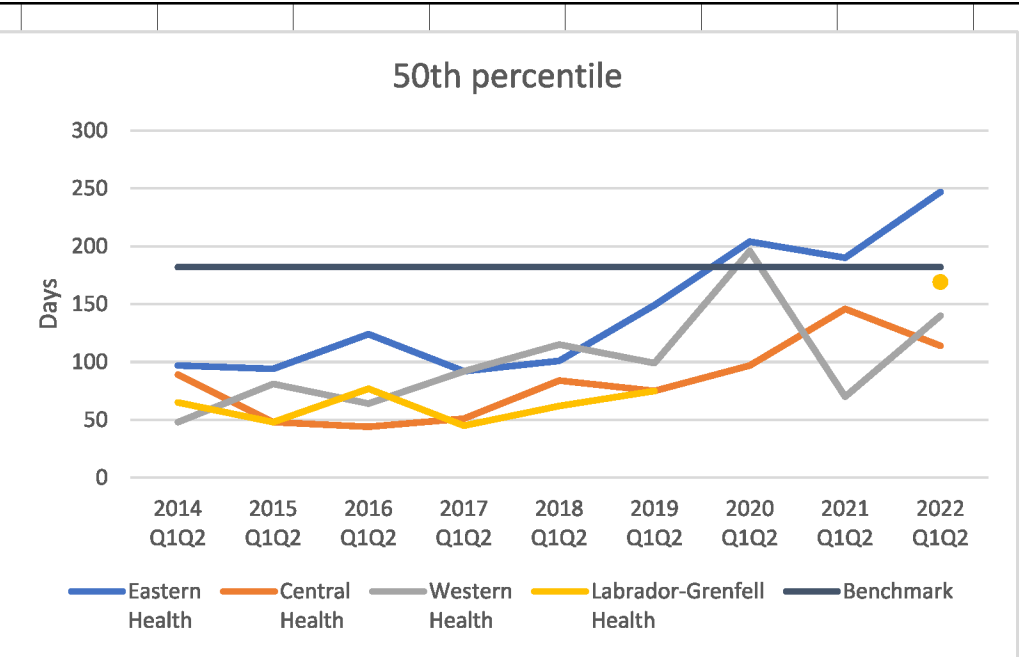
Region	90th percentile (Days)
Eastern Health	553
Central Health	419
Western Health	301
Labrador–Grenfell Health	267

% Meeting Benchmark					
Year	Eastern Health	Central Health	Western Health	Labrador-Grenfell Health	Target
2014 Q1Q2	95	94	100	100	90
2015 Q1Q2	93	95	95	100	90
2016 Q1Q2	67	85	97	100	90
2017 Q1Q2	81	91	95	100	90
2018 Q1Q2	87	95	83	100	90
2019 Q1Q2	65	100	94	100	90
2020 Q1Q2	43	75	46	#N/A	90
2021 Q1Q2	47	61	89	#N/A	90
2022 Q1Q2	35	74	60	71	90

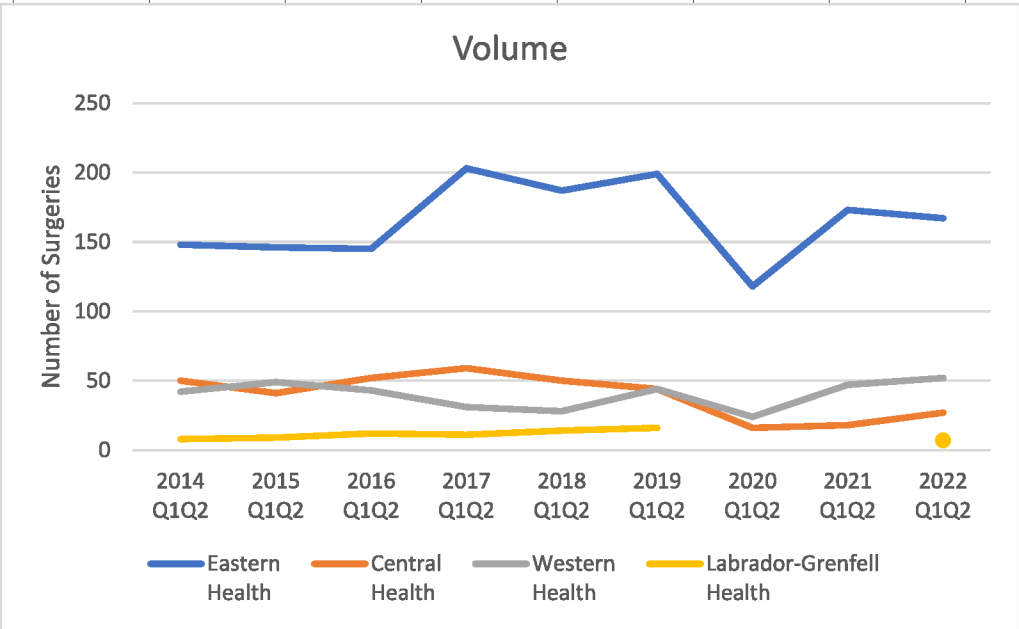
% Meeting Benchmark

Year	Eastern Health	Central Health	Western Health	Labrador-Grenfell Health	Target
2014 Q1Q2	95	94	100	100	90
2015 Q1Q2	93	95	95	100	90
2016 Q1Q2	67	85	97	100	90
2017 Q1Q2	81	91	95	100	90
2018 Q1Q2	87	95	83	100	90
2019 Q1Q2	65	100	94	100	90
2020 Q1Q2	43	75	46	#N/A	90
2021 Q1Q2	47	61	89	#N/A	90
2022 Q1Q2	35	74	60	71	90

50th percentile					
Year	Eastern Health	Central Health	Western Health	Labrador-Grenfell Health	Benchmark
2014 Q1Q2	97	89	48	65	182
2015 Q1Q2	94	48	81	48	182
2016 Q1Q2	124	44	64	77	182
2017 Q1Q2	92	51	92	45	182
2018 Q1Q2	101	84	115	62	182
2019 Q1Q2	149	75	99	75	182
2020 Q1Q2	204	97	196	#N/A	182
2021 Q1Q2	190	146	70	#N/A	182
2022 Q1Q2	247	114	140	169	182
90th percentile					
Year	Eastern Health	Central Health	Western Health	Labrador-Grenfell Health	Benchmark
2014 Q1Q2	169	162	139	92	182
2015 Q1Q2	171	179	156	62	182
2016 Q1Q2	275	241	169	113	182
2017 Q1Q2	241	176	152	130	182
2018 Q1Q2	188	152	188	160	182
2019 Q1Q2	267	150	157	132	182
2020 Q1Q2	394	206	311	#N/A	182
2021 Q1Q2	540	278	195	#N/A	182
2022 Q1Q2	553	419	301	267	182

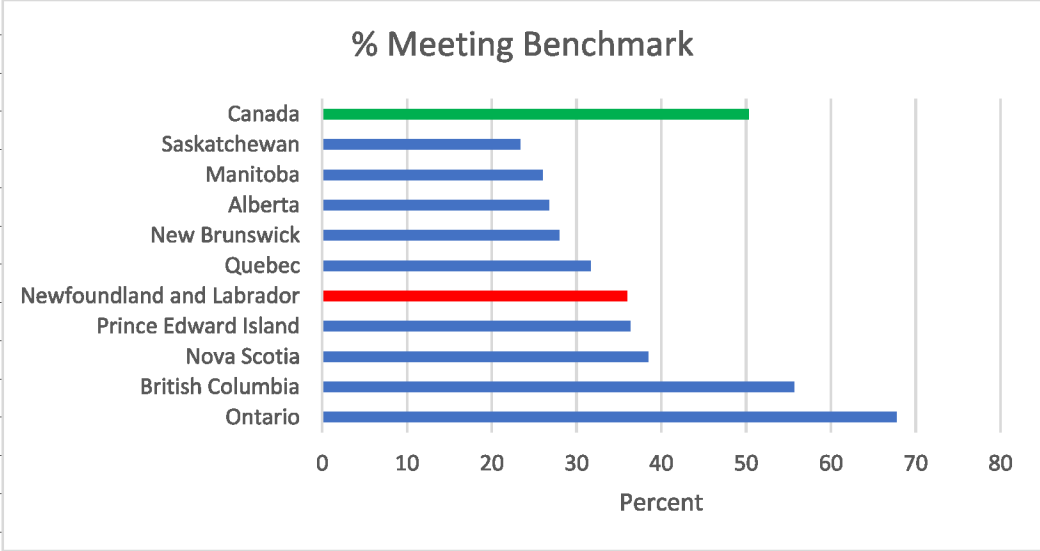


	Volume					
	Eastern Health	Central Health	Western Health	Labrador-Grenfell Health		
Year						
2014 Q1Q2	148	50	42	8		
2015 Q1Q2	146	41	49	9		
2016 Q1Q2	145	52	43	12		
2017 Q1Q2	203	59	31	11		
2018 Q1Q2	187	50	28	14		
2019 Q1Q2	199	44	44	16		
2020 Q1Q2	118	16	24	#N/A		
2021 Q1Q2	173	18	47	#N/A		
2022 Q1Q2	167	27	52	7		

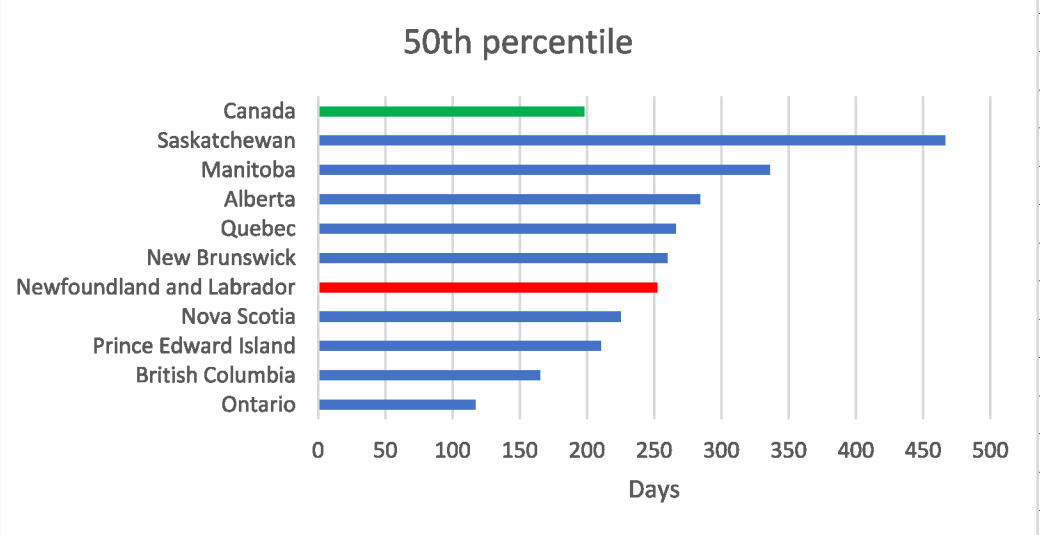


Knee Replacement (2022 Q1Q2 unless otherwise specified)

Province	% Meeting Benchmark
Ontario	68
British Columbia	56
Nova Scotia	39
Prince Edward Island	36
Newfoundland and Labrador	36
Quebec	32
New Brunswick	28
Alberta	27
Manitoba	26
Saskatchewan	23
Canada	50

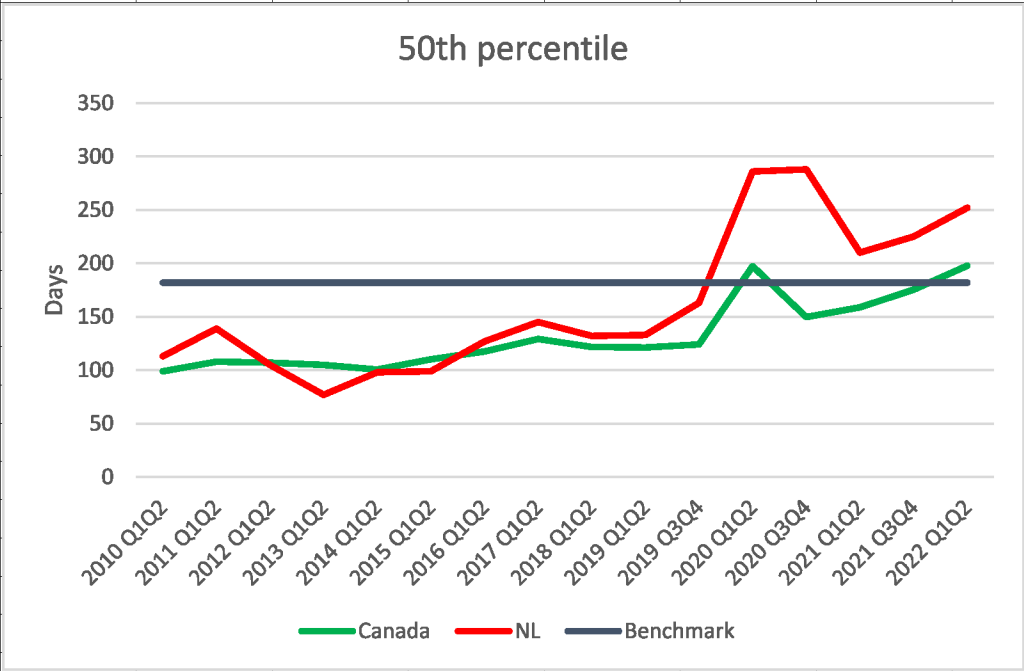


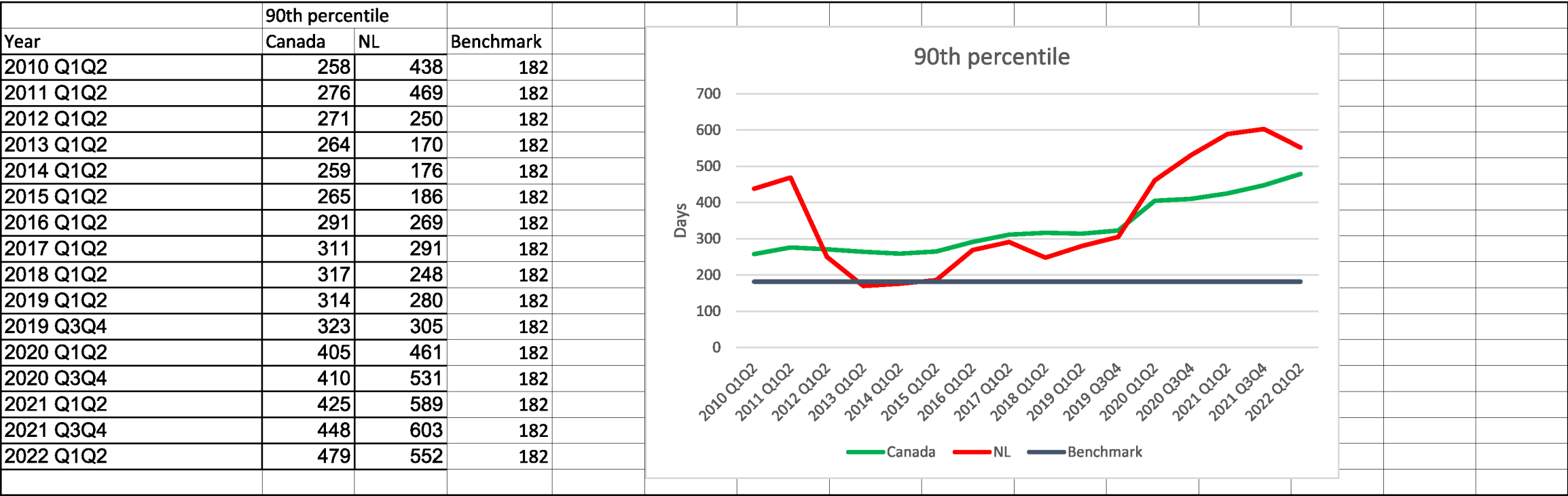
Province	50th percentile
Ontario	117
British Columbia	165
Prince Edward Island	210
Nova Scotia	225
Newfoundland and Labrador	252
New Brunswick	260
Quebec	266
Alberta	284
Manitoba	336
Saskatchewan	467
Canada	198



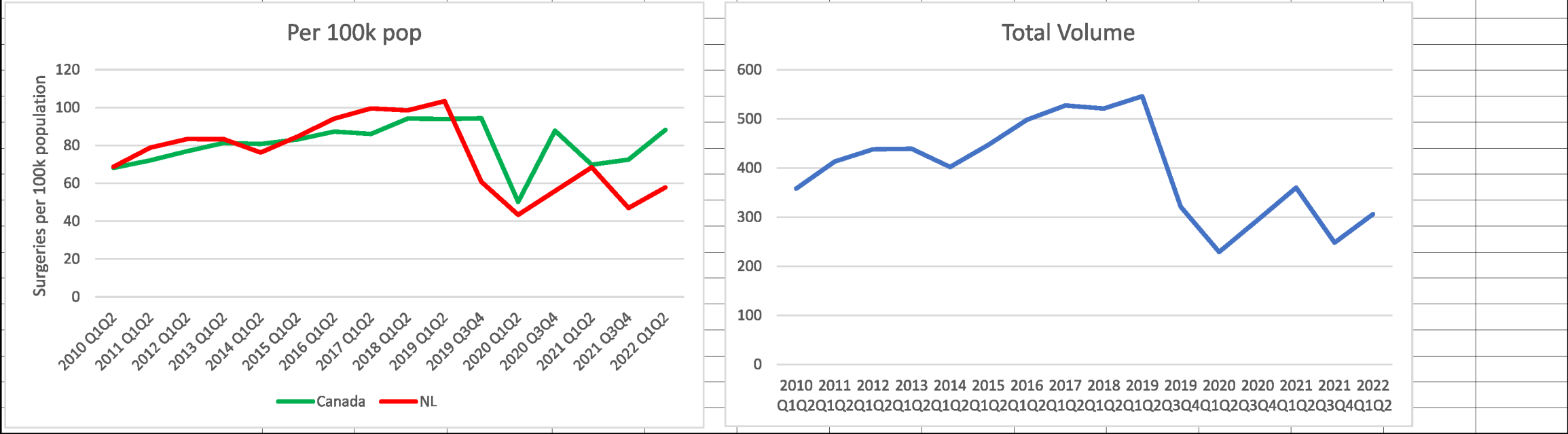
Province		90th percentile			
Ontario		370			
British Columbia		397			
Prince Edward Island		533			
Newfoundland and Labrador		552			
Alberta		585			
Quebec		592			
New Brunswick		615			
Manitoba		624			
Nova Scotia		665			
Saskatchewan		831			
Canada		479			

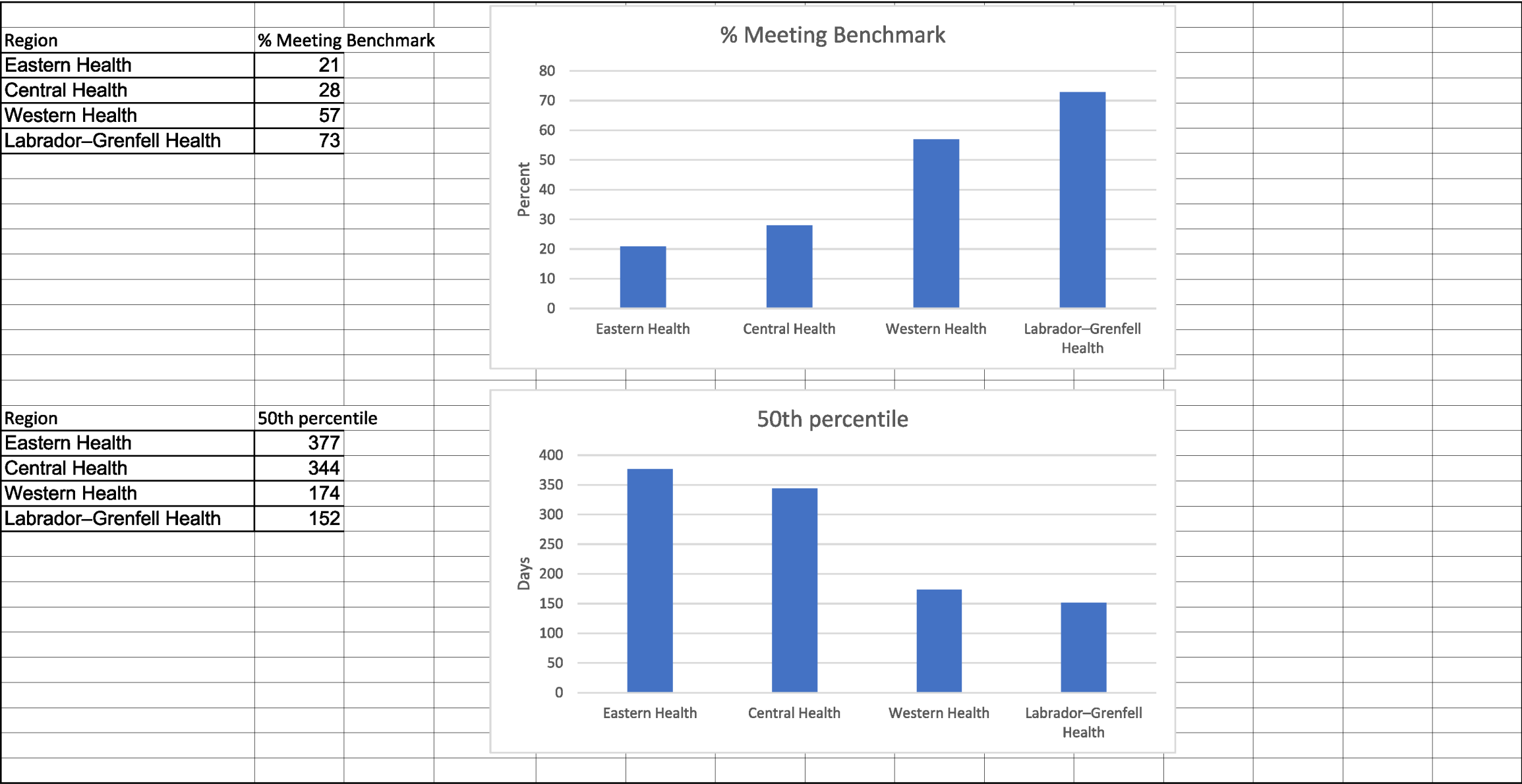
Year	50th percentile		Benchmark
	Canada	NL	
2010 Q1Q2	99	113	182
2011 Q1Q2	108	139	182
2012 Q1Q2	107	105	182
2013 Q1Q2	105	77	182
2014 Q1Q2	101	98	182
2015 Q1Q2	110	99	182
2016 Q1Q2	118	127	182
2017 Q1Q2	129	145	182
2018 Q1Q2	122	132	182
2019 Q1Q2	121	133	182
2019 Q3Q4	124	163	182
2020 Q1Q2	197	286	182
2020 Q3Q4	150	288	182
2021 Q1Q2	159	210	182
2021 Q3Q4	175	225	182
2022 Q1Q2	198	252	182

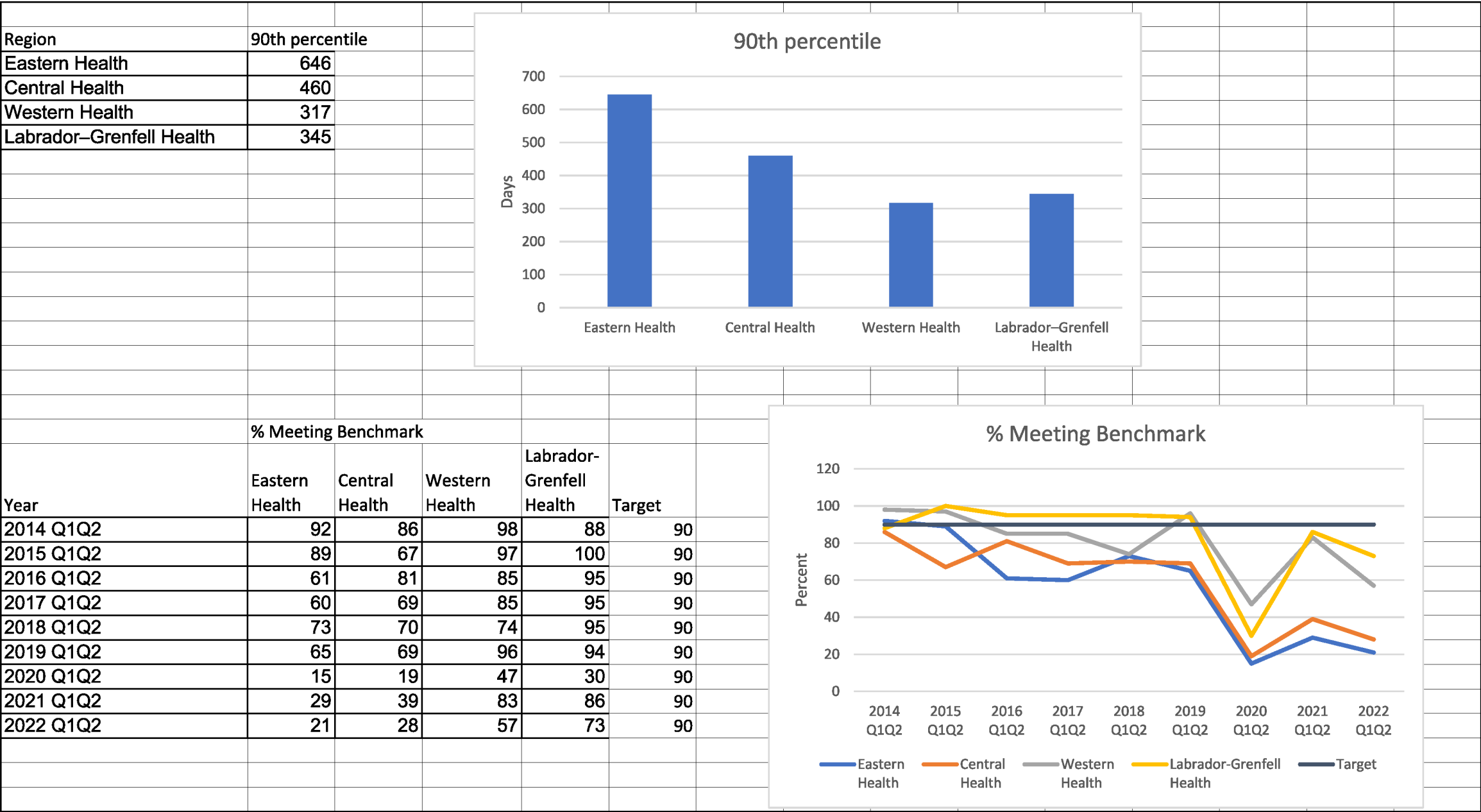




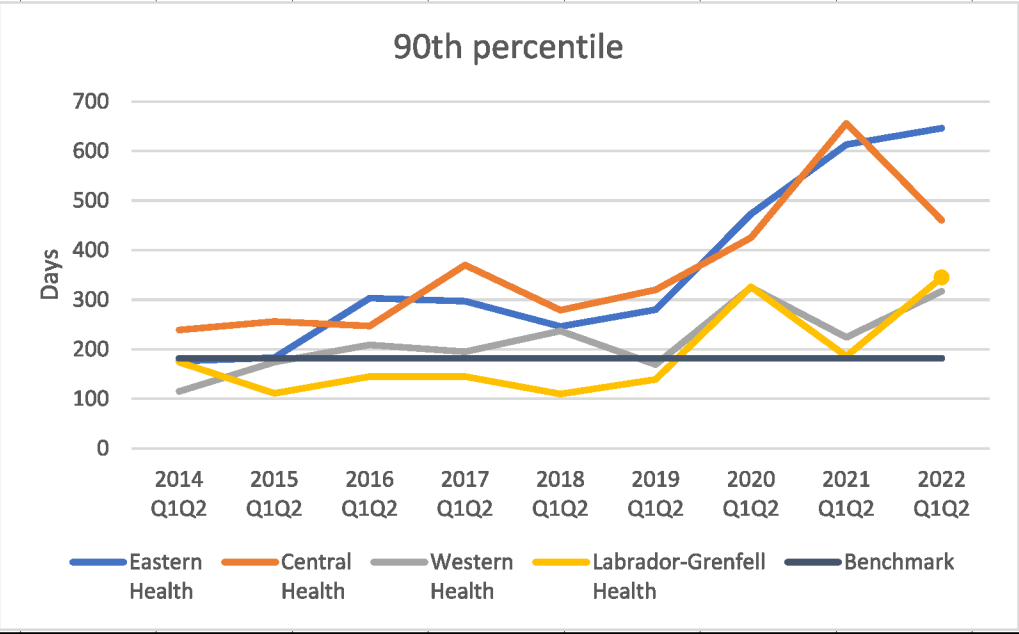
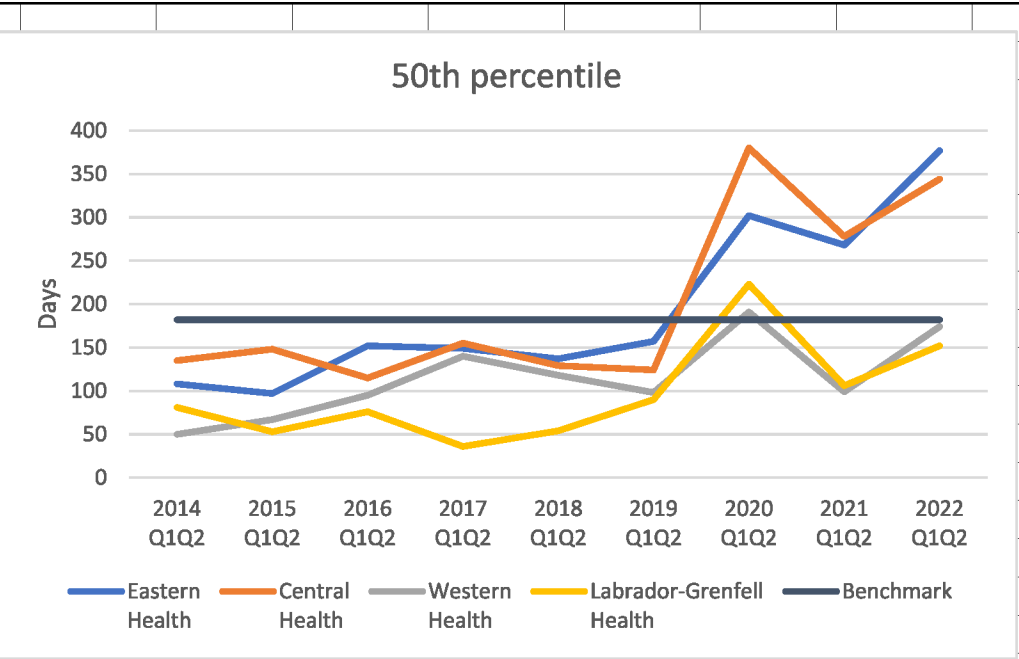
	Volume		Population		Per 100k pop									
Year	Canada	NL	Canada	NL	Canada	NL								
2010 Q1Q2	23082	358	33,890,461	521,197	68.10766	68.68804								
2011 Q1Q2	24683	413	34,230,555	524,238	72.10809	78.78101								
2012 Q1Q2	26603	438	34,592,192	525,550	76.90464	83.34126								
2013 Q1Q2	28402	439	34,956,567	527,177	81.2494	83.27374								
2014 Q1Q2	28525	402	35,320,540	527,314	80.76037	76.23541								
2015 Q1Q2	29583	447	35,606,734	527,859	83.0826	84.6817								
2016 Q1Q2	31407	498	35,970,407	529,083	87.31344	94.12512								
2017 Q1Q2	31311	527	36,397,141	529,700	86.02599	99.49028								
2018 Q1Q2	34751	521	36,903,671	528,924	94.16678	98.50186								
2019 Q1Q2	35182	546	37,437,243	527,993	93.97594	103.4105								
2019 Q3Q4	35679	321	37,828,162	528,442	94.31862	60.7446								
2020 Q1Q2	19073	229	38,006,941	527,733	50.18294	43.39316								
2020 Q3Q4	33374	294	38,027,406	526,046	87.76302	55.88865								
2021 Q1Q2	26629	360	38,140,918	526,195	69.81741	68.4157								
2021 Q3Q4	27877	248	38,451,454	528,335	72.49921	46.93992								
2022 Q1Q2	34105	306	38,683,567	529,249	88.16405	57.81778								







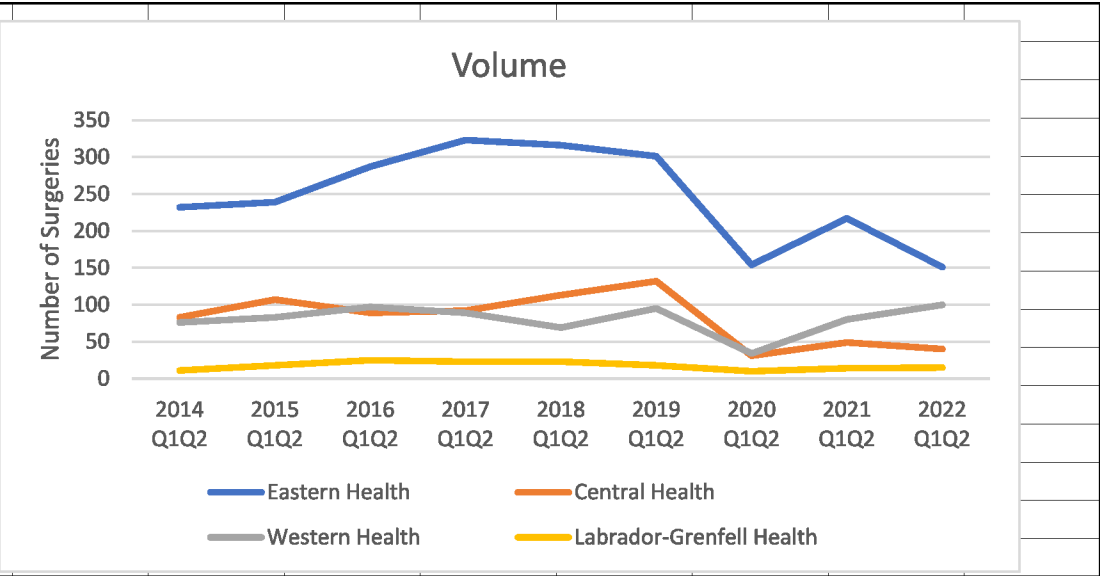
50th percentile					
Year	Eastern Health	Central Health	Western Health	Labrador-Grenfell Health	Benchmark
2014 Q1Q2	108	135	50	81	182
2015 Q1Q2	97	148	67	53	182
2016 Q1Q2	152	115	95	76	182
2017 Q1Q2	149	155	140	36	182
2018 Q1Q2	137	129	118	54	182
2019 Q1Q2	157	124	98	90	182
2020 Q1Q2	302	380	191	223	182
2021 Q1Q2	268	278	99	106	182
2022 Q1Q2	377	344	174	152	182
90th percentile					
Year	Eastern Health	Central Health	Western Health	Labrador-Grenfell Health	Benchmark
2014 Q1Q2	176	239	115	174	182
2015 Q1Q2	183	256	174	111	182
2016 Q1Q2	303	247	209	145	182
2017 Q1Q2	297	370	195	145	182
2018 Q1Q2	246	279	237	110	182
2019 Q1Q2	280	320	169	139	182
2020 Q1Q2	473	425	325	326	182
2021 Q1Q2	613	656	224	186	182
2022 Q1Q2	646	460	317	345	182



KNEE

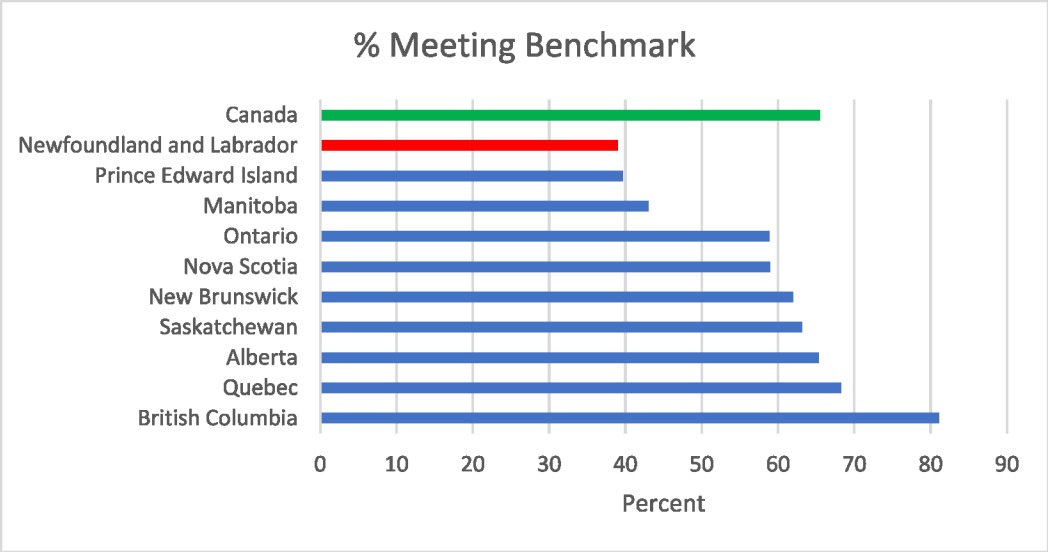
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	Volume					
Year	Eastern He	Central He	Western Hea	Labrador-Grenfell Health		
2014 Q1Q2	232	83	76	11		
2015 Q1Q2	239	107	83	18		
2016 Q1Q2	287	89	97	25		
2017 Q1Q2	323	92	89	23		
2018 Q1Q2	316	113	69	23		
2019 Q1Q2	301	132	95	18		
2020 Q1Q2	154	31	34	10		
2021 Q1Q2	217	49	80	14		
2022 Q1Q2	151	40	100	15		

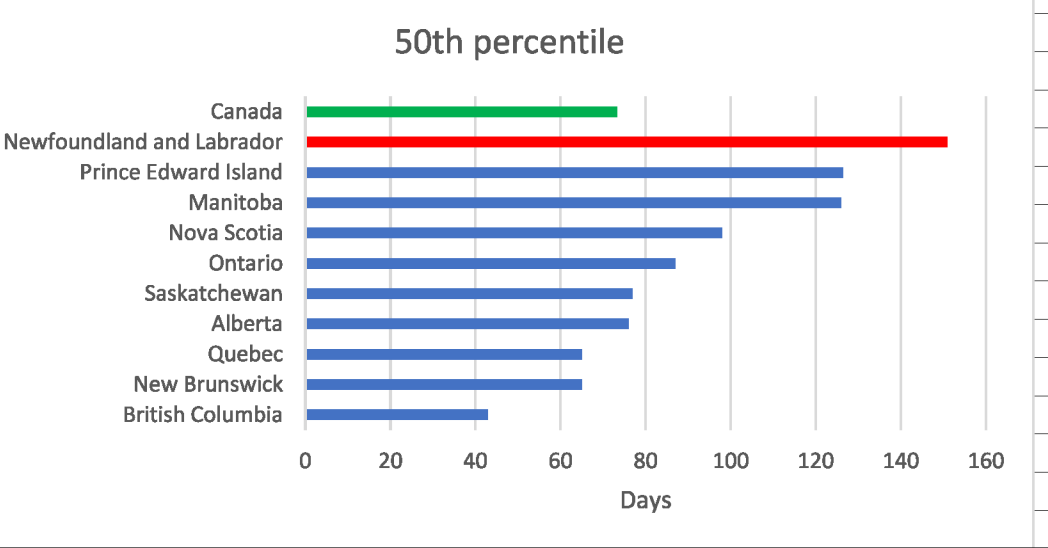


Cataract Surgery (2022 Q1Q2 unless otherwise specified)

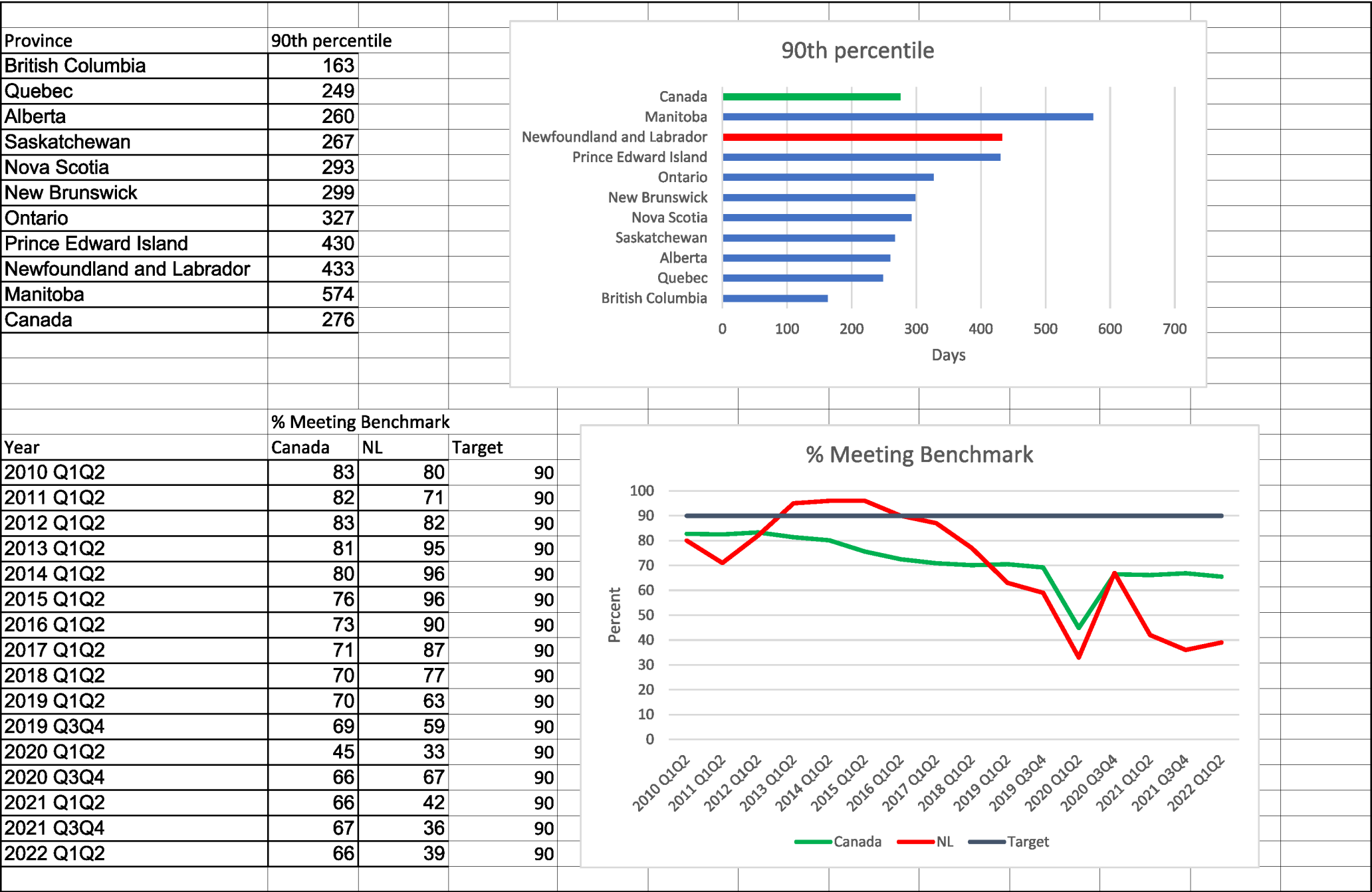
Province	% Meeting Benchmark
British Columbia	81
Quebec	68
Alberta	65
Saskatchewan	63
New Brunswick	62
Nova Scotia	59
Ontario	59
Manitoba	43
Prince Edward Island	40
Newfoundland and Labrador	39
Canada	66



Province	50th percentile
British Columbia	43
New Brunswick	65
Quebec	65
Alberta	76
Saskatchewan	77
Ontario	87
Nova Scotia	98
Manitoba	126
Prince Edward Island	127
Newfoundland and Labrador	151
Canada	73

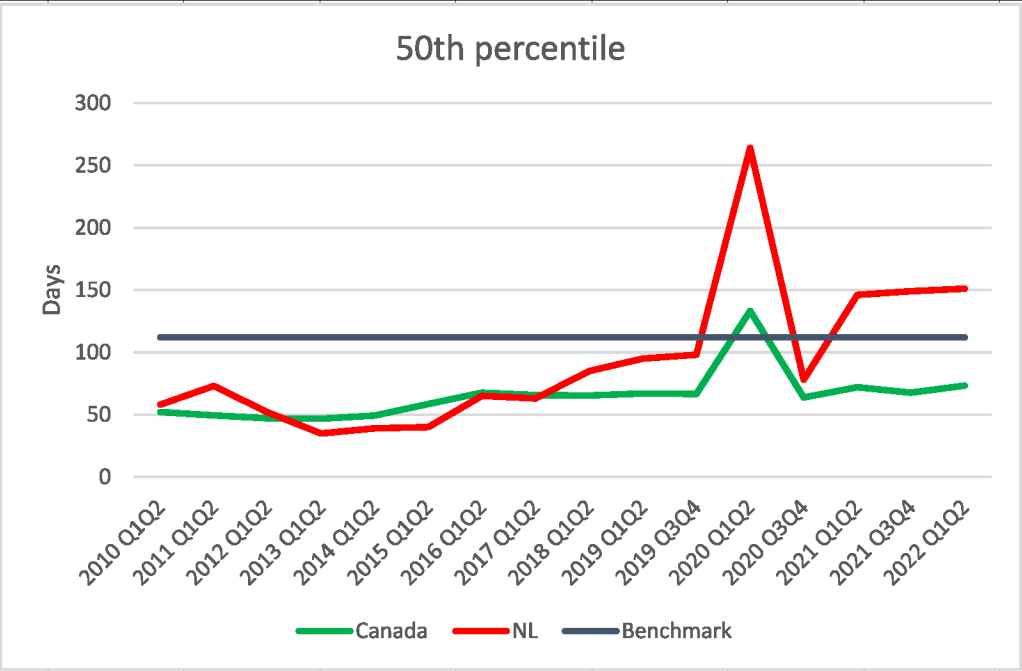


CATARACTS

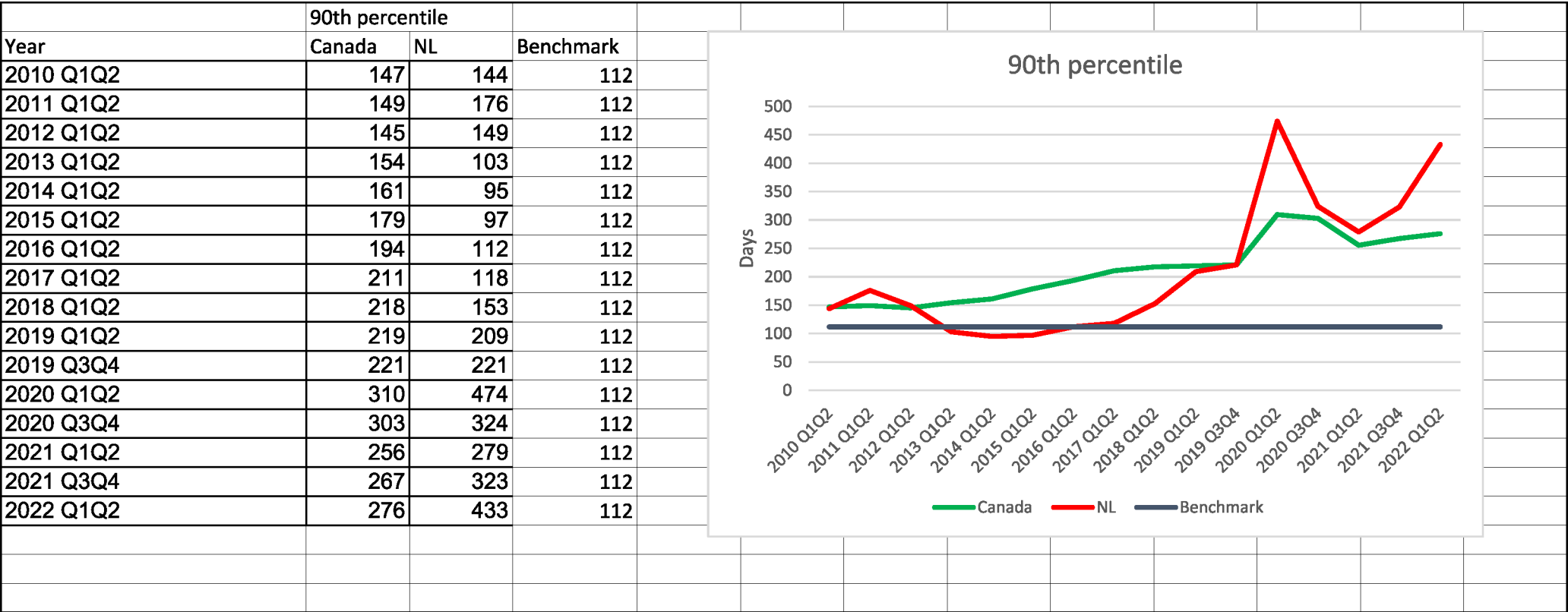


CATARACTS

	50th percentile												
Year	Canada	NL	Benchmark										
2010 Q1Q2	52	58	112										
2011 Q1Q2	49	73	112										
2012 Q1Q2	47	52	112										
2013 Q1Q2	47	35	112										
2014 Q1Q2	49	39	112										
2015 Q1Q2	58	40	112										
2016 Q1Q2	68	65	112										
2017 Q1Q2	66	63	112										
2018 Q1Q2	65	85	112										
2019 Q1Q2	67	95	112										
2019 Q3Q4	67	98	112										
2020 Q1Q2	133	264	112										
2020 Q3Q4	64	78	112										
2021 Q1Q2	72	146	112										
2021 Q3Q4	68	149	112										
2022 Q1Q2	73	151	112										

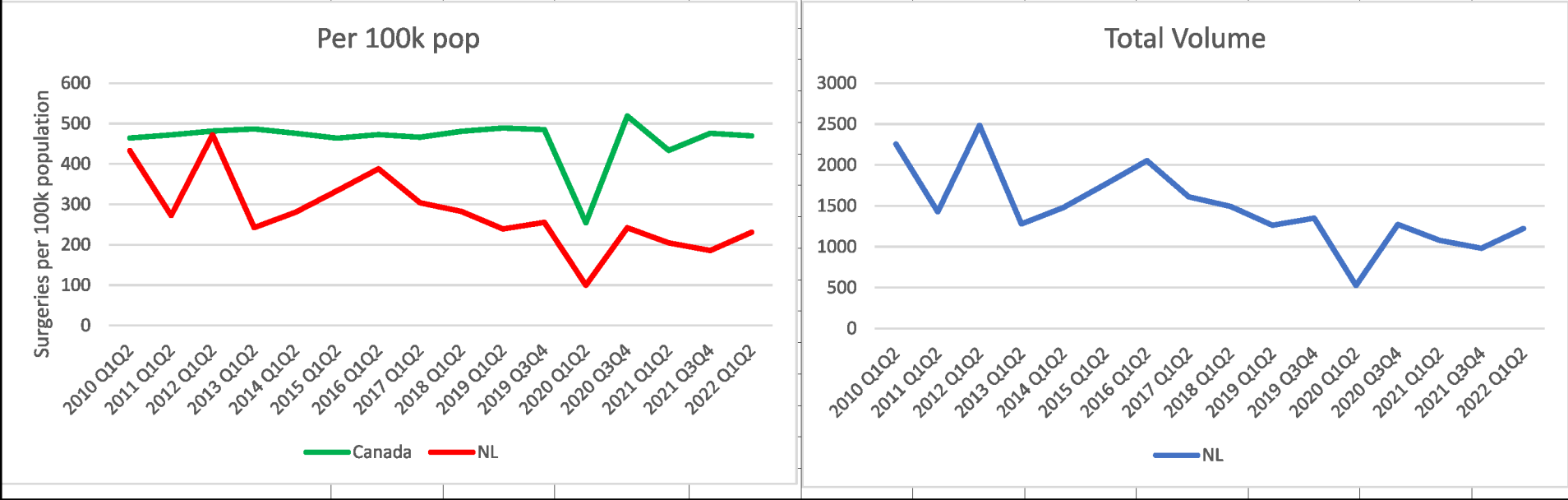


CATARACTS



CATARACTS

	Volume		Population		Per 100k pop							
Year	Canada	NL	Canada	NL	Canada	NL						
2010 Q1Q2	157278	2256	33,890,461	521,197	464.0775	432.8498						
2011 Q1Q2	161524	1427	34,230,555	524,238	471.8708	272.2046						
2012 Q1Q2	166596	2484	34,592,192	525,550	481.6	472.6477						
2013 Q1Q2	170160	1278	34,956,567	527,177	486.7755	242.4233						
2014 Q1Q2	168072	1479	35,320,540	527,314	475.8478	280.478						
2015 Q1Q2	165133	1761	35,606,734	527,859	463.769	333.6118						
2016 Q1Q2	170016	2053	35,970,407	529,083	472.6552	388.0299						
2017 Q1Q2	169667	1610	36,397,141	529,700	466.1547	303.9456						
2018 Q1Q2	177463	1493	36,903,671	528,924	480.8817	282.2712						
2019 Q1Q2	183017	1263	37,437,243	527,993	488.8635	239.2077						
2019 Q3Q4	183542	1350	37,828,162	528,442	485.1994	255.468						
2020 Q1Q2	96706	527	38,006,941	527,733	254.443	99.8611						
2020 Q3Q4	197290	1273	38,027,406	526,046	518.81	241.994						
2021 Q1Q2	165352	1077	38,140,918	526,195	433.5292	204.677						
2021 Q3Q4	183019	981	38,451,454	528,335	475.9742	185.6776						
2022 Q1Q2	181557	1222	38,683,567	529,249	469.3388	230.8932						
NOTE: No regional data available												



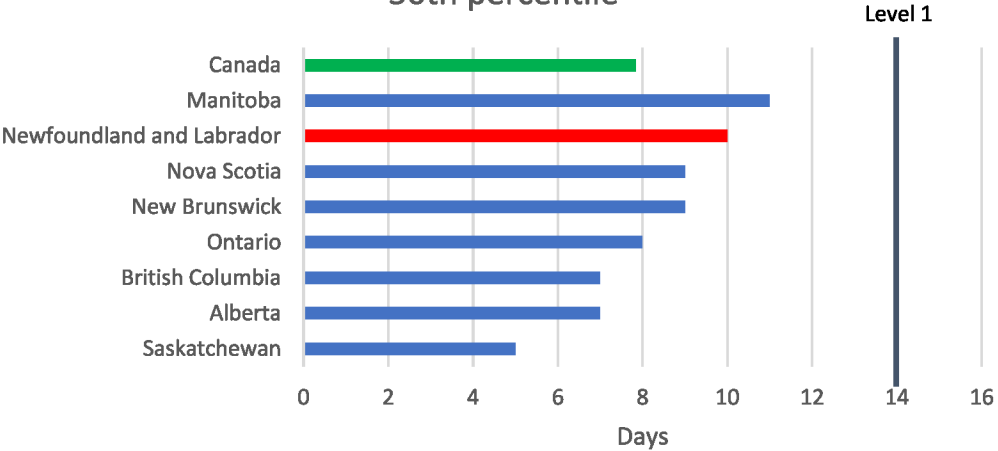
Coronary Artery Bypass Graft (2022 Q1Q2 unless otherwise specified)

Province50th percentile

Saskatchewan	5
Alberta	7
British Columbia	7
Ontario	8
New Brunswick	9
Nova Scotia	9
Newfoundland and Labrador	10
Manitoba	11
Canada	8

Note: No data Quebec or PEI

50th percentile

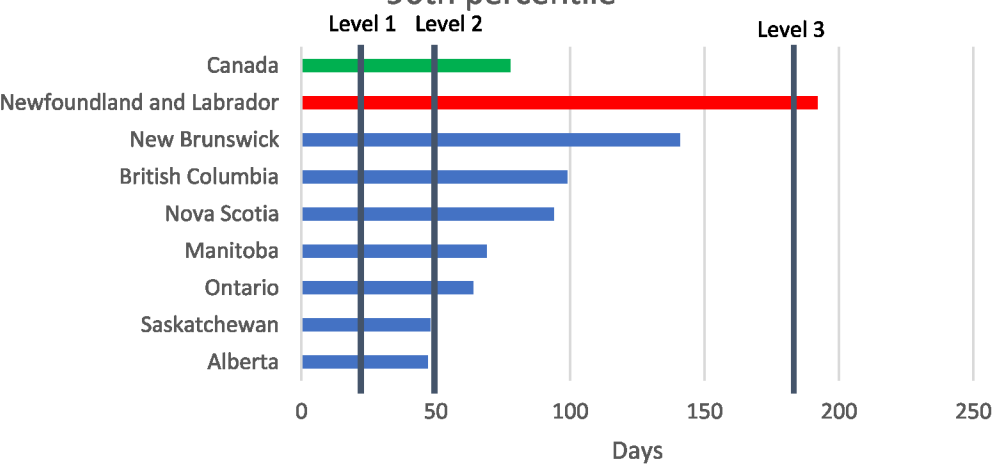


Province90th percentile

Alberta	47
Saskatchewan	48
Ontario	64
Manitoba	69
Nova Scotia	94
British Columbia	99
New Brunswick	141
Newfoundland and Labrador	192
Canada	78

Note: No data Quebec or PEI

90th percentile



	50th percentile																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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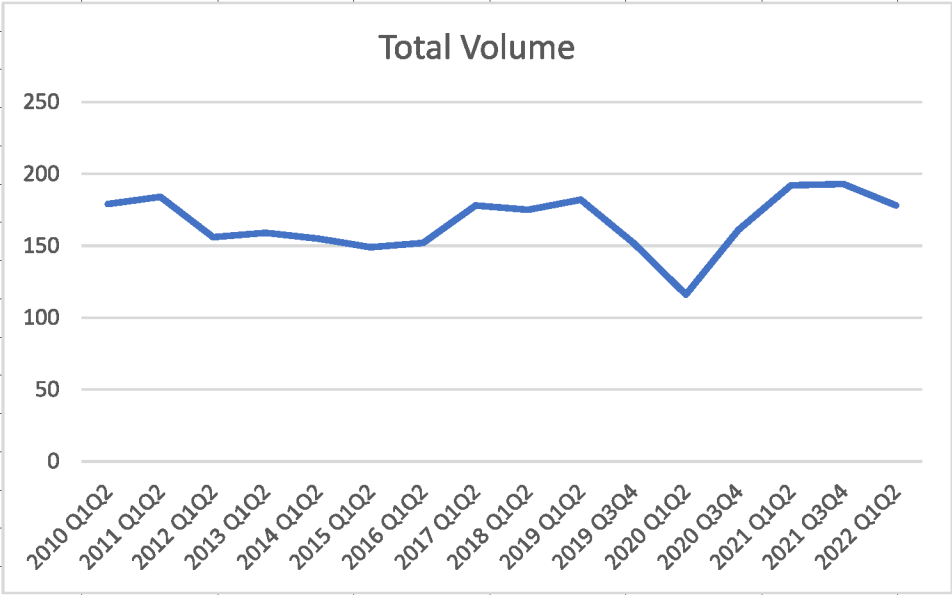
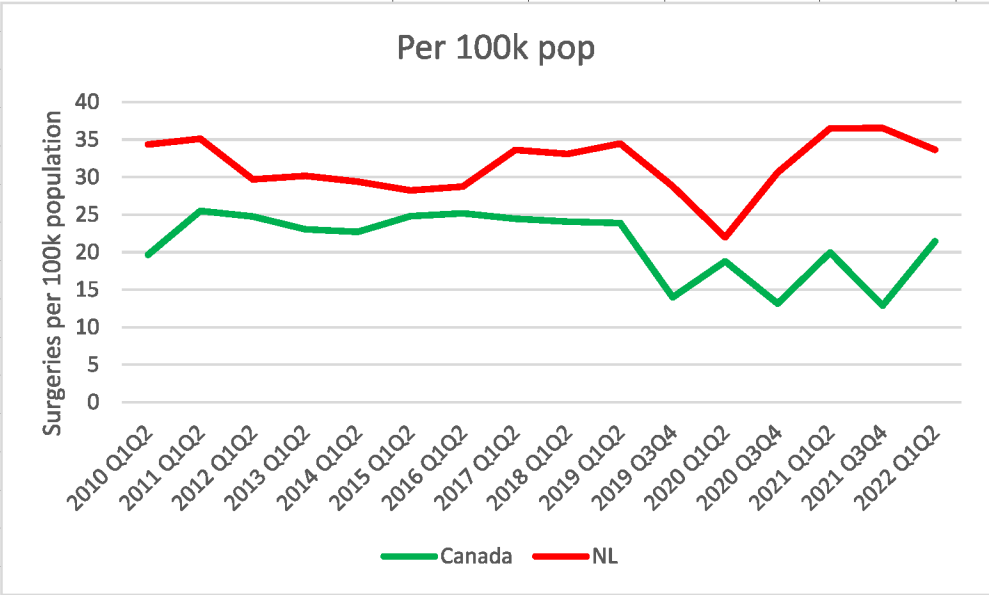
	90th percentile					
Year	Canada	NL	Level 1 Benc	Level 2 Ber	Level 3 Benchmark	
2011 Q1Q2	50	48	14	42	182	
2012 Q1Q2	46	69	14	42	182	
2013 Q1Q2	54	43	14	42	182	
2014 Q1Q2	65	111	14	42	182	
2015 Q1Q2	56	134	14	42	182	
2016 Q1Q2	62	83	14	42	182	
2017 Q1Q2	64	58	14	42	182	
2018 Q1Q2	61	103	14	42	182	
2019 Q1Q2	58	149	14	42	182	
2019 Q3Q4	65	167	14	42	182	
2020 Q1Q2	77	42	14	42	182	
2020 Q3Q4	69	133	14	42	182	
2021 Q1Q2	77	245	14	42	182	
2021 Q3Q4	89	275	14	42	182	
2022 Q1Q2	78	192	14	42	182	

90th percentile

The chart displays the 90th percentile of a metric (likely days) over time. The Y-axis represents 'Days' from 0 to 300. The X-axis shows time periods from 2011 Q1Q2 to 2022 Q1Q2. Two data series are plotted: Canada (green line) and NL (red line). Three benchmarks are shown: Level 1 Benchmark (solid dark blue line at ~15 days), Level 2 Benchmark (dashed dark blue line at ~42 days), and Level 3 Benchmark (dotted dark blue line at ~182 days). The NL data shows significant volatility, with a major peak in 2021 Q3Q4 reaching 275 days. The Canada data is more stable, generally staying between 40 and 100 days.

Year	Canada	NL	Level 1 Benchmark	Level 2 Benchmark	Level 3 Benchmark
2011 Q1Q2	50	48	15	42	182
2012 Q1Q2	46	69	15	42	182
2013 Q1Q2	54	43	15	42	182
2014 Q1Q2	65	111	15	42	182
2015 Q1Q2	56	134	15	42	182
2016 Q1Q2	62	83	15	42	182
2017 Q1Q2	64	58	15	42	182
2018 Q1Q2	61	103	15	42	182
2019 Q1Q2	58	149	15	42	182
2019 Q3Q4	65	167	15	42	182
2020 Q1Q2	77	42	15	42	182
2020 Q3Q4	69	133	15	42	182
2021 Q1Q2	77	245	15	42	182
2021 Q3Q4	89	275	15	42	182
2022 Q1Q2	78	192	15	42	182

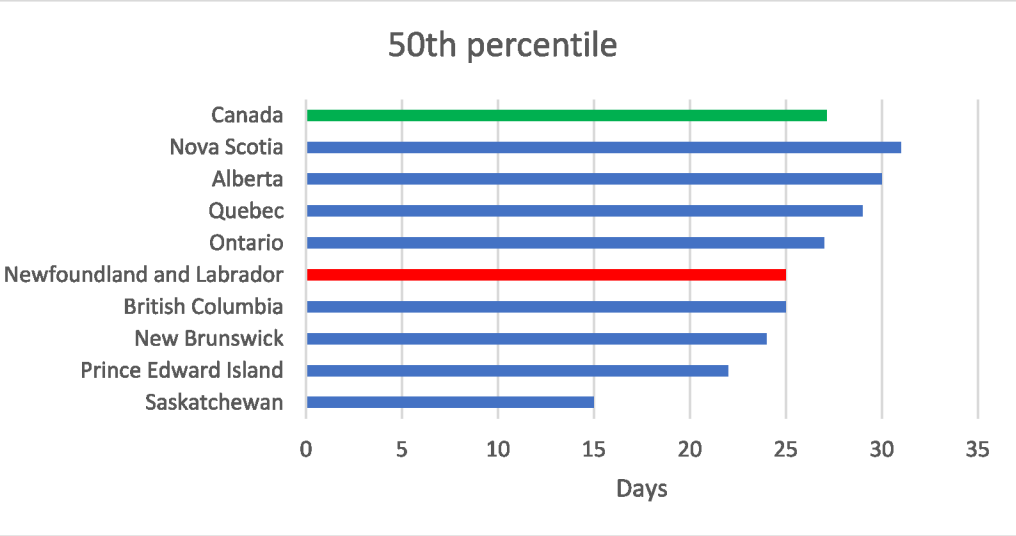
	Volume		Population		Per 100k pop										
Year	Canada	NL	Canada	NL	Canada	NL									
2010 Q1Q2	6662	179	33,890,461	521,197	19.65745	34.34402									
2011 Q1Q2	8727	184	34,230,555	524,238	25.49477	35.09856									
2012 Q1Q2	8557	156	34,592,192	525,550	24.7368	29.68319									
2013 Q1Q2	8050	159	34,956,567	527,177	23.02858	30.16065									
2014 Q1Q2	8019	155	35,320,540	527,314	22.7035	29.39425									
2015 Q1Q2	8826	149	35,606,734	527,859	24.78745	28.22723									
2016 Q1Q2	9055	152	35,970,407	529,083	25.17347	28.72895									
2017 Q1Q2	8899	178	36,397,141	529,700	24.44972	33.60393									
2018 Q1Q2	8879	175	36,903,671	528,924	24.05994	33.08604									
2019 Q1Q2	8937	182	37,437,243	527,993	23.87195	34.47015									
2019 Q3Q4	5287	152	37,828,162	528,442	13.97636	28.7638									
2020 Q1Q2	7132	116	38,006,941	527,733	18.76499	21.98081									
2020 Q3Q4	4999	161	38,027,406	526,046	13.14578	30.60569									
2021 Q1Q2	7604	192	38,140,918	526,195	19.93659	36.48837									
2021 Q3Q4	4954	193	38,451,454	528,335	12.88378	36.52985									
2022 Q1Q2	8296	178	38,683,567	529,249	21.4458	33.63256									
NOTE: No regional data available															



Bladder Cancer Surgery (2022 Q1Q2 unless otherwise specified)

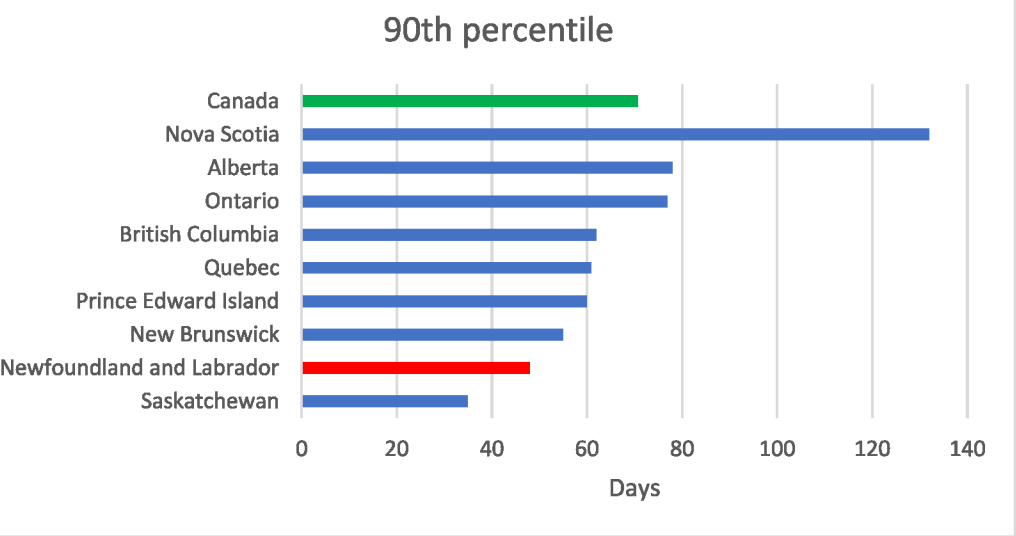
Province	50th percentile
Saskatchewan	15
Prince Edward Island	22
New Brunswick	24
British Columbia	25
Newfoundland and Labrador	25
Ontario	27
Quebec	29
Alberta	30
Nova Scotia	31
Canada	27

Note: No data Manitoba

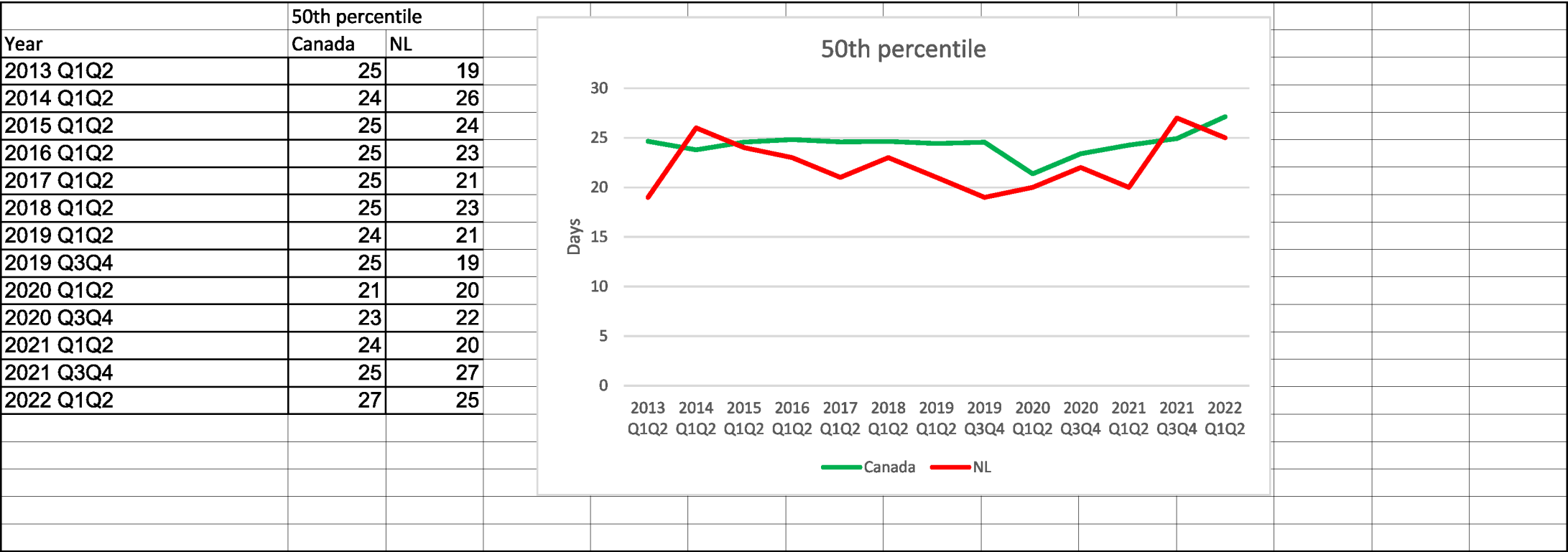


Province	90th percentile
Saskatchewan	35
Newfoundland and Labrador	48
New Brunswick	55
Prince Edward Island	60
Quebec	61
British Columbia	62
Ontario	77
Alberta	78
Nova Scotia	132
Canada	71

Note: No data Manitoba



BLADDER



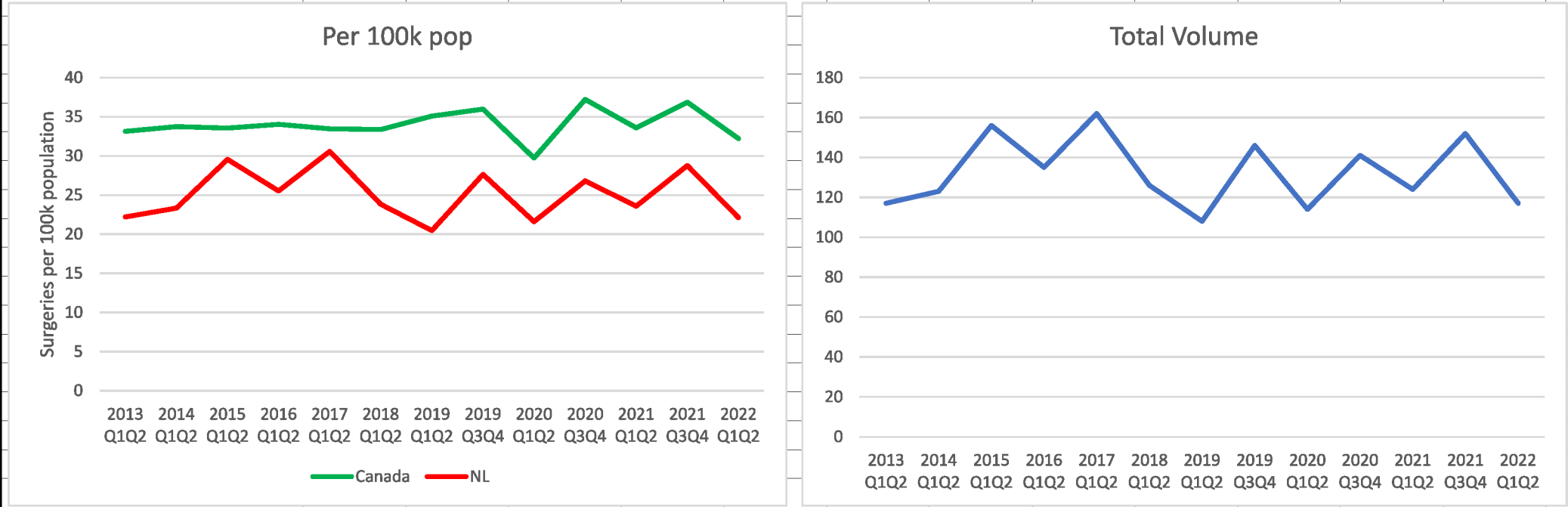
BLADDER

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BLADDER

	Volume		Population		Per 100k pop								
Year	Canada	NL	Canada	NL	Canada	NL							
2013 Q1Q2	11581	117	34,956,567	527,177	33.12968	22.19368							
2014 Q1Q2	11918	123	35,320,540	527,314	33.74241	23.32576							
2015 Q1Q2	11944	156	35,606,734	527,859	33.54422	29.55335							
2016 Q1Q2	12239	135	35,970,407	529,083	34.02519	25.51585							
2017 Q1Q2	12178	162	36,397,141	529,700	33.45867	30.58335							
2018 Q1Q2	12314	126	36,903,671	528,924	33.36795	23.82195							
2019 Q1Q2	13132	108	37,437,243	527,993	35.07737	20.45482							
2019 Q3Q4	13610	146	37,828,162	528,442	35.97849	27.62839							
2020 Q1Q2	11301	114	38,006,941	527,733	29.73404	21.60183							
2020 Q3Q4	14151	141	38,027,406	526,046	37.21264	26.80374							
2021 Q1Q2	12808	124	38,140,918	526,195	33.58073	23.56541							
2021 Q3Q4	14171	152	38,451,454	528,335	36.85426	28.76963							
2022 Q1Q2	12456	117	38,683,567	529,249	32.19972	22.1068							

NOTE: No regional data available except for Eastern Urban. Eastern Urban data fiscal year Q1 only vs. NL data Q1Q2



BLADDER

Region	50th percentile
Eastern Urban	19
NL	25

A bar chart titled "50th percentile" comparing the number of days for Eastern Urban and NL. The y-axis is labeled "Days" and ranges from 0 to 30 in increments of 5. The x-axis has two categories: "Eastern Urban" and "NL". The bar for Eastern Urban is at 19, and the bar for NL is at 25.

Region	Days
Eastern Urban	19
NL	25

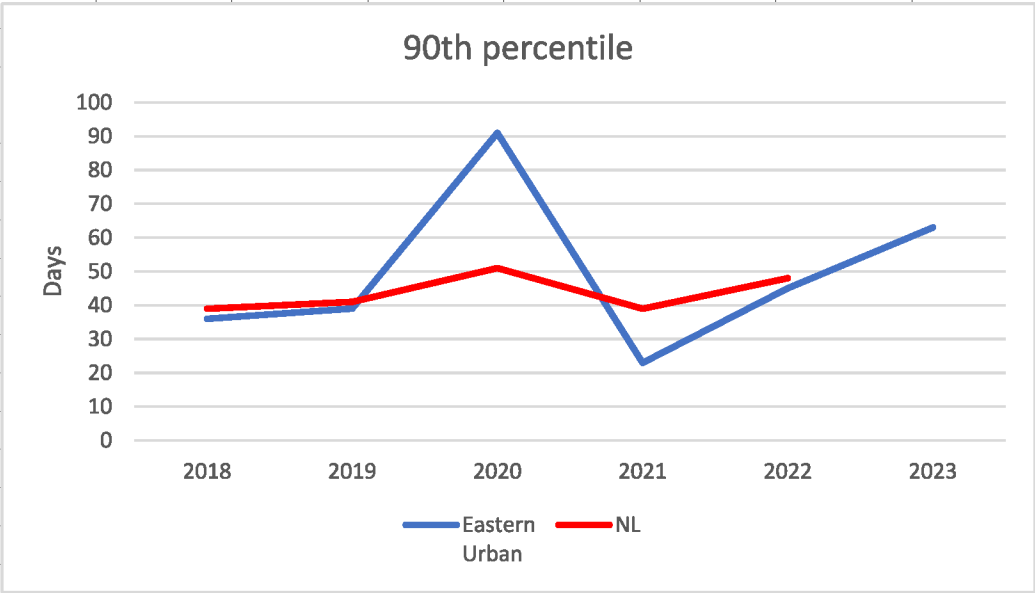
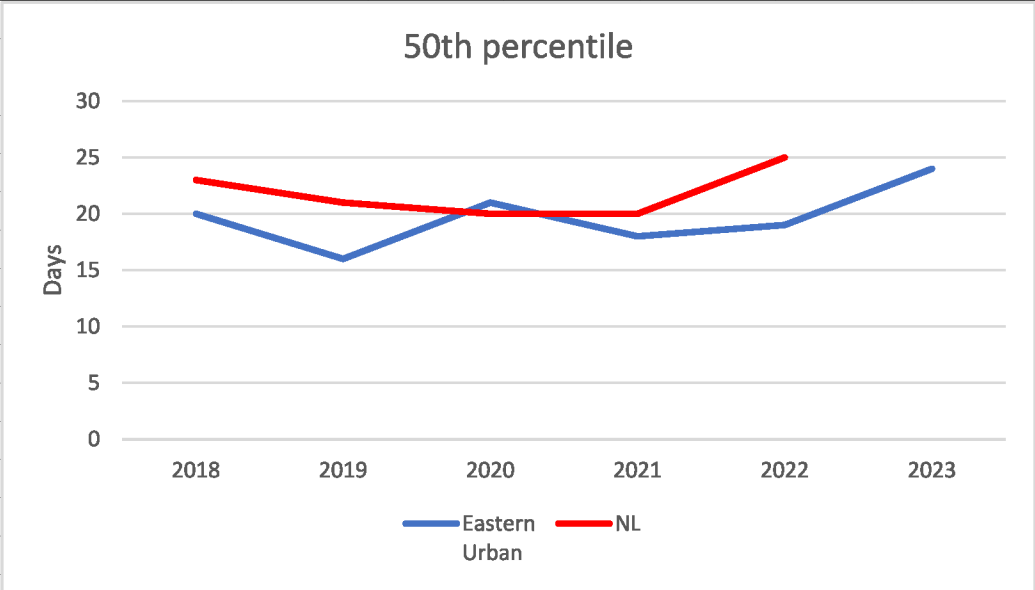
Region	90th percentile
Eastern Urban	45
NL	48

A bar chart titled "90th percentile" comparing the number of days for Eastern Urban and NL. The y-axis is labeled "Days" and ranges from 0 to 60 in increments of 10. The x-axis has two categories: "Eastern Urban" and "NL". The bar for Eastern Urban is at 45, and the bar for NL is at 48.

Region	Days
Eastern Urban	45
NL	48

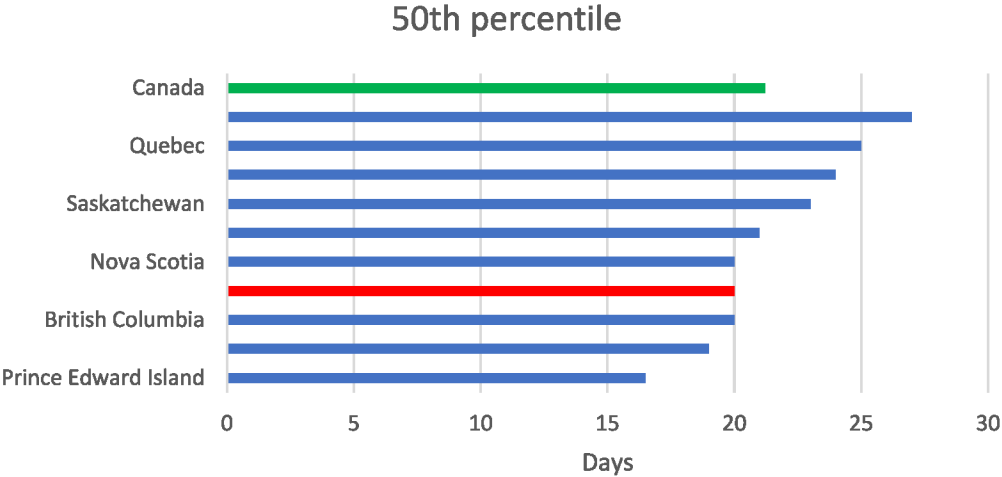
BLADDER

50th percentile			
	Eastern	NL	
Year	Urban		
2018	20	23	
2019	16	21	
2020	21	20	
2021	18	20	
2022	19	25	
2023	24		
90th percentile			
	Eastern	NL	
Year	Urban		
2018	36	39	
2019	39	41	
2020	91	51	
2021	23	39	
2022	45	48	
2023	63		

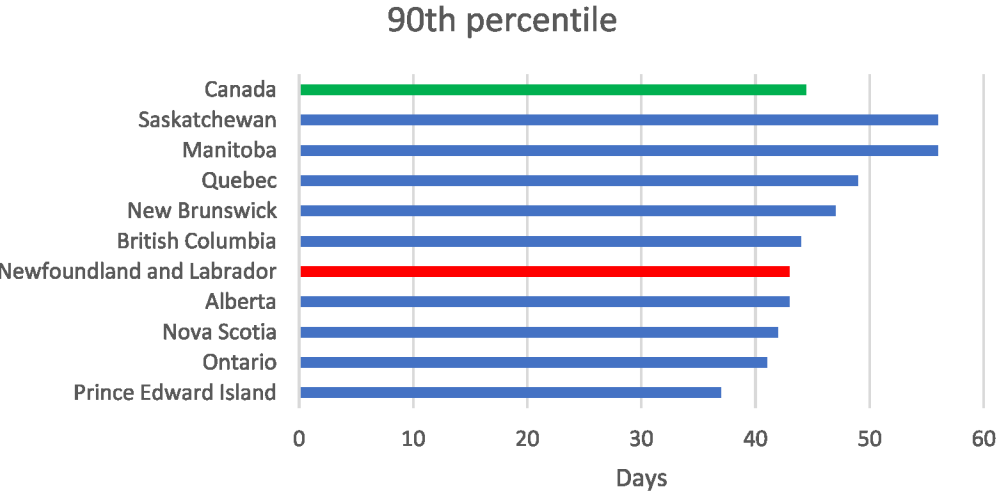


Breast Cancer Surgery (2022 Q1Q2 unless otherwise specified)

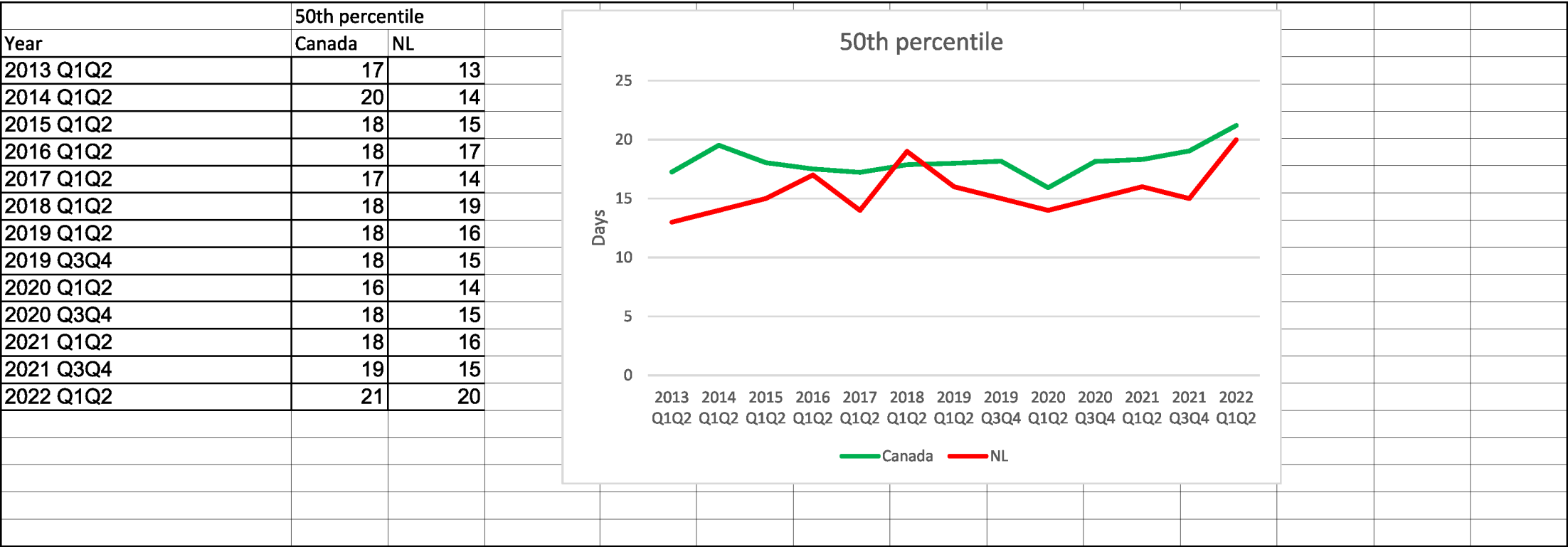
Province	50th percentile
Prince Edward Island	17
Ontario	19
British Columbia	20
Newfoundland and Labrador	20
Nova Scotia	20
Alberta	21
Saskatchewan	23
New Brunswick	24
Quebec	25
Manitoba	27
Canada	21



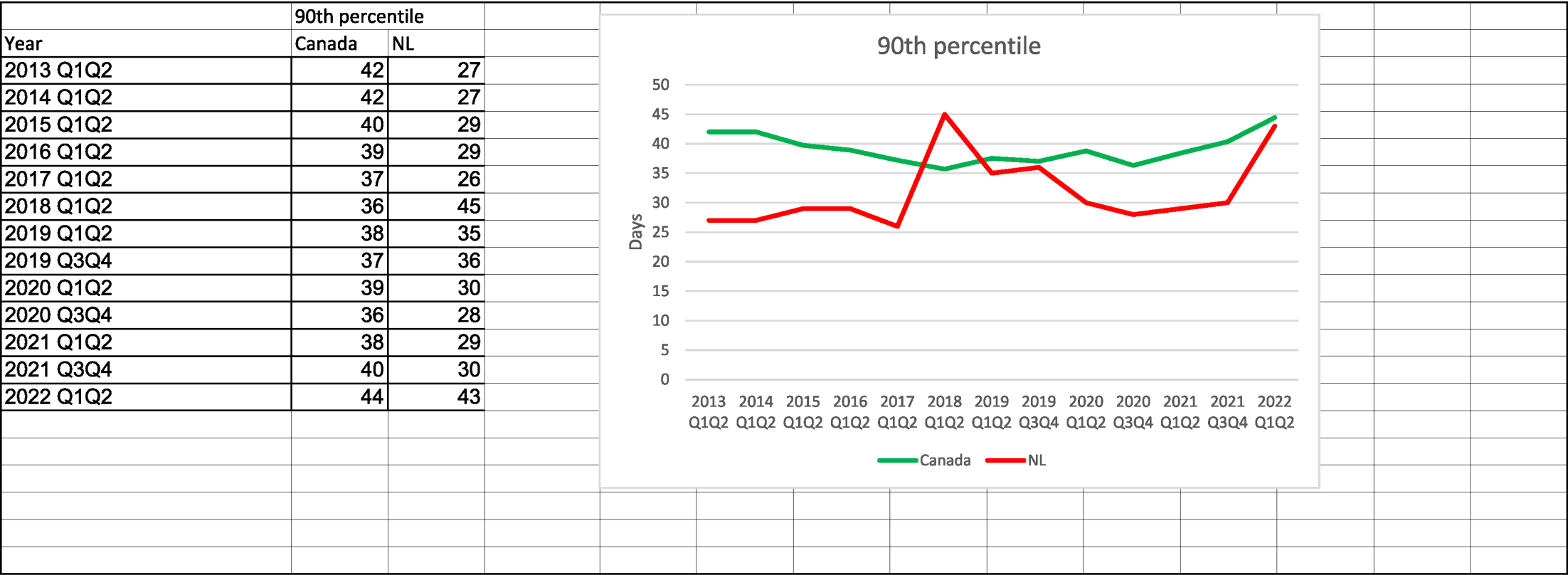
Province	90th percentile
Prince Edward Island	37
Ontario	41
Nova Scotia	42
Alberta	43
Newfoundland and Labrador	43
British Columbia	44
New Brunswick	47
Quebec	49
Manitoba	56
Saskatchewan	56
Canada	44



BREAST



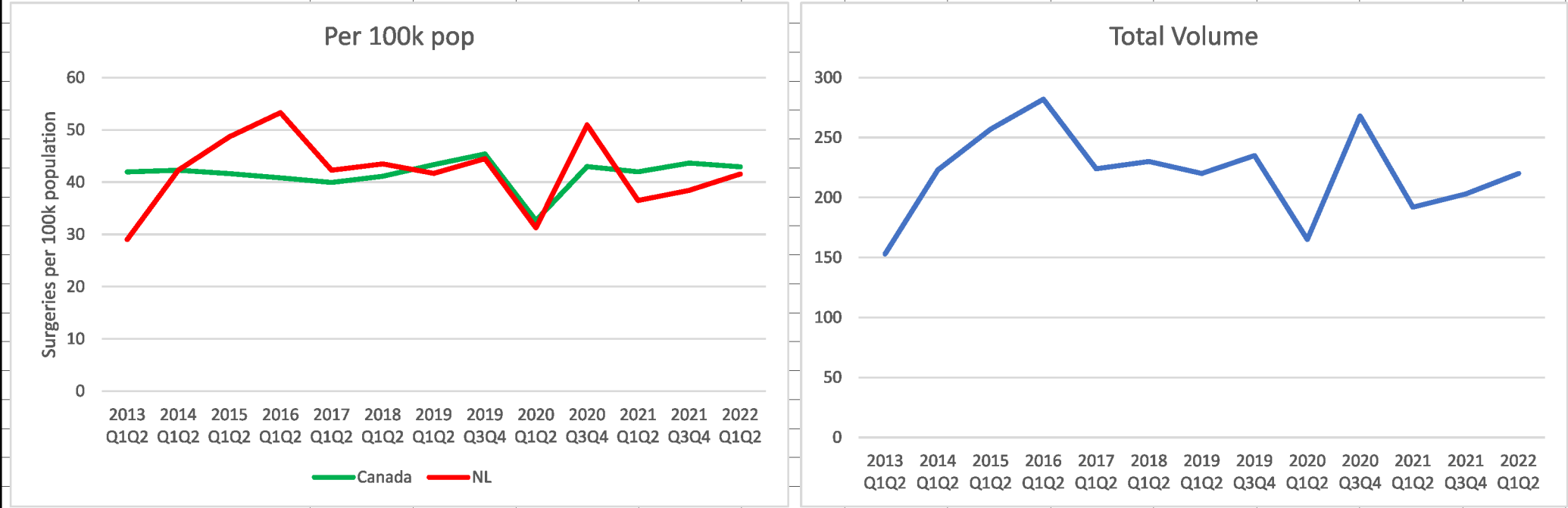
BREAST



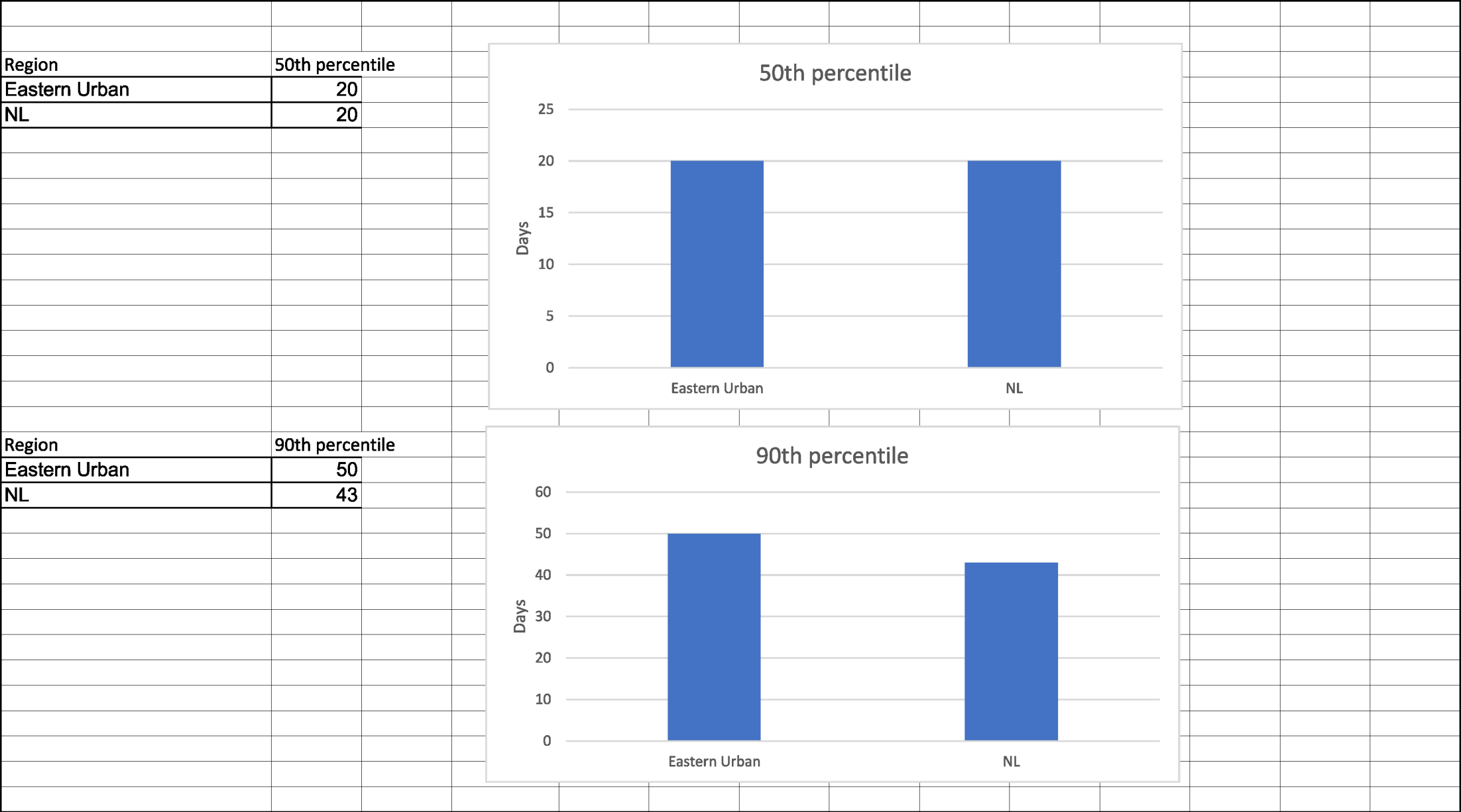
BREAST

	Volume		Population		Per 100k pop								
Year	Canada	NL	Canada	NL	Canada	NL							
2013 Q1Q2	14665	153	34,956,567	527,177	41.95206	29.02251							
2014 Q1Q2	14931	223	35,320,540	527,314	42.27285	42.28979							
2015 Q1Q2	14821	257	35,606,734	527,859	41.62415	48.68724							
2016 Q1Q2	14682	282	35,970,407	529,083	40.81689	53.29977							
2017 Q1Q2	14540	224	36,397,141	529,700	39.94819	42.28809							
2018 Q1Q2	15176	230	36,903,671	528,924	41.12328	43.48451							
2019 Q1Q2	16224	220	37,437,243	527,993	43.33652	41.66722							
2019 Q3Q4	17169	235	37,828,162	528,442	45.38682	44.47035							
2020 Q1Q2	12420	165	38,006,941	527,733	32.67824	31.26581							
2020 Q3Q4	16341	268	38,027,406	526,046	42.97164	50.94611							
2021 Q1Q2	16010	192	38,140,918	526,195	41.97592	36.48837							
2021 Q3Q4	16787	203	38,451,454	528,335	43.65765	38.42259							
2022 Q1Q2	16604	220	38,683,567	529,249	42.92262	41.56834							

NOTE: No regional data available except for Eastern Urban. Eastern Urban data fiscal year Q1 only vs. NL data Q1Q2

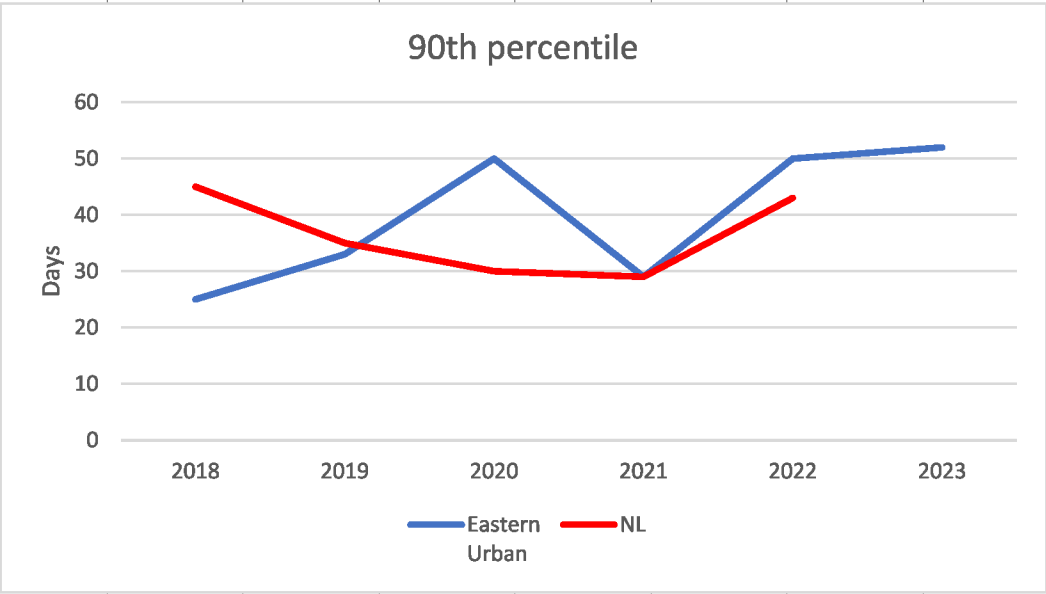
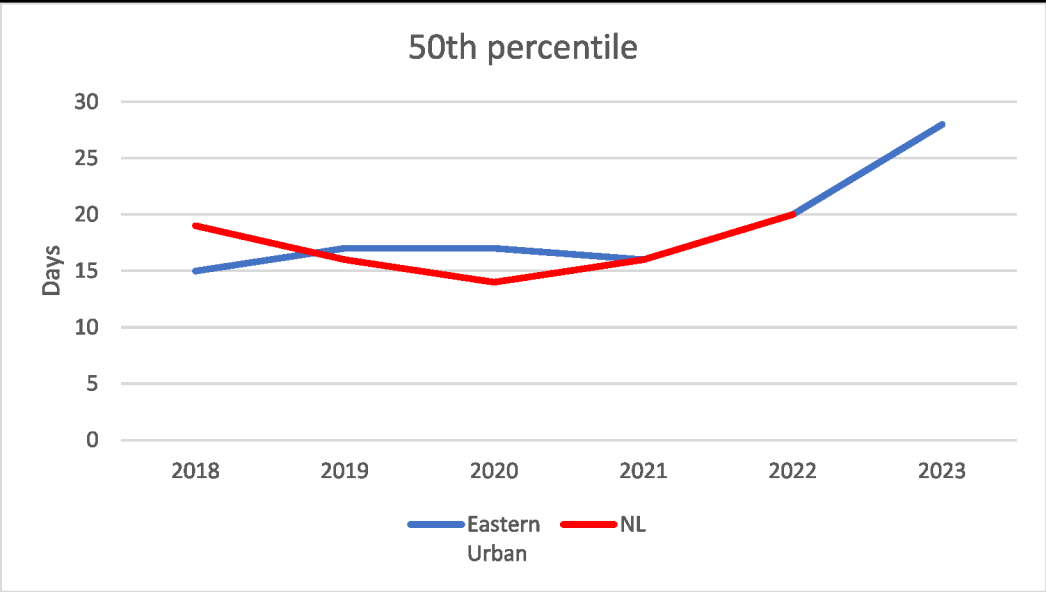


BREAST

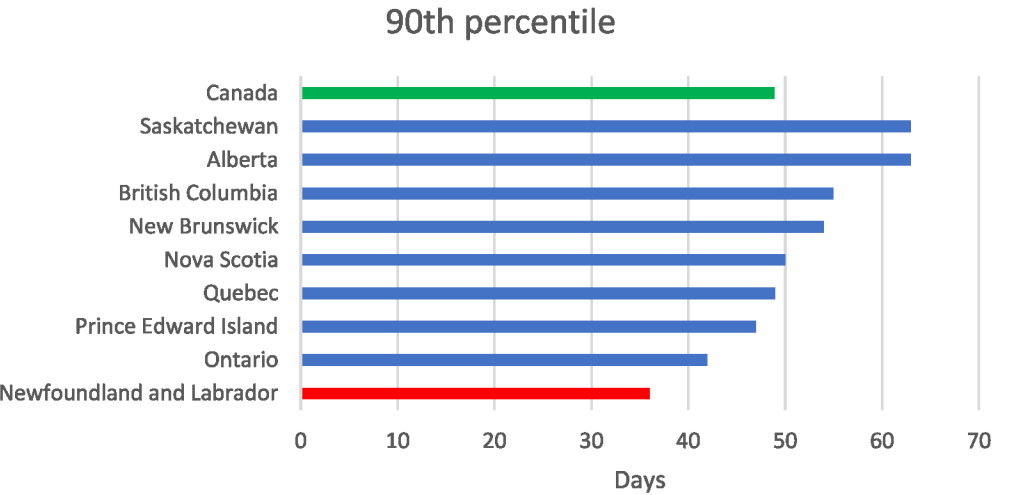
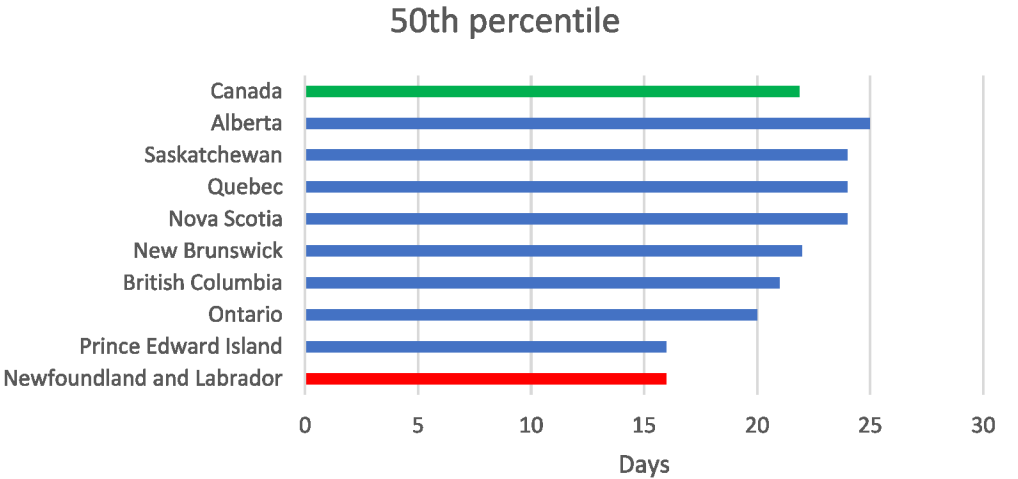


BREAST

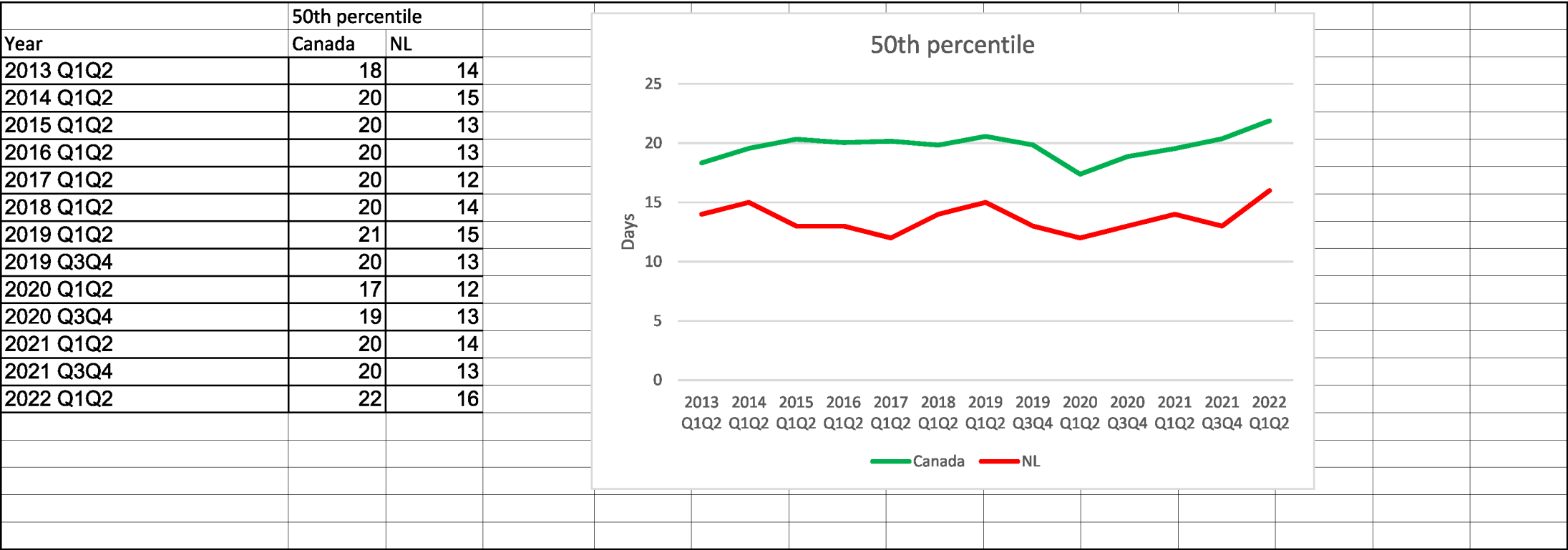
50th percentile		
Year	Eastern Urban	NL
2018	15	19
2019	17	16
2020	17	14
2021	16	16
2022	20	20
2023	28	
90th percentile		
Year	Eastern Urban	NL
2018	25	45
2019	33	35
2020	50	30
2021	29	29
2022	50	43
2023	52	



Colorectal Cancer Surgery (2022 Q1Q2 unless otherwise specified)											
Province	50th percentile										
Newfoundland and Labrador	16										
Prince Edward Island	16										
Ontario	20										
British Columbia	21										
New Brunswick	22										
Nova Scotia	24										
Quebec	24										
Saskatchewan	24										
Alberta	25										
Canada	22										
Note: No data Manitoba											
Province	90th percentile										
Newfoundland and Labrador	36										
Ontario	42										
Prince Edward Island	47										
Quebec	49										
Nova Scotia	50										
New Brunswick	54										
British Columbia	55										
Alberta	63										
Saskatchewan	63										
Canada	49										
Note: No data Manitoba											



COLORECTAL



COLORECTAL

	90th percentile	
Year	Canada	NL
2013 Q1Q2	44	34
2014 Q1Q2	45	29
2015 Q1Q2	47	32
2016 Q1Q2	44	26
2017 Q1Q2	45	28
2018 Q1Q2	44	30
2019 Q1Q2	44	35
2019 Q3Q4	44	27
2020 Q1Q2	44	33
2020 Q3Q4	40	30
2021 Q1Q2	43	32
2021 Q3Q4	45	34
2022 Q1Q2	49	36

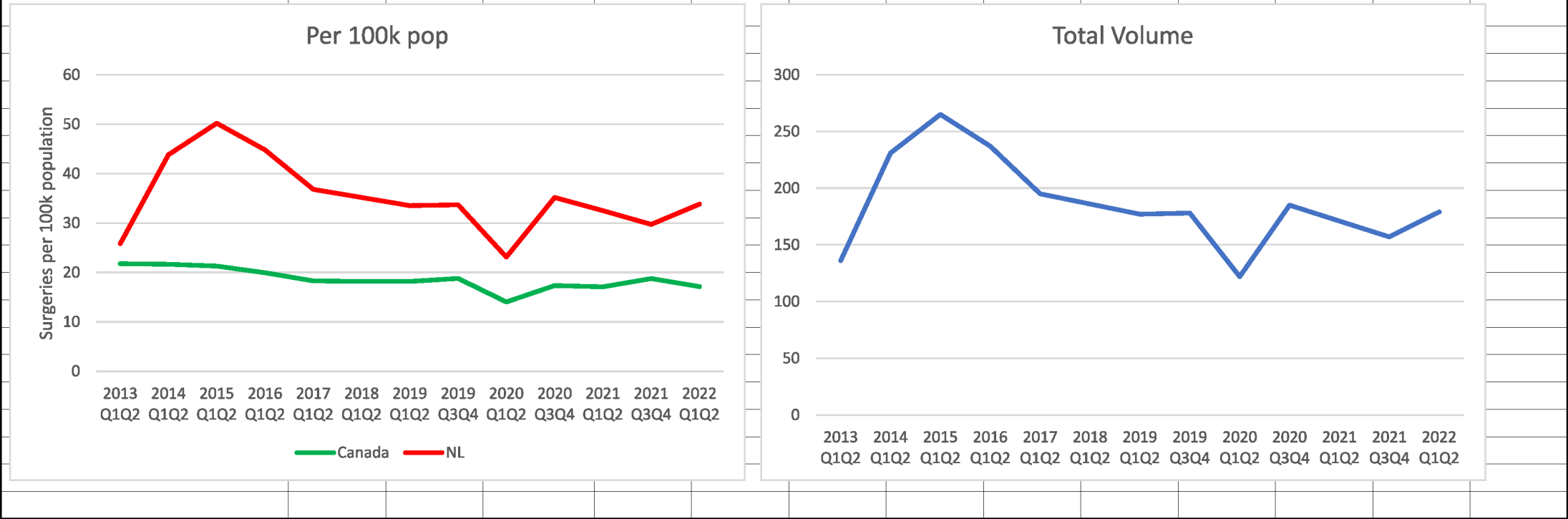
90th percentile

Year	Canada	NL
2013 Q1Q2	44	34
2014 Q1Q2	45	29
2015 Q1Q2	47	32
2016 Q1Q2	44	26
2017 Q1Q2	45	28
2018 Q1Q2	44	30
2019 Q1Q2	44	35
2019 Q3Q4	44	27
2020 Q1Q2	44	33
2020 Q3Q4	40	30
2021 Q1Q2	43	32
2021 Q3Q4	45	34
2022 Q1Q2	49	36

COLORECTAL

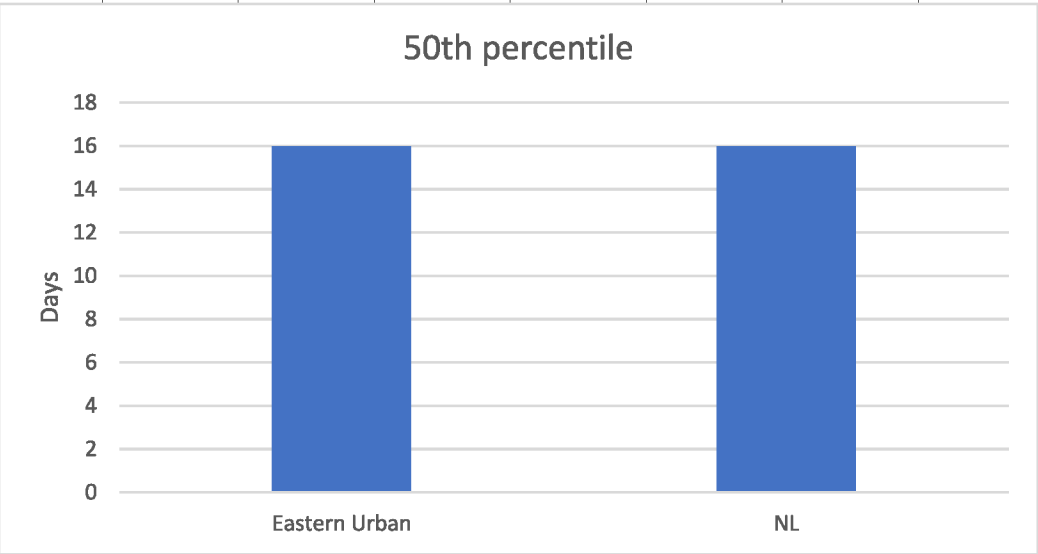
	Volume		Population		Per 100k pop								
Year	Canada	NL	Canada	NL	Canada	NL							
2013 Q1Q2	7610	136	34,956,567	527,177	21.76987	25.79779							
2014 Q1Q2	7652	231	35,320,540	527,314	21.66445	43.80692							
2015 Q1Q2	7576	265	35,606,734	527,859	21.27687	50.2028							
2016 Q1Q2	7169	237	35,970,407	529,083	19.93027	44.79448							
2017 Q1Q2	6657	195	36,397,141	529,700	18.2899	36.81329							
2018 Q1Q2	6708	186	36,903,671	528,924	18.17705	35.16573							
2019 Q1Q2	6802	177	37,437,243	527,993	18.16907	33.52317							
2019 Q3Q4	7104	178	37,828,162	528,442	18.77966	33.68392							
2020 Q1Q2	5332	122	38,006,941	527,733	14.02902	23.11775							
2020 Q3Q4	6593	185	38,027,406	526,046	17.3375	35.16803							
2021 Q1Q2	6519	171	38,140,918	526,195	17.09188	32.49746							
2021 Q3Q4	7216	157	38,451,454	528,335	18.76652	29.71599							
2022 Q1Q2	6629	179	38,683,567	529,249	17.13648	33.82151							

NOTE: No regional data available except for Eastern Urban. Eastern Urban data fiscal year Q1 only vs. NL data Q1Q2

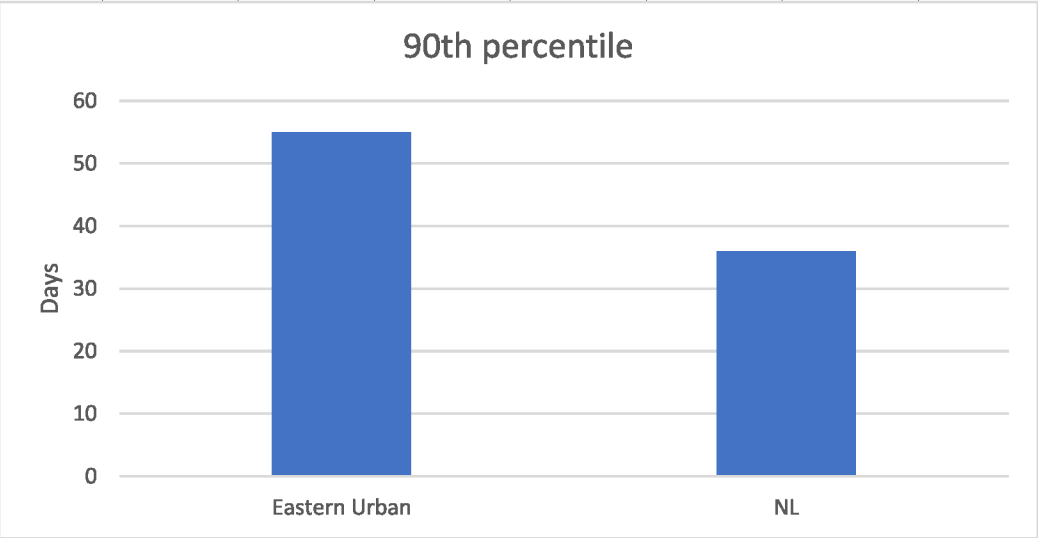


COLORECTAL

Region	50th percentile
Eastern Urban	16
NL	16

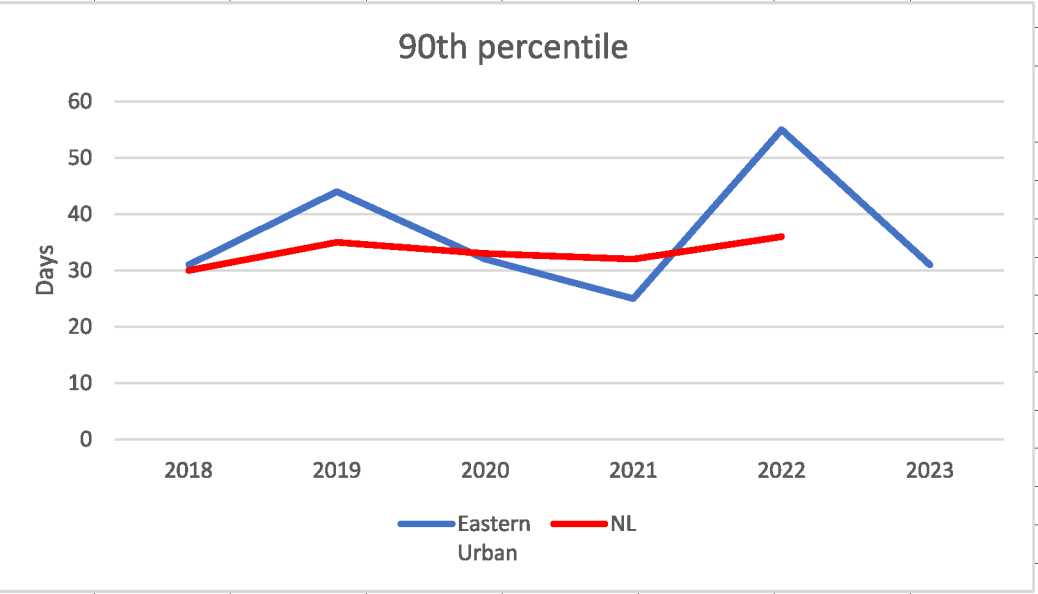
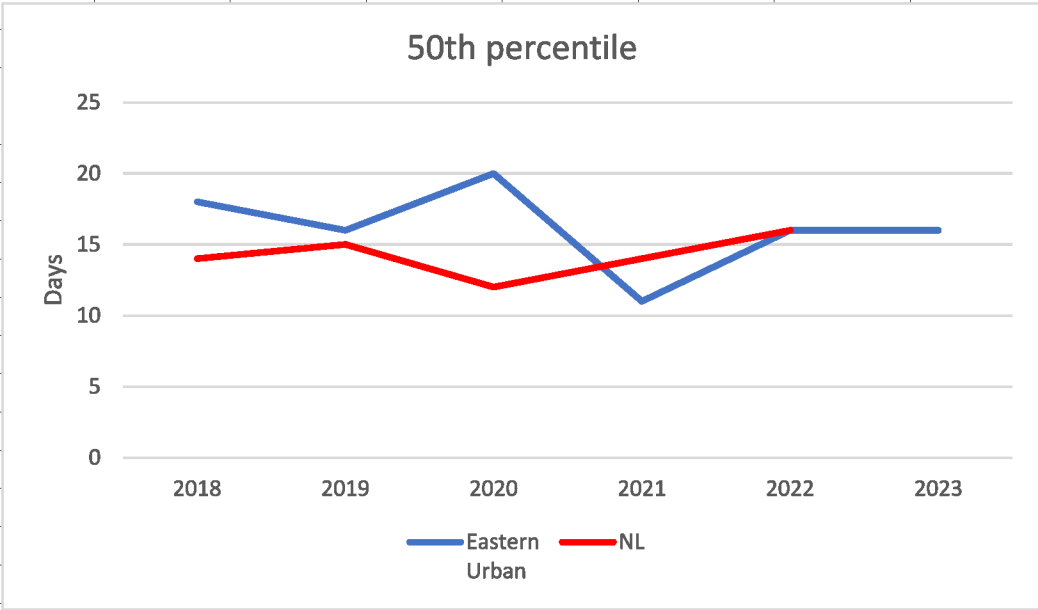


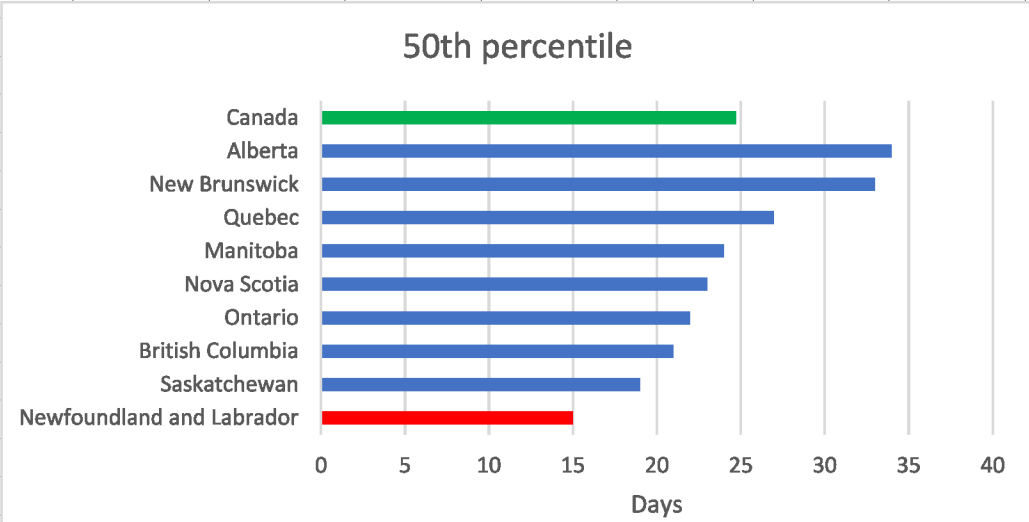
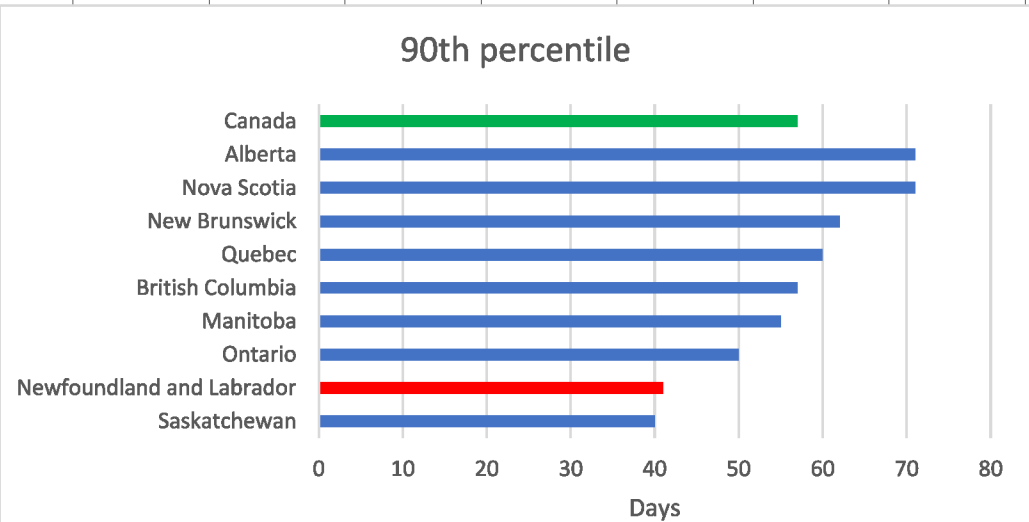
Region	90th percentile
Eastern Urban	55
NL	36

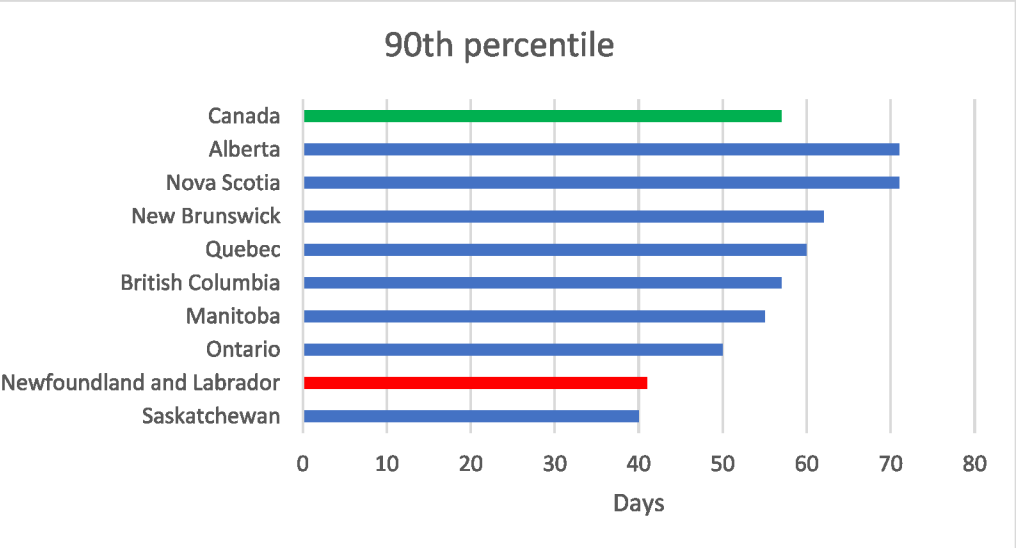
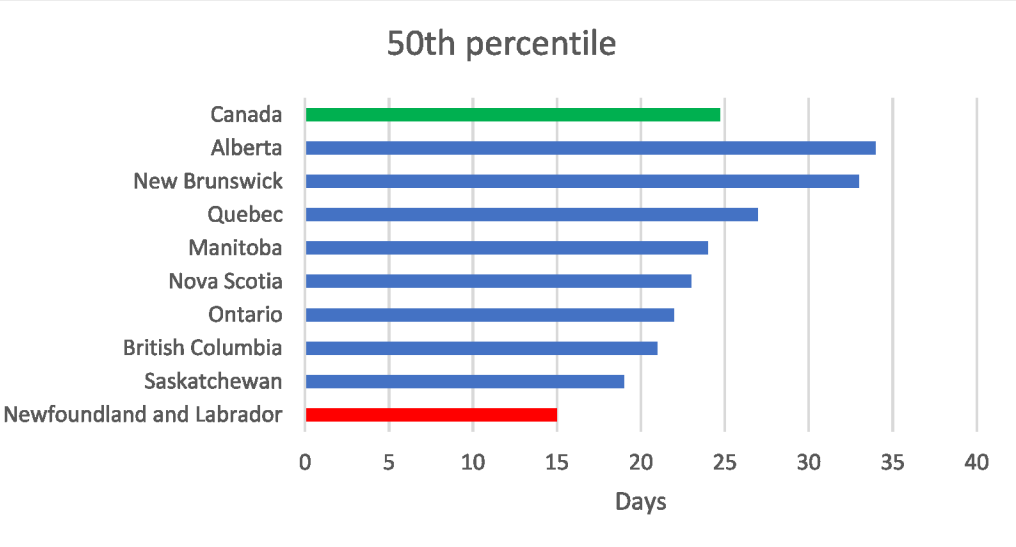


COLORECTAL

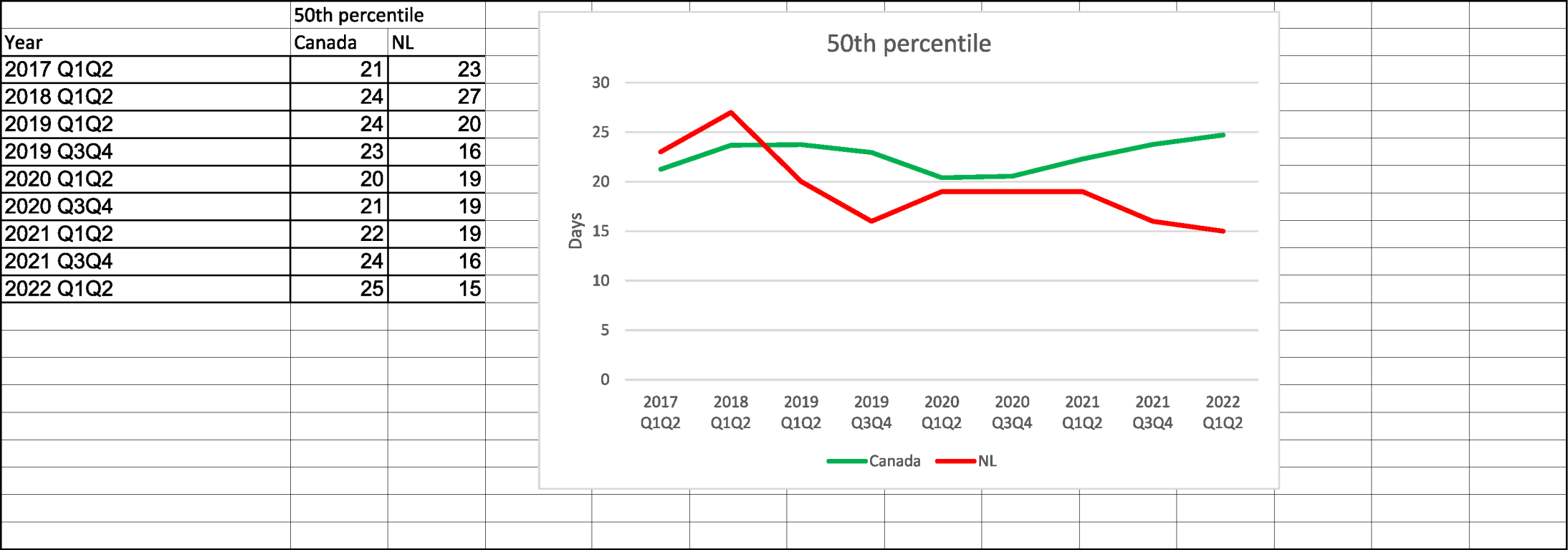
50th percentile		
Year	Eastern Urban	NL
2018	18	14
2019	16	15
2020	20	12
2021	11	14
2022	16	16
2023	16	
90th percentile		
Year	Eastern Urban	NL
2018	31	30
2019	44	35
2020	32	33
2021	25	32
2022	55	36
2023	31	



Lung Cancer Surgery (2022 Q1Q2 unless otherwise specified)																																	
Province		50th percentile																															
Newfoundland and Labrador		15																															
Saskatchewan		19																															
British Columbia		21																															
Ontario		22																															
Nova Scotia		23																															
Manitoba		24																															
Quebec		27																															
New Brunswick		33																															
Alberta		34																															
Canada		25																															
Note: No data PEI																																	
				50th percentile <table><thead><tr><th>Province</th><th>Days</th></tr></thead><tbody><tr><td>Canada</td><td>25</td></tr><tr><td>Alberta</td><td>34</td></tr><tr><td>New Brunswick</td><td>33</td></tr><tr><td>Quebec</td><td>27</td></tr><tr><td>Manitoba</td><td>24</td></tr><tr><td>Nova Scotia</td><td>23</td></tr><tr><td>Ontario</td><td>22</td></tr><tr><td>British Columbia</td><td>21</td></tr><tr><td>Saskatchewan</td><td>19</td></tr><tr><td>Newfoundland and Labrador</td><td>15</td></tr></tbody></table>								Province	Days	Canada	25	Alberta	34	New Brunswick	33	Quebec	27	Manitoba	24	Nova Scotia	23	Ontario	22	British Columbia	21	Saskatchewan	19	Newfoundland and Labrador	15
Province	Days																																
Canada	25																																
Alberta	34																																
New Brunswick	33																																
Quebec	27																																
Manitoba	24																																
Nova Scotia	23																																
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Saskatchewan	19																																
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Province		90th percentile																															
Saskatchewan		40																															
Newfoundland and Labrador		41																															
Ontario		50																															
Manitoba		55																															
British Columbia		57																															
Quebec		60																															
New Brunswick		62																															
Nova Scotia		71																															
Alberta		71																															
Canada		57																															
Note: No data PEI																																	
				90th percentile <table><thead><tr><th>Province</th><th>Days</th></tr></thead><tbody><tr><td>Canada</td><td>57</td></tr><tr><td>Alberta</td><td>71</td></tr><tr><td>Nova Scotia</td><td>71</td></tr><tr><td>New Brunswick</td><td>62</td></tr><tr><td>Quebec</td><td>60</td></tr><tr><td>British Columbia</td><td>57</td></tr><tr><td>Manitoba</td><td>55</td></tr><tr><td>Ontario</td><td>50</td></tr><tr><td>Newfoundland and Labrador</td><td>41</td></tr><tr><td>Saskatchewan</td><td>40</td></tr></tbody></table>								Province	Days	Canada	57	Alberta	71	Nova Scotia	71	New Brunswick	62	Quebec	60	British Columbia	57	Manitoba	55	Ontario	50	Newfoundland and Labrador	41	Saskatchewan	40
Province	Days																																
Canada	57																																
Alberta	71																																
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Quebec	60																																
British Columbia	57																																
Manitoba	55																																
Ontario	50																																
Newfoundland and Labrador	41																																
Saskatchewan	40																																



LUNG



LUNG

	90th percentile	
Year	Canada	NL
2017 Q1Q2	47	53
2018 Q1Q2	51	53
2019 Q1Q2	50	41
2019 Q3Q4	50	25
2020 Q1Q2	56	34
2020 Q3Q4	43	27
2021 Q1Q2	50	32
2021 Q3Q4	53	37
2022 Q1Q2	57	41

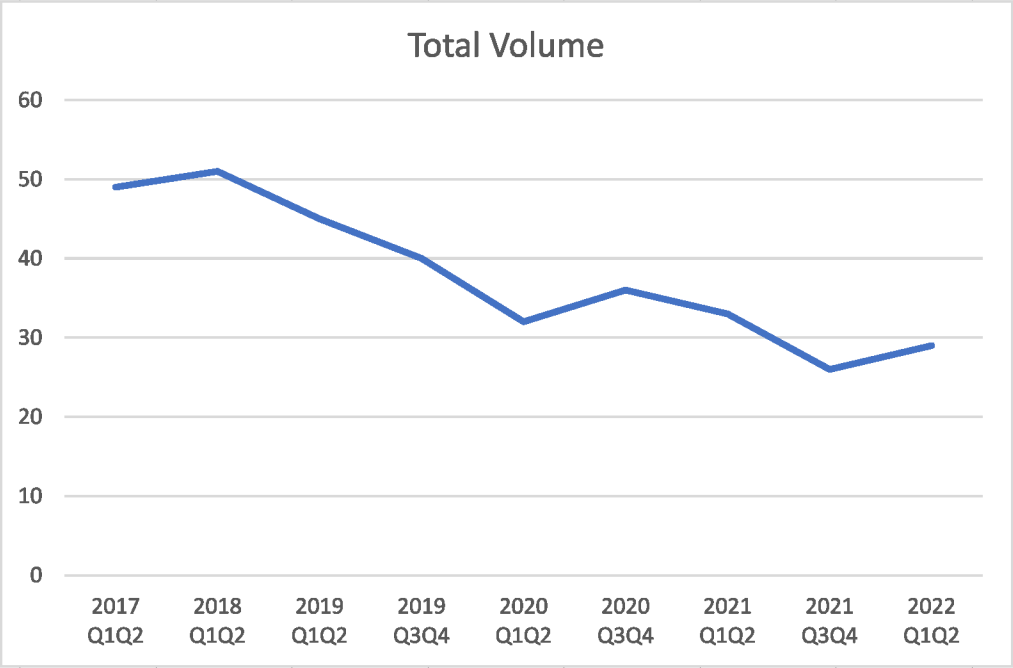
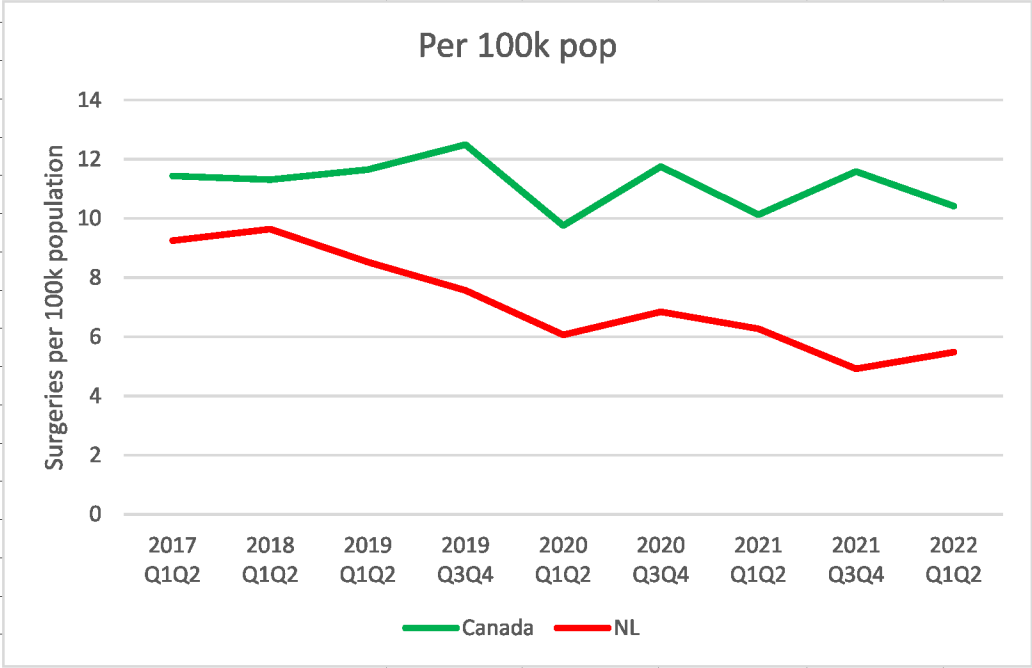
90th percentile

Year	Canada	NL
2017 Q1Q2	47	53
2018 Q1Q2	51	53
2019 Q1Q2	50	41
2019 Q3Q4	50	25
2020 Q1Q2	56	34
2020 Q3Q4	43	27
2021 Q1Q2	50	32
2021 Q3Q4	53	37
2022 Q1Q2	57	41

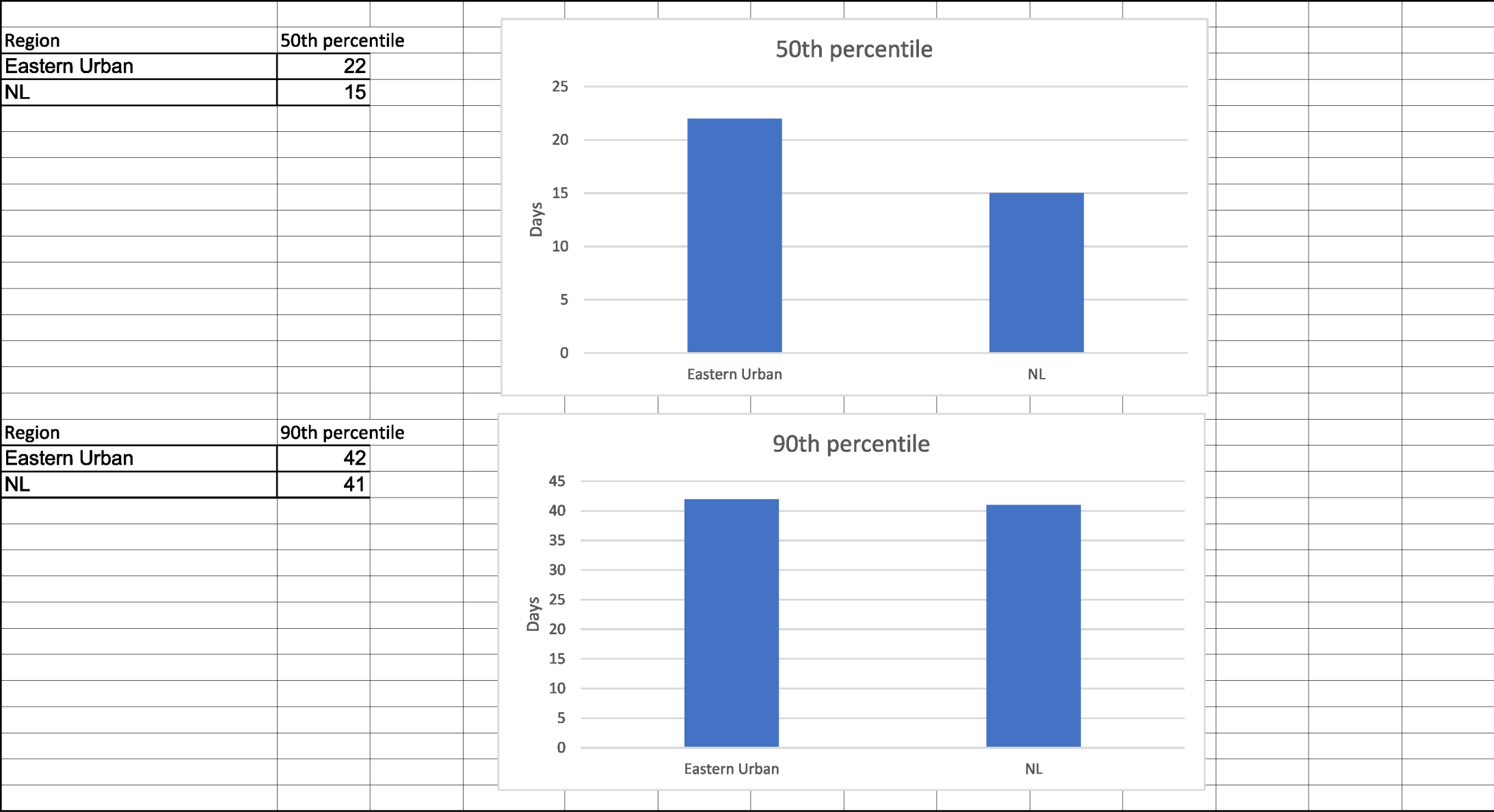
LUNG

	Volume		Population		Per 100k pop								
Year	Canada	NL	Canada	NL	Canada	NL							
2017 Q1Q2	4162	49	36,397,141	529,700	11.43496	9.250519							
2018 Q1Q2	4173	51	36,903,671	528,924	11.30782	9.642217							
2019 Q1Q2	4362	45	37,437,243	527,993	11.6515	8.52284							
2019 Q3Q4	4728	40	37,828,162	528,442	12.49862	7.569421							
2020 Q1Q2	3710	32	38,006,941	527,733	9.761375	6.063672							
2020 Q3Q4	4470	36	38,027,406	526,046	11.75468	6.843508							
2021 Q1Q2	3861	33	38,140,918	526,195	10.12299	6.271439							
2021 Q3Q4	4455	26	38,451,454	528,335	11.58604	4.92112							
2022 Q1Q2	4029	29	38,683,567	529,249	10.41528	5.479462							

NOTE: No regional data available except for Eastern Urban. Eastern Urban data fiscal year Q1 only vs. NL data Q1Q2

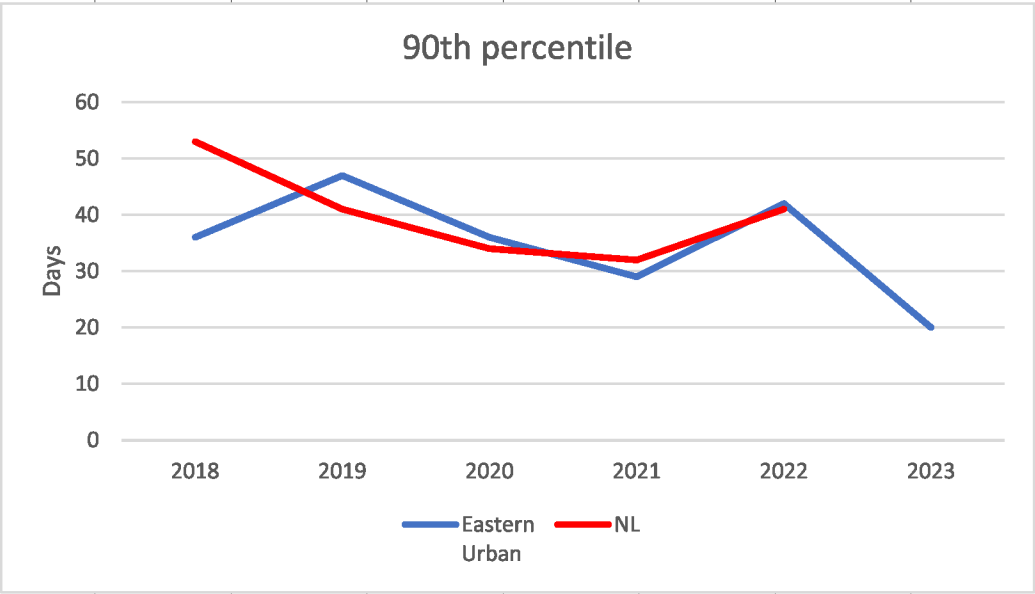
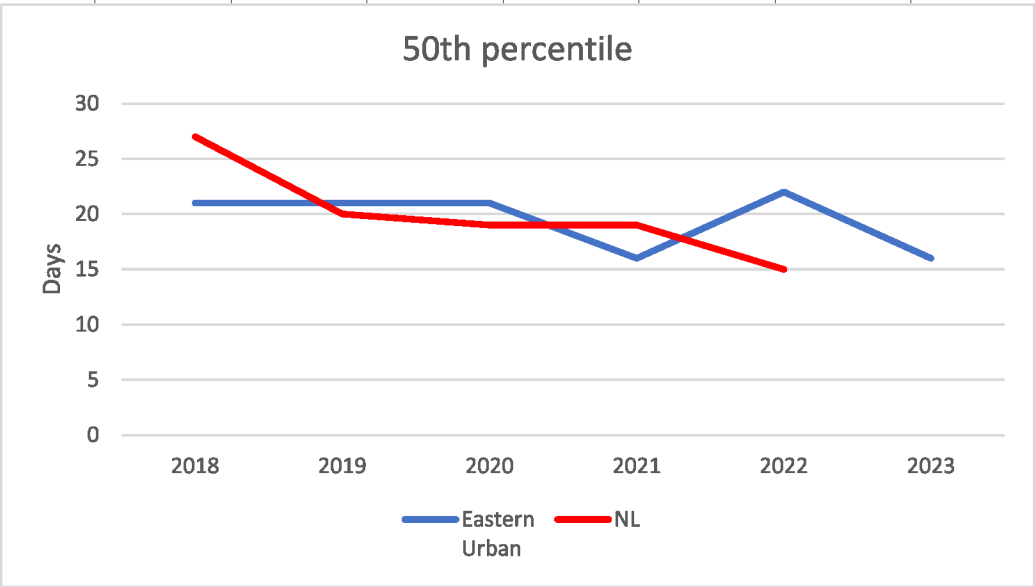


LUNG



LUNG

50th percentile		
Year	Eastern Urban	NL
2018	21	27
2019	21	20
2020	21	19
2021	16	19
2022	22	15
2023	16	
90th percentile		
Year	Eastern Urban	NL
2018	36	53
2019	47	41
2020	36	34
2021	29	32
2022	42	41
2023	20	



PROSTATE

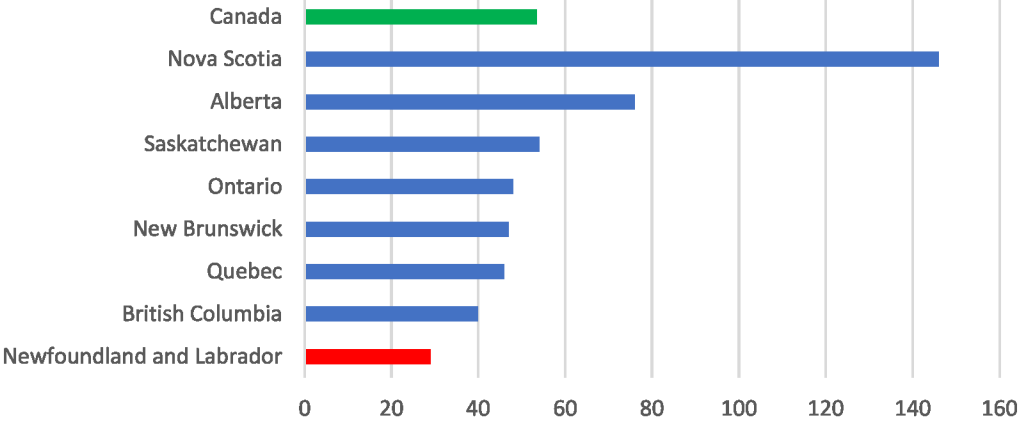
Prostate Cancer Surgery (2022 Q1Q2 unless otherwise specified)

Province50th percentile

Newfoundland and Labrador	29
British Columbia	40
Quebec	46
New Brunswick	47
Ontario	48
Saskatchewan	54
Alberta	76
Nova Scotia	146
Canada	53

Note: No data PEI or Manitoba

50th percentile

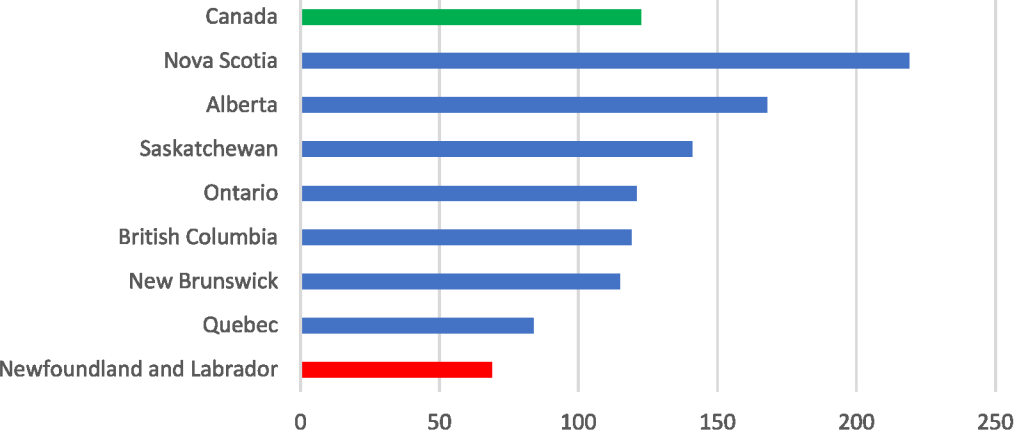


Province90th percentile

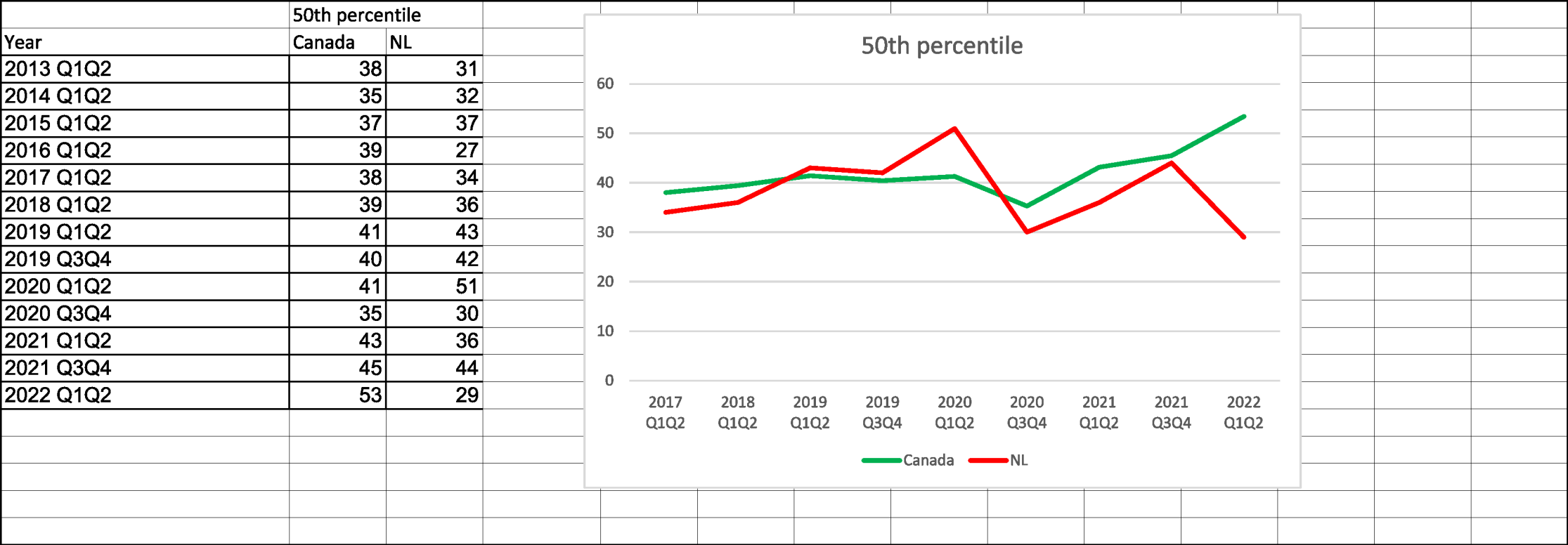
Newfoundland and Labrador	69
Quebec	84
New Brunswick	115
British Columbia	119
Ontario	121
Saskatchewan	141
Alberta	168
Nova Scotia	219
Canada	122

Note: No data PEI or Manitoba

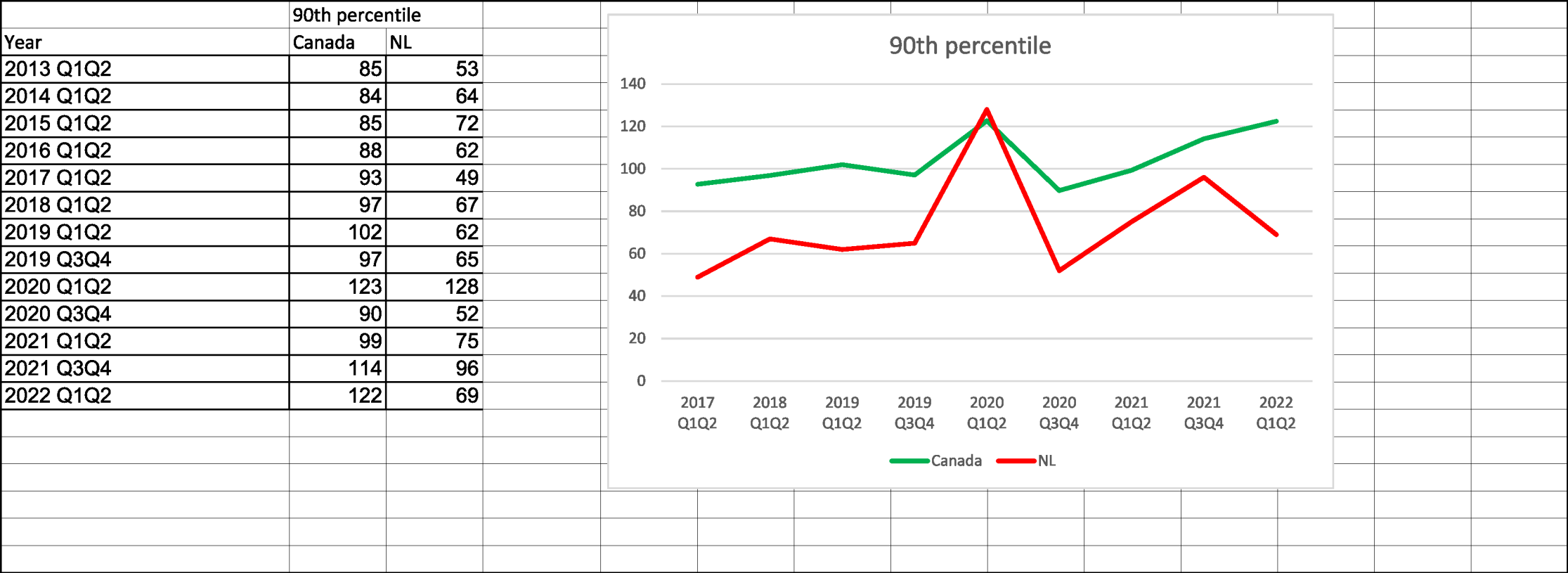
90th percentile



PROSTATE



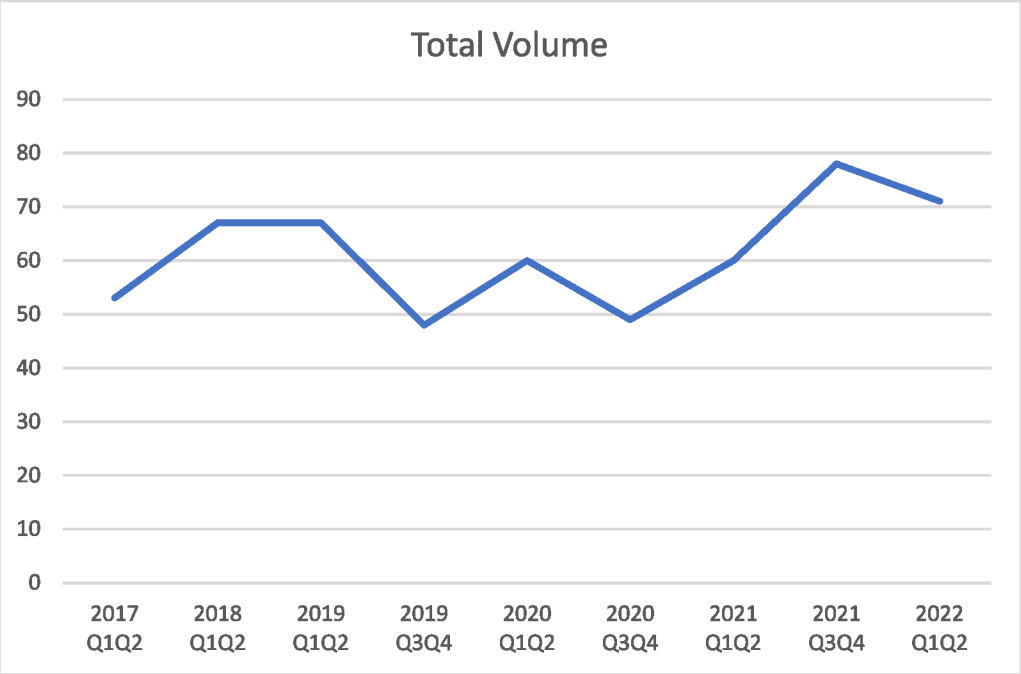
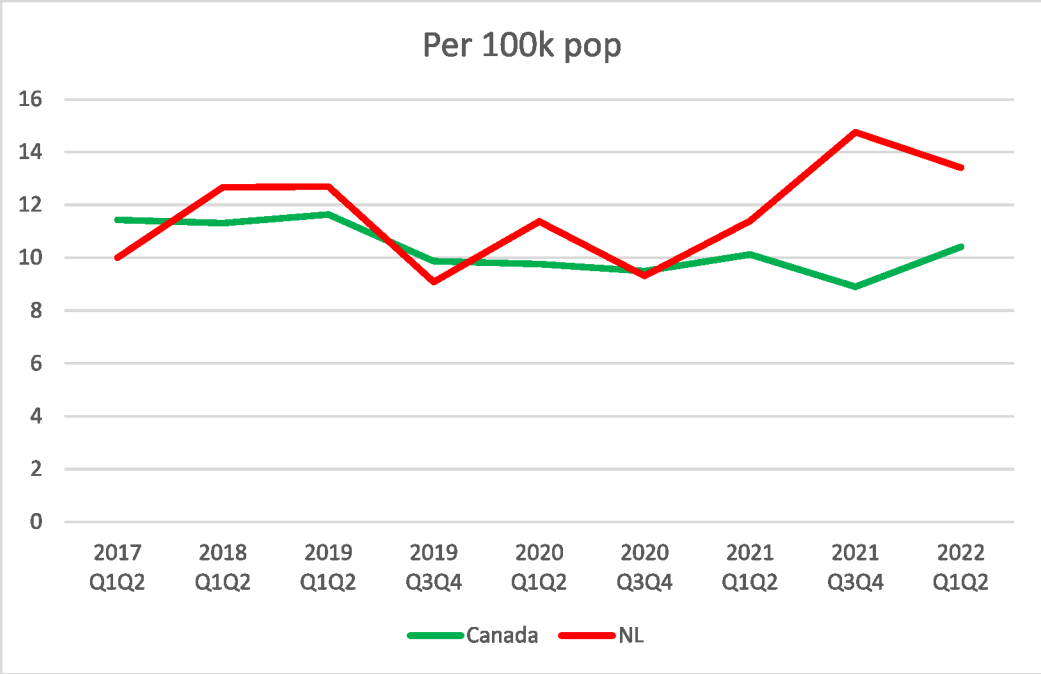
PROSTATE



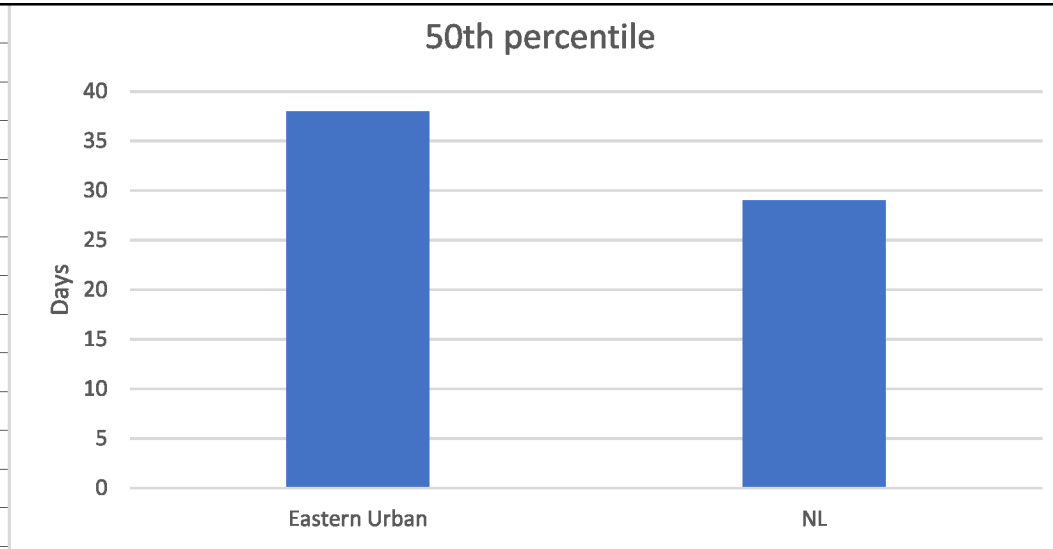
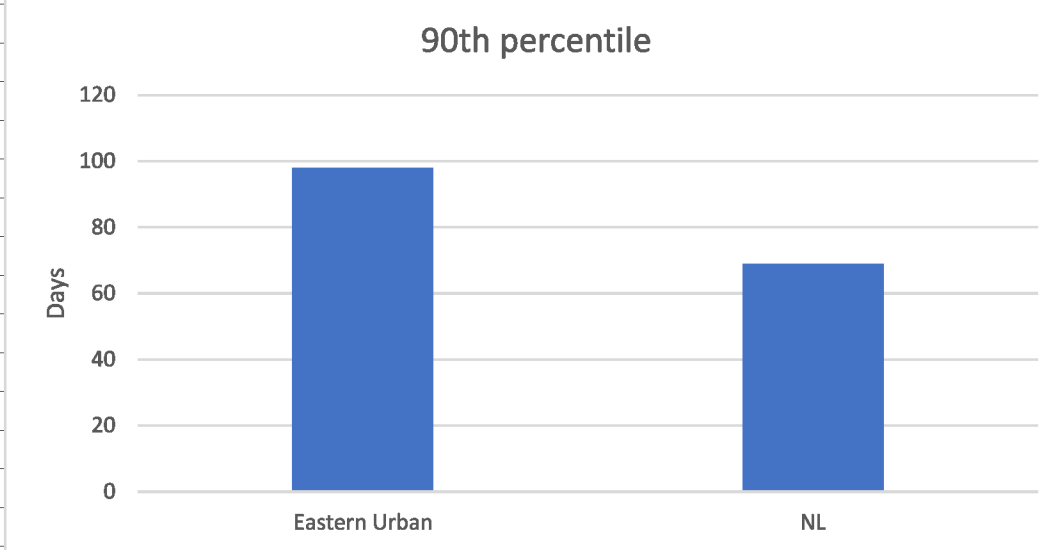
PROSTATE

	Volume		Population		Per 100k pop								
Year	Canada	NL	Canada	NL	Canada	NL							
2017 Q1Q2	4162	53	36,397,141	529,700	11.43496	10.00566							
2018 Q1Q2	4173	67	36,903,671	528,924	11.30782	12.66723							
2019 Q1Q2	4362	67	37,437,243	527,993	11.6515	12.68956							
2019 Q3Q4	3734	48	37,828,162	528,442	9.870953	9.083305							
2020 Q1Q2	3710	60	38,006,941	527,733	9.761375	11.36939							
2020 Q3Q4	3611	49	38,027,406	526,046	9.495783	9.314775							
2021 Q1Q2	3861	60	38,140,918	526,195	10.12299	11.40262							
2021 Q3Q4	3423	78	38,451,454	528,335	8.902134	14.76336							
2022 Q1Q2	4029	71	38,683,567	529,249	10.41528	13.41524							

NOTE: No regional data available except for Eastern Urban. Eastern Urban data fiscal year Q1 only vs. NL data Q1Q2

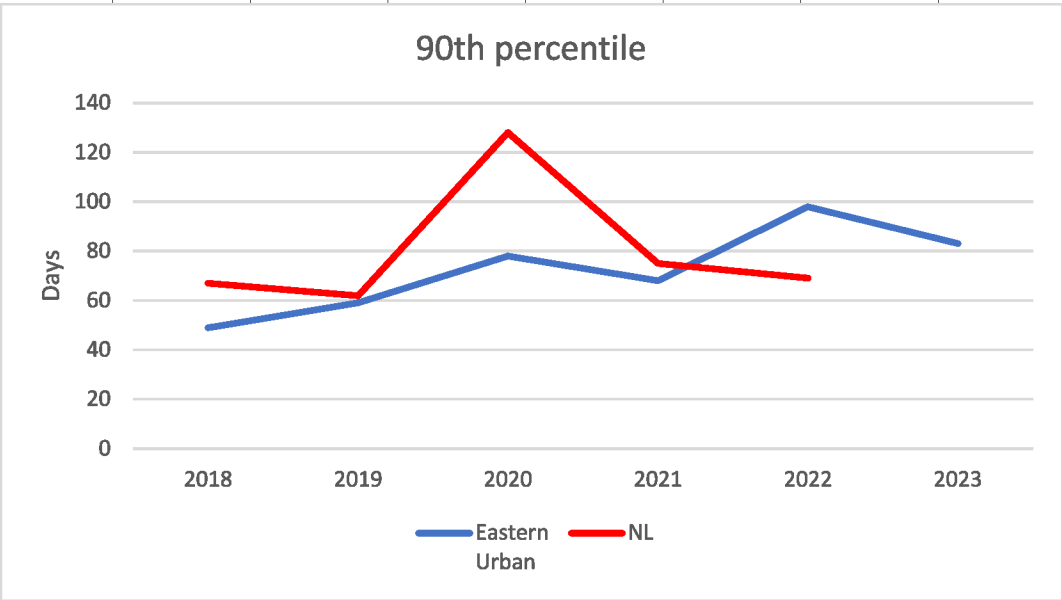
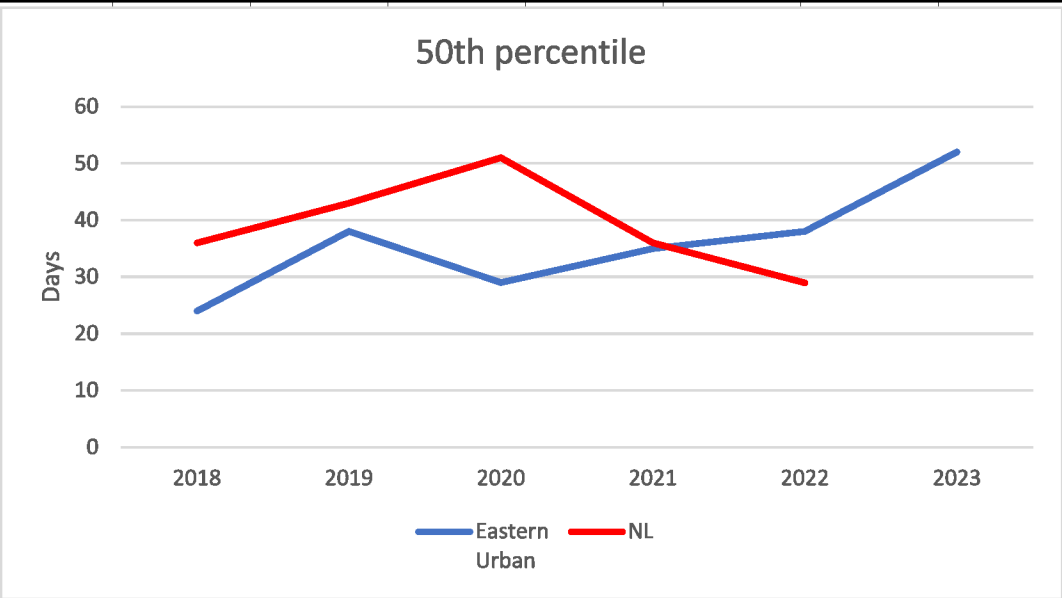


PROSTATE

[illegible][illegible]

PROSTATE

50th percentile		
Year	Eastern Urban	NL
2018	24	36
2019	38	43
2020	29	51
2021	35	36
2022	38	29
2023	52	
90th percentile		
Year	Eastern Urban	NL
2018	49	67
2019	59	62
2020	78	128
2021	68	75
2022	98	69
2023	83	



From: Dickson, Karen
Sent: Wednesday, March 6, 2024 2:42 PM
To: Cassie.Chisholm@easternhealth.ca
Cc: Parfrey, Patrick, Herritt, Jeannine
Subject: Surgery Wait Times and Volumes
Attachments: Surgery wait times REVISED.xlsx
[Attachment included on pages 370 - 428](#)

Hi Cassie,

Attached is surgery wait time and volume data you are expecting which Pat has texted you about. This comes from public CIHI data. You can see the volume data when you scroll down on each tab for each surgery.

Thanks,
Karen

29(1)(a)

Karen Dickson PhD
Senior Issues Advisor, Regional Services

Department of Health and Community Services
Government of Newfoundland and Labrador

T: 709-729-6455
E: KarenDickson@gov.nl.ca

From: Herritt, Jeannine
Sent: Monday, March 11, 2024 4:47 PM
To: Cassie Chisholm
Cc: Nolan, Karen
Subject: RE: DRAFT letter -central intake

I don't think it was sent. Will check.

Thanks,
Jeannine

JEANNINE HERRITT BN RN MN | Assistant Deputy Minister – Regional Services
Department of Health and Community Services
Government of Newfoundland and Labrador
PO Box 8700, St. John's NL A1B 4J6
709-729-1716 | JeannineHerritt@gov.nl.ca

From: Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>
Sent: Monday, March 11, 2024 4:42 PM
To: Herritt, Jeannine <JeannineHerritt@gov.nl.ca>
Cc: Nolan, Karen <knolan@gov.nl.ca>
Subject: RE: DRAFT letter -central intake

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi there,
Would one of you guys mind sending me the final version of this? I don't know where I've 'filed' it ☹
I believe we did send to Steve Greene after.
Thanks
C



**NL Health
Services**

Cassie Chisholm
Vice President Transformation, Health Systems
Newfoundland and Labrador Health Services

t: 709-730-6852
e: cassie.chisholm@easternhealth.ca
w: NLHealthServices.ca

From: Herritt, Jeannine [<mailto:JeannineHerritt@gov.nl.ca>]
Sent: Tuesday, November 21, 2023 10:49 AM
To: Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>
Subject: FW: DRAFT letter -central intake

JEANNINE HERRITT BN RN MN | Assistant Deputy Minister – Regional Services
Department of Health and Community Services
Government of Newfoundland and Labrador
PO Box 8700, St. John's NL A1B 4J6

From: Herritt, Jeannine
Sent: Friday, November 17, 2023 9:37 AM
To: Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>
Subject: DRAFT letter -central intake

~FOR YOUR REVIEW/EDITS~ when you are good I can have someone format/send out.

Mr. Steve Greene
Vice President – Digital Health and Chief Information Officer
Newfoundland and Labrador Health Services
EMAIL ADDRESS

Dear Mr. Greene:

As you are aware, a Surgical Task Force was established in June 2022 with a mandate to address the surgical backlog and associated surgical waitlists and to achieve, or exceed, wait time targets in line with national benchmarks, where they exist. Government has adopted the Provincial Surgical Backlog Task Force Report that contained 32 recommendations that are focused on measuring and monitoring wait lists; operational improvements to increase access and minimize surgery cancellations; and, maximizing the workforce through recruitment and retention initiatives. Government has publically committed to implementing all recommendations of this report.

Based on the Calls to Actions that were derived from Health Accord NL, a Health Transformation Surgery Sub-Table was developed to create processes to improve efficiency within surgery programs, including but not limited to wait lists, access, prioritization, and quality and outcomes. This Sub-Table is also tasked to develop an action plan to implement the recommendations of the Surgical Task Force Report. As co-chairs of this Health Transformation Surgery Sub-Table, we are reaching out to highlight some implementation challenges, specifically as it relates to recommendation #5 of the report, to “develop a provincial centralized intake system for surgical specialties for standardized, high-volume surgeries”.

While follow up has been initiated, no progress has been made in implementing this work with resources challenges being cited as the primary reason. With the common interest of advancing this work, we are requesting a written update on progress of this work, including timelines for completion of the provincial central intake for orthopedics and cataract surgery.

We appreciate the support of Digital Health as we work towards a common goal of implementing the recommendations from this report that require digital support. We are available to discuss further, at any time.

Sincerely,

JEANNINE HERRITT
Assistant Deputy Minister
Regional Services, GovNL

CASSIE CHISHOLM
Vice-President, Health Transformation
Newfoundland and Labrador Health Services

Department of Health and Community Services
Government of Newfoundland and Labrador
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From: Cabot, Antionette [All other attachments included on pages 293-298](#)
Sent: Tuesday, March 12, 2024 9:08 AM
To: Cassie Chisholm , Dickson, Karen, Dr. Moores, Herritt, Jeannine, Hodder, Kiana, Nadine Mcevoy , Nolan, Karen, Ron Johnson , Sanger, Janice, Tina Edmonds, Vallerie Coffey
Subject: RE: Surgical Sub table - Meeting Materials for March 12, 2024
Attachments: Surgical Visioning update.pptx, 02092400.PDF, 2023-0829-ToR-SurgeryHTSubTable updated Feb 26, 2024.docx, Minutes Surgery Sub table Feb 27 2024.docx, SBAR surgical services subtable submission - WZ Feb 27 2024.docx, Special Meeting Request Surgical Sub table Ophthalmology Feb 20 2024.docx, Agenda Surgery Sub table March 12 2024 doc.docx

Good morning, everyone,
Popping to top of your email for our meeting this afternoon.

Talk soon!

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca

From: Cabot, Antionette
Sent: Wednesday, February 28, 2024 12:13 PM
To: Cassie Chisholm <cassie.chisholm@easternhealth.ca>; Dickson, Karen <KarenDickson@gov.nl.ca>; Dr. Moores <william.moores@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Nadine Mcevoy <nadine.mcevoy@easternhealth.ca>; Nolan, Karen <knolan@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Sanger, Janice <JaniceSanger@gov.nl.ca>; Tina Edmonds <tinaedmonds@westernhealth.nl.ca>; Vallerie Coffey <valeric.coffey@easternhealth.ca>
Subject: Surgical Sub table - Meeting Materials for March 12, 2024

Good morning, everyone,

Please find attached the agenda for March 12 meeting with supporting documents for review prior to the meeting.

WZ surgical visioning presentation,

WZ SBAR

Minutes from Feb 20 special meeting re ophthalmology, and

Letter to minister.

Feel free to add or make suggestions to the agenda at any time.

Also find attached the minutes for Feb 27th meeting.

Thanks, in advance!

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca

From: Sanger, Janice
Sent: Tuesday, March 12, 2024 9:30 AM
To: Edmonds, Tina, Cabot, Antionette, Nadine McEvoy, Cassie Chisholm, Dickson, Karen, William Moores, Herritt, Jeannine, Hodder, Kiana, Nolan, Karen, Ron Johnson, Vallerie Coffey
Subject: RE: Monthly Reporting on CA Surgery

Thanks for the clarification Tina, with all the changes lately I wanted to make sure you meant me. 😊

-Q3 22/23 is the last quarter Central reported CA surg wait time data – CNRHC reported on bladder, breast, colon, and prostate cancers, while JPMRH reported on breast, and colon cancers.

-When we developed the provincial methodology for select CA surgical wait times, the approach agreed upon was for confirmed cancers.

-To ensure accuracy, part of the validation process for RHAs (now Zones) to confirm CA surgery cases was cross-validation with the E-Path Cancer Tumor Registry data file sent to them quarterly.

-At some time in 22/23 the Tumor Registry was transitioned to a new platform and since that time Zones have not received the quarterly file containing all cases with a confirmed cancer pathology.

-As a result, Central Zone has not been able to collate the data for quarter wait time submission to HCS, and the other zones have continued.

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

Currently, we report by facility on a quarterly data reporting cycle and many facilities still require data suppression (DS) due to low volumes.

Hope this helps, and if needed I can also share the summary I sent to you and Nadine prior to our meeting.

Janice

From: Sanger, Janice
Sent: Tuesday, March 12, 2024 8:55 AM
To: 'Edmonds, Tina' <tinaedmonds@westernhealth.nl.ca>; Cabot, Antionette <AntionetteCabot@gov.nl.ca>; 'Nadine McEvoy' <Nadine.McEvoy@easternhealth.ca>; Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; Dickson, Karen <KarenDickson@gov.nl.ca>; William Moores <William.Moores@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Nolan, Karen <knolan@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Vallerie Coffey <valeric.coffey@easternhealth.ca>
Subject: RE: Monthly Reporting on Surgery

Hi Tina, did you mean to write Janice below? 😊

From: Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>
Sent: Thursday, March 7, 2024 11:40 AM
To: Cabot, Antionette <AntionetteCabot@gov.nl.ca>; 'Nadine McEvoy' <Nadine.McEvoy@easternhealth.ca>; Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; Dickson, Karen <KarenDickson@gov.nl.ca>; William Moores <William.Moores@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Nolan, Karen <knolan@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Sanger, Janice <JaniceSanger@gov.nl.ca>; Vallerie Coffey <valeric.coffey@easternhealth.ca>
Subject: RE: Monthly Reporting on Surgery

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Hi Antoinette,
Nadine and I did discuss cancer surgeries with Karen and Janet.

Janet what year/quarter would be the last update that would represent information on all zones on cancers? Also if I got anything wrong above please chime in 😊

Thanks

Tina

From: Cabot, Antionette <AntionetteCabot@gov.nl.ca>

Sent: Thursday, March 7, 2024 11:06 AM

To: 'Nadine McEvoy' <Nadine.McEvoy@easternhealth.ca>; Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; Dickson, Karen <KarenDickson@gov.nl.ca>; William Moores <William.Moores@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Nolan, Karen <knolan@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Sanger, Janice <JaniceSanger@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Vallerie Coffey <valeric.coffey@easternhealth.ca>

Subject: RE: Monthly Reporting on Surgery

Hi Nadine,

the 19th is fine, no worries.

We will keep reporting on the initial priority areas, joints and cataracts, monthly and in our regular quarterly updates.

However, [REDACTED] we have added cardiac, and cancer surgeries to the priority list.

[REDACTED]

There has been a significant amount of work gone into collecting the data for these areas.

[REDACTED]

IF you have any questions please reach out, happy to discuss.

Thanks, in advance!

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca

From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Sent: Wednesday, March 6, 2024 9:10 AM
To: Cabot, Antionette <AntionetteCabot@gov.nl.ca>; Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; Dickson, Karen <KarenDickson@gov.nl.ca>; William Moores <William.Moores@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Nolan, Karen <knolan@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Sanger, Janice <JaniceSanger@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Vallerie Coffey <valeric.coffey@easternhealth.ca>
Subject: RE: Monthly Reporting on Surgery

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Antionette;
Thanks for staying on top of this.
Zones submit their data on the 15th to a waitlist manager who then compiles it into a provincial report. Tracy Parsons' group uses that report to update the data slides. Given that the 15th is a Friday, we likely won't have the data slides updated to end of February for Monday (18th). Can we say first draft by Tuesday, 19th?
In the meantime, if there are any foundational changes required to the slide deck, we can work on that in advance of the data update. Please send along any feedback.
Thanks,
Nadine



Nadine McEvoy BScPT MBA (She/Her)
Director, Strategic Health Networks

t: 709-691-2794
e: Nadine.mcevoy@easternhealth.ca
w: NLHealthServices.ca

From: Cabot, Antionette <AntionetteCabot@gov.nl.ca>
Sent: Wednesday, March 6, 2024 9:00 AM
To: Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; Dickson, Karen <KarenDickson@gov.nl.ca>; William Moores <William.Moores@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>; knolan <knolan@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; janicesanger <janicesanger@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Vallerie Coffey <valeric.coffey@easternhealth.ca>
Subject: Monthly Reporting on Surgery

Good morning, everyone,
Sending along a gentle reminder that the next date for the Premier HT table is March 22nd, HH will send along the invite when confirmed.

Surgery is on the list for the monthly update and thinking about how quickly time slips by, do we want to meet as a group or are we ok to review the presentation through email.
This update is usually a shorter version than the full update.

Maybe we could aim for the first draft review by March 18th is that is good with folks, if not, please suggest an alternate date.

Feedback and suggestions welcomed!
Have a lovely day.

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca

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From: Dickson, Karen
Sent: Tuesday, March 12, 2024 3:44 PM
To: Cabot, Antionette, Cassie Chisholm , Dr. Moores, Herritt, Jeannine, Hodder, Kiana, Nadine Mcevoy , Nolan, Karen, Ron Johnson , Sanger, Janice, Tina Edmonds, Vallerie Coffey
Subject: RE: Surgical Sub table - Meeting Materials for March 12, 2024
Attachments: Surgery wait times REVISED.xlsx
[Attachment included on pages 370 - 428](#)

CIHI wait time data discussed today is attached.

Thanks,
Karen

From: Cabot, Antionette <AntionetteCabot@gov.nl.ca>
Sent: Tuesday, March 12, 2024 9:08 AM
To: Cassie Chisholm <cassie.chisholm@easternhealth.ca>; Dickson, Karen <KarenDickson@gov.nl.ca>; Dr. Moores <william.moores@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Nadine Mcevoy <nadine.mcevoy@easternhealth.ca>; Nolan, Karen <knolan@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Sanger, Janice <JaniceSanger@gov.nl.ca>; 'Tina Edmonds' <tinaedmonds@westernhealth.nl.ca>; Vallerie Coffey <valeric.coffey@easternhealth.ca>
Subject: RE: Surgical Sub table - Meeting Materials for March 12, 2024

Good morning, everyone,
Popping to top of your email for our meeting this afternoon.

Talk soon!

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca

From: Cabot, Antionette
Sent: Wednesday, February 28, 2024 12:13 PM
To: Cassie Chisholm <cassie.chisholm@easternhealth.ca>; Dickson, Karen <KarenDickson@gov.nl.ca>; Dr. Moores <william.moores@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Nadine Mcevoy <nadine.mcevoy@easternhealth.ca>; Nolan, Karen <knolan@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Sanger, Janice <JaniceSanger@gov.nl.ca>; Tina Edmonds <tinaedmonds@westernhealth.nl.ca>; Vallerie Coffey <valeric.coffey@easternhealth.ca>
Subject: Surgical Sub table - Meeting Materials for March 12, 2024

Good morning, everyone,

Please find attached the agenda for March 12 meeting with supporting documents for review prior to the meeting.

WZ surgical visioning presentation,

WZ SBAR

Minutes from Feb 20 special meeting re ophthalmology, and

Letter to minister.

Feel free to add or make suggestions to the agenda at any time.

Also find attached the minutes for Feb 27th meeting.

Thanks, in advance!

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca

From: Donnie Sampson <donnie.sampson@lghealth.ca>
Sent: Tuesday, March 12, 2024 3:46 PM
To: Parfrey, Patrick, Cassie Chisholm, David Glineur, Cabot, Antionette, Sean Connors, Herritt, Jeannine
Subject: [REDACTED]
Attachments: [REDACTED]

Hi All

[REDACTED]

While I realize much has been moving forward, I feel it's important we have it documented ...

Kind Regards

D

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From: Dickson, Karen
Sent: Thursday, March 14, 2024 11:53 AM
To: Parfrey, Patrick
Cc: Herritt, Jeannine
Subject: Surgery wait time data
Attachments: Priority Surgery Wait Time Data.docx

Hi Pat,

As discussed, attached are the selected surgery graphs and tables, including relevant text in bullets, in a Word doc.

Thanks,
Karen

Karen Dickson PhD
Senior Issues Advisor, Regional Services

Department of Health and Community Services
Government of Newfoundland and Labrador

T: 709-729-6455
E: KarenDickson@gov.nl.ca

Table 1. Wait times (in days) in Canada and NL and NL provincial rank for priority procedures, April-September (Q1-Q2) 2022

<i>Surgery</i>	<i>50th Percentile (days)</i>			<i>90th Percentile (days)</i>			<i>% Meeting Benchmark</i>		
	<i>Canada</i>	<i>NL</i>	<i>NL Rank</i>	<i>Canada</i>	<i>NL</i>	<i>NL Rank</i>	<i>Canada</i>	<i>NL</i>	<i>NL Rank</i>
<i>Hip Replacement</i>	164	197	5 (of 10)	411	505	6 (of 10)	57	45	6 (of 10)
<i>Knee Replacement</i>	198	252	5 (of 10)	479	552	4 (of 10)	50	36	5 (of 10)
<i>Cataract</i>	73	151	10 (of 10)	276	433	9 (of 10)	66	39	10 (of 10)
<i>CABG</i>	8	10	7 (of 8)	78	192	8 (of 8)			
<i>Bladder Cancer</i>	27	25	4* (of 9)	71	48	2 (of 9)			
<i>Breast Cancer</i>	21	20	3** (of 10)	44	43	4* (of 10)			
<i>Colorectal Cancer</i>	22	16	1* (of 9)	49	36	1 (of 9)			
<i>Lung Cancer</i>	25	15	1 (of 9)	57	41	2 (of 9)			
<i>Prostate Cancer</i>	53	29	1 (of 8)	122	69	1 (of 8)			

Notes:

* tied with one other province

** tied with two other provinces

- Wait times for five priority cancer surgeries in NL are relatively short compared to wait times overall in Canada, with NL being one of the top provinces with the shortest wait times (50th percentile and 90th percentile of patients) for all five surgeries.
- Wait times for joint replacements in NL are somewhat longer than average Canadian wait times, with NL ranking in the middle of all provinces for joint replacement wait times and the percentage of patients who receive joint replacements within the benchmark wait time.
- Wait times for cataract and coronary artery bypass graft surgeries in NL are poor relative to the rest of Canada, with the longest or second longest wait times and the smallest percentage of patients receiving cataract surgery within the benchmark wait time, of all provinces.

Coronary Artery Bypass Graft

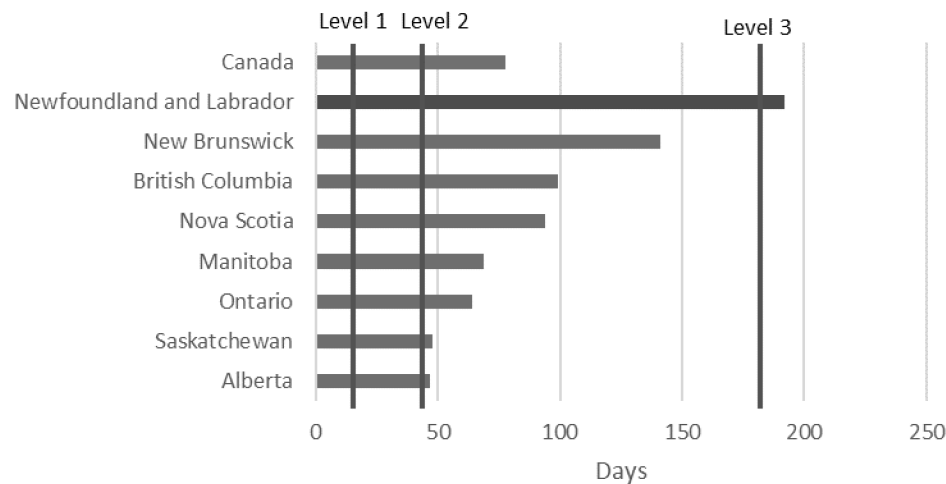


Figure 1a. Wait time (in days) for 90th percentile patients in each province and Canada for coronary artery bypass graft surgery, April-September (Q1-Q2) 2022, with 3 levels of the national benchmark.

- The national benchmark for coronary artery bypass graft (CABG) surgery has three levels, based on urgency. Level 1 (most urgent) is 14 days, Level 2 is 42 days, and Level 3 (least urgent) is 182 days. Provincial urgency levels are not comparable, so the percentage of patients treated within the benchmark time is not reported and aggregate data for all urgency levels is provided.
- In Canada, the wait time for the 90th percentile of patients for CABG surgery was 78 days while the 90th percentile wait time in NL was 2.5 times longer at 192 days, the longest wait time of the eight provinces for which data is available and exceeding the Level 3 benchmark wait time of 182 days.

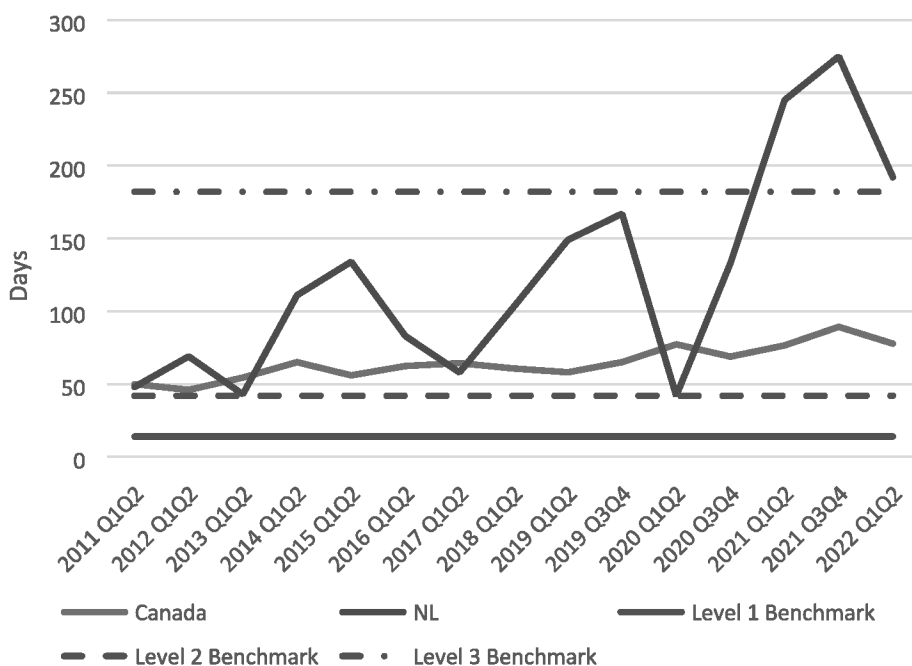


Figure 1b. Wait time (in days) for 90th percentile of patients for coronary artery bypass graft surgery, 2011-2022.

- In April to September of 2011 the 90th percentile wait time for CABG surgery in NL was 48 days, slightly below the wait time for Canada of 50 days. For April to September of 2022 the wait time in Canada had increased by 56% compared to 2011 to 78 days, while the wait time in NL had increased by 300% to 192 days.

Table 2. Total volume and rate per 100k population of CABG surgeries performed in Canada and NL in April-September (Q1-Q2) of 2022

	<i>Canada</i>	<i>NL</i>
<i>Volume</i>	8,296	178
<i>Rate</i>	21.4	33.6

- The rate of CABG surgeries in NL for April-September of 2022 was 57% higher than the rate for Canada.

Joint Replacement

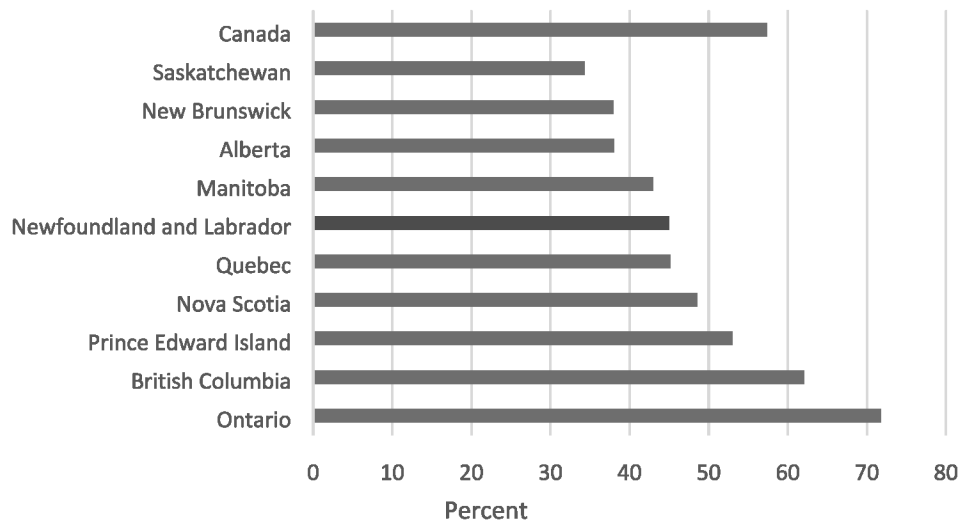


Figure 2a. Percentage of patients receiving hip replacement within national benchmark wait time in each province and Canada, April-September 2022 (Q1-Q2).

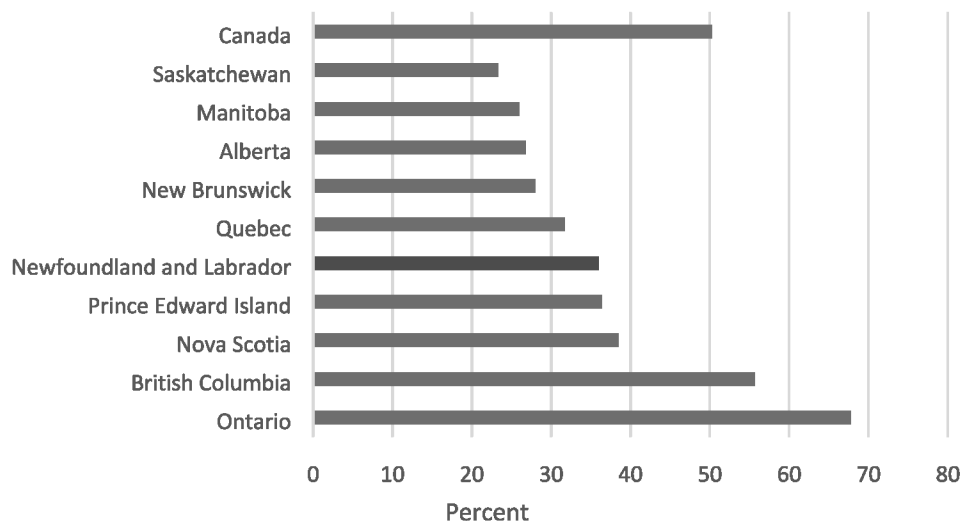


Figure 2b. Percentage of patients receiving knee replacement within national benchmark wait time in each province and Canada for knee replacement, April-September 2022 (Q1-Q2).

- In Canada, 57% and 50% of patients' wait time for hip and knee replacement surgery, respectively, meet the national benchmark of 182 days in April-September of 2022. The percentage of patients whose wait time met the benchmark in NL was lower at 45% and 36% for hip and knee replacement surgery, respectively. NL ranked 6th out of 10 provinces for the percentage of wait times meeting the benchmark for hip replacement surgery and 5th for knee replacement surgery.

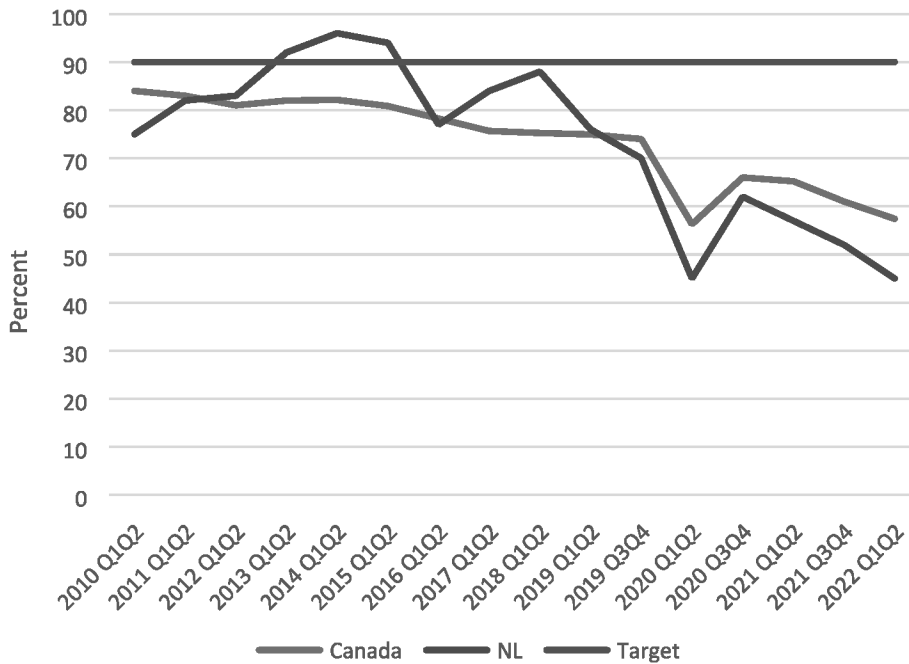


Figure 3a. Percentage of patients receiving hip replacement within benchmark wait time, 2010-2022.

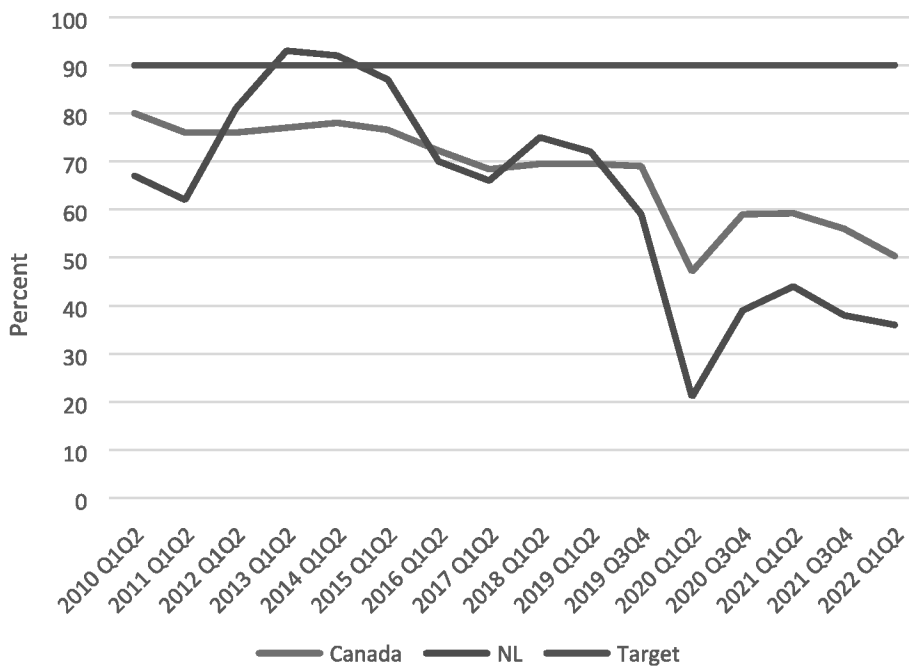


Figure 3b. Percentage of patients receiving knee replacement within benchmark wait time, 2010-2022.

- In the mid-2010s, NL peaked above the target of 90% of patients receiving joint replacement surgery within the benchmark wait time. In 2014, 96% of patients in NL received hip surgery within the benchmark wait time, compared to 82% of patients in Canada. Similarly, in 2013, 93% of patients in NL received knee surgery within the benchmark wait time, compared to 77% of patients in Canada.

- By 2022, the percentage of patients receiving joint replacements within the benchmark wait time had fallen significantly for both Canada and NL, and NL had also fallen below Canada. 45% of patients in NL received hip surgery within the benchmark wait time, compared to 57% of patients in Canada, while 36% of patients in NL received knee surgery within the benchmark wait time, compared to 50% of patients in Canada.

Table 3. Total volume and rate per 100k population of hip and knee replacements performed in Canada and NL in April-September (Q1Q2) of 2022

	<i>Hip Replacement</i>		<i>Knee Replacement</i>	
	<i>Canada</i>	<i>NL</i>	<i>Canada</i>	<i>NL</i>
<i>Volume</i>	23245	253	34105	306
<i>Rate</i>	60.1	47.8	88.2	57.8

- The rate of hip replacements in NL is 80% of the Canadian rate and the rate of knee replacements in NL is 66% of the rate for Canada, despite a larger proportion of the NL population than the Canadian population being seniors, who require the majority of joint replacements.

Cataract Surgery

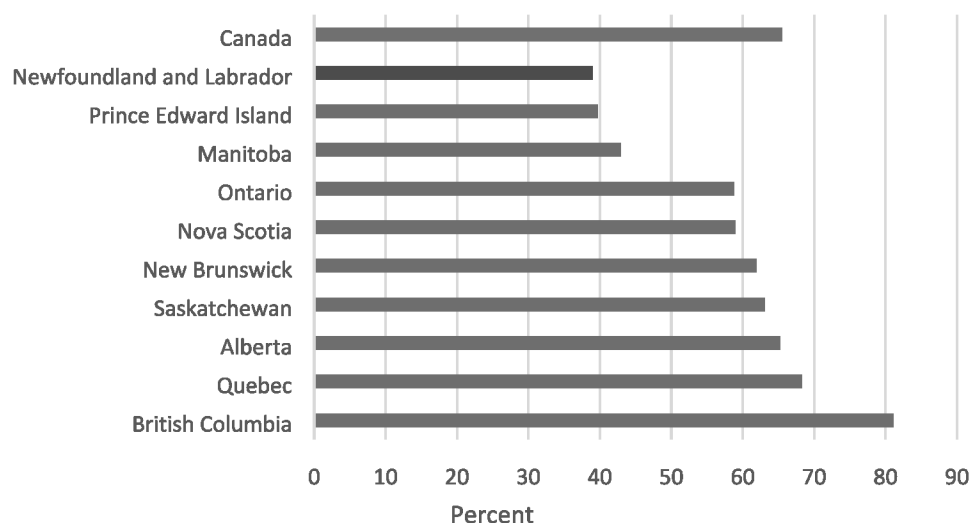


Figure 4a. Percentage of patients receiving cataract surgery within national benchmark wait time in each province and Canada, April-September 2022 (Q1-Q2).

- In Canada, 66% of patients' wait time for cataract surgery meet the national benchmark of 112 days in April-September of 2022. The percentage of patients in NL whose wait time met the benchmark

was lower at 39%. NL ranked last out of 10 provinces for the percentage of wait times within the benchmark.

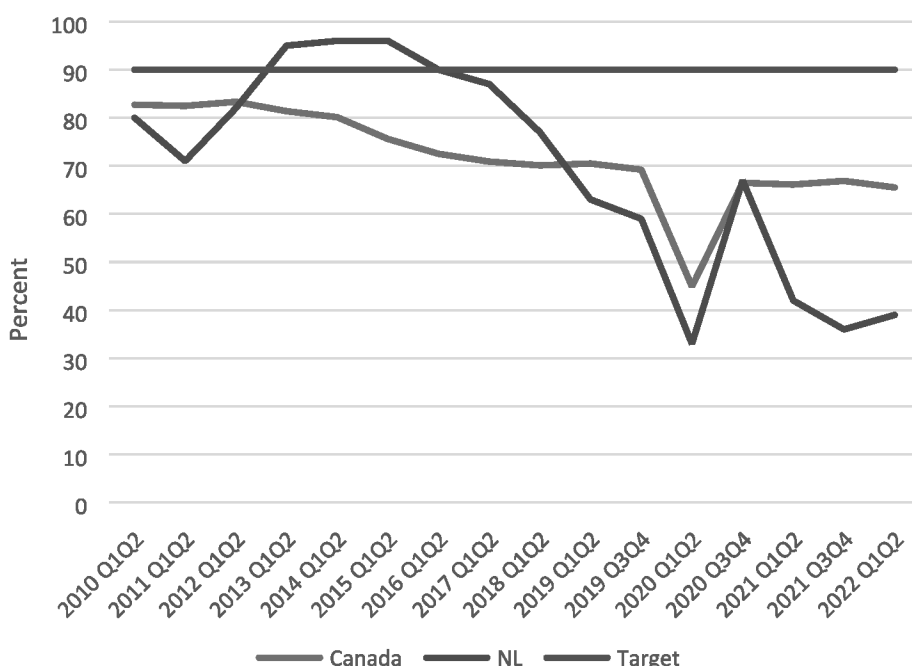


Figure 4b. Percentage of patients receiving cataract surgery within national benchmark wait time, 2010-2022.

- In the mid-2010s, NL peaked above the target of 90% of patients receiving cataract surgery within the benchmark wait time. In 2014 and 2015, 96% of patients in NL had a wait time within the benchmark, compared to 76%-80% of patients in Canada (2015 and 2014, respectively).
- By 2022, the percentage of patients receiving cataract surgery within the benchmark wait time had fallen for both Canada and NL, with a larger decrease for NL to 39% placing it well below Canada at 66%.

Table 4. Total volume and rate per 100k population of cataract surgeries performed in Canada and NL in April-September (Q1Q2) of 2022

	Canada	NL
Volume	181557	1222
Rate	469.3	230.9

- The rate of cataract surgeries in NL is less than half (49%) of the rate in Canada, even though most cataract surgeries are performed on seniors and the NL population has a larger proportion of seniors than the Canadian population.

From: Parfrey, Patrick
Sent: Thursday, March 14, 2024 4:07 PM
To: Ron Johnson, Herritt, Jeannine, Cassie Chisholm, Angela Bussey
Subject: FW: Surgery wait time data
Attachments: Priority Surgery Wait Time Data.docx
[Attachment included on pages 468-474](#)

Ron and Angela, See attached for discussion this afternoon
Pat

From: Dickson, Karen <KarenDickson@gov.nl.ca>
Sent: Thursday, March 14, 2024 11:53 AM
To: Parfrey, Patrick <PatrickParfrey@gov.nl.ca>
Cc: Herritt, Jeannine <JeannineHerritt@gov.nl.ca>
Subject: Surgery wait time data

Hi Pat,

As discussed, attached are the selected surgery graphs and tables, including relevant text in bullets, in a Word doc.

Thanks,
Karen

Karen Dickson PhD
Senior Issues Advisor, Regional Services

Department of Health and Community Services
Government of Newfoundland and Labrador

T: 709-729-6455
E: KarenDickson@gov.nl.ca

From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Sent: Tuesday, March 19, 2024 4:36 PM
To: Cabot, Antionette, Cassie Chisholm, Dickson, Karen, William Moores, Herritt, Jeannine, Hodder, Kiana, Nolan, Karen, Ron Johnson, Sanger, Janice, Edmonds, Tina
Subject: Presentation for review
Attachments: HTT Surgery Draft Mar 19.pptx

Hi;

I am attaching the presentation for your review. The slides have been updated with the February data; however, there are still a few items under development that I want to draw to your attention:

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

I plan to circulate a new version by noon tomorrow. In the meantime, I wanted to get this version out for engagement.

Reach out with any questions, comments, or concerns.

Many thanks,

Nadine



**NL Health
Services**

Nadine McEvoy BScPT MBA (She/Her)

Director, Strategic Health Networks

t: 709-691-2794

e: Nadine.mcevoy@easternhealth.ca

w: NLHealthServices.ca

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A 10-YEAR HEALTH TRANSFORMATION

Surgery Sub-table Update March 19, 2024



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- Vice President Transformation Health Systems, NLHS, Cassie Chisholm, co-chair
- Vice President and Chief Operating Officer, Eastern Urban Zone, NLHS, Ron Johnson
- Senior Director, Provincial Health Transformation, NLHS, Tina Edmonds
- Provincial Wait Time Coordinator, Regional Services, HCS, Janice Sanger
- Acting Director, Regional Services, HCS, Karen Nolan
- Special Advisor - Health Transformation, Antionette Cabot, Secretariat and full member
- Director, Surgical Services Strategic Health Network, Nadine McEvoy
- Interim Medical Lead, Dr. William Moores



Current Priorities

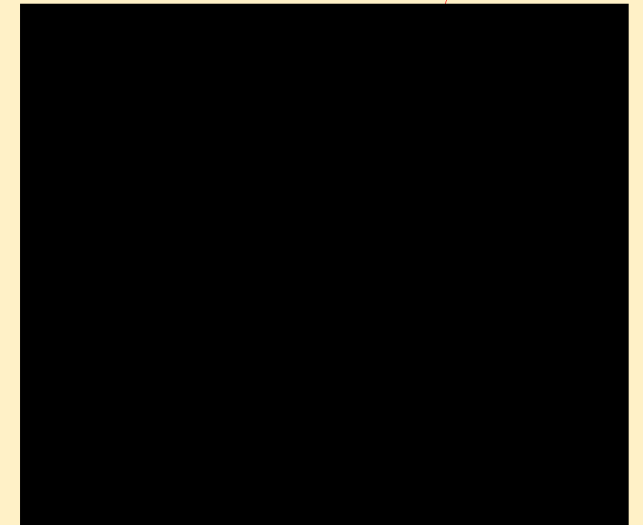
- Central Intake Project – Initial focus Orthopedics and Ophthalmology
- Total Joint Replacement initiatives to address surgical backlog

Challenges

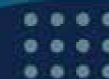
- Low volumes of patients qualify for outpatient TJR procedures based on existing criteria
- Cancellations due to bed availability

Opportunities

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

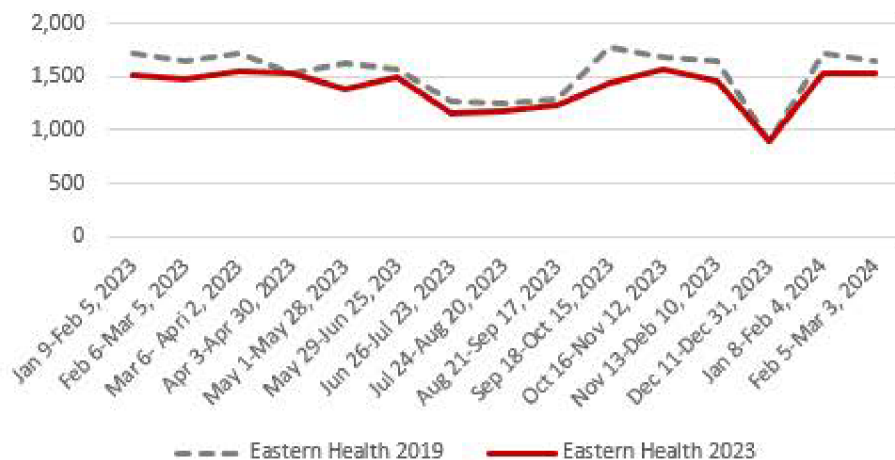


- OR capacity review
- Expanding Central Intake

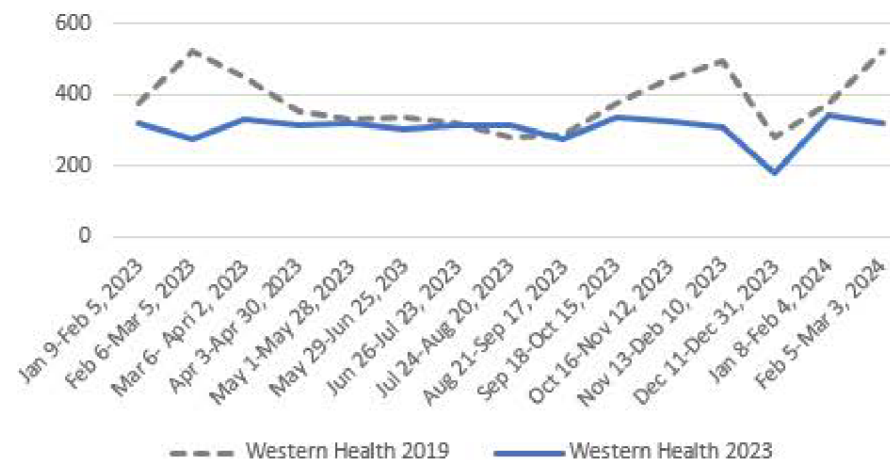


Change in Surgical Volumes (2023 compared to 2019)

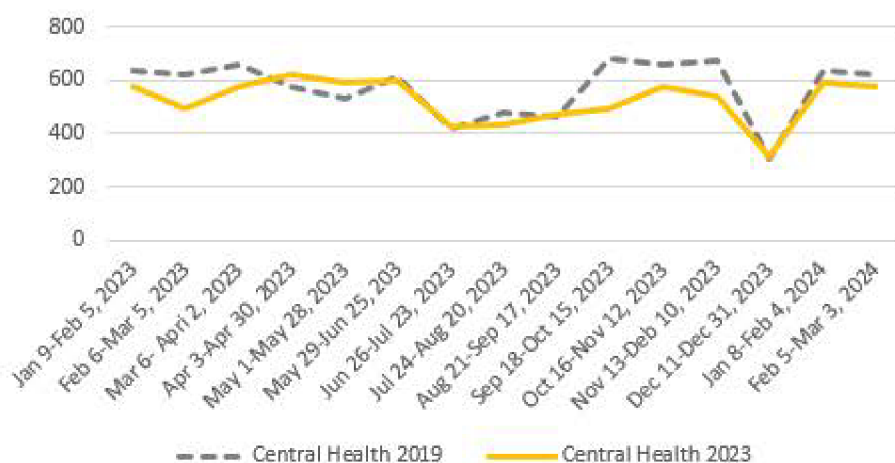
Eastern 2019 vs 2023



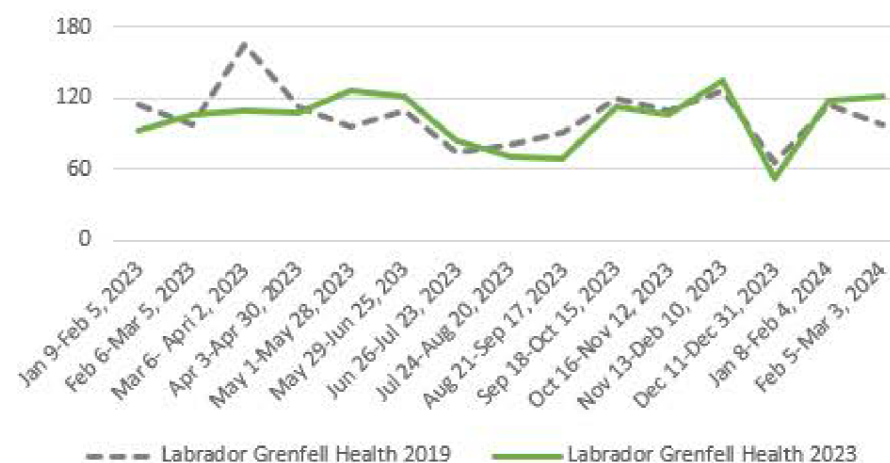
Western 2019 vs 2023



Central 2019 vs 2023



Labrador Grenfell 2019 vs 2023



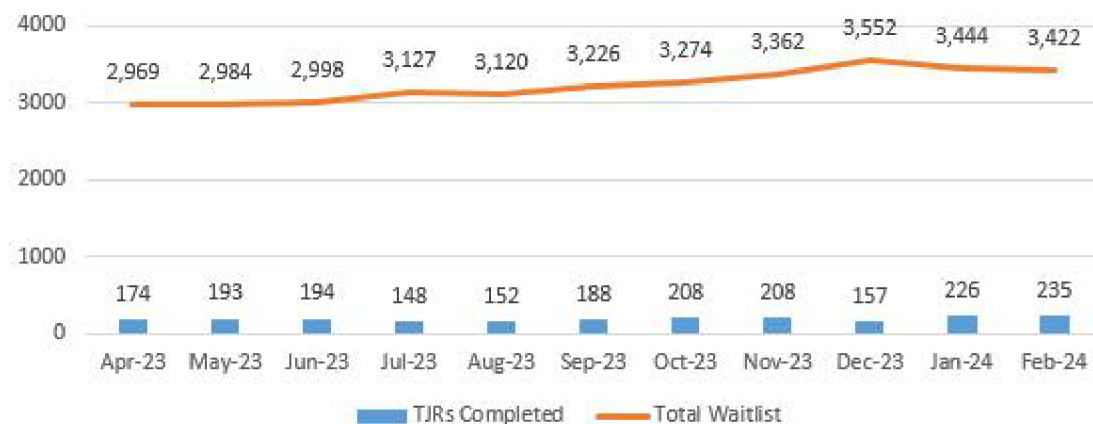
Volume Difference. Data comes from resumption report

The resumption report is a weekly report. In order to present information by month, 4 weeks data is summed up to be a month.

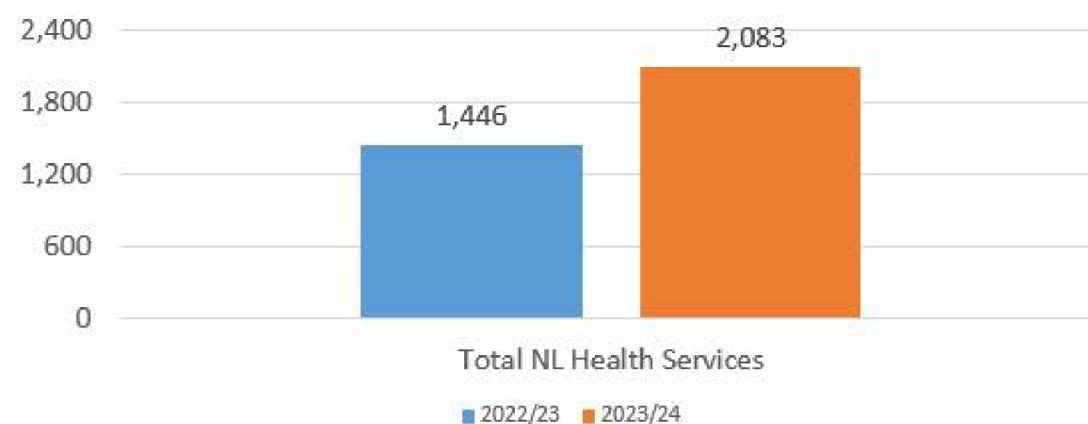


Provincial Joint Replacements

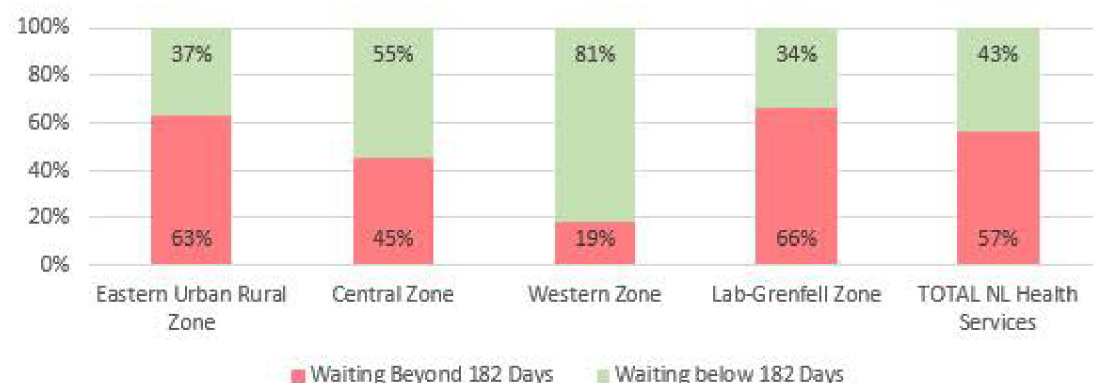
**Combined Total Joint Replacements (JRs)
Completed versus Total Waitlist - Provincial Totals**



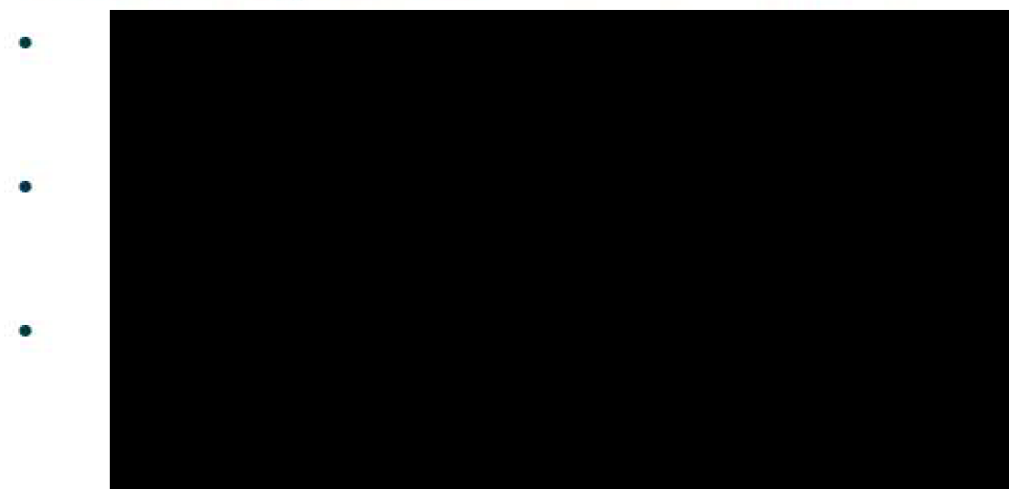
**Comparing Total Joint Replacements Completed
for Apr-Feb 2022/2023 and Apr-Feb 2023/2024**



**Waitlist - Number Actively Waiting
Breakdown End-of-Month February 2024
Above versus Below Benchmark**



Ortho Update



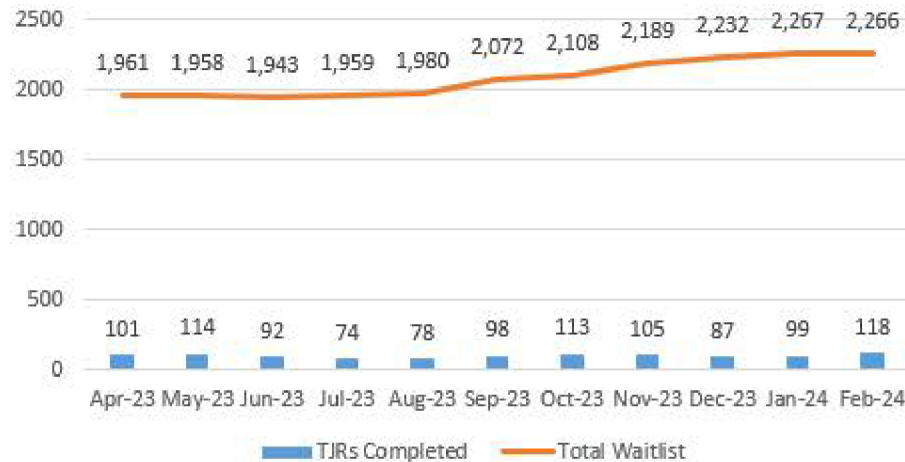
JRs refer to Total Joint Replacements

Wait list includes active and inactive

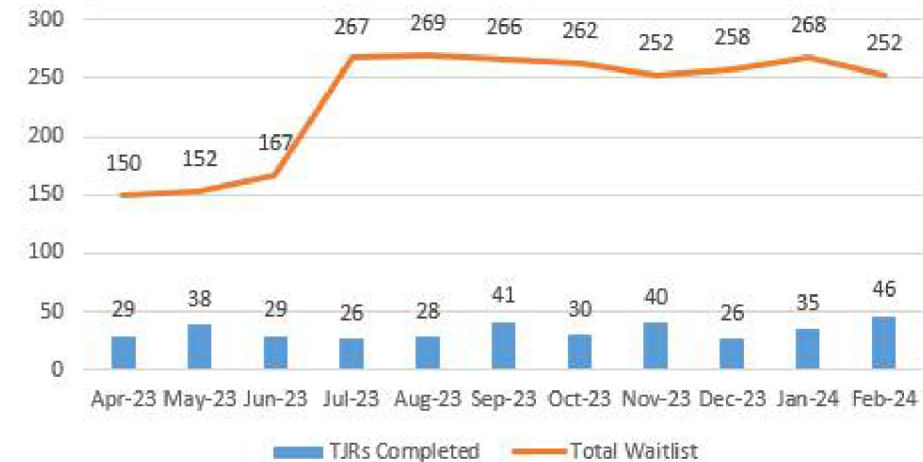


Combined JRs Completed Versus Total Waitlist by Zone

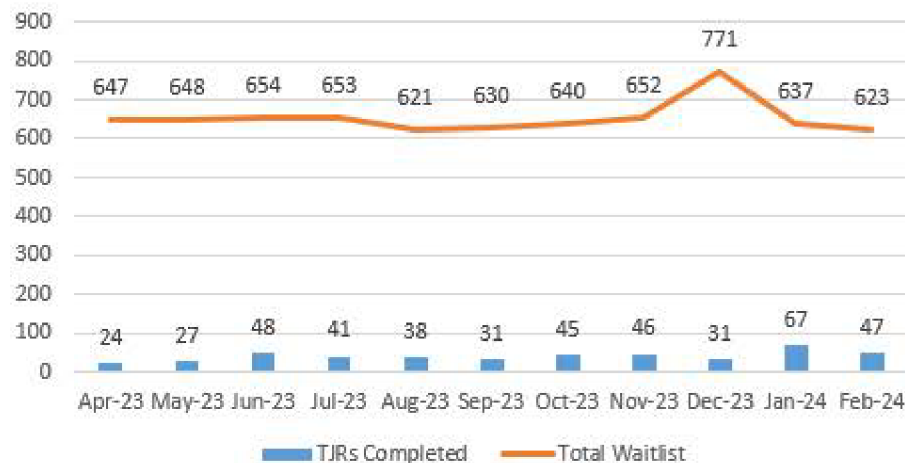
Eastern



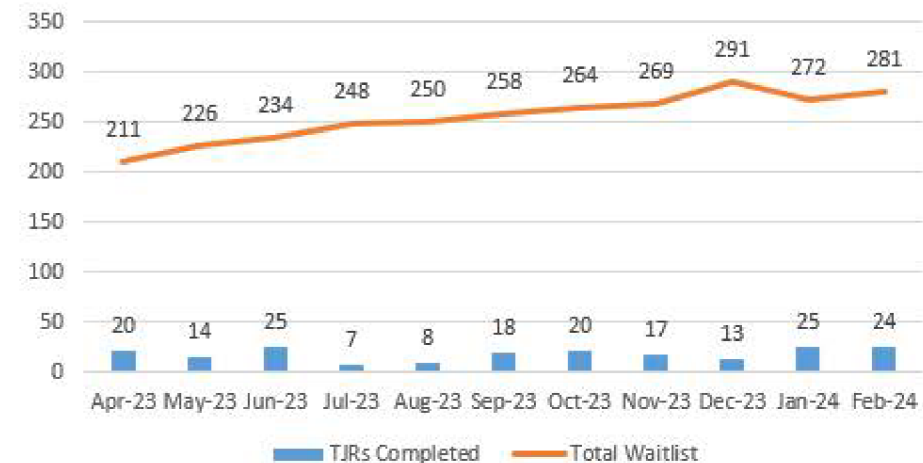
Western

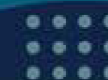


Central



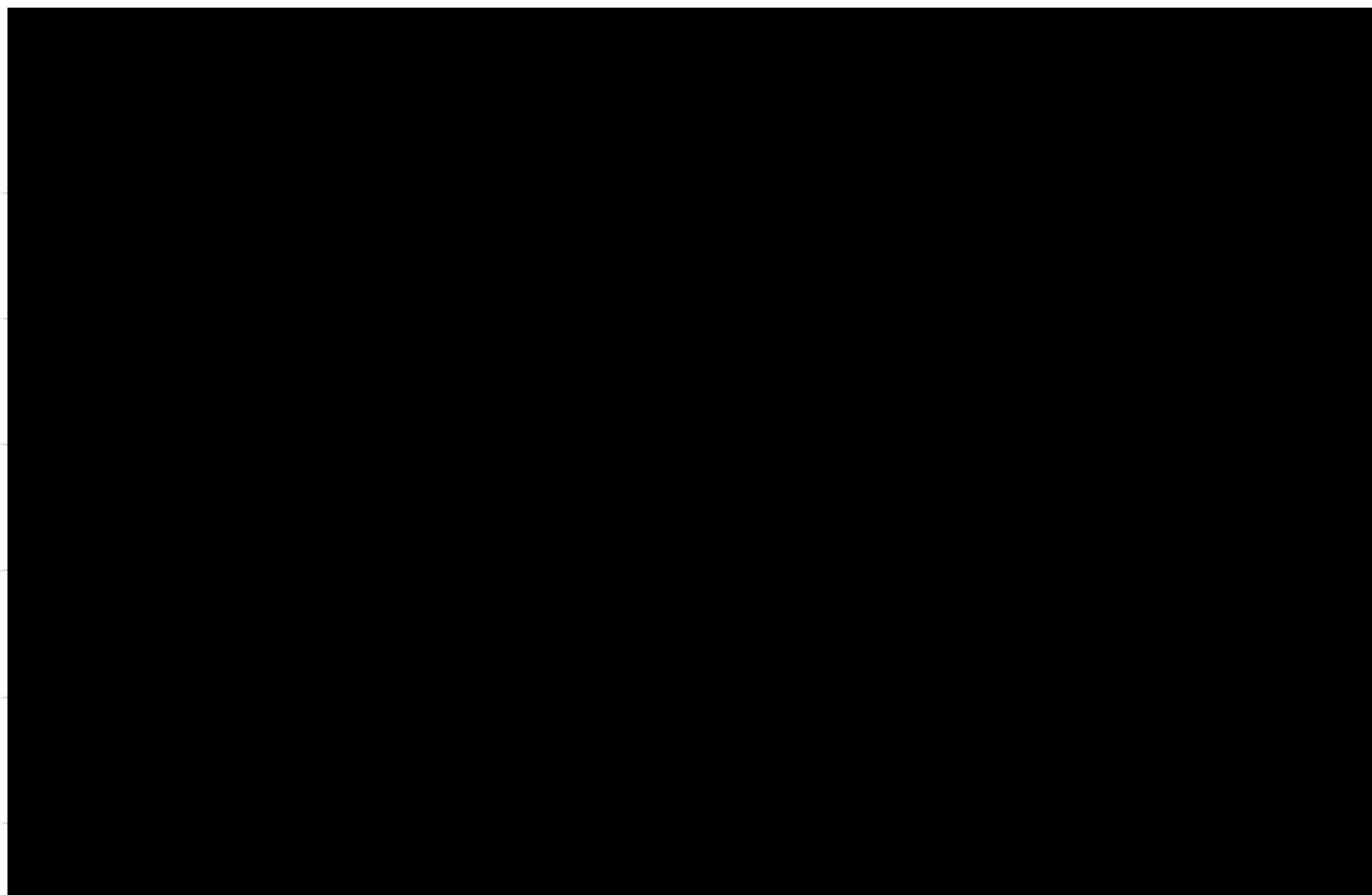
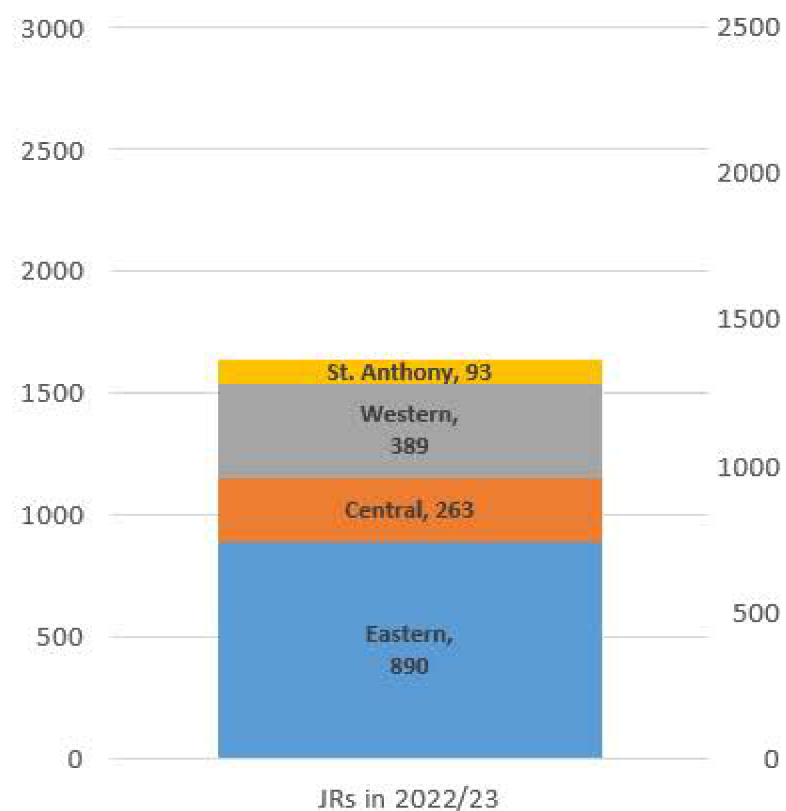
Labrador-Grenfell





Total Joint Replacement Surgery

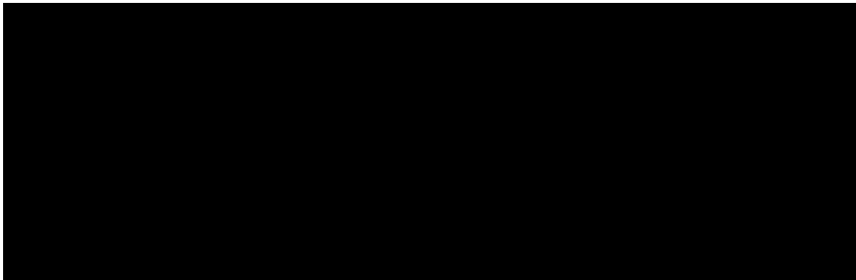
JRs in
2022/23
N=1635



JRs refers to total joint replacement

Redactions on this page are pursuant to sections 29(1)(a) and 35(1)(d) of ATIPPA, 2015

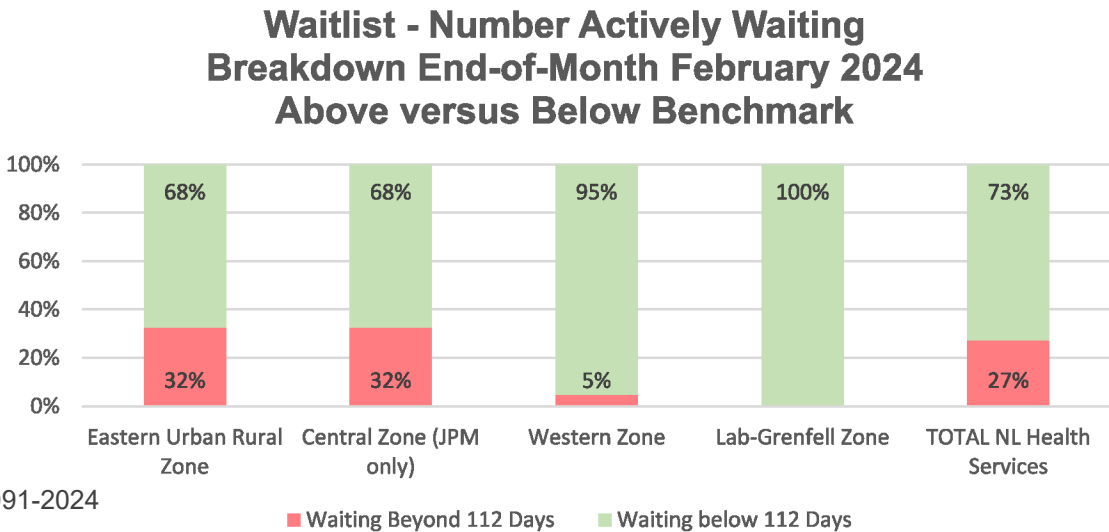
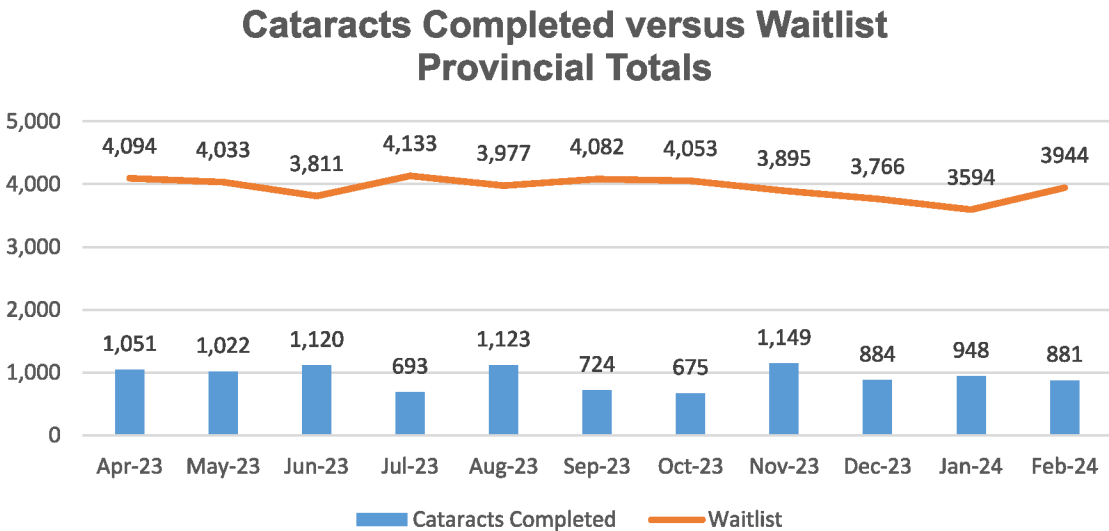
Provincial – Cataract Surgery Service



Redactions on this page are pursuant to sections 29(1)(a) and 35(1)(d) of ATIPPA, 2015

Cataract Update

- 
-
-





Next Steps

- Creation of Provincial Surgical Backlog Initiative
- Focus on Capacity Building through Optimization:

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- Data informed decision making utilizing Central Intake and other analytics

Health Human Resources

- Recruitment and retention strategies
- Optimizing scope of practice
- Adopting enabling technologies
- Use of data to support effective workforce planning and management

From: Cabot, Antionette
Sent: Wednesday, March 20, 2024 9:00 AM
To: Nadine McEvoy
Cc: Herritt, Jeannine, Cassie Chisholm
Subject: RE: Presentation for review
Attachments: Priority Surgery Wait Time Data.docx
[Attachment included on pages 468-474](#)

Thanks Nadine,
Looking good, great work.

Would this document be of any assistance, to start us off for the first reporting?
Karen D completed this analysis, great piece of work as well.

Thanks

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca

From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Sent: Tuesday, March 19, 2024 4:36 PM
To: Cabot, Antionette <AntionetteCabot@gov.nl.ca>; Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; Dickson, Karen <KarenDickson@gov.nl.ca>; William Moores <William.Moores@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Nolan, Karen <knolan@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Sanger, Janice <JaniceSanger@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>
Subject: Presentation for review

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi;

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29(1)(a),
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Reach out with any questions, comments, or concerns.

Many thanks,

Nadine



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e: Nadine.mcevoy@easternhealth.ca

w: NLHealthServices.ca

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From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Sent: Wednesday, March 20, 2024 1:47 PM
To: Cabot, Antionette, Cassie Chisholm, Dickson, Karen, William Moores, Herritt, Jeannine, Hodder, Kiana, Nolan, Karen, Ron Johnson, Sanger, Janice, Edmonds, Tina, Vallerie Coffey
Subject: March 22 Draft presentation, version 2
Attachments: HTT Surgery Draft Mar 20.pptx

Hi;
Please see attached updated draft of the presentation for your input.
Thanks
Nadine



Nadine McEvoy BScPT MBA (She/Her)
Director, Strategic Health Networks

t: 709-691-2794
e: Nadine.mcevoy@easternhealth.ca
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A 10-YEAR HEALTH TRANSFORMATION

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- Interim Medical Lead, Surgical Services, Strategic Health Network, Dr. William Moores



Current Priorities

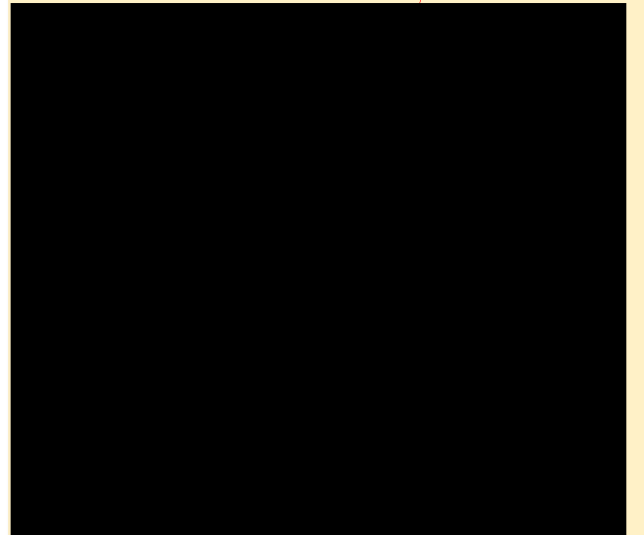
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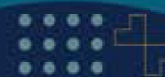
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29(1)(a), 35(1)(d)

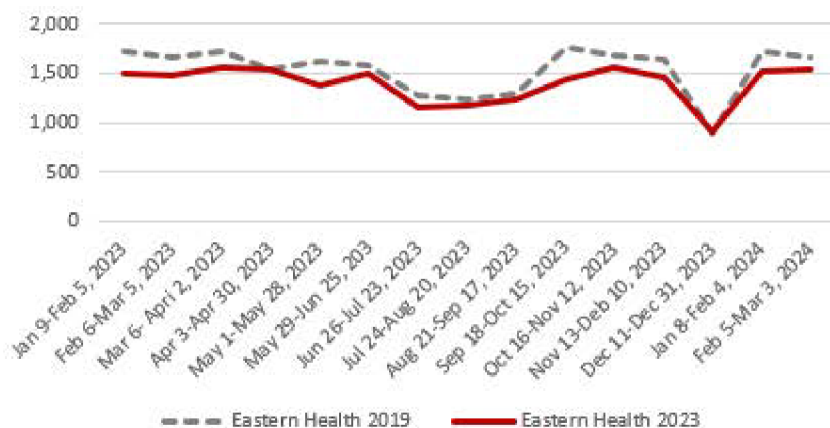


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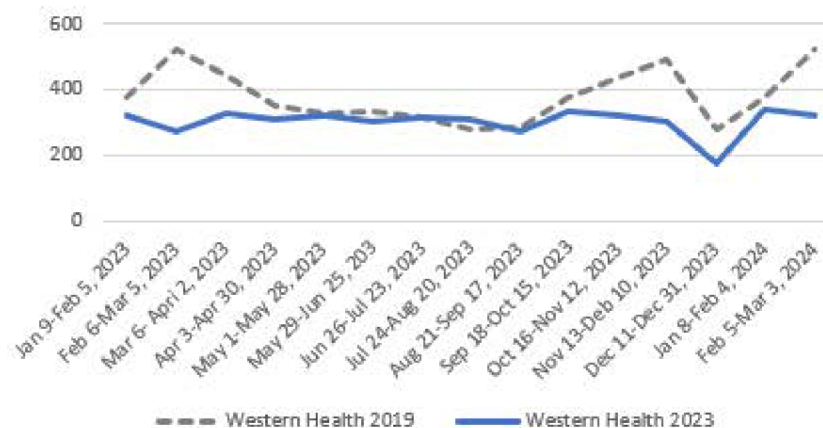


Change in Surgical Volumes (2023 compared to 2019)

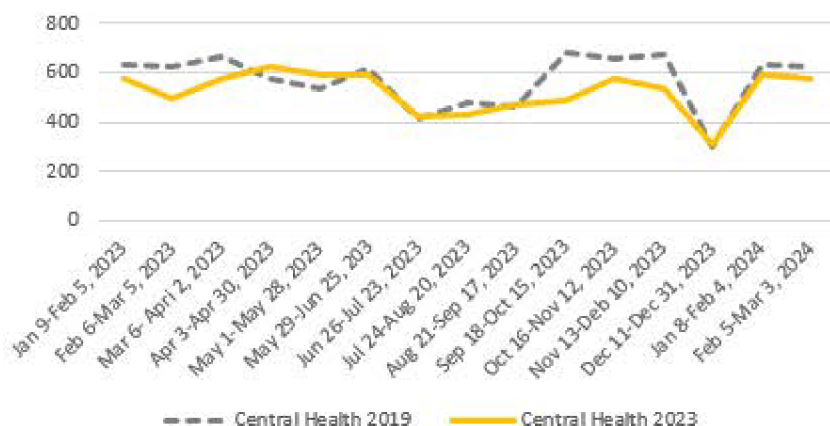
Eastern 2019 vs 2023



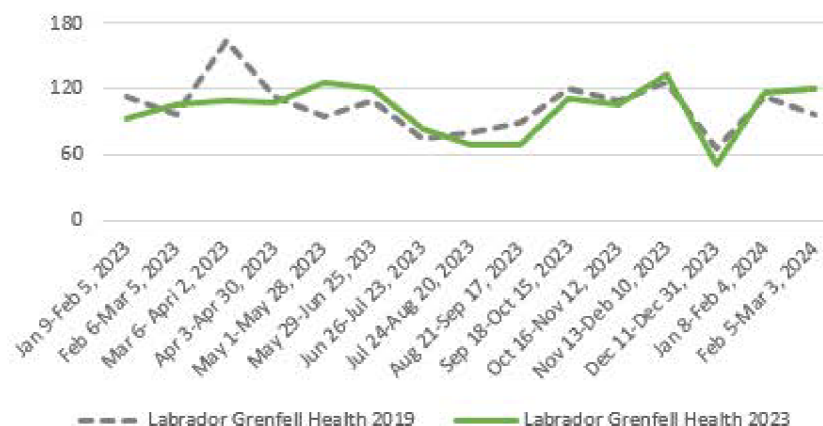
Western 2019 vs 2023



Central 2019 vs 2023



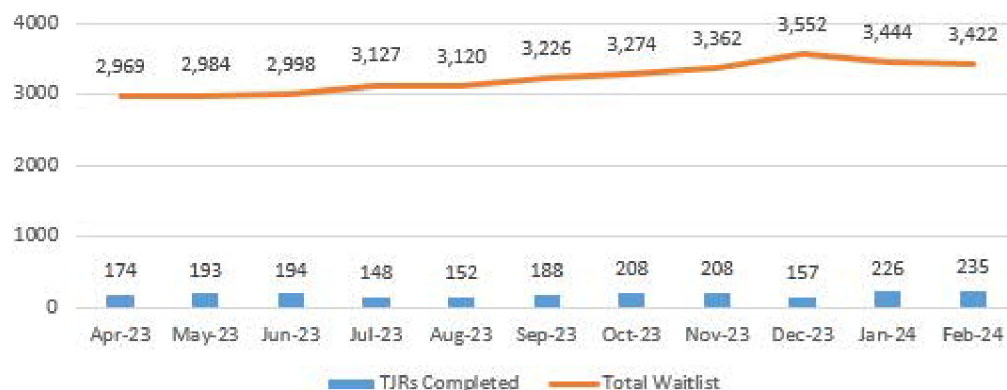
Labrador Grenfell 2019 vs 2023



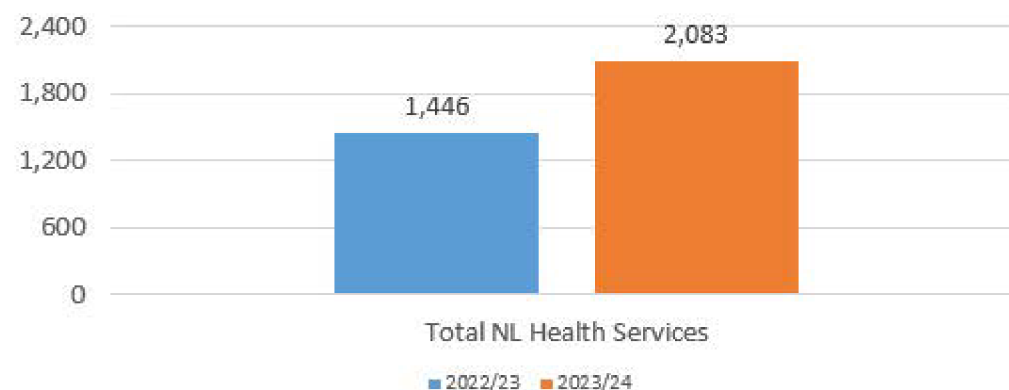


Provincial Joint Replacements

Combined Total Joint Replacements (JRs)
Completed versus Total Waitlist - Provincial Totals



Comparing Total Joint Replacements Completed
for Apr-Feb 2022/2023 and Apr-Feb 2023/2024

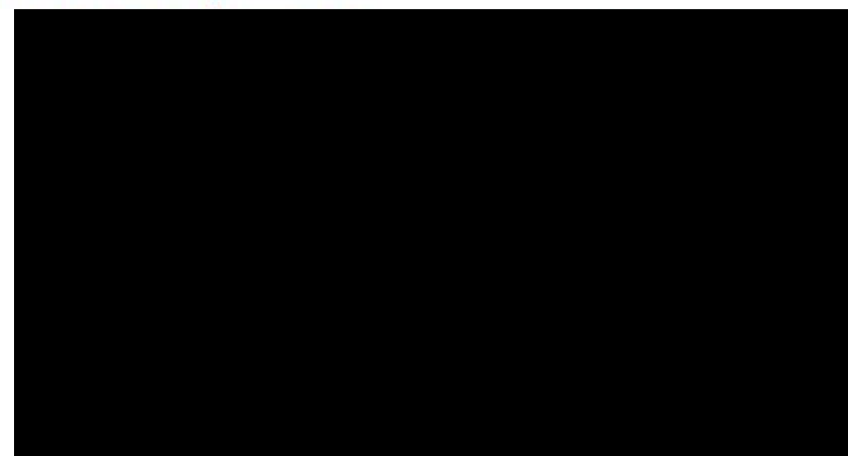


Waitlist - Number Actively Waiting
Breakdown End-of-Month February 2024
Above versus Below Benchmark



Ortho Update

-
-
-



JRs refer to Total Joint Replacements

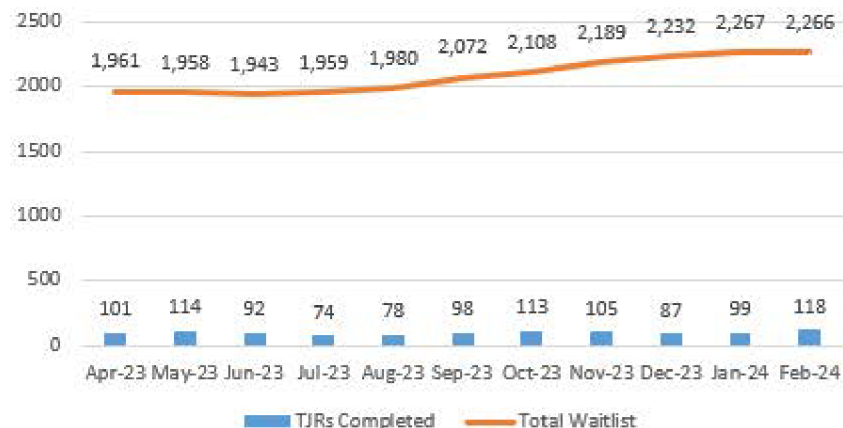
Wait list includes active and inactive

Redactions on this page are pursuant to
sections 29(1)(a) and 35(1)(d) of ATIPPA, 2015

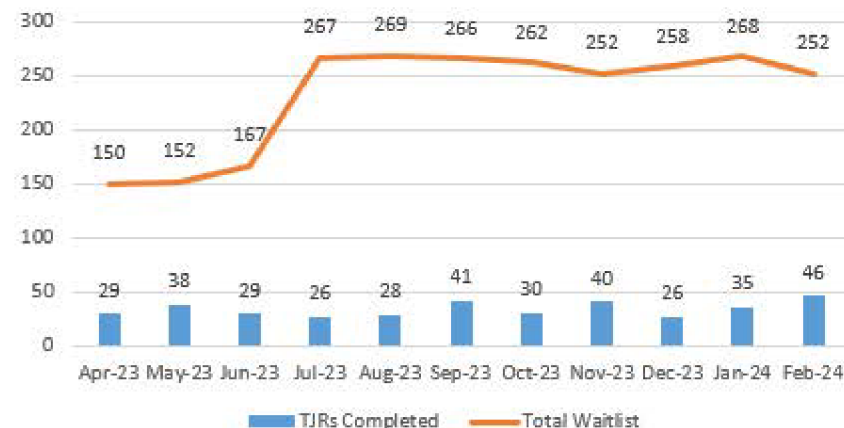


Combined JRs Completed Versus Total Waitlist by Zone

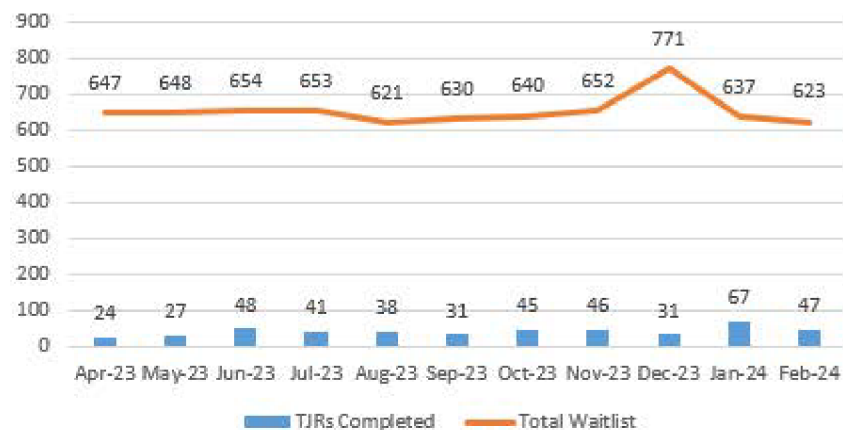
Eastern



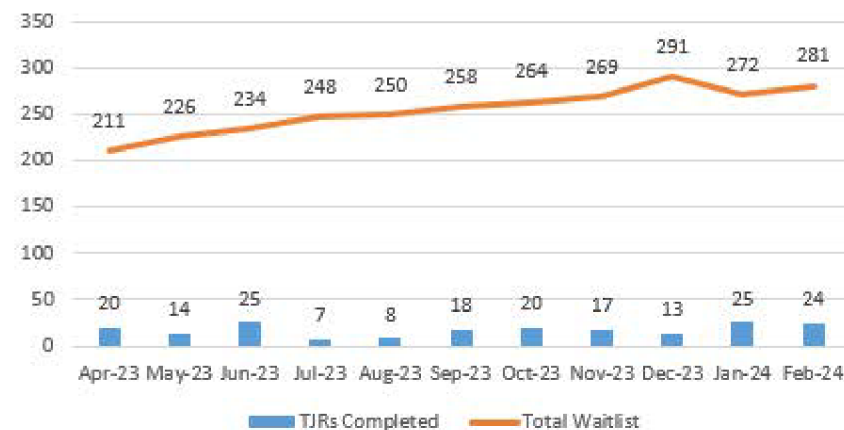
Western



Central



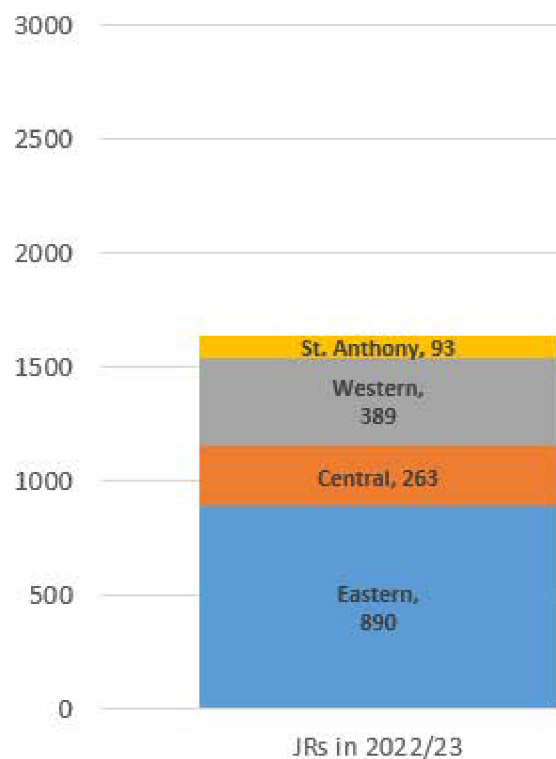
Labrador-Grenfell





Total Joint Replacement Surgery

JRs in
2022/23
N=1635



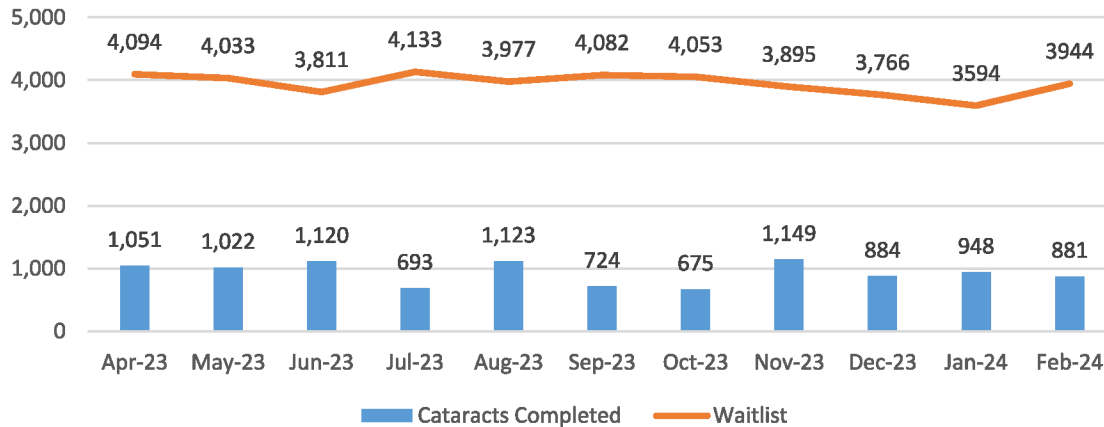
JRs refers to total joint replacement

Redactions on this page are
pursuant to sections 29(1)(a)
and 35(1)(d) of ATIPPA, 2015

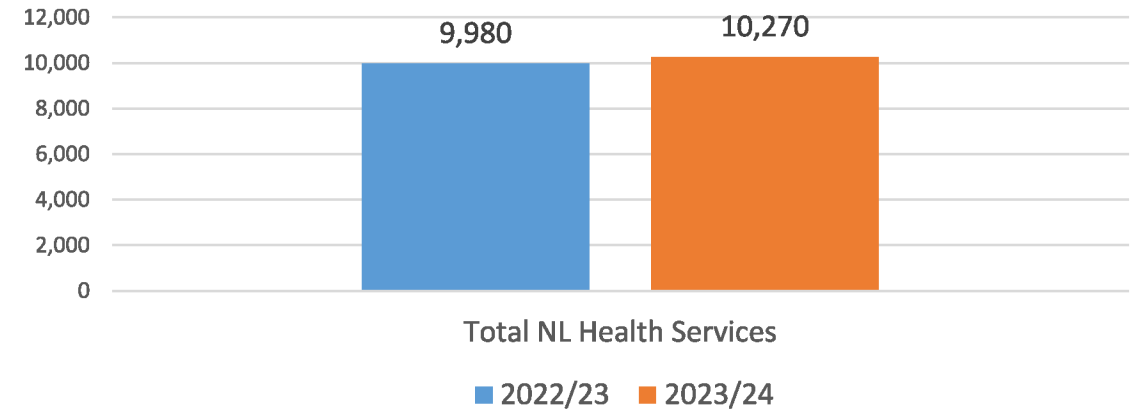
Provincial – Cataract Surgery Service

Redactions on this page are pursuant to sections 29(1)(a) and 35(1)(d) of ATIPPA, 2015

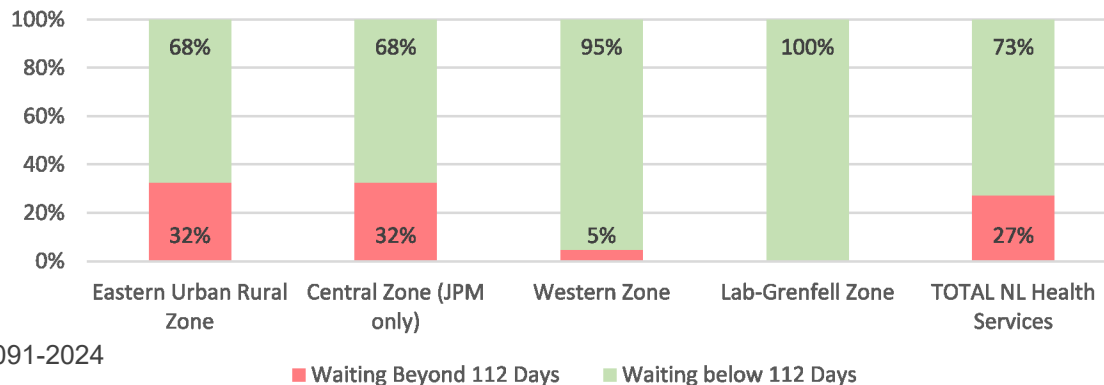
Cataracts Completed versus Waitlist
Provincial Totals



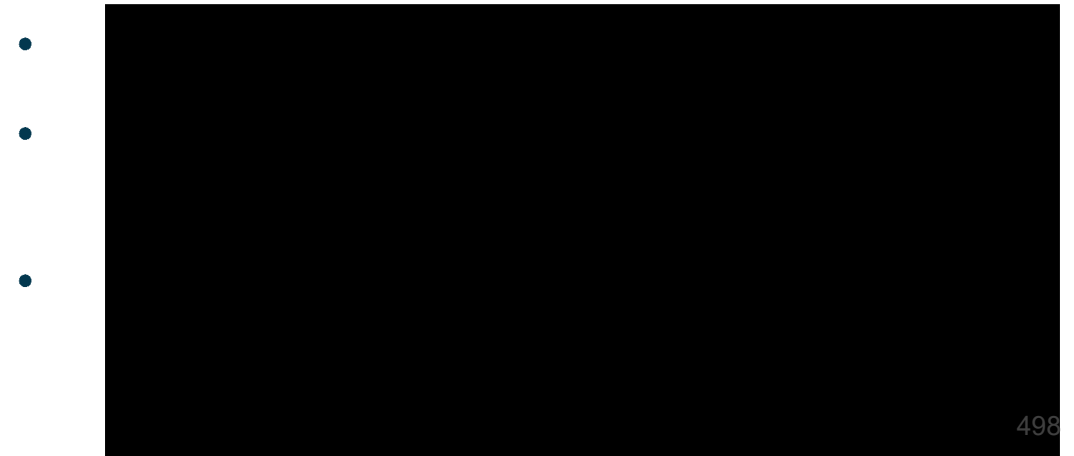
Comparing Total Cataracts Completed for
Apr-Feb 2022/23 and Apr-Feb 2023/24



Waitlist - Number Actively Waiting
Breakdown End-of-Month February 2024
Above versus Below Benchmark



Cataract Update





CIHI Surgery Wait Times Reporting 2022 data

2022 Q1Q2 (Apr-Sep)

Wait Times

Surgery	50th Percentile (days)			90th Percentile (days)			% Meeting Benchmark		
	Canada	NL	NL Rank	Canada	NL	NL Rank	Canada	NL	NL Rank
Hip Replacement	164	197	5 (of 10)	411	505	6 (of 10)	57	45	6 (of 10)
Knee Replacement	198	252	5 (of 10)	479	552	4 (of 10)	50	36	5 (of 10)
Cataract	73	151	10 (of 10)	276	433	9 (of 10)	66	39	10 (of 10)
CABG	8	10	7 (of 8)	78	192	8 (of 8)			
Bladder Cancer	27	25	4* (of 9)	71	48	2 (of 9)			
Breast Cancer	21	20	3** (of 10)	44	43	4* (of 10)			
Colorectal Cancer	22	16	1* (of 9)	49	36	1 (of 9)			
Lung Cancer	25	15	1 (of 9)	57	41	2 (of 9)			
Prostate Cancer	53	29	1 (of 8)	122	69	1 (of 8)			

*tied with one other province

** tied with two other provinces

90% of patients waited less than or equal to this number of days



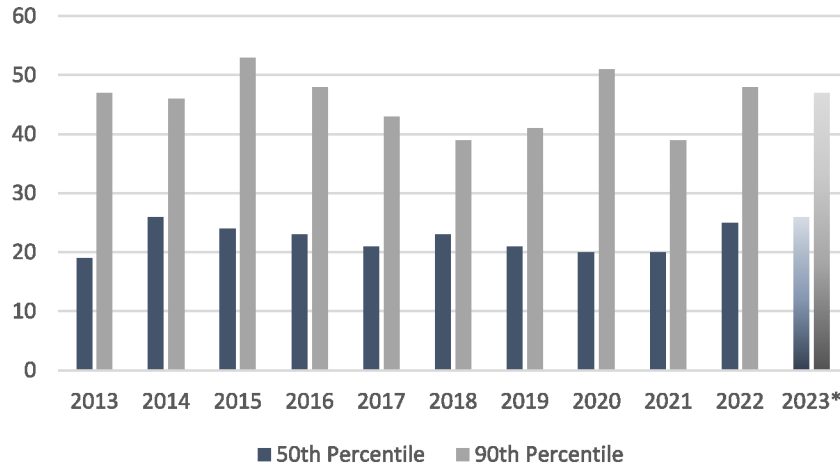
Surgery Wait Times Reporting – Eastern Urban 2023 compared to NL 2022

Surgery Type	50 th Percentile			90 th Percentile		
	Eastern Urban 2023 Q1Q2	NL 2022 Q1Q2	NL Rank based on Q1Q2	Eastern Urban 2023 Q1Q2	NL 2022 Q1Q2	NL Rank based on Q1Q2
Bladder	26	25	4 of 9	47	48	2 of 9
Breast	26	20	3 of 10	59	43	4 of 10
Colorectal	20	16	1 of 9	36	36	1 of 9
Lung	25	15	1 of 9	36	41	2 of 9
Prostate	49	29	1 of 8	106	69	1 of 8

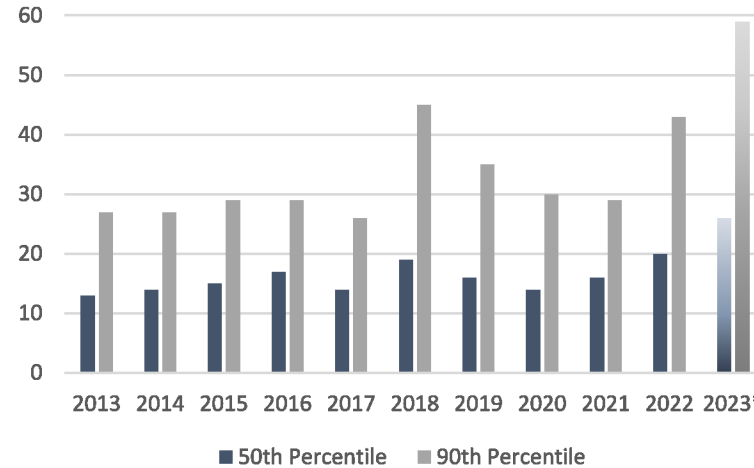


Cancer Surgery Median and 90th Percentiles over time (NL)

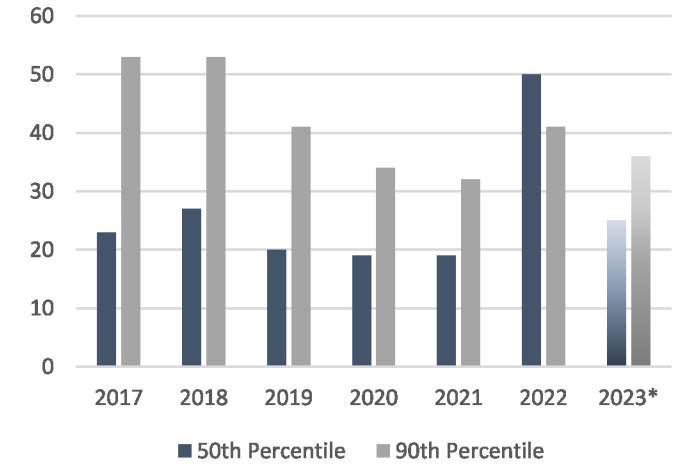
Bladder Cancer



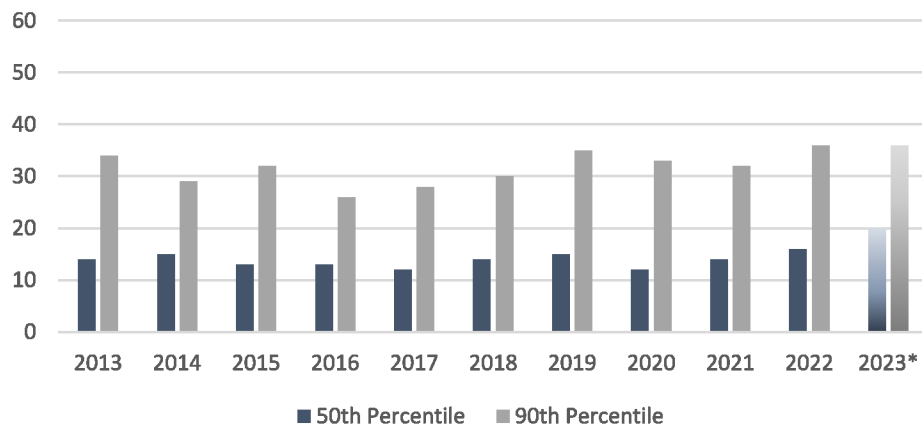
Breast Cancer



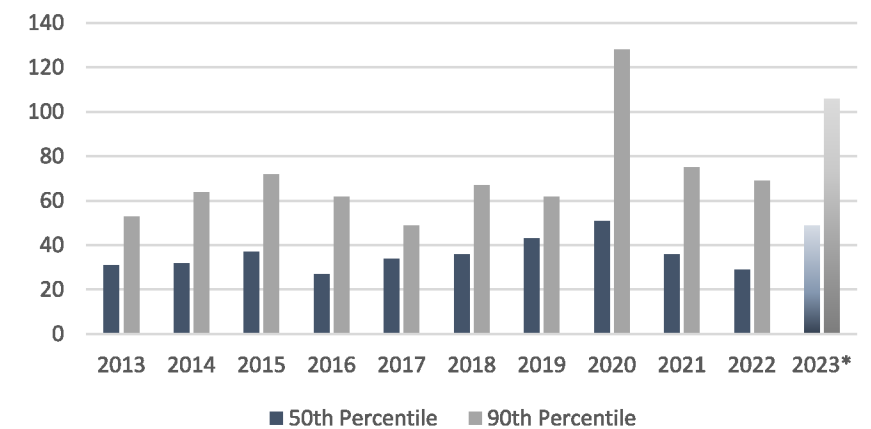
Lung Cancer



Colorectal Cancer



Prostate Cancer





Next Steps

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From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Sent: Friday, March 22, 2024 9:07 AM
To: Cabot, Antionette, Cassie Chisholm, Dickson, Karen, William Moores, Herritt, Jeannine, Hodder, Kiana, Nolan, Karen, Ron Johnson, Sanger, Janice, Edmonds, Tina, Vallerie Coffey
Subject: Presentation
Attachments: HTT Surgery Draft Mar 20.pptx

Hi;
Apologies. I had missed Karen Dickson as an added member of the Surgical Subtable. Please see attached presentation.
Thanks,
Nadine



Nadine McEvoy BScPT MBA (She/Her)

Director, Strategic Health Networks

t: 709-691-2794

e: Nadine.mcevoy@easternhealth.ca

w: NLHealthServices.ca

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A 10-YEAR HEALTH TRANSFORMATION

Surgery Sub-table Update March 22, 2024



Sub-table Members

- Assistant Deputy Minister – Regional Services, HCS, Jeannine Herritt, co-chair
- Vice President Transformation Health Systems, NLHS, Cassie Chisholm, co-chair
- Vice President and Chief Operating Officer, Eastern Urban Zone, NLHS, Ron Johnson
- Senior Director, Provincial Health Transformation, NLHS, Tina Edmonds
- Provincial Wait Time Coordinator, Regional Services, HCS, Janice Sanger
- Acting Director, Regional Services, HCS, Karen Nolan
- Special Advisor - Health Transformation, Antionette Cabot, Secretariat and full member
- Director, Surgical Services Strategic Health Network, Nadine McEvoy
- Interim Medical Lead, Surgical Services, Strategic Health Network, Dr. William Moores
- Senior Issues Advisor, Regional Services, HCS, Karen Dickson



Current Priorities

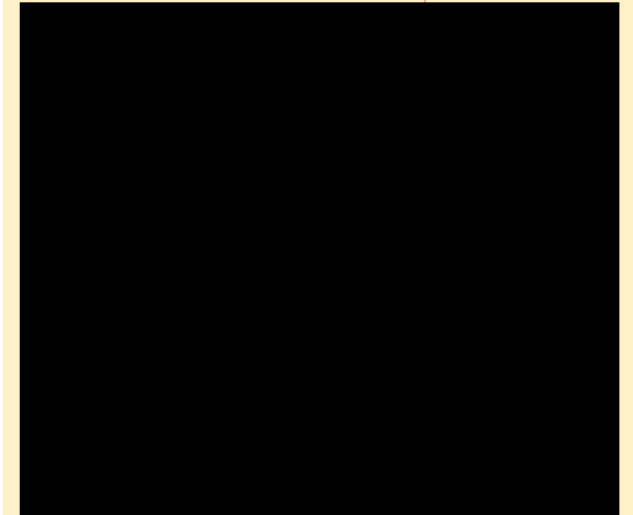
- Central Intake Project – Initial focus Orthopedics and Ophthalmology
- Total Joint Replacement initiatives to address surgical backlog

Challenges

- Low volumes of patients qualify for outpatient TJR procedures based on existing criteria
- Cancellations due to bed availability

Opportunities

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

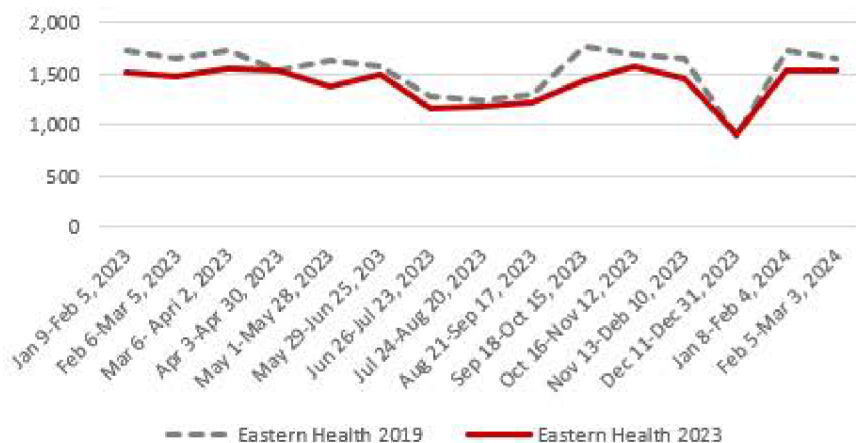


- OR capacity review
- Expanding Central Intake

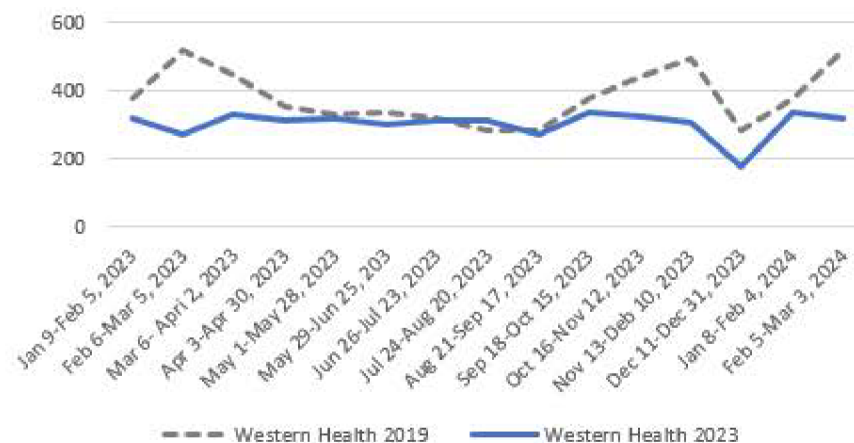


Change in Surgical Volumes (2023 compared to 2019)

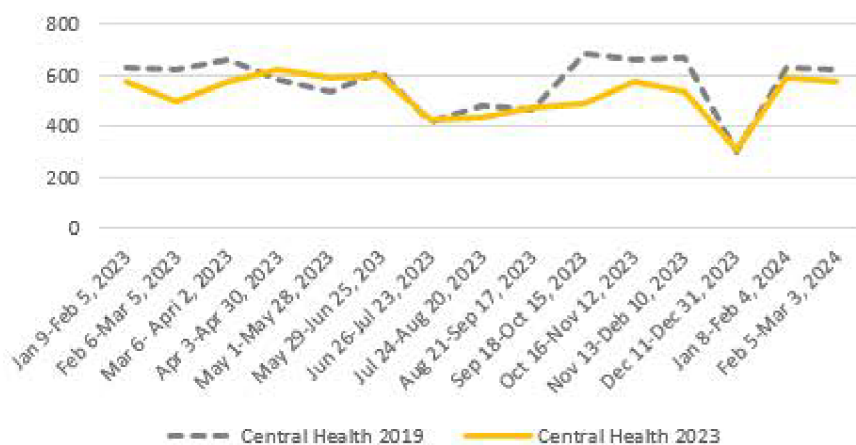
Eastern 2019 vs 2023



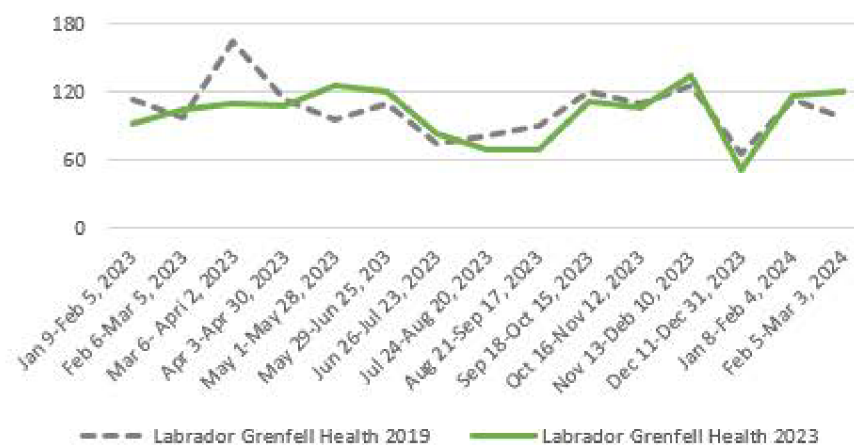
Western 2019 vs 2023



Central 2019 vs 2023



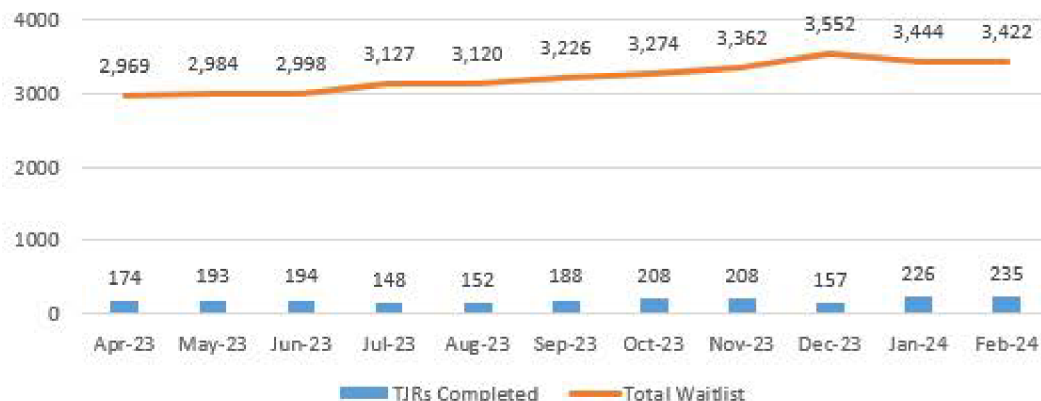
Labrador Grenfell 2019 vs 2023



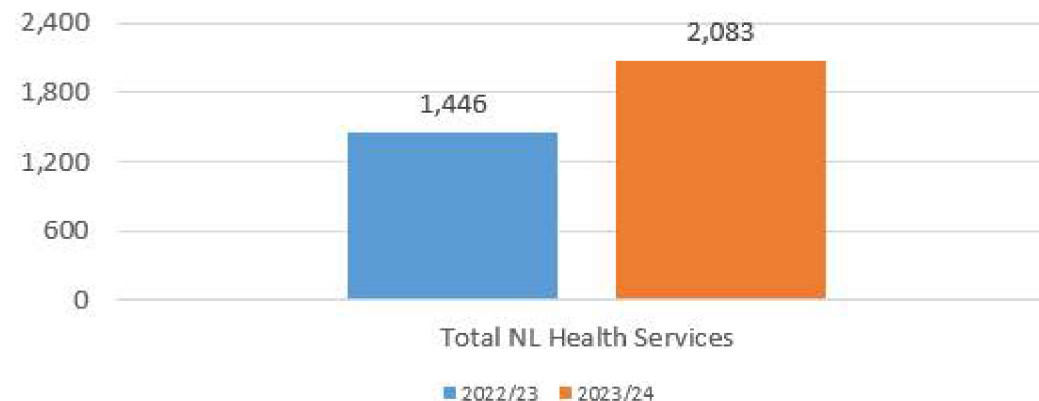


Provincial Joint Replacements

**Combined Total Joint Replacements (JRs)
Completed versus Total Waitlist - Provincial Totals**



**Comparing Total Joint Replacements Completed
for Apr-Feb 2022/2023 and Apr-Feb 2023/2024**

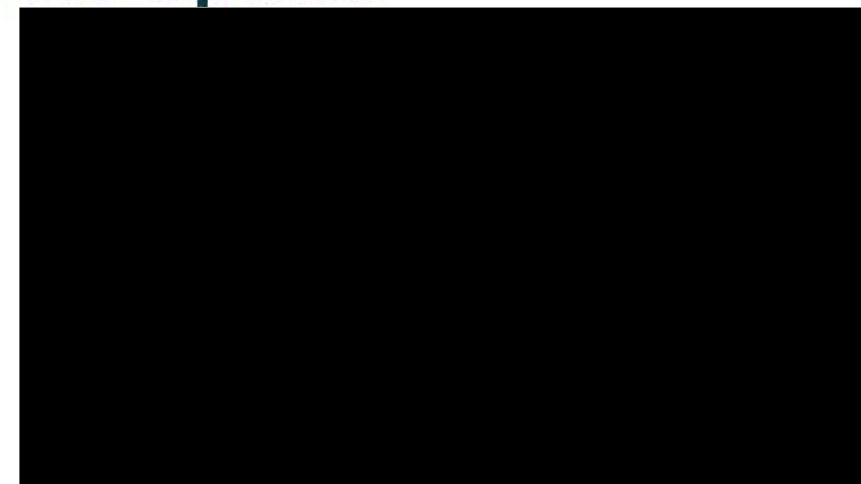


**Waitlist - Number Actively Waiting
Breakdown End-of-Month February 2024
Above versus Below Benchmark**



Ortho Update

-
-
-



JRs refer to Total Joint Replacements

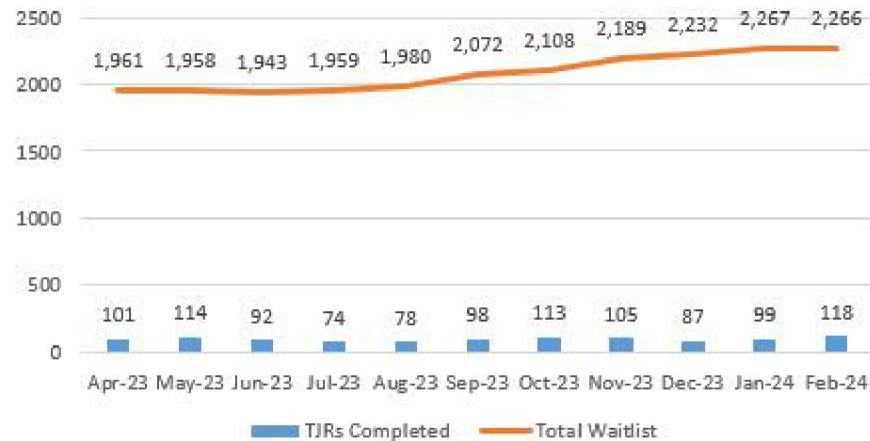
Wait list includes active and inactive

Redactions on this page are pursuant to sections 29(1)(a) and 35(1)(d) of ATIPPA, 2015

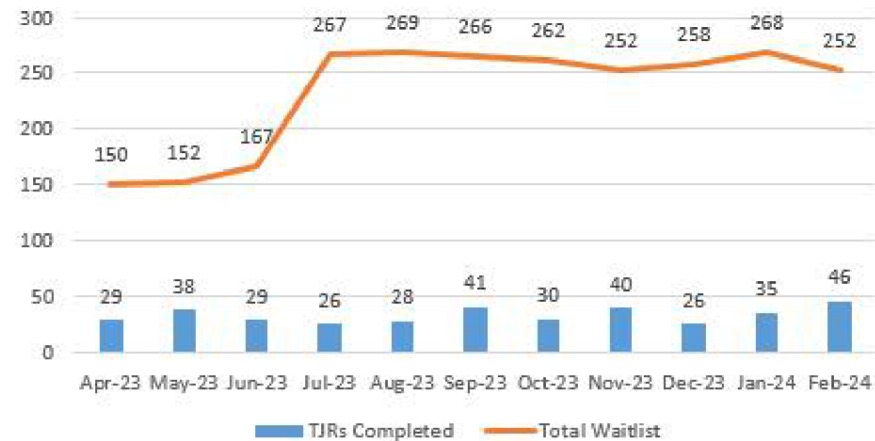


Combined JRs Completed Versus Total Waitlist by Zone

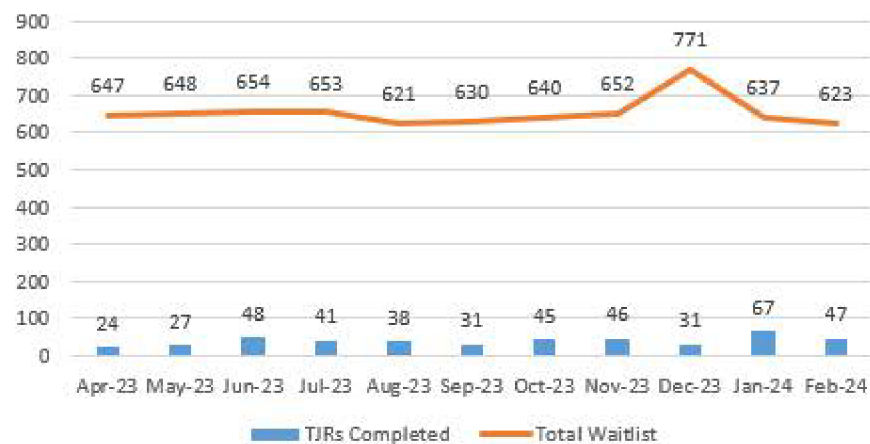
Eastern



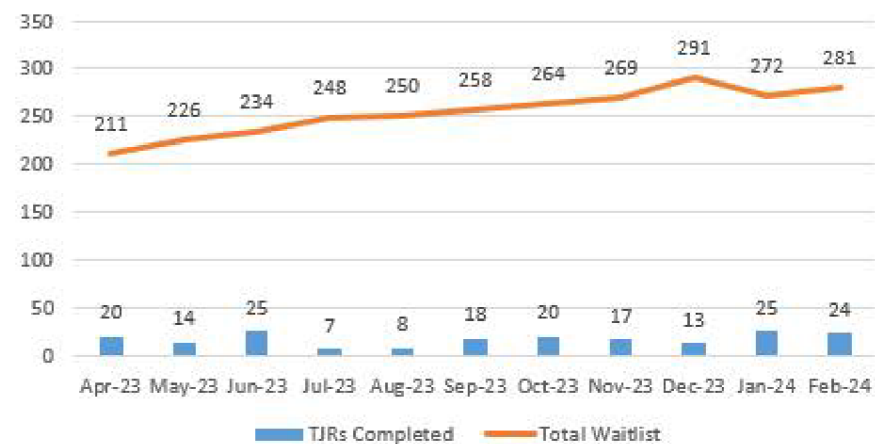
Western



Central



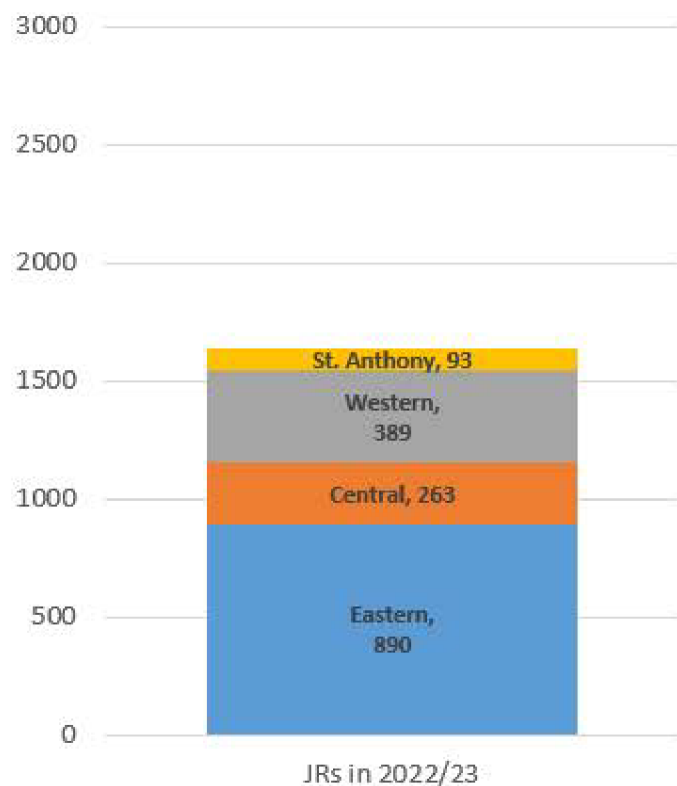
Labrador-Grenfell



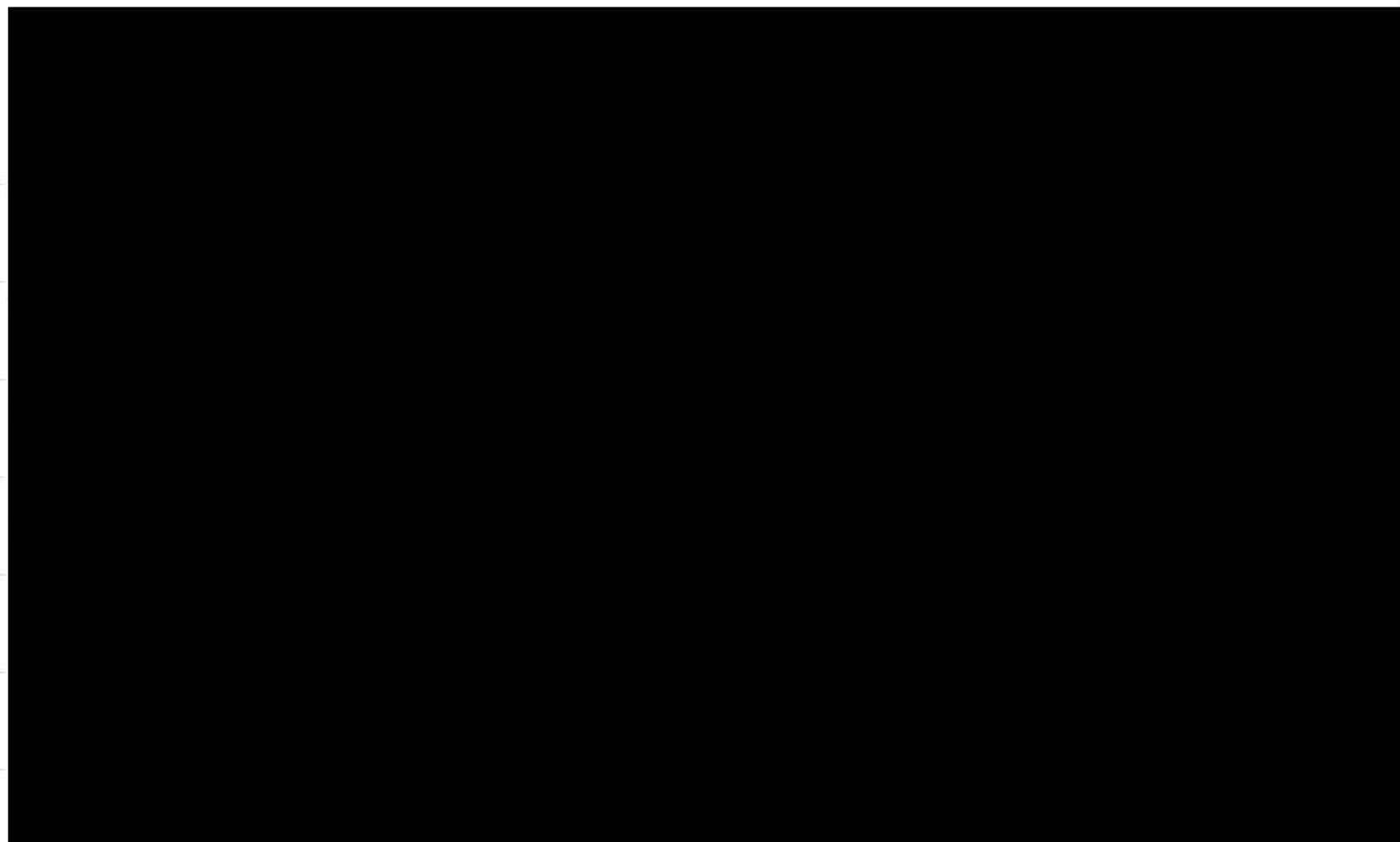


Total Joint Replacement Surgery

JRs in
2022/23
N=1635



JRs in 2022/23

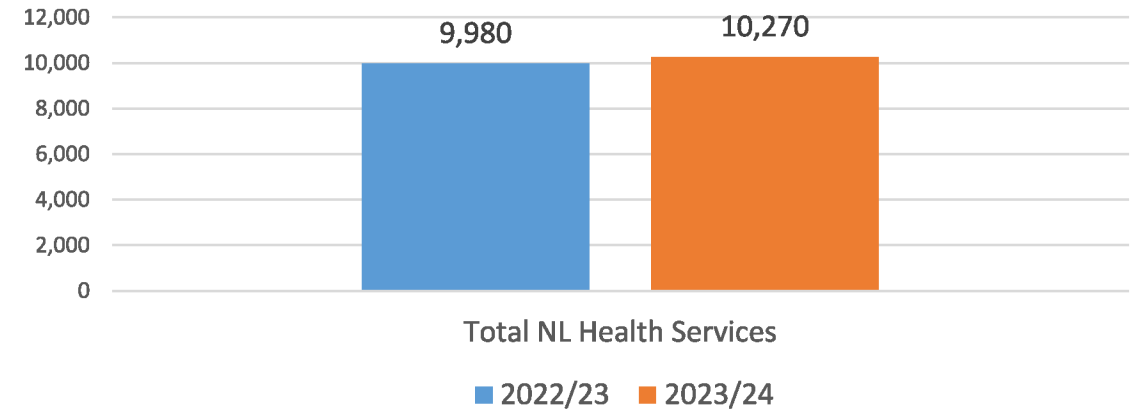


JRs refers to total joint replacement

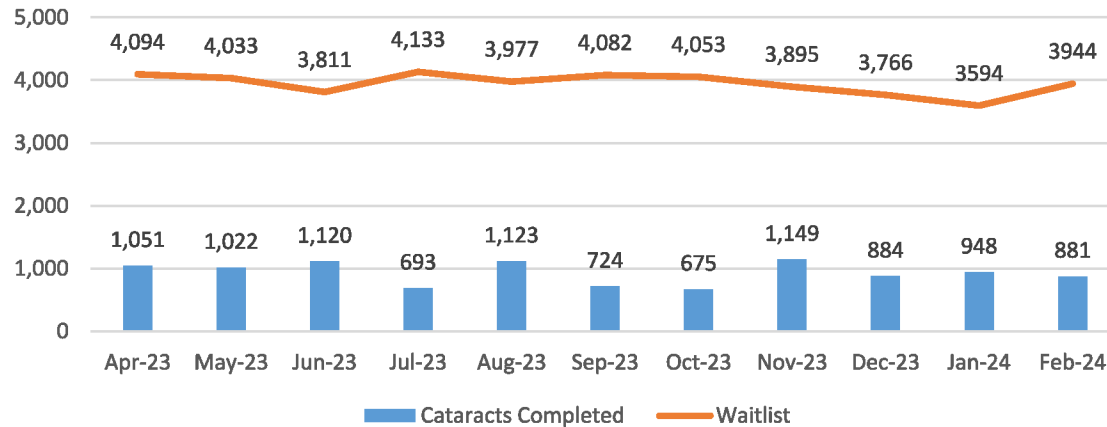
Redactions on this page are pursuant to sections 29(1)(a) and 35(1)(d) of ATIPPA, 2015



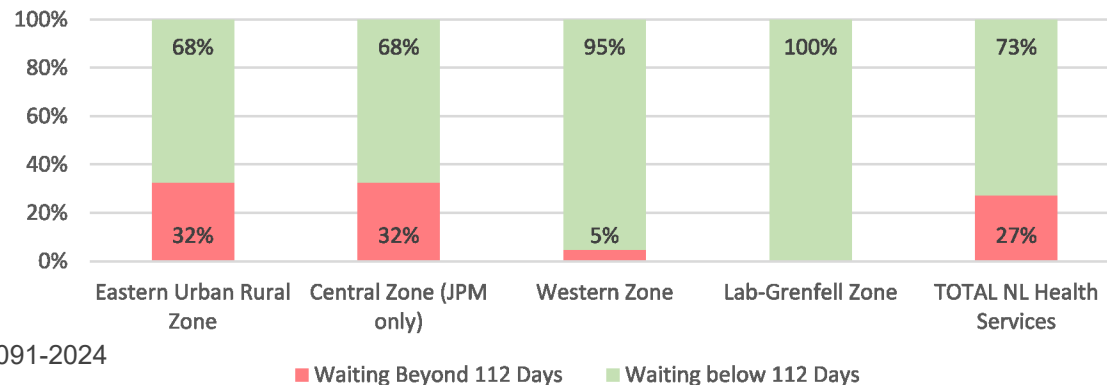
Comparing Total Cataracts Completed for
Apr-Feb 2022/23 and Apr-Feb 2023/24



Cataracts Completed versus Waitlist
Provincial Totals

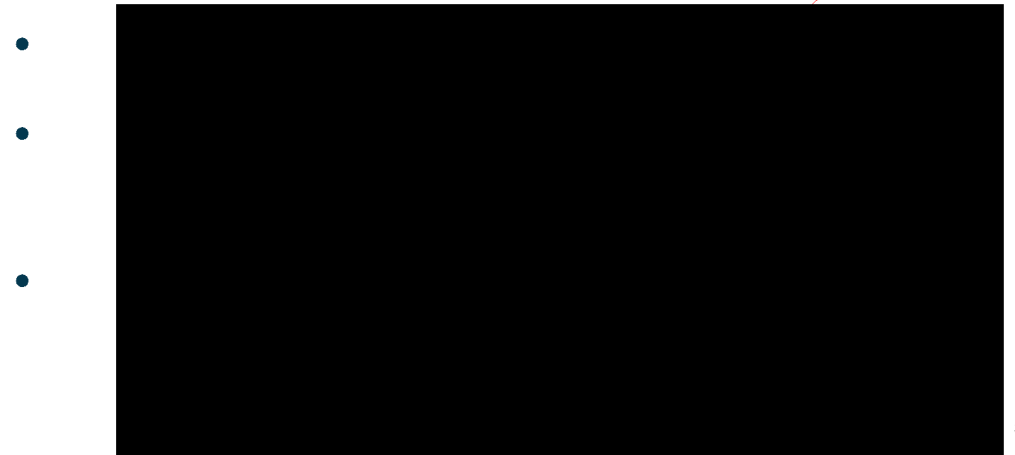


Waitlist - Number Actively Waiting
Breakdown End-of-Month February 2024
Above versus Below Benchmark



Cataract Update

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





CIHI Surgery Wait Times Reporting 2022 data

2022 Q1Q2 (Apr-Sep)

Wait Times

Surgery	50th Percentile (days)			90th Percentile (days)			% Meeting Benchmark		
	Canada	NL	NL Rank	Canada	NL	NL Rank	Canada	NL	NL Rank
Hip Replacement	164	197	5 (of 10)	411	505	6 (of 10)	57	45	6 (of 10)
Knee Replacement	198	252	5 (of 10)	479	552	4 (of 10)	50	36	5 (of 10)
Cataract	73	151	10 (of 10)	276	433	9 (of 10)	66	39	10 (of 10)
CABG	8	10	7 (of 8)	78	192	8 (of 8)			
Bladder Cancer	27	25	4* (of 9)	71	48	2 (of 9)			
Breast Cancer	21	20	3** (of 10)	44	43	4* (of 10)			
Colorectal Cancer	22	16	1* (of 9)	49	36	1 (of 9)			
Lung Cancer	25	15	1 (of 9)	57	41	2 (of 9)			
Prostate Cancer	53	29	1 (of 8)	122	69	1 (of 8)			

*tied with one other province

** tied with two other provinces

90% of patients waited less than or equal to this number of days



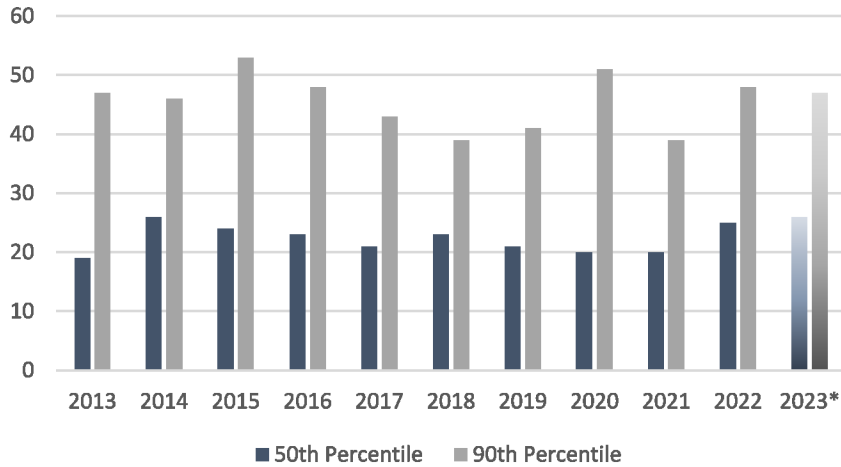
Surgery Wait Times Reporting – Eastern Urban 2023 compared to NL 2022

Surgery Type	50 th Percentile			90 th Percentile		
	Eastern Urban 2023 Q1Q2	NL 2022 Q1Q2	NL Rank based on Q1Q2	Eastern Urban 2023 Q1Q2	NL 2022 Q1Q2	NL Rank based on Q1Q2
Bladder	26	25	4 of 9	47	48	2 of 9
Breast	26	20	3 of 10	59	43	4 of 10
Colorectal	20	16	1 of 9	36	36	1 of 9
Lung	25	15	1 of 9	36	41	2 of 9
Prostate	49	29	1 of 8	106	69	1 of 8

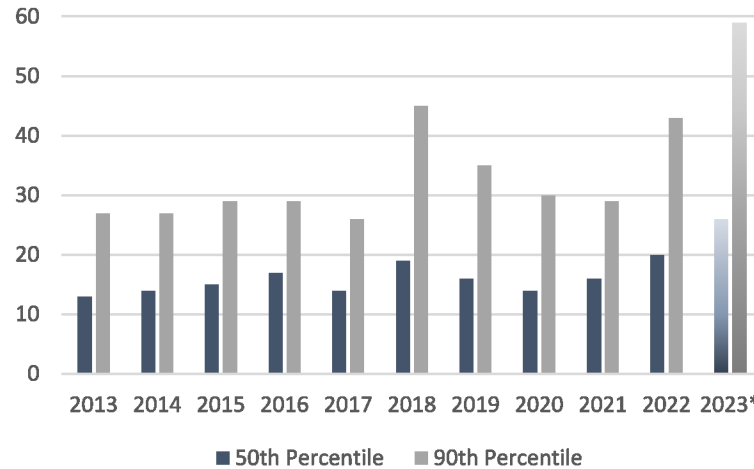


Cancer Surgery Median and 90th Percentiles over time (NL)

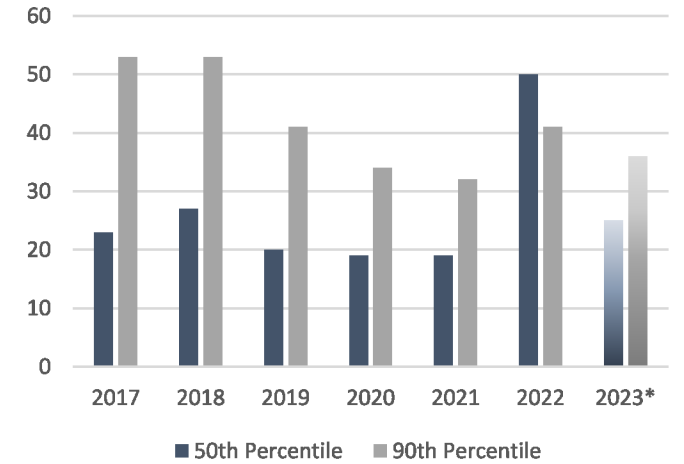
Bladder Cancer



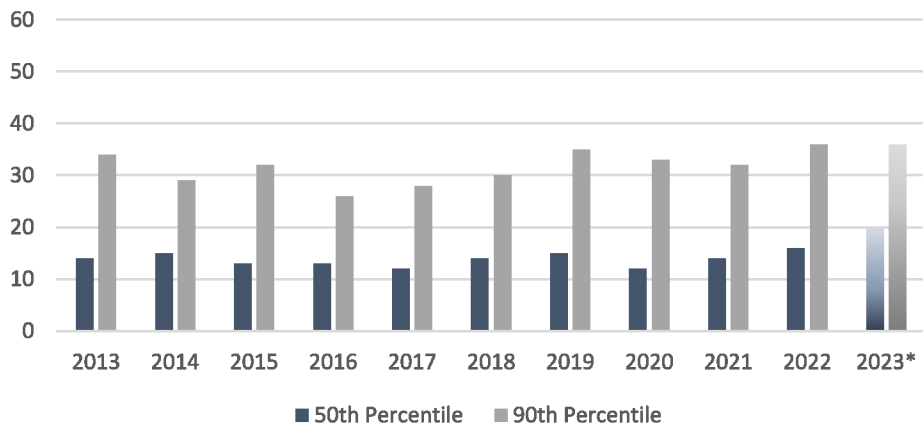
Breast Cancer



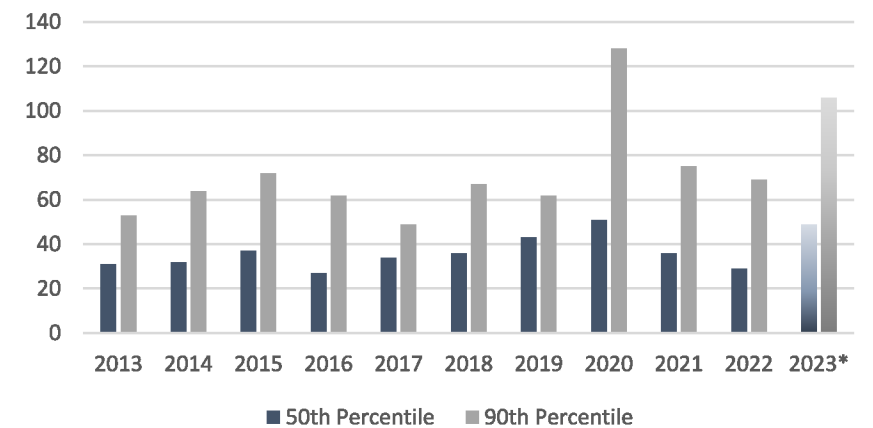
Lung Cancer



Colorectal Cancer



Prostate Cancer





Next Steps

- Creation of Provincial Surgical Backlog Initiative
- Focus on Capacity Building through Optimization:

OR Infrastructure

- Consider a Provincial OR Capacity Review
- Identification of opportunities to improve internal processes and efficiency
- Data informed decision making utilizing Central Intake and other analytics

Health Human Resources

- Recruitment and retention strategies
- Optimizing scope of practice
- Adopting enabling technologies
- Use of data to support effective workforce planning and management

From: Minister, HCS
Sent: Friday, March 22, 2024 11:16 AM
To: 40(1) [REDACTED]
Cc: clientrelations@westernhealth.nl.ca, David Diamond, tearafreake@westernhealth.nl.ca
Subject: 40(1) Health care
Attachments: [REDACTED] Response - Wait time for surgery.pdf

Please see the attached response to your January 13, 2024 e-mail.

From: [REDACTED] 40(1)
Sent: Saturday, January 13, 2024 11:38 AM
To: Minister, HCS <hcs@gov.nl.ca>
Cc: Muise, Vanessa <VanessaMuise@gov.nl.ca>; Reid, Scott <scottreid@gov.nl.ca>; Rights, Human <humanrights@gov.nl.ca>
Subject: [REDACTED] Health care 31(1)(l)

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Mr Minister

Section 6, 40(1)

[REDACTED]

What is your solution?
Enough excuses

[REDACTED] 40(1)

COR-2024-196606/01

March 22, 2024

40(1)

Dear [REDACTED]

I am responding to your email of January 13, 2024, regarding your wait time for surgery. I am sorry to hear about your health challenges and I understand this is a stressful time for you.

The prioritization of patients for the purpose of scheduling specialist appointments and surgical procedures is determined through communication and consultation between the referring physician and specialist. This team is responsible for ensuring that emergent and urgent patients are seen first, followed by other patients. If you have concerns with your wait time, I encourage you to follow up with your referring physician to determine whether your circumstances warrant more urgent attention, particularly if your condition changes from the time of your referral.

Newfoundland and Labrador Health Services (NLHS) is directly responsible for the administration and delivery of health services. As your email does not indicate who referred you for surgery and you are without a primary care provider, please note that I am forwarding a copy of your email and this response to Client Relations in the Western Zone of NLHS. With your consent and personal health information, they can assist to follow up on the status of your surgery. If you would like to contact Client Relations directly, you may do so by calling, 1-833-784-6802, or by email, ClientRelations@westernhealth.ca.

Please note that I have also copied your letter and this response to David Diamond, CEO of NLHS, and Ms. Teara Freake, Vice President and Chief Operating Officer of NLHS, for their information.

I wish you all the best.

Sincerely,



HONOURABLE TOM OSBORNE, MHA
Minister of Health and Community Services
District of Waterford Valley

cc: Client Relations, NLHS (Western)
David Diamond, CEO, NLHS
Teara Freake, VP/COO, NLHS

From: Sanger, Janice
Sent: Friday, March 22, 2024 3:02 PM
To: William Moores, Nadine McEvoy, Cabot, Antionette, Cassie Chisholm, Dickson, Karen, Herritt, Jeannine, Hodder, Kiana, Ron Johnson, Edmonds, Tina, Vallerie Coffey, Nolan, Karen
Subject: RE: Presentation

Hi Nadine,

In our work with CIHI/provincial wait time leads, we are using 2019/20 fiscal as the pre-pandemic baseline for which to compare subsequent years.

If you look at NL data for 2019/20, we did 604 THRs and 1093 TKRs = 1697 TJRs. This was down slightly from 2018/19 our peak year when 636 THRs and 1149 TKRs = 1785 TJRs were completed. Based on this, we can safely say our pre-pandemic volumes were approx. 600 THRs and 1100 TKRs = 1700 TJRs pre-pandemic.

While I understand rolling up the data to report for TJRs - I also think we should be separating out the data for THR and TKR as the demand for TKR is 2 to 3 times more than THR – a trend that we need to keep our eyes on [REDACTED]

Thanks for all your great work!
Janice

29(1)(a)

From: William Moores <William.Moores@easternhealth.ca>
Sent: Friday, March 22, 2024 2:45 PM
To: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>; Cabot, Antionette <AntionetteCabot@gov.nl.ca>; Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; Dickson, Karen <KarenDickson@gov.nl.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Sanger, Janice <JaniceSanger@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Vallerie Coffey <valeric.coffey@easternhealth.ca>; Nolan, Karen <knolan@gov.nl.ca>
Subject: Re: Presentation

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29(1)(a)

[REDACTED]

We should this year increase significantly over the Low volumes of 2022 and 2023 but many of the initiatives such as Carbonear, outpatients and St. Anthony are now online and further increases are not predicted.

Will

Get [Outlook for iOS](#)

From: Nolan, Karen <knolan@gov.nl.ca>
Sent: Friday, March 22, 2024 2:37:09 PM
To: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>; Cabot, Antionette <AntionetteCabot@gov.nl.ca>; Cassie

Chisholm <Cassie.Chisholm@easternhealth.ca>; Dickson, Karen <KarenDickson@gov.nl.ca>; William Moores <William.Moores@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; janicesanger <janicesanger@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Vallerie Coffey <valeric.coffey@easternhealth.ca>

Subject: RE: Presentation

Hi Nadine

Thanks for sharing. It looks good. Just a few comments for consideration:

- [REDACTED]
- Slide 5
 - [REDACTED]
 - [REDACTED]
 - In a surgery report that was compiled back as of March 31, 2023, there were over 500 inactive patients on the ortho surgery waitlist [REDACTED] Janice has shared a lot of work done in other jurisdictions on how they deal with inactive patients that can help remove which can improve our overall wait list.
- Slide 7
 - Some of the boxes linked to map are hard to read...maybe bold letters? Or change color?
 - [REDACTED]
 - The expected number of same day procedures noted for WZ seems low. Based on our conversation with Paulette, they completed the first successful same-day joint replacement in January 2024, and had 11 completed at the time we spoke (a couple weeks ago). [REDACTED]
 - [REDACTED] I did not see anything in the notes.
- [REDACTED]

Let me know if you want to discuss.

Thanks and I hope everyone has a good weekend!

Karen

From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>

Sent: Friday, March 22, 2024 9:07 AM

To: Cabot, Antionette <AntionetteCabot@gov.nl.ca>; Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; Dickson, Karen <KarenDickson@gov.nl.ca>; William Moores <William.Moores@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Nolan, Karen <knolan@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Sanger, Janice <JaniceSanger@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Vallerie Coffey <valeric.coffey@easternhealth.ca>

Subject: Presentation

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Hi;
Apologies. I had missed Karen Dickson as an added member of the Surgical Subtable. Please see attached presentation.
Thanks,
Nadine



**NL Health
Services**

Nadine McEvoy BScPT MBA (She/Her)

Director, Strategic Health Networks

t: 709-691-2794

e: Nadine.mcevoy@easternhealth.ca

w: NLHealthServices.ca

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From: Cabot, Antionette
Sent: Monday, March 25, 2024 10:06 AM
To: Herritt, Jeannine, Cassie Chisholm, Dr. Moores, Dickson, Karen, Nolan, Karen, Nadine McEvoy, Ron Johnson, Tina Edmonds, Sanger, Janice
Cc: Valerie Coffey, Hodder, Kiana
Subject: FW: Surgery Sub table Meeting Materials for March 26
Attachments: Minutes Surgery Sub table March 12 2024.docx, Surgery wait times REVISED.xlsx, Agenda Surgery Sub table March 26 2024.docx ["Surgery wait times REVISED.xlsx" included on pages 370-428](#)

Popping to top of your email for our meeting tomorrow.
I have updated the agenda as well.

Thanks in advance

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca

From: Cabot, Antionette
Sent: Wednesday, March 13, 2024 1:59 PM
To: Cassie Chisholm <cassie.chisholm@easternhealth.ca>; Dickson, Karen <KarenDickson@gov.nl.ca>; Dr. Moores <william.moores@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Nadine Mcevoy <nadine.mcevoy@easternhealth.ca>; Nolan, Karen <knolan@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Sanger, Janice <JaniceSanger@gov.nl.ca>; Tina Edmonds <tinaedmonds@westernhealth.nl.ca>; Vallerie Coffey <valeric.coffey@easternhealth.ca>
Subject: Surgery Sub table Meeting Materials for March 26

Good afternoon,
Please find attached the agenda for March 26th, feel free add or make suggestions.

Also, attached are the minutes from the March 12 meeting and surgery wait time sheet shared by Karen D.

If you have any questions, please feel free to reach out.

Thanks in advance!!

Antionette Cabot
Special Advisor, Health Transformation
Cabinet Secretariat
T: 709-853-6895
E: antionettecabot@gov.nl.ca

Health Transformation Sub table - Surgery
March 26, 2024, 3-4pm
Agenda

Agenda items:

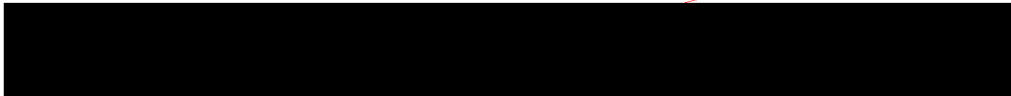
1. Debrief Premier presentation
2. Western Zone SBAR – update
3. Letter to Minister – Jeannine
4. Allied Health – Jeannine
5. OR capacity – update
6. Debrief monthly report to Premier
7. Implementation plan / Surgical Task force update

New business:

- Surgical Efficient Dashboards – Ron Johnson

Old business:

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

- 
- Karen Dickson to share surgical data spread sheet. (completed)

1. Next Meeting: April 9, 2024, 3-4pm

Health Transformation Sub-table – Surgery
Minutes
Date March 12, 2024
Virtual
Time 3 – 4 pm.

Attending: Cassie Chisolm (chair), Karen Nolan, Karen Dickson, Nadine McEvoy, ina Edmonds, Janice Sanger, Antionette Cabot

Guests:

Regrets: Ron Johnson, Dr. Moores, Jeannine Herritt

Key Discussions Points:

1. Minutes: wasn't reviewed
2. Debrief Premier's HT table - The notes from the meeting were reviewed with discussion on areas of focus. (See below)
 - ALC rates in WZ was an area of interest, it was acknowledged there is work happening within the zone to address.
 - Provincially same day joints are a priority, Canada has seen a 3000% increase while NL is at 200% increase,

•

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

•

•

3.

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

4. Western Zone Surgical Vision SBAR – was reviewed,

5. Rapid additions to CI

There have been multiple requests to implement central intake for surgeries outside the priority as well as a request from MI.

6. Letter to Minister – deferred

7. Allied health – deferred

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

8. Monthly reporting to Premier is March 22

- Monthly reporting would include the priority areas of joints, cataracts, cardiac, & cancer, with available data through CIHI and the portal. HCS have pulled the data from CIHI and the portal for analysis using CIHI closed data and will be reviewing the open data available in CIHI as well.
- The current process for collecting cancer surgery data was reviewed, identifying the most recent ca surgery data will be one quarter behind.

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

- Review of the monthly presentation will be reviewed through email with the first draft circulated by March 20th.

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

Actions:

-
-
- Karen Dickson to share surgical data spread sheet. (completed)

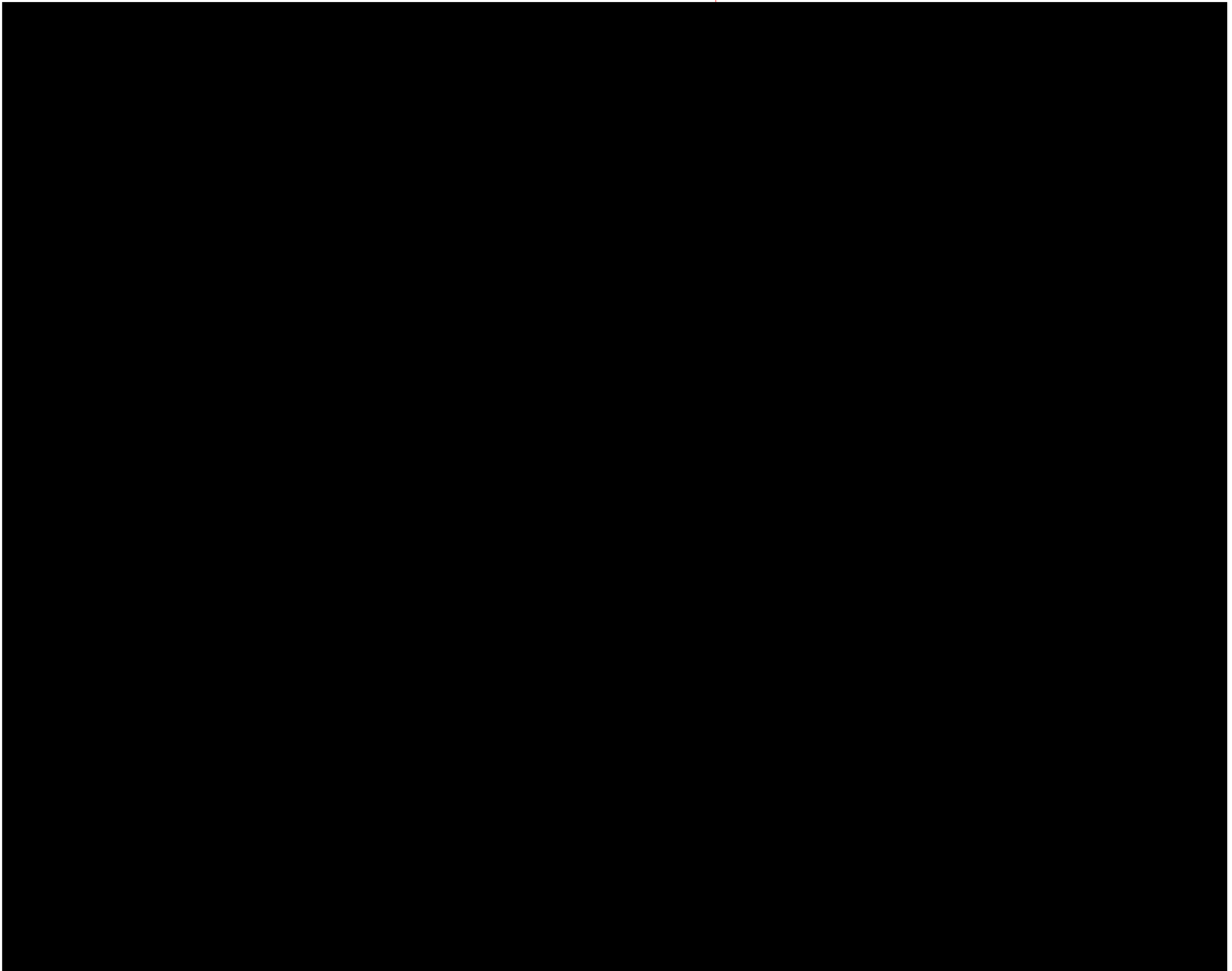
KIV:

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

-

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

Notes from Premiers HT



•
Next Meeting: March 26, 2024, 3-4pm

From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>
Sent: Monday, March 25, 2024 2:42 PM
To: Nolan, Karen, Cabot, Antionette, Cassie Chisholm, Dickson, Karen, William Moores, Herritt, Jeannine, Hodder, Kiana, Ron Johnson, Sanger, Janice, Edmonds, Tina, Vallerie Coffey
Subject: RE: Presentation
Attachments: HTT Surgery Abbreviated March 25.pptx

Hi;

Based on input from Dr. Parfrey (through Antionette), I have attached an abbreviated version of the presentation to facilitate a data only update. At present we do not have a slide on CABG but I will speak to Tracy and Donnie if we would like to incorporate a slide in this presentation to ensure it's comprehensive.

Cassie/Jeanine, if you would prefer to keep the text slides in, please let me know. 29(1)(a), 35(1)(d)

Thank you for the comments below Karen. I have updated slides 7 and 8 (note numbering referenced is based on last version of the slide deck, not attached version).

I agree they have exceeded expectations after a slow/delayed start. Let me know if you would like to see this calculated differently. I did change the font colour to improve visibility of the text as you recommended.

Reach out with any questions, comments or concerns.

Thanks,

Nadine

29(1)(a)



**NL Health
Services**

Nadine McEvoy BScPT MBA (She/Her)

Director, Strategic Health Networks

t: 709-691-2794

e: Nadine.mcevoy@easternhealth.ca

w: NLHealthServices.ca

From: Nolan, Karen <knolan@gov.nl.ca>

Sent: Friday, March 22, 2024 2:37 PM

To: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>; Cabot, Antionette <AntionetteCabot@gov.nl.ca>; Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; Dickson, Karen <KarenDickson@gov.nl.ca>; William Moores <William.Moores@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; janicesanger <janicesanger@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Vallerie Coffey <valeric.coffey@easternhealth.ca>

Subject: RE: Presentation

Hi Nadine

Thanks for sharing. It looks good. Just a few comments for consideration:

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

- Slide 5

-
-

In a surgery report that was compiled back as of March 31, 2023, there were over 500 inactive patients on the ortho surgery waitlist [REDACTED] Janice has shared a lot of work done in other jurisdictions on how they deal with inactive patients that can help remove which can improve our overall wait list.

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

- Slide 7

- Some of the boxes linked to map are hard to read...maybe bold letters? Or change color?

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

-

The expected number of same day procedures noted for WZ seems low. Based on our conversation with Paulette, they completed the first successful same-day joint replacement in January 2024, and had 11 completed at the time we spoke (a couple weeks ago).

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

-

I did not see anything in the notes.

-

Let me know if you want to discuss.

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

Thanks and I hope everyone has a good weekend!

Karen

From: Nadine McEvoy <Nadine.McEvoy@easternhealth.ca>

Sent: Friday, March 22, 2024 9:07 AM

To: Cabot, Antionette <AntionetteCabot@gov.nl.ca>; Cassie Chisholm <Cassie.Chisholm@easternhealth.ca>; Dickson, Karen <KarenDickson@gov.nl.ca>; William Moores <William.Moores@easternhealth.ca>; Herritt, Jeannine <JeannineHerritt@gov.nl.ca>; Hodder, Kiana <KianaHodder@gov.nl.ca>; Nolan, Karen <knolan@gov.nl.ca>; Ron Johnson <ron.johnson@nlhealthservices.ca>; Sanger, Janice <JaniceSanger@gov.nl.ca>; Edmonds, Tina <tinaedmonds@westernhealth.nl.ca>; Vallerie Coffey <valeric.coffey@easternhealth.ca>

Subject: Presentation

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi;

Apologies. I had missed Karen Dickson as an added member of the Surgical Subtable. Please see attached presentation.

Thanks,

Nadine



**NL Health
Services**

Nadine McEvoy BScPT MBA (She/Her)

Director, Strategic Health Networks

t: 709-691-2794

e: Nadine.mcevoy@easternhealth.ca

w: NLHealthServices.ca



A 10-YEAR HEALTH TRANSFORMATION

Surgery Sub-table Update March 20, 2024



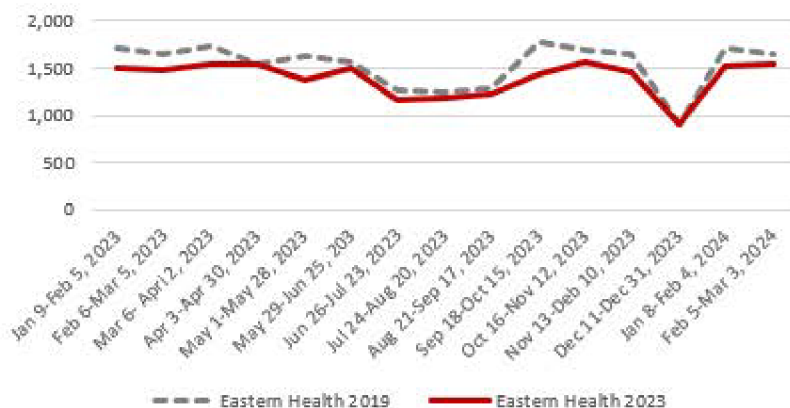
Sub-table Members

- Assistant Deputy Minister – Regional Services, HCS, Jeannine Herritt, co-chair
- Vice President Transformation Health Systems, NLHS, Cassie Chisholm, co-chair
- Vice President and Chief Operating Officer, Eastern Urban Zone, NLHS, Ron Johnson
- Senior Director, Provincial Health Transformation, NLHS, Tina Edmonds
- Provincial Wait Time Coordinator, Regional Services, HCS, Janice Sanger
- Acting Director, Regional Services, HCS, Karen Nolan
- Special Advisor - Health Transformation, Antionette Cabot, Secretariat and full member
- Director, Surgical Services Strategic Health Network, Nadine McEvoy
- Interim Medical Lead, Surgical Services, Strategic Health Network, Dr. William Moores
- Senior Issues Advisor, Regional Services, HCS, Karen Dickson

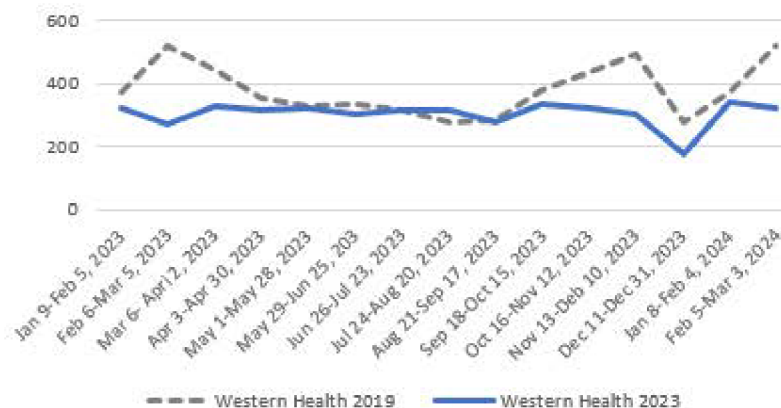


Change in Surgical Volumes (2023 compared to 2019)

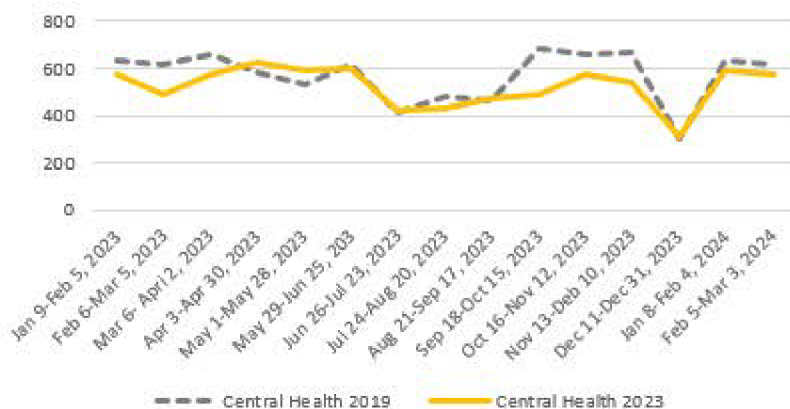
Eastern 2019 vs 2023



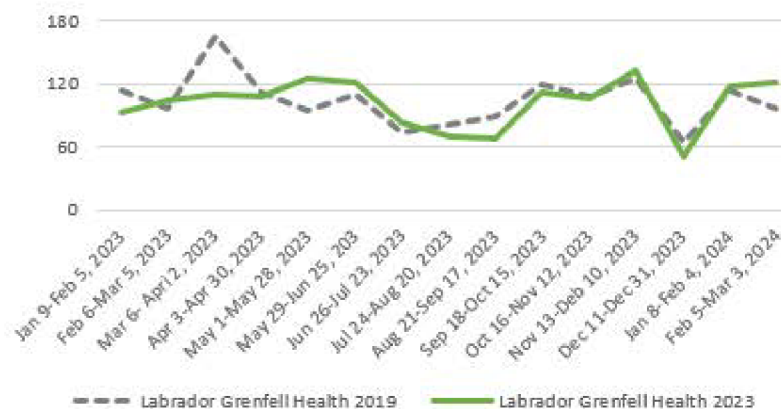
Western 2019 vs 2023



Central 2019 vs 2023



Labrador Grenfell 2019 vs 2023



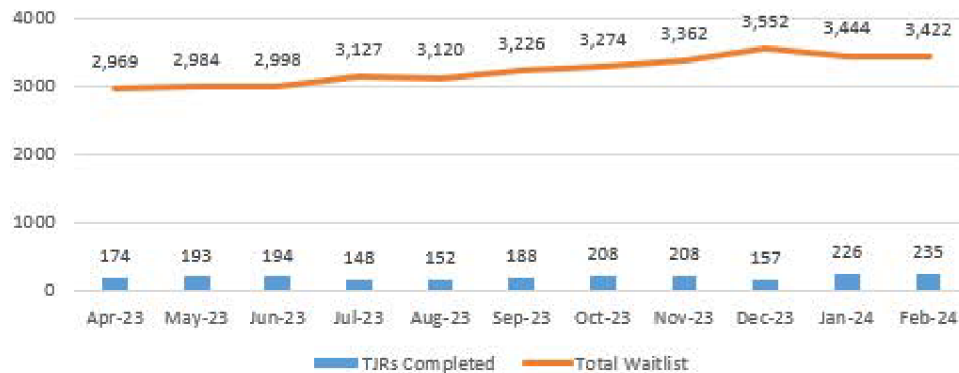
Volume Difference. Data comes from resumption report

The resumption report is a weekly report. In order to present information by month, 4 weeks data is summed up to be a month.
HCS-001-2024

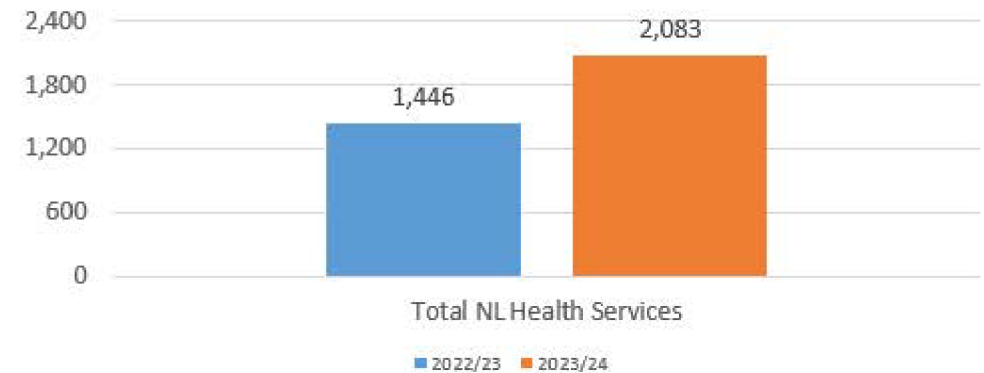


Provincial Joint Replacements

Combined Total Joint Replacements (JRs)
Completed versus Total Waitlist - Provincial Totals



Comparing Total Joint Replacements Completed
for Apr-Feb 2022/2023 and Apr-Feb 2023/2024

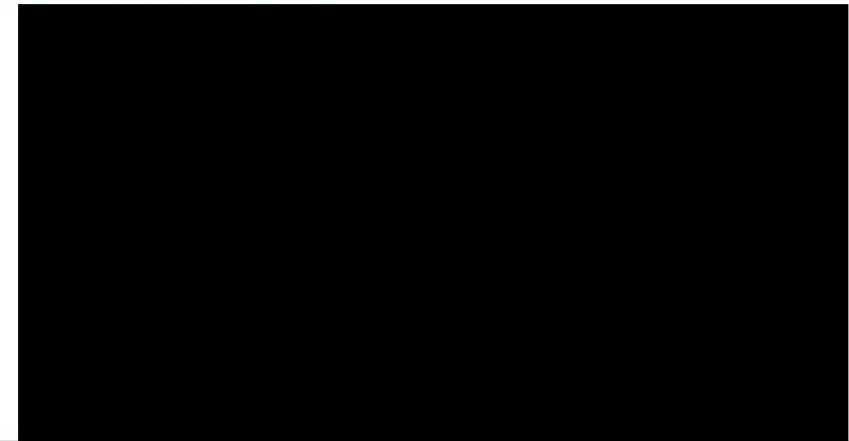


Waitlist - Number Actively Waiting
Breakdown End-of-Month February 2024
Above versus Below Benchmark



Ortho Update

-
-
-



JRs refer to Total Joint Replacements

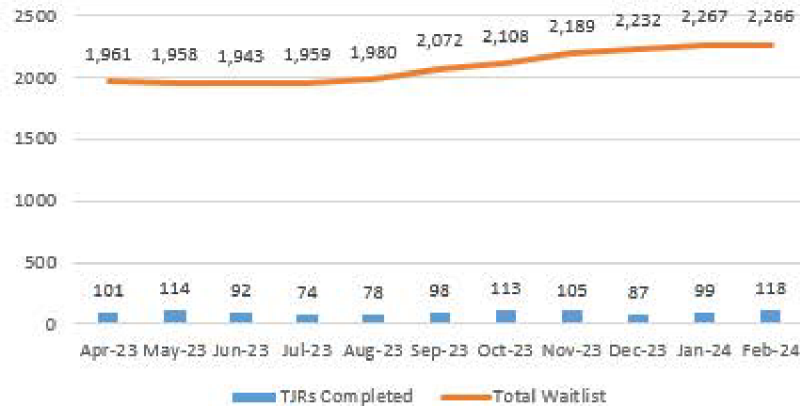
Wait list includes active and inactive

Redactions on this page are pursuant to sections 29(1)(a) and 35(1)(d) of ATIPPA, 2015

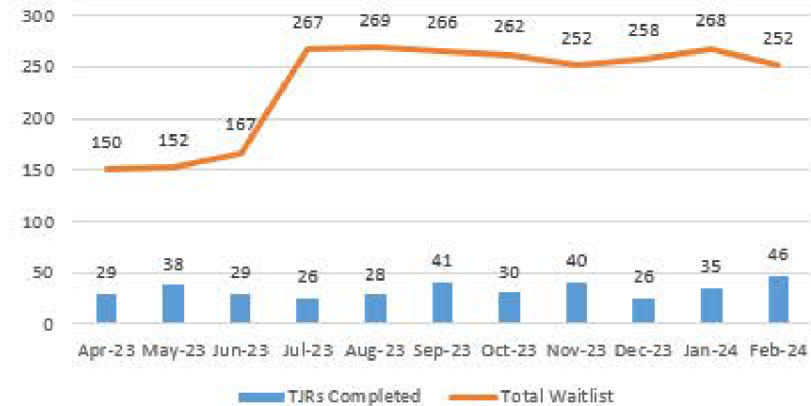


Combined JRs Completed Versus Total Waitlist by Zone

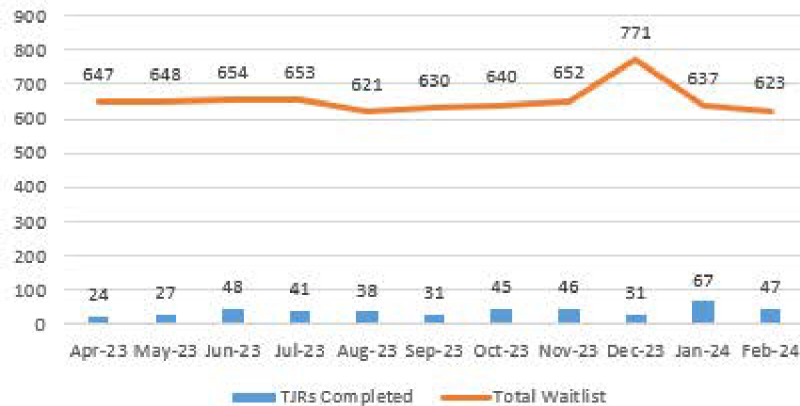
Eastern



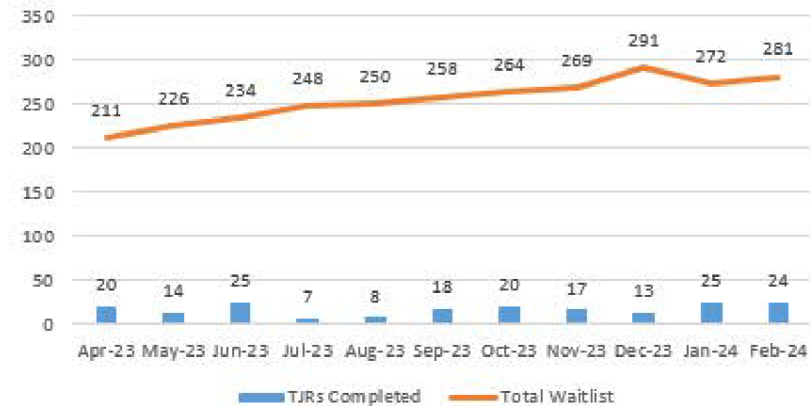
Western



Central



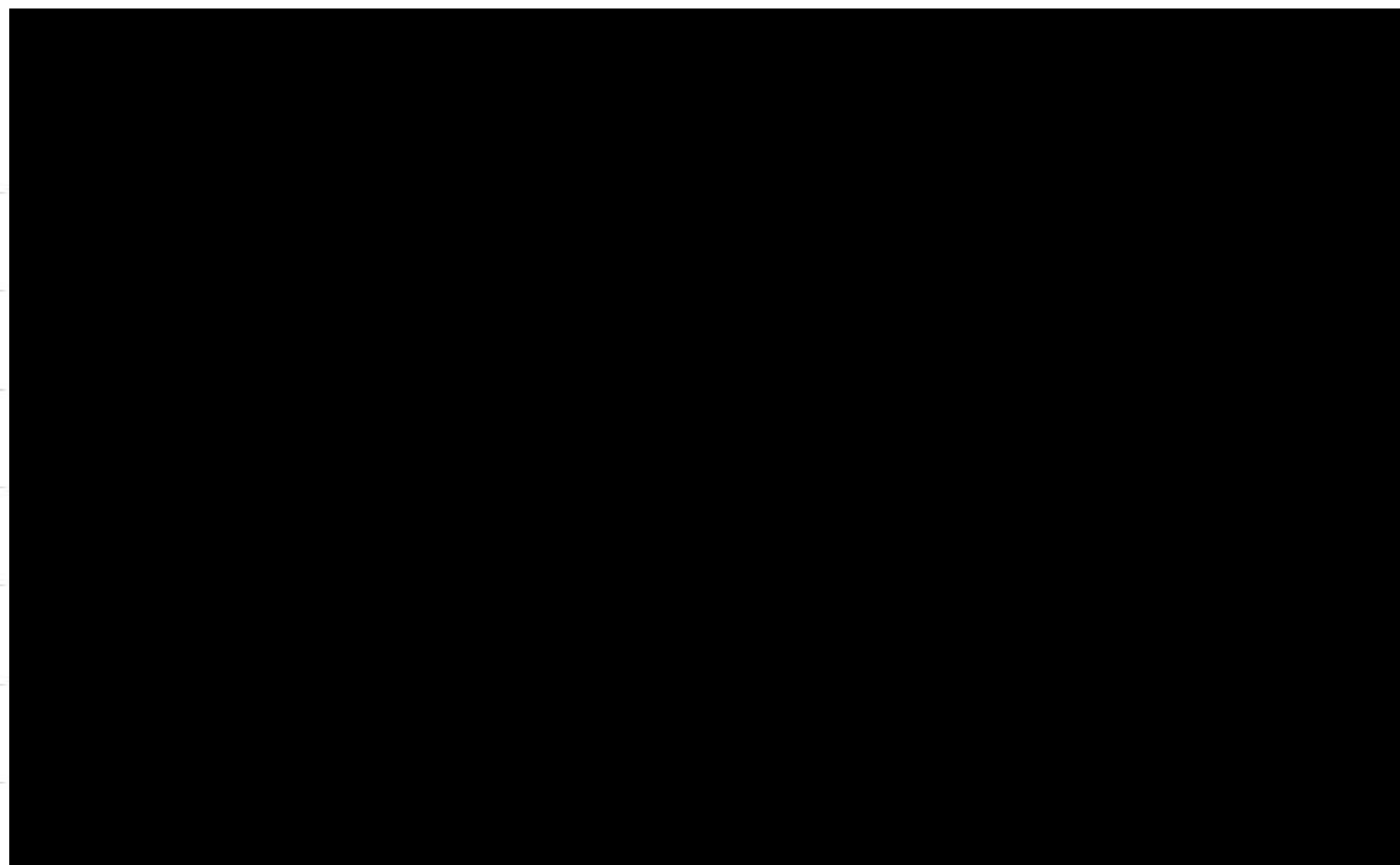
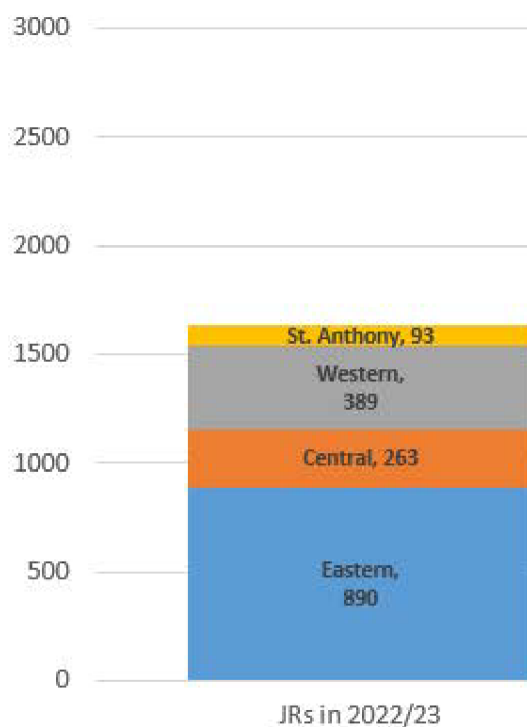
Labrador-Grenfell





Total Joint Replacement Surgery

JRs in
2022/23
N=1635

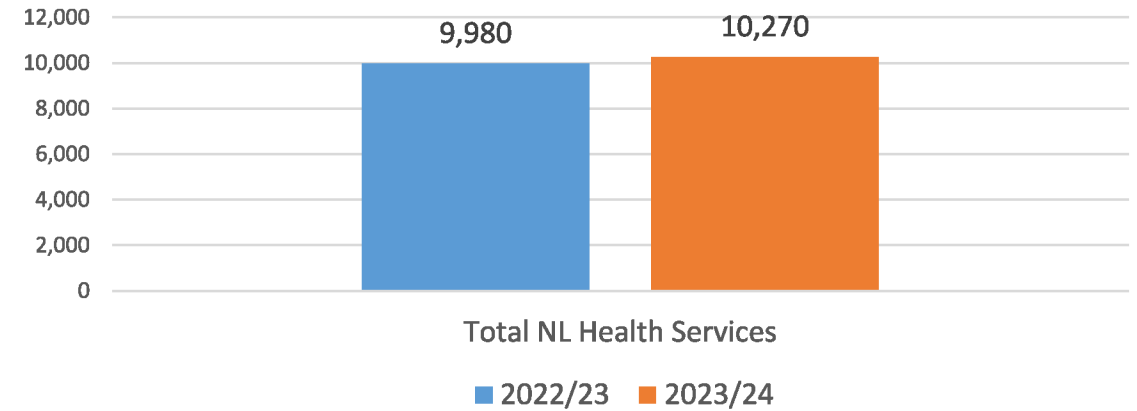


Redactions on this page are pursuant to
sections 29(1)(a) and 35(1)(d) of ATIPPA, 2015

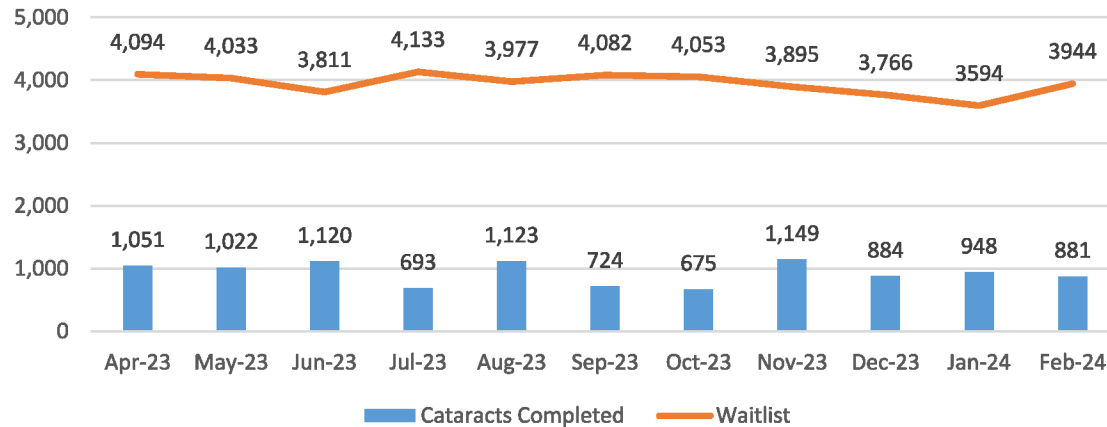
JRs refers to total joint replacement



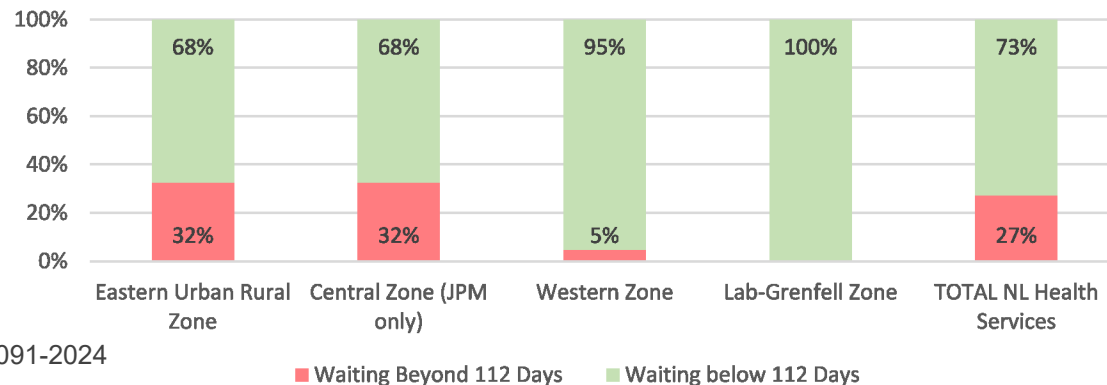
Comparing Total Cataracts Completed for
Apr-Feb 2022/23 and Apr-Feb 2023/24



Cataracts Completed versus Waitlist
Provincial Totals

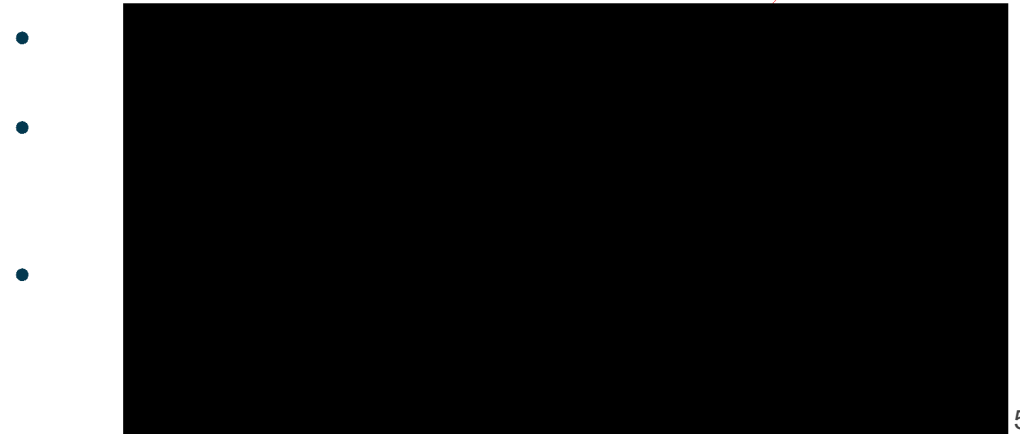


Waitlist - Number Actively Waiting
Breakdown End-of-Month February 2024
Above versus Below Benchmark



Cataract Update

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





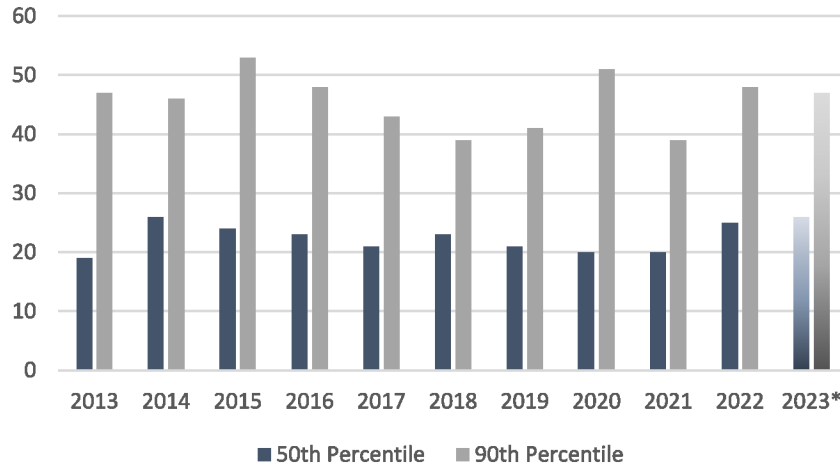
Surgery Wait Times Reporting – Eastern Urban 2023 compared to NL 2022

Surgery Type	50 th Percentile			90 th Percentile		
	Eastern Urban 2023 Q1Q2	NL 2022 Q1Q2	NL Rank based on 2022 Q1Q2	Eastern Urban 2023 Q1Q2	NL 2022 Q1Q2	NL Rank based on 2022 Q1Q2
Bladder	26	25	4 of 9	47	48	2 of 9
Breast	26	20	3 of 10	59	43	4 of 10
Colorectal	20	16	1 of 9	36	36	1 of 9
Lung	25	15	1 of 9	36	41	2 of 9
Prostate	49	29	1 of 8	106	69	1 of 8

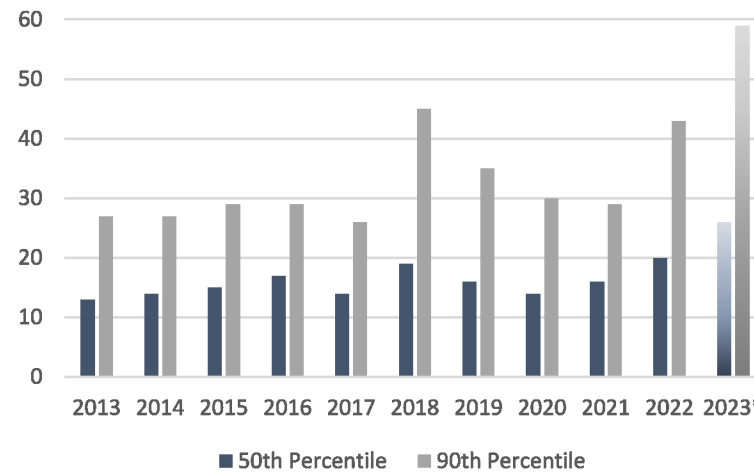


Cancer Surgery Median and 90th Percentiles over time (NL)

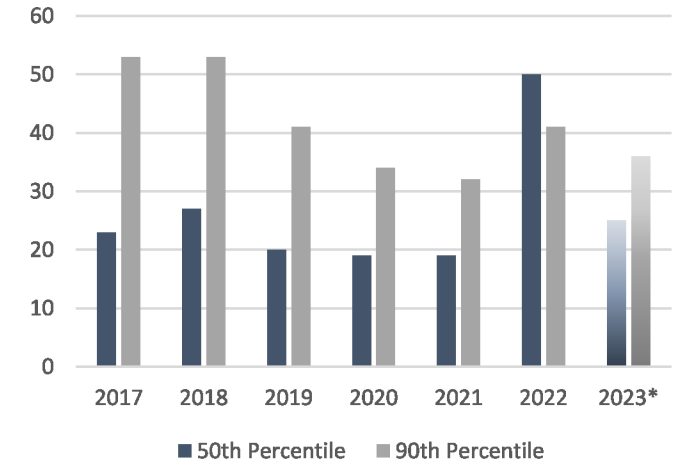
Bladder Cancer



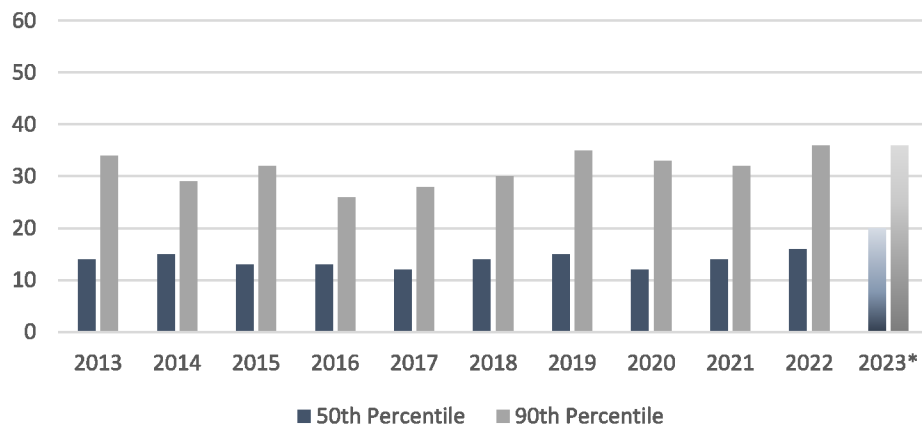
Breast Cancer



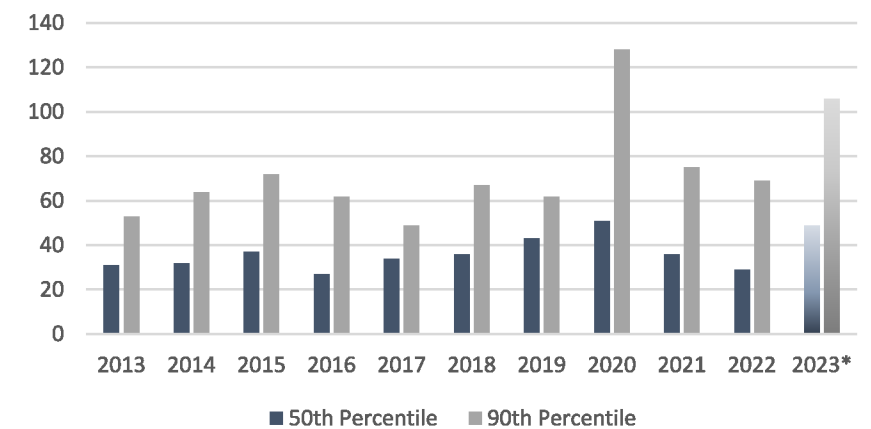
Lung Cancer



Colorectal Cancer



Prostate Cancer



From: Dickson, Karen
Sent: Monday, March 25, 2024 3:11 PM
To: Herritt, Jeannine
Subject: Key Messages - [REDACTED] Surgery
Attachments: [REDACTED] Key Messages - Surgery Wait Times.docx

Hi Jeannine,

Non-responsive

Non-responsive

As discussed, I have prepared Key Messages for [REDACTED] surgery wait time data and the documents are attached.

Thanks,
Karen

Karen Dickson PhD
Senior Issues Advisor, Regional Services

Department of Health and Community Services
Government of Newfoundland and Labrador

T: 709-729-6455
E: KarenDickson@gov.nl.ca

Health and Community Services

Trends in Provincial and National Wait Times for Priority Surgeries

March 25, 2024

Summary

- The Canadian Institute for Health Information (CIHI) provides public wait time reporting for cancer surgeries, cardiac surgery, joint replacement, and cataract surgery, among other procedures, based on aggregate wait time data and surgical volumes received from provincial representatives. The most recent data available is for April-September of 2022.

Anticipated Questions

- How is the health care system performing in terms of ensuring all residents of Newfoundland and Labrador have timely access to priority surgeries?

Key Messages

Provincial Ranking

- Wait times for five priority cancer surgeries (bladder, breast, colorectal, lung, prostate) in NL are relatively short compared to wait times overall in Canada, with NL being one of the top provinces with the shortest wait times (50th percentile and 90th percentile of patients) for all five surgeries.
- Wait times for joint replacements in NL are somewhat longer than average Canadian wait times, with NL ranking in the middle of all provinces for joint replacement wait times and the percentage of patients who receive joint replacements within the benchmark wait time.
- Wait times for cataract and coronary artery bypass graft surgeries in NL are poor relative to the rest of Canada, with the longest or second longest wait times and the smallest percentage of patients receiving cataract surgery within the benchmark wait time, of all provinces.

Coronary Artery Bypass Graft (CABG)

- The national benchmark for coronary artery bypass graft (CABG) surgery has three levels, based on urgency. Level 1 (most urgent) is 14 days, Level 2 is 42 days, and Level 3 (least urgent) is 182 days. Provincial urgency levels are not comparable, so the percentage of patients treated within the benchmark time is not reported and aggregate data for all urgency levels is provided.
- In Canada, the wait time for the 90th percentile of patients for CABG surgery was 78 days while the 90th percentile wait time in NL was 2.5 times longer at 192 days, the longest wait time of the eight provinces for which data is available and exceeding the Level 3 benchmark wait time of 182 days.
- In April to September of 2011 the 90th percentile wait time for CABG surgery in NL was 48 days, slightly below the wait time for Canada of 50 days. For April to September of 2022 the wait time in Canada had increased by 56% compared to 2011 to 78 days, while the wait time in NL had increased by 300% to 192 days.
- Per capita, the rate of CABG surgeries in NL for April-September of 2022 was 57% higher than the rate for Canada.

Joint Replacement

- In Canada, 57% and 50% of patients' wait time for hip and knee replacement surgery, respectively, meet the national benchmark of 182 days in April-September of 2022. The percentage of patients whose wait time met the benchmark in NL was lower at 45% and 36% for hip and knee replacement surgery, respectively. NL ranked 6th out of 10 provinces for the percentage of wait times meeting the benchmark for hip replacement surgery and 5th for knee replacement surgery.
- In the mid-2010s, NL peaked above the target of 90% of patients receiving joint replacement surgery within the benchmark wait time. In 2014, 96% of patients in NL received hip surgery within the benchmark wait time, compared to 82% of patients in Canada. Similarly, in 2013, 93% of patients in NL received knee surgery within the benchmark wait time, compared to 77% of patients in Canada.
- By 2022, the percentage of patients receiving joint replacements within the benchmark wait time had fallen significantly for both Canada and NL, and NL had also fallen below Canada. 45% of patients in NL received hip surgery within the benchmark wait time, compared to 57% of patients in Canada, while 36% of patients in NL received knee surgery within the benchmark wait time, compared to 50% of patients in Canada.
- Per capita, the rate of hip replacements in NL in April-September of 2022 was 80% of the Canadian rate and the rate of knee replacements in NL was 66% of the rate for Canada, despite a larger proportion of the NL population than the Canadian population being seniors, who require the majority of joint replacements.

Cataract Surgery

- In Canada, 66% of patients' wait time for cataract surgery meet the national benchmark of 112 days in April-September of 2022. The percentage of patients in NL whose wait time met the benchmark was lower at 39%. NL ranked last out of 10 provinces for the percentage of wait times within the benchmark.
- In the mid-2010s, NL peaked above the target of 90% of patients receiving cataract surgery within the benchmark wait time. In 2014 and 2015, 96% of patients in NL had a wait time within the benchmark, compared to 76%-80% of patients in Canada (2015 and 2014, respectively).
- By 2022, the percentage of patients receiving cataract surgery within the benchmark wait time had fallen for both Canada and NL, with a larger decrease for NL to 39% placing it well below Canada at 66%.
- Per capita, the rate of cataract surgeries in NL in April-September of 2022 was less than half (49%) of the rate in Canada, even though most cataract surgeries are performed on seniors and the NL population has a larger proportion of seniors than the Canadian population.

From: Herritt, Jeannine
Sent: Monday, March 25, 2024 3:16 PM
To: Dickson, Karen
Subject: RE: Key Messages - [REDACTED] Surgery

Non-responsive

These are excellent- thank you so much!

Jeannine

JEANNINE HERRITT BN RN MN | Assistant Deputy Minister – Regional Services
Department of Health and Community Services
Government of Newfoundland and Labrador
PO Box 8700, St. John's NL A1B 4J6
709-729-1716 | JeannineHerritt@gov.nl.ca

From: Dickson, Karen <KarenDickson@gov.nl.ca>
Sent: Monday, March 25, 2024 3:11 PM
To: Herritt, Jeannine <JeannineHerritt@gov.nl.ca>
Subject: Key Messages - [REDACTED] Surgery

Hi Jeannine,

Non-responsive

Non-responsive

As discussed, I have prepared Key Messages for [REDACTED] surgery wait time data and the documents are attached.

Thanks,
Karen

Karen Dickson PhD
Senior Issues Advisor, Regional Services

Department of Health and Community Services
Government of Newfoundland and Labrador

T: 709-729-6455
E: KarenDickson@gov.nl.ca

From: Moore, Dave
Sent: Wednesday, March 27, 2024 11:16 AM
To: Langor, Fiona, McGrath, John
Subject: Fwd: First Biannual Allocation 2024-25

David Moore
Director of Medical Services
Department of Health and Community Services

Begin forwarded message:

From: [REDACTED]
Date: March 27, 2024 at 10:57:25 AM NDT
To: "Moore, Dave" <DaveMoore@gov.nl.ca>
Cc: "Pinsent, Matthew" <MatthewPinsent@gov.nl.ca>, Gena Bugden <Gena.Bugden@easternhealth.ca>, Gertie Mai Muike <gmmuise@nlma.nl.ca>, "Pike, Ardella" <ardellapike@gov.nl.ca>
Subject: Re: First Biannual Allocation 2024-25

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Minister Osbourne,

I am writing in response to your department's notification yesterday, March 26, 2024, that the Government of Newfoundland and Labrador is abruptly reducing the amount of cataract surgeries allotted to the Eastern Region by almost 75%, 1231 cases as compared to 4232. This reduction of 3000 surgeries is a shocking change in policy and direction by your government, one which has dire consequences for cataract patients in Newfoundland and Labrador.

[REDACTED]

Patients in NL already experience the longest wait times in Canada for cataract surgery and the highest wait time is for the Eastern Health region. Those wait times will now increase by 300-400%.

[REDACTED]

I am available to discuss this decision as I find it hard to believe that this is a government policy that makes sense for the people of Newfoundland and Labrador.

Kindest regards,

[REDACTED]

From: Moore, Dave <DaveMoore@gov.nl.ca>
Date: Tuesday, March 26, 2024 at 3:51 PM
To: [REDACTED]
Cc: Pinsent, Matthew <MatthewPinsent@gov.nl.ca>, 'Gena Bugden' <Gena.Bugden@easternhealth.ca>, 'Gertie Mai Muike' <gmmuise@nlma.nl.ca>, Pike, Ardella <ardellapike@gov.nl.ca>
Subject: First Biannual Allocation 2024-25

Good Afternoon [REDACTED]

Please see attached regarding the above referenced.

Ms. Ardella Pike is available at 729-1892 or ardellapike@gov.nl.ca if you have any questions.

Thanks

Dave

DAVID MOORE
Director of Medical Services
Department of Health and Community Services
davemoore@gov.nl.ca
Tel: (709) 729-7686

From: Minister, HCS
Sent: Wednesday, March 27, 2024 3:28 PM
To: Premier of NL, David Diamond, Ron Johnson, client.relations@lghealth.ca
Subject: Letter from [REDACTED] to Premier regarding her struggles to be seen in the health care system
Attachments: [REDACTED] Response - Concerns - wait time for thoracic surgery.pdf, [REDACTED]
[REDACTED]

Section 6, 40(1)

Please see the attached response to [REDACTED] and the attached background correspondence for your information. [REDACTED]
[REDACTED] response has been forwarded to her via mail on today's date.

COR-2024-197163/04

March 27, 2024

40(1)

Dear [REDACTED]

Section 6, 40(1)

I am responding on behalf of Premier Furey to your letter of January 11, 2024, wherein you expressed concerns regarding your wait time for thoracic surgery [REDACTED]. I am very sorry to hear of your concerns.

Section 6, 40(1)

The prioritization of patients for the purpose of scheduling specialist appointments and surgical procedures is determined through communication and consultation between the referring physician (often the primary care provider) and specialist. This team is responsible for ensuring that emergent and urgent patients are seen first, followed by other patients. We encourage anyone with wait time concerns, to follow up with their referring physician, especially if their condition has changed, as it may impact their priority.

While the department sets provincial priorities and strategic objectives for the health system in this province, Newfoundland and Labrador Health Services (NLHS), is directly responsible for the administration and delivery of health services. [REDACTED]

Section 6,
40(1)

If you have further concerns regarding your wait time, I encourage you to follow up with your referring physician [REDACTED] directly to determine whether your circumstances warrant more urgent attention.

40(1)

Please note that NLHS has Client Relations Offices that support patients and families if they have questions or concerns regarding health care delivery within NLHS. If you wish to speak with someone at Client Relations, they may be reached at 1-877-444-1399, or by email Client.Relations@easternhealth.ca. Please note that I have also copied your letter and this response to Client Relations as well as David Diamond, CEO of NLHS, and Ron Johnson, Vice President and Chief Operating Officer, Eastern Urban Zone, for their information.

I would like to assure you that we are committed to addressing surgical wait times. In August 2023, Government announced that it will implement all 32 recommendations made by a Provincial Surgical Task Force that was established to reduce the current surgical backlog and surgical wait times in Newfoundland and Labrador, and this work is underway.

Our government is focused on improving the delivery of health care services in our province to ensure they are meeting the needs of our residents. We established Health Accord NL to create recommendations for re-imagining the system in order to best deliver health services to address these needs in communities throughout Newfoundland and Labrador. It is very important that we hear from individuals like you, as your feedback is an important part of the process as we work toward making these improvements.

Thank you for reaching out to share your concerns. I wish you all the best with your upcoming surgery.

Sincerely,



HONOURABLE TOM OSBORNE, MHA
Minister of Health and Community Services
District of Waterford Valley

cc: Office of the Premier
Client Relations (Labrador-Grenfell)
David Diamond, CEO, NLHS
Ron Johnson, VP/COO, NLHS

From: Dickson, Karen
Sent: Wednesday, March 27, 2024 4:04 PM
To: Cabot, Antionette, Herritt, Jeannine, Cassie Chisholm, Nolan, Karen, Nadine McEvoy, Ron Johnson, Edmonds, Tina, Sanger, Janice, William Moores
Subject: Ambulatory surgery centre report
Attachments: Ambulatory Surgery Centres.pdf
[Attachment included on pages 300-314](#)

Hello All,

As discussed in yesterday's surgery sub table meeting, attached is the report on ambulatory surgery centres that I prepared in my previous role with NLHS.

Thanks,
Karen

Karen Dickson PhD
Senior Issues Advisor, Regional Services

Department of Health and Community Services
Government of Newfoundland and Labrador

T: 709-729-6455
E: KarenDickson@gov.nl.ca

From: Donna Osmond <DOsmond@nlma.nl.ca>
Sent: Thursday, March 28, 2024 11:08 AM
To: McGrath, John
Cc: Power, Colleen (HCS)
Subject: FW: First Biannual Allocation 2024-25

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Morning Mr. McGrath,

Gertie Mai and Scott are available on Monday, April 1st between 2:00-5:00pm.

Thank you.
Donna

Donna Osmond
Executive Assistant
Newfoundland and Labrador Medical Association
Direct (709) 701-3934
E-mail dosmond@nlma.nl.ca | **Web** www.nlma.nl.ca



From: Gertie Mai Muike <gmmuise@nlma.nl.ca>
Sent: Thursday, March 28, 2024 9:25 AM
To: McGrath, John <JohnMcGrath@gov.nl.ca>
Cc: Dave Moore <davemoore@gov.nl.ca>; Scott Brown <SBrown@nlma.nl.ca>; Power, Colleen (HCS) <colleenp@gov.nl.ca>; Osborne, Tom <tosborne@gov.nl.ca>; flangor <flangor@gov.nl.ca>; Donna Osmond <DOsmond@nlma.nl.ca>
Subject: RE: First Biannual Allocation 2024-25

Morning John,

Im doing well thank you. Im looking forward to the warmer weather! Hope youre keeping well.

Thank you for following up and speaking with the Minister on this. We are equally interested in finding a resolution. We are available for a virtual meeting Monday afternoon to discuss. Donna, who Im copying here can help get a time in Scott and Is calendar.

I look forward to our call. Have a great Easter weekend,

Sincerely,
Gertie Mai

Gertie Mai Muike
Executive Director
Newfoundland and Labrador Medical Association
Direct (709) 702-6537 | **Fax** (709) 726.7525
E-mail dmitchell@nlma.nl.ca | **Web** www.nlma.nl.ca

From: McGrath, John <JohnMcGrath@gov.nl.ca>
Sent: Wednesday, March 27, 2024 10:14 PM
To: Gertie Mai Muike <gmmuise@nlma.nl.ca>
Cc: Dave Moore <davemoore@gov.nl.ca>; Scott Brown <SBrown@nlma.nl.ca>; Power, Colleen (HCS) <colleenp@gov.nl.ca>; Osborne, Tom <tosborne@gov.nl.ca>; flangor <flangor@gov.nl.ca>
Subject: RE: First Biannual Allocation 2024-25

Hi Gertie Mai,

Thanks for reaching out and hope you are keeping well. I spoke with Minister on this as well, and we are very interested in a resolution, and continuing the discussion while ensuring there is no disruption to patients. Would you be available for a meeting on Monday afternoon to discuss? If so, Colleen can arrange.

Look forward to the discussion.

Thanks,

John McGrath, CPA, CA | Deputy Minister
Department of Health and Community Services
Government of Newfoundland & Labrador
P.O. Box 8700, St. John's, NL A1B 4J6
T: (709) 729-3125 | E: JohnMcGrath@gov.nl.ca

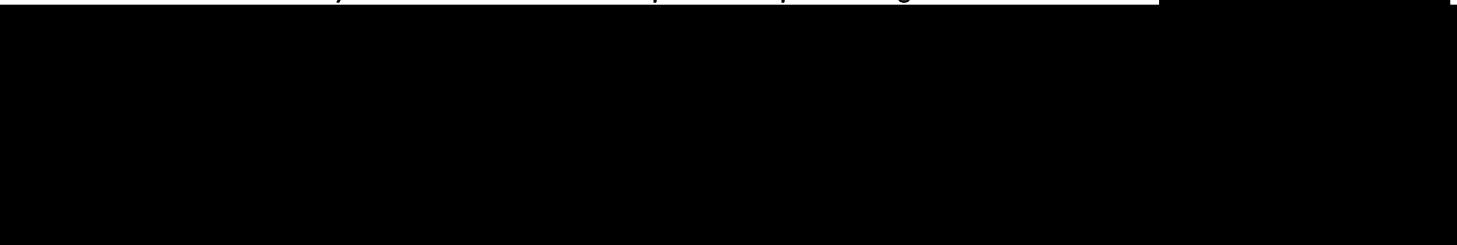
From: Gertie Mai Muike <gmmuise@nlma.nl.ca>
Sent: Wednesday, March 27, 2024 4:21 PM
To: McGrath, John <JohnMcGrath@gov.nl.ca>
Cc: Moore, Dave <DaveMoore@gov.nl.ca>; Scott Brown <SBrown@nlma.nl.ca>
Subject: FW: First Biannual Allocation 2024-25
Importance: High

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi John,

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

The email below came in today. It is an unfortunate development that patient surgeries will be cancelled.



Sincerely,

Gertie Mai

Gertie Mai Muise

Executive Director

Newfoundland and Labrador Medical Association

Direct (709) 702-6537 | Fax (709) 726.7525

E-mail dmitchell@nlma.nl.ca | Web www.nlma.nl.ca



From: [REDACTED]
Sent: Wednesday, March 27, 2024 10:57 AM
To: Dave Moore <davemoore@gov.nl.ca>
Cc: Matthew Pinsent <MatthewPinsent@gov.nl.ca>; 'Gena Bugden' <Gena.Bugden@easternhealth.ca>; Gertie Mai Muise <gmmuise@nlma.nl.ca>; Pike, Ardella <ardellapike@gov.nl.ca>
Subject: Re: First Biannual Allocation 2024-25

You don't often get email from [REDACTED] [Learn why this is important](#)

Dear Minister Osbourne,

I am writing in response to your departments notification yesterday, March 26, 2024, that the Government of Newfoundland and Labrador is abruptly reducing the amount of cataract surgeries allotted to the Eastern Region by almost 75%, 1231 cases as compared to 4232. This reduction of 3000 surgeries is a shocking change in policy and direction by your government, one which has dire consequences for cataract patients in Newfoundland and Labrador.

[REDACTED]

Patients in NL already experience the longest wait times in Canada for cataract surgery and the highest wait time is for the Eastern Health region. Those wait times will now increase by 300-400%.

[REDACTED]

I am available to discuss this decision as I find it hard to believe that this is a government policy that makes sense for the people of Newfoundland and Labrador.

Kindest regards,

[REDACTED]

From: Moore, Dave <DaveMoore@gov.nl.ca>

Date: Tuesday, March 26, 2024 at 3:51 PM

To: [REDACTED]
Cc: Pinsent, Matthew <MatthewPinsent@gov.nl.ca>, 'Gena Bugden' <Gena.Bugden@easternhealth.ca>, 'Gertie Mai Muiise' <gmmuise@nlma.nl.ca>, Pike, Ardella <ardellapike@gov.nl.ca>

Subject: First Biannual Allocation 2024-25

Good Afternoon [REDACTED]

Please see attached regarding the above referenced.

Ms. Ardella Pike is available at 729-1892 or ardellapike@gov.nl.ca if you have any questions.

Thanks

Dave

DAVID MOORE

Director of Medical Services

Department of Health and Community Services

davemoore@gov.nl.ca

Tel: (709) 729-7686

Information Note
Department of Health and Community Services

Title: Budget 2023 Update on the Western Zone Orthopedic Surgical Proposal

Issue: To provide an update on the status of Western Zone's two orthopedic surgical initiatives funded and announced in Budget 2023.

Background and Current Status:

- In 2005, national benchmarks were established to reduce wait times in five priority areas, including the 182 day benchmark for hip and knee replacement surgery.
- Benchmarks identify the amount of time that clinical evidence shows is appropriate to wait for a particular procedure. A benchmark is considered met when 90 per cent of the relevant procedures are performed within the targeted wait time.
- Coming out of the pandemic surgical backlogs exist for hip and knee replacements, with wait times more than two years in some cases. In Western, there are 75 cases waitlisted for hip and 191 for knee replacement at the end of Q2 23-24, which shows the wait list grew by 15 hip and 85 knee replacement cases since the end of Q1 23-23.
- During the 2023 budget consultation process Western officials submitted a proposal requesting \$409, 241 to hire 4 FTEs to implement a new same-day (outpatient) joint replacement program at the Western Memorial Regional Hospital (WMRH) in June 2023, and to perform 30 same-day joint replacements in 2023-24.
- In their proposal, Western also requested a \$325,000 increase to the annual base funding for disposable surgical supplies and orthopedic joint prosthesis required to complete 130 additional joint replacement surgeries (100 inpatient and the 30 same-day outpatient surgeries) annually starting in 2023-24. Western advised that they did not require funding to staff additional inpatient beds, as they intended to create capacity for the 100 additional inpatient joint replacement through internal operational efficiencies.
- Through Budget 2023, Western Zone's proposal was approved, and they were officially notified in writing (COR-2023-189277) on May 10, 2023.
- Considering Western performed 389 (123 hip, 266 knee) joint replacements in fiscal 2022-23, this funding would result in the completion of close to 520 joint replacements in fiscal 2023-24 and have a significant impact on reducing the backlog in Western and provincially.
- During a meeting with Western Zone (Paulette Morgan, Senior Director Hospital and Clinical Services) and HCS officials on March 1, 2024, Western advised that given the unpredicted challenges they faced this year, they are expecting to complete 15 of the 30 same-day (outpatient) joint replacement surgeries, and 10 of the 100 additional inpatient joint replacement surgeries by March 31, 2024.

Analysis:

- The following provides a summary of the progress and challenges Western experienced this year associated with the implementation of its Budget 2023 proposal.

Same-Day (Outpatient) Joint Replacement

- Modelled after the successful same-day (outpatient) joint replacement program implemented at St. Clare's Mercy Hospital in December 2022; the goal of this new initiative was to complete 30 joint replacements as same-day (outpatient) cases in 2023-24, starting in June 2023.
- However, Western reports that there were challenges recruiting the staff to support this new program. Of the 4 FTEs approved, the 1 FTE Physiotherapist (PT) and 0.5 FTE Social Worker were hired in September 2023, and the 1 FTE Nurse in January 2024. To date, they have been unable to fill the 1 FTE Support Worker-Rehab Assistant, and 0.5 FTE Clerk II position.
- The first successful same-day joint replacement was completed in January 2024, and 11 have been completed since then. Western is projecting that they will complete 15 same-day joint replacements by March 31.

100 Additional Inpatient Joint Replacement Surgeries

- Western proposed the completion of 100 additional inpatient joint replacement surgeries in 2023-24, yet 11 months into the current year they have only completed 369 joint replacement surgeries, which is 20 short of last year's throughput of 389 joint replacements.
- Throughout the year, Western has implemented strategies to support increasing the number of joint replacements such as:
 - offering any additional OR days to the orthopedic surgeons to perform additional joint replacements;
 - recovering post-operative joint replacement patients overnight in the recovery room, versus cancelling surgery when an inpatient surgical bed was unavailable; and,
 - completing three joint replacement surgeries on one Saturday in March 2024, as staff were agreeable to call back.
- Considering all of this, Western is projecting they will complete 10 of the 100 additional inpatient joint replacements in 2023-24.

Next Day Discharge Initiative

- By implementing a next day discharge protocol whereby select joint replacement patients are discharged home the day after surgery, Western has reduced its inpatient length of stay (LOS) to 1 day from 2.3 to 2.6 days. This means that the inpatient bed is available much sooner for another joint replacement patient's post-operative recovery.
- Western reports that in Q2 23-24, the LOS was 1 day for 46 per cent of joint replacement cases, compared to 19 per cent in Q1 23-24.
- This new approach is an example of a **leading practice** for select joint replacement cases

29(1)(a)

Other Challenges

- Throughout this year, Western continued to experience staffing challenges associated with vacancies, as well as staff and physicians out with COVID illnesses.
- This January, a high number of operating room staff were out due to illness; consequently, 19 surgeries were cancelled. There have also been periodic cancellations due to unavailable inpatient beds.

40(1)

- The unexpected leave of two orthopedic surgeons, [REDACTED] Both circumstances were not known when Western submitted the budget proposal to perform 130 additional joint replacements this year.
- The retiring surgeon is being replaced in April 2024 with an orthopedic surgeon who has experience with the same-day and next day discharge approaches.
- Despite all of this, the most recent wait time data for Q2 23-24 shows that in the Western zone, 81 per cent of 37 hip replacements, and 77 per cent of 58 knee replacements were completed within 182 days, which are the best joint replacement wait times in the province.

Action Being Taken:

- HCS will continue to work closely with NLHS to continue to monitor Western's bi-weekly progress on these two initiatives.
- Western continues to work diligently to support continuous improvement around completion of surgical joint replacements within national benchmarks.
- Western's new next day discharge is an example of a leading practice in orthopedics [REDACTED]
- With the phased approach for opening the new hospital opening in Corner Brook this year, Western officials advised that they project completing at least 357 joint replacement surgeries, of which 40 will be same-day (outpatient) joints in fiscal 2024-25. This is less than the additional 130 joint replacements funded in Budget 2023.
- Western will continue its practice of offering additional available surgical days to orthopedics to perform additional joint replacement surgeries when possible.

29(1)(a)

Prepared/Approved by: J. Sanger/K. Nolan/J. Herritt**Ministerial Approval:**April 30, 2024

Information Note
Department of Health and Community Services

Title: Provincial Wait Time Update

Issue: To provide a summary of provincial wait time reporting, including first quarter (Q1 2023-24) results, which have been analyzed and are ready for posting on the Health and Community Services (HCS) website.

Background and Current Status:

- In 2005, national benchmarks were established to reduce wait times in five priority areas: radiation therapy, cardiac bypass surgery, cataract surgery, orthopedics (hip replacement, knee replacement and hip fracture repair), and diagnostics (breast and cervical screening).
- Benchmarks identify the amount of time that clinical evidence shows is appropriate to wait for a particular procedure. A benchmark is considered met when 90 per cent of the relevant procedures are performed within the targeted wait time.
- In the absence of national benchmarks for cancer surgery, in 2011-12 provinces and the Canadian Institute for Health Information (CIHI) developed comparable wait time indicators for breast, bladder, colorectal, lung, and prostate cancer surgery; and all jurisdictions report the number of surgeries performed, as well as the 50th and 90th percentile wait times for these surgeries.
- While there are also no national benchmarks for endoscopy services, there are consensus-based access targets established by the Canadian Association of Gastroenterology (CAG), with a 14-day target recommended for urgent colonoscopy. In keeping with the provincial strategy for endoscopy services, HCS reports the number of urgent colonoscopy procedures, number of no-shows, 50th and 90th percentile wait times.
- The four Regional Health Authorities (RHAs) merged into one provincial health authority on April 1, 2023, therefore this analysis uses retrospective data from the former four RHAs, and from the new health zones within Newfoundland and Labrador Health Services (NLHS).
- This update reports on wait times for the first quarter (Q1 2023-24), during which time the World Health Organization (WHO) declared an end to the COVID-19 public health emergency on May 5, 2023.
- Provincial data shows urgent hip fracture and cardiac bypass surgeries were performed within the recommended benchmarks; while radiation treatment benchmark results decreased. Waits for non-urgent scheduled cataract, hip and knee replacement surgeries remained comparable to last year (2022-23), however, for the first time in recent years the cataract and hip replacement wait lists have started to show a decrease, see BN-2023-00828 for a more in-depth analysis.
- Overall, the number of cancer surgeries were performed this quarter were up slightly from the same quarter last year (Q1 2022-23), [REDACTED] The 90th percentile wait times were on par for breast and colon cancer surgeries, decreased for lung cancer surgery, and increased for bladder and prostate cancer surgeries.

29(1)(a)

29(1)(a)

- First quarter (Q1 2023-24) results are ready for posting on HCS's website (Appendix A). Trend analysis is limited as the state of emergency, cyber-incident, and three year (2020-23) long pandemic caused multiple health system shutdowns and reductions in services throughout recent times.

Analysis:

Provincial Benchmark Wait Times

- First quarter (Q1 2023-24) benchmark wait time results for Newfoundland and Labrador are as follows:
 - 49 per cent of patients received access to radiation treatment within 28 days;
 - 96 per cent of cardiac bypass surgeries were performed within the 182 days;
 - 37 per cent of first eye cataract procedures were performed within 112 days;
 - 47 per cent of hip replacement surgeries were performed within 182 days;
 - 35 per cent of knee replacement surgeries were performed within 182 days; and,
 - 99 per cent of hip fracture surgeries were performed within 48 hours.
- These results show that 96 and 99 per cent of residents of Newfoundland and Labrador received timely access to urgent benchmark procedures (cardiac bypass, and hip fracture repair) within the recommended targets.
- Historically, this province has always maintained the 28 day benchmark for radiation treatment. However, results have further decreased to 49 per cent, from 64 per cent in the previous (Q4 2022-23) quarter. This quarter's data also shows that 143 of the 283 new patients waited between 29 to 68 days to begin radiation treatment, and patients continued travelling out-of-province to receive timely access to this service.
- Between November 2022 and September 2023, a total of 198 patients have been treated or are currently receiving radiation treatment at the Princess Margaret Hospital. This group continues to be included in Ontario's wait time reporting, as nationally, benchmark wait times are reported by jurisdiction where the service is provided.
- Coming out of the pandemic, during which time the province's health system also responded to other critical events, including ongoing staffing challenges resulting in service reductions, 35 to 47 per cent of non-urgent benchmark procedures (cataract, hip and knee replacement) were performed within the recommended benchmarks. When compared to the same quarter (Q1 22-23) last year, results for these three procedures remained unchanged at 36 to 46 per cent completed.

Cataract Surgery Wait Times by Zone

- First quarter (Q1 2023-24) cataract surgery results show that benchmark performance continued to be markedly lower in two of the zones. In the third zone, it increased to 67 per cent from 58 per cent for a small number of surgeries compared to the same quarter last year; while in the fourth zone, 100 per cent of a small number of surgeries were performed within the 112 day benchmark again this quarter.
- Eastern Zone completed 41 per cent of cataract surgeries within the benchmark, Central Zone completed 28 per cent, Western Zone completed 67 per cent, and Labrador-Grenfell Zone completed 100 per cent (Appendix B).

- In Eastern Zone, nine out of 10 benchmarked cases waited upwards of 463 days, which is four times longer than the recommended benchmark. In Central Zone, nine out of 10 cases waited 216 days, 162 days in Western Zone, and 90 days in Labrador-Grenfell Zone.

Hip and Knee Replacement Wait Times by Zone

- First quarter (Q1 2023-24) regional hip replacement benchmark results were 38 per cent completed within the 182 day benchmark in Eastern Zone, 64 per cent in Central Zone, and 80 per cent in Western Zone; and 27 per cent in Labrador-Grenfell Zone (Appendix C).
- In Eastern, nine out of 10 benchmarked hip replacements waited upwards of 595 days, which is more than three times longer than the recommended benchmark. In Central, nine out of 10 cases waited 551 days, 363 days in Western, and 558 days in Labrador-Grenfell.
- Same quarter (Q1 2023-24) regional knee replacement benchmarked results were 22 per cent completed within the 182 day benchmark in Eastern, 34 per cent in Central, 70 per cent in Western, and 41 per cent in Labrador-Grenfell (Appendix C).
- In Eastern, nine out of 10 benchmarked knee replacements waited upwards of 665 days, which is close to four times longer than the recommended benchmark. In Central, nine out of 10 cases waited 645 days, 306 days in Western, and 501 days in Labrador-Grenfell.

Cancer Surgery Wait Times by Zone

- First quarter (Q1 2023-24) cancer surgery wait time reports show that half (50th percentile) of the 298 (bladder, breast, colon, and lung cancer) surgeries were performed within 13 to 33 days, and nine out of 10 surgeries (90th percentile) were performed within 16 to 63 days.
- Same quarter prostate cancer surgery reports show that half (50th percentile) of the 34 cases waited less than 53 days, and nine out of 10 (90th percentile) waited less than 83 days. Because prostate cancer progresses slower than some other cancers, patients often opt for active surveillance instead of immediately undergoing surgery. Consequently, prostate cancer wait times may appear longer relative to other cancer surgery waits.

Colonoscopy Wait Times by Zone

- First quarter (Q1 2023-24) wait time reports show that half (50th percentile) of the 500 urgent colonoscopies were performed within six to 18 days, and nine out of 10 procedures (90th percentile) were completed within 14 to 54 days. Urgent colonoscopy wait times are longest in Labrador Health Centre, as initiatives are underway to reduce the pandemic-related backlog there, and at the Health Sciences Centre where demand is higher. Provincially, 18 patients were no-shows and did not call ahead to cancel or request re-scheduling (Appendix D).
- Four of 12 endoscopy units (JPMRH, STRH, LWHC and CCMH) performed the majority of urgent colonoscopies within the CAG clinically recommended target of 14 days.

Action Being Taken:

- When approved, this quarter's results will be posted to HCS's website.
- NLHS continues to work with the non-hospital facilities to ensure providers give priority to addressing the backlog of long waiters on their cataract surgery wait list.

- NLHS reports that all Priority 1 (P1), P2, and ~ 75 per cent of P3 patients are accessing radiation treatment within 28 days, which is a significant improvement from first quarter results.
- The new orthopedic surgical initiatives which include the outpatient and short-stay joint replacement programs, the travelling orthopedic surgical team, and the expansion of orthopedic surgeries at Carbonear General Hospital are well underway to increase the number of joint replacement surgeries performed annually.
- HCS will continue to work closely with NLHS to monitor the wait times for benchmark procedures.

Prepared/Approved by: J. Sanger/K. Nolan/J. Herritt/J. McGrath
Ministerial Approval: Received from Hon. Tom Osbourne

March 31, 2024



APPENDIX A

Table A1: Provincial Wait Times Data 2023-24 Quarter 1 : April 1 to June 30

Service Area	Pan-Canadian Benchmarks	Newfoundland and Labrador Wait Times – First Quarter (April 1 – June 30, 2023)
Curative Radiotherapy	Within 4 weeks (28 days) of being ready to treat.	49%
Coronary Bypass Surgery (CABG)	Level 1 Within 2 weeks (14 days) Level 2 Within 6 weeks (42 days) Level 3 Within 26 weeks (182 days)	96%
Cataract	Within 16 weeks (112 days) for patients who are at high risk.	- Eastern Zone: 41% First eye - Central Zone: 28% First eye - Western Zone: 67% First eye - Labrador-Grenfell Zone: 100% First eye - Provincial: 37% First eye
Hip Replacement	Within 26 weeks (182 days)	- Eastern Zone: 38% - Central Zone: 64% - Western Zone: 80% - Labrador-Grenfell Zone: 27% - Provincial: 47%
Knee Replacement	Within 26 weeks (182 days)	- Eastern Zone: 22% - Central Zone: 34% - Western Zone: 70% - Labrador-Grenfell Zone: 41% - Provincial: 35%
Hip Fracture Repair	Fixation within 48 hours	- Eastern Zone: 98% - Central Zone: 100% - Western Zone: 100% - Labrador-Grenfell Zone: DS - Provincial: 99%
Data Source: Newfoundland and Labrador Health Services (NLHS), Newfoundland and Labrador. Notes: Wait time data shows that data are suppressed (DS) due to the low number of surgeries completed in some areas. In keeping with data standards, outliers or cases that do not comply with the standard wait time definitions are excluded from cataract wait time calculations and Zones are working to address this. Date: November 25, 2023		

APPENDIX B

Table B1: Cataract Surgery (First Eye) by Zone for Q1 (April 1 – June 30, 2023-2024)

Region	Eastern Zone	Central Zone	Western Zone	Labrador-Grenfell Zone
Wait Time Information				
Number of first-eye cataract procedures completed	387	395	26	19
5 out of 10 patients had surgery within this number of days	163	143	46	16
9 out of 10 patients had surgery within this number of days	463	216	162	90
Percentage of patients who had surgery within 112 days	41%	28%	67%	100%

Data source: Newfoundland and Labrador Health Services (NLHS), Newfoundland and Labrador

Notes: In keeping with data standards, outliers or cases that do not comply with the standard wait time definitions are excluded from cataract wait time calculations and Zones within NLHS are working to address this.

APPENDIX C

Table C2: Hip Replacement Surgery by Zone for Q1 (April 1 - June 30, 2023-24)

Region	Eastern Zone	Central Zone	Western Zone	Labrador-Grenfell Zone
Wait Time Information				
Number of hip replacement procedures completed	141	41	33	24
5 out of 10 patients had surgery within this number of days	260	113	78	346
9 out of 10 patients had surgery within this number of days	595	551	363	558
Percentage of patients who had surgery within 182 days	38%	64%	80%	27%

Data source: Newfoundland and Labrador Health Services (NLHS), Newfoundland and Labrador

Table C2: Knee Replacement Surgery by Zone for Q1 (April 1 – June 30, 2023-2024)

Region	Eastern Zone	Central Zone	Western Zone	Labrador-Grenfell Zone
Wait Time Information				
Number of knee replacement procedures completed	166	56	65	34
5 out of 10 patients had surgery within this number of days	449	250	114	259
9 out of 10 patients had surgery within this number of days	665	645	306	501
Percentage of patients who had surgery within 182 days	22%	34%	70%	41%

Data source: Newfoundland and Labrador Health Services (NLHS), Newfoundland and Labrador

APPENDIX D

Table D1: Urgent Colonoscopy Wait Times for Q1 (April 1 – June 30, 2023-2024)

Newfoundland and Labrador Health Services	Number of Urgent Colonoscopy Procedures	5 out of 10 patients had procedure within this number of days	9 out of 10 patients had procedure within this number of days	Number of No-Shows
Zone				
Eastern				
Health Sciences Centre	62	18	54	≤ 5
St. Clare's Mercy Hospital	62	11	32	≤ 5
Carbonear General Hospital	90	8	20	≤ 5
Burin Peninsula Health Care Centre	8	6	28	≤ 5
Dr. G.B. Cross Memorial Hospital	37	9	22	≤ 5
Central				
James Paton Memorial Regional Health Centre	30	8	17	≤ 5
Central Newfoundland Regional Health Centre	86	11	24	≤ 5
Western				
Western Memorial Regional Hospital	73	14	25	≤ 5
Sir Thomas Roddick Hospital	6	15	17	0
Labrador-Grenfell				
Labrador Health Centre	27	15	43	0
Labrador West Health Centre	DS	DS	DS	≤ 5
Charles S. Curtis Memorial Hospital	15	9	14	≤ 5

Source: Newfoundland and Labrador Health Services (NLHS), Newfoundland and Labrador

DS: Data Suppression – This indicates that a hospital performed 5 or less cases during the reporting period. To protect patient privacy, wait times associated with these small volumes will not be reported.

NV: No Volume – This indicates that a hospital did not perform this service during the reporting period, or that zero cases were carried out.

Date: November 25, 2023

Information Note
Department of Health and Community Services

Title: Provincial Wait Time Update 23-24

Issue: To provide a summary of provincial wait time reporting, including second quarter (Q2 2023-24) results, which have been analyzed and are ready for posting on the Health and Community Services (HCS) website.

Background and Current Status:

- In 2005, national benchmarks were established to reduce wait times in five priority areas: radiation therapy, cardiac bypass surgery, cataract surgery, orthopedics (hip replacement, knee replacement and hip fracture repair), and diagnostics (breast and cervical screening).
- Benchmarks identify the amount of time that clinical evidence shows is appropriate to wait for a particular procedure. A benchmark is considered met when 90 per cent of the relevant procedures are performed within the targeted wait time.
- In the absence of national benchmarks for cancer surgery, in 2011-12 provinces and the Canadian Institute for Health Information (CIHI) developed comparable wait time indicators for breast, bladder, colorectal, lung, and prostate cancer surgery; and all jurisdictions report the number of surgeries performed, as well as the 50th and 90th percentile wait times for these surgeries.
- While there are also no national benchmarks for endoscopy services, there are consensus-based access targets established by the Canadian Association of Gastroenterology (CAG), with a 14-day target recommended for urgent colonoscopy. In keeping with the provincial strategy for endoscopy services, HCS reports the number of urgent colonoscopy procedures, number of no-shows, 50th and 90th percentile wait times.
- The four Regional Health Authorities (RHAs) merged into one provincial health authority on April 1, 2023, therefore this analysis uses retrospective data from the former four RHAs, and from the new health zones within Newfoundland and Labrador Health Services (NLHS).
- This update reports on wait times for the second quarter (Q2 2023-24), which is two to four months following the World Health Organization (WHO) declaring an end to the COVID-19 public health emergency on May 5, 2023.
- Provincial data shows urgent hip fracture and cardiac bypass surgeries were performed within the recommended benchmarks; while radiation treatment benchmark results improved from the previous quarter. Waits for non-urgent scheduled cataract, hip and knee replacement surgeries also improved slightly compared to same quarter last year (Q2 2022-23),
- Overall, the number of cancer surgeries were performed this quarter are up slightly from the same quarter last year (Q2 2022-23), when adjusting for unavailable data for Central. The 90th percentile wait times were on par for bladder cancer surgery, decreased for colon cancer surgery, and increased for breast, lung, and prostate cancer surgeries.
- Second quarter (Q2 2023-24) results are ready for posting on HCS's website (Appendix A). Trend analysis is limited as the state of emergency, cyber-incident, and three year (2020-23)

long pandemic caused multiple health system shutdowns and reductions in services throughout recent times.

Analysis:

Provincial Benchmark Wait Times

- Second quarter (Q2 2023-24) benchmark wait time results for Newfoundland and Labrador are as follows:
 - 64 per cent of patients received access to radiation treatment within 28 days;
 - 99 per cent of cardiac bypass surgeries were performed within the 182 days;
 - 51 per cent of first eye cataract procedures were performed within 112 days;
 - 49 per cent of hip replacement surgeries were performed within 182 days;
 - 38 per cent of knee replacement surgeries were performed within 182 days; and,
 - 88 per cent of hip fracture surgeries were performed within 48 hours.
- These results show that 99 and 88 per cent of residents of Newfoundland and Labrador received timely access to urgent benchmark procedures (cardiac bypass, and hip fracture repair) within the recommended targets.
- Historically, this province has always maintained the benchmark for radiation treatment. In recent months results decreased to 49 per cent, however, this quarter they have improved to 64 per cent. This quarter's data also shows that 100 of the 280 new patients waited between 29 to ~60 days to begin radiation treatment, and repatriation of patients who travelled out-of-province to receive timely access began back in January 2024.
- Coming out of the pandemic, during which time the province's health system also responded to other critical events, including ongoing staffing challenges resulting in service reductions, 38 to 51 per cent of non-urgent benchmark procedures (cataract, hip and knee replacement) were performed within the recommended benchmarks. When compared to the same quarter (Q2 22-23) last year, results show a 10 per cent increase in cataract results, a 5 per cent increase in hip replacement results, and a 3 per cent improvement in knee replacement.

Cataract Surgery Wait Times by Zone

- Second quarter (Q2 2023-24) cataract surgery results show that benchmark performance continued to be markedly lower in one of the zones. In the second zone, it increased to 58 per cent from 35 per cent compared to the same quarter (Q2 22-23) last year; while in the other two zones, 63 per cent and 100 per cent of a small number of surgeries were performed within the 112 day benchmark again this quarter.
- Eastern Zone completed 58 per cent of cataract surgeries within the benchmark, Central Zone completed 33 per cent, Western Zone completed 63 per cent, and Labrador-Grenfell Zone completed 100 per cent (Appendix B).
- In Eastern Zone, nine out of 10 benchmarked cases waited upwards of 358 days, which is three times longer than the recommended benchmark. In Central Zone, nine out of 10 cases waited 202 days, 177 days in Western Zone, and 57 days in Labrador-Grenfell Zone.
- In addition to this, 1,431 cataract cases were completed in the non-hospital facilities in Corner Brook and St. John's during this quarter.

Hip and Knee Replacement Wait Times by Zone

- Second quarter (Q2 2023-24) regional hip replacement benchmark results were 40 per cent completed within the 182 day benchmark in Eastern Zone, 38 per cent in Central Zone, and 81 per cent in Western Zone; and 36 per cent in Labrador-Grenfell Zone (Appendix C).
- In Eastern, nine out of 10 benchmarked hip replacements waited upwards of 641 days, which is close to four times longer than the recommended benchmark. In Central, nine out of 10 cases waited 709 days, 390 days in Western, and 573 days in Labrador-Grenfell.
- Same quarter (Q2 2023-24) regional knee replacement benchmarked results were 27 per cent completed within the 182 day benchmark in Eastern, 31 per cent in Central, 77 per cent in Western, and 28 per cent in Labrador-Grenfell (Appendix C).
- In Eastern, nine out of 10 benchmarked knee replacements waited upwards of 845 days, which is close to five times longer than the recommended benchmark. In Central, nine out of 10 cases waited 841 days, 266 days in Western, and 640 days in Labrador-Grenfell.

Cancer Surgery Wait Times by Zone

- Second quarter (Q2 2023-24) cancer surgery wait time reports show that half (50th percentile) of the 230 (bladder, breast, colon, and lung cancer) surgeries were performed within 14 to 40 days, and nine out of 10 surgeries (90th percentile) were performed within 21 to 61 days.
- Same quarter prostate cancer surgery reports show that half (50th percentile) of the 27 cases waited less than 49 days, and nine out of 10 (90th percentile) waited less than 107 days. Because prostate cancer progresses slower than some other cancers, patients often opt for active surveillance instead of immediately undergoing surgery. Consequently, prostate cancer wait times may appear longer relative to other cancer surgery waits.

Colonoscopy Wait Times by Zone

- Second quarter (Q2 2023-24) wait time reports show that half (50th percentile) of the 466 urgent colonoscopies were performed within seven to 22 days, and nine out of 10 procedures (90th percentile) were completed within 13 to 80 days. Urgent colonoscopy wait times are longest in Labrador Health Centre, as initiatives are underway to reduce the pandemic-related backlog there, and at St. Clare's Mercy Hospital where demand is higher. Provincially, 18 patients were no-shows and did not call ahead to cancel or request re-scheduling (Appendix D).
- Five of 12 endoscopy units (JPMRH, STRH, LWHC and CCMH) performed the majority of urgent colonoscopies within the CAG clinically recommended target of 14 days.

Action Being Taken:

- When approved, this quarter's results will be posted to HCS's website.
- NLHS continues repatriating patients from Prince Margaret Cancer Centre (PMCC) and is maintaining its affiliation with PMCC to provide access to radiation within the national benchmarks. Also, recruitment efforts continue to fill positions within the radiation program.
- NLHS continues to work with the non-hospital facilities to ensure providers give priority to addressing the backlog of long waiters on their cataract surgery wait list.

- The new orthopedic surgical initiatives which include the outpatient and short-stay joint replacement programs, the travelling orthopedic surgical team, and the expansion of orthopedic surgeries at Carbonear General Hospital are well underway and increasing the number of joint replacements performed annually.
- HCS will continue to work closely with NLHS to monitor the wait times for benchmark procedures.

Prepared/Approved by: J. Sanger/K. Nolan/J. Herritt/J. McGrath
Ministerial Approval: Received from Hon. Tom Osbourne

March 31, 2024

A handwritten signature in black ink, appearing to read 'Tom Osbourne', is centered on the page. The signature is fluid and cursive, with a large initial 'T' and 'O'.

APPENDIX A

Table A1: Provincial Wait Times Data 2023-24 Quarter 2: July 1 to September 30

Service Area	Pan-Canadian Benchmarks	Newfoundland and Labrador Wait Times – Second Quarter (July 1 – September 30, 2023)
Curative Radiotherapy	Within 4 weeks (28 days) of being ready to treat.	64%
Coronary Bypass Surgery (CABG)	Level 1 Within 2 weeks (14 days) Level 2 Within 6 weeks (42 days) Level 3 Within 26 weeks (182 days)	99%
Cataract	Within 16 weeks (112 days) for patients who are at high risk.	- Eastern Zone: 58% First eye - Central Zone: 33% First eye - Western Zone: 63% First eye - Labrador-Grenfell Zone: 100% First eye - Provincial: 51% First eye
Hip Replacement	Within 26 weeks (182 days)	- Eastern Zone: 40% - Central Zone: 38% - Western Zone: 81% - Labrador-Grenfell Zone: 36% - Provincial: 49%
Knee Replacement	Within 26 weeks (182 days)	- Eastern Zone: 27% - Central Zone: 31% - Western Zone: 77% - Labrador-Grenfell Zone: 28% - Provincial: 38%
Hip Fracture Repair	Fixation within 48 hours	- Eastern Zone: 84% - Central Zone: 100% - Western Zone: 100% - Labrador-Grenfell Zone: NV - Provincial: 88%
Data Source: Newfoundland and Labrador Health Services (NLHS), Newfoundland and Labrador. Notes: Wait time data shows that data are suppressed (DS) due to the low number of surgeries completed in some areas. In keeping with data standards, outliers or cases that do not comply with the standard wait time definitions are excluded from cataract wait time calculations and Zones are working to address this. Date: February 28, 2024		

APPENDIX B

Table B1: Cataract Surgery (First Eye) by Zone for Q2 (July 1 – September 30, 2023-2024)

Region	Eastern Zone	Central Zone	Western Zone	Labrador-Grenfell Zone
Wait Time Information				
Number of first-eye cataract procedures completed	297	206	38	18
5 out of 10 patients had surgery within this number of days	77	139	56	37
9 out of 10 patients had surgery within this number of days	358	202	177	57
Percentage of patients who had surgery within 112 days	58%	33%	63%	100%

Data source: Newfoundland and Labrador Health Services (NLHS), Newfoundland and Labrador

Notes: In keeping with data standards, outliers or cases that do not comply with the standard wait time definitions are excluded from cataract wait time calculations and Zones within NLHS are working to address this.

APPENDIX C

Table C2: Hip Replacement Surgery by Zone for Q2 (July 1 - September 30, 2023-24)

Region	Eastern Zone	Central Zone	Western Zone	Labrador-Grenfell Zone
Wait Time Information				
Number of hip replacement procedures completed	107	38	37	11
5 out of 10 patients had surgery within this number of days	228	221	104	375
9 out of 10 patients had surgery within this number of days	641	709	390	573
Percentage of patients who had surgery within 182 days	40%	38%	81%	36%

Data source: Newfoundland and Labrador Health Services (NLHS), Newfoundland and Labrador

Table C2: Knee Replacement Surgery by Zone for Q2 (July 1 - September 30, 2023-24)

Region	Eastern Zone	Central Zone	Western Zone	Labrador-Grenfell Zone
Wait Time Information				
Number of knee replacement procedures completed	143	65	58	22
5 out of 10 patients had surgery within this number of days	420	525	133	327
9 out of 10 patients had surgery within this number of days	845	841	266	640
Percentage of patients who had surgery within 182 days	27%	31%	77%	28%

Data source: Newfoundland and Labrador Health Services (NLHS), Newfoundland and Labrador

APPENDIX D

Table D1: Urgent Colonoscopy Wait Times for Q2 (July 1 - September 30, 2023-24)

Newfoundland and Labrador Health Services	Number of Urgent Colonoscopy Procedures	5 out of 10 patients had procedure within this number of days	9 out of 10 patients had procedure within this number of days	Number of No-Shows
Zone				
Eastern				
Health Sciences Centre	45	22	41	0
St. Clare's Mercy Hospital	69	15	80	≤ 5
Carbonear General Hospital	96	8	19	≤ 5
Burin Peninsula Health Care Centre	9	7	21	≤ 5
Dr. G.B. Cross Memorial Hospital	37	8	19	0
Central				
James Paton Memorial Regional Health Centre	20	12	17	0
Central Newfoundland Regional Health Centre	79	7	13	≤ 5
Western				
Western Memorial Regional Hospital	50	14	34	0
Sir Thomas Roddick Hospital	24	10	19	0
Labrador-Grenfell				
Labrador Health Centre	19	67	92	≤ 5
Labrador West Health Centre	DS	DS	DS	≤ 5
Charles S. Curtis Memorial Hospital	16	10	39	≤ 5

Source: Newfoundland and Labrador Health Services (NLHS), Newfoundland and Labrador

DS: Data Suppression – This indicates that a hospital performed 5 or less cases during the reporting period. To protect patient privacy, wait times associated with these small volumes will not be reported.

NV: No Volume – This indicates that a hospital did not perform this service during the reporting period, or that zero cases were carried out.

Date: February 28, 2024

Information Note
Department of Health and Community Services

Title: Provincial Wait Time Update 22-23

Issue: To provide a summary of provincial wait time reporting, including fourth quarter (Q4 2022-23) results, which have been analyzed and are ready for posting on the Health and Community Services (HCS) website.

Background and Current Status:

- In 2005, national benchmarks were established to reduce wait times in five priority areas: radiation therapy, cardiac bypass surgery, cataract surgery, orthopedics (hip replacement, knee replacement and hip fracture repair), and diagnostics (breast and cervical screening).
- Benchmarks identify the amount of time that clinical evidence shows is appropriate to wait for a particular procedure. A benchmark is considered met when 90 per cent of the relevant procedures are performed within the targeted wait time.
- In the absence of national benchmarks for cancer surgery, provinces and the Canadian Institute for Health Information (CIHI) developed comparable wait time indicators for breast, bladder, colorectal, lung, and prostate cancer surgery; and all jurisdictions report the number of surgeries performed, as well as the 50th and 90th percentile wait times for these surgeries.
- While there are also no national benchmarks for endoscopy services, there are consensus-based access targets established by the Canadian Association of Gastroenterology (CAG), with a 14-day target recommended for urgent colonoscopy. In keeping with the provincial strategy for endoscopy services, HCS reports the number of urgent colonoscopy procedures, number of no-shows, 50th and 90th percentile wait times.
- The four Regional Health Authorities (RHAs) merged into one provincial health authority on April 1, 2023. As this analysis uses retrospective data, the four RHAs will continue to be referenced throughout this note.
- During the past few years, wait times have been impacted by a number of unplanned events, including weather related states of emergency, a pandemic, and a cyber-incident during which emergent and urgent procedures were performed, and elective procedures were postponed.
- This update reports on wait times for the fourth quarter (Q4 2022-23), or 10 to 12 months into year three of the pandemic. Data shows urgent cardiac bypass and hip fracture surgeries were performed within the recommended benchmarks; while radiation treatment benchmark results remained comparable to the previous quarter's results. Waits for non-urgent scheduled cataract, hip and knee joint replacement surgeries remained unchanged, see BN-2023-00826 for a more in-depth analysis.
- More cancer surgeries were performed again this quarter compared to the same quarter last year, and 90th percentile wait times increased for breast and colon cancers, and were on par for bladder, lung and prostate cancers.

- Fourth quarter (Q4 2022-23) results are ready for posting on HCS's website (Appendix A). Trend analysis is limited as the state of emergency, cyber-incident, and pandemic caused multiple health system shutdowns and reductions in services throughout recent times.

Analysis:

Provincial Benchmark Wait Times

- Fourth quarter (Q4 2022-23) benchmark wait time results for Newfoundland and Labrador are as follows:
 - 64 per cent of patients received access to radiation treatment within 28 days;
 - 94 per cent of cardiac bypass surgeries were performed within the 182 days;
 - 34 per cent of first eye cataract procedures were performed within 112 days;
 - 47 per cent of hip replacement surgeries were performed within 182 days;
 - 34 per cent of knee replacement surgeries were performed within 182 days; and,
 - 97 per cent of hip fracture surgeries were performed within 48 hours.
- These results show that 94 and 97 per cent of Newfoundland and Labrador residents received timely access to urgent benchmark procedures (cardiac bypass, and hip fracture repair) within the recommended targets.
- While this province has always maintained the 28 day benchmark for radiation treatment, recent results were comparable to the last quarter (Q3 2022-23) at 64 per cent, which is down from 89 per cent in the second quarter (Q2 22-23). This quarter's data also shows that 100 of the 278 new patients waited between 29 to 60 days to begin radiation treatment for breast or prostate cancer, and some patients travelled out-of-province to receive timely access to this vital service.
- Coming out of the pandemic, during which time the province's health system also responded to other critical events, including ongoing staffing challenges resulting in service reductions, only 34 to 47 per cent of non-urgent benchmark procedures (cataract, hip and knee replacement) were performed within the recommended targets. When compared to the same quarter last year (Q4 2021-22), benchmark results for these surgeries remained unchanged.

Regional Cataract Surgery Wait Times

- Fourth quarter (Q4 2022-23) cataract surgery results show that benchmark performance continued to be markedly lower in three of the four RHAs. In the fourth RHA, 100 per cent of a small number of surgeries were performed within the 112 day benchmark.
- Eastern Health completed 33 per cent of cataract surgeries within the benchmark, Central Health completed 27 per cent, Western Health completed 61 per cent, and Labrador-Grenfell completed 100 per cent (Appendix B).
- In Eastern Health, nine out of 10 benchmarked cases waited upwards of 532 days, which is almost five times longer than the recommended benchmark. In Central Health, nine out of 10 cases waited 192 days, 151 days in Western Health, and 34 days in Labrador-Grenfell Health.

Regional Hip and Knee Replacement Wait Times

- Fourth quarter (Q4 2022-23) regional hip replacement benchmark results were 38 per cent completed within the 182 day benchmark in Eastern Health, 53 per cent in Central Health, and 75 per cent in Western Health; and 57 per cent in Labrador-Grenfell Health (Appendix C).

- In Eastern Health, nine out of 10 benchmarked hip replacements waited upwards of 635 days, which is close to four times longer than the recommended benchmark. In Central Health, nine out of 10 cases waited 719 days, 212 days in Western Health, and 496 days in Labrador-Grenfell Health.
- Same quarter (Q4 2022-23) regional knee replacement benchmarked results were 19 per cent completed within the 182 day benchmark in Eastern Health, 43 per cent in Central Health, 64 per cent in Western Health, and 30 per cent in Labrador-Grenfell Health (Appendix C).
- In Eastern Health, nine out of 10 benchmarked knee replacements waited upwards of 715 days, which is close to four times longer than the recommended benchmark. In Central Health, nine out of 10 cases waited 581 days, 429 days in Western Health, and 830 days in Labrador-Grenfell Health.

Cancer Surgery Wait Times

- Fourth quarter (Q4 2022-23) cancer surgery wait time reports show that half (50th percentile) of the 263 (bladder, breast, colon, and lung cancer) surgeries were performed within 18 to 25 days, and nine out of 10 surgeries (90th percentile) were performed within 30 to 53 days.
- Same quarter prostate cancer surgery reports show that half (50th percentile) of the 35 cases waited less than 40 days, and nine out of 10 (90th percentile) waited less than 67 days. Because prostate cancer progresses slower than some other cancers, patients often opt for active surveillance instead of immediately undergoing surgery. Consequently, prostate cancer wait times may appear longer relative to other cancer surgery waits.

Colonoscopy Wait Times

- Fourth quarter (Q4 2022-23) wait time reports show that half (50th percentile) of the 478 urgent colonoscopies were performed within six to 18 days, and nine out of 10 procedures (90th percentile) were completed within 14 to 64 days. Urgent colonoscopy wait times continue to be the longest in Labrador Health Centre, as initiatives are underway to reduce the pandemic-related backlog there. Provincially, 13 patients were no-shows and did not call ahead to cancel or request re-scheduling (Appendix D).
- Four of 12 endoscopy units (CGH, BPHCC, and JPMRH, and CCMH) performed most urgent colonoscopies within the CAG clinically recommended target of 14 days.

Action Being Taken:

- When approved, this quarter's results will be posted to HCS's website.
- Newfoundland and Labrador Health Services (NLHS) continues to work with the non-hospital facilities to ensure providers give priority to addressing the backlog of long waiters on their cataract surgery wait list.
- Some initiatives are underway to increase the number of joint replacement surgeries performed are:
 - Select joint replacement surgeries are being performed as same-day (outpatient) surgery cases at St. Clare's Mercy Hospital.
 - A visiting orthopedic team from Eastern travels to CCMH, and CGH to perform joint replacement surgeries.

- A short-stay (overnight post-op admission) pilot initiative for select knee replacement surgical cases started at the JPMRH.
- Through Budget 2023, 100 additional inpatient joint replacement surgeries and 30 same-day (outpatient) surgeries will be performed at WMRH in 2023-24.
- HCS will continue to work closely with NLHS to monitor the wait times for benchmark procedures.

Prepared/Approved by: J. Sanger/K. Nolan/J. Herritt/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

March 31, 2024

A handwritten signature in black ink, appearing to read "Tom Osborne", is centered on the page.

APPENDIX A

Table A1: Provincial Wait Times Data 2022-23 Quarter 4: January 1 to March 31

Service Area	Pan-Canadian Benchmarks	Newfoundland and Labrador Wait Times – Fourth Quarter (January 1 – March 31, 2023)
Curative Radiotherapy	Within 4 weeks (28 days) of being ready to treat.	64%
Coronary Bypass Surgery (CABG)	Level 1 Within 2 weeks (14 days) Level 2 Within 6 weeks (42 days) Level 3 Within 26 weeks (182 days)	94%
Cataract	Within 16 weeks (112 days) for patients who are at high risk.	- Eastern Health: 33% First eye - Central Health: 27% First eye - Western Health: 61% First eye - Labrador-Grenfell Health: 100% First eye - Provincial: 34% First eye
Hip Replacement	Within 26 weeks (182 days)	- Eastern Health: 38% - Central Health: 53% - Western Health: 75% - Labrador-Grenfell Health: 57% - Provincial: 47%
Knee Replacement	Within 26 weeks (182 days)	- Eastern Health: 19% - Central Health: 43% - Western Health: 64% - Labrador-Grenfell Health: 30% - Provincial: 34%
Hip Fracture Repair	Fixation within 48 hours	- Eastern Health: 99% - Central Health: 100% - Western Health: 78% - Labrador-Grenfell Health: DS - Provincial: 97%
Data Source: Regional Health Authorities (RHAs), Newfoundland and Labrador. Notes: In keeping with data standards, outliers or cases that do not comply with the standard wait time definitions are excluded from cataract wait time calculations and Regional Health Authorities are working to address this. In the Labrador-Grenfell region, hip fracture repair data is suppressed (DS) due to the low number of surgeries completed this quarter. Date: October 15, 2023		

APPENDIX B

Table B1: Cataract Surgery (First Eye) by Region for Q4 (January 1 – March 31, 2023)

Region	Eastern Health	Central Health	Western Health	Labrador-Grenfell Health
Wait Time Information				
Number of first-eye cataract procedures completed	391	310	36	21
5 out of 10 patients had surgery within this number of days	172	161	99	23
9 out of 10 patients had surgery within this number of days	532	192	151	34
Percentage of patients who had surgery within 112 days	33%	27%	61%	100%

Data source: Regional Health Authorities, Newfoundland and Labrador

Notes: In keeping with data standards, outliers or cases that do not comply with the standard wait time definitions are excluded from cataract wait time calculations and Regional Health Authorities are working to address this.

APPENDIX C

Table C1: Hip Replacement Surgery by Region for Q4 (January 1 – March 31, 2023)

Region	Eastern Health	Central Health	Western Health	Labrador-Grenfell Health
Wait Time Information				
Number of hip replacement procedures completed	132	27	34	23
5 out of 10 patients had surgery within this number of days	224	154	100	156
9 out of 10 patients had surgery within this number of days	635	719	212	496
Percentage of patients who had surgery within 182 days	38%	53%	75%	57%

Data source: Regional Health Authorities, Newfoundland and Labrador

Table C2: Knee Replacement Surgery by Region for Q4 (January 1 – March 31, 2023)

Region	Eastern Health	Central Health	Western Health	Labrador-Grenfell Health
Wait Time Information				
Number of knee replacement procedures completed	143	38	77	30
5 out of 10 patients had surgery within this number of days	457	211	116	404
9 out of 10 patients had surgery within this number of days	715	581	429	830
Percentage of patients who had surgery within 182 days	19%	43%	64%	30%

Data source: Regional Health Authorities, Newfoundland and Labrador

APPENDIX D

Table D1: Urgent Colonoscopy Wait Times for Q4 (January 1 – March 31, 2023)

Regional Health Authority	Number of Urgent Colonoscopy Procedures	5 out of 10 patients had procedure within this number of days	9 out of 10 patients had procedure within this number of days	Number of No-Shows
Hospital				
Eastern				
Health Sciences Centre	49	12	35	≤ 5
St. Clare's Mercy Hospital	76	17	35	≤ 5
Carbonear General Hospital	70	6	14	■
Burin Peninsula Health Care Centre	14	6	15	0
Dr. G.B. Cross Memorial Hospital	38	7	28	0
Central				
James Paton Memorial Regional Health Centre	36	13	19	≤ 5
Central Newfoundland Regional Health Centre	74	11	22	≤ 5
Western				
Western Memorial Regional Hospital	57	12	18	0
Sir Thomas Roddick Hospital	9	18	64	0
Labrador-Grenfell				
Labrador Health Centre	27	63	88	0
Labrador West Health Centre	9	11	15	≤ 5
Charles S. Curtis Memorial Hospital	22	11	17	0

Section 6, 40(1)

Section 6, 40(1)

Source: Regional Health Authorities, Newfoundland and Labrador

DS: Data Suppression – This indicates that a hospital performed 5 or less cases during the reporting period. To protect patient privacy, wait times associated with these small volumes will not be reported.

NV: No Volume – This indicates that a hospital did not perform this service during the reporting period, or that zero cases were carried out.

Information Note
Department of Health and Community Services

Title: Canadian Institute for Health Information (CIHI) Analysis in Brief - Wait Times for Priority Procedures in Canada, 2024

Issue: On April 4, 2024, CIHI will release updated wait time data for priority procedures in Canada, including an analysis of benchmark performance in the first six months (April to September) of 2019, compared to the same six months in 2023.

Background and Current Status:

- As part of the 2004 Health Accord, CIHI reports on the progress jurisdictions have made in achieving meaningful wait time reductions in five priority benchmark areas. Provinces and territories have been reporting wait times for these priority procedures to CIHI since 2006.
- Benchmarks identify appropriate wait time targets for select procedures, based on empirical clinical evidence. A benchmark is considered met when 90 per cent of the relevant procedures are performed within the targeted wait time.
- This update shows how long patients waited in the first six months (April to September) of 2023-24, compared to the first six months of 2019-20 (or pre-pandemic) for priority procedures such as radiation therapy, cataract surgery, hip and knee replacement, hip fracture repair, diagnostic imaging, and cancer surgery. CIHI defines a trend as a five per cent or more increase or decrease in the percentage at benchmark.
- With this year's release, CIHI reports that between April and September 2023, fewer Canadians received hip or knee replacement surgery within the 182 day benchmark, compared to the same period in 2019; while the number of joint replacement surgeries performed increased by 18 and 15 per cent respectively.
- Nationally, CIHI reports that the percentage of hip and knee replacements meeting benchmark dipped (from 75 and 70 per cent respectively in 2019) in the first six months of the pandemic, and remained below pre-pandemic levels over the past three years (to 66 and 59 per cent respectively) in 2023.
- Similarly in this province, the percentage of hip and knee replacements meeting benchmark dipped (from 76 and 72 per cent respectively in 2019), and remained below these results over the past three years (to 48 and 37 per cent respectively) in 2023; while the number of joint replacement surgeries performed increased by 42 and 10 per cent respectively.
- In Canada, cataract surgery wait times have returned to pre-pandemic levels, with 70 per cent of cases completed within the 112 day benchmark, after dropping to the pandemic low of 45 per cent in 2020; while the number performed increased slightly by four per cent from 2019.
- In this province, wait times for cataract surgery performed in Newfoundland and Labrador Health Services (NLHS) facilities dropped from 63 per cent in 2019, to the pandemic low of 33 per cent in 2020, and increased to 43 per cent in 2023; while the number performed in NLHS increased by 9.7 per cent from 2019.
- CIHI reports that the majority of Canadians accessed urgent procedures such as hip fracture repair and radiation treatment within the 48 hour and 28 day benchmarks (82 and 94 per cent respectively) this time, while the percentages decreased slightly by three to four per cent between 2019 and 2023.

- The report also shows that median wait times for cancer surgery in Canada increased slightly this year, compared to pre-pandemic in 2019.

Analysis:

National and Provincial Wait Time Benchmark Results

- No province has the shortest or longest wait times across the priority procedures, and data throughout the pandemic shows continued variability in wait time results across provinces and procedures.
- For hip replacement, 48 per cent (as compared to 76 per cent in 2019) of Newfoundland and Labrador patients met the benchmark versus 66 per cent of Canadians (Newfoundland and Labrador ranked **seventh** place out of 10 jurisdictions reporting).
- For knee replacement, 37 per cent (as compared to 72 per cent in 2019) of Newfoundland and Labrador patients met the benchmark versus 59 per cent of Canadians (Newfoundland and Labrador ranked **eighth** place out of 10 jurisdictions reporting).
- Ontario is the only province reporting hip and knee replacement wait times better than the Canadian 66 and 59 per cent results respectively, even though many provinces have increased access to backlogged joint replacement surgeries through funding arrangements with private surgical facilities in Canada and the United States.
- For cataract surgery, 43 per cent (as compared to 63 per cent in 2019) of Newfoundland and Labrador patients met the benchmark versus 70 per cent of Canadians (Newfoundland and Labrador ranked **ninth** place out of 10 jurisdictions reporting).
- Again this year, only two provinces (British Columbia and Quebec) reported cataract wait times better than the Canadian results of 70 per cent, while eight provinces reported wait times longer than the Canadian results.
- For radiation therapy, 57 per cent (as compared to 100 per cent in 2019) of Newfoundland and Labrador patients met the benchmark versus 94 per cent of Canadians (Newfoundland and Labrador decreased to **last** place ranking from eighth place last year). British Columbia ranked eighth place at 72 per cent, and data for Nova Scotia who ranked in last place last year was not reported this year.
- For hip fracture repair, 90 to 93 per cent of Newfoundland and Labrador patients met the benchmark as did 82 per cent of Canadians (while **among the best**, Newfoundland and Labrador's national ranking cannot be determined due to variations in how data is collected).
 - CIHI and Newfoundland and Labrador measure hip fracture repair wait times differently. CIHI calculates by turning on a clock at the time of inpatient admission. However, Newfoundland and Labrador, along with Ontario, Alberta and Prince Edward Island, are more precise, by starting the clock at the time of presenting to the emergency department.

Diagnostic Imaging

- There are no national benchmarks for diagnostic imaging (DI). Data shows that DI wait times continue to show wide variation across the seven jurisdictions reporting and waits for magnetic resonance imaging (MRI) scans continue to be longer than waits for computerized tomography (CT) scans.

- Quebec, New Brunswick, and Newfoundland and Labrador are the only provinces not reporting DI wait time statistics to CIHI. During the pandemic, modifications were made to the provincial priority classification system for DI in Eastern Zone. [REDACTED]

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35(1)(d)

- In Canada, median wait times for MRI scans increased by 7 days and by 4 days for CT scans compared to pre-pandemic in 2019. The number of MRI and CT scans increased by 4 and 9 per cent respectively this year (in April to September 2023), compared to 2019. While in this province, the number of MRI scans increased by ~380 compared to 2019, and CT scans increased by ~ 8,300 in 2023 compared to 2019.

Cancer Surgery

- There are also no national benchmarks for cancer surgery; therefore, wait times depend on the type of cancer, with prostate cancer surgeries typically being the longest.
- In Canada, half of patients waited 11 days longer for prostate cancer surgery in 2023 than in 2019, while half of breast, bladder, colon, and lung cancers waited two to four days longer in the same time span.
- In this province, half of patients waited about six or seven days longer for bladder, breast and prostate surgery compared to pre-pandemic, comparable for colon, and about two days less for lung. The 90th percentile wait times were about seven to 39 days longer for bladder, breast, and prostate cancer surgery, comparable for colon, and five days less for lung.
- Provincially, a total of 535 cancer surgeries were performed between April and September 2023, which is 82 less than the 617 performed pre-pandemic in 2019. However, when adjusting for unavailable data for Central there were actually 38 more cancer surgeries performed in the other three zones combined, compared to 2019.

Action Being Taken:

- Results will be posted to the HCS website ahead of CIHI's April 4, 2024, release date. (Appendix A)
- CIHI's report findings will be shared with the Health Transformation Surgery Sub-Table.
- HCS will continue working with NLHS to monitor the surgical backlog and benchmarked wait times, including waits for cataract and joint replacement surgery.

Prepared/Approved by: J. Sanger/K. Nolan/J. Herritt/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

March 31, 2024

APPENDIX A

Provincial Wait Time Benchmark Update Q1/Q2 2023-2024

Provincial wait time information from April 1 to September 30 (Q1/Q2) of 2023-2024 shows that on average shows that on average 95 per cent of cardiac bypass, and hip fracture patients accessed care within the benchmarks. However, as result of the necessary health system service reductions associated throughout the three year COVID-19 pandemic, on average 42 per cent of patients received access to non-urgent cataract, hip and knee replacement benchmarked procedures within the recommended targets.

Provincial data results for these first two quarters combined show that:

- Close to six out of 10 (or 57 per cent) of newly diagnosed cancer patients commenced radiation treatment within the 28 day benchmark;
- Almost all (or 98 per cent) of cardiac bypass surgeries were performed within the 182 day benchmark;
- Four out of 10 (or 43 per cent) of cataract cases on the first eye were performed within 112 days;
- Close to five out of 10 (or 48 per cent) hip replacements were completed within the recommended benchmark of 182 days;
- Close to four out of 10 (or 37 per cent) knee replacements were completed within the recommended benchmark of 182 days; and,
- Nine out of 10 (or 93 per cent) of patients underwent emergent hip fracture surgery within the benchmark of 48 hours.

Provincial Wait Times Data 2023-24 Quarters 1 and 2: April 1 to September 30, 2023

Newfoundland and Labrador Wait Times (April - September, 2023-2024)				
Service Area	Pan-Canadian Benchmarks	50 th Percentile Wait Time	90 th Percentile Wait Time	Percent Within Benchmark
Curative Radiotherapy	Within 4 weeks (28 days) of being ready to treat.	• 27 days	• 54 days	• 57%
Coronary Bypass Surgery (CABG)	Level 1, 2, 3 combined (182 days)	• 15 days	• 105 days	• 98%
Cataracts (First eye)	Within 16 weeks (112 days) for patients who are at high risk.	• 132 days	• 351 days	• 43%
Hip Replacement	Within 26 weeks (182 days)	• 198 days	• 578 days	• 48%
Knee Replacement	Within 26 weeks (182 days)	• 273 days	• 674 days	• 37%
Hip Fracture Repair	Fixation within 48 hours	• 23 hours	• 46 hours	• 93%
Source: Newfoundland and Labrador Health Services (NLHS), Newfoundland and Labrador Notes: In keeping with data standards, outliers or cases that do not comply with the standard wait time definitions are excluded from cataract wait time calculations and NLHS is working to address this. Date: March 15, 2024.				